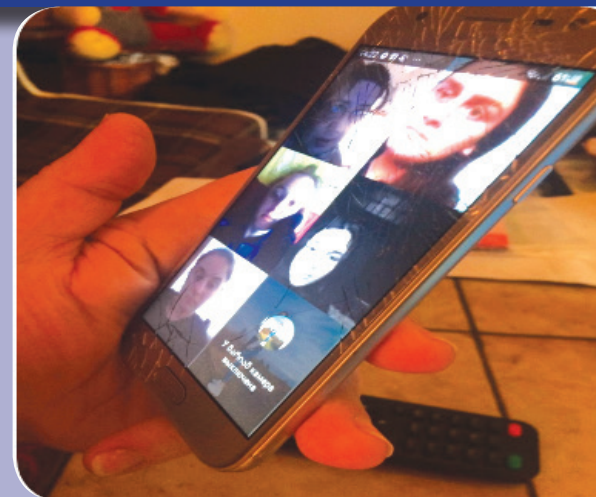
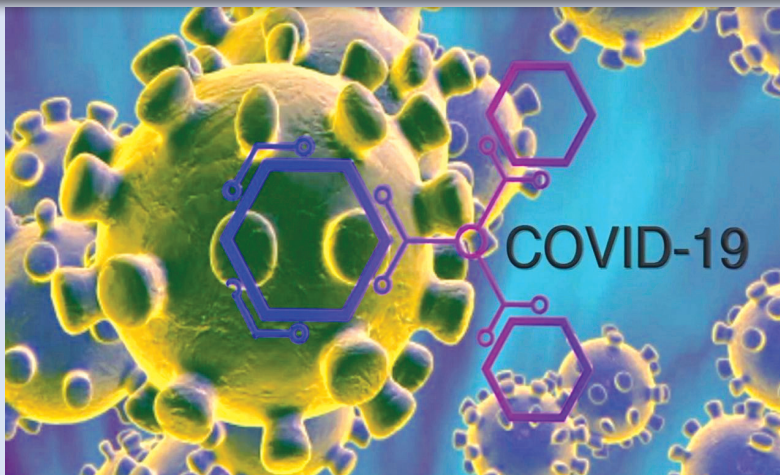




THE GENDER DIMENSION OF THE COVID-19 CRISIS: ASSESSING THE EFFICIENCY OF PANDEMIC RESPONSE



EKATERINE GAMAKHARIA
FUND "SUKHUMI"
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INTRODUCTION

The Covid-19 pandemic outbreak and crisis related to it, have had a profound impact on the population`s life. The restrictions caused by the pandemic have drastically changed the normal lifestyle of many people and they have faced various social, economic and psycho-emotional problems. The pandemic consequences have not only doubled the population`s level of insecurity, but it changed the paradigm of vulnerability and created new risk groups in the society.

Through the Gender Responsive Early Warning methodology, Fund “Sukhumi” systematically studies the level of population`s human security in high-risk areas of conflict and tensions, especially in the settlements densely populated by IDPs and those adjacent to the conflict divided line, where the population`s vulnerability is rather high. Through gender-sensitive indicators, gender-specific challenges and needs are assessed, and relevant response strategies and actions are planned to solve the existing acute problems in a timely and appropriate manner.

A rapid assessment - **“Gender Dimension of Covid-19 Pandemic and its Impact on Human Security”**¹ conducted by Fund «Sukhumi» in April during the most active phase of the quarantine and restrictions, has revealed that despite many challenges, the pandemic has had a different impact on various segments of the population (considering social status, gender, age or place of residence). It has also demonstrated that people deal with the negative consequences of the pandemic differently. The current situation has emerged new needs and problems of the population and based on the specifics of their occurrence, they require a reassessment of priorities, targeted and timely needs-based response.

In response to the urgent challenges identified by Fund “Sukhumi” during the first assessment, with the help of international organizations, in cooperation with relevant central and local government authorities, and with the active participation of community leaders on the ground, the following actions tailored to the needs of the population have been undertaken, and serious problems have been solved:

- ❖ Through active advocacy and cooperation with the relevant services of Zugdidi local authority, the only toilet in **the collective center of the IDP settlement** in village Kakhati, has been cleaned and repaired. However, the condition of people living in the collective center was still alarming due to the building`s dangerous condition and non-functional sewage system. Unreinforced walls and collapsed balconies put the residents of the center at risk. **Due to the non-functional sewage system**, people had to pour out the water accumulated during household consumption, which caused constant dampness and unbearable smell. Besides, it created a favorable condition for reptiles in the

1 Ekaterine Gamakharia, “Gender Dimension of Covid-19 Pandemic and its Impact on Human Security”, Fund “Sukhumi”, May 2020, available at: <http://www.fsokhumi.ge/index.php/ka/newska/publicatia/6546-covid-19>

settlement and was a constant source of infection. Through the inclusiveness of Fund “Sukhumi” and the IDPs, as a result of active advocacy with the relevant agencies of the government the residents of Kakhati collective center have been resettled and provided with new housing;

- ❖ in 4 villages of Tsalenjikha and Zugdidi municipalities (Pakhulani, Saberio, Khurcha, Koki), on both sides of the “dividing line”, 24 vulnerable and large families have been provided with smartphones, computers and unlimited internet packages to ensure uninterrupted involvement of their school children in the educational process;
- ❖ Fund “Sukhumi” provided 1000 reusable facemasks to vulnerable families living in 11 municipalities, including IDP women, socially vulnerable and large families, the elderly, persons with disabilities. The facemasks have been sewn in the “Rehabilitation Center for Victims of Violence” operating at Fund “Sukhumi”. The women victims of violence who completed a professional sewing course were actively involved in the process. They had the opportunity not only to get employed but also to undergo professional practice to improve their skills;
- ❖ From May to November 2020, Fund “Sukhumi” psychologist provided psychological assistance to 779 women through individual and group telephone or online sessions;
- ❖ During May-November 2020, the lawyer of Fund “Sukhumi” provided legal consultation to 68 women on the rules and regulations related to the emergency state, as well as on issues of interest to female beneficiaries of our organization.

Despite the actions undertaken, there is still a long list of urgent problems faced by the population, which is being delayed and puts their human security at a greater risk.

The present research aims to study the impact of the pandemic on the human security of women and girls living in the target regions² of Fund “Sukhumi” and **assess the quality of how population has coped with the negative consequences of the crisis in their lives.** During the research, **the population’s attitude towards the purposefulness and effectiveness of the central and local authorities’ policies and support programs** was studied.

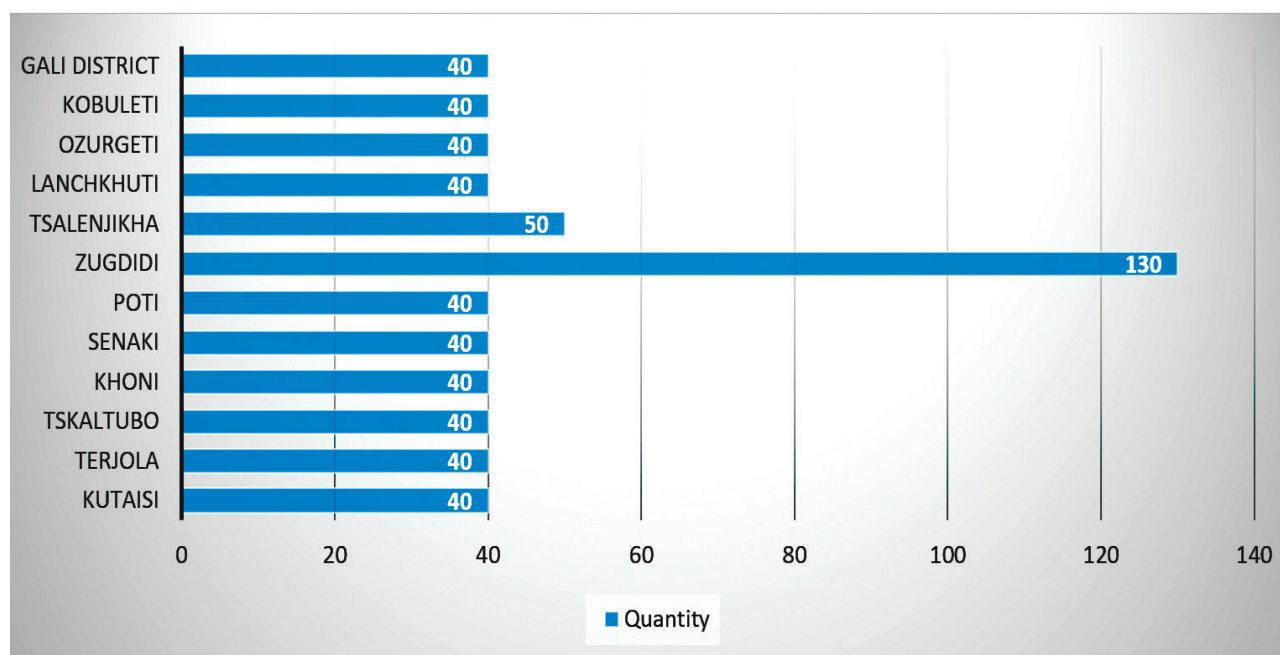
The recommendations developed based on the analysis of identified challenges will contribute to the mitigation of the negative effects of the pandemic on the population and foster planning of an appropriate, need-based strategies, proactive actions, and the increase of targeted and efficient response.

² 11 municipalities: Kutaisi, Tskaltubo, Terjola, Khoni, Senaki, Poti, Zugdidi (the villages adjacent to the conflict dividing line: Koki, Khurcha, Shamgona, Orsantia, Kakhati), Tsalenjikha the villages adjacent to the conflict dividing line: Pakhulani, Tskoushi), Lanchkhuti, Ozurgeti and Kobuleti municipalities.

1. STUDY METHODOLOGY AND DEMOGRAPHIC DATA

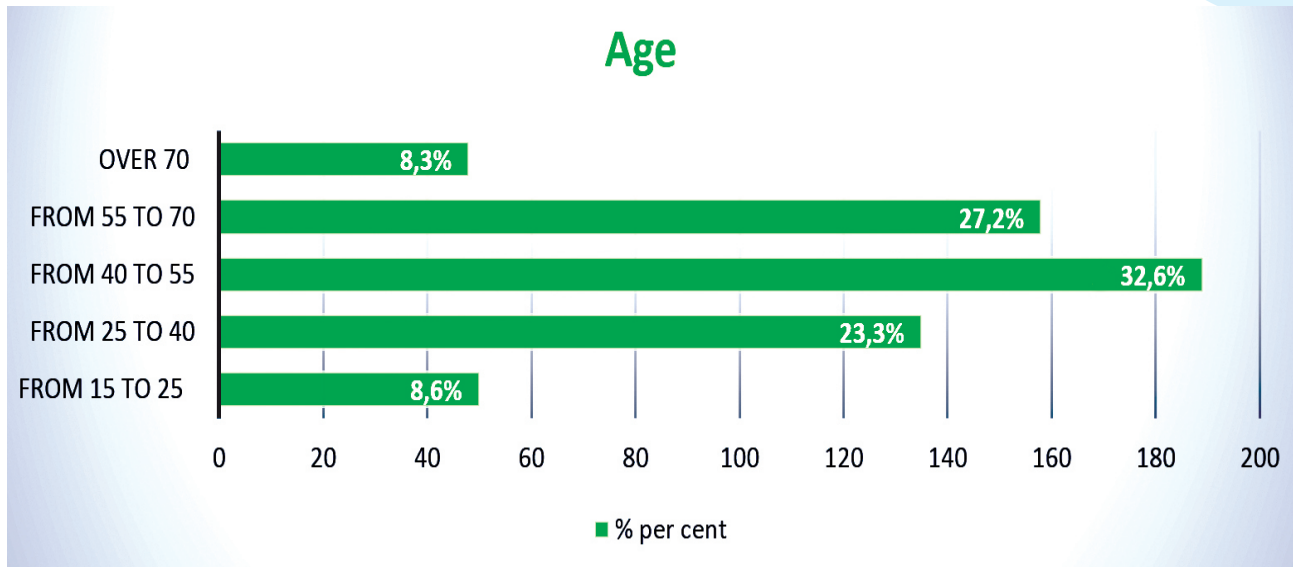
The present study was conducted using quantitative and qualitative research methods. It covered **11 target municipalities** of Fund «Sukhumi» (Kutaisi, Tskaltubo, Terjola, Khoni, Senaki, Poti, Zugdidi (Koki, Khurcha, Shamgona, Kakhati), Tsalenjikha (Pakhulani, Tskoushi), Lanchkhuti, Ozurgeti, Kobuleti and the villages adjacent to the conflict dividing line in the **Gali district** (Nabakevi and Saberio). The data was collected in **September-November 2020**. After imposing the pandemic-related strict regulations, some interviews were conducted through online surveys, face-to-face and online meetings with the beneficiaries at the beginning of December. The survey involved 653 respondents. **580** were interviewed through the questionnaires, including 76.2% (442) women and 23.8% (138) men. According to the municipalities, the quantitative survey participants were distributed as follows (see Diagram #1).

Diagram #1



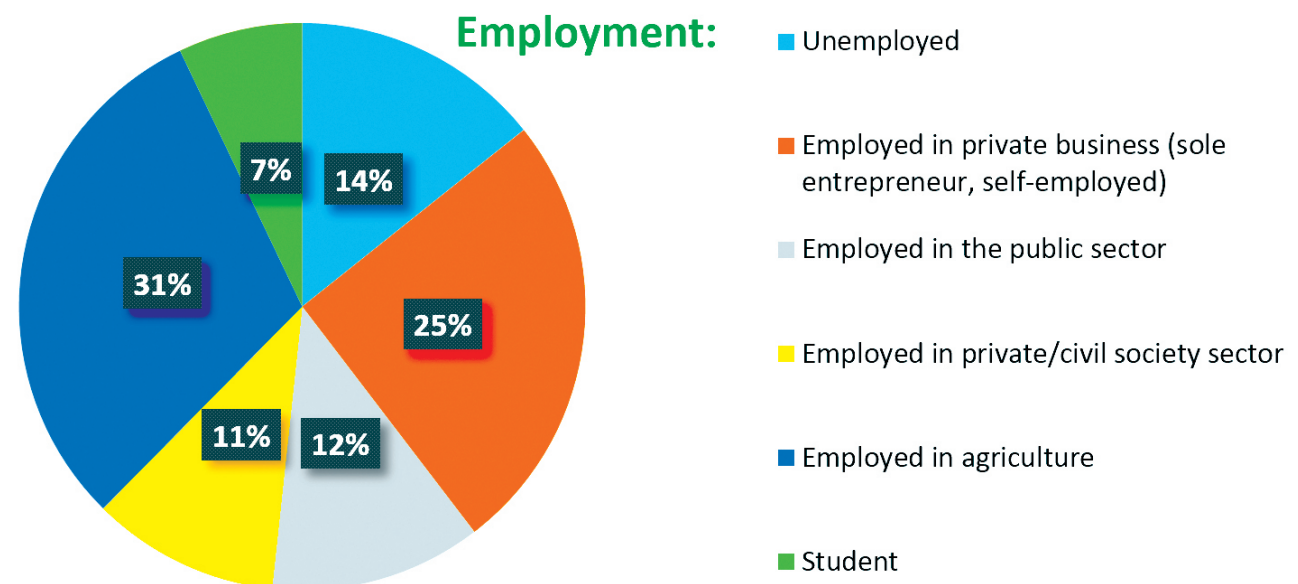
Through the focus-group method, **73 people** participated in the discussion, including 63 women and 10 men. The gender composition and a big number of the surveyed women indicate that the positions expressed about the issues and identified problems mainly reflect the female participants' views. The age of the respondents varied from 15 to 70 and above, and it is represented as follows (see Diagram #2):

Diagram #2



The majority of respondents 42.8% (248) were locals, 31% (180) IDPs, 19.3% (112) were people living close to the conflict “dividing line” of the Georgian-controlled territory, and 6.9% (40) represented the population of the Gali district. According to employment, 30.5% of respondents are employed in agriculture, 25.3% are self-employed/employed in the private sector, 14.3% are unemployed, and 14.3% are employed in the public sector (see Diagram#3).

Diagram #3



2. KEY FINDINGS

2.1. Population`s Attitude to the Restrictions Imposed by the Government

During March-May 2020, in response to the spread of COVID-19, the Government of Georgia undertook the following strict measures to slow down the spread of the virus throughout the country: suspension of international air, land and sea traffic except cases provided for by a government resolution; closure of educational institutions and switching to remote mode; stopping of public transport; prohibition of mass and public gatherings; restriction of certain economic activities; switching to the remote mode of operation of public and other types of institutions; physical distancing, closure of the “check-points” at the conflict divide, and a state of emergency, including strict quarantine and curfew.

Despite the problems caused by the restrictions, the majority of respondents (**60.5%**) **positively** assess the measures undertaken by the government and believe that **the restrictions to manage the crisis were adequate**, although almost a third of respondents - **28%** consider these actions to be partially correct -

“I believe that the state took timely measures, i.e. the restrictions were adequate. The restrictions have stopped the outbreak of Covid-19” (M.S., a woman of 54, Kutaisi).

“When you do not even know what to do, how to start, I think that the government acted adequately and we got an amazing result ... We went through the first wave painlessly. We can no longer live without regulations because this virus is not going to disappear. The virus will live among us until the vaccine appears” (G.T., a man of 60, Terjola).

According to the qualitative data, many respondents agreed that restrictions were necessary as we faced a new virus and did not know how to deal with and respond to it. However, the rigorous approach and subsequent uncontrolled mitigation of restrictions led to even more devastating consequences. Since, a large part of the population, whose lives have been negatively affected by the virus, could not have rehabilitated and restored the normal rhythm of life-

“I think the restrictions of that period were excessive if they were going to mitigate them. It [virus] still spread, and was it worth of such a big economic loss?! People could not have got out of the economic shock of that time” (R.Ch., a woman of 57, Tskaltubo).

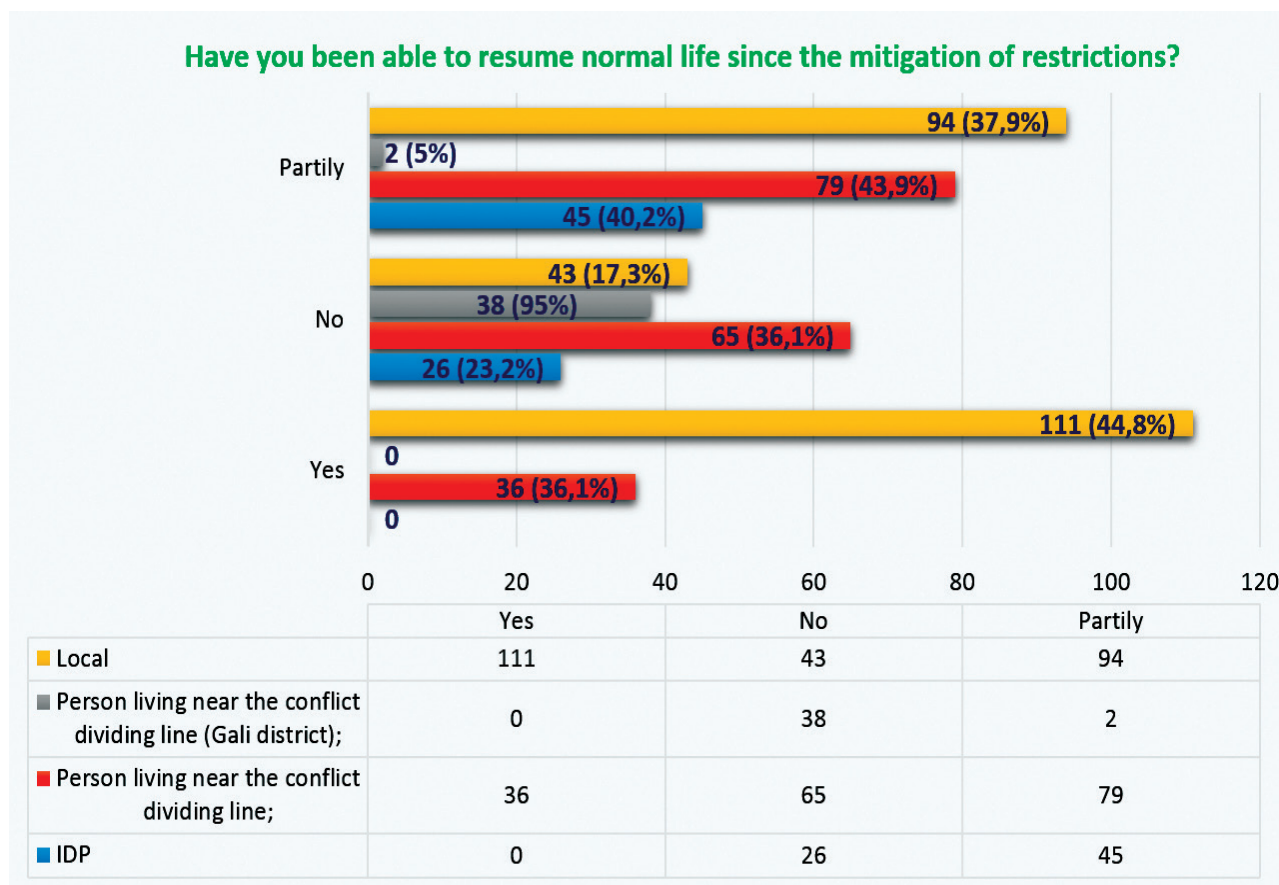
The survey has also shown that **37.9%** of respondents **have only partially restored their normal lifestyle after lifting severe restrictions**, while **29%** of them **have not managed to do so**. **32.2%** of respondents have fully returned to the usual rhythm of life (see Diagram # 4).

It is noteworthy that people differently cope with pandemics' negative consequences, depending on to which group of the population does the person participating in the study belong. For example, while most of the “**local**” population (44%) emphasized that they have been able to resume a normal life or 37% of them could have partially managed it. The situation is radically different for people living on both sides of the conflict dividing line. For example, **95%** of respondents living in the **Gali district** state that they **were unable to return to a normal lifestyle**. **36.1%** of the population affected by the conflict living on the Georgian-controlled territory adjacent to the “dividing line” share the same opinion, while **43.9%** say that they have only partially managed to do so. It demonstrates that based on the location and living condition of the population, the severity of consequences of the pandemic, and the level of coping with negative effects and opportunities of overcoming them significantly differ -

«I have been able to return to a normal lifestyle. People get used to everything, and we are getting used to Covid-19 as well. Lockdowns and restrictions were necessary. When we got back to the usual rhythm, I returned to my workplace» (M. K., a woman of 34, local, Khoni).

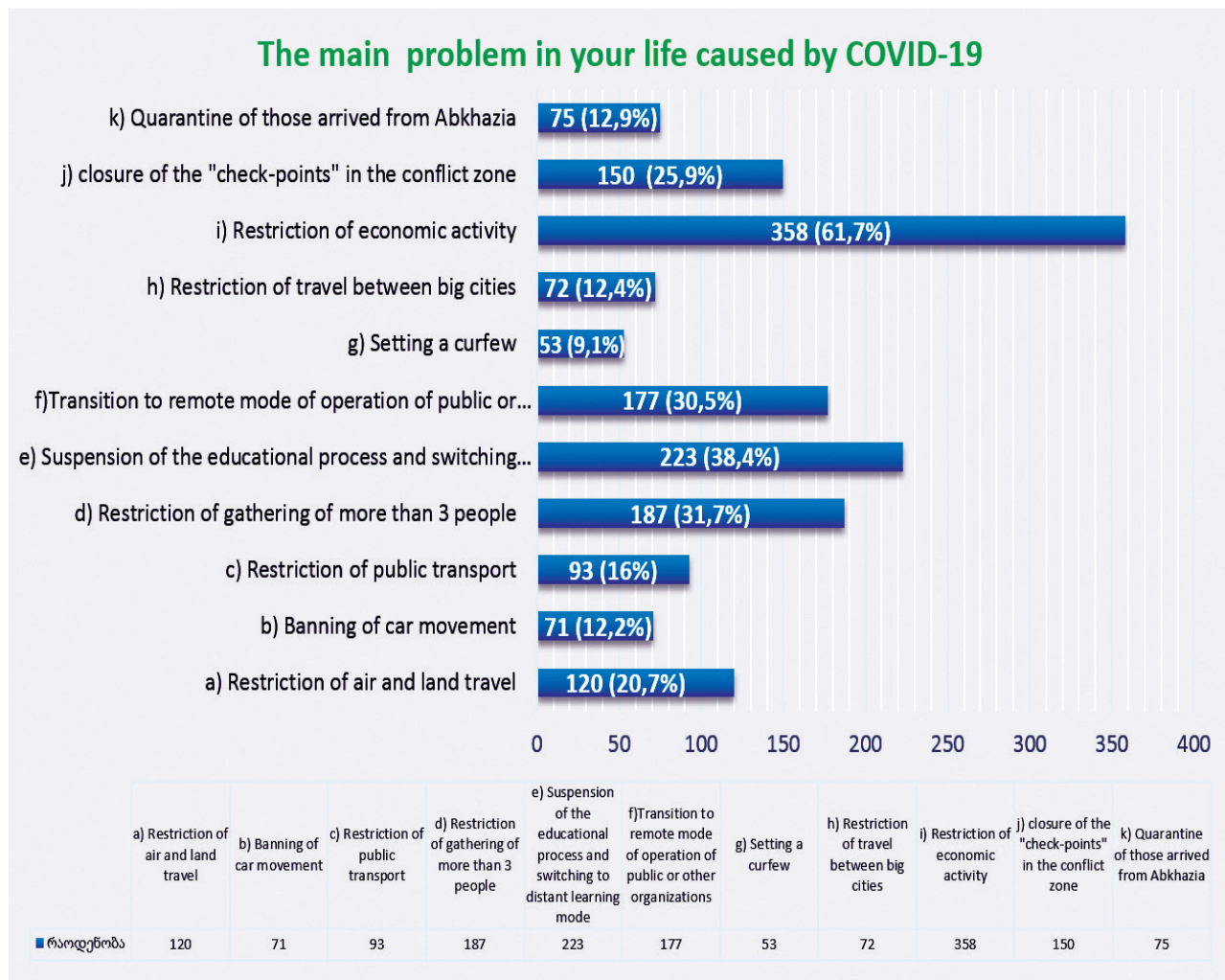
«Nothing has been done for us. We have been abandoned like you throw people in a pit and leave them. It's not fair. Is it so easy to live in this zone? Nothing reaches us. You may either die or survive» (M. L., a woman of 56, Nabakevi).

Diagram #4



When asked **which form of restriction has had the most negative impact on their lives**, the majority of respondents mainly emphasized: **restriction of economic activity (61.7%)**, **restriction of the gathering of more than 3 people - 31.7%**, **suspension of the educational process and switching to distant learning - 38.4%**, **transition to a remote mode of operation of public or other organizations - 30.5%** (see Diagram # 5). The majority of the population living near the dividing line on both sides of Enguri stressed **the closure of the check-point - 25.9%**. These answers are symptomatic, since the social isolation of the population, the loss of livelihood and income caused by a restriction of economic activity and movement, unpreparedness to switch to remote mode and limited internet access in many settlements in Georgia, have created a lot of social, economic and psycho-emotional problems. Delayed response to these issues have threatened the human security of the population, and it has had a particular impact on women's lives. Detailed information on the challenges is provided in the following sub-chapters of this report.

Diagram #5



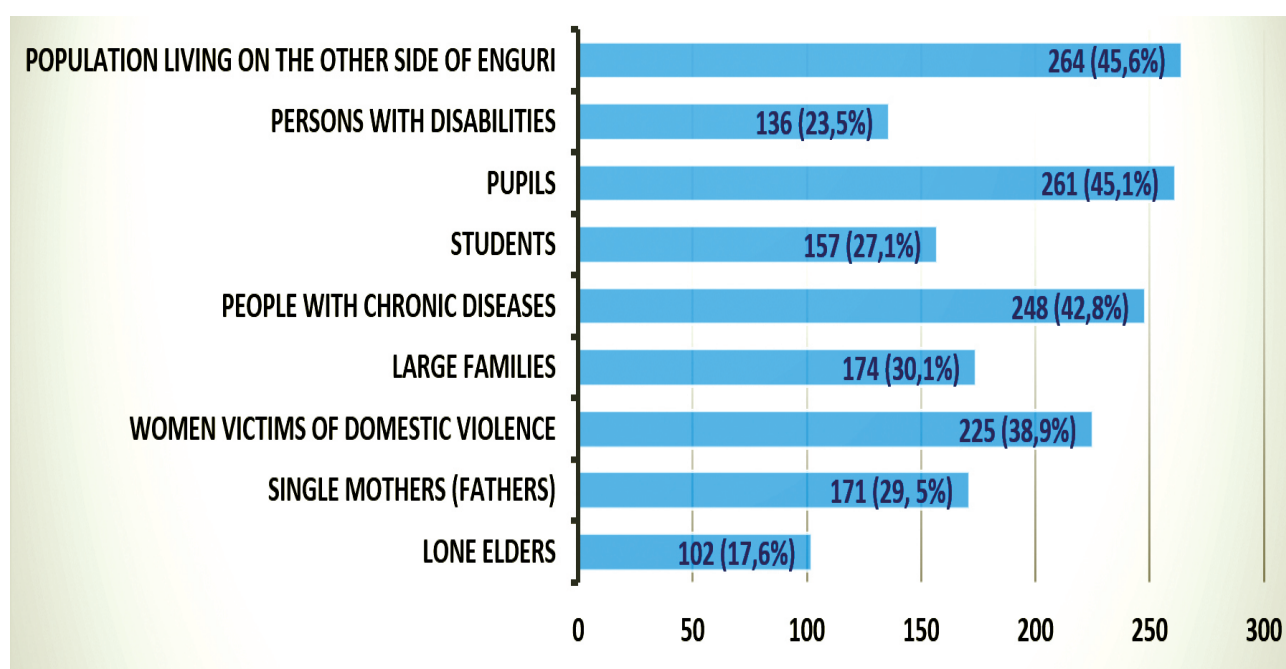
2.2. The Measures Undertaken against Pandemic and the Level of Human Security

The study results show that the most of the problems identified in the lives of the population in March and April are relevant to date, and delayed or inadequate response to them is a source of additional acute problems, which significantly aggravates human life and endangers their security .

The experience has proved that the severe socio-economic consequences of a pandemic have different effects on women and men. It is significantly exacerbated by various factors of vulnerability of the population (e.g. large families or vice versa - single mothers (fathers), women victims of violence, the elderly, conflict-affected people, pupils, students, etc.).

According to quantitative data, the respondents named the following categories as the most vulnerable ones since their situation is quite alarming today: **the population living on the other side of Enguri (Gali district) - 45.6%; students - 45.1%; people with chronic diseases - 42.8%; women victims of violence - 38.9%; large families - 30% and single mothers/fathers - 29.5%** (see Diagram #6). The Gali district population's vulnerability is mostly emphasized by those living in Gali (95%) and people living on the Georgian-controlled territory near the dividing line (71,1%). The students' alarming situation is also mostly noted by the population living on both sides of the conflict divide (in the Gali district-47.5% and people living on the Georgian-controlled territory-50.5%). IDPs mostly indicate the severity of the situation of those with chronic diseases - 59.8%. The situation of victims of domestic violence is considered alarming by the locals (41.1%), people living on the Georgian-controlled territory adjacent to the dividing line (40%), IDPs (35.7%) and Gali residents (35%) (see Diagram #6).

Diagram #6



The existing data indicate that the virus has different effects and impacts on a particular group of people. The location of the population and access to basic services significantly change the level of their vulnerability. Consequently, the security of Georgian citizens living on the other side of Enguri in the Gali district has been threatened. Due to the check-point closure, they could not move and did not have access to basic services (health services, shops, pharmacies, obtaining/changing the documents, receiving various social benefits or pensions, etc.). Being in a difficult situation due to the infrastructural problem, the population living on the Georgian-controlled territory near the dividing line speaks about many challenges (limited access to the Internet, transport and water supply problems, absence of ambulatories, pharmacies, shops). Therefore, it is crucial to study the population's needs and address them, taking into consideration their gender specifics, age or social status and place of residence, which will increase the efficiency of response to the existing problems and will help reduce the negative consequences in a timely manner. The survey data revealed the disproportion of the imposed restrictions to the existing conditions of some groups of population. Due to infrastructural problems and inadequate conditions, many people can't adapt to the new reality.

2.3. Gender Impact of the Restrictions and Measures Undertaken against Pandemic on Human Security

The majority of respondents, namely **64.8%**, claim that restrictions imposed by the national authorities “**have changed their life, but the situation has not been worsened significantly**”. The local population (70%), those living on the Georgian-controlled territory near the conflict dividing line (70%) and IDPs (61.6%) almost equally indicate the same. 26.6% of the respondents emphasized that the pandemic has “**significantly worsened their lives and created threats to human security**”. It is noteworthy that 92.5% of those who have chosen this answer are from Gali district.

The majority of respondents consider **psychological problems and stress -73.2%** as the most negative outcome of the pandemic, which is most topical for IDPs (75.9%). **59.8%** of them highlight a **significant deterioration of health**. It should be mentioned that the problem is equally relevant to all groups of respondents. **For 40.7% of respondents, the loss of jobs and the inability to resume economic activity** are acute problems. According to quantitative data, this problem has mostly affected the population living in Georgian-controlled territory near the conflict divide (99 persons out of 180 living in conflict divide i.e. 55%). **33%** of respondents state that **stress and psychological problems have triggered the conflict/violence in their family**, which was mostly emphasized by the IDPs (42%) (see Table #1).

Table #1

The main problem caused by the pandemic					
Problems	Locals	Gali district	Conflict dividing line	IDPs	Total (quantity)
a) I have lost my job / could not have recovered my economic activity;	93 (37,5%)	13 (32,5%)	99 (55%)	31 (27,7%)	236 (40,7%)
b) My health has deteriorated;	120 (48,4%)	17 (42,5%)	105 (58,3%)	56 (50%)	298 (59,8%)
c) Stress and psychological problems that affect my health have exacerbated;	147 (59,3%)	22 (55%)	111 (61,7%)	85 (75,9%)	365 (73,3%)
d) Stress and psychological problems that lead to conflicts / violence in the family;	71 (28,6%)	13 (32,5%)	34 (18,9%)	47 (42%)	165 (33,1%)
e) I have strained relationships in the family and have to live in a conflict environment;	17 (6,8%)	4 (10%)	7 (3,8%)	18 (16%)	46 (9,2%)
f) My family has broken down;	0	0	0	2 (1,8%)	2 (0,4%)
g) Due to restrictions (quarantine) I cannot receive the necessary services (change, restore, receive documents, etc.);	1 (0,4%)	17 (42,5)	2 (1,1%)	3 (2,7%)	20 (4,6%)
h) Me and / or my family members still do not have the opportunity to receive a pension;	0	20 (50%)	0	0	22 (4%)
i) Opportunity for full involvement of children in the educational process.	13 (5,2%)	11 (27,5)	8 (4,4%)	11 (9,8%)	43 (8,6%)

2.3.1 Health Security

Most of the respondents (73.2%) consider **psychological problems and stress** as the most acute problems caused by the pandemic crisis, which have had a profound impact on the health of population. This problem is especially topical for women who report that they are under high psychological pressure due to the low level of security, increased responsibility for household activities and other economic or social problems-

“Pandemic, restrictions, constant fear of infection still exist, but I am more worried about how to feed my children tomorrow. We have lost almost everything ... due to this lockdown, we have even lost jobs. Now I am thinking about what will happen tomorrow ... or what will happen with my children’s education during this endless distance learning when they are partly involved in the process ... I am under constant stress” (M.S., a woman of 39, Kutaisi).

59.8% of respondents, most of whom are IDPs and people living in the conflict dividing line, **emphasize significant health deterioration**. The residents of the village Khurcha pay special attention to the problem of health security. They consider a **dysfunctional and inactive village ambulatory** as one of the most important challenges, especially in the conditions of a pandemic-

«There are mostly elderly people left in Khurcha depending on doctors ... We have been waiting for many years, and at last, a building for an ambulatory has been allocated. However, it has not been opened yet. Nobody knows how long this building will stand without equipment and doctors. I do not know. There is no end in sight» (M.D., 72 years old, Khurcha).

The village, left without an ambulatory center, were served by a doctor from Zugdidi once or twice a week on a rather limited schedule, which has been further reduced due to the restriction of public transport and the increase of the number of infected people. The problem is exacerbated by the fact that due to the heavy workload of ambulance crews, the population has no opportunity to receive timely assistance in emergency cases -

“The situation has aggravated due to the pandemic. The ambulance brigade comes from Zugdidi, but it takes too long... but delay in few hours is too much - it depends on the severity of the illness” (Sh.R., a woman of 62, Khurcha).

The heavy workload of medical facilities and ambulance crews delayed medical service to patients in emergency cases is one of the biggest threats and risks to the population’s health.

Some respondents consider **home treatment of Covid-infected patients** as an increased threat to health, especially in villages far from the big cities, since the population does not have the opportunity to buy medicines due to the lack of pharmacies and access to doctors. The situation is complicated by rather limited access to the Internet, which hinders access to information and the possibility of online consultations with doctors. These conditions further complicate the women’s situation, since all responsibilities such as taking care of their sick

family members and household duties falls on their shoulders, which does not stop even when they become infected themselves-

“How could I leave my family, who would take care of the children, who would prepare meals? I preferred to stay with my family and take care. Even after getting infected, when I felt quite weak, I continued to do household chores ... Even though I was sicker than my family members, I had no one to help me” (N.Dz., a woman of 46, Kutaisi).

The representatives of village Pakhulani and Tskhoushi speak about **the issue of water supply** which has not been resolved for years. They emphasize the negative impact of this problem on the health of the population, especially during the pandemic when hygiene is crucial. Lack of water further complicates household activities of women, which affects their health -

“We had warm autumn. It has not rained for a long time, and wells dried up all over the village. There is no running water, and people bring it [water] from Enguri by cans. Those who have a car use it for transportation. Can you imagine how much water the family needs and how much work a woman has to do to take care of the water and keep the house clean ... Nobody gives us information about the solution of this problem ... Even the village governor can do nothing. Some people made a well, but the water dries up there as well... With the help of an international organization, they have solved this problem for ten families, dug a well, but if it does not rain, there is no water in the well, especially in high places. When the ministry imposed regulations on the school, they took care of this problem and dug a well. But the water has dried up there too, and we still have a problem. There is also a garden, and they have a water problem there as well” (MM, a woman of 43, Pakhulani / Tskoushi).

2.3.2. Economic Security

More than a third of respondents (40.7%) name **the loss of jobs and the inability to resume economic activity** as one of the most painful problems caused by the pandemic crisis. The survey data demonstrates that it has severely affected the population living in Georgian-controlled territory near the conflict-dividing line (55%). It created a particular problem for the population whose economic activities were connected to the Gali district (trade, seasonal work, picking and selling nuts, taking cargo through the check-point, etc.). **The check-point closure** left many of them without a means of livelihood-

“The workers went from Zugdidi to Gali, and nobody had a problem. Those who had a document would cross the border. The women would come to Gali and earned 30-40 GEL per day for collecting hazelnuts. Now, neither they have jobs, nor the people left there have assistants”(I.N., a woman of 47, Khurcha).

“Next to my plot, there is my neighbor’s hazelnut plantation. This family lives in Zugdidi, and every year, during the hazelnut season, they crossed the “border”, harvested hazelnuts and sold them. That’s how people live here. It is the main source of income for people, as well as for this family. But now they could not have arrived. They phoned me and asked me to take in their harvest. Unfortunately, no people are left here to work. I could hardly collect my nuts. I could not have taken in their harvest. So, the pigs ate the whole crop when the nuts were so expensive” (M.D., 64, Nabakevi).

«Before the closure of the «border», there was a lot of work. People used to transport their cargo from Zugdidi. Many villagers were employed transporting goods ... Since the «border» closure the income has been lost»(N.D., a woman of 30, Pakhulani).

«My neighbor woman had a business in Gali like others. People brought some products from Zugdidi and sold in Gali. They had some income. Now, these women cannot work. Some have debts to pay, but they can do nothing about it» (M. Ts., a woman of 55, Orsantia).

The loss of work has led not only to a loss of livelihood but created numerous other problems for the population, including inflated prices for food and medicines -

“Losing a job is a crucial problem for me and my family members... The lockdown has dramatically increased the prices of food and medicine, which has had a severe impact on us ... I have two young children, and it is challenging for us to cope with such prices” (M.D., a woman of 37, Senaki).

One of the focus group participants noted that the loss of a job by a family member threatened the health of her young child -

«My family has suffered the most from Covid ... The loss of my son’s job has created a lot of problems for us. I have a problematic grandchild, and he has a disability status. He needs special treatment and must be under constant medical supervision. My son and daughter-in-law rented a flat in Kutaisi to take the child to the doctors. The son worked at a quarry in “Jimastaro”. But when the pandemic started, he was left unemployed. They could not pay the rent and returned to the village. We do not receive any social assistance. When my son started working, they immediately stopped giving him it [social assistance]. The employer did not give him any document, and he could not receive assistance from the government. The child has a monthly allowance of 50 GEL as a person with disabilities, but the amount is nothing compared to special medicines and treatment, which he has to receive» (N.T., a woman of 68, Khurcha).

It is noteworthy that except economic security, a large part of the respondents also talked about the threats to **food security** caused by public transport restriction. This issue was of special urgency for the population living along the conflict divide. According to the respondents, the isolation of the population without warning during the enactment of the restrictions when they did not have shops nearby and could not move to Zugdidi to buy products and household items posed a great challenge and threat to people -

“I remember how we were locked without being warned about the restriction of public transport... We could not buy anything as our shops were empty. The transport does not usually work well here, and people should be given time to supply products. Now, if they do the same, it will deal a major blow to the village population. Villagers cannot afford taking a taxi” (N.B., a woman of 72, Khurcha).

Due to the crisis, the population of Pakhulani is suffering from a **decrease in public transport**. Municipal transport is not functioning. Only a private minibus serves the village once a day. It leaves the village at 8:30 in the morning, goes to Zugdidi and returns at 5 in the evening. The majority of the population is connected to Zugdidi, and the need for transportation is quite high. Due to limited transport, people, women, and children have to wait at Zugdidi station until 5 p.m. In emergency cases, they have to hire a taxi, which is a financial burden for people in a difficult economic situation-

“Only one minibus serves the village. After the pandemic, public transport, which used to run in the direction of Zugdidi several times a day, runs once a day. It hinders the population in different situations. Women take rural products to Zugdidi, and they pay double for transportation since they often have to take a taxi” (D.R., a woman of 57, Pakhulani).

The complete suspension of public transport has further complicated the situation of the rural population -

“If we need something (e.g. to buy some products, to take goods to the market) we have to hire a taxi. We were in a difficult situation when we were served by a minibus once a day. Now the situation has become helpless. One cannot buy the products. A farmer will have no profit if he has to travel by taxi. We are in a challenging situation ... “(T.L., a woman of 62, Pakhulani).

Restriction of public transport is a serious problem for the **population living in the city**, especially for those who have to commute to work despite restrictions-

“The suspension of domestic transport made a negative impact on our family. We have to walk quite a long distance to work. My husband works in a bakery, if the transport does not work, he has to walk at night, and due to the curfew, he has to be at home on time. We cannot afford to take a taxi. This restriction greatly affected my family”. (M.N., a woman of 32, Lanchkhuti).

2.3.3 Education Security

The spread of COVID-19 and switching to online learning in public and private schools have created many technical and emotional problems in families. The population has found themselves unprepared to ensure their children's quality involvement in distance learning. It is reflected in response of the respondents (45%), who have identified **«pupils» to be one of the vulnerable groups of population. 38% of the respondents find switching to distant learning** the most difficult of the imposed restrictions. This problem is almost equally painful for the population of all target municipalities. Some respondents mentioned a rather low quality of distance learning, which fails to provide children with a high standard of education. Consequently, it has a negative effect not only on the emotional state of the parents but on the children as well-

“Distance education is the main problem for us, and it has many gaps ... My grandchildren have to work with tutors to fill them [gaps] ... Three children need additional training, and it is very expensive for the family. My son is abroad, and all his income is spent on these private tutoring” (M.K., a woman of 65, Lanchkhuti).

“The education system is the main problem for me so far. Online education has even worsened the situation. I think the system is completely disorganized and faulty. We have a computer, but we still have problems, this field is not well organized. We are very tense because of the existing problems, and this attitude is reflected in the family. It becomes especially apparent in women” (M.G., a woman of 42, Kutaisi).

“Children have such psychological stress that it will take a long time to recover from it. The situation is especially difficult for first-graders. They do not know the teachers and are in a completely different dimension, and it is very difficult for them to adapt” (K. D., a woman of 42, Kobuleti).

The population living in the villages near the dividing line in Zugdidi and Tsalenjikha municipalities identified **low internet coverage and a high fee of internet services** as one of the biggest barriers to quality education. Despite raising this issue from the first days of the transition to an online mode, it remains an unresolved and problematic one for many people. In addition to the low internet signal in the villages, the existing Internet is limited in time. Unlimited internet access is expensive, and no one pays teachers for it. Part of the teachers points out that the Ministry of Education should play a more effective role in creating the right conditions for a quality learning process for teachers and students by providing the internet and appropriate equipment to support it. Today, the whole responsibility and burden of difficulties is put on the shoulders of a teacher and a parent -

“The main challenge for us, the teachers, was online education. The lack of Internet in the village has further complicated this situation. We still have the same problems, no one thought about us, nothing has changed” (M.S., a woman of 53, Pakhulani).

“Distance education is so difficult. It isn’t easy for children and teachers as well. But you cannot say it out aloud. We (teachers) are responsible for everything. If online training was poorly conducted, it means that the teacher had not worked well. What can a teacher do when a child does not have access to the Internet? What can a teacher do when s/he also has limited access to the Internet?” (M.D., a woman of 47, Tskoushi).

Some respondents note that the lack of appropriate equipment (smartphones, computers) and existing technologies in families hinder full involvement in the learning process. The situation becomes even more complicated when there is more than one child in the family. Due to the lack of necessary equipment, children cannot be involved in the learning process simultaneously. Insufficient space or number of rooms in families, where children do not have the opportunity to study separately from other family members, is also a problem.

Some teachers emphasized **the lack of proper quality equipment and insufficient skills necessary for using the existing learning platforms**, both in children and in teachers. Unfortunately, the Ministry of Education does not pay sufficient attention to this issue -

“Not every teacher and student at our school are provided with the necessary technical equipment to use the Teams program. No one has provided us with the necessary training as well. All this is accompanied by weak internet, and consequently, it all has affected our emotions. We get nervous when we cannot join the lesson. In short, it is some torment for us. Moreover, when all this is observed and controlled, it is even more annoying. Instead of assisting and creating appropriate conditions for you, they lurk you” (M.M., a woman of 43, teacher, Pakhulani).

The respondents especially highlighted **the problem of involving the students from villages living near the check-point (in the Gali district) in the educational process, who are still connected to the education system of Georgia**. The problem is especially acute for those living in **village Saberio who enroll and attend a public school in village Pakhulani** (approximately 16-17 students). The same problem is faced by the students living in **the village Nabakevi**, who used to go to the public school in village Koki. The Ministry of Education has not provided any efficient support to these children to ensure their inclusiveness in the educational process and create appropriate conditions for them (e.g. purchasing internet cards or equipping them with appropriate equipment). Today, this problem is mainly addressed by certain local NGOs and international organizations. Through their support students are provided with appropriate equipment and internet cards.

According to the interviewed teachers, the fact that they are required to do overtime work complicates this problem. Some teachers mentioned that during the hybrid teaching period, after giving the lessons at school, they were obliged to **conduct extra online lessons** for the students from village Saberio who could not go to school due to the closed check-point. This problem has an apparent gender parameter. The vast majority of teachers in rural schools are women who are not only unable to pay sufficient attention to their families due to the created conditions but also do not receive any remuneration for giving extra classes -

“The Ministry was unprepared for this problem. Eventually, all this fell on the shoulders of teachers. Additional lessons turned out to be very difficult. Many teachers have already refused to give them. Financial compensation is not also provided for extra hours. Teachers should not be required for such extra work without having the appropriate conditions. It must be goodwill and no restraints of any kind are necessary. I have to finish all the lessons from 4 p.m. to 7 p.m., which is especially difficult when you live in the village, have family and children. I will do it whenever I can, whether at weekends or 8 o’clock. No one cares about these children better than we do, and we would have done it without so much control and pressure” (N.G., a woman of 47, Pakhulani).

“We are at school until three o’clock. When I finish lessons, I go home, and as soon as I arrive, I conduct online lessons between 4-6 o’clock. We should not exceed 7 o’clock. You know how busy people are in the village (cattle, poultry). Everything needs to take care, and meanwhile, we have to give lessons. They control us. It is a heavy workload for women” (L.D., a woman of 52, Pakhulani).

It is clear that in the conditions of the pandemic, unpreparedness for distance or hybrid learning, the lack of access to quality education for students, and the lack of appropriate conditions for the learning process have created many emotional problems in the families. It frequently leads to stress and aggression, which triggers conflicts and violence in the family.

2.3.4. Physical Safety

The aggravated economic and psycho-emotional background caused by numerous restrictions, the increased responsibility of women in family activities, the difficulty of involving their children in the educational process, and the lack of access to basic services have significantly exacerbated the situation of women in families. It often leads to aggression, conflicts and violence, which is confirmed by the research data. According to one-third of the respondents (33.1%), one of the significant problems caused by the pandemic is **“stress and psychological problems that lead to conflicts/violence in the family”**, while 41.3% consider **«women victims of domestic violence»** as one of the most vulnerable categories being in an alarming condition-

“There is fear and uncertainty all over the country and in families. Women do not have enough energy to win a psychological war. When you are irritated, you cannot speak normally, and you cannot live in peace. You are forced to speak out, get angry, and it provokes conflicts” (N.S., a woman of 37, Kutaisi).

“The pandemic has created an environment where you cannot live without conflicts. It has created economic difficulties as well. The dollar has appreciated, food and medicine have become more expensive. The prices of products are significantly increasing. You can not foresee everything, there are many barriers, and it provokes conflicts in the family” (Ts. D., a woman of 47, Tskaltubo).

“The pandemic has destroyed the relationship in normal, stable families. I do not want to imagine how the victim and the abuser live together. Now, when the whole country is thinking about Covid and 112 is serving only Covid patients, no woman will ask for help from violence, since everyone knows very well that there is no sense to call. It is very alarming, someone will endure violence as long as she can, someone will not, and we will have bad results” (M. K., a woman of 57, Senaki).

The study results have revealed that the facts of domestic violence against women often remain beyond official statistics, as the majority of victims prefer to remain silent. On the one hand, this is conditioned by **distrust towards the police and the existing support services**. Some do not hope that after escaping the violent environment, the victims will receive the assistance that will enable them to start independent life with their children. Some believe that no one cares about them in times of pandemic, or think that when people are on the brink of life and death, they have no moral right to talk about their problems, conflicts and violence in the family.

The above-mentioned is proved by the statistics of the Ministry of Internal Affairs, according to which, during the strict lockdown and state of emergency (March-May), no sharp increase of domestic violence was reported. From March to August, the lowest number of restraining orders was reported in April. When the strictest quarantine was in force - 370 restraining orders were issued. Whereas in August, when the restrictions were more or less lifted, the highest number of orders (550) was recorded. It shows that the victim was the least likely to seek help during the isolation -

“Calling the police is not a problem. If you call, you have to go to the shelter but where are you going when you get out of there? You have to go back. No one will call in such an uncertain situation” (M.P., a woman of 42, Zugdidi).

“Every woman knows about 112, but now, during the pandemic, no one will answer... and no one will call about the case of violence ... I do not know what statistics the police have, but now the victim of violence is in an unfavorable situation and has to endure. She has no other way out. Simply to say, no one cares about her now” (T. G., a woman of 32, Kakhati).

In response to the current challenge, it is crucial to conduct an active information campaign, strengthen victim support services and tailor them to their needs as much as possible.

It is noteworthy that during the focused discussion, respondents **highlighted the special role of local self-government** in supporting women victims of violence, regarding strengthening and expanding municipal services for victims, as well as raising public awareness about them-

“Not only during the pandemic but the normal period as well, women did not ask the police for help. It is an undesirable way for them for many reasons. It would be more beneficial if the self-government had better programs and more financial assistance to empower and strengthen the victims. Besides, people also need to know more about this assistance, then the number of referrals would increase” (B. J., a woman of 42, Ozurgeti).

The study has revealed a new form of pandemic-induced violence - **stigmatization of Covid-infected people or people at high risk of infection**, which is manifested by psychological pressure and exclusion of family members from the community -

“My friend (woman) works in the section of shoes at the market. Covid has infected many sellers in this section. The couple seriously quarreled about it. The husband threatens his wife: “If you are infected by Covid, I will not let you into the house”. The wife says: “If I stay at home, who will bring food to us?”. Husband: “It is not my business”. We do not call it violence, but is there more pressure than that? You may work, but do not bring the virus home” M. K., a woman of 54, Kutaisi).

“Before the first symptoms appeared, the women in the yard whispered to me:” Do not go to the fourth floor, they are Covid positive. Their window was open today. Do they want to infect the neighbors?” In two days, I was Covid positive, and for 12 days before I recovered, it seemed to me that I was being pointed at so aggressively as well. I used to open the window silently at night to swallow the air. I was afraid that they would condemn me” (D. J., a woman of 48, Khoni).

“When I got a positive answer, I tried to stay calm. I was taken to the clinic. My madness started the next day when my phone kept ringing: “Oh, do you have Covid? What should you do?” I understand that this story is alarming, but I do not understand why there is so much wailing. After that, I became worse because I was very depressed, and it seemed to me that I was not treated as a normal person. It does not mean support and normal attitude” (K. D., a woman of 36, Khoni).

2.4. Gali District - The Impact of the Check-Point Closure on Human Security

The Gali district population is one of the most vulnerable groups in Abkhazia and Georgia as well. The other side of Enguri (in Gali district) is densely populated by Georgians. It is separated from Georgia by the River Enguri forming a natural dividing line. According to the official data, 45 000 Georgians live in the Gali district now. 3 000 - 5 000 of them commute between Gali and Zugdidi all the time.

Despite the severe consequences of the conflict, these people decided to return to their homeland. Regardless of the many hardships, injustices, restrictions on political or civil rights, they retain Georgian citizenship and do not give it up. The Gali district inhabitants are quite closely connected with other parts of Georgia through economic activities or kinship ties.

The pandemic-related closure of the check-point, which is a vital artery of their lives, has practically made the people hostages of the current situation. Being locked from February to December 2020, they faced many challenges. It is evidenced by the quantitative data of the present study, according to which, as a result of the pandemic and restrictions, **“extreme deterioration of life”** is highlighted by 95% of surveyed from the Gali district, and the same number indicate that **they still cannot restore their lifestyle**. The attitude of the population living in Gali is quite strict and critical due to the restrictions on the ground -

“We found ourselves in a challenging situation - no food, no medicine. No information and fear all around. We are only hoping for God ... We found ourselves in a cage where we have only air” (M.L., a woman of 68, Nabakevi).

“They should not have closed the “border” for so long without warning. This is the most severe condition. Nothing makes me happy, I do not hope for anything” (M.S., a woman of 46, Saberio).

The closure of the Abkhazian check-point, the requirement of mandatory placement of the population from Gali in the quarantine who come to receive services, has created many barriers and problems for population, threatening food, health, economic, physical and human security.

Most of the study participants noted that the check-point closure primarily **affected their food security**, as the population of Gali was mainly supplied with products imported from Zugdidi and other parts of Georgia. Since the closure of check-point, prices of the products have increased significantly:

“Everything in our lives has changed for the worse. Everything is expensive in Gali. You may tell me that products have become more expensive everywhere. But no, sir. Gali was supplied with products imported from Georgia [proper], and therefore everything was relatively cheap. Now prices have quadrupled. It happens when the goods are not imported. Who can exist in such conditions?» - (M.D., a woman of 54, Nabakevi).

Population`s **economic security** was endangered as well since after the closure of the check-point, people could not continue their economic activities, which were mainly carried out in Zugdidi. They could not have sold their nut harvest on the Georgian-controlled territory, where the price was much higher than in Abkhazia. So, it has made them sell nut three times cheaper on grounds. It has made a severe impact on their economic situation since the nut is the primary source of income for the population of the Gali district-

“Everyone is in difficulty in the village since almost all of them used to go to Zugdidi ... Several members of the family traded or had jobs in Zugdidi. Many of them worked as taxis at the “border” and transported cargo by cars. Now everything has stopped. No matter how many tons of nuts you have, they have become so cheap. They purchase it for 2 GEL, while in Zugdidi, it costs 8-9 GEL. It seems that they have opened a corridor for businessmen and take nuts to Zugdidi. But ordinary people cannot do that. All of those businessmen are lobbied. Otherwise, no one will open the corridor for you. An ordinary person cannot do that and is forced to sell it for 2 GEL” (Ph.K., a woman of 30, Saberio).

The issue of health security is acute. It has been settled to some extent, and emergency patients from Gali can be taken to the clinics in Georgia proper. However, it is impossible to take planned patients and treat them there without quarantine, which is especially difficult for women who have are unable to leave their families, children and elderly members of their families for a long time.

Due to medical service unavailability, the Gali district population had to use the local **medical services (in Gali)**. But as they say, **they are neither properly equipped nor have the appropriate qualified medical personnel -**

«Both of my children have asthma, and we cannot consult with a doctor. The older daughter has an allergic rash which swells up. All this needs to be examined, but we cannot cross the «border» to get to a good doctor. I often need a doctor because of my health. There is hospital in Chegali village near here, but we have never been there. No one is satisfied who had gone there. They do not have qualified staff. We still have to go to Gali, and there is no proper equipment and specialists there either» (L.T., a woman of 32, Saberio).

“I had been operated on before the Corona virus spread. Then the “border” was closed soon. I had to visit the doctor every three months. They had suspected of cancer and cut out the uterus. Now I do not know what is happening inside. Maybe there is cancer all over my body. What should I do? I am not allowed to go” (M.S., a woman of 47, Saberio).

“For example, I must be operated on. I have a uterine fibroid, and I was getting ready for the operation. I had had tests, undergone examinations and had to go for surgery. I was going to pack my things. In a few days, we were completely closed. Now, I do not know the condition of my uterus. Maybe something is wrong with me. What can I do?” (Q. N., a woman of 56, Nabakevi).

Increased prices of medicines and absence of the necessary ones in the Gali district is added to the lack of access to medical services, which also creates threats to the health and lives of the population of Gali -

«Here, in the village, they need medicine the most. There is no pharmacy around. If you want a basic medicine, you have to go to Gali. Even if you have money, there is no chance to get all the medicines. For instance, the medicines I need for children are not available in Gali. Medicines are very expensive here. When I bought medicines in Zugdidi, they cost four times expensive in Gali. We have to buy them in Zugdidi. At the border, we give money to our neighbors, and they buy the medicines we want. They try to pass them [medicines] secretly through barbed-wire fences. Russians standing at the “border” try not to notice all this» (L.B., a woman of 41, Saberio).

“I have an elderly mother at home, and I’m worried about her. You cannot get medicines anywhere in Gali. There are pharmacies, but the prices are very high. My mother takes a blood pressure regulator, and she has to drink it every day. They had sent it from Zugdidi, and when I was run out of it, I bought it in Gali. What should I have done? She cannot regulate pressure without it. It cost exactly four times more than in Zugdidi. How much money should you have to survive, to buy medicine?” (M.L., a woman of 48, Nabakevi).

The regulation banning abortions in Abkhazia is a big challenge for women. If before the check-point closure women used to receive the necessary services in clinics in Georgian-controlled territory, today they have to apply self-abortion at home or find doctors who agree to perform it “illegally”. Respondents prefer not to speak about it openly. However, some of them mentioned:

“Abortion is banned in Abkhazia. A woman has no other choice, and she either tries to stop pregnancy or does it illegally at the cost of health. There are a few old gynecologists who do it secretly. Women know who does it, and they apply to them, but no one speaks up about it”.

After the stopping of economic activity, the main or often the only income source for most of the population is **a pension or the allowance for IDPs**. Due to the checkpoint’s closure, the residents of Gali could not have received their social package for months. It should be noted that most of the pensioners live alone in the villages of Gali district. Before the checkpoint closure, their children used to provide them with products and medicines, and today all the ways of support and assistance are closed.

During the study, it was identified that in November 2020, pensioners from Gali received their pensions at the checkpoint. However, for some unknown reason, the pensioners did not receive an 8-month pension (full amount)- *“They were only given a 3-month pension. They were told that they had already taken the rest (5-month pension)”*. Despite great dissatisfaction and despair, due to the limited time and lack of relevant information, the pensioners were deprived of the opportunity to appeal on the ground and solve the problem -

“Pensioners of two villages receive their pension a day. For example, one day, the pensioners of Tagiloni and Nabakevi are taken to a neutral place. The military follows them to the bridge, they take the pension, and he drives them back again. While receiving the pension, people found out that a few months’ pension seemed to had been taken. The cashier told them that they had signed and taken the pension of 4-5 months. They said that it was impossible since they have not left the territory since the New Year (January 2020). But they were told, that system indicates so and they need to figure it out themselves. To whom should they address? What should people find out in such a situation?” (D.N., a woman of 67, Nabakevi).

According to the information obtained by the Fund “Sukhumi”’s monitors, the issue of illegally retained pensions was resolved, and the amount was fully transferred to their accounts a few weeks after the fact.

Although some pensioners could receive the pension of several months, some of the elderly could not come to the check-point due to their health or other reasons. An alternative way to receive pensions is to grant a power of attorney to their relatives living in Zugdidi or other cities and receive pensions with their help. However, according to the majority of respondents, the issuance of a power of attorney remotely/online is connected with several problems - **high fees (from 70 to 90 GEL) for online proxies and long queues at the notary -**

«I had to delegate a power of attorney to my daughter to get a pension. Otherwise, she would not have been given a pension in Kutaisi. Executing a power of attorney cost me 70 GEL. The government should control all this, and poor people should not be deprived of bread. 70 GEL is a lot of money for me» (N.R., a woman of 69, Nabakevi).

«Unfortunately, there is only one notary public in Zugdidi (who issues power of attorney remotely). There are so many people there and long queues. I waited from 9 am to 9 pm. She receives only five people a day. There is a terrible mess during the pandemic. I was with my children, and I encountered with such injustice. I had to wait in line all day, but my turn never came. People anguish and nobody cares» (L.T., a woman of 58, Khurcha).

Respondents emphasize that **IDPs’ allowance has been suspended** to Gali population regardless of their specific situation. The reason for the suspension is the non-withdrawal of money from the card for six months. Due to it, the cards have been blocked, and the accrual has been stopped.

Due to lack of access to basic services, difficulties in receiving pensions and social assistance, **provoked the people left without means of livelihood to cross the dividing line uncontrollably bypassing the check-point.** Consequently, people risk their health, safety and life -

“When all hopes of people were dashed, they still found a way out. There are so many black holes. People still manage to travel. Some move at night. A woman with abraded legs came to a relative in the middle of the night. They risk everything to move” (D.R., a woman of 43, Nabakevi).

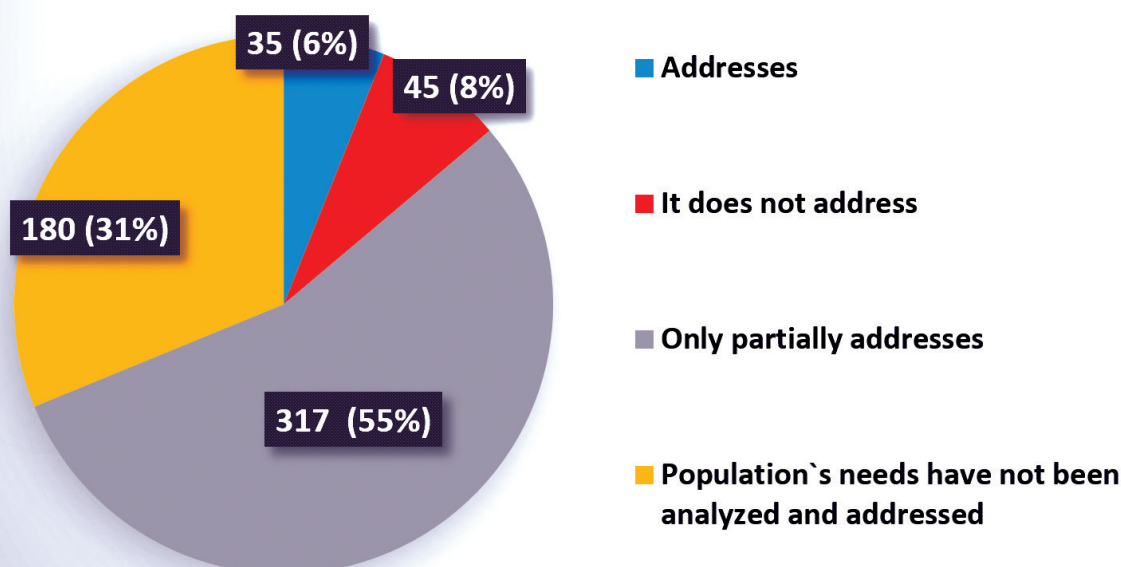
“When you endure so much hardship, when you are locked up like in a prison when you are left without bread and attention, you have no other way ... There is a “guide” who helps people to travel at night, several times a week ... There are women among them ... They have no other way out. This uncontrolled movement creates much risk. No one checks them. They may infect themselves and others as well ... If a relative comes to your house, you will not leave him outside... When they go back, they catch them and take to the Gali isolator. They agree to pay the fine. People are in such a desperate situation ... They should open the “border” and check these people. Are not they the citizens of our country ?! “(G.S., a woman of 59, Khurcha).

2.5. Population`s Attitude to the Anti-Crisis Support Programs Implemented by Central and Local Authorities

The respondents show different attitudes towards the population support program **implemented by the Government of Georgia within the anti-crisis plan framework**. Although many respondents positively evaluate a particular program, most (**54.9%** - 314 out of 580) believe that **the support program only partially addresses their needs**. According to **31.4%** of the respondents, the population`s specific needs have not been studied, and the problems they face have not been adequately addressed. Only **8%** of respondents reported that the program fully meets the population`s needs (see Diagram #7).

Diagram#7

To what extent does the government support program address your needs?



The majority of those surveyed - 44.1% (256) have benefited from a **3-month utility bill** from the support programs implemented by central authorities. 9.5% (55) have **received one-time assistance of 300 GEL**, 2.4% of respondents (14) **received 200 GEL as assistance due to job loss for six months**, and 17.4% of respondents **have not received any assistance** (101).

According to some respondents, **one-off assistance is ineffective and does not solve the problems faced by the population** in the long run -

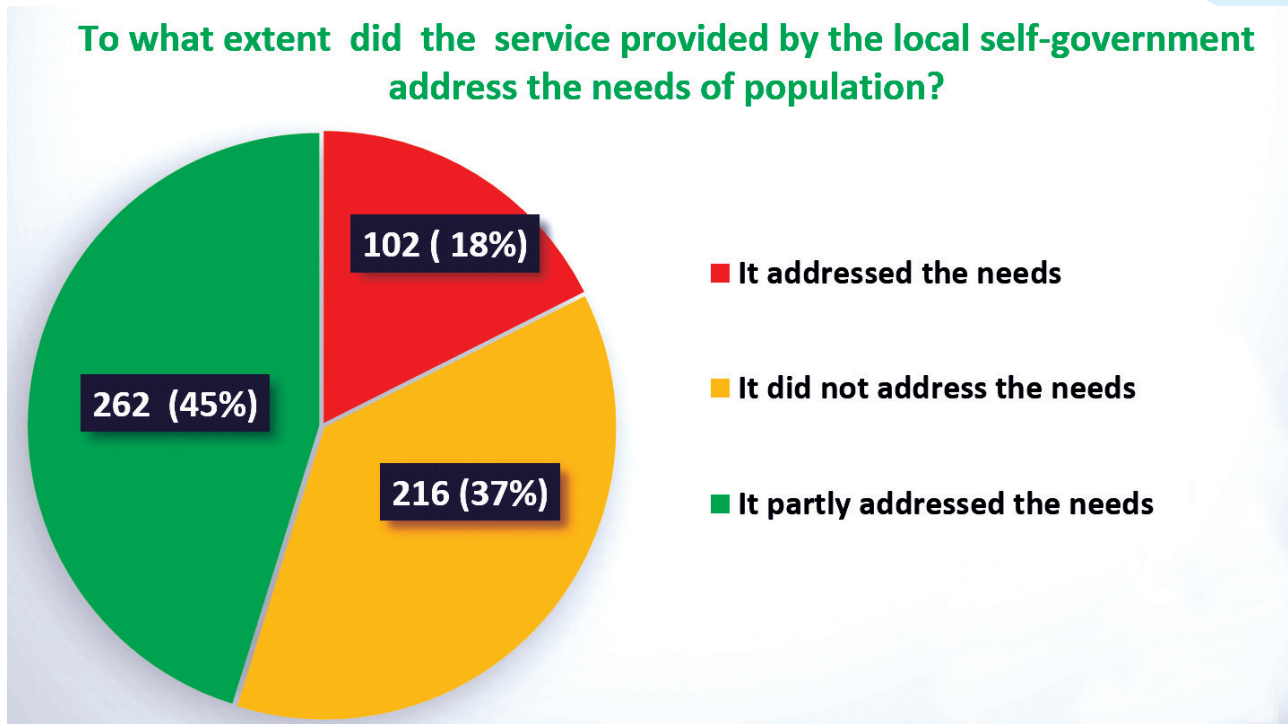
“I have received only 200 GEL- assistance for children. It does not address the needs. There is a category of people who are more in need, and it would be better if their needs were met according to their necessities” (M.K., a woman of 54, Koki).

“One-time assistance never has any effect. You spend it, and that`s all. I do not know why they do not think of a more efficient one. They could have started by setting up the internet. The pandemic has revealed that we need the internet the most and it turned out that we do not have it. Why didn`t they start with that? They recommend entrepreneurs to think about online sales and develop the market. But how should they do it without internet? For example, I need to buy some product in the village. They should help these people to promote their internet sales. It works very well abroad. You have a choice of online orders. Courier system is set up. Farmers do not have to go to the markets at all. They take orders and send them. But it needs work to create this system. They have given one-off assistance to the people, and that`s all” (B. G., a man of 57, Khoni).

“I was self-employed and within the frame of the state anti-crisis assistance program received one-off monetary assistance. It was too small. Along with the bank`s liabilities, I was left without income for six months. The bank did not agree to reschedule my loan, and since I got back to work, I have been paying fines” (N.K., a woman of 38, Koki).

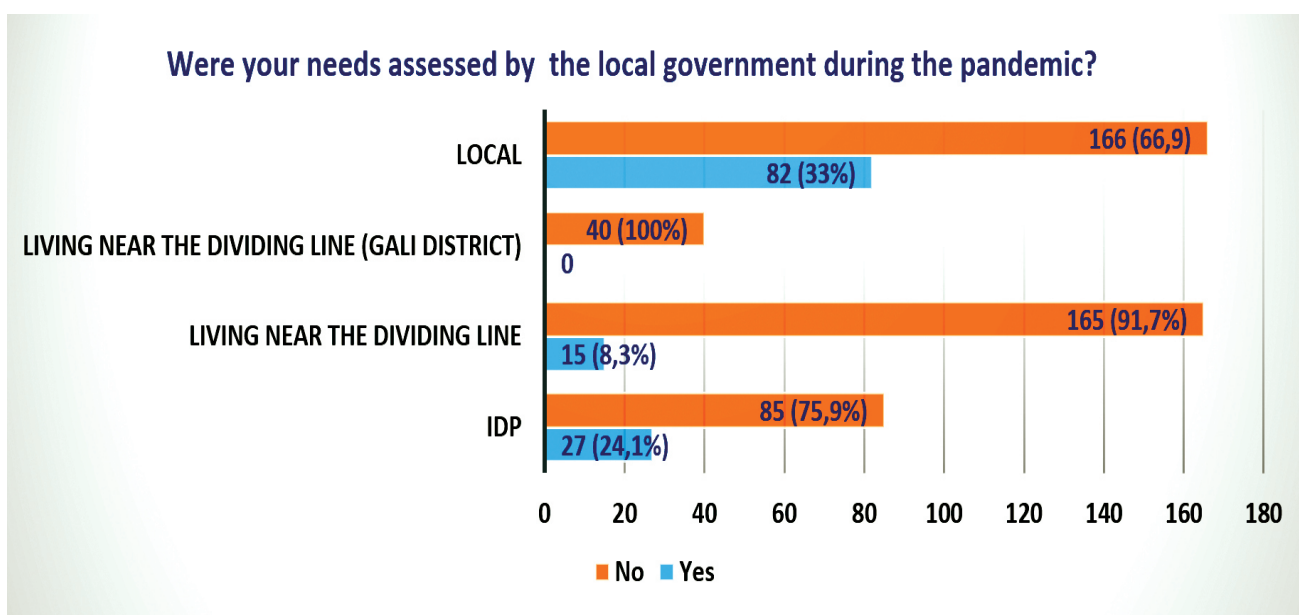
The majority of respondents (45%-262 persons) point out that **the services provided by the local government partly** addressed the needs of the population. 37% think that **these services were not tailored to their needs**, while **18%** (102) believe that the services offered fully responded to their needs (see Diagram #8). The study results show that the population`s specific needs have not been adequately assessed and the inclusiveness of the population in the process of identifying local services and assistance was insufficiently ensured.

Diagram #8



78.5% of respondents believe that **the local government did not assess their needs during the pandemic**, and only **21.5%** believe that **their needs have been studied**. It is noteworthy that the largest share of negative responses belongs to the population living in the villages of the Gali district (100%) and to those living near the conflict dividing line (91.7%) (see Diagram #9).

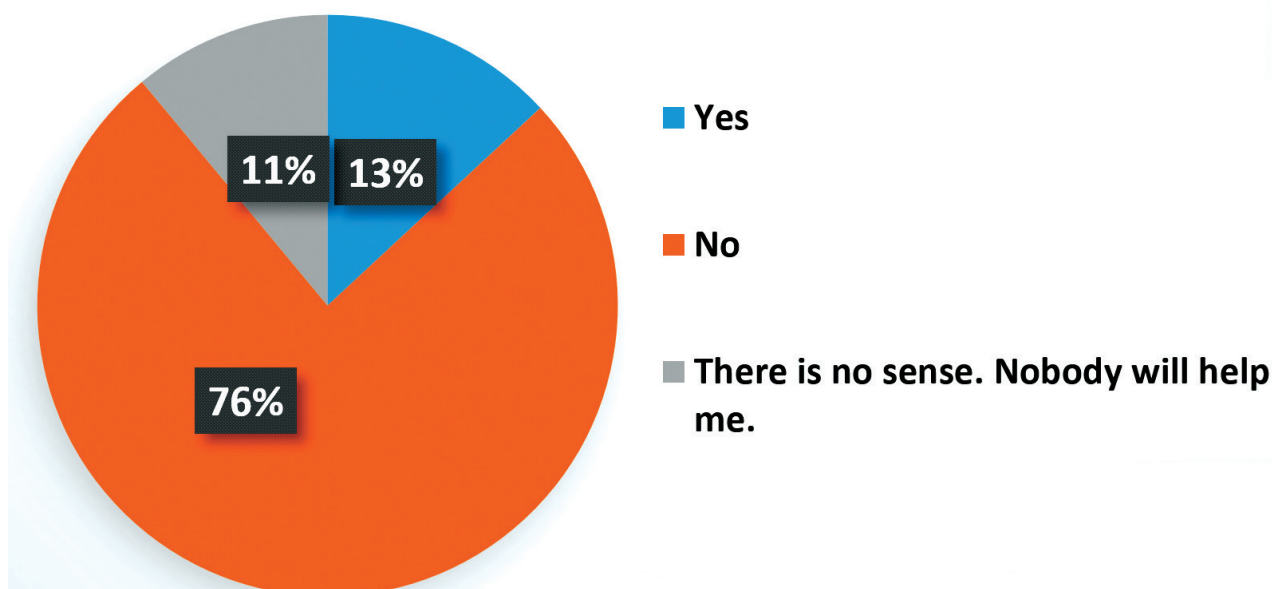
Diagram #9



Quantitative data also demonstrated a small number of referrals of the population to the local government. During the pandemic, only **13% of respondents applied** to the local government for help, **76% did not apply**, and **11% think that the appeal does not make sense, since they still cannot help** (see Diagram #10). It can be explained by several reasons: the population is insufficiently informed about the assistance package and services offered by the local government; does not have information to whom or in what form to apply for assistance, and/or despite efforts, his/her request has not been addressed, which increases distrust and skepticism towards the local self-government. Therefore, it is essential to increase the population's access to information about the local government's services and make communication more active.

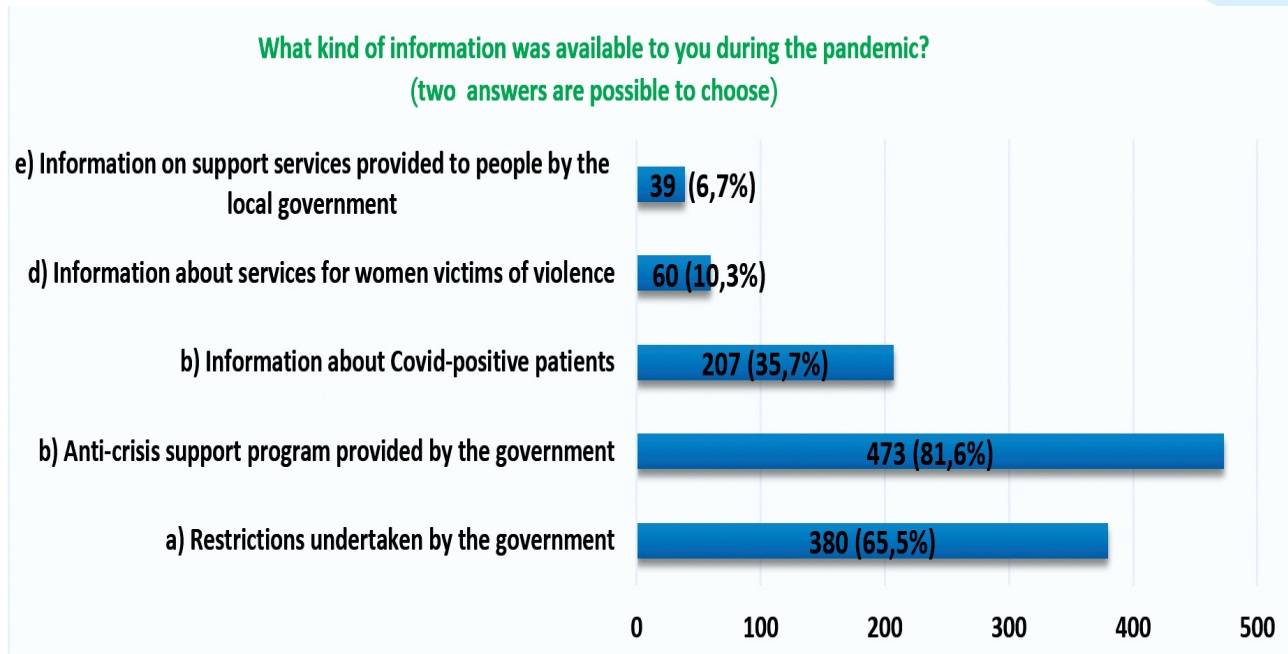
Diagram #10

Have you applied to the local government for help?



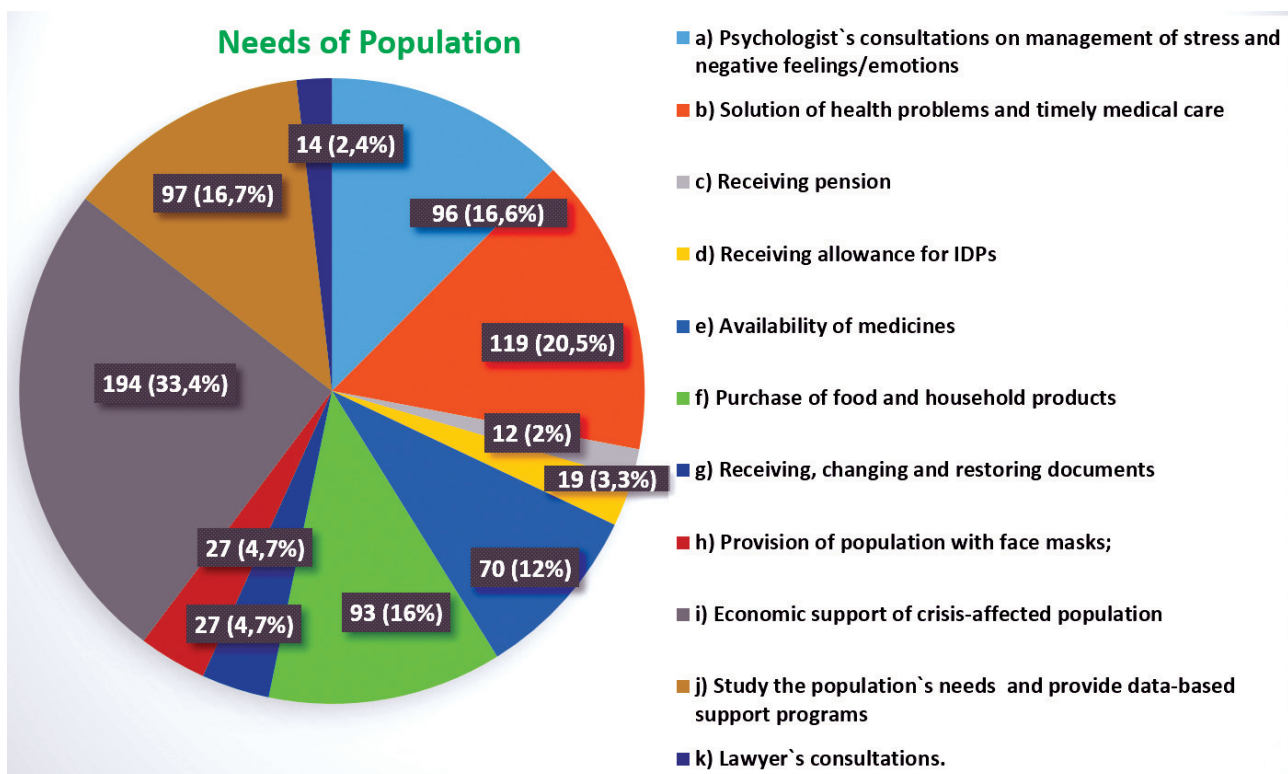
The lack of information about the assistance offered by the local government is evidenced by the respondents' answer to the question **“what kind of information was available to the population during the pandemic period the most?”**. The smallest number of respondents (**6.7%**) indicated **access to information about local government's services**. **The information about the anti-crisis assistance programs offered by the national government (81.6%) and imposed restrictions (65.5%) were available to the population the most** (See Diagram #11).

Diagram #11



During the study the most of the respondents gave the highest priority to «Economic support of crisis-affected people» - 33.4 (194), «Solution of health problems and provision of timely medical care» - 20.5% (119), «Provision of psychologist`s consultations» - 16.6% (96), «Food and household items» -16% and «Access to medicines» -12% (see Diagram #12).

Diagram #12



3. RESPONSE STRATEGIES TO CRISIS - RECOMMENDATIONS

- **To central and local authorities: To collect gender and age segregated data on the impact of Covid-19:** To conduct a systematic study of the problems caused by the pandemic and the needs of different vulnerable groups segregated by gender and age (e.g. needs assessment of women, men, children/schoolchildren, students, the elderly, persons with disabilities, women victims of violence, large families, conflict-affected people, and the population living near the dividing line through gender analysis, etc.) and develop the response strategies built on evidence-based data;
- **To local authorities:** In response to the pandemic and municipal services, to raise public awareness on population support programs through local television, radio, municipal websites, and social networks. And provide those with no access to the electronic platforms with relevant information in printed format in shops, pharmacies, markets, administrative buildings, etc.;
- **To central and local authorities:** To have active negotiations with the internet providers to ensure the population`s proper access to the e-services, to strengthen “internetization” or internet signal in specific settlements;
- **To government of Georgia:** To assist schoolchildren, students and teachers in paying the Internet fee and providing them with special technical equipment to ensure their full and uninterrupted involvement in distance learning. To allocate appropriate remuneration for overtime activities done by teachers living in the conflict dividing line;
- **To local authorities:** Introduce service efficiency assessment standards in the municipality to assess the impact and effectiveness of existing services on the population. To create electronic assessment forms to obtain information about service satisfaction from the population quickly and at minimal cost;
- **To central and local authorities: Publicly condemn the increased facts of violence induced by the Covid-19 and declare readiness to fight them uncompromisingly.** To strengthen and expand long-term services to support women victims of violence, as well as raise public awareness about them;
- **To central and local authorities, CSOs and media: Actively conduct awareness raising campaigns and promote zero-tolerance toward gender inequality, increased facts of violence** with the active participation of celebrities, political figures, sportsmen and artists;

- **To government of Georgia: To pay more attention to the needs of the Georgian conflict affected population living along the dividing line**, in the uncontrolled territory of Georgia (in Gali district) and consider them in the state assistance program;
- **To central and local authorities:** To offer economic empowerment programs to the crisis-affected population, increase and support the population's e- entrepreneurial skills;
- **To international organizations: To announce rapid response grant competitions** to mitigate and address the effects of the Coronavirus (COVID-19) pandemic crisis and challenges to support the most vulnerable and people at-risk (supporting small business start-ups, creating job opportunities, preventing gender inequality and domestic violence, conducting the needs assessment and involvement of vulnerable groups in decision-making).



CULTURAL-HUMANITARIAN FUND "SUKHUMI"

The research report was prepared by: Ekaterine Gamakharia
(Head of the Fund "Sukhumi"'s representative office in Tbilisi)

The data was collected by:

Khatuna Gogua
(Fund "Sukhumi"'s project assistant)

Dodo Bukia

Nazi Tukvadze

Dalila Chikava

Marika Megrelidze

Larisa Shengelia

Rusudan Kovziridze

Zaira Kopaliani

Ilona Nachkebia

Maia Mandaria

Dina Giorgadze

Veronika Kobalia

Iamze Gorgotadze

Nona Murvanidze

Lela Natsvaladze

Natia Kikvadze

(Fund "Sukhumi"'s moderators, members of Women`s Initiative Group)

Editor - Lali Shengelia

Layout - Lia Kostava

Address:

Office space #2, #29b, A. Mitskevich str. Tbilisi, Georgia
#6 Mgaloblishvili str. Kutaisi, Georgia

e-mails: womansukhumi@gmail.com;
fundsukhumitbilisi@gmail.com

web page: www.fsokhumi.ge

facebook page: www.facebook.com/fsokhumi/