



**COVID-19  
RESPONSE**

## Building Back Better in Georgia

### *The United Nations COVID-19 Response and Recovery Offer*



August 2020



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# INTRODUCTION

“Successful nations are born out of the effective management of crises.” With this statement, Georgian Prime Minister Giorgi Gakharia on 15 June 2020 proudly announced the opening of the country’s domestic tourism season. Although plans to reopen the borders for foreign tourists have been repeatedly postponed owing to pandemic problems elsewhere, the situation in Georgia after eight months enmeshed in COVID-19 prevention and management is indeed remarkable.

The country has proved a success story not just on a regional but indeed on a global scale, with total COVID-19 cases at 1,487 and fatalities numbering just 19 as of 31 August 2020. Despite masks and other precautions, daily life for many has returned to something more or less resembling normal.

These results have not been easy to achieve, and the rigor of the controls imposed on mobility and social contact in order to halt the virus have taken a heavy toll on employment, household incomes and the economy as a whole. Although the country has already begun to pull out of the recession caused by COVID-19, the pandemic has raised serious questions about the resilience of Georgia’s economic structure and its development pathway. Sectoral alternatives to tourism, which has traditionally served as a beacon in the country’s quest for prosperity, are under discussion.

New urgency is also agreed to apply to addressing the poverty, disparities and inequalities that, though evident before the pandemic, were exposed with particular force once COVID-19 hit.

The United Nations family in Georgia has been deeply involved in the response to the COVID-19 crisis from the very beginning, marshalling its resources to support the Government and other partners in protecting public health and advocating for “leaving no one behind” during the pandemic. These efforts have been devoted to a wide range of areas: not just in supporting the healthcare system, but also in improving social protection, protecting jobs and livelihoods, and sustaining social cohesion and community resilience. The UN has also extended a lifeline to Abkhazia, where, after months of deceptive calm, the pandemic has begun an ominous surge.

This report describes the contribution the UN system has made so far to the COVID-19 response in Georgia and, over six thematic chapters, maps out a wide-ranging offer of support as the country looks beyond the needs of the healthcare system to face the daunting task of socio-economic response and recovery. Here the UN team sees many challenges, but also opportunities. As the UN Secretary-General Antonio Guterres has said, “We simply cannot return to where we were before COVID-19 struck, with societies unnecessarily vulnerable to crisis. We need to build a better world.”

It is in this spirit of “build back better” – or “build forward better,” as it is now more accurately rendered – that the UN team presents its COVID-19 response and recovery offer for Georgia, with an emphasis on solutions that promise to leave the country more resilient than before the pandemic.



# CHAPTER ONE

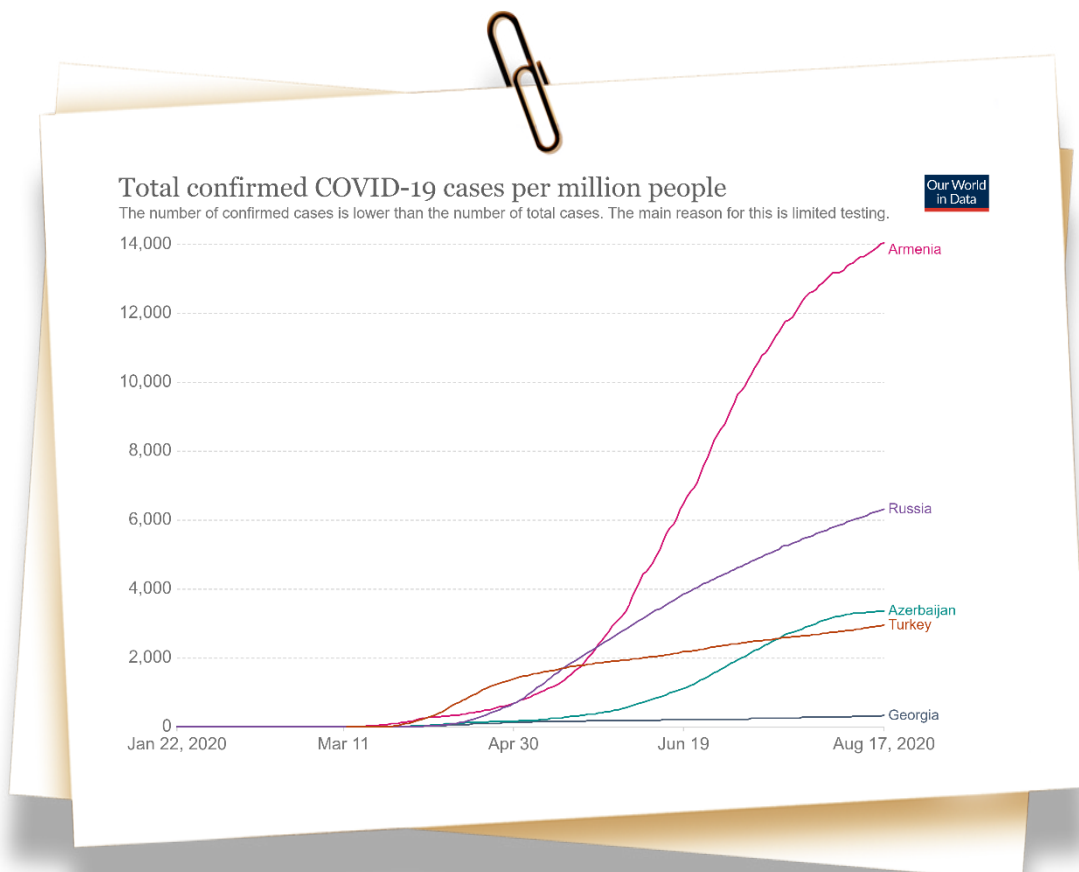
## SITUATION ANALYSIS

Georgia's response to the COVID-19 pandemic stands out globally. As of 31 August 2020, only 1,487 coronavirus cases and 19 fatalities had been registered, with 1,240 patients (or 83.4 percent of the total number of people to have been diagnosed with the virus so far) having recovered.<sup>1</sup>

These numbers present a stark contrast to Georgia's neighbors. Armenia, for example, has recorded 43,750 cases and 877 deaths, while Azerbaijan has registered 36,309 cases and 531 deaths.

Georgia's performance is also remarkable on a wider scale: COVID-19 prevalence and mortality rates are among the world's lowest when measured as a share of the population (see Figures 1 and 2).

**Figure 1:** COVID-19 cases per million people: Georgia and its neighbors



<sup>1</sup> Data are available on the Georgian Government's [StopCoV.ge](https://stopcov.ge) website, which is updated continuously.

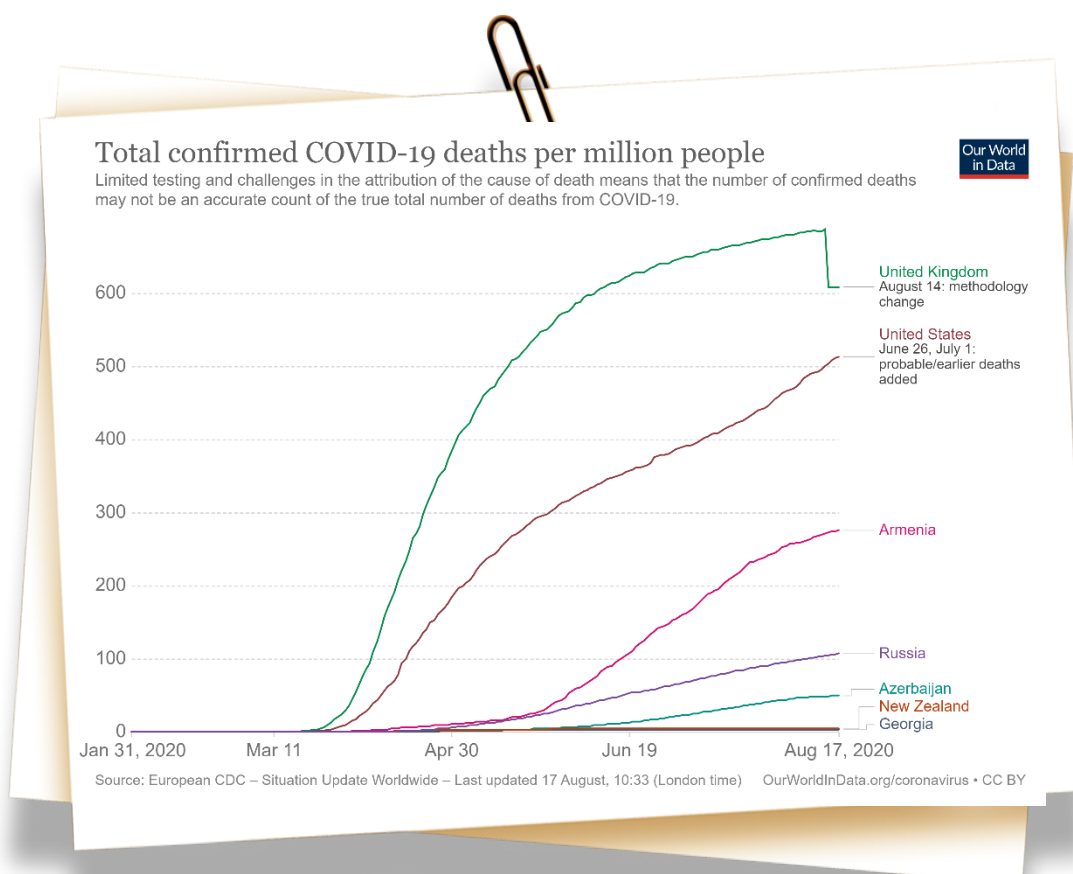


As of 31 August 2020, the rate of infection in Georgia was 368 per million citizens, while the death rate stood at just 5 per million citizens. These results are significantly lower than the global average of 3,256.6 infections and 109.1 deaths per million people, as well as the ratios for neighboring countries (Turkey – 3,179/75; Russia – 6,786/117; Azerbaijan – 3,576/52; Armenia – 14,760/296).<sup>2</sup>

How did Georgia achieve this success? The key contributing factors were speed of response, evidence-based policies, and broad social compliance with measures imposed to halt the pandemic.

First, preventive measures were undertaken well in advance of the arrival of the virus. An Interagency Coordination Council chaired by the Prime Minister was created on 28 January. Flights from China were halted and thermal screening started at Georgian airports on 29 January. PCR testing for COVID-19 was put in place at the Richard Lugar Center for Public Health Research at the National Center for Disease Control (NCDC) on 30 January. An algorithm for management of COVID-19 cases was defined and an emergency operations center created at NCDC on 31 January. Travel from Iran, where the epidemic hit early and spread particularly rapidly, was prohibited on 24 February. By the time the first case was diagnosed in Georgia, on 26 February, in a traveler arriving from Azerbaijan, preparations to deal with a domestic outbreak were already well advanced.

**Figure 2: COVID-19 fatalities per million people: Georgia, its neighbors and other countries**



Second, from the start, the Government adopted a clear strategy based on data and epidemiological science. National public health experts tested a variety of models to assess how quickly the virus would spread under different conditions, based on global experience with social distancing. Owing to the limited capacity of Georgia's hospital system, particularly the shortage of intensive care beds and specialists, and the health profile

<sup>2</sup> For country data, see the WHO dashboard at [covid19.who.int](https://covid19.who.int). For helpful ratios, see [worldometers.info/coronavirus](https://worldometers.info/coronavirus).



of the population, the Government opted to enforce maximum social distancing and rigorous restrictions on mobility. The guiding idea here was to prevent an upsurge in case numbers that would overwhelm the hospital system, as was happening elsewhere in the world.

Meanwhile, Georgia used the time won through the rigorous emphasis on prevention to set up a nationwide hospital network, selecting facilities for their readiness and capacity for effective infection prevention and control, and reprofiling them for the COVID-19 response.

This strategy led the Government to shift from voluntary recommendations to mandatory restrictions to enforce social distancing, culminating in the imposition of a state of emergency on 21 March. Among the measures imposed, the Government closed all international borders (except for freight traffic); closed all schools and daycare centers on 2 March, shifting education where feasible online; limited intercity travel; shut down all retail businesses except for grocery stores and pharmacies and halted most commercial activity (farming being an important exception); applied strict isolation and quarantine policies for anyone suspected to have been exposed to the virus; issued sweeping stay-at-home instructions (including a prohibition on leaving home for those over age 70); prohibited gatherings first of more than ten people and later of more than three; imposed a 9:00 PM-6:00 AM curfew; and mandated the wearing of facemasks in closed public spaces.

This strategy proved highly effective, and the actual number of cases aligned almost exactly with the predictive model relied upon by Georgian experts. Though community-level transmission clusters emerged (and continue to emerge), the NCDC has so far been able to trace contacts and lock down affected communities where strict restrictions were deemed necessary to prevent further spread. Whether this will continue as the public's vigilance naturally wavers after months of self-restraint, and when borders finally reopen, remains unclear, but the achievements to date are unquestioned.

Testing was an important part of this equation. In this, Georgia was able to rely from the start on the NCDC's Lugar Center for high-quality PCR testing, with another 12 laboratories across the country joining the testing effort over time. All COVID-19 cases recorded in Georgia have been confirmed by PCR testing. Daily testing figures grew steadily to an average of 1,500 in May; by 31 August 2020, a total of 370,858 PCR tests had been conducted.<sup>3</sup> Tests are currently available free of charge through the healthcare system and from private laboratories for a fee of around GEL 150. Results are generally provided in a matter of hours. With the domestic tourist season in full swing, free-of-charge voluntary testing was launched in tents in Batumi and other coastal resorts on 19 August.

Third, the Government was able to rely on public cooperation. Much of this was due to voluntary compliance with preventive measures, which the Government communicated in a clear and comprehensible fashion, including through its much-lauded website, [StopCoV.ge](https://stopcov.ge). A unified telephone hotline, 144, also provided answers to questions from the public round-the-clock. The Interagency Coordination Council organized regular public briefings, and the country's leading epidemiologists—NCDC Director Amiran Gamkrelidze; Lugar Lab Head Paata Imnadze; and Tengiz Tsertsvadze and Marina Ezugbaia, Director and Medical Director, respectively, at the Tbilisi Hospital of Infectious Diseases, the main COVID-19 treatment facility in Georgia—quickly became household names thanks to the direct and open way in which they discussed trends and issued guidance.<sup>4</sup>

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<sup>3</sup> Testing information is updated by NCDC on a daily basis and can be found at: <https://www.ncdc.ge/Pages/User/LetterContent.aspx?ID=161b884d-ef3c-426c-9ddc-29f9b8fc09d1&language=en-US>.

<sup>4</sup> Civil.ge, "The Four Musketeers at Frontline of Georgia's Fight against Pandemic," 15 April 2020: <https://civil.ge/archives/346979>.



### Transparency and self-scrutiny have been priorities:

- The Government has chronicled its own pandemic response in a report published on 4 June 2020: [Measures Implemented by the Government of Georgia against COVID-19](https://stopcov.ge/Content/files/COVID_RESPONSE_REPORT_ENG.pdf).<sup>5</sup>
- The measures undertaken to provide financial assistance to vulnerable groups and to protect the economy can be found in [The Anti-Crisis Economic Plan](https://stopcov.ge/en/Gegma) presented on 24 April.<sup>6</sup>
- NCDC is also publishing data-rich monthly reports on the pandemic fight in Georgia.<sup>7</sup>
- The Government Administration has requested a number of UN agencies and the US Agency for International Development (USAID) to conduct a forward-looking assessment of Georgia's crisis management capabilities and human rights protections during the pandemic.



UNDP/ Vladimir Valishvili

In addition, efforts were undertaken to ensure that messages on how to prevent COVID-19 reached all corners of Georgia. Many of these initiatives were supported by UN agencies, striving to abide by the Sustainable Development Goals ideal “to leave no one behind.” Government briefings were translated into sign language. Brochures and posters were distributed in minority languages. COVID-19 content was adapted for the elderly, persons with disabilities and residents of care institutions.

Where compliance was not forthcoming on a voluntary basis, the Government demonstrated the institutional capacity to enforce it. For example, persons instructed to undertake 14 days of self-isolation at home were monitored in person every day. Towns and villages ordered into lockdown were sealed off by police and residents' movements monitored by drones. The Government also made use of Google geolocation data to measure the effectiveness of mobility restrictions.

The Government's sustained and transparent outreach on COVID-19 appears to have prevented any significant resistance to wearing masks and few voiced defiant claims that the virus was a hoax.

However, the geographic incidence of COVID-19 cases revealed a regional weakness in the Government's approach. The southern border region of Kvemo Kartli accounted for 35 percent of the first 800 cases diagnosed in Georgia, with the municipalities of Bolnisi, Tetrtskaro and Marneuli particularly hard-hit (see Table 1, below). Given the area's composition, these outbreaks pointed to a lack of understanding or acceptance of official policies by ethnic Azerbaijani communities.

<sup>5</sup> [https://stopcov.ge/Content/files/COVID\\_RESPONSE\\_REPORT\\_ENG.pdf](https://stopcov.ge/Content/files/COVID_RESPONSE_REPORT_ENG.pdf).

<sup>6</sup> <https://stopcov.ge/en/Gegma>.

<sup>7</sup> <https://www.ncdc.ge/Handlers/GetFile.ashx?ID=e4af1fa5-58a4-4c0d-865b-42397388a006>.

**TABLE 1: REGIONAL DISTRIBUTION OF FIRST 800 COVID-19 CASES IN GEORGIA (TO 11 JUNE 2020)**

| Region/municipality           | Number of cases | COVID-19 incidence/100,000 people |
|-------------------------------|-----------------|-----------------------------------|
| Kvemo Kartli                  | <b>284</b>      | <b>65.6</b>                       |
| Bolnisi                       | 182             | 328.0                             |
| Tetritskaro                   | 54              | 244.8                             |
| Marneuli                      | 39              | 36.5                              |
| Rustavi                       | 9               | 7.0                               |
| Tbilisi                       | <b>268</b>      | <b>22.9</b>                       |
| Adjara                        | <b>51</b>       | <b>14.6</b>                       |
| Racha-Lechkhumi-Kvemo Svaneti | <b>4</b>        | <b>13.5</b>                       |
| Shida Kartli                  | <b>15</b>       | <b>5.8</b>                        |
| Samegrelo-Zemo Svaneti        | <b>9</b>        | <b>2.8</b>                        |
| Imereti                       | <b>12</b>       | <b>2.4</b>                        |
| Imported                      | <b>157</b>      | <b>n/a</b>                        |
| <b>Georgia</b>                | <b>800</b>      | <b>17.3</b>                       |

Source: [NCDC, Novel Coronavirus Situation in Georgia, 2nd Report](#).

Nearly 20 percent of those first 800 cases were “imported,” and thus detected through controls upon entry to the country. This reflects a pattern that has remained consistent even after lockdown measures were relaxed internally; a large share of the COVID-19 cases in Georgia are detected at national borders (among truck drivers in transit, for instance, and arriving travelers in quarantine). According to the National Tourism Department, between 10 March and 25 August 2020 a total of 61,220 persons had completed a mandatory 14-day quarantine, either after suspected exposure or upon entering Georgia. As of 25 August, 7,005 persons were in quarantine facilities. The Government contracted 84 hotels with 6,500 rooms for this purpose, an approach that not only kept people safe but also helped ease the loss of tourism revenues for the facilities involved.

Since the outbreak of the crisis, the Government has also successfully managed the repatriation of around 23,000 Georgian nationals from various countries, mainly in the EU. Urgent basic assistance was provided to thousands of vulnerable Georgian migrants stranded abroad through the work of diplomatic representations, supplemented with online counselling and information provision.





The small caseload has enabled the Georgian authorities so far to hospitalize or place under medical observation all persons diagnosed with COVID-19, even those without symptoms.

This success enabled the Government to reopen the economy and allow most social activities to resume, though with some restrictions in place. Notably, when the gradual reopening of businesses became possible, measures were taken to assess the occupational safety and health measures required to reduce the spread of COVID-19 and properly inform workers, employers and customers.

After two months in force, the state of emergency was lifted on 21 May. The Parliament later authorized the Government to take emergency measures without declaring a formal state of emergency. Masks are still required in closed spaces where social distancing is not possible, for example on public transportation. The domestic tourist season was declared open on 15 June, and thousands of Georgians opted to spend their vacations exploring their home country. Schools are scheduled to reopen in September, at the normal start of the new school year, though with social distancing and provisions in place for some classes to be conducted online. Though international land borders remain closed to all but freight traffic, all limits on domestic travel have been lifted.

A hoped-for reopening of the country for international tourism has been delayed owing to poor conditions in many partner countries, although commercial flights to three destinations – Paris, Munich and Riga – restarted in August. Georgia was nonetheless awarded a place among the 15 non-member states whose citizens were cleared for non-essential travel to the EU as of 1 July 2020.

The success of the measures taken to limit the impact of the pandemic in Georgia comes at a high socio-economic price. Border closures and travel restrictions have shut down the tourism industry that has served as a beacon for investment and economic growth in Georgia and drives as much as 20 percent of GDP. Tourism revenues for the second quarter of 2020 fell by a horrific 96.7 percent year on year. The country's economic outlook has deteriorated significantly: before the pandemic, growth of 4.3 percent was expected for 2020, but now a decline of 4-5 percent is expected. In the first half of 2020, GDP fell by 6.8 percent, with a 12.6 percent year-on-year drop in June 2020.

This setback threatens harsh consequences, particularly for the 20 percent of the population who live below the national poverty line. On top of lost wages and income during the economic shutdown, Georgians are expected to face rising consumer prices owing to shortages in global supply chains and declining remittances as a result of reduced economic activity in sender countries.

The Government moved quickly to launch policies designed to cushion the economic impact of the



UN Women/Natalia Khurtsidze

pandemic. To ensure sufficient funding, large-scale loans and grants were quickly agreed with international financial institutions and bilateral partners to provide relief to families and businesses. A six-point economic stability package was announced on 13 March 2020 to mitigate the risks for companies, especially in tourism,

including postponing tax payments for 2,000 hotels, restaurants, travel agencies and tour companies. Loan payments for individuals and companies were also delayed, and utility fees waived for low-income customers. Reserves of staples were procured amid fears about the food supply chain. Looking longer-term, the Government on 24 April 2020 announced a GEL 3.5 billion anti-crisis plan to protect businesses and agriculture; channel social assistance to the unemployed and other at-risk groups; and strengthen the healthcare system.

The pandemic posed potent threats for Georgia's two conflict regions, Abkhazia and the Tskhinvali region/ South Ossetia, where healthcare systems have languished with little investment over the past three decades.



UNDP/ Vladimir Valishvili

Isolation compounded by restrictive entry and exit policies initially helped to keep COVID-19 at bay, and the first cases of the virus were only reported on 7 April in Abkhazia and 6 May in South Ossetia. UN agencies were able to deliver supplies of protective gear and initiate preventive information campaigns in Abkhazia but continued to be denied access to South Ossetia, where only the International Committee of the Red Cross (ICRC) was able to provide support.

In all, South Ossetia has so far confirmed 89 cases of COVID-19, with the most recent case detected on 17 July, and all patients were reported recovered. Abkhazia has fared worse, with an upsurge of cases late in the summer bringing the total of infections to 315 as of 30 August, with four fatalities. Restrictions on economic activity, social gatherings and movement that had been imposed in April were in effect abandoned with the start of summer. On 1 August entry from Russia was resumed in response to fiscal needs and pressure from businesses dependent upon summer tourism. The de facto authorities conceded on 24 August that contact tracing had become impossible and henceforth every hospitalization would be treated as a potential COVID-19 case. Rapidly rising numbers have raised fears that the hospital system in Abkhazia will soon be overwhelmed, and a few acute cases have already been transferred to Russia or the Tbilisi Administered Territories (TAT).

The Georgian Government has underlined its readiness to treat COVID-19 patients from the conflict regions, and a dedicated hospital was opened in Rukhi, near Zugdidi, for this purpose. Amidst the ominous trends in Abkhazia, some observers have seen fresh potential for reconciliatory gestures.

## The UN response

The Government has been open about its need for sustained assistance from the UN system and the rest of the international community, both in the near term, in the immediate healthcare response and in shielding vulnerable groups from immediate negative social and economic consequences of the shutdown of the national economy, and in longer-term social and economic recovery efforts.

The UN has assumed a prominent role in the pandemic response in Georgia.

### **Globally, the UN response to the pandemic has three main components:**

- The health response, with the World Health Organization (WHO) as the technical lead agency. In Georgia WHO led the drafting of a Country Preparedness and Response Plan (CPRP) articulating key COVID-19 gaps in consultation with the national health authorities.
- The humanitarian response, as detailed in the UN-led COVID-19 Global Humanitarian Response Plan (which does not cover Georgia).
- The socio-economic response, mapped out in the [“United Nations Framework for the immediate socio-economic response to COVID-19: Shared responsibility, global solidarity and urgent action for people in need,”](#) with UNDP as the technical lead agency.

### **At country level, these global components map to three different working groups:**

- Health and healthcare procurement, chaired by WHO and UNOPS, which coordinated with the Government on emergency supplies for COVID-19, working with the World Bank;
- Social protection and education, chaired by UNICEF; and
- Socio-economic response and recovery, chaired by UNDP.

The groups support the UN Country Team under the leadership of the UN Resident Coordinator.

Drawing on its lead role in donor coordination, the UN Resident Coordinator’s Office (RCO) has served as a focal point for development partners keen to support Georgia’s COVID-19 response. In March the RCO together with WHO and the Ministry of Internally Displaced Persons from the Occupied Territories, Labor, Health and Social Affairs briefed 60 representatives of the international community on the COVID-19 situation. In May the RCO organized a similar forum at which the Government presented its response and recovery plans.

The RCO also compiled regular updates on UN COVID-19-related activities. These were shared with partners and posted on the website of the the Office for the Coordination of Humanitarian Affairs (OCHA): [reliefweb.net](#). In addition, under a decree signed by the Prime Minister, the UN Disaster Management Team was tasked to coordinate international humanitarian support should it be requested by the Government.

In May 2020, a joint UN proposal in support of the government’s emergency response secured the full USD 1 million allocation available for Georgia from the new [UN COVID-19 Response and Recovery Multi-Partner Trust Fund](#). Implemented by UNDP, UNFPA, UNHCR and UNICEF, the project is providing targeted support to



the education and healthcare systems; assisting vulnerable elderly persons living alone and in institutions; improving services provided by the emergency response system and local authorities; equipping front-line healthcare and public-sector workers with protective gear; and improving the sanitation and hygiene conditions in schools in Abkhazia.

All UN agencies active in Georgia have already invested significant energy in working together with Government and donor partners to repurpose their programs, to support the country both in fighting the coronavirus outbreak and in addressing the disruption of social and economic activity caused by the pandemic. These efforts have focused on protecting vulnerable and high-risk groups, in line with the “leave no one behind” imperative of the Sustainable Development Goals. The UN agencies have also worked to secure new resources to support Georgia’s COVID-19 response.

These efforts are detailed in [Annex 1](#), on repurposed resources, and [Annex 2](#), on new resources.

In addition, the UN agencies have engaged in a range of analytical work to support the pandemic response. These studies, surveys, simulations and assessments are presented in [Annex 3](#).

Among the key activities carried out by the UN agencies so far:

## Health



- Updated WHO guidance covering all areas of COVID-19 response was disseminated in a timely fashion and applied in relevant institutions and facilities and at policy and strategic levels;
- Designated laboratories and healthcare facilities were supported with assessment of COVID-19 preparedness, including hospital readiness and infection prevention and control capacities;
- Personal protection equipment (PPEs), hand sanitizer, disinfectants and other COVID-19 supplies were procured and distributed to medical personnel, front-line public-sector workers and high-risk groups such as internally displaced persons (IDPs), persons with disabilities and the elderly;
- Local producers received support in adapting manufacturing facilities to produce hand sanitizer, antibacterial soap, chlorine-based cleaning solution, masks, face shields and other protective gear; and procurement of COVID-19 supplies was made locally wherever possible;
- Support was provided in preparing risk communication materials and a new strategy and action plan for risk communication based on WHO advice and ready-made examples, with a focus on ensuring that COVID-19 messages reached minority communities;
- COVID-19 awareness campaigns were conducted across the country, using all possible media (TV and radio, posters, leaflets and social media) with a focus on vulnerable groups (such as the elderly, persons with disabilities and pregnant women) and target audiences with specific needs or important functions to fulfil (such as national minorities, taxi drivers and journalists);
- Technical support and medical supplies were provided to healthcare facilities, and virtual training packages were developed for laboratories to improve COVID-19 detection and for designated hospitals on clinical management and infection prevention and control;





- Designated laboratories were supplied with COVID-19 test kits and other testing materials;
- State-owned medical institutions received support to improve management efficiency;
- Updated specialist guidance and videoconferencing equipment was provided to designated facilities for distance training of medical personnel on a wide range of COVID-19-related topics;
- Telemedicine was used to provide online treatment for different groups (for example, to pregnant women) and training for medical personnel (for example, on infectious disease protocols and clinical management of pregnant women suffering from COVID-19); and
- Support and high-tech equipment were provided to the headquarters of the 144 COVID-19 hotline to improve the efficiency of ambulance dispatching and other emergency services.

## Social protection

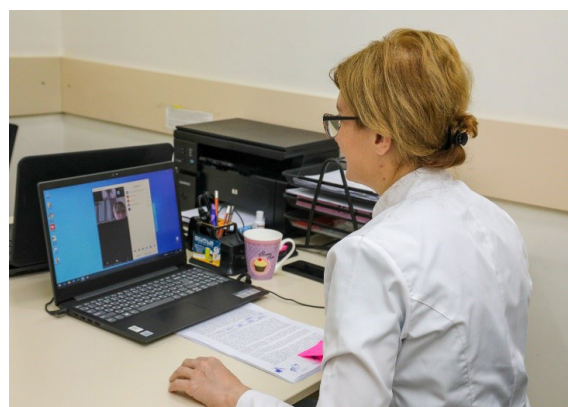
- Hygiene supplies and food parcels were delivered to thousands of poor families and vulnerable persons, including the homeless and elderly persons living alone or in care institutions;
- Shelters for the homeless and the elderly received new equipment, appliances and furniture;



UNDP/ Vladimir Valishvili

- Counselling, legal advice, medical and psychosocial care and (in extreme cases) cash stipends were provided to vulnerable migrants, asylum-seekers and persons granted international protection;
- Online counselling was provided to Georgian migrants stranded abroad and reintegration support was made available to those who

returned to Georgia during the crisis;



UNICEF/Leli Blagonravova

- COVID-19-related guidance, peer-to-peer counselling and online psychological support was provided to residents and staff of institutions for persons with disabilities and mental health, penitentiaries, and care and foster homes for children and adults;
- Juvenile offenders received hygiene supplies and recreation and rehabilitation equipment;
- All Government COVID-19 briefings were interpreted in sign language;
- Internally displaced persons (IDPs) living in 100 “collective centers” received protective gear, food supplies and psychosocial support, and their premises were disinfected regularly;





- Support was provided to the education system to shift from classroom to distance learning;
- Early childhood development and positive parenting programs were broadcast on TV and online;
- Virtual educational content was generated to engage young people during lockdowns at home;
- Georgian language and catch-up classes were organized for more than 100 refugee children, and online educational support was provided to asylum-seeker children;
- Vulnerable members of the LGBTQI+ community were provided with shelter, food supplies and medical assistance;
- A rapid response fund was created to support women's activism in the COVID-19 crisis; and
- A 111 COVID-19 hotline was established to support families and children, including providing linkages to social services.



## Livelihoods

- Support was provided to women-led small businesses, including in shifting retail sales online, and a micro-grants program was established to promote women-led businesses in rural areas;
- Distance learning was introduced into the vocational education training system, new equipment was provided and VET course offerings broadened to overcome pandemic suspensions;
- Occupational safety and health tools were developed to assess the workplace risks of COVID-19, inform employers, employees and customers and apply risk-mitigation measures;
- Regions seeking to develop tourism opportunities received guidance and funding to adapt their offerings to pandemic realities; and
- Assistance was provided to asylum-seekers and refugees to find new jobs and access vocational training opportunities and strengthen their self-reliance and local integration or, in the case of Georgians returning from abroad during the pandemic, reintegration into the local community.
- Grants programs were organized or reoriented for farmers, rural communities, civil society organizations and municipalities to support local efforts to build economic resilience amidst pandemic hardships;



UN Women/ Tara Milutis

## Social cohesion

- Parliament received technological support to move deliberations and committee work to a virtual format and also to clarify its functions under the state of emergency;
- Judges and lawyers received training on how to interpret labor legislation in the COVID-19 context, taking into account relevant international labor standards;



UNICEF/ Giorgi Tsetsckhladze

- Government institutions and public entities were assisted in adapting to working online;
- Religious leaders were engaged in discussions on children's rights and COVID-19 prevention;
- Dozens of new electronic services were added to Georgia's unified service portal to ease the paperwork burden on people confined to their homes;
- Awareness-raising activities promoted refugee inclusion with the message: "we are all in this together," and hotlines were operated 24/7 to respond to urgent needs of refugee communities; and
- Mediation services were moved online to help settle work-related disputes during the pandemic;
- Psychosocial consultations, online and face-to-face, were provided to vulnerable individuals, while online peer-to-peer support workshops were organized on COVID-19 and health related issues.



## Support to people in Abkhazia

- Advocacy and risk communication materials on COVID-19 prevention were prepared on a wide range of issues for many specific audiences and distributed in local languages;
- Videoconferencing equipment was installed at 11 different medical institutions in Abkhazia to facilitate consultations with colleagues and international specialists and online training;



UNDP/ Vladimir Valishvili

- Regular deliveries of PPEs and other pandemic medical supplies were made to the main COVID-19 treatment facility in Gudauta and to other hospitals and healthcare facilities across Abkhazia;
- Online training courses were designed by international experts and delivered to health personnel in Abkhazia on clinical management, infection prevention and control, and laboratory diagnostics;
- A guidance package on maternal care during the pandemic was distributed among local providers;
- Social workers were supported in providing psychosocial assistance to vulnerable families;
- Regular peer-to-peer online consultations were organized between Georgian and Abkhaz doctors;
- Rural development programs were expanded and adapted to provide support to livelihoods threatened by pandemic restrictions on travel, trade and tourism;
- Cash stipends, food packages, hygiene items, fuel and fertilizer supplies were distributed to vulnerable households; and
- Small-scale rehabilitation of village community facilities such as mills, classrooms, primary health points, water supply and irrigation systems was undertaken.



## The UN response and recovery offer

The five core chapters of this report define the response and recovery efforts that the UN agencies will pursue in Georgia over the coming 18 months. In line with the UN Framework, this will focus on five streams:

- 1) **Health first.** Protecting health services and strengthening the health system during the crisis;
- 2) **Protecting people.** Helping people cope with adversity, through social protection and basic services;
- 3) **Economic response and recovery.** Protecting jobs, supporting small and medium-sized enterprises, and informal sector workers through economic recovery programs;
- 4) **Macroeconomic response and multilateral collaboration.** Guiding the necessary surge in fiscal and financial stimulus to make macroeconomic policies work for the most vulnerable and strengthening multilateral and regional responses; and
- 5) **Social cohesion and community resilience.** Promoting social cohesion and investing in community-led resilience and response systems.

These five streams are connected by the need for **environmental sustainability**, if countries are to recover and “**build back better**” and be better prepared to address future shocks, including pandemics.

In addition, a separate chapter is devoted to priority UN measures for Abkhazia in the COVID crisis.

Each chapter that follows outlines the challenges that Georgia faces and the assistance that the UN system aims to provide in working with the Government and other partners to find solutions.

Alongside the considerable resources that the UN agencies have already marshalled for COVID-19, the report also provides an assessment of outstanding funding needs. As detailed in Annex 2, below, the UN team in Georgia has already secured a total of more than USD 20 million for programs to support the country in controlling the pandemic and protecting vulnerable members of society. Another USD 80 million is estimated to be needed to drive a rapid and robust recovery and ensure that Georgia emerges from the COVID-19 crisis with a stronger and more resilient economy. This leaves a gap of USD 60 million that the UN agencies will be aiming to close to meet national needs.



**TABLE 2: COSTING THE UN RESPONSE AND RECOVERY OFFER**

| Pillar/Funding  | Repurposed for COVID (USD) | Newly mobilized for COVID (USD) | Estimated needs to end-2021 (USD) | Funding gap (USD) |
|---|----------------------------|---------------------------------|-----------------------------------|-------------------|
| Health First: Protecting Health Services and Systems    | 2,931,340                  | 6,149,118                       | 22,500,000                        | 13,419,542        |
| Protecting People: Social Protection and Basic Services | 566,658                    | 1,309,109                       | 13,400,000                        | 11,524,233        |
| Economic Response and Recovery                          | 2,202,185                  | 813,000                         | 18,800,000                        | 15,784,815        |
| Social Cohesion and Community Resilience                | 1,006,266                  | 3,083,000                       | 14,500,000                        | 10,410,734        |
| COVID-19 in Abkhazia                                    | 810,041                    | 1,467,700                       | 10,800,000                        | 8,522,259         |
| <b>Total</b>  | <b>7,516,490</b>           | <b>12,821,927</b>               | <b>80,000,000</b>                 | <b>59,661,583</b> |

Source: *UN agency estimates.*

UN work in Georgia would not be possible without the support of the many development partners whose contributions are identified in the annexes to this report. Their speed, flexibility and generosity have enabled the UN agencies to adapt their programs rapidly to the challenges posed by the COVID-19 pandemic, and their assistance will be invaluable in ensuring this work can continue.



UNICEF/ Tako Robakidze



## CHAPTER TWO

# HEALTH FIRST

### *AGENCIES ENGAGED: UNDP, UNFPA, UNICEF, UNOPS, WHO*

The Georgian healthcare system faces a dual challenge of responding to the immediate needs of the COVID-19 crisis while also safeguarding continuity, strengthening essential health services and ensuring equity for all and protection for the most vulnerable.

As detailed in the Situation Analysis, the immediate response to the pandemic has managed to protect lives while also achieving the priority aim of preventing excessive pressure on the hospital system. But cases continue to emerge in different locations, even without the reopening of national borders. The experience of other countries around the world that were successful initially in containing the spread of the virus suggests that Georgia too may face a renewed outbreak, particularly as the weather cools.

In light of the high risk of a global second wave of the COVID-19 pandemic, efforts need to be undertaken to further strengthen readiness to respond to an escalation of the epidemic. This is the case for Georgia as well. As economic pressure grows to open borders, a surge in new cases becomes more likely, particularly as the influenza season arrives in the Northern Hemisphere.



#### **For these reasons, it is vital for Georgia to:**

- Maintain infection prevention and control capacities in the designated healthcare facilities, including risk assessment and adherence to established procedures, and provide rapid on-site training and expert advice to the responsible healthcare personnel in newly designated facilities for COVID-19;
- Sustain and improve the level of technical expertise of laboratory and healthcare workers involved in management of COVID-19, as per the latest WHO guidance;
- Strengthen central health crisis management capacities, including the public health emergency operations center at the NCDC as well as local emergency medical services;
- Strengthen national surveillance systems, including the national sero-surveillance in priority geographical areas and among priority population groups;
- Support the revision and updating of the National Pandemic and Preparedness Plan;
- Continue to support the delivery of case management equipment, supplies and personal protective equipment for frontline facilities.

Meanwhile, the rest of the healthcare system cannot be neglected. The pandemic hit the Georgian healthcare system in the midst of a long-term Government effort to expand access to health services. A new Universal Health Care Program (UHCP) was introduced in 2013. Since then, government spending on health has doubled and insurance coverage has increased from 51 percent to 99 percent of the population. While these reforms have reduced access barriers and contributed to a decrease in out-of-pocket spending as a percentage of total



health expenditure from 80 percent in 2005 to 55 percent in 2017, this share remains high compared to the European average of 30 percent in 2017.

Georgia's UHCP is being implemented in a mixed and highly deregulated health system in which 85 percent of the health facilities are private. Due to rising costs, increased utilization of secondary and inpatient services, as well as limited oversight and insufficient cost containment, UHCP spending regularly exceeds the budget allocation. The financial impact of COVID-19 and pandemic mitigation policies has further strained the budget. In addition, according to a new WHO behavioral insights study,<sup>8</sup> the economic shock has disproportionately affected the poor, contributing to increased income inequality and putting more households at risk of facing catastrophic health expenses.



## Key challenges



UNFPA/ Irakli Dzneldze

Georgia has been recognized and commended for its effective communication and swift implementation of policies to curb the spread of COVID-19. Despite these efforts, fear, misinformation, stigma, limitations on movement and loss of income have disrupted access to and utilization of healthcare services for all conditions. Even before the pandemic, utilization of primary health care (PHC) in Georgia lagged behind the European average,<sup>9</sup> owing to low confidence in providers, a weak gatekeeping function and incentive structures that favor inpatient and specialist services, albeit at a higher cost.

Effective PHC is the most inclusive, effective, and efficient approach to delivering health services and enhancing people's physical and mental health; however PHC remains underdeveloped and underutilized in Georgia. The Authorities have struggled to strengthen governance structures to hold providers accountable for health outcomes.<sup>10</sup> The lack of uniform organization and legal structures governing PHC providers results in a broad range of accountability and incentive systems making it difficult to implement a unified policy framework for PHC in all settings. In addition, the fragmented system and parallel services result in complex patient pathways that are inefficient and difficult to navigate. PHC is the cornerstone of a sustainable health system for UHC and health-related Sustainable Development Goals, as was declared in the Declaration of Alma-Ata and reaffirmed by the Declaration of Astana. Addressing the PHC prevention agenda and key risk factors is key to improving health and reducing the share of the populations with high health needs to improve long-term sustainability and reduce financial hardship.

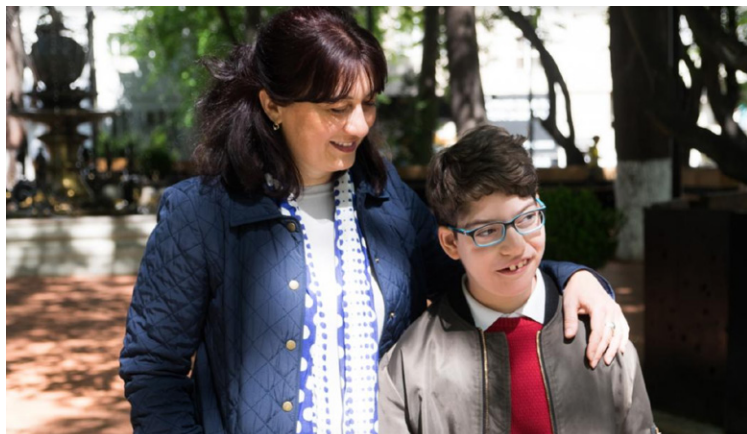
<sup>8</sup> WHO Behavioral Insights Study, 2020.

<sup>9</sup> WHO, Primary Healthcare Systems: Case Study from Georgia, 2017: [http://curatiofoundation.org/wp-content/uploads/2018/03/Georgia-PRIMASYS-published-version\\_7.03.2018.pdf](http://curatiofoundation.org/wp-content/uploads/2018/03/Georgia-PRIMASYS-published-version_7.03.2018.pdf).

<sup>10</sup> WHO, Quality of Primary Health Care in Georgia, 2018: [https://www.euro.who.int/\\_data/assets/pdf\\_file/0003/373737/geo-qocphc-eng.pdf?ua=1](https://www.euro.who.int/_data/assets/pdf_file/0003/373737/geo-qocphc-eng.pdf?ua=1).



The coming months will challenge Georgia's effort to achieve UHC as the pandemic poses a threat to efforts to improve national capacities for the implementation of policies and programs that ensure equitable access to and coverage of quality integrated health and nutrition services and the exercise of reproductive rights for all people, particularly those left behind. UHC means that all people, including those who are vulnerable or marginalized, have access to good quality health services that put their needs at the center without causing financial hardship.



UNICEF/ Vakhtang Khetaguri

The pandemic disproportionately affects the poor, ethnic minorities, rural populations, women, the elderly and persons with disabilities (see "Protecting People," below). Health services including immunizations, screening for cancer, hepatitis C, HIV and tuberculosis, non-communicable diseases (NCDs), mental health, rehabilitation, palliative care and reproductive health services have all been disrupted. Rural populations and national minorities report lower awareness of

preventive measures for COVID-19. Globally, women face higher risks not only through exposure as health workers, but loss of income, an increased domestic workload and a heightened risk of domestic violence. Individuals with any kind of pre-existing condition, such as NCDs, mental health issues, HIV/AIDS and tuberculosis, have also suffered disproportionately from the pandemic and policies implemented to limit transmission. One-fifth of the global population is estimated to have an underlying condition (mainly NCDs) which increases vulnerability to COVID-19.

NCDs are a major health burden in Georgia and are among the ten leading causes of death. People living with NCDs are especially vulnerable to COVID-19 and suffer worse outcomes as do individuals exposed to NCD risk factors such as smoking, pollution and obesity. Prevention and treatment of NCDs was problematic prior to the pandemic and has deteriorated during it. Policies governing NCDs were weak and underfunded before, but the pandemic poses a new threat to the development and implementation of planned and existing policies. In addition, some industries are attempting to exploit the pandemic to weaken regulations and halt new initiatives. Reducing the burden of NCDs requires strong PHC with effective prevention, treatment, rehabilitation and patient management.



UNDP/ Vladimir Valishvili

Other challenges include securing pandemic-related supplies and adopting digital technologies. Georgia faces challenges in guaranteeing a consistent supply of PPEs, diagnostic supplies and other equipment as well as essential medicines. While Georgia was quick to develop digital solutions for communication and education, there is increased demand for improving digital capabilities in healthcare treatment and training, such as virtual consultations, e-learning for continuing medical education, data collection and feedback.





## The UN offer

Responding to the impact of COVID-19 requires a multisectoral approach and must include population-based interventions and common goods for health. Existing UN guidance stresses the importance of prioritizing safe delivery of services and ensuring the restoration and strengthening of health promotion, screening, diagnostic services, disease management, rehabilitation and palliative care while addressing NCDs and mental health needs. Putting health first requires building strong and resilient primary care; strengthening monitoring and information systems to understand recovery needs; engaging with civil society and the private sector to optimize services and to respond better to needs; and paying attention to zoonosis (disease that can be transmitted from animals to humans) and the links between wildlife trade, food systems and health.

COVID-19 reinforces the notion that strong health systems based on primary health care are the foundation for health security and UHC, and that successful responses depend on PHC-led approaches, including community-based strategies. When governments are trusted, their strategies are supported. Maintaining this trust requires transparency, use of evidence and stakeholder engagement, especially health service users and patient organizations, which is limited.

The “building back better” approach provides Georgia with an opportunity to advance patient-centered healthcare solutions that contribute to a more resilient health system buoyed by an increased awareness of public health and new appreciation for digital health solutions and the environment. The implementation of equitable, sustainable and appropriate strategies demands that the voices of those who have been left behind, vulnerable populations, and those living with or at increased risk for NCDs, patient organizations and women be represented at the decision-making tables. In addition, health systems will be stronger when the women who deliver them have an equal say in the design of national health plans, policies, and systems.

In order to meet the health care needs of the population, a whole-of-government and whole-of-society response is critical to address the root causes of ill health and NCDs, including the foods we eat, the beverages we drink, the air we breathe, the tobacco we use, and the broader conditions in which people live, work, move and play. Such a comprehensive response requires increased investment in essential public health functions – surveillance, laboratories, information systems, information, education, and communication – to strengthen both emergency preparedness and primary healthcare.

The UN is promoting a two-phased strategy focused on supporting Georgia to 1) maintain essential lifesaving health services and 2) advance health systems recovery, preparedness and strengthening with a focus on PHC and UHC and future waves of COVID-19.

The UN response for Georgia to date has included support for a wide range of COVID-19-specific activities: outbreak and crisis response; deployment of rapid response teams; capacity building for disease surveillance, laboratories, infection prevention and control, and case management; risk communication and behavioral insights studies; country-level coordination and planning/monitoring of partner coordination; and operations and logistics support (general and case management and procurement and distribution of PPEs and diagnostics supplies).



In addition, ongoing technical support for broader health system strengthening initiatives including development of the PHC benefits package and financial risk protection analysis further support Georgia's recovery. Digital solutions supported by UN agencies include the Women Against COVID platform providing targeted COVID-related information to women and women's groups at risk of exclusion; an online training course on clinical management of COVID-19 affected pregnancies; virtual consultations for pregnant women; and refresher training on infectious diseases for 4,000 medical staff.



## Needs for support

Additional support is urgently needed to strengthen Georgia's health system and its ability to provide equitable access to integrated, effective, quality health services and respond to future shocks to the health system. This support should consider gender inequality and vulnerable populations as well as strategies that accelerate environmental and digital transitions and prioritize health systems, emergency preparedness and social safety nets. This requires a coordinated and multisector approach to align stakeholder support to national policies and strategies and develop and implement responses which reside outside of the health sector and help reduce risks at their source (for example, taxes on harmful products). There is an urgent need to step up efforts to address those risk factors which contribute to the rise of NCDs, a significant health burden and strong determinant of mortality from COVID-19.



IOM/Eric Gourlan



**Additional support (technical and implementation) is needed to accelerate efforts to strengthen the health system, advance PHC and build capacity to respond to future health crises in Georgia, including:**

- Conducting a rapid assessment of the impact of COVID-19 on PHC services, including immunizations, screening, access to services and essential medicines and disease management (informed by a gender lens and including risks to the most vulnerable);
- Strengthening capacity of the health system to respond to health crises through enhanced surveillance, procurement, and delivery of essential services, especially for vulnerable populations;
- Increasing awareness of the role of PHC in advancing public health and strengthening of the gatekeeping function;
- Developing multi-disciplinary networks and patient pathways to reduce gaps in service delivery;
- Enacting measures to increase accountability and implement and monitor an effective independent quality assurance and improvement system;





- Removing financial barriers to essential services;
- Increasing utilization of digital technologies for communication, virtual consultations, training, and surveillance (see below);
- Conducting advanced training for PHC providers in chronic disease management beginning with lifestyle and behaviour change, risk stratification, early detection, diagnosis and management;
- Strengthening integrated screening of Hepatitis C, HIV, tuberculosis, NCDs and cancer; and
- Strengthening tuberculosis control and services, especially for multi-drug resistant forms, to overcome lapses in treatment observed to have occurred during the COVID-19 pandemic.



**Support is also needed to focus response efforts on mitigating the impact of NCDs through ensuring sustainable implementation of existing plans and further addressing risk factors and improving prevention, early detection, diagnosis and management of key illnesses (such as heart disease, diabetes, cancer and mental health). In addition to advocating for inclusion of NCD experts on recovery taskforces to ensure integration of NCD measures into the COVID-19 response plan, there is a need for:**

- Rapid assessment of the impact of COVID-19 on NCDs and mental health with specific attention to gender and the most vulnerable and at-risk populations (including the perspectives and needs of patients living with NCDs and lived experience);
- Analysis, policy advice, communication, and messaging to accelerate restoration and scaling of prevention, screening, early diagnosis and appropriate treatment of NCDs and mental health conditions;
- Technical assistance and coordination to advance multisectoral policy development
- in areas of transportation, infrastructure, physical activity, air pollution and harmful products such as tobacco and alcohol;
- Public education on the links between NCDs and COVID-19, including awareness about risk factors and risk-reduction strategies, targeted guidance to those most at risk and how to protect themselves and access services (including support for CSOs); and
- Increased restrictions on marketing of harmful products.



Photo | WHO Georgia



**COVID-19 has highlighted the urgent need to scale up the use of digital technologies and data for health. Digital tools provide the ability to deliver virtual consultations, reduce disruptions in service delivery and education and increase communication and surveillance. Additional support could include:**

- Providing technical support to assess the digital divide and develop appropriate strategies for expansion of digital technology to reach those most vulnerable and increase capacity for virtual consultations, telemedicine, data collection, surveillance, monitoring and evaluation, disease tracking and management, patient navigation and education;
- Expanding digital connectivity for PHC facilities to support network building, virtual patient consultations and continuing medical education;
- Optimizing the use of electronic medical records to provide patient access to personal health data, develop models of people-centered care and support multidisciplinary primary care teams to coordinate and collaborate on patient needs through information exchange and critical decision support;
- Expanding data collection to include performance indicators for priority conditions (accessible to patients);
- Strengthening the partnership between PHC and public health through bi-directional information exchange and virtual meetings;
- Documenting and disseminating patient and provider stories and lessons learned via digital media; and
- Refining health strategies for health communication and monitoring and addressing disinformation



UNDP/Nino Zedginidze

**In the wake of COVID-19 there is also a need for additional training and capacity building including:**

- Training surge staff and volunteers to respond to future waves and epidemics;
- Expanding training in health systems management, infection prevention and control, data collection and analysis, surveillance, epidemiology and laboratory work;
- Providing tailored training for health care providers in the management of NCDs in the wake of COVID;
- Investing in CSOs to empower individuals and communities to advocate and engage in the development and implementation of relevant policies as well as contribute to community education and awareness; and
- Strengthening UN capacity at country level to support Georgia's COVID-19 response.

## CHAPTER THREE PROTECTING PEOPLE

### *AGENCIES ENGAGED: FAO, ILO, IOM, OHCHR, UNDP, UNFPA, UNHCR, UNICEF, UN Women*

Preventive measures have limited the health impact of the pandemic in Georgia, but the secondary impact on social protection and social services has been enormous. With health staff and resources focused on the COVID-19 response, capacity has been reduced to provide routine childhood health services and maternal care. The shift to online delivery has disrupted learning for 192,000 preschool and 592,000 school-aged children. Protective environments, such as schools, workplaces or social services, have been closed, heightening the risk of neglect, abuse and exploitation. Most families have experienced a drop in income, which has hurt their ability to buy food and other basic necessities.

Given the link between poverty and employment, the country's high dependence on tourism and remittances, its lack of formal unemployment benefits and high rate of informal labor, pandemic-driven restrictions have exposed the vulnerabilities of many categories of people. The pandemic has demonstrated the need for better safeguards for economic and human rights,<sup>11</sup> especially for the poor and vulnerable groups, which include children, the elderly, persons with disabilities, internally displaced persons, religious, ethnic and sexual minorities, as well as refugees, asylum seekers and foreign migrants in Georgia and Georgian migrants stranded abroad.

### *The poor*

The recession forecast for 2020 is expected to lead to a rise in poverty rates for adults and children. Using a USD 2.50-per-day poverty line, the poverty rate in Georgia stood at 19.5 percent before the pandemic. Projections show that COVID-19-driven losses in jobs and income could raise the overall poverty rate by 4.3-9.2 percentage points. The outlook for child poverty is even worse: from the current rate of 27.6 percent, child poverty is expected to increase this year by 5.2-10.6 percentage points.

<sup>11</sup> "Human rights" in this document refers to all international human rights norms and standards, including in addition to the UN human rights instruments also others embraced by Georgia, such as ILO Conventions and Council of Europe instruments.



UNICEF/ Leli Blagonravova



To assess the cost-effectiveness of different possible social protection measures, UNICEF conducted a survey<sup>12</sup> of 4,697 households. The study assigned households a “vulnerability index,” depending on the type of work performed and education levels of household members. It defined 13.1 percent of households as having high vulnerability, and half of households as having medium vulnerability. It then estimated the loss of income for each type of household depending on the scale of economic contraction, with the World Bank’s current estimate of a GDP drop of 4.8 percent in 2020 as the baseline. The study concluded that highly vulnerable households would have to cut consumption by nine

percent at a minimum, and by 29 percent in the event of a major shock.

The assessment looked at a wide range of possible social protection measures to see which ones would do most to prevent a rise in the poverty rate. The conclusion: financial transfers to families in the lowest 40 percent of incomes who are not currently recipients of targeted social assistance (TSA); providing a universal child benefit for children under 18; and issuing unemployment payments to wage workers. In case of low and medium shocks, the first two measures can bring poverty levels below baseline rates.

## Women and girls



UNFPA/ Gela Bedianashvili

The specific circumstances of the pandemic have deepened the inequalities faced by women in Georgia. The problem is not so much in terms of employment and joblessness: here one-third of men and women reported losing their jobs, and one-third of men and women reported reduced

hours. But with schools and childcare facilities closed, women were seen to shoulder most of the additional burden of unpaid care work in the home, often sacrificing their scarce free time to do so. According to a Rapid Gender Assessment<sup>13</sup> based on more than 1,000 interviews conducted by UN Women early in the pandemic, 78 percent of women said they would struggle to cover basic expenses if lockdowns continued.

Worryingly, the study also found abundant evidence of deteriorating mental health across the entire population. Although Georgian data do not show an increase in reports of gender-based violence during the pandemic, the experience of other countries suggests that women and girls face a heightened risk of intimate partner violence due to increased tensions in the household during stay-at-home regimens.

<sup>12</sup> <https://www.unicef.org/georgia/reports/estimating-impact-covid-19-child-poverty-georgia-using-micr-simulation-model>

<sup>13</sup> UN Women, Rapid Gender Assessment of the COVID-19 Situation in Georgia, June 2020.



## The elderly

The pandemic poses specific challenges for Georgia's oldest citizens. As in other parts of the world, it is expected that the pandemic will disproportionately affect vulnerable older people, particularly those living in rural and remote areas marked with high poverty levels and barriers to accessing health and social services. More than 41,000 Georgian pensioners currently live alone in extreme poverty, and their vulnerability to COVID-19 is particularly high. More than 80 percent of this group are women.

Conditions in elderly care homes are often already precarious, and stay-at-home and quarantine rules can leave elderly people isolated and deprived of ready access to food and medicine. To mitigate the risks the pandemic poses, elderly people themselves need information and protection. Measures to overcome isolation and loneliness are also crucial. State care homes and caregivers such as village doctors need supplies of PPEs and hygiene products. The volunteers who tend to elderly people living alone also need information, protective gear and supplies of food and household necessities.

## Children



UNICEF/Tornike Turabelidze

Although children have largely escaped the health ravages of the pandemic, all schools, kindergartens and universities have been closed in Georgia since 2 March. These extended closures have disrupted the learning progress for children, affecting their future learning and increasing the risk that some children may never return to school without specific interventions and support. Children have

experienced anxiety, stress and fear from extended periods of isolation, deteriorating family income and uncertainty about the future. They lost a sense of structure and stimulation that was provided by the school environment and social support from friends. Furthermore, outside the protective environment of school, vulnerable children are at heightened risk of neglect, abuse and exploitation.

Energetic measures have already been undertaken to shift education to online provision, but further support will be needed to ensure that quality is not diminished and that equality of opportunity is respected despite a pronounced digital divide. From a gender perspective, it is important to note that the burden of home schooling has fallen almost exclusively on women, who were often already overwhelmed with domestic chores. This means that efforts to improve home schooling would not only benefit children's learning and development, but also the wellbeing of mothers.





UNICEF/Vakhtang Khetaguri

## *Persons with disabilities or living in state care*

In Georgia, some 125,000 individuals, or 3.3 percent of the population, are registered as having a disability. This figure undercounts the actual total, given that 10-12 percent is considered the standard worldwide. Dangerously in a pandemic, most persons with disabilities (PwDs) are in effect invisible.

PwDs face additional vulnerabilities during the COVID-19 outbreak relating to increased risk of contracting the virus, increased likelihood of complications if they become infected and disruptions to essential services. Additionally, pre-existing economic challenges and rights violations may be further exacerbated or receive reduced attention as a result of the pandemic.

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

After contracting the virus, mortality outcomes are anticipated to be substantially higher for PwDs, given interactions with underlying health issues. Furthermore, PwDs have additional healthcare needs, which may face disruption through supply chain issues and decreased access to care as providers are put under strain. Given widespread underreporting of disability and the relatively low casualty figures in Georgia, it is challenging to determine the extent to which this risk has manifested in the country, but limited evidence from other countries suggests that the mortality risk is an area of concern.

PwDs in Georgia face severe economic challenges and are rarely able to access work. Public programs that have sought to bring PwD into the workforce have been largely unsuccessful. Where PwDs are able to access jobs, they may be particularly vulnerable to economic downturns as workplaces downsize.

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



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

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

Furthermore, women with care responsibilities for PwDs may find additional pressures on unpaid care work in the home – through the loss of access to services (for example, schools and day-care centers) and through additional care requirements relating to other family members. Such challenges are problematic for care-givers, who are predominantly women.

Those supporting PwDs may experience additional care burdens and resultant time poverty. Moreover, those being cared for may not receive the level of care received before the outbreak as care-givers are forced to balance an increasing number of priorities.

## *Internally displaced persons*



UNDP/ Vladimir Valishvili

Conflict-affected communities, including 290,000 internally displaced persons (IDPs) who fled from Georgia's breakaway regions of Abkhazia and South Ossetia during the armed conflicts of 1992-93 and 2008, experience particular hardship. Durable housing solutions have been provided for some

IDP families in Georgia; however, approximately 40,000 IDPs still live in 411 substandard "collective centers," while many others live in equally poor housing spread in both urban and rural areas. In this crumbling infrastructure, residents experience poverty, joblessness, poor sanitary conditions (sometimes lacking running water or plumbing) and sometimes a lack of basic human dignity.

As a result of the COVID-19 crisis, many IDPs will experience income losses and face higher expenses, due to higher prices of goods and services in disrupted markets. Restrictions imposed under the state of emergency as well as fears related to COVID-19 may manifest in an increased level of anxiety and stress among IDP communities. A lack of effective communication and information-sharing with and among these communities exacerbates this anxiety and presents obstacles to accessing



Photo | IOM Georgia

## Refugees and migrants

available assistance.

Georgia is currently hosting around 500 refugees, 850 humanitarian status holders and 1,350 asylum-seekers. Most refugees and humanitarian status holders are from Russia, Iraq, Ukraine, Syria and Egypt, while asylum-seekers primarily originate from Iran, Egypt, Iraq and India. As a consequence of COVID-19, refugee communities experienced serious challenges with regards to livelihoods, many being employed in lower skilled professions due to a lack of language skills, and most being in the informal sector which received limited state assistance. Feelings of isolation and anxiety have been high, including deep worries about future self-reliance and providing for families in the context of an acute economic crisis.

As to migrants, it is hard to pin down exact numbers, given the diversity of both emigration and immigration flows over past decades and the country's relatively lenient entry and residence controls. Although Georgia remains a net emigration country, in the recent years it has recorded a steady influx of immigrants in regular and irregular situations originating predominantly from Central

Asia, but also Syria, Iran, Southeast Asia and West Africa. Migrants with irregular status are known to face particular vulnerabilities in public health emergencies, along with rejected asylum seekers, foreign students and low-income migrant workers. The COVID-19 crisis disrupted travel plans and caused loss of income for many and illness for some, putting a sizable group of migrants in Georgia at risk of exploitation.

A rapid needs assessment<sup>14</sup> conducted by IOM in April 2020 included a survey of 213 migrants that revealed that their most acute needs stemmed from pandemic-related loss of income. Migrants also cited limitations in access to healthcare, and a reluctance to seek medical care in Georgia owing to issues of affordability, mistrust and fears related to legal status or occupation in the case of sex workers, as well as language barriers. At the time, migrants surveyed also had a limited awareness of recommended COVID-19-related prevention measures, but this has since been remedied through the provision of information in the most common languages spoken by migrants. A significant proportion of respondents reported

<sup>14</sup> IOM, Rapid needs assessment: Covid-19 related vulnerabilities, risks and needs among third country migrants in Georgia, [https://georgia.iom.int/sites/default/files/publication/RNA%20Survey\\_ENG2.pdf](https://georgia.iom.int/sites/default/files/publication/RNA%20Survey_ENG2.pdf), 30 April 2020.



cohabitating in overcrowded living quarters such as low-cost hostels and dormitories. However, while many respondents have considered returning to their country of origin due to COVID-19, the vast majority—84 percent—said they felt safe staying in Georgia during the pandemic.

The COVID-19 crisis also caught thousands of Georgian migrants outside their home country. The return of nearly 23,000 Georgian migrants

supported by the Government from mainly European countries parachuted people back into communities already troubled by socio-economic insecurity, underemployment and high unemployment and poor access to economic opportunities and social services. This population is now in urgent need of assistance to find new sources of livelihood locally.



## The UN offer

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The UN's response is based on a two-pronged approach. First, the UN has supported Georgian authorities in the safe and uninterrupted provision of public services. This is particularly true at the local level, where efforts had been under way even before the pandemic to strengthen administrative capacities. Second, the UN has reached out directly to low-income and vulnerable groups to help meet basic social and economic needs and promote respect for human rights.

With a 'building back better' approach, the UN will focus on a number of areas of social protection, bearing in mind the needs and rights of vulnerable groups and the need to develop resilience to shocks.



### Generating data and evidence to support the Government response

- Conducting a real-time monitoring survey to assess the impact of COVID-19 on family wellbeing;
- Analyzing the impact of COVID-19 on women; the elderly; national minorities; persons with disabilities, victims of gender-based violence; LGBTQI+ persons; rural dwellers; and migrants;
- Improving national capacity for producing timely and disaggregated poverty measures;
- Expanding protection monitoring and outreach to refugee communities to inform a more coherent, joint approach to addressing the needs of the most vulnerable;
- Assessing the needs faced by IDPs living in collective centers; and
- Generating data on the mental health of young people.





### Information, education, communication and advocacy

- Designing and implementing campaigns, workshops, and roundtables to communicate and raise awareness on subjects including:
  - COVID-19 awareness tailored to different at-risk groups in accessible formats, including native-language information for minority, migrant and refugee communities;
  - Positive parenting;
  - Prevention of domestic violence and gender-based violence;
- Socio-economic integration of elderly persons;
- Rights of national minorities, especially vis-à-vis relevant national and local authorities;
- Social inclusion of LGBTQI+ communities and their access to services; and
- Adolescent and youth activism and volunteering, including in COVID-19 responses.



### Support to formal and non-formal education

- Support for reopening schools and preschools, including promoting infection prevention and control and hygiene and hygiene through provision of supplies, improved water and sanitation facilities and training;
- Support for the development of distance education platforms, in partnership with the Ministry of Education and the Public Broadcaster of Georgia, according to the milestones established by the National Education Curriculum to enable response if there is a secondary wave, including the provision of supplies for vulnerable students;
- Development of resources for all core subjects and across all grades, taking into consideration the needs of children and families, including those lacking access to ICT or the Internet;
- Development of guidelines for teachers on facilitating distance learning;
- Support for reintegration of children out of school or those at risk of dropping out;
- Development of a set of video and web resources for parents on supporting early learning and school readiness at home;
- Support for integration of COVID-19 risk communication into the existing youth peer-education system; and
- Support for training of young peer educators to communicate evidence-based information among peers and the community.



### **Delivery of targeted social aid to the vulnerable**

- Provision of food, hygiene support and other direct humanitarian assistance to vulnerable groups, in partnership with the Government and civil society actors.

### **Psychosocial support**

- Provision of psychological support to children, older persons, caregivers and front-line staff; and
- Support for the 111 hotline to help meet the psychosocial needs of adolescents and youth.

### **Building capacities of social protection and care systems**

- Provision of hygiene supplies and PPE for front-line workers and vulnerable groups to allow resumption of face-to-face services;
- Support for remote service delivery options in the event of a second wave;
- Support for government development of evidence-based social protection and assistance schemes, including building the capacity of the Social Care Agency;
- Support for operation of the Inter-Sectoral Coordination Group on gender-based violence in emergencies to ensure information sharing on technical guidance and relevant resources;
- Support for improved regulation of long-term care facilities, with specific attention to the needs of elderly persons and women with disabilities, including improved care mechanisms, abuse prevention, and case management systems;
- Support for a redesign of social services and care systems, including their regulations and care standards, with the goal of increasing responsiveness to the needs of older and disabled women and resilience to shocks;
- Support for the introduction of services and programs targeted at elderly persons for the prevention of isolation and institutionalization;
- Support for the creation of spaces and municipal services for the socialization of older persons, with the goal of supporting healthy and active ageing;
- Support for developing participatory emergency guidelines/instruments for social workers; and
- Increased access of survivors of gender-based violence to dignity kits and necessary supplies and services.



## CHAPTER FOUR

# ECONOMIC RESPONSE & RECOVERY

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### *AGENCIES ENGAGED: FAO, ILO, IOM, UNDP, UNICEF, UNIDO, UN Women*

The measures that Georgia successfully employed to protect the population from COVID-19 have plunged the economy into a recession that is forecast to see GDP fall by 4-5 percent in 2020. Border closures have effectively halted tourism, which accounts for some 20 percent of GDP and 36 percent of exports. Economic shutdowns have put a large share of the labor force out of work, at least temporarily. According to the World Bank, the crisis has put some 500,000 Georgians at risk of downward mobility and the poverty rate, which was on a steady downward trend before the crisis, is expected to rise by 2.8 percentage points (see “Macroeconomic Response and Multilateral Collaboration,” below).

In an effort to protect households and businesses, the Government has enacted a far-reaching anti-crisis plan, drawing on USD 3 billion in pledged loans and grants from international financial institutions. Under this plan, subsidies and tax cuts have been extended to encourage firms to retain staff, with 23,000 companies and 350,000 employees covered so far. The targeted social assistance (TSA) system has also been expanded to cushion the impact of the crisis on household incomes. Currently over 70,000 families with nearly 200,000 family members are receiving poverty benefits, with additional payments going to vulnerable families with many children. 410,000 pensioners over age 70 are receiving pension supplements; 130,000 registered workers are receiving GEL 1,200 over six months; and 110,000 informal and seasonal workers who have lost income are receiving one-off GEL 300 cash payments. In addition, some 800,000 children under age 18 have been registered for a one-off GEL 200 payment.

The short-term focus is on job preservation and social protection. However, the crisis has exposed some structural weaknesses in the Georgian economy and the development path followed by policy makers so far. The Government is actively and explicitly seeking ways to “build back better” to ensure that Georgian economy and society are more resilient to future shocks. This is an area where advice from the UN system on policies, practical solutions and international best practice is being welcomed.





## The sectoral impact

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Georgia's dependence upon tourism has made its economy particularly vulnerable in the current crisis. International tourism, which accounts for approximately 17 percent of GDP, has been especially hard hit. An increase in domestic tourism will only partially compensate for this, given the impact of the crisis on Georgian household incomes. Over 70 percent of companies operating in accommodation and food services surveyed in May expected their revenues to drop by more than half year on year in the next three months.<sup>15</sup> A full recovery is expected to take at least two years. This will have knock-on effects on trade, transport and agriculture: international tourists spend almost GEL 200 million on food and drinks each month.

At the same time, Georgia's management of the health crisis so far has won it a reputation as a safe "clean" country for tourists. As the world cautiously reopens for travel, this puts Georgia in a good position in the global post-COVID-19 competition for resources and clients.

The impact of the pandemic has been less dramatic on the country's agriculture sector, which delivers just 7.2 percent of GDP while accounting for almost 40 percent of employment. Currently, agricultural production and income is largely stable.<sup>16</sup> However, a drop in demand is possible in the future, with negative impact on thousands of farm incomes. International trade of food and agricultural products may be disrupted again, as well. In this case, food security in Georgia could be affected owing to dependence on imports: low productivity in Georgia drives a large agricultural trade deficit.

Although Georgia's development agenda has focused on diversifying rural incomes and increasing agricultural productivity, the COVID-19 pandemic has made the need for progress even more apparent.

Other hard-hit sectors, such as construction and trade in durables, are already showing the first signs of a rebound, as they have largely been able to operate as usual since the end of May.<sup>17</sup>



## The impact on employment

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Georgia's employment structure is overwhelmingly dominated by self-employed and informal workers; only a small fraction of employees have legalized status. While this enables the self-employed to avoid the burdens of tax and paperwork, it leaves them without formal protections in times of crisis. Georgia has no system of unemployment insurance or benefits, so the only protective measure for workers who lose their jobs is to qualify for assistance under the country's social protection system.

The impact on jobs has been severe. Workers' vulnerability has been exacerbated by the absence of unemployment benefits and limited workforce protections. More than one-third of the employed were

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<sup>15</sup> CRRC, Covid-19 Monitor: Knowledge, Attitudes, Practices, and Impacts of Covid-19; Wave 6, May 2020.

<sup>16</sup> FAO, COVID-19 Impact on Food Supply Chain in Georgia, 2020.

<sup>17</sup> TBC Capital, COVID-19: Tracking the recovery, July 2020.





unable to work in early April, with the less educated and workers with lower financial reserves being especially affected.<sup>18</sup> Around 20 percent of workers responded that they, or someone in their household, had had to take unpaid leave; 17 percent had to reduce working hours, and four percent reported being laid off. More than half of the 615 SMEs surveyed by the Georgian Chamber of Commerce had asked workers not to come to work from late-March onward. Twenty percent of these workers were given only partial remuneration, while ten percent did not receive any compensation. However, by early June, half of the people who had stopped going to work had returned to their jobs.

Though gender differences in job losses have not yet been documented, it is likely that male-dominated sectors will recover much faster than female-dominated sectors.<sup>19</sup> Moreover, 70 percent of Georgians say they would give men priority if jobs are scarce.<sup>20</sup> This is in line with research showing that crises affect women and youth differently from men. In addition, the disproportionate mental health impact of the crisis can put women and youth at a further disadvantage in the labor market.

The widespread loss of jobs and working hours brings to the fore the question of adherence to labor laws and standards. Worldwide, there is concern that the social and economic impact of COVID-19 prevention measures taken by Governments has increased the risk of situations of forced labor and child labor. Efforts will need to be made to ensure that labor laws and the institutions mandated to promote compliance are fit for purpose, both in “normal” times and in the case of future emergencies and crises.



## *The impact on company structure*

The crisis also has structural implications. Micro- and smaller businesses will be forced to close at a higher rate than larger ones, leading to more concentration and, ultimately, less competition. At the peak of the crisis, 45 percent of self-employed and micro-enterprises expected to run out of cash within a month. Only 15 percent of firms said they had enough liquidity to survive more than six months.<sup>21</sup>

Value chains will be disrupted. Global companies will switch from a “just in time” to a “just in case” production strategy, creating spare capacities but also increasing their cost of doing business. An accelerated drive towards tele-working, digitalization and automatization could reduce demand for low-skilled workers but could also help preserve jobs in sectors where a shift to remote working is possible.



UN Women/Tara Milutis

<sup>18</sup> Caucasus Research Resource Center, “Covid-19: Knowledge, Attitudes, and Practices: Impacts of Covid-19,” 2020.

<sup>19</sup> Konjaria, R., Tschokhanelidze, T. and Gurgenedze, E., Tourism and Hospitality Value Chain Analysis (Georgia). South Caucasus Gender Assessment Technical Assistance, International Finance Corporation, September 2017.

<sup>20</sup> UNDP/IRDG. Policy Interventions to Respond to the Economic Impact of COVID-19 in Rural Georgia, April 2020.

<sup>21</sup> UN Women, Rapid Gender Assessment of the COVID-19 Situation in Georgia, June 2020.

The comparatively low diversity and complexity of the Georgian economy make it vulnerable to the pandemic and future economic shocks. At the same time, Georgia's high regional disparities are bound to further increase because of the crisis. These factors put remote and rural regions at risk of being left behind permanently.



## *The impact on household income*

Almost half of households surveyed during the economic shutdown reported income losses of 40 percent.



UNDP/ Vladimir Valishvili

Besides income losses, households will be affected by price increases, further worsening their financial situation. Inflation, currency depreciation and increased cost of doing business because of social distancing, sanitary requirements and trade obstacles all contribute to a higher cost of living. Food and agricultural products currently consume 25 percent of household expenditures and energy 12 percent.

Urban residents, national minorities and persons with lower levels of education reported losses much higher than the average.

The typical income diversification model of households provides much less of a safety net than is generally assumed: 70 percent of the income of rural households that is derived from non-agricultural businesses is at risk. This includes income from remittances, where one-third of recipients have reported a reduction. As a result, many households are at risk of being pushed below the poverty line.



UNDP/ Vladimir Valishvili



## The UN offer

Building on programs already running before the crisis, the UN will support efforts to protect or create job opportunities in the private sector, especially for women and vulnerable persons and groups. This work will be supported by forward-looking analysis to reassess Georgia's development options with an eye to "building back better." Future programming will need to support the competitive positioning of Georgia as an economic actor in a greener, more inclusive and more resilient post-COVID world.

### Consequently, the UN's support will focus on:

- Business processes, models and equipment that support resilience, innovation and higher productivity;
- Skills, both of entrepreneurs and employees, that are relevant for commercial success;
- Creating more diversified sources of income for the economy at large and individual households;
- Creating support services, value chains and cooperative arrangements that can support businesses in achieving these goals;
- Improving connectivity, particularly to overcome the urban-rural divide and include women and girls;
- Fostering a business environment and culture that strives for equal inclusion of all human resources;
- Strengthening occupational safety and workplace health prevention and monitoring systems; and
- Shifting the economy to a foundation of green, digital and disaster-proof solutions.

### Specifically, the UN will contribute to leveraging the following potentials:

- **Professionalizing agriculture.** Georgia has the potential to substitute USD 400 million worth of agricultural imports with domestic production. But for this, higher quality equipment and inputs, better training and professional skills, and improved connections to markets are needed. In addition, storage capacities must be enlarged to allow for processing inside Georgia. Green energy should be harnessed. Improved food safety regulations and production practices are also important, both to expand domestic consumption and make Georgia's export positioning more competitive.

- **Focusing on high-value tourism.** 60 percent or USD 2 billion of tourism revenues are spent on imports, the share of which can be reduced. Considering the likely decrease in the number of inbound tourists as the pandemic continues, the tourism market could re-invent itself to capture more revenue per tourist by focusing on the highest value-added segments.
- **Promoting green jobs and addressing environmental constraints.** Georgia has vast potential to create green jobs and reduce CO2 emissions, including in the vibrant SME sector. Energy poverty is widespread especially in rural areas, and green energy and energy efficiency hold the solution. Green investments can also reduce costs, leaving households with more disposable income and businesses with higher profits. Sustainable management of natural resources, including water, and respecting the boundaries of biodiversity should remain central policy goals during the recovery.
- **Encouraging digital transformation.** COVID-19 forced businesses to hasten the transition already under way to a digitalized world. Many have learned to embrace this trend as an opportunity not only for efficiencies but also to enrich and diversify the workforce, and particularly to realize the potential for gender equality. Teleworking in Georgia currently benefits more women than men. But to maximize the opportunity will require more computers and improved Internet access, particularly in rural areas, along with a concerted effort to cultivate skills and challenge stereotypes that hinder women from building ICT careers. But the benefits are substantial: in case of a second lockdown, expanded ICT access could save up to 80,000 formal jobs, 30,000 of them in the countryside.
- **Enhancing transport connectivity for trade promotion.** For a small, open economy like Georgia, trade is critical for realizing development prospects. The country could take further advantage of its geographic position through the development of a national trade facilitation roadmap. The transport sector, which has an important role in a transit country, can make an important contribution to the recovery and to advancing SDG implementation.
- **Improving business infrastructure.** Functioning business clusters, networks and value chains create synergies and support foreign direct investments. More favorable conditions can be created for women entrepreneurs and networks, including the agricultural sector. A better coordinated business development infrastructure offering more relevant services, including extension services, will support the business community. New and improved legislations and regulations will benefit the recovery, especially of women and other groups that are at risk of being left behind. The labor productivity of Georgia's workforce should be further improved.<sup>22</sup>



UN Women/Tako Robakidze

<sup>22</sup> [http://www3.weforum.org/docs/WEF\\_TheGlobalCompetitivenessReport2019.pdf](http://www3.weforum.org/docs/WEF_TheGlobalCompetitivenessReport2019.pdf)



- **Developing hard and soft skills.** The UN's investments in education and vocational training will continue, again leveraging the skills of returnees wherever possible. Training, coaching and workplace mentoring will benefit youth, women and vulnerable persons (including entrepreneurs). Creative use will be made of online platforms and other digital solutions, not just as a pandemic response but as a tool to reach underserved groups such as women in a format convenient to them.



Photo | UNOPS Georgia

- **Fostering innovation.** Increases in productivity that make possible growing incomes and the reallocation of resources towards sectors with higher added value requires addressing the barriers that hinder innovation in the economy. The UN will support the authorities to refine policies in this area, including through a participatory assessment of the multiple factors that influence innovation.
- **Investing in the care economy.** Sectoral shifts are important to reduce the pay gap between male and female employees. Stereotypes need to be dismantled. State-funded care services need to be seen as a job-creating investment rather than a cost, and a way to relieve the burden of unpaid care work (multiplied during the pandemic) that prevents women from joining the labor force.
- **Cultivating safer workplaces.** Although Georgia has in recent years taken encouraging steps towards the reestablishment of a full-fledged labor inspection service, the pandemic underlined the need to accelerate institutional capacity development in this area. This will not only improve the protection of workers, employers and customers from workplace health and safety risks; it will also reduce the likelihood of business closures and mitigate the social and economic impact when they do occur.
- **Promoting local development.** To help regions at risk of being left behind the UN will improve rural-urban linkages and empower municipalities. Successful local and regional economic development requires devolution, capacitated governments and the active involvement of the local civil society.
- **Providing “build back better” policy advice.** Finally, the Government of Georgia will be supported in improving synergies and efficiencies at all levels. More impact-oriented and timely monitoring will improve evidence-based analysis and increase the efficacy of government policies and interventions.

## CHAPTER FIVE

# MACROECONOMIC RESPONSE & MULTILATERAL COLLABORATION

### *AGENCIES ENGAGED: World Bank, IMF, FAO, ILO, IOM, UNDP, UNIDO*

Georgia has had a strong track record of implementing sound macroeconomic policies and reforms in the past years. The results include sustainable public finances, balancing a moderate tax burden on the economy with optimizing expenditures; a healthy and supportive financial sector; and an attractive business environment. GDP growth has been steady, averaging 4.9 percent per year between 2010 and 2019, despite major shocks such as the global financial crisis in 2008-09 and the drop in commodity prices that affected growth in key trading partners in 2014. Poverty defined in accordance with the national poverty line of USD 2.5 per day declined to 19.5 percent in 2019, almost half its 2007 rate.

The pandemic threatens to reverse Georgia's past gains in economic development and poverty reduction. The Government's swift and comprehensive reaction, including the nationwide state of emergency in force between 21 March and 22 May, was effective in flattening the infection curve, but it also took a heavy toll on economic activity. The country is now expected to slip into a deep recession in 2020, and experience severe job and income losses and business closures. Around 500,000 Georgians are at risk of downward mobility and poverty is expected to increase by 2.8 percentage points.

The Georgian economy is expected to contract by between 4-5 percent in 2020, with risks tilted to the downside.<sup>23</sup> The shock to demand has been broad-based. The contraction in services has been more significant than in manufacturing as a result of the lockdown and the country's reliance on tourism. The hospitality sector, dependent on tourists and travel, has been strongly affected by the pandemic. The peak effect of containment measures is likely to have occurred in April (when year on year growth fell by 16.6 percent) and May (by 13.3 percent), causing a cumulative year-on-year decline in GDP of 5.4 percent for the first five months. Preliminary data suggest a tentative recovery in domestic consumption starting in June, though non-resident spending remains essentially zero given that, as of the end of August, incoming travel has been reopened for only a handful of countries.

If the success in containing the pandemic is sustained, a gradual recovery of activity should continue in the second half of the year. However, any resurgence of infections that prompts a re-introduction of restrictions could undermine this. Moreover, because of heightened global uncertainty, downside risks dominate. A prolonged COVID-19 outbreak, widespread social discontent and political instability, more protectionism,

<sup>23</sup> The IMF's Sixth Review under the Georgia Stand-By Arrangement projects a contraction of 4 percent; the World Bank's Macro-Poverty Outlook projects a contraction of 4.8 percent.



oversupply in the oil market and intensified geopolitical tensions and security risks could dampen external demand for longer—including for tourism-related activities—and harm investment.

Prudent macroeconomic policies prior to the pandemic, and strong support by the international community, allowed the authorities to launch a robust effort to mitigate the economic and social impacts of the crisis. Loans worth a total of more than USD 3 billion had been mobilized by the end of July 2020, with almost USD 600 million already transferred to Georgia (see Table 3, below).

In line with good emerging practices, the Government of Georgia expanded existing social transfers while introducing new ones and enacted temporary relief measures for businesses and households (see Chapter 4). The temporary increase in spending is appropriately targeted to deal with the fallout of the crisis. In the financial sector, the National Bank of Georgia (NBG) eased capital and regulatory requirements, provided Lari and foreign exchange liquidity and preemptively requested additional provisioning for banks.



## Fiscal balances

The fiscal deficit is expected to widen sharply in 2020 as revenues decline and spending rises to contain the outbreak and offset its social and economic impact.<sup>24</sup> On 24 June 2020, the Parliament approved an amended budget with additional fiscal spending of 4.0 percent of GDP, including 2.2 percent of GDP in social transfers, 1.0 percent of GDP in support to businesses (primarily credit guarantees and interest rate subsidies), and 0.7 percent of GDP in additional health spending. Temporary tax exemptions and deferrals, combined with expected revenue losses due to economic slowdown, are expected to add about 2.5 percent of GDP to the fiscal deficit. The authorities plan a gradual fiscal consolidation starting in 2021 as one-off spending expires, growth resumes and revenues recover, with an eye to preserving the medium-term fiscal target of bringing public debt below 45 percent of GDP.



IOM/NGO Imedi

As the economy recovers the deficit is expected gradually to decline to levels prescribed by the fiscal rule. Sizable donor financing, including augmentation of the IMF's Extended Fund Facility (EFF), development policy lending and emergency COVID-19 related lending by the World Bank and stepped-up support from the ADB, KfW, AFD, and AIIB will finance the deficit and allow for the build-up of government deposits in 2020. At the same time, the public debt-to-GDP ratio will increase temporarily to above 60 percent of GDP in 2020 but is projected to decline to 51 percent of GDP by 2025.

<sup>24</sup> The revised budget envisages a deficit of 8.5 percent of GDP. The World Bank projects a deficit of 9.7 percent of GDP



## External balances

The pandemic will reverse some of recent years' gains on the external balance. The current account deficit is projected to widen to 11.3 percent of GDP due to declining exports, tourism and remittances. Goods exports and imports declined in the first half of 2020 by 16 and 19.1 percent year on year, respectively, with the overall goods trade deficit improving by 21 percent, broadly in line with expectations. In addition, remittances appear to have been more resilient than expected. However, tourism receipts collapsed in the second quarter of 2020, and prospects for resumption of tourism activity are limited as hotel forward occupancy rates remain well below capacity for the rest of the year. On the capital and financial accounts, capital outflows during the crisis have been relatively modest.

The shock has generated significant balance of payments financing needs in 2020-21. In response, the authorities swiftly secured financing from the IMF and other donors (expected at USD 1.3 billion in 2020 and USD 300 million in 2021). The IMF augmented funding under the existing Extended Fund Facility by USD 375 million in early May, to a total of about USD 415 million for the remainder of the program.

**Table 3:** International financial support for Georgia in 2020

| Lending institution | Program   | Loan amount     | Status            | Maturity | Grace Period | Interest Rate |
|---------------------|---|-----------------|-------------------|----------|--------------|---------------|
| ADB                 | "COVID-19 Emergency Response and Expenditure Support Program"               | EUR 92,300,000  | Deposited         | 10       | 3            | Euribor+0.5   |
|                     | Georgian Electricity System Corporatization and Energy Market Development   | USD 100,000,000 | Signing procedure | 15       | 3            | Euribor+0.5   |
|                     | Water and Sewerage Sector Development Program                               | USD 80,000,000  | Signing procedure |          |              |               |
|                     | Modern Skills Development for Better Employment, Sector Development Program | USD 40,000,000  | Under negotiation |          |              |               |
|                     | Fiscal Management and Social Assistance Program                             | USD 200,000,000 | Under negotiation |          |              |               |
| Total (in USD)      |   | USD 529,837,000 |                   |          |              |               |
| AFD                 | Georgia Energy Sector Reform (Policy-Based Loan (PBL) III)                  | EUR 120,000,000 | Deposited         | 20       | 6            | 0.57          |
|                     | Social Welfare Program (Policy-Based Loan (PBL))                            | EUR 70,000,000  | Deposited         | 20       | 6            | 0.57          |
| Total (in USD)      |   | USD 226,100,000 |                   |          |              |               |





|                      |  |                   |                           |      |     |                       |
|----------------------|--|-------------------|---------------------------|------|-----|-----------------------|
| AIIB                 | "Development Policy Measure for Economic Governance and Competitiveness: Additional Loans for COVID-19 Response: COVID-19 Crisis Relief" | EUR 45,000,000    | Signing procedure         | 12   | 3   | Euribor+VS            |
|                      | "With COVID-19 Rapid Response Project"   | EUR 91,340,000    | Funds transfer under way. | 25.8 | 13  | Euribor+VS            |
| Total (in USD)       |  | USD 162,244,600   |                           |      |     |                       |
| EU                   | Macro-financial assistance   | EUR 75,000,000    | Under negotiation         |      |     |                       |
|                      | State Resilience Program   | EUR 75,000,000    | Under negotiation         |      |     |                       |
| Total (in USD)       |  | USD 177,996,750   |                           |      |     |                       |
| IMF EFF              | Extended Funding Mechanism   | USD 200,000,000   | Deposited                 | 10   | 4.6 | IMF SDR Interest rate |
| Total (in USD)       |  | USD 200,000,000   |                           |      |     |                       |
| KfW                  | Energy Sector Reform (Policy-Based Loan (PBL) III  | EUR 90,000,000    | Deposited                 | 15   | 2   | Euribor+0.82          |
|                      | In addition to the World Bank additional funds on DPO (Reprogramming Batumi V and GOGC)  | EUR 180,000,000   | Signing procedure         |      |     |                       |
| Total (in USD)       |  | USD 321,300,000   |                           |      |     |                       |
| WB (IBRD)            | "Economic Management and Competitiveness Development Policy Operations"(DPO)   | EUR 45,000,000    | Deposited                 | 24.7 | 14  | 1.39                  |
|                      | "Rapid Response Project against COVID-19"  | EUR 73,100,000    | Funds transfer under way. | 24.7 | 14  | Euribor+1.25          |
|                      | "Development Policy Measure for Economic Governance and Competitiveness: Additional Loans to Respond to COVID-19" (DPO)                  | EUR 45,000,000    | Signing procedure         | 24.7 | 14  | Euribor+1.25          |
| Total (in USD)       |  | USD 194,089,000   |                           |      |     |                       |
| Grand total (in USD) |  | USD 1,811,567,350 |                           |      |     |                       |





## Monetary and exchange rate policy

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Georgia entered the COVID-19 pandemic with slightly elevated inflation at 6.1 percent in March 2020. Higher excises on tobacco in 2019 as well as the weaker Lari pushed inflation from around two percent year on year in early 2019 to seven percent by the end of 2019, well above the NBG target of three percent. In line with its inflation targeting monetary policy framework, the NBG increased the policy rate by a cumulative 250 basis points (bps) from 6.5 percent in September 2019 to nine percent in December. Supported by a more stable Lari, inflation retreated to 4.8 percent by August 2020.

Given the pandemic's strong weakening effect on demand, the NBG started cutting its policy rate in tandem. The exchange rate overshot again in March 2020 as the pandemic spread, and together with supply chain disruptions pushed inflation back to 6.9 percent in April. The recovery of supply chains and the sharp contraction in demand relieved some of the pressure on prices. Against this backdrop, the NBG has been measured in its response and gradually reduced rates by 75 bps since April, bringing its policy rate to 8.25 percent in June. In addition, the NBG introduced various tools to provide Lari liquidity.

The NBG maintains a floating exchange rate with interventions limited to smoothing excessive volatility. Following significant depreciation in March, the exchange rate recovered and stabilized in real effective terms. The NBG has sold about USD 300 million to prevent excessive volatility through auctions in the foreign exchange market.

While short-term inflationary pressures cannot be ruled out, inflation is projected to converge to the NBG's target over the medium term. Declining commodity prices, subdued domestic demand, and fading one-offs should help inflation converge to the three-percent target by end-2021. Monetary policy should remain flexible and dependent on inflation developments.



## Financial sector policies

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The financial sector has a crucial role to play in mitigating the economic impact of the crisis and supporting the recovery during the post-pandemic period: to continue servicing clients' needs for credit for both operational cash flow management and investment purposes. The banking system entered this outbreak well-capitalized and with higher liquidity buffers: measures taken by the NBG in recent years improved the banking sector's capacity to withstand shocks. Capital and liquidity were increased within an enhanced regulatory and supervisory financial framework.

In turn, the NBG has allowed banks to release capital and liquidity to deal with the economic impact of the COVID-19 pandemic. This released more than three percent of GDP to help banks absorb potential losses (by allowing them to write off bad loans against capital) while still meeting the regulatory requirements and extending credit to the private sector. Commercial banks, at the NBG's recommendation, frontloaded potential COVID-19 losses, resulting in plummeting banking sector profitability at the end of the first quarter of 2020 (although the banking sector reported profits in later months). The NBG also stepped up the provision of liquidity to banks, including through the introduction of forex swap operations with banks and microfinance institutions (up to USD 400 million) and allowing them to use their SME portfolios as collateral for NBG liquidity support. A moratorium on loan repayments by the banks helped keep non-performing loans at 2.4 percent in the second quarter of 2020.



Despite the pandemic, credit growth remained positive at around 17 percent year on year, excluding exchange-rate effects. Importantly, the NBG is coordinating with banks in a proactive way to monitor the quality of loan portfolios and identify weaknesses. In addition, the bank resolution framework was revamped in December 2019 to strengthen the NBG's resolution authority mandate, improve resolution powers and toolkit, clarify the roles and responsibilities and coordination in systemic cases.

Still, high dollarization and prolonged uncertainty pose risks. NBG measures to promote de-dollarization in recent years were reasonably successful, with the foreign currency-denominated share of liabilities and loans declining by around ten percentage points between end-2016 and end-2019. Still, almost 64 percent of banks' liabilities were denominated in foreign currency at the end of the first quarter of 2020 and 59 percent of loans were in foreign currency, with the pandemic reversing some recent gains.



## Macroeconomic outlook

Medium-term growth in Georgia is expected to rebound to about five percent by 2025, supported by the expected recovery of external demand, infrastructure investment and structural reforms. The baseline scenario assumes that a tentative recovery in the global economy will take root in the third quarter of 2020 and firm up into 2021. However, the impact of the containment measures on domestic demand, the uncertain prospects for a recovery of tourism and supply-chain disruptions are likely to persist for some time. As a result, the recovery is expected to be gradual, as pandemic-proofing affects businesses and consumers, with some COVID-19 losses likely to remain permanent.

Economic activity in Georgia could recover to four percent growth in 2021 (which is still below the 4.8 percent growth rate for 2021 projected before the pandemic); however, there is tremendous uncertainty surrounding these forecasts. Much depends on the path of the virus, locally and globally.



UN Women/Tara Milutis

## CHAPTER SIX

# SOCIAL COHESION & COMMUNITY RESILIENCE

*AGENCIES ENGAGED: ILO, IOM, OHCHR, UNDP, UNFPA, UNICEF, UN Women*

Georgia's successful containment of the COVID-19 outbreak has depended not only on science-based policies and prudent and timely decisions by the Government but also on the cooperative behavior by the general public. "Responsible citizens" was a key component of the "trust triangle" to which Georgian President Salome Zourabichvili on 17 July 2020 attributed Georgia's success so far in fighting the virus.

Restrictions imposed and then tightened to prevent the spread of the virus were accepted with almost no protest. Rules on social distancing and the use of masks in interior spaces were followed. The public largely adhered to prohibitions on travel and social and economic activities, even as the heavy cost to livelihoods and businesses became clear. At the same time, the Government demonstrated impressive institutional capacity during the pandemic, for example in the daily monitoring of persons placed in self-isolation. Individual compliance of citizens was reinforced where needed by enforcement of the rules.

This welcome demonstration of social cohesion presented for some a stark contrast with the political upheaval and division of 2019, in which different camps hotly contested the rules for parliamentary elections expected in October 2020. Street protests were a feature of political life in the summer and fall, and the causes of the violent confrontation between protesters and police in front of the Parliament on 20 June 2019 and the accountability for the decisions taken there continue to spur debate.

The pandemic subdued but did not halt political life in the country. On 8 March 2020, with mediation from foreign diplomats, the ruling and opposition parties reached an agreement on changes to the electoral law that would open 120 of 150 seats in the parliament to competition through a proportional system while reducing to 30 the number of seats to be decided in majoritarian contests. This agreement was translated into legislation that was approved by the Parliament in June 2020. With restrictions on smaller gatherings eased, campaigning for the elections launched in earnest in July 2020.

This juxtaposition of widespread social conformity with official pandemic guidance and a political landscape that remains highly polarized points to the resilience of Georgia's democratic institutions and broad public allegiance to a shared system of governance, however deep the political fault lines.

That said, COVID-19 has exposed some stresses and strains in Georgian society, and this is where the UN agencies have focused in pandemic response and will continue to direct their support in recovery.







## Access to information

The Georgian Government is rightly credited with having conducted a highly effective information and outreach campaign on COVID-19. Crucial to its success have been transparency and credibility. The central website [StopCoV.ge](https://stopcov.ge) was up and running in the first days of the crisis, providing a regularly updated count of COVID-19 cases and practical information on how to prevent infection. Regular public guidance has been provided in clear language by the scientists leading the response, starting with Amiran Gamkrelidze, Director of the National Center for Disease Control and Public Health (NCDC). A sober assessment of the challenges helped convince the public that nothing was being hidden from them, and Georgia's strong performance has made Gamkrelidze and his colleagues national heroes.

Through use of television spots and social media the Government has achieved near complete national coverage. More than 99 percent of survey respondents reported receiving some information on COVID-19; 98 percent said they'd received information on hygiene and preventive measures; and 87 percent said they'd been informed about healthcare facilities providing COVID-19-related services.<sup>25</sup> Almost all respondents – 91 percent of men and 94 percent of women – found the information clear and helpful.



UNDP/Nugzar Suaridze

But some gaps emerged. **National minority communities** – particularly the majority Azerbaijani municipalities of Bolnisi and Marneuli in Kvemo Kartli region – experienced a higher prevalence of COVID-19 cases than did other locations. Focused lockdowns and quarantines were imposed as a result. Marneuli was the site of rare public protests in April. Georgian-language social media was the site of some discriminatory criticism of national minorities. With support from the UN system, the Government responded with targeted leaflet and poster campaigns delivered in minority languages, and (also with UN support) the [StopCoV.ge](https://stopcov.ge) website was translated into Armenian, Azerbaijani, Abkhaz and Ossetian.

This experience points to pre-existing challenges. Public opinion polls have long demonstrated that Georgia's national minority populations feel they lack full information about national policies and do not always feel themselves fully included in broader Georgian society.<sup>26</sup> Further efforts thus appear to be needed to build bridges to Georgia's national minority communities during the pandemic and beyond.

<sup>25</sup> UN Women, Rapid Gender Assessment of the Covid-19 Situation in Georgia, June 2020.

<sup>26</sup> See, for example: [https://www.ndi.org/sites/default/files/NDI%20Georgia\\_Poll%20Press%20Release\\_%20April%202019\\_Issues%20Poll\\_ENG.pdf](https://www.ndi.org/sites/default/files/NDI%20Georgia_Poll%20Press%20Release_%20April%202019_Issues%20Poll_ENG.pdf).





UNHCR/Kakha Mshvidobadze

Similarly, the pandemic underlined the importance of customized outreach and support for **persons with disabilities** (PwDs) and other communities facing elevated risk from COVID-19. Here the UN helped to ensure that government guidance was provided in sign language and that preventive behaviors were communicated in formats custom-tailored for persons with intellectual disabilities. Addressing the isolation felt by residents and staff of mental-health institutions was another UN-supported effort.

Challenges were also experienced in reaching other marginalized or isolated groups, including the 40,000 **internally displaced persons** living in 41 collective centers; the 41,000 impoverished **elderly** people living alone or in care

facilities (most of whom are women); and **remote and rural communities**.

Language barriers and lack of networks and integration into the broader community also affected **refugees and migrants** in particular. Due to both real and perceived legal precarity of both regular and irregular migrants, as well as regulatory and practical barriers, they are less likely to seek health services, including getting tested for COVID-19, often citing issues of affordability, mistrust and fears related to their legal status, as well as language barriers. Proactive outreach was ensured to refugee communities and COVID-19 information was provided in various languages (including Farsi, Arabic and Russian).

The Government's approach helped to limit the scope for the "disinformation" that has played such a destructive role in other contexts. However, wild stories about the Richard Lugar Center for Public Health Research, which was built with US support, have long circulated in neighboring countries' media. Going forward, the public will benefit from learning how to discern fact from fiction in social media.



## Democratic governance and human rights

The official response to the pandemic entailed some limits on civil liberties. A state of emergency was declared on 21 March 2020 and lasted through 21 May 2020. Subsequently the Parliament approved legislation allowing the Government to impose restrictions without a formal state of emergency; initially in force until 15 July, this legislation has since been prolonged until the end of 2020. The decision evoked protests from opposition parties, which accused the Government of overreaching its authority.



Photo | UNDP Nino Zedginidze



The Government has defended human rights infringements as necessary in the pandemic context, and to his credit the Prime Minister has taken pains to ensure that restrictions face public scrutiny. A session of the Human Rights Council was convened on 16 June 2020 (with support from UN agencies) where feedback from the Public Defender's Office (PDO) and civil society organizations was welcomed. The PDO has been a loud voice for human rights throughout the pandemic, pointing, for example, to the lack of an appeal mechanism for those confined to quarantine. And civil society organizations have also kept a watchful eye on the Government; Transparency International's assessment is just one good example.<sup>27</sup>

**Human rights institutions**, such as the PDO and the State Inspector's Service, and CSOs have long been a core area for UN support in Georgia, and this will continue during the pandemic recovery phase.

A UN-supported assessment of Georgia's progress on human rights presented in October 2019 concluded that many vulnerable groups enjoy better protection on paper than in everyday reality.<sup>28</sup> During the pandemic, it is these same groups whose rights emerge as most endangered. Their needs are also covered in the "Protecting People" chapter, above, but issues of voice and agency are relevant here.

Already marginalized and at risk of violence before the pandemic, the **LGBTQI community** was exposed to added pressure through the restrictions imposed to limit the outbreak. With a curfew in force from 3 April to 22 May 2020, transgender persons relying on sex work as their only source of income were abruptly confronted with existential dilemmas. Access to income, medical care and other social services, already challenges for LGBTQI persons, became much more difficult. These tensions culminated in the attempted self-immolation by a transgender woman outside Tbilisi City Hall on 30 April 2020. Here again, the UN stepped in with direct financial and material support for the LGBTQI community.

While the Georgian government, to its credit, continued registering asylum claims (an essential service to respect a fundamental right) during the pandemic, there were problems with timely issuance of documents for applicants for asylum and for refugees. This lack of documentation jeopardized access to health, education and other essential services for the populations concerned and risks their further marginalization. In response, the PDO has advocated for the inclusion of **refugee and asylum-seeker communities** in Government anti-crisis plans.



## Participation and voice

Recovery and adaptation to post-pandemic realities will require the joint efforts of all of Georgian society. For solutions to be effective, they need to be designed in the interest of those affected and with their participation. This is an area where Georgia has made significant progress over the past two decades and but needs to continue to seek improvements post-pandemic, both in the degree to which institutions are representative and to which public services are shaped in the best interest of recipients.

One necessary focus is **gender equality**. As described in the "Protecting People" chapter, the pandemic has imposed new burdens on women and girls that could impede their employment prospects while also exposing them to situations that in other countries have spurred an increase in domestic violence. To ensure

<sup>27</sup> <https://transparency.ge/en/post/managing-challenges-covid-19-government-actions-evaluation-report>

<sup>28</sup> <https://www.ge.undp.org/content/georgia/en/home/publications/Georgia-human-rights-2019.html>

that women have an adequate say in recovery policies, their share in leadership positions needs to expand. Currently women hold only 14 percent of the seats in the Parliament and only 13.5 percent of local councils, and only one among the country's 64 mayors is a woman. The quota system adopted in July 2020 offers only glacial promise of improvement in the Parliament, but dramatic change lies ahead for local councils, where a 50:50 quota system for the proportionally elected seats will take effect for local elections in 2021.

Civic initiatives promoting women's role in political and economic life will also need reinforcement. These areas have long been priorities for the UN system in Georgia and will receive renewed attention.

A second focus area concerns the **labor force and workers' rights and safety**, particularly of the high share of the workforce concentrated in the informal sector in Georgia. This was a group that found itself with essentially no formal safeguards when the economic shutdown was enforced. Given the employment impact of the crisis, there is room for strengthening worker and employer organizations and promoting tripartite social dialogue among Government, workers and employers with the aim of agreeing on the measures needed to ensure that decent work is at the heart of any economic recovery.

Another necessary focus is **IDP and refugee communities and stateless persons**, whose voice and participation need to be included in post-pandemic recovery and adaptation programs. Participatory assessments and dialogue with communities are regular features of working with **IDPs and refugees**, and the UN tries to amplify their voices, advocate and work with Government authorities and civil society to address relevant issues.



## **Public service delivery and digital disruption**

Restrictions on physical contact have forced a dramatic reorientation in the delivery of **public services**. Georgia was already a pioneer in efforts to move to e-services, but COVID-19 has hastened the transition to digital solutions. With support from UN agencies, the Public Service Hall that serves as a one-stop-shop for state documents added dozens of new services; mediation support was offered online; vocational education was adapted to a learn-from-home approach; and a range of telehealth services were rolled out. Digital technologies are also being deployed, with UN support, to bridge the gaps between villages (where residents are often unaware of support options) and municipal centers. GPS tools have been installed with the emergency services to make ambulance routes more efficient.

This is just the beginning, given the potential of **digital technologies** to overcome distances and drive efficiencies in both public service delivery and the economy (see "Economic Response and Recovery").

The pandemic hit Georgia just as a major reorientation in the governance system was taking place, following the adoption of a new **decentralization** strategy<sup>29</sup> and action plan at the end of 2019. This reform was adopted with dedicated support from the UN system. The core idea behind the reform is to devolve a range of responsibilities from the center to municipalities, and thus closer to the citizens they serve, and build up municipal capacity (in terms both of funding and staff capacity) to recognize and respond to local needs. This capacity was tested during the pandemic, with uneven results; going forward, consistent investment will be needed to ensure that decentralization delivers on its promise.

<sup>29</sup> <https://mradi.gov.ge/pdf/5e468e292b317.pdf/Decentralization-strategy-ENG.pdf>.

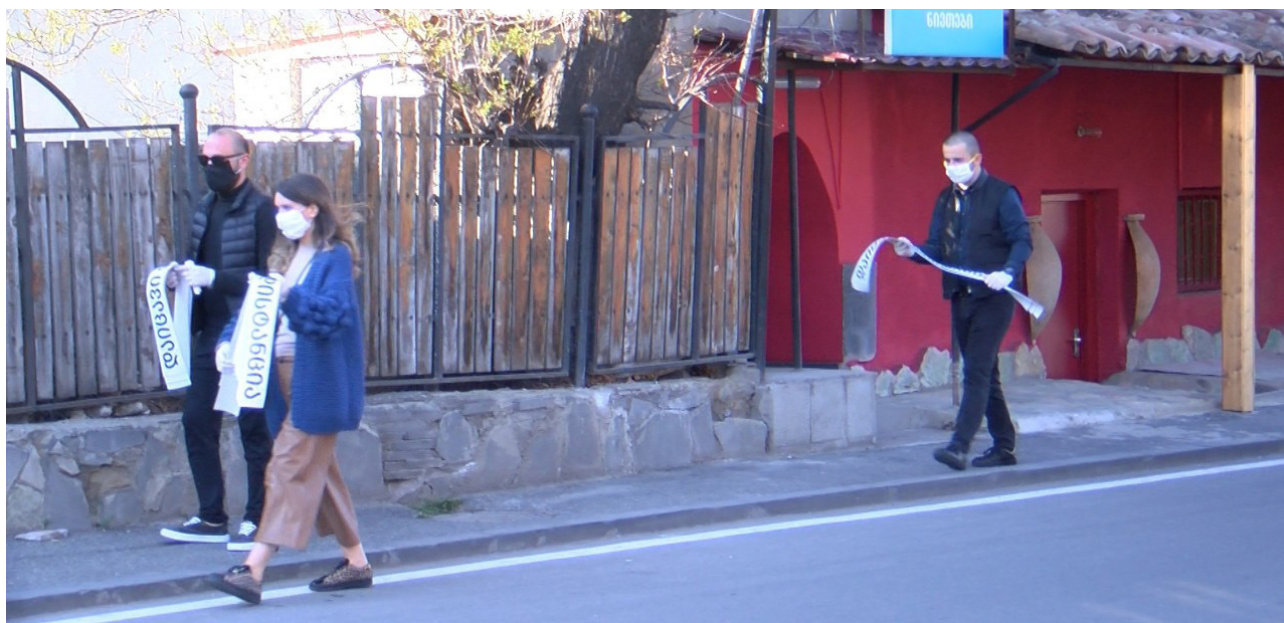






## Community resilience

The pandemic and the restrictions imposed to stop its spread put a strain on local communities in Georgia, with the heaviest burdens often falling where resources were most scarce to respond. Yet at the same time, COVID-19 spurred many **community-based solutions**, with local CSOs and community groups banding together to provide care to the elderly or crowdfund solutions for vulnerable households. Perhaps the most robust civil society response came from the Georgia Red Cross Society, which in a range of initiatives supported by UN agencies and other international partners, expanded its volunteer network to deliver protective gear and supplies to thousands of elderly and isolated people.



UNDP/Nugzar Suaridze

The most effective form of protection and psychological support is often community-based. The networks of refugee community facilitators and IDP volunteers supported by the UN helped to address the additional isolation and anxiety caused by COVID to the extent feasible. These networks helped deliver information on COVID-19 and measures and actions taken by the Government, facilitated referrals to available services, legal and social assistance, and enabled peer-to-peer counselling.

Looking ahead, Georgia will need to build on these initiatives to generate the broadest form of community resilience and a culture of volunteering, since the advance of climate change suggests that the pandemic will be followed by other forms of disasters, including droughts and floods, for which preparedness needs to be assured. The UN is already supporting a nationwide effort to create early warning systems for climate-driven disasters that will combine the most advanced technologies at the center with citizen readiness on the ground. The pandemic experience offers valuable lessons that Georgia is already digesting for future use.

More broadly, the pandemic needs to be treated not merely as a crisis to be survived and overcome, but also as a learning opportunity about the fragility of the natural environment. Despite the invisibility of the virus, COVID-19 did not emerge from nowhere. Its origins are a consequence of the desecration of the earth's biodiversity. This awareness should be used not to terrify people into inaction but rather to mobilize them behind the **"green" solutions** that serve both to preserve nature and deliver prosperity. The UN can serve as a channel for translating these emerging global solutions into Georgian realities.



## The UN offer

Looking ahead over the coming 18 months, the UN system in Georgia is prepared to offer assistance in a range of areas to address the main challenges of social cohesion and community resilience.

These fall into four main areas:

### First, helping Georgian partners to provide timely and accurate information, including through:

- Improving communication channels with local governments in rural communities;
- Making use of digital technologies to close distance gaps and improve efficiencies;
- Extending targeted outreach to national minorities, IDP communities, persons with disabilities, and refugees, migrants and asylum-seekers; and
- Fighting disinformation and encouraging critical thinking in use of social media.

### Second, supporting more inclusive and participatory decision-making at all levels, including by:

- Increasing the representation of underrepresented groups in all aspects of life;
- Promoting leadership roles for women, especially in the run-up to local elections in 2021;
- Facilitating cross-community dialogue, especially with regards to national minorities;
- Encouraging the greater inclusion of IDPs in decision-making processes;
- Strengthening participatory assessment and monitoring of support interventions for refugee, asylum-seeker and migrant communities; and
- Supporting networks of IDP community volunteers and refugee community facilitators.

### Third, promoting inclusive social policies and fulfillment of human rights, including through:

- Supporting the national human rights institutions and civil society in protecting human rights and promoting a “leave no one behind” approach in crisis management;
- Promoting outreach to older persons and youth to support intergenerational solidarity and community engagement to address social isolation of older persons, stigma and ageism;
- Supporting key stakeholders such as local governments, religious and community leaders, academia and media in their roles in upholding child rights and other human rights;
- Strengthening participatory advocacy platforms and communication, including on issues such as violence against older persons and persons with disabilities;
- Promoting tripartite social dialogue among Government and workers’ and employers’ organizations to advance the measures needed to pursue the goal of decent work for all; and
- Supporting the Government in preserving and improving the institution of asylum and the safety and protection of asylum-seekers and refugees, including through the timely issuing of legally required documentation and addressing stigma and xenophobia.



#### Fourth, strengthening local governance and community resilience, including by:

- Developing community-based data generation and information sharing;
- Building the capacity of local governments to identify needs and deliver public services in an equitable and efficient fashion;
- Supporting community development projects that incorporate COVID-19 response;
- Engaging youth in promoting active citizenship and volunteering, especially during emergencies;
- Enhancing disaster preparedness programs at the community and municipal level; and
- Developing models for community-level public, private and volunteer care services.



UNDP/Nino Zedginidze



## CHAPTER SEVEN

# COVID-19 IN ABKHAZIA

### *AGENCIES ENGAGED: FAO, UNDP, UNFPA, UNHCR, UNICEF, UN Women, WHO*

The COVID19 pandemic has exposed and exacerbated challenges—in healthcare provision, access to education and social services, and livelihoods and economic opportunities—that the population of the breakaway region of Abkhazia has been facing since the end of the active stage of the conflict in the early 1990s. The pandemic has further weakened already low community resilience and increased the chance of a full-scale humanitarian emergency for the 240,000 people who reside in the conflict region.



### *Healthcare*

Healthcare services have been hit especially hard due to the lack of investment and modernization that characterized all aspects of life in Abkhazia since the 1990s. Except for a handful of facilities restored or built with external assistance, physical infrastructure remains largely dilapidated. There is also a chronic lack of equipment and supplies. An even bigger challenge is the shortage of qualified medical staff.



UNDP/ Vladimir Valishvili

Abkhaz medical facilities managed initially to cope with the small numbers of COVID-19 cases detected in the region, with treatment provided at a relatively new facility for infectious diseases at the Gudauta Hospital. In this it was helped by regular shipments of masks, protective gear, hand sanitizer and disinfectants and testing kits delivered by UN agencies. Guidance from WHO provided during and after a rapid assessment mission in March 2020 was well received by the de facto health authorities and generally followed, at least initially. With numbers rising over the summer, however, and de facto health officials conceding that contact tracing was

no longer possible in late August, the COVID response looked fragile.

With the system's limited resources focused on fighting the pandemic, other healthcare needs suffered. Immunization rates of children, already chronically low in Abkhazia, risked a further drop as parents hesitated to visit healthcare facilities out of fear of the virus and owing to a lack of personal protective equipment.



Patients suffering from infectious diseases such as tuberculosis, already hesitant to seek testing or treatment owing to widespread stigma, have interrupted their therapy during the pandemic.

The new exit and entry restrictions imposed to try to limit the outbreak posed particular challenges for the many residents of Abkhazia who rely on medical care in Russia or in Tbilisi Administered Territories.

The closure of the administrative boundary line (ABL) at the Enguri bridge has put a particular burden on the ethnic Georgian residents of eastern areas of Abkhazia. Accustomed to cross the ABL to access healthcare services, buy medicines and collect their pensions, they are now cut off. While medical evacuations continue to take place, some people fail to receive permission to cross or miss their appointments or operations because of cumbersome bureaucratic procedures. The lack of access to medical care and medicines has created great anxiety: a survey conducted by UNHCR showed that ten percent of the 80 households contacted had a family member with serious psychological problems. Families are feeling the strain of care and also facing risks of aggressive behavior from family members with mental illness.



## Education

Education provision in Abkhazia suffers from the same lack of investment and modernization as healthcare. School buildings, particularly in rural areas, are often in poor physical condition, and teaching methods often outmoded and reliant on the rote learning customary in the old Soviet system. Many schools lack adequate water and sanitation facilities, making hygiene an everyday challenge and a nightmare when one of the main preventive measures during the pandemic is regular hand washing.

All schools were closed in March in Abkhazia, causing serious disruptions of education processes. Although some attempts were made to shift teaching online, the region lacks sufficient ICT equipment and Internet access, especially in rural areas, for this to be effective. In eastern Abkhazia only a handful of households had access to computers and only a few schoolchildren were even aware of the concept of online education. Elsewhere, fitful attempts were made to conduct classes via the WhatsApp application. Frequent electricity outages are another problem and particularly persistent in the wintertime.



## Livelihoods and economic opportunities

Limited employment options mean that COVID-19 poses a direct threat to livelihoods in Abkhazia. The region depends heavily for funding on Russia, which generally covers more than half of the region's RUB 8.1 billion (USD 109 million) annual budget. Russian subsidies have been slow in coming in 2020, however, and none of the funding promised for infrastructure investments had been transferred in the first six months of 2020. This created salary and pension arrears and constrained budgetary spending across the board. Officials warned in June 2020 that monthly budget revenues were only half of expected levels.

In addition, since the beginning of July 2020, due to scarcity of ruble cash reserves held in Abkhazia, the withdrawal of funds from ATMs has been interrupted for all non-local credit and debit cards. This has generated an even stronger impact on the ability of local residents to spend, the majority of which has bank accounts in offshore establishments such as Tinkoff Bank, including due to delays in the payment of salaries



and retirement benefits. With the reopening of the Psou River crossing point with the Russian Federation on 1 August 2020, these restrictions have eased somewhat, although not consistently.

Tourism accounts for 35 percent of Abkhaz GDP, according to the de facto authorities. The closures imposed in the early days of the COVID-19 crisis prevented Russian tourists from entering at peak periods, in effect cancelling the 2020 season. In the face of protests from the tourism sector, this policy was reversed on 1 August 2020, but at this point the season will be hard to salvage. A survey of tourism-related firms in July 2020 showed 100 percent reporting losses and 40 percent cutting staff or reducing wages.

Agriculture is a source of income for many in Abkhazia, but it too has been hurt by the measures put in place locally to try to limit the spread of the virus. A July stock-taking survey of 118 agricultural producers and other partners and beneficiaries of the EU-UNDP ENPARD project, for example, revealed that 74 percent of respondents were suffering major revenue losses. A similar share reported worsening problems in securing inputs and reduced demand for their goods and services. Nearly half viewed the pandemic as an existential threat to their livelihoods. Respondents engaging in larger-scale production of agricultural products for export reported problems accessing the Russian market, portending reduced profits and a consequent decrease in resources available for the upcoming planting season.

Insufficient knowledge of good agricultural practices, the lack of needs-based extension services and poor access to markets made Abkhaz agriculture vulnerable to crises even before the pandemic wiped out their demand. The region has been plagued for years by pests such as the brown marmorated stink bug that devastated recent hazelnut harvests. Numerous strains of chestnut pests, identified in early 2019 and whose presence and rapid spread has been reconfirmed in 2020, are now posing new threats to traditional Abkhaz cash crops. Farmers in eastern Abkhazia report that they were unable to treat their crops this year due to higher pesticide prices and lack of cash as a result of the closure of the Enguri crossing point. Farm incomes have fallen all across Abkhazia, leaving many without means of subsistence.



## *Protection of vulnerable groups*

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An increase in poverty in Abkhazia thus seems inevitable, even if tourism numbers continue to rise for the rest of the season. Some high-risk groups, such as the elderly, persons with disabilities and families with many children, face a precarious situation. In eastern Abkhazia some households are running short on food and basic hygiene supplies, with access to cash complicated by the ABL closure. In this situation, the region's social protection system lacks both the capacity and the resources to provide much of a buffer.

This puts a premium on social work services, which are being developed with international support.

There is also growing concern about a rise in violence against women and domestic violence. Stay-at-home regimes in other locations around the world have led to documented spikes in gender-based violence. With the assistance of the international community, progress has been marked in recent years in awareness about violence against women and domestic violence in the region. Yet there is no institutionalized system to prevent such violence and provide counselling or services for survivors.



## The UN offer

The UN agencies are well positioned to contribute to addressing the challenges. In partnership with international non-governmental organizations, they have been working in Abkhazia with the aim of improving living conditions for conflict-affected, displaced and vulnerable communities since the mid-1990s. UN assistance has grown significantly in recent years, with activities in agriculture, education, health and environmental protection. Programs currently under way are being adapted to support the healthcare system and improve social protection and livelihoods during the pandemic.

## Healthcare

UN agencies have provided crucial support in responding to immediate COVID-related needs. This has included public advocacy for preventive measures, international expertise on laboratory diagnosis and hospital management, regular shipments of protective equipment and medical supplies, training and peer-to-peer consultations between local and foreign doctors. This type of support will still be required in coming months; indeed, it will probably need to increase as the pandemic situation worsens.

In parallel, the UN system is stepping up its efforts to ensure the continuity of critical services in healthcare areas not related to COVID-19 and, looking ahead, to improve healthcare provision more broadly for people in Abkhazia. One focus is on mother and child healthcare, both through strengthening the knowledge and skills of service providers and providing technical and material support. In addition, work will continue on ensuring that local residents – particularly young women and mothers – have access to sexual and reproductive health services, including effective prenatal care. Another area of focus will be on expanding vaccination coverage and ensuring greater public acceptance of vaccines. Yet another will be to continue to improve healthcare services and reduce stigma for patients suffering from tuberculosis, hepatitis B and C, HIV/AIDS and other infectious diseases. Finally, with UN assistance a system for the safe disposal of medical waste will be established and equipped.

## Education

UN agencies will support the safe re-opening of schools by implementing a comprehensive water, sanitation and hygiene program. Sanitary facilities will be improved in a number of schools and children and their families will be educated on proper hygiene techniques in the pandemic context. Schools will also be provided with soap and hand sanitizer.



UNICEF/ Tornike Turabelidze

More focus will be put on developing and promoting distance learning alternatives to ensure that children will be able to learn in case schools remain closed or are closed due to future outbreaks. This focus will be supported through two current workstreams. The first one is modernization of teaching approaches to put students (not teachers) at the center of the educational process. The second will continue to equip schools with technology by providing standard sets of ICT equipment and access to the Internet for educational purposes, along with basic computer skills training for teachers and students.

In parallel, efforts will be made to engage young people in economic activities through youth-targeted vocational and skills enhancement programs, such as woodworking, handicrafts and carpentry, and on-the-job training to increase their self-employment opportunities in the future. Budding entrepreneurs will receive technical support and zero-interest loans to help them to weather the COVID-19 crisis.

The sharp economic slowdown requires UN agencies to intensify efforts to support the small businesses and smallholder farmers who benefit from economic development programming. The emerging needs noted in the ENPARD survey include support in securing market access, procuring scarce inputs and ensuring that resources are available for the upcoming planting seasons. UN agencies are already adapting their small grants programs and engaging in new fundraising to try to address these needs, with a view of expanding future support to address entire value-chain issues.

models will be improved through skill-building, with a focus on crops key to food security, as well as through promoting agricultural diversification and rural vocations alongside farming.

Provision of needs-based agricultural services for farmers will continue. As part of these services, training and information-sharing activities will cover technical agronomy (including soil analysis and plantation planning),



economics and farm management, improved cattle breeding models, the safe use of chemicals and environmental protection, and other good agricultural practices. Access to farm machinery and agricultural inputs will be expanded, accompanied by appropriate technical support.

Efforts to establish a forest health and plant protection strategy will continue. The focus will be on technical assistance to stakeholders, mandated agencies and practitioners to promote integrated pest control. This work will include facilitation of technical discussions, improving pest monitoring procedures and field management actions. To complement work done on crop and forest pests, and on the basis of a recent assessment of local veterinary services, assistance will be provided to the animal health sector through supporting vaccination against the most common livestock diseases.

## ► *Protection of vulnerable groups*

Given the effects of the pandemic on the most vulnerable groups of the population, UN agencies will put additional efforts into extending agricultural trainings to vulnerable households and providing them with necessary inputs (machinery, greenhouse materials, irrigation equipment, seeds, seedlings and saplings, bio-preparations and fertilizers). Support will also be provided for rehabilitation of small community infrastructure such as mills, schools and primary health points, water supply and irrigation systems.



UNDP/Vladimir Valishvili

Humanitarian assistance both in cash and kind will assume heightened importance given the impact of the COVID crisis on livelihoods, particularly in rural areas. Legal support will be also extended to vulnerable households to enable them to better understand and realize their rights.

UN support for the provision of social work services will continue, with a special focus on children at risk. Efforts to end violence against women will continue through awareness raising and services for survivors.

## ANNEX 1: ONGOING UN PROGRAMMING REPURPOSED FOR COVID-19

| Project Title  | Donor                | UN Agency | Amount (USD) | Purpose of reprogramming  |
|--|----------------------|-----------|--------------|---|
| <b>HEALTH FIRST</b>  |                      |           |              |   |
| Outbreak Crisis Response   | WHO                  | WHO       | 2,602,927    | Supporting the preparedness and response of the healthcare system, including in planning; monitoring; and coordination  |
| Governance Reform Fund (GRF)   | Sweden               | UNDP      | 299,713      | Strengthening NCDC to provide key health services in response to COVID-19 and beyond, by launching a special e-learning and communication platform for 4,000 front-line healthcare workers on national and local levels in order to increase infection prevention and control mechanisms; installing contactless sensor buttons in NCDC elevators; strengthening management of state-owned medical institutions and establishing a clinical quality assurance (CQA) mechanism for case management of patients |
| UNFPA 3rd Country Programme for Georgia  | UNFPA core resources | UNFPA     | 28,700       | Supporting the continuity of SRH/maternal care services, including through providing PPEs and sanitizers to designated health facilities; producing information, education and communication (IEC) materials for pregnant and lactating women and their families; adapting COVID-19 related pregnancy and maternal care guidelines/protocols; and developing an online training course on clinical management of pregnant women affected by COVID-19  |
| <b>PROTECTING PEOPLE: SOCIAL PROTECTION AND BASIC SERVICES</b>                                       |                      |           |              |   |
| Human Rights for All (UN Joint Program)  | Norway               | UNDP      | 25,680       | Extending grants to CSOs to assess labor rights and support LGBTI persons, issuing recommendations on personal data protection, providing PPEs to the Public Defender's Office  |
| Transforming the Social Protection System for People with Disabilities in Georgia (UN Joint Program) | UN                   | UNDP      | 76,000       | Supporting the government in disseminating information for PwDs in accessible format in various languages including sign language translation of state briefings, helping prevent burn-out among staff at residential institutions; producing a study of the COVID-19 impact on mental health   |
| UN Joint Programme for Gender Equality   | SIDA                 | UNDP      | 15,000       | Providing rapid response to meet urgent needs of the LGBTQI+ community: rent support, food, expenses for medical services, access to information  |
| Improving Rural Development in Georgia - ENPARD 3 - Adjara Component                                 | EU                   | UNDP      | 14,836       | Purchasing personal protection equipment  |
| Improving Rural Development in Georgia - ENPARD 3 - National Component                               | EU                   | UNDP      | 2,145        | Purchasing personal protection equipment  |
| UN-EU Joint Programme Innovative Action for Private Sector Competitiveness                           | EU                   | UNDP      | 53,500       | Purchasing personal protection equipment; providing capacity building support for the private sector; producing research on the pandemic's impact on companies in the packaging value chain   |



|   |        |       |        |   |
|---|--------|-------|--------|---|
| Support to the Ministry of Internal Affairs of Georgia (MIA) to improve the health safety measures in the reception area for asylum-seekers | UNHCR  | UNHCR | 7,500  | Supporting the Division of International Protection Issues under the MIA to improve the health safety in the reception area for asylum-seekers by installing protective glass, provision of PPEs and sanitizers.  |
| Awareness raising of asylum-seeker and refugee communities about COVID-19   | UNHCR  | UNHCR | 5,000  | Preparing and distributing information in various languages on COVID-19 and related preventive measures to asylum-seeker and refugee communities  |
| Protection monitoring and cash assistance to vulnerable refugees and asylum seekers   | UNHCR  | UNHCR | 68,000 | Extending outreach and protection monitoring in refugee and asylum-seeker communities and expanding cash assistance for vulnerable households to address new needs resulting from COVID-19 prevention measures  |
| Provision of supplies to asylum-seekers living in the Government-run Reception Centre in Martkopi (Tbilisi)                                 | UNHCR  | UNHCR | 6,500  | Providing hygienic items and food packages for two months to support asylum-seekers living in the Government-run Reception Centre in Martkopi (Tbilisi)   |
| Catch-up language education classes for asylum seekers, refugees and humanitarian status holders  | UNHCR  | UNHCR | 20,000 | Providing catch-up language education classes for asylum seekers, refugees and humanitarian status holders as a response to the closure of schools during the COVID -19 pandemic  |
| Support to extremely vulnerable IDP families  | UNHCR  | UNHCR | 24,000 | Supporting the Agency of IDPs, Eco-migrants and Livelihood Provisions under the Ministry of Health to provide food and hygiene packages for 1,000 extremely vulnerable IDP families.  |
| Enhancing Migrants' Rights and Good Governance in Armenia and Georgia EMERGE  | Norway | IOM   | 7,966  | Conducting a Rapid Needs Assessment (RNA) on the challenges faced by third country migrants in Georgia in the context of the COVID-19, focusing on groups of migrants prone to negative effects in public health emergencies, including irregular migrants, low income/low skilled migrant workers, foreign students and rejected asylum seekers. |
| Enhancing Migrants' Rights and Good Governance in Armenia and Georgia EMERGE  | Norway | IOM   | 60,000 | Based on the RNA, working with six local NGOs to support vulnerable third country migrants to target critical needs and provide legal assistance, information on COVID-19 prevention and safety measures, access to emergency healthcare and hygienic items.  |
| Enhancing Migrants' Rights and Good Governance in Armenia and Georgia EMERGE  | Norway | IOM   | 13,359 | Through photo-stories, capturing the voices of Georgian returnees and third country migrants in Georgia as they face new daily challenges due to the COVID-19 pandemic and thereby building public awareness of the challenges that migrants face and promote diversity, compassion and solidarity.   |
| Sustaining Border Management and Migration Governance in Georgia (SBMMG)  | EU     | IOM   | 1,322  | Providing protective overalls, face masks, respirators and disposable gloves to officials of the MIA Migration Department, thereby reducing the risk to staff and the migrants with whom they have contacts with on a daily basis.  |
| Sustaining Border Management and Migration Governance in Georgia (SBMMG)  | EU     | IOM   | 7,850  | Providing cash assistance to immigrants in Georgia who are stranded because of the COVID-19 pandemic, as a means to support them in covering their basic living expenses until their return is possible through IOM's Assisted Voluntary Return and Reintegration Program   |

|  |   |        |        |  |
|--|---|--------|--------|--|
| Sustaining Border Management and Migration Governance in Georgia (SBMMG)                             | EU  | IOM    | 3,000  | Enhancing IOM's "Visa-Free to Europe" online platform to reach out to prospective migrants in Georgia thinking of travelling to the EU under the visa-free regime, as well as reaching Georgian migrants who are stranded in Europe due to COVID-19 and provide them with individual counselling and targeted referrals to assistance structures |
| MICS 6 in Georgia  | SIDA  | UNICEF | 58,000 | Providing real-time monitoring of the situation of children and their families during COVID-19 using MICS population subset to enable comparability with MICS findings, including setting up a call center for data collection   |
| UNICEF Country Programme for Georgia   | UNICEF thematic resources for education         | UNICEF | 70,000 | Developing of distance and/or online education platforms and materials; training of teachers in the delivery of distance/online education  |
| Social Protection Assessment   | UNICEF thematic resources for social protection | UNICEF | 16,000 | Preparing a shock responsive assessment of the social protection system  |
| Transforming the Social Protection System for People with Disabilities in Georgia (UN Joint Program) | UN  | UNICEF | 10,000 | Providing targeted RCCE for children with disabilities and their caregivers  |

## ECONOMIC RESPONSE AND RECOVERY

|  |         |      |        |  |
|--|---------|------|--------|--|
| Decentralization & Good Governance     | Denmark | UNDP | 80,000 | Organizing a small grants scheme for local Civil Society Organizations (CSOs) to support local economic development in Kvemo Kartli, Mtskheta-Mtianeti and Imereti, with the aim to support communities in recovering from the economic and social distress caused by the pandemic (This activity is implemented together with FRLD 2, this budget reflects only the DGG share.) |
| Decentralization & Good Governance     | Denmark | UNDP | 25,618 | Providing training and coaching for rural women from vulnerable groups in Kvemo Kartli, Mtskheta-Mtianeti and Imereti regions to improve their knowledge and skills to apply for state-funded programs or start or expand their businesses during the pandemic (This activity is implemented together with UNJP and FRLD 2, this budget reflects only the DGG share.)            |
| UN Joint Programme for Gender Equality | Sweden  | UNDP | 60,000 | Providing support to partner VET colleges in adaptation to the distance learning mode during the pandemic; and promoting women's access to vocational education, including the development of skills for the development of remote work opportunities  |
| UN Joint Programme for Gender Equality | Sweden  | UNDP | 21,567 | Providing training and coaching for rural women from vulnerable groups in Samegrelo and Kakheti regions to improve their knowledge and skills to apply for state-funded programs or start or expand their businesses during the pandemic (This activity is implemented together with DGG and FRLD 2, this budget reflects only the UNJP share.)                                  |





|  |  |       |           |  |
|--|--|-------|-----------|--|
| Improving Rural Development in Georgia - ENPARD 3  | EU   | UNDP  | 120,000   | Building resilience to the COVID-19 outbreak of rural areas in Georgia by finding practical, innovation-driven solutions to challenges and seizing new opportunities, with an aim to include of disadvantaged groups   |
| Improving Rural Development in Georgia - ENPARD 3  | EU   | UNDP  | 600,000   | Managing a matching grant program for rural businesses with a focus on non-agricultural business start-ups and expansions, including rural tourism; promoting energy efficiency and sustainable use of forest waste products   |
| ENPARDIII - Improving the Agriculture Sector in Georgia  | EU   | FAO   | 1,000,000 | Promoting transformative solutions for agriculture in response to the COVID-19 crisis and building resilience of farmers   |
| Smart Sustainable Cities for the 2030 Agenda on Sustainable Development and the New Urban Agenda in the UNECE Region | UNDA project (UN Secretariat regular budget) | UNECE | 50,000    | Developing a Sustainable Smart City Evaluation Report; building capacities of the city government to develop sustainable smart city projects to attract investors; organizing a regional workshop to promote the developed policy packages; creating an online tool for collection, presentation and interpretation of data collected with the help of U4SSC KPI Methodology; and completing a capacity gap analysis and assessment of training needs through an online questionnaire, which will be developed by UN-Habitat and sent to representatives of local authorities and relevant stakeholders. |
| Inclusive labor markets for job creation in Georgia  | Denmark/ Danida                              | ILO   | 20,000    | Supporting the implementation of ministerial recommendations on the prevention of the spread of COVID-19, focusing on measures to be taken by employers to assess and minimize the spread of the virus in workplaces   |
| Inclusive labor markets for job creation in Georgia  | Denmark/ Danida                              | ILO   | 25,000    | Transforming the "Start and Improve Your Business" (SIYB) training package into an online product, in Georgian language  |
| Inclusive labor markets for job creation in Georgia  | Denmark/ Danida                              | ILO   | 20,000    | Training judges and lawyers in the interpretation of national labor legislation in the COVID-19 context, taking into account international labor standards   |
| Evidence-based trade facilitation measures   | UNDA project (UN Secretariat regular budget) | UNECE | 30,000    | Developing a National Trade Facilitation Roadmap   |
| Innovation policies for Georgia's sustainable development incorporating COVID-19                                     | Sweden                                       | UNECE | 90,000    | Completing an Innovation for Sustainable Development Review of Georgia   |
| Sustainable transport connectivity and implementation of transport-related SDGs                                      | UNDA project (UN Secretariat regular budget) | UNECE | 50,000    | Developing draft indicators and a national report  |
| National policy dialogue on integrated water resource management   | EU   | UNECE | 10,000    | Organizing a National Policy Dialogue on integrated water resource management taking into account the impact of COVID-19 on 19 on water management, policy and transboundary cooperation   |

## SOCIAL COHESION & COMMUNITY RESILIENCE

|   |           |      |         |   |
|---|-----------|------|---------|---|
| Supporting Public Administration Reform in Georgia (PAR)                                | UK        | UNDP | 148,231 | Supporting the Data Exchange Agency in integrating 36 new and critical public services on the Unified Service Platform my.gov.ge; supporting the Georgian Red Cross Society to provide home care and other services to over 4,000 elderly people in Tbilisi and 29 other locations and strengthen the capacity of caregivers, volunteers, and informal caregivers through an online learning platform; deploying a National Risk Communication Strategy for Public Health Emergencies in Georgia along with capacity building activities for local and central frontline decision makers; installing contactless sensor buttons in the elevators of the Public Service Hall (PSH); purchasing Zoom licenses to help partners to make the transition to online working modalities. |
| Supporting Public Administration Reform in Georgia (PAR) / Governance Reform Fund (GRF) | UK/Sweden | UNDP | 16,857  | Providing training courses for 800 front-line service providers from Public Service Halls across Georgia focusing on COVID-19 related safety and prevention measures and psychological resilience for public service delivery   |
| Fostering Regional and Local Development (Phase 2)                                      | SDC/ADC   | UNDP | 54,867  | Raising awareness on COVID-19, including through translation of StopCov.ge into Armenian, Azerbaijani and Abkhaz languages; providing PPEs for water utility and face shields for project beneficiaries including medical staff and local self-governance representatives; producing awareness-raising graphic videos on new COVID-19 related norms for tourism service providers   |
| Decentralization & Good Governance  | Denmark   | UNDP | 5,400   | Producing communication materials about COVID-19 and quarantine for municipalities  |
| Decentralization & Good Governance  | Denmark   | UNDP | 300,000 | Managing a small grants scheme for local Civil Society Organizations (CSOs) to support citizen participation in local decision-making and advance social accountability in Guria, Samegrelo-Zemo Svaneti and Racha-Lechkhumi-Kvemo Svaneti regions. The grants scheme is designed to engage local communities and particularly women, youth and ethnic minorities in decision-making, create an enabling environment for effective social accountability, and advance cooperation between municipalities and communities in addressing current challenges, including COVID-19.  |
| Decentralization & Good Governance  | Denmark   | UNDP | 80,000  | Providing capacity development and technical support to ten municipalities in three project regions (Kvemo Kartli, Mtskheta Mtianeti, Imereti) to improve good governance and service delivery and thus enhance their responsiveness to increased social needs and local economic recovery initiatives during the pandemic  |
| Consolidating Parliamentary Democracy in Georgia  | EU        | UNDP | 48,000  | Preparing information briefs on COVID-19 for the Parliament; purchasing Cisco web licenses for the Parliament; training the Supreme Court of Adjara in telecommunications tools; developing Business Continuity Management System for the Parliament  |
| UN Joint Programme for Gender Equality  | Sweden    | UNDP | 50,000  | Supporting women's community groups in Samegrelo and Kakheti in identifying local needs and small business opportunities and delivering micro-business development support to women beneficiaries   |



|   |                       |          |        |   |
|---|-----------------------|----------|--------|---|
| UN Joint Programme for Gender Equality  | Sweden                | UNDP     | 15,000 | Supporting women writers and photographers to produce textual and visual stories relating the experience of vulnerable groups during isolation, in partnership with the Tbilisi Photography and Multimedia Museum   |
| UNFPA 3rd Country Programme for Georgia   | UNFPA core resources  | UNFPA    | 13,200 | Supporting the government in the continuity of critical gender-based violence/domestic violence services (providing PPEs and disinfectants to the state-run DV shelter); leading the Inter-sectoral Coordination Group on GBViE to ensure information-sharing on guidance and relevant resources to facilitate provision of critical GBV services in pandemic conditions; providing dignity kits to women in Marneuli; delivering COVID-19 risk communication and digital content specifically targeting youth; providing protective equipment and disinfectants to state-funded institutions for older persons and PwDs; designing and disseminating special information, education and communication material to older persons in target locations. |
| UN Joint Programme for Gender Equality  | Sweden                | UNFPA    | 4,100  | Training young peer-educators on COVID-19 risk communication in collaboration with NCDC; conducting TV School (including lessons and four videos on SRH and harmful practices in South Caucasus); supporting the Government in an awareness-raising campaign on GBV in the context of COVID-19; designing and publishing posters in South Caucasus  |
| Joint Program "Transforming Social Protection for Persons with Disabilities in Georgia" | SDG Fund              | UN Women | 10,000 | Providing small grants for extremely vulnerable groups of women through Women's Solidarity Fund During COVID-19 facility, in partnership with Women's Fund in Georgia   |
| EU4Gender Equality Regional Programme   | EU                    | UN Women | 20,000 |   |
| Women's Economic Empowerment in the South Caucasus                                      | SDC and ADA           | UN Women | 17,796 | Distributing 450 food and hygiene kits in the nine municipalities of Kvemo Kartli, Samtskhe Javakheti and Kakheti regions   |
| UNICEF Country Programme for Georgia  | UNICEF core resources | UNICEF   | 88,000 | Providing critical PPE, hygiene and medical supplies to support the health system to respond to COVID-19 and the continuation of social services; generate data on the impact of COVID-19; RCCE; "111" child hotline; humanitarian packages to vulnerable families  |
| Joint Action for Women's Economic Empowerment   | MFA Norway            | UN Women | 500    | Establishing and running an online platform for women's activism: "Women Against COVID-19"  |
| UNJP for Gender Equality  | SIDA                  | UN Women | 1,638  | Supporting the purchase of PPEs and provision of services for victims and survivors of violence against women   |
| Good Governance for Gender Equality in Georgia  | MFA Norway            | UN Women | 10,197 | Producing a Rapid Gender Assessment on the impact of COVID-19 on women and men in Georgia   |
| Women's Economic Empowerment in the South Caucasus                                      | SDC and ADA           | UN Women | 47,660 | Providing 125 small grants for women micro-entrepreneurs  |
| Joint Action for Women's Economic Empowerment   | MFA Norway            | UN Women | 69,370 |   |
| Women's Economic Empowerment in the South Caucasus                                      | SDC and ADA           | UN Women | 5,450  | Organizing different online capacity development interventions for women aimed at their economic empowerment  |

## COVID-19 IN ABKHAZIA

|  |                      |        |         |  |
|--|----------------------|--------|---------|--|
| Horizons – Strengthening Community Resilience in Abkhazia  | USAID                | UNDP   | 172,800 | Providing ICT equipment and furniture for medical institutions in Abkhazia; engaging international consultants to upgrade knowledge and skills of laboratory workers and hospital managers, providing medical supplies for healthcare facilities, helping to develop a system for infectious waste management and provision of incinerators, advocacy, information and education on COVID-19 prevention  |
| Confidence Building Early Response Mechanism (COBERM) - Phase IV Dialogue Component                | EU                   | UNDP   | 47,241  | Arranging procurement of basic medical and hygienic items and transporting them to the Abkhaz side as part of coordination and liaison initiatives   |
| UNFPA 3rd Country Programme for Georgia; Support to increased access to SRH services in Abkhazia   | UNFPA core resources | UNFPA  | 23,000  | Supporting the continuity of SRH/maternal care services in Abkhazia, by providing PPEs and hand sanitizer to health facilities; producing special information, education and communication (IEC) materials for pregnant and lactating women and their families on COVID-19 related issues  |
| USAID Horizons   | USAID                | UNICEF | 50,000  | In Abkhazia, working on risk communication and community engagement (RCCE); training medical college students, PHC workers and doctors and nurses on COVID-19; providing distance learning for students  |
| GAVI   | GAVI                 | UNICEF | 10,500  | Working on RCCE in Abkhazia  |
| Developing, Strengthening and Expanding Sustainable Basic Social Services for Children in Abkhazia | SIDA                 | UNICEF | 100,000 | In Abkhazia, working on RCCE; providing humanitarian packages and psychosocial support for vulnerable families; strengthening social workers for the continuation of services during COVID-19; building capacity of PHCC nurses on COVID-19 protection; providing agricultural and socio-economic support to most vulnerable families and awareness raising on COVID-19 prevention and protection; providing test kits, PPE and medical equipment to strengthen capacities of local health professionals to identify and respond to cases of COVID-19 among local population, including vulnerable girls and boys and their families; and promoting positive parenting practices |
| EU MTB MLE/Phase II  | EU                   | UNICEF | 20,000  | Developing an online education platform in Abkhazia  |
| Implementation of Integrated Pest Management in Abkhazia through Farmer Field Schools              | EU                   | FAO    | 1,000   | Providing 11 motorized backpack sprayers to the Sanitary Epidemiological Service for use in disinfection to prevent coronavirus spread in Abkhazia.  |
| Support to vulnerable IDP returnee households  | UNHCR                | UNHCR  | 379,000 | Supporting IDP returnees in Abkhazia with protection and assistance and expanded limited cash assistance for the most vulnerable households; maintaining support for rural livelihood activities with partners.  |
| Provision of PPEs and disinfectant to partners and medical facilities in Abkhazia                  | UNHCR                | UNHCR  | 6,500   | Supporting procurement of soap, disinfectant and other personal protection items for partners and medical facilities in Abkhazia.  |





## ANNEX 2: NEW RESOURCES MOBILIZED FOR UN PROGRAMMING FOR COVID-19

| Project Title   | Donor   | UN Agency | Amount (USD) | Activities  |
|---|---|-----------|--------------|---|
| <b>HEALTH FIRST</b>   |   |           |              |   |
| Support to the health sector: EU regional emergency pool                                | EU  | WHO       | 6,000,000    | Regional fund for the procurement to procure supply of medical equipment, training laboratory staff and awareness raising   |
| <b>PROTECTING PEOPLE: SOCIAL PROTECTION AND BASIC SERVICES</b>                          |   |           |              |   |
| Protecting IDP rights during the COVID-19 crisis in Georgia                             | UNDP (New Emergency Funds)                              | UNDP      | 100,000      | Ensuring access to hygiene, sanitary materials and facilities in IDP collective centers; expanding protection and counselling for IDP women; promoting youth participation in the COVID-19  |
| Support to the continuity of SRH services   | UNFPA Humanitarian Thematic Fund                        | UNFPA     | 24,118       | Supporting the government in ensuring the continuity of SRH services, through providing PPEs and sanitizers to designated health facilities in Tbilisi and regions  |
| 3rd Country Programme for Georgia   | UNFPA core resources                                    | UNFPA     | 25,000       | Procuring PPEs to support continuity of SRH services in the COVID-19 context  |
| IOM Global Strategic Preparedness and Response Plan - Coronavirus Disease 2019          | US - Bureau of Populations Refugees and Migration (PRM) | IOM       | 147,421      | Ensuring access to and providing basic assistance and services counselling and legal advice   |
| IOM Global Strategic Preparedness and Response Plan - Coronavirus Disease 2019          | US - Bureau of Populations Refugees and Migration (PRM) | IOM       | 24,570       | Enhancing data for national surveillance, information sharing and reporting on vulnerable third country migrants.   |
| IOM Global Strategic Preparedness and Response Plan - Coronavirus Disease 2019          | US - Bureau of Populations Refugees and Migration (PRM) | IOM       | 13,000       | Enhancing COVID-19 campaign to ensure that migrants have access to timely, context-specific, and correct information, prevention measures and available services  |
| Support to partner organizations to improve health safety measures in the COVID context | UNHCR   | UNHCR     | 30,000       | Supporting partners to improve health safety measures by providing PPEs and other equipment to enable them to continue delivering essential services to beneficiaries   |
| Protection monitoring and cash assistance to vulnerable refugees and asylum seekers     | UNHCR   | UNHCR     | 348,000      | Extending outreach and protection monitoring in refugee and asylum-seeker communities and the scope of cash assistance and psychosocial support   |
| Supporting integration of persons under international protection in Georgia             | UNHCR   | UNHCR     | 422,000      | Supporting governmental and NGO partners in strengthening self-reliance and local integration of refugees, including Georgian language classes, cultural and civic orientation courses, access to nationally certified vocational training and employment counselling and placement |



|                                   |                      |       |        |  |
|-----------------------------------|----------------------|-------|--------|--|
| 3rd Country Programme for Georgia | UNFPA core resources | UNFPA | 85,000 | Supporting 2,000 vulnerable older persons living alone (80% of them women) in two impoverished municipalities with food parcels, dignity kits, sanitizers, information-education materials; organizing home visits and linking with the village doctors; providing psycho-social support to isolated people at high risk.                                      |
| 3rd Country Programme for Georgia | UNFPA core resources | UNFPA | 20,000 | Supporting national TV-based educational portal “TV School” (launched by the Ministry of Education as an alternative learning platform during COVID-19 lockdown) through preparing and integrating video learning materials and thematic lessons on reproductive health and gender equality issues, according to the national curriculum and subject standards |
| 3rd Country Programme for Georgia | UNFPA core resources | UNFPA | 70,000 | Conducting research on the socio-economic impact of COVID-19 (including on youth, older persons, sexual and reproductive health and rights)  |

## ECONOMIC RESPONSE & RECOVERY

|  |   |       |         |  |
|--|---|-------|---------|--|
| Vocational Education and Training in Agriculture   | Switzerland   | UNDP  | 216,000 | Upgrading VET colleges learning infrastructure in agriculture and food to ensure readiness for implementing new VET programs and deal with doubled number of applications in October) and piloting short-term trainings for farmers  |
| Expanding agency and voice and improving the socio-economic outlook for conflict-affected women during the COVID-19 crisis | UNDP Funding Window for Governance for Inclusive and Peaceful Societies | UNDP  | 321,000 | Supporting equitable access to economic resources, education and employment opportunities for targeted conflict-affected women; enhancing participation in decision-making; improving the operational capacity of GBV protection and counselling structures and legal services |
| Improving capacity to create sustainable, competitive and resilient enterprises  | ILO RBSA  | ILO   | 216,000 | Developing the capacity of Government and workers’ and employers’ organizations to promote the creation of sustainable, competitive and resilient enterprises that are adapted to post-COVID recovery  |
| Transport and trade connectivity in the age of pandemic  | UNDA project (UN Secretariat regular budget)                            | UNECE |         | Improving connection to the eTIR International System application  |
| Strengthening social protection for pandemic response  | UNDA project (UN Secretariat regular budget)                            | UNECE | 30,000  | Improving national capacity for producing timely and disaggregated poverty measures following internationally agreed guidance  |
| Global initiative towards post Covid-19 MSME project   | UNDA project (UN Secretariat regular budget)                            | UNECE | 10,000  | Customizing guidelines and best practices for MSMEs in delivering energy-efficient products and in providing renewable energy equipment  |
| Effective SME recovery and supporting the consolidation of a stronger and more resilient economy after COVID-19            | UNDA project (UN Secretariat regular budget)                            | UNECE | 20,000  | Producing an evidence-based national action plan with targeted measures for effective SME recovery and supporting consolidation of a more resilient economy after COVID-19   |



## SOCIAL COHESION & COMMUNITY RESILIENCE

|   |                             |          |           |  |
|---|-----------------------------|----------|-----------|--|
| Supporting Public Administration Reform in Georgia (PAR)  | UK                          | UNDP     | 90,000    | Supporting the Public Service Development Agency (PSDA) in meeting the demand for distance services from citizens and organizations; enabling the PSDA to upgrade the stability of its communication architecture, as well as enhance its security protocols   |
| Assisting the Georgian Government and Local Communities in Mitigating the Impact of COVID-19 (UN Joint Program)           | UN Response & Recovery MPTF | UNDP     | 400,000   | Supporting rural municipalities in addressing COVID-19, equipping front line workers, providing support to the elderly and farmers, equipping the emergency services   |
| Assisting the Georgian Government and Local Communities in Mitigating the Impact of COVID-19 (UN Joint Program)           | UN Response & Recovery MPTF | UNICEF   | 425,000   | Providing critical hygiene and medical supplies and equipment for healthcare, social and other frontline workers, and their child beneficiaries; supporting national efforts to increase the capacity of the health system to respond to COVID-19 by improving capacity in telemedicine; improving access to water, sanitation and hygiene in schools and primary healthcare points in schools; supporting continuity of essential health services for children and pregnant and lactating women; facilitating continued access to education and child protection services |
| Assisting the Georgian Government and Local Communities in Mitigating the Impact of COVID-19 (UN Joint Program)           | UN Response & Recovery MPTF | UNFPA    | 175,000   | Addressing the specific vulnerabilities of elderly persons in the COVID crisis by providing protective gear to state-run elderly care homes and village doctors; distributing personal protective gear and sanitation kits to 2,300 vulnerable older people living alone in four of the country's poorest municipalities; supporting the adaptation and promotion of relevant guidelines for caregivers of older people  |
| Maintaining support for WPS, ensuring adaptation and responsiveness to COVID-19 to inform recovery and long-term response | UK CSSF                     | UN Women | 93,000    | Responding to the needs of IDPs and conflict-affected populations in the wake of the COVID-19 crisis   |
| COVID-19 Response   | UK                          | UNICEF   | 900,000   | Providing critical hygiene and medical supplies and equipment for healthcare, social and other frontline workers, and their child beneficiaries; supporting the health system to respond to COVID-19; facilitating continued access to education and child protection services; providing humanitarian packages for vulnerable families; generating data on the impact of COVID-19 and supporting RCCE.  |
| COVID-19 Response   | USAID                       | UNICEF   | 1,000,000 | Providing critical hygiene supplies to support the reopening of kindergartens and schools, supporting the health system to respond to COVID-19; generating data on the impact of COVID-19 and supporting RCCE.   |



## COVID-19 IN ABKHAZIA

|   |           |                |                    |   |
|---|-----------|----------------|--------------------|---|
| COVID-19 Rapid Response Facility  | UNDP      | UNDP           | 267,700            | Training of health care workers in Abkhazia, procurement of personal protection equipment and sanitary and disinfection items, providing support to vulnerable communities and IDPs; raising awareness on COVID |
| Protection monitoring and cash assistance for the most vulnerable IDP returnee households   | UNHCR     | UNHCR          | 310,000            | Supporting IDP returnees in Abkhazia with protection and assistance and expanded cash assistance for the most vulnerable households   |
| Enhance livelihood opportunities of conflict affected population from eastern Abkhazia  | UNHCR     | UNHCR          | 690,000            | Expanding livelihood activities in collaboration with partner organizations and supporting small-scale rehabilitation of community facilities   |
| Addressing Violence against Women and Girls in Abkhazia   | Swiss MFA | UN Women       | 200,000 (pipeline) | Supporting services for victims and survivors of violence and domestic violence in Abkhazia with emphasis on psychosocial support   |
| Fostering economic empowerment of women farmers by supporting homemade dairy production in Samegrelo and Abkhazia through the Farmer Field Schools approach | SDC       | FAO / UN Women | TBD (pipeline)     | Supporting women in the dairy chain improve quality of their products and recover better from COVID-19 crisis in Georgia and Abkhazia. Project to be implemented with FAO                                       |





## ANNEX 3: UN STUDIES, SURVEYS AND ASSESSMENTS ON COVID-19 IN GEORGIA

| Health First: Protecting Health Services and Systems during the Crisis |   |   |  |  |
|--|---|---|--|--|
| Agency/project/donor   | Topic   | Research partner/nature of research   | Timeline   | Key findings/ Contact for further information  |
| WHO & UNICEF<br>WHO RO Europe/<br>EU/<br>UKaid                         | Monitoring population awareness, risk perception, preventive behavior and public confidence against the background of the coronavirus pandemic in Georgia | ISSA<br>Cross-sectional study, CATI survey, 1000 respondents per wave. 3 waves for national representative sample 1 wave for regions with national minorities (Kvemo Kartli and Samtskhe-Javakheti) | 1-3 waves – April-May 2020; Regional Study – 27-29 May 2020; planned next two rounds – September-December 2020 | <ul style="list-style-type: none"> <li>- Majority of respondents (76-84%) believe that the Government of Georgia has taken adequate measures to prevent the spread of COVID-19 and to ensure a timely response; trust towards responsible state agencies has also proved high. - Over 90% of the population is well aware about COVID-19 symptoms and transmission, while adherence to self-protection measures is also above 90%.</li> <li>- However, there are certain gaps in awareness on less common symptoms related to COVID-19. Respondents are therefore eager to receive additional information.</li> <li>- On how the population is coping with coronavirus, the study reveals moderately optimistic perceptions, with 55% assessing that the probability to be infected is low.</li> </ul> Contact: <a href="mailto:gvinianidzek@who.int">gvinianidzek@who.int</a> |
| UNICEF<br>SIDA/<br>USAID   | Monitoring of impact of COVID-19 on the wellbeing of families and children in real time   | National Statistics Office<br>A monthly phone-based survey, collecting information from MICS6 participant families, sample size 1,500, nationally representative real-time data                     | August 2020-July 2021  | Contact: <a href="mailto:tbaum@unicef.org">tbaum@unicef.org</a>  |
| UNFPA  | Covid-19 impact on access to SRH services   | Curatio International Foundation  | August-December 2020   | Contact: <a href="mailto:mataradze@unfpa.org">mataradze@unfpa.org</a>  |



## Protecting People: Social Protection and Basic Services

| Agency/project/donor                                  | Topic   | Research partner/nature of research  | Timeline   | Key findings/ Contact for further information  |
|---|---|--|--|--|
| UNDP<br>UNDP Rapid Response Facility                  | COVID-19-related needs assessment in IDP collective centers       | Charity Humanitarian Center “Abkhazeti” (CHCA)<br>Survey of 500 high risk beneficiaries from IDP collective centers in the regions of: Shida Kartli, Samegrelo-Zemo Svaneti, and Imereti, on socio-economic status and urgent needs during the pandemic. | Survey completed in May-June 2020; Data analyzed in June-July. Presentation of research results: Ongoing (until the end of July) | Economic situation: 63% of the target population do not have a breadwinner at home, and 31% has only one breadwinner. 71% rely on pension or other social subsidy as income. 85% consider themselves to be poor. 60% say their economic situation worsened in the past three months. Living conditions: 29% say their living conditions are unsafe and require immediate repair. 50% say they need comprehensive repairs. Mean area for living space is 37 sq. m. 45% have no bathroom; 19% have joint bathrooms. 50% have shared toilets; 2.4% have no toilet.<br>COVID-19 awareness: 2/3 received some kind of assistance, of which 93% was food and 7% money. Most are well informed on how to react if COVID-19 symptoms are discovered in the community.<br>Contact: <a href="mailto:Tamta.chelidze@undp.org">Tamta.chelidze@undp.org</a> |
| FAO<br>Agriculture and rural development project/ ADC | COVID-19 impact on food supply chain in Georgia                   | Desk research and qualitative interviews with food supply chain actors   | May 2020   | COVID-19 impact in 2020, spring and summer, on the food supply chain will most likely affect the demand and logistics rather than the production.<br>Contact: <a href="mailto:Beka.dzadzamia@fao.org">Beka.dzadzamia@fao.org</a>   |
| UNDP<br>Private sector competitiveness/ EU            | COVID-19 impact on packaging supply chain                         | ACT Survey of +700 enterprises in the packaging value chain  | Survey completed in May-June 2020; study launched publicly on 14 June 2020   | Over half of packaging companies lost more than half of their income during the lockdown. 88% had no business-continuity insurance, and 58% percent say they lack financial resources needed to survive.<br>Contact: <a href="mailto:konstantine.chanturia@undp.org">konstantine.chanturia@undp.org</a>  |
| IOM<br>EMERGE/ Norway                                 | Survey on public attitudes on migration and the role of the media | ISSA Georgia and Brevis Armenia  | July-October 2020  | The survey is ongoing.<br>Contact: <a href="mailto:akakusadze@iom.int">akakusadze@iom.int</a>  |



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| IOM<br>EMERGE/<br>Norway | Rapid needs assessment - COVID-19 related vulnerabilities, risks and needs among third country migrants in Georgia  | IOM / rapid needs assessment – 225 phone surveys with target population - irregular migrants, low income/low skilled migrant workers, foreign students and rejected asylum seekers – and key informants | April 2020  | <p>The survey revealed limitations in access to health care among target groups, citing issues of affordability, mistrust and fears related to legal status, language barriers. The assessment confirmed limited awareness of recommended prevention measures as well as lack of personal protective equipment and high levels of anxiety resulting from job insecurity and restrained living situation. A significant proportion of respondents reported cohabitating in overcrowded living quarters. With most respondents noting they held informal jobs, their exclusion from COVID-19 income support schemes, housing provision programs or rental subsidies/exemptions may be expected and could further impact migrants' livelihood and income insecurity in Georgia.</p> <p>Link: <a href="https://georgia.iom.int/sites/default/files/publication/RNA%20Survey_ENG2.pdf">https://georgia.iom.int/sites/default/files/publication/RNA%20Survey_ENG2.pdf</a></p> <p>Contact: <a href="mailto:akakusadze@iom.int">akakusadze@iom.int</a></p> |
| UNICEF<br>DFID           | Shock Responsive Social Protection system assessment. Assessment of the TSA and SSA to be able to deliver the social protection package developed by the Government | Consultants/ Desk review, interviews with Key Stakeholders  | Survey completed in May 2020. Results shared with relevant Government agencies. Study not public yet. | <p>The Targeted Social Assistance (TSA) system is capable of handling interventions in the short term, especially given its ability to identify families and its well-established registration and cash delivery system. Challenges remain regarding making sure that poorer people are not left out or receive less than the relatively richer, and transfers to those employed in the formal and non-formal sectors. Further investments might be needed to support a new influx of poor families. Further refinements to the proxy means test (PMT) formula might be needed to capture the characteristics of newly poor and vulnerable.</p> <p>Contact: <a href="mailto:tbaum@unicef.org">tbaum@unicef.org</a></p>   |

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| UNDP<br>EU/<br>COBERM IV  | Assessing the socio-economic impact of COVID-19 on conflict-affected populations in Georgia | Consultant/Desk review/<br>Interviews/ Focus group discussions  | August-December 2020 | The study will cover five areas of analysis: a) the access of conflict-affected populations to basic subsistence support, state-provided services, including education and healthcare, and services and support provided to conflict-affected population by non-state actors; b) the access of conflict-affected population to information on anti-crisis measures taken in response to the COVID-19 pandemic; c) qualitative data on the perception of COVID-19 impact on conflict-affected population (right holders) across the conflict divide; d) international practices and anti-crisis approaches of other countries on protecting socio-economic rights of conflict-affected population during the COVID-19 crisis; e) recommendations on what can be done further to provide better social and economic support to conflict-affected populations in the future ensuring that no one is left behind.<br><a href="mailto:giorgi.vardishvili@undp.org">Contact: giorgi.vardishvili@undp.org</a> |
| UNDP<br>Joint Program<br>"Transforming Social Protection for Persons with Disabilities in Georgia"/<br>SDG Fund | Assessing the socio-economic impact of COVID-19 on persons with disabilities in Georgia     | Consultant/Desk review/<br>Interviews/ Focus group discussions  | August-December 2020 | <a href="mailto:mariam.tutberidze@undp.org">Contact: mariam.tutberidze@undp.org</a>  |
| UNDP  | Assessing the socio-economic impact of COVID-19 on the LGBTQI+ community in Georgia         | Consultant/ Desk review/<br>Interviews/ Focus group discussions   | August-December 2020 | <a href="mailto:benedikt.hosek@undp.org">Contact: benedikt.hosek@undp.org</a>  |
| UNFPA   | Assessing the socio-economic impact of COVID-19 on older people                             | Two research initiatives supported by UNFPA (one in partnership with the Austrian Red Cross and the IFRC) | August-December 2020 | <a href="mailto:odisharia@unfpa.org">Contact: odisharia@unfpa.org</a>  |
| UNFPA   | Assessing the socio-economic impact of COVID-19 on young people                             | ACT   | August-December 2020 | <a href="mailto:zakareishvili@unfpa.org">Contact: zakareishvili@unfpa.org</a>  |





## Economic Response and Recovery

| Agency/project/donor                 | Topic  | Research partner/nature of research  | Timeline  | Key findings/ Contact for further information  |
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| UNDP<br>UNDP Rapid Response Facility | Structural Change in Georgia in an Era of Heightened Uncertainty | Research team led by Cambridge University Professor Ha-Joon Chang working under the guidance of the Administration of the Government   | June-September 2020   | The research aims to develop a medium- to long-term set of priorities for restructuring the Georgian economy, including the financial sector, human development, social protection and most importantly the productive structure and capabilities of the economy. The study will take into account both the consequences of the pandemic and the need to go beyond the 'ease of doing business' framework. The study will propose for broad debate and discussion possible amendments to existing economic policies, laws and regulations, both at the systemic level and at the sectoral level, that may be needed for the realisation of a new economic strategy.<br><a href="mailto:george.nanobashvili@undp.org">Contact: george.nanobashvili@undp.org</a>   |
| UNDP<br>ENPARD III/EU                | COVID-19 economic impact on rural economy                        | Desktop research on economic impact on rural non-farm economy, incl. policy recommendations.   | Paper written in March 2020   | Rural areas will be hit hard because of decline in tourism. Not all businesses can be supported through the crisis: focus on the healthy and viable. In extended crisis, focus must shift from business to household support. Monetary and fiscal tools must be used, e.g., income support, wage subsidies, tax relief/deferment, loan guarantees.<br><a href="mailto:stephan.schmitt-degenhardt@undp.org">Contact: stephan.schmitt-degenhardt@undp.org</a>  |
| UNDP<br>ENPARD III (Abkhazia)/EU     | Impact of COVID-19 pandemic on rural livelihoods in Abkhazia     | Survey of 64+ grantees, key vendors and project partners (31% of which female) to assess the impact of the pandemic on their business. 10 multiple-choice questions administered over phone on a monthly basis. The July round was also administered to 54 bigger businesses through the Chamber of Commerce | Monthly exercise, results from July. Previous rounds in May and June 2020. September exercise in preparation stage. | A decrease in revenues was reported by 74% of respondents in July (a 13 percentage point increase from May). 100% of respondents engaged in tourism-related activities reported major losses. 72% of respondents reported a drop in demand from local consumers (up from 58.3% in May) despite the fact that local markets were re-opened. This decline in local demand is easily attributable to a decrease in disposable income for families set to profit from the expected tourist influx over May, June and July. Also, 77% of those surveyed reported a negative impact of the pandemic on their supply chain, and 69% reported difficulties in accessing their traditional markets. During the July round of the survey, 47% of the respondents said they see COVID-19 as a serious threat to their businesses compared to 39% in June 2020.<br><a href="mailto:Federica.dispenza@undp.org">Contact: Federica.dispenza@undp.org</a> |



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| UNDP<br>ENPARD III/<br>EU | Policy interventions to respond to COVID-19 at the rural level | Desktop research on economic impact on rural non-farm economy, including policy recommendations | <p>Efforts to fight COVID-19 could reduce tourism income by 75%, with 20,000 jobs and GEL 10 million in monthly earnings at risk. The crisis points to the need for digitization, new skills and concentration in mid-sized towns for competitiveness. 70% of income of rural non-farming households are at risk. Up to five times more female than male jobs are in jeopardy.</p> <p>Three phases of crisis are predicted: adjustment (3-4 months), coping (until vaccine/treatment) and recovery. Forward-looking solutions assume not all companies and business models can be salvaged. Many policy instruments can be used for “building back better:” grants, tax deferrals, non-financial instruments, loan guarantees, jobs credit scheme, expand TSA, transparency and information, budgetary transfer to municipalities.</p> <p>Contact: <a href="mailto:george.nanobashvili@undp.org">george.nanobashvili@undp.org</a></p> |
| UNDP<br>ENPARD III/<br>EU | Vulnerability of rural areas in the upcoming tourism season    | Desktop research on economic impact on rural tourism  | <p>Depending upon the region, tourism from neighboring countries increases risk of infection up to five-fold. In Georgian average, around 44% of jobs require face-to-face interaction. Almost 580 registered businesses in 12 ENPARD municipalities in the tourism sector are at risk. In case of a new lockdown, 150,000 rural (non-essential) jobs will be affected. 75,000 rural jobs could be done remotely. But over 30,000 cannot because of lack of internet/computer. 500 businesses in 12 ENPARD municipalities are therefore under threat.</p> <p>Contact: <a href="mailto:stephan.schmitt-degenhardt@undp.org">stephan.schmitt-degenhardt@undp.org</a></p>  |



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| ILO<br>Inclusive<br>Labor Market<br>for Decent Job<br>Creation in Georgia/<br>Government of<br>Denmark/Danida | Rapid Assessment of<br>the National Social<br>Protection Floor<br>(The assessment<br>was initiated prior<br>to the pandemic,<br>but it highlights<br>crucial gaps related<br>to income security<br>of the working<br>age population:<br>unemployment<br>benefits; maternity<br>benefits and child<br>benefits which<br>become even more<br>important in times of<br>crisis to cushion the<br>impact of poverty and<br>mitigate the risk of<br>poverty.) | In partnership with<br>UN Women<br>("Women's Economic<br>Empowerment in<br>the South Caucasus"<br>funded by SDC and<br>ADC)   | Rapid assessment<br>was initiated in<br>February, will<br>be launched for<br>consultations at the<br>end of July  | The analysis revealed substantial gaps in<br>the social protection floor for children and<br>people of working age, particularly women.<br>These include: <ul style="list-style-type: none"> <li>• Low coverage of children under the<br/>child benefit package, which reaches<br/>only 14% of children overall, and less<br/>than half of those in the lowest con-<br/>sumption decile;</li> <li>• Inadequate maternity benefits for<br/>formally private-sector workers, and<br/>absence of maternity protection for<br/>self-employed and women otherwise<br/>outside the labor market;</li> <li>• Absence of an unemployment insur-<br/>ance scheme to protect workers from<br/>catastrophic income losses during<br/>unemployment; and</li> <li>• Lack of mandatory employment injury<br/>insurance, although a nascent scheme<br/>is due to be implemented this year.</li> </ul> The COVID-19 crisis presents risks for young<br>people as job opportunities shrink; for<br>women, given their vulnerability in informal<br>employment, the increased care burden<br>that accompanies lockdown measures, and<br>higher levels of domestic abuse; and for<br>children, whose health and wellbeing suffer<br>as a result of school closures.<br><a href="mailto:sibbel@ilo.org">Contact: sibbel@ilo.org</a> |
| UNICEF<br>DFID  | Microsimulations and<br>COVID-19 impact on<br>poverty   | Consultants/ Analysis<br>of the Welfare<br>Monitoring Survey<br>(WMS)<br>2017 data<br>In-depth analysis<br>using WMS 2017<br>data to explore<br>job vulnerabilities,<br>impact on income<br>and consumption,<br>on poverty and<br>simulations on how<br>to reduce the impact<br>of the crisis | Analysis completed.<br>Results shared<br>with the key<br>governmental<br>partners. There<br>are requests<br>for additional<br>simulations from<br>the Government.<br>The study has not<br>yet been published. | Two levels of shock were assessed in the<br>analysis: mild and severe, and depending to<br>which category of job vulnerabilities families<br>belong. The analysis showed that income<br>loss can range from 10-40% or 20-80%. The<br>analysis estimates that the share below the<br>USD 2.5 poverty line could rise by 4.9-9.2<br>percentage points and child poverty by<br>of 5.4-10.6 percentage points. The best<br>scenario to mitigate the impact of COVID-19<br>would be to target the bottom 40% of<br>families with GEL 100 per family support.<br>The intervention will not reduce poverty<br>rates below the baseline, but could at least<br>bring it down to pre-COVID rates<br><a href="mailto:tbaum@unicef.org">Contact: tbaum@unicef.org</a>  |

## Social Cohesion and Community Resilience

| Agency/project/<br>donor   | Topic   | Research part-<br>ner/nature of<br>research   | Timeline   | Key findings/ Contact for further<br>information                              |
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| UNDP<br>PAR Project/UK GGF | The COVID-19 Crisis<br>and Its Aftermath:<br>Public Governance<br>Implications and<br>Policy Challenges | Small-scale research<br>grant to be awarded<br>through a grants<br>contest. Methods<br>may include: desk<br>research, quantitative<br>and qualitative<br>data collection and<br>analysis interviews<br>and focus groups | Survey to be<br>launched from<br>September<br>2020 (provided<br>successful<br>proposals are<br>solicited as a result<br>of research grants<br>contest) | <a href="mailto:Nana.tsiklauri@undp.org">Contact: Nana.tsiklauri@undp.org</a> |



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| UNDP<br>Joint Program<br>“Transforming Social Protection for Persons with Disabilities in Georgia” /<br>SDG Fund     | Impact of COVID-19 on mental health in Georgia  | Global Initiative on Psychiatry -Tbilisi (GIP-T)<br>An online follow-up cross-sectional survey, with a nested cohort study. The population of interest is the general population in Georgia aged 18 years and above. | July-August 2020                                     | Contact: <a href="mailto:Mariam.tutberidze@undp.org">Mariam.tutberidze@undp.org</a>   |
| UN Women<br>Joint Program<br>“Transforming Social Protection for Persons with Disabilities in Georgia” /<br>SDG Fund | Rapid Gender Assessment (RGA) of COVID-19 with special focus on women and girls with disabilities   | CRRC Georgia, nationally representative quantitative combined with qualitative research  | Survey completed in May; study launched in June 2020 | During the COVID-19 lockdown, one-third of those employed reported losing their jobs. 78% of women reported that if restrictive measures continued, they would struggle to cover basic expenses. The study found that the lockdown and closures of schools and kindergartens increased the burden of unpaid care work on women and girls as they are dedicating more time to childcare, cleaning and cooking than usual. In the context of the pandemic, the increased demand for care work is further deepening already existing gender inequalities in the division of household chores and contributing to time poverty faced by women.<br>Contact: <a href="mailto:Natia.mestvirishvili@unwomen.org">Natia.mestvirishvili@unwomen.org</a> |
| UNDP, UNFPA and UN Women   | Rapid Gender Assessment of COVID-19, second iteration   | CRRC   | August-December 2020                                 | Contacts: <a href="mailto:benedikt.hosek@undp.org">benedikt.hosek@undp.org</a> ; <a href="mailto:bandzeladze@unfpa.org">bandzeladze@unfpa.org</a> ; <a href="mailto:tamar.sabedashvili@unwomen.org">tamar.sabedashvili@unwomen.org</a>  |
| IOM<br>IOM Development Fund (IDF)  | Desk and field study on policy, administrative, institutional, and operational context and needs for supporting sustainable reintegration of returning Georgian migrants (including COVID-19 impact on reintegration) | IOM / Survey of a nationally representative sample of 600+ returnees, focus group meetings with policy makers and practitioners, desk research   | The survey will be completed in September 2020       | The survey is ongoing.<br>Contact: <a href="mailto:nkvitsiani@iom.int">nkvitsiani@iom.int</a>   |

