

October | 2017

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

*Building capacity to mitigate GBV risks and increase  
resilience*

**Facilitators' Guide**

## Acknowledgments

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.

The content for this training package was developed and written by Jennifer S. Rosenberg, senior program officer for gender-based violence at the Women’s Refugee Commission. Training activities were co-designed with Nadine El-Nabli, a WRC Fellow, who also made substantial contributions to the package.



Funding provided by the United States Government

## Introduction & Background

Nearly 60% of all refugees now live in cities, as camps are increasingly becoming an option of last resort. Although cities afford more opportunities for refugees and their families, they also present a host of new risks of violence. Gender-based violence (GBV) against urban refugees takes different forms—common examples are sexual violence perpetrated by landlords, neighbors, and/or employers. Perpetrators often target refugees because they assume such violence will go unreported, since refugees face many barriers to accessing legal services.<sup>1</sup>

Since 2014, the Women’s Refugee Commission (WRC) has worked with partners to close the evidence gaps around the GBV needs and capacities of different urban refugee sub-populations. This work has focused on four cities with sizeable refugee populations: Beirut, Quito, Kampala, and Delhi.<sup>2</sup> In response to direct consultations with urban refugees and stakeholders, the WRC developed tools for actors involved in urban response, for the purpose of undertaking urban-specific GBV risk assessments and building linkages between humanitarian and non-humanitarian actors who can contribute to mitigating urban refugees’ risks of GBV.<sup>3</sup> The WRC also worked with local organizations to conduct pilot activities tailored to mitigate the GBV risks of traditionally marginalized groups.

This training package, developed by WRC, is based on the learning from this project and provides an overview of research findings as well as engages participants on strategies for applying an urban-specific lens to GBV prevention and response.

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<sup>1</sup> Women’s Refugee Commission (2016) Mean Streets: Identifying and responding to urban refugees’ risk of gender-based violence. Available at: <http://wrc.ms/urban-gbv>

<sup>2</sup> Ibid.

<sup>3</sup> Women’s Refugee Commission (2016) Urban GBV risk assessment guidance: Identifying risk factors for urban refugees & Service provision mapping tool: Urban refugee response. Available at: <https://www.womensrefugeecommission.org/gbv/resources/1353-urban-gbv-tools>

## Urban GBV Training Package Index

00\_Agenda

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03\_Case Study: Adolescent Girls (Santo Domingo – Asylum Access Ecuador)

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05\_Case Study: Persons with Disabilities (Beirut – LASA)

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## Training Purpose and Overview

### Training Goals:

1. Familiarize practitioners with new evidence-based, urban-specific interventions and tools.
2. Practical instruction for analyzing and implementing urban GBV risk mitigation strategies.

Training Time: 1 Day

Training Participants: 30 maximum

Facilitators: 2

### Target Audience:

Training participants should include humanitarian practitioners from protection and/or GBV areas of operation, as well as non-humanitarian actors who are playing, or who could potentially play, a role in (i) mitigating GBV risks facing urban refugees, including risks facing particular group of refugees; *or* (ii) enhancing the safe identification and referral of GBV cases amongst urban refugees; *and/or* (iii) case management and response services for GBV survivors.

Examples of ‘non-humanitarian actors’ include representatives from: ongoing urban poverty or other development initiatives (including representatives from UNDP, UN Women and other UN agencies); local and international NGOs or other civil society organizations; and service providers who have expertise working marginalized members of the host community (e.g. adolescent girls, homeless youth, persons with disabilities, sex workers, LGBTI individuals, etc.).

It is recommended that participants representing humanitarian organizations are from the program manager and/or technical advisor levels, with a role in either GBV prevention and response, or community-based protection program decision-making.

### This training will address:

- The importance of urban-specific strategies for mitigating GBV risks facing refugees living in cities.
- Common challenges and opportunities that arise when conducting GBV prevention and response programming in urban contexts.
- The need to develop tailored GBV prevention and response interventions for different urban refugee populations, ones that reflect refugees’ diversity and differences in the types of risks they face and/or their risk mitigation priorities. Being

inclusive and rights-based also requires having a broad understanding of gender and who is at risk of GBV.

- A conceptual framework that highlights the four primary sites of GBV that exist in urban contexts.
- Effective urban GBV risk mitigation strategies.
- Sample interventions that illustrate how these strategies can be implemented at the field level.
- Examples of population-specific needs, priorities, and rights-based approaches to programming.
- The importance of building linkages between humanitarian and non-humanitarian actors in cities, as well as practical guidance for doing so.
- How to think concretely about urban GBV risks and risk mitigation strategies, at both the individual level and the community level.

### Learning Outcomes for Participants:

1. Strengthen knowledge of key sites of GBV in urban settings and effective risk mitigation strategies.
2. Become better equipped to map, assess, and engage local non-humanitarian actors in GBV prevention and response.
3. Be able to identify GBV risks facing different urban refugee populations and develop tailored responses and targeted outreach.
4. Feel confident to take action to adapt and/or integrate new learning into existing GBV and/or protection programming.

### Materials Needed for Training:

General Training/Activity Materials	Participants' Folder Materials
Participant Registration List	Blank paper/Notepads
Name Tags	Agenda ( <i>Resource 00 in the Training Package – TP</i> )
Sign-in Sheet	Pens
Pre- and Post-Training Surveys	6x Case Studies Summaries ( <i>Resources 02 through 07 in TP</i> )
Laptop	Short Guidance Note ( <i>Resource 10 in TP</i> )
Projector	Resource List ( <i>Resource 15 in TP</i> )
Microphones	
Speakers	
Pens & Markers	
Flipcharts	
Post-its/Sticky Notes	

### 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 <ul style="list-style-type: none"> <li>• Core Concepts and Themes</li> <li>• Overview of WRC’s Urban GBV Research</li> <li>• Challenges and Opportunities in Cities</li> <li>• Four Key Sites of GBV Five Urban Strategies</li> </ul>
10:30 – 10:45	Coffee Break
10:45-12:15	Session 2 – Effective Risk Mitigation Strategies <ul style="list-style-type: none"> <li>• Case Studies and Sample Interventions from Different Cities</li> </ul>
12:15 – 13:15	Lunch Break
13:15 -14:00	Session 3 – Marginalized Urban Refugees: Peer-led Approaches <ul style="list-style-type: none"> <li>• Tool: Working with Refugees Engaged in Sex Work</li> <li>• Urban-Specific Outreach Strategies</li> </ul>
14:00 – 15:00	Session 4 – Expanding Urban Networks: New Partners and Collaborations <ul style="list-style-type: none"> <li>• Tool: Urban Mapping Tool</li> <li>• Challenges and Solutions to New Collaborations</li> </ul>
15:00-15:15	Coffee Break
15:15-16:45	Session 5 – Identifying Individual and Community-Level Risk Mitigation Strategies <ul style="list-style-type: none"> <li>• Tool: Urban GBV Risk Assessment</li> </ul>
16:45-17:15	Session 6 – Action Planning and Next Steps
17:15 -17:30	Wrap Up and Evaluation

## Facilitators' Guide

*These notes are intended to be used by the Facilitators only. They correspond with the slideshow PowerPoint Presentation (Package Resource 01)*

### Welcome, Introductions and Objectives [Slides 1-3]

**Session Length: 30 minutes**

*Facilitators as well as participants take turns introducing themselves. Ask them to share:*

- *Name*
- *Preferred pronouns*
- *Organization or agency represented*

[SLIDE 1]



#### Introduction and Welcome

This training package was developed by the Women's Refugee Commission (WRC) to share learning from a multi-year project sponsored by the U.S. State Department's Bureau of Population, Refugees and Migration (BPRM).

Reasons for the training:

- Today, 59% of refugees live in cities, rather than refugee camps.<sup>4</sup>
- In addition to existing guidelines on addressing GBV in humanitarian response, there is a need for operational guidance and training that is *urban-specific*.<sup>5</sup>

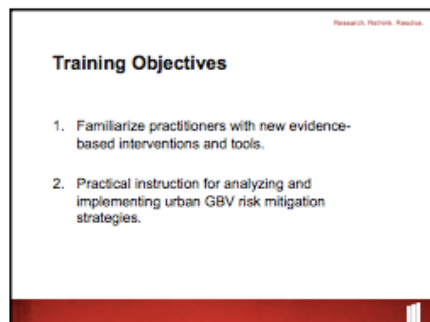
<sup>4</sup> UNHCR (2014). Policy on Alternatives to Camps. <http://www.unhcr.org/5422b8f09.html>



- Working with local partners in different cities, WRC gathered new evidence on the nature of urban GBV risks and effective risk mitigation strategies. This evidence also led to the development of new urban tools and resources for practitioners.

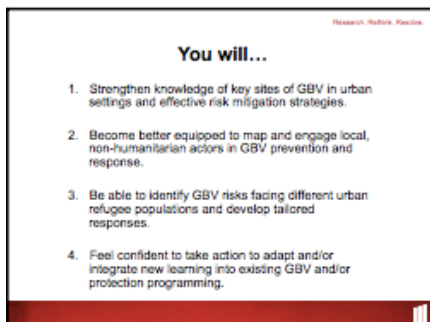
*NOTE: If you conducted a **pre-training survey** that asked participants about their expectations for the training, you can read a few of those expectations aloud here, and/or write them on a flipchart for the group.*

[SLIDE 2]



*Have a participant read the objectives to the group.*

[SLIDE 3]



*Have a participant read the learning goals to the group.*

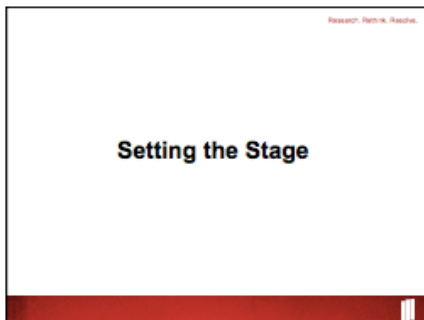
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<sup>5</sup> Inter-Agency Standing (2015). Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery. <http://gbvguidelines.org/en/home/>

## Session 1 – Setting the Stage [Slides 4-9]

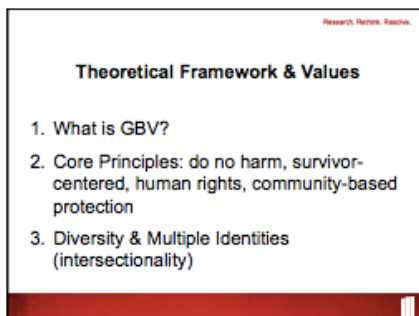
Session Length: 1 hour

[SLIDE 4]



We will “set the stage” by going over core concepts and definitions that will be used throughout the workshop as well as providing an overview of WRC’s research on GBV in urban humanitarian settings.

[SLIDE 5]



*Facilitators should go over some basic definitions with participants, explaining that these are the core concepts they will be engaging with and that will keep coming up throughout the training. Therefore, it is helpful to quickly review these definitions to bring everyone into the space. Simultaneously, it is important to acknowledge that participants, who are stakeholders and providing direct services, are likely already very familiar with these terms and concepts, and also have a lot to contribute in discussing and expanding on these definitions, which is itself a goal of the workshop.*

## 1. What is GBV?

“Gender-based violence (GBV) is an umbrella term for any harmful act that is perpetrated against a person’s will and that is based on socially ascribed (i.e. gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty. These acts can occur in public or in private.” (IASC, 2015, p. 5)<sup>6</sup>

*Tip!* Write the IASC GBV definition on a large piece of paper and hang it in the room for the duration of the training.

## 2. Core Principles

*Ask for participants and/or audience members to volunteer to explain a principle to the group: what does the principle mean? Can you give an example of it being used or observed in your own work?*

- ‘Do No Harm’: “A ‘do no harm’ approach involves taking all measures necessary to avoid exposing people to further harm as a result of the actions of humanitarian actors.”<sup>7</sup>
- Survivor-centered: “A survivor-centered approach creates a supportive environment in which the survivor’s rights and wishes are respected, their safety is ensured and they are treated with dignity and respect.”<sup>8</sup>
- Human Rights-based: “A human rights-based approach seeks to analyze the root causes of problems and to redress discriminatory practices that impede humanitarian intervention.”<sup>9</sup>
- Community-based: “A community-based approach ensures that affected populations are actively engaged as partners in developing strategies related to their protection and the provision of humanitarian assistance.”<sup>10</sup>

*Depending upon participants’ existing knowledge, it may only be necessary to review these briefly. In other settings, it may be necessary to review them in greater detail, using the explanations and examples provided in the IASC Guidelines.*<sup>11</sup>

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<sup>6</sup> Ibid, p. 5.

<sup>7</sup> UNFPA (2015). Minimum Standards for Prevention and Response to GBV in Emergencies (GBViE), p. xi. <http://www.unfpa.org/featured-publication/gbvi-standards>

<sup>8</sup> Ibid, p. i.

<sup>9</sup> Ibid, p. xi.

<sup>10</sup> Ibid.

<sup>11</sup> Inter-Agency Standing (2015). Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery. <http://gbvguidelines.org/en/home/>

### 3. Diversity & Multiple Identities

Main points to convey:

- Emphasize that GBV affects *all* refugees: women, girls, boys, men, gender non-conforming individuals, persons with disabilities, etc.
- Refugee populations are very diverse.
  - Some populations are especially hidden in cities. This is often because hiding is a survival strategy (e.g. LGBT refugees) or a negative coping strategy (e.g. parents of girls may restrict their ability to go outside or participate in programs for kids, as a way of trying to limit their exposure to GBV risks)
- People have multiple identities and experience multiple kinds of discrimination based on those identities.
- “Intersectionality” refers to the way in which people’s multiple identities intersect<sup>12</sup>

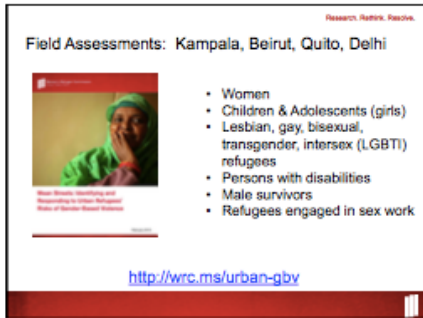
*Ask 1-2 participant(s): What are some examples of intersecting identities? What does this mean for protection?*

Takeaway: GBV affects everybody, including refugees, but how these risks look like can vary depending on the person’s or group’s different identities. A person is not only a refugee in any moment, but can also be a woman, a person with a disability, a young person, etc. And they can be all these things at once: a young woman with a disability. What does that mean when we do protection? Refugees are a population that is itself extremely diverse and always intersecting with other identities. Therefore, whenever we are having discussions here in this training, just as when we are designing and implementing programs and projects, we must always be using an intersectional lens – an understanding that people have multiple identities. Throughout the training, we will keep this idea of diversity in mind. We will ask ourselves: is what is true for one group of refugees always true for another? What assumptions are we making a particular group? Do we have strategies in place to help us think through the GBV risks and appropriate referrals for *each* group?

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<sup>12</sup> Crenshaw, Kimberlé. “Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory, and Antiracist Politics,” *University of Chicago Legal Forum* (1989), 139–67.

[SLIDE 6]



In 2015, the WRC conducted field assessments in 4 cities: Kampala, Uganda; Beirut, Lebanon; Quito, Ecuador; Delhi, India.

- Interviewed over 500 urban refugees,
- Interviewed humanitarian actors (UNHCR and its implementing/operational partners)
- Interviewed local actors (city governments and agencies, NGOs, shelters for GBV survivors, health clinics, community groups, etc.). Some of these local actors were familiar with refugees, others were not familiar, but they had special expertise or services that could potentially be relevant to mitigating GBV risks for a particular group of urban refugees.

Findings from this research are all reported in [\*Mean Streets: Identifying and Responding to Urban Refugees' Risks of Gender-Based Violence\*](#).

Key Finding:

- Refugees with different identities face different types of GBV and GBV risk factors. There is also a lot of variation in refugees' access to services, based on their identities. Refugees with different identities often have different priorities, when it comes to taking action to improve their safety or to seek types of support.
- This is why the report has separate chapters for different urban refugee populations. [Read different populations]

*Question: Show of hands - How many of you have encountered GBV related to sex work in your own work?*

This is a population that is not often talked about, yet research shows that it is not uncommon for urban refugees to sell sexual services in exchange for money or goods, and to experience GBV in the course of doing so.

[SLIDE 7]



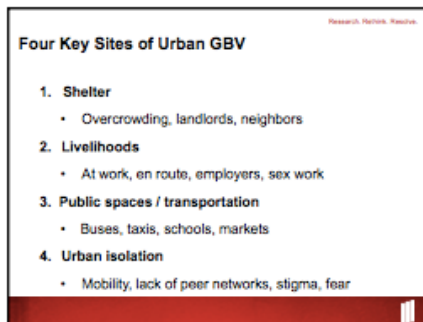
**Challenges.** Research shows key challenges to preventing and responding to GBV in urban contexts.

- Cities are complex. They have their own political, economic, and social dynamics.
- Tension can exist between urban refugees and members of the host community.
- Context matters, including relevant national and local laws. For instance: do refugees have the right to work? To access schools and hospitals?
- Research shows refugees are often targeted for GBV because they are refugees. Attackers assume that refugees will *not* report violence that happens.
- Members of host communities, including city officials, often misunderstand who refugees are and why they have come to the city. Urban refugees, as well as members of the host community, may not understand what rights refugees have to live in the city and to access certain services.

**Opportunities.** Cities also present unique opportunities for strengthening GBV prevention and response.

- Local capital: existing services and service providers, civil society organizations, human rights defenders, development programs, women's rights and empowerment programs.
- Refugees know their risks better than anyone, they are the experts in their own lives. Refugees must be consulted as to what their own priorities are for mitigating risks, and what mitigation strategies will be most feasible for them.
- It is important to not only look at refugees' vulnerabilities, but also their skills and capacities. This is part of a "resilience-based approach." What protection strategies are urban refugees currently using? How can we support them in strengthening those?

[SLIDE 8]



Some of the same GBV risks that refugees face in camps exist in cities as well. This is true for many types of GBV that exist within the home, and are a form of intra-family violence: spousal abuse/domestic violence, early childhood marriage, etc. Because those are the same in cities as in camps, we will not focus on them here.

Instead, we will focus on the four primary sites of GBV that exist in cities:

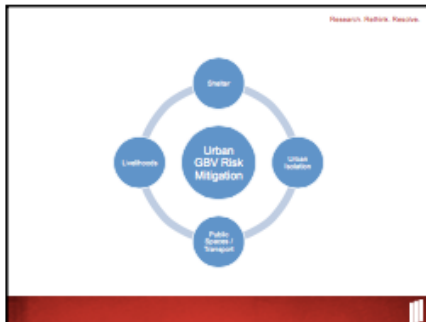
1. Shelter
2. Livelihoods
3. Public spaces / transportation
4. Urban isolation. This can be *physical* isolation (e.g. living dispersed across the city, often far from services or support). This can also be *social* isolation (e.g. feeling alone, not having any friends or family).

Why are these 4 categories important? They help us to identify patterns and trends. Once we identify specific patterns and trends, we can start developing practical and effective risk mitigation strategies.

Examples of specific trends:

1. Women tend to do domestic work to earn money, and face GBV doing this work. Where do they work? What neighborhoods? How do they get to work?
2. Children tend to sell goods and trinkets on the street, where they are at risk of GBV. What streets? What time(s) of day?
3. Young women are at risk walking to the market at night to collect discarded fruits and vegetables. How do they get to and from the market? Are any police around? Are the streets well lit? Do they walk together or in pairs?

[SLIDE 9]



This figure shows the conceptual framework.

*Quick Group Activity 3 minutes*

- Question (to all participants): *Which out of these 4 sites of GBV risk they are most interested in learning more about addressing? Which is the most important to their work and/or the most confounding?*
- Show of hands (participants should raise a hand when their chosen site of violence is called) *How many people chose: (1) Shelter? (2) Livelihoods? (3) Public spaces / transportation (4) Urban isolation?*

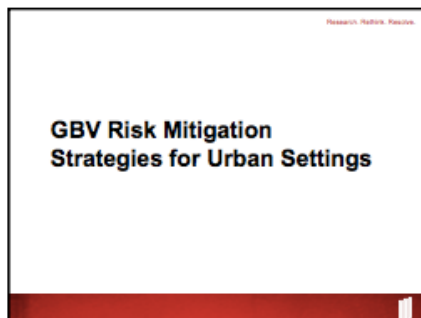
\* \* \* COFFEE BREAK (15 mins.) \* \* \*



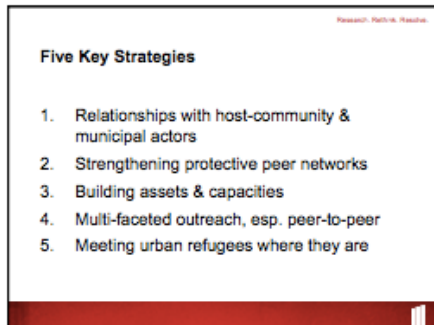
## Session 2 – GBV Risk Mitigation Strategies & Case Studies [Slides 10-25]

Session Length: 1 hour and 30 minutes

[SLIDE 10]



[SLIDE 11]



Once we have identified specific patterns of urban GBV risks, we can start coming up with effective risk mitigation strategies. There are five strategies the WRC has developed to assist in this process. They are designed to be universally applicable, yet also adaptable to different contexts.

1. Building relationships with host community members and stakeholders. This includes NGOs as well as municipal government officials and agencies. It also includes a range of actors who can potentially play a role in mitigating risks across the four key sites of GBV. Examples include: landlords of large apartment buildings, or large employers where refugees work.
2. Strengthening refugees' protective peer networks. Protective peer networks are a crucial element of refugees' resilience, access to information, and ability to mitigate

GBV risks in their daily lives. For some refugees, their closest “peers” may be other refugees. For others, they may be certain members of the host community.

3. Building refugees’ assets and capacities to enhance their resilience. Be sure that programs and trainings (e.g. vocational or language skills trainings) are feasible for refugees, many of who may work during daytime hours.
4. Multi-faceted outreach, especially peer-to-peer. Because urban refugees often live dispersed across large cities, it is crucial to deploy several outreach strategies at once to share information and communicate with them. Targeted strategies are especially important for reaching “hidden” refugees and those most at-risk. Research demonstrates the effectiveness of peer-to-peer methods, including through designated refugee outreach volunteers and encouraging information sharing through word-of-mouth. Social media platforms have proven especially useful for disseminating information amongst youth and LGBTI refugees.
5. Meeting urban refugees where they are. This refers to physically bringing services and information to the place where refugees live and/or to a location that is easy for them to get to and which they self-identify as being a safe space. This also refers to supporting urban refugees in developing the protection strategies and peer networks that *they* prioritize for themselves, with the peers who make up the ‘community’ that *they determine* is most relevant for them.

*Tip!* Write these five strategies down on a flipchart and post it in the room where everyone can see it and refer back to it for the rest of the training.

## [SLIDE 12]



One of the ways we know these strategies can be effective is through pilot interventions that have been conducted in different cities.

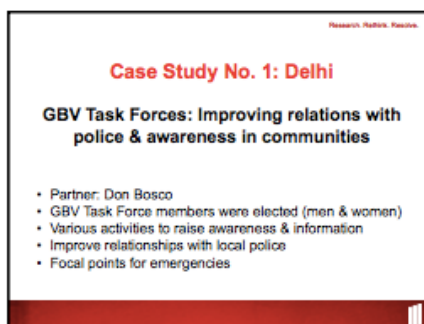
Throughout 2016, the WRC worked with local partners to implement a series of innovative activities in four urban contexts. Some of these partners were humanitarian actors – implementing partners of UNHCR – but others were local organizations who do not traditionally participate in urban humanitarian response. The WRC partnered with them because they

demonstrated interest in working with refugees and in bringing a particular expertise or service to a marginalized and/or at-risk group of urban refugees.

***Important!** Facilitators are highly encouraged to read the reports on all six case studies before conducting the training. Full-length reports can be found at WRC's website [here](#),<sup>13</sup> as well as shorter versions (2-3 pp.) that should also be printed and distributed to participants during the training.*

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

[SLIDE 13]



- Partner: Don Bosco is a UNHCR implementing partner in Delhi, India
- Rapport building, face-to-face meetings between refugees and local police precincts
- Designation of a police precinct “focal point” for refugees
- GBV task forces: 4 men and 4 women in each refugee community (elected); members received various GBV trainings and referral information, which they then shared widely with community members using dissemination strategies of their choosing.

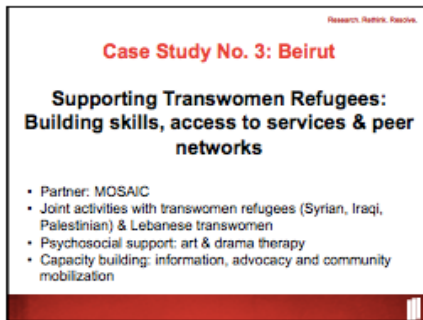
[SLIDES 14-15]



<sup>13</sup> WRC (2017). Interventions for Strengthening GBV Prevention and Response for Urban Refugees: Case Studies from Four Cities: Beirut, Delhi, Kampala, and Santo Domingo. <http://wrc.ms/urban-gbv-case-studies>

- Partner: Asylum Access Ecuador (AAE), is an UNHCR Implementing partner.
- AAE worked with school administrators and school psychologists to strengthen the safe identification and referral of GBV cases among adolescent refugee girls in school.
- This was a pattern of GBV that AAE had identified: adolescent refugee girls being exposed to GBV in their homes.
- Workshops with school psychologists and administrators also highlighted the rights of refugees living in Ecuador and different refugee service providers.
- A separate psychosocial project conducted by AAE involved an after-school dance therapy program for refugee and Ecuadorian adolescents. Sessions focused on building confidence and self-esteem through art, as well as strengthening peer networks across refugee/host community divides. **Slide 15.**

[SLIDES 16-18]



Background on the GBV risks facing LGBTI refugees, and transgender women in particular:

- Although the “LGBTI” acronym is convenient, it can hide important differences among lesbian (L), gay (G), bisexual (B), transgender (T), and intersex (I) individuals.
- Research shows that GBV risks often differ for L, G, B, T, and I individuals. So do their respective preferences for mitigating risks, as well as their peer groups.
- It is also true that “LGBTI communities” are not homogeneous: gender discrimination and transphobia exist amongst LGBTI communities.
- For these reasons, it is very important to disaggregate these communities, to consult with them separately and to tailor GBV prevention and response efforts to meet their particular needs and priorities.
- Research also shows that LGBTI refugees face severe violence in cities. Transgender women, especially, are targeted for rape and beatings. They also experience discrimination from service providers.<sup>14</sup>

<sup>14</sup> See WRC. 2016. *Mean Streets: Identifying and Responding to Urban Refugees’ Risks of Gender-Based Violence: LGBTI Refugees.*

In order to demonstrate a type of program that can be tailored to support these women, in 2016 the WRC partnered with MOSAIC, a local human rights organization in Beirut, Lebanon. MOSAIC has in-house expertise working with LGBTI individuals, including social workers on staff who have experience providing psychosocial support to transgender individuals. MOSAIC is also well known amongst the LGBTI community in Beirut. It is largely because of this expertise and credibility within the community that MOSAIC was able to bring together 20 transgender women for a six-month workshop. Ten of the women were Lebanese (i.e. from the host community); the other ten women were refugees, from Syria, Iraq, and Palestine.

The goals of the workshop were twofold: Providing psychosocial support to these women and building a sense of community with each other. Activities took place at MOSAIC's offices, which several of the women were already familiar with and could vouch for as a safe space for transgender individuals. Among the activities were thirty art and drama group therapy sessions, which were facilitated by a social worker. Additional activities aimed at building the women's skills and capacities to share information related to safety, to advocate for their rights, and to conduct peer counseling for one another.

[SLIDE 17]



A picture of participants acting out an everyday incident of verbal assault against a transwoman refugee in Beirut.

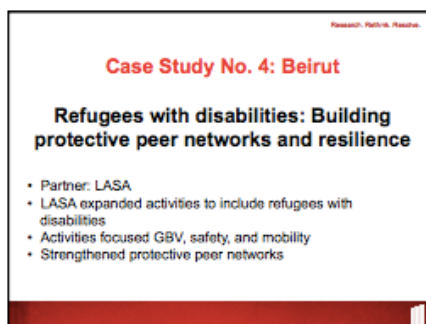
[SLIDE 18]



You can find more participant feedback in the report on the intervention (available at WRC's website), but this quote from one woman is illustrative. [Read quote].

- Although this pilot project focused on supporting transgender refugee and host community women, its lessons are applicable to other groups as well.
- Lessons include the power of working with local organizations who have expertise and community ties amongst marginalized populations.
- The importance of hosting program activities in places that marginalized refugees identify as being safe for them, with peers of their own choosing.

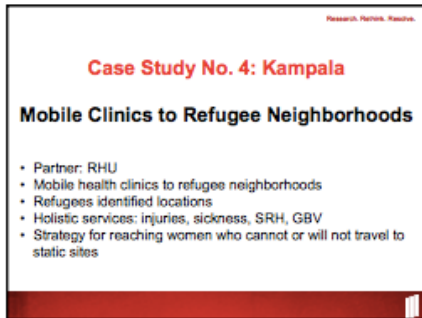
[SLIDE 19]



- Partner: LASA stands for Lebanese Association of Self-Advocates, an organization led by and for persons with intellectual disabilities in Lebanon. LASA is not a humanitarian organization, but a local civil society organization that engages in awareness raising and rights advocacy.
- The WRC partnered with LASA to build their capacities to reach out to, and include, refugees with disabilities in GBV-related programming, including art therapy sessions.
- The goal of this project, as with the last intervention conducted by MOSAIC, was to strengthen protective peer networks for marginalized individuals. These networks transcended refugee/host community divisions or biases. Instead, they centered on an aspect of individual identity that they felt to be more relevant for them, in terms of building a community, sharing knowledge, and accessing peer support.

*Video!* LASA produced a short video highlighting their work with refugees with disabilities, and the GBV-related activities they engaged in together. This video is available in Arabic with English and Spanish subtitles. It can be shown in part, or in full, during the training. It can be accessed [here](#).

[SLIDES 20-21]



- Partner: Reproductive Health Uganda (RHU). RHU is a national affiliate of the International Planned Parenthood Foundation. Although RHU has worked with UNHCR in refugee settlements in the past, prior to this project RHU had never targeted refugees for its programming in urban areas.
- This project adapted RHU’s existing mobile clinic outreach program for urban refugees living in Kampala.
- RHU worked with refugees to identify refugee neighborhoods in the city, that would benefit from mobile clinics.
- The mobile clinics provided a health services to all refugees: women, men and children.
- RHU staff who worked in the clinics included social workers, nurses, and physicians.
- Services provided were holistic, treating everything from injuries, to malaria, sexual and reproductive health services (SRH) and GBV-related referrals and services, including post-rape care.
- This “holistic” approach is part of RHU’s strategy for reaching GBV survivors, especially women, who otherwise would not travel to a “static site” to access services. Women offered many reasons why they would not be able to access services without the mobile clinic: e.g., they work during the day, the transportation is too expensive or too far, their husbands will not let them travel to clinic further away, or downtown.

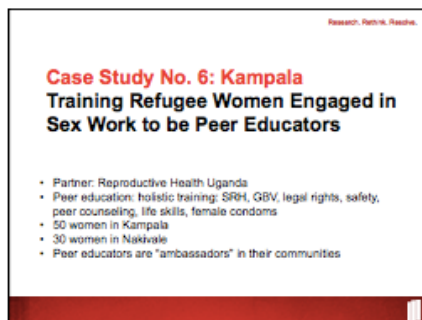
[SLIDE 21]



Here is a photo of one mobile clinic session. RHU staff would set up the clinic in the morning, and often see 200-300 individuals before closing down for the day. Some sites afforded individuals more privacy than others; here you can see there is very little, but there would also be an area set aside for providing more confidential care.

Ultimately, RHU provided direct services to 3,200 refugees through its mobile clinics.

[SLIDES 22-23]



- Partner: RHU (same partner as Case Study No. 5, but different project)
- The “peer education approach” is well-established in the development and health literature as an intervention that is rights-based and evidence-based. It focuses on community empowerment, and educating individuals who are engaged in sex work about their rights.
- Since 2008, RHU has conducted peer educator trainings with Ugandan sex workers, but they had never tailored their trainings for refugee women before.
- RHU trained 80 refugee women to be ‘peer educators’. They received a five-day training on a variety of holistic topics: family planning; condom use; life skills and financial planning; safety; dealing with police and law enforcement; refugee rights; HIV/AIDS prevention and care; GBV; and community outreach.
- As peer educators, the women act as focal points and leaders in their communities: they conduct outreach activities to disseminate what they have learned amongst their peers. They disseminate safe sex resources and provide referrals for non-stigmatizing/friendly health care providers and GBV services.



[SLIDE 23]



*Lower left photo: a peer educator demonstrates how to use a female condom.*

*Upper right photo: Peer educators in Nakivale, after they completed their training.*

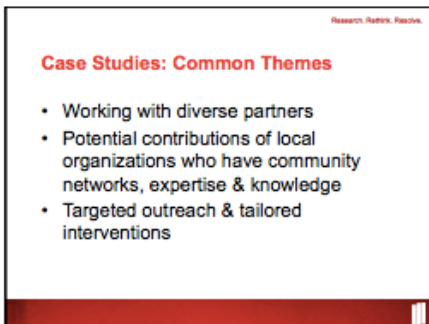
- The training was originally intended to focus on refugee women in Kampala.
- Based upon feedback from the Kampala peer educators, about the need for similar training in nearby refugee settlements, the training was expanded to Nakivale Settlement.

Quotes from peer educators:

*“Before the training, I didn’t know I couldn’t use a condom more than once.”*

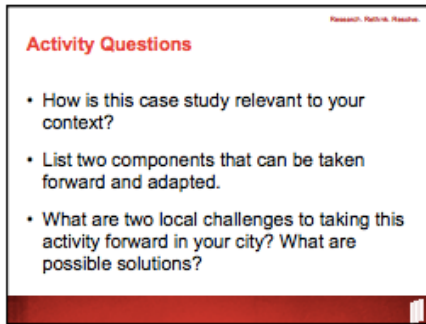
*“This training, it saves lives.”*

[SLIDE 24]



- Every context is different, but some lessons from these case studies are universal.
- Even if they cannot be replicated exactly from one city to another, parts of them can potentially be adapted.

[SLIDE 25]



### GROUP ACTIVITY: Case Studies

General Objective: Engage with the case studies to pinpoint and draw out certain actions you/your organization can take in the urban context you work in, that is inclusive of one/all of these populations.

#### PART 1. 30 minutes

In groups: Each group will engage with one case study and will list the following on a flipchart.

- Which of the 5 Risk Mitigation Strategies are used in this case study?
- How this case study is relevant to your context and/or work you are already doing?
- What are two components that could be taken forward as actions?
- What are challenges to replicating/adapting it – or key pieces of it – in your context? With what groups of refugees?

#### PART 2. 20 minutes

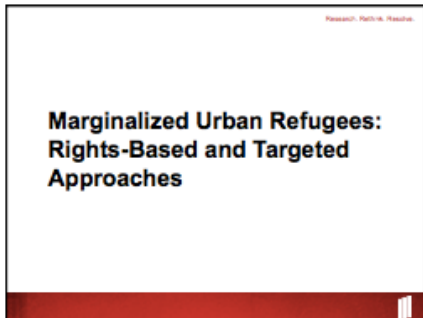
Each group will present their flipchart and the wider group can share their key insights. Be sure to give an opportunity for participants to share about projects and programs that they are already working on, or would like to work on, that include components of the case studies.

\* \* \* LUNCH BREAK (1 hour) \* \* \*

## Session 3: Marginalized Urban Refugees & Outreach Strategies [SLIDES 26-33]

Session Length: 45 minutes

[SLIDE 26]



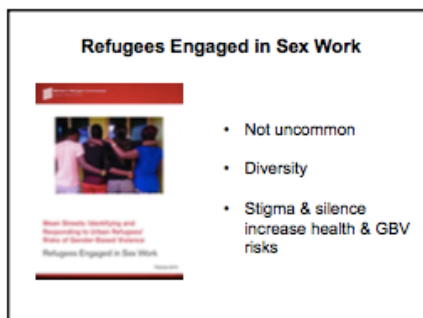
Some of the case studies in the last session demonstrated “targeted” approaches for reaching marginalized groups of refugees. Because urban refugees are so diverse, and experience diverse GBV risks and risk factors, it is crucial to take such targeted approaches.

In addition to interventions that are targeted, it is important to develop and utilize tools and guidance that reflects urban refugees’ different needs and priorities.

Based on Mean Streets findings and research, certain tools were developed in order to facilitate this tailored response.

This short session will give one example of such “tailored” guidance.

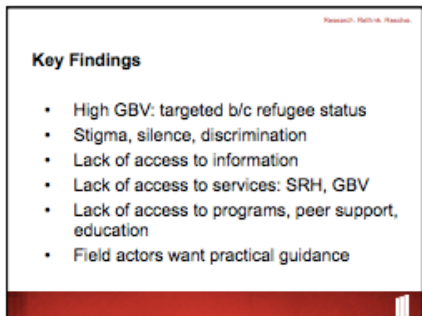
[SLIDE 27]



Background:

- Field research showed that it is not uncommon for urban refugees to sell sexual services as a form of income generation.
- Adult refugees of all demographics engage in sex work<sup>15</sup>: men, women, transgender persons, persons with disabilities, etc.
- Stigma and silence around this issue contribute to refugees GBV and health risks.

[SLIDE 28]



Key findings from field research are that refugees who are engaged in sex work:

- Experience high rates of GBV, perpetrated by clients as well as extortion from police and sometimes violence from host community sex workers.
- GBV from clients is severe: rape, gang rape, beatings.
- Refugees are targeted for this violence because they are refugees, and will likely not report it.
- They feel isolated and alone, that there is nobody they can talk to.
- They lack information about friendly services and peer support.
- They lack information about their rights, as well as safe sex and risk mitigation strategies
- Humanitarian responders at the field level seek guidance on how to work with these refugees in rights-based and evidence-based ways.

<sup>15</sup> 'Sex Worker' refers to "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. Sex work may vary in the degree to which it is "formal" or "organized." It is important to note that sex work is consensual sex between adults, which takes many forms, and varies between countries and communities." See WRC (2016). *Working with Refugees Engaged in Sex Work: A Guidance Note for Humanitarians*. <http://wrc.ms/Sex-Work>

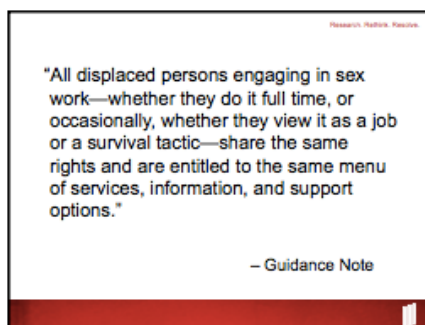
[SLIDE 29]



In 2016, the WRC published a piece of guidance with OGERA, an organization led by and for refugee sex workers in Kampala.

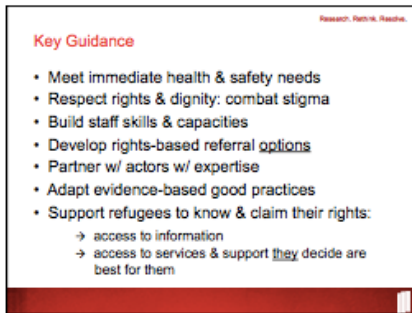
- Offers practical steps for working with this population in ways that meet humanitarian standards, including commitments to “doing no harm” and taking human rights-based approaches.
- The guidance is all evidence-based, and adaptable to different humanitarian contexts (emergencies, protracted displacement, etc.)

[SLIDE 30]



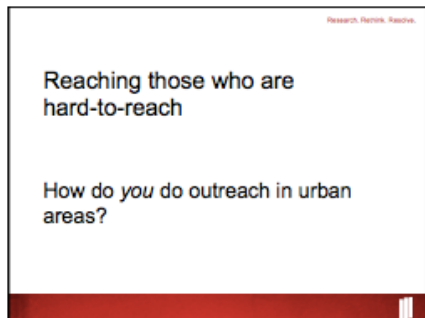
This quote is the central message of the Guidance Note.

[SLIDE 31]



These are the core recommendations and activities discussed within the Guidance Note.

[SLIDE 32]



One theme that has come up across urban contexts is the difficulty of reaching refugees who live in cities. They often live far from services, and from each other, spread out across the city.

**What strategies do *you* use to reach the hardest-to-reach individuals in cities?**

**GROUP ACTIVITY: Urban Outreach 20 minutes**

Goal: Think purposefully about urban-specific outreach strategies – what are new opportunities for outreach? What outreach strategies can be used to overcome urban-specific challenges?

1. In pairs: Discuss outreach strategies that you already use or that you could use in urban settings. Be as specific as possible: e.g. *what* social media platform? For *which* urban refugees?
2. Report back to the group, while the facilitator makes a long list on a flipchart of the different strategies

[SLIDE 33]

Research, Reflect, Practice.

### 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*

These are some of the general strategies that have proven most effective in urban contexts.

Yet is important to be more specific than these, as you were in the Group Activity. It is always important to specify who, what, where, and when will work best for which groups of urban refugees.

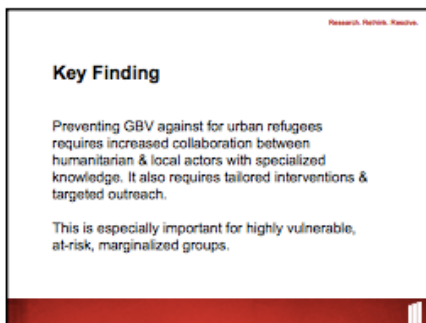
## Session 4 – Expanding Urban Networks: New Partners and Collaborations [SLIDES 34-40]

Session Length: 1 hour

[SLIDE 34]



[SLIDE 35]

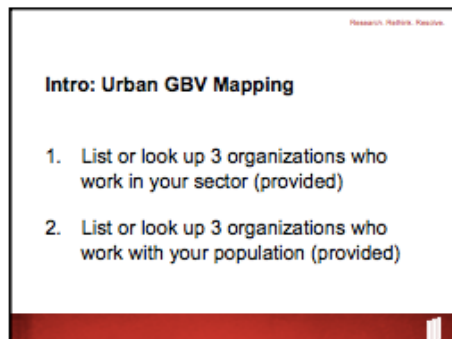


Another key finding from the field research is the importance of prioritizing new partnerships in urban contexts.

Some of these new partnerships are with local stakeholders that don't traditionally work with refugees, or organizations who haven't been integrated into humanitarian response in the past. Yet they have resources and expertise that can help mitigate GBV risks



[SLIDE 36]



**GROUP ACTIVITY: Working with New Partners** *45 minutes*

**PART 1.** *15 minutes*

Goal: Pooling knowledge on local organizations that exist that you are familiar with who provide specialized services.

*Focus on how different actors can work together, know each other, build referrals for specific populations, etc.*

1. Ask participants to think of how many organizations they can think of that work with/on...
2. Allocate different populations and sectors to groups and ask them to look up 3 organizations for each of those categories. Write these down on a flipchart. (Sectors include livelihood orgs., community support groups, psychosocial, shelters, health clinics/ Populations include: women, persons engaged in sex work, male survivors, persons with disabilities, unaccompanied/homeless youth)
3. Then hang these in the room and have participants walk around and add any organizations that they know that are missing from the list and give participants time and space to comment on their knowledge of/experience with these organizations.

Ask participants if there are any new actors they are now familiar with.

[SLIDE 37]

Research, Reflect, Respond

**Group Activity: Urban GBV Mapping**

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

*PART 2. 30 minutes*

Goal: Utilize the presence of diverse actors to identify challenges to collaboration as well as develop solutions/strategies to address them.

Ask all humanitarian actors in the group to sit together, and all non-humanitarian actors to sit together. (If the groups are too big, participants can divide themselves into smaller groups within the larger one.) Have each group discuss the question relevant to them:

- To humanitarian actors: what are challenges you face in collaborating with local organizations? What are possible solutions or ideas to facilitate collaboration?
- To non-humanitarian actors: what are challenges you face in working with/including refugees in your work? What are some ideas that could help address these challenges?

Have groups report back their top challenges and suggested solutions.

[SLIDE 38]

Research, Reflect, Respond

**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

Show of hands: How many of you use “mapping tools” in your own work?

Research in different cities shows that although it is very common to “map” local organizations, oftentimes the mapping is not prioritized, or done comprehensively.

In 2016, the WRC developed a tool to help humanitarian actors in urban contexts conduct mapping that would be both (i) comprehensive and (ii) systematic.

*Tip!* Because there will not be sufficient time during the training to examine the tool in depth with participants, it may be useful to have a few copies of the tool printed out for participants to look through during breaks. They can also find the tool online at this [link](#).

[SLIDE 39]



Here is a screenshot of the tool.

Four important things about the tool:

1. The tool goes *sector by sector*, asking which actors could help reduce GBV risks in the fields of *a) education; b) health; (c) livelihoods; (d) shelter*, and so on.
2. The tool also has separate sections for different populations, to help identify local organizations who could be relevant for different groups of refugees: (a) women; (b) children; (c) transgender persons; (d) refugees with disabilities; (d) male survivors of sexual violence, and so on.
3. The tool has questions to help humanitarian actors assess *the potential role these organizations can play, in GBV prevention or response*.

For instance, it asks about local organizations:

- Proximity to refugee neighborhoods
- Cost of services, or need for cost-sharing
- Interest in working with refugees
- Familiarity with humanitarian systems (e.g. cluster systems)
- Familiarity with refugees’ rights or humanitarian standards

4. The tool also has questions to help identify barriers refugees may face in accessing these local resources. For instance, it asks

- Do refugees know about these resources?
- Could they afford transportation to these resources?
- Would they face language barriers to accessing these resources?

*Facilitator Tasks:*

- *Explain how the tool can be used, going through the different sections.*
- *Do a demonstration of how to use the tool using the example on the slide.*
- *Ask participants if they have any questions.*

*Note!* The tool is resource **09** in the Training Package.

\* \* \* COFFEE BREAK (15 minutes) \* \* \*

## Session 5 – Identifying Individual and Community-Level Risk Mitigation Strategies [SLIDES 40-43]

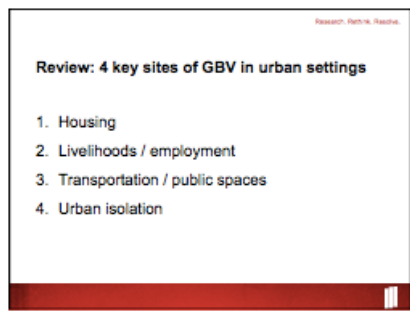
Session Length: 1 hour and 30 minutes

[SLIDE 40]



This session goes into greater detail about developing urban GBV risk mitigation strategies.

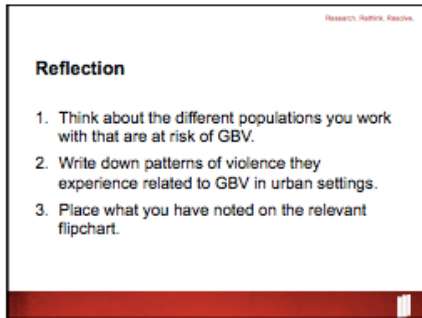
[SLIDE 41]



Review the 4 key sites of urban GBV.

Why are these 4 sites important? Because identifying specific trends across each of these 4 main sites of GBV is key to developing effective risk mitigation strategies.

[SLIDE 42]



**GROUP ACTIVITY: Identifying Appropriate Urban GBV Risk Mitigation Strategies**

*PART 1. 10 minutes*

Have 5 flipcharts hanging around the room. Each flipchart is blank except at the top says an urban GBV risk (1. SHELTER, 2. LIVELIHOODS, 3. PUBLIC SPACE / TRANSPORTATION, 4. URBAN ISOLATION, 5. OTHER). Ask participants to individually:

1. Think about the populations you work with that are at high risk of GBV.
2. Think of specific situations they encounter – the patterns of violence they experience.  
Participants should write down on post-it notes the 3-4 key types of risk they encounter in their work. Each type of risk should be written on a separate post-it note.
3. Participants walk around the room, and stick each post-it note on the corresponding flip chart paper. For risks that do not fit under one of the 4 key categories, they should stick that post-it on the flipchart marked 'OTHER.'

*Which flipchart has the most post-its?*

[SLIDE 43]



*Note!* This tool is resource **08** in the Training Package.

The purpose of this tool is to help us be more specific in identifying GBV risks affecting individuals and communities. We can be more specific by identifying risks within the 4 key categories. We can also be more specific by identifying risks affecting refugees with different identities.

Once we are more specific, we can start developing effective risk mitigation strategies – including tailored referrals and interventions.

[SLIDE 44]

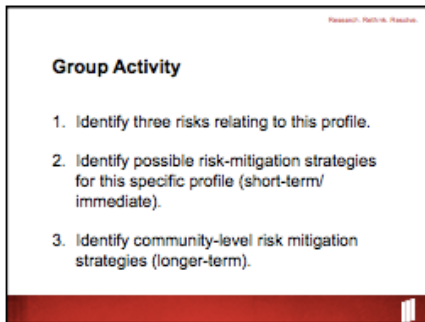
WRC Urban Risk Assessment Tool Housing, Employment, Public Transport, Isolation (Sample)			
What public spaces do you visit or spend time at? How safe do you feel there? What makes these spaces safe or unsafe for you or your family?			
<ul style="list-style-type: none"> <li>• Markets? Walking alone the street?</li> <li>• Being late or going to the bathroom?</li> <li>• Any other activities you go to activities you do where you feel more or less vulnerable?</li> </ul>			
<b>Transportation &amp; Public Spaces</b>	<b>Assess</b>	<b>Key Risks</b>	<b>Risk Mitigation Strategies</b>
Do you feel safe taking public transport (buses, taxis, metros, minibuses)? Why or why not?			
Where do you live or feel safe around you? Why? Are there others who live there?			
Would you consider changing that or helping in, neighbors, or line of work?			

Explain the Tool:

- Tool is NOT a substitute for existing GBV assessment tools, or heightened risk assessment tools.
- The tool is an *urban supplement* to existing tools. It asks questions related to urban living.
- Examples of urban questions:
  - *Transportation*: Do you feel safe taking public buses / motos / etc.?
  - *Urban isolation*: Who can you call if...? Do you have any friends?
  - *Housing*: Do you feel safe around your landlord?
- This tool is also divided into different sections, for different urban refugee populations.
- This allows for *tailored* urban GBV risk analysis. Such tailoring can help identify appropriate risk mitigation strategies on both *individual* and *community* levels.

*Tip!* Because there will not be sufficient time during the training to examine the tool in depth with participants, it may be useful to have a few copies of the tool printed out for participants to look through during breaks. They can also find the tool online at this [link](#).

[SLIDE 45]



**GROUP ACTIVITY**

PART 2. 45 minutes

*Divide participants into five groups. Each group has its own flipchart. Draw a line down the center of the flipchart paper. On the left side of the flipchart, make a column called “RISKS.” On the right side of the flipchart, make a column called “STRATEGIES”*

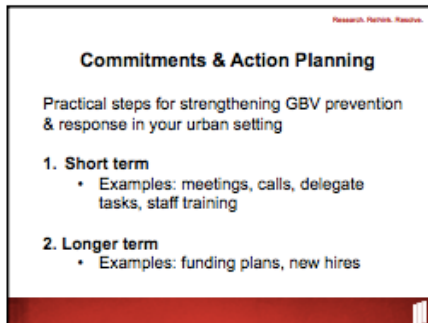
1. Each group will be given a profile of an individual refugee. **[These profiles can be found in resource 11 of the training package.]**
2. On a flip chart (left column), they will then be asked to identify three risks relating to this individual profile.
3. Have the groups rotate flipcharts and review what their new flipchart says. Then, they should discuss within their groups what would be appropriate risk mitigation strategies for this individual. They should write these strategies in the right-hand column on the flipchart.
4. Have groups rotate once more. The “new” group should discuss what might be appropriate risk mitigation strategies on a *community* level. (What can be done to help mitigate GBV risks for this group of refugees as a whole? What types of support or interventions can be put in place for them as a group?) Write these “community-level” strategies in the ‘strategies’ column as well.
5. Plenary: Share/present the risk mitigation strategies you developed with the group



## Session 6 – Action Planning and Next Steps [SLIDES 46-47]

Session Length: 30 minutes

[SLIDE 46]



For the last activity, we will think about ways we can take forward some of what we've discussed here today. What are commitments we can make? What are concrete actions we can take to strengthen GBV prevention & response in our own work?

*Give examples of types of **practical** commitments (technical trainings, new hires, making phone calls, arranging meetings, etc.).*

### GROUP ACTIVITY 30 minutes

*Prepare and hang two flipcharts: one that says "SHORT-TERM COMMITMENTS/ACTIONS" and another that says "LONG-TERM COMMITMENTS/ACTIONS". Distribute post-its to participants.*

#### Activity:

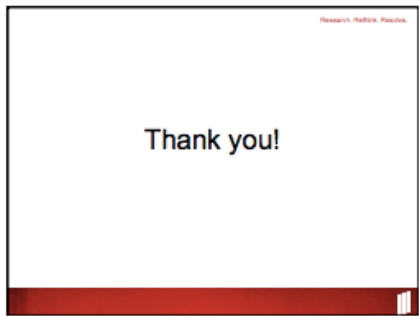
1. On post-its, participants should write down at least 1 **short-term commitment/action** they can take and 1 **long-term commitment/action**. (One action per post-it)

Prompts:

- What steps will you take for your organization to be more inclusive in its programming?
- What steps will you take to collaborate with other actors?
- What steps will you take to identify and implement new risk mitigation strategies?

3. Ask participants to place their post-its on the respective flipchart (short- or long-term commitment). Invite participants to read their commitments to the group – if they would like (this is not a requirement). After everyone places their post-its, the facilitator can read them aloud to the group.

[SLIDE 47]



Closing thoughts: organizer/facilitator.

Closing thoughts: participants.

*Facilitator Task: Distribute post-training evaluation survey.*

[END OF TRAINING]

\* \* \*

## Resources Used in this Training<sup>16</sup>

- **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. The full 148-page report, as well as standalone chapters on different urban refugee populations, are available at: <https://www.womensrefugeecommission.org/gbv/resources/1272-mean-streets>
- **Interventions 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. The case studies are available at: <https://www.womensrefugeecommission.org/gbv/resources/1462-urban-gbv-case-studies>

- **Resources to Assess and Mitigate GBV among Urban Refugees.** These tools, currently in pilot form, help practitioners 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 also poses a

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<sup>16</sup> A more comprehensive resource list can be found in resource 15 of the training package.

series of questions to guide practitioners in assessing the appropriateness of these actors as resources or referral pathways for different urban refugee populations. It also helps practitioners identify what types of support or capacity building — information, training, authorization, cost-sharing, etc. — local actors may need to take on those responsibilities.

Available at: <https://www.womensrefugeecommission.org/gbv/resources/1353-urban-gbv-tools>

- **Tool 2: Urban GBV Risk Assessment Tool.** This tool contains essential urban-specific risk assessment questions. It is intended to be used as an urban supplement to existing GBV risk assessment tools.

The questions contained within this tool can be used for multiple purposes. (1) They can inform individual case management and service provision, including referrals, and help guide discussions with individuals about strategies that can be used to mitigate GBV risks they encounter. (2) They can assist protection and GBV actors in identifying patterns of GBV risks faced by an entire community and/or refugee group, and in devising short- and/or long-term risk mitigation strategies tailored to that group.

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 published by WRC 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, Arabic, French & Spanish.

Available at: <https://www.womensrefugeecommission.org/gbv/resources/1393-sex-work-guidance-note>

- **Video: Meaningful Programs for Engaging Refugees with Disabilities in Lebanon, Lebanese Association of Self-Advocates (LASA).**

This video, produced by LASA, offers a glimpse into the different programs and activities conducted with refugees with disabilities. Available at:

<https://www.youtube.com/watch?v=TYGNk1RuZ-o>.