

# 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, while 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 helps the Red Crescent Society of Kyrgyzstan strengthen its capacities.

## KEY RESULTS/CONSTRAINTS

### In 2013:

- ▶ health professionals, including military personnel, boosted their emergency preparedness and response capacities through courses in emergency trauma/weapon-wound management, led mainly by ICRC-trained doctors
- ▶ with ICRC support, the authorities continued efforts to manage TB in the penitentiary sector, with progress being made in establishing a central treatment facility and 67 detainees completing multi-drug resistant TB treatment
- ▶ after a five-year interruption of ICRC activities for them, inmates at a State Committee for National Security (GKNB) detention facility in Bishkek received ICRC visits to monitor their treatment and living conditions
- ▶ after months of delay, the authorities signed a memorandum of understanding with the ICRC to start the provision of health care services to detainees held in 5 places of temporary detention
- ▶ the Ministry of Defence, jointly with the ICRC, prepared a draft law to incorporate measures to prosecute war crimes in the national penal code

### EXPENDITURE (in KCHF)

Protection	1,384
Assistance	5,672
Prevention	622
Cooperation with National Societies	441
General	-

**8,119**

of which: Overheads 496

### IMPLEMENTATION RATE

Expenditure/yearly budget	<b>90%</b>
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### PERSONNEL

Mobile staff	18
Resident staff (daily workers not included)	82

## YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

**MEDIUM**

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
Red Cross messages (RCMs)	
RCMs collected	1
RCMs distributed	5
People located (tracing cases closed positively)	7
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
ICRC visits	
Detainees visited	9,279
Detainees visited and monitored individually	208
Number of visits carried out	140
Number of places of detention visited	46
Restoring family links	
RCMs collected	12
Phone calls made to families to inform them of the whereabouts of a detained relative	2

ASSISTANCE	Targets	Achieved
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>		
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)		
Essential household items	Beneficiaries	63,289
Water and habitat activities	Beneficiaries	110,000
<b>WOUNDED AND SICK</b>		
Hospitals		
Hospitals supported	Structures	4
		17

## CONTEXT

Kyrgyzstan remained relatively stable throughout the year, but tensions over contested border demarcation in the south persisted. Clashes – near Uzbekistan's Sokh enclave and Tajikistan's Vorukh enclave in Batken province, for instance – reportedly resulted in injuries to civilians and border guards and in destruction of property.

Macro-economic and social problems, deficiencies in the provision of basic services, and issues of access to water resources and land/pastures remained unresolved. The government endeavoured to strengthen the rule of law and ensure the peaceful coexistence of communities.

Kyrgyzstan had formally notified the United States of America of the parliament's decision to terminate the lease of the American military supplies base at the Manas airport, in light of the impending withdrawal of international troops from Afghanistan. It pursued strategic discussions with the Russian Federation – through the Collective Security Treaty Organization (CSTO) – on economic and security issues, particularly in connection with the Customs Union of Belarus, Kazakhstan, and Russia; and with China through the Shanghai Cooperation Organization. It continued to strengthen its bilateral ties with Turkey and the member States of the Gulf Cooperation Council.

## ICRC ACTION AND RESULTS

With sporadic unrest marring the relative calm in the country, the ICRC delegation in Kyrgyzstan helped local stakeholders bolster their emergency preparedness and response, particularly in the south. It also helped the authorities address the humanitarian needs of detainees, the families of missing persons, and people affected by longstanding infrastructural deficiencies. To support its activities, it promoted IHL and humanitarian principles among pertinent stakeholders and the general public.

The ICRC, together with Movement partners, helped the Red Crescent Society of Kyrgyzstan reinforce its capacity as an emergency response provider, particularly of first-aid and family-links services. It enabled surgeons and other medical professionals to hone their skills in emergency room trauma management through courses led by doctors it trained in 2012. At the Defence Ministry's request, the ICRC organized a war-surgery seminar exclusively for military medical personnel. It also renovated primary health care centres and the operating rooms of hospitals in the south, and provided them with medical supplies/equipment.

The ICRC continued to visit detainees, including those held in relation to the events of 2010, in places of detention run by the Interior Ministry and the State Service for Execution of Punishments (GSIN). After an interval of some five years, it resumed visits to inmates at a detention facility under the responsibility of the State Committee for National Security (GKNB). In parallel, it continued to seek access to all detainees within its purview. It helped the authorities enhance detainees' living conditions and enabled inmates to contact their relatives, notably through family visits. It continued its dialogue with the authorities on the importance of improving contact between detainees and their relatives.

Progress was made in discussions with the Health and Interior Ministries on ensuring detainees' access to primary health care services. After some delay, the ICRC and the authorities signed

a memorandum of understanding to pilot test the provision of such services to detainees held in five places of temporary detention. The ICRC also continued to provide extensive support for the GSIN and the Health Ministry in controlling TB, particularly multi-drug resistant (MDR) strains, in the penitentiary sector. It continued to support the establishment of a centralized TB treatment facility at Penal Institution 31. Technical and material assistance helped the health authorities streamline TB management in all detention facilities.

In the south, where public services had been inadequate for some time, the ICRC helped improve residents' access to clean water. It completed four water supply projects started in 2012, and provided material assistance to help local water boards repair facilities.

The ICRC continued to help the families of 19 people still missing in relation to the events of June 2010 to seek news of their relatives – primarily by requesting the authorities to provide the families with information. It facilitated access for the families to medical/mental health care and referred them to State institutions or NGOs for legal and social assistance. However, initiatives to help local forensic specialists bolster their capacities were cancelled, as the ICRC decided to reconsider long-term involvement in structural forensic support for the authorities.

To help foster an environment conducive to humanitarian action, the ICRC pursued dialogue with the authorities, supported the national IHL committee and helped IHL specialists further their understanding of the subject. Dialogue with traditional leaders did not develop as planned, owing to human resources constraints. During dissemination sessions, the ICRC raised awareness of IHL and internationally recognized standards, particularly for detention, among the armed/police forces and encouraged them to take these into account. Through these efforts and public events, the ICRC also promoted protection for patients and medical services, in line with the goals of the Health Care in Danger project.

## CIVILIANS

Residents in tension-prone areas had their situation monitored by the ICRC, which remained ready to assist those affected by violence and to make representations to alleged perpetrators in the event of any reported abuses. Following clashes in the Sokh enclave in January, some of the persons most affected coped with their circumstances using mattresses and blankets that had been donated to a health centre through the Kyrgyzstan Red Crescent. Through ad hoc distributions carried out with the National Society to health centres and other local institutions, over 63,000 vulnerable residents received hygiene supplies and other essential items.

With the approval of the authorities, seven refugees without valid identification papers received ICRC travel documents, within the framework of IOM and UNHCR resettlement programmes.

### Families of missing persons address health needs

At the end of 2013, the families of 19 persons missing in relation to the events of June 2010 were still without news of their relatives. Formal requests were made to the authorities, encouraging them to update the families on the status of the search for their missing relatives. The families addressed some of their multifaceted needs with ICRC support, which included financial assistance for specialized/mental health care and referrals to State institutions or NGOs for assistance in social and legal matters. Around 30 families, including some whose relatives' cases had been

resolved, received follow-up visits to monitor their situation. During information/support sessions, 20 people from these families learnt how to obtain psychological assistance.

Discussions continued with the State authorities, with a view to encouraging them to implement best practices in collecting and managing ante/post-mortem data in connection with missing persons and unidentified human remains. Seminars and a round-table to help local forensic specialists bolster their capacities were cancelled, as the ICRC decided to reconsider long-term involvement in structural forensic support for the authorities. Nonetheless, forensic experts and investigators performed their work more efficiently partly owing to material support from the ICRC – even if it was limited – such as supplies for managing human remains provided to pertinent institutions and the installation of a cold chamber in a morgue at a hospital in Batken province.

### **Communities gain regular access to water**

People living in tension-prone areas in the south – where scarcity of water was persistent and often a source of inter-community disputes – gained more regular access to clean water for household and farming use because of joint initiatives by the local authorities and the ICRC. About 110,000 people enjoyed a more stable supply of water after local water boards repaired key facilities using ICRC-donated supplies. Over 41,000 residents of the Bazar-Korgon, Jylkedi, Kyzyl-Tuu and Nariman villages in Jalal-Abad and Osh provinces benefited from the completion of four water supply projects – started in 2012 – carried out in coordination with village administrators and community members.

## **PEOPLE DEPRIVED OF THEIR FREEDOM**

### **Detainees' treatment and living conditions monitored**

Over 9,200 people held in places of detention run by the Interior Ministry and the GSIN and, after five years of interruption, in a detention facility in Bishkek under the authority of the GKNB received visits from the ICRC. Discussions continued with the authorities on an agreement seeking access to all detainees within the ICRC's purview.

On the basis of their visits, delegates shared their findings and recommendations in confidence with the authorities. In addition, the authorities also received a comprehensive report on improving contact between detainees and their families, supplementing the ICRC's dialogue with them on this subject. A study of the situation of detainees sentenced to life was conducted, with a view to providing feedback to the authorities.

During a total of 140 visits to 46 detention facilities, 208 potentially vulnerable inmates – security detainees, those serving life sentences, women, minors and foreigners – were followed up individually. Some of them re-established contact with their families using RCMs and tracing services; 168 received visits and parcels from their relatives.

### **Inmates' living conditions improve**

Over 5,500 detainees kept warm and clean using blankets, mattresses and hygiene kits from the ICRC; books and recreational items helped ease their confinement.

Detaining authorities continued to draw on ICRC support to ensure that detainees' living conditions were in line with internationally recognized standards. A total of 362 detainees – including women and detainees serving life sentences – saw tangible

improvements in their living conditions thanks to repairs to or construction of roofs, medical rooms, heating systems and rooms for family visits. Maintenance workers learnt more about ensuring the facilities' upkeep at training sessions.

The detaining authorities also sought ICRC advice in drawing up plans for a pre-trial detention facility in Jalal-Abad. In accordance with an agreement between the authorities, the Organization for Security and Co-operation in Europe and the ICRC, architectural and management plans for the facility were drafted, taking into consideration the authorities' operational requirements and international prison construction standards.

### **Detainees stand to gain better access to health care**

Progress was made in discussions with the Health and Interior Ministries on a project to ensure access for detainees to health care services. After some delay, the authorities and the ICRC signed in December a memorandum of understanding formalizing the framework – based on guidelines developed by an interministerial working group – for pilot testing the provision of basic health services to detainees held in five places of temporary detention.

### **TB-affected detainees receive treatment**

The GSIN and the Health Ministry continued to tackle the health threat posed by TB, particularly MDR TB, with ICRC support, including for sending specimen samples to a laboratory in Germany for analysis. Notably, 30 detainees with MDR TB were able to continue their treatment after the ICRC purchased drugs not available in the country. By year's end, 67 detainees with MDR TB had completed their treatment, while 45 others were still being treated. Over 100 MDR TB-affected detainees improved their nutritional status thanks to the distribution of high-protein biscuits. Efforts to promote an integrated model of care that included psychosocial support for detainees with TB continued.

The staff at Penal Institution 27 continued to receive daily on-site and other forms of support for managing MDR TB. The ICRC-supported maintenance team ensured that conditions inside the prison were conducive to the well-being of some 200 detainees and to the work of the medical staff, mainly by overseeing the functioning of infrastructure and services. To help prevent service interruptions, heating and water supply systems were rehabilitated. At health education sessions, detainees, prison guards and health teams learnt more about MDR TB treatment, psychological support, and rehabilitation for drug addiction.

In view of establishing a central treatment facility for up to 340 detainees with various forms of TB, Penal Institution 31 underwent further infrastructure work. This included renovation of two barracks and construction of a medical unit and wastewater treatment plant. After initial delays, the construction of a separate building for detainees with MDR TB progressed as planned.

In preparation for the eventual pullout of Médecins Sans Frontières-Switzerland (MSF-CH) from the penitentiary TB programme in 2014, the GSIN, MSF-CH and the ICRC established a road map for the gradual handover of MSF-CH's caseload to the ICRC. Coordination with MSF-CH for referring released detainees to suitable treatment providers also continued.

## **Authorities pursue efforts to streamline countrywide TB management**

With material/technical ICRC support, the authorities developed an electronic database for reporting and recording TB cases in all places of detention. This allowed them to conduct, for the first time, a comprehensive evaluation of the performance of Kyrgyzstan's prison TB-management programme.

Working groups – for developing national TB infection control guidelines, training medical and non-medical penitentiary staff, strengthening the TB surveillance system, and optimizing the TB laboratory network in Kyrgyzstan – continued to receive technical support. The national TB reference laboratory in Bishkek and the inter-provincial reference laboratory in Osh – both providers of diagnostic services to the prison sector – strengthened their diagnostic capacities with the help of material/technical ICRC assistance. Laboratory technicians participated in an ICRC-supported study tour of the prison TB control programme in Azerbaijan (see *Azerbaijan*).

## **WOUNDED AND SICK**

### **Ministry of Health doctors help local personnel add to their skills**

Strengthening countrywide emergency preparedness, local health personnel from throughout Kyrgyzstan bolstered their capacities for managing potential influxes of wounded patients. To improve patient care during emergencies, 79 surgeons sharpened their surgical skills, and ambulance service providers and border troops honed their trauma management skills, at courses led by Health Ministry doctors trained by the ICRC in 2012. The courses were organized in Bishkek and Osh by a training institute, with financial/technical ICRC support. Additionally, 32 military medical personnel became better equipped to treat weapon-wounded patients after attending a war-surgery seminar organized exclusively for them at the request of the Defence Ministry. They also furthered their understanding of their obligation to respect patients and health workers/facilities – the primary concern of the Health Care in Danger project, whose goals were highlighted in all ICRC dissemination activities and training sessions (see *Authorities, armed forces and other weapon bearers, and civil society*).

### **People in southern Kyrgyzstan have access to improved health services**

Wounded and sick people in the south obtained primary health services or surgical care at the Ak Suu and Samarkandek primary health care centres and at the operating theatres of two hospitals in Batken and Leilak provinces that were renovated and provided with medical supplies/equipment. The Samarkandek primary health centre also received an ambulance, which facilitated referrals of patients requiring a higher level of care. Rehabilitation of the Kenesh Family Medical Centre was completed; maintenance work was carried out at a previously renovated centre. Ad hoc distributions of drugs and other medical supplies helped some health structures treat wounded patients.

## **AUTHORITIES, ARMED FORCES AND OTHER BEARERS OF WEAPONS, AND CIVIL SOCIETY**

The authorities continued to work on integrating IHL into domestic legislation, with ICRC support, in particular for the national IHL committee. In parallel, through dissemination sessions and other events, military and police officers and members of civil society learnt more about IHL, the ICRC and humanitarian issues, including those covered by the Health Care in Danger project.

Dialogue with traditional leaders did not develop as planned, owing to human resources constraints.

### **Ministry of Defence drafts amendments to penalize war crimes**

With a view to incorporating measures to prosecute war crimes in the penal code, the Defence Ministry, jointly with the ICRC, prepared a draft law and forwarded it to pertinent ministries for comments, before submission to parliament on behalf of the national IHL committee.

The national IHL committee sought ICRC support and advice for its meetings and other initiatives. It continued to work on a draft law on acceding to the Environmental Modification Convention. Its members broadened their knowledge of IHL at a training session organized by the ICRC at their request, during which they benefited from the expertise of law professors, including one who had attended an international conference in the Russian Federation (see *Moscow*).

Instead of helping establish a pool of IHL specialists, interaction between national IHL committee members and academic experts was facilitated, to help raise the level of IHL expertise in the country. Students and lecturers at five universities kept abreast of the latest developments in IHL through reference materials periodically donated to their resource centres. Students increased their awareness of humanitarian issues and the ICRC during dissemination sessions.

### **Weapon bearers learn more about IHL and law enforcement standards**

By taking part in local and international seminars/dissemination sessions, military/police officers developed their understanding of IHL, international legal norms and the ICRC and its activities. A senior military officer attended the Senior Workshop on International Rules Governing Military Operations held in Colombia (see *International law and cooperation*). Some 140 commanders and officers expanded their knowledge of IHL norms/provisions applicable to military decision-making, while police officers and border troops reinforced their knowledge of internationally recognized standards and best practices related to law enforcement, including arrest, detention and investigation. Some 45 border guards, police and civil police auxiliaries learnt about the Movement during first-aid training sessions conducted by the National Society.

Dialogue with the Ministry of Defence covered CSTO-ICRC cooperation on IHL training, the ICRC's offer to conduct pre-deployment briefings for UN peacekeeping troops, and protection for patients and medical personnel/infrastructure.

### **Civil society helps promote respect for medical services**

Awareness of the Movement and humanitarian issues developed, partly as a result of media reports based on ICRC press materials. Journalists attended briefings and made ICRC-facilitated visits to projects, which helped enhance their coverage of humanitarian issues.

Public awareness of and support for the goals of the Health Care in Danger project in particular grew thanks to initiatives such as the production of videos – including one that featured well-known local personalities – that were broadcast by leading television stations and shown at civil society and ICRC events. At a conference in Bishkek, an ambulance doctor discussed impediments to health care delivery.

## RED CROSS AND RED CRESCENT MOVEMENT

### National Society bolsters emergency preparedness

The Kyrgyzstan Red Crescent continued to reinforce its emergency preparedness and response. It received various forms of ICRC support – for purchasing emergency equipment for branches in tension-prone areas and relaying assistance to those affected by clashes in the Sohk enclave (see *Civilians*), for instance.

With support from the ICRC, the National Society enhanced its first-aid programme; 15 instructors honed their abilities to train colleagues to conduct courses, including ICRC-supported sessions countrywide, notably in the south. During local and regional training/exercises, staff/volunteers acquired more skills in camp management, emergency water provision and contingency planning, within the Safer Access Framework.

The National Society developed its family-links services, particularly for vulnerable labour migrants. Selected staff members strengthened their capacities through ICRC-supported training and discussions with counterparts from other National Societies.

The management of the National Society participated in Movement statutory meetings and other pertinent regional and international events, with support from the International Federation and the ICRC. The National Society staged various public events – to mark World Red Cross and Red Crescent Day, for instance. These helped to raise the National Society's visibility, promote the Movement and attract volunteers.

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
<b>Red Cross messages (RCMs)</b>			UAMs/SCs*	
RCMs collected		1		
RCMs distributed		5		
<b>Tracing requests, including cases of missing persons</b>			Women	Minors
People for whom a tracing request was newly registered		36	11	6
People located (tracing cases closed positively)		7		
Tracing cases still being handled at the end of the reporting period (people)		73	16	13
<b>Documents</b>				
People to whom travel documents were issued		7		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>				
<b>ICRC visits</b>			Women	Minors
Detainees visited		9,279	509	91
Detainees visited and monitored individually		208	4	5
Detainees newly registered		125	2	4
Number of visits carried out		140		
Number of places of detention visited		46		
<b>Restoring family links</b>				
RCMs collected		12		
Phone calls made to families to inform them of the whereabouts of a detained relative		2		
Detainees visited by their relatives with ICRC/National Society support		168		

\* Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
<b>Economic security, water and habitat (in some cases provided within a protection or cooperation programme)</b>				
Essential household items	Beneficiaries	63,289	51%	10%
Water and habitat activities	Beneficiaries	151,120	31%	31%
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>				
<b>Economic security, water and habitat (in some cases provided within a protection programme)</b>				
Essential household items	Beneficiaries	5,529		
Cash	Beneficiaries	169		
Water and habitat activities	Beneficiaries	902		
<b>Health</b>				
Number of visits carried out by health staff		17		
Number of places of detention visited by health staff		13		
<b>WOUNDED AND SICK</b>				
<b>Hospitals</b>				
Hospitals supported	Structures	17		
Patients whose hospital treatment has been paid for by the ICRC	Patients	9		
<b>First aid</b>				
First-aid posts supported	Structures	4		
<b>Water and habitat</b>				
Water and habitat activities	Number of beds	3,458		