



REFUGEPOINT

DISAGGREGATING LGBTIQ PROTECTION CONCERNS: Experiences of refugee communities in Nairobi



Mission: RefugePoint finds lasting solutions for the world’s most at-risk refugees and supports the humanitarian community to do the same.

Vision: RefugePoint envisions an inclusive world where refugees are supported to rebuild their lives, reach their full potential and contribute to their communities.

Approach: RefugePoint identifies refugees facing greatest risk, including children, survivors of torture and trauma, women, and girls, and delivers services for immediate protection, builds capacity for replication and program expansion, and works with partners to change global humanitarian systems.

Table of Contents

ACKNOWLEDGMENTS

ACRONYMS

A note on language

METHODOLOGY

EXECUTIVE SUMMARY

INTRODUCTION AND BACKGROUND

The global context

The regional and local context

1. DISAGGREGATING LGBTIQ PROTECTION CONCERNS

1.1 SPECIFIC PROTECTION CONCERNS OF LBQ REFUGEES

1.1.1 Recommendations for enhancing protection of LBQ refugees

1.2 SPECIFIC PROTECTION CONCERNS OF MEN WHO HAVE SEX WITH MEN (MSM)

1.2.1 Recommendations for enhancing protection of members of the MSM refugee community

1.3 SPECIFIC PROTECTION CONCERNS OF TRANS* REFUGEES

1.3.1 Recommendations for enhancing protection of trans* refugees

1.4 SPECIFIC PROTECTION CONCERNS OF INTERSEX REFUGEES

1.4.1 Recommendations for enhancing protection of intersex refugees

1.5 SPECIFIC PROTECTION CONCERNS OF LGBTIQ UNACCOMPANIED MINORS

1.5.1 Recommendations for enhancing protection of LGBTIQ unaccompanied minors

2. TARGETED PROTECTION INTERVENTIONS

2.1 CASH-BASED INTERVENTIONS (CBIs)

2.1.1 Interventions for LGBTIQ persons of concern in Nairobi

2.1.2 Targeting of beneficiaries

2.1.3 Objectives of CBIs

2.1.4 Recommendations for implementing cash programmes for LGBTIQ persons of concern

2.2 LIVELIHOODS AND LGBTIQ REFUGEES

2.2.1 Interventions for LGBTIQ persons of concern in Nairobi

2.2.2 Recommendations for livelihoods interventions targeting LGBTIQ persons of concern

2.3 COMMUNITY BASED ORGANIZATIONS (CBOs)

2.3.1 Recommendations for working with refugee-led community based organisations

3. PROMOTING SOUND INTERNAL PROCEDURES

3.1 Identification and assessing vulnerability: the importance of language and approach

3.2 Mainstreaming and AGD

3.3 Coordination and sensitization

3.4 Recommendations for promoting sound internal procedures

4. CONCLUSIONS AND LOOKING FORWARD

REFERENCE LIST

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ACRONYMS

AHA - Anti-Homosexuality Act 2014 (Uganda)

CBI – Cash-based intervention(s)

CBO – Community based organisation(s)

CHW – Community health worker(s)

IGA – Income generating activity

IP – Implementing partner(s) of UNHCR. Organisations that UNHCR contracts to implement agreed upon activities for persons of concern

LBQ – Lesbian, Bisexual, Queer. For the purposes of this report, the term here refers to cisgender LBQ women refugees.

LGBTIQ – Lesbian, Gay, Bisexual, Transgender, Intersex, and Queer

MSM – Men who have sex with men. Individuals identifying as both gay and bi-sexual men are agglomerated under this category. Women who identify as bisexuals are included in the category LBQ.

SHRR – Sexual health and reproductive rights

SGBV – Sexual and gender-based violence

SSOGI – Sex, Sexual Orientation, and Gender Identity

Trans* - An umbrella term that refers to all identities within the gender identity spectrum. The asterisk denotes all transgender, non-binary, and gender nonconforming identities.

UAM – Unaccompanied Minor

VSLA – Village Savings and Loans Association. A livelihood initiative that relies on the establishment of a group of people, and subsequent savings and loans between all members with the purpose of achieving a set financial objective

A note on language

“LGBTIQ refugees” is meant to apply here to all UNHCR’s persons of concern (both refugees and asylum seekers), unless “LGBTIQ asylum seekers” is used to differentiate between legal statuses.

“Persons of concern”, or POCs, encompass refugees and asylum seekers registered with UNHCR and falling under the scope of UNHCR’s mandate of international protection.

“Queer” is used throughout the body of this report as an umbrella term for LGBTIQ individuals. “Queer community” is used to refer collectively to the LGBTIQ refugee community; it is employed interchangeably alongside “LGBTIQ community”, which here refers to communities of refugees as opposed to those of nationals.

“SSOGI/LGBTIQ” - the acronym “LGBTIQ” is harnessed by the international community to give expression to “persons of diverse sex, sexual orientation, and gender identity” (SSOGI). “SSOGI” is therefore used to describe the full range of concepts falling within and outside the LGBTIQ acronym. Notwithstanding, many members of sexual and gender minorities do not use either term to describe their identities. It therefore remains important for agency staff to maintain an understanding of terms employed in respect of LGBTIQ individuals; but to remain alive to the different usages of language, including where identities are not captured within such constructs.

METHODOLOGY

This report is the result of quantitative and qualitative research into the Lesbian, Gay, Bisexual, Trans*, Intersex, and Queer (LGBTIQ) refugee community in Nairobi, Kenya. The quantitative findings are accumulated from an analysis of risk extracted from 332 individual vulnerability assessments of refugees identifying as LGBTIQ, conducted between January and March 2017. The interviews were undertaken by staff of HIAS-Kenya, a Nairobi-based implementing partner (IP) of UNHCR. The assessments included sections on protection, health (including psychosocial), sexual and gender based violence (SGBV), and livelihoods; and allowed for close-ended and open-ended answers. The qualitative findings are also a result of narrative feedback from the 332 refugees given during the aforementioned vulnerability assessment exercise. Quantitative and qualitative findings as a result of Danish Refugee Council (DRC) research on the intersection of livelihoods and protection as they relate to LGBTIQ refugees in Nairobi are also included. This research encompassed structured interviews of 236 Ugandan refugees targeted during outreach to six locations across Nairobi in November 2016.

To supplement qualitative findings, the content of semi-structured interviews with several LGBTIQ refugees and refugee leaders are included to add key testimonies to relevant sections and recommendations. These interviews were undertaken subsequent to the vulnerability assessment exercise. Additionally, comments made by LGBTIQ refugee leaders during community outreach are included. Where possible, community meetings

with the LGBTIQ refugee community in Nairobi were disaggregated according to different LGBTIQ communities. Finally, the experiences of UNHCR and partner organisation staff are included to provide anecdotal information about refugee protection vis-a-vis the LGBTIQ refugee community.

Methodological challenges implicit in the research - particularly those inherent in the vulnerability assessment exercise - may affect the overall quality of data. The accuracy of information gathered from the assessments is contingent upon the detail, consistency, and reliability of answers provided by persons of concern during the interviews. Where possible (for around 80 per cent of the respondents), the information was cross-checked against previous vulnerability assessments conducted in respect of the individual. There is a possible margin of error related to the remainder of cases whose information was not able to be cross-verified. There is a possible overall margin of error in relation to all assessments, in particular terms of the accuracy of feedback offered by respondents.

EXECUTIVE SUMMARY

This paper examines humanitarian agencies' experiences working with the LGBTIQ refugee community in Nairobi. It argues for the disaggregation of protection approaches according to respective queer refugee communities, and presents recommendations for the enhancement of protection for these separate groups in urban contexts. The paper was guided by the following topics of interest as they intersect with the LGBTIQ refugee community in Nairobi:

- (1) What are the distinct protection concerns of Lesbian, Bisexual, and Queer (LBQ), Men who have Sex with Men (MSM), trans*, intersex, and Unaccompanied Minor (UAM) communities; and what interventions are best suited to meet the needs of each group?
- (2) What are the roles of humanitarian agencies in engendering empowerment and/or reinforcing negative structures amongst the LGBTIQ refugee community?
- (3) What are the effects of cash-based interventions (CBI) as a protection tool; and, how can agencies prioritise interventions for particularly vulnerable individuals (from within an already generally vulnerable group) without dividing the larger community?
- (4) How can agencies achieve an intersection of protection and self-reliance for LGBTIQ refugees?
- (5) How can humanitarian agencies improve on internal and external procedures to benefit the LGBTIQ refugee community?

The paper concludes that agencies can more effectively empower queer refugee communities by moving away from applying group methodologies to LGBTIQ persons. This is necessarily tied to a more intricate understanding of the individual needs of separate communities, and the implementation of some protection programmes outside of a traditional protection mainstreaming approach.



Photo courtesy of: UNHCR

INTRODUCTION AND BACKGROUND

The global context

There are more people on the move worldwide than at any point in history – over 65 million by the end of 2016, according to UNHCR’s Global Trends 2016 report¹ - with refugee populations multiplying from countries in east and central Africa, Latin America, the Middle East, Asia, and Europe. Increasingly, these faces are turning away from refugee camps, and massing in the suburbs of cities of asylum. As migration assumes an increasingly urban character, humanitarian programmes carry more focus on cities. Refugee protection is morphing symbiotically, too; as the experiences of refugees living in cities begin to define new challenges for protection staff, especially in responding to emerging trends of sexual and gender-based violence, and promoting refugees’ overall self-reliance in fast-paced urban environments. Interventions inspired by and tailored for refugee camps are not transferable to the unique challenges of life in the cities. Identification of vulnerable refugees in the often complex social matrixes of these cities is an additional challenge. The shift of refugee communities to cities, however, while posing these and other new challenges for protection staff, also carries huge potential for refugees to integrate and even thrive within their host communities.

In addition to this recent demographic shift from camps to cities, the face of the refugee has morphed over time as well – leading to a diversifying array of refugee claims and emphasising the importance of the Convention as a living instrument. LGBTIQ refugees were far from the mind of the framers of the 1951 Refugee Convention. It was not until 1994 that the first asylum claim based on SSOGI was approved by the United States

¹ UNHCR, *Global Trends – Forced Displacement in 2016* (2016)

Attorney General²; and until 2010 when commonwealth jurisprudence accepted that decision makers cannot expect an LGBTIQ individual to endure persecution amounting to a “reasonable tolerable” level in countries of origin.³ In 2011, UNHCR released *Working with Lesbian, Gay, Bisexual, Transgender & Intersex Persons In Forced Displacement*; and in 2012, *Guidelines on International Protection No. 9*, which served primarily as a guidance tool for decision makers in adjudicating SSOGI claims. In 2015, UNHCR released the more comprehensive *Protecting Persons with Diverse Sexual Orientations and Gender Identities: A Global Report on UNHCR’s Efforts to Protect Lesbian, Gay, Bisexual, Transgender, and Intersex Asylum-Seekers and Refugees*. It was this report which contemplated that, despite the discernible efforts of some UNHCR operations, there remains a cleavage between macro-level protection guidelines and implementable protection measures.

The challenges raised by the urban experiences of LGBTIQ refugees require a deeper analysis of current practices, realities, and obstacles in the provision of protection. Moreover, the rapidly changing global protection environment creates an expedient need to shift overall protection strategy, to one that promotes community based protection and vests more autonomy within communities to respond to their own needs. Most crucially, as agencies sharpen their knowledge of and tools utilized for the protection of queer refugees, there is a critical need to move away from the group methodology often applied to them. The emergence of the term “LGBTIQ refugee”, while indicative of the developing institutional relationship between agencies and persons of concern, remains an anomaly which promotes a homogenous characterization of queer refugees. Agencies should be conscious of the need to disaggregate protection concerns respective to different individuals falling within the LGBTIQ spectrum. With this, they should be conscious of the effects of programmes that target entire groups as opposed to individual vulnerabilities. This collectivist stance defeats the merits of focused refugee protection; and minorities within the LGBTIQ community, including LBQ and trans* individuals, while often being those most in need of protection, can be disadvantaged most.

The regional and local context

On 20 December 2013, the Ugandan Parliament passed the Anti-Homosexuality Act (AHA). Initially, the AHA carried the death penalty for individuals caught having same-sex relations; this was repealed, however, and replaced with life imprisonment. The Act purported wide discretion over the freedoms of queer Ugandans; individuals, companies, and non-governmental organisations that aided or abetted “homosexuality” were liable for prosecution under its powers. The Act enjoyed a brief existence – it was ruled invalid by the Ugandan Constitutional Court in August 2014 on procedural grounds - and whilst few individuals were charged under its provisions, the greatest harm inflicted by the AHA was

² Attorney General, Order number 1895 (June 19, 1994) in relation to Matter of Toboso-Alfonso, 20 I. & N. Dec. 819, 822 - 23 (1990)

³ *HJ (Iran) and HT (Cameroon) v. Secretary of State for the Home Department*, [2010] UKSC 31, United Kingdom: Supreme Court, 7 July 2010

at a societal level. In passing the Act, the Ugandan government had essentially sanctioned a communal persecution of LGBTIQ individuals. Violence against LGBTIQ Ugandans exploded in society; and in the absence of recourse to legal protection, some of these individuals sought safety in neighbouring Kenya.

In mid-to-late 2014, UNHCR Nairobi had registered a modest number - less than 100 - of queer asylum seekers from Uganda. The protection environment in Nairobi was underlined at the time by acute risks to persons of concern arising from general xenophobia in Kenya – a result of the 2013 attack on the Westgate shopping centre and the subsequent security crackdown by the Kenyan government, called the Usalama Watch. The legislative environment in Kenya itself criminalized same-sex relations under the Penal Code, and LGBTIQ persons residing in Kenya were confronted with significant levels of violence, discrimination, harassment, and other forms of persecution that precluded, for many, the full realisation of rights affirmed under the revamped Kenyan Constitution (2010). This toxic mix of xenophobia and homophobia presented acute risks to LGBTIQ foreign nationals. Responding to these challenges with an initially small group of asylum seekers, UNHCR took the decision to expedite registration and refugee status determination (RSD) processes; forward all recognized LGBTIQ refugees for resettlement consideration; and through its implementing partner HIAS-Kenya administer a monthly stipend of 60 USD to all registered LGBTIQ persons of concern, including both asylum seekers and refugees.

The speed of the system in these formative months was such that, within several months of registration, some LGBTIQ individuals had been resettled from Nairobi to the United States. These individuals took to social media, where they spoke of their favourable experiences with the asylum system in Nairobi, and encouraged other LGBTIQ persons in Uganda to come to Kenya. The power of social media was harnessed also by an expanding network of concerned activists in the West; the repulsed reaction of many to events in Uganda spurred an intense interest in the movement of individuals to Nairobi. Some of these activists provided financial support to prospective asylum seekers to facilitate their travel to Nairobi. Ugandan LGBTIQ groups noted an “exodus” of LGBTIQ individuals departing from Kampala.⁴ Attention focused on the roles of UNHCR and its partners in the execution of protection towards this group, whose numbers were growing exponentially. Within a matter of months, UNHCR had registered nearly 500 LGBTIQ asylum seekers, and the vast majority (84 per cent) were Ugandan. Faced with the choice of remaining in the persecutory Ugandan environment, or moving to Nairobi – with prospects of financial aid and resettlement – many individuals elected to move.

For UNHCR and its partners, the environment was becoming increasingly complex. Reports of fraud and human trafficking began to proliferate. The same Ugandan organisations remarked that the aforementioned “exodus” had created conditions in Uganda that were rife for traffickers to exploit.⁵ The swift response provided to the first

⁴ Interview with representatives of Ugandan LGBTIQ organisations (2016)

⁵ *Ibid*

group of asylum seekers had, unintentionally, set an unsustainable standard. RSD and resettlement systems could not continue to process the higher volume of cases at the same speed of 2014. In turn, individuals who had come to Nairobi expecting expeditious processing of their cases grew increasingly frustrated with the lengthening wait times. This frustration manifested in demonstrations outside UNHCR and its partners, in which persons of concern pressed against the perception of a growing lethargy surrounding their cases, and called for the continuance of monthly financial aid.

The growing visibility and vocalism of the LGBTIQ refugee community – in public, on social media, and fanned by increasing interest from multiple actors – carried negative effects for the protection environment. Where the strategies of Kenyan groups working with queer persons had been a delicate balance of security and advocacy, the arrival of the Ugandan diaspora significantly jolted the LGBTIQ issue into the spotlight. Additionally, non-LGBTIQ refugee communities began to observe LGBTIQ persons of concern as beneficiaries of “special” services. Inasmuch as UNHCR encouraged refugees to maintain a low profile, the public promulgation of the issue of Ugandan refugees by both the community itself and third parties placed a dangerous level of attention upon them. Violence against LGBTIQ refugees by members of host and refugee communities increased; as did arrests and detentions by police. The perception took root amongst the suburban mores of Nairobi that “if you are Ugandan, you must be one of Museveni’s people⁶.”

The dramatic events in Uganda, the subsequent migratory flows, and the level of attention placed on the Ugandan group had also overshadowed the narrative of other groups of queer refugees. Individuals from (inter alia) the Democratic Republic of Congo, Somalia, Rwanda, Burundi, Ethiopia, Yemen, and South Sudan live within national diaspora communities in Nairobi. Identification and outreach to these individuals is a challenging and delicate exercise. Where essentially all Ugandan asylum seekers received expedited RSD dates upon registration, some LGBTIQ individuals from other countries – less visible on account of their nationalities and often possessing several reasons for flight (many having fled generalized ethnic violence) – made late disclosures of identity to UNHCR and partner agencies. Whilst the Ugandan crisis provided a vocal face to the developing LGBTIQ refugee narrative of Nairobi, it was not the sole one. This underlined the need to shift identification and outreach approaches in order to adequately address the individual concerns of LGBTIQ persons, with due respect given to nationality, gender, age, and other expedient concerns affecting personal security.

Under the duress of complex circumstances, UNHCR and its partners continued to develop and refine programmes for LGBTIQ persons of concern in Nairobi. These interventions are

⁶ The term “Museveni’s people”, while appearing oxymoronic, was initially coined by Kenyan neighbours of Ugandan refugees and refers to members of the Ugandan LGBTIQ community targeted by the AHA, passed under Ugandan President Yoweri Museveni’s government.

captured, and evaluated, in the body of this report. They are spread over three broad sections; the first examining protection concerns of distinct LGBTIQ communities; the second looking at specific programmes in cash-based interventions, livelihoods, health, and community based protection; and the third examining humanitarian agencies' policies towards LGBTIQ persons of concern. Key recommendations are made within each section, and are summarized again in the paper's conclusion.

1. DISAGGREGATING LGBTIQ PROTECTION CONCERNS

It is of paramount importance to agencies that, moving forward, effort is put into disaggregating LGBTIQ groups; examining the distinct protection concerns of LBQ women, MSM, trans*, intersex and UAM communities; and giving attention to these by more targeted approaches. This strategy allows for the illumination of individual vulnerabilities that are frequently overlooked when a group methodology is attached to LGBTIQ persons of concern. It also encourages the development and empowerment of distinct communities of refugees. While all LGBTIQ communities possess distinct vulnerabilities, humanitarian agencies have an active responsibility to assist in the empowerment of minority groups often overshadowed by MSM– especially of LBQ women and trans* communities. This can encourage organisation and community building; positive activism and advocacy by refugee actors; more focused dialogue between refugee communities and agencies; and streamlined services targeting specific needs.

Identifying and working with distinct groups refugees is a process that relies on the establishment and maintenance of structures that give attention to distinct issues through targeted programming. Balancing individual risk with protection mainstreaming is an ongoing challenge for humanitarian agencies; especially in light of decreasing budgets, and increasingly broad efforts on empowering communities to respond to their own needs. Capacitating LGBTIQ refugees with greater personal security is contingent on realising their distinct needs within specific programmes. Through this, protection mainstreaming can take a sufficiently targeted approach to individual vulnerability whilst at the same time maintaining a broader care towards the wider community. Some particular issues of queer refugee communities cannot be adequately addressed through protection mainstreaming, and will require more tailored responses.

It is also noted from the outset that some protection concerns examined in the subsequent sections are intersectional, applying across LGBTIQ communities, and also to non-LGBTIQ refugees. These concerns have been attached to relevant sections as an indication of certain groups' heightened experiences of different forms of violence, as gauged through the methodology outlined at the beginning of the paper. Therefore, some recommendations that have been made in respect of different groups should, where indicated, be given a general reading.

This report was framed by research that intentionally sought to disaggregate the different groups that make up the LGBTIQ acronym. Underlining this is the notion that, while violence intersects all members of these marginalised groups, the agents of violence and its manifestations shift according to individuals' profiles. As such, refugees whose protection concerns are connected to their gender identities experience violence in different patterns than cisgender refugees. These distinct forms of violence are interrogated and presented as independent narratives in this report, and for this reason, LBQ (cisgender) women are presented in a separate chapter to trans* women.

1.1 SPECIFIC PROTECTION CONCERNS OF LBQ REFUGEES

LBQ women are at significant risk of falling outside the purview of agencies' services. This group is sometimes referred to as an invisible community; occupying a smaller demographic of the wider queer community - and often overridden by the more vocal community of MSM - the concerns of LBQ refugees can become swallowed by these demographic dimensions. Agencies should be aware of this potential, including the subversive nature of patriarchal structures alive within refugee communities; and how the effects of applying group methodologies to LGBTIQ refugees may tie into this. For example, psychosocial vulnerabilities - which flow from acts of physical, psychological and structural violence - are often unstated by LBQ refugees themselves. In the absence of targeted and timely interventions, the perpetuation of violence against LBQ refugees puts members of this group at a distinct point of risk that staff should be cognizant of, even if a refugee does not explicitly articulate her issues so precisely. Ultimately, some mainstreamed protection approaches are less effective than targeted interventions that seek to address unique vulnerabilities of LBQ women.

Whilst LBQ women make up a smaller demographic of the overall LGBTIQ refugee community in Nairobi (18 per cent), rates of sexual violence are high (42 per cent of respondents indicated they had experienced at least one incident of sexual violence). In addition to this, 16 per cent of respondents indicated they had been the victim of either domestic violence or intimate partner violence; 10 per cent stated that they had been forced into marriage by their relatives. A smaller number of the group reported as having been forcefully separated from their child in either their countries of origin, or in asylum, as a persecutory act by family members. This separation deeply affected their mental health, especially owing to their lack of knowledge about the care arrangements and well-being of their children. One-third of the group were identified and accepted themselves as being in need of mental health and psychosocial support services; some LBQ women, however, refused psychosocial referrals based on either distrust of service providers or not feeling "ready" to explore psychological trauma related to acts of persecution suffered.

During outreach, LBQ women complained of stigmatization by health professionals at national hospitals. Some reported being asked intrusive questions, including questions pertaining to their sexual orientations, during routine medical examinations:

"He (doctor) got my number and started calling me. He tried to vibe me⁷, and I told him I'm a lesbian. Then he starts calling me, asking me why I'm like that. I didn't report, I just dealt with it. I didn't know where to report. And I didn't go back."⁸

Health concerns of LBQ women, specifically those related to sexual health, require targeted outreaches to address both a lack of understanding on such issues, and information related

⁷ Making sexual advances

⁸ Interview with LBQ refugee (1), Nairobi, July 2017

to service providers. LBQ refugees complain of a “double standard” of healthcare when compared with services to the community of MSM. For example, while condoms, lubricants, and routine sexual health checkups are widely accessible to MSM refugees, sanitary pads and sexual health outreaches targeting LBQ women were perceived as less frequent. While a number of organisations are working in Kenya to address health issues amongst MSM, there are comparatively less programmes providing health options specifically for LBQ women. The prevalence of funding for sexual health interventions couched in organisations working with MSM, and the comparative lack of similar interventions funded for LBQ women, underlined these concerns.

LBQ women additionally stated that they felt uneasy addressing personal health matters – especially those pertaining to sexual health – to male health professionals. Some women deliberately avoided discussing health concerns with male doctors. This apprehension, they suggest, could be adequately addressed by the designation of a specific female community health worker (CHW) – appointed from within the refugee community itself – to act as a focal point and referral mechanism between the community and service providers.

Some women reported job losses after their employers began inferring from their nationality that they were lesbians. Because of this, retaining employment was stated as a difficult task. Additionally, some women claimed that the types of livelihoods interventions made available by the agencies (e.g. welding and phone repair) were more suited towards men. This, they said, precluded opportunities for them to gain accessible skills, and engage the market. They suggested more opportunities in computer studies and craft making would be beneficial to LBQ refugees, as well as providing opportunities for more social engagement with other women.

A number of LBQ mothers had fled to Nairobi with their children, or had given birth while in asylum. These women complained of marginalization and stigma by other members of the queer refugee community, as well as the wider community. It was perceived, they said, that on account of their status as mothers they were seen as not being “genuine” lesbian women. This affected their relationships with other members of the LGBTIQ community, and their psychosocial well-being.

Insecurity, including sexual violence, is a pertinent risk to urban LBQ refugees. Some women reported being harassed and intimidated in their neighbourhoods by local men, including boda boda drivers⁹, shopkeepers, and passersby. These women suffer multiple degrees of marginalization. In addition to the dynamics of power that are inherent to male/female and national/refugee interactions (compounded by linguistic, age, religious, socioeconomic and other factors including residence and location), LBQ refugees are marginalized by nature of their nonconformity to heteronormative standards. These factors create cumulative and acute risks for LBQ refugees, which are couched in the

⁹ Kiswahili term for a motorbike taxi driver

inherent power imbalances in such structures, and are lived out as a daily reality for these women in Nairobi's lower socioeconomic suburbs. Some LBQ women reporting instances of sexual violence, including harassment and threats, to UNHCR claimed a sense of helplessness against their aggressors. They cited this sentiment on account of a perceived lack of recourse to justice; as refugees, and secondly as queer refugees, they felt that authorities are primarily occupied with either their legal statuses or sexual preferences, before investigating the complaint:

“I went to the police to get a document to take to UNHCR. But once the policeman found out I'm a refugee, he refused to give me one. If you encounter any problem to do with you being a lesbian, you can't go to the police. I'm afraid of that.”¹⁰

Whilst access to justice is a pertinent physical issue for all LGBTIQ refugees, the less measured psychological effects of divisive power structures in the lives of LBQ refugees are pronounced acutely in these examples. Such fear of authority ultimately precludes access to justice by vulnerable persons.

The intersection of multiple negative power structures affecting the lives of LBQ refugees give rise to distinct psychosocial vulnerabilities amongst members of this community. These concerns highlight the need for the creation of safe spaces for LBQ refugees. A safe space is an environment that is free from harmful elements (including forms of physical, psychological and structural violence) that affect LBQ women. Alongside strengthening mainstreamed psychosocial support systems, including identification and referral mechanisms and specialist capacity amongst partners, the promotion of safe spaces could be carried out through the vehicle of specific psychosocial interventions targeted at LBQ women.

Throughout 2016, HIAS-Kenya ran a monthly support group targeting a small number of LBQ refugees. The focus of the group was to provide tailored psychosocial support to these women, in a space where they felt safe to speak, through dialogue centered on topics relevant to the lives of queer refugee women. The support group was also linked to queer host community groups. This form of group counselling seeks to overcome individual challenges through the sharing of common experiences. Individualized counselling can also be harnessed to complement group sessions. This allows for the full exploration of topics, some of which may be incapable of being shared at the group level (taking into account considerations of confidentiality). Group therapies can also engender stronger relationships and a sense of community. These are of particular concern for this especially isolated and marginalised group.

“We would come and talk about our fears, do exercises, things that would make us forget our bitterness and anger... It was very helpful, because if you come and have a problem and someone else has gone through it, you can share ideas or solutions to

¹⁰ Above n. 8

the problem. I prefer group to individual counselling. When I'm in a group, I hear so many things from other people, and I know I'm not so alone in this."¹¹

Other group interventions at a community level in Nairobi, including psychosocial workshops with LBQ refugees, became frustrated on account of refugees' lack of resources (specifically, the cost of transport to and from the meetings). LBQ refugees' ongoing attempts to organize themselves and develop a curriculum for their community were confronted by similar issues. Additionally, a lack of social cohesiveness also hampers efforts to mobilise. Whereas the community of MSM purports extensive relationships throughout Nairobi (with some residing in large group living arrangements), LBQ refugees tend to live alone, or in smaller numbers; and engage to a lesser degree with other women living outside of their immediate localities. For one LBQ refugee attempting to mobilise others, the overall absence of inter-communal connection was a predominant reason behind the absence of an organized LBQ structure.¹² She suggested this could be overcome through more frequent dialogues targeting LBQ refugees, in which issues specific to LBQ women were introduced. This could motivate women to organize and advocate for their concerns as a cohesive unit. She also acknowledged the need for continuing financial support to ensure the continuity of important dialogue.

The same refugee also believes that these realities highlight the need to develop greater levels of feminist consciousness amongst LBQ refugees. Many LBQ refugees, she said, were aware but not understanding of the effects of male dominance throughout the wider refugee community. To negate this, she stated, dialogue on matters affecting LBQ refugees (including micro-aggression inherent in communal power structures) was crucial. The participation of local organisations experienced in women's empowerment, sexual health and reproductive rights (SHRR) and matters pertaining to security would be pertinent to this process.

Agencies need to be alive to the often unstated, but always present, psychosocial vulnerabilities of LBQ refugees. By giving attention to these needs through targeted programmes and the creation of safe spaces, agencies can encourage the mobilization of LBQ refugees. This, in turn, can empower LBQ women in spaces that are frequently dominated by other voices.

“If you're not masculine, you can't talk. Even in meetings, the boys dominate. We need to empower the lesbians. You need to call meetings for girls only. Having programmes that cater for lesbians. As much as the boys are vulnerable, we are vulnerable too... The atmosphere is oppressive.”¹³

¹¹ *Ibid*

¹² Interview with LBQ refugee (2), Nairobi, July 2017

¹³ Above n. 8

1.1.1 Recommendations for enhancing protection of LBQ refugees:

- (1) Agencies should allocate funds for the empowerment of LBQ refugees and community development (these could be for the purposes of community meetings, transport allowances, provision of venue hire, and facilitation fees).
- (2) Attention should be given to the psychosocial needs of LBQ refugees through identifying sensitised service providers to administer individual counselling; and through mobilizing group therapy sessions in safe spaces.
- (3) Health options for LBQ refugees should be advanced by the designation of health focal points from within the LBQ community; and the creation of referral systems between agencies, the refugee community, and health partners sensitized to the needs of LBQ women.
- (4) Community forums should be disaggregated according to different LGBTIQ groups, to allow LBQ refugees space to discuss issues and formulate solutions distinct to their protection profiles.
- (5) Mobilisation and representation of LBQ refugees should be encouraged at an organizational level (including within community based organisations, refugee leadership structures, and other forums).
- (6) Donors of projects targeting queer refugees should be conscious of the specific needs of this community, and allocate funding for programmes that specifically target LBQ refugees.



BISEXUAL REFUGEES

Bisexual men and women are at significant risk of invisibility. The effects of bi-phobia, emanating from within the queer community itself and the wider community, create an environment in which bisexual individuals are apprehensive of self-identifying. This reluctance to come forward is at a significant price; during the vulnerability assessment exercise, 57 per cent of identified bisexual men reported having experienced sexual violence on at least one occasion. A majority of these instances went unreported at the time. The invisibility of this population raises the veritable concern that many more protection incidents remain to be identified, responded to, and prevented in future. A lack of understanding and acceptance of bisexuality affects this. Whereas the sexual orientation of gay men and women is more clearly delineated and accepted as innate, bisexual individuals are often incongruously expected to exercise agency with respect to their commission of relationships in order to avoid harm or persecution. This underlines the need for continuing and specific sensitizations on the bisexual topic.

1.2 SPECIFIC PROTECTION CONCERNS OF MEN WHO HAVE SEX WITH MEN (MSM)

The community of MSM (inclusive of men identifying as both gay and bisexual) makes up 77 per cent of the overall LGBTIQ refugee population in Nairobi.

Refugees belonging to the community of MSM report high rates of SGBV. Amongst a survey taken of 250 men identifying as either gay or bisexual, nearly half of the respondents

claimed to have been forcefully evicted from their homes after landlords or neighbours discovered their sexual identities. The number of times that this had occurred to individuals, over a one-and-a-half-year period, averaged thrice. This continuing fact of displacement places further risk of SGBV upon individuals. Power dimensions acutely affect MSM's access to justice. Xenophobic and homophobic attitudes (and importantly, discriminatory legislative environments) manifest in barriers of reporting to authorities, pursuing arbitration procedures, and appropriation of seized possessions by landlords. To this end, agencies are continuing outreaches to police stations throughout urban centers with the goal of furthering relationships with authorities, and facilitating refugees' ultimate access to justice. In addition, emphasis remains on paralegal trainings of refugees to advance direct relationships between communities and authorities, and to educate refugees on their legal rights in asylum.

Another SGBV risk arising out of refugees' lack of access to safe shelter is sexual exploitation. A number of MSM give anecdotal evidence of sexual abuse by members of both host and refugee communities. This abuse occurs following a refugee's immediate need for housing being satisfied by another individual – in a more stable living arrangement – and, under the threat of eviction, the latter compelling the former into sex (often unprotected). The survivor is often reluctant to report for fear of encountering xenophobia or homophobia by authorities. Significantly, the survivor also fears retribution from the perpetrator, who often occupies the same social space within an isolated community. As such, many incidents go unreported.

For the same reasons, incidents of blackmail and extortion – cited by MSM as common – are underreported to the police and to the agencies. Refugees often find themselves in exploitative situations after commissioning an online relationship with another individual who claims to be gay. Upon meeting in person, however, this individual attempts to extort money or possessions from the refugee, and threatens to expose them (to authorities, neighbours, and the community) if the refugee does not accede to their demands. This highlights the ongoing need to educate refugees about online personal security.

“Most of the MSM don't know their rights, and how to express them to the (wider) community...we need projects run by MSM themselves, and we'll work together with the host community and local authorities to ensure that our projects are protected and supported.”¹⁴

Forums on SGBV should be carried out routinely with queer refugee communities. In Nairobi, outreach on SGBV are facilitated by refugees themselves, who gain experience as peer educators working for a Kenyan organisation providing health options to MSM. They are supported in these outreach by agency staff. During outreach, refugees responded that messages related to SGBV, including on sexual abuse and exploitation, are more potent when presented by persons of concern to their peers. This format additionally sends a

¹⁴ Interview with gay refugee, Nairobi, June 2017

strong message by refugees to refuse negative factors weighing upon their community; and a statement to assume ownership over them. This is also a sustainable model of community based protection, which further encourages education and development of the refugee community.

For HIV-positive refugees, maintaining a stable and sufficient diet to complement antiretroviral (ARV) treatment is often difficult. Many refugees report only having the means to eat one meal per day. Refugees' lack of financial capacity also manifests in transport barriers accessing treatment facilities. These issues are underlined by the fact that financial support administered to refugees is menial. Broader access to supplementary food and other forms of material support may be necessary for some individuals to overcome these issues.

A number of MSM engage in survival sex work as a coping mechanism in asylum.¹⁵ In Kenya, the law criminalises sex work. The lack of legal recourse available to sex workers, as well as SGBV risks inherent to refugees' profiles as foreign nationals and as members of sexual or gender minorities, means most refugees are incapable of negotiating sex. These situations are often erroneously labelled as transactions, and are not frequently pursued at the authorities' level - nor at those of humanitarian agencies - due to the explicit (legislation) and inherent (structural power dimensions) factors weighing upon the refugee.

Because many individuals do not report, identifying refugees in need of interventions can be difficult. Refugees already engaging in, or at risk of engaging in, survival sex work should be profiled and receive interventions in the form of supplementary medical, psychosocial, and livelihoods support. Crucially, promoting alternative forms of IGAs should be advanced with a view to elevating the individual's economic acumen. This profiling exercise may require more targeted exercises than standard vulnerability or protection assessments. As one Kenyan activist observed of the refugee community in Nairobi, the number of persons disclosing their involvement in survival sex work is likely to be lower than the amount in reality. This apprehension to disclose could be attached to stigma surrounding sex work; fears surrounding negative repercussions on resettlement chances; or, a lack of understanding of what sex work entails that precludes self-identification by sex workers. Profiling exercises can take account of these inherent challenges by advancing education on the subject of sex work, as well as the creation of safe spaces and dialogue in which refugees feel comfortable discussing their experiences.

Stigma clouding the subject of sex work has spurred a perception amongst refugee communities that it cannot be discussed freely, especially with staff from humanitarian agencies. This is damaging for the purposes of identifying and responding to

¹⁵ Aggregation of data in the HIAS-Kenya/UNHCR vulnerability assessments 2015/2016 and 2017; 13 per cent of individuals identifying as MSM disclosed to be currently engaging in survival sex work.

vulnerabilities. Humanitarian agencies are therefore required to be active in facilitating and contributing to free and open dialogue on these subjects; and to confront the reality of refugees' engagement in survival sex work through implementing holistic identification procedures and interventions that provide options to at-risk refugees.

The risks presented in the course of this section on MSM are outlined to give attention to issues stated as pertinent by the persons of concern themselves. It is also noted that, with special regard to the below recommendations, many of these risks intersect other groups of sexual and gender minorities. The recommendations should therefore be given a general application.

1.2.1 Recommendations for enhancing protection of members of the MSM refugee community:

- (1) Agencies should focus on promoting access to justice by targeted outreach to authorities and police stations, and ensuring comprehensive paralegal trainings of refugees.
- (2) SGBV outreach should necessarily include the input of members of the refugee community, where possible as coordinators and facilitators.
- (3) Health outreach to refugee communities is crucial and should be conducted regularly and with the support of key health partners, including the host community.
- (4) More attention should be given to the bisexuality topic, in the form of sensitisations, to promote greater understanding and acceptance of bisexual individuals.
- (5) Refugees engaging, or at risk of engaging, in survival sex work should be profiled and considered for complementary interventions in medical, psychosocial, and livelihoods sectors.
- (6) Agencies should actively encourage and facilitate discussion surrounding survival sex work, to assist in the aforementioned profiling and response.



Photo courtesy of: UNHCR

1.3 SPECIFIC PROTECTION CONCERNS OF TRANS* REFUGEES

The majority of the trans* refugee community in Nairobi is made up of individuals identifying as transgender women; and to a lesser degree, transgender men and gender non-conforming persons of concern.

The issue of security is paramount to these groups. Trans* individuals report prevalent rates of SGBV in Nairobi, including physical and sexual violence, extortion by authorities and private citizens (including blackmail), forced eviction, domestic and intimate partner violence, and psychological violence including discrimination, harassment, and threats. In addition, some persons of concern report engaging in survival sex work as a coping mechanism in asylum. The risks surrounding refugee sex workers, as outlined above at section 1.2, can become enhanced when applied to trans* refugees. These individuals face heightened barriers accessing key legal and health services; amongst other things, this exacerbates risks surrounding the physical security of trans* individuals, and heightens risks of HIV.

On account of these prevailing risks, trans* refugee leaders, during outreach to the community, cited the ongoing need for agencies to provide safe housing for highly vulnerable trans* cases¹⁶. Safe housing is harnessed by agencies as a protection intervention for certain high-risk cases. Programmatic limitations at a UNHCR level, however, usually imply that safe housing is mainstreamed for all persons of concern. Issues of acceptance, and indeed violence, prevalent in the wider community are thus capable of being transferred into safe housing arrangements between LGBTIQ and non-LGBTIQ residents. Marrying safe spaces and safe houses is therefore a challenge; and where

¹⁶ Community meeting with trans* refugee leaders, Nairobi, February 2017

possible, safe housing for visible LGBTIQ cases, including trans* individuals, could be disaggregated to avoid further protection issues.

Medical and psychosocial vulnerabilities amongst trans* refugees are also pronounced. Refugees face barriers to accessing medical services, including a lack of information and knowledge about the transition process (including hormone treatment). There are also significant impacts of stigma upon healthcare for trans* individuals. Trans* persons of concern who experience discrimination in the health sector develop discomfort and apprehension about approaching service providers. Accordingly, the health issues of some persons of concern (including psychosocial needs) can go unaddressed:

“I don’t go to counselling anymore. Counsellors do not understand transgender issues well, and they often ask inappropriate questions. I’ve been asked how I have sex. We need counsellors that understand the community.”¹⁷

Achieving trans*-sensitive healthcare in an overstretched public health environment is a significant challenge. Whilst many health issues treated by medical service staff will not be trans*-specific, a lack of understanding and sensitivity surrounding topics of diversity impacts service provision. This underlines the continuing need for sensitization, particularly on gender issues. Amongst service providers, concepts surrounding gender identity are not clearly delineated from other issues affecting biological sex and sexual orientation; correspondingly, the distinct vulnerabilities of trans* individuals are sometimes not identified and addressed accordingly. Trainings and sensitisations seek to promote greater levels of understanding surrounding these topics, and achieve stigma-free healthcare environments. Sensitisation, however, is a gradual process, and may not achieve its objectives immediately (nor within weeks, months, or even years). Alongside building the capacity of existing partners, new partner identification for organisations experienced with gender issues, and the subsequent establishment of referral mechanisms, can bolster efficient access to reliable healthcare. Humanitarian agencies should also consider how to best disseminate trans*-specific health information to the community (for example, in outreach, online information, pamphlets, or through leadership structures). This could encompass information regarding the transition process, hormone treatment, or information surrounding specialized psychosocial, medical, or legal assistance.

Many trans* persons of concern, speaking to their ongoing psychosocial needs, highlight that a perceived lack of understanding amongst psychosocial service providers makes them apprehensive about engaging in counselling, and accordingly precludes their realisation of psychosocial well-being. A suggestion brought forward by the trans* community entails psychosocial group therapy. The format of this could mirror the model explored in terms of the LBQ community, and incorporate the sustainable elements of community based protection inherent in the CBO-led psychosocial intervention outlined in this report’s section on community based organisations (where refugees themselves facilitate sessions).

¹⁷ Interview with trans* refugee, Nairobi, February 2017

Interventions targeted at the group level, and indeed led by refugees themselves, can be a powerful tool in terms of community building. This can, in turn, promote the agenda of trans*-specific issues amidst the interests of the wider community.

Identifying livelihoods interventions that carry an intersection of protection and self-reliance is particularly crucial for trans* individuals. This is explored in more depth at section 2.2 of this report.

Documentation for trans* individuals can be a protection risk. Individuals whose gender expressions do not align with their assigned gender marker or sex, as indicated on national and refugee documents, can fall under the purview of state authorities including the police. In countries (including Kenya) that carry impersonation laws, authorities harness this legal framework to harass, extort, and sometimes prosecute trans* individuals. Legal partners need to be sensitized on these risks, and responsive to situations in which trans* refugees are confronted by legal challenges, including detention and arrest, on account of documentation issues. In countries of asylum, most government authorities do not issue refugee documentation that recognizes diverse gender identities. Whilst trans* persons of concern should be entitled to access documentation that gives expression to their genders, a trans* refugee in possession of identity documents with different gender markers (for example, one a UNHCR document and the other a government-issued document) carries obvious protection risks for that individual. Where appropriate, documentation should remain harmonized to mitigate overall protection risks for persons of concern, and also to facilitate resettlement procedures.

The designation of gender markers on documentation is a holistic protection question. Gender expression varies widely throughout the trans* community, and many trans* refugees adopt expressions that align with their sex in order to mitigate protection risks in countries of asylum. For these individuals, documentation that aligns the gender marker with biological sex is the most protective solution. For others, individual assessments that weigh the question of documentation against the protection environment will determine solutions. Interventions, including decisions on gender markers included in documentation, will need to be tailored individually. Prevailing concern is given to whether documentation would, depending on the gender marker indicated, elevate or mitigate that person's protection risks in their context of asylum.

1.3.1 Recommendations for enhancing protection of trans* refugees:

- (1) Agencies should consider the establishment of specific safe housing for highly vulnerable trans* cases.
- (2) Ongoing sensitisations on the gender topic should target partner agencies, especially those providing health services to refugees.
- (3) Where possible, specialist health partners should be identified to provide services in respect of some trans*-specific medical and psychosocial issues.
- (4) Humanitarian agencies should promote trans* refugees' access to information, and particularly information related to health. This could include providing contacts of

organisations running programmes that target trans* clients and disseminating trans*-specific health information.

- (5) Alternative forms of mental health and psychosocial support services, including group counselling, should be explored as interventions for members of the trans* refugee community.
- (6) Legal partners should be sensitized and responsive to the particular protection concerns of trans* refugees, especially in terms of risks related documentation.
- (7) The question of gender markers included on documentation for trans* refugees should be answered on a case-by-case basis, with respect to the individual circumstances of the person concerned and the protection environment.

1.4 SPECIFIC PROTECTION CONCERNS OF INTERSEX REFUGEES

Intersex refugee cases commonly involve intersex babies or children in the context of a wider family unit. Frequently, intersex individuals and their families understand being intersex as a condition that requires medical intervention. This leaves them susceptible to accepting misguided medical advice, especially as it relates to hurried interventions such as “corrective” surgeries. In these cases, non-intersex family members experience stigma by the wider refugee and host communities on account of the child’s atypical sex characteristics. This negatively affects their abilities to access basic services, especially in education and livelihoods; but also affects their psychosocial well-being, and their familial and communal relationships.

In Kenya, intersex is largely viewed as a medical issue, as opposed to one of human rights. Cases of intersex children sometimes involve the child having already undergone assignment surgery before they can walk properly. Medical professionals often prefer rapid medical intervention to align the child’s sex, rather than allowing for the natural growth and development of the child and that of the child’s own gender identity. These operations are often botched, and can lead to serious health complications. They also foist a determination of sex upon the child that they are unable to consent to, which amounts to a violation of human rights.

The debate forms part of a broader social issue of advancing understanding and acceptance of intersex persons. Agency staff need to be cognizant of risks, including the potential for the risk of medical interventions on intersex persons of concern, and pursue protection solutions to avoid violations of human rights. Intersex issues should form a fundamental element of diversity trainings; where possible, more targeted trainings on intersex persons should occur, ideally in partnership with organisations and persons who have expertise on the subject.

Protection interventions can involve psychosocial referrals of intersex individuals and their family members to counsellors with experience on the subject. This necessitates fortifying knowledge and understanding amongst psychosocial service providers on intersex issues, and how to deal sensitively with the complexities of intersex cases. Another

effective psychosocial intervention lies in the connection of intersex refugees to wider local intersex networks. Frequently, intersex refugees and their families suffer stigma and isolation from their communities. By engendering social connections with host communities, refugees benefit from sharing common issues, enhancing understanding of intersex issues, and creating bridges between refugee and host communities. Such connections rely on developing networks between agencies, refugees, and host community groups working on intersex issues.

1.4.1 Recommendations for enhancing protection of intersex refugees:

- (1) Agency staff should be cognizant of the risks of medical interventions on intersex persons, especially children, and employ proactive protection solutions that mitigate these risks. These could include promoting psychosocial support and identifying durable solutions, including resettlement.
- (2) Psychosocial support to intersex persons and their families should be strengthened. Engendering group connections between refugees and host community members should be put forward as a key strategy in promoting the psychosocial well-being and understanding of persons of concern.
- (3) Intersex should form a fundamental component of diversity trainings, and where possible, be stratified into its own training or sensitization, ideally with the assistance of experienced third parties.

1.5 SPECIFIC PROTECTION CONCERNS OF LGBTIQ UNACCOMPANIED MINORS

Between 2015 and 2017, the number of unaccompanied LGBTIQ minors arriving in Nairobi more than tripled. Whilst the vast majority of adult refugees emanate from one country (Uganda), the demographic makeup of the UAM population is more diverse, being Somali, Ugandan, Congolese (DRC), and Rwandese. The individual protection concerns of this particular group are acute. Almost all unaccompanied minors face trauma and persecution in countries of origin; during flight, they often face risks including exploitation and abuse; and in asylum, they face further threats to their immediate physical security, barriers accessing services compounded by a lack of knowledge related to providers, lack of access to safe shelter, distinct psychosocial needs compounded by their young ages, and are at risk of being missed by identification procedures. These considerable vulnerabilities are already inherent in the profiles of non-LGBTIQ UAMs, and are compounded by additional vulnerabilities possessed by members of sexual and gender minorities. On a psychosocial level, the fact of displacement compromises the delicate process of realisation and self-identification occurring during the formative years of adolescence. This propounds psychosocial issues that demand substantial sensitivity by staff when addressing.

Orthodox protection responses for non-LGBTIQ UAMs are difficult to implement effectively in many cases of LGBTIQ minors. In the absence of alternative solutions, safe housing is often the most preferred option in terms of identifying protective remedies for

UAMs, and the frequency at which community arrangements collapse leaves agencies with few options remaining in terms of protection solutions. Safe housing, however, is typically a stifling environment for residents, and is not conducive towards the development of children and teenagers during the formative years of their lives. Furthermore, in discriminatory environments, foster care arrangements, supervised living arrangements, and group homes (including orphanages and safe houses) are sometimes impossible to identify. If identified, living arrangements often collapse on account of violence against UAMs by other residents or by neighbours. UAMs sometimes live in the community with a group of older persons of concern. Such arrangements can leave UAMs at risk of exploitation or abuse; as well as often being associatively exposed to the protection concerns of their older housemates.

These issues necessitate a reexamination of resources and identification of alternative protection solutions to satisfy the unique challenges of this highly vulnerable group. These solutions should seek to respond to the holistic requirements of UAMs; in protection, psychosocial, health, and education. Scattered community based accommodation (a version of safe housing) may be one option. This encompasses a supervised group living arrangement that involves the connection of residents to psychosocial support, education services, and skills development. These foster the development of UAMs, which is crucial to individuals' eventual transition between the country of asylum and any country of resettlement.

Identification of UAMs is an ongoing challenge. Frequently, individuals' lack of knowledge and social connections upon arrival to the country of asylum leaves them outside the purview of agencies, and susceptible to exploitation and abuse. Identification at the point of arrival is therefore crucial. Identifying UAMs at the point of arrival relies on agencies maintaining a close working relationship with local organisations and refugee communities, including refugee leadership structures and CBOs, to receive timely referrals of such cases.

Whereas information on asylum procedures can be filtered back to populations in countries of origin through LGBTIQ networks, disseminating key information to minors poses further challenges. Because of the potential for legal liability (under legislative provisions of “promoting” homosexuality or “recruiting” others into homosexuality), most organisations operating in countries that criminalise same-sex relations do not run programmes with persons under the age of 18. This not only leaves a significant gap in the provision of services, but - as some representatives of Ugandan groups surmised - compels minors to misrepresent their ages in order to access services.¹⁸ These representatives also speculated that, out of ignorance, this phenomenon carried through to countries of asylum; therefore, the actual population of UAMs residing in Nairobi could be higher than the registered number. Whilst this suggestion is difficult to corroborate, it highlights the

¹⁸ Above n. 4

importance of ensuring LGBTIQ refugees have continual and sufficient access to information and key services.

1.5.1 Recommendations for enhancing protection of LGBTIQ unaccompanied minors:

- (1) Psychosocial support for LGBTIQ UAMs must be consistently ensured and administered by sensitized service providers.
- (2) Scattered community based accommodation should be explored as a protection solution, encompassing holistic programming and interventions for LGBTIQ unaccompanied minors including in education, psychosocial support, health, and livelihoods.
- (3) Identification of LGBTIQ UAMs should be an ongoing exercise. This relies on establishing and maintaining referral systems and working relationships with partners (including host community groups working with LGBTIQ persons) and refugee communities.

2. TARGETED PROTECTION INTERVENTIONS

CASE STUDY: COMMUNITY HEALTH WORKER PROGRAMME

As a response to the prevailing medical challenges of the LGBTIQ refugee community, in 2015 RefugePoint hired a community health worker (CHW) from within the refugee community itself to help other LGBTIQ refugees navigate their health issues. RefugePoint medical staff trained the CHW on key health responses, and their initial responsibilities encompassed conducting home visits, delivering prescription medicine to immobile clients, accompaniment to hospitals and medical clinics, and facilitating health outreaches and trainings to the refugee community. Over time, the CHW developed partnerships with a broad network of humanitarian actors offering different medical, legal, and psychosocial services directly to the community. These partnerships benefited refugees' access to key services, and bolstered humanitarian responses to the myriad issues affecting LGBTIQ refugees in Nairobi.

The CHW programme facilitated an efficient and direct medical referral system of vulnerable cases between the community and health agencies; it also promoted levels of understanding amongst refugees through the advancement of sensitizations of key medical issues, including SHRR. Crucially, as the CHW states:

“The programme brought different agencies together that offered different types of services to support refugees...this collaboration helps to determine the best course of action for vulnerable cases. This was all created through the community health worker programme; through networking.”¹⁹

In order to achieve greater levels of medical identification and response, community health worker programmes should seek to encompass a network of CHWs, representative of diverse nationalities, ethnic profiles, and different LGBTIQ communities. As exhibited by the results of community health programmes implemented by RefugePoint for other communities of refugees, increased numbers of CHWs bolster overall programmatic ability to address the needs of vulnerable populations, as well as ensuring a continuity and succession of leadership upon the completion of one individual's tenure as a CHW.

2.1 CASH-BASED INTERVENTIONS (CBIs)

UNHCR is scaling up the operationalisation of cash-based interventions (CBI) as a form of assistance to persons of concern.²⁰ This move is designed as an intervention that seeks to

¹⁹ Interview with RefugePoint LGBTIQ community health worker, August 2017

²⁰ *UNHCR Policy on Cash-Based Interventions*, UNHCR, 2016

build “protection space”, by reducing tensions and encouraging positive interaction with host communities. It also seeks to allow refugees and other people of concern to live with “greater dignity, by preserving their ability to spend money and make decisions regarding their priority needs.”²¹ Another of UNHCR’s objectives is for:

“...CBIs [to] be imbedded in broader protection and solutions strategies and, particularly, designed and implemented with the protection of persons of concern and a rights-based approach that takes into account their needs, concerns and capacities as fundamental guiding objectives.”²²

2.1.1 Interventions for LGBTIQ persons of concern in Nairobi

Financial aid to the LGBTIQ community was initially provided as an unconditional form of material assistance²³, during a period in which case processing times were relatively expedient (RSD interview dates within one year of registration) and the number of registered persons of concern stood at a moderate number (less than 100). Individuals received this assistance by a monthly direct cash payment administered through UNHCR’s implementing partner, HIAS-Kenya. In mid-2016 (with the exception of particularly vulnerable cases identified as being at high risk of SGBV, and new LGBTIQ arrivals) this system changed to conditional assistance, whereby LGBTIQ beneficiaries enrolled in livelihoods programmes in order to receive a monthly allowance. Direct cash payment was also replaced in the same year with a pre-paid card system, to avoid protection risks associated with refugees in possession of cash quantities.

The change from unconditional to conditional grants was designed to promote increased levels of self-reliance amongst LGBTIQ beneficiaries. From 2014, the vulnerabilities of LGBTIQ refugees made it difficult for some (especially trans* individuals) to access the market in a meaningful way. Cash assistance therefore was harnessed by beneficiaries as a means of isolating themselves from the host community – rather than as an economic bridge to increase “protection space” and increase economic independence. Over time, it engendered a culture of dependency amongst LGBTIQ beneficiaries. Further, the receipt of financial aid by LGBTIQ refugees was perceived by other refugee communities as a form of “preferential” treatment. This elevated their protection profiles in the asylum space.

The shift to conditional assistance was partnered with targeted livelihoods support administered through UNHCR IPs. This support encompassed a range of strategies that sought, inter alia, to increase access points for LGBTIQ refugees to engage with the market (these are examined in more detail at section 2.3).

2.1.2 Targeting of beneficiaries

²¹ *UNHCR Strategy for the Institutionalisation of Cash-Based Interventions*, UNHCR, 2016

²² Above n. 20

²³ A direct grant with no conditions or work requirements

Alongside the CBI programme that supported the development of self-reliance amongst LGBTIQ refugees, in 2016 a parallel system of unconditional support was extended to a smaller group of highly vulnerable LGBTIQ cases. Whereas self-reliance remained an objective for the wider cash assistance programme, this unconditional system harnessed cash as a response to protection incidents whilst sustainable durable solutions were sought. Qualitative criteria, that carried a greater emphasis on individual SGBV risk and less on membership of a sexual or gender minority group, was employed for identifying cases. Identification was carried out using LGBTIQ-specific individual vulnerability assessments that married elements of UNHCR's Heightened Risk Identification Toolkit with RefugeePoint's Identification, Assessment, and Referral Tool (now known as the Self-Reliance Measurement Tool). The assessments identified whether an individual had experienced or was at risk of forms of SGBV, and allowed for recommendations and follow-up as appropriate.

The importance of targeting beneficiaries of cash programmes, with a focus on individual risk, aligns with recommendations made by UNHCR and DRC. In *Protection Outcomes for Cash Based Interventions*²⁴, the agencies gave the example of broad vulnerability criteria being misapplied to women and girls, which could instead be broken down further to more defined risk categories. In extending the same approach to LGBTIQ individuals, the following risk categories (captured in UNHCR's Heightened Risk Identification Toolkit) could apply (these criteria were adopted by LGBTIQ-specific vulnerability assessments used in Nairobi to determine assistance for highly vulnerable cases):

- a. Rejection or victimization by own community (including due to transgression of social roles). This could carry particular application to individuals living amongst or alongside large diaspora communities in countries of asylum.
- b. Customary punishment or harmful cultural practices, such as forced marriage or corrective rape (experienced disproportionately by LBQ women).
- c. Physical violence or harassment while conducting daily activities, especially for highly visible or transgender individuals.
- d. Threat of rape and sexual violence.
- e. Engaging in survival sex.
- f. Other forms of gender-based violence (including discriminatory laws and practices).
- g. Women/girls without family protection or support (including pregnant women and girls).

Collectivizing all LGBTIQ persons under one risk category – where risk is attributed *prima facie* to membership of a sexual or gender minority group – overlooks a more intricate

²⁴ *Protection Outcomes for Cash Based Interventions: A Literature Review*, UNHCR/DRC, 2015

assessment of individual vulnerabilities. This potentially waters down the potency of interventions, and fails to take into account how individuals' profiles may in fact positively contribute to their capacities for self-reliance.

Impacts of CBI on gender dynamics and SGBV

Evidence of sexual exploitation within the LGBTIQ refugee community in Nairobi increased notably between 2015 and 2017. This included anecdotal reports made by new LGBTIQ arrivals of sexual exploitation perpetrated by other refugees and members of the host community. These reports were corroborated by quantitative and qualitative evidence adduced in vulnerability assessments conducted during the early months of 2017. There are many reasons behind the perpetration of sexual and gender-based violence, and while this report does not seek to provide explanations for the driving factors of SGBV within this community, it does seek to present objective information in order to illicit better responses to complex issues.

From late-2016 onwards, new LGBTIQ arrivals in Nairobi were mainstreamed into a three-to four-month tranche of financial support applied to all (including non-LGBTIQ) new arrivals. In the absence of continuing or acute vulnerabilities, support ceased following this period. Meanwhile, these new arrivals became absorbed into a larger community of LGBTIQ refugees receiving consistent monthly support (i.e. extending beyond three or four months), by nature of their enrolment in a pilot livelihoods programme. Many new arrivals found themselves to be at the disposition of more established community members to assist with their material needs. These individuals reported that, during these periods, they were forced to exchange sex – often unprotected - in return for housing and food. In this sense, the unequal distribution of financial assistance amongst a small and already marginalised community may have contributed to the creation of conditions - including the establishment and reinforcement of negative power structures - that allowed for the prevalence and perpetuation of sexual violence. In other circumstances, community members reported that on occasions where the receipt of financial assistance was late, exploitative living arrangements proliferated. There remains a strong causal link between financial insecurity and sexual exploitation.

The above highlights the special vulnerabilities of LGBTIQ new arrivals in countries of asylum. It clarifies that many of these individuals will require assistance upon arrival that extends beyond a short period of three-to-four months; especially in terms of providing means to ensure safe shelter. LGBTIQ new arrivals - with vulnerabilities encompassing several of the aforementioned risk categories – would constitute a sound target group for complementary programmes alongside CBIs. These programmes could carry emphasis on self-reliance activities (including skills development), health (including counselling and psychosocial support), and legal empowerment (including promoting understanding of refugees' rights and obligations in countries of asylum, as well as paralegal trainings).

2.1.3 Objectives of CBIs

In 2016, the receipt of financial assistance by LGBTIQ refugees was made conditional to enrolment in livelihoods programmes. The overall protection objective of this was to promote levels of self-reliance amongst the community. Cash administered to individuals enrolled in the programme was extended as a protection tool – an additional form of support to meet individuals’ material needs as they underwent financial literacy trainings, received business grants and support, and were assisted in other individual means, through case management, towards self-reliance.

The self-reliance outcomes of LGBTIQ refugees engaged in livelihoods programmes after 10 months were mixed. 7 per cent of individuals reported increased economic activities and an ability to sustain themselves without the need for assistance from agencies. 26 per cent reported increased economic activities, although still were dependent on cash assistance to meet their material needs. The majority of individuals (66 per cent) showed little or no change in their abilities to meet their material needs. The collapse of some beneficiaries’ businesses – for varying reasons, but predominantly on account of insecurity – meant many regressed to a point where they were reliant solely on the monthly assistance. To this effect, complementary programming required more focus on strategies including medical, legal, and psychosocial interventions, which provided additional support to meeting CBI objectives.

This highlights the importance of conducting careful analysis of CBI objectives – including, where a protection outcome is the objective, examination of how realistic that outcome is. The aforementioned mixed results of the Nairobi experience are not suggestive that self-reliance for LGBTIQ refugees is an unrealistic objective of CBI programming. They suggest instead that:

- (a) Self-reliance as an objective typically requires other key protection elements, such as legal protection (including documentation and, depending on the nature of the Income Generating Activity ((IGA)), procurement of work permits and business licenses), language classes and training, and medical assistance (including counselling and psychosocial support)²⁵.
- (b) Certain livelihood interventions for some LGBTIQ refugees are more effective than others, and careful consideration of gender indicators, capacities, and risks should inform livelihood programmes and targeting for CBIs.
- (c) As outcomes need to be measurable, the concept of self-reliance needs to be articulated further in order to be harnessed as a tangible protection outcome.
- (d) CBIs should have a clear exit strategy or transition plan. This is necessarily tied to the need for clear definition of the objective.

²⁵ Needs articulated by LGBTIQ refugee respondents in Danish Refugee Council, Urban Refugee Needs Assessment – LGBTIQ Community, 2017

Ultimately, if achieving levels of self-reliance is articulated as a key CBI objective for LGBTIQ refugees, this must form part of a broader protection strategy that addresses root causes of insecurity amongst the community. The Nairobi experience tells that CBIs targeting LGBTIQ refugees should be carefully designed to avoid engendering dependence or perpetuating the negative effects of welfare; in this sense, they are better framed as conditional assistance accompanied by complementary protection programmes. As discussed below, planning for these livelihoods programmes (like with CBIs) are most effective when carried out with sensitivity to gender dynamics and the capacities of targeted beneficiaries. Objectives must be carefully designed and articulated, with livelihoods framed as one element in a holistic protection strategy that addresses wider factors affecting the overall security of LGBTIQ individuals.

2.1.4 Recommendations for implementing cash programmes for LGBTIQ persons of concern:

- (1) Targeting of beneficiaries should be guided by comprehensive protection assessments that carry a focus on SGBV risks and vulnerabilities. Labelling all LGBTIQ individuals as in need of assistance risks overlooking individual vulnerability as well as individual capacity for self-reliance.
- (2) Cash-based interventions should articulate clear protection objectives and exit strategies, including (where relevant) graduation criteria. These should take into account the capacities of persons of concern, as well as financial realities and sustainability of programmes. Unconditional assistance to refugees, in the absence of these elements, can be unsustainable, engender dependence, and can sometimes heighten risks of SGBV.

“For us, the common ground is being independent. Everyone wants to be independent. UNHCR has to have a clear strategy on how to address issues. There has to be a long-term solution.”²⁶

- (3) CBIs should be accompanied by complementary programming to help achieve objectives. For example, if self reliance is adopted as a CBI objective, it should be framed holistically with regard to other prevailing risks that may affect protection outcomes. These concerns should be captured in holistic complementary programmes that ensure persons of concern engaged in livelihoods activities enjoy adequate access to basic services, including medical and psychosocial, as well as appropriate support in the means of access to documentation.
- (4) Agencies should take regard of the special needs (including the need for safe shelter) of LGBTIQ new arrivals in considering their potential for absorption into CBI and complementary programmes.

²⁶ Interview with trans* refugee (2), Nairobi, July 2017



2.2 LIVELIHOODS AND LGBTIQ REFUGEES

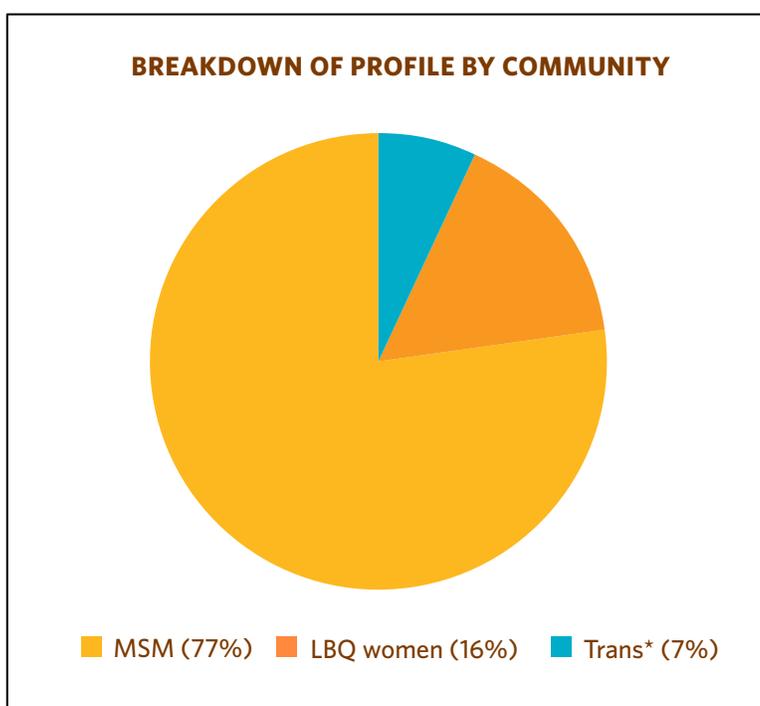
In 2016, a comprehensive livelihoods programme began in Nairobi, targeting around 350 members of the LGBTIQ refugee community. The programme focused predominantly on providing financial literacy and loans for businesses, under the Village Savings and Loan Association (VSLA) initiative. In addition to this programme, opportunities in online jobs, graphic design, screen printing, music production, visual arts, business development trainings and grants, welding, and bespoke courses (such as hairdressing) were offered to LGBTIQ refugees. These programmes were run by DRC; in addition, LGBTIQ refugees benefited from livelihoods programmes carried out by HIAS-Kenya (with a focus on skills development and training in bespoke areas including photography, graphic design, and craft making), RefugePoint (who provided business training and individual grants), and the International Rescue Committee (IRC), who identified some refugees for vocational placements. The outcomes of these programs are instructive of the types of IGAs that are most successful with respect to LGBTIQ individuals.

2.2.1 Interventions for LGBTIQ persons of concern in Nairobi

It should also be noted that these are preliminary results, derived at an embryonic stage (ten months) after the start of programmes in 2016²⁷. They are instructive in terms of how best to refine interventions as these programmes continue. Livelihoods interventions are not designed as a “quick fix”, and can take a significant amount of time to mature and yield results. Self-reliance may not be a realistic objective in some cases, on account of prevailing individual vulnerabilities. For all cases, livelihoods programming must be accompanied by complementary individual support in psychosocial, health, and legal sectors. Further to this, ongoing socioeconomic and protection assessments are essential tools to harness in assessing the capacities, concerns, and needs of individuals; and to inform durable solutions as they relate to the individual.

350 LGBTIQ individuals began livelihoods activities in 2016. Ten months later, 217 of them participated in an assessment of outcomes. Of these 217, 77 per cent identified as gay men; while 16 per cent identified as LBQ women; and 7 per cent identified as trans*. They reported the following results:

- Able to cover their material needs without support from agencies (engaged in successful economic activities): 7 per cent of respondents
- Unable to cover their material needs without support from agencies (engaged in partially successful economic activities): 26 per cent of respondents
- Unable to cover their material needs without support from agencies (not engaged in economic activities): 67 per cent of respondents



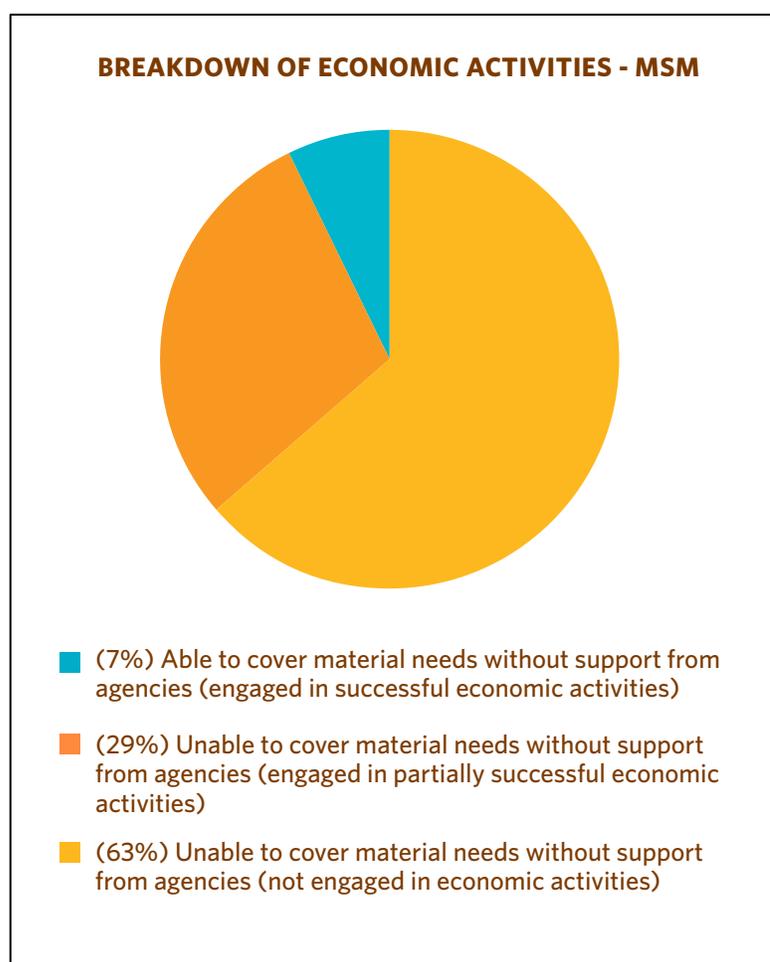
²⁷ In 2018, comprehensive assessments carried out by UNHCR and DRC found the majority of LGBTIQ refugees enrolled in livelihoods programmes had achieved a level of self-reliance, and were running successful and ongoing economic activities. This followed sustained emphasis on livelihoods activities and complementary protection programmes throughout.

A further breakdown focusing on LGBTIQ groups showed that MSM are more likely to be engaged in successful or partially successful economic activities. This suggests a more fluid adaptability of MSM to the market, with respect to the range of IGAs engaged in. LBQ and trans* individuals, on the other hand, were more likely to be unable to cover their material needs without support from agencies.

36 per cent of MSM were engaged in successful or partially successful economic activities.

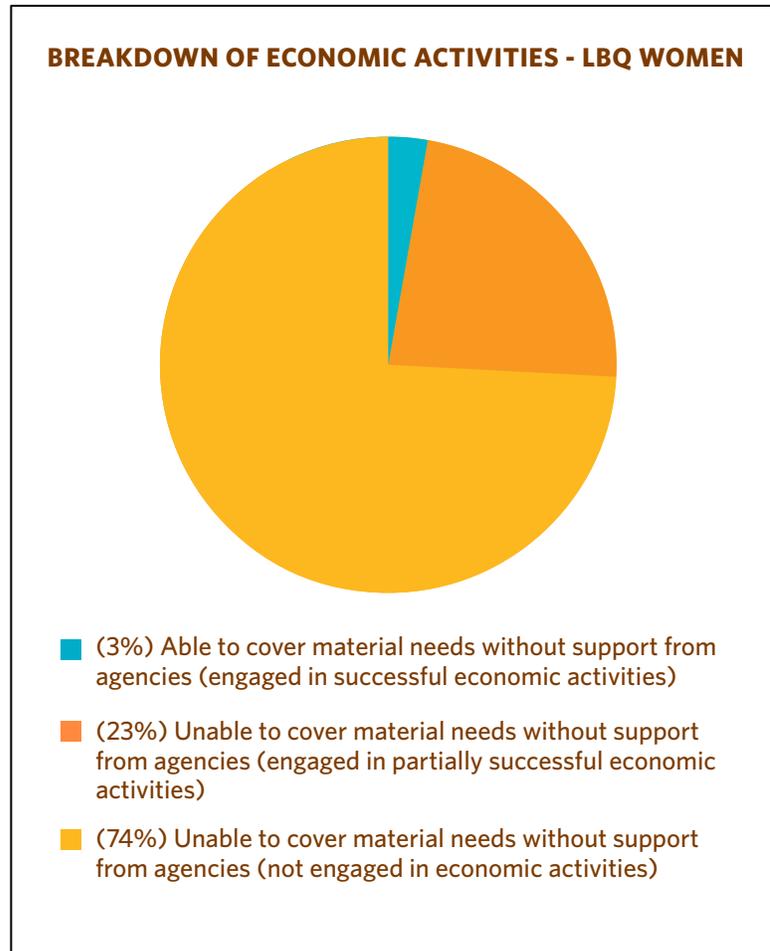
For the 7 per cent of MSM engaged in successful economic activities, 44 per cent were formally employed; either in barbershops, salons, as musicians by church groups, as teachers, or in security companies. 38 per cent of individuals owned small businesses; some were involved in tailoring, selling clothes and shoes, poultry farming, online jobs, and food catering. 6 per cent were involved in casual jobs, including hawking goods on the street and working in construction. The remaining 12 per cent claimed to receive additional financial support from third parties.

For the 29 per cent of MSM engaged in partially successful economic activities, itinerant work in areas such as hairdressing, entertainment (including dance and music), and food catering featured in these results.



26 per cent of LBQ women were engaged in successful or partially successful economic activities.

The 3 per cent of LBQ women engaged in successful economic activities were involved in music (including in dance and singing). LBQ women also reported some economic returns from vocations including selling second hand clothes, food catering and hairdressing.



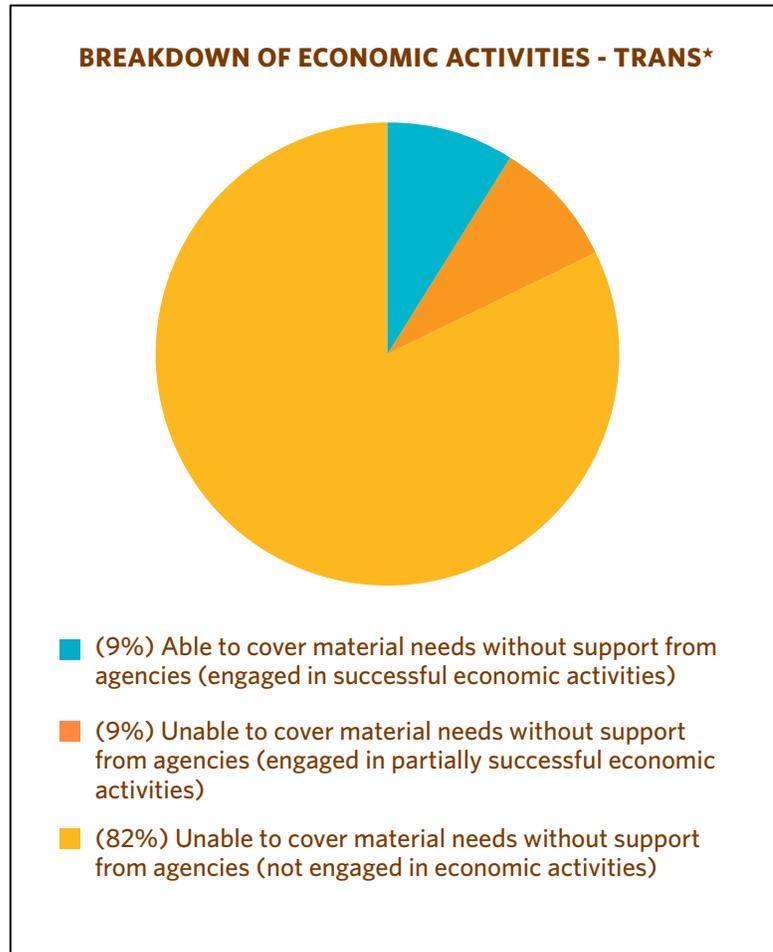
Only 18 per cent of trans* individuals were engaged in successful or partially successful economic activities.

The 9% of trans* respondents engaged in successful economic activities were involved in music (including singing and dancing), and hairdressing. Others cited additional forms of income, including tailoring and beadwork.

For all respondents, protection issues were a major factor cited in the frustration of livelihoods activities. These issues, while cited as specific impediments to LGBTIQ livelihoods activities, are generally cross-cutting across different refugee communities. It is therefore worthwhile to acknowledge that some of these issues can apply generally.

Specific protection concerns that frustrated economic activities included general harassment and discrimination by the host community, police harassment, lack of documentation required to run businesses (including refugee identification cards, work permits, and business licenses), harassment by city council officials (connected to a lack of documentation), language barriers, medical needs, and threats emanating from countries of origin and relatives²⁸.

In terms of VSLA, whilst respondents cited positive benefits as including psychosocial support – flowing from social engagement, the sharing of business ideas, and a sense of unity and trust – VSLA groups dissolved on account of an inability to save money (respondents being compelled to save from the monthly financial support), a preference to engage in economic activities individually, insecurity concerns, and language barriers.²⁹ In



²⁸ *Ibid*

²⁹ Above n. 19

addition, default rates amongst recipients of business grants are high (in one intervention, these were recorded at around 80 per cent). Attributed to this was the use of funds for other activities and protection concerns frustrating economic activities.

Medical needs were a pertinent factor in the disruption of economic activities. The objective of self-reliance is a holistic undertaking, and requires identification of and response to individual vulnerability factors that may compromise the pursuit of economic activities. Access to basic health services, including – ideally – the provision of medical insurance coverage can contribute immensely to the achievement of the overarching goal of self-reliance. Further, psychosocial support is crucial as an accompaniment to livelihoods interventions; the mental health of individuals should be assessed as a primary need, especially for survivors of SGBV.

Livelihoods programmes designed for LGBTIQ beneficiaries must take account these specific concerns and, inasmuch as possible, aim to minimize negative consequences of exposing the individual to the wider community, while promoting safe access points to the market. Successful examples of this in Nairobi include:

- (a) For trans* individuals, a refugee-led livelihoods initiative is providing skills development in tailoring and bead making. Trans* refugees are empowered with the skills to create, and then produce, products for the market; which are then marketed and promoted by non-trans* refugees whose identities are less visible to the wider community and market:

“Since transgenders are recognized everywhere, they are not safe. We provide trainings in their houses. After making these products, they provide us with them, and we pay them. We always tell them, however much you are transgender, you have to protect yourselves.”³⁰

- (b) Online jobs provide training and skills development to refugees in finding and securing work on the internet. This allows for individual anonymity, while promoting safe access to the online economy. Opportunities for online jobs training are generally mainstreamed via programmes couched within UNHCR implementing partners. This allows for some participation of LGBTIQ refugees; although not necessarily to a level that matches demand amongst interested refugees, especially trans* individuals. In response, a refugee-led community based organisation in Nairobi is directly engaging relevant vocational institutes with a view to increasing opportunities for the LGBTIQ community. This approach not only ensures sufficient access for vulnerable persons of concern, but is a positive example of refugee-led advocacy by the LGBTIQ community.

³⁰ Interview with refugee director of CBO in Nairobi, May 2017

- (c) A community-led livelihoods initiative involving mobile phone repair clinics has been operating since 2016. The initiative seeks to empower refugees with trainer-of-trainer phone repair skills, so they can share their skills with others in the refugee community or start their own businesses. The initiative also creates networks with existing electronic businesses to create work experience opportunities for its students, and to expand further into the market. In addition, LBQ women are profiled for employment as customer care agents within these networks. An underlying ethos of the project is to tackle the negative psychosocial effects of isolation that is coupled with unemployment and idleness:

“The relevance of the school also lies in alleviating unemployment and redundancy amongst the LGBT community.”³¹

- (d) As many LGBTIQ refugees possess skills and express interest in bespoke artistic ventures – such as craft making and visual arts – HIAS-Kenya is providing opportunities for refugees by virtue of their partnership with a local arts collective based in Nairobi. This partnership provides vocational training for refugees in design, photography, and craft making; business grants upon graduation; and enrolment in a nation-wide database of artists that provides connection to the market and subsequent opportunities for work in corresponding sectors. This is a sound example of identifying livelihoods partners in sectors with workforces that are generally more representative of diversity, and thereby carry an inherent element of protection and security.

2.2.2 Recommendations for livelihoods interventions targeting LGBTIQ persons of concern:

- (1) Livelihood programming should be accompanied by complementary individual support in psychosocial, health, and legal sectors, to mitigate protection risks that may undermine economic activities.
- (2) Regular socioeconomic and vulnerability assessments should be carried out for individuals, with a view to assessing capacities and needs.
- (3) The intersection of livelihoods and protection should be pursued by promoting economic activities couched within identified “safe spaces” within the market.

2.3 COMMUNITY BASED ORGANISATIONS (CBOs)

Since 2015, several refugee-led CBOs have emerged in Nairobi. These have different focuses, yet are beginning to work together to provide direct services to the LGBTIQ refugee community in livelihoods, legal, health, and psychosocial sectors. Whilst still in their embryonic stages, these organisations provide resourceful and promising examples of community based protection that complement the broader work of humanitarian agencies. With a view to the future, agencies can encourage and support the development of these

³¹ Interview with refugee director of phone repair school (1), Nairobi, July 2017

CBOs – through external advocacy, building internal capacity by promoting strategic directions and strengthening financial accountability mechanisms, and cultivating networks and connections to potential partner organisations (including other refugee-led CBOs).

These community-led initiatives are a means for UNHCR to reach refugees who may be excluded from programmes executed through its usual implementing partners. Usually, UNHCR and its IPs sign their implementing agreements before the beginning of the programme year or very early in the year, in the process fixing the number of beneficiaries of each programme. If the size of the refugee population subsequently increases, there may be no way to incorporate these new arrivals into the preexisting programmes. Individuals falling outside the remit of planned services could therefore benefit from programmes run by other organisations, including by CBOs.

With nearly 60 per cent of refugees now living in cities³², humanitarian agencies are charged with formulating practical and robust policies that also take account – crucially - of host communities’ roles in refugee response. By seeking to build networks that ensure the injection of experiences from both local and refugee communities, humanitarian agencies are better equipped to plan and execute effective protection responses. Because issues of sexuality and gender cut across legal statuses, nationalities, tribes, and linguistic profiles, LGBTIQ individuals and organisations are well placed as key actors in the design and implementation of such programmes. By striking partnerships with community based and grassroots organisations, these key actors can take a frontline role in refugee protection.

Examples of programmes run in Nairobi by refugee-led CBOs include:

- (a) Community health programmes. As discrimination against LGBTIQ persons by health professionals can inhibit their access to health, one LGBTIQ-led CBO has harnessed the pre-existing medical skills alive within the community to provide health services to vulnerable LGBTIQ clients. These initiatives involve refugee-led health trainings (by individuals with medical backgrounds) of groups of other refugees. Community health workers, in turn, lead subsequent outreaches to the wider refugee community. These take account of age, gender, and diversity by disaggregating topics and associative target populations such as sexual health to persons at risk of or engaging in survival sex work; communicable diseases to large communal housing arrangements; and prenatal and maternal health to LBQ women. Leaders of these programmes are also active in identifying friendly and sensitized health partners, and establishing and strengthening referral systems between refugee communities, health service providers, and humanitarian agencies.
- (b) Psychosocial programmes. All LGBTIQ refugees have distinct psychosocial vulnerabilities, yet many do not access mental health and psychosocial support

³² Women’s Refugee Commission, *Mean Streets: Identifying and Responding to Urban Refugees’ Risks of Gender-Based Violence* (2016)

services on account of perceived discrimination by practitioners. One LGBTIQ CBO in Nairobi is running a monthly group counselling session that targets refugees living with HIV. To facilitate these sessions, the CBO has created partnerships with national counsellors who have experience working with LGBTIQ individuals. These counsellors not only lead sessions, but train members of the CBO itself on counselling in order to promote programme sustainability and facilitate future sessions themselves. Individual counselling is available outside of group sessions, and enabled by referral systems that exist between the CBO and the counsellors.

A majority of LGBTIQ refugees harness the negative coping mechanism of self-isolation in response to their security challenges. Another psychosocial initiative run by an LGBTIQ CBO seeks to mitigate the negative effects of social isolation and engender community development, through a programme that cultivates sports and artistic skills amongst LGBTIQ refugees. Individuals talented in different areas of the programme coach others to develop the same capacities. Refugees appreciate the initiative for facilitating increased social interaction, allowing them to get out of the house, and the consequent positive effects on mental health.

- (c) Legal protection. As physical security is a pertinent issue for all LGBTIQ refugees, one CBO has partnered with a local community based paralegal organisation that is offering legal assistance to refugees in the form of accompaniment to police stations, paralegal trainings, and emergency shelter and relocation.
- (d) Livelihoods initiatives. Empowering LGBTIQ refugees with livelihoods skills is a crucial element of a holistic protection strategy. Several CBOs are running livelihoods courses for LGBTIQ refugees, including a barbershop, an electronic and phone repair school, tailoring, bead and craft making, and poultry farming.

Crucially, these initiatives build upon the pre-existing skills and talents of refugees themselves, in order to generate development and growth amongst other community members. This provides a potent message to LGBTIQ refugees that they are able to engage with agencies on their own terms; and that they can take ownership over their issues by identifying and responding to their needs in ways that they perceive as most effective:

“If you build the capacity of the community to engage in these projects, they won’t worry because they are receiving services from other places.”³³

In terms of how agencies can better support refugee-led CBOs, the needs were articulated by a refugee leader of a Nairobi-based LGBTIQ organisation:

“The first step is acknowledging we are here. UNHCR needs to put us forward to other organisations; why doesn’t UNHCR be a bridge between all CBOs – not only SSOGI groups, but non-SSOGI groups also? We expect more from agencies, in terms of support for our projects. Right now, what we want from UNHCR is not money, but guidance. We don’t know a lot about running CBOs – writing proposals and reports

³³ Interview with refugee and leader of a Nairobi-based CBO (2), June 2017

we have to learn these things by ourselves. If there is a mechanism that someone from inside can guide us on, that would help. What we need is networks.”³⁴

In response to a survey sent to a group of three refugee-led CBOs in Nairobi, CBO leaders presented five outstanding areas of need for organizational development:

- (a) The development of strategic directions that frame organisations’ future directions (including succession plans to ensure continuity of leadership after some refugees are resettled);
- (b) The development of overarching financial frameworks to guide business initiatives and projects, as well as developing financial management procedures;
- (c) The development of monitoring and evaluation procedures for projects (procedures that are consistent with standards applied by other professional organisations);
- (d) Connection with other SSOGI and non-SSOGI groups, including humanitarian agencies;
- (e) Guidance on report and grant writing.

To ensure sustainability of refugee-led CBOs, including funding, certain organisations could eventually become absorbed into agencies’ partnership designations. In considering the development of refugee-led CBOs as a priority in a community based protection strategy, this necessarily involves a gradual process of monitoring and development of CBOs, with attention given to the highlighted needs above. In addition, the identification of vulnerable persons of concern and their connection to services, including social connections, is a process which could benefit from greater participation by CBOs.

The nature and extent of any agency’s partnership with a refugee-led CBO must also be clearly defined. Will it, for example, involve the CBO becoming an implementing partner, or will it mean working together to achieve mutual strategic goals? Precedence, transparency and sustainability – all key to establishing and maintaining healthy relationships with refugee communities – must all be taken into sufficient consideration. The social effects of the funding of community-based initiatives by humanitarian agencies have not yet been comprehensively researched. These effects could be felt in relationships, power dynamics and risks of gender-based violence, including sexual exploitation linked to the unequal distribution of financial capital among refugee communities. Agencies should consider carefully the effects of providing financial and other support to CBOs, and in particular the potential effects upon already marginalised individuals and groups. How will that support affect relationships between refugees, and between refugees and service providers? And is that support likely to increase the overall self-reliance of a community, or will it instead promote unrepresentative leadership structures, hindering the empowerment of marginalised groups? The growth of CBOs and the increasing roles they are playing in refugee protection make greater interaction between key actors – which include the CBOs themselves – necessary. Agencies must ultimately assess how best to

³⁴ *Ibid*

harness the positive efforts of CBOs, while avoiding potentially negative effects of partnership.

Finally, whilst the growth of refugee-led LGBTIQ CBOs is a positive development and contributes to the overall protection strategy of UNHCR, the leadership structures of these organisations are overwhelmingly led by MSM. As these structures grow in predominance, there is decreasing space for others – such as LBQ women and trans* communities – to assert themselves into decision-making that affects their communities. Accordingly, as CBOs increasingly become interlocutors between UNHCR and refugee communities, the development introduces parallel risks - including the monopolisation of leadership structures, missed identification of vulnerable cases in marginalised communities, and questions surrounding the presence and extent of agencies' financial support. Agencies have an active duty in the empowerment of marginalised groups; while there could be benefits in achieving protection for some through working with CBOs, the benefit of other structures (such as orthodox refugee leadership networks and referral mechanisms) require equal attention in order to ensure equal access to services for all.

2.3.1 Recommendation for working with refugee-led community based organisations:

- (1) Agencies should extend support to diverse refugee communities to develop, build, and manage their own CBOs. This support could take the form of advocacy with other actors, creation and convening of professional networks, and internal capacity building through trainings on grant writing, financial management, successional leadership, and building strategic directions.
- (2) While working with CBOs, humanitarian agencies should be actively encouraging a fabric of representative organisations, and representative leadership structures. In respect of the queer refugee community, this translates to the presence of members of minority communities in executive structures.
- (3) Agencies should articulate policies that clearly set down the nature and extent of their engagements with refugee-led CBOs.

3. PROMOTING SOUND INTERNAL PROCEDURES

In strengthening external responses to LGBTIQ persons of concern, agencies should be equally conscious of promoting issues of diversity internally. This involves realizing institutional sensitivity - amongst staff, within documents and communications, and in procedures - towards topics of diversity. Promoting internal cohesion needs to take account of the sensitivities of different queer refugee communities, and the risks inherent in applying sweeping criteria to LGBTIQ persons. The term “LGBTIQ refugee” is unhelpful, and does not inform protection solutions. This consciousness must be present in language applied to persons of concern, in all forms of communication, as well as in the design of programmes that includes rather than “others” LGBTIQ individuals.

3.1 Identification and assessing vulnerability: the importance of language and approach

Programmes targeting the specific needs of queer refugee communities, necessary in an overall protection strategy, require sensitivity in their implementation. Increased violence and discrimination against LGBTIQ refugees can become bi-products of these programmes, carried by the perception that they are offering specific benefits to LGBTIQ persons.

Programmes that focus on vulnerabilities – as opposed to identities – are more effective in applying remedies to risks. Where protection mainstreaming cannot achieve a set objective, programmes targeting the specific needs of queer refugees will need to be implemented (for example, to address specific psychosocial needs within safe space environments; or to provide certain solutions to LGBTIQ UAMs). Again, these programmes need to be carefully targeted, and avoid marginalizing individuals further by elevating the profiles of entire communities.

Identification procedures also require sensitivity. Unwittingly exposing an individual’s sexual or gender identity to the wider community carries profound protection risks for that person. Outreach to refugee communities should contain information encouraging individuals to bring sensitive matters to the attention of agencies through accessible and confidential procedures, such as general email addresses for different departments, or hotline numbers. Agencies should maintain working relationships with identified members of LGBTIQ refugee communities, especially demographic minorities, to ensure timely and effective referrals of unidentified cases. Close partnerships with local LGBTIQ organisations also form a critical part of these referral systems.

In addition, the reliance on word of mouth, or community structures, to disseminate information concerning upcoming outreach to LGBTIQ refugees can be problematic. This platform is predicated by the existence of social networks through which messages can be passed. In environments where there is an absence of strong community connections, outreach conducted through these means will miss certain key groups at the periphery of service provision. For example, whereas in Nairobi MSM tend to have more extensive

communal relationships, live together in larger groups, and are more self-organised when it comes to activism and engagement with agencies, LBQ refugees tend to live alone or in smaller numbers. To promote access to information, humanitarian agencies in Nairobi harness bulk text messaging systems for refugee communities. Promoting the existence of diverse and representative refugee leadership structures, that contain individuals from distinct communities of queer refugees, is also a priority.

Resettlement pathways

It is important that resettlement pathways are established and maintained to provide qualified LGBTIQ refugees with access to a durable solution. Because many LGBTIQ refugees reside in countries of asylum that themselves criminalise same-sex relations, meaningful prospects of local integration are often precluded. Resettlement has therefore been harnessed by UNHCR and other agencies as a protection solution for certain vulnerable LGBTIQ individuals.

Alongside government-sponsored resettlement programmes, private pathways to resettlement also offer LGBTIQ refugees a chance to reestablish themselves in a safe third country. Specifically, private sponsorship models in Canada have resettled some individuals through the assistance of concerned third parties (such as church and community groups, groups of individuals, and NGOs). Private sponsorship for LGBTIQ refugees harnesses the increasing support for LGBTIQ rights emerging across different societies, and gives concerned actors a tangible means of offering assistance to vulnerable individuals. It also promotes a more fluid integration of resettled refugees into host communities. As refugees arrive into already established support networks in resettlement countries, they can more easily become accustomed to and navigate day-to-day realities that they may otherwise have struggled with in the absence of such support.

Diverse resettlement pathways that involve both government sponsored and private pathways must remain open for the protection of LGBTIQ refugees. Resettlement programmes and quotas also need to take account of the diversity of protection profiles throughout the LGBTIQ acronym. For example, LGBTIQ UAMs are affected immensely by the reduction of the US resettlement programme. The US was the only resettlement country which offered a comprehensive resettlement programme for unaccompanied minors. At present, access to resettlement for members of this highly vulnerable group is vastly compromised. More emphasis is required on establishing pathways to protection for both LGBTIQ and other groups of minors.

3.2 Mainstreaming and AGD

UNHCR's programming is guided by its AGD (Age, Gender, Diversity) policy. This stipulates that persons with specific needs, including LGBTIQ persons, ought to be considered and included accordingly in protection interventions. For example, a livelihoods programme implemented through a UNHCR partner that targets 30 persons of concern should reserve a certain intake for LGBTIQ individuals. This policy ensures that marginalized groups, including sexual and gender minorities, can access and benefit from the provision of services.

Whilst it is crucial that, in order to avoid "othering" LGBTIQ persons through the creation of parallel programmes, mainstreaming is done in as sensitive a manner possible; one that takes account of the range of profiles and vulnerabilities, and ensures the flexibility and responsiveness of programmes. Inclusion of LGBTIQ persons within the AGD approach must also ensure adequate representation of queer communities. Inasmuch as the AGD approach seeks to promote equal opportunities throughout refugee communities, it must promote equal opportunities throughout the LGBTIQ community also. To achieve this, AGD policy must become more articulate with respect to different groups. If 30 opportunities under a programme are allocated for members of the LGBTIQ refugee community, equal or majority opportunities should be reserved for members of minority groups, such as LBQ and trans* applicants. Agencies need to be aware of their often unnoticed roles in reinforcing negative power structures, including patriarchy, throughout the refugee community; and how by limiting opportunities for marginalized groups, these structures are becoming more pronounced. This is ultimately antithetical to the AGD approach.

3.3 Coordination and sensitization

The importance of continuous sensitization on topics of diversity is integral to staff understanding key concepts, terminologies, and protection concerns of LGBTIQ refugees. Some facilitators open LGBTIQ sensitisations with a disclaimer that the intent of the training is not to compromise personal or religious values. This sets an inherent double standard; it is incongruous to impress an urgency for staff members' understanding of LGBTIQ topics in a professional capacity, but remain complicit to homophobic attitudes outside the workplace. Trainings should rather propound the notion that tools harnessed for the protection and understanding of LGBTIQ persons are grounded in law and institutional guidance; that they are objective and unwavering, and not subjects of debate.

Sensitization does not solely concern trainings. Humanitarian staff across all departments – not solely those working in protection delivery - should be actively involved in protection-related community consultations and activities. It is crucial that agencies assume a holistic, interdepartmental sharing of understanding and responsibility for the protection of LGBTIQ persons. This understanding is furnished unequivocally through interaction with the LGBTIQ community. As just one example, an RSD Eligibility Officer is better equipped to make determinations on the credibility of a lesbian applicant if they are

proficient with the lived realities of a lesbian asylum seeker. In this sense, agencies should seek to curb disconnections between the different roles of staff by promoting greater access to activities and dialogues with refugee communities.

Finally, agency recruitment procedures need to involve questions on diversity. Incoming staff should be conversant with these topics, and have expressed enthusiasm and capability to work with LGBTIQ persons. Institutionalising and incorporating these recruitment principles into Standard Operating Procedures would help to ensure the highest standard of protection for refugees and an inclusive international work environment.

3.4 Recommendations for promoting sound internal procedures:

- (1) Both mainstreamed and specific protection programmes should maintain focus on targeting individual vulnerability, in order to mitigate adverse effects at a community level.
- (2) Outreach to refugee communities should encourage refugees to bring sensitive matters to the attention of agencies through confidential procedures.
- (3) Agencies should maintain continuous working relationships with refugee communities and local groups, whilst ensuring the existence of robust referral systems.
- (4) The AGD approach needs to articulate opportunities for members of distinct queer refugee communities, and to ensure equal opportunities for minorities.
- (5) Humanitarian agencies should institutionalize clear principles surrounding diversity in its recruitment procedures.
- (6) Facilitators of sensitisations should avoid relying on language that allows for a “double standard” between professional and personal values.
- (7) Staff sensitisations on diversity should be accompanied by real exposure to refugee communities and protection work vis-à-vis LGBTIQ refugees.

4. CONCLUSIONS AND LOOKING FORWARD

In taking positive steps towards the protection of LGBTIQ refugees, agencies must remain sensitive towards the risks inherent in labelling group vulnerability. Responding to the needs of queer communities requires a deeper understanding of the diverse protection profiles alive throughout LGBTIQ communities. By implementing certain targeted protection interventions, agencies can facilitate more effective responses to complex issues, capitalise on the inherent strengths and capacities of refugees, and ultimately mitigate vulnerabilities amongst communities.

Agencies also need to be alive to the important roles they play in community building. By recognizing the distinct protection profiles between different communities, agencies can encourage marginalized groups to mobilise, organise, and to become more empowered. This approach encourages positive activism amongst refugee communities, and promotes sustainable models of community-based protection. Agencies should seek to promote inclusive programming, that accurately identifies and targets different vulnerabilities. Capacitating LGBTIQ refugees with greater personal security is contingent on realising the distinct needs of these refugees within specific programmes. Through this, protection mainstreaming can take a sufficiently targeted approach to individual vulnerability whilst at the same time maintaining a broader care towards the wider community.

Ultimately, effectively addressing the holistic range of issues that affect LGBTIQ persons requires agencies to disaggregate their understandings of queer communities; to formulate targeted interventions or ensure that existing programmes are sufficiently accommodative of these nuances; and to ensure protection systems articulate the range of issues inherent to distinct LGBTIQ communities. Implementing these measures is necessary for protecting and empowering LGBTIQ persons of concern – as communities, and as individuals.

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