

# **ENHANCING THE PROTECTION OF REFUGEE WOMEN IN NAIROBI**

**A Survey on Risks Protection Gaps and  
Coping Mechanisms of Refugee Women  
in Urban Areas**



**Prepared by The Refugee Consortium of Kenya  
with Support from  
The Primate's World Relief and Development Fund.**

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## ACRONYMS

ADR	Alternative Dispute Resolution
AIDS	Acquired Immune Deficiency Syndrome
AREP	Africa Refugee Education Programme
ARP	Africa Refugee Programme
CRC	Convention on Rights of the Child
DRC	Democratic Republic of Congo
FGD	Focus Group Discussions
FGM	Female Genital Mutilation
FIDA-Kenya	Federation of Women Lawyers – Kenya
GAD	Gender and Development
GBV	Gender Based Violence
GOK	Government of Kenya
GTZ/BMZ	German Development Agency
HIV	Immunodeficiency Virus
ICCPR	International Convention on Civil and Political Rights
ICESC	International Convention on Economic, Social and Cultural Rights
IEC	Information, Education and Communication
IGA	Income Generating Activity
IRC	International Rescue Committee
JRS	Jesuit Refugee Services
KHRC	Kenya Human Rights Commission
LWF	Lutheran World Federation
NARAP	Nairobi Archdiocese Refugee Assistant Programme
NCCK	National Council of Churches in Kenya
NGO	Non Governmental Organization
NWH	Nairobi Women's' Hospital
OAU	Organization of African Union (currently AU-African Union)
PSEA	Prevention of Sexual Exploitation and Abuse
PTSD	Post Traumatic Stress Disorder
RCK	Refugee Consortium of Kenya
SGBV	Sexual Gender Based Violence
STIs	Sexually Transmitted Infections
UDHR	Universal Declaration of Human Rights
UK	United Kingdom
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees
UNFPA	United Nations Fund for Population Affairs
URAP	Urban Refugee Assistance Programme
VCT	Voluntary Counseling and Testing
WRAP	Women Rights Awareness Programme

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# EXECUTIVE SUMMARY

## Introduction

In 2006 it was estimated that there were approximately 100,000 urban refugees in Kenya with the total refugee population in the camps being 271,473. In line with Kenya's encampment policy, the bulk of the refugee population resides in refugee camps in remote areas unacknowledged by the UNHCR and the Kenya Government. The existing literature on refugees in Kenya reveals that urban refugees, especially women and children, live under difficult circumstances with minimal protection and at risk of human rights violation and sexual gender-based violence (SGBV).

## *Study Purpose, Process and Methodology*

The Refugee Consortium of Kenya (RCK) commissioned this study in order to enhance the protection of refugee women and girls by researching the risks they face and the protection mechanisms available to them, as well as identifying gaps and making recommendations on strategies that are essential for their protection.

The survey was carried out using both qualitative and quantitative methods to ensure complementarities in data and diversity. The methods used included; desk study, key informant interviews, focus group discussions (FGDs) and individual questionnaires. In addition to the above methods, RCK designed the research project to include validation, feedback and sensitization of women respondents through "search workshops" on life skills such as awareness of their legal rights, reproduction health and income generating activities.

The study sample (of 98) was drawn from; Eastleigh (for Somali and Ethiopian Oromo refugees), Dagoretti/Riruta Satellite /Kawangware (covering refugees from the Great Lakes region) areas of Nairobi and in Ruiru (for Ethiopian Anwak) with concentrations of refugees, based on RCK records.

## *Findings*

The main finding of the study is that even after enactment and commencement of implementation of the (Kenyan) Refugee Act that elaborates a legal framework within which refugees can claim and protect their rights, the legal status of refugees remains

precarious (in practice) thus constituting the biggest risk factor to the safety of (women) refugees. This situation of uncertainty means that refugees do not yet have proper documentation including a permanent identification card that officially recognizes and legitimizes their presence as well as enabling them to engage in different forms of income generation to improve their livelihoods. Most of the other findings on risks faced by refugee women in urban areas are related to the compromised capacity to claim and protect their rights including in the refugee camps from where they have fled to mainly marginal slum settlements.

### ***Risk factors***

Majority of women refugees are exposed to risky work environments or experience risks related to work in the mainly menial jobs they perform in the informal economy. Most are underpaid and live below the poverty line. There is a close affinity between risks women refugees face and their livelihood and survival pursuits in the relatively hostile poor urban environments. Additional risk factors compromising women refugee's livelihood include:

- Low levels of education and skills (including marketable language skills)
- Marital status where single (female) parenting increases desperation and tendency to persevere difficult working conditions— conversely, paid work makes married women breadwinners in the place of their possibly jobless husbands (against socio- cultural expectations) who in turn becomes insecure and potentially violent.

This factors increase susceptibility to:

### ***Sexual and Gender Based Violence (SGBV)***

Women refugees in urban areas report higher rates of SGBV than those in camps with rape (including fear and related threats) being the leading violation, followed by “domestic violence”. Married women reported feeling more at risk than single women while younger women reported more sexual offence related risks.

Additional factors influencing incidence of SGBV were reported as, lack of proper documentation, poverty (makes men aggressive), frustration from reversed gender roles, drugs and alcohol abuse, breakdown in cultural values, women living alone and general insecurity in the marginal unplanned settlements where most women refugees live and work. Women reported being at risk most at the workplace, streets and neighborhoods respectively.

Women do not report most violations for fear of reprisals/victimization and previous experience when nothing was done after reporting. Prominent among reasons for not reporting is family pressure. Often, even when they report, women are not knowledgeable

about requirements of evidence in SGBV cases so some report when it is too late such as after washing or getting treated for the injury.

### ***Discrimination***

Women refugees suffer discrimination in their bid to access basic amenities compared to even the poor among Kenyans (who are in similar conditions of marginalization) which makes it difficult to earn a living.

### ***Coping with risks***

Women have been largely left to their own devices while dealing with risk factors and rights violations. There is very limited assistance from UNHCR/GOK and other agencies towards refugees with most reporting receiving free medical attention and very few (6%) saying they receive different forms of assistance/services such as, related to coping with HIV, access to education, vocational/skills training and legal services towards meeting basic needs, from Kenyan as well as international NGOs. Generally women refugees said the quality of services was poor. Further, women refugees suffer constraints in coping with livelihood and other needs in the urban situation that include; inadequate capital/credit, difficulty in acquisition of formal business licenses, marketing, management and organizational skills and internal conflicts.

Generally there is inadequate capacity on the part of UNHCR, GOK and NGO/partners to identify profile and respond to needs of women at extreme risk.

### ***Conclusions***

In view of the findings (above) the study arrived at the following conclusions:

- Existing policy, legal and institutional protection guidelines are yet to impact on high survival, livelihood and SGBV risks that women refugees face particularly in urban areas.
- The risks faced by urban refugee women have consigned them to a vicious cycle of poverty without legal and other support to enhance their coping mechanisms.
- The risks and vulnerabilities posed by refugee women livelihoods in the unfavorable urban environment, as discussed above, make them vulnerable to sexual and gender based violence in particular rape.
- That the main perpetrators of SGBV are people charged with responsibility of protecting women such as police and family members, makes it difficult (for women) to break the cycle of violence and the silence that perpetuates it.

- Discrimination towards women refugees such as practiced by landlords and police is partly a result of the lack of awareness and enforcement of their rights by the institutions and people charged with the responsibility.
- While there are a number of organizations providing services to refugees and asylum seekers, there still exist gaps between services provided and needs of women refugees.
- The quality of protection and assistance provided to refugee women at risk and the responses to their special needs is inadequate due to challenges of identification and profiling of those at extreme risk.
- Despite coping mechanisms for some refugee women who have work experience, vocational or language skills to undertake income generating activities, there are far too many constraints limiting economic participation of refugee women that need to be addressed.

### **Recommendations**

- To overcome barriers related to documentation GOK should expedite the implementation of its mandate on the new refugee policy and with UNHCR streamline refugee status determination process to make it clear, predictable and consistent.
- UNHCR and GOK need to come up with explicit guidelines in order to guarantee urban refugees their basic rights
- NGOs such as RCK need to create awareness for the police and other government officials on refugee policy/act and the rights of refugees to minimize obstacles they face in accessing justice and services. In addition to continue creating awareness, monitor human rights violations and continuously advocate for refugee women's rights.
- Government takes adequate action to bring to justice perpetrators of human rights abuses against refugees, even when these individuals are (government) law and order agents and with UNHCR create mechanisms for identifying at-risk groups or individuals and fast track response to security cases concerning refugee women..
- There are efforts to provide legal services by organizations such as RCK, however, efforts should be made to fully integrate legal services into the RSD process and for representation in criminal/civil cases as those not registered by UNHCR are at a greater risk of living in poverty and being exposed to violence.
- Refugee sector actors should improve coordination of humanitarian activities to harmonize approaches and service delivery to meet the strategic needs of refugee women
- Research various aspects of urban refugees such as a study to understand why refugees prefer risky urban environments to camps and to examine other social dynamics of the lives of urban refugees.
- Enhance community approaches coping mechanisms to contribute to assisting refugee women to collectively acquire skills, access information and obtain support such as training and grants and run income generating activities.

# 1.0 INTRODUCTION

## 1.1 Background

Kenya is host to over 271,473<sup>1</sup> refugees. Most of the refugee population lives in two major camps. The Dadaab camps in North Eastern Province of Kenya host 80% of the Somali refugee population, predominately from Southern Somalia. Kakuma in the north western part of Kenya has over 85,000 refugees the majority being refugees from Southern Sudan. In addition to these figures, it is estimated that there are almost 100,000<sup>2</sup> refugees and asylum seekers living outside the two camps, most of them live in the capital city, Nairobi, while others are scattered in the major urban centers in Kenya.

Refugee women both in the camps and outside them are faced with very similar challenges, but distinct from the men. Outside the camps, they have to fend for families as there are no organizations which provide relief assistance except on very rare occasions in emergency situations. Fending for themselves exposes them to considerable risk of abuse. Studies now confirm that in refugee situations, all women and girls are at high risk and vulnerable to violence, exploitation and abuse, and that there are some women and girls who experience levels of risk which are extreme and which are totally unacceptable under refugee law, human rights law and notions of common decency.<sup>3</sup> It has been noted that these levels of unacceptable risk are most often experienced by women who have experienced numerous incidences of trauma and violence in their lives as refugees. Sadly it is quite clear that in many cases subsequent incidences are often compounded by lack of effective international protection, and that indeed for some women and girls lack of protection is in itself a major risk factor.

Compounding their situation, is the breakdown of the family unit and community safety networks, due to displacement. Women thus find themselves without basic community support mechanisms as the systems of customary law applied in the camps and in some communities in the urban areas often punish the victims rather than the perpetrators. Traditional practices that violate the rights of women continue to exist within the refugee community, despite the presence of national laws which protect women.

Meanwhile, the overwhelming occurrences of rape and other sexual and gender based violence in the refugee community and lack of protection has meant that the needs and claims for protection made by women and girls are often overlooked or not acknowledged in the face of the demand for other services. In Nairobi, UNHCR has expressed that the

difficulty of checking the veracity of stories and circumstances for claims of protection informed their decision to focus on camp populations in identifying and resettling women at risk. This situation has left many refugee women in Nairobi at risk and without protection.

The Refugee Consortium of Kenya (RCK) has been providing protection and assistance to refugees but has noted that there are specific gender dimensions in the needs and risks that women and girls face, particularly in the urban areas. In order to enhance the protection of refugee women and girls RCK undertook research on the risks they face, the protection mechanisms available to them, identifying the gaps and making recommendations on strategies that are essential for their protection. In addition to the survey, RCK designed the research project to also include sensitization of the women on life skills such as raising awareness of their legal rights, reproductive health and income generating activities.

## **1.2 Purpose and Objectives of the Research**

### ***Overall Objective:***

The goal of the research project was twofold:

- To carry out research on protection and risks faced by urban refugee women and
- To identify gaps that can be addressed by specific stakeholders in order to provide effective protection to refugee women and generally women at risk in Kenya.

## **1.3 Key Issues under Investigation**

To achieve the objective the research sought to:

- Examine the risk factors that refugee women face in urban areas and how these factors intersect to create a situation of unacceptable risk;
- Assess the quality of protection and assistance provided to refugee women at risk and the responses to their special needs;
- Determine how women in situations of extreme risk are currently identified and profiled for assistance;
- Study protection gaps and audit services available for refugee women in the urban areas;
- Investigate refugee women in urban areas capacity and willingness to develop peer support groups, women's organizations, associations and networks;
- Examine the coping mechanisms of refugee women at risk in urban areas;
- Assess refugee women knowledge of the Refugee Act, sexual offences act, and life skills on reproductive health.

## 1.4 Research Design and Methodology

Various methods were used in this survey to ensure complementarities in data and diversity. The main methods used included; desk study, key informant interviews, focus group discussions (FGDs) and individual questionnaires. Further the study sought to validate data collected as well as receiving feedback and reflective comments/additional data from the refugee women respondents in order to enhance their participation in the research outcome and to impart knowledge and skills that would improve their coping mechanisms by conducting search workshops. The training covered i) reproductive health, ii) legal awareness on sexual offences, iii) familiarization of the registration process, iv) and of the psychosocial needs of and services for refugee women. The choice of these thematic areas of life skills training were arrived at through an analysis of data from RCK's legal clinic sessions outreach programmes and projects recently implemented in the refugee community.

### 1.4.1 Sampling and study areas

The study sample size (of 98) was drawn from areas with concentrations of refugees living in Nairobi and one small refugee community in Ruiru (a small urban area about 30 kilometers from Nairobi) at Eastleigh for Somali and Ethiopian Oromo refugees, in Dagoretti/Riruta Satellite /Kawangware covering refugees from the Great Lakes region and in Ruiru for Ethiopian Anwak.

**1.4.2 Desk study:** This involved literature review of project documents and other relevant reference materials.

**1.4.3 Individual Interviews:** The consultant designed a questionnaire for data collection by research assistants who were trained by the consultant and RCK's Programmes Officer. The half-day training session also provided an opportunity for pre-testing of the questionnaire. The research assistants were also facilitated to translate major terms in Kiswahili and interpret the questionnaires to ensure harmonized understanding of concepts/terms during the actual data collection. The individual interviews were conducted among refugee respondents.

**1.4.4 Focus Group Discussions (FGDs):** Participatory information collection sessions involving homogenous groups of 15-20 women from the different refugee and asylum seeker groups, particularly focusing on:

- Risk factors that refugee women face in urban areas;
- Access to and availability of protection services;
- Quality of services provided;

- Perceptions of durable solutions for women at risk, including skills;
- Sexual and Gender based violence among the refugee population;

The FGDs were incorporated into the feedback sessions of the search conference facilitated by the research consultant who introduced the topical areas for discussions based on the statistical initial findings from the individual interviews.

**1.4.5 Key informant Interviews:** In-depth interviews were held with selected key informants and stakeholders including project staff, clients, refugee service organizations (JRS, WRAP, Mapendo, ARP, NARAP), an official of the GOK Refugee Affairs department, key international refugee agency/organizations (including UNHCR, GTZ/BMZ URAP, IRC) and refugee community leaders.

## 1.5 Methodological Challenges

**Language Barrier** – The main challenge in both data collection and the training was language, especially among the Ethiopian and Somali respondents. We had to use translators who were not only scarce to come by, but also not very conversant with the technical terms. Consequently, sessions took a longer time than normal and also introduced the risk of losing meaning in translation.

**Logistical Arrangements** – Having taken place in the last quarter of the year, the data collection and training logistics were constrained by other activities, making it difficult to start on schedule which led to complaints by the respondents.

**Timing**– The data collection in particular took place too close to the christmas holidays and the general election campaign period, making it difficult to access some key informants.

**High Expectations** - Some of the respondents expected payment while others expected to be assisted individually with their problems. In several instances women would want the facilitators to listen to their on-going cases and provide some solution.

**Workshop Participation** – It was very difficult to get the same women who participated in the individual interviews to attend the search workshops, hence some of the participants would be women who had not participated in the interviews. However, the participation of those respondents who were not part of the original sample expanded the information base and brought in new ideas, in addition to validating the findings.

## 2.0 LITERATURE REVIEW

According to the UNHCR<sup>4</sup>, protection is the main responsibility that the international community bears towards refugees who are a vulnerable group due to their status. This vulnerability stems from their being out of their countries and their inability to afford protection due to loss of their normal livelihoods. The agency's guidelines state that *"International protection entails taking all the necessary measures to ensure that refugees are adequately protected and effectively benefit from their rights"*.

Refugees need personal protection and security, adequate social and economic rights, legal status, and access to basic needs such as food, shelter, clothing and medical care.

Refugee women, like all other refugees and women worldwide, are protected under the basic structures and international legal instruments, including but not limited to: the Office of the UN High Commissioner for Refugees; the UN Convention Relating to the Status of Refugees; The Universal Declaration on Human Rights; The Convention on Elimination of all Forms of Discrimination Against Women (CEDAW); the Declaration on the Protection of Women and Children in Emergency and Armed Conflict; the Convention on Consent to Marriage; Minimum Age for Marriage and Registration of Marriages; the Convention on the Rights of the Child.

The UNHCR's Policy on Refugee Women emphasizes the need for agencies to consider women's needs and set aside resources in their programming and integrate the principle of equity in protection and assistance activities. In order to realize these policy objectives UNHCR made a strategic move on the protection of refugee women by preparing *Guidelines on the Protection of Refugee Women*<sup>5</sup> in 1991 that outlines the actions by both UNHCR and implementing partners to address the specific protection issues, problems and risks facing refugee women. The guidelines therefore outline the various measures that can be taken to improve the protection of women refugees. These include international organizations and instruments, national laws and policies of host countries, direct interventions within the assistance sectors. The guidelines provide

- i) the approaches for helping women whose rights have been violated and ii) the steps to be taken in ameliorating and reporting the protection problems that arise.

## 2.1 Protection of Urban Refugee Women and Risks they Face

The responsibility of physical protection of refugees is expected to be borne by the host country but in the Kenyan justice system, access to any form of services is limited, especially for impoverished women. The police and court officers in Kenya are overwhelmed by the incidents relating to refugees and only a few stations/institutions have a gender reporting desk manned by a trained female police officer. The police therefore only register the occurrence and rarely conduct any investigations, a fact that discourages the women from reporting. The knowledge that police have also been perpetrators has compounded the problem of under-reporting.

Another phenomenon of under-reporting is the existence of traditional justice systems usually administered by male elders. Although these traditional justice systems usually punish the perpetrator and compensate the victim's family, the women victim's rarely benefit from it. Asylum Aid reports that "*A woman victim of rape would either be forced to 'marry' her aggressor or a payment would be made to the male members of her clan or her family. Under Somali customary law, she would not be permitted access to it.*"<sup>6</sup> This is done in total disregard of her needs, dignity and human rights.

While all refugees in Kenya are protected under the laws of the land, the Kenya Government enacted a Refugee Act in 2006 that deals specifically with refugee matters. The Act gives guidelines on refugee matters in Kenya and outlines the mandates of various actors such as the Refugee Affairs Department, the Police, the Immigration Department and other government departments, NGOs, civil society organizations, UN agencies and refugees. This expected to strengthen physical protection and access to services in line with international instruments which Kenya is a signatory.<sup>7</sup>

In addition, as a response to the high prevalence of sexual and gender based violence, Kenya enacted a law to deal with this issue and published the Sexual Offences Act, 2006. This Act defines the nature of the various offences and how they should be dealt with, according to the law. This law and other laws of the country, including the Kenya Constitution, provide protection against specific forms of violence and human rights such as torture, discrimination etc. But as already discussed, the justice system and law enforcement is not very favourable to women and especially victims of SGBV. It is even worse for poor slum dwellers and 'illegal' urban refugees. Asylum Aid sums up the situation thus: "*If Kenyan women find it extremely difficult to seek justice in their own country, how can a refugee woman with often very few resources and no source of income be expected to be able to find redress in Kenyan courts? What protection is there for her?*"<sup>8</sup>

## 2.2 Sexual and Gender Based Violence

In a 2006 report the UNHCR<sup>9</sup> noted that *“sexual and gender-based violence can occur at every stage of the refugee cycle: during flight, while in the country of asylum and during repatriation”*. Women refugees as a group need special protection against sexual and gender based violence (SGBV)<sup>10</sup>. Unaccompanied minors and women<sup>11</sup> in particular, face a greater risk even when in the camps, with divorced/separated women being more disadvantaged and vulnerable. Sexual and *gender based violence* (SGBV) continue to be pervasive in situations of displacement and situations where cultural values no longer sanction behavior. In addition to SGBV, refugee women are also vulnerable to *domestic violence*. In a 2001 UNHCR report on dialogue with refugee women, it is stated that *“Refugee women emphasized that domestic violence<sup>12</sup> severely compromises the safety and security of women and children and reduces their ability to move freely, access assistance and participate in community activities”<sup>13</sup>*.

In the last ten years, cases of sexual and gender based violence have been on the increase in Kenya with rape, defilement and domestic violence sometimes resulting in the death of the victims who are mainly women and girl children. According to UNFPA<sup>14</sup>, *“there are various forms of sexual violence. Rape, the most often cited form of sexual violence, is defined in many societies as sexual intercourse with another person without his/ her consent. Rape is committed when the victim’s resistance is overwhelmed by force or fear or other coercive means. However, the term sexual and gender-based violence encompasses a wide variety of abuses that includes sexual threats, exploitation, humiliation, assaults, molestation, domestic violence, incest, involuntary prostitution (sexual bartering), torture, insertion of objects into genital openings and attempted rape. Female genital mutilation and other harmful traditional practices (including early marriage, which substantially increases maternal morbidity and mortality) are forms of sexual and gender-based violence against women which cannot be overlooked nor justified on the grounds of tradition, culture or social conformity”*.

The vice of sexual and gender based violence is compounded by customary forms of repression of women’s rights that allow or tolerate female genital mutilation (practiced by up to 90% of Somali communities), forced early marriages, wife inheritance, and sexual domestic violence. In addition to these, the situation is made worse by poor handling of domestic gender-based violence at police stations and lack of legal support in the courts<sup>15</sup>

Refugee women in Kenya have not fared better than the Kenyan women in terms of SGBV. Refugees have also been victims of the high level of insecurity and lawlessness in the country. As far back as 1999 the Kenya Human Rights Commission (KHRC)<sup>16</sup> reported that in general, violence in refugee camps affects men and women as well as children, particularly in relation to *armed robbery and banditry, violence between national refugee groups and violence between refugees and local populations*<sup>13</sup>. The KHRC report points out

that in addition to the general insecurity and violence, women have to live with the fear and consequences of sexual and gender based violence. It was reported that sexual assault and violence against women (including defilement and domestic violence) was quite prevalent in the refugee camps, terming them '*the Raping Fields*'.

The consequences of sexual and gender based violence are not only physical and psychological but also socially and economically devastating for the victims. At the cultural level some forms of sexual violence, such as rape, put much of the stigma on the victim who is considered tainted from then on. This leads to a culture of silence with devastating reproductive health consequences such as the risk of an unwanted pregnancy and or of contracting Sexually Transmitted Infections (STIs) including HIV. Some victims also risk being isolated from their family/communities if they report SGBV, particularly within the family. The stigmatization of victims is made worse in situations where victims are seen as responsible for the deed and are practically put on their defence, while the perpetrators go free.

## 3.0 FINDINGS

### 3.1 Highlights

- 3.1.2** The main finding of the study is that even after enactment and commencement of implementation of the (Kenyan) Refugee Act that elaborates a legal framework within which refugees can claim and protect their rights, the legal status of refugees remains precarious (in practice) thus constituting the biggest risk factor to the safety of (women) refugees. This situation of uncertainty means that refugees do not yet have proper documentation including a permanent identification card that officially recognizes and legitimizes their presence as well as enabling them to engage in different forms of income generation to improve their livelihoods. Most of the other findings on risks faced by refugee women are related to the compromised capacity to claim and protect their rights as outlined below:
- 3.1.3** Perceptions of potential risks and actual experience of the same by refugee women at the refugee camps contributes to their migration to mainly marginal slum settlements in Kenyan urban centers.
- 3.1.4** Majority of women refugees are exposed to risky work environments or experience risks related to work in the mainly menial jobs they perform in the informal economy. Most are underpaid and live below the poverty line.
- 3.1.5** Additional factors compromising women refugees livelihood pursuits include:
- Low levels of education and skills (including marketable language skills)
  - Marital status where single (female) parenting increases desperation and tendency to persevere difficult working conditions– conversely, paid work makes married women breadwinners in the place of their possibly jobless husbands (against socio- cultural expectations) who in turn becomes insecure and potentially violent.
- 3.1.6** Women refugees in urban areas report higher rates of SGBV than those in camps with rape (including fear and related threats) being the leading violation, followed by “domestic violence”. Married women reported feeling more at risk than single women while younger women reported more sexual offence related risks.
- 3.1.7** Factors influencing SGBV were reported as, lack of proper documentation, poverty(makes men aggressive), frustration from reversed gender roles, drugs and alcohol abuse, breakdown in cultural values, women living alone and general insecurity in the marginal unplanned settlements where most women refugees live and work. Women reported being at risk most at the workplace, streets and neighborhoods respectively.

- 3.1.8** Women do not report most violations for fear of reprisals/victimization and previous experience when nothing was done after reporting. Prominent among reasons for not reporting is family pressure. Often women are not knowledgeable about requirements of evidence in SGBV cases so some report when it is too late such as after washing or getting treated for the injury.
- 3.1.9** Women refugees suffer discrimination in their bid to access basic amenities compared to even the poor among Kenyans (who are in similar conditions of marginalization) which makes it difficult to earn a living.
- 3.1.10** There is very limited assistance from UNHCR/GOK and other agencies towards refugees with most reporting receiving free medical attention and very few (6%) saying they receive different forms of assistance/services such as, related to coping with HIV, access to education, vocational/skills training and legal services towards meeting basic needs from Kenyan as well as international NGOs. Generally women refugees said the quality of services was poor.
- 3.1.11** Women refugees suffer constraints in coping with livelihood and other needs in the urban situation that include; inadequate capital/credit, difficulty in acquisition of formal business licenses, marketing, management and organizational skills and internal conflicts.
- 3.1.12** There is inadequate capacity to identify, profile and respond to needs of women at extreme risk.

## **3.2 Discussion of the Findings**

### ***3.2.1 Risk factors that predispose refugee women to different forms of insecurity in urban areas***

### ***3.2.2 Unclear legal status of refugees in urban areas***

Under the new (Kenyan) Refugee Act, refugees are entitled to a more permanent identification document that officially recognizes and legitimizes their presence and even enables them to engage in work activities. In practice implementation is extremely slow to the extent that effective institutionalization of the new process to enable refugees obtain 'proper' documentation is in doubt. This puts women refugees at a serious disadvantage because they lack 'proper' documents. This exposes them to harassment by law enforcement agents (who do not appear to be aware of the new Act) and makes it

difficult for them to move freely. A key informant reported that without documentation refugees cannot even legally enter into marriage unions or employment contracts. In the focus group discussions (FGDs) it was clear that most of the women were not sure of what documentation they had to get from UNHCR or from the GOK in view of the new Refugee Act.

Currently they have to rely on the old UNHCR document that expires within a period of one year. Refugees reported that the process of renewal is a lengthy and problematic one, forcing refugees to move around with expired documents which open a way for police harassment. It was also reported that the (UNHCR) documents shared by married couples also puts women at risk of violation of their rights.

### **3.2.3 Situation at the GOK/UNHCR camps**

Up to 69% of the respondents had UNHCR mandate that required them to be in refugee camps but for various reasons they opted to stay in Nairobi/urban areas. During the FGDs women reported that they found the camp environment difficult due to insecurity and fear of attacks by home-country agents, while others said they left because they were raped or their husbands had disappeared from the camps. While these reasons may not be true for all women, a recent assessment by RCK<sup>17</sup> at Dadaab Refugee Camp corroborates certain rights violations such as *“rape, physical beatings by male partners/spouses/relatives, social isolation and stigma arising from victim status such as post-rape situation..... male controlled/determined divorce and separation that leaves women destitute....”*.etc. Therefore the first risk for these refugees is that they are deprived of the physical safety and protection as well as the services and assistance they are entitled to at the refugee camps. The insistence by UNHCR that services can only be accessed at the camps exposed these women to unacceptable risk and denies them the right to protection. It was suggested that the clause that services are only available in camps limits the support/protection that refugees might be able to access from NGOs and other civil society organizations such as churches.<sup>17</sup>

The reported insecurity at the camps and the lack of timely response to needs of refugee women makes them resort to and even appear to prefer the insecurity of the urban centers (outside of the camps) without a clear legal status.

### **3.2.4 Means of Livelihood**

In the urban areas most refugees survive by working (49%- see Table 4, Appendix 6.2.6). The rest receive support from community members (15%), family members in Kenya (10%), from family living abroad(6%) and get some assistance from Kenya friends

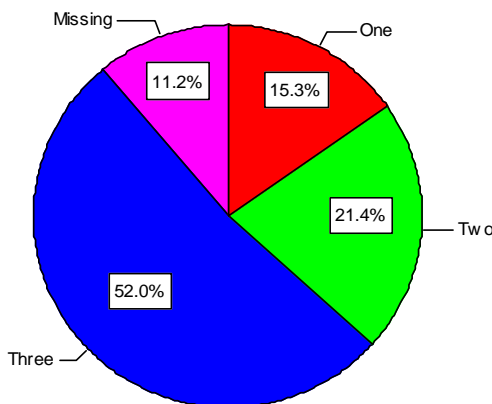
and NGOs (5%). Partly because of the unclear legal status, most of the women can only access lowly paid menial jobs such as:

- washing clothes and cooking in homes;
- working at hostels /hotels as cooks;
- embroidery;
- dish washing in restaurants or food kiosks;
- housemaid;
- farm laborer during rainy season in the Dagoretti area.

For instance, farm work pays Ksh 100 (US\$1.54) for half a day while washing clothes ranges from Ksh. 100 to 150 (US\$2.30) per day. As both of these tasks represent casual work, the earnings per month can be quite low. Full time house work as a maid was reportedly better paid ranging from Ksh. 1,300 to 1,500 (US\$20-23), and for a few women the payments are higher at Kshs. 6,000 (US\$92.30) per month. The women felt that they are paid low wages because they are refugees. As refugees legally not entitled to work unless they have required documentation, it becomes difficult or even risky to seek legal redress to labor related issues such as low pay or working under hazardous conditions.

Consequently, the women refugees end up living below poverty levels and in insecure neighborhoods (some in informal settlements) with poor housing conditions, lack of sanitation and without access to food, clean water, medical care, jobs, or education. For instance, 48% of respondents reported to having less than three meals a day and sharing crowded single rooms.

**Chart 12: Number of Meals households have in a day**



- *52% of respondents reported to be having three meals in a day; 21.4% have two meals while 15.3% have only one meal a day (information was missing for 11.2% of the sampled respondents).*

These are the women who reported they cannot afford the fare to visit refugee service organizations where they can be assisted.

On the other hand, a number of refugees reported having no work and living off other refugees or Kenyan families who provide them with clothes and food. Such women were very vulnerable and are being exploited as they provide household labor without any monetary compensation.

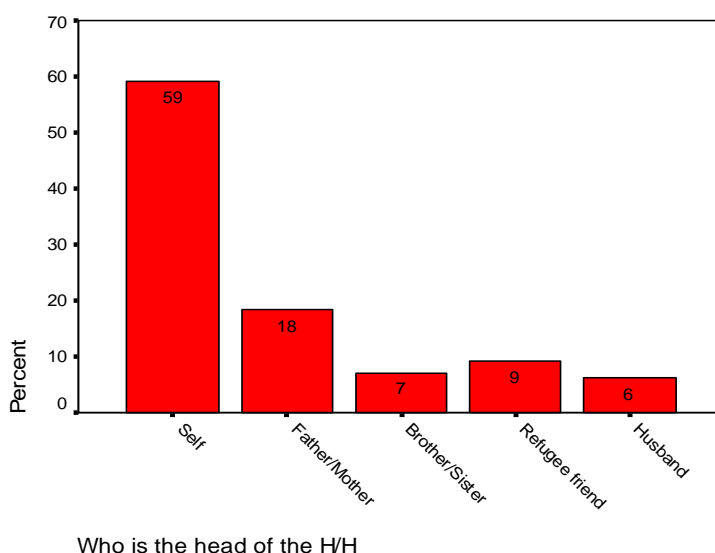
Additional factors compromising women's livelihood pursuits include:

**Low levels of education and skills** –A majority of the women refugees lack requisite education/skills to get better paid employment or engage in meaningful income generating activity. 58.2% have not completed primary school education. The women from the Great Lakes and the Ethiopian-(Anwak) refugees who had some tailoring/embroidery and bead-making skills fared better than their Ethiopian-Oromo and Somali refugees.

### 3.2.5 Marital Status

There is a high incidence of single parenthood (50% of sample- see chart 8, Appendix 6.2.3) and a higher percentage (59%) of women household heads, making refugee women the sole breadwinners for their family.

Chart 9: Household Headship



The only work situation considered 'better paying' is that of live-in maids and is not an easy occupation for women married and with children.

### **3.3 Perceptions about Sexual and Gender Based Violence Insecurity**

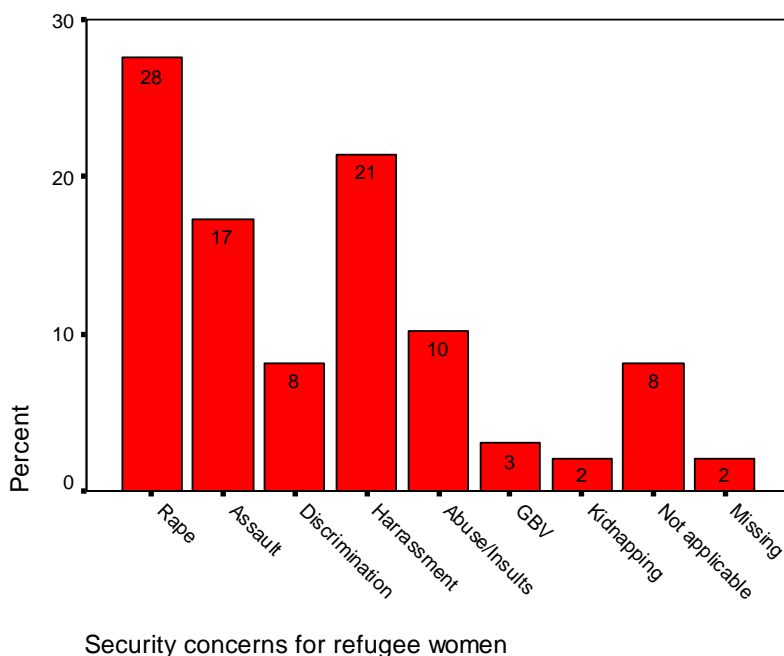
Perceptions about insecurity varied for refugees from different communities and areas of residence with rape ranking as the highest security concern across among women. Majority of respondents (47% compared to 40%) felt that there was insecurity for refugees.

Contrary to common arguments more married women felt there was insecurity than separated and widowed women. Further older women (over 56 year of age) felt more secure as opposed to younger women (16-24) who felt there was insecurity. Considering that rape was the biggest security concern, the perceptions were consistent with crime reports in Kenya that show younger women more susceptible to sexual attacks than older women. Further analysis by age revealed that security concerns for refugee women were highest for the age 25-34.

Perceptions of insecurity appeared in part to be influenced by country of origin and nature of conflict back home and place of residence in Kenya. More respondents from Sudan, Ethiopia and Somalia felt there was poor security compared to those from Rwanda and DRC (the great lakes) who felt there was adequate security/safety. Respondents living in Eastleigh had the highest concern about security with the majority reporting that they were at risk of abduction/kidnapping. During the FGDs some reported that their children or in some cases their spouses had disappeared under mysterious circumstances. They felt that they were targeted by their home countries and were quite sure they are being monitored hence they were afraid to venture outside their homes or the homes of their employers. This fear makes it difficult for them to work together at a known site. For example, IRC<sup>18</sup> in conjunction with a local NGO (WRAP) supported a group of Oromo refugee women to start computer training and tailoring as income generating activities in Eastleigh by providing skills, equipment and a grant to start them off. The women were reluctant to undertake the training for fear of being targeted by state agents from their home country.

### 3.3.1 Incidence of Violence against Refugee Women

Violence against refugee women in the urban area is quite prevalent as illustrated in chart 13 below:

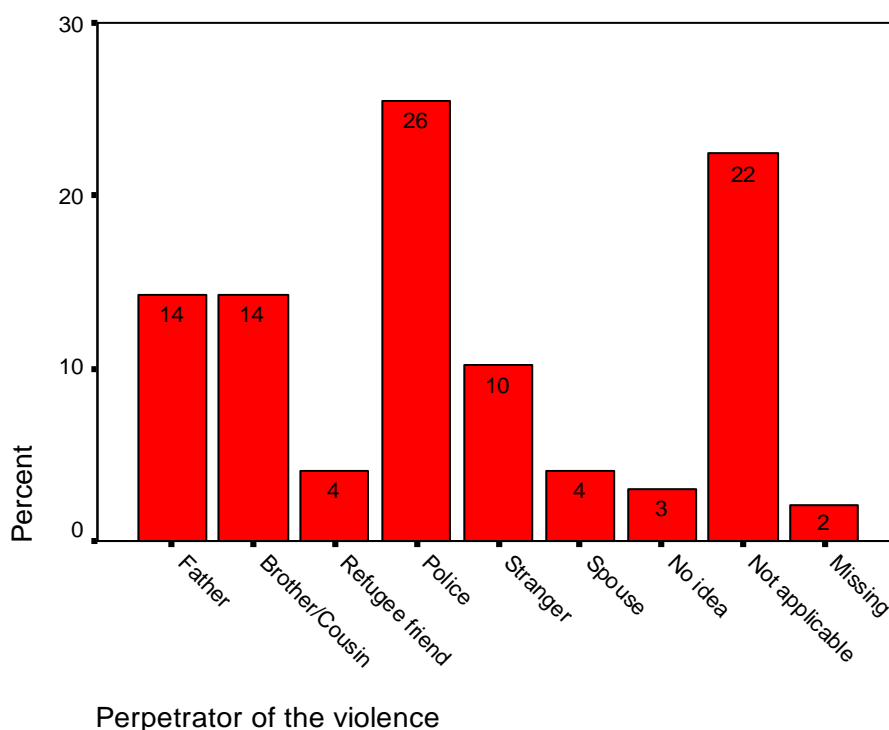


Most incidents were reported to have occurred at work followed by streets/town and respondents' neighborhoods (see Table 8, Appendix 6.2.10). UNHCR reported that 2 to 3 cases of SGBV (mostly rape and domestic violence) against women are reported monthly but occasionally there are also a few incidents of violence against males. GTZ reported that in a month at their Eastleigh clinic they see/hear about 6 to 7 cases of SGBV mainly rape & defilement, attempted rape, trafficking, battering and domestic violence (spousal or child abuse). In these cases except for rape, the perpetrators would be known to the victims. At RCK<sup>19</sup>, it was reported that most women have gone through SGBV in their country of origin and in Kenya (country of asylum), about 10 cases are reported weekly out of 35 to 40 clients.

### 3.3.2 Perpetrators of Violence

Analysis of the findings on the perpetrators of SGBV show that those who are supposed to provide protection for refugee women in urban areas were the main perpetrators including police, family members and friends.

Chart 15: Perpetrators of the violence



Women reported that they were raped by policemen either on patrol or when they went to report other issues at the police station. The majority said that they would prefer not to report the incident to a police station for fear of coming face to face with perpetrators and subsequent exposure to more violence.

The police in Nairobi routinely stop people and ask for their national identity cards. Since refugees and asylum seekers do not have these cards they risk being detained or let off after parting with a bribe. In slum areas, refugees and Kenyans alike are targeted by the police for harassment and arrest. Refugee women reported that during the crisis following Kenya's December 2007 General Election they had to restrict their movements to avoid being harassed either by police or citizen (militia) groups.

Many of the key informants mentioned that most women normally say they do not know the perpetrator while others just say that the person was a member of their own community, without being specific for fear of revenge attacks. On the other hand others are "paid/compensated" to drop the cases.

### 3.3.3 Factors influencing SGBV

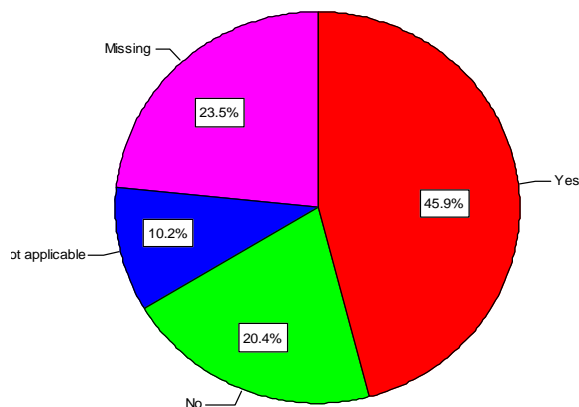
The reasons given for the violence included:

- i) Poverty with the women arguing that when there is no income men are frustrated so they beat/stress their wives. One participant commented that *"Husbands are OK if all is going well in the home"*<sup>20</sup>.
- ii) Personal problems arising out of frustration, lack of trust, drinking and drug abuse.
- iii) Breakdown in cultural values. Whereas in traditional communities there was open courtship and people would sanction the relationship, now people are courting in secret, leading to marriage to unknown people who may have other spouses or display violent personality traits.
- iv) Lack of 'proper' documentation also contributed to harassment and victimization by police and citizens such as landlords. This is compounded by the fact that *"when men are harassed they come home and harass wives"*<sup>21</sup>.
- v) Reversed gender relations with men feeling bad that they have to depend on women partners/spouses.
- vi) Women living alone without a male 'protector' were under threat by both refugee and local men.
- vii) Lastly, the general insecurity contributes to high levels of SGBV not only for refugees but for Kenyan women in urban areas, especially Nairobi.

### 3.3.4 Reporting of Violations

Generally, the women are not eager to report to the police or even organizations as they feel they will not get much support. From the women sampled (see chart 16 below) only 45.9% said that victims reported the incidents of SGBV. The main reason for not reporting was given as family pressure, followed by fear of victimization. To a lesser extent fear of future attacks and ignorance of the process were also given as reasons for not reporting.

Chart 16: Whether the Victim reported the Act of Violence



During the focus group discussions, participants said that the culture of their communities discouraged reporting due to the stigma associated with sexual violence and the fear of exposing family issues in cases of domestic violence and incest. Other respondents said that indifference by service organizations and failure to get solutions discouraged them from reporting. The fear of victimization and fear of being spied on were also factors, especially for the Oromo women respondents.

The decision to report incidences of violence was influenced by several factors including (refer to Table 11, Appendix 6.2.12) advice/information from institutions/NGOs (14%); desire to seek justice (9%); advice from family (7%); the desire to stop future attacks (7%) and revenge (6%).

However, it was reported that women do not fully report the protection needs that they have especially in the urban context where, before leaving home to report an incident they have to sort out who will look after their children and also raise the fare to travel to the agency. There is also the problem of reporting long after the incident and yet time is of the essence, particularly in rape and battery where immediate medical intervention is crucial in minimizing adverse impact. For instance, some rape victims only reported after they had given birth or were already pregnant. In these cases there is not a good chance of arresting the perpetrators or preventing the transmission of HIV/Aids and STIs. The only options for assistance would therefore be referral for psychological support or financial assistance to move from the present living quarters if the security threat is still there.

### **3.3.2 Discrimination**

Other than violence, refugees reported that they are victims of discrimination in access to services and even in the economic activities as they are not regarded as *“equal to Kenyans”* and there is also the *“perception that we have money”*. Consequently, refugees are charged more rent than Kenyans for the same housing and are more likely to be evicted for delay in rent payments. This was reported by both the Great Lakes and Ethiopian Anwak groups.

The Anwak in particular reported they suffer the stigma and stereotyping as a result of previous experiences of the community with Sudanese refugees resulting in verbal abuse. While the research team was there for a feedback workshop, one participant reported a case of assault and verbal abuse of her children in a school and felt that the head teacher was not dealing with the case because they were refugees. Some cases were mentioned where higher medical charges were paid and advance payments for children before they were admitted to schools for free primary education. While this was not verifiable, it nonetheless poses serious obstacles for refugees to access crucial services.

The research team also heard of cases of discrimination in purchasing items from refugee businesses. The refugee women from the Great Lakes explained in detail cases why locals would not buy from them, thus limiting their customer base. A participant, who said they had good hairdressing skills, reported that when she started her venture and opened a salon very few Kenyans patronized her business, forcing her to close.

### **3.4 Protection and assistance for refugee women at risk**

As already mentioned by opting not to remain in the camps, urban refugee women are at greater risk of physical insecurity and lack of assistance with little or none of the basic requirements such as water, firewood and services like medical care, education/skills. As their reports reveal that access to refugee services and assistance are available only at the camp, the majority of urban refugees who choose to remain in urban areas have to fend for themselves. This is an arduous task even for the Kenyan urban poor.

#### **3.4.1 Physical Safety**

In the camps and urban refugee accommodation women enjoy some degree of physical safety compared to their counterparts living on their own with minimum family and community support. From the survey, respondents reported that they face the following safety problems: Rape (28%); Sexual Harassment (21%), Assault (17%); (Abuse/Insults 10%); Discrimination (8%); Domestic Violence (3%), Abduction/Kidnapping (2%).

It is very difficult for agencies to provide physical safety for the many refugees who come to Nairobi and mingle with thousands of non-refugees and nationals in diverse locations. While they are exposed to the same conditions as the local population, given the high rate of insecurity and incidence of SGBV in Nairobi, the women refugees (particularly the separated, divorced and widowed) are greater at risk of physical safety and gender based violence. In addition to living in unsafe neighborhoods, the types of housing that most of these refugees can afford is not likely to provide effective physical safety as per UNHCR guidelines to ensure *“basic services/facilities...located in such a manner that refugee women do not become vulnerable to attack”* and *“improve lighting...on paths used by women at night to use services /facilities”*

As these refugees have chosen to stay in the urban areas efforts should be made to assess their risks and protection issues. The UNHCR guidelines for protection of refugee women, should be applicable to these refugee women especially the suggested programme intervention *to “give priority to assessing the needs for protection of unaccompanied refugee women, women headed households, aged and disabled women”<sup>22</sup>* but it is largely not effected.

It was reported<sup>23</sup> that “the biggest problem is determining those with serious problems as women do not fully report the protection concerns that they have”. Individual and participatory risk assessments are conducted but there is “a problem of capacity in identifying such cases in the plethora of dodgy security complaints (many of which project false political persecution thereby hiding possible credible problems of a different nature...), but it is also a financial issue: with a caseload of some 250,000 refugees, individuals who may be vulnerable for any number of reasons in the camps are many – far too many to be individually assisted in towns. Lack of assistance often results in additional protection threats, since many are unable to fend for themselves. Some NGOs help, but many refugees continue to live well below the poverty line”<sup>24</sup>.

### **3.4.2 Basic Needs Assistance**

The UNHCR policy in relation to assistance in the urban setting is that only exceptional clients who cannot remain in the camps can be assisted. In practice some of the “urban refugees” receive only some medical assistance. Others receive nothing at all, exposing them to greater risks regarding their safety and livelihoods.

Asylum seekers and refugees have few places to turn to meet their basic needs. UNHCR is the main organization responsible for the protection of refugees, and the primary service the agency provides in Nairobi is to assess and regularize the legal status of refugees. GTZ-BMZ, (a Germany development agency), is UNHCR’s urban refugee programme partner providing psychotherapeutic counseling, medical services and also runs a secure accommodation centre. A few international NGOs and faith-based organizations also provide some limited assistance while waiting for refugee status determination. However, the expectation of assistance was blamed for failure by some refugees to keep appointments as they know once they get documents they are expected to proceed to the camps. The organizations working with asylum seekers and refugees in Nairobi and its environs are outlined in Table 15 next page:

Table 15: Organizations working with Refugees in Nairobi

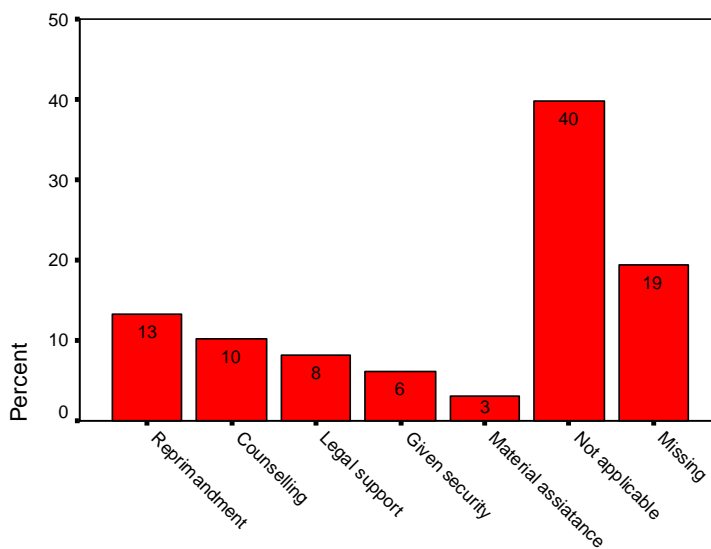
<i>Organization</i>	<i>Target Refugee Group</i>	<i>Services Provided</i>	<i>Location</i>
AREP Foundation (Africa Refugee Education Programme)	Asylum seekers and all registered refugees	Scholarships for secondary education and vocational training	NARAP, Wood avenue, off Arwings Kodhek
ARP (Africa Refugee Programme)	Asylum seekers and all registered refugees (from the Great Lakes region)	Psycho-social support mostly through solidarity groups.	St. Pauls Chapel Shalom House, Dagoretti Corner
GOK Dept. for Refugee Affairs	Asylum seekers and all registered refugees	Protection, coordination of humanitarian activities and promotion of durable solutions.	Maendeleo House, Loita Street
GTZ-Urban Refugee Programme	UNHCR registered urban refugees	Counseling, medical and accommodation	McCann House, off Lower Kabete Rd.
HIAS	Refugees identified for resettlement	Counseling and pre-departure orientation	Argwings Kodhek Rd
IRC	Asylum seekers and all registered refugees	Legal assistance and social/livelihood support through local NGOs.	Bishops Road
Jesuit Refugee Services	Asylum seekers and all registered refugees	Basic assistance for asylum seekers, scholarships and marketing outlet (shop) for refugee handcrafts	Gitanga Road
Kituo cha Sheria	Asylum seekers and all registered refugees	Legal services	Oledume Rd, off Argwings Kodhek
Mapendo international	Referrals from other organizations	Medical Services	Mezz. Flr, TITAN Plaza, Chaka Road

<b>Organization</b>	<b>Target Refugee Group</b>	<b>Services Provided</b>	<b>Location</b>
NARAP (Nairobi Archdiocese Refugee Assistance Programme)	Asylum seekers and all registered refugees	Basic needs and safe accommodation. Training centre at Wood Avenue	Wood Avenue off Argwings Kodhek Rd
Peace Building, Healing and Reconciliation Programme	Asylum seekers and all registered refugees	Trauma Counseling	Hurlingham opp. Nairobi Women's Hospital
RCK (Refugee Consortium of Kenya)	Asylum seekers and all registered refugees	Advocacy, Legal services/awareness, training and counseling	HAKI House, Ndemi Road, off Muringa Road
UNHCR	All asylum seekers	Documentation, protection, basic needs, education, counseling and medical services	Westlands, Nairobi
Windle Trust	UNHCR Mandate refugees	Education scholarships for secondary and university	Amboseli Road, off Gitanga Road.
WRAP (Women's Rights Awareness Programme)	Asylum seekers and all registered refugees (focus on victims/survivors of SGBV)	Protection, legal services and social services	Private Location

### **3.5 Access to Support and Services**

From the survey a significant number of respondents said that nothing was done by the office or person they reported the violation to while a small number received either counseling, legal support, security, medical assistance. On the other hand, a smaller group sought arbitration within the family for violations as illustrated in chart 17, next page:

**Chart 17: Support provided to victims**



Support gotten by the victim

With respect to accessing services in general by refugee women medical was highest, followed by VCT services, food/non-food items, counseling, education/training, legal and rescue services at a level as tabulated in Table 13 below:

**Table 13: Level of access to services according to respondents**

Response	Medical	Legal	Counseling	Rescue	Education/ Training	VCT (for HIV/AIDS)	Non Food Items
Yes	75.5	21.4	36.7	10.2	26	48.0	38.8
No	15.3	57.1	32.7	48.0	35	28.6	28.6
No Idea		2.0				3.1	
Not appli.		2.0		2.0	5.1	2.0	
Missing	9.2	17.3	30.6	39.8	32.7	18.4	32.7
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

In Nairobi, the Nairobi Women's Hospital (NWH) provides free medical services for rape victims within 72 hours but most of the refugees were neither aware of the service nor the consequences of receiving medical attention within 72, hours of the incident. The medical intervention is an important aspect of protection for women in view of the high incidence of SGBV. It was, however, reported that there are situations where women cannot afford even the fare to get to the Nairobi Women's Hospital.

In Nairobi the GTZ Urban Refugee Programme (URAP) offers medical services with a referral letter from UNHCR but the majority of the women interviewed cannot access the services as their status/ documents do not entitle them to urban services but to services at the camp. For those who had accessed the URAP services, they complained that every time they want to be seen they have to have a referral letter and most times they do not have money to go for the documents and to the clinics. Another NGO, Mapendo International also offers medical services to refugees, but on a referral basis as well.

The medical services only cater for primary health care and rarely address chronic or serious medical conditions as a result of SGBV that has occurred either in the home country or during flight. Many refugee women have chronic pelvic infections as a result of sexual violations or torture, but the medical support for these is rarely provided by the organizations.

Access to good medical services was also reported as inadequate due to money constraints for transport and purchase of medicine and laboratory services. However, all respondents felt there was access for reproductive health care in the Kenyan public health facilities for refugee women.

### **3.5.2 Support on HIV/Aids**

It was reported that refugees were asking for information about HIV/AIDS and at GTZ testing was provided. In the survey, 48% of respondents reported that VCT services were accessible. One of the key informants said that the prevalence of HIV/AIDs was lower than for the Kenyan population but there was no data to prove this.

In general the UNHCR reports<sup>25</sup> that there is *"wide variation of standards, quality and comprehensiveness among HIV/AIDS programmes being implemented in refugee situations"* and that there is *"lack of basic and culturally appropriate Information Education and Communications (IEC) materials in local languages."* Interviewees concurred with the above recommended awareness for refugee women on actions to protect themselves. IEC materials in their own languages, with information on HIV/Rape and contraception would be very educative.

Given that there are still problems of access to HIV/AIDs services as well as high levels of discrimination and stigma against national people living with Aids (PLWAs), the same can be assumed within refugee communities.

### **3.5.3 Counseling Services**

Counseling services are needed to recover from and mitigate against the effects of trauma suffered as a result of SGBV. The recovery and rehabilitation of survivors of SGBV and of torture are greatly enhanced by access to psychological services. Psychological support is necessary for victims of SGBV and also for women taking care of PLWAs and mentally ill relatives.

In the survey, 10% of victims of SGBV reported that they were provided with counselling services while the level of access to services was rated at 36.7%. Counselling forms a major component of the services provided under URAP but then again the majority of the refugee women in Nairobi might not be able to access these services due to their status and documentation.

Other refugee serving organizations also provide some counselling services but it was reported that the quality of counselling services provided was in most cases not very professional. Most of the counselling services were seen as lay counselling and not specialized psychotherapy for the kind of trauma experienced by refugees.

### **3.5.4 Access to Education and Vocational Skills**

The survey found that refugee children had access to free primary education in Nairobi but participation in secondary school was made difficult by the high fees charged. The Oromo refugee women reported that their children (including girls) attend school, but sometimes they fail to do so for fear of abduction. Women from the Great Lakes said that there was access to free primary education with no discrimination in admission but they faced problems in: purchasing uniform, tuition, materials (e.g. exercise books in short supply), difficulty in raising admission fees. On the other hand, the Ethiopian Anwak in Ruiru reported difficulties in enrolling children in school as the head teachers make monetary demands in order to admit their children. They also reported that their children are bullied in school as a result of prejudice against refugees, making it difficult for them to perform well or to remain in school.

### **3.5.5 Skills training**

This has been provided in hairdressing and tailoring, sponsored by organizations like UNHCR, ARP, IRC, JRS, AREP Foundation and Windle Trust. Some training agencies have restrictions on age, level of education and status, thus barring a large number of women refugees. UNHCR supports training at the Centre for Domestic Training for a 3-month course in domestic skills such as cookery, child care and information on employment rights. The IRC supported women in Eastleigh to gain computing, tailoring and embroidery skills and provided them with machines to start off a joint group enterprise. Unfortunately, at the time of the survey the Oromo women supported under this programme had abandoned the business citing fears of being targeted by their country agents.

Although there are opportunities for vocational skills, more men refugees than women apply as they have attained the educational levels required. The responsibility for the home/household also prevents women from applying for longer term vocational skills training.

### **3.5.6 Language skills**

Access to education opportunities and vocational skills for women can be enhanced if they had the requisite language skills. In Ruiru, up to 100 Ethiopian-Anwak refugee women are attending English classes.

### **3.5.7 Legal services**

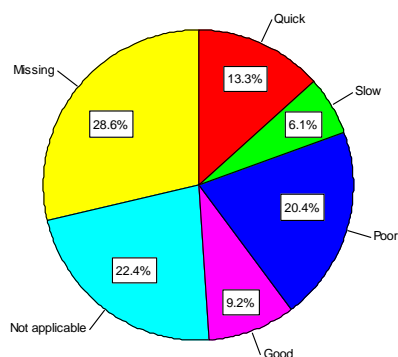
Legal services are sometimes required in the refugee status determination process and in cases where refugees require legal representation for civil or criminal court proceedings. RCK provides legal representation in courts for asylum related matters and legal advice in the refugee status determination process. RCK also provides legal education to refugees through regular legal clinics at their offices, periodic community legal clinics, community forums and by use of materials such as the simplified versions of the Refugee Act 2006 in various refugee languages. Other organizations providing legal support are (Kenyan NGOs) FIDA and Kituo Cha Sheria.

From the individual respondents it was found that legal support was provided for 8% of the victims of SGBV. In the focus group discussions it was clear that the level of awareness on their legal rights and related services was quite low among refugee women, going by the comments and questions arising out of the presentation on the Refugee and Sexual Offenses Acts.

### 3.5.8 Quality of services

Generally, women refugees felt that the quality of services was poor (as there was an aspect of their status and documentation denying them the kind of services that they would normally get at the camps).

Chart 18: Rating of service received



The majority have to be content with what is available to low income earning Kenyans. For instance, half of those who rated services received, said services were poor while majority felt that the support received was unsatisfactory, and that information provided was not clear.

Similarly, majority of the respondents felt that the support provided was not the best solution (it is possible that this information is biased as majority of refugees who consider “resettlement “as the durable solution might be tempted to exaggerate their safety and need situation).

### 3.6 Identification and profiling of refugee women at extreme risk

Most organizations have a criteria for identifying women at risk, but in practice this is quite difficult to do due to the large numbers involved vis-à-vis the capacity for assessment and intervention. In an effort to overcome this difficulty, RCK, in recognition of the fact that refugee women may not be free to talk in a heterogeneous setting, has set aside a day (Tuesdays) for women only legal clinics.

The findings of the survey revealed that the main sources of knowledge regarding service providers were friends and UNHCR. Other sources of knowledge were family, GOK officials, NGO staff and NGO information. The community structures where the refugees are residing are not strong enough to penetrate into the community with information

and services. It was reported that there are no clear location addresses in the informal settlements where the majority of urban refugees reside. In particular, the following categories were suggested as being in situations of extreme risk and that should be prioritized for assistance:

- single mothers of children with disabilities;
- refugee women living with mental illness such as post traumatic stress disorder (PTSD) or caring for people with mental problems;
- commercial sex workers;
- single parent women living with HIV/Aids;
- women survivors of sexual torture, critical domestic violence and other forms of SGBV;
- women at risk of being victims of female genital mutilation that is common among some of the refugee communities but is kept secret;
- homeless women refugees in urban areas.

Recognizing the vulnerability of victims/survivors of SGBV, RCK has designed programmes to empower them such as training in mentoring/coaching, leadership and basic business skills. A psycho-social kit is also provided on a case by case basis to survivors of SGBV as short-term relief.

## **3.7 Coping mechanisms of refugee women in urban areas**

### **3.7.1 Economic activities**

Women refugees find it very difficult to cope in urban areas due to: lack of proper documentation, fear of attacks by agents of their home governments, low levels of education, limited local language skills and competition from Kenyans for the same opportunities.

The majority of women are therefore not involved in entrepreneurial income generating activities (IGAs). Most are involved in marginal wage labor-for instance, among the 20 Oromo refugee women participants in the workshop, 11 said they survive by washing or cooking for people, 5 work as housemaids while the rest cook in eateries. One woman who is skilled and involved in an IGA – making embroidery for chair and table covers reported that she does not have many customers since she cannot go out for fear of being spied on. Another participant reported that she does not work and that she and her son are hosted by a Kenyan family from whom they rented a house before her husband disappeared.

Types of economic activities undertaken are influenced by skills acquired in country of origin which is evident in the activities different nationalities undertake. Refugee women from the Great Lakes are involved in diverse economic activities ranging from tailoring to providing tuition in French, hairdressing, making greeting cards, selling materials (e.g. kitenge), to undertaking farm labour during the rainy season, washing clothes, weaving baskets, selling charcoal or vegetables, selling cereals/food (tea, samosas, cakes on order from both refugees and locals) and selling blankets.

Similarly, the Ethiopian Anwak refugee women are involved in small businesses e.g. selling beverages and food like doughnuts, vegetables like sukuma<sup>26</sup>, injera<sup>27</sup>, beadwork (art), tablecloth embroidery and hairdressing. However, they reported that business was difficult for them due to municipal council regulations, inadequate skills especially in hairdressing and lack of capital.

Somali women reported that while it is possible to operate small businesses there is a problem getting startup capital as they cannot access loans and also do not have the required documents to get city council licenses. Those with capital to open businesses have to use Kenyans who sometimes swindle them out of the business. The Somali women said they were aware that IRC gives grants to groups of four people with written business plans but they felt this was a constraint as most of them are illiterate. Another constraint reported was high rental costs of business premises.

### **3.7.2 Community/Social Organization**

Working through solidarity groups coordinated by the Africa Refugee Program (ARP) was reported as a major coping mechanism for women refugees from the Great Lakes. Through the groups they are able to make regular contributions that entitle them to benefits such as credit facilities and education support for their children. Other than among the Great Lakes and Ethiopian –Anwak refugees, working together as a group was not considered by the other communities as a viable business approach.

## **3.8 Constraints of Coping Mechanisms**

The UNHCR and other agencies are trying to start projects to enhance coping mechanisms for urban refugees, but anything in the way of income generation will require the good will of the Government of Kenya. The new Refugee Act allows refugees to participate in economic activities, but with the same requirements as other working foreigners.

It was reported that there are numerous factors that make it difficult for the urban refugee women to thrive as urban refugees. The following factors hamper the effective participation of refugee women in income generating (IGAs) and other economic activities:

### **3.8.1 Inadequate capital**

Some women with skills do not have the capital equipment and cash required to start or increase production. In addition, there were women who said they have sewing machines but do not do much work due to inadequate finances to buy materials.

### **3.8.2 Acquiring a license for formal business**

Fees are too high and one requires a Kenyan guarantor who usually demands some payment for the sponsorship.

Marketing- even when women refugees are able to make products they have problems with marketing e.g. for cards, bags and decorated calabashes. The market tends to be mostly seasonal/periodic and dependent on tourists or non-refugee customers. So this limits regular earnings from the products. During the search conferences the research team noted that the pricing of the products was not realistic, making it difficult for these products to compete with local products. For instance, a plastic water jug decorated with beads was priced at Kshs. 3500 (US\$54) while a similarly decorated glass jug in Kenyan shops retails for half that price.

### **3.8.3 Financial constraints**

Due to demands for other family needs and poor payment by those who buy the products on credit make it difficult to run a business. These constraints sometimes lead to business failure. It was reported that some customers take the products for sale from refugee women and pay only when the products sell.

### **3.8.4 Inadequate business management and organizational skills**

This gap was noted in particular, where women would like to start a formal business or work jointly on income generating activities. This is compounded by the fact that a majority of the refugee women have low levels of literacy and language skills.

### **3.8.5 Conflicts**

Whereby "*Lack of love and openness*"<sup>28</sup> among refugee women with each trying to survive better than the other prevents them from sharing information on business activities and providing mutual support.

## 4.0 CONCLUSIONS

### 4.1 Conclusions

- 4.1.1** Despite the existing protection guidelines women refugees in urban areas are still at high risk of insecurity and SGBV. As long as an encampment policy is in force, there will always be challenges of adequately protecting and serving what is considered a very sizeable 'illegal' urban population alongside to a 'legitimate' camp population. There is a failure on the part of both UNHCR and the GOK to protect urban refugees by, first, not recognizing them and second, by not identifying those at risk.
- 4.1.2** The risks faced by urban refugee women have consigned them to low incomes, life in the poor informal settlements in urban areas irrespective of capacities and are unable to afford three meals a day. They are unable to break out of the cycle of poverty without legal and other support to enhance their coping mechanisms.
- 4.1.3** The risks and vulnerabilities posed by refugee women livelihoods in the unfavorable urban environment, as discussed above, make them vulnerable to sexual and gender based violence in particular rape.
- 4.1.4** That the main perpetrators of SGBV are people charged with responsibility of protecting women such as police and family members, makes it difficult women to break the cycle of violence and the silence that perpetuates it.
- 4.1.5** Discrimination towards women refugees such as practiced by landlords and police is a result of the lack of awareness and enforcement of their rights by the institutions and people charged with the responsibility.
- 4.1.6** While there are a number of organizations providing services to refugees and asylum seekers, there still exist gaps between the services provided and the needs of the refugees. These services are inadequate and designed to address the practical needs and not the strategic interests of the women. For instance, very few of the support and services are designed to economically empower the women and promote self-reliance as the services provided are relief-oriented as opposed to addressing empowerment issues that would ensure rights protection on a longer basis.
- 4.1.7** The quality of protection and assistance provided to refugee women at risk and the responses to their special needs is inadequate due to challenges of identification and profiling of those at extreme risk among the urban refugee population residing

in “disorganized” set ups and with under reporting of protection problems. Refugees own lack of awareness on assistance and services available compromises their quality of protection as they may not claim or benefit from what they do not know. This notwithstanding challenge of identifying individuals at extreme risk within a larger unregistered urban refugee population remains as women in situations of extreme risk are currently identified and profiled for assistance mainly through caseloads at UNHCR and organizations.

**4.1.8** Coping mechanisms do exist for some refugee women who have the experience, vocational or language skills to undertake income generating activities. However there are far too many constraints limiting the economic participation of refugee women that need to be addressed, including: inadequate capital, regulatory controls and licensing, a market for products, insufficient organizational and business skills, inadequate language and vocational skills.

## 5.0 Recommendations

- 5.1 To overcome barriers related to documentation GOK should expedite the implementation of its mandate on the new refugee policy (including education of its officers such as administration/security agents and justice system) and with UNHCR streamline the refugee status determination process to make it clear, predictable and consistent.
- 5.2 Create awareness for the police and other government officials on the refugee policy/act and the rights of refugees to minimize the obstacles they face in accessing justice and services. The police need to be made aware that refugees have the same rights as Kenyans under the law, while school administrators need to be enlightened on the rights of children of refugees (some of whom are Kenyan citizens by birth). RCK should continue its work of raising awareness level among the police and public administrators, and extend it other public officials such as immigration and registration personnel.
- 5.3 UNHCR and GOK need to come up with explicit guidelines in order to guarantee urban refugees their basic rights such as to a dignified livelihood devoid of harassment, discrimination, mistreatment, violence and the right to freedom of movement, regardless of their status. The guidelines should include strategies/interventions for preventing and responding adequately and appropriately to the security problems of women refugees.
- 5.4 It is recommended that the Government take adequate action to bring to justice the perpetrators of human rights abuses against refugees, even when these individuals are the government law and order agents.
- 5.5 NGOs such as RCK need to create awareness, monitor human rights violations and continuously advocate for refugee women's rights.
- 5.6 UNHCR and GOK should create a mechanism for identifying at-risk groups or individuals and fast track response to security cases concerning refugee women. The agencies could periodically deploy staff out to the areas where refugees live to learn about security incidents and at-risk refugees and to monitor their situation.
- 5.7 More resources should be allocated to mitigate risk among refugee women and strategic partnerships with NGOs and local community refugee groups formed to identify those at risk and also to receive and process reports on security incidents.

- 5.8** Legal services should be integrated into the RSD process and for representation in criminal/civil cases as those not registered by UNHCR are at a greater risk of living in poverty and being exposed to violence. Work permits could also be issued for those with professional skills and travel documents granted to those who want to travel out of the country for business or sports.
- 5.9** Organizations in refugee programming should prioritize the following issues: awareness creation on legal rights and security risks; where to get services and what actions refugees can take to protect themselves from these risks. For instance, provision of information, education and communication (IEC) materials in their own languages would enhance the level of awareness and sharing of information among the refugees.
- 5.10** The refugee sector actors should improve coordination of humanitarian activities to harmonize approaches and service delivery to meet the strategic needs of the refugee women. The organizations should concentrate on a niche area so as to do it well. For instance, there is a place for the provision of specialized psychotherapy services to deal with the multiple traumas of refugees. Enhanced mental health cannot be underestimated in reducing vulnerability and enhancing the coping abilities of refugee women. Some organizations could also provide specialized medical support for chronic conditions arising out of SGBV and torture such as chronic reproductive health conditions.
- 5.11** Enhance coping mechanisms including language skills through capacity building of community organizations and leaders. Knowledge of Kenyan Kiswahili should be prioritized as a strategy for enhancing income generation (as witnessed by women from the Great Lakes who are already involved in diverse activities to improve their livelihoods as a result of being able to communicate in Kiswahili) and reducing vulnerability.
- 5.12** Provide business development and financial support to enhance refugees' livelihood. These could include: grants and subsidized business financing for the acquisition of skills and business start up/expansion.
- 5.13** Research various aspects of urban refugees such as a study to understand why refugees prefer risky urban environments to camps and to examine other social dynamics of the lives of urban refugees. Further studies could be undertaken on areas such as urban refugees and employment challenges, reproductive health and HIV/Aids among refugees.
- 5.14** Enhance community approaches coping mechanisms to contribute to assisting refugee women to collectively acquire skills, access information and obtain support such as training and grants and run income generating activities.

## 6.0 APPENDICES

### 6.1 APPENDIX 1: STATISTICAL FINDINGS

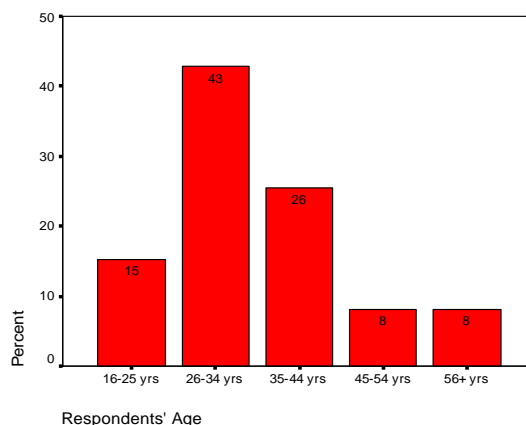
#### 6.1.1 The Nature of the Study Population

In this section, information on the demographic and social characteristics of the study sample will be analysed. This will cover age, marital status, religion, levels of education, country of origin, status in Kenya and livelihoods. The individual survey covered 98 refugee women in Nairobi.

#### 6.1.2 Age Distribution

Chart 1: Respondents' Age

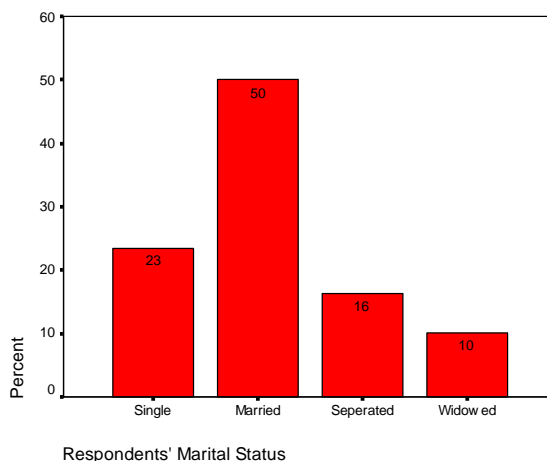
- The age distribution of the women is displayed in Chart 1.
- Majority of the women surveyed were in the 26-34 age group



#### 6.1.3 Marital Status

Fifty (50) percent of the sample population reported to be married as illustrated in Chart 2 below. Twenty three (23) % are single, 16% separated and 10% widowed.

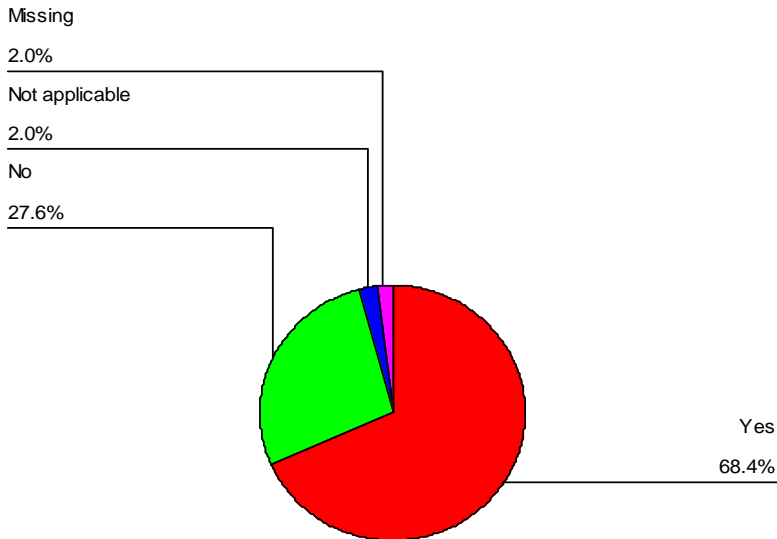
Chart 2: Respondents' Marital Status



### 6.1.4 Children/dependents less than 16 years old

As illustrated in Chart 3, 68.4 percent of the respondents reported that they have children and or dependants less than 16 years of age. 32.7% of them have children within the 1-3 year age group.

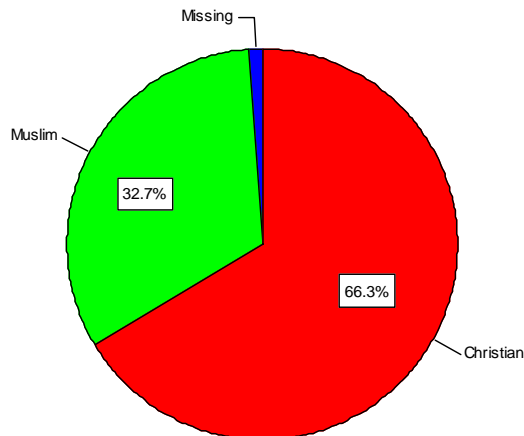
Chart 3: Respondent with children/dependants less than 16 years



### 6.1.5 Religion

A majority of the women sampled follow the Christian religion at 66.3 percent compared to 32.7 percent Muslim. The sampled population reported on only the two religions although 1% did not respond.

Chart 4: Respondents' Religion



### 6.1.6 Level of Education

Thirty four percent of the surveyed women reported having had no formal education followed by 23 percent reporting incomplete primary school education. The two levels combined total 57 percent, which is quite significant given that literacy determines the level of livelihood.

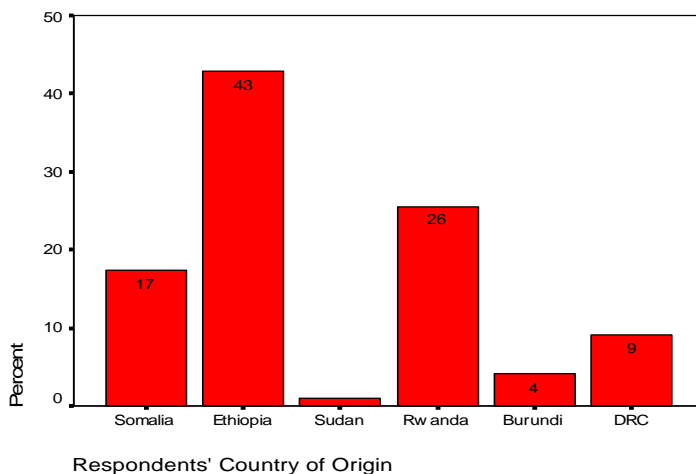
Table 1: Respondents' Level of Education

	Frequency	Percent(%)
No formal education	34	34.7
Incomplete primary school	23	23.5
Completed primary school	7	7.1
Incomplete high school	15	15.3
Completed high school	12	12.2
University Education	2	2.0
Other professional skills/training	4	4.1
Missing	1	1.0
Total	98	100.0

### 6.1.7 Respondents' Country of Origin

The highest proportion (43 percent) of those sampled were of Ethiopian origin, followed by those from Rwanda at 26%, Somalia 17%, DRC 9%, and Burundi 4%, while the smallest population was from Sudan.

Chart 5: Respondents Country of Origin



### 6.1.8 Respondents' Status in Kenya

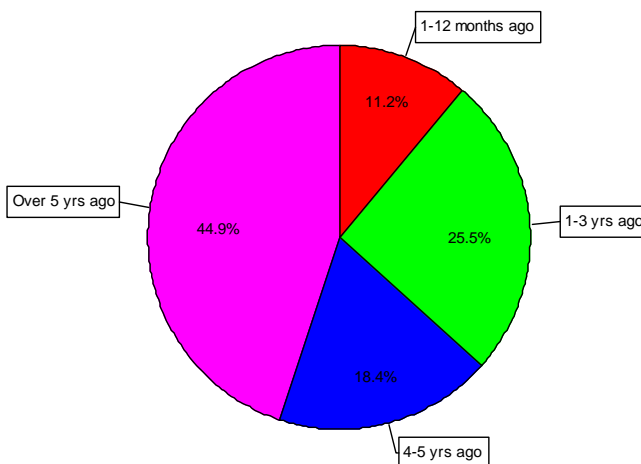
As outlined in Table 2 below, the majority (69.4%) of the women sampled had received UNHCR mandate, followed by asylum seekers at 18%, while 7.1 % had no documents and 5% reported being conventional refugees.

Less than 50% (44.9%) of the sample reported themselves to have been in Kenya for over 5 years while 18.4 % have been in the country for the last 4-5 year, 25.5% for 1-3 years and 11.2% for under one year. (More details in Chart 6)

**Table 2: Respondents Status in Kenya**

	Frequency	Percent (%)
UNHCR mandate refugee	68	69.4
Convention refugee	5	5.1
Asylum seeker	18	18.4
Others (e.g. documents not received)	7	7.1
Total	98	100.0

**Chart 6: When respondent came to Kenya**



## 6.2 Respondent's Livelihood Characteristics

Table 3: Respondents' home companions

	Frequency	Percent
Family	46	46.9
Fellow refugee relatives	2	2.0
Refugee friends from same country	13	13.3
Kenyan friends	7	7.1
Alone	26	26.5
Others (specify)	4	4.1
Total	98	100.0

### 6.2.2 Living Arrangements

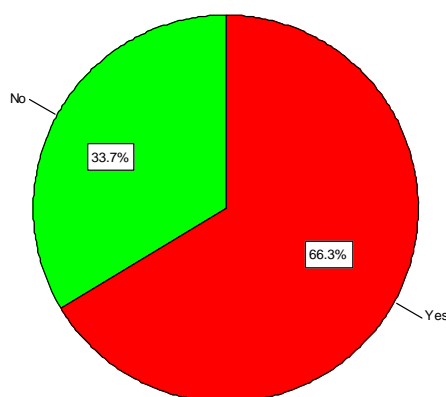
A significant number of respondents (46.9%) reported to be living with family members while 26.5% were living alone and 13% with friends from the same country.

### 6.2.3 Principal income earner in the Household

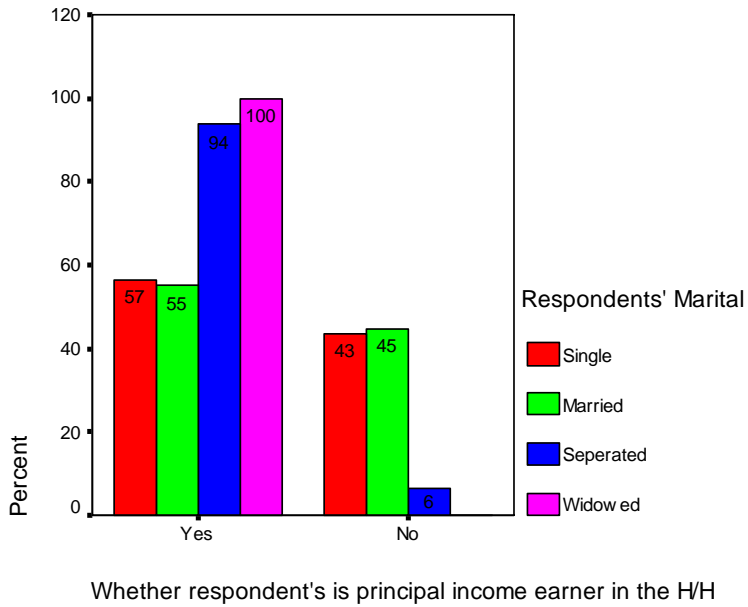
As illustrated in Chart 7, 66.3% of refugee women in this sample reported to be the principal income earners in their households.

Chart 7: Household principal income earner

- Among these, widowed women reported to be the 100% principal income earners in their households followed by 94% of women who were separated, 57% of single and 55% of married women. (See Chart 8)



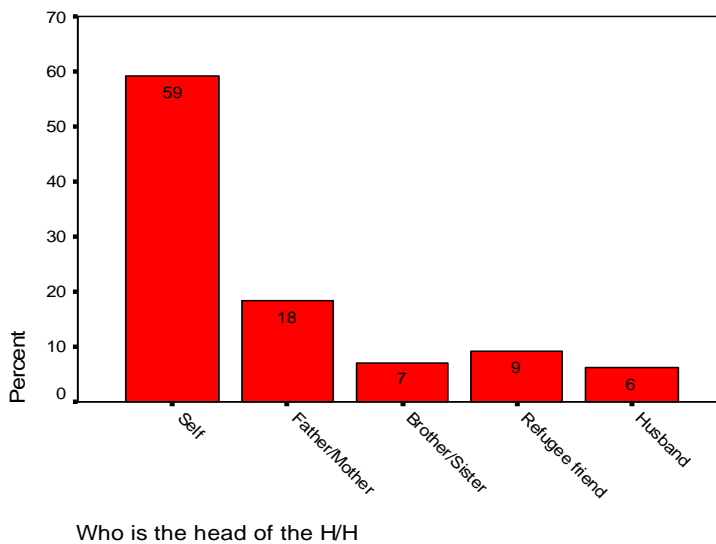
**Chart 8: Principal Income Earner versus Marital Status**



### 6.2.4 Household Headship

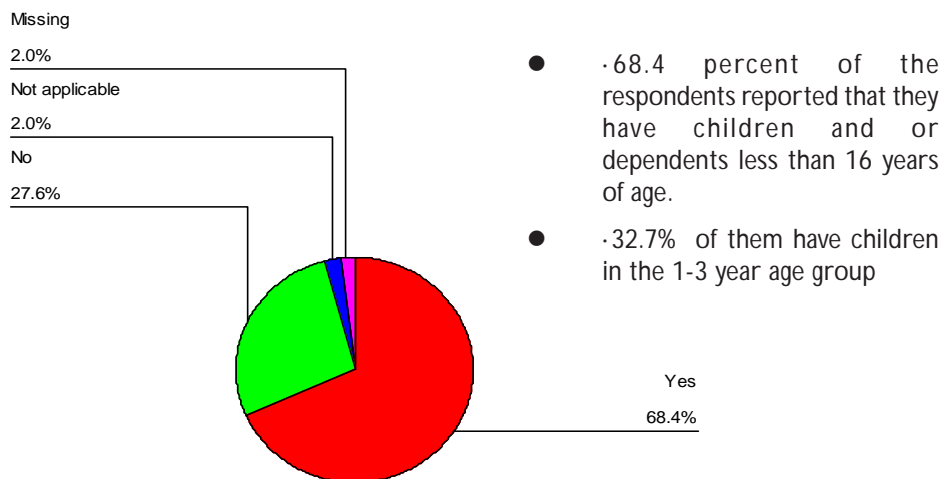
As illustrated in Chart 9, 59% of the sample reported to be the head of their household, 18% reported their parents as the heads of household, 9% reported a refugee friend as head of hold, followed by brothers/sisters at 7%. Only 6% reported their husbands as being the heads of household.

**Chart 9: Household Headship**



## 6.2.5 Children/dependents less than 16 years old

Chart. 10. Respondent with children/dependents less than 16 years



## 6.2.6 Respondent's Means of Livelihood

When asked how they support themselves, 49.0 percent of the respondents reported that they earn a living by working, while 15% reported receiving support from their community members and 10% were supported by family member (s) in Kenya, compared to 6% by family abroad. Only 5% reported receiving support from Kenyan friends and NGOs. (Outlined in Tables 4 and 5)

Table 4: Means of Livelihood for Respondents

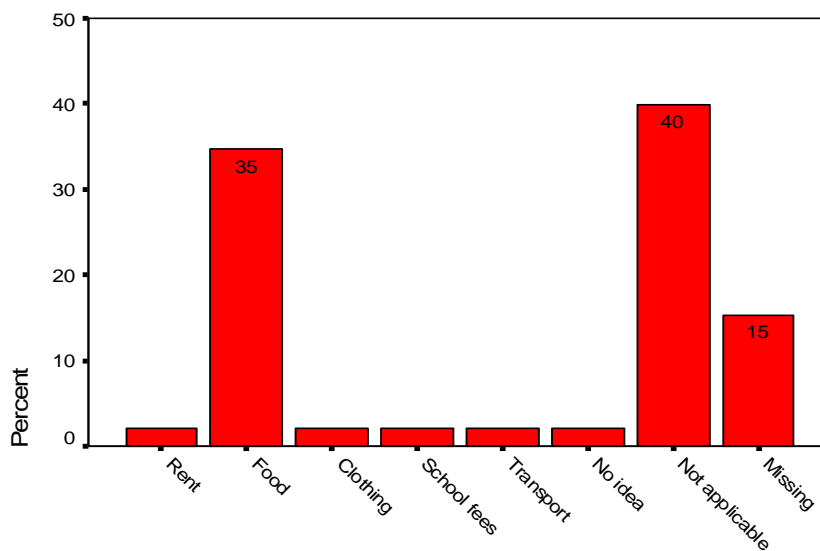
Means of Support	Frequency	Percent
From wages	48	49.0
Family member in Kenya	10	10.2
Friends in refugee community	3	3.1
Kenyan friend	5	5.1
Community members	15	15.3
NGO	5	5.1
Family abroad	6	6.1
Not applicable	4	4.1
Missing	2	2.0
<b>Total</b>	<b>98</b>	<b>100.0</b>

**Table 5: Daily Expenditure**

Amount of Money	Food	Non-food Items	Recreation Percent (%)	Transport	Other items
Shs 50-100	22.4	12.2	7.1	10.2	2.0
Shs 100-200	18.4	2.0	2.0	7.1	5.1
Shs 200-300	2.0	2.0			
Over Shs 500	4.1				2.0
Others (specify)		2.0			2.0
Not applicable	44.9	67.3	72.4	66.3	74.5
Missing	8.2	14.3	18.4	16.3	14.3
Total	100.0	100.0	100.0	100.0	100.0

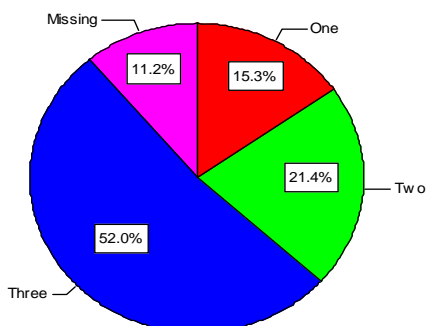
- 40% reported no expenditure despite the fact that 48% had reported supporting themselves from wages.
- The highest reported expenditure was on food with 35%.

**Chart 11: Expenditure of Monthly income**



What one spends most of monthly income on

Chart 12: Number of Meals households have in a day



- 52% of respondents reported to be having three meals in a day; 21.4% have two meals while 15.3% have only one meal a day (information was missing for 11.2% of the sampled respondents).

### 6.2.7 Gender Based Violence

Table 6: Reported cases of SGBV Reported among Refugees in Kenya, 2006

Site	Total Population	SGBV cases	Women	Men	Percent of Total
Dadaab Refugee Camp	170,600	106	102	4	96.2
Kakuma Refugee Camp	60,400	278	252	26	90.6
Urban Refugees	32,000	62	51	11	82.2
	<b>263,000</b>	<b>446</b>	<b>405</b>	<b>41</b>	<b>90.8</b>

Source: Interview with Omar Dadho, Dept. of Refugee Affairs, GOK.

### 6.2.8 Perceptions about Security

Table 7: Respondents' perceptions about security

	Frequency	Percent
There is security/safety	40	40.8
Poor security for refugees	47	48.0
Poor security esp. for women refugees	7	7.1
Others (specify)	2	2.0
No idea	2	2.0
<b>Total</b>	<b>98</b>	<b>100.0</b>

47% of respondents felt that there was poor security for refugees while a further 7% felt that there was poor security for women refugees. A significant 40% felt there was security/safety.

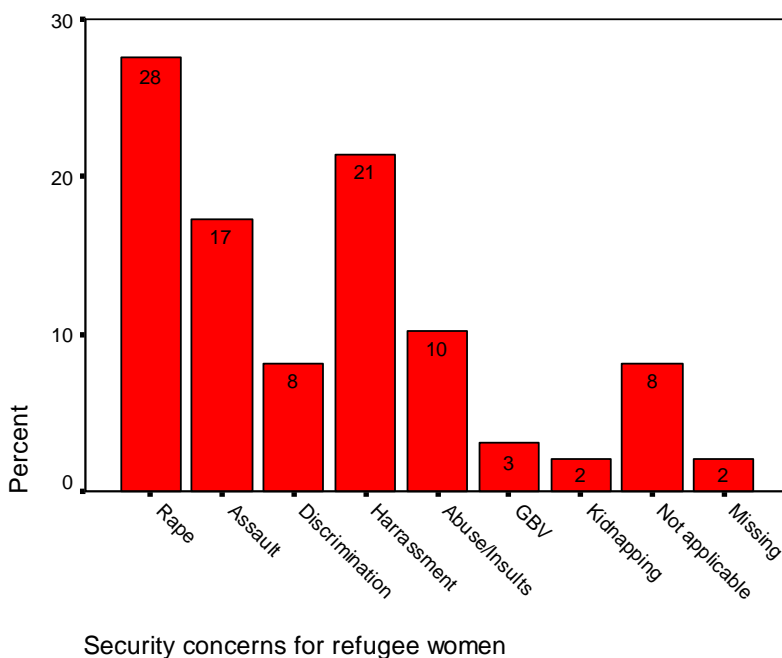
- A cross tabulation of the respondents perceptions about security with marital status showed that up to 53.1% of married women and 52.25% of single women felt there was poor security. On the other hand 62.5% of separated and 50% of widowed women felt there was security/safety.
- Perceptions about security by age group revealed that 50% of the over 56 year old and 44% of 35-44 year olds felt there was security. The perception that there was poor security was highest (53.3%) within the 16-24 year age group.
- 100% of respondents from Sudan felt there was poor security for refugees, followed by Ethiopian respondents at 61.9% and 52.9% among Somali refugees. 72% of Rwandan respondents and 55.6% of respondents from DRC felt there was security/safety.

### 6.2.9 Security concerns for refugee women

Focusing specifically on security concerns for refugees, as illustrated in Chart 13, rape, harassment and assault as the highest concerns at 28%, 21% and 17% respectively.

Of those reporting rape as a security concern, 48.1% were married and 29.6% single. A very small percentage of separated (7.4%) and widowed (14.8) respondents reported rape as a security concern.

Chart 13: Security concerns for refugee women



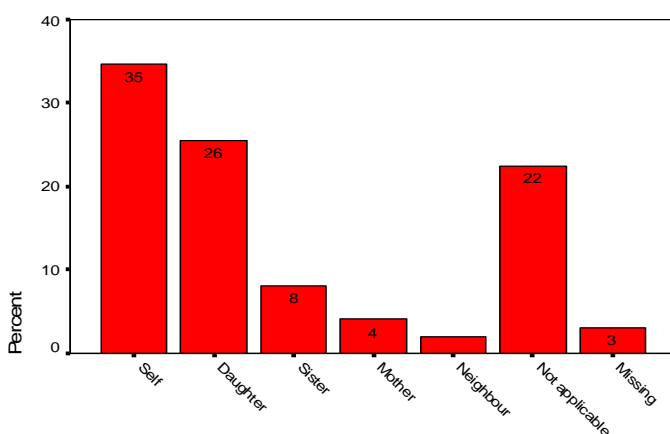
Further analysis of the security concerns by age revealed that security concerns for refugee women was of the highest concern for the 25-34 age group with up to 42.9% respondents of whom, 51.9% gave rape as the highest security.

### 6.2.10 Incidence of Violence against Refugee Women

Asked whether they had heard of incidences of violence against refugee women, 64.3% of respondents said yes while 21.4% had not heard of any incidences with 60.2% reported knowing the victim (either themselves or relative or friend).

43.9 % of respondents reported that the incident happened within the last half year to the survey while 17% happened in the last one year

**Chart 14. The victim of Violence**



The victim

As tabulated in Table. 8, most incidents were reported to have occurred at work (19.4%) while 18.4% occurred in the streets/ town and 14.3% in respondents' neighborhoods

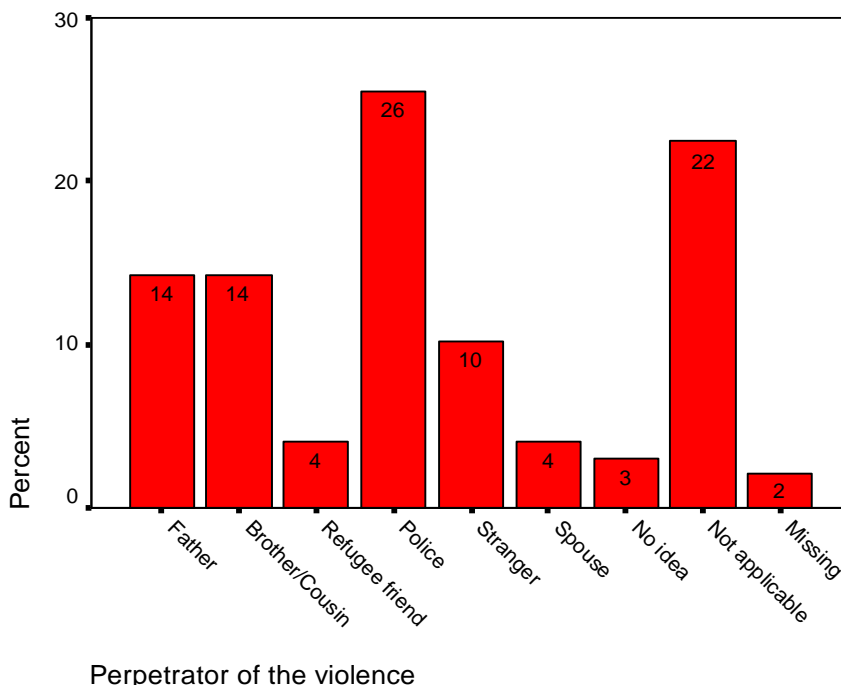
**Table 8: Where the incident occurred**

Place	Frequency	Percent
Place of residence	6	6.1
In the neighborhood	14	14.3
At work	19	19.4
In the streets/ town	18	18.4
Place of business	6	6.1
At a friends place/ house	8	8.2
Refugee camp	3	3.1
Not applicable	22	22.4
Missing	2	2.0
<b>Total</b>	<b>98</b>	<b>100.0</b>

### 6.2.11 Perpetrators of Violence

The respondents gave the perpetrators of violence against refugee women as: police 22%, father 14%, brother/cousin, 14%, stranger 10%, spouse 4%, refugee friend 4% while 4% had no idea who the perpetrators was.

Chart 15: Perpetrators of the violence



### 6.2.12 Reporting of Violations

- 45.9% of victims reported the act, while 20.4% did not report (responses were missing for 23.5% of sample) while 10.2% said it was not applicable.
- The biggest reason for not reporting was given as family pressure followed by fear of victimization. To a lesser extent fear of future attacks and ignorance of the process were also reasons for lack of reporting. See details in Table 9.

Chart 16: Whether the Victim reported the Act of Violence

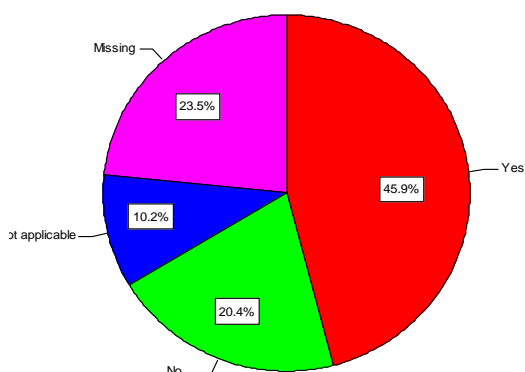


Table 9: Reasons for not Reporting GBV incident

Reasons for not reporting	Frequency	Percent
Fear of future attacks	2	2.0
Family grounds	13	13.3
Ignorance of process	2	2.0
Fear of victimization	5	5.1
No idea	2	2.0
Not applicable	49	50.0
Missing	25	25.5
<b>Total</b>	<b>98</b>	<b>100.0</b>

Table 10: To whom or Where the Incident was Reported

To Whom or Where report was made	Frequency	Percent
Police	22	22.4
Chief	4	4.1
Community leader	4	4.1
Social Office UNHCR	8	8.2
Embassy	5	5.1
Not applicable	33	33.7
Missing	22	22.4
<b>Total</b>	<b>98</b>	<b>100.0</b>

As outlined in Table 11 below, the decision to report incidences of violence were influenced by several actors including:

- i) Advice/information from institutions/NGO (14%),
- ii) Desire to seek justice (9%)
- iii) Advice from family (7%)
- iv) Desire to stop future attacks (7%)
- v) Revenge (6)

**Table 11: Factors influencing victim's decision to report the incident**

	<b>Frequency</b>	<b>Percent</b>
Advice from family	7	7.1
Institution/NGO	14	14.3
To seek justice	9	9.2
Revenge	6	6.1
Stop future attacks	7	7.1
Not applicable	36	36.7
Missing	19	19.4
<b>Total</b>	<b>98</b>	<b>100.0</b>

### **6.2.13 Intervention and nature of support**

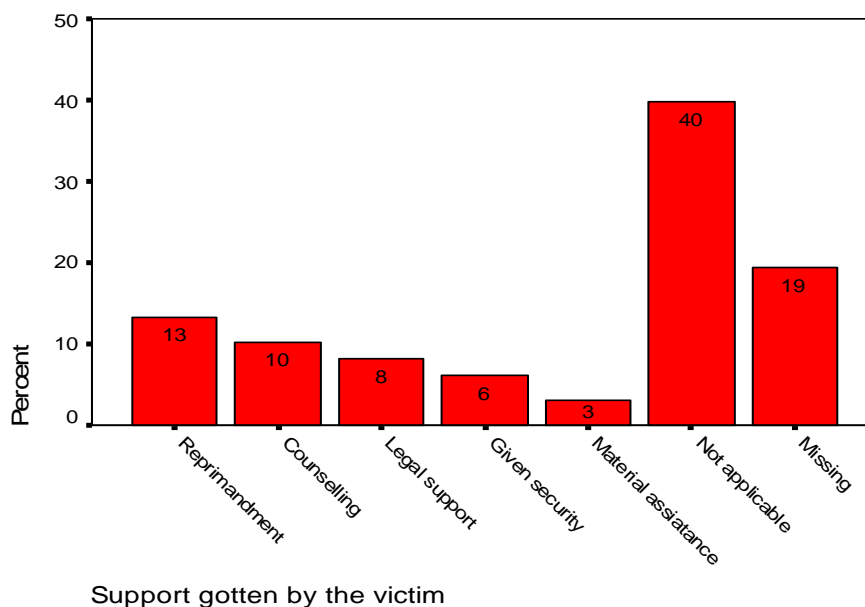
As outlined in Table 12 below, 33.7 % of respondents said that nothing was done by the office or person to whom they reported the violation, while 10% received counselling, 5% had arbitration within the family, 4% pursued legal redress, 4% summoned the perpetrators and 2% were taken for medical treatment.

Table 12: Actions taken by office or person to whom reported.

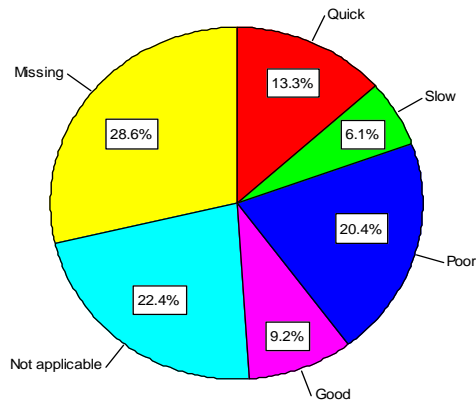
	Frequency	Percent
Counselling	10	10.2
Arbitration in family	5	5.1
Pursued legal redress	4	4.1
Summoned perpetrator for advice	4	4.1
Others (specify)	23	23.5
Taken for treatment	2	2.0
Nothing	33	33.7
Missing	17	17.3
<b>Total</b>	<b>98</b>	<b>100.0</b>

- As illustrated in Chart 17, the nature of support provided to the victims included counselling (10%), legal support (8%), security (6%), medical assistance (3%).
- 13% reported that a reprimand was addressed but its nature was not explained.

Chart 17: Support provided to victims

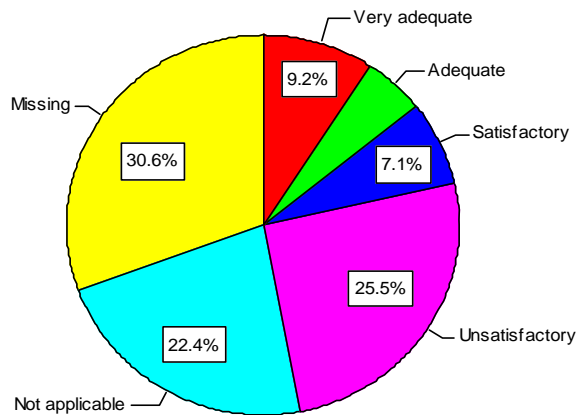


**Chart 18: Rating of service received**



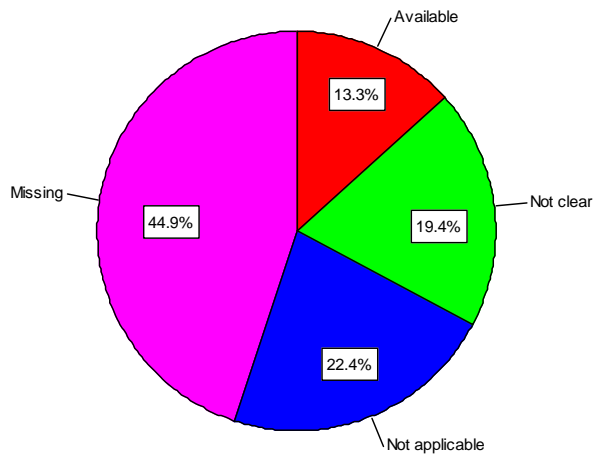
- As illustrated in Chart 18, of the 49% of respondents who rated services received, 20.4% said services were poor, 13.3% said service was quick. 9.2% good and 6.1% rated the services as slow.

**Chart 19: Rating of Support Received**



- Support received as illustrated in Chart 19, was rated by 47% of respondents as follows: 25.5% unsatisfactory, 9.2% very adequate, 7.1% satisfactory and % as adequate.

**Chart 20: Rating of information received**



- Rating of information received (Chart 20) was completed by 32.7% of respondents of whom, 19.4% said it was not clear while 13.3% said information was available.

**Chart 21: Whether the victim felt support provided was the best Solution**

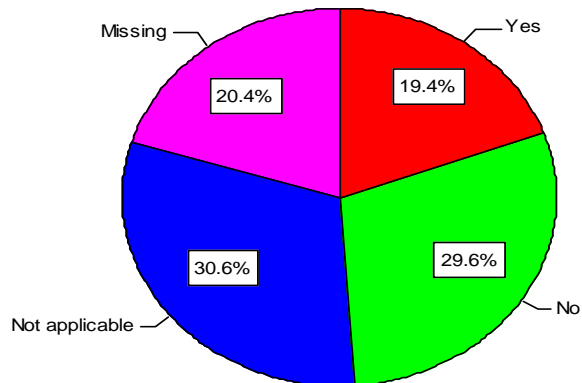


Chart 21 indicates that 49% of respondents answered the question on whether the support provided was the best solution. 26.6% felt that the support provided was not the best solution while 19.4% felt it was.

### 6.2.15 Access to Services

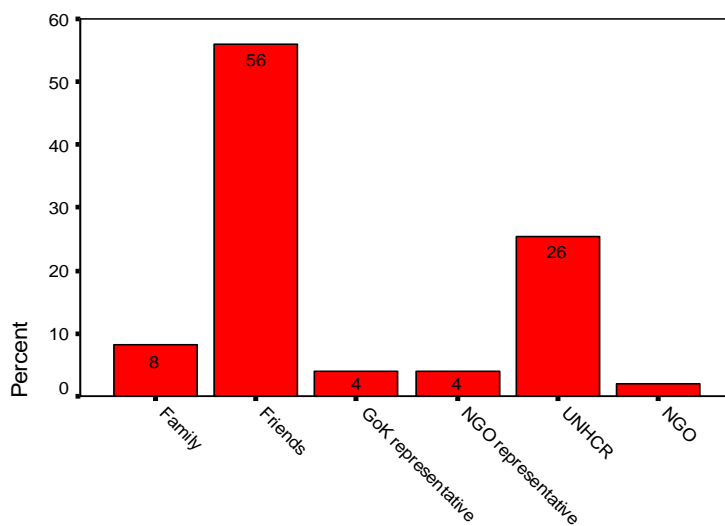
- As tabulated in Table 13 below, the level of access to services by refugee women was highest in the case of medical services at 75.5% followed by VCT services at 48%, non-food items 38.8%, counselling 36.7%, education/training at 26%, legal at 21.4% and rescue services at a level of 10.2%.

Table 13: Level of access to services according to respondents

Response	Medical	Legal	Counseling	Rescue	Education/ Training	VCT (for HIV/AIDS)	Non Food Items
Yes	75.5	21.4	36.7	10.2	26	48.0	38.8
No	15.3	57.1	32.7	48.0	35	28.6	28.6
No Idea		2.0				3.1	
Not applicable		2.0		2.0	5.1	2.0	
Missing	9.2	17.3	30.6	39.8	32.7	18.4	32.7
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

- As illustrated in Chart 22, Friends (56%) and UNHCR (26%) were given as the main sources of knowledge regarding service providers followed by family (8%), GOK official (4%), NGO staff (4%) and NGO information.

Chart 22: How respondent got to know the service providers



How respondent got to know the service providers

## 6.3 APPENDIX 2: KEY INFORMANTS

DATE	PERSON (S) MET	ORGANIZATION
17 <sup>th</sup> Nov. 2007	Emily J. Mutai	Refugee Consortium of Kenya (RCK)
	Elizabeth Wangare MwangiChristabel M. AshionoJemimah T. NagwallaJacob O. Obillo	
	Irene Waweru	JRS Kenya
3 <sup>rd</sup> Dec. 2007	Father Berrer Mary Nakalemen Chantal	NARAP NARAP NARAP
	Noelle Calhoun	UNHCR
	Suzanne Erickson	GTZ URAP
7 <sup>th</sup> Dec. 2007	Monique Pharmadele	Africa Refugee Programme ARP
	Apollinarie Mokakarara N. Shyoza Irene Vermanolele	ARP
10 <sup>th</sup> Dec. 2007	Francis Kahihu	IRC
13 <sup>th</sup> Dec. 2007	Esther Kamau	Mapendo International
	Ann Ngugi	WRAP
14 <sup>th</sup> Dec. 2007	Omar Dhadho	Dept. of Refugee Affairs, OK
February 21-22, 2008	21 Ethiopian refugee women in Eastleigh	
February 26-27 2008	23 Ethiopian Anwak refugee women	
February 28-29 2008	20 refugee women from Great Lakes region	
March 15 - 17 2008	20 Somali women	
May 2 <sup>nd</sup> 2008	Leila Muriithia Simon Konzolo	RCK RCK

## 6.3 APPENDIX 3: SURVEY TOOLS

### 6.3.1 INDIVIDUAL QUESTIONNAIRE

#### REFUGEE CONSORTIUM OF KENYA ENHANCING THE PROTECTION OF REFUGEE WOMEN THROUGH RESEARCH

Questionnaire for individual women..... Questionnaire No.....

Date of Interview..... Time started ..... Time Ended .....

Area/place of Interview (Division/location/estate).....

Interviewers details: Name.....Signature.....

Respondent's Name :.....(*only if the respondent does not mind*)

<p><b>1.0 Background information</b></p> <p><b>1.1 Sex:</b></p> <p>a) Male b) Female</p>	<p><b>1.2. Marital Status:</b></p> <p>a) Single                      b) Married c) Separated                d) Divorced e) Widowed                 f) Other (specify).....</p>
<p><b>1.3. Age:</b></p> <p>a) Under 16                      d) 36-44 b) 16-25                         e) 45-54 c) 26-34                         f) 36+</p>	<p><b>1.4. Religion:</b></p> <p>a) Christian                      b) Muslim c) Traditional                    d) Hindu e) Buddhist                      f) Other (Specify).....</p>
<p><b>1.5. Level of Education</b> (highest level completed)</p> <p>a) No formal education b) Primary School but not completed c) Completed Primary school d) High School but not completed e) Completed High School f) University education g) Other professional skills /training .....</p>	<p><b>1.6. Country of origin</b></p> <p>a) Somalia b) Ethiopia c) Sudan d) Rwanda e) Burundi f) Democratic Republic of Congo g) Other .....</p>

<p><b>2.0 Household structure and income:</b></p> <p>2.1 Whom are you living with? (<i>Probe number and indicate relationships</i>)?</p> <p>a) Family  b) Fellow refugee relatives  c) Refugees friends from my country  d) Refugee friends from other country  e) Kenyan friends  f) Alone  g) Other (specify)</p>	<p>2.2 Are you the principal income earner in your household? Yes No</p> <p>2.3 Who is the head of your household?  .....</p> <p>2.4 Do you have children and or dependants less than 16 years of age? Yes No (<i>If yes, probe for the number, ages and sex</i>)</p>																														
<p>2.5 How do you support yourself? (<i>Probe for sources of livelihood</i>)</p> <p>a) From wages (formal/informal work).....  b) Family member in Kenya.....  c) Family abroad.....  d) Friends in the refugee community.....  e) Kenyan friend.....  f) Friends abroad.....  g) Community members.....  h) From organized solidarity groups e.g. movement .....</p> <p>i) Through GoK institution.....  j) NGO .....</p> <p>k) Embassy.....  l) UNHCR.....</p> <p>Other (specify).....</p>	<table border="1"> <thead> <tr> <th>No. of Children:</th> <th>Male</th> <th>Age(s)</th> <th>Female</th> <th>Age(s)</th> </tr> </thead> <tbody> <tr> <td>1-3</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>4-6</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>7-9</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>10-12</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>13-15</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	No. of Children:	Male	Age(s)	Female	Age(s)	1-3					4-6					7-9					10-12					13-15				
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4-6																															
7-9																															
10-12																															
13-15																															
<p>3.0. Gender Based Violence</p> <p>3.1 As a refugee woman (<i>mama mkimbizi</i>) in Kenya, how do you feel about your security?  .....</p> <p>3.2 What are the main security concerns of refugee women in the community? (<i>List by order of priority</i>)</p> <p>a).....  b).....  c).....  d).....</p>	<p>2.6 What is your daily expenditure on:  Food: Kshs.....  Non-food items: Kshs.....  Recreation: Kshs.....  Transport:.....  Other (specify).....</p> <p>2.7 What do you spent most of your monthly earnings on? (<i>List by priority</i>)</p> <p>a) .....  b) .....  c) .....</p> <p>2.8 How many meals does your household have in a day?  1..... 2..... 3 ..... More than 3..... (<i>e.g. 10 &amp; 4 o'clock teas</i>)</p> <p>Breakfast : Always..... Sometimes..... Never.....  Lunch: Always..... Sometimes..... Never.....  Dinner: Always..... Sometimes..... Never.....</p>																														

5.2 How did you get to know these provider organizations? *(Details)*

- a) From press .....
- b) Family.....
- c) Friends.....
- d) Posters/ brochures.....
- e) GoK representative.....
- f) NGO representative.....
- g) Embassy.....
- h) UNHCR.....
- i) NGO.....

5.3 What do you think can be done to improve the conditions of refugee women in the following aspects

Security..... .....	Protection..... .....
Health..... .....	Legal status..... .....
Economic conditions..... .....	Education..... .....

Thank the respondent for taking the time to answer the questions and explain that the results of the survey will be disseminated at a workshop to be communicated later.

Then give them an opportunity to comment or ask any questions).

Questions or comments from respondents

.....

## 6.3.2: SURVEY TOOL: KEY INFORMANTS

### REFUGEE CONSORTIUM OF KENYA ENHANCING THE PROTECTION OF REFUGEE WOMEN THROUGH RESEARCH

#### Questionnaire for Key Informants

Date/Time and Area/place of Interview).....

Institution/Organization/Profession or designation of Interviewee.....

Respondent's Name:..... *Gender*

---

#### A. Background Information

---

1. How long have you or your organization been working with refugee (and women in particular)?  
.....
2. What do most of the refugee women say about life in Nairobi?  
.....
3. Of the refugees you are working with, what percentage would you say are registered with UNHCR?  
.....
4. What would you say is the level of awareness of legal protection and other rights among women refugees?  
.....

---

#### B. Livelihoods

---

1. What is the percentage (proportion) of women headed household among the refugee communities you work with?.....
2. What are the main sources of livelihood/income (household support) for refugee women in the community you serve?
  - a) From wages (formal/informal work).....
  - b) Family member in Kenya.....
  - c) Family abroad.....
  - d) Friends in the refugee community.....
  - e) Kenyan friend.....
  - f) Friends abroad.....
  - a) Community members.....
  - h) From organized solidarity groups e.g. movement ...
  - i) Through GoK institution.....
  - j) NGO .....
  - k) Embassy.....
  - l) UNHCR.....
3. What are the main livelihood challenges for refugee women?  
.....

#### C. Gender Based Violence (GBV) against Refugee women

1. What are the main security concerns of refugee women in the community? (*List by order of priority*)
  - a) .....
  - b) .....
  - c) .....
  - d).....
2. How often do women refugees talk about gender-based violence (GBV) among themselves?
  - a) Very often
  - b) Often
  - c) Rarely
  - d) Hardly
3. Have you heard of any incidences of violence against refugee women in your community Yes / No
4. If yes to question above, how often do these incidences of violence against women refugees occur in your community?
  - b) Very often
  - b) Often
  - c) Rarely
  - d) Hardly

4. Who are the perpetrators of GBV against refugee women in Nairobi?.....
5. What action (s) do you women refugees take when they become victims of GBV? .....
6. What programmes are there that can assist women refugees when they become victims of GBV? .....
7. What services does your organization provide in relation to GBV on refugee women?.....
8. What reasons or factors can prevent refugee women from accessing those services?.....

**D. Needs and Services**

1. What do you consider as the basic needs of the refugees served by your organization?.....
2. What are the top priority needs of refugee women?.....
3. Which organizations are currently meeting the basic needs of refugee women? .....
4. Which organizations are providing protection and support services to refugee victims of GBV .....
5. How do refugee women get to know about the services provided by your organization? .....
6. Would you say that refugee women receive adequate and satisfactory support/services? (Give reasons for the answer) .....

**E. Recommendations**

What do you think can be done to make life comfortable and improve the safety of refugee women?.....

Thank the respondent for taking the time to answer the questions and explain that the results of the survey will be disseminated at workshop to be communicated later. Then give them an opportunity to comment or ask any questions).

Questions or comments from respondents

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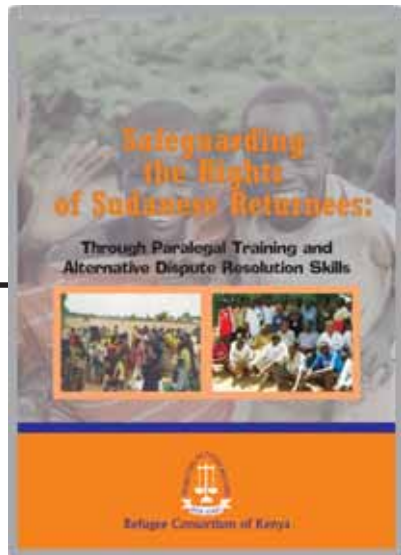
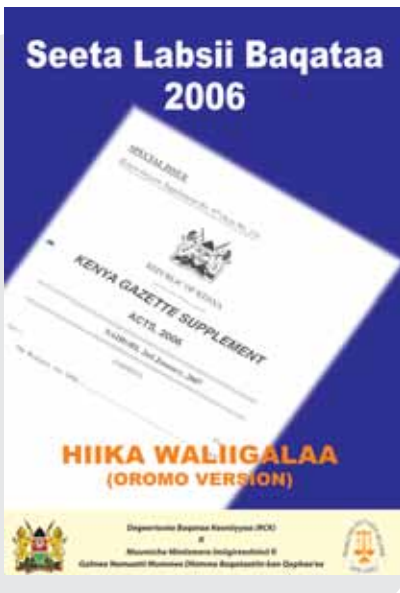
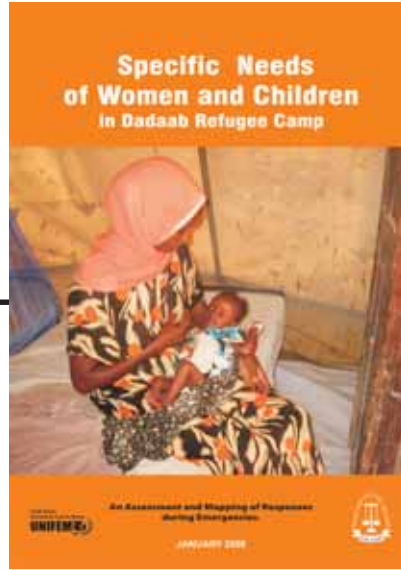
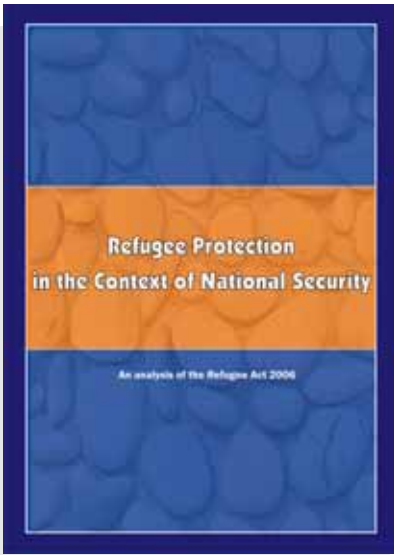
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## Footnotes

- 1 World Refugee Survey 2007 by United States Committee on Refugees and Immigrants
- 2 Report of the Inter-Agency Retreat on Urban Refugees organised by UNHCR and RCK at Norfolk Hotel in August 2005
- 3 From Asylum to Resettlement: Ensuring Effective Protection of Refugee Women at Risk Dr. Eileen Pittaway and Linda Bartolomei, Centre for Refugee Research, Sydney Australia
- 4 UNHCR, *Guidelines on the Protection of Refugee Women*, 1991, p.7.
- 5 UNHCR, *Guidelines on the Protection of Refugee Women*, 1991.
6. Ibid.
- 7 The 1951 UN Convention relating to the Status of Refugees and the 1969 OAU Convention Governing Specific Aspects of Refugee Problems.
- 8
- 9 UNHCR: The State of the World's Refugees, 2006
- 10 Gender-based Violence is any form of violence perpetrated against another (male or female) because of their gender and the roles and responsibilities given them by society.
- 11 UNHCR, *Guidelines on the Protection of Refugee Women*, 1991, p. 29 (noting that “unaccompanied women and girls are particularly at risk of sexual and physical abuse.”).
- 12 Defined broadly as psychological and physical violence within the family setting to assert power and control.
- 13 Respect our Rights: **Partnership for Equality**. Report on the Dialogue with Refugee women. UNHCR, Geneva. 2001
- 14 Sexual and Gender-based Violence. Reproductive Health in refugee situations, an inter-agency manual .UNFPA. 1999.
- 15 '*No Upright Words*' The Human Rights of Women in Kenya. Refugee Women's Resource Project, Asylum Aid. February 2001
- 16 **Haven of Fear**: The Plight of Women Refugees in Kenya. Kenya Human Rights Commission, 1999
- 17 Specific Needs of Women and Children in Dadaab Refugee Camp. An Assessment and Mapping of Responses during Emergencies. UNIFEM and Refugee Consortium of Kenya. January 2008.
- 18 Narrated by Ethiopian Oromo women refugees at search conference in Eastleigh on February 21, 2008.
- 19 Key informant interview with Assistant Programme Officer, Legal Dept., RCK. May 2<sup>nd</sup> 2008
- 20 Great Lakes search conference group discussions. February 28, 2008
- 21 Great Lakes search conference group discussions. February 28, 2008
- 22 UNHCR *Guidelines on the Protection of Refugee Women*, p.48, 1991.
- 23 Key informant interview with UNHCR Community Services Coordinator, December 3, 2007
- 24 [DRAFT] UNHCR Policy on Refugees in Urban Areas, Comments from UNHCR Field Offices June 05 (part of answer from Kenya to the question: “*What would you want to see included in a new UNHCR urban refugee policy/ guiding principles?*”)
- 25 UNHCR, HIV/AIDS and Refugees: Lessons Learned by Paul B Spiegel and Alia Nankoe. FMR 19 : January 2004
- 26 Kale – green leafy vegetable of the cabbage family commonly eaten in most areas of Kenya.
- 27 Injera – a sour Ethiopian bread made from rice flour.
- 28 Focus Group Discussion with women from the Great Lakes, 28<sup>th</sup> February 2008.

# RCK publications at a glance





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