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Social Services Provision in Samegrelo Zemo Svaneti, Georgia

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Highlights

1. DV/GBV remain largely undeclared in Georgia yet reports have increased over the past decade. In 2006, Georgia passed a DV law but reporting to police is challenging.
2. Perpetrators are mostly left unaddressed with no mandatory therapy or eviction, leaving resettlement to survivors.
3. Around-the-clock shelters are key for emergency yet temporary solutions. No shelters exist in Abkhazia where support is informal.
4. CSOs play a key role supporting DV/GBV survivors but lack resources to operate shelters as donors focus on Ukraine.
5. In 2017, Georgia was the only non-EU country to ratify the Istanbul Convention, albeit with a reserve. Turkey withdrew in 2021; Ukraine ratified in 2022.
6. Approaches to DV/GBV, including services, are loaded with geopolitics.

Introduction

This document presents the research results aiming at documenting and analysing the provision of social services in the Samegrelo Zemo Svaneti region (hereafter named Samegrelo), Georgia. This research is part of a PhD in Social Work and will result in two academic publications whose (provisional) titles are:

> *When the Social is (Geo)Political: Service Provision to Survivors of Domestic Violence in the Abkhazian-Georgian Borderland of Samegrelo*
>
> *"Give Us Enough for a Weekly So We Don't Have to Cross Every Day" – Strategies of Methadone Users Living in Abkhazia*

The research design is based on a service approach encompassing the following social services:

- Provision of healthcare
- Services provided to children with special needs
- Provision of elderly care
- Services provided to survivors of domestic violence, including gender-based violence

- Services provided to people with disabilities
- Services provided to Internally Displaced Persons (IDPs)

During the first phase, the principal investigator mapped through desk research, interviews and observations the actors involved in social service provision at different scales:

1. At the local scale: local authorities (e.g. Zugdidi municipality) and Civil Society Organisations (CSOs) based in Samegrelo
2. At the national scale: Georgian state authorities (e.g. The Ministry of IDPs from the occupied territories, labour, health and social affairs of Georgia) and Tbilisi-based CSOs having outreach in Samegrelo;
3. At the international scale: International donors and organisations such as the European Union (European Union Monitoring Mission & EU Delegation to Georgia) and the United Nations (UN) Agencies; Diplomatic Missions and national agencies for cooperation (e.g. GIZ, USAID) and International Non-Governmental Organisations (INGOs) active in Samegrelo.

Based on this mapping, two services were selected: firstly, services provided to survivors of domestic violence and secondly, the provision of healthcare with the specific case of access to methadone for drug users. This selection is informed by the diversity of actors involved at different scales and the saliency of the territorial division whose impact on social services provision and access remains the main focus of this research. As such, services provided to IDPs were also considered but are not included at this stage.

As a continuation of this research, the principal investigator envisages the exploration of the nexus between:

1. Forced displacements resulting from wars and conflicts
2. Disputed territorial divisions
3. Access to social services. Thus, the topic of access and provision of social services to IDPs could be included in further investigation.

Service provision to survivors of domestic violence in Samegrelo

This publication is part of a broader research question investigating how (geo)political processes impact daily lives, particularly regarding the availability and accessibility of social services addressing critical social issues such as domestic violence.

The United Nations defines domestic violence (DV) as “a pattern of behaviour in any relationship used to gain or maintain power and control over an intimate partner. Abuse is physical, sexual, emotional, economic or psychological actions or threats of actions that influence another person.” In our case, domestic violence is intertwined with gender-based violence (GVB), which, according to UN Women, refers to “harmful acts directed at an individual based on his/her gender. It is rooted in gender inequality, the abuse of power and harmful norms”. Research shows that gender-based violence increases tremendously in conflict and post-conflict situations, forming a continuum of violence. Thus, as a conflict-torn region rife with unresolved territorial disputes, such as the one over Abkhazia, we can assume a prevalence of GBV in the South Caucasus.

Key findings:

In Georgia, 6% of women suffer from physical and/or sexual intimate partner violence,[1] and 27% are “victims” of sexual violence from non-partners[2]. Moreover, 14% of Georgian women marry before the age of 18[3]. Although the first figure is relatively low compared to the global statistics[4], interviews with CSOs providing support to survivors showed that DV/GBV is widely under-declared due to a lack of identification, a high social stigma and kin pressure. Yet, in their yearly report on the implementation of the Istanbul Convention, Georgian authorities indicated that a

> DV/GBV is widely under-declared due to a lack of identification, a high social stigma and familial pressure

1 Proportion of ever-partnered women aged 15-64 years experiencing intimate partner physical and/or sexual violence at least once in their lifetime. Based on Georgian authorities and UN Women figures

2 Proportion of women aged 15–64 years experiencing sexual violence perpetrated by someone other than an intimate partner since age 15. Based on Georgian authorities and UN Women figures

3 Based on a reproductive health survey conducted in 2010. Based on UNICEF figures

4 Worldwide, one in three women experience physical or sexual violence, mostly by an intimate partner (UN WOMEN 2023)

higher percentage of women are reporting to the police, with 18% reporting in 2017 against 1.5% in 2009.

Interviewed service providers stressed their neutrality, yet they produced and reproduced (geo)politics at different scales. This is especially visible in the legal frameworks shaping the space for action and conditioning material (e.g. hotline, shelter) and psycho-social support.

At the international level:

Georgia signed in 2014 and ratified in 2017 the Istanbul Convention on Action against Violence against Women and Domestic Violence emanating from the "Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence" (2011) – yet with a reserve on state compensation[5]. This can indicate a limited commitment from the Georgian state toward the rights of survivors of DV/GBV.

At the national level:

In 2006, Georgia passed the law "On Elimination of Domestic Violence, Protection and Support of Victims of Domestic Violence," defining a set of actions which characterise DV, legal and organisational grounds for detecting and eliminating DV as well as guarantees for legal protection and support for "victims" of DV. Stakeholders interviewed praised the law but highlighted a discrepancy in implementation as reporting to the police can prove challenging due to a lack of consideration for the survivor of DV/GBV. Police inaction has brought Georgia to the European Court of Human Rights.

CSOs in Samegrelo conducted trainings on DV for the police forces in the framework of an agreement with the Georgian Ministry of Internal Affairs.

Georgian authorities emphasised this cooperation with CSOs as part of the Anti-Violence Network of Georgia (AVNG) to train police officers via modules and textbooks. Furthermore, the approach to perpetrators is the object of many criticisms as it oscillates between the total lack of pursuit and a super-repressive approach with condemnation to severe long-term prison sentences without rehabilitation support.

5 Article 30 paragraph 2 of the Convention (Council of Europe 2023)

Service providers highlighted a lack of preventive measures toward perpetrators, starting with the lack of legal tools making it mandatory for perpetrators to go through therapy and the consequent lack of such therapeutic centres. This approach leaves DV/GBV cases mostly unaddressed, making it harder to evict the perpetrators from their family home, thus leaving it up to the survivor to find the resources for resettling.

Resettlement is challenging for all the survivors. Although they are in many aspects very vulnerable, survivors with the status of IDPs can have easier access to accommodation due to the resettlement programme but still face constraints, particularly when based in Gal/i.

Local CSOs remain dependent on donor resources and emphasised that some donor priorities have changed as more funding is now channelled to Ukraine

Host institutions such as the reception centre and shelter are thus critical. In Zugdidi, a day reception centre provides medical, psychological, socio-economic and legal support. Since 2018, survivors in need of accommodation can access an around-the-clock shelter. The survivor has to make a self-declaration of being "a victim" of DV and can then be hosted in the shelter for 72 hours. During this time, the CSO running the shelter initiates its internal process for recognising the applicant as a potential "victim". The CSO multidisciplinary team runs interviews to collect facts and documents and make a decision about the status of the battered (wo)man and their children, if any. After three days, the survivor has to fill in a survey, which is then sent to a state commission, deciding upon granting the status of "victim of abuse". This status is needed to benefit from municipal or state-level services in Georgia.

Access to (financial) resources:

Local CSOs remain dependent on international donor resources and emphasised that donor priorities have changed as more funding is now channelled to Ukraine.

Local partnerships are critical here, and the CSO signed Memorandums of Understanding with most of Samegrelo municipalities, which are thus committed to funding the costs of DV/GBV survivors' stay in the shelter[6].

6 According to the CSO estimation, on average one day in the shelter costs 55 euros

Private donations remain limited, and initiatives such as fundraising campaigns generate only limited resources. A large share of donations come from international staff of the EU mission donating in a private capacity.

Yet, donations are critical as the CSO can ask the municipality to fund the survivor's stay only if the survivor makes a declaration to the police to get the status of "victim". This can prove very challenging for some survivors. In particular, for ethnic Abkhaz survivors, for whom interacting with the Georgian authorities remains highly problematic.

Hence, the CSO operating the shelter in the Zugdidi municipality plays a crucial role in accommodating women who do not want to report their case to the police, including those living in Abkhazia, particularly ethnic Abkhaz.

Social rejection and denial from the Abkhaz authorities, who treat domestic/gender-based violence as an intra-familial affair, can explain the absence of law

Vicinity of Samegrelo with Abkhazia:

Some survivors of DV/GBV are crossing from Abkhazia to Samegrelo to access social services. According to the Women's Development Fund (formerly known as Avangard), a CSO based in Gal/i, in 2016, 75 cases of DV were reported in the Abkhazian districts of Gal/i, Ochamchire/a, and Tkvarchel/i combined, compared to the 44 cases recorded in 2015[7]. The highest prevalence of Intimate Partner Violence (IPV) among ever-partnered women is happening in the Gal(i) district with 31,8% over a lifetime and 8,4% over the past 12 months. The figures are lower for Sukhum(i) with 10,4% over a lifetime and 3% over the past 12 months, and Gagra with 9,6% and 4,8% respectively.[8]

To cross into the Georgian-controlled territory, Abkhaz must fill in a questionnaire and, in most cases, take an interview with the Abkhaz Security Service (SGB), which many see as humiliating and intimidating. Hence, interacting with the Georgian (police) authorities will be even more challenging for ethnic Abkhaz survivors of DV/GBV.

No law exists in Abkhazia to frame the fight against DV/GBV: Abkhazian civil society activists have been campaigning to raise awareness of the need for a law, not only within the Abkhazian society but also among Abkhazian authorities[9].

The absence of a law against DV in Abkhazia prevents the official provision of around-the-clock services (e.g., operation of the hotline, opening of a shelter). All the services must be provided only within working hours (e.g., from 9 a.m. to 6 p.m.), leaving it up to some individual initiatives to provide services outside this timeframe. In practice, informal support fills the gaps with volunteers and activists using their personal mobile phones as a substitute for a hotline and hosting survivors at their private residences.

Social rejection and denial from the Abkhaz authorities, who treat domestic/gender-based violence as an intra-familial affair, can explain the absence of law.

The ongoing legal approximation between Abkhazia and Russia resulting from a joint social-economic space may impact the legal framework and subsequent services provided.

In 2017, the Russian authorities decriminalised domestic violence, which became an administrative offence. Following Russia's full-scale invasion of Ukraine, a new law was passed in 2023 as the incidence of domestic violence increased from 6% to 12%, and even from 13.5 to 58% within households with someone from the military – as for those in the army the likelihood of committing acts of DV reached the 43%[10]. The 2023 law does not recriminalise DV but foresees heavier penalties for perpetrators.

At the international scale, Russia did not sign the Istanbul Convention, arguing its alleged "incompatibility with the country's existing norms of traditional morality and the

7 Figure from the Council of Europe 2020 report, p.99

8 UN Women (2019) Study on Violence against Women in Abkhazia: summary report

9 See for example Giloyan, Eleonora. 2021. "'Не Наша Традиция'. В Абхазии Впервые Заговорили о Домашнем Насилии/"Not Our Tradition". Abkhazia Speaks out about Domestic Violence for the First Time," October 3, 2021. https://www.kavkazr.com/a/31143060.html

10 Meduza, Diana Barsegian. 2022. "Декриминализации домашнего насилия — пять лет. За это время все стало только хуже? Пострадавшим теперь сложнее получить помощь? А агрессоров вообще наказывают?

foundations of state family policy," adding fears that the convention will be the vehicle of "gender ideology."[11] Cooperation of Abkhazian and Georgian CSOs exists on the topic of DV/GBV. It facilitates access to services for survivors not only in Abkhazia and Samegrelo but also across the divide. The cooperation also aims to spread international norms and tools (e.g., violence meter) with the lowkey support of (Western) international donors and organisations with programmes such as COBERM[12]. A significant share of this cooperation occurs between Georgian CSOs and Gal/i based-CSOs run by Georgians living in Abkhazia.

Larger sanctions imposed on Russia impact this cooperation as Abkhaz, who used to travel mainly through Sochi using international Russian passports, find their mobility even more constrained. This makes their encounter with Georgian counterparts even more complicated and rarer than before, as few Georgians can cross to Abkhazia. Sanctions also impact access to (financial) resources for Abkhazian CSOs.

Online formats used during the COVID-19 pandemic provide a substitute, and several CSO representatives mentioned that online collaboration is easier, not only due to the absence of travel but also to an easier avoidance of sensitive topics (e.g. the status of Abkhazia).

Provision of healthcare: access to methadone for drug users living in Abkhazia

This study documents and analyses the constrained access to methadone in Samegrelo for drug users based in Abkhazia. Methadone is an opioid used in Opioid Substitution Treatment (OST). In Georgia, drug substitution programmes are prioritised over abstinence-oriented programmes, with 21 centres for OST across Georgia versus ten centres for abstinence, eight located in the capital, Tbilisi[13]. To our best knowledge, no centres for abstinence are situated in the Samegrelo region, making it harder to access for those in need living in Abkhazia where no such a centre is available. The UN General Assembly Special Session 2016 Outcome Resolution recognises the importance of ensuring voluntary, evidence-based drug treatment and services to people who need it, in accordance with standards developed by the UN Office on Drugs and Crime and the World Health Organization, explicitly referencing people in prison, women, and children. Methadone Maintenance Treatment (MMT) services are the mode of treatment used most extensively for people dependent on opiates across Europe. Hence, access to methadone is at stake as the substance is forbidden in Abkhazia.

> Patients commuting daily from Abkhazia emphasised high transportation costs, time spent commuting impacting social relationships and potential for (economic) activities, and difficulties in commuting as their medical condition is deteriorating

Key findings

In Samegrelo, approximately 625 patients are registered at the MMT. In June 2023, this programme was transferred from Zugdidi city centre to the hospital of Rukhi, the closest village from the main controlled crossing point to Abkhazia. The relocation of the programme led to a decrease in patient numbers, with about 300 dropping from the programme, according to medical staff.

Figures of patients crossing from Abkhazia to access the MMT vary significantly from 200 based on medical staff accounts to 20-30 based on patients' estimation.

In Abkhazia, at the end of 2022 and the beginning of 2023, 2,910 people were registered, of which 1,126 were drug addicts and 1,784 were alcohol addicts[14].

MMT in Georgia is framed by the law on Narcotic Drugs, Psychotropic Substances and Precursors, and Narcological Assistance Rules and regulations. This law stipulates that a single dose of pharmacy narcotic controlled substance can

11 See Meduza. 2022. "Украина Одобрила Конвенцию о Защите Женщин От Насилия, Которую Критики Считают «пропагандой ЛГБТ». Защитит Ли Она Украинок? А Россия Ее Подписала?

12 Confidence Building Early Response Mechanism framed as: 'an apolitical, impartial and flexible programme funded by the European Union (EU) and implemented by the United Nations Development Programme (UNDP)'

13 Zviadadze, T. 2021, Return Migration and Substance Abuse in Georgia, UNUCRIS report, United Nations University, 29p.

14 Figures are figures from the head doctor of the narcology centre, Irma Anoua in an interview with Sputnik Abkhazia

be administered. Hence, patients must come daily to the distribution centre, in our case, the Rukhi hospital.

Georgian authorities emphasised that the construction of a 220 beds university clinic in the village of Rukhi completed in 2018 aims at “simplifying the procedures regarding the provision of healthcare, in close proximity to the occupation line, particularly in the neighbourhood of Zugdidi municipality (...) to provide services to residents of the occupied territories”. Yet, our regular observations reveal empty facilities, with the exception of the methadone programme. Reasons highlighted by medical staff ranged from the remote location of the facilities, not only for patients but also for medical specialists. Most of them are Tbilisi-based and would need serious financial incentives to come and work at the Rukhi hospital.

During the COVID-19 pandemic, the Rukhi Hospital became a patient reception centre. Georgian authorities allowed MMT to be distributed for five days to all users. This was praised by patients, particularly those commuting from Abkhazia to Rukhi. The decision to come back to the delivery of a single dose is criticised not only by patients but also by (I)NGOs.

Patients having to commute daily from Abkhazia emphasised a high transportation cost (about 600lari/200euros monthly); time spent commuting impacting social relationships and potentiality for (economic) activities; difficulties in commuting as their medical condition is deteriorating.

Differences in citizenships shape patients' experience crossing at the control crossing point at E/Ingur(i). As expressed by patients, going through the “Abkhaz and Russian borders” was easier for those having an “Abkhaz passport”. Some patients, mentioning difficulties in crossing and instances of hindered crossing, were pushed to cross through the wood and the river. Medical staff reported that some MMT patients have been imprisoned by the Abkhaz authorities.

In Abkhazia, methadone is forbidden, and the law on narcotic drugs and psychotropic substances (2001) does not mention it. Several arrestations for methadone trading – particularly from Russia, where methadone is also forbidden - and detentions have been publicised in Abkhaz media. For example, in 2020, Gal/i Central District Hospital’s chief sanitary doctor was arrested.

Some methadone users coming to Rukhi from Abkhazia are aware that this legal environment prevents the opening of MMT in Abkhazia. They have set up different strategies to advocate for the methadone doses to be given for five days. They lobby 1) local doctors, 2) the Georgian ministry, and 3) external stakeholders (e.g. researchers), making both formal and informal demands, so far unsuccessfully.

Georgian authorities stopped issuing multiple doses, arguing that many were trafficked. Approaches to drug users in Georgia varied from a very repressive one to an instrumentalisation of users who became an “administrative resource”.
Informants reported that methadone users are, in particular, instrumentalised during elections when they are instructed to vote for the party in charge in exchange for methadone to be delivered.

Methodology

The data informing this research was collected during 14 weeks of fieldwork across the Samegrelo region and in Tbilisi. The principal investigator interviewed Georgian CSOs leaders, staff and (international) volunteers (n=12), representatives of international organisations and donors (n=11), Georgian authority's national and local representatives (n=4), and an INGO representative.

Multiple observations were conducted, including in two CSOs providing social services and in a youth club in Zugdidi, one hospital, and a retirement home in Rukhi.

The principal investigator conducted discussion in groups focused on access to social services (n=4) with children of survivors of DV/GBV, patients from the methadone programme, (IDP) women within a CSO and outside a CSO in three locations: Zugdidi (n=2), Jvari and Rukhi.

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Academic publications and other research output are accessible via Academia.edu and ResearchGate portals. Any questions and comments on the present insight brief and other publications are welcome: **gaelle.lepavic@ugent.be**