
REPRODUCTIVE HEALTH FOR REFUGEES— THE NEXT STEP

Reproductive Health for Refugees Consortium



INTERNATIONAL
RESCUE
COMMITTEE



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Women's Commission
for Refugee
Women and Children

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LIST OF ACRONYMS

| | | | |
|---------|--|---------|---|
| AIDS | Acquired Immune Deficiency Syndrome | MISP | Minimum Initial Service Package |
| AIDSCAP | AIDS Control and Prevention Project | MMQ | Mama Maquin, Mexico |
| AGBEF | Association Guineen pour le Bien-Etre Familial, Guinea | MOH | Ministry of Health |
| AMREF | African Medical Research and Education Foundation | MSF | Medecins Sans Frontières (Doctors Without Borders) |
| ARC | American Refugee Committee | MSI | Marie Stopes International |
| ARRA | Administration for Refugee and Returnee Affairs, Ethiopia | MSSSL | Marie Stopes Society of Sierra Leone |
| BBC | Burma Border Consortium | NCPTC | National Committee on Traditional Practices in Ethiopia |
| BiH | Bosnia-Herzegovina | NGO | Non-Governmental Organization |
| BHU | Basic Health Unit, Pakistan | NLD | National League for Democracy, Myanmar |
| BPRM | Bureau of Population, Refugees, and Migration | OB/GYN | Obstetrics and Gynecology |
| CARE | Cooperative for Assistance and Relief Everywhere, Inc. | PARD | Popular Aid for Relief and Development |
| CIAM | Integral Center for Attention of Women, Guatemala | PLO | Palestinian Liberation Organization |
| COMAR | Mexican Commission to Help Refugees | PRCS | Palestinian Red Crescent Society |
| CNN | Cable News Network | PROSECO | Promotion of Community Services, Mexico |
| CWS | Church World Services | PSI | Population Services International |
| DFID | Department for International Development, United Kingdom | RH | Reproductive Health |
| DOH | Department of Health | RHR | Reproductive Health for Refugees |
| DPS | Département Prefectoral de la Santé | RTI | Reproductive Tract Infection |
| ECHO | European Commission Humanitarian Office | SCF | Save the Children Fund |
| EPI | Expanded Program on Immunization | SLORC | State Law and Order Restoration Council, Myanmar |
| FGM | Female Genital Mutilation | SMRU | Shoklo Malaria Research Unit, Thailand |
| GTZ | Gesellschaft für Technische Zusammenarbeit (German Organization for Technical Cooperation) | STD | Sexually Transmitted Disease |
| HIV | Human Immunodeficiency Virus | TBA | Traditional Birth Attendant |
| IAWG | Inter-Agency Working Group (on Reproductive Health for Refugees) | TV | Tierra Viva, Guatemala |
| ICMH | International Center for Migration and Health | TWA | Tibetan Women's Association |
| ICPD | International Conference on Population and Development | UNFPA | United Nations Population Fund |
| ICRC | International Committee of the Red Cross | UNHCR | United Nations High Commissioner for Refugees |
| IDP | Internally Displaced Person | UNICEF | United Nations Children's Fund |
| IRC | International Rescue Committee | UNRWA | United Nations Relief and Works Agency for Palestinian Refugees |
| IUD | Intra-Uterine Device | URNG | Guatemalan National Revolutionary Unit |
| JSI | John Snow, Inc. | USAID | United States Agency for International Development |
| LAM | Lactational Amenorrhea Method | UTI | Urinary Tract Infection |
| MAP NET | Migrant Assistance Program, Thailand | WCRWC | Women's Commission for Refugee Women and Children |
| MCH | Maternal and Child Health | WEAVE | Women's Education for Advancement and Empowerment |
| | | WHO | World Health Organization |

FOREWORD

This report is the culmination of a collaborative effort among members of the Reproductive Health for Refugees (RHR) Consortium. The Consortium is working to ensure that each woman, man and adolescent in a refugee or refugee-like setting has access to a full range of reproductive health (RH) services, including safe motherhood, family planning, emergency obstetrics, treatment and prevention of sexually-transmitted diseases (STDs), including HIV/AIDS, and services and protection against sexual and gender violence.

We are also urging public and non-governmental agencies that fund or provide assistance to refugees and displaced persons to institutionalize these services within their routine operations.

Our work has just begun. We know it is much easier to make policy pronouncements than to incorporate high-quality programs within existing refugee health programs. Over the past four years, we have taken the First Step in this difficult journey. It has been an exciting time, with notable successes, particularly at the

policy level. We have learned a lot; and we have accomplished a lot. But, given the number of obstacles in our path, we have also stumbled. Some ideas have not worked; other ideas met strong resistance from unexpected quarters.

This report offers the Consortium's view of how best to focus and channel the RH community's efforts in

The RHR Consortium was founded in 1995 when the International Rescue Committee, CARE, Marie Stopes International and JSI Research and Training Institute joined with the Women's Commission for Refugee Women and Children to lobby for funding for RHR. Thanks to a generous grant from The Andrew W. Mellon Foundation, these non-governmental organizations (NGOs) and the American Refugee Committee, (which participated in the early stages through the Consortium's "small grants" program and later joined the Consortium as a full member), pooled their expertise and drive to create a united front in the battle to win commitment to and funding for RHR programs.

The Consortium's strength lies in its effective mix of field service organizations, public health organizations and policy/advocacy groups. Consortium activities include running programs, providing grants to a variety of local and regional NGOs, and developing technical materials, particularly needs-assessment tools and training curricula.

order to accomplish our objectives efficaciously: to meet the RH needs of more than 40 million refugees and internally-displaced persons around the world. Through site visits and various reports we have amassed both strong impressions and data about the state of RHR today. The recommendations we make in this report, suggestions intended to help us move closer to our goal, are based on these subjective field observations as well as on the limited available data.

The Next Step will be more difficult. Serge Malé, Senior Epidemiologist at the United Nations High Commissioner for Refugees (UNHCR), said it best when he admitted, “We are not dealing with [a topic for] CNN here. We are doing something which matters, but is not easy to sell. Still, it is refreshing to see so much dynamism and commitment.”

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