GENDER ANALYSIS OF COVID19 IMPACT

Georgia
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RESEARCH REPORT

Author

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Executive summary

The worldwide outbreak of COVID-19 has had many negative impacts, which have contributed to a global economic crisis. As of September 9, 2020, there were 1773 confirmed cases of COVID-19 in Georgia, from which 403 are active, with 1325 (75%) recoveries, and 19 deaths. Although Georgia's epidemiological situation is being assessed relatively well in comparison to other countries, the outbreak of the pandemic, and the accompanying strict lockdown measures, have taken their toll on the country's social and economic situation, and on the economic and psycho-social health of individuals and families. Moreover, the crisis has aggravated the pre-existing gender and intersectional inequalities at political, social, and economic levels, which in turn amplifies the impacts of the pandemic on vulnerable groups. The main goal of this Rapid Gender Analysis is to identify the impact, current needs, risks, and vulnerabilities, as well as the existing capacities of target groups; and to help inform CARE Caucasus in regard to their ongoing and future programs and interventions in response to COVID-19; while also meeting the differing needs of women, men, boys, girls, and vulnerable groups. The analysis thus focuses on the following areas:

- Gender roles and relations
- Participation and decision-making
- Access to basic needs, services, and information (health, SRHR, WASH, financial resources, COVID-19, etc.)
- Protection and GBV concerns
- The economic impact
- Coping strategies

Key findings

- Alongside increased hours for typical domestic work, during the pandemic additional domestic responsibilities emerged for women, those related to (1) children switching to distance learning; (2) additional hygiene needs due to COVID-19 protection; and (3) additional efforts in budget management.
- Access to medical and SRH services is extremely challenging for ethnic minority women and families with PwD members.
- Access to quality education has become a problem for many children due to internet connectivity, a lack of devices, or a lack of technical skills.
- Masks and disposable gloves were found to be the most deficient products. These resources are particularly lacking for the ethnic minority groups and families with PwD members.
- Awareness towards an increased risk of violence and additional security concerns related to the crisis is quite low among respondents. The participants were unable to identify an increased risk of GBV during the pandemic related lockdown.
- Many participants of they study lost jobs and businesses have been stopped; their personal income has decreased and their household's economic wellbeing has worsened due to the pandemic.
- Ethnic minority women experience the negative economic impacts of the crisis the most severely.

Key recommendations

- ⇨ Support families with basic financial aid and ensure that they have access to essentials, such as food, adequate sanitation, and hygiene products; to relieve any additional COVID-19-related unpaid burdens on women.
- ⇨ All response actors should make further effort in distributing information and raising awareness on COVID-19 among the Georgian population.
- ⇨ Place special effort into enhancing access to healthcare facilities for people from remote areas. And endeavour to ensure PwDs gain improved access to medical services.
- ⇨ Provide psycho-social support and offer respective services to the populace, especially those infected with COVID-19. It is essential that there are services available where people can receive professional psycho-social assistance to handle mental health problems exacerbated by the pandemic.

- ⇨ Different stakeholders responding to COVID-19, including mental health service providers, should unite and encourage active public discussions aimed at preventing stigma directed towards the infected.
- ⇨ Continue to work on increasing women's awareness of the available SHR services and to undertake practical steps to provide accessible and adapted SHR services for women, while considering all the possible intersectionalities (e.g. women with disabilities, ethnic minority women, etc.).
- ⇨ All the key responders, including the government and international organizations, should plan coordinated initiatives and projects supporting children in the distance learning process.
- ⇨ It is essential that the GoG and all other relevant stakeholders consider GBV related services and initiatives as a priority.
- ⇨ It is crucial to continue planning economic empowering initiatives for women and to support women in business by providing vital knowledge, skills, and resources for crisis management.
- ⇨ It is also critical that CARE Caucasus continues its WASH program and that it is extended to cover COVID-19-related hygiene needs by providing beneficiaries with the items required for guaranteeing personal safety. In addition, it is fundamental that efforts are still directed towards improving and increasing water supplies to remote villages.

Introduction

The first case of the novel coronavirus, COVID-19, was reported in Wuhan, China on December 31, 2019. By January 30, 2020, the World Health Organization (WHO) declared COVID-19 a public health emergency of international concern, and by March 11, it was officially announced to be a pandemic.[1] Since that stage, the outbreak has begun to spread rapidly around the world. The global epidemiological situation of COVID-19, as of September 9, 2020, sits at **27,486,960 confirmed cases**, including 894,983 deaths.[2]

The Government of Georgia (GoG), in close coordination with the National Center for Disease Control and Public Health (NCDC), started implementing various measures in response to the COVID-19 outbreak from early January. The first case of COVID-19 in Georgia was reported on February 26, 2020, which was soon followed by governmental lockdown measures. As it managed to avoid a large-scale outbreak of the virus at the country level, Georgia's early and strict response to the pandemic was positively recognized internationally.[3]

As of September 9, 2020, there have been 1773 confirmed cases of COVID-19 in Georgia, 403 of which are active cases, 1325 (75%) are recoveries, and there have been 19 deaths.[4] The cases thus far represent clusters, while community transmission has been largely avoided.

The worldwide outbreak of COVID-19 has had numerous negative impacts which have led to a global economic crisis. Although Georgia's epidemiological situation is being assessed relatively well compared to other countries, the outbreak of the pandemic and the strict lockdown measures have had their toll on worsening Georgia's social and economic situation, and have further impacted the economic and psycho-social health of individuals and families.

According to the *Rapid Estimates of Economic Growth* report by Geostat (2020), GDP declined by 13.5% in May 2020 YoY and by 5.4% in the first five months of 2020 YoY.[5] Furthermore, comparing the 3rd and 4th quarters of 2019 to the 1st and 2nd quarters of 2020, the unemployment rate increased by 1.1%.[6]

Experience from previous pandemics reveals that a crisis can aggravate pre-existing gender and intersectional inequalities at political, social, and economic levels, which in turn amplifies the impacts of the pandemic.[7] For example, evidence from the 2010 Cholera epidemic in Haiti and the 2014-2016 EVD outbreak in West Africa both indicate that the workload for unpaid female caregivers increased by three time during those periods. The same events highlight that sexual exploitation and abuse cases against women increased during these crises. While movement restrictions during the 2014-2016 EVD outbreak in West Africa also significantly impacted women's economic wellbeing.[8]

In one policy brief CARE declared: *"in more than 100 countries, CARE's work focuses on women and girls because evidence shows that addressing gender equalities is key to effectively responding to crises and their underlying factors."* Thus, CARE recognizes the importance of an analysis of the gender implications of the impacts of COVID-19. Consequently, CARE Caucasus has commissioned this study on such impacts, alongside a needs assessment with a major focus on the gender implication of COVID-19 within the regions covered.

[1] https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-COVID-19---11-march-2020
[2] https://COVID19.who.int/
[3] The Report on Measures of the Government of Georgia in Response to COVID-19. June 2020. Available here.
[4] https://www.ncdc.ge/Pages/User/LetterContent.aspx?ID=161b884d-ef3c-426c-9ddc-29f9b8fc09d1
[5] Geostat. 2020 *Rapid Estimates of Economic Growth*. Available here.
[6] Geostat. 2020. *Distribution of Population by Economic Status by quarters*. Labor Force Survey. Available here.
[7] The United Nations. April 9, 2020. *Policy Brief: The Impact of COVID-19 on Women.* Available here.
[8] *Gender Implications of COVID-19 Outbreaks in Development and Humanitarian Settings*. Available here.

The Rapid Gender Analysis objectives

The main goal of this study is to identify the impact, current needs, risks, and vulnerabilities, as well as the existing capacities of the target groups to help inform CARE Caucasus, the national stakeholders, and the main decision-making bodies, partners, and other NGOs, for ongoing and future programs and interventions in response to COVID-19, while also meeting the differing needs of women, men, boys, girls, and vulnerable groups.

The main objective of the study is to conduct a short survey and to assess:

- Gender roles and relations, alongside unpaid work
- Communication and access to information concerning COVID-19
- Access to health services
- Access to basic services and WASH
- Security concerns and GBV
- The economic impact of COVID-19
- Coping mechanisms and needs

Methodology

The Rapid Gender Analysis (RGA) for COVID-19 provides information regarding the different needs, risks, capacities, and coping strategies of women, men, boys, and girls during the pandemic. The RGA is progressively built up throughout a crisis: using a range of primary and secondary information to understand gender roles and relations, and how they may change as a result of the crisis. It moreover offers practical programming and operational recommendations that meet the different needs of women, men, boys, and girls, and to ensure we 'do no harm'. The RGA uses the tools and approaches of Gender Analysis Frameworks, adapted to the tight timeframes, rapidly changing contexts, and the insecure environments that are often characteristic of humanitarian interventions.

The research was undertaken between July and August 2020, and its methods included a desk review, remote phone surveys with individuals, and remote key informant interviews.

Desk review

A significant part of this RGA relied on a desk review. The data reviewed at this stage covered all the relevant available sex disaggregated data on the topics addressed within the assessment. A variety of data sources were referred to during the analysis, starting from the pre and post COVID-19 official data and the available research reports, as well as rapid assessments and polls carried out by different organizations.

Remote phone survey The survey aimed to provide quantitative information on the impact of COVID-19 and the needs of the CARE target group, with a specific focus on gendered effects. The Survey Questionnaire Tool from the CARE RGA toolkit was adapted specifically for COVID-19 and utilized to collect the survey data. This questionnaire was further modified to ensure the relevance of the questions within a Georgian context. Due to pandemic related restrictions and recommendations, the survey was carried out via phone interviews within the CARE Caucasus region of coverage. The questionnaire included specific notes regarding GBV referrals, and the enumerators were informed as to how to provide information regarding GBV referrals.

The sampling framework for the survey was based on a database of respondents provided by CARE Caucasus. The sample size was proportionally distributed among CARE projects. During the next stage, a simple random sampling approach was utilized to select the individual respondents; namely, the respective number of participants, per location, was randomly selected from the beneficiary database using a random number

generator tool. This approach ensured an equal chance for every beneficiary in the CARE database to participate in the survey.

In total, 372 beneficiaries (mean age 44.4, st.d=12.9) took part in the survey: from Samegrelo (4.6%), Zemo Svaneti (18.8%), Kvemo Svaneti (2.2%), Achara (47.6%), Guria (8.9%), Kakheti (4.8%), Kvemo Kartli (7.5%), and Samtskhe-Javakheti (5.6%). The majority (68.8%) of respondents are female and ethnic Georgians (90.9%). The sampling includes 34 ethnic minority women, representing CARE WEE, a project for women in ethnic minorities. A secondary level of education level is the highest many respondents achieved (43.3%), with a technical education achieved by 19.6%, and 33.6% hold a higher education. The vast majority of survey participants are married (81.5%).

From the sample, 97.8% of the respondents stated that they have at least one female family member and 94.4% that they have at least one male family member. While 5.4% of the respondents mentioned having at least one pregnant or lactating woman in the family, and 9.9% of the respondents have at least one family member with a disability.

Key informant interviews

In addition to the thorough desk review and phone survey, key informant interviews (KII) were conducted remotely for the Rapid Gender Analysis, these aimed to provide enriched in-depth qualitative information regarding the impact of the crisis from the perspective of the affected individuals.

In total, 13 interviews were conducted with CARE project beneficiaries from the regions of Kakheti, Achara, Guria, Samegrelo-Zemo Svaneti, Racha-Lechkhumi, and Kvemo Svaneti. These participants are all women with different work and family backgrounds. Three of the 13 women are single, employed, and without children. The remaining ten respondents have children; three are single mothers and seven live with their spouses. One of the single mothers has disabled children and is unable to work due to her caregiving responsibilities, while the other two are employed. Only three of the seven married respondents with children are formally employed.

The key Informant Interviews were conducted via phone, and the interviewer recorded the discussions with the informed consent of the participants.

Ethical considerations

Conducting this RGA for COVID-19 several practical, logistical, and ethical considerations were identified. **A Do No Harm approach was taken and prioritized throughout the process**. This involved mitigating risks – both direct risks associated with the virus, for staff and the community, as well as ensuring that the essential human, financial, and logistical capacities were not diverted from immediate needs in the direct response to COVID-19. These considerations included:

- The primary data was collected remotely via phone interviews to avoid virus transmission.
- The secondary data was prioritized, and a significant proportion of data collection relied on the use of secondary data analysis.
- Data protection, confidentiality, and the safety of respondents were considered at all stages.
- PSEA/GBV - All staff involved in the data collection process understood and had available the updated PSEA reporting mechanisms and GBV referral pathways.

Limitations: The data for this research was collected using phone interviews, which are associated with several limitations and might have an important effect on the quality.

- It was difficult to keep the respondents engaged during the KIIs for more than 30 minutes, sometimes not long enough to discuss all the questions thoroughly.
- The respondents preferred not to discuss sensitive topics, such as increased violence, over the phone. Consequently, the data on these topics is limited in the research.

- At times, it was challenging to reach a particular respondent, as selected via the sampling procedures, and the interviewers had to find alternative participants.
- In some cases, respondents did not have well-functioning phones, or a family only had a single phone that remained busy, thus it was impossible to conduct complete interviews with these respondents.
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Demographic profile

As of January 2020, Georgia's population stood at 3,716,858, comprised of 48% men and 52% women. Almost a third (32%) of the population resides in the capital – Tbilisi.[9] The absolute majority (87%) of the population is ethnic Georgian, with around 13% representing ethnic minorities. The largest local ethnic minority groups are Azerbaijanis (6.2%) and Armenians (4.5%), followed by Russians, Ossetians, Ukrainians, and other ethnicities.[10] According to the 2014 National Census official data, 100,113 persons with disabilities (PwD) reside in Georgia, however different CSOs report on the inaccuracy of these statistics and the absence of any systematic statistical data on PwDs in Georgia.[11]

The table below provides the disaggregated information for the sex and age of the Georgian population:

Age Group	Female	Male
0-9	48%	52%
10-18	47%	53%
19-29	48%	52%
30-64	52%	48%
65+	62%	38%
Total #	***1,790,279***	***1,926,579***
Total %	***52%***	***48%***

Findings and analysis

Women and girls experience exacerbated negative impacts of COVID-19 across almost all aspects of life, including economic, health, unpaid care work, education, food security, participation, protection, and gender-based violence. Moreover, the adverse impacts of the crisis may continue affecting women and girls even after the pandemic is controlled.[12] The following section provides an analysis of the gendered impacts of COVID-19 in Georgia.

1. Gender roles and responsibilities: division of unpaid domestic work

Unpaid care work represents an important gender equality issue in Georgia; however, a nationwide time-use survey has not yet been conducted, consequently no objective data is available regarding the time distribution of such unpaid work. The data currently available is derived from a variety of surveys and represents subjective reports, from both women and men, on the time distribution of different forms of work. The data from 2018 shows that women report spending 45 hours a week, on average, on domestic and care work, compared to 15 hours a week reported by men. Employed women state they spend 42 hours a week, on average, on domestic and care

[9] Geostat. *Population and Demography*. Available here.
[10] Geostat. *General Population Census, 2014*. Available here.
[11] https://idfi.ge/ge/data_analysis%20_on_persons_with_disabilities_living_in_georgia
[12] CARE Caucasus. March 2020. *Policy Brief: Gender Implications of COVID-19 Outbreaks in Development and Humanitarian Settings*. Available here.

work, compared to 16 hours a week by employed men. Whereas unemployed women report spending 47 hours a week, on average, on domestic and care work, compared to 14 hours a week reported by unemployed men.[13]

It is unsurprising that pandemics influence the time division of various tasks and that this influence might be different for women and men. According to the UN Women's Rapid Gender Assessment (2020), both women and men report an increased amount of time spent on certain domestic tasks, including unpaid care work. However, the analysis suggests that women are more likely to experience the increased burden of household tasks, such as childcare, cleaning, cooking, schooling, remote work, and elderly care. In particular, women spend an additional 40% of time on domestic activities compared to men.[14] Moreover, the household burden increases even further for those women who are employed and live with children, or three or more persons.[15]

The data collected from CARE South Caucasus beneficiaries is consistent with the aforementioned information. A vast number of the CARE RGA respondents have felt an increase in household tasks since COVID-19, however **more female respondents report an increase in unpaid work (47.7%) than male (36.2%)**.[16] The household chores that respondents feel have become a greater burden are distributed between women and men according to a traditional understanding of gender roles, for example more women report increased workloads in cleaning, caring for children or other family members, cooking; while men report increased workloads in collecting firewood or household repairs (Figure 1).[17]

The burden of household chores has increased twice for me because everyone was at home. I had the constant fear that someone would bring the virus home. So, every time my husband get home from work, we disinfected everything
[Female KII respondent from Achara].

I was at home continuing my usual chores. Children were at home and I was managing them during the whole day. They needed more attention due to distance learning, so of course my load has increased
[Female KII respondent from Achara].

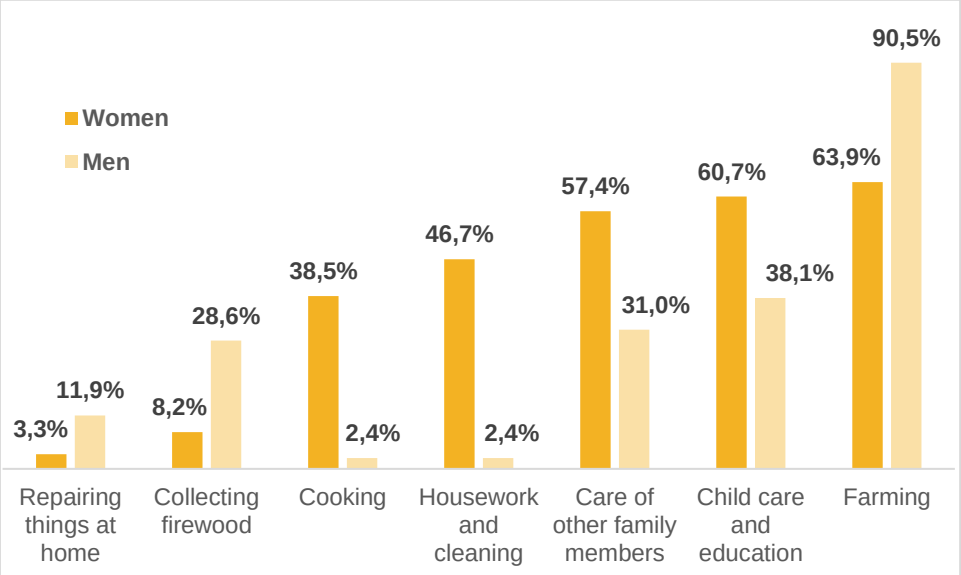


Figure 1: Increased involvement in unpaid work by gender

The increased household burden for women is potentially linked to various factors. The KII respondents with children, for whom domestic work increased, believe that it mainly relates to children having switched to distance schooling. Accordingly, additional time and effort needs to be allocated to ensure their children's engagement during online learning. This process was quite challenging for several reasons, such as the difficulties associated with poor internet connections or a lack of technological skills that impeded handling situations independently. Another key reason behind the increased household burden for women relates to their conventional

[13] UN Women. 2020. *Country Gender Equality Profile of Georgia*. Available here.
[14] UN Women. 2020. *Rapid Gender Assessment of the COVID-19 situation in Georgia*. Page 31. Available here.
[15] Ibid.
[16] The difference is statistically significant: $X^2(3, n=372) = 9.15$, $p<0.05$.
[17] The differences shown on the chart are statistically significant at the $p<0.05$ level.

responsibility and ensuring a household's additional needs for hygiene and sanitation, heightened due to the pandemic, are adequately met. Consequently, women had to apportion further time to ensure that family members abide by hygiene recommendations and that all home facilities are disinfected.

Managing households has also become more arduous. Due to economic difficulties, many families have to survive on a much smaller income than prior to the pandemic. Some female respondents noted that they have to devote additional effort into setting realistic family budgets and prioritizing some essential goods over others, which necessitates further intellectual household-related work for women. Consequently, alongside the typical household chores performed during the pandemic, new responsibilities emerged for women at home and added to their unpaid domestic work.

1a. Participation and decision-making

Women's participation across a variety of key spheres is one of the biggest challenges in Georgian society. As such, this issue remains a priority on the agenda of women's right organizations and movements operating in Georgia. Recently, as a result of the hard work of WHRDs, the Georgian parliament amended the Electoral Code to include gender quotas that promote female representation in parliament;[18] currently, women's representation in parliament is 14.8%, and 15.5% across local governments. At present, all five self-governing cities (Batumi, Kutaisi, Poti, Rustavi, and Tbilisi) have men acting as mayors, and of the 59 mayors of self-governing communities, only one (1.7%) is a woman. Furthermore, 58 per cent of the population believe that women in Georgia do not have enough time for politics due to their household responsibilities; furthermore, 67 per cent of men and 78 per cent of women consider women to be worse at decision-making than men.[19]

There is no official data as to how women are represented or involved in the decision-making in response to COVID-19, however, as the aforementioned evidence suggests, the prevailing attitudes are not in favour of female participation in decision-making processes.

The CARE RGA survey results suggest that the majority of both men (60.9%) and women (52.5%) have participated at a community level in decision-making processes in response to COVID-19. Consistent with data provided above, participation is higher among men; more men are consulted individually, whereas women more often represent a formal group or association (Figure 2).[20] Several female respondents note their increasing willingness to participate in decision-making processes; however, there is no physical space in their areas to meet, discuss shared problems, and develop solutions.

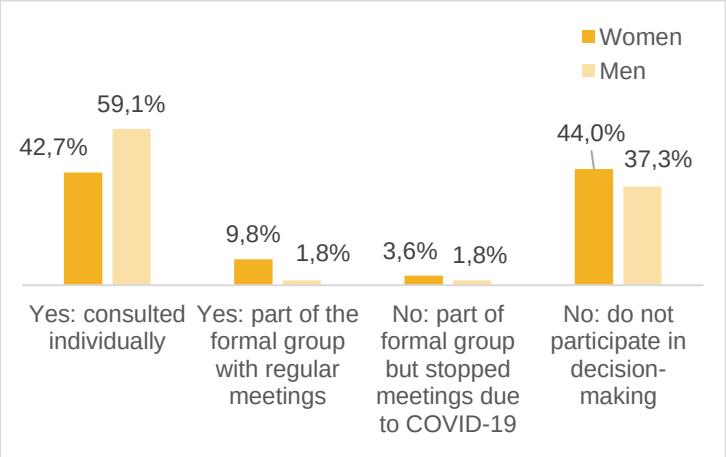


Figure 2: Do you participate in decision-making in your community responding to COVID-19?

Regarding decision-making at the household level, both female (84%) and male (85.3%) respondents report that family resources, such as a household budget, are being managed equally by both partners. However, according to the KIIs, the traditional understanding of decision-making still centers around everyday family practices. For example, some interviewees mentioned that certain decisions are within men's competences, and others remain within women's domains. These decisions are closely linked to traditional family roles, i.e. issues related to money are resolved by men, though matters with children or housework are carried out by women: *"It depends what the decision is about. When it needs to be decided by men – the decision is made by my husband, when it needs to be decided by the whole*

[18] https://jam-news.net/gender-quotas-in-georgia-the-arguments-of-supporters-and-opponents/
[19] Ibid.
[20] The difference is statistically significant: $X^2(3, n=335) =12.22, p<0.01$.

family – the whole family is involved" [Female KII respondent from Achara]. Another interesting point outlined by the KIIs is the role of the breadwinner. As the respondents note, the final decision is made by whichever family member, either man or woman, provides the financial resources. However, if this is a woman, her active participation outside the home might still not be supported. As one women respondent stated:

> *We often have different opinions in our family, however decisions are done by me, because I have to provide finances for these decisions. Family members do not resist much when I am making decisions in the family; [for them it is important that] I should not initiate something for the village outside home, so that my activity is not perceived incorrectly [Female KII respondent from Svaneti].*

The statistical data collected within this survey does not attest any differences between ethnic minority and Georgian women in terms of decision-making. However, KII ethnic minority respondents explain that in their communities, in general, men are the decision-makers, while in families where men are absent – the main decisions are made by elder women:

> *Since my husband is dead and my father-in-law is not living in Georgia, decisions in my family are made by my mother-in-law. Of course, she takes my considerations into account, but this is a tradition in our village, that elder people should be listened and followed [Female KII respondent, from an ethnic minority].*

A female respondent from Svaneti who has been actively engaged in her community life and volunteered during the COVID-19 lockdown, shared her experience of active participation. Her active engagement in community life is not supported by her brothers, believing that much outside the home must be decided by men. The respondent explains that women's participation at community level decision-making is not acceptable within the "brother institute" and Svan mentality. Therefore, she has strong motivation to change this stereotype by encouraging other women to get involved in public processes. The respondent believes that if women unite, they will manage to take the lead and put women's needs and interests on the community agenda. The respondent has a lot of ideas, however, she lacks the resources for their implementation:

> *I have applied for a project; I want to change women's life [in my community]. Every program that targeted our community is occupied by men. Women are absolutely rightless, nobody takes them into consideration while planning programs. It might sound silly for men, but I want to establish a factory where women and PwDs will be employed. I know many women who have brilliant skills. I want to establish a sewing enterprise and restore a variety of traditions, e.g. creating traditional Svan hats. With women integrating into society, their children and families will benefit too. Me and my family have lots of problems and challenges and if I were not that active, many things would be even worse.*

2. Communication and access to information about COVID-19

Access to information is a fundamental right for all citizens, one which enables individuals to learn about major developments in their living environment and any decisions that might affect their lives. In general, access to the media and technology plays a vital role in retrieving information. This is consequently a crucial factor for female empowerment.

On the whole, access to technology and information is strongly associated with a variety of factors, including the demographic characteristics of households. According to the latest official data, the vast majority of women and men own cellular phones, however there are visible differences in older groups, i.e. 54% of women and 63% of men aged 75 and above use a mobile phone in Georgia. Moreover, a significant difference exists in smartphone ownership between rural (56.2%) and urban (79.3%) populations.[21] A large share of the Georgian population, without a gender difference, have access to a computer and the internet; although 70.8% of households have

[21] *Country Gender Equality Profile of Georgia*. 2020. UN Women. Available here.

access to the internet at home, there is still a considerable difference between rural (52%) and urban (84%) households.[22] Furthermore, a smaller share of female-led households have access to computers and the internet, compared to male-led households.[23]

In the era of fake-news, providing adequate information to the public is utterly crucial for effective management of the COVID-19 virus. The NCDC and other stakeholders took a variety of measures to ensure the efficient dissemination of information and to raise awareness of COVID-19 within society. According to the UN Women's RGA, the vast majority of the Georgian populace received COVID-19-related information (risks, preventive measures, and coping mechanisms), which was considered to be clear and helpful in preparation for the pandemic.[24] Nevertheless, according to the Public Attitudes poll, a third of Georgian people (33%) find it difficult to determine the accuracy of information regarding COVID-19; furthermore, 58% of the population believe that some, and 15% think that most, of the information that they have heard on COVID-19 is false.[25] Such data suggests that myths and false information regarding COVID-19 has been widely circulating in the public domain.[26]

Most CARE beneficiaries received certain information related to the pandemic, as the CARE RGA results show. However, it is important to note that approximately **one-fifth of all participants (19.9%) said that they did not receive any COVID-19-related awareness messages or information.** The survey suggests the lack of information is more significant among men; about one-third (30.2%) of male respondents state that they had not received information regarding COVID-19, where 15.2% of women report the same.[27] However, this may indicate that women are simply paying attention to the news more actively. It is also important to highlight that there was a significant difference in information levels among the age groups. Specifically, in the higher age group there are fewer respondents who recall having received awareness messages or information regarding the pandemic (Figure 3).

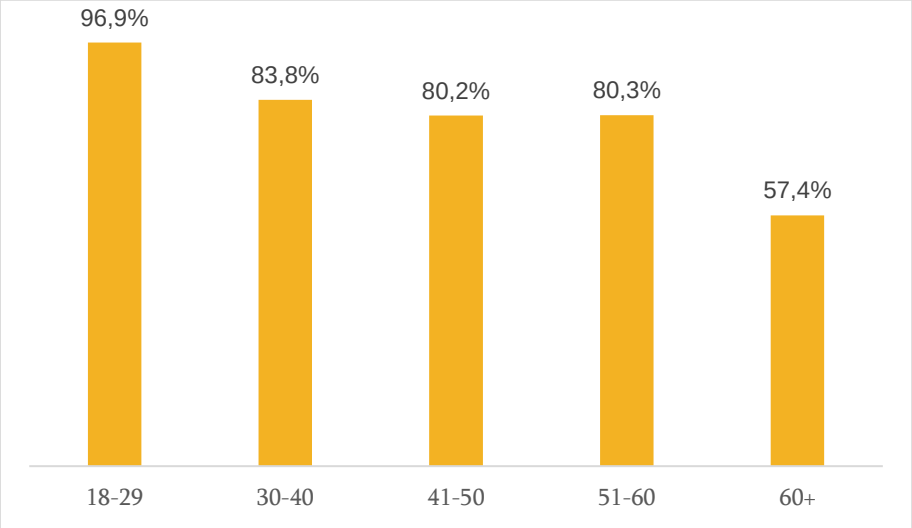


Figure 3: Has received COVID-19 related information or awareness messages

The majority of respondents (65%) perceive COVID-19 as a real threat, while one-fourth (24.9%) still believe the threat is exaggerated, and one in ten people (10.1%) has no opinion on this issue. The was no difference between women and men, nor age groups, attested in the given data.

The further data analysis reveals that all female ethnic minority survey respondents have received messages and information on COVID-19. Their perception of COVID-19 threats are similar to the whole sample: in particular 63.3% of ethnic minority women believe that the virus is a real threat; 23.3% think it is exaggerated;

[22] Ibid.
[23] Ibid.
[24] UN Women. 2020. *Rapid Gender Assessment of the COVID-19 situation in Georgia.* Pages 18-19. Available here.
[25] Caucasus Research Resource Center. June 2020. *Public Attitudes in Georgia*. Available here.
[26] Ibid.
[27] The difference is statistically significant: X^2 (1, n=372) = 11.17, p<0.01.

and 13.3% have no opinion on the issue. When interpreting these results, it is important to consider the specificities of the sample covered within this survey; critically, their level of awareness may be higher in comparison to other ethnic minority representatives due to their involvement in a variety of initiatives, such as CARE projects.

The survey showed that the respondents receive information from a variety of sources; among CARE beneficiaries, corresponding to the previously mentioned data, the most frequently cited sources of information are television, social media, SMS, and informal discussions with relatives and neighbours (Figure 4).

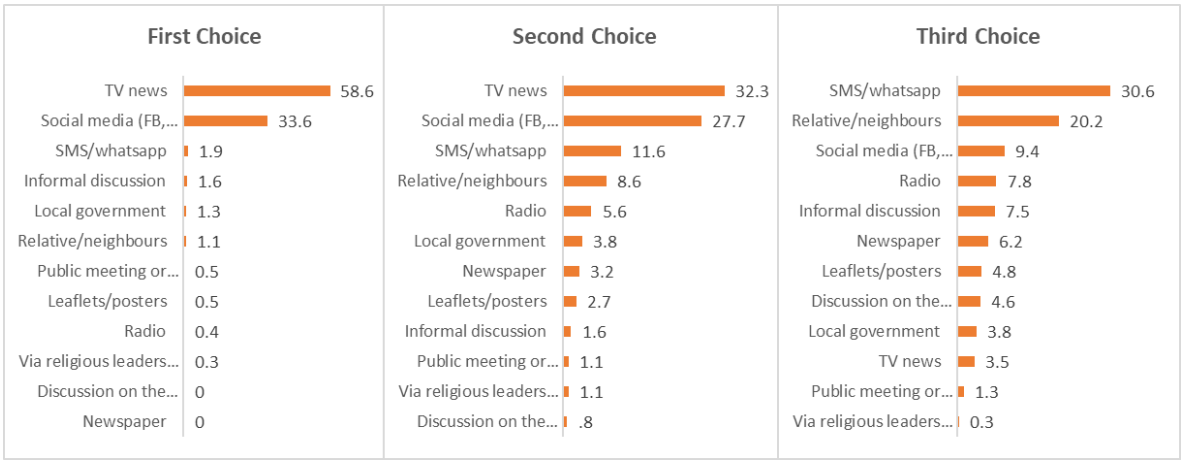


Figure 4: Preferred information source (%)

3. Access to health services, including sexual and reproductive health and rights (SRHR)

For various reasons, access to healthcare services is one of the basic needs many Georgians still lack. Sexual and reproductive health (SRH) services thus represent an essential challenge for Georgian women. According to the Country Gender Profile data, 23.1% of women aged 15-49 have unmet needs relating to family planning, and 31% have unmet requirements for modern contraceptives.[28] The data suggests that SRH services, including family planning, are not adequately included at the primary healthcare level, while women from rural areas and from ethnic minorities face the biggest challenges in access to SRH services.

Due to the pandemic and lockdown access to healthcare were expected to become more problematic, and increase the burden on healthcare facilities. According to the UN Women RGA survey, approximately one in ten experienced some or major difficulty in accessing a health service, while every second person (50%) experienced some difficulty in accessing medical supplies for personal protection.[29] Furthermore, the data suggests that women were more likely to experience such difficulties than men.[30]

[28] UN Women. 2020. *Country Gender Equality Profile of Georgia*. Available here.
[29] UN Women. 2020. *Rapid Gender Assessment of the COVID-19 situation in Georgia.* Page 36. Available here.
[30] Ibid.

The CARE RGA survey shows that **approximately one in three (34.1%) report a lack of safe access to healthcare services**. The respondents name a variety of reasons for this lack of access, the most frequently cited being the unaffordability and long distance to health services (Figure 5).[31] Restrictions related to transportation are also mentioned by a number of KII participants as a significant hindering factor. Access to medical services is also rather problematic for PwD family members. **Every second respondent (51.4%) from a family with a disabled member states that they do not have safe access to healthcare services**, 27% cannot afford the medical visit, and 21.6% suggest that the medical facilities are too distant.

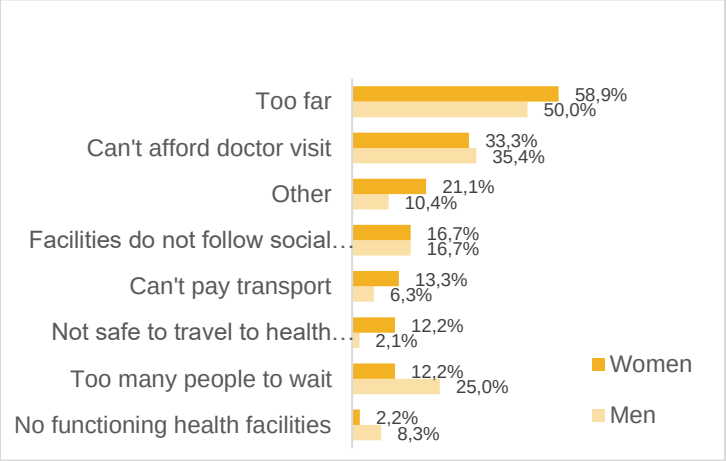


Figure 5: Reasons for no access to health facilities by gender

> *I have rheumatoid arthritis diagnosis. I could not walk even at home for two weeks during the lockdown. I had to go to Tbilisi to visit a doctor and I could not manage it due to the movement restrictions. I was taking painkillers and the neighbors were taking care of me for two weeks [Female KII respondent from Svaneti].*

Concerning sexual and reproductive health, every second women (50%) reports that they have no access to the relevant services. Their reasons vary, though the most frequently identified explanations are the great distance (29.6%), unaffordability (19.1%), and having no functioning facility within their community (15.4%). Additionally, the absolute majority of respondents (81.3%) suggest that both male and female partners make decisions together regarding reproductive health services; there is no statistical difference between female and male respondents' answers in this respect. The KII respondents were unable to discuss issues related to SRH services, and this might indicate that there is a lack of awareness regarding sexual and reproductive health among the respondents. Most respondents do not seek regular SRH care and are not well-informed about the services available.

The survey results highlight that access to medical services are at the same levels for ethnic minority and Georgian women, i.e. 32.4% of the ethnic minority respondents report poor access to medical services. However, there is a significant difference in terms of access to reproductive health services. In particular, **79.4% of ethnic minority women report that they do not have safe access to SRH services**, whereas 45.5% of female Georgian respondents state the same.[32] Moreover, 50% of ethnic minority women say that there are no functioning SRH facilities in their communities, 32.4% cannot afford a visit to the doctor, and 23.5% suggest that travelling to a health facility is unsafe. Access to SRH services is also a greater challenge for women who have a PwD in a family; **77.8% of women with PwD family member(s) note that they have no access to SRH services,** the main reasons being distance (22.2%), and unaffordability (33.3%).

Mental health and psycho-social support

The pandemic and the ensuing strict lockdown have led to a complete change in people's lifestyles, which has unsurprisingly also caused problems with mental health and psychological wellbeing. According to one UN Women assessment, the pandemic has affected the psychological and mental health of almost half (47%) the respondents. A further analysis shows that women are more likely than men to have experienced mental health

[31] The differences are not statistically significant.
[32] The difference is statistically significant: $X^2(1, n=256) =13.56, p<0.01$.

issues during the pandemic.[33] In addition, a public opinion survey on COVID-19 conducted by CRRC suggests that women and the unemployed were more likely to feel higher levels of anxiety.[34]

The CARE RGA survey results consistently indicate that the beneficiaries experienced significant levels of stress due to the pandemic. In particular, 88.7% of the respondents feel nervous, or extremely nervous, because of COVID-19. **The data indicates that more female (58.2%) respondents experience extreme stress than male – 25.9%** (Figure 6).[35] The participants' main concerns relate to the health of family members, their family economic wellbeing and income. The data suggests that women are slightly more worried about children missing school, as well as access to food and medicine. Stress levels are even higher among ethnic minority women; where **82.4% of the respondents report that they are extremely stressed due to COVID-19**. Their main stressors being the health of family members (82.4%), followed by their economic wellbeing, and access to food. Compared to the female Georgian group, fears related to economic wellbeing and income (85.3% vs. 62.6%)[36] and access to food (55.9% vs. 31.1%)[37] are higher in the ethnic minority group. The data did not discern any differences among respondents with PwD family member(s) in terms of their levels of stress.

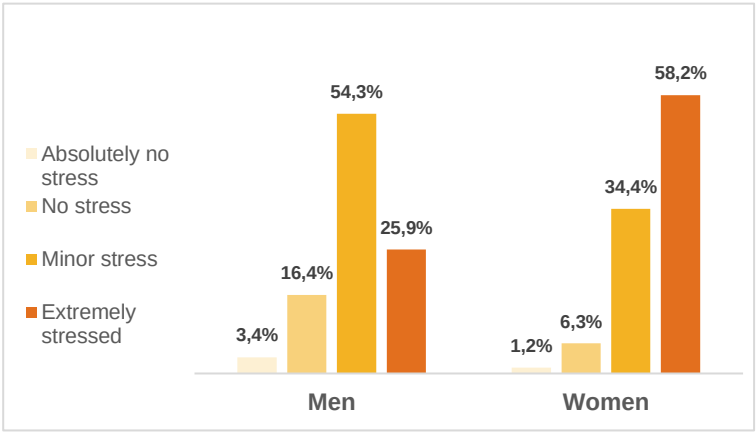


Figure 6: Stress levels due to COVID-19 among male and female respondents

> *The tension is increased among people. Everything is linked to finances. We had to postpone credits; our family's only income was from school. Everything was closed. This stress was reflected in our moods and relationships between each other. All this had a terribly negative affect on us. Psychological services are available only online… in my family, it is only me who uses the internet; thus, my family did not receive any mental health aid. Going to the church and talking with the priest was the only psychological support for me [Female KII respondent from Svaneti]*

As certain KII respondents shared, mental health services are not available at the local level in their communities. In some cases, the services are available at the regional level, however they are extremely costly and thus often inaccessible. None of KII participants mentioned having ever received professional mental health service. Although, interestingly, some respondents mentioned visiting churches and speaking with priests to relieve their psychological struggles. Although this is an accepted practice in Georgia, and many believe that psychological service could easily be replaced by religious practices, this form of psychological aid might be linked with an increased risk of viral outbreak.

Another important factor identified by the KII respondents is the stigma that is evolving towards people infected with COVID-19; where people tend to avoid or marginalize representatives of villages where COVID-19 has spread. Such marginalization can consequently lead to psychological problems among those infected. This stigmatization might also cause even larger problems in future, for instance people deliberately failing to revealing infection.

> *For too long, people might avoid visiting the villages where the virus outbreak occurred. They were shunned like lepers… It is very offensive for people living in those villages. They are very*

[33] UN Women. 2020. *Rapid Gender Assessment of the COVID-19 situation in Georgia*. Page 35. Available here.
[34] Caucasus Research Resource Center. 2020. *Understanding Public Opinion on Coronavirus in Georgia*. Page 49. Available here.
[35] The difference is statistically significant: $X^2(3, n=372) = 36.07$, $p<0.01$.
[36] The difference is statistically significant: $X^2(1, n=256) = 6.72$, $p<0.01$.
[37] The difference is statistically significant: $X^2(1, n=256) = 8.04$, $p<0.01$.

worried because of this. I know several people from these villages, I talked to them and they seem very depressed and nervous. I feel that they are ashamed to reveal [being infected] too [Female KII respondent from Svaneti].'

4. Access to basic services and WASH

According to the latest available data, poverty is still relatively high in Georgia (20.1%).[38] Among the poor, female-led households are overrepresented.[39] Poverty is ineffably linked to the access of basic household services, and according to 2018 data, although 96.5 per cent of households had access to a basic drinking water supply, 30.8 per cent of household drinking water is contaminated with E. coli.[40]

The pandemic, alongside its accompanying crises, increase the obstacles for accessing basic services, thus raising additional risks. The RGA by UN Women highlights that overall 62% of Georgians experienced certain challenges in accessing basic services. In addition, their assessment suggests that access to social services was also challenging, particularly as a quarter of those who used social services during the pandemic faced some or major difficulties.[41]

The CARE RGA KII respondents also identified several issues related to basic service access. Although many services, such as electricity and gas remained accessible at the same level as before the pandemic, major challenges were experienced in transportation and education services.

Transportation services became a significant issue for people living in remote villages who need to obtain essentials from distant regional centers. As previously mentioned, access to transport is also closely interlinked with access to medical services.

While access to education was identified as a primary challenge by respondents with children, or those being self-taught. Switching the learning process from a classroom to online caused numerous problems both for children and teachers. The greatest challenge relates to the low quality of internet in the regions, which often significantly affected the smooth flow of lessons. Another important impediment for families is a lack of devices. This problem is particularly acute for families with two or more school-aged children. In such cases, children have had to attend the lessons at the same time, however many families have no access to additional laptops or necessary devices. Furthermore, several people using the internet concurrently negatively affects its speed. Additionally, poor internet and technological skills among teachers, children, and parents has hindered the successful implementation of the online teaching and learning process. These factors, consequently, lead to poorer attendance and less engagement in educational processes.

I have five daughters of school-age and two younger sons. We do not have enough smartphones for all the girls to join lessons. We have only one smartphone and girls had to join online lessons together. We somehow handled it, but I am absolutely unsatisfied with this [Female KII respondent, from an ethnic minority].

Online learning was quite challenging. We have two smartphones at home, but the internet is not working well. It was difficult for children to join online lessons, they required much more attention from me. If I had to go somewhere, I could not go, because my daughter was using my phone to attend online lessons [Female KII respondent, from an ethnic minority].

The increased prices of essential products can also be identified as a key facet in access to basic services. The problem becomes particularly severe for families mostly dependent on state social assistance. As respondents mentioned, the assistance received is no longer enough due to the increased prices:

[38] UN Women. 2020. *Country Gender Equality Profile of Georgia*. Available here.
[39] Ibid.
[40] Ibid.
[41] UN Women. 2020. *Rapid Gender Assessment of the COVID-19 situation in Georgia*. Pages 36-37. Available here.

I have more things to take care of and more problems to solve in every way. These problems were more apparent for me because I have so many children. I have seven children in this house; the girl is married. I can no longer afford to stock up. It was tough for me. I could not even buy fruit for the children. It was incredibly hard to get through this period. I could not even afford basic things like shampoo. It was seemingly hard for me… It was probably much easier for those who do not have children or have fewer children. [Female KII respondent, from an ethnic minority]

WASH

According to the CARE RGA survey, the majority of respondents have access to water through faucets (85%), followed by protected springs (19.4%), and protected boreholes (11.3%). However, 10.4% of the participants surveyed require longer than 30 minutes to collect water; with 66.7% reporting that they have no need to collect the water. There is no difference among female or male respondents in this regard, though the data suggests that water is mainly collected by the women in a household (Figure 7).

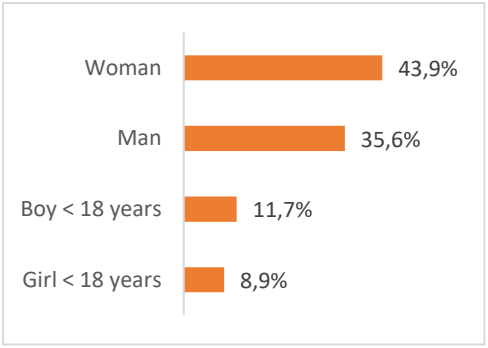


Figure 7: Water is collected by:

A significant number of respondents (84.4%) report that they have enough water for their everyday needs, including COVID-19-related requirements. Yet it is worth mentioning that more women (11.3%) than men (3.4%) state that they have an insufficient water supply.[42] The reasons behind the lack of water are: water shortages (92%), long distance to collection (24%), missing water containers (16%), unsafe to collect water (6%), and unaffordability (2%).

The absolute majority of respondents (96%) have a specific hand washing device or station in their home where individuals can wash their hands. The respondents also report having access to most basic hygiene products, such as soap, cold and hot water, toilet paper, etc. Furthermore, most female participants (92%) have access to menstrual hygiene products. The core products with a relative deficiency for CARE beneficiaries are face masks and disposable gloves.

The analysis did not define any differences between ethnic minority and Georgian women in terms of their access to WASH. However, the results indicate that families with PwD members experience more challenges in accessing both water and hygiene products, compared to those families without PwD member(s). In particular, almost a third (32.4%) of respondents with PwD family member(s) say that they do not have a faucet at home. Furthermore, 18.9% of these respondents suggest that they are unable to collect enough water, while only 7.8% of respondents without PwD family member(s) state the same.[43] **The survey results suggest that families**

Mestia (Svaneti) has a steady water supply; however, the situation is different in villages where water system maintenance processes are still incomplete. According to one KII respondent from Svaneti, medical masks and gloves, disinfectant fluids, and other essential products for protection against COVID-19 are available within Mestia; nevertheless, access to these same products, including water, may be problematic for isolated communities:

> *We have a chronic problem with water in Svaneti. Svaneti is abundant in natural waters; however, the services which are supposed to be provided by the government are malfunctioning. The reservoir, which is the main point of water collection and distribution to the village, is in dire condition. We are long accustomed to it, but everyone who sees it is surprised that we have not yet been poisoned. It has been like this before COVID, and it still hasn't changed. It is surely unsanitary. We have amazing spring waters, but the condition of the pool where these waters are collected and where human hands are involved, violates all standards. Mud accumulates and pollutes the drinking water of the whole village. Many people avoid drinking this water; they travel far away to the springs and carry water home. However, this is extremely difficult and requires a lot of time and other resources. You need to have a car to do that. For these reasons, we are used to the fact that we are drinking contaminated water. [Female KII respondent from Svaneti]*

[42] The difference is not statistically significant.
[43] The difference is statistically significant: $X^2(3, n=372) = 8.87$, $p<0.05$.

with PwD members lack different essential products, those which are accessible for other families. Specifically, 21.6% of families with PwD members lack access to hot water; 48.6% lack disinfecting products; 10.8% lack toilet paper; 40.5% lack face masks; 54.1% lack disposable gloves; and 16.2% lack menstrual hygiene products.

5. Gender based violence (GBV) and other protection issues

Gender based violence is an acute problem in Georgia. A nationwide study on the Violence Against Women (2017) provides data on the different forms and types of violence that women experience. According to the study, 26 per cent of women (aged 15-64) report having ever experienced sexual violence or sexual harassment by someone who was not an intimate partner; 3.5 per cent of women (aged 15-64) have experienced physical, sexual, or psychological intimate partner violence (IPV)[44]; and 20% of women have experienced sexual harassment, including inappropriate touching, staring or leering, or sexually suggestive comments, and half of these cases took place in the workplace.[45] Furthermore, 45% of women have been exposed to some form of sexual harassment on public transport.[46] It is noteworthy that the official data is also clearly underreported due to certain prevalent attitudes towards GBV in society. In particular, according to the 2017 study, every third Georgian woman and every second Georgian man believe that IPV is a private matter and should not be intervened in; moreover, around a fifth of women (22%) and a third (31%) of men think that a husband beating his wife can be justifiable. While almost every second person believes that if a woman does not physically fight back, it cannot be considered rape, and only 39% of men and 44% of women deemed marital rape to be a crime.[47]

At the outbreak of the pandemic, many international organizations voiced their concerns over the increased risks of gender based and domestic violence, including intimate partner violence. The emerging data provides evidence that domestic violence has intensified since the outbreak of COVID-19, and is further exacerbated by factors such as insecurity, health and money worries, worsened living conditions, isolation with abusers, movement restrictions, deserted public spaces, alongside further issues.[48]

In terms of the levels of violence since the outbreak in Georgia, there is not yet any official data. Though, according to the UN Women RGA survey, 16% of respondents have felt or heard of an increase in domestic violence. The survey also suggests that women (18%) are slightly more likely than men (13%) to report issues if they have encountered, or heard of an increase in, domestic violence.[49]

According to CARE RGA results, a plurality of the respondents (52.7%) think that threats and safety concerns have not changed for boys or men at home, whereas 33.1% believe the threats have increased for them. Nevertheless, more respondents (44.3%) consider threats to boys and men to have increased outside of the home. While it is worth mentioning that more women (47.2%) than men (37.9%)[50] think that such threats have increased.[51] Approximately 12% do not have any opinion on the safety concerns of boys and men after the lockdown.

[44] UN Women. 2017. *National Study on Violence Against Women in Georgia 2017*. Available here.
[45] Ibid.
[46] Asian Development Bank. 2018. *Georgia Country Gender Assessment.* Available here.
[47] UN Women. 2017. *National Study on Violence Against Women in Georgia 2017*. Available here.
[48] https://www.unwomen.org/en/news/in-focus/in-focus-gender-equality-in-COVID-19-response/violence-against-women-during-COVID-19
[49] UN Women. 2020. *Rapid Gender Assessment of the COVID-19 situation in Georgia.* Page 38. Available here.
[50] The difference is statistically significant: X^2 (4, n=370) = 10.98, p<0.05.
[51] The difference is statistically significant: X^2 (4, n=370) = 10.98, p<0.05.

Regarding threats related to girls and women, most respondents (46.1%) believe that safety concerns in the home have not changed during and after the lockdown, whereas **39.8% suggest at home threats for women have increased. In addition, more women (42%) than men (35.3%) think that threats and security concerns for girls and women have increased in homes**.[52] Every other (51.7%) respondent believes that threats against women and girls have also intensified outside the home. Additionally, more women (55.7%) in comparison to men (42.9%) suppose that their safety concerns have increased.[53] Approximately 11% of the participants have no opinion on the safety concerns for girls and women after the lockdown. As these results suggest, the respondents identify threats for girls and women mainly outside the home, including external sexual abuse and harassment; domestic violence; and risks of attacks, each identified as serious threats by a smaller proportion of the survey participants (Figure 8). There is an obvious stigma surrounding domestic violence, and only 2-3 female respondents chose to speak briefly about the issue, while others avoided it altogether. Male respondents do not acknowledge the relevance of the issue at all. It is also important to mention that **forced marriage is recognized as an increased risk by 14.7% of ethnic minority respondents**, while only 1.4% of ethnic Georgian women identified the risk.[54] It is noteworthy that women from ethnic minorities significantly lack an understanding of the increased risks of intimate partner violence, domestic violence, GBV, and sexual harassment for girls.

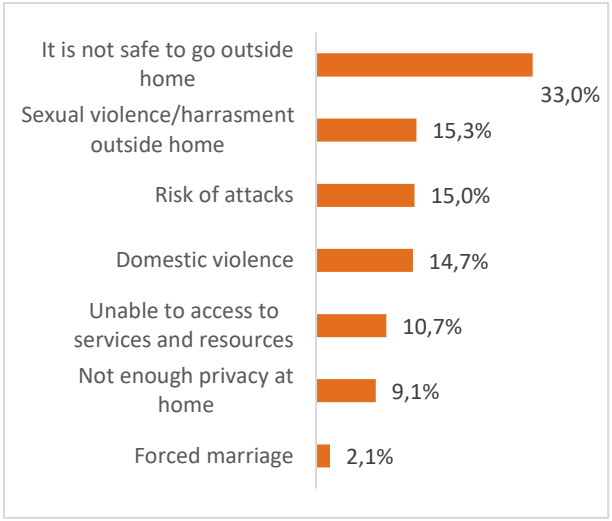


Figure 8: Threats and security concerns for girls and women during and after lockdown

The respondents were asked about potential support for any form of domestic violence. The most frequently mentioned is the police, followed by family members, friends and relatives, while the options of crisis centers and shelters are mentioned quite rarely (Figure 9). Furthermore, the data suggests that most respondents do not have enough information regarding the existing services for cases of domestic violence. The most recognizable service was the "112" application, and awareness regarding such services is relatively higher among female respondents compared to male (Figure 10).[55]

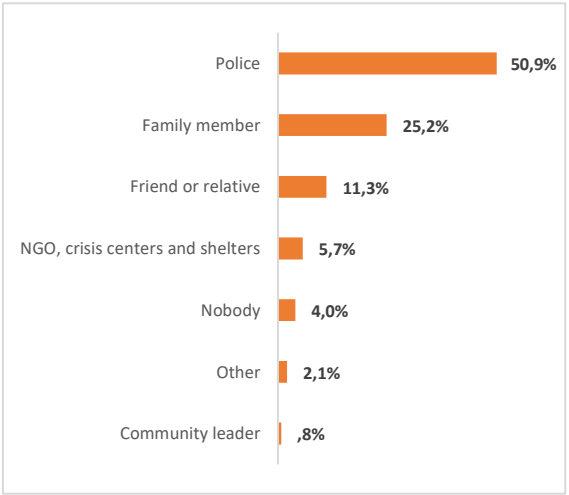


Figure 9: Who do you think people would seek help from in cases of some form of violence?

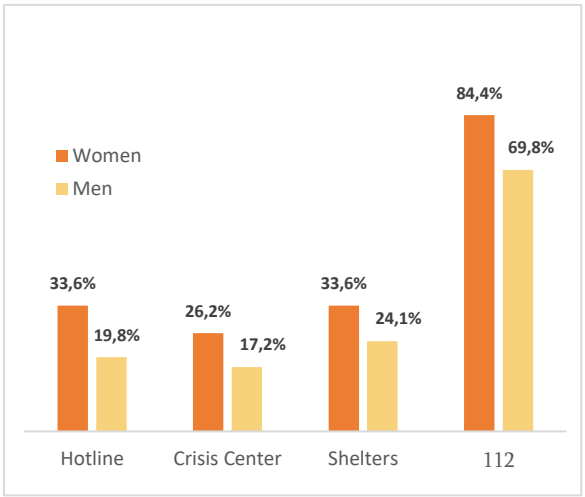


Figure 10: Respondents who have information on the following services

[52] The difference is not statistically significant.
[53] The difference is statistically significant: X^2 (4, n=369) = 11.98, p<0.05.
[54] The difference is statistically significant: X^2 (1, n=256) = 17.37, p<0.01.
[55] The differences are statistically significant at p<0.05 level.

However, as the survey results suggest, ethnic minority women have less awareness regarding GBV related services. Specifically, **more than a third (35.3%) of ethnic minority women report not having information regarding the 112 application**, 85.3% have no information on shelters, 67.6% lack information about crisis centers, and 47.1% lack information about the hotline.

6. The economic impact of COVID-19

The economic impact of COVID-19 is unavoidable both at the global and the local household level. The results of the pandemic will become progressively more tangible as time passes. As previously noted, Georgian GDP significantly decreased (13.5%) by May 2020. Comparing the last two quarters of 2019 to the first two quarters of 2020, the official data suggests a slight increase (with 1.1%) in the unemployment rate. The disaggregated data by gender suggests that changes in economic status before and after the lockdown are higher among men, however this is potentially affected by a significantly lower rate of economic activity among women (table 1).[56]

Table 1	**2019 (Q3 and Q4)**		**2020 (Q1 and Q2)**	
	Women	Men	Women	Men
Employment rate	48.3%	63.1%	48.4%	63.7%
Unemployment rate	9.9%	12.0%	10.6%	13.4%
Economic activity rate	53.6%	71.7%	54.1%	73.6%

The UN Women RGA data, representative at the national level, suggests that every third person (32% of either women or men) employed before the pandemic, lost their job; and a similar share (32%) experienced reduced working hours; while (33%) did not experience any changes in their employment status.[57] According to the analysis, ethnic minority groups in Georgia experienced the economic effects of the pandemic most severely.[58]

The CARE RGA survey identified that the plurality of CARE beneficiaries did not change their employment status due to the pandemic, among them 39.2% have kept working and 30.4% were not working even before the pandemic. Considering the data in more detail, differences among women and men can be identified by changes to employment status. For example, more women (72.6%) report no change in employment status than men (63%), however this result is explicable as **more women did not work even before the pandemic; and most male respondents who kept working report no change, while the share of those who did not work before COVID-19 is significantly lower than for women (16.4% vs. 36.7%)**.[59] Out of those participants who did report a change in employment status (37% men and 27.4% women), they cited either losing their job, switching to a part time job, or suspending business activities as the cause. Certain respondents indicated that many families in Achara are dependent on seasonal jobs in Turkey, thus the restrictions on movement and closed borders have had an extremely negatively effect. While some female respondents noted that there is a serious lack of jobs for women in rural areas. Although women are employed as teachers, their other options are extremely limited.

> *Coronavirus caused changes [in my business] of course. Cooperation was affected mostly; we could not manage to supply food for the chickens. It was not possible to issue passes for us on time, the realisation of the products was delayed. It was very stressful for us. We lacked food, medicine, zero profit from the cooperation in this [lockdown] period. Nothing was functioning in the village and I had to pass 16 kilometers on foot to apply to the local government and get a pass. [Female KII respondent from Samegrelo].*

[56] Geostat, 2020. *Distribution of Population by Economic Status by quarters. Labor Force Survey.* Available here.
[57] UN Women. 2020. *Rapid Gender Assessment of the COVID-19 situation in Georgia.* Page 21. Available here.
[58] Ibid.
[59] The share of men who report no change in employment status due being retired/student/unemployed vs. the share of women who report no change due to being retired/student/unemployed/housewife. The difference is statistically significant: $X^2(7, n=372) = 26.11$, $p<0.01$.

The pandemic impacted the economic wellbeing of both individuals and households. For example, 69.6% of those surveyed reported that their household economic wellbeing has worsened because of the pandemic. Furthermore, both female and male respondents report a decrease in their personal income. More men report such a decrease, though an increase in personal income is also reported by a higher proportion of male respondents. Seeing no change in personal income is reported by more female respondents than male (Figure 11),[60] which could be linked to greater economic inactivity among women, thus a reduced or absence of personal income. For example, when the participants were asked if they had personal funds that could be spent individually, more men are likely (76.7%) to have access than women (57.8%).[61]

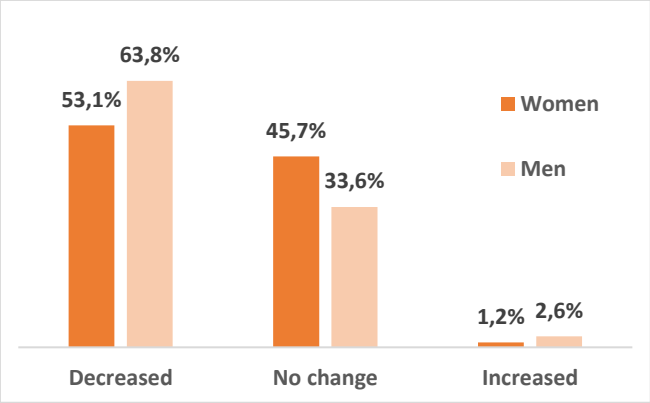


Figure 11: Impact of COVID-19 on personal income

The respondents see a solution in the promotion and support of agriculture. Certain KII respondents even mentioned that they used lockdown related time to renew agricultural activities:

> *We could not do anything, locked in a room without an alternative. We do not have tourism, we do not have jobs, we do not have income. The best alternative during the crisis might be the development of agriculture. I personally, wish to have my own garden, cornfield, and cattle. I wish I had a little space for my own agriculture. If I had that, I would not be dependent on the restrictions. I think that agriculture should be the priority for our country [Female KII respondent from Svaneti].*

It is important to highlight the economic impact of COVID-19 on ethnic minority women and families with a PwD member. Consistent with the secondary data provided above, the analysis showed that, compared to Georgian women, a higher share of ethnic minority women report the negative economic impact of COVID-19. Specifically, more women from the ethnic minority group (32.4%) express they have lost their job during the pandemic, compared to 12.2% of Georgian women.[62] Furthermore, more ethnic minority women (64.7%) have experienced a decrease in personal income relative to Georgian women (51.3%).[63] The negative impact of the pandemic on a household's economic wellbeing is also noted by more ethnic minority women (82.3%) than Georgian women (68.9%) (Figure 12).[64]

[60] The differences are not statistically significant.
[61] The difference is statistically significant: $X^2(2, n=372) =14.47, p<0.05$.
[62] The difference is statistically significant: $X^2(6, n=256) =15.09, p<0.05$.
[63] The difference is statistically significant: $X^2(4, n=256) =15.50, p<0.005$.
[64] The difference is statistically significant: $X^2(4, n=256) =13.61, p<0.05$.

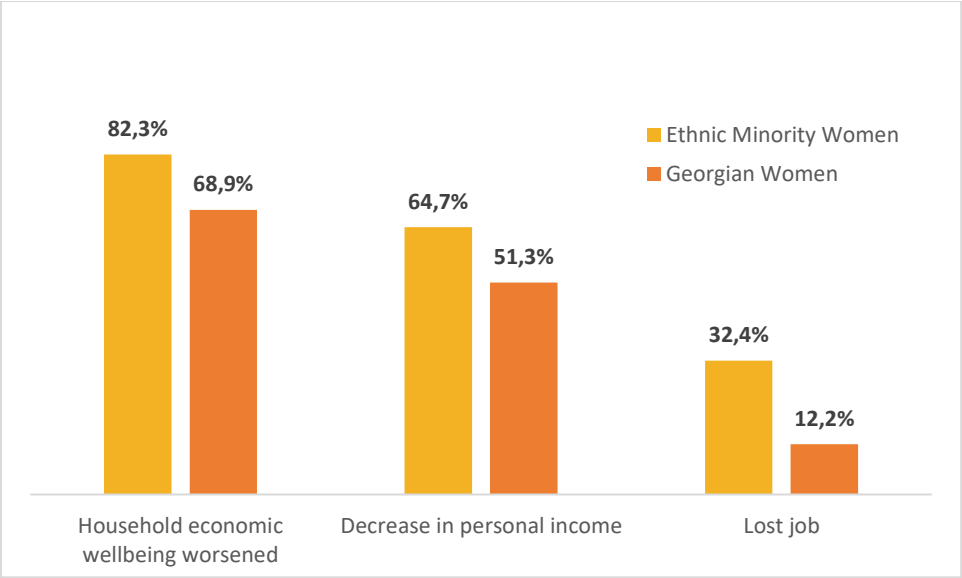


Figure 12: The economic impact of COVID- 19 on ethnic minority women compared to Georgian women

The analysis shows that families with PwD member(s) might experience the negative economic impact of COVID-19 more so than families not including PwD member(s). Although the results are not statistically significant, the simple descriptive analysis attests that a higher proportion of families with PwD member(s), compared to those without, report a worsened, negative economic impact (83.7% vs. 68.1%); a decrease in personal income (67.5% vs. 55.2%); and job loss (24.3% vs. 14%).[65]

> *I am receiving social assistance of 800 GEL. Before I used to manage to supply essential products, such as food and hygiene products, with this amount of money and it was enough for the whole family for three weeks, the fourth week of the month was always hard for me. Now, the products purchased with this money is enough only for two weeks and I link this to increased prices [Female KII respondent, from an ethnic minority].*

7. Coping mechanisms and needs

COVID-19 restrictions have had an influence on the coping mechanisms Georgian people traditionally rely on. For instance, the expression “to stay together through good and bad” has always been an essential part of Georgian life, and highlights that people should share both negative and positive situations. This notion is almost manifest at funerals and weddings, which are customarily attended by hundreds of people. Due to the COVID-19-related restrictions, people have lost the ability to preserve such practices and plan events in a traditional manner; in many cases these occasions have had to be cancelled. Moreover, many individuals have tried to avoid visiting crowded spaces. These restrictions have also had an influence on traditional hospitality, one of the highest values in Georgian culture. According to the KII respondents, these changes to everyday practices could lead to long-term alterations in Georgian traditions:

> *The things that characterized our lives related to staying together in good and in bad, all these are paused, and we might lose them at all, even after the pandemic. I am worried about that. I do not say that we should continue inviting 600 people to funerals, however it is important [to preserve] the tradition when people from one village goes to another village to respect the dead. People do not do this anymore, because of COVID-19. Nor are public celebrations being planned anymore. If we do not celebrate this year, we might not continue celebrations next year too [Female KII respondent from Mestia].*

[65] The differences are not statistically significant.

The respondents suggest that they adopted a variety of coping mechanisms to handle the challenges caused by the lockdown. The foremost coping mechanism was to **follow the health recommendations** provided by the NCDC and to protect themselves and their families from COVID-19.

In addition, many participants found the lockdown period beneficial for **starting or renewing agricultural activities**; these were particularly helpful in terms of food and economic security.

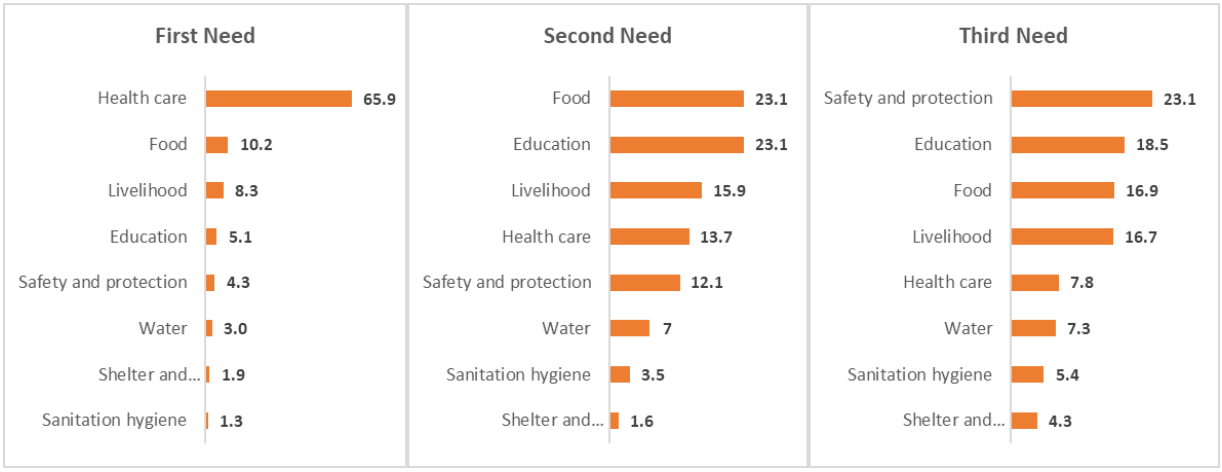
> *The main change for my family was to start gardening and agriculture, we restarted ploughing and sowing, which we stopped in 2011. I always say that Svan people gave up agriculture and focused on tourism only, which was developing rapidly. The pandemic changed life a lot. People felt fear of hunger and returned to these former activities – such as agriculture. People ploughed quite large areas this year [Female KII respondent from Mestia].*

Interestingly, many respondents regard the changes caused by the lockdown as constructive and tried to **keep a positive mindset**. For instance, those with children note they were able to communicate with their children and other family members more often because everyone was at home.

The CARE RGA participants further identified their major needs during the crisis; which mainly relate to their health, and economic and food security. The KII respondents specified that many people were no longer able to pay credit. Moreover, as previously noted, the most problematic issues are transportation from remote villages to access medical services, and normal functioning internet and sufficient devices to engage children in distance learning.

For ethnic minority women sanitation and hygiene products are a higher priority and come first among the three major needs, alongside healthcare and food. While for families with PwD member(s) healthcare, food, and livelihood remains the priority, followed by water, safety, and protection. Figure 13 below shows the prioritized needs by the RGA survey respondents:

Figure 13: Prioritized needs by RGA survey respondents



Conclusions and recommendations

Gender inequality and the unequal distribution of resources among men and women is prevalent in Georgian society. The COVID-19 crisis has made this inequality more visible and had a disproportional effect on women and men in a variety of ways, such as an increased unpaid domestic burden and care work; negative economic impacts; challenges in accessing medical, hygiene, and other basic services; deteriorated mental health; and the increased risk of violence amongst other issues. Different marginalized groups, such as ethnic minority women and families with PwD members, experience these negative effects of the pandemic particularly

severely. This Rapid Gender Analysis was aimed at assessing the gender impact of COVID-19 on CARE Caucasus beneficiaries, to identify their needs, and provide actionable recommendations for CARE programs and other relevant stakeholders.

Overarching recommendations

Considering the progression of the pandemic, this Rapid Gender Analysis report should be updated and revised as the crisis unfolds and relief efforts continue. Maintaining an up-to-date gender analysis of the shifting gender dynamics within affected communities allows for more effective and appropriate programming and will ensure that the assistance, preparedness, prevention, and response to COVID-19 is tailored to the specific and differing needs of women, men, boys, and girls across various social groups. It is recommended that organizations continue to invest in gender analyses, that new reports are shared widely, and that programming is adapted to changing needs. First and foremost, it is essential that sex-disaggregated data is being collected and made available for continuous gender analysis at a programmatic level.

Targeted recommendations

- **As an initial response to the disproportional levels of unpaid domestic and care work, it is recommended that families be supported with basic financial aid and have access to essentials, such as food, adequate sanitation, and hygiene products, each aimed at relieving any COVID-19-related additional burdens on women.** Within the next stages, it is recommended that CARE Caucasus places effort and special resources specifically towards the problem of unpaid care work by contributing to research focusing specifically on this increase in care burden; to encourage dialogues regarding unpaid work during the pandemic; and to develop, or contextualize and implement, project models, which will address unequal, unpaid care work at different levels of society.
- **It is crucial that all response actors make additional efforts in distributing information and raising awareness on COVID-19 among the Georgian population. It would be recommended that CARE Caucasus prepares effective awareness rising campaigns for its beneficiaries and continuously provides information, in a simple and accessible form, regarding the COVID-19 situation in the country, especially in beneficiaries' regions**. Such a campaign could also cover protective and preventive recommendations, provide essential hotlines, and suggest responses to symptoms. Television, social media, and SMS were revealed to be primary sources of information for CARE beneficiaries. It is critical that the diversity of the population also be considered when planning information dissemination action, i.e. the information should be related in different forms to be accessible for individuals with various disabilities (especially for people with visual impairments, the deaf, and those with intellectual disabilities); for ethnic minorities; children and the elderly; people without an education; etc.
- CARE Caucasus has already provided significant effort towards women's economic empowerment. **It is crucial to continue planning such initiatives and support women in business by offering essential knowledge, skills, and resources for crisis management**. In addition, special focus should be placed on strengthening agricultural activities in rural areas, as many people sought agriculture to handle the economic crisis and food insecurity during the lockdown. Particular attention should be given to women employed informally, since the crisis might increase the risks of people losing informal employment; accordingly, appropriate measures to ensure their economic security might prove vital.
- **It is recommended that governmental agencies, local authorities, as well as development organizations attempt to enhance access to healthcare facilities for people from remote areas**. Special effort should be given to ensure improved access to medical services for PwDs.
- **Providing psycho-social support and offering the respective services could be particularly helpful to the populace, especially those infected with COVID-19**. It is essential that there are available services that offer professional psycho-social assistance for managing any mental health problems aggravated by COVID-19.

- ⇨ **Different stakeholders responding to COVID-19, including mental health service providers, should unite to encourage active public discussions aimed at preventing stigma towards the infected** by raising public awareness. Furthermore, it is important to ensure that mental health services are functioning specifically for people infected with COVID-19.
- ⇨ **Key actors should continue their work to increase women's awareness of the available SRH services, and to undertake practical steps to provide accessible and adapted SRH services for women**; while also considering all the possible intersectionalities (e.g. women with disabilities, ethnic minority women, etc.) in their operating areas.
- ⇨ **All key responders, including the government and international organizations should plan coordinated initiatives and projects to support children in the distance learning process**. The Georgian government should also direct resources to provide access to devices and strong internet connections for teachers and vulnerable families. In addition, organized efforts should aim to equip teachers with technological and digital skills, and equip children and teachers with digital safety skills, etc.
- ⇨ **It is essential that CARE Caucasus continues and extends the WASH program to cover COVID-19-related hygiene needs** by providing beneficiaries with products that are essential for guaranteeing personal safety during the pandemic. In addition, it is crucial that efforts are still placed into improving and increasing water supplies in remote villages.
- ⇨ **It is extremely important that the GoG, and all other relevant stakeholders, consider GBV related services and initiatives as a priority.** The initiatives directed at informing women about GBV and domestic violence services must be continuous, and these processes should be built around the various needs of diverse groups of women (e.g. women with disability, ethnic minority women, single women or mothers, etc.). Furthermore, it is vital to plan work with service providers, such as the police, social workers, shelters, and hotline and crisis center staff, to provide the necessary practical information and awareness regarding the increased risks of GBV and domestic violence during crises.

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CARE Caucasus mission is to decrease social injustice, vulnerability, and rural poverty, and contribute to improved conditions for sustainable development and security in the South Caucasus region. CARE works with the individuals and families in the poor communities, with special focus on women, youth, conflict-affected groups and those living in remote and difficult-to-access areas, as we know that we cannot overcome poverty and create social justice until all people have equal rights and opportunities.