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Selected health facilities in nine districts in Republic of Chechnya

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EXECUTIVE SUMMARY

This report represents a qualitative and quantitative assessment of current conditions and problems of selected health facilities in nine rural districts in Chechnya. It is aimed at providing the basis for the strategic plan to restore and develop the health sector in the Chechen republic. Grozny and further rural districts will be published soon in part II.

Between October 2004 and June 2005 WHO visited thirty-one facilities in nine rural districts and gathered demographic and health data, disaggregated for each visited district. The functional capacity of each facility is described, including provision of equipment, training, humanitarian assistance and note of government planned investment was taken.

This assessment is part of WHO's ongoing evaluation of health care provision in Chechnya and builds on previous reports, as the 2003 Health Facilities Survey I and II, the Training Database 1999-2005 and the Donation Database 1999-2005.

Hospitals have received the majority of funds for reconstruction from federal, republican and private donors whereas ambulatories and feldsher points are largely neglected in the republican reconstruction plan. None of the thirty-one visited health facilities are fully functional, completely equipped or staffed. Local infrastructure provides electricity and gas to nearly all facilities, but water supply and sewage system are absent.

Drugs' supply varies from being regular to totally absent; many health care facilities rely heavily on humanitarian assistance. Equipment and consumable provision also depends largely on humanitarian assistance with Shali, Urus-Martan and Achkhoi-Martan districts being the best provided. In some areas (i.e. Kurchaloi) medical staff bought equipment themselves. Laboratories are mainly functioning on central district hospital level.

This survey shows overall a strong gradient towards the more centrally located districts in provision of drugs, equipment and training from humanitarian and republican side. Nozhai Yurt and Vedeno districts are clearly underrepresented in all aspects.

The recommendations of these findings are to up-grade feldsher points and ambulatories and expand humanitarian assistance to distant rural districts.
Map 1. Assessed districts (in blue)
ACHKHOI-MARTAN DISTRICT

A. DISTRICT HEALTH STRUCTURE

Achkhoi-Martan (AM) district reported in 2003 a population of 64,500 people, including 17,371 children (0-14 years) and in 1995 a population of 56,000 people.

State health facilities in AM are represented by one central district hospital (CDH) in Achkhoi-Martan village; one district hospital in Samashki village; four ambulatories in Bamut, Valerik, Katyr-Yurt and Zakan-Yurt; six FAPs in Shaami-Yurt, Davidenko, Novyi Sharoi, Kham berzi, Yandi-Katar and Valerik villages.

The CDH, the district hospital in Samashki and the FAP in Staryi Achkhoi village were included into the federal programme for rehabilitation in 2002-2004. The ambulatory in Zakan-Yurt was supposed to be reconstructed by Chechen budget funds in 2004. Rehabilitation of all indicated health facilities took place but none of them has been fully reconstructed.

B. HEALTH DATA

AM health facilities provided outpatient health services to 42,691 people and over 5,000 home visits. The total bed capacity of the two district hospitals is 275; with over 6,000 admitted patients in 2004, including 1100 children. Mortality is reported as 14 including 2 children.

Physician staff rate per 10,000 population is 10.2 (average in rural is 8.6). Nurse staff rate is 36.7 (average in rural is 40.6).

The MoH reports 1,715 (8% of Chechnya) births in 2004 including 23 stillbirths, 76 home deliveries and 31 premature births. Birth rate is 25.7 (average in Republic of Chechnya (RC) – 21.3).

- Child mortality rate 1.5 (average in RC – 1.8)
- Infant mortality 10.0 (average in RC – 19.4)
- Neonatal mortality – 7.7 (average in RC – 10.9)

C. HEALTH FACILITIES

The central district hospital in Achkhoi-Martan village has 275 beds, 50 doctors and 300 nurses employed throughout the district.

The hospital wards are located in different buildings. Though initially included into the federal rehabilitation programme the hospital managed to carry out only superficial repair works. Access to

1 Visited facilities are printed in bold
utility services remains a problem. Though reported in various documents about having this access, there are only electricity and gas heating available. Water supply and sewage system are absent. The hospital is supplied by MoH and ICRC. The head doctor reports that the drugs supply system has been well functioning lately with FOMS (state fund of obligatory medical insurance: reimburses the expenses for treatment of hospital patients) assistance playing the major role, followed by MoH and then by humanitarian organizations.

The CDH receives from ICRC drugs, consumables and equipment. ICRC recently provided equipment and reagents for the hospital laboratory, which is now 30% equipped and 100% with reagents and consumables. The head doctor mentioned the preliminary agreement with ICRC to repair hospital kitchen, TB wing and maternity ward. In addition, the hospital polyclinic receives a monthly drugs and consumables assistance from MSF-H.

MSF-H provides 24-hour emergency counselling services as well as routine psychosocial consultations in the hospital.

The maternity ward has the largest workload of patients and 4-5 deliveries a day. It practices rooming-in. Two new incubators were both reported to be functional though not in use at the moment. The advanced foreign model was not used due to the lack of technical knowledge of the nurses and doctors.

CDH served as the basis for Integrated Management of Childhood Illnesses (IMCI) training courses conducted in 2004. A total of 22 hospital health workers participated in them, mainly of the hospital children consultation point of the hospital’s polyclinic (the outpatient care center with a full range of specialties to treat those who do not require hospitalization). The training in IMCI was very positively received, especially by the nurses. The pediatric ward usually has 20-25 children staying an average of 10-14 days.

The District hospital in Samashki village is a two-floor building caring for 16,000 people. Much of its work falls into the primary or social care category, but some surgical procedures may be carried out and uncomplicated chronic and acute cases may be treated. The hospital shares the building with the local village administration. There are 50 beds, including ten paediatric beds. By the time of the visit, only few patients were admitted. A general physician, a paediatrician and a dentist are working in the hospital as well as 35-40 nurses.

The hospital was supposed to be rehabilitated from federal budget funding in 2004 but only the one building currently hosting dental room and laboratory was rehabilitated. The laboratory is only equipped with one broken binocular microscope, so all patients are referred to the central district hospital.

The equipment is old and rusty and there is no autoclave; sterilization is done by boiling.

The obstetrician mentioned the large number of home deliveries caused by federal forces roadblock to the neighbouring central district hospital.
Local nurses were reported to be taking part in IMCI training courses but none of the teaching modules or cards could be observed in the nurses’ room. None of the nurses were available for comment; they were reported to be out in the private sector.

*Ambulatory in Zakan-Yurt village* covers the needs of 6,000 people and services about 15 people per day. The staff includes one doctor, an obstetrician and four nurses. The ambulatory occupies three small rooms near the local school.

The building belongs to the school. The ambulatory offers a range of primary care services, including immunization (and reports a lack of Rubella and Hepatitis B vaccination), screening, treatment of minor ailments and supervision of chronic conditions, as well as prescribing, sickness certification and medical cover at nighttime.

The ambulatory is assisted by MSF-H providing drugs and consumables in sufficient quantities.

The local nurse took part in WHO UNICEF IMCI training courses in AM district. No IMCI materials (module or cards) were seen, she keeps them at home.

*The FAP (rural health post/feldsher midwife station) in Davidenko village* covers a population of about 1,200 and offers immunization, basic health checks and routine examinations, as well as care during pregnancy and for the newborn.

Staff treats minor injuries and make home visits, but cannot prescribe. They (one feldsher, one nurse and obstetrician) are normally trained for two years beyond the basic nurse training and supervised via the nearest polyclinic or central district hospital. FAP has a rather limited stock of basic drugs, including antibiotics.

*Psychiatric district hospital in Zakan-Yurt village* is one of two psychiatric hospitals in Chechnya. The other one is located in Darbanhi village of Gudermes district. The psychiatric hospital in Zakan-Yurt has been functioning since 1968. The hospital incurred heavy destruction during previous military activities. The chief doctor got killed in the hospital during the artillery bombardment and other staff was heavily wounded.

At present the hospital has 120 beds, 220 patients were admitted in 2004, predominantly from rural area (194 people). Average length of stay is 130 days. The similar facility in Darbanhi with 180 beds admitted in 2004 1,004 patients, including 194 children. Admission rate is higher in spring and fall. There are 70 people working in the hospital and all reside in the neighbouring Zakan-Yurt village. Most of staff has been working in the hospital for more than 10 years.
There are different wards for men and women, each located in a separate building. The female ward opened last month. Each ward is in a recently rehabilitated one-floor building. The rehabilitation was funded through the federal budget and included the administrative building. Another two-store building is not yet completed and only in partial use. At the time of the visit 115 patients were hospitalized, 101 men and 14 women. Patients stay at the hospital for a long time, some up to 3 years. The majority of patients is socially non-adapted or has nowhere to go back to.

The main diseases are schizophrenia, various psychoses and oligophrenia. Many of patients suffer from alcoholism and drug abuse. Also a large number of patients have been traumatized during military activities. Patients with TB, HIV and STI can rarely be properly diagnosed or treated, as the hospital lacks transportation to the next clinical laboratory and appropriate drugs. Though having a relatively good system of psychotropic drugs’ supply the hospital admits frequent lack of neuroleptic drugs and small equipment and other consumables as IV stands.

Electricity and gas heating are available but the water supply system does not function, as roughly 2600 meters of water pipes had not been installed. Water is brought from the village and kept in outside metal containers. Once a week all patients have a bathing and laundry day. Each bed has only one set of bed linen.

Patients are reported to have four meals a day in specially allocated rooms in each of the two wards.

The hospital administration requests to assist with disinfecting materials as many patients suffer from pediculosis. Also patients’ pyjamas and bed linen was requested as well as support to patient meals.

The hospital staff expressed its strong interests in training courses as well as in medical literature and information materials. The main therapeutical approach seems to be ‘talking to the patients’. In the pre-war period patients were involved in planting various seeds and caring for the hospital territory as occupational therapy. FAO has agreed to supply seeds and tools to this facility.

The overall atmosphere at the hospital was friendly with patients were seen to be helping each the staff reported very low level of aggression. Isolation rooms are not available.

Temporary Accommodation Centre in Achkhoi-Martan village (Mamakayeva street 19) was set up in Feb 20, 2002. It occupies the building of a former boarding school. The TAC is in a much better condition than many in Grozny. The TAC residents are Chechen IDPs returned from various sites in Ingushetia. There are 793 IDPs registered, including those living in the private sector and 341 children. Out of them, 260 with 160 children reside in the TAC. 533 IDPs receive monthly food ration provided by Emercom and DRC.
The health point is staffed with one nurse and gets support from the local central district hospital. The nurse took part in IMCI training courses and implements IMCI principles in her daily work.

IDPs report a lack of specialized medical treatment and drugs (i.e. Insulin) and that they have to purchase them in local markets. IDPs request to consider assistance with food and non-food items constantly recalling regular support received while living in Ingushetia (ICRC food parcels and HELP Germany non-food aid were cited).

There is access to central water supply and electricity but sewage is not functioning. Toilets are outside, one for 30 persons. There are no showers and laundry rooms.

D. TRAINING

District health workers actively take part in various training courses organized by humanitarian organizations on topics including war surgery, infectious diseases, clinical urology and cryogenic treatment and methodology (ICRC), youth health and EPI (UNICEF), medical statistics, infectious disease surveillance, diagnostic and treatment of pediatric diseases, HIV and breastfeeding (WHO). Achkhoi-Martan district was selected as one of the pilot districts for implementation of IMCI programme. In 2004, UNICEF in collaboration with WHO conducted two IMCI training courses for 50 health workers. CDH of Achkhoi-Martan was represented by 22 nurses; district hospital in Samashki by 5 nurses, FAP in Davidenko by the head of FAP and ambulatory in Zakan-Yurt by 2 nurses.

E. HUMANITARIAN ASSISTANCE

ICRC supports the CDH in AM. MSF-H provides drugs and consumables to ambulatories in Zakan-Yurt and central district polyclinic monthly upon request. CPCD operates one of its rehabilitation centres in Valerik village. Handicap International donated some rehabilitation items to the psychiatric hospital in Samashki.
ARGUN DISTRICT

A. DISTRICT HEALTH STRUCTURE

In 2003, Argun official data report a population of 25,400 people, including 9,3176 children (0-17 years).

State health facilities in Argun are represented by one city hospital. Argun city hospital was included into the federal rehabilitation plan of 2002-2004 and remained in a priority list for 2005 reconstruction but rehabilitation has been largely undertaken by ICRC.

B. HEALTH DATA

The total bed capacity of Argun district is 220 (5.6% of all hospital beds in the Republic) with over 6,377 in-patients in 2004, including 1,631 children.

Hospital mortality is 11 cases. Argun hospital and its polyclinic provided outpatient health services to some 23,000 people and over 16,300 home visits. The physician staff rate per 10,000 population is 30. (average in RC is 16.2) and the nurse staff rate is 80.7 (average in RC is 53.4).

- Perinatal mortality – 19.4 (average in RC 24.4)
- Still birth – 14.5 (average in RC 16)
- Early neonatal mortality – 14.5 (average in RC 8.6)
- Maternal mortality – 61.0 per 100.000 born

C. HEALTH FACILITIES

The city hospital in Argun has a total 220 bed capacity. Some 400 staff work in the hospital, including 62 doctors and 229 nurses. Outpatient services are available at the three local polyclinics.

The hospital’s main units are therapy, paediatrics, gynaecology, surgery, trauma, maternity, clinical laboratory and physiotherapy. The surgery unit has three operating theatres. The laboratory is reported to function but located outside of hospital boundaries.

The most common reported diseases are respiratory infections, allergies, asthma and neuro-pathological diseases.

The TAC in Argun town is a newly renovated building with access to outside water, electricity and gas. The TAC is located close to the hospital and both policlinics. The TAC has its own health point with one nurse. The health point has some first aid drugs and provides first aid assistance.

D. TRAINING

District health workers actively take part in various training courses organized by humanitarian organizations on topics including war surgery (ICRC), medical statistics, infectious diseases, HIV and drug abuse, breastfeeding, essential antenatal, perinatal and postnatal care (WHO) and immunization (UNICEF).

E. HUMANITARIAN ASSISTANCE

The City hospital in Argun city receives regular support from ICRC, MDM, Hammer Forum and Handicap International. In addition, Denal operates a psychosocial project in the district.
GROZNY-SELSKY DISTRICT

A. DISTRICT HEALTH STRUCTURE

In 2004, Grozny-Selsky district (GSD) official data report a population of 128,960 people, including 42,000 children (0-17 years). The GSD is a large district with its villages located around Grozny city area.

State health facilities in GSD are represented by one central district hospital in Grozny suburb; seven district hospitals in Alkhan-Kala, Gikalo, Pervomaiskaya, Pravoberezhnaya, Pobedinskoe, and Tolstoy-Yurt, Starye Atagi villages; eight ambulatories in Berdikel, Vinogradnoe, Petropavlovskoe, Prigorodnenskaya, Staraya Sunzha, Chechen Aul, Kulari and Dolinskaya villages and twenty-one FAPs in various district villages (Ilinskoe and Oktyabrskoe visited). The district hospital in Tolstoy-Yurt could not be visited due to security restrictions.

Three district hospitals, three ambulatories and three FAPs were fully destroyed during military activities. The central district hospital in Grozny suburb also incurred significant damage and is included into the 2005 federal rehabilitation programme. This causes majority of district population to seek health care in the neighbouring districts and mainly in Grozny city.

Besides the CDH the federal budget programme includes also one district hospital in Starye Atagi and an ambulatory in Chechen Aul. The ambulatory in Petropavlovskoe and the FAP in Tsentoroi were rehabilitated in 2003. In 2002-2004 there were to be rehabilitated from the Chechen budget: district hospitals in Alkhan-Kala and Pobedinskoe villages, ambulatories in Vinogradnoe and Dolinskaya, FAPs in Proletarskoe, Sadovoe and Alkhan-Churt.

B. HEALTH DATA

GSD health facilities provided outpatient health services to 132,564 people and over 31,652 home visits. The physician staff rate per 10,000 population is 7.9 (average in rural is 12.7) and the nurse staff rate is 28.4 (average in rural is 40.6).

The total bed capacity of the GSD hospitals is 385 with over 5,402 in-patients in 2004.

The MoH reports 2,450 (12% of Chechnya) births in 2004. Stillbirth rate is 5.4. Home deliveries take place in 25% of all cases. Birth rate is 19.8 (average in Republic of Chechnya (RC) is 21.3).

There were 50 registered cases of infant mortality, including 32 cases of neonatal mortality in 2004.

TB remains one of main health problems. In 2004 TB morbidity was 76.8 per 100,000 population. TB mortality is 14.7. Only 42% of district population is covered through the TB detection programme. Of those detected, 55% were hospitalized. 99 new TB patients were detected in 2004.
C. HEALTH FACILITIES

The district hospital in Alkhan-Kala village consists of a two floor building caring for 16,000 people (including 4,000 children). Much of their work falls into the primary or social care category, no surgical procedures can be carried out.

There are 35 hospital beds and by the time of the visit no patient was admitted. There are nine doctors, including three general physicians, one paediatrician, one gynaecologist and one dentist working in the hospital in addition to 26 nurses.

Most of the instruments and equipment to the staff, like physio-therapy and gynaecology instruments and devices. Basic instruments for patient observation such as BP machines, stethoscopes, scales, etc. are missing. The laboratory is barely equipped, with one microscope and variety of half broken glassware, nevertheless it is reported to carry out 10-20 tests daily.

The hospital gynaecologist reports 142 deliveries in 2004 with 47 of them at home. There were two still births and four premature deliveries. Out of 94 pregnant women registered in 2004, 35 belong to so called “high risk group”. The gynaecologist operates with outdated instruments. One autoclave is available.

Three nurses took part in WHO IMCI training courses in 2004 but no IMCI materials could be seen in the hospital.

Basically all patients are referred to hospitals in Grozny but most can not afford to pay for the services there. MoH provided one ambulance but no funds for fuel.

Access to utilities is standard as in many similar district hospitals with gas and electricity available but no centralized water and sewage system.

The drug order registration log showed that the hospital monthly orders 50-60 different drugs and consumables. The hospital only gets drugs and meal funds for inpatients from FOMS once in 3-4 months. These drugs allow treating outpatients as well. Salaries are paid once in two months.

The hospital has not received any humanitarian assistance for years.

The Ambulatory in Kulari village covers the needs of 6,000 people and services about 20-30 people per day. The staff includes one physician, one feldsher, one obstetrician, three district and one procedure nurses. The required paediatrician post is not filled. The ambulatory offers a range of standard primary care services, including immunization, screening and treatment of minor ailments, supervision of chronic conditions, as well as prescribing and medical cover at night time. No mortality cases were reported.
The ambulatory staff reports availability of electricity, water, sewage and gas heating though electricity is only in the general hall but not in rooms.

There is a continuing poor drug supply with ambulatories not receiving drugs on a regular basis from the superior district and central district hospital. There is a system of case records, regular monitoring of pregnant and newborn, their timely registration and immunization when required. The nurses carry out daily home patient visits covering assigned districts.

The ambulatory has some furniture, a fridge, a tonometer, a gynaecological chair and some minor instruments. There are neither scales nor gynaecological instruments.

Patients are usually referred to hospitals in Grozny, mainly city hospital N9.

Two nurses took part in WHO IMCI training courses in GSD district. IMCI materials (module or cards) were observed in rooms and on walls.

A World Vision mobile team visits once a week and brings its drugs and equipment. As reported most of the village population are aware of these services and prefer to come on the day of WV team.

**Ambulatory in Petropavlovskoe village** covers the needs of 4000 people and services about 20 people per day. The staff includes one physician, one feldsher, one obstetrician, one dentist, three district and one procedure nurses. The required paediatrician post is not filled. As in previous case the ambulatory offers a range of standard primary care services, including immunization, screening and treatment of minor ailments, supervision of chronic conditions, as well as prescribing and medical cover at night time. Available dental doctor occupies the largest room with all equipment and instruments reported to belong to him.

The ambulatory staff reports availability of electricity, outside water, sewage and gas heating. The rehabilitation took place in 2002.

The ambulatory has sufficient furniture and basic equipment, but the fridge is broken and vaccines are kept at staff home. Lack of scales and height measuring devices was reported. MSF-H regular monthly assistance in drugs, consumables is strongly visible. The nurses carry out daily home patient visits covering assigned districts. The drug supply from the MoH is very limited and not regular. The latest drug supply was one year ago. Staff is aware about the decision of MSF-H to suspend its drugs assistance programmes in its and other health facilities in GS district.
All pregnant women and newborn children are regularly monitored. The obstetrician uses a gynaecological chair and standard instruments. For delivery, women are referred to local district hospital in Goryachevodsk village or hospitals in Grozny. Most of pregnant women are reported to have various types of pathologies at delivery time. The local population is characterized by the large number of people suffering from chronic diseases as cardiovascular disease and Diabetes mellitus. TB is common.

Staff is reported to take part in various training courses in GS central district hospital.

**The FAP (rural health post/feldsher midwife station) in a remote Ilinskoe village** covers a population of about 1800, including 679 children, and offers immunization, basic health checks and routine examinations, as well as care during pregnancy and for the newborn. They are also able to treat minor injuries and make home visits, but cannot prescribe.

One feldsher, one obstetrician and one nurse are available. FAP occupies three small rooms in the adapted building. The rehabilitation of FAP took place in various years through support of local administration. FAP has a rather substantial stock of basic drugs, including antibiotics, but drugs are not received from MoH but purchased separately by FAP staff through support of local administration and collective farm. Home and night visits are done on a regular basis. All pregnant women and newborn are monitored. Blood samples are transported for testing to Grozny.

Electricity and gas heating are available. Vaccines are kept in the fridge and thermo-carriers are available. FAP represents a well-preserved and organized local health structure of this level with the same feldsher on place for 40 years.

**The FAP (rural health post/feldsher midwife station) in Oktyabrskoe village** should cover a population of about 4.000 with one feldsher. The FAP was closed when visited. It is located in a building without rehabilitation nor access to basic utilities, no windows or proper door.

The feldsher is reported to have taken part in the WHO IMCI training courses in 2004 in GSD.
D. TRAINING

District health workers took part in various training courses organized by humanitarian organizations on topics including medical statistics, HIV and drug abuse, breastfeeding, essential antenatal, perinatal and postnatal care (WHO), immunization (UNICEF), rational drug use (MSF-H), obstetric and gynaecological care (MSF-F). Grozny-Selsky district was selected as one of the pilot districts for implementation of IMCI programme. In 2004, WHO conducted two IMCI training courses for 40 health workers of Grozny-Selsky district.

Photo 21. WHO IMCI materials, Kulari

E. HUMANITARIAN ASSISTANCE

Grozny-Selsky is the area of operation of mobile medical teams of World Vision International. Its teams provide basic primary health care (using the premises of the local state health structures) to local population in 4 villages of GS district (Novyi Tsentoroi, Kulari, Staraya Sunzha, Chechen-Aul and Berdikel). MSF-H has been providing essential drugs and medical consumables assistance to six state health structures of GS district (Central District Polyclinic, Pobedinskoie District Hospital, Gikalo District Hospital, Starye Atagi District Hospital, Vinogradnoe Ambulatory, Petropavlovskoe Ambulatory). MSF-France provides monthly drugs assistance to the district hospital in Starye Atagi and occasionally some medical consumables and equipment. In addition, Care Canada has run its youth education programme in two schools of Pervomaiskaya and Prigorodnoe villages.
A. DISTRICT HEALTH STRUCTURE

In 2003, Gudermes official data report a population of 103,600 people, including 41,928 children (0-17 years).

State health facilities in Gudermes are represented by one central district hospital and a city hospital in Gudermes, four district hospitals in Oiskhara, Engel-Yurt, Gerzel-Yurt and Koshkeldi and 18 FAPs.

Gudermes CDH and Engel-Yurt DH and Engenoi FAP were included into the federal rehabilitation plan of 2002-2004. Gudermes CDH remains in a priority list for 2005 reconstruction together with the district hospital in Oiskhara village (located in the kindergarten). One FAP in Shuani was planned for rehabilitation under Chechen budget funds. Gudermes state health facilities of all levels were named for rehabilitation.

B. HEALTH DATA

Gudermes hospitals and polyclinics provided outpatient health services to some 90,000 people and over 26,561 home visits (second largest after Shali district). The physician staff rate per 10,000 population is 16.7 (average in RC is 16.2) and the nurse staff rate is 42.2 (average in rural is 53.4). The total bed capacity of the Gudermes district is the largest in the Republic with 495 and over 12,500 in-patients in 2004, including 1,934 children.

Gudermes district state health care services are reported to be one of the best in the Republic due to the continuous and regular support from state and humanitarian organizations. Hospital mortality is the highest (71 cases) possibly due to referral of critical patients to Gudermes.

Birth rates are highest in Gudermes (27,0).

- Perinatal mortality – 19.8 (average in RC 24.4)
- Still birth – 7.1 (average in RC 16)
- Early neonatal mortality – 12.8 (average in RC 8.6)
- Maternal mortality – 29.8 per 100,000 born

There are 12 registered HIV cases in Gudermes district and a high prevalence of TB.

C. HEALTH FACILITIES

The central district hospital in Gudermes has a total 270 bed capacity. The hospital employs 1,200 staff, including 256 doctors and 518 nurses.

There are eight main hospital wards, including surgery, trauma, maternity, gynaecology, intensive care, urology, infectious diseases and clinical laboratory. The hospital does not have a paediatric ward as this is at the Gudermes city hospital. The hospital provides mainly trauma and surgery services.

The hospital has regular access to basic utilities, including water, gas and electricity, hospital laundry but lacks disinfecting materials.

The hospital stocks necessary drugs and provides hot meals to inpatients.

The city hospital in Gudermes has been recently reconstructed. The total bed capacity is 60 with one doctor and 12 nurses.
The hospital functions as the paediatric focal point. The most common diseases include ARI, bronchitis, asthma, anaemia and poisoning. No child mortality cases have been registered, though the hospital does not have all required medical equipment and no ICU services available.

The hospital has an X-ray and ECG. Ultrasound, children tonometers and repair of the outdated coagulator was requested. The hospital has a stock of basic drugs and provides hot meals to inpatients.

“Serlo” psychosocial rehabilitation centre in Dzhalka village has been supported by WHO. The centre is located near by the local school and properly maintained. The one room centre has a number of educational materials, toys, drawings and posters.

The local psychologist took part in previous WHO trainings.

The centre works daily for two hours with closed groups (12 children admitted) and twice per week with open groups (20 children admitted, if the weather allows to go outside, 15 children if inside). The treated children are between 6 – 12 years of age, and selected from the adjacent school N1.

D. TRAINING

District health workers actively take part in various training courses organized by humanitarian organizations on topics including war surgery, cardiology, nephrology, trauma, surgery, gynaecology (ICRC), medical statistics, infectious diseases, HIV and drug abuse, breastfeeding, essential antenatal, perinatal and postnatal care, TB (WHO), immunization (UNICEF), neonatal care (IHI), TB and RDU (MSF-H).

Gudermes district was selected as one of the pilot districts for implementation of IMCI programme. In 2004 WHO conducted two IMCI training courses in Gudermes for 40 health workers, including 13 staff of CDH in Gudermes, 3 – district hospitals, 7 - ambulatories and 17 - FAPs.

E. HUMANITARIAN ASSISTANCE

The Central district hospital in Gudermes city receives regular support from ICRC, MDM, Handicap International and MSF-H. Both ICRC and MSF-H have been involved in reconstruction of selected hospital wards. In addition, DRC, Care and Denal operate psychosocial projects throughout the district.
KURCHALOI DISTRICT

A. DISTRICT HEALTH STRUCTURE

In 2004, Kurchaloi district official data report 20 villages with a population of 101,842 people, including 28,928 children (0-17 years) and 33,691 women of reproductive age.

State health facilities in KD are represented by one central district hospital in Kurchaloi; two district hospitals in Tsotsin-Yurt and Alleroi villages; seven ambulatories in Alleroi, Tsotsin-Yurt, Tsentrooi, Bachi-Yurt, Mairtup, Geldygen, and Yalkhoi-Mohk villages and ten FAPs in various district villages.

There is also an ambulance service in Bachi-Yurt village with four vehicles.

Two ambulatories and five FAPs were fully destroyed during military activities. The central district hospital in Kurchaloi, the district hospital in Tsotsin-Yurt and four ambulatories also incurred significant damage and required capital rehabilitation.

The CDH in Kurchaloi, ambulatories in Alleroi and Bachi-Yurt villages were included initially into 2002-2004 federal rehabilitation programmes. For 2005 two (in Kurchaloi and Alleroi) facilities will get federal funding. The ambulatory in Tsentrooi village was excluded from 2005 federal funding as well ambulatory in Mairtup village from the Republican budget funding. None of FAPs were included officially into the rehabilitation programmes.

B. HEALTH DATA

KD health facilities provided outpatient health services to 46,321 people and over 13,826 home visits. The number of outpatients has increased from 5231 in 2001 to 7336 in 2004.

The total bed capacity of the KD hospitals is 265 with over 4,908 in-patients in 2004, including 492 children.

The physician staff rate per 10,000 population is 9.8 (average in rural is 12.7), or 71 doctors, and the nurse staff rate is 30.5 (average in rural is 40.6), or 319 nurses. KD 2004 annual report indicates 1747 births (in 2001 – 1663, 2002 – 1677, 2003 – 1726). Birth rate per 1000 population is 17.5. There were 453 mortality cases registered.
HEALTH FACILITIES

The central district hospital in Kurchaloi village is located in five separate buildings with functioning utilities. The main two-store building was not severely damaged and has been undergoing reconstruction since 2002. Also, ICRC repairs some of the hospital units, including laundry room and the sewage system. The hospital is satisfactorily equipped with furniture, equipment, instruments and bed linen. There is one generator available (donated by MDM).

The hospital bed capacity is 210, including surgery ward– 30 beds, gynaecology – 30 beds, therapy – 40 beds, paediatric – 40 beds, maternity – 40 beds and infectious with 30 beds. One of the main hospital problems is lack of space for other wards and an ICU.

Recently the hospital purchased ten ambulances, one X-ray, two ultrasound machines, and a gastro-duodenoscope. Hospital patients receive hot meals. Drug supply has become regular since 2002 with introduction of services of fund of obligatory medical insurance. Though it is reported to be far from sufficient; roughly 100 roubles are allocated per inpatient - day with 64 roubles spent on drugs and 31 on meals.

The lack of space is believed to be resolved with the construction of a new unit for 60 beds (federal programme funding for 2005) and a maternity ward for 60 beds (privately funded by Chechen businessman Mr. Dzhabrailov).

Priorities for district health facilities are rehabilitation of buildings, including the central polyclinic for paediatric and women units. The CDH requests a fluorography to detect TB as well laundry equipment and wants to open a TB ward in the district. Lately CDH employed three TB doctors.

Computers and printers are available in the hospital administration.

A polyclinic with children and women consultation units is located across the CDH. It accommodates the laboratory, fully equipped and monthly assisted by ICRC. No bacteriological laboratory is available thus treatment of infectious disease is purely symptomatic.

The surgery unit is sufficiently equipped, mainly through humanitarian aid. One operating theater has ventilation, anesthesiology sets, various instrument sets, electro coagulator, etc. There are 40 surgeries taking place monthly, usually abdominal surgeries. The surgery unit is requesting a new surgical table, electrical surgical knife. It is reported that a large number of MoH equipment is broken or outdated. It is expected that the latest ICRC programme on fixing broken medical equipment will improve the situation. It is known that ICRC will supply additional medical equipment to Kurchaloi CDH soon. The hospital highly appreciates the assistance received from ICRC and MDM.
The maternity ward is well kept and clean. Unlike the load of patients in surgery and gynaecology wards only two newborn and their mothers were seen in the maternity. Only pathological deliveries take place in CDH, regular deliveries take place in other district hospitals. The medical equipment and instrument situation is poor. There is not any incubator or newborn heated table in ward. The maternity ward administration requests assistance.

Infectious and paediatric wards are located in the same one-store building and both are well kept and clean. There are 24 patients in three rooms of the paediatric ward with the youngest two months old infant diagnosed with pneumonia.

The number of treated inpatients since 2001 increased but the rates of hospital bed turnover remains low. It is explained by the fact that many KRC residents seek medical care in Gudermes and other districts (i.e. 662 KRC residents were hospitalized in Gudermes health facilities in 2004). Many KRC residents seek health care in Dagestan though not having a local registration. Another reason for low rates of health care applications is that the most dangerous and insecure locations in KRC district are between Kurchaloi and Mairtup villages. This prevents patients from reaching Kurchaloi CDH.

Kurchaloi CDH reports a high percentage of anaemia among women and children. Lack of iodine is another problem with annually 350 new cases.

Ambulatories and FAP have been regularly vaccinating. CDH is not satisfied though, with the performance of district hospitals in Tsotsin-Yurt and Alleroi for lack of medical observations, doctors' treatment consultation and low bed rates. The high number of home births (in 2004 – 304) is seen as a problem. The largest number is registered in Bachi-Yurt, Tsentoroi and Alleroi. Reasons cited from preventing pregnant women transportation include frequent mopping up operations, large number of federal troops checks-points and transport coats.

*The district hospital in Tsotsin-Yurt village* consists of one floor building caring for almost 15,000 people. The hospital has been functioning since 1998.

Much of its work falls into the primary or social care categories and surgical procedures cannot be carried out.

There are 25 hospital beds. By the time of the visit, eight patients were observed. One general physician and nine nurses work in the hospital. There is no paediatrician or obstetrician but the ambulatory provides obstetric care as well as immunisation through additional four district nurses. The ambulatory is located in a private residence and most pregnant women are registered there.

The village has a high rate of home deliveries possibly related to the density of roadblock posts and the unstable security situation.

The hospital does not have a laboratory and refers all patients to Kurchaloi CDH (7 km away). Drug supplies arrive from CDH irregularly and usually only 50% of the requested drugs are actually provided.
Available instruments and equipment include BP machine, stethoscope, autoclave, observation lamp and minor surgical instruments. First aid record log shows 5-7 people daily receiving treatment for minor injuries.

The hospital staff has not participated in any training courses. There is neither ambulance in the hospital nor telephones in the village.

Access to utilities is standard as in many similar district hospitals with gas and electricity available but no centralized water and sewage system. The attached building is a polyclinic under construction.

**The Ambulatory in Geldygen village** covers 11,000 people and services about 20-30 people per day. Staff includes one physician, one paediatrician, one dental doctor, one gynaecologist, four district and one procedure nurses. The ambulatory is located in the same building with local village administration and occupies 4-5 rooms.

The ambulatory offers a range of standard primary care services, including immunization, screening and treatment of minor ailments, supervision of chronic conditions, as well as prescribing and medical cover at night time. By the time of the visit, the ambulatory was closed due to the holiday, but the gynaecologist briefed WHO about the activities. The few instruments, including the hand made gynaecological chair, and the furniture are personal property of staff.

The local staff is reported to take part in training courses; the head of FAP participated in WHO IMCI training courses. Reportedly immunisations take place according to the national plan with vaccines available and functioning fridge.

The gynaecologist sees 7-8 women daily. 149 pregnant women are registered of a total of 2,717 of women in reproductive health. No home deliveries took place in 2005, due to steps undertaken by Kurchaloi CDH.

The drug supply is poor. Most of drugs are purchased by medical staff and then re-sold to patients. The nurses carry out daily home patient visits covering assigned districts.

The ambulatory staff reports availability of electricity and gas heating, outside water and latrines.
The Ambulatory in Mairtup village was closed due to the holiday. It is located on the second floor of local “Dom Byita” and occupies four rooms. The staff includes one feldsher, an obstetrician, a dental doctor and 4 nurses.

Photo 31. Ambulatory, Mairtup

The Ambulatory in Bachi-Yurt village was closed due to the holiday but the dental doctor was available for comments. The ambulatory occupies one wing of the building of local administration and serves the needs of 14,000 people. The staff includes the head doctor, a paediatrician, three obstetricians and ten nurses. According to the doctor, there is a high demand for health services in the village. The district nurses’ room is full of medical records.

All dental instruments and equipment such as autoclave is personal property. A gynaecological chair is reported to be available. Drug supply from the superior hospital is poor and irregular.

Electricity and gas heating are available with outside water and latrines.

A branch of local ambulance service is located on the back of the ambulatory, operating four vehicles.

Photo 32. Ambulatory, Bachi-Yurt

The Ambulatory in Tsentoroi village is located in the newly 2004 constructed one floor building.

Photo 33. Ambulatory, Tsentoroi

The ambulatory covers the needs of 6,000-7,000 people, including 2,300 children. The ambulatory staff includes one physician, a feldsher, three district and one procedure nurses. The ambulatory offers a range of standard primary care services. There is a high demand for health care services with frequent home calls. Lack of staff is reported. The only available ambulance vehicle is been broken since 2004. There are registered chronic disease patients, including TB and oncology. There are five beds in the ambulatory.

No cases of maternal mortality were registered but complications and newborn pathologies.
Immunisation takes place according to the national plan with vaccines available and two fridges. All children from grades 1-5 are yearly surveyed for helminth infections.

For the opening of the ambulatory in 2004 the MoH provided a fridge, baby scales, height measurer as well as necessary furniture. Drug supply is poor – only once in 2004 – and staff purchases drugs.

All gynaecological, dental instruments and other equipment are personal property of staff. The autoclave is not functioning.

Local staff is reported to take part in training courses, including head of FAP participating in WHO IMCI training courses. No IMCI materials could be observed though.

Electricity and gas heating are available with outside water and latrines.

### D. TRAINING

District health workers actively take part in various training courses organized by humanitarian organizations on topics including medical statistics, HIV/AIDS prevention and treatment, breastfeeding, essential antenatal, perinatal and postnatal care (WHO), immunization (UNICEF), war surgery and skin venereal diseases treatment (ICRC).

The state health facilities conduct regular training courses themselves both for doctors and nurses. In 2004, 22 district doctors took part in various certified courses. Local conferences take place on health related subjects, including hospital mortality, late TB and oncology diagnostic. Most of the district health staff are local and young residents who will continue working in their own districts.

Kurchaloi district was selected as one of the pilot districts for implementation of IMCI programme. In 2004, WHO conducted one IMCI training courses for 22 health workers of Kurchaloi district.

### E. HUMANITARIAN ASSISTANCE

Kurchaloi district is supported by ICRC and MDM. Both provide essential drugs, medical consumables and equipment to the central district hospital in Kurchaloi village. In addition, ICRC has funded rehabilitation of selected wards of Kurchaloi CDH, donated laboratory equipment and consumables. In 2005, ICRC plans to donate additional medical equipment to Kurchaloi CDH.
NOZHAI-YURT DISTRICT

A. DISRTICT HEALTH STRUCTURE

In 2004, Nozhai-Yurt district official data report some 40 villages with a population of 45,000 people, including 15,000 children (0-17 years). In 1995 the population of Nozhai-Yurt district was also around 45,000 people.

State health facilities in NY district are represented by one central district hospital in Nozhai-Yurt village; three district hospitals in Saysan, Zandak and Benoi villages; three ambulatories in Galaiti, Mesketi and Zandak villages and thirty-seven FAPs in various district villages.

Most of the district health facilities are located in remote mountainous areas. The majority of all district social infrastructures, including district hospitals, ambulatories and FAPs were fully destroyed during military activities and require major rehabilitation.

The CDH in Nozhai-Yurt was included initially into 2002-2004 federal rehabilitation programme. For 2005, the CDH and the district hospital in Saysan are still on the list. It is reported that rehabilitation activities have been completed for gynaecology and paediatric wards of CDH in NY village. Only seven FAPs were supposed to have been rehabilitated from the Republican budget in 2002-2004. Most of FAPs remain destroyed and located in adapted premises.

B. HEALTH DATA

NY health facilities provided outpatient health services to 86,603 people and over 7,147 home visits.

The total bed capacity of the NY hospitals is 260 with over 6,241 in-patients in 2004, including 1,157 children. Three district hospitals have 125 beds (Saysan with 65 beds; Zandak – 25 beds and Benoi-Yurt – 35 beds). In 2004, average stay was 12.0 days with 13.5 average in the RC.

The physician staff rate per 10,000 population is 15.4 (average in rural is 12.7), and the nurse staff rate is 76.8 (average in rural is 40.6). Despite the reported high numbers of available staff, there are no TB doctors working in NY district and the present deficit in gynaecologists is three times higher than RF average. MoH officially reports a low level of professional preparation of district health personnel, especially general physicians.

Overall health performance indicators are much worse than officially reflected considering the remote geographic location of the district and most of NY population having limited access to state health care. Mortality rates are still among the highest in Chechnya for 2004. Infant mortality rate is 51.4. High perinatal rate is 40.8. Still birth rate is 22.3. Neonatal mortality is 26.2 when average rural is 11.4. Antenatal mortality rate is 20.0 and early neonatal mortality is 9.4. Four cases of hospital mortality were registered in 2005, including one child.

MDM assists three district hospitals with a catchment population of around 14,000, including 5,586 women and 3,896 children. The health data of these hospitals show dental health problems (12.2% of all applied for health care), followed by 11.9% of respiratory system disease, 11.3% of “haematology” diseases and 9.8% gastroenterology diseases.

MDM assists eleven FAPs and ambulatories covering 16,148 people, including 5,232 children. The health data of assisted FAPs and ambulatories shows a predominance of respiratory system
diseases (23.2%), followed by “haematology”, including anaemia diseases (10.8%) and gastroenterology (9.8%). More than 37,000 people received health care in MDM assisted state health points since May 2004.

C. HEALTH FACILITIES

The district hospital in Zandak village consists of one-floor small building caring for 4,000 people. There are 25 hospital beds. By the time of the visit, 21 patients were admitted, including two in maternity ward. A general physician, a paediatrician and a surgeon are working in the hospital as well as six nurses.

The hospital inpatient ward was repaired recently with unidentified source of funding. The laboratory is located in the ambulatory building in the same village. Most of outpatient services are provided in the ambulatory. All patients are referred to the CDH in NY village.

Access to utilities is standard as in many similar district hospitals with gas and electricity available but no centralized water and sewage system.

The hospital receives regular MDM drug and medical consumables assistance. Additionally, MDM provided medical equipment. The delivery room has a minimum of required instruments as a gynaecological chair, a quartz lamp and baby scale. The hospital received a surgical table, instrument sets, ECG, an obstetric bed, tonometers, stethoscopes, IV stands, lab instruments, refrigerators, thermometers and a generator.

Considering large number of dental problems in the district, MDM provided dental room equipment for the ambulatory in Mesketi village.

The FAP (rural health post/feldsher midwife station) in a remote Gillyani village covers a population of about 1,300, including 417 children, and offers immunization, basic health checks and routine examinations, as well as care during pregnancy and for the newborn. They are also able to treat minor injuries and make home visits, but cannot prescribe. One feldsher and one obstetrician are available.

FAP occupies one small room in the adapted private residence building. Previously built FAP building and local school were destroyed during military activities. Electricity is available but not regularly. No gas heating is available. The room is very cold and moist.

FAP has a minimum stock of basic first aid drugs, including antibiotics. As reported drugs are received from the district hospital in Zandak which received regular MDM assistance. A usual list of 20 drugs is requested.

Home and night visits are done on a regular basis. All pregnant women and newborn are registered
and monitored. Some 50-70% of all women get registered within early pregnancy periods. Deliveries take place in the neighbouring district hospital in Zandak or CDH in Nozhai-Yurt villages. It is reported that most of the women are in anaemic conditions.

Vaccines are not kept in the available fridge, as it is not functional. Few thermo containers for vaccine carriage are available. Baby scales are broken. Registration and patient cards are maintained.

MDM assisted FAPs received various instrument sets, sterilizer boxes, baby balancers, gynaecological chairs, medical couches, oxygen bags, surgical tables, instrument boards and IV stands.

**D. TRAINING**

District health workers have been largely absent from the coverage by the various training courses organized by humanitarian organizations. Some few Nozhai-Yurt health workers only took part in trainings on medical statistics (WHO), and expanded immunization programme (UNICEF).

**E. HUMANITARIAN ASSISTANCE**

Nozhai-Yurt district is supported only by MDM. Three district hospitals (Zandak, Benoi-Yurt and Saysan, two ambulatories (Galaiti and Mesketi) and nine FAPs receive regular monthly drugs, consumables and selected medical equipment assistance.

WFP carries out school-feeding programme in 53 schools and three kindergartens of NY district as well some food-for-work projects.
SHALI DISTRICT

A. DISTRICT HEALTH STRUCTURE

Shali district reported in 2003 a population of 105,100 people, including 32,921 children (0-17 years) and in 1995 a population of 113,000 people.

State health facilities in Shali are represented by one central district hospital (CDH) in Shali village; one district hospital in Chiri-Yurt village; six ambulatories in Avturi, Novie Atagi, Germenchuk, Serzhen-Yurt, Belgatoi, and Mesker-Yurt villages; and one FAP in Agishti village.

The CDH in Shali and the district hospital in Chiri-Yurt were included into the federal programme for rehabilitation in 2002-2004 period with both remaining in the list for 2005 reconstruction. The ambulatory in Belgatoi village was supposed to be reconstructed by Chechen budget funds in 2004 plans. Two district facilities, ambulatory in Duba-Yurt and FAP in Agishti were fully destroyed during the military activities. All others health facilities are in need of capital reconstruction.

B. HEALTH DATA

Shali health facilities provided outpatient health services to 133,988 people and over 16,082 home visits in 2004. Shali facilities serve the largest number of outpatients in Chechnya. Physician staff rate per 10,000 population is 15.3 (average in rural is 8.6). Nurse staff rate is 43.0 (average in rural is 40.6).

The total bed capacity of the district hospitals is 380 against 450 planned; with over 9,870 admitted patients in 2004, including 1,320 children. Hospital mortality is reported as 33 cases including four children. Shali hospital mortality rate is the second largest in Chechnya after Gudermes.

C. HEALTH FACILITIES

The central district hospital in Shali was visited for the first time. It is the central health facility in one of the largest districts of Chechnya.

There are 159 doctors of various health specialties working in Shali district, including 98 at the central district hospital. Staffing for paediatricians is reported to be short at the hospital.

Hospital bed capacity of Shali hospital is approximately 10% of total of Chechnya. At present the central district hospital has functioning therapy unit (65 beds), surgery (60 beds), gynaecology (45 beds), maternity (60 beds), paediatrics (45 beds), infectious (20 beds) and TB (60 beds).

The therapy unit admitted the second largest number of patients (2,452 patients) in 2004 after Nadterechny though with highest mortality rate (23 people). He paediatric unit admits also the second largest number of children (1,040) in 2004. The largest number of surgical and gynaecological patients (1,569 and 1,719 respectively) in Chechnya falls also on Shali hospital. The maternity unit is the third after Gudermes and Urus-Martan with 2,328 admissions. In 2003, 241 patients were admitted into the TB department and 17 died.

The hospital reports admission of 7,618 patients in 2004 (fourth by number after Gudermes, Urus-Martan...
and Nadterechny). There were 811 births in six months of 2004, including 13 stillbirth and 18 premature births. Hospital mortality is one of the highest, the second after Gudermes for 2004. Shali maternal mortality and perinatal mortality rates (23.6% as opposed to average in Russia – 12.1%) are one of the highest in the Republic as well. Shali health structures serve the largest number of outpatients in Chechnya (266,290 in 2004) or 14% of all outpatients in Chechnya. A special attention was drawn to the fact of high anaemic conditions among pregnant women (reportedly 97.7%).

The TB department is to be renovated from the Republican budget. MSF-H plans to assist with laboratory equipment, construction of new incinerator and continuation of training courses for local TB specialists (similar programmes started in Gudermes and Nadterechny).

The hospital has necessary water supply and heating. There is no sewage, but outside latrines. Centralized heating and sewage is reported to be available only for the maternity ward patients. The hospital departments are located in 7-8 separate buildings. The hospital renovation took place in 2002-2003. The administration’s main problem is the lack of space for patients and hospital’s services. Another issue requiring potential assistance from humanitarian organizations is the lack of diagnostic equipment.

According to the head doctor only old models of ultrasound are available and a standard x-ray device. There are two incubators in the maternity department and two others of Vietnam production with staff not knowing how to operate them. Considering similar problems and situation in all assisted hospitals, ICRC undertook the effort to carry out required inventory of available but not functioning equipment and servicing them at the specialized centre in Nalchik, KBR. Though the chief doctor informed that the hospital intensive care unit was barely equipped and did not have lung ventilation machine or any monitors, the list of ICRC provided equipment shows the opposite.

The hospital has operational four ambulances.

The hospital in Shali receives drugs and possibility for hot meals from the sources of the fund of obligatory insurance. The hospital and ICRC have reviewed the lists of drugs received from both of sources and ICRC updated its list of monthly provided drugs following new criteria in order to avoid parallel system of drugs provision.

D. TRAINING

District health workers actively take part in various training courses organized by humanitarian organizations on topics including war surgery, laboratory methodology (ICRC), medical statistics, infectious disease surveillance, diagnostic and treatment of paediatric diseases, HIV and breastfeeding, TB, ante- and perinatal care (WHO), TB and RDU (MSF-H) and obstetric and gynaecology care (MSF-F).

E. HUMANITARIAN ASSISTANCE

CDH in Shali gets regular assistance from ICRC and MSF-H. Both provide drugs, consumables, medical and laboratory equipment and carry out repairs. MSF-F provides monthly assistance to the district hospital in Chiri-Yurt.

DRC and Denal operate their rehabilitation centres in Shali, Serzhen-Yurt and Duba-Yurt villages. Handicap International donated some rehabilitation items to the psychiatric hospital in Samashki.
URUS-MARTAN DISTRICT

A. DISTRICT HEALTH STRUCTURE

In 2004, Urus-Martan district official data report a population of 104,712 people, including 34,502 children (0-14 years), 17,000 invalids and about 500 child-invalids. The employable population amounts to about 50%. In 1995 the population was reported as 90,400. According to the DRC database only 78,490 resided in December 2004 in the UMD.

State health facilities in UMD are represented by one central district hospital and TB dispensary (50 beds) in Urus-Martan village; two district hospitals in Goity and Alkhan-Yurt villages; seven ambulatories in Shalazhi, Martan-chu, Alhazurovo, Gehi-chu, Roshni-chu, Kulari and Komsomolskoe villages and two FAPs in Michurino and Goiskoe villages.

Two district hospitals were destroyed during military activities and re-located into adapted box tents. Two FAPs (Tangi-chu and Krasnopartizanski) were also destroyed. The FAPs in Michurino and Goiskoe are located in buildings that the local administration wants to use as classrooms.

The federal rehabilitation plan included in 2002-2004 the district hospital in Goity and the ambulatory in Gekhi-chu. The central district hospital in Urus-Martan, the inpatient part of the district hospital in Alkhan-Yurt and the ambulatory in Komsomolskoe were rehabilitated in 2001. The district hospital in Gekhi was to be rehabilitated from the Chechen budget in 2004, but so far nothing happened.

B. HEALTH DATA

The UM health facilities provided outpatient health services to 150,123 people and over 11,505 home visits. The physician staff rate per 10,000 population is 10.3 (average in rural is 12.7) and the nurse staff rate is 41.5 (average in rural is 40.6).

The total bed capacity of the UMD hospitals is 435; with over 11,200 in-patients in 2004, including 1,426 children. Mortality is reported as 32, including 1 child.

The MoH reports 2,730 (12% of Chechnya) births in 2004, including 32 stillbirths, 300 home deliveries and 96 premature births. Birth rate is 28.3 (average in Republic of Chechnya is 21.3).

- Child mortality rate 2.2 (average in RC 1.8)
- Infant mortality 17 (average in RC 19.4)
- Neonatal mortality 12.2 (average in RC 10.9)
Urus-Martan has registered 27 HIV positive people out of 467 cases reported in the Republic in 2004.

C. HEALTH FACILITIES

The Central district hospital in Urus-Martan village occupies an area of 900 square meters with its wards located in five separate buildings with functioning utilities. The main four-store building was not severely damaged and has undergone reconstruction in 2001. Also, ICRC repaired some of the hospital wards in 2003, including the antenatal ward. The hospital is satisfactorily equipped with furniture, equipment, instruments and bed linen. There are two generators available (one donated by MDM). Thirteen ambulances work throughout the district. The 518 hospital staff includes 104 doctors. Three computers and two copy machines were purchased in 2004 for the administration. About 60% of all received hospital drugs come from FOMS and about 20% from MoH.

A polyclinic with children and women consultation units is attached to the CDH and the infectious, trauma and antenatal wards are referral points for other districts. The TB dispensary works on an outpatient base.

The ICU unit with four beds realistically is capable of caring for only two patients. At the time of the visit one patient was admitted with frequent epileptic fits. Equipment donated by MDM and ICRC was seen.

The surgery unit is also sufficiently equipped, mainly through regular humanitarian aid. The three operating theatres have ventilation and anesthesiology sets. There are 18-25 surgeries taking place weekly, usually abdominal surgeries. Most of the patients in trauma unit are road accident victims. The surgery unit is requesting surgical tables, micro surgical knives and fiber-endoscope equipment.

The gynaecology ward has 34 patients, with main diagnosis of uterine pathology and 20-30 miscarriages monthly. Instruments, speculae and other minor diagnostic equipment and lamps are requested.

The maternity ward is large with its 60-bed capacity. It is well kept and clean. There are 58 women in the ward. In 2004 there were 2730 newborn, with 200 c-caesarians and 96 premature deliveries. Monthly average is 140-180 deliveries. There were 49 newborn in the ward. There are enough infant beds. Rooming-in is practiced and breast-feeding is encouraged.

The laboratory employs four doctors and six nurses and provides standard clinical and biochemical tests, up to 80 a day. ICRC has supplied equipment and consumables and five binocular microscopes, but the staff still prefers to use monocular microscopes. The hospital administration strongly requests to assist with minor (cosmetic) repairs in the laboratory area.

Both incubators are not in use (one is donated by UNICEF) and have never been used. It was not quite clear whether this is due to lack of the required oxygen, or because they are faulty. Or it may be that the staff did not receive sufficient training of this equipment.
The maternity ward administration requests new delivery beds, baby scales and infusion pumps. UNICEF provided some equipment items for the delivery room in 2004. Handicap International supported physical rehabilitation room was visited with its various equipment installed, but no patient was seen. The X-ray set is reported to have a crack, but being used though releasing hazardous radiation.

**The district hospital in Alkhan-Yurt village** consists of two one-floor buildings caring for 11,500 people. Much of its work falls into the primary or social care category, but some surgical procedures may be carried out and uncomplicated chronic and acute cases may be treated. There are 25 hospital beds. By the time of the visit, only few patients were admitted. A general physician, a pediatrician, a dentist and a gynecologist are working in the hospital as well as 12 nurses. The staff had not received salaries since December.

The hospital inpatient ward was repaired before 2002. The laboratory is barely equipped, no microscope and a variety of half broken glassware. Basically all patients are referred to the CDH in UM for blood testing.

Access to utilities is standard as in many similar district hospitals with gas and electricity available but no centralized water and sewage system.

The drug order registration log showed that the hospital monthly orders a list of 25-30 drugs and basic consumables. The drug supply situation is erratic, none were delivered in the last two months (possibly this delay is linked to the ongoing reformation of fund for obligatory medical insurance and the newly introduced insurance company).

The lack of equipment is serious. Staff does not have any basic instruments for patient observation such as BP machines, stethoscopes, scales, etc. There is one autoclave and one fridge for vaccine storage (containing food).

Some of the nurses had participated in IMCI training courses and materials are used in daily observation and monitoring of infant and child health status.

World Vision mobile medical team operates in the polyclinic once a week providing regular medical services by physician, paediatrician, gynaecologist and psychologist. Usually 25-40 people receive health assistance during a day.

The main reported morbidity are respiratory and cardiovascular disease as well as hypertension, stress related health conditions, anaemia and helminth infection.

**The Ambulatory in Alhazurovo village** covers the needs of 6,000 people and services about 15 people per day. The staff includes one feldsher, one obstetrician and two nurses. The required physician and paediatrician posts are not filled. The ambulatory offers - according to the staff- a range of primary care services, including immunization, screening, and treatment of minor ailments and supervision of chronic conditions, as well as prescribing and medical cover at night time. But it is barely equipped, besides one fridge. There are no tonometers, no scales nor gynaecological instruments and hardly any drugs. Nevertheless as most pressing problem lack of regular gas and electricity was mentioned.
Patients can be referred to the 15 km distant CDH, one recently donated ambulance is available.

Two nurses took part in WHO IMCI training courses in UM district. No IMCI materials (module or cards) were seen. A World Vision mobile team visits once a week and brings its own equipment.

The FAP (rural health post/feldsher midwife station) in Michurino village covers a population of about 400 and offers immunization, basic health checks and routine examinations, as well as care during pregnancy and for the newborn.

They are also able to treat minor injuries and make home visits, but cannot prescribe. Only one nurse is available. FAP occupies one small room in the adapted building for local school. No heating is available. FAP has a rather limited stock of basic drugs, including antibiotics. Vaccines are kept in the fridge. The nurse bought herself a tonometer.

D. TRAINING

District health workers take part in various training courses organized by humanitarian organizations on topics including war surgery (ICRC), medical statistics, HIV and drug abuse, breastfeeding, essential antenatal, perinatal and postnatal care (WHO) and immunization (UNICEF).

Urus-Martan district was selected as one of the pilot districts for implementation of IMCI programme. In 2004 WHO conducted two IMCI training courses for 34 health workers of UM district. CDH of Urus-Martan was represented by 9 nurses; district hospital in Alkhan-Yurt by 4 nurses, the ambulatory in Alhazurovo by 2 and the FAP in Michurino by 1 nurse.

E. HUMANITARIAN ASSISTANCE

ICRC and MDM support the CDH. Handicap International and WHO donated some rehabilitation items and medical equipment to CDH in 2002-2003.

Urus-Martan is the area of operation of mobile medical teams of World Vision International. Its teams provide basic primary health care (using the premises of the local state health structures) to local population in 12 villages of UM district (Urus-Martan, Goity, Akhan-Yurt, Gekhi, Shalazhi, Alhazurovo, Komsomolskoe, Goiskoe, Martan-chu, Tanyakchi, Roshni-chu and Gekhi-chu).
VEDENO DISTRICT

A. DISTRICT HEALTH STRUCTURE

In 2004, Vedeno district official data report 33 villages with a population of 36,087 people, including 9,103 children (0-17 years), 2,636 children (under 6 years) and 14,532 women (7,443 of them of reproductive age). In 1995 the population of Vedeno district was 32,000 people.

Health problems of Vedeno district population are interlinked with critical social-economic situation in the region. Access to Vedeno district remains a problem due to the massive presence of federal and Chechen law enforcement structures and on-going military activities in the area.

State health facilities in VD are represented by one central district hospital in Vedeno village; two district hospitals in Dargi and Mahkety villages; three ambulatories in Elistanzhi, Khattuni and Tevzini villages and eighteen FAPs in various district villages (Tsa-Vedeno visited).

Health care is provided in 24 villages of Vedeno district.

All state health structures in Vedeno district incurred significant damage during military activities in 1999-2000. The Central district hospital in Vedeno village was fully destroyed. Heavily damaged were children, infectious, x-ray and laboratory buildings. District hospital in Dargi village and three FAPs were fully destroyed during military activities. The district hospital in Mahkety, three ambulatories and 17 FAPs also incurred significant damage and required capital rehabilitation. All FAPs besides one in Tsa-Vedeno are located in adapted and rented private residences. CDH in Vedeno and district hospital in Mahkety villages were included initially into 2002-2004 federal rehabilitation programmes. In 2005 both of them are still in planning stage. At present, spontaneous rehabilitation activities have started in Vedeno CDH.

One ambulatory in Elistanzhi and one FAP in Dzhani Vedeno were supposed to have been rehabilitated from the Republican budget in 2002-2004. Except the one in Dzhani Vedeno village, none of FAPs were included officially into the rehabilitation programmes.

B. HEALTH DATA

VD health facilities provided outpatient health services to 37,243 people and over 13,239 home visits. The number of prophylactic observations has decreased from 90,963 in 2002 to 80,087 in 2004. Home visits have increased from 12,036 in 2002 to 13,239 in 2004.
A total of 248 state health staff, including 23 doctors and 127 nurses work in Vedeno, with reported shortage of various specialists. The physician rate per 10,000 was 63.7 in 2004. The nurse staff rate is 78.2 in 2004 and 76.1 in 2003. There are no trauma specialists, cardiologists, infectious doctors and other medical specialities.

The total bed capacity of the VD hospitals is 95 with over 1,387 in-patients in 2004, including 259 children. VD health facilities provided inpatient health services to 1,387 people, including 259 children (in 2002 - 1,116 people). The general mortality rate reduced to 5.6 in 2004 from 7.0 in 2002. The same reduction was reported with birth rate to 11.1 in 2004 from 12.8 in 2002. TB incidence increased from 2.9 in 2002 to 42.6 in 2004 with coverage of 17% of district population in 2002 and 14.8% in 2004. TB vaccination was provided to 98.7% of newborn and only to 70% in 2002. A number of clinical laboratory tests have been sharply reducing from 43,032 in 2002 to 25,359 in 2004. VD 2004 report indicates 430 births (in 2002 – 409). There were 38 cases of home deliveries in 2004 and 84 in 2002. Child mortality was 1.3 in 2004 and 4.85 in 2002. Perinatal mortality reduced to 6.9 from 7.4 in 2004. Neonatal mortality was 6.9 in 2004. Maternal mortality was not registered in 2004. Hospital mortality was 1.4 in 2004.

Vedeno health structures have ten ambulances, including five in Vedeno CDH, two for each district hospital in Mahkety and Dargi villages and one in Elistanzhi village.

There is no x-ray, fluorography machine, ultrasound or other diagnostic equipment available in the district.

C. HEALTH FACILITIES

The central district hospital in Vedeno village has been fully destroyed during previous military activities. The hospital began functioning only from April 2005 after efforts of Chechen government to revive the district health service and social sphere. The situation in Vedeno district was taken under control personally by Ramzan Kadyrov, the first deputy prime-minister of Chechnya. It is reported that since the end of 2004 and Kadyrov's statement a large number of Chechen officials have been visiting the district. There are 11,512 Vedeno residents, including 3,735 men, 4,648 women, 1,525 pre-school age and 1,604 school age children.

The funds for the current spontaneous rehabilitation of two buildings are not from the federal programme but appear as a response to a social life development plan for Vedeno recently undertaken by Chechen government in 2005.
Main standard services required for the central district hospital have not been available for years in Vedeno. At present, health services include basic surgery, minimal maternal assistance, therapy care and outpatient services in the available CDH polyclinic.

The factual CDH bed capacity is 25 as opposite from 180 required by MoH. There are five surgical (35 required), two gynaecological (20 required), six therapy (30 required), six maternity (15 required), and no paediatric and newborn beds (40 and 10 required) in Vedeno CDH.

A total of 234 in-patients were treated in first quarter of 2005. 47 people died during the same period, including 4 children. Some 20,737 outpatient visits were made with 2,641 home visits. 396 cases of infectious diseases were registered and three new TB cases detected out 970 observed.

Available equipment includes a surgery table, lung ventilation apparatus, electrical suction pump, electrical coagulator, defibrillator, surgical instruments.

All of the observed instruments and equipment were received in 2005 from the Ministry of Health of Chechnya. Despite this, many items are still required including a non-shadow lamp. Adjacent to the theatre the blood transfusion room is available but barely equipped. All blood is reported to be sent for testing to Grozny but only after already performed transfusion. The current building under reconstruction will expand the services for paediatric, therapy and maternity wards.

The maternity ward is located in a former x-ray unit and occupies two very small rooms with no equipment so far besides one 30 years old Rachmanov bed and baby scales. As reported, most of deliveries have been taking place at home but under constant observation of local feldsher. Pathologic pregnancies get referred to Shali CDH and Grozny hospitals. It is indicated that there are no cases of maternal mortality. The MoH questions the low rates of reported stillbirth and perinatal mortality and assumes under reporting.

The maternity ward requires significant assistance in equipping.

The laboratory is located in a different wing, it has received recently five microscopes, an autoclave, a centrifuge and sufficient glassware. The chemical reagents are reported to be insufficient. The laboratory provides only for basis clinical tests with other specialized tests to be done in other districts of Chechnya. The laboratory staff requests a gas analyzer, counters and a thermostat.

The infectious ward and the Vedeno CDH polyclinic are currently located in Vedeno SES building. As reported, Vedeno SES has been one of the best in Chechnya in Soviet years. The new building for the polyclinic and some 15 infectious beds is under current reconstruction and to be completed soon.
The gynaecologist in the polyclinic reported an average of 10-20 women applying for care on a daily basis. Most of local women are in anaemic conditions, or have pyelonephritis and sexually transmitted disease. Abortions are frequently performed in the district. The gynaecological room has one chair and basic instruments recently donated. Two new fridges provided by MoH store available drugs in the polyclinic. A vaccination carrier bag is available.

There are three physicians, a general surgeon, a TB, two gynaecologists, an anaesthesiologist, a laboratory technician and a dentist in Vedeno CDH. Operating surgeon and paediatrician are visiting from Kurchaloi CDH.

The shortage of health services is partly covered through a mobile team of the Medicine of Catastrophe (MoH of Chechnya) visiting the area once a week to Vedeno CDH. The team composed of various specialized doctors as urologists, paediatricians, psychiatrists see patients in tents since February 2005.

Drug supply has become regular since 2005 with introduction of services of fund of obligatory medical insurance. MSF-H provides regular drugs and medical consumables assistance to Vedeno CDH. A state pharmacy is available in Vedeno providing available list of minimum drugs. All documentation and reporting is well organized and properly maintained.

Access to basic utilities is a serious problem not only in Vedeno village but the district itself. Vedeno district is among very few that does not have gas supply. Electricity is available. There are no centralized water and sewage systems.

Vedeno CDH operates five ambulances and requires more considering mountainous locations of most of the villages and harsh road conditions.

One of the main remaining problems is the absence of any prophylactic or prevention campaigns in Vedeno district for years. For that there is no clear picture of TB situation and many chronic diseases.

**The district hospital in Mahkety village** covers the population of 4,368 people, including 1,345 men and 1,908 women and in addition residents of other five local villages and is located in one of the most beautiful mountainous areas of Chechnya.

Since February 2004 the DH in Mahkety is located in the building of a former juice-producing factory. Its maternity services are located in a private residence across the street. The main original building of the hospital was taken and occupied by Kadyrov’s forces until April 2005 to act as a base and to provide security in the area. After their leaving the hospital building requires physical rehabilitation.
The district hospital has 54 staff, including 4 doctors (a paediatrician, a physician, a gynaecologist and laboratory technician) and 29 nurses.

The maternity room has one old chair and three beds. Overall sanitary situation is questionable and equipment is lacking. Maternity ward has some basic instruments and baby scales. No lamp is available in the delivery room but staff uses purchased flashlight. The maternity ward requests a set of obstetric instruments, a new delivery chair, and electrical suction. Pregnant women are timely registered and monitored throughout the pregnancy period. Necessary recommendations for ultrasound and tests are provided timely and done outside of Vedeno district.

The laboratory has one microscope, an autoclave, a centrifuge, counter and reagents for basic tests. Minimum physiotherapy services are available as well in the hospital. It is reported that all the observed medical and non-medical equipment is supplied by Vedeno CDH. MSF-H provides drugs and basic consumables to the district hospital in addition to the FOMS.

Main morbidity is reported as anaemic conditions, endocrine system diseases, TB and gynaecological diseases. Drugs poisoning cases among children were reported and a large number of trauma due to gun-shot wounds.

The hospital operates two ambulances.

**The Ambulatory in Elistanzhi village** covers 2,231 people, including 658 men and 742 women. The ambulatory has been located in a rented private residence occupying three rooms. It is reported that MoH pays a monthly rent of 1500 roubles.

The ambulatory staff was not available for comments due to lunch time. All rooms’ repairs and maintenance are carried out by the staff, including one doctor, one obstetrician, a feldsher and two district nurses.

The registration log book showed that 10 patients got serviced in the ambulatory prior to lunch. The village population is characterised by urology, neurological, respiratory and digestive system diseases. A large number of people have TB, oncology and endocrine system diseases.

The ambulatory has most of the required basic furniture and equipment, including couches, adult and baby scales, gynaecological chair, fridge containing vaccines, shelf boards with drugs and instruments.
The ambulatory offers a range of standard primary care services, including immunization, screening and treatment of minor ailments, supervision of chronic conditions, as well as prescribing and medical cover at night time.

Medical equipment is lacking, similar to most of Chechen ambulatories.

*The ambulatory in Khattuni village* covers 2,650 people, including 857 men and 1063 women and services about 20-30 people per day. Ambulatory staff includes one physician, a feldsher and an obstetrician.

The ambulatory takes three rooms in its original two-store building destroyed during 2000 military activities. The ambulatory used to have 25 inpatient beds and provide a variety of services. It should be noted that the 80% of the village were destroyed in 2000.

The equipment situation is poor. At present, the ambulatory has baby scales, gynaecological chair, fridge for vaccines and growth measure and some basic furniture. Only some basic drugs are available.

Population health problems include chronic diseases, especially increasing number of TB and oncology cases among women.

The main request comes for building rehabilitation as completely unsuitable for any proper health services. The rooms’ maintenance has been provided through local staff.

*The Ambulatory in Tevzini village* covers 2,310 people, including 878 men and 976 women. The ambulatory has been located in the same building with local village administration. It does not have its own building. Ambulatory staff includes one physician, a feldsher, an obstetrician and one nurse.
The ambulatory has scales, a patient’s couch, a gynaecological chair, a fridge and some instruments. Staff has one tonometer. Drugs are supplied from Vedeno CDH and contain a list of 30 basic drugs, including antibiotics.

Main morbidity cases are reported to be respiratory and infectious diseases among women and pre-school children.

**The FAP (rural health post/feldsher midwife station) in Tsa Vedeno village** offers immunization, basic health checks and routine examinations, as well as care during pregnancy and for the newborn.

They are also able to treat minor injuries and make home visits, but cannot prescribe. There are one feldsher and one nurse available. Drugs received from CDH are not sufficient. The FAP occupies its standard building unlike other 17 FAPs in VD district in adapted premises. FAP is located in three rooms. It has necessary furniture, patient’s couch, an observation table and a set of main medical instruments.

Access to basis utilities is the same as in other district facilities with available electricity and no gas heating.

**D. TRAININGS**

District health workers have been largely absent from the various training courses organized by humanitarian organizations. Some few Vedeno health workers took part in trainings on medical statistics (WHO), rational drug use (MSF-H) and expanded immunization programme (UNICEF).

**E. HUMANITARIAN ASSISTANCE**

Vedeno district is supported only by MSF-Holland providing essential drugs and medical consumables to the central district hospital (an average donation list of 140-160 items) and district hospital in Mahkety villages (an average donation list of 50-70 items). No medical equipment has been donated to Vedeno hospitals by humanitarian organisations according to the 2004 WHO survey. In addition, DENAL (former “ARD”) runs its’ psychosocial centres in Elistanzhi, Tevzini and Khattuni villages.
ANNEX 1

ABBREVIATIONS AND ACRONYMS

ARD   Agency for Rehabilitation and Development
CDH   Central district hospital
CH    City hospital
Chechnya Republic of Chechnya, Russian Federation
CPCD  Centre for Peacemaking and Community Development
CRC   Caucasian Refugee Council
Dagestan Republic of Dagestan, Russian Federation
DH    District hospital
DRC/DPA Danish Refugee Council/Danish People Aid
ECHO  Humanitarian Aid Office of the European Commission
EMERCOM Ministry of Civil Defence, Emergencies and Elimination of
         Consequences of Natural Disasters
EPI   Expanded Programme of Immunisation
EU    European Union
GP    General practitioner
FAO   Food and Agriculture Organization of the United Nations
FAP   Rural health point (feldsher-obstetrician point)
HF    Hammer Forum
HI    Handicap International
HIV   Human Immuno-deficiency Virus
HP    Health Post
ICRC  International Committee of the Red Cross
IDP   Internally Displaced Person
IHI   International Humanitarian Initiative
IMC   International Medical Corps
IMCI  Integrated Management of Childhood Illness
Ingushetia Republic of Ingushetia, Russian Federation
IR    Islamic Relief
IRC   International Rescue Committee
LSG   Let's Save the Generation
MCH   Mother and Child Health Care
MDM   Médecins du Monde
MMU   Mobile Medical Unit
MoE   Ministry of Education
MoH   Ministry of Health
MSF-B   Médecins Sans Frontières – Belgium
MSF-F   Médecins Sans Frontières - France
MSF-H   Médecins Sans Frontières – Holland
MSF-S   Médecins Sans Frontières - Switzerland
NGO   Non Governmental Organisation
NFI   Non-Food Items
North Ossetia Republic of North Ossetia, Russian Federation
OCHA  (United Nations) Office for the Coordination of Humanitarian Affairs
PHC   Primary Health Care
PHO   Polish Humanitarian Organisation
PINF  People in Need Foundation
PTSD  Post Traumatic Stress Disorder
SDC/SHA Swiss Agency for Development and Co-operation / Swiss Humanitarian
       Aid Unit
SES  Sanitary Epidemiological Stations
STI  Sexually Transmitted Infection
TAC  Temporary Accommodation Centre
TB   Tuberculosis
UN   United Nations
UNHCR United Nations High Commissioner for Refugees
UNICEF United Nations Children's Fund
UNSECOORD United Nations Security Coordinator
WatSan  Water and Sanitation
WFP   World Food Programme
WHO   World Health Organization
WVI   World Vision International