



REFUGEPOINT

2020 first quarter report

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A LIFELINE FOR FORGOTTEN REFUGEES

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Mark Ochieng, a RefugePoint driver, and Janet Ouma, RefugePoint's Resettlement Program Coordinator, helped to deliver handwashing stations and soap to more than 1,300 refugees in mid-March, in an effort to encourage hygiene measures to stop the spread of COVID-19.

Creating Lasting Solutions

The first quarter of 2020 was marked by the threat and then the spread of COVID-19. In March, the pandemic impacted every aspect of our work. Despite emerging challenges, our staff adjusted to the rapidly changing environment and needs of our clients, who have been affected mentally, socially, and economically by the pandemic. From mid-March onwards, we were busy creating response plans with the health, safety, and protection of both refugee clients and staff in mind.

All of our staff, including our headquarters staff based in Cambridge, MA, our Nairobi-based staff, and our Resettlement and Child Protection Experts based across Africa and the Middle East, began either working remotely or drastically changing the frequency and nature of field visits (using protective gear, social distancing, virtual interviews, etc.).

In Nairobi, we identified adaptive measures to ensure continuity of services to our clients. We delivered food assistance before the lockdown, sent bulk messages with public health information, and distributed life-saving medications. Business monitoring, case management, and counseling continued via phone and text messaging.

The pandemic also drastically impacted the work of our Resettlement and Child Protection Experts. Experts typically visit refugee camps regularly to conduct face-to-face interviews with refugees as well as in-person trainings. Although each location enforced different measures to protect refugees and staff from COVID-19, and although resettlement departures were largely suspended, much of the resettlement and child protection work that was being conducted before the pandemic continued in Q1. Many Experts participated in virtual interviews with refugees, using platforms like Zoom. Some experts without access to a stable internet connection continued to conduct face-to-face interviews in large ventilated rooms while maintaining social distancing and using protective gear like masks.

In March, RefugePoint was invited to join the World Economic Forum's COVID Action Platform in partnership with The World Health Organization, which provided a unique opportunity to connect with global response efforts.

Throughout this report, you will learn more about the specific steps our staff is taking to protect refugees during this uncertain time.

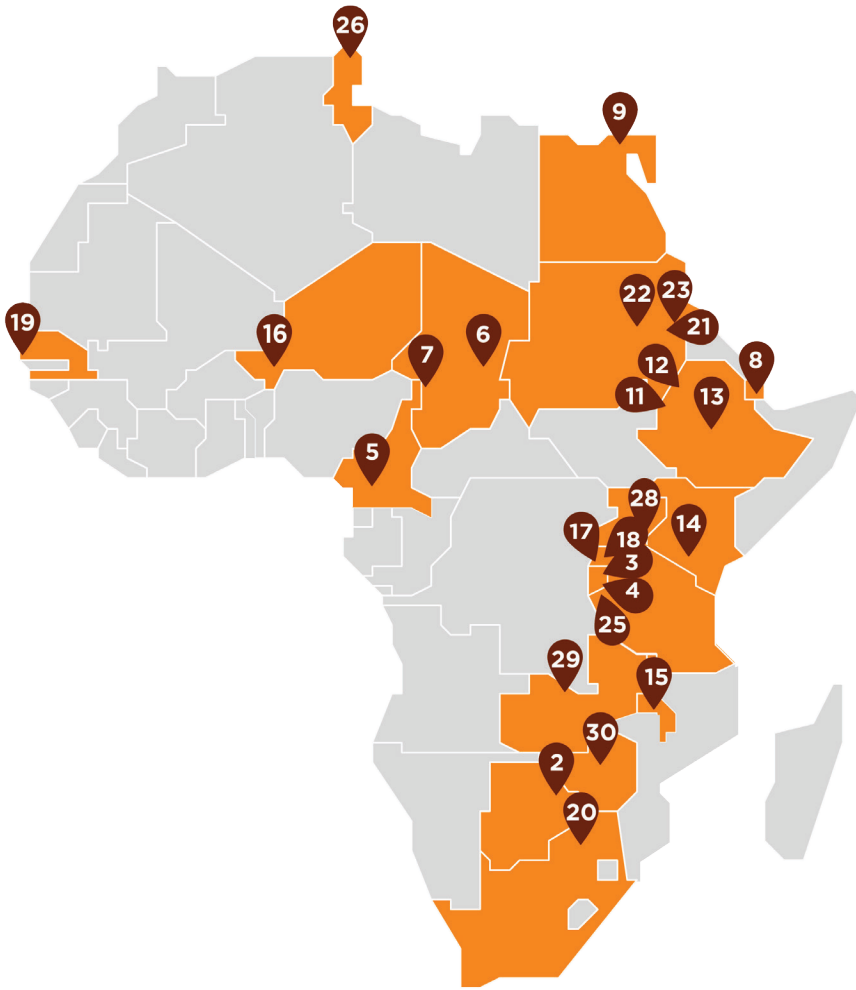
Lasting Solutions: Resettlement and Complementary Pathways

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. This quarter, the RefugePoint-UNHCR Collaboration Project helped 1,765 refugees access resettlement, in 49 locations in 22 countries worldwide. This brings our annual totals to 1,765 refugees in 49 locations in 22 countries, and our lifetime totals to 84,682 refugees in 210 locations in 43 countries.

NOTEWORTHY EVENTS

As humanitarians on the ground, working in refugee camps, our Experts have seen the impact of the COVID-19 pandemic and know the devastation it can cause. The impact on refugees is compounded, and their lack of resources is exacerbated during this uncertain time. The conditions our Experts are working under vary widely. Our Expert in rural Sudan, where there is a curfew from dusk to dawn, has been in a lock down since early March. The only places allowed to operate there are pharmacies and vegetable vendors. *(Continued)*



1st Quarter RefugePoint Programs Locations

- | | | |
|---------------------------|----------------------------|----------------------------|
| 1. CANBERRA, AUSTRALIA | 11. EMBAMADRE, ETHIOPIA | 21. KHASHM EL GIRBA, SUDAN |
| 2. DUKWI, BOTSWANA | 12. ASSOSA, ETHIOPIA | 22. KHARTOUM, SUDAN |
| 3. RUYIGI, BURUNDI | 13. ADDIS ABABA, ETHIOPIA | 23. KASSALA, SUDAN |
| 4. MUYINGA, BURUNDI | 14. NAIROBI, KENYA | 24. GENEVA, SWITZERLAND* |
| 5. YAOUNDE, CAMEROON | 15. LILONGWE, MALAWI | 25. KASULU, TANZANIA |
| 6. ROVING (SOUTHERN) CHAD | 16. NIAMEY, NIGER | 26. TUNIS, TUNISIA |
| 7. N'DJAMENA, CHAD | 17. HUYE, RWANDA | 27. ANKARA, TURKEY* |
| 8. ALI SABIEH, DJIBOUTI | 18. KIGALI, RWANDA | 28. KAMPALA, UGANDA |
| 9. CAIRO, EGYPT | 19. DAKAR, SENEGAL | 29. SOLWEZI, ZAMBIA |
| 10. SHIRE, ETHIOPIA | 20. PRETORIA, SOUTH AFRICA | 30. TONGOGARA, ZIMBABWE |

*NOT SHOWN

NOTEWORTHY EVENTS (CONTINUED)

Also in Sudan, the currency inflation rate recently doubled, and commodities and services have become extremely expensive as a result. Since the virus began, there have been instances of xenophobia and hostility towards foreigners, who are perceived to be spreading the virus. In some locations, our Experts have had to be more vigilant about their security and are exposed to verbal harassment.

Our staff are doing their best, working tirelessly on prevention and mitigation measures, community sensitizations, and getting creative with their time in this challenging era. Some of our Experts have started conducting remote resettlement interviews via secure channels. However, in some of the places we work, like rural Ethiopia, where the internet is not stable and the virus has not yet spread, some of our Experts still go into the refugee camps while adopting specific measures to protect themselves and the refugees: using large ventilated conference rooms which allow for social distancing, and maintaining a maximum of 3 persons in any indoor space.

While there is a suspension of resettlement departures, casework hasn't stopped just because flights have been grounded. Our Experts continue to work on cases of the most vulnerable refugees.

Our Expert in Sudan has been working on a time-sensitive case on which the pandemic has had a huge impact. Abrihet, a 17-year-old refugee from Eritrea living in Sudan, is desperately trying to reunite with her mother who had previously migrated to Europe. After Abrihet's father was arrested in Eritrea, Abrihet's mother fled the country, fearing for her life. Her mother's dream was to be reunited with her three children in Europe, so that she could take advantage of the opportunities there to turn her life around for the better.

As soon as Abrihet left Eritrea and arrived in Sudan at age 16, she immediately began the process of registering as a refugee. Upon hearing this, her mother sent out a formal invitation for her to join her in Europe. It was a race against time since as soon as a refugee turns 18, family reunification becomes much more challenging. In 2020, Abrihet was accepted to join her mother in Europe and a travel document was issued. However, just before purchasing her flight, Khartoum Airport closed due to the pandemic. Abrihet remains in Sudan, and it is very likely that she will still be in Sudan on her 18th birthday. She, and many others like her, are uncertain about what the future holds.

Access to Resettlement



Quarterly: Q1 2020

1,765

Refugees that RefugePoint helped to access resettlement this quarter.

Annually: 2020

1,765

Refugees that RefugePoint has helped to access resettlement this year.

Lifetime: Since 2005

84,682

Refugees that RefugePoint has helped to access resettlement since 2005.

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.

After the first COVID-19 case was confirmed in Kenya on March 13, there was a gradual increase in the number of reported infections, which prompted the government to institute measures to curb the spread. Those measures led to school closures, restricted movement, and adversely affected the majority of refugee businesses. Starting in early March, RefugePoint's work at the Urban Refugee Protection Program (URPP) in Nairobi underwent many changes. All staff began working remotely, and all activities that require physical proximity with clients were put on hold. Case planning, counseling, and business monitoring for clients continued via frequent phone calls and text messages.

In March, we took many additional steps, above and beyond our usual programming, to ensure that at-risk refugees across Nairobi had access to the public health information they needed regarding COVID-19. For many of our refugee clients, we are their sole source of reliable information about COVID-19, and in this respect, RefugePoint fills a critical public health gap. Starting in early February, we began to send frequent SMS text message updates to our clients about COVID-19. These messages reached about 5,000 refugees and were translated into Swahili, Oromo, and Somali. These messages included information about the symptoms of COVID-19, prevention measures, government and WHO directives, and resources in case of infection.

At the end of March, as we prepared for the possibility of restricted movement in Nairobi, we conducted one final food distribution. During food distribution, we also provided clients with handwashing stations and led demonstrations about proper handwashing techniques. At the same time, we shared general information on how to reduce the risk of COVID-19 infection, and we also ensured that all clients had access to a two-month supply of medications.

COVID-19 has brought uncertainty, anxiety, loss of livelihoods, and a wave of other numerous socio-economic vulnerabilities to the refugee communities in Nairobi. *(Continued)*



RefugePoint's Urban Stabilization Path

COMMUNITY NAVIGATOR OUTREACH

Q1 **4625**
YTD **4625**

EMPOWERMENT & STABILIZATION



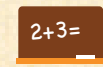
Health Services

Q1 **632**
YTD **632**



Food Assistance

Q1 **856**
YTD **856**



Education Support

Q1 **579**
YTD **579**



Group Counseling

Q1 **118**
YTD **118**



Businesses Launched

Q1 **20**
YTD **20**

GRADUATED CLIENTS TO SELF-RELIANCE

Q1 **162**
YTD **162**



(Continued) Although some refugees found creative ways to keep their businesses afloat in March, many didn't have the flexibility to adapt to the rapidly changing circumstances that resulted from the pandemic. Worldwide, economies have come to a standstill, and that is no different in Nairobi. In March, the Livelihoods team found themselves not only counseling entrepreneurs with business advice and tools but also offering a listening ear to our clients' fears and despair.

RefugePoint's Education Officer noted that the impact of COVID-19 on our education beneficiaries is immense. Due to school closures, students are now at home, missing out on important lessons to prepare for their major exams (i.e., Kenya Certificate of Secondary Education and Kenya Certificate of Primary Education). Those exams are scheduled to occur at the end of 2020, and this missed school time will likely affect exam performance. School closures also meant that parents and guardians had to stop working or reduce work hours to care for their children or look for alternative caregivers, which had huge economic impacts for refugee families.

Throughout March, RefugePoint's medical team and Community Navigators (CNs) played a crucial role in delivering life-saving health messages and ensuring that community members had access to the prescriptions and other resources they needed to stay healthy during the pandemic. CNs helped to identify our most at-risk refugee clients, including elderly clients and those with pre-existing medical conditions, and implemented several targeted interventions.

CNs also participated in a remote Zoom training focused on the safe and proper use of personal protective equipment (PPE) like gloves, face masks, and protective garments. Our medical team worked incredibly hard in March. In just one day, on March 25, the team covered 148km while delivering emergency drugs to 200 clients.

Unfortunately, COVID-19 was not the only threat that refugees in Kenya faced during the first quarter of the year. Triggered by climate change, desert locust swarms, the worst seen in living memory, devoured food crops, and created an unprecedented threat to food security. Refugees, and the urban communities in which they live, were highly vulnerable as prices shot up and businesses slowed down.

In February, before COVID-19 began to spread, we initiated a new support group for female caregivers of children with chronic health conditions, and also launched a women's therapy group for Survivors of Gender-Based Violence (SGBV) for community members from the Great Lakes region.

In February, we also participated in three medical outreach events in Eastleigh, Kitengela, and Kasarani, where we provided an array of services, including health education, medical testing, and counseling. These outreaches were conducted in partnership with the Kasarani and Eastleigh health management teams, and the Foundation for Health and Social Economic Development Africa (HESED).

Lasting Solutions: Self-Reliance Initiative

In addition to the direct services that we provide to urban refugees in Nairobi to achieve self-reliance, we also work to make a large-scale impact through field building, and systems change. One way that we aim to achieve that is through the Refugee Self-Reliance Initiative (RSRI), co-founded by RefugePoint and the Women's Refugee Commission, which promotes opportunities for refugees around the world to become self-reliant and achieve a better quality of life. The Initiative aims to collectively reach five million refugees with self-reliance programming in five years and, in the process, to identify the most effective models and measurements to aid the global expansion of self-reliance opportunities.

In January, RefugePoint was invited to present the Self-Reliance Index at the Regional Durable Solutions Secretariat (ReDSS) annual meeting in Nairobi, Kenya. The meeting was organized to inform annual planning for core members of the ReDSS network. RefugePoint's Training Manager, Mary Wangui, and Monitoring and Evaluation Senior Officer, Walter Gitau, presented an overview of the Self-Reliance Index and lessons learned from RefugePoint's experience piloting the tool with urban refugees in Nairobi. Danish Refugee Council, Norwegian Refugee Council, International Rescue Committee, Concern Worldwide, Care International, UNHCR, Reach/ Impact, Mercy Corps, and World Vision participated in the meeting.

The 'soft launch' development phase of the Self-Reliance Index (SRI) concluded in February. This phase, which began in August 2019, focused on assessing the SRI's reliability and validity and building an appropriate scoring rubric for the tool.

Throughout the soft launch phase, RefugePoint and other Refugee Self-Reliance Initiative (RSRI) partners, including Asylum Access, Danish Refugee Council, and HIAS, tested the SRI in Kenya, Mexico, Jordan, and Ecuador respectively.

The SRI version 2.0 and related products (user guide, learning report, and 1-page overview) were finalized in March. The SRI development team led by RefugePoint and the Women's Refugee Commission, with the guidance of academic advisors Dr. Lindsay Stark and Ilana Seff, used the findings from the soft-launch phase to make refinements to the SRI domains and scoring rubric. The SRI 2.0 will launch through a series of events commencing in mid-May and leading up to World Refugee Day.

Lasting Solutions: Mental Health & Psychosocial Support

Mental Health and Psychosocial Support (MHPSS) includes both “mental health,” which refers to a state of internal equilibrium whilst in connection to others, and “psychosocial,” which refers to the inter-connection between psychological and social processes. Poor mental health results in psychological distress, which can impair daily functioning and social interaction, which has numerous other rippling effects. Refugee psychosocial and mental health issues often go unaddressed due to the breakdown of existing traditional support structures, lack of access to and continuity of care, and stigmatism around mental illness. MHPSS is a key component of wellness and crucial for refugee self-reliance, allowing for the healing of psychological wounds and transforming victims into active survivors and thrivers.

This quarter the MHPSS program, through its contributions to international policy, has facilitated systems change. The MHPSS program was invited by the BluePrint Group to participate in the online consultations on the WHO Comprehensive Mental Health Action Plan 2013-2020. This global plan sets out the indicators WHO Member states have agreed to deliver to improve mental health globally. The MHPSS program also reviewed and provided inputs on the zero draft of WHO’s Practice Guidance Document on Community-based Mental Health Services Promoting Human Rights and Recovery. This document seeks to globally influence key actors in utilizing legally sound, participatory, inclusive, community-based, recovery-oriented, and culturally centered approaches to MHPSS provision.

In mid-February, the BluePrint Group hosted a global convening in Nairobi, at which RefugePoint was represented by the Health Program Manager, Mary Kamau. This conference included civil society organizations, UN, INGO, and government representatives. From this conference, a number of new working groups emerged within the MHPSS field. Since this time, the MHPSS program has actively participated in the financial, youth and humanitarian working groups, with the goal of continued global political advocacy and systems change. RefugePoint was featured in BluePrint Group’s January monthly newsletter, with a focus on integration of

indigenous MHPSS stewardship, culturally safe spaces and African-centered models of human relatedness, and a renewed focus on authentically collaborative community engagement.

This quarter, the MHPSS program, in coordination with the United Nations Collaboration Project (UNCP), began circulating a Mental Health and Wellbeing Newsletter. The newsletter, released on a bimonthly basis, aims to provide regular mental health resources to those in the field.

Since the start of the COVID-19 pandemic, the MHPSS program has regularly disseminated mental health and wellness resources to RefugePoint staff. It has also been involved in round tables and drop-ins with UNCP staff, to provide ongoing psychological support and resources amidst the crisis. The MHPSS program has also been actively engaged in weekly webinars and seminars with Lancet Psychiatry, Mental Health Innovation Network, MHPSS.net, United for Global Mental Health, and WHO. These webinars provide forums for addressing the latest evidence on the impact of COVID-19 on mental health. The Urban Refugee Protection Program’s (URPP) counseling team has worked diligently to adapt to a teletherapy model, with ongoing assessment to integrate client feedback in the change process.

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 344 vulnerable refugee children in 37 locations and reviewed child protection assessments for an additional 282 children.

Field Highlights

Sometimes small interventions can make a large difference in a refugee's life. Our Experts often work on cases that have long been neglected or overlooked, and their efforts on these cases change lives.

In Chad, our Child Protection Expert noticed an older woman who had come to the office several times seeking support. Since her concerns were not addressed to any particular staff, she was repeatedly ignored. Our Expert decided to take the time to listen to her complaints, as they were serious enough to motivate this woman to make the arduous journey to the office multiple times. After speaking with the woman, our Expert learned that she was a grandmother who had severe psychological and physical disabilities. She was caring for an 11-year-old separated child who'd been identified for resettlement, but whose case had been delayed for unknown reasons. When he learned about the child involved, he was surprised, as this case hadn't been referred to him. He discovered that the family lived in deplorable conditions, and he was touched by the woman's life story and motivated to get her to safety. Our Expert prioritized the case, provided feedback to his Resettlement colleagues, and completed a Best Interest Determination for the child. The panel agreed, and the family's case was quickly submitted for resettlement consideration.

Our Expert in rural Ethiopia had a similar experience. During a routine screening interview with two children whose mother resides in Germany, the Expert learned that the mother had already submitted a family reunification application. She also discovered that the children had already completed their embassy interview. However, their case had been stalled, and the aunt, the caregiver for the children, didn't understand why. Investigating further, the Expert learned that the case had been stalled pending DNA tests, which had to take place at a specific hospital by appointment only. The reason that this case hadn't moved forward in over six months was a result of this small, easily preventable hurdle. Together with a colleague based in Addis, they helped the aunt make the appointment and successfully accompanied the children and completed their DNA testing. The Expert hopes they are now well on their way to be reunified with their mother in Germany.

Thought Leadership

RefugePoint has sustained success in mobilizing private funding that allows us to take risks, experiment, and share our learning. As such, we are well-positioned to be a thought leader in reimagining the future of refugee response. This section focuses on our efforts to change the status quo and influence policy to make lasting solutions accessible to refugees around the world.

After the frenzy of activity leading up to the first Global Refugee Forum in December, the intention was that the beginning of 2020 would be a period of reflection, leading to the strategic implementation of the many hundreds of pledges and commitments made at the forum.

However, as with so much else, that plan was upended as the new coronavirus spread across the world. By the middle of March, Geneva – a city famous for the size, number, and importance of its meetings – had restricted gatherings to no more than five persons, and everyone was working from home and online. For a very brief period, this led to a lull in activity, but by the end of the quarter, agencies had adapted, and there was suddenly a period of renewed, urgent engagement. The UN, UNHCR, OCHA, WFP, ICVA, and others are meeting regularly to troubleshoot the global response to the pandemic. RefugePoint has been active in all of these conversations.

Alongside other NGO partners, we have stressed the need to engage both governments and private sector donors in the global humanitarian response, and to tailor messaging accordingly. We've discussed the need to negotiate humanitarian exemptions to current travel

restrictions, so that our staff can come and go as needed, including for medevac if necessary. We've also discussed the importance of proactive health outreach and communication with refugee communities, as we have done in Nairobi. The latest iteration of the UN's Global Humanitarian Response Plan will be released in early May, at which time we expect to see progress on some or all of these points.

Before the global pandemic, Marty Anderson (*far right in photo below*), our Geneva Representative, was invited to Malmö, Sweden, for the annual Child 10 Summit. There, Marty received an award recognizing RefugePoint's programs to protect refugee children along the various migration routes from Africa and the Middle East towards Europe. He joined nine other individuals, representing organizations from across North Africa, the Middle East, and Europe, in a structured dialogue aimed at identifying ways to work towards collective impact. Though the global pandemic has forced a rethinking of next steps, they likely will include joint advocacy in Brussels, where the European Union is currently negotiating the next version of its Migration & Asylum Pact.





Rescuing Lives

A Long Journey to Safety

Divine is a refugee client in Nairobi who received a small grant of \$400 in October 2019. Using the grant money, Divine and her husband expanded their business of selling kitenge fabrics. The business flourished so much that they were able to use their profits to open a retail shop and also began selling boiled cereals.

By Christmas, Divine and her family noticed a dramatic change in their lives. To celebrate the holiday, they were able to enjoy meat, chapatis, and their favorite snacks. However, things have abruptly changed due to the COVID-19 outbreak. Due to poor sales, Divine and her husband had to stop selling fabric. Their retail shop remains open but has been struggling due to low sales and lack of supplies, especially flour, which Divine can no longer source from Uganda.

Consequently, Divine has been spending her capital and savings to feed her household. It has been difficult for Divine to explain the sudden change in diet, which now consists mostly of beans and Githeri (a mix of boiled beans and maize), to her children. Divine contemplated closing the shop due to the operating costs, but has been able to keep her business operational, as her landlord gave her an extension on her rent. After receiving training at her church about how to make liquid soap, Divine has now also begun producing and selling soap.

Divine shared with us that her greatest worry is feeding her children. She and her husband are strategizing the next best step to find a steady income source to sustain them during the pandemic.

Staffing & Finances

FINANCIAL UPDATE

RefugePoint ended the first quarter of 2020 with \$3,860,622 in revenue against expenses of \$1,993,142.

During Quarter 1, IKEA Foundation approved a \$650,000 renewal grant to support the RSRI and programming in Nairobi, as the demonstration of the efficacy of RefugePoint's self-reliance runway approach. Generous grants were also received from Jessica Houssian via Charities Aid Foundation (CAF) (\$20,000) to support the counseling program in Nairobi, and from the Isabel Allende Foundation (\$60,000) as part of our Focusing Philanthropy matching campaign.

RefugePoint received a \$2.4 million grant from UNHCR for our United Nations Collaboration Project (UNCP) to deploy a team of Resettlement and Child Protection Experts in 2020.

STAFFING UPDATE

In March, we welcomed three new staff to our team! Sarah Hidey joined the RefugePoint headquarters team as Director of Development. Sarah joins us most recently from her consulting business focused on nonprofit and social enterprise work, Catalytic Ventures, LLC where she was the Founder and Managing Director. Prior to that, she was part of the Joining Vision and Action team, where she was the Co-Managing Director and Director of Resource Development. She holds an MBA in International Economic Development from Eastern University and a BA in Political Science from the University of South Carolina.

The headquarters office welcomed Thanh Pham to the RefugePoint team as our Staff Accountant. Thanh joins us most recently from State Street Corporation, where she held similar accounting positions for the past several years.

She holds a Bachelor of Science in Business Administration from Suffolk University. Thanh's role will be to serve as RefugePoint's primary bookkeeper and will work to ensure that all financial transactions are properly accounted for on a daily basis.

James Nanzala joined the RefugePoint Nairobi office as a Counselor. He works closely with the Senior Counselor to provide individual and group therapy for clients.

James has previously worked with the Serenity Place Treatment and Counselling Centre as a Lead Psychologist, Oak Counselling Centre as a Counsellor and with the United Nations as a Human Resource Intern.