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# Strengthening GBV Prevention & Response in Urban Humanitarian Contexts: Building Capacity Across Cities

Learning from a series of in-country workshops  
conducted in 2017

## Acknowledgements

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## 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 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.

With ongoing support from U.S. State Department’s Bureau of Population, Refugees, and Migration, the WRC co-coordinated four workshops in 2017 that brought together local humanitarian and non-humanitarian actors who have a role in mitigating GBV for urban refugees, to share new tools, strategies, case studies, and positive practices for urban GBV prevention. These workshops took place in Quito, Delhi, Beirut, and Kampala, focusing on urban GBV risks and urban GBV prevention and response strategies, and on actively building linkages between humanitarians and non-humanitarian actors to this end.

The primary goals of these workshops were twofold:

- 1) Share new tools, strategies, case studies, and positive practices for urban GBV prevention and response, based on experiences from different cities.
- 2) Discuss relevance to the respective context of each individual workshop; facilitate dialogue and information sharing across diverse stakeholders.

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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>

## Methodology

Depending upon the context, workshops took place over 2-3 days. All workshops were conducted in the language(s) relevant to the context, with interpreting services available where needed. Workshop resources were available in multiple languages. Key themes explored during the workshops were: (1) understanding urban-specific GBV risks, (2) exploring what types of tailored prevention programs are effective in urban settings; and (3) facilitating the sharing of knowledge and expertise regarding certain populations and/or targeted services in each city.

Through various group activities and discussions, participants worked through the different material to reflect on its relevance and adaptability to the urban contexts in which they work.

*For a sample agenda, see Annex A.*

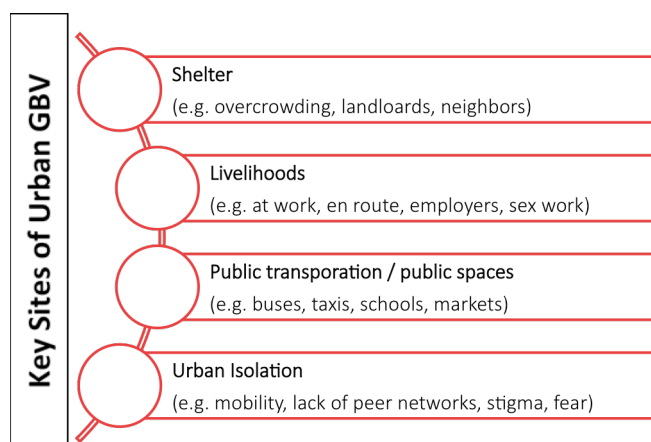
## Core Workshop Messages

Specifically, the workshops aimed to engage participants in discussions on the following themes:

### 1. Key Sites of Urban GBV

WRC's research identified four key sites of GBV risks in cities: (1) Shelter; (2) Livelihoods; (3) Public Spaces / Transportation; and (4) Urban isolation.<sup>4</sup>

Participants were asked to identify the specific patterns of risk that they come across in their work and think together of strategies to mitigate these risks and respond to them both on an individual as well as on a community level. Utilizing a new *Urban GBV Risk Assessment Tool*,<sup>5</sup> participants explored how these risks may manifest and be experienced differently by different refugee subpopulations, taking into consideration their intersecting identities.



*Visual overview of key sites of urban GBV risks*

<sup>4</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>5</sup> This tool poses urban-specific risk assessment questions. It is intended to supplement, rather than substitute, GBV risk assessment tools that are already being used.

Participants shared that these activities helped them draw out what urban-specific risks look like and they “found the risk assessment tool very useful because it is very specific in identifying risks of particular groups,” as one participant in Delhi stated.

## 2. Strategies of Urban GBV Risk Mitigation

Five principle strategies for mitigating GBV risks in urban areas are:

1. Building relationships with host community members and stakeholders
2. Strengthening refugees’ protective peer networks
3. Building urban refugees’ assets and capacities to enhance their resilience
4. Deploying multiple urban outreach strategies to connect with hard-to-reach refugees in cities, including peer outreach
5. Meeting urban refugees where they are—whether that means in a particular geographic location or in the sense of supporting them in developing the protection strategies they prioritize, with the individuals who make up the ‘community’ that is most relevant for them.

Pilot interventions conducted in various cities throughout 2016, as joint initiatives of WRC and its local partners, illustrate how these strategies can mitigate risks for urban refugees. Findings from these interventions, or case studies, formed a core component of the workshops.

*The workshop discussion made everyone critically reflect on their own practice, and every session was so action oriented.*

- Workshop participant

Interventions were tailored to meet the particular needs of different urban refugee subpopulations. Moreover, while some of WRC’s partners for these pilots were humanitarian actors (e.g. Asylum Access Ecuador in Santo Domingo and Don Bosco in Delhi), others were

local organizations who have not traditionally worked with urban refugees (e.g. MOSAIC<sup>6</sup> and LASA<sup>7</sup> in Beirut, and [Reproductive Health Uganda](#) in Kampala).

Throughout the workshops, participants reflected on the replicability of these pilot interventions within their own respective contexts. These conversations also fostered a space in which participants could exchange information about existing programs and how these could be adapted or expanded.

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<sup>6</sup> The name ‘MOSAIC’ stands for the MENA Organization for Services, Advocacy, Integration and Capacity-building. For more information about MOSAIC’s work with marginalized groups within Lebanon, see [www.mosaicmena.org](http://www.mosaicmena.org).

<sup>7</sup> The name ‘LASA’ stands for the Lebanese Association for Self-Advocacy. For more information about LASA’s work with refugees, see <https://www.youtube.com/watch?v=TYGNk1RuZ-o>.

Additionally, participants discussed urban-specific outreach strategies, exploring how to reach refugees who are dispersed and hidden in urban settings, particularly those who are marginalized and at high risks of GBV. The case studies provided ideas for reaching hidden populations, and participants shared some of their own creative strategies, including population-specific approaches.



Representative from the Delhi Police Commissioner's Office, the Child Welfare Committee, and NAZ Foundation  
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Overall, “the case studies were very informative and acted as a catalyst to help me to think of using the interventions in my work,” expressed a Delhi workshop participant. Another participant in the Quito workshop shared that “it was interesting to learn about good practices from other countries that can be applied to local work, always taking into consideration the contextual differences.”

### 3. Collaboration is Key

A core finding from WRC's research is that strengthening GBV prevention for urban refugees will require increased collaboration between humanitarian & local actors with specialized knowledge. Such collaborations are instrumental for undertaking tailored interventions & targeted outreach, which are increasingly needed to reach highly vulnerable and marginalized refugees living in cities.

Such diversity was reflected in the workshops, where participants represented a range of humanitarian, non-humanitarian, international, local, community-based and governmental organizations. This enabled participants to expand their networks and facilitated new partnerships or potential collaborations.

*There was a lot of inter-institutional and multi-disciplinary work, and I don't feel alone now because of the people in this room, and I know what to do and who to turn to.*

- Workshop participant

Mapping local actors is a critical first step to building these relationships. To facilitate the systematic mapping of local actors in urban contexts, especially actors who can potentially play a role in mitigating urban refugees' GBV risks, the WRC developed an *Urban Service Provision Mapping Tool*. The tool is structured to help identify potential partners based on their sector as well as the population(s) they have expertise in working with. The tool also offers assessment questions to guide humanitarian actors in considering barriers local organizations may face in working with

refugees. Such barriers may include a lack of familiarity with humanitarian standards or cluster systems, unclear willingness to work with refugees, and a lack of funding.

Participants appreciated the opportunity to meet new potential partners. **“This workshop was the first time we were able to interact with different actors,”** said one Delhi workshop participant. **One of the highlights of the Beirut workshop was the “diverse participation of refugees and local organizations,”** stated another participant.



Quito workshop facilitator taking notes

© Maria Mercedes Barahona – Asylum Access Ecuador

Participants highlighted that having the “opportunity to interact with different participants” was useful for their work moving forward. Group activities allowed them to “come across lots of NGOs working upon diverse fields/populations.” In post-workshop evaluations, **more than 85% of all participants said they intend to “improve collaboration with, or referrals to, at least one new organization or agency”**.

#### 4. Tailored Approaches are Crucial to Reaching Diverse Urban Refugees

Intersectionality must be a foundational principle of GBV prevention and response work in cities, because research shows that the experiences of GBV manifest differently for refugees with diverse intersecting identities.<sup>8</sup> Thus, in addition to highlighting universal GBV risks, workshop activities emphasized that risk mitigation strategies must account for the diversity of refugees’ identities, experiences, and self-expressed and priorities.

The case studies mentioned above illustrated specific prevention measures for different at-risk urban refugees. These samples of tailored programming were complemented by the Mapping Tool and Urban GBV Risk Assessment Guidance, each of which have population-specific sections. In addition, the WRC introduced its *Guidance Note for Working with Refugees Engaged in Sex Work*<sup>9</sup> at each workshop; in each city, nearly all participants shared that this was the first piece of guidance they had ever received on how to work with this sub-population in a rights-based and evidence-informed way.

<sup>8</sup> See WRC. 2016. *Mean Streets: Identifying and Responding to Urban Refugees’ Risks of Gender-Based Violence: LGBTI Refugees, Refugees Engaged in Sex Work, Persons with Disabilities, Male Survivors.*

<sup>9</sup> Women’s Refugee Commission. 2016. *Working with Refugees Engaged in Sex Work: A Guidance Note for Humanitarians.* Available at: <http://wrc.ms/Sex-Work>



Each segment of the workshop employed an intersectional approach, emphasizing the need for prevention and response programming design and implementation to be inclusive and targeted. This is critical for ensuring that the marginalized refugees are not merely *not* left out, but are purposefully and meaningfully integrated into organizational thinking about meeting specific needs of different subpopulations.

*Comprehensive discussion around each high-risk sub-population's vulnerabilities was extremely useful in order to assess the concerns that I will need to raise during the course of my interactions to make the counseling [I do] more effective.*

- Workshop participant

Participants in Quito stressed that the workshop had strengthened their “understanding of the complexity of what a refugee means and the inclusion of different identities like persons with disabilities and LGBTI-identifying persons.” A Delhi participant expressed that the “the group discussion about the different communities at risk [...] was helpful in gaining perspective on the diversity of refugees.”

## Participants' Overall Feedback

Participants across the four workshops came in with different areas and levels of expertise. In follow up surveys, nearly **90% of all participants agreed or strongly agreed that the workshop had “improved [their] understanding of urban humanitarian response, especially challenges and strategies for improving GBV prevention and response for urban refugees.”**



*LASA self-advocates presenting on their work with refugees with disabilities in Beirut*

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In closing sessions, participants were asked to make commitments, of their own choosing, to take forward what had been learned or discussed over the course of the workshop. In addition to committing to more meaningful collaboration across the humanitarian/local actors divide, more than half of all participants committed to more inclusive and tailored programming for marginalized, at-risk refugee sub-populations.

Overall, participants reported gaining new knowledge and ideas for new partnerships.

**“Before this workshop I had no clear concept on how to handle GBV risk mitigation/prevention. I now have tools, ideas and even a network to rely on to**



make effective interventions,” expressed a Delhi participant. A participant in Kampala shared a similar sentiment in a follow-up survey: “My perception has changed. Now I know who refugees are in urban settings, how to incorporate prevention messages when working with refugees and understand the need to strengthen collaboration with local and international organizations to strengthen programming.”

## Recommendations

Participants also offered the following recommendations for sharing project findings and resources globally. These included:

1. **Conduct similar workshops in other cities, to facilitate wider and deeper integration of urban-specific and population-specific guidance.**

Further trainings are needed beyond the four cities targeted for the workshops. With the available guidance, purposeful steps need to be taken for urban best practices to reach wider audiences.

2. **Continue to bring humanitarian and non-humanitarian actors with different areas of expertise together.**

Convening a wide range of stakeholders from different sectors challenged participants to think in new ways about who they could work with and how their work intersects. Given the complexities of meeting protection commitments in urban settings, it is crucial that local organizations (NGOs, civil society, governmental agencies) are integrated into humanitarian response. Operationalizing this requires proactive commitments to mapping all potential local partners and engaging them meaningfully, from the outset of response, to assess their willingness and capacity to participate in GBV prevention and response activities. It is also imperative that funding modalities and other structural components of response (e.g. administrative requirements) recognize and accommodate local actors needs and capacities, such as their needs for cost-sharing or additional training.

3. **Center refugees by supporting the community-based protection practices they are already doing. Taking a rights-based approach means prioritizing the GBV risk mitigation strategies that refugees themselves identify as being important and practical.**

The workshops provided opportunities for participants to hear directly from refugees about their own experiences, challenges, and recommendations for humanitarians. In follow-up surveys, participants shared that they found the presence, participation and voices of these refugees invaluable.

As reported in *Mean Streets*, refugees are extremely active in their communities; they build their own communities and have safety mechanisms in place that work for them that humanitarian actors can support.<sup>10</sup> Sometimes these communities consist of other refugees; other times, the ‘communities’ most relevant for certain refugees are primarily members of the host-community.<sup>11</sup> Efforts to promote or strengthen community-based protection should account for such diversity by ensuring that refugees’ input and perspective drive programming priorities.



*A presentation from the Organization for Gender Empowerment and Rights Advocacy (OGERA), a refugee sex worker-led organization in Kampala*

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#### **4. Systematize knowledge sharing and uptake of best practices across urban contexts, while providing space and guidance for local adaption.**

Participants shared that the workshops provided a unique space for learning about innovative urban-specific interventions. Workshop discussions also highlighted that not all existing urban resources and best practice guidance have reached responders in cities. This underscored a need for more systematic and effective approaches to exchanging information and building capacities of all actors who can play a role in mitigating urban refugees’ GBV risks—including local actors who have not traditionally been viewed as part of the humanitarian sector.

<sup>10</sup> WRC. 2016. *Mean Streets: Identifying and Responding to Urban Refugees’ Risks of Gender-Based Violence: [LGBTI Refugees](#), [Refugees Engaged in Sex Work](#), [Persons with Disabilities](#), [Male Survivors](#).*

<sup>11</sup> Rosenberg, Jennifer. “This Group is Essential to Our Survival”: Urban Refugees and Community-based Protection, *Forced Migration Review* (September 2016).

## Building Urban GBV Prevention & Response Capacity Globally

### Adapting Workshop Materials to Your Context

Materials and group exercises from the in-country workshops have been consolidated into a one-day training package. The package contains all of the tools and guidance discussed within this brief, as well as presentation slides and a facilitator's guide. This resource is available for public use and can be downloaded [here](#).<sup>12</sup>

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<sup>12</sup> WRC. 2017. Training: Strengthening Gender-Based Violence Prevention & Response in Urban Humanitarian Settings – Building Capacity to Mitigate GBV Risks and Increase Resilience. Available at: <https://www.womensrefugeecommission.org/gbv/resources/1541-training-strengthening-gbv-prevention-response-in-urban-humanitarian-settings>

## Annex A: Sample Workshop Agenda

DAY 1	
Time	Topic
9:00am – 9:30am	Registration
9:30am – 10:00am	Welcome and Introductory Remarks
10:00am – 11:00am	Setting the Stage – Who? What? Why?
11:00am – 11:30am	Reflecting on our understandings of GBV prevention and response
<b>11:30am – 11:45am</b>	<b>Break</b>
11:45am – 12:45pm	Urban GBV Prevention & Response: Who is involved? For which refugees? <i>Marginalized and Hidden Urban Refugee Populations</i>
<b>12:45pm – 1:45pm</b>	<b>Lunch</b>
1:45pm – 2:30pm	<a href="#">Examples of Urban Interventions: Case Studies from Other Cities</a>  Case Study #1: Kampala: Peer Educator Training for Refugee Women Case Study #2: Kampala: Mobile Outreach Clinics to Refugee Neighborhoods Case Study #3: Santo Domingo: Support for Adolescent Refugee Girls Case Study #4: Beirut: LGBTI refugees Case Study #5: Beirut: Refugees with Disabilities Case Study #6: Delhi: GBV Task Forces
2:30pm – 3:50pm	Engaging with the Case Studies - Relevance & Application to Urban Context
<b>3:50pm – 4:05pm</b>	<b>Break</b>
4:05pm – 4:50pm	<a href="#">New Guidance: Working with Refugee Women Engaged in Sex Work</a>
<b>4:50pm – 5:00pm</b>	<b>Close</b>
DAY 2	
Time	Topic
9:00am – 9:15am	Recap & reflections from Day 1
9:15am – 11:00am	<a href="#">New Tool: Urban Service Provision Mapping Tool (Tool #1)</a>

11:00am – 11:15am	Break
11:15am-12:45am	<a href="#">New Tool: Urban GBV Risk Assessment Guidance (Tool #2)</a>
12:45pm – 1:45pm	Lunch
1:45pm – 3:15pm	<i>Continued</i> – New Tool: Urban GBV Risk Assessment Guidance (Tool #2)
3:15pm – 3:30pm	Break
3:30pm – 4:50pm	Pilot Activities Testimonies and Experience-Sharing
4:50pm – 5:00pm	Close
<b>DAY 3</b>	
<b>Time</b>	<b>Topic</b>
9:00am – 9:15am	Recap Day 2
9:15am – 10:00am	Group Discussion: Urban Outreach Strategies
10:00am – 11:15am	GBV Prevention Response: Roles of various humanitarian and non-humanitarian agencies
11:15am – 11:30am	Break
11:30am – 12:45pm	Action Planning: Next steps
12:45pm – 1:00pm	Closing Remarks & Evaluation
1:00pm – 2:00 pm	Lunch