Course 6: Refugee and migration challenges
Chapter 1: Asylum and migration

The following exercise should take about 60 mins and consists of two parts.

Exercise 1, part 1 – 30 mins
Participants should be divided into 4 groups of 4 people or more – more than 6 people is not ideal for maximum participation.

The 4 groups are given the following definitions and asked to write a brief story spoken by an individual who would match the definition they have been given.

The trainer reads out the following example without saying what category it belongs to:

'*I came to this camp nearly a year ago with my son Isak and my daughter Jebeila. We walked all the way carrying Isak who is now five years old for much of the way. Jebeila is now 13. She is always helpful and did not complain about the walk. Where we came from we owned four donkeys but they were all taken when the soldiers came.*
My husband went to town to try and get work. He went there because there was no work where we are. Also our government's soldiers were killing men from our region at that time and it was safer in town. He sent messages but he has not come back although I think he knows where we are.'

The clues are: there is no mention of crossing a border, they are clearly displaced, she talks about 'our government's soldiers', and 'our region'.

DEFINITIONS FOR GROUP WORK

1) A **refugee** is 'a person who, owing to well founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country' - Article 1: 1951 *UN Convention Relating to the Status of Refugees* (UNHCR 2007)

2) **Asylum seekers** are people who have moved across international borders in search of protection under the 1951 convention, but whose claim for refugee status has not yet been settled.

3) The Guiding Principles on International Displacement describe **internally displaced persons (IDPs)** as 'persons or groups of persons who have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular as a result of or in order to avoid the effects of armed conflict, situations of generalized violence, violations of human rights or natural or human-made disasters, and who have not crossed an internationally recognized state border (OCHA Guiding Principles on Internal Displacement 2001)

4) A **migrant** is 'any person who lives temporarily or permanently in a country where he or she was not born, and has acquired some significant social ties to this country' (UNESCO undated). A migrant worker is a person who is to be engaged, is engaged or has been engaged in a remunerated activity in a state of which he or she is not a national (Article 2, UNGA 1990). Globally, almost 50% of migrants are women (UNDESA 2008).

The facilitator collects up the stories and asks for 4 volunteers – one from each group. Each volunteer presents the case of their group to the three other groups who have to identify the status of the person. (In fact they will know it is not the one they have worked on so they will have to decide between 3 options).

Exercise 1, part 2 - 30 mins
Back in their groups all participants are given the following description:

You have just got home from work when a good friend phones saying he needs to see you urgently – he does not want to talk on the phone. You meet in the local park and he warns you that the police are planning to raid your house and arrest you that night because they are suspicious of the clinic you have been running for the asylum seekers whose claims have failed. They suspect you may have been helping them in their recent protests which turned violent. Your friend says that they are planning to make an example of you so others do not help them and that you should leave immediately.
Luckily your family is on holiday out of the country. You know a place where you can go where you think you will be safe. However your friend says you should not take your car and not arouse suspicion by leaving with a lot of luggage.

WHAT WOULD YOU TAKE WITH YOU?

Each group produces a list on a flip chart.

After 10 mins they put them on the wall and compare their results.

Facilitator: comments on the difficulties people may have in deciding given practical necessities (passport, documents, credit cards, change of clothes, warm coat), what they might want to remove to avoid implicating other people (records, diaries) and what they might want to take (family pictures, valuables, the dog).

Course 6: Refugee and migration challenges
Chapter 2: The migrant's journey and life in a camp

Exercise 2, part 1 – calculation

Crude Mortality Rate (CMR)

Definition: The rate of death in the entire population, including both sexes and all ages. The CMR can be expressed with different standard population denominators and for different time periods, however the common one used in humanitarian situations is deaths per 10,000 people / day.

Formula most commonly used during disasters:

$$\text{CMR} = \frac{\text{Total no. of deaths in time period}}{\text{Total population} \times \text{no. of days}} \times 10{,}000$$

Question

You receive the following data from different sections of a recently established refugee camp during the period April 5th – 10th. The total population of the camp is 21,000. What is the Crude Mortality Rate in the camp for this period? What is interesting about the data from one of these sections?

Section of camp	*Deaths >5 years*	*Deaths <5 years*
north section	4	6
south section	3	7
east section	6	10
west section	12	5

The west section has more adult deaths during this period which might make one suspect a disease such as cholera which affects adults as much as children. The facilitator checks everyone has an answer of 4.21 $\left(\frac{53 \text{ total deaths in period}}{21{,}000 \times 6 \text{ days}} \times 10{,}000 = 4.21 \right)$

Exercise 2, part 2 – role play: diarrhoea prevention programme

The participants form 4 groups and each group is given a description of what one person is thinking prior to a meeting that has been called to decide how to combat the rising incidence of diarrhoea in the city. The meeting will decide how to use some funding and other assistance that has been offered by the NGO that is attending the meeting. Each group should only see one description.

One person from each group volunteers to be an observer.

Course 6: Refugee and migration challenges

The groups discuss and elaborate on this description for 10 mins in preparation for the meeting; during this time they can request more information from the facilitator.

NB the facilitator needs to be able to elaborate on the situation in a consistent manner.

Each group nominates a person to attend the meeting; the remaining members of each group are their advisory team and can be consulted at any time. Throughout the meeting people have to stay in their roles.

Background: the city is overcrowded with many IDPs from the countryside. Many people have to buy water, and sanitation is not adequate; rubbish is collected intermittently. Local services have been trying to cope with the increased population and have received some local and international help to do this. There has been a situation of general insecurity in the city for the last 8 years; there has been one period of actual fighting.

Roles:

Head nurse at the local clinic
You have been in post for 15 years. You have seen two NGOs come and set up their own clinics – they only came to see you when they needed to refer someone. They have now left. The real value of salaries has fallen drastically and your equipment is old – you would very much like some funding from the NGO but are still a bit nervous about how much they would interfere with you work.

Health project manager from an NGO
This is your first job in this country although you have worked in one similar situation elsewhere. You would have liked to have a larger budget but this was refused by head office. You have heard different things about the national health services – some good, some bad. You have spoken to the NGOs that had health centres here before and were not impressed by the way they had run things.

Local resident's committee representative
You have lived in this area of the city all your life. Your impression is that everyone knows the health staff work as hard as they can, but the queues are long and often the medicines are not available. You are impressed the NGO representative came to talk to you and that you have been invited to this meeting.
You are a bit nervous but are determined to make the following points: the community needs to be able to get medicines when they come to the clinic – particularly antibiotics, and they should not have to queue for more than an hour.

Responsible for the area from the Ministry of Health
You have recently received a promotion and are keen prove you can manage the new post. You tried to get the NGO Representative to increase the budget but he didn't. You have another meeting in an hour's time and are worried that you may be late.

Course 6: Refugee and migration challenges

You are happy about the money going to this clinic, but are worried about the reaction of the staff of other clinics when they hear about it, and unsure why the NGO chose this one. In particular you are concerned about the funds being used to increase salaries. You are keen to make sure the NGO follows national guidelines.

After the meeting the four observers give feedback. The facilitator uses the opportunity to expand on the pros and cons of supporting existing structures in this sort of situation.

Exercise 2, part 3 - brainstorm

The clinic received the funding and it has helped improve services and reduce waiting times.

At a staff meeting several staff raise concerns about an increase in the number of cases of domestic violence they are seeing. Most of the women seem to come from the area where a lot of IDPs have settled. The Head Nurse calls a separate meeting to discuss what they can do about it; he suggests they ask for funds from the NGO.

In plenary brainstorm and discuss:
a) what would you try and do
b) what would you ask for funds for.

Course 6: Refugee and migration challenges
Chapter 3: Adapting to a new landscape

Exercise 3 - legislation exercise

The following titles and summary content of EU directives and legislation are written on separate bits of paper (i.e. 18 pieces of paper in all). They are mixed up and placed on the floor. Participants have to match the title with the content and stick them to the wall.

Dublin (I) Convention 1990
Asylum applications must be processed by the government of the first EU country entered by the applicant.

Treaty of Amsterdam 1997
Promoted freedom of movement within member states and increased external border control. EU governments were to be bound by principles of asylum management. Minimum standards were to be reached by 2004 including standards of reception conditions, temporary protection, and responsibility for examination of claims including family reunification and a list of safe third countries.

Tampere 1999
Upheld the principles of the 1951 Convention, promoted partnerships with refugees' countries of origin on human rights and development issues, and placed an emphasis on integration of refugees into countries of exile.

Minimum Standards for the Reception of Asylum Seekers. Council Directive 2003/9/EC
Established minimum standards for the reception of asylum seekers in the EU deemed sufficient to ensure 'a dignified standard of living and comparable living conditions in all Member States'.

Dublin (II), Council Regulation (EC) No 343/2003
This regulation replaces the provisions of the 1990 Dublin Convention with European Community legislation. Its objective is to identify as quickly as possible the member state responsible for examining an asylum application, to establish reasonable time limits for each of the phases of determining the member state responsible, and to prevent abuse of asylum procedures in the form of multiple applications.

Hague 2004
Agreed a joint EU approach to country of origin information, a single procedure for determination of claims, and common standards for removal procedures.

Qualification Directive, Council Directive 2004/83/EC
Sets out minimum standards for the qualification and status of third country nationals or stateless persons as refugees or as persons who otherwise need international protection and the content of the protection granted.

Course 6: Refugee and migration challenges

Asylum Procedures Directive, Council Directive 2005/85/EC
Sets out minimum standards on procedures in member states for granting and withdrawing refugee Status.

EURODAC
An EU-wide database of fingerprints of all asylum applicants, which aims to reduce multiple applications.

When everyone is happy with how they are matched two participants go and stand by a chosen treaty or directive. They then have to describe what practical consequences it could have for an asylum seeker – either during the claim or if their claim is rejected.

The facilitator picks up on any 'wrong matches' and makes sure the main points of each are drawn out.

Exercise 4 – experiences of the other
The group considers the following statement that is left on a flip chart on the wall:

The 'Other' is something apart from the self. It may be an individual but is often a group, 'them' as opposed to 'us'. It has been argued that who and what 'others' are is intimately related to 'our' notion of who and what 'we' are. 'We' use 'Other' to define ourselves. We understand ourselves in relation to what we are not' (Kitzinger and Wilkinson 1996:8).

Each participant writes anonymously on a piece of paper one of two things:
- who they presently feel is 'other' to them
- what they think should be done to prevent discrimination against 'others'.

The facilitator collects the bits of paper and shuffles them – they are handed out again and returned to the facilitator if someone received their own.

Each member of the group should then read the paper in front of them and:
- either tries to understand why this person might be felt of as an 'other'
- gives an opinion whether what was tried to prevent discrimination was a good idea or not; if not, what might have worked better.

At the end the bits of paper are matched; the participants should discuss if any of the actions to prevent discrimination might help to prevent some people being felt of as 'others'. Where they is no match what could be done to address the feelings that make some 'others' is discussed.

Note to facilitator: this can be quite a 'heavy' exercise; it may be good to have a word with a couple of the participants before to make sure that some lighter 'others' are included – for example red hair or blue eyes.

Exercise 5 - Interactive role play: under pressure

One volunteer from the group is given a description of how she ('the individual') feels (A). She has time to think about it and ask the facilitator any questions she has.

Meanwhile the rest of the group ('the colleagues') is given a description of the observations her colleagues have made about the individual (B). They are also given time to read it and ask any questions.

The individual and the colleagues do not see each other's descriptions.

A: the individual

After 17 years of working with asylum seekers I realised that I was starting to dread going into work. I found this very strange as I loved my job. Although it was often hard dealing with such sad stories and the terrible things people had been through, I was often inspired by the people I worked with and at least felt I was doing something about it.
At first I thought I was coming down with flu – everything seemed like an effort. But I couldn't sleep and didn't seem able to switch off from work. I also began to resent my colleagues who seemed to be coping well and excessively cheerful. They seemed to be asking 'are you OK?' a bit too often. I always said yes and then they would leave it.
My daughter dropped a glass of milk this morning and I jumped and shouted at her – I never usually do that. I apologised and gave her a hug but she was obviously upset. This more than anything else made me think I may have a problem.
There are two patients who have been with me a long time. They have had terrible experiences and although they are making a bit of progress it is very slow. I have begun to feel I have nothing else to offer them and that's terrible – if I don't who does? I can't let them down.

B: the colleagues

She used to be very friendly and full of life – always good for a laugh – that is one of the ways we all cope when we are away from the patients – some have such sad stories. But now she doesn't really join in.
We ask sometimes if she is OK but she always says yes and you don't like to pry. We don't talk about our concerns much either as you don't like to talk about people behind their back. Asking about how her patients are doing is also difficult as she can become quite defensive as if we think she is not doing her job. So we're not sure what to do.
Now we have settled into a rather 'silent routine' which makes it even harder as if you ask how she is or offer to help with something it seems even more unusual.

The exercise

One of the colleagues offers to have a chat with the individual, and really try and find out what is wrong and what they can do to help her. This is done as a role play and if they want

to imagine that they are stopping the conversation and starting in another place, or at a later time, they just say that this is what has happened.
If at any time any of the other members of the 'colleagues' feel that they could do better they can tap the person that is talking to the individual on the shoulder, who then has to stop and the other colleague takes over.

The facilitator stops the role play when she thinks it is appropriate and what happened is discussed in plenary.

Some points to check are included:

- Did they allow the colleague time to speak?
- Did they break up the conversation if the individual appeared to be finding it all too much?
- Did they eventually suggest some sort of follow up or plan? Some continuity?
- Did they manage to discuss sensitively whether some time off would be a good idea?
- Did they talk about sleeping?
- Did they manage to make her feel that this could happen to anybody?
- Did they address her concerns about her patients?