

Bulletin No. 4 9 December 2008

HIGHLIGHTS

- No communicable disease outbreaks reported
- Monthly Health Cluster coordination meetings in the field were held in Imereti and Samegrelo Regions on 25-26 November
- 27 805 IDPs have returned to the area adjacent to South Ossetia
- 2 300 IDPs were relocated to 5 new settlements
- HIV/AIDS Day was commemorated at the UN on 1 December



GENERAL SITUATION UPDATE

- Relocation of IDPs to new IDP settlements constructed by the Government is ongoing. According to the Ministry of Refugees and Accommodation (MRA)¹, 22 852 IDPs are still residing in Collective Centers throughout Georgia.

Region	IDPs in Collective Centers (As of 5 December, 2008)
Tbilisi ²	17 827
Shida Kartli	1 565
Other Regions	3 460
Georgia Total	22 852

¹ <http://www.relief.migration.ge/intranet/index.php>

² According to UNHCR, Tbilisi has 295 Collective Centers, 8 December Cluster Leads Meeting, UN House.

NEW IDP SETTLEMENTS

- UNHCR estimates that 3 000 – 5 000 IDPs are unable to return to the area adjacent to South Ossetia and will have to spend the winter in displacement.
- According to UNHCR³, MRA estimated that 27 805 IDPs have returned to the area adjacent to South Ossetia from Tbilisi, Shida Kartli and other regions of Georgia.

IDP Settlement Location in Shida Kartli region	Total Resettled IDPs
Koda	1 226
Gardabani	287
Teliani	124
Khurvaleti	371
Akhalsopeli	292
Georgia Total:	2 300

- Based on ongoing monitoring mechanisms, UNHCR reports the following with regard to IDP settlements:
 - Koda village settlement has no hospital, dispensary, drug store or ambulance station. For urgent medical needs IDPs have to call the Marneuli ambulance service which is located 9 km away. Doctors from the local policlinic assessed the medical problems of IDPs in the Koda settlement. IDPs lack medicines particularly for chronic diseases.
 - Gardabani IDP settlement has better access to health care facilities. There is a hospital within 200 m, an ambulance station approximately 2 km away and pharmacies are in the vicinity.
- To ensure the monitoring of access to health care facilities, WHO visited new IDP settlements in Tserovani, Natakhtari and Mtskheta district. Construction of the houses is planned to be finished around December 15. WHO identified two major issues:
 - Poor hygiene: Some settlements have outside wooden latrines which are to be shared by several households. This will become particularly problematic in the winter season, and may aggravate hygienic conditions in the settlement.
 - Underdeveloped infrastructure: New IDP settlements provide virtually no social infrastructure. There are no pharmacies, health facilities or grocery stores nearby. According to construction workers, schools are planned to be built on the settlement premises.
- Health Cluster partners will continue monitoring IDP access to health care provision in the settlements.



IDP Settlement in Natakhtari

³ <http://www.relief.migration.ge/intranet/index.php>

HEALTH CLUSTER (HC) COORDINATION

- WHO organized the second round of Health Cluster field coordination meetings in the western part of Georgia. Two meetings were held in Kutaisi, Imereti region and in Zugdidi, Samegrelo region, respectively, on 25 and 26 of November. Imereti Regional Health Department, in collaboration with UMCOR and OXFAM, mobilized 30 representatives of 28 local and international NGOs, as well as government authorities, to attend HC coordination meetings.
- Most IDPs registered in the Imereti region originate from the Kodori valley and Abkhazia. 1 700 IDPs reside in Zugdidi. No reports of outbreaks of infectious diseases have been reported in either region. The main causes of morbidity and mortality among IDPs and the local population are chronic diseases, cancer and cardiovascular diseases and surgical ailments.
- The health partners participating in the WHO facilitated coordination meeting engaged in a productive dialogue, and prepared advocacy messages to be discussed with the Ministry of Labor, Health and Social Affairs (MoLHSA), donors, UN and other health partners. The following main gaps in IDP health care provision were identified by regional partners:
 - Shortage of medication and high prices of available drugs;
 - Rendering equal humanitarian assistance to old (1998) and new (2008) IDPs;
 - Developing the network of social workers and home care providers;
 - Revising selection criteria for inclusion of beneficiaries under targeted social insurance health coverage;
 - Balancing the pensions of disabled and non-disabled persons.
- It was agreed that the next Health Cluster field coordination meetings will take place in the beginning of 2009.
- Chaired by WHO, five weekly Health Cluster coordination meetings were held in Tbilisi, at the UN House in November and early December. WHO also continued to hold bi-weekly Mental Health and Psychosocial Support (MHPSS) and Nutrition subcluster meetings.
- The Health Cluster identified early child development, child protection, and gender mainstreaming as crosscutting issues. It was agreed that all partners will put emphasis on these issues in their respective project implementation.



While In Senaki, the WHO team visited a hotel, now functioning as an IDP shelter, which suffered substantial damage during the atrocities in August

MONITORING VISITS

- WHO team visited IDP polyclinics in Kutaisi, Zugdidi and Senaki. Local medical staff identified the following challenges:
 - Shortage of medication, including modern psychotropic drugs;
 - Outdated equipment;
 - Inadequate workspace;
 - Delayed reimbursement of health care related costs by insurance companies;
 - Lack of mental health and psychosocial support (MHPSS) activities and the need for child-focused psychologists;
 - Professional development opportunities for medical staff;
 - Strong social stigma of mental health patients resulting in delayed treatment;
 - Insufficient funding.

- As a follow up to the joint assessment report issued on 8 November by the Public Defender's Office (PDO) and the Global Initiative on Psychiatry (GIP), WHO visited the Senaki disabled children's house and met with staff to discuss the possibilities of addressing challenges and problems raised in the report. To improve the crosscutting issue of child protection, WHO and UNICEF plan to initiate a roundtable discussion with the respective government representatives and local NGOs in order to agree on necessary interventions.
- In Senaki meetings were held with the Director of the Public Health Center and with psychiatrists of the Psycho-Neurological Dispensary. The discussions focused on ways to overcome existing gaps with the limited recourses available.



Beneficiaries of Senaki disabled children's house need improved health care provision and better living conditions

HEALTH SITUATION UPDATE

- According to the National Center for Disease Control (NCDC), as of 9 December no outbreaks of communicable diseases among IDPs in the affected areas have been reported⁴;
- Within the framework of the Measles and Rubella (MR) supplementation immunization campaign, 47,2% of the target population has been vaccinated. MoLHSA has decided to extend the campaign until mid-December.

FLASH APPEAL FUNDING UPDATE

- As of 8 December 2008, the Health Cluster remains the most underfunded of all clusters, with 14% of the US\$ 4.2 million appealed for under the Flash Appeal (FA) for Georgia. The revised FA figure is based on OCHA's financial tracking system⁵.
- As a result, many Health Cluster partners have to put on hold activities such as infant feeding, mobile unit outreach efforts, mental health and psychosocial support and primary health care (PHC) support. In the light of the approaching winter, timely funding is essential in order to sustain crucial health interventions and to prepare for winterization.
- Cluster leads continue advocacy for funding at donor meetings and Cluster Lead meetings organized by the UN.

HEALTH CLUSTER UPDATES

- WHO is in the process of finalizing a project to strengthen the provision of PHC services through:
 - Integration of 250 IDP health professionals from Kurta Hospital into Georgia's public health system;
 - Provision of basic medical and other essential equipment to support PHC home visits through two mobile teams; and
 - Capacity building/training sessions designed for selected medical staff.
 Beneficiaries of the project are 21 PHC providers serving the conflict-affected population countrywide. The mobile teams will be dispatched to IDP settlements, villages where returnees reside and the remaining Collective Centers to carry out registration, conduct consultation sessions, provide medical assistance, and - if

⁴ <http://www.ncdc.ge/>

⁵ http://ocha.unog.ch/fts/reports/daily/ocha_R3_A828___0812170705.pdf

needed – dispense medication. They will also conduct initial registration of and consultation with pregnant women. The schedule of the mobile teams will be coordinated with the HC partners in order to avoid duplication of activities. Bidding for medical equipment and preparation of purchase orders is progressing.

- In response to the WHO request for HC partners to support the newly renovated mothers and children hospital “Iavnana” in Gori, Caritas has agreed to donate portable ultrasound equipment. The new hospital building is still virtually empty, while sick children are being treated in an adjacent old building with poor hygienic conditions.
- In collaboration with WHO, OCHA supported the design of electronic maps reflecting Health Cluster partner activities in Shida Kartli region, Gori district and the area north of Gori. The maps are available at [http://www.reliefweb.int/rw/fullMaps_Sa.nsf/luFullMap/23A79C630B3E3C03852574F9006E72EC/\\$File/ocha_HLT_geo081106.pdf?OpenElement](http://www.reliefweb.int/rw/fullMaps_Sa.nsf/luFullMap/23A79C630B3E3C03852574F9006E72EC/$File/ocha_HLT_geo081106.pdf?OpenElement) and will be updated on a regular basis.
- To commemorate the World AIDS Day, the UN hosted a meeting attended by high-level officials and followed by a press conference on 1 December. WHO organized and hosted a presentation on HIV/AIDS and co-infection prepared by the Infectious Diseases, HIV/AIDS and Clinical Immunology Research Center.



Epidemiologist delivers presentation regarding Hepatitis C distribution among HIV/AIDS patients in Georgia

Partners of the Health Cluster include: ACTS, ADRA, CARITAS, CIF, CLARITAS XXI, Counterpart, GRCS, Hellenicare, IMSS, IRD, IWA, MdM, Merlin, MSCI, MSF, OXFAM, SCF, UMCOR, UNICEF, UNFPA, UNWHO, EC, EC/ECHO, USAID, WB, WF, WVI (see Annex 2 for acronyms)

Ministry of Labour, Health and Social Affairs (MoLHSA)

Nutrition subcluster:

(For more information on infant and young children feeding in emergencies please see: <http://www.who.int/hac/crises> and <http://www.unicef.org/nutrition>)

- The Embassy of the Republic of Estonia offered to donate Breast Milk Substitutes (BMS) for 180 children 0-6 years old, for 2 months. As a designated agency for BMS distribution, the United Methodist Committee on Relief (UMCOR) will carry out the distribution, in collaboration with Claritas XXI. United Nations Children’s Fund (UNICEF) – the lead agency within the Nutrition subcluster - is providing logistical support.
- The Estonian government will also donate 5 184 complementary food containers. Each of the 172 beneficiaries in Gori, in the ages 6 months to 2 years old, will

receive over the period of one month 6 packages containing 5 different kinds of purees, juices, puddings, etc.

- UNICEF has received funds from the Irish government to purchase complementary food. It plans to purchase and distribute porridges for children through the nutrition subcluster partners.

Partners of the Nutrition subsector include: CLARITAS XXI, SCF, UMCOR, UNICEF, UNWFP, UNWHO

Ministry of Labor, Health and Social Affairs (MoLHSA), Ministry of Refugees and Accommodation (MRA)

Mental Health and Psychosocial Support (MHPSS) subcluster:

- WHO identified an acute need for trained psychologists to provide psychosocial rehabilitation assistance to IDPs in Zugdidi and Senaki.
- An MHPSS working group has developed and circulated a draft Mental Health Assessment Tool for teachers, community members and service providers. The working group includes WHO, World Vision (WV), Children of Georgia (CoG), Georgia Association of Mental Health (GAMH), Georgia Center for Psychosocial and Medical Rehabilitation of Torture Victims (GCRT) and Global Initiative on Psychiatry (GIP).
- MHPSS subsector partners collectively identified the following challenges in Collective Centers with regard to MHPSS issues:
 - **Information gaps.** Lack of essential information details about relocation and winterization exacerbate mental health problems among IDPs and delay the psychosocial rehabilitation process. The uncertainty about the future might be a contributing factor to newly emerging severe Post Traumatic Stress Disorder (PTSD) symptoms, especially among male IDPs. The subsector partners underscored the importance and urgent need of the relevant government agencies providing consistent information to IDPs on a regular basis.
 - **Need for binding social activities.** Activities involving IDP families and IDPs need to be implemented in order to reinforce and strengthen social links, provide meaningful occupation and prepare the basis for further MHPSS work. Moreover, unemployment is a contributing factor to increased alcohol and tobacco abuse and violence.
 - **Poor living conditions.** Living conditions are dire in most Collective Centers throughout Georgia due to poor hygiene, limited space and underdeveloped infrastructure.
 - **Lack of gender-based and child-focused activities.** Partners anticipate high marginalization, increased substance abuse and growing numbers of domestic violence cases following the IDP move to new settlements.
 - **Insufficient nutrition for IDP children.** Parents are concerned about the lack of vitamins in their children's food ration.

Partners of the MHPSS subsector include: COG, CRS, GAMH, GAPCP, GASW, GIP, GCRT, GPS, GRCS, Hellenicare, IOCC, IOM, INCD, IPS, IRD, MdM, Merlin, MSF, NDOBA, PIN, SCF, WVI, UNICEF, UNHCR, UNWHO

Ministry of Labour, Health and Social Affairs (MoLHSA), Committee of Health Care and Social Issues (CHCSI), Parliament of Georgia, Ministry of Education and Science (MoES)

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ANNEX – Health Cluster partners

Acronyms	Organization
CAPS	Georgian Alliance for Patient Safety
CARITAS	CARITAS, Georgia
CIF	Curatio International Foundation
CLARITAS XXI, Georgia	CLARITAS (<i>Mother-Child Nutrition and Wellness Association</i>)
CHCSI	Committee of Health Care and Social Issues, Parliament of Georgia
CoG	Children of Georgia
EC	Delegation of the European Commission to Georgia
EC/ECHO	European Commission's Humanitarian Aid Office
ERE	Embassy of the Republic of Estonia
EUMM	European Union Monitoring Mission
FE	French Embassy
GAMH	Georgia Association of Mental Health
GAPCP	Georgia Association for Psychotherapy and Clinical Psychologists
GASW	Georgia Association of Social Workers
GCRT	Georgian Center for psychosocial and Medical Rehabilitation of Torture Victims
GHSPIC	Georgia Health and Social Projects Implementation Center
GIP	Global Initiative on Psychiatry
GPS	Georgian Society of Psychotrauma
GRCS	Georgia Red Cross Society
Hellenicare	Hellenicare
ICRC	International Committee of the Red Cross <i>NB! Not a member of Health Cluster</i>
IOCC	International Orthodox Christian Charities
IOM	International Organization for Migration
IPS	Institute of Policy Studies
IRC	International Rescue Committee
IRD	International Relief and Development
MERLIN	Medical Emergency Relief International
MoLHSA	Ministry of Labour, Health and Social Affairs
MRA	Ministry of Refugees and Accommodation
MSF	Medicine Sans Frontiers
NCDCPH	National Center for Disease Control and Public Health
OXFAM	OXFAM
PIN	People in Need
PIP	Patriarchate and D. Uznadze Institute of Psychology
PDO	Public Defender's Office
SCF	Save the Children Fund
TdH	Terre des Hommes
TPND	Tbilisi Psycho-Neurological Dispensary
UMCOR	United Methodist Committee on Relief
UNAIDS	United Nations Joint Programme on AIDS
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNWHO	United Nations World Health Organization
USAID	United States Agency for International Development
WC	War Child Holland
WB	World Bank
WF	Welfare Foundation
WVI	World Vision International