2018 first quarter report
Creating Lasting Solutions

With the average length of time a person remains a refugee estimated to be 20 years, and with many countries in Africa hosting their third generation of refugees born in exile, the humanitarian response must innovate and support new ways to invest in refugees’ self-reliance. Self-reliance is the social and economic ability of an individual, a household or a community to meet its essential needs in a sustainable manner.

The “care and maintenance” model of providing emergency aid but no pathways toward a better life limits options for refugees and reduces the ability of communities to benefit from contributions that add significant value. As a result, too many refugees do not reach their potential, often living in camps indefinitely with no economic opportunities or agency.

On March 29, RefugePoint was pleased to co-host the panel, “Systems Thinking as a Response to the Global Refugee Crisis,” with New England International Donors, Draper Richards Kaplan Foundation, Imago Dei Fund, Fidelity Charitable, and The Boston Foundation. At the event, stakeholders from philanthropic, nonprofit, and business communities discussed the application of systems thinking as a response to the global refugee crisis. Speakers Sasha Chanoff (Executive Director, RefugePoint), Dale Buscher (Senior Director for Programs, Women’s Refugee Commission), and Rajiv Joshi (Managing Director, The B Team) examined how to mobilize collectively to promote opportunities for refugees to become more economically and socially integrated. The discussion was moderated by David Gergen (Senior Political Analyst, CNN) and keynote remarks were delivered by former refugee and author Sandra Uwiringiyimana (How Dare the Sun Rise, The Jimbere Fund).

Mr. Buscher and Mr. Chanoff discussed coalition building efforts to support the Self-Reliance Initiative (SRI). A coalition of organizations participates in the SRI, including government agencies, foundations, research institutes and others focused on promoting opportunities for refugees to become self-reliant. The aim of the Initiative is to reach five million refugees with self-reliance programming in five years, and ultimately to build a movement to change the refugee response paradigm.
Lasting Solutions: Resettlement

Identifying and resettling the most at-risk refugees to countries worldwide

Providing lasting solutions for the most at-risk refugees remains at the core of our work. During this quarter, RefugePoint staff referred 686 refugees for resettlement from 18 locations in Africa, as well as Turkey. RefugePoint staff also contributed to resettlement efforts by leading identification exercises to identify at-risk refugees, and completing quality review procedures for resettlement cases. Through these activities, RefugePoint facilitated the resettlement process for an additional 913 refugees this quarter.

NOTEWORTHY EVENTS

In March, our expert in Malawi organized a mission to meet with groups of at-risk refugees in Dzaleka camp. During this visit, our staff and his colleagues organized urgent meetings with women and girls, older adults, persons with disabilities, and LGBTIQ refugees. From these meetings, they learned more about protection concerns within the camp and identified outreach strategies and processes to offer improved support. (Continued)
Staff met with an LGBTIQ asylum seeker who required urgent medical attention and was facing death threats in the camp. Our Resettlement Expert worked with camp administrators and program partners to address the situation. After recently hearing of the insufficient support offered to LGBTIQ asylum-seekers in Malawi, staff reached out to Plan Malawi, an organization responsible for managing a safe house in Lilongwe, and then arranged for transport of the asylum seeker from the camp to the safe house in Lilongwe. The following day, the Resettlement Expert also arranged for an ambulance to transport him to the hospital for medical care with a trusted physician.

In addition to casework and interviews in Malawi, the Expert also helped to conduct a diversity training for UNHCR staff and implementing partners (including government officials), specifically focused on LGBTIQ cases. Throughout the week, the Expert organized meetings with human rights/LGBTIQ focused NGOs in Malawi, and coordinated the development and strengthening of civil society partnerships to raise awareness and improve support for LGBTIQ refugees. As a result of his work during this mission, our Expert was assigned as the LGBTIQ focal point for UNHCR Malawi.

Our Expert in Solwezi, Zambia, recently assumed leadership in selecting and training interpreters in the office. Materials that were developed are now being used in three additional locations. These materials allow office staff to train interpreters instead of relying on the regional office to build much needed capacity. Upon completion of the training, positive feedback was received. The Expert will be sharing the training materials with other RefugePoint staff to build capacity among a network of qualified interpreters throughout Africa.

Since 2005, RefugePoint has referred 40,044 refugees for resettlement to:

- Sweden
- United Kingdom
- United States
- Australia
- Belgium
- Canada
- Denmark
- Finland
- France
- Ireland
- Netherlands
- Norway
- Portugal
- Sweden
- United Kingdom
- United States
Lasting Solutions: Self-Reliance

In addition to referring refugees for resettlement, RefugePoint focuses on equipping urban refugees in Nairobi to become self-reliant. We achieve this through stabilizing support services to ensure access to food, shelter and medical care, and empowerment through counseling, skill building, and livelihoods assistance.

The Health Unit of the Urban Refugee Protection Program in Nairobi supports the stabilization of refugees by improving access to health services and by promoting physical and psychological health. The unit was involved in several collaborative efforts during the first quarter to ensure that refugees were able to access affordable, reliable health care. RefugePoint staff supported efforts to register individuals with the National Hospital Insurance Fund (NHIF). NHIF is a public health insurance system that allows refugees to access public healthcare facilities. As a result of this work, 365 individuals were registered with NHIF, representing 109 households.

RefugePoint’s health team also partnered with Health and Social Economic Development Africa (HESED) to deliver a community health dialogue forum in Eastleigh. The event reached 198 community members. Of the attendees, 76 received vision tests, 14 received reader glasses, 13 were treated for eye conditions, and 17 were referred for further care. The counseling team was also on-site to offer psychological support and met with 42 individuals in one-on-one sessions, held group counseling sessions with 34 individuals, and held a life skills training with 35 participants.

RefugePoint also took steps this quarter to increase opportunities for refugees to access education. This quarter we were able to enroll two clients with hearing impairments to the Karen Technical Training Institute for the Deaf, where they will participate in a one year training course to pursue garment making and mechanics. Additionally, 25 new learners were provided with education support this quarter.
Advancing Refugee Child Protection

At RefugePoint, refugee children are prioritized in all of our programs, and we collaborate closely with partners to fill critical gaps in refugee child protection. During this quarter, our staff conducted child protection assessments for 161 vulnerable refugee children in 12 locations, and reviewed child protection assessments for an additional 175 children.

Field Highlight

In February, a group of 61 refugees from South Sudan arrived at the Gure-Shombola camp. The entire group fled from the same village, including 50 children. Many of the children were orphaned, unaccompanied, and separated youth. Our Expert in Assosa joined a team of staff from UNHCR, ARRA, and Plan International Ethiopia (the CP partner agency in Gure-Shombola camp) to conduct rapid assessments, screening and interviewing all of the refugees in order to assess flight histories, current situations, and document existing vulnerabilities.

After the interviews, the children were registered by UNHCR and ARRA, and provided with food, shelter and shelter-related items. The at-risk children were immediately referred to Plan International Ethiopia (PIE) for the completion of child protection assessments and identification of suitable temporary care arrangements.

Following the assessments, our Expert drafted a mission report, which included recommendations for managing protection concerns among similar large groups of new arrivals in the future. Since then, several large groups of refugees have arrived in Gure-Shombola, and the practice of inter-agency rapid assessment and collaboration between UNHCR, ARRA, PIE that was established during the initial assessment in February has been repeated. The development of standard procedures allows for timely and comprehensive responses in times of critical need.

RefugePoint’s Child Protection Expert in Niamey, Niger is working with the Emergency Transit Mechanism Project, helping unaccompanied children from Eritrea and Somalia who were evacuated from detention centers in Libya. She and her team are conducting child protection assessments that establish the foundation for action. While many of the children have relatives in Europe, they are not able to join family members because reunification policies are restrictive. The lack of access to education presents additional challenges, and many of the children are at high risk for psychosocial problems. Trauma-informed interviewing techniques utilized by staff establishes a foundation, allowing children to discuss important issues. Unfortunately, the number of children requiring resettlement currently exceeds the number of placements in resettlement countries.

Our Child Protection Expert in Assosa, Ethiopia was involved in designing and implementing the Child Labor Survey to assess child protection risks facing children in all five camps in the Assosa operation. Staff from UNHCR, ARRA, Save the Children (SCI), International Rescue Committee (IRC), and Plan International Ethiopia (PIE) implemented the survey simultaneously across all five camps in mid-March. After the data from the survey is compiled and analyzed, RefugePoint staff will draft a report detailing the findings of the survey. In addition, recommendations aimed at preventing and responding to this issue in Assosa will be presented.
In her home country of the Democratic Republic of Congo, Julie* was a successful farmer, and her future was bright. Like many young women her age, Julie longed for marriage and a family of her own. All of that drastically changed on the day that the Mai Mai brutally attacked Julie and her family, burning their home, and murdering many of their family members. After Julie was attacked, she was left with severe injuries, and later discovered that she was pregnant. The surviving family members fled to Nairobi, Kenya to seek safety.

Julie now worries about what the future holds for her three-year-old twin boys, in a community that shuns and ostracizes children of rape that “belong to the Mai Mai.” However, Julie remains positive. During a recent home visit, she showed us the wheelchair that was provided to her by a partner agency when RefugePoint highlighted her case. She is now mobile and training in beadwork. Julie attended a four-day crafts training, run by a fellow RefugePoint client, during which she learned how to recycle waste paper to make jewelry, and she is looking forward to attending RefugePoint’s business training.

Julie’s brother, Stephan, is the head of the household and has already benefited from RefugePoint’s business training, and used his Ksh.20,000 ($200) grant to grow his business of selling kitenge fabric. Stephan is now able to provide for the basic needs of the family, and no longer has to rely on RefugePoint for rent or food assistance. The family continues to receive counseling support and assistance with medical expenses. *Name changed for anonymity