WHO/UNICEF/IOM:

Health assessment of internally displaced population from Chechnya in Ingushetia

31 January-5 February 2000

Background health information

Health data on the Chechen population has not been available at federal level for the last few years, we therefore do not have a comprehensive picture of the health of the population prior to the conflict. What we do know is that much of the health infrastructure has been working on a low level, if at all. Apart from the emergency services for war casualties, only private health care is available for those able to pay for it. Vaccination coverage has been incomplete and varying in different geographic areas for the last four to five years.

One of the main health problems before displacement would have been the health status of women, combining several risk factors; low status in society, physically hard work, multi-pregnancies, chronic anaemia, and lack of gynaecological and obstetric care.

At present, an estimated 180,000 persons displaced from Chechnya, are staying in Ingushetia. The bulk of these internally displaced persons (IDPs) population is staying within host families. In addition, there are registered about 182 spontaneous settlements and 19 camps, with about 22,000 IDPs. The majority of the IDPs are women and children. In collective accommodation, women are responsible for collecting humanitarian assistance, for fetching water, taking care of hygiene and preparing food.

According to the ongoing DRC survey, we have the following composition of vulnerable groups :

Pregnant and lactating women	1.5 %
Infants under 12 months	2 %
Children between 12–36 months	5.5 %
Physical or mental handicaps	2 %
Elderly over 65 years without adequate family/social support	4 %
Children up to 14 years without adequate family/social support	0.7 %
Single–parent families	1.6 %
Totally dependent on humanitarian aid	83 %.

Nutrition

Although the monthly food requirement for population presently in Ingushetia amounts 6,000 tonnes, the staple foods are available and the Mission has not found evidence of protein or energy malnutrition among the IDPs or resident population. However, the reports on high prevalence of non-insulin dependant diabetes in both, displaced and resident population require further assessment.

Iodine Deficiency Disorders (IDD) in the northern Caucasus are long-standing problem. According to Dr Aushev, the Head of SES, since 1992 most of the salt used in Ingushetia was

not iodised. The request of SES for introduction of iodination of water in public supply systems was rejected due to insufficient coverage of the population from mountainous areas, exposed to higher risks of IDD. WFP is recommended to increase supply of iodised salt. The only endocrinologist in Ingushetia does not keep records on goitre prevalence.

Based on the MoH reports, Iron Deficiency Anaemia (IDA) is a public health problem. The Chief Paediatrician of the Ministry of Health (MoH), reported that 50% of infants and pre-school children have a form of IDA. More that 60% of women of childbearing age are found to be anaemic at admission to hospital. An estimated half of all maternal deaths can be related to risks of IDA. There is no programme for IDA prevention. Considering the availability of staple foods, prior to introducing any micronutrient supplementation, the feeding practices and the local nutritional habits should be thoroughly assessed e.g. high consumption of tea, early introduction of cow's milk in infant feeding. There is no evidence of other micro-nutirent deficiencies. Despite the programme of Vitamin D supplementation for infants, the Chief Pediatrician reported rickets as one of the frequent problems in child population.

Infant feeding practices in the IDP and resident population are inadequate. Exclusive breastfeeding is prevented by universal introduction of glucose and water from the first day of life. This could be linked to high prevalence of gastrointestinal infections, and gastrointestinal infections are the third cause of early perinatal deaths.

All IDP mothers interviewed stated stress and overcrowded conditions as a major reason for the cessation of breastfeeding. Breastfeeding counselling is inadequate to address breastfeeding in emergency. While the staff from MoH are informed on Russian Federation policies and "10 steps to successful breastfeeding", there is obvious a lack of promotional and instructive material related to breastfeeding, infant feeding and feeding during pregnancy and lactation.

While the knowledge of professionals varies in terms of timely introduction of complementary food (from one month to six months of age), all interviewed health workers stated that juices and teas can be given to babes from the first day of life. A part of local rural tradition is the habit of giving half-diluted cow's milk and wheat mash to infant immediately after the discharge from maternity. Proper and timely introduction of complementary feeding can be difficult for mothers in collective accommodation due to poor conditions for clean preparation of food. Distribution of complementary food for breastfed infants (6 to 12 months of age) can be considered.

Growth monitoring tools are rarely available in primary health care. Standard medical records, which are permanently kept at medical institutions, do not contain growth-monitoring charts. Statistics on low birth weight or weight gain in pregnancy is not available.

Expectant mothers are highly exposed to the intensive marketing of breast-milk substitutes. Infant formula is expensive but widely available. MoH, Ingushetia has no system of distribution of infant formula (except for a limited quantity of Enfamil Soy for children with metabolic disorders). However, we witnessed that EMERCOM supplied two tonnes of infant formula to the maternity in Malgobek (Mead Johnson, labelled in Russian), and some NGOs have started non-selective distribution of infant formula to IDP infants older that three months of age. Non-selective distribution of breast-milk substitutes through regular food distribution points may jeopardize infant feeding practices. The invitation for mothers to collect infant formula was freely displayed at many distribution points.

Water and sanitation

The water supply in Ingushetia is a long-standing problem. Even in areas supplied through public water supply systems, the water is available for only a few hours a day. In Aki-Yurt and Karabulak, there is one tap for 500 persons, with water running only two hours per day,

supplying far below the recommended 15 litres/person/day. Presently, only 40% of total underground water capacity is utilized through the public water systems. Out of the produced water, 40% is lost due to leakage through dilapidated water pipes. There is no capacity for treatment or monitoring of the water quality. With the influx of IDPs, the number of people in need of water has almost doubled. Not all camps have running water, and supply by water tankers had to be provided (see attached report from SES). The situation with sewage system and sanitation is even more critical.

According to the UNHCR household survey, on average 19 IDPs share one toilet/latrine. Some 12% of IDPs share one latrine with 30 others. In many of the camps, there are no showers and no facilities for washing clothes. For instance, in the Sputnik tent camp, there are about 40 mothers with infants without opportunity to wash diapers.

The control of overall hygiene conditions in refugee settlements, health institutions, schools and social welfare facilities is an insurmountable problem for SES. A high proportion of people with lice and pediculosis need urgent treatment. The situation is aggravated by seasonal migrations of insects and rodents to human settlements. SES urgently requests assistance with disinfectants, anti-lice shampoo, insecticides, anti-mice and anti-rodent agents and a vehicle with a chamber for "de-pediculosing" of clothes and bed linen.

Mortality
Based on the data provided to WHO by MoH, Ingushetia (MoH/I), the CMR among the IDP population is not alarmingly high. We have calculated it monthly during the conflict to be <1 per 10,000 per day. Causalities due to the armed conflict are not included, as such figures have not been available, or reliable when available.

Perinatal mortality rates in the IDP population from 1 October to the end of the year is 33.06 per 1,000 live births – based on data provided by MoH/I, and compares relatively well with the rates of the home population of Ingushetia: 40.6 perinatal deaths per 1,000 live births (33.7 in 1997). Infant mortality rate in Ingushetia is 28 per 1,000 live births. Data for IDPs are not available.

Maternal Mortality Rates of the total population 100,5 per 100,000, - based on 7 maternal deaths, 2 of which were IDPs.

Morbidity
Specific morbidity data for the IDP population is not available, only for the total Ingush population. According to the health personnel, the most common diseases apart from infectious diseases are cardiovascular diseases, diabetes, traumas, cancer, psychoneurological ailments.

The MoH/ I has provided us with the following information:
Primary morbidity (new cases of diseases): 580 per 100,000.
Oncological cases: 110.1 per 100,000.
Psychiatric disease: 657.2 per 100,000.

In the IDP settlements, the most widely spread diseases are lice and scabies, anaemia, acute respiratory infections, diarrhoea, urinary tract infections, nervous complaints, exacerbation of gastric ulcers, hypertension, cardiovascular diseases. Due to long standing lack of proper health care, IDPs present with exacerbations of chronic diseases and more advanced disease with more complications. Even when adequate treatment is being provided, positive results may not be achieved , due to the poor general state of he

Communicable diseases:
So far, it seems we have not had any serious epidemics among the IDP population, although – due to the inadequate sanitary facilities - acute respiratory infections, diarrhoea, pediculosis and scabies affect a high proportion at any one time. Only few influenza cases have been registered so far but SES was, at this stage, considering whether to close schools to limit the exposure.

During the period 1 October 1999 to 1 February 2000, the Sanitary Epidemiological Service of Ingushetia registered the following number of cases among the IDPs:

1114 cases of gastrointestinal tract infections,
74 cases of viral hepatitis
569 cases of scabies
2787 cases of pediculosis
71 cases of tuberculosis
3560 cases of ARI
3 cases of measles
85 cases of influenza

There is an increased risk of plague and tularaemia (particularly in the Malgobek region) due to seasonal migration of rodents from fields to settlements. One case of malaria was reported in 1999.

In 1995, there was an epidemic of polio in Chechnya with 144 cases, and in Ingushetia 5 cases were registered that year. In 1996, 3 cases were registered in Chechnya, no cases in Ingushetia. After this, no cases are reported.

HIV is not yet a big problem but with the inadequate blood testing and transfusion services, the increasing drug abuse, the chronic veneral infections, there is every reason to introduce preventive measures.

Vaccination
Even before the influx of IDPs, the coverage of childhood vaccination was not adequate (61% BCG, 77% DPT, 52% OPV, 77% Measles). Considering the poor immunization record of IDP children, MoH have already performed catch-up immunization of more than 22,000 IDP children. The regular vaccine supply in sufficient quantity is obtained through the MoH Russian Federation (Moh/RF). There is acute shortage of supply of syringes and needles.

The cold chain is available in most of the institutions. However, the quality of cold chain needs to be assessed, considering the poor maintenance and frequent electricity cut-offs. One in four visited immunization points had a monitoring card, but staff did not know how to use it (no thermometers were found). At an immunization point near Malgobek, we found a cold box with vials kept for more than a week with no ice packs. The temperature record is non-existent. Open vial policy and policy on safe injection policy was not communicated to all staff performing immunizations.

Staff are well aware of the MoH/RF instruction on catch-up immunization of IDP children and their immunization record is properly kept. However, frequent movement of population

calls for urgent introduction of individual immunization cards. Any assistance provided for introduction of universal child Hepatitis B immunization will be highly effective.

Tuberculosis
TB rates have been increasing steadily in recent years in the north Caucasus. In Ingushetia, the incidence rate (new cases detected) in 1997 was 67.8 per 100,000 population. In 1998, it was 82.2 per 100,000. For 1999, official figures are not yet available but are certain to show an increase.

In Chechnya, incidence rates have not been reported to federal health authorities in the last few years and no treatment has been available, so that needs have been accumulating. (According to MoH/I, the TB rates in Chechnya are twice the RF average of 73.9 per 100,000). A large number of IDPs are therefore now seeking medical assistance in Ingushetia. Until 1 January 2000, screening efforts initiated by the MoH/I, resulted in 9241 IDPs X-rayed, and 103 TB cases diagnosed, of which 7 were children. Two hundred and sixty-four smear tests were done on the IDPs; only 14 (or 5 %) are described as positive. This low positive rate is cause for concern, and is presumably a reflection of the state of the laboratory service.

Registering of TB cases is complicated, and the different figures given are not consistent. If we start from the highest number of cases, as reported on 3 February, there were 197 cases among the IDPs in Ingushetia. Based on an IDP population of 200,000, this gives a rate of **95 per 100,000**. This however, is a *prevalence rate* , as it includes both new and old untreated cases.

In the Sleptsovskaya TB dispensary during the period from the end of September to the end of the year, we were informed that they had diagnosed 71 cases of active TB, of which 6 were sputum smear positive.

We also met with the Chief Doctor of the Republican TB Dispensary. She reported that many of the TB patients from Chechnya were presenting in a late stage of the disease, and had been sent to other parts of RF for treatment. Several deaths have occurred amongst this group.

Active TB cases are usually hospitalized for a minimum of 2 months, usually 3-4 months. Due to lack of hospital beds for TB, MoH/I has a long standing plan of building a new TB hospital, increasing the number of beds to 300.

Media reports of late have had it that a number of IDPs with open, active TB are living in crowded camps and in host families. The chief TB specialist at the Republican Dispensary informed us that all active TB cases – including IDPs - are hospitalized.

As of last year, the Republican TB Dispensary have had a bacteriological laboratory but are lacking reagents. It is, however, possible to perform sputum microscopy. They have two microscopes donated by Merlin in 1998, who also organized a training course. A basic problem for the TB laboratory service is the lack of electricity.

In addition there are an insufficient number of beds, lack of bed linen and clothes for patients, lack of TB specialists, training of staff, drugs, laboratory equipment, microscopes and reagents.

Mother and child health care (MCH)
There is a fairly developed network of primary MCH institutions in Ingushetia with 17 obstetric/gynaecology outpatient posts (for details see attached MSF report). A referral

level capacity includes 326 beds in obstetrics/gynaecology departments (including 26 neonatal beds), 215 paediatric beds and 9 beds in paediatric intensive care.

Poor antenatal care, lack of basic materials and hygiene supplies contributed to high maternal and perinatal mortality rates. Three quarters of all pregnancies in 1999 have been complicated by disease (38% IDA, 19% toxicoses, 6% urinary tract infections, frequent Chlamidia infections).

In addition, unfriendly conditions and practices in maternities, contributed to high proportion of deliveries with surgical interventions (62% of all deliveries in 1999). This is also reflected in the structure of post-neonatal mortality: 31% newborns with CNS trauma, 33% with ARI, 11% with other infections. The reported death rate at paediatric intensive care unit was 59.4%. There are only three incubators in Ingushetia.

Out of total 7,065 live births in 1999 (20% IDPs), there were 377 prematures (82 stillborn, 69 early neonatal deaths, 75 perinatal deaths).

Considering the high fertility, more in-depth analysis of family planning is required. An adviser at the MoH has reported that, despite the local tradition, 1,200 abortions were performed in 1999 (approximately 17/100 live births). No IUDs (intra-uterine devices) or other contraceptives are available within the MCH system and all women are asked to buy contraceptives at the market.

We have no complete data on sexually transmitted diseases (STDs). The reported prevalence of syphilis is 0.3 per 100,000 population. According to the MoH, after 1993, there was a rapid increase in uterine, cervical and breast-cancer cases. However, there is no pathohystology or mammography in Ingushetia and patients are referred to other parts of the Russian Federation.

The MoH emphasized the role of out-reach services (patronage nurses) in health prevention, promotion and identification of hard-reach-population.

Mental health

Children and adults from Chechnya are prone to develop deep and serious psychological traumas due the conflict, as the traumatic events have been occurring over such a long period of time. (It is only three years since the end of the last conflict.) Although no assessment has been conducted, there can be no doubt that recent events will have a long lasting impact, not least on the children, - some of whom have just relived their second war experience and had wounds reopened.

From the UNHCR household survey of non-camp settlements, although no questions pertaining to mental health were asked, it is worth noticing that:

7% of the IDPs had relatives who were killed or injured in Chechnya
16% of the IDP family members remained in Chechnya - the majority of the IDPs have no contact with their relatives inside Chechnya
13% of the IDPs indicated that they had witnessed harassment of women
8% of the IDP children are separated from their parents and in the care of friends and relatives.

CPCD provides psychosocial assistance to children in four IDP camps (one in Sleptsovskaya, three in Karabulak). MDM has psychological rehabilitation centre for children in two IDP camps.

After interviewing a number of health personnel and teachers, the clinical impression is that there are many untreated serious mental health problems in the IDP population. Psychotropic medication has not been widely available prior to the conflict and also in Ingushetia is not easily accessible.

In Ingushetia as a whole, there are 2,200 psychiatric patients registered, who get practically no assistance due to financial constraints.

Drug abuse has creased in Ingushetia lately and is said to be linked to the much wider abuse inside Chechnya. According to MoH/I data for 1999, there are 26.4 registered cases of drug abuse per 100,000 population.

Injuries, traumas

Data on casualties are unreliable or unavailable. But we can assume that there is a heavy caseload of war injuries in emergency services and in need of acute and reconstructive surgery. In this connection, it is worthwhile mentioning the inadequately functioning blood transfusion service and the risks related to non sterile conditions of intravenous infusion in general.

Rehabilitation services are non-existent in the republic, as are production of limb prostheses.

In the IDP camps, one of the most common injuries is burns from contact with the stoves heating the tents. Another not uncommon shell injury is hearing impairment.

Response capacity

Health care services

The health care system of Ingushetia, normally providing for about 320,000 inhabitants, has already been faced with an additional 200,000-250,000 persons for several months. The extra workload on an already exhausted service, with depleted stocks of drugs and expendables, represents a formidable task.

All in all, there are 1880 beds in Ingushetia, i.e. 5.9 per 1,000. Average length of stay is 13.5 days, and hospital mortality 1.3 %. The total number of ambulatory examinations performed in 1999 was 760,773, and the total number of home examinations 79,009.

The structure of the health care system is pretty much the old Soviet structure, with heavy emphasis on secondary care and in-patient treatment. The primary health care structure is characterized by an outreach system, rich in manpower but poor in equipment, drugs and other effective interventions. There is an obvious need for structural reforms and for retraining of personnel.

The Ingush Republican hospital in Nazran has 528 beds, the Central District hospital in Malgobek 375, and the Sunzhenskaya Central District hospital 276 beds. The rest of the institutions are fairly small, with 40–70 beds, and although the distances between them are only a few kilometres, public transport is not well developed.

MoH/RF covers more than 95% of health care budget.

Access to health care services

In the UNHCR household survey of non-camp settlements performed in December, 57 % of the IDPs reported that they had paid for health services. Incidents of IDPs complaining about lack of access to health care due to payment requests have been numerous, and we have therefore repeatedly raised this question. In all health facilities visited, all health care providers interviewed insisted that available treatment and examinations are free of charge. Some drugs are not available, and must be bought in the marke, - both by the hom e population and the IDPs.

On answering the question of access, the Minister of Health referred us to the statistics showing that about 50% of the total number of hospital beds in Ingushetia are occupied by IDPs.

In the camps where there is a "medpunkt", people at least have an access point. Likewise, IDPs in host families are likely to be helped to the nearest Ingush health facility. In the spontaneous settlements, it is more problematic, also due to lack of transport .

Health personnel

Ingushetia has 810 doctors (2,6 per 1,000 population exclusive of IDPs) and 1759 medical nurses. We do not have the breakdown in specialties, but understand there are some bottlenecks - particularly a shortage of TB specialists.

In the IDP population we have been told there are 92 doctors, some of whom are engaged by the international agencies rendering medical assistance to the IDPs.

Type of facilities

The total number of medical institutions in Ingushetia is 64. For a listing of institutions in the different districts and the distribution of beds by medical specialty, see attachment I and II (kindly provided by MSF-H). Of the 19, IDP camps there are medical posts in 10. A medical post provides basic first aid. For the staffing and distribution of medical posts, see attachment III .

Essential drugs supplies

There are at present considerable variations in supplies. For instance, at Sleptsovskaya hospital they were fairly well equipped, lacking only endocrinological drugs. At Malgobekskaya Central District hospital, they had established a pharmacy for humanitarian medical assistance to the IDPs within the hospital polyclinic, where the last supplies had been distributed from MSF-H on 20 January.

On the other hand, at the primary health care medical post at Verkhnyie Achaluki and in the camps in Aki-Yurt, nothing was available - neither equipment nor drugs. And similar situations were observed in many spontaneous settlements and camps. For those able to pay, drugs of unknown quality are available on the market.
There is a need for promotion of the rational use of drugs both among professionals and in the population.

Equipment

There is a great need for surgical and obstetric equipment, and equipment for paediatric emergencies.
Furthermore; all oxygen stations in Ingushetia are privately owned. Oxygen bottles are expensive and often inaccessible for patients.

Laboratory services

Both chemical- biological and bacteriological laboratories are lacking the most basic reagents for serving everyday diagnostic and therapeutic needs. In addition, the equipment in place is often old and defunct.

Laboratories lack the reagents to perform even Rh factor tests on pregnant women. In case of blood transfusions, donors are found among the closest relatives. Blood transfusions are done based upon simple screening for blood group, without testing for blood-transmitted diseases, including Hepatitis B or HIV. The Republican Centre for Blood Transfusion is not functioning. The serious risk of disease transmission is due to high number of people with records of blood transfusion in the past few years, increasing number of hospitalized patients with Hepatitis B and reports of widespread drug addiction in the region. Strengthening safe transfusion and injection practices deserves urgent attention.

A detailed assessment of the needs and capacities of the clinical laboratories is being planned by WHO.

Basic infrastructure

All hospitals visited have a centralized water system. The water quality is not satisfactory. The Republican hospital in Nazran and the Sunzhenskaya hospital do not have functioning generators, whereas the Malgobekskya hospital has. Electricity breaks are often a problem.

Several medical institutions have no telephone, and no established communication channel for disease monitoring data.

The ambulance service has 44 cars at its disposal, most of these are from the 1970s.

Additional health activities in the area

The main activity in the health field has so far been carried out by Emercom/" Zaschita"(the All-Russian Institute of Disaster- Medicine), who have set up seven medical aid posts and a field hospital to cover the needs of the IDPs, and delivered drugs and disinfectants.

ICRC/Russian Red Cross have likewise delivered medical supplies to a number of hospitals in the area. UNICEF has so far provided basic drugs covering 300 000 persons for 3 months.

MDM has permanent medical staff in four camps: Sputnik, Severny, Bart and Karabulak. The Russian Red Cross has one medical unit in Nazran and two mobile clinics, working in the surroundings of Nazran, in Plievo, Yandar, Troitskoe, Kantyshevo, Dadakovo and Altievo. Islamic Relief Agency work in Karabulak, Severny and Sputnik Camps. They have three emergency vehicles fully equipped.
"People in need" also have medical work in one of the camps.

Of the international NGOs, MDM has been active in Chechnya since the last war, and are now supplying camps in Ingushetia with drugs and have set up their own medical posts. MDM and CPCD (Centre for Peacemaking and Community Development) are working with psychological rehabilitation of IDP children in the camps.

MSF-H,
Have supplied basic drugs kits to 5 hospitals and 5 polyclinics. Are currently purchasing additional drugs and medical supplies.
MSF-B,
Preparing purchase of drugs and medical supplies, training medical teams, will pay special attention to reproductive health needs.

ARD,
Mobile medical team is planned.
SA:
Delivers fruit juice and baby food.
IOM:
Plans to work on TB prevention and control in the north Caucasus Region.
RRC:
Runs one fixed and two mobile medical units in Ingushetia, and one fixed unit in Dagestan.
Unicef:
Is in the process of procuring 75 basic emergency drug kits, 33 supplementary kits and 350 ARI-CDD kits for polyclinics 160 for hospitals, 100 MCH kits - to be distributed in Ingushetia and Dagestan. In addition, they have ordered cold chain equipment, ferrous sulphate/folic acid tablets, vitamin A and ORS as well as 55 water bladders, 6000 jerry cans and 5 480 water purification tablets.

Conclusion:
It seems only fair to say that the health sector of Ingushetia, like the whole of the community, has coped rather well with an influx of more than 50% of its population.

For the health care, this means a depletion of stocks provided for the home population. Due to security concerns, tax and issues and a number of practical obstacles, international assistance has been slow to reach through to address the needs. At present, however, there are large amounts of drugs and equipment in the pipeline.

Additional assistance is needed in:

Water, sanitation and hygiene
- Provision of chlorine for water purification and control of water quality.
- Provision of garbage containers for collective centres and vehicles for garbage collection;
- Anti-mice, anti rodents, insecticides, disinfectants anti-lice shampoo;
- Improve sanitary conditions in collective assembly points
- Strengthening disease surveillance system
- Outbreak investigation
- Health education

Nutrition
- Monitoring the use of infant formula and the compliance with the Code;
- Promotion of proper feeding practices in infancy
- Establish a growth monitoring system for children
- Increase supplies of iodized salt
- Monitoring use of iodized salt in market
- Provide Iron supplement during pregnancy
- Improve sanitary conditions in food preparation

Immunisation
- Cold chain assessment;
- Distributing individual immunisation cards;
- Strengthening immunization capasity
- Vehicles for out-reach teams;
- Monitoring of vaccine preventable diseases

Health
- Strengthening of out-reach teams for M&CH;
- Providing basic life saving equipment
- Strengthening of laboratory capacity
- Health education materials
- Promotion of essential drugs use
- Control of communicable diseases (in particular TB)
- Mental and physical rehabilitation
- Encourge BFHI
- Assessment of reproductive needs

Protection
- Monitoring access to basic health care services and essential drugs for IDPs.

Contingency stock

Moscow, February 8, 2000

List of Attachments:

Attachment I

Medical institutions for 317,700 residents of Ingushetia (kindly provided by MSF-H).

1. Nazran – 77,200 inhabitants

- **Ingush Republican hospital – 528 beds**
- Republican TB dispensary – 150 beds
- Republican psychoneurology dispensary
- Republican dermatovenerologic dispensary
- Republican dispensary of remedial gymnastics
- Republican station of hemotransfusion
- Republican anti-AIDS center
- Republican stomatologic polyclinic
- Nazranovskaya city hospital – 150 beds
- Nazranovskaya city polyclinic
- Central municipal district of Nazran (36,000 residents) – polyclinic.
- Altievsky municipal district of Nazran (5,900 residents) – ambulatory post
- Barsukinsky municipal district of Nazran (4,300 residents) – ambulatory post
- Gamurzievsky municipal district of Nazran (5,500 residents) – ambulatory post
- Nasir-Kortovsky municipal district of Nazran (13,300 residents) – ambulatory post
- Plievsky municipal district of Nazran (12,200 residents) – ambulatory post

2. Nazranovsky district – 59 100 of inhabitants
- Ambulatory post , Ali – Yurt village (4 700 of inhabitants)
- Ambulatory post and feldsher-obstetric post, Gazy – Yurt vill. (1000 of inhabitants)
- Ambulatory post , Dolakovo vill. (4 700 of inhabitants)
- Feldsher-obstetric post, Geyerbek - Yurt vill. (200 of inhabitants)
- District hospital for 35 beds, Kantishevo vill. (12 400 of inh.)
- Ambulatory post, Surkhakhy vill. (9 500 of inhabitants)
- Ambulatory post, Ekagevo vill. (18 400 of inhabitants)
- Ambulatory post, Yandare vill. (8 400 of inhabitants)

3. Malgobeksky District – 72 600 of inhabitants

City of Malgobek - 36 000 of inhabitants
- Malgobek Central District hospital – 375 beds
- Malgobeck District TB dispensary
- Ambulatory post, Verhniye Atchaluky vill. (5 400 of inhabitants)
- District hospital for 45 beds, Srednіye Atchaluky vill. (3 200 of inhabitants)
- Feldsher-obstetric post, Nigniye Atchaluky vill. (3 300 of inhabitants)
- Ambulatory post, Noviy Redant vill. (3 900 of inhabitants)
- Feldsher-obstetric post, Aky - Yurt vill. (1 100 of inhabitants)
- Voznesenovskaya district hospital N 2 for 50 beds, Voznesenovka vill. (3 000 of inh.)
- Ambulatory post, Sagopshy vill. (7 400 of inhabitants)

- Ambulatory post, Psedakh vill. (3 800 of inhabitants)
- Ambulatory post, Inarky vill. (3 800 of inhabitants)
- Feldsher-obstetric post, Vezhary vill. (800 of inhabitants)
- Ambulatory post, Zyazikov - Yurt vill. (900 of inhabitants)

4. Sunzhensky district – 88 000 of inhabitants

- Sunzhenskaya Central District hospital – 276 beds
- Sunzhenskaya Central District polyclinic
- Galashkinskaya district hospital N 2 for 60 beds, Galashkino vill. (5 400 of inhabitants)
- Nesterovskaya district hospital for 40 beds, Nesterovskaya vill. (10 200 of inhabitants)
- Feldsher – obstetric post, Muzhitchy vill. (1 300 of inhabitants)
- Feldsher – obstetric post, Nyzhny Alkul vill. (300 of inhabitants)
- Feldsher – obstetric post, Verhny Alkul vill. (300 of inhabitant)
- Feldsher – obstetric post, Alkhasty vill. (2 300 of inhabitants)
- Ambulatory post, Troitskaya vill. (14 000 of inhabitants)
- TB dispensary for children for 40 beds, Troitskaya vill. (14 000 of inhabitants)
- Feldsher – obstetric post, Dattykhskaya vill. (100 of inhabitants)
- Feldsher – obstetric post, Arshty vill. (1 100 of inhabitants)
- Feldsher – obstetric post, Tchemulga vill. (400 of inhabitants)
- Feldsher – obstetric post, Motchievo vill.

5. City of Karabulak – 18 900 of inh.

- Karabulak city hospital – 70 beds
- Karabulak city polyclinic

6. Dzheyrakhsky district – 1 900 of inh.

- Feldsher – obstetric post, Dzheyrakhskaya vill. (1000 of inhabitants)
- Feldsher – obstetric post, Lyazhginskaya vill. (400 of inhabitants)
- Feldsher – obstetric post, Olgetinskaya vill. (300 of inhabitants)
- Feldsher – obstetric post, Gulinskaya vill. (200 of inhabitants)

Attachment II

Distribution of 1880 beds in the hospitals of Ingushetia (kindly provided by MSF-H)

Ward	Number of beds
1. Surgical	195
2. Traumatology	110
3. Urology	30
4. Oncology	20
5. Gynecology	150
6. Obstetric	150
7. Neonatal care	26
8. General Medicine (therapists)	370
9. Pulmonology	30
10. Gastroenterology	30
11. Rheumatology	30
12. Endocrinology	15
13. Cardiorheumatology	20
14. Tuberculosis	190
15. Dermatovenerology	36
16. Neurology	90
17. Ophthalmology	25
18. Otorhinolaryngology	10
19. Pediatric	215
20. Infectious Diseases	105
21. Efferent surgery (hemodialysis)	6
22. Intensive care (pediatric)	9
23. Intensive care (adults)	18
Total	**1880**

Attachment III

TABLE 1
Data 1.02.2000 on the number of IDPs from the Chechen Republic quartered on the territory of Ingushetia Republic in compact settlements

##	REGION	SETTLEMENT	CAMP NAME	NUMBER OF IDPs	
				Total	Children up to 14
1	Republican administration	Karabulak	"Karabulak II" (tent settlement)	4120	2340
2	Republican administration	Karabulak	ZhBI (Zhilprombaza)	1263	238
3	Republican administration	Karabulak	"Karabulak I" railway siding (trains 1, 2)	2571	824
4	Republican administration	Karabulak	" Karabulak II" railway siding (trains 1, 2)	1744	650
5	Republican administration	Karabulak	mechanical farm station (? ? ?) – (Karabulak)	1500	450
6	Malgobek	Aki-Yurt village	"Aki-Yurt"	1210	252
7	Malgobek	Malgobek	kindergarten No 2	300	125
8	Sunzha	Ordzhonilidzevskaya railway station	"Northern" on the railway	5100	3500
9	Sunzha	Ordzhonilidzevskaya railway station	battery farm "Sputnik"	8160	3156
10	Nazran	Nazran	"Logovaz"	1404	595
11	Nazran	Nazran	kindergarten No 2	165	55
12	Nazran	Plievo village	"Plievo" (PTF)	436	250
13	Nazran	Nazran	kindergarten-crèche No 3	141	60

14	Nazran	Nazran	kindergarten No 1	165	40
15	Nazran	Nasyr-Kort village	mechanical farm station (? ? ?)	240	165
16	Nazran	Nazran	kindergarten No 5	93	70
17	Nazran	Nazran	“Terek” camp	450	150
18	Nazran	Plievo village	Electrotransmitting substation	400	150
19	Nazran	Nazran	“Kamaz” autocenter	775	455
Sum Total				30237	13525

TABLE 2

General data of 1.02.2000 on the living conditions of IDPs from the Chechen Republic quartered on the territory of Ingushetia Republic in compact settlements

##	CAMP NAME	LIVING CONDITIONS			MEDICAL AID POSTS	MEDICAL PERSONNEL		ISOLATION WARDS	DISINFECTANT SUPPLY
		railway cars	Camps (including winter ones)	Other accommodations		Doctors	Nurses		
1	Karabulak II (tent camp)	2 sidings, 4 trains	186		2 medical aid posts including MDM	1	1	None	5 kg of lime
2	ZhBI (Zhilprombaza)			4 buildings, 10 cottages	1 medical aid posts	2	2	None	12.5 kg of lime
3	Karabulak I railway siding 1 (trains 1, 2)	65 4 trains	None	None	1 medical aid post	3	4	None	5 kg of lime
4.	Karabulak II railway siding (trains 1, 2)	30	None	None	1 medical aid post	2	4	Railway car	4.1 kg of lime
5	MTF-(Karabulak)			Outbuildings	None	None	2	None	8 kg of lime
6	Aki-Yurt	None	60	Outbuildings	1 medical aid post		4	None	8 kg of lime
7	Kindergarten No 2	2-storied standard building (medical aid from the central republican hospital)							None
8	"Northern" on the railway	124	None	None	1 medical aid post (railway car)	10	12	None	None
9	"Sputnik" battery farm	None	432		Medical aid post	1	2	None	75 kg of lime
10	"Logovaz"	None		Outbuildings	1 medical aid post	1	1	None	5 kg of lime
11	Kindergarten No 2	Standard building			Medical aid post		1	None	None
12	Plievo battery harm	Battery farm outbuildings			Medical aid post	None	None	None	None
13	Kindergarten-crèche No 3	Standard building			None	1	1		None
14	Kindergarten No 1	Standard building			None	None	None		5 kg of chorlam.
15	MTF in Nasyr-Kort	Adapted outbuildings			None	1	1	None	None

16	Kindergarten No 5	Standard building	None	None	None	None	None
17	“Terek”	Adapted buildings	None	None	None	None	None
18	Plievo	Building of electrotransmitting station	None	None	1	None	None
19	Naz ran	“Kamaz” autocenter	None	None	None	None	

TABLE 3
Information on sanitary and epidemiological situations in settlements (camps) of IDPs from the Chechen Republic (of 1.02.2000)

REGION	SETTL.	CAMP NAME	No.OF PEOPLE Total/ Children up to 14	WATER SUPPLY		EATING FACILITIES		GARBAGE COLLECTION		WASHING FACILITIES		NUMBER OF TOILETS
				Centralized	Decentralized /brought	centralized	Spontaneous	Rubbish bins	Sites	Bathhouses	Washstands	
Republican admin.	Karabulak	"Karabulak II" (tent settlement)	4120/ 2340	None	Cisterns of 15 m^3	12 mobile kitchens (9 operating)	Cannot be counted	None	20 pits	2 disinfecting showers	None	24 x 2
Republican admin.	Karabulak	ZhBI (Zhilprombaza)	1263/ 238	Centralized	Brought	Canteen	Cannot be counted	4	2 dumps	Showers 24 heads	Provided	10 x 2
Republican admin.	Karabulak	"Karabulak I" railway siding (trains 1, 2)	2571/ 824	None	Brought irregularly	6 mobile kitchens in 2 blocks	In railway cars	None	28 pits, not chlorinated	2 disinfecting showers (1 operating)	None	30 x 2
Republican admin.	Karabulak	"Karabulak II" railway siding (trains 1, 2)	1744/ 650	None	Brought by water tankers	6 kitchens, not functioning	Cannot be counted	None	Dump	Disinfecting shower (does not function)	None	26 x 2
Republican admin.	Karabulak	Mechanical farm station (? ? ?) – (Karabulak)	1500/ 450	None	Brought	None	Cannot be counted	None	Dump	None	None	3 x 1
Malgobek	Aki-Yurt village	"Aki-Yurt"	1210/ 252	None	Brought	2 gas stoves	Cannot be counted	None	5 pits	None	None	10x2
Malgobek	Malgobek	Kindergarten No 2	300/ 125	Centralized		Eating facility		2		None	2	2 toilets (1 x 2)
Sunzha	Ordzhonilidzevskaya railway station	"Northern" on the railway	5100/ 3500	Water pump	Brought every 3 days	12 mobile kitchens, 16 gas stoves	Cannot be counted	None	Pit, not disinfected	Does not function	In railway cars are shut off	70 x 2
Sunzha	Ordzhonilidzevskaya railway station	Battery farm "Sputnik"	8160/ 3156	Running water, 4 faucets		14 mobile kitchens, 11 function in 10 blocks	Cannot be counted	None	6 dump pits	2 disinfecting showers (not functioning)	None	78 x 2
Nazran	Nazran	"Logovaz"	1404/ 595	Centralized		Eating facility		5	Dump	Shower		6 x2
Nazran	Nazran	Kindergarten No 2	165/ 55	Centralized		1 gas stove		None	Collected and	None	2	2 x 2
Nazran	Plievo village	"Plievo" (PTF)	436/ 250	Centralized		None	Cannot be counted	None	2 dumps, pit	None	None	8 x 2
Nazran	Nazran	Kindergarten-crèche No 3	141/ 60	Centralized		Eating facility		2 bins, collected	None	None	3	1 x 2

Nazran	Nazran	Kindergarten No 1	165/40	Centralized		kitchen			2 dumps	None	2	2 x 2
Nazran	Nasyr-Kort village	Mechanical farm station (? ? ?)	240/165	Centralized		Not provided		None	2 Dumps	None	none	2 x 2
Nazran	Nazran	Kindergarten No 5	93/70	Centralized		Not provided		None	Dump	None	None	2 x 2
Nazran	Nazran	"Terek" camp	450/150	Centralized		Kitchen, 2 gas stoves		None	Dump	None	5	2 x 2
Nazran	Plievo village	Electrotransmitting substation	400/ 150		Brought	Not provided		None	4 pits	None	None	4 x 1
Nazran	Nazran	"Kamaz" autocenter	775/ 455	Centralized		Not provided		None	Dump	None	None	2 x 1

Table 4 Number of IDPs from the Chechen Republic of 1.02.2000

##	Region name	Number of IDPs	Number of families
1	Nazran	100871	27912
2	Sunzha	70068	17415
3	town of Karabulak	29193	4817
4	Malgobek	44420	12220
5	Checking transition post "Caucasus"		
	Sum total	264594	69666

Attachment IV

List of persons met:

Khasan Askhabov – kommandant of spontaneous settlement in Sleptsovska ya;
Daurbekov Khadzhibek – chief of the TB dispensary in Sleptsovskaya;
Khartsaeva Madina – pediatric phthysiatrists from Chechnya;
Evloev Yakib – chief of the med. point in Verkhni Achouluki;
Malayeva Sirena – head nurse of med.punkt;
Mutalieva Oga – head of the regional polyclinic in Malgobek;
Uzhakov Kambulat- minister of publik health of IR;
Aushev Isa – head of epidemilogic service of IR;
Dzarakova Elizaveta – head of republican TB dispensary;
Firzauli Khara – Midwife MoH;
Yevloyeva Fahma – Senior Pediatrician MoH;

Attachment V

List of 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 – Medécins du Monde
MSF – Medécins sans Frontières
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