



NEEDS ASSESSMENT FOR THE IDENTIFICATION OF EFFECTIVE MEASURES FOR THE PREVENTION OF COVID-19 PANDEMIC AMONG HIGH RISK GROUPS

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List of abbreviations

IDP – internally displaced person
 HH – household
 CC - collective center
 UN – united nations
 CESCR - Committee on Economic, Social and Cultural Rights
 TSA- Targeted Social Assistance
 WHO – World Health Organization
 LEPL – Legal entity of public law

Introduction

According to the UN Committee on Economic, Social and Cultural Rights (CESCR), everyone has the right to adequate housing that derives from the right to an adequate standard of living and is highly important for the realization of economic, social, and cultural rights of individuals¹.

According to a conclusion of the European Committee of Social Rights, the State has an obligation to ensure the realization of the right to adequate housing for all its citizens, particularly for the different groups of vulnerable persons, such as, low income persons, the unemployed, single parents, young persons, persons with disabilities and with mental health problems (Mchedlidze, 2009)².

This is confirmed by the General Provisions of the Law of Georgia on Internally Displaced Persons – Persecuted from the Occupied Territories of Georgia³. The state must take all appropriate measures to avoid situations that may cause displacement; and ensure realization of rights of victims of displacement to life, dignity, safety and liberty even in the cases when displacement is caused by imminent inevitability.

The realization of the right to housing is still a challenge in Georgia, particularly for the internally displaced persons (IDPs)⁴. In Georgia, the internal conflicts of the beginning of 1990s created large-scale population displacement from Abkhazia (1992-1993) and Tskhinvali region (1989-1992).

As of December 2009, there were more than 251 000 registered IDPs in Georgia from the regions of Abkhazia and Tskhinvali, who represented around 6% of the country's population. Approximately 26 000 more persons were displaced in 2008 due to the 2008 August conflict between Russia and Georgia⁵.

Currently there are 290 000 IDPs in Georgia. Significant number of IDPs (47%) lives in the places of compact settlement - collective centres (CC). There are 1,500 CCs, out of which, 411 non-privatized centres⁶ accommodate approximately 40 000 IDPs. For more than 25 years, the IDPs in these centres (that are former office buildings) have been living with bad infrastructure and mostly very bad sanitary conditions. Also, the IDPs in these non-privatized CCs do not have access to water, electricity, or gas supply⁷.

The State started rehabilitating IDP CCs and residential buildings since the adoption of IDP State Strategy on February 2, 2007. However, as the Georgian Public Defender's report of January-July 2010 highlights, this process did not cover all CCs and all IDP households. The report refers to several international acts, that guarantee the right to adequate housing. The report also specifies that "adequate housing should meet specific criteria: persons have to be protected from cold, damp, heat, rain, wind and other health risks⁸".

Discussions on health risks have become particularly active due to the current COVID-19 pandemic. The provision of adequate housing is particularly pressing now to avoid the risks of transmitting the virus and to meet World Health Organization's recommendations. The abovementioned vulnerable groups fall under

¹UN Committee on Economic, Social and Cultural Rights (CESCR) General Comment No. 4 dated 13 December 1991: The Right to Adequate Housing (Art. 11 (1) of the International Covenant on Economic, Social and Cultural Rights)

²European Committee of Social Rights, Conclusions 2003, France

³ Law of Georgia on Internally Displaced Persons – Persecuted from the Occupied Territories of Georgia, 2014 <http://mra.gov.ge/res/docs/201406171444442634.pdf>

⁴A) Report of the Georgian Public Defender's Office of January-July 2010; B) The State policy on housing provision to IDPs; Georgian Young Lawyers' Association, 2014

⁵General information. Retrieved September 6, 2020, from <http://mra.gov.ge/geo/static/47>

⁶Centres where the Georgian Government has not transferred living spaces into IDPs' private ownership.

⁷General information. Retrieved September 6, 2020, from <http://mra.gov.ge/geo/static/47>

⁸The rights to adequate housing (Art.11(1)): 13/12/91, CESCR General Comment 4, para.8(d).

the COVID-19 high risk groups as well. Therefore, it is of utmost importance to study their needs in detail for planning and implementation of effective and evidence-based prevention measures.

Research goal and objectives

This document is a report of the research carried out in 100 CCs of 3 regions of Georgia (Shida Kartli, Imereti and Samegrelo-Zemo Svaneti). The research was carried out specifically among COVID-19 high risk groups: people who are 65 or older, who suffer from chronic disease or disability (both physical and mental), pregnant women, infants, and their mothers. The research aimed to study the needs of these high-risk groups and to identify effective measures for the prevention of COVID-19 transmission.

Target segment

The research team targeted 500 households (HHs) in 100 CC with HH members from the COVID-19 high risk groups:

- People who are 65 or older.
- People with chronic disease.
- People with disability (physical & mental).
- Pregnant women.
- Infants and their mothers.

Research objectives

- To identify the living conditions of research target groups (people who are 65 or older, suffer from chronic disease or disability (both physical and mental), pregnant women, infants, and their mothers).
- To study the social and demographic profile of the target groups.
- To capture the economic situation of the target groups.
- To identify the housing condition of the target groups as well as to capture if they would be able to follow the social distancing rules at home if needed.
- To identify specific needs of target groups arising from COVID-19 pandemic.
- To study the level of access of target groups to social services.
- To identify the target groups' phyco-emotional conditions.

Geographical coverage

The research covered 100 IDP collective centres (CCs) in three regions of Georgia:

1. Shida Kartli (25 CCs).
2. Imereti (25 CCs).
3. Samegrelo-Zemo Svaneti (50 CCs covered).

Methodology

The research team used triangulation method - different types of data collection methods to collect data at the same time. More specifically, the research used quantitative data collection method and observation/assessment method.

Research instrument and how it was developed

The research was carried out using three types of instruments:

1. Structured questionnaire on socio-demographic situation and needs of HHs.
2. Structured questionnaire on mental health needs of interviewees.
3. Observation/assessment of a psychologist.

Sampling

Considering the research goal and objectives, the research team chose **non-probability sampling** method, and particularly, **purposive or judgement sampling technique**⁹.

The research team interviewed the households (HHs) who had at least one HH member who fell under at least one of the abovementioned categories of target groups. In total the team surveyed 500 HHs and carried out interviews with the most informed members of these HHs. Overall, the team carried out interviews with 500 persons. The Table 1 shows the number of surveyed HHs in each target region.

Table 1. Surveyed HHs

	Shida Kartli	Samegrelo-Zemo Svaneti	Imereti	Total
Households	125	248	127	500

- At the first stage of sampling process, the team identified target HHs based on the selection criteria (with at least one HH member who was 65 or older, had chronic disease, physical or mental disability, was pregnant, was a mother of an infant).
- Afterwards, the team identified persons to interview in the target HHs. These persons were the HH members who could answer all or most of the survey questions. Simultaneously, the research team developed sampling route and developed the instructions for the interviewers.

⁹Judgmental sampling, also called purposive sampling or authoritative sampling, is a non-probability sampling technique in which the sample members are chosen only on the basis of the researcher's knowledge and judgment. As the researcher's knowledge is instrumental in creating a sample in this sampling technique, there are chances that the results obtained will be highly accurate with a minimum margin of error.

The process of selecting a sample using judgmental sampling involves the researchers carefully picking and choosing everyone to be a part of the sample. The researcher's knowledge is primary in this sampling process as the members of the sample are not randomly chosen.

Sample size: The research team collected information about socio-demographic, economic and socio-emotional condition of 500 HHs by interviewing one, the most informed HH member (500 interviewees in total).

Sample route

1. **Establishing contact:** A social worker and a psychologist constituted the interviewers' team, and they would initiate contact with the targeted HHs.
2. **Selection of an interviewee:** After having established contact with the HH, the interviewers then would select the most informed HH member by asking filter questions (see the questionnaire).
3. **Postponed interview:** If there were no relevant HH members at home during the team's visit (there were only minors or those members who were unable to answer the questions), the team would identify potential interviewee from the HH members at home, ask when the potential interviewee would be at home and go back to the HH when the potential interviewee was expected to be at home.
The team also noted postponed interviews in a special section (a table) in the questionnaire.
4. **Involvement of other HH members in the interview:** The research team considered involving those HH members in the interview who were the research target groups. This decision was made in case:
 1. The interviewee did not know well the needs of the HH member in question or could not answer specific questions.
 2. The decision on involving other HH members was made by the interviewers' team (a social worker and a psychologist) using some filter questions (see the questionnaire).
 3. After receiving answers to specific questions from the specific HH member (from the research target groups), the interview would continue with the initially targeted HH member.

Field work

A social worker and a psychologist carried out field interviews. The social worker filled in questionnaires on socio-demographic profile of the HH and the psychologist – on mental health and related needs of the same HH.

Research findings

Household structure and needs

Surveyed 500 households represent a total of 1,348 individuals. One, most informed HH member was interviewed in each HH. Therefore, the survey had 500 interviewees and additionally covered 848 persons whose information was collected from the interviewees. The HH members ranged from 1 to 10 members.

It was identified that 93.8% of interviewees have a special status, meaning they are either a) persons with clearly manifested disability; b) persons with considerably manifested disability; c) persons with moderately manifested disability; d) single parents of the minors (under the age of 16); e) orphans; f) IDPs; g) children with disabilities.

56.4% of interviewees have various types of special needs (see Table 5).

Table 2 illustrates the distribution of interviewees and their HH members according to their special status and/or special needs.

Table2. The distribution of interviewees and their household members in accordance with the special status and/or needs

	N	%
Total number of surveyed household members including the interviewees	1348	
Target group members among the interviewees	500	100%
Interviewees with a special status	469	93.8%
Interviewees with special needs	282	56.4%
Total number of surveyed household members, excluding the interviewees	848	100%
Target group members among the members of the interviewees' households	263	31%
Interviewees' household members with a special status	316	37%
Interviewees' household members with special needs	141	16.5%

Most interviewees belong to the target group of “people with chronic disease” (75,6%), the smallest number of interviewees belong to the target group of “pregnant women” (4,4%).

Table3. The distribution of interviewees in accordance with the research target groups (500 interviewees)

The interviewees in accordance with the research target groups	%	N¹⁰
People who are 65 or older	45.8%	227
People with chronic disease	75.6%	375
People with disability (physical)	17.9%	89
People with disability (mental)	5.8%	29
Pregnant women	4.4%	22

31% of interviewees' HH members belong to at least one target group. Between the target groups, “people with chronic disease” are most prevalent, they represent 20,8% (176 persons) of members of interviewees' HH.

Table4. The distribution of members of interviewees' households in accordance with the target groups (848 surveyed)

¹⁰The total sum is higher than the total number of interviewees as one interviewee may belong to more than one target group.

The members of the interviewees' households in accordance with the target groups	%	N¹¹
People who are 65 or older	9.2%	78
People with chronic disease	20.8%	176
People with disability (physical)	2.5%	21
People with disability (mental)	1.5%	13
Pregnant women	0.6%	5
Infants	8.8%	75

As mentioned above, 56.4% of interviewees are persons with special needs; 72.8% of them require support/attention from doctors or medical staff, 20.6% need psycho-social support, 18.8% - home care for elderlies, 7.8% - rehabilitation/habilitation.

Table5. The distribution of interviewees in accordance with their special needs (500 interviewees)

<i>The distribution of interviewees in accordance with their special needs</i>	<i>Interviewees</i>	N¹²
Need day care center	3.80%	18
Need home care for elderlies	14.50%	68
Need a carer or a nanny	3.60%	17
Need psychosocial support	0.60%	3
Need access to psychiatric services	0.40%	2
Rehabilitation & habilitation	94.00%	441
Need attention from doctors or other medical staff	76.50%	359
Need chemotherapy	0.40%	2
Need 24-hour care, including via state funded services	0.4%	1

Having added the data on special needs of members of interviewees' HHs, the research team identified the total number of persons with special needs. The details are given in the Table 6 below.

Table6. People with special needs

Special needs	N Interviewee	N HH member	N Total
Need day care center	1	8	9
Need home care for elderlies	53	2	55
Need a carer or a nanny	15	2	17
Need psychosocial support	58	48	106
Need access to psychiatric services	9	7	16
Rehabilitation & habilitation	22	11	33
Need attention from doctors or other medical staff	208	129	337

¹¹The total sum is higher than the total number of interviewees as one interviewee may belong to more than one target group.

¹²The total sum is higher than the total number of interviewees as one interviewee may belong to more than one target group.

Need chemotherapy	8	8
Need 24-hour care, including via state funded services	1	1
Total number of persons with special needs		581

The mean age of interviewees is 58. The youngest interviewee was 16 years old and the oldest – 99.

Chart1. Interviewees' Age

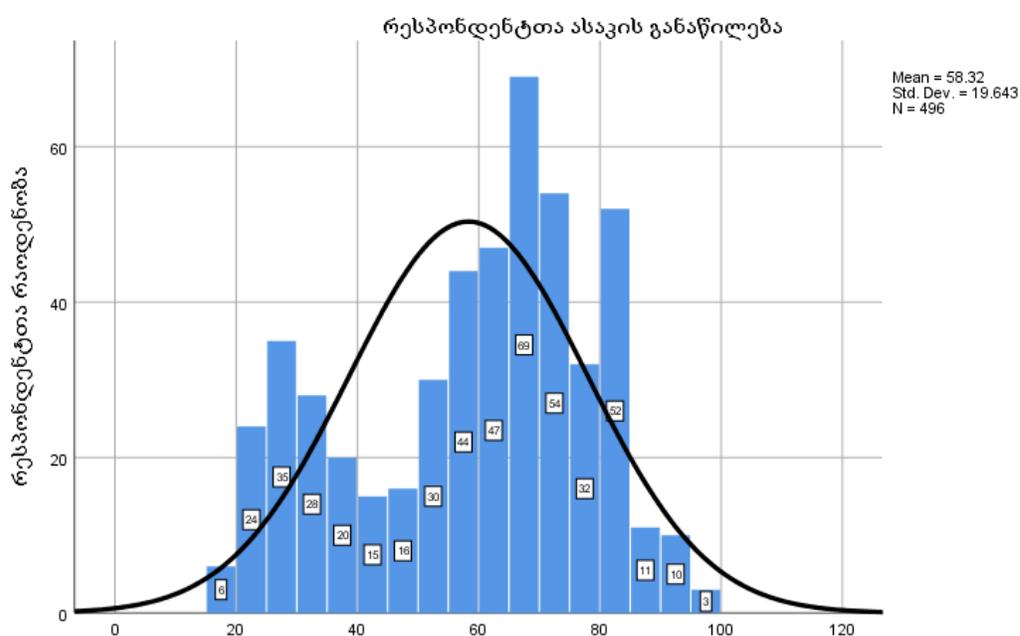


Table 7 illustrates mean (average), minimum and maximum age of interviewees segregated by number of HH members.

Table7. Mean, minimum and maximum age of interviewees in accordance with their HH size

	mean	min	max
Single-member households	69.64	16	99
Two-member households	62.66	17	95
Three-member households	49.09	20	86
4-member households	43.88	20	84
5-member households	47.50	19	84
6-member households	51.24	20	84
7-member households	55.22	27	78
8-member households	38.00	22	65
9-member households	36.50	31	42
10-member households	25.33	23	30

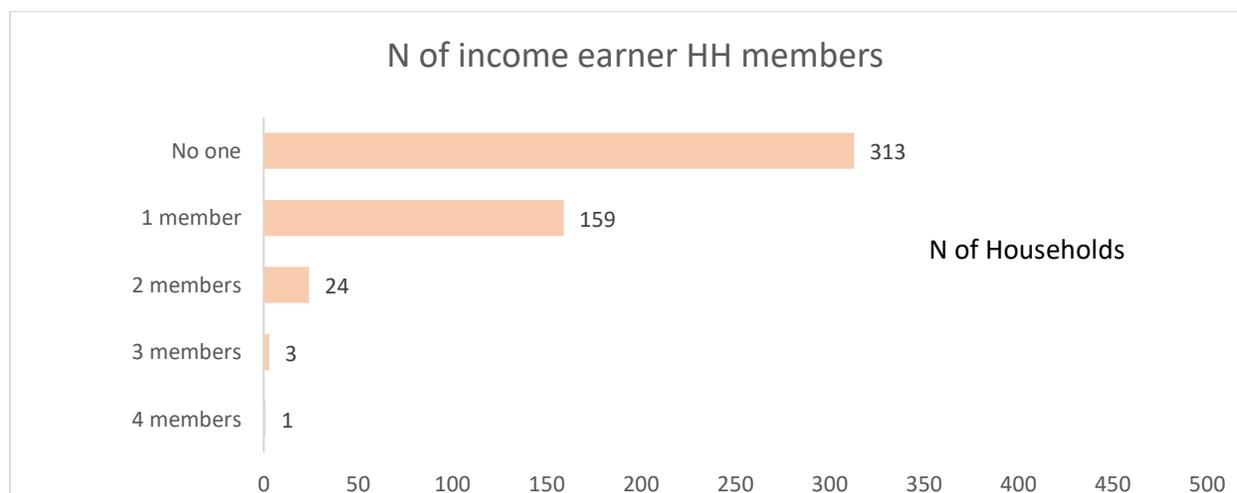
Age structure of HHs is the following: 17.6% of HHs has at least one member who falls into the age group of 81-100; 20.8% of HHs has at least one member who is between the ages of 71-80; 10.2% of HHs has at least one infant of age 0-1 and 19.8% has at least one pre-school age child.

Table8 Household structure by age groups

Age groups	How many HHs have at least one member who falls into these age groups (%)	N of households
0-1	10.2	51
2-5	19.8	99
6-17	20.4	102
18-25	16.8	84
26-29	12.0	60
30-40	28.6	143
41-60	40.4	202
61-70	30.8	154
71-80	20.8	104
81-100	17.6	88

62% of HHs (313HHs) has no income¹³ earner. 31.8% of HHs (159 HHs) has only one income earner, 4.8% (24 HHs) has two income earners, 0.8% or 4 HHs have three or more income earner HH members.

Chart2. Number of income earner HH members

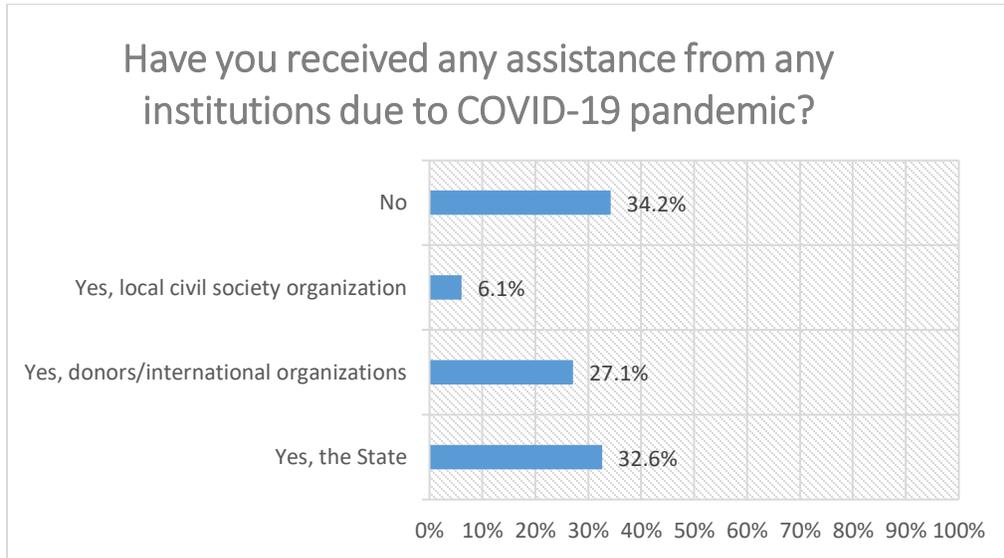


In most cases (71.1%), the HHs' sources of income are either age pension or other types of social benefits. Only 18.7% of income earners are permanently employed, out of them 9.6% work in private and 9.1% - in public sectors.

¹³For the purposes of this research, income is any type of income, including salary, business, also state social benefits/allowances.

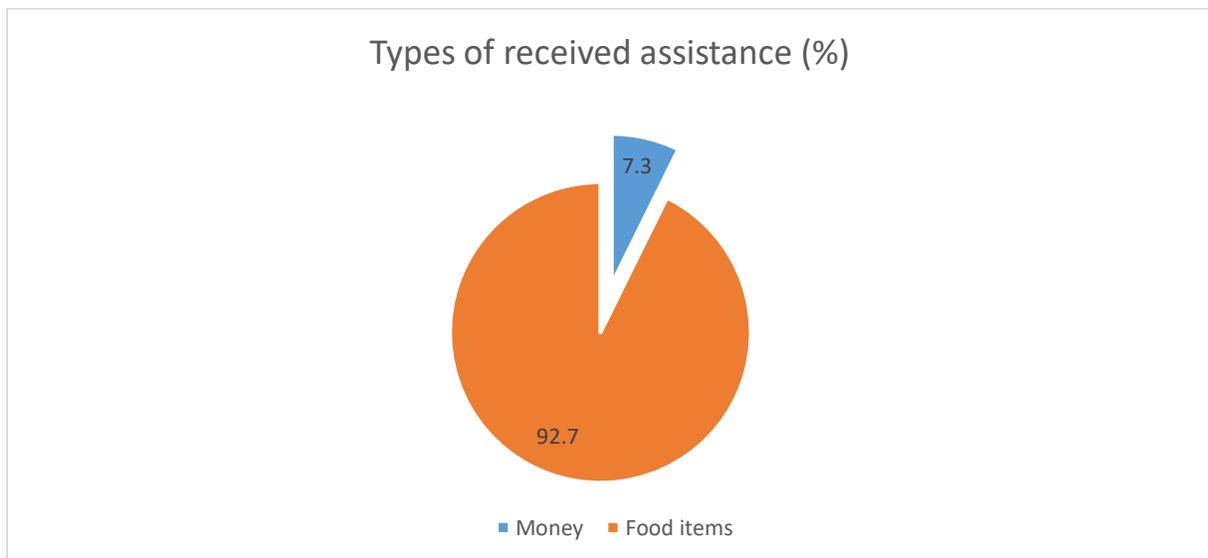
2/3 of interviewed HHs has received COVID-19 related assistance. Of them, 32.6% have received state (both from central and local governments) support, 27.1% - donor/international organization's assistance and only 6.1% - local civil society organization's support.

Chart3. Have you received any assistance from any institutions due to COVID-19 pandemic?



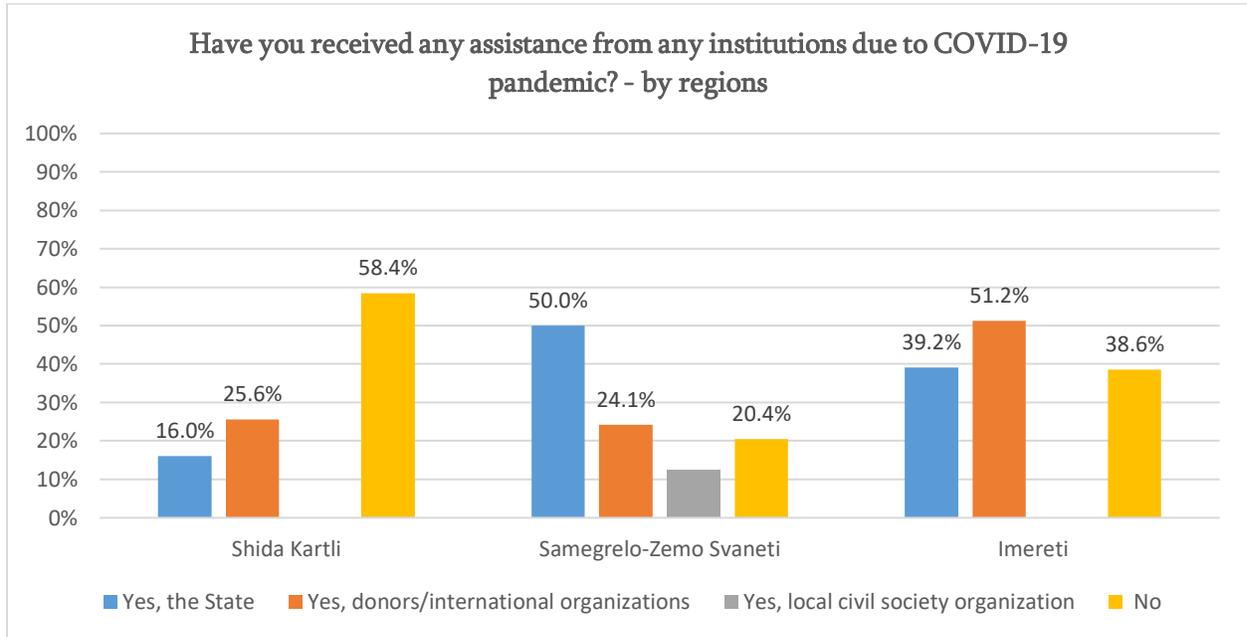
Majority of the beneficiaries received food.

Chart4. Types of assistance received from the State



There is a significant difference between the target regions in terms of COVID-19 related assistance: the highest number of assisted HHs is in Samegrelo-Zemo Svaneti region, the lowest- in Shida Kartli. Also, the HHs in Samegrelo-Zemo Svaneti region have a diversified source of assistance.

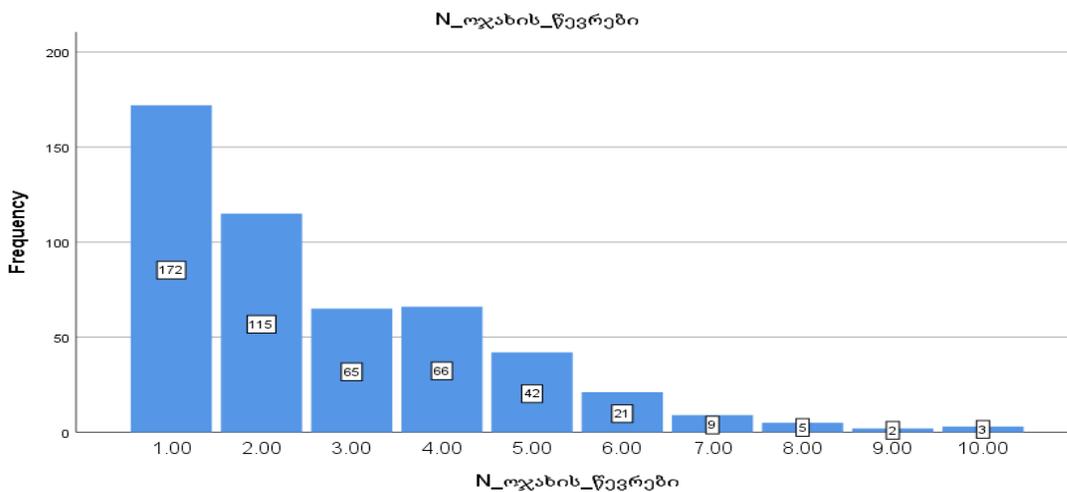
Chart5. Have you received any assistance from any institutions due to COVID-19 pandemic? (by regions)



Household economy and outlook on the future

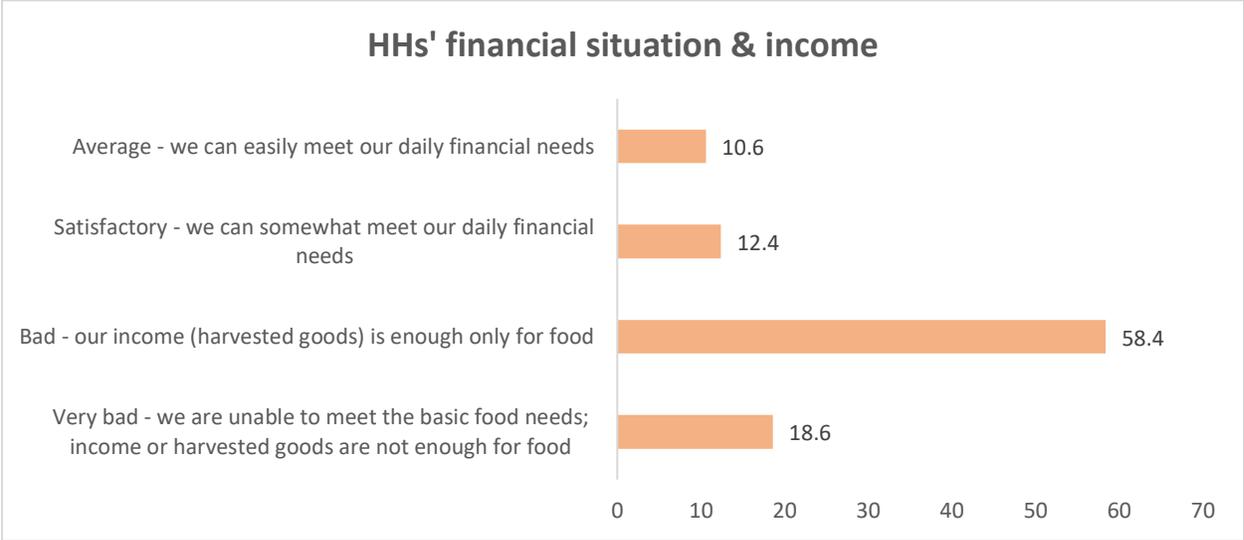
The surveyed HHs have 1 to 10 members. Most of them are single-member HHs. On average there are 3 members in the surveyed HHs.

Chart6. Number of HH members



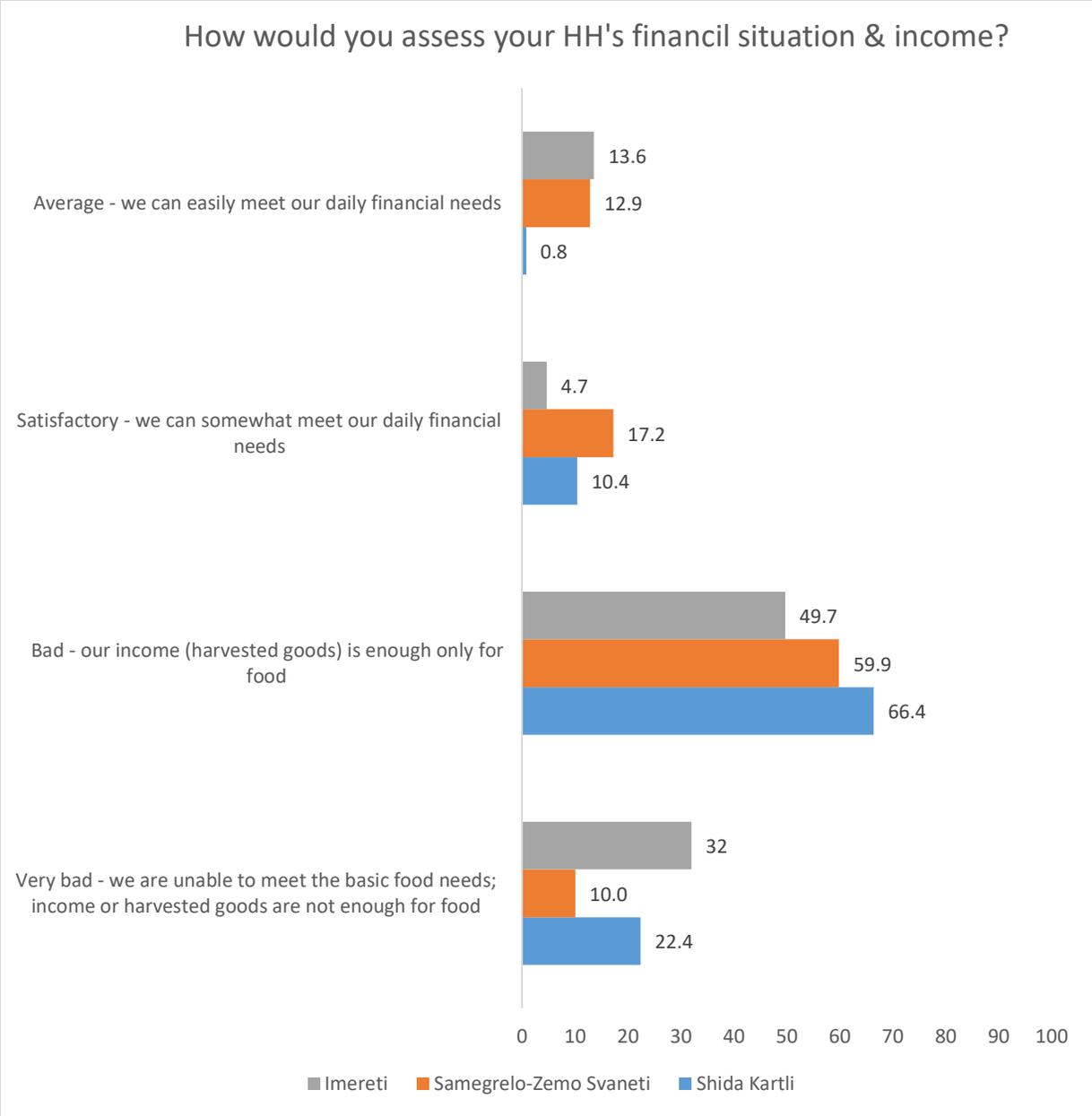
Majority of surveyed HHs (77%) has bad or very bad financial situation (self-reported by the HHs). The interviewees' state that their income is not enough even to meet their basic needs on food. Harvested goods are also not enough for food. Only 10% of interviewees assess positively their income – these interviewees say that their HHs can easily meet their daily financial needs.

Chart7. Self-assessment of income



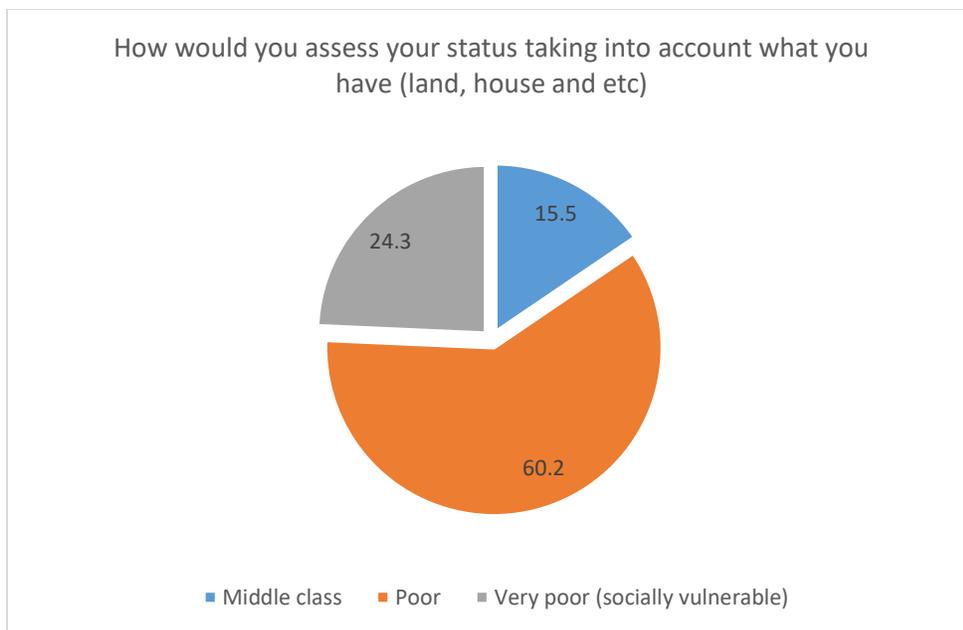
As it was expected, the situation is different between the regions. The interviewees assess their financial situation worse in Shida Kartli and in Imereti than in Samegrelo-Zemo Svaneti.

Chart8. Self-assessment of income – by regions



The results of HHs’ self-assessment of wealth is like the results of their income self-assessment.

Chart9. Self-assessment of wealth



Many HHs live without home appliances and comfort. 18% of HHs do not have a colour TV set, 29% do not have a refrigerator, 61.5% - an automated washing machine, 93% - an automobile, 85% - a personal computer (PC), 96% - an air conditioner, 97% - a vacuum cleaner and 82% - a heating device.

Table9. What home appliances and utilities HHs have

Home appliances and utilities	Have (%)	Do not have (%)
Colour TV set	81.6	18.2
Refrigerator	70.2	29.3
Automated washing machine	38.5	61.5
Automobile	6.7	93.3
Personal computer (PC)	14.5	85.3
Air-conditioner	3.6	96.2
Vacuum clearer	2.3	97.4
Heating device	17.3	82.2

The situation is similar across the regions with slight differences. See details in the Table 10 below.

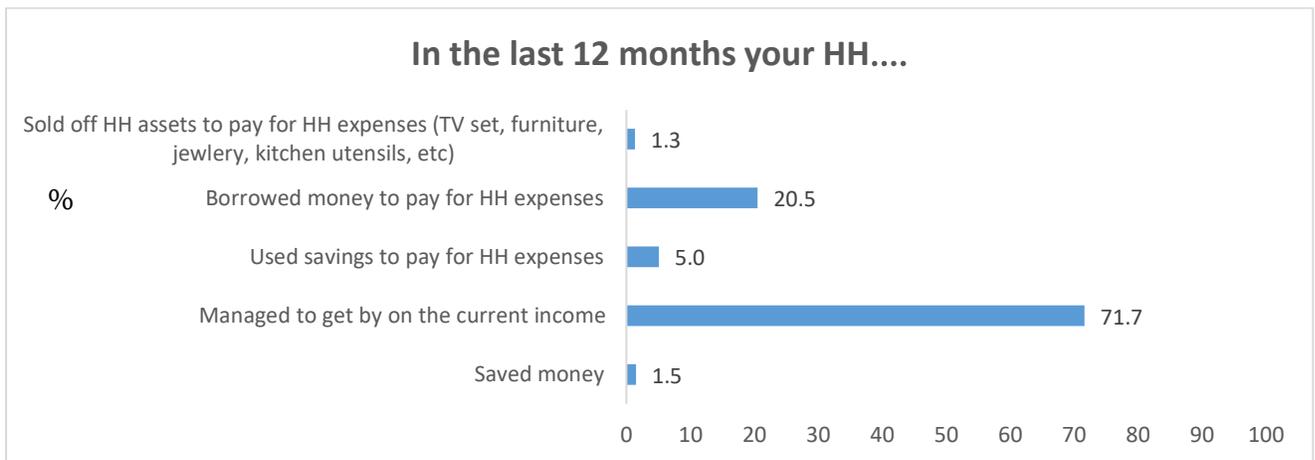
Table10. What home appliances and utilities HHs have- by regions

Home appliances and utilities		Shida Kartli	Samegrelo-Zemo Svaneti	Imereti
Colour TV set	Have	83.2	86.5	71.6
	Do not have	16.8	13.5	28.4
Refrigerator	Have	72.8	70.8	68.3
	Do not have	27.2	29.2	31.7

Automated washing machine	Have	50.4	36.7	32.9
	Do not have	49.6	63.3	67.1
Automobile	Have	10.4	6.9	3.6
	Do not have	89.6	93.1	96.4
Personal computer (PC)	Have	18.5	16.9	7.1
	Do not have	81.5	82.8	92.9
Air-conditioner	Have	7.2	0.6	1.8
	Do not have	92.8	98.7	98.2
Heating device	Have	43.2	13.2	5.9
	Do not have	56.8	85.8	94.1

In the last 12 months the majority of HHs (71.7%) managed to get by with the current income; 1/5th of the HHs borrowed money to cover HH expenses, 5% - used savings, and 1.3% had to sell household assets to pay for the household expenses. Only 1.5% or 4 HHs made savings in the same timeframe.

Chart10. Self-assessment of household economy



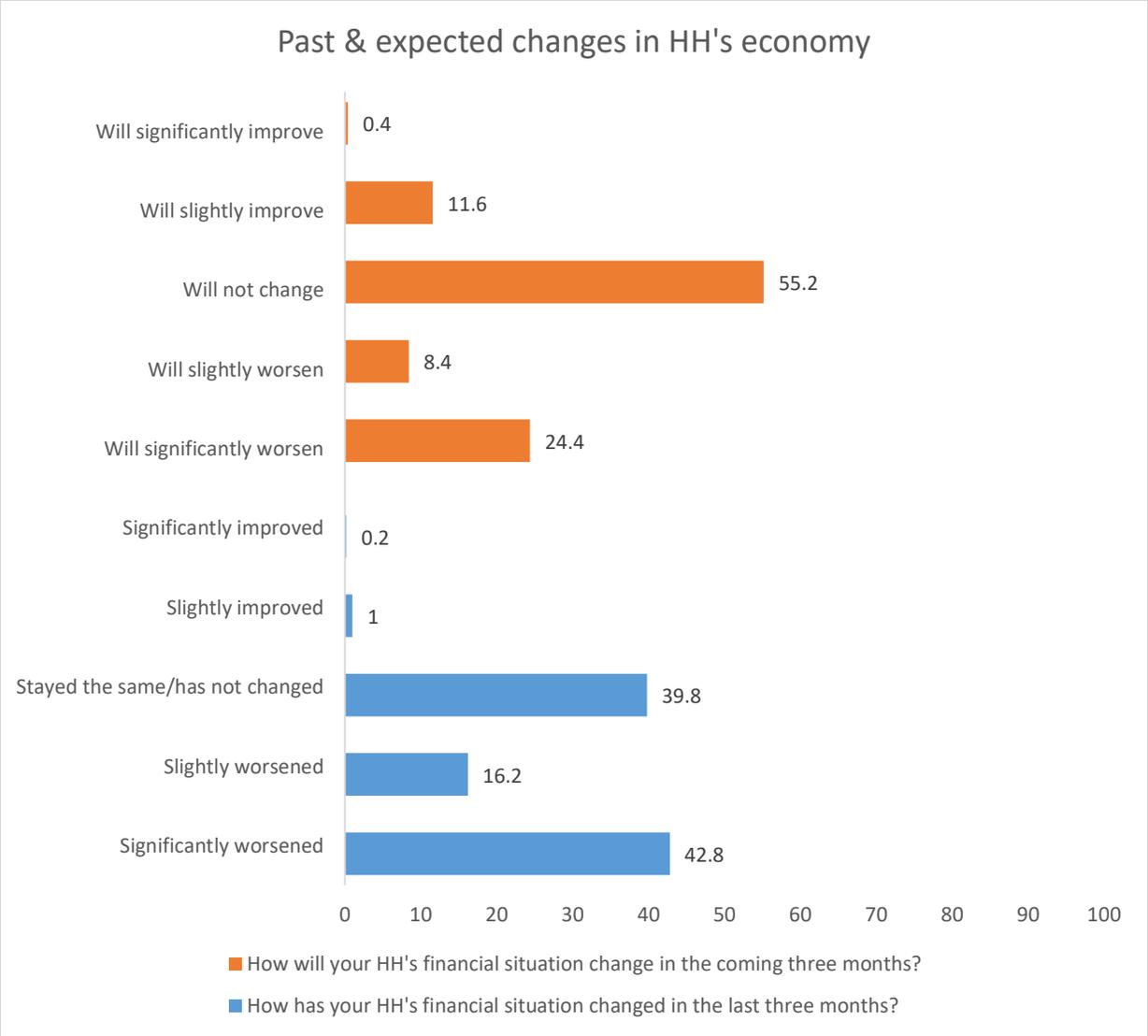
The most difficult situation was reported in Shida Kartli region, where 52% of surveyed HHs had to borrow money to get by.

Table11. Self-assessment of household economy - by regions

	Shida Kartli		Samegrelo-Zemo Svaneti		Imereti	
	N	%	N	%	N	%
Saved money	1	0.8	6	2.4	86	67.7
Managed to get by only on the current income	40	32.0	211	85.1	1	0.8
Used savings to pay for household expenses	19	15.2	10	4.0	36	28.3
Borrowed money to pay for household expenses	65	52.0	17	6.9	4	3.1
Sold off household assets (TV set, furniture, jewelry, kitchen utensils and etc.) to pay for household expenses			4	1.6		

Up to 60% of HHs found themselves vulnerable to the current economic situation. Their economic/financial situation either slightly (reported by 16%) or significantly (reported by 42.8%) worsened.

Chart 11. Past & expected changes in household economy



As with other variables, the interviewees in Shida Kartli showed highest level of vulnerability: 80% of interviewees from this region reported that their economic situation had significantly or slightly worsened in the last 3 months with 72% reporting significant and 8.8% slight deterioration.

Table12. Perception of changes in household economy in the last three months

Perception of changes in household economy in the last three months	N	%	
Shida Kartli	Significantly worsened	90	72.0
	Slightly worsened	11	8.8
	Stayed the same/did not change	23	18.4

	Significantly improved	1	.8
	Total	125	100.0
Samegrelo-Zemo Svaneti	Significantly worsened	43	17.3
	Slightly worsened	68	27.4
	Stayed the same/did not change	132	53.2
	Slightly improved	5	2.0
	Total	248	100.0
Imereti	Significantly worsened	81	63.8
	Slightly worsened	2	1.6
	Stayed the same/did not change	44	34.6
	Total	127	100.0

Most of the HHs reported that in the past year they had at least one instance when they were unable to buy/use food or other products or services of basic need due to financial problems. They reported that they were unable to buy, among other products, bread, Ghomi (Georgian traditional dish similar to polenta), pasta, butter, milk, cheese, cooking oil, meat, chicken or fish, fruit, vegetables, potatoes and etc. including medicines and medical treatment services. More details are given in the Chart 12 and Table 13 below. No differences were identified between the regions.

Chart12. In the past year due to financial problems how often (if at all) was your HH unable to buy or use the following products or services:

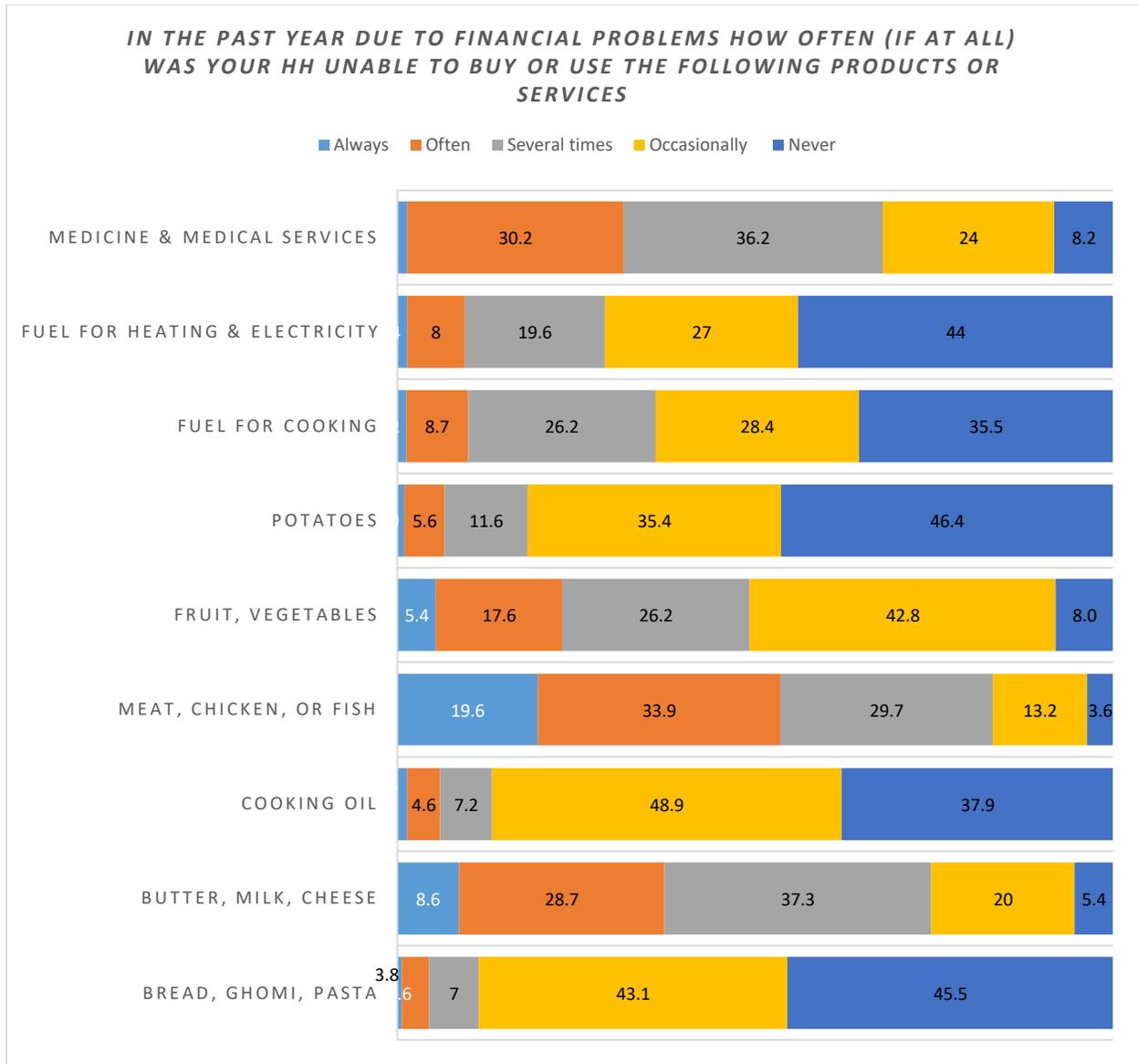


Table13. In the past year due to financial problems how often (if at all) was your HH unable to buy or use the following products or services:

	Always	Often	Several times	Occasionally	Never
	%				
Bread, Ghomi (Georgian dish like pollenta), pasta	0.6	3.8	7	43.1	45.5
Butter, milk, cheese	8.6	28.7	37.3	20	5.4

Cooking oil	1.4	4.6	7.2	48.9	37.9
Meat, chicken, or fish	19.6	33.9	29.7	13.2	3.6
Fruit, vegetables	5.4	17.6	26.2	42.8	8.0
Potatoes	1.0	5.6	11.6	35.4	46.4
Fuel for cooking	1.2	8.7	26.2	28.4	35.5
Fuel for heating and electricity	1.4	8	19.6	27	44
Medicine and medical services	1.4	30.2	36.2	24	8.2

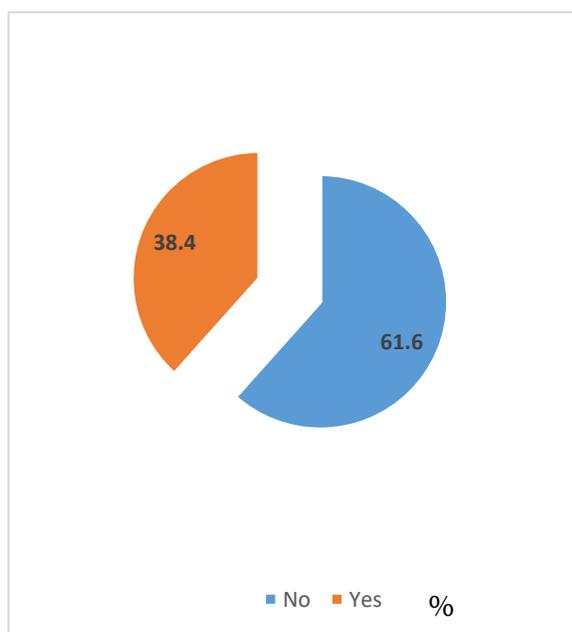
38.4% of interviewees report that in the last one month there was at least one occasion when their HH did not have food due to lack of money; out of these 38.4%, 38.8% reported having had such occasion one or two times last month, whereas 61.1% reported such occasion 3-10 times or even more often.

Having been asked “was there any occasion in the last one month when you or your HH member did not eat for 24 hours because there was not enough food for everyone?” almost one fifth of interviewees i.e. 19.1% said yes. Out of them, 39.1% said that this happened only one or two times, and 60.9% said it happened 3-10 times or even more often.

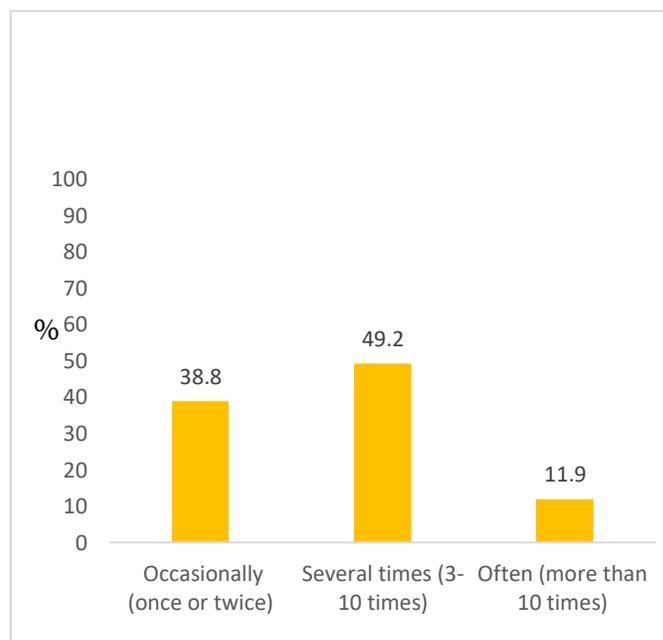
26.4% of interviewees went to bed hungry because there was not enough food for everyone in the house. A high number of interviewees (60.1%) reported that this happened 3-10 times or even more often last month.

Table13. Sufficiency of food and experience of food scarcity

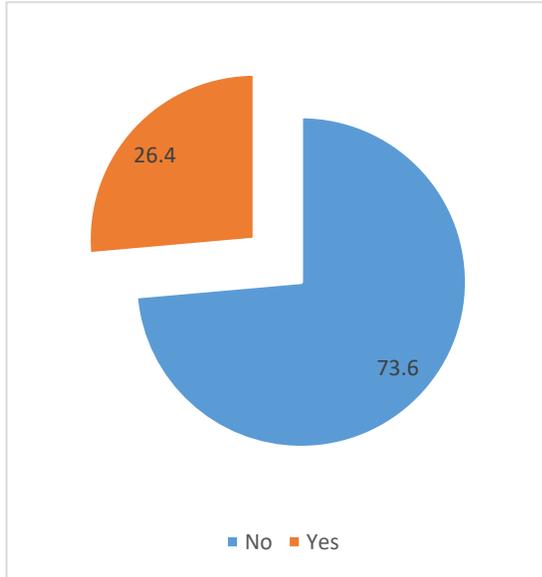
Was there any occasion in the last one month when you did not have food in the HH (due to lack of money)?



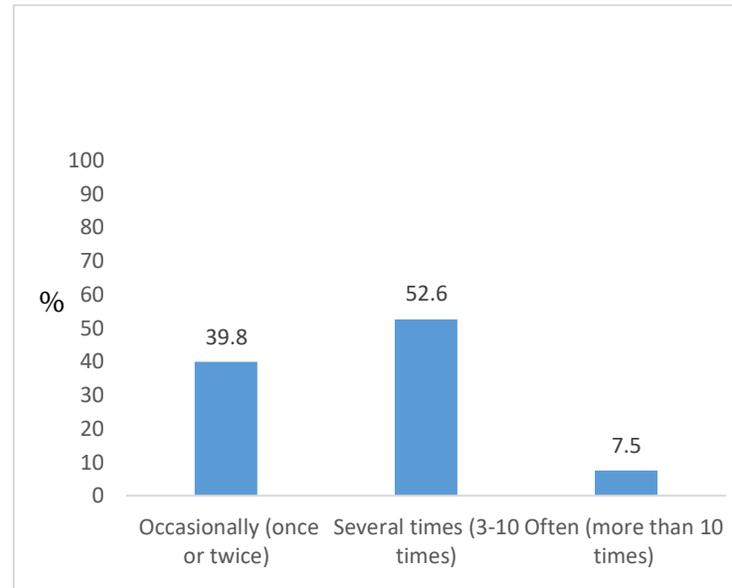
How often did it happen?



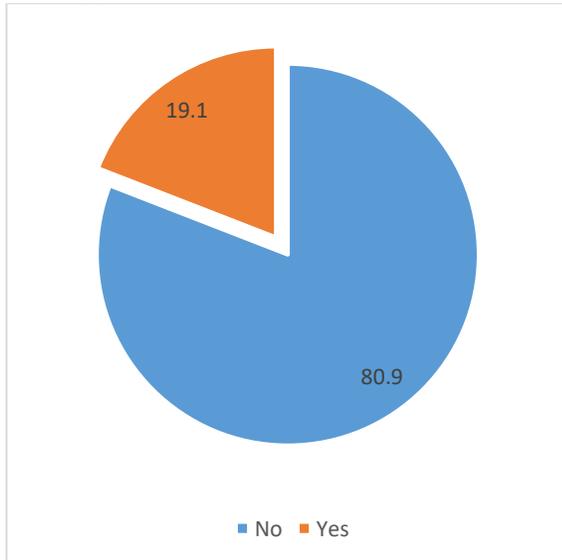
Was there any occasion in the last one month when you or your HH member went to bed hungry because there was not enough food for everyone?



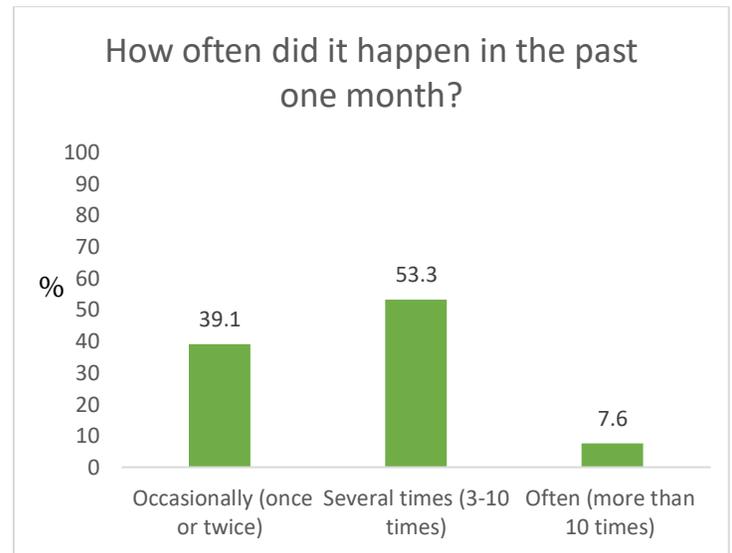
How often did it happen?



Was there any occasion in the last one month when you or your HH member did not eat for 24 hours because there was not enough food for everyone?

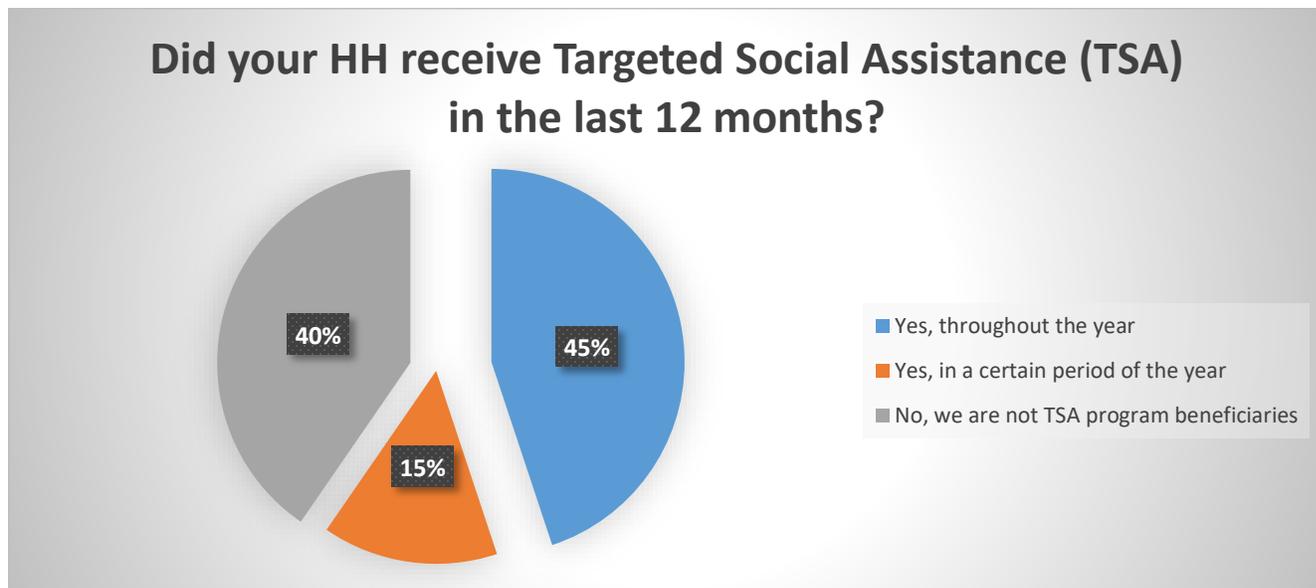


How often did it happen?



59.7% of interviewees reported that their HHs received state Targeted Social Assistance (TSA) in the past 12 months either throughout the year or for a certain period of the year.¹⁴

Chart14. Did your HH receive Targeted Social Assistance (TSA) in the last 12 months?

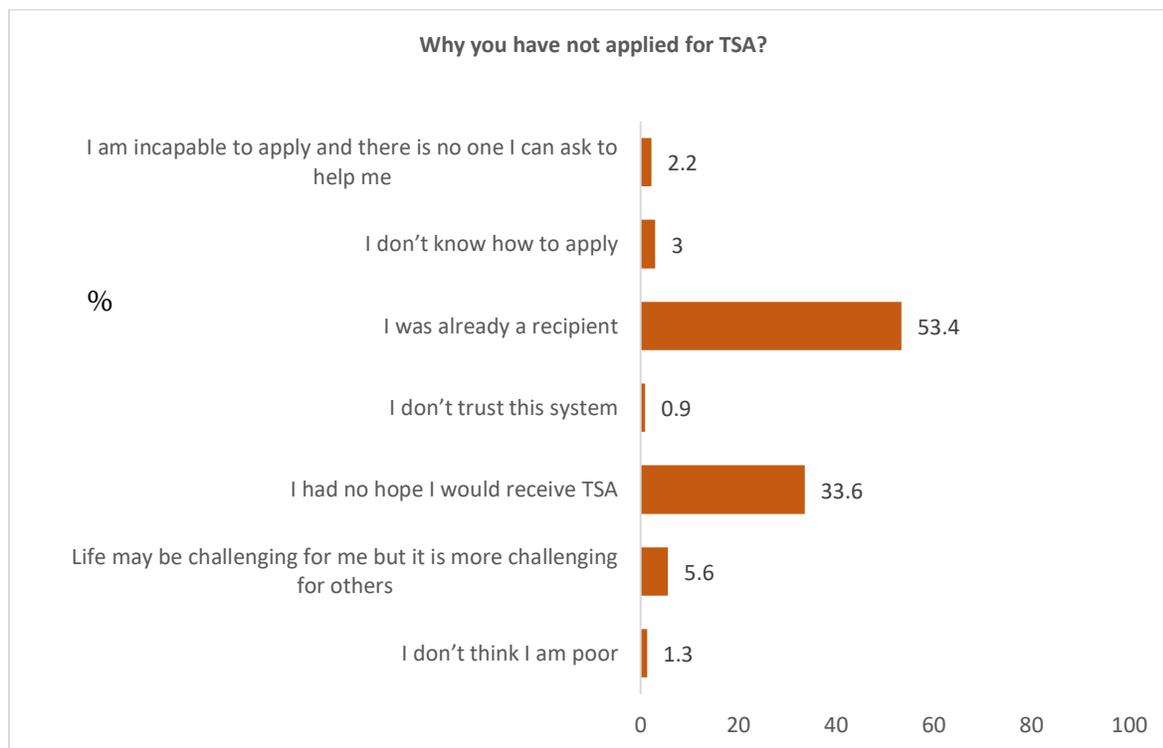


The situation is different between the regions – in Shida Kartli 68.8% of interviewees reported not having received TSA, whereas in Samegrelo-Zemo Svaneti and in Imereti regions 29.8% and 23.6% said the same, respectively.

49.1% of HHs applied for TSA in the past 12 months. 50.9% did not apply because of the following reasons: are currently TSA recipients or don't have reason to apply (53.4% of interviewees), don't believe they would be recognized as eligible for TSA (1/3rd of interviewees i.e. 33.6%), don't know how to apply (3%) or are incapable to apply and don't have anyone who can help with the application (2.2%).

¹⁴According to the interviewees.

Chart15. Reasons for not having applied for TSA



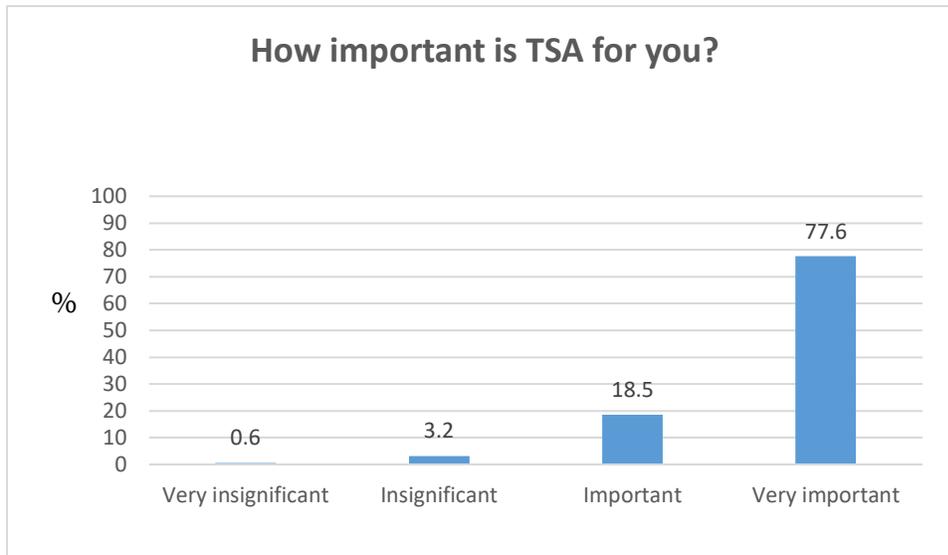
TSA recipient HHs received 1,211 GEL on average in a year; maximum amount received per HH was 8,000 GEL and minimum - 30 GEL. Mode and median amounts of TSA were 600 GEL¹⁵

Note: only 235 interviewees disclosed how much they received as TSA.

Out of those interviewees who represent TSA recipient HHs, 96.1% consider TSA as important or very important. Only 3.8% said that TSA is insignificant.

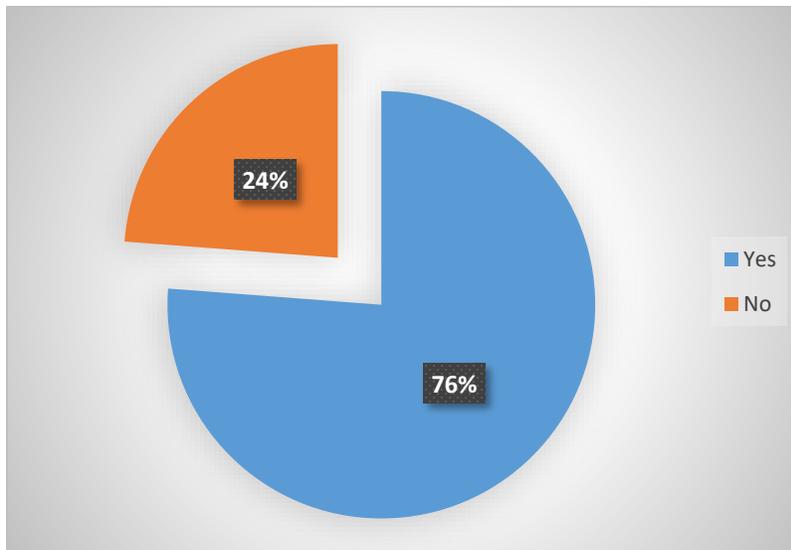
¹⁵As per amounts disclosed by the interviewees

Chart16. Significance of TSA



76% of surveyed HHs have benefited from the state-funded universal healthcare program.

Chart17. Has any of your HH members used universal healthcare insurance in the last 12 months?



- HHs spend on average 18.44 GEL a week on food (meat, vegetables, fruit, dairy products, grains, potatoes, etc.) per HH member.
- HHs spend on average 40.29 GEL per week on food (meat, vegetables, fruit, dairy products, grains, potatoes, etc.).

Chart 18 shows weekly expenditure ranges in GEL. The chart clearly illustrates that majority of HHs spend only up to 50 GEL per week on food. 91.3% of these food products are purchased and only 8.4% are received as a gift or produced at home.

Chart18. Weekly HH expenses (meet, vegetables, fruit, dairy products, grains, potatoes, etc.)

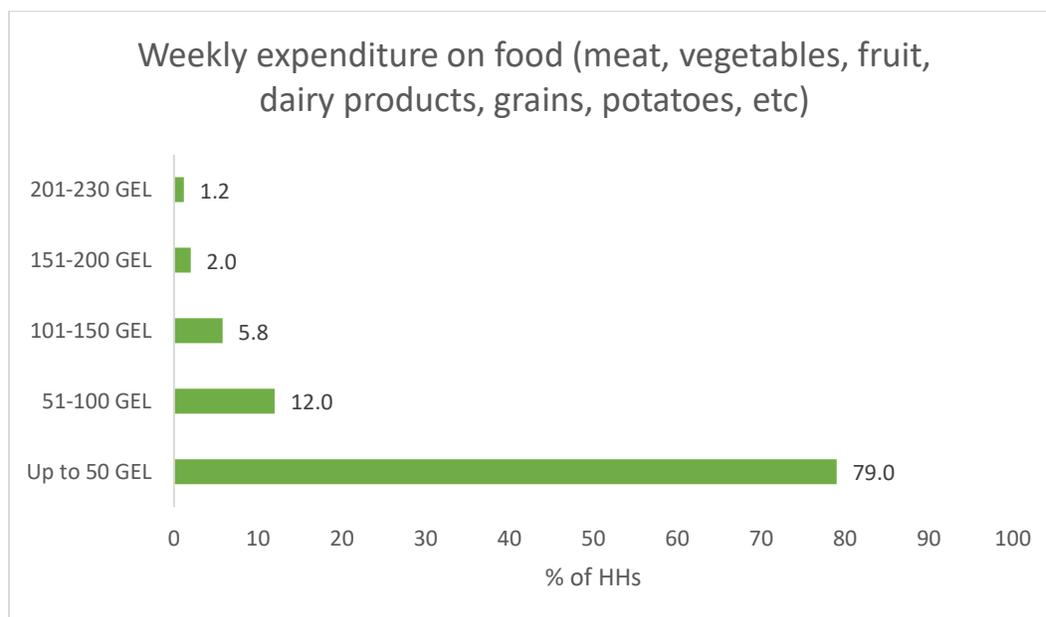


Table 14 illustrates ranges of amounts spent on food by different HH compositions ranging from single-member to 10-member households.

Table14. Weekly HH expenses (meet, vegetables, fruit, dairy products, grains, potatoes, etc.)

HH structure	Ranges of weekly HH expenses in GEL	N of HHs	%
Single-member HHs	Up to 50 GEL	159	93
	51-100 GEL	9	5.3
	101-150 GEL	2	1.2
	201-230 GEL	1	0.6
Two-member HHs	Up to 50 GEL	92	79.3
	51-100 GEL	14	12.1
	101-150 GEL	9	7.8
	151-200 GEL	1	0.9
Three-member HHs	Up to 50 GEL	43	68.3
	51-100 GEL	11	17.5
	101-150 GEL	4	6.3
	151-200 GEL	4	6.3
	201-230 GEL	1	1.6

4-member HHs	Up to 50 GEL	51	76.1
	51-100 GEL	9	13.4
	101-150 GEL	5	7.5
	151-200 GEL	1	1.5
	201-230 GEL	1	1.5
5-member HHs	Up to 50 GEL	28	65.1
	51-100 GEL	8	18.6
	101-150 GEL	5	11.6
	151-200 GEL	1	2.3
	201-230 GEL	1	2.3
6-member HHs	Up to 50 GEL	13	68.4
	51-100 GEL	5	26.3
	101-150 GEL	1	5.3
7-member HHs	Up to 50 GEL	5	50
	51-100 GEL	2	20
	101-150 GEL	2	20
	201-230 GEL	1	10
8-member HHs	Up to 50 GEL	1	20
	51-100 GEL	1	20
	151-200 GEL	2	40
	201-230 GEL	1	20
9-member HHs	Up to 50 GEL	1	50
	101-150 GEL	1	50
10-member HHs	Up to 50 GEL	1	33.3
	51-100 GEL	1	33.3
	151-200 GEL	1	33.3

- HHs spent on average 6.3 GEL on food, utility fees and other basic needs a day per HH member in the last one year.
- HHs spent the most on healthcare and most of healthcare expenses were covered via a gift or payment by other entity (state healthcare program, TSA healthcare package, etc.)

Table 15 illustrates weekly, monthly, and yearly HH expenses, including those covered by a gift or by a voucher or other type of assistance

Table 15. Weekly, monthly & yearly HH expenses, including those received as a gift, as a voucher or as other type of assistance

	Expenses	Maximum in GEL	Average in GEL
Week	Food - purchased	200	37.27
	Food-home made	100	1.81

	Food–spent from reserves	90	1.64
	Food – received as a gift	150	3.26
	Non-alcoholic beverages – purchased	50	3.38
	Non-alcoholic beverages–home made	9	0.05
	Non-alcoholic beverages –spent from reserves	10	0.09
	Non-alcoholic beverages –received as a gift	10	0.23
	Alcoholic beverages and tobacco - purchased	70	2.77
	Alcoholic beverages and tobacco - home made	0	0
	Alcoholic beverages and tobacco - spent from reserves	10	0.02
	Alcoholic beverages and tobacco - received as a gift	5	0.02
	Salt, sugar, honey, spices - purchased	50	3.39
	Salt, sugar, honey, spices - home made	10	0.06
	Salt, sugar, honey, spices - spent from reserves	10	0.13
	Salt, sugar, honey, spices - received as a gift	60	0.45
Month	Electricity & fuel for the HH - purchased	200	11.11
	Electricity & fuel for the HH –received as a gift, including as a voucher	110	20.33
	Transport & utility fees - purchased	400	12.41
	Transport & utility fees - received as a gift, including as a voucher	50	0.5
	Telecommunication expeses - purchased	100	8.54
	Telecommunication expeses - received as a gift, including as a voucher	45	0.45
	Cleaning & hygiene items - purchased	100	13.66
	Cleaning & hygiene items - received as a gift, including as a voucher	200	0.89
	Restaurant & hotel - purchased	50	0.2
	Restaurant & hotel- received as a gift, including as a voucher	0	0
	Recreational activities - purchased	5	0.01
	Recreational activities - received as a gift, including as a voucher	0	0
	Savings - own	100	0.39
	Borrowed from a friend, neighbour or other – purchased	4000	14.11
	Money transfer received from a neighbour, a friend - purchased	0	0
	Transfer from a neighbour, a friend – received as a gift, including as a voucher	0	0
Year	Clothes, shoes - purchased	1000	84.96
	Clothes, shoes- received as a gift, including as a voucher	700	41.44

	Home appliances - purchased	1000	8.94
	Home appliances - received as a gift, including as a voucher	500	1
	Education - purchased	3600	40.46
	Education - received as a gift, including as a voucher	2250	10.12
	Health & medical services - purchased	15000	901.79
	Health & medical services - received as a gift, including as a voucher	22000	242.52
	Bovine livestock/investment in agriculture - purchased	2000	14.06
	Bovine livestock/investment in agriculture-received as a gift, including as a voucher	0	0
	Living space, including improvement of living conditions - purchased	50	0.1
	Living space, including improvement of living conditions- received as a gift, including as a voucher	0	0

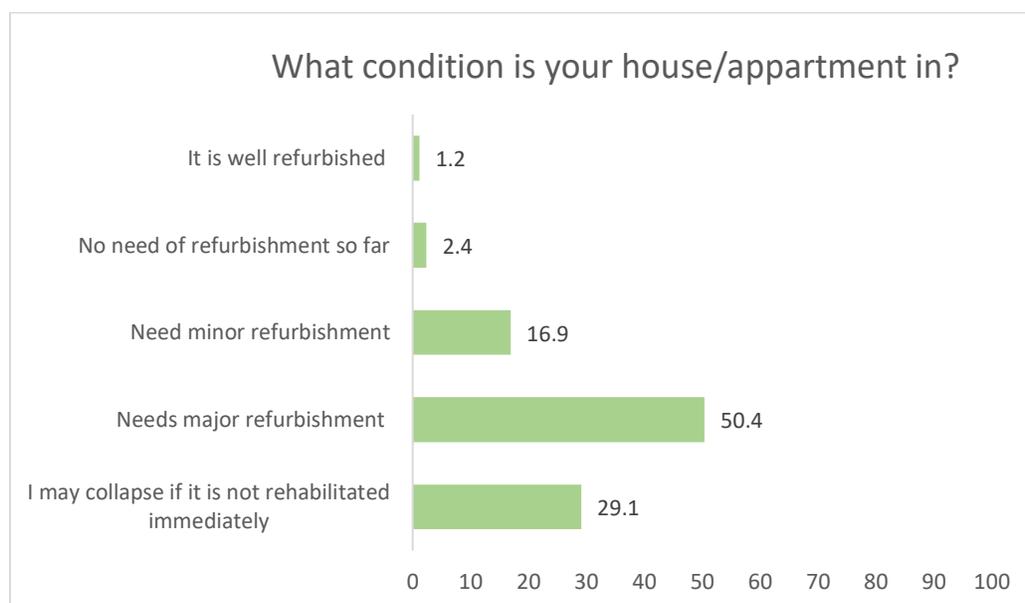
On average, one HH member needs 16.3 GEL a day to meet the basic food and non-food needs of HHs.

On average 35.8 GEL is needed per day to meet the basic food and non-food needs of a HH.

Living conditions

The living conditions of the interviewees and their HHs is not good. 29% of interviewees says that if their apartment/house is not rehabilitated immediately, it will collapse; 50.4% says that their apartment/house needs major renovation.

Chart19. Description of living conditions



Minimum size of living space is 3 m² and maximum – 150 m².

Majority of HHs (36.6%) live in the living space that ranges between 20-39 m² and a very small number of HHs (3.2%) live in the space of 100 m² or more. The Table 16 below illustrates a range of living spaces by HH members.

Table16. Range of living spaces segregated by number of HH members

Range of living spaces	Number of HHs	%
One member		
Up to 19 m ²	75	43.9
20-39 m ²	64	37.4
40-59 m ²	21	12.3
60-79 m ²	4	2.3
80-100 m ²	5	2.9
100 m ² & more	2	1.2
2 members		
Up to 19 m ²	18	15.5

20-39 m²	49	42.2
40-59 m²	29	25
60-79 m²	14	12.1
80-100 m²	4	3.4
100 m² & more	2	1.7
3 members		
Up to 19 m²	12	19
20-39 m²	21	33.3
40-59 m²	17	27
60-79 m²	8	12.7
80-100 m²	4	6.3
100 m² & more	1	1.6
4 members		
Up to 19 m²	13	19.4
20-39 m²	26	38.8
40-59 m²	15	22.4
60-79 m²	6	9
80-100 m²	4	6
100 m² & more	3	4.5
5 members		
Up to 19 m²	4	9.3
20-39 m²	15	34.9
40-59 m²	14	32.6
60-79 m²	4	9.3
80-100 m²	4	9.3
100 m² & more	2	4.7
6 members		
Up to 19 m²	1	5.3
20-39 m²	6	31.6
40-59 m²	5	26.3
60-79 m²	2	10.5
80-100 m²	2	10.5
100 m² & more	3	15.8
7 members		
20-39 m²	1	10
40-59 m²	3	30
60-79 m²	3	30
80-100 m²	2	20
100 m² & more	1	10
8 members		
20-39 m²	1	20

40-59 m ²	3	60
100 m ² & more	1	20
9 members		
40-59 m ²	2	100
10 members		
40-59 m ²	2	66.7
100 m ² & more	1	33.3

The number of rooms in the interviewees' apartments ranges from 1 to 8. Majority of interviewees say that their HH has only one or two rooms (74.8%).

The Table 17 below illustrates the number of rooms by number of HH members.

Table 17. Distribution of number of rooms by number of HH members

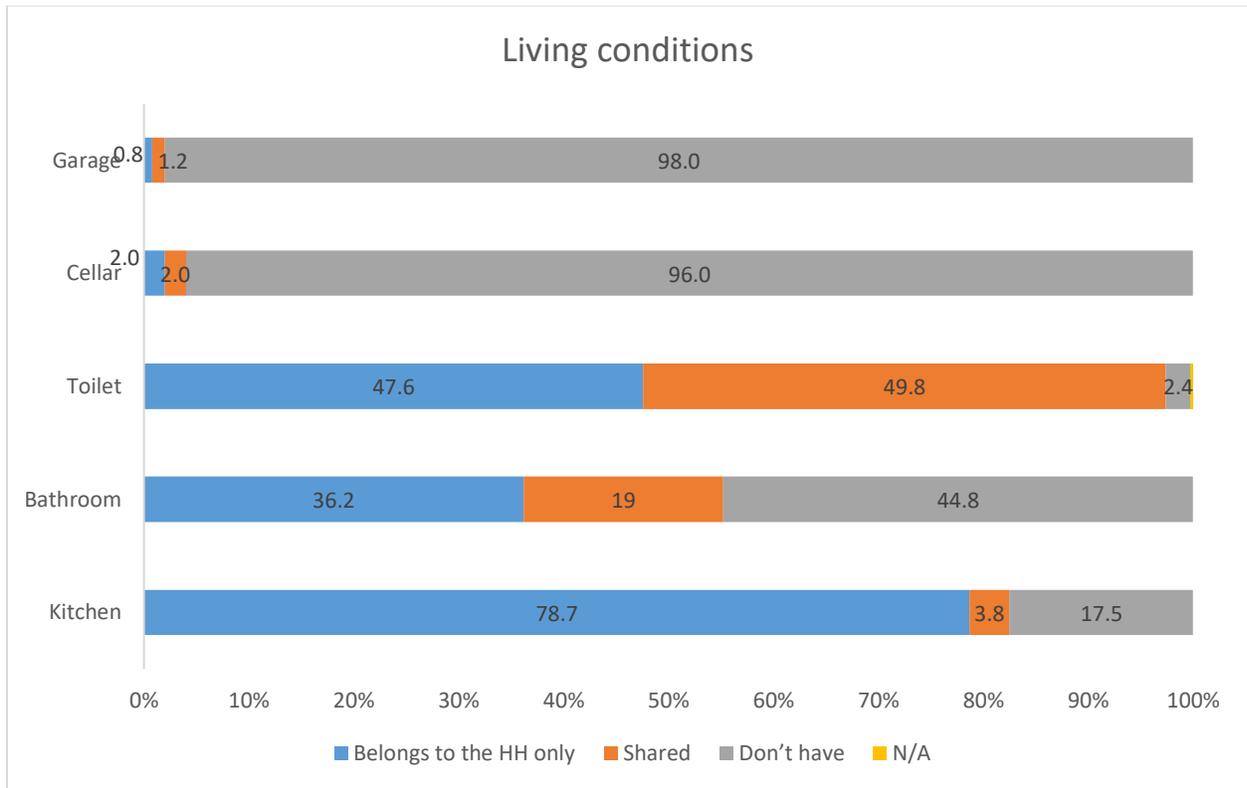
N of rooms	N of HH members										Total
	1m	2m	3m	4m	5m	6m	7m	8m	9m	10m	Total N of HHs
1room	107	28	15	15	7	2	0	0	0	0	174
2rooms	46	62	29	29	19	9	4	2	0	0	200
3rooms	16	20	13	15	12	6	4	2	1	1	90
4rooms	3	5	5	7	2	3	1	0	1	1	28
5rooms	0	0	3	0	0	0	0	1	0	1	5
7rooms	0	0	0	0	1	1	0	0	0	0	2
8rooms	0	0	0	0	1	0	0	0	0	0	1

The other aspects of living conditions are even worse; 44.8% of HHs do not have a bathroom, and 19% - share it with other HHs.

49.8% of HHs share a toilet with other HHs, and 2.4% do not have toilet at all.

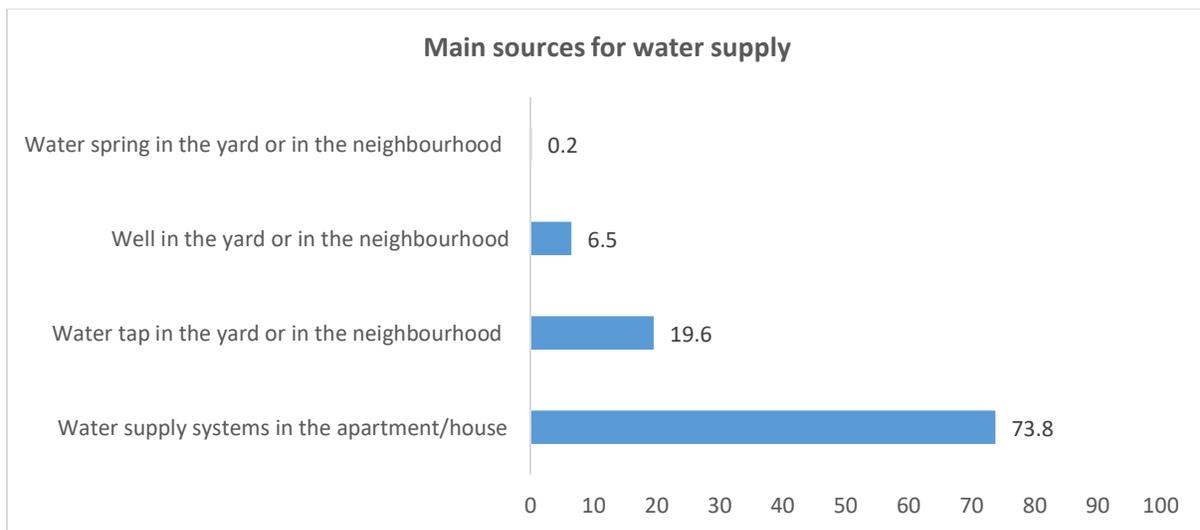
More details on living conditions are given in the Chart 20.

Chart20. HHs' living conditions



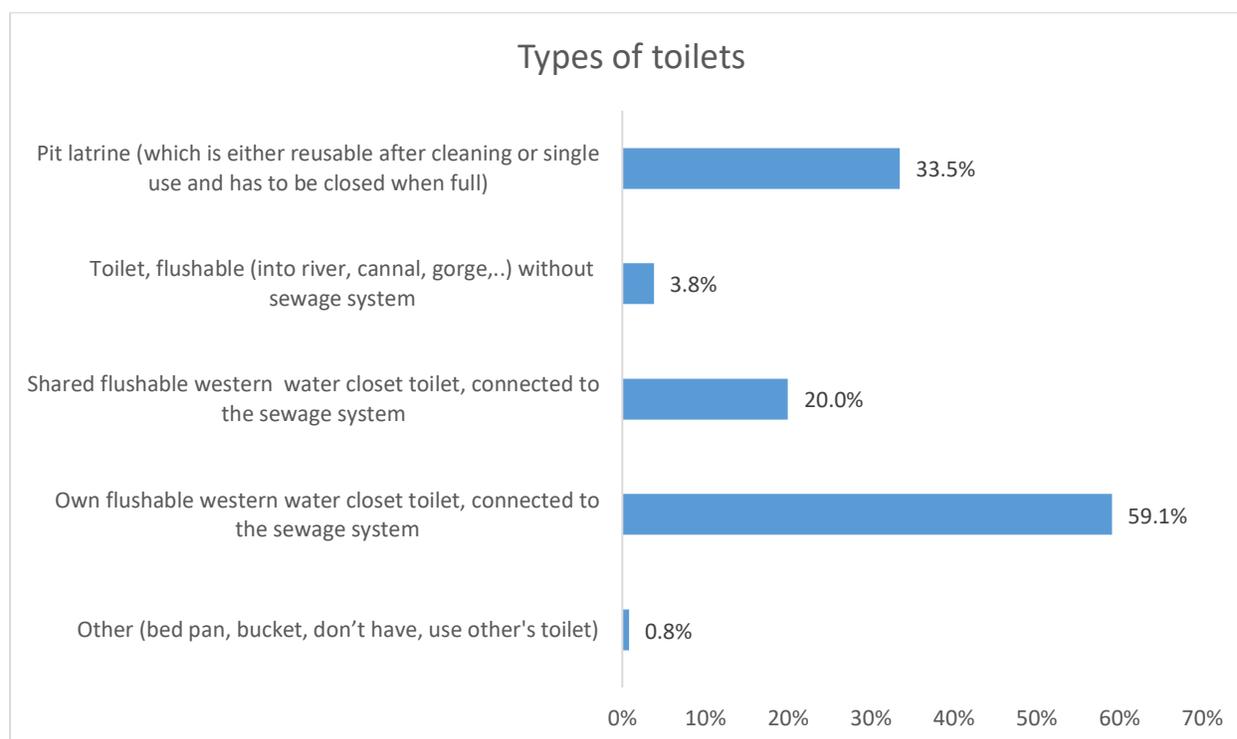
The situation is better with regards to access to drinking water. Majority of HHs (73.8%) have water supply systems in their apartments/houses, approximately 1/5 (19.6%) of HHs has a water tap in the yard or in the neighbourhood.

Chart21. Main sources for water supply



Even though most of surveyed HHs (59.1%) have their own flushable western water closet toilet that is connected to the sewage system, a high percentage of HHs (33.5%) has access only to the pit latrine (which is either reusable after cleaning or is a single use and has to be closed when full)

Chart22. Toilet types



Data on remaining aspects of living conditions is given in the Table 18 below.

Table18. Household living conditions

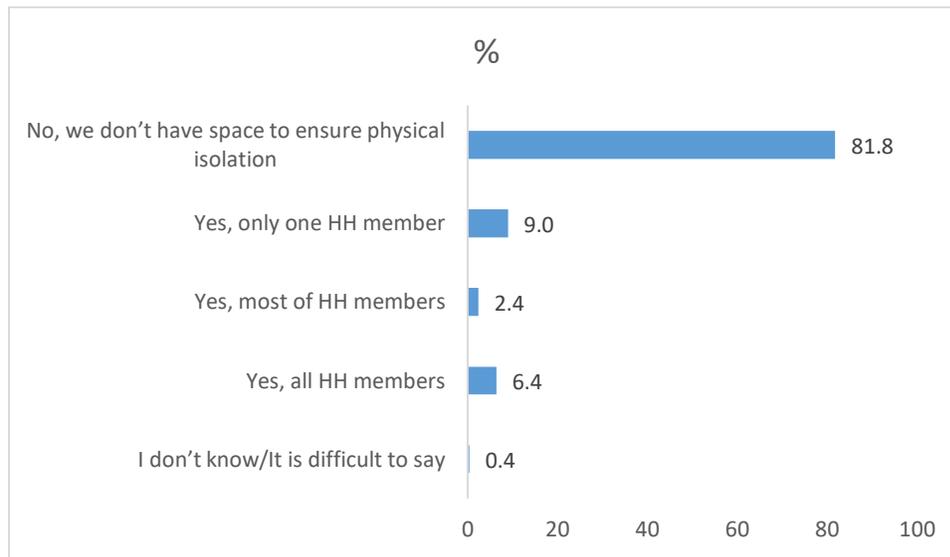
	Have	Do not have
Hot water system in the building	0.6	99.4
Hot water system in the apartment/house	20.4	79.6
Electricity	98.6	1.4
Gas supply system in the building	29.4	70.6
Liquid gas - gas bottle	49.8	50.2
Heating by electricity- individual	12.6	87.4
Heating by gas– (paid by the HH)	23.0	77.0
Heating by gas– (paid for by the government)	0.6	99.4
Heating by firewood	60.2	39.8
Landline phone	2.4	97.2

Internet	21.0	79.0
Wireless phone	2	98
Mobile phone	86.4	13.6

COVID-19-related special needs and level of access to information

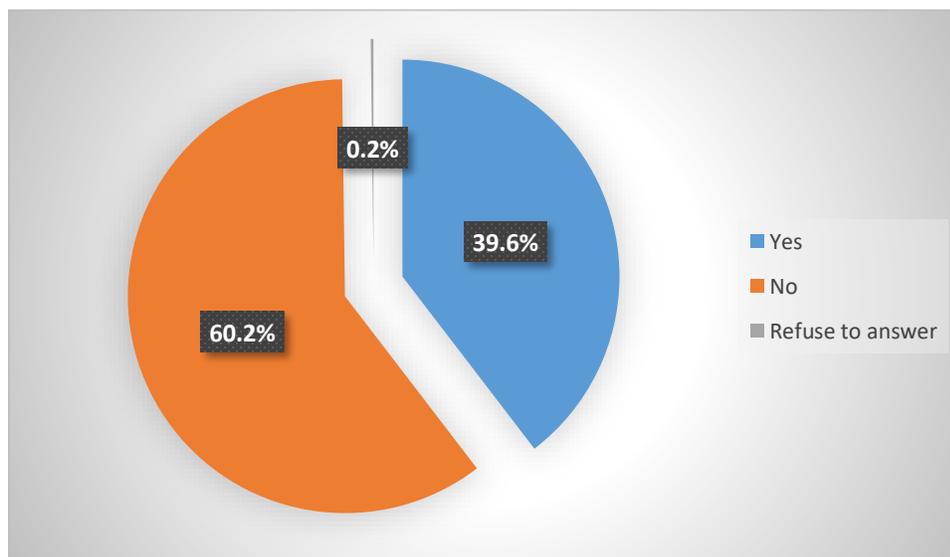
Having been asked if the HH was able to maintain physical isolation in their apartment, in case of need, majority of interviewees (81.8%) said no.

Chart23. Space for physical isolation of HH members in case of need



60% of HHs will not be able to ensure even social distancing in case of need.

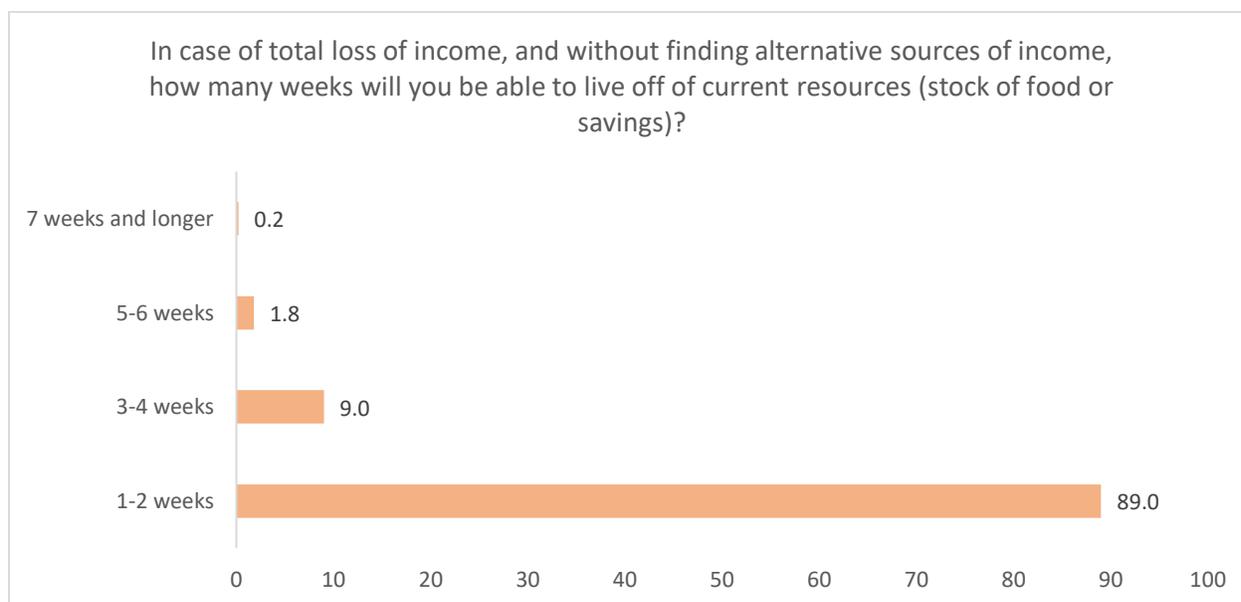
Chart24. Space for social distancing of HH members in case of need



89% of HHs will be able to live off of current reserves/savings for only 1-2 weeks in case of total loss of income and no possibility of finding alternative sources of income.

There is no major difference between the regions in this regard, however, in Shida Kartli all interviewees said that they would be able to get by with current reserves/savings for not more than 1-2 weeks.

Chart25. Resources



The interviewees and their HHs have needs due to COVID-19 pandemic. The survey identified 5 least met needs of the HHs. These are access to internet, medicines, personal protective equipment (disinfectant, face masks, gloves etc.), care for physical health, stress management/emotional support.

The most met needs are access to distance learning, access to state-provided information and recommendations about the pandemic and access to benefits.

Table19. To what extent have your and your HH's following need been met during this pandemic?

To what extent have your and your HH's following needs been met during this pandemic?	mean – 1 - completely unmet, 5- completely met
Distance learning (higher education)	3.73
Information and recommendations about the pandemic - provided by the state	3.53
Distance learning (high school)	3.33
Access to benefits	3.06
Living conditions	2.86
Food/clean water	2.81
Payment of a loan/mortgage loan	2.66

Mental health services	2.61
Stress management/emotional support	2.5
Physical health	2.49
Personal protective equipment: disinfectants, face masks, gloves, etc.	2.44
Medicines	2.37
Internet	2.26

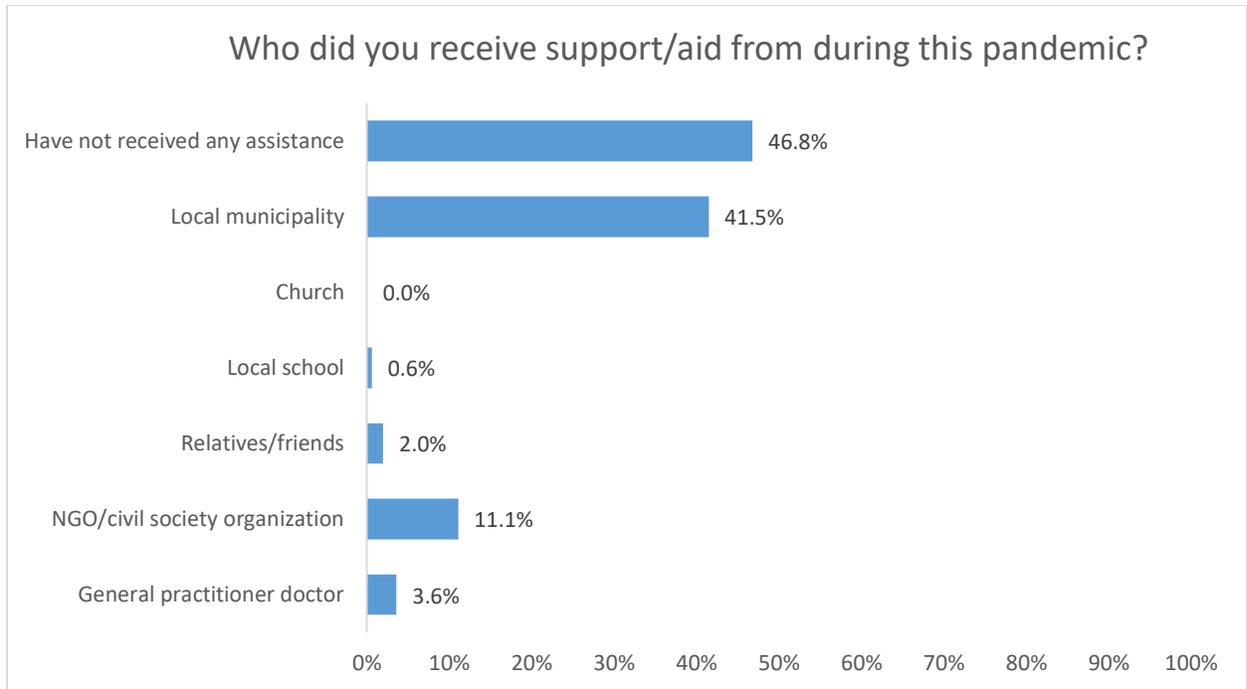
Table 20 illustrates the data on satisfaction of COVID-related needs by regions. There is statistically significant difference ($P_value < 0,05$) between the regions. The only need that was scored similarly across all three regions is Distance learning (high school and higher education).

Table20. To what extent have your and your HH's following needs been met during this pandemic? Data segregated by regions

To what extent have your and your HH's following needs been met during this pandemic?	mean – 1 - completely unmet, 5 - completely met		
	Shida Kartli	Samegrelo-Zemo Svaneti	Imereti
Stress management/emotional support	2.49	2.56	2.39
Living conditions	3.64	2.92	1.98
Payment of a loan/mortgage loan	3.01	2.81	1.67
Access to benefits	3.82	2.96	2.51
Mental health services	2.92	2.63	2.31
Physical health	2.91	2.44	2.13
Food/clean water	3.07	2.97	2.24
Medicines	2.83	2.16	2.32
Personal protective equipment: disinfectants, face masks, gloves, etc.	2.06	2.84	2.02
Internet	3.05	2.19	1.91
Information and recommendations about the pandemic provided by the state	2.84	4.15	3.01
Distance learning (high school)	3.18	3.44	3.44
Distance learning (higher education)	4.00	3.78	3.00

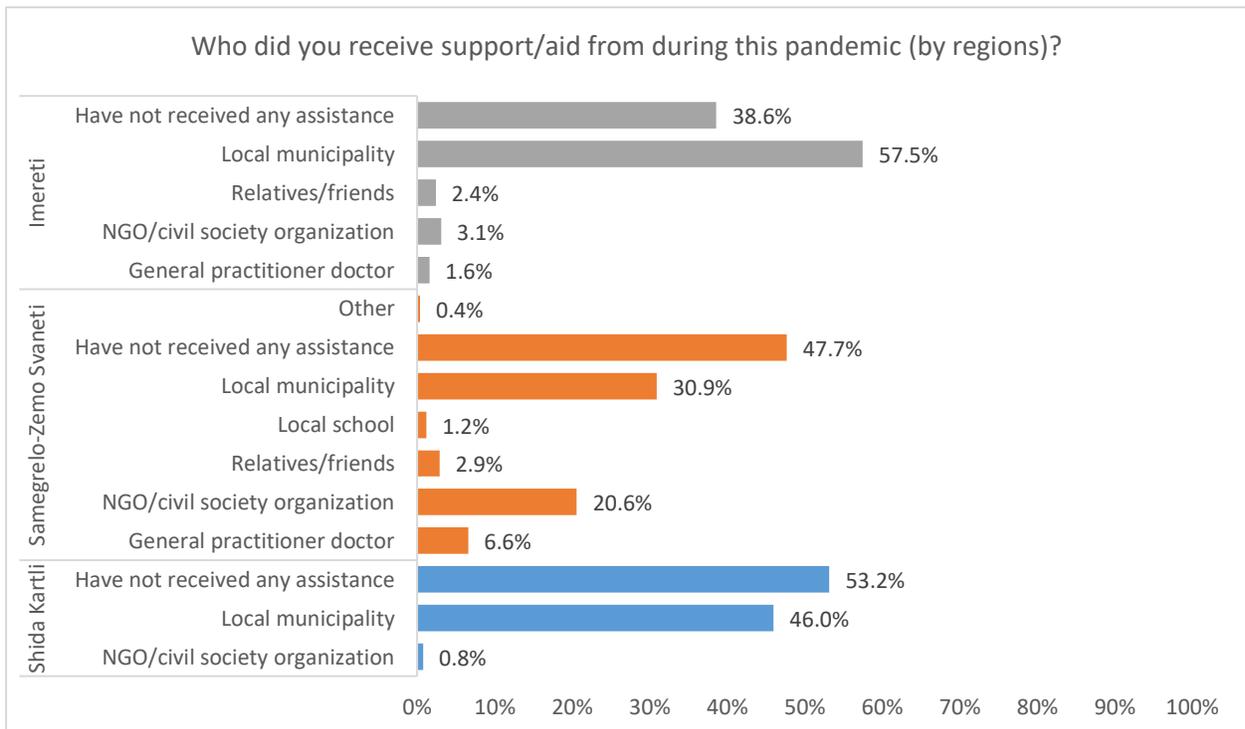
46.8% of interviewees report their HHs have not received any type of assistance to meet the COVID-19-related needs. 41.5% of HHs received assistance from the local municipality government, 11.1% - from NGO-civil society organization. Other sources of support were named by less than 5 interviewees. Church was listed as one of the sources of support in the questionnaire but no interviewees said they received aid from Church.

Chart26. Sources of support during the COVID-19 pandemic



There were major differences between the regions in terms of received support. There are more interviewees from Shida Kartli who report they have not received any assistance than from two other regions. Chart 27 illustrates the difference between the regions by sources of support.

Chart27. Sources of support during the COVID-19 pandemic- by regions



91.5% of interviewees reported that either they or their HH member regularly needs medicines. The demand is the highest on medication for cardio-vascular diseases. There is a slight difference between the regions: more interviewees need mental health medication in Samegrelo-Zemo Svaneti (27.5%) than in Shida Kartli (6.7%) and Imereti (10.3%). More details are available in Table 21.

Chart28. Types of medication that the interviewees and their HH members need regularly

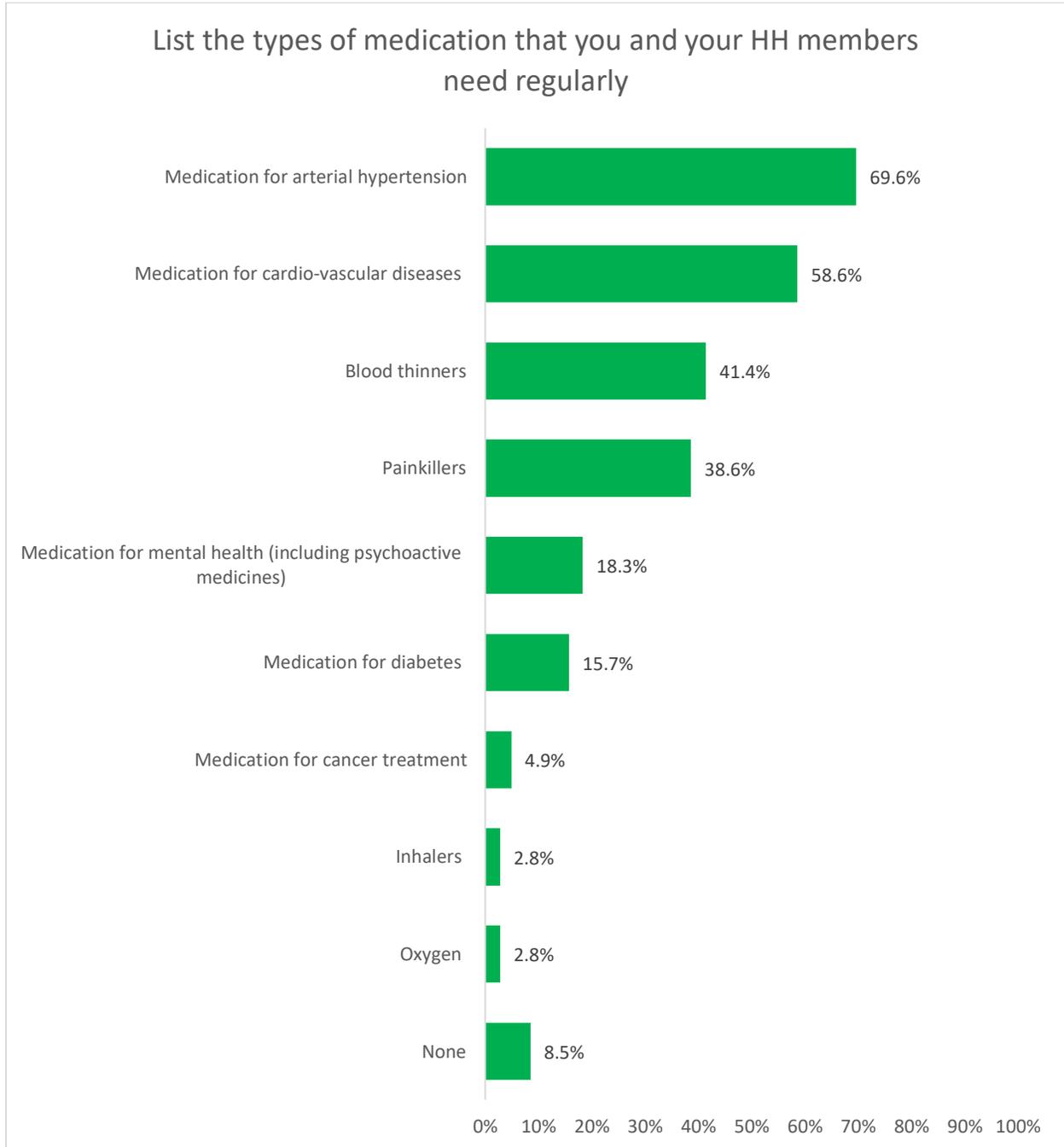
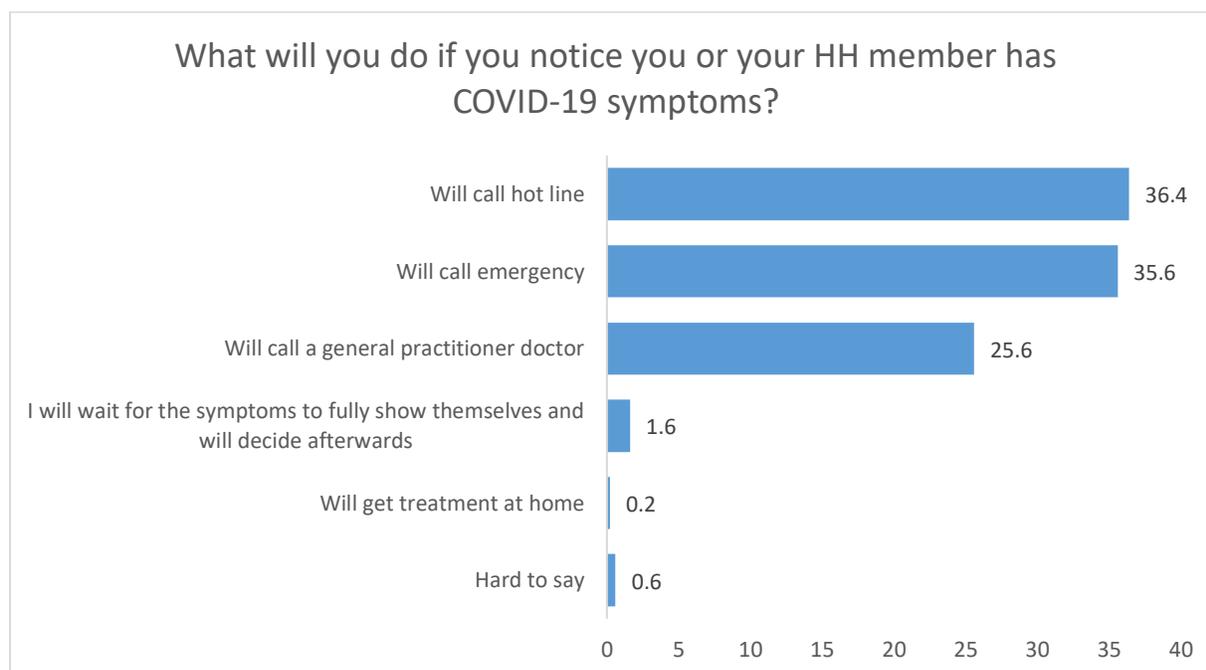


Table21. Types of medication that the interviewees and their HH members need regularly –by regions

List the types of medication that you and your HH members need regularly	Shida Kartli	Samegrelo-Zemo Svaneti	Imereti
Blood thinners	78.3%	34.4%	15.9%
Medication for arterial hypertension	92.5%	59.8%	66.4%
Medication for diabetes	18.3%	13.1%	18.7%
Medication for cardio-vascular diseases	83.3%	50.0%	50.5%
Medication for mental health (including psychoactive medicines)	6.7%	27.5%	10.3%
Medication for cancer treatment	2.5%	5.7%	5.6%
Painkillers	78.3%	29.9%	14.0%
Oxygen	1.7%	4.1%	0.9%
Inhalers	1.7%	4.1%	0.9%
None		12.7%	8.4%

Having been asked what the interviewees would do if they noticed that they or their HH member had any of COVID-19 symptoms, most of the interviewees said they would either call a hot line, call emergency or the general practitioner doctor (so called family doctor). Small number of interviewees said that they would wait for the symptoms to be fully revealed and would decide afterwards, also a few interviewees said they would treat themselves at home because they thought that the risk of transmitting the virus would be higher when in contact with the doctors.

Chart29. Behaviour when noticing COVID-19 symptoms



COVID-19 related level of knowledge

The interviewees think that they are well informed about the COVID-19. Between the ranges 1 to 5, where 1 is fully uninformed and 5 – fully informed, the interviewees gave on average 4.18, this is a high number. More details are given in Table 22, which gives detailed account of different aspects of COVID-19 and how well-informed interviewees consider themselves on these aspects.

Table22.Self-reported level of knowledge on COVID-19

	mean 1 fully uninformed, 5 fully informed
Ways of contracting COVID-19	4.24
COVID-19 symptoms	4.24
Existence of COVID-19 vaccine	3.97
Existence COVID-19 medication	3.95
How to protect ourselves from contracting COVID-19	4.33
How to protect others from contracting COVID-19 from us	4.33
The recommendations of World Health Organization to tackle COVID-19 pandemic	4.12
The restrictions and rules of Georgian Government to tackle COVID-19 pandemic	4.24
Where to find detailed information and recommendations on COVID-19	4.19
Whom to call or turn to if I suspect that I or my HH members have contracted COVID-19	4.19

It was not unexpected that when comparing data between the regions, the interviewees in Shida Kartli turned out to be significantly less informed than those in Samegrelo-Zemo Svaneti and Imereti (as per their self-reports). The difference between the regions was statistically significant (P value<0.05).

Table23Self-reported level of knowledge on COVID-19- by regions

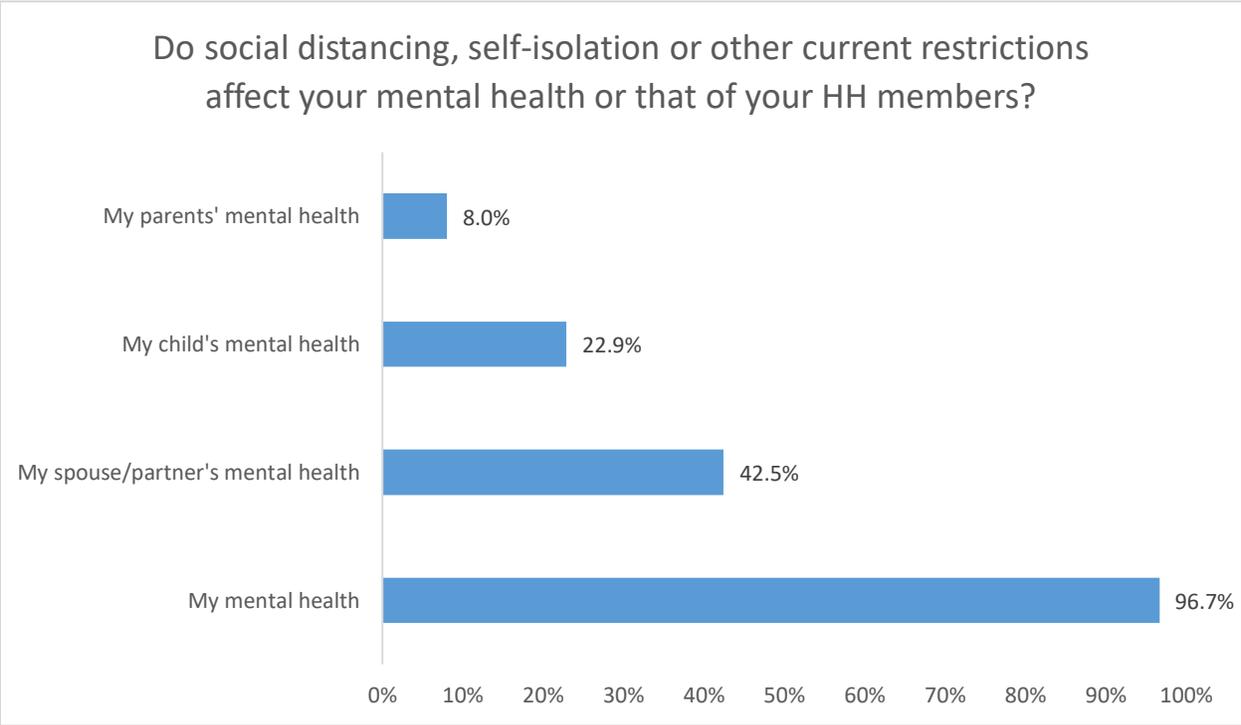
	mean 1 fully uninformed, 5 fully informed		
	Shida Kartli	Samegrelo-Zemo Svaneti	Imereti
Ways of contracting COVID-19	3.16	4.58	4.64
COVID-19symptoms	3.16	4.59	4.65
Existence of COVID-19vaccine	3.18	4.04	4.60
Existence COVID-19medication	3.17	4.01	4.62
How to protect ourselves from contracting COVID-19	3.18	4.75	4.63

How to protect others from contracting COVID-19 from us	3.19	4.75	4.63
The recommendations of World Health Organization to tackle COVID-19 pandemic	3.19	4.34	4.62
The restrictions and rules of Georgian Government to tackle COVID-19 pandemic	3.19	4.58	4.63
Where to find detailed information and recommendations on COVID-19	3.19	4.47	4.65
Whom to call or turn to if I suspect that I or my HH members have contracted COVID-19	3.18	4.49	4.62

Mental health

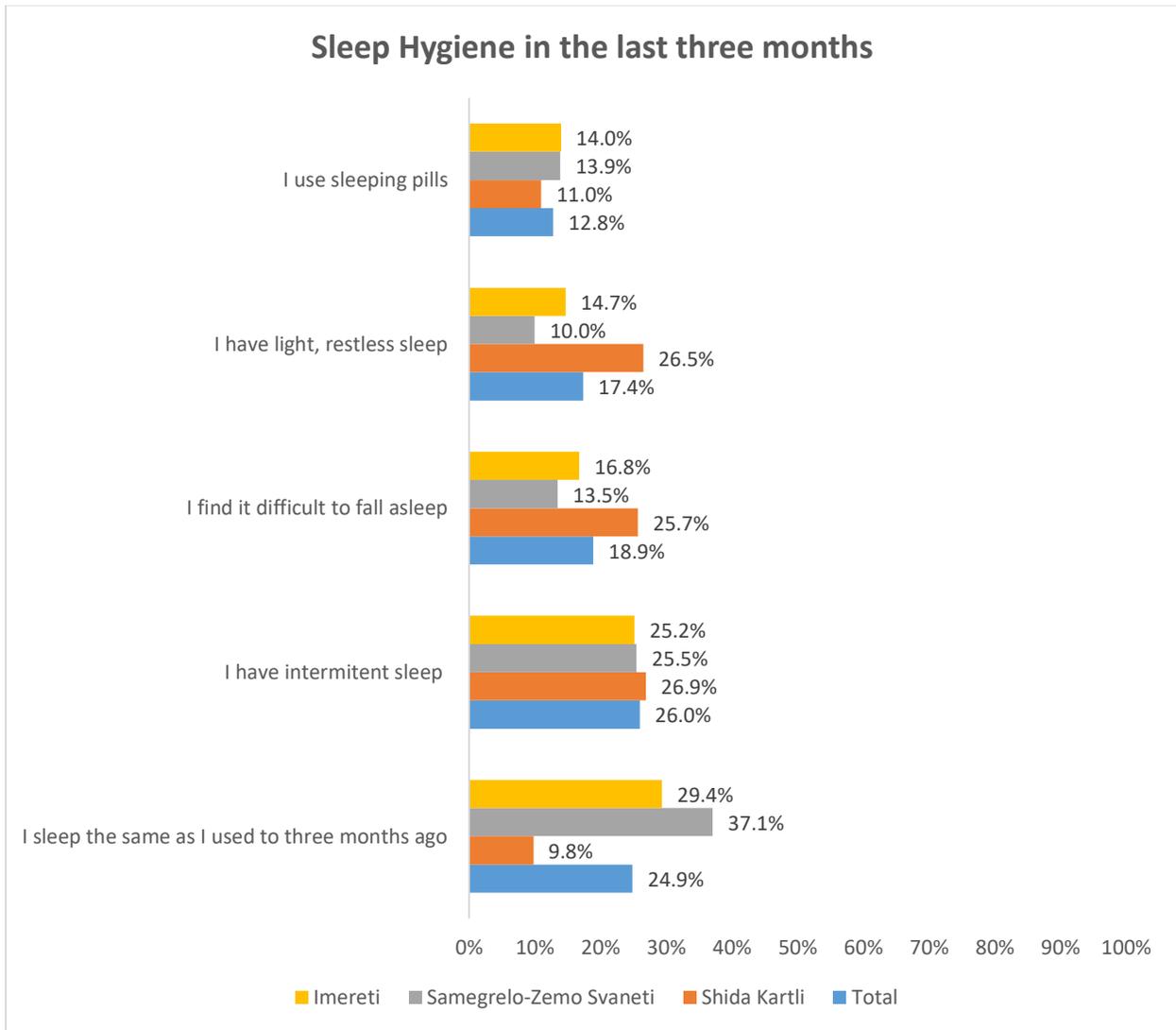
Social distancing, self-isolation and other restrictions imposed due to COVID-19 pandemic has a significant negative impact on mental health. The current research results show that the pandemic first and foremost had negative impact on the mental health of the interviewees. It is noteworthy that the interviewees mentioned other HH members who have also experienced negative impact of social distancing and isolation.

Chart30. Impact of social distancing on mental health



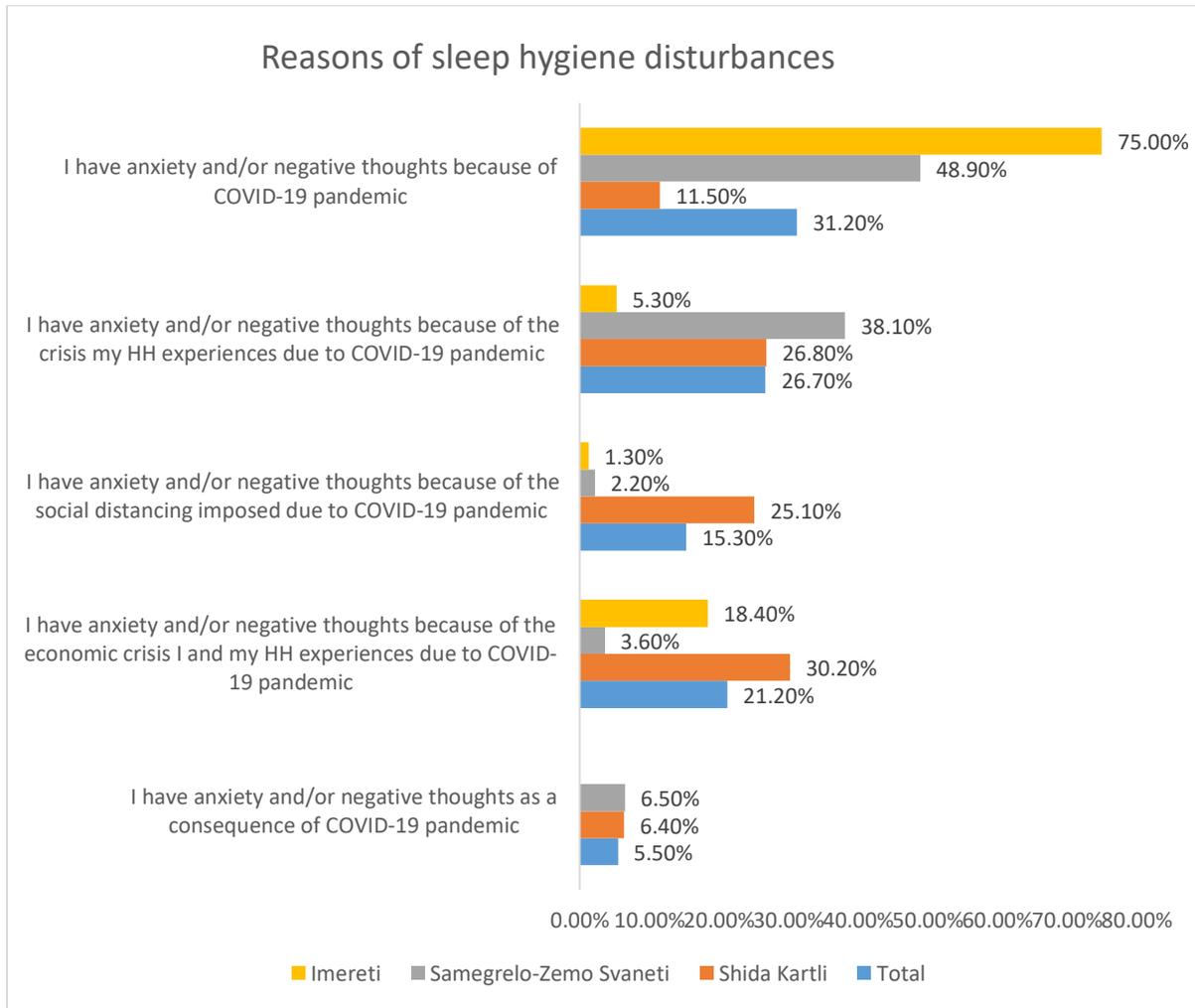
75.1% interviewees reported sleep disturbances, including, intermittent sleep among 36% of interviewees, difficulties with falling asleep - 18.9% of interviewees, and light, and restless sleep - 17.4% of interviewees. 12.8% of interviewees use sleeping medication.

Chart31. Sleep hygiene in the last three months – regional and aggregate data



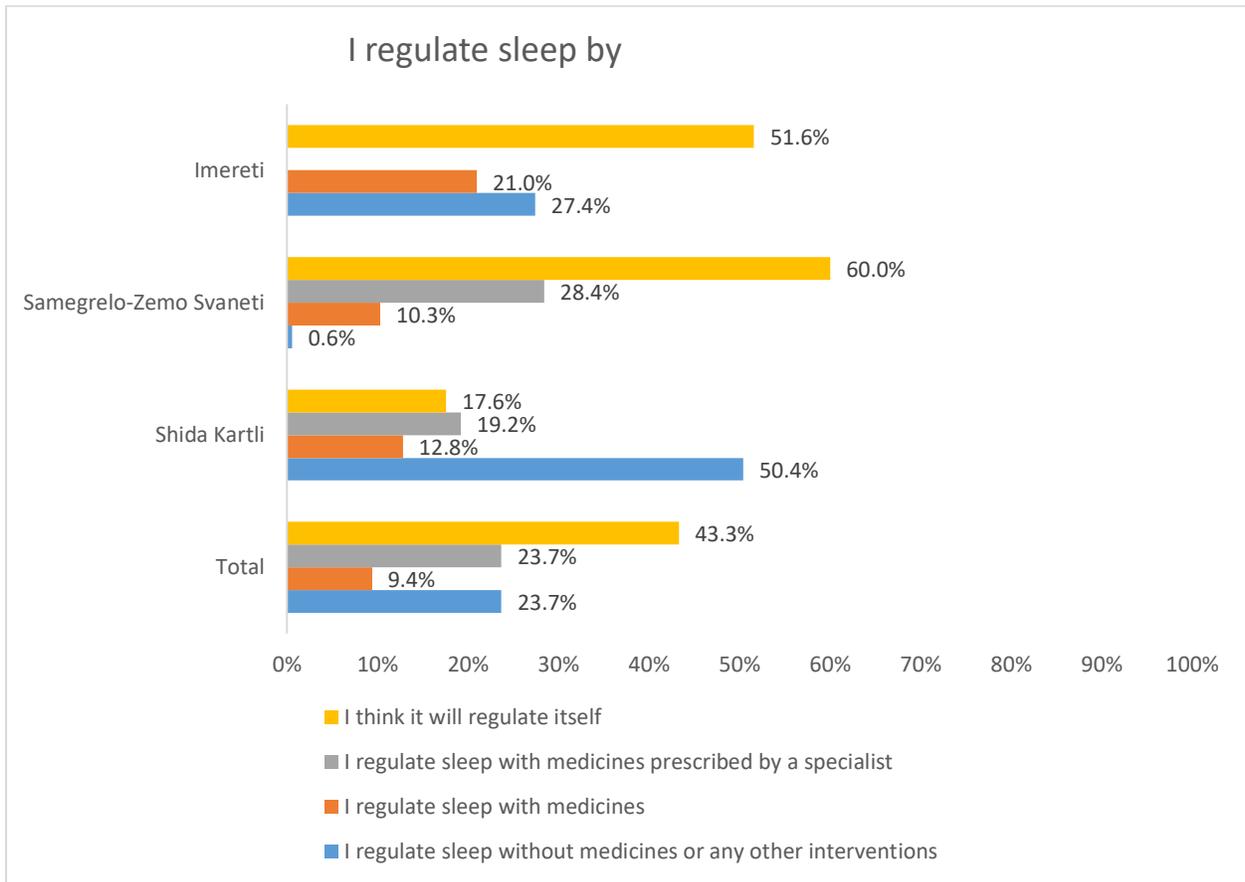
31.2% of interviewees said their sleep disturbance was caused by anxiety and/or negative thoughts, which they have been having since before COVID-19, whereas 26.7% said their anxiety and/or negative thoughts are caused by COVID-19.

Chart 32 Reasons of sleep hygiene disturbances – aggregate and regional data



Many interviewees do not regulate sleep disturbances and think that it will pass on its own (43.3%).

Chart33 Ways of regulating sleep patterns



Majority of interviewees said that that they have not had any eating disorders in the last 3 months (71.8%). However, 28.2% said that they have had one or other form of eating habit disturbances.

Table24. Eating habits in the last three months

Eating habits in the last three months	Total	Shida Kartli	Samegrelo-Zemo Svaneti	Imereti
	%	%	%	%
I eat as usual, as I did three months ago	77	71.8	72.5	91.2
I experience loss of appetite	13.7	24.2	13.0	4.8
I experience excess appetite	9.3	4	14.2	4.0

The main reason for disturbances in eating habits was reported to be loss of appetite (45.7%).

Table25. Reasons for disturbances in eating habits

Reasons for disturbances in eating habits	Total	Shida Kartli	Samegrelo-Zemo Svaneti	Imereti
	%	%	%	%
No access to food or meals	29.3	22.9	23.1	68.8
I don't feel hungry	45.7	71.4	40	12.5
I feel hungry in half an hour after eating	25	5.7	36.9	18.8

95% of interviewees regulate eating habits by eating at regular schedule intervals.

Table26. Ways of improving eating habits

I try to improve my eating habits by	Total	Shida Kartli	Samegrelo-Zemo Svaneti	Imereti
	%	%	%	%
I try to eat at regular schedule intervals	95	98.2	89.7	100.0
I take appetite enhancing medicine	3.9	0.9	8.8	
I take appetite suppressing medicine	1.1	0.9	1.5	
I induce artificial nausea after I eat				

39.4% of interviewees said they were in frequent communication with HH members last 3 months, a slightly less interviewees i.e. 36.7% said they had remote communication with friends, relatives, or colleagues.

Table27. Communication with people in the last three months

Communication with people in the last three months	Total	Shida Kartli	Samegrelo-Zemo Svaneti	Imereti
I communicate often with household members	39.40%	51.4%	10.80%	86.7%
I find it difficult to communicate with HH members	4.30%	11.9%	0.40%	1.0%
I have remote communication with people (friends, relatives, colleagues)	36.70%	32.2%	50.20%	12.4%

I find it difficult to communicate with friends, relatives, colleagues	3.20%	4.5%	3.60%	
Usually I have little communication with friends, relatives and HH members.	16.40%		34.90%	

Having been asked about activities and responsibilities in past 3 months, 49.5% reported that they mainly do household chores, 27% said they stay in bed most parts of the days, and 25% said they found it difficult to do household chores.

Table28. Activities and responsibilities in the last three months

Activities and responsibilities in the last three months	Total	Shida Kartli	Samegrelo-Zemo Svaneti	Imereti
I do household chores mainly	49.5%	37.3%	53.8%	55.6%
I work remotely as usual	1.8%	2.1%	2.6%	
I work remotely and do household chores	1.0%	0.7%	0.9%	2.5%
I find it difficult to do household chores	20.5%	42.3%	9.4%	16.3%
During the day I mostly stay in bed	27.0%	17.6%	33.3%	25.6%

28.8% of interviewees reported they had mood swings without any reason during the day in the past 3 months; 28.7% had mood swings in accordance with the current affairs during the day; 26.3% reported they were often sad.

The answers were different by regions - 60.3% of interviewees in Shida Kartli reported mood swings based on current affairs and 34.9% of interviewees were often sad in Samegrelo-Zemo Svaneti.

Table29. Mood in the last three months

Mood in the last three months	Total	Shida Kartli	Samegrelo-Zemo Svaneti	Imereti
I have mood swings during the day without any reason	28.8%	11.0%	35.3%	37.3%
I have mood swings during the day in accordance with the current affairs	28.7%	60.3%	12.0%	23.8%
I am often sad	26.3%	26.7%	34.9%	9.5%
As a rule, I do not have mood swings	16.2%	2.1%	17.8%	29.4%

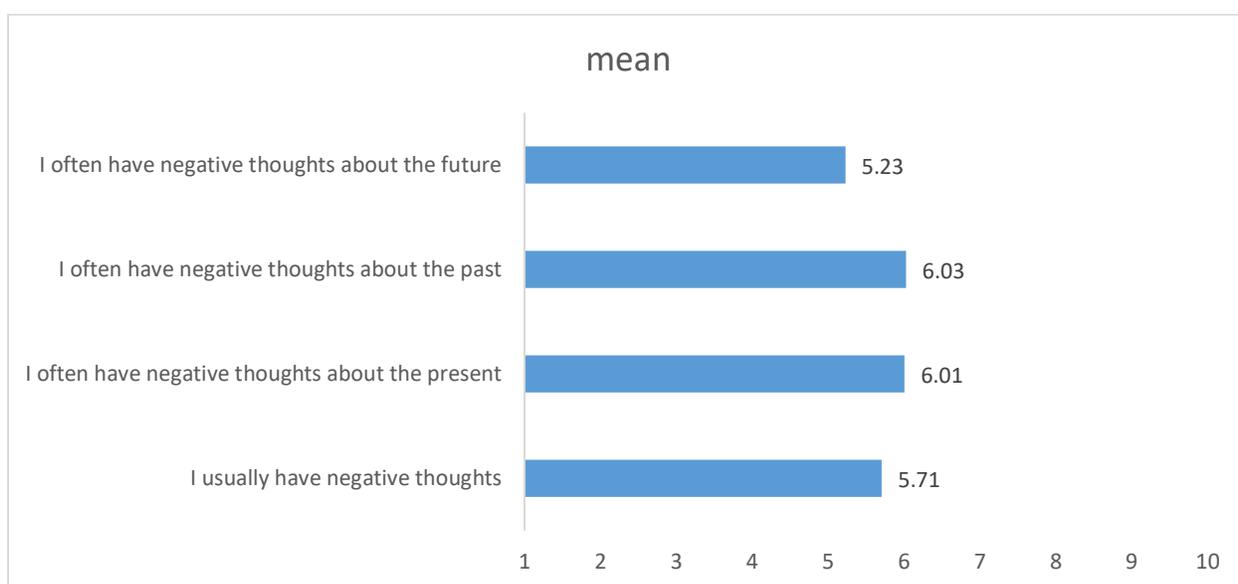
The interviewees' mood changes mainly in the evening as reported by 50.9% of interviewees.

Table30. Mood swings during the day

My mood changes	Total	Shida Kartli	Samegrelo-Zemo Svaneti	Imereti
In the morning	27.4%	46.4%	13.6%	38.8%
In the afternoon	21.7%	21.4%	15.5%	29.9%
In the evening	50.9%	32.1%	70.9%	31.3%

The interviewees were asked to measure the frequency of their negative thoughts from 1 to 10 with 10 being the highest score. It turned out that interviewees have negative thoughts mainly about the past and the present.

Chart34. Frequency of negative thoughts



Main findings

The main findings and recommendations of the research are grouped by four categories in response to research objectives: socio-economic profile; living conditions; specific needs due to COVID-19 pandemic and access to social services.

Socio-economic profile

- There is a high number of HHs (62%; 313 HHs) that **do not have any income earner HH members**. The second highest number of HHs fall into the category that has only one income earner (31.8%; 159 HHs), which is indicative of their difficult circumstances. The picture looks even more grim when the sources of income are analysed: only 18.7% of income earners are permanently employed, among these slightly more than half- 9.6% work in the private sector and 9.1% - in the public sector.
- Most of the surveyed HHs (77%) reported that their income is bad or very bad (see the questionnaire) and they **cannot meet even their basic needs on food**. A significant number of interviewees have reported having used health damaging practices of **going to sleep hungry** (26.4%), and to even more dangerous – **not eating anything for the whole 24 hours** (19.1%). The picture is even more distressing when the frequency of such instances is analysed – more than half of those having used the abovementioned practices with high frequency (having gone to sleep hungry (60.9%) or having not eating for 24 hours (60.1%) 3-10 times or more often in the last one month).
- The food provision is problematic. The ratio of **necessary expenditure on food** and **actual food expenditure** is negative:
Necessary expenditure: based on the interviewees feedback, it was calculated that on average, one HH member needs **16.3 GEL** a day to meet the basic food and non-food needs of the HH.
Actual expenditure: HHs spent on average **6.3 GEL** on food, utility fees and other basic needs a day per HH member in the last year.
The actual expenditure being **2.5 times less than** the necessary minimal expenditure illustrates that the HHs have poor food ratio, and very poorly met non-food basic needs.
- The research has demonstrated negative impact of the pandemic on the HH economy. 60% of interviewees reported worsened economic situation in the last 3 months (with significant worsening for 42.8% of HHs and slight worsening for 16.2%). The HHs are not optimistic about the future either – 55.2% thinks that their economic situation will not change in the coming three months and 32.8% anticipates that things will get worse.
- Regional comparison has illustrated the highest level of vulnerability in **Shida Kartli**. In this region 80.8% of the HHs reported that their economic situation worsened in the last three months (72% reported significantly worsened situation and 8.8% - slightly worsened). This region also demonstrated a very high rate of money borrowing as a coping mechanism with 52% of interviewees having borrowed money to get by, whereas the same was done only by 6.9% in Samegrelo-Zemo Svaneti and 3.1% in Imereti regions.

Living conditions

- The surveyed IDPs live in difficult conditions. The process of rehabilitation of collective centres did not cover all CCs¹⁶, which is illustrated in the results of this research: 29% of interviewees say that their apartment/living space may collapse **if it is not rehabilitated immediately**. 50.4% says that their living space requires major rehabilitation.

It has become particularly pressing to study sanitary conditions in the CCs as well as overcrowding in the CC buildings due to COVID-19 pandemic. The research findings indicate that there is a high risk of spreading the virus in the surveyed CCs, in particular:

- 44.8% of HHs do not have a **bathroom**, whereas 19% shared bathroom with another HH.
- 49.8% of HHs share **toilet**, 2.4% of HHs don't have a toilet at all. Even those who have toilets have challenges: there is a high number of HHs (33.5%) who use pit latrines (which is either reusable after cleaning or is a single use and has to be closed when full).
- The topic of access to drinking water is also problematic. **26.5% of HHs don't have water supply system in their apartments** (19.6% have water tap in the yard or in the neighbourhood; 6.5% has a well in the yard or in the neighbourhood, and 0.2% -a water spring in the yard). The condition of these HHs raises question as to how they will be able to meet the recommendations of the World Health Organization amid upcoming winter.
- In terms of **overcrowded living spaces**, the research found that many HHs (36.6%) lives in the living space of 20-39 m², which in some cases are occupied **by 6, 7 and 8 HH members**. Analysis of number of rooms available in the CC apartments is also interesting – the findings indicate that majority of HHs (74.8%) live only in **one or two rooms**.

COVID-19 related specific needs

- **Physical isolation in the apartments is mostly not possible** due to small size of living spaces. That is why majority of interviewees (81.8%) said they would not be able to maintain physical isolation in their apartment in case of need.
- The interviewees were asked to assess on a scale of 1 to 5 how satisfied their needs were against different categories in the period of the current pandemic with 1 being the most unmet need and with 5 being the most met need. The HHs identified the following least met needs (with average score of less than 2.5): **internet, medicines, and personal protective equipment (disinfectant, face masks, gloves etc)**.
- 91.5% surveyed HHs **need medicines regularly**. These medications were named the most: frequently the medicines for arterial hypertension (69.9%) and for cardiovascular system (58.6%). There is a slight difference between the regions: more interviewees need mental health medication in Samegrelo-Zemo Svaneti (27.5%) than in Shida Kartli (6.7%) and Imereti (10.3%).
- Internet plays an important role in the modern life. COVID-19 pandemic showed how important **access to internet** is. In this regard, it is important to highlight that 85.3% of HHs do not have a personal computer. Access to computer and internet is particularly important not only for the purposes of education but also for work and social connections (only 36.7% of interviewees have remote contact with friends, relatives). Access to mental health services have become possibly only via online counselling in this pandemic. Need **for mental health services** has been confirmed by the following research results: overwhelming majority of interviewees (96.7%) says that social

¹⁶The report of Georgian Public Defender's Office of January-July 2010.

distancing, isolation, or other restrictions have impacted their mental health. Some interviewees reported disturbances in eating (28.2%) and sleep (75.1%) habits, mood swings, negative thoughts, and other psychological problems.

- It is noteworthy, that interviewees think the level of their knowledge about COVID-19 as very high. On a scale of 1-5, with 5 being the highest score, the interviewees gave on average 4.18 points to the how well they were informed about COVID-19, which is indicative of an effective information campaign on the virus.

Access to social services

- 59.7% interviewees reported that they had been receiving Targeted Social Allowance (TSA) throughout last 12 months or certain period of these 12 months. However, there is a high number of HHs that **are not TSA recipients (40.3%)**. It is important to highlight the reasons reported by the HHs: one third of the HHs had no hope they would receive assistance so they did not apply (33.6%), 3% does not know how to apply, 2.2% reported they cannot apply and don't know anyone who can help with the application.

With regards to the assistance received due to COVID-19, 2/3 of interviewees said that they received COVID-19 related assistance from state bodies (32.6%), from donor/international organizations (27.1%) and from local civil society organizations (6.1%). Overwhelming majority of the HHs (92.7%) reported they received food items.

- There seems to be a significant difference between the regions with regards to access to social and other types of benefits/assistance: among the surveyed HHs, the biggest number of the COVID-19 related assistance recipients were recorded in Samegrelo-Zemo Svaneti region, while the smallest – **in Shida Kartli**. Meanwhile, the research results indicate that Shida Kartli has the highest level of vulnerability in comparison with two other surveyed regions (see section above on socio-economic condition) and the same applies to access to social services.

Recommendations

Socio-economic profile

- Carry out the in-depth research in IDP CCs to identify the reasons for the IDPs' difficult socio-economic conditions, to study their potential (human and material capital) with regards to economic activities, and to identify the potential of local economic environment.
- To categorize IDPs based on the in-depth research and analysis into:
 1. Persons of low economic potential who need social services and material resources for support (provision).
 2. Persons of medium level economic potential who need protection and support (protection).
 3. Persons of high economic potential who need support in development (promotion).

Develop targeted interventions for these three categories of IDPs.

- Local bodies of self-governance are recommended to develop special programs for IDPs (positive discrimination) to support their socio-economic integration. This will enable the IDPs to get involved with the work of the local bodies of self-governance, to benefit from existing services and to become members of service providing organizations. These interventions should particularly target those towns and municipalities where total population of IDPs is 10% higher than the town's or municipality's host population. It is also important to develop special programs for IDPs' employment and integration based on successful international experience.

Living conditions

- LEPL IDP, Eco-migrants and Livelihood Agency (hereinafter the Agency) is recommended to carry out expert examination of IDP CCs (411 buildings) and develop a database of CCs under priority of resettlement. Prioritize the resettlement of IDPs from the collapsing collective centres in accordance with the set criteria.
- Durable housing allocation commission is recommended to prioritize the resettlement of those IDP HHs that live in the collapsing CCs or in the CCs that pose danger to residents' lives or health. For the commission to do so, it is recommended that changes are introduced to the durable housing allocation criteria and scoring system and thus, to give additional scores to those HHs who reside in the CCs which pose danger to the lives and health of the residents.
- The Agency, the government of Abkhazia Autonomous Republic in exile and the local authorities are recommended to repair the CC buildings that cannot be closed in the near future, also to rehabilitate water and sewage systems in these buildings and to provide IDPs with necessary utility services.

Specific needs due to COVID-19 pandemic

- It is recommended that the establishment of Residents' Associations is supported in the CCs and the community leaders are empowered; also, it is recommended that these Associations become eligible for co-funding programs of local governments.
- It is recommended that the local authorities and the Agency fund urgent infrastructure and social projects in the CCs.
- It is recommended that the CC resident craftsmen are retrained, have their skills developed and are provided with the long-term work assets. Establish mobile groups of these craftsmen and the Agency pays the groups 2 GEL per IDP per month to maintain the CC buildings.
- The Agency is recommended to cooperate closely with the community leader IDPs and to support them in developing their personal and organizational skills. It is recommended that the Agency develops a plan of communication with IDP community, engages IDP leaders in the planning, implementation, and monitoring of the relevant programs.
- It is recommended that the Ministry of Education of the government of Abkhazia Autonomous Republic in exile and local authorities arrange community spaces in the CCs where school and university students will have access to computers and high-quality internet.
- It is recommended that non-formal education clubs are organized in the community spaces, that training and seminars are organized there on peacebuilding, civil education, gender equality, job seeking and other pressing issues.

Access to social services

- It is recommended that those IDPs who live in collapsing CCs or the CCs that pose high risk to the lives and health are granted a higher monthly allowance equivalent to the monthly subsistence minimum officially established in Georgia.
- The Ministry of IDPs from the Occupied Territories, Labour, Health and Social Affairs of Georgia to establish elderlies' homecare standards; the standards must define the homecare service components, the beneficiaries and the qualifications of persons working with the elderly persons.
- The Ministry of Healthcare of the government of Abkhazia in exile and the local authorities are recommended to create a mobile group of psychologists who will identify the relevant symptoms among the IDPs on time and will redirect them to adequate psychological services when needed.
- It is recommended that a multi-purpose service center is created in Samegrelo region for IDP and host community member elderlies with special needs. This center will provide the services of 24-hour care, homecare as well as community center services and will have home-like environment.

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