

**ANNUAL REPORT OF
THE HUMANITARIAN/RESIDENT COORDINATOR
ON THE USE OF CERF GRANTS**

Country	Georgia
Humanitarian / Resident Coordinator	Robert Watkins
Reporting Period	2008

I. Executive Summary:

From 7 to 12 August 2008, tensions escalated into open conflict between Georgia and the breakaway region of South Ossetia, followed by Russian military intervention and renewed fighting in the breakaway region of Abkhazia. CERF funding was needed when approximately 130,000 people fled their homes. Most of the displaced sought refuge in the capital city of Tbilisi, quickly overwhelming the government's capacity to address immediate needs. Approximately 100,000 were able to return to their homes upon withdrawal of Russian forces during October.

CERF funding totalling US\$2,995,315 was allocated to six UN agencies and the International Organization for Migration (IOM) in Georgia under the rapid response window. CERF funding strengthened the UN response in two ways:

- (a) Agencies could immediately expand their responses by leveraging existing funds or by lending from internal project funds; and
- (b) Underfunded agencies could provide early support in areas that may not have been provided at all.

Activities supported by CERF funds centred on the most urgent needs, such as food assistance, access to clean water and sanitation facilities, hygiene, health coverage, and emergency shelter/non-food items. Standards were applied that ensured internally displaced people (IDPs) would survive the winter without undue health or protection risks. Initial relief activities soon merged into activities focusing on durable solutions for IDPs unable to return to their homes. Critical partnerships included government line ministries, regional and local authorities, international and national NGOs, and technical professionals. Perhaps the most satisfying partnerships formed during the crisis were with volunteers – both individuals and civil society groups.

CERF funding strengthened coordination through the added value of ensuring active participation of the cluster lead agencies in project implementation, needs assessments, working with government officials, and organising volunteers. Multi-cluster assessments were based on a standard questionnaire, and targeting the most vulnerable. On-going monitoring has allowed refinement and adjustment of aid packages, better targeting for more appropriate forms of assistance, and has created an informal referral system to address gaps, problems, and to advocate for needs. The referral system was also used by non-implementing agencies, i.e., agencies engaged in monitoring security and peace.

Main Results:

- Despite crowded conditions, there were no reports of epidemic diseases because of inadequate or non-existent hygiene facilities, no flu outbreaks or respiratory illnesses due to cold. Deterioration in nutritional status of the displaced was not observed.

- Engagement by the government increased because of rapid and effective humanitarian interventions and strong coordination efforts. The government took the initiative to provide durable housing for IDPs unable to return to their homes.
- Participation by IDPs and civil society groups has increased through project implementation and formation of partnerships.

Total amount of humanitarian funding required and received during the reporting year	REQUIRED:	\$115,718,864		
	RECEIVED:	\$ 72,267,091		
Total amount requested from CERF	FUNDS (IN TOTAL REQUESTED):	\$ 3,000,000		
Total amount of CERF funding received by funding window	RAPID RESPONSE:	\$ 2,995,315		
	GRAND TOTAL:	\$ 2,995,315		
Total amount of CERF funding for direct UN agency / IOM implementation and total amount forwarded to implementing partners	UN AGENCIES/IOM:	\$ 2,442,904		
	NGOS:	\$ 552,411		
	TOTAL:	\$ 2,995,315		
Approximate total number of beneficiaries reached with CERF funding (disaggregated by sex/age if possible)	TOTAL	under 5 years of age	Female (If available)	Male (If available)
	138,000			
Geographic areas of implementation targeted with CERF funding (please be specific)	City of Tbilisi; Regions : Shida Kartli (Gori town, villages); Imereti (Kutaisi, Zestaponi towns); Racha (Oni town); Ajara (Kobuleti, Khelvachauri towns)			

II. Background

Armed conflict between Georgia and the breakaway region of South Ossetia erupted on 7 August 2008, followed by a Russian military intervention and renewed fighting in the breakaway region of Abkhazia.¹ The international community swiftly responded and by 12 August 2008, the parties had signed a Six-Point Agreement mediated by the European Union (EU).

Approximately 130,000 people were displaced, seeking refuge in collective centres (CCs) or with host families throughout Georgia, but with the greatest concentration in Tbilisi. The 660 collective centres in Tbilisi, often schools and kindergartens, were not designed for accommodation and were quickly over-crowded. Electricity and water supplies were overloaded, sanitation facilities often neglected, and cooking facilities inadequate or non-existent. The sudden large displacement, substandard living conditions for the IDPs and the prospect of winter, overstretched the government's capacity and prompted the humanitarian community to mobilize quickly a response. A Flash Appeal was issued within 10 days of the end of the conflict, requesting \$60 million for food security, health, emergency shelter and non-food items (NFIs), water, sanitation and hygiene (WASH), protection, coordination and logistics. A revised Flash Appeal was issued in October for \$115 million to respond to changing humanitarian and early recovery needs: approximately 100,000 people returned to their homes when the Russian troops withdrew to the boundary of Georgia and South Ossetia.

¹ Since the August 2008 conflict, the former Autonomous Republic of Abkhazia and the Autonomous District of South Ossetia, both officially parts of Georgia, are now called breakaway regions by the Government of Georgia. This report refers to the breakaway regions simply as South Ossetia and Abkhazia.

Even with the early issuance of the Flash Appeal, the United Nations Country Team (UNCT) recognized the need for immediate resources to respond adequately to the rapid, large-scale displacement. The UNCT prioritised CERF projects based on urgent needs for supplies/services, agencies underfunded from the Flash Appeal, and to ensure cross-cutting needs, such as gender, were incorporated into the overall humanitarian response. CERF funding of \$2,995,315 under the rapid response window was allocated to six agencies and IOM. While CERF funding has amounted to just four percent of Flash Appeal funding (\$72 million by 20 March 2009), early confirmation of funding strengthened the UN response in two ways:

- 1) It allowed agencies to immediately expand their responses by leveraging existing funds or by lending from internal project funds; and
- 2) It allowed underfunded agencies to provide early support in areas that may not have been provided at all. CERF funding was also critical in allowing the agencies to address urgent gaps, conduct assessments and to better prepare for winter.

CERF Project	Agency	Sector	Approved Amount US\$	Disbursement Date
08-WFP-092	WFP	Food/ Cluster Lead	1,570,000	5/11/2008
08-FPA-033	UNFPA	Health, WASH	150,000	3/10/2008
08-HCR-035	UNHCR	Shelter and NFIs/ Cluster Lead	895,590	29/09/2008
08-IOM-022	IOM	Shelter and NFIs	100,000	24/09/2008
08-WHO-058	WHO	Health/ Cluster Lead	149,800	24/09/2008
08-CEF-067	UNICEF	WASH/ Cluster Lead	129,925	23/09/2008
Total			2,995,315	

III. Implementation and results

Main Results:

- Despite crowded conditions, there were no reports of epidemic diseases due to inadequate or non-existent hygiene facilities, no flu outbreaks or respiratory illnesses because of the cold, and no observed deterioration in nutritional status of the displaced.
- Engagement by the government increased because of rapid and effective humanitarian interventions and strong coordination efforts. Local authorities participated in needs assessments and in identifying beneficiaries, chaired weekly coordination meetings, and identified gaps. Ministries developed IDP databases and registration procedures, and worked closely with agencies to ensure winter needs would be met. The government took the initiative to provide durable housing for IDPs unable to return to their homes.
- Participation by IDPs and civil society groups has increased through project implementation and formation of partnerships.

Project activities and partnerships

Activities supported by CERF funds focused on the most urgent needs of food assistance, access to clean water and sanitation facilities, hygiene, health coverage, and shelter/NFIs. Standards were applied that ensured IDPs would survive the winter without undue health or protection risks. Winterization projects withstood the onslaught of winter, including fierce storms, with little or no damage. Initial relief activities soon merged into activities focusing on durable solutions for IDPs unable to return to their homes (many of whom had been living in South Ossetia).

Critical partnerships included government line ministries, regional and local authorities, international and national NGOs, and technical professionals. Perhaps the most satisfying partnerships formed during the crisis were with volunteers - individuals and civil society groups. Volunteers helped bag food for distribution, assemble reproductive health kits, and conduct

rapid needs assessments. The willingness, capacities, commitment and mobilisation of the Georgian people in response to the crisis enabled agencies to direct more of their funds, including CERF funds, to the purchase of provisions or to provide urgent services. All agencies agreed that partnerships with volunteers were critical to a timely and effective response.

Food Security

Within 24 hours of the first IDPs reaching Tbilisi, the World Food Programme (WFP) was providing food assistance using existing food stocks. Confirmation of CERF funding in mid-September allowed WFP to purchase immediately food for 138,000 people affected by the conflict, averting a break in the food pipeline. In addition, WFP was able to provide daily bread rations to IDPs in collective centres in Tbilisi. WFP's early and successful response was based upon strong partnerships with international NGOs to distribute commodities, and the formation of new partnerships with local bakeries. The bakeries baked and delivered fresh bread every day to IDPs from flour and expenses provided by WFP. CERF funding assured the partners that resources were available to provide critical food assistance both in the immediate aftermath of the conflict and six weeks later when the large majority of IDPs (approximately 100,000) were able to return to their homes.

WFP and partners continue to provide monthly basic rations to IDPs in collective centres, IDPs resettled into government-provided housing and to those returned to their villages. Regular food rations have helped to keep people in their homes and have prevented further or additional large-scale population movements. Food security programmes are now focusing on food for work, agriculture and livelihoods to reduce the need for direct food assistance.

Health

The United Nations Population Fund (UNFPA) leveraged CERF funds to ensure health coverage for affected populations included life-saving reproductive health care (RH), strengthening local capacities to prevent and manage sexual and gender-based violence (SGBV), and to maintain family dignity. CERF funds contributed to four reproductive health care mobile teams, reproductive health care emergency kits, and a reproductive health care coordinator to help IDPs in settlements and in collective centres. More than 1,077 most vulnerable IDP women have received assistance from the mobile teams. CERF funds purchased 7,000 of 1,000 family dignity kits and distributed it to 44,000 beneficiaries throughout the conflict-affected areas. The dignity kits consist of personal hygiene items, multivitamins, washing powder and underclothing.

The World Health Organization (WHO) complemented the activities supporting two mobile health teams in providing essential drugs and basic medical equipment, integrating 21 professionals from a destroyed hospital into the public health system, disseminating health promotion/public health and risk reduction messages among IDPs, training IDP medical staff, and providing reference materials and guidelines on provision of long-term, qualified psychosocial support.

Partnerships include international and national NGOs, health care professionals, government, volunteers, and IDPs. Incorporating IDPs into the response strengthened the overall response in the health sector, and served to increase credibility and effectiveness of UNFPA and WHO in gaining trust among conflict-affected populations, particularly with sensitive health concerns.

Emergency Shelter and non-food items

The United Nations High Commissioner for Refugees (UNHCR) distributed life-saving non-food and domestic items and worked to ensure IDPs were provided adequate, and immediate, accommodation. While some 100,000 people were able to return to their homes within six to eight weeks after the conflict, approximately 30,000 could not. The approaching winter prompted UNHCR to conduct winterisation programmes in temporary accommodations. These were largely "quick-fix" activities: basic repairs to keep out the cold, partitioning rooms for

individual family spaces, replacing broken windows and doors, and repairing water supply points to provide hot water.

CERF funds were used for operating a centralised warehouse where non-food items were stored for areas adjacent to South Ossetia and for IDPs in western Georgia; improving ten collective centres in the adjacent area for 100 families (500 persons); and rehabilitating or establishing communal kitchens in 19 collective centres in the adjacent area for 100 families. In addition, basic needs were met through regular provision of firewood, and access to warm rooms (through winterisation activities), basic cooking and sanitary facilities.

IOM worked in coordination with UNHCR and other key agencies to winterize three collective centres in western Georgia, benefiting 33 IDP families (117 persons), who also assisted in the repair work. IOM further distributed non-food items to 292 IDP families (703 persons) in collective centres. More targeted interventions included distribution of warm clothes and shoes to 96 children in collective centres.

UNHCR and IOM were able to implement these activities through existing and new partnerships with international and national NGOs, government, IDPs and volunteers. In addition, partnerships among the agencies ensured that agencies distributed an agreed-upon standard relief package. Joint logistical arrangements allowed agencies to share trucks and distribution teams.

Water, Sanitation and Hygiene (WASH)

The United Nations Children's Fund (UNICEF), in partnership with International Rescue Committee (IRC), improved water and sanitation infrastructure in four affected villages, repaired the water, sanitation and hygiene infrastructure in 11 collective centres, distributed family water kits to 6540 families in 30 collective centres and in 129 villages, distributed 196 sanitary/hygiene kits to 52 collective centres. In 52 collective centres and 34 returnee villages, hygiene education sessions were conducted reaching 1375 individuals; and water and sanitation committees, composed solely of IDPs and villagers, were established and functional. UNFPA's distribution of family dignity kits contributed to improving hygienic conditions and practices of IDP families (see health sector).

Partnerships were effective in efficient and timely implementation of the water, sanitation and hygiene programmes for the most vulnerable. UNICEF led the water, sanitation and hygiene cluster effort to improve water supply by providing chlorine and water pumps in affected areas adjacent to South Ossetia. Through partnerships, UNICEF and water, sanitation and hygiene cluster members were able to help traditionally rural IDPs housed in urban collective centres more quickly adjust to disruption of their normal hygiene practices.

Coordination and Gender-mainstreaming

From the onset of the crisis, coordination efforts were strong and successful. UNICEF, UNHCR, WFP and WHO quickly established leadership roles of their respective clusters/sectors (see above table). CERF funding strengthened coordination through the added value of ensuring active participation of the cluster lead agencies in project implementation, needs assessments, working with government officials, and organising volunteers. IOM played an important role in coordination for western Georgia, filling important gaps in relief assistance in areas with fewer implementing agencies, and with the focus of attention directed to the area adjacent to the South Ossetia. CERF funding enabled the logistics cluster (led by WFP) to store and transport relief items free of charge, contributing to a more rapid and better coordinated relief effort.

UNFPA was instrumental in mainstreaming gender into the response, coordinating with the health and water, sanitation and hygiene cluster to provide cross-sectoral relief items, particularly for pregnant women. All agencies promoted gender mainstreaming, targeting the most vulnerable, but ensuring that needs for all those affected by the conflict were addressed as capacities allowed.

Monitoring and Evaluation

Two UN-led multi-sectoral assessments established early coordination in determining needs. The first, led by UNHCR, was conducted within the first two weeks of the conflict. Fourteen organizations participated, including implementing partners, civil society, government, and volunteers. The assessment teams used a standard questionnaire to review shelter, water, electricity, and sanitation facilities, the availability of basic non-food items, and food and health needs. Assessment teams paid particular attention to identifying the most vulnerable individuals, such as sick persons, single parents, elderly, unaccompanied minors, single heads of households and missing persons. Results were processed quickly, allowing for immediate provision of coordinated assistance. As people returned to their homes, WFP led the second multi-sectoral rapid assessment of villages to determine new needs. Again, participants used a standard questionnaire and coordinated subsequent responses.

Programme monitoring by the UN/IOM has been on-going for many years. These have been and continued to be applied to the humanitarian response to the August crisis. In-depth assessments are occurring in all sectors to plan and address longer-term, post-conflict needs. Monitoring has allowed IOM and UNFPA to adjust non-food item packages and family kits respectively, WHO to track health concerns, and UNICEF to ensure that water, sanitation and hygiene facilities were adequate to prevent the spread of disease. WFP monitoring not only ensured food assistance was ongoing where it was most needed, but determines where alternatives to direct food assistance, e.g., cash transfers and food for work, would be more appropriate. UNHCR and partners monitor protection needs in collective centres and new settlements, working with government ministries to track progress in durable housing programmes and to advocate for protection needs. UNICEF monitored child protection (including education) conditions and needs.

Through ongoing monitoring, informal referral systems were developed that allowed agencies to coordinate findings, address gaps, and fix things where they could. These systems were used by other monitoring bodies, in particular, the EU Monitoring Mission and the OSCE.²

² The European Union Monitoring Mission (EUMM) is mandated to monitor the 6-point Agreement between Georgia, Russia, and the breakaway regions of South Ossetia and Abkhazia. The OSCE has monitored security and military matters since 1992.

IV. Results

Sector/ Cluster	CERF projects per sector (Add project nr and title)	Amount disbursed (US\$)	Number of Beneficiaries (by sex/age)	Implementing Partners and funds disbursed	Baseline indicators	Expected Results/Outcomes	Actual results and improvements for the target beneficiaries
WASH	08-CEF-067 UNICEF GEO-8/WS02; GEO-08/WS04	129,925	128,000 of which estimated 23 percent children of age between 0 - 18	International Rescue Committee, WASH Cluster agencies (20 organisations)		<ul style="list-style-type: none"> ▪ Targeted population improved hygiene behaviours ▪ IDPs in 52 collective centres have access to functioning water and sanitation facilities ▪ Targeted displaced and returnee populations receive family water kits within one month ▪ 75 percent of targeted populations have access to WASH committees to advise on appropriate hygiene behaviour 	<ul style="list-style-type: none"> ▪ WASH infrastructure improved in 4 villages in Berbuki municipality ▪ WASH infrastructure repaired and improved in 11 IDP collective centres in Gori ▪ 6,540 families in 30 collective centres in Gori and 129 villages in returnee area of Shida Kartli. received family water kits; ▪ 354 hygiene education sessions ▪ Conducted in 52 collective centres and 34 villages in the returnee areas; total 1,375 individuals ▪ WASH committees established in 52 collective centres in Gori and Tbilisi and in 34 villages in Shida Kartli.
WASH	08-FPA-033 UNFPA	150,000	28, 000 beneficiaries	Patriarchy, SOCO, Humanitarian Group of Parliament of Georgia	<ul style="list-style-type: none"> ▪ Number of family dignity kits distributed 	<ul style="list-style-type: none"> ▪ Provide access to sanitation and hygiene for affected population through the distribution of family dignity kits in the IDP Collective Centres in Georgia 	<ul style="list-style-type: none"> ▪ 7,000 family dignity kits have been assembled and distributed to IDPs in 130 collective centres across Georgia, covering 28,000 IDPs.
Shelter and NFIs	08-IOM-022 IOM “Rapid Response Humanitarian Assistance to IDPs in Western	100,000	Total: 703 IDPs (292 families) Women: 433 (61.6 percent) Men: 270		<ul style="list-style-type: none"> ▪ Number of shelter repair kits distributed; number of shelters repaired by the beneficiaries ▪ Number and kind of NFIs distributed to number of vulnerable families 	<ul style="list-style-type: none"> ▪ To ensure that displaced families can make essential repairs to existing shelters ▪ To meet the urgent needs of 300 vulnerable families through NFI distribution 	<ul style="list-style-type: none"> ▪ 110 IDPs (32 families) residing in 4 collective centres, and one returnee family of seven members, were assisted with shelter winterization repair ▪ 703 IDPs (292 families) were provided with basic NFIs

	Georgia”		(38.4 percent) Age groups: from 0 to 92				<ul style="list-style-type: none"> ▪ Warm winter clothes and shoes distributed to 96 children in collective centres in the city of Kutaisi
Shelter and NFIs	08-HCR-035 UNHCR “Emergency Assistance to newly displaced persons”	865,590	20,000 IDPs	WVI UNHCR direct implementation	<ul style="list-style-type: none"> ▪ Basic habitable conditions for all collective centres ▪ 20 percent of collective centres in need of major repairs (incl. replacement of roofs, windows and doors) ▪ Electrical wiring and water supply in collective centres improved and danger minimised ▪ Food storage facilities are adequate to prevent health impacts 	<ul style="list-style-type: none"> ▪ Emergency repairs for the collective centres accommodating some 20 percent of IDPs ▪ Establish communal cooking facilities for some 15,000 IDPs 	<ul style="list-style-type: none"> ▪ 10 collective centres were renovated with partitions and separate living spaces and facilities to meet the needs of IDPs during the winter ▪ IDPs in 19 collective centres were provided with gas stoves, kitchen equipment, furniture and storage boxes to reduce their dependency ▪ 4,000 stoves and 12,000 kitchen sets were procured

Food Security	08-WFP-092 WFP Emergency Relief Food Assistance to IDPs and other conflict affected populations	1,570,000	138,000	<ul style="list-style-type: none"> ▪ WVI ▪ Save the Children ▪ CARE ▪ IOCC 	<ul style="list-style-type: none"> ▪ 138,000 people in need of emergency food assistance 	<ul style="list-style-type: none"> ▪ Immediate food needs of the targeted IDPs and other conflict affected populations are met ▪ Timely distribution of food assistance in sufficient quantity and quality to the targeted beneficiaries 	<ul style="list-style-type: none"> ▪ Immediate food needs met for 138,000 conflict-affected people ▪ MT 4,924 tons of wheat flour, pasta, vegetable oil, sugar, beans and iodised salt distributed during August-December 2008
Health	08-WHO-058 WHO “Ensuring access to essential health services for IDPs	149,800	128,000 IDPs – with special focus on 25,000 Georgians from South Ossetia	<ul style="list-style-type: none"> ▪ Ministry of Health, Labor and Social Affairs (MoHLSA) ▪ UN agencies, national and international NGOs 	<ul style="list-style-type: none"> ▪ PHC services provided to IDPs ▪ Essential drugs for IDPs targeting treatment of chronic diseases ▪ Mental Health cases identified and treated 	<ul style="list-style-type: none"> ▪ Critical health information is collected regularly and shared with all partners ▪ Decisions on life-saving health interventions and joint planning are based on health needs of most vulnerable groups ▪ IDPs have access to life saving primary health care and public health services 	<ul style="list-style-type: none"> ▪ Project supported 128,000 IDPs in new IDP settlements and nearby villages ▪ Essential drugs provided to IDPs during PHC consultations ▪ When needed, psychological counselling provided to IDPs by mobile units ▪ Coordinated all health cluster partner activities to avoid gaps and overlaps ▪ No outbreak of communicable diseases
Health	08-FPA-033 UNFPA	150,000	1077 IDP women	<ul style="list-style-type: none"> ▪ Local NGO “Health Generation” 	Number of working days performed by the RH MTs	<ul style="list-style-type: none"> ▪ Women of reproductive age and pregnant women provided with medical care in order to reduce the risk of maternal mortality and morbidity 	<ul style="list-style-type: none"> ▪ IDPs have been assisted by Gori MTs in 20 locations of Shida Kartli Region. It total MT performed 26 working days

V. CERF IN ACTION

Getting back on the road – WFP logistics in Georgia

It was not, perhaps, the most auspicious of beginnings. When the Georgia crisis erupted on 7 August, with the breakout of fighting between Georgian, Russian and South Ossetia forces after months of increasing tension, WFP was in the middle of closing down its Georgia operation. Staff numbers were downsized to a minimum, four Land Cruisers were sold and the Tbilisi warehouseman was on the beach in Batumi. Worse still, he had taken the warehouse keys with him.

But, as so often happens in emergencies, WFP demonstrated its ability to respond fast and effectively. Within 24 hours of the first shots being fired, the warehouseman – and his keys – were back in Tbilisi, trucks were loaded and a 10-day ration was distributed to more than 300 displaced persons arriving in the capital. Over the coming days, as the IDPs continued to flood into Tbilisi and other “safe” areas of Georgia, WFP geared up its operation to meet their food needs. One week into the operation, WFP food assistance had reached more than 50,000 people; by the end of the month, WFP had delivered food to its entire caseload of 128,000 IDPs, plus about 10,000 other people affected by the crisis.

There was a lot more to this than just loading trucks. By mid-August, WFP’s food stocks in Tbilisi, where some 90,000 IDPs were living in more than 600 shelters scattered across the city, were running critically low. To fill the gap, WFP airlifted in 150 tons of High Energy Biscuits from its humanitarian depot in Brindisi. While this worked well as a stopgap measure, it was crucial to establish a land route to Tbilisi and the east of the country from the Black Sea ports of Poti and Batumi. While fighting around the town of Gori continued, with Russian checkpoints straddling the main east-west highway, this route was closed to all traffic. Secondary roads were unsuitable for large trucks and dangerous – as demonstrated when a WFP pick-up was held up and robbed by bandits near Kutaisi. Fortunately, no-one was hurt. When the rail link connecting Tbilisi with the ports on the Black Sea coast was blown up, the situation became critical.

WFP decided to test the route into Gori, first sending food in government trucks and then escorting its own truck into the town the following day. Following the success of this mission, WFP dispatched a convoy of trucks carrying 220 metric tons of wheat flour to Tbilisi. It passed all checkpoints without mishap and arrived safely in the capital on 19th August. A humanitarian corridor was now open.

WFP offered coordination and logistics services to all agencies and partner NGOs free of charge for three months, including free transport and warehousing. As of 4 September, storage, transport and distribution assistance had been provided to CARE, Save the Children, UNHCR, OXFAM, UNICEF, and World Vision.

With thousands of IDPs now able to return to their villages and homes, the numbers requiring assistance have dwindled to around 100,000, of whom about 42,000 are located in more than 500 centres in Tbilisi.



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© IOM - Jaja Gvichiani

Woman from the Upper Kodori Gorge, residing in a collective centre in Kutaisi - October 2008

This was the second time in her life that Ms. Gvichiani had become internally displaced. The first time, she was forced to leave her house in Abkhazia where she had been living with her husband and son. She lost her husband during the first war in Abkhazia. She fled with her son to the village of Azhara in the Upper Kodori Gorge.

"After long years of poverty, we were able to live normally during the last few years. I worked in a dining room and gradually started to improve our living conditions, but you can see now... I feel myself so inconveniently here...."

"Over the last couple of years life started getting better. The Government of Georgia constructed new roads, buildings, living conditions improved, but at the same time, the situation in the region became more strained."

The village of Azhara is the main settlement in the Upper Kodori Gorge. In August, the village came under intense bombardments. Many houses were damaged or destroyed. People fled in chaos from Kodori. During the bombardments, Jaja Gvichiani was in hospital.

"I had been having heart problems and was in hospital when the bombing started. At first, we hid in the cellar and after a while, I went home. I did not wish to leave; I did not want to become IDP for the second time in my life. Together with a neighbour we started making trenches near our houses, but then came the emergency car and they did not give me the option to stay".

The house of Jaji Gvichiani was not greatly damaged, but many other houses nearby were destroyed. "Every day there was incessant bombing. It was awful. Everybody ran from Kodori. At first, we were sent to Chuberi, from there by Red Cross cars to Vartsikhe and then to Kutaisi".

In Kutaisi Ms. Gvichiani has been accommodated in the Collective Centre of the Fifth Building of the University, together with other IDPs from the same area. She does not complain about the conditions.

"People bring us all kinds of items. They do what they can to support us. Life here has become better after the windows in my room and the toilets were repaired". Jaja Gvichiani hopes that she will be able to return.

"If I had no hope to return, I would already have died. To have become IDP the second time in your life is not easy. Not easy at all. I do not know what I will do tomorrow, I don't know anything... I hope we will return."



WASH facilities in a Kutaisi collective centre - prior to repair (left) and after repair (right). New toilets were installed, a shower section was built in and privacy was improved. © IOM

UNHCR: Gori Camp Pitched at Record Speed

The UNHCR Emergency Team left Western Georgia upon completion of the emergency distribution there and set up an office on 25 August. At that stage it looked as if they were merely going to assist a spontaneous return movement to the conflict areas North of Gori.

However, things developed in an unexpected direction the next day at noon, when UNHCR witnessed the arrival of newly displaced people from the “buffer zone”. These elderly villagers were forced to flee after lawlessness had broken out in the area and marauding militias had entered their houses, beating them and looting their property.

In Gori, those new arrivals met with another group, would-be returnees, who had started moving from Tbilisi towards their homes in the “buffer zone” and got stuck in Gori due to the security situation. Within a few hours, UNHCR erected enough tents so no one was forced to sleep in the streets that night. In a collaborative effort, the municipalities opened kindergartens and other public buildings.

Within 48 hours, the Gori team managed to pitch an entire camp for over 1,000 persons complete with water supplies, latrines, a playground for children and – later on – a field kitchen provided by the Italian Red Cross. In spite of the high speed setting up of the camp, its layout was compatible with UNHCR standards from the very beginning. At its peak, Gori tented camp hosted 2,200 persons.

From the onset, there was a special atmosphere about the aid organisations rushing to assist UNHCR. UNICEF provided water and sanitation, and WFP provided food.

What UNHCR did not have on stock was supplied by NGOs who never asked to be compensated: Doctors without Borders, International Rescue Committee, Italian Red Cross, Mercy Corps, Norwegian Refugee Council, Order of Malta Poland, Première Urgence and World Vision.



© UNHCR

WHO Helps Internally Displaced Medical Staff to Provide Primary Health Care to IDPs

In agreement with the Ministry of Labour, Health and Social Affairs (MoLHSA), WHO was responsible for strengthening the provision of Primary Health Care (PHC) services by integrating 21 IDP health professionals from the destroyed Kurta hospital into Georgia's public health system. Two mobile teams provided basic medical and other essential equipment to support home care visits, and selected medical staff participated in capacity building/training sessions. In post-crisis situations, involving, training and equipping IDP health workers into local health systems is critical to improving health care because they know essential needs of IDPs, and are known and trusted by their communities. Primary health care services were complemented by increasing health awareness and promotion activities to reduce the transmission of infectious diseases, and to build on risk reduction activities for IDPs and community structures.

The two mobile teams of primary health care providers served the conflict-affected populations in Shida Kartli, Kvemo Kartli and Mtskheta-Mtianeti regions where the new settlements were located, and in Tbilisi. The base station of the mobile primary health care teams is the Czech-donated prefabricated ambulatory in the new IDP settlement of Tserovani, which presently houses more than 10,000 IDPs. From Tserovani, mobile teams were dispatched to IDP resettlements or remaining collective centres to conduct initial registration, medical consultations and treatment, nutritional screening and – if needed – referrals to hospital. Special emphasis was given to IDP health needs reported by WHO partner organizations through their monitoring field visits. The schedule of the mobile teams was coordinated with other Health Cluster partners providing mobile teams. WHO and the Czech Government jointly equipped the health points with basic medical equipments, while Merlin, WHO, MoLHSA and local eparchies provided essential drugs. Additional resources were provided for maintenance of two ambulance vehicles.

Planned activities included refresher trainings for key health care staff to strengthen their capacities to detect, diagnose and treat diseases, and enhance disease monitoring and surveillance systems.

Besides PHC services, mobile teams elaborated and disseminated health promotion, public health and risk reduction messages among IDPs and communities. Educational sessions and distribution of informational materials were implemented through joint efforts of the Government, UN agencies, local and international NGOs, academic institutions and other partners to promote health resilience in the communities most at risk.



Displaced medical staff from the destroyed hospital in Kurta poses in front of health center at the IDP settlement in Tserovani. February 2009. © WHO

“This project gave us an opportunity to realize our professional potential by providing qualified medical assistance through mobile groups to people just like us,” said Gela Chulukhadze, Director of the Kurta Hospital Ltd. “On behalf of my staff, I can say that we stood side-by-side with our IDPs. We were here to help them, around the clock.” Kurta medical staff conducted three outreach visits to IDP settlements near Gori, and in villages Shavshvebi and Khurvaleti and had served about 450 beneficiaries. They were compiling health and demographic profiles of IDPs residing in the Tserovani settlement. The collected data will be analyzed and made available to all respective parties.

UNFPA INITIATIVE TO EMPOWER IDP WOMEN

As the humanitarian programme proceeded with success, UNFPA Georgia team introduced a new initiative to empower IDP women.

Two teams of IDP women and young people became involved in the process of assembling the family dignity kits. Such a scheme allowed displaced population to be directly involved in the humanitarian response. In addition, this initiative served as a modest source of income, the incentives for the displaced women, who have complained of cash shortage. The space for the above-mentioned activities was provided by the Bagebi Collective Center. Some 8,000 dignity kits have been assembled by IDP women and young people.



“Such cooperation has been particularly helpful for IDPs,” explained Ms. Tsiuri Margiani, Coordinator of the humanitarian efforts at the Bagebi Collective Centre. “Working together for the common goal facilitated team building and raised community spirit within the IDP community.”

“Instead of sitting and waiting for help, we can actually do something to help ourselves and other displaced people. Finally we can do something to contribute to the humanitarian process thanks to UNFPA,” commented a 43-years old IDP women in Collective Centre.

Annex: Acronyms and Abbreviations

CARE	Cooperative for Assistance and Relief Everywhere (International)
CC	Collective Centre
CERF	Central Emergency Response Fund
EU	European Union
EUMM	European Union Monitoring Mission
IDP	Internally Displaced Person
IOCC	International Orthodox Christian Charities
IOM	International Organization for Migration
MoLHSA	Ministry of Labour, Health and Social Affairs
MT	Mobile Team
NFI	Non-Food Item
NGO	Non-Governmental Organization
OSCE	Organisation for Security and Cooperation in Europe
PHC	Primary Health Care
RH	Reproductive Health
SGBV	Sexual and Gender Based Violence
UN	United Nations
UNCT	United Nations Country Team
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organization