

SAFE HAVEN

Sheltering Displaced Persons from Sexual and Gender-Based Violence



CASE STUDY: KENYA

MAY 2013

HUMAN RIGHTS CENTER | SEXUAL VIOLENCE PROGRAM

University of California, Berkeley, School of Law

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This four-country study was conducted as part of the Sexual Violence Program at the Human Rights Center, University of California, Berkeley, School of Law. It was written by Dr. Rebecca Horn, with contribution from Kim Thuy Seelinger.

The Human Rights Center at the University of California, Berkeley, School of Law conducts research on war crimes and other serious violations of international humanitarian law and human rights. Using evidence-based methods and innovative technologies, we support efforts to hold perpetrators accountable and to protect vulnerable populations. We also train students and advocates to document human rights violations and turn this information into effective action. More information about our projects can be found at <http://hrc.berkeley.edu>

The Sexual Violence Program seeks to improve protection of and support for survivors of conflict-related sexual violence by providing policymakers and practitioners with evidence-based recommendations about accountability and protection mechanisms. This study aims to initiate discussion about the kinds of temporary harbor available to individuals fleeing sexual and gender-based violence in forced displacement settings such as refugee camps and internally displaced communities. The four case-study locations are Kenya, Haiti, Colombia, and Thailand. All fieldwork occurred in 2012.

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Safe Haven: Sheltering Displaced Persons from Sexual and Gender-Based Violence. Case Study: Haiti, Human Rights Center, University of California, Berkeley, in conjunction with the UN High Commissioner for Refugees, Geneva (2013).

Safe Haven: Sheltering Displaced Persons from Sexual and Gender-Based Violence. Case Study: Thailand, Human Rights Center, University of California, Berkeley (2013).

Safe Haven: Sheltering Displaced Persons from Sexual and Gender-Based Violence. A Comparative Report, Human Rights Center, University of California, Berkeley, in conjunction with the UN High Commissioner for Refugees, Geneva (2013).

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ACRONYMS AND ABBREVIATIONS

APHIA PLUS	AIDS Population and Health Integrated Assistance—Plus
CBO	Community-based organization
CISP	Comitato Internazionale per lo Sviluppo dei Popoli (International Committee for Peoples’ Development)
CLAN	Children’s Legal Action Network
COVAW	Coalition on Violence against Women
CPPT	Community Police Protection Team
CREAW	Centre for Rights Education and Awareness
DRA	Department of Refugee Affairs (Kenya)
FIDA	Federation of Women Lawyers—Kenya
GBV	Gender-based violence
GBVIMS	Gender-Based Violence Information Management System
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit (German Cooperation Development or German Society for International Cooperation)
GVRC	Gender Violence Recovery Center
IDP	Internally displaced person
IGA	Income-generating activity
INGO	International nongovernmental organization
IP	Implementing partner
IPV	Intimate partner violence
IRC	International Rescue Committee
JRS	Jesuit Refugee Service
LGBT	Lesbian, gay, bisexual, transgender
LSK	Law Society of Kenya
LWF	Lutheran World Federation
MSF	Médicins Sans Frontières (Doctors without Borders)
NALEP	National Legal Aid Council
NARAP	Nairobi Archdiocesan Refugee Assistance Programme
NCCK	National Council of Churches in Kenya
NGO	Nongovernmental organization
NWCH	Nairobi Women’s and Children’s Hospital
ODM	Orange Democratic Movement
OHCHR	Office of the High Commissioner for Human Rights

PNU	Party of National Unity
RCK	Refugee Consortium Kenya
SEA	Sexual exploitation and abuse
SGBV	Sexual and gender-based violence
SOP	Standard operating procedures
UAM	Unaccompanied minor
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children’s Fund
UNIFEM	The former United Nations Development Fund for Women, whose functions are now incorporated into UN Women (United Nations Entity for Gender Equality and the Empowerment of Women)
WFP	World Food Programme
WRAP	Women’s Rights Awareness Programme

A Note about Terminology in These Reports

The Human Rights Center has done its best to reconcile sensitivity, clarity, and efficiency in its word choice.

These reports are concerned with protection of various groups of forcibly displaced individuals in Colombia, Haiti, Kenya, and Thailand. In these countries, we find the following categories of displaced persons:

- **Refugees**, defined in the 1951 Refugee Convention as a person who, “owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality, and is unable to, or owing to such fear, is unwilling to avail himself of the protection of that country.” In summary, a refugee is a person in a foreign land who cannot return to his or her home country for fear of persecution on account of certain characteristics of identity or belief.
- **Internally displaced persons**, defined in the Guiding Principles on Internal Displacement (2004) as “persons or groups of persons who have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular as a result of or in order to avoid the effects of armed conflict, situations of generalized violence, violations of human rights or natural or human-made disasters, and who have not crossed an internationally recognized State border.” The movement is (1) coercive or involuntary, and (2) within national borders. It is not a formal legal status, as refugee status is.
- **Other forced migrants**, defined according to local context in the relevant case study report.

We refer to “sexual and gender-based violence” (SGBV) instead of simply “gender-based violence” (GBV) to include those rare occasions when sexual harm is not necessarily gender-motivated.

We first draw from the World Health Organization’s gender-neutral definition of sexual violence alone: “Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic a person’s sexuality, using coercion, threats of harm or physical force, by any person regardless of relationship to the survivor, in any setting, including but not limited to home and work.”¹

The broader concept of “sexual and gender-based violence” also incorporates the definition of gender-based violence offered in Recommendation 19 by the Committee on the Elimination of Discrimination against Women: “violence that is directed against a woman because she is a woman or that affects women disproportionately. It includes acts that inflict physical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty.” However, we know from increased reporting and empirical data that men and boys all over the world also suffer harm on account of their gender.

As often as the text will allow, we use full phrases rather than acronyms to bring attention and emphasis to violence that is, more often than not, hidden.

When referring to individuals who have sought shelter from such violence, we use *survivors*, *shelter seekers*, and *shelter residents* instead of *victims* to mark more forward-focused aspects of their experiences.

In light of the fact that the majority of cases handled by the shelter programs we studied involved a female survivor or shelter seeker, we have opted for feminine pronouns when generally or hypothetically referring to survivors and shelter residents.

With respect to members of sexual minorities, such as gays, lesbians, bisexuals, and transgender or intersex individuals, we have opted to the simpler, more familiar acronym of LGBT, instead of LGBTQI or LGBTI. This is not meant as any disrespect to individuals who identify as queer or intersex. Rather, the Human Rights Center has decided to use the term LGBT to ensure the comprehensibility of this report, and thus to increase its impact and utility among policymakers, shelter providers, and others on the ground. It is our hope that queer and intersex persons will benefit from any increased awareness of the shelter needs of sexual minorities in general.

Finally, by *shelter* or *safe shelter*, we are not necessarily referring to a single physical structure or traditional safe house model. We use the term conceptually; in the context of this study, it refers to any physical space or network of spaces that exclusively or incidentally offers temporary safety to individuals. We focus on those that are available to individuals fleeing sexual and gender-based violence, particularly refugees and people who are displaced within their country.

EXECUTIVE SUMMARY

In the first eight months of 2012, the Dadaab refugee camp complex at the Kenya-Somalia border registered nearly 6,000 new arrivals from Somalia, bringing the total population of the northeastern camps to 474,000. If the Dadaab complex were a city, it would be Kenya's third largest, after Nairobi and Mombasa. A similar population explosion occurred on the other side of the country, in Kakuma refugee camp in Kenya's northwest. Nearly 13,000 new refugees were registered between January to August 2012, mostly from South Sudan. The total camp population is now over 101,000. By August 2012, the total number of registered refugees and asylum-seekers in Kenya came to over 630,000—with 55,000 of these residing having migrated internally to Nairobi.²

Camp overpopulation and ongoing security concerns have led to extreme resource constraints and protection challenges. UNHCR's implementing partners report cases of aggression within the camps, including rape and other forms of sexual and gender-based violence.

Further south in the country, 664,000 Kenyan citizens were displaced as a result of the post-election violence that occurred immediately after December 2007's presidential election results were announced.³ During the two months of inter-ethnic conflict that ensued, approximately 1000 cases of sexual and gender-based violence were treated by the two major gender violence clinics in Nairobi.⁴ Today, many Kenyans remain displaced, with entire camp communities still clustered in central and western Kenya. Security and service delivery to the camps is low. Rates of sexual and gender-based violence are difficult to assess, but assumed to be largely underreported.

In an era of increased attention to conflict-related violence, we are now beginning to understand the continuum of sexual and gender-based harm that men, women, and children can suffer during armed conflict, in flight, and while temporarily resettled in refugee or internal displacement camps. Violence such as rape, gang rape, and sexual torture or slavery can occur during periods of armed conflict and may be perpetrated by different actors for different reasons. Those fleeing a conflict may still be susceptible to rape, sexual exploitation, or trafficking while attempting to secure transport, cross borders, and find lodging. Finally, even in settlement—whether in refugee or internal displacement camps or in urban centers—vulnerability to harm persists due to a number of factors, including lack of protective networks, immigration status, and basic resources. Displacement also increases vulnerability through new and exacerbating conditions, including the breakdown of family and community ties, collapsed gender roles, limited access to resources, insufficient security, and inadequate housing in camp settings.

Refugees and internally displaced persons fleeing armed conflict or even natural disasters have few options for immediate physical protection from sexual or gender-based violence—either during flight or in camps.

Further, the needs of refugees or internally displaced persons who also experience sexual and gender-based violence are likely to be urgent and complex. They may experience compounded levels of physical or psychological distress stemming from both conflict-related displacement and their experience of sexual and gender-based violence. Providing services to people with such complex vulnerabilities requires multisectoral approaches that address the special needs created by these circumstances.

It is important to better understand the options for immediate safe shelter that exist in these contexts. In addition to providing immediate physical protection, programs that shelter those fleeing sexual and gender-based violence may help to facilitate access to other critical services in resource-constrained displacement settings. However, data about shelter-providing programs in these contexts is extremely limited. Evidence-based information about shelter models, client and staff needs, service challenges, and strategies is urgently required to inform policy, programming, and implementation guidance for international, national, or local entities that design or oversee these protection programs.

Research Aims and Objectives

As part of its Sexual Violence Program, the Human Rights Center conducted a one-year study in 2012 to explore and improve understanding of the options for immediate, temporary shelter for refugees, internally displaced persons, and other migrants fleeing sexual and gender-based violence in countries affected by conflict or natural disaster. We define *shelter* flexibly. For example, it may be in the form of a traditional safe house, a network of community members' homes, or other safe spaces coordinated by a base organization.

Our aim was to generate research-based evidence to inform donors, policymakers, and international and local actors about types of relevant models, priority challenges, and promising practices.⁵ The study focused on three key objectives:

1. Identify and describe shelter models available to refugees, the internally displaced, and migrants fleeing sexual and gender-based violence.
2. Identify unique challenges experienced by staff and residents in these settings and explore strategies to respond to these challenges.
3. Explore protection needs and options for particularly marginalized victim groups, such as male survivors, sexual minorities, sex workers, and people with disabilities.

The aim and objectives were the same across each of the studies, carried out in Colombia, Haiti, Kenya, and Thailand. Our research focused primarily on programs that served communities of refugees, migrants, and internally displaced persons, including those operating in a camp setting. We also examined mainstream shelters to identify protection options and innovations in urban settings.

Study outputs include four country-specific reports and one comparative assessment that contain guiding considerations for the UNHCR and other stakeholders involved in the provision of protection to these populations.

Project Methods

In preparation for the Kenya case study, the Human Rights Center conducted a review of scholarly, NGO-authored, and primary-source documents on shelter services in Kenya and on sexual and gender-based violence responses both generally and as related to Kenya's refugee communities and the period of post-election violence in 2007–08. This review provided information on the context of sexual and gender-based violence in Kenya, key actors, and available protection mechanisms.

Human Rights Center researchers conducted fieldwork in Kenya over five weeks in February and March 2012. Their work included in-depth, semi-structured interviews with fifteen shelter staff and seven shelter residents from a total of ten programs sheltering survivors of sexual and gender-based violence in Nairobi, Nakuru, and Kakuma refugee camp. Though the Human Rights Center had conducted pilot interviews in Dadaab refugee camp in June 2011, we were unable to visit Dadaab again in 2012 because of its emergency security situation.

Researchers audiorecorded their interviews with the interviewees' consent. Audio files were transcribed, translated, and coded with the qualitative data analysis software Dedoose.

The researchers in Kenya also interviewed twenty-one key informants from the government, CBOs, NGOs, and UN agencies to gather supplemental contextual information.

Ethical approval for the Kenya case study was provided by both the University of California, Berkeley, Committee for the Protection of Human Subjects, and the Kenya Medical Research Institute (KEMRI).

Findings

Shelter Types

Despite a limited number of programs, Kenya still features a rich diversity of shelter models—several of which do, or could, serve refugee and internally displaced survivors of sexual and gender-based violence. However, few shelter programs situated outside refugee camps had specific facilities, services, or training geared toward the care of this particular population.

In total, the ten programs we visited in Nairobi, Nakuru, and Kakuma refugee camp included the following types of safe shelter provision:

- Five safe houses run by non-profit organizations or UNHCR implementing partners, including one that catered to LGBT survivors in Nairobi;
- One community-based network of individuals and organizations that could offer shelter in the Kibera district of Nairobi;
- One system of private apartments rented by a non-profit organization for LGBT refugees in Nairobi awaiting resettlement processing;
- In Kakuma refugee camp, one fenced-in cluster of refugee huts that was reserved for families and individuals with high-risk security cases;
- One complex administrative structure in Kakuma that served both protective and disciplinary functions within the Sudanese refugee community;

- One administrative center for processing of newly arrived refugees in Kakuma, where survivors of sexual and gender-based violence could sleep if necessary.

The programs we had observed in Dadaab prior to official fieldwork included:

- One traditional safe house program, run by the Lutheran World Federation;
- Two new networks of community-based hosts, developed by CARE and IRC in two of Dadaab's main camps;
- One new health clinic funded by GIZ that would, as needed, allow patients suffering from gender-based violence to stay overnight on an ad hoc basis.

Challenges and Strategies

Shelter staff in Kenya performed exhausting and critical work, often despite significant resource limitations—particularly in Kakuma and Dadaab refugee camps. Some had pursued creative options for alternative, community-based shelter as well as feasible options for income generation. Many staff seemed interested in coordination and exchange with other shelter and service providers to improve referral options for survivors, wherever possible.

Shelter staff and residents in Kenya also described a variety of overarching and service-specific challenges and strategies. Critical among them were the following:

General or Systemic Challenges and Strategies

1. *Scarcity of temporary shelter options*
Options for shelter were especially scarce for people fleeing sexual and gender-based violence outside of Nairobi and the refugee camps.
2. *Insufficient shelter options for internally displaced persons*
Many Kenyans remain displaced as a result of the country's post-election violence in early 2008. Though established shelters in Nairobi and Nakuru did admit internally displaced persons into their programs, we were unable to find shelter programs specifically catering to the protection and support needs of internally displaced persons.
3. *Protracted protection needs due to weak law enforcement and survivors' poor access to justice*
Police protection and investigations were unpredictable; procedural delays, expense, and corruption frustrated attempts to obtain formal justice in certain cases. While these problems are certainly not unique to the cases of shelter residents, delays and obstruction could lead to protracted shelter stays and ongoing witness protection needs.

Service Provision Challenges and Strategies

1. *Capacity constraints related to shelter space and shelter staff*
Inability to meet demand was exacerbated in refugee camp settings, where resources tended to be strained to their limits. Referral networks that enabled alternative placement within a camp context could help to optimize space allocation.

2. *Resource constraints*
Limited funding affected programs' ability to meet demand and provide certain services, such as vocational training or income-generating activities.
3. *Security needs*
Secret locations in refugee camps are nearly nonexistent, so perpetrators and others can easily discover locations where victims are housed. Shelter programs also had security-related challenges. Some programs relied on gates, guards, and rules controlling visitation and resident movement. Restricted movement or perceived confinement may exact a psychological cost, however.
4. *Tensions with the outside community*
Where community norms conflicted with the laws of the host country—especially in tightly knit refugee populations—shelter staff's efforts to help survivors access formal justice could cause friction and undermine a survivor's ability to transition safely back into her community. Community relations were sometimes improved by the engagement of community leaders.
5. *Tension among shelter residents*
Sharing space with other survivors in crisis can lead to both opportunities for tremendous levels of mutual support as well as intense friction and frustration.
6. *Unintended "pull factors"*
A shelter program's relative benefits, as compared to camp or displacement options (e.g., better facilities, access to education for dependent children, perception of an increased chance of refugee resettlement, etc.), could contribute to residents' unwillingness to leave a program. Grossly disparate benefits may also increase the likelihood of exaggerated claims for protection.
7. *Emotional stress on shelter staff and residents alike*
Psychological strain on individuals working or staying in these programs appeared to be significant. Some programs offers onsite counseling to residents and staff. Staff coping mechanisms were largely informal.

Protection for Marginalized Victim Groups

We found few options to meet the protection needs of particularly marginalized victim groups, such as male survivors, sexual minorities, elderly, or disabled victims.

Further, we found no programs specifically geared to protecting Kenyan internally displaced persons fleeing sexual and gender-based violence, though mainstream shelters did not categorically exclude them, either.

Male dependents over age twelve were prohibited from accompanying female family members in most shelter programs. Adult male survivors were ineligible for admission to the programs we visited.

The only exception we found was for LGBT males, who could be housed in one of two programs we identified in Nairobi for LGBT individuals fleeing harm. Though few shelter programs explicitly

excluded LGBT, elderly, or disabled individuals in their admission criteria, there appeared to be reluctance among some mainstream shelter programs to accommodate LGBT individuals.

Individuals with severe mental or physical health concerns also seemed largely excluded from shelter program protection. It seemed that providers did not feel well equipped to handle cases requiring intensive medical or psychological care.

Recommendations

Based on our findings, we offer the following recommendations to strengthen sexual and gender-based violence shelter services in Kenya:

Recommendations to the Government of Kenya

1. *Support increased shelter capacity and diversified shelter options for sexual and gender-based violence survivors.*
Make budgetary allocations for new and existing shelter programs.
2. *Support increased shelter capacity and diversified shelter options for sexual and gender-based violence survivors.*
Ensure better access to health care, law enforcement, and prosecution by fostering linkages through relevant government coordinating entities (e.g., the Task Force on the Implementation of the Sexual Offences Act, the Witness Protection Agency, the Gender Commission, etc.).
3. *Protect “invisible” groups.*
Recognize the special needs of neglected or marginalized groups and work with service providers to extend shelter protection to these individuals. Such groups include internally displaced persons, male victims, sexual minorities, and mentally or physically challenged individuals.

Recommendations to the UN High Commissioner for Refugees

1. *Conduct additional research on each of the following:*
 - a. The special shelter and support needs of refugees and internally displaced persons fleeing sexual and gender-based violence generally, and in Kenya specifically, to inform policy and programming priorities.
 - b. The informal, community-run protection mechanisms within UNHCR refugee and internally displaced persons’ camps to understand their potential advantages and liabilities from both staff’s and survivors’ points of view.

Recommendations to National Sexual and Gender-Based Violence Coordinating Mechanisms (Including UNHCR Country and Branch Offices)

1. *Conduct a thorough mapping of existing shelter programs throughout Kenya.*
Identify survivors’ options for safe shelter and consider options for filling critical geographic or population-based protection gaps. UN Women has started a relevant mapping exercise and may

be a helpful partner. Mapping should indicate populations served, eligibility criteria, length of permitted stay, and security provisions of each safe shelter program identified.

2. *Consider community-based protection options.*

Shelter options, in addition to traditional safe houses, should be available in local communities. Creating shorter-term, community-based protection options in low-security cases can facilitate reintegration and may also help to reduce the expectation of refugee resettlement. The CARE and IRC community host networks in Dadaab refugee camp may be promising examples, though they are still evolving.

3. *Convene shelter providers to set up mechanisms for resource sharing and service coordination in and out of camps.*

In order to maximize a safety plan for an individual survivor, shelter programs may require contact and support from other such providers. For example, the CARE and IRC community host networks in Dadaab refugee camp feed into longer-term shelters when necessary. The reverse transition might also be considered. In addition, mainstream shelters in urban areas should be connected to programs caring for specific survivor groups.

4. *Develop clear referral networks and partnerships with relevant service providers.*

Strong referral procedures will better enable shelter residents to receive support that may not be available onsite (e.g., medical care, legal aid, counseling, etc.).

Recommendations to Organizations Providing Shelter (including UNHCR Camp and Nairobi Operations)

1. *Develop standard operating procedures and codes of conduct.*

Clear processes should be developed, in collaboration with staff, to guide the operation of the shelter, care of the residents, and so on. Procedures for implementing SOPs should be adapted for site-specific needs and communicated to all staff and, as needed, to residents at each site. Conduct guidelines for shelter stays should be developed and revised in consultation with staff and residents to ensure resident safety, resident relations, and mutual respect.

2. *Work with clients to develop individualized care plans and exit strategies from the beginning.*

Individual care plans (addressing specific psychosocial, security, and livelihood needs) and flexible systems are likely to improve both the well-being of residents and their chances for successful transition out of care programs. Identifying and facilitating individual exit strategies are particularly important to foster successful survivor transitions.

3. *Foster maximum control over shelter residents' short- and longer-term decision-making about their lives while ensuring safe and supportive operation of shelters.*

While all interviewees recognized the importance of facilitating shelter residents' ability to take control of their lives, some residents appeared to have no true agency, no meaningful activity, and little participation in decision-making. The ability to make even small decisions for oneself while in a shelter may be psychologically beneficial, and such decisions serve as stepping stones to future independence.

4. *Enhance staff capacity and training.*

Shelter staff will benefit from training on basic service provision, on responding to the psychosocial needs of survivors, on applying well-planned referral mechanisms, and on appropriate responses in cases of emergency. Staff should be sensitized and trained to respond to the special needs of specific populations, including LGBT, male, elderly or disabled survivors.

5. *Ascertain the security and welfare needs of shelter staff.*

Programs should have processes in place to identify and respond to potential risks of physical or psychological harm to staff. All levels of shelter staff should be involved in the development and implementation of mechanisms to improve staff safety and provide mutual support. Staff support may be particularly important in refugee camps, where the usual support options may not be available. Staff consultation and team-building meetings may help to facilitate the development of well-accepted processes. If staff face risks of harm in the community, it may be helpful to engage sympathetic community leaders in this dialogue.

6. *Track cases.*

Shelter providers should develop mechanisms to follow up with former residents (with their consent) to assess their safety and well-being and to offer support for their long-term needs. In addition to creating opportunities to provide further assistance, follow-up with survivors can increase understanding of transition planning. Facilitating voluntary cell phone check-ins, home visits, and even follow-up well-being visits to the shelter by former residents may be useful options for helping residents to stay in touch. Contact with former residents should be conditional on not exposing them to their local communities.

7. *Monitor and Evaluate.*

Shelter providers would benefit from implementing regular monitoring strategies to gain voluntary feedback from staff and residents about various aspects of their program (security, support, care plans, training needs, etc.). If possible, programs could also seek safe, confidential ways to obtain former residents' perspectives on their services.

STUDY INTRODUCTION

Background

Individuals fleeing sexual and gender-based violence often have few options for protection. These options can be even more limited in humanitarian settings.

The complexities of vulnerability increase dramatically in refugee camp settings, where the breakdown of family and community ties, limited access to resources, insufficient security measures, and inadequate housing place them at heightened risk.⁶

Literature also suggests that domestic violence in particular increases in displacement contexts.⁷ It is theorized that psychological strains on men unable to assume normal social, economic, and cultural roles can result in aggressive behavior toward women and children.⁸ Women and girls who are forced migrants are believed to experience a disproportionate amount of sexual and gender-based violence compared to men and boys.⁹

Where individuals have been displaced by conflict or natural disaster, the needs of those who also experience sexual and gender-based violence are likely to be urgent and complex. Elevated rates of mental distress, such as post-traumatic stress disorder (PTSD) and depression, have been recorded among diverse groups of refugees and internally displaced persons.¹⁰ Survivors of sexual and gender-based violence are at risk for a range of physical, psychological, and social consequences, including STIs, HIV, unintended pregnancy, unsafe abortion, trauma to the reproductive system, PTSD, depression, social stigma, and rejection by family or community; yet even a minimum level of services is rarely accessible.¹¹ Since displaced survivors of sexual and gender-based violence have often experienced multiple traumatic events, they may be at greater risk for adverse psychosocial outcomes.¹²

Programs that provide temporary emergency shelter to individuals with complex vulnerabilities, such as refugees, internally displaced persons, and forced migrants who have been subjected to sexual and gender-based violence, may also help to increase their access to support services. As such, these programs may facilitate multisectoral approaches that address these people's special needs. Yet, despite this population's enormous vulnerability to harm and significant need for support, surprisingly little is known about emergency shelters available to survivors in refugee or other displacement settings, either globally or within Kenya specifically.

Literature Review

A review of peer-reviewed and gray literature identified little research-generated data on or guidance about the provision of temporary physical shelter from sexual and gender-based violence in Kenya's refugee and internally displaced person camps. A single peer-reviewed article addressed protection options for intimate-partner violence in Kakuma refugee camp.¹³ It noted that, while refugee communi-

ties in Kakuma did make use of UNHCR and agency-initiated response mechanisms when convenient, they also maintained their own systems where official channels seemed unhelpful. This included options for temporary physical protection.

A broader search for gray literature about sexual and gender-based violence shelter provision in Kenya identified reports by nongovernmental and international organizations. While several reports mentioned the provision of physical shelter to specific groups of refugees or internally displaced persons fleeing sexual and gender-based violence, this information was generally offered as part of a larger report on response to sexual and gender-based violence.¹⁴ A 2009 UNIFEM report provided the results of a mapping exercise of mainstream sexual and gender-based violence shelters throughout Kenya.¹⁵ Its findings did not include in-depth discussion of specific models, challenges, or strategies.

Study Objectives

This report on safe shelters for displaced sexual and gender-based violence survivors in Kenya is part of a four-country study undertaken by the Human Rights Center, University of California, Berkeley, School of Law. It is part of the Human Rights Center's Sexual Violence Program. The study aimed to improve understanding of the kinds of temporary shelter program models serving displaced individuals such as refugees, migrants, and internally displaced persons seeking protection from sexual and gender-based violence, and to identify challenges and promising practices. Specifically, it explored the following key questions:

1. What are some models of temporary physical protection serving individuals who are forcibly displaced (e.g., refugees or internally displaced persons) and are fleeing sexual or gender-based violence?
2. What are the particular challenges and strategies associated with providing temporary shelter in displacement contexts?
3. What are the protection options and challenges for particularly marginalized sexual and gender-based violence survivors in forced displacement settings?

Based on formative research on shelter models and pilot fieldwork in two refugee camps in Kenya (June 2011), Human Rights Center researchers developed a loose categorization of *types* of shelter programs in order to provide a conceptual framework that could both serve as a theoretical list and enable comparison across case studies.

The six types of shelter programs the Human Rights Center conceptualized are as follows:

1. *Traditional safe houses.* Survivors live together in a common structure, with staff overseeing operation of the accommodation.
2. *Independent living arrangements.* Staff arrange for survivors to be housed in separate accommodations (e.g., independent flats or hotel rooms) that were not built specifically for safe shelter purposes. This is also known as “scattered site housing” in some contexts.
3. *Community host systems.* Survivors temporarily live in the homes of selected community members.

4. *Protected areas.* Survivors live in their own homes in a protected, enclosed subsection of a refugee or internally displaced persons camp.
5. *Alternative-purpose entities.* Survivors stay in a setting designed to provide services unrelated to safe shelter (e.g., a police station, hospital clinic, or church).
6. *Hybrid models.* These programs combine some elements of the above models.

This report presents the Human Rights Center’s findings about forms of immediate, temporary shelter for internally displaced persons fleeing sexual and gender-based violence in Kenya. It includes a review of programs that either already are, or are open to, providing safe shelter to this subgroup of survivors.

The other case study locations where research was conducted as part of this study were Colombia, Haiti, and Thailand. Separate reports document findings for each country.

Methods

Design

The Human Rights Center’s study team conducted a review of scholarly and NGO literature and primary-source documents, including NGO reports, assessments, program descriptions, and camp rules and procedures, on shelter services in Kenya and beyond. The review provided information on the context of sexual and gender-based violence in Kenya, the main actors, and the current protection mechanisms for survivors of this violence. This review also informed shelter site selection.

The team then developed semi-structured study questionnaires used to interview shelter staff and shelter residents.

Formative work for the study was conducted in Kenya in June 2011, when researchers spent two weeks visiting shelters in Nairobi, the Kakuma and Dadaab refugee camps, and the internally displaced persons communities of Naivasha and Nakuru. The purpose of this exercise was to identify critical issues relevant to providing temporary physical shelter from sexual and gender-based violence in forced displacement settings. This mission also informed the development of interview instruments and confirmed contacts among government, civil society, and UN agencies engaged in sexual and gender-based violence shelter provision in Kenya.

Site Selection and Sample

Fieldwork for the Kenya case took place during five weeks in February and March 2012, when two researchers conducted site visits and qualitative interviews with Kenyan shelter programs. In total, our team visited ten shelter-providing programs during the fieldwork period: four shelter programs in Kakuma refugee camp, five in Nairobi, and one in Nakuru.¹⁶ We were unable to return to the Dadaab refugee camp complex due to an emergency situation there, so we could not include any of Dadaab’s shelter programs in our formal site sample. However, we expanded upon the formative research performed in June 2011, conducting follow-up phone and email interviews with key informants about Dadaab’s shelter options.

Sites were chosen both to account for diversity of the shelter models and locations and to ensure inclusion of programs operating within both refugee camps and in urban centers.

At each shelter program, we interviewed at least one member of the staff—typically the shelter director, a case manager, or a social worker. When possible, we also spoke with at least one shelter resident, who was invited to participate by shelter staff. All residents were female, ages 18–45. In total, researchers interviewed twenty-one key informants, fifteen staff members, and seven shelter residents.

Interviews with shelter staff and residents were audiorecorded, with the individual’s consent, and transcribed for analysis. Fieldwork researchers, with the support of other social scientists based at UC Berkeley, coded the transcriptions using Dedoose. Thematic coding was carried out, which included a series of deductive codes developed to reflect key questions in the interview instruments. In addition, researchers employed an inductive approach to identify patterns among the experiences of respondents.

In addition, researchers conducted unstructured interviews with twenty-one key informants from government and civil society organizations in the field of sexual and gender-based violence. The purpose of these interviews was to obtain their perspectives about policy and structural challenges, shelter services for the displaced and for victims of sexual and gender-based violence, and alternative forms of protection. Although key informant interviews were not recorded or formally analyzed, they provided researchers with a greater understanding of the social and political context and systems of response in which shelters operate and flagged key issues for further exploration in interviews with staff and residents.

Ethical approval for each case study was obtained through the University of California, Berkeley, Committee for the Protection of Human Subjects. We also obtained ethical clearance from the Kenya Medical Research Institute (KEMRI).

Limitations

There were several limitations to the Kenya case study. First, the group of shelter programs we explored is not a full representation of all programs that operate in Kenya. Due to resource and time limitations, we were unable to identify any shelter programs operating *within* any internally displaced person camps. (The Nakuru shelter program we visited has incidentally housed internally displaced persons, but it was actually established years before the most recent cause of displacement—the post-election violence of 2007–2008.)

In addition, while a few of the shelters we visited in Nairobi and Nakuru would admit internally displaced persons (and had done so in the past), none were housing them during the time of our fieldwork, limiting our ability to interview internally displaced residents in order to understand their particular needs and experiences. However, key informant interviews with individuals serving displaced Kenyans did illuminate some of their experiences of sexual and gender-based violence, as well as the relative dearth of shelter options available to them.

We did not intend to interview minors and did not seek ethical clearance to do so.

Similarly, to avoid the risk of disturbing past shelter residents or exposing them to their neighbors, we did not seek to interview individuals who had transitioned back into the community. Different

insights might have been gained by speaking with former shelter residents. Future research should consider these potential participants.

Resident interviewees were recruited by shelter staff, not randomly selected. We made every effort to ensure that participation was voluntary, but we cannot know how representative the opinions we gathered were.

As needed, researchers relied on program staff to provide interpretation. This was particularly the case in Kakuma refugee camp, where traveling with our own interpreters was not feasible due to expense and limited flights to the camp. We are not certain to what extent, if any, this may have inhibited residents from expressing their experiences.

The coding of our qualitative data was conducted by Human Rights Center researchers, some of whom were not involved in the interview process and therefore may not have had the full context and understanding of the interviews. However, Center researchers led the coding and analysis process and randomly double-coded transcripts to assess and address intercoder reliability.¹⁷

DISPLACEMENT IN KENYA

Refugees

Kenya has a long history of absorbing refugees.¹⁸ From the 1960s through the 1980s, refugees from Uganda were integrated into Kenyan life, but this open policy changed in the early 1990s when large numbers of refugees from Somalia, Sudan, and Ethiopia arrived. Refugees housed in areas around Nairobi and Mombasa were moved to two refugee camps: Kakuma, at the Sudanese border, and Dadaab, at the Somali border.

According to UNHCR figures, as of August, 2012, there were 101,000 refugees and asylum seekers registered in Kakuma. The majority were from South Sudan and Somalia. The UNHCR further estimates that, as of August, 2012, a total of 474,000 refugees and asylum seekers were registered in the Dadaab refugee camp (which, as noted earlier, is actually a cluster of subcamps). The majority of Dadaab camp residents were from Somalia, with a small minority from Ethiopia.¹⁹

Although Kenya has never officially adopted a policy requiring refugees to stay in camps, in practice it has sustained an uncodified encampment policy since the early 1990s. Enforcement has been mixed, and many refugees have migrated to urban centers to pursue educations, to seek medical treatment or jobs, or simply to become anonymous. For many years, no services were provided to refugees outside the camps, but this changed following the launch of the Nairobi Initiative in 2005 and the UNHCR's revision of its urban policy in 2009.

Today urban centers such as Nairobi, Mombasa, Eldoret, and Kisumu host growing refugee and asylum-seeking populations. According to UNHCR figures, as of August, 2012, there were 55,000 refugees and asylum seekers registered in Nairobi. The majority of them were from Somalia, Ethiopia, and the Democratic Republic of Congo.²⁰

Internally Displaced Kenyans

In late December 2007, soon after Kenya's then-incumbent president, Mwai Kibaki, was declared the winner of the presidential election, Kenya erupted into violence. Opposition supporters claimed the announced results were fraudulent. The violence—seemingly committed and suffered by all sides—left about 1,300 Kenyans dead and more than 600,000 displaced.

The Commission of Inquiry into Post-Election Violence (CIPEV, or Waki Commission), chaired by Justice Philip Waki, released its findings on October 15, 2008, after a three-month investigation. It recommended that a special tribunal be created to “seek accountability against persons bearing the greatest responsibility for crimes, particularly crimes against humanity relating to the 2007 general elections in Kenya.”²¹ In 2009, the Truth, Justice and Reconciliation Commission was formed to address the acts of violence, but an ethics scandal surrounding its chairman halted the group's work. In

the absence of a clear domestic prosecution strategy, the International Criminal Court initiated two cases related to Kenya's post-election violence.²² At the time of writing, the cases were pending.

Resettlement of internally displaced persons has been slow, and there are few accurate estimates of the number of Kenyans still displaced. The UNHCR's working figures report 300,000 internally displaced persons in Kenya, 50,000 of whom were displaced by the post-election violence and 250,000 of whom were displaced by other emergencies that have taken place since 1992 (e.g., the forced removal of people from the Mau Forest to restore the environment there).²³

Key Actors in Displacement Response

Refugees

Kenya's 2006 Refugees Act created the Department of Refugee Affairs (DRA) within the Ministry of Immigration and Registration of Persons. A 2011 law created the Kenya Citizens and Foreign Nationals Management Service Board to absorb the duties of several government agencies, including the ministry.

Currently, the UNHCR and the DRA have responsibility for both urban refugees and the refugee camps (Kakuma and Dadaab). The DRA registers refugees in Nairobi, and the UNHCR coordinates protection services. The DRA and UNHCR are responsible for the overall management of Kakuma and Dadaab camps, with the Lutheran World Federation (LWF) acting as UNHCR's implementing partner for camp management.

Internally Displaced Persons

During the post-election violence in 2007–08, the Kenya Red Cross took the lead in relation to internally displaced persons. Coordination was later handed over to the government, which formed the national Protection Working Group on Internal Displacement, cochaired by the Ministry of Justice and the Kenya National Commission on Human Rights.

Two subgroups still exist in Nakuru and Eldoret, where the majority of the remaining internally displaced persons are located. The subgroups are cochaired by the Kenya National Commission on Human Rights and the provincial administration, and they include a wide range of participants, such as civil society groups, INGOs, and government agencies.

SEXUAL AND GENDER-BASED VIOLENCE IN KENYA

Overview

The Human Rights Center's desk research found a lack of information on the magnitude of physical and sexual violence in Kenya, presumably due to limited research and the likelihood of significant underreporting. Hence statistics are unlikely to reflect actual prevalence.

Recent data from the Kenya Demographic and Health Survey indicate that 39 percent of women it interviewed had experienced physical violence, with almost one in four (24 percent) experiencing such violence in the twelve months before the survey.²⁴ More than one in five Kenyan women (21 percent) reported having experienced sexual violence, with perpetrators usually known to the victims. The most common abusers noted were: current husbands or partners, current or former boyfriends, and former husbands or partners.²⁵

The Kenya Demographic and Health Survey asked all respondents who had experienced physical or sexual violence a series of questions about whether and from whom they had sought help. Overall, 37 percent had sought help to stop the violence, 6 percent never sought help but did tell someone about the violence, and 45 percent never sought help and never told anyone about the violence. Among all those who sought help, the majority sought help from their own family (63 percent). Many sought help from in-laws (34 percent), and a smaller number from friends or neighbors (14 percent).²⁶

Due to the stigma attached to sexual and gender-based violence in many Kenyan communities, women blame themselves and fear they will be ostracized from society or revictimized by the perpetrator if they disclose their abuse.²⁷ The silence surrounding sexual and gender-based violence results in survivors failing not only to report sexual violence, but also to access support, partly due to a lack of knowledge that such services exist or about how to obtain them.²⁸

Another key obstacle to reporting sexual and gender-based violence is the actual or assumed attitudes of the police about survivors.²⁹ As discussed below, police officers in Kenya are not always adequately trained to handle sexual and gender-based violence cases. Some regard domestic violence in particular as a private affair, and so are reluctant to record reports or to intervene. Such attitudes discourage many survivors to report abuse in the first place.

Very little information is available on sexual violence against men and boys, since there seems to be even more shame and stigma associated with homosexual rape than with sexual violence against women and girls. However, data from the Gender Violence Recovery Centre at the Nairobi Women's and Children's Hospital indicate that men and boys do experience these harms, which are sometimes reported.³⁰ There is anecdotal evidence from those working with refugees in Nairobi that men are sometimes sodomized by soldiers in their countries of origin. They occasionally seek help when they arrive in Kenya, but are generally reluctant to speak about what happened.

We found no reliable information on the nature or prevalence of sexual and gender-based violence against LGBT individuals in Kenya.

Conflict and Displacement-Related Sexual and Gender-Based Violence in Kenya

Periods of armed conflict or political unrest, and the large-scale displacements that often follow, can change the nature or exacerbate the occurrence of sexual and gender-based violence in a community. Conflict- and displacement-related sexual and gender-based violence occurs in Kenya's large Sudanese and Somali refugee populations and in relation to the political violence that affected hundreds of thousands of Kenyans in late 2007 and early 2008.

Kakuma Refugee Camp

According to key informant interviews with the Lutheran World Federation Gender Unit, 530 incidents of sexual and gender-based violence were reported in Kakuma in 2011 (469 against females, 61 against males). Many of those victimized were minors, and single women were most at risk, especially single teenage mothers. The elderly were not generally targeted, and there were few cases of violence reported against physically or mentally disabled persons (only one in 2011). It is difficult to get a sense of the true scale of male victimization, since the particular stigma associated with male survivors of sexual violence is believed to prevent reporting.

According to program staff operating in the Kakuma camp, the most common reported forms of gender-based violence were psychological, physical, sexual, cultural (forced marriage), and economic abuse. Rape *in transit* was also noted as a significant issue for refugees heading for Kakuma.

Shelter staff and key informants explained that within the Sudanese community in particular, the most common reported forms of gender-based violence were child abduction, forced marriage, and early marriage, with most cases being related to cultural practices, particularly dowry-related issues. Child abduction and early marriage were most common within Kakuma's smaller Somali community, and sexual assault within the Congolese community. Female genital mutilation or cutting was not specifically mentioned.

In the reported cases, most attacks occurred in the survivor's home. The perpetrator's home was another common location. A smaller number of attacks occurred on the road or in the bush while an individual was looking for firewood. The perpetrator was often somebody known to the survivor—either somebody within the family (a husband or caregiver), a family friend, or a neighbor.

Dadaab Refugee Camps

Overcrowding in Dadaab has led to tremendous strain on camp resources and protection systems. Lack of space for newcomers inside camp boundaries has forced “new arrivals” to cluster on the outskirts, living in makeshift tents without meaningful access to camp security. Women and children make up the majority of these new arrivals.³¹ Women living in parts of the camp that lack culturally appropriate latrines commonly use the forest as a toilet, which may put them at risk of assault,³² as does seeking firewood far from the camps.³³



Makeshift tents on the outskirts of a Dadaab refugee camp, June 2011. Newly arrived refugees who are unable to register for space inside the camp are forced to set up tents outside camp boundaries, where they are not officially eligible for services or security coverage. The UNHCR and its implementing partners attempt to reach these communities, but severe overcrowding in the Dadaab camps remains a challenge. Photo credit: Kim Thuy Seelinger.

Elements of the Gender-Based Violence Information Management System (GBVIMS), a case management database run in Kenya by IRC and Kenya's Gender Commission, have been operational in Dadaab since 2008. The system was fully implemented in December 2010. However, we were not able to access sexual and gender-based violence figures for the Dadaab camps. Even if these figures had been available, they would likely have given only a partial picture of sexual and gender-based violence in Dadaab due to the high level of underreporting.

According to our key informant interviews with staff working in Dadaab and recent assessments conducted by other groups, the main forms of sexual and gender-based violence in Dadaab were rape and sexual violence (including by armed groups that attacked refugees in transit across the desert or settled in the camps), intimate-partner or domestic violence, early and forced marriage (including its use as a "solution" to rape or premarital sex), sexual exploitation and abuse by persons in positions of power, survival sex engaged in by ostracized members of the community,³⁴ and female genital mutilation or cutting.³⁵

Kenya's Post-election Violence

Sexual and gender-based violence also featured in the post-election violence that resulted in the displacement of hundreds of thousands of Kenyans in late 2007 and early 2008. The Commission of

Inquiry into Post-Election Violence noted that although nine hundred cases of sexual violence were reported across the country during the emergency period (December 30, 2007 to February 28, 2008), evidence suggests that far more instances went unreported.³⁶

A government inquiry found that sexual violence not only occurred as a byproduct of the collapse in social order brought on by the post-election conflict, but it also was used as a means to terrorize individuals and families in order to drive them from their homes.³⁷ In Nairobi's slums, women and children (and some men) were particularly targeted for rape because of their ethnicity. Hospital reports indicate that between December 27, 2007, and February 29, 2008, 322 cases of sexual assault and rape of women and girls were reported to Nairobi Women's and Children's Hospital, 26 to the Moi Teaching and Referral Hospital in Mombasa, and 2 to Nyanza Provincial Hospital.³⁸

An interagency report by the Gender-Based Violence Sub-Cluster states that internally displaced persons in camps repeatedly expressed fears of sexual violence as a result of makeshift arrangements in which unrelated males and females were forced to sleep together in one tent, as well as fears about the lack of restrictions on men from outside entering the camp.³⁹ Sexual exploitation was a concern, too, as women and girls were coerced into exchanging sex for basic resources such as food, sanitary supplies, and transport.

FINDINGS

Shelter Models

Human Rights Center researchers in Kenya sought to identify forms of immediate, temporary shelter available to refugees and internally displaced persons fleeing sexual and gender-based violence in a variety of camp and urban contexts. We also visited a few mainstream shelter programs that were not designed to provide protection to forcibly displaced individuals, but whose operations might nonetheless prove instructive in the Kenyan context.

In February and March 2012, Human Rights Center researchers conducted site visits to shelters located in Kakuma refugee camp, Nairobi, and Nakuru.⁴⁰

In this section, we introduce each context, then present an overview of the sexual and gender-based violence shelter programs visited in that context. We also present brief profiles of each shelter program we visited.

During our fieldwork in Kenya in February 2012, Human Rights Center researchers learned about shelter programs in Nairobi, Nakuru, and Kakuma refugee camp.

SPECIAL TREATMENT OF THE DADAAB REFUGEE CAMPS

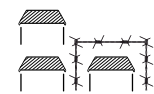
Human Rights Center researchers visited the Dadaab refugee camps, on the Kenya-Somalia border, during the exploratory phase of this study in June 2011. At that time, we conducted pilot interviews with UNHCR and implementing partners' staff who were providing emergency shelter to refugees fleeing sexual and gender-based violence in Dadaab's various subcamps (Hagadera, Dagahaley, Ifo, Ifo 2, and now Alinjugur).

However, due to emergency security conditions that had developed in Dadaab by February 2012, we were unable to enter the camps to conduct fieldwork interviews as part of the formal study. As a result, information about shelter options in Dadaab included in this report is based on both work conducted during the formative research phase (June 2011) and on email and phone interviews carried out during the fieldwork phase (February 2012).

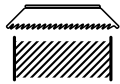
In this report, we discuss the Dadaab programs to some degree since the camp cluster is the largest refugee camp in Kenya and its protection innovations are tremendously thought-provoking. However, we must note that Dadaab-related data is treated as key informant-based only; these interviews were not audiorecorded or coded, as the rest of our data were.

SHELTERS STUDIED IN KENYA

SHELTER TYPES



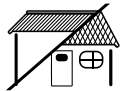
• PROTECTED AREAS



• TRADITIONAL SAFE HOUSES



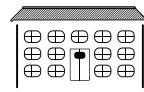
• COMMUNITY HOST SYSTEMS



• HYBRID MODELS



• INDEPENDENT LIVING ARRANGEMENTS



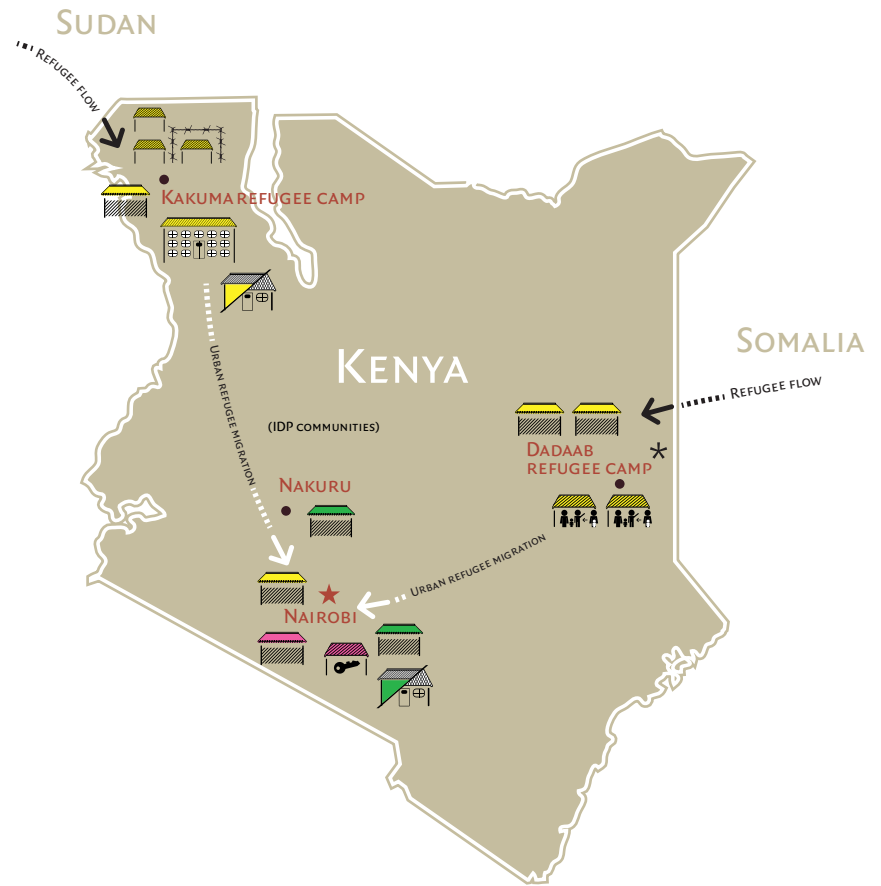
• ALTERNATIVE PURPOSE ENTITIES

POPULATION SERVED

■ REFUGEE POPULATION

■ MAINSTREAM POPULATION

■ MARGINALIZED GROUPS



* ONLY VISITED DURING PILOT STAGE. SHELTER INFORMATION BASED ON UNCODED KEY INFORMANT INTERVIEWS.

<i>Site Name</i> ⁴¹	<i>Location</i>	<i>Type</i>	<i>Mandate</i>
Kakuma_1 ("Safe Haven")	Kakuma refugee camp	Traditional safe house	To provide temporary shelter to women and children at risk of violence or abduction in the camp; to give agencies (the LWF and UNHCR) time to resolve the problem and find permanent places for them to stay
Kakuma_2 ("Protection Area")	Kakuma refugee camp	Protected area	To provide a secure place for refugees who cannot live safely in the community, until a more permanent solution can be found
Kakuma_3 ("Sudanese Cell")	Kakuma refugee camp	Hybrid: alternative-purpose entity + traditional safe house	To hold Sudanese refugees who have committed offenses within their community, and to provide temporary, informal protection for any refugee
Kakuma_4 ("Reception Center")	Kakuma refugee camp	Alternative-purpose entity	To receive new arrivals to Kakuma refugee camp
Urban Refugees_1	Nairobi; urban center	Traditional safe house	To identify, protect, and empower unaccompanied refugee minors, especially adolescent girls, through specialized shelter, education, and advocacy programs
Mainstream_1 ("Filadelfia Women's Crisis Centre")	Nakuru internally displaced persons community	Traditional safe house	To shelter women who have been sexually abused or undergone gender-based violence; to empower them so they can live independently in the community
Mainstream_2	Nairobi; urban center	Hybrid: Community host + traditional safe house	To provide coherent services for GBV survivors; to strengthen their capacity to live independently
Mainstream_3	Nairobi; urban center	Traditional safe house	To provide temporary shelter for abused and sexually violated women and children, with priority given to children
Marginalized_1	Nairobi; urban center	Traditional safe house	To provide short-term secure accommodation for persons who fear harm due to their sexual orientation or gender identity
Marginalized_2	Nairobi; urban center	Independent living	To provide protection for LGBT refugees who are at heightened risk of harm, pending resettlement processing.

We were also able to learn about shelter-providing mechanisms in Dadaab refugee camp during our piloting period and subsequent email and telephone communications. However, for reasons already noted, these programs are not considered formal study sites.

Kakuma Refugee Camp

Context

Kakuma is located in the semi-arid Turkana District of northwest Kenya, ninety-five kilometers south of the Sudanese border and approximately one thousand kilometers from Nairobi. The camp was established in 1992 after the arrival of twelve thousand unaccompanied minors from Sudan.

According to UNHCR figures, as of August, 2012, there were approximately 101,000 refugees and asylum seekers registered in Kakuma. The majority of them were from Somalia and South Sudan.⁴²

Refugees in Kakuma live in an extremely harsh environment; insecurity is a serious problem. There is constant potential for conflict between the refugees and the local Turkana people, and the semi-arid environment is not conducive to growing crops. Therefore the refugees are almost totally dependent on agencies to provide for their basic needs. All NGOs in the camp engage refugees to work in their programs. However, due to Kenyan laws prohibiting employment of refugees, they are engaged on a voluntary basis and paid an “incentive,” which is far lower than the wage of a Kenyan in an equivalent job.⁴³ (These workers are called incentive staff.)

The camp is managed by the UNHCR, which delegates several responsibilities to implementing partners, including the Lutheran World Federation (LWF), International Rescue Committee (IRC), Jesuit Refugee Service (JRS), National Council of Churches in Kenya (NCCCK), and German Cooperation Development or German Society for International Cooperation (GIZ). The World Food Programme (WFP) is responsible for food distribution.

Shelter Models

In the Kakuma refugee camps, five out of the six types of programs were represented.

The only traditional safe house model exclusively for sexual and gender-based violence survivors is the Safe Haven, operated by the Jesuit Refugee Services (JRS). It consists of two large concrete buildings with a number of separate rooms inside, each of which is shared by one or more families. The perimeter fence is covered in a layer of thick thorny branches; one could not see through from the outside.

However, sexual and gender-based violence survivors can avail themselves of longer-term housing in the special Protection Area for whole families deemed to be at heightened risk of various harms, not just sexual and gender-based violence. This cluster of homes is surrounded by a fence covered in tall brush plants. There is a security guard at the only entrance and a police station near the gate.

Some sexual and gender-based violence survivors are housed in a fenced-in area managed by the local-level Sudanese Administration, a community-based governance structure that acts as liaison between the Sudanese refugee population in Kakuma and UNHCR. The Sudanese Administration has its own community-based justice mechanisms, with jurisdiction officially limited to non-criminal offences.

As part of its community-based authority, the Sudanese Administration operates the “Sudanese Cell” within the Kakuma camp complex. Curiously, the Sudanese Cell serves both a protective and a punitive function within the community: individuals seeking protection sleep in the open within the fenced-in area, while other community members who are being disciplined for minor offences sleep in separate cells. Refugees fleeing harm may also stay in one of the guarded huts in the adjacent compounds if space permits. Because of these two distinct shelter features, we consider this Sudanese administration facility to be a hybrid—part alternative-purpose entity aimed at maintaining community discipline and order, and part independent living structures given the huts next door, where some survivors can stay on their own.

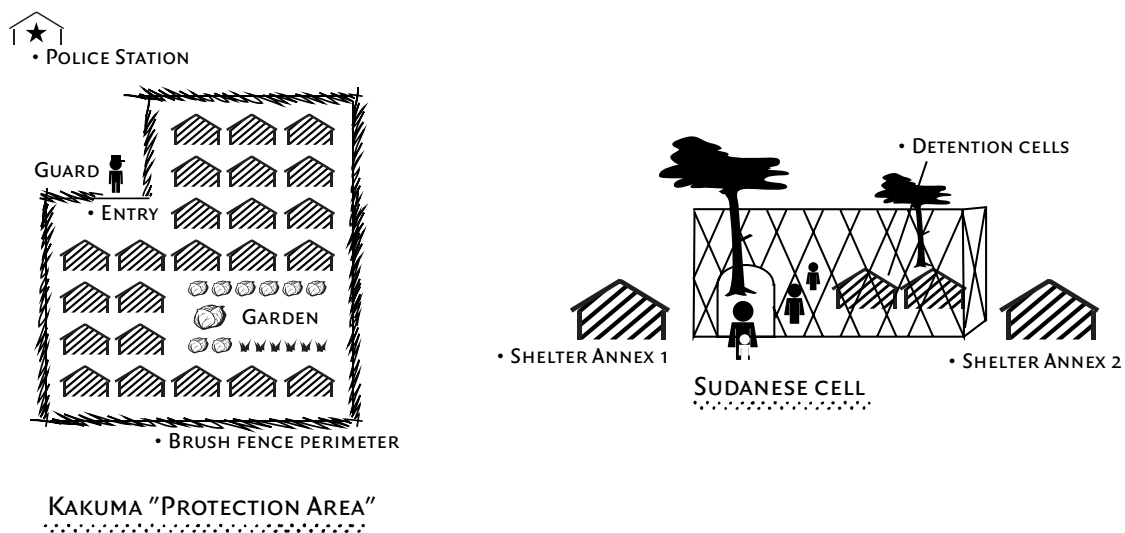
Finally, other survivors secure very short-term protection in the administrative structure where registration of new arrivals to the Kakuma refugee camps is conducted: the Reception Center. There is space in the small buildings here where new arrivals can sleep. Men are separated from women. However, no other special protections or services are provided here to sexual and gender-based violence survivors. This facility is closest to an alternative-purpose entity for analytical purposes.



The Safe Haven shelter, Ifo Camp, Dadaab. June 2011.
Photo Credit: Kim Thuy Seelinger



Impression of aerial view of Kakuma refugee camp, northwest Kenya.



DADAAB REFUGEE CAMP

As noted earlier, we visited Dadaab in June 2011, for preliminary exploration before launching this study. However, we were unable to return to Dadaab when conducting our actual fieldwork in 2012, due to the emergency developments. (Non-essential missions were not allowed at the time.) This description of shelter mechanisms available to refugees fleeing sexual and gender-based violence in Dadaab is thus based on:

- Background research conducted in Berkeley, California;
- Information obtained during the preliminary visit to Dadaab by representatives of the Human Rights Center in June, 2011;
- Phone and in-person interviews with Dadaab staff from IRC, CARE, LWF and UNHCR in February 2012;
- Recent assessment reports on the GBV situation in Dadaab.⁴⁴

The Dadaab refugee camp complex is located in a semi-arid area in the northeastern part of Kenya, near the Somali border.

Dadaab, established in 1991, is currently comprised of three fully functional camps—Dagahaley, Hagadera, and Ifo (which in turn consists of the original “Ifo” and the recently opened extensions, “Ifo 2 East” and “Ifo 2 West.”) Kambi oos, another extension camp planned to house 200,000 refugees, was still awaiting official Kenyan government approval at time of writing, but is already home to over 12,000 refugees.⁴⁵

According to UNHCR figures, as of 29th February 2012, there were a total of 462,975 refugees and asylum seekers registered in Dadaab. The majority of these are from Somalia (95.8%), with a large minority from Ethiopia (3.9%).⁴⁶

In May 2012, UNHCR opened a new sub-office in Alinjgur to help manage part of the Dadaab camp system.⁴⁷ UNHCR’s Dadaab sub-office oversees administration of Ifo / Ifo 2 and Dagahaley camps. A new Alinjgur sub-office, 20 kilometers away from the main UNHCR compound in Dadaab, manages Hagadera and Kambioos camps.

The Department of Refugee Affairs (DRA) and UNHCR are responsible for the overall management of Ifo, Ifo 2, Hagadera and Dagahaley. LWF is the UNHCR’s camp management partner in Ifo 1, Hagadera, and Dagahaley, while the Kenya Red Cross is taking the lead in Ifo 2.

Other implementing partners are responsible for delivering services in the camps. The camps are currently overcrowded with inadequate infrastructure and resources. They are located on a flood plain, rendering the camps inaccessible for extended periods during the rainy season and making the delivery of food, water, health care, and medical supplies unreliable.

Current emergency situation

The numbers of refugees coming to Dadaab increased greatly as a result of the food shortages and drought in Somalia in 2011. In October 2011, the Kenyan military incursion into Somalia to combat the extremist group al-Shabaab led to a sharp rise in attacks from al-Shabaab sympathizers in Dadaab’s camps, as well

as a harsh response and widespread allegations of abuse by Kenyan police. As a result of the insecurity, all ‘non-lifesaving activities’ were halted within the camps, and official registration and reception of new arrivals was terminated.⁴⁸

As the security environment in the Dadaab area deteriorates, humanitarian actors struggle to deliver assistance to refugees. This deterioration continues, despite the suspended registration of “new arrivals.” The registration process not only allows for the collection of basic demographic data, but enables NGOs to identify unaccompanied children and

other vulnerable populations and ensure appropriate health screenings, vaccination, and immediate support services. Unregistered “new arrivals” are not eligible for UNHCR-provided assistance, so must depend on other refugees for food and their other basic needs.⁴⁹

Since 2010 the NGOs leading the response to sexual and gender-based violence in Dadaab have been IRC, CARE and Save the Children UK. Responses to GBV in Dadaab include the provision of post rape care, case management services including counseling, information provision, safe shelters, access to material support, legal justice services and others.⁵⁰

Shelter Models

There is one traditional safe house, the Safe Haven in Ifo, where individuals in imminent physical danger of sexual and gender-based violence can be temporarily accommodated. It is run by the Lutheran World Federation and can hold approximately 100 people in twenty separate huts, all surrounded by a single fence.

UNHCR’s implementing partners, CARE and IRC, have also initiated informal networks in the camps to provide temporary safety solutions by housing individuals fleeing harm (including sexual and gender-based violence) with community leaders and volunteers.

Some serious cases are occasionally placed in the general refugee “transit center” temporarily, but this also houses newly arrived refugees awaiting processing; it is not appropriate for long-term, supportive care of survivors of sexual and gender-based violence.



Outskirts of Dadaab refugee camp, June 2011.

Photo Credit: Kim Thuy Seelinger

Nairobi

Context

Nairobi, the sprawling capital of Kenya, has an overall population estimated at about three million.⁵¹ It is a highly developed city in terms of infrastructure and services, and it is regarded as one of the most modern in Africa. However, like many immense capitals, Nairobi has its share of areas affected by crime, poverty, and insecurity. The largest slum is Kibera, which proved volatile during the 2007 election. In addition, the suburb of Eastleigh has a high density of Somali refugees and has been affected by violence linked to Kenyan-Somali relations.

Refugees move to Nairobi to escape overcrowding in Kakuma and Dadaab and to seek economic opportunities, safety, and a stable living environment. In 2009, the UNHCR formally recognized the right of refugees to live and be protected in urban areas. Following its initial Nairobi Initiative, which was an effort to examine the needs of urban refugees in Kenya and identify local partners, the UN agency now has a special program dedicated to meeting the needs of refugees in Nairobi.⁵² However, overall, services for refugees in the capital struggle to meet demand.⁵³

Shelter Models

Human Rights Center researchers visited a range of shelter models. Site visits included three traditional safe house programs, one focused exclusively on the protection of refugee women and girls fleeing sexual and gender-based violence, one for LGBT community members fearing harm based on their sexual orientation, and the third for women and children fleeing sexual and gender-based violence, which lacked a specific mandate to serve refugees or internally displaced persons.

We also identified one community host program model in Nairobi, in which a network of advocates worked together to temporarily house sexual and gender-based violence survivors in the hosts' own homes. This network of volunteers and advocates primarily served sexual and gender-based violence survivors living in a slum district of Nairobi.

Finally, one group in the capital provided protection specifically to LGBT refugees who needed safety while their refugee resettlement applications were being processed. This independent living model provided temporary shelter by renting private apartments for LGBT refugees.

Nakuru

Context

“When Nakuru sneezes, the country catches cold.”⁵⁴

Nakuru is the capital of Kenya's Rift Valley province. It has held a prominent place in Kenya's history—it was the home base of Daniel Arap Moi, Kenya's president from 1978 to 2002, and the city from which critical negotiations and pronouncements have issued since Kenya was under British rule.

With a population of approximately three hundred thousand, Nakuru remains one of Kenya's largest urban centers, home to inhabitants from all forty-two of the country's ethnic groups. While the Kikuyu tribe commands a majority presence in Nakuru, as in the country as a whole, the city is also

highly associated with the Kalenjin tribe. Political tensions between the two groups have affected the city for decades.⁵⁵

Following the December 2007 general election, Nakuru and its surrounding area suffered high levels of politically motivated violence.⁵⁶ However, these numbers may not accurately reflect the number of individuals who have sought shelter beyond the internally displaced person camps and are harder to count.

Shelter Models

In Nakuru, we visited one well-established traditional safe house program. The Filadelfia Shelter is part of the Women’s Crisis Centre, established by the Filadelfia Pentecostal Church. In addition to its traditional safe house program, the shelter is situated in a compound that contains both a church and a primary school, and it has dormitories for “rescued” girls. The compound is well known within Nakuru—so while its location is not secret, it has security systems in place for protection.



Impression of Urban Refugees_1 grounds, Nairobi, Kenya.



Impression of Filadelfia Women’s Crisis Centre grounds, Nakuru, Kenya.

Shelter Program Profiles

Shelters Visited During Kenya Fieldwork (February, 2012)

<i>Kakuma_1: Safe Haven</i>	
Type	Traditional
Location and context	Kakuma refugee camp
Managing organization	Jesuit Refugee Service (JRS), under UNHCR Community Services
History	Established in 2000
Mandate	To provide temporary shelter to women and children at risk of violence or abduction in the camp, in order to give agencies (LWF and UNHCR) time to resolve problems and find permanent places for women to stay
Funding	UNHCR
Description of housing	Two buildings in a secure compound. Seven bedrooms with three beds each. Two or three families per room; residents sleep in beds and mats on the floor.
Capacity (maximum and current)	Built to accommodate forty clients, though it often houses fifty or more. At HRC's visit, there were fifty-six residents (thirty-two were children).
Eligibility criteria for shelter	Women in imminent danger of becoming victims of sexual and gender-based violence, particularly domestic violence and forced marriage
Harms fled	Primarily rape, domestic violence, dowry-related violence, forced marriage, and early marriage and child abduction
Refugees and internally displaced persons eligible?	Yes (refugees)
Children housed?	Yes. Boys ten and younger can stay with their mothers.
Staff (number and positions)	Thirteen staff: two matrons, one supervisor, three security guards, four teachers for the small children, two teachers for adults, and one tailor
Length of stay (maximum and average)	Maximum stay is six months, but that limit is not strictly enforced in practice. In some cases, clients stay for more than two years.

Services in-house	Breakfast and lunch are provided. Residents cook dinner with their own rations. Clothing and personal-hygiene and other items are provided as needed. Tailoring, embroidery, adult education classes, and preschool to Standard 4 education are available within the compound. All clients are offered individual counselling. Group counselling sessions are held weekly.
Services by referral	Medical treatment at IRC clinics or hospital. Girls ready for secondary school are referred to a boarding school when possible.
Code of conduct and rules	Clients are required to sign a code of conduct. Clients can leave the shelter with permission and if accompanied by one female and one male security guard. Residents may use mobile phones as long as their communication does not harm clients or JRS.
Security system and issues	The compound is surrounded by a fence covered in thorny branches; twenty-four-hour security guards carry handsets to communicate with camp security and the police. The shelter has a good relationship with the police; the police station is nearby. Visits must be authorized and are monitored by security. Clients are accompanied by security guards to and from the hospital and the market. The location of the Safe Haven is well known. While residents feel safe, some call it a “small prison” due to tight security.
Transition planning and effect	The referring agency (LWF or UNHCR) is responsible for finding a more permanent solution to its clients’ problems so they can leave the Safe Haven. The LWF social workers conduct assessments and interventions in the community to attempt to facilitate each client’s departure to a safe location. When this is not possible, some clients are relocated to the Protection Area, voluntarily repatriated to Sudan, or relocated to the Dadaab refugee camps or Nairobi; others are resettled in a third country.
Tracking and monitoring	Referring agency staff manage the discharge of clients. Clients remaining in Kakuma continue to receive support from the referring agency. The JRS community counselors continue counseling, and the client can continue educational, vocational, and skills training programs at the shelter. If she is resettled abroad or transferred to Dadaab or Nairobi, there is limited follow-up.
Notes	Access to assistance is much better in the Safe Haven than in the community, and the standard of living is higher (apart from the restrictions on movement). This, plus the association in the minds of many refugees between the Safe Haven and resettlement, creates a great challenge in ensuring that only those who genuinely need protection are located here.

Kakuma_2: Protection Area

Type	Protected area
Location and context	Kakuma refugee camp
Managing organization	UNHCR
History	Established in 1997 and moved to its current site in 2001
Mandate	To provide a secure place to stay for refugees who cannot live safely in the community, until a more permanent solution can be found
Funding	UNHCR
Description of housing	A fenced compound with approximately seventy-five houses. Families stay in individual houses resembling other houses in Kakuma.
Capacity (maximum and current)	Almost constantly filled to capacity. At HRC's visit, there were around three hundred residents, and it could not hold any more. The majority were female; about thirty were male and around one hundred were children.
Eligibility criteria for shelter	The UNHCR determines eligibility, based primarily on whether the individual or family is able to live safely in the camp. The Protection Area accepts male and female refugees, adults with children, families, and individuals.
Harms fled	A minority of residents (five or six) were identified as sexual and gender-based violence survivors at the time of HRC's visit. All of them were female, most survivors of rape, plus some abduction cases.
Refugees and internally displaced persons eligible?	Yes (refugees)
Children housed?	Yes (but must be accompanied)
Staff (number and positions)	Two full-time security officers, who are refugee incentive staff. The UNHCR has two staff dedicated to the Protection Area.
Length of stay (maximum and average)	No limit on the length of stay. Families can stay for years, since the main exit strategy is resettlement.

Services in-house	The UNHCR is wary of providing services such as education and clinics inside the protected area and thus creating “a camp within a camp.” It encourages residents to live as independently as possible. The UNHCR Protection Unit staff visit twice a week and refer residents to other organizations as needed. Residents receive normal food rations, distributed in the Protection Area. The JRS usually allocates a community counsellor to work here, but during our visit we were told that no counsellor had visited for some time.
Services by referral	Clinics and hospital services in the main camp; vocational training courses with the Don Bosco workers’ organization, but residents may face difficulty with access or safety concerns outside the area. Most children do not attend school in the main camp due to fears of abduction.
Code of conduct and rules	Residents must sign the UNHCR’s Code of Conduct upon arrival. Residents must inform security when they leave the Protection Area and must be back by 6 P.M. No unauthorized relatives are allowed to sleep in the area. Residents may not stay outside the area for more than one month. No rules limit outside communications; anyone with a phone may use it freely.
Security system and issues	The wire-mesh fence covered in thorny branches around the Protection Area is difficult to penetrate. Two unarmed security guards have radios to call police or LWF security. The location of the police station next door is felt to enhance security. Residents are expected to take individual and collective responsibility for security and to refrain from doing anything that would put them or their neighbors at risk.
Transition planning and effect	The main exit strategy is resettlement, with a few repatriating to Sudan. When a case is rejected for resettlement, there is often no alternative exit strategy. Eight UNHCR staff members review rejected cases and advocate with embassies of other countries. A relatively small proportion is rejected, but it can take years for the process to be completed and for refugees to move out.
Tracking and monitoring	Since most residents are resettled abroad, there is little follow-up.
Notes	This is the only long-term protection option in Kakuma for male refugees or families with boys over ten. Residents are completely dependent on what organizations provide or what relatives outside the camp might send, since they cannot leave the area to work.

Kakuma_3: Sudanese Cell

Type	Hybrid: alternative-purpose entity + traditional safe house
Location and context	Kakuma refugee camp
Managing organization	LWF and UNHCR
History	Established in 1992 by Kakuma's Sudanese community in response to criminal activity. Security guards can identify, arrest, and hold perpetrators of offenses. It has become a place where people whose lives are threatened can come for protection.
Mandate	To hold Sudanese refugees who have committed offenses within their community and to be a temporary place of informal protection for any refugee
Funding	Lutheran World Federation (LWF)
Description of housing	There are three general sections. First, there is the Sudanese Cell open area: a fenced-in, open-air compound, where some survivors can sleep underneath a shaded structure with a tarpaulin roof. There are also ten houses in a crowded compound adjacent to the main cell, reserved for women needing protection. Two women and their children stay in each house. Finally, there is a smaller group of houses in a compound adjacent to the other side of the Sudanese Cell, also occupied by women needing protection.
Capacity (maximum and current)	At the time of our visit, the total number of women staying in the Sudanese Cell and the adjacent protected compounds was thirty, plus their children. There was no room for any more residents.
Eligibility criteria for shelter	No specific admission or exclusion criteria. Originally designed for the Sudanese community, it now accepts cases from other refugee communities. It accepts men, women, and children and is the only safe space in Kakuma where survivors can self-refer.
Harms fled	Forced marriage, domestic violence, and fear of child abduction. The most common problems are dowry-related.
Refugees and internally displaced persons eligible?	Yes (refugees)
Children housed?	Yes (but must be accompanied)

Staff (number and positions)	The only staff are twelve security guards (Sudanese refugee incentive staff) organized into three teams of four.
Length of stay (maximum and average)	No fixed limit, but most stays are brief. Women are encouraged to leave within two months if possible, depending on their situation. Those accommodated in the houses adjacent to the Sudanese Cell can stay indefinitely, since this is normal accommodation.
Services in-house	The Sudanese Cell provides security but no other on-site services. The LWF provides clothing and other nonfood items.
Services by referral	Security guards provide escort to hospitals and clinics in the main camp and to collect food rations. Children are escorted to and from school in the camp, though most do not go to school due to risk of abduction. Residents can obtain counseling from JRS counselors.
Code of conduct and rules	There is no formal code of conduct. Residents are told not to leave the compound without an escort (a security officer) and not to quarrel with anybody while in the cell. Controlled visits from friends and family members are allowed.
Security system and issues	The Sudanese Cell is well known within the camp. Though it is protected by thorny branches around the fence, it is possible to see inside the compound, so residents may be easily identified. Two security guards are onsite twenty-four hours a day, with radios to communicate with police and LWF security. They are not armed and lack confidence in their ability to repel someone determined to enter.
Transition planning and effect	The cell's security staff refer new cases to LWF for next steps. The UNHCR and LWF manage exit strategies. Some residents are resettled, others return to their community or a different place in the camp, and some are allocated shelter in one of the adjacent compounds.
Tracking and monitoring	When a woman remains in Kakuma after leaving the Sudanese Cell, community leaders are made aware of her situation and security guards continue to check on her safety. Some women return to the Sudanese Cell if the perpetrator returns.

Kakuma_4: Reception Center

Type	Alternative-purpose entity
Location and context	Kakuma refugee camp
Managing organization	LWF
History	The Reception Center receives all new arrivals to Kakuma, conducts initial assessments, and provides material support until they are allocated housing in the camp. In an emergency, LWF or UNHCR may ask the Reception Center to temporarily accommodate a sexual and gender-based violence survivor in need of protection, until they can find space elsewhere.
Mandate	To receive new arrivals to Kakuma refugee camp
Funding	Lutheran World Federation (LWF)
Description of housing	Several shared shelters for new arrivals within a secure compound. When possible, survivors are housed in the same shelter as unaccompanied minors, which is lockable. This is not always possible; at times they are allocated a cubicle in a large shelter occupied by new arrivals. The cubicle has a curtain but not a solid door.
Capacity (maximum and current)	Very small numbers of survivors are referred to the Reception Center for temporary protection, since this is seen as a last resort. There was one survivor staying there when we visited.
Eligibility criteria for shelter	The main criteria are that the person is not safe in the community and there is no other safe place for them. Gender-based violence survivors are referred to the Reception Center by LWF or UNHCR when necessary. Survivors cannot self-refer to the Reception Center.
Harms fled	Domestic violence, forced marriage, child abduction, and rape
Refugees and internally displaced persons eligible?	Yes (refugees)
Children housed?	Yes

Staff (number and positions)	The Reception Center manager, a social worker, and a number of support staff offer services for new arrivals, but not to survivors who have been relocated here for temporary protection.
Length of stay (maximum and average)	The longest permissible stay is one week. It is a temporary place to stay while arrangements are made to stay in the Safe Haven or Protection Area.
Services in-house	Reception Center staff do not provide services for survivors of sexual and gender-based violence placed here for temporary protection; their welfare needs are taken care of by the agency or unit that referred them.
Services by referral	The LWF Gender Unit provides support to survivors, including nonfood items such as mats, blankets, kitchen sets, and sanitary products. Gender Unit staff collect food rations and bring them to the Reception Center for survivors. The Gender Unit ensures that the JRS counselor assigned to the Reception Center is aware of the new cases and offers counseling if desired.
Code of conduct and rules	There are no formal rules for those staying in the Reception Center, but they are not allowed to move out of the compound, and they are not allowed visitors except from the agencies working with them.
Security system and issues	Surrounded by a fence with a single gate guarded twenty-four hours a day. The police station is nearby. Police support the Reception Center security officers if needed. Only personnel from agencies working in the camp are allowed entry. There have never been any security breaches, although survivors may be at risk from unknown new arrivals. Staff try to house survivors in lockable rooms with same-sex unaccompanied minors who are new arrivals to enhance their safety, but this is not always possible.
Transition planning and effect	The referring agency is responsible for finding a more suitable place for survivors to stay. Some may return to their community if they can do so safely; others will be relocated to the Protection Area or Safe Haven.
Tracking and monitoring	When survivors leave the Reception Center for another safe location, they continue to be supported by the LWF Gender Unit.

Shelters for Urban Refugees (Nairobi)

<i>Urban Refugees_1: Nairobi</i>	
Type	Traditional
Location and context	Nairobi; urban center
Managing organization	A community-based organization
History	Founded in 2008 by two women who had previously worked for Joint Voluntary Agency-Church World Service, which started the shelter to provide assistance to Somali refugee girls. Once UNHCR and GTZ (now GIZ) began making referrals, the shelter grew.
Mandate	To identify, protect, and empower unaccompanied refugee minors, especially adolescent girls, through specialized shelter, education, and advocacy programs
Funding	American Jewish World Service, Global Fund for Children, Zakat Foundation of America, US State Department Bureau of Population, Refugees and Migration (BPRM), and organizational fundraising campaigns
Description of housing	A four-bedroom house with common kitchen, living room, and bathrooms, in addition to a courtyard (the site was previously a school). Girls are assigned by age to bedrooms.
Capacity (maximum and current)	Official maximum capacity is thirty, scheduled to increase to fifty. There were thirty-nine residents at the time of HRC's visit.
Eligibility criteria for shelter	Adolescent girls, unaccompanied minors, and asylum seekers. Age limit is eighteen for girls, ten for boys, with case-by-case exceptions. Most residents are refugee sexual and gender-based violence survivors. People living with HIV and those with physical and mental disabilities are accepted.
Harms fled	Rape, forced marriage, political and ethnic violence, trafficked girls experiencing economic or sexual exploitation
Refugees/internally displaced persons eligible?	Yes (refugees)
Children housed?	Yes
Staff (number and positions)	Twenty staff, including shelter-based staff, counselors, and others

Length of stay (maximum and average)	No limit on duration of stay. The policy is that residents stay until they are stable and willing to leave.
Services in-house	The shelter runs alongside the Girls' Empowerment Program, which provides education (e.g., English and Kiswahili), vocational training (e.g., in tailoring), and an income-generation initiative. All girls in the shelter, and some nonresidents, participate.
Services by referral	Medical care (shelter covers costs; JRS helps with maternity care costs). Médecins sans Frontières provides medical care and counseling for survivors.
Code of conduct and rules	Residents must share everything in the house, show respect for others, use good language, and let staff know if they are feeling unwell. Mobile phones are confiscated; residents must get permission to make calls. All residents take part in cleaning. Residents cannot discuss other residents' nationality, ethnicity, or religion; residents work, eat, and participate in activities in ethnically mixed groups. Residents may pray alone, but are not allowed to leave to attend a church or mosque.
Security system and issues	The shelter compound is walled and has security guards onsite. Even referring organizations do not know the physical location of the shelter. The security guard is told when a visitor is expected, and everyone else is turned away. Residents are accompanied by staff to outside appointments. Staff report that residents are very safe.
Transition planning and effect	Staff begin to prepare residents two to three months before they may be ready to leave. Staff members assess physical and emotional recovery. Residents are required to have a skill that will enable them to support themselves in the community. Some stay in the shelter until they are resettled; others move to host families or to stay with a former shelter resident. The shelter continues to provide medical care and necessary personal items. A stipend received through income-generating activities is intended to help residents financially as they transition out of the shelter.
Tracking and monitoring	Girls continue to attend classes at the center after they leave. Case managers attempt home visits at least every three months.

Mainstream_1: Filadelfia Women's Crisis Centre, Nakuru

Type	Traditional
Location and context	Nakuru; urban center in area affected by post-election violence
Managing organization	Faith-based organization (Filadelfia Pentecostal Church)
History	Established in 2005, when church leaders saw the need to respond systematically to the many cases of sexual and gender-based violence in the community
Mandate	To shelter women and girls who have been sexually abused or undergone gender-based violence, and to empower them so they can live independently in the community. The organization also offers psychosocial support and advocacy.
Funding	Donations from individuals and some support from the church
Description of housing	The shelter building is a converted nursery school. It is part of a Women's Crisis Centre project within a larger compound with a church and primary school. The primary school has a boarding section for "rescued" girls. A converted classroom has six bunk beds and two single beds. Each woman has one bed, which she shares with her children. There is a kitchen, a room with three large sinks for laundry, and three shower/toilet cubicles. Two rooms are used for income-generating activities; the other rooms are office space.
Capacity (maximum and current)	Maximum capacity is twelve women, plus their children. At the time of our visit, the shelter was accommodating five women.
Eligibility criteria for shelter	Accepts sexual and gender-based violence survivors, at times women in crisis from the street. Mothers can bring children (including boys up to age four). People with HIV/AIDS are accepted in special circumstances, but there is no capacity for the disabled. LGBT persons are accepted for counseling but not shelter.
Harms fled	Defilement, incest, physical assault, rape, domestic violence
Refugees and internally displaced persons eligible?	Yes (both)
Children housed?	Yes, but boys only up to age four accompanied by their mothers.

Staff (number and positions)	A center manager, one matron in charge of the shelter, one social worker, three guards, two caretakers, and one other worker. The shelter also works with volunteer social workers and counselors from colleges in Nakuru.
Length of stay (maximum and average)	Shelter staff encourage residents to stay for at least six months, but in some cases women stay as long as eighteen months.
Services in-house	Individual, group, and family counseling; trainings tied to income-generation projects; training in parenting; and adult literacy classes taught by a teacher from the Ministry of Education. Primary-school-aged children staying in the shelter have access to the primary school next door. There is no access to secondary education.
Services by referral	Medical care at government hospitals, with expenses covered by the shelter. If a client is HIV-positive, the shelter staff work closely with the provincial general hospital and they are provided with anti-retroviral medications.
Code of conduct and rules	Residents must sign written rules. They are not usually allowed to go outside the shelter compound, and are not allowed to have mobile phones inside the shelter. Court orders restrict visitors for some women. Authorized visitors are carefully screened, and a staff member must always be present during the visit.
Security system and issues	The location and nature of the shelter is widely known in the community, but the shelter staff say the physical security systems ensure resident safety. There are guards at the main compound gate twenty-four hours a day and caretakers who sleep in the shelter. There is also an alarm system linked to a private security firm that responds immediately when an alarm is pressed.
Transition planning and effect	The shelter conducts family counseling aimed at mediation and reintegration with the family. When reintegration is not possible, the shelter tries to place youths in a children's home or foster family. For adult women, shelter staff liaise with other agencies, including the police.
Tracking and monitoring	Once a client is reintegrated into the community, shelter staff continue to monitor the situation for at least three months.

Mainstream_2: Nairobi

Type	Hybrid: Community host/traditional safe house
Location and context	Nairobi; urban center
Managing organization	A community-based organization
History	Established early in 2011, Mainstream_2 does not run shelters or safe spaces but coordinates and supports a network of existing facilities in various communities. Mainstream_2 has undertaken a mapping exercise to identify safe houses and shelters in particular parts of Nairobi (e.g., Kibera and Dagoretti).
Mandate	To coordinate community members' efforts to provide services for sexual and gender-based violence survivors, including various forms of shelter.
Funding	The shelters are all privately run and in the majority of cases do not have formal donors. They receive some in-kind assistance from Mainstream_2 through APHIA PLUS (AIDS Population and Health Integrated Assistance Plus, a two-year health-services project funded by USAID) in the form of clothing, food, and sanitary products. The government also allocates some food and clothing to the provincial administration for distribution in the community, and the safe spaces receive some of this assistance.
Description of housing	Accommodation varies.
Capacity (maximum and current)	Capacity varies considerably among the shelters and safe spaces in the network, ranging from ten to fifty residents.
Eligibility criteria for shelter	Most shelters are for women and children, but there is at least one safe space for male survivors. Boys are accommodated along with girls in shelters providing accommodation for children. None can accept people with disabilities, so these survivors are referred to another organization (United People with Disabilities). There are no services for LGBT survivors.
Harms fled	Mostly domestic violence, rape, and sexual exploitation, generally perpetrated by family members
Refugees and internally displaced persons eligible?	Not formally excluded, but in practice these populations are not served
Children housed?	Yes

Staff (number and positions)	Unclear
Length of stay (maximum and average)	Mainstream_2 distinguishes between shelters and safe spaces. Safe spaces are intended for short-term emergency stays up to forty-eight hours. A client is referred to a shelter if the case will not be resolved within forty-eight hours. Shelters are for longer-term stays of up to one month, which can be extended in certain cases.
Services in-house	Various departments of the organization work with the shelters and safe spaces to provide services, including life-skills training and psychosocial support.
Services by referral	In sexual assault cases, survivors receive free treatment from the GVRC in Nairobi Women's and Children's Hospital or Kenyatta National Hospital.
Code of conduct and rules	The rules prohibit visits from residents' families. Residents are not necessarily confined to the shelter. In some cases children attend school, and some women work, which helps them to remain independent.
Security system and issues	Community members are aware of the shelters and safe spaces and tend to protect them. The community is a deterrent for perpetrators or others who may want to harm the residents. The police also provide security when necessary.
Transition planning and effect	Family reintegration is a condition of accepting shelter. Reintegration counseling with the family is offered. Residents can stay for several months during family negotiations or until a court case is concluded, but eventually they are expected to return home.
Tracking and monitoring	Follow-up home visits occur every month if the survivor lives locally; otherwise every two to three months. For children, follow-up occurs in conjunction with court probation officers or children's officers. Cases are returned to court if there are further problems.

Mainstream_3: Nairobi

Type	Traditional safe house
Location and context	Nairobi; urban center
Managing organization	A non-profit organization
History	Founded in 1994 by a woman concerned that women were often forced to stay in abusive relationships because they had nowhere to go. In 2002, it was registered as a charitable children's institution.
Mandate	To provide temporary shelter to abused and violated women and children, with priority given to children
Funding	Terre des Hommes International Federation
Description of housing	Sleeping space consists of a room for girls (sleeps fifteen to twenty), a room for boys (sleeps up to ten), and a room for women (up to ten). There is a sitting room, kitchen, and four washrooms (two in the house, two outside). The shelter is in the same compound as the office.
Capacity (maximum and current)	Maximum capacity is about forty. At the time of HRC's visit, there was one adult woman with her three children, and two unaccompanied children.
Eligibility criteria for shelter	Open to women or children who have experienced sexual and gender-based violence boys ages two to ten, LGBT clients (though it has never had such a case), HIV-positive clients, and those with physical and mental disabilities. Men are not allowed in the shelter but are offered counseling and legal advice. Young children and pregnant teenagers are not admitted due to capacity constraints.
Harms fled	For children, incest and defilement (rape of a minor), with a few cases of sodomy. For adult women, rape and domestic violence
Refugees and internally displaced persons eligible?	Yes (IDPs)
Children housed?	Yes
Staff (number and positions)	Three shelter staff (home mother, child minder, and house helper) supported by several office-based staff (e.g., a client manager, a project assistant, social workers, and a counselor)

Length of stay (maximum and average)	On average, children stay in the shelter up to two weeks and adults one week. There are cases where a woman or child might stay for longer if no safe exit strategy can be identified.
Services in-house	Three meals a day, counseling, and basic informal education for children. Children who stay longer than the average are enrolled in the nearest school.
Services by referral	Referring agencies attend to clients' medical needs before bringing them to the shelter and in most cases provide ongoing medical support. Shelter staff take clients for basic medical treatment and cover the costs.
Code of conduct and rules	Clients must sign a code of conduct. Children may leave only with staff. Adults may leave but must inform staff where they are going and must return by six P.M. Mobile phones are allowed. Residents are encouraged to help with cooking, washing, and other tasks.
Security system and issues	The compound has a secure fence, security guards, a guard dog at night, and an alarm system connected to a security company. Staff feel residents are at minimal risk inside the compound. The shelter has a good relationship with the police, and a station is located close to the compound. The shelter is unmarked and tries to maintain a low profile. Residents are allowed visitors, but they inform staff who they wish to see. Walk-in clients are checked before entering the compound.
Transition planning and effect	Exit strategies are discussed when clients enter the shelter. Children are often resettled elsewhere in Kenya. Staff try to identify relatives they could stay with, accompany them to the new location, and connect with the Children's Office or provincial administration so they can monitor the child's welfare. Adult women are supported to make decisions about where they could safely go. Some request mediation with their husband and return home. Others decide to live independently.
Tracking and monitoring	Staff follow up with clients after they leave shelter. Those in Nairobi are contacted directly; those resettled outside are contacted via the local area chiefs and Children's Offices.

Marginalized_1: Nairobi [Reported closed as of October, 2012]

Type	Traditional safe house
Location and context	Nairobi; urban center
Managing organization	An umbrella organization with six member organizations, all working to improve the lives of LGBT persons in Kenya
History	The safe house opened in 2010 in response to two high-profile incidents in which LGBT individuals required emergency shelter. Prior to that, it provided safe accommodation in “friendly” hotels for human rights defenders and LGBT persons at risk, but this system proved unsuitable due to longer-term accommodation needs and risks associated with the public location of hotels.
Mandate	To provide short-term, secure accommodation for persons who are violated or fear harm because of their sexual orientation or gender identity
Funding	UHAI for Health and the East African Sexual Health and Rights Initiative
Description of housing	The house is in its own gated compound, near the main road. There are few neighbors overlooking the house. It has three bedrooms, a sitting room, a kitchen, and two bathrooms; it is fully furnished.
Capacity (maximum and current)	Comfortably sleeps ten residents; at the time of the visit, the highest number there had been at any one time was eight.
Eligibility criteria for shelter	Any LGBT person who has experienced a violation based on sexual orientation or gender identity. Not open to heterosexuals or LGBT people who have been in trouble unrelated to their sexual orientation or gender identity (e.g., not paying rent). It prefers not to serve minors due to concerns of being accused of “recruitment.” So far, no minors have sought accommodation.
Harms fled	Mainly physical assaults due to sexual orientation or gender identity
Refugees and internally displaced persons eligible?	Not formally excluded, but in practice this population is not served.
Children housed?	No
Staff (number and positions)	A house marshal, who also serves as the security officer and community liaison officer. A caretaker and his wife live in an adjacent compound.

Length of stay (maximum and average)	Many residents require accommodation for only a few days, with the majority staying for around a week. There is a limit of three weeks, but in extreme situations this can be extended. The longest anyone has stayed has been three months.
Services in-house	Food is provided; cooking is shared between residents and staff. Counseling is provided to any LGBT person, including nonresidents. Marginalized_T runs a center for the LGBT community in Nairobi, and shelter residents can use these facilities.
Services by referral	Residents are referred out for medical care; the organization covers their medical expenses.
Code of conduct and rules	Residents sign an agreement to a set of rules relating to security: they are not allowed to go outside the compound; they are required to cut communication with people outside, including the media; if they choose to leave, they are not allowed to return.
Security system and issues	The safe house is in a secret location. The general community does not know what the house is used for. A gate prevents onlookers from seeing into the compound. Potential security risks include residents being recognized if they leave the compound and neighbors becoming curious about why so many people are staying in the house.
Transition planning and effect	Staff discuss exit strategies as soon as a resident is accepted into the safe house, since it is designed to be a short-term solution. Residents decide where to go, and staff explore the safety of the place before releasing the client. Residents usually relocate to a new area rather than returning to their original community. The organization pays their transport costs.
Tracking and monitoring	The house marshal continues to contact former residents by phone to monitor their welfare and safety.
Notes	This was a relatively new initiative at time of fieldwork, and staff had limited experience with this type of work. They had difficulty linking with other shelters to learn from their experience due to the prevailing negative attitudes toward LGBT persons in Kenya. UPDATE: <i>The shelter was reported closed as of October 2012, due to difficulties at the organizational level (unrelated to the shelter project itself.)</i>

Marginalized_2: Nairobi

Type	Independent living arrangements
Location and context	Nairobi; urban center
Managing organization	International non-governmental organization.
History	Operations began in 2002 with resettlement and psychosocial assistance. The LGBT program began in 2008.
Mandate	To provide protection for LGBT refugees who are at heightened risk of harm, pending resettlement processing.
Funding	The donor prefers not to be identified.
Description of housing	Residents live in several rented houses and flats located in areas that do not traditionally host refugees. Residents live as if they were in regular housing, with no live-in staff or physical security structures.
Capacity (maximum and current)	Capacity depends on available funding: the program can pay rent for about twenty cases per month. Since residents tend to stay for a long time, it is unable to assist large numbers of clients.
Eligibility criteria for shelter	Shelter is offered to LGBT refugees at risk of assault and survivors of assault due to their sexual orientation or gender identity.
Harms fled	Usually physical assault due to sexual orientation or gender identity
Refugees and internally displaced persons eligible?	Yes (refugees)
Children housed?	Yes (but must be accompanied)
Staff (number and positions)	The staff responsible for the organization's LGBT program oversees the LGBT refugees who stay in safe accommodation.
Length of stay (maximum and average)	No time limit. The majority of LGBT clients will be referred for resettlement, which can take up to two years.
Services in-house	Marginalized_2 has its own counselors, and LGBT refugees in safe houses can also attend support groups at the office. It can provide indigent residents a small stipend to cover living costs.

Services by referral	Residents access medical care through clinics and hospitals with which Marginalized_2 has established relationships for accommodating the needs of the LGBT population. Staff take residents to the first appointment and covers all medical expenses.
Code of conduct and rules	The few rules are intended to protect residents from confrontations and drawing attention to themselves. The goal is to allow clients to live as normal a life as possible. Residents are asked to keep a low profile, not to go out at night or have visitors at night, and not to have groups of people visiting at any time. They are asked not to publicly declare their sexual orientation or gender identity or conduct any obvious relationship with a same-sex partner. Use of mobile phones is not restricted.
Security system and issues	Occasional security challenges due to homophobia. Marginalized_2 tries to avoid this by asking LGBT clients to avoid attracting attention and by not keeping people in one place for too long. It does not place two LGBT clients consecutively in the same accommodation, in order to minimize suspicion that the house is being used to accommodate a particular group.
Transition planning and effect	For most clients, the only viable solution is refugee resettlement, which can take between six months and two years. This is facilitated by Marginalized_2's resettlement program. Though it has not yet had a case completely rejected for resettlement, there is some concern that it would have no alternative exit strategy for this group of refugees.
Tracking and monitoring	Since most clients are resettled, former residents are not monitored once they leave the safe accommodation.
Notes	The main challenge faced at the outset was denial among partner agencies that LGBT refugees existed or needed special services. A sensitization and awareness-raising program has addressed this and has proved useful for generating referrals.

Other Shelter Programs (Based on pilot visit and key informant interviews only)

<i>Dadaab Refugee Camp—Safe Haven</i>	
Type	Traditional
Location and context	Dadaab refugee camp (Ifo)
Managing organization	LWF, although clients are referred by other agencies. Decisions relating to the Safe Haven are made by an interagency panel composed of representatives of the UNHCR, the referring agency, LWF, CARE, and Save the Children UK.
History	The UNHCR ran the Protection Area/Safe Haven starting in 2006. In 2008, UNHCR approached LWF to run the Safe Haven and developed standard operating procedures, in collaboration with partners, to limit admission to only women, girls, and boys younger than thirteen.
Mandate	To provide safe temporary shelter for women and children faced with life-threatening situations while measures are taken to address the causes of such threats
Funding	UNHCR
Description of housing	There are twenty-five structures, but all have been damaged by rain and most are currently uninhabitable. Each family lived in separate accommodation, with no communal cooking or cleaning or other shared responsibilities. At the time of our interviews (February 2012), just three of the houses were inhabited, but funding was obtained to reconstruct the damaged buildings and build a communal area. At the time of writing, renovations were almost complete, with approximately thirty-two rooms and a common kitchen to facilitate communal cooking.
Capacity (maximum and current)	Designed to accommodate twenty-five families when fully operational
Eligibility criteria for shelter	Women and children faced with life-threatening situations who cannot stay safely in the community. Boys and girls up to age eighteen can stay with their mothers.
Harms fled	Domestic violence, forced marriage
Refugees and internally displaced persons eligible?	Yes (refugees)
Children housed?	Yes

Staff (number and positions)	Two matrons stay with the residents.
Length of stay (maximum and average)	Maximum stay is three months. This period can be extended by the review panel, which considers each case on an individual basis.
Services in-house	According to the standard operating procedures, agencies coordinate the provision of psychosocial support and counseling for residents. However, staff working in Dadaab told researchers there was no psychosocial support in the Safe Haven specifically. Residents should have access to legal assistance, classes (numeracy and literacy) for children, vocational activities or education to promote livelihoods, and recreational activities. Women participate in sewing, bead-making, and lessons in various subjects.
Services by referral	Residents are referred for medical care and supplementary feeding for malnourished children. They receive normal food rations.
Code of conduct and rules	Residents must sign an agreement to thirteen rules governing movement, visitors, staying outside the Safe Haven, etc. Breaches are followed by verbal and written warnings and eventually eviction.
Security system and issues	Fenced compound with a single entrance staffed by security guards. Visits are controlled. People are generally aware of its location. The fence does not provide adequate privacy, allowing passersby to see in. In case of emergency, guards communicate by radio with the control room at UNHCR Sub-Office Dadaab and with the police, fifty meters away.
Transition planning and effect	Clients leave following a decision by the Safe Haven panel and authorization by the senior protection officer. A resident is allowed to leave voluntarily upon signing a risk waiver. Some relocate to Nairobi or Kakuma, and some are resettled. Few return to their communities. Reintegration is the preferred option but can be challenging because clients are often ostracized by their communities.
Tracking and monitoring	For reintegration, the referring agency identifies social support structures within survivors' communities to assist with follow-up.
Notes	The Safe Haven is not seen as the best way to protect survivors of sexual and gender-based violence in Dadaab. Agencies tend to use it as a last resort for several reasons: there is only one facility for all the camps, so decentralized agencies can find it hard to provide support; the Safe Haven is perceived negatively by some community members; and there are very limited exit options.

Dadaab Refugee Camp—CARE Community-Based System

Type	Community host
Location and context	Dadaab refugee camp (Dagahaley)
Managing organization	CARE
History	The program began in September 2010. It emerged from a community belief that, rather than isolating a survivor, it would be better for the person to remain within the community as the case is being resolved.
Mandate	A voluntary, community-driven program, which offers temporary shelter to low-risk female survivors in the homes of community members
Funding	Some support from the US Bureau of Population, Refugees and Migration, but mostly through community goodwill.
Description of housing	Survivors stay in volunteers' homes in the community, alongside the volunteers' families.
Capacity (maximum and current)	It is difficult to estimate the capacity of the safe-homes program, since it is quite fluid, with volunteers joining and leaving.
Eligibility criteria for shelter	Female sexual and gender-based violence survivors; less serious cases with minimal security issues. Children are allowed to stay with their mothers, though the number and age of the children who can be accepted depend on the volunteer. No openly gay or bisexual refugee has ever requested safe shelter, but such persons are discriminated against in the community, and it is unlikely any volunteer would be willing to house them. There is similar discrimination against commercial sex workers and people living with HIV.
Harms fled	Domestic violence; some cases of a woman or girl rejected by her family after being raped. In most cases, the survivor is not comfortable going home or the perpetrator will not allow it.
Refugees and internally displaced persons eligible?	Yes (refugees)
Children housed?	Yes

Staff (number and positions)	Accommodation is offered by community members who have previously worked with CARE on sexual and gender-based violence issues. Some are community leaders (block leaders or section leaders), and some are involved with sexual and gender-based violence support groups. In Dagahaley, most volunteers are female section leaders who work closely with CARE.
Length of stay (maximum and average)	The safe house program is a short-stay, temporary solution to give the CARE team time to resolve the problem. The average length of stay is less than one week.
Services in-house	Volunteers provide food for the survivor while she is with them.
Services by referral	Counseling and medical care
Code of conduct and rules	There are no formal rules.
Security system and issues	There are no physical security systems or protocols in place. In general, there are minimal threats to survivors because only low-risk cases are accepted. Volunteers tend to be well respected in the community, which provides a form of protection.
Transition planning and effect	When a survivor enters the program, CARE discusses how to assist in resolving the problem, informs her of her legal options, and offers family mediation. CARE explores alternatives, such as relocation within the camp or to Kakuma or Nairobi or help in identifying relatives or a host family where she can live. In all cases, the survivor decides where she will go when she leaves.
Tracking and monitoring	If the survivor remains in Dadaab, CARE staff continue to monitor and support her.
Notes	The main challenges are uncertainty regarding the security of survivors and volunteers and reliance on goodwill alone. The main advantage of the community host model is that it engages the community in resolving problems associated with sexual and gender-based violence, which helps with the process of reintegrating survivors back into the community.

Dadaab Refugee Camp—IRC Community-Based System

Type	Community host
Location and context	Dadaab refugee camp (Hagadera)
Managing organization	International Rescue Committee (IRC)
History	The IRC took over as lead agency for sexual and gender-based violence issues in September 2010 and began supporting the system of community-based safe shelters in January 2011. The system already functioned on an informal basis within the community, since female block leaders and community leaders are usually the first port of call for women in trouble. Starting in January 2011, IRC began to integrate community-based safe shelters into the referral system.
Mandate	The system is ad hoc, with no formal mandate. Female block leaders, section leaders, and community members open their homes to survivors of sexual and gender-based violence who need temporary safe shelter. Members of the Community Police Protection Team also host survivors. Shelter is offered to women affected by sexual and gender-based violence and vulnerable women in need of assistance.
Funding	UNHCR, among others
Description of housing	Survivors stay in volunteers' homes in the community, alongside the volunteers' families.
Capacity (maximum and current)	The system is ad hoc and flexible, so homes are sought for all survivors who require it.
Eligibility criteria for shelter	The "safe home" program is available to women in need of temporary support. Cases are assessed on an individual basis. Children can accompany survivors to the host family.
Harms fled	Mainly marital disputes
Refugees and internally displaced persons eligible?	Yes (refugees)
Children housed?	Yes
Staff (number and positions)	None specifically dedicated to this program.

Length of stay (maximum and average)	The safe home system is seen as a temporary solution, so survivors usually stay only a few days.
Services in-house	Survivors are provided with sleeping materials in some cases, as well as soap, but they are asked to bring their own food rations. Hosts may share their own food with survivors.
Services by referral	Medical care and counseling are provided through the women's centers or the IRC Support Center in the hospital compound.
Code of conduct and rules	There are no formal rules.
Security system and issues	There are no physical security systems or protocols to protect survivors in the safe homes; their security comes from the respect that exists for the community leaders with whom they are staying. Both hosts and survivors have been attacked in the past, and it is difficult to ensure security.
Transition planning and effect	The IRC staff discuss safety options with the survivor to determine an exit strategy from the safe home. They choose community options as a priority, but if there are serious concerns for a survivor's safety, IRC will involve UNHCR to facilitate access to the Safe Haven or, in extreme cases, relocation to Kakuma or Nairobi.
Tracking and monitoring	If the survivor remains in Dadaab, the IRC will follow up once she leaves the safe home.
Notes	The strength of this approach is that it engages the community in resolving problems, rather than removing a woman from the community. The system does not enable IRC staff to deal quickly with serious cases, and traditional approaches to resolving issues tend not to prioritize the needs of the survivor.

Nairobi: GIZ Shelter for High-Profile Refugees

Type	Traditional
Location and context	Nairobi; urban center
Managing organization	GIZ
History	Not known
Mandate	To provide safe shelter for refugees with politically sensitive or high-profile cases
Funding	UNHCR
Description of housing	Men and women stay in separate parts of the shelter, and women can share rooms with their children.
Capacity (maximum and current)	Sixty people (max)
Eligibility criteria for shelter	Refugees with political or security concerns. There must be positive prospects for a durable solution. All clients are referred by UNHCR.
Harms fled	Not known. A minority are sexual and gender-based violence survivors.
Refugees and internally displaced persons eligible?	Yes (refugees)
Children housed?	Yes, but not unaccompanied
Staff (number and positions)	There are four staff members—a nurse, a social worker, an education worker, and the center manager—plus many security guards.
Length of stay (maximum and average)	The exit strategy is primarily resettlement, which can take a long time, so residents stay for up to three years.
Services in-house	The shelter is not development-oriented, and there are few activities for residents. They receive food, nonfood items, and security in-house.
Services by referral	Residents receive medical, legal, and psychosocial services through partnerships with other organizations. Children once were sent to local primary schools, but following an incident in which a husband tried to snatch the children, that practice has ended, so children do not receive education. The UNHCR provides psychosocial support to sexual and gender-based violence survivors.

Code of conduct and rules	Residents are not allowed to communicate in any way with people outside the shelter, which means they are not allowed to receive visitors, to make or receive phone calls, or to have access to email.
Security system and issues	There is an electric fence, guards twenty-four hours a day, and a dog handler at night. The location of the center is kept confidential, and even GIZ's partner agencies do not know where it is. The shelter is occasionally moved, but is always relocated near a police station.
Transition planning and effect	The exit strategy is primarily resettlement.
Tracking and monitoring	GIZ staff are not involved in monitoring residents' welfare once they have been resettled.
Notes	The restrictions on communication are extremely challenging, especially since residents tend to be highly educated and professional and are used to having busy, meaningful lives. GIZ recognizes the negative impact this has, but since its clients are at extremely high risk, their identities and locations must not become known outside the shelter. The residents become frustrated as a result of their isolation, the restrictions they live under, and the delays in finding solutions to their problems.

Challenges and Strategies

Interviews with shelter staff and residents in Kenya revealed numerous insights regarding challenges that cut across all shelter types, as well as some that were more specific to particular models, contexts, or populations. Similarly, interviews highlight a few strategies that shelter program staff and residents were employing to address these difficulties on programmatic and individual levels.

Cross-Cutting Challenges and Strategies

1. Relationships with the External Community
2. Security
3. Meeting Demand
4. Emotional Stress
5. Accessing the Kenyan Legal System
6. Limited Exit Strategies
7. Evaluation
8. Service Coordination and Information Sharing
9. Funding

Challenges Unique to Certain Models, Contexts, or Populations

1. Traditional Safe Houses and Protected Areas
2. Community Host Networks and Independent Living Models
3. Alternative-Purpose Entities and Related Hybrids
4. Particular Challenges Related to “Pull Factors” in Refugee Camps
5. Particular Challenges in Sheltering LGBT Individuals

Cross-Cutting Challenges and Strategies

We identified the following challenges, which were noted to some degree by staff or residents in all the shelter models we visited in Kenya. Where possible, we indicate aspects that seem particularly relevant to serving refugee and internally displaced person survivors of sexual and gender-based violence.

1. Relationships with the External Community

Relationships with the outside community seemed to have a crucial role on the effectiveness of the shelter-provider’s work, specifically having an impact on the long-term options for residents. Poor community relations affected residents’ ability to reintegrate into the community once they left the shelter. A striking example of this was offered by one of the NGO staff from Dadaab with whom we spoke, who described how the surrounding community had little understanding of the work of the Safe Haven and saw the women who stayed there as prostitutes. As a result, the women became ostracized from the community once they entered the shelter, and it was extremely difficult to reintegrate them later.

We heard from some mainstream shelter providers that a number of people in the community did not understand the purpose of the shelter and believed that it was trying to break up families by providing space for women to seek refuge from their husbands. As a result, community members might harbor resentment and anger about the shelter’s existence, which could be directed at shelter staff. The more traditional community members believed that many residents’ cases should be dealt with by

community systems. Staff's efforts to assist survivors to seek justice through the Kenyan legal system caused conflict with some community members.

Strategies

In terms of strategies, most shelter providers were making efforts to develop positive relationships with the communities in which they worked.

The majority of shelters had community outreach and sensitization activities as part of their programming. In general, the aim was to increase community understanding of sexual and gender-based violence issues and to strengthen the ability of communities to deal with them effectively, referring survivors on to other services where necessary.

Some shelters identified “champions”—key individuals in the communities who could advocate with their relatives, friends, and neighbors in favor of a survivor-centered approach to sexual and gender-based violence. These individuals were recruited into women's groups, neighborhood watch groups, or other key positions where they could respond to sexual and gender-based violence incidents and raise awareness among other community members.

Human Rights Center researchers noted varying levels of community partnering in refugee camps and in Nairobi. Mainstream_2, based in the capital, may be particularly instructive: it is an umbrella organization that links individuals and organizations in responding to sexual and gender-based violence in a particular location. The program trains and supports members to respond in a systematic, comprehensive manner. A variety of partners are involved from the referral stage onward, and working groups include representatives of local chiefs, police, community- and faith-based organizations, provincial administration, and the children's department. Referrals also link to shelter programs serving the area. Community members involved in Mainstream_2 play an important role in responding to sexual and gender-based violence, providing safe spaces, and identifying and referring cases of concern.

2. Security

Surprisingly, concerns about security were expressed more by shelter staff than by residents. Several staff members noted that providing support for survivors could bring them into conflict with perpetrators, which could put their own safety at risk. We heard about this repeatedly from people working in a variety of settings.

For example, many staff working in Kakuma were Sudanese “incentive staff” who said they did not feel safe in their own community or back in Sudan because they were perceived to be contributing to the break-up of families and resistance to traditional practices. Security staff working in the Sudanese Cell reported being assaulted by disgruntled husbands of women who had transitioned out of the cell to resettlement outside the camp.

“Last year, somebody attacked me when I was sleeping. He . . . knifed me here, and he disappeared up to now and nobody caught [him]. I know the man. His wife was here under protection, and when he came I [called the police.] He decided to do that [to] me. The UNHCR took the wife abroad. Then he came and said I was the one who made his wife to be taken abroad. He came at night while I was sleeping. He knifed me, he injured me, and I was taken to the hospital.”

The participant also described a former security guard who returned to Sudan and was killed there by someone whose wife had sought refuge in the Sudanese Cell.

Staff expressed particular concerns about cases of domestic violence in which an abusive husband was angry about his wife's decision to seek shelter away from him; staff often feared they could be attacked for preventing perpetrators' access to their victims. When violence had occurred within a family, relatives could be very resentful of—and threatening to—"outsiders" helping the endangered woman.

"Now, when you're handling a case of domestic violence, and the community comes and reports that this man is battering the wife, and then you take charge, and you withdraw the woman—you shelter the woman. And you are still back at the community, and you meet the man in the same community. Yeah. If you are not protected by the police, if you don't report, maybe you don't know what he is planning about you."

Some staff also reported feeling unsafe when making home visits to former residents who had moved back into the community, especially in cases where there was some ongoing community disturbance related to the case (e.g., where the perpetrator was from a powerful family or where a community-based host was sheltering a witness in a court case).

Security concerns also arose as a theme when residents described their shelter experience. All those we interviewed, without exception, said they felt very safe where they were housed. The physical security features—a fence, security personnel, a single guarded gate, a nearby police station—contributed greatly to their sense of security.

"Security is OK . . . no one can just walk in the shelter without permission, they have to be vetted, so [I] feel safe that no one can come and interfere with anyone here."

The Sudanese Cell in Kakuma had lower levels of physical security than the other safe spaces we visited: a fenced-in plot of land exposed to the outside community. Yet the survivor we interviewed there felt secure because of the presence of the guards, which she felt was a deterrent to her husband, even though he once entered the cell at night and tried to stab her. He was arrested and warned not to return, and he had not done so. Since that incident, a security guard has slept at the entrance to the compound, and the survivor we spoke to said she felt safe.

Strategies

Security strategies varied. The most centralized of all the models studied, traditional safe houses and camp protection areas, generally secured their perimeters. In Kakuma refugee camp, this could mean either a thick, thorny brush wall (Safe Haven and Protection Area) or a simple wire fence (Sudanese Cell). Both provided some barrier to intruders, even if the locations were hardly anonymous. Nairobi shelters were generally housed in unmarked properties, hidden from view by high shrubs or walls.

In addition to protected perimeters, traditional safe houses in camps and urban areas often engaged a full-time security guard at the front gate who admitted only permitted visitors. The degree of rigor could differ—one security-conscious Nairobi shelter had a thorough system of checking visitors'

IDs, logging names, calling the main office to verify that the guest was expected or welcome, and advising visitors of shelter rules and a visitor code of conduct.

In the context of higher-security models, the extra degree of safety came at some cost to residents, whose mobility and freedom to engage with the outside community could be severely restricted.

Beyond the shelter walls, staff needed strategies to ensure their own safety when they went into unfamiliar communities. A Nairobi staff member explained one technique:

“We have . . . what do we call them, women who are our contact people on the ground, so if we feel insecure, they are used to it, we can call them, they will accompany us. You go to a school in the slum, they can accompany you because they are used to that environment.”

In community host and independent living models, the security strategies seemed much looser. Safety seemed to be based on community support and protection and anonymity. It was unclear how a community host or home could be protected—or how a survivor could be protected against dangers posed by unvetted family members in a host family. Further, beyond loose codes of conduct or general instructions to call the shelter staff in case of emergency, there did not seem to be fixed safety measures for survivors in independent living situations.

3. Meeting Demand

Unsurprisingly, a significant proportion of interviewees’ feedback concerned the challenges of meeting demand—both a lack of space to provide lodging to all in need of it and insufficient resources or staffing capacity to meet residents’ needs or expectations.

Bed Space

When it came to immediate shelter from sexual and gender-based violence in Kenya, demand often, though not always, seemed to outstrip supply.

A number of shelter staff described the difficulty of turning a survivor away because they did not have the space to accept her:

“Not fulfilling that expectation is the hardest, by the way. Sometimes they come with a great expectation and then you are like, deep within you, you know that at the end of the day I’ll tell them that we don’t have a vacancy. But they come, they tell you, they pour out [their stories], and you see the expectation in their eyes. And at the end of the day, you know, ‘I cannot be able to meet your expectation.’ It’s very hard.”

Overcrowding and congestion in shelters could affect residents’ experience of tranquility or privacy.

“Before in the community, you can stay in your own compound, with many houses . . . but now here you are given only one house and you have many children, you can sleep there as well as cook with them. Even yesterday my child was about to get burnt. There is no space.”

Service and Support Needs

Since the number of staff working in a shelter was limited and residents had a wide range of needs, staff reported feeling frustrating pressure to deal with residents' unrealistic expectations or situations they did not have the training or capacity to handle.

For example, in the Protection Area in Kakuma, the only staff available on a twenty-four-hour basis were two refugee security guards, who, as well as being responsible for security, also had to deal with residents suffering high levels of stress or depression. Often residents complained about problems over which the security guards had no direct control. One guard noted:

“So . . . you're sleeping and somebody comes to wake you up in the morning, shouting, shouting, sometimes abusing you. A few of them are blaming security when maybe [they] have no food or [they] have lost [their] ration card number. So when it comes to food and they have missed food, now they are blaming security. [They ask], ‘Why did you not report my case?’ You know, normally we report these cases, but the people who are in the offices are not responding, and there you find someone is shouting on me, blaming the security . . . but I am used to that.”

Staff at Urban Refugees_1 also described how girls housed at their program sometimes became upset when staff were not able to secure their official refugee status or facilitate their resettlement. The program did have a close relationship with UNHCR's Nairobi office, which helped residents to navigate the resettlement process.

Staff occasionally tried to address inadequacy of resources on their own. For example, Mainstream_2 staff occasionally responded to limited resources by addressing residents' material needs themselves. They tried not to give residents money, to avoid creating dependency or problematic expectations, but they might still give in-kind assistance in specific cases (e.g., clothes, simple toiletries, etc.).

However, staff could not individually remedy larger support gaps. For example, many residents complained about a lack of education opportunities or support for their children and for themselves (particularly for young women who had not finished school):

“I'm secure, but I'm not educated. All my friends outside here, my age mates, they are in school. Yeah, sometimes I feel like going back, giving them [my] child, and then I escape, go where I can be educated. But no, I cannot. I have responsibilities.”

Residents in several shelter programs complained about the lack of constructive activity, particularly the inability to work and earn money. This lack of productivity could have several implications. First, it could affect residents' mental and emotional well-being:

“The problem is only that because when you are living here, you never work, no going anywhere, just staying inside. All this time just staying, there's no going to work, just you eat, you sleep. It's like a jail sometimes. You eat. You sleep. No work.”

Second, livelihood training or support could influence survivors' stability after they return to the community. Many shelter providers agreed that one way to meet the longer-term needs of the sexual and gender-based violence survivors, and to protect them from further victimization, was to help them

become financially independent. This would enable women to leave abusive relationships and support themselves and their children. Alternatively, they could return to their families, but without financial reliance on abusive partners.

“It will be a big day for us when we can stay for a month or two months without seeing a woman coming for shelter. But knowing that we have empowered quite a number of women, because our main focus is to empower those women, and make them believe, ‘Yes, we can,’ we can do something with our own hands. And we can do something, put food on the table, and can stop depending on men. We can support each other. I can support my husband to put food on the table. Then you find that most women are not idle, they are doing these things, then you can be able to cut this problem to some extent.”

However, shelters experienced challenges in delivering this form of empowerment. In part, this was due to funding limitations that made it impossible for shelters to provide women with capital to start their own businesses. Some programs did offer livelihood training—but positive results often depended on a survivor’s continuing involvement with the shelter, since it provided the only market for her goods, perhaps increasing survivors’ dependence on the shelter even after leaving. The hope was, though, that if they earned enough money through these activities, former shelter residents might eventually set themselves up in small businesses in the community.

At the end of the day, limited resources (financial and personnel) left unmet support needs that continue to pose a challenge to service providers and residents alike.

Strategies

A commonly suggested solution was for shelters to raise funds that could enable them to meet additional bed space and service demands. Some informants acknowledged that demand will always exceed supply. This was especially true for shelters associated with certain benefits (e.g., resettlement or assistance with livelihoods), which would be filled to capacity however large they became.

A more sustainable (if abstract) solution that several shelter providers suggested is to resolve protection concerns of sexual and gender-based violence survivors within the community wherever possible, and to improve the safety of all community members. To this end, some of the more developed shelter programs attempted to engage in some community outreach and education activities—but this effort was limited due to other urgent service priorities.

4. Emotional Stress

Many shelter residents indicated a huge sense of relief related to their being in the shelter program:

“The best thing here? It’s just that you are secured here. That’s the good thing.”

“I’m happy and give thanks to the one who brought me here, who brought me to a safe place.”

“But though I’m inside, I’m happy. Nobody abuses me, nobody beating me again, none of those things I suffered for. Yeah, I think now I’m comfortable.”

However, interviews also indicated that residents and staff could nevertheless experience some emotional stress related to their residence in or work at these shelter programs. Staff interviewed acknowledged a degree of stress stemming from their shelter-related work.

Residents

Once in the shelter program, many residents struggled with feelings of isolation from their families and hopelessness about what lay ahead. Some struggled with feelings of depression related to their experiences of sexual or gender-based violence, which were not always adequately addressed through the counseling being offered. Several residents also expressed dissatisfaction with the lack of educational opportunities for their children or vocational and livelihood opportunities for themselves while residing in the shelter for long periods. (It was unclear to Human Rights Center researchers what their access to these things had been prior to entering the shelter.)

Psychosocial support—in the form of group and individual counseling where available—was appreciated. Even informal contact with other shelter residents who had suffered, or fled, similar harms brought some residents comfort. In a few cases, shelter residents noted that they derived comfort from prayer services and devotional sessions as well.

Staff

Generally speaking, shelter staff seemed very motivated by seeing positive change in their clients. This was described as sufficient sustenance when the work was particularly difficult:

“When [residents] come here, at times they are not able to talk. Especially now, there are clients who will feel uncomfortable even sharing their problems with you because they don’t feel safe. With the process they undergo, they are able to overcome that, and they leave the shelter very comfortable and healed. That makes me happy.”

“At the end of the day, even if we can’t . . . reach out to the whole community, at least empowering that one woman, it keeps us going, it motivates us a lot. And also seeing a woman who comes in in tears going out with a smile, it’s really encouraging.”

As noted above, though, staff could be overwhelmed by the sheer resource and capacity limitations they faced when working to triage survivors’ needs. Many of those we interviewed also acknowledged that they could be psychologically or emotionally affected by the substance of their work, especially by listening to so many accounts of distressing experiences. They could “take the work home” with them. As one staff member confessed:

“Because at times, us married women [sic], sometimes you’re brought a case and the man has done this, and you go to your house and you don’t even want to see your husband. ‘How can you people?’ You know?”

Aside from their risk of vicarious misery, staff could face stress from having what could feel like a superficial impact. They sometimes struggle with feelings of futility—wondering whether a departing

survivor would remain safe once she was back home or feeling overwhelmed or that for every client who left the shelter, another could easily fill her place tomorrow.

Strategies

Staff coped with the stress and emotional pressure of their work primarily by talking informally to colleagues. Staff repeatedly referred to the moral support they received from their colleagues. Those working in shelter environments appeared to develop very close relationships with their coworkers. In some cases, shelters provided staff with group or individual counseling, and workers themselves sometimes organized informal debriefing sessions. In some shelters, staff found daily prayer sessions helpful.

Some staff had personal strategies to manage challenging residents. For example, one woman said she coped with her angry feelings by imagining the clients as her own children. She considered how she might respond if she had been through the same experiences as the shelter clients. Understanding why residents are behaving this way helps her to calm down, she reported:

“At some point I look at these girls and just feel for them. I look at them as my own children. And imagine that this was my own daughter and . . . I’m dead [laughs]. And she saw me being killed, eh? And he or she is . . . she lived this kind of life, she was comfortable in a family with siblings, or with parents, and now she has nobody. So that really challenges me. And ah, even if it was a disciplinary case sometimes, then I calm down. And I calm down and realize no . . . ah, if it were me, I would be behaving the same [laughs]. . . . I would at some point not value life, or not value anybody. So I get to understand them at times, and that challenges me, that really challenges me for sure.”

Networking with other organizations to find effective responses to particularly complex cases was described as an invaluable coping strategy. Staff could also access this network for personal support, such as counseling, to help them cope with the difficult aspects of their work:

“I get very challenged, to a point where I ask myself if this is the right job for me [laughs]. Is this the right job for me? Will I manage? Ah, but I thank God in cases where I feel like I can’t cope, I speak to the psychologist. I have this case, kindly start seeing her. And from there I feel relieved.”

Shelter residents, too, had their coping mechanisms. One woman said she found that counseling and prayer sessions were helpful when she felt stressed or depressed:

“We normally have devotion here in the morning. It gives [me] encouragement because we share from the Scripture.”

In addition, living collectively with other survivors with whom they could share stories could be helpful:

“When I decided to come here, I had some more stress, and I felt unhappy all the time because of those problems. But now I am just OK . . . now I can sleep peacefully, but before, he used to run after me at night, chasing me. And also I have some friends, my colleagues, we can chat and the stress went away.”

“When [I] came, [I] was stressed, but then now when [I] came to [name of shelter] at least, uh, [I am] improved, that it is not [me] alone; there are others who come to the shelter with problems, so at least that gives [me] some, some hope.”

“When [I] met these people from different cultures and nationalities, they talk about life experiences, and they have been encouraging [me] and saying sorry to [me]. That . . . has helped [me] a lot also.”

A few staff said they appreciated the opportunity to interact with clients from a wide range of backgrounds and to learn from the other survivors’ experiences.

Some staff felt they needed training in counseling skills to enable them to support clients more effectively. This included security guards as well as those whose official responsibilities included supporting clients. Quite often, those who had practical roles in a shelter (e.g., security staff, cooks, and cleaners) spent the most time with clients, and they described their need for skills to provide informal support. Other forms of capacity-building were requested, such as some knowledge about legal issues and shelter management.

Some shelter providers also emphasized the importance of better networking with others working with sexual and gender-based violence survivors (e.g., counselors and legal staff):

“This job, it is very hard, you cannot work alone.”

Close working relationships within these networks are important.

Many expressed a strong desire for more contact and exchange of information with other shelter-providing organizations, and perhaps even exchange programs to learn about how different shelters were run. This was particularly true for programs that existed to serve multiple needs of a specific population—and which might not specialize in the provision of temporary shelter. As a staff member from a program assisting LGBT refugees in Nairobi noted,

“If we have other organizations that have safe spaces, maybe we could have an exchange. [If] I learn how they deal with such cases, then that would be of great help, if I know how such an organization deals with issues.”

5. Accessing the Kenyan Legal System

Shelter providers faced challenges in dealing with the legal system and helping those in their care to obtain justice. In particular, they referred to the length of time it took for a case to come to court, to be heard, and a decision reached, especially when witnesses were under pressure from their community or family to withdraw the case. Corruption in the justice system frustrated shelter staff. One staff member described having to return a child to the family home after a father accused of incest bribed the court and the case was thrown out.

Strategies

Certain shelter programs benefited from partnerships with legal aid providers, who either accepted referrals at their offices or, in some cases, made semi-regular visits to the shelter itself.

Also, three mobile courts visit Kakuma from nearby cities to adjudicate different kinds of cases. Capital cases, such as murder, are heard a few times a year by a High Court judge traveling in from Kitale (approximately 7 hours away by car.) A Senior Resident Magistrate judge from Lodwar comes regularly to hear non-capital cases including rape and robbery. A Kadhi court representative from Kitale cycles through every three to four months to adjudicate appropriate cases under Muslim law, such as marriage and divorce-related claims.⁵⁷ Finally, UNHCR staff in Kakuma note that a Children's Court holds session every two months.

UNHCR representatives provide logistical assistance to the visiting Courts and observe proceedings. UNHCR Protection officers may offer legal advice as appropriate; however, they do not participate in hearings.

6. Limited Exit Strategies

The challenge of developing and implementing exit strategies for residents affected all the shelters we visited, and it was perhaps more pronounced in traditional shelters and protected areas. It also affected independent living spaces, while it seemed much less problematic in community host models. The problem of identifying exit strategies related to the severity of the residents' security problems. For refugees with very severe security problems, international resettlement was often the only solution. However, this was a lengthy process, which meant there was little turnover of residents and thus no space to accommodate new survivors in need of shelter. Some key informants and a shelter provider serving refugees mentioned the risk that embassies could reject a case, leaving them with no exit strategy at all.

Strategies

Few distinct strategies were deployed in response to this major challenge, but efforts to develop community-based shelters could be a partial response. It was theorized that the less a survivor was isolated from her home community, the more re-entry options she would have. Obviously, community hosting might not be appropriate for higher-security cases.

7. Evaluation

Although some shelters had internal evaluation and monitoring processes, we observed weak monitoring and evaluation strategies across the board. None of the shelter providers we visited talked about any form of external evaluation or had developed clear indicators of effectiveness to our knowledge. This likely relates to capacity, time, and human and financial resources, especially funding challenges.

8. Service Coordination and Information Sharing

Shelter programs, by and large, seemed to operate in isolation. This was less pronounced in Kakuma and Dadaab refugee camps, where UNHCR sexual and gender-based violence focal points and protection teams provided some coordination and referral of cases from one shelter to another. However, even within a contained camp setting, there appeared to be room for more centralized resource-sharing, training, referral, and exchange of strategies. In the urban shelter programs, referral of cases

to other shelters was not always well managed. While many programs had developed in-house guidance for staff and residents, they had questions about how other shelters dealt with certain challenges, such as security breaches, confidentiality protocols, and provision of education. Urban shelters had very limited degrees of coordination of cases. One staff member noted a risk of client “double-dipping,” or accessing benefits and services from more than one program at a time. Additionally, shelter staff noted that their feelings of stress or burnout could be alleviated by connecting with counterparts at other shelters, with whom they could engage in mutual support and learning.

Strategies

Some shelter programs had started to seek out exchanges about best practices. For example, the management of the Safe Haven in Dadaab attempted to identify new ways to address operational challenges by inviting the management of a safe shelter in Nairobi that served urban refugees to visit. The Nairobi shelter reciprocated, and staff from Dadaab visited the Nairobi shelter. As a result, some changes had already been made to the Dadaab Safe Haven (e.g., procedures for ensuring that residents abided by the rules) and others were planned (e.g., having communal activities). Staff from both programs felt that such sharing of knowledge and experience was extremely beneficial.

Another key strategy was to develop good working relationships with other organizations involved in responding to sexual and gender-based violence in a more coordinated manner. Such links could facilitate referrals and provide a forum in which specific challenges could be discussed and ways forward agreed upon. In Kakuma and Dadaab, coordination systems existed that brought together all the relevant agencies on a monthly basis, and a network in Nairobi brought together all those working with urban refugees who had experienced sexual and gender-based violence.

Many shelter providers had informal relationships with other organizations supporting their residents and, in some cases, the shelter staff themselves. We heard from more than one shelter-provider that their staff received counseling from other, specialized organizations. In addition, staff found it beneficial to have a network of people to whom they could turn when they had cases that were complicated or required specialist assistance. Such a network took the pressure off them to personally respond to every need.

g. Funding

The majority of shelter providers we spoke to outside the refugee camps reported that their ability to meet the needs of residents, and to provide assistance to all those who required it, was hampered by funding limitations. We heard frequently that donors seemed reluctant to fund shelters because they were expensive and perceived to be unsustainable; funding sources seemed to prefer supporting community-protection responses.

Challenges Unique to Certain Models, Contexts, or Populations

Interviews with staff and residents also highlighted some challenges that might be unique to either shelter program models, contexts, or populations served.

1. Traditional Safe Houses and Protection Areas

The strengths and weaknesses of the traditional safe house and the protected area models surveyed in Kenya were similar, since they both tend to feature higher security, less resident mobility or community engagement, and relatively long stays. They differed primarily in the types of services offered and the populations they supported.

Security versus Empowerment

There was an inherent tension, for many of these safe spaces, between the provision of security (which could limit a survivor's contact with the outside world) and the promotion of her well-being (which might require contact with preexisting support systems such as family and community-based networks). A number of key informants expressed concern that the focus on security in some traditional shelters and protected areas could come at the expense of the psychosocial well-being of the residents. In order to ensure residents' security, some shelters severely restricted their communication and interaction with the outside world.

Extreme examples of this include the GIZ shelter for high-profile refugees in Nairobi and the Protection Area in Kakuma, where residents lived isolated, restricted lives and had no means to earn a living. They became dependent on the shelter for everything and had little control over their lives or involvement in decision-making. A key informant described this type of environment as being "like caging a person."

Isolation from the community could also impede the development of an effective exit strategy. Interview data indicate that when someone was in a high-security safe space for a long time, she could become cut off from supportive aspects of her community and become unable to maintain livelihood activities she might have been involved in previously. This made long-term reintegration more difficult. In some cases, community members developed suspicions related to a survivor's time in the shelter, which could make it harder for her to gain acceptance from the community once she returned home.

Informants noted that there were times when individuals' needs were not best served by entering a shelter, but their needs and options were not always assessed in a comprehensive way. Moreover, the survivors were not always fully involved in making decisions about where they would be best placed. We heard about some shelter residents "escaping" from shelters because they had never intended to stay there or were unwilling to submit to the restrictions involved.

Conflict among Residents

In both traditional shelters and protected areas, individuals live in close proximity to people who are effectively strangers. Some interviewees complained of conflict and difficult relationships among resi-

dents. This could be particularly pronounced in refugee camps, where close quarters could exacerbate cultural and ethnic differences among residents from different groups affected by displacement. Some conflicts were brought into the shelter from outside, both between groups (e.g., ethnic groups with a history of animosity) and between individuals (e.g., in Kakuma's Safe Haven, a resident's daughter had been raped by the relative of another resident).

Conflict was also triggered by small events relating to, for example, taps, toilets, or cleanliness. Unequal power relationships could develop between residents as well. Urban Refugees_I staff discovered that some residents were hiring other girls to do chores for them, using the money earned from the IGA program. This came to light after one girl did not pay another what she had promised and a conflict arose.

Shelter programs adopted different approaches to prevent or manage conflict. We heard from some that communal living and cooperative tasks were effective ways to build relationships, as was ensuring that residents worked and lived in interethnic groups. Many shelter providers required residents to sign a code of conduct that specified behavioral expectations. For example, the UNHCR protection area in Kakuma introduced arbitration and "good neighborhood" sessions in which residents learned how to resolve disputes. A number of the Nairobi shelters also had a code of conduct to ensure that basic rules of etiquette, safety, and respect were observed by all in the program.

Where a conflict did occur, mediation was usually the first response. Shelter providers varied in how protective they were of their clients. The UNHCR Protection Area staff encouraged residents to report any fights or threatening behavior to the police so that they could be dealt with as they would be outside the Protection Area. At the other extreme, another shelter provider was reluctant to evict a resident who had committed a serious criminal offense that put other residents at risk; she was given a warning, and the provider allowed her to stay.

2. Community Host Networks and Independent Living Models

In some ways, community-based approaches (which included both community host systems and the independent living model) addressed many of the challenges experienced by traditional safe houses and protected areas. They enabled the survivor to maintain relationships with the community as a whole and with supportive friends and family specifically. That facilitated reintegration once the problem had been resolved. They reduced expectations of resettlement or other benefits and were especially useful in situations where agency staff did not have extensive access to the population (e.g., as in Dadaab, due to security concerns and limitations on staff mobility).

Finally, as noted above, community host models, such as the systems established in Dadaab, could serve as stepping stones before a survivor moves into a longer-term safe house program. This intermediate step could allow more time to evaluate community-based solutions.

However, community host models encountered several specific challenges, as discussed below.

Security Limitations

Community-based shelter options might be suitable only for those with low or medium security risks, especially in refugee camps where it was impossible to move to another area secretly to escape harm.

Our pilot visits to Dadaab in June 2011 indicated how community host models could work in a camp setting. Specifically, the two community-based systems run by CARE and IRC in Dadaab (whereby survivors are temporarily housed within the tents or huts of a community leader or volunteer) were not able to handle serious security issues. There were occasions when survivors and volunteer hosts were attacked. Volunteers had refused to accept certain survivors because they feared for their own safety. This seemed to be the cost of having a more organic, local shelter option for individuals that neither cut them off from their normal support networks nor raised expectations of long-term stay or resettlement priority.

A similar risk was seen with the independent living model in Nairobi, which aimed to protect LGBT refugees in the capital. The program housed its clients in low-profile private accommodation around the city, where they could live independently while waiting for their refugee resettlement applications to be resolved. However, there was no real security provision at individual lodging sites. Therefore, while this arrangement allowed LGBT individuals to live inconspicuously in the general community, they were safe only as long as they did not outwardly identify as LGBT. However, this “scattered site housing” could also be quite isolating.

Community Support

As noted above, community buy-in was critical both for the existence of a shelter program within a social context and for individuals’ transition once they left the program. Community support and approval were even more critical in the context of community host models of protection. Simply put, community protection depended on community approval.

If a survivor was seen to have transgressed community expectations of behavior (e.g., by fleeing her husband, rejecting a forced marriage, filing a police claim against another community member, etc.), it was unlikely that a community host would accept her in his or her home or that the community structures would provide protection.

A community host model was also unlikely to offer protection to marginalized groups such as LGBT individuals, HIV-positive individuals, or sex workers. In addition, community hosts did not always have the skills required to provide care to survivors with special needs (e.g., those with physical or mental disabilities or chronic medical conditions or those who were severely emotionally affected by their traumatic experiences).

3. Alternative-Purpose Entities and Related Hybrids

The final type of model we identified in Kenya was the alternative-purpose entity model. As noted earlier, we found a few such places that, though designed to serve a completely unrelated function, were nonetheless providing immediate, temporary shelter to individuals fleeing sexual and gender-based violence. Examples included the Sudanese cell (which combined an alternative-purpose element—or holding cell for certain offenders—along with traditional safe house elements in the adjacent compounds) and the Reception Center in Kakuma. Though it was not formally part of the February 2012 sample, we also learned of special overnight beds planned for the GIZ women’s health clinic in Dadaab, as well as the last-resort option of survivors seeking safety in local jails outside the refugee camps.

There were significant challenges affecting these types of safe spaces, in which facilities intended for another purpose and a different population were used as an emergency shelter.

Generally, such facilities were not oriented to the complex needs of sexual and gender-based violence survivors requiring shelter. In certain cases, they may have been able to provide temporary security, but not to address medical or psychosocial needs. In other cases, it might have been the reverse—perhaps a clinic with overnight beds could provide for medical care but not for protection from a perpetrator. In any case, the survivors could be housed alongside other, unrelated client or patient populations who could either harm a survivor or be placed at risk of harm by her very presence there. The consensus among interviewees in Kenya was that such entities should be used only as a last resort for sheltering sexual and gender-based violence survivors, and preferably not at all.

4. Particular Challenges Related to “Pull Factors” in Refugee Camps

The problems of congestion we encountered affected primarily the traditional and protected-area types of shelters. Kakuma Safe Haven, Kakuma Protection Area, and Urban Refugees₁ experienced significant challenges relating to congestion and long stays; they were rarely able to accept new clients.

This might have been due in part to pull factors associated with the shelter programs. In all three cases, many benefits were associated with being in the shelter. For example, interviewees in Kakuma generally agreed that although Safe Haven residents had very restricted lives, the quality of the services, attention, and assistance they received was far higher than it would be in the community. Although they were not able to leave the compound, the area they lived in was spacious compared to where they would have lived elsewhere in a camp, and the individual living spaces were less crowded with relatives. They had ready access to water, sufficient food, and firewood.

Perhaps most importantly, certain key informants and staff members felt that residents in the traditional safe house or protected-area programs in Kakuma received more attention from UNHCR and its implementing partners, and there was a perception that being in the Safe Haven or Protection Area would lead to resettlement. This belief was largely based on reality—because there were so few spaces in the Kakuma Safe Haven and Protection Area, the refugees living there were assumed to have the most severe security problems. As a result, Safe Haven residents could be reluctant to leave for fear of being deemed out of danger.

In a refugee camp context, where competition for resettlement is intense, there is always the potential for fraud or exaggeration of danger by residents hoping to distinguish their cases from tens of thousands of others. This desperation is understandable, and residents’ attempts to do everything possible to leave the camp are rational. Camp-based staff said they did not believe that fraud was rampant.

Strategies

For shelters in which a perceived relative benefit or increased chance of refugee resettlement was an issue, fraud and exaggeration were not always explicitly addressed. However, one example of a specific strategy was found in Kakuma in 2011, where an interagency initiative produced a false-allegations video kit in order to educate individuals about the legal implications of making a false claim of sexual and gender-based violence. In practice, there is a reluctance to prosecute refugees who make false

claims, because they can be sentenced to up to thirty years in jail. Staff mentioned that since most of those who make false claims seem to be women, they are wary of ways in which a mother's prosecution could affect her children. Instead, staff noted that a potential or current resident found to have committed fraud to gain admission to the shelter was usually taken to the police and given a warning.

5. Particular Challenges in Sheltering LGBT Individuals

A particular security challenge for those working with LGBT individuals is that the purpose of the program could become known. If a high degree of homophobia permeates the external community, exposure could lead to threats or danger to both shelter residents and staff. This concern was expressed by the house marshal of Marginalized_1 about a safe house in Nairobi for individuals fearing harm based on their sexual orientation.

“Another challenge is that when [clients] are there and maybe they bend the rules and maybe decide to walk [outside]. I have neighbors who do not know about this [place], and so that is outing the safe house and I might be in danger. . . . That is what happened in the house that was in [place name]: those [residents] decided that they want to go for shopping. [When] strolling around, they appeared on national television [as LGBT]. So when I was coming [home] in the evening, women from the neighborhood . . . gathered and called me: ‘Who are these people in your house? [We] thought they’re the people we saw on the television.’”

Another specific challenge for programs secretly sheltering highly stigmatized individuals such as LGBT persons was that the quiet and unexplained operations of a shelter could give rise to rumor or suspicion about a facility and the people who work or stay there. Because staff could not fully or openly explain their actions without “outing” the nature of the shelter program and its residents, these rumors could cause deepening misunderstandings and mistrust between the shelter program and the outside community.⁵⁸

Protection for Marginalized Victim Groups

We found a general lack of shelter options for survivors of sexual and gender-based violence outside Nairobi and the refugee camps. In terms of specific subpopulations, there was an additional deficiency in terms of shelter options for survivors who were also

- internally displaced persons
- adolescent boys or male survivors
- persons with specific health concerns
- lesbian, gay, bisexual, transgender, or intersex individuals (LGBT community members)

Internally Displaced Persons

We were surprised to find that there were no specific shelter mechanisms operating in Naivasha or Nakuru to serve individuals fleeing sexual and gender-based violence in the internally displaced person community. The longstanding shelter in Nakuru (Filadelfia Women's Crisis Centre, or Filadelfia) is

an impressive and highly regarded program that has existed since long before the last major displacement (the post-election violence of late 2007 and early 2008). Staff at Filadelfia noted that the shelter had housed internally displaced individuals since the post-election violence; however, that is neither its mandate nor a resident characteristic they systematically register.

Adolescent Boys and Other Male Survivors

With respect to adolescent boys, most shelters that accept children had an age limit for boys of ten to twelve. This included both boy survivors and those who simply needed to accompany their mothers or sisters in the shelter. There is clearly a gap in shelter provision for teenage boys. Even if they are themselves survivors, or if they are dependent on female relatives who may be in the shelter, adolescent males are generally excluded from staying in these facilities.

Male survivors of sexual and gender-based violence are similarly precluded from accessing many of the sexual and gender-based violence-specific programs we visited. Men are routinely admitted to a more general protection program, such as Kakuma's Protection Area, which is not specifically geared toward lodging individuals fleeing sexual and gender-based violence. However, if a male survivor of sexual or gender-based violence were admitted to the camp's general protection area, he would be unlikely to benefit from the available sexual and gender-based violence supportive services. Not only would he be unlikely to "out" himself as needing assistance, due to severe stigma among other participants or service providers, but also, we believe, service providers may not be trained or equipped to provide male-oriented services.

We learned of one interesting initiative developing in Dadaab: Recognizing a lack of safe shelter options for males over 18 years who were fleeing violence (sexual or otherwise), UNHCR has begun to construct a protection shelter with eight houses, in a protected area. It is designed for families with older boys, or single older boys. It was not yet fully functional at time of writing.

Persons with Specific Health Concerns

Shelter programs tended not to accept clients who require special care, such as those with chronic medical conditions or physical or mental disabilities. This seemed due less to willful exclusion and more to lack of capacity to effectively provide for the needs of such clients.

In Dadaab, Handicap International provides support for survivors with physical and mental disabilities, and would help to find shelter where required (e.g. in the Safe Haven). Save the Children provides support to all child survivors, both boys and girls.

LGBT Individuals

The shelter needs of LGBT individuals in a country like Kenya may indeed warrant special attention and creativity. Shelter solutions appropriate to this group may be somewhat distinct from the situation of most heterosexuals seeking shelter, in that LGBT shelter seekers often fear attack from not just one specific perpetrator, but from any member of the refugee or Kenyan population, who would target their sexual orientation or gender identity. This affects options for transition out of the shelter. Return to

the survivors' original communities is rarely possible. If such a case were to be identified in Dadaab or Kakuma, informants noted that the LGBT person may have to be relocated to Nairobi, because it would be difficult to protect him or her in the camps.

We did identify two shelter programs serving LGBT individuals in Nairobi. One operated more as a traditional safe house, in which LGBT individuals (refugee or not) could live together temporarily while in danger. It is now closed. The other was an independent living model that placed LGBT refugees in private apartments or other housing scattered throughout the city during the processing of their resettlement cases.

The extent to which LGBT survivors of sexual and gender-based violence might safely access mainstream shelters in Kenya is unclear. Mainstream_3 staff suggested they would house LGBT individuals but had not yet had such a case. The majority of shelter-providers told us they would not accept LGBT clients into their shelter but would give them access to the organization's counseling services.

As Marginalized_2 staff told us, ideally LGBT refugees should not need separate safe-space services because they should have safe access any organization's services. However, given the hostility in Kenya toward this population, at present they are unlikely to have access to adequate protection in mainstream shelters. There is an additional eligibility hurdle: Many mainstream shelter programs do not accept adult men as residents; there does not seem to be a specific carve-out for adult homosexual men. It is not clear from our interview data how adult lesbians would be received in most mainstream shelters.

CONCLUSION: OBSERVATIONS AND RECOMMENDATIONS

Based on the Human Rights Center's background research, key informant discussions, and interviews with shelter staff and residents, we offer the following observations and recommendations.

Recommendations to the Government of Kenya

1. Support increased shelter capacity and diversified shelter options for sexual and gender-based violence survivors.
2. Promote government linkages with organizations providing shelter.
3. Protect "invisible" groups.

Recommendations to the UN High Commissioner for Refugees

1. Conduct additional research on specific needs of refugees and internally displaced persons fleeing sexual and gender-based violence and on community-originated options.

Recommendations to National Sexual and Gender-Based Violence Coordinating Mechanisms (Including UNHCR Country and Branch Offices)

1. Conduct a thorough mapping of existing shelter programs throughout Kenya.
2. Consider community-based protection options.
3. Convene shelter providers to set up mechanisms for resource sharing and service coordination in and out of camps.
4. Develop clear referral networks and partnerships with relevant service providers.

Recommendations to Individual Shelter Providers (Including UNHCR Camp and Nairobi Operations)

1. Develop standard operating procedures and codes of conduct.
2. Work with clients to develop individualized care plans and exit strategies from the beginning.
3. Foster maximum control over shelter residents' short- and longer-term decision-making about their lives while ensuring safe and supportive operation of shelters.
4. Enhance staff capacity and training.
5. Ascertain the security and welfare needs of shelter staff.
6. Track cases.
7. Monitor and evaluate.

Recommendations to the Government of Kenya

These recommendations are specifically intended for the Task Force on the Implementation of the Sexual Offences Act, the Ministry of Gender and Development, the Witness Protection Agency, the Ministry of Public Health and Sanitation, the Ministry of Finance, the Attorney General's office, and the Department of Refugee Affairs.

1. *Support increased shelter capacity and diversified shelter options for sexual and gender-based violence survivors.*

The government of Kenya has made significant strides in addressing sexual and gender-based violence in general, both with the passage of its Sexual Offences Act in 2006 and its ongoing progress in implementing the law's protections throughout the country. One gap that affects full implementation of the act relates to the provision of witness protection and victim support—of which access to safe, temporary shelter is a key component. There simply does not seem to be enough emergency housing for individuals fleeing sexual and gender-based violence in Kenya.

We respectfully recommend the commitment of increased funding and technical support to new and existing shelters serving sexual and gender-based violence survivors in Kenya.

The expanded presence and capacity of various shelter models, including community host networks, should be considered. This should be effected in conjunction with additional mapping and evidence-based evaluations of shelters, as suggested below.

2. *Promote government linkages with organizations providing shelter.*

Connection between government entities and shelter-providing organizations should be strengthened, including in refugee and internal displacement communities.

We recommend the initiation of formal linkages among shelters and health-care facilities, law enforcement, and community-based actors to fill referral gaps. We also urge the improvement of referral mechanisms by informing relevant entities of the location (confidential, in some cases), eligibility criteria, and admission processes of available shelter programs.

Referral and facilitation of access to immediate, physical shelter should be explicitly included in the procedures of state entities engaged in response to sexual and gender-based violence in Kenya, such as the Task Force on the Implementation of the Sexual Offences Act, the Gender Commission, and the Witness Protection Agency.

Conversely, to enhance shelter staff's ability to connect residents to necessary services, state entities should make their services (e.g., health, legal, and immigration) and procedures clearly known to shelter programs.

3. *Protect "invisible" groups.*

Only a limited number of temporary shelter options appeared to be available to certain sexual and gender-based violence survivors in Kenya, particularly individuals living in internally displaced persons' camps, sexual minorities, male victims, and the mentally or physically disabled.

We were unable to identify programs aimed specifically at meeting the physical protection needs of these particular populations in the Naivasha or Nakuru areas, aside from a longstanding shelter program in Nakuru that may house them incidentally. Kenyan internally displaced outside the capital do not seem to have the same degree of access to immediate, physical shelter from sexual and gender-based violence as their non-internally displaced counterparts in Nairobi. They may also have specific psychosocial support and transition needs, in light of traumatic experiences from the post-election violence and their ongoing displacement. Indeed, internally displaced persons compose a population in need of increased service responses across the board, including shelter from sexual and gender-based violence.

While few shelter programs explicitly *exclude* sexual minorities, there are few programs that welcome LGBT clients. Moreover, programming that is responsive to the shelter needs of non-LGBT male victims of sexual violence in Kenya is largely absent.

We urge the Kenyan government entities tasked with protection from sexual and gender-based violence to support research regarding the shelter needs of survivors from these groups to ensure that appropriate resources are allocated to responsive shelter options, either as part of existing programs or separately.

Recommendations to the UNHCR

- I. *Conduct additional research on specific needs of refugees and internally displaced persons fleeing sexual and gender-based violence and community-originated options.*

More data are needed on the particular shelter and support needs of refugees and internally displaced persons fleeing sexual and gender-based violence—both around the world and specifically in Kenya. Better understanding is needed of how survivors' mental health intersects with and is compounded by the complications of displacement or ongoing conflict. Such research would promote improved programmatic, policy, and funding decision-making.

Similarly, further exploration and assessment of informal, *community-derived* safety options that exist, even informally, within UNHCR camps is critical. Community host networks and more organic community-justice mechanisms may offer alternatives for lower-security cases, although their limitations and liabilities must be well-understood. In addition, the ways in which such networks and mechanisms can complement more formalized sexual and gender-based violence shelter programs within the camp requires consideration—including how to situate them in an overall referral pathway.

For example, the CARE and IRC community host programs initiated in Dadaab refugee camp may prove instructive as they evolve. Also, UNHCR Protection Staff in Kakuma refugee camp has carefully considered how to best approach and work with the Sudanese Cell there, which serves protective and disciplinary functions within the community at the same time.

Recommendations to National Coordinating Mechanisms (including UNHCR Country and Branch Offices)

1. *Conduct a thorough mapping of existing shelter programs throughout Kenya.*

At the time of the Human Rights Center’s research in Kenya, there was no comprehensive registry of programs that can provide safe shelter for individuals fleeing sexual and gender-based violence—whether they are refugees, internally displaced persons, or members of the general public. The Human Rights Center learned that UN Women had started a rapid assessment of sexual and gender-based violence shelters in Kenya, but it is unclear whether this scanning exercise has been completed or is publicly available.

Such a mapping exercise would serve two critical purposes: to ascertain survivors’ current options, and to identify critical geographic or population-based protection gaps in order to inform resource allocation. Mapping should also indicate program details, such as population served, length of stay, etc.

2. *Consider community-based protection options.*

Not all survivors of sexual and gender-based violence are best served by longer-term stays in traditional safe houses. Those who may not have heightened security or health-support needs, or who do not want to take such an extreme step as leaving the community temporarily, could benefit from community-based protection options.

The findings of this study support the key recommendation of the Inter-Agency Standing Committee Guidelines on gender-based violence interventions in humanitarian settings—that community-based solutions should always be sought first.⁵⁹ This approach has the advantage of engaging the community in resolving the problems associated with sexual and gender-based violence, which helps with the process of reintegrating survivors back into the society and protecting them in the future. The system does not create unrealistic expectations regarding resettlement. Further, it enables a survivor to maintain connections with supportive aspects of her family and community, and to continue with any livelihood activities. This may ease her transition back to normal life.

In most communities, systems already exist for protecting individuals who are in danger, and for responding to sexual and gender-based violence. It may be better to assess these systems and work with them, if appropriate, rather than to try to create a parallel or separate system—especially one that leads to isolation from friends and family.

Where community host networks seem like an appropriate option, it would be important to thoroughly vet, prepare, and support all volunteer hosts and their families before a shelter-seeker could be placed in their homes. Safety of both host family and shelter-seeker must be ensured, and mutual expectations and responsibilities should be clarified at the outset.

Some survivors have severe security problems or require more intensive psychosocial support than a community host model can provide. In such cases, a more traditional, intensive safe house or protected-area model may be necessary. Given the disadvantages associated with this type of shelter, it should be seen only as a short-term solution in all but the most severe cases.

3. *Convene shelter providers to set up mechanisms for resource-sharing and service coordination, in and out of camps.*

Networking among shelter programs is beneficial. We found that most shelter staff have little contact with other shelter-providers, yet many of those we interviewed would value developing more supportive relationships. We heard about one exchange that took place (between Dadaab staff and the staff of a well-established shelter in Nairobi), which was judged to be very fruitful and led to program improvements. The newest shelter we visited, Marginalized_1, was quite isolated. Staff there felt very strongly that they needed to develop networks with other shelters to facilitate learning around common issues and challenges.

Longer-term, high-security shelters should work with community-based networks to provide a full spectrum of responsive safety support to a survivor transitioning in and out of danger. For example, a neighborhood host can receive a survivor in the middle of the night and harbor her for a few days, while safe houses or camp agencies determine her needs and arrange for longer-term shelter. Alternately, a survivor may later be able to take a reverse half-step *out* of a safe house into a community host program before returning home, to test the transition and avoid the immediate disorientation that can result from leaving a long-term safe house.

The community host networks that CARE and IRC have launched in Dadaab camp may provide useful models for this two-directional half-step. At any point, providing lodging for a survivor at a community leader's or volunteer's home may be a useful step during which her options can be properly evaluated. Engaging the community in this way may also help create local awareness of, and buy-in for, her protection needs.

Finally, we encourage shelter programs serving refugees in urban centers to explore partnerships with mainstream sexual and gender-based violence services and shelters. Despite language and cultural barriers, this may increase survivors' access to support and protection.

A convening of shelter providers in Kenya would be a critical first step in enabling this exchange of resources and expertise, as well as lay the groundwork for optimal placement of survivors in need.

4. *Develop clear referral networks and partnerships with relevant service providers.*

Echoing a key recommendation from the shelter-providers themselves, we suggest developing extensive and positive networks among *all* groups working with sexual and gender-based violence survivors, including community leaders and structures. Participants in this study emphasized the importance of ensuring that shelter residents have access to a full set of services, not only medical and psychosocial support, but also legal support and—most important—access to education for children. Many of these services can be provided only in partnership with other organizations.

A network of external providers would enable shelters to have greater flexibility of services, and thus to respond to the individual needs of their clients more effectively.

General facilities such as hospitals or houses of worship are occasionally used for shelter in emergencies. These entities do not meet the needs of survivors (in terms of either safety or psychosocial support). Further, housing survivors who are fleeing dangerous perpetrators can also create risk for members of the public who access general services at such facilities. These spaces should not be used for shelter except in extraordinary circumstances.

Still, it is critical to fully engage these institutions as referral and support partners. Shelter programs should conduct regular outreach to build relationships with local hospitals, houses of worship, schools, and so forth to improve referral and follow-up for sexual and gender-based violence survivors.

Recommendations to Individual Shelter Providers (including UNHCR Camp and Nairobi Operations)

1. Develop standard operating procedures and codes of conduct.

Standard operating procedures (SOPs) play a crucial role in clarifying the responsibilities of all those involved, and the systems by which services and facilities will be accessed. Staff we interviewed recommended that SOPs are developed as early as possible when a new shelter or safe space is established, and that they are revised regularly as lessons are learned. Staff should be informed of any changes to procedure.

This procedural clarity includes establishment of codes of conduct for shelter residents to promote understanding of their rights and responsibilities, and also to ensure the safety of all shelter staff and residents. (For example, codes of conduct should emphasize residents' obligations to treat other residents respectfully and to maintain absolute confidentiality regarding shelter location, inhabitants, and security protocols.) All members of staff, regardless of their specific roles, should be fully trained about this code of conduct.

To the extent possible, shelter residents should be consulted for input and feedback about the efficacy of the rules governing their stay and protection.

2. Work with the client to develop individualized care plans and exit strategies from the beginning.

We heard a number of times about the importance of a thorough assessment when a survivor enters a shelter or safe space, in order to identify that person's needs. If the shelter structure is inflexible, it may not be possible to meet specific needs identified in the assessment. Individual care plans and flexible systems require more resources and greater capacity on the part of the staff involved. However, such an approach may have benefits in terms of the psychosocial well-being of residents and successful transition out of the shelter.

Individual care plans would address not only the psychosocial needs of residents, but also their needs in relation to livelihoods and security. It may be that in some cases there is room for flexibility around security, which enables survivors to maintain supportive relationships, and perhaps even livelihood activities, while protecting them from harm. This may not always be possible in cases of severe threat. Individual security concerns should be considered at the assessment stage and built into the care plan.

We also learned of the importance of thinking about exit strategies *as soon as* a survivor is received into a safe shelter, and ensuring that the care plan for each individual facilitates a successful transition from the shelter. Some shelters already do this, but we learned of some programs that undermine exit strategies by isolating survivors from supportive networks or limiting opportunities to maintain or resume their prior livelihood activities.

In most cases, community reintegration is the preferred exit strategy. A community-based shelter model helps to facilitate this, since the community is involved in protecting the survivor and thinking about solutions to her problems from the beginning.

In any case, the shelter seeker should play an active and primary role at every step in the decision-making. Ample opportunity to talk about goals and options should be allotted at the intake stage as well as throughout the client's shelter stay.

3. *Foster maximum control over shelter residents' short- and longer-term decision-making about their lives while ensuring the safe and supportive operation of shelters.*

Developing the independence and confidence of shelter residents was recognised as crucial to the recovery of a survivor and her ability to move out of the shelter successfully. The word *empowerment* is often understood in Kenya to refer to financial independence, while in other settings it is used in different ways, such as developing more positive feelings about oneself and gaining insight into one's situation.

Despite the consensus among providers that empowerment is central to survivors' well-being, some expressed concern that residents were being disempowered by having no control over their daily lives, no meaningful activity, and little participation in decision-making. Even participation in daily decisions (e.g., menus) can be important, along with opportunities for residents to develop new skills where possible. One shelter provider held regular meetings with residents to involve them in decision-making relating to the program (e.g., the appropriateness of rules).

A number of shelter providers felt that the best way to empower sexual and gender-based violence survivors, and protect them from further victimization, is to support them to become financially independent.

4. *Enhance staff capacity and training.*

Several shelter staff, and some of our key informants, said they felt the need for a broader range of skills to do their work effectively. We heard repeatedly about the need for shelter staff to have some basic counseling skills. This applies not only to those who are responsible for providing counseling services, but also security staff and others who need to deal effectively with highly stressed individuals.

A team approach to supporting shelter residents was said to be particularly effective, both in terms of meeting the needs of residents and providing emotional support for staff. It is important that staff providing direct shelter services do not become isolated, as was the case with Marginalized_1.

Staff should also be thoroughly sensitized regarding the needs and challenges of specific survivor groups, such as male victims, sexual minorities, physically or mentally disabled persons, and child victims. Such sensitization would improve interviewing and counseling approaches. It would also help to address possible biases among staff members who are uncomfortable working with certain populations. This includes staff of the UNHCR and implementing partners, who may come from diverse cultural backgrounds themselves. Even if a shelter program is designed to accept members of marginalized groups, the personal resistance of its staff members might discourage victims from accessing the program's services.

5. *Ascertain the security and welfare needs of shelter staff.*

Many staff we interviewed noted either the psychological toll or actual security threats they have experienced due to their work. The emotional stress that can result from being unable to meet demand for shelter or to guarantee a survivor's safety upon leaving can be tremendously taxing over time. In addition, staff members' own safety concerns were particularly pronounced in the refugee camp setting, where shelters' locations are known and their structures are exposed to view.

Almost no programs we visited had systematic, regular procedures for staff to evaluate their stress levels or seek support. Most commonly, shelter providers seemed to comfort each other with humor, or to largely internalize their job-related stress or frustration. We recommend that shelter programs explore ways to provide regular counseling support for staff members, and to conduct routine reviews of security policy and procedure.

We recommend that community members hosting survivors in their homes be provided support. It may also be necessary to address the stress and security concerns of their household members, who are also affected in the provision of shelter.

6. *Track cases.*

Not all shelter programs we visited had a systematic way to track survivors who had transitioned back into the community. Some did make occasional calls or visits to past residents to check on their well-being, but others did not have the capacity to engage in this kind of follow-up.

In order both to ascertain the safety of past residents and to properly assess the effectiveness of a program's transition planning, shelter providers should make every effort to track former residents at least for a few months. This must be done with utmost discretion so as not to jeopardize the former resident when she is back in her community. It is advisable to obtain a survivor's consent for this kind of tracking before she leaves the shelter program.

Information gathered during tracking should inform appropriate follow-up for past residents who need ongoing support. Ideally, it should also inform a shelter program's support provision and transition planning practices.

Conducting this kind of tracking requires additional time and resources. However, we find it to be a critical aspect to service provision, and strongly encourage it.

7. *Monitor and Evaluate.*

Monitoring and evaluation is the only way to be confident that a program is actually working. It provides concrete evidence to convince people outside the program that it is effective, which in turn can help an organization to attract funds and resources.

Often, when resources are tight and staff are working to capacity, evaluation feels like a nonessential part of their work and is sidelined. This appears to have been the case with the shelter providers we interacted with in Kenya. Although many conducted some internal monitoring, few had developed clear objectives and indicators, and none (to our knowledge) had developed an evaluation strategy. While this is understandable when an organization is struggling to meet demand, it limits their ability to identify the effective and less effective aspects of their program, and to make changes to improve efficiency and the services they provide to survivors.

We recommend that shelter providers develop evaluation strategies as a matter of course; even simple ways of measuring effectiveness can add significantly to the value of a program.

ENDNOTES

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- 2 UN High Commissioner for Refugees (UNHCR), “2013 UNHCR Country Operations Profile—Kenya,” <http://www.unhcr.org/pages/49e483a16.html>.
- 3 UN Human Rights Council, “Report of the Special Rapporteur on the Human Rights of Internally Displaced Persons, Chaloka Beyani,” 19th sess., February 6, 2012, A/HRC/19/54/Add.2, http://www.ohchr.org/Documents/Issues/IDPersons/A.HRC.19.54.Add%202_en.pdf.
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- 12 There is evidence that postmigration stress compounds the effects of traumatic events, including PTSD, depression, and other psychosocial impairment, according to Z. Steel, D. Silove, K. Bird, et al., “Pathways from War Trauma to Post-Traumatic Stress Symptoms among Tamil Asylum-Seekers, Refugees, and Immigrants,” *Journal of Traumatic Stress* 12, no. 3 (1999): 421–35, quoted in Derrick Silove, “The Challenges Facing Mental Health Programs for Post-Conflict and Refugee Communities,” *Prehospital and Disaster Medicine*

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- 13 R. Horn, “Responses to Intimate Partner Violence in Kakuma Refugee Camp: Refugee Interactions with Agency Systems,” *Social Science & Medicine* 70 (2010): 160–68.
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- 16 Due to the emergency status of Dadaab refugee camp by February 2012, Center researchers could not conduct full, in-person interviews there. However, we were able to communicate with Dadaab protection staff as key informants over telephone and by email.
- 17 Dr. Rebecca Horn, lead researcher on the Kenya case study, was involved in its preparation, fieldwork, data analysis, and writing.
- 18 Kenya is a signatory to the 1951 United Nations Convention Relating to the Status of Refugees, the 1967 Protocol, and the 1969 Organisation of African Unity Convention Governing the Specific Aspects of Refugee Problems in Africa. The government of Kenya has domesticated these instruments into a national law: the 2006 Refugees Act. The new constitution of Kenya incorporates the general rules of international law as well as all treaties and conventions ratified by Kenya. However, until very recently, Kenya has not had a national refugee and asylum policy.
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- 20 Ibid.
- 21 “Waki Report,” 472.
- 22 More information on the two Kenyan cases before the International Criminal Court can be found at www.icc-cpi.int/Menus/ICC/Situations+and+Cases/Situations/Situation+ICC+0109/.
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finalized a report on the internally displaced persons situation in late December 2011, which will lead to a draft internally displaced persons bill. At the time of writing, the bill had undergone its first reading in parliament and a parliamentary committee had been identified to review the bill and to resubmit it to parliament for further deliberation. The policy and bill would create all the structures necessary to ensure systematic and coordinated management of internally displaced persons' situations.

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- Other Cruel, Inhuman or Degrading Treatment or Punishment,” Alternative Report to the UN Committee against Torture (Geneva: World Organisation against Torture, June 2009).
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- 54 Reportedly a common saying about Nakuru due to its historical and geographic position in Kenya. See “Kenya: Tribal Balance in Nakuru Politics,” *Daily Nation*, January 7, 2012, <http://allafrica.com/stories/201201090833.html> (accessed November 9, 2012).
- 55 “Waki Report,” 89.
- 56 Ibid., 99; and “Kenya, Nakuru Residents Join Displaced Camp in Their Own Town as Violence Erupts,” Integrated Regional Information Networks (IRIN), www.irinnews.org/Report/76431/KENYA-Nakuru-residents-join-displaced-camp-in-their-own-town-as-violence-erupts.

- 57 In September, 2012, UNHCR staff in Kakuma reported in email communication that the High Court sits in Kakuma every four months and the Magistrate court visits the camp every month. They also report that the Kadhi court visits every four months. (However, other sources have noted a quarterly visit (every three months). See <http://kanere.org/2009/05/12/mobile-court-pays-monthly-visit-to-kakuma/>).
- 58 For example, in February 2012 (after the interview with Marginalized_1 staff for this project), an article was published in *Identity*, an online magazine for Kenya's LGBT and sex work community, in which a number of allegations were made about the Marginalized_1 safe house, including that the house marshal was having sexual relations with safe house residents, hosting parties in the safe house, and otherwise acting as if the safe house belonged to him. Following the publication of this online article, the house marshal was suspended, but the safe house remained operational while Marginalized_1 investigated the claims and reviews its policies and procedures. It is possible that some allegations are based on misunderstandings of the role of the safe house. For example, the house marshal may have told people it was his personal house in order to keep the nature of the accommodation secret. The reasons some people were refused entry to the safe house might have been misunderstood, leading to resentment and rumors—even among the LGBT community or safe house residents. Some confusion may stem from the fact that the house marshal lived permanently in the safe house. As a result, his personal life was conducted there; if he wanted to invite a partner home, this could have led to misinterpretation by observers of the safe house. In any event, the safe house was closed by October, 2012 for unrelated reasons.
- 59 Inter-Agency Standing Committee, "Guidelines for Gender-Based Violence Interventions in Humanitarian Settings" (Geneva: Inter-Agency Standing Committee, 2005), 56-57, http://www.humanitarianinfo.org/iasc/pageloader.aspx?page=content-subsidi-tf_gender-gbv.

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APPENDIX 1: LIST OF KEY INFORMANTS

1. CARE, Dadaab, Gender Protection Officer
2. Centre for Domestic Training and Development, Nairobi
3. Coalition on Violence Against Women, Nairobi
4. Gender Violence Recovery Centre, Nairobi Women's and Children's Hospital
5. GIZ, Community Development Manager
6. GIZ, Protection Centre Manager
7. International Rescue Committee, Dadaab
8. Jesuit Refugee Service, Kakuma, Safe Haven Co-ordinator
9. Lutheran World Federation, Kakuma, Peace Building and Conflict Resolution Officer
10. Lutheran World Federation, Kakuma, Child Protection counselor
11. Lutheran World Federation, Kakuma, Gender Officer
12. Lutheran World Federation, Dadaab, Programme Director
13. Lutheran World Federation, Education
14. RefugePoint, Community Services Manager
15. UNHCR Branch Office for Kenya, Assistant Protection Officer (responsible for IDPs)
16. UNHCR Branch Office for Kenya, Legal officer
17. UNHCR Branch Office for Kenya, Associate Community Services Assistant
18. UNHCR Branch Office for Kenya, Assistant Representative (Protection)
19. UNHCR Community Services, Nairobi
20. UNHCR Dadaab, Protection Officer
21. UNHCR Kakuma, Protection Officers

APPENDIX 2: INTERVIEW INSTRUMENTS

Safe Shelter Interview Questions

Group 1: Safe Shelter Providers (Administrators, Staff, Volunteers)

Prior to or after interview, the following should be noted on interview form:

- Interview date, start / end times, location
- Interviewer name and contact information
- Interviewee assigned identifier (i.e. KE / Main St. / Group 1 / Respondent 1)
- Position (administrator, direct service staff, volunteer, etc.)
- Name of shelter / organization / group providing assistance (for use by HRC staff in data analysis stage only; not to be included in reports unless otherwise requested by the organization)
- Notation as to whether refugee camp, IDP camp, or urban/rural non-camp setting
- Informant gender
- Interpreter name, if applicable
- Others present
- Note any documents / records provided

Pre-Interview Checklist:

- Informed Consent
 - Emphasize that any / all participation is voluntary
 - Explain that the respondent should feel free to choose to skip any question for any reason, or to pause or leave the interview at any time
- Informal introduction
 - Ask for the informant's name, shelter name, and location
 - Do not record the informant's name, but assign identifier (ex. respondent 3)
- Confidentiality:
 - Explain how confidentiality will be maintained, specifically: the respondent's name will not be documented anywhere, the name of the shelter will be recorded for the purposes of data analysis by HRC staff only, and specific shelters will not be referred to by name in the report unless otherwise requested by the organization.
- Check interpretation and comfort with interpreter
- Check comfort with location
- Turn on digital recorder, if interviewee consents

Interview Questions

A. Informant Profile

1. What is your position?
2. What are your primary responsibilities?
3. How long have you worked / volunteered in this position?

B. General Program Information (for shelter administrators / managers only¹)

4. What is the mandate of this program?
5. Who established it? When? Why?
6. Did the local community have any role or input in its design / establishment? Please explain.
7. Who is the managing organization? Is there a separate parent organization?
8. Who funds the shelter program?
9. Do any rules or guidelines govern the operation of this shelter program? If so, please explain.
 - a. Do you have any Standard Operating Procedures (SOPs)? (Ask for a copy later.)
 - b. Is there a Code of Conduct for individuals who stay here? (Ask for a copy later.)
10. How many staff work here? What are their positions?
11. What is the maximum capacity of the shelter / shelter space at any one time?
12. How many people are housed here right now (accounting separately for resident staff)?
13. What do you do when someone comes for shelter but you cannot provide it?
14. What coordination, if any, exists between this shelter and other shelters in the community?

C. Population Served

15. How do shelter-seekers learn about this program?
16. Are there formal eligibility criteria for who can stay here? If so, please explain.
(Probe for whether principle resident's children can also stay; gender / age criteria.)
17. Are there any types of people you do *not* house here? (Probe men, boys, LGBTIs, HIV+, elderly, disabled, etc.).
 - a. Is that exclusion an explicit rule, or just a matter of practice?
 - b. For members of groups you do not serve, are you able to refer them anywhere else? If so, where?
18. Of the people staying here right now, how many are fleeing SGBV and how many are fleeing some other kind of harm?
19. Of the people staying here right now, what is the breakdown according to:
 - a. Gender?
 - b. Age? (Under 18, 18–50, over 50)
 - c. Marital status?
 - d. Refugee / IDP status?

¹ These questions are only for shelter managers or administrators only. However, depending on the level of knowledge and experience of direct service/line staff, they may also be able to provide some of the general shelter data. Therefore, questions from Section B can be administered to direct service providers at the discretion of the interviewer.

20. For those fleeing or fearing SGBV, what were the most common forms of SGBV fled / feared?
21. Who are the most common perpetrators in these SGBV cases? Any trends?
 - a. Probe male / female, known / unknown to survivor, members of same community, persons of authority, camp workers, etc.
22. What, if any, alternate protective measures have people tried before coming here?

D. Operation of Shelters / Alternative Mechanisms of Protection

23. Once someone comes here for help, what happens? Can you please briefly explain the process from A to Z? (Probe intake procedure, emergency needs-assessment, admission & transition decisions, medical / police visits, etc.)
24. What is the average length of time a person stays here? Is there a limit?
25. About the shelter space itself: Please describe where your residents stay.

E. Services Provided

26. Please tell me about the services the program provides:
 - a. Housing (Probe shared rooms / beds, assignment to adults v. children, etc.)
 - b. Food
 - c. Medical Care
 - i. How would you describe the physical condition of those seeking shelter when they first arrive here?
 - ii. What, if any, medical care is provided in-house? (Probe pregnancy test, HIV, etc.)
 - iii. What medical care needs are referred out? To where?
 - iv. Do you think it's possible that some medical needs are not being addressed either in-house or through referral? If so, please explain.
 - d. Counseling
 - i. How would you describe the mental health condition of those seeking shelter upon arrival here? How is this assessed?
 - ii. What, if any, psychosocial support and counseling is available to people staying here? Please describe it.
 - iii. How long can an individual receive counseling?
 - iv. Are there options for people to continue to access counseling after they leave here? (i.e. access to program counselors here after they leave, referrals to community-based counselors, etc.)
 - e. Education for Children
 - i. What percentage of the housed children were attending school before coming to stay here?
 - ii. Are children able to access educational services while staying here? If so, please describe.
 - f. Education / Vocational Training / Income Generating Activities for Adults

- g. Movement / mobility
 - i. Please describe any restrictions on residents' movement outside the shelter space.
 - h. Communication
 - i. Are there any specific rules regarding residents' communication with people outside the shelter? If so, what are they?
 - ii. Probe use of cell phones, what information is confidential, etc.
27. Is the shelter/organization connected to other supportive services or resources? If so, how?
28. What are the most common challenges that for people staying in this shelter? How do you help them deal with these challenges?
29. What do those who stay here need most that you cannot currently provide?

F. Security

30. Do you feel residents are safe here? Please explain safety measures and remaining risks.
31. Does the general community know that this building / space is being used to provide safe shelter to survivors of SGBV (and possibly others?)
- a. Is there any attempt to hide its existence or location? Please describe.
32. How do you manage visitors? Are there rules specific to visitors? What steps are taken to make sure only safe visits take place?
33. Have you had any security breaches? Please explain what happened and how you dealt with them.
34. Please describe the shelter's relationship / experiences with the police.

G. Refugee / IDP camp specific

35. How do the services or provisions your residents receive here compare to what other camp residents receive?
36. What is the relationship between someone's admission here and their chances of resettlement? What do camp residents believe about this relationship? (Probe for concerns about fraudulent claims.)
37. Are there any aspects of this shelter program that feel unique to the refugee / IDP camp context?

H. Transition, Solutions

38. Let's talk about helping someone transition out. How does this work? Please describe the process.
39. What kind of transition plans are generally attempted?
- a. Probe: Mediation, integration into family / community, referrals to police & legal aid efforts.
 - b. Probe: transfer to other shelters / refugee resettlement

40. What generally happens to someone when they leave this shelter program? How do you know?
 - a. Is anything done to track an individual's safety once he / she has left here? If so, what?
 - b. How are you able to evaluate the program's success?
41. Do you ever have "repeat" residents who return here again after leaving the shelter? Please describe typical scenarios and how you handle those cases.

H. Experience as a Shelter Provider

42. What are the primary challenges *you* face as a provider?
43. How have you (and your colleagues) attempted to overcome these challenges?
44. Do you and your colleagues feel safe doing this work? Why or why not?
45. Does your job impact you psychologically / emotionally? How do you deal with this?
46. Is there any kind of support that would help you do your job better?
 - a. Probe: psychosocial support
 - b. Probe: hiring staff with any specific expertise
47. What is the hardest thing about your job?
48. What is the best thing about your job?

I. Other

49. Is there anything else about your experience as a provider that you would like us to know?
50. Is there anyone else you would recommend we interview to learn more about providing safe shelter to people fearing SGBV?
51. Are there any lessons you've learned that you would like to share with other groups / organizations involved in providing protection and support to survivors of SGBV?

Post-Interview Checklist

- Thank interviewee; Check how he / she is feeling (if upset or unwell, follow protocol)
- If appropriate to do so, review any questions that remain / need clarification
- Turn off recorder, if applicable (let interviewee know you are doing so)
- Explain next steps
- Remind of confidentiality, no names used, etc.
- Thank you, goodbye

Safe Shelter Interview Questions

Group 2: Shelter Residents / Program Participants / Beneficiaries

Prior to or after interview, the following should be marked in notes:

- Interview date, start / end times, location
- Interviewer name and contact information
- Interviewee assigned identifier (i.e. Group B, Respondent 4)
- Name of shelter / organization / group providing assistance (for use by HRC staff in data analysis stage only; not to be included in reports unless otherwise requested by the organization)
- Notation as to whether refugee camp, IDP camp, or urban/rural non-camp setting
- Informant gender
- Language of interview
- Interpreter name and contact information, if applicable
- Others present
- Other impressions: demeanor, unsolicited information, etc.
- Diagrams, maps

Pre-Interview Checklist:

- Informed Consent
 - Emphasize that any / all participation is voluntary
 - Explain that the respondent should feel free to choose to skip any question for any reason, or to pause or leave the interview at any time
- Informal introduction
 - Ask for the informant's name, shelter name, and location
 - Do not record the informant's name, but assign identifier (ex. respondent 3)
- Confidentiality:
 - Explain how confidentiality will be maintained, specifically: the respondent's name will not be documented anywhere, the name of the shelter will be recorded for the purposes of data analysis by HRC staff only, and specific shelters will not be discussed by name in the report unless otherwise requested by the organization.
- Check interpretation and comfort with interpreter
- Check comfort with location
- Turn on digital recorder, if interviewee consents

Interview Questions

A. Informant Profile

1. How old are you?
2. Where are you from?
3. Are you part of a particular ethnic group? Which one?
4. Do you practice a religion? If so, which one?
5. Aside from the one we are using now, what languages can you speak?

B. Family Background

6. Are you married?
 - a. *If in camp:* Is your spouse living here in the camp, too?
7. Do you have children? (*If yes, establish number, ages, gender, and whether any are physically in his / her care at present.*)
 - a. Are you responsible for taking care of anyone else, as well? If so, who / where are they?
8. *If in camp:*
 - a. When did you come to the camp?
 - b. Where were you living before you came to this camp?
 - c. Which of your family members live in this camp now?

C. Reason for seeking shelter / protection:

(Preface gently, follow-up as necessary. Keep in mind that subject may have left home / sought shelter on multiple occasions—so note this if it becomes apparent, but focus first on this last resort to shelter.)

9. Seeking shelter / protection this time:
 - a. When did you leave home? Why? (*Probe form of harm; known or unknown abuser, how long suffered harm*)
 - b. When did you come here? (*Probe steps if gap between home and shelter; modify below as appropriate.*)
 - c. What did you fear would happen to you if you stayed [at your home]?
10. Is this the first time you have left [home] because of [xxxx]? If not:
 - a. How many times before have you left before this time?
 - b. Where did you go those times?
 - c. Did you try those options again this time? If so, what happened? If not, why not?
11. Have you ever gone to the police for help? If yes, what happened? If no, why not?
12. How did you hear about *this* place?
13. What did you know about it before you came here? How did you know these things?
14. How far from your home is this place?
15. Why did you finally decide to come here? (*Probe especially in cases of ongoing SGBV—what was the final straw?*)
16. How long will you be able to stay here?

D. The Shelter Experience—Basic Services

17. Let's talk about what it's like to be here. How do you feel about the support services you are receiving? (For each, probe for *unmet needs / suggestions / comparison to what resident was receiving before coming to shelter*)
 - a. Housing / Accommodation
 - b. Food
 - c. Medical care
 - d. Counseling
 - e. Education for children
 - f. Adult education / Vocational training
 - g. Religious Practice
 - h. Are you receiving any other kind of service or support while staying here? Please explain.
18. What are the rules about staying here?
19. How do you feel about the rules here? (*Refer to specific rules, if known.*)
 - a. Probe: Visitors
 - b. Probe: Movement
 - c. Probe: Communication
20. Is there anything you need that you cannot have or do here? If so, what?

E. Security, Transitions, Solutions

21. Does anyone in your family or community know where you are? Please explain. (*Note that this may include abuser, especially in domestic violence situations.*)
22. Does the person who (might) hurt you know where you are? (*Pluralize and use conditional tense as appropriate.*)
 - a. If yes, how does he / she know?
 - b. Has he / she attempted to contact or find you? If so, how? What happened?
23. Do you feel safe here from the person who (might) hurt you?
 - a. If yes, what things here make you feel safe?
 - b. If no, why not?
 - a. Have you told staff / volunteers here that you feel afraid?
 1. If yes, what was their response?
 2. If no, why not?
24. Aside from that person who (might) hurt you before you came here, do you feel safe here?
 - a. If yes, what things here make you feel safe?
 - b. If no, why not? What do you fear? (*Probe: Has anything bad happened to you here?*)
 - a. Have you mentioned your fear to staff / volunteers here?
 1. If yes, what was their response?
 2. If no, why not?

25. Ideally, where would you want to go when you leave here?
 - a. Is that possible? Why / Why not?
26. In reality, what do you think you will do when you have to leave this shelter?
27. What can staff / program volunteers do to help you be safe when you leave?
28. If you ended up in danger again after leaving here, what would you do?
29. What do you want to happen to the person who wants to hurt you?
30. Please explain how the members of your community feel.
 - a. How do they feel about people coming to shelters like this?
 - b. What would they expect someone in your situation to do?
 - c. How do you feel about their expectations?

F. Other

31. What is the best thing about being here?
32. What is the hardest thing about being here?
33. Do you think coming here was a good idea? If no, what would you do differently if you are ever in danger again?
34. Is there anything else you would like to share about your experience staying here?
35. Do you have any suggestions or advice for organizations providing shelter or support to survivors of SGBV? (*Probe: What aspects / services are most important to you? What improvements can be made?*)

Post-Interview Checklist

- Thank interviewee; Check how he / she is feeling (if upset or unwell, follow protocol)
- If appropriate to do so, review any questions that remain / need clarification
- Turn off recorder, if applicable (let interviewee know you are doing so)
- Provide information re: supportive services, shelters, etc., if appropriate
- Explain next steps
- Remind of confidentiality, no names used, etc.
- Thank you, goodbye



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