

Report

**Chechnya and Ingushetia: Health services**



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## **SUMMARY**

The Russian health care system consists of primary care, secondary care and specialised services. The hospital sector is particularly large. Private health service providers have become more common. According to Russian law, health services should be free of charge and should not depend on where the person has his/her permanent residence. However, in reality unofficial payment for health services is widespread and it can be hard to get treatment free of charge outside the place of permanent residence. The health system in Chechnya has been largely rebuilt since the two wars. The hospitals are new and the equipment modern, but the quality of the services given is described as low. This is largely due to lack of qualified personnel. The health system in Ingushetia is not as new and modern as in Chechnya. Treatment is available for a variety of illnesses, but there is lack of treatment for specialised services. The quality of equipment and personnel is described as low.

# CONTENTS

<b>1. Introduction.....</b>	<b>5</b>
<b>2. About the Russian health service in general.....</b>	<b>5</b>
2.1 Organisation .....	5
2.1.1 Primary care .....	6
2.1.2 Secondary care: hospitals.....	7
2.1.3 Specialist treatment.....	8
2.2 Medicines .....	8
2.3 Finance and corruption .....	8
2.4 Referral for treatment elsewhere .....	10
2.5 Availability and quality of health services .....	11
<b>3. Health service in Chechnya.....</b>	<b>12</b>
3.1 Background.....	12
3.2 Infrastructure and organisation.....	12
3.3 Corruption.....	13
3.4 The quality of health services.....	14
3.5 Specific illnesses.....	15
3.5.1 Tuberculosis.....	15
3.5.2 HIV/AIDS .....	16
3.5.3 Mental illnesses.....	17
3.5.4 Treatment available for children.....	18
3.5.5 Other illnesses.....	19
<b>4. Health service in Ingushetia.....</b>	<b>19</b>
4.1 Background.....	19
4.2 Infrastructure and organisation.....	20
4.3 Corruption and the quality of treatment .....	20
4.4 Specific illnesses.....	21
4.4.1 HIV/AIDS .....	21
4.4.2 Mental illnesses.....	22
4.4.3 Treatment available for children.....	22
<b>5. References .....</b>	<b>24</b>

## **1. INTRODUCTION**

The Russian health service is facing numerous challenges. Fundamental health services are underfinanced, the majority of services are covered by the hospital sector, informal payments and corruption are widespread and there are few specific measures targeted at the public's general state of health. Mortality among males is particularly high compared with countries with similar economies and levels of development. This is largely due to lifestyle problems such as heart disease and alcoholism (Gerry 2011; Balmforth & Feifer 2011; Popvich, Potapchik, Shishkin, Richardson, Vacroux & Mathivet 2011, pp. 10-12).

Because Chechnya and Ingushetia are part of Russia, the health services in these republics face many of the same challenges as other parts of the country. Nonetheless, Chechnya stands out from the rest of Russia because its health service was completely destroyed during the wars. The Chechen health service has recently been built up again but there are still deficiencies, particularly in relation to the quality of the health services. Ingushetia, which became a republic in its own right in 1992 has had challenges in building up a health service, partly as a result of internal refugee populations and security problems.

The first section of the report provides a description of the development of, availability and quality of health services in Russia as a whole. The reason for this is that, as federal subjects in the Russian federation, the health services in Chechnya and Ingushetia are organised and regulated in the same way as in the rest of the federation. This thematic report will then describe the availability and quality of the health services in Chechnya and Ingushetia, and specifically describe the treatment available for certain types of illnesses. These accounts are by no means exhaustive. The choice of illnesses that are described here are based on requests that Landinfo has received from the Norwegian Directorate of Immigration and the Norwegian Immigration Appeals Board.

The thematic report is based on both written and oral sources. The oral sources are largely sources that Landinfo met on a fact-finding mission to Moscow and the North Caucasus in November 2011. The sources are for the most part representatives of NGOs with good knowledge of the health services in Chechnya and Ingushetia. In addition, Landinfo also visited the maternity hospital in Nazran, Ingushetia, where we interviewed the deputy medical director at the hospital. Some of the sources have been anonymised, as they did not wish to be quoted.

## **2. ABOUT THE RUSSIAN HEALTH SERVICE IN GENERAL**

### **2.1 ORGANISATION**

The national health service in Russia has inherited its infrastructure from the Soviet Union. During the Soviet era, the health system went under the name of the

Semashko system<sup>1</sup>. The Semashko system was based on the principle of universal access to free health services. It was a tax-based system with centralised planning of resources and personnel, based on a hierarchical system of treatment centres at all political-administrative levels in the union. Even though the organisation and management principles have developed in the last 20 years, the idea of a centralised system with universal access to basic services still dominates (Popovich et al. 2011, pp. 13-15). Treatment for health problems during the Soviet era was heavily based on admission to hospital, a feature that still characterises the treatment system in Russia today. (Jevloeva, meeting November 2011). Many patients were admitted for minor illnesses, and the hospital sector had a very high number of employees.

In accordance with the Constitution of the Russian federation, jurisdiction for health issues is shared between the Russian federation and the federal subjects (Popovich et al. 2011, p.21).<sup>2</sup>

The health institution system in Russia has a hierarchical structure. At the federal level, the following central institutions run the Russian health service; the Ministry of Health and Social Development (MoHSD), with its associated federal organs such as Rospotrebnadzor (the Federal Body for Consumer rights and Welfare), Roszdravnadzor (the Federal Body for Monitoring Health and Social Development), the Federal Medical and Biological Agency (FMBA) and the Federal Mandatory Health Insurance fund (MHI).

Each region has its own health administration, which runs regional health institutions such as regional hospitals (both specialist hospitals and central hospitals), treatment institutions for day patients, centres for diagnostics and specialist emergency rooms. The regional health administration also manages the municipal health administration and treatment institutions under its jurisdiction. (Popovich et al. 2011, p. 13).

The municipalities/districts manage the health institutions at the municipal/district level. The federal law on local autonomy states that the districts are responsible for providing primary health care and emergency treatment, as well as maternity facilities. More than 75% of hospitals (for in-patients) are at the district level (Popovich et al. 2011, p. 112).

### 2.1.1 Primary care

Primary care services in the districts consist of health clinics/midwife posts (*feldshersko-akusherskiy punkt - FAP*) and health centres (*ambulatorija*) in rural areas, and polyclinics (departments for day patients) at district hospitals in urban areas.

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<sup>1</sup> Nikolai Semashko was a Russian politician who served as commissioner for public health from 1918 to 1930. During his leadership, the foundations were laid for the Soviet health system (Wikipedia).

<sup>2</sup> There are 83 federated subjects in the Russian federation; 46 regions (*oblast*), 21 republics, 9 provinces (*krai*), 4 autonomous districts (*okrug*), 2 federal cities and one autonomous region. Chechnya and Ingushetia have the status of republics in the federation.

FAPs serve population groups of around 4000 people in sparsely-populated areas. FAPs are usually staffed by a midwife and specialist nurses who carry out vaccinations, routine health checks and birth control. FAPs are administered by the closest district hospital (Popovich et al. p. 114; Jevloeva, meeting November 2011).

Health centres (*ambulatorija*) cover larger rural population groups of 7000 people or more. These centres are staffed by a physician, a paediatrician, a gynaecologist and nurses/midwives. A number of primary health care services are offered at these centres, as well as minor operations and maternity services (Popovich et al. 2011, pp. 114-115).

Polyclinics cover urban areas, which in turn are divided into smaller administrative areas of about 4000 people each. Sometimes the polyclinics are part of the city hospital. Polyclinics normally comprise general practitioners working together with specialists. The polyclinics are normally equipped with X-ray equipment and primary treatment can be offered for acute and chronic illnesses. The polyclinics offer specialist treatment for gynaecology, heart disease, rheumatology, oncology and ear, nose and throat illnesses. (Popovich et al. 2011, p. 115).

At the polyclinics, patients have the right to choose the doctor they wish to see, but seldom exercise this right. In theory it is not necessary to go via a general practitioner in order to see a specialist, but in practice most people see a general practitioner first (Popovich et al. 2012, p. 116).

## 2.1.2 Secondary care: hospitals

Secondary care consists of small district hospitals (*utsjastkovaja bolnitsa*), district hospitals (*raionnaja bolnitsa*), city hospitals, regional hospitals, regional specialist hospitals, federal hospitals and federal specialist hospitals (Popovich et al. 2011, pp. 119-120; Jevloeva, meeting November 2011).

Small district hospitals consist on average of about 30 beds and are usually staffed by a surgeon, a physician and a paediatrician. Simple surgical operations are carried out for non-complex conditions. Non-complex chronic and acute cases can also be treated. The majority of such hospitals have now been closed down and some of them have been converted to health centres (see part 2.1.1) (Popovich et al. 2011, p. 119; Jevloeva, meeting November 2011).

District hospitals can be divided into two categories: rural and central district hospitals. The average capacity in rural district hospitals is about 130 beds and treatment is provided for in-patients in basic areas such as podiatry<sup>3</sup>, surgery, obstetrics and gynaecology. The majority of these hospitals have out-patient departments (polyclinics). Central district hospitals are to be found in the political-administrative centres in a district. The average capacity of such hospitals is about 200 beds, and they serve population groups of 40,000 – 150,000 people. These hospitals provide treatment in a long list of medical areas, such as podiatry, surgery, obstetrics, gynaecology, infectious diseases etc. These hospitals also have out-patient departments that serve as polyclinics for the local population (Popovich et al. 2011, p. 119; Jevloeva, meeting November 2011).

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<sup>3</sup> Treatment and diagnosis of disease and damage to the leg and foot

In the cities there are city hospitals with 150 to 800 beds for adults and 100 to 300 beds for children. The cities also have hospitals providing emergency treatment and specialist hospitals for infectious diseases, tuberculosis (TB), childbirth, psychiatry, psycho-neurology etc. (Popovich et al. 2011, p. 119; Jevloeva, meeting November 2011).

Each region has a central hospital with 500-1000 beds for adults and a central hospital for children with about 300-600 beds. As these hospitals also provide treatment for everyone who lives in the region, they accept referrals in complicated cases from the district hospitals and polyclinics. The majority of specialist areas can be treated here and the qualifications of the staff are generally higher than in the districts. The central hospitals in the regions generally provide teaching for medical students (Popovich et al. 2011, p. 120).

There are also specialist hospitals in the regions specialising in different areas of health care (Popovich et al. 2011, p. 120; Jevloeva, meeting November 2011).

### **2.1.3 Specialist treatment**

Hospitals at the federal political-administrative level are primarily institutions carrying out research and offering treatment for complicated and specialist cases. Patients with serious illnesses are referred to these hospitals (Popovich et al. 2011, p. 120; Jevloeva, meeting November 2011).

## **2.2 MEDICINES**

By law, medicines should be free for in-patients while medicines for out-patients are paid for by the patient. In practice, however, in-patients often end up having to buy their own medicines. This may be due to a lack of medicines or because the patients do not trust the medicines provided by the hospitals. Some groups which qualify for social security and benefits can have the costs of prescribed medicines paid fully or in part<sup>4</sup>. Certain illnesses are also covered by free prescribed medicines; cerebral palsy, cystic fibrosis, HIV/AIDS, diabetes, cancer, leprosy, TB, etc. The list of illnesses that are covered by free medicines is drawn up by the Ministry of Health and Social Development (Popovich et al. 2011, p. 125; IRRICO 2009, p. 5). When asked to what extent the costs of such medicines are actually covered, a representative for the WHO in North Caucasus replied in an email in September 2010 that due to shortage of funding to Russian regions there have been problems with supplies of medicines. This means that it can be difficult to obtain such medicines free of charge and a number of people end up buying medicines on the commercial market.

## **2.3 FINANCE AND CORRUPTION**

Article 41 in the Constitution of the Russian Federation guarantees that health services shall be free for Russian nationals. Free health services shall be provided

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<sup>4</sup> Such groups include war veterans, heroes of the Soviet Union, the families of soldiers who have been killed, children under three years of age, children under six in larger families, the disabled, etc. (Popovich et al. 2011, p. 125).



based on mandatory health insurance (MHI). The state enters into agreements with insurance companies in each federal subject. In addition a number of Russians choose to have voluntary additional insurance. Employees acquire this mandatory health insurance from their employers, while those who are unemployed, children and pensioners are insured through the authorities at the registered place of residence. The insurance is documented with an insurance card which must be shown when receiving treatment, together with an internal passport that shows the registered place of residence. Emergency help/acute treatment is provided without having to provide proof of residence and health insurance. Officially there are very few health services in the public health service that have to be paid for.<sup>5</sup> Medicines for day patients comprise the largest official personal payments in the Russian health service (IRRICO 2009, p. 4-5; Popovich et al. 2011, p. 86).

Corruption is extensive in Russia. Russia scored 2.4 on Transparency International's Corruption Index in 2011, where a score of 10 is given to countries with low levels of corruption. Russia scored the same as countries such as Azerbaijan, Nigeria and Uganda (Transparency International 2011)<sup>6</sup>. Former president Dmitry Medvedev stated a short time after he came to power in 2008 that he wanted to fight corruption, and signed a national anti-corruption plan (NAP) in July 2008. Several specific attempts to fight corruption have been initiated but the implementation of this work presents a number of different challenges (Popovich et al. 2011).

Corruption is amongst others extensive within the health sector. Even though the Constitution of the Russian Federation from 1993 stipulates that health services in the public sector shall be free of charge, in reality there are many state and regional health institutions that take payment for services.

During the Soviet era informal payments and gifts were extensive. They acted as a form of "thank you" to the doctor after treatment, or as a form of compensation for generally low-paid doctors. Furthermore, informal payments were a way of getting ahead in the queue or obtaining better treatment (Popovich et al. 2011, p. 86). Many of the same reasons for informal payment still exist today. However, Popovich et al. (2011, pp. 86-87) think that the difference today compared with the Soviet era is that the rates for informal payments have in many places become "institutionalised" and that payment is required in advance of treatment. Informal payment is more common in polyclinics (out-patients). It is also more common to pay for services that patients deem to be critical, such as surgery and childbirth (obstetrics). Russians with whom a diplomatic source (2010) has spoken confirmed that they have to pay for health services in spite of being in possession of mandatory health insurance.

According to many Russians, the best way of obtaining treatment is to know someone or to pay. Many do not regard this as corruption, but rather as a way of showing gratitude for services (Krainova 2011; Balmforth & Feifer 2011). An

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<sup>5</sup> For an overview of the services involved, see Popovich et al, (2011), p. 77)

<sup>6</sup>Transparency International's corruption index ranks countries in relation to the extent of corruption in the public sector. The information that forms the basis for the index comprises evaluations and overviews carried out by independent and well-staffed institutions (Transparency International 2011).

international organisation that Landinfo met in Moscow in November 2011 said that people also pay for health services without being asked because they think that payment is compulsory.

According to information obtained on a number of fact-finding missions to Russia in the last ten years, a number of sources have stated that nobody would be denied treatment for acute conditions, just because they had no money. An international organisation that Landinfo met in Moscow in November 2011 said that even if people were unable pay, they would still receive treatment for acute and emergency conditions.

## **2.4 REFERRAL FOR TREATMENT ELSEWHERE**

Referrals for federal specialist treatment are made on the basis of annual quotas allocated to the federal subjects. The quotas are allocated for treatment at the state hospitals and treatment should be free. It is compulsory for hospitals to treat a patient who has been allocated a quota place (ICRC, meeting November 2011; International organisation, meeting in Moscow November 2011; MSF, meeting November 2011). According to Popovich et al. (2011) the allocations are not always used rationally, and individuals may be referred for treatment in federal institutions in spite of the fact that the treatment is available at a hospital in the federal subject. Furthermore, doctors lack knowledge about how applications for quotas are assessed and hesitate to apply for a place for their patients for fear that the process will take a long time or will not get anywhere. In addition to this, some patients who receive a quota place turn it down because they do not have the money to cover the extra costs associated with treatment away from home, such as transport and accommodation. Several sources with knowledge of the Russian health system said that the quotas are limited in number and do not meet the actual need (MSF, meeting November 2011; ICRC, meeting November 2011; International organisation, meeting in Moscow November 2011). According to a well-informed source (meeting in Moscow, November 2011), patients are put on a waiting list if a quota place is not available, and children are prioritised on such waiting lists. The assistant chief physician at the maternity clinic in Nazran in Ingushetia, Fatima Jevloeva (meeting, November 2011), said that in acute cases where the quota is full, an application could be made to the Ministry of Health in the federal subject for an extra quota place. Jevloeva knew of both acceptances and rejections for such applications.

The quotas do not necessarily cover all the costs of the treatment. A spinal operation can cost RUB 300,000 while the quota only covers RUB 250,000. The patient must then cover the difference and this will not be an official amount (MSF, meeting November 2011). According to Jevloeva (meeting, November 2011) although the cost of the operation would be covered, the patient would have to pay for other services linked to the treatment. A well-informed source (email, December 2011) was of the opinion that the treatment, the stay in hospital and medicines would be covered, but not the cost of travel to the place of treatment.

In addition to the above-mentioned quotas, there is, according to a number of sources, a system of referrals for treatment of patients to places other than where the patient has its registered place of residence. These differ from quotas in that a referral does not guarantee treatment. This goes with the fact that the number of hospital beds is linked to the population figures/number registered as living in an

area in the federal subject, and there is a limited number of places for people who are registered as living elsewhere. (MSF, meeting November 2011; International organisation, meeting in Moscow November 2011; ICRC, meeting November 2011). MSF and ICRC stated that it is highly likely that one would have to pay for treatment with a referral. According to Popovich et al. (2011, p. 121) it is hard to receive treatment in a different region to the one where one is registered. This is due to differences in the health budget across the regions. Some institutions are reluctant to accept patients who are not registered as living in the region, for fear that they will not be reimbursed for the costs of the treatment from the health insurance fund.

## **2.5 AVAILABILITY AND QUALITY OF HEALTH SERVICES**

According to Russian law, lack of residence registration should not limit the rights of the inhabitants. However, local instructions and regulations determine how laws and rules should be practised. This is information that Landinfo has obtained during a number of missions to Russia. One example of this is that in practice it is difficult to obtain treatment (apart from acute treatment) outside the region where a person is registered (Diplomatic source 2010). In a report written by the Canadian immigration authorities, reference is made to a number of different sources that state that permanent registration of residence is required to be able to access health and care services. Furthermore it states that people with temporary proof of residence are only entitled to acute help (Immigration and Refugee Board of Canada, 2009).

The difference in the availability of services is also geographically contingent, as the health budgets are distributed unevenly between the regions. Such regional factors have increased in recent years. The availability of health services for people living in rural areas is generally poorer than for people living in urban areas.

The quality of health services in Russia has become much worse after the break-up of the Soviet Union. From having a high position in the world statistics with regard to quality and availability of services, the number of hospitals and out-patient institutions gradually declined during the 1990s and 2000s. Also there has been little investment in the maintenance of different types of health institutions. The number of health personnel and doctors, which was high per capita in the Soviet era, has also decreased in the period following the break-up (Popovich et al. 2011). In a survey recently carried out by the Russian opinion poll institute Levada, almost 60% of those asked said that they were dissatisfied with the medical treatment available.

With regard to the quality of the health services, there are major differences between Moscow and other major cities (St. Petersburg) and the rest of Russia. In many regions hospitals are still equipped with equipment from the Soviet era. Even in Moscow there are hospitals that do not have air conditioning to alleviate the summer heat (Popovich et al. 2011; Balmforth & Feifer 2011). With regard to treatment facilities for children, many institutions have been closed down since the fall of the Soviet Union, as less money was granted to such institutions. Lack of resources also affects the quality of the services in existing institutions. This means that many parents prefer to keep their children at home. Due to the fact that the social welfare system is also affected by under-financing, there is little follow-up of parents who have children in need of nursing care (Well-informed source, email January 2012).

In recent years there have been a number of attempts to reform the health sector. In January next year, a new health reform will come into force. The reform is intended

to overcome the corruption that exists in the health service in Russia. The aim is for the reform to replace free health services with a programme of state guarantees for most kinds of medical aid. However some health services will have to be paid for. Another important change which is being drafted affects the finance system. From municipal authorities being responsible for health services, responsibility will largely be transferred to regional authorities. The reform will also replace the current health insurance system with new insurance. According to critics this will produce a lot of paperwork for the population (Krainova 2011).

### **3. HEALTH SERVICE IN CHECHNYA**

#### **3.1 BACKGROUND**

Large parts of Chechnya were destroyed as a result of acts of war in connection with the first Chechen war (1994-96) and the second Chechen war (1999-2000). The capital city of Grozny was described by various sources as being totally destroyed, and hardly a house was left undamaged by the bombing. According to a report from the Austrian information body (BAA 2011), up to 70% of the medical infrastructure was destroyed, particularly in the cities. There was also an acute shortage of diagnostic equipment, qualified medical personnel and medicines. Reconstruction began in earnest around 2005. Federal finances were poured into the republic. The capital city of Grozny was rebuilt first and then the districts.

In the years immediately following the conflicts, international humanitarian organisations were responsible for running the health institutions, hospitals etc. Now they have largely withdrawn and handed over responsibility to the Chechen health authorities. There are still humanitarian authorities present in Chechnya: ICRC which amongst others train medical personnel, and MSF, which has had focus on fighting tuberculosis.

With regard to the general health situation of the population, a representative of an international humanitarian organisation in the North Caucasus said in a meeting with Landinfo in 2009 that there is little tradition in Chechnya (and Russia as well) of carrying out preventive health work. Thinking preventatively was not prevalent in the Soviet era either. This means, for example, that well over half of all pregnant women in Chechnya (2009 figures) suffer from anemia. The same representative referred to the fact that many also suffer from poor nutrition due to the high number of poor people who struggle to make ends meet. Furthermore, there are many who are suffering from the psychological effects of various experiences during the wars. There are still many families who have male relatives that disappeared during the wars and who have never been found.

#### **3.2 INFRASTRUCTURE AND ORGANISATION**

Today the health services in Chechnya have largely been rebuilt (ICRC, meeting November 2011; MSF, meeting November 2011). New hospitals have been built and old hospitals have been renovated. Even districts in the south (the mountain areas) have got new hospitals (ICRC, meeting November 2011). According to MSF, the

health system in Chechnya is almost back to the same level as before the wars and in some fields it is actually better as a result of the general development in medical science.

The Chechen minister of health (as quoted in BAA 2011) stated that there are 368 medical facilities in Chechnya today. There are medical facilities in all parts of the republic. According to information for the Chechen Ministry of Health, there are 22 health institutions at the district level and 32 institutions at the republic level. In Grozny there are 26 medical facilities.<sup>7</sup>

The organisation of the health system in Chechnya is the same as in the rest of the federation. Primary care services consist of health stations (FAP) and polyclinics (part of the district hospital). Secondary care services consist of district hospitals and central district hospitals in regional centres (central hospitals). Thereupon there are republican hospitals. In Grozny there is also the city hospital (ICRC, meeting November 2011; MSF, meeting November 2011). MSF said that people do not pay attention to the structure of the health service when they are visiting the doctor. They prefer to go straight to a hospital and not to a polyclinic first. The representative for MSF with whom Landinfo spoke was of the opinion that the system of treatment in Chechnya is more flexible than in other places in the North Caucasus. It is possible to visit almost any doctor in any district.

### **3.3 CORRUPTION**

Corruption is extensive in the North Caucasus. The health service is one of the areas where corruption is most prevalent (Diplomatic source 2010). According to the Chechen health authorities, about 90% of the population in Chechnya have mandatory health insurance (Ibragimov 2010c). In connection with the Austrian country of origin information unit's visit to Grozny in 2011, the delegation was informed in every institution that they visited that medical treatment is free of charge for residents and that the costs are refunded through health insurance (BAA 2011, p. 47).<sup>8</sup> An international humanitarian organisation told Landinfo in November 2011 that officially all treatment is free of charge, but in practice people have to pay for treatment. No receipts are issued for the payments. Interviews carried out in the media with representatives of the local population also testify that having to pay for doctors' services is widespread, in spite of the fact that there are signs in the treatment facilities saying that treatment is free of charge. In practice payments must be made for almost all services: tests, X-ray and diapers at maternity clinics. Patients have had to take in their own bedlinen and blankets when admitted to hospital. The local population also states that even though the treatment facilities say that medicines are available, it is not uncommon that medicines are unavailable (Ibragimov 2010c; Ibragimov 2010a; Akhmadov 2008; Ibragimov & Ivanov 2012).

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<sup>7</sup> With regard to the 22 health institutions at district level, these comprise both central district hospitals and district hospitals. The 32 institutions at republic level are largely specialist hospitals/institutions. The 26 institutions mentioned for Grozny consist of both city hospitals and polyclinics.

<sup>8</sup> The delegation talked to the minister of health and employees at a number of hospitals (BAA 2011)

However, a number of sources state that patients are given treatment for acute cases, even though they cannot pay (International humanitarian organisation, meeting November 2011; international organisation, meeting in Moscow November 2011).

The practice of informal payments is to a large extent due to the low wages for health personnel. This does not only apply to Chechnya but across the whole Russian Federation. According to a medical director at a hospital in Chechnya, he earns 6600 RUB per month (as quoted in BAA 2011). On a number of occasions it has been reported that hospital staff have had their salaries reduced or that part of their salary has been paid in the form of another type of compensation. At Kurchalov central district hospital in 2009, it was reported that staff at the hospital had RUB 750 (ca. NOK 150) deducted from their salaries without any explanation (Ibragimov 2009b). Staff at city hospital no. 9 in Grozny reported to the internet newspaper Kavkazkij-uzel in 2010 that they had had part of their salary paid out in the form of hens (Ivanov 2010). All hospitals have to pay into the Akhmad Kadyrov financial fund.<sup>9</sup>

### 3.4 THE QUALITY OF HEALTH SERVICES

The general attitude amongst the sources with whom Landinfo has consulted about the health service in Chechnya, is that the infrastructure is good but there are weaknesses in the quality of treatment. An international humanitarian organisation expressed it thus in an email in June 2011:

*[..]Grozny has been completely rebuilt in the past five years and the medical facilities which were destroyed are now largely rebuilt. However whilst the physical infrastructure is in place there are massive gaps in access to quality health care, and drug supply. Most people will leave the republic to find treatment in one of the neighbouring republics if they can afford it.*

The main reason why there are qualitative weaknesses in treatment are, according to the sources, that the health personnel are not competent enough (ICRC, meeting November 2011; MSF, meeting November 2011; Well-informed source, meeting November 2011; International organisation, meeting November 2011). ICRC was of the opinion that the training for doctors and nurses in the republic is inadequate and there are too few specialists in general. A lack of specialists means that there is insufficient expertise to utilise the new medical equipment and that patients can be wrongly diagnosed. The claim that the level of highly-qualified personnel is not good enough was also confirmed by representatives for the Ministry of Labour, Employment and Social Development to the Austrian country of origin information unit. In order to raise the professional standard, medical personnel are sent to train in other parts of the federation and abroad (BAA 2011).

According to MSF lack of availability of medicines also contributes to the quality of health services being poorer. A well-informed source (meeting, November 2011) stated that the availability of medicines is poorer in rural communities than in the cities. The same source stated that the health service is better in the towns and cities

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<sup>9</sup> Akmad Kadyrov's financial fund is a fund set up by the Chechen authorities. There is little openness and information surrounding the sources of income for the fund. It is clear that public institutions, private businessmen and individuals have to pay into the fund, the latter in the form of a tax that is deducted from their salary. The fund contributes to rebuilding and to people in need, amongst other things (Diplomatic source, email June 2012)

than in the districts and that there are few doctors in the districts. This also shows that the Chechen villages differ significantly from the towns and cities. According to IOM (meeting, November 2011), who follow up returned asylum-seekers from Austria, they have not encountered any difficulties in obtaining medicines for their returnees in Chechnya.

The Russian internet newspaper Kavkazkij-uzel referred in an article from 2010 (Ibragimov 2010b) to a survey from 2009 of health institution users in the republic. The survey was carried out by the mandatory health insurance fund in Chechnya. Over 60% of respondents (the sample consisted of 3995 respondents) expressed satisfaction with the quality of services. In a comment on the survey, a local NGO employee stated that the majority of hospitals in the republic do not function any better now than they did some years ago; the premises have been repaired and they are cleaner and more comfortable, but there is still frustration among the population, linked in part to the professionalism of the health personnel. ICRC (meeting, November 2011) stated that the population has little confidence in the health service in Chechnya, and that this is one of the reasons why those with the means to do so travel to other areas of the federation to obtain treatment.

### **3.5 SPECIFIC ILLNESSES**

The overall impression gained by Landinfo, having talked to experts in the health area in Chechnya, is that much can be treated by the Chechen health service. However, if a person requires advanced treatment, such as specialist surgery/complex operations, they will probably have to go to another part of the federation to obtain such treatment. According to a well-informed source (email, December 2011) it is standard practice in Russia to be referred to a larger hospital/university hospital for advanced and complex medical treatment. In such cases it should be possible to fall within the health authorities' quota system for treatment elsewhere. However, several sources with whom Landinfo spoke, said that such quotas are limited in number and do not meet the actual needs (see part 2.4) (MSF, meeting November 2011; ICRC, meeting November 2011).

#### **3.5.1 Tuberculosis**

The number of people suffering from tuberculosis (TB) in Chechnya has increased significantly in the last 20 years. Years of war and conflict have weakened the population's general state of health and created a medium for spreading the disease. During the wars it was also difficult to get hold of medicines which meant that people who were already suffering from TB did not get the medicines they needed and thus infected others around them (Kirilenko 2010). The population has a low degree of awareness concerning the disease which means that they stop taking their medicine too early. This means that it is easy to develop multi-resistant TB. People also avoid seeking treatment due to the social stigma attached to the disease, as the disease is often associated with poverty and poor hygiene (Bigg 2010).

According to MSF (meeting, November 2011), which has worked on fighting TB in Chechnya since 2004, about 5000 people are registered as being infected with TB. The actual figure of those with the disease, according to MSF, is probably higher. It is estimated that about 50% of all those with TB have developed multi-resistant TB. The organisation started its work in Chechnya by treating people with less severe

forms of TB. With help in the form of support from MSF, a laboratory has now been set up in Chechnya to diagnose multi-resistant TB. MSF supports the Chechen health authorities in treating the disease in all parts of the republic: treatment places for TB are to be found in Gudermes, Naderetchnyj, Shali, Shelkovskyj and Grozny. The republican tuberculosis hospital opened in Grozny in 2010. The hospital has a separate department for children.

A well-informed source (meeting, November 2011) said that there are qualified doctors to treat TB.

### **3.5.2 HIV/AIDS**

The North Caucasus has been spared, relatively speaking, from HIV/AIDS, compared with the rest of Russia. In recent years the number of those affected with HIV has increased in the North Caucasus, and also in Chechnya. The federal research centre for the prevention and control of AIDS states that in May 2012, 1745 persons were registered as infected from HIV in Chechnya.

The number of registered HIV infected has increased in recent years. In 2008 there were 1103 cases of HIV, while in 2010 there were 1510. The increase in the number of registered is probably due to more people becoming infected, but also because more people who are already infected have come forward for testing. Of the 1745 registered, 83 have developed AIDS and to date 64 have died from AIDS in the republic. The majority of HIV infected are men but a number of infected women have also been registered. According to the federal AIDS centre, there are currently 62 children registered with HIV. The actual figures for those infected are probably higher than the official statistics indicate. This is due in part to a low level of awareness about the disease, but also to the fact that it is a taboo illness which people want to keep secret (Federal AIDS centre 2012; Ibragimov 2011a; Asueva 2012). The Grozny region has the most cases of infected and mountain districts such as Itum-Kali and Shatoy have the fewest (IDMC 2008).

A representative for an international humanitarian organisation in the North Caucasus told Landinfo in 2009 that women are infected by men and then pass the disease onto their children when they are born. The main cause of the disease is drug abuse and the careless use of needles. The same humanitarian organisation was of the opinion that little information is provided about preventing the disease. Only in recent years has this health problem begun to be dealt with.

In 2007 a treatment centre for HIV/AIDS was opened in Grozny – the National centre for the prevention and control of AIDS. It has a laboratory, a clinic for patients, and a department for pregnancy and gynaecological advice (IDMC 2008). In meetings with international humanitarian organisations in both 2009 and 2011 Landinfo has received confirmation that this centre is still operating and that it is possible to get hold of antiretroviral (ARV) medicines for HIV at the centre. The sources were of the opinion that such medicines are free of charge.

In 2010 the Chechen authorities ruled that in order to have a Muslim marriage, a health certificate must be produced showing that the person does not have a serious



infectious illness, such as TB or HIV/AIDS.<sup>10</sup> The aim of the measure, which has aroused international attention, is to promote a healthy population and partly to prevent women becoming infected with HIV/AIDS (Ibragimov 2010d; Ibragimov 2011a; Asueva 2012).

### 3.5.3 Mental illnesses

MSF (meeting, November 2011) stated that there has been an increase in the number of people with mental illnesses in Chechnya in recent years and that this is due to the conflicts that have taken place in the republic. Now that acts of war are no longer taking place, the psychological effects are beginning to surface.

The treatment available for people with mental illnesses is generally described as limited.<sup>11</sup> The treatment available in Chechnya is slightly better than that available in Ingushetia. This is due to the fact that Chechnya has received a great deal of support from international humanitarian organisations in connection with the wars, some of which has subsequently been carried on by the authorities (WHO, email 2010). There is a serious lack of psychologists. As in other parts of Russia, treatment for mental illnesses consists for the most part of medication and there is almost no use of therapy. (Well-informed source, meeting in Moscow November 2011; ICRC, meeting November 2011; MSF, meeting November 2011).

There are few treatment facilities for mental illnesses. According to the Chechen Ministry of Health there is one republican hospital for mental health in Samaski in the Atsjkoi-Martan district (180 beds), and one in Dabankhi in the Gudermes district (250 beds) (BAA 2011). There is also a psychiatric hospital in Grozny (80 beds). This hospital also has a polyclinic and a separate polyclinic department for children (The Ministry of Health in Chechnya 2012).

According to a survey carried out by the Swiss refugee agency (Kuthan 2011) concerning treatment for post-traumatic stress disorder (PTSD) in Chechnya, there are currently no institutions specialising in the treatment of PTSD. A representative for MSF with whom the Swiss refugee agency has been in contact (via a contact person) says that it would be very difficult for a person with a diagnosis of PTSD to get treatment in Chechnya.

Very few people consult their doctor about mental health problems, as mental illness is a taboo issue that mentally ill persons or their families do not want others to know about. As a rule such problems are dealt with within the family and the family network (ICRC, meeting November 2011; MSF, meeting November 2011; WHO, email 2010). In accordance with local traditions and norms it is shameful to have a family member with a mental illness and the authorities are not particularly keen on providing treatment for mental illnesses (WHO, email 2010). A well-informed source who works for an organisation that provides psychological guidance in the

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<sup>10</sup> This is a local Chechen regulation that is not based in Russian law. Landinfo does not know whether other republics in North-Caucasus have similar regulations, but is aware that president Junus Bek-Jekuriv in Ingushetia has been positive about introducing a similar regulation in Ingushetia.

<sup>11</sup> Across the whole of Russia, mental health services have traditionally been given low priority (Popovich et al. 2011, pp.133-134)

republic stated that it is almost exclusively women who contact them for help (meeting, November 2011).

In 2010 an Islamic health centre opened in Grozny. ICRC stated that a number of people with mental illnesses had received treatment at this centre. The treatment is free and consists of reading from the Koran. Sources with professional medical knowledge queries the suitability of this form of treatment.

#### **3.5.4 Treatment available for children**

With regard to treatment facilities for children, according to the Chechen Ministry of Health, there is one republican hospital for children in Grozny with 455 beds. There is also a local children's hospital in Grozny (Children's Hospital no. 2) with 195 beds. The hospital specialises in surgical pathology and traumatology (and physical injuries such as broken bones) and also has a polyclinic (as quoted in BAA 2011).

Treatment available for children with physical disabilities or special needs is not particularly extensive and only includes a few institutions. There is a rehabilitation centre for children in Grozny, the republican centre for medical and psychological rehabilitation of children. The centre opened in 2009 and has 120 beds. The centre also offers treatment for children with cerebral palsy and uses specialists from China who use acupuncture as a form of treatment. The centre receives financial support from the Akhmad Kadyrov fund (Ibragimov 2009a; Grozny-inform 2011).<sup>12</sup> In Grozny there is also a psycho-neurological children's hospital (Children's house no. 2) which treats children with cerebral palsy, Down's syndrome and autism. According to information about the hospital provided to the Austrian country of origin information unit in Grozny in 2011, the centre only rarely admits children suffering from mental trauma. Patients come from the whole of the republic and mainly from poor families who live under difficult social conditions. Children up to the age of ten are treated at the centre. The average stay at the clinic is three months but there are also children who stay for longer periods of time. The majority of the children are in-patients but some children stay only during the day. Treatment at the centre is free of charge. The centre has about 120 staff: paediatricians, neurologists, psychiatrists, physiotherapists, speech therapists, masseurs, nurses and teachers (BAA 2011). There is also a school/treatment centre for deaf children or children hard of hearing and a school/treatment centre for blind/visually impaired children. Both are located in Grozny (Barnehus.ru, year unknown).

MSF told Landinfo (meeting, November 2011) that children with a disability are a taboo issue. People do not want it to be known that they have a disabled child. There is limited assistance at schools for children with special needs. There is some provision for extra teaching lessons, but this must be paid for privately.

On a visit the Austrian country of origin information unit made to Children's Hospital no. 2 in Grozny in 2011, they were told that there is a lack of paediatricians at the hospital. The hospital management also said that the technical equipment at the hospital was very poor but that it was due to be upgraded in 2012 with support from

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<sup>12</sup> There have been reports in the Chechen news media that a new treatment centre for children with cerebral palsy is to be built where acupuncture will be one of the treatment methods used. Landinfo does not know how far this project has progressed (Grozny-inform 2011).

the Ministry of Health. It was also noted that the training of technical personnel is a problem, but no further details were given about this (BAA 2011).

### **3.5.5 Other illnesses**

MSF stated (email June 2011; meeting November 2011) that surgery for all types of cancers is carried out but no radiation treatment is available. In order to get radiation treatment, it is necessary to travel to other parts of the federation. Medicines for chemotherapy are available but must be purchased by the patient.

According to MSF, cardiovascular diseases account for more than 62% of all deaths in Chechnya. In 2010 MSF set up a cardiology and intensive care programme at the emergency hospital in Grozny. Up until then the hospital had no functional defibrillators or ECG machines. The programme only covers emergency treatment. As of November 2011, no heart operations were being performed in the republic (ICRC, meeting November 2011; MSF 2012; MSF, meeting November 2011).

With regard to rehabilitation centres for adults, ICRC stated (meeting, November 2011) that the provision is limited. There is one rehabilitation centre in Argun, which gives psychological advice and physical treatment. The quality of the treatment is not particularly good. There are more rehabilitation centres for children than for adults.

Physiotherapy is available both in hospitals and in polyclinics (MSF, email June 2011).

Dialysis for kidney failure is available and is performed at the hospitals in Grozny and Gudermes (International organisation, email June 2012).

Neurosurgery is also carried out in the republic.

## **4. HEALTH SERVICE IN INGUSHETIA**

### **4.1 BACKGROUND**

Up until 1992 Ingushetia was part of the republic of Chechnya-Ingushetia. Chechnya and Ingushetia separated when Chechnya declared independence from Russia. Grozny (in Chechnya) was the capital city and the regional centre in the Chechen-Ingushetian republic. It was the Chechen part of the republic that was industrialised. Ingushetia was mostly agricultural and lacked an urban centre (Landinfo 2008). This meant that the vast majority of public institutions were to be found in Grozny. As a new republic in 1992, Ingushetia lacked experience when it was to build up its own administration and infrastructure. According to the assistant chief physician of the maternity clinic in Nazran, Fatima Jevloeva (meeting, November 2011) the majority of health institutions remained in Chechnya when the republic was divided. Ingushetia was left with just three district hospitals and had to build up a treatment system almost from the bottom up. ICRC stated (meeting, November 2011) that Ingushetia lost qualified health personnel when it became a separate republic in 1992.

Ingushetia has had a challenging start as a separate republic. This has contributed to the development of the economy and the building up of the infrastructure going very slowly. In the 1990s the biggest challenge was the influx of internal refugees from the Prigorodnyj conflict in 1992.<sup>13</sup> During the first war in Chechnya (1994-1996) Ingushetia took in more internal refugees and this happened again during the second Chechen war which began in 1999. In 2000, Ingushetia had some 240,000 internal refugees. This meant that Ingushetia's own population almost doubled (Landinfo 2008; Jevloeva, meeting November 2011).

Because Ingushetia was accommodating a large population of internal refugees, a number of humanitarian organisations set up in the republic. The services they provided to the internal refugees also benefited the local population. The humanitarian organisations pulled out of Ingushetia when the internal refugee camps closed during 2004. This left a vacuum in health service provision in Ingushetia.

## **4.2 INFRASTRUCTURE AND ORGANISATION**

The organisation of the health system in Ingushetia is the same as in the rest of the federation. Primary care services consist of health stations (FAP) and polyclinics (part of the district hospital). Secondary care services consist of district hospitals and central district hospitals in regional centres (central hospital). Then there are the republican hospitals.

Ingushetia is divided into five districts: Malgobek, Karabulak, Sunzha, Nazran and Dzheyrakh. The districts, with the exception of Dzheyrakh, have a district hospital and one or two numbered hospitals. There is also one hospital treating cancer (oncology), one hospital for heart disease (cardiology) and one tuberculosis hospital. These are all republican hospitals that are located in Nazran (National register of health institutions in Russia, year unknown). In Nazran there is also a maternity hospital (ICRC, meeting November 2011; Jevloeva, meeting November 2011). According to the assistant chief physician at the maternity hospital in Nazran, Fatima Jevloeva, there is a problem in that many facilities are located in rented premises and have to move around.

## **4.3 CORRUPTION AND THE QUALITY OF TREATMENT**

With regard to the extent of corruption in the health service, the situation in Ingushetia is much the same as in Chechnya (see part 3.3). Officially, the majority of services should be free of charge through the mandatory health insurance system, but in reality the population pays for the majority of services. According to an international humanitarian organisation which Landinfo met in November 2011, a lot can be bought for money in Ingushetia, possibly even doctors' licences to practice. The organisation is aware that there are nurses working in Ingushetia who have false documents showing that they have trained as nurses.

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<sup>13</sup> Today Prigorodnyj kraj is an area that lies north, east and south of the capital city of Vladikaukas in North Ossetia. When Tsjetsjeno-Ingushetia was dissolved in 1944, the eastern part of Prigorodnyj was attached to North Ossetia. In 1957 Tsjetsjeno-Ingushetia was re-established but not with the same boundaries. The eastern part of Prigorodnyj remained in North Ossetia. The conflict involved whether the eastern part of Prigorodnyj (with a small part of Vladikavkaz) should belong to North Ossetia or Ingushetia. This ended in war between the two republics and an estimated 60,000 internal refugees fled to Ingushetia (Landinfo 2008).

According to a well-informed source with good knowledge of the health service in Ingushetia (email, May 2011) the standard of the health services is low. There is a lack of specialist health services. There is also a lack of specialists, the hospitals are in poor condition and they lack equipment. Nonetheless the source thought that the treatment available was not necessarily any worse than in many other small towns in Russia.

#### **4.4 SPECIFIC ILLNESSES**

Illnesses for which treatment is not available or where treatment is extremely limited are primarily illnesses that require high-technology treatment. These include, for example, surgery for cancer, skeletal illnesses, heart disease (pacemakers implants and artery surgery) and neurosurgery. There is no provision for assisted conception. In order to get treatment for the above it is necessary to go out of Ingushetia, and in order for any of the treatment to be paid for by the authorities, the patient must be allocated a quota place (see part 2.4). Quotas are only given for high-technology treatment, for example, for heart operations, quota places are only allocated for pacemaker implants and not for artery surgery, as this is not deemed to require high-technology treatment. Nonetheless, Ingushetia lacks specialists in artery operations. Ingushetia is allocated four or five quota places per year within the individual areas (Jevloeva, meeting November 2011).

##### **4.4.1 HIV/AIDS**

As in Chechnya, HIV/AIDS is also spreading in Ingushetia. Drug addiction is the main source of infection and the infection also spreads through unprotected sex. Figures from the federal AIDS centre (2012) show a total of 865 HIV-infected individuals in Ingushetia<sup>14</sup>. According to HIV/AIDS specialists the actual figures of those infected are probably much higher (Bigg & Sultanov 2012). The assistant chief physician at the maternity clinic in Nazran in Ingushetia, Fatima Jevloeva (meeting, November 2011), stated that there are about 12-14 new cases each year. According to a well-informed source from Ingushetia with good knowledge of both social conditions and health provision in the republic (email, July 2010), HIV/AIDS is a taboo illness that is seldom discussed.

There is a centre for the prevention and treatment of AIDS. The centre is located in Nazran (National register of health institutions, year unknown). According to the well-informed source from Ingushetia (email, July 2010) the centre is under-financed and further help beyond ARV medicines cannot be relied on. The assistant chief physician at the maternity clinic in Nazran in Ingushetia, Fatima Jevloeva, stated that ARV medicines can be obtained in Ingushetia and that these should be free. However the challenge is that there are not always enough medicines. The same well-informed source referred to at the beginning of the paragraph was of the opinion that that in the area of HIV/AIDS health services are in fact free of charge, and it is unlikely that anything is paid for unofficially.

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<sup>14</sup> A total of 9 persons are registered as having died from AIDS in Ingushetia (Federal AIDS centre, 2012)

As far as Landinfo is aware, the authorities in Ingushetia have not introduced a requirement for a health certificate before people can get married, as they have in Chechnya. Nonetheless, Ingushetia's president, Junus Bek-Jevkurov, has shown interest in this measure, partly to prevent the spread of HIV (Bigg & Sultanov 2012).

#### **4.4.2 Mental illnesses**

According to a representative from WHO (email, December 2010) the treatment available for mental illnesses is very limited. There was some treatment for mental illnesses in the years when there were Chechen internal refugees in Ingushetia, but such treatment came to an end when the humanitarian organisations withdrew.

There are no psychiatric hospitals (i.e. with beds) in the republic. There is a psycho-neurological polyclinic in Nazran, where activity is largely limited to registering patients with mental illnesses (WHO, email December 2010).

In general there are few psychologists/psychiatrists at the local polyclinics. The quality of services offered by health personnel is described as dubious. Newly-qualified doctors do not want to practice psychiatry due to the low pay, and therefore choose better-paid jobs. As a result of this, psychiatry consists of older doctors with out-of-date knowledge (WHO, email December 2010).

It is possible to obtain the majority of medicines, this also includes medicines for mental illnesses as well. However, the medicines that are distributed through the health service are limited which is partly due to weaknesses in the system of distribution to the regions. However, most medicines can be obtained at local private pharmacies (WHO, email December 2010).

As in the rest of the region, mental illnesses are kept hidden as they are associated with the shame of having a family member who is mentally ill. People do not usually approach the health service for treatment for mental illnesses and the mentally ill are often kept closed off from the rest of the society. There is a general lack of understanding in the local communities about this type of illness (WHO, email December 2010).

#### **4.4.3 Treatment available for children**

According to a number of sources, Ingushetia does not have a separate paediatric hospital. Children are treated at hospitals for adults (ICRC, meeting November 2011; Jevloeva, meeting November 2011).

Very limited treatment is available for children with physical and mental disabilities. There is one institution/treatment centre (boarding school) for children with physical and mental handicaps in Troitskaija in Ingushetia. Children with cerebral palsy are treated in this institution, which has room for 45 children in total. Doctors and social educators work here. If other specialists are required, they are brought in from elsewhere in Ingushetia, or else the children are taken to other hospitals. Children do not live permanently at the institution (Well-informed source, email February 2012).

There is also a special class at school no. 10 in Nazran, where parents can bring their children for lessons. The specialised teaching method that is used is primarily for children with milder forms of cerebral palsy. The class opened in 2011, and as of February 2012 has 35 pupils and 7 teachers. The plan is to expand this to 138 pupils

and 68 teachers. This programme is financed by the authorities. There are also plans for teachers to give children lessons at home (Well-informed source, email February 2012).

A well-informed source from Ingushetia (email, October 2011) has stated that very limited help is available for families with physically or mentally handicapped children. According to the source the families are given some extra social support, but beyond this no other support is available.

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