



Reproductive Health Response in Crises Consortium
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Needs of Women and Girls Must be Addressed in Kyrgyzstan

“There are so many wounded. Women are giving birth, and the babies are dying immediately.”
--Uzbek refugee¹

As a consortium of organizations dedicated to the promotion of health among all persons affected by crisis, we encourage existing relief efforts to provide water, sanitation, food and medicines in Kyrgyzstan. We also call on humanitarian actors to provide lifesaving reproductive health services for women displaced by the conflict.

About 300,000 people, mainly ethnic Uzbeks, have been forced to flee their homes.² Over 100,000 Uzbeks have been able to cross the border from Kyrgyzstan into Uzbekistan, including more than 350 registered pregnant women.³ The situation may be worse for women who have not made it to the camps. Uzbeks interviewed by Associated Press journalists in Osh said that, on one street alone, ethnic Kyrgyz men sexually assaulted and beat more than 10 Uzbek women and girls, including some pregnant women and children as young as 12.⁴

This violence means that a country, which is already experiencing a dramatic increase in maternal mortality (25% increase in maternal deaths since 2008 with a majority occurring along the Uzbekistan border⁵), will face further deterioration in quality reproductive health services at a time when these services are even further critically needed.

Of the 965,000 persons in the affected area, there are approximately 16,000 pregnant women, and almost 2,000 of those will deliver this month. Further, 15% of pregnant women will also require care for life threatening pregnancy complications.⁶ Newborns are at even higher risk.

Action:

- Give clean delivery kits to all visibly pregnant women.
- Establish services to treat pregnancy complications, including emergency c-sections.
- Ensure referrals to these services.

¹ *New York Times*, “Russia Weighs Pleas to Step in as Uzbeks Flee Kyrgyzstan.” 14 June 2010.

² *IRIN*, “Kyrgyzstan-Uzbekistan: Tens of thousand of refugees in need of assistance.” 16 June 2010.

³ UN-Kyrgyzstan. “UNFPA Responds to Urgent Needs of Victims of Kyrgyzstan Fighting.” 17 June 2010.

⁴ Associated Press, “Interim leader: Up to 2,000 dead in Kyrgyz clashes.” 18 June 2010.

⁵ International Federation of Gynecology and Obstetrics, “Dramatic Maternal Mortality Increase in Kyrgyzstan,” 25 January 2010.

⁶ The crude birth rate (CBR) for Kyrgyzstan is 22.4 per 1,000 population (estimates for 2005-2010 per [UN Population Division](#)). The 1,769 deliveries in one month has been calculated using a CBR of 2.2%; however, [reproductive health procurement guidelines](#) recommend employing a CBR of 4% (at 10,000 deliveries per month) to ensure adequate supplies. It is known that 15% of all pregnant women will experience some form of complication during pregnancy that will require a medical intervention.

In crises like this, the risk of sexual violence and exploitation increases, especially for women and girls. Treatment within 3 days of an assault can prevent HIV infection and within 5 days can prevent pregnancy.

Action:

- Provide immediate access to clinical care for survivors of sexual violence including emergency contraception and post exposure prophylaxis for HIV.
- Prevent sexual violence and exploitation, and enable vulnerable people to access services safely.
- Support local resources to protect vulnerable people, especially single women and unaccompanied children.

It is essential that those affected by the conflict are not put at further risk for infection through exposure to blood and body fluids and unprotected sex. In addition, people currently on ARVs could develop resistance or become ill if their treatment is disrupted.

Action:

- Distribute condoms widely and at no cost.
- Always practice standard precautions to avoid HIV infection when there is potential exposure to blood and body fluids.
- Screen all blood products and provide clean and safe blood transfusions.

In conflict, women are often unable to access their usual methods of family planning. Unwanted pregnancy can lead to unsafe abortion, illness, disability and death. In Kyrgyzstan, 48% of women between 15-49 years are practicing, or have sexual partners that are practicing, some form of contraception.⁷ Interruption in use of contraceptives increases the risk of unwanted pregnancy.

Action:

- Provide easy access to free contraceptives.

It is also important to ensure treatment for people presenting with sexually transmitted infections; continued treatment for people already taking anti-retrovirals, including for prevention of mother-to-child transmission; and menstrual hygiene supplies for women and girls.

We urge the donor and relief community to identify and work closely with local partners in implementing these services.

For further guidance, please refer to the [synopsis](#) of the Minimum Initial Service Package (MISP) for reproductive health, MISP [advocacy sheet](#), [HeRAMS](#) and a MISP [checklist](#). Other resources include the [Inter-agency Field Manual on Reproductive Health in Humanitarian Settings](#), the [Health Cluster Guide](#) and the [IASC GBV guidelines](#).

⁷ United Nations Children's Fund, *State of the World's Children*, 11 Feb 2009.