Refugee Reproductive Health

Office of the First Lady
Staff Briefing

Prepared by the Reproductive Health for Refugees Consortium

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Women's Commission for
Refugee Women and Children

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An Overview of Refugee Reproductive Health Issues

Background

The mass movement of refugees and other forced migrants has become a defining feature of the late 20th century. According to the US Committee for Refugees, the refugee population has multiplied ten fold to over **14** million within the last twenty years. There are also a further **20** million internally displaced, who have fled violence or persecution -- but who are not included in official refugee statistics because they have not crossed an international border.

The International Conference on Population and Development in Cairo in 1994 and the Fourth UN Conference on Women in Beijing in 1995 gave special mention to refugees and displaced persons as an under-served and vulnerable group in need of care and assistance. The adequate provision of food, clean water, shelter, sanitation and primary health care are, and must remain, principal concerns in any refugee emergency. These interventions help combat the well documented major killers in refugee situations: malnutrition, diarrheal diseases, measles, acute respiratory infections and malaria (where prevalent). There are some aspects of reproductive health care which can also save lives and are crucial for the physical, mental and social well-being of any individual, but especially an individual experiencing the difficulties of refugee life.

The Problem

Refugee and internally displaced settings create conditions that result in:

- **Fertility rates of near record levels** due to
  - lack of fertility regulating information and supplies;
  - pressure on women from their cultural, political and religious leader to rebuild the population;
  - improvements in child survival rates.
- **Increased maternal mortality and morbidity** as a result of
  - poor nutrition;
  - multiple pregnancies;
  - lack of clean, safe delivery care.
- **Increased (often unsafe) sexual activity**, which results in an increase in HIV/AIDS and sexually transmitted diseases, because of
  - use of sexual favors in exchange for food, money or protection;
  - rape as a tool of coercion or humiliation;
  - breakdown of family and social structures, and accompanying behavioral change;
  - boredom.

The Solution

A comprehensive program of reproductive health, which caters to the needs of a broad section of the refugee community includes:

- Protection from sexual violence
- Family planning
- Prevention and treatment of HIV/AIDS/STDS, including distribution of condoms, safe sex education and clinical referral
- Safe motherhood, including pre- and post-natal care, safe delivery and breastfeeding
- Emergency obstetrical services, including treatment of septic and/or incomplete abortion

It is important that reproductive health interventions are not only timely but appropriate. At the outset of an emergency a **minimum initial service package (MISP)** is called for which focuses on live-saving reproductive health interventions:

- prevention and management of the consequences of sexual and gender-based violence including provision of emergency post-coital contraception;
- enforcement of respect for universal precautions against HIV/AIDS;
- guaranteeing the availability of free condoms;
- provision of delivery kits for self-use by women and UNICEF Midwife delivery kits;
- planning for provision of comprehensive reproductive health services, integrated into primary health care, as soon as possible; and
- human and material resources necessary for implementation of the MISP.

Challenges and Recommendations

- Refugee women must be involved in assistance activities as decision makers and leaders, especially in the area of comprehensive reproductive health care provision in refugee settings.
- A concerted advocacy program must be undertaken to promote increased attention and action to refugee reproductive health aimed at policy makers, government officials, UN agencies, donors, aid workers, the media and the general public.
- Funding and resources need to be committed to ensure effective reproductive health programs for refugees women and girls world-wide.


Kisangani
UGANDA
North Kivu
Mugunga
Goma
Lake Kivu
Kigali
Kibongo
Lake Victoria
RWANDA
Shabunda
Bukavu
Cyangugu
Ngara
Mwanza
Muyinga
South Kivu
Uvira
Bujumbura
BURUNDI
Kibondo
Mulenge Mountains
ZAIRE
TANZANIA
Fizi
Kasulu
Lake Tanganyika
Kigoma

REFUGEE COUNTRY PROFILES

Eritrea

Senegal

South Africa

Tanzania

Uganda

Zimbabwe

Source: World Refugee Survey 1996, U.S. Committee for Refugees

ERITREA

Approximately 340,000 Eritreans were refugees at the end of 1995, virtually all of them in Sudan.

Although Eritrea's 30-year war for independence from Ethiopia ended successfully in 1991, repatriation of Eritrean refugees has proceeded slowly with persistent problems. Some 40,000 returned to Eritrea during 1995, bringing the total number of repatriations to about 150,000 during the past five years.

Repatriation Prior to 1995

Following the military victory of the Eritrean People's Liberation Front (EPLF) over Ethiopia's forces in 1991, UNHCR anticipated that Eritrean refugees would repatriate rapidly. That did not occur, however.

During the early 1990s, the Eritrean government and UNHCR disagreed on the proper timing of repatriation as well as the assistance that should be provided to returnees. UNHCR was eager to bring the Eritrean refugee situation to an end, while government officials expressed concern that their devastated country could not absorb hundreds of thousands of returnees without substantial international help. The Eritrean government was also concerned that the mostly Muslim returnees, many of whom had been exposed to Sudanese Islamic fundamentalism might destabilize the government. Relations between the Eritrean government and UNHCR soured to the extent, that UNHCR temporarily withdrew its representative from Eritrea.

In 1993, the Eritrean government and the UN agreed to an ambitious general repatriation plan at a projected cost of $262 million. Under the original plan, known as the "Program for Refugee Reintegration and Rehabilitation of Resettlement Areas in Eritrea" (PROFERI), refugees were expected to repatriate in an organized fashion in three phases during a period of three-and-a-half years. Although PROFERI planned for all refugees in Sudan to return, sources familiar with the situation predicted that a maximum of 200,000 refugees still in Sudan would actually repatriate.

Some observers, including NGOs working in Eritrea, saw the expensive proposal as realistic given the level of devastation in Eritrea. International donors, however, viewed PROFERI as too costly and overly ambitious, particularly the program's plan to provide permanent new housing for all returnees.

In 1994, lack of funds and other constraints forced the Eritrean government, UNHCR, and the UN Department of Humanitarian Affairs (DHA) to launch a pilot project designed to repatriate 25,000 refugees and boost the confidence of international donors. After further delays, the pilot project began in November 1994. Some 8,700 refugees repatriated from Sudan with assistance by the end of that year.

During 1991-94, an estimated 100,000 refugees chose not to await the much-delayed official return program and instead repatriated spontaneously from Sudan without organized assistance. An additional 19,000 or so Eritrean refugees may have repatriated on their own from Yemen, Ethiopia, and various other countries. Refugees who repatriated spontaneously received food aid from the World Food Program (WFP) and limited non-food aid from NGOS.

Refugee Repatriation in 1995

About 15,000 Eritreans repatriated from Sudan in the first half of 1995 as part of the PROFERI pilot project. The pilot project ended at midyear, having accomplished its goal of repatriating nearly 25,000 persons in an organized manner since late 1994.

The pilot phase catered to returnees who were willing to settle in designated settlement sites prepared by the Eritrean government with UNHCR funding. Most returnees chose to settle in specially prepared sites in Gash Setit province. Returnees received seeds, fertilizers, and agricultural tools. UNHCR funded road repair projects in returnee areas.

The Eritrean government and UNHCR intended that the successful conclusion of PROFERI's pilot project would lead rapidly to Phase I of PROFERI, in which more than 100,000 Eritreans would repatriate in an organized fashion from Sudan. UNHCR received pledges of $32 million from international donors for the

$83 million needed in Phase 1, enough to begin the program in the last half of 1995. Phase I of PROFERI did not commence, however, because of political tensions between the governments of Eritrea and Sudan on other matters.

The prospects for an organized voluntary repatriation program appeared to be in limbo as the year ended. An estimated 25,000 or more Eritrean refugees returned spontaneously from Sudan in the final four months of the year.

Source: World Refugee Survey 1996, U.S. Committee for Refugees

SENEGAL

Senegal hosted nearly 70,000 refugees at the end of 1995, including some 65,000 from Mauritania and about 3,000 from various other countries. Approximately 17,000 Senegalese were refugees, including about 15,000 in Guinea-Bissau and about 2,000 in Gambia.

Senegalese Refugees

A long-simmering separatist war in Senegal's southern region of Casamance flared in 1991-92. Historically, many of the 800,000 residents of Casamance, Senegal's main rice-growing region, have complained that the country's economic policies have deprived their region.

The violence uprooted more than 40,000 persons by 1993. A 1993 cease-fire generally held during 1994, allowing some 20,000 or more internally displaced Senegalese to return to their homes. In 1995, armed clashes reportedly killed scores of Senegalese soldiers and rebels. The head of the insurgents urged his guerrilla troops to resume the cease-fire and called for further peace talks with the government.

No significant refugee repatriation was reported during the year.

Mauritanian Refugees in Senegal

Most of the 65,000 Mauritanian refugees in Senegal were expelled from their homes in 1980-90 by Mauritanian authorities who claimed the refugees were Senegalese rather than Mauritanian citizens. They have not been granted full refugee status under Senegalese law.

About I 0,000 Mauritanians have repatriated from Senegal in the past few years, including about 800 in 1995. Most remaining refugees have settled into about 275 sites stretching 400 miles along the Senegal River, which marks the border with Mauritania. Several thousand have migrated to other parts of Senegal.

The World Food Program (WFP) announced that it would reduce or eliminate food assistance to most refugees by the end of 1995 because, according to WFP, the refugee population had become self-sufficient. WFP had reduced food rations in 1993 and had threatened further reductions in 1994 despite UNHCR objections. As the controversial policy of food cuts resumed in 1995, UNHCR initiated an information campaign to prepare refugees for the assistance cut-off.

A UNHCR survey in 1993 indicated that about 80 percent of the refugees wanted to repatriate eventually. The refugees indicated they would not repatriate unless their return home was organized by UNHCR, and until the Mauritanian government promised them citizenship and compensation for property losses. UNHCR operated a $3 million program in Senegal.

Source: World Refugee Survey 1996, U.S. Committee for Refugees

SOUTH AFRICA

An estimated 90,000 refugees from Mozambique were living in South Africa at the end of 1995. Some 500,000 South Africans remained internally displaced.

As a result of political changes in South Africa that ended apartheid, culminating in democratic elections in April 1994, UNHCR invoked a "cessation clause" in May 1995 whereby South Africans in exile were no longer classified as refugees. South Africa signed the OAU Refugee Convention on December 15, 1995.

Political

Following the election of Nelson Mandela and the African National Congress (ANC) in 1994, South Africa worked to undo the ramifications of apartheid, but also experienced continued political violence and anti-immigrant sentiment in 1995.

More than 1,000 died, and many were newly displaced in political violence during the year, overwhelmingly as a result of conflict between the ANC and the Inkatha Freedom Party (IFP) in the troubled province of KwaZulu-Natal.

The South African government passed new legislation to make citizenship more difficult to acquire, reflecting a surge of xenophobia within some sections of society. Efforts to combat illegal immigration resulted in some wrongful deportations. In a few instances, Mozambicans claiming refugee status were wrongfully detained and deported by the South African National Defense Force. The South African Department of Home Affairs moved to avoid future problems by providing additional training for security personnel and immigration officers.

Internally Displaced South Africans

The number of internally displaced South Africans remained a politically sensitive issue in 1995. About 87 percent of all agricultural land was reserved for whites under apartheid statutes dating back to the South African Land Act of 1913. Whites compromised 13 percent of the population. A series of apartheid laws from 1948 to 1982 forcibly removed millions of blacks from their land countrywide. Some 3.5 million people were forcibly displaced between 1960 and 1980 alone, according to government officials.

The majority of people uprooted by years of apartheid, however, appear to have no realistic prospects of reclaiming their old land or gaining new land because of the government's limited resources and competing societal needs. Many families displaced from their property during apartheid have reintegrated into other areas and may no longer consider themselves displaced, despite their poverty.

In 1994-95, the government began to organize a three-fold Land Reform Program consisting of land redistribution, land restitution, and land tenure reform. The land reform program aimed to address the concerns of black South Africans who were forcibly removed from their land or denied land ownership rights under apartheid. The government's new policies and procedures for land claims are based on provisions of the Interim Constitution and the *Restitution of Land Rights Act* of 1994, which created the Land Claims Court.

The Land Claims Court received some 5,000 claims by the end of 1995. Each claim could represent an individual, a family, or a community.

Population displacement was a particularly urgent issue in KwaZulu-Natal province, where recent political violence as well as the legacy of apartheid have left some 500,000 persons internally displaced, according to a 1994 study. KwaZuluNatal, home to one quarter of South Africa's 40 million population, suffered a death toll of 300 per month prior to the 1994 elections.

An estimated 5,000 to I 0,000 additional people became displaced in KwaZulu-Natal province in 1995. Some 600 homes were burned down on the north coast of KwaZuluNatal, and up to 1,000 people were killed in political violence between the secessionist IFP and other political parties, mainly the ANC. Newly

displaced persons were quickly absorbed into surrounding villages. Attempts primarily by political factions to return the displaced people to their homes were largely unsuccessful, according to local government reports.

Although millions of South Africans lack land and adequate housing, USCR estimates that a smaller number, about 500,000, are internally displaced, based on recent violence or formal appeals filed for restitution of land.

Mozambican Refugees

UNHCR began an organized repatriation program from South Africa in January 1994. Prior to leaving South Africa, Mozambicans returning home received a one-month food supply, plastic sheeting for building shelters, blankets, and buckets.

Only 2 1,000 Mozambicans took advantage of the formal repatriation program in 1994-a fraction of the I 00,000 or more whom UNHCR expected to return. UNHCR reported that organized repatriation from South Africa was problematic because refugees were not settled in formal camps, and movement through South Africa's Kruger National Park, implemented by IOM, was logistically difficult.

The formal repatriation program for Mozambicans living in South Africa ended officially on March 31, 1995. During the year, more than 10,000 Mozambican refugees returned with UNHCR assistance and an estimated I 0,000 repatriated independently. About 90,000 Mozambican refugees apparently preferred to remain in South Africa to take advantage of economic opportunities there.

Source: World Refugee Survey 1996, U.S. Committee for Refugees

TANZANIA

Tanzania hosted slightly more than 700,000 refugees at the end of 1995, including some 500,000 from Rwanda, 180,000 from Burundi, 15,000 from Zaire, 5,000 from Mozambique, and approximately 3,000 from other countries.

Tanzania has gained a reputation over the years as a country generous to refugees. That generosity was sorely tested in 1994 when more than a half-million Rwandan refugees poured into a poor, isolated area of western Tanzania, including 200,000 arrivals in a single 24-hour period. During much of 1995, Tanzania closed its border to prevent new refugee surges from Burundi.

In southern Tanzania, an organized program to voluntarily repatriate Mozambican refugees, many of whom had lived in Tanzania for years, drew to a close during the year.

Tanzania Closes Its Border to New Refugees

The massive refugee population in eastern Tanzania vastly outnumbered local citizens. The 430,000 refugees inhabiting a series of camps near the town of Ngara constituted the second-largest "city" in Tanzania. In addition to the sheer size of the refugee population, an additional complication was that exiled Rwandan leaders used the camps to train their soldiers and militia, according to relief workers. Tanzanian police struggled to patrol the camps, but security for refugees, local citizens, and relief workers became a heightened concern.

Rwandan refugees in Burundi, as well as Burundian refugees, fled to Tanzania at rates of up to 2,000 per week in early 1995. In March, tens of thousands of new ethnic Hutu refugees arrived from Burundi. Burundian soldiers allegedly entered Tanzania's border region in pursuit of the refugees, terrorizing Tanzanian civilians in the process. The Tanzanian government threatened to use military force to stop the cycle of violence.

Officials abruptly closed the border on March 31 and placed restrictions on the work of relief groups in border areas. Tanzanian troops expelled some 300 new Burundian refugees in early April, deported 86 new and old refugees in early May, and forcibly repatriated up to 400 refugees at gunpoint in one incident in August. In addition, soldiers routinely turned back large numbers of potential refugees at the border, at times by firing guns. Relief agencies charged that Tanzanian troops raped, beat, and looted new arrivals, and harassed relief workers. In June, Tanzanian authorities denied entry to some 10,000 Rwandan refugees who were endangered by escalating violence near their camps in Burundi.

USCR called Tanzania's border closure "shocking." A USCR public statement said that "as a respected diplomatic leader in Africa, Tanzania's border closure and blockage of refugee flight establish the worst possible precedent on a continent with nearly 6 million refugees.... Tanzania's actions threaten to condemn thousands of persons to entrapment and potential death inside Burundi."
USCR urged Tanzania to re-open its border and to "abide by solemn international agreements that commit Tanzania to give safe haven and protection to refugees." The Tanzanian government responded to USCR by arguing that armed incursions from Burundi justified closure of the border to protect the existing refugee population and local Tanzanians.

In response to continued expulsions, USCR again contacted Tanzanian officials to urge that they "desist from any further expulsions." Tanzania continued its policy, however. In September, authorities expelled 37 refugees back to Rwanda and expelled three UNHCR staff for allegedly helping refugees enter Tanzania in violation of the border closure. In December, Tanzania's newly elected president said that the border would remain closed and warned that "Tanzania will not allow refugees to stay indefinitely."

Tanzania's restrictions resulted in the expulsion of some 22,000 newly arrived Rwandan and Burundian refugees, according to local press reports. Thousands more potential refugees were deterred from entering. Despite the closed border, some 8,000 new refugees managed to evade detection and reached Tanzania during the first five months of the closure, according to estimates.

Conditions for Rwandan Refugees

Rwandan refugees lived in about a dozen camps in northwest Tanzania. The largest camp, Benaco, totaled some 160,000 refugees. Relief workers opened a new camp early in the year to ease overcrowding.

A food shortage in early 1995 forced a temporary 20 percent reduction in rations. Relief workers feared the food shortfall would provoke riots, but most camps remained normal. Health workers reported that half of all refugee children under age five were malnourished in some camps. Mortality rates remained exceptionally low, however, and malnutrition rates among the entire refugee population "are below Tanzanian national averages," according to one relief report.

Nearly 30 humanitarian groups provided assistance during the year. Water shortages remained a serious concern, as did the refugees' impact on the local environment. Local officials reported that annual fuelwood consumption had increased five-fold since the refugees arrival, and wells dug for refugee camps had depleted the region's groundwater resources.

Rapes of refugee women were an almost daily occurrence, especially as they roamed longer distances into the bush in search of firewood for cooking. UNHCR supplied equipment to 310 Tanzanian police to patrol the camps and enhance security. The camps contained some 12,000 unaccompanied minors, separated from their families during the violence in Rwanda and the flight to Tanzania. More than 90,000 refugee children, primarily Rwandans, attended primary schools.

Following a site visit to the Rwanda region, USCR recommended that refugees in Tanzania should receive more information about conditions in their home country in order to help refugees make an informed decision about whether to repatriate. USCR recommended that the refugees should be encouraged to make fact-finding visits into Rwanda and should be allowed to correspond regularly with friends and relatives in Rwanda.

Some 6,000 ethnic Hutu Rwandan refugees officially repatriated from Tanzania during the year. It is believed that several thousand more returned home outside official channels. In addition, some 6,000 ethnic Tutsi Rwandans returned to Rwanda after many years in Tanzania

Conditions for Burundian Refugees

Two generations of Burundian refugees lived in Tanzania: more than 100,000 who fled to Tanzania as long as 33 years ago and have stayed and become self-reliant farmers; and Burundians who have sought refuge in Tanzania since Burundi's latest round of violence resumed in 1993.

An estimated 40,000 or more new Burundian refugees fled to Tanzania during 1995, according to UNHCR. Nearly 2,000 refugees voluntarily repatriated during the year with UNHCR assistance.

Approximately 40,000 Burundian refugees lived in camps in the Ngara region, amid an even larger number of Rwandan refugees. Some 20,000 Burundians settled into camps about 200 miles south of Ngara, in the Kigoma area, where UNHCR and five other humanitarian agencies provided assistance. Local villagers allocated 5,000 acres of land to the refugees for farming.

Other Refugees

About 15,000 Zairian refugees continued to reside in Tanzania's rural areas, where all but 200 of them have become entirely self-sufficient.

About 3,000 Somali refugees lived at two locations about 130 miles from Dar es Salaam, the capital.

An organized repatriation program for Mozambican refugees concluded in late 1994. An estimated 35,000 Mozambicans chose not to participate in the program and opted to remain in Tanzania into 1995. It is believed that some 20,000 of these Mozambicans repatriated on their own after harvesting their 1995 crops. Many Mozambicans who remained in Tanzania at the end of 1995 were self-sufficient and apparently considered themselves permanent residents rather than refugees.

Source: World Refugee Survey 1996, U.S. Committee for Refugees

UGANDA

Uganda hosted about 230,000 refugees at the end of 1995: an estimated 210,000 from Sudan, nearly 15,000 from Zaire, and about 5,000 from Rwanda. Some10,000 Ugandans were refugees in Zaire.

Sudanese Refugees

Uganda received several influxes of new refugees from Sudan's civil war during the year, joining a large Sudanese refugee population already living in northern Uganda. Up to 20,000 refugees were reportedly arriving each month in late 1994. Several thousand continued to arrive monthly in early 1995. In mid-year, the size of the influx accelerated to some 5,000 per month because of intensified warfare along the Sudan-Uganda border.

The steady arrival of large numbers of refugees, coupled with many refugees' quick return to Sudan, made accurate counts of the refugee population difficult until the United Nations High Commissioner for Refugees (UNHCR) completed a census late in the year. Sudan's civil war occasionally spilled into Uganda when aerial or artillery bombings by Sudan's military landed in populated areas of northern Uganda, forcing thousands of Ugandans living near the border to flee their homes temporarily. The Ugandan government severed diplomatic relations with Sudan in April, and the two countries at times appeared to be on the verge of open warfare late in the year.

The US Committee for Refugees (USCR) conducted a site visit to Uganda in early 1995 and found that pockets of insecurity in northern areas--caused by local armed insurgencies, landmines, banditry, and poor roads--complicated efforts to assist the growing refugee population. Ugandan authorities have allocated 520 square miles of land for refugee settlements and farming. UNHCR and other relief agencies established new settlement sites and expanded old ones during the year, and transferred tens of thousands of Sudanese from crowded transit centers to rural settlement areas.

At year's end, about 100,000 Sudanese resided in settlement camps, and 110,000 were living in ten transit centers spread among four districts.

Other Refugees in Uganda

As many as 25,000 Zairian refugees fled to Uganda several years ago. Gradual repatriation has occurred since then. The Zairian population remained fairly stable during 1995, at about 15,000 persons. Virtually none repatriated to Zaire, and a small number of new arrivals reportedly entered Uganda at mid-year because of ethnic and political conflict in Zaire.

Most Zairian refugees were living at a special settlement site where they could farm. UNHCR's assistance program focused on improving roads, drilling boreholes, and beginning construction of education and health facilities. Several thousand Zairians remained registered for repatriation, and the governments of the two countries reportedly were preparing a repatriation agreement late in the year.

Some 5,000 ethnic Hutu Rwandan refugees remained in Uganda throughout the year. They fled to Uganda in 1994. Most were living in an old agricultural settlement site formerly occupied by ethnic Tutsi Rwandan refugees who returned to Rwanda in 1994.

Uprooted Ugandans

Ugandans who fled warfare and massive human rights abuses in their country during the 1970s and 1980s continued to return to their homeland during 1995. For the second consecutive year, approximately 5,000 Ugandan refugees repatriated from Zaire. Up to 1,000 returned from Kenya.

Hundreds of persons in a remote area of northern Uganda fled their homes to escape attacks by a new Ugandan rebel group, the West Nile Bank Front. Remote areas of Uganda's West Nile district, bordering Sudan and Zaire, were reported to be virtually vacant at year's end, with most residents seeking refuge in Zaire.

Another rebel group, the Lord's Resistance Army, killed more than 250 villagers, abducted some 100 persons, and destroyed 1,000 homes during an attack in northern Uganda in April. Ugandan officials charged that the two rebel groups received support from Sudan.

Source: World Refugee Survey 1996, U.S. Committee for Refugees

ZIMBABWE

At the end of 1995, virtually no refugees remained in Zimbabwe. The final 20,000 Mozambican refugees remaining in the country at the beginning of the year repatriated during the first few months of 1995.

Events Prior to 1995

Years of warfare in neighboring Mozambique had pushed up to 240,000 refugees into Zimbabwe by 1992. About 140,000 lived in five well-run camps near the border, and an estimated 100,000 unregistered refugees had settled themselves without assistance in border areas or in Zimbabwe's major towns.

An end to the war in Mozambique in 1993 encouraged 35,000 Mozambicans to repatriate, most of whom traveled home with minimal assistance from the United Nations High Commissioner for Refugees (UNHCR). The bulk of UNHCR's official repatriation occurred in 1994, accelerating as Mozambique's October election drew nearer. Some 90,000 refugees officially returned to Mozambique in time to vote, plus tens of thousands of others who repatriated spontaneously. Four out of five refugee camps were closed by the end of the year.

Repatriation in 1995

UNHCR launched a mass repatriation information campaign in January and February. Between January and May, UNHCR provided transport to some 25,000 self-settled Mozambicans, who had been residing in Zimbabwe and working mostly as contract laborers.

Source: World Refugee Survey 1996, U.S. Committee for Refugees

International Rescue Committee

Tanzania Reproductive Health Program
1997

Ethnic violence in Burundi in late 1993 sparked an exodus of refugees into western Tanzania. Since 1994, IRC has provided sanitation, preventive and curative health services, and community-based health education programs for Burundian refugees in Tanzanian camps. During 1996, the refugee population expanded from 25,000 to 250,000. New camps have been built to accommodate the recent influx from Burundi and Zaire. In Kigoma holding centers, IRC focuses on the basics of immunizing children, delivering babies, and providing therapeutic feeding for new arrivals en route to established camps. In Kibondo district refugee camps, IRC provides comprehensive health services including **reproductive health care** such as family planning, HIV/AIDS/STD education and treatment, and rape counseling.

In situations of armed conflict resulting in displacement, women, female adolescents and children are particularly vulnerable to **sexual and gender-based violence**. IRC has recently begun to assess the prevalence of such violence experienced by Burundian refugees. Women of all ages must search for firewood and cultivate gardens outside of the camps, making them easy prey for men who attack them with impunity. Hence, in addition to assaults during the conflict and flight to the camps, these women continue to be attacked in their place of "asylum". As of the end of 1996, over 150 women and children (boys and girls) had reported being raped, forced into early marriage, or abused by family members since they left Burundi.

IRC will use the assessment results to motivate the refugee community to combat sexual violence. The aim is to reduce the risk of sexual and gender violence and to minimize its physical, social, and psychological consequences. In order to reduce the stigma of sexual violence, gender sensitivity training will be provided to health workers, community leaders, and agency staff who are in positions to respond to incidents.

The UNHCR recommended **Minimal Initial Service Package** of reproductive health interventions is being implemented incrementally in Kibondo and Kigoma by IRC. At the way stations and holding centers, where IRC first assists the new arrivals, delivery kits are in place. Training of staff on universal blood precautions and emergency contraception is underway. Condoms are distributed for free. And teams of Burundian reproductive health workers are trained to provide culturally appropriate and comprehensive care as soon as the camp stabilizes.

Reproductive Health Funding for IRC Tanzania:

Andrew W. Mellon Foundation (sexual violence, 1996-1997)	$15,000
Le Brun Foundation (sexual violence, 1996-1997)	$12,000
Packard Foundation (sexual violence, 1997)	$15,000
UNHCR (reproductive health, 1997)	$212,200

Beneficiaries:
It is estimated that over 40,000 women and men of reproductive age will benefit from these programs in 1997.


Kisangani
UGANDA
North Kivu
Mugunga
Goma
Lake Kivu
Kigali
Kibongo
Lake Victoria
RWANDA
Shabunda
Bukavu
Cyangugu
Ngara
Mwanza
Muyinga
South Kivu
Uvira
Bujumbura
BURUNDI
Kibondo
Mulenge Mountains
ZAIRE
TANZANIA
Fizi
Kasulu
Lake Tanganyika
Kigoma

TODAY'S REALITY

- **44 MILLION AND GROWING**
  There are more than 44 million refugees and internally displaced people in the world today. More than 80 percent of them are women and children.

- **WOMEN AT RISK**
  Women in refugee sites throughout the world--many of them in questionable health and with few or no material resources--are having extraordinarily high numbers of children at closely spaced intervals.

- **NOWHERE TO TURN**
  Comprehensive reproductive health services designed to serve the broader needs of a wider refugee population--not just pregnant women or mothers--are completely absent in refugee settings.

- **LONG-TERM NEEDS**
  Durable solutions to refugee situations may take years to achieve. Agencies must start thinking beyond the "emergency" phase to health interventions aimed at saving lives over the long term.

Cover photo by CARE

OBJECTIVES

RHR Consortium members will work together to achieve the following objectives in the United States and Europe.

- **ADVOCATE**
  To advocate for increased attention and action related to refugee women's reproductive health among policy makers, donors and service delivery groups.

- **EDUCATE**
  To expand the body of knowledge currently available for the promotion of reproductive health in refugee settings.

- **SUPPORT**
  To increase the level of funding available for refugee reproductive health.

- **IMPLEMENT**
  To support the implementation of approaches to reproductive health services in Consortium field projects.

- **EXPAND**
  To expand the number of organizations involved in promoting and providing reproductive health services in refugee settings.

ACTIVITIES

- Project development
- Creation of a central information databank
- Research studies
- Participation in the creation of Reproductive Health Guidelines for service provision to refugees
- Technical assistance in the areas of needs assessment, proposal preparation, training, project design, implementation and evaluation
- Preparation of training manuals for relief workers
- Testing of reproductive health kits
- Creation of a consultant databank
- Documentation of findings from the field
- Advocacy
- Administration of a Consortium Small Grants Fund

GOAL

The goal of the RHR Consortium is to support the institutionalization of reproductive health services in refugee settings worldwide.

REPRODUCTIVE HEALTH FOCUS

The RHR Consortium will focus on five essential and complementary technical areas of reproductive health. These are:

- **Family Planning**
- **HIV/AIDS/STDs**
- **Sexual and Gender Violence**
- **Emergency Obstetrics**
- **Maternal Care**

Consortium members are committed to promoting the most comprehensive reproductive health programs in refugee settings. Service provision will be based on need and include the services listed above and others where possible.

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Reproductive Health for Refugees

RHR Consortium

Women's Commission For Refugee Women and Children

Fact Sheet

What is the Women's Commission?

There are more than 50 million refugees and internally displaced people* worldwide, people uprooted by conflict, oppression or persecution; approximately 80 percent of them are women and children. The Women's Commission for Refugee Women and Children is one of the leading advocacy and public education organizations speaking out on behalf of refugee and displaced women and children around the world.

** Refugees have crossed an international border; displaced people are still in their own country. We use the term refugee to include both categories.*

Who are we?

The Women's Commission has a small professional staff and a large, active membership. Our board of directors and members include women working at senior levels in human rights and refugee organizations, as well as in education, medicine, law, journalism, government, communications and many other fields. The Commission was founded in 1989 by Liv Ullmann, Catherine O'Neill and Susan Forbes Martin.

Why was the Women's Commission founded?

There was a growing concern among women working in refugee and human rights organizations that refugee women and children had specific needs that were not being adequately addressed. The Commission realized that if there was any hope of changing the conditions under which refugee families live, it must draw attention to these needs by influencing the international organizations, governments and voluntary agencies responsible for the refugees' care and protection.

UNHCR/L. Taylor

Refugee women bring many skills that should not be overlooked in camp settings.

Heidi Wagner

Most refugee women identify education for their daughters as one of their top priorities. The Women's Commission has encouraged the establishment of schools for girls.

What do we do?

The Women's Commission is an expert resource and advocacy organization. It speaks on behalf of refugee and displaced women and children, who have a critical perspective in bringing about change but do not have access to governments and policy makers.

Currently the Women's Commission is working to further its goals through three major projects:

*** Promoting participation and protection of refugee women**

The United Nations High Commissioner for Refugees (UNHCR) developed its *Guidelines on the Protection of Refugee Women* in 1991 to address a growing concern that the protection needs of refugee women were not being met in the field. The Guidelines contain concrete recommendations on how to improve programming in various areas of assistance, including physical protection, access to food, water and fuel, health care, education and economic opportunities. The Women's Commission has undertaken an ongoing project to expand the understanding and implementation of the Guidelines at the field level to ensure that assistance programs reflect the Guidelines' requirements as well as utilize the resources refugee women bring to all aspects of programming. The Women's Commission has established an inter-agency advisory group to assist on this project.

*** Promoting protection and care of refugee children**

Refugee children are at risk of losing their childhood. They are the most vulnerable refugee population, especially susceptible to the physical and psychological effects of

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Deirdre Wulf

A refugee woman in Thailand works with her peers in a reproductive health workshop.

violence, disease and malnutrition. Orphaned or unaccompanied minors, children who have been separated from their parents or caregivers, are particularly at risk. The UNHCR *Guidelines on the Protection and Care of Refugee Children* cover a wide range of areas in need of special attention, including education, health and nutrition, and durable (long-term) solutions. The Women's Commission is working to ensure wider implementation of the Guidelines.

*** Promoting access to reproductive health care**

Women in refugee settings are having extraordinarily high numbers of children. What results is a dramatic increase in high-risk pregnancies as women of all ages, healthy and unhealthy, have children at closely-spaced intervals with little access to appropriate health care. Many refugee women have no access to basic services, such as family planning and maternal health care. The Women's Commission has undertaken an ongoing advocacy project to ensure that reproductive health is on the agenda of humanitarian assistance organizations, policy makers and donors at the very onset of a refugee emergency.

*** Other projects**

The Women's Commission is involved in several national and grassroots advocacy efforts, including: educating Congress to ensure that the needs of refugee families are not forgotten; investigating and reporting on conditions for women asylum seekers in U.S. detention facilities; promoting an international ban on landmines; educating young people on *"The Refugee Experience"* through the Schools Project; and supporting the Knitting Project, which ships yarn and needles to refugee and displaced women in former Yugoslavia.

How does the Women's Commission work?

The Women's Commission serves as an expert resource, offering solutions and providing technical assistance. Staff and board members make recommendations on how to improve assistance to refugee women and children to policy makers in the United States government and U.N. agencies, and to nongovernmental organizations (NGOs).

Each year the Women's Commission sends fact-finding delegations of professional women to meet with refugee women and children around the world and learn firsthand of their needs and conditions. Recent delegations have traveled to Azerbaijan, Mozambique, Rwanda, Tanzania, former Yugoslavia and Zaire. Delegation members meet with policy makers, hold press briefings, write articles for publication in the national media and appear on television and radio.

Is the Women's Commission effective?

* The Women's Commission was a catalyst in the establishment of President Clinton's Bosnian Women's Fund, which channeled $5 million to Bosnian women's projects. Following an April 1996 delegation visit to former Yugoslavia, the Commission met with members of the President's staff and stressed the need to fund initiatives for women.

* The Women's Commission conducted a ground-breaking survey on the reproductive health needs of refugee women in camps around the world. A consortium of agencies, coordinated by the Women's Commission, is using the study to develop effective programs in the field.

* The Women's Commission was a catalyst in bringing about "The Refugee Women and Children Protection Act" that was signed into U.S. law in 1994.

* The Women's Commission sent a delegation of six refugee women to the 1995 NGO Forum and the UN Women's Conference in Beijing. Refugee women provide a strong and important voice in the Commission's advocacy work.

Melanie Wyler

The Women's Commission sponsored a delegation of refugee women to attend the NGO Forum and the Fourth UN World Conference on Women in Beijing, China.

How is the Women's Commission funded?

The Women's Commission for Refugee Women and Children was founded under the auspices of the International Rescue Committee. We are supported by private donations from individuals and by America's leading foundations, including the Ford Foundation, Joyce Mertz Gilmore Foundation, John D. and Catherine T. MacArthur Foundation, the Reebok Foundation and The Andrew W. Mellon Foundation.

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International Rescue Committee Fact Sheet

What is the International Rescue Committee?

IRC is the leading nonsectarian private voluntary agency assisting refugees worldwide. For over 63 years, IRC has been helping refugees who are victims of racial, religious and ethnic persecution, as well as people uprooted by war and violence. IRC also assists internally displaced populations within their own borders, refugees during repatriation, and refugees being resettled in third countries. Today, there are approximately 34 million people in the world who have been forced from their homes. More than 14 million of them are refugees. IRC staff and volunteers work in Africa, Asia, Europe, the former Soviet Union and the United States.

A unique ability to respond to refugee emergencies has marked the International Rescue Committee's history since it was founded at the suggestion of Albert Einstein in 1933 to assist anti-Nazis fleeing Hitler's terror.

Who is IRC Helping Today?

IRC has had a major presence in Central Africa since 1994, and now has relief teams in **Zaire, Rwanda, Burundi** and **Tanzania**.

As Rwandan refugees emerge from hiding in the forests of eastern Zaire, IRC is providing medical care, emergency rations, and transportation for the sick and injured as they begin the long trek back to Rwanda. In Bukavu, near the Rwandan border, seven health centers and three hospitals, which care for both refugees and the local people, are being supported.

In Rwanda, the return of a million refugees in two months has had a profound impact on the country. IRC physicians and nurses are helping hospitals and health centers care for 300,000 returnees in Kibungo Province. Other IRC staff are expanding the existing shelter and self-reliance programs to help people rebuild their homes and businesses. In Cyangugu, an entry point for refugees returning from Zaire, IRC manages Nyagatare Transit Camp, where returnees receive medical care and one week's rations before continuing to their home communes.

IRC has been on the front lines in Tanzania, helping more than 125,000 new refugees from Zaire and Burundi, and providing care along the way to 455,000 Rwandans as they walked home. IRC provides health and self-reliance programs to Burundian and Zairian refugees, who continue to enter Tanzania in substantial numbers.

IRC provides lifesaving health-care assistance in Tanzania. *(Lorelei Goodyear)*

In Burundi, IRC is providing desperately needed water and sanitation in makeshift camps in Muyinga Province. With bags of cement and sand to build latrines, country coordinator Tim Gilbo managed to arrest an outbreak of dysentery that had killed more than 30 people in December.

Although the war in **the former Yugoslavia** ended in November, 1995 and rehabilitation efforts are underway, housing and resources that encourage the return of those driven from their homes remain limited.

Approximately 2.1 million Bosnians are still refugees or displaced within their national borders. Almost 300,000 Croatian refugees live outside their country and approximately 160,000 others are internally displaced. In the Federal Republic of Yugoslavia, 566,000 refugees are of particular concern.

IRC's assistance is now focusing on enabling refugees and others to return to their homes, rebuild their communities and regain their dignity. IRC is distributing tools and construction materials and helping to repair and weatherproof houses and apartment buildings damaged during the war. Schools, hospitals, clinics and community centers are being renovated. Work to repair gas, heating and water systems as well as roads continues.

Factories are being revitalized, putting people back to work. IRC training and small loan programs are assisting in re-establishing businesses that are contributing to economic stability. Restoration of farming is being supported so people can grow food and do not have to depend on outside sources.

More than four years of war have left numerous physical and emotional scars on the population. Physical rehabilitation, health education, medical and

International Rescue Committee 122 East 42nd Street New York, NY 10168-1289 212-551-3000 Fax: 212-551-3180

reproductive health services are being delivered. IRC supports groups giving emotional and psychosocial care to war-traumatized refugees, especially women and children, providing resources and training to enhance the abilities of community and health-care personnel to help their own people.

IRC is continuing to distribute emergency relief items to the most vulnerable groups in the region, the elderly, orphans, widows, handicapped people and people "ethnically cleansed" from their homes.

With the establishment of the Taliban government in Kabul, thousands of Afghan refugees continue to seek safety in **Pakistan** where IRC is providing health, education and self-reliance services. In **Afghanistan,** IRC's efforts are focused on education, public health, water supply and sanitation and agriculture, despite continued fighting which has slowed repatriation. On the border in **Thailand,** the major effort is for pro-democracy Burmese refugees whose numbers climbed to more than 100,000 in 1996. In **Cambodia**, IRC works with a coalition of agencies to strengthen the national primary school system.

Efforts in **Georgia, Azerbaijan** and **Tajikistan** promote self-reliance and improved living conditions for the internally displaced. In Azerbaijan 40 women's centers are being completed that will enhance reproductive health programs.

IRC is delivering health education, medical, water and sanitation services to the internally displaced in **Sudan** while Sudanese in **Kenya** are benefiting from multisector programs. Refugees who recently returned home to **Mozambique**, are being helped with their difficult transition. IRC continues to provide education and training to Liberian refugees in **Guinea** and the **Ivory Coast** while a nascent program in **Liberia** focuses on sanitation, education and vocational training for demobilized soldiers and the internally displaced. After seven years of civil war with many broken peace accords, the Abuja accord signed in 1996, is holding.

Refugees who cannot return home and must be resettled in other countries are provided with counseling and resettlement assistance by IRC offices in **Bangkok**, **Zagreb**, **Rome**, **Vienna** and **Madrid**.

What Kind of Help Does IRC Provide?

In refugee emergencies, IRC's priority is to respond rapidly, delivering critical medical services, food and shelter as well as public health and sanitation assistance essential to saving lives. Once a crisis is stabilized, programs are established that enable refugees to cope with life in exile. Through training, education, income-generating and self-reliance projects, IRC ensures that hundreds of thousands of refugees have opportunities to learn and develop skills, leading to a durable solution.

For those who cannot safely return to their countries, IRC assists in their permanent resettlement in the United States. This work is carried out by a national network of 17 domestic offices. The goal of resettlement is to enable each refugee to achieve self-sufficiency and to build a new life in freedom. In 1996, IRC resettled 8,600 refugees.

In Bosnia, restoration of damaged housing and infrastructure is critical to refugee repatriation. *(Anna Husarska)*

Who Supports IRC?

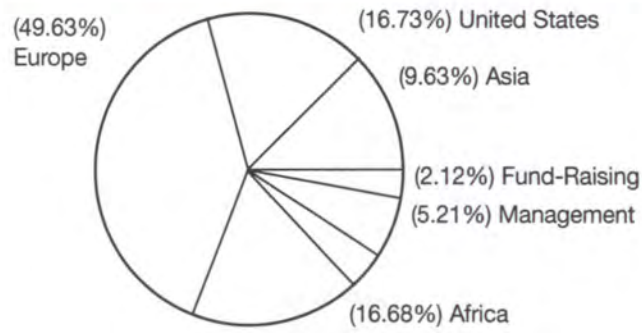
The work of the International Rescue Committee is supported by individuals, foundations, unions and the business community, as well as civic, educational, and human rights groups in the United States and abroad. The cooperation and financial support of governmental and intergovernmental agencies are also vital for IRC's worldwide efforts.

IRC is governed by a board of directors who serve without compensation. This spirit of volunteerism – rooted in the American tradition of helping victims of oppression and violence – strengthens the organization.

IRC strives to use contributions directly for life-saving assistance to refugees. Since 1980, nearly 93 cents of every dollar contributed has gone to program costs.

March 1997

1996 Estimated Programs and Services



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Refugee Women and Reproductive Health Care: REASSESSING PRIORITIES

Women's Commission for Refugee Women and Children