

OUR WORLD. VIEWS FROM THE FIELD.

GEORGIA

OPINION SURVEY, 2009

This document contains the second set of research results, released to coincide with the 60th anniversary of the Geneva Conventions. Part 1 was released on 23 June 2009.



**Our world is in a mess.
It's time to make your move.**

Ipsos



ICRC

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International Committee of the Red Cross
19, avenue de la Paix
1202 Geneva, Switzerland
T +41 22 734 60 01 **F** +41 22 733 20 57
E-mail: shop.gva@icrc.org www.icrc.org
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Executive Summary

Executive Summary

This research was undertaken in eight countries that are currently experiencing or have experienced armed conflict or other situations of armed violence. The aim was to develop a better understanding of people's needs and expectations, to gather views and opinions, and to give a voice to those who have been adversely affected by armed conflict and other situations of armed violence.

The eight country opinion surveys will be complemented by more in-depth research (qualitative survey).

This research has been commissioned by the International Committee of the Red Cross (ICRC) within the framework of the **Our world. Your move.** campaign. Launched in 2009, the campaign's goal is to draw public attention to the vulnerability and ongoing suffering of people around the world. The intention is to emphasise the importance of humanitarian action and to convince individuals that they have the ability to make a difference and reduce suffering.

2009 is an important year for the International Red Cross and Red Crescent Movement with three significant anniversaries (the 150th anniversary of the Battle of Solferino, the 90th anniversary of the founding of the International Federation of Red Cross and Red Crescent Societies, and the 60th anniversary of the Geneva Conventions).

In 1999, the ICRC undertook a similar survey entitled *People on War*, which serves as a basis for comparison and as a means of highlighting trends in opinions 10 years on.

In Georgia, 300 interviews were conducted with Georgians from a range of areas (excluding Abkhazia and South Ossetia), referred to as 'the resident population' in this report.

A further 200 interviews were conducted with internally displaced persons (IDPs) displaced from either Abkhazia or Shida Kartli (part of the disputed South Ossetia region - no interviews were conducted in Abkhazia or Shida Kartli), referred to as 'IDPs' in this report.

Behaviour During Armed Conflict

Acceptable Behaviour

In Georgia, three fifths (62%) of the resident population and 84% of IDP respondents say that certain behaviour is unacceptable in armed conflict. Thirteen per cent of the resident population and 8% of IDPs say that there are no limits to behaviour.

Very few of the resident population (3%) or IDPs (1%) see civilians and combatants as equally acceptable targets. This is little changed since 1999.

Furthermore, there is an increasingly widespread view (already well established 10 years ago) that civilians should not be targeted in any circumstances.

There are indications that the attitudes of the resident population have been shifting in the past 10 years. It should be noted, however, that there are important differences in the way that questions were phrased then and now. The comparisons below exclude the IDP group.

- 94% of the resident population now say it is 'not OK' to 'attack religious and historical monuments'. (In 1999, 75% said this was 'wrong'.)
- 89% now say it is 'not OK' for combatants to 'deprive civilians of food, medicine or water to weaken the enemy'. (In 1999, 43% said this was 'wrong'.)
- 83% now say it is 'not OK' to 'attack enemy combatants in populated villages or towns knowing many civilians would be killed'. (In 1999, 54% said this was 'wrong'.)

Health Workers, Ambulances and the Right to Health Care

Ninety-two per cent of the resident population and 87% of IDPs say that it is never acceptable to attack health workers. Both sets of respondents hold similar views on attacking ambulances, 94% of the resident population and 88% of IDPs rule it out completely.

In both groups, 88% feel that wounded civilians from all sides in a conflict should be treated by health workers – and both groups agree that 'everyone wounded or sick during an armed conflict should have the right to health care' (97% of the resident population and 100% of IDPs agree).

The Geneva Conventions

Seventy-five per cent of IDPs, but only 48% of the resident population, have heard of the Geneva Conventions.

However only around a third (33% and 29%) of people in both groups say the Geneva Conventions have 'a great deal' of impact in limiting the suffering of civilians in time of war.

Introduction

Introduction

The Solferinos of Today

To raise awareness of the impact of armed conflict or other situations of armed violence on civilians, the ICRC decided to launch a vast research programme. This research focused on some of the most troubled places in the world – the Solferinos of today – which are either experiencing situations of armed conflict or armed violence or suffering their aftermath:

- Afghanistan
- Colombia
- Democratic Republic of the Congo (DRC)
- Georgia (covered in this report)
- Haiti
- Lebanon
- Liberia
- The Philippines

Research

The ICRC commissioned Ipsos, a polling firm, to conduct quantitative (statistical) research surveys in all eight countries. A broadly representative sample of the adult general public was interviewed, either in person or by telephone, in each country. The specific sampling methods and any groups/areas excluded are described in the relevant country reports.

The aim of the questions – given in full together with overall results in the appendices – was to determine whether the respondents had personal experience of armed conflict or armed violence and, if so, the specific impact it had on them. Questions also explored respondents' views on what conduct is acceptable for combatants, the effectiveness of various groups and organizations in helping to reduce suffering during armed conflict or armed violence, the actions expected of the international community, awareness of the Geneva Conventions, and the role of health workers during armed conflict or armed violence.

Details of the survey carried out in Georgia are given in the next section.

The eight Ipsos national surveys were but one element of a broader research programme undertaken by and for the ICRC, which also involved:

- **Statistical research carried out (by Ipsos) on the basis of the results of the eight national surveys.** This has yielded powerful insight into the experiences and opinions of civilians in some of the most troubled places in the world. The work was co-ordinated by the Ipsos office in Geneva.
- **In-depth (qualitative) research.** This has enabled the ICRC to deepen its understanding of the values, motivations, fears and aspirations of those who have been direct victims of armed conflict or armed violence. The research was carried out through focus groups and one-to-one in-depth interviews moderated by ICRC staff. Those covered include

people separated from other members of their families, displaced people, first respondents and others directly affected by armed conflict or armed violence.

In 1999, ICRC carried out broadly similar opinion research as part of its People on War project. The programme covered some of the countries being reported on in 2009 – including Georgia/Abkhazia – and several of the 1999 questions have therefore been revisited in order to provide trendlines. These are highlighted in the report where applicable.

Background & Objectives

The year 2009 has great significance for the ICRC and the entire International Red Cross and Red Crescent Movement ("the Movement"), as two major anniversaries in the history of humanitarian work will be celebrated:

- **The 150th anniversary of the Battle of Solferino** (24 June 1859). Exactly 150 years ago, Henry Dunant, a Swiss businessman, happened to witness the aftermath of one of the most brutal battles of the 19th century – at Solferino, in what is now northern Italy – and the carnage left on the battle field. The suffering he saw there prompted him to take the first steps towards the creation of the Movement. His book *A Memory of Solferino* led to the founding of the ICRC in 1863. In recognition of his work, Dunant was the joint first recipient of the Nobel Peace Prize, in 1901.
- **The 60th anniversary of the Geneva Conventions** (12 August 1949). The four Geneva Conventions are the cornerstone of international humanitarian law. They protect, respectively, wounded and sick members of armed forces on the battlefield; wounded, sick and shipwrecked members of armed forces at sea; prisoners of war; and civilians in time of war.

To mark these anniversaries, as well as the 90th anniversary of the founding of the International Federation of Red Cross and Red Crescent Societies, the Movement launched a campaign – **Our world. Your move.** – to remind everyone of their individual responsibility to relieve human suffering.

The campaign is based on the premise that **Our world** faces unprecedented challenges, from conflict and mass displacement to climate change and migration; it contends that **Your move** reminds us of our collective responsibility to make the world a better place. Like Henry Dunant, we can all make a difference, even through the simplest of gestures.

Throughout 2009, the ICRC will be undertaking various activities to mark both these historic milestones, by highlighting the ongoing plight of people – particularly those who are most vulnerable – caught up in armed conflict or armed violence around the world.

Georgia – Research Methodology

A total of 500 people aged 18 or over were interviewed in person (face-to-face) between 16 and 24 February 2009. Three fifths of the interviews (300) were conducted with Georgians from a range of areas (excluding Abkhazia and South Ossetia) – referred to in this report as "the resident population". The remaining interviews (200) were conducted with IDPs from either Abkhazia or Shida Kartli (part of South Ossetia). Random probability sampling was used to

ensure that the final sample would be broadly representative of the Georgian population (aged 18 years or over) as a whole. In addition, the results of the sample of 300 from the resident population have been statistically 'weighted' to correct for any discrepancies between the sample profile and that of the equivalent population. The IDP sample was not weighted, as the profile of the equivalent population is unknown.

According to 2009 estimates, Georgia's population is around 4,600,000. The median age is 39 years. Age distribution is fairly well balanced, with those aged 14 or below and those aged 65 or over each representing 16% of the entire population. Life expectancy is 73 years for men and 80 years for women.

On this basis, this survey of people aged 18 and over is representative of approximately 3,700,000 people.

Because samples were interviewed – not the whole population – the results are subject to 'sampling tolerances'. These show how accurately a result from the sample reflects the result that would have been obtained from the whole population had it been interviewed.

Please see the appendices for details on sampling tolerances.

On the charts, a '*' sign refers to a percentage of less than 0.5%, but greater than zero.

- **Report Structure**

The report has been written to be accessible and relevant.

An Executive Summary with the main findings is followed by the main body of the report, covering each broad subject area in turn. Charts in the report draw on the overall findings from the Georgian survey and on a selection of key sub-group comparisons, e.g. between men and women.

The Appendices contain the sample profile and 'marked up' questionnaire (i.e. the full questions, with overall results for Georgia added in – including the 1999 trend comparisons where applicable).

Please note the following:

- The results from the resident population and IDP samples are reported separately (as combining them would make the overall sample unrepresentative of either group).
- We have commented, where applicable, on the views of men and women. However, due either to small sample sizes or to the sample profiles (i.e. domination by one particular group) we cannot reliably comment on differences between different age groups, ethnic groups, or religious groups.
- No comparisons are made in this report between the results in Georgia and in the other seven countries. (These can be found in a separate Summary Report covering all eight countries.)

- For the sake of clarity, we use 'IDPs' (internally displaced people) or 'displaced' throughout this report to refer to people who previously lived in either Abkhazia or Shida Kartli but were forced to leave those areas and live elsewhere in Georgia because of the conflict. 'Resident population' are those living in other parts of Georgia (not in Abkhazia or South Ossetia) who did not previously live in either Abkhazia or South Ossetia. (They may, however, have been forced to move from other areas of Georgia owing to the conflict.) No interviews were conducted in Abkhazia or Shida Kartli.
- In 1999, a separate sample was taken of those living in the Abkhazia region *only*. It did not cover Shida Kartli / South Ossetia, nor did it cover only IDPs – consequently, any comparisons with the 2009 'IDP' group could be misleading.

Georgia in Context

Georgia's history can be traced back to ancient times, when it was known as Colchis, but today the country is best remembered as one of the 15 republics of the former Soviet Union. After the restoration of independence in April 1991, it was governed by the nationalist forces of President Zviad Gamsakhurdia during a brief period characterized by a society split between supporters and opponents of the government, economic stagnation and armed conflict in the northern province of South Ossetia. The regime was deposed in an armed conflict that brought to power a military council headed by Eduard Shevardnadze, the former Soviet Minister of Foreign Affairs.

A ceasefire was achieved in South Ossetia; however, in 1992 another armed conflict, in the north-western province of Abkhazia, resulted in massive destruction, human casualties on both the Georgian and Abkhaz sides and the displacement of approximately 250,000 people of Georgian ethnicity from Abkhazia. In September 1993, Sukhumi was taken by Abkhaz forces, which subsequently pushed south towards the administrative border between the Soviet-era Abkhaz Autonomous Republic and Georgia. A ceasefire established in 1994 has since been overseen by a peacekeeping force from the Community of Independent States (CIS) made up of 1,500 Russian troops, with the limited United Nations Observer Mission in Georgia (UNOMIG) deployed within a 24-km "security zone". Fighting flared up again during the summer of 1998 in the security zone between Georgian and Abkhaz forces, causing further displacements of the civilian population. The situation in Abkhazia has since remained generally "calm and stable", although irregular fighters engage in periodic operations and crime remains widespread, particularly in the southern districts.

Within Georgia, the opposition was splintered by rivalries and so for years failed effectively to challenge the Shevardnadze regime. However, in November 2003, following flawed parliamentary elections, opposition forces united under Mikheil Saakashvili (of the National Movement) and Zurab Zhvania/Nino Burzhanadze (of the Democrats) and staged mass protests, which eventually resulted in Shevardnadze's resignation. The so-called Rose Revolution was followed by presidential elections in January 2004 (won by Saakashvili) and parliamentary elections in March, at which the opposition parties won a monopoly of seats in the National Parliament. The new government committed itself to the restoration of territorial integrity, radical reform and a pragmatic western-oriented foreign policy.

As for the frozen armed conflicts, both in Abkhazia and South Ossetia, the peace process has not resulted in any tangible progress – the separatist territories continue to insist on their "independence" or, at least, an associative status within the Russian Federation, while the Georgian side stresses the need for a return of Georgian internally displaced persons (IDPs). Hostilities (including criminality) and diplomatic tension periodically flare. Following a period of serious tensions in early May in Adjara, the region returned to central control. In the wake of this crisis, the Georgian authorities turned their attention to addressing the South Ossetian problem. During 2004, this resulted in rising tensions between Tbilisi and the *de facto* authorities in Tskhinvali (the South Ossetian capital), including several minor clashes.

On 7 August 2008, a major military offensive began in South Ossetia. An offensive by Russian Federation armed forces began in South Ossetia and further into Georgia and led to the outbreak of a full-scale international armed conflict. The Russian Federation emerged as the clear victor and the Georgian armed forces were forced to withdraw from South Ossetia and subsequently from several parts of Georgia proper. Negotiations led by France, with substantial input on the Georgian side from the United States, resulted in the signing of a ceasefire agreement on 15-16 August that provides for the withdrawal of Russian troops to their pre-conflict positions and allows Russian peacekeeping forces in South Ossetia to adopt "additional measures of security". The Georgian armed forces have regained control over most (but not all) of the areas from which they had previously withdrawn. Both Georgia and the international community reacted strongly to the Russian Federation's recognition of the independence of both South Ossetia and Abkhazia, and the exact fall-out of this development remains to be seen. Active hostilities have nevertheless ended. Nine months after the end of the fighting, the humanitarian situation for most of those affected has improved, even though chronic problems that predate the latest conflict remain. While the overall situation is calm, tensions persist in villages close to the demarcation line. People displaced by conflict and those living in remote rural areas, already vulnerable before August 2008, remain the most at risk. In Western/Central Georgia, most of the IDPs who fled the hostilities in August have been able to return to their places of origin. Many displaced people from South Ossetia have left collective centres for new settlements built by the authorities in Central Georgia. In the past few months, numerous humanitarian organizations have carried out a wide range of programmes that have had a positive impact on the victims of the August conflict.

The United States' growing economic and political influence in the country has long been a source of concern for the Russian Federation, as have Georgia's aspirations to join NATO and the European Union.

The ICRC in Georgia

The ICRC has been present in Georgia since 1992. It visits detainees throughout Georgia, including Abkhazia and South Ossetia, and supports the endeavours of the authorities in bringing tuberculosis in prisons under control. It contributes to efforts to provide answers to families of missing persons and protects and assists displaced people and other vulnerable groups in conflict-affected regions. The ICRC also promotes the integration of IHL into the training of the armed and security forces and into university and school curricula. In cooperation with Movement partners, the ICRC helps to strengthen the capacities of the National Society.

Following its emergency response of August 2008 during the conflict between Georgia and Russia, the ICRC focused on the needs of the most vulnerable population during winter. The organization is now consolidating its various assistance programmes based on longer-term needs assessments. The overall objective of the ICRC operation is to enable people living in conflict-affected areas to sustain themselves over the short-term and regain their pre-conflict levels of economic security. While many humanitarian organizations currently operate in Central and Western Georgia, the ICRC remains the only international humanitarian organization active in South Ossetia.

Restoring contact between family members remains a priority for the ICRC in the region. In its role as neutral intermediary, the ICRC has helped to reunite families in Tskhinvali, Gori and Tbilisi. These reunifications take place with the full support of all parties. The ICRC offers family members separated by the conflict the possibility to exchange news through Red Cross messages.

The ICRC has distributed food and non-food items to persons in rural areas of South Ossetia to cover the winter period and also distributed clothes and shoes to orphans, displaced people and the elderly in South Ossetia. The ICRC has rehabilitated water and sanitation facilities in schools, hospitals and other Tskhinvali public buildings. It provided cement, stoves, window glass, timber and roofing material to local authorities and individuals. In an effort to improve the living conditions of persons living in Tskhinvali collective centres, the ICRC is helping rehabilitate the city's power and water networks and its garbage disposal system.

In Western/Central Georgia, the ICRC rehabilitated collective centres housing people displaced recently and during the 1992-93 conflict. The organization also continued to support ambulatories, notably in Rukhi, Shamgona and Zugdidi districts. Through its emergency shelter programme, the ICRC provided temporary repairs for the homes of over 8,500 people.

ICRC medical teams have also conducted medical consultations in areas where normal healthcare services had been suspended. Once the local health structures reopened, the ICRC supported them by carrying out light repair work and distributing medical equipment and medicines. In South Ossetia, the ICRC is still organising and facilitating medical evacuations in cases of emergency.

The ICRC regularly visits places of detention to monitor the living conditions and treatment of detainees, particularly those held in connection with the recent conflict. From the onset of the hostilities, the ICRC in Tskhinvali has taken steps to ensure that it can visit all persons detained in relation to the conflict. The objective of ICRC detention visits is to assess the treatment of detainees and their conditions of detention and to assure that the detainees have established contact with their family members via the system of Red Cross messages.

People seeking missing relatives continue to contact the ICRC. The ICRC follows up each individual case of a person who went missing during the conflict and its aftermath with the relevant authorities and on a confidential basis. The organisation follows whether the economic, legal and psychosocial needs of the families of the missing have been taken into account by the authorities. In addition, an ICRC forensic expert in Tbilisi offers technical support to the authorities with the aim of strengthening their capacities in the handling of mortal remains.

Mines and unexploded ordnances continue to pose a risk for civilians. To minimize this risk, the ICRC raises the awareness of the population about the danger posed by explosive remnants of war.

The organization regularly informs members of the armed forces and other weapon bearers about international humanitarian law and the ICRC's mandate and activities.

The ICRC works closely with the Georgian Red Cross whenever it distributes assistance.

Part 2 – Behaviour During Armed Conflict

Part 2-Behaviour During Armed Conflict

Limits to Behaviour

A large proportion of respondents (84% of IDPs and 62% of the resident population) feel that there should be limits on what is allowed in armed conflict.

Only a small minority (8% of IDPs and 13% of the resident population) feels there should be no limits.

What specific behaviour is considered unacceptable in times of armed conflict?

When asked a completely open question, where respondents were unprompted and free to say whatever they liked, a wide range of behaviours considered unacceptable were mentioned.

- Among both the resident population and IDPs, the behaviour mentioned most (by 32% of the resident population and 54% of IDPs) was 'betrayal'. Some people added that 'giving up and leaving the struggle' is not acceptable.
- Also singled out for particular criticism were stealing, attacking 'peaceful' populations, and (particularly among IDPs) destroying historic/religious monuments.

What do respondents mention as the basis for imposing limits?

The resident population and IDPs have a very similar frame of reference.

Religion is the single most powerful factor for both groups. Among those who advocate some limits to behaviour, 47% of the resident population and 66% of IDPs, say that the key criterion should be whether certain behaviour is against their religion.

The next most powerful determinant, mentioned by 44% of the resident population and 62% of IDPs, is human rights.

Personal codes/ethics were mentioned by 43% of the resident population and 54% of IDPs, and the law was mentioned by 36% and 42%, respectively.

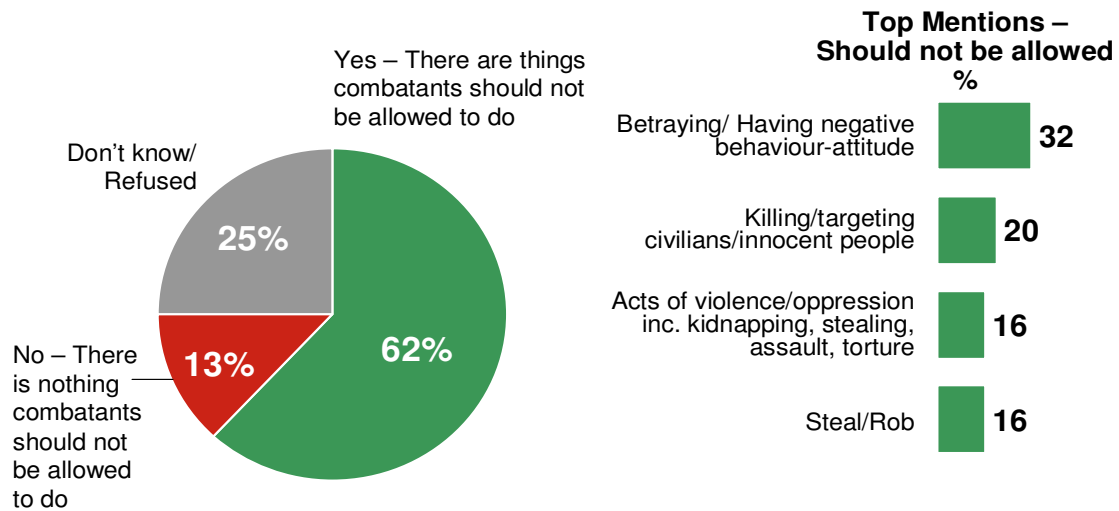
Cultural norms were mentioned by 38% of IDPs and just 17% of the resident population.

Men and women hold similar views. Among the displaced groups, women particularly favour religious or ethical codes.

Some people feel that certain kinds of behaviour are unacceptable on the basis of the harm they cause. For example, because certain behaviour produces too much destruction, or because it produces too much hate and division. Both the resident population and IDPs consider the latter a more suitable yardstick for actions deemed to be unacceptable.

Limits to behaviour – Resident population

Q12. Is there anything that combatants should not be allowed to do in fighting their enemy?

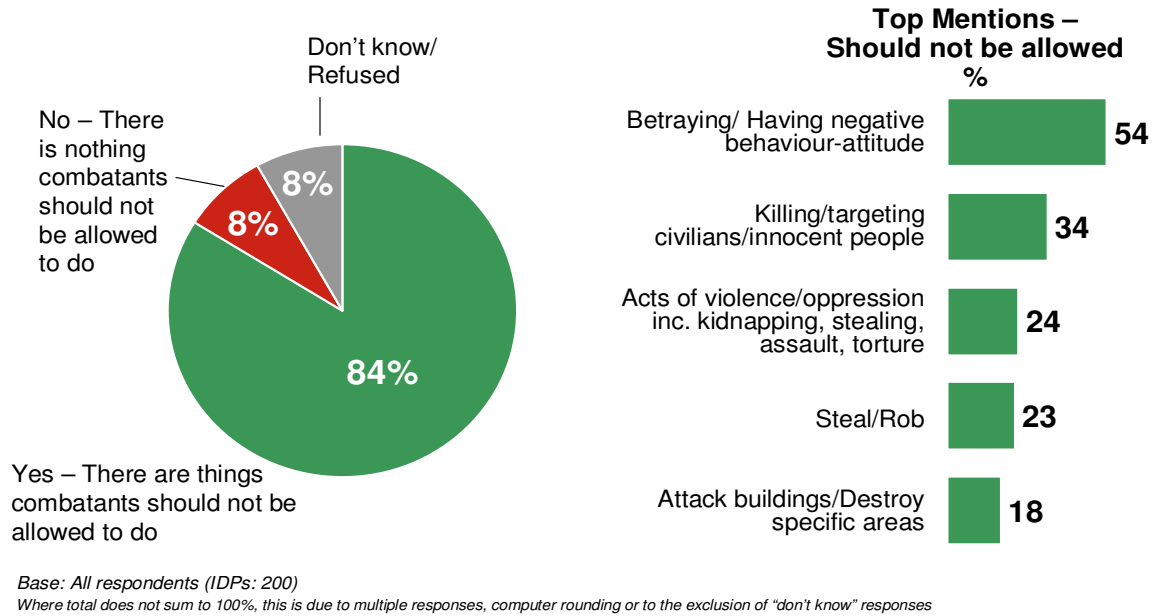


Base: All respondents (Resident population: 300)

Where total does not sum to 100%, this is due to multiple responses, computer rounding or to the exclusion of "don't know" responses

Limits to behaviour – IDPs

Q12. Is there anything that combatants should not be allowed to do in fighting their enemy?



Threats to Civilians

There is evidence that attitudes among the resident population have shifted since 1999.

Almost all IDPs and the resident population (97% and 94% respectively) now support the notion that civilians should be spared in armed conflict.

The vast majority (81% and 73% respectively) are in favour of leaving civilians alone entirely, and around a fifth more (16% and 21% respectively) say civilians should be avoided as much as possible.

Only 1% of IDPs and 3% of the resident population think it is acceptable to attack both enemy combatants and civilians.

Respondents were asked if it is acceptable to attack civilians in order to 'weaken the enemy'.

Almost all IDPs and the resident population (97% and 94% respectively) now support the notion that civilians should be spared in armed conflict.

The vast majority (81% and 73% respectively) are in favour of civilians being left alone entirely, and around a fifth more (16% and 21% respectively) say civilians should be avoided as much as possible.

Almost all IDPs (97%) and the resident population (94%) think it is unacceptable to attack equally enemy combatants and civilians. Very few people (3% of the resident population and 1% of IDPs) feel that civilians and combatants are equally acceptable targets.

Among the resident population, slightly more men than women are willing to see civilians and combatants targeted to the same extent.

However, the resident population's greater preference for avoiding civilians in all circumstances (rather than simply 'as much as possible') is significant. Avoiding civilians in all circumstances is now supported by a ratio of well over 3:1 (73% vs 21%). In 1999, the ratio was just over 2:1 (69% vs 30%).

IDPs hold this view even more strongly: they are now 5:1 in favour of avoiding civilians in all circumstances (81% vs 16%).

The change of attitudes towards civilians was also seen when people were asked (as in 1999) about the acceptability of specific behaviour by combatants when fighting an enemy.

The resident population now widely reject the idea of attacking civilians (it should be noted, however, that there are important differences in the way that questions were asked in 1999 and in 2009):

- 94% now say it is 'not OK' to attack religious and historical monuments. (In 1999, 75% said that such actions were 'wrong'.)
- 89% now say it is 'not OK' to deprive civilians of food, medicine or water to weaken the enemy. (In 1999, just 43% said this was 'wrong'.)

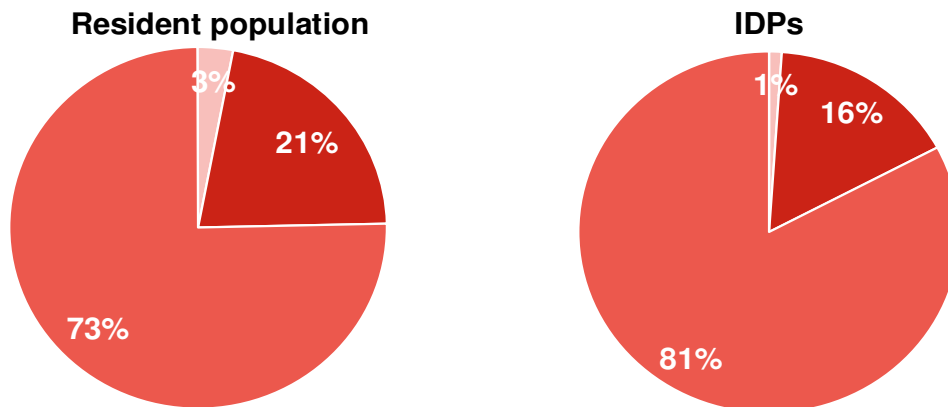
Even when civilians are voluntarily helping the enemy (for example, by transporting food or ammunition) only a quarter (24%) of the resident population consider them as acceptable targets.

The picture among IDPs is the same: attacks on civilians are widely opposed.

Threats to civilians

Q14. Now I would like to ask you some general questions about how, in your view, combatants should behave in times of armed conflict. When combatants attack to weaken the enemy, should they:

- % Attack enemy combatants and civilians
- % Attack enemy combatants and avoid civilians as much as possible
- % Attack only enemy combatants and leave the civilians alone

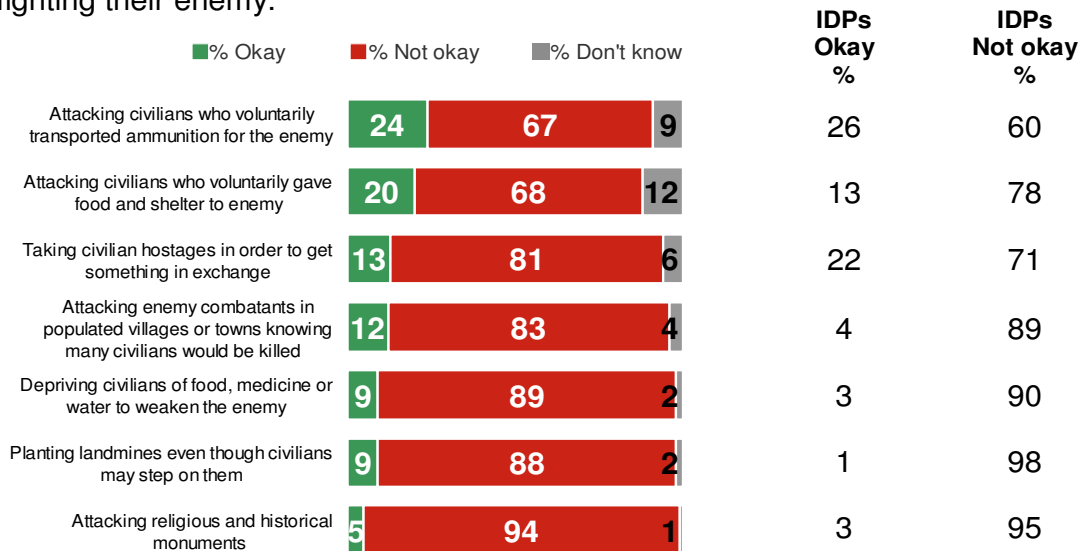


Base: All respondents (Resident population: 300; IDPs: 200)

Where total does not sum to 100%, this is due to multiple responses, computer rounding or to the exclusion of "don't know" responses

Threats to civilians

Q15. Is there anything that combatants should not be allowed to do in fighting their enemy? For each one, please indicate whether is it okay or not okay to do that in fighting their enemy.



Base: All respondents (Resident population: 300; IDPs: 200)

Where total does not sum to 100%, this is due to multiple responses, computer rounding or to the exclusion of "don't know" responses

Health Workers and Ambulances

The vast majority, 92% of the resident population and 87% of IDPs, think that health workers are never acceptable targets for combatants. Similarly, almost everyone thinks that ambulances are never acceptable targets (94% and 88% respectively).

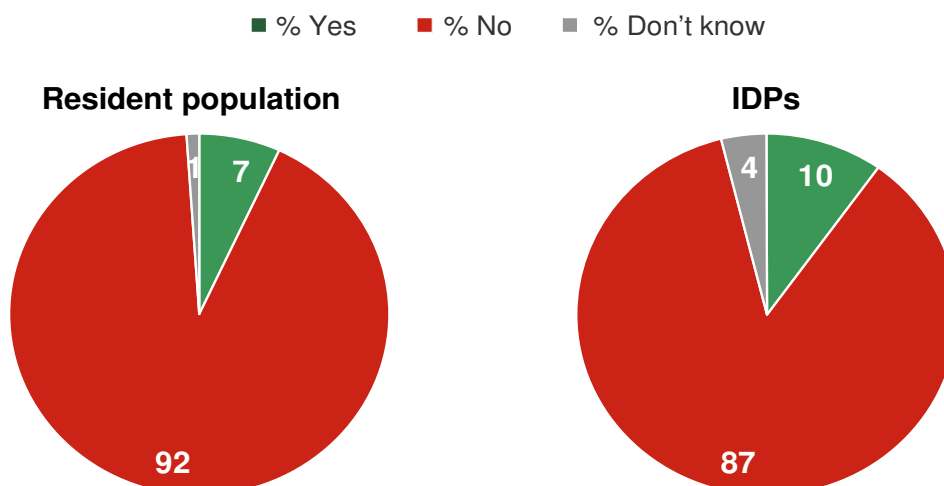
92% of the resident population is opposed to targeting health workers with 87% of IDPs also opposed. Similarly, 94% of the resident population is opposed to targeting ambulances with 88% of IDPs also opposed.

Among the very few respondents from the resident population who condone targeting health workers, the treatment of 'enemy' wounded and sick combatants and/or civilians is cited as an acceptable circumstance. The very few IDPs who condone targeting health workers tend to do so when the health workers are perceived not to be neutral or are not clearly identifiable as health workers.

Among the very few respondents from the resident population who condone targeting ambulances, the carrying of 'enemy' combatants and/or civilians is cited as an acceptable circumstance. The very few IDPs who condone targeting ambulances tend to do so when the ambulances are perceived to be used by combatants for hostile purposes or are not clearly marked as ambulances.

Targeting health workers

Q16. In a situation of armed conflict, are there any circumstances in which you think it is acceptable for combatants to target health workers?

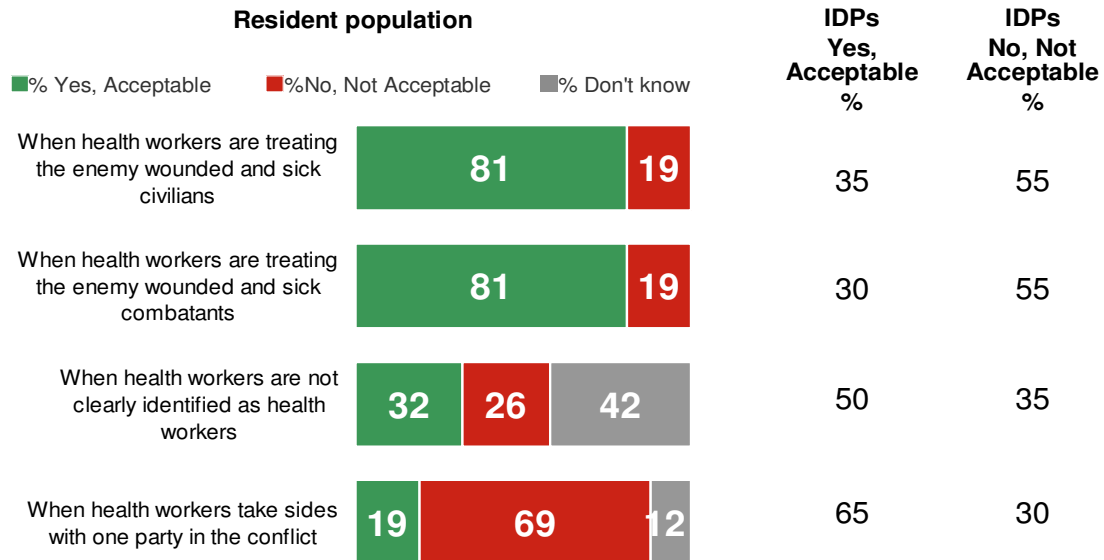


Base: All respondents (Resident population: 300; IDPs: 200)

Where total does not sum to 100%, this is due to multiple responses, computer rounding or to the exclusion of "don't know" responses

Targeting health workers

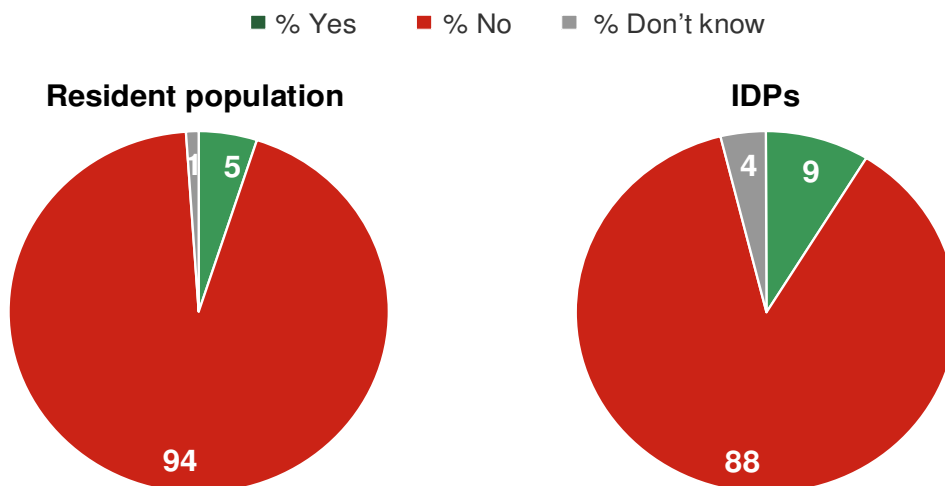
Q17. In which, if any, of the following circumstances do you think this is acceptable?



Base: All who think that some circumstances are acceptable to target health workers (Resident population: 16**; IDPs: 20**) **Low base
Where total does not sum to 100%, this is due to multiple responses, computer rounding or to the exclusion of "don't know" responses

Targeting ambulances

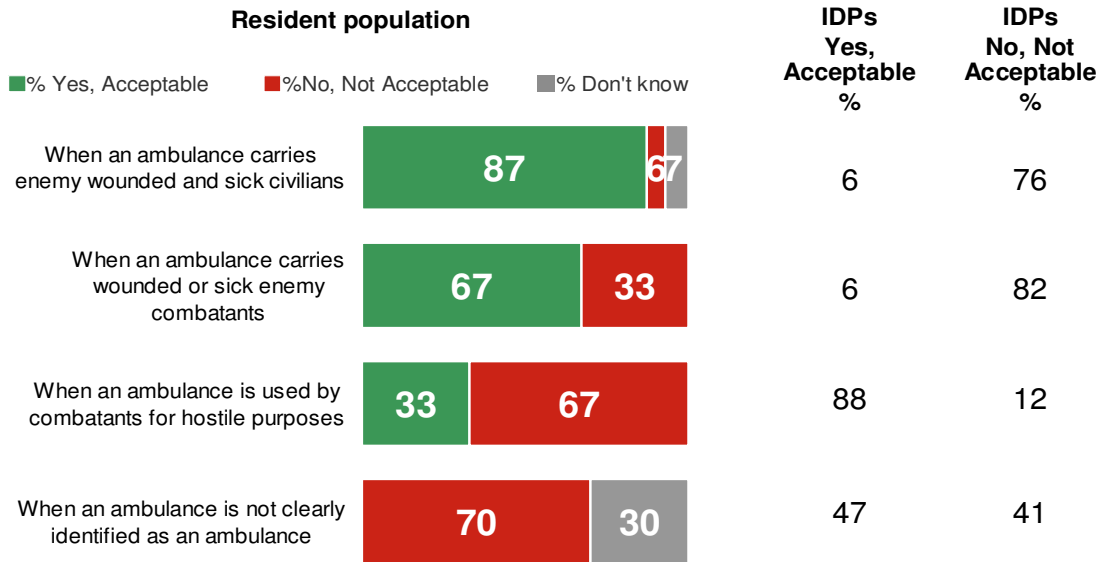
Q18. In a situation of armed conflict, are there any circumstances in which you think it is acceptable for combatants to target ambulances?



Base: All respondents (Resident population: 300; IDPs: 200)
Where total does not sum to 100%, this is due to multiple responses, computer rounding or to the exclusion of "don't know" responses

Targeting ambulances

Q19. In which, if any, of the following circumstances do you think this is acceptable?



Base: People who think that some circumstances are acceptable to target ambulances (Resident population: 9**; IDPs: 17**) **Low base
Where total does not sum to 100%, this is due to multiple responses, computer rounding or to the exclusion of "don't know" responses

Health Workers and Services: The Right to Health Care

Almost all respondents – the resident population and IDPs, men and women – strongly agree that ‘everyone wounded or sick during an armed conflict should have the right to health care’.

The figures speak for themselves. Among IDPs, 100% agree that everyone should have this right (87% agree strongly). Among the resident population, 97% agree (91% agree strongly).

Also explored was the question of whether health workers should only limit themselves to treating wounded and sick civilians from ‘their’ side in a conflict.

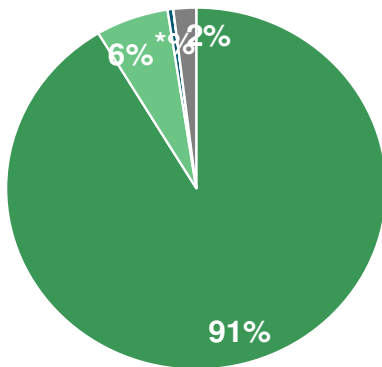
Most people (88% of both residents and IDPs) reject this, stating that such workers should treat the sick and wounded from all sides. Views are consistent among men and women.

The right to health care

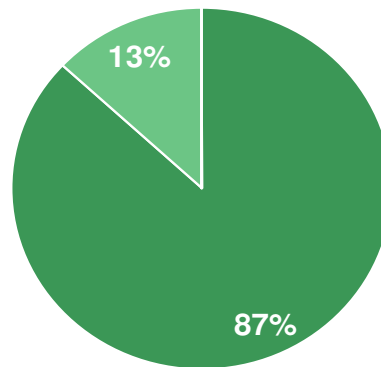
Q25. To what extent do you agree or disagree with the following statement:
 “Everyone wounded or sick during an armed conflict should have the right to health care”

■ Strongly agree ■ Tend to Agree ■ Neither agree nor disagree ■ Don't know

Resident population



IDPs



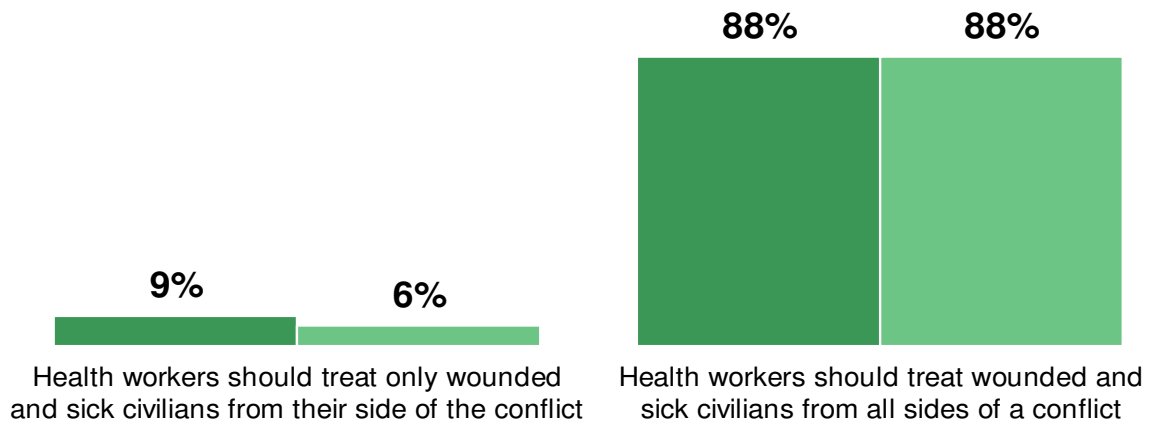
Base: All respondents (Resident population: 300; IDPs: 200)

Where total does not sum to 100%, this is due to multiple responses, computer rounding or to the exclusion of “don't know” responses

The right to health care

Q26. In the context of an armed conflict, what best describes your personal views:

■ Resident population ■ IDPs



Base: All respondents (Resident population: 300; IDPs: 200)

Where total does not sum to 100%, this is due to multiple responses, computer rounding or to the exclusion of “don't know” responses

The Geneva Conventions

More IDPs than the resident population are familiar with the Geneva Conventions (75% and 48% respectively). Perceptions among those who believe that they are effective in limiting the suffering of civilians in time of war are similar: 63% of IDPs and 67% of the resident population say the Geneva Conventions have a great deal/fair amount of impact.

Three quarters (75%) of IDPs have heard of the Geneva Conventions against 48% of the resident population.

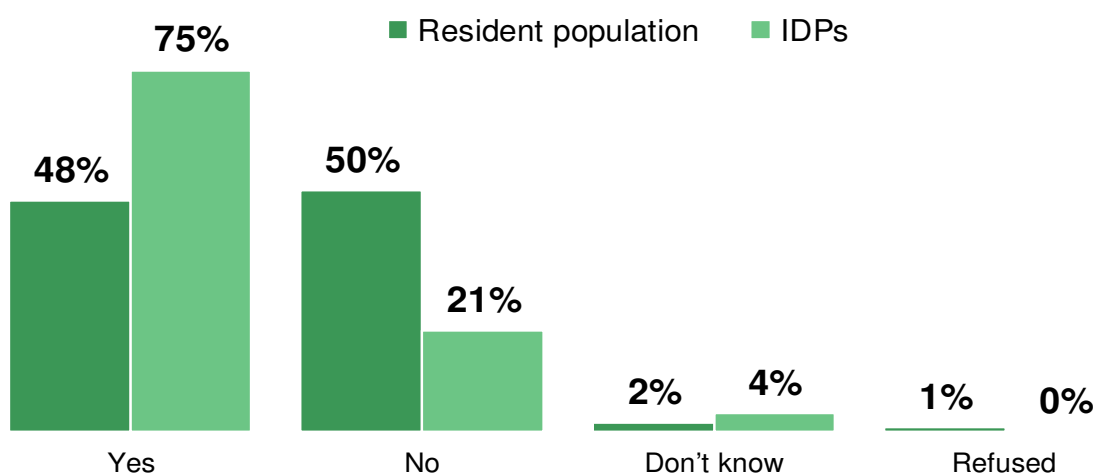
However, only a third of those IDPs (33%) and three in 10 of those residents (29%) credit the Geneva Conventions with having 'a great deal' of impact in limiting civilian suffering.

Sixty-three per cent of IDPs and 67% of the resident population feel the Geneva Conventions have at least 'a fair amount' of effect.

Men tend to have a more favourable view of the Geneva Conventions' impact than do women – particularly among the resident population, where almost half the men (45%) say the Geneva Conventions limit the suffering of civilians in wartime 'a great deal'.

Awareness of the Geneva Conventions

Q23. Have you ever heard of the Geneva Conventions?



Base: All respondents (Resident population: 300; IDPs: 200)

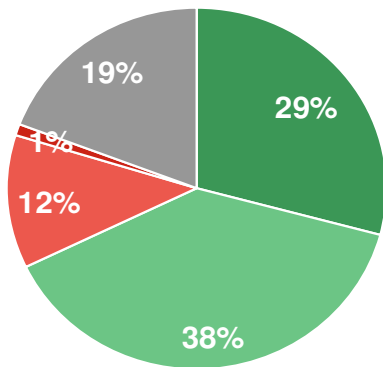
Where total does not sum to 100%, this is due to multiple responses, computer rounding or to the exclusion of "don't know" responses

Awareness of the Geneva Conventions

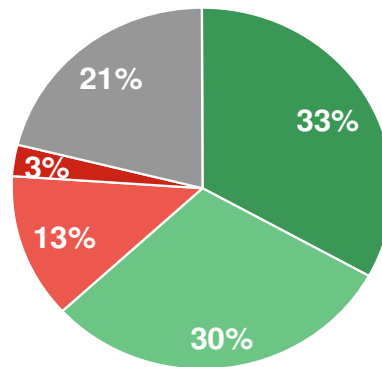
Q24. To what extent do you think the existence of the Geneva Conventions limits the suffering of civilians in war time?

■ A great deal ■ A fair amount ■ Not very much ■ Not at all ■ Don't know

Resident population



IDPs



*Base: All who have heard of the Geneva conventions (Resident population: 135; IDPs: 150)
Where total does not sum to 100%, this is due to multiple responses, computer rounding or to the exclusion of "don't know" responses*

This summary represents what respondents think of international humanitarian law (IHL), health care and their views on acceptable behaviour during times of armed conflict. Part 1 of this research study, representing the views of respondents regarding the impact of armed conflict or armed violence on their lives, was released on 23 June 2009.

Appendices

Appendices

Sample Profile

	<i>Resident population (Weighted Profile)</i>		<i>IDPs (Unweighted profile)</i>			<i>Resident population (Weighted Profile)</i>		<i>IDPs (Unweighted profile)</i>	
	N	%	N	%		N	%	N	%
Total	300	100	200	100	Total	300	100	200	100
Gender					Religion				
Male	127	42	59	30	Christian:Orthodox	274	92	199	100
Female	173	58	141	71	Christian:Catholic	0	0	0	0
					Muslim	21	7	0	0
Age					Judaism	0	0	0	0
18-24	34	11	23	12	Other	4	1	1	1
25-29	19	6	13	7	Atheist	0	0	0	0
30-34	38	13	21	11					
35-39	37	12	21	11	Education				
40-44	29	10	18	9	Elementary	14	5	9	5
45-49	26	9	22	11	Secondary	113	38	66	33
50-64	63	21	50	25	Vocational	65	22	48	24
65 or over	54	18	32	16	Higher	109	36	77	39
Ethnicity					Region				
Georgian	272	91	198	99	Tbilisi	101	34	100	50
Armenian	9	3	0	0	Kakheti	27	9	0	0
Azer	16	5	0	0	Shida Kartil	18	6	25	13
Russian	2	1	0	0	Kvemo Kartil	24	8	0	0
Kurd	0	0	0	0	Samckhe - Javakheti	9	3	0	0
Ossetian	0	0	2	1	Adjara	19	6	0	0
Abkhazian	0	0	0	0	Guria	9	3	0	0
					Samegrelo	29	10	25	13
					Imereti	56	19	25	13
					Mtskheta - Tianeti	6	2	25	13

Sampling Details

Sampling tolerances vary with the size of the sample and the percentage figure concerned. For example, for a question where 50% of the people in the full sample of 300 resident people give a particular answer, the chances are 95 in 100 that this result would not vary by more than 5 percentage points plus or minus (ie between 45% and 55%) from the result that would have been obtained from a census of the *entire* population (using the same procedures).

Some examples of the tolerances that may apply in this report are given in the table below.

Approximate sampling tolerances applicable to percentages at or near these levels (at the 95% confidence level)			
<i>Unweighted base (500)</i>	10% or 90% ±	30% or 70% ±	50% ±
Size of sample on which survey result is based (unweighted)			
500 (All respondents)	3	4	4
300 (All resident respondents from Georgia)	3	5	6
200 (All IDP respondents)	4	6	7
<i>Source: Ipsos</i>			

Some further examples of the tolerances that may apply in this report are given in the table below – this time looking at just Georgia’s resident population (not IDPs).

Approximate sampling tolerances applicable to percentages at or near these levels (at the 95% confidence level)			
<i>Unweighted base, Georgia (300)</i>	10% or 90% ±	30% or 70% ±	50% ±
Size of sample on which survey result is based (unweighted)			
300 (All respondents from Georgia)	3	5	6
<i>Source: Ipsos</i>			

Tolerances are also involved in the comparison of results between different elements (sub-groups) of the sample – and between the 1999 and 2009 results. A difference must be of at least a certain size to be statistically significant. The table below shows the sampling tolerances applicable to comparisons of sub-groups and between the 1999 & 2009 research.

Differences required for significance at the 95% confidence level at or near these percentages			
<i>Unweighted base (500)</i>	10% or 90% ±	30% or 70% ±	50% ±
Size of 2009 sub-groups and 1999 vs. 2009 samples involved in this survey (unweighted)			
300 (All respondents from Georgia) vs. 200 (All IDP respondents)	5	8	9
857 (1999 full sample) vs. 500 (2009 full sample)	3	5	6
<i>Source: Ipsos</i>			

Ipsos / ICRC

“Our World: Views from Georgia”

Marked-Up Questionnaire

- Interviews with 500 people (300 Resident population and 200 IDPs : Internal Displaced Persons)
- Aged 18+
- Conducted face to face, between the 16th and the 24th of February 2009
- Results are weighted for the resident sample (300) and unweighted for the IDP sample (200)
- 'POW' indicates a question also asked in 1999
- An asterisk (*) indicates a result of less than 1% (but not zero)
- A "n/a" denotes "not asked"
- Base for each question is all (300 resident population/200 IDPs), unless shown otherwise

INTRODUCTION

Good morning/afternoon/evening. I am from IPM, an independent social research agency. We are conducting interviews in this area would like your help with this. The interview will last around 15 minutes and is about your experiences and opinions on the armed conflict in Georgia.

Results for questions Q1 to Q11 representing the views of respondents regarding the impact of armed conflict or armed violence on their lives, were released in Part 1 of this research study, on 23 June 2009.

CC) WARFARE / COMBATANTS

ASK ALL →

Q12. Is there anything that combatants should not be allowed to do in fighting their enemy? (POW)

And what else?

OPEN-ENDED QUESTION. DO NOT PROMPT – BUT PROBE FULLY.

Resident population

TOP MENTIONS (> 5% of respondents) – Resident population	YES
	%
TOTAL MENTIONS - BETRAYING / HAVING NEGATIVE BEHAVIOUR/ATTITUDE	32

Betrayal	25
Should not give up and leave the struggle	7
TOTAL MENTIONS - KILLING / TARGETING CERTAIN KIND OF PEOPLE	20
SUB-TOTAL MENTIONS - ATTACK INNOCENT	20
Should not touch peaceful population	8
Kill the innocent (unspecified)	8
TOTAL MENTIONS - TYPES OF VIOLENCE/ OPPRESSION	16
Sexual violence	6
TOTAL MENTIONS - STEAL/ ROB	16
Stealing property	7

Resident population	
	%
There is nothing they should not be allowed to do	13
Don't know	24
Refused	1

IDPs

TOP MENTIONS (> 5% of respondents) - IDPs	YES
	%
TOTAL MENTIONS - BETRAYALING / HAVING NEGATIVE BEHAVIOR/ATTITUDE	54
Betrayal	44
Should not give up and leave the struggle	13
TOTAL MENTIONS - KILLING / TARGETING CERTAIN KIND OF PEOPLE	34
SUB-TOTAL MENTIONS - ATTACK INNOCENT	34
Should not touch peaceful population	18
Attack/massacre/disturbance of the peaceful population	11
Kill the innocent (unspecified)	11
TOTAL MENTIONS - TYPES OF VIOLENCE/ OPPRESSION	24
Sexual violence	6
TOTAL MENTIONS - STEAL/ ROB	23
Stealing property	13
TOTAL MENTIONS - ATTACK BUILDINGS / DESTROY SPECIFIC AREAS	18
Destruction of historical and religious monuments	17

IDPs	
	%
There is nothing they should not be allowed to do	8
Don't know	7
Refused	1

ASK ALL WHO ANSWER SOMETHING AT QUESTION 12 → Q13. And why do you think that combatants should not be allowed to do this? Is that because it...?

READ OUT. ROTATE ORDER. MULTICODE OK

Resident population	<i>Base: All who identify some action/s that combatants should <u>not</u> be allowed to do - 178</i>	
		%
<input type="checkbox"/>	Is against your religion	47
<input type="checkbox"/>	Is against your personal code/ethics	43
<input type="checkbox"/>	Is against the law	36
<input type="checkbox"/>	Is against your culture	17
<input type="checkbox"/>	Is against human rights	44

<input type="checkbox"/>	<i>Produces too much hate and division</i>	17
<input type="checkbox"/>	<i>Produces too much destruction</i>	8
<input type="checkbox"/>	Other (specify)	2
<input type="checkbox"/>	Do not know	3
<input type="checkbox"/>	Refused	0

IDPs	<i>Base: All who identify some action/s that combatants should <u>not</u> be allowed to do - 169</i>	
		%
<input type="checkbox"/>	Is against your religion	66
<input type="checkbox"/>	Is against your personal code/ethics	54
<input type="checkbox"/>	Is against the law	42
<input type="checkbox"/>	Is against your culture	38
<input type="checkbox"/>	Is against human rights	62
<input type="checkbox"/>	<i>Produces too much hate and division</i>	42
<input type="checkbox"/>	<i>Produces too much destruction</i>	15
<input type="checkbox"/>	Other (specify)	0
<input type="checkbox"/>	Do not know	0
<input type="checkbox"/>	Refused	0

ASK ALL →

Q14. Now I would like to ask you some general questions about how, in your view, combatants should behave in times of armed conflict. When combatants attack to weaken the enemy, should they: (POW)

READ OUT. SINGLE CODE ONLY.

		Resident population		IDPs
		1999	2009	2009
		%	%	%
<input type="checkbox"/>	Attack enemy combatants and civilians	1	3	1
<input type="checkbox"/>	Attack enemy combatants and avoid civilians as much as possible	30	21	16
<input type="checkbox"/>	Attack only enemy combatants and leave the civilians alone	69	73	81
<input type="checkbox"/>	Don't know	0	3	2
<input type="checkbox"/>	Refused		0	1

ASK ALL →

Q15. Is there anything that combatants should not be allowed to do in fighting their enemy? For each one, please indicate whether it is okay or not okay to do that in fighting their enemy (POW)

READ OUT. SINGLE CODE EACH STATEMENT

Resident population	Okay		Not Okay		Don't know	Refused
	1999	2009	1999	2009	2009	2009
	%	%	%	%	%	%
Depriving civilians of food, medicine or water to weaken the enemy (‘Depriving the civilian population of food and water to gain a military advantage’ in 1999)	44	9	43	89	2	0
Attacking religious and historical monuments (‘Attacking religious monuments, mosques or churches in order to gain a military advantage’ in 1999)	20	5	75	94	1	0
Attacking civilians who <u>voluntarily</u> transported ammunition for the enemy (Not asked in 1999)	28	24	70	67	9	*
Attacking enemy combatants in populated villages or towns knowing many civilians* would be killed (Not asked in 1999)	39	12	54	83	4	*
Taking civilian hostages in order to get something in exchange (Not asked in 1999)	25	13	68	81	6	0
Attacking civilians who <u>voluntarily</u> gave food and shelter to enemy (Not asked in 1999)	29	20	69	68	12	0
Planting landmines even though civilians may step on them (Not asked in 1999)	n/a	9	n/a	88	2	*

IDPs	Okay	Not Okay	Don't Kow	Refused
	%	%	%	%
Depriving civilians of food, medicine or water to weaken the enemy	3	90	7	1
Attacking religious and historical monuments	3	95	3	0
Attacking civilians who <u>voluntarily</u> transported ammunition for the enemy	26	60	14	1
Attacking enemy combatants in populated villages or towns knowing many civilians would be killed	4	89	7	2
Taking civilian hostages in order to get something in exchange	22	71	7	0
Attacking civilians who <u>voluntarily</u> gave food and shelter to enemy	13	78	9	1
Planting landmines even though civilians may step on them	1	98	2	1

ASK ALL →

Q16. In a situation of armed conflict, are there any circumstances in which you think it is acceptable for combatants to target health workers?

SINGLE CODE ONLY

		Resident population	IDPs
		%	%
<input type="checkbox"/>	Yes	7	10
<input type="checkbox"/>	No	92	87
<input type="checkbox"/>	Don't know	1	4
<input type="checkbox"/>	Refused	0	0

ASK IF YES AT Q16 →

Q17. In which, if any, of the following circumstances you think this is acceptable?

READ OUT EACH STATEMENT. ROTATE ORDER. SINGLE CODE EACH STATEMENT

Resident population

<i>Base: All who think it is sometimes acceptable to target health workers – Resident population 16**</i>	Yes, Acceptable	No, Not acceptable	Don't Know	Refused
	%	%	%	%
When health workers are treating the enemy wounded and sick <u>civilians</u>	81	19	0	0
When health workers are treating the enemy wounded and sick <u>combatants</u>	81	19	0	0
When health workers are not clearly identified as health workers	32	26	42	0
When health workers take sides with one party in the conflict	19	69	12	0

**Very low base

IDPs

<i>Base: All who think it is sometimes acceptable to target health workers – IDPs 20**</i>	Yes, Acceptable	No, Not acceptable	Don't Know	Refused
	%	%	%	%
When health workers are treating the enemy wounded and sick <u>civilians</u>	35	55	10	0
When health workers are treating the enemy wounded and sick <u>combatants</u>	30	55	15	0
When health workers are not clearly identified as health workers	50	35	15	0
When health workers take sides with one party in the conflict	65	30	5	0

**Very low base

ASK ALL →

Q18. In a situation of armed conflict, are there any circumstances in which you think it is acceptable for combatants to target ambulances?

SINGLE CODE ONLY

		Resident population	IDPs
		%	%
<input type="checkbox"/>	Yes	5	9
<input type="checkbox"/>	No	94	88
<input type="checkbox"/>	Don't know	1	4
<input type="checkbox"/>	Refused	0	0

ASK IF YES AT Q18 →

Q19. In which, if any, of the following circumstances you think this is acceptable?

READ OUT EACH STATEMENT. ROTATE ORDER. SINGLE CODE EACH STATEMENT

Resident population

<i>Base: All who think it is sometimes acceptable to target ambulances – Resident population 9**</i>	Yes, Acceptable	No, Not Acceptable	Don't Know	Refused
	%	%	%	%
When an ambulance is used by combatants for hostile purposes	33	67	0	0
When an ambulance carries wounded or sick enemy <u>combatants</u>	67	33	0	0
When an ambulance carries enemy wounded and sick <u>civilians</u>	87	6	7	0
When an ambulance is not clearly identified as an ambulance	0	70	30	0

**Very low base

IDPs

<i>Base: All who think it is sometimes acceptable to target ambulances – IDPs - 17**</i>	Yes, Acceptable	No, Not Acceptable	Don't Know	Refused
	%	%	%	%
When an ambulance is used by combatants for hostile purposes	88	12	0	0
When an ambulance carries wounded or sick enemy <u>combatants</u>	6	82	12	0
When an ambulance carries enemy wounded and sick <u>civilians</u>	6	76	18	0
When an ambulance is not clearly identified as an ambulance	47	41	12	0

**Very low base

Results for questions Q20 to Q22 representing the views of respondents regarding the impact of armed conflict or armed violence on their lives, were released in Part 1 of this research study, on 23 June 2009.

EE) GENEVA CONVENTIONS**ASK ALL →****Q23. Have you ever heard of the Geneva Conventions?**

SINGLE CODE ONLY

		Resident population	IDPs
		%	%
<input type="checkbox"/>	Yes	48	75
<input type="checkbox"/>	No	50	21
<input type="checkbox"/>	Don't know	2	4
<input type="checkbox"/>	Refused	1	0

ASK IF YES AT Q23 →**Q24. To what extent do you think the existence of the Geneva Conventions limits the suffering of civilians in war time?**

SINGLE CODE ONLY

		Resident population	IDPs
	<i>Base: All who have heard of the Geneva Conventions</i>	<i>(base =135)</i>	<i>(base =150)</i>
		%	%
<input type="checkbox"/>	A great deal	29	33
<input type="checkbox"/>	A fair amount	38	30
<input type="checkbox"/>	Not very much	12	13
<input type="checkbox"/>	Not at all	1	3
<input type="checkbox"/>	Don't know	19	21
<input type="checkbox"/>	Refused	0	0

FF) MEDICAL MISSION**ASK ALL →****Q25. To what extent do you agree or disagree with the following statement?**

READ OUT STATEMENT. SINGLE CODE ONLY

	Everyone wounded or sick during an armed conflict should have the right to health	Resident population	IDPs
		%	%
<input type="checkbox"/>	Strongly Agree	91	87
<input type="checkbox"/>	Tend to Agree	6	13
<input type="checkbox"/>	Neither Agree nor Disagree	*	0
<input type="checkbox"/>	Tend to Disagree	0	0
<input type="checkbox"/>	Strongly Disagree	0	0
<input type="checkbox"/>	Don't Know	2	0
<input type="checkbox"/>	Refused	0	0

ASK ALL →

Q26. In the context of an armed conflict, what best describes your personal views:

READ OUT STATEMENTS. ROTATE ORDER. SINGLE CODE ONLY.

		Resident population	IDPs
		%	%
<input type="checkbox"/>	Health workers should treat only wounded and sick civilians from <u>their</u> side of the conflict	9	6
<input type="checkbox"/>	Health workers should treat wounded and sick civilians from <u>all</u> sides of a conflict	88	88
<input type="checkbox"/>	Don't know	3	6
<input type="checkbox"/>	Refused	0	1

Demographics

ASK ALL →

Respondent's Gender

		Resident population	IDPs
		%	%
<input type="checkbox"/>	Male	42	30
<input type="checkbox"/>	Female	58	71

ASK ALL →

Respondent's Age

		Resident population	IDPs
		%	%
<input type="checkbox"/>	18-24	11	12
<input type="checkbox"/>	25-29	6	7
<input type="checkbox"/>	30-34	13	11
<input type="checkbox"/>	35-39	12	11
<input type="checkbox"/>	40-44	10	9
<input type="checkbox"/>	45-49	9	11
<input type="checkbox"/>	50-64	21	25
<input type="checkbox"/>	65 or over	18	16

ASK ALL →

Education Level

		Resident population	IDPs
		%	%
<input type="checkbox"/>	Elementary	5	5
<input type="checkbox"/>	Secondary	38	33
<input type="checkbox"/>	Vocational	22	24
<input type="checkbox"/>	Higher	36	39

ASK ALL →

Region

		Resident population	IDPs
		%	%
<input type="checkbox"/>	Tbilisi	34	50
<input type="checkbox"/>	Kakheti	9	0
<input type="checkbox"/>	Shida kartli	6	13
<input type="checkbox"/>	Kvemo kartli	8	0
<input type="checkbox"/>	Samckhe-javakheti	3	0
<input type="checkbox"/>	Adjara	6	0
<input type="checkbox"/>	Guria	3	0
<input type="checkbox"/>	Samegrelo	10	13
<input type="checkbox"/>	Imereti	19	13
<input type="checkbox"/>	Mtskheta-Tianeti	2	13

ASK ALL →

Ethnicity

		Resident population	IDPs
		%	%
<input type="checkbox"/>	Georgian	91	99
<input type="checkbox"/>	Armenian	3	0
<input type="checkbox"/>	Azer	5	0
<input type="checkbox"/>	Russian	1	0
<input type="checkbox"/>	Kurd	0	0
<input type="checkbox"/>	Ossetian	0	1
<input type="checkbox"/>	Abkhazian	0	0
<input type="checkbox"/>	Other	0	0

ASK ALL →

Religion

		Resident population	IDPs
		%	%
<input type="checkbox"/>	Christianity: orthodox	92	100
<input type="checkbox"/>	Christianity: Catholic	0	0
<input type="checkbox"/>	Muslim	7	0
<input type="checkbox"/>	Judaism	0	0
<input type="checkbox"/>	Atheist	0	0
<input type="checkbox"/>	Other religious communities	1	1

IDPs Region

		%
<input type="checkbox"/>	Abkhazia	49
<input type="checkbox"/>	Shida Kartli	52

- END OF THE QUESTIONNAIRE -

MISSION

The International Committee of the Red Cross (ICRC) is an impartial, neutral and independent organization whose exclusively humanitarian mission is to protect the lives and dignity of victims of armed conflict and other situations of violence and to provide them with assistance.

The ICRC also endeavours to prevent suffering by promoting and strengthening humanitarian law and universal humanitarian principles.

Established in 1863, the ICRC is at the origin of the Geneva Conventions and the International Red Cross and Red Crescent Movement. It directs and coordinates the international activities conducted by the Movement in armed conflicts and other situations of violence.

ABOUT IPSOS

Ipsos is a leading international research agency, with offices in over 60 countries worldwide and global reach.

Established in 1975, it conducts qualitative and quantitative research with the private, public and voluntary sectors. One of its key areas of specialization is in social and opinion research. This includes extensive work with a wide range of national and international NGOs, charities and aid organizations.

This study was coordinated by Ipsos Switzerland, with fieldwork in Georgia conducted by IPM (the Institute for Polling and Marketing) based in the country.

