



Earthquake in Kyrgyzstan: Broken Hearts and Homes



On the night of 5 October, most of the children and older persons in the small village of Nura were tucked in their beds when a powerful earthquake struck. Over half of the houses in Nura collapsed in the earthquake, which measured 6.6 on the Richter scale and took the lives of 75 local residents, including 43 children. Another earthquake followed shortly after. Before the quakes, some 900 people lived in the village, which is near the China border. With over 200 people either killed or injured, many are dealing with the loss or injuries of multiple family members.

Mountainous and seismically active, Kyrgyzstan deals with frequent earthquakes, flooding, mud slides, avalanches, snow storms and mountain lake overflows leaving the Kyrgyz people vulnerable to frequent emergencies. Many of these are exacerbated by glaciers that are melting rapidly because of climate change. According to the Kyrgyz Ministry of Emergencies, there were 179 natural disasters in the first six months of 2008, compared to 209 in all of 2007.

Littering the unpaved roads of Nura are chunks of mud and clay, and flimsy sheets of iron. This is all that is left of the village infrastructure, as nearly 70 per cent was flattened by the quakes, including the medical midwifery post. Nura is roughly an eight-hour drive, over a steep mountain pass, to the nearest city. Generally, road conditions are extremely poor and worsen with ice and snow. With winter approaching, nights are already bitterly cold. The Ministry of Emergencies has provided 150 temporary shelters, and more are still to come, so that each family will have a roof over its head. However, keeping the draughty shelters warm is challenging, and reconstruction will not begin until next spring.

The extreme cold weather, bad roads and destruction of medical facilities by the quakes could contribute to increased at-home birth deliveries, and in places where skilled birth attendants and emergency obstetric care are not available, a pregnancy can be fatal. Immediately following the crisis, UNFPA, the United Nations Population Fund, in partnership with the Kyrgyz Ministry of Health, provided those affected by the tremors with supplies for clean and safe at-home deliveries and for the under-equipped medical facilities, as well as medicines, including antibiotics, for obstetric complications. Upon discussions with local medical staff and residents, UNFPA also provided hygiene essentials, such as soaps, toothbrushes and warm clothing.

During the harsh winter months, UNFPA will continue to provide hygiene essentials and basic medicines. UNFPA will also help sustain effective functioning of emergency reproductive health and family planning services. To ensure that UNFPA's supplies will reach the remote mountain area, UNFPA will be collaborating with Aga Khan Foundation for helicopter transportation. This assistance is being coordinated by the Kyrgyz Ministry of Health. Read the full news feature at: [UNFPA: News](#)

Legacy of War: An Epidemic of Sexual Violence in DRC



Forty year-old Angelique reveals a gunshot wound in her back to women in the Keyshero Medical center in Goma, Eastern Congo, while her 6 year old daughter reaches up to touch it. Angelique (her name has been changed) and her family were attacked in their village in Massissi in November 2007 when men dressed in police uniforms came to their house at night, looted it, and forced her family into the forest. With a firm grip they held down Angelique and her 12 year old daughter, raped and then shot them both in the back. "They chased us...I don't know where my husband is now. I haven't seen him since that day," said Angelique.

Anguish, fear, and torment weigh on the hearts of many Congolese women and girls since the Democratic Republic of Congo (DRC) is well-known for its widespread problem of

sexual brutality. With a recent flare up of fighting in the eastern and northern provinces, which has affected the lives of over 1 million civilians since August and forced over 250,000 civilians to flee the safety of their homes in the north Kivu eastern province alone, women and girls have even more reason to live in fear.

The conflict in DRC-- sometimes referred to as the "African World War"-- has devastated the country since it began in 1998 and is the world's deadliest conflict since World War II, killing 5.4 million people and displacing 1 million. Despite the signing of peace accords in 2003 and again in 2008, fighting has been ongoing throughout the east and the prevalence of rape in this region has been described as the worst in the world. Many sexual violence survivors have received debilitating damage to their reproductive organs, resulting in multiple fistulas and incontinence. Women and girls have been left with broken bones, missing limbs and even burns. Some have been shot and stabbed in the vagina with bullets, bits of broken glass and corncobs. Family men have been forced to sexually violate their daughters, sisters, and mothers at gunpoint.

As warfare rages on between rebel and government groups, the violence is escalating and women's bodies have literally become the battleground in which the war is fought. Systematic gang rapes, kidnappings, mutilation, and sexual slavery are experienced at the hands of both foreign militias and the Congolese army which is supposed to provide protection-- leaving survivors wounded, alone, and with very little options.

Instead of empathy and compassion, survivors of sexual violence in DRC are often stigmatized which can result in feelings of shame and embarrassment. The physical consequences of rape may include injuries, unwanted pregnancies, and HIV. But the damage to mental health can be just as harmful and may lead to anxiety, post-traumatic stress disorder, depression and even suicide. Survivors who fail to receive appropriate treatment and counselling can suffer these effects for years, yet asking for help from authorities or even friends is not easy since the judicial system is riddled with corruption, and violence against women has become so engrained into Congolese culture it is considered a norm.

In 2006, a new constitution clarified definitions of rape and sexual attacks, and introduced a 20-year minimum sentence for those found guilty. However, the weak application of the law on sexual violence allows perpetrators to act with impunity and few women have the money to prosecute. These factors have left many survivors unwilling to come forward and report the crimes that have been committed.

Besides physical and mental anguish, pregnancy as a result of rape is another consequence Congolese women and girls may face as they have limited family planning options. Twenty year old Jacquelyn (her name has been changed) from North Kivu was kidnapped and held for almost three years in the bush by six men of a foreign rebel group. They each raped her repeatedly, and she had one child in the forest, and was pregnant with the second by the time she escaped.

Following the recent widespread displacement, some 15,000 are pregnant women, and 5,000 will deliver in the next three months. Instability and displacement can put stresses on women that may force them into premature labor. In any population, even in the best of times, about one in seven women will have complications that require emergency obstetric care or surgical delivery. Without access to basic antenatal care and support for complications the lives of these women and their babies are at risk.

Currently accessible to humanitarian aid workers are camps near Goma where an estimated 50,000 internally displaced persons are dwelling and UNFPA, the United Nations Population Fund, in collaboration with the Ministry of Health, is distributing medical supplies to ensure safe child delivery for pregnant women in these camps. Medicines and medical supplies to accommodate 150,000 displaced persons and host families were also distributed by UNFPA to the General Referral Hospital of Goma, including equipment for emergency obstetric care.

UNFPA is supporting hospitals and clinics in Goma to provide medical treatment and counseling for survivors of sexual violence, including medicines to protect them from contracting unwanted pregnancies and sexually transmitted illnesses, including the life-threatening HIV virus. UNFPA will provide hygiene essentials, such as sanitary napkins which will allow women to move freely and attend to their families during this crisis, to those internally displaced and also seeking refuge in the Nakivale camp in neighboring Uganda. In collaboration with UNICEF and MSF, UNFPA will also conduct an assessment in the coming week to evaluate the reproductive health needs of the crisis-affected population. Read the full news feature at: [UNFPA: News](#)

Haiti

When Anna went to sleep one Saturday night just before Hurricane Ike hit, she did not imagine that a few hours later her home would be gone. As the powerful storm churned across her hometown, Cabaret, just north of the Haitian capital, the normally quiet Bethel River turned into a flood of raging water. Her recently rented two-bedroom house and all of her modest possessions were washed away by the fury of the river. Thanks to the swift action of two neighbours, she and the ten children she cares for are still alive.



Eight months pregnant and suffering from hypertension, Anna is due to give birth to her sixth child soon. She is one among many women in dire need of emergency obstetric care following the natural disaster which struck the Caribbean in early September. After the flood swept her house and possessions away, Anna sought refuge in one of the 15 temporary shelters in Cabaret. She huddled there recently with the ten children in her care and 125 neighbours who have suffered similar hardships.

An estimated 24,000 pregnant women are affected by the disaster in Haiti. The special health care needs of pregnant women are often forgotten or left out during the initial phase of a relief operation. UNFPA, the United Nations Population Fund is seeking \$1.15 million for emergency obstetric care, medical supplies and skilled medical professionals. In order to ensure privacy for women, UNFPA has installed portable toilets in Cite Soleil (an extremely poor neighbourhood of Port-au-Prince), Gonaives and Cabaret. Birthing kits are being distributed in Saint-Marc and Gonaives and a pool of 14 health professionals, including anesthesiologists, obstetrician-gynecologists, nurses and mid-wives, is being mobilized to serve the needs of pregnant women and others with medical needs. For more information on those affected by tropical storms and hurricanes in the Caribbean visit: [UNFPA: News](#)

Providing Health and Hope in Pakistan

On 29th October 2008, two powerful earthquakes, measuring between 5.2 and 6.4 on the Richter scale, struck Pakistan's Baluchistan province in the early morning hours. The epicenter of the earthquakes was

Coordination of Multi-Sectoral Response to Gender-Based Violence in Humanitarian Settings

In October 2005, UNFPA and UNIFEM hosted a meeting of experts in New York focused on strengthening prevention and response to sexual violence in humanitarian settings. Among the major gaps identified was the need for qualified gender-based violence (GBV) experts to coordinate implementation of GBV programs in humanitarian settings. In response, the International Centre for Reproductive Health (ICRH) at Ghent University and UNFPA drafted a proposal to develop a short course to train people working in the field of GBV prevention and response on the “comprehensive approach” to addressing GBV.

Since then, two courses have been held in Ghent, Belgium in November, 2007 and most recently in November, 2008. In all, 46 participants from diverse professional backgrounds, with experiences in both humanitarian and development work attended the training courses. The group consisted of UN, NGO, university and government representatives working in various countries, including Belgium, Chad, Democratic Republic of the Congo, India, Kenya, Liberia, Malawi, Nepal, Pakistan, Rwanda, Sudan, Tanzania, Thailand, Uganda and the United States.

The 2008 course built on lessons learned in 2007, as well as the comparative advantages of the humanitarian response and academic partnership. This course is one critical component of the inter-agency effort to build the capacity of field professional for GBV coordination.

about 400 miles south west of Islamabad and left hundreds of people killed and/or injured and rendered over 15,000 homeless.

In response to the earthquake disaster in Baluchistan, UNFPA deployed 4 mobile clinics, 2 of which were deployed in the badly affected Ziarat and Pishin districts. The clinics were well equipped with all emergency medicines including antibiotics, pain killers, surgical items, dressings, I/V fluids, antiseptics, etc., and all essential medicines required in managing basic emergency obstetric care services. In addition, the clinics provided antenatal care, post natal care, deliveries, referrals for pregnancy related complications needing surgical interventions to the nearby referral level health facilities (also supported by UNFPA), sexually transmitted illnesses, family planning services, and other medical and surgical out patient services (for injuries, acute respiratory tract infections, gastroenteritis, fever, scabies, etc) to the affected population.

Reproductive health supplies were provided to many of Pakistan’s affected districts to support health care provision at first level and referral level facilities and the supplies will serve the needs of 50,000 individuals for three months. UNFPA has also provided hygiene supplies, such as toothbrushes, a woolen shawl, sanitary napkins, gauze, soap, a towel, and comb. These supplies are referred to as “dignity kits”, since they provide women with supplies for menstruation and allow them to care for their families in a crisis.

Pacific Island Countries: When Culture and Crisis Collide

In many of the Pacific Island countries there is a ‘culture of silence’ surrounding sex, HIV, condoms, sexual violence, family planning — basically anything to do with reproductive health, even among husbands and wives. During the 2007 tsunami crisis in the Solomon Islands, this taboo made it difficult to address related issues when we had to seek shelter as groups.



In the wake of this crisis, indoor space was limited, which meant that men and women, who normally spend most their daily lives apart, had to deal with these intimate issues in a mixed group, where they were instructed by health-care providers. Health-care representatives have had to come up with indirect ways to address these topics, such as role playing and comedy.

The Pacific Island countries are extremely vulnerable. Cyclones, earthquakes, tidal waves, volcanoes and ethnic conflicts threaten thousands of small coral and volcanic islands throughout the year. Understanding how to overcome cultural barriers in an emergency situation is essential for both health-care providers and individuals.

UNFPA's [State of World Population 2008](#) report analyses the cultural dimensions of issues related to reproductive health and rights. It finds that a deep understanding of local mores and attitudes — cultural

Yemen

Women and girls usually bear the burden of care for others during times of crisis, but their special health needs are often overlooked. To complicate matters further, women and girls have unique vulnerabilities – including pregnancy, the need for sanitary supplies and locally appropriate clothing.

To provide for women and girls affected by the floods in Yemen, which devastated the Hadramout and Al Mahara governorates and impacted the lives of 700,000 people, UNFPA is working with the Ministry of Health to ensure reproductive health services are included in emergency preparedness and contingency plans.

UNFPA has also provided emergency health supplies to these districts and trained staff members on how to provide for the unique needs and vulnerabilities women and girls affected by crisis.

Cuba

Hurricane Ike caused severe damage to hospitals, clinics, and primary health services throughout Cuba. Previously, these facilities provided health services for over 1 million people, mostly women and adolescents. Cubans affected by this crisis are still in need of life-saving medical care, including reproductive health services that can manage complications of pregnancy and delivery, such as obstetric surgical intervention.

UNFPA is seeking funds to be able to restore basic services that prevent neonatal and maternal deaths at the health facilities affected in the Guantánamo, Holguín, Las Tunas y Camaguey provinces. Prevention efforts will also be aimed at reducing the potential spread of sexually transmitted infections (including HIV) among the population in shelters and living in these most affected areas.

fluency — is a prerequisite for programme effectiveness. The State of World Population report stresses the need to work with community leaders. In the Pacific Islands, where a head chief acting alone makes most of the decisions on behalf of the community, getting emergency sexual and reproductive health services and commodities to people in need can pose a problem. Even if the chief grants permission, it can be limited. For example, distribution of condoms in schools, latrines or clinics may be considered inappropriate. Because communities hold faith-based organizations (FBOs) in high esteem, their consent for emergency response interventions is considered mandatory.

“Religion is a big part of this culture and in order to make decisions regarding reproductive health we need to collaborate with FBOs in everything we do,” Najib Assifi, the UNFPA Director and Representative for the Pacific Sub-Regional Office, explained. “Also, when it comes to dealing with violence resulting from emergencies, the church could be our biggest ally. In crisis situations, since many are in need of shelter and health care, it is easier to work with chiefs and FBOs because they can see the disaster and the need to mobilize. But again, it is extremely important to deliver a programme that is acceptable within the cultural context. Otherwise providing assistance in an emergency will be a challenge for us.”

Access to sexual and reproductive health services can be life-saving, but culture often determines access. In many parts of the world, the hours an emergency health clinic operates may be based on typical schedules for accomplishing chores, and decisions made by men will determine when and where women are allowed to obtain treatment.

“At the onset of an emergency we put a number of things in place which saves lives, such as supplies for hospitals and access to emergency obstetric care,” said Dr. Wilma Doedens, a technical advisor for UNFPA. “However, in some countries women cannot receive such services without a husband or a male family member present. In an emergency, these women may not be able to access these services even if we make them available. But it is important to consider ways of getting around these obstacles within the cultural context so that they can.” Read the full news feature at: [UNFPA: News](#)

Developing a fund-wide strategy on Working with Uniformed Personnel

UNFPA has been supporting national uniformed services, (including militaries, peacekeepers, and police forces) to develop and implement programmes for reproductive health, HIV/AIDS prevention, and gender-based violence (GBV) prevention since the early 1990s. There are multiple rationales for these interventions. First, in most countries, uniformed services are primarily composed of men and of young people, both of which are critical target populations for succeeding in HIV and GBV prevention, and who are often neglected in terms of reproductive and sexual health. Second, many uniformed services also have their own separate or parallel health services and education programmes (including for dependents and families) into which sexual and reproductive health should be firmly integrated. Third, uniformed services have very specific modes of interaction with the larger communities (including in peacekeeping settings), which contain risk factors for the health and well-being of both service

members and of communities. Education and awareness, behaviour change, and service support can reduce these risks considerably.

In order to strengthen and systematize work in this area, UNFPA organized a consultation on working with the uniformed services in Kyiv, Ukraine, from 29 September to 3 October, 2008. The consultation drew nearly 90 participants from approximately 24 countries, and included UNFPA staff, national partners, and other key partners working with the uniformed services including UN agencies, regional networks, international and local NGOs, and the US Department of Defense.

Throughout the consultation there was emphasis that the uniformed services include very different groups (militaries, police, peacekeepers, prison guards, border police, customs, national service members, demobilized personnel, etc.) with different situations, risks and opportunities. At the same time, the international community usually focuses on peacekeeping, police, militaries, and DDR (Disarmament Demobilization and Reintegration) contexts when discussing issues around the uniformed services, but tends to overlook other groups such as fire services, prison guards, and private or non-state policing actors, among others. In addition, the need to work with the families of and host communities around the uniformed services was repeatedly emphasized throughout the consultation.

A primary outcome of the consultation was the development of a plan of action for strengthening technical and operational work with uniformed services and institutionalizing this work into UNFPA's overall operations. It is very clear from the experience of the country offices that this is an area in which UNFPA has a strong comparative advantage among UN agencies and the work with uniformed services is an important component of work in the areas of HIV prevention for young people and for vulnerable populations. There was very strong consensus from the participants that UNFPA HQ should proceed with soliciting support from senior management for the development of specific strategies, tools and guidance for this area of work so that offices can benefit from stronger technical support.