

Sexual and Reproductive Health and Disability in Beldangi Refugee Camp, Damak, Nepal

Women's Refugee Commission and AMDA-Nepal
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REPORT FOR CONTRIBUTORS

WHO ARE WE?

The Women's Refugee Commission (WRC) is a nongovernmental organization (NGO) based in the United States. We are a research and advocacy organization that works to protect the rights, safety and well-being of displaced communities around the world. We work with governments, United Nations (UN) agencies and international organizations.

We worked with the Association of Medical Doctors Asia (AMDA-Nepal), which provides health services to Bhutanese refugees living in Beldangi and Sanischare Refugee Camps. We also worked with the UN High Commissioner for Refugees, which is overall responsible for operating the camps.



Photo: Members of the team.

Sexual and reproductive health

Everyone has a right to access the information and services that they need to take care of their sexual and reproductive health. This includes learning about how their bodies work as they become adults, as well as how to have safe relationships. This also includes access to safe, effective, affordable and acceptable methods of family planning (birth spacing), such as condoms and pills; access to health care that helps women have safe pregnancies and deliveries; access to services for survivors of sexual violence; and access to information and services on how to prevent and care for sexually transmitted diseases, including HIV.

WHY DID WE COME TO DAMAK?

We visited Damak to learn about the sexual and reproductive health needs and concerns of persons with different types of disabilities (physical, sensory, intellectual, mental and

multiple impairments). We also wanted to learn more about what persons with disabilities thought should be done to improve the situation, including what they themselves could do.

WHAT DID WE DO IN DAMAK?

Over three weeks in August 2014, 12 team members implemented activities among women with disabilities aged 20-49, men with disabilities aged 20-59 and adolescent girls and boys with disabilities aged 15-19, from Beldangi I, II and Extension. The facilitators included persons with disabilities from Damak and Kathmandu, many who work for organizations of persons with disabilities.

In total, we met with 89 refugees with disabilities—50 women and girls and 39 men and boys—with physical, visual, intellectual, mental, hearing and multiple impairments. We met with refugees who were isolated in their home, and 15 caregivers and family members of persons with disabilities. The activities were conducted in Nepali and Nepali sign language. Some activities were done in groups, while others were done with individuals.

By listening to participants, we learned about their thoughts and experiences. We are grateful to have

met with them and for their permission to let us share the information and stories in a responsible way.

WHAT DID WE LEARN?

Early findings show that, overall, persons with disabilities and caregivers appreciate the work that different agencies have done to address the needs of persons with disabilities. They were particularly thankful about the disability card system that helps prioritize services for persons with disabilities, as well as Caritas's provision of assistive devices such as hearing aids, which has fostered participation in social activities. One woman with a physical impairment even shared that she did not feel as though she had a disability, since she did not face challenges due to her impairment in the camp.

Some persons with disabilities and their families requested additional support from agencies, including food assistance, financial support, skills training and visits by health workers. Caregivers of persons with heavy impairments shared their concerns for their family members with disabilities. Elderly caregivers often voiced fears such as, "If I pass away, what will the situation be for my child?... They will be in big trouble."

In terms of health services, most persons with disabilities reported receiving high quality services and good treatment from health providers at the AMDA camp clinic. Many noted that staff attitudes had improved very much over the past one and a half years.

In terms of gaps, those who used sign language or were hard of hearing mentioned the limited options to communicate with the health providers, since sign language interpretation was not available. Several persons with disabilities also noted that the toilets and the delivery bed were not very accessible. Most of all, while health staff at the AMDA camp clinic were well regarded, many participants felt that they were treated with less respect by health staff at the AMDA referral hospital in Damak.

AWARENESS OF SEXUAL AND REPRODUCTIVE HEALTH

Many people mentioned that AMDA, health workers and the camp management committee (CMC) provide information and services for sexual and reproductive health. Several participants also mentioned the radio as a source of information, especially about HIV. While some participants knew where the female and male reproductive

organs were located on the body and how they worked, most were not very clear about their bodies. Those with intellectual impairments had more difficulty identifying and locating body parts, and were generally less aware about how they worked. Women were less aware about male organs than about their own.

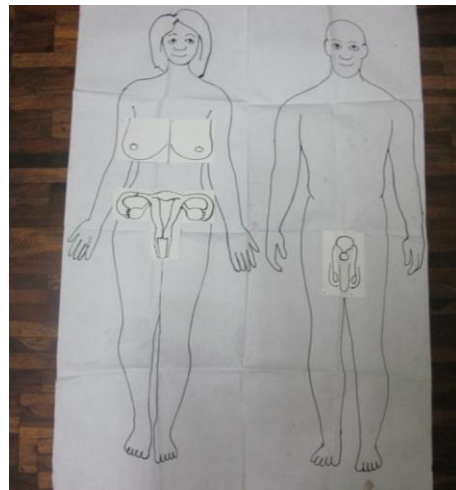



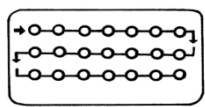



Photo: Body map.

Most participants had good knowledge about HIV (what it is and how it spreads) and male condoms, through the work of AMDA and their campaigns. They were much less aware about sexually transmitted infections and their symptoms.

Women who were using family planning were familiar with some methods to space births, but most participants were not very aware of the intrauterine device (“copper-T”)—a T-shaped device that is inserted into a woman’s womb—the

female condom, which is a woman's version of the condom, and vasectomy, permanent sterilization for men. No participant had heard of emergency contraception, which can reduce the risk of pregnancy if taken within five days after unprotected sex; the sooner it is taken the better.

Some family planning options

Condom 	Pill 
Injection 	Intrauterine device (copper-T) 
Implant 	For more information about family planning options, visit a health center.

GENERAL EXPERIENCE FOR A WOMAN OR GIRL WITH A DISABILITY WHO BECOMES PREGNANT

Participants generally agreed that if a girl or woman with a disability becomes pregnant, whether or not she was married would affect how she would be treated by her family and neighbors. If she was married, the pregnancy would be welcomed by the couple and her family. If she

was not married, she would be discriminated against. For such an unmarried girl, participants said she would be scolded and that a marriage would often be arranged. Family members may also encourage the couple to use family planning methods.

When a pregnant girl or woman with a disability is ready to deliver her baby, participants said she would do so at the AMDA clinic. A family member or a neighbor would carry her, or she would use a stretcher if she lived close to the clinic. If she lived far away, a vehicle would be provided.

Many participants noted that pregnant women and girls with disabilities would be treated nicely and with respect by health providers in the camp. Several participants—including a woman who had recently given birth—reported concerns at home where family members, especially the husband or in-laws, would mistreat the woman or the marriage would end in a divorce due to the woman's disability, and she would be forced to raise the child without her husband.

SAFETY CONCERNS

Participants with disabilities generally felt most unsafe in the forest/jungle, followed by the market and the communal kitchen (tea shop). The forest was cited as a place where robbery, attack and rape were possible, and have indeed taken place. The Deaf in particular raised risks of sexual violence, especially those who are able unable to speak.



Photo: Forest

The open border of the camp was further mentioned as posing security risks, as those from the outside, as well as wild animals, could enter. On the whole, however, participants felt that the camp is safer now than in the past, as incidents of violence can put people's resettlement opportunities at risk.

The majority of participants were not aware of the benefits of seeking health care after experiencing sexual violence. While they noted that they would seek health care after sexual assault, they could not identify what conditions and illnesses could be

prevented if they sought care in a timely manner.

What are essential health services for survivors of sexual violence?

If a survivor of sexual violence seeks medical care immediately after the assault, she can:

- Receive care for physical wounds.
- Take pills to prevent unwanted pregnancy (within 5 days).
- Take medicine to prevent sexually transmitted infections.
- Take medicine to prevent HIV (within 3 days).
- Receive basic emotional support.
- Receive referrals to other services.

Many participants, especially the home-based, said they felt safe when they are with their family members and caregivers. All groups of participants agreed that the disabilities center, Lutheran World Service program, the UNHCR office and the vocational training center were safe places for persons with disabilities. They said they were safe because of the services and opportunities these places provided.

TREATMENT AND WHAT IS ACCEPTABLE

Participants agreed that violence against persons with disabilities,

especially sexual violence, is unacceptable. They also agreed that persons with disabilities should have a right to live in non-violent, happy families, and that they appreciate support and help that are offered from non-disabled persons.

Adolescent girls with intellectual impairments were not always aware of the difference between appropriate and inappropriate touching. Adolescent boys were most aware of their rights, which reflected what they had learned in school.

WHAT WILL WE DO NOW?

The WRC will analyze the information further and write a full report on the findings with recommendations (including recommendations that participants shared) on how to improve sexual and reproductive health services for persons with disabilities in the Bhutanese refugee camps. UNHCR, AMDA and other agencies are prepared to address the recommendations noted in the report to improve access to health services for persons with disabilities.

A similar activity has also been done in Kenya and Uganda. We will publish the findings from all three countries in one report and will advocate to governments, UN agencies and international and national

organizations to push for improved sexual and reproductive health services for persons with disabilities around the world.

WHAT CAN YOU DO IF YOU WANT TO LEARN MORE ABOUT THIS ACTIVITY AND THE REPORT?

For more information about this activity, please contact: Mr. Krishna Bahadur Ranabhat at AMDA-Nepal (984 917 1675).

If you would like more information about the full report and the WRC's advocacy about these findings, please contact Mihoko Tanabe at

info@wrcommission.org or visit womensrefugeecommission.org.

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