



# Abkhazia Old and frail in the shadow of the embargo

## Report

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## Old and Frail in the Shadow of the Embargo



**Abkhazia is a Caucasian territory on the shores of the Black Sea. Ravaged by war ten years ago, the embargo imposed by Russia and Georgia continues ever since. The international community will not consider any development activities in Abkhazia until there is lasting peace...**

... Yet the 18,000 people, i.e. probably one-tenth of the inhabitants, who live on Abkhazian territory in extremely precarious conditions, are in need of emergency humanitarian aid. Today, most of the emergency assistance is provided by Médecins Sans Frontières and International Committee of the Red Cross. International presence is gravely inadequate to respond to the needs of this stricken population.

This report describes the living conditions of the indigent people in Abkhazia and their emergency needs. It is based on the experiences, as well as the social and medical data, collected by the Médecins Sans Frontières teams.

The objective of this report is to draw attention to the disastrous consequences of the embargo for the indigent population and to raise increased aid from donors and aid organisations.

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## Abkhazian territory



The map presented in this document do not imply the expression of any opinion whatsoever on the part of MSF concerning the legal status of any country, territory city or area or of its authorities or concerning the delimitations of its frontiers, boundaries or denomination of the place.

# Abkhazia

*This piece on the historical situation is intended to help the reader understand the context in which MSF undertakes its missions in Abkhazia. It does not represent in any way that MSF has taken a position in favour of one of the parties.*

## IN PURGATORY

### ***A land of plenty...***

The present borders of Abkhazia territory were fixed during the first years of the Soviet Union and delimit a area of 8600 km<sup>2</sup>, bordered by the Caucasus Mountains to the North and the Black Sea to the South, by the Georgian Transcaucasus plains to the west and by the region of Krasnodar to the east where the Caucasus gradually gives way to the plains of Southern Russia.

Abkhazia, with its Mediterranean climate, is known as a land of plenty in a part of the world where the climate is harsh. This region had always been looked upon with envy: it is the privileged axis of communication between Moscow and the southern Caucasus, has a long coastline, a natural fortification line, and is rich in agricultural, mining and tourist resources.

### ***...scarred by History***

Marked with centuries of invasion and subjected to various political, cultural and religious influences, this region, like the whole of the Caucasus, found itself under the guardianship of the Tsarist empire at the end of the 19th century. The empire strived to erase the cultural and historical specificities of Abkhazia, provoking strong nationalist claims. At the same time in Georgia, a strong nationalist movement was developing with the aim of breaking free from Russian rule.

When the Bolshevik revolution overthrew the Tsarist empire in 1917, the Caucasus experienced a brief period of political upheaval. This led to the birth of the Republic of Georgia which sought to keep Abkhazia within its borders, despite the demands of independence by the Abkhazian nationalist. Meanwhile, the new government in Moscow had no intention of

giving up the territories inherited from the Tsars. In 1922, the Red Army regained entire control of the southern region.

In 1931, the Soviet constitution granted Abkhazia the status of an autonomous republic within Georgia. This territorial decree was accompanied, as in all of the Soviet Union, by a growing communitarianisation of the elites in the region.

In 1991, after the collapse of the Soviet regime, Georgia became independent. The regional nomenclatures could not agree on the status of Abkhazia.

### ***The price of independence***

In July 1992, the Abkhazian parliament unilaterally declared the sovereignty of Abkhazia. Georgia, which was itself in the grip of a civil war, reacted by occupying Abkhazian territory as far as Sukhumi. The Russian troops drove the Georgians back across the Ingouri River into the Georgian plains.

A cease-fire was agreed in May 1994 under the auspices of the UN. The Moscow agreement set up a peace-keeping force of Russian troops responsible for neutralising an area of 20 km across the border between the two part in conflict. United Nations observers were also deployed.

The war had left an estimated 10,000 dead in 13 months and resulted in the fleeing of 240,000 (according to UNHCR) Georgians living in Abkhazia to Georgia. An agreement was also signed between the Abkhazians, the Georgians and the United Nations High Commissioner for refugees (UNHCR) and the Russian Federation so as to facilitate the voluntary return of refugees to Abkhazia. This was not followed by any lasting result.

A coordinating council, led by a special representative to the United Nations Secretary in Georgia, with representatives from the OSCE



(Organization for Security and Cooperation in Europe), the Russian Federation, France, Germany, the United States and the United Kingdom, has been attempting to facilitate negotiations between the two parties since 1997 without significant success.

In the southern Abkhazian border region of Gali, the insecurity that continues to prevail restricts the humanitarian aid provided to its inhabitants. In October 2001 and then in April 2002, fighting broke out in the upper reaches of the Kodori valley, situated about fifty kilometres from the capital and occupied by the Georgians. The population who have not yet recovered from the disastrous effects of the 1992-94 conflict, feel constantly under threat.

## ***The population faced a socio-economic disaster***

The collapse of the Soviet system, the war and diplomatic isolation have had terrible consequences on the population of Abkhazia<sup>1</sup>. Before the war, Abkhazia had a population of 525,000 inhabitants (according to the census of 1989) which included 46% of Georgian ethnic origin, 18% Abkhazian, 16.5% Russian, but also Armenian, Adjar, Juive, Estonian, Ukrainian, and Greek. According to official Abkhazian figures,

Abkhazia has a current population of 200,000<sup>2</sup> inhabitants, the majority of whom are Abkhazians.

Abkhazia is subjected to a naval and land trade embargo, imposed by its two neighbours Georgia and Russia, which prevents any economic development. The absence of a peace agreement and its international non-recognition as a state prevents it from benefiting from any form of aid for development.

A small clandestine and seasonal economy of selling mandarins and hazelnuts along the border, although still officially closed, provides the bare minimum to survive for a few people. Trade in timber, iron and coal is also limited to clandestine transactions. The remaining tourism infrastructure, which used to be a very important source of income before the war, today mainly caters for a few Russians in holiday villages around Sukhumi and Gagra. Although Moscow maintains an embargo on Abkhazia, it has granted Russian Federation citizenship to Abkhazian nationals was launched, leading some to believe that the country may one day be integrated into the Federation.

In the meantime, the majority of the population that does not have the means to leave the country lives in poverty with no future prospects, dependent upon the limited assistance of a few aid organisations.

<sup>1</sup> And also for the Georgian population displaced from Abkhazia who continue to live in intolerable conditions eight years after the conflict.

<sup>2</sup> This figure is an approximation generally accepted by organisations working in Abkhazia; it does not represent a political opinion on the part of MSF.

# Médecins Sans Frontières and INDIGENT PEOPLE

**S**ingle mothers, the elderly, the bedridden, those suffering from chronic illness, or invalidity, and large families in economic difficulty – these are the criteria derived from the Soviet indigent classification system used for the people who benefit from the Health Access Programmes (HAP) run by Médecins Sans Frontières since 1993<sup>2</sup>.

After organising a regular supply of drugs, Médecins Sans Frontières began rehabilitating and running the Pushkin health centre in Sukhumi. In these small premises, two doctors, a pharmacist and a secretary provided healthcare, a sympathetic ear and free medication to all the indigent people who turned up, often having been sent by an MSF social worker.

In 1999, the same facilities were set up in Gagra, Tkvarcheli and Gali for people receiving food aid from the ICRC canteens.

In the spring of 2000, a social worker started working in Gagra. Then from December 2000, a dozen MSF social workers worked for six months in seven regions of Abkhazia and identified individuals who had no access to healthcare. Each person identified received a card that gave them access to free healthcare in the MSF assisted health facilities. This exchange of information between the two organisations continues on a daily basis.

In September 2002, MSF and the ICRC had thus registered **18,700 indigent people, roughly one in ten inhabitants of Abkhazia, including 39% of whom live in the capital, Sukhumi.** More than 1,400 of them cannot leave their homes, many bedridden, unable to survive without outside help.

<sup>2</sup> The criteria were defined in agreement with the Ministry of Health of Abkhazia.



# Getting to know the indigent population

By working daily with the indigent people, the social workers, nurses, and doctors have witnessed the precarious living conditions of this population.

In order to make a quantitative assessment of the characteristics of this indigent population, Médecins Sans Frontières carried out a socio-demographic survey of 3,370 people. Their situation was assessed according to five criteria: food, clothing, housing, health and income. To facilitate the analysis, "food", "clothing" and "housing" criteria were then grouped together under the general criterion "living conditions".

According to the results of this survey, **70% of people interviewed have a very low income, are in very poor health and live in unacceptable conditions.**

- 70% of the most indigent people are women.
- 60% are aged over 65.
- 45% of the most indigent people are women aged over 65.
- More than 60% are not of Abkhazian origin: Russian (31.9%), Georgian (15.6%), Armenian (14.5%) and others (Greek, Turk, Ukrainian, Byelorussian).

To evaluate their incomes, the survey took into account salaries, any profits from small commercial transactions and financial support from parents or friends.

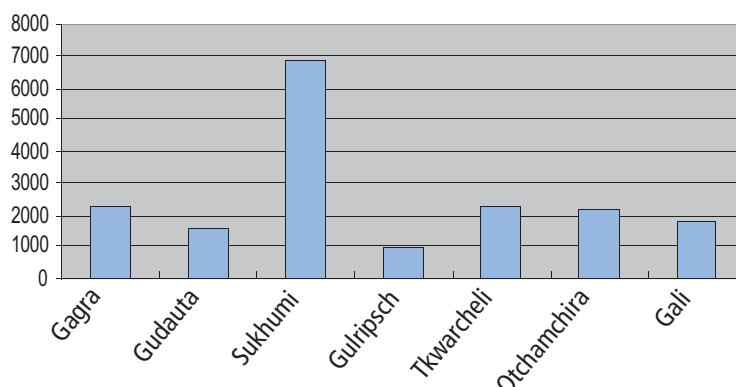
The Abkhazian retirement pension of 30 roubles<sup>3</sup> (less than 1 euro/dollars) was not taken into account as it has virtually no purchasing power – it can buy a litre of oil, or 3kg of potatoes, or 2kg of flour, or 500g of yoghurt...

Amongst those interviewed:

- 69.4% have a very low income, have no salary, no profits from small businesses, no financial support.
- 18% live on the financial support they receive.
- 12% live on a salary or trade income.

<sup>3</sup> This amount went up to 60 roubles in July 2002...

**Indigent people identified by ICRC and MSF by region of Abkhazia – 2002**



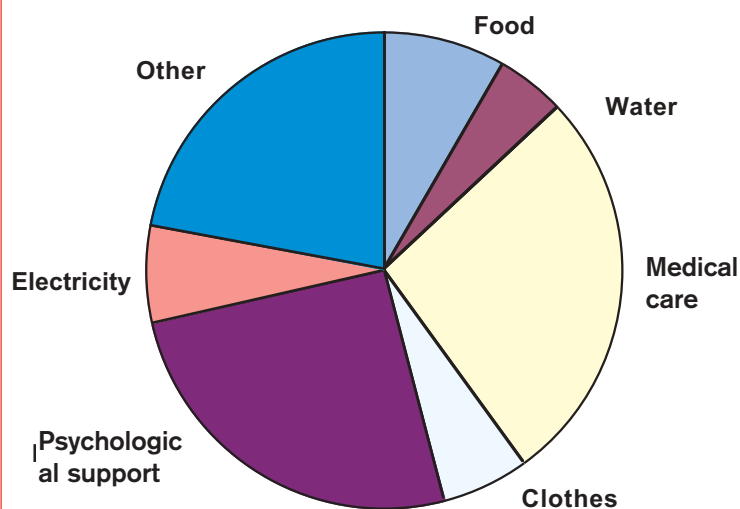
**TOTAL NO. OF INDIGENT PEOPLE IDENTIFIED = 18 700**

## "Urgent" and "Non-Urgent" needs

In April 2002, another smaller survey was carried out by the MSF social workers. They asked the indigent population a list of questions whilst they were going about their daily work. The needs of the people interviewed were classified into "urgent needs" and "non-urgent needs", the latter being those without which life becomes more difficult without endangering it. In this study the priorities identified were medical care, psychological support and food.

Half of the indigent people interviewed in the town of Sukhumi have problems with electricity, water, food as well as access to medical care, and request psychological support. Clothing, blankets and heating are the most frequently quoted needs among the people living in the mountains of the mining region of Tkvarcheli.

## Needs expressed in %





## **Louisa & Olga**

*Louisa's flat is gradually emptying. Located in a decrepit building in the old mining town of Tkvarcheli, all that remains is a stove, an old sewing machine, a pile of clothes that is turning mouldy and a few books. The 81-year-old woman of Greek origin was married to a Georgian who died during the war. Her children have left the country. They are not in touch with her. "When my son left, he told me to sell all my belongings to survive and that is precisely what I did. I sold my blanket yesterday. Today I am drying this cloth to sell it. I'm keeping the sewing machine as a last resort...and I still have a few books left...I used to be a librarian. I come from a wealthy family and I like nice things. I used to be a good housewife. I have never been poor." Today, Louisa survives thanks to the daily meal provided by the ICRC.*

*She spends part of her day lying down because she gets dizzy. The flat smells musty. Electricity and water are only supplied at intervals. "I don't need anything apart from new glasses." she sighs. "Mine aren't strong enough. I can no longer read."*

*Olga, an 80 year-old woman of Russian origin born in Abkhazia, has no relatives. She is blind and paralysed in both legs and survives on the occasional bowl of soup her neighbour brings her. When the Médecins Sans Frontières team visited Olga for the first time, the door was locked. Olga had to pass the key through the window. Inside, the smell was unbearable: the room was filthy and the floor was covered in mud. There were rats scampering around the room. There was no water, electricity or heating. Olga's legs were swollen and infected. She kept repeating that her only wish was to die. Olga was very conscious of her appalling state. As a gynaecologist-obstetrician, she brought half the town of Sukhumi into the world. "But I did not have any children of my own", she sighed, "and today I don't have anyone to take care of me". The teams of Médecins Sans Frontières, ICRC and Première Urgence made arrangements to take care of her.*

# Life as an Indigent IN ABKHAZIA

The essential needs are acces to healthcare, accomodation, food and psychological help.



# Access to Healthcare



*Nine years ago, at the end of the war and after her studies at Moscow University, Doctor Irina Achouba returned to her country to take the helm of the neurology department at Sukhumi's "City Hospital", the only department of its kind in the whole of Abkhazia. She found the hospital in a pitiful state and it has remained as such due to the lack of means to repair it. Leaking pipes mean that the toilets cannot be used, so the nurses pass around plastic washbowls to be used as bedpans by patients. The latter take turns to sleep on the few proper beds with a mattress. The others make do with tattered mattresses on boards; a nightmare for patients who are physically handicapped and the majority of whom, aged between 50 and 80, suffer from serious cardiovascular problems.*

*With no money to buy the drugs prescribed by their doctor and which the hospital has no means of providing, the patients arrive at the last minute when there is little chance of curing them. "Even those who receive a Russian pension are unable to pay for the treatments. I sometimes pay for them myself," says Doctor Irina who does her best to carry on providing care, in spite of not having the means: "I do what I can. I'm the neurologist, psychologist and general practitioner rolled into one. I try to give them some support..." The patients die at the hospital or spend their last days at home. Only those who are indigent, and who have no relatives, profit from staying at the hospital – the bustle of staff and visitors pacing up and down fills their loneliness...*

## **The elderly in poor health...**

According to the study carried out by Médecins Sans Frontières, 81% of the indigent people interviewed suffer from a chronic illness and are therefore in need of regular medical care.

The diseases that MSF doctors encounter most frequently are: hypertension and cardio-vascular diseases, respiratory diseases, gastro-intestinal diseases, bacterial infections as well as certain musculo-skeletal diseases. These diseases represent 70% of those diagnosed among the indigent population.

## **...Faced with a crumbling health system...**

Having fallen apart after the collapse of the Soviet system, then ravaged by war and asphyxiated by the trade embargo, the Abkhazian health system struggles to function. Some of the hospitals and health centres were damaged or destroyed during the conflicts. Only a few of them have been rehabilitated. Given the lack of resources, only a handful are properly maintained.

There is an alarming lack of equipment and drugs. The main pharmacy is not supplied. Apart from the donations from relief organisations, the only drugs available are from private supply circuits and the indigent population cannot afford them.

There are not enough medical staff and many of them are getting on in years. Non-Abkhazian doctors and nurses who were driven away during the war have not been replaced. Young people who are studying abroad hesitate to return to a country which seems to offer a future without prospects. It is therefore common to find doctors over the age of 80 as managers of hospital departments, dedicated to a job that barely enables them to survive. The low salaries and irregularity of payments force the medical staff to be absent from their jobs so as to try to make a living elsewhere.

Finally, the regionalisation of the health system means that local administrations are in charge of managing the hospital budgets, but the regions have even less resources than the

*72-year-old Raïssa is bedridden. She can no longer move her legs or her left arm. Ten days ago this woman, who lives a dilapidated flat in Ochamchira, shouted, "Something's wrong, I'm not well." Her neighbour found her partially paralysed and unable to speak having suffered a stroke. Raïssa is Russian. She was married to a Russian who passed away. Her only son lives in Russia and is no longer in touch with her. Her neighbour who lives on the floor above with her son, who suffers from tuberculosis, takes care of her as much as she possibly can. "As long as I am here, she will not die of hunger", she assures. "But I have neither the energy or the skills to give her the care she needs. Yesterday, when I needed to turn her over, I had to ask a soldier who was walking by to help me. I put cooking oil on her bedsores to soothe them... I don't have anything else."*

*The young surgeons of "City Hospital" in Sukhumi take us into the room of a patient they have already operated on twice and whom they plan to amputate within the week as soon as the equipment and the drugs supplied by Médecins Sans Frontières arrive. 73-year-old Taïssa is not a stranger in this hospital. She worked there as a nurse for forty-nine years. She has been suffering from diabetes and vascular difficulties for twenty years and used to treat herself with drugs that she bought herself. When she retired with a pension of 30 roubles, she no longer had the means to pay for them. She was admitted to the hospital a few weeks ago after injuring herself while cutting a toenail. The tissue on her leg has become necrotic. She is in pain and threatens to take her own life if she is not given something to relieve her pain. Her neighbours once bought her some medication before leaving the country. She can't return home, as there is no one to take care of her. Her Georgian husband has passed away. Her daughter got married and she has not heard from her since.*

government. It is thus impossible to find specialist care outside Sukhumi. Patients have to travel to the capital to consult an ophthalmologist. This is a very difficult for the isolated elderly who often suffer from eyesight problems, particularly cataracts.

In short, access to medical care in Abkhazia requires a considerable income and a network of relations, requirements that the indigent population does not have.

## **...Kept on life support by relief organisations**

The majority of indigent people need medical care. Médecins Sans Frontières has therefore set up a programme which endeavours to find a solution to the three major problems identified by its teams – the difficulties of access to medical care, including surgery, the shortage of drugs and the lack of autonomy among patients confined to their home as a result of their illnesses.

In 2002, Médecins Sans Frontières reorganised its medical care programme. The programme has two main objectives – providing free medical care to the indigent population and reducing the mortality rate of emergency hospitalisations. A consultation room has been rehabilitated in hospitals of the country's eight main towns. A hospital doctor, who receives indigent patients free of charge and makes house calls to those who are bedridden, has been identified in each hospital.

In Sukhumi, where there is the largest concentration of indigent people, patients are able to attend consultations at the Abasinskaia health centre that has been rehabilitated to this effect and run entirely by MSF. A mobile team consisting of a doctor and a nurse,

employed by MSF, is dedicated to making house calls to indigent patients who are unable to travel to the health facilities. Three other health dispensaries treat people free of charge. In all these facilities, Médecins Sans Frontières provides drugs for the most common diseases<sup>4</sup> encountered among the indigent population. Today, most of the drug requirements for these diseases are met by donations from MSF.

The organisation also supplies drugs to indigent patients via the regional hospitals and "City Hospital", the central hospital in Sukhumi. A stock of drugs to stabilise the condition of newly hospitalised patients for forty-eight hours following their admission completes this activity.

MSF also donates drugs and medical equipment monthly to the surgical department of "City Hospital" in Sukhumi, which should allow the team to carry out about twenty free operations each month. The whole programme is entirely financed by private funds. The budget for the year 2002 is estimated at 221,734 euros. The ICRC provides the surgical departments in five hospitals with medical equipment and drugs for the treatment of indigent patients for the first forty-eight hours. It also finances the country's four blood banks.

Lastly, in the region of Gali, given the instability in this area, the United Nations organises free consultations for the benefit of the indigent population.

<sup>4</sup> Respiratory diseases, gastro-intestinal diseases, infections and some musculo-skeletal diseases.



## **Little Healthcare outside the main cities**

Today, the majority of the 18,700 indigent people identified by MSF and the ICRC live in urban areas and thus have a minimum access to healthcare, although only through the health centres supported by these organisations in the main cities.

However, transport difficulties make access to healthcare much more difficult for indigent people living outside the towns. In order to focus on the quality of treatment and its relationship with its patients, MSF decided to focus its effort in places where the numbers of indigent people are the highest. As there are no other partners, this has further compounded the problem of access to medical care for the rural population. The supply of essential drugs to rural health centres ("Felcher points") has therefore been stopped. However, the inadequacy of the transport infrastructure means that it is difficult for the indigent people living in these areas to get to the regional capitals and thus they now find themselves without medical care.

**It is therefore urgent that the Ministry of Health or another medical organisation receive the funding to take over and supply medications to these health facilities.**

## **Medical care of chronic diseases: an unattainable luxury?**

The Abkhazian health system does not have the means to provide medical care or surgery for patients suffering from major diseases such as cancer. The drugs needed to treat these diseases are not supplied by Médecins Sans Frontières as their prescription would require a follow-up that the organisation cannot provide.

Similarly, drugs for the treatment of diseases such as epilepsy, which do not affect a large number of people, are not provided. However,

*Akamara is a ghost town, a curious mix of mining and spas, a sulphur spring in the depths of the Abkhazian mountains, twenty minutes by car from Tkvarcheli, the regional capital. In front of the building where the person in charge of the health centre (Felcher point) lives, a man dressed in a dark shirt and trousers that looked worn-out but clean and ironed, came up to the MSF volunteers. He was in his 40s, very thin with a gaunt face and dark rings around his eyes, and was very out of breath. He was having an asthma attack and was on the verge of suffocating. He grabbed the salbutamol puffer that the doctor had taken out of his emergency aid kit. When he got his breath back, he explained that he had run out of his medication and had walked two kilometres to find some.*

*However, the nurse was not there and in any case, there were no medications in stock. He was anxious and angry, he blamed Médecins Sans Frontières for no longer supplying drugs to the Felcher points. As a former miner, he has been suffering from asthma for 15 years and must take salbutamol everyday, and an adrenaline injection when he has an acute asthma attack. He must henceforth walk twelve kilometres to Tkvarcheli to receive his treatment.*

*22-year-old Nasik has always been epileptic. Before the war broke out, she used to take medication every day which stabilised her illness and her seizures had almost completely stopped. However her condition deteriorated during the war when treatment was no longer available. Today Nasik does not have all her wits about her. She has regular seizures which her mother tries to quell by taking Nasik in her arms and calming her. "I can't let her out of my sight. It's disastrous if I'm away when she has a seizure. She has already been admitted into hospital five times but even at the hospital there are often no drugs." The treatment that would prevent Nasik from having seizures costs two roubles (0.06 euro) a day.*

this lack of treatment has drastic consequences for people suffering from such diseases. Surgical services that are already struggling to provide emergency interventions, cannot carry out operations, which although not vital, would nevertheless improve the health and autonomy of patients considerably.

# Housing and Food



*The building that looks onto the street has a weight-training centre. We go past the entrance and then across a yard where there is a heap of cars and rubbish. At the end of the yard, on the left, three steps lead to a dark room with a bed and a rusty stove. There are disconnected wires hanging from an electricity meter. It smells strongly of urine and dankness. Under the blanket, we can see the outline of a thin body that could be that of a child. There is a head of hair, however, that is as white as snow and weary groans can be heard. Alexandre, the doctor, lifts the blanket and gently starts talking to the old woman while trying to examine her frail, bed sore affected body.*

*Ten days ago, 90-year-old Ludmilla was still walking around the neighbourhood. She fell and broke her hip. Her neighbours brought her back to the house. The MSF team was only informed of the accident this morning. Ludmilla is reluctant to let the doctor examine her and howls when Alexandre and Illana, the nurse, change her sheets. The slightest touch is painful for her. They give her first aid treatment; the nurse will come back tomorrow. She leaves some equipment so that the Red Cross volunteer who brings Ludmilla's daily meal, can change the dressing. Alexandra says that she will pull through "if she has the will to live". However, if she remains bedridden, she could well finish up with a fatal pneumonia.*

The priority for Médecins Sans Frontières is the act of medical care itself. Its volunteers therefore sometimes feel powerless when they are faced with all these other problems caused by the appalling conditions these people live in and which affect their state of health.

According to the survey carried out by MSF social workers among people who already receive treatment from the organisation, **one in four patients need food aid** and one in five people face problems such as having no electricity, water, lack of transport and difficulties in maintaining a minimum standard of hygiene.

## Housing

Dampness, lack of ventilation in the summer, lack of heating in the winter, insects and rats in abundance are common housing problems for the indigent people in Abkhazia after two years of war and ten years of neglect, given the economic crisis. They have a disastrous impact on the health of the inhabitants.

In its study, Médecins Sans Frontières evaluated the housing conditions according to four criteria: the presence of furniture, state of the inside of the housing, state of the outside of the housing, cleanliness. According to the study, **36.8% of the people interviewed live in "poor" housing conditions.**

### REHABILITATION PROJECTS

The inhabitants of Abkhazia do not have the means to rehabilitate their homes. Relief organisations have been able to improve some of them with the funding they were able to find.

Until 2000, the relief organisation Première Urgence restored roofs, windows, plumbing and heating systems in some homes, especially collective buildings, occupied by indigent people. The work was done by local workers who themselves live in difficult socio-economic conditions and who, temporarily, found a way of earning their living. However, the funds eventually dried up and the rehabilitation activities were stopped.

Furthermore, the impact of this rehabilitation work to improve living conditions remained limited by the inefficient access to water and electricity networks.

Over and above the improvement of individual housing, there is also the matter of rehabilitating the infrastructure. The ICRC

*The flat is furnished but looks uninhabited, it is permeated by a strong musty smell. On closer inspection we notice that huge chunks of the ceiling are dropping off due to the dampness. The balcony is about to cave in. Anna leads us to the upper floors. Part of the roofing has collapsed. Rainwater is seeping through everywhere; the walls are saturated, the ceiling is in ruins and the wooden floor is rotten. On the fourth floor, Anna has laid out bottles and empty cans to help stop the water from leaking into her flat. "We will be next." With her husband Anatoli and her neighbour, they are the last of the Mohicans in this building by the north of the river that crosses the former mining ghost town of Akamara. During the winter, the snow comes up to their knees. During the day, they huddle together in the small hut near the river and warm up in front of the stove. They only return to their flat, deprived of electricity, water and heating, to sleep. Every morning at ten o'clock, they go to the former school to get their only hot meal from the ICRC canteen. Their meagre pension is spent on the repayment of the eye operations that Anatoli had without much result. Today, at 70, he is blind. Anna, who is also 70, conceals the anxiety of never seeing her only son "stuck" outside Abkhazia since the war, behind the outward show of hyperactivity. All their relatives in Byelorussia died following the nuclear accident at Chernobyl. They still talk with horror about the state in which they found the population during their last visit to Byelorussia, before their war. They then smile and say that they are happy to live in Akamara, this ghost town in the depth of the mountains where the natural elements win back the soils that was once conquered by man.*

thus began the emergency rehabilitation of part of the water networks in the towns of Sukhumi and Ochamchira, enabling the inhabitants of these two cities to have running water for several hours a day.

## Food

More than 51% of the indigent people interviewed in the socio-demographic survey live in "poor" food situations. They do not have a vegetable garden, poultry or livestock and no stock of food. The only food they get is thanks to the solidarity of friends or relatives, or the assistance of relief organisations. 11.4%



have an even more serious food situation that the study considers as "very poor" – they do not receive any assistance whatsoever<sup>5</sup>.

#### EMERGENCY AID

Today the ICRC ensures food security for more than 19,000 indigent people in Abkhazia. 5,351 people receive hot meals that are prepared and distributed through a network of 21 canteens spread all over the country. Seven mobile teams take food to the homes of 1,411 people who cannot move. It is the volunteers of the Abkhazian Red Cross who carry out this task. They also bring the indigent people their pensions and medications, do the house work, but more especially they break the loneliness by ensuring a connection with the outside world. These volunteers live they themselves in very difficult socio-economic conditions.

2,316 people living in rural areas too far from the canteen sites receive a monthly food parcel providing them with the necessary amount of calories for survival. 11,355 others who can partly provide for their own needs, receive a parcel every two months to add to their everyday fare.

Without this assistance, one third of the beneficiaries, i.e. 6,000 people, would have died of hunger. Yet, while this major assistance prevents thousands of people from dying of hunger, it does not cover all their food requirements. Only 70% of MSF's patients receive food assistance from relief organisations.

Those who do not receiving anything at all are generally those who can obtain part of their food requirement by themselves. Unfortunately it is rarely in sufficient quantity or quality. Not

receiving food aid, they are permanently under or malnourished. As the population continues to age and the economic situation flounders, the number of people who are unable to feed themselves will probably continue to increase.

#### SUPPORT TO AGRICULTURAL DEVELOPMENT PROJECTS

Apart from emergency food aid, other types of assistance programmes have been set up in Abkhazia to help sustain food security. From January 1995 to autumn 2000, in addition to the daily distribution of meals and food rations for the benefit of 3700 indigent people, the Spanish organisation, Accion contra el Hambre, provided technical assistance and distributed seeds for vegetable gardens. In this way, it helped families to recultivate the plots of land allocated by the authorities. These programmes were stopped in autumn 2000<sup>6</sup> due to the shortage of funds. If additional funds are provided, the "food security" agricultural activities should resume in 2003 within the scope of a project which would include 1,500 to 2,000 people in the region of Gali: food cultivated on a small scale by people on a low income and distributed to the most indigent people via an economic network of solidarity. This type of project would enable the people concerned to ensure their autonomy, with respect to food, and also give them a glimpse of a possible job prospect and to once again be able to plan for the future.

<sup>5</sup> These people, identified during the survey, most probably now receive assistance from the ICRC programme.

<sup>6</sup> The 3700 beneficiaries of food distributions are now being helped by the ICRC programme.

*85-year-old Anastasia tells the doctor that she is hungry. She complains that she only eats once daily, every morning around 10 o'clock, a plate of beans or some porridge, brought to her by the Red Cross volunteer. She shows us with regret the empty bag in which she used to get her sugar. This small token of sweetness has been snatched away. "It was the only pleasure I had left. What am I going to put in my tea?" 80-year-old Nebia, who is almost blind, is trying to sell her ration of beans, which give her stomach ache, so that can buy some sugar. Raïssa, who is bedridden, cannot cook the monthly parcel of food provided by the ICRC and her stomach cannot take the daily ration of beans. From time to time, a former neighbour brings some soft white cheese and some hard-boiled eggs.*

*Galina, bedridden and blind, also gets some soft cheese on lucky days when her husband Vladimir, who is bent double as a result of his poliomyelitis, has made a few roubles by repairing a clock. Anastasia, Raïssa, Galina, Vladimir and thousands of other indigent people survive thanks to the ICRC's rations, set up to provide the necessary daily amount of calories for an adult.*

## **Residences for the elderly**

One of the solutions to improve the living conditions of the elderly who are indigent and isolated, is to offer them the possibility to stay with other people in a building where food and care are provided daily. There are two residences of this type in Abkhazia, both based in Sukhumi.

The first residence, set up in a building of the hospital for infectious diseases, accommodates about fifteen people, men and women, half of whom can no longer move around by themselves. The toilets, however are on the floor below the bedrooms. Running water is obtained from a tap by the entrance of the

building. A young woman is responsible for taking care of all the residents during the day. At night, they are left by themselves and can contact the hospital by phone. The United Nations High Commissioner for Refugees is funding the running of the establishment up to the end of 2002. The other residence is a one-storey house, rehabilitated by United Nation Volunteers and has running water, a kitchen, a terrace looking on to a courtyard garden, toilets and a bathroom, a big dormitory bedroom where five women live. They receive food from ICRC and are regularly visited by Médecins Sans Frontières. There is always someone to watch over them.

Other establishments of this type can be created. About a hundred indigent elderly, who would be relieved to live in these residences, have already been identified by the MSF and ICRC social workers.

*It is a small house in the middle of a yard, with a small garden. It can be accessed via a terrace, followed by a veranda, which the residents use depending on the season. The kitchen, bathroom, and toilets are clean. In the main big sunny room, there are five beds with their bedside tables cluttered with small, precious bits and pieces belonging to those who do not own much – photos, icons, alarm clocks, pill boxes etc. Four elderly women are sitting quietly on their beds waiting, with restrained impatience, to tell their tales to the visitors who add some excitement to their routine.*

*80-year-old Natalia, a Russian veteran of the Second World War suffers from heart disease and is losing her sight. She used to live in an area that was so isolated that even the ICRC volunteer could not deliver her meals. She worked in an orphanage all her life but has no children of her own to take care of her. The other Natalia, who is 75, does not have any children either. The doctor advised her against having children as she suffers from rheumatic heart disease. Ten days ago, she was still living with water around her ankles, in a wooden hut in the middle of a marsh.*

*70-year-old Vira takes her medications but she is not aware that the disease that is ravaging her stomach is cancer. Her sadness is entirely focused on the loss of her children who died during the war. The searches carried out by the Red Cross to trace them were unsuccessful.*

*72-year-old Marina annoys the women who share the room with her. She smokes and drinks to forget the misfortunes of her life. Born in Leningrad, she lost all the members of her family during the blockade of the town between 1941 and 1943. Orphaned at 13, she managed to escape Stalin's purges in which all her friends lost their lives. She lost her only child when he was 3 years old to diphtheria and fell into depression. In 1973 she rebuilt her life and a house with her husband in Abkhazia. The bombardments during the war left her a widow and without a roof over her head.*

*97-year-old Alexandra has gone for her walk into town. The women who share the room with her say "She can't sit still." She is Ukrainian. She witnessed her children die during the famine in 1933 and the rest of her relatives during the Second World War. When she was sent to work in the tea plantations in Abkhazia, famine and bombardments caught up with her during the war against Georgia. In a picture on the bedside table, she is wearing a coat and scarf. She has a happy smile on her face, and is full of life.*

# psychological support



*We go to the end of the road, to the house in the middle of a field in a hamlet near the Kodori valley where regular gunfire is still heard. We have come to visit the indigent elderly who were brought to our attention by the Village Administrators. A visibly nervous woman in her thirties, with messy hair and a worried look, meets us at the gate. She explains that she used to be a neighbour and that she is only here for the summer to help these two old people whose father used to help her own family. These people live in a room that looks like a stable, at the back of the house. There is a table covered with a filthy oilcloth. We can see a sunken couch on which an old man is peeling hazelnuts. He is physically and mentally handicapped.*

*His sister, who is sitting on a chair with her feet placed on the beaten earth-floor, remains silent and does not seem to really understand what is going on. As for the young woman, she does not stop talking. She is very angry because a representative from a relief organisation decided that these elderly people would not receive any food aid. Her words become confusing: "The woman saw an ear of corn on the table and said that they had enough food to eat. She must be Mingrelian, she doesn't like Armenians".*

*Suddenly she breaks down in tears and talks about her two children – they were killed during the war...*

## **A traumatised population**

"THE RIGHT WORD OF COMFORT, A VISIT AT THE RIGHT MOMENT, A FEELING THAT THERE IS SOMEONE WHO IS NOT INDIFFERENT TO YOUR PROBLEMS CAN SOMETIMES BE MORE USEFUL THAN DRUGS."

*Asida Lomia, social worker for Médecins Sans Frontières, Sukhumi.*

"Ten years ago, the population was mainly suffering from the traumas of the war. Today, on top of their traumas, there is the despair caused by social distress and lack of future prospects," notes Abkhaz psychologist, Arda Inal-Ipa.

The fear that the war might start again, fuelled by the different episodes of conflict during the last few years, sustains the traumas. When the sound of gunfire can be heard from the Kodori Valley, situated about fifty kilometres away from Sukhumi, the inhabitants of the capital dread the worst. "The headmistress of my son's school could not bear the situation. She left the country, leaving helpless the children to whom her activities brought invaluable equilibrium." Arda says regretfully.

"Former soldiers, who were important people during the war, are today reduced to begging to buy cigarettes" deploras the psychologist. Unemployed and denied any control over their future and that of their family, they are economically dependent on their wives. It is the wives who support their families through small transactions across the border with Russia.

Men aged between 25 and 30, who were adolescents during the war, are particularly affected. "At that age, the psyche is not very stable" Arda notes. "The trauma caused by the war prevents it from developing. As adults, many suffer from psychological disorders". Men suffer the most from psychological problems, but they do not go for consultations because of their culture and because they can't afford it. It is the women who talk about their family problems.

The drift towards drug and alcohol consumption in order to relieve the suffering as a result of these post-traumatic disorders creates conflict within the families and perpetuates the spiral of psychological distress. Drug addiction is often collective. Psychological assistance, along with medical care, is often needed to break the addiction.

*Yeva is in a state of depression. She lives in a village about ten kilometres away from Sukhumi. When we visit her with the MSF social worker, she becomes angry and then bursts into tears. She has been denied food aid because she is supposed to be able to feed herself with the food from her garden. But she says that she suffers from hypertension and does not have the energy to cultivate her garden. Her husband died from cancer, and she lives with her three children. The eldest is epileptic and must be continually watched, as the treatment that would stabilise her condition is too expensive. While she was having a seizure, she fell in the fire and burnt her thigh badly. The middle child is blind and the youngest suffers from asthma. "You see how we live! My children are suffering under my own eyes and I can't do anything for them. I want to die to end my torture."*

## **Psychological distress, above all in the elderly**

The socio-economic difficulties together with the trauma caused by the war, reinforce the psychological distress of the indigent people. The indigent elderly, who were once relatively protected are those that find it the most difficult to adjust to the changes imposed by the collapse of the Soviet system, the war and the embargo.

Most of them are abandoned, not only by their families, but also by a society that no longer takes care of them

In the survey carried out among indigent people in April 2002 by the social workers of Médecins Sans Frontières, the demand for psychological support ranked second place, just after medical care.

After Sukhumi which has the largest indigent population in the country, the biggest demand for psychological support from indigent people was from the regions of Gagra and Goudaouta. Traditionally wealthy areas, these former sea resorts today remain relatively less affected by poverty than other areas. The smaller numbers of indigent people in these regions therefore feel even more isolated and neglected.

## **An indigent psychological programme**

The psychiatric hospital in Sukhumi is mainly occupied by patients who use to receive correct medical care before the war and whose condition has deteriorated since, due to lack of treatment. As in all the hospitals, there is a shortage of drugs.

A small detoxification clinic, founded by a psychiatrist, treats around a dozen people addicted to alcohol and drugs. It is funded by the state, but the patients have to pay for their medications that are extremely expensive.

There are currently only three professionals qualified in providing psychological support and treatment in Abkhazia which has 180,000 inhabitants. There are a few students currently studying in Russia but who will return to practice their career in Abkhazia... provided that they can earn a living from it.

Today the MSF teams refer the patients in need of psychological support to Arda Inal-Ipa, who is overworked, who gives consultations within the framework of the very few active organisations involved in this area:

- The centre for young people of Sukhumi, which only takes children.

- The centre for humanitarian programmes, in addition to the usual routine consultations, provides psychological support services by telephone. Four "listeners" have been trained in Russia for this purpose. They have received more than 2,400 phone calls and provided more than 500 consultations. Unfortunately, the funding for this programme is due to end at the end of 2002.

- The Gali Women's Association is particularly dedicated to students of this region, which is still particularly fragile as it is unstable politically and in the military sector.

Arda Inal-Ipa suggests that while waiting for the next generation of qualified psychotherapists, helpers should be trained to help people suffering from psychological distress to express their traumas and to relax.

She adds: "But no psychological treatment will teach people not to worry about their financial problems." Giving the population back the means to make plans, have work and to be successful, seems to her, to be a way of markedly relieving the psychological distress which is draining the country. A system of micro-credits enabling individuals to set up small businesses would fulfil this objective to some extent, while developing the economic situation.



# Conclusion

Today, the International Committee of the Red Cross and Médecins Sans Frontières are the only organisations providing vital food and healthcare for more than 18,000 indigent people. However, despite working in close collaboration, they cannot meet all the essential needs of a population that lives in dire socio-economic and psychological distress. Housing unfit for habitation, lack of heating and clothing worsen their sanitary situations. For ten years now, the survival of one in ten people living in Abkhazia depends on the help of relief organisations. Meanwhile, the majority of organisations who could provide assistance in these areas have had to stop their operations due to the shortage of international funding. Theoretically, all these operations should be implemented by the state and become part of development aid. However, as long as Abkhazia remains banished by the international community in a “non-war/non-peace/non-state” situation, this aid remains hypothetical.

Today, in order to survive, the indigent people of Abkhazia need emergency aid. However, due to a lack of projects and funding with far-reaching impacts, their problems are not widely known and there are few independent evaluations.

In turn, lack of information leads to a lack of interest to fund projects. This vicious cycle contributes to the maintenance of a form of humanitarian embargo on top of the trade and military embargo imposed to Abkhazia. Nevertheless, since the cease-fire, Georgia has always supported Médecins Sans Frontières' humanitarian activities in Abkhazia.

The emergency humanitarian needs which would improve the population's condition have been identified, and there are organisations ready to intervene, provided that they have the means.

The provision of essential drugs to rural health centres could be resumed by a medical organisation which would thus reinforce Médecins Sans Frontières' activities. A network of trained agents could be created to bring psychological support to the indigent population. Other organisations could continue and develop the rehabilitation of the housing that is most unfit for habitation. Several small residences could therefore be restored to house elderly people who are the most distressed and in which they would also receive food and healthcare from different organisations.

Cut off from the rest of the world, living in precarious conditions, with no governmental or foreign aid to help them meet their needs, the population of Abkhazia today need particular attention and assistance. Now.

# MSF in the Caucasus

Médecins Sans Frontières is a private, non-profit international humanitarian relief organisation whose objective is to provide medical assistance to populations in crisis. The organisation is based on voluntary participation and is independent of all States and institutions, as well as of all political, economic or religious influences. The organisation was created in 1971 by doctors who decided to provide emergency medical assistance wherever there are victims of wars and natural or man-made catastrophes. Assistance is provided to populations in distress regardless of race, religion, creed or political affiliation. More than 2,000 volunteers join the organisation every year. At present, more than 1,000 expatriates are working in over 80 countries. Most of MSF's financing is derived from private donations. The rest comes from institutional donors (ECHO, UNHCR). In 1999, Médecins Sans Frontières was awarded the Nobel Peace prize.

## In the Caucasus

Médecins Sans Frontières undertook its first relief operation in the region of Caucasus after the earthquake in Leninakan in Armenia in 1988. Since then, the organisation has intervened to assist war wounded, refugees and displaced persons as well as victims of conflicts which have shaken this region between opposing Georgians and Southern Ossetians, Georgians and Abkhazians, Northern Ossetians and Ingush, Armenians and Azeris, Russians and Chechens etc. Since 1994, the conflicts have ceased or have been contained, with the exception of Chechnya. However, there are still hundreds of thousands of war victims, refugees, and people with no means of support living in an extremely precarious situation in countries that have been bled dry, where the institutions are unable to

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meet the most basic needs of the population. Médecins Sans Frontières is therefore still in Armenia and Nagorno-Karabagh, Ingushetia, Chechnya, Georgia and Abkhazia.

## In Georgia

The Dutch, Greek and Spanish sections of Médecins Sans Frontières worked in Georgia until 2000. In 2002, the French section of Médecins Sans Frontières has been running two programmes in Georgia:

- A medical consultation programme for the indigent population in a district of Tbilisi
- A programme providing support to the surgical department of Akhmeta Hospital near the Pankisi Valley.

## In Abkhazia

Médecins Sans Frontières intervened for the first time in Abkhazia during the war in 1992 by assisting in surgical activities. Since then, many other programmes have been set up. Today, some have been completed while others are in progress:

- The Enlarged Programme of immunisation (EPI), which was started in 1994, was completed in 1997.
- The Tuberculosis Programme launched in 1995, today has 200 patients at Gulripchi Hospital, including 10 who are being treated for multi-resistant tuberculosis.

The drugs and medical equipment distribution and healthcare assistance to medical facilities programme. This programme was opened in 1993 during the conflict. In January 2002 it was readapted to meet the needs of the indigent population. It provides free medical consultations in health centres or during house calls, hospital referrals and free medications.

### **Médecins Sans Frontières in Paris**

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