

# RAPID GENDER ASSESSMENT OF THE COVID-19 SITUATION IN GEORGIA



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Norwegian Ministry  
of Foreign Affairs



UN for  
Persons with  
Disabilities  
in Georgia



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# LIST OF ACRONYMS

<b>ACRONYM</b>	<b>DESCRIPTION</b>
<b>COVID-19</b>	Novel coronavirus
<b>CRRC</b>	Caucasus Research Resource Centers
<b>GG4GEG</b>	Good Governance for Gender Equality in Georgia
<b>PwD</b>	Persons with Disabilities
<b>SDG</b>	Sustainable Development Goals
<b>UN Women</b>	United Nations Entity for Gender Equality and the Empowerment of Women
<b>WHO</b>	World Health Organization

# EXECUTIVE SUMMARY

The global outbreak of the novel coronavirus (COVID-19) has fundamentally reshaped human lives, infecting millions and taking the lives of hundreds of thousands of people. Georgia has so far escaped a large-scale outbreak thanks to a well-coordinated early response and strict lockdown measures. Nonetheless, the pandemic has affected everyday lives in the country with disruption to livelihoods, essential services and personal security. Women and girls, particularly those who live with disabilities, are unequally affected by the consequences of the lockdown measures. Importantly, their voices have not been heard in pandemic response policies. This report summarizes the findings of an extensive study into the impact of the pandemic on the lives of Georgian residents, particularly women and girls with disabilities. This document presents the results of a nationally representative survey and qualitative study, which seeks to amplify marginalized voices and provide evidence-based recommendations to policymakers and practitioners.

This rapid gender assessment was prepared by CRRC-Georgia for UN Women within the framework of the UN Women-implemented project “Good Governance for Gender Equality in Georgia” supported by the Norwegian Ministry of Foreign Affairs and the UN Joint Programme “Transforming Social Protection for Persons with Disabilities in Georgia”, supported by the Joint SDG Fund. It examines the impact of the pandemic on the lives of women and men in Georgia, with an emphasis on the needs of women and girls with disabilities and their caregivers. The quantitative component of this report presents the results of 1,069 interviews conducted through random-digit dialling. Responses are weighted to be nationally representative of the adult population of Georgia (excluding breakaway regions) with a theoretical margin of error not exceeding 3 per cent. The qualitative component draws on in-depth interviews with women living with disabilities (10 individuals) or women working to support people with disabilities

(11 caregivers, 5 experts). Combining quantitative and qualitative approaches, the research leads to the conclusions and recommendations outlined below.

## Economic issues and livelihoods

- One third of men and women who were employed before the pandemic report they have lost their jobs, and around one third of both men and women report reduced hours. Although women are less likely than men to have reported a fall in productive income since the crisis, around 39 per cent of women interviewed reported receiving less money from productive activities.
- The survey suggests that ethnic minorities were hardest hit by the pandemic and that these effects have been felt to a similar extent by both women and men. More than half of ethnic minority respondents (53 per cent) report they have lost their jobs, compared to 30 per cent of ethnic Georgians.
- While women and girls with disabilities described few significant changes to their financial situations, many were worried about the high cost of medical treatment and transport, as well as the rising costs of medicine and basic hygiene products.

## Unpaid domestic work and care work

- Women disproportionately suffer from an increased burden of domestic work. Around 42 per cent of women report spending more time on at least one extra domestic task, while only 35 per cent of men report the same. Women are more likely to report spending more time on cleaning (35 per cent) than men (24 per cent). Women are also more likely to report spending more time cooking (31 per cent) than men (25 per cent). Fewer women than men report that their partners have increased their role in domestic work.

- The surveyed households with children have seen particularly large increases in domestic workload, likely due to school closures. Additionally, where women are working and have retained their jobs, they are more likely than men to have shifted to working from home.
- Care services for children with disabilities have moved online or ceased functioning, which places additional pressure on their parents, who can access less support and must engage more in online sessions.

### **Mental health and isolation**

- The study finds qualitative and quantitative evidence of deteriorating mental health for women and girls with disabilities and their carers, as well as for the population more broadly. Nearly half of survey respondents reported a decline in their mental health as a result of the crisis, with women more likely to report psychological issues than men.
- Increased isolation and decreased opportunity to socialize, compounded by the constant “stay at home” messaging around the crisis, has made women and girls with disabilities more anxious, and many of those without pre-existing psychological issues are exhibiting sharp declines in their psychological well-being. These challenges place additional pressure on carers, who may themselves experience poor mental health as a result of the crisis.

### **Voice and stigmatization**

- Women with disabilities were the most articulate respondents when talking about the specific needs of women and girls with disabilities. Many of the experts interviewed struggled to disambiguate gender-specific needs and impacts of the

COVID-19 outbreak on persons with disabilities (PwD). Interviewed women with disabilities also expressed frustration at social stigmatization and at perceived patronizing behaviour by medical staff and other professionals.

### **Access to services and goods**

- Almost half of respondents reported some difficulties in accessing medical supplies for personal protection. Women were more likely to report that they have experienced either some (42 per cent) or significant (12 per cent) difficulties in accessing medical supplies, whereas only 39 per cent of men reported some challenges, and 7 per cent report significant difficulties.
- Women and girls are disproportionately unlikely to be registered as having a disability, depriving them of access to State aid and services. Lack of registration stems from social stigmatization, as well as fear on the part of parents that disability status will prevent their daughter from marrying.
- Interviews suggest that while urgent medical treatment is continuing, PwD may be postponing routine tests and less urgent procedures due to fears over COVID-19 and reduced service availability. Many women and girls with disabilities from the country's regions need to travel to the capital for medical assistance, which has not been possible due to movement restrictions.
- The move to online service provision for children with disabilities has been poorly received. Some families lack the infrastructure (e.g. computer or Internet) to access services, and others have found operating the technology challenging. Online therapy was often felt to be an inadequate replacement for in-person support, with some parents reporting poorer outcomes and challenges keeping children focused.



# OVERVIEW OF THE STUDY



# INTRODUCTION

In March 2020, the World Health Organization (WHO) declared the outbreak of the COVID-19 virus a global pandemic. As of 1 June, the virus had infected more than 6 million people globally and has taken 370,000 human lives.<sup>1</sup> At the time of writing, Georgia has avoided severe outbreaks of COVID-19, and its rapid response has earned praise worldwide.<sup>2</sup> That said, as the consequences of measures to combat the spread of the virus mount, pressure is growing on the Government of Georgia to reopen the economy and bring restrictions to a close.<sup>3</sup> All individuals in Georgia have experienced some negative consequences as a result of the pandemic, and government and non-governmental actors are undertaking interventions to support those affected. This document seeks to inform the response to the outbreak by providing evidence of the impact of the pandemic and control measures on women, girls and persons with disabilities (PWD).

The UN Women Country Office in Georgia is working to address knowledge gaps and to assist the Government in addressing the needs of women and girls in Georgia. Within the framework of the “Good Governance for Gender Equality in Georgia” (GG4GEG) project funded by the Norwegian Ministry of Foreign Affairs and the UN Joint Programme “Transforming Social Protection for Persons with Disabilities in Georgia” funded by the Joint SDG Fund, UN Women has worked with CRRC-Georgia to provide a rapid gender assessment of the COVID-19 situation in Georgia. This report summarizes the key findings of a nationwide public opinion poll and an extensive qualitative study of the experiences of women and girls with disabilities. It also presents evidence-based recommendations that will facilitate

better policies to address the needs of women and girls in Georgia.

The aims of this report are twofold. First, the study examines how Georgians experience and cope with the COVID-19 pandemic. Specifically, the report answers the following questions:

- How have temporary measures and the lock-down affected economic security and sources of livelihood?
- To what extent do the emergency and interim measures prevent women and men from gaining timely access to essential social services?
- What are the basic needs, capacities and coping strategies for securing economic resources and maintaining a source of income?
- Do school closures, travel/movement restrictions, modified working arrangements and self-isolation cause any financial challenges and a shorter-term economic perspective for women and men?
- How do women and men participate in the distribution of responsibilities for unpaid domestic work?
- What support, if any, do women get from household members to manage high-load, unpaid care roles and high-load, low-paid work roles?
- Do women and children experience increased violence at home as a result of the lockdown?

Secondly, the report assesses the effects of the COVID-19 pandemic on women and girls with disabilities, as well as their caregivers. Specific questions addressed in this document are as follows:

- How did the coronavirus pandemic affect access to essential services and resources for women and girls with disabilities?

1 Johns Hopkins University & Medicine, “COVID-19 Dashboard by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins University (JHU)”, 2020. Available at <https://coronavirus.jhu.edu/map.html>.

2 Giorgi Lomsadze, “Georgia and Armenia bicker over pandemic response”, Eurasianet, 26 May 2020. Available at <https://eurasianet.org/georgia-and-armenia-bicker-over-pandemic-response>.

3 Isabelle Khurshudyan, “On the Black Sea, Georgia rebrands as a holiday haven from the pandemic”, The Washington Post, 30 May 2020. Available at [https://www.washingtonpost.com/world/europe/on-the-black-sea-georgia-rebrands-itself-as-a-holiday-haven-from-the-pandemic/2020/05/29/a41ffd0e-9f6d-11ea-be06-af5514ee0385\\_story.html](https://www.washingtonpost.com/world/europe/on-the-black-sea-georgia-rebrands-itself-as-a-holiday-haven-from-the-pandemic/2020/05/29/a41ffd0e-9f6d-11ea-be06-af5514ee0385_story.html)

- How do women and girls with disabilities experience everyday life since the pandemic?
- Do they have timely access to accurate information related to COVID-19?
- How accessible is external help such as assistance from the State or non-governmental actors during the COVID-19 pandemic?

This document is divided into four sections. The first section includes this introduction and provides a brief background to the study, contextualizing global findings within Georgia; it then concludes with an

outline of the methodologies used for data collection and analysis. The second section presents the findings of the nationwide public opinion poll, which examines the nationwide impact of the outbreak. The third part of the document describes the outcomes of a series of interviews and examines how the outbreak has affected the lives of women and girls with disabilities and their caregivers. Finally, the report concludes with a summary of findings and the provision of policy recommendations resulting from the study's empirical findings.

## BACKGROUND REVIEW

On 11 March 2020, the World Health Organization (WHO) declared the outbreak of the COVID-19 virus a pandemic, with more than 6 million cases and 370,000 deaths confirmed worldwide as of 1 June.<sup>4</sup> As of the same date, Georgia had seen 794 individuals diagnosed with the virus and 12 deaths since its first recorded case on 26 February 2020.<sup>5</sup>

The virus has triggered public health measures on the part of governments worldwide, with Georgia undertaking comprehensive early interventions to stop the spread of the virus. Measures to mitigate the spread of COVID-19 were introduced less than a week following the identification of the country's first case and have received international praise for minimizing cases<sup>6</sup>, but they have caused widespread disruption to everyday life and the economy. From early March, a series of public hygiene requirements and restrictions on movement and public gathering were introduced. Measures have included the closure of educational institutions, including many of the specialized institutions that support children

and parents with disabilities (1 March); the closure of many public spaces, including workplaces, shops and restaurants (12–16 March); restrictions on public transport (18 March – 29 May) and private transport (17–27 April); bans on public gathering (21 March – 18 May); an overnight curfew (31 March – 23 May); and the closure of major cities (27 April – 11 May). As restrictions begin to lift, the effects of the virus and the accompanying emergency measures are anticipated to be felt for the foreseeable future. Furthermore, the possibility of some measures returning remains, should a second wave of infections strike the country.

The impact of the virus will be felt differently by different groups, with women, girls and PwD experiencing specific risks related to their gender and disability status. Globally, gender plays a key role in determining health outcomes<sup>7</sup>, and learning from other viral outbreaks has shown how existing gender inequalities and norms can exacerbate vulnerability during public health emergencies<sup>8</sup>. Similarly, PwD, who

4 Johns Hopkins University & Medicine, "COVID-19 Dashboard".

5 Georgia, "Prevention of Coronavirus Spread in Georgia", 2020. Available at <https://stopcov.ge/en>.

6 Audrey Wilson, "The Countries That Are Succeeding at Flattening the Curve", *Foreign Policy* (blog), 2 April 2020. Available at <https://foreignpolicy.com/2020/04/02/countries-succeeding-flattening-curve-coronavirus-testing-quarantine/>.

7 Sarah Hawkes and Kent Buse, "Gender and global health: evidence, policy, and inconvenient truths", *The Lancet*, vol. 381, No. 9879 (18 May 2013), pp. 1783–87. Available at [https://doi.org/10.1016/S0140-6736\(13\)60253-6](https://doi.org/10.1016/S0140-6736(13)60253-6).

8 Sara E. Davies and Belinda Bennett, "A gendered human rights analysis of Ebola and Zika: locating gender in global health emergencies", *International Affairs*, vol. 92, No. 5 (1 September 2016), pp. 1041–60. Available at <https://doi.org/10.1111/1468-2346.12704>.

are estimated to comprise up to 15 per cent of the world's population, experience diverse and unique risks during emergencies<sup>9</sup>.

## Women and girls

Women and girls are anticipated to experience elevated impacts from the COVID-19 outbreak as a result of their gender. Specifically, women and girls face additional economic uncertainty, poorer health outcomes, an increased share of unpaid care work and a greater risk of gender-based violence<sup>10</sup>.

Economic projections in the wake of the COVID-19 outbreak point to a challenging time ahead for Georgian household finances, with large increases in unemployment and inflation forecast in light of widespread disruption to exports, tourism and remittances<sup>11</sup>. According to the Ministry of Finance, by 22 May, about 22,000 companies had applied for the State unemployed relief package to support about 139,000 employees<sup>12</sup>. Pre-crisis, women in Georgia already earned 24 per cent less than men, working fewer hours and facing higher levels of unemployment<sup>13</sup>. The outbreak is likely to result

in poorer employment prospects for women, given that women in Georgia play a substantial role in sectors such as tourism and hospitality<sup>14</sup>, which will be particularly vulnerable to a COVID-19-related downturn. Furthermore, while nationally men and women are equally likely to be employed in the informal economy, women outside the capital, particularly rural women, are more likely to have no formal contract<sup>15</sup>, placing them at greater risk of reduced hours, exploitation and job loss in a weakened economy.

For decades, more women in Georgia have practiced as doctors than men<sup>16</sup> and have traditionally occupied a large majority of health and social care roles<sup>17</sup>. As front-line health workers, women are more likely to come into contact with the COVID-19 virus and accordingly carry higher risk of infection.

Concern has also been expressed that disruption to global supply chains resulting from the coronavirus outbreak, coupled with public concerns about the safety of health-care institutions, may prevent women from accessing critical health services, including reproductive health services<sup>18</sup>.

9 WHO and the World Bank Group, *World Report on Disability* (Washington, D.C., World Health Organization, 2011). Available at [https://www.who.int/disabilities/world\\_report/2011/report.pdf](https://www.who.int/disabilities/world_report/2011/report.pdf).

10 United Nations, *UN Secretary-General's Policy Brief: The Impact of COVID-19 on Women* (9 April 2020). Available at <https://www.unwomen.org/en/digital-library/publications/2020/04/policy-brief-the-impact-of-covid-19-on-women>.

11 National Bank of Georgia, "The National Bank of Georgia Publishes Macroeconomic Forecast Scenarios for Promoting Efficient Financial Reporting in Financial Institutions", 8 May 2020. Available at <https://www.nbg.gov.ge/index.php?m=340&newsid=3935&lng=eng> (accessed on 2 July 2020).

12 Interpressnews, "The state revenue service agency reports that 22,000 companies have registered in the agency's database", 22 May 2020. Available at <https://www.interpressnews.ge/ka/article/600980-shemosavlebis-samsaxuris-monacemta-bazashidamsakmebeli-kompaniebis-mier-22-000-mde-ganacxadi-daregistrirda/>.

13 UN Women, *Gender Pay Gap – Issue Brief* (2020). Available at <https://georgia.unwomen.org/en/digital-library/publications/2020/03/gender-pay-gap-issue-brief>.

14 Rusudan Konjaria, Shorena Tschokhoniidze and Ekaterine Gurgendize, *Tourism and Hospitality Value Chain Analysis (Georgia): South Caucasus Gender Assessment Technical Assistance Report* (Washington, D.C., World Bank Group, 2017). Available at <http://documents1.worldbank.org/curated/en/641061518797985115/pdf/123475-WP-P160432-PUBLIC-ADD-SERIES-report-2-ReportValueChainAnalysisGeorgia.pdf>.

15 Alexis Diamond and Margaret Jenkins, *Women's Economic Inactivity and Engagement in the Informal Sector in Georgia: Causes and Consequences* (Tbilisi, UN Women, CRRC-Georgia, 2018). Available at <https://georgia.unwomen.org/en/digital-library/publications/2018/12/womens-economic-inactivity-and-engagement-in-the-informal-sector-in-georgia>.

16 GEOSTAT, *Women and Men in Georgia* (Tbilisi, 2019). Available at [https://www.geostat.ge/media/27546/W%26M-ENG\\_2019.pdf](https://www.geostat.ge/media/27546/W%26M-ENG_2019.pdf).

17 Nistha Sinha and others, *Georgia Country Gender Assessment: Poverty and Equity Global Practice* (Washington, D.C., World Bank Group, 2016). Available at <http://documents1.worldbank.org/curated/en/733891487232457573/pdf/112838-WP-P157626-Georgia-CGA-2016-final-PUBLIC.pdf>.

18 UNFPA Georgia, "New UNFPA projections predict calamitous impact on women's health as COVID-19 pandemic continues", 29 April 2020. Available at <https://georgia.unfpa.org/en/news/new-unfpa-projections-predict-calamitous-impact-womens-health-covid-19-pandemic-continues-15>.

Outside of formal health-care and social institutions, women are also anticipated to shoulder a disproportionate amount of in-home care for older relatives and family members suffering from the virus<sup>19</sup>. In Georgia, this additional burden has been compounded by school closures, eliminating the primary source of childcare for most families. These closures have already been in place for three months and, at a minimum, will last for another three months until school tentatively restarts at the beginning of the academic year<sup>20</sup>. Women in Georgia already spend substantially more of their time on unpaid care work (45 per cent) than men (15 per cent)<sup>21</sup>, and the additional responsibilities placed on women by the outbreak may further exacerbate this divide.

Finally, measures such as curfews, which have limited travel outside the home, may risk trapping victims of gender-based violence in their homes with abusers and away from support networks. These risks may be exacerbated by economic factors, which may lead to family conflict or loss of employment and further reduced movement outside of the home. Initial figures from the Ministry of Internal Affairs of Georgia suggest that year-on-year domestic violence may in fact be down more than 12 per cent when compared to the same period in 2019<sup>22</sup>. That said, and as is the case elsewhere, domestic violence suffers from considerable under-reporting in Georgia<sup>23</sup>. Reported crimes may also be subject to longer-term trends, external policy interventions and recent changes to crime statistics software<sup>24</sup> – circumstances that nonetheless do not preclude the possibility that figures may worsen as the crisis deepens.

## Persons with disabilities

In Georgia, approximately 125,000 individuals, or 3.3 per cent of the population, are registered as having a disability, a figure believed to be underrepresentative of the total, given much larger per-capita figures worldwide<sup>25</sup>.

The World Health Organization (WHO) finds that PwD may face additional vulnerabilities during the COVID-19 outbreak relating to increased risk of contracting the virus, increased likelihood of complications if they become infected and disruptions to essential services<sup>26</sup>. Additionally, pre-existing economic challenges and rights violations may be further exacerbated or receive reduced attention as a result of the pandemic.

PwD may be at greater risk of contracting COVID-19. Many PwD are dependent on families and institutional caregivers for basic needs and are not able to avoid contact with others to reduce their risk of contracting the virus. This risk may be elevated in institutional environments or in family homes, which are increasingly cramped due to movement restrictions. Furthermore, the contraction risk may be further exacerbated by challenges in accessing hygiene measures and, for some, the need to touch surfaces and objects to gain information about their environment.

After contracting the virus, mortality outcomes are anticipated to be substantially higher for PwD, given interactions with underlying health issues. Furthermore, PwD have additional health-care needs, which may face disruption through supply chain issues and decreased access to care as

19 United Nations, *UN Secretary-General's Policy Brief*.

20 Agenda.ge, "Schools to remain closed until September 1 in Georgia", 25 April 2020. Available at <https://agenda.ge/en/news/2020/1283>.

21 Diamond and Jenkins, *Women's Economic Inactivity and Engagement in the Informal Sector in Georgia*.

22 Ministry of Internal Affairs of Georgia, *Statistics of Registered Crime (2020)*. Available at <https://info.police.ge/uploads/5ecb9e486b8b5.pdf>.

23 CRRC-Georgia, *Teacher Reporting of Violence Against Children and Women* (Tbilisi, UN Women, 2020). Available at <https://www2.unwomen.org/-/media/field%20office%20georgia/attachments/publications/2019/teacher%20reporting%20of%20violence%20against%20children%20and%20women.pdf?la=en&vs=2939>.

24 Ministry of Internal Affairs, *Statistics of Registered Crime*.

25 UNDP Georgia, "Leaving no one behind in the COVID-19 response", 17 April 2020. Available at <https://www.ge.undp.org/content/georgia/en/home/presscenter/pressreleases/2020/covid19-PwDs.html>.

26 WHO, *Disability considerations during the COVID-19 outbreak* (26 March 2020). Available at <https://www.who.int/publications/i/item/disability-considerations-during-the-covid-19-outbreak>.

providers are put under strain. Given widespread underreporting of disability and the relatively low casualty figures in Georgia, it is challenging to determine the extent to which this risk has manifested in the country, but limited evidence from the United Kingdom<sup>27</sup> and the United States<sup>28</sup> suggest that the mortality risk is an area of concern.

PwD in Georgia face severe economic challenges and are rarely able to access work. Public programmes that have sought to bring PwD into the workforce have been largely unsuccessful, with only 99 out of 6,073 applicants through the Social Service Agency's Worknet portal ([worknet.gov.ge](http://worknet.gov.ge)) able to find employment in 2018<sup>29</sup>. Where PwD are able to access jobs, they may be particularly vulnerable to economic downturns as workplaces downsize.

Ongoing rights violations may also worsen. In its 2018 annual report, the Public Defender's Office of Georgia highlighted widespread physical and sexual abuse against PwD. Of these cases, perpetrators were frequently individuals on whom victims were dependent. In a context of increasing isolation and dependency resulting from COVID-19 movement

restrictions and economic impacts, PwD in Georgia may become increasingly vulnerable to abuse.

The intersection of gender and disability presents unique and potentially severe risks in the COVID-19 environment. Vulnerabilities, such as economic dependence, discrimination and the risk of sexual and physical violence, are doubly compounded. Women and girls with disabilities may also face additional barriers to accessing health services, including sexual and reproductive health services, given pressures on health providers, supply chains and increasing dependence on caregivers.

Furthermore, women with care responsibilities for PwD may find additional pressures on unpaid care work in the home – through the loss of access to services (for example, schools and day-care centres) and through additional care requirements relating to other family members. Such challenges are problematic for carers, who are predominately women. Those supporting PwD may experience additional care burdens and resultant time poverty. Moreover, those being cared for may not receive the level of care received before the outbreak as carers are forced to balance an increasing number of priorities.

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27 Shaun Lintern, "Coronavirus: Hundreds of learning disability deaths in just eight weeks, new data shows", *The Independent*, 19 May 2020. Available at <https://www.independent.co.uk/news/health/coronavirus-learning-disability-nhs-england-mencap-a9522746.html>.

28 Dalton Stevens and Scott Landes, "Potential Impacts of COVID-19 on Individuals with Intellectual and Developmental Disability: A Call for Accurate Cause of Death Reporting", Lerner Center for Public Health Promotion, Syracuse University, 14 April 2020. Available at <https://lernercenter.syr.edu/2020/04/14/potential-impacts-of-covid-19-on-individuals-with-intellectual-and-developmental-disability-a-call-for-accurate-cause-of-death-reporting/>.

29 Public Defender of Georgia, *The Situation of Human Rights and Freedoms in Georgia: Annual Report of the Public Defender* (Tbilisi, Office of the Public Defender of Georgia, 2018). Available at <http://www.ombudsman.ge/res/docs/2019101108583612469.pdf>.

# METHODOLOGY

Quantitative data collection for UN Women's COVID-19 rapid gender assessment survey is part of a broader initiative of COVID-19 impact assessments in the Europe and Central Asia region. UN Women's flagship programme Making Every Woman and Girl Count developed a rapid assessment tool to assess the impact of the coronavirus pandemic on the main challenges faced by women and men, including their economic empowerment and vulnerability, and how the changing situation is affecting women's and men's livelihoods. The rapid assessment tool was adjusted to the Georgian context (see annex 1).

The fieldwork was conducted between 4 and 8 May 2020. The data come from a random-digit dial cell phone survey, sampled and weighted to be nationally representative of the adult population of Georgia (except the areas of Abkhazia and South Ossetia).

Overall, 1,069 completed interviews were collected, with a response rate of 35.2 per cent (AAPOR Response Rate 1, out of 6,584 attempts). Respondents were interviewed in Georgian, Armenian, Azerbaijani or Russian using live interviewing. On average, each interview lasted for 14 minutes.

Results are weighted and can be disaggregated by gender, age group, settlement type and education level. CRRC-Georgia used detailed demographic information from the 2014 Georgian National Census for weighting adjustments. This helps balance the proportions of those groups which might be underrepresented in the raw data. As a result, the theoretical margin of error does not exceed 3 per cent.

## Piloting, ethics and fieldwork

Before the start of the main data collection, the survey was piloted. After the pilot, CRRC-Georgia conducted interviewer trainings that consisted of an in-depth examination of the theory of the

questionnaire, fieldwork procedures (including respondent selection procedures) and research ethics.

In the interviewing process, enumerators were given logs of randomly generated phone numbers. They were instructed to call each number at least three times to ensure that they were either receiving consent for an interview, identifying an ineligible respondent or identifying a respondent-level refusal. All phone numbers, including those which were offline, were entered into the database and tracked for the purpose of calculating the non-response rate.

Fieldwork was administered using ODK software. The software has built-in logic checks, which allows limiting the entry of invalid values as well as ensuring that questions are asked to only eligible respondents.

CRRC-Georgia strictly adheres to data collection rules established by the Georgian legislation (Law of Georgia on Personal Data Protection) as well as standards set by the American Association for Public Opinion Research (AAPOR). This includes anonymization of the data set, keeping raw and processed data on secure, password-protected machines and limiting their access.

## In-depth Interviews

The qualitative component of the rapid gender assessment is based on 26 in-depth interviews conducted with experts (5), women with disabilities (10) and female caregivers (11). Interviews were administered between 18 and 27 May 2020.

To capture the diverse experiences of women and girls with disabilities and their caregivers, respondents were recruited from 10 regions of Georgia (see table for a detailed breakdown).

Distribution of interviewed women with disabilities and caregivers, by region

## DISTRIBUTION OF INTERVIEWED WOMEN WITH DISABILITIES AND CAREGIVERS, BY REGION

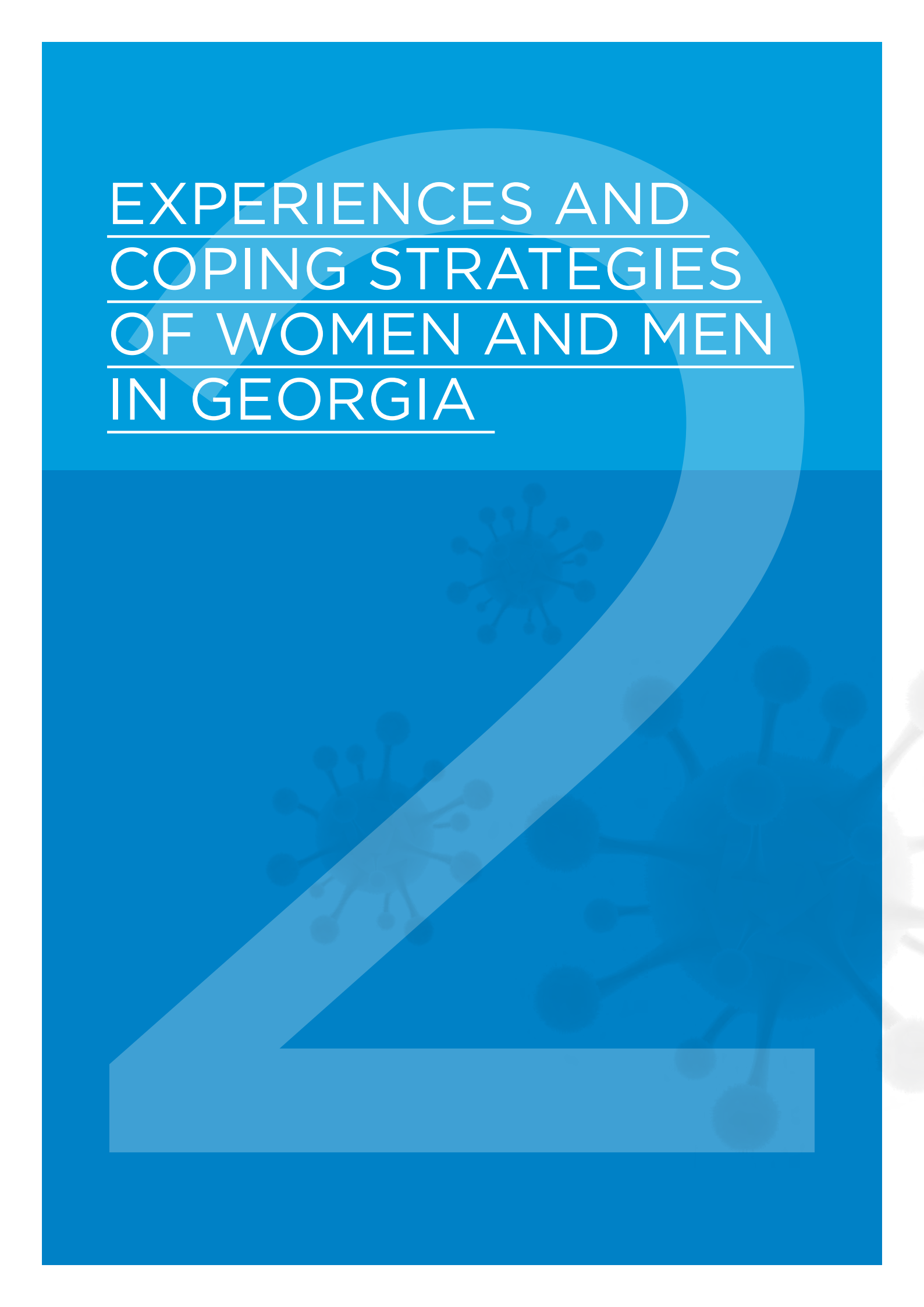
REGION	NUMBER OF RESPONDENTS
Tbilisi	4
Adjara	2
Guria	2
Imereti	2
Kakheti	2
Mtskheta-Mtianeti	2
Samegrelo-Zemo Svaneti	2
Samtskhe-Javakheti	2
Shida Kartli	2
Kvemo Kartli	1

Respondents reflected on a wide range of questions. They shared opinions on challenges that women and girls with disabilities face in Georgia and how these issues were exacerbated because of the COVID-10 pandemic. Specifically, the questions asked about aspects of care, services for PwD and relief programmes, among other topics.

Expert interviews were conducted with respondents representing civil society organizations and government institutions that focus on disability issues. Respondents reflected on their vision of how women and girls will cope with challenges and potential policy interventions that might improve their livelihoods.



EXPERIENCES AND  
COPING STRATEGIES  
OF WOMEN AND MEN  
IN GEORGIA



# Information on COVID-19

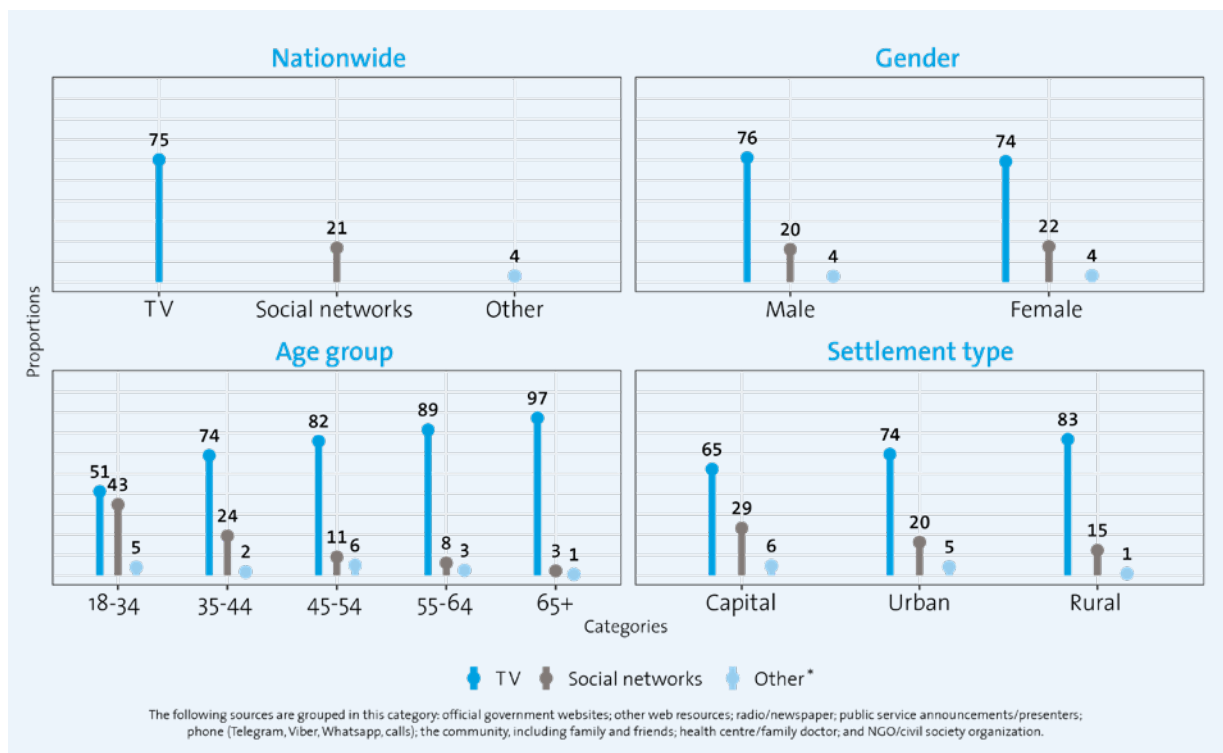
## Sources of information

Almost all women and men report receiving information regarding COVID-19, including information pertaining to risks, preventive measures and coping strategies<sup>30</sup>. Less than 1 per cent reported that they had received no information at all about COVID-19 (figure 1). Women and men overwhelmingly depend on television and social networks as their primary sources of information on COVID-19.

There were no statistically significant differences observed between women and men with regard to

media preference. Around 74 per cent of women and 76 per cent of men report using TV as their main source of information on COVID-19. Social media usage was preferred by a minority of respondents, with one fifth of both women and men reporting social networks as their primary source of news on the pandemic. Less than 4 per cent of men and 3 per cent of women reported using official government websites, other web resources, radio, newspapers, community bulletins or health centres as a source of information.

**FIGURE 1:**  
**What is your main source of information regarding COVID-19 (risks, recommended preventive actions, coping strategies)?**



No statistically significant differences were observed between women and men across age groups regarding media preference, with women and men of similar ages exhibiting similar preferences. That said, younger respondents are more likely to rely on

social media for information. Fifty-one per cent of younger women and 50 per cent of younger men reported using TV for information on COVID-19, with around 44 per cent of women and 42 per cent among men in the same age group primarily

30 See annex 3 for frequencies and cross-tabulations and annex 2 for dataset.

using social media. Almost no women or men from the youngest age group reported using any other source. The proportion using social media sharply decreases with age, with 97 per cent of respondents aged 65 and older reporting TV as their primary source of information.

Similarly, no significant differences were observed between men and women across settlement type, with women in the capital, in non-capital urban areas and in rural areas exhibiting similar preferences to men from the same location. However, respondents' place of residence is associated with the likelihood of using social media more frequently, with women and men in the capital more likely to receive news about COVID-19 via social networks.

### **Information received**

Respondents were asked to respond affirmatively if they had received COVID-19-related information on personal hygiene, prevention measures, the epidemiological situation in the country, health-care facilities and pregnancy. Almost all women and men had received information on hygiene, prevention and the epidemiological situation (98 per cent each), and around 87 per cent of women and men had received information on health-care facilities providing COVID-19-related services. Just under half of all respondents had received information on pregnancy.

There were no meaningfully interpretable differences between women and men with regard to their likelihood of receiving information about personal hygiene, prevention and the epidemiological situation. Women, however, are twice as likely to have received information about pregnancy as men. The probability<sup>31</sup> of a woman having received information about COVID-19 and pregnancy is about 45 per cent, compared to a 21 per cent chance for men. Respondents aged 35–64 were significantly more likely to have received information about COVID-19 and pregnancy (35 per cent probability) than younger (aged 18–34) or older (aged 65+) cohorts.

31 Predicted probabilities are calculated based on logistic regression models controlling for respondents' gender, age, residence, education and ethnicity.

32 Based on a logistic regression model controlling for respondents' gender, age, residence, education and ethnicity

### **Perceptions of information quality**

Overall, almost all women and men feel that the information they are receiving about COVID-19 is reliable. In total, 91 per cent of men and 94 per cent of women agree that the information obtained from their preferred source was clear and helped them prepare. Four per cent of women and men felt that information was not provided in a timely manner, and only 2 per cent found the information confusing.

Gender was not a significant predictor of a respondent's assessment of information quality<sup>32</sup>. Similarly, no significant differences were observed when contrasting perceptions between women and men across demographic groups; for example, younger women were no more or less likely to find information confusing than older women.

## **Employment, income and sources of livelihood**

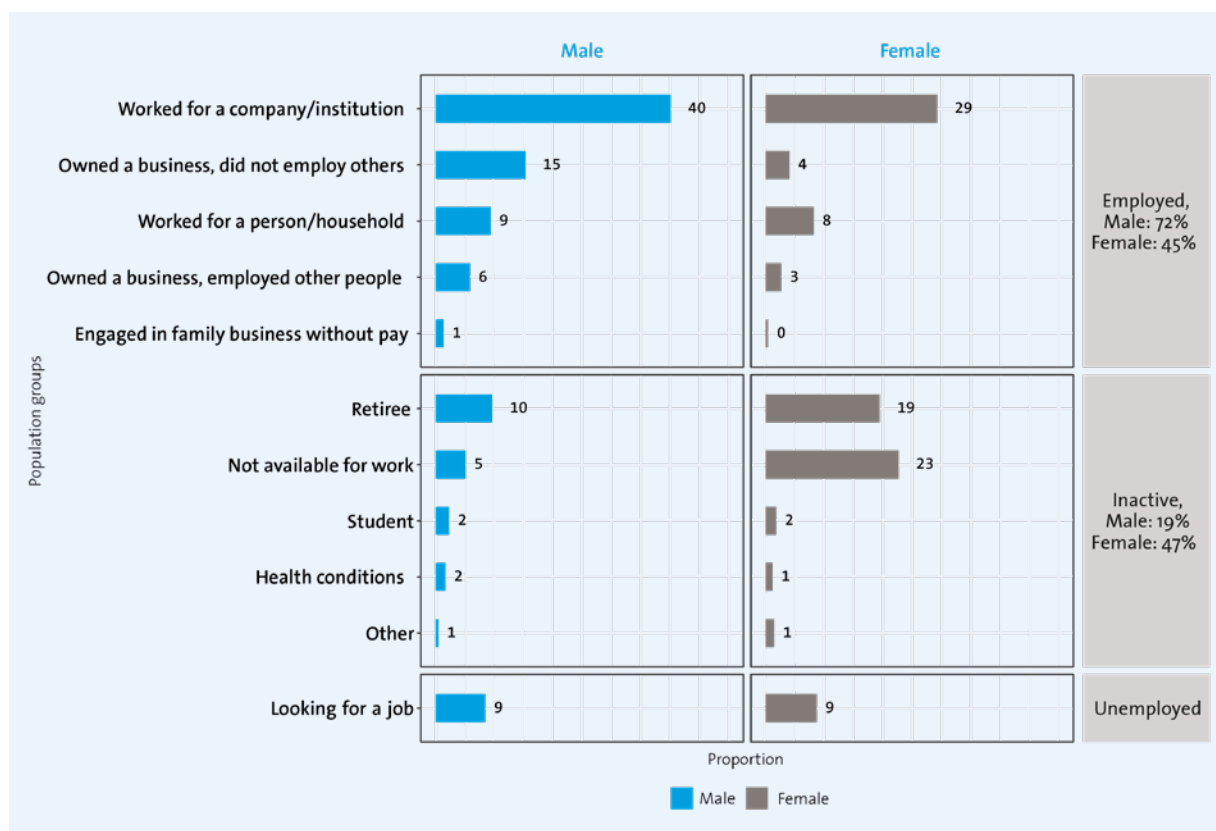
### **Employment before the pandemic**

The COVID-19 pandemic has brought disruption to Georgia's economy, bringing precarity and unemployment in its wake. This section examines how women and men in Georgia have experienced changes to their economic situation as a result of the pandemic.

#### **Pre-outbreak employment status**

Respondents were asked about their employment situation prior to the pandemic, with responses as follows (figure 2). Around 58 per cent of respondents considered themselves employed, that is, working for a household or a person, being at a salaried job, owning a business or contributing to the family business. Around 9 per cent stated that they were unemployed and looking for a job. The remaining 34 per cent were economically inactive, i.e. those not looking for a job, retirees, students and the disabled (those who were not in or seeking work).

**FIGURE 2:**  
**How would you best describe your employment status during a typical week prior to the spread of COVID-19?**



Most women reported being either economically inactive (47 per cent) or unemployed (9 per cent) prior to the pandemic, while 45 per cent of women reporting being in employment. In contrast, the majority of men (72 per cent) considered themselves employed, with only 19 per cent reporting being economically inactive and 9 per cent unemployed.

While slightly more than half of women in younger age cohorts (under the age of 55) reported being employed, considerably fewer respondents over the age of 54 were in employment. Thirty-nine per cent of women aged 55–64 reported being employed, while only 17 per cent of older women (aged 65 and above) considered themselves employed. Women in these age cohorts are most likely to be economically inactive (50 per cent and 83 per cent, respectively).

The majority of working-age men (aged 64 or younger) reported that they were employed: about

three quarters of young men (under the age of 35) reported being employed, as did 86 per cent of men aged 35–44; 79 per cent of men aged 45–54; and 80 per cent of men just below retirement age (aged 55–64).

People in Tbilisi and other urban areas were more likely to say that they were employed. Around three quarters of men and more than half of women in Georgia’s capital and other urban areas considered themselves employed before the start of the COVID-19 pandemic. A similar share of women and men across all settlements (6–11 per cent) considered themselves unemployed. While rural residents are generally less likely to be employed, still a larger share of rural men (67 per cent) than women (31 per cent) had jobs. Women were also more likely to be economically inactive (58 per cent).

## Pre-outbreak employment structure

About 64 per cent of employed Georgians – i.e. those not reporting themselves as unemployed or economically inactive – worked for other people/households or at a company/institution. Seventeen per cent of Georgians with jobs were entrepreneurs and employed other people; around 18 per cent classified themselves as self-employed; and 2 per cent contributed to a family business.

Among those respondents who were working, women were more likely to be employees – that is, working for a person/household or for a company/institution. About 70 per cent of employed women reported working for someone else, compared with 61 per cent of employed men. While across the whole data set more men (6 per cent) than women (3 per cent) reported being employers, a greater share of employed women (20 per cent) than men (14 per cent) reported employing others. Around a quarter of employed men identified as self-employed, while only 10 per cent of employed women considered themselves as such. A relatively smaller share of employed women (1 per cent) and employed men (2 per cent) contributed to family businesses without pay.

## Changes to salaried work

### Post-outbreak employment and working hours

One third of men and women (32 per cent) who were employed before the pandemic reported that they have lost their jobs; similarly 32 per cent reported reduced hours; and 33 per cent reported no change in hours. Only 3 per cent of employed respondents reported increased hours. None of the above responses have a statistically significant association with gender, with neither women nor men any more or less likely to have experienced any of these changes (or lack thereof). Noting the absence of a significant association between gender and a change in employment status, the figures presented in the following paragraph are for sex-disaggregated reference.

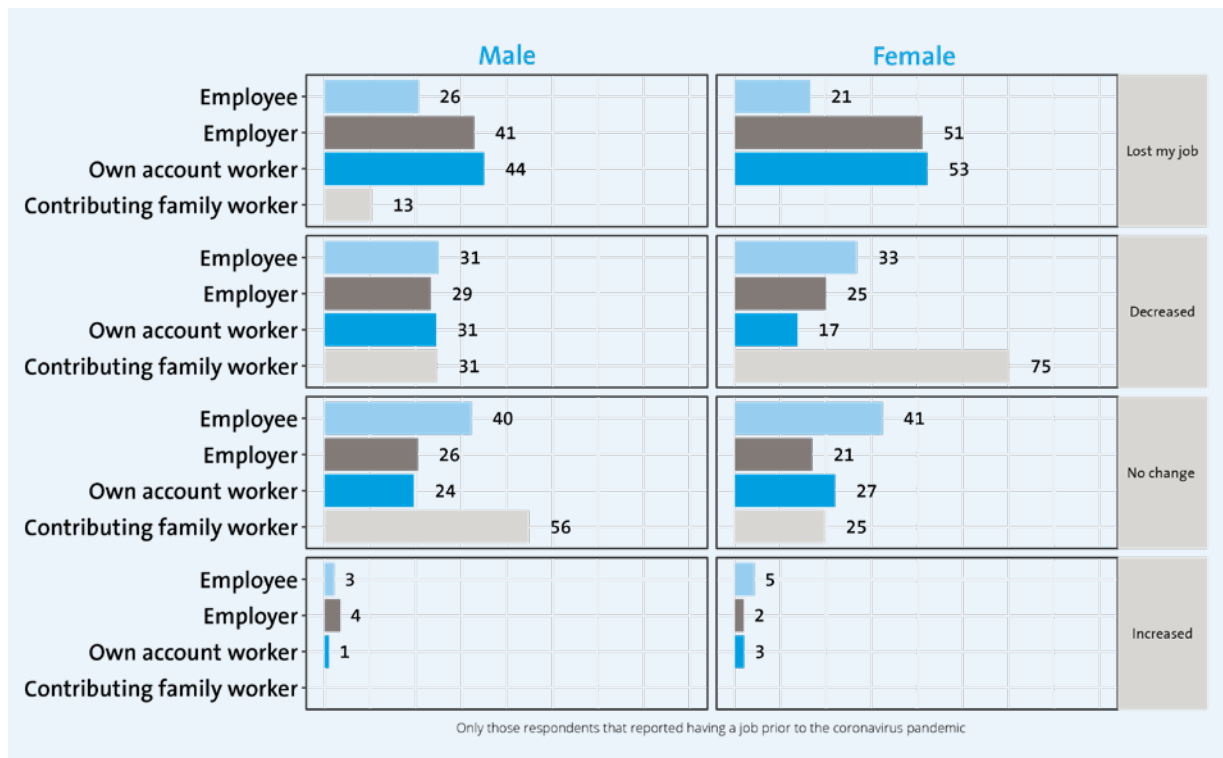
Women who had been employed prior to the pandemic (i.e. having paid jobs, freelancing, being self-employed or helping their family's enterprises) reported job loss slightly less frequently (31 per cent) than men (33 per cent). Similarly, slightly fewer women (31 per cent) than men (32 per cent) reported reduced hours. Around 34 per cent of women and 33 per cent of men reported no change in hours, and 4 per cent of women and 2 per cent of men noted that their working hours have increased since the outbreak.

While gender was not a significant predictor of change in salaried working hours, associations were observed with employment type and ethnicity<sup>33</sup>

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33 Differences were identified using multinomial logistic regression controlling for respondents' gender, age, residence, education and ethnicity.

**FIGURE 3:**  
**Since the spread of COVID-19, has the number of hours devoted to paid work changed? (by employment type)**



When examining job loss by employment type, the pandemic appears to have had the greatest impact on individuals with their own businesses, with almost half of those identifying as employers or self-employed workers reporting job loss (figure 3). Around a quarter of employees say that they have lost their jobs, while only 9 per cent of contributing family workers have experienced job loss.

A different pattern emerges when examining hours worked. Around 44 per cent of employed contributing family workers, 32 per cent of employees, and slightly more than a quarter of the self-employed saw fewer hours dedicated to paid work.

The survey suggests that **ethnic minorities were hardest hit by the pandemic and that these effects have been felt to a similar extent by both women and men.** More than half of ethnic minority respondents (53 per cent) report that they have lost their jobs, compared with 30 per cent of ethnic Georgians. Minorities are less likely to say that they are working the same hours (25 per cent) than

Georgians (34 per cent) and are more likely to say that they have fewer hours (22 per cent) than their ethnic Georgian peers (32 per cent). That said, the number of ethnic minority respondents with employment prior to the pandemic represents a small minority of all survey respondents. Accordingly, differences in outcomes between ethnic minority and majority respondents should be interpreted with caution.

There are small yet statistically significant differences between women and men in relation to being required to take leave as a result of the pandemic. More than two thirds of employed women (66 per cent) and men (63 per cent) report not having taken compulsory leave. While more employed women were entitled to take paid leave (8 per cent) than men (5 per cent), **more women also report having taken unpaid leave (9 per cent) than men (4 per cent).**

Employed workers exhibited anxiety in relation to their salaries. When asked what they would expect

to happen with their earnings if they could not work for two more weeks, employed women were more likely (36 per cent) than employed men (28 per cent) to believe that they would continue to receive their full or partial salary. Employed men were also more likely to believe that they would not get paid at all (43 per cent), compared to 30 per cent of employed women. There was also a relatively high degree of uncertainty for both women and men, with around 17 per cent of women and 18 per cent of men reporting that they did not know how the pandemic would affect their salary if they continued to be furloughed. Tests were conducted to determine the association between this variable and household type or the presence of children in the household, with no statistically significant relationship found.

However, a significant association was observed between settlement type and confidence in continued salary. Rural respondents perceive themselves to be in a more vulnerable situation, with 49 per cent believing that they would not be paid if they are unable to work for two more weeks. In contrast, most residents of Tbilisi (53 per cent) and other urban areas (49 per cent) expect they will be remunerated at least partially in the event of furlough. These

differences seemingly stem from the fact that in the early days of the furlough rural residents who needed vehicles to access their land plots were barred from doing so.

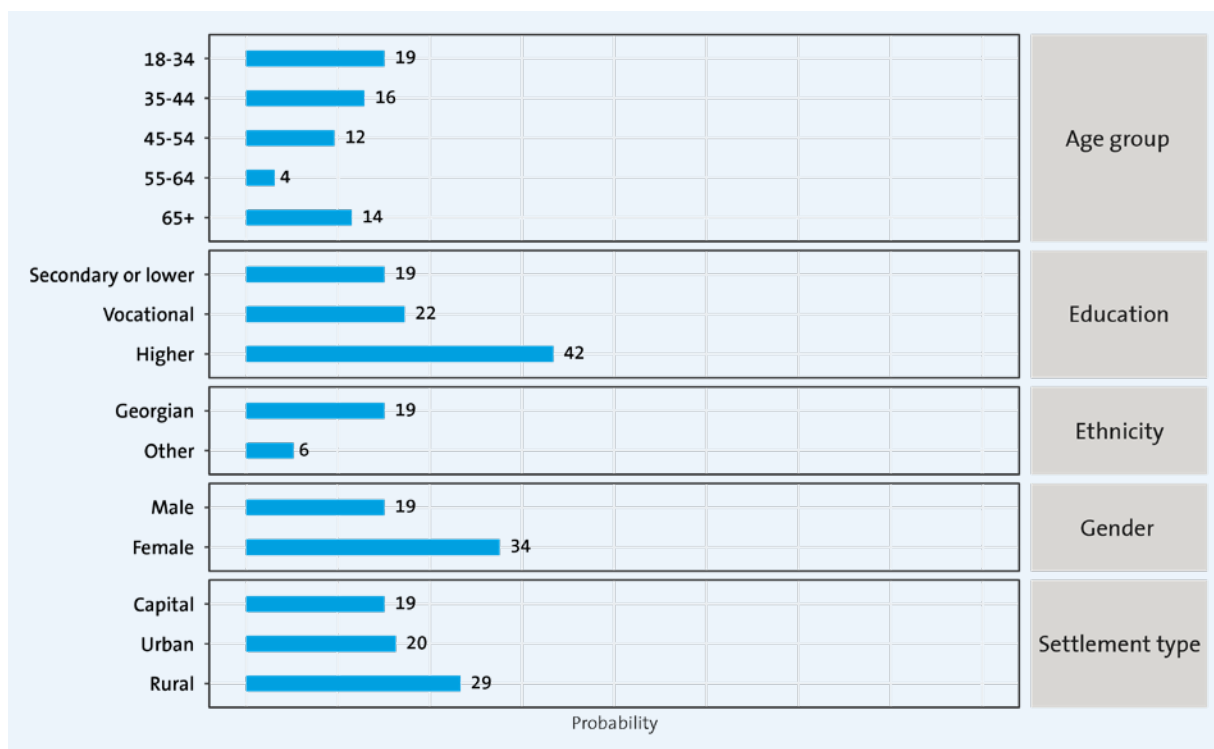
### Working from home

Gender and education are strong predictors of whether a respondent has begun working from home.<sup>34</sup> Female respondents who retained their jobs have a one-in-three chance of shifting to working from home (figure 4). In comparison, male respondents had around a one-in-five chance of starting to work from home. However, higher education was a stronger predictor of the shift to working from home, with those with higher levels of education having a 42 per cent probability of having shifted to working from home. Women are also less likely (34 per cent probability) to be employed in jobs that require continued workplace attendance. Employed men have around a 50 per cent chance of saying that they are still working from their workplaces, while women have only a 34 per cent chance of saying so. There are no statistically significant differences by other predictors such as age, settlement or employment type.

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<sup>34</sup> This analysis reports predicted probabilities that were calculated using binary logistic regression models controlling for respondents' gender, age, residence, education and ethnicity.

**FIGURE 4:**  
**Probability of working from home, by demographic groups**



## Changes to self-employment and business activities

Around 14 per cent of respondents ran their own business or contributed to a family enterprise without pay. While self-employed Georgians are eligible for an immediate compensation of GEL 300,<sup>35</sup> informal, unregistered enterprises – which comprise around two thirds of entrepreneurs and contributors to family businesses – may be ineligible.

The majority of respondents who own businesses have felt a negative impact from the crisis on their enterprises. Sixty per cent of women and men in this group report that the pandemic has hurt their businesses, while 18 per cent say that their company has stopped operating completely. Only 19 of the respondents who report having their own businesses or contributing to a family enterprise say that their operations were not affected by the pandemic.

## Livelihoods

The majority of respondents (57 per cent) report a paid job as one of their primary sources of income. Gender differences were observed in this regard, with around half of women and two thirds of men reporting paid income as their main source of income. As almost half of the total population relies on social transfers (pensions), State support constituted a large source of income for respondents. Women (53 per cent) were more likely than men (42 per cent) to rely on pensions or other social payments of income, although to some extent, this disparity may be accounted for by the fact that women constitute a much larger share of Georgian citizens of pensionable age than men.<sup>36</sup>

35 Tedo Jorbenadze, “Starting from Today, Self-Employed Georgians Can Register for Collecting a GEL 300 Benefit. We Have Compiled an Instruction for Them”, Batumelebi, 15 May 2020. Available at <https://batumelebi.netgazeti.ge/news/277254/>.

36 GEOSTAT, “Proportion of Population Age 65 and Older”, 2020. Available at <https://geostat.ge/media/31040/07---65%2B-wili.xlsx>.

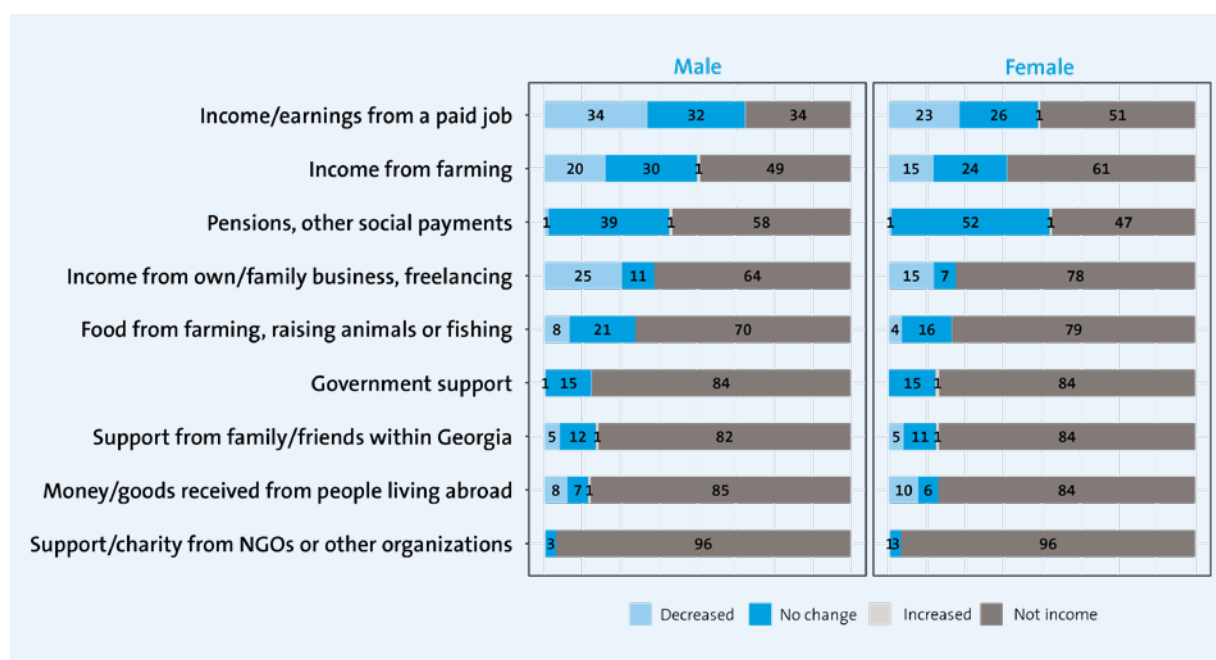


Income from agriculture was reported by half of men (51 per cent) and 39 per cent of women. Overall, this was reported by some 44 per cent of respondents. While fewer respondents mention income from a business or freelancing (28 per cent), more men name it as a source of income (36 per cent) than women (22 per cent). Around a quarter of Georgians consume food from farming or raising animals, with more men reporting dependence on farming for food (30 per cent) than women (21 per cent).

Relatively fewer respondents name remittances, government support and charity as sources of

livelihood. Importantly, there are no significant differences between men and women in this regard. Remittances from within the country and abroad constitute sources of income for 17 per cent and 16 per cent of respondents, respectively. Around 18 per cent of men and 16 per cent of women report receiving help from family and friends residing in Georgia, while 15 per cent of men and 16 per cent of women depend on remittances from abroad. Around 16 per cent of both women and men report receiving government support (aside from pension), while 4 per cent of both genders report receiving charitable donations.

**FIGURE 5:**  
**As a result of COVID-19, how have the following personal resources been affected?**



### Impact of the outbreak on personal financial resources

Earnings from productive activities such as salaried jobs, entrepreneurship and farming have decreased more than any other category of income (figure 5). Around 23 per cent of women and 34 per cent of men reported decreased income from paid jobs. Women were less likely to report income from their own business, freelancing or a family business (22 per cent) than men (36 per cent) but were equally

likely to report lower revenues, with 69 per cent of both men and women with business incomes reporting lower incomes from this source.

Sixteen per cent of Georgians receive remittances from abroad, around a half of whom report a fall in income from this source. A fall in monetary support from relatives and friends living in Georgia has affected around 5 per cent of both female and male respondents, while 12 per cent of men and 11 per cent of women report no change in remittances.

Men (30 per cent) were more likely than women (21 per cent) to report income from farming, raising animals or fishing. As a proportion of those reporting this income source, men and women were approximately equally likely to report a fall in income with around 28 per cent of men and 21 per cent of women reporting lower agricultural income.

Income from State social transfers such as pensions or government support do not appear to be affected. Forty-six per cent of Georgians say that their pensions and other social payments have not changed, while only 1 per cent of respondents report a decrease. Of the 16 per cent of Georgians who receive other government benefits, almost all respondents report no change in their respective source of income.

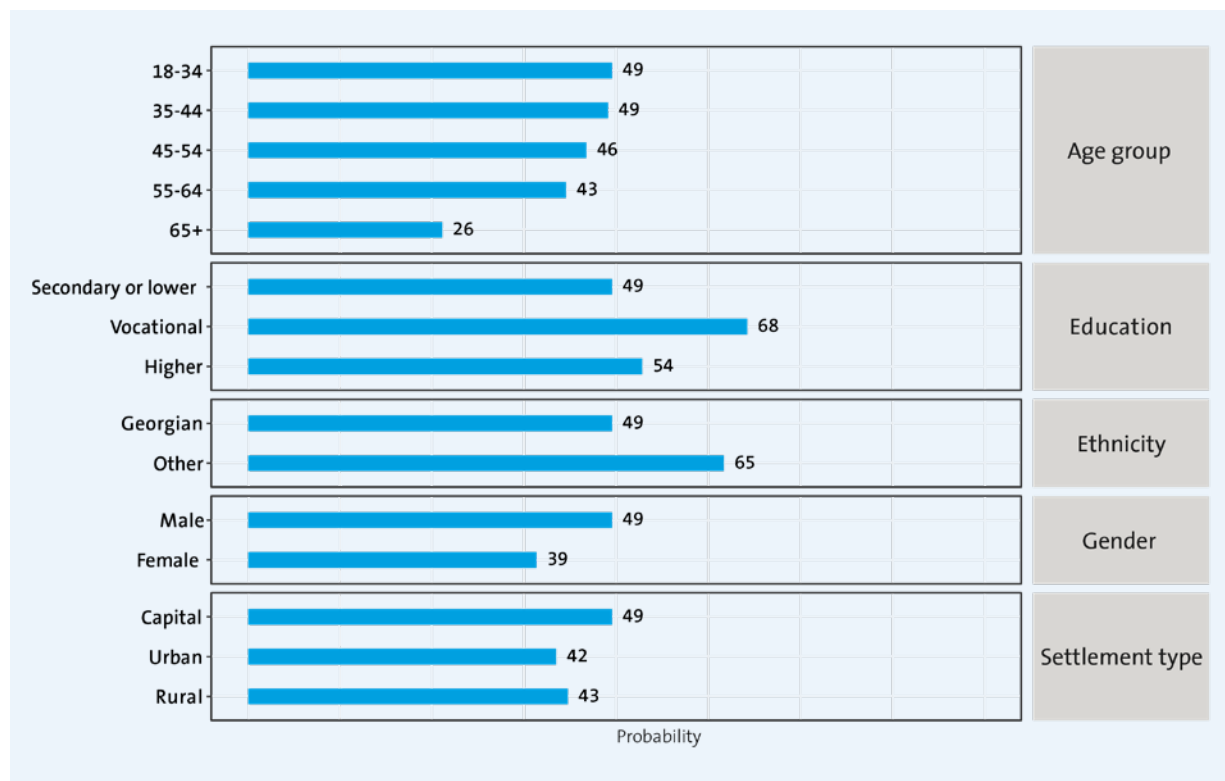
### Overall impact on productive income

Unproductive income (i.e. pensions, transfers) appears relatively unaffected by the crisis, although

remittances do appear to have fallen. Income from productive activities, however, is reported to have fallen, according to a large share of respondents.

Around 89 per cent of men and 75 per cent of women report income from productive activities such as farming, salaried jobs or a self-owned business. To assess the overall impact of COVID-19 on productive income, and to analyse trends across demographic subgroups, a binary variable representing a fall in income from one or more productive source was generated and examined for an association with demographic variables via a logistic regression (figure 6). Men are more likely to be involved in productive economic activities than women, and they are also more likely to report a decrease in income. Holding all other factors constant, men with productive income have a 49 per cent predicted probability of reporting a fall in income from one or more source, while women have a 39 per cent probability.

**FIGURE 6:**  
**Probability of having a decline in income from productive activities**



The extent to which respondents report income from productive activities varies by age group. On average, 85-87 per cent of Georgia's working-age population depend on productive activities for income. In comparison, 59 per cent of people aged 65 or older depend on farming, jobs or self-owned businesses for a living. People in rural areas are more dependent on productive activities (88 per cent) than those in other urban areas (81 per cent) and Tbilisi (75 per cent).

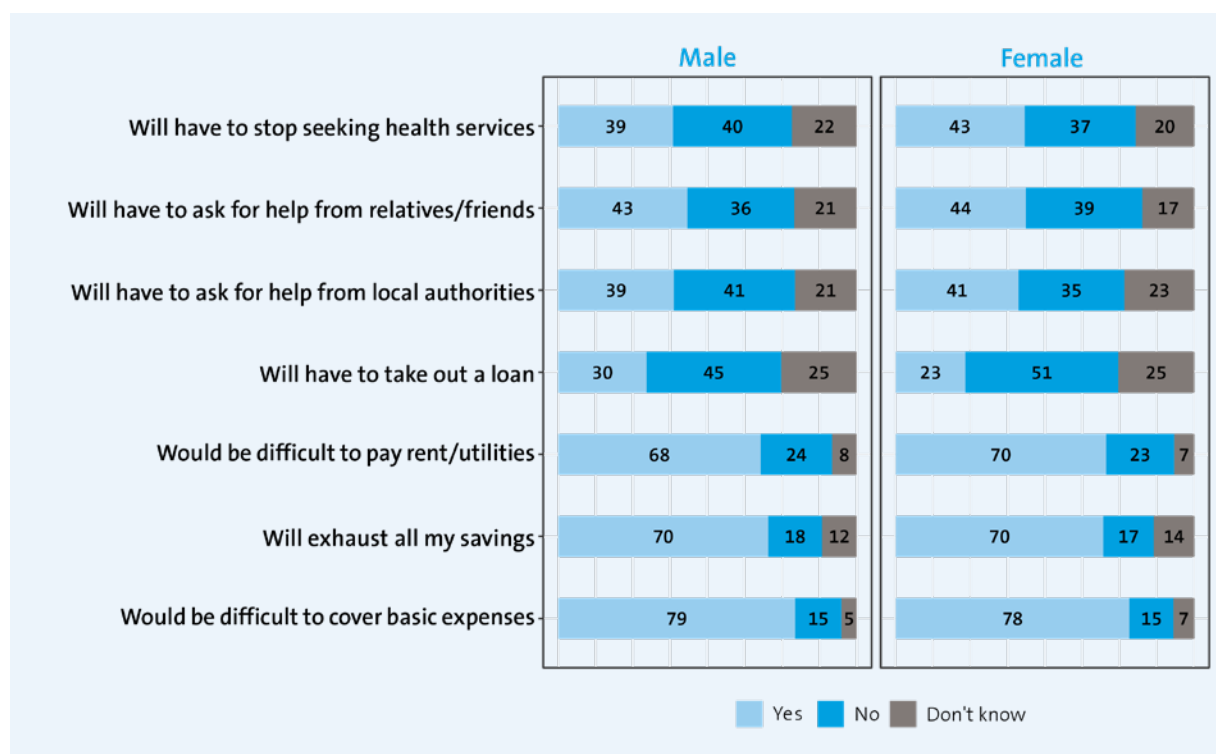
People in the 18-34 and 35-44 age groups have around a 49 per cent probability of having their income reduced. Older respondents were less likely to have lost income, with those aged 65 or

above having a 26 per cent probability of seeing a reduction in revenues from productive economic activities.

### Financial effects of continued measures to prevent the spread of COVID-19

The survey asked respondents how they perceived their financial future should lockdown measures to prevent the spread of COVID-19 continue, with a series of questions asked about possible coping strategies. Importantly, women and men perceive these threats similarly, with no statistically significant differences identified between male and female respondents in their answers to these questions.

**FIGURE 7:**  
If restrictive measures related to the spread of the coronavirus continue, which of the following would be most likely to happen to your personal financial situation?



Around 78 per cent of women and 80 per cent of men felt that they would find it harder to pay for essential expenses if lockdown measures continue (figure 7). Seventy per cent of women and men were concerned that they will exhaust their savings. Seventy per cent of women and 68 per cent of men believe that paying for rent and utilities will become

difficult. Slightly more women (43 per cent) than men (39 per cent) expressed concern about their ability to afford health services should lockdown measures continue.

Significant differences between age cohorts and settlement types were observed with regard to the

COVID-19-related financial outlook. Half of the 35–44 age group say that they would have to approach local authorities for help. They are also more likely to contact friends and relatives for assistance (54 per cent) than those in the youngest age group (36 per cent) and the older age groups combined (40 per cent).

There was a clear hierarchy of preference with regard to measures that respondents would take to address their needs should the situation continue, with women and men giving broadly similar answers to a multiple-choice question on sources of assistance. Respondents were slightly more likely to report that they would turn to friends or relatives (44 per cent of women, 43 per cent of men) than local authorities (41 per cent women, 39 per cent men). Loans were seen as considerably less desirable sources of support, with less than a third of men (30 per cent) and under a quarter of women (23 per cent) reporting that they would resort to borrowing.

Rural residents are most concerned by the economic risks from lockdown. Eighty-five per cent of rural Georgians think they will fail to keep up with the necessary expenses, compared with 78 per cent of urban residents and 71 per cent in the capital. Three quarters of rural residents also think that they will face problems paying for rent or utilities. A similar share of rural Georgians also report that they believe they will exhaust all their savings if measures continue. Respondents are split on whether they would approach local authorities for help, with almost half of rural Georgians (47 per cent) noting they would do so if necessary.

A Poisson regression was conducted to examine the relationship between core demographic variables and individual outlook in the face of a prolonged lockdown. A cumulative index was constructed to estimate which groups felt most financially vulnerable. The financial vulnerability index counts how many times a respondent answered “yes” to the

following questions: whether they would find it challenging to keep up with basic expenses, would find it difficult to pay rent/utilities, would be forced to stop seeking medical aid, and would exhaust all savings. The resulting index ranges from 0 (no vulnerability) to 4 (extreme vulnerability).

Only 16 per cent of Georgians reported a score of zero on the financial vulnerability index. Importantly, women and men perceived COVID-19-related financial risks in a similar manner, with no significant differences found between the two groups. While there were no apparent gender differences, respondents differed across age lines. Georgians in the 35–44 and 45–54 age groups perceived themselves as the most vulnerable. The predicted value of the index for a respondent aged 35–44 is 2.59, while for Georgians aged 45–54, the score is 2.72. That said, predicted differences between age groups were not large. For instance, the predicted score for the youngest group is 2.17, while for the oldest group, the score is 2.35.

## Financial aid

At the time the survey was conducted, around 7 per cent of respondents reported that they had received monetary aid from national or local governments related to the COVID-19 pandemic. Twelve per cent mention that they have received in-kind support, mostly in the form of food. Fewer than 1 per cent of Georgians report financial or in-kind assistance from non-profits.

The proportion of those receiving aid from specific sources is too small for subgroup analysis. A binary variable was constructed to indicate whether a person had received assistance of any type from any source. About 18 per cent of respondents report receiving some form of aid. While women and men had similar probabilities of receiving aid (13 per cent and 12 per cent, respectively), those aged 55–64 were least likely (8 per cent) to receive aid.<sup>37</sup> No significant differences across other demographic or social characteristics of respondents were observed.

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<sup>37</sup> Predicted probabilities are based on logistic regression models controlling for gender, age, residence status, education, ethnic identity of respondents, marital information, employment status, presence of children in the household and size of the household.

## Distribution of household chores

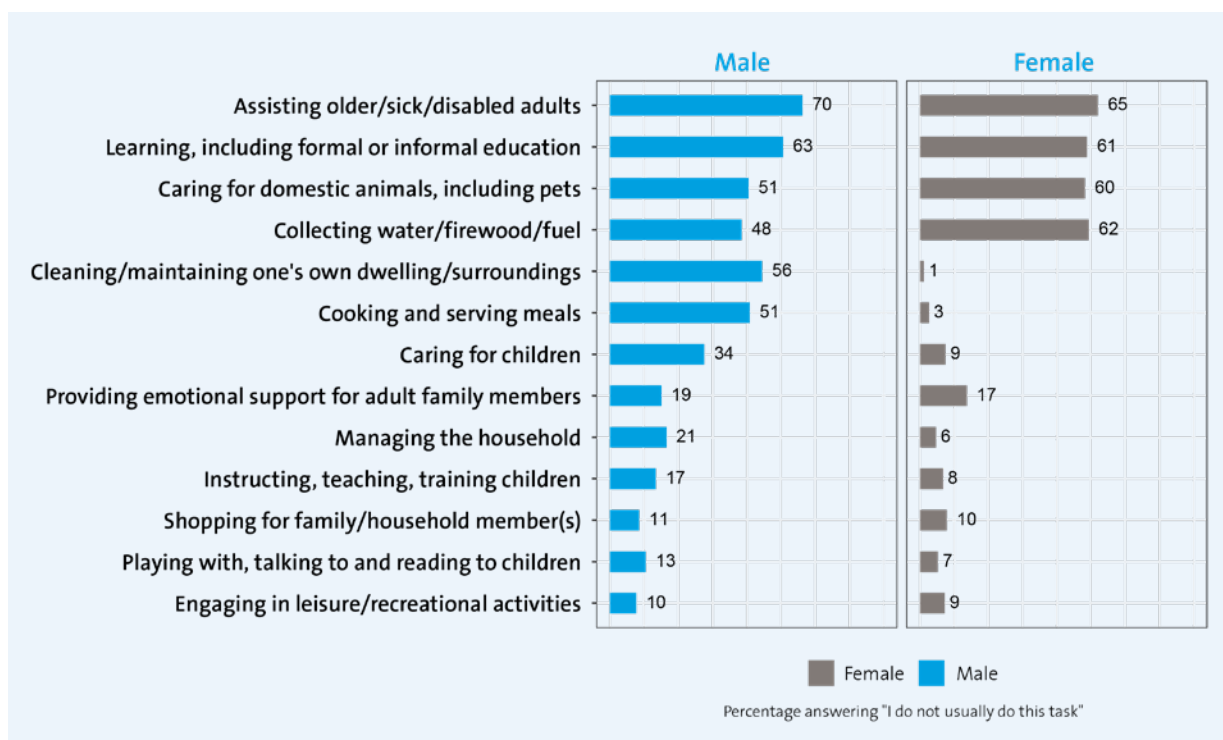
Significant differences regarding participation in household chores were observed between women and men (figure 8). While women were involved in all household activities, there were certain chores that almost no men reported doing. Notably, men rarely undertook cleaning (56 per cent of men never doing so, compared with 1 per cent of women), cooking and serving meals (51 per cent of men, 3 per cent of women) and childcare (34 per cent men, 9 per cent women). While women were slightly less likely to care for animals or collect water and firewood (60 per cent never doing so, compared with 51 per cent of men), the gap is much smaller than for traditional female roles.

## Impact of the COVID-19 pandemic on the time dedicated to household chores

Since the pandemic, both men and women report an increase in the amount of time spent on a wide range of domestic tasks, including unpaid domestic work and care work. The survey asked those who reported engaging in a set of activities whether they felt the amount of time spent on each activity had increased, decreased or stayed the same. Note that these figures correspond only to individuals who reported that they normally engage in a particular activity, not to the population as a whole.

Tasks related to childcare (figure 9) appear to have been most affected by the pandemic. Of those who report engaging in childcare activities prior to the outbreak, 62 per cent report that the time dedicated to instructing, teaching or training children

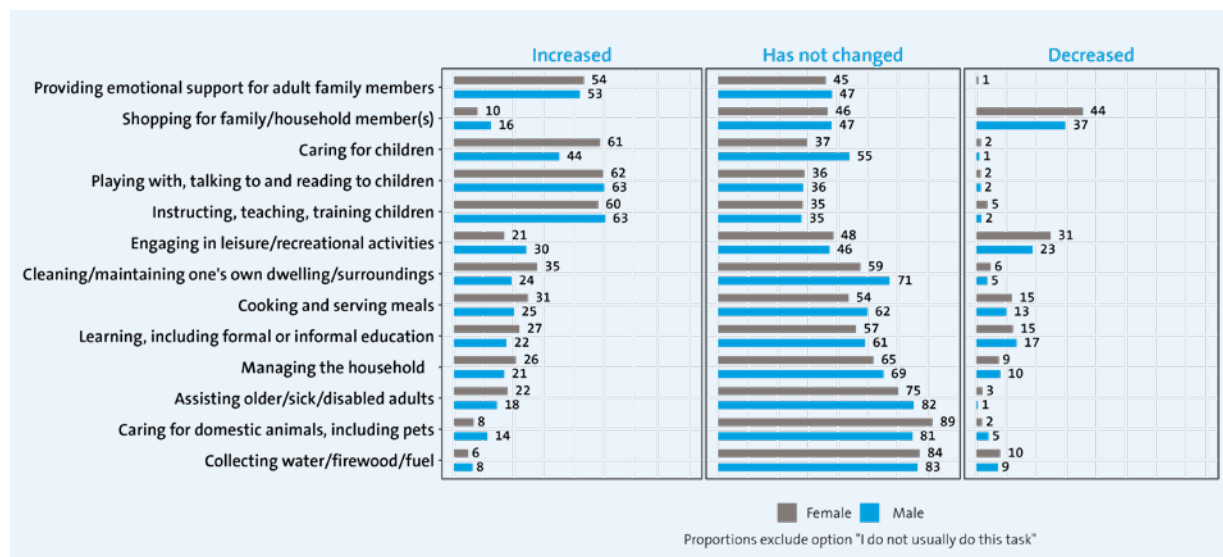
**FIGURE 8:**  
As a result of COVID-19, has your time dedicated to the following activities changed? (percentage answering "I do not usually do this task")



or playing with them has increased. Both men and women reported similar changes in this regard, with responses to both questions for both sexes ranging between 60 per cent and 63 per cent. **Interestingly, however, fewer men than women reported an increase in the amount of time spent on aspects of childcare that are unrelated to play or education (e.g. bathing, cleaning, etc.) with only 44 per cent of men reporting an increase, compared**

**with 61 per cent of women.**<sup>38</sup> Concerns have been raised that the pandemic may be causing widespread emotional distress, which appears to be confirmed by survey findings. Almost half of respondents report that the amount of time they spend on psychological support to adult household members has increased. About 54 per cent of women and 53 per cent of men report spending more time on this task.

**FIGURE 9:**  
**As a result of COVID-19, has your time dedicated to the following activities changed?**



In the case of other tasks, respondents typically report no change in allocated time. Around a third report increased time spent on cleaning, 29 per cent spent more time cooking and about a quarter dedicated more time to household management. Interestingly, a quarter of respondents report that they started spending more time on learning, either formally or informally.

Tasks that typically take place outdoors saw a significant decrease, possibly as a result of curfew and travel restrictions. **Women are more likely to report a decrease in the amount of time spent on leisure activities (31 per cent) than men (23 per cent), and correspondingly men are more likely to report an increase in leisure activities (30 per**

**cent) than women (21 per cent).** Around 44 per cent of women and 37 per cent of men reported spending less time shopping for their household. This is one area in which some men may potentially be taking on additional work from women, with more men reporting an increase in the amount of time spent on shopping.

Women report spending increased time on activities that entail care for other household members and housework (figure 9). **Women are more likely to report spending more time on cleaning (35 per cent) than men (24 per cent). Women are also more likely to report spending more time cooking (31 per cent) than men (25 per cent).** Moreover, 26 per cent of women report more time

38 This and the analysis below excludes options indicating that a person is not engaged in a particular activity.

spent on household management, compared to 21 per cent of men.

A cumulative index was constructed to gauge which specific groups have been affected by the increased housework burden. A household burden index was constructed by counting how often a respondent answered that their time was being dedicated to each above-listed household chore (excluding leisure and learning). The resulting index ranges from 0 (no increase in any household tasks) to 11 (an increase in all tasks).

In total, around 31 per cent of women and men reported no increase in household chores, while 69 per cent reported an increase in the time dedicated to at least one activity. Confirmatory statistical analysis<sup>39</sup> shows that women are more likely to experience an increased burden of household chores.

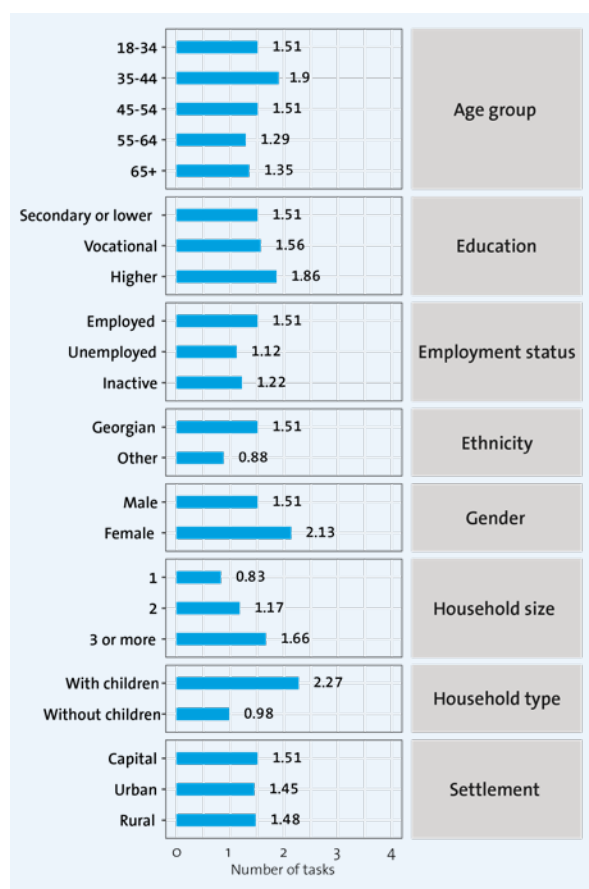
Holding all of the aforementioned variables equal, women are predicted to score 2.13 on the index; men, 1.51. This means that women are spending more time on 40 per cent more activities than men (figure 10).

The number of tasks has increased in larger households and in those with children. On average, in families that have children, respondents report increased time spent on 2.27 tasks, whereas for families without children, this figure stood at 0.98. Respondents from larger households report an increase in the housework burden. On average, respondents living in homes with three or more members report a score of 1.66 on the index, compared to those who live alone (0.83) or with one other household member (1.17).

Further analysis finds that women who are employed, live in households with children or live in households with three or more persons are more likely to experience increased housework burden than others. On average, employed women report spending increased time on 2.13 tasks, while working men saw an increase in 1.51 tasks. On average, women in households with children report that they spend more time on 3.22 tasks, while men spend increased time on 2.27 activities. Women in households with three or more members report spending more time on 2.35 tasks, while men in similar households spend time on 1.66 tasks.

The above index was broken down into two sub-indices, dividing the above between unpaid domestic work (i.e. chores) and care work (i.e. caring for children and others).

**FIGURE 10:**  
**Increase in household burden index**



39 Here and below, the estimates are calculated using a Poisson regression model.

## Changes to the structure of unpaid domestic work as a result of the COVID-19 pandemic

A domestic work index counts the number of times a respondent reports increases in their time commitment to unpaid domestic tasks. On average, women report an increase in 1.04 unpaid domestic work tasks,<sup>40</sup> while men report a rise in half as many tasks (0.52). On average, employed respondents report an increase in 0.52 tasks, while estimates for the unemployed and economically inactive respondents are far lower. Those who live in households with children are more likely to see a rise in unpaid domestic care (0.62 tasks) than those with no children (0.44).

Around 39 per cent of respondents report increased time spent on at least one unpaid domestic activity – i.e. domestic tasks that are unrelated to care work.<sup>41</sup> Thirty-nine per cent of Georgians spent more time on at least one unpaid domestic task; a quarter, on at least two tasks; 14 per cent, on at least three tasks; and about 5 per cent named at least four such tasks.

**Women disproportionately suffer from an increased burden of domestic work. Around 42 per cent of women report spending more time on at least one extra domestic task, while only 35 per cent of men report the same.** About one third of women (32 per cent) and only 17 per cent of men report spending more time on at least two unpaid domestic work tasks. One fifth (20 per cent) of women and 8 per cent of men say that they spend more time on at least three tasks, while as little as 7 per cent of women and 3 per cent of men named at least four.

## Changes to the structure of unpaid domestic care work as a result of the COVID-19 pandemic

A substantially larger share of women report increased time spent on unpaid domestic work (see above), but care work appears to have increased more equally for both sexes. Around 57 per cent of women and 61 per cent of men report having spent more time on at least one unpaid care work task. Around 34 per cent of Georgian women and 31 per cent of men have spent more time on at least two unpaid care activities. Approximately 27 per cent of women and 23 per cent of men report having spent more time on at least three extra tasks of unpaid care work.

Similar to unpaid domestic work, a care work index was constructed to count how often respondents stated an increase in care work tasks. The index was used to measure differences across groups. Gender is not a significant predictor for the unpaid care work index, with women reporting 0.87 extra care work activities and men reporting one extra care work activity.

Respondents in the 35–44 age group, those living with children and people in larger households see increased time spent on more care work tasks. On average, respondents aged 35–44 spend more time on at least 1.14 extra unpaid care tasks. Georgians living with children devote more time to at least 1.59 additional tasks. Respondents coming from larger households (three or more members) spend more time on at least one extra unpaid care task.

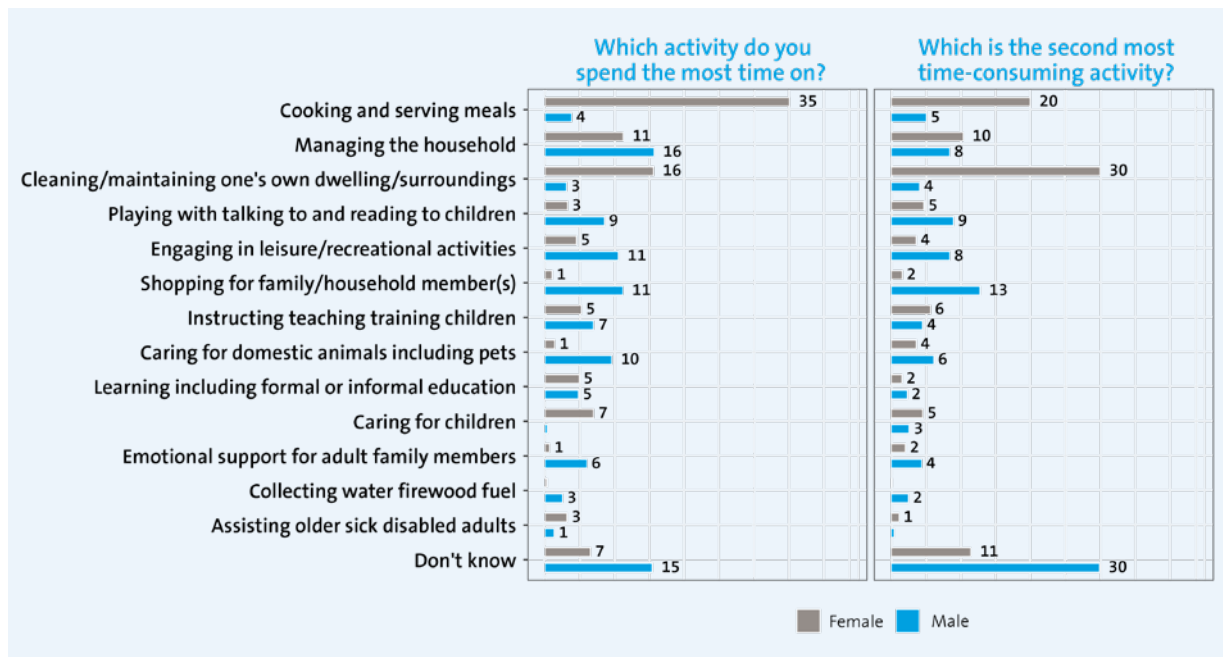
40 Cooking, cleaning, household management, shopping, collecting water/firewood, caring for domestic animals

41 Playing with, talking and reading to, instructing, teaching, training, caring for children; assisting older/sick household members



**FIGURE 11:**

**Since the spread of the coronavirus, on which previously named activity do you spend the most time? Which is the second most time-consuming activity?**

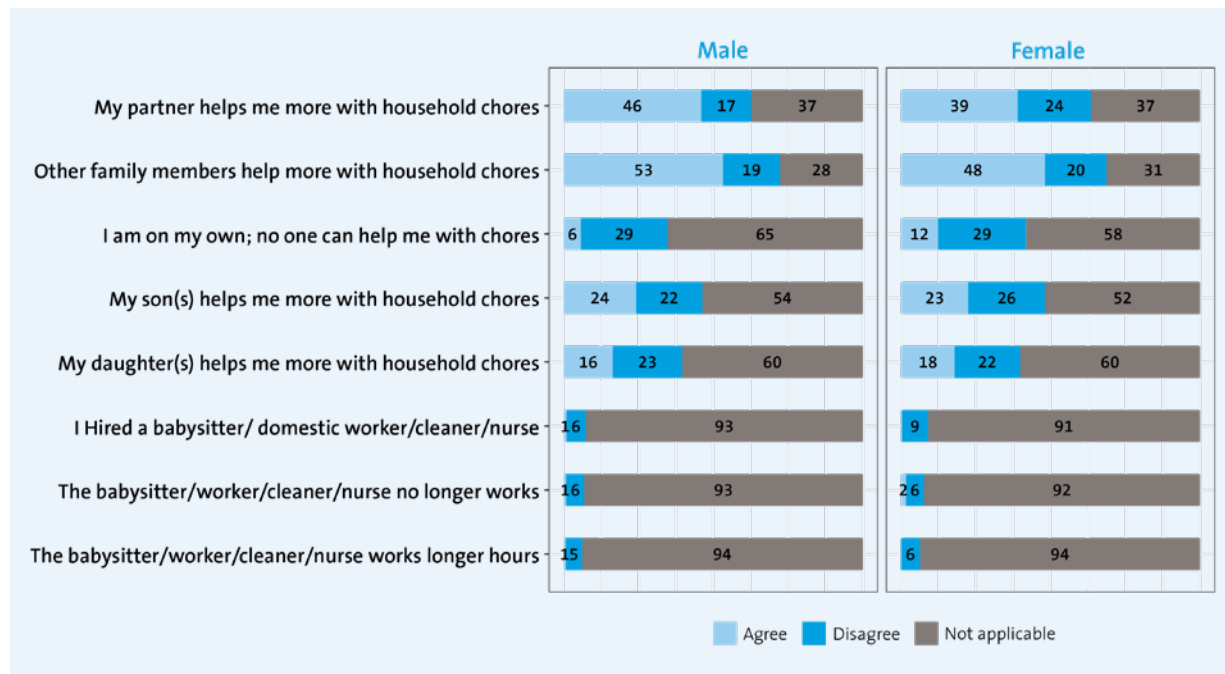


Respondents were asked which activities they found particularly time consuming, specifically those which consumed the most and second most amount of their time. Importantly, 11 per cent of respondents were not able to name their most time-consuming task, while about one fifth were not able to do so for their second most time-consuming task (figure 11). Respondents named cooking (21 per cent) and household management (13 per cent) as the most time-consuming activities, followed by cleaning (10 per cent). In total, around 16 per cent of respondents named a childcare-related task as most time-consuming.

Women are more likely to name cooking (35 per cent), cleaning (16 per cent) and childcare-related tasks (15 per cent) as the activities they spend the most time on (figure 12). Men named household management and various childcare activities (16 per cent). Importantly, almost 15 per cent of men could not name their most time-consuming activity, compared to only 7 per cent of women. When it comes to the second most common time-consuming activity, women most frequently named cleaning (30 per cent) and cooking (20 per cent). Thirty per cent of men were unable to name any activity.

## Sharing responsibility over domestic work

**FIGURE 12:**  
**Since the spread of COVID-19, have roles and responsibilities within the household been affected?**



**Fewer women than men report that their partners have increased their role in domestic work. About 62 per cent of women who have partners say that help from them has increased, while almost three quarters (74 per cent) of men with partners report the same.** Importantly, sons and daughters equally provide help to both women and men. Forty-five per cent of those female respondents who have daughters say that their daughters help them with household chores, while 42 per cent of men in a similar situation report having been helped by their daughters. Forty-seven per cent of women who have sons report them helping with domestic chores, while more than half of fathers (52 per cent) mention sons helping them more than usual.

Other key sociodemographic groups report differing patterns in changes to the distribution of domestic labour. Around 21 per cent of parents in

the youngest age cohort note that their daughters provide help with household chores, as do 53 per cent of parents aged 35–44 and 50 per cent of parents aged 45–54. Around 43 per cent of parents aged 55–65 report more help from daughters, as do 49 per cent of parents older than 64 years of age.

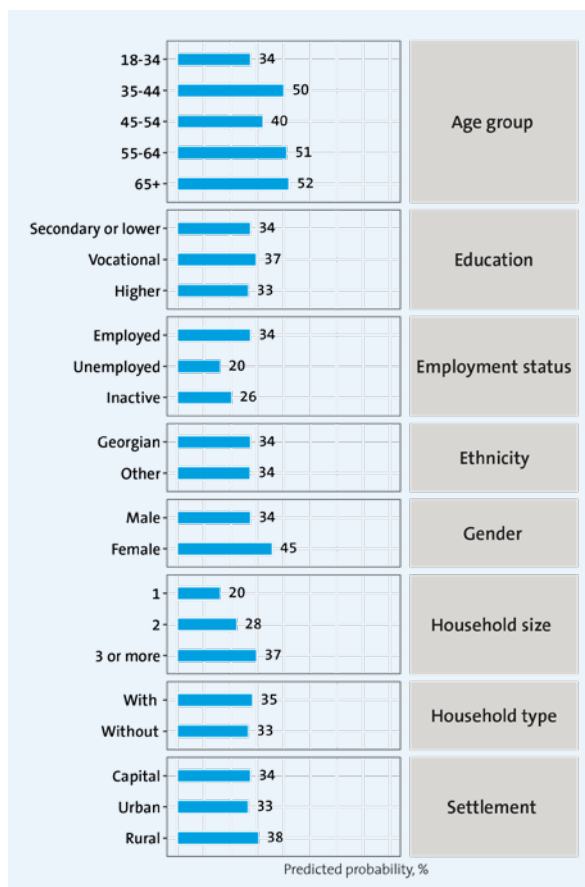
Sons provide additional support to 20 per cent of their mothers and fathers aged 18–34. Forty-three per cent of parents aged 35–44 get help from their sons, while around 59 per cent of respondents aged 45–64 who have sons report that they help with domestic chores. Sixty-two per cent of parents who are over the age of 64 and have sons say that they are providing domestic help. Around 30 per cent of women who live alone report that they have no one to support them with domestic chores. Seventeen per cent of men who live alone report that they have no support.

## Health and access to services

### Psychological and physical effects of the COVID-19 pandemic

Almost half of respondents (47 per cent) report that their psychological/mental/emotional health was affected as a result of the COVID-19 pandemic. A logistic regression was conducted to determine the likelihood of subgroups reporting issues with their psychological health as a result of the pandemic (figure 13).<sup>42</sup> Women were more likely to report psychological issues (45 per cent predicted probability) than men (34 per cent predicted probability).

**FIGURE 13:**  
As a result of the coronavirus, have you personally experienced effects to any of the following: psychological, mental and/or emotional health (e.g. stress, anxiety, etc.)?



Younger Georgians (aged 18–34) are least likely to be anxious as a result of the COVID-19 pandemic (34 per cent), while other groups are more likely to experience anxiety (around 50 per cent). Respondents who had jobs before the epidemic are more likely to be anxious (34 per cent) than those without (20 per cent) or those who are economically inactive (26 per cent). Finally, respondents from households with three or more members have a 37 per cent probability of experiencing anxiety, compared with 20 per cent for those who live alone (20 per cent) or are residing with one other person (28 per cent).

Very few respondents (around 4 per cent) report that they have experienced physical illness due to the pandemic, with a similar proportion responding that members of their family have become ill during the pandemic. Importantly, the question measures whether a respondent believes they have become ill as a result of the pandemic; it does not ask if a respondent has knowingly experienced COVID-19.

### Health insurance

The COVID-19 pandemic has placed acute pressure on health-care systems worldwide, making access to health insurance critical. The majority of respondents report that they are covered by either public or private health insurance, with 69 per cent reporting public health insurance plans and 14 per cent reporting access to private insurance schemes. Around one fifth of the population does not have access to health insurance. Men are more likely to say that they are not covered, with a predicted probability of 19 per cent, while women have about an 11 per cent chance of not being covered by health insurance.<sup>43</sup> Unemployed respondents are also considerably less likely to have health insurance, with a 42 per cent predicted probability that an unemployed person will be uninsured.

### Essential services

The survey also asked whether respondents had experienced difficulties in accessing essential services such as food, medical supplies, water and health

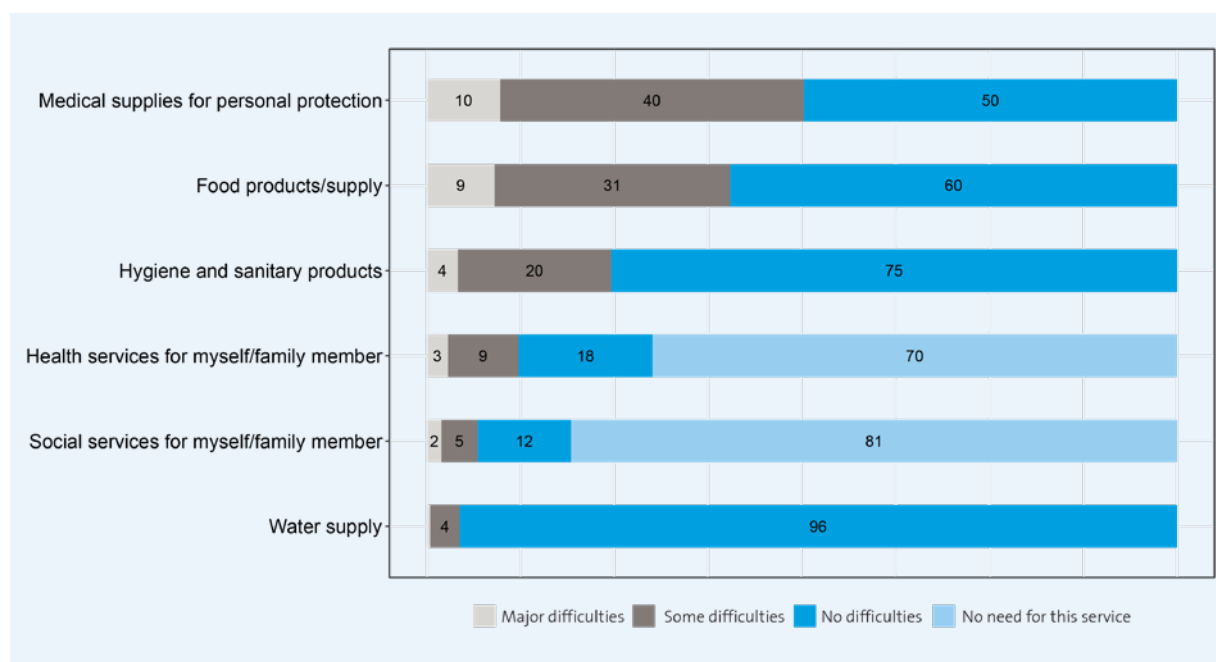
<sup>42</sup> Predicted probabilities of having anxiety were calculated using a binary logistic regression model.

<sup>43</sup> Predicted probabilities are calculated using a binary logistic regression model

care. Almost half of respondents reported either significant challenges (10 per cent) or some difficulties (40 per cent) in accessing medical supplies for personal protection (figure 14). Women were more likely to report that they have experienced either

some (42 per cent) or significant (12 per cent) difficulties in accessing medical supplies, whereas only 39 per cent of men report some challenges, and 7 per cent report significant difficulties.

**FIGURE 14 :**  
**As a result of COVID-19, have you personally experienced difficulties in accessing basic services?**



A quarter of respondents noted that they faced substantial obstacles (4 per cent) or some difficulties (20 per cent) in accessing hygiene and sanitary products during the COVID-19 pandemic. There was no significant difference between men and women in this regard. Around 23 per cent of women mentioned that they experienced some difficulties in accessing hygiene and sanitary products, while 5 per cent of women reported having major difficulties. About 18 per cent of men reported having some difficulties, and 3 per cent reported major difficulties in obtaining hygiene and sanitary products.

Although a minority of respondents report needing to access health and social services during the pandemic, many who did appeared to have experienced difficulties in accessing such services. Around 9 per cent of those who needed health services for themselves or a family member (30 per cent of

the total population) experienced major difficulties, while 31 per cent reported having some problems. While there is no statistically significant difference by gender, 63 per cent of men and 56 per cent of women who needed medical services reported having no problems in accessing them. Around 32 per cent of women and 31 per cent of men reported some difficulties, while 12 per cent of women and 6 per cent of men reported having major obstacles.

Georgians who required access to social services for themselves (10 per cent) or for another family member (19 per cent) indicated having major difficulties. A quarter of those who use social services reported some challenges. While the gender differences reported below are not statistically significant, they should also be interpreted carefully due to the small size of the respective subgroups. Of those who use social services, about 57 per cent of females and 75

per cent of males reported no challenges. Thirty per cent of women who needed social services reported having some difficulties, as did 19 per cent of men; and 13 per cent of women and 6 per cent of men mentioned having major difficulties.

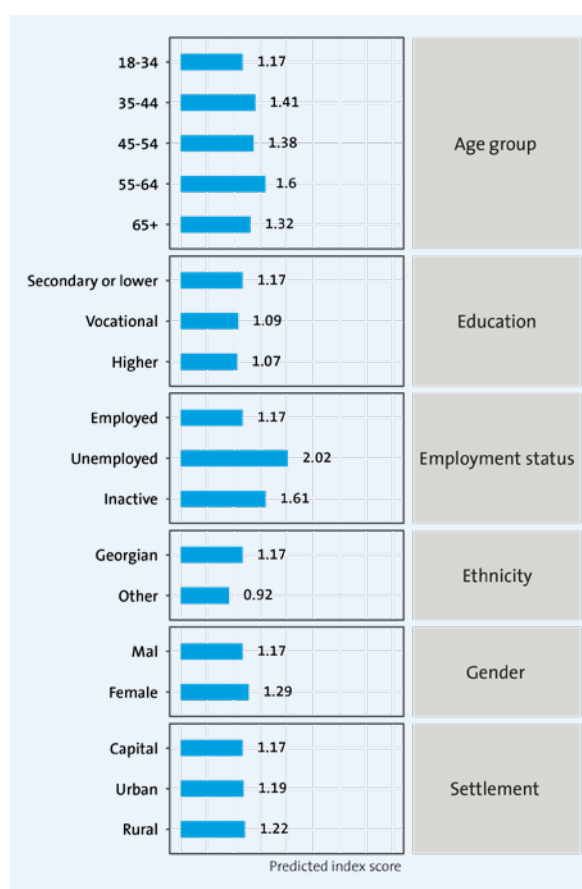
Around 40 per cent claimed that they have found it hard to obtain food. Around 9 per cent felt that they had significant difficulties in accessing food, while 31 per cent reported some problems doing so. Women and men had similar experiences: 56 per cent of women and 63 per cent of men reported no difficulties in accessing food; one third of women and 29 per cent of men reported some difficulties; and 10 per cent of women and 8 per cent of men indicated major difficulties. Only 4 per cent reported having any problems in accessing the water supply.

Few differences were observed across sociodemographic groups with regard to access to services. Around 18 per cent of Tbilisi residents who required health services report major problems in accessing these services, compared to only 8 per cent of urban residents and 4 per cent of rural Georgians. Thirty-six per cent of the rural population who required health-care services report experiencing some difficulties in doing so, compared to 30 per cent of urban residents and a quarter of Tbilisi residents.

An additive index was constructed to assess the pandemic's overall effect on access to services. Responses of "major difficulties" were coded as 2, "some difficulties" were coded as 1, and both "no difficulties" and "no need of this service" were coded as 0. The resulting index provides a scale from 0 (no obstacles in accessing essential services) to 10 (the highest degree of difficulty).

Overall, 62 per cent of respondents experienced some obstacles in accessing essential services. The study examined the impact of demographic variables through the service access index, with only employment status predicting difficulties in accessing critical services. Women and men had similar scores recorded on the service access index: a predicted score for women equalled 1.29, while a score for men amounted to 1.17 (figure 15).

**FIGURE 15:**  
**PANDEMIC'S OVERALL EFFECT ON ACCESS TO SERVICES INDEX**



Unemployed and inactive respondents are slightly more likely to have faced problems than employed respondents. The predicted value of the index for employed respondents is 1.17, compared to 2.02 for unemployed respondents and 1.61 for economically inactive respondents. While small differences relating to employment status were observed, overall, the values for the index tended towards zero, indicating that most respondents had few difficulties accessing essential services.

### Access to gynaecological and obstetric care

One of the acute problems experienced worldwide is access to reproductive health services. In Georgia, about 91 per cent of women report that they have not needed to access gynaecological or obstetric care services during the pandemic, while 9 per cent of Georgian women mention that they have at some

point used these services. Six per cent of women say that they have received such services without any difficulties, while 3 per cent report facing some challenges in getting gynaecological care. Three per cent of women report that they had access to contraceptives when they needed it, without any hassle, while a negligible share of respondents reported problems in this regard.

## Safety and the experience of discrimination

### Discrimination

Respondents were asked whether they were aware of an increase in any form of discrimination after the pandemic. Eight per cent of respondents said yes, around 5 per cent were unsure and the remaining 86 per cent responded negatively. No statistically significant differences were observed across responses from major sociodemographic groups. About 8 per cent of women and 9 per cent of men said yes.

### Domestic violence

Curfew and stay-at-home measures confine families under a shared roof, potentially increasing the risk of domestic violence. In the survey, respondents were asked whether they had felt or heard about an increase in domestic violence since the beginning of the outbreak. Sixteen per cent of respondents reported that they have either heard about or felt an increase in domestic violence. An additional 5 per cent said that they did not know, and the majority (80 per cent) reported that they had not felt or heard of an increase in domestic violence. Women are slightly more likely to report that they have felt or heard of an increase in domestic violence, with 18 per cent of women and 13 per cent of men reporting that they have heard or felt an increase in domestic violence since the beginning of the outbreak.

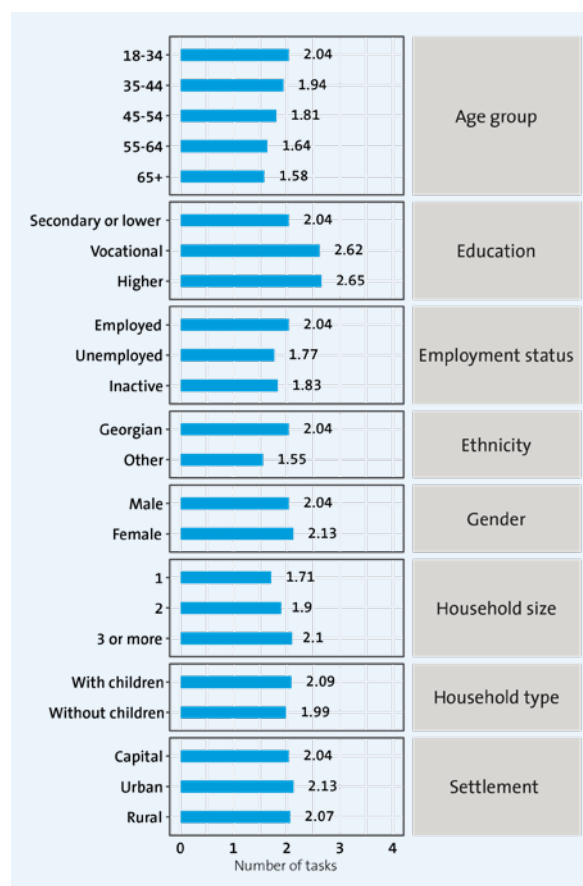
No significant differences were observed across age groups. Around one fifth of Tbilisi residents had felt or heard of an increase in domestic violence after the pandemic. Around 14 per cent of residents of other urban settlements were aware of or had experienced domestic violence, compared with only 11 per cent of rural residents.

## Awareness of domestic violence services

Respondents were asked whether they were aware they could access any of a defined set of services if experiencing or witnessing domestic violence, specifically hotline services, psychological support, police support and shelters/crisis centres. Eighty-two per cent of Georgians were aware of police support, and 61 per cent were aware of hotlines. Relatively fewer people (41 per cent) were aware of psychological support services, and slightly less than a third were aware of crisis centres and shelters for domestic violence victims.

A cumulative index was constructed to examine awareness of relief services across demographic groups. The awareness index counts how many times a respondent confirmed awareness of the aforementioned services. Values range between 0 (no knowledge) and 4 (complete knowledge).

**FIGURE 16:**  
Predicted scores of the awareness index of relief services



Women and men do not differ in terms of their knowledge of relief services. On average, women were aware of 2.13 services, while men were aware of 2.04 services (figure 16).<sup>44</sup> Age, ethnicity and household size predict one's awareness of services for victims of domestic violence. On average, younger Georgians aged 18–34 were aware of at least two services, in contrast to the oldest age cohort who were aware of 1.58 services on average. Ethnic Georgians are also aware of at least two relief options, while ethnic minorities, on average, are aware of only 1.55 services. Finally, respondents from larger households with three or more members are aware of around 2.1 services on average, compared to 1.71 in single-member households.

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44 Estimated using a binary logistic regression model

EXPERIENCES AND  
COPING STRATEGIES OF  
WOMEN AND GIRLS WITH  
DISABILITIES IN GEORGIA





# INTRODUCTION

PwD in Georgia face many challenges, with women and girls experiencing specific issues relating to their gender. Barriers for PwD extend well beyond disability-related physical constraints, to access to services and societal prejudice. Accounts from women with disabilities, female caregivers and female experts from organizations working on disability issues suggest that PwD face difficulties related to infrastructure, medical care, education, employment and interpersonal relations. Many of these challenges stem from financial issues experienced by PwD and their households, as well as from stigmatization and insufficient access to information. Women and girls with disabilities are reported to experience additional obstacles and risks. Prior to the pandemic, they were already more likely to be kept isolated in their homes and less likely to be able to pursue work and education than their male counterparts. They are also less likely to hold disability status, limiting their access to benefits and services.

Moreover, they face additional challenges relating to reproductive health, as the limited availability of specialized services and the lack of information block their access to treatment.

The COVID-19 outbreak has undermined access to services, jeopardized financial stability and increased isolation for PwD and their carers. For women and girls with disability, and their predominately female carers, the crisis compounds an already problematic and unequal baseline.

This section presents the findings of 26 in-depth interviews with female PwD, female caregivers and female experts on disability issues. These interviews first examine the broader challenges impacting the changes to everyday life brought on by the COVID-19 outbreak. The section presents respondents' perspectives on issues emerging from the pandemic, as well as their preferences for improving the lives of people and girls with disabilities in a complex and changing context.

## PRE-COVID-19 SITUATION

Changes to the lives of PwD and women and girls with disabilities following the onset of the COVID-19 outbreak are best understood in the context of the pre-crisis situation. This section examines the baseline (pre-pandemic) situation of PwD and their families in Georgia, with an emphasis on the specific challenges faced by women and girls.

**Infrastructural issues** were consistently the first issue raised by interviewees when discussing challenges for PwD in Georgia. Respondents felt that most parts of their settlements, whether in the capital or the regions, are not adapted for PwD, presenting severe mobility and access problems. This lack of infrastructure has several consequences for

PwD. They are more dependent on other people in accessing basic services and running personal errands. This in turn makes caregivers' work harder and more demanding. Limited mobility also constrains the social lives of PwD. Respondents felt that this inability to move around with ease limits opportunities to interact with others and build meaningful relationships.

Besides physical barriers, respondents also spoke of numerous challenges they face in accessing **essential medical services**, including ill-adapted medical infrastructure. This problem was felt most acutely outside of Tbilisi. Respondents noted that essential medical services are often unavailable in the regions

or are of lower quality than in the capital. As a result, PwD living in the regions feel the need to travel to Tbilisi for treatment, despite additional costs for transport. These additional costs are experienced on top of high treatment costs, which are not covered by most insurance packages. Moreover, many respondents were not confident in the overall quality of medical care in the country, with medical staff perceived as poorly qualified and ignorant of the needs of PwD. Respondents often felt patronized by medical staff and reported cases where service providers had violated patient confidentiality.

This issue of qualification was also raised in relation to **social therapy**. Caregivers and experts felt that staff at day-care centres and social houses sometimes do not have the necessary skills and competences to adequately care for children with disabilities. Moreover, while all groups emphasized the importance of access to quality educational resources and many respondents expressed gratitude towards those who had encouraged their children to go to school, some stressed that they had found the situation in specialized schools extremely stressful and unhelpful for their child's development.

Respondents also felt that even though the situation has improved in recent years, **Georgian society** can often be a difficult place for PwD. Many interviewees described distinct and unpleasant reactions from people they meet, especially in cases when their disability is visible. Moreover, many reported issues with the attitudes of others from within their household. PwD reported that some families force their children to stay at home to prevent them from being seen by neighbours. Respondents felt that society considers it undesirable to have a family member with disabilities and that children are hidden as they are perceived as an obstacle to other relatives getting married.

While many of the issues described above are shared by men and women equally, there are some reported challenges that are unique to women. PwD interviewed were clear on gender-specific problems they face. Respondents noted that **information on reproductive health is both critical for women**

**and girls with disabilities but also inaccessible.**

Experts noted that women and girls with disabilities often require specialized medical equipment, such as gynaecological chairs and specialized care while giving birth, and that such services are usually unavailable in Georgia. Respondents also reported that public infrastructure is less adapted to the needs of women, such as the seats in public toilets.

*“Women have different types of need in terms of health care, for example, from a gynaecological or reproductive point of view. [...] [Parents] are also more likely to provide an education to boys than girls [with disabilities].” (PERSON WITH DISABILITY 2, age 31, Tbilisi)*

**Both institutional care workers and some experts interviewed struggled to articulate differentiated challenges for women and girls with disabilities**, although one institutional caregiver did note that girls require more resources for personal hygiene.

*“I don't think there is a difference; they [boys and girls] need similar things. There is nothing especially challenging for girls; whatever a girl needs, boys also need.” (CAREGIVER 10, age 36, Tbilisi)*

**Women appear to be less likely than men to be registered as disabled.** One of the experts interviewed described research conducted in Guria and Kakheti that found larger numbers of individuals with disabilities than are officially registered in the region, with fewer women than men having that status. The expert reported that parents often do not register young girls as disabled despite being aware of their condition as they fear that she will be unable to get married – something believed to be less of a problem for boys. Lack of status prevents girls from receiving State benefits and from accessing services for which they should be eligible.

**Women are also reported more likely to be locked up at home by relatives**, who fear they will be vulnerable if they go outside. Boys are perceived as more capable of defending themselves and, accordingly, are more likely to be allowed to leave the house. One expert also reported that women are

also less safe within the household and that systems to protect victims of abuse may be failing.

Respondents stressed that **women with disabilities are given fewer opportunities to pursue education**. Furthermore, experts felt that boys and girls with special needs are treated differently within the education system and employment market. Boys are reported to be given more freedom to learn a profession and find it easier to get work. Conversely, girls are reported to be more stereotyped as unable to integrate with society and are more likely to be encouraged to engage in housework. Some respondents viewed the differences in treatment between men and women with disabilities as reflective of broader attitudes towards men and women.

*“They say that women are more vulnerable in terms of employment. They cannot find work as [easily] as men. Their [...] condition does not have anything to do with this, though. There is a general difference: the problem is that women are employed less frequently. When the special needs status is added, [a woman’s] chances are even lower.” (EXPERT 4, Tbilisi)*

Caregivers interviewed were predominately female. In discussions with experts, most reported that when dealing with families, their experience is that in almost all cases, their primary point of contact is the mother.

Life for people with disabilities is thus challenging even under normal circumstances, with basic needs unmet and numerous obstacles to accessing services. Furthermore, women and girls face unique and more severe obstacles, stemming from their gender, being more isolated, accessing more limited services and experiencing fewer opportunities to study and work.

The following sections report on how the COVID-19 outbreak appears to have entrenched these existing inequalities and introduced new vulnerabilities to an already vulnerable group.

## Effects of COVID-19 on women and girls with disabilities

The pandemic has impacted almost every aspect of life for women and girls with disabilities in Georgia and their female carers. Despite significant effects on mobility, the majority of respondents report being able to access basic services. Nevertheless, financial difficulties are widespread, and interviewees report that medical care and other key activities are being postponed. Those able to access online therapy find it less effective than face-to-face rehabilitation, and the overall emotional state of PwD and their caregivers has deteriorated.

### Social isolation

Many PwD have stayed at home throughout the entire pandemic period. Everyday life, routines and social activities for PwD and their caregivers have been made considerably harder due to restrictions on mobility. Limitations on the number of passengers in vehicles have prevented parents from transporting their children, leading to most families staying at home. For some respondents, social isolation has been a major source of discomfort, as they have been unable to see friends and relatives as usual.

Movement for blind people appears to have been particularly challenging, given the extensive reliance on touch for mobility. Simple actions such as shopping require blind people to physically interact with items in a store much more than others. Following social distancing is also much more challenging when many rely on an accompanying person in close proximity to navigate their environment. Many PwD are reliant on hired caregivers to move around and are finding the pandemic especially difficult as they have been forced to refrain from accessing external help for fear of contracting COVID-19. A representative of the State Care Agency reports that State-supported home-care services are not available during the pandemic.

Caregivers and experts report isolation-caused anxiety, irritability and behavioural problems in some PwD, which has made coping with the situation harder. Some respondents were frustrated by news programmes frequently repeating “stay at home” messages.

*“She loves TV a lot, and whenever someone on TV says to stay home, she gets irritated: ‘What?! Stay at home, stay at home. I am home all the time anyway!’ She says she does not want to go out because the virus is out there. If we’re leaving home and I’m running a little late, she asks what is taking me so long and if I’m not afraid of the virus.” (CAREGIVER 2, age 40, Adigeni)*

Caregivers report that the emotional condition of the person they support has affected their work. They experience additional labour requirements and stress as a result of the pandemic. Experts emphasized that the crisis will be taking a major toll on caregivers’ emotional state. In an ordinary situation, caregivers would have access to support, for example, through a day-care centre or a family member who would take care of their child. They reported that now that families are continually confined within one space, children require even more attention, and caregivers have a harder time. One expert interviewed reported deteriorating mental health as a major challenge for PwD during the crisis, an issue which they feel is affecting those with and without pre-existing psychological issues. People who had been able to cope with their disability prior to the pandemic have begun experiencing psychological challenges and are seeing a worsening of their symptoms as a result of having to stay confined.

While most have found being confined to the closed space of their homes challenging, some have found the experience enjoyable. Young children in particular were happy to have family stay in the home and to have relatives close to them all day long, which also made caregivers’ work easier. One care worker interviewed, who works at a boarding house, stressed that the pandemic has actually brought care workers and their clients closer together. Staff

have been required to remain in their centres, and residents have empathized with staff’s inability to see their families. The respondent reported that the experience has bonded them with their clients.

## **Effect on livelihoods**

The stay-at-home policy has affected income for PwD and their caregivers. For some, despite restrictions on going outside, their work situation and income has not been affected. Some continue to work online or from a distance and have retained their salaries. Others did not work prior to the virus and have found their State pension and aid unchanged – or in some cases increased. Some of those able to keep working were employed in State establishments, such as schools or kindergartens. Others had work that could be carried out online. Nevertheless, where respondents were working from home, many reported finding it harder.

*“I have to stay at home with my children [...] and it is not easy. The children are home, I am working, also doing housework, and looking after the children. Doing all these together is hard, and it has become harder.” (PERSON WITH DISABILITY 2, age 31, Tbilisi)*

Many families have lost their source of income due to the pandemic, which has undermined their financial situation. Some family members began looking for work outside of their area of residence in order to have enough money for food. Many of the respondents had active engagement with the non-profit sector prior to the outbreak, with projects and activism an important part of their professional and social lives. The pandemic has interrupted many ongoing projects, forcing changes and cancellations in planned activities.

*“Currently I am not working anywhere. I used to sell some clothes, and now that has stopped [due to the virus]. My husband also lost his job. We had financial problems and still have them. [Temporarily suspended] bank repayments will be resumed soon, and we don’t know what will happen.” (PERSON WITH DISABILITY 4, age 28, Telavi)*

While disruption to income sources was evident, only one respondent reported challenges in accessing food. Almost all respondents were able to buy enough food, and some received additional in-kind aid through the State. While increased food prices were highlighted, none reported that food was unavailable in shops. Issues of income and food were shared across all settlement types, with people in the capital, urban and rural areas giving similar responses.

## Access to medical services

There is some evidence of disruption to medical services as a result of the pandemic. All respondents reported having access to medical assistance for an urgent issue during the pandemic. Many, however, have postponed non-urgent tests and procedures. In some cases, respondents were unable to travel to the capital to consult with a specialist or undergo a non-urgent procedure. Others reported not wanting to visit medical institutions out of concern for contracting the virus. Financial issues were also reported as an obstacle to accessing care, with some respondents cancelling planned treatment due to a lack of financial resources. While respondents did not feel that these interruptions posed an immediate threat to their lives, some were concerned that postponing tests and treatment for an extended period of time may pose long-term risks.

*“I postponed many medical things because of finances. I was supposed to undergo a procedure in the spring, but I moved it to the summer.” (PERSON WITH DISABILITY 4, Telavi)*

Some respondents noted that underlying issues with infrastructure have complicated medical care during the pandemic. Some experts and PwD noted that despite the availability of services, many individuals – for example, wheelchair users or people with a hearing impairment – require a caregiver or specialized medical support staff to assist them during hospital visits. Concern was expressed by some respondents that these services may not be available during the pandemic and that specialized space for consultations may not be provided.

*“People with hearing difficulties might have a hard time communicating with health workers, [as] they might not have translators on site.” (PERSON WITH DISABILITY 2, age 31, Tbilisi)*

While most PwD interviewed reported keeping a large supply of medicine on hand intended to last many months, many also stressed concern that prices of medicine and basic hygiene products have risen. Some respondents reported challenges in maintaining hygiene due to the lack of available hygiene products in the stores. Some noted that they are unable to access the medicine they need due to personal financial issues. One respondent reported spending all his/her money on a multi-month emergency food supply, which had left no money for blood pressure medicine.

*“I take blood pressure medicine regularly. It costs GEL 60 [USD 19] and I should take it every month [-], but during this pandemic, I could not buy it and have not taken it.” (PERSON WITH DISABILITY 3, age 65, Akhaltsikhe)*

Respondents note that they feel that most people are experiencing psychological issues as a result of the crisis, with some noting an increase in alcohol consumption in those around them. Experts note that demand for psychological services has risen and that school students are complaining about increases in violence and online bullying.

Caregivers interviewed report that medical care has continued uninterrupted in State institutions. These respondents noted that everything from food to planned medical care and medicine have remained unchanged and that clients have been able to access all services as usual, including planned medical procedures.

## Physical and social therapy

Respondents report significant levels of disruption to physical and social therapy as a result of the outbreak. Those respondents who normally access psychological, physical or social therapy have experienced significant changes in service delivery, and those outside the capital who need to travel to Tbilisi to access services were not able to do so. One

respondent who had been unable to travel reported continuing some therapeutic activities at home, as they have the resources and family support to assist in the process.

Many PwD undertake therapy to support psychomotor development. Caregivers and experts stressed the importance of service continuity for such therapy, as interruption can cause severe setbacks in progress. Children especially may struggle without stimulation, and interruptions to services may cause or exacerbate behavioural difficulties. Online therapy sessions have been offered by service providers to address challenges caused by movement restrictions. Some beneficiaries of such programmes report satisfaction with online services, stressing that without the sessions their children were restless. These respondents report that they feel online support is better than nothing and that they think the specialists are doing everything they can. Others were less happy with online sessions, feeling that they are not as beneficial for their children and reporting difficulties keeping their children interested and invested in the process.

*“She said that she did not like online therapy. She explained that she prefers to go to Ilia University because the interaction there was much more interesting for her and more beneficial. Online therapy did not provide anything; we were basically stuck.” (CAREGIVER 6, age 41, Tbilisi)*

Most experts report that the pandemic-induced interruption to services will impact caregivers, feeling that the absence of services may lead to behavioural difficulties that will pose greater challenges for parents. Experts felt that this will be worse where developmental issues are most severe, as changes in behaviour may be more extreme. Some of the most severe impacts of the shift to online service provision were reported to affect those who are immobile and receiving in-home support, those requiring physical therapy and those on the autistic spectrum. Where recipients of support are immobile, assistance has fallen from four to five times per week down to zero. Where physical therapy is

required, or in the case of severe autism, online sessions are unable to replicate the physical or sensory dynamic of support. Online therapy was broadly reported to be generally less beneficial than face-to-face interaction, which allows for greater range and flexibility in activities.

*“Most of our parents need psychotherapy [which is now unavailable]. [...] It is hard when the parents are not feeling good and the child is also not feeling good. Children get better when their parents get better. [...] We have two beneficiaries who said no to online intervention because they [felt unable] to talk to someone this way.” (EXPERT 1, Tbilisi)*

Experts reported that despite being required to move services online by the Georgian Government, they did not feel that sufficient efforts had been made to ensure that all beneficiaries were able to connect and participate. They reported that some beneficiaries had been unable to participate due to absent or unstable Internet connections but noted that services had still been paid for by the Government regardless. They felt that poor people had been affected the most, as they are less likely to have equipment or connections to move online. Despite these challenges, the Social Service Agency representative interviewed felt the transition to online therapy to be broadly successful, although she acknowledged some difficulties with connections and technical issues.

Experts also discussed the changes online therapy brought within the households. Online therapy requires parents and caregivers to be more involved in sessions. They felt that some parents were not psychologically ready for this greater level of engagement. One expert reported that some parents had become more involved in their child's treatment and that therapy was going very well for them. They reported that those who fully engaged in consultations were able to rediscover their children's abilities and had become more empowered. They also noted that other parents have struggled, finding that parents who had not been actively involved prior to the pandemic had found themselves increasingly

depressed and desperate. The expert felt that the situation was worsened by some parent groups trying to lobby on social networks for online therapy to be replaced by financial aid.

One expert noted a few cases in which the pandemic had actually improved children's well-being. Many children have been taken to villages, where they have been able to get more stimulation from the external environment. In some cases, children have been released from a routine structured around urban life and their parents' work, thereby becoming more interested in their surroundings. The expert had heard reports that some children were spending less time on screens, resulting in fewer behavioural issues and greater improvements in development.

## Domestic violence and the COVID-19 pandemic

Most interviewees found it challenging to discuss domestic violence during the pandemic. The majority of respondents changed the subject quickly or said that they had not observed the problem. Some felt that it may be happening in some households but noted that it would not be obvious or visible. Some also felt that the situation with regard to domestic violence has improved in recent years. Some felt that women are standing up against abuse more, though others said that it is hard to know what is happening behind closed doors. Several respondents did remember a specific case of domestic violence; however, it was a case they had heard about on television in the autumn of the previous year.

While reporting that they did not know of specific cases, a few respondents felt that it would be logical that domestic violence would increase during the pandemic, as they felt domestic confinement and emotional stress may make people more anxious and unstable. Some also felt that the loss of jobs and income may contribute towards the problem.

*“Personally, I have not heard of anyone being a victim during the pandemic. This was happening before [but] this is a sensitive subject and people don't talk about it, including women*

*with special needs. Theoretically, someone might be a victim of domestic violence and I might not know.” (PERSON WITH DISABILITY 5, age 25, Tbilisi).*

Experts, on the other hand, rely on research carried out abroad and say that it has been shown elsewhere that violence against women and girls has increased. They report that they feel that it would be logical to assume the same thing is happening in Georgia. That said, none were able to provide any local evidence. Some respondents had experience with referring cases of suspected violence to social workers, but they were not privy to the outcome of any such investigation. An interviewee from the Social Service Agency reported that the Government is following the numbers closely and has seen no trend to date.

Most respondents were unaware of services for victims of domestic violence or had fragmented knowledge. Many remembered a series of advertisements from television and know they can call a hotline. Some noted that in such cases, they would contact the emergency services (112), social services or the Public Defender's Office. Most reported being unaware of services as they had no prior need for them, but they also said that they would like to get more information.

Respondents with the most knowledge on services for the victims of domestic violence were from Tbilisi and were well informed on other topics covered by the interview. Many Tbilisi respondents were aware of the specialized hotline for victims, that a social service worker is involved in investigating the situation, and that there are shelters and crisis centres for victims. One of the respondents noted that mobility issues and financial issues may be obstacles to PwD accessing services for victims of domestic violence, such as shelters. The respondent felt that if a PwD has no income, shelters may not be helpful as the PwD will not be able to live independently.

*“I know that you can call patrol police against violence or dial 1505 and ask for a social worker. You can report the incident, and the social worker will get involved. Women can ask to be taken to a shelter and spend some time there.” (PERSON WITH DISABILITY 2, age 31, Tbilisi)*

## Preventing the spread of COVID-19

All caregivers and PwD reported being informed about COVID-19 and measures introduced to stop the spread of the virus. When asked about guidelines, all interviewees mentioned face masks, gloves, maintaining a safe distance from others, handwashing and the use of disinfectants. All were also aware that they should call 112, 114, fever centres or their personal doctor in case of symptoms.

Television and the Internet informed the responses of most respondents, although care workers also report receiving information from their workplaces. In some cases, interviewees report that doctors are proactively giving information to patients and making themselves available if needed. Only a few reported text messages from the Government as a source of information. Where the SMS programme is mentioned, respondents felt the information arrived too late and lacked detail. Most felt that information provided online at the StopCoV.ge website was better.

Experts self-reported that they are aware of information surrounding the virus and actively communicate with clients on how to talk to their children and maintain hygienic behaviours. Some experts felt that for PwD with certain types of mental development issues, it may be hard to understand instructions. One young PwD interviewed felt that the StopCoV.ge website had numerous accessibility issues, noting that the site's accessibility provisions designed to support blind people are not working correctly. Interviewees repeatedly stressed the importance of ensuring that people with all types of disabilities fully understand the risks and requirements related to the outbreak.

*"We get information from the website of the Ministry of Health and from television, but it's general information. It's been two months, and I know the hygiene rules by heart. I think I will remember them for all my life." (CAREGIVER 10, age 36, Tbilisi)*

*"It is difficult in the villages because not everyone has Internet. I have frequent interaction with a girl who uses a wheelchair, and she called me, [saying] she was scared and did not know what to do. I gave her all the knowledge I had and calmed her a little, I think. We message every day and also talk on the phone." (PERSON WITH DISABILITY 7, age 39, Zugdidi)*

Most say that they were not aware of opportunities to participate in COVID-19-related trainings, but they note that they would if the opportunity arose. Only a couple of the respondents said they had been offered training, one through social networks and the other via the mayor's office. One care worker from a boarding house said that their doctor explained how to follow the recommendations. One respondent, who is actively involved in NGO activities, worked on filming and disseminating a video about COVID-19.

PwD interviewed during the study report closely following all the rules laid out by the Government to slow the spread of COVID-19. All respondents report using face masks and often gloves as well, and they also report washing their hands and using disinfectant whenever they are away from their home. That said, in some cases, people living in urban areas (e.g. Dusheti and Zugdidi) report visiting neighbours and relatives and receiving guests while maintaining physical distancing, as they consider their city to be comparatively safe. One of the respondents from Tbilisi felt that she does not need to follow recommendations all the time as she rarely leaves the house. She also stated that she did not follow self-isolation rules strictly after returning from abroad in mid-March.

Experts expressed concern about PwD following recommendations. They felt that most people try to follow rules, but people living in the regions were more likely to violate them. They also noted that for some people, it is physically impossible to follow certain rules as they depend on others' help for basic things, such as personal hygiene.

*"We follow what we can. Relatives come to visit us [-] and we visit neighbours. What can we do? We cannot completely isolate [-]. [We*



*tried] in the beginning, of course, but then it turned out to be hard..." (CAREGIVER 1, age 51, Zugdidi)*

*"We have all kinds of cases, to be honest. The majority follows rules for social distancing well. It depends on where you live. The situation is especially uncontrollable in the villages." (EXPERT 1, Tbilisi)*

## Assistance received from external actors

The pandemic has negatively impacted the financial situation of most people, and many PwD and caregivers have become reliant on aid from the Government and NGOs. The Social Service Agency noted that a needs assessment had been conducted and that they had analysed the results and coordinated with other agencies and NGOs on next steps. Experts noted that only those with group 1 disabilities are eligible for the Government's disability allowance of GEL 100 (USD 31.40) per month for six months. While this amount is important to those receiving it, experts noted that people who are not in group 1 are in no less need of financial aid. They also felt that some of those receiving this aid are less financially vulnerable and are using it to access certain previously unaffordable services, such as some types of therapy.

State financial support was mentioned by many caregivers and PwD. All felt it was positive and would be of great assistance in the upcoming months, reporting that it would support payment for essential services, such as treatment and medicine. There were some who were not aware if they were receiving support from the Government, as they had not received notification of any payment or checked their bank account. In addition to direct financial aid, some respondents also expressed gratitude for government payment of communal services bills and to banks for postponing loan payments.

*"I don't know. Some assistance is added if you have 95 or 100 points [on a means test index], but nothing has come to me yet. I don't know if I have it yet or not." (PERSON WITH DISABILITY 3, age 65, Akhaltsikhe)*

The Government, specifically local municipalities, has also provided food and hygiene supplies. Respondents from the regions were most likely to mention local government support; however, one respondent from Tbilisi said that the food they receive via their child's kindergarten is of great use to them. Some described a hotline that can be used to access food if needed. In-kind aid from the State was mostly seen positively, with some respondents reporting that they felt the quality of product provided was excellent. Others were not impressed with the products received but said that it was still something and better than nothing.

*"The face masks and gloves were very important and timely because I could not go to the pharmacy, as they said we should stay home." (PERSON WITH DISABILITY 7, age 39, Ozurgeti)*

*"The Telavi Mayor's Office gave away products twice. I [participated] both times and also used the food provided by the kindergarten. Those with special needs got an addition of GEL 100 [to their monthly payments] for six months." (PERSON WITH DISABILITY 4, age 28, Telavi)*

No respondent reported receiving financial or in-kind assistance from NGOs or private individuals. One respondent reported receiving food and hygiene products from the church, and another knew that someone had helped her socially vulnerable neighbour. One respondent reported that NGOs did come to her house and promised to help, but she has not yet received anything from them. While no one recalls receiving aid from NGOs, one expert noted that most are coordinating distributions through municipalities, so visibility would be low. The expert felt that people may have received aid originating from NGOs or private individuals but may not be aware of the source. Experts also stressed that many organizations would also redirect direct requests to municipalities. One of the experts mentioned that her organization helped provide computers for temporary use and paid for household Internet to support PwD in attending online classes.

## Policies tailored to the needs of women and girls with disabilities

Government policy influences many aspects of the lives of women and girls with disabilities, and State institutions are seen by respondents as critical in mitigating against the impact of the virus. Many respondents expect the Government to provide more financial assistance, more information and more services, including medical care, therapy and volunteer coordination.

Many of the respondents felt it important to frame the pandemic response in terms of the pre-COVID-19 baseline. Employment was repeatedly emphasized as crucial to providing better lives for PwD in Georgia, with work being an area where more is expected of government. Respondents also expressed frustration at society's attitude towards PwD, although most found it challenging to articulate concrete measures to improve the situation. Some thought that issues surrounding public awareness are linked to the issue of registration. Experts noted that the number of PwD in Georgia is much higher than official figures suggest but that families sometimes prefer not to commit the diagnosis to paper. Bureaucracy in State institutions was also a frequent source of frustration. Respondents felt that getting government assistance should be easier and that it can take a lot of time to get a simple document or financial aid.

Respondents consistently felt that financial aid and assistance with food and hygiene products were desirable components of a government response to the pandemic. Many stressed that financial aid should be broadened to all PwD, not just those with group 1 status. Some also felt that one-time help with food or financial aid is not enough for those who have lost their sources of income or for those who were in the dire circumstances prior to the pandemic. Rising prices on food and medicine concerned respondents greatly, and financial help from the Government is seen as a way to mitigate against rising costs. Financial aid is preferred to in-kind aid,

as respondents feel that blanket solutions fail to adequately address the needs of individual households. Experts further stress that aid budgeting should be more transparent, planned and thought through, noting that they want clarity on the cost and effectiveness of aid programmes.

*“There are many people [who have been made anxious by] the pandemic, and they need psychological help. The Government should stand by people not with one-time aid; one-time help is not enough. [The Government] should provide financial aid every month, even a small amount of monetary assistance. [We are in an] economic crisis and the Government can't do much, but it should still find resources; there are many poor people and they need [support]. There are many who don't have money for bread and need attention.” (PERSON WITH DISABILITY 3, age 65, Akhaltsikhe)*

Respondents also felt that the Government could help more by bringing more services to homes, particularly in cases where beneficiaries are in a more difficult condition and cannot go outside. Some suggested that the Government should provide these people with volunteers who would undertake their shopping. The idea is further supported by experts who say that the Government should provide more systematic help to PwD so that they do not need to go out during the pandemic. One PwD interviewed also felt that the Government should support care workers as they do abroad, which would free up their financial aid from the State for other uses. Some caregivers reported that it is physically difficult to carry their child and that they need additional help when outside the house.

Interruptions to therapy are widely perceived as problematic and the move to online support ineffective. Respondents feel that these interruptions are affecting their children's moods and behaviour, and they fear the situation will worsen until September, when they expect things to get back to normal. Experts say that the Government could help by purchasing mobile phones and paying for Internet access for those who are unable to participate in online sessions. Many are concerned about how

online therapy is progressing and are worried that face-to-face work will not resume for some time. Experts noted that the transition can be difficult for children as well as for therapists. Procedures on following safety measures are not yet agreed upon, and switching back to face-to-face therapy needs careful planning and implementation.

*"I want day-care centres to open. My child is better off there, but I think they will not be open until September. [Children] usually exercise there for 10 days, and they need it. We can do nothing for them at home. I prefer her to be at the day-care centre; they pay more attention to her than I can at home. At home, it's only eating, dressing and washing – nothing else."*  
(CAREGIVER 8, age 47, Batumi)

While discussing the Government's approach to providing services to PwD, one expert stressed that there should be less bureaucracy during the crisis. She described how the central government has decided not to verify beneficiaries' eligibility for monthly access to certain programmes during the COVID-19 pandemic. The expert noted, however, that the change has not been implemented by local authorities, which has prevented many individuals from accessing the support they need due to problems with transport and movement restrictions.

Respondents also called on the Government to provide psychological support. The problem of stress and pressure on parents was a repeated theme throughout interviews, and there is concern that many require psychological help. Even where usual routines have been minimally affected, families face difficulties brought on by lockdown. One boarding

house caretaker said that in their case, "everything is good", except that their clients are unable to communicate with people outside of the institution due to social distancing measures – a challenge that is likely to persist while the social distancing policy remains in force.

Another concern that was frequently mentioned referred to the Government's information strategy. Some respondents stressed that the Government should put more effort into reaching PwD in villages, as well as those with conditions that make them particularly vulnerable. Some felt that the Government should make more educational materials available online, especially materials adapted for blind people. Others reported that information on lockdown policies was not received in a timely manner and that they did not have enough time to prepare. These respondents noted that their inability to adequately prepare made their time during restrictions harder, as they were unable to get the services and supplies they needed.

Respondents struggled to identify gender-specific recommendations for women and girls with disabilities. Most interviewees said there were no special policies needed for women, though some felt that women and girls need more in terms of hygiene products and toiletries. Some also mentioned the importance of gynaecological consultations and suggested that some forms of consultation could be partially conducted online. A number of respondents pointed out that it is especially important to provide women with employment opportunities and give them the chance to be more independent and have their own income.

# CONCLUSIONS

## Key findings and recommendations

### Economic issues and livelihoods

- One third of men and women who were employed before the pandemic report that they have lost their jobs, and around one third of both men and women report reduced hours. Although women are less likely than men to have reported a fall in productive income following the outbreak, 39 per cent of women interviewed reported receiving less money from productive activities.
- The survey suggests that ethnic minorities were hardest hit by the pandemic and that these effects have been felt to a similar extent by both women and men. More than half of ethnic minority respondents (53 per cent) report that they have lost their jobs, compared with 30 per cent of ethnic Georgians.
- While women and girls with disabilities described few significant changes to their financial situations, many were worried about the high cost of medical treatment and transport, as well as the rising costs of medicine and basic hygiene products.
- While more employed women were entitled for paid leave (8 per cent) than men (5 per cent), more women also report having taken unpaid leave (9 per cent) than men (4 per cent).
- Women and girls with disabilities are reported to face substantial pre-COVID-19 obstacles relating to both education and employment, being less likely than men to receive encouragement to undertake formal education or find paid work.

### Unpaid domestic work and care work

- Women disproportionately suffer from an increased burden of domestic work. Around 42 per cent of women report spending more time on at least one extra domestic task, while only 35 per cent of men report the same. Women are more likely to report spending more time on cleaning (35

per cent) than men (24 per cent). Women are also more likely to report spending more time cooking (31 per cent) than men (25 per cent). Furthermore, fewer women than men report that their partners have increased their role in domestic work.

- The surveyed households with children have seen particularly large increases in domestic workload, likely due to school closures. Additionally, where women are working and have retained their jobs, they are more likely than men to have shifted to working from home.
- Care services for children with disabilities have moved online or ceased functioning, which places additional pressure on their parents, who can access less support and must engage more in online sessions.
- Fewer men than women reported an increase in the amount of time spent on aspects of childcare that are unrelated to play or education (e.g. bathing, cleaning, etc.) with only 44 per cent of men reporting an increase, compared with 61 per cent of women.
- Women are more likely to report a decrease in the amount of time spent on leisure activities (31 per cent) than men (23 per cent), and correspondingly men are more likely to report an increase in leisure activities (30 per cent) than women (21 per cent).

### Mental health and isolation

- The study finds qualitative and quantitative evidence of deteriorating mental health for women and girls with disabilities and their carers, as well as for the population more broadly. Nearly half of survey respondents reported a decline in their mental health as a result of the crisis, with women more likely to report psychological issues than men.
- For many women and girls with disabilities, the crisis has entrenched issues of isolation, with those who rely on others to get around being less able

to access support through friends, family members and government services.

- Increased isolation and decreased opportunity to socialize, compounded by the constant “stay at home” messaging around the crisis, has made women and girls with disabilities more anxious, and many of those without pre-existing psychological issues are exhibiting sharp declines in their psychological well-being. These challenges place additional pressure on carers, who may themselves experience poor mental health as a result of the crisis.
- The extent to which pandemic-induced mental health problems have been reported is unprecedented. Policymakers and aid agencies should recognize the extent to which the outbreak has undermined the psychological well-being of a large proportion of the Georgian population. Women and girls with disabilities are highly vulnerable in this regard, and there is a clear need for policies and activities that seek to strengthen the mental health of this group.
- Social distancing measures have been particularly challenging for blind people, who rely on touch for their mobility.
- Some respondents, however, noted that in specific cases, children with disabilities have received more attention as a result of the crisis, having greater access to family members who have been required to stay at home. Other reports suggest that women and girls with disabilities have seen little change from the already isolated baseline and have found “stay at home” messaging frustrating.
- Respondents were unequivocal in their desire for better infrastructure, and more comprehensive individual assistance may increase mobility and strengthen participation in everyday life.

## **Voice and stigmatization**

- Women with disabilities were the most articulate respondents when talking about the specific needs of women and girls with disabilities. Many of the experts interviewed struggled to disambiguate gender-specific needs and impacts of the COVID-19 outbreak on PwD. Interviewed women with disabilities also expressed frustration at social stigmatization and at perceived patronizing behaviour by medical staff and other professionals.
- Accordingly, activities advocating on behalf of women and girls with disabilities should be centred on PwD as actors, advocates and, at a minimum, primary sources of information for campaigns.

## **Access to services and goods**

- Almost half of respondents reported some difficulties in accessing medical supplies for personal protection. Women were more likely to report that they have experienced either some (42 per cent) or significant (12 per cent) difficulties in accessing medical supplies, whereas only 39 per cent of men report some challenges, and 7 per cent report significant difficulties.
- Women and girls are disproportionately unlikely to be registered as having a disability, depriving them of access to State aid and services. Lack of registration often stems from social stigmatization, as well as fear on the part of parents that disability status will prevent their daughter from marrying.
- Accordingly, activities that seek to improve access to services for PwD should address underlying issues of registration. Solutions to this challenge may exist at the policy level, and there is scope for advocacy campaigns to ensure strengthening of rights through registration.
- Interviews suggest that while urgent medical treatment is continuing, women and girls with disabilities may be postponing routine tests and less urgent procedures due to fears over COVID-19 and reduced service availability. Many women and girls with disabilities from the country's regions need to travel to the capital for medical assistance, which has not been possible due to movement restrictions.
- The move to online service provision for children with disabilities has been poorly received. Some families lack the infrastructure (e.g. computer or Internet) to access services, and others have found operating the technology challenging. Online therapy was often felt to be an inadequate replacement for in-person support, with some parents reporting poorer outcomes and challenges keeping children focused.
- Policymakers must balance the need for containing the spread of infection with the needs of women and children with disabilities. While a return to face-to-face therapy may not be viable

in the immediate future, activities that support engagement in online sessions would increase their impact. Such activities could include additional support to remote families in accessing computers and the Internet, or further support to caregivers, particularly those who find using online platforms challenging. for in-person support, with some parents reporting poorer outcomes and challenges keeping children focused.

- Policymakers must balance the need for containing the spread of infection with the needs of women and children with disabilities. While a return to face-to-face therapy may not be viable in the immediate future, activities that support engagement in online sessions would increase their impact. Such activities could include additional support to remote families in accessing computers and the Internet, or further support to caregivers, particularly those who find using online platforms challenging.

# ONLINE ANNEXES

Annex 1: Survey instrument

Annex 2: Dataset

Annex 3: Frequencies and cross-tabulations

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