



Kyrgyzstan crisis

Meeting humanitarian health needs

19 August 2010



Summary

Civil unrest in and around the cities of Osh and Jalal-Abad last June, affected directly or indirectly 765 300 people and displaced an estimated 300 000. According to UNOSAT data, some 2600 households suffered substantial damage. Many of the internally displaced people (IDPs) and refugees are living with host families or in tents near their destroyed houses.

No major communicable disease outbreaks have been reported, but it remains essential to support and strengthen the national health system so it can continue disease surveillance and address the health effects of the crisis. Access to essential health services, particularly to mental health and psychosocial support services, to reproductive health, immunization and nutrition services remains of primary concern. These priority areas are jointly addressed by Health Cluster partners in collaboration with the Ministry of Health (MoH) at national and provincial (Oblast) levels.

Current health situation

According to information received from the MoH on 9 August, 371 people were killed and 2326 patients received medical treatment in Osh and Jalal-Abad. Of these, 1084 were hospitalized and 1243 received ambulatory care. So far, 900 persons have been discharged from the hospitals, while 13 remain hospitalized. People who have received ambulatory care are expected to return to outpatient departments for further treatment as mental health, psychosocial support and rehabilitation needs were not covered.

No major outbreaks of infectious diseases have been reported. To date, the number of infectious disease cases reported for 2010 is lower than the number reported for the same period last year. According to MoH informa-

tion, the number of reported anthrax cases has not changed compared to previous weeks.

There are no severe malnutrition cases reported from the conflict affected areas. Micronutrient deficiencies remain the main nutritional and health problem for children and pregnant women, contributing to the high child and maternal mortality in the country.

Response of health partners

Most of the immediate health needs of IDPs and conflict-affected communities are addressed by the MoH. Health Cluster partners (UNFPA, UNICEF, WHO and NGOs) have mobilized health kits and medical supplies for reproductive health and diarrhoeal diseases, orthopaedic equipment and are supporting training for health care professionals.

- NGOs are playing a major role, supporting advocacy, providing assistance and filling gaps.
- UNICEF is supporting immunization activities, and supplying micronutrients for anaemic mothers and children to the network of MHC units in MoH facilities. The recent polio immunization campaign (19-28 July), supported by UNICEF and WHO, reached over 97% of the population in the south and another campaign is planned for late August. All these activities are contributing to rebuild trust between health care providers and communities of different ethnicities.
- WHO provided surgical supplies and is purchasing laboratory equipment to strengthen disease surveillance. Since 6 August, an international consultant is working with national experts to strengthen the disease surveillance system. WHO translated and disseminated guidance documents and background

material on “asbestos in emergencies” and on the management of dead animal bodies.

WHO is working closely with the protection cluster to ensure access to health services for all ethnic groups. On 28 July, WHO, OCHA and UNHCR met with military representatives in Osh, and on 30 July WHO had a formal meeting with the newly appointed Minister of Health. At the request of the MOH, all security checkpoints in and around the hospitals were removed, effective 1 August. Humanitarian organizations continue to monitor the evolution of access to health facilities.

Access to mental health care and psychosocial assistance (MHPSS) remains a high priority. Experts from the Institute of Forensic Psychiatry in Moscow are expected to arrive in Kyrgyzstan on 22 August to conduct a five-day training of trainers for participants from various ethnic groups, involving government representatives and NGOs.

Health Cluster priorities in the Revised Flash Appeal

1. **Ensure access to essential primary/secondary health care services** including emergency reproductive health services;
2. **Provide mental health and psychosocial support services to the affected communities;**
3. **Ensure proper immunization for all children in affected communities;**
4. **Protect the nutritional status of women and children** in affected local communities by addressing major causes of micro-nutrient deficiencies;
5. **Health information management and health cluster coordination;**
6. **Ensure early outbreak detection** of communicable diseases.

Funding needs

A Flash Appeal for Kyrgyzstan was issued on 18 June. Health Cluster partners participating in the appeal are: CitiHope International, IOM, HelpAge Int., UNAIDS, Save the Children, UNFPA, UNICEF, Counterpart Int. and WHO. A revised Flash Appeal was issued on 23 July. The total revised funding request for the Health Cluster is US\$ 7 778 148 and WHO is requesting US\$ 793 346.

The Health Cluster remains severely underfunded – only 20% of the resources requested for urgent health interventions were mobilized; funding gaps are jeopardizing priority needs, particularly psychosocial support and health coordination.

WHO priority funding needs

WHO's priority funding needs focus on sustaining health cluster coordination in the field, supporting equitable access to essential health services and providing psychosocial and mental health care to conflict-affected communities, especially to children. These priorities will be implemented in close collaboration with the MoH. There is a need for sustainable WHO international presence in the field.

1. Access to health services: Complaints on real or perceived access limitations continue to be reported to Health and Protection Cluster partners. WHO needs:

- to continue supporting the MoH to strengthen its capacity to provide priority health services to affected communities
- to monitor and facilitate equitable access to quality services through collecting and managing health information, supporting training, providing pharmaceuticals and medical supplies, equipment and logistic support.
- A MoH rumour verification system needs to be established, and MoH multiethnic mobile teams and clinics need to be integrated into the primary health care (PHC) and hospital referral system.

WHO's sustained international field presence is essential to coordinate Health Cluster activities and to provide neutral and impartial support to manage health information in close collaboration with health partners and the MoH.

2. Mental health and psychosocial needs: Despite the efforts of the MoH, the United Nations and NGO partners, the main unmet public health needs are mental health and psychosocial support. Around 1.2 million people in the conflict-affected area are suffering from various degrees of psychological trauma. According to a recent survey conducted by Save the Children, around 72% of the children in the most affected communities are experiencing behavioural changes.

Severe funding gaps remain to provide urgently needed mental health and psychosocial support services at community, PHC and the hospital level. WHO is currently supporting MHPSS at the hospital level, but additional resources are needed to coordinate similar activities at the levels and in other sectors. The creation of a core group of skilled trainers will help to build capacities at the national and Oblast levels. Conflict-affected communities need further out-reach services through MoH mobile teams and mobile health units.

For more information

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