



Gender-Based Violence Prevention and Response: Key Risks Facing Urban Refugees in Kampala

Summary report



WOMEN'S
REFUGEE
COMMISSION



Research. Rethink. Resolve.

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.

Refugee Law Project (RLP) is a community outreach project of the School of Law, Makerere University, Uganda. It works towards empowering forced migrants and host communities to enjoy their human rights and lead dignified lives through research; provision of legal aid; mental health and psychosocial services; sexual violence prevention; and conflict, governance and transitional justice monitoring.

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For more comprehensive recommendations on how humanitarian actors, including policymakers, donors and practitioners, can mitigate the GBV risks faced by urban refugees, please see WRC's forthcoming report on Urban GBV (Winter 2016). That report synthesizes learning from Kampala, as well as three other urban contexts, and analyzes them by subpopulation to generate tailored recommendations.

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Acronyms & Abbreviations

| | |
|-------|---|
| DPO | Organization of Persons with Disabilities |
| DRC | Democratic Republic of Congo |
| GBV | Gender-based violence |
| NGO | Nongovernmental Organization |
| RLP | Refugee Law Project |
| SGBV | Sexual and gender-based violence |
| STI | Sexually transmitted infection |
| UNHCR | United Nations High Commissioner for Refugees |
| WRC | Women's Refugee Commission |

Introduction

Close to 80,000 refugees currently reside in Kampala, Uganda,¹ the majority of whom have fled conflict in the Democratic Republic of the Congo (DRC). The remainder have come mostly from Burundi, Rwanda, Eritrea, Somalia, and South Sudan. The UN High Commissioner for Refugees (UNHCR) and its implementing and operational partners are working to meet the needs of this refugee population through a variety of intersecting programs and services. Some of those have been created specifically for refugees; others seek to integrate refugees into pre-existing programs and services that traditionally serve Ugandans.

In 2014, the Women's Refugee Commission (WRC) began an international project examining gender-based violence (GBV) against refugees in urban settings. The project pays particular attention to community-based protection mechanisms, such as peer support networks, as well as linkages between refugee communities and local institutions with potential to enhance refugees' protection. Given the diversity of refugees' experiences and vulnerabilities in urban environments, the project takes a particular look at the GBV risks facing different subgroups of refugees and the risk mitigation strategies they prioritize for themselves. The objective is to learn how humanitarian actors can better support those strategies and strengthen refugees' protection environment overall.

In August 2015, WRC and the Refugee Law Project (RLP) conducted field research in Kampala. In line with project goals, the assessment was targeted to learn about the GBV risks facing urban refugees in that setting, as well as the services they are seeking and what challenges they face in securing access. WRC also met with a broad range of service providers and stakeholders, including humanitarian actors such as UNHCR's implementing and operational partners, as well as civil society groups not traditionally focused on refugees.² Conversations centered on urban refugees' access to programs, services, and peer support networks, with particular reference to those which usually cater mainly to Ugandans, but which nonetheless have expertise relevant to a particular refugee community. This summary describes key findings and proposed recommendations arising from the field visit.³

Findings

Evidence from the assessment indicates that GBV is pervasive among refugees in Kampala. This situation appears to be undergirded by an interplay between discriminatory attitudes and practices toward refugees in general, and certain refugee subgroups in particular, and structural factors, such as lack of access to safe livelihoods. Contributing to this negative scenario, services and programs for refugees in Kampala appear inadequate, underfunded, and very often staffed by personnel reflecting the same discriminatory attitudes as the general public.⁴

Below is a breakdown of GBV risks by different subgroups of refugees who were consulted during this assessment, with specific recommendations. Following is consideration of structural factors hindering refugee protection, as well as discussion of effective programs that offer guideposts for future action.

Risks of Gender-Based Violence

Adult and Young Refugee Women

Women as a whole reported that they face a range of GBV risks in their daily lives in Kampala, as well as a range of types of violence – including physical, sexual, emotional, and economic. Most of these risks fall within the following three categories:

1. Risks related to livelihoods. Women reported being raped and sexually assaulted when trying to earn money. Congolese women especially reported risks of violence when they go to collect cassava leaves to eat or to sell. Young women (ages 16 - 24) shared that many of them try to earn money by selling jewelry on the street and experience violence or threats of violence, including rape, while doing this. Their risk of violence is also heightened because they are pushed to sell their jewelry in relatively isolated areas in order to avoid infringing upon Ugandan sellers' usual "territory" as well as fear of arrest by law enforcers of the Kampala City Council Authority. Young and adult women also reported that the homes where they perform domestic work are frequent sites of violence, as employers often try to rape or coerce them into sex. Adult women, young women, and women with disabilities also engage in sex work, which comes with additional risks of violence. (See "Refugees Engaged in Sex Work" below.)
2. Risks in and around their homes. Women reported feeling at risk of violence in their homes, often by landlords who demand sex ("Sleep with me and then I will let you live in my house") and/or who threaten them or enter their homes without permission, for example, in the guise of checking interior conditions. Women also recounted incidents of neighbors and strangers entering homes and raping or abusing women and children. They stated that they feel the risk of this happening to them is particularly high as refugees because, not only can they only afford to live in the most dangerous neighborhoods in Kampala, sometimes congested, unhygienic, and violent slums, but also because they are specifically targeted as refugees. They reported that common attitudes hold that, as refugees, they have less community protection, or are somehow more deserving of violence, or are unable or less likely to report incidents of violence.

Women also reported being subjected to constant harassment and verbal abuse, including explicit threats of rape and unwanted sexual advances, including touching, while simply walking down the streets of Kampala, and often in the presence of their children. "There is a lot of violence," one woman who is a member of a women's support group at RLP said, "if we talk about all of it we will just sleep here [during the focus

group] because there is so much to discuss.”

3. **Familial violence.** Adult and young women reported that domestic violence is present in refugee households and is heightened by livelihood challenges and cultural perceptions. Regarding domestic violence, women said that among married couples, domestic violence happens more often in Kampala than it did in their countries of origin (mostly DRC) because of increased tension in the household due to economic pressures and the difficulties of being foreigners. Service providers observed that where husbands are also survivors of sexual violence, they often experience psychological trauma that can translate into aggression toward family members. Women also stated that the incidence of child marriage increased in Kampala. Congolese women reported that whereas in the DRC a girl in their village might get married at 15 years of age, in Kampala, because of economic pressure, the age can lower to 12 to 13 years old.

Women reported that general discrimination against them – and indeed all refugees – is rampant and ubiquitous. They feel discriminated against nearly everywhere they go: when marketing, when waiting to use a restroom, when trying to rent an apartment, or – in the case of children – when attending school.

Refugee Women with Disabilities

In addition to the risks outlined above, women with disabilities reported experiencing a differential lack of access to and uptake of appropriate and sufficient medical care because of lack of financial assistance for transportation and medicines, and because of poor quality care from providers. Women with disabilities expressed, as did men with disabilities, that many service providers exhibit a lack of understanding or care that it takes persons with disabilities additional effort and resources to visit their offices and/or those of referrals. Persons with disabilities are, for example, nonchalantly told to “come back another time” when their appointments are cancelled at the last minute.⁵

Consistent with findings from other settings, women with disabilities reported that those who are most at risk are women whose mobility is restricted because of their disability.⁶ One GBV counselor stated that, in her opinion, of these women and girls, “most of them are raped, even at home,” and it can take a long time for them to be able to seek or access services.

A representative from a disabled persons’ organization that works with refugees reported that a particular set of obstacles that women with disabilities face in seeking help after experiencing GBV owes to the fact they are supposed to report the incident to UNHCR’s sole implementing partner in Kampala. This partner provides a range of services to all refugees, who are often waiting in a common area together, which acts as a deterrent for women with disabilities. As an advocate for persons with disabilities observed about this implementing partner: “[The place] is very crowded. I’m wondering how a raped, stigmatized woman with a disability walks in there. Maybe the man who raped her is there. Then she’s supposed to sit in a chair and wait in line all day? With the same people coming in for malaria care? For

education or employment help?"

Women with disabilities also expressed that they feel they are treated disrespectfully and addressed dismissively by staff of the UNHCR implementing partner. One woman reported that upon sharing her story of violence with a counselor, the counselor offered an insensitive "so what?" response, and told her that "well, these troubles exist for Ugandans too."

LGBTI Refugees

Although Ugandan anti-gay legislation criminalizing anyone identifying as lesbian, gay, bisexual, transgender, and intersex (LGBTI) was overturned in August 2014, refugees and service providers reported that LGBTI refugees remain at risk of being stopped, arrested, and detained by the police. They also experience physical and sexual violence at the hands of police, including while being held in jail. Transgender (trans) refugees, in particular, shared stories of physical and sexual abuse while in police custody. One transwoman shared that she was raped in prison multiple times with no gels or lubricant, and contracted a sexually transmitted infection (STI) as a result.

Service providers who work with LGBTI refugees on a range of issues, from sexual and gender-based violence (SGBV) counseling to legal assistance, reported feeling alone in grappling with a restrictive political and legal environment that puts their clients at extreme risk. Distinguishing between UNHCR's resettlement and protection teams' respective consideration of LGBTI refugees, one provider observed:

"When it comes to LGBTI there's a big problem. They [UNHCR] may be responsive for resettlement cases, but for integration [into the host community] there's a big gap. They should be more involved in legal and policy reform – the decriminalization process. Protection officers should be monitoring and seeking accountability from police officers that violate the rights of LGBTI and sex workers...but it's something that we are left to do."

This statement echoes WRC's findings in other cities, where there are more established protocols and discourse around LGBTI status as it relates to *resettlement* determinations, but far less guidance around how to address LGBTI refugees' *protection* concerns in their first country of asylum.

The vast majority of LGBTI refugees reported having experienced discrimination, physical and sexual abuse, including sexual torture, in their countries of origin, during flight, and as refugees in Kampala. They stated that it is not uncommon for them to be forced to have sex in exchange for shelter in Kampala and/or to be evicted by landlords because of their non-conforming sexual orientation or gender identity. Moreover, since being LGBTI is still used as a basis for arrest or detention by police, and police themselves are often perpetrators of violence against LGBTI refugees, they cannot report this abuse to authorities. They also shared that they are more likely to be abused – physically, sexually, and psychologically – by

fellow refugees and Ugandans in general – everyone from strangers on the street to landlords – because people know they cannot report it. One LGBTI sex worker observed:

“You cannot get a job is a big problem as an LGBTI refugee. And some of us, who can survive by some small skills, either hairdressing or art, you cannot get where you can go to sell your things or your art to survive. We’re just living by begging and if those streets were safe we would be there, everywhere. There is some of us who survive by being sex workers, but really what they experience is hell. Because you discuss [a transaction] with one person, but you get a group of people and they don’t pay you. When you are there at the bar, you are very exposed. Sometimes they will arrest you or kill you. Really, apart from loneliness, and sometime the idea of suicide, lack of hope of tomorrow, no self-confidence, there is no dignity of human beings... So we cannot go to the settlements or camps because those...are also bad. We are just here in the closed drum without even a small place to escape. That’s all.”⁸

Many LGBTI refugees take on sex work, including 10 who were interviewed for this assessment who self-identified as being both LGBTI and sex workers. Some do this work because they genuinely have no other option for making money, given the discrimination they face. One transwoman put it simply: “If I don’t sleep with people I cannot get money to feed myself.” The combination of being LGBTI and a sex worker significantly increases the type and magnitude of GBV risks – at the hands of clients, police, strangers who attack them on the streets at night, and Ugandan sex workers. Furthermore, being LGBTI and sex workers makes it even harder to report incidents of violence, since it makes it more likely, or a near certainty, that they will be arrested for being both LGBTI and for doing sex work. (For more information on the GBV risks faced by sex workers, see “Refugees Engaged in Sex Work,” below.)

“I don’t have a home, I often don’t have food to eat. Even at [the LGBT support group’s office] it’s so crowded. There are nights without food. I don’t know what to do.”⁹

Refugees and service providers reported an absence or inadequacy of emergency options, referrals, or funds for LGBTI refugees facing urgent protection concerns. For instance, in cases where an LGBTI refugee has been arrested, or is hospitalized due to GBV, or has been evicted, there are few protocols or funds available to mitigate the imminent threats they face. Threats of additional violence are compounded by a lack of access to LGBTI-friendly services (legal, psychosocial, medical), as well as emergency shelter and food. One transwoman, speaking of her difficulty in finding a place to stay after being kicked out of her apartment in the middle of the night by her landlord, said: “There is no place to host us. I was like a stray on the street.” Informal networks provide some measure of refuge, and LGBTI refugees who are part of a support group sometimes stay together, often in a single room, but they reported an acute shortage of housing capacity. Having a number of LGBTI individuals living together also draws unwanted attention, including from police, and one group has had to shift its location four times in the past three years.

In general, the challenges that LGBTI refugees face when it comes to accessing basic necessities, including shelter and food, are both a cause and consequence of the high amounts of violence and discrimination they face on a daily basis. Among LGBTI refugees, there was consensus that trans refugees are most at risk and most in need of basic necessities, given their non-normative gender presentation. Speaking of medical staff at the hospital, one transwoman said, “They don’t take care of you because they see you as abnormal.” Another transwoman shared that when she went to speak with a counselor at UNHCR’s implementing partner, a counselor asked her, “Why do you want to lead this life?” and went on to declare, “I can’t help you because you don’t want to leave that life.”¹⁰

Reflecting on what this interaction meant for her, the transwoman continued: “When you go to access services you are asked questions that reduce your dignity. You move around the office [of this implementing partner] and every person looks at you. It’s a shame to move around...So I don’t see where to go.” Another transwoman added: “They negate [our experiences] because they accuse us and they tell us that the problems we have, we are the roots – you can change, you can change your manners, your dress code. Other organizations also say this...that this is the solution – to shift. There is no [violence] prevention.”

The LGBTI refugees we spoke with, including these transwomen, said that in general they feel they can access services and have their rights respected at only two of UNHCR’s operational partners in Kampala. They purposefully avoid going to UNHCR’s other partners, including its only implementing partner,¹¹ which provides crucial services ranging from livelihoods and skills-building trainings to psychosocial support, due to the discrimination, verbal abuse, and rights violations they face there. A number of LGBTI refugees also reported instances of their personal information and stories being shared among staff there, in violation of confidentiality policies.

These barriers to accessing services at UNHCR’s only implementing partner in Kampala mean that in addition to facing immediate GBV risks, LGBTI refugees – and by extension their children and other dependents – are unable to participate in mainstream refugee programs and activities. LGBTI youth, for instance, not only face high risks of physical and emotional violence on a daily basis, but also feel excluded from, if not shut out of, services for mainstream refugee youth.

The Angels Support Group offers a unique bright spot in this picture. Created and led by LGBTI refugees themselves, members expressed that Angels is nothing short of a life-line for them, essential to both their emotional and physical survival in Uganda. “It’s like a place where you find others and you can make unity which helps you face problems,” one transwoman member said. “Our own family we have is only Angels,” another said, “our biological family is not here.” Several members referred to it as their “home,” both figuratively and literally, since LGBTI refugees who get evicted from or who cannot afford apartments often take temporary shelter at the Angels office. At any given time, a handful of LGBTI refugees are taking refuge in this office, which serves as a safe space yet also experiences overcrowding and risks being raided by police or other community members. Additional services Angels provides

its members include: counseling; medical treatment, including HIV testing; emergency food; livelihood support (e.g., helping to organize a space for LGBTI refugees to operate a hair salon); and an in-house cyber café so that members can communicate with family or friends abroad in a safe space.

Despite the critical role Angels plays in LGBTI refugees' protection, it struggles to survive in a context of lack of financial resources and of police raids. While the Refugee Law Project provides material and technical support to all its support groups, including Angels, for instance, by providing space for groups to meet or hold meetings and workshops, Angels receives no financial support from humanitarian actors in Uganda – including UNHCR.¹²

Recommendation: Support peer-led targeted refugee support groups, such as Angels.

Refugees Engaged in Sex Work

Refugees from nearly all subgroups reported engaging in sex work and/or knowing fellow refugees who do so; this included women, men, youth, LGBTI, and women with disabilities.¹³ Refugees engaging in sex work reported doing so for a variety of reasons: because it pays more than other jobs, because they have no other options for employment, because they like it, and because it is the only way they can buy food to feed themselves and their children. The following quotes from three individuals are an illustrative sample:

“We do it to get money because without that we cannot live. We need to make sure we feed our family and feed ourselves. Being a sex worker, we also do it to see if we can start a small business.”¹⁴

“For me, I am taking care of my grandma so I don't have a job and we have no one to support us at all...Without me doing sex work I cannot get money to live, so that's why.”¹⁵

“Because we are living in Kampala and everything is expensive. You have to pay rent, you also need to dress yourself and feed yourself....also as an LGBTI who will accept you or give you another job? Automatically you can be judged by your appearance so it's hard to find a job.”¹⁶

Sex work is illegal in Uganda, and refugee sex workers interviewed in this assessment cited criminalization as a key factor in increasing their risk of GBV, since perpetrators of violence know sex workers cannot officially report incidents of violence without fear of being arrested themselves. Staff at one service provider noted that police in Kampala are upfront: “If they come across a sex worker reporting a violation or violence they will first arrest her...This is why it's imperative that a refugee sex worker [making a report] has a lawyer with them – literally with them.”

Sex workers reported that they incur physical violence mainly from three types of actors: (1) Ugandan police, who steal their money and rape them with impunity; (2) clients whose

violence can range from not paying an agreed-upon fee to committing gang rape and acts of sexual torture, sometimes after rendering an individual unconscious using chloroform; and (3) Ugandan sex workers who view refugee sex workers as business competition and attack them on the street, sometimes in groups. As one refugee sex worker stated:

“We are struggling because life is not easy. You risk your life every time you go out. You meet a client who doesn’t want you to use a condom. You cannot force them. Sometimes they force you ‘if you don’t do it [without a condom] I will kill you...’ When they realize you are also a foreigner, they treat you like nothing.”¹⁷

Some sex workers had knowledge of sex worker-friendly health service providers, including Most At Risk Population Initiative (MARPI), a clinic for key populations funded by USAID, and Ntinda Family Doctors. Others were less familiar with these providers and/or reported a need for additional providers with more flexible hours and additional locations. Some sex workers interviewed had attended violence prevention and health workshops at RLP’s offices, and said that these events had been helpful to them and that they would like to see them happen again so others can participate.

In general, sex workers expressed that they feel extremely stigmatized by others in their community, as well as by refugee service providers, with the exception of their peers and staff at the RLP. “We always keep it silent to service providers because they don’t understand us. They don’t believe us [about the violence]. Some of us prefer to keep quiet and not even go get services.”¹⁸

Recommendations

- Sex workers and service providers alike expressed the need for more training for service providers around issues of sex workers’ rights, sex worker safety and non-discrimination and non-stigmatization.
- Directly engage refugees who do sex work to rewrite referral pathways and standard operating procedures for service organizations addressing protection issues related to sex work.
- Relationships between local organizations with expertise in supporting sex workers, including those who are refugees, and humanitarian actors should be strengthened. WRC met with two such organizations: Reproductive Health Uganda, which has a health clinic specifically for sex workers and does peer education trainings for sex workers; and OGERA, a community-based organization run by and for refugee sex workers.

Male Refugee Survivors of Sexual Violence

Focus group discussions and interviews with a support group for male survivors of sexual violence revealed that they face a number of gaps in services, as well as significant discrimination by refugee and medical service providers.¹⁹ Some of these service gaps translate into

incidents of violence, given that when survivors receive substandard or no care that acts as a source of additional trauma.

Some male survivors recounted that they were victimized in their countries of origin, mostly the DRC, while others were exposed to sexual violence as refugees living in Kampala, including by members of law enforcement. As one survivor put it, “They were military and police who came and took me away.”²⁰ A municipal official, speaking on condition of anonymity, further confirmed that “cases of rape by police, including senior officers, of boys, girls, women, are covered up.”²¹ Male survivors also reported a lack of access to adequate post-sexual violence care, with many having experienced botched surgeries or physical exams that only exacerbated anal lacerations and other injuries, and being humiliated and ogled throughout the process.

With a few exceptions, there is ubiquitous confusion among service providers about male rape: they conflate male rape with homosexuality, or assert that male rape is “impossible.” One survivor, for instance, reported that when he went to a police station to report having been raped, he was accused of “promoting homosexuality.” When he reported this incident to UNHCR staff, they unsympathetically told him that he should have known the police were going to say that, and should not have gone to the station to begin with.

Male survivors spoke of the emotional trauma they endure as a result of sexual violence, including feelings of isolation, post-traumatic stress disorder, and depression. They expressed that, in some cases, this trauma – when left unexpressed and ignored rather than treated through counseling – leads them to traumatize their own family members in what becomes a cycle of intra-family trauma and violence. “You become a tough, violent character,” one man shared.²² Another described the experience this way: “You survive, then you die into the trauma.”²³ To date there are insufficient resources to fund the counseling survivors and their families need, as well as a shortage of knowledgeable and sensitive counselors.

Male survivors also reported that their needs for ongoing medical treatment are often overlooked and underfunded. Not only are there not enough doctors to provide adequate treatment (there is currently one private medical facility able to provide appropriate surgical care to male survivors of sexual violence in Uganda), but there is insufficient funding to pay for treatment, which sometimes requires reparative surgery. Nor do survivors have resources to pay for additional material items they need in order to cope in the meantime and lessen their physical pain, including diapers and soft foods.

Another peer-led refugee support group, Men of Hope, is the main entity serving male survivors. Members of Men of Hope spoke with conviction and gratitude about the role the support group has played, and continues to play, in their lives. They spoke of a “before” and “after”: before joining Men of Hope they felt despair and isolation; after joining their emotional well-being improved dramatically and, by extension, so did that of many of their family members. They reported that simply being able to share their experiences with each other, other men having experienced sexual violence, has been critical to their emotional

survival. “I was ashamed about being a male victim and I felt marginalized because usually it’s a woman who speaks about this and it’s really difficult to talk about this.”²⁴

Men of Hope also engages in advocacy to encourage other male survivors to speak up about their experiences; to reach out those who “are hiding, and [who] won’t access services and will die in shame and fear.” They also engage in advocacy to dislodge public and service providers’ assumptions about male survivors, and to promote resources and learning that will increase male survivors’ access to comprehensive and rights-respecting services. “We have two purposes,” one member said, “breaking the silence [around male rape] by raising our voices, and enabling people to come forward and access services.”

Recommendations

- Refugee service providers need more training about the prevalence of sexual violence against men, what it is, and how to respect the rights and dignity of survivors while offering them quality services that respond to their medical and emotional needs.
- The RLP-developed tools for screening of male survivors and guidance documents outlining holistic services must be adopted and implemented widely by service providers across all sectors (e.g., those who provide legal support, psychosocial counselling, etc.), including UNHCR’s implementing and operational partners.
- Greater resources, including financial and human resources, must be dedicated to building the capacities of medical professionals to treat male survivors of sexual violence.
- Groups like Men of Hope must be supported technically and financially to continue their work. Financial support is crucial for them being able to conduct outreach to other male survivors and advocacy to change attitudes and assumptions that stigmatize and perpetuate stereotypes of male survivors.

Structural Barriers to Refugee Protection

Several structural factors of life in Kampala appear to interact with anti-refugee attitudes to contribute to GBV prevalence, and/or inability to access appropriate services, including lack of access to safe livelihoods, prohibitive transportation costs, dearth of protective shelters, and institutional attitudes among the main actors charged with refugee support.

Lack of Safe Livelihoods

As raised in the section on women refugees, many of the risks reported by refugees are related to their efforts to earn money needed for basic survival in Kampala. One GBV counselor, affirming that most of the survivors she meets with encountered violence while pursuing work of some kind, put it bluntly: “Livelihoods lead refugees into all risks.” Another service

provider, comparing the situation of refugees in Kampala to those in the camps/settlements elsewhere in Uganda, said that “in settlements, domestic violence is the biggest risk. Here, it’s livelihoods.”²⁵

Since the vast majority of refugees have few options for earning money in the city – on account of discrimination, lack of papers,²⁶ and the language barriers they face – many of these risks are nearly impossible for them to avoid. Women, girls, men, and boys involved in domestic work are abused and raped by their employers; women picking cassava leaves to take to the market or to feed to their families are raped or pressured to have sex by garden owners; refugees engaged in sex work reported high incidence of physical abuse from police, clients, and Ugandan sex workers.

Refugees also reported serious GBV risks emanating from their crowded living conditions, including being discriminated against on various grounds, such as ethnicity, sexual orientation, gender identity, disability, and having exploitative rental arrangements in which landlords charge refugee tenants higher rents, which increases housing instability or translates into pressure on tenants for sex.

Transportation

Refugees and service providers spoke about significant gaps in GBV prevention and response arising from the “hidden costs” of living in a city, “hidden” in the sense of being consistently overlooked as a barrier to accessing services. The biggest of these costs is that of simply getting around. This includes the costs of taking public transportation, as well as the amount of time it often takes to travel to and from a particular service. Refugees from all subgroups reported experiencing difficulty in accessing services or taking advantage of referrals because they lack the physical or financial means for transportation.

SGBV counselors reported having survivors come to them begging for transportation: “We’ve done a lot of information sessions to sensitize refugees about what they should do on the referral pathway [if they experience SGBV], but the refugees can’t follow it because of these challenges – they don’t have transport to go there. So if they’re not able to come right away, they may only receive emergency care after three days.”²⁷ Another SGBV counselor reiterated that “unfortunately, many come long after the incident of SGBV,” because they cannot afford transportation sooner.²⁸ For all survivors, such delays compound the emotional and physical trauma they have already endured; for rape survivors, such delays increase their likelihood of becoming pregnant or contracting a sexually transmitted infection.

One SGBV counselor explained further that because her office can only afford to provide transportation to hospitals but not to home as part of post-rape care, clients end up begging at the hospital for return fare or walking home, sometimes bleeding. Two SGBV service staff talked of supporting refugees’ transport costs out of their own pockets.

Refugees observed that service providers often seem unaware of these costs, and relayed

many stories of being told to simply “come back tomorrow” or “come another day” for a particular service, without regard for the time and expense it took them to get there in the first place. Even refugee-led organizations spoke of having grossly underestimated both the amount of transportation expenses members would have to take on, as well as the impact that these expenses would have on members’ ability to participate. Staff at OGERA, an organization led by and for refugee sex workers, admitted that in creating their last fiscal year budget, they had failed to realize how important transportation reimbursement would be for membership participation, or the transportation costs involved in distributing health resources to their community, including boxes of condoms and information leaflets.

Lack of Protective Shelters

The lack of temporary housing for women refugees facing urgent protection concerns is a significant issue in Kampala. Conflicting information was reported about whether one particular local shelter is willing to accept refugee women facing domestic violence, but the general consensus among service providers was that Ugandan shelters generally do not take refugees. Such shelters claim that refugees often have big families and never want to leave the shelters because they have nowhere else to go. LGBTI refugees, who often face particular discrimination in trying to secure and maintain safe housing, are especially vulnerable to this gap in shelter services, and often have to rely on informal networks to triage urgent cases. The result is often several LGBTI refugees living in a single room, which offers temporary relief but also increases their visibility and risk of violence. No shelters exist for male survivors of violence.

Institutional Attitudes on Protection

Many refugees reported coming to Kampala because, despite the GBV risks attendant to living in the city and the difficulties of earning enough money to survive, they still felt safer than in the refugee settlements, and believed that Kampala held more opportunities for themselves and their families. As one male youth from the Congo put it: “Even here if we are facing many challenges, it’s not like the camp. The camp is worse.”

LGBTI refugees, especially, reported that the settlements were intolerable sites of violence for them, both extreme physical violence such as rape, as well as daily verbal abuse. They came to Kampala because it was a lesser of two evils, or because it held promise as a place to hide within a large population, or because they had heard about Angels, the support network for LGBTI refugees that exists only in the city. One refugee who is an LGBTI sex worker stated that “every time I’m there [at a particular service provider’s office] to ask for help or to help me pay rent for a month they say, ‘you’ve decided to be an urban refugee so you have to struggle and fight for yourself. If you want housing paid for, go to the camp.’”

In general, refugees and service providers spoke of UNHCR and its partners as having somewhat dismissive attitudes toward urban refugees and their protection needs. Part of this

owes to the longstanding policy position of the Ugandan government, which strongly disfavors and tries to discourage refugees' urban migration. This position conflicts with UNHCR's own urban protection policies and survivor-centered standards of care,²⁹ though UNHCR has not yet straightforwardly addressed the underlying tension.

In sum, the message being communicated to refugees is that if they want protection, they should stay in refugee camps or settlements and, if they do go to cities, UNHCR cannot offer them protection, because it either does not know how to offer it, or it does not have the resources to do so. One service provider surmised that "the attitude is that refugee in urban areas can manage their lives better, so most attention goes to settlements, not much on urban areas." The fact that this is a perception among service providers, accepted as a conventional wisdom among several of them, suggests that institutional attitudes toward urban refugees deserve to be examined further, their origins and consequences for refugees assessed, and subsequently addressed as a key component of UNHCR's urban policy going forward.

Positive Practice: Refugee Support Groups

Despite the challenges to refugees' health and safety in Kampala, bright spots exist in the form of support groups such as Angels and Men of Hope. Refugees across subgroups shared how important it is to them to belong to a support group for refugees they consider peers. The Refugee Law Project supports a total of 16 refugee support groups, including the ones consulted during this assessment, which were groups for, respectively, persons with disabilities (Women Refugees Association in Africa – ASSOFRA); male survivors of rape (Men of Hope in Kampala, Men of Peace in Nakivale Refugee Settlement, and Men of Courage in Gulu), and LGBTI individuals (Angels). In addition to these groups, RLP supports groups for refugees living with HIV, elder refugees, women with children born of rape, refugee youth, torture survivors, refugee professionals and peer counselors, as well as a group for Somali people with disabilities, and one on child rights.³⁰ Some of these groups formed organically among refugees themselves, who then came to RLP seeking assistance with organizational issues. Others were initiated by RLP staff who perceived a need based on discussions with individual refugees.

All the refugee support groups are now led by refugees themselves, who decide when and where to meet, and what activities to undertake. They engage in a range of activities, from peer counseling to advocacy (local and international), helping members find shelter and employment, arranging workshops around members' interests, vocational and skills-building trainings, outreach, and brokering relationships with local civil society organizations with expertise relevant to members' needs. Members accompany each other to work and to medical and other appointments, and also share information related to protection strategies and their experiences with different service providers.

Refugees spoke of these groups as being critical to their well-being and as mitigating their

emotional and physical isolation as urban refugees in Kampala. This underscores the importance of protective peer networks in both reducing refugees' risks of GBV and enabling them to respond to GBV when it does occur. As one member of the group for persons with disabilities put it: "In the association we are a family. We are not really a 'group'. I'd like you to know that here we have different tribes, from different nationalities. We come from different places: Congolese, Rwandese, Burundi, Sudanese...We always go to different people when they are having problems."

RLP refers individual refugees to these groups, and also offers the groups basic in-kind support, such as a conference room they can use as a meeting space and information to help them navigate different administrative barriers or service providers. In turn, the groups refer their members and newly arrived refugees to RLP. Yet these groups, despite their essential role in anchoring protection spaces for various refugee subgroups – including those with particularly high GBV risks, such as LGBTI refugees – struggle to survive and to maintain participation. This is largely due to a lack of funds for carrying out activities, for providing emergency support to members in need, and for reimbursing members for their transportation costs to and from group meetings.

Recommendations

- These groups illustrate the potential of community-based protection efforts that are led by and for refugees themselves. As such, they should be promoted as a model for Kampala and other cities, leveraging RLP's experiences and lessons-learned as guidelines for fostering and supporting the growth of such groups.
- The practice of supporting refugees as leaders of support groups for their peers (i.e., subpopulations) should be integrated into broader urban humanitarian protection strategies. A staff person in each field office, for instance, could be tasked with supporting these groups. One form of assistance would be helping them to procure the financial assistance they need to fill the gaps in protection networks and service provision that they are uniquely positioned to fill. Another form would be ensuring that all refugee service providers know about these groups, cooperate in supporting them (e.g., by sharing responsibility for providing them with meeting space or travel reimbursements or technical assistance) and referring refugees to them when appropriate.

CONCLUSION

Of the recommendations generated by the refugee assessment in Kampala, two main ideas stand out. The first, stated just above, is that financial and organizational support for peer-led refugee support groups should become a key strategy for humanitarian organizations seeking to serve highly vulnerable refugee sub-groups, not as a substitution for their own services, but as a key safety net and source of learning. The second is the urgent need for developing and

funding more in-depth and sustained training for service providers and humanitarian organizations around issues of rights, safety, non-discrimination, and non-stigmatization across the refugee population in general, and regarding specific subgroups in particular. Organizations having expertise with those subgroups, including the refugee support groups themselves, should be enlisted to help design and implement such programming.

Notes

1. This is a commonly cited figure by stakeholders in Uganda, and was used in December 2015 by the Commissioner for Refugees at a meeting of the Ugandan National Migration Coordination mechanism.
2. Perhaps as a reflection of Uganda's emphasis on settling refugees in rural refugee camps (known as "settlements" in Uganda), UNHCR has only ever had one urban implementing partner in Kampala, despite the fact that at close to 80,000 persons, that refugee population is as large as that in the largest of the rural refugee settlements, locations in which there are generally multiple implementing partners.
3. A more comprehensive discussion of findings and recommendations will be included in WRC's forthcoming report (Winter 2016) on "Gender-Based Violence against Urban Refugees." This report draws on the research conducted in Kampala, as well as additional research conducted by WRC and local partners in Quito, Ecuador; Beirut, Lebanon; and Delhi, India.
4. A total of 12 focus groups were conducted: two at the Bondeko Refugee Center (women and men were spoken with separately); two with members of Angels Refugee Support Group Association (one with LGBTI individuals and one with LGBTI sex workers); two with members of a Disabilities Support Group (women and men were spoken with separately); one with women members of Assofra, a support group for GBV survivors that also engages in microfinance activities; two with members of a youth group (men and women were spoken with separately); one with women refugees who self-identified as sex workers; and two with members of Men of Hope, a support group for male survivors of sexual and gender-based violence (there was some overlap in participants between these two discussion sessions).
5. For a more detailed discussion of the experiences of women with disabilities in Kampala, including their GBV risks, see *We Have a Right To Love* (2014), a joint publication by WRC and the Refugee Law Project, <https://womensrefugeecommission.org/search?q=We+have+a+right+to+love&Search=>
6. For a discussion of the particular GBV risks that women with disabilities face, and evidence that women with intellectual disabilities and those whose physical disabilities restrict their mobility are most at risk of GBV, see Women's Refugee Commission and International Rescue Committee, *I See That it is Possible: Building capacity for disability inclusion in gender-based violence programming in humanitarian settings* (May 2015). <http://wrc.ms/i-see-that-it-is-possible>
7. Interview with staff at a refugee service provider, Kampala, 21 August 2015.
8. Interview with LGBTI refugee sex worker, Kampala, 18 August 2015.
9. Transwoman refugee from the DRC, interviewed in Kampala, 18 August 2015.
10. Interview with transwoman refugee in Kampala, 18 August 2015.
11. Implementing partners get funding from UNHCR; operational partners usually do not, but they work with UNHCR. UNHCR generally has one or two main implementing partners in each city, and a small handful of operational ones.
12. Angels does receive financial assistance from two non-humanitarian funders.
13. One service provider recounted secondhand reports of girls as young as 12 being involved in prostitution. If true, those girls, because they are minors, are presumed to be engaged in non-consensual sexual activity, rather than acting as sex workers. See World Health Organization et al., *Sex Worker Implementation Tool* (2013) (definition of 'sex workers') at xii, available at <http://apps.who.int/iris/bitstre>

[am/10665/90000/1/9789241506182_eng.pdf](#)

14. Focus group discussion with women sex workers, Kampala, 13 August 2015.
15. Focus group discussion with LGBTI sex workers, Kampala, 12 August 2015.
16. Id.
17. Interview with refugee sex workers, 18 August 2015.
18. Focus group with LGBTI refugee sex workers, 18 August 2015.
19. For a more in-depth and nuanced discussion of the number of male refugees in Kampala who have experienced rape, and the experiences of male survivors, including the discrimination and service gaps they endure, see the Refugee Law Project reports *Bridging Structural Gaps; Police and Health Officials Dialogue on Investigation and Prosecution of SGBV Crimes* (2013), http://www.refugeelawproject.org/files/others/Bridging_structural_gaps.pdf and *Male Survivors in Kampala Demand for Better Services* (2014), [http://refugeelawproject.org/files/others/Male Survivors of Sexual Violence in Kampala Demand for Better Services.pdf](http://refugeelawproject.org/files/others/Male_Survivors_of_Sexual_Violence_in_Kampala_Demand_for_Better_Services.pdf)
20. Interview with male survivor, 16 August 2015.
21. Interview with municipal official, 25 August 2015.
22. Focus group discussion with male survivors, 16 August 2015.
23. Focus group discussion with male survivors, 16 August 2015.
24. Focus group discussion with male survivors, 20 August 2015.
25. Interview with case manager 20 August 2015.
26. A number of refugees explained that they were ineligible for many jobs because they lacked proper documentation, including diplomas showing they met necessary educational and other job prerequisites.
27. Interview with case manager 20 August 2015.
28. Interview with SGBV specialist at refugee service provider, 11 August 2015.
29. See UNHCR's *Policy on Refugee Protection and Solutions in Urban Areas* (Urban Policy) (2009), <http://www.unhcr.org/4ab356ab6.pdf>, and UNHCR's *Alternatives to Camps Policy* (2014), <http://www.unhcr.org/5422b8f09.html>
30. For a full profile of the refugee support groups facilitated by RLP, see http://www.refugeelawproject.org/files/others/RLP_support_groups_profile.pdf



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