



REFUGEPOINT

2017 third quarter report

689 Massachusetts Avenue
Cambridge, MA 02139

A LIFELINE FOR FORGOTTEN REFUGEES

info@RefugePoint.org
www.RefugePoint.org



Photo: Nancy Farese on behalf of RefugePoint

Creating Lasting Solutions

In September, the Trump administration announced that the maximum number of refugees allowed for admission to the United States in the coming year will be limited to 45,000. This is the lowest refugee ceiling since Congress passed the Refugee Act of 1980, which standardized resettlement services for all refugees admitted to the United States. This drastic reduction in the number of resettlement spaces offered by the U.S. (previously proposed at 110,000 for 2018), in addition to the latest U.S. travel ban, directly impacts our work, and means that vulnerable refugees, including those with severe medical needs, torture survivors, and unaccompanied children will continue to face high-risk situations.

As opportunities for resettlement to the U.S. are reduced, RefugePoint staff is using the opportunity to build capacity, to hone approaches for identifying the most vulnerable refugees for resettlement to other countries, and to strengthen local resettlement systems.

For example, our Child Protection Expert in Dohuk, Iraq trained local caseworkers on child-friendly interviewing techniques and how to effectively conduct best interest assessments (BIAs). RefugePoint staff in Kibuye, Rwanda developed a referral-tracking sheet for child protection cases to strengthen case management procedures and reinforce follow-up planning. Staff in Kuala Lumpur, Malaysia helped to develop tools for collecting biographical and other case data for refugee children. Our expert in Solwezi, Zambia introduced tools and developed procedures to facilitate case tracking, resulting in the improved delivery of services for refugees.

Lasting Solutions: Resettlement

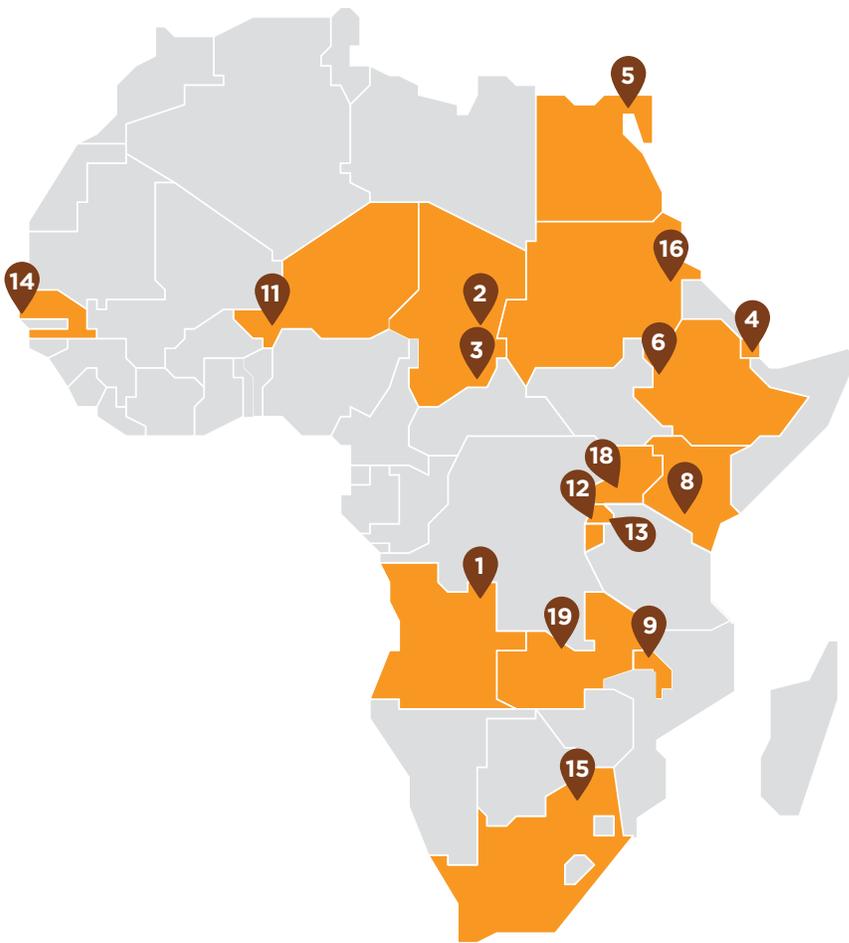
Identifying and resettling the most vulnerable refugees to countries worldwide

Providing lasting solutions for the most at-risk refugees remains at the core of our work. During this quarter, RefugePoint staff referred 394 refugees for resettlement from 10 locations. Our staff also contributed to additional resettlement efforts by leading identification exercises to identify vulnerable refugees, and by completing quality review procedures for resettlement cases. Through these activities, we helped to facilitate the resettlement process for another 265 refugees this quarter.

NOTEWORTHY EVENTS

Resettlement is an important pathway for refugees who face immediate security, protection, and/or health concerns. Refugees sometimes have special medical needs that cannot be treated in their country of asylum. Identifying and assisting resettlement candidates with special medical needs is a priority for RefugePoint.

Our expert in Ali Sabieh, Djibouti was able to refer six Yemeni refugees for resettlement consideration (the first Yemenis to be referred from Djibouti in 2017) under this “special medical needs” category. Two cases, each including six refugees, were submitted to Sweden for urgent consideration, accepted and granted permanent residency. *(Continued)*



3rd Quarter RefugePoint Programs Locations

- | | | |
|-------------------------|-----------------------------|--------------------------|
| 1. DUNDO, ANGOLA | 9. LILONGWE, MALAWI | 17. GENEVA, SWITZERLAND* |
| 2. EASTERN CHAD | 10. KUALA LUMPUR, MALAYSIA* | 18. KYAKA, UGANDA |
| 3. SOUTHERN CHAD | 11. NIAMEY, NIGER | 19. SOLWEZI, ZAMBIA |
| 4. ALI SABIEH, DJIBOUTI | 12. HUYE, RWANDA | |
| 5. CAIRO, EGYPT | 13. KIBUYE, RWANDA | |
| 6. ASSOSA, ETHIOPIA | 14. DAKAR, SENEGAL | |
| 7. DUHOK, IRAQ* | 15. PRETORIA, SOUTH AFRICA | |
| 8. NAIROBI, KENYA | 16. KASSALA, SUDAN | |

*NOT SHOWN

NOTEWORTHY EVENTS (CONTINUED)

While on mission in Swaziland this year, our expert based in Pretoria, South Africa identified two families facing serious medical conditions. Based upon the review of medical reports, significant deterioration occurred since first being identified by RefugePoint staff in 2014. In one case, an individual was experiencing serious medical conditions as a result of repeated beatings and torture in his country of origin. The client, a teacher with a master's degree in educational psychology, could no longer work because of his injuries. To supplement his wife's income as a tailor, he engaged in begging on the streets. In addition, his child was diagnosed with sickle cell disease and was frequently hospitalized.

In the second family, a child from the Democratic Republic of Congo was diagnosed with cerebral palsy. The child was born after a long and difficult labor during the family's flight. The child developed a number of symptoms requiring attention.

Both of these cases were submitted under the urgent "medical needs" category to Finland and Sweden, respectively.

Resettlement continues to be the most feasible solution available for many refugees in Malaysia, with the exception, for the foreseeable future, of non-Rohingya Myanmar who may be able and willing to voluntarily repatriate. Legal integration is unlikely for refugees and the protection environment remains precarious. Arbitrary arrest, detention and the risk of forcible return of refugees to the country from

which they fled, are constant threats. Refugees in Malaysia live in very challenging conditions and may receive only limited assistance.

In September 2015, UNHCR and its partners developed a 'Protection Referral Network', allowing NGO's to refer refugees to UNHCR, thereby strengthening and better utilizing local resources. The network facilitates the timely referral of the most at-risk refugees from NGO's to UNHCR for expedited protection, including consideration for resettlement. As the office initiates a community-based protection strategy, increased efforts will be made to capacitate existing and new organizations in case management, identification of vulnerable populations, and referral skills.

This quarter, our expert in Malaysia organized the annual partner referral network coordination meeting. All referral partners were invited to attend and provide feedback from efforts of the past year. RefugePoint's expert organized discussions to improve continued operations and identify additional strategies to increase referrals. RefugePoint staff will also be submitting proposals for revising referral criteria to capture at-risk individuals who are often neglected.

Also of significance in Malaysia, our expert reports that internal interest and buy-in for the community-based protection strategy is increasing. After conducting an anonymous survey on community-based protection and the direction of the office, our expert received 42 overwhelmingly positive responses.

Since 2005, RefugePoint has referred

38,985

refugees for resettlement to:

AUSTRALIA	FRANCE	SWEDEN
BELGIUM	IRELAND	UNITED KINGDOM
CANADA	NETHERLANDS	UNITED STATES
DENMARK	NORWAY	
FINLAND	PORTUGAL	

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 Child Protection experts who work as part of RefugePoint’s Social Work team were involved in numerous collaborative efforts during the third quarter, to ensure that the refugee children with whom we work can lead safe and healthy childhoods. Working especially closely with the Nairobi Child Protection Team (NCPT), RefugePoint was able to address election preparedness matters during the August and October elections in Nairobi – which presented a multitude of protection concerns for children.

In addition, the team held plenary sessions on emerging child abuse cases; best practices, challenges, lessons learned, and strengthening of sector-specific working groups. The team was invited to a presentation on Play Therapy by the Directorate of Criminal Investigations’ child protection unit. RefugePoint’s Child Protection Officer and one social worker attended the two-day training “Strengthening the Protection of Children from Abuse and Harm”. Some of the topics covered at the training were how to improve child protection referral systems, how to strengthen collaboration among partners, and how to increase capacity to prevent and respond to child abuse issues in Nairobi.

Working with the NCPT opened up various avenues for refugee children to get the best care possible through the vast network of partners. One child survivor of sexual and gender-based violence (SGBV) was referred to the Gender Violence Recovery Centre (at the Nairobi Women Hospital), for comprehensive medical and psychosocial intervention.

Because of the known risks, RefugePoint looks to increase opportunities for youth who have dropped out of school. This quarter, we secured full-sponsorships for four young refugee clients. They are enrolled in a 10-month long tailoring course being offered by Caritas, Nairobi as part of their vocational training initiative. RefugePoint will support them to establish businesses upon completion of the course.

RefugePoint’s Urban Stabilization Path

.....

COMMUNITY NAVIGATOR OUTREACH

Q3 2527
YTD 9161

.....

EMPOWERMENT & STABILIZATION



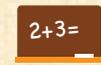
Health Services

Q3 911
YTD 2324



Food Assistance

Q3 705
YTD 1036



Education Support

Q3 23
YTD 316



Group Counseling

Q3 97
YTD 304



Businesses Launched

Q3 44
YTD 156

.....

GRADUATED CLIENTS TO SELF-RELIANCE

Q3 27
YTD 232

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 98 vulnerable refugee children in 8 locations, and reviewed child protection assessments for an additional 482 children.

Field Highlight

This quarter, RefugePoint's expert in Kibuye, Rwanda, focused on serving at-risk children, including those who have been neglected by their families and minors who face unplanned pregnancies. Unplanned pregnancies and familial neglect result in school drop-out and a comprehensive intervention to cater to this population in Kiziba refugee camp does not exist currently. Our expert conducted a survey to identify minors experiencing neglect and unwanted pregnancy to learn more about this population group. She is beginning to develop interventions that would allow the refugees to continue their formal education.

In addition, our expert in Kibuye has been working with parents who struggle with substance abuse, which affects the children as well. Parents struggling with addiction in the camp setting often lack the tools needed to overcome their addiction, and most of the efforts focus on separating the child from the addicted parent(s). Our expert understands that separation is not an ideal solution, and is working to add strategies for stabilizing the parents.

Our expert in Kibuye also helped with a case involving an unaccompanied teenager who dropped out of school to become a domestic worker outside of the camp. The teen, who began drinking alcohol, was interviewed by our expert and referred for counseling. The RefugePoint expert also intervened with the client's foster mother who was no longer willing to continue caring for the child. The expert worked with the child to return to the camp, reconcile with her foster mother and re-enroll in school.

Earlier this year, our expert in Cairo, Egypt conducted an interview with an Eritrean minor (now 18 years old) and recently discovered that the child's younger, 16-year-old sister was also in Cairo, unbeknownst to him. With the help of the Child Protection Unit, the expert reunited the siblings and the sister was assessed for resettlement. After their files were merged, the resettlement case was finalized and they were referred to the United Kingdom and will hopefully soon be reuniting with an older sister who is currently living there.



Photo: Nancy Farese on behalf of RefugePoint



Rescuing Lives

A Long Journey to Safety

As an integral part of RefugePoint’s program in Nairobi, the counseling team helps to stabilize and empower refugee clients to achieve self-reliance by enhancing their support systems and by strengthening their social networks through individual and group therapy sessions. Group therapy sessions allow members to express themselves in a safe and supportive environment with the aim of enhancing the clients’ coping mechanisms and offering a space in which to re-structure collapsed social networks.

Betty* is a client who has benefitted tremendously from the counseling services at RefugePoint. When war broke out in 2008 in Betty’s home country of the Democratic Republic of Congo, she managed to escape to Kenya with her two children. Once in Nairobi, she befriended a Kenyan woman who hosted the family until 2012. After this, she faced many burdens alone. She became pregnant and developed ulcers. When she visited a government health facility for medical attention, she was diagnosed with a serious illness, and cut off all communication from the world after her diagnosis.

She didn’t know how she was going to cope.

A few months later, RefugePoint visited Betty to find out how she was doing and in 2014, Betty enrolled into group counseling sessions where she participated actively in identifying ways in which she could manage her emotions and behaviors. She spoke candidly about feelings of shame and about her self-perception. Betty identified coping strategies that would work for her, including positive self-talk, building social networks with Kenyan friends, acceptance of her past life, prayer, keeping busy with her small business of selling shoes, and having loving moments with her three children. In January 2016, Betty graduated from the counseling sessions and her case was forwarded to Australia for resettlement consideration.

“Through counseling, I was assured that life must go on. That there is more to me...and I started to believe that.”

RefugePoint’s doors will continue to remain open to her when she needs someone to talk to.

**Name changed for anonymity*