

# ICRC

## SPECIAL REPORT

### GEORGIA: Paradise Lost



INTERNATIONAL COMMITTEE OF THE RED CROSS

## EXECUTIVE SUMMARY

- ♦ Georgia has undergone drastic changes in just a decade. In the wake of independence, civil war and two internal conflicts tore it apart just as it was about to establish itself as a sovereign state. Today it is a country stripped bare.
- ♦ War has wrecked countless lives and the ensuing state of unresolved conflict continues to have crippling consequences for many victims. In the course of its 10-year presence, the ICRC has assisted them, and has also sought to address problems which affect the whole population as a result of the catastrophic economic situation.
- ♦ In Abkhazia, where only four humanitarian organizations are present, a host of vulnerable people have no one but the ICRC to turn to for food and other basic goods. Over a third of the ICRC's 22,000 beneficiaries - sick, elderly and destitute people and children - would starve without this assistance.
- ♦ Health care standards in both Georgia and Abkhazia have dropped frighteningly low. This is due to the overall shortage of medicines and medical equipment, lack of maintenance and continued training for medical staff, and more generally, the disintegration of the Soviet-style health structure which has not yet been replaced with a more efficient system. During the first quarter of 2001, ICRC support for hospitals enabled the following medical activities to be carried out:
  - some 400 major surgical operations, 12 of them war-related, in Abkhazia and 147 major operations, 18 of them war-related, in western Georgia;
  - transfusion of over 200 units of tested blood to around one hundred patients.
- ♦ The spectre of a major public health catastrophe looms as water and sewage systems are nearing breakdown, especially in urban areas. In Sukhumi, for example, the local water board barely manages to keep water running for about 1 hour a day per household. Similar problems are preventing proper waste treatment and the water supply network is threatened by contamination.
- ♦ Only two prosthetic/orthotic centres are functioning in Georgia, supported and financed by the ICRC since 1994. Some 2,800 patients are registered in Tbilisi and over 510 patients in Gagra; the proportion of war victims among these patients in Tbilisi is 24% against 71% in Gagra.
- ♦ Tuberculosis (TB) is a major problem in Georgia. In places of detention TB prevalence is 200 times higher than in a normal environment. The ICRC is committed to decreasing the incidence of the disease by conducting an extensive TB control programme in the country's prisons, in close cooperation with the authorities. Since starting in 1998, the programme has:
  - integrated some 1,300 detainees,
  - with a cure rate of 70-75% for those who completed their course of treatment in prison.
- ♦ The ICRC's operations in Georgia are covered by its Southern Caucasus appeal (ICRC Emergency Appeals 2001, pp. 231-243) and amount to 26,940,401 Swiss francs (USD 15,550,015 / EURO 17,663,520). Contributions pledged and received as at 30 April 2001 amount to SFr 2,592,632 (USD 1,496,469 / EURO 1,699,864). Outstanding requirements stand at SFr 26,780,368 (USD 15,457,644 / EURO 17,558,594). The ICRC urges donors to come forward with funds for the programmes and activities described in this Special Report.

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**Maps in this document are illustrative and are not intended to have any political significance**

Cover Photo: John Vinck / Magnum Photos

## A Decade of Change

Georgia has experienced drastic changes in just a decade. Violent events unfolded in the wake of independence, with civil war and two internal conflicts tearing it apart just as it was becoming a sovereign state. Today it is a country stripped bare.

After a short period of relative stability in the mid-1990s, Georgia's economic performance has sharply declined during the past two years. This is a result of both the long-term effects of the dismantling of the Soviet system and of the government's incapacity to solve deep-rooted political and economic problems and tackle the rampant corruption pervading all strata of society. The recent severe energy crisis, which has left the entire population exhausted after a winter without heating, further illustrates the scale of difficulties which are affecting the country today.

Given the reduction in foreign investment and Russia's increasing pressure on Georgia to abandon its pro-western orientation, notably in relation to the Caspian oil transit, the country may well sink even deeper into the present quagmire before it can start reversing the trend of instability.

Some of the population's most critical needs are left unanswered as decaying health, social and educational structures fail to provide adequate services. With soaring unemployment levels and civil servants and pensioners going unpaid for months at a time, poverty is widespread. Many Georgians have to struggle to make ends meet in an environment made insecure by rising crime.

At the beginning of the 1990s, when fighting erupted in Abkhazia and - on a lesser scale - in South Ossetia, the ICRC stepped in with emergency programmes to help the victims of conflict. Today, after nearly 10 years, ICRC assistance still remains necessary as acute needs persist in Abkhazia and western Georgia. The continued political deadlock regarding the Abkhaz question, notably the future of thousands of internally displaced people (IDPs), together with the disastrous economic situation are largely responsible for this. While fulfilling its mandate to assist victims of conflict and related unresolved issues, the ICRC has also been confronted with problems affecting the entire population as a result of the economic situation. It has set up programmes to tackle the spread of TB in prisons and the lack of adequate structures for the rehabilitation of disabled people. In so doing it has been striving to develop local capacities as the responsibility for these programmes will sooner or later be theirs.

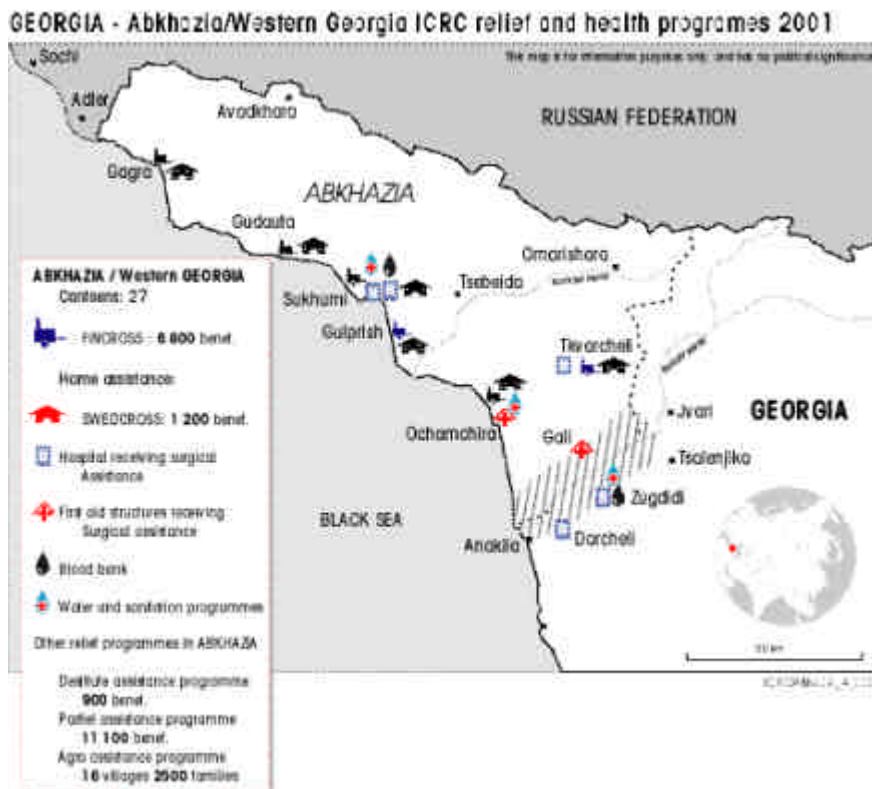
## The Georgian/Abkhazian Conflict

Shortly after the breakdown of the Soviet Union and Georgia's independence in 1991, the country found itself facing the uprising of its western province of Abkhazia, which in turn declared its independence from the central government in Tbilisi. In August 1992, Georgian forces attacked and occupied Abkhazia's main city of Sukhumi. In September 1993, Abkhazian troops drove them out again onto the other side of the Inguri river, along with some 250,000 people, mostly of Georgian origin, who were fleeing the fighting.

A ceasefire agreement was concluded in May 1994, and peace-keeping troops from the Commonwealth of Independent States (CIS) were deployed in the Gali region on both sides of the Inguri river, which marks the 20 km-long frontline between Georgia and Abkhazia. A United Nations Military Observer mission has been stationed there ever since. These measures, however, did not prevent renewed fighting from erupting in the area in May 1998, causing another displacement of some 40,000 people, most of whom had previously returned to their homes in the Gali region.

Seven years after the ceasefire, the situation remains volatile, with incidents regularly reported from the frontline region. Numerous efforts made by the UN-supported coordination council have not so far yielded any acceptable solution to the conflict; the debate over the future status of Abkhazia and the conditions for the return and resettlement of IDPs remains open.

Abkhazia has further been isolated from the rest of the world by an economic embargo, introduced in 1993 as a result of the conflict. In this once thriving Black Sea tourist resort, buildings destroyed during the fighting and subsequent pillage lie in ruins, and essential services are severely disrupted.



In western Georgia, the long-standing presence of tens of thousands of IDPs has put considerable strain on existing infrastructure in some densely populated areas in the town of Zugdidi. This, coupled with the absence of any maintenance, has severely degraded the sanitation system, to the detriment of both IDPs and local residents.

### An unsettled post-conflict situation in South Ossetia

In 2000 a regular dialogue began between the South Ossetian leadership and the Georgian government, under OSCE auspices. However, no major progress towards a global solution to the conflict has resulted so far.

Among the 55,000 Ossetians who took refuge in North Ossetia (Russian Federation) and the 10,000 IDPs who fled to Georgia proper during the hostilities in 1991-92, only a few hundred families have returned. This is mainly due to the adverse economic situation.

The ICRC is pursuing activities for detainees and programmes to promote international humanitarian law in this territory.

## Populations at Risk

- **Internally displaced**

The southern Abkhazian region of Gali, which borders the frontline, continues to be the scene of sporadic fighting and uncontrolled violence between partisan factions increasingly involved in criminal activities. It is home to most of the 30 - 60,000 IDPs stranded today in Zugdidi and the surrounding region. In view of the volatile conditions and in the absence of any agreement regarding their return, IDPs have been afraid to return permanently to the Gali region. They tend to go back to their villages only during the summer months to cultivate their land, and spend winters in western Georgia in spite of the difficulties there.

- **Local population**

The situation of IDPs and local residents in western Georgia, particularly the Zugdidi region, has considerably deteriorated over the past few years, with a rising number of people living in utter misery. Years after the conflict, the population increase due to the arrival of IDPs in 1993 - the population doubled in Zugdidi town - coupled with the worsening economic situation, have sent unemployment rates soaring and have stretched people's traditional sense of hospitality and solidarity towards IDPs to the limit.



Nicolai Vassilievich is one of the last inhabitants of his building. His apartment seems to have miraculously escaped destruction while the apartments below and above seem to be dangerously hanging on in the open. Nikolai benefits from the ICRC home assistance programme. He says he is lucky to be here, for when the weather is good, he can count on the sun to gently warm his place. The hardest thing for him is to get the water up the stairs.



Novy Rayon, in north Sukhumi. This Soviet-style suburb on the beach front of the Black sea suffered enormous damage during the conflict. It is situated close to the Gumista river where the worst fighting took place. An apocalyptic vision with its scarred and mostly abandoned buildings, the whole area still looks as if just startled out of a nightmare.

- **The lonely, elderly and sick**

Abkhazia rates as one of the poorest regions in the world, with a high proportion of elderly people. Population numbers have dropped from about half a million to some 150-200,000 following the conflict and exodus of most Georgian residents. Many educated and trained people have left in search of a better future elsewhere. Over the years, part of the remaining population has learned to cope and a slight pick-up in the local Abkhaz economy, or at least some signs of incipient stability, can be noted.

This, however, has no impact on the deplorable living conditions of old, sick and disabled people of non-Abkhaz origin. Unlike their children who left for safety during the conflict, they refused to abandon their homes and belongings in the hope of a rapid return to normal conditions. Without any family to support them, unable to live on their meagre pensions, they depend on external aid for their survival.



Novy Rayon canteen serves meals from 11 am to 2 pm. It employs 9 workers. Most of its 340 beneficiaries live in the Novy Rayon buildings without any running water, let alone elevators.

## Humanitarian Environment

### Abkhazia

In Abkhazia, there are only four humanitarian organizations present. The ICRC is the sole provider of food and other essential relief items for the most vulnerable people, while *Médecins sans frontières* (MSF) is supplying the main Abkhazian health facilities with medicines. It has also taken over the Sukhumi polyclinic after the ICRC rehabilitated it in 2000. *Première Urgence* has been focusing on providing basic repairs (replacing doors, mending roofs, covering broken windows) for the many ramshackle makeshift homes of the poor. Their funding sources may be running dry by this summer, like those of *Accion Contra el Hambre* (ACH) which had to close down its projects in the fall of 2000. ACH's 2,800 or so beneficiaries were then integrated in the ICRC's canteen assistance programmes. *Halo Trust* is carrying out extensive demining activities throughout the territory.

Furthermore, in recent months, foreign governments and international humanitarian organizations (UN, OSCE and EC) have expressed their firm intention to assess the situation of residents and/or returnees in Gali, particularly in remote areas of the volatile front-line region. They are hoping to extend their activities to isolated villages which were declared off-limits for security reasons after the last outburst of violence in May 1998, in order to pave the way for a safe return of IDPs from western Georgia.

### Western Georgia

On the part of the donor community, interest in the situation of IDPs in western Georgia has waned as the political deadlock drags on, and there is a clear trend towards decreasing the level of humanitarian assistance in the region. The main UN agencies present include UNDP, UNHCR, WFP, UNICEF. Aside from the International Federation

of Red Cross and Red Crescent Societies, other actors include Save the Children Fund (SCF), Oxfam, MSF, ACH, Counterpart International as well as a growing number of local NGOs. Following the UN-promoted "new approach" which favours development initiatives, most humanitarian agencies have since 2000 shifted their emergency relief and medical activities towards rebuilding local capacities. They target IDPs and residents, according to needs. However, the transition from emergency to self-sustainability takes time. Meanwhile, humanitarian assistance is still acutely needed by a large number of people, especially in view of the downward economic trend. Destitute lonely women and children, the very old, the sick and disabled pensioners are not likely to benefit from programmes requiring skills or labour.

In the absence of humanitarian programmes designed for the most vulnerable categories of people, the ICRC is now prepared to distribute its emergency stocks, kept in the event of sudden and unexpected events. It will also continue to supply the region's two main hospitals with emergency medical materials and medicines to treat the war-wounded and other emergencies on a monthly basis and according to needs.



Paralysed from the waist down following a stroke 12 years ago, this woman in Zugdidi has no-one left to rely on besides her neighbours. Her blind husband is living elsewhere in Georgia with their daughter. She had to separate her parents as she lacked the room and the means to take them both in. The iron rod hanging on the wall allows her to open and close the door to the outside.



The ICRC is further examining the overall situation, including the activities conducted by other humanitarian agencies, in order to get a clear picture of the needs and to extend its emergency assistance programmes accordingly.

### **Security constraints**

Present in Georgia for the past decade, the ICRC has witnessed a serious degradation of security conditions during the last two years. Apart from the direct dangers linked to the latent conflictual situation with Abkhazia, especially in the Gali region, poor security is generally due to economic collapse as well as the authority's lack of control over several remote regions. This is particularly true of the Pankisi valley, where some 6,000 Chechens from the neighbouring Chechen Republic, in the Russian Federation, sought refuge in late 1999.

These negative developments are putting considerable constraints on humanitarian work in Georgia and sometimes result in the temporary suspension of assistance programmes in the more volatile areas. While keeping a close dialogue with the relevant authorities on security issues, the ICRC has introduced concrete measures, such as strict curfew and constant radio contact with its staff, in order to minimize security risks for its employees.

Hostage-taking is not a recent phenomenon, but endemic to the Caucasus region. Criminally motivated kidnappings have regularly affected local residents and foreigners, notably in the frontline region between Georgia and Abkhazia, where UNOMIG observers have been targeted a number of times.

In recent months, the situation has also tensed up in Tbilisi. Two Spanish businessmen have been detained since December 2000, when they were abducted on the road from Tbilisi airport, allegedly by armed groups operating in Pankisi.

The number of bomb alerts affecting local institutions, embassies and humanitarian agencies have risen

sharply and foreigners regularly fall victim to brutal attacks, sometimes even in broad daylight. The only apparent purpose of such criminal acts is to generate panic.

#### **Pankisi valley and ICRC activities for Chechen war victims**

In August 2000, two ICRC delegates and a local driver were ambushed and abducted by armed men while travelling in the Pankisi valley, where they were working to assist Chechen refugees. After their release some 10 days later, thanks to the efforts of top-level officials of the Georgian government, as well as pressure exerted by local residents keen to defend the ICRC's humanitarian mission, the organization decided to temporarily withdraw from Pankisi.

In January 2001, a team of local ICRC staff returned to the area in order to evaluate the situation in terms of both needs and security. They distributed some 7,500 blankets to Chechen refugees and local host families, in close coordination with the Georgian State Security and Interior Ministries, the local administration and village elders. The ICRC also continued to provide emergency surgical items to Tbilisi hospital No 5, allowing a dozen Chechen war-wounded to be treated. Two other Chechen patients were referred to the ICRC's physical rehabilitation center in Tbilisi.

## The ICRC's Response

### Giving vital support

The ICRC has, since the beginning, concentrated the bulk of its assistance on Abkhazia as many humanitarian agencies were active in Georgia proper. Over the years, its relief activities in Abkhazia have evolved considerably to match the needs of selected categories of the population as closely as possible. To achieve this, the ICRC has relied on its long experience of the region, and the wide network of regional ICRC field officers who directly monitor the needs of people most at risk in every town and village, in cooperation with local authorities.

ICRC assistance programmes currently provide food and other essential items (clothing, hygiene items, etc.) for about 22,000 people in Abkhazia. The beneficiaries are mostly elderly women (80%) of non-Abkhaz origin (Russian, Georgian and Armenian), who are living alone and without any family support.

It should be underlined that well over a third of ICRC beneficiaries - registered under the canteen, home assistance and destitute assistance programmes - would find it extremely difficult to survive without this aid, their monthly pension revenues being far too low to pay for their minimum food requirements.

### Assistance programmes

- **Canteen Assistance Programme**

Under the canteen assistance programme (CAP), a project delegated to the Finnish Red Cross since 1996, some 6,800 mostly elderly and isolated people receive two hot meals, bread and milk daily from 27 community canteens and 7 mobile canteens operating in Abkhazia and covering their whole nutritional requirements. One canteen in Sukhumi also serves daily meals to children under 15 years of age, either orphaned or belonging to large destitute families. CAP targets people in urban areas who cannot rely on gardens for extra vegetables, or on relatives for support.

- **Home Assistance Programme**

Nearly 1,200 housebound, mostly elderly invalids included among the canteen beneficiaries are also



receiving aid through the home assistance programme (HAP). Bedridden or unable to walk to the closest community canteen to obtain their food, HAP beneficiaries live in extremely difficult conditions; suffering from disease or infirmity, most of them are left without any support since their children's departure during the conflict. Some 370 volunteers from the local Red Cross provide them with necessary daily attention, bringing cooked meals from the canteens and offering personal care, house cleaning and laundry. They also collect pension money and needed medicine. But probably most importantly, they establish a link with the outside world. This project has been delegated to the Swedish Red Cross since 1996. For the past year it has been conducted by a team of dedicated and efficient ICRC national staff under the supervision of the Swedish Red Cross, which makes periodic visits.

- **Destitute Assistance Programme**

In addition, poor people in rural areas living too far from any of the 27 community kitchens are entitled to the destitute assistance programme. This is the case of over 900 beneficiaries who receive monthly dry food rations (oil, wheat flour, sugar, canned meat etc.) covering their nutritional needs. The programme targets people with insufficient revenues or support from the village community, families without a breadwinner, as well as sick and elderly persons unable to go on tending their vegetable gardens. This programme demands active and constant monitoring of the situation by ICRC local staff teams operating throughout Abkhazia.

- **Partial Assistance Programme**

To help people cope with the hard times, the ICRC, under the partial assistance programme, distributes monthly dry food rations to another 11,100 people in Abkhazia, covering one-third of their nutritional requirements and ensuring they do not fall into destitution.

- **Agricultural Assistance Programme**

As part of the agricultural assistance programme, which is designed to help farmers regain their self-sufficiency, in 2001 the ICRC will provide some 2,500 families in 16 villages with agronomic input kits (fertilisers, chemicals), as well as new tools. No longer eligible for food assistance, these people still need support in terms of farming materials and technical advice. The aim is to allow these households to rely on their own crops without external support.

**The relevance of the ICRC's Economic Security programme in Abkhazia**

As part of an ongoing evaluation process and following recommendations made by representatives of the Donor Support Group during their mission to Abkhazia in April 1999, the ICRC commissioned an external consultant to conduct an impact assessment of its relief programmes in Abkhazia.

The consultant's report\*, issued on March 29, 2001, describes the ICRC economic security programmes as highly relevant, with a significant positive impact on the beneficiaries' lives. It also includes some recommendations aimed at increasing the efficiency of the agricultural and partial assistance programmes, which the ICRC is currently studying.

\* Available upon request



This woman was found abandoned in the street last winter after being discharged from Sukhumi psychiatric hospital. Local residents helped her settle into a tiny hut where she has been lying in the cold humidity ever since. Vera is of Armenian origin. Miserable and lonely, she has been relying on the daily visits of the social worker for food and other essential items.

- **Veterinary programme**

Four prophylactic immunisation campaigns will be launched in 2001 under this programme to protect some 70,000 heads of cattle from foot and mouth disease.

**Decaying health and water infrastructure**

In addition to a decade of overall shortages of medicines and medical equipment, lack of maintenance and follow-up training for medical staff, the problems that need to be tackled first and foremost, particularly in terms of efficiency, are related to the disintegration of the Soviet health system.

Without the necessary means to launch urgently needed reforms in the health sector, healthcare standards both in Georgia and Abkhazia have declined to frighteningly low levels. Every town numbers several large and overstaffed hospitals, most of which date back to the 1950s. With broken windows and leaking roofs, hospital wards are often unheated and not adequately

furnished and consequently unable to offer even a minimum level of hygiene. Patients can undergo surgery only once they have paid for the necessary medicines and provided bedding and food for their entire stay in hospital. Given these circumstances, they are often advised to pursue post-surgical treatment at home if at all possible.

In Abkhazia, the water and sewage systems are nearing breakdown especially in urban areas. A UN Needs Assessment Mission report dated March 1998, already mentions that a “major crisis could happen anytime”, and warns that unless some action is taken rapidly, a major public health hazard is in the making in Sukhumi. Today, given the moribund electrical infrastructure and numerous leaking pipes, the local water-board barely manages to keep water running for an average of about 1 hour a day per household. Similar problems are also preventing proper waste treatment and threaten to contaminate the water supply network.



Patrotska Mikhailovna was born in the Krasnodar region, southern Russia, 89 years ago. She came to Sukhumi in the late 20's with her husband and worked as a specialized nurse in the surgical department of the hospital. Her husband and only son died long ago. She starts crying when recalling the conflict and the way she stayed hidden in her tiny house. “This is all I have left, all my memories are here.” She is happy when the social worker stops by to bring her daily food and chat a little. “On sunny days I still love to take a few steps outside just in front of my door”.

## Health care assistance programmes

- **Medical**

To guarantee the most basic health care conditions for the population in Abkhazia and the IDPs in western Georgia, in 2000 the ICRC completed the rehabilitation of two polyclinics in partnership with the Hellenic Red Cross. These structures are now functioning under the responsibility of MSF in Sukhumi and the International Federation in Zugdidi. The ICRC will keep supporting five hospitals (three in Abkhazia and two in western Georgia), as well as two Abkhazian first aid dispensaries near the frontline, by offering emergency surgical material and medicines for the treatment of war wounded patients and emergency cases. During the first quarter of 2001, ICRC support allowed some 400 major surgical operations to be carried out in Abkhazia, including 12 war-related operations, while the two ICRC supported hospitals in western Georgia carried out 147 major operations, including 18 war-related ones.

Most essential for the treatment of surgical patients is the availability of tested blood for transfusion needs. After rehabilitating two laboratories in 2000, in the main referral hospitals on either side of the frontline, the ICRC continues to supervise and support both blood banks, thus offering adequate conditions for the safe testing and storing of blood. During the first quarter of 2001, over 200 units of tested blood were transfused to some hundred patients.

- **Clean water and adequate sanitary conditions**

Considering the near-breakdown of the water and waste treatment systems in Abkhazia and the health risks for the resident population, especially in urban areas, in 2001 the ICRC is launching a rehabilitation project in Sukhumi and Ochamchira. The plan is to provide the local water-board with the necessary materials to conduct basic repairs on the main water and sewage pumping stations, as well as to replace leaking pipes. In western Georgia, several community toilet units will be set up in Zugdidi.

- **Prosthetics/orthotics**

Since 1994, the ICRC has been financing the work of two prosthetic/orthotic centers, one in Tbilisi and one in Gagra (Abkhazia), by providing material and training to local technicians. Today, the two centres are the only ones functioning in Georgia. They respond to a real need, with some 2,800 patients registered in Tbilisi and over 510 patients registered in Gagra. It should also be noted that the proportion of war victims in Tbilisi is 24% against 71% in Gagra.

After a two-year training programme, eight technicians in Tbilisi and six in Gagra received the ICRC standard "Certificate of Professional Proficiency in lower limb prosthetic and orthotic devices". Among them, five technicians are preparing for exams in order to qualify for a higher professional level, equivalent to ISPO level II (International Society for Prosthetics and Orthotics).

One of the ICRC's main challenges today is to ensure the long-term sustainability of the prosthetic/orthotic centers in Tbilisi and Gagra (Abkhazia) so that new patients, as well as those who have already been fitted, are able to obtain adequate treatment once these projects are handed over to the local health authorities.

In Tbilisi, the ICRC is working with the authorities to define a strategy to achieve this goal. In view of the collapse of the health and welfare social system, priorities for the relevant ministry - the Ministry of Labour, Health and Social Affairs - are clearly elsewhere, and the plan to gradually hand over the center by 2003 may have to be reassessed in the light of current circumstances.

In Abkhazia, the Ministry of Health will take over all technical and human resources responsibilities at the centre in Gagra starting April 2001. Under the terms of an agreement signed in 2000, the ICRC will continue to provide the needed material until the end of 2002, while a local field-officer supervised by ICRC Tbilisi will monitor the situation on the spot.

## The ICRC's Protective Role

### Protection of detainees

The ICRC is carrying out regular visits to nearly 200 detainees, including 25 in Abkhazia, who are held for conflict-related or security reasons. The ICRC has conducted regular prison visits since 1992 in Georgia and Abkhazia. The fact that formal access to all places of detention, in accordance with the ICRC's standard criteria, was granted by the President of Georgia in 1996 has considerably facilitated detention activities. In 1999, formal access was granted in Abkhazia and in 2000 in South Ossetia.

The purpose of these visits is purely humanitarian. Delegates verify that conditions of detention are adequate, that detainees have the opportunity to communicate with their families and that they have access to proper medical care. When required, the ICRC approaches the authorities, encouraging them to upgrade conditions.

Since the start of its visits, the ICRC has been confronted with a high incidence of tuberculosis (TB) among the inmate population. In 1998, it launched a vast TB programme in cooperation with the Health and Justice Ministries, aiming to contain the spread of this disease in the Georgian penitentiary system.

### TB control in prisons

TB is a major problem in Georgia, as in other CIS countries. In places of detention TB prevalence is 200 times higher than in a normal environment. Malnutrition, overcrowding and other problems relating to health and living conditions are largely to blame.

The collapsed health care and social welfare system and the Government's lack of financial means to respond to urgent needs, coupled with a TB epidemic in prisons, and the emergence of drug resistant forms of this disease, may have disastrous public health consequences, not only within prison walls but also for the population in general.

It should be noted that in September 2000 the European Commission formally approved a plan of action designed to combat the spread of the main transmissible diseases, including TB, as part of its struggle to reduce global poverty.

Since launching the TB programme, the ICRC has remained committed to decreasing the TB incidence rate by conducting an extensive control programme in the country's prisons, in close cooperation with the authorities. To date, the programme has integrated some 1,300 detainees of whom 70 - 75% who completed their treatment in prison have been cured.

But many problems persist in spite of the efforts expended, notably in health education for the detainees, their families and the prison authorities. As in other countries, it is extremely difficult to make released inmates comply with their TB treatment. In Georgia, only 50% of the prisoners released while under treatment complete the whole course of treatment once they regain freedom. Some patients decide to stop it prematurely as soon as they start to feel better, believing themselves cured and not realizing that incomplete treatment contributes to the further development of drug resistant TB.

The main challenge in reducing the risk of transmission is to obtain higher cure rates by detecting patients earlier in the course of the disease and initiating supervised treatment without delay. Active case finding needs to cover all categories of prisoners, including those housed in the pre-trial detention centers while awaiting their sentence. The extension of the TB programme to these detainees is currently being planned with the relevant authorities.

Meanwhile the ICRC is pursuing:

- active case-finding in prisons to control the reservoir of infectious TB patients in the penitentiary system by end 2002;
- health education on the risks of TB for prison authorities, guards and prisoners;
- supervision of the administration of DOTS ("Directly Observed Treatment, Short course"): this requires medical staff to supervise the intake of medicines by each patient during the entire course of treatment (between six and nine months) in the penitentiary TB hospital (Ksani);
- support for the Ministry of Justice in implementing decentralised DOTS treatment in the high security prison and in the colony for women prisoners, and

- support of the laboratory network within the Georgian National TB programme for implementation and monitoring of the TB programme in prisons.

In collaboration with the government's national TB programme and the Ministry of Justice, the ICRC has recently initiated a decentralized DOTS approach allowing inmates who cannot be transferred to the TB hospital to receive treatment.

### **A vital link between separated families**

Years after the ceasefire, separated families still rely on the Red Cross Message network to communicate with their relatives. While the internal Abkhazian mail service functions, mail destined to the outside world must first be sent through the Russian Federation. While telephone lines have been restored between Abkhazia and Georgia and elsewhere, this type of communication remains rather expensive for most people. This explains why the Red Cross Message service is still in such high demand, with up to half a million messages handled since 1993. There is a regular flow of some two dozen visitors a day at the ICRC Sukhumi tracing office, who stop by either to send news to loved ones outside Abkhazia or to check their mail; an average of 650 Red Cross messages are handled each week.

Under the ICRC's family reunification programme, some 400 mostly elderly persons have been reunited with their children on the other side of the frontline, in CIS countries and elsewhere, since 1993. Today the number of requests averages one to two each month. As before, they concern older people who have lost any hope of witnessing a resolution of the conflict and who yearn to see their children.

### **Missing persons**

In an effort to relieve the anguish of families left without any news of loved ones missing as a result of the conflict, the ICRC continues to gather information on missing persons, in accordance with its mandate. Last year, the Georgian and Abkhazian commissions, working within the framework of the UN-supported coordination council, formally committed themselves to following up this sensitive issue. This development gives new ground for hope, not only for the families who have a right to know, but also as an essential part of the confidence-building process.

### **Protection of civilians**

In the years following the conflict, the safety of non-Abkhaz minority groups was of major concern to the ICRC as they were frequently subjected to attacks on account of their origin. The organization kept a close watch on their situation and systematically encouraged the authorities to ensure their protection. Now the incidence of such attacks is much lower, although there has been a general rise in crime which affects the whole population.

While dealing with the overall crime problem is the responsibility of the authorities, the ICRC still keeps abreast of any discrimination against minorities, relying on first-hand information from its field delegates who monitor relief needs and maintain the Red Cross message network throughout Abkhazia. It reports these cases to the authorities and urges them to take remedial action.

Requested by both commissions for technical assistance, especially in the management of information on missing persons, the ICRC arranged a first visit, in autumn 2000, of a forensic expert from "Physicians for Human Rights" (PHR) specialising in the identification of mortal remains related to conflict situations. The expert's conclusions emphasize the importance of a firm political will on the part of the two sides. They also recommend the establishment of an ante-mortem database and the improvement of technical capacities in post-mortem examinations to allow for the proper and professional identification of mortal remains. A second PHR mission to Georgia is currently underway.

## PROMOTING HUMANITARIAN LAW AND PRINCIPLES IN GEORGIA

- **Dissemination of international humanitarian law**

In Georgia, as in all CIS countries, the ICRC pursues a long-term objective: to help condition the conduct of States and their populations in times of violence by incorporating international humanitarian law (IHL) into the countries' legal, military and educational structures.

- **Introducing school children to humanitarian principles**

In order to familiarize secondary school students with the principles of IHL, the ICRC is pursuing an ambitious programme which has been included in the official school curricula following the signing of an agreement with the Education Ministry in 1995. This is important because it involves the production of literature and methodology textbooks in Georgian, while Abkhazian and South Ossetian schools are provided with the same manuals as those used in the ICRC school programme in the Russian Federation.

- **Targeting tomorrow's decision makers**

The ICRC provides IHL training for university professors. It also promotes the production of teaching materials in Georgian in order to support the creation of courses for law and journalism faculties. The main universities in Georgia and Abkhazia are already offering compulsory courses on IHL.

- **Humanitarian law and the military**

In order to promote IHL among Ministry of Defence staff, notably commanding officers, the ICRC organises courses on the Law of Armed Conflict (LOAC), with the ultimate objective of seeing the provisions of the law integrated in combat training for the armed forces both in Georgia and in Abkhazia.

- **Working on the incorporation of IHL into local legislation**

The ICRC delegation in Tbilisi offers relevant authorities its advice on incorporating IHL into national legislation, notably by organising seminars both at the national and international levels.

Priorities in 2001 are centered on the Rome Statute of the International Criminal Court. The ICRC is currently supporting the Georgian government in the process of ratification, which is expected for the year 2002.

- **Cooperation with the Georgian National Red Cross Society**

The ICRC supports dissemination and tracing activities of the National Georgian Red Cross Society by providing financial and material support as well as training seminars for all branches.



## ANNEX 1:

### Financial situation Southern Caucasus operation 2001 (30 April 2001)

As outlined in the ICRC Emergency Appeals for the year 2001 (pages 231 - 243), the ICRC's budget for the year 2001 operation in Southern Caucasus - which includes operations in Georgia (pages 237 - 243) - amounts to 26,940,401 Swiss francs (US\$ 15,550,015 / EURO 17,663,520)\*.

	Sfr	US\$*	EURO*
Emergency Appeal	26,940,401	15,550,015	17,663,520
Balance b/f from 2000	-2,432,599	-1,404,098	-1,594,938
Contributions pledged & received	2,592,632	1,496,469	1,699'864
<b>Outstanding requirements</b>	<b>26,780,368</b>	<b>15,457,644</b>	<b>17,558,594</b>

\* Internal ICRC exchange rate in April 2001: 1 US\$ = 1.7325 Sfr  
1 EURO = 1.5252 Sfr

Non-earmarked contributions for EUROPE & NORTH AMERICA amount to Sfr 26,244,000 (US\$ 15,148,052 / EURO 17,206,924)

## **ANNEX 2**

### **EMERGENCY APPEAL 2001 FOR SOUTHERN CAUCASUS (GEORGIA)**

EUROPE & NORTH AMERICA SOUTHERN CAUCASUS

**SOUTHERN CAUCASUS  
(GEORGIA)**

Personnel:

33 expatriate and  
256 locally hired staff

**Between January and  
September 2000 the ICRC:**

- regularly visited 193 detainees, including 23 in Abkhazia, in 16 places of detention; carried out a first series of visits to detainees in South Ossetia
- arranged for the exchange of over 26,000 Red Cross messages between relatives separated by conflict, and reunited 21 people with their families
- supplied the means for sound surgical practices in 7 health facilities in Abkhazia and 3 in western Georgia; with the support of the Hellenic Red Cross, provided medical supplies for 4 health facilities in the Sukhumi district
- rehabilitated buildings to house a new polyclinic for the displaced in Zugdidi and a new polyclinic in Sukhumi
- delivered medical and surgical supplies to a Tbilisi hospital treating Chechen war-wounded
- supplied daily hot meals for 5,200 destitute and distributed 232 tonnes of food to 9,520 vulnerable people in Abkhazia
- provided treatment to 1,047 patients enrolled in the ICRC-run tuberculosis (TB) treatment programme for detainees in Tbilisi; held 37 health education sessions for 613 prisoners in 8 general colonies
- rehabilitated 2 buildings for the multi-drug resistance ward in Ksani TB colony and the new TB reference laboratory in Tbilisi for the national TB programme
- fitted 306 new patients and produced 272 artificial limbs and 395 orthoses at its centres for war amputees/disabled persons in Tbilisi and Gagra
- fully trained 8 orthotic/prosthetic technicians in Tbilisi and 6 in Gagra
- distributed emulsion oil for citrus tree treatment to 7,400 rural families in 32 villages
- met the water and sanitation needs of some 6,000 Chechen refugees and 8,000 residents in the Pankissi valley
- assisted the authorities in integrating courses on humanitarian law into military training in Georgia and Abkhazia
- helped incorporate humanitarian law in the law curriculum of 2 universities
- completed the draft 7th-grade textbook relating to humanitarian law for Armenian, Russian and Azeri schools in Georgia; introduced the 6th-grade textbook in Russian to teachers in South Ossetia; gave 19 presentations for school-leavers in Abkhazia and western Georgia
- supported production of a series of documentaries about ICRC activities in Georgia entitled *Eight years in Georgia* for broadcasting on Georgian TV

With no political settlement in sight between Georgia and the breakaway region of Abkhazia, needs for humanitarian aid in the area remain acute. The ICRC provides relief and medical assistance to the most vulnerable in Abkhazia, while in western Georgia it runs medical and water/sanitation programmes for the displaced and war-wounded. There are very few other humanitarian organizations working in Abkhazia. In the rest of Georgia, humanitarian agencies are shifting their emer-

gency relief and medical activities towards rebuilding local capacities. This ICRC's workload in aid of the vulnerable is thus increasing, as the transition from emergency needs to self-sustainability will take time. Meanwhile, all over Georgia the ICRC pursues its traditional activities of protecting detainees and minorities and promoting international humanitarian law, and conducts an extensive tuberculosis control programme in prisons, in cooperation with the health and justice authorities.

**Budget**

See under "Southern Caucasus  
(Armenia and Azerbaijan)"

## EUROPE &amp; NORTH AMERICA SOUTHERN CAUCASUS

**General situation**

Despite the government's efforts to pursue political and economic reforms, prospects remain bleak for the population of Georgia, with low salaries, high unemployment and a serious energy crisis, coupled with the breakdown of the health and social welfare system.

In Abkhazia the situation is aggravated by the unresolved conflict and the economic blockade hindering development. Despite the regular Georgian-Abkhaz coordination council meetings, progress towards a settlement is impeded by disagreement on recurring issues: the political status of Abkhazia, the lifting of economic sanctions, and the conditions required for the safe return of the 250,000 displaced people (IDPs) who fled Abkhazia following the fighting in 1993 and 1998. Those who return are at risk because of clashes between the various armed groups in the Gali region. Difficult living conditions for the entire population have increased tension in western Georgia, where many of the displaced are settled.

In South Ossetia, skirmishes in May were a reminder that this conflict, too, has not yet been settled. While some progress has been made in the peace talks, only a few families out of the some 64,000 refugees and displaced persons who fled the fighting in 1991-92 have returned to South Ossetia.

Meanwhile since late 1999 some 6,000 Chechen refugees have been living in the Pankissi valley, a remote area in north-eastern Georgia mainly populated by local Kistin-Chechens.

**Humanitarian response**

Following the kidnapping of three ICRC employees in the Pankissi valley between 4 and 13 August, the ICRC suspended its expatriate presence in the valley. ICRC operations in the rest of Georgia were not interrupted. Additional security measures were worked out in consultation with the authorities.

The ICRC is well known in Georgia and appreciated by the highest authorities. Its ability to react quickly to emergency situations, such as the influx of Chechen refugees in the Pankissi valley in late 1999, has reinforced the ICRC's favourable reputation.

The ICRC has unrestricted access to all people detained for conflict or security reasons in Georgia and Abkhazia.<sup>1</sup> In June 2000 the ICRC was allowed to visit all places of detention in South Ossetia, in conformity with its standard procedures.

The ICRC has long been supporting activities to resolve the issue of the people who went missing during the conflict. Through increased contacts with all the players involved, improved dialogue and technical assistance, the ICRC will be stepping up its efforts in 2001 and working closely with the Abkhaz and Georgian State Commissions for tracing the missing.

As tuberculosis (TB) remains the main health problem in Georgian prisons, the ICRC maintains its commitment to decrease the incidence of the disease by working together with the authorities. In 2001 the ICRC will focus on pursuing and improving the TB programme in prisons and promoting its expansion ("decentralization") to further prisons so that all TB-infected prisoners have access to treatment. In April 2000 an agreement to this effect was signed with the respective ministries, and decentralized DOTS (Directly Observed Treatment Short course) started in two facilities. In Ksani prison TB Hospital in Tbilisi, high quality DOTS is delivered by Ministry of Justice personnel with gradually reducing involvement of ICRC staff. Construction and rehabilitation funded and overseen by the ICRC have ensured a safe working environment for diagnosis and treatment and safe living conditions for prisoners with TB.

Since 1996 the ICRC has been concentrating its assistance programmes on Abkhazia, while other international humanitarian organizations were helping IDPs who had fled to western Georgia.

In recent years, however, there has been a clear trend among donors to decrease humanitarian aid for Georgia and Abkhazia. The UN agencies, which are not working in Abkhazia pending a settlement to the conflict, are scaling down their programmes in Georgia. Some of the few international NGOs who were active in Abkhazia (e.g., *Première Urgence* and *Acción contra el hambre - ACH*) have also had to reduce their programmes during 2000.

In 2001, the ICRC will be incorporating the 8,000 or so beneficiaries of ACH's food security programme in Abkhazia into its own food programmes for vulnerable sectors of the population. It will also be starting a new agronomy project for 16 mostly minority villages in Abkhazia to increase their harvests, and introducing a veterinary element involving the distribution of vaccines. An emergency water and sanitation programme is also to be carried out.

The health sector in Abkhazia survives with the support of two organizations: *Médecins sans frontières* (MSF) runs a TB programme, while the ICRC is active mainly on the surgical and prosthetic/orthotic side, thus avoiding overlap. In 2000 the ICRC completed rehabilitation of two new polyclinics, one in Sukhumi for the vulnerable resident population and one in Zugdidi for IDPs. Responsibility for the polyclinics is to be handed over to the International Federation of Red Cross and Red Crescent Societies and MSF-France respectively.

In Abkhazia the ICRC monitors the situation of people at risk in affected areas and encourages the authorities to ensure their protection. In the Gali region, poor security conditions and the presence of landmines prevent the ICRC from reaching all the villages.

In western Georgia, most of the humanitarian agencies have moved from emergency relief to longer-term development programmes targeting vulnerable members of the resident population as well as IDPs. However, the situation remains critical. The ICRC covers needs that are not met by others, for example water and sanitation, and remains prepared to respond to a new crisis at any moment.

1 NB Throughout this text, use of the terms "Georgia/Abkhazia" or "Georgia and Abkhazia" has no political significance but refers to the geographical regions of Georgia proper and Abkhazia.

## EUROPE & NORTH AMERICA SOUTHERN CAUCASUS

In relation to the confrontation in Chechnya, the ICRC covers needs not addressed by other agencies, in full co-operation with UNHCR and in coordination with the International Federation, the Red Cross Society of Georgia and MSF-France. These needs include war and emergency surgery, tracing (Red Cross message service) and visits to people detained by the Georgian authorities. The water supply programme for Chechen refugees in the Pankissi valley has now been handed over to the International Rescue Committee (IRC). A new project under consideration is support for mine awareness activities for Chechen refugees, who need to be informed of the dangers of mines and unexploded ordnance (UXO) before returning home.

### Humanitarian issues and ICRC objectives

#### Civilians

Numerous people in Abkhazia are separated from their relatives who fled the region following the 1992-93 conflict or the renewed fighting in the Gali region in May 1998, and have difficulty in communicating with them. Elderly members of minorities who have been living alone since the conflict are gradually leaving Abkhazia to join their families in other regions of Georgia. Some IDPs from the South Ossetian conflict as well as Chechen refugees are also separated from their relatives.

Links between families separated by conflict should be restored and maintained. Vulnerable persons facing socio-economic difficulties and/or security problems in Abkhazia should have the possibility to be reunited with their relatives elsewhere.

Several years after the Georgian-Abkhazian conflict, many families are still without news of what happened to relatives who went missing during the fighting.

The families of missing persons should receive clear information about the fate or whereabouts of their loved ones.

Many inhabitants of Abkhazia no longer need emergency relief, managing instead through a combination of farming and small-scale trade. However, the most vulnerable, mainly elderly members of minority groups of Georgian, Armenian and Russian origin, still depend on food aid to survive. Some are still subjected to acts of violence. The population of Gali, an emergency area close to the front line, is exposed to the dangers of landmines and other security risks.

In Abkhazia, vulnerable people, including minorities, should be able to regain a modicum of self-sufficiency and be able to live in a safe environment.

Water supply, including the collection, treatment and disposal of waste water, is one of the main problems facing the population of Abkhazia. Especially in urban areas, conditions have become absolutely critical. The war in Abkhazia caused considerable destruction, affecting water and sewage infrastructure. Because of the present economic situation the local authorities have extreme difficulty in addressing the problem.

The population of Abkhazia should have daily access to safe water from municipal networks, and sewage should be evacuated from inhabited areas.

Of the quarter of a million people who fled Abkhazia in 1993, the majority are still settled temporarily in western Georgia, primarily in the Samegrelo region. The displaced in the chief town Zugdidi itself officially outnumber the local population (approximately 40,000 residents and 60,000 IDPs, more in winter). Many of the IDPs still live in collective centres. As the socio-economic situation continues to deteriorate, relations between the residents and IDPs throughout western Georgia are becoming increasingly strained. The additional load on the already precarious local infrastructure, such as health service and sanitation systems, is almost unbearable.

IDPs in western Georgia should enjoy at least basic living conditions, including sanitation services. Food supplies should be guaranteed. IDP leaders and representatives should know and respect humanitarian rules and be able to ensure security for the IDP population.

#### People deprived of their freedom

The unresolved status of the conflicts and the potential for political turmoil could have an impact on the conditions of detention and treatment of detainees. The transfer of responsibility for the penitentiary system from the Ministry of Interior to the Ministry of Justice on 1 January 2000 has not brought the improvements expected, owing to the Ministry of Justice's drastically low budget.

All detainees, including security detainees, should be treated in accordance with the relevant provisions of humanitarian law and other applicable international standards. Conditions of detention, including access to food, medical care and essential judicial guarantees, should not deteriorate despite the financial crisis affecting the Ministry of Justice.

In the context of the Abkhaz conflict, hostage-taking is a widespread practice on both sides of the front line, sometimes with tragic consequences for the hostages.

Hostage-taking should cease and any persons deprived of their freedom should be held in official places of detention immediately upon capture.

There is a high prevalence of infectious tuberculosis among prisoners, coupled with a high level of resistance to first-line TB drugs. The control of TB in prisons is a key and essential element of any national TB control strategy. While the Ministries of Health and Justice are conscious of the TB problem and a national TB programme endorsing the WHO-recommended DOTS strategy has been instituted, numerous obstacles need to be overcome before the epidemic is brought under control.

The TB epidemic in the Georgian penitentiary system should be controlled and incidence, prevalence and mortality rates should be reduced to levels comparable with those found in civil society, through a coordinated approach between the Ministry of Justice and the national TB programme, even after the ICRC has withdrawn. All TB-infected prisoners should have access to treatment. The ICRC TB programme in the penitentiary system should be integrated in the national TB programme.

## EUROPE & NORTH AMERICA SOUTHERN CAUCASUS

### Wounded and sick

Because of a lack of financial investment, in-depth reforms, and proper training for health personnel, the health care system is rapidly disintegrating. The resulting drop in health care levels is badly affecting the entire population of Abkhazia and residents and internally displaced people in western Georgia. The large number of IDPs in western Georgia is putting an unbearable strain on the already fragile infrastructure.

Both the IDP and resident populations, and especially the war-wounded, should have access to appropriate emergency surgical care. All patients suffering from acute blood loss should have equal access to the safest possible blood transfusion services.

People in need of physical rehabilitation cannot obtain treatment elsewhere than at the ICRC prosthetic/orthotic centres in Tbilisi and Gagra (Abkhazia). The government-run centre in Tbilisi closed down at the beginning of 2000. There is still no national rehabilitation policy for amputees.

All physically disabled people in Georgia/Abkhazia should have access to the rehabilitation services and follow-up treatment provided by the Tbilisi and Gagra prosthetic/orthotic centres, even after the ICRC's withdrawal.

### Authorities

National implementation of humanitarian law is an ongoing process and many important measures have already been adopted. The Georgian national committee for implementation, set up in 1997, is active; in 2000 a new penal code providing for the repression of grave breaches came into force. However, a number of humanitarian law treaties still need to be signed, ratified and implemented. There is still a lack of knowledge of the humanitarian rules among many key players and bodies.

All obligations under humanitarian law should be duly incorporated into national legislation and a continued process of adopting national legislative, administrative and practical implementing measures should be ensured. The key authorities involved should have an appropriate level of knowledge of humanitarian law and implementation procedures to enable them to adopt national measures.

### Armed forces

The year 2000 saw the start of a process of in-depth reform of the Georgian armed forces. So far, there was no systematic training in the law of armed conflicts in the programmes of military academies and training centres. In August 2000, the Ministry of Defence agreed to cooperate with the ICRC in training instructors in the law of armed conflicts and in integrating it into combat procedures and manuals. In Abkhazia too, armed forces are generally ill-informed of the provisions of humanitarian law and there is little systematic training on the subject.

All those bearing weapons should be familiar with the principles of humanitarian law and apply them in the event of hostilities. The teaching of the humanitarian rules should be included in the programmes of military academies and conducted at all levels in the training centres and units in Georgia/Abkhazia.

### Civil society

Society at large still has a limited knowledge of humanitarian law and of the International Red Cross and Red Crescent Movement.

The general public should have a better understanding of the Movement and the tenets and principles of humanitarian law. The media, academic circles and professionals should help promote awareness of humanitarian issues. Decision-makers should respect and encourage others to respect humanitarian law and to learn about and support the role of the ICRC and the National Society.

While five universities have already integrated humanitarian law into their curricula, a number of major law and journalism faculties in Georgia/Abkhazia are still not teaching the subject. There are not enough experts in humanitarian law to cover all needs and thus guarantee the quality of teaching.

Humanitarian law should form part of the curriculum of selected law and journalism faculties in Georgia/Abkhazia. The academic community should develop a tradition of studying and teaching the subject. A community of experts specialized in this body of law should be established in Georgia and include the younger generation. Future decision-makers should understand and support the tenets of humanitarian law.

## EUROPE & NORTH AMERICA      SOUTHERN CAUCASUS

The basic principles of humanitarian law and humanitarian behaviour are already a compulsory part of the official curriculum for 6th and 7th graders in Georgia. In Abkhazia around 6,000 pupils are being taught using the ICRC's 5th and 6th grade textbooks in Russian. Meanwhile, as part of a youth programme in Abkhazia and western Georgia, school-leavers attend dissemination sessions on humanitarian law and the Red Cross and Red Crescent Movement. This teaching is vital in creating a basis for wider understanding of humanitarian issues among young people, and needs to be consolidated and extended to other grades and subjects.

Schoolchildren and school-leavers should have a basic knowledge of the tenets of humanitarian law and the Movement. Humanitarian issues and principles should become a regular feature in the curricula of the 5th and 6th grades in Abkhazia and South Ossetia and 6th and 7th grades in Georgia. The teaching of these topics should improve and form part of regular teacher training.

While HALO Trust and the Abkhazia Mine Action centre have already cleared and/or marked out large areas of contaminated land in Abkhazia and hold mine awareness sessions, the threat posed by mines and UXO in Abkhazia and western Georgia is still considerable. On the other side of the country, the border area with Chechnya is heavily mined or contaminated by UXO, presenting a risk to Chechen refugees wishing to return home.

People living in affected areas throughout Georgia/Abkhazia should be aware of the threat of landmines and UXO and have access to the appropriate information. Chechen refugees in the Pankissi valley should be aware of the dangers of landmines and UXO before they return to Chechnya.

### Operating National Society

In view of the magnitude of the needs for humanitarian assistance facing the Red Cross Society of Georgia, these cannot be met without external funding and support from the Movement.

The National Society should become fully functional and autonomous, with sustainable activities enabling it to alleviate the plight of the most vulnerable on an impartial basis.

## EUROPE &amp; NORTH AMERICA SOUTHERN CAUCASUS

## PLAN OF ACTION FOR 2001

(ACCORDING TO MAIN OBJECTIVES)



### PROTECTION

#### CIVILIANS

- in Abkhazia, and particularly in the Gali region, monitor the situation of people at risk in affected areas and encourage the authorities concerned to ensure their protection; through an ICRC presence and representations to the authorities, make certain that vulnerable ethnic minorities in Abkhazia are not subjected to harassment or violence, and that their rights are respected
- continue to provide a link between relatives separated by conflict via the Red Cross message service and assist in reuniting separated family members
- remind the parties of their responsibilities towards the families of persons who went missing during the fighting; urge them to undertake all possible steps to provide the families with reliable information as to the fate or whereabouts of their relatives; continue to provide technical, training and material support as needed
- ensure continued access to the refugees living in the Pankissi valley, covering humanitarian needs not addressed by other organizations.
- continue tracing and protection activities for refugees from Chechnya

#### PEOPLE DEPRIVED OF THEIR FREEDOM

- continue to ensure that detention conditions are decent and in conformity with the standards laid down by humanitarian law; develop cooperation with other humanitarian players in training prison staff
- remind the authorities concerned of their responsibility to combat the illegal practice of hostage-taking



### ASSISTANCE

#### CIVILIANS

- in Abkhazia, cover or help cover the food needs of selected vulnerable sectors of the population
- meet the full nutritional needs of destitute people by providing two cooked meals a day in the ICRC-supplied canteens in urban areas (programme covering over 5,200 beneficiaries and delegated to the Finnish Red Cross) or at home (programme covering around 1,000 elderly household and run by the Swedish Red Cross); as part of the home assistance programme, provide basic personal and health care
- meet the full nutritional needs of 470 mostly elderly Russians and Georgians living in isolated rural and in urban areas, with no other way of supporting themselves, by distributing monthly dry food rations
- meet one-third of the nutritional needs of impoverished people in towns and settlements throughout Abkhazia by distributing a one-month dry food ration four times a year, to prevent them from falling into destitution (programme covering over 9,000 people)
- supply the 16 poorest villages in Abkhazia (around 2,000 families) with fertilizers, chemicals and farming tools
- provide veterinary services with vaccines for vaccination campaigns against bovine foot-and-mouth disease in the Ochamchira, Tkvarceli and Gali regions of Abkhazia
- ensure at least minimum water supply and sanitation services for the towns of Sukhumi and Ochamchira by providing the municipal water boards with equipment, expertise and services not currently available
- maintain emergency food, non-food and medical/surgical stocks in Tbilisi and Sukhumi, in preparation for a renewed outbreak of hostilities, another influx of Chechen refugees, or any other emergency
- support the local authorities in western Georgia with materials and equipment to rehabilitate public sanitation facilities in the centre of Zugdidi and in a nearby collective centre for IDPs

### PEOPLE DEPRIVED OF THEIR FREEDOM

- keep all the relevant authorities convinced of the severity and magnitude of the TB problem in Georgian prisons and of the need to maintain a coordinated approach between all the ministries concerned and the ICRC so as to tackle the problem as part of the national TB programme (NTP)
- implement and supervise decentralized DOTS, in collaboration with the Ministry of Justice and the NTP; conduct early-case finding in prisons and train doctors in early recognition of suspected cases; carry out the repair work needed to make Georgian detention facilities and laboratories suitable for TB detection and treatment, in line with the decentralized DOTS approach
- together with the NTP, work to improve knowledge of TB by supporting health education provided by Ministry of Justice medical staff and training doctors and other key personnel as health educators
- improve the quality and quantity of food rations for prisoners in 2 colonies by initiating, together with the authorities, a vegetable and fresh food production project



## EUROPE & NORTH AMERICA      SOUTHERN CAUCASUS

### WOUNDED AND SICK

- maintain the level of activity of the prosthetic/orthotic centres in Tbilisi and Gagra in order to keep pace with needs; inform the general public about rehabilitation activities; gradually define a realistic withdrawal strategy from the Tbilisi centre, in coordination with the Ministry of Health (MOH)
- provide further training for 6 MOH technicians from the Tbilisi prosthetic/orthotic centre, to enable them to become certified as prosthetic/orthotic technicians
- ensure that IDPs in the Zugdidi district and the vulnerable population in Sukhumi have access to medical care in the 2 IDP polyclinics recently rehabilitated by the ICRC; monitor the functioning of the polyclinics and be ready to supply medicines as needed
- ensure indiscriminate access to emergency surgical care in 4 ICRC-supported referral hospitals and 3 first-line hospitals for war-wounded and emergency surgical patients in Abkhazia and western Georgia, by supplying surgical materials according to needs, including equipment and reagents for 2 blood banks; stand ready to react quickly in the event of a large influx of war-wounded by maintaining a pre-positioned stock of surgical supplies
- upgrade surgeons' skills by arranging for 5 surgeons from Abkhazia and western Georgia to attend an ICRC war-surgery seminar in Russia
- ensure that Chechen war-wounded in Georgia have access to surgery and/or physical rehabilitation



### PREVENTIVE ACTION

#### AUTHORITIES

- arrange for key players from the relevant authorities to participate in training seminars on humanitarian law, in particular on the repression of war crimes, both in Georgia and other countries of the region
- provide technical assistance and support for the national committee for the implementation of humanitarian law in developing methodologies for the promotion of legislative reform and for implementation
- encourage Georgia to adhere to the Rome Statute of the International Criminal Court, the Ottawa Convention and other humanitarian treaties

#### ARMED FORCES

- develop the dialogue with the military hierarchy in order to have the law of armed conflicts incorporated in military training; organize presentations on the law of armed conflicts for the armed forces and workshops for trainers
- provide technical assistance and some material support for the integration of humanitarian law into documents, procedures and training for the armed forces

### CIVIL SOCIETY

- provide representatives of the media and decision-makers with regular information on ICRC activities, in order to foster interest in and understanding of humanitarian law, the ICRC and humanitarian issues arising in Georgia/Abkhazia
- promote and finance the participation of lecturers and students in IHL-related events organized in or outside Georgia; provide academics specializing in the subject with materials, translations, etc.
- reinforce university programmes covering humanitarian law in the standard curriculum
- consolidate and extend the current schools programme to higher grades and other subjects in order to make young people aware of humanitarian behaviour, by training teachers and providing teaching materials
- support the Georgian Red Cross in its preparations to take over the humanitarian education programme for school-leavers in western Georgia, by its staff and jointly running sessions
- lend support to mine awareness programmes in western Georgia (run by HALO Trust) and in the Pankissi valley (run by the local NGO Refugees Against Mines)



### COOPERATION WITH NATIONAL SOCIETIES

- in close cooperation with the International Federation, promote the institutional development and increased operational capacity of the National Society, especially at branch level, through training and financial and material support
- support the National Society's development above all in the areas of dissemination of humanitarian law and the Movement's Fundamental Principles, tracing, and conflict/disaster preparedness