

**COPING STRATEGIES AMONG URBAN REFUGEE WOMEN IN NAIROBI:  
A CASE STUDY OF EASTLEIGH AND KAYOLE**

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**A RESEARCH PROJECT SUBMITTED IN PARTIAL FULFILLMENT FOR  
THE AWARD OF THE DEGREE OF MASTER OF ARTS IN RURAL SOCIOLOGY  
AND COMMUNITY DEVELOPMENT OF  
THE UNIVERSITY OF NAIROBI**

**JANUARY 2014**

**DECLARATION**

This research project is my original work and has not been submitted for another degree qualification of this or any other university.

Signed..... Date.....

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This research project has been submitted for examination with my approval as the University supervisor.

Signed..... Date.....

**Supervisor: Dr. Beneah Mutsotso**

## **DEDICATION**

I dedicate this study to my family for the spiritual and moral support accorded and for their unwavering encouragement.

## **ACKNOWLEDGEMENT**

First and foremost is to thank Almighty Father who gave me the chance to start and complete the study and sustained me all the way through. I also extend my sincere gratitude to my husband Stephen Waithaka who gave me his support throughout my research and encouraged me to go on. My thanks also goes to my three sons; Clement, Emmanuel and Michael. My thanks also goes to my sister Njoki, my house help Gatwiri and my friend Agatha.

I also extend my sincere gratitude to my supervisor, the late Dr. Pius Mutie. His guidance and knowledgeable ideas in class and this particular study was excellent and valuable. May his Soul rest in eternal peace.

In gratitude I also acknowledge Dr. Beneah Mutsotso, for his supervision and guidance in completing the study after the demise of Dr. Mutie. Thanks for making a difference in my academic status.

Lastly, many thanks to all who helped and supported me during the time of the study. May the Lord bless you all.

## **LIST OF ABBREVIATIONS**

<b>DRA</b>	Department of Refugee Affairs
<b>ECE</b>	Early Childhood Education
<b>GER</b>	Gross Enrollment Ratio
<b>IRC</b>	International Rescue Committee
<b>OAU</b>	Organization of African Union
<b>RCK</b>	Refugee Consortium of Kenya
<b>RH</b>	Reproductive Health
<b>SGBV</b>	Sexual Gender Based Violence
<b>UNHCR</b>	United Nations High Commissioner for Refugees
<b>UNESCO</b>	United Nations Educational, Scientific and Cultural Organization
<b>UNICEF</b>	United Nations Children’s Fund
<b>UNWFP</b>	United Nations World Food Programme
<b>WRC</b>	Women Refugee Commission

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## **ABSTRACT**

The focus of the study was to understand coping strategies among urban refugee women in Nairobi: a case study of Eastleigh and Kayole. The study had four specific objectives which were: to examine the security risks faced by urban refugee women in Nairobi and how they cope with the risks; to find out how urban refugee women's children access education in Nairobi; to find out how urban refugee women access reproductive health care in Nairobi and lastly to find out the economical survival mechanism among the refugee women in Nairobi

In the literature review, urban refugee women are a vulnerable group faced with exploitation and abuse. The refugee women both in the camps and outside them are faced with very similar challenges, but distinct from the men. Outside the camps, they have to fend for families as there are no organizations which provide relief assistance except on very rare occasions in emergency situations. In theoretical framework the study was based on coping and feminism theories.

The research design was based on descriptive research analysis. The study sample constituted of 120 urban refugees sampled using simple random sampling technique and seven key informants sampled through purposive sampling technique. Both qualitative and quantitative data were collected using interview guide, observations, key informants and Focus Group Discussions.

The findings were: urban refugee women are faced with the security risks and they adapt coping strategies such as reporting to police or agencies and also alternatively shifting to new houses. The refugee women use their own means of income so as to ensure that their children access education. For urban refugee women to access reproduction health care they mainly visit public hospitals. The refugee women are involved in economic activities such as selling snacks and once faced with challenges instead of closing down their businesses they adopt to coping strategies such as seeking assistance from agencies and avoiding city council askaris.

The study recommends the following: UNHCR/Agencies working with urban refugee should set up adult education projects to cater for the refugee women due to the high illiteracy among refugee woman; that national and county governments should put more emphasis in enlightening other government/county officers on refugee documentation so as to avoid further harassment like in the case of city council askaris and further study on security risks with special focus on sexual abuse should be conducted so as to establish its magnitude and effects on urban refugee women.

## CHAPTER ONE: INTRODUCTION

### 1.1 Background

The problem of displacement has become a worldwide phenomenon. By 1975 the number of refugees reached 2.4 million and increased to 10.5 million refugees in 2013 (UNHCR, 2013). Negative politics, corruption, ethnicity and tribalism, competition for the scarce natural resources have exacerbated the long running inter and intra conflict situation in the post colonial African conflict making the refugee situation in Africa a protracted situation (UNHCR, 2009).

Regionally, Eastern Africa continues to host the highest number of those displaced and seeking asylum in the African Continent. This is owing to the protracted political instability in the post independence period mainly in Somalia, Sudan (Darfur region), South Sudan and Eritrea. In 2009 the African continent had about 29% refugees and asylum seekers living in the cities whereas there were 14% of the refugees and asylum seekers registered in Kenya living in urban centres (UNHCR 2009).

Displacement results in not only the loss and destruction of land, sources of livelihood, and personal belongings, but the refugees' lives and their social fabric are left in complete disarray; families face extreme poverty and hardship, often for the first time; new, frequently strange and unfamiliar, living conditions affect the social roles and norms of men and women; and former familial, ethnic, and communal support structures collapses (Keshavarzian, 2005).

Currently, Kenya is hosting refugees from Somali, Sudan, Southern Sudan, Ethiopia, Rwanda, Burundi, the Democratic Republic of Congo and Uganda. The total number of registered refugees in Kenya is 608,974. There are two refugee camps in Kenya ;namely Dadaab and Kakuma with a total population of more than 556,857 while 52,117 lives in Nairobi. Among those living in Nairobi, 63% are Somalis, 17% are Ethiopians, 12% are Congolese while 8% is made up of other nationalities such as Rwanda, Burundi, Uganda, Eritrea , Sudan and Southern Sudan. 50.4 % of refugees residing in Nairobi are female while 49.6% are male. However 31.8% of the total population in Nairobi is composed of women who are aged 18 years and above (UNHCR Statistics, March 2013).

Though the Kenya Government employs encampment policy which was re-emphasized through the enactment of refugee act 2006, refugees are supposed to live either in Kakuma or Dadaab camps but many refugees choose to leave camps. Some of the reasons are; insecurity for

particular individuals, lack of appropriate education (higher learning) and for some lack of adequate medical care. Some refugees also claim there is inadequate assistance in the camp. This contributes to increasing number of refugees in Nairobi who fight for the scarce assistance offered by agencies working in Nairobi (Sara et al, 2010; Human Rights Watch, 2002).

Refugee women both in the camps and outside them are faced with very similar challenges, but distinct from the men. Outside the camps, they have to fend for families as there are no organizations which provide relief assistance except on very rare occasions in emergency situations. Fending for themselves exposes them to considerable risk of abuse (RCK, 2008).

Unlike the thousands of refugees living in Kenya's refugee camps, refugees in urban areas are a largely 'hidden' population: little is known about their numbers, profile, status, location and livelihoods. In Nairobi, refugees have been absorbed into the urban fabric, are dispersed over the city and are highly mobile. In 2006, the number of refugees living in the capital and officially registered with the United Nations High Commissioner for Refugees (UNHCR) was 32,000. Today the number has risen to 52,117 (UNHCR, March 2013), but the real figure could be as high as 100,000 (RCK, 2008; Dix, 2006).

With this background it is important to examine the various survival mechanisms adopted by refugee women in Nairobi in order to understand the lives of this "hidden" population in Nairobi

## **1.2 Problem Statement**

In recent decades many cities and towns have seen dramatic population increases. Although Sub-Saharan Africa is the world's most rural region, it is estimated that more than half of the population will be living in urban areas in two decades' time (UNHCR, 2006). One prominent feature of increasing urbanization is the flow of refugees to urban areas triggered by conflict and natural disasters. Today, almost half of the world's 10.4 million refugees are thought to be residing in cities and towns, with only one-third in camps (UNHCR, 2011).

Kenya has seen a large-scale influx of refugees, mostly triggered by the protracted humanitarian crises in neighboring countries. In 1988 Kenya hosted around 12,000 refugees, most of them Ugandans living in Nairobi (UNHCR Nairobi, 2004, in Campbell, 2006). Today it is home to

some 608,974 registered refugees, making it among the top ten major refugee hosting countries in the world (UNHCR, 2013).

Eighty percent of refugees are hosted by developing nations, in cities ill-equipped to guarantee their protection. The majority are marginalized due to their legal, economic and social status. They frequently lack sufficient legal and social support—education, health care, market access and community networks—to obtain gainful employment or run businesses (Women Refugee Commission, 2011).

Though the Kenya Government employs encampment policy whereby refugees are supposed to live either in Kakuma or Dadaab camps many refugees choose to leave camps. Some of the reasons are; insecurity for particular individuals, lack of appropriate education (higher learning) and for some lack of adequate medical care. Some refugees also claim there is inadequate assistance in the camp. This contributes to increasing number of refugees in Nairobi who fight for the scarce assistance offered by agencies working in Nairobi (Human Rights Watch, 2002).

Refugee women both in the camps and outside them are faced with very similar challenges, but distinct from the men. Outside the camps, they have to fend for families as there are no organizations which provide relief assistance except on very rare occasions in emergency situations. Fending for themselves exposes them to considerable risk of abuse (RCK, 2008).

Compounding their situation is the breakdown of the family unit and community safety networks, due to displacement. Women thus find themselves without basic community support mechanisms as the systems of customary law applied in the camps and in some communities in the urban areas often punish the victims rather than the perpetrators. Traditional practices that violate the rights of women continue to exist within the refugee community, despite the presence of national laws which protect women (WRC, 2009)

From the review of previous studies, it is very clear that various studies have been conducted on urban refugees but with limited focus on how refugee women cope in an urban setting. This is the knowledge gap that the study seeks to fill by conducting a research on coping strategies among urban refugee women in Nairobi.



### **1.3 Research questions**

The research questions the study attempted to answer were;

1. What are the security risks faced by the refugee women and how do they cope with the risks?
2. How do the urban refugee women's children access education in Nairobi?
3. How do the urban refugee women access reproductive health care in Nairobi?
4. What are the economic survival mechanisms for the urban refugee women in Nairobi?

### **1.4 General Objective**

The general objective of the study was to examine the coping strategies among urban refugee women of Eastleigh and Kayole in Nairobi.

### **1.5 Specific objectives**

The specific objectives of the study were;

1. To examine the security risks faced by urban refugee women in Nairobi and how they cope with the risks.
2. To find out how urban refugee women's children access education in Nairobi.
3. To find out how urban refugee women access reproductive health care in Nairobi.
4. To find out the economical survival mechanism among the refugee women in Nairobi

### **1.6 Significance of the Study**

The study was significant in examining the various coping mechanisms for the urban refugee women and giving recommendations on the way forward.

The humanitarian and donor community may gain useful insights on the coping strategies adopted by the urban refugee women and inform them of the nature of support that is required towards ensuring programmes implemented are need based.

The findings and recommendations was a basis of reference in implementation of the refugee project in urban areas in the future. The study was significant to refugees since their contribution

into the study was a way of raising issues encountered in their day to day living in urban areas. The study was therefore a basis of future research to be conducted.

### **1.7 Scope and Limitations of the Study**

The study was confined to the coping strategies for the urban refugee women in Nairobi: a case study of Eastleigh and Kayole. The study examined the coping strategies for the urban refugee women in the areas of security risks they encounter, provision of education to their children, access to reproductive health care ( with emphasis on prenatal care, safe delivery and family planning) and economic survival. Refugee women have also settled in other urban centres in Kenya which have geographical, economic and social differences. Thus, the research findings might not be generalized and not applicable to other urban refugee women in other urban areas in the country. To carry out such a study, one needs ample time to cover the urban areas where urban refugee women have settled and therefore time would be a limitation as well as financial resources.

### **1.8 Definition of key terms**

**Asylum seeker:** a person who, from fear of persecution for reasons of race, religion, social group, or political opinion, has crossed an international frontier into a country in which he or she hopes to be granted refugee status. This is a person whose request or application for asylum has not been finally decided on by the country of refuge that he or she is in.

**Coping strategies:** an action, a series of actions, or a thought process used in meeting a stressful or unpleasant situation or in modifying one's reaction to such a situation.

**Local Integration:** This is one of the three available durable solutions in addressing refugee problem. The other two durable solutions are voluntary repatriation and resettlement. It is the process by which newcomers contribute to the dominant society's social and economic well-being. It is a two-way process involving the participation and cooperation of both newcomers and members of the dominant receiving culture.

**Principle of non-refoulement.** A refugee must not be forcibly returned to his country or to any other country where he has well-founded reasons to fear persecution.

**Refugee** is a person owing to a well founded fear of being persecuted for reasons of race, religion, sex, nationality, membership of a particular social group or political opinion, is outside his/her country of his nationality and is unable or owing to such fear is unwilling to avail himself of the protection of that country.

**Resettlement:** It involves the selection and transfer of refugees from a State in which they have sought protection to a third State which has agreed to admit them as refugees with permanent residence status.

**Urban Refugees:** These are the refugees who have self-settled in urban areas. For purposes of this study, urban refugees refer to those persons who have settled specifically in Nairobi. This will include both asylum seekers and refugees.

**Women at Risk:** those women who have protection problems, and are single heads of families or are accompanied by an adult male who is unable to support and assume the role of the head of the family.

## CHAPTER TWO: LITERATURE REVIEW

### 2.1 Introduction

This chapter presents a review of empirical literature on coping strategies of urban refugee women. It presents an overview of urban refugees and also on security risks, education, and reproductive health care and economic survival for the urban refugee women.

This chapter also gives the theoretical review of the study and in addition the chapter also presents a conceptual framework reflecting the relationship between the identified dependent and independent variables.

#### 2.1.1 Urban Refugees

The traditional image of life in tented, sprawling camps no longer tells the full refugee story. As the world urbanises, refugees too are increasingly moving to built up areas – including large towns and cities. Today, almost half of the world's 10.4 million refugees reside in urban areas, with only one-third in camps (UNHCR, 2011).

Whereas self-settled refugees can be found in rural areas, urban refugees have been described as those who have self-settled in urban areas (RCK, 2005). For purposes of this study, urban refugees refer to those persons who have settled specifically in Nairobi. This will include both asylum seekers and refugees.

According to UNHCR almost half of the world's 10.5 million refugees now reside in cities and towns, compared to one third who lives in camps. As well as increasing in size, the world's urban refugee population is also changing in composition. In the past, a significant proportion of the urban refugees registered with UNHCR in developing and middle-income countries were young men who possessed the capacity and determination needed to survive in the city. However, large numbers of refugee women, children and older people are also to be found in urban areas, particularly in those countries where there are no camps. They are often confronted with a range of protection risks: the threat of arrest and detention, *refoulement*, harassment, exploitation, discrimination, inadequate and overcrowded shelter, as well as vulnerability to sexual and gender-based violence (SGBV), HIV-AIDS, human smuggling and trafficking. (UNHCR, 2009)

In host country especially in urban settings, refugees face economic problems just as the urban poor: shortages of jobs, housing, credit and banking services. However refugees face additional challenges; the local population and law enforcement agencies react to refugees with xenophobia ranging from ignorance and resentment to harassment and violence (Jacobsen, 2005).

Most urban refugees are economically active, often with multiple simultaneous livelihood strategies, such as petty trading, home-based piecework production or self-employment using productive assets like a sewing machine. Even so, many still cannot cover all their basic expenses. The most vulnerable refugees rely on only one source of income, or on social support. Many vulnerable refugees live in extreme poverty. When they are unable to pay for their needs, they are evicted, double up in crowded rooms, sleep on the street, eat less frequently and engage in negative economic strategies. These strategies tend to increase their risk to gender-based violence, and can adversely affect their children, who may be sent to live with a relative or pulled out of school and expected to work. The social safety net available to the most vulnerable refugees is the church and mosque, where they sleep or access minimal food assistance (WRC, 2011).

Unlike the thousands of refugees living in Kenya's two refugee camps, refugees in urban areas are a largely 'hidden' population: little is known about their numbers, profile, status, location and livelihoods. In Nairobi, refugees have been absorbed into the urban fabric, are dispersed over the city and are highly mobile (Sara et al, 2010).

In Nairobi, asylum seekers and refugees have few places to turn to meet their basic needs. They live in squalid housing conditions, often without access to food, clean water, medical care, jobs and education. They spend most of their time trying to obtain food and other material assistance. They also develop dependency syndrome from agencies and churches giving assistance. However the economic rights of refugees to pursue livelihoods are clearly set forth in the principle international instrument pertaining refugees, the United Nations Convention relating to the status of refugees, adopted in Geneva in 1951 commonly referred to as the 1951 Convention. The economic rights are clear but to be effective, they need to be implemented by host governments, and this implementation often fails to take place (International Commission of Jurists Kenya Chapter, 1998).

## **2.2 Security risks faced by urban Refugee Women**

As a relatively stable entity in the East Africa region, Kenya has experienced a rapid and large-scale influx of refugees fleeing crises and insecurity in neighbouring countries throughout the past 20 years. The numbers of registered refugees residing in Kenya has grown from approximately 12,000 in 1988 to 608,974 in 2012, with 93 percent of those currently resident originating from the Horn of Africa (UNHCR 2009a; 2013). These individuals have sought haven in their country of asylum but have not always had their expectations realised. Instead, many have found themselves vulnerable to a vast array of protection risks particular to the refugee context, including the very real threat of sexual and gender-based violence (Refuge Point, 2012).

In many societies, women and girls face specific risks and are less likely than men and boys to have access to their rights, due to their gender roles and position in society. In situations of displacement, these risks, particularly discrimination and sexual and gender-based violence – can be exacerbated. Community support structures break down and traditional or formal justice systems may not uphold women's rights. Unaccompanied women and girls, women heads of households and pregnant, disabled or older women may face particular challenges (UNHCR, 2008).

Refugee women both in the camps and outside them are faced with very similar challenges, but distinct from the men. Outside the camps, they have to fend for families as there are no organizations which provide relief assistance except on very rare occasions in emergency situations. Fending for themselves exposes them to considerable risk of abuse. Studies now confirm that in refugee situations, all women and girls are at high risk and vulnerable to violence, exploitation and abuse, and that there are some women and girls who experience levels of risk which are extreme and which are totally unacceptable under refugee law, human rights law and notions of common decency ( RCK , 2008).

Compounding their situation is the breakdown of the family unit and community safety networks, due to displacement. Women thus find themselves without basic community support mechanisms as the systems of customary law applied in the camps and in some communities in the urban areas often punish the victims rather than the perpetrators. Traditional practices that

violate the rights of women continue to exist within the refugee community, despite the presence of national laws which protect women (Refuge Point 2012). The overwhelming occurrences of rape and other sexual and gender based violence in the refugee community and lack of protection has meant that the needs and claims for protection made by women and girls are often overlooked or not acknowledged in the face of the demand for other services in Nairobi (RCK, 2008)

From the discussion above, one of the security risks faced by urban refugee women is the sexual and gender based violence.

### **2.2.1 Sexual and Gender Based Violence**

Sexual and Gender Based Violence (SGBV) is any act of violence that is carried out on the basis of the survivor's gender, whether male or female, that results in, or is likely to result in, physical, sexual or psychological harm or suffering, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or in private life. It encompasses acts of physical, sexual, and psychological violence in the family, community, or perpetrated or condoned by the State. These acts include spousal battery, sexual abuse, dowry-related violence, and rape, including marital rape, female genital cutting, and sexual harassment, trafficking, and forced prostitution (UNHCR SGBV Guidelines, 2003).

A study conducted by Refuge Point in 2012 showed that the predominant demographic subgroup coming forward to report incidents of SGBV in Nairobi are single females between the ages of 20 and 35 years. Most incidents occur within the first two years of their arrival to Nairobi, a clear indication of the period in which refugees are at their most vulnerable. According to the study, there is a strong link between a refugee's livelihood options and his or her risk of encountering SGBV. Many of those who report incidents of SGBV are employed in high-risk economic activities, including domestic work and selling food items on the street. Most incidents occur in early evening when are returning home from work.

A study conducted by RCK in 2008 showed that women refugees in urban areas report higher rates of SGBV than those in camps with rape (including fear and related threats) being the leading violation, followed by "domestic violence". From the study married women reported

feeling more at risk than single women while younger women reported more sexual offence related risks. Additional factors influencing incidence of SGBV were reported as, lack of proper documentation, poverty(makes men aggressive), frustration from reversed gender roles, drugs and alcohol abuse, breakdown in cultural values, women living alone and general insecurity in the marginal unplanned settlements where most women refugees live and work. From the study, women also reported being at risk most at the workplace, streets and neighborhoods respectively. The report also indicated that women do not report most violations for fear of reprisals/victimization and previous experience when nothing was done after reporting. Prominent among reasons for not reporting is family pressure. Often, even when they report, women are not knowledgeable about requirements of evidence in SGBV cases so some report when it is too late such as after washing or getting treated for the injury.

Detailed guidelines on protecting refugee women exist, but until they are systematically implemented, refugee women will remain at risk of violence and abuse. Some programmes designed to combat gender-related violence are implemented without observing the principle of confidentiality or do not engage all relevant sectors (legal, health, security, community services, and programme) in a coordinated response. Perpetrators of sexual violence against refugee women often act with impunity because refugee women may have no access to the legal systems in host countries, because police are either directly or indirectly involved, or because human rights violations are justified in the name of culture, religion or tradition. Women's security must be seen as integral to the security of the whole society, since refugee women are often responsible for the elderly the disabled and children (Refuge Point, 2012).

### **2.2.2 Responding to Women at Risk**

UNHCR's definition of women at risk is those women who have protection problems, and are single heads of families or are accompanied by an adult male who is unable to support and assume the role of the head of the family. They may suffer from a wide range of problems including expulsion, refoulement and other security threats, sexual harassment, violence, abuse, torture and different forms of exploitation. Additional problems such women face could derive from persecution as well as from particular hardships sustained either in their country of origin, during their flight or in their country of asylum. The trauma of having been uprooted deprived of



normal family and community support or cultural ties, the abrupt change in roles and status, in addition to the absence of an adult male head of family, renders some women, under certain circumstances, more vulnerable than others (UNHCR Resettlement Handbook, July 2002).

As UNHCR's definition notes, the particular protection concerns of women that give rise to women at risk programs are not limited to the country of origin or to women seeking asylum, but may be relevant in a country of first asylum as well. It is in this latter situation that women at risk programs seek to provide certain women with a durable solution third country resettlement to their concerns.

Displacement magnifies social problems in general and violence against women in particular. The breakdown in social and cultural structures and norms, the separation from and loss of family members and traditional support networks, and failure to prosecute perpetrators of violence all work against the safety and security of refugee women. Given their age, refugee girls are at even greater risk of abuse and so must be included in all projects and programmes promoting gender equality and in any measures designed to protect children (Global Consultations on International Protection, 2002)

While refugee women and men may face the same kinds of harm, women are often subject to specific forms of gender-related abuse and violence such as rape, abduction or an offer of protection documents or assistance in exchange for sex. Poor camp design, such as no lighting or no readily accessible cooking fuel, can turn washing or collecting firewood into a dangerous activity for women (Refuge Point, 2012).

Resettlement offers a solution to immediate protection concerns in the country of first asylum. It is meant to offer lasting protection to refugees, particularly those unable to pursue either of the two other recognized "durable solutions:" local integration or voluntary repatriation. Many resettlement countries have special categories used specifically for emergency cases or particularly vulnerable persons, one of which is called "women at risk (UNHCR, "Guidelines on the Protection of Refugee Women," Geneva, July 1991)

### **2.3 Access to Education**

For the purpose of this document education refers to formal education (primary, secondary and tertiary) and non-formal education (literacy, skills training and life skills) as well Early Childhood Education (ECE).

The provision of educational opportunities is one of the highest priorities of refugee communities. Refugee mothers, fathers, and children the world over emphasize that education is “the key to the future,” that it will help bring peace to their countries, that despite not knowing “what will happen tomorrow,” education brings stability and hope ( UNHCR, 2011)..

Access to education is a basic human right and is linked to poverty reduction, holding promises of stability, economic growth, and better lives for children, families, and communities. In 1948, the Universal Declaration of Human Rights recognised compulsory primary education as a universal entitlement. The 1979 Convention on the Elimination of All Forms of Discrimination Against Women (United Nations, 1979) called for no discrimination in educational provision for men and women, and the 1989 Convention on the Rights of the Child (CRC) affirmed the right of all children, regardless of status, to free and compulsory primary education, to available and accessible secondary education, and to higher education on the basis of capacity (United Nations, 1989, Article 28). The right to education for refugees is articulated in Article 22 of the 1951 Convention relating to the Status of Refugees, resolution 64/290 (July 2010) of the Human Rights Council of the United Nations General Assembly on the right to education in emergencies (United Nations, 2010a), and in the draft resolution to the Human Rights Council on the right to education for refugees, migrants and asylum seekers (UNHCR, 2011)

The Convention reaffirms that children have the right to education as such (Article 28), supporting the fullest development of their personalities, talents and mental and physical abilities, and promoting peace and tolerance (Article 29). States party to the convention are required to promote and encourage international cooperation in matters related to education, to eliminate ignorance and illiteracy, and to help developing countries achieve better levels of education provision (Article 28) for all children within their jurisdiction regardless of status (Article 2). Education is a progressive right, and most countries are trying to improve the

coverage and quality of education provision for their own citizens. Governments of developing countries, having signed the convention, should not refuse international assistance in providing education to refugees, asylum-seekers or the internally displaced, if they lack the funds to provide it themselves. Denial of access to primary education occurs rarely, but in some locations governments restrict refugee access to secondary education as a matter of policy, which is also contrary to the convention (UNHCR 2001).

The United Nations High Commissioner for Refugees (UNHCR) is mandated with the protection of refugees, for example, including the provision of education. What does the right to education mean? Whether in situations of displacement or not, the UN Committee on Economic, Social and Cultural Rights has outlined four essential elements of the right to education: availability, accessibility, acceptability, and adaptability (the “Four As”).

Through accessing an education that is available, acceptable, and adaptable, the right to education becomes an “enabling right,” permitting the activation of other civil and political rights. Refugees face many barriers to accessing education services, stemming from economic, geographic, cultural, linguistic and administrative origins. Education services in cities may not be accessible to refugees because they are too expensive, too far away, or too costly to travel to daily; there might be a general lack of empathy with the cultural sensitivities of people from different ethnic groups; schools may not accommodate children who have missed out on schooling; and language barriers may prevent education access (UNHCR, 2011).

In urban areas, education plays a particularly critical role for refugees and to enable those coming from rural areas to garner the necessary skills to become self-reliant and increase their chances of employment. As the number of refugees living in cities climbs, providing quality education to both local and refugee children, jointly attending classes, is a growing concern for all stakeholders (UNHCR, 2011).

As a main principle, every effort should be made for urban refugees to participate in mainstream education along with local children and young people, with national authorities managing and coordinating the education response, supported by UNHCR and partners where needed. Setting up parallel education services for refugees should be avoided if possible. Incorporating refugees

within the national system ensures sustainability and supports peaceful co-existence of refugees within host communities both in the short and long term.

In urban settings, without access to education, young people, and more particularly girls and young women, are more likely to face violence, abuse and other forms of exploitation, including forced recruitment, child labour, sexual violence, drug abuse or alcoholism. Gender inequality often prevails; education can play an important role in ensuring gender in school, in developing an understanding among children and young people of gender equality issues, and in fostering life skills among children and youth that strengthen their ability to relate to others and to protect themselves (UNHCR, 2009).

Lack of livelihoods and income can force young people into survival sex or other illicit activities related to economic exploitation. General poverty, poor livelihoods, low income and parental inability to cover the costs of school fees, uniforms, books, teacher compensation or transport diminish educational access opportunities for many young refugees (Dryden-Peterson, 2011).

On completion of primary schooling, they are often confronted with the general lack of post-primary education opportunities, both in the formal and non-formal sectors. For children and young people attending school, provision of a safe learning environment is crucial; specific, monitored focus must be placed on ensuring that schools and other learning environments are safe and protective ( UNHCR, 2011).

Many of the barriers to accessing education faced by refugee children in camps are exacerbated in urban areas. Financial constraints on refugee families due to legal and policy restrictions combined with high costs of living in cities mean that the direct and indirect costs of schools are even more prohibitive. Further, entering into a national system, refugee children often have less support than in a camp-based school in adjusting to a new curriculum, learning in a new language, accessing psychosocial support, and addressing discrimination, harassment, and bullying from teachers and peers. They may also encounter a lack of familiarity by local school authorities for the processes of admitting refugee children and recognizing prior learning (Dryden-Peterson, 2010).

The government of Kenya has been involved in refugee education since 1994. It has done so through provision of the Kenyan curriculum and examination oversight by its District Education

Officers. As a signatory to the 1951 Refugee Convention, Kenya has agreed that refugees should receive “the same treatment as is accorded to nationals. The Kenyan government thus has a vested interest in assuring that the education provided to refugees is viable (Ministry of Education Concept Note, 2012).

In collaboration and partnership with the Ministry of Education, City and District Education Offices, UN agencies such as UNICEF, UNWFP and UNESCO, as well as national and international NGOs, UNHCR has provided both formal and informal education in Kenyan refugee camps, using the Kenya Curriculum as its guide. This has enabled refugee children and youth in both camp and urban contexts to access education that results in Kenyan certification.

The refugee situation in Kenya is protracted and the prevailing conditions in parts of Somalia from which a majority of the refugee population has sought asylum limit repatriation prospects in the near future. For this reason, refugee children and youth in Kenya will likely continue to seek access to the Kenyan Education system for some time to come (Ministry of Education Refugee Education Concept Note, 2012).

### **2.3.1 Challenges facing Education in refugee situations**

In refugee situations, there are various challenges which are encountered in ensuring that refugee children access education. This is discussed below:

#### **2.3.1.1 Barriers to Access**

The gap between the formal rights to education for displaced children versus its provision is clear. In Afghanistan, 21 percent of respondents in an International Committee of the Red Cross (ICRC) survey note that “not being able to get an education” is one of their top fears related to displacement (ICRC, 2009). In some cases, opportunities for education can increase in displacement, as for Afghan refugees in some parts of Pakistan. Yet in most cases, this fear is well-founded, as both refugees and IDPs are groups of children who remain out-of-school in large numbers. While data is often limited and unreliable, UNHCR estimates that primary school participation in camps is 69 percent and at secondary, only 30 percent. These global enrollment rates masks large inequities across camps, such that even within one country primary gross enrollment ratios (GER) can range from zero to one hundred percent (UNESCO, 2011).

Children who are displaced describe facing greater poverty than they did in their home communities. They have usually left behind their possessions and, with restrictions on freedom of movement and the regulation of professions, often their families' livelihoods. Uncertainty about the future compounds poverty and leads to doubts about the benefits of education, adding to the opportunity costs of school attendance. Discrimination based on gender and disability are often heightened during times of conflict, when community support systems disintegrate, social norms break down, and laws are not enforced. Displacement can lead to interrupted schooling and result in large numbers of overage children who struggle to access and persist in school. Further, areas in which refugees and IDPs live are often the most neglected regions with infertile land and lack of access to services and infrastructure, including schools (Dryden-Peterson, 2011)

### **2.3.1.2 The Protracted Nature of Displacement**

Sixty-eight percent of refugees worldwide lived in a “protracted” situation at the end of 2009 (UNESCO, 2011), defined as being displaced for five or more years without the prospect of one of three durable solutions of repatriation to the home country, local integration to the country of asylum, or resettlement to a third country. The protracted nature of contemporary displacement leads to an overarching sense of uncertainty for children and families, with three central implications for education. First, education needs to be a first-line response in displacement situations, playing a critical role in restoring an immediate sense of normalcy for displaced children. Second, educational planning cannot be short-term but must be forward-looking in nature, recognizing the likelihood that any given child cannot wait for an end to displacement if he/she is to pursue an education. Third is the underexplored idea that education itself is a portable durable solution given that future security – economic, political, and social – is less connected to where one is geographically and more to skills, capacities, and knowledge that can accompany an individual no matter where that future may be. As a durable solution, increased post-primary opportunities are critical (Dryden-Peterson, 2011).

### **2.3.1.3 Urban Displacement**

The majority of the world's population now lives in cities. Reflecting these trends, UNHCR estimates that about half of refugees globally also live in cities (UNHCR, 2009b). Internal

displacement is also predominantly urban in nature, often reflecting large migrations from conflict-affected rural areas of a country to the relative safety of towns and cities. While once the domain of young men, the urban displaced increasingly include women and children.

The provision of education for refugee children in urban areas requires major rethinking of how assistance to education for displaced children is conceptualized. Displaced children often overwhelm already stretched schools, especially in poor areas of cities. And yet the traditional focus on building schools, procuring desks, and training teachers is not usually appropriate in the urban context. Integration to the national system is a priority. Physical integration of displaced children requires collaboration and coordination among non-state actors (UN agencies, NGOs, etc.), national Ministries of Education officials, and local education leaders, as well as better data on the numbers and locations of displaced children. Social integration is as urgent an issue yet often overlooked in urban settings, especially as related to issues of identity, power, and marginalization (Dryden-Peterson, 2011).

#### **2.3.1.4 Physical Integration without Social Integration**

Given trends both towards protracted and urban displacement, the model of education is increasingly one of integration of displaced children in local schools. Yet this integration is often limited to the physical aspects of service delivery and does not involve conscious attention to the social processes of living together, resulting in the marginalization of displaced children. Tensions among members of the host society and refugees including among school children, usually result from a synthesis of political attitudes, competition over scarce resources, cultural conflicts, and security concerns. Refugee children can be marginalized on an individual level, facing discrimination and exclusion in the classroom from members of the host society. Further, politically powerful languages, worldviews, ethnicities, and authorities often act through school curriculum and pedagogical practice to exclude groups of children, including the displaced, who do not share in that power. Without social integration, possibilities for political, cultural, and economic stability are limited for displaced children and their families, both in the present and in the future (Dryden-Peterson, 2010)

## **2.4: Economic survival for urban refugees**

Economic survival for urban refugees cannot be discussed without mentioning livelihood. Livelihood refers to the capabilities, assets and strategies that people use to make a living.

According to the article 2 of 1967 protocol pertaining the status of refugee, every refugee has duties to the country in which he finds him/herself, which requires in a particular that he conform to its law and regulations as well as to measures taken for the maintenance of public order. The 1967 protocol also accords refugee rights as some are discussed below;

Article 14 of 1967 protocol accords refugees artistic rights and industrial property. The article states that a refugee shall be accorded in the country in which he or she has habitual residence the same protection as is accorded to the nationals of that country. Article 17 and 18 accords refugees the right to wage earning employment and also self employment. The contracting state shall accord to refugees lawfully staying in their territory the most favourable treatment accorded to nationals of a foreign country in the same circumstances, as regards the right to engage in wage employment and also to engage on his/her own account in agriculture, industry, handicrafts and commerce (International Commission of Jurists Kenya Chapter, 1998).

The great majority of refugees who have access to work are engaged in the informal economy. Semiskilled and unskilled refugees are involved in the same type of work, mostly casual labour and petty trade. This includes jobs as shoe shiners, shop attendants, mechanics, waiters, car washers and herdsmen in peri-urban areas (Wagacha and Guiney, 2008).

The United Nations High Commissioner for Refugees (UNHCR) in its operational guidelines: For Urban Livelihood Programming (November 2011), notes that host government policies often makes it illegal for refugees to work or to own property or businesses, though there are services available to support them. UNHCR, in the document, continues to note that even in situations where refugees can legally work, access to decent employment continues to be hugely problematic, particularly in countries with high unemployment rates. Encampment policies restrict refugees' freedom of movement.

Most asylum seekers reach the cities without means of survival, social networks or language skills; often they live in miserable conditions, sleeping on the floor or sharing small bare rooms



in crowded, poor neighbourhoods. Many suffer from post-traumatic stress, depression and mental illness and have very limited access to adequate public health and education services. Some are afraid to register their presence or come forward for support because they are afraid of being deported or sent back to the camps. They are exposed to harassment, abuse and extortion by the police and their integration is further hampered by discrimination and xenophobic attitudes on the side of the local population (Pavanello, 2010).

Urban Livelihood baseline survey conducted in Nairobi (2012) by UNHCR and Danish Refugee Council (DRC) shows that majority of the urban poor, including asylum seekers and refugees, find employment and self-employment opportunities in the highly competitive informal sector. Poor regulation, poor physical infrastructure and limited access to institutionalized business support services, limit the viability of the informal sector. The survey also shows that those without specialized skills or capital to start a business earn daily wages as casual labourers or as low-level employees. For asylum seekers and refugees the odds are worse, encumbered by a lengthy asylum seeking process, limited engagement with local administrative authorities which deprives them of critical protection and support, and a business community hesitant to engage them as a potential market. Without ownership of fixed assets those seeking to start or grow a business fail to meet the collateral requirements to access business loans.

According to the UNHCR 2009 refugee statistics report, more than 50 percent of refugees live in urban areas. Eighty percent are hosted by developing nations, in cities ill-equipped to guarantee their protection. Women and girls represent on average 47 percent of refugees in urban areas. The majority are marginalized due to their legal, economic and social status. They frequently lack sufficient legal and social support: education, health care, market access and community network to obtain gainful employment or run businesses.

A study by Refuge Women Commission, Dawn in the City 2012 shows that refugees' vulnerability to poverty is influenced by the policy environment, access to services, control of assets, choices of economic strategies and the capacity to cope with risks. They are not a homogenous group; their vulnerability and resilience varies. Refugees living in marginal areas, with few social networks and reliant on one source of income, have difficulty accessing food, jobs and physical security.

The study also shows that women and girls are particularly disadvantaged because of unequal access to resources, decision-making and negotiating power. Host governments' policy and practice seldom view refugees as potential assets who can contribute to economic stimulation and growth filling both skilled and unskilled labor shortages. Where policies do recognize refugees' legal right to work, practice often results in exclusion and harassment.

Wagacha and Guiney, 2008 asserts that urban refugees are economically active, predominately in the informal sector, remaining on the fringes of the economies in which they live. Many arrive with high levels of education, but barriers to market access means they often engage in unskilled or low skilled refugees' opportunities so that they can make choices about their well-being and resilience, regardless of work.

According to a report by Women Refugee Commission on Economic Empowerment of Urban Refugee Youth, 2013 indicates that, refugees arrive in cities but are unable to keep pace with the needs of their growing population, which result from inadequate infrastructure and stretched public services. Most refugees live in poverty, sharing densely populated and poorly serviced slums with the urban poor. They face all the same challenges as the urban poor: few economic opportunities, inadequate and insecure housing, violent and unhealthy neighborhoods, and limited access to health and education opportunities. They face additional challenges, such as restrictions on their legal right to work, discrimination, xenophobia, lack of local language skills, exclusion and fragmented social and community networks. Consequently, refugees may resort to risky coping strategies, such as commercial sex work, illegally hawking goods on unsafe streets or trading sex for food or shelter. They predominantly work in the informal sector, where there are few regulations and where the risk of exploitation and abuse, particularly for women and girls, is high. Women, because of gender inequalities and discrimination, may face greater difficulties than men in gaining access to markets, credit, housing and basic services.

In 2009, the United Nations High Commissioner for Refugees (UNHCR) revised its policy on urban refugees. The revised policy promotes access to livelihoods as fundamental to enhancing the urban protection environment, which includes freedom of movement and the right to work.

With the average length of displacement now at least 17 years, humanitarian solutions must enable refugees to provide for themselves, decrease their reliance on risky livelihood strategies and help restore their dignity. The humanitarian community should support refugee inclusion

into local economic development programs and help provide access to existing basic services, such as health care and education (Women Refugee Commission, 2011).

#### **2.4.1 Policy Environment Affecting Economic Survival for Urban Refugees**

The context in which urban refugees are exposed to vulnerabilities is predominantly “determined by the laws and policies of host governments and by the way these policies are implemented; the public and private institutions devoted to supporting and managing refugees; and the dominant public ethos towards refugees. Host government policies and practices, as well as xenophobia and discrimination by host country nationals, have a significant impact on both vulnerability to poverty and access to economic opportunity. Gender inequalities in negotiating power, and the exclusion of women’s concerns in policies, further marginalize female refugees (Jacobsen, 2006).

One hundred forty-two governments are state parties to the 1951 Convention Relating to the Status of Refugees (Refugee Convention) and the 1967 Protocol Relating to the Status of Refugees, which detail, among other human rights, a refugee’s right to work, freedom of movement, education, fair wages and proper working conditions. In practice, however, these rights are seldom upheld and a number of governments have made “reservations” to articles providing economic rights (Geneva, 2003).

For example, in Uganda the Refugee Act of 2006 states that refugees have the right to work.<sup>14</sup> However, the varied enforcement of regulations on work permit requirements by the Department of Immigration and the Office of the Prime Minister results either in employers refusing to hire refugees, or working refugees being harassed by immigration officials.

The Kenya Refugee Act 2006 (section 16) subjects refugees to the same wage-earning employment restrictions as other foreigners and in order to work legally, refugees must apply for a work permit (valid for two years) costing 50,000 Kenyan shillings. Anna Strandberg in her paper, ‘Human Rights and Sustainable Livelihoods: A Study Among Young Urban Refugees in Kenya’ (2010), determined that refugees have no chance of paying the required amount of Kshs. 50,000 to obtain work permit and thus are obliged to engage in informal employment such as

hawking, shoe shining and domestic work at the whims of their employers who in most cases renege on the agreed financial engagement.

Host populations and governments often view refugees as contributing to rising crime rates, overburdening public services and competing for scarce jobs, housing and resources. Refugees in urban areas are seldom seen as potential assets who can contribute to economic stimulation and growth filling both skilled and unskilled labor shortages and bringing in new skills. The lack of a clearly defined policy environment increases refugees' vulnerability to violence and exploitation. Fear of violence limits refugees from seeking available services including education, health care and food aid. Because of discrimination and perceived competition, refugees are often targets of crime. They often minimize the amount of time they spend in public spaces, leave work early to arrive home before dark, stay within walking distance from their homes or take circuitous routes to avoid certain neighborhoods, all limiting economic activity (Women Refugee Commission, 2011).

#### **2.4.2 Economic Coping Strategies**

Urban refugees are economically active. The very poor and poor are heavily reliant on one or more irregular sources of income. These include assistance from religious institutions and NGOs, begging, informal day labor in construction, domestic work, selling tea, cooking, washing clothes for others, or petty trade. Those who are struggling are engaged in multiple simultaneous livelihood strategies, which include a combination of self-employment, such as informal street trading; employment in factories, restaurants/ hotels or gas stations; or receiving remittances. They are better able than the poor or very poor to manage their scarce resources and make informed decisions (Women Refugee Commission 2010, Women Refugee Commission 2011).

To cover expenses, many households engage in negative economic strategies. Negative strategies include eating fewer meals, selling household assets, living in exploitative relationships, transactional sex or pulling children out of school. In addition, many children and youth (ages 15 to 24) are out of school and engage in economic activity to support household incomes. This means a generation of children less educated than their parents. Economic strategies can increase the risk of GBV. Women usually have fewer options than men and are susceptible to more risks. They are more vulnerable to abuse in the home, in transit to work and while working. Sexual harassment and abuse of women working informally is commonly reported when they go from

business to business selling merchandise, hawk goods in the street or work in domestic service. Regardless of the economic coping strategies employed, the majority of urban refugees, while demonstrating a level of resilience, remain on the fringes of the economies in which they live (Women Refugee Commission, 2013).

Regardless of wealth group, refugees live precariously due to the uncertainty of their legal and social status. Struggling and better-off households may arrive with more assets, but these may be depleted over time if refugees are unable to safely earn an income. All refugees are vulnerable to trends and shocks in the external environment; there is no safety net to protect them. Refugees' ability to safely earn an income is largely determined by the assets they have. Displacement often results in the loss of assets, particularly financial, natural and social assets. They flee with few resources and little preparation, and their family and community networks become stressed and reconfigured. In host countries where policies are restrictive and services are inaccessible or overstretched, refugees find it difficult to accumulate assets. Building and rebuilding refugees' assets is important, as assets can significantly impact their ability to manage risk and enhance resilience. Women and girls, for example, must have equal access to and control over assets so that they can manage their risks and economic choices (Human Rights Watch, 2002).

## **2.5 Access to Reproductive Health**

During emergency situations and periods of displacement, reproductive health is sometimes lost in the mix of the problems that arise. However, just because other problems arise does not mean that women do not need access to reproductive health services. A woman does not stop being pregnant if she becomes a refugee. Additionally, the search for durable solutions to displacement often takes years and people should not be expected to entirely put their lives on hold during a time of displacement (Forced Migration Review, 2004).

Reproductive health is a state of complete physical, mental and social well being and not merely the absence of disease and infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the rights of men and women to be informed and to have access to safe, effective, affordable and acceptable methods

of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant (International Conference on Population and Development – Cairo, 1994).

Reproductive health (RH) remains a relatively new area of attention within the humanitarian sector. Just ten years ago, there seemed to be little or no recognition of the fact that, during war and in refugee settings, women continue to have babies, sexual and gender-based violence escalates, and HIV thrives. This began to change with the International Conference on Population and Development, held in Cairo in September 1994, when for the first time refugee women were invited to speak about their RH needs on an international stage. The following year, at the Inter-agency Symposium on Reproductive Health in Refugee Settings in Geneva, more than 50 governments, NGOs and UN agencies committed themselves to strengthening RH services for refugees. The Inter-agency Working Group was formed, a joint memorandum of understanding was signed between UNFPA and UNHCR, and consensus was achieved on a Minimum Initial Services Package for RH in emergency situations (Forced Migration Review 2004).

Conflict and displacement are associated with poverty, loss of livelihood, disruption of services, breakdown of social support systems, and increased sexual violence, and are generally accompanied by reduced capacity to respond to reproductive health needs, further complicating provision of maternal care. Maternal and neonatal mortality among refugees can be high. A study of Afghan refugees in Pakistan showed 41% of deaths among reproductive-age women were pregnancy-related, due to inaccessibility of emergency obstetric care (Sultana, 2011)

According to the United Nations High Commissioner for Refugees (UNHCR), reproductive health care is among the crucial elements that give refugees the basic human welfare and dignity that is their right. Reproductive health care is among the crucial elements that can save lives, improve health, and give displaced people basic human welfare and dignity.

Many refugees have significant health problems even before being uprooted. Refugees face even greater difficulties in obtaining RH services. Among them: The breakdown of pre-existing

family support networks, loss of income reduces the refugees' ability to make free choices. Women may become solely responsible for the welfare of their families. Fulfilling the role of breadwinner often represents a great emotional and physical burden that is not adequately compensated by appropriate services. Attention is often focused exclusively on immediate life-saving measures; RH care is not considered a priority (Sultana, 2011).

Lack of quality reproductive health services can lead to high mortality rates among women and their babies, and an increase in the spread of sexually transmitted infections, including HIV/AIDS. Countries affected by conflict rank among the lowest in mothers' and children's indicators of well-being, including health, contraceptive use and infant mortality. Further, countries affected by conflict receive far less funding for reproductive health services than developing countries that are not experiencing conflict. This is true particularly for non-HIV/AIDS services, such as family planning and emergency obstetric care (Women Refugee Commission, 2009).

Many women who are refugees face unwanted, unplanned, and poorly spaced pregnancies, due to a lack of access to contraceptive services and supplies, overburdened providers with little time to educate or counsel clients, pressure from husbands or other family members to "rebuild" the population, and increases in rape and prostitution. Refugees are at higher risk than stable populations for sexually transmitted infections (STIs) and gender-based violence (WRC 2009)

Reproductive health is a right and like all other human rights it applies to refugees and persons living in refugee-like conditions. To exercise this right, populations caught up in conflict and living in emergency situations must have an enabling environment and access to complete reproductive health information and services so they can make free and informed choices. They also must feel comfortable and secure in discussing their most private concerns with those who seek to help them. Quality reproductive health services must be based on refugees', particularly women refugees', needs. They must also respect refugees' various religious and ethical values and cultural backgrounds while conforming to universally recognised international human rights standards. Therefore, full information on options, and access to reproductive health services should be provided, leaving the decision to the individual (Sultana, 2011).

## **2.6: Summary**

In summary, urban refugees have been described as those who have self-settled in urban areas. Urban refugee women suffer from a wide range of problems including expulsion, refoulement and other security threats, sexual harassment, violence, abuse, torture and different forms of exploitation.

In urban areas, education plays a particularly critical role for refugees and to enable those coming from rural areas to garner the necessary skills to become self-reliant and increase their chances of employment. Most asylum seekers reach the cities without means of survival, social networks or language skills; often they live in miserable conditions, sleeping on the floor or sharing small bare rooms in crowded, poor neighborhoods hence the need of economical survival.

## **2.7: Theoretical Framework**

### **2.7.1: Introduction**

The study will be based on coping theory which can be classified as functionalist theory and feminist theory (feminism) which is one of the major contemporary sociological theories, which analyzes the status of women and men in society with the purpose of using that knowledge to better women's lives

### **2.7.2: Coping Theory**

Coping theory may be classified according to two independent parameters: trait- oriented versus state-oriented and micro analytic versus macro analytic approaches. Most approaches in coping research follow Folkman and Lazarus (1984), who define coping as the cognitive and behavioral efforts made to master, tolerate, or reduce external and internal demands and conflicts among them.

Coping has to do with approaches, skills and abilities that allow people to face and manage life's difficulties. It is a process and not an outcome which helps to master a problem but does not necessarily mean the problem is mastered. Sociologically therefore, coping theory can be conceptualized in relation to the systems theory as advanced by Talcott Parsons whereby every social system is confronted with four functional problems of pattern maintenance, integration, goal attainment and adaptation. Coping has to do with the pattern maintenance and goal attainment. Pattern maintenance refers to the need to maintain and reinforce the basic values of



the social systems and to resolve tension that emerges from continuing commitment to these values while goal attainment involves the necessity of mobilizing actors and resources in organized ways for attainment of specific goals (Abraham, 1982).

Lazarus and Folkman (1984, as cited in UNHCR 2009) who identify coping as constantly changing cognitive and behavioural efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person.” coping is a dynamic process involving continuous interaction and adjustments between the environment and the person's attempts to cope. It fluctuates over time and life experiences (it is not a stable trait), thus obliging a person to appraise regularly both the demanding situation and available resources to deal with it effectively (UNHCR, 2009)

Faced with a challenge, individuals use their coping resources (internal and external) which refer to the personal and environmental factors that help lessen the negative points of stress in overcoming difficulties. Internal resources refer to personality characteristics such as optimism, self-esteem, locus of control, confidence, self-efficacy, knowledge and intelligence.

A study by Dorais (2007, as cited in UNHCR 2009) when studying Vietnamese boat people resettled in Canada, underlined that religion was an important source of hope and meaning throughout their flight following their resettlement because it reinforced their identity and helped them to adjust to an unfamiliar environment. Religion, spiritual beliefs and values also help people to find meaning in the face of adversity.

By contrast, negative traits such as pessimism, low self esteem, poor confidence and emotional distress will have the opposite effect. External resources include environmental support emanating from family, social networks (friends, work colleagues), social and financial support. A situation, which might have appeared uncontrollable initially, might become easier if the mobilisation of some of these resources results in positive outcomes. Mobilization of internal and/or external resources leads to coping strategies which refer to specific efforts and behaviour which people develop to master, tolerate, reduce, or minimize stressful events ( Folkman and Lazarus1984 ).

Social support has the potential to encourage adaptive coping responses by promoting self-esteem, confidence and a sense of control and also by providing information and guidance. Whereas the acknowledged role of resettlement and social services, when driven by good policy, is to increase refugees' capacities to adapt to their host country, the role of social support in terms of buffering the impact of stress on refugees remains poorly explained (UNHCR, 2009).

### **2.7.3 Feminist Theory (Feminism)**

Feminist Theory is an outgrowth of the general movement to empower women worldwide. The goals of feminism are: to demonstrate the importance of women, to reveal that historically women have been subordinate to men and thirdly to bring about gender equity.

Feminist theory is a generalized, wide ranging system of ideas about social life and human experience developed from a woman centered perspective. Feminist theory is woman centered – or woman centered in three ways. First its major “object” of investigation is the situation and experiences of women in society. Second, it treats women as the central “subjects” in investigative process. Third the feminist theory is critical and activist on behalf of women,

Feminist research has shown that women ‘s lives have a quality of incidentalism , as women find themselves caught up in agendas that shift and change the vagaries of marriage, divorce , widowhood and precariousness of most women’s wage – sector occupations. In their daily activities women find themselves not so much pursuing goals in linear sequences but responding continuously to the needs and demand of others (Allan, 2007). This is very true for the refugee women who have been uprooted from their countries, left their linear sequence of life and starts responding to the immediate needs of their families in the country of asylum.

There are varieties of feminist theories such as gender difference,, gender inequality, gender oppression and third – wave feminism theory. However, this study will focus on gender inequality

#### **2.7.3.1: Gender Inequality**

Gender-inequality theories recognize that women's location in, and experience of, social situations are not only different but also unequal to men's. Specifically women get less of material resources, social status, power, and opportunities for self actualization than do men who share their social location be it a location based on class, occupation, nationality or any other socially significant factor ( Ritzer 1997). This is not different for a refugee woman who is faced by the gender inequality which is as a result of organization of the society which is in conflict and as a result women are situationally less empowered than men hence the need of resulting to coping mechanisms.

Liberal feminists argue that women have the same capacity as men for moral reasoning and agency, but that patriarchy, particularly the sexist patterning of the division of labor, has historically denied women the opportunity to express and practice this reasoning. Women have been isolated to the private sphere of the household and, thus, left without a voice in the public sphere. Even after women enter the public sphere, they are still expected to manage the private sphere and take care of household duties and child rearing (Ritzer 1997). This still continues in conflict situations whereby in the country of asylum, women are expected to continue with households and child rearing duties and in some cases with little support from men. According to liberal feminists, the sexual division of labor in both the public and private spheres needs to be altered in order for women to achieve equality (Allan, 2007)

#### **2.7.4 Summary of theoretical framework.**

In summary, the study was based on two theories: coping theory which is classified as a functionalist theory and feminist theory which is a contemporary sociological theory. Urban refugee women get less material resources, power, and opportunities for self actualization than do refugee men leading gender inequality. In order to cope with these challenges they need to have various approaches, skills and abilities to allow them face and manage these life difficulties hence the applicability of coping theory.

#### **2.8 Conceptual Framework**

The conceptual framework presented in figure 3.1 illustrates the relationship between the independent variables (security risks, education, reproductive health and economic survival) and the dependent variable (coping strategies among urban refugee women). The independent variables cause the dependent variable. It is in the process of addressing the security risks, access to education, access to reproductive health and economic survival that urban refugee women adapt to coping strategies. However, there is the intervening variable (lack of adequate support from the government, UNCHR and the agencies) which affects all the independent variables.

In situations of displacement, these risks – particularly discrimination and sexual and gender-based violence – can be exacerbated. With the breakdown of community support structures urban

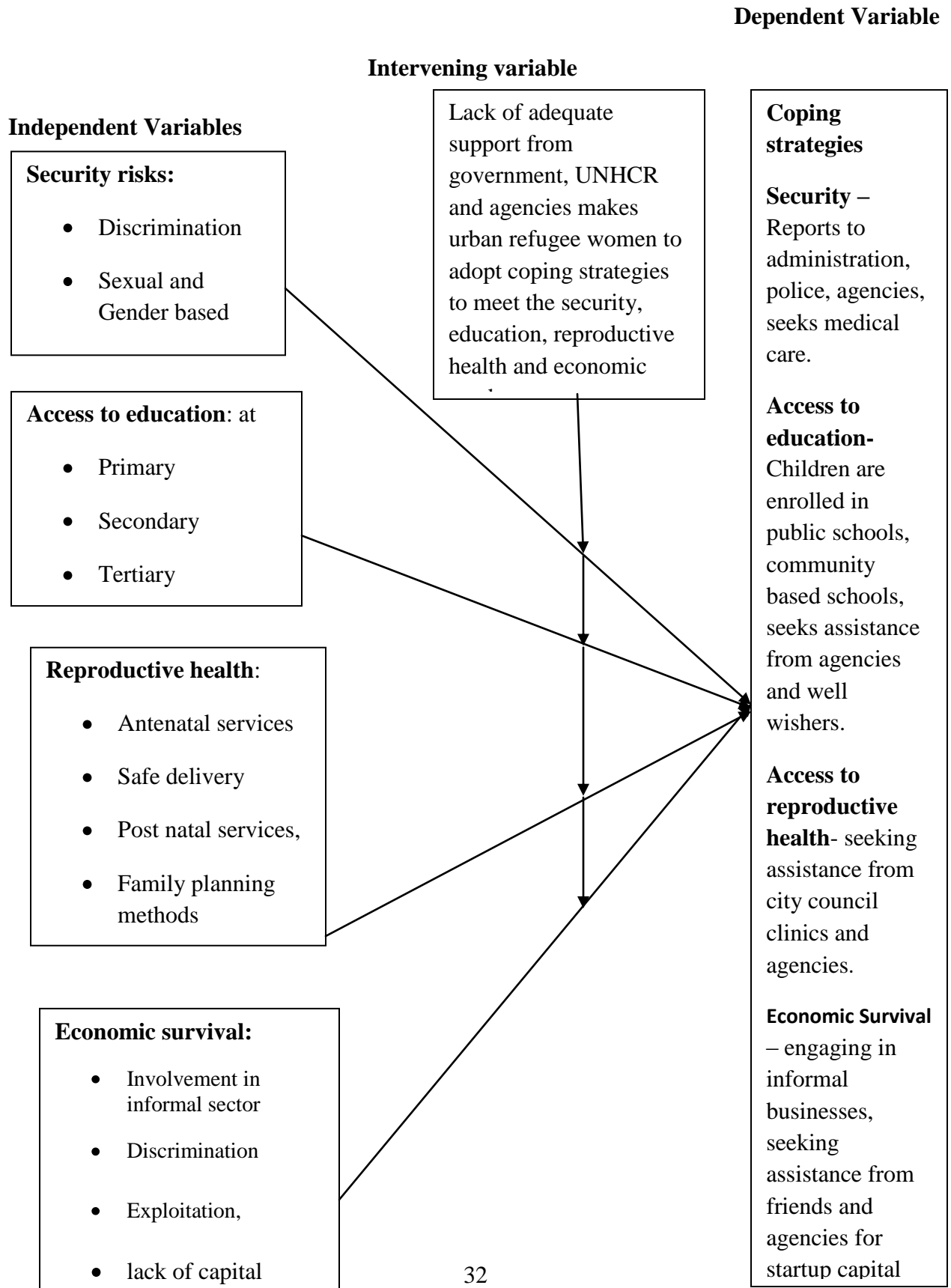
refugee women are left to seek for ways of coping with the various security risks they encounter on day to day living.

Refugees face many barriers to accessing education services, stemming from economic, geographic, cultural, linguistic and administrative origins. Financial constraints on refugee families due to legal and policy restrictions combined with high costs of living in cities mean that the direct and indirect costs of schools are even more prohibitive.

Reproductive Health care is among the crucial elements that can save lives, improve health, and give displaced people basic human welfare and dignity. A woman does not stop being pregnant if she becomes a refugee. Attention is often focused exclusively on immediate life-saving measures reproductive health care is not considered a priority.

The great majority of refugees who have access to work are engaged in the informal economy. Urban refugees are economically active, predominately in the informal sector, remaining on the fringes of the economies in which they live. Protection risks related to informal sector work are high and usually associated with exploitation, low pay and abuse by employers.

**Figure 3.1 Conceptual Framework**



## **CHAPTER THREE: RESEARCH METHODOLOGY**

### **3.1 Introduction**

This chapter points out the steps that will be followed during the research process. This consists of the following; site selection and description, research design, target population, sampling procedure, the sample, research instruments, data collection procedure and data analysis.

#### **3.1.1 Site selection and description**

The study was carried out in two locations in Nairobi; Kayole and Eastleigh. The two areas continue to receive influx of refugees from Congolese and Somali nationalities.

In Nairobi refugees settle according to their nationalities. For Congolese and Rwandese, they settle according to their tribe. For many years Congolese refugees have been settling down in Dagoretti, Riruta and Kangemi. However, with the arrival of Congolese refugees (Banyamulenge tribe) in 2007, Kayole started experiencing an influx of refugees since this group partially targeted Kayole and Kasarani. The study therefore focused in Kayole so as to have a better understanding of urban refugees who have settled in this area.

Since early 1990, Eastleigh has been known as a home for Somali Refugees. With the collapse of Somali government, many Somali refugees arrived in Kenya and settled in Eastleigh and have been involved in various types of business such as selling shoes, clothes and even hawking tea and snacks for the Somali refugee women. Eastleigh is also a home for refugees from Ethiopia, Eritrea, few Congolese and Rwandese.

### **3.2 Research Design**

Research design provides the framework for the collection collecting and analysis of data. A choice of research design reflects decisions about the priority being given to a range of dimensions of the research process (Bryman 2012).

The study adopted a descriptive research design since the study intended to gather quantitative and qualitative data to describe coping strategies among urban refugee women in Eastleigh and Kayole areas of Nairobi. Descriptive research portrays an accurate profile of persons, events, or situations (Robson, 2002).

According to Mugenda and Mugenda (2003) descriptive research is used to obtain information concerning the current status of the phenomena to describe what exists with respect to variables or conditions in a situation. The researcher considered this design as appropriate since it facilitated gathering of reliable and accurate data that clearly described the coping strategies among urban refugee women in Kayole and Eastleigh areas of Nairobi

### **3.3 Unit of analysis and observation**

The unit of analysis refers to that unit that we initially describe for the purpose of aggregating their characteristics in order to describe some larger group. Unit of analysis are the individual units about which or whom descriptive or explanatory statements are made. On the other hand unit of observation is the subject, object, item or entity from which we obtain the data required for the study. In majority of studies, the unit of observation is also the unit of analysis (Mugenda and Mugenda 2003).

Therefore the unit of observation was the urban refugee women living in Eastleigh and Kayole areas in Nairobi while the unit of analysis was the coping strategies among urban refugee women in Nairobi. .

### **3.4 Study Population**

According to Bryman (2012), a population is the universe of units from which a sample is to be selected. According to Mugenda and Mugenda (2003), target population is that population which a researcher wants to generalize the results of the study.

The study population was the refugee women residing in Kayole and Eastleigh location. This was because the two locations have been experiencing an influx of refugees from Great lakes and Somali respectively.

The study also targeted key informants who will be from refugee community leaders and staff from partner agencies implementing refugee programmes in Nairobi

#### **3.4.1 Sample size and sampling procedure**

Sampling is a procedure used to select a representative part from a population of study. (Mugenda and Mugenda, 2003)

The researcher used simple random sampling in selecting the respondents so as to ensure that the every entire refugee woman in the sampling frame had a chance of being selected. The target sample of 120 respondents was randomly selected from 400 urban refugee women who had been beneficiaries of Jesuit Refugee Service Urban Emergency Programme at St. Theresa’s Catholic Church in Eastleigh and Divine Word Catholic in Kayole. Since the study was dealing with a hard to reach population due to the government directive in December 2012 for all urban refugees to relocate to Kakuma and Dadaab camps, the researcher settled on the two churches who draw their beneficiaries from Eastleigh and Kayole and the list of beneficiaries provided was the sampling frame.

To select the 120 respondents, every refugee in the list of beneficiary was enumerated by giving a number ranging from 1 to 400. These numbers were put in a small container and the 120 respondents were picked randomly. The numbers picked were corresponded with the refugees in the sampling frame to make the target sample of 120 respondents as shown in table 3.1. By use of simple random sampling, all refugees in the list of beneficiary had a chance of being selected. The two focus group discussions were selected by the use of purposive sampling. The researcher requested the social workers from St. Theresa’s Eastleigh and Divine word Kayole to purposively identify a women support group from each parish comprising of 10 members. The groups identified were to have existed for more than three months and be open enough to voluntarily provide the needed information.

The seven key informants were also purposively identified from agencies working with refugee and the refugee community leaders as the persons who are knowledgeable in refugee issues.

The table below shows the target population in each area of study and the sample size that was selected through simple random sampling.

**Table 3.1 Sample size distribution**

<b>Area</b>	<b>Population</b>	<b>Sample size</b>
<b>Eastleigh</b>	<b>240</b>	<b>72</b>
<b>Kayole</b>	<b>160</b>	<b>48</b>
<b>Total</b>	<b>400</b>	<b>120</b>



### **3.5 Methods and tools for data collection**

This section elaborates the various methods and tools which were used in data collection. This included: household interview, key informant interview, focus group discussion and secondary sources of data.

According to Bryman (2012), data collection represents the key point of any research project. It involves gathering data from the sample so that the research questions can be answered.

The researcher made use of interview schedule as an instrument of collecting primary data. An interview schedule was prepared with questions focusing on the dependent and independent variables.

Primary data was collected through administering interview schedule with mixed questions to the target population. Personal interviews were conducted so as to ensure that questions were asked in the same way across the sample population. This method ensured that language was adjusted to suite the respondent. This is because the literacy among the respondents may vary widely, therefore those who are illiterate and semi illiterate were accommodated easily. The key informant interviews were conducted with UNHCR staff, NGOs officials and refugees' community leaders. The key informants are directly involved with the urban refugee women in Nairobi as they provide various types of assistance to the urban refugees

#### **3.5.2 Face to face interviews at household level**

This requires a person known as the interviewer asking questions generally in a face-to-face contact to the other person or persons. This may be in the form of direct personal investigation. The interviewer has to collect the information personally from the sources concerned. This method of collecting information through personal interviews is usually carried out in a structured way. Hence are structured interviews. Such interviews involve the use of a set of predetermined questions and of highly standardized techniques of recording. Thus, the interviewer in a structured interview follows a rigid procedure laid down, asking questions in a form and order prescribed.

For the purposes of this study, the researcher was on the spot and met the people from whom data was collected. She was also assisted by research assistant to administer the interview schedule so as to reach to the targeted sample size of 120 respondents.

The interviews were conducted at the St. Theresa's Church and Divine word Kayole church since these are central places for respondents and to minimize the time spent in moving from one house to the next.

In order to ensure that respondents do participate without feeling loss of their time, the interview schedule was kept short and simple with multiple choice questions.

In conducting the personal interview, the researcher made use of interview schedule. Interview schedule is a collection of questions designed to be asked by an interview (Bryman, 2012). An interview schedule makes it possible to obtain data required to meet specific objectives of the study. Interview schedule are also used to standardize the interview situation so that interviewers can ask the same questions in the same manner (Mugenda and Mugenda 2003).

The study made use of semi – structured interview schedule whereby structured questions were asked together with some open ended ones.

### **3.5.3 Key Informant Interview**

Key informant interviews are qualitative in-depth interviews with people who know what is going on in the community (Ngechu, 2004). Key persons who work in programmes, targeting urban refugees will be interviewed. Purposive sampling was used to identify the key – informants. These included; 1 Community Service Coordinator from UNHCR, 2 social workers from Jesuit Refugee service, 1 Programme coordinator from JRS and one medical coordinator from Refuge point. Two community leaders from Eastleigh (Somali) and Kayole (Congolese) given that these are the predominant groups in these areas. In total 7 key – informant interviews were sampled.

The method allowed for cross checking important information or issues which may emerge and are not within the questionnaire when interviewing the urban refuge women. The key informants are knowledgeable on the issues of urban refuges hence able to offer important ideas.

### **3.5. 4 Focus Group Discussion**

Focus group discussion is a form of group interview involving people (typically made up of 6 to 10 people) with knowledge and interest in a particular topic and facilitator (Schindler and

Donald, 2005). The facilitator uses group dynamics principles to focus the group in exchange of ideas, feelings and experiences on a specific topic.

The study conducted two focus group discussions comprising of urban refugee women. The targeted areas of Kayole and Eastleigh each had a group. A focus discussion guide was used as the tool to guide the process.

### **3.4.5 Secondary sources**

Secondary data means data that is already available. This refers to the data which have already been collected and analyzed by someone else. Secondary data may either be published data or unpublished data (Kothari, 2004). The study reviewed secondary data from various studies and reports by humanitarian agencies, UNHCR publications, internet and published and unpublished materials by various scholars focusing on issues of conflict, displacement or refugees.

### **3.5 Data Processing and Analysis**

Data analysis is a process of bringing order, structure and meaning to the mass of information collected (Mugenda and Mugenda, 2003). Data presentation and analysis will be collected and presented using tables and descriptive analysis

The qualitative data collected was analyzed through conducting data organization whereby the information collected during the interviews was edited for the purposes of detecting errors and omissions and cleaned up. Creating categories, themes and steps was the next step and this was made possible through coding. Coding refers to the process of assigning numerical or other symbols to answers so that responses can be put into a limited categories or classes. A code is a word, abbreviation or phrase, which represents a link between raw data and researcher's theoretical concept (Mugenda and Mugenda, 2003). This was followed by analyzing and interpreting information to evaluate the usefulness of information in answering the research questions.

The quantitative data collected was analyzed using descriptive statistics with the aid of Statistical Package for Social Sciences (SPSS).

### **3.6 Ethical issues**

Refugees are a vulnerable group that can be easily exploited and abused. In conducting the study the researcher asked for permission from the relevant authorities before commencing the study.

The respondents were also assured that the information gathered is meant for academic purpose only and confidentiality was upheld in dealing with their responses.

### **3.7 Challenges Encountered**

The study was faced with the challenge of mobilizing the participants due to the new government directive issued in December 2012 to have all the refugees move to the camps. Refugees are sensitive in divulging information and this affected smooth flow in data collection especially in reproductive health. Language barrier was another challenge especially for the refugees who are not fluent in speaking English or Kiswahili.

## **CHAPTER FOUR:**

### **DATA ANALYSIS, INTERPRETATION AND PRESENTATION**

#### **4.1 Introduction**

This chapter presents analysis and finding of the study as set out in the research methodology. The research sought to answer these questions: what are the risks faced by the refugee women and how do they cope with the risks? How do the urban refugee women's children access education in Nairobi? How do the urban refugee women access reproductive health care in Nairobi? What are the economic survival mechanisms for the urban refugee women in Nairobi? The data was analyzed and findings converted into mostly percentages and frequencies and then presented using tables and figures. The findings were discussed and interpreted in relation to the objectives of the study as in the following sections

#### **4.2 Actual Sample Size**

The interview schedules were administered by the researcher, assisted by a researcher assistant directly to the respondents through conducting interview. The study targeted 120 refugee women, 7 key informants and 2 focus group discussions out of which 2 focus group discussions were conducted , 92 refugee women and 7 key informants responded to the study contributing to 100% response rate for group discussions, 75% for refugee women and 100% for key informants respectively.

This response rates were sufficient and representative and conforms to Mugenda and Mugenda( 2003) stipulation that a response rate of 50% is adequate for analysis and reporting ;a 60% is good and 70% and over is excellent. Rapport building, guaranteeing confidentiality, explaining the significance of the study to the respondents was done to maximize the response rate. The questionnaires were administered, filled anonymously, and collected immediately to ensure maximum return rate.

#### **4.3 Demographic Characteristics**

The study inquired on various personal characteristics of the respondents and the findings are as presented below.

### 4.3.1 Residence of respondents

The study focused on Eastleigh and Kayole residential areas. As indicated in the table 4.1 below, out of the 92 respondents, 51.1% resided at Eastleigh while 48.9% resided at Kayole.

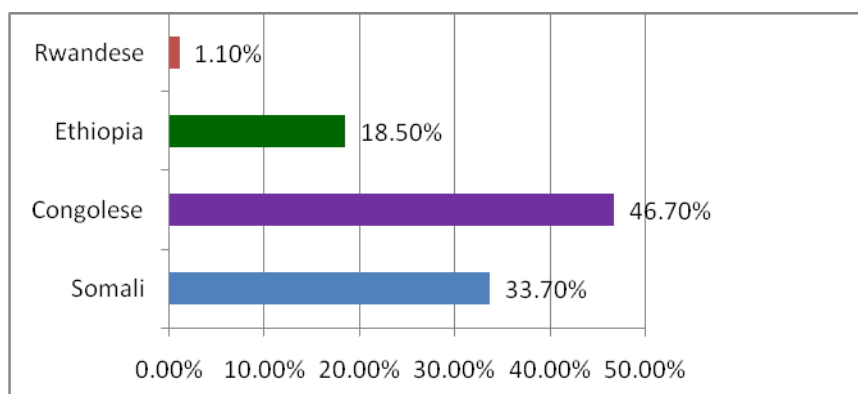
**Table 4.1: Residence of the respondents**

Residence	Frequency	Percentage (%)
Eastleigh	47	51.1
Kayole	45	48.9
<b>Total</b>	<b>92</b>	<b>100</b>

This implies that most of the respondents were residing in Eastleigh which also reflected the big number of refugees from various nationalities such as Somali, Ethiopia, Congolese and Rwandese residing in Eastleigh in relation to Kayole which mostly hosts Congolese refugees. For the details see the table below:

### 4.3.2 Nationality of respondents

Respondents were asked about their nationality and their responses were as indicated in figure 4.1 below. The understanding of the respondent's nationality was key in this study. The findings indicated that the majority (46.7%) originated from Democratic republic of Congo, 33.7 % were from Somalia, 18.5% were from Ethiopia while, 1.1% were from Rwanda. This depicts that majority of the respondents to the study were from Democratic Republic of Congo.

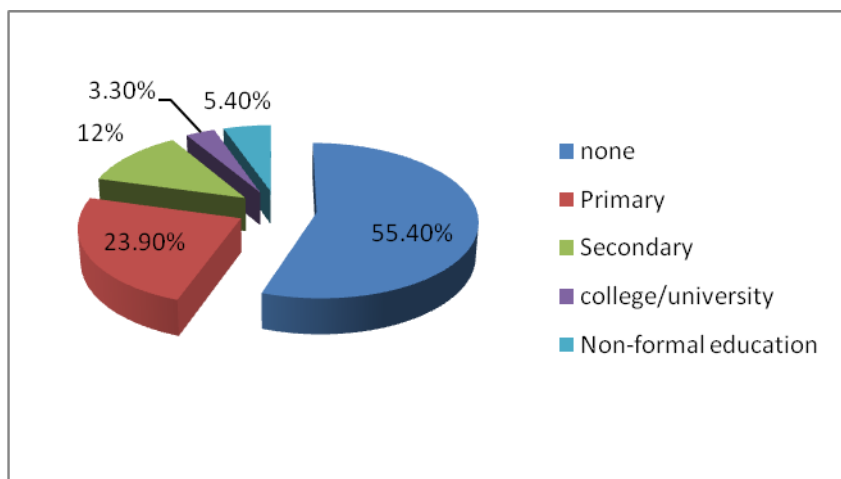


**Figure 4.1 Nationalities of Respondents**

However, from UNHCR 2013, Somali refugees make the largest population (63%) of the refugees hosted in Kenya. This was not reflected in the response rate since majority are hosted in Dadaab and Kakuma camp and at the same time Somali refugees have been seen as a source of insecurity in Nairobi hence it was not easy to mobilize them.

### 4.3.3 Educational Background

The study sought to establish the educational background of the urban refugee women in Nairobi. The findings as in figure 4.2 established that most of the refugee women respondents had not attained any level of education (55.4%), those who had primary level of education were 23.9%, 12% had secondary school level of education, 3.3% were college /university graduates while 5.4% had non- formal education.



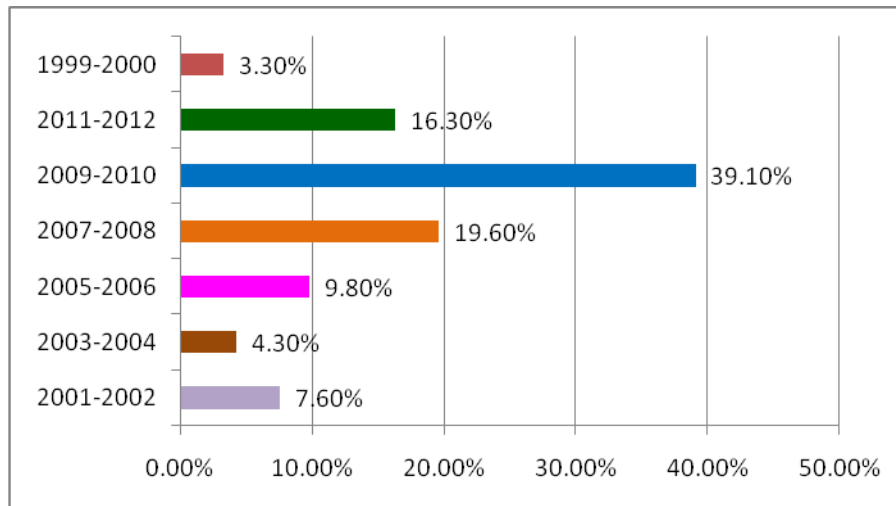
**Figure 4.2 Educational Background**

This shows that majority of the urban refugee women had not attained any level of education which is largely contributed by many years of conflicts in the countries of origin leading to the collapse of education systems. For instance since 1992, Somali has been in conflict and therefore very limited opportunities for education. The finding was also confirmed observation key informants who indicated that majority of the refugee women from Somali origin seeking assistance in the agencies do not know how to read and write.

This finding also confirms that displacement can lead to interrupted schooling and result in large numbers of overage children who struggle to access and persist in school. Further, areas in which refugees and IDPs live are often the most neglected regions with infertile land and lack of access to services and infrastructure, including schools (Dryden-Peterson, 2011)

#### 4.3.4 Year of arrival in Kenya

The study sought to establish the year of arrival for the refugee women in Kenya. Figure 4.3 shows that majority (39.1%) of refugee women arrived in Kenya in 2009 – 2010, 16% arrived in 2011- 2012, 9.8% in 2005-2006, 7.6% in 2001- 2002, 4.3% in 2003- 2004 while 3.3% arrived in 1999 – 2000. This shows that majority of the urban refugee women had lived in Kenya for five or more years and therefore had a better understanding of the various coping mechanisms.



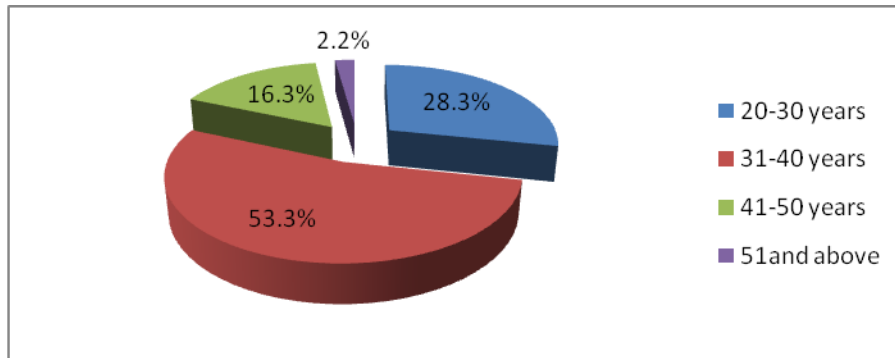
**Figure 4.3 Year of arrival in Kenya**

This finding also confirms to (UNESCO, 2011), that Sixty-eight percent of refugees worldwide lived in a “protracted” situation at the end of 2009 defined as being displaced for five or more years without the prospect of one of three durable solutions of repatriation to the home country, local integration to the country of asylum, or resettlement to a third country.

#### 4.3.5 Age of respondents

The study also sought to establish the age distribution of the urban refugee women and the results were as shown in Figure 4.4 below. According to the findings, most of the respondents (53.3%) were 31-40 years old , 28.3% were 20-30 years old, 16.3% were 41- 50 years old while 2.2% were 51 years and above.





**Figure 4.4 Age of respondents**

This depicts that majority of the urban refugee women were 31 – 40 years old who are able to make decisions on the coping mechanism in urban areas especially after leaving the camps. From UNHCR (2013), most of the refugee women (32.5%) in Kenya are aged 19 – 59 years old and therefore most of the respondents are within this age category.

#### **4.3.6 Marital Status**

The study also sought to know the marital status of urban refugee women. Majority of the respondents (44.6%) were married, 41.3% were single, 2.2% divorced while 12% were widowed. This depicts that majority of the respondents were married and this had an implication on various coping mechanisms adopted by the refugee women since some of their coping mechanisms were quite different from those not married. For instance those married but with no source of income depended on their husbands while some single women opted for commercial sex work for economic survival.

#### **4.3.7 Number of children in urban refugee women families**

The respondents were further requested to indicate the number of children they had. From the study findings majority of the respondents (41.3%) indicated 4-6 children, 32.6% indicated 1-3 children, 14.1% had no children, 9.8% had 7-9 children while 2.2% indicated 10 children and above.

This depicts that majority of the urban refugee women were with large families of four children and above. The same results were echoed by the key informants and the FGDs findings which established that the urban refugee families had an average of 5-8 members.

#### 4.4. Security risks encountered by urban refugee women

The first objective sought to establish the security risks faced by the urban refugee women and how they cope with these risks. To attain the objective the study explored on the main security risks encountered at home, businesses, work place and neighborhood. Sexual and gender based violence was also explored.

##### 4.4.1. Safety in Nairobi

The respondents were asked to indicate how they feel about their security. The findings majority of the respondents 57.6% felt they were not safe, 31.5% felt they were safe, 8.7% felt there were moderately safe while 2.2% felt they were very safe.

This depict that majority of urban refugee women did not feel safe in Nairobi even with the absence of the conflict which made them leave their country. This may be attributed to the various security risks they face at home, place of work and as they carry out their businesses.

This finding is also as cited by (RCK, 2008), that in refugee situations, all women and girls are at high risk and vulnerable to violence, exploitation and abuse, and some experience levels of risk which are extreme and which are totally unacceptable under refugee law and human rights law.

##### 4.4.2. Security risks at home

The study findings as indicated in table 4.2, established that the main security risk experienced by urban refugee women at home was attack by unknown people (58.7%), this was followed by 18.5% of abduction of children by in laws, 3.3% harassment by police on patrol with only 19.6% indicating that they do not experience any security risk at home.

**Table 4.2 Security risks at Home**

<b>Risk at home</b>	<b>Frequency</b>	<b>Percentage (%)</b>
No security risk	18	19.6
Attack by unknown people	54	58.7
police on patrol	3	3.3
Abduction of children by in laws	17	18.5
<b>Total</b>	<b>92</b>	<b>100.0</b>

This depicts that majority of urban refugee women had security risks at home perpetrated by unknown people and according to the respondents it was not easy to establish if they were Kenyans or refugees. The information gathered from the key informants and focus group discussion also indicated that the refugee women are not isolated from the general insecurity in the areas which is also faced by the Kenyans in the area of study.

Respondents from Congolese origin indicated that the incidences of insecurity were largely attributed to existence of an outlawed grouping in the areas of study such as Mungiki in Kayole. The respondents also indicated that they feel insecure walking at night due to fear of sexual harassment by male youth in the areas of study. The population of unemployed youth in the area is estimated to be high hence the potential for such incidences. This is an indication of the current level of unemployment for the youth in the country and the effect it has on security for both Kenyans and refugees.

#### **4.4.3 Security risk at business sites**

The study findings as indicated in table 4.3 below, established that the main security risks at business site, 71.7% was harassment from city council, 16.3% cited that urban refugee women do not experience any security risk, 5.4% indicated attacks from gangsters and robbers, 4.3 % cited sexual abuse while 2.2% were threats from customers with debts. This indicates that the main security threat is harassment from city council askaris. The finding also attests to the fact that Kenyans also complain about the harassment from the city council especially those who are involved in hawking various items.

**Table 4.3 Security risks at business sites**

<b>Business security risks</b>	<b>Frequency</b>	<b>Percentage (%)</b>
none	15	16.3
Harassment by city council	66	71.7
Attacks by gangsters and robbers	5	5.4
Sexual abuse	4	4.3
Threats from customers with debts	2	2.2
<b>Total</b>	<b>92</b>	<b>100.0</b>

The respondents further indicated that the identification documents issued by UNHCR are rarely recognized by police and especially the city council askaris who are not enlightened on refugee documentation hence the harassment. The respondents indicated that they are mostly harassed while hawking their merchandize and in some situations, they are consificated leading to the collapse of their businesses. The respondents indicated that due to the hefty fines charged in order to have the good released, they opt to surrender the items and start afresh.

According to the key informants, the nature of the business conducted by Somali women which is mainly hawking tea and beauty products in Eastleigh and the Congolese women hawking vitenges (Africa fabric) made them more susceptible to harassment by city council askaris.

#### **4.4.4 Security risks at the work place**

The study sought to establish the security risks at work place where some of the urban refugee women get employed. According to the findings, the majority of the respondents (63%) indicated the main security risk were threats by employers after demanding for the pay, 30.4% cited sexual abuse while 6.5% indicated that urban refugee women do not experience any threat. This depicts that the main security risks experienced at work place is threat by employers who normally refuse to pay after work is done and as a result not many urban refugee women prefers being employed.

Related to this finding, respondents also indicated that threats and intimidation resulting from business gone sour arrangements or business competition. Respondents reported that those who have entered into business partnership with Kenyans have found themselves robbed of their shareholdings. Upon follow-up they are met with threats.

According to the key informants urban refugee women are mainly employed by Kenyans in their houses to take care of house chores and the main complain reported by them is lack of pay and threats upon demanding for the pay. From the focus group discussion, it was reported that Congolese women are mostly affected by this challenge since they have the tendency of moving from house to house as they look for work to do and Kenyans women view them as people who are desperate and have no one to protect them hence the threats upon demanding for pay and sexual abuse.

This finding shows that, urban refugee women are vulnerable at risk group which is exposed to various forms of exploitation and abuse. Threats issued can be said to deliberate attempt by some Kenyans who look down upon refugee women given their status and because they seldom follow –up on the legal procedures for redress. This finding again confirms to literature by (RCK, 2008), that in refugee situations, all women and girls are at high risk and vulnerable to violence, exploitation and abuse, and some experience levels of risk which are extreme and which are totally unacceptable under refugee law and human rights law.

#### **4.4.5 Sexual and gender based violence (SGBV)**

The study sought to establish whether the refugee women know about sexual and gender based violence. 92.4% indicated that they had heard about sexual and gender based violence exist while 7.6% indicated that they have never heard about sexual and gender based violence. This depicts that majority know about SGBV as they indicated that it brings family separation, sexually transmitted diseases, loss of income, trauma, shame among other negative effects. The findings also depicts the general scenario of SGBV in Kenya whereby it is widely acknowledged that reported cases only represent a part of the larger picture. Even in normal situations, sexual violence will go unreported due to fear, shame, powerlessness, lack of support or unreliability of public services.

The respondents also reported that many refugee women are survivors of sexual and gender based violence experienced back in their countries or during the flight. Congolese women indicated that SGBV is quite rampant in their country which is perpetrated by the militia groups.

According to key informants, SGBV is a problem that is facing refugee women and most of them do not speak much about it. For instance in case of rape, Congolese women do not speak about it to for fear of being divorced by their husbands.

#### **4.5 Refugee children access to education**

The second objective was to find how urban refugee women's children access education. To achieve this objective the study explored, whether the refugee women take their children to school, the type of school they take their children, the accessibility to education in Kenya and the challenges encountered.

#### **4.5. 1 Children attending school**

The study sought to establish from the respondents whether they were taking their children to school. The study established that 92.8% of those who were living with their children were taking them to school while 7.2% were not taking them to school. However those who were not taking their children to school indicated to have either withdrawn their children due to lack of school fees. The respondents especially from Somali origin reported that the age of their children was also a challenge to enrolling their children in school. Due to conflict some children delay in joining school and they get rejected due to over age. For instance some women reported to have children who are over 10 years and cannot be admitted at nursery school and at the same time, they cannot join class one since they cannot even speak in Kiswahili.

The findings depict that majority of the urban refugee women just like the Kenyans had taken up the responsibility of ensuring that their children were enrolled in school Nairobi and therefore responding to the call by the government of having all children in school.

According to the focus group discussions and key informants, refugee women enroll their children in school during the first six months upon arrival. This shows the refugee women have embraced the value of education for their children despite the fact that majority had indicated that they had not attained any level of education.

#### **4.5.2 The type of school attended**

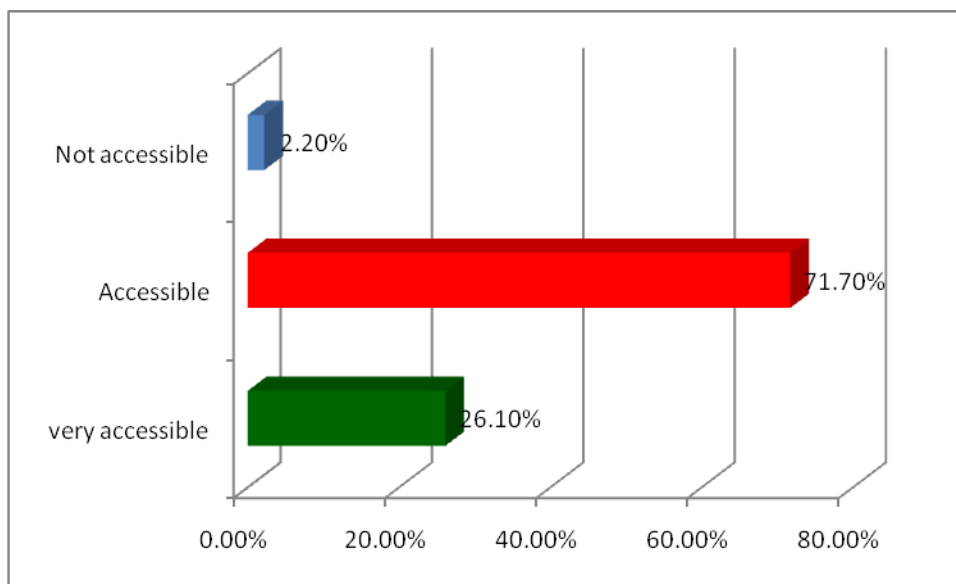
The respondents were further to indicate the type of school urban refugee women take their children. From the findings, 77.1% indicated public schools, 17.1% indicated private schools while 5.7% indicated that urban refugee women also take their children to community based school. This illustrates even with the complain by some Kenyans about the overpopulated public school majority of urban refugee women take their children to public schools since they regard as affordable. The respondents further elaborated majority take their children to public school since they only incur minimal charges (tuition fees, desk fees) compared to private schools.

According to the key informants urban refugee women were encouraged by UNHCR and other agencies to take their children to public schools since the free primary education is for all children regardless of the nationality. The key informants reported that UNHCR has been collaborating with various city council schools in Nairobi through provision of desks, books,

building of toilets and provision of water tanks so as to encourage school administration to enroll refugee children.

#### 4.5.3 Access to formal education

The study also sought to establish access to education by refugee children. According to the findings as shown in figure 4.5, majority of the respondents, 71.7% indicated that education in Kenya was accessible, 26.1% indicated was very accessible while 2.2% said it was not accessible.



**Figure 4.5 Access to education**

Most of urban refugee women views education in Kenya as accessible meaning that the refugee women are able to enroll their children in school without encountering a lot of challenges. This also explain the fact that majority of refugee women take their children to school. From the key informants, it was reported that since 2007, the education is accessible to refugee children and this has improved with the advocacy to the Ministry of Education by UNHCR and other agencies.

This finding also attests to the statement that, the refugee situation in Kenya is protracted and the prevailing conditions in parts of Somalia from which a majority of the refugee population has sought asylum limit repatriation prospects in the near future. For this reason, refugee children and youth in Kenya will likely continue to seek access to the Kenyan Education system for some time to come (Ministry of Education Refugee Education Concept Note, 2012).

#### **4.5.4 Challenges in accessing education**

Further the study sought to establish the challenges that were encountered by refugee women in providing education at various levels of schooling.

As cited by (Dryden-Peterson, 2011), many of the barriers to accessing education faced by refugee children in camps are exacerbated in urban areas. Financial constraints on refugee families due to legal and policy restrictions combined with high costs of living in cities mean that the direct and indirect costs of schools are even more prohibitive.

##### **4.5.4.1 Challenges to pre – school education**

At this level of schooling , majority of respondents, 95.7% indicated that school fees was the major challenges while 4.3% indicated insecurity as a challenges. The finding shows that raising school fees to enroll children in pre- school was the major challenge in accessing pre – school education.

The respondents further explained that pre – school education is not free in Kenya and therefore they have to look for means and ways of placing their children in school given that the pre-school education is mandatory before join primary education.

According to key informants, agencies working with urban refugees have initiate projects so as to support refugee women in enrolling their children at this level of education and once they have graduated, they support is withdrawn and then encouraged to enroll their children in primary .

##### **4.5.4.2 Challenges to primary school education**

The respondents were further asked to indicate the challenges at the primary level of education. From the findings, majority of the respondents, 92.4% indicated that lack of money to cater for tuition, desks, school uniform and books was the main challenge while 7.6% cited insecurity as a challenge.

The respondents study further reported that even with free primary education refugee women faced the challenge of ensuring their children are always in class due to mandatory requirements by the school at the point of entry (desk fee and tuition fee). This was also cited by the key informants who indicated that refugee women have reported this as the major hindrance in enrolling their children especially in schools where UNHCR does not offer the material support.



From the focus group discussion, it was reported lack of money to buy school uniform and required text books is also a challenge.

The findings therefore shows that even with free primary education payment of school fees ( desk fee and tuition fee) which is against the government policy of free primary education has become a hindrance to both refugees and Kenyans who also complain of the same charges.

#### **4.5.4.3 Challenges to secondary education**

At this level of schooling, 97.8% of respondents cited the challenge of raising school fees for secondary education while 2.2% indicated lack of documentation like birth certificate to facilitate admission to Kenya secondary schools.

The respondents further explained that enrolling their children in secondary school was hindered by the high cost involved compared to their earnings and the fact that they have other children in need of education and other basic needs. The respondents also reported that they are unable to enroll their children in Kenya secondary due to the different schooling system and this was mainly cited by Congolese who have French schooling system.

This finding depict that the raising of school fees for secondary education was the major challenge for refugee women in provision of secondary education to their children. This finding also depicts the general scenario for the Kenyan parents who are not able to enroll their children in secondary school.

#### **4.5.4.4 Challenges to post secondary education**

The study further sought to establish the challenges encountered by refugee women in providing post secondary education. Majority of the respondents( 87%) indicated that the major challenge was the school fees while 13% cited the challenge of certificates acquired at home country which is a barrier to entry to Kenyan colleges unless equated by Kenya National Examination Council. The respondents also cited the challenge of providing transport and money for lunch on daily basis for those who are enrolled in colleges. The finding depicts that school fees was the major challenge encountered by refugee women in provision of post secondary education to their children.

From the focus group discussions, it was indicated that due to the challenges faced, the refugee youth who do not join post secondary education ends up being idle and therefore engage in negative behaviors such taking drugs.

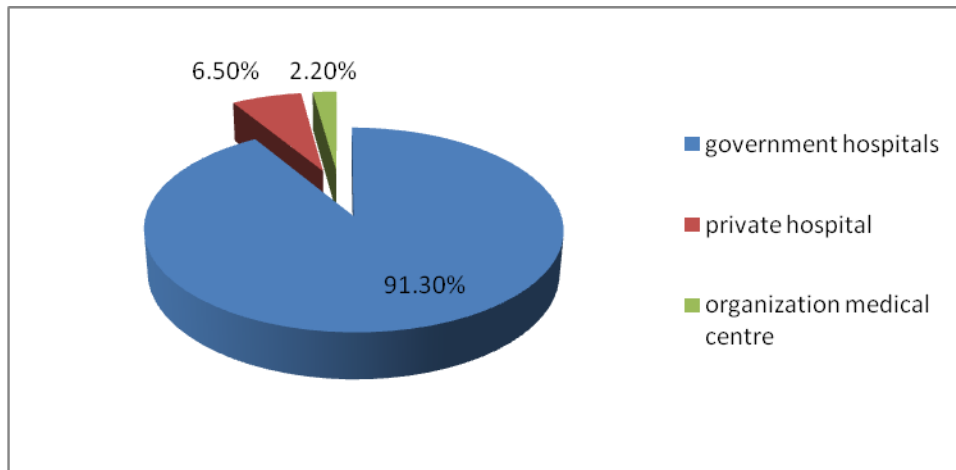
This finding is also cited by (UNHCR, 2011) that on completion of primary schooling, refugee children are often confronted with the general lack of post-primary education opportunities, both in the formal and non-formal sectors.

#### 4.6 Refugee women and reproductive health care

The third objective was to find out how the urban refugee women access reproductive health in Nairobi. In order to achieve this objective the study set out to examine if the respondents had accessed RHC, where they accessed, the challenges involved in accessing and how urban refugee women coped with these challenges. The study focused on safe delivery, post natal care and family planning.

##### 4.6.1 Access to Reproductive Health Care

The respondents were required to indicate where urban refugee women mostly access reproductive health care. As illustrated in figure 4.6, majority 91.3 % indicated that urban refugee women seek RHC from government hospitals, 6.5% indicated the refugee women seek RHC at private hospital while 2.2% cited organization's medical centres.



**Figure 4.6 Refugee women access RHC**

This finding depicts that majority of the urban refugee women preferred to seek RHC from government hospitals due to affordability and are easily accessible by all. This finding was also echoed by key informants who indicated that, there is no discrimination in government hospitals and refugees are treated just like Kenyans especially in the city council clinics

#### **4.6.2 Refugee community and reproductive health Care**

The study sought to establish whether the refugee communities where urban refugee women belonged supported reproductive health care with emphasis on family planning. The findings show that majority of the respondents (78.3%) indicated that their communities encouraged refugee women to seek RHC. Only 21.7% of the respondents indicated that their communities do not encourage them to seek RHC especially family planning. The findings therefore depicted that the refugee communities are in support of urban refugee women seeking RHC as a way of taking care of their health and that of children. This was also cited by the key informants who indicated that unlike before refugee communities especially Somali had embraced and supported reproductive health care for their women.

#### **4.6.3 Challenges in accessing Reproductive Health Care**

The respondents were asked to indicate the challenges encountered by urban refugee women in accessing reproductive health care with focus on safe delivery, postnatal care and family planning.

##### **4.6.3.1 Challenges in accessing safe delivery**

From the findings, majority of the respondents (88%) indicated that lack of money to pay maternity fee was a major challenge, 10.9% indicated lack of transport to access hospital while 1.1% indicated unfriendliness from Kenyan doctors. This depicts that lack of money to pay maternity fee was a major challenge in accessing safe delivery for the urban refugee women in Nairobi. This finding also indicated the general situation in the country which necessitated the government to introduce free maternity care for all women in Kenya.

According to key informants, some of the refugee women result into having home delivery due to lack of money and even in situations where they have been referred by agency to a hospital due to lack of money to hire private means of transport to the hospital.

##### **4.6.3.2 Challenges in accessing post natal care**

The study further enquired on the challenges in accessing post natal care. From the study findings in the table 4.4 below, majority of the respondents (50%) indicated delays at city council clinics, 47.8% indicated lack of money to pay for the services while 2.2% indicated lack of awareness on where to seek the services.

**Table 4.4 Challenges in accessing post natal care**

<b>Challenge</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Delays at city council clinic	46	50.0
lack of money	44	47.8
Not aware of facilities to seek services	2	2.2
Total	92	100.0

This illustrates that delay at city council clinics is a major challenge in accessing the post natal care for refugee women which is also a challenge for Kenyan women.

The respondents also indicated that refugee women lack post natal care after the delivery since the support offered ends upon delivery. According to key informant refugee women who have delivered face the challenge of lacking enough food and this makes them unable to breast for the first six months.

#### **4.6.3.3 Challenges in accessing family planning**

The study also sought to establish the challenges encountered by urban refugee women in accessing family planning. From the study findings as indicated in table 4.5, majority of the respondents (62%) indicated fear of side effects, 21.7% stated the practice was against their religious/cultural beliefs while 16.3% indicated lack of awareness on family planning.

**Table 4.5 Challenges in accessing family planning**

<b>Challenge</b>	<b>Frequency</b>	<b>Percentage (%)</b>
against religious/culture	20	21.7
lack of awareness	15	16.3
Fear of side effects	57	62.0
Total	92	100.0

This finding depicts that fear of side effects by urban refugee women major but not lack of access to services was the major challenge hindering them from accessing family planning.

The respondents also indicated that Congolese refugee women have a challenge in accessing family planning due cultural practices which consider children as source of wealth and therefore their culture opposes use of family planning.

From FGDs, it was elaborated that urban refugee women who had accessed family planning had complained of severe bleeding and this had hindered them from accessing the service.

#### **4.7 Refugee woman livelihood activities**

The fourth objective of the study was to find out the economic survival mechanisms of urban refugee women. To achieve this objective, the study inquired if refugee women had source of income, the common economic activities they engage in, the challenges and how they cope with these challenges. The study findings are presented in the following subsections.

##### **4.7.1 Source of income**

The study sought to establish whether the urban refugee women had source of income. The study findings shows that majority of respondents (76.1%) indicated to have source of income with only 23.1% of respondents indicating to have no source of income. This depicts that urban refugee women are involved in various economic activities in order to be able to support their families and therefore they do not solely depend on assistance from agencies, well-wishers or friends.

Information gathered from focus group discussion also indicated due to the inadequate support received from agencies and for a very short period ( 3- 6 months), refugee women engage in economic activities like washing clothes, hawking vitenges ( Congolese), hawking beauty products ( Somalis) , cooking traditional food like injera for Ethiopians so as to be able to support their families

##### **4.7.2 Type of source of income**

The respondents were further asked to state the type of their source of income was involved in. From the findings, majority of the respondents with source of income (75.7%) indicated were conducting businesses while 24.3% indicated to be employed by Kenyans. This finding depicts that the main type of the source of income for urban refugee women in Nairobi are businesses

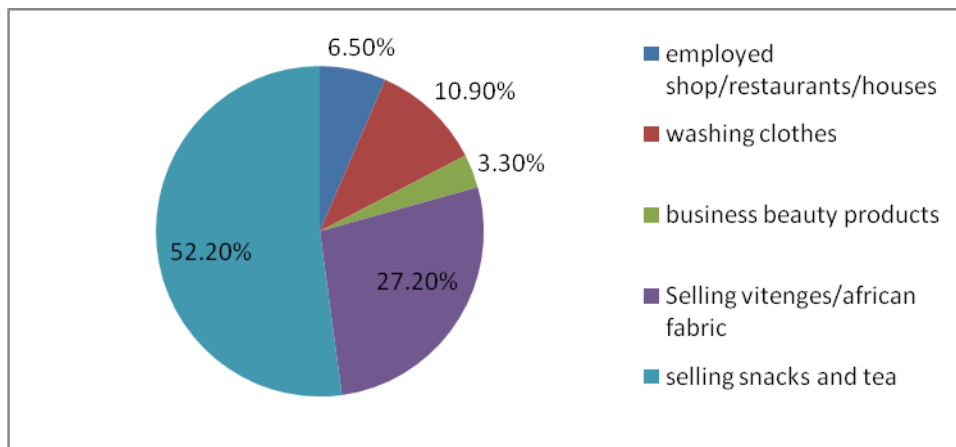
and this is due to the fact that refugees in Kenya do not get work permit in Kenya and therefore result in conducting business.

The respondents indicated that refugee women are involved in businesses which requires very minimal starting capital for instance Congolese get vitenges from supplies and get commission after the sales while Somalis hawk tea in the various business malls in Eastleigh. The respondents also indicated that the refugees who are employed are mostly Congolese work as house helps, waiters in restaurants or ushers in various churches in town.

According to key informants, the government of Kenya stopped issuing work permit which was facilitating refugees to get employed and therefore the only option left for them is to conduct businesses. However the refugees are able to access single business permit just like Kenyans.

#### 4.7.3 Economic activities carried out by urban refugee women

The study further sought to establish what are the economic activities that urban refugee are involved in. As shown in figure 4.7 below, majority of the respondents ( 52.2) indicated selling tea and snacks, 27.2% indicated selling vitenges ( African fabric), 10.9% indicated washing clothes while 6.5% indicated that urban refugee women were also employed in shop/ restaurants/houses.



**Figure 4.7 Economic activities carried out by urban refugee women**

This finding shows that majority of the urban refugee women were involved in informal businesses which are mobile business that required minimal starting capital.

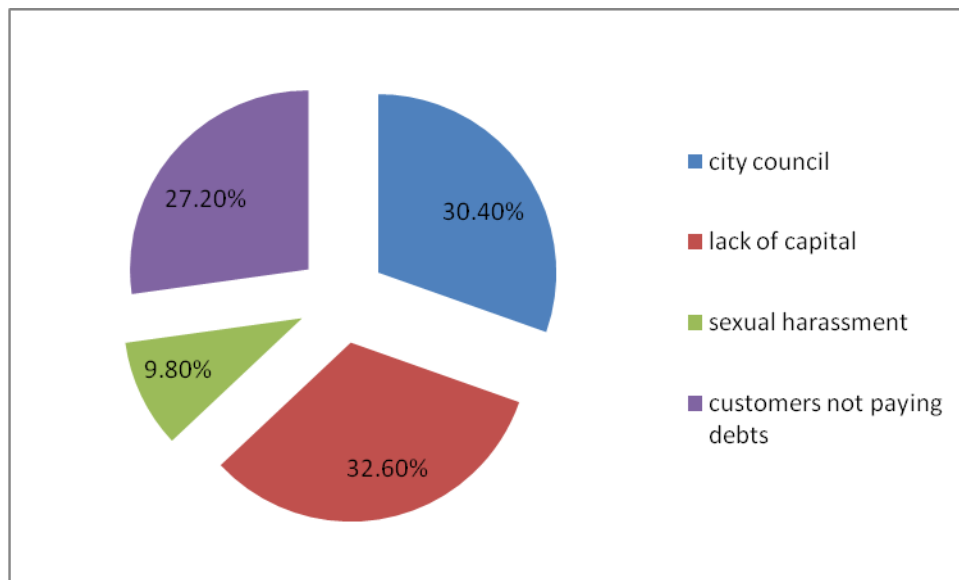
The respondents also indicated that most of the urban refugee women did not have previous experience of conducting business but to the new environment and circumstances they start small businesses for their survival.

The respondents also reported that refugee women are also involved in businesses such as making banana fiber and batik cards, dolls, dressmaking, selling cassava and hawking peanuts at the bus stations. These kinds of business are mainly for conducted by refugee women from Democratic Republic of Congo and Rwanda.

The key informants and FGDs also cited selling of tea and snacks as the common business especially with Somalis and also so due to flexibility involved and less starting capital.

#### 4.7.4 Challenges in carrying out economic activities

The study sought to establish the challenges that are encountered by urban women in carrying out economic activities. The study findings, as in figure 4.8 below shows that majority of the respondents (32.6%) encountered lack of capital, this was followed by 30.4% of respondents indicating harassment by city council, 27.2% stated failure by customers to pay debts while 9.8% cited sexual harassment.



**Figure 4.8 Challenges in carrying out economic activities**

This depicts that majority of urban refugee women lacked capital to start or boost their businesses therefore settling for less demanding business like selling tea and snacks. However, it should also be noted that harassment from city council followed closely as a challenge to urban refugee women. Information gathered from key informants indicated that lack of enough capital affects negatively the growth of economic activities carried out by the urban refugee women.

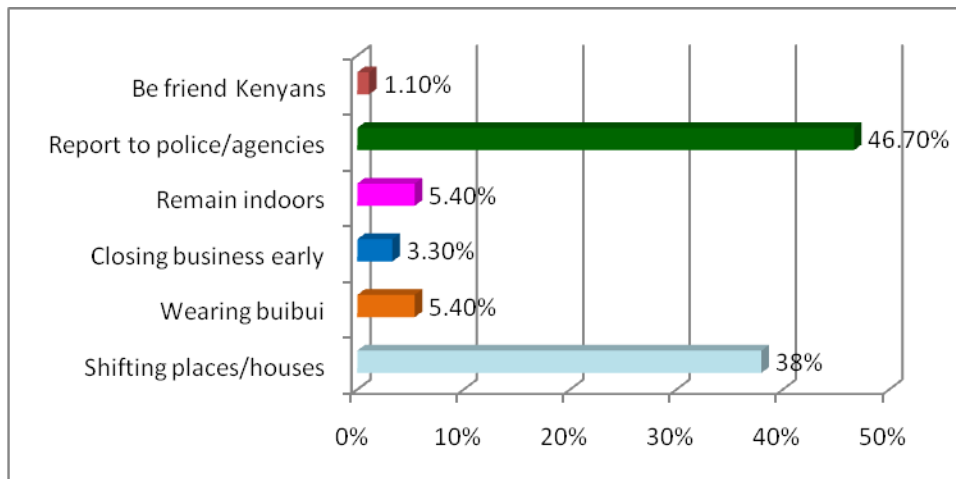
From the FGDs, it was reported that refugee women are also exploited by Kenyans. For instance some of the refugee women who go to open air market to sell their crafts are offered a small space by a Kenyan who in demands money for the whole space. Failure to pay means they will not be offered the space any other day.

#### 4.8 Coping Strategies adopted by urban refugee women

The study sought to establish the coping strategies adopted by refugee women in order to cope with security risks, enabling their children access education, accessing reproductive health and also in their economic survival.

##### 4.8.1 security risks coping strategies

The study sought to establish how the urban refugee women cope with the various security risks which they encounter in their day to day life. As indicated in figure 4.9, majority respondents (46.7%) indicated that they reported the security risks to police or agencies, 38% indicated that refugee women shift places/houses, 5.4% wear *buibui* so that they are not easily identified, 5.4% remain indoors while 3.3% close their businesses early before darkness.



**Figure 4.9 Security risks coping strategies**

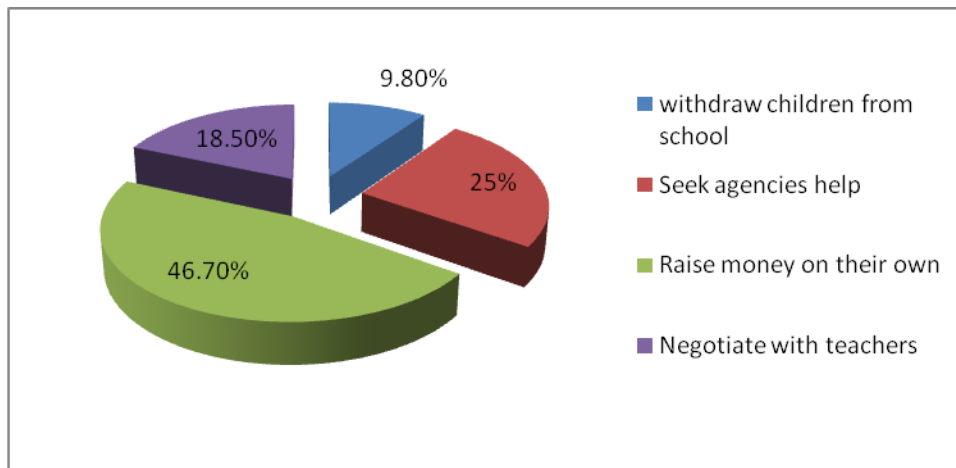


This illustrates that majority of the urban refugee women are able to voice out their security risks by reporting to police and agencies rather than keeping silence.

From the Focus group discussions, it was established that refugee women also befriended Kenyans so as to offer them protection in case of any attack and also forming their own support groups where they meet to discuss security issues and how to deal with them. The FGDs also indicated that refugee women do not just open door to anyone who knocks to avoid attacks such as rape and when going to conduct business they ensure they accompany each other as a way of reinforcing their security. This is very common with Somali women who when hawking tea in the shopping malls in Eastleigh, they accompany each other.

#### 4.8 .2 Access to Education Coping strategies

The respondents were further requested to indicate how they cope with the challenges encountered in ensuring refugee children access education. As indicated in figure 4.10, majority of the respondents (46.7%) indicated they raise money on their own, 25% indicated seek assistance from the agencies, 18.5% indicated that they negotiate with teachers while 9.8% indicated that urban refugee women withdraw their children from school.



**Figure 4.10 Access to Education Coping Strategies**

The finding depicts that majority of the urban refugee women depend on their own effort and earnings to ensure that their children access education. This finding was cited by the key informants who indicated that the resources available within agencies were very limited to support all refugee children and therefore refugee women were expected to support their children in accessing education

The respondents also indicated as a way of raising school fees some refugee women request to offer some services in school rather than paying school fees. They offer services such as fetching water, cooking work and cleaning classes.

The respondents also indicated that some parents for instance Ethiopians couch their children at home so that they do not spend three years at the pre – school level. This therefore reduces the cost of schooling at this level.

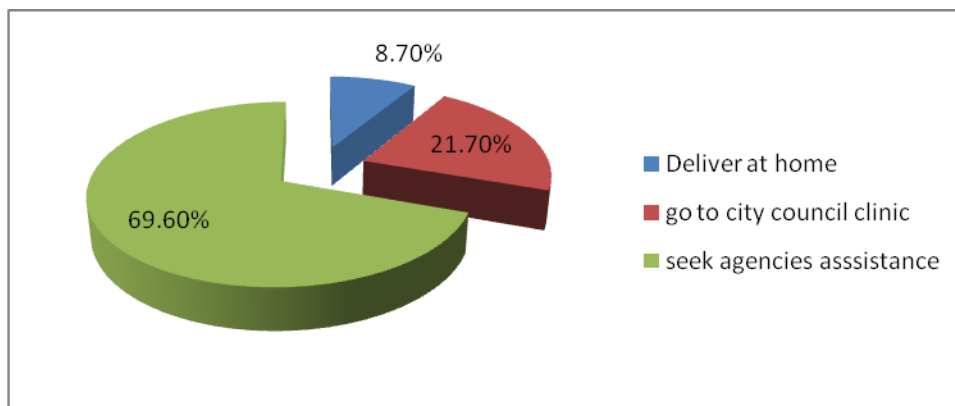
From the focus group discussions, it was reported that parents with children in colleges normally advise their children to leave very early in the morning when the transport is still affordable. For instance those living in Kayole adopt this strategy while those in Eastleigh only give one way transport and children are encourage to either walk to or from school.

#### **4.8.3 Access to Reproductive health Care coping strategies**

The study also sought to establish the coping strategies adopted by urban refugees in accessing safe delivery, post natal and family planning.

##### **4.8.3.1 Coping with challenges in accessing safe delivery**

The respondents were asked to indicate how the urban refugee women cope with the challenges they encounter in accessing safe delivery. The study findings in figure 4.11 established that majority of the respondents (69.6%) indicated seeking assistance from agencies, 21.7% indicated urban refugee women attended city council clinic for delivery while 8.7% indicated home delivery.



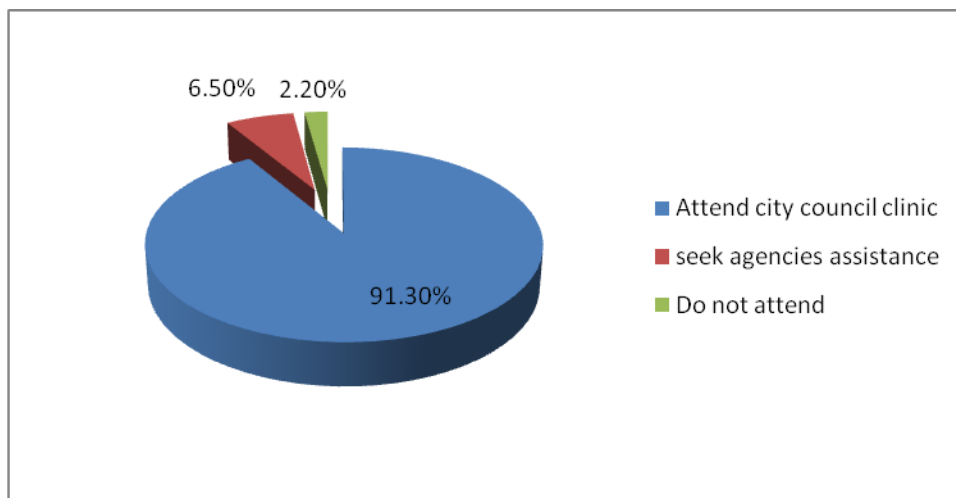
**Figure 4.11 Coping with challenges in accessing safe delivery**

This depicts that majority of urban refugee women seek assistance from agencies working with refugees as a way of ensuring that they access safe delivery. The key informants indicated that agencies have special arrangements with hospitals where refugee women are referred for safe delivery.

According to key informants, it was reported that some refugee women create an emergency when they are just about to deliver whereby they walk in to a hospital or go to an agency while in labour and since they know cannot be turned away. This was said to be common with Somali refugee women who were said to hire vehicles from Eastleigh to drop that at the agency's gate.

#### 4.8.3. 2 Coping with challenges in accessing post natal care

The study further inquired from the respondents how the urban refugee women cope with challenges in accessing post natal care. The study findings as indicated in figure 4.12 shows that majority of the respondents (91.3%) stated attending to city council clinics, 6.5% indicated urban refugee women assistance from agencies while 2.2% indicated they do not attend the services.



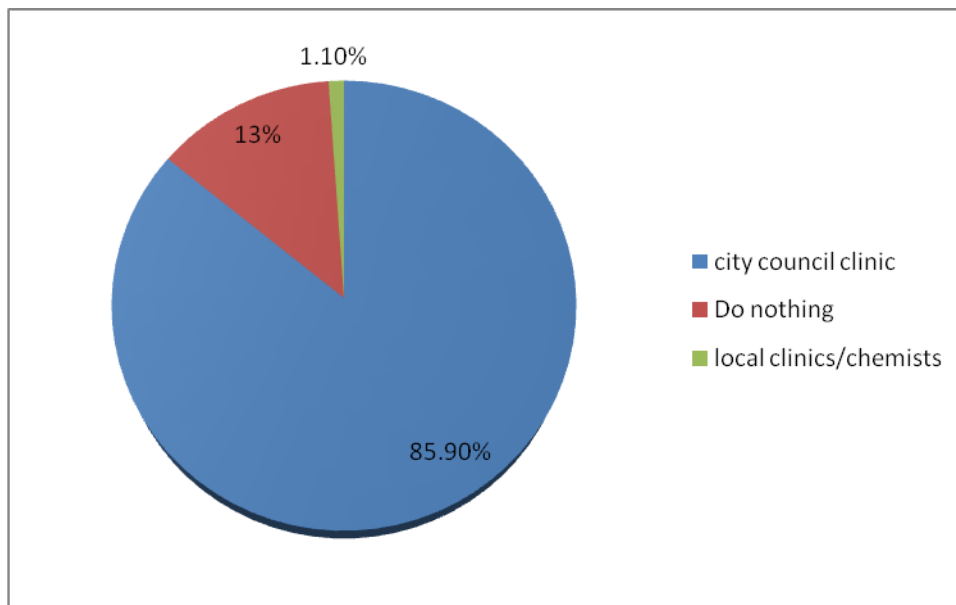
**Figure 4.12 Coping with challenges in accessing post natal care**

This finding illustrates that majority of urban refugee women seek post natal care from city council clinic even after indicating that the delays at the city council clinic is a major challenge to them. The respondents further indicated they ensure they arrive early in the morning so as to be among the first to be served. They also indicated that the charges at city council clinics are minimal (Kshs 20) and services such as immunization are offered freely and this motivates them to seek the services despite the many hours of delays encountered.

From the FGDs, it was reported that in order to access food after delivery refugee women, beg from friends, Kenyan neighbours and also from churches or agencies. Some also opt to look for casual jobs like washing clothes so as to get money to buy food. This was also notes in the study by J. Kinyeki (2006), on coping strategies among urban refugee women in Nairobi.

#### 4.8.3. 2 Coping with challenges in accessing family planning

The respondents were asked to indicate how the refugee women cope with challenges in accessing family planning. The study finding as shown in figure 4.13 indicates that majority of urban refugee women (85.9%) seek advice from city council clinics, 13% indicated that urban refugee women adopt a wait and see situation by doing nothing while 1.1% seek services from local chemists.



**Figure 4.13 Coping with challenges in accessing family planning**

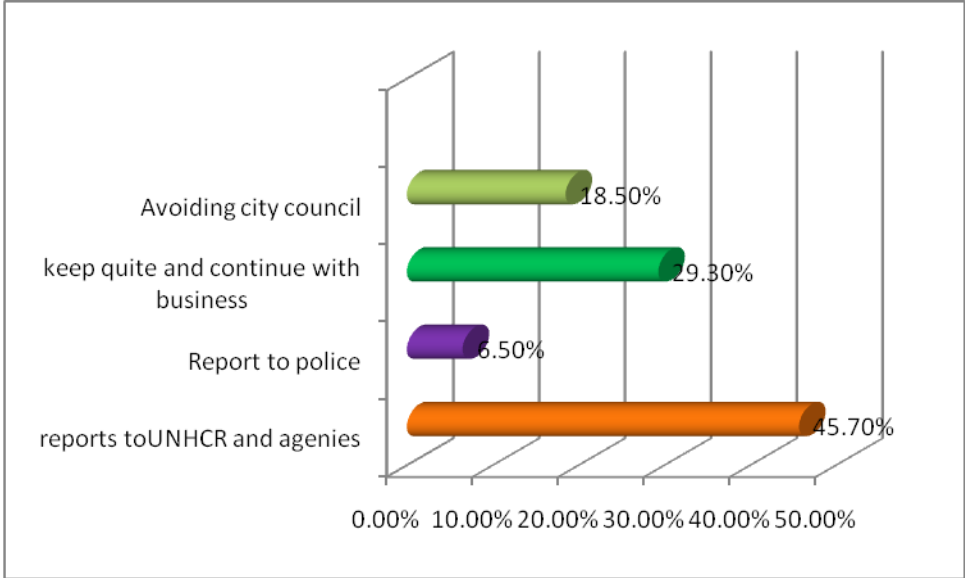
This illustrates that, urban refugee women recognizes the need of family planning and therefore approach city council clinics for advice given that they had earlier indicated that the major challenge in accessing the service is their fear of side effects.

The respondents also indicated that they seek advice from each other depending with their experiences and this makes them self – prescribe the method to use.

From FGDs it was reported that since not all men support family planning especially Congolese who regard children as wealth, refugee women go for the service secretly and in some situations where they use family planning pills they give their Kenyan neighbours to keep for them.

**4.8.4 Livelihood coping strategies**

The study sought to establish how the urban refugee women cope with economic challenges in carrying out economic activities. The study findings, as in figure 4.14 below shows that majority of the respondents (45.7%) reported to seek assistance from UNHCR and agencies working with refugees, 29.3% kept quiet and continued with the businesses, 18.5% cited avoiding city council while 6.5% reported to police.



**Figure 4.14 Economic coping strategies**

This illustrates that majority of the urban refugee women approached UNHCR and other agencies as a way of coping with the challenges encountered in carrying out economic activities. According to the key informants refugee women reported the challenges to UNHCR/Agencies since they have projects which may help them in solving the problem. For instance getting some money to boost the business or subsistence support for a period of time.

From the FGDs, it was reported that in order to have starting capital or have more money to boost their business some refugee women especially from Congolese and Ethiopian origin get involved in commercial sex work. They also conduct their businesses from their houses so as to avoid paying rent for business premise.

## **CHAPTER FIVE:**

### **SUMMARY, CONCLUSIONS AND RECOMMENDATIONS**

#### **5.1 Introduction**

This chapter presents the summary of the findings, and also it provides the conclusions and recommendations of the study based on the objectives of the study. The research sought to answer the research questions namely: What are the security risks faced by the refugee women and how do they cope with the risks? How do the urban refugee women's children access education in Nairobi? How do the urban refugee women access reproductive health care in Nairobi? What are the economic survival mechanisms for the urban refugee women in Nairobi?

#### **5.2 Summary of the findings**

##### **5.2.1 Security risks faced by urban refugee women and how they cope with the risks.**

From the findings, it was established that majority of urban refugee women encounter various security risks in Nairobi and therefore they did not feel safe as it was indicated by majority of the respondents.

The study revealed that urban refugee women encounter security risks at home, place of work and business sites. The study also revealed that majority urban refugee women were aware of sexual and gender based violence and its effect to their families such as family separation, sexually transmitted diseases, loss of income and psychological trauma.

The study established that urban refugee women have devised coping strategies in dealing with the security risks. The study revealed that majority reported the security risks they encountered to police or agencies working with refugees. However, there are respondents who indicated that urban refugee shift places of residence and change houses as a coping strategy. This coping strategy also seemed to be very key to urban refugee women since if the reporting to police and agencies did not bear fruit, then the next step is to shift to a new area.

##### **5.2.2 Urban refugee women's children access to education**

The study established that majority of the refugee children had been enrolled in public school since they were affordable in terms of fees payment and also with free primary education; all children are able access primary education regardless of their nationality.

The study established that at the four levels of education under study (pre – school, primary, secondary and post secondary), the major challenge which was encountered was raising money

to pay school fees. The study revealed that even with free primary education, urban refugee women still were experiencing challenges in enrolling their children due to mandatory “desk fee”.

The study revealed that even with those challenges, majority of urban refugee women ensured that their children accessed education through adopting coping strategies such as raising money to pay school fees through their own means, seeking assistance from agencies and negotiating with schools to waive some fees or being patient with them as they raise the fees.

### **5.2.3 Urban refugee women access to reproductive health care in Nairobi**

The study established that majority of urban refugee women accessed reproductive health care from government hospitals. The government hospitals were seen to be accessible and affordable compared to private hospitals. The study established that in accessing family planning, the major challenge cited by majority of the respondents was fear of side effects.

The study found out that, the urban refugee women had adopted coping strategies in order to deal with these challenges. In accessing safe delivery, the study revealed that majority of the respondents indicated that refugee women approached agencies to be supported in paying the maternity fees at selected hospitals. In coping with post natal care challenges, the study established the refugee women attend city council clinic but ensure that they arrive early in the morning to ensure that they are among the first to be served. In coping with the challenges in accessing family planning, the study found out that the refugee women were seeking for advice on the best family planning methods to use by attending city council clinics.

### **5.2.4 Economic survival strategies for urban refugee women**

The study further revealed that the common economic activity carried out by urban refugee women as indicated by the majority was selling tea and snacks. This means that the refugee women carry out those economic activities requiring less capital and also with a lot of flexible movements.

The study established that in carrying out the economic activities, urban refugee women encounter challenges and as majority indicated, the major challenge was lack of capital which affected negatively the growth of their businesses. In coping with the challenge, the study revealed that the urban refugee women reported to UNHCR and other agencies in order to be assisted in solving the problem. By reporting their challenges to these agencies, urban refugee women have the hope of being assisted with money to boost their businesses or subsistence support as their businesses stabilizes.



### **5.3 Conclusion**

The study concludes that the urban refugee women are faced by security risks at home, business sites and at the work place and therefore they do not feel safe. The study also concludes the urban refugee women face similar security risks which are experienced by Kenyans such as attacks by unknown people like robbers and harassment by city council as they conduct their businesses. However, the study also concludes that there is widespread sexual abuse which is experienced across the board (home, business sites, work place and neighborhood) and more study should be conducted to understand its magnitude.

The study also concludes that the urban refugee women were proactive in dealing with the security risks as they adopted coping strategies such as reporting to police or agencies and also alternatively shifting to new houses even after reports have been made.

In accessing education, the study concludes that urban refugee women ensured that their children had access to education just like all other children as this is one of the basic rights of children. In addition, the study concludes that in provision of education to their children, urban refugee women are faced with challenges with the major challenge being raising money to pay school fees. This is experienced at all levels of education since even with free primary education, they are expected to pay “desk fee”.

The study also concludes that, the urban refugee women, regardless of the challenges encountered, they ensure that their children have access to education by adapting to coping strategies such as raising fees on their own through conducting businesses, seeking assistance from agencies and even negotiating with the teachers.

In accessing reproductive health care, the study concludes that urban refugee women have access to reproductive health care and this was through public hospitals. The study also concludes that the refugee communities were in support of to reproductive health care and especially family planning unlike their previous practices in their country of origin where this was discouraged. For instance in Democratic republic of Congo, children were viewed as wealth. However the major challenge in accessing family planning is not as a result of cost or inaccessibility of the services but due to personal fear of side effects

The study also concludes urban refugee women encounter challenges in accessing reproductive health care such as safe delivery due to lack of money to pay maternity fee. However with the

introduction of free maternity care, the urban refugee women will be in a better position to overcome this challenge.

In addition, the study concludes that the choice of coping strategies adopted in dealing with these challenges can be said to contribute positively towards the wellbeing of the urban refugee women for instance seeking assistance from agencies to be referred to a hospital for safe delivery, visiting city council clinic for advice on family planning and being among the first to arrive for post natal care.

The study also concludes that urban refugee women are actively engaged in economic activities through conducting businesses or employed by Kenyans. This means that they prefer to make a living out of their own efforts rather than waiting for well-wishers or agencies to offer the support.

The study also concludes that the refugee women are mostly engaged in economic activities which do not require a lot of starting and running capital since lack of capital is one of the challenges they encounter.

The study also concludes the urban refugee women understands the important role their economic activities play in the lives of their families and therefore instead of closing down due to challenges encountered, they adopt to coping strategies such as seeking assistance from agencies and avoiding city council askaris.

## **5.4 Recommendations**

### **5.4.1: Recommendation to UNHCR/Agencies working with Urban Refugees**

- i. Majority of the refugee women have not had any level of education. In this regard, the study recommends that the UNHCR/Agencies working with urban refugee set up adult education projects which will help the refugee women to gain skills in literacy and numeracy.
- ii. The study recommends that, UNHCR/Agencies should pay special attention to the sexual harassment cases reported so as to ensure that the magnitude of the abuse is known and the right response is made.

### **5.4.2: Recommendation to National and County Government:**

- i. Harassment by city council was listed as the major security risk at the business sites due to lack of knowledge on refugee documentation. The study recommends that national and county government should work closely with UNHCR on documentations and also take the

initiative of enlightening government/county officers on refugee documentation so as to avoid further harassment.

#### **5.4.3: Recommendation for further Research**

Since the study explored the coping strategies among urban refugee women in Nairobi: a case study of Kayole and Eastleigh, the study recommends that;

- i. Similar study should be done in other areas in Nairobi, Kenya for comparison purposes and to allow for generalization of findings on the coping strategies among urban refugee women.
- ii. More studies should be done on security risks with special focus sexual abuse so as to establish the magnitude and its effects on urban refugee women.

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## **ELECTRONIC SOURCES**

**[www.unhcr.org](http://www.unhcr.org)** retrieved on 11<sup>th</sup> July 2013

**<http://womensrefugeecommission.org>** retrieved on 20<sup>th</sup> March 2013

**<http://www.right-to-education.org>** retrieved on 5<sup>th</sup> April 2013

**[www.unesco-nairobi.org](http://www.unesco-nairobi.org)** retrieved on 5<sup>th</sup> April 2013

[www.rmreview.org](http://www.rmreview.org) retrieved on 27<sup>th</sup> June 2013

## APPENDIX 1

### Interview schedule for Refugees

#### SECTION A: PERSONAL INFORMATION

1. Residence\_\_\_\_\_
2. Nationality\_\_\_\_\_
3. Educational background a) None b) Primary c) Secondary  
d)College/university e) non formal education
4. Which year did you arrive in Kenya?\_\_\_\_\_
  
5. Age : a). (20 – 30) b) (31 – 40 years) c) (41 – 50)  
d) 51 and above
  
7. Marital status: a). Married b) Single c) Divorced d) widowed
  
8. Do you have children a) Yes b) No
  - a) How many?\_\_\_\_\_
  - b) What are the ages of your children?\_\_\_\_\_

#### SECTION B: Security Risks

1. As a refugee woman in Nairobi, how do you feel about your security?
  - a. Not safe [ ]
  - b. Safe [ ]
  - c. Moderately safe [ ]
  - d. Very safe [ ]
  - e. Other ( Specify) [ ]
2. Where does a refugee woman mostly experience security risks? Use a scale of 1-5 where 1- Not at all, 2- Often, 3- Quite often, 4- Very often and 5-Very very often.

		1	2	3	4	5
1	Home					
2	Work place - (employed)					
3	Within the neighborhood					
4	At business sites ( self employed)					

3. Who would you say are the main perpetrators of security risks for a refugee woman in Nairobi?

- a. Kenyans [ ]
- b. Refugees [ ]
- c. Others ( Specify) [ ]

4. What are the main security risks of refugee women at the following places ?

- a) at home
  - a. ....
- b) work place
  - a. ....
- c) Business sites
  - a. ....
- d) Within the neighborhood
  - a. ....

5. What do refugee women do in order to cope with these security risks?  
 .....  
 .....



6. Where do refugees report security risks? Use a scale of 1-5 where 1- Not at all, 2- Often, 3- Quite often, 4- Very often and 5-Very very often.

		1	2	3	4	5
1	Police					
2	UNHCR					
3	Other agencies					
4	Community leaders					
5	Local administration					
6	Do nothing about it					
7	Other ( specify)					

7. a). Have you ever heard about sexual and gender based violence?

a. Yes [ ]

b. No [ ]

b). If yes, does sexual and gender based violence affect refugee women in Nairobi?

Use a scale of 1-5 where 1- strongly disagree 2- disagree, 3- agree, 4- strongly agree 5- Very strongly agree

		1	2	3	4	5
1	Strongly disagree					
2	disagree					
3	agree					
4	Strongly agree					
5	Very strongly agree					

8. In the event of occurrence how do refugee women deal with sexual and gender based violence?

.....  
 .....

**Section c: Access to Education**

9. a). Do you have school going children?

i. Yes [ ]

ii. No [ ]

b) . If yes, do you live with them here in Nairobi?

i). Yes [ ]

ii). No [ ]

c). If yes, do they go to school?

i). Yes [ ]

ii). No [ ]

d). If yes, which type of school do they attend?

b. Public school [ ]

c. Private school [ ]

d. Community Based [ ]

e. Any Other ( Specify)\_\_\_\_\_

10. a) Do refugee women take their children to school?

i. Yes [ ]

ii. No [ ]

b). If yes how long after arrival in Kenya?

i). Immediately ( 1 – 6 months) [ ]

ii). 6 – 12 months [ ]

iii). One year and above [ ]

11. How accessible is the schooling system to the refugee children at the point of entry?

a. Very accessible [ ]

b. Accessible [ ]

c. Not Accessible [ ]

12. What are some of the challenges experienced by refugee women in providing education to their children?

a. Pre school

.....  
.....

b. At primary level

.....  
.....

c. Secondary

level.....  
.....

d. Post secondary

level.....  
.....

13. How do refugee women cope with these challenges?

.....  
.....

**Section D: Reproductive Health Care**

14. a). Have you ever accessed any of reproductive health care (safe delivery, post natal, family planning) in Nairobi?

i. Yes [ ]

ii. No [ ]

b) . If yes, which one?

i. Safe delivery [ ]

ii. Post natal [ ]

iii. Family planning [ ]

15. Where do refugee women mostly go for reproductive health care?

a. Government hospitals [ ]

b. Private hospitals [ ]

c. Organizations medical centres [ ]

d. Any other [ ]

16. Does your community encourage women to seek some of the reproductive health care services e.g family planning

a. Yes [ ]

b. No [ ]

17. If no in above please

explain.....

18. What are some of the challenges experienced by refugee women in accessing the following reproductive health care?

a. Safe delivery.....

b. Family planning  
.....

c. Post natal care  
.....

19. How do refugee women cope with these challenges?

a. Safe delivery  
.....

b. Post natal care  
.....

c. Family planning  
.....

**Section E: Economic Survival**

20. As a refugee woman do you have a source of income?

a. Yes [ ]

b. No [ ]

b. If yes  
explain.....

c. If no – what is the source of income for your family?.....

21. What are the most common economic activities for refugee women?

.....  
.....

22. What are the challenges experienced by refugee women in carrying out these economic activities?

.....  
.....

23. How do refugee women cope with these challenges encountered in carrying out the economic activities?

**APPENDIX 2**

**Interview schedule for Key Informants**

**SECTION A (to be completed by the interviewer)**

- 1. Name of the interviewee \_\_\_\_\_
- 2. Occupation \_\_\_\_\_
- 3. Sex: a) male            b) female

**SECTION B: Security Risks**

- 4. What are the main security risks of refugee women at the following places?
  - a. Home  
.....  
.....
  - b. Business sites  
.....  
.....
  - c. Within the neighborhood  
.....  
.....
  - d. Any Other  
.....
- 5. What do refugee women do in order to cope with these security risks?  
.....  
.....
- 6. According to you how does the gender based violence affect urban refugee women?  
.....  
.....
- 7. In the event of occurrence how do refugee women deal with sexual and gender based violence?

**Section C: Access to Education**

- 8. According to you how accessible is the public schooling system to refugee children at point of entry?  
.....  
.....
- 9. What are the challenges experienced by refugee women in providing education to their children at different levels

a. Pre school

.....  
.....

b. Primary level

.....  
.....

c. Secondary level

.....  
.....

d. Post secondary

.....  
.....

10. How do refugee women cope with these challenges?

.....  
.....

**Section D: Reproductive Health Care**

11. Where do the refugee women seek the reproductive health care?.....

.....  
.....

12. According to you how accessible is reproduction health care among refugee women in Nairobi ( safe delivery, family planning, post natal care?.....

.....  
.....

13. What are some of the challenges experienced by refugee women in accessing the following reproductive health care?

a. Safe delivery

.....  
.....

b. Post natal care

.....  
.....

c. Family planning

.....  
.....

14. How do refugee women cope with these challenges?

a. Safe delivery

.....  
.....

b. Post natal care

.....  
.....

c. Family planning

.....  
.....

**Section E: Economic Survival**

15. What are the most common economic activities for refugee women?

.....  
.....

16. What are the challenges experienced by refugee women in carrying out these economic activities?

.....  
.....

17. How do refugee women cope with these challenges encountered in carrying out the economic activities?.....

.....  
.....  
.....



**APPENDIX 3**

**Interview schedule for Focus Group Discussions**

**SECTION A (to be completed by the interviewer)**

- 1. Number of women in the group \_\_\_\_\_
- 2. Area/where FGD held \_\_\_\_\_

**SECTION B: Security Risks**

- 3. What are the main security risks of refugee women at the following places?
  - a. Home  
.....  
.....
  - b. Business sites  
.....  
.....
  - c. Within the neighborhood  
.....  
.....
  - d. Any Other  
.....  
.....
- 4. What do refugee women do in order to cope with these security risks?  
.....  
.....
- 5. To what extent does the gender based violence affect urban refugee women?  
.....  
.....
- 6. In the event of occurrence how do refugee women deal with sexual and gender based violence?.....  
.....

**Section C: Access to Education**

- 7. How accessible is the public schooling system to refugee children at point of entry?  
.....  
.....

8. What are the challenges experienced by refugee women in providing education to their children at different levels

a. Pre school

.....  
.....

b. Primary level

.....  
.....

c. Secondary level

.....  
.....

d. Post secondary

.....  
.....

9. How do refugee women cope with these challenges?

.....  
.....

**Section D: Reproductive Health Care**

10. Where do the refugee women seek reproductive health care? ( safe delivery, family planning, post natal care?.....

.....

11. How accessible is reproduction health care among refugee women in Nairobi ( safe delivery, family planning, post natal care?.....

.....

12. What are some of the challenges experienced by refugee women in accessing the following reproductive health care?

a. Safe delivery

.....  
.....

b. Post natal care

.....  
.....

c. Family planning

.....  
.....

13. How do refugee women cope with these challenges?

a. Safe delivery

.....  
.....

b. Post natal care

.....  
.....

c. Family planning

.....  
.....

**Section E: Economic Survival**

14. What are the most common economic activities for refugee women?

.....  
.....

15. What are the challenges experienced by refugee women in carrying out these economic activities?

.....  
.....

How do refugee women cope with these challenges encountered in carrying out the economic activities?.....

.....