# Reproductive health for refugees

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A refugee mother and her teenage daughter venture through the forest surrounding their camp in search of fuel. During the walk home, they are attacked by several uniformed men, stripped naked, and gang raped for several hours. 2 months later, the daughter discovers that she is pregnant.

A displaced woman living on the border of Thailand and Burma visits a traditional birth attendant to find out if she is pregnant. The traditional birth attendant inserts a stick into her vagina and uterus "to make her period come". 2 weeks later, the woman starts to bleed, has a fever, and at 3 months she loses the baby from an unsafe abortion.

Civil war in Sierra Leone kills the husband of a 33-year-old woman, who flees to neighbouring Guinea for refuge. Widowed and without any skills or education, the woman turns to prostitution to earn a living to support herself and her two children. She doesn't use condoms because she is afraid that with them she wouldn't be able to command a good price.

Stories like the ones above are snapshots of the stark reality that thousands of displaced women and adolescent girls face in regions affected by conflict. They receive little protection, health care, education, income-generating opportunities, or community support, and are routinely exposed to violence and extreme poverty. As a result, they are extremely vulnerable to poor reproductive health. Their lack of access to information leads to high rates of unsafe sexual practices, unwanted pregnancies, and dangerous abortions, and heightens their vulnerability to sexually transmitted infections, including HIV/AIDS. During conflict, the dearth of comprehensive reproductive health services prevents refugees from having their right to a healthy and productive life.

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Prevention and control of the spread of HIV/AIDS is one of the major public health challenges facing humanitarian agencies during conflict.

The collaborative efforts of the Reproductive Health for Refugees Consortium (RHRC) and the Inter-agency Working Group (IAWG) on Reproductive Health in Refugee Situations have made great progress towards ensuring reproductive health services for refugee women. Founded in 1995, the RHRC is a network of seven organisations that combine their multidisciplinary skills, experience, and expertise in humanitarian relief, development, advocacy, and research to improve reproductive health programmes for refugees and internally displaced people. The IAWG includes more than 30 organisations—UN agencies, WHO, donors, and international non-governmental organisations. Today, they develop resources for field staff and meet once a year to share information and identify priority activities to address gaps in promoting and providing reproductive health services to displaced populations.

IAWG have developed a Minimum Initial Services Package to establish basic requirements for reproductive health services. Critical multi-year funding from private donors has supported the essential long-term strategic planning developed by the RHRC and IAWG, and resource materials to support service provision in conflict settings have been and continue to be developed. Although the RHRC and IAWG exemplify successful efforts in international joint strategic planning, resource development, and information sharing, many people are now collaborating at the field level in ways appropriate for the local situation.

With leadership from the southern Sudanese government and innovative funding from the USAID Office of Foreign Disaster Assistance, the American Refugee Committee has taken the lead, together with the International Rescue Committee (IRC) and other key stakeholders to initiate quality HIV/AIDS programming in southern Sudan. Designed with a community participatory approach, the HIV/AIDS pilot project will reach about 500 000 war-affected beneficiaries in Yei and Rumbek counties. Project activities include increasing use of condoms, improving treatment for people with sexually transmitted infections, and establishing voluntary counselling and testing and prevention with mother-to-child transmission programmes. Efforts will be made to strengthen local capacity, with an emphasis on women, and to evaluate the effect of the project.

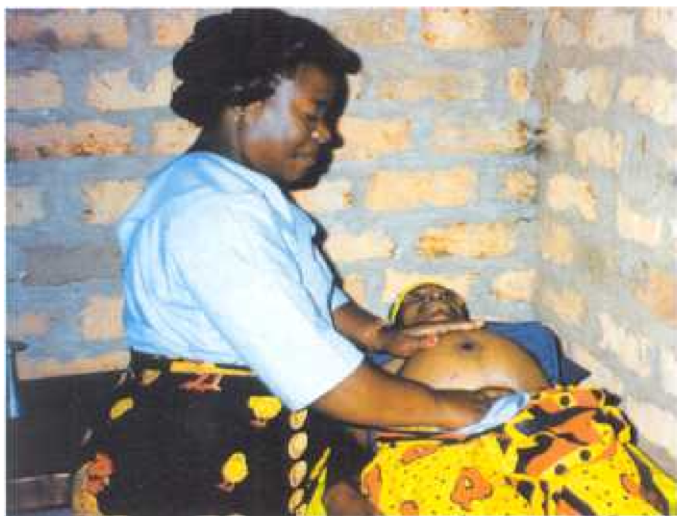
Integration of reproductive health services into a primary health-care programme has been a successful strategy for the IRC's operations in western Tanzania. The IRC is responsible for provision of health services and reception, initial screening, and referral of all refugees in three Kibondo district camps. The IRC's efforts have contributed to a reduction in deaths in the refugee camps in Tanzania that is comparable with international standards. IRC's gender-based violence component in Tanzania has been used as a model for gender-based violence programming by many organisations. Its success is due to the concerted efforts of staff, collaborating agencies, and provision of technical assistance. Gender-based violence is an integral part of armed conflict and is discussed in detail in the article by Jeanne Ward and Beth Vann (p 13).

Established in 1989, the Mae Tao Clinic provides health care for displaced ethnic Burmese people living along the Thailand-Burma border. By building local capacity, a small clinic has expanded and is now a large multi-purpose health centre serving about 200 000 ethnic Burmese in the Mae Sot region and Burma. With funding from small grants and technical assistance from the Women's Commission for Refugee Women and Children and other RHRC members, the quantity and quality of reproductive health services at the Mae Tao Clinic have steadily expanded and improved. Staff have developed education materials and implemented community outreach programmes to provide education on HIV/AIDS and family planning. The number accepting family planning services, including condoms, has grown by 111% since 1998, and overall clinic attendance has increased by 47%. Although the number of women arriving at the clinic with complications from unsafe abortions has increased each year, new emergency obstetric care facilities and intensive training programmes have been established to upgrade the skills of the staff. Although the conditions in Burma causing displacement of migrants into refugee-like circumstances in Thailand continue unabated, staff at the Mae Tao Clinic can sustain provision of comprehensive, good quality reproductive health services to the community it serves.

Pregnancy-related complications are the leading cause of death and disability in women of reproductive age worldwide. To avert maternal death and disability in displaced women and adolescent girls, essential emergency obstetric care services need to be identified and closely monitored early in emergency settings.

Use of family planning by women and men of reproductive age is abysmal in many conflict-affected countries. Strategies must include ways of promoting family planning so that it is culturally acceptable, and, since men are often the decision makers in communities and organisations that provide these services, they should be included in reproductive health programmes.

There are also large gaps in youth programming, quality of care, and monitoring and evaluation of programmes. Although displaced youth and adolescents are the most vulnerable to poor reproductive health, they often do not have information appropriate to their age, skills in negotiating sexual relationships, and affordable, confidential services. Youth-friendly programmes in conflict settings should be strengthened and expanded with and for young people to address their unique needs.



Woman receiving prenatal care at a refugee camp in Tanzania

Areas of reproductive health care that need the most attention are implementation of standard reproductive health protocols, staff training, follow-up and supervision, and ensuring continuity in supplies through improved logistics. Health workers and programme managers should also try to implement rigorous monitoring and evaluation to show the causal links between project activities and desired effects—another major challenge of reproductive health programmes in refugee settings.

Throughout the next year, IAWG and RHRC will each take steps to evaluate their work since 1995. Their findings will identify achievements and failures, further define gaps and specific constraints in conflict-affected populations' access to reproductive health services, and identify new strategies to increase their access to voluntary, quality reproductive health services.

As we move forward today, the current US political environment and diminished donor support are threatening to reverse our achievements at a time when reproductive health services are critical to address HIV/AIDS among this especially vulnerable population. Moreover, multi-year funding for international and local NGOs, more typical of development than humanitarian relief donors, is vital to effectively plan and ensure reproductive health services. Strengthening humanitarian actors' collaboration with both local and international development organisations and governments is also key to increasing and sustaining reproductive health services. Finally, we must all intensify our advocacy to support the fundamental right of all people around the world—including those in conflict situations—to voluntary quality reproductive health services.