

COMMISSIONED STUDY

NEEDS AND PRIORITIES

OF IDP AND CONFLICT-

AFFECTED WOMEN

AND GIRLS



2014, Tbilisi

Association DEA, Institute for Policy Studies
UN Women / EU Project “Innovative Action
for Gender Equality”



Project is funded by the European Union



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The publication was prepared within the framework of the UN Women Project "Innovative Action for Gender Equality," with the financial support of the European Union.

The views expressed in this publication are those of the Institute for Policy Studies and Association "DEA" and do not necessarily represent the views of UN Women, United Nations or any of its affiliated organisations.

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Printed by "Fountain Georgia, Ltd."

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ISBN 978-9941-0-7147-8

FOREWORD



In 2013 UN Women Georgia with the support of the European Union Delegation to Georgia and in cooperation with local NGOs the Association Disabled Women and Mothers of Disabled Children “DEA” and the Institute for Policy Studies, conducted a study on *The Needs and Priorities of Internally Displaced and Conflict-affected Women and Girls in Georgia*. The study focuses specifically on the current situation, needs and priorities of single, elderly and disabled women and girls, and female-headed households and their access to the state social, legal and economic services, and to vocational and higher education.

Durable housing with adequate living conditions, as well as the lack of women’s ownership of the dwellings has been one of the most frequently quoted problems and needs of internally displaced (IDP) women. Limited employment opportunities and insufficient income pose another great challenge to women: around fifty percent of surveyed IDP women do not have any income; lack of kindergartens is a barrier for women seeking employment; due to a

lack of paid employment opportunities, younger women especially frequently travel abroad for work, leaving their families behind. Lack of access to health services, including reproductive health services for women, and lack of affordability of medications have had a negative impact on prevention and treatment of health-related complications of IDP and conflict-affected women. For girls, access to vocational training and higher education has been identified as a problem, mostly because of high tuition fees combined with poor economic conditions of the segment of population in question.

Apart from the findings that, we believe, can be useful for varied audiences, the study offers concrete recommendations for policy and decision makers, also indicating types of potential technical assistance provided by relevant national and international actors.

Erika Kvapilova

UN Women Representative in Georgia

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EXECUTIVE SUMMARY

Starting from 2013, UN Women, with the support of the European Union (EU), has been implementing the project “Innovative Action for Gender Equality in Georgia” (IAGE), the overall objective of which is to adopt and implement relevant policies and legislation to address specific healthcare, social, and economic needs of women from excluded groups in Georgia. The specific objective is to support women’s initiatives aimed at confidence building and social stability through addressing healthcare, social, and economic needs of women who are national minorities, imprisoned, IDPs and/or conflict-affected women, as well as women living in remote mountainous areas in Georgia.

UN Women commissioned the present study to assess the situation and needs of IDP and conflict-affected women and girls, with a focus on single, elderly and disabled women, as well as female-headed households among these groups. Association of Disabled Women and Mothers of Disabled Children DEA in partnership with the Institute of Policy Studies (IPS) conducted the study.

The study was carried out in Samegrelo-Zemo Svaneti and Shida Kartli regions in September-December, 2013. The design of the study, fieldwork and analyses were carried out by the Institute for Policy Studies (IPS). The Association “DEA” organised focus group discussions and workshops for interviewers in Gori and Zugdidi.

The study entailed both qualitative and quantitative parts.

Six focus group discussions were carried out in Zugdidi and Gori. Discussions with IDP populations concerned the needs of and services available to IDPs and persons with disabilities. One of the goals of the study was to explore municipal services. To this end, representatives of the Zugdidi, Gori, Kareli and Khashuri municipalities were invited to participate in the discussions.

A total of 68 persons took part in the discussions, among them, 22 were service providers (20 women and 2 men), 21 – elderly people and persons with disabilities (20 women and 1 man), 25 – women heads of households, and single mothers.

The information obtained in the qualitative part of the study formed, to a considerable degree, the foundation of the survey used in the quantitative part of the study.

In order to meet with the aims of the study, local and IDP women living in collective centres and private dwellings, among them persons with disabilities and their caregivers, single, elderly women and heads of households, as well as men, were surveyed in Samegrelo and Shida Kartli. Face-to-face interviews at the homes of the respondents were conducted with 989 persons using a questionnaire designed specifically for the study, comprising 25.5% local residents, 40.3% IDPs from Abkhazia and 34.2% IDPs from South Ossetia.

The results of the study revealed differences between the needs of the local population and IDPs from Abkhazia and South Ossetia, as well as between women and men.

Employment, access to health services and social security, housing (including adequate living conditions for the disabled) and education (including inclusive education for disabled persons), were identified as the most acute problems for all groups surveyed. Among the recommendations is the need to develop different approaches in state programs for IDPs of the early 1990s conflicts and the August 2008 War (due to the duration of their displacement and state response provided to date), as well as the population living along the Administrative Boundary Lines (ABLs).

1. THE AIM AND THE PROCESS

The aim of the study was to identify the needs of IDP and conflict-affected girls and women, among them, persons with disabilities, living adjacent to the Administrative Boundary Line (ABL) and develop recommendation for policy makers.

According to the Ministry of Internally Displaced Persons from the Occupied Territories, Accommodation and Refugees of Georgia (MIDPOTAR), there are about 258,599 internally displaced persons (IDPs) in the country, of which 157, 276 live in “collective centres” and 101,323 with relatives or in private housing. Women represent 54% of the total IDP population.

Apart from IDPs, there is another segment of the population that has been greatly affected by Geor-

gia’s conflicts of the early 1990s and the August 2008 War. This group is referred to as conflict-affected communities. These are citizens of Georgia who live in villages adjacent to the ABL between Georgia and its two breakaway regions of Abkhazia and South Ossetia. There are 13 villages adjacent to the ABL with Abkhazia in the Samegrelo region (nine villages in the Zugdidi municipality and four villages in the Tsalenjikha municipality) and 10 villages adjacent to the South Ossetia breakaway region in Shida Kartli (eight villages in the Gori municipality, one village in the Kaspi municipality and one village in the Kareli municipality).

The findings of the qualitative as well as quantitative parts of the study are presented below.

2. QUALITATIVE PART

Six focus group discussions were carried out in Zugdidi and Gori. Discussions with IDP populations concerned the needs of, and services available to, IDP populations and persons with disabilities. One of the goals of the study was to explore municipal services. For this purpose, representatives of the Zugdidi, Gori, Kareli and Khashuri municipalities were invited to participate in discussions.

In total, 68 persons participated in the discussions, among them, 22 service providers (20 women and two men), 21 persons who are elderly and/or live with disabilities (20 women and one man) and 25 women who were either heads of the household or single mothers.

2.1. The group of single women and women heads of households

Discussions were carried out in Gori on September 20, 2013 and in Zugdidi on October 4, 2013. A total of 25 women participated in the discussions (See Annex 1).

Issues concerning health, economic conditions and social security, housing, availability of services, education, social support, legal issues, and other priorities were all discussed.

Health

Group members raised many problems regarding health, many of which concerned insurance companies. Problems included a scarcity of information about the content of insurance packages, procedures for visiting a specialist, a lack of diverse services, and a lack of benefits in the insurance package.

The problem with medicine is especially acute, as one participant reported:

"Free visits to a doctor are a good thing, but treatment requires medicine, which we cannot afford".

Similarly, the lack of professionalism of medical personnel and sometimes their dishonest behaviour were allegedly creating problems according to one participant in Zugdidi:

"I am the victim, as a misdiagnosis resulted in the grave [health] condition my son is in now."

According to some participants of the group, health-care has become largely concerned with business. One participant in Zugdidi claimed:

"Doctors have forgotten the Hippocratic Oath and their true aim"

Participants pointed out that some doctors had reportedly been using methods to ensure that medical services were not being provided free of charge. A group participant stated in Zugdidi stated:

"If, in accordance with the insurance policy, you are entitled to emergency surgery free of charge, doctors inject you with a painkiller to delay the procedure. Several hours later, the surgery is no longer considered an emergency intervention and, therefore, is no longer free."

Participants also complained about emergency services which take a very long time to reach the villages. Zugdidi has six paramedic teams and only two vehicles, and often it takes them up to an hour to reach a patient.

Low quality of potable water is another problem affecting the population's health. There is no centralised water supply in Zugdidi. Everyone uses wells, but the water in the wells has not been tested for safety.

Economic condition and social security For the group participants, unemployment was cited as the main problem. Due to the lack of employment opportunities, many women consider moving abroad and leaving their children behind, which represents a significant burden for them and their families.

Participants put forward several suggestions to improve the situation:

- A study of the labour market should be undertaken to determine professions that are in demand, after which programmes for training single women in these professions should be made available;
- Work opportunities should be created via opening micro factories for canning food, cheese, and butter and for processing hazelnuts, tea and laurel in Zugdidi;
- Trade unions should be strengthened and, within their framework, employment programmes for single mothers should be established;
- Income tax returns to single mothers should be implemented;
- A foundation for single mothers should be established, which will unite and enable them to work toward resolving common problems.

Housing

Many IDPs still live in unbearable conditions. Often they do not have kitchen facilities and/or heating. However, according to one of the participants, the main problem is that people have already become accustomed to such conditions, and have thus become passive.

Another problem concerns the roads to villages. Many villages are inaccessible due to the poor condition of the roads. In towns and villages drainage pipes are out of order. This produces contamination of potable water, flooding of private houses, and, as a result, the deterioration of living conditions.

Services

Almost all respondents reported taking part in some kind of trainings. The trainings concerned writing project proposals, fundraising, human rights, and gender equality. International and local NGOs were named as the main providers of the trainings.

The majority of respondents reported that they use bank services, have a salary and pension loans (when several months' pension is collected in advance with a corresponding interest rate deducted by the bank). One participant in Zugdidi gave the following account:

"There is no one in Zugdidi without a bank loan. Some have loans, as well as credit cards from several banks. This is a good service, but bank interest is too high, although there is no other way out".

Pre-school facilities and education

There is an insufficient number of kindergartens and no available places in the existing ones, thus, it is very difficult to give children a pre-school education. This is a heavy burden for families, especially single mothers.

In addition, the low level of professionalism of the teachers hinders children from obtaining a quality education at school. One participant in Zugdidi explained:

"Teachers and schools cannot provide students with such a level of education, which will enable them to enter university. The students need private tutors to prepare for university, but the families do not have the means to hire them."

Payment for university education also poses a serious problem for families. Students may attain high marks and enrol in a university, but they cannot attend without a state grant, and are ultimately forced to quit their studies. One Gori participant stated:

"There are cases where our children are admitted, but due to the lack of funds for the payment of tuition fees, cannot continue with their studies."

According to the participants of the discussion, the Ministry of Education and Science should increase financial aid available to IDP children and children of single mothers.

Legal issues

One of the most acute problems for single mothers is alimony. Often, these women are left without any financial support, as some children's fathers do not work and do not possess any property; therefore, there is nothing for the mother to claim. Participants

noted that women also often face difficulties with regards to divorce. There are cases where husbands refuse to divorce, frequently in an attempt to avoid any resulting payment or division of property. It was also reported that women often do not go to court as they lack the funds to do so.

Not knowing their own rights was identified as another problem by the discussants. Many believe that they do not possess enough information about their rights and legal norms and consider it important that they know more.

Participants noted that they require free legal advice and the services of a lawyer to obtain more information on legal issues, especially on divorce, division of property, and alimony.

Support

The majority of participants noted that they receive support mostly from parents, kin, and NGOs, but that they enjoy only a minimal amount of support from the state.

Priorities

At the end of the discussion, IPS asked participants to name the areas of highest significance for them; their answers are presented below, and categorised by location.

In Zugdidi:

- Education;
- Employment;
- Health.

In Gori:

- Free-of-charge health service or an inclusive insurance package;
- Specialised employment programmes for single mothers.

2.2. The group of elderly women and persons with disabilities

Discussions were carried out on September 20, 2013 in Gori and October 4, 2013 in Zugdidi. In total, 21 persons participated, including 20 women and one man (see Annex 1). Issues concerning health care, the economy and social security, housing, services, education, legal issues, and social support were discussed.

Healthcare

Members of both groups in Zugdidi and Gori noted that they have insurance from the “Alpha” insurance company, which provides medical consultations, blood tests, and emergency services. The majority of respondents said that they are not satisfied with this arrangement and are convinced that they should be eligible for a health insurance package tailored to their specific needs.

The insurance package is of great concern for the participants. It does not meet the needs of persons with disabilities. The existing package does not cover echoscope, tomography and Doppler examinations, which persons with disabilities often need. The cost of medication poses a serious problem, as participants regularly require medicine, which is often expensive. One Gori participant revealed:

“We need medication, which is very costly, but is not covered by insurance. Pension cannot cover these expenses.”

Participants report that doctors lack competence. Often, different doctors render varying diagnoses, and misdiagnoses can be particularly harmful.

The fact that the regions covered by the study only have doctors specialising in certain areas hinders access to healthcare. Many simply cannot afford travel to seek treatment. Participants also claim that the needs of cancer patients are not adequately met in the insurance package.

State programmes that cover treatment abroad do so only in relation to surgeries, rather than diagnostics, however, it is impossible to undergo surgery without a diagnosis. One participant from Zugdidi revealed:

“I have to undergo a second surgery, which is covered by the state, but prior to the operation, I needed a diagnosis, which is very costly. For me, as a pensioner with a disability, it is unaffordable.”

According to participants, the following actions could improve the situation:

- The public should be provided with exact information on their rights and insurance conditions;
- On a par with programmes for the provision of medication for persons with diabetes, programmes for the provision of free essential med-

ication to persons with disabilities and chronic illnesses should be introduced;

- Municipalities should run rehabilitation programmes, which would provide persons with disabilities with rehabilitative massage and all required diagnostic procedures.

Economic conditions and social security

Unemployment is the main problem in the country. There are not many work places available and the problem is significantly greater for persons with disabilities.

Members of the group listed the following factors that hinder their chances of employment:

- Attitude of the general public, namely, employers have no desire to hire persons with disabilities (PWDs);
- Nonexistence of special mechanisms for the adaptation of the physical environment, which is generally not accessible to PWDs. By the recommendation of the NGO “Club of Disabled Persons,” ramps were installed at the entrance of the Gori municipality building according to required standards, but disabled employees have had difficulty navigating inside the building;
- The small pension received by PWDs is cited as the main problem and it was reported that persons with disabilities have special needs that cannot be satisfied by the existing pensions;
- Transport is not adapted to the needs of the disabled.

Persons with disabilities have different needs and different expenditures, all of which should be reflected in the pension according to respondents.

According to group members, in order to improve the situation according to group members, pension should be increased and, at the same time, a health insurance package with 100% coverage of all costs should be provided.

Participants claim that the state should ensure the employment of persons with disabilities and that legal bases should be formulated to encourage employers to hire persons with disabilities. Participants in Zugdidi and Gori stated:

“The employer should be obliged by law to employ a certain number of persons with disabilities.”

“The state does not defend persons with disabilities! However, only the state can improve the existing situation. It should employ those of us who can work and increase the pension of those who cannot.”

Housing

According to respondents, living conditions are not adapted to the needs of persons with disabilities. PWDs live in multi-storey houses, where their movement is restricted and many never leave their apartments. In addition, it was reported that the yards are not suitable for use by disabled persons and entrances to buildings are narrow, which makes moving by wheelchair impossible. Participants noted that the restructuring of the environment to make it suitable for people with disabilities is unfeasible by their own efforts and means.

To improve the situation, participants claim that the government should maintain a suitable environment for people with disabilities and.

Services

A variety of educational events are organised by non-government and international organisations. However, participants state that there are not enough of them and that many people cannot participate.

There is no service which will support the integration of persons with disabilities, as one participant in Gori outlined:

“I was offered to lecture at a university, but support was not provided. The salary was very low, not even covering travel expenses to and from the venue. I need someone to help me move to the wheelchair. The environment is not suitable. There are no ramps and I feel discriminated against.”

Problems with day centres¹ have also been identified. The small number of day centres in regions does not satisfy their users' needs. The beneficiaries of day centres are only persons under 18; therefore, elderly persons are denied the services provided by the day centres.

Education

The problem of inclusive education at schools, vocational schools, and universities was also raised during discussions.

Participants noted that many school-age children cannot attend schools due to transportation problems. Many schools do not have suitable conditions for people with disabilities. The qualification level of teachers was also reported as an issue, since many appeared to have little knowledge on the specifics of working with children with disabilities. Some schools are not provided with assistant teachers without whom inclusive education is impossible. Furthermore, the salaries of the teachers are very low.

Parents often do not take children to school due to the public attitude, attempting to protect them from potentially negative reactions by keeping them at home. Often, other parents are against accepting children with disabilities into kindergartens and schools, as they do not want to see them in the same vicinity as their children.

University education is also problematic, say respondents. The university in Gori is not adapted to suit the movement needs of persons with disabilities. One Gori participant stated:

Educational problems are especially acute for persons over 18. At present, vocational schools have neither programmes adapted for persons with disabilities, nor an appropriate environment. To improve the situation, the following actions were recommended by the participants: ensuring access to vocational education; engagement of the media, governmental and non-government organisations in discussions and the resolution of educational problems; and supporting a change of attitude towards disability. One Gori participant outlined:

“What is done is insufficient. It is just a drop in the ocean.”

Legal issues

During discussions, the issue of disability status was brought up by the participants. There are cases when, due to the complexity of the process, persons with disabilities cannot obtain the 'status of a disabled person', and are left without the relevant pen-

1 Centres offering services and activities for children and teens with disabilities and from other marginalised groups.

sion. The problem is acute for persons of all ages, regardless of sex.

Discussants pointed out that there are no statistics available on disability. Nobody knows the exact number of persons with disabilities living in the Shida Kartli region, and, as a result, many persons are left without pensions or assistance.

Persons with disabilities sometimes have problems with the appropriation of their property. As members of the group in Gori noted, persons with disabilities require assistance which is usually provided by a sibling, kin or neighbour, and sometimes, these persons will appropriate the disabled person's property.

Support

The majority of participants pointed out that they are mostly supported by family members, relatives, and non-governmental and international organisations, but that this support was not sufficient. One Gori participant claimed:

"True support will be an increase of pensions, free of charge health care, affordable medicine and an adapted environment."

Priorities

Participants named the following priority areas.

In Gori:

- Increase of pensions;
- Free healthcare and affordable medicines;
- Support in finding for those who are able to work.

In Zugdidi:

- Employment assistance;
- Healthcare;
- Education.

2.3. The group of service providers

Discussions were carried out on September 20, 2013 in Gori and October 4, 2013 in Zugdidi. In total, 22 persons, including 20 women and two men, took part (See Annex 1). The types of services provided, forms of accountability to the public, and the participation of NGOs were discussed.

Types of services provided

The norms of social assistance in the Gori Municipality are defined by Resolution 42 of December 21, 2012. Participants noted that, essentially, IDPs receive the same services as the local population. In addition, in the case of an IDP's death, the family receives 250 GEL to cover burial costs.

The Gori Municipality offers a number of social programmes. There is also a one-time monetary assistance to satisfy requirements not met by the programme. The maximum amount of this assistance is 1,500 GEL.

The Gori Municipality co-funds different projects, including massage therapy at the day centres, photo art groups, and summer camps for IDP children.

The Kaspi Municipality funds the requirements not met by existing programmes. In addition, IDPs are provided with food parcels on holidays/special occasions and coverage for unforeseen utility expenses, such as the repair of water pumps.

The Kareli Municipality runs seven assistance programmes for IDPs and the local population. It also helps local residents resolve health-related issues by covering 40% of medical expenses for services not covered by the insurance policy.

Accountability to the population

The Gori Municipality conducts annual presentations of its budget while information is also disseminated through printed press. Results of six months' work carried out by the municipality are presented to the "Gori Assembly," which consists of honourable residents and NGO representatives. The Kaspi Municipality distributes information on public expenditure through its Facebook page.

Participation of non-government organisations in the provision of the services

In the Shida Kartli region there are a few NGOs, of which fewer still are service providers. In Gori, the NGO "Woman and Development" trained 16 girls in producing artwork, the Swiss International Development Agency erected houses, while the NGO "Biliki" built a small garden. In the Samegrelo region, Association "DEA" purchased poultry for IDP women.

A total of 135 NGOs operate in the Samegrelo region. Meanwhile, 10 social enterprises work in the Zugdidi Municipality, where most IDPs are employed and are funded by international organisations.

What type of assistance is needed most?

One-time monetary assistance, diapers (especially for persons with disabilities), housing, fuel for winter and home repairs are the types of assistance most in demand. The elderly primarily need assistance in purchasing medication and are also in need of a food programme. Women aged 50-60 have problems finding employment and are not yet eligible for pension. Persons with disabilities need one-time monetary assistance, money for medicine, diapers, and caretakers.

Participants considered the increase of public participation to be very important, as one Zugdidi participant outlined:

“Those who receive assistance should do something useful for society.”

In Samegrelo, one serious problem is payment for electricity in compact settlements of IDPs, many of whom have accumulated large debts and some of whom have had their electricity supply disrupted.

University students require financial support, since their inability to pay tuition fees often forces them to quit their studies.

2.4. Conclusions

Information obtained in the qualitative part of the study formed the foundation of a survey instrument used in the quantitative part of the present work. Discussions in Gori and Zugdidi revealed the needs and priorities of IDPs and women and girls living at the ABL, these being employment, healthcare, education, social security, and access to and quality of existing services.

Healthcare - the following problems were identified with regards to health insurance companies: the scarcity of information on what is covered by insurance policies; difficult procedures when having to refer to specialists; scarcity of provided services; lack of diagnostic opportunities.

Other problems related to healthcare were identified as follows: high cost of medicine; low level of professionalism and dishonest attitude of doctors; delays in the provision of emergency services; low quality of drinking water in Zugdidi.

Employment - the scarcity of employment opportunities forces women to travel abroad and leave their families behind. To resolve the unemployment problem for single women, it is essential to conduct a study of the labour market, which would identify the professions that are most in demand, followed by the training of single women in those professions and the creation of a programme for their employment; it is also significant to establish an organisation of single mothers allowing them to successfully advocate for such requirements; and to ensure income tax returns.

Education - inclusive education is confronted with a number of problems: the lack of proper qualification of teachers and the scarcity of teachers' assistants; a negative attitude of the society towards persons with disabilities; the fact that the environment is not adapted to the needs of persons with disabilities; the inaccessibility of vocational education; and a lack of PWD-specific programmes.

Social security - the pension is meagre and insufficient to satisfy basic livelihood needs. The solution would be to provide a pension tailored to the specific needs of various vulnerable groups, to increase it for those who are unable to work, and to provide employment opportunities to those who are, as well as to increase the number of services covered in the health insurance package, thus ensuring 100% coverage.

Provided services - the services provided by the day centres are essential, but their numbers are not sufficient; in addition, persons over 18 cannot benefit from the services offered. The registration of persons with disabilities poses a problem, and as such, the exact number of these individuals is unknown. Obtaining disability status is problematic due to complicated procedures.

3. QUANTITATIVE PART

In accordance with the aims of the study, local and IDP women and girls living in collective centres and private dwellings, including persons with disabilities and their caregivers, single, elderly women, and female heads of households, as well as men were surveyed.

To obtain a broad perspective, the following features were taken into account while selecting respondents: economic status, disability status, settlement type (urban or rural; IDP settlement/collective centre or private dwelling).

The survey was carried out in Samegrelo and Shida Kartli with the participation of 989 persons (71% women, 29% men); among them 25.5% were local, 40.3% were IDPs from Abkhazia and 34.2% were IDPs from South Ossetia. Face-to-face interviews at the homes of the respondents were conducted using a questionnaire designed for the study. The questionnaire, to a considerable extent, was based on the results of the qualitative study, but also contained questions corresponding to the requirements of the study and the following standard instruments: depression (mood assessment scale) and anxiety questionnaires (Pachana, et al., 2006), standard questions on self-esteem, optimism and generalised trust (World Value Survey, 2010). The questionnaire contained 95 questions, which were distributed in the following sectors:

- Background information;
- Problems;
- Housing;
- Health;
- Economic conditions and quality of life;
- Received services and assistance;
- Social support;
- Participation;
- Security issues;
- General issues.

The results are presented mostly according to the answers of the following three groups: local population, IDPs from Abkhazia and IDPs from South Ossetia. Whenever appropriate, in cases of significant statistical differences, sex-disaggregated data is presented.

In accordance with the aims of the project, women comprised the majority (70.8%) of respondents, while men made up 29.2%. The biggest proportion (44.0%) was the group of persons in the age range of 25-49, while persons aged 50-65 constituted 28.1% of respondents. In addition, 19.9% were over 65, and the smallest proportion (7.9%) was the group of persons below 25 years of age.

Slightly more than half (51.3%) were married, 21.7% were single, 20.5% were widowed and 6.5% were divorced or separated.

With regards to education, the biggest proportion (38.4%) was the group of persons with secondary education, while 32.2% reported having university education, 22.5% had technical or vocational education and 6.9% had lower than secondary education. Families ranged from having one to 17 members, with an average of 3.7 persons (SD=2.02). In total, 62.2% of families were headed by men, with the remaining 37.8% - by women. Families had from zero to five members under 18, with an average of 0.84 (SD=1.01) and from 0 to 3 members over the age of 65, with an average of 0.67 (SD=1.01).

A total of 38.3% of respondents declared that they were able to utilise a computer, and, among them, 87.5% used the internet. The difference between groups in terms of internet use is statistically significant (Chi-Square 7.9, df2; $p < .05$) as it is used more by the local (92.1%) population, compared to IDPs from Abkhazia (81.8%) or South Ossetia (79.7%).

3.1. Problems identified

Economic conditions, housing and health constitute the three major problems for the groups surveyed. Economic conditions are the most acute problem for the local population and IDPs from South Ossetia, but for IDPs from Abkhazia, this problem was surpassed by issues concerning housing. Health was identified by the local population and IDPs from South Ossetia as the second most significant issue, while housing was the third.

Table no. 1:
IDP's ranking of the problems

Rank	Problem	Local population	IDPs from Abkhazia	IDPs from Ossetia	Total
1	Economic condition	50.6	27.4	46.6	39.9
2	Housing	9.2	51.7	23.9	31.3
3	Health	35.7	18.7	25.4	25.3
4	Education	1.6	1.0	1.8	1.4
5	Lack of land	1.2	1.3	1.8	1.4
6	Security	1.6	0.0	0.6	0.6

A gender difference was revealed (Chi-Square 45.9; df5; $p < .001$) in terms of problems relating to economic conditions, plot ownership and health. More men (45.45%), compared to women (37.5%), were concerned with their economic condition and ownership of plots (3.9% of men and 0.4% of women), while women showed more concern for health-related issues (30.4% of women and 13.4% of men).

3.2. Economic condition and quality of life

Poverty seems to be more acute for IDPs than the local population (27.6%), and among IDPs, it is more pressing for those from South Ossetia (50.3%) than Abkhazia (45.3%). Many of the latter two groups state that they can hardly manage and often cannot afford food. Moreover, 30.2% of IDPs from South Ossetia, 24.7% from Abkhazia and 25.6% of the local population point out that they do have money for food but have the means to afford clothing.

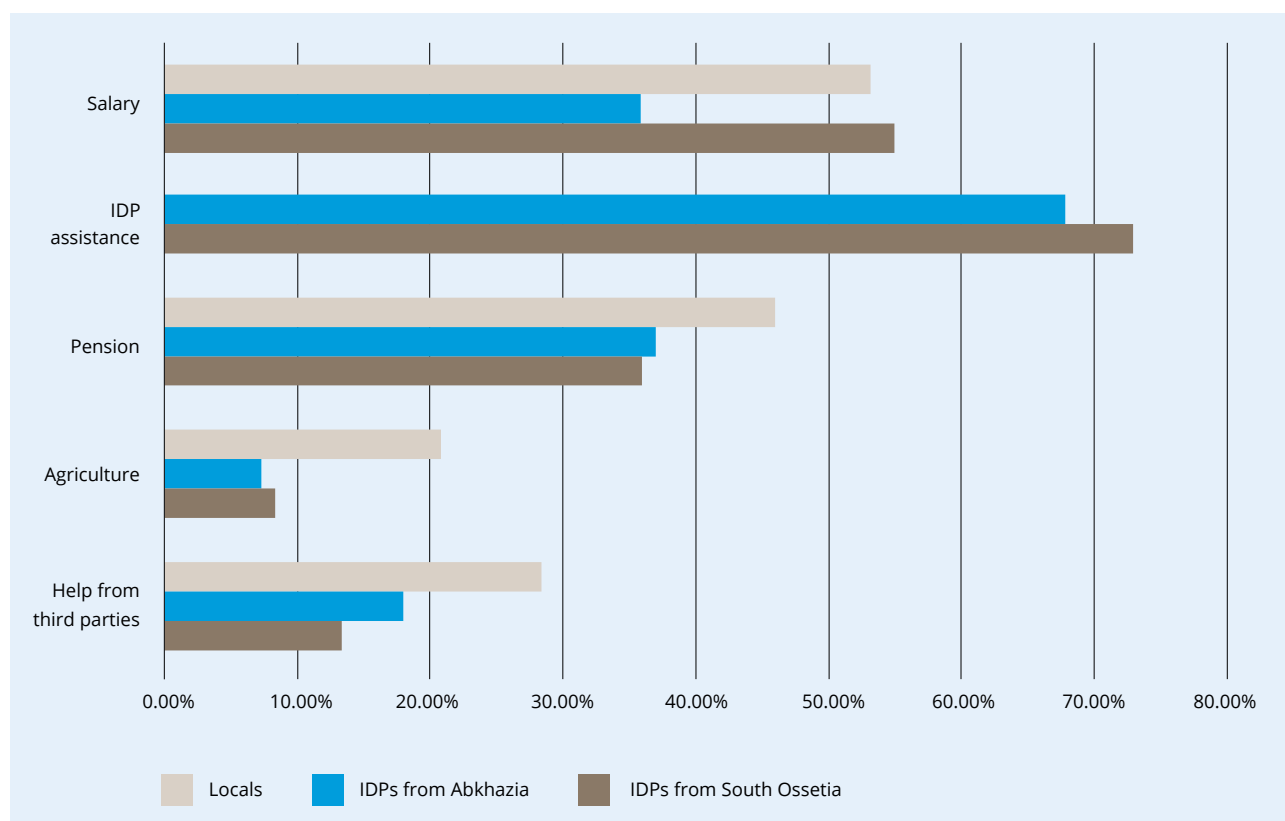
Of those surveyed, 56.2% stated that the unemployment of family members posed the greatest problem, while 50.7% cited their own unemployment. A total of 37.7% of locals, 43.1% of IDPs from Abkhazia and 44.1% of IDPs from South Ossetia claimed that they do not have any income.

A gender difference was revealed with regards to having a personal income (Chi-Square 48.8; df2; $p < .001$). A larger proportion of women (38.7%) compared to men (30.1%) have a regular income; while a much more significant proportion of men (36.5%) compared to women (15.8%) have an irregular income. Meanwhile, 33.7% of men and 45.5% of women do not have any income whatsoever.

Salaries are the main source of income for many. About half of the respondents (46.8%) pointed out that they or their family members collected a salary at least once during the past six months. Overall, 53.2% of local, 35.9% of the IDP population from Abkhazia, and 55% of IDPs from South Ossetia stated that they received a salary.

IDP assistance was obtained by 72.9% of IDPs from South Ossetia and 67.8% of IDPs from Abkhazia. Meanwhile, 46% of the locals, 37% of the IDP population from Abkhazia and 36% of the IDP population from South Ossetia received pensions. Among the local population, cases of generating income from the realisation of agricultural products were more prevalent, compared to either the IDP population from South Ossetia (8.3%) or Abkhazia (18%). Financial assistance provided by third persons comprised the income source for 28.4% of the local population, 18% of the IDP population from Abkhazia and 13.4% of the IDP population from South Ossetia.

Chart no. 1:
Sources of income



Half of the respondents do not obtain agricultural produce free of charge. They neither produce it, as they do not possess land, nor do they receive it in the form of assistance. IDPs from Abkhazia (56.8%) are least likely to obtain agricultural products, followed by IDPs from South Ossetia (50.2%), and the local population (35.1%).

Most of all, respondents are concerned with the scarcity of furniture and household utensils (58.4%), heating appliances (53.8%) and not having their dwellings in private ownership (51.2%).

Table no. 2:
Ownership problems

Rank	Ownership	Local	IDPs from Ossetia	IDPs From Abkhazia DD	Total
1	Scarcity of furniture and household utensils	47.2	65.3	58.3	58.4
2	Not having means for heating the house	56	50.4	55.9	53.8
3	Not having ownership rights to their residence	17.6	75.5	47	51.2
4	Not having a land plot	16	51.9	39.9	38.7

The majority of respondents own a TV set, (83.6%), mobile phones (79.6%) and a refrigerator (56.7%).

Table no. 3:
Ownership rank

Rank	Items	%
1	Colour TV set	83.6
2	Mobile phone	79.6
3	Refrigerator	56.7
4	Land plot	38.9
5	Heating appliance	26
6	Computer	25.7
7	Washing machine	25.1
8	Water heater	23.5
9	Microwave oven	16.3
10	Car	12
11	Video recorder	11
12	Air conditioner	2.5

As for income-generating property, 3.4% of those surveyed own a kiosk or other commercial space, 3.2% - various means of transportation, 2.8% - a land plot and 0.6 % own other property that is used to generate income.

Domestic animals are owned by less than half of the respondents, who mostly own poultry (32.7%) and cattle (18.8%).

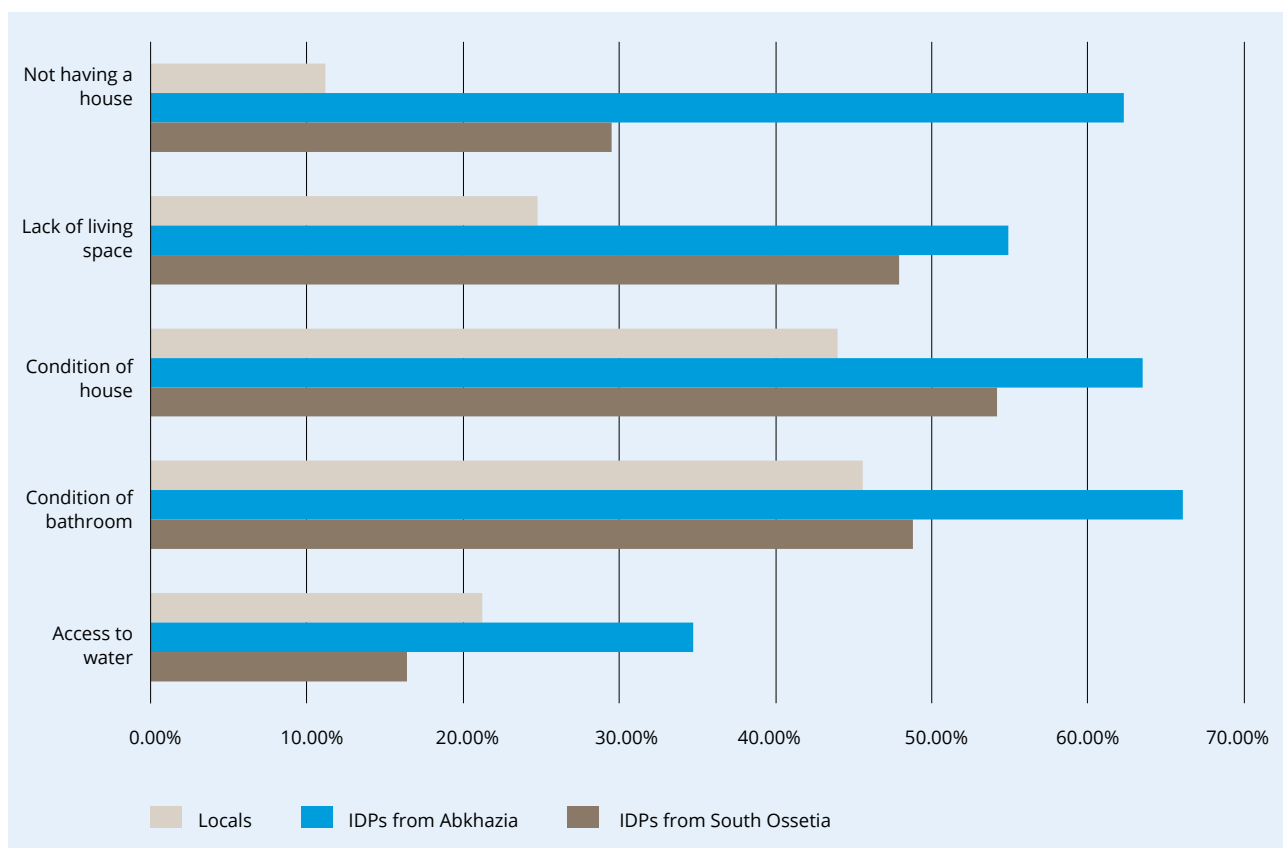
A total of 38.8% of those surveyed reported having taken out a bank loan. Groups differ in this regard

(Chi-Square 26.8, df2, $p < .001$) as a larger share of the local population (46.9%) compared to IDPs from South Ossetia (44.5%) or Abkhazia (28.9%) have debt. The majority of respondents ((90.4%) have consumer loans; business loans comprise 6.5%, and mortgages constitute 3.1% of loans.

3.3. Housing

Lack of housing, the small size of living space, and the condition of toilets and bathrooms are the most acute problems for IDPs from Abkhazia, followed by IDPs from South Ossetia.

Chart no. 2:
Living conditions



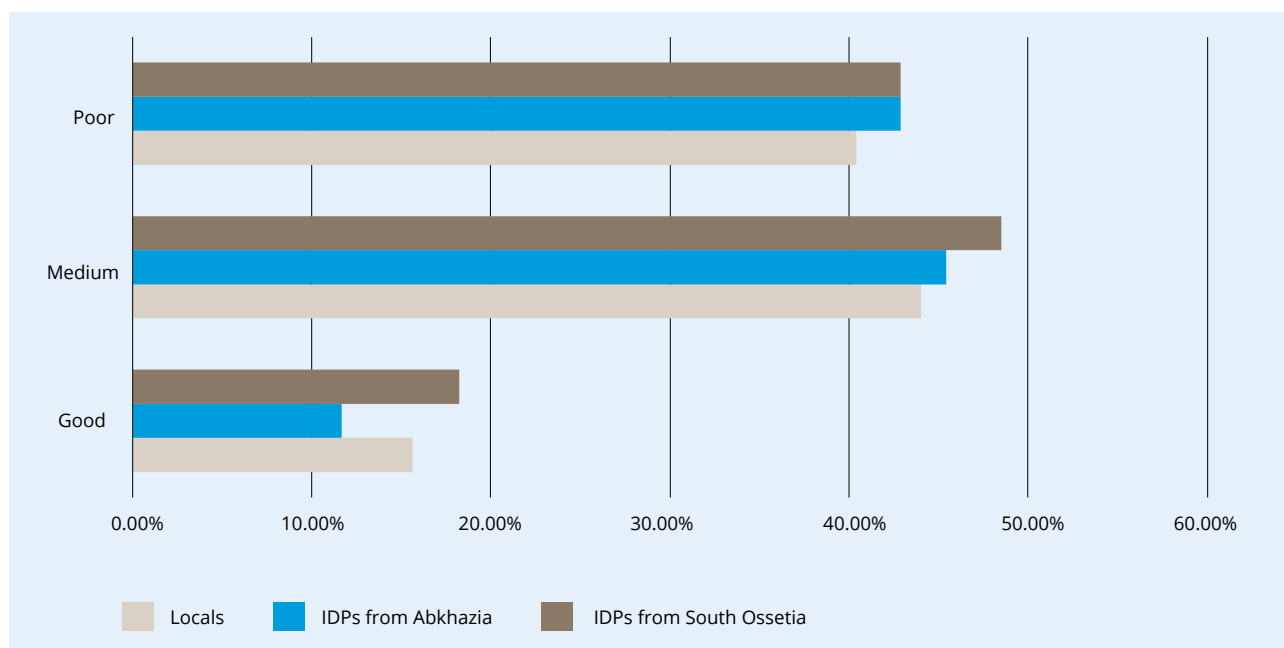
With regards to housing, the three groups of respondents seem to prioritise their problems in a similar way. For the local population, the most acute issues are home repairs (74.8%), installation of a natural gas supply (60%), and the repair of toilets and bathrooms. For the IDP population from Abkhazia, the most urgent issue is the installation of a natural gas supply (73.2%), home repairs (60.7%), and the refurbishment of toilets and bathrooms (55.4%). While for the IDP population from South Ossetia, the most pressing problem is the renovation of their houses (73.8%), toilets and bathrooms (48.8%), and the privatisation of their homes (44.6%).

3.4. Health

Personal health is most positively evaluated by IDPs from South Ossetia, as 18.2% consider themselves healthy, 46.1% assess their health condition as medium, and 33.3% claim to be in poor health. A total of 15.6% of the local population consider their personal health as good, 44% - as medium and 40.4% - as poor. The most negative are the estimations of IDPs from Abkhazia, as only 11.7% consider themselves to be in good health, 45.4% evaluate their health condition as medium, and 42.9% claim they are unhealthy. Women, compared to men, evaluate their health condition much more negatively (Chi-Square 47.3; df2; $p < .001$). A total of 24.9% of men and 10.7% of women evaluate their health as good. Meanwhile, 25.6% of men and 44.7% of women consider it poor. Roughly an equal number of men (49.5%) and women (44.6%) consider their health to be normal. Regarding personal health, 55.5% of women and 29.5% of men point out that they take medicine on a regular basis.

Chart no. 3:

Estimation of own health



With regards to health, respondents are mostly concerned due to the inability to purchase medicine owing to its high cost (64.5%), followed by concern for

their own health (63.4%), and the health of a family member (48.8%).

Table no. 4:

Ranking of health-related problems

Rank	Problem	Local	IDPs from Abkhazia	IDPs from Ossetia	Total
1	Own health	65.2	66.3	58.6	63.4
2	Health of family member	47.2	51.4	47	48.8
3	Access to healthcare	43.6	38.5	52.4	44.5
4	Inability to afford medicine	60.4	63.3	69	64.5
5	Alcohol-dependent family member	4.8	1.8	8.3	4.8
6	Drug-dependent family member	0.8	0.2	0.3	0.4

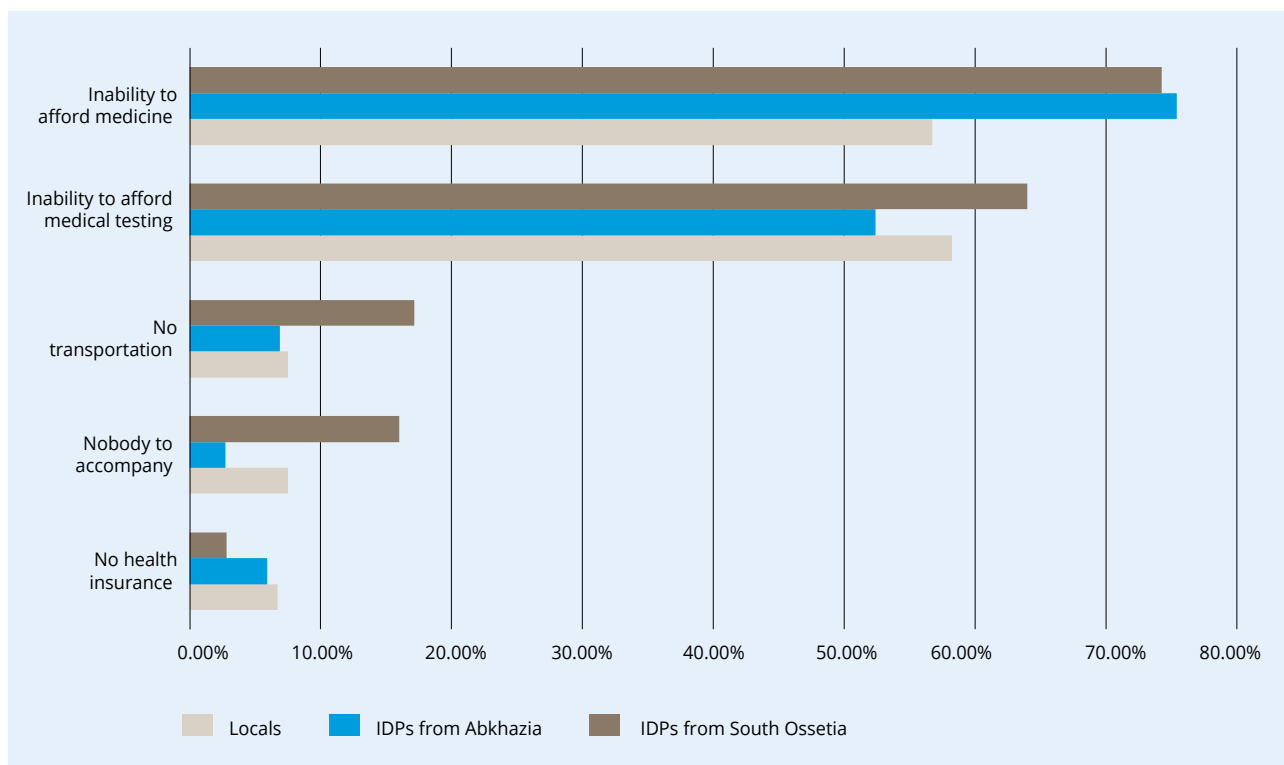
The majority (86.3%) of those surveyed have medical insurance. A larger proportion of IDPs from South Ossetia (93.4%) compared to those from Abkhazia (84.4%) and the local population (79.6%) is insured by the state.

Nevertheless, access to health services remains low. More than half (51%) of the respondents noted that

during the past six months they required medical assistance, but did not seek it. These cases were more prevalent among the local population (53.8%) than among IDPs from South Ossetia (52.9%) or Abkhazia (47.6%). The inability to afford medicine (70%) or additional medical examinations (58.1%) was identified as the main reason for not seeking medical assistance.

Chart no. 4:

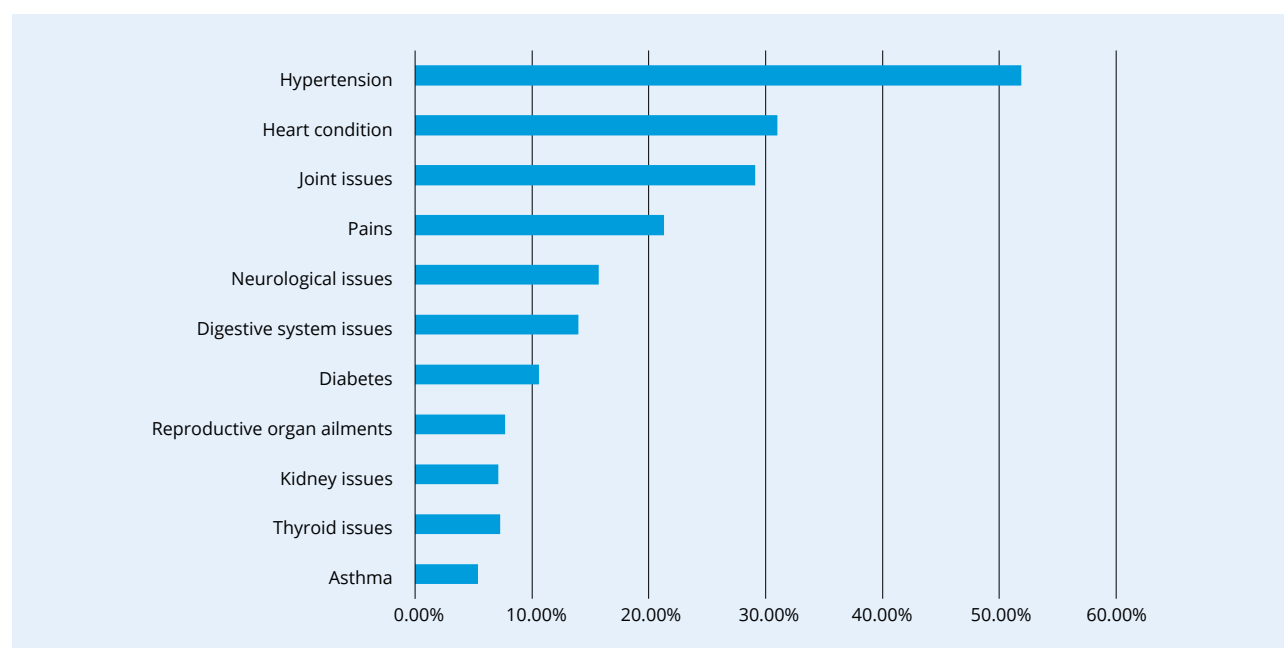
Reasons for not seeking medical assistance



Most of the respondents regularly take medication for elevated blood pressure, cardiovascular diseases and problems concerning joints.

Chart no. 5:

Reasons for taking medication on a regular basis



Almost a quarter (23.3%) of those surveyed pointed out that he or she was or had as a household member who was a person with disabilities. In local households, this constituted 26.9%, with the figure at 25.5% among IDPs from Abkhazia and at 18% among IDPs from South Ossetia.

Overall, 16.5% of respondents pointed out the need for diapers with a total of 20.5% of the IDP population from South Ossetia, 15.4% of the local population and 13.9% of IDPs from Abkhazia expressing this requirement. Of the total, 71.1% needed diapers for children and 28.9% - for adults. In total, 27.5% of respondents can afford to purchase diapers. This is least difficult for the local population, as 38.2% can afford these items, which is more than is the case for IDPs from Abkhazia (27.1%), and the IDP population from South Ossetia (21.7%).

Of those surveyed, 41.5% need medical services for themselves or their household members who are not covered by medical insurance. The number of such persons is the greatest among IDPs from South Ossetia (46.3%) and is equal in size among the local population and IDPs from Abkhazia.

The difference in the psychological condition of the local population and IDPs is statistically significant ($F 7.14$; $df 2$; $p < .001$ in case of depression and $F 5.97$; $df 2$; $p < .005$ in case of anxiety). The indicators for the conditions of depression and anxiety are both higher among IDPs from South Ossetia ($M=10.58$; $SD=5.71$ and $M=12$; $SD 7.28$), than among IDPs from Abkhazia ($M=9.25$; $SD =5.55$ and $M=10.66$; $SD =6.92$) and are at their lowest level among the local population ($M=9$; $SD=5.64$ and $M=10.04$; $SD=6.97$).

The gender difference is statistically significant in both cases, as in terms of suffering from depression

($F 7.14$; $df 2$; $p < .001$) and anxiety ($F 5.97$; $df 2$; $p < .005$) women score higher than men.

Overall, 45.2% of respondents have a generally optimistic outlook but the difference between the respondent groups is significant (*Chi-Square 13.2*, $df 2$, $p < .001$). The least optimistic are IDPs from South Ossetia (36.9%), followed by IDPs from Abkhazia (49.6%), and the local population (49%), which is a logical consequence when referring to the levels of anxiety and depression exhibited by these groups. Men and women differ in terms of levels of optimism (*Chi-Square 3.9*, $df 2$, $p < .05$). Men (50.4%) are more optimistic than women (43.3%).

The lowest levels of self-esteem are experienced by IDPs from South Ossetia. Only 35.4% express self-confidence, with this indicator being at 47.6% for IDPs from Abkhazia and 45.6% for the local population (*Chi-Square 12.3*, $df 4$, $p < .05$).

A difference is evident also with regard to gender (*Chi-Square 26.7*, $df 2$, $p < .001$). More men (54.1%) compared to women (39%) state that they are confident in themselves.

3.5. Services and assistance received

Respondents were presented with a list of 14 types of assistance. The interlocutors pointed out that of the 362 requests for assistance filed, 249 (68.8%) were satisfied. IDPs from South Ossetia submitted more requests (47.3%) compared to IDPs from Abkhazia (30%) or the local population (22.7%). The same is true in regard to assistance received. IDPs from South Ossetia received assistance in 51.2% of cases, while IDPs from Abkhazia and the local population received assistance in 24.4% of cases each.

Chart no. 6:
Requests for and reception of assistance

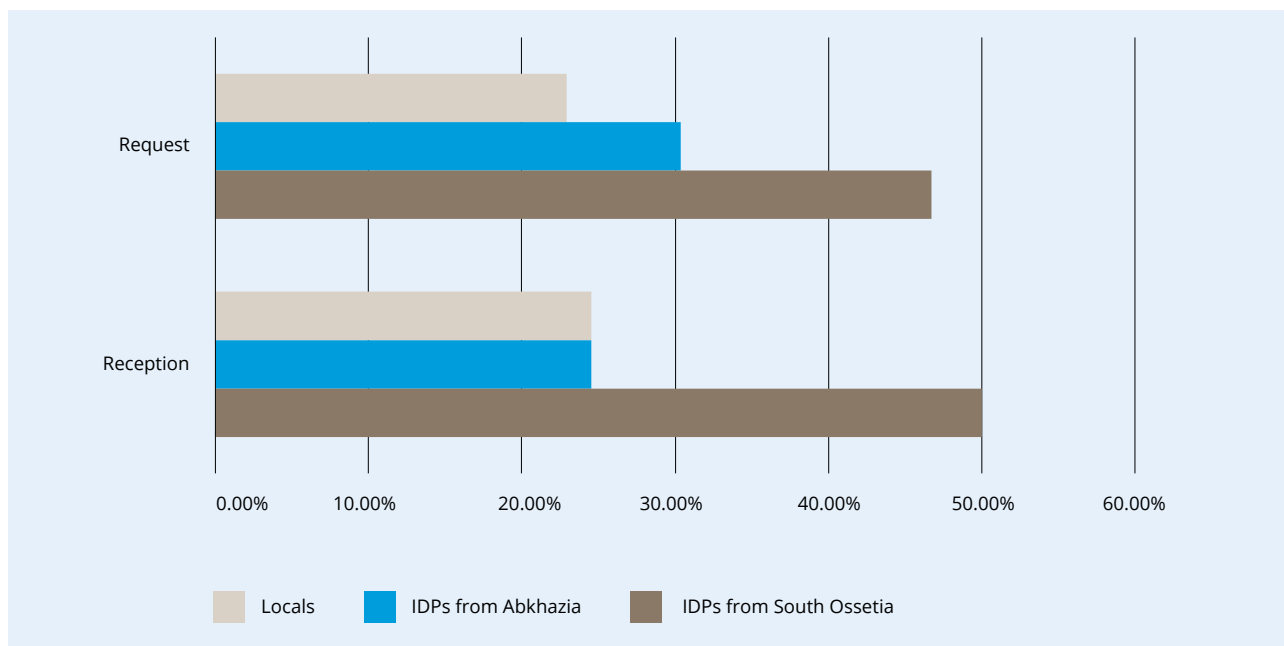


Table no. 5:
Types of assistance

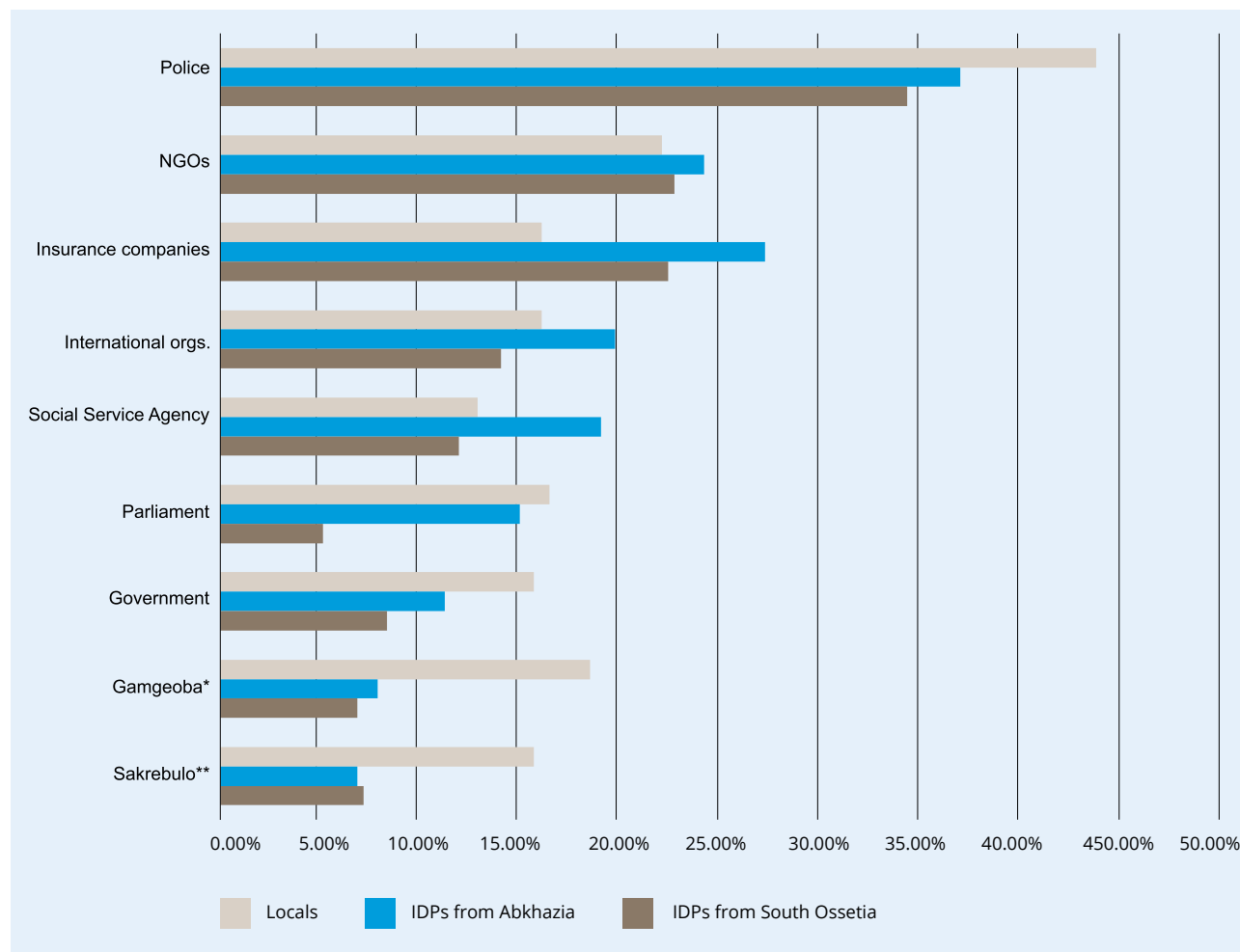
Rank	Type of assistance	Number of requests	% of requests	Number of requests satisfied (assistance received)	% of requests satisfied
1	Social assistance to the poor	107	29.5	64	59.8
2	One-time monetary assistance	60	16.6	41	68.3
3	Assistance to persons with disabilities	49	13.6	32	65.3
4	Coverage of costs for medicine	35	9.7	28	80.0
5	Assistance in obtaining healthcare	33	9.2	30	90.9
6	Payment for university education	16	4.4	7	43.7
7	Assistance in obtaining children's healthcare	15	4.1	13	86.7
8	Ritual services for the deceased	11	3.0	9	81.8
9	Assistance to the elderly	11	3.0	9	81.8
	All other	25	6.9	16	64.0
	Total	362	100	249	

Respondents are largely satisfied with the performance of the police, non-governmental organisations, and insurance companies (although in the case of the latter, respondents have reservations in terms of coverage). The local population is more satisfied

than the IDP population with the work of the Parliament, and central and local governments, while IDPs evaluate the performance of insurance companies much more positively than do locals.

Chart no. 7:

Satisfaction with the work of different state agencies



Note:

*Gamgeoba - Local administrative unit in the government

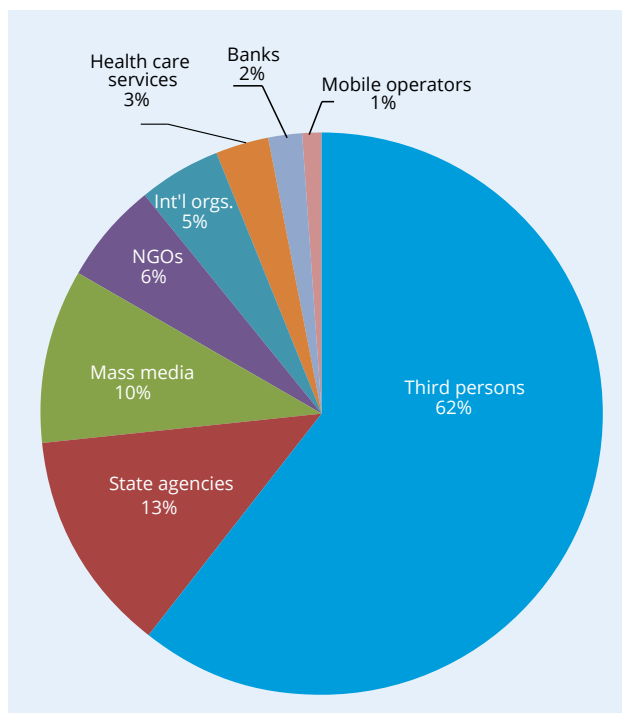
**Sakrebulo - Local City Council

Altogether, 494 respondents indicated sources of information on existing assistance. The most often

cited source of information were third persons (304), followed by state agencies (57) and mass media (49).

Chart no. 8:

Sources of information on existing assistance



More women (64.5%) than men (55.2%) were informed about the existence of a hotline for victims of domestic violence (Chi-Square 7.2, df1; $p < .05$). Also, more women (53.0%) than men (45.0%) knew about the shelters.

3.6. Social support

A total of 71.2% of respondents do not exhibit generalised trust towards others and believe that one should be cautious when dealing with individuals outside the family and friend circle. Family conflicts pose a problem for 4.1% and domestic violence for 1.3% of respondents.

Respondents have more regular contact with neighbours (93.7%), than with friends (70.2%) and kin, parents and siblings (50.4%). IDPs from South Ossetia maintain such contacts on a lesser scale than either the local population or IDPs from Abkhazia.

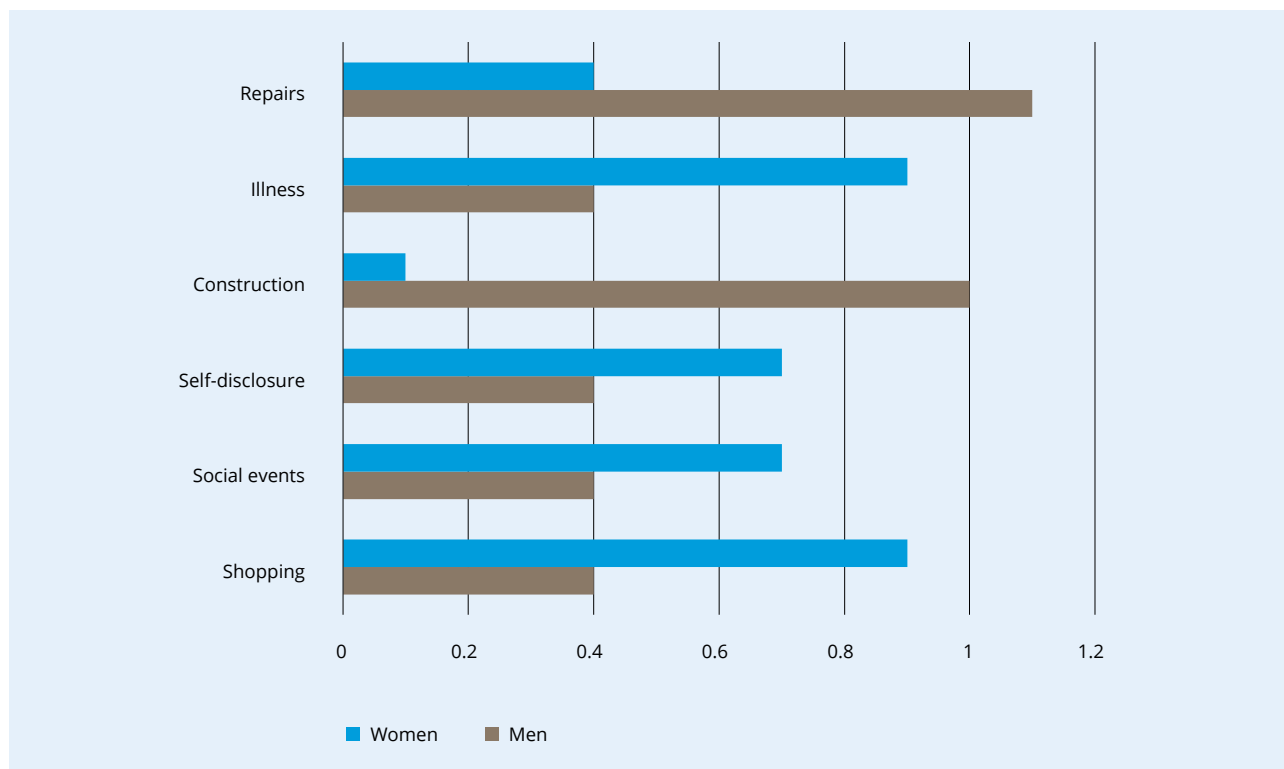
Men and women differ in terms of the number of contacts they have. Men have more contacts with friends (*Chi-Square* 18.3;df1; $p < .001$) 80.3% of men and 66.5% of women), kin (*Chi-Square* 5.0;df1; $p < .05$; 59.9% and 52.1% of women), parents, siblings and children (*Chi-Square* 4.5;df1; $p < .05$; 55.9% of men and 48.4% of women).

IDPs from Abkhazia enjoy the highest degree of social support. They can rely on an average of 11 persons whom they would address for help in six listed cases where it would be needed. The local population indicated an average of 8 persons and IDPs from South Ossetia listed an average of 5 persons.

Respondents expect assistance/support most in cases of requiring home repairs ($M=1.4$), illness ($M=1.3$), construction and agricultural work ($M=1.2$ in each case). Men mostly provide assistance in cases of construction and repairs, while women essentially render assistance in terms of purchasing food products or household goods, organising various social events, and looking after the ill.

Chart no. 9:

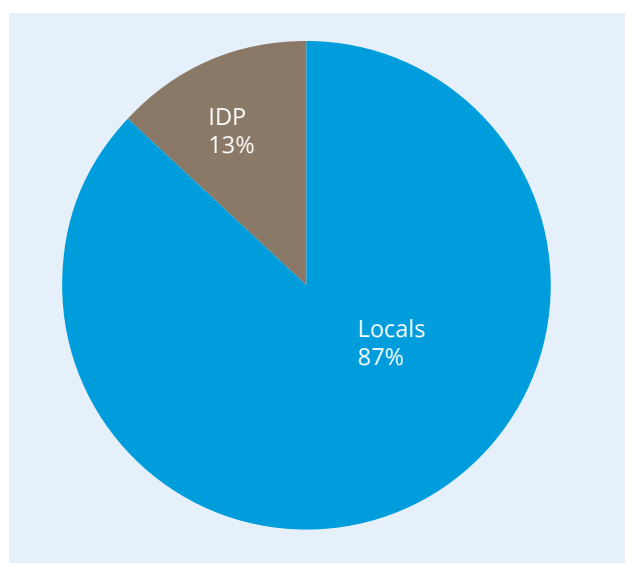
Men and women as providers of assistance



The population relies on assistance provided by the members of their own group. However, the share of locals (26.0%) who provide assistance to the IDP population is double that of the IDP population (13.0%) who render assistance to the local population.

Chart no. 10:

Share of support among IDP population



3.7. Participation

The ongoing events in the country are most closely followed by IDPs from Abkhazia (96.3%), in comparison with IDPs from South Ossetia (71.7%), and least of all by the local population (70.4%).

Women (88.5%) watch the news more than men (81.7%) (*Chi-Square 21.6; df 4; p<.001*).

Television is the main source of information for the respondents, and is watched by 88.3%. A total of 13.1% obtain their information from neighbours and 10% from the Internet.

Table no. 6:
Sources of information from a gender perspective

Rank	Source of information	Men N=285	Women NN=692
1	Television	92.6	86.4
2	Neighbours	9.1	14.2
3	Internet	8.8	11.1
4	Print media	7.7	7.1
5	Friends	4.6	6.1
6	Family members	3.1	5.2
7	Colleagues	3.1	2.9
8	Radio	1.4	2.3

A total of 53% consider that the problems of the country can only be resolved through public participation. The difference between the groups is statistically significant (Chi-Square 16.3, df4, $p<.005$), most of all in terms of participation of IDPs from Abkhazia (58.2%), followed by the local population (55.7%), and least of all - the IDPs from South Ossetia (44.7%). Only a small fraction (27.8%) believes that they can influence the decisions of the authorities, while the number of those willing to do so is even smaller. Only 35.7% are prepared to take part in decision-making at the local level. The difference between groups is considerable (Chi-Square 11.3, df 4, $p<.05$). The most eager to participate is the local population (41.8%), followed by IDPs from South Ossetia (34.8%), and least of all IDPs from Abkhazia (33.1%). Only 28.5% overall are ready to be involved in decision-making at the national level. The group difference is significant in this case as well (Chi-Square 11.8, df4, $p<.05$). The local population is the most willing to participate (34.9%), followed by IDPs from Abkhazia (28.3%), and IDPs from South Ossetia (24.0%).

Men are more active than women in this regard. More men (56.2%) than women (51.5%) (Chi-Square 7.2, df2, $p<.05$) consider popular participation necessary for the resolution of the problems facing the country. More men (34.8%) than women (24.8%) are

eager to participate in decision-making at the local (Chi-Square 9.9, df 2, $p<.05$), as well as national levels (36% of men and 26.3% of women; Chi-Square 9.6, df 2, $p<.05$).

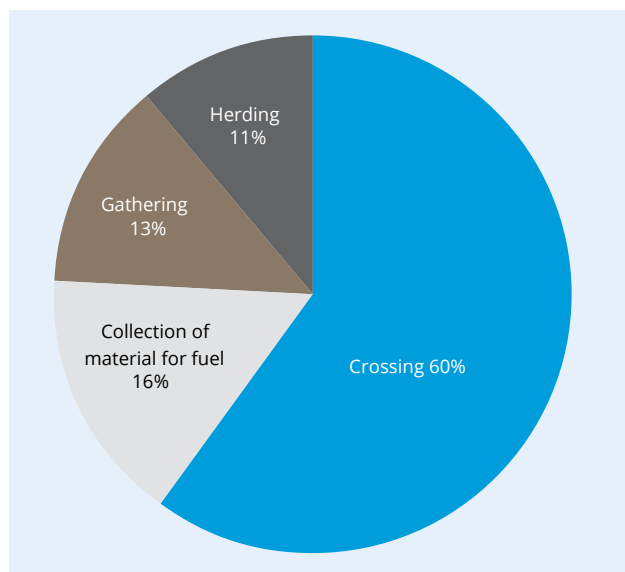
Different types of training courses are attended by 10.3% of the locals, 10.2% of IDPs from South Ossetia and 3.6% of IDPs from Abkhazia (Chi-Square 14.4, df 2, $p<.001$). More women (9%) than men (5.1%) attend courses (Chi-Square 4.1, df1, $p<.05$), while more men (16.1%) than women (9%) are members of voluntary organisations (Chi-Square 10.2, df 1, $p<.001$). In total, 15.4% of the local population, 13.2% of IDPs from South Ossetia, and 6.4% of IDPs from Abkhazia reported holding a membership of voluntary associations (Chi-Square 14.9, df 1, $p<.001$).

3.8. Security

During the past six months, IDPs from Abkhazia (27.3%) moved most frequently within the vicinity of the ABLs of Georgia, followed by IDPs from South Ossetia (19.3%), and the local population (12.4%).

Most of all, people moved to cross the ABL, although other reasons were also cited, including the collection of firewood, gathering berries, as well as cattle/sheep herding in the vicinity of the ABLs.

Chart no. 11:
Reasons for movement along the ABL



A total of 60% point out that movement along the ABL was dangerous or very dangerous. Among those who travelled, 54.5% were men and 45.5% were women.

In total, 57% stated that they had relatives across the ABL. Visiting relatives were the most cited reason for IDPs from Abkhazia (84.5%), followed by IDPs from South Ossetia (39.6%), and the local population (36.1%).

In total, 652 relatives were listed; among them were Georgians who comprised 69.3% of kin (84.7% for IDPs from Abkhazia, 69.4% for the locals, and 35.6% for IDPs from South Ossetia).

The Abkhaz comprised 9.2% of kin (14.5% for IDPs from Abkhazia, 2% for the locals, and 1.7% for IDPs from South Ossetia).

Ossetians comprised 21.5% of kin (0.8% for IDPs from Abkhazia, 28.6% for the local population, and 21.5% for IDPs from South Ossetia).

Overall, 44.7% of respondents reported having friends across the ABL. The friends were most of all those of IDPs from Abkhazia (68.2%), followed by the local population (30%) and the IDP population from South Ossetia (27.7%).

Taken together, 523 friends located across the ABLs were identified, of whom 68.1% were Georgian

(80.6% for IDPs from Abkhazia, 75 % for the locals, and 10.5% for IDPs from South Ossetia).

The Abkhaz comprised 12% of friends located across the ABL (18.5% for IDPs from Abkhazia, 2.5 % for the locals, and 0.8% for IDPs from South Ossetia).

Ossetians comprised 19.9% of friends living on the other side of the ABLs (0.9% for IDPs from Abkhazia, 22.5% for the local population, and 70.3% for IDPs from South Ossetia).

3.9. Conclusions

Results of the quantitative part of the study reveal differences between the needs of the local population and those of IDPs from Abkhazia and South Ossetia, as well as between the needs of women and men.

Local population

The social environment of the locals is more homogeneous compared to that of the IDPs, as these environments contain a small fraction of IDP populations. Compared to the other two groups, the local population has the largest share of those who are eager to participate in decision-making.

IDPs from Abkhazia

Housing is an acute problem for IDPs from Abkhazia. The issue concerns both the ownership rights of adequate dwellings and the privatisation of existing ones. Compared to the locals and IDPs from South Ossetia, IDPs from Abkhazia maintain closer-knit social networks and consequently enjoy greater support. They are interested in the proceedings in the country more than the other two groups, while many consider public participation essential to the resolution of the problems facing the country.

IDPs from South Ossetia

Poverty is the most acute problem for IDPs from South Ossetia. They suffer more than the other two groups from problems relating to mental health.

Men

Men are more concerned with their economic condition and scarcity of land plots than women. More men compared to women have irregular incomes. More men than women consider public participation significant.

Women

Health poses a problem for more women than men. They evaluate their health condition more negatively; their mental state is worse than it is for men, and they display lower levels of self-esteem. Women have more stable sources of income than men.

The majority of the needs of girls and boys, and women and men living at the ABL are similar to those of the population living in the rest of Georgia, as revealed in a number of studies (e.g. CRRC, 2010, Sumbadze, 2012) and are determined by the situation in the country itself, but nonetheless differences were identified with regard to the priorities of the local population and IDP populations from Abkhazia and South Ossetia. In a number of cases, differences in the nature of problems that men and women face were also pinpointed.

Economic condition

The population suffers from highly unsatisfactory economic conditions. The principal reasons for this are unemployment, as well as meagre pensions and IDP allowance, which prompt many women to leave their families and travel abroad in search of a source of income. Finding employment is almost impossible for persons with disabilities. This is due to the attitude of society and especially the discriminatory stance held by employers, but also due to the fact that the work environment is not adapted to their needs and that there are no legal regulations that would stimulate their employment. A lack of education, especially vocational, is one more barrier to their employment. Economic conditions of IDPs are worse than those of the local population. One's own unemployment or the unemployment of a family member was most often cited as an acute problem by all respondents. Salary, pensions, and allowance were identified as the main sources of income. Only a small fraction of respondents sell their own agricultural produce or receive assistance from third parties.

A lack of any feasible options concerning their children's commute to kindergarten is a serious hindrance for single mothers, which hinders their opportunities for employment.

The size of pension allowance granted does not allow those who cannot work to lead a dignified life independently. There are a few state or municipal assistance programmes, although the amount of assistance offered is insufficient.

Health

Health insurance packages do not cover essential needs; the possibilities of using diagnostic tools are scarce and referral procedures are complicated. Doctors' levels of professionalism are low. In addition, the dishonest attitudes of medical personnel could be observed in some cases, while emergency services often reach patients with a great delay.

The high price of medicine also constitutes a very serious problem.

The mental condition of the IDP populations is relatively poor. The scores on the depression scale for IDPs from South Ossetia and scores on the anxiety scale for IDPs from both South Ossetia and Abkhazia are above normal levels. IDPs from South Ossetia also demonstrate low levels of self-esteem and optimism.

Education

School education in most cases is not sufficient to allow for passing national exams and consequent university enrolment. Teachers' qualifications are low. High university tuition fees prevent many from enrolment.

Numerous problems are associated with inclusive education, both at schools and vocational institutions. Teachers' knowledge on inclusive education is very low; there is a lack of teachers' assistants as well. Due to the general population's negative attitude towards persons with disabilities parents often try to avoid sending their disabled children to school. Also, parents of children without disabilities do not want their children to study together with disabled children.

The environment at vocational institutions and universities is not adapted to the needs of persons with disabilities. Vocational schools do not as of yet offer special educational programmes for persons with disabilities.

Housing

A lack of housing, scarcity of living space and the detrimental conditions of homes pose problems for all respondents. This is especially acute for IDPs from Abkhazia, who also complain about the lack of private ownership of their residences.

Services received

The IDP population, in fact, does not receive any services apart from those also provided to the local population. Most IDPs are satisfied with the work of the police, NGOs and insurance companies. The population mostly obtains information about existing types of assistance from third parties and only a small fraction receives it through state institutions and the mass media.

Social support

The population's social networks are wide-ranging. IDPs from South Ossetia have fewer connections than either IDPs from Abkhazia or the local population. In addition, they also enjoy less social support.

Participation

Levels of interest in the country's events are rather significant. Television constitutes the main source of information. The majority of respondents consider popular participation as essential for resolving the country's existing problems, although a much smaller number is prepared to take part in the decision-making process. The local population expresses a greater level of readiness for participation than do IDPs.

Security

The population traverses the ABL mostly for the purpose of collecting fire-wood and berries, and grazing cattle. Many of the respondents have relatives and friends across the ABL, who are ethnic Georgians, Abkhaz and Ossetians. The majority of respondents consider movement along the ABL dangerous.

Results demonstrate that factors such as state policy, the duration of living in displacement, belonging to a particular ethnic group, and having access to areas across the ABL have had an impact on IDPs from Abkhazia and South Ossetia. However, quantifying these particular factors is difficult and sometimes even impossible.

The difference in state policies is obviously reflected by the conditions of IDPs. The state policy towards IDPs from Abkhazia was intended to create conditions, which, according to the national authorities, would have maintained high motivation of the IDPs to return to their original places of residence. In correspondence with this goal, the concept of "temporal integration" was developed. The essential

part of this concept was the provision of temporary shelters and temporary identity cards, the imposition of restrictions in participating in local elections, etc. The objectives of the authorities after the 2008 August War were quite different. The main goal was to build compact settlements for IDPs outside Tbilisi as soon as possible. The principal reasoning for this may have been to simplify aspects concerning the management of such IDP communities and the consequences of conflict.

The result of state policy was better housing and broader health insurance coverage for IDPs from South Ossetia.

It is difficult to overestimate the impact the duration of displacement has on integration and adaptation. Twenty years since the conflict in Abkhazia and five since the conflict in South Ossetia have had a varying impact on the lives and problems of individuals. Compared to IDPs from Abkhazia, IDPs from South Ossetia experience more psychological problems, which, to an extent, may be a result of having been displaced relatively more recently.

Movement along and across the ABL is significant, as it hinders isolation, supports self-identity and linkages with the past, and, as a result, is conducive to better mental health and welfare.

Besides the direct consequences associated with the needs of girls and women living along the ABL, the indirect results of the study are also noteworthy. Through taking interviews and hence having direct interaction with the population, members of the Women's Development Committees in Gori and Zugdidi decided to run in the local elections.

The initial results of the study contributed to the formulation of the package of initiatives to be included in the "Code of Local Self-Governance" by the Association DEA. It refers to more advanced municipal policies with regards to the specific needs of women and girls, as well as persons with disabilities, and members of marginalised groups living in areas along the ABL; it increases local budget levels concerning sensitivities towards gender-related issues and effective youth policy. This will help overcome social and other types of issues that these groups face and create solid legal grounds for increasing women's representation in local self-governance.

4. RECOMMENDATIONS

In designing state policy, the differential approach based on contextual factors in the study revealed that the needs of IDPs from Abkhazia and South Ossetia should be addressed and reflected upon. Problems faced by respondents in the Samegrelo-Zemo Svaneti region were similar to those identified in earlier studies (GFSIS, 2013; NRC 2010); this points to the need for a more active pursuit of the realisation of these recommendations.

Well-being

Improvement of economic conditions is a universal priority. However, this will depend on the improvements in other spheres, such as education, healthcare, etc.

Next to national programmes, it is necessary to design programmes targeting IDPs and the populations living along the ABL, paying special attention to vulnerable groups, such as persons with disabilities, female heads of households, and single women.

The following activities can contribute to the improvement of the situation:

- Study of the labour market to reveal professions which are in demand; design of retraining/vocational courses in accordance with the requirements of the professions identified;
- Ensure income tax returns to and income tax exemption for single mothers;
- Increase in the level of assistance to those who cannot work, especially to people with disabilities;
- Provide IDPs with land plots;
The study demonstrated that, prior to displacement, the main source of income for the majority of IDPs was derived from agriculture and that they are currently left without a means of subsistence as they no longer own land plots;
- Register all persons with disabilities for more efficient targeting of assistance;
- Adapt the environment to the needs of persons with disabilities;
- Create legal bases to encourage employers to hire persons with disabilities;

- Support the creation of an organisation of single mothers, which will unite and assist them in achieving common goals.

Healthcare

- Increase the scope of health insurance packages to include different diagnostic tests;
- Simplify the referral procedure;
- Increase access to information on the possibilities contained within insurance packages;
- Provide the population with free of charge medicine by including it in the coverage of insurance schemes;
- Improve the quality and response time of emergency services;
- Implement programmes for restoring mental health;
- Implement rehabilitation programmes for persons with disabilities;
- Increase the scope of services provided by insurance packages for persons with disabilities, and ensure their 100% coverage.

Education

- Increase access to kindergartens, especially for those regarded as being part of vulnerable groups;
- Design schemes for covering university tuition fees that will enable the poor to complete higher education;
- Adapt facilities at universities to cater for the needs of persons with disabilities;
- Create possibilities for persons with disabilities so that they can receive vocational education.

Housing

- Speed up the provision of adequate dwelling for IDPs from Abkhazia;
- Accelerate the process of privatisation of houses for IDPs from Abkhazia;
- Adapt home and street environments to the needs of persons with disabilities to as high a level as possible.

Service provision

- Widen the network of day centres for persons with disabilities and include persons of any age group;
- Provide free legal consultation on issues concerning property ownership and financial disputes in cases of divorce;
- Implement preventive measures against the appropriation of property of persons with disabilities and provide legal support in case of such appropriation;
- Simplify the procedure for obtaining disability status;
- Improve statistics on the number of persons living with disabilities.

Social support and participation

- Establish discussion, artisan and hobby groups for IDPs from South Ossetia and the local population where they would be able to meet and interact;
- Create mechanisms for the involvement of the population in decision-making at local and national levels;
- Support the establishment of NGOs in Shida Kartli;
- Advocate for the introduction of special measures to increase employer motivation to hire persons with disabilities;
- Plan measures that contribute to overcoming passivity and encourage people to become actively involved in pursuing their own goals.

Security

- Try to regulate, simplify, and secure the movement along and across the ABL.

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ANNEX 1

Time-Table of Focus Group Discussions

№	Group	Location	Date	Facilitator	Participants		
					Women	Men	Total
1	Service providers	Gori	20.09.2013	Nana Sumbadze	11	1	12
2	Service providers	Zugdidi	04.10.2013	Nana Sumbadze	9	1	10
3	Persons with disabilities and elderly women	Zugdidi	04.10.2013	Ekaterine Pirtskhalava	9	1	10
4	Single women and female heads of households	Zugdidi	04.10.2013	Ekaterine Pirtskhalava	14	-	14
5	Persons with disabilities and elderly women	Gori	20.09.2013	Irina Zhvania	11	-	11
6	Single women and female heads of households	Gori	20.09.2013	Irina Zhvania	11	-	11
	Total				65	3	68

ANNEX 2

Time-Table of Training for Interviewers

№	Training topic	Location	Date	Trainer	Participants		
					Women	Men	Total
1	Basic skills of interviewing	Gori	20.09.2013	Nana Sumbadze	13	-	13
2	Basic skills of interviewing	Zugdidi	04.10.2013	Nana Sumbadze	12	2	14
3	Practicing interviewing	Zugdidi	26.10.2013	Ekaterine Pirtskhalava	12	2	14
4	Practicing interviewing	Gori	28.10.2013	Ekaterine Pirtskhalava	13	-	13
	Total				50	4	54

