

## HIGHLIGHTS

- No outbreaks of infectious diseases have been reported.
- Health authorities report a slight increase in cases of seasonal diarrhoeal disease.
- The United Nations Office for Coordination of Humanitarian Affairs (OCHA) in New York, United States of America is reviewing flash appeal projects.
- The revised flash appeal for Kyrgyzstan requests US\$ 96 736 881 for response operations, and the health cluster requests US\$ 6 848 667.
- Assessment showed that no physical rehabilitation services are available for people with disabilities and/or injuries.
- Mental health and psychosocial support services remain urgently needed.

## HEALTH IMPACT

The slight increase in cases of seasonal diarrhoeal disease seems to be related to the hot weather and the poor quality of drinking-water resulting from poorly maintained water pipes and polluted surface water.

No new cases of anthrax, which is endemic in the country, have been reported. As of 20 July, 16 patients had been hospitalized in Jalal-Abad oblast, with 5 laboratory-confirmed cases of anthrax and 11 suspected cases. No new cases of brucellosis and echinococcosis had been registered.

Food prices are back to normal. WHO encourages continuous breastfeeding for infants and young children.

## HEALTH STATISTICS

As of 19 July 2010, the Ministry of Health of Kyrgyzstan gave the following totals of deaths and injuries reported from Osh and Jalal-Abad oblasts (see table).

Oblast	Number of people injured			Deaths
	Treated outside hospital	Inpatients (still in hospital)	Outpatients	
Osh	1659	792 (33)	866	247
Jalal-Abad	667	289 (1)	377	69
Total	2326	1081 (34)	1243	316

## HEALTH CLUSTER RESPONSE

Two meetings were held on 19 July at United Nations House in Bishkek. WHO chaired the most recent health cluster coordination meeting, attended by 11 representatives of 7 organizations, and led the second meeting of the mental health working group, attended by 14 representatives of 8 organizations.

The weekly coordination meeting of the health cluster and the mental health working group in Osh was cancelled, owing to the revision of the flash appeal.

The next health cluster meeting will be held on Monday, 26 July at 15:00 at United Nations House in Bishkek. The next mental health working group meeting will take place on 26 July at 11:00. The next health cluster meeting in Osh will be held on 23 July.

With WHO guidance and OCHA support, the health cluster partners prepared and submitted new and amended proposals for projects to include in the **revised flash appeal**. The United Nations Population Fund (UNFPA), the United Nations Children's Fund (UNICEF), WHO, the International Medical Corps (IMC), the International Organization for Migration (IOM), Save the Children, Handicap International and CitiHope International submitted project proposals focusing on mental health support, primary and secondary health care and mobile outreach support, health cluster coordination, surveillance of communicable diseases, immunization, reproductive health and nutrition. These projects aim to address the local populations affected by the unrest, including such subgroups as women and children, people with disabilities, HIV/AIDS and/or mental health conditions, and primary health care (PHC) providers.

In total, the health cluster is requesting US\$ 6 848 667: 7% of the total requested by the United Nations and its partners in the revised flash appeal. The sum requested by the health cluster includes funds that were received through the Central Emergency Response Fund (CERF).

The **national immunization campaign** against poliomyelitis (polio) started on 19 July 2010. WHO, UNICEF, the United States Agency for International Development (USAID), the national Red Crescent Society and other partners in the Global Polio Eradication Initiative pledged full support to the Ministry of Health of Kyrgyzstan in implementing national immunization days (NIDs) to prevent the spread of poliovirus to the country from neighbouring Tajikistan.

The campaign targets more than half a million children aged under 5 years, and comprises two rounds of NIDs, on 19–23 July and 23–27 August. It is the first collective health intervention after the humanitarian crisis, and is helping to unite communities, health officials and partner agencies around a common goal.

Vaccines have been distributed to all health facilities and properly stored, with an adequate cold chain in place. With WHO technical assistance, about 500 primary health care providers were trained in vaccine administration.

Mobile vaccination teams are being deployed to reach remote areas and collective settlements. UNICEF, village health committees in remote areas of Osh oblast (Aravan, Nookat), local nongovernmental partners, such as Central Asia Development and Cooperation Concept and Rainbow, have informed the population about the campaign.

Handicap International has carried out a **rapid assessment of disabled and injured people** in Osh city. The final report was made available to WHO and placed on OCHA's humanitarian response web site (<http://kg.humanitarianresponse.info/>). The assessment showed that most disabled people had not been able to flee and so remained at home during the communal violence. The number of referrals of disabled people had decreased, as many were unable or scared to seek immediate medical assistance, despite all outpatient departments being operational. In addition, health care staff were not trained to provide special physiotherapy to disabled people as needed, which aggravated the condition of the affected individuals.

On 10–16 July, the Swiss Red Cross (SRC) carried out a **survey of families** that had taken refuge with relatives and/or acquaintances in 107 villages in 5 districts of Osh oblast (Aravan, Nookat, Kara-Kulja, Kara-Suu, Uzgen). The survey did not cover some villages populated by Uzbeks in Uzgen and Kara-Suu, as the assessment team had limited access to them. The team surveyed 528 families, asking about their most urgent needs. SRC will provide half of these families with in-kind contributions

worth CHF 250. Other organizations were invited to assist these families, 113 of which had experienced the death or injury of a family member or were missing a relative.

IMC received funding from the United States for a six-month project to train community leaders and volunteers in psychological self-care, mental first-aid response and the prevention of gender-based and sexual violence in communities.

UNICEF has continued to implement **activities to prevent and treat diarrhoeal diseases** among the most vulnerable population categories, including children, pregnant women and lactating mothers. Having distributed 4 diarrhoea kits in Osh and Jalal-Abad oblasts, as well as water purification units, UNICEF plans to distribute an additional 14 kits to facilities for secondary health care, along with selected drugs and micronutrients, and midwifery kits.

In cooperation with the Ministry of Health, UNICEF is providing a one-day training course in the management of diarrhoea and use of UNICEF's diarrhoea kits. The course is intended for 2500 medical staff in Jalal-Abad and Osh oblasts and is being offered for two weeks, starting on 19 July. The content is based on nationally approved guidelines.

### **WHO RESPONSE**

The final report of the joint health and nutrition assessment in southern Kyrgyzstan – conducted by WHO, UNICEF and UNFPA – is ready and will soon be shared with health cluster partners and made available on the UNICEF and OCHA web sites.

WHO has translated the Inter-Agency Standing Committee (IASC) guidance on *Mental health and psychosocial support in humanitarian emergencies* into Russian and disseminated it to partners in the mental health working group.

WHO prepared a contract with the sanitary–epidemiological stations (SES) in Osh oblast, enabling them to purchase laboratory tests and reagents to ensure uninterrupted epidemiological surveillance of communicable diseases. The contract has a total value of US\$ 20 000 and will be supported by CERF funds.

### **MINISTRY OF HEALTH RESPONSE**

Hospitals and pharmacies in Osh and Jalal-Abad are operational. Stocks of medical supplies are reported to be sufficient to address current needs. SES in southern Kyrgyzstan are reported to be operational.

Coverage of the first round of the polio vaccination campaign is good, although preliminary results are not yet available.

### **URGENT NEEDS**

Mental health support for all ethnic groups needs stronger coordination and further strengthening to provide services for acute mental disorders and to prevent post-traumatic stress disorder and other mental health conditions.

The humanitarian health response increasingly focuses on early recovery efforts. Nevertheless, gaps remain in PHC facilities, especially in Osh city, in the availability of drugs to treat patients with chronic diseases, basic equipment (such as dressing materials) and essential drugs.

Services for physical rehabilitation are not available to people with disabilities and those with injuries. An assessment by Handicap International found a lack of training in physiotherapy among health care staff, and of special equipment and premises accessible by all disabled people.

Many disabled or injured people do not seek medical assistance, owing to their limited mobility and fear to leave their homes. They are often excluded from humanitarian assistance, as they cannot go to distribution points or request assistance. Their main concerns are insecurity and protection issues. Further, these people are vulnerable to the development of mental health problems, and therefore need psychosocial assistance.

The Ministry of Health of Kyrgyzstan stressed that all training in mental and psychosocial assistance should be agreed with it, and be carried out according to international standards.

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### **Further information**

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