REPORT Roundtable meeting 'Refugees and SRHR', 12 January 2016

Opening and introduction

Anke van der Kwaak (Chair, KIT)

Welcoming participants with different perspectives: researchers, policy makers, practitioners in the field of SRHR and also refugees.

The objectives of this meeting are:
Bringing the different perpectives together: sharing experiences, lessons learned and best practices about . about sexual and reproductive health and rights programmes for refugees and elaborate what is further needed.

Introduction Roundtable initiative

Jos Dusseljee (Rutgers)

This meeting could not be more timely since the daily news is packed with issues of refugees: the issue cannot be ignored. Refugees face multiple problems, including SRHR related ones. Rutgers started to discuss unmet SRHR needs in refugees, displaced and host communities about a year ago. In the summer of 2015 Rutgers formed an taskforce that addressed issues regarding SRHR issues in refugees in the communities of origin, while in transit to safety and once arrived at their final destination, i.e. asylum centers in the Netherlands. Some of the Rutgers staff knew from experience that too little attention is paid to SRHR in humanitarian circumstances. Some SRHR topics are well covered, such as maternal and newborn health and GBV, but others such as contraception, prevention and treatment of sexually transmitted infections, including HIV, provision of medical abortion following rape, attending to early childhood marriages, provision of counselling following sexual abuse, provision of comprehensive sexuality education do not receive the necessary attention. The special needs of certain groups are also generally overlooked in humanitarian crises, such as youth, women and girls and LGBT. The crises often exacerbate their already disadvantaged situations.
Jos does not mean to criticize the current humanitarian aid programs, but hopes that today's meeting will further strengthen the programs building on the idea that providing basic health care, food and shelter, might not be enough. Insufficient attention to all aspects of SRHR causes a lot of physical and psychological harm to individuals, families and communities. Attention should be paid to gender disparity without being blind to the needs of men since damaged self-esteem and frustration can lead men and boys to violent sexual conduct.
Rutgers was triggered by a statement in the Ministry of Foreign Affairs 2015 SRHR strategy document that "the SRH situation in fragile contexts, including humanitarian emergencies, is most (de) pressing and thus needs special attention". The Ministry has meanwhile significantly increased its financial contribution to humanitarian responses. Another trigger was this year's State of the world population report that was presented to the MoFA. The report, called 'Shelter from the Storm', focused on the fragile living circumstances faced by the 60 to 100 million displaced people in this world. This number has never been higher. The report highlighted the importance of SRHR and the disproportionate ways in which they are lacking in humanitarian and fragile contexts. The report also observes a blurred distinction between humanitarian action and development assistance.
The intention of this Round Table Meeting on Refugees SRHR is to discuss SRHR needs of refugees and IDPs vis-à-vis SRH services provided and so identify potentially unmet needs for a comprehensive SRH service package. And if indeed the opinion that unmet SRH needs exist is shared, how these could be addressed, making use of the combined strengths of the agencies represented. This should not be limited to strengthening service provision, rather it should also include monitoring, evaluation and research on SRHR in temporary shelters and camps.

Overview on SRHR activities for three groups of refugees* and their neighbouring host countries

Pinar Okur (Rutgers)

Introduction
Pinar explained the reason for the focus on the mentioned groups of refugees and is based on the influx of refugees coming into the Netherlands and the biggest groups are from Somalia, Eritrea and Syria. For international program we are following the same line.
Most popular countries of arrival for these 3 groups:

- **Syria**: 1. Turkey, 2. Lebanon, 3. Jordan
- **Eritrea**: 1. Ethiopia, 2. Sudan
- **Somalia**: 1. Kenya, 2. Ethiopia, 3. Yemen

For this roundtable the focus is on these 10 countries. It is recognized there are also other important countries.
Reasons for focusing on SRHR: Sexual and reproductive health and rights (SRHR) are **an essential part of people's lives**, also of refugees and IDP's. In fact, the problems that refugees are facing, touch upon the broad spectrum of SRHR. Yet in crisis situations—when vulnerabilities are drastically increased—these services are not always available or prioritized. Even though, lack of access to sexual and reproductive health care is the leading cause of death, disease and disability among displaced women and girls of reproductive age.

Methodology
Desk review of 11 organisations: UNHCR, UNFPA, ICRC/IFRC, Women's Refugee Commission (WRC), Medicines Sans Frontieres (MSF), International Rescue Committee (IRC), Oxfam, Cordaid, Plan Netherlands, Save the Children Netherlands and Doktors van de wereld. This desk review included: analyzing respective websites, searching online for SRHR terms + countries and organisation and interviews with most of the organisations to gather information about their activities regarding SRHR. The list is not complete, however, it was possible to filter what is being done broadly.

Findings
Findings show that most programs focus on safe motherhood (in most countries) and as a second attention is SGBV. Less done: LGBT – not found any organisation addressing this. CSE is also not being addressed, only by Save the children in Ethiopia. Ethiopia and Jordan received the most attention. This overview will be taken as discussion point.
Furthermore, not much on male engagement, mostly focus on women and girls. Little research and documentation in general. Not much research or documentation could be found (IRC and WRC only organisations with a specific research unit or team), and especially difficult to find baseline studies. It is unclear what is precisely being done. How to make this more transparent or visible could be discussed.

Conclusion
Mostly safe motherhood, and SGBV. Less on sexual rights, CSE, child marriages and adolescents. No focus on male engagement, or gender mainstreaming. Most active in Ethiopia and Jordan, less in Turkey and Eritrea. IDPs vs refugees. Little documentation/research.

Clarifying questions after the presentation:

- Sarah Spronk – Also Kenya a country with a lot of activities.
- Hans van Hoog – WHO is not included, and they are responsible for health. Host countries are responsible for health facilities. Why are these not included? This will be followed up.
- Elly Leemhuis – looked at website information? Can you differentiate refugees in camps and in normal population? Is there a separation? Do organisations make this separation?
  Answer: Sometimes difficult to filter out. Not always clear in which camps they are working.
- Kiki – save the children: this research was done from a Dutch perspective. There are many active agencies that are not Dutch based. In that sense: are the gaps representative?.
  Answer: It is not only the Dutch perspectives, we have included a few Dutch based organisations but also international agencies and looked into the websites and references.

First activity: discussion - can you verify the findings?

Dieuwerke, Stichting Vluchteling. Looking overall: fair depiction. Can not see where we are included in the boxes. In some countries it is difficult to provide any services. SGBV: one the most covered parts. But not safe abortion or family planning. Interesting to note: IRC has released a publication around FP for refugees.
Remark: Focus on IDP and refugees.
Stephanie, Red Cross. Also include the host communities when it comes to SRHR. People are also very vulnerable. Looking at the vulnerability of people in fragile states. Recommendation: don't talk about refugees without looking at the vulnerable populations in host countries. Furthermore, it is very challenging to include SRHR in services/programs. In theory we do, in practice it is challenging. More focus on food and shelter.
Maartje Hoetjes, MSF. Further look at local organisations (community based organisations). Women's groups in Syria, Turkish organisations. For instance: Turkey has a difficult registration process so many ngo's choose to work through local NGO's. Ask for community based approach. And pay attention to coverage of NGO's. In big countries, it does not mean anything if there are 3 or 4 ngo's for instance. Large area's can be uncovered.
Lincie Kusters, KIT. Other organisations to think of for the mapping overview: Mary Stopes International, IMC, Care International- doing a lot of work in this field. IWAC: getting SRHR on the agenda. For research: look at John Hopkins and JSI. Sometimes when laws are allowing safe abortion in case of rape, it is still not happening.
Lenny Schouten, HealthNet TPO: focus on how SRHR needs can be met indirectly through other sectors such as coffee production, include there SRHR programming. Look at other initiatives, and under the umbrella of comprehensive agenda. --> multi-sector approaches.
Rachel Ploem, Rutgers: need for bridging for humanitarian aid and development sector. GBV and maternal/safe motherhood. There is a scope for engaging men to get to the root causes. Include a strong gender focus in the programs. This is related to their behaviours. Explore further lessons learned from development work to humanitarian aid.
Manon Tiessink, ADPC/Knowledge Platform Security and Rule of Law: go back to definitions. These discussions could be helpful, to make this distinction as such. Increased understanding flows can change very rapidly. Many people flee for many reasons, but do not have refugee status. Vulnerability approach: instead of focus on refugees. Look at fragile settings, look at what local actors are doing. Rather then come in and start working. What could be a niche: help in changing ideas. Function as brokers. Need another methodology: look at grey literature. We do lobby and advocate to get the diaspora organisations involved.
Hans van den Hoogen, BuZa: one suggestion – give indication of number of people we are talking about. Scope is different. If info can be found: how many people are being reached? Reach of each organisation might be different, big organisations. Interviews with organisations.
Response Pinar: We have started with meetings with organisations to get more background information and see reports that are not published. Also with refugees themselves. So far has been the exploratory phase. We need to open up the discussion. There is a lack of clear systems for getting data/monitoring system.
Bertiene Dunning, Rutgers – one comment to enrich this. Could you add the approaches within topics, to provide information on what is being done.
Response Pinar: we have that in separate files. There will be a report in which we can share this, if needed.
Maartje Hoetjes, MSF: In the field we are struggling to get info what people are doing in the field. You can contact clusters to get more info.
Ton Coenen, Rutgers: For the discussion: In case we need more info: what are we going to do with the information? Can you share what we are going to with this?
Response Pinar: We aim to develop an action plan. Bring all information together and then see what is missing/what to focus on, based on the recommendations mentioned in this discussion.
Ton: How will the information steer what will happen? What is the exact aim of where we want to go?
Response Pinar: That will be discussed now.
Stephanie Jurgens-Bleeker, NRK: global tools, most of us just work right after the crisis. One omission is the context and the nature of the problem and the status of the crisis. In Burundi is different compared to Syria. And also how refugees are being hosted: camps, long term camps.
Paula van Dijk, Oxfam: Do no harm principle, other groups favour over others. Different contexts need different solutions.

In addition: Stephanie: conflict area in Philippines. Typhone in area: we already provide SRH services. Then Typhone, then you need other interventions, such as shelter as the context changes.
Anke: first go to the health systems and then SRHR.
Stephanie: integrate that – if have shelter, make sure it is save.

Second activity - what are the pressing issues for SRHR. What are the priorities?
Pinar Okur, Rutgers: can we be comprehensive and do we want to be comprehensive? Priorities are different for each context. What is the priority for your organisation?
Marina Mangercats, Dokters van de Wereld: Question for clarification – are we talking about refugees in the Netherlands or in the International setting? Where are we going towards?
Pinar: today focus on internationally.
Marina Mangercats, DvdW: In practice we are trying to bring all SRHR together. If a person is coming for Safe Motherhood, also addressing GBV. We need to make sure all components are there. Comprehensive services.
Aniley, DEC Ethiopia. Agrees with previous comment. His organisation works in refugees camps. 800.000 refugees in Ethiopia – comprehensive approach should be the focus for the future. Most of the refugees are young, so also focus on adolescents.
Jet Bastiani, Plan Nederland: Plan Nederland is new in the area of refugees. Basic kits provided: need to do more about menstrual hygiene. Starting youth clubs. Child Marriage needs attention. More information and education. DEC has examples of programs on child marriages and FGM in host communities. Not really in refugee camps.
Hans van den Hoogen, BuZa: look of the funding of the humanitarian settings. 2015 was 49% funded – re. health and not only SRHR. Funding gap is huge. Priorities need to be set. Need a comprehensive package based on context but looking at funding, priorities are needed.
Jos Dusseljee, Rutgers: Talking about priorities: I would like to stress the need for access to contraceptives. That is really lacking when looking in the field. It is so cheap. Anticonception should be the way forward.
Elly Leemhuis, BuZa: agree with Jos. Not only focus on maternal health but on reproductive health that includes family planning. And adolescents!
Sarah Spronk, BuZa: agree with urgency with adolescent SRHR, especially looking at the young populations.
Arwind Bhardwaj, IFRC. We used to focus on MMCH, later it became RMNCH, now it is RMNACH (including adolescents). Pregnancy related matters, comprehensiveness package, but essential package is key. There are tools in place and strategies. However, look at the setting- scoping is what is needed. Essential focus: what is really important. One stop shop for adolescents.
Dieuwerke Luijten, St. Vluchteling/IRC: Family Planning is mostly not included in RH. And if it is included, there are often short term methods provided, and not long term methods.
Fenneke Hulshoff Poll, Cordaid. Practical issues for supplies: all things related. Focus on adolescents, we look at people in fragile areas. Not just IDPs. We also work on CSE, trying to link to health system and ensure a long term approach. Very fragile place: people moving and coming back. Work with local actors and authorities.
Anke: KIT works with community dialogues, with a strong support from local authorities and actors.
Question from Rutgers: Regarding the common agenda: Rutgers is a knowledge centre, what could be our role?
Response IFRC: we know that certain things work, and some do not. Do study on what works, what context, and for whom. There is not enough knowledge. We are all in the dark. We need to get an understanding of what is working.
Response **Anke van der Kwaak, KIT**: In addition: look at best practices, gather information on that.
Response Sarah Spronk, BuZa: there is consistent support for SRHR in politics. But not in the general public. Creating awareness among the public.

Coffee break

Third activity – Draft action plan to answer the needs and gaps
Buzz with neighbour (2 – 3 people)
- What are the concrete steps? Where do we start from here? F.e. Do we need to come together more often? Do we need to do global needs assessments?
- Specify context?

- How could you contribute?

Plenary:

- **Group 1: Kiki, Lincie, Bertiene en Lenny:** discussion subtopic looking at what each organisation is doing. Then concrete steps of what needs to be done in the future.
  We would like to know more about ambitions of all organisations. Mapping exercise, updating per country. Programme in new country, look at partners and data what the gaps are. Update mapping exercise with recommendations made previously. A lot of work, so not wise to do. Ambitions of organisations, and tools available from each organisation, and sharing best practices. Continuing this: focus on certain countries and invite practitioners from the field. To get more info for the discussion.
  - Know more about ambitions of the organisations and tools that are available (rather than mapping exercise) and invite local expertise for specific country meetings.

- **Group 2: Jos, Elly and Jet.**
  - Funding from BZ, starting alliances. Different consortia: could study environments and interventions. Concrete: explore possibilities to see if refugees can be included in the programmes that are about to start in SRHR fund.
  - Male engagement is lacking from all reports and should get attention and get integrated in programs.
  - Population growth and displacement: bridge between humanitarian relief and development aid.
  - Capacity development: making use of local organisations.

- **Group 3: Marie Christine Siemerink, Maartje:**
  - Conduct Internal analysis: look at our own programs and see if all issues of Pinar's list are included/addressed. How can we link with others? Learn more from best practices from other organisations in certain contexts. Priorities need to be made, depending on the context.
  - Terms as refugees do not help, better to address them as vulnerabilities.
  - A lot of subjects on the list of Pinar, but these are context related. So vulnerability assessment tools are needed to understand the context.

- **Group 4: Sarah and Ton:**
  - Discuss how to identify concrete steps to really reach women in the field.
  - Start with beneficiaries themselves: needs assessments.
  - Map interventions that have been proven to be effective (mapping what works).
  - There is more needed than resources available so choices need to be made.
  - Lobby is needed to increase funding to address SRH in fragile settings. Scale up funding, also from other donors. World Humanitarian Summit. There is so much going on, we can not address all. In order to reach that, we need to make it political. More women die from SRHR related complications.

- **Group 5: Arvind, Hans, Manon, Dieuwerke, Heidi:**
  - UN tool used in humanitarian settings. Health is weakly represented in that tool. Advocate to strengthen that part. Advocacy document. So many tools, guidance and reference documents. Do a review and suggest what are the essentials and find commonalities within these documents. And what is missing and how could that be approached. Global health cluster: they define guidelines for humanitarian settings. Rutgers is not part of this group. If they want to get engaged, Rutgers need to be part of this group.

- Response Anke: defining between humanitarian relief and development aid. Rutgers would like to bridge that gap in the field of SRHR.

  --> Hans: there is a formal structure, that you need to enter to have influence. Jos: there is also a structure on the ground. We do not want to be experts in humanitarian settings but remain to our core: SRHR center of expertise, aiming for SRHR for all people independent of the context.

- **Group 6, Aniley, Marina, Fenneke**:
    - Set up a consortium to focus on all vulnerabilities (host communities, IDPs, and refugees).
    - Do a survey to SRHR needs of refugees. To adjust the already existing manual based on needs.
    - Ask all organisations to do an internal review/analysis: to provide information on who is doing what: for online sharing.
    - Needs assessment around the target groups. How can we also use Share-Net?

- **Group 7: Paula, Rachel, Stephanie, Emmy, Annette:**
    - Integrate SRHR more in tools. This is a long term process, use your channels to influence that.
    - Capacity building and other programs (volunteers) integrate SRHR issues. Some of these issues are interrelated.
    - Start with one or two as an entry point and work also on the other issues. Some are sensitive, helpful to work with volunteers. Good to know what the local communities are doing.
    - Understand the reach of all the programs implemented (for example in Ethiopia and Kenya).
    - Good to share best practices and for what contexts. Anke: it is not one program fits all

Closure

Anke van der Kwaak. We talked about:

- Lessons learned,
- Best practices
- Labelling (refugees, IDPs, vulnerabilities).
- Interesting chapter from relief to recovery and aid: how to integrate/bridge the gap.
- Engagement of men (now focus on women).
- Context is very important. How sensitive is something?
- Needs assessments, research. Real good assessment of what is happening and including specific groups to involvement of for example adolescents.

Next steps

A report from this meeting will be developed and shared with you. It would be good to have a next meeting in which organisations present what they are doing and share their practices. This meeting shows that there are many opportunities.
Addition Pinar: This was a good starting point. From here on we can narrow it down to specific topics of interest within SRHR.

Roundtable closing remarks

Jos: Rutgers will see what they can contribute. Connect that to activities in National arena. We have something to offer. And see how these things on link to each other. An intern at Rutgers will do some fact finding in Ethiopia. You will hear from us.
Sarah: situation of the country before the crisis is very determining the situation in crisis. The difference is not so strong.
Jet: On February 6 is 'zero tolerance for FGM' day. Jet will send the invitation to the participants.
Lincie: There will be 5 follow up seminars from the conference on fragile states and SRHR this year, organised with Save, KIT, ICM. It will be published through Share-Net.
These are the scheduled webinars:
1. Community norms, gender and SGBV influencing the uptake of SRHR in fragile environments- KIT (End of March)
2. Youth SRHR needs (end of May) - Cordaid,
3: SRHR, Health System Strengthening and Health for human resources, from emergency towards rehabilitation and development- REBUILD (June)
4: Financing for SRHR in fragile environments - KIT (September)
5: Supply and delivery of SRHR – Save the Children (November)
Rachel: Inventory making in progress. Parallel going on in the Netherlands. As of January we will be more concrete of next steps.
Arvind, IFRC: There will be the Women Deliver conference in May (16 - 19), in Copenhagen. Organisations that are interested could link up with us and think about addressing SRHR at the

conference? Results from the Ethiopia project that we will start with Rutgers will be presented here as well.
General: Names of organisations and contact will be shared in the report (list of participants) and think about putting it on the share-net website.
The flyer of Rutgers' activities on SRHR and refugees, both on a national and international level has been distributed to everyone.