

Sexual and reproductive health rights of Colombian IDPs

by Carlos Iván Pacheco Sánchez and Carolina Enríquez

Meeting the sexual and reproductive needs of displaced Colombians must be part of a process of restoring their lost rights of citizenship.

Estimates of the scale of forced displacement in Colombia range between the 1.08m acknowledged by the government¹ to upwards of 2.5m identified by NGOs.² Colombian IDPs are far more likely to suffer significant violations of their sexual and reproductive rights than Colombians who have not been displaced:

- 30% of displaced girls between the ages of 13 and 19 have been pregnant at least once – compared with less than 20% for all Colombians in this age group.
- Pregnant IDPs have the lowest rate of access to prenatal care in health centres (44%).
- 81% per cent of sexually active young IDPs do not use any contraceptive method.
- Gender-based violence is commonplace in conflict zones. A survey by PROFAMILIA found that 52% of women report physical maltreatment by their partners; 14% have been threatened by their partners with a gun; and 9% raped by people other than their partner.³
- Female IDPs are usually both the primary caretakers of children and siblings and the providers of family income; their multiple responsibilities make it hard for them to access education or health services.

Forced displacement in Colombia has different impacts on different groups. Until now, there has not been a sufficiently flexible approach to deal adequately with these different impacts. For the past 18 months UNFPA has been implementing an adolescent-focused IDP sexual and reproductive health care programme in IDP settlements in the cities of Barranquilla, Cartagena and Sincelejo on the Caribbean coast and in the south-eastern city of Villavicencio. The objective of the project is to

restore the displaced person as a **subject** of sexual and reproductive human rights and to provide him/her with sexual and reproductive health services. Focusing on sexual and reproductive rights is part of a strategy of restoring to the displaced person his or her original possession: the body. IDPs are being given back the possibility of deciding freely about their bodies, sexuality and reproduction. Combining humanitarian assistance with activities related to the arts, sports and skills training, the project is reducing vulnerability to sexual and domestic violence while empowering IDPs with renewed confidence to take informed social, economic and political decisions.

Guaranteeing the right to sexual and reproductive health as an element of citizenship

Forced displacement in Colombia is a phenomenon that is extensive, historic, recurrent and continuous. It happens to families and individuals. It is largely silent and invisible. It occurs, and spills into, the poor areas of cities and towns rather than in displacement camps. For this reason, delivering the Minimum Initial Services Package (MISP)⁴, facilitating education, information and communication about sexual and reproductive health, and offering integrated sexual and reproductive health services in a sustainable manner require facilitating IDPs' access to existing public health services available to assist poor Colombians.

If the emphasis of activities is on the recuperation of subjects and citizens, taking action to strengthen institutions that assist displaced people helps the displaced person feel that he or she belongs to a state that guarantees his or her rights. In this way it

contributes to the reconstruction of citizenship. Achieving this requires technical cooperation among the health, education and judicial systems of municipalities sending and receiving IDPs.

In terms of institutional strengthening, local health teams now exist in four cities. The team members have received training on the phenomenon of displacement and its impact on the sexual and reproductive health of IDPs. These teams are now implementing plans for improving the quality of integral sexual and reproductive health services. At the end of the project four hospitals in the four cities will be providing sexual and reproductive health services for adolescents and women. These include improved services for family planning, prevention and attention to sexually transmitted infections, HIV/AIDS, prenatal care, prevention and care for cervical and breast cancer, and prevention and treatment for cases of sexual- and gender-based violence.

The project has spawned a consultative group bringing together representatives of the Ministry of Social Protection, the Social Solidarity Network⁵ and IDP associations to jointly analyse and design strategies that facilitate the revision of norms and the creation of procedures and mechanisms to monitor and evaluate sexual and reproductive rights. This includes mechanisms to enable local institutions to access financial resources that the state has set aside for the care of IDPs.

The project has consolidated alliances between local NGOs, church groups and key UN agencies such as the World Food Programme and UNHCR. Basic elements of sexual and reproductive health have been included in humanitarian interventions related to food, shelter, and basic sanitation. Groups of adolescents and women are being organised and will take responsibility for training in their neighbourhoods and creating spaces for dignified life.⁶

The way forward: recommendations

Local and international agencies working in the field of sexual and reproductive health for Colombian IDPs must:

- have a constant human rights focus
- sensitise staff of state education and legal institutions to provide education on issues of sexual and reproductive health and sexual and reproductive rights and take action when they are violated
- press the government to take over the provision of the MISP during emergencies and provide post-conflict sexual and reproductive health
- support the development of norms and procedures to enable IDPs to

tap into government resources set aside for the care of people displaced by violence

- strengthen alliances between NGOs, church groups and key UN agencies such as WFP and UNHCR
- lobby for greater cooperation among health, education and legal personnel in municipalities which send and receive IDPs in order to improve services and to make IDPs feel they are valued citizens whose rights are respected and whose needs are met.

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1. Red de Solidaridad Social (RSS). *Sistema Unico de Registro de población desplazada por la violencia en Colombia*, data published at www.red.gov.co
2. See *Consultoría para los derechos humanos y el desplazamiento* (CODHES) www.codhes.org.co and the Global IDP Project Colombia country study at: www.db.idpproject.org/Sites/IdpProjectDb/idpSurvey.nsf/wCountries/Colombia
3. See www.profamilia.org.co/ The Spanish edition of FMR 15 includes an article on Profamilia: see www.migracionesforzadas.org/pdf/RMF15/RMF15_7.pdf Both the Spanish and English editions of FMR 15 include an article on displaced children in Colombia: see www.fmreview.org/mags1.htm
4. WHO, UNFPA, UNHCR, *Reproductive Health in Refugee Situations: an Inter-Agency Field Manual*, 1999. See www.unfpa.org/emergencies/manual
5. The Social Solidarity Network is a presidential initiative designed to foster greater inclusion of the poorest and most vulnerable Colombians, especially IDPs, in government programmes and services.
6. This means working to improve living conditions in coordination with other public and private institutions. Adolescents, for example, need to be able to access education, culture and leisure activities and to generate enough income to permit them to exercise their sexual and reproductive rights.