

**INTERAGENCY  
CHILD PROTECTION  
ASSESSMENT  
of Collective Centres for Internally Displaced Persons**

**Conducted by (in alphabetical order):  
Charity Humanitarian Center Abkhazeti, the International Rescue Committee,  
Norwegian Refugee Council, Save the Children, Terre des Hommes,  
World Vision Georgia**

**Report written by:  
Teona Aslanishvili, Save the Children**



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## Abbreviations

BLK	Biliki
CC	Collective Center
CHCA	Charity Humanitarian Center Abkhazeti
FGD	Focus Group Discussion
HH	Household
IDP	Internally Displaced Person
IRC	the International Rescue Committee
KI	Key Informant
MSF	Medicines sans Frontier
NFI	Non Food Item
NRC	Norwegian Refugee Council
SC	Save the Children
TdH	Terre des Hommes
WVI	World Vision International

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## Introduction

In the aftermath of the armed conflict that erupted in Georgia in August, tens of thousands of internally displaced persons fled Gori and villages of Shida Kartli. At initial stages of displacement, IDP families were resettled in collective centers and host families in Tbilisi and other safe areas in Georgia. After Gori became accessible, some of the families were placed in collective centers or the tented camp in Gori; some others were residing in host families in the city of Gori.

At the time when the present assessment was planned, many IDPs lived in collective centers located in schools, kindergartens, and other functional or abandoned buildings in Tbilisi, Gori and other cities of Georgia. Participants of this multi-agency initiative (in alphabetical order) - Charity Humanitarian Center Abkhazeti, the International Rescue Committee, Norwegian Refugee Council, Save the Children, Terre des Hommes and World Vision Georgia – were providing psychosocial services to IDP children living in collective centers in Tbilisi, Gori and Rustavi. Some sporadic assessments and observations done by these agencies did not give a complete picture of the needs and resources. The assessment was initiated in order to gain a better understating of child protection situation in collective centers to more effectively target current and future interventions. The aim of the research was to identify problems in various protection domains in order to draft conclusions that could serve as basis for future programming for participating agencies as well as other stakeholders.

The assessment evaluated child protection situation within family and school settings in the context of a wider community. In some cases the assessment also examined pre-emergency resources or practices in relation to child protection. By obtaining information from children, parents and community leaders the assessment attempts to provide a broad understating of child protection issues. Many of the finding and conclusions reflect general family and community attitudes and practices in relation to child protection, thus they can be applied not only to programming for collective center settings, but also to other IDP communities residing elsewhere.

## Assessment Methodology

### *Procedure, Assessment Sites and Informants*

The assessment was conducted in Tbilisi, Rustavi and Gori, in 87 collective centers (CCs) that were benefiting from psychosocial support services provided by the agencies participating in the assessment. The assessment was conducted in two phases in October and November 2008.

The first (quantitative) phase included key informant interviews with IDP community leaders. These were IDP leaders designated or elected as CC coordinators in charge of keeping IDP lists up to date, humanitarian aid distribution and other day-to-day issues within their CCs. It was assumed that they are most knowledgeable about problems in their respective collective centers. Eighty seven community leaders were interviewed as Key Informants (KIs) during the first phase of the assessment.

The second (qualitative) phase involved conducting focus group discussions (FGDs) in a selected number of collective centers among those covered during the first phase. According to the assessment design, three separate FGDs (with men, women, and teenage children's groups) were to be conducted at each site. In certain cases some of these FGDs were impossible to organize at CCs, due to absence, unavailability or insufficient number of relevant IDP representatives. During the second phase of the assessment 27 focus group discussions were conducted in 10 collective centers. A group size varied from 6 to 10 persons.

Both key informant interviews and FGDs were conducted within the premises of the collective centers.

### *Assessment Tools*

Key informant interviews were conducted using a questionnaire, adapted from an Interagency Child Protection Rapid Assessment (CPRA) tool developed specifically for humanitarian emergencies. The original tool and manual ('Working with Children in Unstable Situations') were developed in 2002/2003 by Maryanne Loughry and Colin MacMullin of the Refugee Studies Centre, University of Oxford and Flinders University of Australia, in collaboration with Alastair Ager, Carola Eyber and Laura Brownlees. The current revision was prepared in early 2007, and it draws upon many international documents on child protection in emergencies.

The questionnaire consisted of seven sections: identification information; demographic information; physical safety and well-being of children and youth; separated children; family tracing and reunification; psycho-social well-being of children and youth, and; access to essential and safe services. The questionnaire included both closed- and open-

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ended questions, and was administered with an assistance of two researchers: an interviewer and a note-taker.

Discussion questions for FGDs were developed around the main child protection issues listed above, and served the purpose of triangulation of the information received from different sources and getting more in-depth knowledge about certain aspects of child protection situation in collective centers. Different versions of questions were prepared for adults and children.

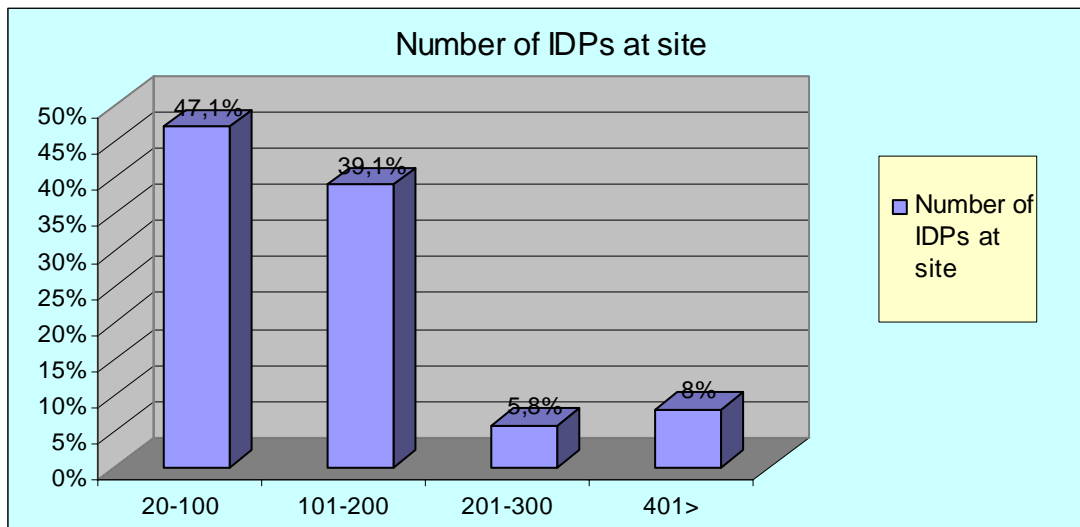
By examining information collected by different methods from different groups the assessment tried to reduce the impact of potential biases that either KIs or FGD participants might have had.

## Research Findings

### *Demographic information from Collective Centers*

More than one-half (57%) of collective centers assessed was located in kindergarten buildings. The second most frequent type of buildings was schools (17.4%), followed by abandoned buildings (15.1%). The remaining 10.5 per cent constituted some other buildings of educational or administrative purposes.

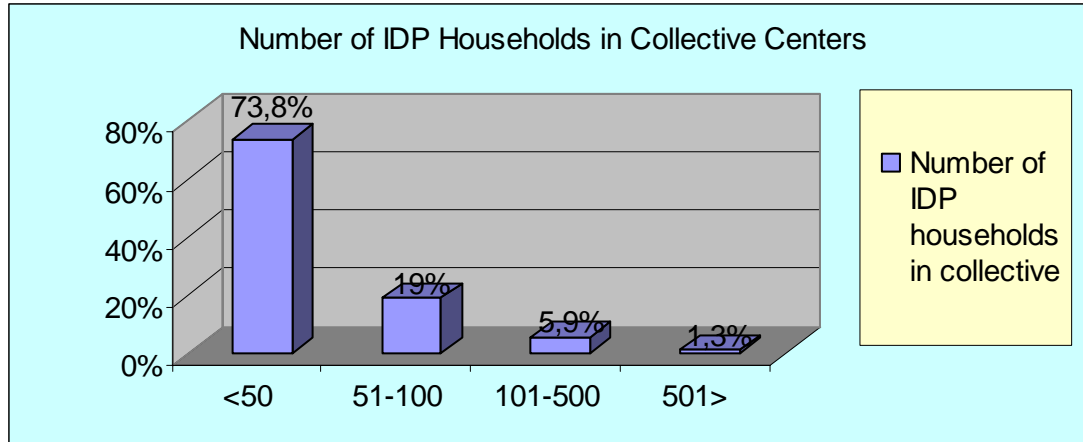
Number of IDPs at collective centers varied from 20 to 1,783. Almost one-half of the sites assessed had an IDP population of 20 to 100 individuals. 39.1% of sites had a population from 101 to 200 persons. Collective centers housing more than 200 IDPs were relatively few: 13.7 per cent of the total number of sites. There were only three sites with a population higher than 1,000 persons, and one site with a population of 966 (all these CCs are located in Tbilisi). The chart below shows distribution of IDP collective centers according to IDP numbers:



**Chart 1 – Number of IDPs in Collective Centers**

The number of IDP households in collective centers varied from 2 to 608. A majority of collective centers housed less than 50 households. CCs housing more than 501 families were just few (1.2 percent of total number of CCs assessed). Distribution of household numbers in centers is presented in the chart below:

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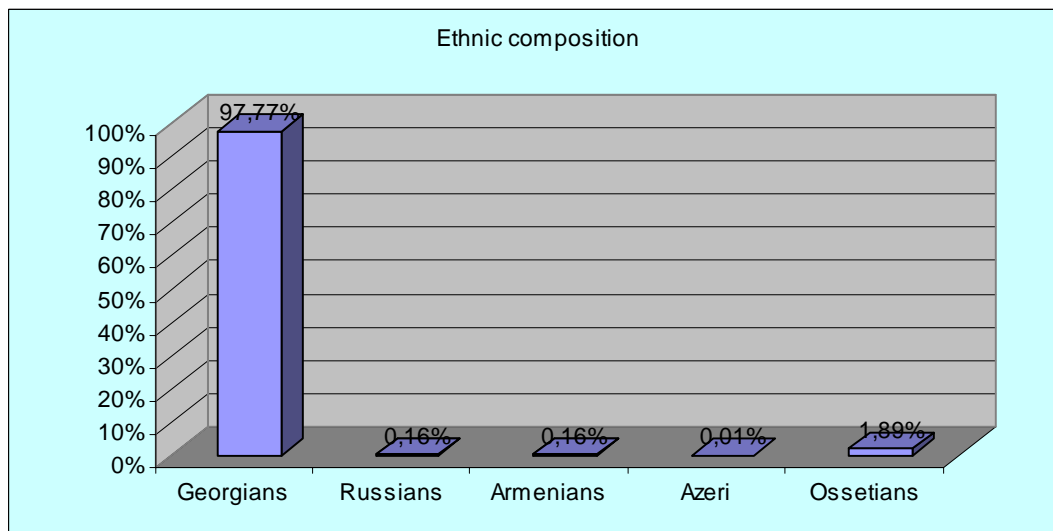
**Chart 2 – Number of IDP families in Collective Centers**

Number of children was almost equally distributed across the pre-identified age groups:

Age group	Per Cent
Under 2 years old	25,2%
3 to 6 years old	25,2%
7 to 12 years old	24,8%
13 18 years old	24,8%

**Table 1 – Distribution of IDP children across age groups**

The largest ethnic group of IDPs residing in collective centers is Georgian (constituting 97.8% of the site population on average). On average 1 per cent of IDPs are Ossetian. Russians, Armenians and Azeris constitute less than 1 per cent of the IDP population at the collective centers assessed.



**Chart 3 – Ethnic composition of IDPs in collective centers**

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In line with ethnic distribution pattern, the most frequently used language among IDP communities is Georgian, spoken by 94.6 per cent of CC residents. Other languages mentioned were Ossetian (4.3%) and Svanetian (1.1%), although it is assumed that the latter is not a primary language.

***Physical safety and well-being of children and youth***

This section looked at issues of physical safety and well-being relevant to children and youth in different settings before and after the emergency, as well as during the armed conflict.

**Physical safety violation experienced by children and youth**

Out of 87 respondents 80 did not report any cases of physical safety violation, death, or serious physical damage experienced by children and youth residing in their collective centers during or after the armed conflict. Seven respondents reported at least one type of serious threat to physical safety experienced by children and youth. Distribution of types of physical safety threats/physical damage is presented in the table below.

<b>Type of physical safety violation experienced by children and youth</b>	<b># CCs reporting relevant cases</b>
Killed	3
Injured	3
Abused	3
Arrested	1
Tortured	0
Killed/injured due to landmines/UXOs	1

**Table 2 – Physical safety violation experienced by children and youth**

**Safety of collective centers**

52.7% of the respondents reported that currently there are no dangerous areas at the territory of their collective center. Other respondents specified at least one, and in some cases up to three dangerous areas in or around the collective centers. The table below summarizes dangerous/unsafe areas mentioned by key informants, grouped in two categories:

<b>Specification of dangerous areas</b>	<b>Percent</b>
<b><i>Dangerous areas within the collective center</i></b>	
Basement	8,6
Staircase	5,4
Hallway	2,2
Roof	1,1
Old, abandoned medication storage	1,1
Balcony	3,2
Exposed electricity wires	4,3
The whole building	4,3
Partly damaged windows	1,1
<b><i>Dangerous areas around the collective center</i></b>	
Pits	1,1

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Collecting wells	2,2
Yard	6,6
Highway/street	6,5

**Table 3- Areas considered as dangerous in and around Collective Centers**

Areas considered as the safest in or near the collective center are listed in the table below:

Safe Area	Percent
Living room	45.2
Yard	26.3
The whole building	13.7
Sports hall, meeting hall	4.2
Hallway	5.3
Children's playground	5.3

**Table 4 – Areas considered as safe in and around the Collective Centers**

More than one-half of KIs considered that the above-mentioned areas are safe because they are isolated and secure. In addition, 32.9 per cent of the respondents reported that these are public spaces easily monitored and controlled by adults. For the same reason, almost one-half of the respondents mentioned ‘living room’ as the safest place in their collective center.

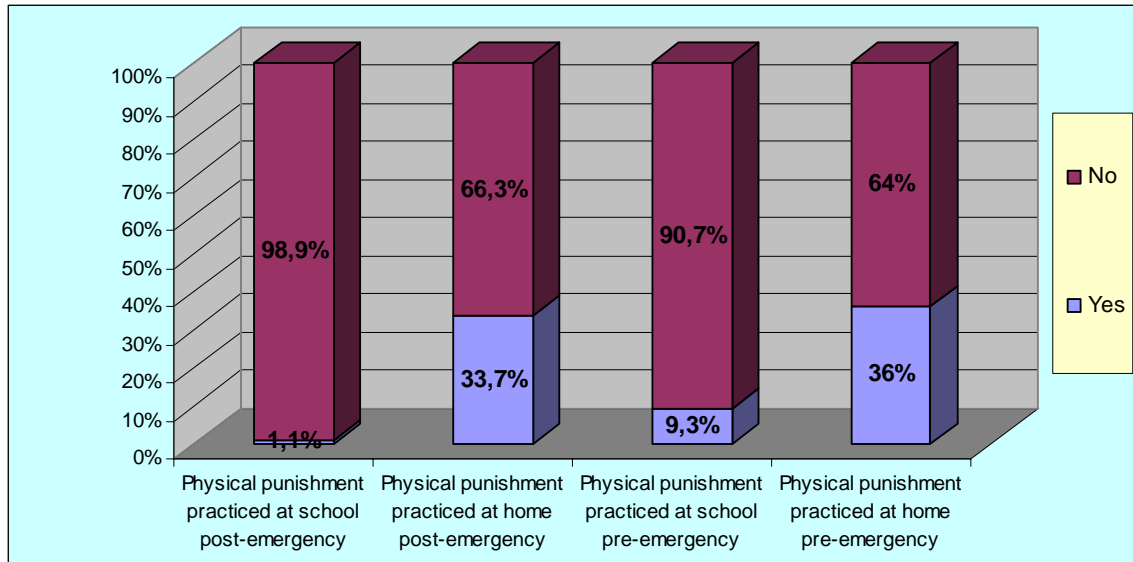
As the results show, a yard appears on the list of both safe and unsafe areas. It is considered as unsafe for the collective centers that are close to main streets or highways. The hallway and the entire building also appear on both lists, reflecting different level of structural safety of CC buildings.

**Child rearing and treatment practices in family and school settings**

Responses of key informants to a question about physical punishment of children practiced at home and in schools indicate that incidence of physical punishment has decreased after the emergency both at home and in schools.

The data indicate that physical punishment in response to children’s misbehavior is more frequently practiced at home than in schools. This observation is true both for pre- and post-emergency settings. 9.3 per cent of respondents indicated that the schools used punishment as a response to children’s misbehavior, while 36% reported that adults at home used to punish their children physically. The same trend has persisted after the emergency, although punishment figures have decreased. The decrease is more notable in school settings: only 1.1 per cent of key informants reported that physical punishment is used in the schools where IDP children go after the emergency (as opposed to 9.3 per cent of pre-emergency punishment figure). Punishment figure has decreased for home settings as well, but the rate still remains quite high: 33.7 per cent of KIs reported that physical punishment is still used at home. The chart below summarizes punishment data for school and home settings in pre- and post-emergency periods:

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**Chart 4 - Physical punishment of children at home and in schools**

Major findings on child punishment from key informant interviews were supported by the FGD data. The most widely practiced ways of reacting to children’s misbehavior both at home and in schools during the pre-emergency period can be grouped in three major categories: physical punishment, non-physical punishment, and verbal reprimanding. According to the parents, the degree to which each of these methods is used is largely determined by children’s age. All three types of reactions were similarly mentioned during children’s and adults’ FGDs.

- We punished him verbally, and if he deserved, hit him as well. [Mother]
- Sometimes she (mother) quarrels with me, and beats me. [Child]
- I first yell at, and then hit. I know good beating. [Mother]
- My hand is ‘bitter’. I often beat my children. At first I will warn them, and if they do not listen, then I beat. [Mother]
- Yelling at them was enough for them to listen. We would reprimand them, sometimes mildly hit too. [Mother]
- I do not like beating my child. I do this if he just makes me lose control. [Mother]
- I have two boys. At first I would tell them, and if they did not listen, then I would beat. They are grown up now and this would not happen too often any more. [Mother]

Physical punishment, mainly in the form of hitting or beating the children was quite a popular method of dealing with children’s misbehavior. Despite the fact that some adults acknowledged that this might not be the best method of dealing with children, they still reported using it quite frequently.

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- *My mother never treated me strictly. We always had a friendly relationship. [Child]*
- *If I would do something wrong, she would not quarrel with me but would tell me strictly. [Child]*
- *Beating a child is not right. A child should not fear the parents. You should make them understand. They should respect the adults. I have not hit any of my 4 children. [Father]*
- *When I disobeyed, she would reprimand me strictly and then I would start behaving well. [Child]*
- *I will sit in front of him and talk to him, explain. [Father]*
- *The boy is in his teen ages and so I try to understand him in every way possible, so that he does not run into a problem afterwards. [Father]*

Those parents who considered physical punishment as too harsh a method, reported using non-physical ways of punishment, entailing yelling/shouting/quarreling, restricting children's freedom/choice (e.g., ordering to stand in the room corner), or not allowing children engage in favorite activities. The third response category included more "didactic" methods of treatment. When disciplining their children, these parents were reprimanding them for inappropriate behavior, mostly applying verbal instructions, guidance and explanations on how children should behave.

- *I try to explain it to the children that the situation is bad and they have to behave well. [Mother]*
- *I feel sorry for the children now and try to quarrel with them less. Because the child is always sad even without that (quarrel). [Mother]*
- *No, they do not need more punishment. They are so traumatized that I am afraid to get angry at them [Mother]*
- *They would punish me more often in the past, but not so much now. [Child]*

Many parents use a hierarchy of punishments, with verbal reprimanding being the first step, subsequently applying non-physical and physical punishment if simpler methods prove to be ineffective. Some parents mentioned that they would hit their child only in case of a serious misbehavior or if the child would fail to obey the parent or stop misbehaving after the first verbal warnings. Other parents apparently apply this method more easily and frequently. It was obvious that most of the parents are aware that punishment is not a very effective and appropriate way of dealing with children's misbehavior, but they are not familiar with any alternative, positive child-rearing practices. Therefore, they adhere to the only upbringing methods known to them.

Some parents displayed better parenting techniques, such as talking to children, cooperating with them, and seemed to better understand that physical punishment is not effective in the long run and may affect children's development in a negative way.

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- *They (parents) had a strong psychological stress and that is why they get angrier now. [Child]*
- *My children tell me all the time that here I get angry at them more often. [Mother]*
- *My child asks me now why I have stopped kissing him here, when this was natural there. [Mother]*
- *I will hit him here. My nerves let me down. [Mother]*
- *Yes, it has changed. Parents are more irritated. At everything. They get angry when children want certain things and they are unable to provide. They also beat me and my sister. [Child]*

According to most of the FGD participants (both children and adults), the parents' reactions to children's misbehavior have changed after the displacement. A majority of FGD discussants reported that parents' punitive methods have become less harsh after the emergency. This change was attributed to parents' understanding of children's emotional distress, and fear of exacerbating their psychological condition if strict punishment is applied. As a result, parents' reactions have changed to more "didactic".

On the other hand, both children and parents reported that children have become more obedient, trying not to make their parents angry and not to upset them.

However, a small number of FGD participants reported that parents have in fact become stricter and more punitive, this change attributed to their increased irritability, aggression level and "nervousness". This type of change was reported both by children and adults. There were also reports about parents having become less expressive of their affection towards the children.

Some respondents, also few in number, mentioned that parents' upbringing style has not changed after the displacement.

A similar set of questions was asked to determine teachers' responses to children's misbehavior in old schools and new schools after displacement.

Key informant interviews and FGD data indicate that for most teachers, physical and verbal forms of punishment were usual methods of reacting to the students' misbehavior in schools before the emergency. The most frequently used forms of physical punishment, according to the FGD reports, were "pulling the student's ear" and "hitting the student with a ruler". Hitting/beating was mentioned less often than other types of teachers' "strict reactions", although there were some facts of physical punishment reported by children.

- *The teacher was shouting at us, calling us dumb. [Child]*
- *They would insult us. They would tell us something that would be very painful. [Child]*
- *When we would make the teacher angry, she would start insulting our families. [Child]*
- *Our class advisor is the type of person that starts yelling immediately... I do not like her behavior. She could talk to us, behave calmer. She yells for anything and I do not like that. We are children and we have fun. [Child]*

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Punishing students by making them “stand in the room corner” was also a common practice in schools of Shida Kartli region before the emergency. Several forms of punishment used by teachers, such as yelling and shouting, were also identified by respondents. In a few cases, respondents reported about occasions when teachers verbally insulted a student or even his/her family.

In some cases teachers would limit the punishment to just reprimanding a student for his/her behavior. Such approaches as verbal mentoring, encouraging a child or requesting a meeting with a parent have also been mentioned, but in rare cases.

When asked about the teachers’ methods of punishing for misbehavior in new schools, a majority of the respondents pointed out that the children are treated much better by teachers in new schools. New teachers have reportedly displayed much lower level of physically or verbally offensive behaviors towards the children. They tend to be more patient and express more warmth and affection towards the new students, understanding and taking into account the troubles and problems the children have gone through. Both children and parents reported that children are treated more carefully and with more consideration of their situation.

- *They (teachers) express affection. Nothing bad has happened. [Father]*
- *My classmates that do not do homework get reprimanded, but nor me. When teachers find that I am an IDP, they get very kind toward me. [Child]*
- *Tbilssian children, they are different - joyful, playful. Our children do not need more criticism, they are sad all the time. If the teacher yells at my child, like she would do with a local one here, the next day my child will not go to that school any more. [Mother]*
- *They are softer with us...do not get angry with us. [Child]*
- *These (IDP) children get more attention and affection. [Mother]*
- *Yes, of course, they pity us that we live in such conditions. And they treat us better than in our previous school in the village. [Child]*

In the new schools, the predominant way of punishing children is reprimanding them or slightly raising the voice. Some cases of harsh punishment still take place (yelling at children, pulling their ear, or making them stand in the corner), but these punishments occur considerably less frequently than before the emergency.

From FGDs it is clear that returnee teachers in Gori schools display elevated levels of irritability and aggressive behavior, reflected in more punitive treatment of children that it is the case in schools in Tbilisi and Rustavi. As one of the parents mentioned, school teachers from Gori had also gone through the same problems and difficulties as others affected by the war, so their harsh treatment of students can also be attributed to their emotional and psychological distress and should be met with similar understanding as in case of others.

Despite the general picture of new schools being quite welcoming to IDP students and teachers being less punitive, there were some reports of inappropriately strict and unethical treatment of IDP children by new teachers - some teachers have scolded

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children for not having textbooks, being unwilling or unable to understand the reasons behind the problem.

*- Compared to previous teachers, the new ones are very strict. They quarrel with me for not having textbooks. And when I explain the reason, they still ... I did not like these teachers at all. Otherwise they do not [quarrel with me], just because of the books. And when I explain, they fail to understand and say that I am debilitated and so on. [Child]*

*- My son got reprimanded for not having text books. The teacher said it was a shame for such a big boy not to have books. He was told this in front of the whole class. [Mother]*

Some children mentioned that their behavior at their new schools has changed for the better and they have become more obedient and considerate.

A general observation that teachers in Tbilisi and Rustavi treat children better than those in Gori or in the adjacent area could indicate that teachers in those big cities possess better skills of working with children, and their practices do not pose a risk to children's dignity and physical safety. On the other hand, it is possible that teachers in Tbilisi and Rustavi schools display selectively positive attitudes towards the IDP children, while their treatment of other, non-IDP students is not as good, and in fact not too different from the attitudes and practices of teachers from Gori schools. This selective positive treatment has been pointed out by some FGD participants. Overall, the observations indicate the attitudes and practices of school teachers in all schools could be improved to better address the needs of children and respect their rights.

### ***Separated children, family tracing and reunification***

#### **Family separation**

Key informants at 61 out of 87 collective centers did not report about any incidents of child-family separation. According to them, there were no separated, unaccompanied, lost or orphaned children at their sites. A presence of separated children was reported in 16 collective centers, and a total number of separated children was reported to be 30. Unaccompanied children – and total of 9 cases - were reported at 5 collective centers. Cases of family separation and unaccompanied children were mostly of temporary nature. There were no reports of lost children at any of the sites. In total 29 orphans were identified by key informants in 9 collective centers.

According to FGD participants, there was no threat of separating the children from their families before the armed conflict. As since the 1990s the assessment participants lived in the conflict zone with periodic escalations of tension, the children were usually instructed to stay nearby their houses, or inside their yards to avoid any risk of separation.

However, an unexpected displacement of the population left some children separated from their families. Even though such incidents were not reported often, some of those children that had been away from their parents' homes when the armed conflict erupted

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had to flee accompanied by other adults or relatives, while others had to flee alone. These children were not able to immediately reunite with their families. Eventually, family members managed to trace each other, but the time needed for reunification ranged from 4 days to one month. In line with KI interview data, no cases of missing children have been reported by FGD participants.

One respondent mentioned a technique they used to minimize the risk of separating from their children while fleeing: pieces of paper with the children's names and parents' contact information were put in children's pockets in case they would get lost. Otherwise, all adults tried to keep the children with them at all times while fleeing, thus preventing a high incidence of child separation.

Focus group discussions with parents pointed out that some methods of preventing family separation turned out to be ineffective. A mother from Gori reported: *"When we sent the child to Tbilisi by bus alone, we knew someone would meet him at the station - an aunt or an uncle. So, sending him alone was not a problem. There was a telephone and we could easily contact our relatives. When bombs were dropped, communication stopped. Before that we were not afraid of this risk"*.

It is obvious that a majority of parents did not have effective methods of preventing family separation, or their methods did not take into account all possible scenarios and dangers associated with armed conflicts.

In an overwhelming majority of cases respondents reported that there were no separated or unaccompanied children in their communities. If there were rare cases of orphaned children or children whose parents were not in the same city/village for some reason, these children lived with close relatives (grandmother, aunt, uncle). Only a few respondents mentioned that there were children without care of immediate family members in their communities before the emergency. Respondents were unaware if any measures had been taken to address the problem of unaccompanied, separated or orphaned children prior to the conflict.

Slightly more respondents reported facts of children who had lost parents or caregivers and become orphans as a result of the recent armed conflict. Adults participating in FGDs reported about three specific cases of children whose one or both caregivers had died, and discussed about a possibility of some more similar cases, without providing any further details. The only provider of assistance to the orphaned children known to parents was Iavnana Foundation, supporting two families with orphaned children in Gori.

Most of the orphans and separated children are raised by grandparents or other close relatives (aunts, uncles). Reasons for death of parents or family separation is in some cases related to the recent conflict, but sometimes can be traced back to pre-emergency times or even the conflicts of the 1990s. There were two cases when older children were taking care of their younger siblings, and there was one case when a neighbor was taking care of a child whose mother had died and father was still in the conflict zone.

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**Family relocation strategies**

Three main strategies of family relocation were identified. The most frequently mentioned strategy (81.6% of respondents) was men moving separately from their families. 66.3 per cent of respondents identified that families moved together, while 56.3 per cent reported that children moved separately during the emergency relocation.

<b>Pattern of relocation</b>	<b>Percent</b>
Following emergency families moved: together	66,3%
Following emergency families moved: men separately	81,6%
Following emergency families moved: kids separately	56,3%

**Table 5 – Patterns of relocation of IDPs families from the conflict zone**

Focus group discussions confirmed an existence of these three main relocation patterns, and gave extensive information on reasons for each of these patterns. In many cases described by FGD respondents, child/children and both parents were reported to flee together to safer locations but frequently grandparents stayed in the villages.

- I left with my brother and mother. My father stayed there. During several days we were caught under the bombing, and our father told us to flee. [Child]

- I fled in my neighbor's car with my children. My husband stayed there and he left afterwards. [Mother]

- We stayed in the village but let the infants leave - those that were under 1 or 2 years old - accompanied by young mothers. Women of my age stayed in the village. [Mother]

Another large group of respondents reported that children were accompanied by mothers when fleeing the conflict zone. Almost all respondents who mentioned that children had fled with their mothers said that the fathers had decided to stay in their houses, hoping that the women and children would return home soon. FGD reports indicate that this strategy was frequently chosen in cases when there were very young children in the family, and parents were particularly concerned about their safety.

- Mainly it was women who fled in the beginning. Men were there until the very end, until the situation got unbearable. Many women also stayed in the village, until houses were torched. But then everyone fled. [Mother]

- I sent my family first, and I fled later. I was not going to leave at all. Especially that at one point TV was announcing that Tskhinvali was ours. [Father]

- How would we know the situation would develop this way. We got the children away from the bombings and noise. They were scared. But then we also had to flee, when people were killed and aviation strikes started. [Father]

- My father staid there because he did not want to abandon the house... They too [the parents] were hoping that this would have ended. [Child]

Some children fled without their parents, accompanied by other adults or alone. There are three scenarios of children moving without their parents: a) parents decided to stay in

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their houses and let their children leave with other adults (relatives or neighbors); b) by the time when the conflict erupted, children were away from home, visiting their relatives in other villages, and therefore, had to flee with their hosts; c) children had no parents or relatives around and had to flee alone. In most cases, parents themselves had made a decision of sending their child alone to some other, safer place. In all three scenarios children who had to flee without their parents were reunited with the families later, in different locations where the family members had moved to.

As the FGD respondents reported, they were accustomed to occasional outbursts of small-scale tensions in the region, but did not expect the situation to escalate to such an extent. At the point when decisions were made about some family members or children fleeing separately, none of them expected that difficulties of finding other family members would emerge, or that the family members staying back in their villages would have to flee as well.

Some of the respondents mentioned that the men who initially remained in the region and fled only after heavy bombings had lost contact with their families for a certain period of time. Leaving the conflict zone via main roads was dangerous, and the only way to flee was through the forests. Some of the men who had stayed in the villages were taken captive. According to the focus group participants, it took time to trace the lost family members. Families were able to reunite eventually, and the process took from 4 days to one month.

*- My husband and father-in-law stayed there. For a long time I did not know where my husband was. He had been captured and managed to escape after four days. [Mother]*  
*- My husband and his father stayed. Then, when everything ended there, they fled to Gori, but Gori was attacked as well. They happened to be right at the building that was bombed. For 6 days we could not find my husband, and then we found him. It turned out that for all that period they had been in Ateni forest. [Mother]*

FGD participants reported that there was no systematic assistance from the government or NGOs in terms of warning about the possibility of conflict or providing transportation to flee the conflict zone, although there were some sporadic initiatives of various governmental agencies to help people leave. OSCE was identified as the only international organization providing assistance with transportation during the war. ICRC was reported to have assisted in a hostage release. People felt that they had to rely on informal and personal sources of information when making decisions to leave their houses.

The flight of population from the conflict zone was spontaneous and chaotic. According to the respondents, they used any available means of transportation to flee: their own vehicles, neighbors' vehicles, public transport, tractors available in the village, and taxi service. Some of the respondents, including children, had to run several kilometers in forests or fields before reaching safer areas. As respondents reported, it was relatively

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easy to get some transportation in Gori, as because of the damaged bridge on the main highway, all traffic moving to/from East and West Georgia had to drive through the city.

**Unaccompanied children and risk of child abandonment**

96.3% of respondents reported that in their collective center there are no adults taking care of children that are unrelated to them. 95.4 per cent of key informants did not report about cases when persons or organizations are approaching families to offer institutional care for children. FGD participants reported only two cases when parents were offered relatively long-term care solutions for their children in settings that assumed separation from families.

- *There was an offer from a foundation in Tbilisi. They offered to take the children to Kojori until the situation would get clear. They said that they would pay for food and everything else the children would need. [Father]*
- *There was such an offer [about providing permanent care of children]. A representative of the Patriarchy came and offered that if anyone was not able to provide care for children, they would take the children and raise them. [Father]*

3.4 per cent of key informants identified cases in their CCs when parents are considering placing their child in institutional care. As an answer to the same question, an absolute majority of the FGD participants reported that they did not know families that would be considering enrolling their children in childcare institutions, and were absolutely confident that under no circumstances would they consider the option even if they were approached with this offer. These findings are in line with the results of the child protection study conducted in Shida Kartli villages<sup>1</sup>.

- *It is somehow a strange question. The children are so shocked and stressed that which parent would abandon them, or which children would leave parents? There is not way of that happening. [Mother]*
- *There was a disabled child here. Had a paralysis and was in a very difficult condition. But the family did not even consider institutionalizing the child. [Mother]*

31 per cent of KIs reported that there are persons or organizations approaching families at the collective center offering them to take children on day or overnight trips without parents. Overnight stays include trips to children's camps in Georgia's resorts (Borjomi and Batumi) or abroad (presumably to Ukraine and Poland), offered by NGOs. Most of these cases were reported by IDPs residing in collective centers in Gori. These IDPs reported about their children being involved in daily activities with organizations Biliki and CHCA and expressed a high level of satisfaction with these Child Friendly Spaces programs.

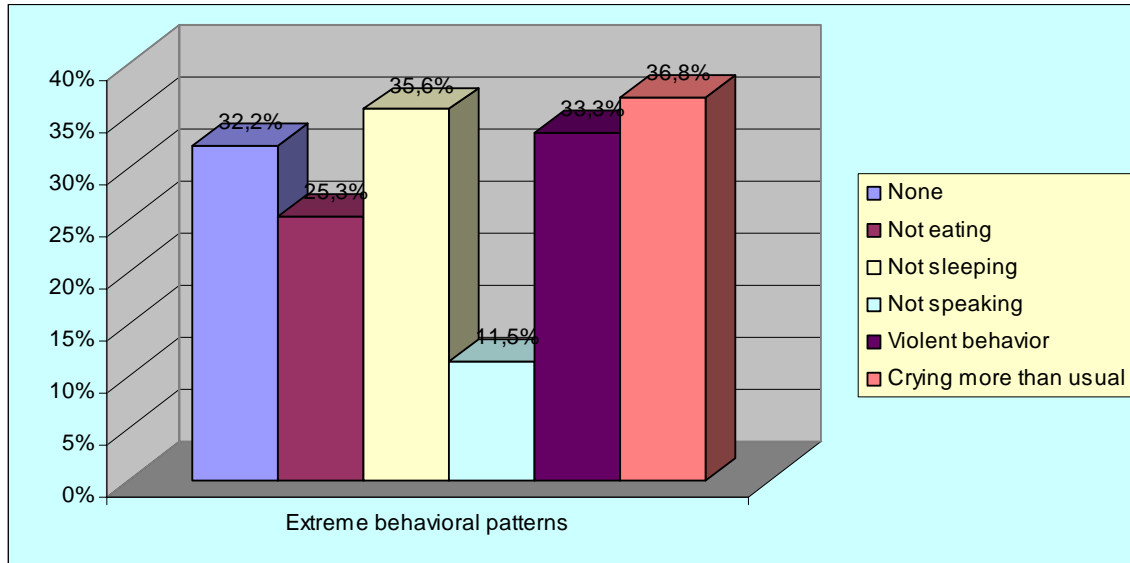
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<sup>1</sup> *Child Protection Coping Mechanisms in Rural Shida Kartli Before and After August 2008, Rapid Assessment; Child Protection and Education Sub-cluster, 2008*

*Psycho-social well-being of children and youth*

**Psycho-social problems of children**

32 per cent of key informants reported that children did not exhibit any extreme behavior changes that worry their parents.



**Chart 5 - Extreme behavior problems/psychological problems experienced by children and youth**

As the chart above demonstrates, the rest of the respondents reported about the incidence of at least one changed behavior indicating a certain level of post-traumatic distress of children and youth. Sleep disturbance was the most frequently reported problem (35.6% of respondents), and not speaking was the least frequently reported (11.5% of respondents).

Observations of key informants are supported by FGD data. Following the conflict, children and youth have been displaying behavior and emotional changes acknowledged both by adults (parents or other caregivers) and the children themselves. Only a few respondents mentioned that children and youth have not revealed any changes in their behavior and emotions in the post-conflict period, in many cases due to a very young age of children. An overwhelming majority of adults and children noted that children and youth have been seriously affected by the military confrontation and displacement, and the consequences have been already reflected in their behavior and psychological well-being.

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- *When we came here, they were scared at hearing the sound of a jet. I was telling them that those were passenger planes. But they would still hide away... They were afraid the plane would drop bombs. [Father]*
- *He has become somewhat different. At first he was very scared. When I was away and he would hear a sound of a car, he would hide away under the bed sometimes, or other times under the table, so scared he was. Even now, when they see a plane in the sky, they go almost crazy, "Mommy, I am afraid" - the younger one tells me. They do not listen to me. My children were not this way before the war. [Mother]*
- *He gets afraid at night, after having seen such things. [Mother]*
- *I have fears. I am afraid of the sound of airplanes. I am scared of even slight banging because there was a terrible sound in Urbnisi [of the bomber planes]. It was something disastrous. [Child]*
- *I am very much afraid of jets. I think, every jet is Russian and I am scared all the time. [Child]*

Children and parents alike reported that children have become considerably more fearful after the emergency. Most children are afraid of airplanes, both when they see planes in the sky and just hear the sound of planes flying above. The fear is generalized across situations (children are afraid of being left alone even in the room or in some other secure place) and is often caused by various triggers (both military and passenger planes, sound of a thunder or some other loud noise) As a response to a real or perceived danger children often hide, cover their ears with their hands and ask parents for help. Some children exhibit exaggerated startle reaction related to fearful triggers.

- *My character has changed. I am no longer so cheerful and communicative with children after fleeing from the village. [Child]*
- *I have changed, become quieter, sad. I am unwilling to communicate with others. Prefer to be alone. [Child]*
- *Yes, we do have changed. We are sad here. I was more cheerful at home. [Child]*
- *This event has changed me too. I am very hurt that I do not have my friends here. I miss my village and those people. All this makes me sad. I was very happy there. [Child]*
- *I became more nervous, I think. I get frustrated when I realize that had things at home, and no longer have them now... I mean my personal items. [Child]*

Being scared, children seek more contact with their parents. Some of them were reported to cry and have emotional outbursts much more often than in the pre-conflict period, both during the day and night time.

Several adults have reported that they have not been able to provide adequate care and support for their children in this difficult situation, as they themselves experience emotional distress after the emergency. Some of them reported that they do not show as much affection towards children as they used to, or don't read stories to their children any more. In addition, as parents have reported, their anxiety is communicated to their children, further exacerbating children's emotional difficulties.

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Children have described themselves as being in sad very often, compared to the pre-emergency period, when they were mostly cheerful and happy. A part of children mentioned that they had become more withdrawn - less willing to communicate with others (peers and adults), and prefer to be left alone, isolated. This may be a symptom of post-traumatic emotional changes or just an immediate consequence of changing environment, loss of old friends, and unavailability of previously enjoyed activities, places or things (toys, favorite books, etc.). According to many interviewed respondents, children miss their homes, personal things and friends. Some respondents have mentioned that children get emotional at seeing photos of their houses or some personal items they had been able to take with them when they fled from the conflict areas.

There were a number of emotional problems reported both by children and parents. According to FGD participants, children have become short-tempered, more impatient, get upset much easier, lose self-control, and express their anger more often. Sleeping problems (difficulty falling asleep, waking up at night, nightmares) and loss of appetite were also reported by FGD discussants, although these problems were the least frequent of all the problems mentioned. In some rare cases respondents mentioned using psychologist's counseling to address current problems of children.

For a considerable number of children the experienced events have caused a change in their behavior towards others. According to respondents, many children have become more aggressive and in some cases even violent towards their peers and parents. Children express their aggression through games and conversations. IDP children have been reported to frequently play war games with a specific content related to the recent conflict, often reflecting inter-ethnic confrontations.

- *My 4-year old son gets frustrated, starts throwing a tantrum... hits us (parents) too. He clearly was not like that before... If I hit him mildly sometimes, he will hit back, saying how I dare hitting him. He does the same to his father also... [Mother]*
- *I have noticed that in games too, when playing. In the village the kid would play absolutely differently. Here he mostly plays war games, firing and shouting: "I am Russian, I am Russian, see how strong I am?", or "I am Ossetian, I am strong". [Mother]*
- *They would play other games there, and they play different here. [Mother]*
- *My friends behave very aggressively, because they are very much frightened by this war and still believe that this might repeat again. This fear persists all the time. [Child]*

Most adults reported that children have become more stubborn and disobedient after the emergency. Many parents reported that they can not control their children's behavior anymore. Only in rare cases did they mention that children have become quieter, more obedient, caring and supportive.

### **IDPs with severe psychological problems**

Out of 87 Collective Centers assessed, individual psychological support services were available only in 18. MSF is working in 78.2 per cent of them, and World Vision Georgia is providing services to the remaining 21.8 per cent of these centers. Cases of severe

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psychological/psychiatric problems reported at sites include: schizophrenia, depression and several trauma-related disturbances – possible post-traumatic stress disorder (PTSD) cases. In most cases, KI respondents confirmed that CC residents had serious psychological problems, although failed to provide details. FGDs revealed that some IDPs in collective centers suffer from “depression” or “extreme worries”. Many report about sleep disturbances, heart problems, headaches and increased irritability. Respondents did not recall any cases of suicidal thoughts or attempts of suicide.

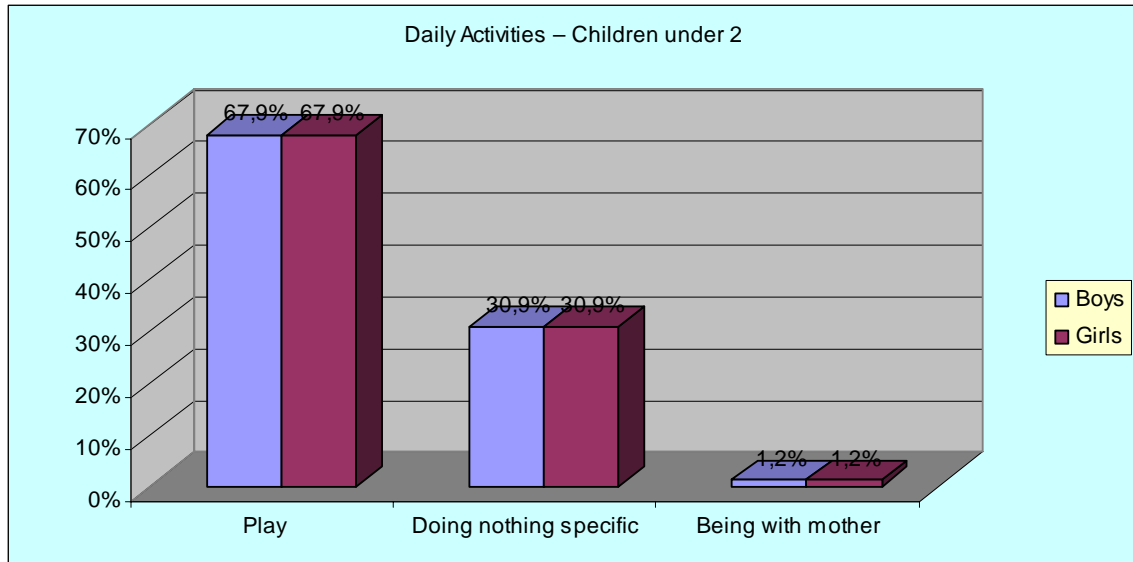
- *When I get up in the morning I am already tired. I cannot think, can hardly walk. [Female]*
- *Heart pain and fear... You would think I am dying... also, not sleeping. I sleep just one hour a night, not more. [Male]*
- *My father cannot stand at least slight noise since we have left the village. He is very upset. [Child]*
- *Almost everyone has depression. They miss their houses. [Female]*
- *I had a nervous breakdown and was hospitalized for 19 days. [Female]*

FGD data support the finding that only in some collective centers do IDPs have access to the assistance of professional psychologists. Wherever psychological support services are available, IDPs stated that they have been using these services and reported achieving positive results with children and adults. In some cases, in CCs where psychological support is available, IDPs have reported that the frequency of psychologists’ visits is insufficient to meet the needs. Those who do not have access to counseling have reported a strong need for individual psychological support services.

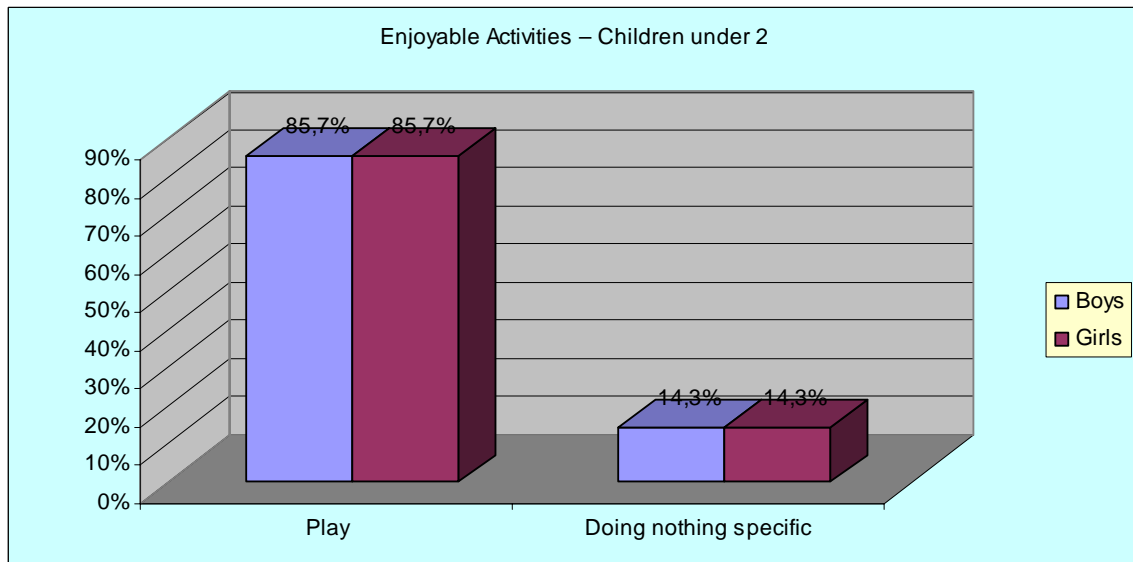
### **Daily activities of children and youth**

Key informants and focus group participants (children and adults) were asked what are the daily activities of children of different age groups living in collective centers, and which are the activities that children and youth enjoy the most. Information received from different sources is compatible and complimentary, giving a complete picture of children’s current daily activities and needs.

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**Chart 6 - Daily activities of children under 2**



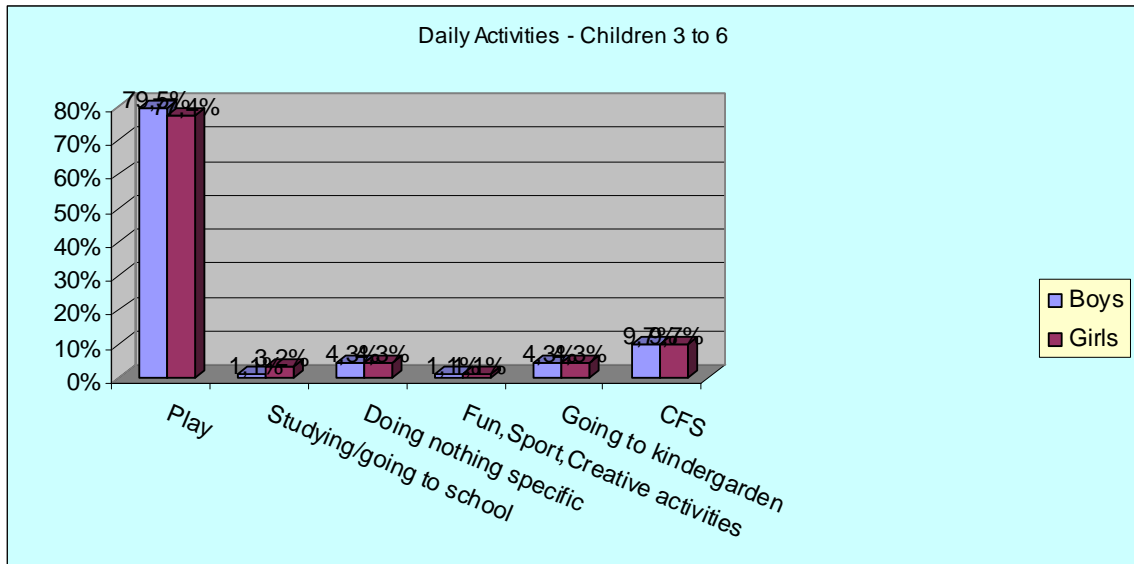
**Chart 7 – Most enjoyable activities of children under 2**

Sixty seven per cent of key informants reported that children under 2 years of age engage in play during the day. Similarly, according to FGD participants, toddlers and pre-school age children usually spend their days playing - mostly in the yards of the collective centers. Playing with a ball or dolls, and in the sand was usually mentioned. Some parents reported that children go to a kindergarten, and in this case children’s daily activities are more diverse and interesting, involving some elements of learning as well. Other parents were concerned that they were not able to enroll their children in kindergartens. In general, according to parents of pre-school age children, there is a shortage of toys and playgrounds available for children of this age group.

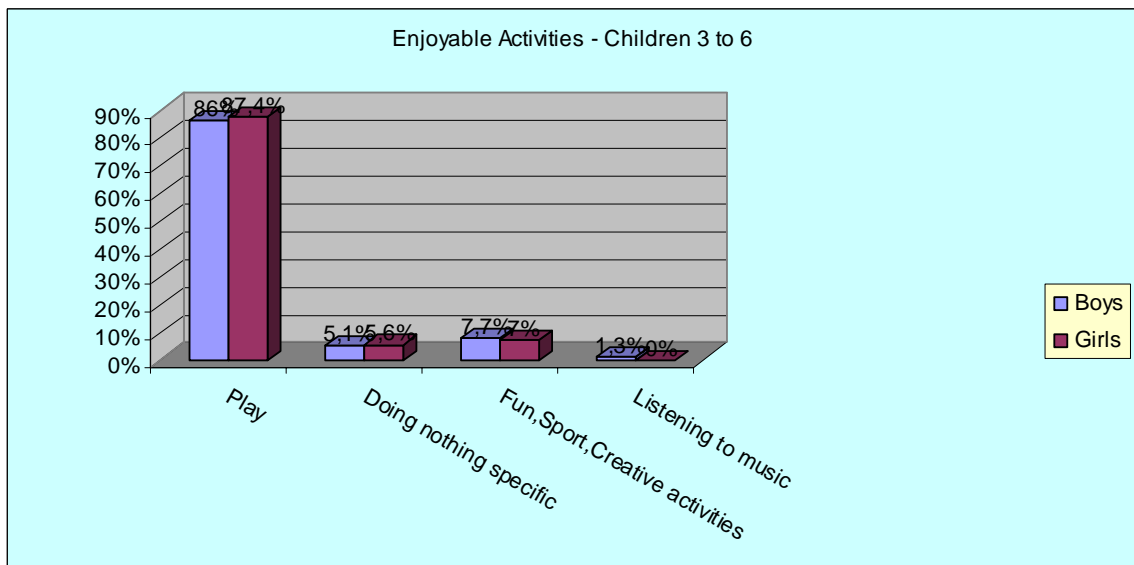
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- Small children need toys, a play-corner. [Mother]  
 - I have pre-school age children... and they are confined to one room - no entertainment, no toys. [Mother]  
 - My child attends a kindergarten and I am very happy about that. We did not have such good conditions in Tamarasheni (presumably, referring to the kindergarten conditions). [Mother]

30 per cent of key informants reported that children under 2 years of age do nothing specific. According to KIs, playing and doing nothing specific were the only two activities enjoyed by the youngest children.



**Chart 8 – Daily activities of children 3 to 6 years old**



**Chart 9 – Most enjoyable activities of children 3 to 6 years old**

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Playing was the most frequently mentioned activity for children 3-6 years of age, both among practiced and favorite activities. Participating in Child Friendly Spaces was the second most frequently mentioned daily activity in this age group, although its percentage was much lower than that of play (9.7 per cent of respondents). As in all the surveyed collective centers Child Friendly Space services were operating during the time of the assessment, it would be expected to see CFS involvement more frequently among children's daily activities. One of the reasons could be that CFS activities are often qualified as play or fun/sports/creative activities by key informants who are not very familiar with the exact name of the service, and therefore, reported frequency of this service among the daily activities of children is not very high.

For children 3 to 6 years of age going to school/studying was also reported as a daily activity, although it was mentioned by quite a low number of KIs (boys -1.1% of KIs, girls – 3.2% of respondents). This was expected for this age group: children in Georgia usually enroll into school at the age of 6, therefore, a majority of children from 3 to 6 years of age are not expected to be enrolled in school. The only activity that was listed among enjoyable activities for children 3 to 6 but not mentioned in the current daily activities list was listening to music.

*- It is very good that school resumed. Because my child is both - entertained there and learns too. He has become somehow more responsible: he has to get up in the morning, clean up, go to school. Then, after the lessons of course again thinks about learning. I am very happy that the child is kept busy. [Mother]*  
*- There is more joy since the school has resumed. They give us homework, and the day passes. [Child]*

For most children of 6 to 17 years of age going to school and preparing homework take up a considerable amount of time of the day. Some of the respondents reported about other, out-of-school educational activities as well. In few cases parents mentioned that their children had private tutors, mostly for learning English or Russian. It was not clear from the responses whether these services are provided for free or IDPs pay for it. For adolescents FGD participants identified the following clusters of daily activities: education, entertainment and household chores.

Children expressed satisfaction with going to school. Both children and parents viewed the school as an important source of education and socialization, attaching to it some post-traumatic rehabilitation functions as well.

*- We study... return from school and do homework... Where can we play? We do not have a playground... no conditions to play. [Child]*  
*- After returning from school I do homework and then I do not know what to do. I do not have anything at all to entertain myself. There is nothing here. [Child]*  
*- They do not have toys. Someone could have brought at least a couple of toys. [Mother]*  
*- They do not have even a ball to play football. [Father]*

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Some children mentioned reading extra-curricular literature as part of their daily activities. Some others expressed willingness to read books, but referred to the problem of access to books as an obstacle.

A number of children reported being involved in various types of clubs. Sports and arts were reported as daily activities by some children. The two types of arts that were mentioned often during the focus group discussions was drawing and dancing.

For older children entertainment was commonly mentioned as a major way of spending a day. Main activities included: playing (football, card games, domino, or playing with dolls), watching TV, visiting friends and talking with them. Football seems to be one of the most often played games, especially by boys. However, there were many children who said their days are boring, since they have nothing to do. Some parents complained about a lack of organized entertainment/educational activities for children, as well as unavailability of toys and books.

When asked about differences in daily activities between girls and boys, a majority of respondents reported that children and youth of both genders usually play together and get along well. Differences in activities are better manifested in older children: activities more typical for boys are playing football and leaving the collective center to go to some other places, sometimes staying out until late. Girls mostly stay on the collective center territory, keeping themselves busy with studying and participating in household chores/helping parents (cleaning rooms, washing dishes).

The assessment identifies various activities that children and youth enjoy the most. These activities can be grouped into several broad categories, such as: education, recreation/entertainment, sports, and arts.

- *The children are bored with staying indoors. It is always the same here. They have nothing to entertain with. [Mother]*
- *My child attends a kindergarten. One day he returned home very happy and told me that they were taken out in the city, to the McDonald's. Even the very young children get bored from being indoors all the time. [Mother]*
- *Pre-school age children are happy to get toys and gifts. They entertain themselves with playing. [Mother]*
- *Children play with toys, construct houses and say that it is their house, it is their village. Their play is linked with their emotions. [Father]*

Educational activities, including reading, doing homework or going to school were reported the least often. Recreational activities have been mentioned very frequently. Children enjoy playing different games, watching TV, and playing computer games. Participation in some organized events (i.e. going to the Zoo, the circus, or other entertainment places) was also reported as enjoyable. Several children and adults have mentioned that such programs should be organized for all age groups, starting from pre-school children and including teenagers. It is noteworthy that relatively little attention was paid to establishing programs or services for pre-school age children during the first

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phase of emergency response, and the need to tackle this problem was expressed by parents.

Sport is also a popular activity, especially among the boys. Football, wrestling and swimming were reported as sports that children would enjoy to be engaged in. Another group of enjoyable activities was arts, with drawing/painting and dancing being the most frequently mentioned forms. Other types of enjoyable arts were playing the piano and singing. Children also like attending various cultural events and theatre performances, as well as participating in events that enable them to make new friends.

One of children’s favorite activities is talking with friends, although a topic that they often talk about is their villages and houses.

Traditional gender differences could be observed in the most enjoyed activities, as in the case of daily activities. Boys are more in favor of sports, bike-riding and playing different games, while girls enjoy drawing, music, theater and similar activities.

Distribution of daily activities, as well as enjoyable/desirable activities is quite different for children 0 to 6 years of age and children 7 years old and above. The main change is related to changing the roles of play and studying/going to school. Unlike the 0-6 age group, there is a discrepancy between daily and enjoyable activities observed with children 7 to 17 (based on KI interviews). For the school-age children studying/going to school is the most frequently mentioned daily activity, considerably outnumbering the frequency of play and fun/sports/creative activities, while the relationship is reverse in case of enjoyable activities: percentage of play and fun/sports/creative activities is much higher than that of studying/going to school. The trend points at a need of introducing more desirable activities in children’s programming as well as creating more favorable and motivating conditions in schools, possibly supported by after-school learning programs.

	Daily Activities 7-12 yr		Enjoyable activities 7-12 yr	
	Boys	Girls	Boys	Girls
<b>Play</b>	25%	24,6%	24,7%	13,7%
<b>Studying/going to school</b>	60,2%	60,8%	4,7%	4,2%
<b>Doing nothing specific</b>	,8%			
<b>Fun, sports, creative activities</b>	2,3%	1,5%	64,7%	71,5%
<b>Walking</b>		,8%		
<b>CFS</b>	11,7%	12,3%		
<b>Listening to music</b>			2,4%	7,4%
<b>Computer</b>			3,5%	3,2%

**Table 6 – Daily and enjoyable activities for children 7 to 12 years old**

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	Daily Activities 13-17 yr		Enjoyable activities 13-17 yr	
	Boys	Girls	Boys	Girls
<b>Play</b>	13,6%	13,5%		
<b>Studying/going to school</b>	66,5%	66,7%	3,7%	3,5%
<b>Fun, sports, creative activities</b>	1,8%	1,8%	74,4%	72%
<b>Walking</b>	1,8%	1,8%		
<b>CFS</b>	14,5%	14,4%		1,2%
<b>Computer</b>	1,8%	1,8%		
<b>Listening to music</b>			4,9%	7%
<b>Banking work</b>			1,2%	
<b>Courses of massage</b>				1,2%
<b>Computer</b>			13,4%	10,4%
<b>Cooking</b>				1,2%
<b>Doing nothing specific</b>				1,2%

**Table 7 – Daily and enjoyable activities for children 13 to 17 years old**

For children aged 7 to 17 years studying/learning is reported as a daily activity more frequently than play and fun/sports/recreational activities. This is natural considering children’s age range and quite a high school enrollment rate in IDP children. As for the enjoyable activities, key informants considered fun/sports/creative activities as the most enjoyable for children of this age. It is noteworthy that for children 13 to 17 KIs also mentioned some practical, vocational skills (banking, cooking) as desirable activities.

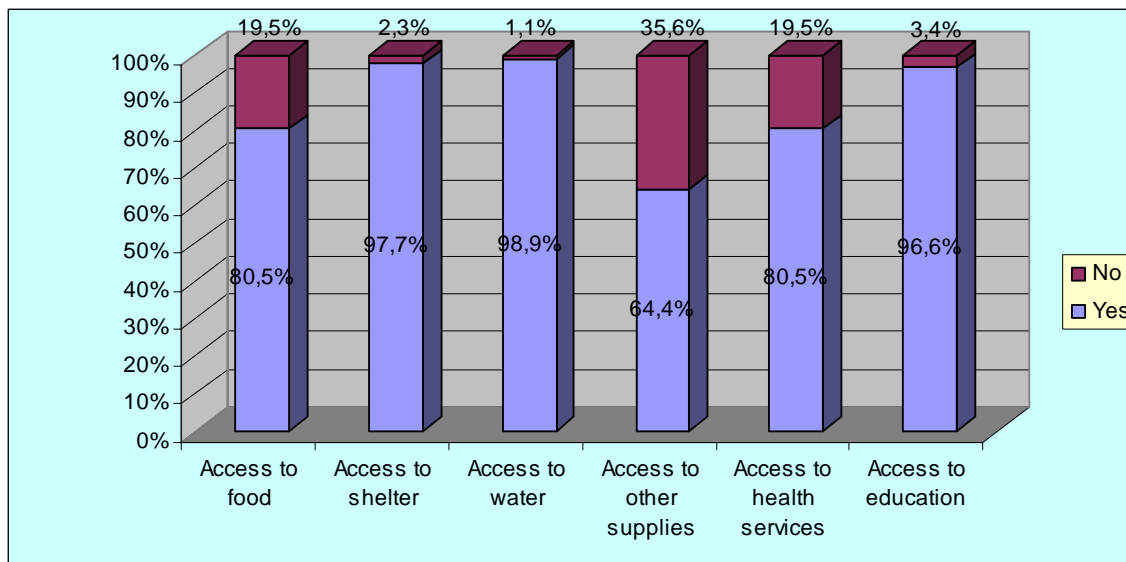
*- I went into a workshop here ... children come to me and asked to teach them some profession. Of course, after this situation, a lot of them have shown a desire to do something, to think of something ... It is not like the way it was before, when no one was interested in learning some trades. When parents are unemployed and cannot afford getting sweets to their children or taking them to parks, the children have started thinking about this and have got some interest [to do something]...[Father]*

Parents also reported that some of the children have shown an increased interest in learning professions or practical skills after the emergency. Child Friendly Spaces were considered as not too enjoyable for children aged 13 to 17.

***Access to essential and safe services***

Most key informant interviewees reported that access to different kinds of essential services and goods was available in the collective center.

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**Chart 10 – Access to essential and safe services**

The highest number of respondents (98.9%) reported that IDPs in collective centers had access to water. Figures for access to shelter and education were also very high (97.7% and 96.6% respectively). 80.5 per cent of KIs reported that food and health services are accessible to IDPs in their respective collective centers. Access to “other supplies” where we can assume Non-Food Items (NFIs) was the lowest: 64.4 per cent of respondents reported that their centers had access to other supplies.

**Access to healthcare**

In line with the information provided by KIs, focus group discussions also revealed that healthcare services were available for IDPs living in collective centers. There were several arrangements of access to healthcare identified by the respondents: in some collective centers in Tbilisi and Gori, IDPs were assigned to local polyclinics where they could receive services for free. A part of the respondents was quite satisfied with the capacity of this arrangement to take care of their health needs. Another arrangement was doctors’ visits to CCs.

*- I was registered in the polyclinics because I have asthma. I go there and get necessary medicines for inhalation. Both adults and children have free medicines. [Male]*  
*Assistance was provided for us in the beginning and we were given free medicines. [Female]*  
*My child was given medical examinations and they did not charge me at all for that because of my status. [Female]*  
*Yes, we go to the polyclinic and have free service there. They do blood test and everything. [Male]*

Several community centers have a nurse at the site to provide initial medical assistance. According to FGD participants’ reports, in most of the cases the nurses were staff members of the kindergartens where CCs were located, or were the representatives of the IDP community.

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Those respondents who had used services of local polyclinics or other health facilities were very pleased with the quality of treatment, attention and positive attitude expressed by the doctors. However, there were cases when respondents complained about the unavailability of any health care services. Some respondents mentioned insufficient and only irregular provision of such services.

The most significant problem brought up by the respondents in different cities with regards to health care was unavailability of free medications. Only a few respondents have said that they were given necessary medicines free of charge. In some other cases, procedures for getting medications at local polyclinics were reported to be long and exhausting. Sometimes, particularly when a nurse was locally available in the collective center, respondents complained that they were given the same medicine over and over, regardless of a nature of their health problem.

### **Access to food**

Focus group discussions data indicate that food is being distributed to all collective centers. According to FGD respondents, even though they are supplied with basic food products, a quantity of food is not always sufficient. 63.2 per cent of key informants reported that food is not provided in sufficient quantities, while 9.2% of KIs considered food not being diverse enough and of adequate nutritional value. Many FGD respondents have emphasized the need for some specific types of food, especially baby and infant food, fruit, vegetables and dairy products. Respondents consider these products - particularly fruit - to be absolutely necessary for the children's diet. The issue of unavailability of fruit was consistently raised, both by adults and children.

### **Distribution of aid**

There were several patterns of resource distribution at CCs identified through the assessment. 35.5 per cent of key informants reported that food and other resources are received and distributed by designated community leaders; many of them reported an existence of IDP lists according to which distribution is done. 35.4 per cent reported that the resources are distributed equally, without mentioning any specifics of the distribution. Others revealed different groups of relatively vulnerable IDPs/IDP families who receive distributed items in the first place: families with children, pregnant women, persons with disabilities, and the elderly. Only 1 per cent of respondents reported that there is no formal distribution mechanism and people take things as they can. Different distribution models practiced in collective centers are presented in the table below:

<b>Pattern of Resource Distribution</b>	<b>Percentage</b>
Formal Leaders	35,5%
Families with children	16,7%
Pregnant women	3,1%
Persons with disabilities	2,1%
Elderly persons	6,2%
Is distributed equally to everybody	35,4%
Taking food and things as you can	1%

**Table 8 - Humanitarian aid distribution patterns in collective centers**

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Reports by FGD participants are in line with key informants data. The process of aid distribution was similar in every collective center. One person, designated by the residents of the collective center to represent them, is responsible for the distribution.

As reported in a majority of cases, aid is distributed to the IDPs equally, and the amount of items or goods received by each family is based on the number of people in the household. According to most respondents, this type of distribution does not cause any problems. In some centers, room numbers are used to determine which household receives the aid first. As all aid is divided equally, this does not create a risk of some households to be left out in case they are not present in the center at the time of distribution. Sometimes, households with young children get a little bit more than others.

Only in one collective center in Tbilisi respondents mentioned that some IDPs had been left out during the distribution, mainly because the distribution was carried out incorrectly, or the delivered aid was not enough for everyone.

Some FGD participants did not support the idea of distributing the assistance to IDP families equally, and believed that an assessment of each family situation should have been conducted before deciding what type and what amount of assistance each family needs. According to these IDPs, not all collective center residents are in equal conditions: some still have access to their houses in the villages and are able to bring things back from there; others were working in Gori, and owned small businesses there, so they have some additional source of income, and more security.

Both KI respondents and FGD participants shared an opinion that humanitarian assistance received by them (both food and non-food items) were insufficient in quantities, and thus created grounds for arising tension among IDPs.

**Access to toilets and washing facilities**

When asked about reasons why children might have difficulty accessing latrines/washing facilities, 33.7% of key informants declared that there were no disturbing factors, while 46.5 per cent reported about lack of restrooms and washing facilities and 19.8 per cent emphasized poor sanitary/hygienic conditions of these facilities as hindering factors.

	<b>Yes</b>	<b>No</b>
Do women and children feel safe using restrooms and bathrooms?	69,7%	30,3%
Are there separate restrooms for girls and women?	27,3%	72,7%
Are there separate bathrooms?	18,2%	81,8%
Are the restrooms and bathrooms isolated enough?	45,5%	54,5%
Are there locks on the doors of restrooms and bathrooms?	57,6%	42,4%

**Table 9 – Safety of restrooms and bathrooms in collective centers**

Overall, in 69.7 per cent of collective centers women and children feel safe using restrooms and bathrooms, although in 72.7% of collective centers there are no separate restrooms and in 81.8% there are no separate bathrooms for girls and women. 45.5 per

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cent of key informants think that restrooms and bathrooms are isolated enough and 57.6% report that these facilities have locks on the doors. It is evident that despite the fact that in most cases there are no separate restrooms and washing facilities, and not all the doors are locked, majority of women and children feel safe using these facilities.

In general, problems related with toilets refer to: 1) unavailability of toilets in the premises, 2) insufficient number of toilets; 3) bad sanitary conditions of toilets.

According to FGD participants, toilets were available at almost all collective centers but sanitary conditions varied from good to “terrible”. In most locations, toilets are clean and in good condition, and their number is sufficient. This is primarily the case in kindergartens - facilities that were functional even before the conflict and had several toilets in good condition for their regular beneficiaries. Several respondents in one CC mentioned that they had fixed toilets themselves, with donations provided by a private person. Toilets are kept clean and functional by the IDPs themselves.

In other collective centers toilets were in relatively good condition, although their number was insufficient, frequently resulting in lines to the restrooms. In some locations toilets were in bad conditions, according to the respondents. The highest number of complaints was received from IDPs residing in the Military Hospital building (Isani-Samgori District of Tbilisi), where the respondents almost unanimously qualified the conditions of the toilet as “terrible”, referring to blocked sewage system, broken taps, poor sanitary conditions and bad smell.

The situation is much more difficult with bathrooms. Most of the facilities used at collective centers were not designed to have bathrooms available at the premises. In some cases, temporary shower arrangements were made by IDPs themselves, but with cold temperatures, these arrangements are no longer practical. Residents of one of the centers complained about the safety of a bathroom recently built by a humanitarian agency. Some IDPs from CCs with no shower facilities try to go to friends and relatives to shower. Some respondents also reported that an agency takes them to a bath once a week.

### **Access to education**

School enrollment among IDP children was reportedly very high: according to key informants, on average, 99.36% of IDP children residing in assessed collective centers are enrolled in school. When asked about problems related to enrolling children in school, 6.4% of respondents reported that there are no problems. A majority of respondents reported about factors affecting children’s access to education and school attendance as listed in Table 10.

<b>Disturbing factors for school attendance</b>	<b>Percentage</b>
Lack of textbooks and school materials	46,8%
Lack of shoes and clothes	45,2%
Transportation problem	1,6%

**Table 10 – Disturbing factors for school attendance**

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Specific questions about school attendance were not asked, but the frequencies of disturbing factors may suggest negative effects on school attendance. FGD data support this assumption.

- *When I do not have a text book or something else, and she [the teacher] tells me I am a refugee, she says she is not interested at all. "Just buy it", she says... She knows that currently displaced children do not have books but she is not interested in that. [Child]*
- *Because of not having books I am unable to do half of the homework. [Child]*
- *They (teachers) shout at me because I do not have books. And when I explain to them why, they do not hear it. I did not like these teachers very much. [Child]*
- *My son got reprimanded. He did not have textbooks and the teacher embarrassed him in front of the whole class. [Mother]*

Focus group discussion participants pointed out that textbooks are not available to a majority of children. Parents reported that due to a high cost of the textbooks, they cannot afford buying them. Only very few children have received books distributed in schools. Others have made or were given photocopies of the books (in some cases, teachers/school headmasters provided the photocopies). Often one book is shared among two or three children. Lack of textbooks impedes children's learning process and triggers negative attitudes from classmates and teachers. Children reported that they had been verbally insulted and humiliated by some teachers for not having necessary textbooks.

At the time of the assessment, according to parents, not all children had received the GEL 100 governmental subsidy for school-enrolled IDP children. This comment was voiced by IDP parents in Tbilisi and Gori.

Lack of appropriate clothing is a serious problem for the displaced population, and in some cases - a reason for children not going to school. This problem has become more serious with colder temperatures. According to the respondents, the children are in urgent need of warm clothes, coats, hats and shoes. Most of the families do not have financial means to purchase these items for their children. As mentioned by a respondent, both clothes and books are equally necessary for children to be able to go to school.

Lack of transportation was mentioned as an obstacle by IDPs residing in Tbilisi. Even though public transportation (buses and metro) is free for IDPs, sometimes children cannot use this benefit because they do not have IDs yet. In some cases children go to schools that are far away, so they have to get up very early to catch a bus. According to parents' reports, if a child is late, he/she is not allowed into the school. One parent suggested that there should be a special school bus for IDP children.

Lack of personal space and learning environment was reported as quite a serious problem for children living in collective centers, usually sharing a room with other family members or sometimes several families. IDP children, who are used to having quiet learning environment and some privacy, have difficulty doing their homework in new circumstances. This affects quality of their learning and academic performance.

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*- It was easier for me to study in the village. It is harder now. It took me less time in the village, because I had a very big house in the village and when I would go into the room there and close the door behind me, no noise was getting in. Here there are four of us in one room and it is difficult. [Child]*

A majority of children felt themselves quite comfortable in new schools and were of a positive opinion about children's and teachers' attitudes as well as the quality of education. They reported that overall, the environment in schools was quite supportive and welcoming. Some others reported having difficulties adjusting to new people and environment in schools, being dissatisfied with the quality of education and somewhat disappointed with the school infrastructure. Some respondents reported about negative attitudes expressed by teachers and other students during the initial period. These problems were mostly related to labeling displaced children as IDPs or refugees.

*- In the beginning they (IDP children) were called "you, IDPs" and were hurt. Now they have got used to each other. [Mother]*

When asked about sources of income for youth, 93.5% of key informants reported that children and youth did not have any employment/income generation opportunities. 4.5 % mentioned the GEL 100 governmental subsidies for school students as the only source of income for older children. 91% of respondents thought that an absence of employment opportunities was the reason for youth not having jobs, while only 4.5 per cent mentioned that the youth do not have adequate education and skills.

*- Where are jobs?! I would also work, but where? Who will hire us! They all have their people on constructions. [Father]*  
*- I can do physical work if there is anything, to support my family. [Child]*  
*- I know many young people that are willing [to work] but cannot get anything. [Child]*  
*- There are no jobs. We go to different places, like construction or others, but there are no jobs available. [Father]*  
*- If you do not have anyone who will help start work, it is difficult then. [Father]*

FGD respondents confirmed that the majority of youth aged 15 to 24 residing in the collective centers have no employment and are not engaged in any income-generating activity. In some cases youth are not employed because they are students, and need to complete their studies first. Notably, many of the displaced youth expressed their willingness to have some employment opportunities. A majority of FGD discussants reported problems related to finding jobs: a) no jobs are available at all in the surrounding area; b) available jobs are mostly for permanent local population, and c) some influential personal contacts and recommendations are necessary to get a job.

In a few cases, IDP youth were approached and offered jobs ("cleaners and coordinators"), but these were low-paid positions (GEL 150 per month) and a half of the

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salary was needed to cover transportation and food costs, therefore it was not acceptable for IDPs. In addition, some respondents reported that youth are paid less than adults for the same work. Those that have some type of income were employed in the following sectors: construction and interior renovation; trade; service industry (e.g., restaurants); police/military; and ambulance. According to the IDPs, many of these jobs are temporary.

Both children and adult participants expressed readiness to participate in job/vocational training programs and identified skills that they would like to acquire. Certain vocational education activities were reported as enjoyable by older children.

Key informants as well as FGD participants were asked to identify skills that they thought would be necessary for youth to acquire. Results for boys and girls, based on KI interviews, are summarized in the tables below.

Skills children want to acquire – Boys	Percent
Profession (higher education)	50,0%
Computer	26,5%
Foreign languages	11,8%
Sports	5,9%
Arts	2,9%
Driving	2,9%

Skills children want to acquire - Girls	Percent
Handicraft	36,5%
Hairdressing/cosmetics	28,8%
Cooking	13,6%
Computer	5,8%
Foreign languages	5,8%
Dancing	3,8%
Arts	1,9%
Higher education	1,9%
Chess	1,9%

**Table 11 – Skills identified as useful for IDP youth**

The KI data indicate that the skills desired for boys are more targeted at getting higher education with a long-term perspective of employment whereas skills for girls are those that can be used either in households (e.g. handicraft, cooking), or for immediate income generation (e.g. hairdressing/cosmetics).

In addition to the skills listed above, children and adults participating in FGDs identified some additional skills as well: nursing, massage, sewing, knitting, embroidery and clothing design for girls and construction and home repair works (interior repair, plumbing, electrical works, carpentry) for boys.

## Conclusions

### ***Physical safety and well-being of children and youth***

- All sources of information indicated high levels of abuse (both physical and psychological) practiced by parents at home and teachers in schools. FGDs with adults additionally outlined that parents often have no information about appropriate child-rearing practices and do not realize that physical humiliation and verbal punishment are forms of child abuse. In many cases, when parents do have an understanding that beating a child is not an appropriate behavior, they still use this technique because they do not possess any alternative, positive child-rearing practices. Parents would benefit from programs teaching them about children's rights and helping them to enhance their parental skills.
- Teachers have been reported to use physical punishment and verbal humiliation (sometimes quite harsh) to deal with children in the classroom. Teachers, especially those working in schools with IDP children, need to be informed about possible consequences of such a treatment and have to realize their responsibilities for child protection. In addition, teachers need additional skills to help IDP children integrate into new classrooms, and teach non-IDP children constructive behavior patterns in relation to new children
- Parents and children have reported about high stress levels of teachers in Gori schools. Special support programs have to be in place to assist teachers who have undergone IDP experience, and most of them now face increased workload related to more children in classrooms and children with possible trauma-related problems.
- Many collective center buildings need to be renovated to make them safe for children. In cases when collective centers are located near major streets, special measures need to be in place to ensure children's safety and protection at all times.

### ***Separated children, family tracing and reunification***

- Families have to be prepared to prevent child-family separation in emergency situations. As the assessment has outlined, families were not prepared for all possible scenarios – a situation that often resulted in a temporary family separation. Time to reunite with lost family members varied from 4 days to one month. To address this problem, higher-level strategies for preventing family separation can be developed on the governmental level, and at the same time families can be given practical trainings on the issue.

### ***Psycho-social well-being of children and youth***

- Pre-school age children should be provided with ECD centers or kindergartens. As parents have reported, children of this age do not have adequate access to age-appropriate play and educational activities.

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- Programs need to be designed for children 0 to 2 years old. Assessment has identified a scarcity of programs for this age category, and lack of appropriate development environment (toys, playgrounds, etc.)
- At initial stages of resettlement, school children could benefit from programs facilitating their integration into host schools.
- Parents need to be trained on how to identify signs of psychological trauma in their children. They would also benefit from some basic techniques on how to react on children's trauma-related behaviors and how to provide initial support. In addition, parents need specific advice on how to manage their own stress and behavior in relation to children.
- Additional individual psychological support services need to be accessible for children and adults. Assessment has indicated that there's a need for psychological support services, but many collective centers either do not receive any such services or frequency of psychologists' visits is insufficient. At several times IDPs directly requested psychological support to be made available to them.

### ***Access to essential and safe services***

#### ***Education***

- School-age children need an enabling learning environment at home and in schools. Often children have reported about the lack of private space in collective centers, or about overcrowded noisy environment hindering the learning process. Measures have to be taken to offer children an environment adequate for learning.
- Measures have to be taken to facilitate children's access to schooling and education: a) lack of textbooks and extracurricular literature was identified as a major problem. Solutions should be found to give child access to books; b) whenever possible, children should be enrolled in schools that are within walking distance from their places of residence. If no such arrangements are possible, flexible transportation mechanisms have to be in place (either convenient and accessible public transportation system or a special school bus); c) In order to support children's school attendance, weather-appropriate clothes have to be provided.
- Youth can benefit from vocational training courses to acquire practical income-generating skills, and supportive environment to continue education to universities whenever appropriate. IDP youth and their parents are in need of job training/retraining, especially due to their changed living environment where traditional income-generating activities are no longer appropriate.

#### ***Food***

- Assessment has identified a strong need for diversification of the food distributed to IDPs. As many respondents have pointed out, their current menus have to be supplemented with fresh fruits, vegetables and dairy products.
- Baby formulas and food appropriate for toddlers have to be supplied in sufficient quantities.

#### ***Aid distribution mechanisms***

- Aid distribution has to be tailored to family's needs whenever possible and appropriate. Family assessments can be conducted to identify alternative

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resources that families might have, and those in particular need of assistance have to be given priority.

*Hygiene facilities*

- Bathrooms/showers and toilets need to be either renovated or made safe and accessible.

*Healthcare*

- Quality of primary medical services provided by nurses at sites has to be monitored. Reports have indicated certain gaps and shortcomings in this regard.
- IDPs need to receive complete information about availability of free medication at local polyclinics and need to be informed about procedures for receiving free medical services. .