



## Unrest in Kyrgyzstan and Refugees in Uzbekistan Situation Report 20 June 2010

### HIGHLIGHTS

- The security situation in southern Kyrgyzstan remains fragile, with reports of violent incidents.
- Since 10 June, when civil unrest flared up again, 192 people have been officially reported dead, over 2000 injured and close to 1000 hospitalized in Osh and Jalal-Abad.<sup>1</sup> During her visit to Osh on 18 June, however, the head of the interim government of Kyrgyzstan, Ms Rosa Otunbaeva, stated that the real death toll was likely to be 10 times the officially reported figure.
- Out of the estimated total of 300 000 internally displaced persons (IDPs) in Kyrgyzstan, 260 000 are accommodated with host families, while 40 000 stay in improvised camps around Osh and Jalal-Abad and along the Kyrgyz side of the border with Uzbekistan. The number of registered refugees in Uzbekistan remains 75 000, these people are accommodated in camps around Andijan, managed by Uzbek authorities.
- Humanitarian aid – including medical supplies – has been mobilized. Airplanes and trucks with humanitarian cargo have arrived in Osh and Jalal-Abad (Kyrgyzstan) and Andijan (Uzbekistan).
- Interagency needs assessments in Osh (Kyrgyzstan) and Andijan (Uzbekistan) were conducted on 17–18 June to further clarify priority humanitarian and health needs.
- WHO has mobilized health kits and medical supplies to support local health services in Kyrgyzstan and Uzbekistan, and deployed experts to support coordination and assessments, and to mobilize resources for urgent health action through flash appeals.
- 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.
- The United Nations security phase was raised to phase 3 in the Osh, Jalal-Abad and Batken regions; other provinces of Kyrgyzstan remain in phase 2. Uzbekistan remains in security phase 1, with the Surkhan-Darya and Ferghana valley regions in phase 2.

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<sup>1</sup> Also spelled Djalal-Abad or Jalalabad.

# Kyrgyzstan

## HEALTH IMPACT

- The official death toll since 10 June, as reported on 18 June, is 192, while 2029 people have been reported injured, with 912 in hospitals in Osh and Jalal-Abad.<sup>2</sup> During her visit to Osh on 18 June, however, the head of the interim government of Kyrgyzstan, Ms Rosa Otunbaeva, stated that the real death toll was likely to be up to 2000, over 10 times the officially reported figure.<sup>3</sup>
- An assessment team from the International Committee of the Red Cross (ICRC) reports that medical supplies in health facilities in the affected areas are sufficient for immediate needs, but not for the medium term.
- Reports of sexual violence in affected areas are increasing.
- The interim government has organized operational centres in Bishkek, Osh and Jalal-Abad. There is an urgent need to organize fair distribution of the humanitarian aid for all the affected population.
- Owing to the tense security situation, health authorities still face problems with logistics and transport of medical supplies and humanitarian goods. For IDPs in the border areas and people in Uzbek camps, access to health care remains a challenge.

## HEALTH SECTOR RESPONSE

- The Ministry of Health deployed a team of 58 health professionals from Bishkek to strengthen the health services in Osh and surroundings.
- The Ministry appointed a health coordinator for Jalal-Abad and sent 12 specialists to assist local hospitals; 1.5 tons of medicines reached and were distributed in Jalal-Abad. At present, all hospitals in the city are operational and provide care.
- The provisional government has allocated additional funds to the Ministry, about US\$ 475 000, to procure 15 ambulances, medicines, food and disinfectants for the affected areas in the southern part of Kyrgyzstan.
- An updated list of urgently needed medicines and medical supplies was compiled and shared with health partners.
- The United Nations cluster approach has been activated in Kyrgyzstan, with WHO leading the Health Cluster, consisting of 15 agencies.
- The Health Cluster is conducting regular coordination meetings.
- A flash appeal to cover humanitarian needs, including US\$ 6 375 000 for health, will be launched today. It includes health sector projects for Health Cluster partners to fund priority health interventions and activities.
- The ICRC deployed a team of forensic experts to support the management of dead bodies, and supplied kits for post-exposure prophylaxis (PEP) to treat victims of gender-based violence.
- Médecins sans Frontières (MSF), ICRC and other agencies are setting up health services for IDPs on the boarder with Uzbekistan, and supporting referral services.
- The National Red Crescent Society is supporting hospitals in Osh with supplies and food items. Other agencies are sending emergency kits and medical supplies.

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<sup>2</sup> Source: Ministry of Health of Kyrgyzstan

<sup>3</sup> Source: OCHA Situation Report #6, 18 June 2010 (<http://www.reliefweb.int/rw/rwb.nsf/db900sid/VVOS-86JPGV?OpenDocument>).

## WHO RESPONSE

- The WHO Regional Director for Europe, Ms Zsuzsanna Jakab, sent a letter to the acting Minister of Health of Kyrgyzstan, offering further WHO support.
- The WHO Country Office, Kyrgyzstan holds regular health coordination meetings with the Ministry of Health involving all health partners.
- WHO is leading and coordinating the Health Cluster, with interagency response planning in progress. Additional international WHO experts have been deployed to strengthen the WHO Country Office and to support needs assessments, health information management and coordination.
- Local WHO disaster preparedness and response staff in Kyrgyzstan are collecting information updates from health facilities, jointly with health authorities and nongovernmental organization (NGO) partners, on health conditions, patient flow, urgently needed supplies (food items and energy supply) and pharmaceuticals.
- WHO has sent a trauma kit (with supplies to treat 100 trauma cases), funded with support from the Italian Government, to Osh.
- The WHO Country Office, Kyrgyzstan is mobilizing additional essential medical supplies to ensure timely and reliable humanitarian assistance.

## Uzbekistan

### HEALTH IMPACT

- In Uzbekistan, 75 000 refugees are accommodated in camp settlements.<sup>4</sup> The influx has been mainly to the Uzbek regions of Andijan, Ferghana and Namangan. The highest numbers of refugees are concentrated in 48 temporary camps in the Andijan region. Some schools in the three regions are used as temporary shelters.<sup>5</sup>
- Local needs assessment reports concluded that medical supplies in health facilities in the affected areas are sufficient to cover immediate needs, but predict gaps in supplies for the medium term.
- Reports of gender-based violence, including rape, in affected areas are increasing.
- Some refugees have suffered gunshot injuries and require trauma surgery. Local health services have been strengthened to provide specialist treatment.

### HEALTH SECTOR RESPONSE

- Health professionals have been deployed from other parts of the country to strengthen the health services in Andijan, Ferghana and Namangan regions.
- An updated list of urgently needed medicines and medical supplies was compiled and shared with health partners.
- 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 NGOs.

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<sup>4</sup> Source: OCHA Situation Report #6, 18 June 2010 (<http://www.reliefweb.int/rw/rwb.nsf/db900sid/VVOS-86JPGV?OpenDocument>).

<sup>5</sup> Source: OCHA Situation Report #5, 17 June 2010 (<http://www.reliefweb.int/rw/rwb.nsf/db900SID/VVOS-86HM9Z?OpenDocument&rc=3&cc=kgz>).

- Local coordination meetings are held in the city of Andijan.
- The Prime Minister has sent a letter to the United Nations Resident Coordinator, requesting medical supplies and humanitarian goods for the medium and long terms.

## **WHO RESPONSE**

- The WHO Regional Director for Europe, Ms Zsuzsanna Jakab, sent a letter to the Minister of Health in Uzbekistan, offering further WHO support.
- Staff of the WHO Country Office, Uzbekistan have joined the interagency assessment of humanitarian needs – with the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), the United Nations Children's Fund (UNICEF), the Office of the United Nations High Commissioner for Refugees (UNHCR), the United Nations Population Fund (UNFPA) and the World Food Programme (WFP) – to determine the specific health needs of IDPs in the region bordering Kyrgyzstan.
- WHO is deploying international experts to support assessment and coordination and to strengthen operational capacities and logistics in Andijan.
- In addition to the interagency humanitarian needs assessment, WHO is working with UNICEF, UNFPA and the Joint United Nations Programme on HIV/AIDS (UNAIDS) to prevent malnutrition and address gender-based violence; Inter-Agency Standing Committee (IASC) and WHO guidelines are promoted and shared with partners.
- WHO has mobilized three interagency emergency health kits and two trauma kits (A and B), to be distributed through health authorities to support local health facilities and to replenish depleted stocks.
- WHO has mobilized PEP kits for victims of gender-based violence, particularly rape victims, and technical training in the use of the kits is being considered in coordination with UNICEF, UNFPA and UNAIDS.

## **URGENT NEEDS FOR KYRGYZSTAN AND UZBEKISTAN**

- Gaps in selected medicines, medical equipment and supplies are still evolving; lists of urgently needed items are regularly updated.
- Some hospitals still lack food for patients, owing to the closure of markets and shops.
- Ensuring shelter and access to health services for all vulnerable groups affected remains a challenge. So far, most of the IDPs in Uzbekistan are accommodated in government-controlled camps, but those staying with relatives have not been registered.
- Gaps remain in information on the exact number of casualties, the number of IDPs and the more specific evolving health needs.
- Psychosocial assistance for crisis-affected communities remains lacking, owing to limited local capacities.

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### Further information updates

Regional Office web site (<http://www.euro.who.int/emergencies>)

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