



Health Action

– in the North Caucasus



NEWSLETTER ON EMERGENCY PREPAREDNESS AND RESPONSE FEBRUARY-MARCH 2005

WHO missions to Chechnya February-March 2005

In February-March **WHO** visited during its four missions to Chechnya the Ministry of Health (MoH) and a number of selected health facilities in the city of Grozny, in Urus-Martan, Grozny-Selsky and Kurchaloj districts of Chechnya.

In **Urus-Martan district of Chechnya** (16 Feb) WHO staff visited the central district hospital (CDH), the district hospital (DH) in Alkhan-Yurt village, the ambulatory in Alhazurovo and the Rural health post/feldsher midwife station (FAP) in Michurino village.

The Central district hospital in Urus-Martan village has its wards located in five separate buildings with functioning utilities. The hospital is satisfactorily provided with furniture, equipment, instruments and bed linen. Two generators are available. Thirteen ambulances work throughout the district. 518 hospital staff includes 104 doctors. The administration is equipped with computers and copy machines. About 60% of all received hospital drugs come from FOMS (Fund for Obligatory Medical Insurance) and about 20% from the 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 is capable of caring for only two patients.

The surgery unit is sufficiently equipped, mainly through regular humanitarian aid. The three operating theatres have respirators. 18-25 surgeries take place weekly. Most of the patients are road accident victims. The surgery unit is re-

questing surgical tables, micro surgical knives and fibre-endoscope equipment.



Surgery unit at the Central district hospital in Urus-Martan

The laboratory employs four doctors and six nurses and provides standard clinical and biochemical tests, up to 80 a day. The **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 repairs in the laboratory area.

The maternity has a 60-bed capacity. In 2004 there were 2730 newborn, with 200 Caesarean sections and 96 premature deliveries. Rooming-in is practiced and breast-feeding is encouraged.

Both new incubators are not operational. It is not clear whether this is due to lack of oxygen, or because they are faulty. Another reason may be that the staff did not receive sufficient training on their usage.

The maternity ward administration requests new delivery beds, baby scales and infusion pumps.

The gynaecology ward has 34 patients. The main diagnosis is uterine pathology and 20-30 miscarriages monthly. Instruments, speculae



Maternity unit at CDH in Urus-Martan practices rooming-in

and other minor diagnostic equipment and lamps are requested.

There is also a **HI** supported physical rehabilitation room with a variety of equipment.

The X-ray set is reported to have a crack, but used nonetheless, though releasing hazardous radiation.

ICRC and **MDM** support the hospital on a regular basis, **HI** and **WHO** donated some rehabilitation items and medical equipment in 2002-2003. **UNICEF** provided equipment for the delivery room in 2004.

The district hospital in Alkhan-Yurt village consists of two one-floor buildings caring for the population of about 12.000. Much of its work falls into the primary or social care categories, but some straightforward surgical procedures may be carried out and uncomplicated chronic and acute cases can be treated. There are 25 hospital beds. At the time of the visit, only two patients were admitted. A general physician, a paediatrician, a dentist, a gynaecologist and 12 nurses work in the hospital. The staff reports considerable delays in salary payment.

The hospital inpatient ward was repaired before 2002. The laboratory is barely equipped; there is no microscope, but a variety of half broken glassware. Basically all patients are referred to the CDH 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 different drugs and basic consumables. The drug supply is erratic; none were delivered in the last two months.

The lack of equipment is serious. Staff does not have any basic instruments, such as tonometers, stethoscopes, scales, etc. There is one autoclave and one fridge for vaccine storage.

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.

WV 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 the day.

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



Gynaecological cabinet, district hospital in Alkhan-Yurt

The *Ambulatory in Alhazurovo village* covers the needs of 6.000 people and services about 15 people per day. Staff includes one feldsher, one obstetrician and two nurses. The physician and paediatrician posts are not filled. The ambulatory offers 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 the most pressing problem is reported to be lack of regular gas and electricity.

Patients can be referred to the 15 km distant CDH, one recently donated ambulance is available.

A **WV** mobile team visits the ambulatory once a week.

FAP 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. No heating is available. Only one nurse is in place. The FAP occupies one small room in the building of a local school. FAP has a rather limited stock of basic drugs, including antibiotics. Vaccines are kept in the fridge.

Urus-Martan is one of the pilot districts for implementation of **WHO** IMCI programme. In 2004 **WHO** conducted two IMCI training courses for 34 health professionals of the district. 16 of them were nurses from four mentioned above medical institutions. Urus-Martan district health workers actively participate 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**).

During the visit to **Grozny** on 21 February **WHO** met the Minister and Deputy Minister of Health of Chechnya and visited the new building of the maternity hospital N2, Republican maternity hospital, Republican AIDS centre, city polyclinic N7, office of Chechen NGO "**Nizam**" and TAC on Koltsova street.

The *Ministry of Health of Chechnya* requested humanitarian organizations to continue provision of basic instruments and equipment to state health structures in Chechnya due to the limited state budget. The MoH informed that the branch of the Moscow medical insurance company "Maks M" would deal directly with implementation of federal law N122 on compensations to 53.000 registered beneficiaries in Chechnya. It would be expected that the same insurance company will start functioning as an intermediary between Chechen hospitals and the federal fund of obligatory insurance (FOMS). Earlier announced plans to include outpatient facilities into this partnership are under the question in 2005 due to a low fixed expenditure rate per each outpatient visit, 7 roubles. According to the MoH this is not sufficient at all to improve the logistic situation on polyclinic-ambulatory level. In addition, the MoH reported the increasing deficit of federal allocated funds to reimburse the unemployed Chechen population in the obligatory social tax (which is the main funding source of FOMS). From almost 1 billion roubles (712 roubles per 1 Chechen resident) requested Chechen FOMS would receive only 15 million roubles, which will ultimately affect funding of Chechen hospitals in 2005.

The *Maternity hospital N2* is almost fully rehabilitated from federal budget funding. It is a three-storied hospital with 240 bed capacity and all necessary hospital support services. The hospital administration is waiting for the supply of equipment funded by Chechen MoH and fixing central water supply system. It is expected to start inpatient care with 110-120 beds in mid spring. The hospital will have roughly 400 staff and serve the population of Grozny city and 20-25% of rural population.

The Republican maternity hospital is nearly completed as well. The hospital is to receive soon equipment funded by federal budget and should open in mid-spring.

The Republican AIDS centre covers HIV blood testing in all city hospitals in Grozny and improves its system of co-operation with rural hospitals. The Centre requested humanitarian organisations to consider baby food supply to families with HIV infected women. It was stressed that the distribution of HIV awareness materials is important, strengthened by training courses and lectures for health and teaching personnel. They requested WHO to reprint 5000 copies of a booklet on HIV awareness for adolescent population. 2000 copies of this booklet were already distributed in Chechnya and Ingushetia in late 2003.

City polyclinic N7 continues its outpatient services. WHO supports the psychotherapy service within the polyclinic. On average there are 10-20 patients applying daily for the psychotherapy care.

Chechen NGO "Nizam", UNHCR implementing partner, is interested in promotion of health lifestyle activities, HIV/AIDS prevention, and anti-drug and substance abuse campaigns. Some of the plans include organisation of public round tables, set up of telephone trust line and various school awareness campaigns. "Nizam" is seeking funding on its anti-drug project implementation in Chechnya.

The TAC on Koltsova Street was visited as part of the outbreak response on cases of dysentery earlier reported by Vesta, UNHCR implementing partner. There was no confirmation of any dysentery cases among TAC population. At present, TAC operates a state health point. MSF-H counselling services are available on a daily basis. WV mobile team serves the population health needs once a week.

In Grozny-Selsky district WHO visited (10 March) the district hospital (DH) in Alkhan-Kala village, the ambulatories in Kulari and Petropavlovskoe villages and the FAPs in Oktyabrskoe and Ilinskoe villages.

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 categories and no surgical procedures can be carried out.

There are 35 hospital beds, 9 doctors and 26 nurses.

The lack of equipment and furniture is serious; most of available instruments is reported to belong to the staff. There is a lack of basic instruments, as tonometers, stethoscopes, scales, etc. The laboratory is barely equipped, with one microscope and a variety of half broken glassware. It is reported to carry out 10-20 tests on a daily basis.

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 fuel funds are not available.

Access to utilities is 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 50-60 different drugs and basic consumables. The drug supply situation is erratic. 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 though it is the second biggest in the district.

A strong need for participation of local staff in training courses was also mentioned.

Ambulatories in Kulari and Petropavlovskaya villages cover the needs of 6.000 and 4.000 people respectively, servicing about 20 (30) people per day. The staff of each ambulatory includes a physician, a feldsher, an obstetrician,

three district- and one procedure- nurses. The paediatrician' post is vacant in both places. The ambulatories offer 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. Additionally, the ambulatory in Petropavlovskaya offers dental services.



Ambulatory in Kulari

Electricity, water, sewage and gas heating is available, though in Kulari electricity only available in the general hall.

The ambulatory in Kulari has some furniture but is barely equipped, besides one fridge, a tonometer, gynaecological chair and minor instruments. In Petropavlovskaya village the ambulatory has sufficient furniture and is relatively better equipped, although no fridge is available with vaccines kept at staff's home. Staff reports lack of basic instruments. Scales are not available in either of the laboratories; the one in Kulari lacks gynaecological instruments, in Petropavlovskaya there are no height measuring devices. There is a continuing poor drug supply with ambulatories not receiving drugs on a regular basis from the district and central district hospitals. At the same time the ambulatory in Petropavlovskaya receives regular monthly assistance in drugs and consumables from **MSH-H**. Despite all difficulties the staff of both ambulatories tries to fulfil its job with patients' registration, maintaining case records, monitoring and, when required, immunization. The nurses carry out daily home patient visits.

Patients from both ambulatories are usually referred to hospitals in Grozny. Pregnant women from Petropavlovskaya sent as well to the local district hospital in Goryachevodsk.

A **WV** mobile team visits once a week and brings drugs and equipment.

There was a sharp difference between the two FAPs, visited during the mission. The FAP in Ilinskoe village covers a population of about 1.800, 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. The FAP occupies three small rooms in the adapted building. The rehabilitation of the FAP took place through support of the local administration. The FAP has a rather substantial stock of basic drugs, including antibiotics. The drugs are not supplied by MoH, but purchased by FAP staff through local administration and collective farm support. Home and night visits are paid on a regular basis. All pregnant women and newborn are registered and monitored. Blood samples are taken when required and transported for testing to Grozny.

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



FAP in Ilinskoe

The *FAP in Oktyabrskoe village* badly needs rehabilitation, it has neither proper windows, nor proper doors/windows, nor is there access to basic utilities. During the mission it was closed. FAP staff is reported to consist of one feldsher. FAP would cover the health needs of other remote villages located in the same area.



FAP in Oktyabrskoe village

Grozny-Selsky is the second pilot district for implementation of **WHO** IMCI programme. In 2004 **WHO** conducted two IMCI training courses for 40 local health professionals. District health workers participated in various trainings, such as medical statistics, HIV and drug abuse, breastfeeding, essential antenatal, perinatal and postnatal care (**WHO**), immunization (**UNI-**

CEF), rational drug use (**MSF-H**), obstetric and gynaecological care (**MSF-F**).

Mobile medical teams of **WV** operate in this district. Its teams provide basic primary health care to local population in 4 villages (Novyi Tsentoroi, Kulari, Staraya Sunzha, Chechen-Aul and Berdikel). **MSF-H** provides essential drugs and medical consumables to six state health structures (Central District Polyclinic, Pobedinskoe District Hospital, Gikalo District Hospital, Starye Atagi District Hospital, Vinogradnoe Ambulatory, Petropavlovskoe Ambulatory). **MSF-F** provides monthly drugs' assistance to the district hospital in Starye Atagi and occasionally medical consumables and equipment. In addition, **Care Canada** has run its youth education programme in two schools of Pervomaiskaya and Prigorodnoe villages.

In **Kurchaloi district of Chechnya** (23 March), WHO visited the Central district hospital in Kurchaloi, district hospital in Tsotsin-Yurt and ambulatories in Geldygen, Mairtup, Bachi-Yurt and Tsentoroi villages (Full mission report is available upon request from WHO offices in Moscow and Nazran).

SURVEYS

2004 Hospital Survey in Chechnya

In November/December 2004, WHO within its framework of the DFID and Canadian Government funded programme conducted a survey on nineteen selected hospitals in Chechnya. The main objectives were to update on status of the health facilities, main constraints and availability of equipment.

The survey was conducted in ten hospitals in Grozny (N1, N2, N3, N4, N5, N9, and Republican

clinical hospital, Republican children clinical hospital, maternity hospital N1, Republican veterans' hospital) and nine central district hospitals in Achkhoy-Martan, Argun, Gudermes, Kurchaloi, Nadterechny, Nozhai-Yurt, Naur, Shali and Urus-Martan. All central district hospitals were chosen and those ones in Grozny that were supported by humanitarian aid. Information was gathered about the most common diseases and most common problems as well as the access to communal utilities. Available equipment was checked and compared with a list of 2003/2004 donated items. UNICEF, HF, ICRC, MdM, HI, and MSF-H provided WHO with their respective lists. Data were analysed and where applicable com-

pared to data from the WHO Health Facilities' Survey 2002.

The aim of the survey was to update the humanitarian community on the present state and distribution of equipment in selected hospitals. At the same time a variety of data from the previous WHO health facilities' survey could be compared to the current status. The results show an overall improvement of physical conditions in the hospital. The disease spectrum did not change and problems mentioned in 2002 were marginally different from 2004. The MoH provided fewer but the most expensive equipment and the humanitarian community the largest amount and greatest variety of items, but less expensive. A great reliance on supply of equipment from the humanitarian community was noted.

Non-corresponding amount of items on the lists of donated items may reflect the directors' choice to distribute to smaller health facilities or multiple use in several facilities (i.e. microscopes). Also counting smaller items, as sphygmomanometers or stethoscopes could be disruptive during patient consultations. Some of the donated equipment should be more clearly traceable (haemoglobin measuring devices).

Uneven distribution of humanitarian donations in terms of facilities and amount was noted, but this seems unavoidable in a situation of dire needs on all levels and lack of access due to the security situation. More access could translate into closer monitoring of direct needs of beneficiaries and more even distribution.

Important is also to mention that some equipment is not used due to the staff not knowing how to operate it or because of some minor dysfunction. At times it is used inappropriately.

Overall, the provision of staff, equipment and drugs and the physical condition of those nineteen hospitals improved compared to 2002 but is still far from adequate. In most of the more than fifty in-patient facilities in Chechnya the situation is far worse with lack of even the most basic medical equipment, as they are not supported by the humanitarian community.

Recovery after more than ten years of civil unrest and destruction still needs sustained support from the national and international community.

CARE Gender Based Violence baseline survey of Chechen IDPs and private residents in Chechnya and Ingushetia

In September 2004, CARE North Caucasus began implementation of the Gender Based Violence (GBV) project "IMAN" in the North Caucasus. In order to learn more about GBV in the Chechen society, CARE has planned a three-step, 9-month intervention, including:

- qualitative and quantitative research on GBV and defining, utilizing a community-based approach, what GBV is in the Chechen society;
- elaboration of an awareness strategy on gender-based violence through use of drama therapy called the "Theatre of the Oppressed" and,
- provision of confidential and trained community-based counselling services for those who have experienced or have perpetrated one or more forms of GBV.

The first step of the "IMAN" project was to carry out a survey to determine the opinion of Chechen people towards gender, violence, and gender based violence. 400 individuals were questioned in 14 different locations – 12 in Chechnya and 2 in Ingushetia. The majority of those questioned fell between the ages of 14 – 18, showing more female respondents than male. The second predominant age range was 19 – 25 years and followed the same gender split. The assessment comprised a series of 35 questions to determine the level of knowledge about gender-based violence among Chechen population. Apart from gaining information on this specific subject, data was also gathered on the respondents' family composition, accommodation, income, employment and level of conflict –related trauma.

The survey showed that young people are more open to discussion on issues of family, trauma and sexuality as compared to adult aged individuals. At the same time, discussions around sexuality are taboo, and should therefore be ap-

proached with great sensitivity, respect and confidentiality, keeping the Vainakh ethics. Most of the respondents learned about sexuality primarily through literature. The preferred age for marriage was indicated as being between 16 and 20, while a significant number suggested that 12 and 15 years was the most appropriate age.

The survey revealed that Chechen society has not acknowledged differences between gender and sex. There is no Chechen or Ingush word for gender and a strongly held belief that women are not equal to men and should not be considered equal within Chechen and Ingush society.

Sexual and domestic violence does exist in the North Caucasus, but it remains hidden behind compound walls. Almost all survey participants had witnessed domestic violence within their family circles, but none had ever experienced it. Most of the respondents believe that discussions about mental or physical trauma, domestic abuse or violence should be kept within a family. Very few suggested speaking to a counsellor or knew of a support centre to assist individuals in need. Nobody suggested that authority figures, such as police, should be asked for assistance unless it was related to an immediate personal security threat that could not be solved by relatives.

More than half of those interviewed believe that cultural traditions have changed in the past decade – primarily for the worse, however, some did believe that rather for the better.

Other survey data showed that all respondents had completed or were currently enrolled in compulsory levels of education; most family homes were totally destroyed during the past conflicts; children from incomplete families more often than not had lost their father. Humanitarian assistance accounts for most families' primary source of economic income in both Chechnya and Ingushetia. However, more individuals in Chechnya reported that small income generation projects provided some income to family subsistence.

Following a community-based approach in gaining qualitative and quantitative research on GBV, Care project "IMAN" is designed to raise the awareness of population on issues of gender based violence. Through using psychosocially sound drama skits, the beneficiaries will be educated on the various forms of gender-based violence and provided with techniques and tools to prevent and mitigate all forms of violence against women.

INGUSHETIA AND CHECHNYA

TB

24 March, World TB Day, was commemorated in the North Caucasus by holding a memorial conference at the Republican clinical hospital in Nazran (Ingushetia). The conference was organized by the Ingush TB service in collaboration with **WHO** and with support from a number of humanitarian organizations. Governmental officials, representatives from the Ministry of Health of Ingushetia (MoH I), national and international organizations and clergy present at the conference addressed among other issues TB in children, TB and oncology diseases and Diabetes mellitus and TB. The conference was concluded by a performance prepared by children from the TB sanatorium in Troitskaya. On this occasion, WHO donated 2000 leaflets on TB treatment for



WHO representative addressing the memorial conference at the Republican clinical hospital in Nazran

general public awareness to the Republican TB hospital in Nazran and various toys to the children of the TB sanatorium in Troitskaya village of Ingushetia.

WV carried out special TB awareness sessions in Sleptovkaya village in Ingushetia, in Urus-Martan district in Chechnya and in schools and TACs in Grozny.

Following the World TB Day commemoration **IMC** provided a large number of hygienic items for all inpatients of the Republican TB hospital in Nazran, including pyjamas, bed linen, towels, etc. and stationery to the children TB sanatorium in Troitskaya village.

On 28 March - 1 April **WHO** carried out a training course on "TB in children and adolescents" in Nazran. 36 paediatricians and primary health care workers from Chechnya and Ingushetia participated in the training, facilitated by experts from the Moscow Research Institute of Tuberculosis.

Epidemiology and immunization

On 14-18 March **WHO** held a training course on prevention and treatment of infectious diseases for 25 primary health care staff from Ingushetia and Chechnya in Nazran. The course was facilitated by a lecturer from the Moscow Medical Academy.

On 21-25 March **WHO** held in Nazran a training course on medical statistics. 49 deputy head doctors and statisticians from medical facilities in Ingushetia and Chechnya were in attendance. The course was facilitated by two specialists from the RF Ministry of health and social development.

Health assistance

The lack of specialised medical treatment in Chechnya remains one of the main health access problems. The **RF MOH** annually provides a certain number of "quotas" for all districts of the

Russian Federation to receive "high technological medical treatment" which cannot be granted locally in clinics and institutions. About 15.000 treatments were granted for the southern federal district in 2004 Chechnya and Ingushetia received nearly 2000 treatment grants. The most common morbidity areas included oncology (290 patients), haemodialysis (78), ophthalmology (39), abdominal surgery (32), cardiovascular (26) and urology (25). Other specialisations include neurosurgery, trauma and orthopaedics.

IMC continues its regular operations in Ingushetia and expanded areas in Chechnya. In Ingushetia the NGO assists population of 77 settlements, providing health services to 33-48 of each 100 Chechen IDPs residing in the area. **IMC** has more than 1000 antenatal visits a month. Roughly 2000 children under 5 years old are regularly monitored and observed.

IMC TB detection programme in Ingushetia is expanding with more and more people getting involved in the sputum collection process.

In Chechnya a large number of patients is reported to apply for health care to newly introduced **IMC** mobile medical teams in Grozny-Selsky and Achkoi-Martan districts. Totally **IMC** covers 9 FAPs and 3 ambulatories in these two districts.

On 26-27 February **HF** conducted training on neurological pathology in children in Nazran. The event was addressed to 45 state and non-state health representatives (paediatricians and neurologists) and was facilitated by the specialist from the Russian Medical Academy of Post-Graduate Studies. It also donated a gas-analyzer and an electrocardiograph to the city hospital №2 in Grozny and an ultrasound machine to the maternity hospital in Ingushetia.

WV completed a two-week's upgraded certification training for 14 of its medical staff (paediatricians, gynaecologists and therapists) and 7 staff from state health facilities of Urus-Martan and Grozny-Selsky districts in Nalchik (Kabardino-Balkarian State University). By 28 March, seven **WV** psychologists took part in a similar course.

The Republican specialised boarding school for blind and limited vision children in Grozny (Kirov Street 29) is undergoing rehabilitation through the support of a German NGO Humanitarian Hilfe Berlin "HHB".

PIN supports a psycho-social centre there. The school is in dire need of furniture and specialised medical and rehabilitation equipment. A similar facility, the Library for the blind in Grozny (March 8 Street) supported and hosting one of **Care Canada** centres is also in need of furniture and specialised materials.

PHO delivered training and rehabilitation equipment to the Grozny school for children with impaired hearing.

ICRC continues its regular monthly distribution of medicines and medical consumables to ten hospitals in Chechnya (3 in Grozny), one in Ingushetia and one in Dagestan.

Upon additional requests from the policlinics in ICRC-assisted policlinics, 8 hospitals in Chechnya received in February about 1000 vials of insulin.

The hospitals in Gudermes and Nadterechny were equipped with laboratory devices and the Urus-Martan hospital received an X-ray machine.

ICRC also supported Chechen doctors in attending professional trainings, including one physician from Shali hospital participating in a course on endocrinology in the Dagestan state medical academy; a laboratory technician from Achkhoy-Martan hospital – on cytology in the Rostov state medical academy; a gynaecologist-obstetrician from Shali hospital in the Russian medical academy of post-graduate education; a neurosurgeon from city hospital N9 in the Burdenko neurosurgery institute; an anaesthetist from city hospital N9 in the Dagestan state medical academy and head physician from Achkhoy-Martan hospital in Kuban medical academy.

Memorial implements its medical programme since December 2004. Through five offices in Grozny, Sernovodsk, Urus-Martan, Achkhoy-Martan and Nazran Memorial provides necessary

drugs and referral for medical treatment to the most vulnerable categories of people applying for help. In addition, Memorial covers transportation expenses related to the patients' referral for out-of-town treatment.

MSF-F opened two clinics in Chechnya: a paediatric unit in policlinic №3 and an antenatal and gynaecological unit in children policlinic №5 in Staropromyslovski region, Grozny.

MSF-F donated 3 incubators, 20 infant beds, 1 foetal monitor and one autoclave to the maternity ward No 1 in Grozny.

In addition MSF-F supported the burn centre in Grozny, and health facilities in Sharoi, Shatoi, Itum-Kali and Chiri-Yurt villages.

In Ingushetia two mobile teams (gynaecologic and paediatric assistance) are working at three locations (MRO Sunzha, Promzhibaza Karabulak, Logovaz, Nazran). In Sleptsovskaya and Nazran the maternity wards are supported as well.



HIV/AIDS

Chechen Anti-AIDS centre reports 468 Chechen residents (out of them 74 women, and 20 infants) registered as HIV positive from 1987 to 2004. The most HIV affected area in Chechnya is Grozny (97.4 per 100 000 population), followed by Sunzha (84, 5), Naur (77,7), Achkhoy-Martan (52,7) and Itum-Kalinsky districts (52,6). 116 people were detected as HIV positive in 2004, out of them 30 women and 11 infants. The total number of people tested for HIV in 2004 was 58 598 persons.

In Ingushetia, there are 444 HIV-positive people (1999-2004). In 2004 the number of newly infected reduced by half (42 instead of 84) compared to 2003. The percentage of infected women remains the same - 21,4 %. No infant was found HIV-positive in 2004.

WHO continues distribution of condoms and posters to health institutions in Ingushetia and Chechnya (Grozny) in the framework of the HIV/AIDS programme. In February the Ministry

of Health of Ingushetia received 150 calendars, 100 booklets and 10 video tapes on substance abuse, over 4000 condoms, around 200 posters, as well as books on immunization and paediatrics, pregnancy tests and disposable syringes. The Skin Venereal Dispensary in Nazran received over 4000 condoms and a number of syphilis test systems.

In March WHO donated 32.400 condoms to the Republican AIDS centre in Grozny, Chechnya.

The centre also received 55 video tapes on prophylactic and prevention of drug abuse and 19 video tapes on HIV awareness. The Republican Blood Bank received WHO teaching modules on Blood Safety.

CPCD's Women's Rehabilitation Centre organized a one-day seminar on drug usage prevention among young people in Malgobek town in Ingushetia. The seminar's agenda included presentations on relevant topics by representatives from CPCD and local health and social services providers with subsequent discussions and distribution of pamphlets. About 300 senior school-children and teachers from Malgobek schools n. 1, 3 and 7 participated in the event.

In February-March the **IRC** organized in Ingushetia a forum with HIV/AIDS as a topic, attended by 80 youths and carried out six trainings for altogether 47 youth participants on HIV/AIDS prevention and awareness.

Caritas provided 90 books on HIV infection to the Republican AIDS centre in Grozny.

Denal completed the series of 30 lectures on HIV awareness in 10 districts of Chechnya.

Mother and child health

According to the assistant Minister of Labour and Social Protection of Chechnya the Ministry runs five children's homes including a social rehabilitation centre for 100 children in Shali, an orphanage for 50 children in Groznenski district,

an orphanage for 90 children in Kurchaloi and an orphanage for another 90 children in Gvardeiskoe. The Ministry reports 15.633 registered handicapped children (including 840 victims of military activities), 2.145 orphans and more than 28.000 semi-orphans.

The Director of the children social rehabilitation centre in Shali, reported during a **WHO** coordination meeting the lack of laundry facilities, insufficient food and clean water supply, faulty sewage and heating systems. The building needs rehabilitation - although included into the Federal reconstruction programme for 2003 - no repair has been commissioned yet. 90 children, including orphans and homeless, reside there on a permanent basis. The director welcomed all kinds of support from humanitarian organizations.

The Children rehabilitation centre "Yagnenok" (Lamb) cares for 54 orphans and semi-orphans living in the centre meant for 100 residents. The building is in good shape, there is enough furniture and bed linen. The main problem is lack of medicines and insufficient supply of food. **DRC** food assistance was considered not enough for covering children's' needs.

In March, **IRC** started treatment of anaemia in children of school age in Ingushetia and Chechnya. Daily iron supplementation was provided to 550 children in 10 IRC-supported schools in Ingushetia and 1.377 children in 5 schools in Chechnya. These activities were accompanied by continuous anaemia educational training to parents and teachers.

IRC continues its Safe Motherhood groups in Grozny, where 48 pregnant women receive each month 8 hours of training on pre- and post-natal care. Upon completion of the course, all participants receive motherhood kits. Individual psychosocial counselling is offered to the participants upon request.

Water and sanitation

In line with the Water programme for resident civilians in Grozny and within the framework of the agreement between **PHO** and **ICRC** the lat-

ter delivered to the PHO K-2 base in Grozny 95 cubic metres.

PHO also procured new garbage and sewage trucks and 100 garbage containers within its project on improvement of environmental and sanitation conditions in Chechnya.

PHO distributed cleaning kits (iron buckets, shovels, brooms, brushes, gloves and cloths) and dustbins among schools, hospitals and TACs in Grozny.

Within the framework of its hygiene and sanitation education programme, targeting school and preschool children in cooperation with the Municipal Education Department of the Ministry of Education of Chechnya, **UNICEF** initiated the implementation of sanitary and hygiene activities in 46 schools and 5 pre-schools facilities in Grozny. In line with this programme, hygiene practices and healthy life styles will be promoted among 12.320 children, with the help of teachers. In partnership with the SES, UNICEF launched a series of training sessions for IDPs residing in TACs in Grozny. In February, 40 sessions, targeting more than 800 children and adults, were conducted by SES specialists in TACs located in Malgobekskaya and Tverskaya Streets. (UNICEF)



Mental health

Local specialists, trained with financial support of **UNICEF**, continued to provide assistance to children and parents affected by the events in Beslan in September last year. From 31 January through 11 February, training for 40 local psychologists and teachers was conducted in Vladikavkaz by specialists from St. Petersburg. The purpose of the training was to increase their communication skills as an important element for the effectiveness of their professional counselling. The professors from St. Petersburg University also supervised and provided counselling to children and parents, together with specialists from the Vladikavkaz Psycho-social Rehabilitation Centre. UNICEF also provided the Rehabilitation Centre with a bathtub and sport equipment: running tracks, climbing walls and other

items for the psychological relaxation of children.

From 14-25 February, another group of specialists from the Moscow-based NGO "**Broken Flower**" carried out a two-week training course for 15 psychologists and teachers from Beslan schools. The participants were provided with special games for individual work. The *mozartika* methodology used by Broken Flower has proven to be effective in determining the level of psychological trauma, decreasing the level of anxiety and weakening the emotional stress. More than 10 consultations with affected children and parents were also carried out by the specialists from "Broken Flower". (UNICEF)

WHO funded a one-week refresher course for psychotherapists from city polyclinic N7 (Grozny) at the Moscow Research Institute of Psychiatry.

On 21-26 February **WHO** held a training course on hyperactivity and aggression in children and adolescents in Nazran. 25 psychologists from the state health sector and interested NGOs participated in the course, facilitated by specialists from the Moscow Research Institute of Psychiatry.

WHO donated 60 sets of bed linen to the Republican psychiatric hospital in Samashki.

The **IRC** continues to implement psychosocial programmes, providing counselling for war-affected families and teachers. It employs open and closed group therapy as well as individual counselling. In March, psychosocial support was provided to 282 children, 35 parents and 18 teachers in Ingushetia and 265 children, 43 parents and 28 teachers in Chechnya.

In March, the IRC also conducted in both republics trainings for teachers on trauma in children and on methods to be used in the classroom (i.e. music therapy).

The fourth issue of the IRC' monthly psychosocial newspaper "SINTEM" was published and distributed in Ingushetia, for the first time it contained articles in the Chechen language.

On 21-26 February **Care Canada** organized training in Essentuki on psychosocial rehabilitation, including issues of trauma related conditions, personal security, domestic violence. The training was facilitated by three psychologists from Moscow and Rostov and targeted 50 counsellors representing Care programme staff, UN and NGOs.

Assistance to the disabled

According to the assessment of the NGO **LSG** 119 children and young people affected by mines/UXO have been registered as residing in Grozny by the end of February this year. Some 40 of them have limb amputations, 64 have shrapnel wounds and 15 are affected by cerebral traumas and burns.

On 10-11 March **HI** carried out a two-day training at the Prosthetic workshop in Grozny for 20 Chechen state medical workers.

The NGO has also funded participation of its rehabilitation specialist in a two weeks certified training course in St. Petersburg in March.

Other news

The 2004 annual Chechen state health care report is available now. The report includes statistics on TB, psychiatric care, obstetrical-gynaecologic services, children health care, immunization, medicine of catastrophes, emergency ambulance, sanitary-epidemiologic services, HIV/AIDS, blood bank information etc.

The main findings of the report are that the demand in specialized medical personnel (particular doctors), medical equipment and building repairs is still high, although over the last year the situation has notably improved, in many cases through the assistance of humanitarian organizations.

During the last years the main accent was targeted towards the reconstruction of the primary health care level facilities in Chechnya. In 2004 however, the major topic for the Ministry was strengthening the secondary and tertiary health

care level, since too many patients still need to be sent outside the republic for treatment.

Major outbreaks of infectious diseases could be avoided during 2004.

Most frequent reasons of morbidity of the Chechen population were still tuberculosis, gastrointestinal and cardio-vascular diseases and respiratory diseases in children.

The report also outlines priorities of the Chechen health care system for 2005.

WHO updated the Health sector field directory for Chechnya and Ingushetia and distributed it among the international partner organizations, engaged in provision of health care services in the two republics. The directory contains information on health and psychosocial rehabilitation projects in Ingushetia and Chechnya and provides contact information.

WHO distributed the February and March editions of the "Bulletin for health care managers in Russia" to all Ministries of Health and Health insurance foundations in the regions of Russia (including the Ministries of health of Ingushetia and Chechnya). The topics of the issues were Health Care Policy and Mother and Child Health.

The bulletin is prepared by WHO Zdravinform health data base project and WHO Documentation centre in Moscow (both being parts of the central research institute of health organization and information of the Ministry of health and social development).

The bulletin can be obtained at <http://zdravinform.ru>

WHO distributed contact information of all health institutions in the Republic of North Ossetia-Alania, prepared by the Ministry of Health and the Chamber of Commerce of the republic.

On 1 February **ICRC** presented its plan of action 2005 for the Russian Federation. In 2005, the ICRC' large-scale operation in the North Caucasus will continue to focus on assistance and protection activities. Over 90,000 most vulnerable residents of Chechnya and internally displaced

persons in Ingushetia and Dagestan will receive non-food aid from ICRC. It will also support the repair of public infrastructure such as the water supply and sewage systems in Chechnya, Ingushetia and Dagestan. Reinforcing health services in the region will remain another ICRC priority. Assistance to 10 hospitals in Chechnya, one in Dagestan and one in Ingushetia and the Grozny central bank will be continued. The ICRC will further support training for health workers and hospital doctors, as well as prosthetic technicians from Grozny's physical rehabilitation cen-

tre. ICRC mine action programme will help the civilian population and children in particular, to avoid the dangers of mines and UXOs in Chechnya.

In order to implement its programmes in the Russian Federation the ICRC needs USD 25.416 million, including USD 20.285 million for the activities in the Northern Caucasus.

More information can be found at <http://www.icrc.org>

List of abbreviations:

DRC: Danish Refugee Council
EPI: Expanded Programme on Immunization
FAP: Rural health post/feldsher midwife station
FOMS: Fund for Obligatory Medical Insurance
GP: General practitioner
HI: Handicap International
ICRC: International Committee of the Red Cross
IDPs: Internally displaced persons
IMCI: Integrated Management of Childhood Illness
IMSMA: International Management System for Mine Action
IR: Islamic Relief
IRC: International Rescue Committee
MDM: Médecins du Monde
MoH I: Ministry of Health of the Republic of Ingushetia
MoH Ch: Ministry of Health of Chechnya
MSF-B: Médecins sans Frontières-Belgium
MSF-F: Médecins sans Frontières-France
MSF-H: Médecins sans Frontières-Holland
PHO: Polish Humanitarian Organization
OCHA: United Nations Office for the Coordination of Humanitarian Affairs
RF MoH&SD: Ministry of health and social development of the Russian Federation
SARC: Saudi Red Crescent Society
SDC: Swiss Agency for Development and Cooperation
SES: Sanitary Epidemiological Surveillance
TAC: Temporary accommodation centre
UNICEF: United Nations Children's Fund
UXO: Unexploded ordnance
VOM: Voice of the Mountains
WFP: World Food Programme
WHO: World Health Organization

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