

HIAS REFUGEE TRUST OF KENYA NGO PARTICIPATION AGREEMENT

Explanation: this is a form used between the HIAS Refugee Trust of Kenya and its Partner NGOs that refer cases to HRTK. However, it could be easily adapted for use as an agreement between UNHCR and NGO partners that identify refugees in need of resettlement or other protection interventions.

An NGO Participation Agreement between HIAS Refugee Trust of Kenya of postal address 58129 – 00200 Nairobi and _____ of postal address _____ dated the _____ day of _____ 20__.

Having read and understood the “SUMMARY OF HIAS REFUGEE TRUST OF KENYA AND ITS OBJECTIVES”, pertaining to its Durable Solutions, Psychosocial, and Sexual and Gender Based Persecution Programmes, we do agree:

PART I

To refer vulnerable refugee cases with serious Protection concerns or special needs for which HIAS Refugee Trust of Kenya will advocate for a durable solution, provided they meet the standard international criteria for various durable solutions.

THAT such referral shall only be made on the HIAS Refugee Trust of Kenya standard referral form for durable solutions, which shall be duly filled, dated, signed and stamped by the designated official.

THAT the referred cases will ONLY be:

Those encountered by the referring organization in the regular course of its service provision to refugees.

Of vulnerable refugee(s) with serious protection concerns that merit pursuit of a durable solution

Persons other than friends, relatives or staff members of the referring organization and if not full disclosure of this shall be given accompanied by a detailed explanation of the circumstances warranting the submission.

THAT we will at all times indicate on the referral form whether or not the referral by our organization should be disclosed to the referred refugee(s) and HIAS Refugee Trust of Kenya shall respect the decision.

THAT HIAS Refugee Trust of Kenya may (on a limited social assistance budget) arrange for accommodation for refugee(s) with serious security concerns, who do not have alternative accommodation AND who are accepted as clients of HIAS under the durable solutions programme.

PART II

To refer refugees who present symptoms of psychological trauma for whom HIAS Refugee Trust of Kenya will carry out a psychosocial assessment and will provide appropriate psychosocial intervention.

THAT such referrals shall only be made on the HIAS Refugee Trust of Kenya standard referral form for Psychosocial services, which shall be duly filled, dated, signed and stamped by the designated official.

THAT the referred cases will ONLY be persons other than friends, relatives or staff members of the referring organization. (UNLESS FULL DISCLOSURE MADE)

THAT the referral by our organization will be disclosed to the referral refugee(s).

PART III

To refer vulnerable refugee cases with Sexual or Gender Based Persecution protection concerns or special needs for which HIAS Refugee Trust of Kenya SGBP Programme will conduct an assessment recommending the most appropriate course of action/intervention.

THAT such referral shall only be made on the HIAS Refugee Trust of Kenya standard referral form for Sexual and Gender Based Persecution, which shall be duly filled, dated, signed and stamped by the designated official.

THAT the referred cases will ONLY be:

Those encountered by the referring organization in the regular course of its service provision to refugees.

Of vulnerable refugee(s) with serious sexual and gender based persecution concerns that merit pursuit of immediate intervention.

Persons other than friends, relatives or staff members of the referring organization and if not full disclosure of this shall be given accompanied by a detailed explanation of the circumstances warranting the submission.

THAT we will at all times indicate on the referral form whether or not the referral by our organization should be disclosed to the referred refugee(s) and HIAS Refugee Trust of Kenya shall respect the decision.

THAT HIAS Refugee Trust of Kenya may (on a limited social assistance budget) arrange for accommodation for refugee(s) with serious security concerns, who do not have alternative accommodation AND who are accepted as clients of HIAS under the sexual and gender based persecution programme. In addition, HRTK's SGBP program may provide medical assistance covering the cost of basic treatment of opportunistic ailments and/or medical examination.

PART IV

THAT only those refugees who have a duly completed referral form shall be attended to.

THAT the referral letter shall be submitted by way of fax (No.02-2723546) or by hand delivery and an interview be scheduled for the identified refugees.

THAT the referral form, whether completed or blank, is a confidential document. It is to be distributed only to authorized individuals within the designated referral organization, and is NEVER to be given to refugees or asylum seekers for self-completion

THAT upon scheduling an interview with HIAS Refugee Trust of Kenya, we the referring organization shall issue the refugees with a signed and stamped complimentary note/appointment card by which they shall identify themselves to HIAS.

THAT HIAS Refugee Trust of Kenya shall attend to the refugee(s) and keep the referring organization updated on the progress of the case.

THAT HIAS Refugee Trust of Kenya may (on a limited social assistance budget) meet the medical expenses of persons referred AND accepted as clients of HIAS, for as long as a durable solution is sought/ Counseling services offered, and only if referred to a medical facility by HIAS Refugee Trust of Kenya.

THAT at all times, confidentiality of the clients background, vulnerability, referral and nature of their protection /Psychological concerns will be of utmost importance and must always be maintained.

In agreement thereof the parties do sign:

ORGANIZATION: _____

Name _____ Position _____
(Designated Official)

Signature _____ Date _____

Organization: _____

Name _____ Position _____
(Designated Official)

Signature _____ Date _____

HIAS REFUGEE TRUST OF KENYA.

Name _____ Position _____
(Designated Official)

Signature _____ Date _____

Name _____ Position _____

Signature _____ Date _____
(Designated Official)

Name _____ Position _____

Signature _____ Date _____
(Designated Official)

SAMPLE ONLY