



## Fast Facts

**Country:** Kyrgyzstan

**Duration:** July 2003 to February 2006

**Implementing UN Agencies:** UNFPA

**Other Implementing Partners:** Ministry of Health; community based groups; religious associations; Kyrgyz State Medical Institute; Kyrgyz Family Planning Alliance

**Budget:** \$513,339.64

**Key Words:** Access to health care; women

## BACKGROUND

In 2002, although antenatal health coverage was high, only 40 percent of births were free of complications. According to UNFPA, rates of maternal and infant mortality were persistently high with 46.5 maternal deaths per 100,000 live births and 22.6 infant deaths per 1,000 live births. Furthermore, in many remote villages of Kyrgyzstan, reproductive health (RH) services were non-existent and where services did

exist, inadequate roads or lack of transport made it impossible for people to reach them. Moreover, the poor condition of health clinics and the lack of professional and adequately paid health-care workers had a negative impact on the quality of medical care. As a result, Kyrgyzstan experienced an increase in unsupervised births, unintended pregnancies and unsafe abortions.

## PROGRAMME OVERVIEW

### GOALS AND OBJECTIVES

In order to improve the overall capacity of the national health care services, the project implemented a series of RH services and family planning initiatives. These aimed to (i) strengthen the capacity of national reproductive health services, with an emphasis on HIV/AIDS/STI prevention; (ii) improve the provision

of widespread access to RH and family planning; and (iii) advocate for reproductive rights. With the aim to reinforce community capacities and response, the project provided medical training for health-care workers and supported an awareness raising campaign on the risks of contracting HIV/AIDS and STIs.

### BENEFICIARIES

The beneficiaries included women, men and adolescents in rural areas in northern Kyrgyzstan who received improvements in access to and the quality of RH and family planning services. Moreover, health-care workers received horses and forage that would allow them to access health care facilities in remote

rural areas. Lastly, 400 religious and community leaders took part in training activities on male involvement in RH and family planning issues, while 320 health managers and policy makers received training in RH, family planning and HIV/AIDS/STI prevention.