



REPRODUCTIVE HEALTH



WOMEN'S
REFUGEE
COMMISSION

REPRODUCTIVE HEALTH

AT A GLANCE



||| The Issue

- Countries affected by conflict rank among the lowest in mothers' and children's indicators of well-being, including health, contraceptive use and infant mortality.
- Lack of quality reproductive health care can lead to high mortality rates among women and their babies.
- Women and girls displaced by conflict or natural disasters are vulnerable to rape and other forms of sexual violence.

||| Our Response

- Released groundbreaking study, *Refugee Women and Reproductive Health Care: Reassessing Priorities*, which led to significant improvements in reproductive health services in refugee settings.
- Achieved, in collaboration with partners, improvements in government and UN policies to significantly improve the provision of reproductive health services for populations affected by crises.
- Led global, inter-agency effort to develop an effective response to fuel needs in diverse settings around the world—protecting women and girls from harm when they collect firewood.

||| Next Steps

- Establish pilot project on community-based distribution of family planning services in a humanitarian setting.
- Spearhead pilot project on community-based care for survivors of sexual assault.
- Undertake a public education campaign to reduce maternal mortality among women and girls in crisis settings.

Ensuring reproductive health services for displaced women, men and young people

Background

Almost 45 million people are currently displaced by armed conflict and human rights abuses. They have been forced to leave their homes, fleeing for days or even weeks to reach the relative safety of a refugee camp or an urban area, or to settle, temporarily or long term, in a rural community. Those who cross a border are “refugees”; those who stay within their own country are “internally displaced people.” The majority of refugees are in long-term situations that last an average of 17 years.

Displaced women and girls are vulnerable to rape and other forms of sexual violence as they flee, when they search for firewood and even when they go to the latrine at night. They also risk sexual exploitation and abuse, such as being forced to trade sex for food or for good grades in school.

Lack of quality reproductive health services can lead to high mortality rates among women and their babies, and an increase in the spread of sexually transmitted infections, including HIV/AIDS. Displaced women without access to reproductive health care have more unsafe abortions and an increase in disabilities related to high fertility rates and poor birth spacing. Countries affected by conflict rank among the lowest in mothers' and children's indicators of well-being, including health, contraceptive use and infant mortality. Further, countries affected by conflict receive far less funding for reproductive health services than developing countries that are not experiencing conflict. This is true particularly for non-HIV/AIDS services, such as family planning and emergency obstetric care.

Leading the Way for Comprehensive Reproductive Health Care

The Women's Refugee Commission has a long history of research and advocacy leading to real improvements in the provision of reproductive health services in refugee, internally displaced and returnee settings. In 1994, we released a groundbreaking study, *Refugee Women and Reproductive Health Care: Reassessing Priorities*, documenting in a variety of displaced settings the absence of the most basic reproductive health services, the enormous need and the strong demand from displaced women themselves for these services. Since then, we have been promoting quality, comprehensive reproductive health care for women, men and young people affected by conflict and natural disasters in the areas of maternal newborn health, family planning, sexually transmitted infections, including HIV/AIDS, and gender-based violence. We work continuously



to ensure that reproductive health is on the agenda of United Nations and nongovernmental humanitarian assistance organizations, policy makers and donors.

Achieving Measurable Results

Reproductive health services in emergencies have improved considerably since we released our 1994 report. In 2004, a comprehensive evaluation showed that these services—while still imperfect—were now much more widely available, especially for displaced people living in refugee camps. In fact, reproductive health services are now part of the Sphere health standard, the international benchmark that governs minimum standards of services in humanitarian settings. The Women’s Refugee Commission played a significant role in bringing about these changes and continues to advocate for wider use. For example, we:

- achieved, in collaboration with partners, improvements in government and UN policies to significantly improve provision of reproductive health services for populations affected by crises;
- advocated use of the Minimum Initial Service Package (MISP) for reproductive health by developing and promoting an online distance-learning module to help humanitarian workers learn how to save lives and prevent reproductive health-related illness and disability in the earliest days of a crisis;
- spearheaded a groundbreaking initiative with United Nations agencies and leading humanitarian organizations to address violence against displaced women and girls when they are collecting firewood to cook or to sell. This led to the first-ever global guidance documents that detail how to ensure safe access to appropriate cooking fuel from the start of every

emergency. We also hosted the first international conference to address safe fuel technologies;

- cofounded and coordinate the leading nongovernmental consortium and serve on the steering committee of an inter-agency committee, both of which advance reproductive health policy and practice worldwide;
- produced and disseminated materials on behalf of the major networks working on reproductive health for refugees. These materials provide guidance on issues such as preventing HIV/AIDS, providing emergency contraception and emergency obstetric care. Widely accepted as defining good practice, they help humanitarian workers better implement reproductive health services.



“There was no means of transport and so they [neighbors] prepared a bicycle. She lost a lot of blood and when she arrived at the district hospital, she wasn’t paid much attention. Around 6:00 a.m., both the mother and baby died. I witnessed it. The woman was 38 years old.”

Male focus group participant, Kisumu, Kenya



Continuing to Drive Change

There is still much to do to ensure that all displaced people have access to comprehensive reproductive health services. The Women's Refugee Commission will:

- continue to advocate for implementation of the MISRP and comprehensive reproductive health care in crisis settings;
- implement a pilot project on community-based distribution of family planning services in a humanitarian setting. This project, which tests approaches that have been successful in development settings, aims to enhance access to and use of contraceptives by displaced people;
- spearhead a pilot project on community-based care for survivors of sexual assault as an option of care in situations where insecurity and other challenges make care in health facilities difficult or impossible;
- undertake a public education campaign to reduce maternal mortality among women and girls in crisis settings;
- lead the global roll-out of guidance on fuel in humanitarian settings and establish an international funding mechanism to support fuel-related initiatives in emergencies;
- advance the use of technologies to prevent and treat pregnancy-related hemorrhage, a leading cause of death for pregnant refugee women and girls.

Learn more about our reproductive health program and download reports, guidelines and more at: www.womensrefugeecommission.org/programs/rh



“ Before, I believed that condoms were bad; now I know that condoms are our best friend that will save us from STIs [sexually transmitted infections], HIV, unwanted pregnancy and abortion. ”

Training participant Adolescent Reproductive Health Zone, Thai/Burma border



OUR MISSION: Since 1989, the Women's Refugee Commission has advocated vigorously for laws, policies and programs to improve the lives and protect the rights of refugee and displaced women, children and young people—bringing about lasting, measurable change.

OUR VISION: We envision a world in which refugee, internally displaced, returnee and asylum-seeking women, children and young people are safe, healthy and self-reliant and participating in the decisions that affect their lives.

HOW WE WORK: Through research and fact-finding field missions, we assess and identify best practices and find solutions on critical issues that include lifesaving reproductive health care, dignified livelihoods for refugees and, in the U.S., fair treatment of women, children and families seeking asylum. On Capitol Hill, at the United Nations and with humanitarian organizations and governments, we push for improvements in refugee policy and practice until measurable, long-term change is realized.

GET INVOLVED: Learn about the ways you can help ensure that our far-reaching, life-saving advocacy for women, children and young people continues. To sign up for our action alerts and to make a tax-deductible donation, please go to:

womensrefugeecommission.org
2009



Additional reports and information are available on the websites of the Reproductive Health Response in Conflict Consortium at: www.rhrc.org/, the Inter-agency Working Group on Reproductive Health in Crises at: www.iawg.net and the Reproductive Health Access, Information and Services in Emergencies (RAISE) Initiative at: www.raiseinitiative.org/

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