

GETTING READY TO GO:
SPECIAL NEEDS OF REFUGEE WOMEN AND CHILDREN
THE HEALTH PERSPECTIVE

Introduction

During the next 12 months, it is likely that approximately 6 million refugees will begin to make their way home: from Thailand to Cambodia; from Iran and Pakistan to Afghanistan; and from Sudan to Eritrea and to the Ethiopian province of Tigray. It is also possible that a further 600,000 Liberian refugees will return home from Guinea and Cote d'Ivoire, and another 300,000 refugees in eastern Ethiopia might return to northern Somalia. The future of other large refugee populations, such as the Palestinians in the Middle East, Mozambicans in Malawi, southern Somalis in Kenya, and Burmese in Bangladesh remains highly uncertain due to the continued failure to peacefully resolve the problems that generated these latter mass population movements. What I would like to do during this presentation, is to examine the major implications of repatriation on the health of these refugee communities, many of whom have been confined to camps and largely dependent upon international assistance for more than ten years.

During 1991, we witnessed the worst kind of repatriation: the sudden (and forced) return from western Ethiopia of approximately 300,000 southern Sudanese refugees, many of them unaccompanied minors who required continued assistance and physical protection from the international community. Their sudden flight created another acute emergency in southern Sudan, requiring a heroic response from the global community in a geographic region where the logistics of aid are near impossible, and where the cooperation of the national government is absent. Only last week, this saga continued when 30,000 of these unaccompanied minors fled Sudan for Kenya. Given its abrupt and unpredictable nature, there was little that we could have done to prepare for such a massive repatriation, but I mention it as an example of what we must strive to avoid--a repatriation emergency on the scope of the original refugee emergency. In many cases where repatriation is currently being seriously discussed and encouraged, the security situation in the refugees' country of origin is still highly unstable (e.g., Cambodia, Afghanistan, and north-west Somalia). The greatest threat to the health of these refugees remains the physical threat of renewed violence in their homelands, and--perhaps the greatest threat--each of these countries contains vast regions where land-mines and other anti-personnel weapons have been deployed for many years. The innocence and curiosity of young children place them at high risk of life-threatening injuries caused by these weapons. The first thing to do in getting refugees ready to go home, is to ensure their safety once they do return.