Support systems among urban IDPs in Georgia

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Given the population density and diversity of peoples in urban contexts, it might be expected that urban displaced communities would have strong social networks and support – but a recent study carried out with IDPs in Tbilisi, Georgia, suggested the opposite.

Social support refers to the perceived or actual psychological benefits from social contacts, such as trust, cohesion and intimacy, as well as to the exchange of information and material goods. Social networks provide the connections which allow for the exchange of such support and resources (as well as the transmission of disease). While refugees and migrants may come into contact with numerous social networks in urban settings, the connections they develop with them may be too weak to be meaningful. Rebuilding strong social support systems is hindered by the disruption produced by displacement and the felt or real impermanence of living situations.

UNHCR’s Policy on Refugee Protection and Solutions in Urban Areas notes that a lack of social support limits the potential for self-reliance among refugee populations. However, this is the only mention of social support in the document. More attention needs to be given to the effects of social support mechanisms (or the lack thereof) on livelihoods, health and overall well-being.

A small qualitative study was carried out during July and August of 2009 in Tbilisi by researchers at the Johns Hopkins Bloomberg School of Public Health and the Institute for Policy Studies (IPS) in Tbilisi.1

Preliminary findings
The IDPs we interviewed reported that they did not interact frequently with the local community. While their adult children and grandchildren were regularly involved in work and school activities, older IDPs had no form of regular engagement with non-IDPs. Further, their limited mobility – often due to health problems and the layout of the collective centre in which they lived – made interaction with each other more difficult. One woman had not left the collective centre in two years.

Some of the IDPs lived alone, and the rest lived with their spouses, relatives or their adult children and grandchildren. IDPs described spending the majority of their time in their individual rooms, cooking and watching television on small sets given by local charities. Social interaction tended to take place in the shared hallways but there were no regular social activities within the collective centre in which IDPs could take part. One woman reflected on our interview with her by saying that it was nice to have company and someone to talk to. Despite living at very close quarters for a number of years, the individuals we spoke with described feeling isolated and alone.

Programming implications
Collective centres in urban spaces are often former hotels, hostels, schools or unfinished buildings. These types of spaces do not promote social interaction within the local urban community, as they are spaces closed off from the outer environment, both symbolically and literally. In our study, the only collective spaces inside were the hallways and stairwells, and groups of IDPs were separated by the different floors on which they lived. It is difficult to imagine how any meaningful space for social interaction could develop. The physical space of collective centres needs to be considered in interventions that address refugees’ social and psychosocial health.

Collective centres tend to be dispersed within urban environ-
ments and also to be isolated from each other, so building social networks and social capital among urban displaced communities is difficult. One strategy might be to develop relationships between collective centres so that individuals and groups can share resources, information and social ties. For example, retired teachers in one collective centre might provide tutoring services for children in other centres. One IDP we spoke with was a trained nurse who was unable to work. Interventions that build social capital would attempt to utilise her knowledge by connecting her with those who need medical services.

Psychosocial interventions with displaced communities need to move beyond targeting wellbeing at the individual level to also considering the health of social relationships. Existing self-help groups or community support mechanisms should be identified and strengthened as a part of psychosocial interventions. Researchers in the field of forced migration and public health need to understand the role of social support systems in refugees’ psychological, physical and social health. Doing so is key to developing community resources, as well as culturally appropriate and innovative psychosocial interventions.

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1. 21 IDPs were interviewed who were residing in one collective centre in the city, which housed long-term IDPs displaced from Abkhazia in the 1992 conflict. Those IDPs were all ethnic Georgians aged 60 years and above.

2. The Global Initiative on Psychiatry’s (GIP) Tbilisi branch used this approach in their interventions with Georgians displaced during the 2008 crisis. Interview with Jana Javakhishvili, Mental Health and HIV/AIDS Projects Coordinator for the South Caucasus and Central Asia, Global Initiative on Psychiatry (GIP), Tbilisi, 30 July 2009.

Education and self-reliance in Egypt

Marisa O Ensor

Education has the potential to empower urban refugees to maximise their options, compensate for their disadvantaged position vis-à-vis local citizens and build a more secure future.

The increasing presence of refugees in urban settings poses some unique challenges. Urban refugees are expected to become self-sufficient more readily than their camp-based counterparts who, often prevented from engaging in subsistence or income-generating activities, are typically assumed to require ongoing assistance.

The reality, however, is that urban refugees’ capacity for self-reliance is often severely constrained as well, with restrictions placed on their right to work and on their entitlements to critical forms of social support. Those coming from rural areas may be at a higher risk of impoverishment and marginalisation if they lack the skills needed to operate successfully in an alien urban environment. Adequate educational and training interventions can help refugees in urban settings to overcome some of these obstacles.

Barriers to education for forced migrants in urban settings include difficulties in regularising their status and obtaining necessary documentation, communication challenges and lack of awareness of available educational opportunities. The link between education and increased self-reliance can also be compromised when legal and structural restrictions prevent refugees, whatever their level of education or training, from working.

The significance of education

UNHCR’s guidelines on urban refugees’ emphasise the promotion of self-reliance among refugees, with education and vocational training initiatives designed to support the acquisition of the essential life skills that can enable urban refugees to become autonomous members of their host societies. Some of the educational problems encountered by urban refugees are similar to those facing other vulnerable groups within urban areas. For the urban poor, school fees, uniforms, books and other school materials may be unaffordable and transportation may be too time-consuming and unsafe. At the same time, city-based refugee children often have to compete with local students for limited places in schools. Legal provisions prohibiting refugees – especially those without recognised legal status – from enrolling in public schools are not uncommon, nor is discrimination on the part of school administrators, teachers and even local students.

Many refugee children come from societies where chronological age is not recorded. Most fled situations where conflict, social upheaval and displacement are likely to have disrupted educational services. Those who are – or appear to be – significantly older than the class average may encounter difficulties enrolling in courses at their appropriate educational level. The need to adjust to unfamiliar pedagogical techniques, communicate in a new language and navigate the expectations of the dominant group whose views on religion, gender, race and other cultural values may be alien and unwanted are other obstacles commonly facing urban refugee students.

When enrolment in regular local schools is not a viable option, ‘refugee schools’ – frequently run by churches or faith-based humanitarian organisations – often provide one of the few opportunities for displaced students in urban areas to acquire an education and recover a measure of normalcy. They are, however, far from being a panacea. Limited resources, reliance on volunteer