

# Georgia Health Cluster

Bulletin No. 3  
6 November 2008

## HIGHLIGHTS

- No communicable disease outbreaks reported
- Measles and Rubella (MR) immunization campaign is ongoing.
- Health Cluster coordination meetings held in Imereti and Samegrelo regions.
- Relocation efforts of Internally Displaced Persons (IDPs) are continuing
- Joint Needs Assessment presented at the donor conference in Brussels on October 22<sup>nd</sup>



## GENERAL SITUATION UPDATE

- The Government finalized the list of buildings in Tbilisi to be used as Collective Centres for the IDPs who will not return to their homes in the near future. Tbilisi has 137 such centres, housing a total of 12 417 IDPs (See the table below for details of IDP figures throughout Georgia).<sup>1</sup>

Region	Total IDPs
Tbilisi	12 417
Adjara	69
Guria	5 600
Imereti	1 895
Kvemo Kartli	2 021
Mtskheta-Mtianeti	1 046
Racha-Lechkhumi	187
Georgia total	23 235

<sup>1</sup> Ministry of Refugees and Accommodation, October 31, 2008. <http://www.relief.migration.ge/intranet/index.php>

- In the report of his second mission to Georgia published on 21 October<sup>2</sup>, Thomas Hammarberg, the Council of Europe Commissioner for Human Rights, stated that there had been progress in ensuring care and support to those displaced by the recent conflict, including some 20 000 people who are not likely to be able to return home soon. The Commissioner reported that the principle of the right to return had been endorsed by all parties, and noted that the de facto South Ossetian authorities had indicated that they would support and respect this principle, also with regard to ethnic Georgians who fled during the hostilities. The Commissioner noted that similar efforts were needed to address the needs and rights of more than 220 000 IDPs from previous conflicts.

## HEALTH CLUSTER COORDINATION

- Health Cluster coordination meetings were held in Kutaisi, in the Imereti region, on October 22, and in Zugdidi, in the Samegrelo region, on October 23. The “Who is doing What and Where” health matrix was shared with partners and their input has been incorporated in the Health Cluster Matrix update. The Imereti Regional Health Department in collaboration with UMCOR mobilized all partners to engage in a productive coordination dialogue. Since the beginning of the conflict, the health partners working in the Imereti region have been coordinating their relief activities. In Zugdidi, OXFAM provided the meeting venue in their newly established Family Doctors training center. It was agreed that Health Cluster meetings would take place once a month in both locations to further enhance coordination in the field.
- Health Cluster coordination meetings were held in Tbilisi on October 24 and October 31, chaired by WHO.
- In support of the Bank of Georgia initiative – a 20-day rehabilitation programme for pregnant IDP women - UNFPA has taken on the responsibility of providing reproductive health (RH) services to these pregnant women. To date, 33 pregnant women, accompanied by 30 children have taken part in the programme
- On October 29, the UNFPA team together with the Tbilisi reproductive health mobile team visited the Tskneti centre and assisted pregnant IDPs with reproductive health examination and counselling. The UNFPA team distributed family kits (consisting of personal hygiene care items) as well as IEC materials on pregnancy, delivery, infant care and RH issues, including the brochure “New Life is Born.”
- WHO visited the western part of Georgia – the Imereti and Samegrelo regions - to streamline HC coordination in the field, and to meet with partners and agree on joint priorities and programme activities. More than 26 000 IDPs (with 1 895 displaced during the recent crisis) are registered in the Imereti region, most of them coming from the Kodori valley and from Abkhazia. Health problems with scabies, watery diarrhea (6 cases) and pediculosis were reported in IDP collective centers. About 50 000 IDPs are accommodated in Zugdidi and surrounding villages, with 36 000 staying in 51 Collective Centers in the Zugdidi region. Health issues are primarily under the responsibility of representatives of the MoLHSA from Abkhazia, with the regional health department in charge of disease surveillance.



UNFPA health Mobile Team assisting IDP women in Tskneti

<sup>2</sup> Special Follow Up Mission to the Areas Affected by the South Ossetia Conflict: Implementation of the Commissioner’s six principles for urgent human rights and humanitarian protection. Thomas Hammarberg, Commissioner for Human Rights of the Council of Europe. October 21, 2008.

- The Tkviavi ambulance team provides emergency medical assistance to returnees and local population. On average, they conduct 15 call services in 24 hours.



Over 235 IDPs find shelter in Kutaisi Collective Center

Partners of the Health Cluster include: ACTS, ADRA, CARITAS, CIF, CLARITAS XXI, Counterpart, GRCS, Hellenicare, IMSS, IRD, IWA, MdM, Merlin, MSCl, 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 subsector:**

(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>)

- UNICEF's partner NGO Claritas XXI submitted a project proposal for 6 months expansion of the project "Ensuring timely and continued infant feeding & micronutrient/vitamin supplementation for IDP children, pregnant and lactating women in Tbilisi, Adjara, Imereti, Gori/Shida Kartli, Kakheti, Guria and Samegrelo." The project strives to ensure safe and adequate infant/child feeding and micronutrient/vitamin supplementation for IDPs and returnees, children under 2 years, and pregnant and lactating women with a special focus on the Buffer Zone, for the next 6 months.

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

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

### **Mental Health and Psychosocial support (MHPSS) subsector:**

- On 28 October 2008 a coordination meeting on Mental Health and Psychosocial Support was held at the UN House. One of the issues raised by partners was the creation of an assessment tool for mental health and psychosocial support activities. A working group was established, comprising CoG, GAMH, GCRT, WHO and WV, to draft a joint assessment tool which will be shared with partners for feedback.
- According to WHO findings, there is a need for child-focused psychologists in Zugdidi and Senaki to provide psychosocial rehabilitation for children, especially in the Senaki mentally disabled children's home, which suffered severe shelling.
- The "Post-Emergency Responses in crisis situation: An Integrative Approach to Psychotrauma" – a conference organized with financial support from the European Commission Delegation in Georgia, GIP –Tbilisi fund, GCRT and Civil Society and Public Policy Reform Project (CSPPRP), was held in Tbilisi, October 17–18. The conference was attended by over 100 participants, with the following conclusive recommendations:

- Local, Georgian expertise should be applied in order to set up sustainable psychosocial assistance services for traumatized communities;
- Assistance should be rendered to as many people as possible, therefore it was deemed reasonable to provide indirect assistance such as consultations, informing, training of the primary level medical personnel, advising decision makers; self-help groups, community mobilization, etc.;
- Attempts to pathologize and “medicalize” the situation should be avoided; the survivors’ needs should be assessed carefully and addressed accordingly;
- Long-term monitoring systems and screening for persistent mental health problems should be arranged.
- Effective, evidence-based methods of psychosocial assistance, treatment and rehabilitation should be introduced.
- Specialized services for severely affected patients, such as outreach mobile crisis teams and trauma clinics, should be set up.
- Emergency staff care and supervision should be introduced.<sup>3</sup>

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)

## HEALTH SITUATION UPDATE

- According to the National Center for Disease Control (NCDC), as of November 3, no outbreaks of communicable diseases among IDPs in the affected areas had been reported<sup>4</sup>;
- Measles and Rubella (MR) supplementation immunization campaign is ongoing. According to the Ministry of Labor, Health and Social Affairs (MoLHSA), in the first week of the immunization campaign 300 000 people from 6 to 27 years old have been vaccinated throughout Georgia. Special emphasis had been given to IDP Centers, where social mobilization by Georgian Red Cross and other partners started prior to the campaign, with support from UNICEF, WHO and the MoLHSA.
- According to a Government plan, people falling under the Target Social Assistance program, will receive health insurance vouchers according to the following schedule: Distribution of vouchers: October 1 – December 1, 2008; and signing insurance agreements with providers: December 2-16, 2008.<sup>5</sup>

## JOINT NEEDS ASSESSMENT PRESENTED AT THE DONOR CONFERENCE ON GEORGIA IN BRUSSELS, OCTOBER 22<sup>ND</sup>

- The **Joint Needs Assessment (JNA)** was prepared as a collaborative effort by the Georgian Government, the UN, the EU and the WB, based on the Post Conflict Needs Assessment (PCNA) methodology. It is a comprehensive compilation of rehabilitation and recovery needs in Georgia and outlines a sequenced implementation plan for agreed interventions over a three-year period.
- On 22 October 2008, 38 countries and 15 international organizations met in Brussels during a joint European Commission and World Bank Conference in order to decide how to further support the rehabilitation process of post-conflict Georgia.

As the result of this conference, pledges were made for about 4.5 billion USD, considerably exceeding the 3.25 billion USD requested in the JNA.

<sup>3</sup> GCRT Press Report, [http://www.gcrt.ge/index.php?subaction=showfull&id=1225972444&archive=&start\\_from=&ucat=1](http://www.gcrt.ge/index.php?subaction=showfull&id=1225972444&archive=&start_from=&ucat=1)

<sup>4</sup> [http://www.ncdc.ge/W2/Page1\\_ge.htm](http://www.ncdc.ge/W2/Page1_ge.htm)

<sup>5</sup> HeSPA Informational Bulletin, October 2008. [http://www.hespa.ge/files/11\\_25\\_135862\\_UMCEO\\_15\\_INTER.pdf](http://www.hespa.ge/files/11_25_135862_UMCEO_15_INTER.pdf)

The participating donor countries prioritized four main areas of financial support:

- o To cover urgent social needs related to internally displaced people and damaged infrastructure, with a total pledge of 450 million USD;
- o To cover budgetary shortfalls - resulting from the decline in foreign investments and the reduction of economic activities - and to ensure sustained basic governmental services. Donors pledged 586 million USD for these services.
- o To aid recovery from the slowed-down economy and to enable commercial banks to provide loans, equities and guarantees, donors pledged 850 million USD.
- o To cover core investments, particularly in transportation, energy and municipal infrastructures, a pledge was made for about 2.65 billion USD.

These pledges were made in addition to ongoing programmes and previous donations by different governments or organizations. The Georgian Government welcomed these pledges and thanked the donors for their active assistance with a speedy recovery of the country.<sup>6</sup>

Health sector needs fall mainly under the first priority: the coverage of urgent social needs for IDPs and damaged infrastructure, but could also be partly covered by the fourth priority for investments in municipal infrastructure. In the JNA, the health sector was asking for 174.2 million USD for the period of 2008-2010.

#### Contacts:

##### **Ministry of Labour, Health and Social Affairs (MoLHSA) in Georgia**

Ms Nino Mirzikashvili, Head of the International Relation Department  
Ministry of Labour, Health and Social Affairs of Georgia  
Tel: +995 77 222 887  
E-mail: nmirzikashvili@moh.gov.ge

##### **WHO Georgia Country Office in Georgia**

Dr Rusudan Klimiashvili  
Head of WHO Country Office  
who.rklimiashvili@undp.org.ge  
Tel: +995 32 998073

Dr David Katcharava  
Public Health Assessment, Coordination Officer  
E-mail: Datka@msn.com  
Mobile: +995 91 607208

Ute Enderlein  
Health Cluster Coordinator  
E-mail: u.enderlein@who.org.ru

Ms Maya Mateshvili  
Information/Communication Officer  
E-mail : maya.mateshvili@undp.org.ge  
Mobile : +995 77 48 78 7

##### **WHO Regional Office for Europe**

Dr Gerald Rockenschaub, Regional Adviser  
Disaster Preparedness and Response  
Tel: +45 39 171551  
Mobile : +45 21 794207  
E-mail : GRO@euro.who.int  
<http://www.euro.who.int/emergencies>

##### **WHO Headquarters**

Dr Alessandro Loretta  
Director a.i. Emergency Response and Operations (ERO)  
HAC Tel: +41 22 79 12750  
Mobile : +41 79 218 9800  
E-mail : lorettia@who.int  
<http://www.who.int/disasters>

Ms Liuba Negru  
Press and Media Relations Officer  
Tel: +45 39 17 13 44  
Mobile: +45 20 459274  
E-mail: LNE@euro.who.int

Mr Paul Garwood, Communications Officer  
Health Action in Crises Cluster  
Tel: +41 22 79 13462  
Mobile : +41 79 4755546  
E-mail : garwoodp@who.int

---

<sup>6</sup> Source:

<http://web.worldbank.org/WBSITE/EXTERNAL/NEWS/0,,contentMDK:21949175~pagePK:34370~piPK:34424~theSitePK:4607,00.html>



## ANNEX – Health Cluster partners

<b>Acronyms</b>	<b>Organization</b>
ACTS	ACTS
ADRA	Adventist Development and Relief Agency
CARITAS	CARITAS, Georgia
CIF	Curatio International Foundation
CLARITAS XXI, Georgia	CLARITAS (Mother-Child Nutrition and Wellness Association)
CHCSI	Committee of Health Care and Social Issues, Parliament of Georgia
CoG	Children of Georgia
Counterpart	Counterpart
CRS	Catholic Relief Services
EC	Delegation of the European Commission to Georgia
EC/ECHO	European Commission's Humanitarian Aid Office
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 Tortured Victims
GIP	Global Initiative of Psychiatry
GPS	Georgian Society of Psychotrauma
GRCS	Georgia Red Cross Society
Hellenicare	Hellenicare
IMC	International Medical Corps
IMSS	International Medical Support Services, Georgia
INCD	International Network for Civil Development
IOCC	International Orthodox Christian Charities
IOM	International Organization for Migration
IPS	Institute of Policy Studies
IRC	International Rescue Committee
IRD	International Relief and Development
IWA	International Women's Association
MdM	Medicine du Monde
MERLIN	Medical Emergency Relief International
MoES	Ministry of Education and Science
MoLHSA	Ministry of Labour, Health and Social Affairs
MRA	Ministry of Refugees and Accommodation
MSCI	Medicine Service Corporation International
MSF	Medicine Sans Frontiers
NCDCPH	National Center for Disease Control and Public Health
NDOBA	Georgian Association of Psychosocial Aid
OXFAM	OXFAM
PIN	People in Need
Ombudsman	Public Defender's Office
SCF	Save the Children Fund
UMCOR	United Methodist Committee on Relief
WB	World Bank
WF	Welfare Foundation
WVI	World Vision International
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNWFP	United Nations World Food Programme
UNWHO	United Nations World Health Organization
USAID	United States Agency for International Development