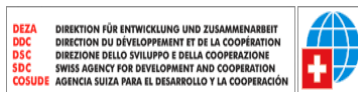




WHO Disaster and Preparedness Response Programme in the North Caucasus, Russian Federation



ANNUAL REPORT 2006

EXECUTIVE SUMMARY

The general health status of the people in the North Caucasus republics still compares unfavourably to the Russian Federation average. Due to the collapse of the health system, access to health care is limited and the quality of health services is poor throughout the region.

The health system suffers from a lack of technical, administrative and managerial skills amongst staff; a lack of specialised and basic medical equipment, furniture, and consumables; dilapidated health facilities; and in frequent cases, poor water and electricity supply and sewage disposal problems.

The strengthening of primary health care services in the North Caucasus is a national health sector priority. In 2006, the region received an increase in the federal budget allocated to the strengthening of the health care system, in particular for the rehabilitation of the health infrastructure, the provision of equipment, and the provision of training for the implementation of the priorities outlined in the national health plan. However, real needs were far from met in 2006.

Although the UN security rating was lowered from Phase V (evacuation) to Phase IV (emergency operations), Chechnya has not yet open access for UN staff. The security situation in the whole North Caucasus region remains unpredictable. Whilst there is a perceptible improvement in the security situation in the Chechen Republic, the neighbouring Republic of Ingushetia continues to record an increasing number of incidents of violence and attacks against law enforcement and government authorities.

In 2006, the World Health Organization (WHO) continued its programme implementation through a well-established network of partners and in close collaboration with MoH structures. Despite an only partially funded workplan, WHO was able to achieve significant results in leading and co-ordinating health cluster activities, assessing and identifying health care problems, followed up by health cluster activities in filling in the gaps/addressing problems and strengthening state institutionalised capacity building. All 2006 project activities will be continued in 2007, largely targeting the health system of the Republic of Chechnya but other North Caucasus republics also.

During 2006, WHO implemented projects contributing to the strengthening of local health structures through capacity building activities and specific public health interventions at primary health care level in the areas of mother and child health; HIV/AIDS; TB; mental health services and psychosocial rehabilitation. 25 missions to Chechnya were conducted where some 100 state health facilities were visited and assessed.

WHO lead 21 health cluster meetings for some 320 representatives as one of the main co-ordination mechanisms and platforms for discussion of all health related issues in the North Caucasus region. One of the main key achievements of WHO as health cluster leader was the

consensus by the humanitarian community on 2006 health sector priorities, such as increased support to primary health care facilities; improved access to rural state health care structures; increased number of trainings provided to state health workers and increased number of public prevention campaigns.

Apart from providing technical and material assistance such as consumables, instruments, and equipment, WHO's main effort in 2006 was in capacity building. A total of 1,170 health professionals from Chechnya, Ingushetia and North Ossetia were trained in some 50 training courses organised and supported by WHO. A key achievement of the WHO training component is the cooperation and agreement by the relevant Ministries of Health on the content, validity and usefulness of the training courses. In 2006, WHO largely contributed to the implementation of state priority plans for health workers' capacity building.

The WHO lead in training for health workers has been maintained by the continuous support from several donors in the areas of primary health care and mental health. Building upon these efforts, a three-year project supported by the European Union (EU) for the further strengthening of health services in the region started in October 2006.

PROJECT AREAS AND SUMMARY OF ACTIVITIES

The World Health Organization's presence in the Russian Federation includes a WHO Country Office in Moscow and a field office in Nazran. Since 2000, the WHO office in Nazran has been providing technical support to the local health authorities for strengthening health sector and public health programmes in Chechnya and neighbouring republics, in close partnership with key national and international stakeholders.

In 2006, WHO continued its core mandate as health cluster lead agency and technical focal point for public health programmes, implementing projects to strengthen the local health systems through technical assistance and capacity building activities on mother and child health; HIV/AIDS, mental health services and psychosocial rehabilitation. Activities have included continuous provision of training courses through participation of experts, improvement in health information/data gathering and analysis for health coordination and decision making, and monitoring the accessibility to health care services.

1. Health sector coordination

In 2006, WHO provided technical support to national authorities and health partners in North Caucasus republics to ensure they were better equipped to respond to crisis and mitigate health consequences.

During 2006, WHO strengthened the present health coordination mechanism enabling all international and national health partners to effectively complement national efforts in the relief and early recovery of the health sector. WHO also led regular health cluster meetings (a total of 21 meetings) for some 320 representatives as one of the key co-ordination mechanisms and the platform for discussion of all health related issues in the North Caucasus region. Coordination meetings have had a consistently high attendance rate by the 24 health partners based in Chechnya, Ingushetia and North Ossetia.

Assessing health priorities and keeping partners informed has been another important function of WHO North Caucasus programme. Through frequent and close cooperation with the MoHs in Chechnya and Ingushetia, an exchange of health data and indicators has provided the basis for interventions by the humanitarian community on various health issues.

WHO facilitated information exchange on federal national health priority plans, general and specific health status reports, results of meetings in MoHs and information on their regular activities, state health system problems and priorities (rehabilitation and reconstruction in

Chechnya, mother and child health, TB, communicable disease surveillance, immunization, HIV/AIDS, mental health, etc).

In addition, WHO provided updates and follow up with children poisoning in Shelkovskoi district, reported on "unknown illness" in Chechnya' Shatoi district, floods and landslides in Chechnya, avian flu, outbreak of Crimean-Congo hemorrhagic fever in the Southern Federal District, and the removal of radioactive sources from Chechnya. WHO shared results of the monitoring missions to Chechnya, updates and follow up to outbreaks and reported morbidity, situation and medical assistance in TACs in Chechnya and settlements in Ingushetia. WHO collected and disseminated information on health sector trainings, conferences and surveys, updates from agencies and requests from the state health system. WHO initiated the preparation process for commemoration of World TB Day, World Health Day, and World Blood Donor Day in the region.

In 2006, WHO ensured that relevant technical guidelines were available to health authorities and partners and maintained databases on 'who is doing what, where', 'distribution of health services', 'health sector training courses', 'state health sector medical equipment provision' and 'health care facility performance', which were shared with partners to inform programme decisions and avoid duplication of efforts. WHO prepared necessary health sector map updates and sector and needs assessment databases, including the WHO Inventory of Health Projects in the Russian Federation.

In 2006, WHO produced and shared regular bi-monthly newsletter "Health Action in Crisis" and other health related information materials, recommendations and regulatory documents, including state reports, plans, updates, notes for the file, health legislation, etc. Following WHO support, a total of 31 hospitals, 23 ambulatories and 99 FAPs in Chechnya began to receive regular state health information and materials.

WHO provided technical assistance to the medical-information analytical centres of the Ministries of Health of Chechnya and Ingushetia aiming at creating and strengthening local health/learning training resource centres for effective management of health information and development of technical partnership. Internet access was secured for the MoH centre of Chechnya for overall improvement of their technical performance; making materials available for general public upon request and creation of a full scale web site at the MoH of Chechnya.

WHO also led the health sector in formulating the 2007 North Caucasus Inter-Agency Transitional Work Plan combining humanitarian assistance to the health sector with a longer-term social-economic development strategy.

The key achievements of this coordination mechanism have included the reaching of consensus by the humanitarian community on health sector priorities such as increased support to primary health care facilities, improved access to state health care structures outside of Grozny, increased number of trainings provided to state health workers and increased number of public prevention campaigns.

2. Strengthening Primary Health Care in NC region

The WHO project "Strengthening Primary Health Care in North Caucasus region", supported by USAID, focused on strengthening health information management and technical support to national and international organisations in the North Caucasus, capacity building and institutional support at regional level, and support to sustainable primary health care delivery with provision of basic equipment.

In 2006, as well as the 1,170 health professionals trained (above), at least 40 local health workers were trained as trainers and responsible district health educators.

243 health workers have undergone the necessary state certified courses in mother and child health and TB. For the first time ever a Russian conference was held in Grozny for some 150

Chechen experts with the participation of experts from All-Russian State Institute of Preventive Medicine.

In line with the federal national health priority plan, WHO, jointly with the Ministry of Health of Chechnya and Rostov Medical University implemented one-month trainings (certified) for 108 primary health care workers, including 48 district physicians, 48 paediatricians and 12 family physicians. The WHO contribution to the health priority plan enabled provision of good-quality certified training (not only state required but strongly requested by the Ministry of Health) to 100% of the state health workers who participated in such activities in 2006.

In Ingushetia, WHO focused on direct training of 359 primary health care workers through the provision of 22 one-day lectures on treatment, diagnosis and prevention of the most common causes of morbidity among children under 5 years (IMCI components).

3. Strengthening Maternal and Child Health in the North Caucasus

Mother and child health remains one of the main health priorities in the North Caucasus.

In 2006, WHO continued its reproductive health and mother and child health programmes with the overall objective to improve the health of mothers, newborns and children of early age in the Northern Caucasus by ensuring improved health care services and family and community practices. These programmes were initiated in 2002.

The WHO mother and child health (MCH) programme has been successfully conducted in partnership with Swiss Agency for Development and Co-operation (SDC), the Ministries of Health in Chechnya, Ingushetia, and North Ossetia-Alania, and complemented by ongoing programmes conducted by UNICEF, other international organizations and national NGOs.

The WHO MCH programme helped to introduce Making Pregnancy Safer (MPS) and Promoting Effective Perinatal Care (PEPC) and the Integrated Management of Childhood Illness (IMCI) policies in the region.

WHO, in collaboration with the Ministries of Health, has made significant advancements in the areas of IMCI and MPS/PEPC. During 2006, some 612 local health workers received 35 WHO MCH trainings. In Chechnya, 202 health workers were trained in IMCI by local facilitators, which is still represents only 15% of the total health workers still to undergo WHO trainings. An extensive number of MPS/PEPC/IMCI information material (teaching modules, presentations, textbooks and guidelines) was distributed. The training quality was ensured through facilitation by leading Russian IMCI/MPS experts, Moscow-based Institute of Paediatric and Child Surgery along with other local IMCI and MPS/PEPC certified trainers. Throughout the year, a number of follow up activities on WHO programme implementation was conducted.

Ongoing support is required to ensure local health authorities have continued access to technical support and to enable local health professionals to receive further training in IMCI and MSP/PEPC. In 2007, WHO plans to continue and expand IMCI interventions in the North Caucasus region through: strengthening health workers skills by conducting trainings in previously uncovered districts, introducing IMCI into pre-service curricula in medical teaching institutions and development of interventions to improve community and family practices and to improve childcare. Following a consensus meeting between WHO and the Russian Federation MoH in 2006 on adaptation and planning of WHO paediatric referral care guidelines in Russian Federation, WHO will start IMCI courses for paediatric hospital care in all three Republics.

4. Strengthening health services in Chechnya at PHC level through capacity building in perinatal and child care with the focus on HIV/AIDS prevention of mother to child transmission (PMTCT) in Ingushetia and Chechnya

To build on achievements made since 2003, WHO continued in 2006 to conduct capacity building in HIV/AIDS prevention and Mother and Child Health for health workers; perform needs assessments of basic equipment and supplies and providing priority items; do follow-up and

impact evaluation; and implement health promotion activities and health campaigns for young adults. These activities were all made possible through a contribution from the Norwegian government.

In 2006, WHO technical assistance in this area largely focused on filling the existing gaps in laboratory service coverage in Chechnya. WHO provided a total of 105 test-system kits for the laboratory needs of the Republican AIDS centre in Chechnya. WHO also provided laboratory equipment, consumables and furniture and test-systems for opening two HIV laboratories on the basis of central district hospitals in Naur and Gudermes districts. The opening of two HIV laboratories expanded the network of overall blood testing, including HIV, especially for pregnant women.

WHO continued data and information gathering from local state authorities requirements on HIV (needs for consumables, tests and equipment as well as training) with further distribution to the health cluster organisations.

During 2006, WHO provided the Chechen state health system with literature and information materials on PMTCT as agreed upon and consulted with the Federal and Republican AIDS centres. WHO produced and distributed 7.000 copies of two different HIV/AIDS poster designed and developed by the experts of the Republican AIDS centre in Grozny. For World Aids Day 2006, two different leaflets (in Chechen and Russian languages) were produced (4,000 copies of each) containing basic HIV public health messages for the local population. Following the requests of the local authorities two large size banners (10 x 12 meters) were designed and displayed on the main street of Grozny town featuring three famous Chechen athletes addressing their peers and encouraging them to avoid risky behaviour and engage in sports activities. Especially designed T-shirts and CDs were produced by WHO. In order to strengthen the public awareness component for prevention of mother to child HIV transmission in Chechnya, WHO and the Republican AIDS centre produced for local TV and radio two video and radio public messages on PMTCTC HIV prevention.

One of the main pillars of this programme was to continue the strengthening of capacities through training of medical personnel. Within this programme, experts from the Federal AIDS Centre in Moscow and St Petersburg have trained nearly 85 health staff in Chechnya and Ingushetia. Five courses were conducted for Chechen and Ingush obstetricians, gynaecologists, physicians, AIDS centre's staff, epidemiologists and TB experts. Ten WHO teaching modules were introduced to the blood banks of both Republics. Throughout the trainings and beyond, WHO provided course participants, MoH officials and health workers with latest WHO adapted protocols and national "prikazes" on HIV/AIDS treatment/care.

5. Capacity Building for Rehabilitation of Schoolchildren and Educational Personnel

In 2006, WHO implemented a series of activities aimed at the creation and support of a network of psycho-therapeutic units in five polyclinics in Grozny and other Chechen cities, including direct counselling services, and the opening and support of two psychosocial rehabilitation centres on the premises of two Chechen hospitals managed by local Chechen NGOs "Lets Save the Generation" and "Sintem".

WHO continued to strengthen the skills of medical and non-medical workers through the provision of various training courses and seminars under the guidance of the All-Russian Institute of Psychiatry. In 2006, WHO also completed a mini-survey on psychiatric and counselling services in state polyclinics and by February 2007 will have finalised a full-scale survey, similar to the surveys undertaken in 2002 and 2004.

6. Tuberculosis control in Ingushetia

In 2006, WHO provided continued support to the Ingush TB services through various training courses, programme monitoring, follow up visits and patient incentives. WHO reached an agreement with WFP to provide the TB dispensary in Nazran and patients who finalised their treatment with food commodities. WHO provided 4.068 TB patients who completed and continued their treatment in Nazran TB hospital with more than 105 tons of flour, 11.227 litres of oil, 1.465 kgs of sugar and 306 kgs of salt. In 2006, WHO trained about 240 health professionals within the framework of the TB programme.

PROGRAMME MONITORING

WHO regularly monitored implementation of all projects by field visits and frequent meetings and discussions with responsible MoH officials in all three North Caucasus Republics. In 2006, WHO conducted 25 missions to Chechnya, visited and assessed some 100 state health facilities and carried out numerous meetings with health cluster partners.

CONSTRAINTS

The main constraints to WHO programme implementation in 2006 were the funding gap and the lack of adequate access to Chechnya. Though the number of undertaken missions doubled since 2004, they cannot replace proper monitoring and evaluation of implemented programmes. At no time are 'ad hoc' visits to sites possible. Often planned missions are cancelled and can not be visited due to political events, hostilities or unstable situations.

The development of the North Caucasus region is very much influenced by government spending in key social sector areas. In 2006, the federal government transferred 3.5 billion dollars to the North Caucasus and has promised to double this amount in 2007. One main concern is that even despite these significant budget allocations, republican governments may not have the capacity to successfully restructure and manage social services - this applies particularly to the Chechen health system.

Getting an up-to-date picture of the health context in Chechnya is not yet easy. Reliable health statistics and information gathering and analysis tools, prerequisites for any strategic and effective restructuring, remain weak.

PLANNED ACTIVITIES FOR 2007

Through its programme activities, WHO has the opportunity to significantly contribute to the restructuring of the health system in the North Caucasus. WHO's value in this context, to the government and the international community is:

- its mandate to coordinate humanitarian aid & recovery/development efforts;
- its ability to manage health information & assess/monitor the health situation;
- its ability to strengthen health systems & build local capacity through the provision of technical advice and expertise.

The WHO component in the Inter-agency Transitional Work Plan for North Caucasus 2007 specifically reflects the following programmes:

- Health sector co-ordination and management;
- Disaster preparedness and response;
- Strengthening of health systems in the North Caucasus region;
- Strengthening of primary health care in North Caucasus region;
- Mental health/psychosocial rehabilitation;
- Strengthening maternal and child health in the North Caucasus, including PMTCT.

Other programmes

In 2007, WHO will fundraise for the implementation of a communicable disease surveillance programme in Chechnya and Ingushetia. WHO will further explore possibilities of conducting a series of activities aimed at identification of environmental health situation in the region, especially in Chechnya.

Also in 2007, WHO will seek funding to implement a full-scale TB control programme in Chechnya, with special focus on in- and out-patient care, as well as strengthening the state follow-up systems for patients who returned to Chechnya from Ingushetia, including collaboration with Ingush TB service, where there has been gained a positive experience over the last five years of TB program implementation.

In close collaboration with UNICEF, ICRC and UNDP, WHO will continue to focus activities within the Mine Action sector in areas such as capacity building of involved health and social workers, promotion of information materials, etc.

DONORS AND FUNDING RECEIVED IN 2006

| Donor | Funds | Time Period | Project Name |
|------------------------------|------------|--------------------------------|---|
| USAID | \$500,000 | October 2005- April 2007 | Strengthening Primary Health Care |
| Norway | \$322,050 | 2006-2007 | Strengthening health services in Chechnya at PHC level with the focus on Mother to Child transmission of HIV/AIDS |
| UN Human Security Trust Fund | \$319,395 | January 2006 – January 2008 | Capacity Building for Rehabilitation of Schoolchildren and Educational Personnel |
| European Union/TACIS | €3,200,000 | October 2006 – October 2009 | Improvement of Health Care Provision in North Caucasus |

STAFFING AND OFFICE

In 2006, the WHO office for the North Caucasus region (located in Nazran) included 8 staff and was located in Nazran. Moreover, 2 staff stationed in the WHO office in Moscow were dedicated to the North Caucasus workplan. It is anticipated that additional staff, both international and national, will join the programme in 2007.

WHO PUBLICATIONS AND MAJOR MATERIALS IN 2006

| Title | Contents | Distribution |
|---|--|---------------------------------|
| "Health Action in the North Caucasus" – four issues | Quarterly newsletter | Donors, DPR, HAC UN, NGO, GO |
| 2007 Transitional Work Plan | Health sector review of North Caucasus | Donors, DPR, HAC UN, NGO, GO |
| Mid-2006 Transitional Work Plan | Mid-term review of 2006 Transitional Work Plan | Donors, DPR, HAC UN, NGO, GO |
| Health Sector Field Directory June 2006 | Overview of 24 organizations working within the Republic of Chechnya and the Republic of Ingushetia (Russian Federation) | Donors, DPR, HAC UN, NGO, GO |

| | | |
|--|--|------------------|
| Mental Health survey | Assessment of psychiatric and counselling services in selected districts of Chechnya | GO, DPR, UN, NGO |
| Health care services by humanitarian organisations in Chechnya | 'Who, What and Where' by health sector organisations in Chechnya | GO, DPR, UN, NGO |

WHO DATABASES IN 2006

| Name of database | Format | Content | Update time |
|---|---------------------|---|-------------|
| Who, what, where in health sector in NC region | Word | Contact information, project description and operations' locations | Quarterly |
| Distribution of health care services by humanitarian organisations in Chechnya | Excel | Types of activities and areas of work in health sector by geographic locations | Monthly |
| Distribution of health care services by humanitarian organisations in temporary settlements and state health facilities in Ingushetia | Excel | Types of activities and areas of work in health sector by geographic locations | Quarterly |
| Health sector training courses by humanitarian organisations , UN and ICRC | Word | Name and date of training, number of participants, | Quarterly |
| WHO training courses 2002-2006 | Excel | Name and date of training, number and names of participants | Quarterly |
| State health sector rehabilitation 2002-2006, Republic of Chechnya | Excel | Names, allocated funds of state health institutions to follow capital rehabilitation | Quarterly |
| State health sector medical equipment provision, 2005-2006, Republic of Chechnya | Excel | Names, allocated funds, equipment details for state budget purchase for state health institutions | Quarterly |
| In-patient health care facility, Chechnya | Word, Excel, Access | Name, location, physical infrastructure, medical infrastructure, medical output data, priority diseases, etc. | Year |
| Out-patient health care facility, Chechnya | Word, Excel, Access | Name, location, physical infrastructure, medical infrastructure, medical output data, priority diseases, etc. | Year |
| Inpatient health care performance, Chechnya, 2002-2006 | Excel | Health performance indicators | Monthly |
| Outpatient health care performance, Chechnya, 2002-2006 | Excel | Health performance indicators | Monthly |
| Mortality in Chechnya, 2000-2004 | Excel, Access | Mortality indicators by types, geography, age, | Year |
| Distribution of medical equipment to selected hospitals in Chechnya | Excel | Names and quantity of distributed medical equipment and instruments to 19 main hospitals in Chechnya | Year |
| Overall population morbidity, 2002-2006, Chechnya | Excel | Morbidity by Chechen regions | Year |

| | | | |
|---|-------|---|-----------|
| Health related state materials and reports, Chechnya | Excel | Details of all WHO collected state health related reports provided by different state structures | Monthly |
| Prosthetic assistance provided by WHO | Excel | Details of the recipients of WHO provided prosthetic assistance | 2003 |
| Medical equipment provided to state health facilities in Chechnya in 2006 (under national priority plan) | Excel | Equipment details, names of institutions and funds | Quarterly |
| Emergency ambulances provided to state health facilities in Chechnya in 2006 (under national priority plan) | Excel | Number of ambulances, names of recipients | Quarterly |
| PHC workers undergoing training courses in 2006 within national health priority plan | Excel | Names, workplace, position of all Chechen primary health workers trained under national health plan | Quarterly |
| WHO missions to Chechnya, 1999-2006 | Excel | Locations, visited facilities, mission members, profiles of visited locations | Monthly |