North Caucasus Emergency Health Update No.9
28 January 2000

Health assistance to the population affected by the emergency. Compiled by WHO.

Click to jump:

Chapters: Profile of IDP population; PROGRAMME ACTIVITIES; ACTIVITIES OF HEALTH AGENCIES IN THE NORTHERN CAUCASUS; Abbreviations; Contacts

Health areas: Vital Statistics; Communicable diseases; Drugs and supplies; Health services; Mental health; Noncommunicable diseases; Nutrition; Tuberculosis; Water and sanitation; Women's and child health
**Profile of IDP population**

Number of internally displaced (IDPs) and their locations, as reported by the Migration Service of the Republic of Ingushetia, up to 20 January 2000:

<table>
<thead>
<tr>
<th>Population profile</th>
<th>Number of IDPs</th>
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</thead>
<tbody>
<tr>
<td>IDPs from Chechnya in Ingushetia</td>
<td>260,443</td>
</tr>
<tr>
<td>IDPs from Chechnya in Dagestan</td>
<td>5,000*</td>
</tr>
<tr>
<td>IDPs who have returned to Chechnya</td>
<td>35,000-70,000  (17 January, UNHCR data)</td>
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<tr>
<td>IDPs who have moved to other regions</td>
<td>38,000         (17 January, UNHCR data)</td>
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</table>

* The actual number of Chechens seeking refuge in Dagestan is believed to be higher than those officially registered.

The above numbers are changing constantly as people move to other republics or to the northern parts of Chechnya.

The United Nations estimates that at least 75% of IDPs in Ingushetia are living with host families.

There are 19 camps for IDPs and 182 spontaneous settlements with 22,000 inhabitants in Ingushetia.

According to various sources of information, 15,000-40,000 civilians still remain in Grozny.

Both in Ingushetia and Dagestan, women and children make up an overwhelming majority of the IDPs.

According to the UNHCR household survey, 78% of the IDPs are women and children.

**Latest news:**

It is estimated that up to 20,000 civilians remain inside Grozny. Most of them are believed to have been hiding in cellars for weeks, without electricity and adequate food or water. (21 January 2000, Relief Web/UNHCR)

At least 37 civilians, mainly children and old people, died of cold in Grozny last Thursday and Friday, Chechen Minister of Health Umar Khambiyev was quoted as saying. (22 January 2000-AFP).
1. Details of programme activities and health situation

New additions are highlighted in blue.

<table>
<thead>
<tr>
<th>Health areas</th>
<th>Chechnya</th>
<th>Ingushetia</th>
<th>Dagestan</th>
<th>North Ossetia</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Vital statistics</strong></td>
<td>NA</td>
<td>CMR &lt; 1 per 10,000 per day (based on data provided by MoH/I)</td>
<td>N/A for IDPs as a specific category</td>
<td>N/A for IDPs as a specific category</td>
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<td></td>
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<td>Perinatal mortality in IDP population (1/10-31/12.99): 33.06 per 1,000 live births (compared to home population in 1999: 40.6 per 1,000 live births). Maternal mortality in IDP population (1/10-31/12.99): 150 per 100,000 (compared to home population: 100.5 per 100,000). MoH/I</td>
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</table>
Communicable diseases (including immunization)

Areas under federal control:
According to the Ministry of Health, Russian Federation (MoH/RF), vaccines have been sent to the republic and vaccinations have started.

10 January 2000

About 4,400 IDPs are living in two tent camps in the village of Znamenskoe. More than 5,000 IDPs are accommodated in the private sector.

Thirty-six passenger cars were delivered to the village of Sernovodsk to accommodate IDPs. In total, 1,500 IDPs live in passenger cars and in a hostel and more than 6,600 stay in the private sector in this area. (Press Release of the Federal Migration Service of Russia).

During the week of 14-26 January the following cases of diseases were registered in the camps:

Diarrhoeal diseases – 40
(Among those: Shigellosis flexneri – 2
Staphilococcal food intoxication – 1
Salmonellosis – 1
E.coli infection – 8)

Viral Hepatitis A – 1
Scabies – 24
Pediculosis - 480

Data received from the Ministry of Health of Ingushetia:
As of 12 January 2000:
68 cases of Hepatitis A;
2849 cases of ARI;
2600 cases of pediculosis;
530 cases of scabies,
1070 cases of acute intestinal infections.

In a household survey of IDPs in host families and spontaneous settlements, the most prevalent disease reported was ARI (17% of the IDP population). IDPs reported 13 cases of measles; 63% of the IDP children had been vaccinated against polio, and 38% against measles/diphtheria. On average, the vaccination was administered one year ago. (UNHCR Household Survey of host families and spontaneous settlements, 11-13 December 1999)

According to the MoH/RF Sanitary Inspection Department, no influenza epidemics are registered in IDP camps at present. Only seasonal increase in ARI incidence is registered. However, the risk of ARI is high due to overcrowding.

(28 January 2000)

A number of infectious diseases increased during the first nine months of 1999 compared with the same period in 1998, according to data supplied by the Dagestani Ministry of Health.

Infectious diseases not encountered for many years are re-emerging: tularaemia, anthrax, rabies, malaria. (MoH/D)

Over 9 months of 1999:
The number of cases of acute dysentery increased by 2,3 times (for example, in Makhachkala the number of cases of acute dysentery increased threefold, in Kaspisk – twofold, in Kizilyurt, it increased by 7,3 times, in Kochubei - from 0 to 11 cases);
-viral hepatitis A has increased by 1,2 times. 84 cases were registered (its diagnosis is complicated as there are no test systems available);
-36 cases of measles were registered with an outbreak of 29 cases in Tsuntinsky region;
-288 cases of epidemic parotitis;
-105 patients with brucellosis were hospitalised;
-59 cases of tularaemia were registered. This disease has not
<table>
<thead>
<tr>
<th><strong>Drugs and supplies</strong></th>
<th>More than 40% of health care facilities lack cold chain equipment. (UN Rapid Assessment Mission). Lack of hepatitis A and rubella vaccine. (State Sanitary Inspection Department, MoH/RF) Information on requested assistance from MoH can be obtained from the WHO Office in Moscow, e-mail: <a href="mailto:i.tarakanova@who.org.ru">i.tarakanova@who.org.ru</a></th>
<th>50% of the medical facilities do not have cold chain equipment (UN Rapid Assessment Mission) Tuberculin for Mantoux testing, ORS, polio and measles vaccine, requested by MoH. Information on requested assistance from MoH can be obtained from the WHO Office in Moscow, e-mail: <a href="mailto:i.tarakanova@who.org.ru">i.tarakanova@who.org.ru</a></th>
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<tbody>
<tr>
<td></td>
<td>Medical supplies to all hospitals of Nadterechny, Naursky, Schelkovsky, Gudermes, Grozny, and Achkhoi-Martan regions are inadequate. EMERCOM, 20.12.1999</td>
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<tr>
<td>Region</td>
<td>Status and Additional Information</td>
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<td><strong>Health services</strong></td>
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<td>Over the past years medical facilities in Chechnya have been severely destroyed.</td>
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<td><strong>Nadterechny region</strong></td>
<td>Emergency medical service team of the all-Russian Center for Disaster Medicine “Zaschita” works at the Central Republican Hospital, 2 district hospitals with 135 beds and 8 out of 12 FAPs (medical stations) are in operation.</td>
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<td><strong>Naursky region</strong></td>
<td>150 beds at the Central Republican hospital and 6 out of 15 FAPs are in operation.</td>
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<td><strong>Schelkovsky region</strong></td>
<td>Emergency medical service team of the all-Russian Centre for Disaster Medicine “Zaschita” works at the Central Republican Hospital, 1 district hospital with 25 beds and 3 out of 6 FAPs are in operation.</td>
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<tr>
<td><strong>Gudermes region</strong></td>
<td>200 beds at the Central Republican hospital and 2 district hospitals with 55 beds are in operation.</td>
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<td><strong>Grozny region</strong></td>
<td>2 district hospitals with 35 beds are in operation, 3 FAPS are being reequipped.</td>
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<td><strong>Achkhoi-Martan region</strong></td>
<td>In preparation of epidemics, the profile of 115 general medical beds have been changed to infectious - in addition to 165 existing beds earmarked for infections. In 19 IDP camps there are 10 medical points. Nine camps have both doctors and nurses, in 6 camps there are only nurses. Pediatricians are mostly unavailable. Most medical points have huge numbers of patients, although IDPs do not get adequate help because of lack of drugs. (WHO sitrep, 21 January 2000)</td>
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<td>According to local authorities, 17 medical facilities were completely destroyed during the military action. More than 78% of X-ray units are obsolete. (MoH/D)</td>
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<td>The number of bacteriological laboratories is insufficient.</td>
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<td><strong>MoH/I (5January 2000)</strong></td>
<td>528 beds at the Republican hospital, 255 (or 220?) beds at 2 city hospitals, 661 beds at 2 central regional hospitals, 120 beds at regional hospitals, 120 beds at 3 district hospitals 150 beds at 3 delivery departments and 36 beds at a venerologic dispensary are in operation.</td>
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<td><strong>MoH/D</strong></td>
<td>There are reports from IDPs that doctors working in the hospitals often refuse to render medical aid to refugees from Chechnya free of charge. (WHO sitrep., 21 January 2000)</td>
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<td></td>
<td>The number of bacteriological laboratories is insufficient.</td>
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</table>
150 beds at the Central Republican hospital and 3 district hospitals with 75 beds are in operation, 10 FAPs are being reequipped.

Sanitary and epidemiological situation in all the 6 regions is inadequate.

(EMERCOM, 20.12.1999)

According to the regulations of the MoH/RF, Chechen residents are entitled to medical assistance in RF clinics outside Chechnya. All clinics in North Caucasus are instructed not to refuse Chechen IDPs.

Areas under federal control:

MoH/RF is presently elaborating a program on reconstruction of medical facilities in the northern regions of the Chechen republic.

The All-Russian Centre for Disaster Medicine “Zaschita” (MoH) is planning to set up a temporary TB dispensary within the premises of Nadterechny Central Republican Hospital.

Centres of state sanitary epidemiological inspection work in Naursky, Nadterechny, Schelkovsky regions.

Laboratories is insufficient, virological laboratories do not exist. (WHO sitrep. 21 January 2000)
| Mental health | CPCD runs a psychological rehabilitation centre for children traumatized by war. This activity has been relocated to camps in Ingushetia as the local staff left Chechnya. Since 1995, MDM have been working in Chechnya and are currently working with mentally disabled people, particularly those traumatized by war. MDM supplies psychotropic medication, assists in reconstruction of state psychiatric institutions, and renders medical aid in IDP camps. | CPCD works with psychological rehabilitation in IDP camps in Ingushetia. MDM is presently working in Ingushetia with mentally disabled people, particularly those traumatized by war. 7% of the IDPs had relatives who had been killed or injured in Chechnya, 15% of IDP family members remained in Chechnya. 13% of the IDPs indicated that they had witnessed harassment of women, 8% of the IDP children are separated from their parents and under the care of friends and relatives. (UNHCR Household Survey of host families and spontaneous settlements, 11-13 December 1999) According to the Ministry of Health of Ingushetia, 2,200 mental patients, registered in Ingushetia, get practically no help because of lack of finding. (WHO sitrep, 21 January 2000) | The number of social diseases and drug addiction is growing, as well as borderline functioning. The amount of mental disorders is also growing. (MoH/D) |
| **Non-communicable diseases** | All assessment missions have reported on exacerbation of chronic illnesses.  
There is an increased risk of plague and tularemia (particularly in Malgobeck region) due to seasonal migration of rodents from fields to settlements. (WHO sitrep. 21 January 2000) | There are a considerable number of cases of diabetes mellitus. Insulin-dependent forms account for 13% of a general number of cases, while in the RF they account for only 7%.  
There are also a large number of cases of thyroid gland disease, resulting from iodine deficiency. |
| --- | --- | --- |
| **Nutrition** | The displaced population is affected by food insecurity. The lack of sufficient food makes children and women vulnerable to a significant deterioration in nutritional status (UN Rapid Assessment Mission).  
60% of pregnant women have severe anaemia during the last trimester. One third of newborns affected (MoH/Dagestan) | |
| **Tuberculosis** | As the TB clinic was destroyed in the 1992-95 war, no treatment has been available in recent years so that needs have been accumulating. A large number of IDPs are therefore now seeking medical assistance in Ingushetia.  
No data are available on incidence rates for recent years. | Tuberculosis is of great concern to the health authorities. There is a general lack of equipment and expendables for the present screening system with fluoroscopes (X-rays), and a lack of TB drugs. According to the MoH, 177 persons with infectious TB have been detected in 1999. Two cases have been detected during January.  
Republican TB Dispensary  
Badly needs medications, equipment, expendables.  
MoH/I plans to set up a TB hospital with not less than 300 beds and a TB dispensary. | The TB incidence rate for the first nine months of 1999 is reported at 62.2, down from 77.7 in 1998. (MoH/Dagestan)  
In recent years, Tuberculin has been in short supply. (MoH/D)  
Incidence rate in 1998: 105.5 per 100,000. So far in 1999 the number of registered TB cases are three times higher than in 1998 (MoH/RF official data). |
| Water and sanitation | Centers of state sanitary epidemiological inspection in the Naursky, Nadterechny and Schelkovsky regions exercise sanitary and bacteriological/sanitary and chemical control over drinking water in centralized water pipelines. | Immediate needs are: water trucking, garbage collection by trucks and septic tanks with pumping truck. There are presently only two garbage-collecting trucks and two water trucks for the whole Sunzhensky district. Pipes and detergents may be needed. As population of the district has doubled, water consumption has doubled accordingly. Local water and sewage department doesn’t have chlorine for water processing. Repair of equipment and pipes is necessary. Jerry cans are needed. It is necessary to organize regular water quality control. (UNHCR Technical Coordinator” report, Jan 9,2000) In some IDP camps, there is a centralized water supply, in others water is brought by trucks (often irregularly). In many camps, there are no showers. (WHO sitrep, 21 January 2000) | Dagestan has a general problem with the quality of the drinking water. Waterborne infectious diseases are common, including typhoid and hepatitis A. Many medical facilities in rural areas have no water supply (MoH/D). |
| Women’s and children’s health | Relief agencies report numerous cases of breastfeeding disorders among IDP women with infants. Since 1 October, IDPs in Ingushetia have given birth to 1067 newborns, 38 of whom were either stillborn or | For the first nine months of 1999, there has been a significant increase in maternal mortality. MMR was 46.5 in 1998 while for the first nine months of 1999, it was 57.6. |
died perinatally (estimated perinatal mortality: 36.9).

Up until 05 January, the number of vaccinations performed by MoH/I among IDPs were:

- Polio: 5,143
- Diptheria: 10,232
- Tetanus: 10,158
- Pertussis: 3,029
- Mumps: 737
- Measles: 1019
- TB: 753

Only 3 hospitals in the republic have gynaecologic and obstetric departments:
- Ingush republican hospital has 55 gynaecological and 70 obstetric beds,
- Malgobeck hospital has 50 gynaecological and 35 obstetric beds,
- Sunzhenskaya hospital has 45 obstetric and 45 gynaecological beds. Totally, there are 150 gynaecological and 150 obstetric beds, while actual need is 206 gynaecological and 240 obstetric beds.

Gynaecological examination chairs and delivery beds are badly needed (MoH/I).

Perinatal mortality is fairly stable around 14.5
(MoH, Dagestan)

The amount of treatment and diagnostic equipment for obstetric aid is insufficient; there are no modern contraceptives.
The number of complicated deliveries has increased. Only 32.8% of women in childbirth have uncomplicated delivery. The number of spontaneous abortions has reached 15.2. The number of gynecologic diseases is growing.
(MoH/D)

Gynaecologic and obstetric kits are in short supply as well as medications for normal pregnancy progression, contraceptives, iron containing drugs, vitamins, mother and child disposable sets.
There are no nappies in the IDP camps and no opportunity for washing children’s’ clothes (WHO sitrep., 21 January 2000).
2. Activities of health agencies in the north Caucasus

<table>
<thead>
<tr>
<th>ORGANIZATION</th>
<th>CURRENT ACTIVITIES</th>
<th>NEEDS ASSESSMENT AND PLANNED ACTIVITIES</th>
<th>RESULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>All-Russian Centre for Disaster Medicine &quot;ZASCHITA&quot; (MoH/RF)</td>
<td><strong>Ingushetia:</strong> Seven aid posts in areas with IDPs and a field hospital in Ordzhonikidzevskaya. Three mobile cabinets for TB, TB drugs, vaccines against diphtheria, tetanus and pertussis. Vaccinated more than 24,000 people with diphtheria, pertussis, tetanus, polio and measles vaccines. Psychological aid to IDPs. Temporary in-patient departments in preparation for epidemics of influenza and acute respiratory diseases. Procured 20.5 tons of medicines and medical equipment and 2.12 tons of disinfectants, one reanimation car for the Republic of Ingushetia. <strong>Chechnya, area under federal control:</strong> Three special medical units working in the hospitals of Nadterechny, Schelkovsky and Naursky regions. Three disinfectant and shower sets. Sent a mobile team of specialists TB specialists, psychiatrists, oncologists). Provided 7 sanitary cars. Two TB specialists have been sent to the Naurskaya central republican hospital, where a TB department is set up. Procured 18,525 tons of medical equipment, 7,12 tons of disinfectants and Equipment from German field hospitals (with subsequent transfer to medical institutions) 1.2 tons of vaccines against diphtheria, pertussis, tetanus, polio and measles have were prepared for shipment to Mozdok.</td>
<td>Three central district hospitals of the northern regions of the Chechen Republic are in need of medical equipment for the total sum of USD 373,300. To render medical assistance to IDPs in Ingushetia, drugs and expendables for the total sum of USD 95,200 are needed. In Grozny and neighbouring areas, plans to: -send teams of specialized medical assistance with necessary equipment and specialized units of sanitary epidemiological service to preserved medical and sanitary and epidemiological institutions in Grozny and the neighbouring area; -set up reserve beds in medical institutions in neighbouring areas; -form reserves of medical property, disinfectants, vaccines, diagnostic means and nutrient media; -assist in buying medical items, drugs and sanitary cars; to monitor their delivery; -assist in reconstruction of health care facilities in Chechnya.</td>
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<tr>
<td><strong>EMERCOM</strong></td>
<td>Organizes charter flights, delivering humanitarian assistance.</td>
<td>Dispatched 29.5 tons of medical supplies for the Republic of Chechnya. Assisted in delivering of 8.4 tons of humanitarian aid (medical supplies) from the Red Crescent of Turkey to the republic of North Ossetia-Alaniya. 27.12.99</td>
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<td><strong>CPCD</strong></td>
<td>Provides psycho-social assistance to children in four IDP camps in Ingushetia (1 in Sleptsovskaya, 3 in Karabulak). Runs a psychological rehabilitation centre for children in Grozny, temporarily closed down. Supports the Grozny orthopedic and prosthetic centre, providing equipment, materials, etc. Provides relief aid (shelter, clothing, food, blankets), medical equipment and supplies to the hospitals in Chechnya. Has assisted in reconstructing state medical institutions in Chechnya.</td>
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<td><strong>ICRC/Russian Red Cross</strong></td>
<td>As of 6 of November when ICRC staff was withdrawn from Chechnya due to security reasons medical assistance was provided to 1250 wounded. <strong>Ingushetia</strong>: delivered drugs and expendables to 5 Ingushetian hospitals. For 3 months (October-beginning of January) provided medical relief items for approx. 715 wounded. <strong>Dagestan</strong>: from August to beginning of January provided medical relief items to medical facilities of the Republic for the total sum of 10,000 Swiss francs for about 315 wounded. Assisted military hospitals in Nalchik, Mozdok and Kislovodsk with emergency and surgical materials for 12,000 Swiss francs to treat 800 wounded. In December 1999, RRC has established 1 stationary and 2 mobile medical points in.</td>
<td>Further activities will be carried out in accordance with the Plan of Action for November 1999 – March 2000, financed by the Emergency Appeal for 18 mln. Swiss francs.</td>
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<tr>
<td>Organization</td>
<td>Activities</td>
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<tr>
<td>MSF-Belgium</td>
<td>First medical teams are being identified and trained. Compilation of drug kits and medical stock for possible distribution in existing health structures. MSF mobile medical teams rendering medical and gynaecological consultations for IDPs in Malgobeck region.</td>
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<td>MDM</td>
<td>Has permanent medical staff in 4 IDP camps: Sputnik, Severny, Bart, Karabulak. (1 doctor, 1 pediatrician, 3 nurses and a logistician in each). Has rehabilitation centers for children in 2 IDP camps. Provides psychotropic medication to psychiatric hospitals of the towns Darbankhi, Zakan-Yourt and to polyclinics and medical points rendering psychiatric aid, assists in reconstructing state psychiatric institutions, renders medical assistance in IDP camps.</td>
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<td>UNFPA</td>
<td>UNFPA’s counterpart, the Stavropol Russian Family Planning Association, will send an assessment mission to Ingushetia in January to do a rapid reproductive health assessment. Will discuss the needs and requirements with local medical workers. Will further procure the most necessary supplies and equipment and bring it to Ingushetia. Will also conduct necessary training for local medical personnel and distribute the RH supplies. Stavropol Russian Family Planning Association will be UNFPA’s partner in distribution and coordination of activities.</td>
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<td>UNDP</td>
<td>Is planning projects creating new settlements for IDPs with the relevant social infrastructure: capacity building in medical services, communications</td>
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</table>
| **UNICEF** | Has provided 15 WHO new emergency health kits (i.e. medical supplies covering 150,000 people for 3 months) to Ingushetian hospitals.  
  
One truckload of medical supplies to Mozdok.  

CDC, Atlanta will supply 3,500,000 dosages of Oral Polio Vaccine for North Caucasus’ children.  

Provided the third shipment of basic kits (i.e. medical supplies covering 150,000 people for 3 months).  

Is in the process of delivery of the following equipment to Vladikavkaz: refrigerators, vaccine carriers, vaccine cold boxes, ice packs. |
| **WHO** | WHO is continuing and intensifying its programmes in the north Caucasus, such as TB capacity building in the area and support to a prostheses workshop in Vladikavkaz, North Ossetia, providing lower limb prostheses to amputees from Chechnya, North Ossetia, Ingushetia and Stavropol krai.  

A workshop on “Health as a bridge to peace” has been postponed due to the upsurge of the conflict.  

In order to perform rapid assessment missions, collect information and coordinate the activities of international humanitarian organizations, monitor and evaluate the situation in the health sector, |
| | and education; and involvement of IDPs in public works. These activities will be carried out in close cooperation with WHO and IOM and Federal and Regional Employment and Construction Services.  

WHO will coordinate drug and medical supplies to North Caucasus. Plans to strengthen the disease surveillance system and laboratory capacities in the region.  

In cooperation with UNHCR, WHO organized a weekly training course on direct microscopy for laboratory workers from Stavropol. UNICEF supplied 25 binocular microscopes as part of the effort to assist in effective and accurate TB diagnostics. Dec 21-24, training seminars for 90 doctors took place in Stavropol.  

Interagency health coordination meeting were held in Moscow on 28 January 2000. A WHO information centre on the North Caucasus has been set up at i.tarakanova@who.org.ru (Annex 1 below)  

Minutes from the meetings in Moscow and in |
WHO has strengthened its presence in Moscow with an emergency public health expert, and has established a field presence in Stavropol.

Purchases of 6 surgical kits are under way.

Publishes a monthly “Health in North Caucasus” newsletter.

Stavropol are available from the Information center.

WHO has set up a field office in Stavropol, staffed by two medical doctors. The field office is involved in coordination of health related relief operations, rapid health needs assessment, provision of medical supplies.

### 3. Medical supplies

<table>
<thead>
<tr>
<th>DESCRIPTION OF CONSIGNMENT</th>
<th>SOURCE</th>
<th>EXPECTED DELIVERY DATE</th>
<th>CONFIRMATION OF ARRIVAL</th>
<th>SPECIAL REMARKS</th>
</tr>
</thead>
<tbody>
<tr>
<td>18,525 tons of medical equipment</td>
<td>All-Russian Center for Disaster Medicine “Zaschita”</td>
<td>As of 5 January, 2000</td>
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<td>Designated for the regions under federal control.</td>
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<tr>
<td>7 sanitary cars</td>
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<td>3 disinfectant and shower sets</td>
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<tr>
<td>7,12 tons of disinfectants</td>
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<tr>
<td>Equipment from German field hospitals</td>
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<tr>
<td>29.5 tons of medical supplies</td>
<td>EMERCOM</td>
<td>27.12. 99</td>
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<tr>
<td>20.5 tons of medicines</td>
<td>All-Russian Center for</td>
<td>As of 5 January,</td>
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Chechnya

Ingushetia
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<tr>
<th><strong>and medical equipment</strong></th>
<th><strong>Disaster Medicine “Zaschita”</strong></th>
<th><strong>2000</strong></th>
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<tbody>
<tr>
<td>2,12 tons of disinfectants</td>
<td>1 reanimation car</td>
<td>3 mobile cabinets for TB examination, TB drugs, vaccines against diphtheria, tetanus and pertussis.</td>
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<td><strong>Drugs and expendables</strong></td>
<td><strong>ICRC</strong></td>
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<td><strong>to 5 hospitals</strong></td>
<td><strong>UNICEF</strong></td>
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<td><strong>Emergency medical</strong></td>
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<tr>
<td><strong>supplies covering 150,000 people for 3 months</strong></td>
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Hospitals: Republican Hospital for Infectious Disease Treatment, Sunzhensky Central Republican Hospital, Malgobeksky Central Republican Hospital, Nazransky City Hospital, Karaboulaksky City Hospital, Nazran City Polyclinic, RSP, Malgobeksky Regional Hospital No.2, Sunzhensky Regional Hospital No.2.

### Dagestan

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<th><strong>Drugs (4.5 tons)</strong></th>
<th><strong>All-Russian Center for Disaster Medicine “Zaschita”</strong></th>
<th><strong>Delivered in the period 13.08.99-16.11.99</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Disinfectants (18 tons)</strong></td>
<td><strong>ICRC</strong></td>
<td></td>
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</tr>
<tr>
<td><strong>Medical relief items for the total sum of 10,000 Swiss francs</strong></td>
<td><strong>UNICEF</strong></td>
<td></td>
<td></td>
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<tr>
<td><strong>Provided the third shipment of basic kits.</strong></td>
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</tbody>
</table>

For the period August-beginning of January, 2000
Mid January, 2000

### North Ossetia

| **One truckload of medical supplies** | **UNICEF** | **Mid-November** | **Delivered to Mozdok.** |

Delivered in the period 13.08.99-16.11.99
Refrigerators, vaccine carriers, vaccine cold boxes, icepacks.

Delivery of 8.4 tons of humanitarian aid (medical supplies) from the Red Crescent of Turkey (27.12.99)

<table>
<thead>
<tr>
<th>UNICEF</th>
<th>EMERCOM</th>
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</thead>
</table>

Other areas

Emergency and surgical materials to military hospitals in Nalchik, Mozdok and Kislovodsk for the total sum of 12,000 Swiss francs

ICRC

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**Abbreviations:**

CPCD – Center for Peacemaking and Community Development

ICRC - International Committee of Red Cross

IFRC – International Federation of Red Cross and Red Crescent Societies

IOM - International Organization for Migration

MDM – Medecins du Monde

MSF – Medecins sans Frontieres

MoH/RF – Ministry of Health, Russian Federation

MoH/I – Ministry of Health, Republic of Ingushetia

MoH/D – Ministry of Health, Republic of Dagestan

MoH/C – Ministry of Health, Republic of Chechnya

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This information bulletin is compiled by WHO Emergency Health Coordinator for North Caucasus, intended for public information. It is not an official WHO document. Please be aware that the situation in the area may change rapidly. For corrections and updates, please contact i.tarakanova@who.org.ru.

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Find previous issues of this bulletin at [http://www.who.dk/Ch/Cor/welcome.htm](http://www.who.dk/Ch/Cor/welcome.htm)
Annex 1

WHO INFORMATION SERVICE

for international health agencies, rendering assistance to North Caucasus

WHO has established a small information service to assist new agencies coming in to work/review the possibilities to work in the health sector in the North Caucasus. We can provide you with Ministry of Health’s detailed requests for assistance, WHO guidelines, assessment reports, useful addresses etc.

Also, if your organization has reports you think would be useful for others, and you would like to share them, we would be happy to include them on the list. Inquiries to: who@iom.int

If you do not have e-mail, please bring a diskette for copies.

Some of the available reports:

- List of useful addresses
- Minutes from health coordination meetings in Moscow and Stavropol
- Handbook for NGOs in North Caucasus
- Guidelines for drug donations (available also in Russian)
- WHO Essential Drug List
- WHO: Declaration of cooperation. Mental Health of Refugees and Displaced Populations in Conflicts and Post-conflict situations (available also in Russian).
- WHO: Mental Health of refugees (only hard copies in Russian available)
- WHO: Tool for the Rapid Assessment of Mental Health Needs of Refugees and Displaced populations (available also in Russian).
- Vaccination schedule of the Russian federation
- UNHCR’s household survey of IDPs in host families and spontaneous settlements
- Infant feeding in emergencies/A guide for mothers
- North Caucasus Emergency Health Update
- List of requests for assistance from MoH/RF, MoH/D, MoH/I