

KYRGYZSTAN



Active in the country since 1992, the ICRC opened a delegation in Kyrgyzstan in 2011. It works to protect and assist people affected by tensions or violence and people detained for security reasons, providing support regarding health-related issues, particularly TB, in places of detention. The ICRC promotes norms relevant to the use of force among security forces and the incorporation of IHL into national legislation, academic curricula and the armed forces' doctrine, training and sanctions. The ICRC works in partnership with and aims to strengthen the capacities of the Red Crescent Society of Kyrgyzstan.

CONTEXT

The consequences of the interethnic clashes of 2010 continued to ease, although latent inter/intra-ethnic tensions persisted. Rampant economic difficulties, declining social protection, delays in upgrading public infrastructure and services, and unresolved land, water and border demarcation issues continued to cause hardship for the population. Political and economic interests divided parts of the country, with nationalist sentiments rising in the south and potentially fuelling existing tensions.

In the first half of the year, the administration of Prime Minister Omurbek Babanov pursued its 100-day programme aimed at effecting structural changes within the government. At the end of August, Babanov was forced to resign following a vote of no confidence from parliament, and was replaced shortly after by Zhantoro Satybaldiyev.

On the international front, Kyrgyzstan pursued strategic discussions with China (through the Shanghai Cooperation Organization), the Russian Federation (notably through the Collective Security Treaty Organization (CSTO) and the Customs Union) and the United States of America, while strengthening bilateral ties with Turkey and Gulf Cooperation Council member States.

Tackling macro- and socio-economic problems, strengthening the rule of law and ensuring the peaceful coexistence of ethnic communities remained the country's main challenges.

ICRC ACTION AND RESULTS

With the situation in Kyrgyzstan having generally normalized, the ICRC adjusted its response in the country, shifting its focus to emergency preparedness while continuing to address residual humanitarian needs from the 2010 events (see *Context*) and engaging in prevention activities.

Given the lingering tensions and social discontent, the ICRC pursued activities to strengthen national emergency response capacities. Notably, it provided primary health care centres in the south with medical supplies/equipment, infrastructure rehabilitation and staff training in order to ensure access to appropriate care for people wounded in any future outbreaks of violence. It worked with the Red Crescent Society of Kyrgyzstan to boost its first-aid services, develop its knowledge and application of the Safer Access approach, and raise awareness of the goals of the Health Care in Danger project among weapon bearers and the general public. Its support also enabled the National Society to provide relief items to homeless and vulnerable people struggling through an exceptionally cold winter.

EXPENDITURE (IN KCHF)

Protection	1,360
Assistance	5,352
Prevention	749
Cooperation with National Societies	619
General	-

► **8,079**

of which: Overheads 493

IMPLEMENTATION RATE

Expenditure/yearly budget	75%
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PERSONNEL

Expatriates	21
National staff (daily workers not included)	87

KEY POINTS

In 2012, the ICRC:

- strengthened national emergency response capacities through technical, material and training support, including infrastructure rehabilitation, to medical, health care and forensics facilities
- visited detainees held in facilities run by the Ministry of Interior and the State Service for Execution of Punishments, while pursuing efforts to access all detainees within its remit
- helped improve the general living conditions of over 2,500 detainees through structural repairs and rehabilitation work in detention facilities
- provided extensive support to the TB-control programme in prisons, while lending expertise to an interministerial working group in developing guidelines for improving detainee health in places of temporary detention
- improved access to clean water for over 40,000 people in Jalal-Abad and Osh provinces, while working to provide water for thousands more people in rural and urban communities
- helped 1,000 homeless and vulnerable people cope with the harsh winter by providing blankets, mattresses and hot meals through the Red Crescent Society of Kyrgyzstan

Main figures and indicators	PROTECTION		Total
CIVILIANS (residents, IDPs, returnees, etc.)			
Red Cross messages (RCMs)		UAMs/SCs*	
RCMs collected	2		
RCMs distributed	1		
Tracing requests, including cases of missing persons		Women	Minors
People for whom a tracing request was newly registered	16	7	2
People located (tracing cases closed positively)	7		
Tracing cases still being handled at the end of the reporting period (people)	43	8	7
Documents			
People to whom travel documents were issued	119		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)			
ICRC visits		Women	Minors
Detainees visited	8,000		
Detainees visited and monitored individually	157	7	3
Detainees newly registered	31	3	2
Number of visits carried out	100		
Number of places of detention visited	43		
Restoring family links			
RCMs collected	6		
RCMs distributed	1		
Phone calls made to families to inform them of the whereabouts of a detained relative	3		
Detainees visited by their relatives with ICRC/National Society support	57		

* Unaccompanied minors/separated children

The ICRC continued to visit detainees, including those held in relation to the 2010 events, in places of detention run by the Ministry of Interior and the State Service for Execution of Punishments (GSIN), while pursuing dialogue with the authorities on access to all detainees within its remit. It responded to detainees' basic hygiene and accommodation needs with in-kind assistance, and helped improve their living and sanitation conditions through structural repairs and rehabilitation work in several detention facilities. It continued to provide extensive support to the GSIN for its programme to control multi-drug resistant (MDR) TB in prisons and signed a memorandum of understanding with the GSIN and the Ministry of Health aimed at strengthening prison TB control, including through the establishment of a centralized TB hospital in one detention facility. It also supported an inter-ministerial working group tasked with producing guidelines for improving the health situation of detainees in five pilot places of temporary detention under the Ministry of Interior.

As part of its efforts to address deficiencies in public services, the ICRC, in cooperation with local authorities and communities, implemented projects to improve access to clean water for both urban residents and rural communities in remote southern areas.

Helping 19 families learn the fate of relatives still missing in relation to the June 2010 events remained a priority. While declining the ICRC's proposed hands-on forensic support in the identification of human remains, the authorities expressed interest in implementing best practices in the collection and management of ante/post-mortem data relating to missing persons and unidentified bodies. The ICRC then conducted a seminar for representatives of various State institutions, which allowed for exchanges on current procedures and standard methods of managing human remains.

To help foster an environment conducive to humanitarian action, the ICRC pursued dialogue with central and local authorities, the Ministry of Defence and the Ministry of Interior, encouraging them to take account of relevant IHL and internationally recognized standards in their work.

With International Federation and ICRC support, the Kyrgyzstan Red Crescent continued to promote awareness of its role as a national emergency response provider. Following a serious internal crisis, the National Society received the support of both Movement partners in revising its statutes and organizing an extraordinary general assembly.

CIVILIANS

The ICRC continued to monitor the situation in violence-prone areas, standing ready to make representations to the alleged perpetrators in the event of any abuses or to provide assistance to affected populations.

Authorities take steps to ascertain the fate of missing persons

At the end of 2012, 19 families were still without news of relatives missing since the 2010 violence. During the year, they received support for their multifaceted needs through ICRC-facilitated access to medical/mental health care, referral to the relevant State institutions for their legal and social needs, or the clarification of official information with the authorities concerned.

State authorities maintained their commitment to ascertaining the fate of missing persons through DNA analysis, with financial and technical support from other countries. While declining the ICRC's offer to facilitate the identification of human remains through hands-on forensic support, they expressed interest in the implementation of best practices in the collection and management of ante/post-mortem data relating to missing persons and unidentified bodies. To this end, representatives of the police and prosecutorial authorities, national security personnel and forensic practitioners participated in a one-day seminar in Bishkek, which allowed for exchanges on current procedures and standard methods of managing human remains. They recognized the need for improved interinstitutional coordination and for appropriate information management tools, and subsequently welcomed further assistance in this regard.

Main figures and indicators		ASSISTANCE		
		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)¹				
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)				
Essential household items ¹	Beneficiaries	1,000	22%	10%
Water and habitat activities	Beneficiaries	57,162	30%	50%
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security, water and habitat (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	2,207		
Water and habitat activities	Beneficiaries	3,131		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	5		
Patients whose hospital treatment has been paid for by the ICRC ¹	Patients	18		
First aid				
First-aid posts supported	Structures	16		
Water and habitat				
Water and habitat activities	Number of beds	15		

1. Owing to operational and management constraints, figures presented in this table and in the narrative part of this report may not reflect all activities carried out during the reporting period

Forensic experts and investigators in Bishkek, Jalal-Abad and Osh performed their work more efficiently thanks to ICRC-provided material and equipment, including the installation of two cold chambers in morgues.

Communities have improved access to water

Limited access to safe and sufficient water for drinking and irrigation, primarily owing to inadequate or poorly maintained water infrastructure, remained a widespread problem.

Although work to improve the water supply in rural and urban areas progressed more slowly than planned, some 8,000 people gained readier access to clean water with the completion of two village water supply projects in Osh province. More people stood to benefit from the finalization in 2013 of the Nariman and Jylkeldi rural water projects, which were undertaken with active community participation and help from village administrations. In Jalal-Abad province, water flowing from the urban water project in Bazar-Korgon village (catchment population: 28,500 people) and the rural water project in Kyzyl-Tuu village (catchment population: 4,400 people) began serving the needs of residents, although some technical issues remained to be resolved.

To help them maintain existing infrastructure, rural water boards in Osh and Jalal-Abad received donations of hydraulic materials, for the benefit of 6,000 and 6,300 residents respectively.

In addition, 20 staff and volunteers of the National Society's Batken, Jalal-Abad and Osh branches attended training in water distribution, water treatment, basic sanitation and camp management to help ensure that communities had access to water in the event of an emergency.

Emergency preparedness strengthened

To help boost national emergency response capacities, the Ministry of Emergency Situations received a donation of some 3,100 essential household kits, to be distributed according to need.

During the winter season, some 1,000 homeless and vulnerable people in Bishkek were better able to cope with an extraordinary cold wave thanks to mattresses, blankets and hot meals provided by the National Society with ICRC support.

PEOPLE DEPRIVED OF THEIR FREEDOM

People held in places of detention under the authority of the Ministry of Interior and the GSIN received visits, conducted in accordance with standard ICRC procedures. Delegates monitored detainees' treatment and living conditions, paying particular attention to potentially vulnerable inmates, such as those held on security-related charges, those serving life sentences, women, minors and foreigners. They discussed their findings and recommendations confidentially with the relevant authorities, who signalled their readiness to resume discussions on an agreement on visits to all detainees.

During 100 ICRC visits to 43 places of detention, 157 detainees were followed up individually, and some re-established contact with their families through RCMs. Some 60 detainees received visits from their kin with ICRC financial assistance.

Detainees enjoy better living conditions

Around 2,200 detainees received mattresses, blankets, hygiene items and water boilers to fulfil their basic hygiene and accommodation needs.

Longer-term support to the detaining authorities in improving detention conditions continued. A total of 2,571 detainees in six places of detention saw improved living conditions following the rehabilitation or construction of roofs, sewage systems, sanitation facilities, heating and ventilation systems, living quarters and exercise yards. The beneficiaries included some 60 women and children in Penal Institution 14 and 150 detainees sentenced to life in three penal institutions in Bishkek, and approximately 350 detainees in Osh.

Twenty GSIN officials in charge of prison maintenance discussed best practices at an ICRC seminar, the third specialized event for this target audience in Kyrgyzstan.

The authorities accepted the ICRC's offer to facilitate the creation and support the work of an interministerial working group with the objective of improving health conditions for detainees held in temporary detention facilities run by the Interior Ministry. Representatives of six State institutions, including the Health, Interior and Finance Ministries, reviewed the existing normative framework and developed practical guidelines for improving detainees' access to basic health services in five pilot detention facilities, including recommendations on possible sources of financing.

TB-affected detainees receive appropriate treatment

The GSIN and the Ministry of Health continued to receive ICRC support in addressing the major health threat posed by MDR TB. The introduction of rapid TB diagnostic tools in the country enhanced early detection of MDR TB patients, both within and outside prisons. Direct ICRC purchase of additional MDR treatments sought to overcome shortcomings in treatments provided through a TB grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria.

In September, the GSIN, the Ministry of Health and the ICRC signed a memorandum of understanding to formalize their jointly developed two-year Prison TB Control Plan of Action for 2012–13, aimed at increasing GSIN ownership of prison TB management and mobilizing additional resources from the government and donors. Penal Institution 31 underwent infrastructure work in preparation for the creation of a centralized treatment facility for all forms of TB, with a capacity for up to 340 detainees. A new shower and laundry facility was also in construction.

Meanwhile, Penal Institution 27 continued to receive daily hands-on support in the management of MDR TB. An ICRC-supported maintenance team oversaw the basic functioning of infrastructure and services to help ensure that conditions inside the prison were conducive to the well-being of some 200 detainees and to the work of medical staff.

In line with the introduction of an integrated model of care to address concomitant diseases that negatively affected adherence to MDR TB treatment, a new ICRC-hired specialist provided the appropriate support to MDR TB patients suffering from severe mental health disorders.

Working groups in charge of developing national TB infection-control guidelines, updating MDR TB clinical guidelines, strengthening the TB surveillance system and optimizing the TB laboratory network in the country continued to receive ICRC technical support, as did the national TB reference laboratory in Bishkek and the interprovincial reference laboratory in Osh, both providers of diagnostic services to the prison sector.

At end-2012, some 70 detainees with MDR TB were undergoing treatment. Although 33 patients had completed treatment, the number of defaulters (25 patients) remained high. Over 200 MDR TB patients improved their nutritional status thanks to the distribution of high-protein biscuits.

WOUNDED AND SICK

People in the southern regions of Kyrgyzstan had access to curative care or medical/surgical treatment at 13 primary health care facilities and 5 hospitals supplied by the ICRC with basic equipment, medical materials and consumables. Seventeen people affected by the 2010 events received medical treatment financed by the ICRC.

To improve patient care at hospital level, 160 medical personnel from all over Kyrgyzstan participated in four emergency room trauma courses organized in Bishkek and Osh; five doctors received training to enable them to continue organizing these courses in the coming years under the responsibility of the Ministry of Health and with ICRC technical and financial support. Emergency service providers in Osh attended first-aid training (see *Armed forces and other bearers of weapons*).

Local health care services (catchment population: 50,200 people), received a boost following the completed rehabilitation of the Pamirskaya and Sary-Tash health centres (100 and 30 consultations per day respectively) in Osh province, the Family Medical Centre (300 consultations per day) in Osh city, and the Osh TB laboratory (catchment population: 3,500). Renovations were under way at the Kenesh health centre. In addition, the donation of emergency room equipment and a fully equipped ambulance to Sary-Tash health centre helped ensure the delivery of emergency medical assistance to a much wider area in the event of renewed violence, reaching up to 8,000 people in Sary-Tash and nearby villages in the remote Alai region.

To further improve emergency response capacities, cold chambers with a total capacity of 15 bodies were donated to and installed in morgues in Jalal-Abad and Kara-Su. Complementary repair work was carried out at the morgue in Osh, which had received a refrigerated container in 2010.

AUTHORITIES

Dialogue with the ICRC's network of contacts continued, covering detention-related matters (see *People deprived of their freedom*), missing persons (see *Civilians*), other humanitarian issues and the Movement's activities.

To deepen their knowledge of IHL and its national implementation, authorities, including members of Kyrgyzstan's reactivated national IHL committee, participated in a peer-to-peer visit to a sister committee in Belarus, in the fourth regional seminar on IHL in Astana, Kazakhstan (see *Tashkent*), and in a one-day IHL course in Bishkek focusing on the repression of war crimes in the national penal code.

ARMED FORCES AND OTHER BEARERS OF WEAPONS

Potential cooperation in the integration of internationally recognized standards in law enforcement and the establishment of best practices by security forces remained central to the dialogue between the Interior Ministry and the ICRC. Ahead of the Osh municipal elections in March, some 100 civil police auxiliaries attended training sessions jointly delivered by the National Society and the ICRC, where they learnt first aid and were reminded of the need to respect and facilitate access of medical services in case of any outbreaks of violence.

Dialogue with the Ministry of Defence explored CSTO-ICRC cooperation, predeployment briefings for future UN peacekeeping troops, and the measures required to ensure that IHL norms are considered in military decision-making processes. For the third year in a row, the Defence Ministry declined the ICRC's invitation to participate in an international IHL workshop for senior officers.

CIVIL SOCIETY

Students learnt basic IHL concepts during dissemination sessions delivered jointly with the National Society at selected universities, while one university lecturer participated in a regional IHL seminar in Almaty, Kazakhstan (see *Tashkent*). To further the integration of IHL into academic curricula, Osh State University and Naryn State University set up the first two IHL resource centres in the country. Following suit, the Kyrgyz State Law Academy and the Interior Ministry's Police Academy prepared to establish their own resource centres; two other State universities were offered similar support to create their own centres. Selected universities received updated IHL literature for their libraries.

Through briefings and press materials, the media kept abreast of and reported on ICRC activities and humanitarian issues, including those covered by the Health Care in Danger project. A four-year campaign to promote the goals of the project involved wide circulation of information materials adapted to local realities, and the support of local celebrities. A public photo exhibition organized in cooperation with the Ministry of Foreign Affairs marked the 20th anniversary of Kyrgyzstan's accession to the 1949 Geneva Conventions.

RED CROSS AND RED CRESCENT MOVEMENT

Following a serious internal leadership crisis, the Kyrgyzstan Red Crescent drew on the support of the International Federation and the ICRC in restoring the full legitimacy and functions of its statutory bodies. It revised its statutes and, during an extraordinary general assembly, elected a new chairperson, board, general director and senior management team. Owing to these events, dialogue with the authorities on the consideration of a draft law regulating the National Society's statutes did not go ahead as planned, and a nationwide perception study of the National Society was cancelled.

Building on its joint response with the ICRC during the 2010 events, the National Society further developed its emergency response capacities, including in first-aid training and the application of the Safer Access approach, with ICRC financial, technical and training support. Benefiting from the exchange of expertise with National Societies working internationally, it strengthened its family-links services – provided mainly to labour migrant communities – and increased awareness of the availability of these services during natural disasters and situations of violence through information sessions for local government authorities, migrant communities, community leaders in all provinces and representatives of ethnic minorities.

National Society/ICRC dissemination sessions enabled newly hired National Society staff and volunteers, together with 50 community leaders in the north and south of Kyrgyzstan, to learn about humanitarian principles and the Movement. Activities on World Red Cross and Red Crescent Day (8 May) also helped raise awareness of the Movement among the general public.