

# Covid 19 Impact Rapid Assessment

# **RESEARCH REPORT**

**AUGUST 2020** 



# Covid-19 Impact Rapid Assessment

**Executive summery** 







# INTRODUCTION

On 11 March 2020, a few weeks after the announcement of Covid-19 a pandemic by the WHO and the introduction of a state of emergency throughout Georgia on 21 March 2020, World Vision Georgia conducted a rapid survey to assess socioeconomic status of the families of children registered in the World Vision Georgia Sponsorship Program. In early April 2020, telephone interviews were conducted with 4868 families (where 6983 Registered Children lived at the time of the survey). As of April, families of 26% (1813) of children faced reduction or loss of incomes; 30% (2070 children) lived in families who reported that they would probably have no income source for the next three months (April, May, June 2020).

World Vision Georgia developed Covid-19 Emergency Response Plan (COVER), on which basis the program was modified to provide material assistance to the most vulnerable families with children from 0 to 18 years of age. As a result, in the period of April and June 2020, World Vision Georgia, through the Area Development Centers, distributed food and hygiene items in 51 communities of 8 target municipalities (Gldani-Nadzaladevi, Adigeni, Akhaltsikhe, Kutaisi, Baghdati, Zestaponi, Telavi, Kvareli, Gurjaani) in Kakheti, Samtskhe-Javakheti, Imereti and Tbilisi.

In July 2020, World Vision Georgia conducted another, large-scale quantitative survey to assess the interventions under the COVER, evaluate the general socioeconomic situation of the population living within the coverage area of the WV Area Development Centers, and identify problems regarding the distance learning and child protection issues.

To conduct the new representative survey, World Vision Georgia identified the beneficiary families of material assistance under the COVER as a statistical population. Between May and June 2020, World Vision Georgia had distributed food and hygiene items to the 3213 households identified as the most vulnerable (by the April assessment), of which 866 households were selected for the new representative survey, with the margin of error of 5.5%.

World Vision Georgia continues to work on implementing COVER until September 2020, the final results of which will be the subject of a separate study in the coming period.



# **GOAL OF SURVEY**

The quantitative survey had three goals: 1) to assess the interventions under the COVER; 2) evaluate the general socioeconomic situation of the population living within the coverage area of the WV Area Development Centers, and 3) identify problems regarding the distance learning and child protection issues.

# **METHODOLOGY**

The research method was a quantitative survey through telephone interviews. The telephone survey was conducted in coordination with the Child Sponsorship Program by World Vision Georgia Community Workers.

**Survey Tool. Questionnaire** included 83 closed-ended and 2 open-ended questions in the following thematic sections: demographic questions, family demographics, social vulnerability in the family, level of satisfaction among humanitarian aid beneficiaries, family economic status, social assistance, basic needs, COVID-19 prevention, child education and development, and child protection (see Annex 1).

# Sampling

Statistical Population refers to the beneficiary population of the interventions implemented within the framework of COVER in the four target regions of World Vision Georgia (Tbilisi, Kakheti, Imereti, Samtskhet-Javakheti).

Systematic random sampling was used in the survey. The selection was representative in the target regions at the community level. The sampling size was determined for each target region at a 95% confidence level and margin of error was 5.5%. Sample size was 866 households.

The below table shows size of statistical population and percentage distribution by regions – May 2020 data.

Regions	Beneficiary families	Sample set 5.5% error, frequency distribution %	% frequency distribution
Samtskhe-Javakheti	600	208	23.8%
Kakheti	951	239	27.9%
Imereti	550	202	24.2%
Tbilisi	1112	217	24 %
Total	3213	866	100%





#### **Respondents per region**

# **KEY FINDINGS**

The present survey had three main objectives: 1). to assess the interventions under the COVER; 2) evaluate the general socioeconomic situation of the population living within the coverage area of the WV Regional Development Centers, and 3) identify problems regarding the distance learning and child protection issues.

In the framework of the survey, a total of 866 respondents from the beneficiary households were interviewed in 4 regions of Georgia – Imereti, Kakheti, Samtskhe-Javakheti and Tbilisi.

## Satisfaction rate among COVER beneficiaries

The survey found that the vast majority of beneficiaries (98.3%) are satisfied with the assistance provided by World Vision Georgia.

Among the beneficiaries who received both types of assistance (voucher and products) could determine which type of assistance they preferred<sup>1</sup>. 51.9% were satisfied with the voucher, 5.2% were satisfied with the product, and 40.3% were satisfied with both of them.

The respective findings relating to the assessment of the targeting of the assistance, as well as the quantity/quality of it and timeliness looks as following:

<sup>1</sup> Only Tbilisi Urban Development Program has provided vouchers for food and hygiene items as a material assistance



Overall, how satisfied are you with targeting? How targeted was the assistance to the neediest families?

	Percent
No answer	15.5
Fully satisfied	83.9
Partially satisfied	.3
Not satisfied	.2
Total	100.0

#### Overall, how well did the food and hygiene package/voucher assistance satisfy your needs?

	Percent
Fully satisfied	60.3
Partially satisfied	39.3
Did not satisfy	.5
Total	100.0

Overall, how timely was the assistance you received from World Vision?

	Percent
Timely	96.5
Almost/partially timely	2.9
Late	.5
Early	.1
Total	100.0

How well was distribution process enforcing covid 19 preventive measures - social distancing & hand washing stations.

	Percent
No answer	.6
Fully	99.2
Partially	.2
Total	100.0

#### Social vulnerability in the surveyed households

The survey revealed 15.2% of households having persons with disability (PWD) at home. 13.9% of the respondents have one PWD in the family, 1% have two PWDs, and only 0.3% have 3 PWDs. Children with disabilities have been reported in 10.6% of households.

23% of the surveyed households are female-headed.

The given research developed the Social Vulnerability Index (SVI) as developed based on the relevant variables for social vulnerability. Three basic groups were identified: households with high SVI, which account for 12.1% of beneficiaries, medium SVI segment, which is the largest segment (57.3%), and a group with lower social vulnerability – 30.6%.

Tbilisi and Kakheti have the largest number of high SVI households (32.4% and 26.7% respectively).

## Economic vulnerability among the surveyed households

One of the important findings of the study of the household economic situation is that incomes decreased by 21.2%. After a general review of revenues, it may be concluded that a per capita income decreased by 19.4 GEL during the pandemic (21.41%), while income per household decreased by GEL 97 (21.22%).

Income analysis by regions showed that the income of the beneficiaries in Imereti decreased by 17.1%, in Kakheti by 21.1%, in Samtskhe-Javakheti by 16%, and in Tbilisi by 27.6% during the pandemic.





It is noteworthy that according to the 32.3% of the respondents, their family income "did not change".

When asked if a household had any **loan liabilities**, 44.5% answered they did not, while 44.6% of households said they had a loan obligation, with 11% leaving the question unanswered. 47.7% of beneficiaries having loan liabilities have low SVI, 45.7% a moderate SVI, and 31.4% high SVI. In terms of social vulnerability, the analysis of loan liabilities provides a statistically reliable<sup>2</sup> association, in particular, the more vulnerable a social segment is, the less loan liability it has.

When asked if the household had any savings, 96.4% (835 households) answered they had no savings.

Observations on income sources revealed that among the most households with declining incomes (55.3%) the income source prior to the pandemic was a hired labor, in 39.2% cases it was self-employment (working for legal entities or individuals, e.g. seasonal labor, babysitter, taxi driver, etc.), in 26.8% cases work in a household, remittances – 4.6%, small or medium business – 2.1%, and retail – 1.0%.

Based on the relevant variables of economic vulnerability, the Economic Vulnerability Index (EVI) was calculated, the frequency distribution of which is as follows: 42% of the surveyed households belong to the category of high EVI, 27.9% to the medium EVI, and low EVI group consists of 30% of respondents.

Gender analysis of data on economic vulnerability showed that:

- 26.1% of the female-headed households have high EVI.
- When asked what was the impact of the pandemic on female-headed households, 62.4% of respondents stated their household income decreased, while 37.6% said their household income had not changed.

#### Social and anti-crisis assistance during pandemic

The information is organized according to what kind of assistance the families received / will receive under the anti-crisis plan. The survey revealed that 22.8% of respondents did not receive any type of assistance under the anti-crisis plan. However, 47% received assistance to cover utility bills, 8.8% for loan restructuring, 4.6% fuel assistance, and 3.2% self-employment assistance.

<sup>2</sup> Chi-square coefficient (p =.013)



**Material and monetary assistance provided under the government's anti-crisis plan was analyzed** in terms of Economic Vulnerability of Index. According to the data, 54.1% of households with high EVI received assistance, while the 40.9% did not receive any type of assistance (at least one type of). As for the economically non-vulnerable households, 73.1% received at least one type of assistance, mostly for loan restructuring.

#### Assistances received through the Government Anti-crisis Economic Plan



### **Food insecurity**

The study also looked at meeting the basic needs of households during the pandemic in relation to food shortages and proper nutrition.

As regards the satisfaction of basic food-related needs, it is noteworthy that during the pandemic, 19.9% of the surveyed households had persistent food shortages and problems with proper nutrition, 66.7% partially, 13.2% did not have similar problems.

Statistically significant<sup>3</sup> differences are also found between the regions, for example, food shortages and proper nutrition problems were most prevalent in



Kakheti region (35.1%), in Samtskhe-Javakheti (21.8%), in Tbilisi (10.6%), and the smallest group in Imereti 9.5%.

In families with children under two years of age, 14.2% of the beneficiaries had persistent food shortages and problems with proper nutrition, 71.6% suffered from this problem partially, only 14.2% of households of this category did not have similar problems. Among the households with children under 3-5 years of age, 18.1% had a permanent nutrition problem, 65.7% had a partial problem, and 16.2% did not have a problem.

<sup>3</sup> Chi-square coefficient (p =.000)



### Awareness on and attitudes towards Covid-19

The vast majority of respondents are aware of how to protect themselves from the virus. For example, 96% know that it is required to wear a mask when they feel bad. Only 2.1% think that wearing a mask is not necessary, while 1.5% are unaware. A larger number (97.7%) is informed of the need to wash their hands with soap and water for 20 seconds, 1.5% only say it is unnecessary, and 0.7% are unaware of a such a need. The awareness of other prevention measures is also high and is detailed in the table below.

#### Prevention of COVID-19

Awareness on how to prevent from being infected by COVID-19



Over 91% of respondents believe the coronavirus disease is very dangerous, or somewhat dangerous. In particular, according to 55.3%, the disease is very dangerous, 35.9% considers the disease is somewhat dangerous, only 5.1% thinks the virus is not dangerous. 3.7% do not know how dangerous the virus is. To the question – "Do you think you may get the Corona virus?", 37.1% answered positively, 24% gave negative answer, and the largest group (38.9%) "never thought about it".

Respondents' attitudes about how their families would cope with the virus are as follows: 17.6% think it would be easy to cope with; according to 15.1%, it is more or less easy to cope with a pandemic, 34% consider it difficult to cope with a pandemic, and 33.3% had no answer to the question.

How Dange	rous do you	think coron	a virus is?
55,3%	35,9%	5,1%	3,7%
Very Dangerous	Less Dangerous	Not Dangerous	Do not Know
Do you thin corona viru	ık you are lik s?	tely to conti	ract
<b>38,9</b> Never thoug	<b>37,1</b> YES	% 24%	6





# Hygiene and sanitation during pandemic

#### Water

Respondents were asked about the availability of drinking water and water for other household needs (hygiene, cooking, washing, etc.). It should be noted that in Kakheti, drinking water is "partially available" for 47.9% of respondents, and water for other household needs – for 42,1%



If we consider the problem of drinking water at the municipal level, a partial access to water was reported by 9.7% of respondents in Adigeni (Samtskhet-Javakheti), 12.8% in Baghdati (Imereti), 19.9% in Gurjaani (Kakheti) and 37.8% in Telavi (Kakheti). Therefore, access to drinking water among the surveyed communities is one of the most acute problems for the residents of Kakheti and Samtskhe-Javakheti.

#### **Personal Protective Equipment (PPE)**

As for the access to facemasks, gloves and other hygiene items, 46.4% of respondents had full access to them, 48.4% had partial access, and 5.2% had no access. As regards the sanitation solutions, soap, etc., the survey showed such items were "partially" accessible to 47% of respondents.

#### ACCESS TO PERSONAL PROTECTIVE EQUIPMENT



The survey also showed that a review of the ownership of masks, gloves and disinfectants (solution, soap) in terms of the economic index showed that a group with a high economic vulnerability suffers from a lack of ownership of these products. Analysis of the availability of masks, gloves and disinfectants (sanitizer, soap) in terms of the economic vulnerability index revealed that a group with high EVI is in short supply of these products and the deficit of these products is more noticeable in Kakheti region.



## Healthcare During the Covid-19 Pandemic

Access to healthcare services was also examined to measure the impact of the pandemic. The survey showed that for 23.9% of households the health services are fully accessible, 54.7% has partial access, 4.5% had no access to these services, and 16.9% did not answer the question.

22,1%	56,1%	4,5%
FULL	PARTIAL	NO
ACCESS	ACCESS	ACCESS

For almost the majority of the beneficiaries surveyed (55% – Kakheti, 54.8% – Imereti and 54.6% Tbilisi), healthcare services are partially accessible in all regions.

During the pandemic, 22.1% of households had a "full" access to **essential medicines and other aids,** 56.1% had a "partial" access, and 4.5% of families "did not have it at all" (17.2% of the respondents did not answer the question).

### Child protection, development and education



It is worth to mention that 87% of children aged 6-18 years have been involved in distance learning (among them 9.5% are the children with disabilities or with special educational needs), 13% were not involved. There is a statistically reliable difference between families with different economic situation. Children from families with high EVI were less involved in distance learning than children from lower EVI families and non-vulnerable families. In particular, 59.4% of children from high EVI families, 23.8% of moderate EVI, and 16.8% from non-vulnerable families did not engage in distance learning.





From the several types of distance learning, 26.2% of the children used the TV school, 19.9% used the Internet communications, 49.1% attended the classes online, 4.7% used support materials (on paper).

46.3% of beneficiary families have full access to **smartphones and computers** to engage their children in distance learning, 39.1% have a partial access, 6.4% do not have any access

to the devices, and 8.2% did not answer the question.

When asked how children aged 6-18 spent their **free time** during school closures, 59.5% of boys from surveyed families stated they were engaged in fun and recreational activities. 53.6% of girls were engaged in the same activities. 26.5% of girls and 16.5% of boys were involved in domestic work. 10.3% of girls and 15.5% of boys participated in household farming. Notably, 0.8% of boys were engaged in paid work in their spare time. The data show that girls predominate in domestic labor, but a small proportion of boys were also engaged in paid labor during the pandemic.







When asked how much the parents are confident in **helping their child with distance learning,** the majority (52%) of respondents are partially self-confident, while 6% are not.



As regards the question "Did any of your children show signs of stress

or anxiety during the pandemic lockout?", the respondents stated that 21% of girls and 20.1% of boys showed signs of stress or anxiety during a pandemic. Signs of anxiety and stress in children indicate that the pandemic period had an impact on the mental health of female and male children and the impact was almost equal for girls and boys.

The survey identified the problems that girls and boys experienced during the pandemic.



#### Primary concernes expressed by children during home confinement

8.3% of girls and boys reported a worry about getting sick; missing education was problematic for 24.8% of girls and 15% of boys. Concern for household income and food security were problematic in 3.6% of girls and 6.7% of boys. Feeling unsafe or insecure were observed among 3.4% of girls and 4.8% of boys.