# Urban GBV Training Package Index



WOMEN'S REFUGEE COMMISSION

# Training on Strengthening GBV Prevention & Response in Urban Humanitarian Settings

## *Building capacity to mitigate risks and increase resilience*

**Date**
**Time**
**Venue**
**Location**

## Sample Agenda

| Time | Activity |
|---|---|
| 8:30-9:00 | Registration |
| 9:00-9:30 | Welcome, Introductions and Objectives |
| 9:30 – 10:30 | Session 1 – Setting the Stage: GBV in Urban Settings<br>• Core Concepts and Themes<br>• Overview of WRC's Urban GBV Research<br>• Challenges and Opportunities in Cities<br>• Four Key Sites of GBV Five Urban Strategies |
| 10:30 – 10:45 | Coffee Break |
| 10:45-12:15 | Session 2 – Effective Risk Mitigation Strategies<br>• Case Studies and Sample Interventions from Different Cities |
| 12:15 – 13:15 | Lunch Break |
| 13:15 -14:00 | Session 3 – Marginalized Urban Refugees: Peer-led Approaches<br>• Tool: Working with Refugees Engaged in Sex Work<br>• Urban-Specific Outreach Strategies |
| 14:00 – 15:00 | Session 4 – Expanding Urban Networks: New Partners and Collaborations<br>• Tool: Urban Mapping Tool<br>• Challenges and Solutions to New Collaborations |
| 15:00-15:15 | Coffee Break |
| 15:15-16:45 | Session 5 – Identifying Individual and Community-Level Risk Mitigation Strategies<br>• Tool: Urban GBV Risk Assessment |
| 16:45-17:15 | Session 6 – Action Planning and Next Steps |
| 17:15 -17:30 | Wrap Up and Evaluation |

This training was produced by the Women's Refugee Commission. It was developed as part of a multi-year project (2014-2017) funded by the U.S. State Department's Bureau of Population, Refugees and Migration to improve the humanitarian community's knowledge around and capacity to better address gender-based violence experienced by refugees living in urban and non-camp areas.

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Funding Provided by the U.S. Government

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# Training: Strengthening Gender-Based Violence Prevention & Response in Urban Humanitarian Settings

***Building capacity to mitigate GBV risks and increase resilience***

# Training Objectives

1. Familiarize practitioners with new evidence-based interventions and tools.

1. Practical instruction for analyzing and implementing urban GBV risk mitigation strategies.

# You will…

1. Strengthen knowledge of key sites of GBV in urban settings and effective risk mitigation strategies.

1. Become better equipped to map and engage local, non-humanitarian actors in GBV prevention and response.

2. Be able to identify GBV risks facing different urban refugee populations and develop tailored responses.

1. Feel confident to take action to adapt and/or integrate new learning into existing GBV and/or protection programming.

# Setting the Stage

# Theoretical Framework & Values

1. What is GBV?
2. Core Principles: do no harm, survivor-centered, human rights, community-based protection
3. Diversity & Multiple Identities (intersectionality)

# Field Assessments: Kampala, Beirut, Quito, Delhi


- Women
- Children & Adolescents (girls)
- Lesbian, gay, bisexual, transgender, intersex (LGBTI) refugees
- Persons with disabilities
- Male survivors
- Refugees engaged in sex work

http://wrc.ms/urban-gbv

# Cities: Challenges & Opportunities

## Challenges

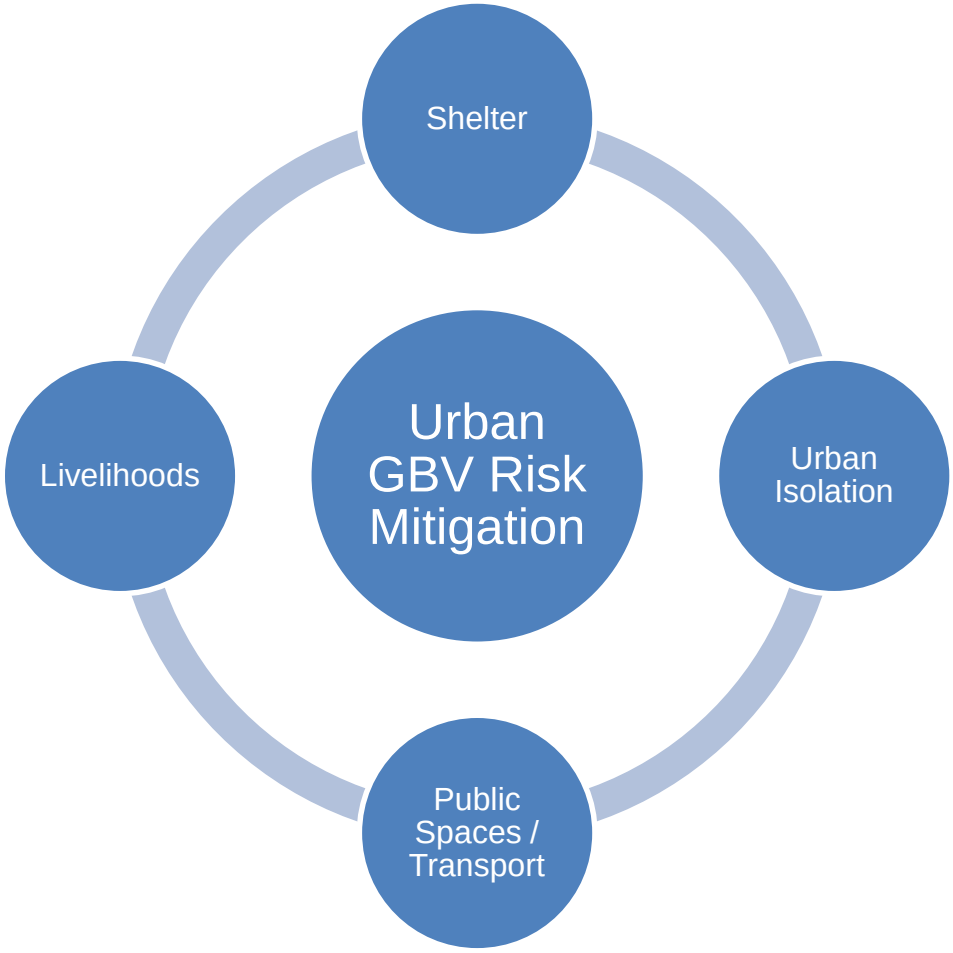
- Complexity: political, economic, social
- Urban risks, discrimination, misinformation

## Opportunities

- Local capital (social, economic)
- Refugees' resilience & contributions

# Four Key Sites of Urban GBV

1. **Shelter**
   - Overcrowding, landlords, neighbors
2. **Livelihoods**
   - At work, en route, employers, sex work
3. **Public spaces / transportation**
   - Buses, taxis, schools, markets
4. **Urban isolation**
   - Mobility, lack of peer networks, stigma, fear


Shelter
Livelihoods
Urban GBV Risk Mitigation
Urban Isolation
Public Spaces / Transport

# GBV Risk Mitigation Strategies for Urban Settings

# Five Key Strategies

1. Relationships with host-community & municipal actors
2. Strengthening protective peer networks
3. Building assets & capacities
4. Multi-faceted outreach, esp. peer-to-peer
5. Meeting urban refugees where they are

# Case Studies: Pilot Interventions

- Delhi, India
- Santo Domingo, Ecuador
- Beirut, Lebanon
- Kampala, Uganda

*Each case study uses more than one urban GBV risk mitigation strategy*

# Case Study No. 1: Delhi

## GBV Task Forces: Improving relations with police & awareness in communities

- Partner: Don Bosco
- GBV Task Force members were elected (men & women)
- Various activities to raise awareness & information
- Improve relationships with local police
- Focal points for emergencies

# Case Study No. 2: Santo Domingo

## Improving referrals & resilience of adolescent refugee girls

- Partner: Asylum Access Ecuador
- Worked with city officials to improve GBV referral pathway
- Training of school psychologists to improve safe identification & referral
- Dance therapy with adolescents to build confidence and self-esteem, strengthen protective peer networks

# Case Study No. 3: Beirut

## Supporting Transwomen Refugees: Building skills, access to services & peer networks

- Partner: MOSAIC
- Joint activities with transwomen refugees (Syrian, Iraqi, Palestinian) & Lebanese transwomen
- Psychosocial support: art & drama therapy
- Capacity building: information, advocacy and community mobilization

*“The most important thing to me was to meet new people like me that would support me and make me feel that I am not alone in this world. What happened is that participating with MOSAIC made me feel like I am in a safe house, with a family who loves me and respects me, not like my real family that threw me in the streets and threatened me with death and forgot about me.”*

– Participant

# Case Study No. 4: Beirut

## Refugees with disabilities: Building protective peer networks and resilience

- Partner: LASA
- LASA expanded activities to include refugees with disabilities
- Activities focused GBV, safety, and mobility
- Strengthened protective peer networks

# Case Study No. 5: Kampala

## Mobile Clinics to Refugee Neighborhoods

- Partner: Reproductive Health Uganda
- Mobile health clinics to refugee neighborhoods
- Refugees identified locations
- Holistic services: injuries, sickness, SRH, GBV
- Strategy for reaching women who cannot or will not travel to static sites


Fourrts
Fourrts
Fourrts
Fourrts

# Case Study No. 6: Kampala
# Training Refugee Women Engaged in Sex Work to be Peer Educators

- Partner: Reproductive Health Uganda
- Peer education: holistic training: SRH, GBV, legal rights, safety, peer counseling, life skills, female condoms
- 50 women in Kampala
- 30 women in Nakivale
- Peer educators are “ambassadors” in their communities

# Case Studies: Common Themes

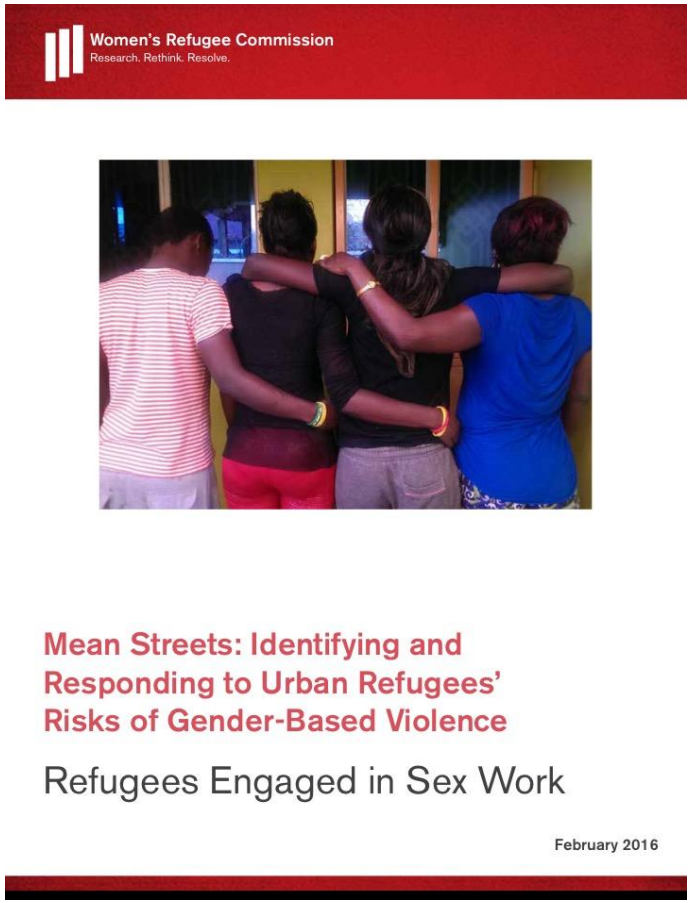
- Working with diverse partners
- Potential contributions of local organizations who have community networks, expertise & knowledge
- Targeted outreach & tailored interventions

# Activity Questions

- How is this case study relevant to your context?
- List two components that can be taken forward and adapted.
- What are two local challenges to taking this activity forward in your city? What are possible solutions?

# Marginalized Urban Refugees: Rights-Based and Targeted Approaches

# Refugees Engaged in Sex Work




- Not uncommon
- Diversity
- Stigma & silence increase health & GBV risks

# Key Findings

- High GBV: targeted b/c refugee status
- Stigma, silence, discrimination
- Lack of access to information
- Lack of access to services: SRH, GBV
- Lack of access to programs, peer support, education
- Field actors want practical guidance

Women's Refugee Commission
Research. Rethink. Resolve.

# Working with Refugees Engaged in Sex Work:

## A GUIDANCE NOTE FOR HUMANITARIANS

### 14 Practical Steps for Field Staff

*Introduction*

Refugees engaged in sex work are little discussed within humanitarian circles; while there is some awareness that the practice is not uncommon, few know how to respond. The Women's Refugee Commission (WRC) developed this Guidance Note in partnership with the Organization for Gender Empowerment and Rights Advocacy (OGERA), a grassroots organization of refugee sex workers in Kampala, to raise awareness and initiate a conversation about how we ensure the protection of and access to vital services for refugees engaged in sex work.

At present, refugees engaged in sex work are an overlooked, underserved population with significant unmet health and protection needs. Humanitarian principles require humanitarian actors to proactively address these needs. In accordance with a rights-based approach to humanitarian service provision, practitioners must work towards strengthening these refugees' capacity to claim and exercise their rights, including their rights to information, health, and freedom from violence.[1] Actors across the sector, from the field level to headquarters, have a responsibility to advance the rights of this population and effectively meet their needs. This includes developing appropriate policies, referrals, and programs, while soliciting the input of affected individuals at every stage of design and implementation.

Humanitarians need not start from scratch here. A great deal of guidance and evidence on interventions for working with individuals who sell sex already exists, much of it developed in consultation with sex workers, health experts, and development actors. This Guidance Note draws upon many of these resources. It also highlights particular ones that should be consulted, assessed for applicability to humanitarian response, and adapted as necessary.[2]

*Background*

Refugees and others forcibly displaced* often have few livelihood options available to them. They face numerous barriers to formal and informal forms of employment resulting from host government restrictions on their right to work, language barriers, and discrimination based on one or more intersecting identities—such as nationality, race, disability, sexual orientation, and gender identity/expression.

No matter where they seek refuge—be it a camp or a city—they encounter challenges to securing basic needs for themselves and their families: safe shelter, enough food to eat, clothing, and medical care. Against this backdrop, many refugees and others forcibly displaced engage in sex work.

A pressing need for guidance in this area became apparent through consultations WRC conducted with refugees and service providers throughout 2015. Among the key findings of those consultations were the following:

- Refugees across contexts and demographics do sex work. They are parents, husbands, wives, youths, older persons, cisgender, transgender, gay, straight, and persons with disabilities. They live and work in cities, rural areas, and refugee camps or settlements.
- They may engage in sex work regularly, as their sole

*While WRC's research focuses on refugees, this Guidance Note has relevance to other forcibly displaced persons engaging in sex work, such as those who are internally displaced (IDPs).

http://wrc.ms/Sex-Work

"All displaced persons engaging in sex work—whether they do it full time, or occasionally, whether they view it as a job or a survival tactic—share the same rights and are entitled to the same menu of services, information, and support options."

– Guidance Note

# Key Guidance

- Meet immediate health & safety needs
- Respect rights & dignity: combat stigma
- Build staff skills & capacities
- Develop rights-based referral options
- Partner w/ actors w/ expertise
- Adapt evidence-based good practices
- Support refugees to know & claim their rights:
  - → access to information
  - → access to services & support they decide are best for them

# Reaching those who are hard-to-reach

How do *you* do outreach in urban areas?

# Key Urban Outreach Strategies

1. Word-of-Mouth
2. Peer-led Outreach Coordinators / Volunteers
3. Social Media / Mobile technology
4. Multiple Service Centers
5. Context-specific strategies (e.g. doormen)
6. Population-targeted strategies (adolescent girls)

*Important: use multiple strategies simultaneously*

# Expanding Urban Networks: New Partners & Collaborations

# Key Finding

Preventing GBV against for urban refugees requires increased collaboration between humanitarian & local actors with specialized knowledge. It also requires tailored interventions & targeted outreach.

This is especially important for highly vulnerable, at-risk, marginalized groups.

# Intro: Urban GBV Mapping

1. List or look up 3 organizations who work in your sector (provided)

2. List or look up 3 organizations who work with your population (provided)

# Group Activity: Urban GBV Mapping

1. **For humanitarian actors:** What are challenges you face in collaborating with local organizations?

1. **For non-humanitarian actors:** What are challenges you face working with UNHCR (and partners) and/or including refugees in your work?

# Tool: Urban Mapping Tool

Purpose #1: Identify diverse local organizations who can play a role in GBV risk mitigation for different groups.

Purpose #2: Assess capacities and needs for participation in response, opportunities for collaboration

# Tool: Urban Service Provision Mapping



| 2. Service Providers: Women Refugees | | | |
|---|---|---|---|
| Ref # | Name of Service Provider | Services, Programs & Activities Provided<br><br>Include:<br>• Location within the city and proximity to refugee neighborhoods<br>• Do they currently serve refugee women, or only women from the host community? | Notes<br><br>Include:<br>• Capacity and interest in serving refugee women<br>• Barriers to including or conducting outreach to refugee women<br>• Barriers refugee women may face in accessing services or participating in activities<br>• Barriers refugee women with disabilities may face<br>• Potential as a new referral pathway for women refugees<br>• Focal point contact information |
| 2A | **Employment and Livelihood** (e.g., job placement and job training, women's savings clubs, agriculture and crafts clubs) | | |
| | | | |
| | | | |
| | | | |

| 7. Service Providers: Male Survivors | | | |
|---|---|---|---|
| Ref # | Name of Service Provider | Services, Programs & Activities Provided<br><br>Include:<br>• Do they currently serve male survivors?<br>• How do these survivors learn of their services?<br>• Do they currently serve refugees?<br>• Are services free and confidential?<br>• Location and proximity to refugee neighborhoods | Notes<br><br>Include:<br>• Capacity and interest in serving refugee male survivors<br>• Training, expertise, and skills for serving male survivors<br>• Barriers to including or conducting outreach to refugee male survivors[15]<br>• Barriers refugee male survivors may face in accessing services or participating in activities [16]<br>• Potential as a new referral pathway for refugee male survivors<br>• Focal point contact information |
| 7A | **Employment and Livelihood** (e.g., subsidy programs or job placement and training programs) | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 7B | **Health** (e.g., health care providers and medical practitioners with technical skills for treating injuries common among male survivors; funding streams available for necessary surgical interventions and other basic health needs) | | |
| | | | |
| | | | |

# Identifying Individual & Community-Level Risk Mitigation Strategies: Looking for Patterns

# Review: 4 key sites of GBV in urban settings

1. Housing
2. Livelihoods / employment
3. Transportation / public spaces
4. Urban isolation

# Reflection

1. Think about the different populations you work with that are at risk of GBV.
2. Write down patterns of violence they experience related to GBV in urban settings.
3. Place what you have noted on the relevant flipchart.

# New Tool: Urban GBV Risk Assessment Tool

Purpose #1: Isolate urban GBV risks

Purpose #2: Develop risk mitigation strategies

*This tool complements existing heightened risk assessment tools.*

# WRC Urban Risk Assessment Tool
# Housing, Employment, Public Transport, Isolation (Sample)

| | | | |
|---|---|---|---|
| *What public spaces do you visit or spend time in? How safe do you feel there? What makes these places safe or unsafe, for you or your family?*<br>• Markets? Walking down the street?<br>• Using latrines or going to the bathroom?<br>• Any there isolated places you go or activities you do where you feel more at risk (collecting leaves, rag-picking, selling goods, etc.)? | | | |
| Transportation & Public Spaces | Answer | Key Risks | Risk Mitigation Strategies |
| *Do you feel safe taking public transport (buses, taxis, motos, rickshaws)? Why or why not?* | | | |
| *Police: Do you fear or feel safe around police? Why? Are some officers safer than others?* | | | |
| *Would any answers change due to daytime vs. nighttime, or time of year?* | | | |

# Group Activity

1. Identify three risks relating to this profile.

2. Identify possible risk-mitigation strategies for this specific profile (short-term/immediate).

3. Identify community-level risk mitigation strategies (longer-term).

# Commitments & Action Planning

Practical steps for strengthening GBV prevention & response in your urban setting

1. **Short term**
    - Examples: meetings, calls, delegate tasks, staff training

2. **Longer term**
    - Examples: funding plans, new hires

# Thank you!

# GBV Task Forces in Delhi, India

## January – August 2016

Case Study: Strengthening GBV Prevention & Response in Urban Contexts

**Background**

As part of a series of urban gender-based violence (GBV) pilot interventions that the Women's Refugee Commission (WRC) undertook throughout 2016,[1] the WRC partnered with Don Bosco, a UNHCR implementing partner in Delhi, to launch a series of pilot activities that would be responsive to the particular GBV risks and service gaps facing refugees living in Delhi. One of the cornerstone activities was the creation of: **Urban GBV Task Forces that would facilitate community-led GBV prevention and response efforts.**

Bosco staff conducted on-site consultations with members of different refugee communities in Delhi to discuss the proposed Task Force idea and solicit their input. In response to feedback, the Task Forces were ultimately:

- Grouped according to countries of national origin (e.g. Rohingya Muslims; Rohingya Christians; Afghans; Burmese Chin; Somalis) and neighborhood locations since refugees live dispersed across the city;
- Focused solely on GBV-related activities;
- Comprised of eight members each: four women and four men. This was strategic, since having a balanced Task Force would simultaneously promote women's participation while neutralizing potential controversy in traditionally male dominated structures;
- Consisted of members who self-identified as being committed to combatting GBV in their communities and who were elected through participatory processes; and
- Recipients of small grants the Task Forces could use for activities they decided upon, including to reimburse transportation costs for community members who attended GBV meetings or workshops.

*"We talk in the [community] sessions about how to respect genders and the meaning of GBV. To raise awareness about that. It also helps us, the [Task Force] members. So we learn how to solve our own problems…Even now we are learning how to respect other people, like lesbian and gay people."*

– Somali Task Force member

[1] These interventions were part of a multi-year project focused on strengthening GBV prevention and response in urban humanitarian contexts, undertaken with the support of the U.S. State Department's Bureau of Population, Refugees and Migration. For more information about underlying research findings and additional case studies, visit WRC's *GBV & Urban Settings* homepage.

**GBV Task Force Activities**

Task Forces engaged in a number of GBV risk mitigation and response activities, each adapted and modified to reflect the different realities, challenges and preferences of each refugee community. Bosco staff worked to build the program management capacities of the Task Forces throughout the project, meeting with them regularly to discuss how funds would be spent, logistical concerns, and creative strategies for implementing activities in the face of practical or conceptual challenges. Key Task Force activities are highlighted below.

*(1) Workshops on GBV Violence*

Task Force members' understanding of various types of GBV and appropriate responses was enhanced through workshops on various GBV topics, including taboo topics the task forces themselves requested in response to issues facing their communities.
Sessions covered:

*Somali Task Force meeting*

- Domestic violence and child protection (emphasizing child marriage, child labor, and adolescent girls' rights to schooling)
- Gender identity, sexual orientation, and GBV risks facing lesbian, gay, bisexual, transgender, and intersex (LGBTI) individuals. This session was led by a prominent LGBTI human rights organization based in Delhi.
- Sexual and reproductive health
- The GBV risks, service gaps, & rights of refugees engaged in sex work. This session, which was the first time members' had received information about appropriate referrals for this population, was facilitated by a local sex worker-led NGO with specialized knowledge on relevant safety issues and sensitive service providers.

Bosco staff reported that the Task Forces provided a unique oportuinty to start conversations about topics that are so stigmatized and taboo, they are traditionally not discussed within refugee communities. As a result, related GBV risks and incidence go unaddressed and unreported.

*(2) Bringing Learning to Their Communities*

Each Task Force took responsibility for disseminating information learned in these workshops throughout their respective communities. The Task Forces derived their own strategies for sharing information as widely as possible and/or to target audiences. Examples of dissemination techniques:

- Working with church leaders to carve out time for sharing information every Sunday at church after prayer time (especially useful where church attendance rates within a community are high)
- Inviting Delhi-based NGOs with specialized knowledge and expertise to conduct workshops on GBV-related topics, e.g. domestic violence, for interested community members

- Designing creative strategies like quizzes and videos to disseminate information to different community members

The Task Force model is a community-based approach that holds promise for:

- Expanding safe identification and referral mechanisms;
- Improving relationships between refugees and local police and other local urban actors;
- Raising awareness about discreet gender equality topics within communities; and
- Promoting ownership over protection strategies and risk mitigation in a way that is separate and apart from existing community power structures.

For some of the women Task Force members, belonging to the Task Force was their first opportunity to speak at a community gathering and/or take on a leadership role within their community. Having women on the Task Forces also proved to be an entry point for survivors to come forward and report GBV and seek response services. Another advantage of the Task Force model proved to be the flexibility it afforded each Task Force to shape the content and structure of their community workshops. This enabled the Task Forces to tackle critical yet sensitive issues, and to do so in ways that resonated with community members and generated open discussion.

*(3) Building Rapport with Local Police Precincts*

Although staff from a legal service provider occasionally meet with local police on behalf of refugees in Delhi, to discuss issues affecting refugee communities, prior to the pilot activity refugees had never met directly with local police to establish community ties. To bridge this gap and build trust in both directions, each Task Force, with the assistance of Bosco staff, reached out to its local police department to attempt to "build rapport and clear apprehensions." This involved:

- Task Force members meeting with local officers to discuss recent experiences of refugees living in their communities, and appropriate steps for filing complaints or calling for assistance;
- Designating individual police officers & Task Force members to serve as liaisons & points of first contact; and
- Police and Task Force members jointly developing plans to address sites of GBV risks, for example by strengthening patrols on certain streets at certain times.

*"In the beginning, we did not understand why this Task Force. But after a long discussion, we know why it is needed…We have kids, we have a lot of work to do at home, but we know we have also to do this work. It is important."*

- Somali Task Force member

The benefits of building rapport with local police precincts in this way quickly became apparent. Several Task Forces reported, soon after having these sessions, having engaged police to respond to and/or diffuse violent situations in a way they never would have before.

*(4) Targeted Assistance to At-Risk Community Members*

Task Forces took various steps to provide targeted assistance to especially vulnerable persons in their communities, including:

- Designating individual Task Force members to serve as community focal points for GBV survivors; these task force members received training on core competencies like providing

appropriate referrals, liaising with official GBV service providers, and safeguarding survivors' privacy and confidentiality

- Allocating a portion of Task Force resources to support individual GBV survivors within their community, such as setting aside funds to cover emergency shelter or medical costs for survivors.

**Conclusion**

A main challenge in getting the Task Forces off the ground was resistance from existing power structures within certain refugee communities in Delhi. In these contexts, it was politically delicate to create a GBV Task Force, since the Task Force would presumably be imbued with new authority or capital (social and financial), including the ability to convene workshops in community spaces. Nonetheless, once the Task Forces took form they were able to reach over 1500 refugees through their activities.

* * *

April 2017

# Expanding Existing GBV Prevention and Response Programming in Santo Domingo to Benefit Adolescent Refugee Girls

*December 2015 to July 2016*

## Case Study: Strengthening GBV Prevention & Response in Urban Contexts

### Background

As part of a series of urban gender-based violence (GBV) pilot interventions that the Women's Refugee Commission (WRC) undertook throughout 2016, [1] the WRC partnered with Asylum Access Ecuador (AAE) in Santo Domingo to address GBV risks among refugee adolescent girls. In particular, the pilot sought to strengthen prevention and response for risks of GBV faced by adolescent girls within their homes. Basing its approach on findings and recommendations previously set forth *Mean Streets: Preventing and Responding to Urban Refugees Risks of GBV*[2], AAE's pilot activities had the following components:

- Strengthening safe identification and referral of GBV for adolescent girls by convening stakeholders and holding workshops with school psychologists; and
- Conducting a dance therapy program for adolescents at risk of GBV, bringing together both Ecuadorian and refugee adolescents to build protective peer networks, build adolescents' capacities by improving self-worth, and enable the integration of refugees and Ecuadorians.

### (1) Strengthening the GBV Referral Pathway:

Based on collaborations with municipal actors in the GBV referral pathway, in particular, the Public Defender's Office & the Cantonal Council for Rights and Protection, it was decided that workshops within schools were a strategic entry point for improving coordination amongst district level actors, building inclusion of refugees, and boosting case identification capacity for adolescents.

*"You managed to present in an easy way effective mechanisms to confront difficulties and cases we witness on a daily basis. Thank you for sharing your experience."*
– District 2 school psychologist

The workshops targeted:

- School psychologists, as they manage GBV cases in schools.
- Educational District 1 with 204 institutions and District 2, with 116 institutions.

[1] These interventions were part of a multi-year project focused on strengthening GBV prevention and response in urban humanitarian contexts, undertaken with the support of the U.S. State Department's Bureau of Population, Refugees and Migration. For more information about underlying research findings and additional case studies, visit WRC's *GBV & Urban Settings* homepage.

[2] See WRC. 2016. *Mean Streets: Preventing and Responding to Urban Refugees' Risks of Gender-Based Violence*

The workshops' content included:

- Skills & capacity building for identifying potential GBV cases, as well as how to follow-up and confirm them;
- Discussing barriers to reporting & brainstorming strategies to improve the referral pathway for refugee girls;
- Addressing ways of further integrating refugee girls in existing GBV case identification & referral mechanisms; and
- Sensitizing school psychologists to refugees in general to address prejudice.

Following the workshops, eighty-eight percent of participants from District 1 and 82% from District 2 indicated that workshop activities were useful and beneficial and 90% of all participants expressed "high satisfaction" with the workshops. More notably, according to a representative from the Public Defender's office, referrals for GBV cases from these districts increased after this workshop.[3]

**(2) Tailored Programming for Refugee Adolescent Girls: Dance Therapy**

Grounded in previous interventions suggesting that strengthening girls' self-esteem can strengthen risk mitigation strategies and improve their reporting of GBV [4], AAE's urban pilot project also included the launch of a new dance therapy program for adolescent refugee girls that aimed to emphasize girls' rights to their bodies, increase their peer networks, and provide a safe space for integrated activities with refugees and Ecuadorians. The program was organized in the following way:

- Location: the AAE office, for its central location and the availability of activities and spaces for parents and siblings;
- Duration: Weekly sessions from May to July 2016;
- Participants: 15 refugees (10 girls and 5 boys), and 3 Ecuadorians (2 girls and 1 boy);
- Session Contents:
    - Contemporary dance, mindfulness, meditation focused on improving self-awareness and self-worth; and
    - drawing and journal writing, and sharing these with facilitators
- Core Concept: The idea of personal space.

*Final dance event for families choregraphed and performed by the adolescent dance therapy participants*

The girls' journal entries suggested that respect for personal space and one's own body were critical concepts that resonated with participants. In post-project focus groups, participants further reported having higher self-esteem and more positive feelings towards themselves as a result of the activities, as well as increased ability to share feelings and experiences with peers. In questionnaires, 82% of participants rated the program as a 'good' and 'very good' experience.

[3] Anecdotally the representative said 10 additional cases had been reported and this was a notable increase, but was unable to provide reporting records.

[4] WRC. 2016. *Mean Streets: Preventing and Responding to Urban Refugees' Risks of Gender-Based Violence*.

**Conclusion**

While the projects met with some challenges including a limited timeline, a lack of consistent attendance, and issues with sustainability due to lack of ongoing funding, there are important takeaways from these pilot activities. The following strategies prove most promising for future programming: (i) a multifaceted approach involving a diversity of actors; (ii) meeting stakeholders & service providers where they are; and (iii) Responding to context-specific challenges.

Creative programming alternatives illustrate what is possible for tailored GBV programming in urban contexts. These programs also underline the potential and promise of leveraging existing mechanisms, networks, and partnerships.

* * *

April 2017

# Supporting Transwomen Refugees:
# Providing psychosocial support & building peer networks among refugee & host community transwomen in Beirut, Lebanon

*February-August 2016*

**Case Study: Strengthening GBV Prevention & Response in Urban Contexts**

**Background**

As part of a series of urban gender-based violence (GBV) pilot interventions the Women's Refugee Commission (WRC) undertook throughout 2016, the WRC partnered with a local organization called MOSAIC[1] to strengthen GBV prevention and response for Syrian transwomen refugees living in Beirut. Previous research demonstrated that in addition to facing physical and emotional violence, stigmatization, and discrimination on a near daily basis, transwomen refugees experience exceptional difficulty accessing safe shelter, employment, and health and other services—including mainstream refugee services.[2] That research also found that having peers is instrumental to transwomen refugees' immediate safety and wellbeing. [3] With this in mind, the WRC partnered with MOSAIC, a local specialized service provider already trusted by Lebanese and Syrian transgender individuals, to implement a project with Syrian transwomen refugees living in Beirut.

The project brought refugee transwomen from Iraq, Syria and Palestine together with Lebanese transwomen. Activities focused on strengthening their protective peer networks, enhancing their skills and capacities to claim their rights, and facilitating their access to support at individual and community levels.

The goals of this project were twofold:

- Create a safe space for transwomen refugees to access psychosocial support and build a sense of community with each other—as well as with Lebanese transwomen—while also developing skills related to advocacy, community mobilization, risk mitigation, and peer counseling; and
- Empower participants to be activists in their communities, including through asserting their GBV risks and service needs with service providers; drawing attention to rights violations and gaps, and joining together to mitigate risks while enhancing their overall protection.

To meet these goals, MOSAIC invited Syrian transwomen and Lebanese transwomen living in Beirut to participate in a joint workshop over a six-month period. Workshop activities would be designed and implemented with their input at every stage.

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[1] The name 'MOSAIC' stands for the MENA Organization for Services, Advocacy, Integration and Capacity-building. For more information about MOSIAC's work with marginalized groups within Lebanon, see www.mosaicmena.org.

[2] See WRC. 2016. *Mean Streets: Preventing and Responding to Urban Refugees' Risks of Gender-Based Violence (LGBTI Refugees) (reflecting the perspectives of transwomen refugees in Beirut and other urban contexts).*

[3] These pilot interventions and the research underlying them were made possible by the support of the U.S. State Department's Bureau of Population, Refugees, and Migration.

**Art & Drama Therapy for Lebanese and Refugee Transwomen**

This project consisted of multiple stages. The first stage involved establishing 'safe spaces' for participants. This meant opening up (i) a figurative space for dialogue between Lebanese transwomen and refugee transwomen; and (ii) a physical space where they could meet and feel welcome, without any fear of violence or discrimination.

To establish these safe spaces, MOSAIC launched the project with the following:

- A two-day "Trans* Alignment Retreat"
- Four Information Sessions.

MOSAIC staff facilitated these meetings, which consisted of introductions, setting an action plan, adapting training modules, fostering a sense of shared experiences and community, and creating entry points for participants to voice ideas and concerns.

*Participants act out an everyday incident of verbal assault against transwomen living in Beirut*

These introductory gatherings were followed by a series of Art and Drama Therapy group sessions. These were facilitated by a certified social worker with experience working with LGBTI persons, including transwomen, and involved the following:

- Participants: 20 transwomen living in Beirut (10 Lebanese, 5 Syrian, 2 Palestinian, & 3 Iraqi)
- Duration: 32 separate sessions
- Purpose: Building community, sharing information, providing psychosocial support, and enhancing resilience—including through the strengthening of peer networks

During these sessions, participants were guided to engage in visual and performance art activities in order to identify and explore common themes and shared experiences. The facilitator also prompted participants to probe the particular risks and challenges facing refugee transwomen, in order to compare and contrast them to the lived experiences of Lebanese transwomen.

*"Before this project, I never really thought about my safety, but thanks to the meetings that happened within this project I started to think on how to protect myself and who to trust and who to not. Thanks to this project, I started opening myself to people and talking about things I never talked about before with anyone, like my relationship with my family, my general situation, and the problems that I was going through."*

– Participant

In post-project evaluations, participants shared that although bringing Lebanese transwomen and refugee transwomen together was at first a challenge for them—given existing prejudices between communities— it ultimately strengthened their sense of community and inspired confidence. Building connections across the refugee/host-community divide enhanced their skills and capacities to respond to everyday situations and to be activists for themselves and their communities. Participants reported that this, in turn, bolstered hope that their individual wellbeing could be improved. They discussed this in terms of their own emotional wellbeing, as well as their physical safety and security in Lebanon, since their newly expanded peer network could provide avenues for, e.g., sharing information, knowledge and resources, as well as engaging in group advocacy and community building.

**Conclusion**

More general challenges to this project were limited funding and a limited timeline. Participants also faced logistical difficulties to attending sessions, such as encountering forms of violence while trying to take public transportation, as well as fearing for their anonymity and safety by being seen travelling to the same place regularly. These are obstacles that should be anticipated and addressed in future iterations of the project.

**Humanitarian actors interested in replicating or adapting project activities will want to keep in mind two key lessons learned:**

**(1) The pilot project was implemented by MOSAIC, a local organization already trusted by LGBTI refugees and host community members. This meant the project was able to leverage the specialized knowledge, expertise, and credibility that a local organization already had, and then integrate those assets into humanitarian response for the benefit of an extremely marginalized refugee population.**

**(2) An approach that brings together both host community transwomen and refugee transwomen offers significant benefits to participants, because such engagement broadens peer support networks across refugee/host-community divides. This in turn enhances access to critical information as well as psychosocial/emotional support.**

* * *

April 2017

# Working with Refugees with Disabilities:
# Building peer networks among refugees & host community persons with disabilities
# Beirut, Lebanon

## Case Study: Strengthening GBV Prevention & Response in Urban Contexts

### Background

As part of a series of urban gender-based violence (GBV) pilot interventions the Women's Refugee Commission (WRC) undertook throughout 2015 and 2016, the WRC partnered with a local organization called the Lebanese Association for Self-Advocacy (LASA) to strengthen protective peer networks for refugees with disabilities living in Beirut. LASA is an organization run by and for persons with intellectual disabilities; its members are dedicated to raising awareness on the rights of persons with disabilities in Lebanon, including the rights of Iraqi and Syrian refugees who are living in Beirut. Previous research has demonstrated that refugees with intellectual disabilities living in urban areas face added risks of violence, including GBV, due to the breakdown in protective peer networks, and exclusion activities which might confer access to age- and gender-appropriate information and education.[1]

### Sessions with Refugees with Disabilities

Throughout 2015 and 2016 LASA expanded their engagement with refugees with disabilities. Working in partnership with UNHCR Lebanon and Caritas, LASA conducted 14 sessions with 12 refugees with disabilities and their families living in Beirut. The sessions included the following topics:

| Theme | Topics discussed |
|---|---|
| Introduction | What makes you sad?<br>What makes you happy?<br>What scares you?<br>Decision-making and family discussion<br>Mobility & independence |
| My space | My self – my city – my home |
| My rights | Right to education<br>Right to work<br>Right to safety |
| My future | I want to live like this<br>Raise your voice<br>Make a plan |

[1] Women's Refugee Commission & International Rescue Committee (2015) "I see that it is possible": Building capacity for disability inclusion in gender-based violence programming in humanitarian settings. Women's Refugee Commission (2016) Mean Streets: Identifying and
Responding to Urban Refugees' Risks of Gender-Based Violence. Refugees with Disabilities.

The activities and materials used during the sessions were fully developed and implemented by the LASA self-advocates (men and women with intellectual disabilities) with the support of LASA's support staff. Self-advocates from LASA supported the refugees in visualizing and expressing their needs, understanding and hopes. Engaging parents throughout, the self-advocates supported family members to recognize the voice of individuals with disabilities, and that they have something to say about their situation. Furthermore, self-advocates present a positive example to parents and family members of the skills and capacities of persons with intellectual disabilities.

For more information, please see the video entitled *Meaningful Programs for Engaging Refugees with Disabilities in Lebanon*. https://www.youtube.com/watch?v=TYGNk1RuZ-o

> *"Elham's sister was never allowed her to go out of the house alone. After the work that was done with the group, it was reported that she is now going to the shop to buy something. Moreover she is visiting with neighbors independently."*
>
> – LASA facilitator, relaying the experience of a refugee participant

**Learning and Challenges**

This pilot project has, however, demonstrated a number of challenges to effectively engaging and supporting local organizations in GBV prevention in urban refugee contexts. Most notably, local organizations of persons with disabilities may have limited knowledge and experience in GBV prevention, and therefore need support to fully reflect on and ensure protection mainstreaming across their work with refugees. They are also largely excluded from other human rights movements and humanitarian initiatives, which might help them to exchange on ideas and challenges. For this reason, the WRC has also supported LASA representatives to engage in the World Humanitarian Summit in Istanbul, and linked them to opportunities for participation in the Association for Women in Development (AWID) Forum in Brazil. Lastly, despite their innovative and impactful work, grassroots groups, such as LASA, have few sustainable funding opportunities, and find it challenging to access funding through the humanitarian funding system.

**Conclusion**

Sessions have supported refugees with disabilities living in Beirut to reflect on safety issues, including how these might be different for women, men, girls and boys with disabilities, as well as how these might relate to nationality/country of origin. These sessions also helped to strengthen their protective peer networks in the community. Outcomes at individual levels have included increased awareness among families and care-givers on the protection concerns, as well as effective strategies for enhancing protection and mitigating risk. This has, in turn, increased independence for individuals who were previously kept inside their homes. Broader learning from WRC's partnership with LASA underscores the potential contributions of local organizations in strengthening the protection environment for urban refugees, including traditionally marginalized and "hidden" populations.

* * *

April 2017

# Bringing Mobile Clinics to Urban Refugees in Kampala

Kampala, Uganda
*February-August 2016*

## Background

As part of a series of urban gender-based violence (GBV) pilot interventions, in 2016 the Women's Refugee Commission (WRC) partnered with Reproductive Health Uganda (RHU) to address information, service, and support gaps affecting at-risk refugee populations living in Kampala. One component of the project involved bringing a free mobile clinic to neighborhoods in Kampala with high refugee populations.[1] The clinic provided a range of health and psychosocial support services, including for GBV survivors, and was especially aimed at reaching individuals who would otherwise not be accessing services. This included refugee women who reported being unable to travel to static sites due to stigma, fear, transportation barriers, and other reasons.

## Taking Mobile Clinics to Refugee Neighborhoods

With the assistance of refugee community leaders, RHU identified five neighborhoods across the city with large refugee populations. RHU sent its mobile outreach clinics—typically used to target hard-to-reach Ugandan communities—to these areas. At least eight visits to these neighborhoods were conducted, reaching 200-300 urban refugees per visit. RHU's health and social services team provided diverse services to refugee men, women, and children. Team members included clinicians, nurses, a midwife, laboratory technologies, social workers and psychosocial counselors, data clerks, and peer educators. Among the services provided were:

- General clinical services/primary healthcare
- Respiratory tract infections
- Malnutrition
- Injuries
- GBV response, including post-rape examinations and psychosocial support for survivors
- SRH, STI/HIV testing and treatment
- Referrals to specialized service providers and clinics

*RHU's mobile clinic visits a refugee neighborhood in Kampala.*

Many of those served reported being unable to access alternative services for various reasons, including distance, transportation costs, discrimination, and language barriers. Across the five sites, RHU provided direct health and GBV services to 3,244 urban refugees.

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[1] A second component of the pilot project was integrating the peer education model into humanitarian response in Kampala and the Nakivale Settlement, to strengthen the skills and capacity of refugee women engaged in sex work to mitigate their GBV risks. For more information, see WRC. 2017. *Case Study: Supporting Refugee Women Engaged in Sex Work: Integrating the Peer Education Model into Humanitarian Response*, available on WRC's website.

## Mobile clinics: A safer, less stigmatizing way to reach refugees engaged in sex work

RHU's mobile clinic visits were open to all refugees living in hard-to-reach neighborhoods: women, men, and children. One reason RHU takes this approach is because it helps facilitate access to services for "hidden" and marginalized individuals who may not otherwise access services. In the visits to refugee neighborhoods, the mobile clinics proved especially useful for bridging service gaps facing refugee women engaged in sex work. Of the 3,244 urban refugees served during the five mobile clinic visits, 923 were women who reported selling sex currently or previously as a form of income, regularly or on occasion. These women accessed a range of services, including SRH and GBV services; most reported feeling too stigmatized or fearful to travel to static sites to access services. Of those who received GBV response services, including for rape and gang rape, most had never before shared their experience with a service provider.

*"If you try to target [refugees engaged in sex work], they cannot come. And some are married, so their husbands won't allow them. So you have to be open to all refugees."*

*- RHU Outreach Worker*

Of the 923 women who identified as currently or previously engaging in sex work, 88 were found to be HIV positive and were referred for ART related services. Amongst those who were referred, 23 women were already aware of their serostatus but were not accessing treatment; 65 women did not previously know they were HIV positive.

Hence one benefit of bringing mobile clinics to refugee neighborhoods, and offering holistic services to the whole community, is that it can provide cover for refugees who are marginalized or at-risk to access tailored services--without them having to visit a specialized clinic.

## Conclusion

Demand for the mobile clinics was higher than RHU could meet. RHU is currently seeking funding to continue sending its mobile clinics to refugee neighborhoods in Kampala, to provide the holistic services that proved to be a critical entry point for SRH and GBV services for refugees who cannot, or will not, access them in other ways.

Outcomes of this pilot suggest that meeting refugees where they live can expand access to health and GBV services for urban refugees. This is especially true where they live dispersed across a large city and face transportation and other challenges attempting to visit static sites. The mobile clinics particularly proved to be an important entry point for reaching refugee women engaged in sex work because of the fact that they offered multi-faceted service provision open to *all* refugees. This enhanced access for women who did not know of an alternative, friendly service provider and/or who did not want to visit one for fear of being judged or 'found out'.

For more information about these mobile clinics, or the related peer education project, please see the more comprehensive case study called: *Mitigating Urban Refugees' GBV Risks in Kampala: Working with Refugee Women Engaged in Sex Work & Bringing Mobile Clinics to Refugee Neighborhoods.*[2]

* * *

[2] This and other urban GBV case studies are available at: https://www.womensrefugeecommission.org/gbv/resources/1462-urban-gbv-case-studies.

# Supporting Refugee Women Engaged in Sex Work: Integrating the Peer Education Model into Humanitarian Response

Kampala and Nakivale Settlement, Uganda
*February-August 2016*

*"The training, it saves lives."*
- Peer educator, Kampala

## Introduction

As part of a series of urban gender-based violence (GBV) pilot interventions, in 2016 the Women's Refugee Commission (WRC) partnered with Reproductive Health Uganda (RHU) to address GBV risks and support gaps facing refugee women engaged in sex work in Uganda. These activities were undertaken in two sites: Kampala and the Nakivale Refugee Settlement. They were designed to take an evidence-informed and rights-based approach to working with these women, for the purpose of strengthening their skills and capacity to mitigate GBV risks and otherwise improve their health and safety. The heart of the project was adapting, for the humanitarian context, peer education trainings for women engaged in sex work. **A total of 80 refugee women were trained as peer educators: 50 women living in Kampala and 30 women living in the Nakivale Refugee Settlement.**[1]


*Peer educators in Nakivale Refugee Settlement*

## Adapting the Peer Education Model for Refugee Women

Peer education follows a community-empowerment approach for working with individuals engaged in transactional sex.[2] Evidence from outside the humanitarian sector demonstrates the effectiveness of peer education and peer-led outreach and support in reducing HIV and GBV risks amongst persons doing sex work.[3]

Following established good practice in peer education training, the sessions conducted by RHU were holistic and participant-driven. The trainings lasted five days and covered the following topics:

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[1] A second component of the pilot project was bringing **mobile health clinics to refugee neighborhoods** in Kampala, to enhance access to services—including GBV services—for urban refugees, especially hard-to-reach populations. For more information, see WRC. 2017. *Case Study: Bringing Mobile Clinics to Urban Refugees in Kampala*, available at: https://www.womensrefugeecommission.org/gbv/resources/1462-urban-gbv-case-studies

[2] World Health Organization et. al. 2013. *Implementing Comprehensive HIV/STI Programmes for Sex Workers: Practical Approaches from Collaborative Interventions (also known as the Sex Worker Implementation Tool or SWIT)* at 5.

[3] WRC and OGERA. 2016. *Working with Refugees Engaged in Sex Work: Guidance for Humanitarians.*

- Human rights and rights advocacy
- Family planning
- Life planning skills
- Parenting in sex work
- Safer sex in sex work
- Community mobilization
- Community outreach
- Condoms and condom distribution
- Gender Based Violence
- Violence in sex work
- Dealing with security and law enforcement
- STI & HIV/AIDS testing, prevention, and continuum of care
- Action planning

*Training facilitator discusses the rights of refugees engaged in sex work in Uganda with peer educators*

Trained peer educators act as focal points and outreach coordinators for refugees in their respective communities who are engaged in sex work. Peer educators take on independent activities in their communities, including capacity-building and information sharing amongst fellow refugees engaged in sex work. They also engage in condom distribution; organize information, safety, and know-your-rights sessions for their peers; conduct one-on-one peer mentoring and support; and provide referrals to peers seeking legal, SRH, GBV and/or other services.

*"Before the training, I didn't know I couldn't use a condom more than once."*

- Peer educator, Kampala

Initially, peer education trainings were limited to refugee women living within the city of Kampala. In Kampala, the number of participants was limited to 50 women, although the number of requests to participate was higher. Feedback from peer educators in Kampala emphasized a need for similar trainings to be conducted in Uganda's refugee settlements, so the pilot project was expanded to Nakivale, where another 30 women were trained as peer educators.

In Nakivale, RHU coordinated and met with various settlement actors who expressed support for the peer education trainings. These actors included representatives from the Office of the Prime Minister who oversee humanitarian assistance within Uganda; the settlement Commandant and UNHCR regional and settlement focal points; and Medical Teams International, which runs health programs in the settlement.

*"When you do programming with refugees doing sex work, it is better to support them to know their rights, and to know the implications of some of their actions. These are all risk mitigation strategies…make sure they get all the information, so they can be safe and advocate for themselves."*

- RHU staff

Key components of the project included:

- Trainings organized and coordinated by RHU staff members with prior experience working and conducting similar trainings with Ugandan sex workers.
- Using a variety of activities and media to teach the curriculum, including focus group discussions, peer and expert presentations, videos and photo slideshows.

- Adapting RHU's usual peer education training package for refugees. This required modifying the content to reflect questions around refugees' legal status in Uganda, as well as to address refugees' heightened risks of violence from clients and police, as compared with Ugandan sex workers [4]
- Conducting the trainings in refugees' multiple languages
- Ensuring participants' confidentiality, since many refugee women reported fears of being "found out" to be selling sex, including by their husbands who do not know they sell sex
- Making sure the trainings were practical and reflected participants' day-to-day expriences as women engaged in sex work. Topics garnering the most interest included: condom use (male and female condoms); testing and treatment for HIV/STIs; relevant local laws; tips for speaking with police if approached; peer counseling; working in pairs and other safety tips; parenting as a sex worker; how to conduct community outreach.
- Offering optional, on-site free condoms and HIV/AIDS testing.

*"We had a training for five days, where we learned many things. We were trained to be ambassadors. Now I interact with four groups of women, where I share information and show them how to use condoms and other information to protect them. So people know how to protect themselves….On top, we learned other skills as well, financial skills and savings activities"*

- Peer educator, Kampala

## Conclusion

In both Kampala and Nakivale, demand for the peer educator trainings was higher than RHU could meet. "The main and first request" of peer educators and other refugee community leaders with whom RHU was in contact was for RHU to "train more peer educators and reach out to more refugees doing sex work." This reflects a high unmet demand for services—SRH, GBV, safety trainings, condom distribution, peer support, etc.—by female refugees engaged in sex work in Kampala and settlements like Nakivale. During the trainings, peer educators expressed a strong desire for services near the places where they work, and for more peer educator trainings to be conducted.

RHU is currently seeking supplemental financial support that would enable its staff to provide much needed services and support for refugees engaged in sex work in Kampala and other urban centers throughout Uganda that are in close proximity to refugee settlements. Similarly, RHU is committed, with the requisite funding, to continuing to bring critical services and support to refugees engaged in sex work in Nakivale and other settlements.

For more information about the peer education trainings, or the related project that involved bringing mobile clinics to refugee neighborhoods in Kampala to improve access to health and GBV services for hard-to-reach urban refugees, please see the more comprehensive case study called: *Mitigating Urban Refugees' GBV Risks in Kampala: Working with Refugee Women Engaged in Sex Work & Bringing Mobile Clinics to Refugee Neighborhoods.*

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April 2017

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[4] WRC. 2016. *Mean Streets: Refugees Engaged in Sex Work*.

WOMEN'S REFUGEE COMMISSION

# Urban Gender-Based Violence Risk Assessment Guidance: Identifying Risk Factors for Urban Refugees

## Urban Risks

Refugees living in cities face high risks of gender-based violence (GBV), often on a daily basis. Some of these risks affect members of the host community as well. Where refugee women, for instance, experience sexual harassment or unwanted touching when taking public transportation, it may be the case that *all* women in that city encounter similar threats whenever they board a bus or take the metro.

It is also common, however, for refugees to face especially high levels of violence because of intersecting risk factors related to their status as refugees or being displaced. Refugees may stand out in urban crowds because of the language they speak, the way they dress, or the color of their skin. Refugees may be targeted for violence because it is assumed, often correctly, that they are unlikely to report incidents of violence, out of fear of drawing unwanted attention to themselves, or because they are unfamiliar with the local legal system. Certain subgroups of refugees may also face heightened risks because of where they live or the work they do, their age, or other traits like disability or diverse gender or sexual identities (e.g., lesbian, gay, bisexual, transgender and intersex (LGBTI) refugees).

## Urban GBV Risk Assessment Guidance

The Women's Refugee Commission's (WRC) Urban GBV Risk Assessment Guidance contains essential urban risk questions that are intended to supplement whatever GBV risk assessment tools are currently being used by humanitarian practitioners in urban areas.[1] The questions are based upon input provided by urban refugees themselves, collected by WRC through focus group discussions and interviews conducted in four cities throughout 2015: Beirut, Lebanon; Kampala, Uganda; Quito, Ecuador; and Delhi, India.

The first section of the Guidance contains risk assessment questions relevant for all urban refugees; these are grouped by common risks such as those related to "Employment," "Public Transportation," "Housing," and "Urban Isolation." These questions can be asked of individual refugees, to identify an individual's Key GBV Risks and Potential Risk Mitigation Strategies that could be beneficial to them, including specialized referrals or their participation in certain programs or activities. Answers can also spotlight areas where refugees could use assistance in mitigating

1. For instance, this Urban GBV Risk Assessment Guidance is intended to complement, rather than substitute for, UNHCR's Heightened Risk Assessment Tool (Version 2), available at www.refworld.org/pdfid/4c46c6860.pdf.

an isolated GBV risk, such as insecure housing or threats from an employer. Answers are also intended to help program staff identify trends in refugees' vulnerabilities that must be addressed on a programmatic or community-wide level.

The next section of the Guidance contains additional questions for different groups of refugees. These are subgroups that face heightened risks of GBV: children and adolescent refugees, LGBTI individuals, persons with disabilities, refugees engaged in sex work, male survivors, and elderly refugees. These questions can be used either as a supplement to the general questions in the first section, or they can be used to frame or rephrase those questions. The essential point is that service providers ask tailored questions that demonstrate knowledge and sensitivity around the primary sources of risk and sites of violence reported by at-risk refugees themselves.

The answers to this Guidance are intended to serve two purposes:

(1) To inform individual case management and service provision, including referrals and generate discussions about individual risk mitigation; and

(2) To identify trends in GBV risks that are unique to a particular refugee subpopulation. Answers can then be used in developing short- and long-term risk mitigation strategies that are tailored to that subpopulation, and designed in consultation with them, and which can then be implemented on a programmatic or community-wide level.

For instance, if LGBTI refugees report feeling socially and physically isolated, then a short-term risk mitigation strategy at the programmatic level might be to start a support group for LGBTI refugees, and a long-term strategy, also at the programmatic level, might involve building linkages and referral pathways to local LGBTI organizations, while also mainstreaming LGBTI inclusion in broader programming.

## Tips for Using This Guidance

These questions are intended to be incorporated into existing risk assessments and can be integrated into tools used by programmers and/or case managers. As the questions are sensitive, this Guidance should be framed within larger ethical considerations of informed consent and referral pathways, and conducted by personnel trained in working with at-risk populations.

These questions can be asked on an individual level, or in consideration of a larger community or refugee subgroup. For instance, these questions might be asked directly to an individual (e.g., "Do you feel safe?"), or they can be asked about a subgroup in general (e.g., "Where do LGBTI individuals/adolescent girls/women with disabilities feel safe?").

This Guidance switches back and forth between these modes to illustrate that it is possible, but not always necessary or desirable, to ask personal questions when assessing urban GBV risks. Since adolescent girls, for instance, may be interviewed in the presence of their parents, they can be invited to speak generally about certain issues, and answer questions on behalf of their peers. To offer another example, given stigmas associated with sex work, it may be more appropriate to phrase questions about sex workers' GBV risks and access to information in general, rather than to direct them personally to a particular individual.

***These questions are guidelines. You should adapt the wording as appropriate.***

***Notes should be recorded verbatim as much as possible, capturing the words of participants as spoken. Write legibly. If you run out of space, use additional paper.***

***Record name of interviewer, sex, age, status of interviewee, location and date of interview. Do not include any information that could put the interviewee at risk.***

Interviewer (Name/Organization):_____

Interviewee (Sex, Age, Refugee Status):_____

Location (city):_____ Date: _____

| ALL Urban Refugees | | | |
|---|---|---|---|
| Employment & Livelihood | Answer | Key Risks | Risk Mitigation Strategies |
| *What is your current form of income?*<br>• Do you feel safe at work? Around employer? Around other employees? Around customers? What makes you feel safe or unsafe?<br>• Are agreed-upon wages actually paid?<br>• Is this work stable? How long have you been working there, and how long do you foresee being able to remain working there? Do you worry about losing your job or income? Why?<br>• Do you feel safe getting to/from work? | | | |
| *Do any of your family members face risks in livelihoods? What are these risks?* | | | |
| *To your knowledge, do refugees in your community ever engage in sex work or commercial sex, or sell sex, as a means of livelihood?**<br><br>(*If yes, and if they would be willing to answer more questions about this so we can understand more about what risks they face, whether their rights are respected, and whether have access to appropriate services, see Additional Questions: Refugees Engaged in Sex Work) | | | |

| Employment & Livelihood (continued) | Answer | Key Risks | Risk Mitigation Strategies |
|---|---|---|---|
| *To your knowledge, do refugees ever experience coercion to exchange sex for work, wages, food, rent, or other goods or services? Under what circumstances? Do refugees feel safe or comfortable reporting this, either to friends, service providers, or police?* | | | |
| **Housing** | **Answer** | **Key Risks** | **Risk Mitigation Strategies** |
| *Do you have shelter or a steady place to live?*<br><br>*Does your family?*<br>• Who do you live with, and with how many other people?<br>• Is it a crowded space? How does it being crowded affect your feelings of safety? | | | |
| *Do you feel safe inside your living space? What makes you feel safe or unsafe?*<br>• Do you feel safe around: landlord, neighbors, housemates?<br>• Is there violence or tension in the household, e.g., with spouse, family?<br>• Do you fear being evicted?<br>• Do you have easy access to latrines?<br>• Are the latrines hygienic?<br>• Are you able to lock your doors?<br>• Do you worry about the safety of anyone else in your home, including children?<br>• Do your feelings of safety change depending on times of day or seasons? (For instance, during summer, do you open windows or doors for air to circulate, or sleep on the roof to stay cool?)<br><br>*Do you think your family members feel safe living there? Why or why not?* | | | |
| *How far is your housing from places you visit often, including services? Does this make you feel more at risk or less safe?* | | | |

| Housing (continued) | Answer | Key Risks | Risk Mitigation Strategies |
|---|---|---|---|
| *Is it a safe neighborhood? Is it safe to walk at night? Are streets well lit?* | | | |
| *Do you feel safe leaving your home? Leaving your neighborhood? Why or why not?* | | | |
| *What public spaces do you visit or spend time in? How safe do you feel there? What makes these places safe or unsafe, for you or your family?*<br>• Markets? Walking down the street?<br>• Using latrines or going to the bathroom?<br>• Any there isolated places you go or activities you do where you feel more at risk (collecting leaves, rag-picking, selling goods, etc.)? | | | |
| **Transportation & Public Spaces** | **Answer** | **Key Risks** | **Risk Mitigation Strategies** |
| *Do you feel safe taking public transport (buses, taxis, motos, rickshaws)? Why or why not?* | | | |
| *Police: Do you fear or feel safe around police? Why? Are some officers safer than others?* | | | |
| *Would any answers change due to daytime vs. nighttime, or time of year?* | | | |

| Accessing Services | Answer | Key Risks | Risk Mitigation Strategies |
|---|---|---|---|
| *Do you feel safer going to some providers rather than others? What makes some providers safer than others?*<br>*Do you ever feel at risk or in danger when you are accessing a service?*<br>• Getting to provider's office? How do you get there and back? How do you pay costs?<br>• Do you feel safe and at ease waiting in the waiting room?<br>• Do you worry about your confidentiality being protected?<br>• Do you feel respected and treated with dignity while accessing such services? | | | |
| **Urban Isolation** | **Answer** | **Key Risks** | **Risk Mitigation Strategies** |
| *What organizations do you have the most contact with?*<br>• How do you have contact with them? (e.g., in the home, office, center, etc.) | | | |
| *Language: Do you feel less safe because you don't speak the host community language?*<br>• When does this make you feel less safe? | | | |
| *Do you belong to any social or community groups, or have any friends or family here in the city you feel close to? Does belonging make you feel safer living here?* | | | |
| *Do you have anyone you can turn to if you feel threatened or if you simply want someone to talk to?* | | | |

***Analysis and Notes — FOR OFFICE USE ONLY***

Based on the information above and answers to any supplemental questions they were asked as a member of an at-risk subgroup:

*Biggest GBV risks:*

What are the largest GBV risks for an individual refugee? For this at-risk population group?

*Individual risk mitigation strategies:*

What options for risk mitigation could you explore with the individual? Discuss both the potential benefits and unintended risks of each strategy with the individual.

*Programmatic or community risk mitigation strategies:*

What recommendations do they have for how your activities should be adapted for refugees in a similar situation, or from the same population group? What strategies could be implemented to make them safer in the community?

## Additional Questions: Key Populations

### Children and Adolescents[2]

Adolescent girls face particular GBV risks in urban areas. They are also often overlooked in humanitarian response and GBV assessments. For these reasons, all of the questions below must be disaggregated for boys and girls.

| Tailored Questions | Answer | Notes |
|---|---|---|
| *Under what circumstances do children and/or adolescent refugees go outside their homes?*<br>• Is it considered safe or unsafe for them be outside their home? Under what circumstances?<br>• Is this different for boys and girls? | | |
| *Is the city more dangerous for refugee children and adolescents than host community children and adolescents? How so?*<br>• How might adolescent refugee girls be less safe than adolescent girls from the host community? | | |
| *In what circumstances are refugee children ever left at home alone (e.g., when parents are working)?*<br>• What makes this safe or unsafe for them?<br>• Are there any particular people who are unsafe for them around their homes? (e.g., other tenants; landlords; neighbors, etc.) | | |
| *Do refugee children and adolescents attend school?*<br>• Is this different for boys and girls?<br>• What are the reasons why they do not attend?<br>*For those who are not attending: did they used to? Do they desire to go back to school?* | | |

2. Because children and adolescents are often interviewed with parents present, which can make them less comfortable answering direct or personal questions, these questions are framed generally, so that children or adolescents can answer them as though they are speaking on behalf of their peers.

| Tailored Questions (continued) | Answer | Notes |
|---|---|---|
| *Are refugee children and adolescents less safe than host community children and adolescents at school? In what ways?*<br>• Are they ever bullied for being refugees?<br>• Do teachers treat them the same way they treat host community students? Is this different for boys and girls?<br>• What could we do to make school safer for refugee girls and boys?<br>• How do they get to and from school, and are they safe when they're traveling to and from school? Is this different for boys and girls? | | |
| *Do refugee children and adolescents tend to have jobs?*<br>• What sorts of jobs do they tend to have? Are these different for boys and girls?<br>• Where are these jobs? (e.g., outside or inside; in homes or in factories or offices)<br>• What makes working these jobs safe or unsafe for them? How might this be different for boys versus girls?<br>• What could we do to make it safer for refugee children and adolescents working in these jobs? | | |
| *What programs or activities for children or adolescents do they participate in?*<br>• What do they like or dislike about these activities?<br>• What, if anything, about these activities makes them feel safer or more protected?<br>• How do they get to these activities, and how do you get home? What makes them feel safe, or unsafe, going there or getting home?<br>• What could we do to make programs and activities more inclusive of refugee children and adolescents? | | |

| Tailored Questions (continued) | Answer | Notes |
|---|---|---|
| Adolescent Girls[3]<br><br>*How do the lives of adolescent refugee girls in the city differ from the lives of adolescent refugee boys?* | | |
| *What organizations or services are adolescent girls accessing the most?* | | |
| *How do adolescent girls get information about refugee programs and services?* | | |
| *What are some barriers or obstacles to adolescent girls participating?* | | |
| *Do adolescent girls have access to information about GBV and sexual and reproductive health issues, including pregnancy and menstruation?*<br>• How and where can girls get this information? | | |
| *Do adolescent girls know about organizations or activities that provide information about GBV and sexual and reproductive health?* | | |
| *Do adolescent girls know of any programs or activities that are specifically for adolescent girls – either refugee girls or girls from the host community?*<br>• Are there any safe spaces just for adolescent girls? | | |
| *At what age do girls in your community tend to get married?*<br>• Is this the same age they would get married in their [country of origin]?<br>• How do girls feel about getting married at that age? | | |

3. These assessment questions should be used in conjunction with tailored, targeted inquiries into adolescent refugee girls' access to information and participation in urban response. For tools and actionable guidance on proactively engaging adolescent girls in emergencies, see the WRC's I'm Here Approach, https://womensrefugeecommission.org/resources/document/1078-i-m-here-report-final-pdf.

***Analysis and Notes — FOR OFFICE USE ONLY***

Based on all of the information above, including answers to the "All Populations" questions and any supplemental questions they were asked as a member of an at-risk subgroup:

*Biggest GBV risks:*

What are the largest GBV risks for an individual refugee? For this at-risk population subgroup?

*Individual risk mitigation strategies:*

What options for risk mitigation could you explore with the individual? Discuss both the potential benefits and unintended risks of each strategy with the individual.

*Programmatic or community risk mitigation strategies:*

What recommendations do they have for how your activities should be adapted for children or adolescents? For adolescent girls? What strategies could be implemented to make children and adolescents safer in the community? To make adolescent girls safer?

| All LGBTI | | |
|---|---|---|
| Tailored Questions | Answer | Notes |
| *Access to information. At the end of **each** question, ask if this is a topic they would like more information about:*<br>• Do you know any LGBTI organizations in the city? Which ones?<br>• Do you know your legal rights as LGBTI? What do you understand them to be?<br>• Do you know what to say if you get arrested? Is there anyone you know you can call for assistance if you get arrested?<br>• Do you know of any place to go, e.g., a shelter that's LGBTI friendly, if you are evicted or homeless?<br>• Do you know any places to go for LGBTI-friendly medical treatment and sexual health services? Which ones<br>• Do you know any service providers who are LGBTI friendly or knowledgeable?<br>• Do you have anyone you would contact or trust in case of an emergency? | | |
| *Are there any other related topics you would like more information about?* | | |
| *What can we do to increase LGBTI refugees' access to information on these topics?* | | |

| Tailored Questions (continued) | Answer | Notes |
|---|---|---|
| *Is it risky for LGBTI refugees to be "out" – to share with others that they are gay, lesbian, bi, trans or intersex?*<br>• What are some of the risks of being "out" as an LGBTI individual?<br>• Is something you want to be guarded by service providers/are worried might be divulged and put you in danger?<br>• Do you and/or other LGBTI feel at risk sharing this information with service providers? Why? | | |
| *Do you know any other LGBTI refugees? Any host-community LGBTI individuals?*<br>• How do host-community LGBTI regard LGBTI refugees? | | |
| *Are there any places in the city that are safe for LGBTI? What are they?*<br>• Are there any particular neighborhoods that are safer? Stores? Employers?<br>• Any particular clubs? Community centers?<br>• How do LGBTI refugees learn about safe places, or learn what places are unsafe for them? | | |
| *Do you feel you are ever targeted for violence or discrimination in the city because you are LGBTI? (This can be physical, sexual, or emotional violence?)*<br>• How so, and by whom?<br>• By neighbors, police, landlords, family, fellow refugees, teachers, public officials, bus or taxi drivers?<br>• By service providers?<br>• What are some things you do to feel safer or less at risk? Do you ever feel unsafe around other members of the LGBTI community?<br>• Would you feel comfortable reporting this violence and discrimination anywhere? (e.g., to police, to refugee service providers, to friends, etc.) | | |

| Tailored Questions (continued) | Answer | Notes |
|---|---|---|
| *Do you feel respected and treated with dignity while accessing services?* | | |
| *Do you feel you are treated differently because you are LGBTI?* | | |
| *How does being LGBTI affect your access to basic necessities, like food, shelter, and employment?*<br>• What kinds of shelter are available to LGBTI refugees?<br>• What kinds of employment are available to LGBTI refugees? | | |
| *Have you ever engaged in sex work, or know other LGBTI refugees who have?**<br>(*If yes, if they would be willing to answer more questions about this so we can understand more about what risks they face, whether their rights are respected, and what access to services they may need, see "Additional Questions: Refugees Engaged in Sex Work")<br>• Do you feel it is more dangerous to be an LGBTI sex worker than a "straight" or non-LGBTI sex worker? | | |
| *Access and inclusion in refugee programs and services*<br>• Do LGBTI refugees participate in programs and services for refugees in general? Which ones?<br>• Do LGBTI refugees feel able and welcome to participate in programs for refugees? (Other women refugees, livelihood programs, language classes, etc.)<br>• What are the barriers or obstacles to LGBTI persons' participation?<br>• What could we do to make these programs safer or more inclusive of LGBTI refugees? | | |
| ***Depending on how an individual refugee self-identifies, proceed to the additional questions for L, G, B, T and/or I individuals. Then complete the subsequent Analysis and Notes section.*** | | |

| Lesbians | | |
|---|---|---|
| Tailored Questions | Answer | Notes |
| *What are some challenges or risks lesbian refugees may face that are different from other LGBTI refugees?*<br>• From within the refugee community?<br>• From within the LGBTI community?<br>• From within the host community?<br>• When trying to access services? | | |
| *Do you fear any violence from your family or others because you are gay?* | | |
| *How does being a gay woman make you feel at greater risk of discrimination and violence in general?* | | |
| *Is "corrective rape" something that happens in this community to gay women?* | | |
| *Do you know of any groups or organizations that exist specifically for lesbians? Either for lesbian refugees or for lesbians within the host community?*<br><br>*How did you learn of these?*<br><br>*What barriers might lesbian refugees face in accessing these groups or participating in their activities?* | | |

| Tailored Questions (continued) | Answer | Notes |
|---|---|---|
| *Are there any service providers you wish were more informed about what it means to be a gay woman?*<br><br>*What could we do to make information about lesbian-friendly groups and services more available to lesbian refugees?* | | |

| Gay Men | | |
|---|---|---|
| Tailored Questions | Answer | Notes |
| *Do you know of any organizations or groups that exist specifically for gay men?* | | |
| *What are some challenges or risks gay men refugees may face that are different from other LGBTI refugees?*<br>• From within the refugee community?<br>• From within the LGBTI community?<br>• From within the host community?<br>• When trying to access services? | | |
| *Are there any service providers you wish were more informed about what it means to be a gay man?*<br><br>*What could we do to make information about gay-friendly groups and services more available to gay men refugees?* | | |

| Bisexuals | | |
|---|---|---|
| Tailored Questions | Answer | Notes |
| *What are some challenges or risks bisexual refugees may face that are different from other LGBTI refugees?*<br>• From within the refugee community?<br>• From within the LGBTI community?<br>• From within the host community?<br>• When trying to access services? | | |
| *Do you feel service providers understand what being bisexual means, treat bisexual refuges with dignity and respect, and can give appropriate referrals?* | | |
| *What can we do to increase access to information about bisexual-friendly services?* | | |

| Trans Persons (transwomen + transmen) | | |
|---|---|---|
| Tailored Questions | Answer | Notes |
| *In what ways might trans individuals be treated differently from other LGBTI individuals? Within the refugee community? Within the host community? By service providers?*<br><br>*Do you know any trans health care or trans-friendly service providers?* | | |
| *Do you know of any groups or organizations that exist specifically for trans persons?* | | |
| *Do you know any other trans refugees? Trans members of host community?* | | |

| Tailored Questions (continued) | Answer | Notes |
|---|---|---|
| *Do you feel respected and treated with dignity by other LGBTI refugees, gay men, and lesbians?* | | |
| *Do you feel especially at risk or targeted for violence because you're trans? By whom? Under what circumstances?* | | |
| *Are there any service providers you wish were more informed about trans rights or what it means to be trans? Do you feel they are transphobic? In what ways?* | | |
| *Do you ever feel you need to change how you look or dress (i.e., to appear gender-conforming) for reasons of personal safety?* | | |
| Trans Youth:<br><br>*What additional challenges or risks might trans youth face, compared to trans adults?*<br><br>*Is there any information available about local organizations, services, programs, or hotlines that can support trans youth?*<br><br>*What can we do to make more information about such support available to trans youth?* | | |

| Intersex | | |
|---|---|---|
| Tailored Questions | Answer | Notes |
| *What are some challenges or risks intersex refugees may face that are different from other LGBTI refugees?*<br>• From within the refugee community?<br>• From within the LGBTI community?<br>• From within the host community?<br>• When trying to access services? | | |
| *Are intersex persons especially vulnerable to physical, emotional, or sexual violence or verbal abuse because they are intersex? From whom?* | | |
| *Do you ever feel discriminated against or mistreated because you are intersex? Under what circumstances and by whom?* | | |
| *What might be some additional risks or challenges faced by intersex children or youth?* | | |
| *Do you feel service providers understand what being intersex means and can give appropriate referrals?* | | |
| *What can we do to improve service provision for Intersex persons?* | | |
| *Do you know any intersex-knowledgeable health practitioners? (For infants or children, if talking to a parent)* | | |
| *Are there any service providers you wish were more informed about what it means to be intersex?* | | |
| *Do you feel that you have access to all the information you would like to have about what it means to be intersex? Do you know of any places you can go to get more information, including online?* | | |

| Tailored Questions (continued) | Answer | Notes |
|---|---|---|
| *What can we do to increase access to information about intersex-friendly groups and services?* | | |

***Analysis and Notes for all LGBTI***

Based on the information above, including answers to the "All Populations" questions and any supplemental questions they were asked as an LGBTI individual:

*Biggest GBV risks:*

What are the largest GBV risks for this individual refugee? As an LGBTI refugee and/or as an L, G, B, T, or I person, specifically?

*Individual risk mitigation strategies:*

What options for risk mitigation could you explore with the individual? Discuss both the potential benefits and unintended risks of each strategy with the individual.

*Programmatic or community risk mitigation strategies:*

What recommendations do they have for how your activities should be adapted for all LGBTI individuals and/or for L, G, B, T, or I persons, considering them separately? What strategies could be implemented to make LGBTI and/or L, G, B, T or I persons safer in the community?

| Persons with Disabilities[4] | | |
|---|---|---|
| Tailored Questions | Answer | Notes |
| **[Note type of disability and presence of caregiver, relationship and role of caregiver.]** | | |
| *Access and inclusion in refugee programs and services:*<br>• What organizations or services do persons with disabilities access the most?<br>• Do you know of any local services or programs for persons with disabilities in the community?<br>• How do persons with disabilities get information about refugee programs and services?<br>• Do persons with disabilities feel able and welcome to participate in programs for refugees? (e.g., programs for women refugees or youth refugees, etc.) How might it be different for people with physical, hearing, vision, intellectual or mental disabilities?<br>• What are the barriers or obstacles to persons with disabilities participating? How might it be different for people with physical, hearing, vision, intellectual or mental disabilities?<br>• What could we do to make these programs more inclusive of persons with disabilities? | | |
| *Safety in the home and the community:*<br>• Where do persons with disabilities spend most of their time throughout the day? (e.g., at home, at school, at work, etc.)<br>• Who do persons with disabilities have the most contact with throughout the day? (e.g., friends, family, etc.) | | |

4. Since persons with disabilities are often consulted in the presence of a caregiver, these questions are framed generally, from the perspective of persons with disabilities, rather than as though they are being directed toward a particular individual. Depending upon circumstances, for instance if a case manager is adapting these questions for use in an individual interview, it may be appropriate to rephrase them, mindful that risks may come with caregivers being present when asking about personal experiences.

| Tailored Questions (continued) | Answer | Notes |
|---|---|---|
| • Where do persons with disabilities feel most safe? Where do they feel the most unsafe? What makes these places safe or unsafe? How might it be different for people with physical, hearing, vision, intellectual or mental disabilities?<br>• Do persons with disabilities ever feel unsafe when accessing programs and services? What could we do to make it safer for persons with disabilities to access such programs and services? | | |
| *Access to information on GBV:*<br>• Do persons with disabilities have access to information about GBV and sexual and reproductive health (including healthy relationships)? How might it be different for people with physical, hearing, vision, intellectual or mental disabilities?<br>• Who is their main source of information about GBV and sexual and reproductive health (including healthy relationships)?<br>• Do they know about organizations or activities that provide information about GBV and sexual and reproductive health (including health relationships)? Are they participating in these activities? If not, what things prevent them from participating? How might it be different for people with physical, hearing, vision, intellectual or mental disabilities?<br>• Do persons with disabilities know about organizations that provide support to survivors of violence, abuse and exploitation? What organizations have they heard about?<br>• What could we do to ensure that persons with disabilities have access to information on GBV and sexual and reproductive health? | | |

| Tailored Questions (continued) | Answer | Notes |
|---|---|---|
| *Protective networks:*<br>• Who do persons with disabilities have the most contact with throughout the day?<br>• Where do persons with disabilities meet other women, men, girls and boys their own age? How might it be different for people with physical, hearing, vision, intellectual or mental disabilities?<br>• Have you heard of any activities where women, men, girls and boys are meeting and getting to know each other? Are persons with disabilities participating in these activities? If not, what are the barriers or obstacles to participation? How might it be different for people with physical, hearing, vision, intellectual or mental disabilities?<br>• Do persons with disabilities know other women, men, girls and boys with disabilities? If so, where did they meet each other?<br>• Who do persons with disabilities contact or trust in case of an emergency?<br>• What activities might help persons with disabilities to build your network of people you trust? | | |

***Analysis and Notes — FOR OFFICE USE ONLY***

Based on the information above, including answers to the "All Populations" questions and any supplemental questions they were asked as a person with disabilities:

*Biggest GBV risks:*

What are the largest GBV risks for an individual refugee? For this at-risk population group?

*Individual risk mitigation strategies:*
What options for risk mitigation could you explore with the individual? Discuss both the potential benefits and unintended risks of each strategy with the individual.

*Programmatic or community risk mitigation strategies:*
What recommendations do they have for how your activities should be adapted for persons with disabilities? What strategies could be implemented to make persons with disabilities safer in the community?

| Refugees Engaged in Sex Work[5] | | |
|---|---|---|
| Tailored Questions | Answer | Notes |
| Stigma and discrimination<br><br>*What are attitudes within the community about people engaged in selling sex to make money?*<br><br>*Is this something that is talked about within the community or by service providers?*<br><br>*Is there a stigma around sex work – are there mostly negative attitudes around it?* | | |
| *How might these attitudes affect a sex worker's safety? How might they affect their willingness to access services or access information, including about health or GBV?* | | |
| *What types of peer support exist for refugees doing this work?*<br><br>*What could we do to make programs and services more welcoming and less stigmatizing for refugees engaged in this work?* | | |
| Access to information<br><br>*Are there any programs, trainings (health or protection trainings), or local services for individuals involved in selling sex? Are refugees able to access them?* | | |
| *What information do sex workers have about their legal rights, or about what the laws here say about selling sex?*<br><br>*Would someone who got arrested or detained by the police for selling sex know what to say, or have anyone they could contact for help?* | | |

5. "Sex Work" is defined here as consensual sex between adults. "Sex workers" are "Female, male, and transgender adults and young people (over 18 years of age) who receive money or goods in exchange for sexual services, either regularly or occasionally," World Health Organization, et al. Implementing Comprehensive HIV/STI Programmes with Sex Workers (2013) (internal citation omitted), available at www.who.int/hiv/pub/sti/sex_worker_implementation/en/

| Tailored Questions (continued) | Answer | Notes |
|---|---|---|
| *What information do sex workers have about GBV?* | | |
| *What information do they have about sexual and reproductive health? Do they know where they can get tested for STIs, including HIV, and where they can get resources for safe sex, such as free condoms?* | | |
| GBV risks<br><br>*What are some risks of violence sex workers experience when working? Risks from clients? Risks from police?* | | |
| *Would a sex worker ever report an incident of GBV or seek GBV services if the violence was related to their work? Why or why not?* | | |
| *What could we do to ensure that refugees engaged in sex work have access to information on GBV, safety, peer support, and sexual and reproductive health?*<br><br>*What kinds of outreach might be effective?* | | |

***Analysis and Notes — FOR OFFICE USE ONLY***

Based on the information above, including answers to the "All Populations" questions and any supplemental questions they were asked as a refugee engaged in sex work:

*Biggest GBV risks:*

What are the largest GBV risks for an individual refugee? For this at-risk population group?

*Individual risk mitigation strategies:*
What options for risk mitigation could you explore with the individual? Discuss both the potential benefits and unintended risks of each strategy with the individual.

*Programmatic or community risk mitigation strategies:*
What recommendations do they have for how your activities should be adapted for refugees engaged in sex work? What strategies could be implemented to make them safer in the community?

| Male Survivors[6] | | |
|---|---|---|
| Tailored Questions | Answer | Notes |
| Stigma and attitudes<br><br>*Are there attitudes toward male survivors in the community? What are they?*<br><br>*Are male survivors treated differently than other men?*<br>• Within the refugee community?<br>• Within their families?<br>• Do people understand what it means to be a male survivor? Is there any misinformation around what it means to be a male survivor?<br><br>*How does this affect life for a male survivor?*<br>• How does this affect their well-being?<br>• Are male survivors at risk of additional violence?<br>• Do male survivors face additional risks and challenges in getting a job or accessing other necessities? | | |
| *Do you know of any peer support groups for male survivors?* | | |
| *Are there any other safe places where male survivors can share their feelings and talk about their experiences?*<br>• To each other?<br>• To service providers or any others with special training? | | |

6. The Refugee Law Project at Makerere University in Kampala, Uganda, has developed a tool for screening for male survivors of sexual and gender-based violence. http://refugeelawproject.org/.

| Tailored Questions (continued) | Answer | Notes |
|---|---|---|
| *What kinds of medical services are available for male survivors? Are these adequate?*<br>• What kinds of medical services are available?<br>• Are male survivors respected and treated with dignity when accessing these services?<br>• How do male survivors get information about these medical services?<br>• What are some of the barriers to accessing these services?<br>• What kinds of additional medical services or support do male survivors need?<br>• What can we do to make sure male survivors have access to adequate medical care? | | |
| *Do male survivors feel able and welcome to participate in programs for refugees? (e.g., programs for other men or boys)* | | |
| *What are the barriers or obstacles to their participation?* | | |
| *Do male survivors feel respected and treated with dignity by refugee service providers?* | | |
| *What could we do to make services more inclusive and welcoming for male survivors?* | | |
| *What could we do to encourage more male survivors to come forward and seek support or medical care? What kinds of outreach would be effective?* | | |

***Analysis and Notes — FOR OFFICE USE ONLY***

Based on the information above, including answers to the "All Populations" questions and any supplemental questions they were asked as a male survivor:

*Biggest GBV risks:*

What are the largest GBV risks for an individual refugee? For this at-risk population group?

*Individual risk mitigation strategies:*

What options for risk mitigation could you explore with the individual? Discuss both the potential benefits and unintended risks of each strategy with the individual.

*Programmatic or community risk mitigation strategies:*

What recommendations do they have for how your activities should be adapted for male survivors? What strategies could be implemented to make male survivors safer in the community?

| Elderly | | |
|---|---|---|
| Tailored Questions | Answer | Notes |
| *What organizations or services do elderly refugees access the most?* | | |
| *Do they know of any local services or programs for elderly in the community?* | | |
| *Are there any peer support or self-help groups specifically for elderly refugees?* | | |
| *How do elderly refugees get information about refugee programs and services?* | | |
| *Do elderly refugees feel able and welcome to participate in programs for refugees? (e.g., for women? For persons with disabilities?)* | | |
| *Are there any activities, programs, or services that elderly refugees would like to participate in but are excluded from, or unable to participate in, because of their age? What are these? What are some of their barriers to participation?*<br>*What could we do to make these programs more inclusive and accessible to elderly refugees?* | | |

| Tailored Questions (continued) | Answer | Notes |
|---|---|---|
| *Where do elderly refugees spend most of their time throughout the day?*<br>• Is this different for elderly men versus elderly women?<br><br>*Who do they have the most contact with throughout the day?*<br>• Is this different for elderly men versus elderly women? | | |
| *Where do elderly refugees feel most safe? Where do they feel least safe?*<br>• How might this be different for elderly women versus elderly men?<br><br>*Do elderly refugees ever feel unsafe when accessing programs and services?*<br><br>*What could we do to make it safer for persons with disabilities, in their neighborhoods or in accessing services?* | | |
| *Are there any other circumstances in which elderly refugees feel especially unsafe or at risk of violence because of their age?*<br>• When and where?<br>• How might this be different for elderly women versus men? | | |
| *Do elderly refugees have to rely on others, including family and community members, for necessities or self-care? Does this influence how safe or unsafe they feel?* | | |
| *Do elderly refugees ever feel discriminated against or stigmatized because of their age? By whom?* | | |

***Analysis and Notes — FOR OFFICE USE ONLY***

Based on the information above, including answers to the "All Populations" questions and any supplemental questions they were asked as an elderly refugee:

*Biggest GBV risks:*

What are the largest GBV risks for an individual refugee? For this at-risk population group?

*Individual risk mitigation strategies:*

What options for risk mitigation could you explore with the individual? Discuss both the potential benefits and unintended risks of each strategy with the individual.

*Programmatic or community risk mitigation strategies:*

What recommendations do they have for how your activities should be adapted for elderly refugees? What strategies could be implemented to make them safer in the community?

WOMEN'S
REFUGEE
COMMISSION

The Women's Refugee Commission improves the lives and protects the rights of women, children and youth displaced by conflict and crisis. We research their needs, identify solutions and advocate for programs and policies to strengthen their resilience and drive change in humanitarian practice.

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WOMEN'S REFUGEE COMMISSION

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# Service Provision Mapping Tool: Urban Refugee Response

## *Mapping humanitarian and host community organizations relevant to GBV prevention and GBV risk mitigation*

## Introduction

Today, more than two-thirds of refugees live in urban areas rather than in refugee camps or settlements. They gravitate towards cities for a variety of reasons, from educational and economic opportunities to improved housing and, in some cases, increased safety. Yet urban refugees usually live alongside host community urban poor, and with them they experience high levels of unemployment, violence, substandard shelter, and limited access to resources like potable water, health services, and public transportation.

Urban response requires a new humanitarian model. Rather than building a new infrastructure of services to serve the refugee population, as is the traditional approach in camps, urban response must try to leverage the wide range of services, resources, and social capital that already exists in cities. This means working with host governments and host communities to integrate refugees into existing services, from primary schools to hospitals, and ensuring that host community members also benefit from whatever contributions to these services humanitarian actors can provide in return.

Beyond helping to secure refugees' access to basic services, promoting refugee protection is an essential component of urban response. It is also highly complex, requiring a "multi-faceted" approach that sometimes requires "negotiations with unconventional actors."[1] A key early step in promoting protection is to *map all the various actors and institutions that are currently relevant — or potentially relevant — to a refugee's protection environment*, especially those relevant to GBV prevention and GBV risk mitigation. This mapping must be done across all sectors, and include not only governmental actors, but also civil society groups and community-based organizations. Even if organizations do not currently serve refugees, they may be willing to do so in the future, or at a minimum to offer guidance on how refugees can survive more safely within the city. Tailored mapping must also be done for different refugee subpopulations, since they face different GBV vulnerabilities and risks in a city. Among these subpopulations are women; children; lesbian, gay, bisexual, transgender and intersex (LGBTI) individuals; persons with disabilities; sex workers; male survivors of sexual or gender-based violence; and the elderly.

Building linkages with host community organizations can be challenging. Some may be legally required to serve refugees, but nonetheless discriminate against them or provide them with substandard care. Others may not have the capacity or funding to expand their work to include refugees. The first step in creating any protection network, however, is to map its current participants and its potential breadth. Only then will

1 UNHCR, *The Implementation of UNHCR's Policy on Refugee Protection and Solutions in Urban Areas* (2012), http://www.unhcr.org/516d658c9.pdf

UNHCR and its partners be able to initiate conversations with these organizations to learn what information or support they may need in order to be more inclusive of refugees.

## The Urban Service Provision Mapping Tool

This tool is designed to help UNHCR field offices and their partners map existing service providers and community organizations in cities: both those that currently engage refugees *and* those that could potentially engage refugees by providing them services or otherwise playing a part in their protection environment. The tool is also intended to guide practitioners in assessing the appropriateness of these actors as resources or referral pathways in humanitarian response, and in identifying what kinds of support — information, training, authorization, cost-sharing, etc. — these actors may need to take on that role. Some local actors may not have the capacity to start serving refugees immediately, but can perhaps become part of a longer-term protection strategy, or provide information-sharing or capacity-building to refugees or refugee service providers. All of this information, and more, can be captured in the Tool.

### How the Tool Works

The first section of the Tool is for "All Refugee Populations" and provides fields for mapping organizations within the host community. This mapping should be comprehensive. It should include programs and services run by the following actors (this list is not exhaustive): municipal or city authorities and agencies; national agencies operating within the city; civil society groups and nongovernmental actors; community-based organizations; humanitarian actors; international development organizations or other UN agencies that are running projects in the city; and relevant private sector actors or foundations. Space is also provided for practitioners to note any current or potential barriers to refugee participation in these programs. Some barriers may be from a refugee's point of view, such as the distance they would have to travel to access a particular service, or the cost of public transportation to get there. Other barriers may be from a service provider's perspective, such as a need for cost-sharing in order to serve refugees, or language barriers that would hinder their engagement, or even personal bias against refugees.

The remaining sections of the Tool are tailored for different at-risk refguee subpopulations" of refugees: women, LGBTI, persons with disabilities, children and adolescents, refugees engaging in sex work, male survivors, and elderly.  It provides additional space to note a local organization's interest and expertise in serving a particular refugee subgroup. Although some actors may therefore be mapped twice or more — once under "All Populations" and again for specific key populations — this is essential to ensure that vulnerable groups are referred to organizations that have the knowledge, sensitivity training, and skills to serve them or offer them peer support.

Conducting this mapping will provide humanitarian actors with a more accurate and comprehensive picture of what gaps exist in refugee service provision and protection. It will also generate information on what kinds of linkages with host community actors could be built or strengthened in order to bridge those gaps. Once the mapping is completed, it will also suggest where humanitarian actors may want to

concentrate or prioritize their outreach efforts, given both the nature of a particular gap and host community resources.

## Tips for Using the Tool

This tool is intended to be used by humanitarian actors in the field, including UNHCR and partner staff. While a designated staff person will be responsible for managing the document — such as a protection officer, community services officer or program coordinator — the information that feeds into the tool can and should come from a range of sources. The two most important sources to start with are (1) urban refugees themselves, including refugees from each of the relevant subgroups, and (2) case managers, counselors and others who interact with refugees daily. All urban humanitarian actors, regardless of sector, should be invited to contribute their knowledge. The idea is to pool together, all in one place, whatever information currently exists about where refugees are going for services and support; the types and quality of services they are accessing; and potential linkages to explore further.

Host community organizations should also be consulted directly, and information they share should be entered into appropriate fields. This tool is not, however, intended to be used as an interview guide with host community actors. Rather than asking whether a host community organization "serves" a particular group, for instance, it may be more useful to ask whether any individuals from a particular group are currently "coming through their doors," or participating in their activities. Moreover, where an organization says that it does not serve a particular subpopulation, such as LGBTI or persons with disabilities, documenting that information in the tool should not be viewed as implicitly condoning such exclusion. As humanitarian actors, we aim to promote inclusion and mainstreaming wherever possible, not least where doing so is mandated by humanitarian principles and applicable human rights instruments. But the immediate goal of this particular tool is to take a "snapshot" of who is currently providing services and support to refugees, and who within the host community could potentially become a partner in urban protection and GBV prevention, either for all refugees or for target subpopulations.

*Use the following forms to record data. If you need more space, use additional paper, using reference numbers on the form for cross-reference.*

## 1. Service Providers: ALL Urban Refugee Populations

| Ref # | Name of Service Provider | Services, Programs & Activities Provided<br>Note location(s) within the city and proximity to refugee neighborhoods. | Who Do They serve?<br>Are individuals from the following groups currently using their services or participating in their activities:<br>• refugees or only host community<br>• women<br>• men<br>• children & adolescents, especially adolescent girls<br>• LGBTI<br>• persons with disabilities<br>• sex workers<br>• male survivors<br>• elderly | Existing or Potential Barriers to Refugee Inclusion[2] | Notes<br>Include information about how the organization's activities are relevant to GBV prevention and GBV risk mitigation.<br>Include focal point contact information. |
|---|---|---|---|---|---|
| 1A | **Employment and Livelihood** (e.g., job placement and job training, microfinance and cash transfers, savings clubs) | | | | |
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2 Barriers can be from a refugee's point of view AND from the service provider's point of view. Examples of barriers for refugees include: transportation costs; fear; misinformation; entry fees; language; distance from refugee neighborhoods. Examples of barriers for service providers would include information or resources they would need to expand their reach to refugee communities, such as: lack of funds or need for cost-sharing; need for more information and sensitization around refugee issues; need for language interpreters; need for capacity-building; need for government authorization.



**PILOT**

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| 1. Service Providers: ALL Urban Refugee Populations (continued) | | | | | |
|---|---|---|---|---|---|
| Ref# | Name of Service Provider | Services, Programs & Activities Provided | Who Do They serve? | Barriers to Refugee Inclusion | Notes |
| 1B | **Health** (e.g., hospitals, public clinics, private clinics, mobile clinics, sexual and reproductive health providers) | | | | |
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| 1C | **Social and Psychosocial Support** (e.g., peer support and self-help groups, social workers, counselors) | | | | |
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| 1D | **Education** (e.g., crèches, bridge classes, adult learning classes, skills trainings) | | | | |
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| **Additional notes:** | | | | | |

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| 1. Service Providers: ALL Urban Refugee Populations (continued) | | | | | |
|---|---|---|---|---|---|
| Ref# | Name of Service Provider | Services, Programs & Activities Provided | Who Do They serve? | Barriers to Refugee Inclusion | Notes |
| 1E | **GBV Prevention & Response** (e.g., GBV case management, special police, temporary shelters, legal support) | | | | |
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**Additional notes:**

## 2. Service Providers: Women Refugees

| Ref # | Name of Service Provider | Services, Programs & Activities Provided<br><br>**Include:**<br>• Location within the city and proximity to refugee neighborhoods<br>• Do they currently serve refugee women, or only women from the host community? | Notes<br><br>**Include:**<br>• Capacity and interest in serving refugee women<br>• Barriers to including or conducting outreach to refugee women<br>• Barriers refugee women may face in accessing services or participating in activities<br>• Barriers refugee women with disabilities may face<br>• Potential as a new referral pathway for women refugees<br>• Focal point contact information |
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| 2A | **Employment and Livelihood** (e.g., job placement and job training, women's savings clubs, agriculture and crafts clubs) | | |
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| **Additional notes:** | | | |

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3 Examples of barriers for including women refugees include: a lack of funding or need for cost-sharing; need for more information and sensitization around refugee inclusion; need for language interpreters; need for capacity-building; need for government authorization.
4 Examples of barriers for women refugees include: transportation costs or risks; fear; misinformation; entry fees; language; distance from refugee neighborhoods.

## 2. Service Providers: Women Refugees (continued)

| Ref# | Name of Service Provider | Services, Programs & Activities Provided | Who Do They serve? | Barriers to Refugee Inclusion | Notes |
|---|---|---|---|---|---|
| 2B | **Health** (e.g., hospitals, public clinics, private clinics, mobile clinics, sexual and reproductive health providers) | | | | |
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| 2C | **Social and Psychosocial Support** (e.g., women's support groups) | | | | |
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| 2D | **Education** (e.g., GBV case management and counseling, special police units, women's shelters, legal support) | | | | |
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**Additional notes:**



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| 2. Service Providers: Women Refugees (continued) | | | | | |
|---|---|---|---|---|---|
| Ref# | Name of Service Provider | Services, Programs & Activities Provided | Who Do They serve? | Barriers to Refugee Inclusion | Notes |
| 2E | **GBV Prevention & Response** (e.g., GBV case management, special police, temporary shelters, legal support) | | | | |
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**Additional notes:**

| 3. Service Providers: LGBTI Refugees | | | |
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| **Ref #** | **Name of Service Provider** | **Services, Programs & Activities Provided**<br><br>**Include:**<br>• Is the organization led by LGBTI individuals?<br>• Location(s) within the city and proximity to refugee neighborhoods<br>• Note whether services are currently being used by LGBTI refugees or by LGBTI members of the host community or both<br>• If LGBTI inidiviuals are accessing services or participating in activities, note whether this includes L, G, B, T, and/or I<br>• Current LGBTI refugee inclusion efforts | **Notes**<br><br>**Include:**<br>• Capacity and interest in serving LGBTI refugees<br>• Training or expertise in L, G, B, T, and/or I issues<br>• Barriers to including or conducting outreach to LGBTI refugees[5]<br>• Barriers to LGBTI refugees' access or participation[6]<br>• Potential as a new referral pathway for LGBTI refugees or partner in LGBTI protection efforts<br>• Focal point contact information |
| 3A | **Employment and Livelihood** (e.g., job placement and job training programs that are open to, or designed for, LGBTI refugees) | | |
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| 3B | **Health** (e.g., specify LGBTI-friendly providers, trans health clinics, intersex-friendly children's doctors) | | |
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5 Potential barriers for including LGBTI refugees include: a lack of funding or need for cost-sharing; need for more information and sensitization around refugee inclusion and/or LGBTI issues; need for language interpreters; need for capacity-building; need for government authorization.
6 Potential barriers for LGBTI refugees' access include: transportation costs or risks; fear of discrimination or stigma; misinformation; entry fees; language; distance from refugee neighborhoods.

| 3. Service Providers: LGBTI Refugees (continued) | | | |
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| Ref# | **Name of Service Provider** | **Services, Programs & Activities Provided** | **Notes** |
| 3C | **Social and Psychosocial Support** (e.g., LGBTI human rights organizations, LGBTI support groups, LGBTI safe spaces) | | |
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| 3D | **Education** (e.g., schools that are LGBTI-friendly, after-school programs for LGBTI youth) | | |
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| 3E | **GBV Prevention & Response** (e.g., GBV case management and counseling, LGBTI-friendly shelters, LGBTI-friendly legal assistance) | | |
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**Additional notes:**

| 4. Service Providers: Persons with Disabilities | | | |
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| **Ref #** | **Name of Service Provider** | **Services, Programs & Activities Provided**<br><br>**Include:**<br>• Are they a representative organization of persons with disabilities (a DPO) or a disability service provider?[7]<br>• What groups of persons with disabilities do they service? (e.g. persons with physical, intellectual, vision, hearing, or mental disabilities)<br>• Do they serve refugees or only members of the host community?<br>• Current policies or practices on gender equality, and the prevention of sexual abuse and exploitation<br>• Proximity to refugee neighborhoods | **Notes**<br><br>**Include:**<br>• Capacity and interest in serving refugees with disabilities<br>• Training or expertise on protection mainstreaming, and safe identification and referral of GBV survivors<br>• Barriers to including or conducting outreach to refugees with disabilities[8]<br>• Barriers refugees with disabilities may face in accessing or participating in activities[9]<br>• Potential as a new referral pathway for refugees with disabilities for GBV prevention and risk mitigation (not GBV case management)<br>• Focal point contact information |
| 4A | **Employment and Livelihood** (e.g., job placement and training programs that are open to, or designed for persons with disabilities) | | |
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| 4B | **Health** (e.g., disability-friendly health providers and disability-accessible providers; disability specialists for health and rehabilitation; provision of aids and devices) | | |
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7 DPOs are usually established and led by persons with disabilities – they seek to strengthen the voice of persons with disabilities in all spheres of community life. They identify needs, express views on priorities, evaluate services and advocate for change and public awareness (www.independentliving.org/docs5/RoleofOrgDisPeople.html.) Disability service providers specialize in meeting the needs of persons with disabilities through the provision of services, such as health, education, and livelihoods service and access programs.

8 Potential barriers for including refugees with disabilities include: a lack of funding or need for cost-sharing; need for more information and sensitization around refugee inclusion and/or disability inclusion; need for language interpreters; need for capacity-building; need for government authorization.

9 Potential barriers for refugees' access include: transportation costs or risks; fear of discrimination or stigmatization; misinformation; entry fees; language; distance from refugee neighborhoods.



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| 4. Service Providers: Persons with Disabilities (continued) | | | |
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| Ref# | **Name of Service Provider** | **Services, Programs & Activities Provided** | **Notes** |
| 4C | **Social and Psychosocial Support** (e.g., peer support and/or self-help groups; safe spaces and community center activities inclusive of adult or youth with disabilities) | | |
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| 4D | **Education** (e.g., schools that are disability friendly or that prioritize disability inclusion) | | |
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| 4E | **GBV Prevention & Response** (e.g., partnerships and referrals to GBV case management agencies, disability-friendly shelters, disability-friendly legal assistance) | | |
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| **Additional notes:** | | | |

| 5. Service Providers: Children and Adolescents | | | |
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| **Ref #** | **Name of Service Provider** | **Services, Programs & Activities Provided**<br><br>**Include:**<br>• Do they currently serve refugee children and adolescents?<br>• What are their ages?<br>• Proximity to refugee neighborhoods and schools<br>• Is all of their programming for boys and girls, or do they have particular programs tailored for adolescent boys or adolescent girls? | **Notes**<br><br>**Include:**<br>• Capacity and interest in serving refugee children and adolescents<br>• Training or expertise in serving refugees, children, and adolescents, especially adolescent girls<br>• Barriers to including or conducting outreach to refugee children and adolescents (esp. adolescent girls)[9]<br>• Barriers refugees children and adolescents may face in accessing services or participating in activities (esp. adolescent girls)[10]<br>• Barriers refugees children and adoles-cents may face to participating<br>• Potential as a new referral pathway for refugee children and adolescents for GBV prevention or GBV risk mitigation (esp. adolescent girls)<br>• Focal point contact information |
| 5A | **Employment and Livelihood** (e.g., programs that work with street children or with child and adolescent laborers) | | |
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| 5B | **Health** (e.g., primary care providers; clinics that serve adolescents and provide sexual education trainings; SRH outreach for adolescent girls) | | |
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10 Potential barriers for including refugee children and adolescents: a lack of funding or need for cost-sharing; need for more information and sensitization around refugee inclusion; need for language interpreters; need for capacity-building; need for government authorization.
11 Potential barriers for refugees' access include: transportation costs or risks; fear of discrimination or stigmatization; misinformation; entry fees; language; distance from refugee neighborhoods.



**PILOT** *Continues on next page*

| 5. Service Providers: Children and Adolescents (continued) | | | |
|---|---|---|---|
| Ref# | **Name of Service Provider** | **Services, Programs & Activities Provided** | **Notes** |
| 5C | **Social and Psychosocial Support** (e.g., peer support groups, community center activities, after-school programs for children and adolescents, safe spaces for adolescent girls) | | |
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| 5D | **Education** (e.g., crèches, bridge classes, primary schools, and secondary schools that serve refugee children and adolescents) | | |
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| 5E | **GBV Prevention & Response** (e.g., partnerships and referrals to GBV case management; child-friendly shelters; legal assistance) | | |
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| **Additional notes:** | | | |

| 6. Service Providers: Refugees Engaging in Sex Work[12] | | | |
|---|---|---|---|
| **Ref #** | **Name of Service Provider** | **Services, Programs & Activities Provided**<br><br>**Include:**<br>• Are they a sex worker-led organization?<br>• Do they currently serve refugees who do sex work?<br>• Do they serve members of the host community who engage in sex work?<br>• Are services free and confidential?<br>• Do they have policies or guidelines around harm reduction?<br>• Location and proximity to refugee neighborhoods | **Notes**<br><br>**Include:**<br>• Capacity and interest in serving refugees who do sex work<br>• Training or expertise in serving sex workers, knowledge of sex workers' rights and relevant tools and guidelines<br>• Barriers to including or conducting outreach to refugee sex workers[13]<br>• Barriers refugee sex workers may face in accessing services[14]<br>• Potential as a new referral pathway for refugees engaged in sex work<br>• Focal point contact information |
| 6A | **Employment and Livelihood** (e.g., sex worker organizations, alternative or supplemental livelihoods programs, protection trainings) | | |
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| 6B | **Health** (e.g., sex worker-friendly health clinics, STI testing centers and mobile clinics, sexual health workshops) | | |
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12 "Sex Work" is defined here as consensual sex between adults. "Sex workers" are "Female, male, and transgender adults and young people (over 18 years of age) who receive money or goods in exchange for sexual services, either regularly or occasionally," World Health Organization, et al, *Implementing Comprehensive HIV/STI Programmes with Sex Workers* (2013) (internal citation omitted), available at http://www.who.int/hiv/pub/sti/sex_worker_implementation/en/

13 Potential barriers for including refugee sex workers: a lack of funding or need for cost-sharing; need for more information and sensitization around refugee inclusion and/or sex workers' rights; need for language interpreters; need for capacity-building; need for government authorization.

14 Potential barriers for refugee sex workers' access include: transportation costs or risks; fear of discrimination or stigmatization; misinformation; entry fees; language; distance from refugee neighborhoods.

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| 6. Service Providers: Refugees Engaging in Sex Work (continued) | | | |
|---|---|---|---|
| Ref# | **Name of Service Provider** | **Services, Programs & Activities Provided** | **Notes** |
| 6C | **Social and Psychosocial Support** (e.g., peer support groups) | | |
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| 6D | **Education** (e.g., peer-education trainings) | | |
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| 6E | **GBV Prevention & Response** (e.g., GBV case management, special police units, women's shelters, legal support) | | |
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| **Additional notes:** | | | |

| 7. Service Providers: Male Survivors | | | |
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| **Ref #** | **Name of Service Provider** | **Services, Programs & Activities Provided**<br><br>**Include:**<br>• Do they currently serve male survivors?<br>• How do these survivors learn of their services?<br>• Do they currently serve refugees?<br>• Are services free and confidential?<br>• Location and proximity to refugee neighborhoods | **Notes**<br><br>**Include:**<br>• Capacity and interest in serving refugee male survivors<br>• Training, expertise, and skills for serving male survivors<br>• Barriers to including or conducting outreach to refugee male survivors[15]<br>• Barriers refugee male survivors may face in accessing services or participating in activities [16]<br>• Potential as a new referral pathway for refugee male survivors<br>• Focal point contact information |
| 7A | **Employment and Livelihood** (e.g., subsidy programs or job placement and training programs) | | |
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| 7B | **Health** (e.g., health care providers and medical practitioners with technical skills for treating injuries common among male survivors; funding streams available for necessary surgical interventions and other basic health needs) | | |
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15 Potential barriers for including refugee male survivors: a lack of funding or need for cost-sharing; need for more information and training on serving male survivors and/or refugees; need for language interpreters; need for capacity-building; need for government authorization.

16 Potential barriers to access for refugees who are male survivors: transportation costs or risks; fear of discrimination or stigmatization; misinformation; entry fees; language; distance from refugee neighborhoods.

| 7. Service Providers: Male Survivors (continued) | | | |
|---|---|---|---|
| Ref# | Name of Service Provider | Services, Programs & Activities Provided | Notes |
| 7C | **Social and Psychosocial Support** (e.g., peer support groups, specially trained social workers) | | |
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| 7D | **Education** (e.g., job training or placement programs that are tailored for male survivors) | | |
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| 7E | **GBV Prevention & Response** (e.g., GBV case management, men's shelters, sensitive legal assistance) | | |
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| **Additional notes:** | | | |

| 8. Service Providers: Elderly | | | |
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| **Ref #** | **Name of Service Provider** | **Services, Programs & Activities Provided**<br><br>**Include:**<br>• Do they currently serve elderly?<br>• Do they currently serve refugees?<br>• Are services free?<br>• Location and proximity to refugee neighborhoods<br>• Are services and programs mixed for men and women elderly or are there women-only programs? | **Notes**<br><br>**Include:**<br>• Capacity and interest in serving and including refugee elderly<br>• Training or expertise in serving and including elderly<br>• Barriers refugees may face in accessing services or participating in activities[16]<br>• Barriers the elderly may face in accessing services or participating[17]<br>• Potential as a new referral pathway for refugee elderly for GBV prevention and GBV risk mitigation<br>• Focal point contact information |
| 8A | **Employment and Livelihood** (e.g., social assistance programs for elderly; job placement and training programs for elderly) | | |
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| 8B | **Health** (e.g., elderly-friendly health providers and elderly residential facilities) | | |
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17 Potential barriers for including refugee elderly: a lack of funding or need for cost-sharing; need for more information and training on serving elderly and/or refugees; need for language interpreters; need for capacity-building; need for government authorization.
18 Potential barriers to access for refugee elderly: transportation costs or risks; fear of discrimination or stigmatization; misinformation; entry fees; language; distance from refugee neighborhoods.

| 8. Service Providers: Elderly (continued) | | | |
|---|---|---|---|
| Ref# | **Name of Service Provider** | **Services, Programs & Activities Provided** | **Notes** |
| 8C | **Social and Psychosocial Support** (e.g., support groups, social clubs, or community center activities for elderly) | | |
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| 8D | **Education** (e.g., elderly-friendly language or job skills programs) | | |
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| 8E | **GBV Prevention & Response** (e.g., GBV case management, elderly-friendly shelters) | | |
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| **Additional notes:** | | | |

WOMEN'S REFUGEE COMMISSION

The Women's Refugee Commission improves the lives and protects the rights of women, children and youth displaced by conflict and crisis. We research their needs, identify solutions and advocate for programs and policies to strengthen their resilience and drive change in humanitarian practice.

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PILOT

WOMEN'S REFUGEE COMMISSION

OGERA UGANDA

# WORKING WITH REFUGEES ENGAGED IN SEX WORK: GUIDANCE FOR HUMANITARIANS

UNDER A RIGHTS-BASED APPROACH TO WORKING WITH REFUGEES ENGAGED IN SEX WORK, PRACTITIONERS WILL:

## 1. KNOW INTERNATIONAL STANDARDS

Consult existing non-humanitarian resources that affirm the rights of individuals involved in sex trade and explain positive practices for working with them. Example: WHO et al., Sex Worker Implementation Tool (2013)

## 2. SOLICIT INPUT FROM REFUGEES DOING SEX WORK

Facilitate their meaningful input into the design and implementation of protocols, referrals, and programs designed to meet their protection and health needs.

## 3. CENTER THE INDIVIDUAL DURING DECISIONS

Ensure that each individual's self-expressed concerns, needs and preferences drive individual case management and/or counseling.

## 4. RESPECT INDIVIDUAL CHOICE

Provide individuals with all relevant information about a **range of options** for services, referrals and peer support, so they can choose what is most relevant for them.

## 5. BUILD SKILLS AND CAPACITIES OF STAFF

Train staff to talk about sex work in nondiscriminatory and **non-stigmatizing** ways. Train staff to develop rights-based protocols and programming for these refugees.

## 6. REACH OUT TO SEX-WORKER LED ORGS.

Map local and regional sex worker-led organizations. They may have information critical to the health and safety of these refugees: friendly service providers, peer trainings, drop-in centers, etc.

## 7. REACH OUT TO RIGHTS-BASED SERVICE PROVIDERS

Reach out to local organizations who work with host-community sex workers. Ask about **entry points for refugee inclusion** in existing programs. (Examples: regional UNFPA, UNAIDS offices)

## 8. KNOW LOCAL LAWS AROUND SEX WORK

Become familiar with host nation prostitution laws and enforcement. Develop tailored protocols for assisting refugees who get arrested or detained for selling sex.

## 9. DEVELOP TAILORED REFERRAL PATHWAYS

Create referral pathways and know-your-rights information handouts for refugees engaged in sex work. These should be based on information gathered from refugees and local experts.

## 10. MAINSTREAM SERVICE NEEDS ACROSS PROGRAMS

Integrate the rights and service needs of refugees engaged in sex work across humanitarian response, including health, legal, livelihood, GBV and SRH programs.

## 11. CONDUCT TARGETED OUTREACH

Targeted outreach is critical to reaching these refugees and facilitating their access to services and support. Where possible, **peer-led outreach** is best practice.

## 12. ENSURE FUNDING PROPOSALS ARE INCLUSIVE

Include refugees engaged in sex work in needs assessments, budgets, and strategic plans. Allocate adequate human and financial resources for tailored programming and staff capacity-building.

## 13. FACILITATE PEER SUPPORT

Provide tangible support to **community-led** protection and peer support efforts.

## 14. GATHER INFORMATION ABOUT THEIR EXPERIENCES

Collect information about the risks and service needs of refugees engaged in sex work and use it to inform **holistic**, tailored interventions.

THE GUIDANCE NOTE WAS DEVELOPED BY THE WOMEN'S REFUGEE COMMISSION AND THE ORGANIZATION FOR GENDER EMPOWERMENT AND RIGHTS ADVOCACY.
THE INFORMATION IN THIS DOCUMENT IS CONDENSED FROM A LONGER GUIDANCE NOTE AND IS MEANT TO PROVIDE AN OVERVIEW. FOR MORE DETAILS AND INFORMATION, VISIT THIS LINK:
HTTP://WRC.MS/SEX-WORK

**Note:** ***Names and other details should be modified to fit the particular context of the training.***

**Mary is a lesbian woman who is living with her family. She has kept her sexuality hidden from them but they recently found out about her sexuality. As a result, her parents kicked her out of their home and she doesn't know where to go.**

**Hassan is a young man who experienced sexual violence and is now going through psychological and physical pain as a result. He doesn't know who to turn to and can't tell anybody about it.**

**Peter is a young boy with an intellectual disability who is isolated at home and whose sister has been pulled out of school to take care of him while their parents are working.**

**Madonna is a young woman selling sex as a form of income. After providing sex to a client, he refuses to pay her and beats her up.**

**Julie is a woman who regularly experiences harassment while when she takes public transport. She needs to go to work every day but is also scared that the harassment will continue to escalate.**

LOGO

THIS CERTIFIES THAT

# X

has successfully completed the

*Training on Strengthening Gender-Based Violence Prevention and Response in Urban Humanitarian Settings*

and is therefore awarded this certificate

Dated this X day of X, XXXX

Trainer 1

Trainer 2

# Pre-Workshop Survey: Training on Strengthening Gender-Based Violence Prevention & Response in Urban Humanitarian Settings

We are delighted you will be participating in the upcoming training: *Strengthening Gender-Based Violence Prevention & Response in Urban Humanitarian Settings*. Please provide answers to the following questions. Your answers will help us strengthen the training and tailor it to your professional needs. Thank you, and we look forward to seeing you soon.

**Rank your ability to do the following (1 to 5 scale):**

1. Rank your ability to collaborate across sectors (humanitarian/non-humanitarian; health/protection) to reduce risks for urban refugees (all of them, or a particular group)

   Not strong 1 2 3 4 5 Very Strong

2. *If you are a humanitarian practitioner, rank your ability to:*

   Collaborate with local/host-community actors to improve protection for urban refugees

   Not strong 1 2 3 4 5 Very Strong

3. *If you are a local or non-humanitarian actor, rank your ability to:*

   Include refugees in your programming or work

   Not strong 1 2 3 4 5 Very Strong

4. Rank your ability to name 5 challenges urban refugees face in accessing services

   Not strong 1 2 3 4 5 Very Strong

   4.a. If possible, please give examples:

   _____

WOMEN'S REFUGEE COMMISSION

5. Rank your ability to name 5 barriers urban refugees face to accessing safe shelter or employment

Not strong 1 2 3 4 5 Very Strong

5.a. If possible, please give examples:

_____

6. Rank your ability to name 5 local actors with specialized expertise who could work with LGBTI refugees, refugees with disabilities, or adolescent girls at risk of GBV.

Not strong 1 2 3 4 5 Very Strong

6.a. If possible, please give examples:

_____

7. Rank your ability to work with and/or provide a range of referral options to refugees who are engaged in sex work

Not strong 1 2 3 4 5 Very Strong

7.a. If possible, please give examples:

_____

8. How much experience do you have with improving GBV prevention or response for urban refugees?

None 1 2 3 4 5 A lot

9. What is your primary expectation of the training?

_____

10. What are two things you would like to be addressed in the training?

_____

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# Feedback: Training on Strengthening Gender-Based Violence Prevention & Response in Urban Humanitarian Settings

**Organization** (optional):

**Please circle to what extent you agree or disagree with the following statements:**

1. **My personal objectives for attending were achieved during the training.**

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | Somewhat | | | |
| Not at all | 1 | 2 | 3 | 4 | 5 | Completely |

2. **Training content was relevant and challenging.**

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | Somewhat | | | |
| Not at all | 1 | 2 | 3 | 4 | 5 | Completely |

4. **Support materials (case studies, handouts etc.) were helpful.**

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | Somewhat | | | |
| Not at all | 1 | 2 | 3 | 4 | 5 | Completely |

5. **Training facilitators were effective.**

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | Somewhat | | | |
| Not at all | 1 | 2 | 3 | 4 | 5 | Completely |

7. **I am leaving the training with new information or ideas I can use in my own work.**

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | Somewhat | | | |
| Not at all | 1 | 2 | 3 | 4 | 5 | Completely |

8. **The training has improved my understanding of *urban* humanitarian response, especially challenges and strategies for improving GBV prevention and response for urban refugees.**

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | Somewhat | | | |
| Not at all | 1 | 2 | 3 | 4 | 5 | Completely |

9. **This training has strengthened my understanding of vulnerable and/or marginalized subgroups of urban refugees, and ways to support them.**

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | Somewhat | | | |
| Not at all | 1 | 2 | 3 | 4 | 5 | Completely |

10. **This training has strengthened my understanding of ways humanitarian and non-humanitarian actors can collaborate or work together in cities, in order to improve protection/GBV prevention for urban refugees.**

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | Somewhat | | | |
| Not at all | 1 | 2 | 3 | 4 | 5 | Completely |

11. **The Urban Service Provision mapping tool will inform my future work and I am comfortable using it.**

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | Somewhat | | | |
| Not at all | 1 | 2 | 3 | 4 | 5 | Completely |

12. **The Urban GBV Risk Assessment tool will inform my future work and I am comfortable using it.**

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | Somewhat | | | |
| Not at all | 1 | 2 | 3 | 4 | 5 | Completely |

13. **Case Studies**

*The Case Study was informative and strengthened my understanding of programs to improve urban refugees' protection from GBV (all refugees OR a particular group):*

**A. Case Study #1: Kampala: Working With Refugees Engaged in Sex Work**

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | Somewhat | | | |
| Not at all | 1 | 2 | 3 | 4 | 5 | Completely |

**B. Case Study #2: Santo Domingo: Improving Referrals and Activities for Adolescent Girls**

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | Somewhat | | | |
| Not at all | 1 | 2 | 3 | 4 | 5 | Completely |

**C. Case Study #3: Beirut: Building Peer Support for Syrian Transwomen Refugees**

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | Somewhat | | | |
| Not at all | 1 | 2 | 3 | 4 | 5 | Completely |

**D. Case Study #4: Delhi: Urban GBV Task Forces**

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | Somewhat | | | |
| Not at all | 1 | 2 | 3 | 4 | 5 | Completely |

Additional comments on the Case Studies, including on other components like the mobile clinics to refugee neighborhoods (Kampala) or working with local police (Delhi) or partnering with host-community NGOs (Beirut):

_____

_____

_____

**14. The resource *Working with Refugees Engaged in Sex Work: Guidance for Humanitarian Practitioners* is helpful, informative, and fills an important gap.**

Somewhat

Not at all 1 2 3 4 5 Completely

Additional comment _____

**15. I feel more confident to identify GBV prevention or risk mitigation measures for urban refugees**

Somewhat

Not at all 1 2 3 4 5 Completely

Any particular group of refugees? _____

16. **I will take the following action(s):**

*Please circle one or more.*

1. Tailor programming or outreach for marginalized groups.
2. Improve collaboration with, or referrals to, at least one new organization or agency

   Please name specific sectors, organizations, or agencies:

   _____
3. None of the above
4. Other _____

**17. I feel motivated to pass along knowledge I have learned to my colleagues.**

Somewhat

Not at all 1 2 3 4 5 Completely

**18**. **The time allowed for the training was**

About Right

Too Much 1 2 3 4 5 Too Little

**19**. **Overall the training was**

Fine

Poor 1 2 3 4 5 Excellent

**20. Highlights – what parts of the training were most interesting and useful for you? Why were they useful?**

_____

_____

_____

**21. Low spots – what parts of the training were of little or no value for you? Why? What suggestions can you make to improve this training?**

_____

_____

_____

**22. Do you feel that your perceptions of programming or interventions to improve GBV prevention/risk mitigation for urban refugees have changed as a result of your participation in this training? Please explain and provide examples.**

_____

_____

_____

**23. Other comments?**

_____

_____

_____

# WRC's Urban GBV Training Resource List

This document contains a compilation of resources relevant to WRC's Urban GBV training content, and overall project. The document includes reports, tools and other documents that were either addressed and presented on during the training, or that may serve as an additional resource to the discussions and topics that arose.

- **Mean Streets: Identifying and Responding to Urban Refugees' Risks of Gender-Based Violence -** This report offers a deeper understanding of the nuances and complexities of urban risks to addressing violence and bridging the protection gaps affecting marginalized groups who have been traditionally overlooked in humanitarian response, including: women, adolescent girls, LGBTI individuals, persons with disabilities, sex workers and male survivors of sexual violence. There is a general report, as well as sub-reports focused on the different populations. Available at: https://www.womensrefugeecommission.org/gbv/resources/1272-mean-streets
- **Activities for Strengthening GBV Prevention and Response for Urban Refugees: Case Studies from Four Cities: Beirut, Delhi, Kampala, and Santo Domingo** - Throughout 2016, the Women's Refugee Commission (WRC) partnered with local organizations in urban humanitarian settings, for the purpose of piloting GBV activities that would be at once innovative, community-driven, and responsive to evidence on local GBV risks and effective risk mitigation strategies. Four pilots were undertaken, in Delhi, India; Beirut, Lebanon; Santo Domingo, Ecuador; and Kampala, Uganda. Each Urban GBV Case Study presents an example of an urban-specific GBV risk prevention and/or response strategy. Each illustrates, in a different way, the untapped potential that exists within both refugee communities and host-communities, for mitigating urban refugees' immediate and long-term GBV risks. Available at: https://www.womensrefugeecommission.org/gbv/resources/1462-urban-gbv-case-studies
- **Tools to Assess and Mitigate GBV among Urban Refugees -** These tools, currently in pilot form, help practitioners to assess and respond to urban refugees' risks of gender-based violence:
    - Tool 1: **Urban GBV Service Provision Mapping Tool -** This tool is designed to help UNHCR field offices and their partners map existing service providers and community organizations in cities: both those that currently engage refugees and those that could potentially engage refugees by providing them services or otherwise playing a part in their protection environment. The tool is also intended to guide practitioners in assessing the appropriateness of these actors as resources or referral pathways in humanitarian response, and in identifying what

kinds of support — information, training, authorization, costsharing, etc. — these actors may need to take on that role.
    - Tool 2: **Urban GBV Risk Assessment Tool -** This tool contains essential urban risk questions that are intended to supplement whatever GBV risk assessment tools are currently being used by humanitarian practitioners in urban areas. The answers to this Guidance are intended to serve two purposes: (1) To inform individual case management and service provision, including referrals and generate discussions about individual risk mitigation; and (2) To identify trends in GBV risks that are unique to a particular refugee subpopulation. Answers can then be used in developing short- and long-term risk mitigation strategies that are tailored to that subpopulation, and designed in consultation with them, and which can then be implemented on a programmatic or community-wide level.

  Both of these tools are available at: https://www.womensrefugeecommission.org/gbv/resources/1353-urban-gbv-tools
- **Working with Refugees Engaged in Sex Work: A Guidance Note for Humanitarians -** This guidance note was developed by the Women's Refugee Commission in partnership with the Organization for Gender Empowerment and Rights Advocacy (OGERA), a grassroots organization of refugee sex workers in Kampala, to raise awareness and initiate a conversation about how we strengthen protection and access to vital services for refugees engaged in sex work. The Guidance Note lays out 14 steps for taking a rights-based approach to working with refugees engaged in sex work. It is currently available in English & Spanish. Available at: https://www.womensrefugeecommission.org/gbv/resources/1393-sex-work-guidance-note
- **GBV against Children and Youth with Disabilities: A Toolkit for Child Protection Actors** – This participatory toolkit was designed for humanitarian and development staff to develop their capacity on disability inclusion; identify gender-based violence prevention and response needs among children and youth with disabilities; and involve these young people in planning and implementing activities. There is a "Communication Toolbox" which can be used to consult with children with disabilities on all types of topics (not just GBV). Available at: https://www.womensrefugeecommission.org/disabilities/resources/1289-youth-disabilities-toolkit
- **Disability inclusion in GBV programming in humanitarian settings: A Toolkit for GBV Practitioners** – There are a range of training and guidance notes in this toolkit, which have relevance for both GBV case managers (i.e. those working with survivors), and those engaged in prevention efforts. Available at: https://www.womensrefugeecommission.org/?option=com_zdocs&view=document&id=1173