



Unrest in Kyrgyzstan and refugees in Uzbekistan

Situation Report
24 June 2010

HIGHLIGHTS

- The security situation in southern Kyrgyzstan remains volatile, but has stabilized somewhat during the past two days. On Sunday 27 June 2010, a referendum on the new constitution of Kyrgyzstan, the Interim President and Constitutional Court is planned.
- Many refugees are returning from Uzbekistan to Kyrgyzstan. According to the Government of Uzbekistan, only about 15 000 people remain in the refugee camps (100 000 people fled during the civil unrest from Kyrgyzstan to Uzbekistan). The estimated number of internally displaced persons (IDPs) in Kyrgyzstan is about 300 000.
- Since 10 June, the official number of deaths in the affected area in southern Kyrgyzstan has risen to 251; a reported 2192 injured patients have been admitted to hospitals in the south of Kyrgyzstan.
- A WHO Public Health Risk Assessment for Kyrgyzstan and Uzbekistan will be published on the WHO web site soon.
- Local authorities are responsible for outbreak surveillance in the refugee camps. Isolated cases of diarrhoea are being addressed by Uzbek health professionals. There are no reports or rumours of disease outbreaks within the camps.
- WHO emphasizes the continued importance of breastfeeding in emergency situations. The aim should be to create and sustain an environment that encourages frequent breastfeeding for children up to at least two years of age. Unfortunately, it is often assumed that stress or inadequate nutrition, commonly seen during emergencies, can compromise a mother's ability to breastfeed successfully. During emergencies, unsolicited or uncontrolled donations of breast-milk substitutes may undermine breastfeeding and should be avoided.
- WHO is working with the health ministries of Kyrgyzstan and Uzbekistan to limit the potential impact of the security situation and the displacement on the supplementary immunization activities being conducted following the recent poliomyelitis (polio) outbreak in Tajikistan. Measles and rubella (MR) immunization activities in camps are planned - if required - in collaboration with UNICEF.
- In addition to providing priority medical supplies (health kits) to health facilities caring for the affected populations, WHO is coordinating all health related assistance in both Kyrgyzstan and Uzbekistan. Regular health sector meetings chaired by WHO take place in Tashkent and Andijan (daily) in Uzbekistan, and Health Cluster coordination meetings in Bishkek, Kyrgyzstan.
- Health coordination meetings in southern Kyrgyzstan will be initiated as soon as the security situation allows. WHO will establish a field presence in Osh from 29 June 2010.

Kyrgyzstan

SITUATION OVERVIEW

- According to a UN mission that returned from Osh on 23 June, the general situation there has improved. Osh is quiet and depopulated and most shops and markets are still closed. However, in the districts of Osh and Jalal-Abad¹ groups of armed people remain.
- The IDP situation remains critical in Osh Province, where many of the estimated 300 000 internally displaced people are located. Several organizations have attempted to provide assistance to IDPs and people affected by the violence in Osh but many ethnic Uzbek communities are declining assistance from national and Government organizations.
- Tens of thousands of refugees from Uzbekistan have returned to Kyrgyzstan during the past days, particularly into Jalal-Abad province.
- National Security Forces stated that localized clashes and violence could be expected due to the constitutional referendum planned for Sunday, 27 June. The interim government still plans to go ahead with the referendum, despite calls from different political groups to postpone it.
- The interim government has organized operational centres in Bishkek, Osh and Jalal-Abad. There is an urgent need to distribute humanitarian aid among all those affected.
- After consulting several United Nations (UN) Agencies on 22 June, the UN Emergency Relief Coordinator reported to the UN Secretary General that “while not underestimating the security threat and the need for mitigation measures, there was a consensus that UN Agencies should start operating without any further delay in the South of Kyrgyzstan”. However, the UN Department of Safety and Security advises that only the most critical travel should take place during the weekend in the south.
- WHO will establish a field presence in Osh from 29 June 2010.

HEALTH IMPACT

- Additional pressure on the health system is expected due to the large number of returning refugees (up to 85 000).
- As a consequence of difficulties in reaching the Internally Displaced Persons (IDP), the provision of health care for IDPs, including psychosocial support is still limited.
- All hospitals in Osh and Jalal-Abad are operational and provide medical care; their medical stocks are reported to be sufficient. However there are reports of a lack of medicines and supplies in smaller health care facilities outside the main cities.
- The official number of deaths since 10 June in the affected area in southern Kyrgyzstan has risen to 251. In total, a reported 2192 injured patients have been admitted to hospitals in the south of Kyrgyzstan: 1033 remain hospitalized while 1139 have been treated as out-patients². However, Kyrgyzstan's interim leader Rosa Otunbayeva said that the death toll could be as high as 2,000.

HEALTH SECTOR RESPONSE

- A team of 20 health professionals from Bishkek, which was deployed by the Ministry of Health (MoH) of Kyrgyzstan, is still supporting health services in and around Osh.
- The interim government of Kyrgyzstan has allocated additional funds to the Ministry of Health. The Osh City Ambulance Service has received 9 ambulance vehicles.

¹ Also spelled Djalal-Abad or Jalalabad.

² Source: Verbal communication by the Ministry of Health of Kyrgyzstan to WHO on 22 June 2010.

- The International Committee of the Red Cross (ICRC), National Red Crescent and Médecins Sans Frontières (MSF) are working in the affected area and are delivering medical supplies to hospitals and health points.
- An equivalent of US\$ 180 000 of humanitarian aid has already been disseminated to medical facilities in Osh region, including medicines, medical supplies, food and equipment.
- A Flash Appeal to cover humanitarian needs, including US\$ 6 375 000 for health, was launched on 18 June. It includes health sector projects for Health Cluster partners to fund priority health interventions and activities.

WHO RESPONSE

- A WHO proposal submitted to the United Nations Central Emergency Response Fund (CERF) is focusing on strengthening the early warning surveillance system and outbreak response.
- WHO has received two Interagency Emergency Health Kits (IEHK) on 23 June 2010 to be distributed to health care facilities in the affected areas. These kits cover the basic health needs of 60 000 people for a period of a month.
- The WHO Country Office in Kyrgyzstan is coordinating the distribution of additional essential medical supplies with the Ministry of Health to ensure timely and reliable humanitarian assistance.
- The WHO led Health Cluster is conducting regular coordination meetings. The Health Cluster currently comprises 19 organizations. A sub-cluster to coordinate psychosocial and mental health support has also been established.
- WHO plans to conduct a rapid Health Assessment (RHA) early next week in Osh and Jalal-Abad region, depending on the security situation.

URGENT NEEDS FOR KYRGYZSTAN

- Gaps exist in the availability of selected medicines, medical equipment and supplies, especially in smaller health care facilities located outside the main cities.
- Ensuring shelter and access to health services for all vulnerable groups affected remains a challenge. Additional pressure on the health system is expected due to the large number of refugees currently returning from Uzbekistan.
- Due to the tense security situation and the limited access to the affected areas, there are gaps in information on the exact number of casualties, the number of IDPs and their evolving health needs, especially in more remote areas.
- Psychosocial assistance for crisis-affected communities is still lacking, owing to limited local capacities and restricted access to affected areas from outside.

Uzbekistan

SITUATION OVERVIEW

- The situation in Uzbekistan has changed dramatically since 22 June. Around 85 000 refugees have left the temporary shelters and returning back to Kyrgyzstan. According to the Government of Uzbekistan, about 15 000 persons are still in the refugee camps. The return of the refugees from Kyrgyzstan is reported to be voluntary.
- The Flash Appeal for Uzbekistan that was launched on 23 June has been put on hold, because of the rapidly changing situation and anticipated reduction of needs in Uzbekistan. The UN will closely monitor the situation over the next few days, in light of the planned constitutional referendum in Kyrgyzstan on Sunday 27 June. The Flash Appeal will be reactivated if necessary.
- The Government of Uzbekistan announced that it will provide the returning refugees with food for 3-4 days. However the Government requested that the UN provide food and humanitarian aid for the 15 000 people remaining in the refugee camps.
- It is reported that the refugee camps are in general very well managed by the Government of Uzbekistan and adequate provision of supplies to meet basic needs and health care services have been ensured.

HEALTH IMPACT

- A WHO rapid health assessment in Djalakuduk district, Andijan oblast concluded that enough resources³ are available to cope with the immediate health care needs of the refugees.
- Local authorities are responsible for outbreak surveillance in the refugee camps. Isolated cases of diarrhea are being addressed by Uzbek health professionals. There are no reports or rumours of disease outbreaks within the camps.
- WHO emphasizes the continued importance of breastfeeding in emergency situations. The aim should be to create and sustain an environment that encourages frequent breastfeeding for children up to at least two years of age. Unfortunately, it is often assumed that stress or inadequate nutrition, commonly seen during emergencies, can compromise a mother's ability to breastfeed successfully. During emergencies, unsolicited or uncontrolled donations of breast-milk substitutes may undermine breastfeeding and should be avoided.

HEALTH SECTOR RESPONSE

- Health professionals continue to be deployed from other parts of the country to strengthen the health services in the Andijan, Ferghana and Namangan regions.
- Several organizations have delivered health kits to ensure timely and adequate humanitarian assistance to the affected population.
- WHO is working closely with the Ministry of Health to support the health sector's response; coordination meetings are held twice a week with United Nations agencies, international organizations and nongovernmental organizations.

³ Including the number of functioning health facilities in the area, appropriate referral and laboratory systems, sufficient medical and diagnostic equipment and available trained staff.

- By 22 June 2010, out of a recorded 51,108 refugees aged under 15, 42,963 had been immunized with monovalent oral polio vaccine-1 (mOPV1). A measles-rubella immunization campaign is also being prepared, in collaboration with UNICEF.

WHO RESPONSE

- WHO has deployed international experts to support assessment and coordination and to strengthen operational capacities and logistics in Andijan.
- National-level coordination continues in Tashkent. The latest WHO-chaired health sector coordination meeting took place on 22 June and was attended by the International Committee of Red Cross (ICRC), the Joint United Nations Programme on HIV/AIDS (UNAIDS), Médecins Sans Frontières (MSF), the United Nations Children's Fund (UNICEF) and the United Nations Population Fund (UNFPA). Information was shared on the general situation and health sector needs. Each agency provided detailed reports on their health sector response and relief activities.
- Local health coordination meetings in Andijan were initiated by WHO on 22 June, with participation from the International Committee of Red Cross (ICRC), the International Federation of Red Cross and Red Crescent Societies (IFRC), Médecins Sans Frontières (MSF), the United Nations Children's Fund (UNICEF) and the Uzbekistan Red Crescent Society. The Andijan health coordination meetings will continue on a daily basis.
- WHO received two Interagency Emergency Health Kits (IEHK) and four trauma kits on 23 June 2010, to be distributed through health authorities to support local health facilities and to replenish depleted stocks. IEHK kits cover the basic health needs of 60 000 people for a period of a month.
- WHO is closely monitoring the situation and evaluating needs to ensure a timely and reliable response.
- On 22 June, the Minister of Health of Uzbekistan briefed Ms Zsuzsanna Jakab, WHO Regional Director for Europe on the situation, outlined the response undertaken by health workers in Uzbekistan, and acknowledged the support of WHO and health partners in the country.

URGENT NEEDS FOR UZBEKISTAN

- Major needs reported include oral rehydration solution, hygiene and sanitation materials, women specific needs, baby food and diapers. Actual needs must be reassessed in light of the large number of refugees who are currently returning to Kyrgyzstan.

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