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Protection Assessment of LGBTQI+ Displaced Persons in Urban Kenya (Nairobi, Mombasa and Nakuru)

HIAS Kenya



**Welcome the stranger.
Protect the refugee.**

**PROTECTION ASSESSMENT OF LGBTQI+
DISPLACED PERSONS IN URBAN KENYA
(Nairobi, Mombasa and Nakuru)**

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1. INTRODUCTION

1.1 Context and rationale

This report presents findings from a mixed-methods protection assessment of lesbian, gay, bisexual, transgender, queer and intersex (LGBTQI+) displaced persons living in three Kenyan cities: Nairobi, Mombasa and Nakuru. Kenya hosts one of the largest and most visible populations of LGBTQI+ displaced persons on the African continent. It has been a known migration destination for LGBTQI+ displaced persons since at least 2005, though it was only in the following decade that it emerged as a discernible hub for sexuality- and gender-based asylum claims. Several factors contributed to this shift, including an upsurge in anti-LGBTQI+ politics across East Africa and a rapidly spreading narrative that the UNHCR could fast-track resettlements from Kenya.

There is now a considerable amount of research on LGBTQI+ displaced persons' experiences in Kenya. This literature can be loosely categorised according to six themes:

- (1) barriers to documentation
- (2) barriers to safe living conditions
- (3) barriers to local integration
- (4) barriers to essential services
- (5) barriers to livelihood opportunities and (6) physical and mental wellbeing.

More recently, research has emphasised the need for new critical avenues when analysing the lives of LGBTQI+ displaced persons in Kenya.

This report draws on and expands this emerging field of research by adding empirical data from under-researched locations and by placing LGBTQI+ displaced persons' voices in conversation with those of UNHCR officials, service providers and civil society organisations. In doing so, the report not only provides valuable insights into protection gaps but also charts programming and advocacy priorities. Overall, this research shows that humanitarian interventions conducted to date have been insufficient for meeting the protection needs of this community.

Although many of the findings presented here mirror those of earlier studies, they remain crucial for several reasons. Recent moves to intensify anti-LGBTQI+ criminal sanctions in East Africa, including the adoption of the reworked Anti-Homosexuality Act of 2023 in Uganda, has generated yet another upswell in cross-border movements.

Similar legislation – titled the Family Protection Bill of 2023 – has been tabled in Kenya, and political and religious leaders from nearby countries (e.g. Ethiopia, Tanzania and South Sudan) are calling for similar measures.

These rapidly changing social and legislative conditions necessitate urgent responses by local, regional and international human rights defenders. When read in conjunction with existing literature, the data collected for this project demonstrates an urgent need for programming that “align[s] with LGBTQI+ refugees' social, economic and material realities.”

1.2 Study objectives

This research was undertaken to inform HIAS' efforts to protect the rights of LGBTQI+ displaced persons in Kenya. Although promising strides have been made towards enhancing the legal, social and economic standing of this population, the current socio-political climate in Kenya means that security risks remain pronounced. HIAS also recognises that ongoing data collection is vital for long-term, sustainable impacts. Thus, this protection assessment was developed to enhance knowledge on LGBTQI+ displaced persons in Kenya by mapping challenges and opportunities, identifying future priorities and presenting evidence-based recommendations.

The study's design, methodology, tools and analysis were guided by five objectives:

- 1) To identify legal and protection trends related to LGBTQI+ displaced persons, including gaps in access to services and rights.
- 2) To identify key gaps related to the provision of mental health and psychosocial support (MHPSS), sexual and reproductive health rights (SRHR) and gender-based violence (GBV) services for LGBTQI+ displaced persons.
- 3) To map available services and local responses, as well as identify strengths and gaps within existing community structures and networks.
- 4) To determine immediate programming priorities and recommendations for legal protection, MHPSS, SRHR and GBV for LGBTQI+ displaced persons.
- 5) Determine HIAS' value-add response to the crisis, complementing current services, and make an initial determination on whether HIAS can feasibly scale or build on current services to meet the needs of this population.

1.3 Methodology

This study utilised a mixed-methods approach that incorporated primary and secondary data. The first phase involved a systematic analysis of scholarly and grey literature, including publications by human rights bodies and inter-governmental organisations. This process allowed the research team to identify knowledge gaps and refine the study's scope and framing.

The second phase focused on collecting qualitative and quantitative data. The former took the form of key informant interviews (KII) and focus-ground discussions (FGDs), while the latter was achieved using a survey with both open/closed questions and Likert-scale questions.

1.3.1 Qualitative data

The qualitative data collection tools were designed by Lotus and reviewed by HIAS before fieldwork commenced. Twelve KIIs were conducted with various stakeholders across the three field sites. This was done to ensure a variety of perspectives and experiences were captured.

In Nairobi, KIIs were held with three CBOs supporting LGBTQI+ displaced persons: the Nature Network, the Refugee Trans Initiative (RTI) and the Foundation for Lesbian Bisexual, Queer Refugees (FLBQR). KIIs were also held with two LGBTQI+ rights organizations – galck+ (coalition of 16 LGBTQI+ organisations in Kenya) and Jinsiangu (an NGO supporting intersex, transgender and gender-nonconforming persons) – and with the UNCHR.

In Mombasa, KIIs were held with Nkoko Iju Africa (an NGO that trains and advocates for LGBTQI+ persons and youth sex workers), Pema Kenya (an NGO that promotes the inclusion of gender and sexual minorities) and Hapa Kenya (a CBO focused on HIV and health rights).

In Nakuru, KIIs were held with Trans-sisters (an NGO that offers sexual and reproductive health services to intersex, transgender and gender-nonconforming persons), Youth for Change (a CBO that uses sports to engage LGBTQI+ communities) and Kenya Youth Development and Education Support Association (a health and legal advocacy organisation for the LGBTQI+ community).

Additionally, it must be noted that Nairobi is the only city in Kenya with CBOs run by LGBTQI+ displaced persons. Thus, the KIIs conducted in Mombasa and Nakuru were with groups that have encountered LGBTQI+ displaced persons as part of their broader work.

In Nairobi, three (3) FGDs were possible (mobilization done by CBOs in Rongai and Choka) while in Mombasa, only one FGD was possible with LGBTQI+ displaced persons from Uganda and Tanzania, with the former represented in higher numbers. In Nakuru, no such FGD was possible due to the constrained number of participants who fit the sampling frame (thus, respondents were prioritised for the survey).

The sampling strategy used for this study means that findings are not generalisable. Though there was a mix of sexual orientations and gender identities in the research, the representation of gay men is still higher than that of the other groups – a common limitation as gay men tend to be more visible and accessible to researchers.

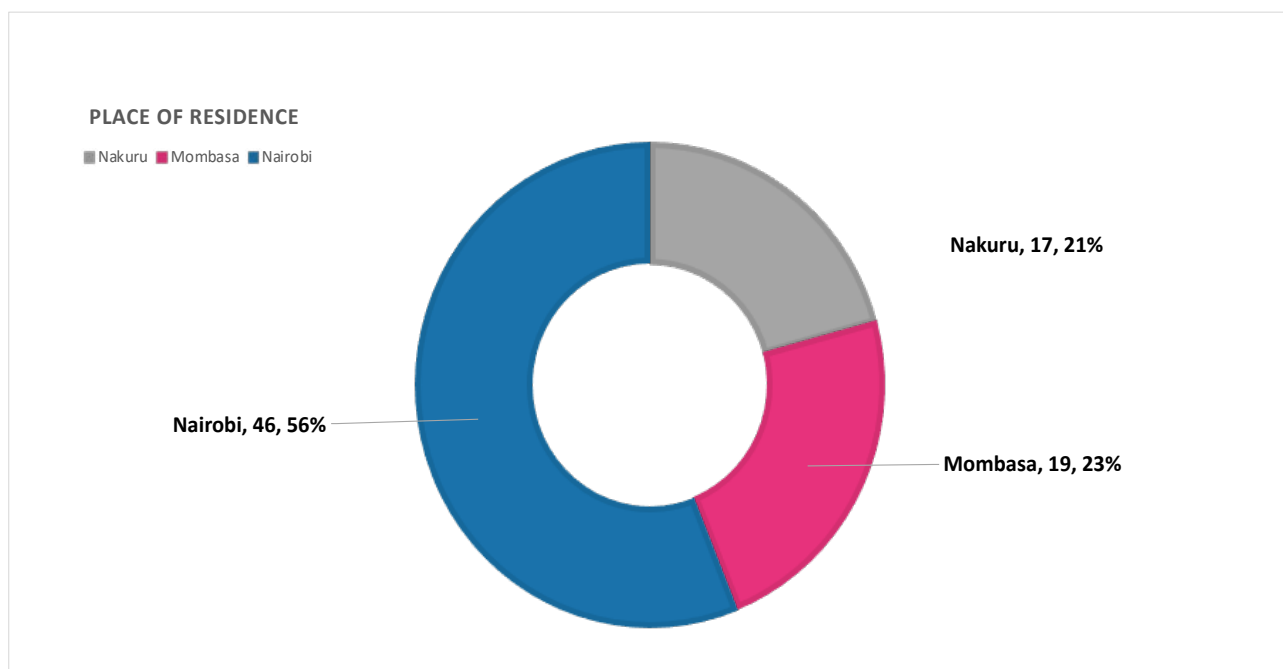
The sample was also dominated by Ugandans, specifically those associated with CBOs. While the experiences shared by these participants remain valuable, they cannot be considered representative of the broader population of LGBTQI+ displaced persons in Kenya.

1.3.2 Quantitative data

The research team held a two-day training on the survey component of the project. Twelve people took part in the workshop: six enumerators (three from Nairobi, two from Mombasa and one from Nakuru); one mobiliser from Nairobi; four Lotus team members; and one HIAS Kenya representative. Following an introduction to the project’s aims and objectives, the participants were taken through a briefing on research ethics and introduced to the data collection tools. On the second day, the survey was piloted with volunteers from HOYMAS.

This study did not utilise a standard sampling strategy or achieve an even distribution across field sites. Instead, the research team worked with LGBTQI+ organisations in the three cities to recruit participants. Snowball sampling was then used to increase the sample size. In Nairobi, the research team partnered with HOYMAS, and the enumerators collected data in eight locations: Komarock, Njiru, Kasarani, Kirinyaga Road, Majengo, Mwiki, Rongai, and Bahati. In Nakuru, the research team partnered with KYDESA, and the enumerators collected data in six locations: Karagita, Karoleni, London, Milimani, Bodeni and Kiamunyi. In Mombasa, the research team partnered with Pema Kenya, and the enumerators collected data in four locations: Chagamwe, Kisauni, Mtwapa and Majengo. In total, 82 surveys were included in the final analysis. The majority were based in Nairobi (46 – 56.1 per cent), followed by Mombasa (19 – 23.2 per cent) and Nakuru (17 – 20.7 per cent), as shown in Figure 1. Survey participants identified with all the identity categories covered by the LGBTQI+ acronym, though gay men were far more represented than other groups (Figure 2).

The questionnaire utilised a mix of closed/open questions and Likert-scale questions. Data was collected using Kobo Collect and deployed through Open Data Kit on Android. R-programming language was utilised for data cleaning, analysis and visualisation. Descriptive statistics, such as frequencies and percentages, were employed to summarise demographic information and survey responses. Cross-tabulations and chi-square tests were performed to identify associations and patterns within the data. Plots and graphs were generated to facilitate the interpretation of complex data patterns and to present key findings understandably.



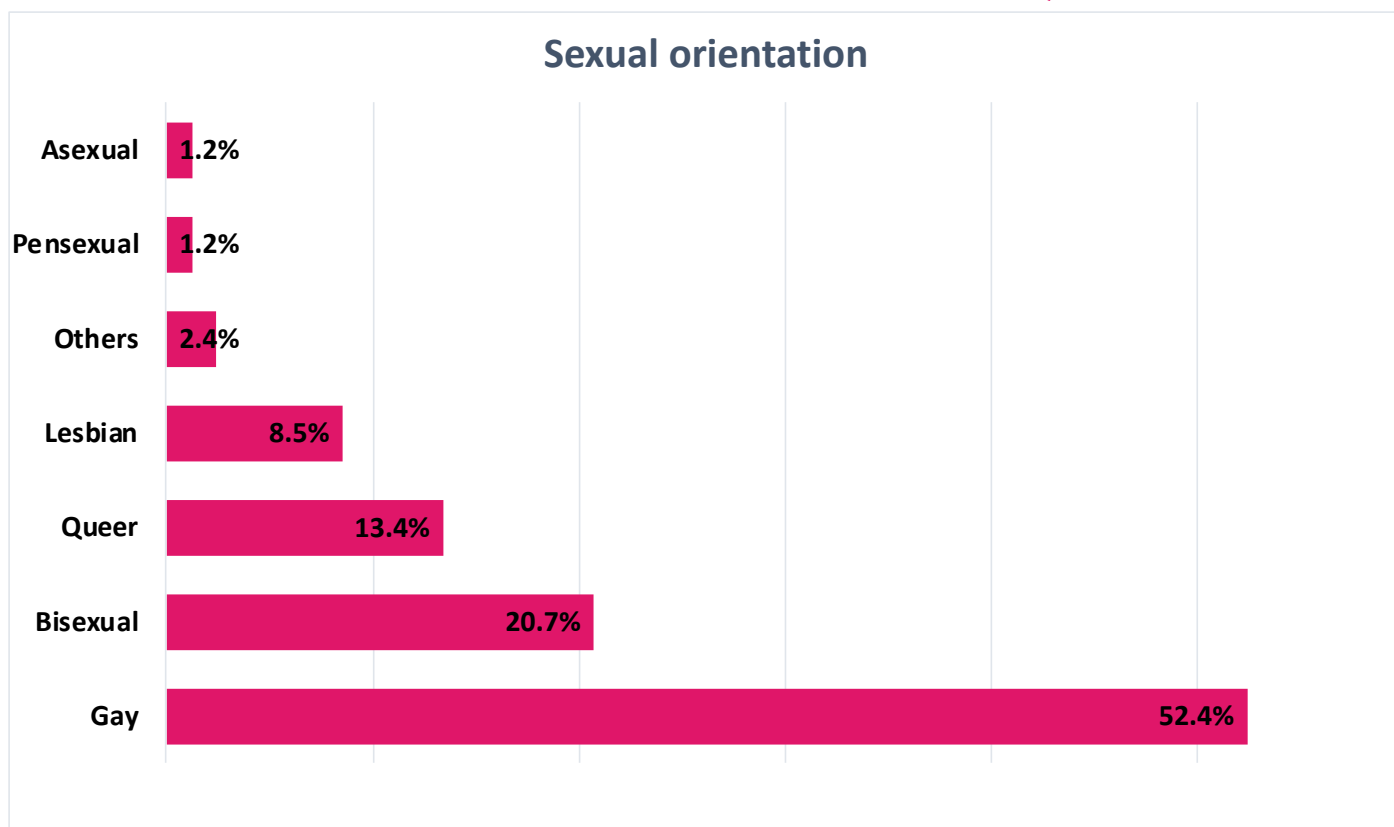


Figure 2: Sexual orientation of respondents

1.3.3 Mapping of available services

Relevant providers were identified in two ways. The initial list was compiled using information provided by study participants, either through the FGDs and KII's or through the survey. Additional services were found through desktop research. Priority was given to services and organisations that are part of established networks, such as galck+. This approach was taken to ensure that only quality and appropriate services were included in the table. The information provided for each entry is sourced from organisational profiles and official documents (e.g. annual reports).

1.4 Ethical considerations

This methodology adhered to the highest ethical standards by prioritising anonymity, transparency and rigour. Ethical guidelines were strictly adhered to throughout both the qualitative and quantitative components of the study. Informed consent was obtained from each participant, with an emphasis on its voluntary nature. Personal identifiers were excluded, and data security measures were implemented.

2. LEGAL AND PROTECTION TRENDS RELATED TO LGBTQI+ DISPLACED PERSONS, INCLUDING GAPS IN ACCESS TO SERVICES AND RIGHTS

2.1 Registration and documentation

2.1.1 Overview

The data generated for this study aligns with findings from similar research.¹ Barriers to accessing, renewing and using documentation were flagged as a major problem in both the FGDs and the KIIs. Concerns ranged from being unfamiliar with or anxious about the refugee registration process through to frustration over a lack of access to specific types of documentation, such as refugee identity cards, movement passes, work permits and business licences. Each of these confers specific rights on its holder, including determining where they can live and what activities they can undertake. Participants felt that long delays in refugee status determinations (RSDs), combined with strict movement and work restrictions for asylum seekers, increased their precarity and insecurity.

One of the most significant findings to emerge from this study relates to language use among LGBTQI+ displaced persons. For example, participants frequently used the terms ‘registration’ and ‘documentation’ interchangeably. This conflation of distinct yet related processes points to lingering misconceptions within this community and suggests a need for additional education programmes. Similarly, many participants were able to list different types of documents, such as alien cards and movement passes, but were less certain about who can apply or how to do so. While participants’ failure to distinguish between ‘registration’ and ‘documentation’ suggests a pervasive knowledge gap, it is also likely a product of the current legal and bureaucratic climate in Kenya. Extended delays in adjudicating claims based on sexuality and/or gender – a trend noted by both the UNHCR and international organisations – has led people to associate the registration process with short-term documentation, rather than with refugee rights. For some LGBTQI+ displaced persons, especially more recent arrivals, the Department of Refugee Services (DRS) is regarded more as a dysfunctional documentation service rather than an effective protection mechanism.

2.1.2 Barriers and challenges

Worryingly, a significant proportion of survey respondents (18 – 22 per cent) indicated being unregistered (Figure 3). This figure is likely a gross under-representation of how many irregular LGBTQI+ displaced persons are in Kenya. This is due to the sampling biases in this research, including the over-representation of Ugandans and the focus on CBO members.

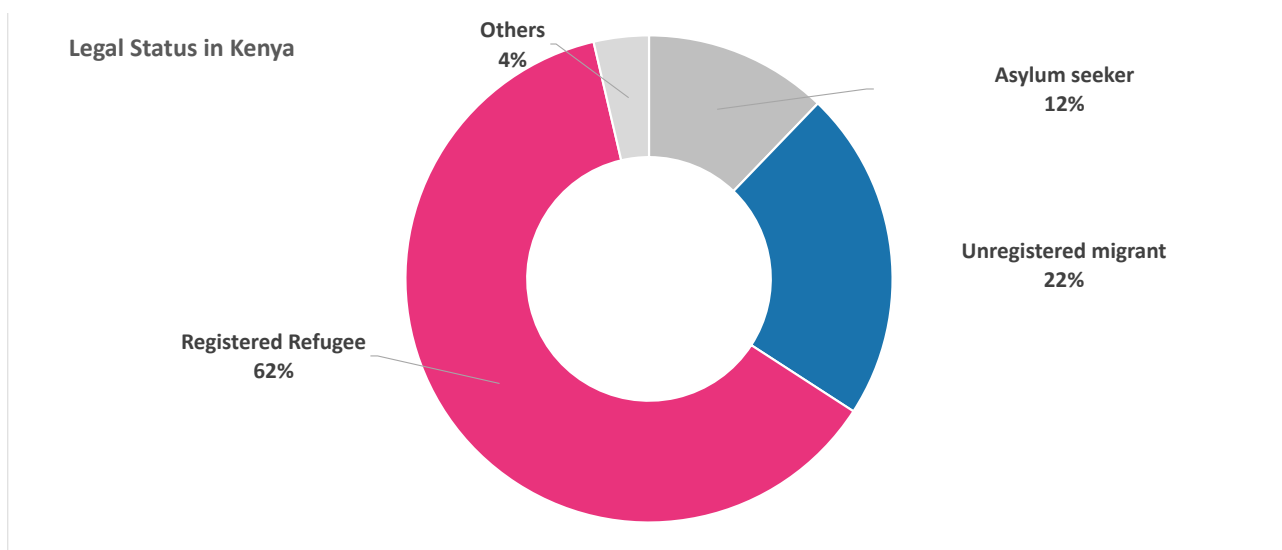


Figure 3: Legal status in Kenya

A lack of knowledge about the refugee registration process was flagged as a significant hurdle. New arrivals are often unaware of how documentation is obtained or how they can access information and support. These individuals were described as “stranded” and “confused” (FGD 1). Being confronted with an opaque and unfamiliar system not only creates anxiety but also leaves new arrivals vulnerable to violence, precarity and trauma:

Suppose you are from Uganda or from anywhere outside Kenya. Then you come here [and] you don't know anyone. Suppose you don't have a phone, or you have one but don't even know that the 1517 [toll-free helpline] exists. ... You are left hanging. ... You don't have money. You don't have anywhere to stay. (FGD 1)

The organisations interviewed for this study reported a lack of familiarity with both the registration process and the documents issued to refugees and asylum seekers. One noted that “the institution I work for ... [is] not well sensitised on handling refugees” and that “I’m not conversant with the procedures.” Other organisations distanced themselves from documentation-related issues, indicating that they normally refer people to specialised “organisations like HIAS, those that work with this specific group.” Some organisations have taken steps to familiarise themselves with the registration process and with different types of documentation, though they continue to feel ill-equipped to offer advice. One respondent explained that the organisation has met with both HIAS and the UNHCR to build their capacity: “They [UNHCR] were supposed to share ... hard copies of the materials and procedures, but this did not materialise.” Although “slightly aware of the process”, this participant admitted that their organisation struggles to guide those who need assistance. Institutional knowledge gaps mean that CBOs carry most of the burden. However, the limited reach and constrained resources of existing community structures means that CBOs cannot meet the level of need. This prevents LGBTQI+ displaced persons from sourcing accurate and appropriate information.

LGBTQI+ displaced persons who are lucky enough to find support often still struggle to navigate the registration process or to access, renew and use documentation. Participants identified administrative barriers as a major concern. These range from direct homo/transphobia by officials through to difficulties in securing appointments and delayed processing times. Reports of negative encounters with DRS circulate quickly, driving anxiety among potential asylum seekers as well as those needing to replace or renew documents. Many avoid DRS because they “fear discrimination and stigma” (CBO KII). This was confirmed by the organisations interviewed for this study. For example, one organisational representative noted that people “are afraid of the whole [registration] process.” Another said that “most of them fear ... so they didn't register.” The threat of being sent to Kakuma Refugee Camp remains a strong deterrent, given its strong association with homo/transphobic violence:

Once you go for documentation, the first thing they will say is, “Go to Kakuma!” [LGBTQI+ applicants] don't want to appear because of that issue of Kakuma ... They think, “No, better [to] let me suffer here.” (FGD 4)

According to the KIIs, the ever-present threat of Kakuma not only stops people from formalising their registration but also drives poverty and homelessness. Not having valid or correct documents can also increase a person’s risk of arrest and extortion.

Uncertainty over the registration process was widespread, as was frustration with poorly executed bureaucratic processes. In FGD 1, participants noted that “there are so many cases of new arrivals being denied proof of registration.” They also felt that the movement restrictions placed on asylum seekers pushes LGBTQI+ displaced persons to remain unregistered and undocumented. Such restrictions were seen to violate the spirit and purpose of the Refugee Convention: “According to the international law, I’m not supposed to be confined in a place, right? I feel like that [being restricted to Kakuma] shouldn't be indicated [on the asylum seeker pass].” Overall, there was an expectation that registration should be a streamlined and automatic process. Participants also stressed a need for better systems when applying for or renewing documentation.

There was evidence of confusion over the roles and responsibilities of different actors. Many LGBTQI+ displaced persons were under the misapprehension that the UNHCR can directly influence the Kenyan government. While the UNHCR representative acknowledged that advocacy and sensitisation of state officials is ongoing, they also emphasised the agency's limitations vis-à-vis state sovereignty: "We operate within the government environment. We have to be careful with government policies and the law." Of course, such explanations provide little solace to LGBTQI+ displaced persons, many of whom struggle to understand that the UNHCR, HIAS and other organisations cannot independently register refugees or issue documentation.

Widespread dissatisfaction over the Kenyan government's handling of sexuality- and/or gender-based protection cases has fostered a belief among LGBTQI+ displaced persons that they are, by default, especially vulnerable. Many participants called for dedicated registration and documentation support, even though the Kenyan government is solely responsible for such processes:

We are LGBTI; we are vulnerable. ... We should be put first. No, it's not that we are selfish ... As an organization, as UNHCR and as HIAS, you know, there is vulnerability [that is no longer being recognised] ... I feel like we should be put first on the issue of documentation. (FGD 1)

This sense of being deprioritised was exacerbated by memories of the UNHCR's handling of sexuality- and/or gender-based protection cases before the Kenyan state resumed control of its refugee system. Many participants asserted that registrations were quicker, easier and less traumatic before DRS was established, pointing to the expedited resettlements of 2014-15 as proof. One registered refugee compared his experience with those of more recent arrivals:

I have friends that I [helped] ... way back, like four or five years back. Till today they don't know whether they are asylum seekers or they are refugees because they have never got their decision mandates. Imagine! Five years back till today, they have never received their decisions. So, you see, that one is traumatizing. ... And whenever they call that number, the so-called 1517 [telephone helpline], they are not helped at all. (FGD 1)

Participants also lamented the loss of access to types of documentation, especially those that confer the right to live in urban areas:

I've tried many ways to get an urban document. Because most of the times they say, if you can sustain yourself in urban, it's better you go search for an urban document. But we've tried many ways. (FGD 3)

I went to some refugee office here in Mombasa. I wanted to get an urban refugee documentation. And then they asked me, why are you coming here? Why? They didn't even give me an opportunity to explain. They just took my documents, filled them in for me, and gave me documents to go to Kakuma. (FGD 4)

An 'urban pass' – a colloquial term that actually refers to a combination of two permits: a refugee identification document and an alien card – is seen as essential for any semblance of stability. Only a very small number of LGBTQI+ refugees in Nairobi still possess an 'urban pass'; these were obtained when the UNHCR was still issuing mandate refugee certificates and could advocate for the Directorate of Immigration and Registration to provide an alien card. Today, the term 'urban pass' continues to be used by LGBTQI+ displaced persons who long for permission to live and work in Nairobi or other cities. The persistence of this term within the community suggests lingering confusion about types of documentation and an almost obsessive preoccupation with protection strategies that are no longer possible under Kenya's current Refugees Act.

An inability to secure appointments with DRS was identified as a major hurdle, both for starting the registration process and for renewing documentation. Despite assurances from the UNHCR representative that the toll-free helpline is functional, LGBTQI+ displaced persons reported deep dissatisfaction with this system. A common critique was that "appointments take forever to be given" (CBO KII). Similar concerns were raised in the FGDs:

When I went there to ask for an appointment ... they told me they don't give appointments to people who just got there. You are supposed to book via 1517. So I did that several times. I booked via 1517, but they were not able to give me an appointment. (FGD 1)

To go to General Mathenge ... you have to call 1517. But every time you call, they are like "We are still processing." You wait. They say, "We shall call you back" or "We shall send you a message." But for how long? Another thing, when you go to Upper Hill these days, they don't allow people to enter. ... They chase you from outside. They don't want to know what your problem is or what your need is. (FGD 3)

My last point is about delay of registration. We take long being registered ... You call from January to December. They don't give you appointment to get registered ... After registering you – you have told them your problems, diseases, everything – they end up giving you a document [and tell you to] go to Kakuma. I go to Kakuma to do what? They know they kill transgender [people in the camp]. (FGD 2)

The issue of long wait times was not restricted to new arrivals. Several participants expressed frustration about barriers to renewing their documents:

It's the same issue with me. ... I arrived here in 2019, in February, and I was registered ... but my document expired in October. Since then, I've been calling. Since 2019, I've been calling, sending emails, but there has been no reply. (FGD 1)

The small number of participants who managed to book appointments at DRS were faced with dismissive and discriminatory behaviours. Invasive lines of questioning, often coupled with moral and/or religious judgements, were a regular complaint:

Some of the [DRS] officers are homophobic. They will ask, "Why are you doing this? Why are you like that? Why don't you turn to God?" ... There's also that aspect of being violated because of your sexuality. They start making comments about your identity. (CBO KII).

This homophobia starts right from the [DRS] offices ... They are the ones who are asking these stupid questions. I remember some officer was asking me, "Oh, so what if we lock you in the room with a woman? You mean you can't do anything?" I'm like, "Really? You're asking me this?" (FGD 2)

Most people that work in DRS are homophobic. ... Some [LGBTQI+ asylum seekers] are not able to speak for themselves, some of them don't know their rights and they feel harassed. They end up being in Kenya without documents. (FGD 1)

When you go there [to DRS] and you say you're an LGBTI person, they just chase you outside the office. They refuse to send you to the commissioner. (FGD 3)

The pervasiveness of homo/transphobia within DRS and other government departments was confirmed by the UNHCR representative, who noted that sexuality- and/or gender-based asylum claims are often treated differently to other protection categories:

The major challenge is the RSD [refugee status determination] process. The government is not processing their claim on equal basis with other refugees or asylum seekers ... Initially, it was clear they were treated the same; lately, we don't see that kind of equal treatment on the part of the government.

Assistance from someone with knowledge, influence or connections was seen as invaluable:

For me to be registered, I had to pass through an advocate ... When I reached for my appointment, by the time I was doing all the necessary paperwork to get an asylum seeker [permit] and a proof of registration, the commissioner came in and said, "We are no longer registering Ugandans." ... Luckily, I was already registered so they could not do anything, but when I brought in my colleagues to get registered, they were denied. (FGD 1)

Transgender claimants reported specific barriers to accessing and renewing documents. Having to travel and represent oneself to the state is a challenge. Many transgender displaced persons avoid public transport in the daytime, and some do not leave their accommodation at all. If they manage to access DRS, they are often confronted with disparaging and dismissive officials. Transgender respondents also registered widespread fear of the police:

And the worst is when an individual is a trans person. They usually have a lot of issues with documentation. They'll have to stay forever without documentation because ... officers will tend to push them away [and] violate them verbally. Others are usually beaten by the police. (NGO KII)

This data underscores the need for an intersectional lens when designing and implementing future interventions.

2.2. Legal risks and opportunities

2.2.1 Overview

Kenya criminalises sexual activity between members of the same sex – referred to as ‘gross indecency’ and ‘carnal knowledge against the order of nature’ – under its domestic penal code. Those caught breaking the law face up to fourteen years in prison. Even though prosecutions are rare, research suggests that other criminal provisions – such as those against ‘loitering’, ‘solicitation’ and ‘impersonation’ – are increasingly used to target LGBTQI+ persons. The Kenyan state has itself admitted to using the threat of prosecution to intimidate, punish and exploit those presumed to be LGBTQI+. The ongoing criminalisation of same-sex sexual relations legitimises discrimination, stigmatisation and violence, while also fostering an environment in which stereotypes and misinformation can flourish.

Various forms of homo/transphobia are documented in the literature. For example, a 2021 report by the National Gay and Lesbian Human Rights Commission lists the many rights violations to which the organisation has attended, ranging from damage to property, illegal evictions and threats of violence through to arbitrary arrest, police brutality, gang rape and even murder. LGBTQI+ persons in Kenya are also regularly denied access to basic services and struggle to find formal employment or stable accommodation. It is also common for LGBTQI+ persons to be ostracised by families, communities and religious organisations.

Perpetrators of violence and discrimination largely act with impunity. In fact, these actions can be read as implicitly sanctioned by the state, considering that many politicians openly vilify LGBTQI+ persons. Anti- LGBTQI+ rhetoric tends to be couched in the language of cultural preservation, religious morals and family values. Given this context, it is unsurprising that many LGBTQI+ persons struggle with mental health issues.

LGBTQI+ displaced persons encounter the same challenges as their local counterparts, while also facing additional safety and security threats. Anti-foreigner sentiments remain widespread, including among state officials, service providers and local communities. This generalised xenophobia is exacerbated by an increasingly hostile legal environment that restricts the rights of refugees, asylum seekers and undocumented migrants. A growing body of evidence shows how Kenya’s approach to refugee governance – particularly its encampment policy – negatively impacts LGBTQI+ displaced persons.

Data from this research corroborates the findings of earlier studies, with the FGDs and KIIs suggesting that LGBTQI+ displaced persons face pronounced legal challenges. Similar findings emerged from the survey, where a third of respondents (30 – 36.6 per cent) having encountered legal disputes (Figure 4).

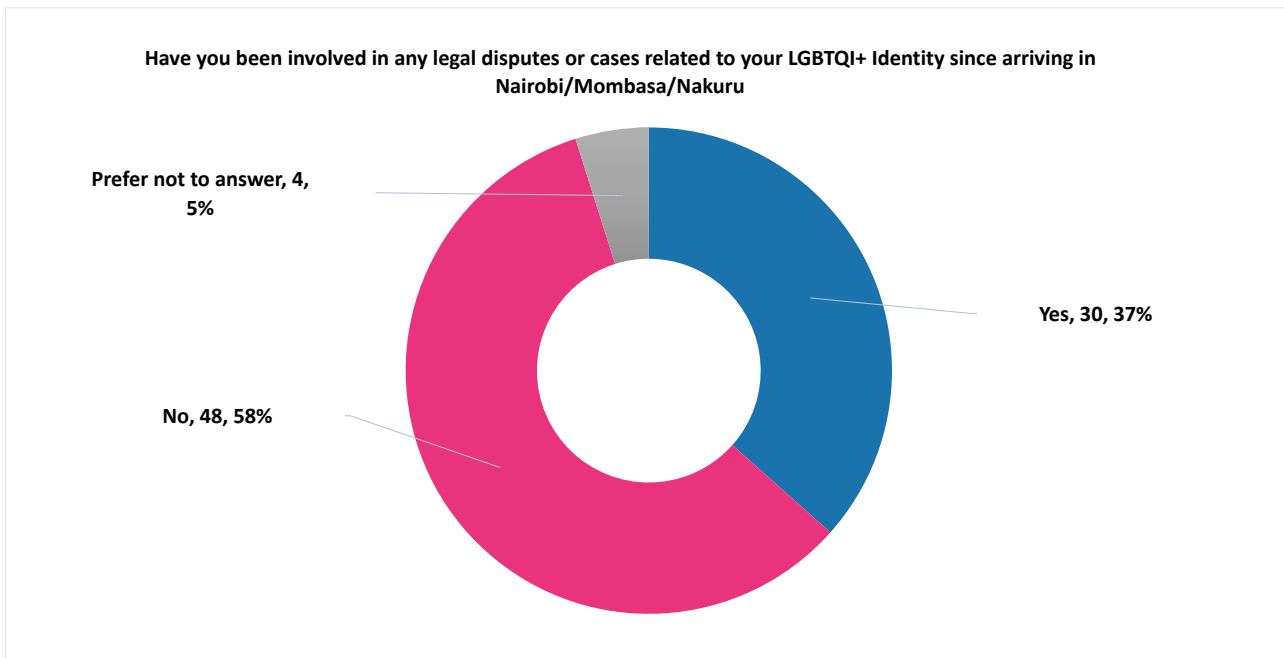


Figure 4: Involvement in legal disputes

2.2.2 Perception of local laws

The survey suggests that LGBTQI+ displaced persons have little faith in Kenya’s legal system, with 32 respondents (37.8 per cent) indicating they are “not very confident” in its ability to safeguard their rights and 19 (23.2 per cent) indicating they are “not confident at all” (Figure 5). This is a concerning finding given the myriad violations reported by survey participants, including blackmail, theft, verbal harassment, unfair eviction, arbitrary arrest, physical violence and sexual assault (see section on local integration).

The qualitative data collected for this study provides context and nuance for these statistics. Participants’ inputs show that frequent rights abuses, negative experiences with the criminal justice system and barriers to accessing government services have eroded LGBTQI+ displaced persons’ trust in the legal system.

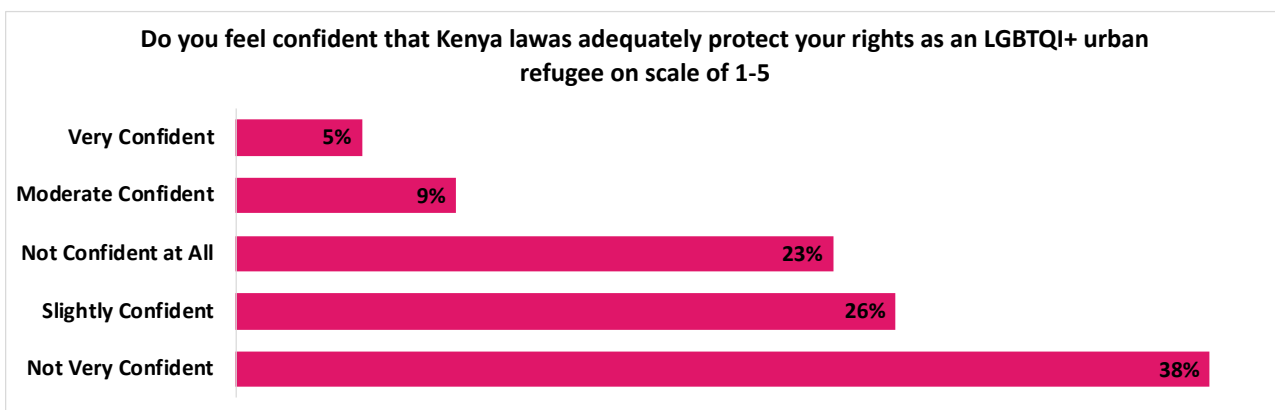


Figure 5: Adequacy of Kenyan laws

The dominant view is that LGBTQI+ displaced persons are targets for state abuse rather than beneficiaries of state protection. Harsh criminal sanctions targeting LGBTQI+ persons, combined with pervasive homo/transphobic rhetoric and efforts to introduce tougher legislation (such as the Family Values Bill), have left participants feeling unprotected and vulnerable:

Kenya makes its laws homophobic ... We have seen government officials talking, protesting, saying, “Kill them! The Bible said to kill them.” ... It’s calling for violence on us, you understand? We are not safe [here]. (FGD 2)

Kenya's restrictive refugee and immigration policies exacerbate participants' sense of being unfairly targeted. Some legislative provisions – especially those related to encampment – were even seen as violations of the Refugee Convention:

According to international law ... I'm not supposed to be confined in a place, right? So I feel like that a document shouldn't be indicated that this person [belongs in Kakuma]. (FGD 1)

Street rallies denouncing LGBTQI+ rights have further eroded participants sense that Kenya might safeguard their rights:

You heard about the Muslim movement in Nairobi, the demonstrations. ... They [religious groups] are the ones bringing chaos; those people hate us. (FGD 1)

Public calls for LGBTQI+ people to be imprisoned and even killed have left participants feeling exposed and insecure. Political and religious leaders' endorsement of such statements is read as further evidence of state hostility. Overall, participants feel they have no legal recourse against rights violations, be they committed by state or non-state actors. Examples given of legal issues that went unresolved include arbitrary arrests, police extortion, unfair evictions, labour exploitation and sexual violence.

It must be noted that the registration and documentation challenges described above heavily shape participants' view of Kenya's legal system. For example, barriers to accessing services and long processing times suggest dysfunctional processes and incompetent officials. Even those who possess documentation felt vulnerable. Indeed, while those with refugee status nominally have more rights than asylum seekers or undocumented migrants, their inability to exercise or defend these rights pushes they retain a negative perception of Kenya's legal system.

The organisational representatives expressed similarly negative views when asked about the legal system's treatment of LGTBQI+ displaced persons. Some noted that the intersection of homo/transphobia and xenophobia creates pronounced safety risks:

We need to handle them with care because as much as they are receiving their fair share of stigma in their country, they will receive the same here in Kenya – and now even harsher because they are also refugees. (NGO KII)

As well as recognising the limitations of Kenyan law, the UNHCR representative spoke of the connection between laws, policies and social attitudes. They called for increased advocacy on the social benefits of decriminalisation:

If the government can do away with those anti-LGBTQI policies, those approaches, then maybe even the religious leaders and the community will do away with it.

However, while a noble pursuit, decriminalisation is a long-term strategy and must not eclipse efforts to address LGBTQI+ displaced persons' immediate legal challenges.

2.2.3 Experiences with the state

The ever-present threat of police abuse – which range from intimidation and extortion through to sexual violence and arbitrary arrest – was the most frequently cited concern for participants. The police's lack of knowledge about documentation was identified as a contributing factor:

The police of Kenya are not well educated in terms of documentation ... These people are not aware of what this document means ... They get to harass you in any way they want if you do not possess an ID ... [The police] arrest you ... They even tear these documents we have because they think the only document you are supposed to possess is either passport or an ID, and that ID is supposed to be either a refugee ID or a Kenyan ID. (FGD 1)

Kenyan policemen don't even know that these documents exist. The movement pass, they don't know that. I don't know who told them that it's only IDs and passport, whereby if you have, let's say, a Ugandan ID, you must have a pass ... of which can't go beyond six months. So suppose you are here for two years. You just have a movement pass. When they approach you ... they just take you to prison. (FGD 1)

While misinformation about documentation was cited as a major problem, the primary driver of police abuse was understood to be a combination of discriminatory attitudes and wanting to make quick money. Both the LGBTQI+ displaced persons and the organisational representatives spoke of the police's dismissive and sometimes openly antagonist attitude towards LGBTQI+ displaced persons. This allows for rampant mistreatment:

When you don't pay money to the police, you will still be there [in the cells]. You have to collect [money] from within your friends. They are the ones to look for that money so that they can remove you out of the jail. (FGD 2)

According to participants, police officers are candid about their homo/transphobia:

I was arrested because of being trans. I talked to these police officers. I was like, "You know, I'm here lawful[ly]. I'm registered with the UNHCR." They were like, "Oh, you're the people promoting homosexuality here. Okay, come with us. ... I thought it was a joke. I gave them my papers. They still arrested me and took me to the custody. ... Who is supposed to protect us? (FGD 2)

The targeted persecution of LGBTQI+ displaced persons was confirmed by organisations: "There are unlawful arrests. ... The police target them [LGBTQI+ displaced persons] ... Sometimes someone is arrested and accused of, maybe, having anal sex" (NGO KII)

One of the organisational representatives noted that criminalisation and prejudice compromise the police's work:

For example, someone [might report] to that police station that have been attacked because of being LGBTQ. Instead of the police doing their work ... [LGBTQI+ displaced persons] are told ... "You are doing an illegal thing." They are told to go home. So they get dismissed without access to the justice system because of the government's policies.

A culture of impunity within the police gives rise to flagrant rights abuses. In the example below, the participant shares his own experience of being wrongfully incarcerated sexually abused:

When you're in [custody], you're going to face a lot of discrimination, a lot of xenophobia, a lot of inhuman acts ... At some point they told me to pull down my pants and bend over so they can see how I have sex. They tried to insert a stick in my genitals. This is the police! ... In my head, I was thinking, "I can't come after them." But that is an injustice. What was done to me is very wrong. (CBO KII)

Negative court experiences amplify participants' distrust in the criminal justice system. One participant complained about a judge imposing additional bail conditions that unfairly penalised LGBTQI+ displaced persons:

The court had set up a strong condition. ... [For someone] to bail these people out, it should be a Kenyan. They should be earning 500,000 per month. So that was the condition. The lawyer tried to argue with the court and then they reduced the money to 300,000. So every person to stand [up] for these refugees who were raided and arrested, they had to be earning 300,000 per month. (FGD 2)

These court-imposed restrictions made it impossible for CBOs to intervene. Instead, the arrested individuals had to rely on staff at a local LGBTQI+ organisation to post bail.

Repeated legal and policy violations have produced a negative impression of the Kenyan legal system among LGBTQI+ displaced persons. Several of the Ugandan participants even questioned the government's insistence that they are "illegally" in the country, citing both regional free movement agreements and their formal border crossings:

[The] law says that we, East African citizens, we are free, this is a free border, and this is a free state, but we haven't seen that. (FGD 2)

Because I understand Kiswahili, I wanted to talk [to the police] ... He was, like, "Stop

talking! You don't know anything. What type of laws, what type of rules, do you know?" ... I asked, "If it [the passport] is illegal, how come he [my friend] had come all the way from Uganda to Kenya?" He had undergone all the check-ups for him to be here. (FGD 4)

As these quotes attest, LGBTQI+ displaced persons' attitudes are heavily shaped by distressing personal encounters. A belief that crimes will go unpunished, and may even be committed by police, fuels negative perceptions of the domestic legal system.

2.2.4 Access to legal support

Both the qualitative and quantitative data generated through this study point to concerning gaps in the provision of legal services. Although most survey respondents (62.2 per cent) could name an organisation addressing the legal needs of LGBTQI+ displaced persons (Figure 6), there were varying assessments regarding the quality of services. For example, 10 respondents (12.2 per cent) described these organisations as "very unresponsive and ineffective" and 13 respondents (15.9 per cent) described them as being "somewhat unresponsive and ineffective", while the largest proportion (34 – 41.5 per cent) reported a neutral stance (Figure 7).

Similar responses were recorded in relation to satisfaction levels: 8 respondents (9.8 per cent) reported being "very dissatisfied" and 22 (26.8 per cent) reported being "somewhat dissatisfied", while 42 (51.2 per cent) reported a neutral stance (Figure 8).

Are you aware of any support services or organizations in your location, and their names specifically addressing the legal needs of LGBTQI+ individuals?

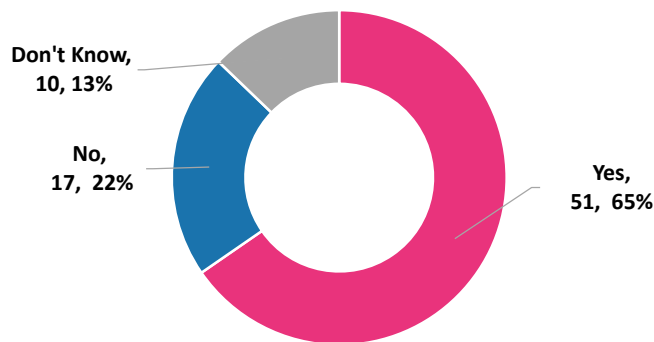


Figure 6: Awareness of services and organisations addressing legal needs

How responsive and effective are these services in addressing your legal needs on a scale of 1-5?

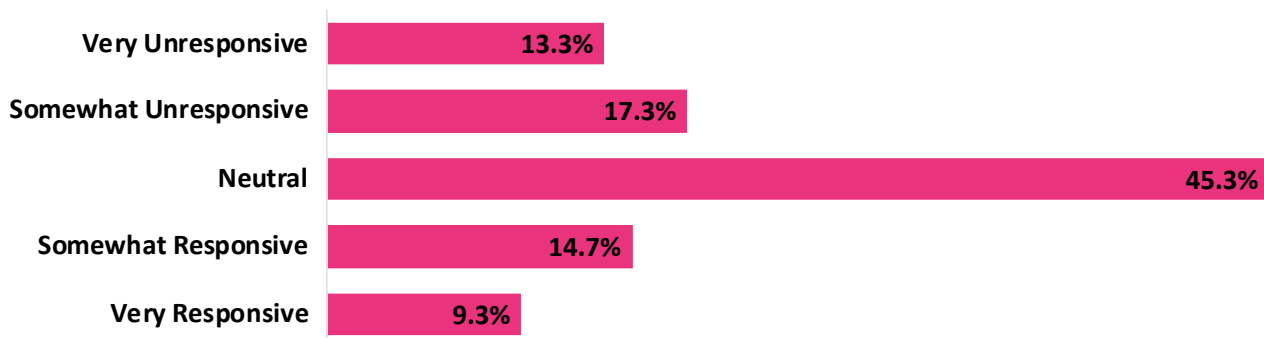


Figure 7: Responsive and effectiveness of legal services

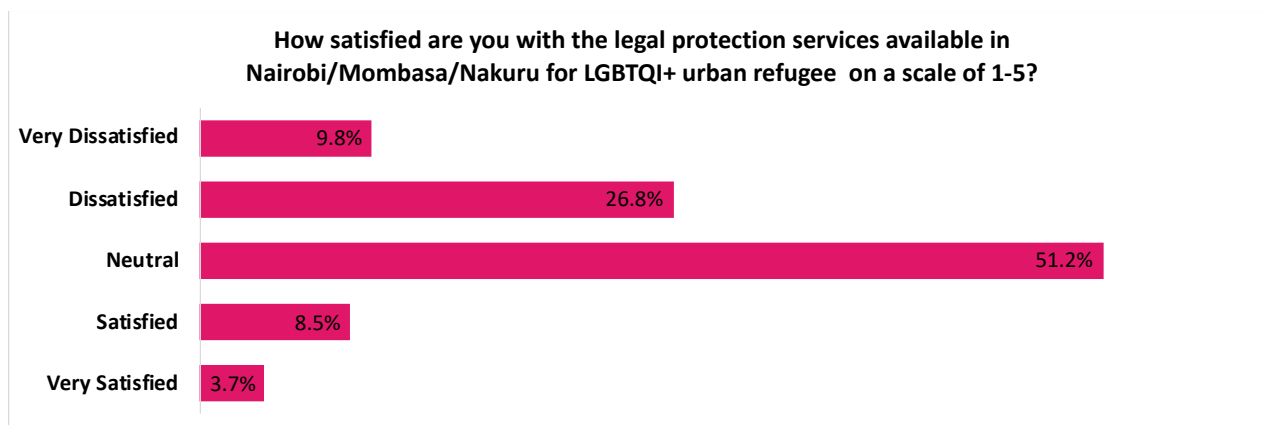


Figure 8: Satisfaction with legal services

The qualitative data, when read in conjunction with the survey responses, paints a worrying picture. It suggests that LGBTQI+ displaced persons in Kenya are excluded from quality legal advice and representation. This is particularly concerning given their vulnerability to anti-LGBTQI+ criminal provisions, police abuse, SGBV and other forms of harm. A few participants could name legal services, but felt these were inaccessible and insufficient:

On paper it's shown that we access the legal protection, but in actual sense on the ground there is nothing. We don't have that knowledge. Actually, some of us will hear about such legal organisations like [organisation name redacted] ... but they don't come on the ground, they don't do research, they don't talk to us, they don't know us [and] we don't know them. (FGD 1)

For this participant, the service provided by the identified organisation might as well not exist as it does not meet the needs of LGBTQI+ displaced persons.

Concerns were raised about how difficult it is to access emergency assistance, especially during moments of crisis. Even those with refugee status felt vulnerable because of their inability to establish contact:

Services are very limited ... Someone gets arrested [and] so you have to call the UNHCR. Sometimes they're not in office, maybe like on a public holiday or a weekend. You have to call [organisation name redacted], and no-one is responding. You have to call [organisation name redacted], and sometimes they are nowhere to be seen. So it takes long for even you to get help. You may find yourself spending two days in a cell just because they have not yet assessed your request or come on the ground to see what's going on or how to help. Sometimes people even get taken to court [without legal representation] ... When such things occur, some don't even know who to call or who to turn to or where to seek help. (CBO KII)

Delays in contacting support mechanisms can have disastrous consequences. For example, minor offences can turn into larger matters that require more time and resources to resolve:

Sometimes people get taken to court because of the slow response [from legal services]. So now it becomes a cost issue ... Since no organisation wanted to get involved, they were taken to court and had to serve a period of around six months in jail before they got help. Even the bail money that the court was asking for, they didn't have it. (CBO KII)

Participants who had engaged legal services shared a litany of complaints, ranging from incompetent advice to homo/transphobic attitudes. In the example below, participants explain how lawyers'

personal beliefs impinge on their professional conduct:

[Organisation name redacted] sent a lawyer to help us ... she first misgendered a trans woman. ... And later she said, "These [trans] people are very bold. For me I would have conformed." ... This is someone that works with a legal entity that is supposed to protect us. Do the bare minimum! Educate yourself! ... [These lawyers] always have a memorandum or would have worked somehow with the UN and the government. ... How can you put a strong defence for a refugee that is saying the government is homophobic [when you are connected to the state]? (CBO KII)

Dissatisfaction with available public services has forced some CBOs to spend precious funds on private legal representation. This was described as an unsatisfactory and unsustainable solution: "How long are we going to keep on doing that? Because the funds are not there. We have limited funds" (FGD 1).

The provision of bad legal advice can have disastrous impacts. In the narrative below, participants critiqued institutional responses to legal cases. They felt that diplomacy was prioritised over their needs and safety. This manifested as being pressured to 'resolve' cases quickly, even if this undermined the rights of the accused:

We had to get a private lawyer. ... We don't know what these [government-appointed] lawyers are doing. ... They'll come in court. They sit there and observe. They don't talk ... The judge asked if I have a lawyer or anyone who is representing me and no-one stood [up]. ... The government actually said they can provide a lawyer. And when I talked to this lawyer, the lawyer was like, "Say you're guilty. Plead guilty." ... [I had to] defend myself. And, yeah, I finished the case. ... These officials from UN, they would come in their rides, they would attend the court sessions, and after the session they would get back to their cars [and] drive away. They advise you to plead guilty always. ... But if you plead guilty, they're going to put that on your case file. ... If you reach the resettlement interview, no embassy is going to take up a criminal. They advise you to plead guilty knowing very well it will go into your case file and it will affect your chances of resettlement. (FGD2)

The limited scope of legal services was flagged as an additional concern. Lawyers working for displacement-focused organisations are restricted to protection-related matters, such as appearing before the Appeals Board. This means that they cannot intervene in criminal cases, even though there is mounting evidence that LGBTQI+ displaced persons are being targeted for prosecution:

[Organisation name redacted] helps refugees with lawyers that represent them in courts ... From the start, they will abandon this person and tell them, "That's a criminal case, we cannot [represent]. We don't provide lawyers for that case." But now this person is not yet convicted ... this person is still innocent until proven guilty. (CBO KII)

The provision of legal support was uneven across the organisations interviewed for the study. Some reported helping with legal representation, though their ability to do so was constrained:

We usually get calls for support in case they need legal advice. And we usually submit that to them since we have dedicated pro bono lawyers who work directly with us ... What usually gives us a hard time is whenever maybe the budget line is exhausted. That is when we have an issue (NGO KII)

Encouragingly, the provision of legal services is not restricted to Nairobi:

[In Mombasa] we have [organisation name redacted]. It's an organisation basically working on strategic litigation for LGBT persons. They work all over the country, but their office is located in Mombasa. Then there is ourselves, [organisation name redacted], and to an extent there is also [organisation name redacted]. ... I believe it [the level of support available] is adequate. The only challenge is how do we ensure the refugees themselves know there is such a platform that exists? (NGO KII)

Other organisations are unable to provide direct legal support but do offer referrals where possible:

Here in Mombasa we have [organisation name redacted] ... [an] organisation that has lawyers ... I have referred some issues and they accept [them] ... It is not adequate because of funding. (NGO KII)

Overall, a lack of dedicated legal support was identified as a concern, with many organisations feeling ill-equipped to provide advice or guidance:

What we need to do as an organisation that supports the refugee is to make sure that we have proper structures that can support them. Like, have lawyers who have the information and understand what is necessary. At the end of the day, you can have legal support and everything, but you don't have [accurate] information. So we must have proper information for the people. (NGO KII)

What is certain is that the use of privately funded lawyers is unsustainable. LGBTQI+ organisations, like the CBOs, have limited resources and yet face high demand. The need for funded legal services was emphasised across the FGDs and KIIs:

I believe the legal process is not done the right way. ... The challenge really comes from the legal team because they demand so much money for them to do it. (NGO KII)

Our request ... is to get a representative either at the police or lawyer who can be a call away for help. (FGD 4)

While the need for dedicated lawyers is apparent, especially within contexts marked by increasing criminalisation, the provision of legal representation for criminal trials extends beyond the mandate of displacement-focused organisations, including HIAS. However, alternative structures, such as legal focal points or dedicated referral pathways, could be explored.

While a need for specialised services was identified as the priority, there was also a push for education and awareness-raising. Some organisations felt that LGBTQI+ displaced persons would benefit from legal trainings so that they could avoid minor incidents, better understand how the domestic legal system works and know their rights and responsibilities:

The fact that they aren't conversant with our laws, even our constitution – they aren't conversant even with the Refugees Act – is one of the factors. I don't say its ignorance, but the fact there is little [information] or even misinformation about our laws on refugees is one of the factors that makes it hard for them to access legal aid. (NGO KII)

It is crucial that LGBTQI+ displaced persons not only understand their rights but are also familiar with local procedures and systems. Vulnerable communities are susceptible to rumour and fearmongering, a condition made worse by their inadequate access to legal tools. Future interventions should address the spread of misinformation and manage LGBTQI+ displaced persons' expectations about available legal support.

2.3 Housing and integration barriers

2.3.1 Overview

LGBTQI+ displaced persons who have recently arrived or who have left Kakuma clandestinely often live beyond the network of CBO-run safe houses established between 2015 and 2017. This is partly due to CBOs being concerned about their viability and sustainability, as well as the safety of members should they be caught taking in people without the correct documentation. Similarly, safe houses run by organisations like HIAS and UNHCR only take individuals who are already on track for resettlement. An outcome of this is a growing homelessness problem among LGBTQI+ displaced persons in urban locations. Overall, study participants emphasised the enormously positive impact of the CBO-run safe houses on their ability to survive. This was visible not only in the feedback provided but also in the levels and types of support available in different locations. Participants living in Mombasa and Nakuru, neither of which have CBO-run safe houses, found it harder to find assistance.

2.3.2 Accommodation experiences

Housing insecurity remains a major challenge for LGBTQI+ displaced persons (Figure 9). Worryingly, more than a third of survey respondents described their current living conditions as either bad (27 – 32.9 per cent) or very bad (3 – 3.7 per cent). Only a very low proportion described their housing situation as either good (10 – 12.2 per cent) or very good (1 – 0.2 per cent), while a significant number indicated a neutral response (41 – 50 per cent). Again, this finding is likely skewed as the sampling strategy favoured participants linked to CBOs and includes an over-representation of Ugandans. Further research is urgently required, with a need to incorporate other nationalities and the growing number of homeless LGBTQI+ displaced persons.

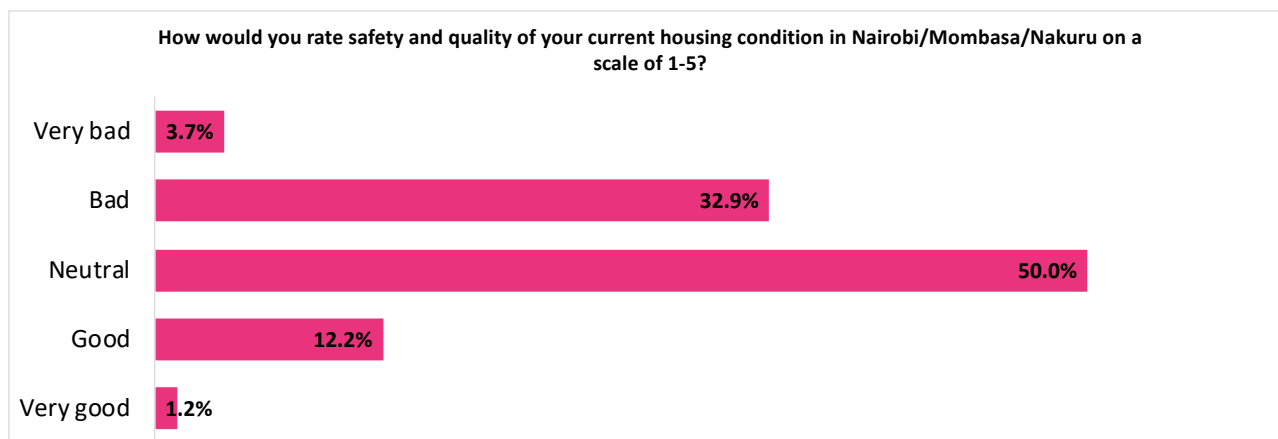


Figure 9: Safety and quality of current housing conditions

The survey data attests to a diversity of accommodation types and experiences (Figure 10). Only 37 respondents (45.1 per cent) described their current living arrangement as permanent, while 26 (31.7 per cent) described it as temporary and 13 (15.9 per cent) as semi-permanent. An additional 5 respondents (6.1 per cent) indicating some form of homelessness and 1 respondent (1.2 per cent) declined to answer. These figures support earlier findings on housing insecurity and point to a need for targeted advocacy and support interventions.

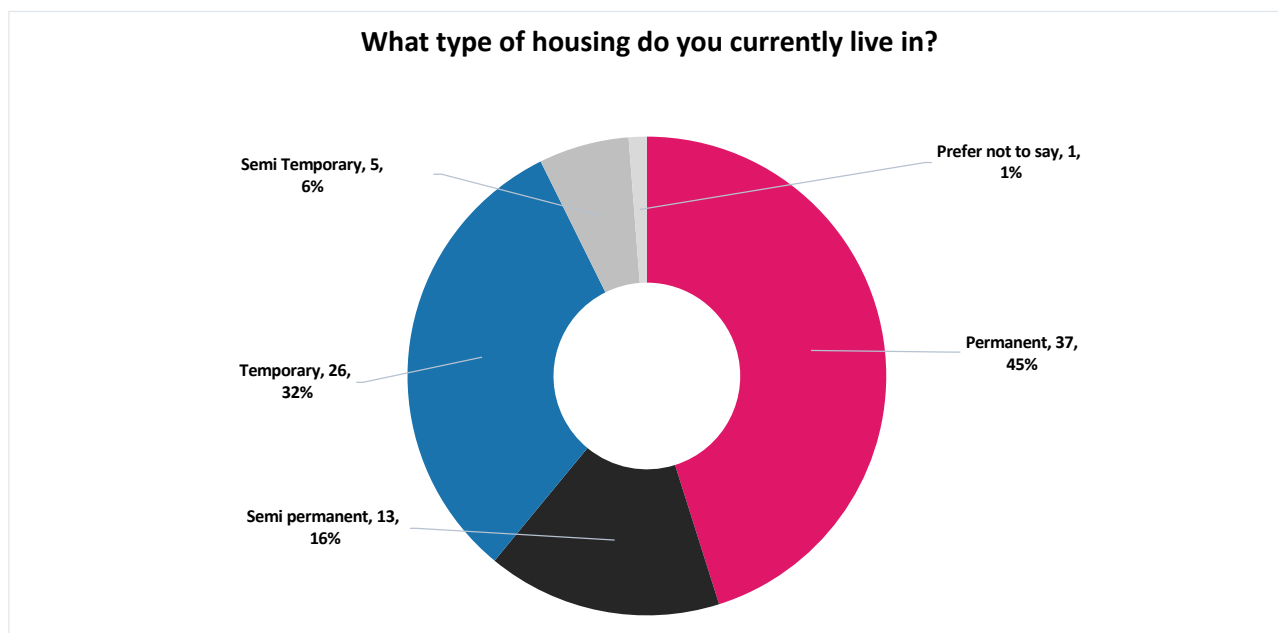


Figure 10: Type of housing

As noted, the dangerous conditions in Kakuma Refugee Camp mean that LGBTQI+ displaced persons often prefer to live in urban areas, even if this means being unregistered, undocumented and vulnerable to abuse and/or exploitation. This is reflected in the high number of survey respondents (59 – 72 per cent) who have never lived in a refugee camp, as compared to those who have at some point lived in a refugee camp (20 – 24.4 per cent). Those who fall into the latter category indicated

a range of reasons for leaving, including generalised insecurity (13 – 15.9 per cent), camp conditions (4 – 4.9 per cent), ongoing persecution (2 – 2.4 per cent) and political/religious affiliations (1 – 1.2 per cent).

While living in an urban area may present limited benefits and opportunities, it also means being susceptible to state violence and excluded from UNHCR relief programmes. This lack of access to housing support has pushed LGBTQI+ displaced persons to explore alternative strategies, including private rentals (62 – 75.6 per cent) or living with family and friends (12 – 14.6%), while a concerning 6.1 per cent indicated some form of homelessness. Only a small number of respondents (17 – 20.7 per cent) indicated ever living in a safe house, as opposed to 60 (73.2 per cent) who have not and 5 (6.1 per cent) who declined to answer (Figure 11).

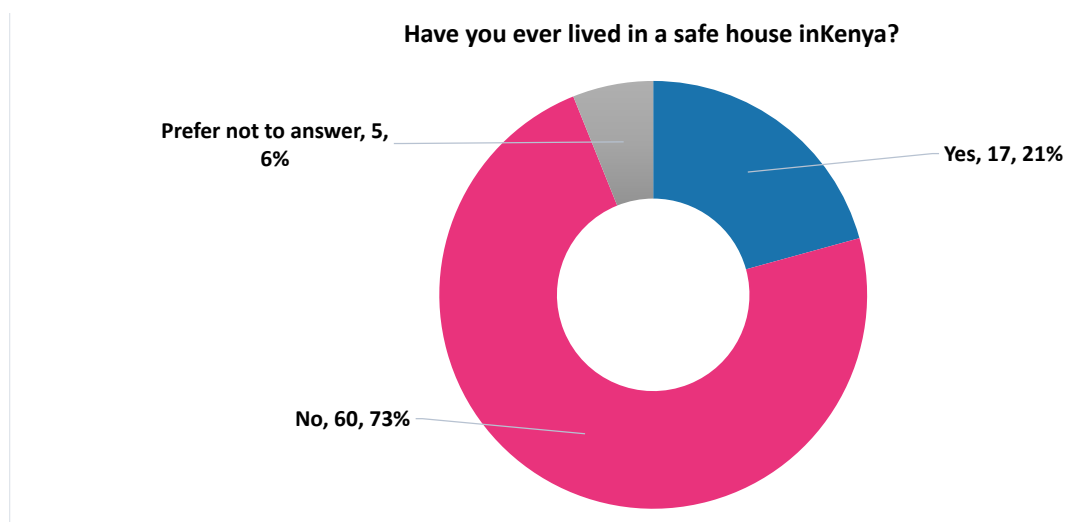


Figure 11: Experience living in a safe house

The high number of LGBTQI+ displaced persons who exist outside of the CBO-run safe houses aligns with shifting programmatic and institutional priorities in Kenya, such as the cessation of UNHCR funding for shelters and changing registration procedures. Although not generalisable, this data suggests that future interventions need to address multiple forms of housing insecurity.

2.3.3 Safe houses: Challenges and opportunities

The safe-house system has been predominantly practised in Nairobi, with most run by CBOs on shoe-string budgets. As well as providing accommodation, the safe houses allow for service provision, knowledge exchange and resource mobilisation. They also host meetings and trainings, support home-based businesses and distribute healthcare information and materials. For example, the RTI safe house undertakes a range of support activities:

We support the trans refugees and gender-nonconforming person through livelihood [projects]. We are in chickens [poultry-rearing], we sell rabbits, we also have a kitchen garden that brings us food from time to time. We also specialise in artwork as a way of therapy and also as a livelihood project because we get to sell the artwork. We do psychosocial support from time to time, based on funding. We do trainings, like legal trainings, safety training [and] safety tips. (CBO KII)

The importance of safe houses for the well-being and survival of LGBTQI+ displaced persons cannot be overstated. Participants living in other areas expressed a desire for similar structures. Establishing such a model in Mombasa and Nakuru, as well as expanding the current system in Nairobi, might help in addressing legal and protection issues, as study participants noted:

If there's a way we can have LGBTQ+ camp or safe houses in every county, I think it's going to be of much help and [be] easy to run. They [residents] will feel safe. (NGO KII)

Importantly, the CBOs managing safe houses stressed a need for long-term institutional and financial support, noting that they often take in referrals from institutions like HIAS but struggle to pay rent or procure essential items:

These safe houses have done a lot; they have done a lot more work than them [external organisations and services]. ... You have to take care of these people ... What we have to ask for is for rent [money] ... If you're giving us people, please give us also the accommodation. Give us money. We need money, resources for food, clothes and other things. You understand? So if they are sick, please provide transport, provide any partner who you work with, who is not homophobic, like a hospital which we can go and access these health services. That is what we are asking for. (FGD 2)

As this quote shows, the dearth of institutionally funded safe houses has forced CBOs to fill this gap by renting compounds in residential areas. These are sometimes sustained through grants to run outreach and training programmes, but often the CBOs need to generate their own income through livelihood initiatives or informal work opportunities. They serve as a collective response to the high cost of living – especially ballooning rental costs – while also providing a level of safety and support for residents: “You rather be in a safe house with your own people from your own country. At least you understand each other and you [can] co-exist” (FGD 4).

However, the current model is far from a solution. As evidenced by this and previous studies, CBO-run accommodation remains vulnerable to police raids, community surveillance, attacks from neighbours and arbitrary evictions by landlords. The constant threat of discrimination and violence forces CBOs to relocate frequently. The instability and temporariness of the safe houses is further compounded by a lack of finances, especially during moments of crisis or surging demands for assistance. Recent research also spotlights tensions within safe houses, especially those related to gender and nationality. Several CBO-run safe houses are also restricted to and/or run by Ugandans, which causes frictions among other nationalities. Some only accommodate specific identities, such as gay men and transgender women, leaving other groups vulnerable. Finally, residents often try to avoid attracting attention by remaining indoors, leading to anxiety, depression and other mental health challenges; some safe houses even prohibit residents from leaving the compound to ensure the location remains secret.

The quote above from FGD 4 references the benefits of safe houses, such as being with other LGBTQI+ persons from your home country, but it also hints at their potential for exclusion. The UNCHR representative interviewed for this study also noted there have been several incidents of intimate partner violence within safe houses. These concerns are reflected in the survey data, which saw only 9 respondents (56.25 per cent of those who have lived in a safe house) indicating that they considered this type of accommodation to be safe (Figure 12), while 4 respondents (25 per cent of those who have lived in a safe house) considered this type of accommodation to be unsafe and 3 respondents (28.75 per cent of those who have lived in a safe house) declined to answer. When considered together, the qualitative and quantitative data suggests a need for better safety and reporting protocols, as well as better management and accountability practices.

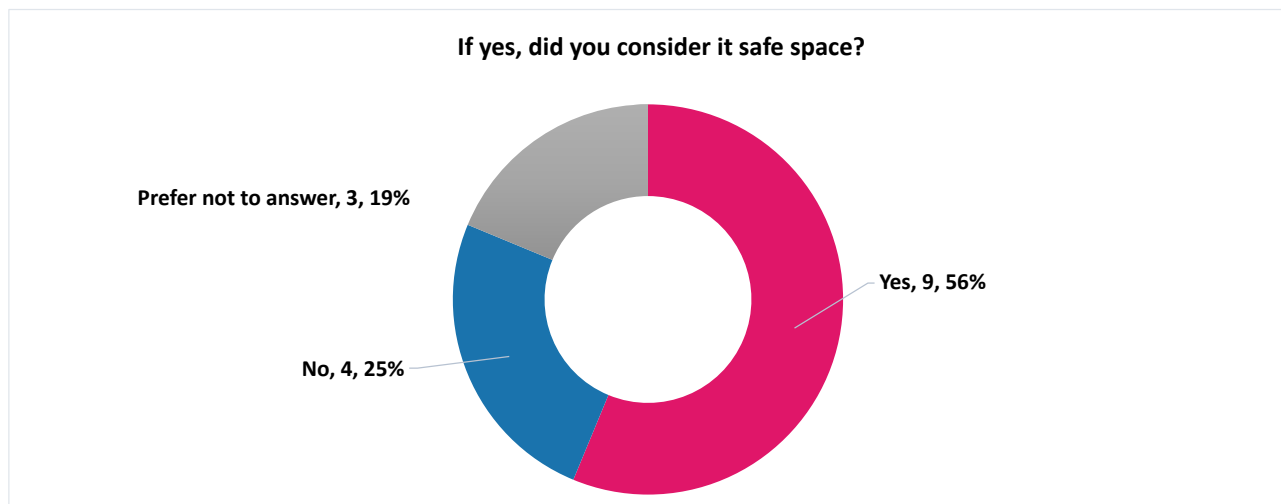


Figure 12: Safe house as ‘safe spaces’

Another challenge with the CBO-run safe houses is their distance from vital services, including LGBTQI+ organisations, affirming healthcare providers and the UNHCR. The current safe houses are located on the outskirts of Nairobi, making it difficult and expensive for residents to attend appointments:

If you don't have the money ... you're going to miss it. It's not that you don't want [to attend], but it's because financially, like, we're talking about a community that is already financially at a disadvantage, you know? Those are some of the challenges ... because these interviews are just like, yeah, they tell you like next week come but then ... if you don't have money to go there you're dead ... back in the days [when] we had support from [organisation name redacted], you know, when they used to give us financial stipend, that then helped. (CBO KII).

Access to housing is essential for the security and well-being of LGBTQI+ displaced persons, given their heightened vulnerability to exploitation and abuse, both of which can be exacerbated by homelessness. An organisational representative from Mombasa underscored the critical connection between housing and safety as they revealed how some LGBTQI+ displaced persons are forced into coercive or violent relationships because they are desperate for accommodation. An acute "fear of deportation" leaves these individuals "stuck in a relationship or in company that they're not comfortable with, but for survival reasons, they will just have to persevere with" (NGO KII).

When first developed, the safe-house model was envisaged as a temporary solution while residents awaited resettlement. However, in the intervening years, this outcome has become increasingly unlikely for most LGBTQI+ displaced persons. Given recent shift in both Kenya's domestic affairs and larger geopolitical trends, there needs to be more emphasis on creating sustainable, long-term housing infrastructure. The dissolution of the original UNHCR-supported safe houses has placed increased pressure on CBOs, many of which lack the skills, resources or mandate to fill this protection gap. A potential upsurge in vulnerable new arrivals, combined with a bottleneck in RSDs and ongoing moves by DRS to suspend registering LGBTQI+ asylum seekers, will continue to amplify the housing-related issues flagged here. Thus, it is recommended that human rights bodies and inter-governmental organisations prioritise creating and financing secure forms of accommodation.

2.3.4 Local integration

Critical insights on the integration status of LGBTQI+ displaced persons were gleaned from participants' perceived level of welcome within their host communities (Figure 13). Among survey respondents, 23 (28 per cent) felt explicitly unwelcome while an additional 5 (6.1 per cent) felt outright unwelcome. Encouragingly, some respondents did report more positive experiences – 21 (25.6 per cent) felt welcome and 1 (1.2 per cent) felt very welcome – while a large proportion 32 (39 per cent) indicated a neutral stance. There were also mixed responses to perceived welcomeness from specific groups, though some local actors were generally viewed as more antagonistic or inhospitable. Specifically, religious organisations, *boda-boda* operators, neighbours and landlords were seen to be the least welcoming segments of the local community (Figure 13).

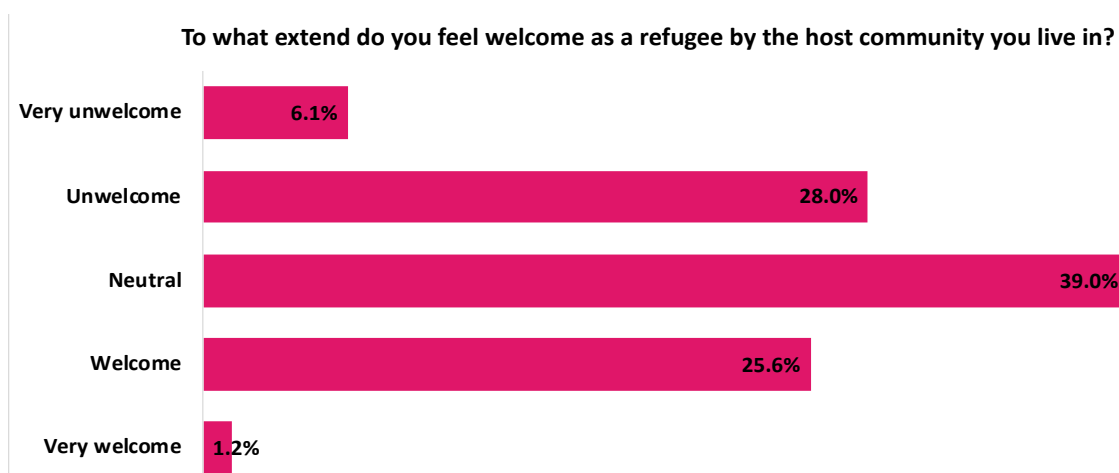


Figure 13: Extent of feeling welcome in host community

Participants’ sense of exclusion was driven by pervasive xenophobic and homo/transphobic attitudes within Kenyan society. How these discourses intersect and amplify one another is visible from the qualitative data. For example, one organisational representative pointed to widespread anxieties that refugees are out to “steal jobs” and that LGBTQI+ persons are a “threat to Kenyan children” and a cause of “cultural erosion” in Kenya. These views perpetuate harmful stereotypes that ultimately prevent LGBTQI+ displaced persons from integrating.

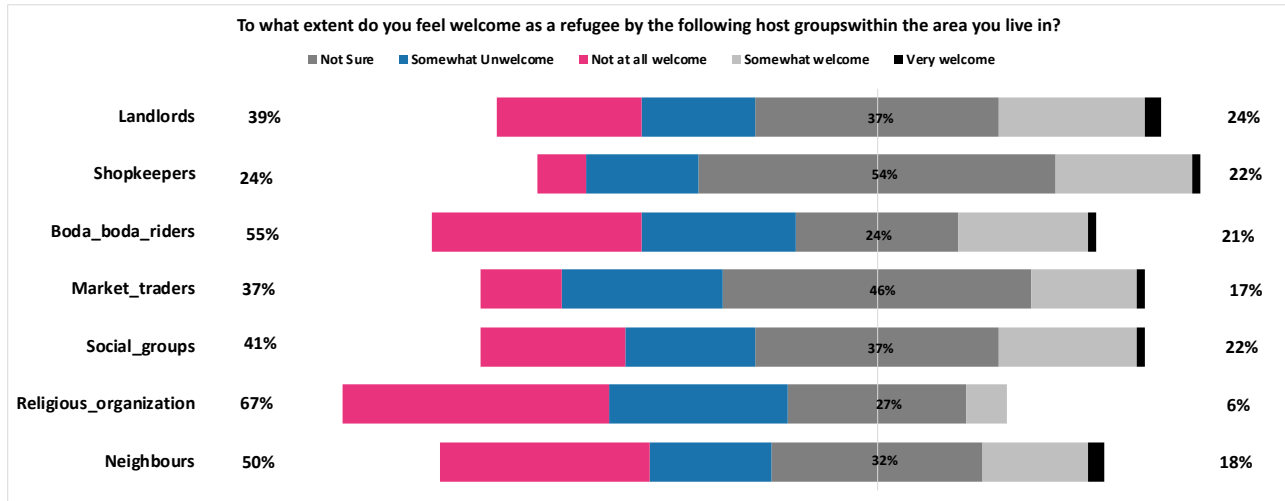


Figure 14: Extent of feeling welcome among particular host groups

As noted in existing literature, relationships with neighbours are a major concern for LGBTQI+ displaced persons. While there is evidence of positive interactions with neighbours, including times when they have proved to be urgent support, the general view is that neighbours are hostile and unwelcoming:

It depends on what neighbours you have, of course. Most people will be like, “You’re spoiling their community! You’re spoiling their kids! You’re promoting a cult!” There is so much denial in the community. ... [Neighbours] will look at you as someone who’s different and trying to bring a cult. (CBO KII)

Overall, LGBTQI+ displaced persons framed integration as undesirable. For most participants, third-country resettlement is viewed as the only available durable solution, despite the tiny percentage of refugees who are able to access this outcome. When asked about what needs to be done to ensure safe living conditions for LGBTQI+ displaced persons in Kenya, one participant provided the following response:

It’s resettlement. ... if the [local] people are not oriented, [if] the host community is not willing to take these people, the LGBT persons. Also, Kenya makes its laws homophobic. ... Resettle us in safe countries where we are going to live our life, where we are going to be, at least ourselves, where we are going to be happy. Yeah. (FGD 2)

A lack of desire to integrate was also flagged by one of the organisational representatives:

They [LGBTQI+ displaced persons] are not interested in that. I have never heard of anyone who feels like [they want] to be integrated into Kenyan system.

This qualitative and quantitative data clarifies why integration is seen as difficult, if not impossible. The survey found alarming rates of persecution: three-quarters of the survey respondents (62 – 75.6 per cent) indicated feeling unsafe or at risk within their urban environment. The types of persecution to which participants have been subjected is reflected in Figure 15, with 71 (86.6 per cent) of respondents reporting discrimination, 67 (81.7 per cent) reporting verbal abuse, 51 (62.2 per cent) reporting extortion, 37 (46.3 per cent) reporting attacks by community members, 36 (43.9 per cent) reporting arbitrary arrest, 29 (35.4 per cent) reporting police violence, 25 (30.5 per cent) reporting sexual abuse and 23 (28 per cent) reporting house raids. As noted above, persecution is

known to come from both state and non-state actors and to occur in multiple settings, including private houses, public spaces, religious institutions, government departments and service.

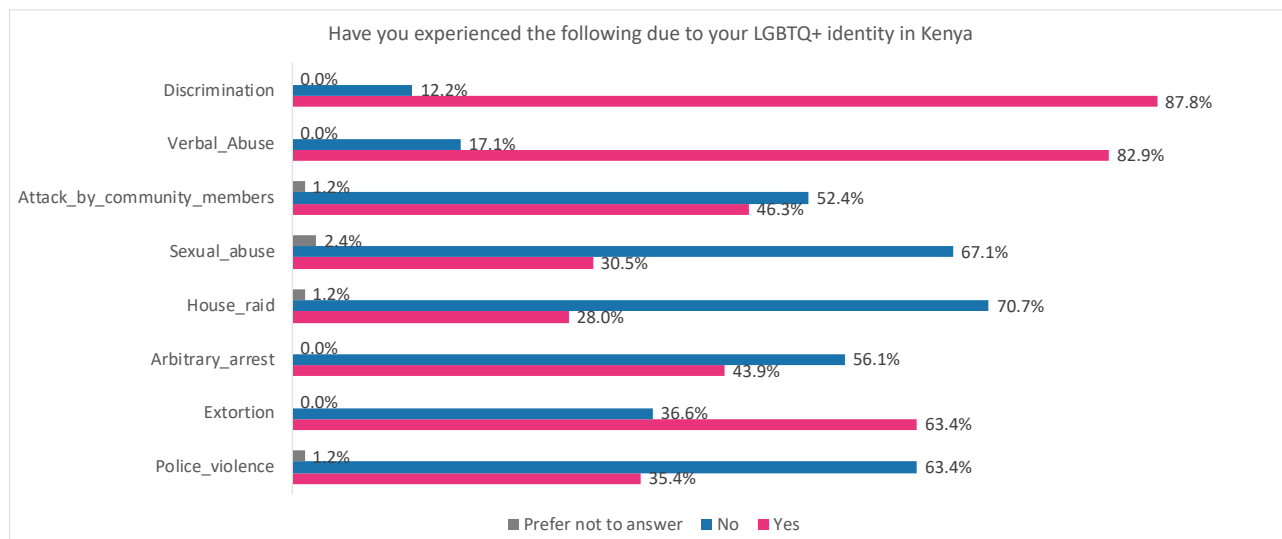


Figure 15: Types of violations experienced

Transgender, gender-nonconforming individuals and anyone seen to transgress traditional social norms, such as effeminate gay men or butch lesbian women, bear the brunt of violence and abuse:

The transgender community ... is the most vulnerable. Why? They can't hide who they are. ... The way they dress, you know, they are at risk ... So yes, the transgender community is the most vulnerable ... They even face discrimination even within the community. (FGD 1)

Transgender displaced persons are often encouraged to hide their identities, such as by changing their appearance or always staying indoors, if they want to avoid persecution:

When it comes to transgender people, they'll be like, actually, wearing those dresses [is the problem]. ... But I couldn't [keep a low profile]. This is who I am. So how long do you want me to hide? (FGD 2)

We have very many people who are trans, but they can't dress the way they are supposed to dress ... You have to dress in a way that hide your identity. That is it. (FGD 3)

Now in the community where I live, just imagine finding me the following day there and putting on a dress, or a skirt, walking around those streets. What do you expect? I can't believe that I can't even move five steps outside my house without being killed ... They say, security starts with you – just pray at home (FGD 3)

Organisational respondents agreed that it is often hardest for transgender displaced persons to exist in safe houses, let alone integrate into the surrounding community. These individuals are also often the targets of harassment and violence, as well as police raids on their homes:

I wouldn't really say they [transgender displaced persons] wanted really to be around here ... I'm sure they felt here is not safe because their house was raided more than once or twice ... They felt their safety was compromised, [their] security was compromised ... They find that peace and safety are not guaranteed, [that] local integration is not something. (NGO KII)

Butch lesbian women were seen to face similar challenges:

The hardest is the transgender. Because if [you are] a gay man, you just change your dress code. Nobody knows who you are. Nobody knows sexual orientation. And then also the lesbian – but, you know, most are studs and so people start questioning, "Are you a man or a woman? Who are you?" (NGO KII)

These experience of violence, discrimination, harassment and exclusion explain why LGBTQI+ displaced persons in Kenya regard integration as infeasible and impractical. Even those with refugee documents struggle to access the basic necessities for day-to-day survival. Indeed, many expressed deep frustrations with a system that seemingly did not want them to survive, let alone integrate:

We all know that ... the only durable solution is resettlement. Integrating is hard. Even me, who has an ID, who is an abiding refugee in the country, I'm limited. I feel like having this [refugee] ID is useless. Because there are places I show up, like a bank [and I find] a bank person telling me, "I don't recognise your ID. Why are you here from Uganda? Why did you run away?" And I have to explain myself over and over. Constantly. Yeah, so, like, we're not safe. ... The tiny things put me off. Even just registering a [phone] line. I'm not asking for anything. It's just a line and a bank account. ... I'd rather leave the country. (CBO KII)

Efforts towards integration are further hindered by the inflammatory language of Kenyan politicians. This riles up communities, alerting neighbours to safe houses and ultimately making LGBTQI+ displaced persons feel even more conspicuous:

We also had parliamentarians that have come out and said, "People who are [claiming asylum] on sexual orientation grounds need to go back to your countries." And this is something that has been taken lightly by both the agencies that work with this [issue] and also the government that's supposed to guide us. So how do you expect for the queer community to really enjoy integration? (CBO KII)

Due to this absence of security, many CBOs have focused their advocacy efforts on engaging with local authorities through training and sensitisation, hoping to mitigate police violence and garner assistance and protection. One of the organisations reported having a good relationship with a police officer in Nakuru who has supported them in overseeing cases of harassment against LGBTQI+ displaced persons.

LGBTQI+ displaced persons living in safe houses feel they work hard to form relationships with their Kenyan neighbours. These connections have allowed for limited and conditional forms of integration. Concerningly, these efforts often come at a high cost as refugees feel that their presence is only tolerated when they share their already meagre resources:

We try as much as possible to build rapport with the local community where I stay. We do have a poultry livelihood [project] and we try to buy [supplies] from the local shops, and then buy also the [food] pellets from the local shops. ... We also sell [chickens and eggs] at a very affordable price so that we can create that relationship [with neighbours]. ... I've seen when people come for us, [such as when] the raid happened in 2021. Still, the community was like, "We don't know them; they are bad people." Even when you try so hard. ... You have these two identities – you're queer and then you're a refugee – and one of them is going to get you out. ... If they're not coming to you [for] being queer, they're gonna come to you [for] being a foreigner. (CBO KII)

Some participants suggested that tolerance only occurs when communities realise that having LGBTQI+ displaced persons in the neighbourhood holds the potential for funding being spent on local goods and services. Thus, it is possible to suggest that even though local integration is not generally desired by displaced persons or encouraged by the state, the CBO safe houses do help to foster informal pathways for (limited and conditional) integration. In the absence of other models, continuing support for safe houses and the surrounding community is worth considering.

3. KEY GAPS RELATED TO THE PROVISION OF MHPSS, SRHR AND GBV

3.1 Overview

A small body of research considers the psychological and health challenges facing LGBTQI+ displaced persons in Kenya. These studies established that depression and anxiety are commonplace. Similar findings are reported across studies, with one concluding that “continued traumatic events and post-immigration stressors” cause acute distress. Another study also charts the negative impacts of compounded stressors, but it also foregrounds the formal and informal mechanisms being used to address these challenges, such as support groups and prayer sessions. While limited in their scope and reach, these community-based interventions show great promise. Similarly, a number of recent studies highlight the diverse physical and sexual health challenges facing this population, with many finding a severely increased risk for GBV and HIV. This situation is further complicated by the structural barriers to healthcare experienced by this population, as discussed below.

3.2 General health access

Although LGBTQI+ displaced persons have varied post-migration health and well-being needs, they share a common problem of struggling to access medical facilities and psychological services. A few survey respondents shared positive assessments of general health services in their area, though most expressed concern over the cost involved, high rates of stigma, limited types of medicine and rude or dismissive behaviours by staff. Participants mainly sought medical assistance from dedicated services targeting sexual and gender minorities and, by and large, felt satisfied with the care they received. However, the limited scope of these services – most deal exclusively with SRHR issues – means they can only certain healthcare needs can be addressed.

Encouragingly, some organisations knew of inclusive and affirming services in their area, with some even reporting efforts to forge partnerships with healthcare providers. For instance, one of the organisations in Mombasa noted “there are government facilities that have integrated healthcare for LGBTQI+ refugees in Bamburi, Kongowea, Changamwe and Magongo.” The work of HIAS to sensitise healthcare professionals to create safe referral spaces was highlighted. However, despite these critical intervention, LGBTQI+ displaced persons still experience pronounced barriers to healthcare.

The primary obstacle to healthcare appears to be either a lack of documentation (e.g. not having proof of registration or proof of refugee status) or a lack of knowledge among healthcare providers (e.g. not recognising or accepting types of documentation). Participants recounted numerous experiences of services being denied for these reasons: “One day, I was in Eastleigh where a family needed some health services, and they were unable to access because of documentation” (NGO KII). Moreover, a lack of cultural competency among healthcare providers with regards to gender and sexual minorities has led to inadequate service provision and even to homo/transphobic incidents. These encounters rob LGBTQI+ displaced persons of their dignity while also jeopardising their health and safety:

More often they [LGBTQI+ displaced persons] would complain about going to seek medical help to a certain hospital, and the nurses or the doctors start discriminating, which is sometimes direct, or sometimes they just refuse bluntly, like, “No! We cannot help ‘cause of this and this and that.” So it also puts their lives into risks. (NGO KII)

Recently, I went in the hospital. ... The doctor was like, “Why are you taking the hormones?” So, I was like, “I’m a transgender ... [He said,] “We don’t provide that, and we don’t know about hormones.” (FGD 2)

When you go to most of them [hospitals], especially as trans women, they say, “We don’t

know how to deal with you.” So what is that supposed to mean? I’ve come for services, I have A, B & C issues, just give me my medication. ... It becomes very difficult; it becomes a whole other issue. Or they tell you, “Ah, the ones who are supposed to work on you are not here.” So you go back home without getting the treatment you came for and the services you came for. (FGD 4)

A lack of knowledge about gender and sexual minorities has left LGBTQI+ displaced persons dissatisfied and frustrated with the public system:

For instance, a man [who is] bleeding in his behind, then the one [doctor] you’re telling ... [it] will be like you’re talking Chinese to him. He will not understand. So we need also to have access to private sectors. (FGD 4)

Financial constraints pose yet another hurdle, with participants having inadequate funds to buy medication or even pay for transport to facilities:

Where should I go? Because even if you have to go to Kenyatta hospital, and if you go to this public hospital, you will still need to pay to access medication. Okay, apart from [organisation name redacted] giving out this support of sexual reproductive health, there’s no organization that I know that renders services, in terms of health, to LGBTQI refugees ... You’re like, “Oh my god, I’m in hospital. I need this bill covered” (CBO KII)

Transportation – yes, it’s a big challenge. ... You find that you can miss [a medical appointment] because you don’t have transportation. You can’t get to all the way there ... and coming back. So, yes, it’s a challenge. (FGD 1)

Once people do arrive at medical facilities, they are often questioned about their registration status and/or refugee documentation (or lack thereof). Transgender women, in particular, noted that documents based on their assigned gender at birth not only brings safety risks and creates barriers to services but also has a detrimental effect on their overall health and well-being: “You end up being with a mental health issue...that’s the threat that I’m having” (FGD 2). Collectively, these challenges compound the already precarious circumstances faced by LGBTQI+ refugees, limiting their access to crucial healthcare in Kenya.

Encouragingly, there were some reports of participants having positive encounters with healthcare institutions, especially those where staff have undergone sensitisation:

Before I used to go to [organisation name redacted]. I would attest to their good service. If you go there, they see you as a patient and ... ask the right questions without judgement or stigma. ... Privacy is also a top priority among the staff ... I had a case where there was an information breach. The case was followed through, and the staff [member] was fired. The level of professionalism is high. (FGD 4)

This quote testifies to the myriad benefits of inclusive and sensitive healthcare. Establishing partnerships with specific health workers and/or institutions, especially those known to provide quality services, could be one way to alleviate the barriers identified by this study. Additionally, it may be possible to incorporate these health workers and/or institutions in future outreach activities. Harnessing their skills and knowledge, such as by using them as trainers, is likely to produce more sustainable outcomes.

3.3 MHPSS services

High rates of depression and anxiety, often coupled with substance abuse, persist among LGBTQI+ displaced persons. These conditions often stem from and are exacerbated by the myriad pre- and post-migration challenges faced by these individuals. Participants in this study identified poverty, discrimination, harsh living conditions and a general sense of hopelessness as contributing factors. Additionally, funding earmarked for LGBTQI+ healthcare often goes towards SRHR initiatives – e.g. the distribution of condoms and lubricants – creating a significant gap in resources for mental health and/or emotional well-being. Language barriers also impede access to services, with those who lack

proficiency in English and Kiswahili reporting difficulties in obtaining therapy.

Mental health services were criticised for being delayed or non-existent. Those who reached out for support often felt like they were not prioritised. Where mental healthcare services have been provided, they have not been always appropriate for the individual concerned. Lesbian and transgender refugees were specifically mentioned as needing tailored mental healthcare support commensurate with their identities and experiences. The long delay in available appointments provided by the UNHCR helpline for mental health support further exacerbates participants' distress. Waiting for appointments – which only become available every three months and, in some cases, may even take a year – further strained the emotional well-being of those needing support. There is a perception that organisations are either unwilling to provide mental healthcare support or more concerned with providing lubricant and condoms than listening to what LGBTQI+ displaced persons actually need. Many participants reported being told to seek medication or mental health support in the camp or being referred to doctors who had no knowledge of sexual and gender minorities.

CBOs play a vital role in providing psychosocial support through initiatives such as group therapy and peer counselling, though their capacity remains limited. For instance, financial constraints prevent them from hiring trained specialists, such as psychologists and psychiatrists, who can provide comprehensive care. The absence of professionals with training on sexual and gender minorities hampers the quality and depth of assistance provided. This challenge was not only flagged by LGBTQI+ displaced persons but also by the organisations who are supposed to assist them. The absence of dedicated MHPSS services makes wider support and advocacy challenging:

They should have ... psychosocial support, maybe group therapy, maybe online-based or in-person [therapy], they should have people to talk to refugees, especially when they're attacked. Maybe someone was attacked and now you're trying to help this person. Or maybe someone also has trauma from way back home and they've been dealing with that for a long time. How do you help this individual? They should have something to heal and at least support these folks mentally. (NGO KII)

While safe and equitable access to mental health support is a generalised concern, particular attention needs to be given to individuals with acute needs, such as neurodivergent LGBTQI+ displaced persons who may need medication or intensive support. Thus, any programmes geared towards mental health and well-being need to remain cognisant of the high rates of trauma and substance abuse within this population. As such, donors are encouraged to allocate dedicated funds for both general access and crisis response, while humanitarian organisations and service providers are encouraged to review, strengthen and expand current interventions.

3.4 SRHR services

Local organisations focusing on SRHR have played a significant role in the provision of healthcare to this population. Well over three-quarters of survey respondents (68 – 82.9 per cent) attested to being able to access SRHR services in their location, with a majority expressing satisfaction with the service received. However mixed levels of satisfaction reported (Figure 16) – while many respondents were either satisfied (19 – 23.2 per cent) or very satisfied (16 – 18.3 per cent) with the services they received, there were similar numbers who felt either dissatisfied (13 – 15.9 per cent) or very dissatisfied (11 – 13.4 per cent).

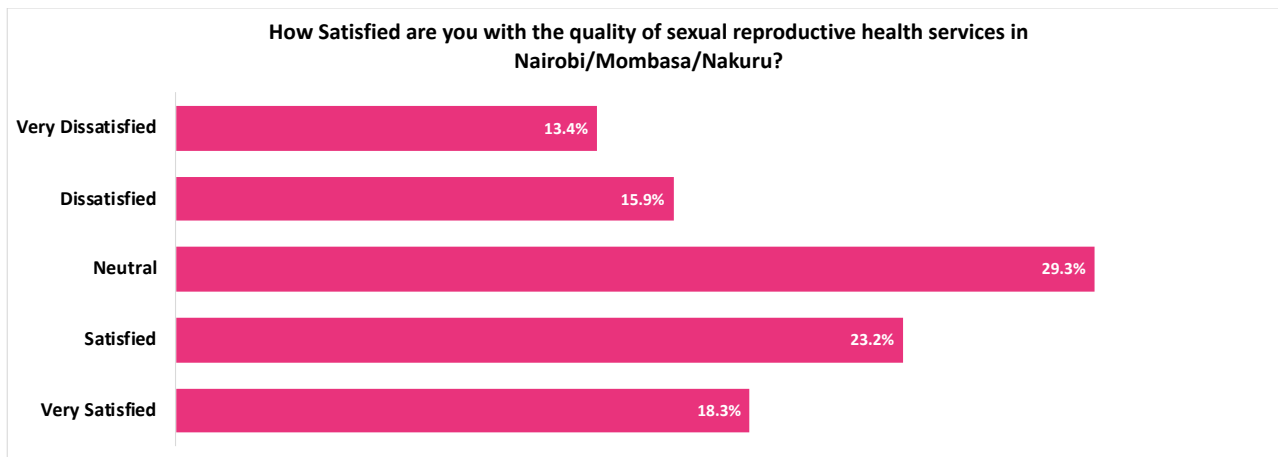


Figure 16: Satisfaction with SRHS services

HIAS was flagged as the main organisation offering SRHR support. While generally supportive and appreciative of these efforts, participants also flagged concerns with how these programmes overwhelmingly target gay men and transgender women. Ongoing sensitisation of care workers is still needed. Indeed, the challenges discussed above regarding general health access apply equally to SRHR. For example, participants reported struggling to afford transport and/or medicine:

For example, someone who is suffering from STI, there is certain medication and [an] injection that you need, so you can't even afford that. And when you go to these medical facilities ... they'll give you what they have, but you'll still need to buy some of the medication that they don't have. (CBO KII)

Many participants said that the focus on condoms and lubricants signals a lack of concern on broader SRHR needs. Support organisations expressed concern over an absence of information on the needs of transgender persons and lesbian women. This is particularly concerning given that these groups often face compound discrimination stemming from their perceived violation of hetero-patriarchal gender norms. For example, lesbian displaced persons remain susceptible to GBV as cisgender women, in addition to the homophobic and xenophobic violence they face. Transgender participants were deep frustrated by how hard it is to start or maintain consistent hormone therapy, with many questioning the lack of official guidance or support. Transgender organisations also noted the need for sexual healthcare, such as cervical scans for trans men, which are currently being overlooked in service provision. Further questions regarding anti-retroviral access for the broader LGBTQI+ community, when SRHR is weighted towards gay men were also raised. Finally, making SRHR information available in languages beyond English and Swahili was flagged as a future priority.

3.5 GBV services

Interestingly, GBV did not emerge as a strong theme in the FGDs or KIIs. The organisational representatives reported very few requests for help related to GBV. This contrasts with the survey results, where a high number of respondents (34 – 41.5 per cent) indicated first-hand experiences of GBV. These incidents were perpetrated by a wide range of actors, including police, employers, intimate partners, community members, sex work clients, *boda-boda* drivers and fellow prison inmates.

The survey found strong awareness levels of GBV services that address the needs of LGBTQI+ persons. Just under three-quarters of respondents (58 – 70.7 per cent) reported knowledge of such services. However, the survey also reveals the limitations of existing structures. A concerning number of respondents shared negative experiences when reporting or seeking help for GBV (Figure 17), with 17 (20.7 per cent) encountering minor barriers and 7 (8.5 per cent) encountering significant barriers.

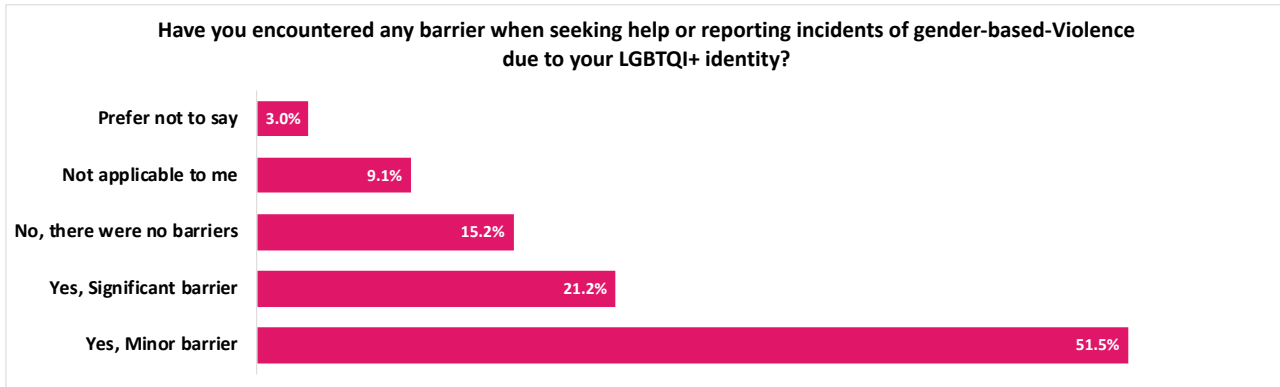


Figure 17: Barriers to seeking help for or reporting GBV

The criminalisation of sexual and gender minorities in Kenya is an important factor here. In the following quote, an organisational representative explains how the risk of being outed as an LGBTQI+ person is enough to dissuade a GBV survivor from reporting:

If you go there with a GBV case, no-one is going to actually really focus on that. Because, first and foremost, they’re going to ask – “Who is your partner?” Who is ready to out their partners there? And we are people having relationship with the same gender, you know? (NGO KII)

Worryingly, a high proportion of survey respondents reported never (11 – 13.4 per cent), rarely (11 – 13.4 per cent) or only occasionally (9 – 11 per cent) receiving support for the emotional and psychological impacts of GBV (Figure 18).

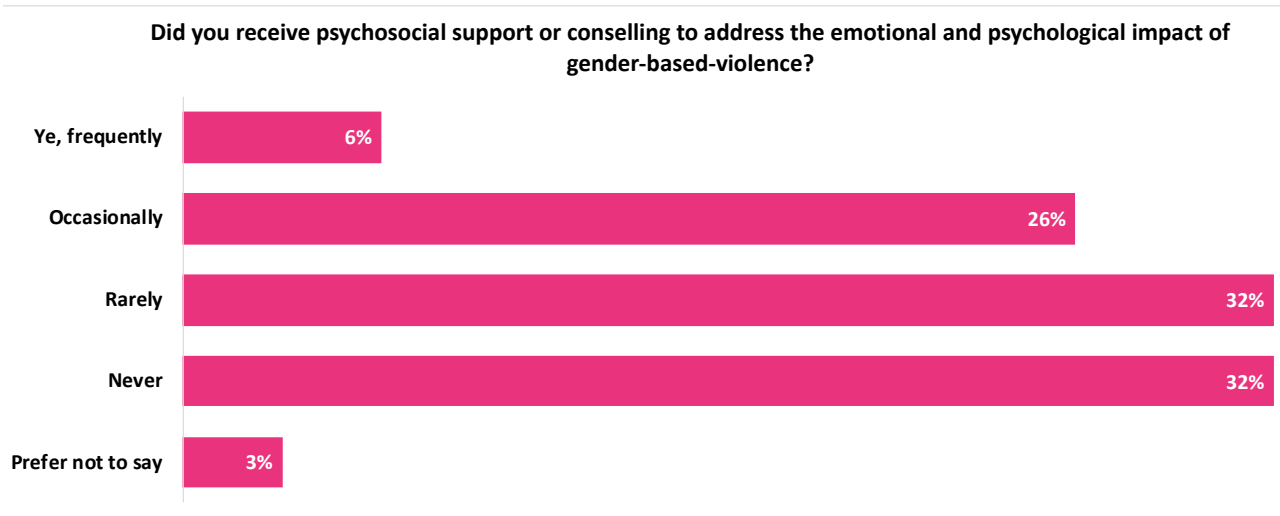


Figure 18: Emotional and psychosocial support for GBV

When read collectively, this data evidences a need for targeted, accessible and specialised forms of GBV support. The survey respondents overwhelmingly endorsed a call for GBV education and awareness projects, with almost all respondents (78 – 95.1 per cent) agreeing with this proposition (Figure 19).

Do you believe that there is a need for more education and awareness regarding gender-based violence within the LGBTQI+ community in Kenya

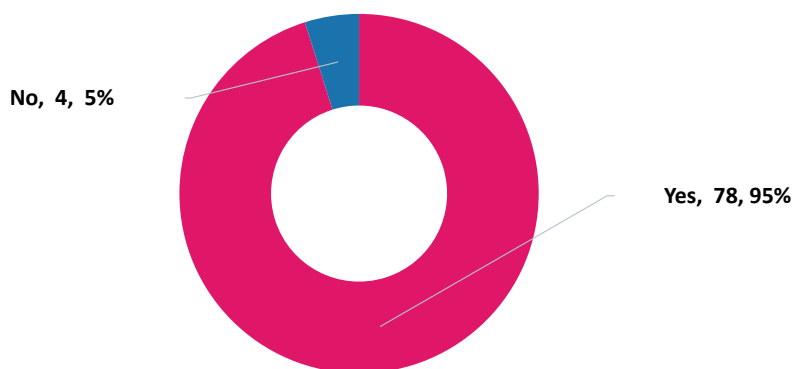


Figure 19: Need for education and awareness on GBV

3.6 Economic and livelihood challenges

3.6.1 Overview

One of the earliest protection responses instituted for LGBTQI+ displaced persons in Kenya was the establishment of, firstly, institutionally managed safe houses and, secondly, CBO-run safe houses. The latter allowed residents not only to pool resources and offer peer support but also to develop advocacy strategies, conduct outreach interventions and build income streams. Since then, the CBOs have proven to be invaluable nodes for service provision, resource distribution and knowledge exchange. However, many years of disinvestment by funders and inter-governmental organisations have undermined CBOs' ability to meet the needs of their members. Yet, at the same time, the CBOs continue to provide a critical foundation for self-sustaining livelihood projects. Reflecting on safety concerns and difficulties in accessing formal employment, one participant emphasised the value of livelihood projects linked to "safe spaces":

Queer refugees who are staying here in Kenya can't start up jobs initially out there. So, I believe the livelihood projects that queer refugees can carry out in their safe places and they make an income are better than coming out [of the safe house] because you know the risks of coming out and being on the ground. (FGD 1)

Others also emphasised their exclusion from the labour market and the need to develop alternative forms of income generation:

We create these activities. Like, I myself am an artist – I sketch, I can draw, I can paint. So, you can find someone who is passionate in, like, growing poultry. So, you find that they have that passion. And, actually, we have tried to do those kinds of whatever. We garden, we grow our food sometimes, you understand? So if you [donors] can support that, if you can support the people where they are, they can at least sustain themselves. Yes, they can pay their rent, they can buy food. Yeah, that's what we ask more from these people [donors]. ... When they're coming to assess us, they should ask, "What can you do to sustain yourself? How can we help?" Those are the questions we need to hear. (FGD 2)

I'm afraid to ask for a job. I think that if I ask for a job, they will look at me. They will be shocked and say, "You are queer person, and no-one will give you a job." Most of the times I stay in the house all day and [only] get out late at night (FGD 4)

I don't want to be out there so much in the public. I can always get a job online. I can always find something to do online. I can always rear chickens in the house. I can always advertise things that I'm selling online. (CBO KII)

This last quote illustrates the acute fear many participants have about working outside of a safe house. Many were convinced – due to previous experiences – that this would eventually lead to some form of violence.

While the ideal situation would be for documented LGBTQI+ refugees to access the formal labour market, this is largely impossible, as highlighted in this report and other studies. For this reason, livelihood projects remain crucial for the survival of LGBTQI+ displaced persons. However, it cannot be denied that livelihood programmes are challenging to initiate, not just because of socio-legal barriers to income-generation but also because the stated goal of most LGBTQI+ displaced persons is resettlement rather than local integration. Participants in this study spoke of different forms of livelihoods, including employment, self-employment and volunteering. The first of these options is exceedingly rare because of the combination of homo/transphobia and xenophobia that LGBTQI+ displaced persons face.

They have some xenophobia. ... You're not going to tell them [potential employers] your story. You tell them, "Oh, I'm here to school, or I'm a student, or I'm working." They'll be like, "Oh, you don't have schools in your country? In your face! What you really mean is you don't have jobs in your country and you have come here to work." (FGD 2)

These persistent barriers to employment reinforce participants' desire for resettlement.

3.6.2 Skills trainings

Study participants indicated having completed various skills trainings. These have been offered by different organisations in the hope of making LGBTQI+ displaced persons self-reliant. They often take the form of group projects and workshops. The trainings are focus on soft/transferrable skills or hard/technical skills that can potentially be turned into income-generating activities.

Participants in three FDGs have undergone various hard/technical skills trainings, including cooking and gardening. Others have also attended poultry-rearing workshops. These programmes were mostly conducted in safe houses and were envisaged as collective CBO projects. Other hard/technical skills trainings were geared towards individuals, including hairdressing, beauty and detergent-making.

Several participants reported undertaking trainings in soft/transferrable skills. The most common of these was financial literacy training. More recently, a Nairobi-based NGO has been offering courses on digital skills, remote working and online businesses (marketing, transcription, etc.). Other soft skill areas include legal awareness, which respondents described as very necessary. It should be stressed that while digital businesses might present a viable employment option, they ultimately rely on the existence of well-equipped safe houses. In the absence of safe houses, the ability to implement skills learned and become self-sustaining remains difficult.

While participants appreciated these investments in training, they frequently complained that the focus areas were not ones they had hoped for and that other options would have be more appropriate. For example, one participant who had been taught tailoring indicated that her interest was in acquiring culinary skills: "When the funders come, they come with their projects designed as things we automatically have to accept." Participants called for participatory discussions with funders/organisations to discuss the skills they need rather than the current top-down form of decision-making:

When the program is starting, you design it, right? Let's have that. Let me give you my views before creating something that does not speak to me. ... Their activities or programs they are coming up with, come back to the community because we know better. (CBO KII)

For other participants, a chance to go back to school, either a college or a longer technical course, would place them in better positions for different livelihood opportunities.

There was also a general sense that resources earmarked for training could be better spent. Several participants questioned how much money was being spent on lavish venues for meetings, and workshops. Concerns were also raised about the locations of these events, which often required participants to spend more money on travel than the transport reimbursement provided. It was suggested that funds could be better spent on funding small business ventures or even renting out spaces from LGBTQI+ groups or organisations:

[Donors and organisations] have this tendency of calling us for meetings ... There are like four hotels [the donors and organisations prefer]. Let me tell you something – I’m a refugee; you’re not a refugee. The problems we are facing, they are very difficult and different. ... There’s no point taking me to a hotel to have a meeting there. You give me breakfast, lunch and evening tea. You get the point? ... The meal for me, only one person has costed almost a good KES 5,000. You get my point? Only one person and you’ve got a number of almost 20 or 30 [in attendance]. After the meeting, I’ve been there from 8 [am] to 5 [pm], you’re giving me KES 300. I’m coming from where? Rongai. I’m coming from Utawala. The meeting was in town, and at times in Westlands. Now just calculate the transport cost from Westlands to town, from town to Rongai ... That’s why next time you’ll call me for the meeting I’ll be like, ... “No, I’m not going” ... The money you could spend at the [hotel name redacted], you can give back to the community. These guys can use it to pay rent or water. (FGD 3)

It was also suggested that meetings, workshops and trainings could serve as opportunities to support participants’ business ventures, such as by booking them for catering services rather than paying for meals at fancy hotels:

Instead of going to [hotel name redacted], we have community members who are good at this [cooking]. Matter of fact, you’re the ones who gave them training. What was the purpose of training them to start catering? So you give them the training. Now let them show you what they learnt. Give them the opportunity. (FGD 3)

Participants repeated stressed the need for careful consideration when choosing locations and booking venues for meetings, workshops and trainings.

3.6.3 Self-employment

Self-employment for LGBTQI+ displaced persons is hard to pursue due to structural barriers, particularly challenges with documentation. This is on top of economic challenges such as a lack of capital. Indeed, this community has few options for accessing start-up funds: a lack of documentation means people cannot get loans from banks, and their social and family networks are limited. Language barrier is another challenge to establishing businesses or finding other roles in the informal sector. As analysed in the integration section, many Kenyans believe that migrants and refugees are taking jobs, a misconception that fuels animosity. These compounded challenges were flagged by multiple study participants:

For the business, even if it’s hawking, you must have a license. And most of them [LGBTQ displaced persons], they do not have the right documentation. So, you need a license, or you need to pay the license ... [without these] at some point they’ll come and maybe just try to either arrest you or tell you to move out of there. Also, finding spaces like shops, you being a refugee, it becomes really hard because some of the communities, they would feel like you are a refugee and having this space here, this space belongs to the citizens ... Also for the language barrier as well, it is difficult to sell stuff while you do not even know the language. (NGO KII)

People should be given seed funding so they will start up some small businesses so they are able to take care of themselves. Because there are people who are beauty therapists, I mean hairdressers, yeah, but they lack someone to push them ... queer people are really the people who are educated. Right now in the communities, very many are doctors, they are teachers, they have skills, they have a lot to do. But just because we do not have funding and because they can’t even employ us at the jobs. So we really need that funding. (FGD 2)

Despite these challenges, several participants have taken up various forms of self-employment, many of which they had no experience with before arriving in Kenya. Those living together in safe houses often pursue joint projects so they can run them from the (relatively) safety of the compound. Examples include the poultry-rearing and kitchen-garden projects mentioned above. One of the safe

houses started its poultry business before the Covid-19 pandemic, but due to movement restrictions the business was disrupted. However, during better times, they have earned some income from selling eggs and chickens to people in the local area. A positive upshoot of this project was being able to form (transactional) relationships with neighbours.

Individual LGBTQI+ displaced persons sometimes pursue different entrepreneurial activities. These often involve selling products, such as second-hand clothes or food items, as well as running small-size hotels in their area of residence. A good number of respondents are in the beauty sector, working as private barbers, hairdressers and make-up artists. Others report hawking products on the streets, both on highways and in city centres.

Different forms of self-employment run for different periods of time. Reasons for the temporariness of self-employment include the low level of returns they generate, which often is insufficient to cover their basic needs. LGBTQI+ displaced persons must depend on their own community when businesses are doing poorly. However, when their businesses/projects are doing well, they try to support the community by offering employment, sharing resources or donating to earnings.

3.6.4 Employment

Some LGBTQI+ displaced persons have found employment in different fields. However, access to the formal sector is all but impossible for those without the required documentation:

I studied catering [in Uganda]. I came here to Kenya, and before they give you a job [here], they will ask for ID and medical. If you don't have a medical, you don't have an ID, then who will give you a job? That's what I have studied. The other option is to do construction work, in which they underpay, even though the work is quite intense and could cause more health issues to me. (FGD 4)

Participants identified various jobs they do in the formal sector – sometimes full time and sometimes part time – such as sales representatives, electric works, hairdressing and hospitality jobs (Figure 20).

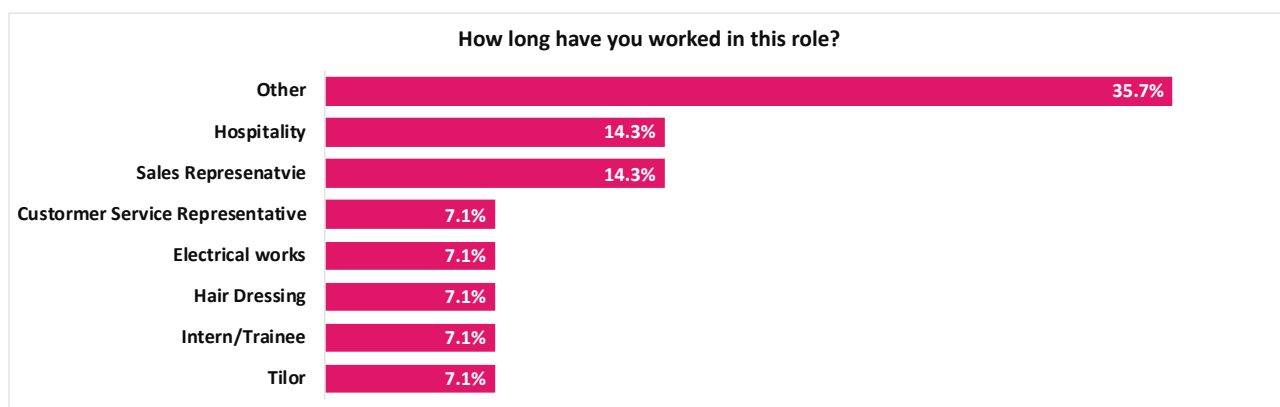


Figure 20: Types of employment

Many participants complained about the precarity of available employment, as well as the meagre income they generate, which is rarely enough to cover basic needs and often needs to be shared amongst the community. Thus, very few participants are satisfied with their current employment or their future prospects. They expressed frustration with having to move frequently from one job to the next (Figure 21). Of the fourteen survey respondents who are employed, half have been in their current role for less than a year. Only 1 participant (7.14 per cent of those who answered this question) have been in their job for at least five years. Encouragingly, ten of these fourteen participants (71.43 per cent) reported being confident they have the necessary skills and qualifications for their roles.

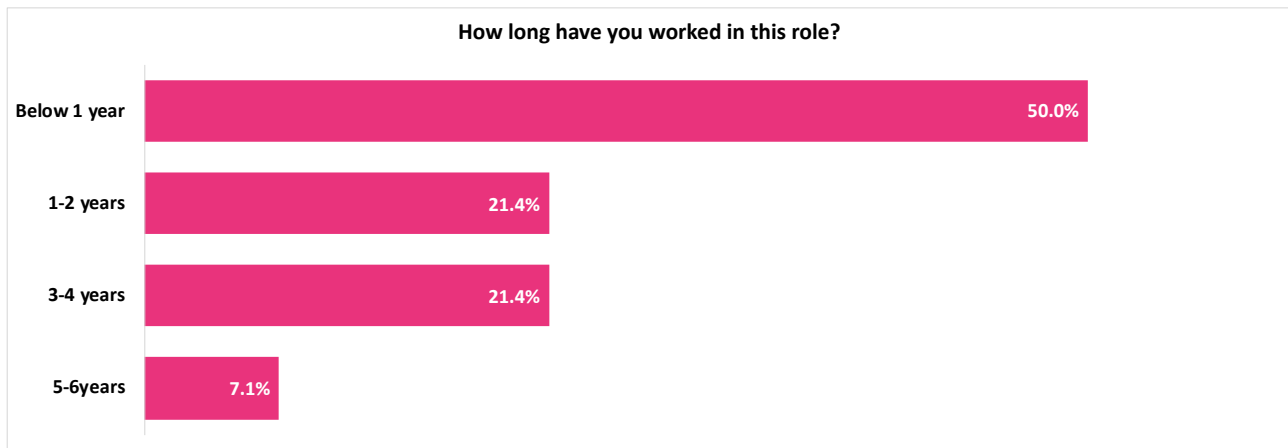


Figure 21: Duration working in current role

3.6.5 Volunteering

A few survey respondents (10 – 12.2 per cent) reported undertaking volunteer roles. This usually took the form of assisting with donor, CBO or NGO programmes. Such activities were seen as a way to gain much-needed professional skills and to build networks. Volunteering was also described as a form of giving back to their community.

3.6.6 Sex work

Those who could not access employment or struggled to maintain employment were often left with little choice but to turn to sex work:

I also do massage and sex work. Right now I miss out on so many clients because I don't have a house of my own because most clients want to come to your house. I have tried to ask for a job in a salon but it's the same issue of documentation. There was a time I got a job that was paying 15,000, I was asked to get documentation. I called the UN to help me with documentations and make a recommendation notifying the employer that they know me, but I was told to make appointment to go to Nairobi, yet I didn't have the fare, so I lost that job like that. Sad enough, I had to give myself sexually to secure the job. (FGD 4)

Survival sex was understood as a means to raise funds to keep safe houses going. However, collective living arrangements can make it difficult to do this work:

When you are living with your friend or in a safe house, there is usually no privacy to, for example, bring a client back to one's place. Thus, you either lose the client or spend [your] already meagre earnings on motels. (NGO KII)

Some organisations felt that most of the trainings and programmes for skills development and/or employment are aimed at Nairobi. Other cities lacked these initiatives, making survival sex the more prevalent form of employment. However, despite these reflections by organisational representatives, only a small number of LGBTQI+ displaced persons who took part in this study mentioned sex work. This is likely due to the stigma and judgement associated with this type of income-generation.

Participants who did report engaging in survival sex reported pronounced safety and security challenges, including stigma, harassment, police violence, difficulties accessing public health services, being robbed, exploited and/or raped by clients, and increased exposure to HIV and other STIs. A lack of private and safe venues to host clients can amplify a sex worker's risk of harm:

I am sex worker, and there is no privacy when bringing clients to where I live. This exposes me to security threats. ... Most of the clients would want to come to your place for sex. They don't want you to go their homes. My friend told me not to bring clients to his house, yet he knows I am a sex worker. There was a time my host had a client. He told me to go to the rooftop of that building as he was with his client. He had said that the client

was not taking a long time, [but] he ended up spending like two days ... My other friend had to bring me food and clothes. ... At times, Kenyan LGBTIQ, if they see you have a good client who takes care of you well, they will make sure they know who that client is and ... take him from you or spoil the working relationship with him. (FGD 4)

Concerningly, one participant reported being solicited for sex when seeking assistance from an INGO:

I went to [organisation name redacted] for help. ... The person told me that if you need my help, please you need to first sleep with me. Honestly, I'm not lying. I'm not lying. ... If you need my help, you need to sleep with me. (FGD 2)

Resorting to survival sex can increase an LGBTQI+ displaced person's vulnerability to abuse and exploitation, not only by clients and landlords but also by humanitarian workers and service providers.

4. MAPPING OF AVAILABLE SERVICES AND LOCAL RESPONSES, AS WELL AS IDENTIFY STRENGTHS AND GAPS WITHIN EXISTING COMMUNITY STRUCTURES AND NETWORKS.

This section includes a table of available services and local responses, as identified by study participants. The table lists the name of each organisation/service as well as information about its scope of work, geographical reach and target population. Additional MHPSS, SRHR and GBV organisations/services have been identified through desktop research. However, it is difficult to gauge their availability for LGBTQI+ displaced persons as no participants directly referenced them. We have included a list of the organizational websites in the appendix.

No.	Name of organisation	General description	Type / forms of support reported by participants	Geographical reach	Target population(s)
1	Amkeni Malindi	Amkeni Malindi provides a safe space by linking beneficiaries to low-cost social, legal and health services, from a variety of organisations. Amkeni Malindi also provides psychosocial, mental health support and trainings on SRHR. Amkeni Malindi is a member of galck+.	Not mentioned by participants (identified through desktop research).	Malindi and greater Kilifi County	LGBTQI+ persons and male sex workers
2	Amnesty International	General human rights, with a focus on justice and dignity. Main activities include advocacy, research and campaign-building.	Legal GBV	Based in Nairobi but primarily works at the national level	Not focused specifically on LGBTQI+ persons or displaced persons but does have a mandate to 'protect and empower' at-risk communities
3	Centre for Victims of Torture (CVT)	CVT has worked in Kenya since 2013, with the mission to heal the wounds of torture on individuals, their families and their communities. Their main activities include direct care, training, research and advocacy.	GBV SRHR MHPSS Livelihoods	Started off in Nairobi before opening centres in the Kakuma Refugee Camp and Kalobeyei settlement	Refugees, asylum seekers and host communities
4	Community Empowerment and Self Support Organization (CESSO)	CESSO creates employment opportunities, provides skills development, runs sport activities, and promotes advocacy awareness, offers safe housing and provides SRHR services to LGBTQI+ displaced persons while they await their RSD and resettlement processes.	GBV	Works in Kiambu and Nairobi counties	LGBTQI+ displaced persons

5	Christian Community Healthcare Foundation (COHECF Kenya)	COHECF Kenya is an NGO that empowers young people, particularly young women, in Nairobi’s informal settlements, through comprehensive programs focused on health, education, and economic opportunities. COHECF Kenya is a member of the Youth for Change Network (Y4CN), an international collaboration supporting the social and professional integration of vulnerable youth.	Not mentioned by participants (identified through desktop research).	Nairobi’s informal settlements.	Primarily focuses on young women between fifteen and thirty-five years of age, but also provides services to other vulnerable groups, including young men, people with disabilities, and LGBTQI+ youth.
6	Community Support Initiative for Refugees Kenya (CoSIR)	Founded in 2017 following the UNCHR’s cessation of financial assistance to LGBTQI+ displaced persons, CoSIR is a registered NPO. It provides holistic services to empower LGBTQI+ displaced persons, primarily through livelihoods and economic empowerment; legal aid and protection; Social support and community building; SRHR services and MHPSS support.	GBV SRHR	Nairobi	LGBTQI+ displaced persons
7	Danish Refugee Council (DRC)	An INGO that provides vital assistance and protection to refugees, IDPs and other vulnerable populations. DRC has been operational in Kenya since 2005 and is one of the UNHCR’s largest implementing partners. Focus areas include MHPSS, GBV, livelihoods, protection, emergency relief, education, and durable solutions	Legal MHPSS Livelihoods	DRC is present in Garissa (Dadaab & Garissa); Isiolo; Nairobi Urban (Eastleigh); Mandera; Marsabit; and Turkana (Kakuma, Kalobeyei and Lodwar) counties.	Primarily displaced persons but also works with vulnerable communities affected by conflict, natural disasters and other crises.
8	Department of Refugee Services (DRS)	A department within the Ministry of Interior and Coordination of the national government. It is responsible for managing refugees and asylum seekers in the country, including registration, documentation, protection, and assistance. DRS works closely with the UNHCR and other international organisations to provide services to refugees in Kenya.	Legal	DRS has offices in Nairobi, Kakuma, Dadaab, Mombasa, Eldoret, and Nakuru.	Refugees and asylum seekers

9	galck+	A Kenyan umbrella organisation that advocates for the rights of LGBTQI+ people. Services include counselling and legal aid. Also raises awareness about LGBTQI+ rights through education, advocacy campaigns and lobbying for law reform and anti-discrimination policies.	Legal GBV SRHR	galck+ membership is divided into three regional clusters: Batian (Rift Valley), Lenana (Nairobi and bordering counties) and Nelion (coastal). This clustering categorises member organisations by the regions in which they are based and operate.	Primarily LGBTQI+ Kenyans but also work with allies and partners, and increasingly with LGBTQI+ displaced persons.
10	Foundation for Lesbian Bisexual, Queer Refugees (FLBQR)	A CBO that works towards the improvement of the standards of living of marginalized LBQGNCR refugees/asylum seekers women refugees through capacity building on matters including but not limited to physical, sexual and mental health, security and safety, safe housing, skills development and economic empowerment, etc.	Livelihoods SRHR MHPSS	Primarily operates in Nairobi	Focuses mostly on refugee and asylum seekers who identify as LBQGNCR
11	HIAS	HIAS is an INGO that protects refugees and other forced migrants at heightened risk across many countries across the world. The organisation assists with registration and documentation, MHPSS, legal aid, protection issues and basic needs, livelihoods and self-reliance, education and skills training, and community engagement.	Legal GBV MHPSS Livelihoods	Primarily operates in Nairobi, but also does work in Kakuma, Dadaab, Kalobeyei, and Kacheliba camps. Has plans to expand its reach to other areas of need in future.	Refugees and asylum seekers, especially vulnerable groups, including LGBTQI+, children and persons living with disability.
12	HIV and AIDS People Alliance of Kenya (HAPA Kenya)	Established in 2011, the CBO attends to the needs of MSM and transgender women living with HIV and promotes positive living.	Legal GBV SRHR MHPSS	Working in Mombasa, Kwale and Taita-Taveta counties	MSM and transgender women living with HIV
13	HOPE World Wide Kenya (HWWK)	A faith-based humanitarian organisation committed to empowering communities to overcome poverty, addiction and homelessness. HWWK provides services through wellness and drop-in centres, in collaboration with county health medical teams. Key areas of work include HIV prevention, care, support and treatment, education subsidies, healthcare, nutrition, psychosocial support, shelter, vocational training, entrepreneurship training, support to access micro-finance, initiation of businesses, and linkage to the job market.	SRHR	Primarily works in Nairobi, but does conduct small-scale outreaches in other towns	Youth, orphans and vulnerable children Poor communities Marginalized and key populations

14	Health Options for Young Men on HIV/AIDS/STI (HOYMAS)	A male sex worker-led organisation with around 2,000 members. HOYMAS works to address issues affecting the sex work community. HOYMAS promotes the protection of human rights through police sensitisation, paralegal training, community training on human rights and advocacy for sex worker's rights.	Legal GBV SRHR MHPSS Livelihoods	Primarily operates in Nairobi, with outreach activities extending to other major towns in Kenya	Male sex workers
15	International Centre for Reproductive Health (ICRH)	An independent, local NGO. ICRH contributes to improving the health status of Kenyans by designing and implementing innovative, evidence-based and cost-effective interventions and research aimed at influencing public policy and practice in SRHR. Focus areas include SGBV prevention and response; adolescent sexual and reproductive health; HIV/AIDS prevention and treatment; maternal and child health; family planning.	GBV SRHR	Strong presence in Mombasa where the ICRH head office is located, but also carries out programs in other regions like Kwale and Kilifi.	Vulnerable and marginalised groups who face barriers to accessing quality SRHR services, including sexual and gender minorities; women and girls; people living in informal settlements and rural areas.
16	Ishtar MSM	A CBO that advances the SRHR of men who have sex with men (MSM). Involved in HIV/AIDS testing and counselling, sexual health education, legal aid, psychosocial support, outreach and peer education, and policy advocacy. Ishtar MSM is a member of galck+	SRHR	Primarily based in Nairobi, but also provides services to MSM in other parts of the country through outreach programs and partnerships.	MSM
17	Jinsiangu	A social justice organisation committed to creating awareness and respect for intersex, transgender and gender nonconforming (ITGNC) people in Kenya. Focus areas include legal aid and advocacy, psychosocial support, ITGNC-friendly health services, policy advocacy, and research	SRHR MHPSS	Primarily based in Nairobi, with activities and outreach extending to other parts of the country through partnerships and online platforms.	ITGNC individuals in Kenya, especially marginalised groups within the ITGNC community, such as young people, sex workers and those living in rural areas or facing poverty.
18	Kenya Refugee Population Consortium (KRPC)	KRPC's mission is to promote and protect the rights and dignity of refugees, asylum seekers, IDPs, and other forced migrants in Kenya and the wider East African region. Areas of work include legal aid and advocacy, psychosocial support, information and referral services, and capacity-building.	Not mentioned by participants (identified through desktop research).	Primarily operates in Nairobi, with some outreach activities in other regions, as well as engagement in the Dadaab and Kakuma refugee camps.	Displaced persons

19	Kenya Youth Development and Education Support Association (KYDESA)	Promotes the health and rights of the lesbian, gay and bisexual (LGB) communities. Focus on empowering LGB youth through education, advocacy and support services. KYDESA is a member of galck+	Legal GBV SRHR MHPSS Livelihoods	Primarily operates in Nakuru County but has also collaborated with organisations to provide support to LGB communities in other parts of Kenya.	LGB youth and adults, with a specific focus on marginalised groups, such as homeless youth.
20	Kenya Sex Workers Association (KESWA)	A national CBO of sex workers in Kenya, recognised by the Kenyan government as a legitimate organisation representing the interests of sex workers. Areas of work include legal aid and representation, HIV/AIDS prevention and treatment, economic empowerment programs, human rights advocacy, and psychosocial support.	GBV SRHR	National, with a presence in major cities and towns. Has member organisations in Nairobi, Mombasa, Kisumu, Eldoret, Nakuru and other locations.	Sex workers People living with HIV/AIDS Drug users.
21	LVCT Health	LVCT Health is committed to designing and implementing innovative approaches to HIV prevention, treatment, SRHR and GBV. Works with governments, healthcare facilities, and communities to reach the most vulnerable and marginalized populations. Other services include free HIV testing, counselling and antiretroviral therapy (ART).	SRHR	Works across 24 counties in Kenya, with a focus on high-burden areas.	Sex workers (MSM) People living with HIV Adolescents and youth Transgender individuals People who use drugs Persons living with disabilities.
22	National Council of Churches of Kenya (NCCK)	NCCK is a fellowship of Protestant churches and Christian organisations. It is committed to public service, advocacy and social responsibility. NCCK's nationwide presence allows it to tailor programs and interventions to the diverse needs and challenges of different regions in Kenya. Areas of work include education; health and nutrition; migration and displacement; humanitarian responses; governance, peace and security; climate change; and food security.	SRHR Livelihoods	NCCK maintains a nationwide presence with nine regional offices: Central, Coast, Lower Eastern, Nairobi, North Rift, Nyanza, South Rift, Upper Eastern and Western Region.	Refugees, IDPs and migrants Victims of violence and conflict Marginalised communities, including youth and women
23	The Nature Network	Nairobi-based transgender-led CBO. Runs a community house in Matasia, at the outskirts of Nairobi, offering shelter to a group of gay men and transgender women refugees, with numbers ranging between 15 and 30. Participates in information sharing, skill development and resource connection, community building and peer support.	GBV MHPSS	Nairobi	LGBTQI+ displaced persons

24	Nkoko Iju Africa	Nkoko Iju Africa is an NGO that was established with a purpose of dealing with ethnic imbalance that have significant impact on the key populations, the lives of teenage mothers transiting to sex work, at the grassroots level	GBV SRHR	Working in three counties, Mombasa Tana River and Kilifi.	Sex Workers, with an emphasis for young sex workers
25	North Star Alliance East Africa	A non-profit, public-private partnership supported by Aidsfonds. Its mission is to provide basic healthcare and safety to hard-to-reach populations, particularly sex workers in Kenya and Uganda. Use a network of 'Blue Box clinics' at major truck stops and border crossings to deliver essential services. Focus areas include SRHR services; violence prevention and response; community outreach and mobilisation; HIV prevention, treatment and care.	Legal SRHR	Have a presence in Nairobi and operate clinics at border crossings like Malaba.	Sex workers Truck drivers and other mobile populations Border communities
26	ORAM – Organization for Refuge, Asylum and Migration	INGO advocating for and supporting LGBTQI+ refugees and asylum seekers globally. Activities include information sharing, legal assistance, MHPSS and psychosocial support, and livelihoods and self-reliance.	Legal GBV Livelihoods	Work concentrated around main office in Nairobi, but also has a presence in Kakuma Refugee Camp, where it works with local organisations.	LGBTQI+ displaced persons
27	Persons Marginalised and Aggrieved (PEMA Kenya)	PEMA Kenya advocates for the human rights of marginalised and discriminated groups in Kenya, particularly sexual and gender minorities. PEMA is a member of the Gay and Lesbian Coalition of Kenya (galck+). Work includes legal aid and advocacy; healthcare provision; psychosocial support; community outreach and education; and economic empowerment.	Legal GBV MHPSS	Primarily operates in Mombasa and surrounding areas, but also conducts outreach activities in other parts of Kenya.	Sexual and gender minorities People living with HIV/AIDS
28	Psychiatric Disability Organization (PDO Kenya)	A user-led, community-based mental health organisation. PDO's goal is to improve the lives and well-being of people with mental disabilities through a person-centred, recovery-oriented approach. Activities include psychiatric and psychological services; mental health and awareness campaigns; and psychosocial interventions.	MHPSS	Primarily operates in Nakuru and surrounding areas.	People with mental disabilities Youth Women and girls facing GBV and its mental health consequences People living in poverty Individuals with disabilities experiencing intersectional discrimination.

29	Queerhive	A youth-focused, creative, and social support organization for lesbian, bisexual, queer womxn & gender-nonconforming folks (LBQGNC). Founded as the Kenya Campus Lasses Association (KCLA), it was re-structured in 2018 to reflect the needs of LBQGNC individuals. Undertakes legal aid and representation, training and resources on SRHR, and advocacy work.	Not mentioned by participants (identified through desktop research)	Primarily Nairobi but has run activities nationwide through its networks.	LBQGNC young adults in Kenya.
30	Q-Initiative	A CBO that focuses on providing safe spaces, education and support for LGBTQ+ youth and adults. Q-Initiative is a member of galck+	Not mentioned by participants (identified through desktop research)	Primarily operates in Eldoret and surrounding areas, such as Uasin Gishu and Trans Nzoia counties	LGBTQ+ people, especially youth over the age of eighteen.
31	Rainbow Women of Kenya (RWOK)	A grassroots human rights organization based that is dedicated to advancing the legal, health and socio-economic rights of LBTQ+ women. Provides legal aid and counselling, health services, economic empowerment and community support groups	Not mentioned by participants (identified through desktop research)	Mombasa and the Kenyan coast region	LBTQ+ women in
32	Refugee Consortium of Kenya (RCK)	Responds to an increasingly complex and deteriorating refugee situation in Kenya, the Great Lakes and the Horn of African Region. Advocates for the rights and well-being of refugees, asylum seekers and other forcibly displaced persons. Focus areas include legal aid and advocacy; psychosocial support; information and referral services, capacity-building; research and knowledge management.	Legal GBV	Nairobi, with some outreach activities in other regions.	Refugees, asylum seekers and other forcibly displaced persons groups Focus on vulnerable displaced populations, including LGBTQI+ individuals, people living with disabilities, and women and children
33	Refugee Trans Initiative (RTI)	A transgender led CBO that aims at improving the needs and rights of transgender refugees through advocacy and shelter that houses transgender rights defenders at risks.	Legal Livelihoods MHPSS	Primarily operates in Nairobi	Transgender refugee
34	RefugePoint	Focuses on identifying and supporting refugees facing significant vulnerabilities and barriers to resettlement. RefugePoint helps beneficiaries to rebuild their lives through permanent resettlement, complementary pathways, and self-reliance initiatives. Other areas of work include MHPSS, GBV prevention and response, and self-reliance programs.	Legal	Nairobi and the surrounding urban areas, such as Kangemi and Kawangware	Urban refugees Prioritises working with refugees who face specific challenges due to their age, gender, sexuality or disability

35	Swop Clinic	Areas of work include mental health and psychosocial support; economic empowerment; legal aid and advocacy; HIV prevention and testing; STI screening and treatment; and cervical cancer screening and treatment	GBV SRHR MHPSS Livelihoods	Currently operating in seven locations: Nairobi (Swop City Clinic), Thika Road, Kawangware, Korogocho, Mombasa, Kisumu and Nakuru.	Primarily focuses on female sex workers but also extends some services to male sex workers and transgender women
36	Tamba Pwani	A CBO dedicated to improving the lives of marginalised communities through livelihood improvement and health promotion.	Not mentioned by participants (identified through desktop research)	Focuses on coastal communities, primarily in Malindi, Watamu, and Kilifi townships	Coastal communities Women and girls People living with HIV/AIDS Low-income households.
37	Trans-sisters Nakuru	An ITGNC-led CBO that runs mental health program and provides trans-masculine sanitary hygiene	SRHR MHPSS Livelihoods	Nakuru	ITGNC community in Nakuru
38	Ukweli Mombasa	A CBO working to empower and advocate for the LGBTI community in the coastal region. Ukweli is a vital resource for LGBTI individuals, offering social support, legal aid, health services, economic opportunities, support groups and health services (HIV Testing and counselling).	Not mentioned by participants (identified through desktop research)	Primarily operates in Mombasa and the surrounding Kwale County, though its influence extends to the broader Kenyan coast	MSM LGBTI community
39	United Nations High Commissioner for Refugees (UNHCR)	The UN agency mandated to protect and assist refugees and asylum seekers worldwide. Has been operating in Kenya since 1991, providing life-saving assistance and protection. Works closely with the Kenyan government and other partners like NGOs and international organisations. Focus areas include registration and documentation; shelter and basic needs; healthcare; livelihoods and self-reliance; protection needs.	Legal GBV MHPSS Livelihoods	Operates in three main locations: Kakuma Refugee Camp in Turkana County; Dadaab Refugee Camp in Garissa County; and Nairobi, where it assists urban refugees and asylum seekers.	Refugees and asylum seekers. Prioritizes the needs of vulnerable groups, such as women, children, the elderly and people living with disabilities.
40	Watu Centre for Health & Advocacy (Wacha Health)	A registered CBO focusing on HIV prevention, MHPSS, SRHR and overall empowerment. Programmes include HIV prevention (testing and counselling); peer education; distribution of condoms and other prevention supplies.	Legal GBV SRHR	Primarily operates in Mombasa and Kwale counties on the Kenyan coast. Also engage in outreach activities and partnerships that extend their reach to other parts of the country.	MSM Sex workers Youth Marginalised communities

5. IMMEDIATE PROGRAMMING PRIORITIES AND RECOMMENDATIONS FOR LEGAL PROTECTION, MHPSS, SRHR AND GBV FOR LGBTQI+ DISPLACED PERSONS

5.1 Overview

The data presented above points to significant protection gaps for LGBTQI+ displaced persons in urban Kenya. While previous training, outreach and advocacy efforts have made important in-roads, this population continues to face pronounced safety and security risks. Given recent events in East Africa, and the high likelihood of further anti-LGBTQI+ crackdowns in the region, it is important that NGOs, human rights bodies and inter-governmental organisations continue to develop appropriate and effective interventions. Drawing on the findings of this study, the research team offers the following evidence-informed recommendations, categorised thematically.

5.2 Addressing legal and protection needs

- Advocacy efforts should be intensified to improve legal protections for LGBTQI+ displaced persons. Additionally, awareness campaigns on documentation processes and related rights should be strengthened to empower individuals with the necessary information to navigate complex and often dysfunctional legal and/or protection systems.
- LGBTQI+ displaced persons should be sensitised on available legal avenues. Accurate and accessible information should be disseminated to new arrivals who are yet to figure out how to navigate life within a shifting socio-legal environment.
- DRS officials and allied staff should be further sensitised on matters pertaining to gender and sexuality. While similar interventions may have been conducted in the past, there is an evident need for further capacity-building and, possibly, the development of targeted support structures. By and large, study participants found interactions with DRS to be unpleasant and often traumatising. Some engagements were marked by prejudice, judgement and hostile inquisitions into private matter. Transgender respondents found engagements with the DRS to be particularly challenging. A focal person dealing specifically with LGBTQI+ displaced persons would be ideal. It must be noted that study participants who had assistance of some kind reported being better equipped to navigate DRS and resolve registration- or documentation issues.
- Strategic partnerships should be developed between relevant actors, including human rights bodies, inter-governmental organisations, senior official at DRS and the executive branch of the Kenyan government. These should promote consistent, accountable and transparent practices within state institutions, with a focus on realising the human rights protections enshrined in Kenyan law. Government buy-in is crucial for improved service delivery and the rollout of any training and support programmes.
- Channels should be streamlined to deal with the different stages of the registration and RSD processes. The dial-in number provided for refugees to book appointments and follow up on cases is inefficient due to the backlog of cases. It would be prudent to lobby for diversifying the dial-in number (i.e. different numbers for specific issues/enquiries). This would allow displaced persons to reach DRS directly during the asylum process.
- Advocate for legal reforms to protect sexual and gender rights, prevent arbitrary arrests, and address issues of police violence and financial extortion.

5.3 Improving service provision

- Increased accessibility to healthcare is urgently required. Collaboration with healthcare providers to enhance inclusive service delivery is essential for meeting the varying needs of this diverse population. Particular attention should be given to addressing the observed challenges in MHPSS, considering the unique circumstances, traumas and vulnerabilities of LGBTQI+ displaced persons. Online mental health services or in-person services that travel to safe houses are two ways of addressing the access challenges described above.

- Outreach programmes are needed to ensure that frontline health workers, clinic/hospital managers and administrative staff are better equipped to provide inclusive, judgement-free service. In addition to dedicated trainings on gender and sexuality, these programmes must cover topics such as refugee documentation, referral pathways and human rights. Data from this study indicates that LGBTQI+ displaced persons face multidimensional barriers to healthcare and therefore future programmes must address each facet of this issue, including stigma, discriminatory behaviours, misinformation on laws/policies, lack of knowledge on gender and sexuality, and so on.
- Energy should be directed towards improving the accessibility and quality of SRHR services. Many felt excluded from the “condoms and lube” approach and noted that this predominantly suggested that SRHR is for gay men and transgender women. The underlying implication of this approach is that the only genuine concern for LGBTQI+ displaced persons is (safe) sex. This view was apparent in the data, suggesting a generalised absence of discussion, education and awareness related to GBV.

5.4 Training, advocacy, programming and research priorities

- Expanded skills-development initiatives are urgently needed to increase the employability of LGBTQI+ displaced persons. Support services and livelihood programmes should be strengthened to provide comprehensive assistance to LGBTQI+ displaced persons pursuing economic independence.
- While most study participants expressed appreciation for previous training opportunities, they complained that these were not what they had hoped for. Participants were able to identify training areas they considered more appropriate and feasible. Thus, it is recommended that participatory discussions be held between donors, organisations, community leaders and other relevant actors to prioritise skills that LGBTQI+ displaced persons need and want. Data from this study suggests that the current top-down decision-making approach needs to be re-evaluated. For some participants, a chance to go back to school, either at a college or a technical training institution, would better position them to pursue self-reliant, sustainable income-generation.

5.5 Safe housing and community integration

- Direct support for CBOs and safe houses is vitally important. These spaces have proven useful for service provision, resource distribution and knowledge exchange, as well as being sites where, to a certain degree, LGBTQI+ displaced persons can enjoy a basic level of self-care and earn (modest) incomes. However, dwindling finances and numbers due to the encampment policy means that collectively managed safe houses are becoming less viable and effective. They are also unable to address some of the community’s most urgent needs because of the increasingly restrictive socio-legal environment in Kenya. Those who have escaped the camps are usually not sheltered at existing CBOs because the presence of an undocumented or mis-documented person places the entire structure in danger. Thus, it is recommended that donors, human rights bodies and inter-governmental organisations prioritise creating, financing and supporting safe houses.
- Comparing the experiences of LGBTQI+ displaced persons in different cities shows that those in Nairobi with access to a safe house and/or CBO are far more able to engage in income-generating activities outside of survival sex. More research is required to confirm whether this is the case. Indeed, the interviews suggest a greater prevalence of survival sex in Mombasa, where housing is an ongoing struggle due to the absence of CBOs.
- Initiatives aimed at fostering a more inclusive environment for LGBTQI+ displaced persons are crucial. Educational programmes that address popular misconceptions and discriminatory behaviours should be developed. These must target both the host population and displaced populations, with a focus on community leaders, service providers, landlords and other key actors.
- Advocacy and awareness-raising campaigns that counter homo/transphobia and xenophobia must continue. Meaningful health and well-being outcomes for LGBTQI+ displaced persons require a more inclusive and tolerant social, legal and political environment. Strengthening links between LGBTQI+ Kenyans and LGBTQI+ displaced persons, while also continuing to work with and support broader LGBTQI+ activism, is crucial for realising this goal.
- Enhancing outreach strategies to ensure a more representative sample in future research is advisable. Specific efforts should be made to engage with demographics that are underrepresented, thus ensuring

a comprehensive understanding of diverse displacement experiences. Avoiding data replication, such as by not targeting the same research participants or duplicating research tools, will allow for richer data and, ultimately, stronger and more effective protection strategies.

5.6 Knowledge production and response strategies

- Collaboration with relevant stakeholders, including NGOs, government agencies and community leaders, is crucial for creating, promoting and implementing responsive and effective policies. Establishing community-based support networks, addressing mental health challenges and promoting mentorship programs for self-employed individuals are crucial to creating a more inclusive and supportive environment.
- Participants expressed deep frustration over their exclusion from decision-making processes. This was seen as a major reason for the limited success of earlier training, outreach and advocacy programmes. Drawing on the skills, knowledge and expertise of community members is essential for sustainable interventions. Donors, human rights bodies and inter-governmental organisations are encouraged to consult and engage with LGBTQI+ displaced persons at every stage of a project (design, implementation and evaluation) and to make adaptations where required.
- Given that a coordinated strategy is required to address the protection needs identified here, it is recommended that HIAS establish a steering group or advisory panel before embarking on any future activities. This body should be diverse in nature, comprising service providers, community representatives and other key stakeholders. It is strongly advised that scholars be included to promote knowledge exchange. Much of the academic research being done on LGBTQI+ displaced persons in Kenya does not filter down to civil society. This creates missed opportunities for evidence-based interventions.

6. HIAS' VALUE-ADD RESPONSE TO THE CRISIS AND AREAS OF SCALING UP

HIAS is uniquely positioned to implement the recommendations listed above and to address the protection gaps identified by this research. While HIAS may be limited in terms of the direct services it can offer, it is able to play a vital coordination and oversight role, especially with regards to resource distribution, stakeholder engagement and capacity building. HIAS' established reputation in Kenya, combined with its strong working relationships with state agencies, inter-governmental organisations, civil society, community networks and other actors, has the potential to yield a harmonised and sustainable response. In particular, HIAS has the expertise and skills to form strategic partnerships, spearhead training interventions, advocate for inclusive access, leverage existing mechanisms, and establish and/or strengthen community-led responses, with the ultimate goal of promoting effective and appropriate service delivery.

There have been many attempts to safeguard and promote the rights of LGBTQI+ displaced persons in Kenya. However, as is clear from this study and earlier research, these efforts have been undermined by a lack of collaboration, a limited conceptualisation of 'protection' and a top-down approach to decision-making. One way to mitigate against similar outcomes is to develop multi-stakeholder interventions that respond to the disparate needs of LGBTQI+ displaced persons. This means acknowledging the changing demographics of this population (i.e. including those individuals who are continually overlooked when projects are designed and implemented), the intersectional challenges facing particular subgroups (i.e. addressing the needs of transgender men and lesbian women, as well as those of the homeless and non-Ugandans) and the relationship between space, geography, identity and vulnerability (i.e. not just recognising the city in which beneficiaries are based but also where in these cities they live, work and access services, as well as any inter-urban migration patterns). Should HIAS approach future programming with these considerations in mind, the organisation will have much greater success in rolling out and/or scaling up service delivery.

HIAS' key strength is its ongoing involvement in working groups, multi-sector partnerships and topic-based forums (especially those linked to GBV, MHPSS and SRHR), as well as its close working relationship with different state agencies. This will make it easier for HIAS to establish buy-in from key stakeholders and to align future interventions with existing areas of work. This should avoid the programme duplication seen in previous years.

HIAS has the potential to drive a more cohesive response to this unfolding humanitarian crisis. This research has shown – yet again – that multifaceted protection issues cannot be tackled when they are approached as discrete phenomena. For example, improved mental health outcomes for LGBTQI+ displaced persons will require more than better access to services; this goal will only be achieved if it is part of a larger programme of work that addresses legal barriers, housing discrimination, community integration and self-sustaining livelihoods. HIAS' background in these various fields is an enormous advantage, especially if this experience and knowledge is harnessed when developing, implementing and evaluating new programmes.

However, while HIAS is in a good position to scale up or build on current services, doing so will require a significant investment. A major weakness of earlier protection interventions was their framing as short-term crisis responses. Meaningfully addressing the protection needs identified in this study will require an evidence-based strategic plan and enough human and financial resources to sustain a long-term, multi-partner, multi-sectoral intervention. Thus, HIAS should engage with various donors and stakeholders before embarking on any programmatic work.

Overall, HIAS' core values, political orientation and wealth of experience makes it well placed to take this work forward.

APPENDIX I – MAPPED ORGANIZATIONS WEBSITES

Organizational Name	Website
Amkeni Malindi	www.amkenimalindi.org
Amnesty International	www.amnesty.org
Centre for Victims of Torture	www.cvt.org
Community Empowerment and Self Support Organization (CESSO)	www.cessoke.org
Christian Community Healthcare Foundation (COHECF Kenya)	www.cohecckenya.org
Community Support Initiative for Refugees Kenya (CoSIR)	www.cosirkenya.org
Danish Refugee Council (DRC)	www.drc.ngo
Department of Refugee Services (DRS)	www.refugee.go.ke
galck+	www.galck.org
Foundation for Lesbian Bisexual, Queer Refugees (FLBQR)	www.flbqr.org
HIAS	www.hias.org
HIV and AIDS People Alliance of Kenya (HAPA Kenya)	www.hapakenya.org
HOPE Worldwide Kenya (HWWK)	www.hopewwkenya.org
Health Options for Young Men on HIV/AIDS/STI (HOYMAS)	www.hoymaskenya.or.ke
International Centre for Reproductive Health (ICRH)	www.icrhk.org
Ishtar MSM	www.ishtarmsm.org
Jinsiangu	www.jinsiangu.org
Kenya Refugee Population Consortium (KRPC)	www.rckkenya.org
Kenya Youth Development and Education Support Association (KYDESA)	www.kydesa.org
Kenya Sex Workers Association (KESWA)	www.keswa-kenya.org
LVCT Health	www.lvcthealth.org
National Council of Churches of Kenya (NCCK)	www.ncck.org
Nature Network	https://twitter.com/Thenature_net
Nkoko Iju Africa	www.nkokoijuafrica.org
North Star Alliance East Africa	www.northstar-alliance.org
ORAM – Organization for Refuge, Asylum and Migration	www.oramrefugee.org
Persons Marginalised and Aggrieved (PEMA Kenya)	www.pemakenya.org
Psychiatric Disability Organization (PDO Kenya)	www.pdokenya.org
Queerhive	www.queerhive.org
Q-Initiative	www.qinitiativecbo.org
Rainbow Women of Kenya (RWOK)	www.rainbowwomenofkenya.org
Refugee Consortium of Kenya (RCK)	www.rckkenya.org
Refugee Trans Initiative (RTI)	www.refugeetransinitiative.org
RefugePoint	www.refugepoint.org
Swop Clinic	www.swopke.blogspot.com
Tamba Pwani	www.tambapwanicbo.org
Trans-sisters Nakuru	https://twitter.com/NetworkNakuru
Ukweli Mombasa	N/A
United Nations High Commissioner for Refugees (UNHCR)	www.unhcr.org
Watu Centre for Health & Advocacy (Wacha Health)	www.wachahealth.org

APPENDIX II – FGD INTERVIEW SCHEDULE

Section 1: Introduction

Greetings. My name is [...], and I represent HIAS in a study assessing the protection needs and service gaps affecting LGBTQI+ refugees in Nairobi, Mombasa, and Nakuru.

We are looking to understand the unique challenges the community members face, including issues related to legal protection, Mental Health and Psychosocial Support (MHPSS), Sexual and Reproductive Health and Rights (SRHR), and Gender-Based Violence (GBV).

We will also be evaluating the adequacy of existing services and community support structures.

The objective of the study is to inform immediate and long-term programming priorities.

You have been invited to participate in this Focus Group Discussion due to your background and unique perspectives as members of the LGBTQI+ community. Your input will help shed light on some of the key issues affecting LGBTQI+ refugees in Kenya and how these can be addressed.

Please note that you are not under any obligation to participate in this study or to answer any questions. You are free to withdraw your participation at any point without consequence. If you wish to have your name and contact details removed from our list of participants, you may send a request to evalyne.adhiambo@hias.org. However, once we have proceeded to the data analysis stage, withdrawing your responses will not be possible. Your responses will have no bearing on your access to HIAS services or your relationship with the organization.

The FGD will last for about one and a half hour (90 mins), but it could be shorter or longer depending on the nature of the responses and also your own availability. If you are constrained for time, you are free to leave at any point.

The research team will work to ensure your confidentiality and anonymity. Your personal details will be de-identified to ensure they are not connected to the information you provide. Your name or any other unique identifiers will not be disclosed in our report.

All data gathered will be stored securely in encrypted electronic records by Lotus Consulting for the span of the project. After that, Lotus will transfer all the data to HIAS who will hold the data for an additional three years, after which it will be deleted.

And now, I must seek your verbal consent before we continue with the interview.

Please indicate that you have understood the purpose of this interview.	Y/N
Please indicate whether you are willing to participate in this study.	Y/N
Please indicate that you've understood our commitment to keep your identity anonymous and your participation in the study confidential.	Y/N

[Once verbal consent has been obtained, the interview can proceed.]

Do you have any questions or require further clarification before we commence?

Instructions to interviewer

- Consent: Confirm that they consent to taking part in the interview. Remind them that they can terminate their participation at any point.
- Affirm that all answers are valid: there are no right or wrong answers. We are looking for perspectives of different people in the sector.
- Remind participant that interview is confidential, so identifying information won't be shared outside of the study. Participants will remain anonymous in any external publications or presentations.
- Ask for consent to record the interview (as necessary, not crucial). Be sure to get a verbal confirmation before continuing.

Icebreaker

1. What do you think are the main issues faced by LGBTQI+ refugees in your community?
2. What are the main causes of the challenges listed above?

Section 2: Legal Protection:

Let's begin with talking about the Documentation of LGBTQI+ refugees in urban Kenya.

1. What are the main/major challenges that LGBTQI+ refugees face with respect to documentation?
2. How effective is the DRS in offering the documentation services to LGBTQI+? (Probe: Compare with UNHCR)
3. How well do you think LGBTQI+ refugees are handled by staff at DRS when seeking registration?
4. Are you aware of LGBTQI+ refugees who have not sought registration? If so, why?
5. How do you think the situation can be improved?
6. In your opinion, what is the experience of LGBTQI+ refugees with the asylum and RSD seeking process?
7. How can asylum and RSD seeking process be improved?

Let us now explore their access to legal services

1. Do you believe that LGBTQI+ refugees have adequate access to legal services?
2. Where do LGBTQI+ refugees go when they need legal protection support?
3. What are the major barriers that LGBTQI+ refugees in Kenya face in accessing legal protection?

Section 3: Gender Based Violence Response and Risk Reduction

Let's talk about the safety of LGBTQI+ refugees in urban Kenya and the risk reduction measures.

1. How safe do you think the living conditions of LGBTQI+ refugees in urban areas in Kenya are?
2. In your opinion what are the major threats to the safety of LGBTQI+ refugees in Kenya?
3. What are the ways in which LGBTQI+ refugees respond to threats on their safety?
4. What do you think needs to be done to make the living conditions of LGBTQI+ refugees in Kenya safer?
5. What are the main challenges you experience with respect to your housing conditions in Kenya?

Section 4: Local Integration

Let's talk about integration of LGBTQI+ refugees in urban Kenya

1. To what extent do you think that LGBTQI+ refugees are interested in Local integration? (Probe for reasons)
2. Based on your experience, to what extent do you believe that LGBTQI+ refugees are welcomed by their neighbours?
3. To what extent do LGBTQI+ refugees have access to religious/spiritual formations?
 - (Probe for differences between the various groups: L, G, B, T, Q, I)

4. How well do you think LGBTQI+ refugees are treated by the local authorities, e.g. the police, chiefs, government officials?
5. What are your main concerns related to your local integration in Kenya? (e.g., xenophobic attacks, police harassment, arbitrary arrests, deportation, others)

Section 5: Community Based Mental Health & Psychosocial Support

Let's begin by talking about physical health or medical conditions:

1. Do you believe that LGBTQI+ refugees have adequate access to Sexual and reproductive health care services?
2. What are the barriers that LGBTQI+ refugees face in accessing Sexual and reproductive health care services?
3. Where do you think LGBTQI+ refugees go to seek Sexual and reproductive health care services when they are ill?
4. What are the main challenges you face in accessing Sexual and reproductive health care services in Kenya?
5. What improvements can be made to access to Sexual and reproductive health care services when you need them in Kenya?

Let us now proceed to talk about mental health:

1. Do you believe that LGBTQI+ refugees have adequate access to mental health / psychosocial support?
2. What are the barriers that LGBTQI+ refugees face in accessing mental health / psychosocial support?
3. Where do you think LGBTQI+ refugees go to seek mental health / psychosocial support when in need?
4. What are the main challenges you face in accessing mental health services in Kenya?
5. What improvements can be made to access to mental health services when you need them in Kenya?

Section 6: Economic Inclusion

Let's now proceed to the final thematic area:

1. What are the main livelihood opportunities/ economic activities that LGBTQI+ refugees participate in?
2. What are the main barriers that LGBTQI+ refugees face in accessing livelihood opportunities?
3. What are the main concerns or challenges that LGBTQI+ refugees face in your current work or volunteering activities in Kenya?
4. Are you aware of any programs that support LGBTQI+ refugees to participate in livelihood activities? (Probe for examples)
5. In your experience, what aspects of the current programs supporting LGBTQI+ refugees in livelihood opportunities have been particularly effective? Do you believe that these livelihood opportunities programs are reaching and benefiting the LGBTQI+ refugees who need them the most?
6. What do you think are the gaps in these livelihood programs?
7. How can these programs be improved?

Section 7: Wrap up

As we wrap up,

1. Is there something that we have not covered which you think is important to address?
2. Is there anyone else you think we should talk to or a document we should read?

We greatly appreciate your valuable time and insights. Your contribution will be instrumental in enhancing the design and execution of future initiatives aimed at LGBTQI+ refugee protection.

APPENDIX III: KII INTERVIEW SCHEDULE

Section 1: Introduction

Greetings. My name is [...], and I represent HIAS in a study assessing the protection needs and service gaps affecting LGBTQI+ refugees in Nairobi, Mombasa, and Nakuru.

We are looking to understand the unique challenges the community faces, including issues related to legal protection, Mental Health and Psychosocial Support (MHPSS), Sexual and Reproductive Health and Rights (SRHR), and Gender-Based Violence (GBV) and Economic Inclusion

We will also be evaluating the adequacy of existing services and community support structures.

The ultimate goal of the study is to inform immediate and long-term programming priorities.

You have been invited to participate in this Key Informant Interview due to your valuable experience and insights emanating from your work with the LGBTQI+ refugees community. Your input will help to illuminate some of the key issues affecting LGBTQI+ refugees in Kenya, and how these can be addressed.

Please note that you are not under any obligation to participate in this study or to answer any questions. You are free to withdraw your participation at any point without consequence. However, once we have proceeded to the data analysis stage, withdrawing your responses will not be possible. Your responses will have no bearing on your access to HIAS services or your relationship with the organization.

The interview will last for about one (1) hour, but it could be shorter or longer depending on the nature of the responses and also your own availability. If you are constrained for time, we will be happy to reschedule the interview or revisit issues we will not have covered at a later point.

The research team will ensure your confidentiality and anonymity. Your personal details will be de-identified to ensure they are not connected to the information you provide. Your name or any other unique identifiers will not be disclosed in our report.

All data gathered will be stored securely in encrypted electronic records by Lotus Consulting for the span of the project. After that, Lotus will transfer all the data to HIAS who will hold the data for an additional three years, after which it will be deleted.

If you wish to have your name and contact details removed from our list of participants, you may send a request to evalyne.adhiambo@hias.org

And now, I must seek your verbal consent before we continue with the interview.

Please indicate that you have understood the purpose of this interview.	Y/N
Please indicate whether you are willing to participate in this study.	Y/N
Please indicate that you've understood our commitment to keep your identity anonymous and your participation in the study confidential.	Y/N

[Once verbal consent has been obtained, the interview can proceed.]

Do you have any questions or require further clarification before we commence?

Instructions to Interviewer

- Consent: Confirm that they consent to taking part in the interview. Remind them that they can terminate their participation at any point.
- Affirm that all answers are valid: there are no right or wrong answers. We are looking for perspectives of different people in the sector.
- Remind participant that interview is confidential, so identifying information won't be shared outside of the study. Participants will remain anonymous in any external publications or presentations.
- Ask for consent to record the interview (as necessary, not crucial). Be sure to get a verbal confirmation before continuing.

Section 2: Ice-breaker

1. Please tell me briefly how your organizations works with/supports urban LGBTQI+ refugees in Kenya?

Section 3: Legal Protection:

Let's begin with talking about the Documentation of LGBTQI+ refugees in urban Kenya:

1. What are the main/major challenges that LGBTQI+ refugees face with respect to documentation?
2. How effective is the DRS in offering the documentation services to LGBTQI+?)
3. In your opinion, do you think that the staff at the DRS handle LGBTQI+ refugees fairly when they are seeking registration? [Probe for reasons, examples of encounters].
4. Are you aware LGBTQI+ refugees who have not sought registration? [Probe: If so, probe for reasons?]
5. How do you think the situation can be improved?
6. What are the key steps and challenges involved in the asylum-seeking process for LGBTQI+ refugees in urban Kenya, particularly concerning the documentation and evidentiary requirements?

Let us now explore their access to Legal Services:

7. Do you believe that LGBTQI+ refugees fully enjoy their rights and freedoms in Kenya, their country of asylum?
8. From your experience, where do LGBTQI+ refugees go when they need legal protection support?
9. Do you believe that the legal protection support that LGBTQI+ refugees receive is adequate? [probe for reasons]
10. What are the major barriers that LGBTQI+ refugees in Kenya face in accessing legal protection?
11. In your view, what are the areas of legal protection support that agencies working with refugees should strengthen?

Section 4: Gender Based Violence Response and Risk Reduction

Let's talk about the safety of LGBTQI+ refugees in urban Kenya and the risk reduction measures.

1. In your view, are the living conditions of LGBTQI+ refugees in urban areas in Kenya safe? [Probe for reasons].
2. In your opinion what are the major threats to the safety of urban LGBTQI+ refugees in Kenya?
3. What are the ways in which LGBTQI+ refugees respond to threats on their safety?
4. What do you think needs to be done to make the living conditions of LGBTQI+ refugees in Kenya safer?

Section 5: Local Integration

Let's talk about integration of LGBTQI+ refugees in urban Kenya:

1. To what extent do you think that LGBTQI+ refugees are interested in Local integration? (Probe for reasons)

2. Based on your experience, to what extent do you believe that LGBTQI+ refugees are welcomed by their neighbors?
3. To what extent do LGBTQI+ refugees have access to religious/spiritual formations?
 - *(Probe for differences between the various groups: L, G, B, T, Q, I)*
4. How well do you think LGBTQI+ refugees are treated by the local authorities, e.g. the police, chiefs, government officials?

Section 5: Community Based Mental Health & Psychosocial Support

Let's begin by talking about Physical health or medical conditions:

1. Do you believe that LGBTQI+ refugees have adequate access to Sexual and Reproductive Health and Rights (SRHR) care services?
2. Where do you think LGBTQI+ refugees go to seek Sexual and Reproductive Health and Rights (SRHR) medical services when they are ill?
3. What are the barriers that LGBTQI+ refugees face in accessing Sexual and Reproductive Health and Rights (SRHR) medical services?

In your view, how can the access to SRHR services be improved for LGBTQI+ Refugees?

Let us now proceed to talk about Mental Health:

1. In your view, what are the mental health needs of LGBTQI+ refugees in the current context?
2. Where do you think LGBTQI+ refugees go to seek mental health / psychosocial support when in need?
3. Do you believe that LGBTQI+ refugees have adequate access to mental health / psychosocial support? [Probe for reasons].
4. What are the barriers that LGBTQI+ refugees face in accessing mental health / psychosocial support?
5. In your view, how can the access to SRHR services be improved for LGBTQI+ Refugees?

Section 6: Economic Inclusion

Let's now proceed to the final thematic area:

6. What are the main livelihoods opportunities/ economic activities that LGBTQI+ refugees in Kenya participate in?
7. What are the main barriers that LGBTQI+ refugees face in accessing livelihood opportunities?
8. Are you aware of any programs that support LGBTQI+ refugees to participate in livelihood activities? (Probe for examples)
9. In your view, how effective are these programs? [Probe for what they cover and what they miss]
10. What, in your view, are the main challenges of rolling out a livelihoods program?
11. In your view, how can livelihood programs for LGBTQI+ refugees be improved?

Section 7: Wrap up

As we wrap up,

1. Is there something important that you think we have missed?
2. Is there anyone else you think we should talk to or document we should read?

We greatly appreciate your valuable time and insights. Your contribution will be instrumental in enhancing the design and execution of future initiatives aimed at LGBTQI+ refugee protection.

APPENDIX IV: FIELD SURVEY TOOL

Introduction

Greetings. My name is [...], and I represent HIAS in a study assessing the protection needs and service gaps affecting LGBTQI+ refugees in Nairobi, Mombasa, and Nakuru.

We are looking to understand the unique challenges the community faces, including issues related to Legal protection, Economic Inclusion, Mental Health and Psychosocial Support (MHPSS), Sexual and Reproductive Health and Rights (SRHR), and Gender-Based Violence (GBV).

We will also be evaluating the adequacy of existing services and community support structures.

The ultimate goal of the study is to inform immediate and long-term programming priorities.

You have been invited to participate in this Survey due to your experiences as a member of this community in urban Kenya. Your input will help to illuminate some of the key issues affecting LGBTQI+ refugees in Kenya, and how these can be addressed.

Please note that you are not under any obligation to participate in this study or to answer any questions. You are free to withdraw your participation at any point without consequence. However, once we have proceeded to the data analysis stage, withdrawing your responses will not be possible. Your responses will have no bearing on your access to HIAS services or your relationship with the organization.

The survey will last for about One (1) hour, but it could be shorter or longer depending on the nature of the responses and also your own availability. If you are constrained for time, we will be happy to reschedule the interview or revisit issues we will not have covered at a later point.

The research team will work to ensure your confidentiality and anonymity. Your personal details will not be captured to ensure they are not connected to the information you provide. Your name or any other unique identifiers will not be disclosed in our report.

All data gathered will be stored securely in encrypted electronic records by Lotus Consulting for the span of the project. After that, Lotus will transfer all the data to HIAS and this will be stored as per HIAS policy on data handling. If you wish to have your name and contact details removed from our list of participants, you may send a request to evalyne.adhiambo@hias.org.

And now, I must seek your verbal consent before we continue with the interview.

Please indicate that you have understood the purpose of this interview.	Y/N
Please indicate whether you are willing to participate in this study.	Y/N
Please indicate that you've understood our commitment to keep your identity anonymous and your participation in the study confidential.	Y/N

Seek verbal consent on all the above

NOTE: Codes are just for coding purposes

Section 1: Demographic

1. Place of Residence (*Select only one*) Screen out if any of Codes 1,2,3 are not selected
 - Nairobi 1
 - Nakuru 2
 - Mombasa 3
 - Other 4 (If selected, screen out)
 -
2. Sexual Orientation (Screening Question) (*Select only one*) Screen out if Code 1 is selected
 - Heterosexual 1 (If selected, screen out)
 - Lesbian 2
 - Gay 3
 - Bisexual 4
 - Pansexual 5
 - Asexual 6
 - Queer 7
 - Other (Specify) 8
 -
3. Gender identity category (*Select only one*) Read out if Necessary.
 - CIS Male 1
 - CIS Female 2
 - Intersex 3
 - Trans Man 4
 - Trans Woman 5
 - Gender Non-conforming 6
 - Other (Specify) 7
 -
4. Age (*Select only one*) Screen out if Code 1 is selected
 - Below 18 years 1 (If selected, screen out)
 - 18-28 years 2
 - 29 - 39 years 3
 - 40-50 years 4
 - 50 years and above 5
 -
5. Nationality (*Select only one*) Screen out if Code 10 is selected
 - Ugandan 1
 - Tanzanian 2
 - Sudanese 3
 - South Sudanese 4
 - Somalia 5
 - Ethiopian 6
 - Eritrean 7
 - Rwandese 8
 - Burundian 9
 - Kenyan 10 (If selected, screen out)
 - Other (Specify) 11
 -
6. How long have you been in Kenya? (*Select only one*) Read out if necessary.
 - Less than a year 1
 - 2-4 years 2
 - 5-8 years 3
 - Over 8 years 4

7. Your marital Status (*Select only one*) Read out if necessary.
- Single/Never married 1
 - Married 2
 - Separated 3
 - Divorced 4
 - Widowed 5
 - Other (Specify) 6
8. Highest Level of Education completed (*Select only one*) Read out if necessary.
- No Formal Education 1
 - Primary Level 2
 - Secondary School Level 3
 - Post-secondary/Certificate/Technician 4
 - Diploma level 5
 - Degree 6
 - Post Degree 7
9. Do you live with any of the following disability conditions? (*Select all that apply*) Read out code 1,2 and 3 if not applicable select none. (Select all that apply)
- vision Impairment 1
 - deaf or hard of hearing 2
 - mental health conditions 3
 - intellectual disability 4
 - acquired brain injury 5
 - autism spectrum disorder 6
 - physical disability. 7
 - Other (Specify) 8
 - None 99 (Do not read out)
10. Do you live with any of the following Chronic illness conditions? (*Select all that apply*)
- Arthritis 1
 - Asthma, 2
 - Cancer 3
 - Cardiovascular disease 4
 - Diabetes 5
 - Chronic kidney disease 6
 - Stroke 7
 - Other 8
 - None 99
11. How many people are living in your Household? (*numerical value*) (Select one)
- 1
 - 2-3
 - 4-5
 - 6-7
 - 8-9
 - Over 10
12. How many Cis-gender Male live in your household? (Type numerical value)
13. How many Cis-gender Female live in your household? (Type numerical value)
14. How many Trans Men live in your household? (Type numerical value)
15. How many Trans Women live in your household? (Type numerical value)
16. How many GNC live in your household? (Type numerical value)
17. How many Intersex live in your household? (Type numerical value)

18. What is the number of individuals living in your household in the following age bracket? (*numerical value*) Read out code 1,2,3,4 capture the numerical values

• 0-4 Yrs 1	• 5-17 Yrs 2	• 18-59 Yrs 3	• 60+Yrs 4

19. Are there people in your household with disabilities? (*Select only one*) Don't read out the codes

- Yes 1
- No 2
- Don't know 99 (Do not read out)

20. **If yes**, how many have disabilities? (*numerical value*) capture the numerical value

21. How many are Cis-gender Male? (Type numerical value)

22. How many are Cis-gender Female? (Type numerical value)

23. How many are Trans Men? (Type numerical value)

24. How many are Trans Women? (Type numerical value)

25. How many are GNC? (Type numerical value)

26. How many are Intersex? (Type numerical value)

27. What type of disabilities do they have? (*select all that apply*)

- Vision Impairment 1
- Deaf or hard of hearing 2
- Mental health conditions 3
- Intellectual disability 4
- Acquired brain injury 5
- Autism spectrum disorder 6
- Physical disability 7
- Other (specify) 8
- None 9

Section 2: Documentation (Legal Protection)

2.1 Legal Needs

1. What is your legal status in Kenya? (*Select only one*) Read out if Necessary.

- Registered Refugee 1
- Unregistered migrant 2
- Asylum seeker 3
- Other (Specify) 4

2. Are you aware of your legal rights and protections as an LGBTQI+ urban refugee in Kenya on a scale of 1-5? (Where 1 is Not Aware at All and 5 is very aware) (*Select only one*) (*rating*)

- Not Aware at All 1
- Not Very Aware 2
- Slightly Aware 3
- Moderately Aware 4
- Very Aware 5

3. Have you encountered any challenges in accessing legal services or representation for issues related to your LGBTQI+ identity? Don't read out the options (Select only one)
 - Yes 1
 - No 2
4. If yes, could you please briefly describe the specific challenges or barriers you've faced? (Open ended) Probe Fully
- 5.
6. Are there specific legal concerns you believe are not adequately addressed for LGBTQI+ urban refugees in Nairobi/Mombasa/Nakuru? Don't read out the options (Select only one)
 - Yes 1
 - No 2
7. If yes, please specify the legal concerns you believe are not adequately addressed for LGBTQI+ urban refugees in Nairobi/Mombasa/Nakuru. (Open ended) Probe Fully
8. Do you feel confident that Kenyan laws adequately protect your rights as an LGBTQI+ urban refugee on a scale of 1-5? (Where 1 is Not Confident at All and 5 is very confident) (Select only one)
 - Not Confident at All 1
 - Not Very Confident 2
 - Slightly Confident 3
 - Moderately Confident 4
 - Very Confident 5
9. Have you been involved in any legal disputes or cases related to your LGBTQI+ identity since arriving in Nairobi/Mombasa/Nakuru? Don't read out the options (*Select only one*)
 - Yes 1
 - No 2
 - Prefer not to answer 99 (Do not read out)
10. If yes, please describe the nature of the dispute or case. (Open ended question)
11. What was the outcome or current status of the legal dispute? (Open ended question)
12. How satisfied are you with the legal protection services available in Nairobi/Mombasa/Nakuru for LGBTQI+ urban refugees on a scale of 1-5? (Where 1 is Very dissatisfied and 5 is very satisfied)? (Select only one)
 - Very dissatisfied 1
 - Dissatisfied 2
 - Neutral 3
 - Satisfied 4
 - Very satisfied 5
13. If very dissatisfied or dissatisfied, why? (open ended)
14. When you need legal support or documentation related to your LGBTQI+ identity, who do you typically turn to for assistance? Prompt: Legal aid organizations, LGBTQI+ support groups, Refugee services – like Department of Refugee Services (DRS), UNHCR, never attempted etc) (Open ended question)

15. How responsive and effective are these services in addressing your legal needs on a scale of 1-5? (Where 1 is Very Unresponsive and 5 is very responsive)? (Select only one) (Don't make it mandatory)
- Very unresponsive 1
 - Somewhat unresponsive 2
 - Neutral 3
 - Somewhat responsive 4
 - Very responsive 5
 -
16. Are you aware of any support services or organizations in your location, and their names specifically addressing the legal needs of LGBTQI+ individuals? (*Select only one*)
- Yes 1
 - No 2
17. If Yes, what organizations support LGBTQI+ refugees with Legal services? (*Open ended*)

Protection Needs

18. Have you ever felt unsafe or at risk due to your LGBTQI+ identity while residing in Nairobi/ Mombasa/Nakuru? Don't read out the options (*Select only one*)
- Yes 1
 - No 2
19. If yes, what are the safety risks? (*Open ended*)
20. If yes, how often on a scale of 1-5. where 1 is very rarely and 5 is Very Frequently? (*Select only one*)
- Very Frequently 5
 - Frequently 4
 - Occasionally 3
 - Rarely 2
 - Very Rarely 1
21. Have you accessed or received support from local LGBTQI+ community organizations or safe spaces to enhance your safety and well-being? Don't read out the codes (*Select only one*)
- Yes 1
 - No 2
22. What kind of support did you receive? (*Open ended*)
23. If yes, how often have you accessed or received this support? where 1 is Very Rarely and 5 is Very Frequently? (*Select only one*)
- a. Very Frequently 5
 - b. Frequently 4
 - c. Occasionally 3
 - d. Rarely 2
 - e. Very Rarely 1
24. Do you feel that there is a need for more awareness and resources to protect the safety of LGBTQI+ urban refugees in Kenya? (*Select only one*)
- Yes 1
 - No 2

25. In your opinion, what specific areas or aspects require increased awareness and resources to better protect the safety of LGBTQI+ urban refugees in Kenya? (Open ended)
26. Have you ever experienced sexual and gender-based violence while living in Nairobi/ Mombasa/Nakuru as an LGBTQI+ urban refugee? (*Select only one*)
- Yes 1
 - No 2
 - Prefer not to answer 99 (Do not read out)
27. If Yes, from who? (*Open ended question*)
28. Did you receive psychosocial support or counseling to address the emotional and psychological impact of gender-based violence? (*Select only one*) (read out the option for codes 1,2,3 and 4))
- Yes, frequently 1
 - Occasionally 2
 - Rarely 3
 - Never 4
 - Prefer not to say 99
29. Are you aware of support services or organizations in your location that specifically address the needs of LGBTQI+ individuals facing gender-based violence? (*Select only one*)
- Yes 1
 - No 2
30. Are you aware of any support services or organizations in your location, and their names specifically addressing the protection needs of LGBTQI+ individuals? (*Select only one*)
- Yes 1
 - No 2
31. If Yes, what organizations support LGBTQI+ Individuals with GBV services? (*Open ended*)
32. Have you encountered any barriers when seeking help or reporting incidents of gender-based violence due to your LGBTQI+ identity? (*Select only one*) (read out the option for codes 1,2,3 and 4)
- Yes, significant barriers 1
 - Yes, minor barriers 2
 - No, there were no barriers 3
 - Not applicable to me 4
 - Prefer not to say 99
33. Can you share more about your experience and any specific challenges you faced when seeking help or reporting incidents of gender-based violence as it relates to your LGBTQI+ identity? (Open ended)
34. Do you believe that there is a need for more education and awareness regarding gender-based violence within the LGBTQI+ community in Kenya? (*Select only one*)
- Yes 1
 - No 2

Section 3: Safe Living Conditions (Shelter)

35. How would you rate the safety and quality of your current housing conditions in Nairobi/ Mombasa/Nakuru on a scale of 1-5? Where 1 is very bad and 5 is very good. (*Select only one*)
- Very bad 1
 - Bad 2
 - Neutral 3
 - Good 4
 - Very good 5

- 36. What type of housing do you currently live in? read out the option for codes 1,2 and 3 (*Select only one*)
 - Permanent 1
 - Semi-permanent 2
 - Temporary 3
 - Other (please specify)4
- 37. What is your current housing arrangement? read out the option for codes 1,2 and 3 (*Select only one*)
 - Rent 1
 - Own 2
 - Live with Family/Friends 3
 - Government Housing 4
 - Other (please specify)
- 38. Have you previously lived in a refugee camp in Kenya? (*Select only one*) (Don't read out the options)
 - Yes 1
 - No 2
 - Prefer not to answer 99
- 39. If yes, why did you leave the refugee camp? Don't read out the codes (*Select only one*)
 - Generalized insecurity 1
 - Political/religious affiliations 2
 - Ongoing persecution 3
 - Camp conditions 4
 - Other (please specify) 5
- 40. Have you ever lived in a safe house in Kenya? Don't read out the codes (*Select only one*)
 - Yes 1
 - No 2
 - Prefer not to answer 99
- 41. If yes, did you consider it a safe space? Don't read out the codes (*Select only one*)
 - Yes 1
 - No 2
 - Prefer not to answer 99
- 42. If no, do you know where LGBTQI+ can have refuge? Don't read out the codes (*Select only one*)
 - Yes 1
 - No 2

Section 4: Local Integration

- 43. To what extent do you feel welcome as a refugee by the host community you live in? Rate from 1-5 where 1 is very unwelcome and 5 is very welcome (*Select only one*)
 - Very unwelcome 1
 - Unwelcome 2
 - Neutral 3
 - Welcome 4
 - Very welcome 5
- 44. To what extent do you feel welcome as a refugee by the following host groups within the area you live in? Rate from 1-5 where 1 is very unwelcome and 5 is very welcome (*tick where applicable*)

Group	Not at all welcome 1	Somewhat unwelcome 2	Not sure 3	Somewhat welcome 4	Very welcome 5
Neighbours					
Religious organization					
Social groups					
Market traders					

Boda boda riders					
Shopkeepers					
Landlords					

45. Have you experienced the following due to your LGBTQI+ identity in Kenya? *(Select where applicable)*

Action	Yes 1	No 2	Prefer not to say 99
Police violence			
Extortion			
Arbitrary arrest			
House raid			
Sexual abuse			
Attack by community members			
Verbal Abuse			
Discrimination			

46. If yes, did you report the matter? Don't read out the codes *(Select only one)*

- Yes 1
- No 2
- Prefer not to answer 99

47. Who did you report to? Don't read out the codes *(Select all that apply)*

- LGBTQI+ organization 1
- Chief 2
- Police 3
- Human rights organization 4
- Religious leader 5
- Village elder 6
- Other (Specify) 7

48. If not, what are the reasons for not reporting these incidents? *(open ended question)*

49.

Section 5: Essential Services

5.1 General Health Access

50. Are you able to access sexual and reproductive health services in your location in Nairobi/Mombasa/Nakuru? *(Select only one)*

- Yes 1
- No 2

51. If YES, Where do you mainly usually seek help for your sexual and reproductive health services? Don't read out the codes *(Select all that apply)*

- Local chemist/pharmacy 1
- Local private hospital 2
- Dispensary 3
- Health centre 4
- Hospital 5
- Other (specify) 6

52. How satisfied are you with the accessibility of sexual reproductive health services Nairobi/Mombasa/Nakuru? Rate from 1-5 where 1 is very dissatisfied and 5 is very satisfied (*Select only one*)
- Very dissatisfied 1
 - Dissatisfied 2
 - Neutral 3
 - Satisfied 4
 - Very satisfied 5
53. Explain your answer above (*Open ended question*)
54. How satisfied are you with the quality of sexual reproductive health services in Nairobi/Mombasa/Nakuru? Rate from 1-5 where 1 is very dissatisfied and 5 is very satisfied (*Select only one*)
- Very dissatisfied 1
 - Dissatisfied 2
 - Neutral 3
 - Satisfied 4
 - Very satisfied 5
55. Explain your answer above (*Open ended question*)
56. Have you experienced any challenges in accessing sexual reproductive health services Don't read out the codes (*Select only one*)
- a. Yes 1
 - b. No 2
57. If Yes, what are the challenges or barriers in accessing sexual and reproductive health services that are inclusive and respectful of your LGBTQI+ identity while residing in your location? (*Open ended questions*)
58. How often have you encountered these challenges? Rate from 1-5 where 1 is very rarely and 5 is very frequently? (*Select only one*)
- Very Rarely 1
 - Occasionally 2
 - Sometimes 3
 - Frequently 4
 - Very Frequently 5
59. Are you aware of healthcare facilities or organizations in Kenya that provide LGBTQI+ friendly sexual and reproductive health services? (*Select only one*)
- Yes 1
 - No 2
 - Prefer not to say 99
60. List the organization that support LGBTQI+ refugees with Sexual and reproductive health services (open ended)
61. Have you received comprehensive sexual and reproductive health information and education that is LGBTQI+ inclusive during your stay in your location? (*Select only one*)
- Yes, frequently 1
 - Occasionally 2
 - Rarely 3
 - Never 4
 - Prefer not to say 5
62. Do you think there is a need for more awareness and resources to improve sexual and reproductive health services for LGBTQI+ urban refugees in your location?
- Yes 1
 - No 2

5.2 Mental Health

63. Since moving here, what changes have you noticed in yourself and others? Read out codes 1,2,3 and 4 *(select all that apply)*
- Psychosomatic: sleeping disorder, eating disorder, unexplained tiredness 1
 - Feelings (sadness, anxiety, fears, loss of hope) 2
 - Thoughts (difficult to concentrate, memory problems, intrusive thoughts, flash backs) 3
 - Behaviour (unusual actions, substance abuse, aggressively, isolation, loss of interest) 4
 - Other: *(specify)* 5
 - None 99
64. Do you have access to therapy or counselling services to address your mental health needs in Nairobi/Mombasa/Nakuru? Don't read out the codes *(Select only one)*
- Yes 1
 - No 2
 - Prefer not to answer 99
65. How satisfied are you with the following: Rate from 1-5 where 1 is very dissatisfied and 5 is very satisfied *(Select only one)*

Action	Very dissatisfied 1	Dissatisfied 2	Neutral 3	Satisfied 4	Very Satisfied 5
Accessibility of mental health services in Nairobi/ Mombasa/Nakuru					
Quality mental health services in Nairobi/ Mombasa/Nakuru					

66. Explain your answer above, what can be improved? *(open ended)*
67. Are you aware of any services on mental health and well-being accessible to LGBTQI+ Persons in your community? Don't read out the codes *(Select only one)*
- Yes
 - No
68. If yes which services, are accessible in your community? *(Open ended)*
69. Which are the organizations that provide these services? *(Open ended)*
70. Where do LGBTQI+ refugees in Nairobi/Mombasa/Nakuru go when they need mental health services? Read out the codes *(Select all that apply)*
- Community Health Centers 1
 - Faith-Based Organizations 2
 - General Hospital 3
 - Professional Therapists or Psychiatrists 4
 - Support Groups 5
 - Friends and Family 6
 - Self-Help Resources 7
 - Don't know 99

Section 6: Livelihood Opportunities

71. What is your current occupation? Read out the codes if necessary (*Select only one*)
- Employed 1
 - Self-employed 2
 - Job seeking / looking for work 3
 - Full/Part-time education 4
 - Volunteering 5
 - Not currently engaged in any of these 6
 - Prefer not to answer 7
72. Are you aware of any support services or organizations in your location, and their names specifically addressing the livelihood opportunities for LGBTQI+ refugees? (*Select only one*)
- Yes 1
 - No 2
73. If Yes, What organizations support LGBTQI+ refugees with Livelihood opportunities? (*Open ended*)

6.1 Employment

74. What type of employment do you engage in? Don't read out the codes (*Select only one*)
- Cleaner 1
 - Security guard 2
 - Sales Representative 3
 - Customer Service Representative 4
 - Receptionist 5
 - Administrative Assistant 6
 - Hair dressing 7
 - Clerk 8
 - Intern/Trainee 9
 - Tailor 10
 - Carpentry 11
 - Electrical works 12
 - Entertainment 13
 - Hospitality 14
 - Other (specify) 15
75. How long have you worked in this role? (*Select only one*)
- Below 1 year 1
 - 1-2 years 2
 - 3-4 years 3
 - 5-6 years 4
 - 7-9 years 5
 - 10+ years 6
76. Do you have the necessary skills and qualifications for your current job in Nairobi/Mombasa/Nakuru? Don't read out the codes (*Select only one*)
- Yes 1
 - No 2
77. If no, what are the reasons why you haven't been able to access the necessary training? (*open ended*)
78. What training or skills do you believe would help you excel in your current job or pursue your desired career path as an LGBTQI+ urban refugee in your location? (*open ended*)

79. Is your current income adequate to meet your basic needs and expenses in Nairobi/ Mombasa/ Nakuru? Rate from 1-5 where 1 is very inadequate and 5 is very adequate (*Select only one*)
- Very inadequate 1
 - Somewhat inadequate 2
 - Neutral 3
 - Somewhat adequate 4
 - Very adequate 5
80. How satisfied are you with your current employment situation in Kenya? Rate from 1-5 where 1 is very dissatisfied and 5 is very satisfied (*Select only one*)
- Very dissatisfied 1
 - Dissatisfied 2
 - Neutral 3
 - Satisfied 4
 - Very satisfied 5
81. Have you experienced any obstacles in obtaining a work permit as an LGBTQI+ urban refugee in Kenya? Don't read out the codes (*Select only one*)
- Yes 1
 - No 2
82. If yes, how have these challenges affected your opportunities for employment and livelihood? (*open ended*)

1.2 Self-employed

83. What type of business do you engage in?
- Tailoring 1
 - Hair Dressing 2
 - Carpentry 3
 - electrical works 4
 - Entertainment 5
 - Hospitality 6
 - Sex work 7
 - Hawking 8
 - Other (Specify) 9
84. What was the main source of your capital? Don't read out the codes (*Select only one*) (*code out sex workers*)
- Personal savings 1
 - Family or friends' support 2
 - Micro-loan or grant 3
 - Other (please specify) 4
85. How long have you been running your business? Please select the option that best represents the duration: (*Select only one*)
- Less than 6 months 1
 - 6 months to 1 year 2
 - 1 to 3 years 3
 - 4 to 5 years 4
 - More than 5 years 5
86. Did you have any prior experience as an entrepreneur before starting your current business? Don't read out the codes (*Select only one*) (*code out Sex worker*)
- Yes 1
 - No 2

87. Did you have any prior experience as a sex worker before coming to Kenya?
- Yes 1
 - No 2
88. Is your current income adequate to meet your needs and expenses in Kenya? Rate from 1-5 where 1 is very inadequate and 5 is very adequate (*Select only one*)
- Very inadequate 1
 - Somewhat inadequate 2
 - Neutral 3
 - Somewhat adequate 4
 - Very adequate 5
89. Over the last six months has your business recorded any increase in income? (*Select only one*)
- Yes 1
 - No 2
 - Prefer not to answer 99
90. If Yes, how long did it take to break even? select the option that best represents the duration (*Select only one*) (*code out Sex worker*)
- Less than 6 months 1
 - 6 months to 1 year 2
 - 1 to 3 years 3
 - 4 to 5 years 4
 - More than 5 years 5
91. In the past one month what has been your average estimated income per week? (*Select only one*)
- Less than 10,000 KES 1
 - 10,000 to 20, 0000 KES 2
 - 30,000 - 50,000 KES 3
 - 50,001 – 100,000 4
 - 100,001 and above KES 5
 - Prefer not to answer 99
92. What are the main challenges you face in your business? (*open ended*)
93. What is your primary source of support for addressing business challenges? Read out the codes if necessary (*Select only one*)
- Local LGBTQI+ support groups 1
 - Online LGBTQI+ communities 2
 - Business mentorship programs 3
 - Other (please specify) 4
94. Do you contribute to the LGBTQI+ community? Don't read out the codes (*Select only one*)
- Yes 1
 - No 2
95. If yes, How do you contribute to the LGBTQI+ community through your business? Don't read out the codes (*Select only one*) (*Sex worker*)
- Donating a portion of profits to LGBTQI+ causes 1
 - Providing employment opportunities to LGBTQI+ individuals 2
 - Offering products or services specifically for LGBTQI+ community 3
 - Other (please specify)

1.3 Job Seeking / Looking for work

96. What type of job or employment are you currently seeking? Don't read out the codes (*Select only one*)
- Full-time employment 1
 - Part-time employment 2
 - Freelance or contract work 3
 - Internship or training 4
 - Not sure yet 5
97. How long have you been looking for a job? Don't read out the codes (*Select only one*)
- Less than 1 month 1
 - 1 to 3 months 2
 - to 6 months 3
 - 6 months to 1 year 4
 - More than 1 year 5
98. What is your preferred work location or setting? Read out the codes if necessary (*Select only one*)
- Office-based 1
 - Remote or telecommuting 2
 - Fieldwork or on-site 3
 - Flexible, open to various settings 4
99. How do you stay updated about job opportunities? Read out the codes if necessary (*Select only one*)
- Online job boards and websites 1
 - Networking with friends and contacts 2
 - LGBTQI+ support organizations 3
 - Other (please specify) 4
100. What type of position or job role are you currently seeking? Don't read out the codes (*Select only one*)
- Cleaner 1
 - Security guard 2
 - Sales Representative 3
 - Customer Service Representative 4
 - Receptionist 5
 - Administrative Assistant 6
 - Hair dressing 7
 - Clerk 8
 - Intern/Trainee 9
 - Tailor 10
 - Carpentry 11
 - Electrical works 12
 - Entertainment 13
 - Hospitality 14
 - Other (specify) 15
101. What are your key skills or qualifications for the job you're seeking? Don't read out the codes (*Select only one*)
- Hair dressing 1
 - Tailoring 2
 - Carpentry 3
 - Catering 4
 - Welding 5
 - Electrical works 6
 - Other (specify) 7

102. What challenges have you encountered in your job search as an LGBTQI+ refugee in Kenya? *(Select only one)*

- Discrimination or bias 1
- Lack of relevant qualifications or experience 2
- Limited access to job information 3
- Lack of Documentation 4
- Other (please specify) 5

1.4 Volunteering

103. What type of volunteer work are you currently involved in? Don't read out the codes *(Select only one)*

- LGBTQI+ advocacy and support 1
- Community development projects 2
- Healthcare or social services 3
- Education and youth programs 4
- Other (please specify) 5

104. How many hours per week do you typically volunteer? Don't read out the codes *(Select only one)*

- Less than 5 hours 1
- 5 to 10 hours 2
- 10 to 20 hours 3
- More than 20 hours 4

105. Are you actively looking for paid employment while volunteering? Don't read out the codes, prompt for activeness *(Select only one)*

- Yes, actively job-seeking 1
- Yes, but not actively job-seeking 2
- No, satisfied with volunteering 3
- Not sure yet 4

106. How does your volunteer work contribute to your livelihood and skills development? *(Select only one)*

- Building valuable skills for future employment 1
- Expanding professional networks 2
- Gaining experience in your field of interest 3
- Other (please specify) 4

107. Do you receive any form of financial or non-financial support for your volunteering activities? *(Select all that apply)*

- Stipends or allowances 1
- Training and skill development opportunities 2
- Transportation or meal support 3
- No support received 4

108. Have you encountered any challenges or obstacles in your volunteer work related to your LGBTQI+ refugee status? *(Select only one)*

- Discrimination or bias 1
- Lack of recognition or appreciation 2
- Limited access to resources 3
- Lack of Documentation 4
- Other (please specify) 5

109. How satisfied are you with your volunteering situation in Nairobi/Mombasa/ Nakuru? Rate from 1-5 where 1 is very dissatisfied and 5 is very satisfied *(Select only one)*

- Very dissatisfied 1
- Dissatisfied 2
- Neutral 3
- Satisfied 4
- Very satisfied 5

1.5 Full-/part-time education

110. What level of education are you currently pursuing? *(Select only one)*

- Secondary school
- Vocational or technical training
- Undergraduate degree
- Postgraduate degree
- Other (please specify)

111. How do you cover your education expenses? *(Select only one)*

- Scholarships or grants
- Part-time work or internships
- Financial support from family or friends
- Support from LGBTQI+ organizations
- Government or NGO funding
- Other (please specify)

112. Are you actively seeking part-time work or internships while studying? *(Select only one)*

- Yes, actively seeking
- Yes, but not actively seeking
- No, focused on education
- Not sure yet

113. Do you face any challenges or obstacles related to your LGBTQI+ refugee status while pursuing education in Kenya? *(Open ended)*

114. What are your plans after completing your current educational program? *(Select only one)*

- Seeking full-time employment
- Pursuing further education or advanced degrees
- Continuing to volunteer or engage in LGBTQI+ advocacy
- Other (please specify)

115. Who meets your basic needs while you are studying? *(Select only one)*

- Family members
- Spouse or partner
- Friends or acquaintances
- LGBTQI+ support organizations
- Government or NGOs
- Self-sustaining through part-time work
- Other (please specify)

1.6 Not currently engaged in any of these

116. How do you sustain yourself?

- a. Aid 1
- b. Support from Family 2
- c. Support from friends 3
- d. Partner 4
- e. Other (specify) 5

SECTION 7: CONCLUSION

117. Is there anything else you would want to add? *(open ended question)*

118. Who else do you think we should talk to? *(open ended question) (as a note to the enumerator – response not to be captured on the system)*

We greatly appreciate your valuable time and insights. Your contribution will be instrumental in enhancing the design and execution of future initiatives aimed at LGBTQI+ refugee protection.

ENDNOTES

1. In this report, we use the term ‘displaced persons’ to refer to refugees, asylum seekers, undocumented migrants and others who have crossed international borders in search of safety. While we recognise the legal differences between these categories, we also note the social and legal barriers that prevent LGBTQI+ persons from accessing refugee status. Where necessary and appropriate, we use the relevant terminology.
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