CENTRAL AND EASTERN EUROPE AND THE COMMONWEALTH OF INDEPENDENT STATES

Kyrgyzstan

In the summer of 2010, ethnic conflict and the subsequent movements of people displaced from their homes jarred the state of Kyrgyzstan, the second poorest country in Central Asia.[1] The fragility of the interim government has heightened the atmosphere of imminent violence and tension among those living in the southern part of the country. People are coping with undernutrition and diarrhoeal diseases from poor sanitation created by the political crisis and displacement, along with ongoing energy scarcity, food insecurity and poverty. Currently, 36 per cent of all children in the country live and grow in poverty, with 7 per cent living in extreme poverty.[2] During winter, the absence of proper heating systems in schools and homes contributes to an increased number of acute respiratory infections and pneumonia in children.

In June 2010, a wave of deadly violence began in the multi-ethnic cities of Jalal-Abad and Osh in southern Kyrgyzstan and spread through these two provinces. Around 300,000 people were displaced within the country and another 75,000 sought refuge in Uzbekistan. The conflict created acute humanitarian needs for as many as 1.1 million people, including an estimated 400,000 children. At the height of the crisis, there was an urgent need for emergency support including medicine, shelter, food, water and protection.

On 25 June 2010, the situation changed unexpectedly, when nearly all refugees in Uzbekistan returned to Kyrgyzstan; at the same time, those displaced within Kyrgyzstan returned to their homes in large numbers. However, with more than 2,000 houses and thousands of other buildings (mainly businesses) destroyed, 14,000 returnees, including 5,600 children, are still living with host families or relatives in cramped and difficult conditions or in tents near their destroyed homes.

To make significant strides in stabilizing the welfare of women and children in Kyrgyzstan, particularly their nutritional status, access to safe water, and education and protection, UNICEF is requesting US$6,996,000 to carry out its planned activities. Together with the Government of Kyrgyzstan, other UN agencies and non-governmental organizations, UNICEF will continue to provide assistance to the approximately 14,000 displaced people in the south, as well as to other children and women who were directly or indirectly affected by the recent conflict. This includes more than 250,000 children under age 5 in Jalal-Abad and Osh Provinces and more than 1 million schoolchildren nationwide as well as 15,000 children and young people in affected areas who will continue to have access to psychosocial and recreational activities in the UNICEF-supported child-friendly spaces and youth clubs run by partners.

UNICEF will help improve access to health-care services by increasing the capacity of medical workers and through provision of essential life-saving medicines, equipment and micronutrients. Continued support will also be provided to peace and reconciliation activities in schools through the 'Welcome to School' initiative; improvement of water, sanitation and hygiene practices in schools and communities; and psychosocial activities. Special attention will also be given to youth through the establishment of youth clubs, creating opportunities for young people from different ethnic communities to interact in peace-building activities. UNICEF will maintain its role as cluster lead in WASH and education, and in the sub-clusters of child protection, nutrition and gender-based violence.

CRITICAL ISSUES FOR CHILDREN AND WOMEN

The conflict in June 2010 exacerbated already pressing issues, including chronic deficiencies in medical care, lack of essential equipment and medical supplies, micronutrient deficiencies, lack of appropriate child-care facilities, weak education, child protection and social protection systems; and water, sanitation and hygiene needs.

Food insecurity has increased alarmingly due to the conflict. According to a recent survey, 329,800 persons in Jalal-Abad and Osh Provinces are currently food insecure.[3] Prior to the conflict, micronutrient deficiency was highly prevalent in children under age 5[4], and a recent

CORE COUNTRY DATA	
Population (thousands 2009)	5,482
Child population (thousands 2009)	1,961
U5 mortality rate (per 1,000 live births, 2009)	37
Infant mortality rate (per 1,000 live births, 2009)	32
Maternal mortality ratio (per 100,000 live births 2008)	81
Primary school enrolment ratio (net male/female, 2005–2009*)	84/83
% U1 fully immunized (DPT3, 2009)	95
% population using improved drinking-water sources (2008)	90
HIV/AIDS prevalence (% aged 15–49, 2009)	0.3
% U5 suffering from moderate and severe wasting (2003–2009*)	3

Source: UNICEF, *The State of the World's Children 2011.*
*Data refer to most recent year available during the period specified.

rapid assessment conducted by UNICEF and partners in September revealed that in affected areas anaemia prevalence among children under 5 has increased by 4.5 per cent since July 2009.[5] The deficiency has been exacerbated by poor diet and poor appetite resulting from stress and fear among the children.

Prior to the conflict, high rates of intestinal worm infestations[6] in the population were caused largely by poor hygiene practices, poor water quality and poor sanitation practices. Evidence of poor sanitation awareness and a lack of proper sanitation facilities in households and schools can lead to increased diarrhoeal episodes and other sanitation-related disease. Currently, diarrhoea is one of the main causes of mortality and morbidity among children under 5 in Kyrgyzstan.

KEY ACHIEVEMENTS IN 2010

As a result of funding through the Flash Appeal launched in June 2010, UNICEF made a significant impact on the welfare of women and children affected by multiple emergencies in Kyrgyzstan. UNICEF, in partnership with the Kyrgyz Government, as well as other local and international partners, responded quickly to the humanitarian needs of the displaced. The organization helped ensure a well-coordinated and holistic humanitarian response.

In close collaboration with the ministry of health, UNICEF provided emergency health and nutrition supplies to hospitals in Jalal-Abad and Osh, and to temporary health centres and health outreach posts. An estimated 1 million people benefited from these efforts. UNICEF provided Sprinkles (micronutrient powder for home fortification) and UNIMIX powder to children's hospitals and orphanages and to children affected with HIV, benefiting 43,000 children.

Due to an outbreak of polio in neighbouring Tajikistan in early 2010, two rounds of a nationwide polio vaccination campaigns for all children under age 5 were conducted, reaching a coverage above 95 per cent of the target population of 630,598 children.

Together with the ministry of education and science, UNICEF helped develop the 'Welcome to School' initiative that provided temporary learning spaces to 2,600 children whose schools were destroyed. Around 75,000 teachers received a 'peace-building packet', composed of a guidebook with 20 peace education lessons, which ensured that more than 1 million children in 2,133 schools received lessons on peace education and conflict resolution.

UNICEF established 45 child-friendly spaces in affected communities in Jalal-Abad and Osh Provinces providing access to psychosocial services to more than 6,000 children on a daily basis.

The crisis highlighted a need for WASH assistance and for the establishment of a UNICEF-led WASH cluster. The cluster response provided family water kits and ensured safe and clean water for those families unable to return to their homes. Some 40,000 children and 10,000 women benefited from these supplies. UNICEF also provided 224 (134 new and 90 rehabilitation) latrines to 25 schools, benefiting 11,000 students, and initiated a hygiene promotion campaign expected to benefit more than 250,000 students in Jalal-Abad and Osh.

HUMANITARIAN ACTION: BUILDING RESILIENCE

"I now know that if my child has a high temperature and stomach problems, I must go to the doctor straight away," Kochokorova Asema said, while looking at her 7-month-old baby, Aida. "I am so thankful to our local doctors and the doctors from Bishkek."

Kochokorova has taken her daughter to Osh Children's Hospital to get treatment for diarrhoea. The ethnic violence in June 2010 and the after-effects left children vulnerable to diarrhoea, which is one of the main causes of death for young children in Kyrgyzstan. Cases of the illness were on the rise, and hospitals were lacking capacity and knowledge on how to manage the overflow of patients. As a response, UNICEF provided 35 diarrhoea kits to hospitals in Jalal-Abad and Osh supported training for 2,800 medical staff on management of diarrhoea.

Kyrgyzstan's top doctors, including the chief paediatrician, have been working non-stop in the local hospitals to train medical staff and attend to patients. These efforts have contributed to reducing the number of deaths due to diarrhoeal diseases among children under age 5. Like 7-month-old Aida, 21,000 children have benefited from UNICEF's interventions. To sustain the progress, the specific training for medical workers will be repeated.

PLANNED HUMANITARIAN ACTION FOR 2011

In 2011, UNICEF will continue to work with the Government of Kyrgyzstan, other UN agencies and non-governmental organizations to increase sustainability of the emergency response and to strengthen the country's emergency preparedness. Part of this work is taking the lead in the WASH and education clusters, and in the nutrition, child protection and gender-based violence sub-clusters. Efforts are designed to improve the welfare of more than 1.3 million women and children.

NUTRITION (US$312,000)

UNICEF will concentrate on ensuring that the nutritional status of children and pregnant women in Jalal-Abad and Osh is maintained and protected from the effects of the humanitarian crisis.

- 81,000 children aged 6–24 months will receive Sprinkles (micronutrient powders for home fortification) to prevent deficiencies; the expected coverage is 90 per cent.

HEALTH (US$1,500,000)

In close collaboration with the ministry of health and other cluster partners, UNICEF will continue its efforts to improve access to health-care services, to strengthen the capacity of medical staff and to pre-position life-saving medicines and equipment in the south.

- UNICEF will increase the capacity of 2,500 medical staff to handle the prevention, management and treatment of diarrhoea, micronutrient deficiency and acute respiratory infections through initial training, follow-up visits and monitoring.
- To improve access for women and children to timely life-saving interventions, referral criteria will be implemented and monitored in 14 primary health-care centres and 14 territorial hospitals.
- To prevent avoidable deaths of women and young children and improve the overall quality of care, 14 maternity and children's wards will be supplied with crucial medicine and equipment. In addition, staff will receive essential training, which is expected to contribute to improved medical services in at least 70 per cent of childbirths in identified areas (more than 35,000 deliveries) and management and treatment of children under age 5 (more than 90,000 children under 5 are living in identified areas).
- To increase the survival chances of young children in the face of deadly diseases, around 50,000 parents in districts in Jalal-Abad and Osh will be provided with essential information on warning signs of such diseases as diarrhoea and pneumonia as well as on good feeding practices.

WATER, SANITATION AND HYGIENE (WASH) (US$2,450,000)

UNICEF will address the urgent needs for water, sanitation, and proper hygiene in schools and communities, with an emphasis on sustainability. The UNICEF-led cluster will provide support, coordination and capacity building to prevent water, sanitation and hygiene-related diseases from spreading.

- At least 70,000 students in Jalal-Abad and Osh Provinces will have improved sanitation facilities in their schools.
- 250 affected households in Osh Province will have new or rehabilitated latrines and hand-washing facilities.
- 260,000 students and 15,000 affected people will be empowered to protect themselves from diseases related to poor hygiene through an extensive hygiene promotion campaign in schools and communities.
- UNICEF will help strengthen the capacity of local governments and communities to respond to emergencies. Key to this effort will be increasing knowledge, developing

policy guidelines and improving coping mechanisms. Supplies for 10,000 families will be pre-positioned in UNICEF and local government warehouses in Osh.

CHILD PROTECTION (US$1,450,000)

To meet the need for psychosocial support among children and women, UNICEF will support 36 child-friendly centres and focus on enhancing inter-agency coordination for child protection and gender-based violence.

- 15,000 children and youth will have access to recreational, educational and peace-building activities within the child-friendly centres.
- The capacity of child protection stakeholders will be strengthened through training in child protection and gender-based violence issues, case management, and referral and data collection as well as through the establishment and support of local community groups on child protection.
- To increase awareness about gender-based violence and support systems for survivors, 50,000 people will receive information on child protection and gender-based violence response through awareness campaigns in Jalal-Abad and Osh Provinces.

EDUCATION (US$1,154,000)

UNICEF will continue to support the ministry of education and other partners in implementing the 'Welcome to School' initiative, which ensures access to a safe learning environment. Peace education will play a positive and lasting role in facilitating national reconciliation and social change. This long-term intervention will reach out all schools nationwide.

- To continue their education during the winter period, 700 students at the temporary learning space for Tolstoy School will have access to a warm and dry learning environment at the nearby Sharipov Elementary School. With the capacity of the school already stretched, UNICEF will provide furniture, teaching and learning materials, and additional latrines.
- More than 90,000 schoolchildren will have access to a safe learning environment through community activities that promote peace and tolerance in and around schools.
- Around 300,000 students and 6,000 teachers will be provided with teaching and learning materials, including textbooks in various languages of instruction.

CLUSTER COORDINATION (US$130,000)

To enable an effective and efficient coordinated response to improve the prospects of people affected by emergencies, all cluster coordination costs (national and sub-national) need to be adequately funded. These costs include a team for coordination and information management, along with administrative and operational support, to undertake a number of key actions and outputs. These include coordinating the collective response to maximize synergy and minimize duplication of efforts; identifying priority needs of affected communities based on experience and the results of rapid impact assessments; and developing a common strategic operational framework and response strategy that meets priority needs. In addition, UNICEF as cluster lead expects to put in place an effective monitoring mechanism that tracks progress and identifies gaps in the type of services being provided and in their geographical scope, and also articulates impact and outcomes through periodic progress reports. Information will be disseminated in a timely way and used in decision-making and planning.

1. United Nations Development Programme, *Human Development Report 2010 – The Real Wealth of Nations: Pathways to human development*, UNDP, New York, 2010, p. 145.
2. Chzhen, Yekaterina, 'Child Poverty in Kyrgyzstan: Analysis of the Household Budget Survey – A report for UNICEF', *Working Paper*, no. EC 2410, Social Policy Research Unit, University of York, Heslington, UK, January 2010, p. 3.
3. Dhur, Agnès, 'Rapid Emergency Food Security Assessment in Osh and Djalal-Abad – Kyrgyz Republic', World Food Programme, Rome, July 2010, p. i.
4. Preliminary results from forthcoming report: Ministry of Health, UNICEF, and Centers for Disease Control and Prevention - 'Nutritional Status of Children Under 5 and Their Mothers in Kyrgyzstan Survey, 2009', forthcoming in 2011.
5. Assessment of nutritional status of women and children in affected areas of Jalal-Abad and Osh oblasts, conducted by the Ministry of Health, the National Statistical Committee and UNICEF in September 2010; preliminary results, report is under development.
6. A survey in 2009, for example, found that out of 1,262 schoolchildren aged 6–15, 41 per cent harboured at least one parasite species. Source: Steinmann, Peter, 'Epidemiological Survey on Human Intestinal Helminths in Osh Oblast, Kyrgyzstan, April 2009: Results, implications and policy recommendations', United Nations Children's Fund, Kyrgyz-Swiss-Swedish Health Project, Swiss Red Cross and Republican Sanitary Epidemiological Services of Kyrgyzstan, Shanghai and Basel (Switzerland), 30 September 2009, p. 6.
7. Total number of beneficiaries may not equal the sum of beneficiaries per sector, due to overlap in services provided to individuals.

UNICEF EMERGENCY FUNDING REQUIREMENTS FOR 2011		ESTIMATED BENEFICIARY NUMBERS[7]		
By sector	**US$**	**Total per sector (all beneficiaries)**	**Boys**	**Girls**
Nutrition	312,000	81,000	39,690	41,310
Health	1,500,000	198,924	97,473	101,451
WASH	2,450,000	275,000	127,400	132,600
Child protection	1,450,000	15,000	6,000	9,000
Education	1,154,000	776,834	380,649	396,185
Cluster coordination	130,000			
Total	**6,996,000**	**1,346,758**	**651,212**	**680,546**