Disclosing and identifying international protection needs in the Middle East and North Africa

Training Module, Part 4:
Outreach and community-based approaches

Center for Human Rights, Gender and Migration
INSTITUTE FOR PUBLIC HEALTH AT WASHINGTON UNIVERSITY

MENA Community Protection Network

supported by

UNHCR The UN Refugee Agency

Lesson Objectives

Review research findings

Emphasize confidentiality

Take stock of current strategies and efforts

Reflect, share, and discuss

Findings from Research

2020 study by the UNHCR and the Center for Human Rights, Gender and Migration at Washington University (USA)

Review: Key barriers to disclosure of international protection needs

Research indicated several barriers at individual, structural, and systemic levels.

These included:

- Invisibility in mixed movement settings (eg, integration into broader community);
- Lack of awareness of rights, access to support services;
- Language or other communication / literacy barriers (eg, Anglophone individuals);
- Stigma or shame (eg, for survivors of sexual and gender-based violence);
- Vulnerability to arrest due to irregular status;
- Mistrust of authorities, sometimes due to abuses on migration route;
- Increased need for contact and information during COVID-19, when mobility and service provision have been disrupted.

From 2020 Study

Specific information needs

Many persons of concern are unaware of refugee protection – what it is, what benefits it provides, who is eligible, and how one applies.

A tremendous amount of misinformation about refugee status and asylum circulates at the community level and needs correction.

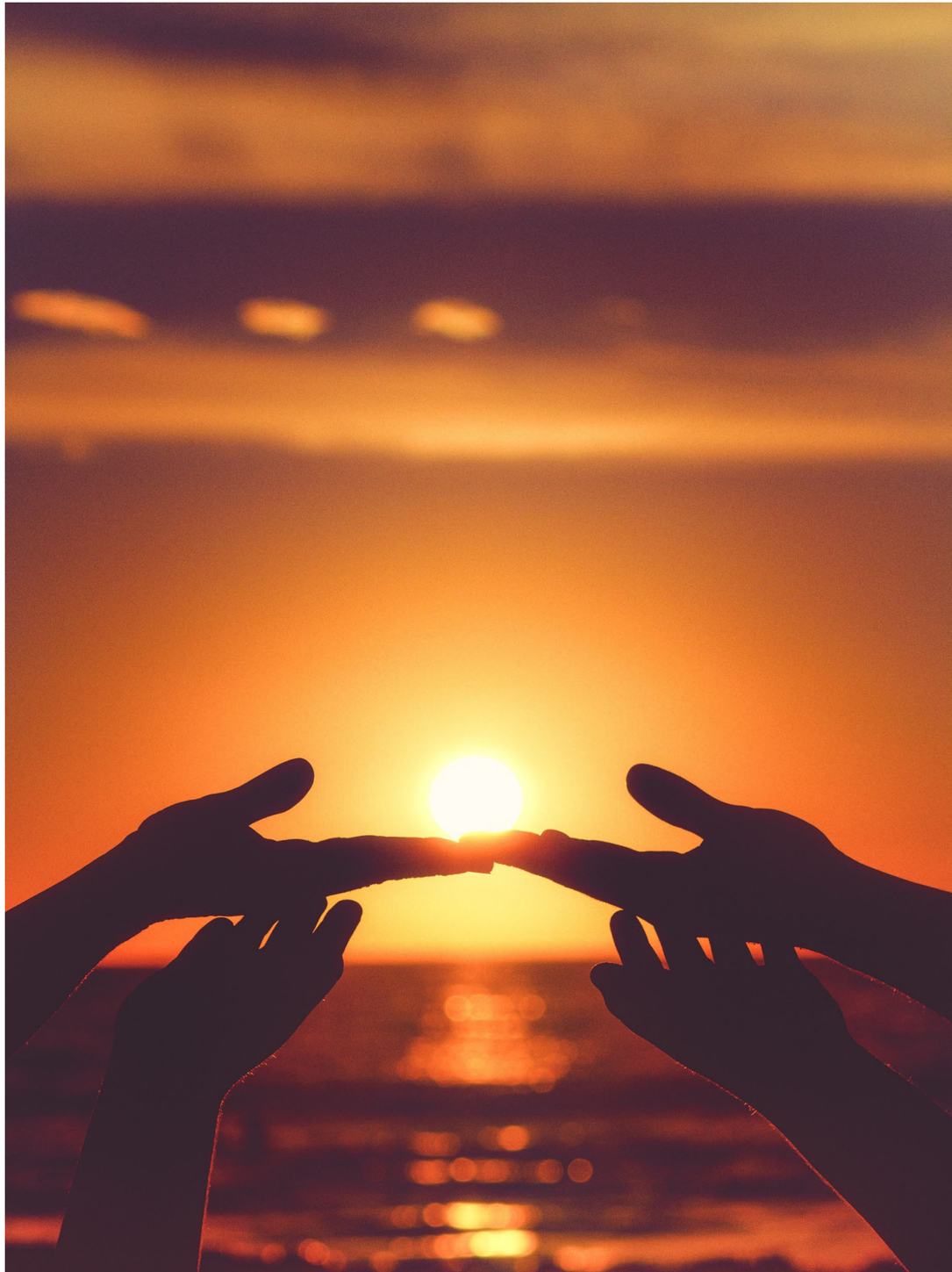
There is lack of awareness or confusion about which organizations provide what services related to international protection.

Even service providers desire more information about refugee protection eligibility criteria and the application process.

There are many “hard to reach” populations or marginalized individuals, sometimes in rural areas or hidden in exploitative conditions. These individuals may need, but cannot access, reliable information about their rights or protection options.

From 2020 Study

How do outreach and community-based approaches help overcome these barriers and information needs?



Outreach and Community-based Approaches

From 2020 Study

- Word of mouth through community agents
- Printed material at offices and distributed by community agents
- Telephone hotlines
- Awareness raising at community events and activities
- Video messages circulated via social media (Facebook, WhatsApp, Viber, etc.)
- Chat groups on social media (Facebook, WhatsApp, Viber, etc.)

Confidentiality

Confidentiality

The protection of personal, business, or classified information from unauthorized access.

It is key to building trust and promoting safety.

So it is also key to supporting disclosure.

Requires full and honest explanation of exactly who will have access to the information besides you.

Without consent, patient or client information should be accessed or shared only for the purpose for which it was offered, and only on a need-to-know basis.

Local laws may allow for sharing of confidential information in some cases.

Confidentiality applies to both documentary and non-documentary information.

Practical tips

- Information that is sensitive and identifiable generally requires confidentiality. This includes any documents that include someone's name and case details.
- For high security cases, even addresses or telephone numbers can be sensitive.
- Hardcopy case notes or documents should be locked or stored with restricted access.
- Digital files with sensitive information should be saved in and accessed through shared, secure file directories and generally not transmitted over email or kept on thumb drives unless necessary.
- Social media is an excellent outreach and relationship-building tool. It should be used with clear guidance about what can and cannot be discussed or shared in a group chat.
  - Note: Facebook & WhatsApp are fine for general chat, but Signal & Telegram are safer.
- Avoid talking about clients or patients with people outside the circle of care.
- Exercise the highest degree of caution in any communications with or about victims of trafficking or individuals fleeing other abuse.
- Reach an understanding about the importance of confidentiality with community-based liaisons while still enabling them to build critical relationships and make referrals in culturally-appropriate ways.

From 1-5 (1 low, 5 high), how would you rate your team's confidentiality and data security practices regarding:

Access to and storage of documents with sensitive information?

Discussion of client cases or experiences beyond the necessary team?

Exchange of sensitive, identifiable information over social media chats?

Setting expectations with all team members, including community-based liaisons and interpreters?

Strengthening outreach and community-based approaches to promote disclosure of international protection needs

Assessing and addressing information needs

What information do people you serve need about international protection? How do you know? (Have you asked?)

How much do you tailor content and distribution for different kinds of people? (eg, availability in multiple languages, dissemination through social media v. community elders, etc.)

Who is hardest to reach?

Community-based approaches

… are not “one-size fits all.” The more diverse our community liaisons are, the better we can learn about and reach different persons of concern.

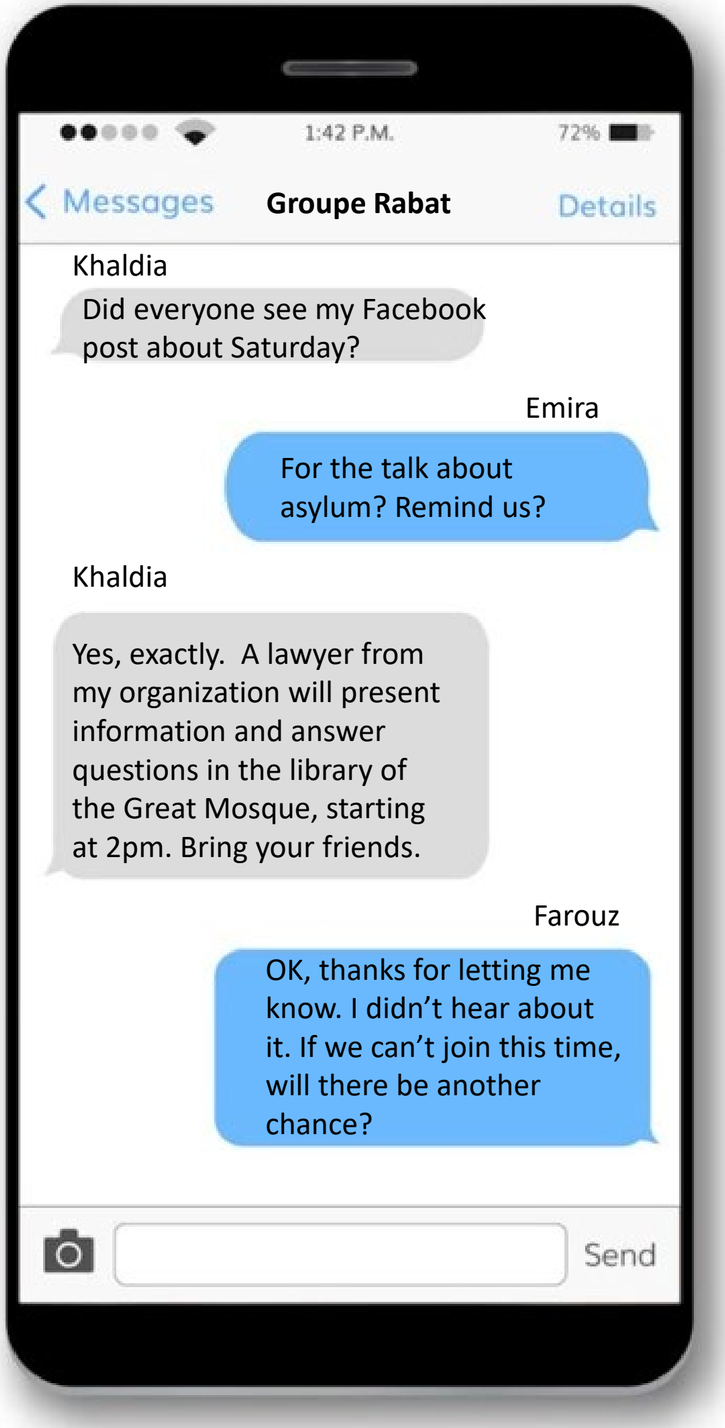
When members of the affected community act as liaisons, they bring great expertise. To ensure the most effective and ethical partnership, they should also be trained on international protection, disclosure, confidentiality, and self-care.

Scenarios & discussion

Scenario 1: Asylum Night

This is a chat group organized by Khaldia, a community-based liaison, to communicate with her organization's refugee and migrant clients in Rabat.

What do you think of this exchange?



Scenario 2: Ahmad's market

This is a chat group organized by Jean, a community-based liaison, to build networks among the local Ivorian community. It has 36 members.

What do you think of this exchange?

What risks does it present?

What guidance might have prevented it?

What should Jean do?

Scenario 3: Listening circle

Every week, Rim (a community-based liaison) organizes a “listening circle” for Syrian and Yemeni women. Most are prima facie refugees but they don’t tend to come to UNHCR or other offices for support services.

During these sessions, a few women open up and speak about past traumatic events including war and domestic violence.

What should Rim do?
How can her organization help?

Scenario 4: Gatekeeper

Mohamed is a respected member of the refugee community who also serves as the community-based contact for a large NGO that provides cash assistance and accompaniment to asylum seekers entering the RSD process. He has worked in this role for many years and is well-liked by his colleagues.

You work for that NGO. Today, you conducted an intake for an illiterate young woman in desperate need of assistance. She says she tried for months to learn about how to get an appointment but Mohamed repeatedly ignored her calls. “He only helps people from his country,” she said. “He tells the rest of us he can’t do anything for us.”

What do you do?

Closing reflections

Thank you

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