



GEORGIA

November 2000

INTERNALLY DISPLACED PERSONS: A SOCIO-ECONOMIC SURVEY



INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES

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Internally Displaced Persons: A Socio-Economic Survey



INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES

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International Federation of Red Cross and Red Crescent Societies

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Printed in Georgia, by Poligraph Service Ltd.



It is with great pleasure that I introduce the Socio-Economic Survey on the Internally Displaced Persons carried out by the International Federation of Red Cross and Red Crescent Societies in 2000.

There has been little reliable data on internally displaced persons in Georgia. The present Survey is the first nationwide study on the conditions of the IDPs in all regions of the country, and, therefore, I hope that the organisations, agencies and NGOs, both local and international, currently working with the internally displaced persons in Georgia will find the Survey useful and interesting. I also hope that the findings of the Survey will facilitate better targeting of assistance by identifying the most needy families and individuals and the type of support they currently require.

However, the present Survey is only one step forward. Fuller information and further studies and assessments on IDPs are required to improve targeting in the overall context of vulnerability. We would like, therefore, to encourage other organisations to take the Survey further and undertake the more detailed analysis of the data collected. The Federation and the State Department of Statistics of Georgia would gladly make the raw data available to all those who would like to undertake such analysis.

A handwritten signature in black ink that reads "Paul Emes." with a horizontal line underneath the name.

Paul Emes,
Head of Georgia Delegation
International Federation of Red Cross
and Red Crescent Societies

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ABBREVIATIONS AND ACRONYMS

AIDS	Acquired immune deficiency syndrome
CIS	Commonwealth of Independent States
GDP	Gross domestic product
GEL	Georgian Lari (National currency)
GRCS	Georgian Red Cross Society
HIV	Human immunodeficiency virus
ICRC	International Committee of the Red Cross
IDP	Internally displaced person
ILO	International Labour Office
MICS	Multiple indicator cluster survey
MoHSW	Ministry of Health and Social Welfare
NGO	Non-governmental organisation
(N) HDR	(National) Human Development Report
SDS	State Department of Statistics
STD	Sexually transmitted diseases
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations Children's Fund
UNDP	United National Development Programme
USAID	United States Agency for International Development
WHO	World Health Organisation
DK	Do not know (in tables)
n.a.	Not applicable (in tables)

EXCHANGE RATE AS OF SEPTEMBER 2000
 1.000 USD = 2.000 GEL



ACKNOWLEDGMENT

This survey is the result of collaboration between three organisations: the Georgia Delegation of the International Federation of Red Cross and Red Crescent Societies (the Federation), the State Department of Statistics, Georgia (SDS) and the Georgian Red Cross Society (GRCS). The following worked together during the preparation, data collection and analysis phases of the survey: Nodar Kapanadze (SDS), Tiko Papuashvili (GRCS) and Jill Thompson (Federation). The Federation was responsible for supervising each phase of the survey and produced this final report which was written by Wolf Scott and Jill Thompson.

The United Kingdom's Department for International Development (DFID), the United States Agency for International Development (USAID) and the United Nations Development Programme (UNDP) funded the survey.

Conducting a nation-wide survey of this scale requires considerable assistance from many sources. The authors of this report would like to express their appreciation to the following:

- **Nodar Kapanadze, Mamuka Nadareishvili** and their colleagues in SDS who worked as supervisors, processed and tabulated the data.
- The President of GRCS, **Nodar Tskitishvili**, the GRCS branch heads in each region of Georgia in which the survey was conducted, **Temur Shergelashvili, Tiko Papuashvili** and **Sopo Kharchadze**. Also to the members of GRCS who worked as interviewers. Collecting valid data is a difficult and underrated task. Their work for this survey is much appreciated.
- The United Nations Office for the Coordination of Humanitarian Affairs for supporting publication of the Survey and **Briane Keane**, Head of UN OCHA in Tbilisi, for his comments to the final draft of the document.
- Within the Federation, **Dato Macharashvili** and his team of drivers; also **Tamar Khuntsaria** and **Sasha Mikadze** who worked as interpreters for Jill Thompson and Wolf Scott.
- Finally and most importantly, to the respondents themselves. They gave time and interest to this project. It is our hope that this survey has used their time profitably and its results will help those among them who are most in need.



EXECUTIVE SUMMARY

This survey focuses on the 254,000 or so persons, about 6 per cent of the population of Georgia, who fled from Abkhazia in 1992/93 and from the Tskinali region in 1990/91, and who continue to reside in Georgia as registered Internally Displaced Persons (IDPs). Providing these IDPs in Georgia with better alternatives is part of the strategy described as the New Approach. This recognises the inviolable right of all IDPs to return to their homes in secure conditions. Insofar as a return in such conditions is not possible, on the other hand, it also recognises the inviolable right of all IDPs to be treated equally and in the same manner as all Georgian citizens.

In order to improve targeting within the overall context of vulnerability, a fuller information is required on the condition of IDPs than has been available so far. A series of assessments has been initiated of which this survey is one. It is indeed the first ever national sample of IDPs, covering all regions of the country as well as a wide range of topics, including income, employment, housing and associated factors (water, electricity etc.), social assistance, credit/savings, household expenditure, migration, education, health, nutrition, some aspects of community development, migration and other demographic characteristics.

Comparison of conditions of IDPs with those of the local population is a major purpose of this survey, as is the comparison between the two principal groups of IDPs: respectively in private and collective accommodation. The survey was designed therefore to include not only both groups of IDPs, but also a sample of the local population. The findings are intended to support policies, specifically policies to improve targeting of assistance in the sense of identifying the most needy families and the kind of support they most urgently require (cash, food, housing, etc.).

Employment, income, and housing are the principal concerns. The employment figures suggest that IDPs, and especially those living in collective centres, are severely handicapped as regards employment in comparison with the local population. The unemployment rate of IDPs in private accommodation is twice as high as that of the local population, that of IDPs in collective centres is three times as high. Wage employment, which is the principal source of household income for the average urban household is, similarly, higher in the local population than among IDPs in private accommodation, and almost twice as high as for IDPs in collective centres.

Incomes (from all sources) are correspondingly higher for the local population. What matters for policy purposes is not total income, but income *before* government assistance. From the information available it is probable that incomes of the local population exceed those of IDPs in private accommodation by about a third and are about double those of IDPs in collective centres. The effect of government assistance is to reduce this gap, bringing IDPs in private accommodation close to equality with the local population as regards income, but still leaving IDPs in collective centres with substantially lower incomes.

The difference between the three groups is substantiated by the higher expenditure on food of IDPs, and especially those in collective centres, as a percentage of total consumption expenditure, a sure sign of poverty. The much greater possession among local households of durables, such as television sets or washing machines, points in the same direction.

There is widespread economic insecurity among the local population as well as IDPs. It is of note that most IDPs are reluctant to borrow money, in most cases for the reason that they believe they cannot pay it back. It is a reflection of their misery that most of those who borrow, do so to buy food. Indeed, the reported

Providing IDPs in Georgia with better alternatives is part of the strategy described as the New Approach. This recognises the inviolable right of all IDPs to return to their homes in secure conditions. Insofar as a return in such conditions is not possible, it also recognises the inviolable right of all IDPs to be treated equally and in the same manner as all Georgian citizens.



incomes in all sections of the population are dismally low. Even if allowance is made for underreporting of income and consumption expenditure (used as a substitute for income) it is likely that the great majority of both IDPs and the local population are below the Government's informal poverty line.

Differences between IDPs and the local population are probably smaller in respect of health and education. About the same proportions of illness were reported by the three categories of households. Their mode of treatment is also similar. Self-treatment and absence of treatment altogether are common responses, usually for financial reasons. The implied neglect of some forms of chronic illness could be serious in the longer term. Intensive health (including nutrition) education could be a cost-effective remedy for all groups of the population.

Reproductive health is similar for IDPs in collective centres (no data are available for IDPs in private accommodation) and the general population. IDP women's fertility rate is lower, as is the abortion rate. IDPs make slightly greater use of public health institutions for pre-natal care and delivery, but the differences are small.

Although no nutritional data were collected in the survey, material from other studies indicated a tendency for a slightly higher degree of stunting (height for a given age) among IDP children than children in the local population.

Contrary to widespread belief, enrolment figures at all three levels of education (kindergarten, primary/secondary and higher) are similar for IDPs and the local population. Nor is there much evidence of segregation. Most children attend mixed schools (of IDPs and locals) and mixed classes within schools. Attendance also is reported as fairly regular (in the spring and summer months; it may be worse in the winter). Surprisingly, also, almost as many IDPs as locals continue their studies from the age of 18 years, most of them at university.

If IDPs are not obviously disadvantaged in respect of health and education, housing is for many of them a major concern in respect of overcrowding, access to facilities, such as toilets or kitchens, and the condition of their accommodation. Conditions are especially bad in collective centres in which half the IDPs continue to live seven or eight years after their displacement. Average living space is 8 sq.m. per person (compared with 18 sq.m. for the local population), only one third have unshared access to a kitchen, one fifth to bathroom/showers, two fifths to toilets. Fifteen per cent deplore broken windows, almost 30 per cent a leaking roof.

While considerable hope is placed in the New Approach on community participation as a means of mobilising latent resources, general attitudes are unfavourable among both IDPs and locals. Membership of voluntary associations is limited to three to four per cent (among the local population as well as IDPs). Relatively few persons feel confident in the Government or other formal institution to provide help in a crisis. Only friends and relatives fulfil this role. On the other hand, while about half the IDPs consider that there is strong prejudice against them with respect to access to housing, not many share this sentiment in relation to other issues, such as education, health care or employment. This is evidently a sector where an in-depth enquiry into institutional aspects of community participation would be especially valuable. Household surveys can provide only limited information.

Besides data on possible policy issues, the report includes background material on a variety of topics, such as demography or external migration.



Some categories are more handicapped than others, but this is not necessarily so in all respects. IDPs in collective centres are especially disadvantaged in respect of employment, income and housing but, possibly because of the intervention of government and charitable agencies, not or not to the same extent, in terms of health or education. In this sense policies should be selective in respect of issues as well as categories of households.

Further research would be desirable, including the qualitative assessments planned in connection with the New Approach, and for which household surveys are not necessarily the most suitable instrument. The role of community relations (social capital) are an example, as is the use of land by IDPs and the conditions in which land could effectively implement their supply of food as well as provide an income. The role of low-cost health care intervention, for example through health and nutrition education, similarly, would bear further investigation.


INTRODUCTION

Providing Internally Displaced Persons¹ in Georgia with better alternatives is part of the New Approach. There is little joy in being displaced anywhere. There is none in being displaced in a country whose own citizens live in poverty and who may not welcome the additional burden that newcomers impose.

This survey is about the 254,000 or so persons (72,000 families), about 6 per cent of the population of Georgia, who fled the grim conflict in Abkhazia in 1992/93 and in the Tskinali region in 1990/91 and who continue to reside in Georgia as registered IDPs.² Others have long since migrated elsewhere. The majority are ethnic Georgians. Scattered throughout Georgia they are largely concentrated in the western part of the country, near the line that now divides Abkhazia from the rest of Georgia: in Samegrelo and Imereti, as well as in the capital Tbilisi.

Just above half found refuge in private accommodation, with relatives, friends or simply in whatever shelter offered itself. The remainders were lodged, and continue to live, in what are known as collective centres: former sanatoria, hotels, hostels and the like. Whether one of these two groups has better living conditions than the other is one of the questions this survey attempts to answer. Another question is how the living conditions of each of these two groups compare with those of the local population.

These questions have practical significance, well beyond their academic value. Among the 15 ex-republics of the former Soviet Union, Georgia is the one that was hardest hit by civil conflict and the economic recession in early transition. As of 1998, production (GDP) still stood at no more than 30 per cent of its pre-transition level. Per capita GDP in 1998 was around \$ 1,000 (at exchange rates, \$3,420 at purchasing power parity) compared with \$23,000 (ppp) in the industrialised member states of OECD. Unemployment, underemployment (people working, but intermittently and/or at abysmally low wages) became common coinage, while real money vanished in a spiral of inflation. Unable to raise sufficient revenue, the Government dramatically reduced expenditure on social services and welfare benefits (pensions, invalidity benefits, family allowances). The basic pension is now 12 GEL per month, 35 to 45 laris for war veterans, 18 laris for their widows.

The result has been widespread poverty. The poverty line in Georgia is much disputed. Depending on which of the many alternative lines is selected, as of the autumn 2000 the proportion of poor ranges from about 10 to 50 per cent. Using the SDS' current poverty line (approximately 110 GEL per month per active adult male equivalent) about half the population are in poverty, many severely so.

This is the context in which policies affecting IDPs are determined and their situation judged. It is argued, in particular, that whatever scarce resources the Government can muster in social relief should go to the most disadvantaged, in

¹According to the United Nations Guiding Principles on Internal Displacement (1998): "Internally displaced persons are persons or groups of persons who have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular as a result of or in order to avoid the effects of armed conflict, situations of generalised violence, violations of human rights or natural or human-made disasters, and who have not crossed an internationally recognised State border."

²According to the Ministry of Refugees and Accommodation there were as of November 1999, 261,052 IDPs from Abkhazia, 10,897 from the Tskinali region. However, as noted in Annex A, the real figures may well be closer to 254,000.



ways that will provide them with maximum benefits. IDPs are commonly considered to be a disadvantaged group. The IDP programme in Georgia was reported in a recent World Bank publication to be "one of Georgia's largest safety net programmes, ranking second only to old age and invalidity pensions".³ In 1998, Republican budget expenditures for this programme totalled some 56 million GEL; in 1999 it was 51 million. IDPs also tend to be the recipients of a large proportion of the humanitarian assistance donated by governmental and non-governmental organisations operating in Georgia.

Whether these relatively large amounts should continue to go to IDPs, or be given to the most needy, irrespective of whether they are IDPs or not, is part of public discussion. It is the time also when, jointly with the Government of Georgia, the international community has launched the 'New Approach' to reconsider the future of IDPs in a broader perspective than before. The New Approach recognises the right of IDPs to return to their former homes and to support such rehabilitation within feasible political constraints.

Insofar as a return in secure conditions is not possible, it recognises the inviolable right of all IDPs to be treated equally and in the same manner as all Georgian citizens. This would involve the abolition of certain legal and institutional impediments (if they wish to retain their IDP status, IDPs may lease but cannot now purchase land, for example). It would imply assistance with such key items as accommodation, income generation and access to social services. On the other hand, it would remove certain privileges, including the receipt of various forms of government assistance to persons who, although not otherwise needy, receive such benefits purely in their capacity as displaced persons.

As the information base on which future policies should be designed is deemed to be insufficient, assessments are in the process of completion or instigation, covering the following topics:

- Socio-economic status
- Accommodation
- Income generation
- Access to social services
- Legal issues
- Community development

Assessment of the socio-economic status, mainly of a statistical, quantitative nature, is the subject of this report. The other assessments, intended mainly as qualitative enquiries in depth, are still in the planning stage.

The socio-economic survey described here covers household composition, housing and associated factors (water, electricity etc.), household income and employment, social assistance, credit/savings, household expenditure, education, health, social capital, and migration of IDPs. As noted above, it is intended to support policies, specifically policies to improve targeting in the sense of identifying both the most needy families and the kind of support these most urgently require (cash, food, housing, etc.).

Comparison of conditions of IDPs and the local population is a major purpose of this survey, as is the comparison between the two principal groups of IDPs: those respectively in private and collective accommodation.

³World Bank, Georgia: Poverty and Income Distribution, Report No. 19348-GE, May 1999.



A team consisting of representatives of the International Federation of Red Cross and Red Crescent Societies, the Georgian Red Cross Society (GRCS) and the State Department for Statistics of Georgia (SDS) carried out the survey. The Federation assumed overall responsibility, supervised most phases of the work and wrote the final report. GRCS did the actual interviewing under the supervision of SDS and the Federation. SDS prepared the sample, assisted in questionnaire design, supervised the fieldwork, processed and tabulated the data.

Material from other studies by the Federation and other organisations has been incorporated as appropriate, for example on nutrition and reproductive health.

The project was financed mainly by the UK's Department for International Development (DFID) and the United States Agency for International Development (USAID), with contributions also from the United Nations Development Programme (UNDP) and the Federation (in the form of staff).



SECTION 1. EMPLOYMENT AND INCOME

The analysis is based on a total of 3,467 IDP households (12,249 persons) and 2,612 households (10,216 persons) from the local population. Of the IDP households, 1,690 lived in private accommodation, 1,777 in collective centres. Most (95 per cent) of the IDP respondents were from Abkhazia, 5 per cent from South Ossetia (Table 1):

Table 1
Region of origin of IDPs

	IDP	
	Private	Collective
	- per cent -	
Abkhazia:	94	95
Gali	28	29
Gagra	8	5
Gudauta	2	3
Gulripshi	10	11
Sukhumi	32	32
Ochamchire	14	15
South Ossetia:	6	4
Tskhinvali	4	4
Other	2	0
TOTAL for both regions	100	100
n =	1,672	1,773

IDPJ10 - 11.1

The region of origin is shown separately for each region of present residence (Annex Table D1). Most IDPs from South Ossetia currently reside in Shida Kartli and to a lesser extent in Kvemo Kartli. Samegrelo has a high proportion of IDPs originating from Gali. Tbilisi has attracted a large share of the people from Sukhumi.

Although sociologists are now discovering that money is not everything, income nonetheless is the single most crucial variable to IDPs, as indeed to most people, in Georgia. It enables them to buy food and other essentials, pay the doctor, buy school books, restore a sense of dignity and saves them from social isolation. In the sense that income is a kind of shorthand for many aspects of living conditions, it is central to the analysis in this report. Employment (both for wages and self-employment), similarly, and not withstanding welfare benefits, is the key for most people to higher income.

Unfortunately for the analyst, income and employment are elusive concepts on which respondents in surveys tend to withhold information. They forget minor sources or they fear that by admitting receipt of remittances or gifts from relatives they might jeopardise benefits that they might otherwise receive from Government or charitable organisations, such as the Red Cross (who supplied the interviewers). All this does not mean that the information from the survey is worthless, but rather that it should be carefully evaluated for the truth it contains, and adjusted in the light of other available information.



1.1 Employment

Table 2 and Chart 1 show that in respect of employment IDPs, and especially those in collective centres, are severely disadvantaged in comparison with the local population, which is itself in difficulties

Table 2
Employment status**

	Local Population	IDP Private	IDP Collective
	- per cent -		
16 and over and below retirement* (n =)	100 (6,187)	100 (3,878)	100 (3,986)
of which:			
Economically inactive	16	28	24
Economically active	84	72	76
of the economically active:A35			
Wage employment	27	20	15
Self-employment	44	31	19
unpaid family work	14	18	22
Total employment	85	69	55
Unemployed, looking for work	15	31	45
Total economically active	100	100	100
n =	5,275	2,959	3,026

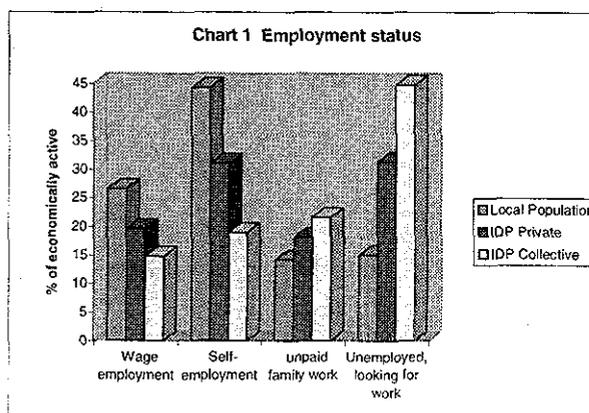
*Men 16-64, women 16-59

**Based on seven days before interview.

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IDPs, and especially those in collective centres, are severely handicapped as regards employment in comparison with the local population.

The classification in the table, based on ILO standards and definitions, distinguishes first the economically active, defined as the sum of those working plus the unemployed, from the economically inactive (they may be very active in other ways). The economically active are then divided (on the basis of what they did during the previous seven days⁴) into various forms of employment and unemployment. The criterion of employment is that respondents should have had a remunerated activity for any part of the seven days or an unpaid activity in a family enterprise, such as a farm, but not necessarily over the entire period.



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⁴Questions were asked also of employment during the previous three months, with similar results as regards the distinction between the local population and IDPs.



The activity could be brief and the remuneration a pittance, a condition sometimes defined as underemployment. That is, people are nominally employed, but receive little pay or they may be formally employed but placed on permanent unpaid leave. Self-employment, especially, may involve petty trading or subsistence farming with little money to show at the end of the day.

Table 3
Income from employment*

	Local	IDP	IDP
	Population	Private	Collective
	- lari per month -		
Wage employment			
Main job - cash	41.9	28.5	18.3
Main job - in kind	2.2	4.0	0.4
Second job - cash	2.3	0.7	0.3
Self-employment	17.5	17.6	10.4
Total	63.9	50.7	29.4

* Average per household, whether or not it contains an earner

1/7

The figures in the table suggest that IDPs, and especially those in collective centres, are severely handicapped as regards employment in comparison with the local population. The unemployment rate of IDPs in private accommodation is twice as high as that of the local population. The unemployment rate of IDPs in collective centres is three times as high.⁵

There are only minor differences between men and women in this respect. The only exception is that male IDPs in private accommodation in towns are more likely than women to have wage employment. The difference is made up by higher unpaid family labour by women, so that the unemployment rates are the same for men and women. Details are shown in Table 4.

Differences in employment between the groups is affected by the fact that while the employment pattern varies significantly between urban and rural areas relatively more IDPs than local population live in urban, as distinct from rural, areas.

Table 4
Employment status by urban/rural

	Urban			Rural		
	Local Population	IDP Private	IDP Collective	Local Population	IDP Private	IDP Collective
	- per cent -					
Wage employment	39	25	16	15	8	8
Self-employment	18	20	16	69	54	33
Unpaid family worker	16	19	22	12	15	19
Unemployed	26	35	46	4	23	39
Economically active	100	100	100	100	100	100
n	2,148	1,806	2,328	3,130	1,153	698

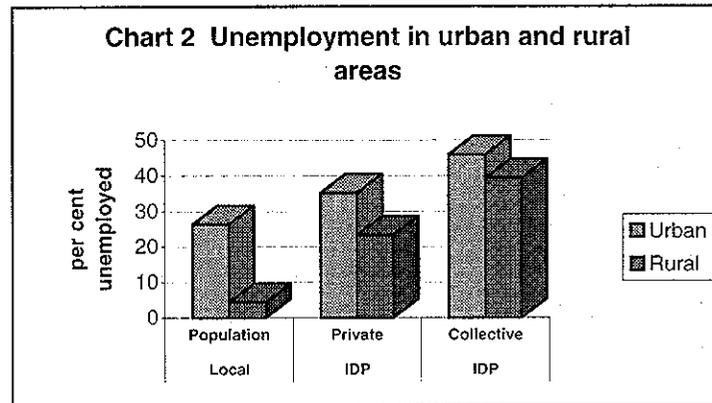
M11

⁵ The unemployed are defined here as persons of working age without employment, available and looking for work. Relatively few of them register with employment offices. According to the survey respectively 13 for the local population, 7 for IDPs in private accommodation, 9 per cent for IDPs in collective centres.



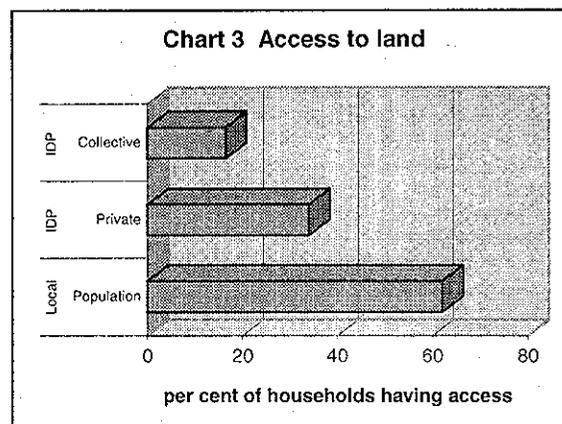
Overall levels of employment are higher, and unemployment levels, lower in rural than in urban areas. This statement needs to be qualified in the sense that rural employment is mainly self-employment. Most of it is in farming and, if the respondents can be believed, with considerably smaller earnings than in wage-employment. Most urban employment, on the other hand, is wage-employment. Average reported wages were 70 GEL per earner/month, average earnings from self-employment about 15 GEL.⁶

Overall levels of unemployment are lower in rural than urban areas.



M11

Rural employment in the local population is high (if not necessarily highly remunerative) partly because households owning at least one hectare are deemed to be employed by government decree. No fewer than 96 per cent of the local rural population were formally employed, the majority in farming. The problem for IDPs is that they have much less access to land than the locals. Only about one third of IDPs in private accommodation have access (mainly rented), no more than about one in seven in collective centres (Chart 3).⁷



A3(2)

⁶ Actual earnings of the self-employed were probably underreported - a very large proportion said they had zero income. Income in kind (e.g. self-grown food) was not reported in monetary terms.

⁷ They may own land only if they give up their IDP status (including their residential status in Abkhazia or S.Ossetia), thus forfeiting their right to the cash benefits to which they are entitled as IDPs. They may however rent land. The land that IDPs in the survey claimed as belonging to them was mainly in the form of small kitchen plots. It is possible also some respondents referred to land owned by them in Abkhazia.



The amount of land available to most IDPs, moreover, was sufficient at best to provide them with vegetables or fruit, but not a sizeable income. The average amount was a little over one hectare for IDPs in private accommodation, no more than 400 sq.m. (a plot 20 by 20 metres) for those in collective centres.

Access was considerably higher in rural than urban areas (though it was relatively common also in the latter) and varied across regions, as shown in Table 24 below.

The kind of work that IDPs do is shown in Tables 5 and 6. In urban areas half of it is wage employment, half self-employment. In rural areas it is mainly self-employment.

Table 5
Type of employment: economic activity sector
- (a) wage employment*

	Local Population	IDP Private	IDP Collective
	- per cent -		
1. Agriculture	3.0	1.6	1.8
2-3. Manufacturing, mining	12.0	8.0	9.7
4. Water, gas, electricity	3.9	2.6	1.9
5. Construction	3.0	4.5	5.5
6. Commerce	8.9	14.0	17.5
8. Transport	8.1	6.7	7.0
9-10. Finance etc.	6.4	5.8	4.2
11. Government	11.8	14.8	18.4
12. Education	20.5	18.2	16.5
13. Health	12.4	12.8	7.7
14. Other social services	7.0	4.3	5.5
15. Domestic	0.7	3.8	1.2
Other	2.2	2.6	3.2
Total	100	100	100
n =	1,503	623	472

M12, Q3.4

* Employment in previous 3 months

Table 6
Type of employment: economic activity sector
- (b) self employed*

	Local Population	IDP Private	IDP Collective
	- per cent -		
1. Agriculture	88.1	70.4	56.7
2-3. Manufacturing, mining	1.3	2.1	2.4
6. Commerce	7.7	24.5	33.8
Other	2.9	3.0	7.1
Total	100	100	100
n =	3,831	1358	881

M12, Q3.11

* Employment in previous 3 months

*In urban areas
half of the work
that IDPs do is
wage
employment, half
self-employment.
In rural areas it
is mainly
self-employment.*



Insofar as they have employment, the kind of work that IDPs do does not appear to differ greatly from that of the local population. Most of it is in Government, including education, health and other social sectors, a smaller amount in manufacturing. Most self-employment is in agriculture. Trading (commerce) accounts for one third of self-employment in the collective centres, about one quarter among IDPs in private accommodation.

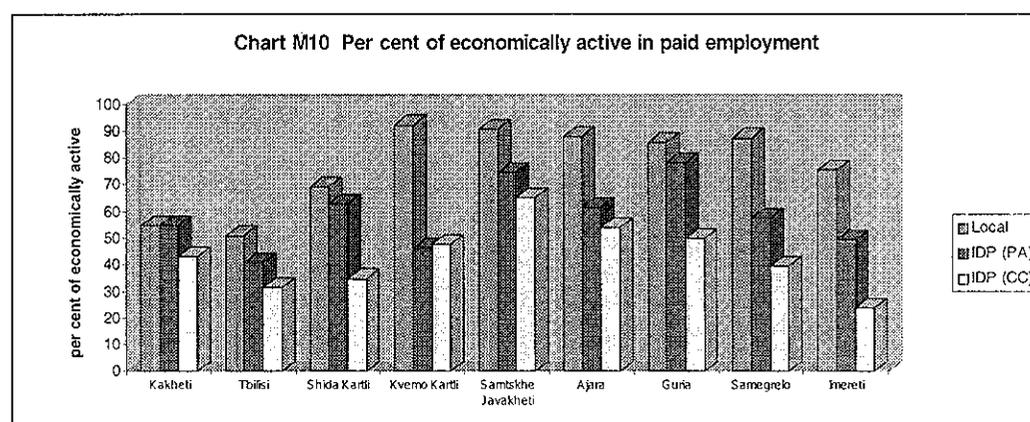
Does the pattern of employment - higher employment rates in the local population than for IDPs, higher rates for IDPs in private accommodation as compared with those in collective centres - apply equally in all regions?

Table 7
Wage employment by region and urban/rural

		Kakheti	Tbilisi	Shida Kartli	Kvemo Kartli	Samtskhe Javakheti	Ajara	Guria	Samegrelo	Imereti	Total
		per cent of the economically active									
Urban	Local	30.0	40.8	39.3	57.3	37.0	27.8	37.3	44.4	34.6	39.3
	IDP (PA)	15.6	32.3	24.7	19.3	23.4	3.5	21.4	16.8	20.5	25.2
	IDP (CC)	11.5	25.1	14.8	23.9	10.7	7.9	n.a.	13.8	6.2	16.2
Rural	Local	22.4	n.a.	18.2	12.1	14.0	14.1	14.8	10.2	13.9	14.6
	IDP (PA)	13.0	n.a.	17.5	6.0	6.3	5.7	16.8	7.1	3.1	7.6
	IDP (CC)	4.8	n.a.	22.4	7.7	n.a.	1.9	15.8	8.0	2.4	8.2
Total	Local	24.1	40.8	23.6	23.4	26.7	18.3	18.9	20.2	23.8	26.6
	IDP (PA)	14.0	32.3	20.6	16.0	13.4	3.8	18.5	11.9	10.5	19.6
	IDP (CC)	10.7	25.1	16.4	23.4	10.7	7.8	15.8	11.3	5.9	14.8

M10

Table 7 shows the distribution of wage employment, which is the most significant of the various forms of employment. With very few exceptions, the pattern is repeated for each of the regions, that is to say more wage employment in the local population, somewhat less for IDPs in private accommodation, and worst for IDPs in collective centres. The picture is similar as regards unemployment.



The regional differences among IDPs appear clearly also in Chart 4. Thus, Tbilisi has the highest proportion of workers in wage employment among IDPs, followed by Shida Kartli, with Ajara at the lower end.

Table 8
Unemployment by region and urban/rural

		Kakheti	Tbilisi	Shida Kartli	Kvemo Kartli	Samtskhe Javakheti	Ajara	Guria	Samegrelo	Imereti	Total
Urban	Local	21.4	29.0	20.2	27.6	15.3	52.3	14.8	17.2	21.8	26.3
	IDP (PA)	20.0	31.6	32.2	53.3	36.2	54.7	25.7	38.5	23.1	35.2
	IDP (CC)	44.8	35.1	39.4	46.5	34.7	72.3	n.a.	55.8	48.4	46.0
Rural	Local	13.0	n.a.	5.9	0.2	1.2	8.9	4.2	1.8	2.3	4.3
	IDP (PA)	13.0	n.a.	4.3	46.7	17.9	45.3	6.7	24.8	20.5	23.3
	IDP (CC)	38.1	n.a.	31.9	41.0	n.a.	73.6	28.9	39.8	34.7	39.3
Total	Local	14.9	29.0	9.5	7.0	9.0	22.1	6.2	6.3	11.6	15.0
	IDP (PA)	15.9	31.6	16.5	51.6	25.5	53.3	13.7	31.5	21.6	31.4
	IDP (CC)	44.0	35.1	37.8	46.3	34.7	72.3	28.9	48.8	47.4	44.7

M10, Q3.15, 3.16, 3.21

IDPs are highly concentrated in five areas: in private and collective accommodation in Tbilisi (32 per cent of all IDPs in Georgia), in private accommodation in both urban and rural Samegrelo (27 per cent) and in collective centres in urban Imereti (10 per cent). The proportions of workers in wage employment and those unemployed in these five sectors, accounting for 69 per cent of all IDPs, are:

		In wage employment per cent
Tbilisi, private		32
Tbilisi, collective		25
Samegrelo, urban private		17
Samegrelo, rural private		7
Imereti, urban collective		6
Average - private		20
collective		15

In (other) words, IDPs in Tbilisi are very much better off as regards wage employment than their colleagues in the other centres of high IDP concentration, Samegrelo and Imereti. The difference is less marked when self-employment or unpaid family labour (or unemployment, as the reverse of the picture) are added but, as noted, it is wage employment that is best remunerated.

1.2 Employment Before Displacement

Lack of employment or of employment that is sufficiently remunerated, is at the root of poverty. Vocational training could be a means of employment enhancement provided it is of the kind that stimulates employment in the current highly sluggish employment market. The question is what skills the IDPs possessed before displacement and whether these could be improved upon. The details of occupations in Abkhazia and South Ossetia in Annex Table D3 are summarised in Table 9.⁸

Before displacement, about half of IDPs worked in white collar occupations, 12% in agriculture, most of them in unskilled jobs, 15% had jobs in industry.

⁸ From the perspective of vocational training, the relevant age group is 25 to 50, since most of those below this age had no jobs before displacement, while those older than 50 are unlikely to benefit from training.



Table 9
Occupations of IDPs before displacement
 (summary table) - persons now aged 25 to 50

	Unweighted number	Per cent
White collar and professional jobs	1,250	47.4
Salesmen	137	5.2
Service workers (including police etc.)	118	4.5
Skilled workers in agriculture	90	3.4
Skilled workers in industry	382	14.5
Drivers	298	11.3
unskilled workers in agriculture etc.	215	8.2
unskilled workers elsewhere	148	5.6
Total	2,638	100
M1(2)		

About half the IDPs worked in white collar occupations, 12 per cent in agriculture, most of them in unskilled jobs, 15 per cent had jobs in industry.

1.3 Household Income and Expenditure

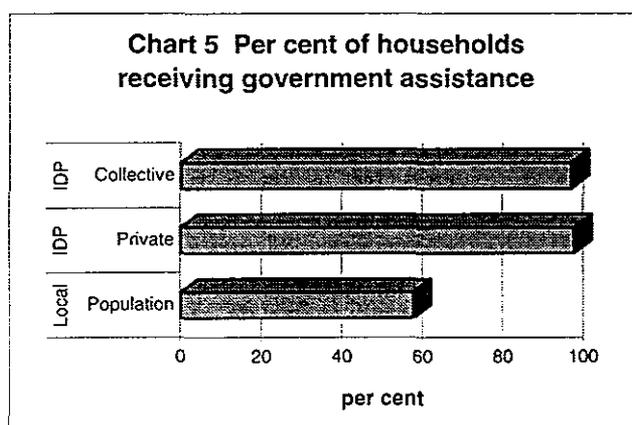
IDP incomes are derived mainly from employment and government assistance. Minor additional sources include remittances from family members working abroad, home-grown food, gifts from relatives and assistance from charitable organisations in cash or kind.

As of July 2000, when the survey took place, each IDP received 12 GEL per month from the government, and those past retirement age (women 60 plus, men 65 plus) a pension of another 13.4 GEL (the normal pension plus 20 per cent). As of 1 September 2000, IDPs in collective centres were due to have 5 GEL deducted from their basic 12 GEL: 3 for electricity, 1 for water, 1 for 'sanitary cleansing'.⁹

The Government pays 2 GEL monthly for each IDP in private accommodation, normally directly to the landlord. A special Government fund has been set up to pay each destitute person (as defined) between 17 and 70 laris annually.¹⁰ Such persons also benefit from free health care. Finally, IDPs benefit from free transport in Tbilisi and some other major cities.

⁹ Since interviewing took place in June/July 2000, this would not affect the survey results.

¹⁰ Lonely unemployed pensioners, lonely unemployed pensioners with children under 18, lone mothers with children under 18, orphans, multi-children families with more than three children under 18, disabled category I, Disabled children of I and II categories, wife and children of persons who died in the war.



W1

While 58 per cent of the local population nominally get government assistance of some kind, mainly old age and disability pensions, virtually all the IDPs are entitled to benefits (Chart 5). The question is whether these dues were in fact received. Respondents reported having received seven to eight monthly payments in the 12 months prior to the survey. IDPs did not vary significantly in this respect from the local population.¹¹ Average amounts received are shown in Table 10.

Table 10
Government assistance

Lari/month per household	Local	IDP	IDP
	Population	Private	Collective
	- per cent h'hids -		
0	38.7	0.9	0.9
1-9	29.1	15.9	19.2
10-19	20.8	21.2	26.5
20-29	7.0	22.0	21.1
30-39	1.7	18.7	18.2
40-49	1.4	12.3	7.8
50-69	0.9	6.3	4.4
70 plus	0.3	2.8	1.7
Total	100.0	100.0	100.0
n =	2,612	1,690	1,777
Mean	12.3	39.7	38.2
Median	3.9	25.5	21.6

W4

IDP households in private accommodation on an average reported receiving 40 GEL, those in collective centres 38 GEL. The local population reported an average of 12 GEL per month.

¹¹ Although this is not borne out by these figures, other evidence suggests that IDPs normally receive their benefits more regularly than the local population.



Table 11
Was non-governmental assistance received
and from whom

	Local Population	IDP Private	IDP Collective
- per cent households -			
By one or more h'hld members n (=no. of households)	24 (2,587)	78 (1,669)	73 (1,759)
- per cent beneficiaries -			
from:			
Friends/relatives in Georgia	80	13	12
Abkhaz Govt. in exile	1	56	46
Humanitarian organisation	12	30	39
Friends/relatives abroad	5	1	1
Other	3	1	0
Total	100	100	100
n (=no. of beneficiaries)	852	2,056	2,293

W5, Q6.7

Other assistance was reported by about one quarter of local people (most from friends and relatives) and 80 per cent IDPs, mainly from the Abkhaz government in exile and humanitarian organisations (Table 11).

Most of the assistance was in the form of food and money, with smaller amounts in medicine, clothing and transport. With the information available, it would make little sense trying to assign a monetary value to these gifts that nonetheless further raise the amount of welfare received by IDPs as compared to those of the local population. The question is whether such benefits to IDPs make up for the much smaller *reported* incomes from employment.¹² Reported monthly income and consumption expenditure are shown in Table 12.

Table 12
Household income and consumption expenditure

	Local Population	IDP Private	IDP Collective
Lari/month/household			
Mean			
Income	92	85	58
Consumption expenditure	124	120	98
Median			
Income	46	51	45

I/5

¹² The emphasis here is on the word *reporting*, since this may differ significantly from actual income, not only from employment but also from other sources.



Household income in this case includes income from employment, government benefits (such as pensions) and remittances from abroad. It excludes income in kind, such as self-grown food.¹³ In any case, income is always underreported in surveys the world over. To compensate, two kinds of adjustment have been made, shown in Table 13.

Table 13
Estimates of real income before and after government assistance

Lari/month/household	Local	IDP	IDP	
	Population	Private	Collective	
1. Mean income as in survey	104	112	83	As reported in the survey
2. Mean expenditure as in survey	123	120	98	Substitute this as more reliable
3. Ratio of total SDS expenditure to SDS cash expenditure	1.24	1.21	1.16	Ratio of total, to cash, expenditure
4. Estimated average h'hld expenditure of this:	152	146	114	Applied to 2. above
5. Government assistance	12	40	38	less govt. assistance
6. Estd. av. h'hld expenditure as it would be without government assistance	140	106	76	expenditure before assistance

* IDP non-cash expenditure weighted to account for differences in urban/rural distribution

1/5

(i) Reported *consumption expenditure*, rather than reported income, is used since it is generally considered that reporting of expenditure is more reliable than of income, and in this sense it is a good indicator of real income.

(ii) Only cash expenditure was reported in the survey. An addition has been made for the monetary equivalent of the consumption of home-grown food and of food received as a gift, based on SDS estimates of non-cash consumption expenditure for the local population. In 1999, it was about 16 GEL monthly in urban, and 71 in rural, areas. In applying it to IDPs in Table 13, the amounts have been modified to reflect the greater concentration of IDPs, as compared with the local population, in urban areas. The ratio of total to cash expenditure in the local population (SDS estimates) has been applied unchanged to IDPs on the assumption that IDPs make up in gifts of food for their possibly lesser amount of self-grown food. The overall conclusions are unlikely to be greatly affected by this assumption.

Two estimates of expenditure (as an indicator of income) are included in Table 13: (a) total expenditure per household from all sources, and (b) expenditure less government assistance. In deciding policy for welfare benefits, it is the latter estimate that counts. The question is whether the local population and IDPs have the same or different incomes in the *absence of government support*, a difference that the Government may or may not wish to redress. From the information available, it is likely that without government assistance, incomes of the local population exceed those of IDPs in private accommodation by about a third and those of IDPs in collective centres by about one half.

The effect of government assistance is to reduce this gap, bringing IDPs in private accommodation close to equality with the local population as regards income, but still leaving IDPs in collective centres with substantially lower incomes.

¹³ In comparison with estimates by SDS it possibly omits also income from sale of agricultural produce, rent and interest, money received from friends and relatives, loans and credits.

Not counting government assistance, incomes of the local population exceed those of IDPs in private accommodation by about a third and those of IDPs in collective centres by about one half.



This is so, or nearly so, irrespective of the adjustments made here. Reported survey income in Table 12 (including government assistance), for example, is about the same for locals and IDPs in private accommodation, while both greatly exceed incomes in collective centres.

Because household size and composition vary, estimates have been made also of expenditure (again as an indicator of income) per adult equivalent, estimates that account for differences in size and composition among households.¹⁴

Table 14
Household expenditure per
adult equivalent

	Local Population	IDP Private	IDP Collective
- lari/month -			
Means			
Total expenditure	50.1	53.3	40.1
Expenditure less			
Government assistance	47.3	44.0	32.6
Median			
Total expenditure	33.1	35.1	29.7
Expenditure less			
Government assistance	28.9	24.0	20.2

I/11

The gaps between local population and IDPs in private accommodation, on the one hand, and those in collective centres, on the other hand, remain.

How does the pattern vary between urban and rural areas and among regions?

Table 15
Household expenditure per adult equivalent by region and urban/rural less Government assistance
(cash expenditure only, lari/month)

	Kakheti	Tbilisi	Shida Kartli	Kvemo Kartli	Samtskhe Javakheti	Ajara	Guria	Samegrelo	Imereti	Total
Urban										
Local	27	58	31	37	26	71	14	32	34	46
PA	24	57	31	33	39	48	17	29	26	43
CC	30	41	15	26	31	54	n.a.	20	24	30
Rural										
Local	28	n.a.	17	22	n.a.	47	14	24	34	28
PA	39	n.a.	27	17	53	73	16	22	26	23
CC	25	n.a.	25	24	50	39	19	17	31	18

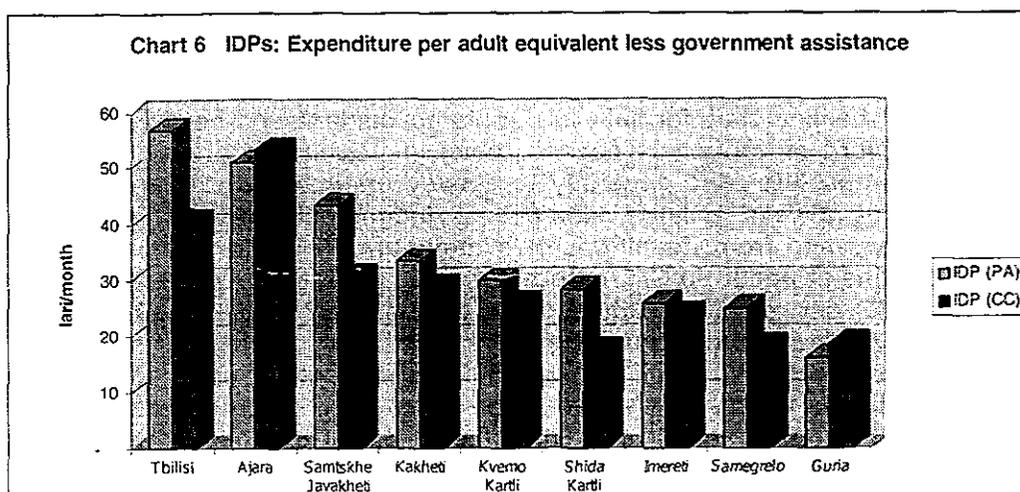
(Imereti contains Racha Lechkumi and Kvemo Svaneti regions; Shida Kartli contains Mtskheta Mtianeti)

I/10

The differences between the three categories are maintained as regards total urban and total rural expenditure (the final column of Table 15), and separately for each of the three regions with large concentrations of IDPs, namely

¹⁴ Male adults and teenagers aged 7-16 are counted as 1.00, children under seven receive a weight of 0.64, females of working age a weight of 0.84, males over 60 a weight of 0.88, females over 60 a weight of 0.76 (SDS figures).

Tbilisi, Samegrelo and Imereti, but not necessarily in the remaining regions, where the picture is mixed.



As regards IDPs in private accommodation, the highest level of expenditure (Chart 6) is in Tbilisi, followed by Ajara, with Guria at the end of the line. Ajara has the highest level as regards collective centres, with Tbilisi not far behind. IDPs in Samegrelo and Imereti, other regions with high concentrations of IDPs, have relatively low levels of expenditure. Comparison of conditions in the two principal centres of concentration of IDPs: Tbilisi and Samegrelo, is very much in favour of the former. Levels of expenditure in Tbilisi were distinctly higher among IDPs both in private accommodation and collective centres than in urban Samegrelo (there are no rural areas in Tbilisi), reflecting the higher levels of income of the local population in Tbilisi generally.

Per adult equivalent
income, GEL/month/household

	per cent
Tbilisi, private	57
Tbilisi, collective	41
Samegrelo, urban private	29
Samegrelo, rural private	22
Imereti, urban collective	24

The question has been raised whether IDPs in more remote regions, outside the major concentrations of IDPs generally, are better or worse off than those in Samegrelo or Tbilisi. Kakheti, as an example, has a relative small IDP community (362 households - see Annex Table A1). Expenditure levels there were about average (Table 15). On the other hand, IDPs in Ajara had levels well above the average, those in Guria well below. Conditions vary. Mere exclusion from the main centres of IDP concentration is clearly no guarantee of welfare.

1.4 Welfare Aspects

Comparative aspects apart, what is the significance of these figures for the absolute welfare of IDPs as well as the local population? A first factor of note is that the figures cited so far are mean values, that is to say averages that, in some instances, were biased by a small number of fairly high individual incomes.

The majority of both IDPs and the local population are below the Government's informal poverty line.



Medians (that ignore untypical values) may more adequately describe the real situation (Table 14 above).¹⁵

Median expenditure (adjusted for non-cash consumption) is well below the mean for each of the three groups. The amounts in the table, approximately one GEL per adult per day - less in collective centres - should be seen in the light of the poverty line, the line that formally attempts to distinguish the poor from the non-poor. A word of caution is needed, however. Even the poverty lines that purport to be absolute (and generally to convey undiluted truth) are not so in fact.¹⁶ There is always a large element of judgement present arising from technical details and from definitions of a minimum. A World Bank estimate in 1998 set the line at about 50 GEL/month per adult equivalent. The estimate (less than two GEL per day per adult) was criticised in UNDP's 1999 *Human Development Report* as too low (they gave no alternative figure). A recent estimate by the SDS is 112 GEL per adult equivalent, a criterion by which virtually everybody in this survey would be in poverty. There is little doubt at any rate that amounts as in Table 14, of 30 or so GEL spell poverty in any context.

The difference between the three groups (i.e., locals, IDPs living in private accommodation and their counterparts living in collective centres) is substantiated by the higher expenditure (relative to total income) on food by IDPs, and especially those living in collective centres, as a percentage of total consumption expenditure, a sure sign of poverty.

As noted earlier, consumption expenditure figures are preferred to figures of income (which are even lower). However, even the reported expenditure figures may underestimate real expenditure (see Annex C). Data from the SDS' national household survey give higher estimates than the IDP survey (for the local population; they have no separate data for IDPs) in respect of cash expenditure by about 40 per cent.¹⁷ Whether these figures are accurate or not and whether they apply equally to IDPs, is not known, however. Applying the 40 per cent increase to the data in Table 16 would raise the levels as follows (leaving the differentials between the three groups unchanged):

Table 16
Adjusted household expenditure per adult equivalent
(adjusted upward in line with SDS data)

	Local Population	IDP Private	IDP Collective
	- lari/month -		
Means			
Total expenditure	70.1	74.6	56.1
Expenditure less			
Government assistance	66.2	61.6	45.6
Median			
Total expenditure	46.3	49.1	41.6
Expenditure less			
Government assistance	40.5	33.6	28.3

l/12

Mean expenditures would vary from 70 GEL/month/adult for the local population to 56 GEL for IDPs in collective centres. The medians would vary from 41 to 28.

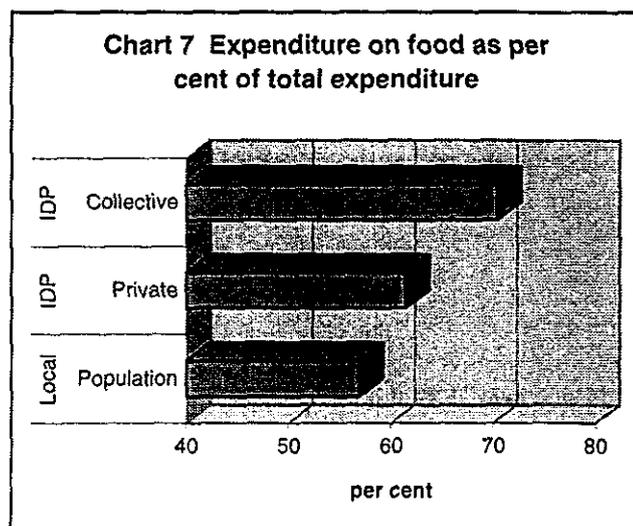
¹⁵ A median is calculated by stringing out all the values in a row by order of magnitude. The median is the mid point of the row. Small numbers of extreme values at either end have no influence on the mid point.

¹⁶ Other lines, the so-called 'relative' poverty lines are deliberately relative in the sense of identifying the poorest 5 or 10 per cent of a population, irrespective of the income involved.

¹⁷ Making use of a seven day diary.

In any case, they are still short by a considerable margin of the 112 GEL poverty line.

As an alternative indicator of poverty, the proportion of total consumption expenditure spent on food has been widely used: the higher the percentage the greater the poverty (Chart 7).¹⁸



1/2

And indeed, while the proportions are high for all three groups (50 per cent spent on food is sometimes considered a lower limit of acceptability), they are higher for IDPs than the local population, and higher in collective centres than for IDPs in private accommodation.

By and large, but with variations, the pattern is followed in most regions and in urban and rural areas separately (Annex Table D4).

Possession of durables, similarly, is considered an indicator of well-being, although age of the equipment has tended to erode the value of what many people possess (washing machines are of the older, twin tub variety while motor cars usually date back to Soviet times).

There is a much greater possession of durables such as television sets and washing machines among locals compared to IDPs.

¹⁸The Engel coefficient (named after an obscure Prussian statistician, not Friedrich) based on the common experience that *absolute* expenditure on food for a group of people (not necessarily for each individual) is reasonably constant. So that with falling income the *proportion* rises.



Table 17
Ownership of household durables

	Local Population	IDP Private	IDP Collective
- per cent -			
Per cent households owning the following:			
TV	86	81	62
Refrigerator	72	52	22
Washing machine	47	26	8
Radio/Audio equipment	41	42	27
Telephone	36	29	7
Car	18	6	3
Video equipment	16	9	4
Mini-Tractor	3	1	0
Bicycle	3	1	1
Generator	3	0	0
Tractor	2	0	0
Motorcycle	1	0	0
Households who own at least one of the above items	94	88	69
	2,612	1,690	1,777

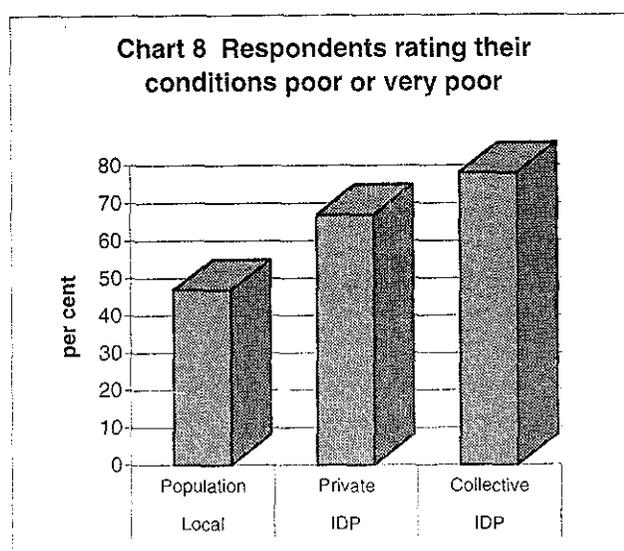
H13 - 2.28

The data confirm the higher living standards of the local population and, as between the two groups of IDPs, those in private accommodation.

The data confirm the higher living standards of the local population and, as between the two group of IDPs, those in private accommodation. Television sets are the most commonly owned item, followed by refrigerators, radios and washing machines. The situation for urban and rural areas and by region is shown in Annex Table D5.

1.5 Subjective Well-being

The general state of poverty is mirrored in the low self-esteem not only of IDPs, but of the population in general (Chart 8).



C1



Almost 80 per cent of IDPs in collective centres consider themselves as poor or very poor, while half the local population took a similar view. Few of the respondents felt they could withstand a personal crisis, such as illness or loss of employment.

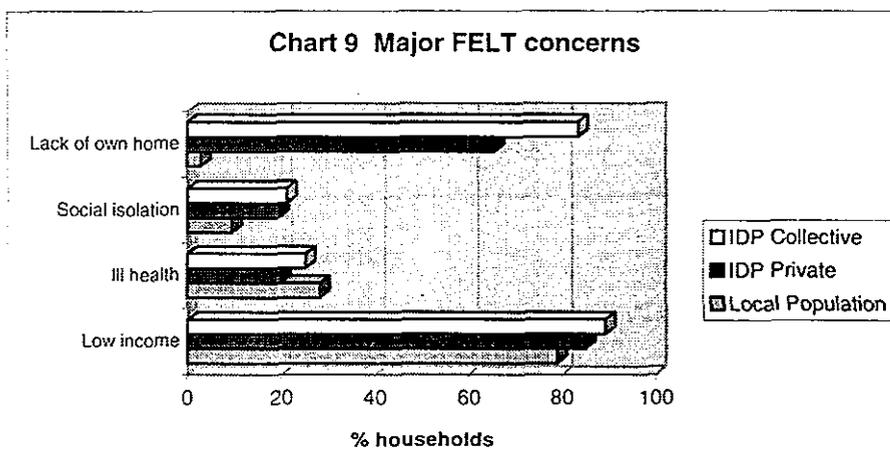
Table 18
Confidence in household's ability
to avoid crisis*

	Local Population	IDP Private	IDP Collective
- per cent of h'hlds -			
Very insecure	56	51	48
Somewhat insecure	34	36	39
Secure	2	1	1
DK	8	12	12
Total	100	100	100
n	2,602	1,683	1,768

* Such as loss of job or illness
W7,Q9.10

The general state of poverty is mirrored in the low self-esteem not only of IDPs, but of the population in general.

IDPs in collective centres and private accommodation place low income at the head of their preoccupations, together with lack of their own home. After low income, ill health is the principal worry of the local population (Chart 9).



C11

Social isolation is more a concern to IDPs than to the local population.

Felt social isolation is more a concern to IDPs than to the local population. The extent, moreover, varied greatly among regions (Table 19).



Table 19
Proportion of persons feeling socially isolated

	Kakheti	Ibilis	Shida Kartli	Kvemo Kartli	Samtkhe Javakheti	Ajara	Guria	Samtskhele	Imereti	Total
	- per cent -									
Local population	31	11	4	11	10	9	12	2	2	9
IDP (PA)	36	17	16	60	16	15	14	18	5	19
IDP (CC)	30	15	9	36	14	21	9	21	30	21

C14

1.6 Agriculture as a Source of Employment and Income

1.6.1 Access (ownership or rental) to land

Almost twice as many local households reported having access to land as IDP households living in private accommodation, who were twice as likely to have access to land than those in collective centres.

As noted earlier, almost twice as many local households reported having access to land as IDP households living in private accommodation. In turn, privately accommodated IDP households were twice as likely to have access to land than those in collective centres.

Of those households with access to land, a much greater proportion of local households owned all or part of it compared to IDP households (particularly those living in collective centres). IDP households are more likely to rent the land to which they have access (see footnote 7 above). The majority of households, local and IDP alike, farm the land to which they have access.

Table 20
Access to land

	Local Population	IDP Private	IDP Collective
	- per cent -		
Household has access to land (n =)	62 (2,607)	34 (1,686)	17 (1,768)
Of those households who have access to land:			
Owns all or part of land	99	49	15
Rents all or part of land	12	60	78
Farms land (n =)	93 (1,817)	97 (649)	98 (359)

A3(2) - 2.29, 2.30, 2.31, 2.33

The quantity of land varies greatly among the three groups. Most households in collective centres, if they have land at all, have only small plots (400 sq.m on average). The average for IDPs in private accommodation is 1,200 sq.m. For the local population it is 2,500 sq.m (Table 21).

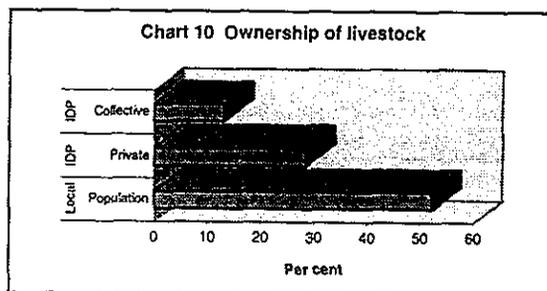
Table 21
Quantity of land to which households have access

	Local Population	IDP Private	IDP Collective
	- per cent -		
sq.m.	28	49	65
1,001 - 2,500	23	29	22
2,501 - 5,000	13	16	11
5,001 - 10,000	28	6	2
10,001+	9	1	0
Total	100	100	100
Average (median)	2,500	1,200	400
n =	1,817	649	359

A7(2) - 2.36

1.6.2 Ownership of Livestock

Local households are almost twice as likely to own livestock as IDPs living in private accommodation, four times as many as in collective centres. Cows, pigs and poultry are the most common types of livestock owned by both local and IDP households. The majority of the produce obtained was reported to be consumed by the household. A smaller percentage was reported to be sold and exchanged for other goods.



A4(2)

Table 22
Types of livestock owned

	Local Population	IDP Private	IDP Collective
	- per cent -		
Per cent owning any livestock	52	29	13
of these:			
Cow	35	16	5
Bull	3	1	0
Buffalo	1	1	0
Donkey	1	0	0
Horse	3	2	1
Pig	23	16	7
Sheep	3	0	0
Goat	2	1	0
Rabbit	1	0	0
Bees	1	0	0
Poultry	47	27	12
n	2,612	1,690	1,777

A4(2), 2.34



Table 23

Destination of produce obtained from households' land/livestock*

	Local Population	IDP Private	IDP Collective
	- per cent **-		
Consumed	97	95	94
Sold	22	19	14
Exchanged	6	3	1
n	1,800	691	419

* In the three months prior to the survey

** Some households gave more than one answer

A5(2)

There is of considerable variation as regards access to land and ownership of livestock between urban and rural areas. Two thirds of IDPs in private accommodation have access to land in rural areas, almost one third of those in rural collective centres do so. Variation is also considerable among regions. There is widespread access in regions such as Kakheti, for example, but little in Ajara (Tables 24 and 25).

Table 24

Access to land by region and urban/rural

		Kakheti	Tbilisi	Shida Kartli	Kvemo Kartli	Samtkhe Javakheti	Ajara	Guria	Samegrelo	Imereti	Total
Per cent of households with access											
Urban	Local	79	12	42	29	71	17	75	48	52	32
	PA	68	2	15	26	15	0	58	35	24	17
	CC	24	7	15	36	28	4	n.a.	17	17	14
Rural	Local	99	n.a.	97	94	99	91	97	100	98	97
	PA	96	n.a.	89	59	76	17	90	67	44	67
	CC	82	n.a.	20	39	n.a.	0	36	28	80	29
Total	Local	95	12	82	71	82	62	92	81	74	62
	PA	86	2	61	33	41	2	76	52	36	34
	CC	29	7	17	36	28	3	36	22	19	17

A1

Table 25

Ownership of livestock by region and urban/rural

		Kakheti	Tbilisi	Shida Kartli	Kvemo Kartli	Samtkhe Javakheti	Ajara	Guria	Samegrelo	Imereti	Total
Urban	Local	79	4	33	12	49	9	53	37	43	22
	PA	46	2	10	21	5	2	34	31	26	15
	CC	21	2	14	29	14	0	n.a.	19	14	11
Rural	Local	84	n.a.	82	86	86	75	91	98	92	87
	PA	71	n.a.	79	46	53	0	74	54	35	54
	CC	41	n.a.	22	21	n.a.	2	36	23	47	24
Total	Local	83	4	69	60	64	49	83	76	66	52
	PA	62	2	53	27	25	1	57	43	31	28
	CC	23	2	16	29	14	0	36	21	15	13

A1

SECTION 2. SAVINGS AND CREDIT

As pointed out in the previous section, attempting to determine the amount of money received by households is notoriously difficult. The same applies to savings, information on which is included here because it confirms the general trend - which is that people have no money to save. Information on credit appeared easier to obtain and, it could be argued, is less likely to be biased than the savings data.

2.1. Savings

Most households, whether IDP or not, reported to have no savings. The predominant reason was the lack of money. Also, responses indicate that even if a household was able to save, it was generally unable to keep its savings (Table 26).

Table 26
Why households have no savings

	Local Population	IDP Private	IDP Collective
	- per cent -		
Household has no savings (n =)	95 (2605)	96 (1681)	98 (1775)
Reason for absence of savings:			
Not enough money to save	88.6	88.1	90.4
Impossible to keep savings	9.5	11.4	8.5
Do not trust saving institutions	0.7	0.3	0.4
Other	1.1	0.2	0.6
Total	100	100	100
n =	2,466	1,603	1,752

SC1 - 4.1, 4.2

There is a widespread economic insecurity among the local population as well as IDPs.

2.2. Credit

A similar proportion of both local and IDP households reported to have taken a loan in the twelve months prior to the survey. Relatives and friends were the most common source of financial assistance, although IDPs living in collective centres were more likely than other households to have obtained a loan from an individual who was not a relative or friend. Approximately a third of all the households (IDP and local) who had taken a loan during the twelve month period, stated that it had been repaid



Table 27
Origin of loans*

	Local Population	IDP Private	IDP Collective
	- per cent -		
Household has taken a loan (in the 12 months prior to the survey)	25	21	20
(n =)	(2607)	(1686)	(1777)
From where the loan was taken:			
Relative/Friend	65	67	55
Private person (other than relative/friend)	27	24	37
Pawn shop	3	5	2
Bank	3	1	1
Other	1	3	5
Total	100	100	100
Loan was repaid during the last 12 months	32	32	34
n =	598	312	396

* In the three months before the survey.

SC2 - 4.6, 4.8, 4.7

To buy food was reported to be the major reason for both IDP and local households taking out a loan.

To buy food was reported to be the major reason for both IDP and local households taking out a loan. Another common reason, more so for local than IDP households, was to pay for healthcare. IDP households were more likely than local households to report that they had taken out a loan to invest in a business.

Table 28
Reason for taking a loan
(in the 12 months prior to the survey)

	Local Population	IDP Private	IDP Collective
	- per cent -		
To buy food	47	46	57
To pay for healthcare	25	13	19
To invest in a business	7	17	11
To repay a debt	3	9	5
To pay for education	4	2	2
To pay for a ceremony e.g. a wedding	4	2	2
To buy or repair a house	3	3	1
To buy household durables	1	3	1
To buy land/livestock	2	2	1
Other	6	3	3
Total	100	100	100
n =	610	324	406

SC3 - 4.9

The households who said they had not taken a loan in the twelve months prior to the survey, were questioned on why no loan had been taken. About a quarter of local households, rather fewer IDPs, said they did not need a loan. The most common reason given was that they would be unable to repay it. Financial



insecurity is commonplace, and especially among IDPs in collective centres (see Table 18 above).

Table 29
Reason for NOT taking credit

	Local Population	IDP Private	IDP Collective
	- per cent -		
Can not pay it back	65	74	80
No need for a loan	24	15	9
Did not know where to get a loan	8	8	8
Loan request was refused	2	2	2
Previous debt problems	1	1	1
Total	100	100	100
n =	1,992	1,358	1,363

***Financial
insecurity is
commonplace
especially
among IDPs
in collective
centres.***

SC4 - 4.10



SECTION 3. HEALTH

Ill-health can have a marked effect on a household's economic status. It can influence a household's ability to bring an income into the home, prevent its members from attending an educational institution and can be a significant drain on a household's resources. The sentiment, expressed in a recent report on Armenia, that *'Falling ill is an unaffordable indulgence; being cured means total bankruptcy'*¹⁹ applies equally to Georgia. Health care before transition had many positive features, including universal entitlement, an integrated and widespread infrastructure, with services available down to village level and a well developed referral system ensuring universal coverage. It was virtually free of cost to the public.

'Falling ill is an unaffordable indulgence; being cured means total bankruptcy'.

Economic collapse after 1991 had immediate repercussions. Total health expenditure fell from four per cent of GDP in 1991 to less than one per cent in 1998 (the relative fall was much greater if account is taken also of the decline in GDP), yielding about 9 GEL per capita, insufficient to implement even the most essential primary care services.

An immediate result was a serious shortage of the most basic medical supplies. Maintenance of buildings and equipment virtually ceased. Low staff salaries, often in arrears, have led to the requirement that patients should pay for virtually every service, from simple consultations to the most sophisticated intervention, including all medical supplies and drugs.

Health system reform has been initiated, including an attempt to provide minimum services to those most in need, such as children and the most destitute among the IDPs (see Section 2.1 above). Shortage of funds has remained a major constraint, however.

3.1 Chronic and General Health

An attempt was made in the survey to assess the extent (although not the nature) of *chronic as well as acute illness* and to see how IDPs and the local population manage in this difficult situation.²⁰

Difference between IDPs and the local population is smaller in respect of health.

3.1.1. Chronic Illness/Disability

Chronic illness/disability was defined as any long-standing health condition.²¹ About the same proportion of local and IDP respondents reported to have a chronic illness/disability in this sense.

About one person in ten reported a chronic illness/disability, as defined. More startling is the fact that about one household in three (slightly more in the local

¹⁹ Armenia, Human Development Report, 1999 (p.33)

²⁰ The survey was not designed to assess the actual disease pattern, which would have required the use of medically competent staff.

²¹ Chronic disease for the purposes of this survey is any long-standing illness/medical condition, such as diabetes, hypertension and other cardiovascular condition, chronic bronchitis, etc.



population, slightly fewer among IDPs in private accommodation) contained a person in this condition (Table 30).

Table 30
Extent of chronic illness/disability

	Local Population	IDP Private	IDP Collective
	- per cent -		
Respondents with a chronic illness/disability (n =)	13 (9759)	10 (5880)	12 (6156)
Respondents of working age with a chronic illness/disability (n =)	9 (5,830)	7 (3,665)	10 (3,740)
At least one member of household has a chronic illness/disability n =	37 (2650)	26 (1,681)	32 (1,775)

HJ1 - 8.1

Respondent who claimed to have a chronic illness/disability were asked for how many days they had been unable to carry out their normal activities due to their health condition (in the three months prior to the survey). The average ranged from 11 to 15 days in respect of all respondents, and from 7 to 15 days for those of working age only (Table 31), an important issue at least for those who have work to do, whether earned employment or in the home.

Table 31
Average number of days unable to carry
out normal activities due to chronic
illness/disability

	Local Population	IDP Private	IDP Collective
All respondents	13	15	11
Working age only	10	15	7

H14

(This and subsequent tables refer to three months
before the survey)

Most respondents with a chronic health condition, particularly those from local households, reported that they either treat their condition themselves or received no treatment at all (Table 32). A slightly greater proportion of IDPs receive qualified medical care compared to local households (possibly because certain categories of IDPs have readier access to free medical care), but for both IDP and local households alike, if qualified medical care was sought, treatment was more likely to take place in the home than in an outpatient or inpatient facility.



Table 32
Type of medical care received for chronic illness/disability

	Local Population	IDP Private	IDP Collective
	- per cent -		
Self-treatment	31	27	25
No treatment at all	31	25	26
Treatment at home under the supervision of a doctor	23	25	23
Out-patient care	10	13	15
In-patient care	6	10	11
Other	0	1	1
Total	100	100	100
n =	1,227	654	782

HJ2 - 8.3

The predominant reason for not seeking medical care, was reported to be a lack of money. The second most frequent answer was that the health condition was not serious enough to justify treatment. This could also be interpreted as a lack of financial resources that allows only those medical conditions that are 'threatening enough' (as determined by the sufferer or his/her family) to warrant medical care.

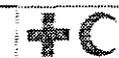
About the same proportion of illness were reported by the three categories of households.

The majority of the chronically ill and disabled respondents who do receive medical care, pay for it. This applies to both local and IDP household members, although to a lesser extent to IDPs living in collective centres. The use of household savings was reported to be the major method of paying for chronic medical care, particularly for collective centre IDPs. Financial assistance from friends and relatives and taking a loan were the common alternatives.

Table 33
Payment for medical care for chronic illness/disability

	Local Population	IDP Private	IDP Collective
	- per cent -		
Respondents paying for medical care for chronic illness/disability (n:)	76 (478)	79 (282)	67 (361)
Method of paying for medical care for chronic illness/disability			
Household savings	30	26	43
Money given by relatives/friends	22	31	20
Loan	24	17	20
Sale of assets	11	9	4
Sale of agricultural products	7	4	2
Payment from an insurance policy	2	10	7
Used charge free service	0	3	1
In kind	2	0	0
Other	3	0	0
Total	100	100	100
n =	352	210	246

HJ3 - 8.4, 8.5



3.1.2. Recent Acute Illness

Respondents were asked whether they had suffered an illness in the three months prior to the survey (March, April and May 2000). A similar proportion, namely one in seven, of both IDPs and locals reported an illness during these months. IDPs living in collective centres appear to have been marginally the healthiest of all the categories of households during this period, which is surprising in the light of the bad living conditions of this group (see the section on housing below).

Table 34
Extent of recent illness

	Local Population	IDP Private	IDP Collective
	- per cent -		
Respondents who had been ill (in the 3 months prior to the survey)	15	17	13
n =	(9759)	(5,880)	(6,156)
Respondents of working age who had been ill (in the 3 months prior to the survey)	11	14	10
n =	5,830	3,665	3,740

HJ5 - 8.7

Average time lost is as shown in Table 35.

Table 35
Average number of days unable to carry
out normal activities due to illness

	Local Population	IDP Private	IDP Collective
All respondents	10	9	9
Working age only	7	7	7

H14

Self-treatment was the most frequently reported method of treating the respondents' most recent illness, particularly for IDPs living in private accommodation. As compared with respondents' management of chronic illness/disability, fewer people reported that they had not treated their last illness (Table 36).



Table 36
Type of medical care received for last illness

	Local	IDP	IDP
	Population	Private	Collective
	- per cent -		
Self-treatment	48	63	49
Treatment at home under the supervision of a doctor	23	16	22
Out-patient care	13	9	14
No treatment at all	11	6	6
In-patient care	6	5	9
Total	100	100	100
n =	1,407	840	770

HJ6 - 8.9

Self-treatment was the most frequently reported method of treating the respondents' most recent illness, particularly for IDPs living in private accommodation.

As is the case for chronic illness/disability, a significant proportion of people who suffered an illness in the three months prior to the survey, sought no qualified medical treatment for it. IDPs living in private accommodation were the most likely of all household members not to have received medical care during their last illness. Again, the major reasons given for not obtaining medical treatment were a lack of money and the fact that the illness was not serious enough to need treatment.

Table 37
Reason for not receiving any medical treatment for last illness

	Local	IDP	IDP
	Population	Private	Collective
	- per cent -		
No medical care was received for last illness	59	69	55
Reason for not seeking medical care for last illness			
Could not afford treatment	54	55	63
Health condition was not serious enough	35	45	36
Incompetent medical staff	7	0	0
Treatment was ineffective	3	0	0
Total	100	100	100
n =	147	77	64

HJ9 - 8.9, 8.14

It is apparent also from the figures in Table 38 that the amount paid for medical consultations are very small. Most of what money is spent on health care goes for medicine.



Table 38
Medical expenses

Year/month/household	Local	IDP	IDP
	Population	Private	Collective
Medicine	7.8	5.1	6.9
Visit to doctor	2.0	1.1	1.1
Visit to dentist	0.5	0.8	0.4
Hosp. treatment	3.4	0.7	0.9
Child birth	0.7	0.5	0.3
Total medical	14.4	8.2	9.6
Total overall expenditure	124.3	120.1	97.5

1/2

Most of the local population and IDPs who did receive medical care for their last illness reported having paid for it, although individuals from IDP households in collective centres did so to a slightly lesser extent. Household savings were the major source of money for health care. Although IDP households also used their savings they were more likely to seek financial assistance from relatives and friends.

Table 39
Paying for medical care for last illness

	Local	IDP	IDP
	Population	Private	Collective
	- per cent -		
Payment was made for medical care for last illness	80	81	76
Method of paying for medical care for last illness			
Household savings	37	28	26
Money given by relatives/friends	18	32	27
Loan	17	12	26
Sale of assets	13	10	8
Sale of agricultural products	12	7	2
Payment from an insurance policy	2	7	10
Used charge free service	1	4	2
In kind	1	0	0
Other	1	0	0
Total	100	100	100
n =	470	268	278

HJ7 - 8.10, 8.11

The implied neglect of some forms of chronic illness could be serious in the longer term. Intensive health (including nutrition) education could be a cost-effective remedy for all groups of the population.

These results, and especially the large number of persons, who seek no medical treatment or provide their own treatment at home, give rise to concern. Some of the illness may be trivial and medical care dispensable. However, many chronic medical conditions, such as diabetes and hypertension, if incorrectly managed, can lead to further, aggravated health problems. For-example, renal failure is a potential complication of poorly managed diabetes and hypertension; blindness can result from failure to reduce tension in glaucoma. In many cases, the problem is a lack of money. In others, the patients and their relatives report that the illness is not serious enough to require treatment, or treatment is undertaken at home without professional intervention. As noted earlier, this may similarly indicate a financial problem.

Given the general state of public and private austerity, intervention to provide better health care would have to be highly cost-effective. A strong case could be made for systematic public health education. This would be in the sense of



teaching people when and how to help themselves by way of health care; alternatively when to consult which kind of medical authority. People could then continue to treat themselves which, given their poverty, may in many cases be the only alternative anyway, but they could learn to do so more effectively. Health education might be used also to define the limits of self-care. As the examples above indicate (using a popular proverb), a stitch in time may save nine (stitches). Self/treatment has its limits and people might be taught when and how to apply for professional help.

A final conclusion is to the point that IDPs are not significantly different from the local population as regards extent of illness, mortality (about the same proportion of households in each group reported a death in the preceding 12 months) or method of intervention in case of illness.

3.2 Reproductive health ²²

Reproductive health is similar for IDPs in collective centres and the general population.

Between November 1999 and March 2000, information was collected on the reproductive health of 6,143 women of reproductive age, living in private households, throughout Georgia. An additional sample of 1,655 IDP women of similar age, living in collective centres, was also investigated in the study. The women selected within the private household sample included a few IDPs in private accommodation, but probably no more than four per cent of the total. In any case, the data are used to compare the reproductive health of IDPs in collective centres with the local population.

3.2.1 Total, Age-Specific And Marital Fertility Rates

The total fertility rate of local Georgian women (married or not) was significantly higher than that of IDP women living in collective centres (Table 40). Marital fertility rates on the other hand are almost the same.

Table 40
Total and Age-specific Fertility Rates
(per 1,000 women aged 15 - 44 years)

Mother's age at birth*	Local	IDP
	Population	Collective Centres
15 - 19	65	42
20 - 24	113	110
25 - 29	92	74
30 - 34	48	38
35 - 39	22	21
40 - 44	7	1
Total Fertility Rate (births per woman)	1.7	1.4

* Live births occurring between December 1996 - November 1999

RH1

²²This section on reproductive health is a summary of UNFPA/UNICEF/USAID/UNHCR, *Reproductive Health Survey Georgia, 1999-2000*, Preliminary Report, June 2000.



Table 41
Age-specific Marital Fertility Rates
(per 1,000 women aged 15 - 44 years)

Mother's age at birth*	Local	IDP
	Population	Collective Centres#
15 - 19	377	361
20 - 24	199	267
25 - 29	118	107
30 - 34	55	45
35 - 39	24	23
40 - 44	8	2
Total marital fertility rate (births per woman)	3.9	4

* Live births occurring between December 1996 - November 1999

Excludes births occurring before the date of first union for every married women
RH1

3.2.2 Abortions

About the same proportion (43 per cent of local and 39 per cent of IDP women) reported ever having had an abortion. The age-specific and total abortion rates were considerably higher among local Georgian women than among IDPs (Table 42).

IDP women's fertility rate is lower, as is the abortion rate.

Table 42
Age-specific induced abortion rates per 1000 women†
(per 1,000 women aged 15 - 44 years)

Age at abortion*	Local	IDP
	Population	Collective Centres
15 - 19	30	22
20 - 24	164	90
25 - 29	192	148
30 - 34	180	134
35 - 39	123	75
40 - 44	50	24
Total Abortion Rate (per woman)	3.7	2.5

* Induced abortions occurring between December 1996 - November 1999

RH2

The age-specific marital induced abortion rates are considerably higher than the overall age-specific rates for all women (married or not) for both groups of women (Table 43).



Table 43
Age-specific marital induced abortion rates per 1000 women†
(per 1,000 women aged 15 - 44 years)

Age at abortion*	Local	IDP
	Population	Collective Centres#
15 - 19	172	191
20 - 24	286	220
25 - 29	247	216
30 - 34	205	159
35 - 39	136	86
40 - 44	54	27
Total Abortion Rate (per woman)	5.5	4.5

* Induced abortions occurring between December 1996 - November 1999

Excludes induced abortions occurring before the date of first union for every married
RH2

3.2.3 Contraceptive Use

Approximately the same proportions (25 per cent of local Georgian women and 22 per cent of IDP women living in collective centres) reported to be currently using some form of contraception. For married/in union women, in both groups, contraceptive use was higher than for the figures for all women (unmarried included). For both IDP and local women, regardless of their marital status, their method of contraception was evenly split between a traditional one and a more effective, modern method. There appears to be no significant difference in the distribution of the contraceptive methods used by local and IDP women (Table 44).

Table 44
Current use of contraception among all women of reproductive age

	Local	IDP
	Population	Collective Centres
	- per cent -	
Currently Using	24.7	21.5
of which:		
Modern Methods	12.1	11.3
IUD	5.9	6.8
Condom	3.9	2.5
Female Sterilization	1	1.1
Pill	0.6	0.3
Postinor (Emergency Contraception)	0.6	0.6
Other Modern Methods	0.1	0
Traditional Methods	12.6	10.2
Withdrawal	6.4	5.5
Calendar (Rhythm Method)	6.2	4.7

RH3



a) Prenatal Care

Although a large percentage of all women in Georgia make use of the prenatal care available to them, IDP women living in collective centres do so to a greater extent. IDP women also appear to receive slightly better prenatal care.

IDPs make slightly greater use of public health institutions for pre-natal care and delivery, but differences are small.

Table 45
Prenatal Care

	Local	IDP
	Population	Collective Centres
	- per cent -	
Women who use prenatal care	91	97
Trimester of first visit		
No visits	9	3
1st	63	68
2nd	25	26
3rd	4	4
Adequacy of prenatal care utilization index		
Inadequate*	42	41
Adequate#	22	27

* Inadequate care is defined as either late prenatal care or less than 50% of recommended visits

Adequate care requires early initiation of prenatal care and 80-100% of recommended visits

RH4

b) Place of delivery of births

The number of preterm births is similar for both local and IDP women in Georgia. IDP women are more likely to have a baby of a low birth weight and less likely to have a stillborn child than local Georgian women.

Table 47
Poor Birth Outcomes

	Local	IDP
	Population	Collective Centres
Stillbirth (per 1,000 live births)	17.1	15.2
Low Birth Weight Birth (< 2,500 grams) (per cent of live births)	5.4	7.2
Preterm Birth (per cent of live births)	6.2	6.8

RH4

d) Health care of women aged 15-44 years who have ever had sexual intercourse

An identical high proportion of IDP and local women reported never having undergone a cervical screening test. A slightly greater percentage of IDP women



had received routine gynaecological and breast self examinations compared to other women living in Georgia.

Table 48
**Health care of women aged 15 - 44 years who have ever had
 sexual intercourse**

	Local Population	IDP Collective Centres
	- per cent -	
NEVER had a <i>routine</i> gynecological examination	28	23
NEVER conducted a breast self examination	77	74
NEVER had a cervical cancer screening test	96	96

RH4

SECTION 4. NUTRITION



No data were collected in the IDP survey on nutritional status, partly because some data were available from other sources, partly because anthropometric measurements would have greatly added to the cost and logistic complexity of the survey. The figures below, from the UNICEF MICS survey, are comparable with data from two surveys carried out by the Federation, respectively in Zugdidi town and district (Samegrelo region) and in Jvari in the Samegrelo region of western Georgia.

The results of the surveys suggest a low prevalence of acute malnutrition (low weight for height) among both the IDP and local populations. However, they all agree that stunting (low height for age) may be a problem. Stunting could be the result of a diet insufficient in quality to allow the child to reach its growth potential. The International Federation's nutritional assessment in Jvari compared the anthropometric measurements of IDP children to those of children from local households (making no distinction between IDPs in private accommodation and those in collective centres). There was greater prevalence of stunting among the former. The other data, although not strictly comparable, appear to confirm this conclusion.

Children aged under 5 years are used to indicate nutritional problems within the population, because children in this age group are undergoing rapid growth, so they tend to be the first to be affected by nutritional stress.

Table 49
Total population: Nutritional status of children under five, 1999

	Per cent of children malnourished (- 2 s.s.*)	
	Weight for height	Height for age
male	2.8	12.5
female	1.8	10.9
All children	2.3	11.7

(1704 boys and 1635 girls were examined)

*standard deviation from median of a healthy and well fed population

Source: UNICEF, Georgia

N1

Table 50
IDPs: Nutritional status of children under 5
Zugdidi town and district, 1998

	Per cent of children malnourished (- 2 s.d.*)	
	Weight for height	Height for age
male	2.0	27
female	2.7	24
All children	2.3	24.8

(155 boys and 152 girls were examined)

*standard deviation from median of a healthy and well fed population

Source: UNICEF, Georgia

N2

The height of a child in relation to its age reflects a child's long-term nutritional status. A low height for age is referred to as stunting.



Table 51
**IDP and local children: Nutritional status of children
 under 5, Jvari District, Samegrelo, 1999**

	Per cent of children malnourished (< - 2 s.d.*)	
	IDP	Local
Weight for height		
male	0	1.1
female	4.8	0.3
All children	2.6	0.7
Height for age		
male	22.9	18.2
female	14.6	8.3
All children	18.1	12.1

(47 IDP and 38 local boys and 67 IDP and 54 local girls were examined)

*standard deviation from median of a healthy and well fed population

Source: IFRC, Georgia: Survey of the Living Conditions of the Population of Jvari, Samegrelo Region, Georgia, 1999.

N3

Minus (-) 2 standard deviations from the median of a healthy, well fed population (equivalent to -2Z-scores) is commonly used as the cut-off point in the determination of malnutrition in a population. If more than 10 per cent of the children fall below this cut-off point this could be indicative of a nutritional problem that may require nutritional intervention, such as supplementary feeding.

SECTION 5. HOUSING



Following their displacement, the Government accommodated just over half the IDPs in collective centres, where many of them remain to this day. The others found a shelter with relatives and friends, bought or rented their own housing or settled wherever there was space. The figures below show how the type of accommodation and its tenure compare with that of the local population and within the IDP community between the two groups of IDPs. (Nearly all IDP respondents said that they had lived in their own house before displacement).

Table 52
Type of occupation and tenure

Type of accommodation	Local	IDP	IDP
	Population	Private	Collective
	- per cent -		
Private apartment in a building	36.1	42.2	13.7
Private house	63.6	34.7	0.4
Collective centre	0.1	4.0	84.7
Temporary dwelling/improvised	0.3	12.0	0.0
Other	0.0	7.2	1.2
Total	100.0	100.0	100.0
n =	2,612	1,690	1,777
Occupancy status (tenure)			
Belongs to household	96.9	30.0	0.0
Rented from a private person, paying rent	0.7	9.8	0.1*
Rented from an organisation, paying rent	0.4	0.2	0.6*
Rented from state, paying rent	0.8	1.3	6.2*
Accommodation is provided rent free by the state	0.7	15.9	83.9
Accommodation is provided rent free by a private person	0.4	31.3	0.0
Occupied by own initiative (squatting)	0.0	6.2	8.5
Other	0.1	5.2	0.7
Total	100.0	100.0	93.1
n =	2,604	1,669	1,764

* A few households were asked informally to contribute to electricity and the like and they therefore placed themselves in these categories
H1, Q2.1, 2.3

IDPs, especially those living in collective centres, have poorer housing compared to the local population. They tend to live in more overcrowded conditions, have access to fewer facilities such as toilets or kitchens and are more likely to live in accommodation with broken windows and a leaking roof.

The rural population has always owned their houses, while privatisation elsewhere gave virtually unrestricted, rent-free ownership to tenants of formerly state-owned housing. The majority of the local population owns their house or apartment, as compared with only one third of IDPs in private accommodation and none of the IDPs in collective centres. However, very few of the IDPs in private accommodation (only about one in ten) pay rent. The majority live rent free, with relatives, or the Government provides rent-free housing. The average monthly rental cost for those who pay is 42 GEL, about the same as for the few local persons paying rent.

Table 53
Rental cost

	Local	IDP	IDP
	Population	Private	Collective
Per cent households with rental cost	1.9	10.5	4.2*
n =	2,566	1,648	1,747
Average monthly cost in GEL of those with rental cost in cash	41	42	6
n =	25	58	12

*See note to Table H1
H2, Q2.4



Fairly typical accommodation in the collective centres consists of a single room (in a hotel or sanatorium) harbouring an entire family (about three and a half persons on an average). Some are better, others worse. Among the worst is a former Russian military barrack stripped of anything burnable and removable, such as furniture, doors or window frames leaving little more than a shell which the IDPs have patched up as best they can. Some of the former sanatoria are in better condition, and some are most pleasantly sited. As noted below, however, few have adequate cooking or toilet facilities. A single toilet may serve an entire floor, while cooking is done on a makeshift basis, usually electric stoves whose wiring is a constant menace to children.

5.1. Maintenance

The state of maintenance of most of the centres has given rise to concern. They were defective when the IDPs first moved in 1992 or 1993 and they have further deteriorated since (although the Federation and some NGOs, such as IRC, have carried out considerable repair and renovation). Collective centres are not the only type of housing in disrepair but, according to Table 54, conditions there are worse than elsewhere.

Respondents in collective centres named living space as their greatest difficulty, followed by the condition of floor, roof and walls. The other two categories identified the electricity supply as a major problem together with condition of floor/roof/walls.

Table 54
Condition of accommodation

Households' description of the condition of their accommodation	Local	IDP	IDP
	Population	Private	Collective
	- per cent -		
Very bad	7	7	16
Bad	31	36	57
Normal condition	59	54	26
Good	4	3	1
Total	100	100	100
n =	2,588	1,667	1,748
For households whose accommodation is in very bad or bad condition, presence of the following*:			
Broken window(s)	7	13	20
Leaking roof	17	18	35
Walls in disrepair	33	37	59
Problems with plumbing	17	23	47
n =	945	795	1,204

* - some households gave more than one answer

H1(2) - 2.25, 2.26

Rural are considerably worse than urban areas in respect of broken windows, leaking roofs and walls in disrepair.

The findings more or less confirmed a recent assessment (in 1999) by the Federation, which found few of the centres fully intact. In addition to the problems noted in the above tables, renovation of electric installations (wiring and the like) was identified as a top priority.

Table 55
Condition of accommodation by urban/rural

		Broken window	Leaking roof	Walls in disrepair	Problem with plumbing	n
Urban	Local	5	14	30	19	1,212
	PA	10	13	28	22	1,030
	CC	16	33	55	46	1,374
Rural	Local	10	21	36	14	1,400
	PA	18	28	53	26	660
	CC	38	45	77	52	403
Total	Local	7	17	33	17	2,612
	PA	13	18	37	23	1,690
	CC	20	35	59	47	1,777

H10

Asked which was the worst problem in respect of housing, respondents in collective centres named living space as their greatest difficulty, followed by the condition of floor, roof and walls. The priorities were somewhat different for the other two categories who identified the electricity supply as a major problem together with the condition of floor/roof/walls (Table 56).

Table 56
Households' most urgent problem with accommodation

	Local Population	IDP Private	IDP Collective
	- per cent -		
Floor/roof/walls	26	23	30
Electricity supply	26	22	10
Drinking water supply	21	10	12
Not enough living space	9	17	34
Toilets / shower / sinks	9	13	10
Lack of furniture	5	13	5
Other	4	2	0
Total	100	100	100
n =	2,508	1,592	1,711

H2 (2) - 2.27

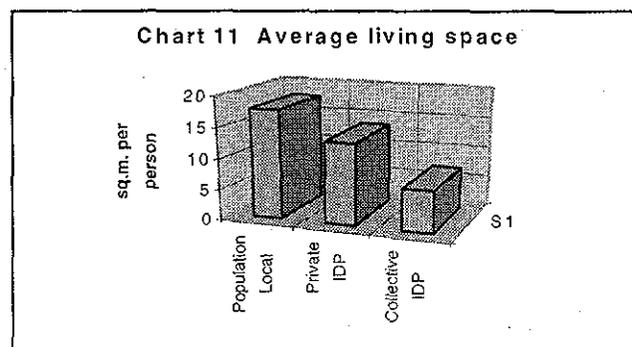
5.2. Living space

The difference in accommodation between IDPs especially in collective centres and the local population is evident in respect of living space (Table 57).

Table 57
Estimated living space and households with joint living/sleeping area

	Local Population	IDP Private	IDP Collective
Average total living space (sq. m/person)	18	13	7
Average total surface area (sq. m/person)	28	16	8
% h'lds whose living area is not separated from sleeping area	9	26	72
n =	2,600	1,690	1,777

H3, Q2.8, 2.9



H3

Local population have 50% more space than IDPs in private accommodation, almost three times more than IDPs in collective centres.

Local people have 50 per cent more space than IDPs in private accommodation, almost three times more than IDPs in collective centres. The differences are even greater when kitchens, corridors, verandas etc. are added. What is more, over 90 per cent of the local population has separate sleeping quarters, as compared with 74 per cent of IDPs in private accommodation, but only 28 per cent of those in collective centres. These typically have no more than a single room in which to live and sleep.

The average living space available to IDPs in collective centres is seven square metres per person. This compares with the 3.5 to 4.5 metres recommended by the SPHERE project on the basis of international agreed standards for refugees and IDPs (SPHERE Project, 1999). These standards might make sense in an emergency. It is unlikely that they are intended to apply to a period of seven years or longer.

The distinction between the three categories applies almost universally to urban and rural areas and across the regions, although regional differences occur within each category.

Table 58
Living space by region and by urban/rural (sq.m. per person)

		Kakheti	Tbilisi	Shida Kartli	Kvemo Kartli	Samtskhe Javakheti	Ajara	Guria	Samegrelo	Imereti	Total
Urban	Local	20.8	13.4	18.2	11.0	16.1	10.8	17.2	23.8	17.8	15.3
	PA	17.1	10.9	9.1	6.7	7.2	5.0	12.5	14.9	13.7	12.1
	CC	9.6	6.4	4.6	5.1	6.1	4.8	n.a.	7.1	6.6	6.4
Rural	Local	25.4	n.a.	17.2	14.6	18.7	15.0	18.2	23.5	21.6	19.6
	PA	12.1	n.a.	16.1	10.4	14.3	4.8	13.7	16.8	12.7	16.1
	CC	8.1	n.a.	5.6	7.4	n.a.	5.4	8.2	7.9	9.0	7.8
Total	Local	24.3	13.4	17.4	13.4	17.1	13.5	18.0	23.6	19.6	17.4
	PA	13.6	10.9	13.6	7.4	10.6	5.0	13.2	15.8	13.1	13.4
	CC	9.4	6.4	4.8	5.2	6.1	4.8	8.2	7.4	6.7	6.7

H11

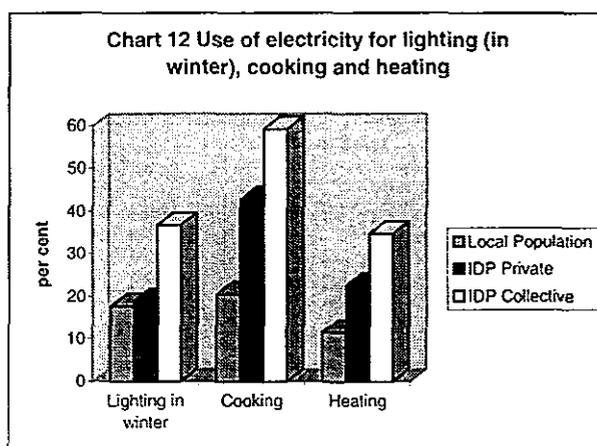
Thus, living space in collective centres varies from a low 4.6 in urban Shida Kartli to twice this amount in urban Kakheti, and similarly for IDPs in private accommodation.

5.3. Fuel and Water

Virtually all households have electricity, with an average daily supply of 13 hours. The results of the survey indicate that IDPs in collective centres make



much greater use of electricity as a source of lighting, cooking and heating in the winter than the other two groups, mainly because, unlike the others who may have gas as a source, they have no alternative. The local population makes less use of electricity for cooking and heating than even the privately housed IDPs (Chart 12 and Annex Table D8).



H4

Access to water is both a lesser and a greater problem for IDPs in collective centres than the other two groups. More of them have access to running water than the other two groups (Table 59). On the other hand, many of them have no separate kitchens and must look for taps outside their rooms. The water in collective centres also flows for a lesser number of hours:

Average daily water supply

Local population 14.4 hrs.

IDP in private accommodation 14.9 hrs.

IDP in community centres 11.0 hrs.

Table 59
Main source of drinking water

	Local Population	IDP Private	IDP Collective
	- per cent -		
Households with running water	66	68	78
Indoor tap	53	52	53
Outside tap (close to accommodation)	15	12	21
Outside tap (far from accommodation)	2	3	8
Well (close to accommodation)	19	30	14
Well (far from accommodation)	9	3	3
River, lake, spring or pond	1	0	1
Total	100	100	100
n =	2,584	1,685	1,771

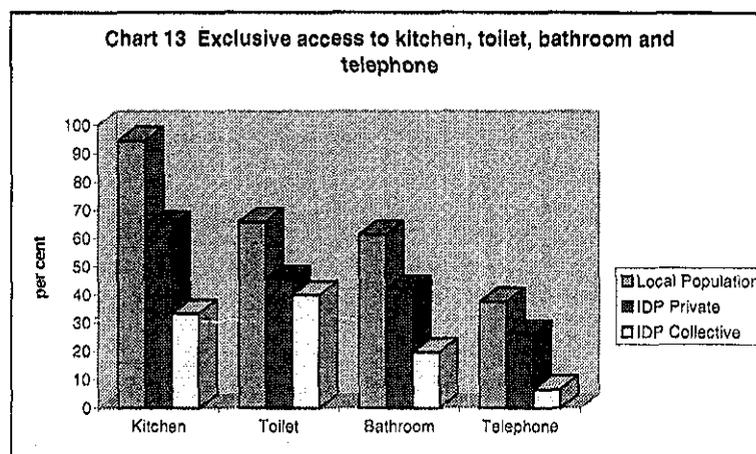
H5, Q2.19, 2.17



5.4. Access to facilities

IDP households are severely handicapped in respect of access to such facilities as kitchen, toilets, bathroom and telephones. The worst off category are IDPs in rural collective centres.

Apart from living space, IDP households are severely handicapped in respect of access to such facilities as kitchen, toilets, bathrooms and telephones. IDPs in private housing tend to share these facilities if they do not have exclusive access. Many IDPs in collective centres, on the other hand, must go without.



H6

The lack of proper cooking facilities and toilets in collective centres in particular is a severe handicap.

The pattern of differentiation among the three groups is maintained when urban and rural areas are considered separately. There is little difference between urban and rural as regards access to kitchens, but the other facilities are much more commonly available in urban than rural areas. The worst off category are IDPs in rural collective centres where few have access to telephones or bathrooms/showers. Only 6 per cent have unshared access to toilets and only 30 per cent to kitchens. Regional variation is shown in Annex Table D9.

While no doubt IDPs were content with the shelter they obtained when they first fled Abkhazia and South Ossetia, especially those who have now spent seven to eight years in the mainly cramped and clearly unsatisfactory collective centres require a more humane environment. The principal problems are lack of living space and privacy, of maintenance and of access to basic facilities such as kitchen and toilet.



SECTION 6. EDUCATION

As organised at present, general education consists of 12 grades²³, beginning at age 6. During the first nine grades education is compulsory and free. Fees (10-15 GEL per month) are paid by about 70 per cent of the pupils in grades 10 to 12. The remaining 30 per cent are selected on merit and pay no fees. Alternative education is provided for this age group in non-paying vocational and technical schools.

The level of education is traditionally high in Georgia as seen in Table 61.

Table 61
Highest educational level attained
(Age group 25 and over)

	Local	IDP	IDP
	Population	Private	Collective
	- per cent -		
No qualification	0.2	0.1	0.1
School certificate (8 to 9th grade)	4	2	4
Secondary school certificate	35	34	42
Technical college certificate	27	27	28
Bachelor degree	5	5	5
Master's degree	28	29	18
Above Master's degree	1	3	2
Other	0	0	0
Total	100	100	100
n =	4,467	2,812	2,835

E8, Q7.15

Public expenditure on education has declined from 6% of GDP in 1989 to 1.5% in 1998.

Virtually everybody has a secondary school certificate (completed education to grade 11). One third of the local population and IDPs in private accommodation, one quarter of IDPs in collective centres have a university education.

The general situation in education is well summarised in UNDP's *Human Development Report, Georgia, 1997*:

"Georgia inherited its current educational system from Soviet times. It consisted of extensive pre-school facilities, compulsory education for nine years and a variety of general and technical higher secondary and university education. There was universal access to (free) basic education; high levels of literacy and a skilled workforce resulted. This network was under strain even before the collapse of the Soviet Union. Defects included a restricted curriculum, precedence of quantity over quality, inefficiencies in resource allocation between different levels of education, the low prestige of the teaching profession and hence low quality of teachers." (p.56)

Since independence, Georgia has experienced difficulties in maintaining even this system, let alone improvements. The new problems include:

- Low level of state finance.
- Greatly reduced staff wages, resulting in a lack of motivation on the part of staff.

²³ 11 grades so far, but the 1997 Education Act provides for a 12th grade, to become operative as soon as possible.



- Departure of many key staff, for example in science and foreign languages.
- Lack of maintenance of school buildings, leading to a state of disrepair often well below acceptable standards of safety (the reported rate of buildings in need of urgent or major reconstruction increased from 45 per cent in 1992 to 73 per cent in 1997).
- Lack of heating and, in some schools, of water and toilets.
- Lack of teaching aids, including textbooks.
- Increasing amount of shift work to use the sparse facilities to their best advantage (the proportion of children in schools working in 2 or 3 shifts was 11 per cent in 1998).
- Curricula either poorly developed, or outdated.

Enrolment figures at all levels of education are similar for IDPs and the local population. Most children attend mixed schools or classes (of IDPs and locals).

No single figure can be more indicative of the present disarray of education than the decline of public expenditure on education, from 6 per cent of GDP in 1989 (a reasonable level on international standards) to 1.5 per cent in 1998, a twelve-fold decline in real terms, when account is taken also of the fall in GDP.

The lack of government funds in education has been exacerbated by the poverty of the parents many of whom cannot afford schoolbooks, pencils and paper or to pay their children's transportation. Some cannot even provide their children with adequate clothing and shoes in the winter, so they could face the rigours of unheated schoolrooms. Absenteeism is said to be common as a result (but see below).

As shown in Table 62, enrolment at secondary level is similar for the three groups. Proportionately more children aged 3 to 5 years attend kindergarten in collective centres. Higher education, on the contrary, is slightly less in collective centres than for the other two groups. School as well as higher education enrolment is relatively high, in keeping with tradition in Georgia. The problem, as noted earlier, is not enrolment but the quality of what is taught.

Table 62
Enrolment ratios (kindergarten, schools, higher education)

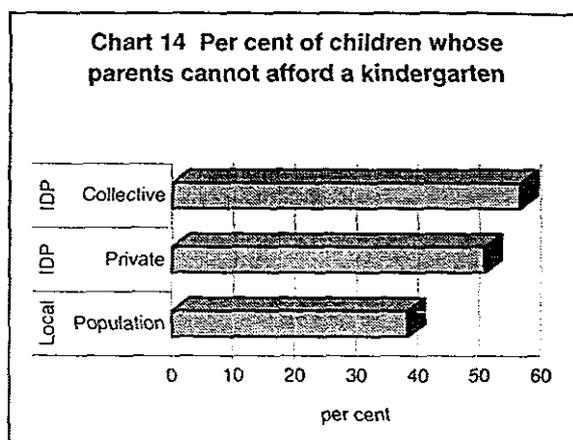
	Local Population	IDP Private	IDP Collective
	- per cent of relevant age group -		
Kindergarten (Ages 3-5)	25	19	33
Primary and Secondary (Ages 6-17)	82	85	87
Higher (Ages 18-24)	33	32	27

E1, Q7, 17, 7, 1, 7, 5

There is considerable variation between urban and rural areas and among regions. Kindergarten enrolment is considerably higher in urban than in rural areas (Annex Table D11). This is the situation also in higher education, but not for schools, where the rates are similar in urban and rural areas.

6.1. Kindergarten

The proportion of children in kindergarten is relatively low, and especially so in rural areas. Parents were asked why their children were not enrolled.



E2

Money is the principal reason, and this is more so for IDPs, between 50 and 60 per cent of whom cannot afford the expense, than for the local population. Although the great majority of the kindergarten in Georgia are State owned, there are still expenses. Of the children attending kindergarten, 4 per cent of the local population and 7 to 8 per cent of IDPs attend private rather than public institutions.

**Table 63
Who runs the kindergarten the
child attends**

	Local Population	IDP Private	IDP Collective
	- per cent -		
State	96	92	93
Private	4	8	7
Total	100	100	100
n =	119	66	99

E18

6.2. Primary And Secondary

As the figures in Table 62 above indicate, the majority of children (over 80 per cent) enrol in primary and secondary schools in each of the three groups. About one in five children, however, are not at school in each of the three categories. The reasons for non-enrolment are for the most part that the children, aged around six, are about to change from kindergarten to school, alternatively aged 17, are waiting to go on to higher education. Other reasons are lack of clothing or school equipment among IDPs in collective centres, or as regards the local population the main issue is children working.



Table 64
Reason for child not enrolled in a school
(primary and secondary)

	Local Population	IDP Private	IDP Communal
	- per cent -		
Child worked	15	5	3
Lack of clothes/equipment	14	14	38
Child is ill	12	7	10
Studying/apprenticeship	4	0	0
School too far away	1	0	0
No money for transport	0	3	0
Unsuitable school	0	0	2
Other*	53	72	46
Total	100	100	100
n=	57	36	61

*Mostly just before school age or waiting to go to higher education

E7

Enrolment was for the most part in normal Government schools.

Table 65
Who runs the school the child attends
(primary and secondary)

	Local Population	IDP Private	IDP Collective
	- per cent -		
Central/local government	97.7	98.4	95.9
Abkhaz government in exile	0.8	1.3	3.4
Other	1.5	0.3	0.7
Total	100.0	100.0	100.0
n =	1,573	1,008	1,098

E3, Q7.6

Abkhaz Government schools were attended by only 3 per cent of the children in collective centres and by one per cent by those from IDP in private accommodation. Nor was there much segregation in the sense that IDPs attended separate classes in mixed schools. Only 4 per cent of IDPs in collective centres did so. A possible exception is Ajara where about one fifth of the children went to exclusive IDP schools.

Between 2 per cent (local population) and 4 per cent (IDPs in collective centres) received assistance for education.

Asked whether the children had missed more than 30 days schooling in the previous 12 months only 2.5 per cent of the local population and 3 to 4 per cent of IDP respondents replied in the affirmative. If correct, this is a lower proportion than had been expected by the experts.²⁴ The most common reason was illness,

²⁴ Absenteeism might have been greater had the question been asked in the winter because of unheated schools, difficulties of providing children with warm clothes and substantial footwear.



but lack of clothing or equipment was almost as significant a factor among IDPs in the collective centres (with a very small sample, however).

Table 66
Reason for missing school more than
30 days in the year
(primary and secondary)

	Local Population	IDP Private	IDP Collective
- per cent -			
Proportion of children absent for more than 30 days	2.5	3.2	3.7
Reason for absence:			
	- per cent of those absent -		
Child was ill	64	82	46
Absence of teacher	11	0	3
Unsuitable school	6	5	0
Lack of clothes/equipment	6	11	50
Child worked	2	0	0
No money for transport	0	0	1
Other	11	2	0
Total	100	18	100
n =	37	25	39

E6, Q7.12

6.3. Higher Education

As noted above, between one fifth and one third of the IDP, as well as the local, population has a university degree. About one third of the relevant age-group (18-24) are continuing their studies, most of them at university or technical college. Slightly fewer IDPs in collective centres were enrolled at this level than in the other two groups (Table 67).

Table 67
Type of educational institution
currently attended by those aged 18 and over

	Local Population	IDP Private	IDP Collective
- per cent -			
University	79	88	76
Technical College	14	8	18
School	4	1	3
Lyceum	1	2	2
Other	2	1	2
Total	100	100	100
n =	441	296	308

E10, Q7.18

Most respondents gave the lack of money as the main reason for not continuing their studies (Table 68).



Table 68
Reason for not studying after age 17

	Local Population	IDP Private	IDP Collective
	- per cent -		
No money	40	54	55
Current education is enough/ reached maximum	36	28	27
No time	10	5	4
No use in current conditions	9	8	10
Too old to study	1	4	3
Other	4	1	1
Total	60	46	45
n =	631	461	527

E13, Q7.21

Almost as many IDPs as locals continue their studies from the age 18 years, most of them at university.

Those who continued their studies were asked who paid for them. The response is as shown in Table 69.

Table 69
Who pays for current higher studies

	Local Population	IDP Private	IDP Collective
	- per cent -		
Studies are free	42	36	41
Household members	38	42	41
Other relatives/friends	5	9	8
The State	14	10	16
Social organisations	0	0	0
Other	1	2	2
Total	100	100	100
n =	426	293	296

E12, Q7.20

About two fifths received their higher education for free. The remainders were financed by members of the household and in some cases by the State.

In conclusion, unlike housing, described in the previous section, education is characterised by virtual equality among the three groups. More IDP children in collective centres attend kindergarten. IDP children attend schools in much the same proportion as the local population, usually in mixed, not segregated, schools or classes. They benefit almost as fully as the local population from higher education.



SECTION 7. IDPs AND THE COMMUNITY (SOCIAL CAPITAL)

As noted in the Introduction, assessment in depth of societal assets (community development and active participation) is part of the preparations of the New Approach. A household survey is at best an ineffective tool to gather this kind of information that requires mainly in-depth examination of IDP institutions at local and national levels and their relations to those of the local population. Pending this investigation, a few questions were included in the survey to gather information on general attitudes of IDPs and the local population towards their immediate community.

The common belief in Georgia that formal institutions, including Government, no longer supply required goods and services (industrial production, public utilities, pensions and other benefits) is borne out by the replies (Table 70). Asked whom they would trust in a crisis, relatives, neighbours and friends were singled out as persons worthy of confidence. Humanitarian organisations enjoyed the confidence of about one third of IDPs. Government, Banks, the 'legal system', as well as the police, are generally ill-esteemed. This is in part an attitude inherited from Soviet times, but it has been encouraged by the failure since transition of the state and other formal institutions. It is an attitude shared by IDPs and non-IDPs alike.

Relatively few persons feel confident in the Government or other formal institution to provide help in crisis. Only friends and relatives fulfil this role. Humanitarian organisations enjoyed the confidence of about one third of IDPs.

Table 70
Whom respondents trust in case of crisis

	Local Population	IDP Private	IDP Collective
	- per cent of h'hlds -		
Per cent with confidence in:*			
Relatives, friends, neighbours	83	90	83
Employer	24	17	18
Bank and other formal credit institution	5	7	4
Government	6	11	12
Humanitarian organisation	14	31	27
Police/legal system	7	4	4
n	2,562	1,673	1,747

* 'Full' plus 'limited' confidence combined
W10,Q9.11

Alternatives to formal institutions include informal networks to 'get things done', knowing the 'right people' who will protect your enterprise or your job and even help you to get a job. About half the IDP respondents (equally those in private accommodation and in collective centres) who had found paid work after their displacement said they had received assistance in finding this employment, most of them from friends and relatives.



Table 71
Assistance in finding paid work after displacement

	IDP Private	IDP Collective
	-per cent -	
No assistance was given	46	48
Assistance by:		
Friends/Relatives	36	32
National Authority	6	4
Abkhaz government in exile	10	14
Humanitarian Organisation	1	1
Other	0	1
Total	100	100

IDPJ3 - 11.8

IDPs (and similarly the local population) felt that community relations were in poor shape and that they themselves could make little impact on this state of affairs.

At the local level, community action is required to initiate new enterprises, if only to get a new roof for a collective centre or a new credit association or kitchen garden. In order to achieve this community action should be a cooperative venture. The replies are not encouraging. IDPs (and similarly the local population) felt that community relations were in poor shape and that they themselves could make little impact on this state of affairs (Table 72).

Table 72
How people get on in the neighbourhood

	Local Population	IDP Private	IDP Collective
	- per cent of h'hlds -		
Not well	77	77	82
n	2,598	1,684	1,763

W4,Q9.4

At the moment, how well do people in your neighbourhood get along?

Few felt able to make even a moderate impact on their community, even in the casual setting of collective centres (Table 73).

Table 73
Impact that a household may have on the community

	Local Population	IDP Private	IDP Collective
	- per cent of h'hlds -		
No impact	47	52	54
Small impact	26	27	22
Moderate impact	24	17	19
Big impact	2	1	0
DK	3	4	5
Total	100	100	100
n	2,603	1,684	1,771

C3

" How much impact do you think your household can have in making your neighbourhood a better place to live in?"



Some IDPs also reported that they are victims of prejudice in a variety of issues, but especially in relation to access to housing (Table 74).

Table 74
Prejudice over the last 12 months

	IDP	
	Private	Collective
	- per cent -	
Prejudice was OCCASIONALLY experienced in the following areas:		
Education	4	5
Employment	11	11
Access to land	15	12
Access to housing	9	6
Access to healthcare	7	8
Access to credit/loan	6	5
n =	1,672	1,773
IDPJ5 - 11.9		

About half the IDPs consider that there is strong prejudice against them with respect to access to housing, not many share this sentiment in relation to other issues, such as education, health care or employment.

As noted, closer investigation of existing and potential networks is still to come. Meanwhile, it is worth noting that association in voluntary organisations is virtually non-existing (Table 75).

Table 75
Membership of social, religious or political group
(Persons 16 and over)

	Local	IDP	IDP
	Population	Private	Collective
	- per cent of individuals 16+ -		
Yes, is a member	4	3	3
(n)	(7,569)	(4,551)	(4,702)
Per cent of those belonging to any group:			
Political	58	44	49
Professional	11	6	4
Religious	14	3	8
Social	5	19	16
War veterans'	2	15	8
Other	10	13	15
(n)	(310)	(149)	(184)
W13, Q9.18,9.19			

Only three per cent of the IDPs belonged to associations, about half of this small number to political associations. Communications clearly play a role in community development, and in this sense it is encouraging that most respondents appear to be in touch with events through television, newspapers and radio (Table 76).

Similarly, IDPs participated as fully as local residents in those elections in which they were entitled to vote, namely for President and Parliament, but not in elections for local councils, for which they would require residential status.

Membership of voluntary associations is limited to three to four per cent (among the local population as well as IDPs).



Table 76
Communications

	Local Population	IDP Private	IDP Collective
	- per cent of h'hlds -		
A member of h'hld reads newspaper at least daily or weekly	33	48	43
H'hld owns or has access to radio	55	58	58
H'hld owns or has access to TV	90	91	89
H'hlds watching TV daily	79	81	78
n	2,587	1,675	1,762

C12



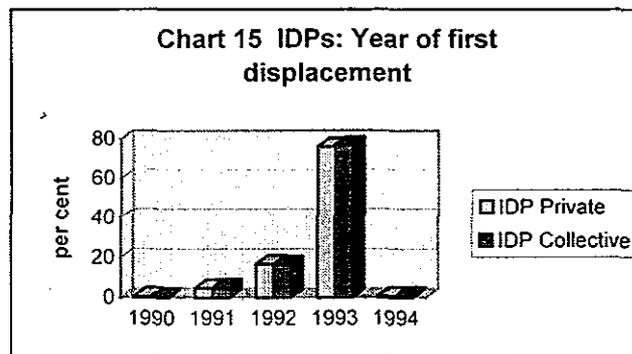
SECTION 8. MIGRATION

Two kinds of migration are distinguished here: Displacement of IDPs from Abkhazia and South Ossetia (and subsequent moves within Georgia) and migration to countries outside Georgia.

8.1 Displacement of IDPs from Abkhazia and South Ossetia

Most IDPs said that they left their region of origin in 1993 (Chart 15)²⁵ The majority (84 per cent) of IDP households reported a single displacement, namely from Abkhazia or South Ossetia to elsewhere in Georgia. Only few made a second or third move. Thus about one fifth began their period as IDPs in collective centres before moving into private accommodation. Similarly, a fifth of those now in collective centres were first accommodated by host families.

84% of IDP households reported a single displacement, namely from Abkhazia or South Ossetia to elsewhere in Georgia.



IDPJ9

IDP households were asked whether any of its members ever visit their region of origin. Most of the IDPs originating from Abkhazia reported that they never or rarely return. The exception are IDPs from Gali some of whom say they often return there. IDPs from South Ossetia are more likely than those from Abkhazia (other than from Gali) to pay return visits (Table 77).

Table 77
Visits to region of origin

Region of Origin:	Frequency of visits to region of origin				Total	n
	Never	Rarely	Occasionally	Often		
Abkhazia	- per cent -					
Gali	62	15	16	7	100	569
Gagra	98	2	0	0	100	231
Gudauta	99	1	0	0	100	135
Gulripshi	99	1	0	0	100	371
Sukhumi	99	0	0	0	100	1,003
Ochamchire	97	1	1	0	100	444
South Ossetia						
Tskhinvali	75	18	6	0	100	263
Znauri	78	14	8	0	100	43
Java	51	40	9	0	100	25
Other	89	11	0	0	100	16
Total (both regions)	87	6	5	2	100	3,100

IDPJ7 - 11.2

²⁵Those who migrated abroad as families could not be included in the survey.



Asked whether they would return to their region of origin if security was guaranteed, most (93 per cent) IDPs gave a positive answer.

8.2 External Migration

93% of IDPs would want to return to their region of origin if security was guaranteed.

Migration abroad could have important financial and other implications for IDPs and the local population alike. However, only a small percentage of both local and IDP households reported that one of its members was currently living outside Georgia as a migrant.²⁶

Table 78
Extent and destination of external migration

	Local Population	IDP Private	IDP Collective
	- per cent -		
Households with at least one member living outside Georgia	5	6	4
n =	121	80	61
	- per cent -		
Of these now in:			
Russia	58	84	78
Other C.I.S	5	3	5
Other eastern Europe	21	5	7
Western Europe	5	3	5
USA	4	4	3
Middle East	4	0	0
Unknown	2	1	1
Total	100	100	100
n =	166	107	74

MJ5

Most migrants, particularly those from IDP households live in Russia. Only a small percentage of migrants, from each category of household, have gone to Western Europe or the USA (Table 78). The majority of migrants, from both IDP and local households, had lived outside Georgia for over one year (Table 79).

Table 79
How long migrant has lived outside Georgia

	Local Population	IDP Private	IDP Collective
	- per cent -		
Average duration of living outside Georgia			
Under 1 month	9	6	10
1 to 6 months	15	11	16
6 to 12 months	12	6	8
1 to 3 years	36	58	52
Over 3 years	28	18	14
Total	100	100	100
n =	166	107	74

MJ1 - 10.6

²⁶ This is not the full extent of migration. Households that have left in their entirety would clearly not be included in the survey.



The major reason for migrants moving abroad was for work. Migrants from IDP households living in private accommodation were less likely to migrate for education compared to migrants from the other categories of households. Only migrants from local households are reported as having moved abroad for permanent residence (Table 80).

Table 80
Migrants' main reason for moving abroad

	Local Population	IDP Private	IDP Collective
	- per cent -		
Work	76	92	79
Education	8	1	10
Permanent residence	13	0	0
Other	3	7	11
Total	100	100	100
n =	166	107	74

MJ2 - 10.9

Just over half of the migrants from local and IDP households were reported to be sending money to their families in Georgia. Slightly more IDP than local households report receiving money from migrants, although the average monthly remittance to IDP households is lower than to local households (Table 81).

Table 81
Remittances

	Local Population	IDP Private	IDP Collective
Per cent migrants who send money to household	53	59	58
n =	(166)	(107)	(74)
Average amount of money sent from migrants to households each month (in lari)	198	146	103

MJ3 - 10.12, 10.13



SECTION 9. DISADVANTAGED HOUSEHOLDS

It is one of the implications of the New Approach to create a better picture of Georgia's IDP community and improve targeting of assistance to the most vulnerable in Georgia irrespective of whether they are IDPs or not. Households in collective centres were shown in Section 2 above to be especially disadvantaged in respect of employment and income. An attempt is made here to identify the disadvantaged groups more systematically. They are defined as those with household expenditure (as an indicator of real income) per adult equivalent with less than 20 GEL per month, without government assistance. This again follows the logic explained in Section 2, that in order to decide who is most disadvantaged from the perspective of welfare benefits, the crucial figure is income before it is adjusted through government assistance.

The most disadvantaged are IDPs in collective centres, about two thirds of whom have below 20 GEL per adult equivalent. The least disadvantaged group is the local population in urban areas. Guria and Shida Kartli are the regions with the highest proportions of disadvantaged households.

The figures, shown in the tables below, require a caveat. They fail to include non-cash income, i.e., the equivalent monetary value of home-grown food or gifts of food. It was not possible to collect valid data on this in the survey. SDS estimates the equivalent value (in 1999) as approximately 20 per cent of cash expenditure. A correction in this sense was applied to the totals in Table 13 in Section 2, but not to the more detailed figures below. The difference made by home-grown food by region or in households of the elderly is unknown. Access to land and livestock is fairly widely spread and affects IDPs as well as local households. Nonetheless, were corrections made on this basis, cell by cell, whatever conclusions are reached might in the end reflect the assumptions rather than reality. All that it is safe to conclude is that in relation to urban areas rural incomes could be a little higher, and poverty a little less, than the figures here suggest.

Table 82
Poor households by region and urban/rural
Cash expenditure less government assistance per adult
equivalent (less than 20 lari/month)

	Kakheti	Tbilisi	Shida Kartli	Kvemo Kartli	Samtskhe Javakheti	Ajara	Guria	Samegrelo	Imereti	Total
	- per cent -									
Urban										
Local	63	24	47	42	53	18	80	45	39	34
PA	64	29	56	45	43	36	76	58	60	42
CC	67	40	79	59	54	30	n.a.	67	62	54
Rural										
Local	59	n.a.	73	64	36	40	79	44	47	56
PA	60	n.a.	60	73	44	41	76	67	49	65
CC	53	n.a.	64	64	n.a.	37	91	89	51	68

(Imereti contains Racha Lechkumi and Kvemo Svaneti regions; Shida Kartli contains Mtskheta

I/16

The most disadvantaged are IDPs in collective centres, about two thirds of whom have below 20 laris per adult equivalent. The least disadvantaged group is the local population in urban areas. With a few exceptions, the pattern is repeated in each region, including the regions with high concentrations of IDPs, namely Tbilisi, Samegrelo and Imereti. Guria and Shida Kartli are the regions with the highest proportions of disadvantaged households.

The analysis has been extended to examine some traditional categories of disadvantaged persons as shown in Table 83.



Table 83
Vulnerable families

	Local Population	IDP Private	IDP Collective
	- per cent -		
Especially vulnerable			
Elderly alone working*	6.9	3.3	2.5
Elderly alone not working**	8.1	7.4	8.0
Single female parent with child***	1.9	5.4	5.1
Others, with no one employed in the h'hld	13.1	25.9	35.0
Others	70.0	58.0	49.3
Total	100.0	100.0	100.0
n	2,612	1,692	1,777

* Elderly (men 65+, women 60+) alone or with children and/or disabled

only, one or more of the elderly working

** same as above, but no one is working

*** Child:0-17

V1

Four categories were singled out for analysis: the elderly living alone or only with children and/or disabled. These were then further divided according to whether one of the elderly was or was not gainfully occupied. A third category comprises single women with one or more children. The fourth category (of those left, i.e., excluding the elderly and lone mothers) consists of households in which nobody is gainfully occupied.²⁷ The figures in Table 83 indicate that there are fewer households with elderly still working among IDPs than in the local population, but more households with nobody gainfully occupied.

Those with the least incomes, earning less than 20 GEL/month in terms of cash expenditure before government assistance, are identified in Table 84.

Table 84
Poor households by type of vulnerability and urban/rural
Cash expenditure less government assistance per adult
equivalent (less than 20 lari/month)

	Urban			Rural		
	Local	IDP(PA)	IDP(CC)	Local	IDP(PA)	IDP(CC)
	- per cent with <20lari/month -					
Especially vulnerable						
Elderly alone working	32	15	28	52	52	51
Elderly alone not working	49	42	46	73	53	44
Single female parent with child	26	53	45	46	74	73
Others, with no one employed in the h'hld	46	56	59	56	75	89
Others	28	36	54	54	62	53
Total	34	42	54	55	65	68

V8

The distinctions by family status are less clear than might have been expected. The working elderly are generally the best off (i.e., the least with expenditure below 20 GEL). The least well off (the highest figures in Table 84) tend to be households with no employment. As before, the poorest are more heavily concentrated in rural than urban areas. The poorest group in the local population

²⁷ Once the elderly households and those with lone mothers (each of which may contain disabled) were removed no households with only disabled persons, envisaged as a further category, were left.

The poorest group in the local population is that of the rural non-working elderly; among the IDPs those with no employment in collective centres and in private accommodation, as well as lone mother households.



is that of the rural non-working elderly; among the IDPs those with no employment in collective centres (89 per cent with less than 20 GEL/month) and in private accommodation, as well as lone mother households.²⁸

Although certain categories of IDPs are clearly more disadvantaged than other IDPs, and in comparison with the general population, IDPs still do not constitute more than 6 per cent of the population overall.

Table 85
National distribution of poor households (less than 20 lari per adult equivalent before government assistance) by urban/rural

		per cent
Urban	Locals	39
	PA	2
	CC	2
Rural	Locals	54
	PA	2
	CC	1
Total		100
I/16		

In other words, per 100 households in need nine tenths are local, only 7 per cent are IDP households (Table 85).

²⁸ Ideally, Tables I/16 and V8 should be combined, so as identify the most disadvantaged in terms of region as well as family status. The cell values are too small for this kind of analysis.



ANNEX A. THE SURVEY

As noted in the text, comparison of the two categories of IDPs (respectively in private accommodation and in collective centres) with the local population was a major aim of the survey. Two separate samples were selected, one including the two types of IDPs, the other of the local population, selected so as to provide comparable figures by region and urban/rural areas.

The IDP sample

According to the records of the Ministry of Refugees and Accommodation (MRA) in November 1999, IDPs in Georgia are divided into approximately 49,570 households in private accommodation and 39,764 in collective centres (former sanatoria, hotels, tourist camps, hostels etc.). The total number of IDPs, according to the Ministry, is 272,000, with an average household size of just over 3.04 persons. However, according to the survey, 20 per cent of the IDPs addresses were non-existing or wrong. If we deduct 20 per cent households equally from both types of accommodation and apply the survey figures of average household size (3.38 persons per household in private accommodation, 3.51 in collective centres) the total number of IDP households would be approximately 40,000 in private accommodation and 32,000 in collective centres, a total of 72,000, with 245,700 persons. They are scattered throughout Georgia, with heavy concentrations, however, in the Tbilisi and Samegrelo-Imereti areas in western Georgia. Their distribution is shown in Annex Table A1.

Annex Table A1
Distribution of IDP households in Georgia as of November 1999*

	Kakheti	Tbilisi	Shida Kartli	Kvemo Kartli	Samtkhe Javakheti	Ajara	Guria	Samegrelo	Imereti	Total	
										No.	%
Total	362	22,978	2,628	2,671	928	2,321	178	29,515	9,886	71,467	100
Urban	0	0	0	0	0	0	0	0	0	0	
Private accommodation	55	13,862	611	1,450	105	441	62	8,280	1,177	26,042	36
Communal centres	190	9,115	770	835	731	1,720	0	4,651	7,418	25,432	36
Total urban	246	22,978	1,382	2,285	836	2,161	62	12,931	8,595	51,474	72
Rural	0	0	0	0	0	0	0	0	0	0	
Private accommodation	89	0	979	341	87	102	97	10,862	1,057	13,614	19
Communal centres	28	0	267	40	5	58	20	5,722	234	6,379	9
Total rural	117	0	1,246	386	92	160	117	16,584	1,290	19,993	28

(Imereti contains Racha Lechkhumi and Kvemo Svaneti regions; Shida Kartli contains Mtskheta Mtianeti)

* The MRA's figures less 20 per cent.

Of the approximately 72,000 IDP households, 50,000, (over 70 per cent of the total) are concentrated in just five out of the possible 36 cells: namely in private and collective accommodation in Tbilisi (32 per cent), in private accommodation in urban and in rural Samegrelo (27 per cent) and in collective centres in urban Imereti (10 per cent). However, the remaining, more scattered, groups are of considerable interest, if only because they tend to receive less public attention, and they are fully covered in this survey.

The survey was intended to yield comparable results for all regions, distinguishing between households in private and collective accommodation and between urban and rural areas. Therefore, the sampling design had to yield adequate numbers for each of these divisions, an objective that would not have been obtained with proportionate sampling. It was decided therefore to select



IDP households disproportionately. Sample sizes in the regions were determined in proportion to the cube root of the number of IDP households in each region, yielding greater numbers in the smaller regions than would be obtained with proportionate sampling. In combining regional numbers into totals during analysis, corresponding weights were applied to restore the balance.

A stratified random cluster sample was selected. Each region²⁹ was divided into six strata, first by private and collective accommodation, then for each such division (except in Tbilisi) by (i) rural, (ii) towns with below 30,000 inhabitants, and (iii) towns with 30,000 or more inhabitants. Each stratum was further separated into census units (the primary sampling units or PSUs). A sample of PSUs was next selected with probability according to size. Within each selected cluster, households were selected systematically from a list of IDP households provided by MRA. Cluster size ranged from 7 to 12 households in urban, and 16 to 24 in the more inaccessible rural areas requiring a higher degree of clustering for the same cost.

Total sample size was determined on the basis of the usual compromise between having the lowest possible sampling error (requiring a large sample) on the one hand, and the two factors of cost and ability to control the operation (requiring a small sample) on the other hand. As low a sampling error as possible was required moreover for each major cell of analysis (i.e., by region, and within region by kind of IDP accommodation and by urban/rural), keeping in mind also the need for further sub-divisions in analysis. A sample of 3,750 households was expected to yield standard errors below 2 per cent for the total, below 5 per cent for the regions, on the basis of simple sampling. The error would be greater as a result of clustering, slightly lower because of stratification.

Another 22 per cent was added to the target figure making a total 4,573. This was to allow for expected non-contacts due to faulty address lists and other non-response.³⁰ SDS had previously tested the MRA's list of IDP households before the survey. About one fifth of the IDPs on the Ministry's list could not be located on that occasion in Tbilisi, but only 3 per cent in Imereti, for example.

The advance calculations of sample size based on likely sampling error are useful as an approximation, but may ultimately bear little relationship to reality. As comparison is a major objective, the permissible standard error depends on the actual differences between the populations (IDPs vs. Local, IDPs in private as against IDPs in collective accommodation, by region, etc.). They make no allowance for non-random error emanating from a variety of sources, such as imperfections in the sampling frame, non-response, processing errors, false information, etc.

The distribution of the sample achieved (after non-response) is shown in Annex Table A2 below:

²⁹ The regions are as shown in Table R1. Some of the smaller regions were aggregated.

³⁰ It is in theory invalid in random sampling to compensate for respondents who refuse or those temporarily absent since there is no certainty that the substitutes have the same characteristics as the non-respondents whose characteristics are unknown.



Annex Table A2
Sample of IDPs

	Kakheti	Tbilisi	Shida Kartli	Kvemo Kartli	Samtkhe Javakheti	Ajara	Guria	Samegrelo	Imereti	Total
Total	179	692	382	354	284	276	140	653	507	3,467
of which in:										
private accommodation (PA)	73	373	202	210	99	93	118	387	135	1,699
community centres (CC)	106	319	180	144	185	183	22	266	372	1,777
urban	117	692	162	248	250	204	50	292	389	2,404
rural	62	0	220	106	34	72	90	361	118	1,063
PA - urban	28	373	71	132	65	64	50	175	72	1,030
PA-rural	45	0	131	78	34	29	68	212	63	660
CC- urban	89	319	91	116	185	140	0	117	317	1,374
CC- rural	17	0	89	28	0	43	22	149	55	403

(see notes to Annex Table A1)

S1

Achieved sample size was less by a small margin than targeted size. This is so in spite of the allowance made for non-response. As the figures below demonstrate, most of the non-response was due to the deficient lists (bad addresses, non-existing households, etc.). The poor quality of the sampling frame - the list from which the households were selected - was not entirely unexpected in the light of the SDSs previous control even if it was considerably greater than expected in some areas - especially in Imereti.

As the kind of non-response that is due to faulty address lists is probably non-biasing (as distinct from absent respondents or refusals which introduce a bias) the results are probably little affected, even if defective frames of this kind waste the interviewers' time and can be a burden.

The high level of non-contact is further evidence of the supposition that the real number of IDPs is considerably less than the Ministry reports. Thus:

"The Georgian Ministry for Refugees claimed in March 1997 that there were 268,072 displaced persons from Abkhazia in Georgia (in a personal interview with the Minister). Others argue in turn that there were 239,900 Georgians in Abkhazia in 1989, according to the Soviet census. They claim that some never left Abkhazia, many others have repatriated already and still others fled to Russia, not Georgia. There are thus at most 140 - 150,000 displaced persons..."³¹

As noted above, the figures from the SDS control of the Ministry list and the results of the survey suggest that the number of IDPs may be smaller than the official figure by about 20 per cent. The difference affects the results of this survey only in so far as it is unevenly spread among regions and other strata.

³¹ Catherine Dale, *The Dynamics and Challenges of Ethnic Cleansing: The Georgia-Abkhazia Case*, Writenet Country Papers, 1997.



Annex Table A3
IDP sample: non-contacts and non-response

	Kakheti	Tbilisi	Shida Kartli	Kvemo Kartli	Samtkhe Javakheti	Ajara	Guria	Samegrelo	Imereti	Total
Total targeted sample	209	650	359	386	302	380	145	706	622	3,759
Targeted plus addition for non-contacts	252	992	432	469	366	461	172	793	636	4,573
Address incomplete, non-existing, not found or in non-residential building	58	243	44	93	69	161	11	101	115	895
House closed (no other information)	8	24	1	9	0	13	10	25	3	93
Household absent	5	26	4	13	11	11	11	12	11	104
Refusal	2	7	1	0	2	0	0	2	0	14
Total non-response and non-contact	73	300	50	115	82	185	32	140	129	1,106
Achieved sample	179	692	382	354	284	276	140	653	507	3,467
Achieved as per cent of targeted %	86	106	106	92	94	73	97	92	82	92

S1

The local population sample

A matching sample of 2,881 households was sought for comparison with IDPs.³² The sample design was similar to that of the IDP sample. To obtain sufficient households in the smaller regions sampling was disproportionate (proportionate to the cube root of the regional populations rather than the populations themselves). A stratified cluster design was used as before. Clusters (census units) were obtained in a first stage with selection proportionate to the size of the census unit. Households were then selected systematically from a list that, although it is based on the 1989 census, is regularly updated.

Annex Table A4
Population of Georgia by region and urban/rural ('000)

	Kakheti	Tbilisi	Shida	Kvemo	Samtkhe	Ajara	Guria	Samegrelo	Imereti	Total	
			Kartli	Kartli	Javakheti					No.	%
Total - number	419.2	979.9	391.1	480.1	225.7	411.4	137.9	479.3	778.2	4,272.8	100
- per cent	9.8	22.9	9.2	10.5	5.3	9.6	3.2	11.2	18.2	100.0	
Urban	94.2	979.9	103.0	155.0	135.4	148.8	29.0	184.2	411.6	2,241.1	52.5
Rural	325.0	0.0	288.1	295.1	90.3	262.6	108.9	295.1	366.6	2,031.7	47.5

B1

As was the case for the IDP sample, the achieved sample is smaller than the targeted sample. The reason again is in large part incorrect addresses. However, refusals and especially absence of potential respondents, as well as cases where the house was closed (without further information), were much more common in the survey of the local population than for IDPs.

³²The sample size could be smaller than for IDPs because no division, matching the division of IDPs into private accommodation and community centres was required.



Annex Table A5
Sample of the local population

	Kakheti	Tbilisi	Shida Kartli	Kvemo Kartli	Samtkhe Javakheti	Ajara	Guria	Samegrelo	Imereti	Total
Targeted sample	323	549	347	382	221	315	201	309	482	3,129
Targeted plus addition for non-contacts	354	588	372	393	255	336	204	348	501	3,351
Address incomplete, non-existing, not found or in non-residential building	40	48	31	27	34	32	7	45	40	304
House closed (no other information)	32	32	12	38	0	12	11	11	36	184
Household absent	17	50	19	13	0	12	2	12	79	204
Refusal	3	19	4	4	1	7	0	2	7	47
Total non-response and non-contact	92	149	66	82	35	63	20	70	162	739
Achieved sample	262	439	306	311	220	273	184	278	339	2,612
of which:										
Rural	200	0	222	201	92	198	144	187	150	1,394
Urban	62	439	84	110	128	75	40	91	189	1,218
Achieved as per cent of targeted (%)	81	80	88	81	100	87	92	90	70	83

S1

Annex Table A6
Non-response by cause

	IDPs	Local
Address incomplete, non-existing, not found or in non-residential building	81	41
House closed (no other information)	8	25
Household absent	9	28
Refusal	1	6
Total non-response and non-contact	100	100
n =	1106	739

S1

The questionnaire

A questionnaire was developed to collect the data required by the survey. The questionnaire was designed to be comprehensive, including the following categories of questions:

- a) Household composition
- b) Housing and associated factors
- c) Household income and employment
- d) Social assistance
- e) Credit/savings
- f) Household expenditure
- g) Migration
- h) Education
- i) Health
- j) Community participation (social capital)
- k) Migration
- l) Questions specific to IDPs, including previous kind of accommodation and employment, as well as experience of prejudice.

The questionnaire was pilot tested in urban and rural areas among IDPs in collective centres, private accommodation and households of the local population.



Fieldwork

80 members of the GRCS were selected and trained to work as interviewers. In collaboration with the International Federation, GRCS was responsible for the selection of interviewers. They were selected according to the following criteria:

1. Completed at least secondary education
2. Ability to be neutral and unbiased in asking questions
3. Ability to record answers accurately
4. Ability to ask questions in an organised way
5. Friendly and receptive manner

They were trained in the regions in which they were to conduct the interviewing, as follows:

1. The trainer discussed the questionnaire in detail with the interviewers and regional supervisors. This involved discussing each question in turn and allowing the time to solve any issues of confusion/ambiguity.

2. A sample of households (not included in the final sample for the survey) was chosen for the training interviews. The interviewers conducted the first interview with one another under the supervision of the trainer. As the interviewers became more competent the supervision was reduced. During the training period, the trainer checked all completed questionnaires and in case of errors gave explanations to the interviewer to avoid recurrence of the errors. The interviewers continued to conduct training interviews until the level of error was negligible.

Data collection took place between 5 June and 10 July 2000. Each interviewer was required to interview between 4 to 5 households per day over a 20-day period. The questionnaire was designed to take approximately 45 minutes to complete.

Interviewers were supervised by experienced SDS staff. These supervisors were responsible for assisting GRCS interviewers in any data collection problems that arose, such as finding the sampled households, completing the questionnaire and so forth. In addition to solving fieldwork problems, the supervisors were responsible for reviewing and checking completed questionnaires. Also during the data collection phase, Federation and GRCS survey managers made random, unannounced visits to each region to monitor progress.

Following the completion of the fieldwork, a random sample of the completed questionnaires from each region was selected for control, conducted from 17 to 28 July 2000. The addresses for the control work were selected according to the following principles:

1. The addresses selected for the control work were those in which an interview had been conducted and a questionnaire completed.
2. Priority was given to households in the most remote areas, where the risk of incorrect answers was greatest (for example in the more inaccessible, hilly regions)
3. Prior to and during the data collection phase, interviewers were not informed about which addresses would be selected as controls.



The control work assessed the quality of the interviewers' work using the following criteria:

- a) Whether the interviewer had visited the household at all.
- b) To what extent the information recorded on the questionnaire matched the true situation.
- c) The attitude of the interviewer while conducting the original interview (was it aggressive, for example).

A total of 350 controls were carried out. In about 10 per cent of the households controlled in Samegrelo and a smaller number in Tbilisi, the information in the control households did not match that of the original interviews. The interviewer had gone to the wrong address or had substituted another household. Re-interviewing was carried out in these two regions.

Data processing and tabulations

The SDS entered the data into a computer using Access software. The data were cleaned (errors rectified) and tables were processed by means of SPSS.



ANNEX B. DEMOGRAPHIC PROFILE

The sex and age distribution in Annex Table B1 shows some significant differences between the local population and the IDPs.

Annex Table B1
Distribution of the sample by age and sex

	Local population			IDPs in private accommodation			IDPs in collective centres		
	female	male	total	female	male	total	female	male	total
0-4	3.8	5.2	4.5	3.7	4.6	4.1	3.9	4.6	4.2
5-14	14.0	14.9	14.4	13.2	18.5	15.6	14.4	17.9	16.0
15-24	14.4	16.8	15.5	17.2	16.2	16.8	17.0	18.9	17.9
25-44	27.6	29.5	28.5	30.6	29.4	30.1	30.8	29.2	30.1
45-59	16.8	14.6	15.8	17.4	17.8	17.6	15.9	16.9	16.4
60-64	7.2	7.0	7.1	5.3	5.6	5.4	5.4	4.6	5.0
65 plus	16.2	11.9	14.2	12.6	7.8	10.4	12.6	7.8	10.4
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
of which:									
0-17	22.5	26.1	24.2	21.5	28.4	24.6	23.9	28.9	26.2
Working age	54.1	62.0	57.8	60.6	63.9	62.1	58.1	63.3	60.5
Retired*	23.4	11.9	18.0	17.9	7.8	13.3	18.0	7.8	13.3
(n)	5,401	4,815	10,216	3,312	2,699	6,011	3,396	2,842	6,238

* Women 60 plus, men 65 plus

B3

There are slightly higher proportions of young people among IDPs and fewer retired, for example. Sex ratios (females per 1,000 males), with the exception of young children and the 15 to 24 range in the local population, show a preponderance of women in all three categories. This is particularly the case for IDP women in the 25 to 44 range and among the retired. There are almost twice as many women than men among the IDPs from ages 65 onwards, suggesting relatively high male mortality.

Annex Table B2
Sex ratios (females per 1000 males)

	Local	IDP	IDP
	Population	Private	Collective
0-4	824	955	996
5-14	1,057	853	957
15-24	963	1,271	1,069
25-44	1,056	1,243	1,251
45-59	1,305	1,168	1,116
60-64	1,154	1,140	1,383
65 plus	1,547	1,941	1,920
Total	1,130	1,197	1,188

B3

Household size is only slightly less among IDPs than in the local population, lower in private accommodation than in collective centres (Annex Table B2). Single person households are slightly more, large households with five or more persons, less common in IDP than local households.



Annex Table B3
Household size

Household members	Local	IDP	IDP
	Population	Private	Collective
	- per cent -		
1	12.9	16.4	15.9
2	15.0	15.8	16.8
3	14.0	18.3	17.5
4	21.2	21.5	23.6
5	16.0	13.8	12.7
6 plus	20.9	14.2	13.6
Total	100.0	100.0	100.1
n =	2,612	1,690	1,777
Average	3.67	3.38	3.51

B2

Marital status is similar in local and IDP households, with slightly higher proportions of married people among IDPs.

Annex Table B4
Family status

	Local	IDP	IDP
	Population	Private	Collective
	- per cent -		
Married (registered)	50	43	43
Non-registered marriage	1	1	1
Single	38	43	44
Divorced	2	2	1
Separated	1	2	1
Widowed	9	10	11
Total	100	100	100
n	10,036	5,858	6,047

B5

Activity status of household members reflects the age distribution and employment situation discussed in Section 2.1 of the text.

Annex Table B5
Activity status*

	Local	IDP	IDP
	Population	Private	Collective
	- per cent -		
Pre-school children (0-5)	6.0	5.4	5.3
Pupils/students	15.9	16.9	18.3
Employed	37.6	30.2	24.5
Unemployed	12.2	22.6	28.7
Retired	18.0	13.3	13.3
Disabled Cat.I (NEC)	0.4	0.1	0.2
Homeworker	3.5	4.3	3.1
Other	6.4	7.3	6.5
Total	100.0	100.0	100.0
(n)	9,839	5,948	6,241

* Based on activity during previous seven days

B6



ANNEX C. COMPARISON OF SDS AND IDP SURVEY DATA

The SDS' annual household survey and the data for the local population in the present IDP survey were compared in respect of income and expenditure data. The income data in Table C1 suggest that while some items (gifts from relatives and friends, sale of agricultural produce, non-cash income) are smaller in the IDP than the SDS survey, or that no valid monetary data could be obtained, nonetheless total cash income as well as some of the more substantial items, such as earnings were about the same in the two surveys.³³ Non-cash income, if correctly reported in the SDS survey, would add another 41 GEL to total income in the IDP survey. SDS survey, would add another 41 GEL to total income in the IDP survey.

Annex Table C1
Comparison of SDS and IDP surveys in respect of income

	SDS household budget survey 1999			Current (IDP) survey 2000
	- lari/month -			
	Urban	Rural	Total	Total
Source of income				
Wage employment	63	17	42	44
Self-employment	21	7	15	18
Sale of agricultural produce	2	55	27	no monetary data
Rent, interest	2	0	1	no monetary data
Pensions and other welfare	9	7	8	12
Remittances from abroad	7	3	5	9
Money from relatives	10	3	7	no monetary data
Total cash income	114	92	104	102*
Non-cash income equivalent	16	70	41	2
Total	130	162	145	104

Source of SDS data: SDS, Statistical Abstract 1998-1999

*As well as asking questions on separate sources of income, households were asked to state their total income. The 102 laris derive from this question.

1/3

The consumption expenditure figures (Annex Table C2) are lower in the IDP than the SDS survey, which used very intensive procedures, beyond the means of the IDP survey, to obtain this information:

³³A special survey would be required to collect this kind of information, including a diary or repeated visits by interviewers, a task clearly beyond the resources available for this survey.



Annex Table C2
Comparison of SDS and IDP surveys in respect of expenditure

Expenditure on:	SDS household budget survey 1999			Current (IDP) survey 2000
	Urban	Rural	Total	Total
	- lari/month -			
Food	116	75	97	71
Drinks	2	1	1	not asked
Cigarettes	4	3	4	not asked
Clothes, shoes	13	10	12	9
Household equipment	23	18	21	see heating etc.
Healthcare	7	5	6	14
Heating, electricity*	13	12	13	15
Transport	15	7	11	8
Education	7	3	5	3
Other	7	4	5	5
Total above	206	140	176	124
Non-cash equivalent**	16	71	42	2
Total	222	212	217	126
per cent spent on food*	59	69	64	57

Source: SDS, Statistical Abstract 1998-1999

* This item includes rent and all utilities in the IDP survey.

** All of this is self-grown or received food.

1/3

Reported cash expenditure in the SDS survey is 51 GEL per household/ month higher than the reported cash expenditure in the IDP survey. The equivalent expenditure of non-cash consumption (mainly self-grown food), also higher in the SDS survey, would add another 41 GEL. The total difference, 92 GEL per household, is considerable. The gap is wider in rural, where non-cash consumption is about 70 GEL/month/household, than urban areas.

The SDS figures are not necessarily accurate, any more than the IDP figures. The survey that produces accurate income and expenditure data is yet to be invented, the world over. The figures are presented here as a basis for alternative calculations of real income. Readers must be left to draw their own conclusions as to which of the alternatives is the most likely or the most appropriate. This applies to absolute estimates of income and expenditure as well as comparisons among the principal groups. It is likely, although not certain, that even if the absolute figures are marginally wrong, errors are about the same for each of the groups and comparison therefore would be little affected.


ANNEX D. TABLES

Table D1
Region of origin by current region of residence of IDPs

Current region of abode	Region of origin								Total
	Gali	Gagra	Gudauta	Gulripshi	Sukhumi	Ochamchire	South Ossetia*	Other	
Kakheti	0	1	4	1	0	0	0	0	0
Tbilisi	14	52	31	31	47	18	24	0	31
Srída Kartli	0	2	8	1	1	2	67	0	5
Kvemo Kartli	1	3	10	7	3	4	8	0	3
Samskhte-Javakheti	1	2	2	2	2	1	2	0	2
Adjara	1	3	2	5	5	3	0	0	3
Guria	0	1	0	0	0	0	0	0	0
Samegrelo	79	13	15	40	29	47	0	44	44
Imereti	4	20	12	18	12	20	2	12	12
TOTAL	100	100	100	100	100	100	100	100	100

*South Ossetia includes Tskhinvali, Znauri and Java

IDPJ15

Table D2
Employment status by gender

			Wage employed	Self- employed	Unpaid Fam. work	Unemployed	All econ. active
Urban	Local	female	40	15	17	28	100
		male	39	21	16	24	100
	PA	female	22	20	23	34	100
		male	29	20	14	36	100
	CC	female	15	16	24	44	100
		male	17	15	20	48	100
Rural	Local	female	14	70	13	4	100
		male	15	68	12	5	100
	PA	female	8	51	16	25	100
		male	8	56	15	21	100
	CC	female	4	33	21	41	100
		male	12	33	17	37	100
Total	Local	female	27	42	15	16	100
		male	26	46	14	14	100
	PA	female	18	30	21	31	100
		male	22	32	15	31	100
	CC	female	13	19	24	44	100
		male	16	19	19	46	100

M14



Table D3
Occupation of IDPs before displacement - respondents aged 25-50

	Unweighted number
11. Government representatives/heads of governing bodies	3
12. Heads of institutions, organisations, enterprises and their structures	64
13. Heads of small institutions, organisations and enterprises	34
21. Specialists in natural science and engineering	170
22. Specialists in biology, agricultural science and health care	89
23. Specialists in education (incl. teachers)	285
24. Specialists in other fields	134
31. Intermediate workers in physical and engineering activities	42
32. Intermediate workers in natural sciences and health care (incl. doctors)	182
33. Intermediate workers in education	21
34. Intermediate workers in finance, economy, administrative and social services	163
41. Workers in data preparation, document drawing, recording and servicing	63
42. Service workers	22
51. Workers in personnel services and protection of citizens and property	87
52. Salesmen, commodity demonstrators, sitters and models	137
53. Workers in the field of public utilities industry	7
54. Movie and TV workers	1
55. Workers employed in advertising, designing and restoration	1
61, 62. Workers in agriculture, forestry, hunting, fishing and fishing	90
71. Workers in mining, construction, assembling and maintenance/repair	68
72. Workers in metal working and mechanical engineering	48
73. Workers in high-precision tools industry, work of art and printing trade	8
74. Workers in large/small industries	189
75. Workers in transport and communication	43
76. Workers in geology and mining	3
81. Industrial machinery operators, operating staff and engineers	12
82. Operators for fixed machinery, operating staff, engineers and fitters	11
83. Drivers and engineers for movable equipment	298
91. Unskilled workers in various social services, public utilities industry, trade and related activities	21
92. Unskilled workers in agriculture, forestry, hunting, fish breeding and fishing	215
93. Unskilled workers in manufacturing, construction, transport, communication, geology and mining	78
94, 99. Unskilled common workers for all fields of economy (not elsewhere specified)	49
Total	2,638

Table D4
Expenditure on food as per cent of total consumption expenditure by region and urban/rural

		Kakheti	Tbilisi	Shida Kartli	Kvemo Kartli	Samtskhe Javakheti	Ajara	Guria	Samegrelo	Imereti	Total
Urban	Local	53	61	64	63	51	44	87	67	52	58
	PA	63	60	67	65	64	60	78	66	65	62
	CC	66	76	65	65	73	67	n.a.	71	63	71
Rural	Local	45	n.a.	63	69	64	53	73	51	51	55
	PA	67	n.a.	44	75	48	62	77	61	48	58
	CC	75	n.a.	85	73	n.a.	59	83	67	54	67
Total	Local	47	61	63	66	58	49	76	57	52	57
	PA	67	60	51	66	56	60	77	64	55	61
	CC	67	76	71	66	73	67	83	70	62	70

1/6



Table D5
Ownership of household durables (TV, radio, video, washing machine, refrigerator, car) by region and urban/rural

			TV	Radio/ Aud. vis.	Video	Washing machine	Fridge	Car	n
Kakheti	Urban	Local	77	45	19	34	53	22	62
		PA	50	39	0	7	25	11	28
		CC	63	30	2	3	7	1	89
	Rural	Local	79	32	13	26	57	23	200
		PA	64	22	7	9	18	16	45
		CC	59	53	24	0	0	0	17
	Total	Local	79	35	15	28	56	23	262
		PA	59	28	4	8	20	14	73
		CC	63	33	4	3	6	1	106
Tbilisi	Urban	Local	95	51	23	61	88	20	439
		PA	91	46	16	42	77	8	373
		CC	83	26	7	16	49	5	319
	Total	Local	95	51	23	61	88	20	439
		PA	91	46	16	42	77	8	373
		CC	83	26	7	16	49	5	319
Shida Kartli	Urban	Local	76	42	15	42	60	16	87
		PA	80	38	15	35	58	8	71
		CC	63	14	5	7	22	2	91
	Rural	Local	77	35	6	23	44	14	219
		PA	72	35	7	21	44	18	131
		CC	39	19	0	2	4	2	89
	Total	Local	77	37	9	28	48	15	306
		PA	75	36	10	26	49	14	202
		CC	57	15	4	6	18	2	180
Qvemo Kartli	Urban	Local	84	50	16	55	79	17	102
		PA	70	36	9	19	46	8	132
		CC	80	34	8	13	30	3	116
	Rural	Local	90	26	7	41	73	12	209
		PA	76	26	4	18	27	1	78
		CC	50	21	0	0	11	0	28
	Total	Local	88	35	11	46	75	13	311
		PA	72	34	8	19	42	7	210
		CC	79	33	7	12	29	3	144
Samtskhe Javakheti	Urban	Local	82	34	28	48	67	27	128
		PA	55	8	6	17	26	5	65
		CC	39	5	1	3	4	0	185
	Rural	Local	80	34	11	45	56	26	92
		PA	71	26	18	26	29	18	34
		CC	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
	Total	Local	81	34	22	47	63	26	220
		PA	62	16	11	21	28	10	99
		CC	39	5	1	3	4	0	185
Ajara	Urban	Local	89	55	37	54	78	18	73
		PA	61	30	11	13	19	6	64
		CC	61	30	12	5	12	4	140
	Rural	Local	85	36	23	32	61	22	200
		PA	45	21	3	10	3	3	29
		CC	44	21	5	0	2	5	43
	Total	Local	87	43	28	41	68	21	273
		PA	59	29	10	12	17	6	93
		CC	60	30	12	5	12	4	183
Guria	Urban	Local	81	0	0	49	65	4	41
		PA	62	12	4	20	32	4	50
		CC	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
	Rural	Local	78	5	4	29	40	11	143
		PA	62	0	3	3	15	0	68
		CC	50	0	0	9	18	0	22
	Total	Local	79	4	3	33	45	9	184
		PA	62	5	3	10	22	2	118
		CC	50	0	0	9	18	0	22
Samegrelo	Urban	Local	87	49	14	58	81	11	91
		PA	81	37	10	26	47	8	175
		CC	64	26	2	9	14	2	117
	Rural	Local	96	41	6	46	75	8	187
		PA	73	43	1	9	32	2	212
		CC	46	38	1	1	7	4	149
	Total	Local	93	44	9	50	77	9	278
		PA	77	40	6	17	39	5	387



Table D6
Major felt problems by region and urban/rural

		Low income	Ill health	No own home	Social isolation	Total	n
		- per cent -					
Kakheti	Local	88	39	2	31	100	262
	PA	86	35	61	36	100	73
	CC	90	29	99	30	100	106
Tbilisi	Local	74	26	5	11	100	439
	PA	78	21	58	17	100	373
	CC	87	22	93	15	100	319
Shida Kartli	Local	86	31	2	4	100	306
	PA	81	27	49	16	100	202
	CC	90	35	94	9	100	180
Qvemo Kartli	Local	88	26	1	11	100	311
	PA	94	29	64	60	100	210
	CC	94	17	48	36	100	144
Samtkhe Javakheti	Local	79	30	10	10	100	220
	PA	91	37	85	16	100	99
	CC	85	24	95	14	100	185
Ajara	Local	53	26	6	9	100	273
	PA	88	43	70	15	100	93
	CC	73	31	52	21	100	183
Guria	Local	72	11	1	12	100	184
	PA	84	19	76	14	100	118
	CC	77	14	82	9	100	22
Samegrelo	Local	81	16	1	2	100	278
	PA	88	17	70	18	100	387
	CC	93	22	78	21	100	266
Imereti	Local	79	34	1	2	100	339
	PA	90	16	71	5	100	135
	CC	87	31	86	30	100	372
Total	Local	78	28	3	9	100	2,612
	PA	85	20	65	19	100	1,690
	CC	89	25	83	21	100	1,777

C14



Table D7
Condition of accommodation by region and urban/rural

			Broken window	Leaking roof	Walls in disrepair	Problem with plumbing	n
- per cent -							
Kakheti	Urban	Local	25	43	46	31	62
		PA	43	57	75	54	28
		CC	17	29	44	39	89
	Rural	Local	21	29	40	18	200
		PA	33	62	73	38	45
		CC	41	65	88	71	17
Tbilisi	Urban	Local	2	11	32	22	439
		PA	6	9	24	20	373
		CC	6	23	43	31	319
Shida Kartli	Urban	Local	5	29	43	32	87
		PA	11	24	51	39	71
		CC	18	34	73	63	91
	Rural	Local	4	15	32	9	219
		PA	1	21	47	41	131
		CC	10	38	81	28	89
Kvemo Kartli	Urban	Local	1	5	2	3	102
		PA	15	27	39	41	132
		CC	9	36	44	56	116
	Rural	Local	1	15	23	12	209
		PA	9	35	50	50	78
		CC	11	50	79	86	28
Samtske Javaketi	Urban	Local	17	29	49	27	128
		PA	20	29	51	34	65
		CC	12	12	35	21	185
	Rural	Local	4	24	42	4	92
		PA	18	26	41	21	34
		CC	18	26	41	21	34
Ajara	Urban	Local	5	12	28	18	73
		PA	9	20	27	36	64
		CC	15	35	51	51	140
	Rural	Local	12	20	35	17	200
		PA	14	41	72	48	29
		CC	26	40	86	72	43
Guria	Urban	Local	4	11	37	42	41
		PA	20	28	42	38	50
		CC	6	15	33	32	143
	Rural	Local	6	15	33	32	143
		PA	18	34	50	41	68
		CC	9	23	41	45	22
Samegrelo	Urban	Local	4	14	23	5	91
		PA	13	15	27	17	175
		CC	18	42	58	49	117
	Rural	Local	10	22	37	13	187
		PA	20	28	55	24	212
		CC	41	45	77	54	149
Imereti	Urban	Local	9	12	24	15	189
		PA	24	24	44	35	72
		CC	31	41	71	62	317
	Rural	Local	12	23	44	12	150
		PA	13	21	46	13	63
		CC	22	56	69	33	55
Total	Urban	Local	5	14	30	19	1,212
		PA	10	13	28	22	1,030
		CC	16	33	55	46	1,374
	Rural	Local	10	21	36	14	1,400
		PA	18	28	53	26	660
		CC	38	45	77	52	403

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Table D8
Sources of lighting, cooking and heating

	Local Population	IDP Private	IDP Collective
- per cent -			
Household's main source of lighting in winter			
Electricity (mains)	18	19	37
Electricity (generator)	2	1	0
Oil/Gas Lamps	64	39	30
Candles/torches	16	42	33
Other	1	0	0
Total	100	100	100
n =	2,596	1,679	1,771
Kind of fuel used by household for cooking			
Electricity	21	43	59
Gas	27	17	8
Oil/Diesel	4	2	2
Wood	48	38	30
Other	0	0	0
Total	100	100	100
n =	2,603	1,683	1,766
Kind of fuel used for heating accommodation			
Electricity	12	23	35
Gas	5	2	1
Oil/Diesel	13	12	6
Wood	69	62	58
Other	1	1	1
Total	100	100	100
n =	2,598	1,685	1,762

H4, Q2.14, 215, 2.15

Table D9
Access to kitchen, toilet, bathroom and telephone

	Local Population	IDP Private	IDP Communal
- per cent -			
Household has exclusive access to the following			
Kitchen	95	65	34
Toilet	66	45	40
Bathroom	62	42	20
Telephone	38	26	7
Household shares the following			
Kitchen	1	19	9
Toilet	2	20	31
Bathroom	1	15	8
Telephone	1	9	5
Household has no access to the following			
Kitchen	5	16	58
Toilet	32	34	29
Bathroom	38	43	72
Telephone	62	65	88
n =	1,612	1,690	1,777

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Table D10
Unshared access to kitchen, toilet, bathroom/shower, telephone
by region and urban/rural

			kitchen	toilet	bathroom	telephone	All h'hlds	n
			- per cent -					
Kakheti	Urban	IDP (PA)	61	50	36	14	100	28
		IDP (CC)	8	85	80	1	100	89
	Rural	IDP (PA)	62	11	13	4	100	45
		IDP (CC)	47	24	18	0	100	17
Tbilisi	Urban	IDP (PA)	72	71	69	57	100	373
		IDP (CC)	34	57	39	19	100	319
Shida Kartli	Urban	IDP (PA)	52	68	61	18	100	71
		IDP (CC)	19	59	36	5	100	91
	Rural	IDP (PA)	81	9	5	2	100	131
		IDP (CC)	15	22	3	0	100	89
Kvemo Kartli	Urban	IDP (PA)	83	70	61	23	100	132
		IDP (CC)	49	45	32	2	100	116
	Rural	IDP (PA)	85	50	60	3	100	78
		IDP (CC)	39	93	39	4	100	28
Samtskhe Javakheti	Urban	IDP (PA)	85	86	32	15	100	65
		IDP (PA)	64	98	52	3	100	185
	Rural	IDP (CC)	47	24	26	21	100	34
		IDP (PA)	n.a.	n.a.	n.a.	n.a.	n.a.	0
Ajara	Urban	IDP (CC)	28	84	66	11	100	64
		IDP (PA)	16	75	53	2	100	140
	Rural	IDP (CC)	34	24	14	3	100	200
		IDP (PA)	30	56	21	5	100	29
Guria	Urban	IDP (PA)	80	40	24	28	100	50
		IDP (CC)	n.a.	n.a.	n.a.	n.a.	n.a.	0
	Rural	IDP (PA)	90	22	7	4	100	68
		IDP (CC)	68	55	14	0	100	22
Samegrelo	Urban	IDP (PA)	66	42	36	21	100	175
		IDP (CC)	27	13	3	1	100	117
	Rural	IDP (PA)	51	15	17	1	100	212
		IDP (PA)	28	1	0	0	100	149
Imereti	Urban	IDP (CC)	90	78	51	17	100	72
		IDP (PA)	44	52	8	3	100	317
	Rural	IDP (CC)	57	22	17	2	100	63
		IDP (PA)	76	73	11	2	100	55
Total	Urban	IDP (CC)	70	61	55	39	100	1,030
		IDP (PA)	34	48	24	8	100	1,374
	Rural	IDP (CC)	55	16	17	1	100	660
		IDP (PA)	30	6	1	0	100	403

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Table D11
Kindergarten enrolment ratios (of children aged 3-5) by region and urban/rural

		Kakheti	Tbilisi	Shida Kartli	Kvemo Kartli	Samtskhe Javakheti	Ajara	Guria	Samegrelo	Imereti	Total
Urban	Local	69	46	14	35	27	60	23	53	27	42
	PA	50	32	44	27	44	38	14	14	46	25
	CC	38	47	40	33	11	...	n.a.	11	49	37
Rural	Local	21	n.a.	4	11	8	11	21	8	16	12
	PA	...	n.a.	20	10	...	...	20	13	...	...
	CC	100	n.a.	7	...	n.a.	...	...	13	46	15
Total	Local	31	46	5	21	18	26	21	21	20	25
	PA	...	32	28	24	17	14	...	19
	CC	43	47	32	33	11	12	49	33

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... means no or few children of kindergarten age.

Table D12
Primary and secondary enrolment ratios (children aged 6-17)
by region and urban/rural

		Kakheti	Tbilisi	Shida Kartli	Kvemo Kartli	Samtskhe Javakheti	Ajara	Guria	Samegrelo	Imereti	Total
Urban	Local	81	86	83	94	75	79	73	70	89	84
	PA	81	81	97	90	79	80	93	87	74	85
	CC	78	85	90	84	82	86	n.a.	91	84	87
Rural	Local	78	n.a.	79	86	85	75	71	81	84	80
	PA	79	n.a.	81	86	88	71	95	87	89	86
	CC	100	n.a.	82	89	n.a.	94	93	86	86	86
Total	Local	79	86	80	89	79	77	72	77	87	82
	PA	80	81	87	89	82	79	94	87	85	85
	CC	81	85	88	84	82	86	93	88	84	87

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Table D13
Higher level enrolment ratios (age group 18-24) by region and urban/rural

		Kakheti	Tbilisi	Shida Kartli	Kvemo Kartli	Samtskhe Javakheti	Ajara	Guria	Samegrelo	Imereti	Total
Urban	Local	25	38	34	34	48	50	76	31	34	38
	PA	25	46	63	17	42	26	20	30	36	39
	CC	43	44	53	12	28	22	n.a.	9	35	31
Rural	Local	49	n.a.	30	8	25	24	16	19	33	28
	PA	35	n.a.	42	13	21	33	26	13	11	17
	CC	14	n.a.	21	0	n.a.	59	33	11	12	12
Total	Local	43	38	31	17	42	32	27	23	34	33
	PA	32	46	50	16	29	27	24	21	26	32
	CC	39	44	47	12	28	23	33	10	33	27

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Fundamental Principles of the International Red Cross and Red Crescent Movement

Humanity

The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavours, in its international and national capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being. It promotes mutual understanding, friendship, co-operation and lasting peace amongst all peoples.

Impartiality

It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

Neutrality

In order to continue to enjoy the confidence of all, the movement may not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature.

Independence

The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

Voluntary Service

It is a voluntary relief movement not prompted in any manner by desire for gain.

Unity

There can be only one Red Cross or one Red Crescent Society in any country. It must be open to all. It must carry on its humanitarian work throughout its territory.

Universality

The International Red Cross and red Crescent Movement, in which all Societies have equal status and share equal responsibilities and duties in helping each other, is world-wide.