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# Knowledge Attitudes and Practices (KAP) Survey on Social Protection Programs & Services in Georgia

For: Expertise France



Empowering  
the Change

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## Acronyms

ACT	Analysis and Consulting Team
CAPI	Computer Assisted Personal Interview
CEC	Central Election Commission of Georgia
CwD	Child with Disability
EU	European Union
EUROSTAT	Statistical Office of the European Union
FGD	Focus Group Discussion
FSU	Final Sampling Units
GCM	Continuous Glucose Monitoring
GEOSTAT	National Statistics Office of Georgia
HH	Household
HIES	Households Income and Expenditure Survey
IDPs	Internally Displaced Persons
KAP	Knowledge, Attitudes and Practices
MICS	Multiple Indicator Cluster Survey
OECD	Organization for Economic Co-operation and Development
PA	Pension agency
PAE	Income Per Adult Equivalent
PMT	Proxy Means Test
PPS	Probability Proportional to Size
PSU	Primary Sampling Units
PwD	Person with Disability
RRP	Random Route Procedure
SC	State Care
SCA	State Care Agency
SESA	State Employment Support Agency
SSA	Social Service Agency
SPP	Social Protection Program

SSU	Secondary Sampling Units
TSA	Targeted Social Assistance
UHCP	Universal Healthcare Program
UNICEF	United Nations Children`s Fund
WG	Washington Group

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## Summary of Key Findings

### *Background and methodology*

Expertise France and Czech Development Agency with support of the European Union are implementing the project “Strengthening Social Protection in Georgia”. Within the given initiative a Knowledge, Attitudes and Practices (KAP) survey of the general population of Georgia, on social protection schemes was planned and implemented between February-March 2022. **The main goal of the study was to generate nationally representative data on the general level of awareness, usage and evaluation of specific social services in Georgia.** Specifically, the study focuses on the following: (1) general level of awareness of different social protections schemes and assessment; (2) information sources most commonly used and preferred; (3) information and knowledge deficiencies; (4) access to information and services; (5) use of specific services and the experience of beneficiaries; (6) evaluations of specific social protection services; (7) expectations of the social protection services; (8) socio-demographic and economic profile of the target population.

In order to achieve the above-mentioned goals and objectives, **a combination of the quantitative and qualitative survey methods was applied.**

- *Quantitative component* of KAP survey was designed, planned and implemented in two parts, using two different sampling methods and approaches: (1) the main sample for the study was identified through random sampling procedure throughout the whole country; two-staged clustered sampling design with preliminary stratification was applied as a sampling method for random selection. Total of 1912 face-to-face interviews in randomly selected households were conducted with representative sample. (2) In addition to the main sample, oversampling of Social Service Agency (SSA) and State Care Agency (SCA) beneficiaries was applied through a non-probability, purposive approach to acquire the knowledge, attitudes and practices towards specific social programs and services provided by specified agencies. The total sampling error of the quantitative survey is 2.7% percent. KAP survey was implemented using Computer Assisted Personal Interview (CAPI) technology.
- *Qualitative component* of the survey was carried out with utilization of the FGD (Focus Group Discussion) technique. A total of 15 FGDs were carried out throughout Georgia with beneficiaries and non-beneficiaries of SPPs (face-to-face /online).

### *Socio-economic profile of households*

The quantitative survey covered 1912 randomly selected HHs and 6259 individuals from the same households. The majority of randomly selected HHs are represented with adult (18+) members (58%) and are composed of 2-3 members (41%). The majority of HHs with children are having 2-3 children and only 5% of HHs with children are families with multiple children (4 and more). As suggested by quantitative survey findings, **in the biggest share of HHs, highest level of HH members` completed education is secondary education (27%), higher education at the level of bachelor (23%) or master degree (21%) and vocational education (21%).**

As suggested by quantitative survey findings, **almost half of the randomly selected HHs (45%) have at least one HH member who is part-time or full-time employee in the public or private sectors.** Individual employment statuses of HH members show that the **majority of members of inquired HHs are employed in the private compared to the public sector. Moreover, every tenth HH have at least one family member who is self-employed or is a business owner.** A share of HHs owning businesses or being self-employed is three to four times higher in non-beneficiaries compared to the beneficiary households. Regarding unemployment, findings suggest that about a **fifth of HH members are unemployed. A majority of unemployed individuals are looking for a job opportunity.** The share of job-seekers is relatively low among beneficiaries compared to non-beneficiaries, which can be caused by fear of losing cash benefits provided under the certain SPPs.

According to the quantitative survey findings, **26% of randomly selected HHs are registered at the unified database of socially and economically vulnerable households.** During the interviews, half of the registered HHs disclosed their

PMT scores, while another half told that they do not know what their PMT score is. Reluctance to share HH's PMT scores can be caused by the fear of losing their assistance. Such a high estimate of non-disclosure may suggest that such fears still exist among beneficiary HHs. **The majority of HHs registered in the unified database are beneficiaries of the targeted social assistance (TSA) program. More than half of beneficiary HHs (56.1%) somewhat or completely agree with their PMT scores, while less than half of TSA beneficiaries disagree (26.5%) or neutrally assess it (11%). About half of the HHs (50.1%) disagree with their scores and think that the scoring system is "unfair" and it does not sufficiently assess the vulnerability level in households.**

The quantitative survey findings further demonstrate that **almost every fifth HH (21.5%) have at least one member with a self-reported functional disability and 4.5% of HHs have a member with a self-reported disability which is not determined yet.** At the level of individuals, **8% of HH members claim having a self-reported disability.** The estimates show that a share of HH members having a self-reported disability is low in the overall sampling, but a share of HHs with members with a self-reported disability is still significantly high in the random selection. 1688 out of 6259 HH members who answered the Washington Group (WG) questions reported having moderate, big or the complete inability of something to function (for example, vision, hearing, related to self-care, movement, etc.). The findings suggest that **disability in group II (8%) is more prevalent in the sampled population compared to group I (5%) and group III (2%).** Noteworthy, based on the qualitative survey findings, it can be assumed that a **real number of persons/children with a self-reported disability or groups of disabilities can be higher compared to the reported cases, as some FGD discussants report that cover-ups of persons with a disability (PwD) by their HHs represents a significant problem and some families with persons or children with a disability (CwD) avoid applications or revealing the status of their disability via group examination due to stigma and fear.**

According to the quantitative survey findings, the **median monthly HH income calculated by Per Adult Equivalent (PAE) amounts to 660 GEL for randomly selected HHs.** The findings suggest that median HH income in the beneficiary households (who receive old-age pension benefits only) is relatively low compared to the beneficiaries in broader terms (all SPPs) and non-beneficiary HHs. As for the median monthly income per person, findings suggest that **median monthly income per HH member in non-beneficiary HHs is relatively higher compared to the median monthly income per HH member among beneficiary households.** Among the beneficiary HHs, median monthly income per person is smallest in TSA beneficiaries.

### *Knowledge of SPPs*

The quantitative survey findings suggest that **majority of HHs (79.3%) are aware of at least one social protection program (SPP) functioning in Georgia.** The findings suggest that **program beneficiaries (81.2%) are relatively more aware of existing SPPs compared to the non-beneficiaries (70%).** In addition, **HHs benefiting from old-age pension are relatively less aware of SPPs and awareness is relatively high in all program beneficiaries. Statistical analysis shows that majority of HHs with pensioners (811 out of 1031) are aware of at least one SPP.** According to the quantitative findings, **66 out of 420 HHs with members with self-reported disability have not heard of any SPPs** and the majority of them could name at least one program.

As suggested by the quantitative survey findings, **more than half of HHs is aware of old-age pension (60.3%) and TSA (62.1%).** Generally, estimates show that awareness about programs providing cash benefits is significantly high, while awareness of services provided by the State Care Agency (SCA) and State Employment Support Agency (SESA) is very low. The quantitative survey respondents most frequently named programs implemented by Social Service Agency (SSA) and Universal Healthcare Program (UHCP).

- According to the statistics, 647 out of 811 **HHs with pensioners** which are aware of at least 1 SPP name old-age pension among SPPs they have heard of. However, the survey findings show that out of all HHs with pensioners slightly more than half name old-age pension among the SPPs they know (647 out of 1031). In addition, 524 out of 1912 informed respondents were pensioners and the majority of them (427 out of 524) name old-age pension among the SPPs they have heard of. A majority of respondents naming old-age

pension are non-retirees (499 out of 926). Based on statistical analysis, it can be assumed that **even though universal old-age pension is named by the majority of HHs, a significant share of beneficiary and non-beneficiary HHs do not perceive old-age pension as SPP.**

- Within the HHs with members with a self-reported disability, a majority (354 out of 420) is aware of at least one SPP; however, the **biggest share of these households is aware of SPPs offering cash benefits – a social package for a child with a disability (15.6%) and a social package for persons with a disability (33.2%) - and awareness about services of SCA is very low.** The qualitative and quantitative survey findings indicate that **families with members with a (self-reported) disability do not have enough awareness and information about SPPs they might be eligible for and a majority of them receives information from the communities of PwD.**

The quantitative statistics suggest that the majority of cases of the program were mentioned by randomly selected HHs, and HHs mention that they are aware or somewhat aware of their eligibility criteria (78.9%), registration procedures (76.1%) and benefits (79.3%) offered by these programs. Awareness is relatively high in SPPs named by program beneficiaries compared to the SPPs named by non-beneficiary HHs.

### *Practice of SPPs*

As suggested by quantitative survey findings, **83% of randomly selected HHs have applied at least 1 SPP during the last two years, while 17% of HHs have not applied to any program;** a majority of HHs which have not applied any SPPs perceive that they do not have any need to apply (54.1%) and a third of them think that they could not meet eligibility criteria (32.8%). According to the findings, **HHs more frequently apply to the SPPs offering cash benefits compared to the SPPs providing different types of services.** Agency findings suggest that majority of HHs apply to the services and programs of **SSA** (1461 out of 1912), **UHCP** (314 out of 1912) and **Pension Agency (PA)** (346 out of 1912). As suggested by the quantitative survey findings, the most frequently applied SPPs are: old-age pension (54.1%), targeted social assistance (TSA) (20.9%) and accumulated pension (19.3%). In the majority of cases (88%), HHs, which have applied to SPPs, are program beneficiaries. Cases of drop-out is high under UHCP and it mainly happens when the beneficiary no longer needs medical intervention, while rejection is high in beneficiaries of TSA (71 out of 85 cases). Beneficiaries are rejected from TSA due to the high PMT scores and ineligibility to meet the criteria.

### *Practice of SSA services and programs*

According to the quantitative survey findings, **in a majority of cases of SSA services and programs, HH receive information about programs through TV, friends, relatives, neighbors and get involved through SSA (50.3%), the mayor's Office (19.3%) and other state agencies (18.5%).** As suggested by the qualitative and quantitative survey findings, in a majority of programs beneficiary HHs have benefited from during the last two years (73.7%), HHs think that procedurally it is very easy to access SSA services and programs.

When evaluating the accessibility of a program, it is very important to consider what kind of accessibility is assessed. In case **technical accessibility is being focused on, then survey findings suggest that beneficiaries are mostly satisfied with the programs.** More than half of the beneficiaries under each SSA program provide a positive assessment to the technical side of program implementation. **In case accessibility implies involvement in the program as an end result of the process, then a significant share of HHs can be dissatisfied and a majority of them could be TSA beneficiaries and non-beneficiary HHs.** According to the qualitative survey findings, **dissatisfaction in TSA beneficiaries is caused by the HHs assessment procedure, criteria and scoring system as some beneficiaries and non-beneficiaries believe that the HH assessment procedure, criteria and scoring system does not always allow the authentic assessment of a state of vulnerability exhibited in the HH.** According to the qualitative survey

findings: (1) **HH assessment puts particular emphasis on the housing condition and items in the dwelling, which are not always indicative of vulnerability**, especially if one lives in a rented home or someone else's apartment. (2) **Some beneficiary and non-beneficiary HHs have concerns about the calculation of HH income during the assessment. Some families, particularly, families with children and HHs renting, negatively assess the inclusion of utility bills and rent in the HH income**, as rent sometimes is paid by municipalities and paying utility bills (for, heating) during the winter times does not automatically mean the socio-economic wellbeing of a family. (3) **Some HHs are ambivalent with regard to the TSA eligibility criteria and HH assessment/scoring system, as they see that some HHs do not need assistance benefits from TSA, while some HHs are in need of support, cannot access it and receive inadequately high scores.** With regard to the other SSA services and programs, beneficiaries of **social packages for people with disabilities and assistance to IDPs** think that procedurally it is easy or very easy to access these programs in case they have a disability or are an IDP.

The qualitative survey findings suggest that the **major form of benefits/assistance under SSA services and programs are cash benefits (87%), in the vast majority of cases of programs applied by HHs (84.8%), assistance is given via banks/ATMs and average volume of assistance amounts to 283 GEL.** The qualitative and quantitative survey findings suppose that assistance is regularly given to the beneficiaries within SSA services and programs. As suggested qualitative and quantitative survey results, **beneficiaries generally use provided cash transfers to cover their basic needs like buy food, medicine, pay utility bills, etc. however, due to the increased commodity prices, they struggle to meet even these basic needs too.** According to the statistics, **TSA beneficiaries have relatively higher expenditure on clothes, while beneficiaries of social package for persons with disability have higher health expenditures.**

As suggested by qualitative and quantitative surveys, overall **for almost half of SSA services and programs (51.9%) reported by HHs to benefit from, HHs state that they are satisfied with these programs, while almost another half of programs are neutrally or negatively assessed by randomly and purposefully selected HHs.** According to the qualitative information obtained from interviews and FGDs, **"insufficiency of cash benefits" is considered the main reason of dissatisfaction in beneficiaries.** Other reasons of dissatisfaction include insufficient information, too much bureaucracy and difficulties with registration, document preparation, subjectiveness and vagueness of criteria, indifference, lack of trust, professionalism in the staff, suspension of assistance or delay in transfers. **Dissatisfaction with cash benefits is expressed more by TSA beneficiaries, assistance for IDPs, old-pension and social package for persons with disability.**

#### *Practice of SCA services and programs*

According to the qualitative and quantitative survey, **in a majority of cases of the SCA services and programs randomly and purposefully selected HHs have applied, accession happened through various state agencies (73.4%).** In addition, the survey findings show that **medical facilities (7.2%) and preschool education institutions or schools (3.3%) are also important sources of information for SCA services and programs.** According to the quantitative survey findings, **for more than half of the cases of programs reported by HHs to benefit from during the last 2 years, it is assumed that it was easy (51%) or very easy (17%) to access given services and programs, accession is neutrally or negatively assessed in about a quarter of cases of SCA services and programs (26.3%).** Some beneficiaries of foster care, child habilitation-rehabilitation programs, day care service centers and provision of auxiliary means gave neutral or negative assessment to the accession phase. As suggested by the qualitative survey, factors negatively affecting on the accession to and availability of SCA services and programs oriented on PwD and CwD are: (1) **information insufficiency and stigma around disability** in the society and families of PwD or CwD; (2) **insufficient geographic coverage of SCA services and programs** (habilitation-rehabilitation program, early childhood development program, day care service centers for PwD or CwD); (3) **long waiting lines caused by high referral rate and/or limitations on the quantity of the beneficiary** (early childhood development program, day care service centers for socio-economically vulnerable families); (3) high level of bureaucracy (state program providing auxiliary means).

According to the qualitative and quantitative survey findings, SCA issues different types of benefits under different programs. Namely, **in-kind assistance** is provided under the provision of auxiliary means, assistance for families in crisis situations and various medication programs; **service vouchers** are delivered to the beneficiaries of day care service centers, habilitation-rehabilitation and early childhood development programs and **cash benefits** are provided to foster families. As suggested by the quantitative survey findings, in a majority of programs reported by HHs, assistance is given regularly and on time, however, beneficiaries report that provided in-kind benefits are not sufficient or effective at managing their condition. Namely, beneficiaries with diabetes mention that provided sticks to measure sugar level in the blood are not sufficient for the persons with diabetes to do proper monitoring. In addition, families with children with diabetes think that this method is vague and the **introduction of Continuous Glucose Monitoring (GCM) apparatus would be more effective to managing diabetes in children**. In addition, **beneficiaries of the program providing auxiliary means report that they receive wheelchairs every 3 years**. As suggested by discussants, wheelchairs are always fit to the size and needs of the beneficiary, however, **they are not of high quality and require frequent repair**, which may not be so affordable for vulnerable families.

As suggested by the quantitative survey findings, **in the majority of cases of programs, HHs are satisfied (68.6%) or very satisfied (18.3%) with SCA services and programs due to the progress achieved in the beneficiaries**. Negative or neutral assessment was issued only in 13.1% of application cases. According to the qualitative survey findings, generally beneficiaries are satisfied with provided services, however, they would like to increase geographic coverage of programs and increase professionalism of specialists delivering care to the PwD or CwD. A group of discussants believe that **it is important to increase quality of care and the qualification of specialists delivering services to the PwD or CwD, as inadequate care can have more harmful than beneficial effects on individuals**. According to the FGD findings, the habilitation-rehabilitation program has limited funding and it cannot support every beneficiary. As for the beneficiaries of foster care, findings suggest that **trainings delivered to the foster families are not sufficient, particularly, if foster parents raise a CwD**. Therefore, a group of discussants assume that it is important to provide periodic trainings to foster families, particularly, ones parenting CwD in order to provide mentorship, recommendations and supporting them in the management of a child's behavior.

### *Practice of UHCP services and programs*

According to the qualitative and quantitative survey findings, in a majority of cases of UHCP programs, HH access services and programs via various state agencies (87.4%), including UHCP and MoH. As suggested by quantitative survey findings, 18.6% of cases involve automatic engagement in UHCP services and programs and in the case of 5.3% of programs, HHs accessed through medical facilities. According to the quantitative survey, **in the majority of program cases, HHs think that it is easy or very easy to access UHCP services and programs (80.4%), go through the registration (75.6%) and prepare documentation (72.3%)**. Noteworthy, negative or neutral assessments were issued by a minor share of beneficiaries. As suggested by the qualitative survey, **bureaucracy, timing and distance to the service providers** are three main factors causing discontent at the accession stage.

According to the quantitative and qualitative survey findings, **the vast majority of UHCP programs provide full or partial coverage of medical services (90.7%), only beneficiaries of the state program for providing medication for the treatment of chronic disease receive medicine or vouchers for medication**. As qualitative and quantitative findings suggest, in the majority of cases of programs, HHs assume that **UHCP services and programs fully or somewhat cover their actual needs (72%)**. The share of HHs whose needs are not covered by UHCP services and programs is relatively high under **the state program providing medication for the treatment of chronic disease, as some medication that persons with chronic disease or PwD require are not covered under it**.

As suggested by qualitative and quantitative survey findings, **for the majority of programs (79%) inquired HHs benefited from, HHs state to be satisfied or very satisfied with UHCP services and programs**; as informed by the survey, **causes of dissatisfaction relate to the insufficiency of funding, absence of medication funding, exclusion of**

**some medical services from the program** (for example stomatology), **which some applicants need**. As suggested by qualitative and quantitative survey findings, **in the majority program cases, HHs are satisfied with provided care, however, in some cases, HHs are dissatisfied with quality of care, have an indifferent attitude or receive different treatment from medical personnel. As informed by the qualitative survey, PwD and foster families** are two groups which can be treated differently by medical personnel. With regard to persons with disability, findings suggest that UHCP might not properly reflect the need of this group, as some services required by persons with disability are not financed under the program. According to the qualitative and quantitative survey findings, some beneficiaries pay out of pocket, while some beneficiaries receive partial or full funding for the same services. Based on the gathered findings and discussants' experiences, it can be assumed that **there might be a lack of knowledge regarding the referral procedures within UHCP or there might be different patterns of implementation among healthcare providers**.

#### *Practice of SESA services and programs*

As suggested by the qualitative survey findings, **SESA beneficiaries heard about services and programs from TV, SMS, friends, neighbors, social agents and register for the particular programs at the office of SESA**. According to the assessments made during FGDs, employed and trained beneficiaries are mostly satisfied as they got employed or received helpful knowledge. Unemployed beneficiaries are mostly dissatisfied with the offered job opportunities, as vacancies do not respond to their education and experience, they do not offer them a proper salary and their working schedule is not relatable to the salary offered. In addition, female beneficiaries with small-aged children, many children, children with disability and single mothers cannot take job offers due to the inconvenient working schedule and the lack of support at home.

#### *Information availability*

According to the qualitative and quantitative survey findings, the biggest share of HHs neutrally assess their level of information about SPPs and think that they hold neither sufficient, nor insufficient information (38.3%). Interestingly, **the share of HHs (34.3%) thinking that they have somewhat insufficient or completely insufficient information about SPPs is significantly higher compared to the share of HHs thinking that they are completely or somewhat sufficiently informed about SPPs (23.3%)**. Out of 1623 HHs which have applied to at least 1 SPP, only 2% state that they are sufficiently informed about SPPs. The qualitative survey finding suggest that level of information has increased about SPPs, however, knowledge is very general, not profound and a majority of the population still do not have sufficient information about existing SPPs. In this regard, FGD findings show that the level of information about available services and programs is particularly low in persons with a disability.

#### *Attitude towards SPPs*

The quantitative survey findings suggest that the **population tends to receive SPP-related news and information through TV (68.4%), friends, relatives, neighbors (21.7%) and social media (14.7%)**. Qualitative and quantitative survey findings suggest that only a minor share of the population uses official websites of implementing agencies and hotlines to receive such information. According to the quantitative survey findings, **the most applied communication tools turn out to be the most trusted and most preferred communication tools for the population**.

The quantitative survey findings suggest that **the biggest share of the population thinks that almost everyone receiving benefits from SPPs deserve it (46%)** and every third respondent find it difficult to give a clear answer to this question. **A minor share of the population thinks that the majority of beneficiaries deserve this assistance, but there are a small group who does not deserve it (14.8%) or a majority does not deserve it (5.1%)**. People, who think that some beneficiaries do not deserve assistance, assume that some HHs give false information and they are incorrectly evaluated and that is why they have such an opinion.

As suggested by the qualitative and quantitative survey, a majority of the population thinks that **persons with disabilities (71.5%), poor (65.2%) and elders (58.1%) should be the priority groups under SPPs**. The quantitative

survey findings suggest that these three target groups are the most prominent under current SPPs, however, due to the dispersed focus of the programs, it turns out that their needs are still mostly unaddressed by existing SPPs and impact is very limited. In addition, the quantitative survey participants assume that persons with disabilities are under the focus of SPPs, but different attention is given to Group I and Group II, which is not perceived as correct. According to the qualitative and quantitative survey findings, a significant share of the population think that **needs of women, single mothers, widows, youth and ordinary families who cannot access various programs due to the low PMT scores are not taken into consideration by current SPPs.**

## Background

The European Union (EU) is financing a project on social protection in Georgia through the Expertise France and Czech Development Agency. Within this initiative a Knowledge, Attitudes and Practices (KAP) survey of the general population of Georgia, on social protection schemes was planned and implemented between February-March, 2022. The KAP survey was focused on various social protection schemes, programs and services including Targeted Social Assistance (TSA), Pensions, Accumulated Pension, Disability Allowance, Maternity Leave, Universal Health Coverage etc.

Findings of the KAP study are expected to be used as the baseline indicators for further interventions implemented by the state agencies and facilitate policy dialogue by providing strong evidence to contribute to the elaboration of next steps aimed at improving the practices on how beneficiaries get access to their rights, benefits, services and information on social protection.

## About the Project

The main goal of the assignment is to implement the knowledge, attitude and practice (KAP) study on the general population of Georgia on social protection services. The study generated nationally representative data on the level of awareness, usage and evaluation of specific social services. More specifically, the study focuses on the following aspects:

- General level of awareness of different social protection schemes and an assessment;
- Information sources used most frequently and preferred;
- Information and knowledge deficiencies;
- Access to information and the services;
- Use of specific services and the experience of beneficiaries;
- Evaluations of specific social protection services;
- Expectations of the social protection services;
- Socio-demographic and economic profile of the target population.
- Study Design and Methodology

## Study Design and Methodology

### General overview

In order to achieve the above-mentioned goals and objectives, a combination of quantitative and qualitative survey methods was applied.

Sub-sections below thoroughly describe ACT's approach used for planning and implementing the KAP survey. The general outline of the study methodology was developed by ACT and submitted as part of the technical proposal that was further finalized at the initial stage of the project implementation in close collaboration with the client representatives and local stakeholders involved in the process.

#### - *Quantitative survey*

The quantitative survey represents one of the main components of the study in terms of scope and coverage. The main purpose of the quantitative survey was to obtain nationally representative data among the general population residing in Georgia on the main research questions.

A Knowledge, Attitude and Practice (KAP) survey was applied as a type of a quantitative study focusing on the theme of social protection aimed at collecting information on what people know, how they feel, and how they behave in relation the given issue.

In general, the KAP survey is used to gather valuable data that could be used to strengthen protection of the target population through better programme planning as well as design, advocacy, social mobilization, assessment and evaluation. In addition, the quantitative data describing people's knowledge, attitudes and behavior related to social protection is a critical aspect for understanding the scale of protection issues and providing credible evidence for the further improvement of the national social protection system, policies and practices in the country.

KAP Interviews were conducted using CAPI technology.

- *Qualitative survey*

Based on the preliminary findings of the quantitative survey, the qualitative study was planned and implemented. Within the qualitative study, the focus group discussion (FGD) technique was applied and was focused on revealing perceptions, attitudes and practices of the main target groups towards the key research questions. Moreover, the qualitative study was implemented to better understand the reasons and motivations contributing to people's satisfaction or dissatisfaction regarding various aspects of the social protection programs and services in the country.

The vast majority of the FGDs were conducted using the face-to-face interviewing technique.

I. *Quantitative survey*

*Sampling Design*

The KAP survey was designed, planned and implemented in two parts using two different sampling methods and approaches.

Namely, the main sample for the study (total of 1,912 households) was identified through a random sampling procedure throughout the whole country (thoroughly described below). In addition to the main sample, ACT performed an oversampling (through the form of non-probability sampling – a purposive/selective approach) of the Social Service Agency (SSA) and State Care Agency (SCA) beneficiaries to capture the knowledge, attitudes and practices towards specific social programs and services provided by specified agencies. Within the frames of a given survey, beneficiaries are HHs or individuals who have benefited from at least one SPP (cash transfers, services, in-kind assistance, etc.) during the last two years; hence, beneficiaries can be the ones currently benefiting from at least 1 SPP and beneficiaries can also be ones who had experience in any SPP at any moment of the past two years.

a) *Random sampling*

A two-staged clustered sampling design with preliminary stratification was applied as a sampling method. The given design is commonly used for similar types of research and is adopted worldwide.

This sampling approach represents a type of probability sampling. A total of 1912 face-to-face interviews in randomly selected households were conducted with a representative sample.

*Location and target group of the survey*

Area and target population for the survey are the urban and rural households in all 11 administrative regions of Georgia controlled by Georgian Government:

1. Tbilisi
2. Imereti
3. Kvemo Kartli
4. Samegrelo and Zemo Svaneti
5. Ajara
6. Kakheti
7. Shida Kartli
8. Samtskhe-Javakheti
9. Guria
10. Mtskheta-Mtianeti
11. Racha-Lechkhumi and Kvemo Svaneti

### Sampling frame and sources of statistical data

Two main sources are used to develop the sampling design and generate the study sample, namely the sources used include:

- *Source 1:* National Statistics office of Georgia (GEOSTAT) - Results of Population Census from 2014 (Table #1) are used for sample size estimation and its distribution across survey regions and settlement types.
- *Source 2:* Central Election Commission of Georgia (CEC) – a list of electoral precincts from 2020 elections is used for cluster selection.

*Table 1. Distribution of households by region and settlement type*

#	Region	Urban	Rural	TOTAL
1	Tbilisi	339,304	0	339,304
2	Imereti	81,421	87,595	169,016
3	Adjara	50,163	33,619	83,782
4	Guria	9,827	25,104	34,931
5	Samegrelo and Zemo Svaneti	40,614	60,893	101,507
6	Kakheti	23,514	75,461	98,975
7	Kvemo Kartli	53,003	61,576	114,579
8	Shida Kartli	31,773	48,517	80,290
9	Samtskhe-Javakheti	16,222	27,759	43,981
10	Mtskheta-Mtianeti	6,997	22,866	29,863
11	Racha-Lechkhumi and Kvemo Svaneti	2,550	10,352	12,902
	<b>TOTAL</b>	<b>655,388</b>	<b>453,742</b>	<b>1,109,130</b>

### Stratification

Two main criteria are used for stratification:

- Administrative division - 11 regions
- Settlement type – urban and rural

Total of 21 sub-strata are formed by combining both stratification criteria.

### Sample size and its distribution by regions and settlement types

The total survey sample (via random sampling) was defined as 1912 completed HH interviews within the survey area. Interviews were distributed proportionally according to the number of households residing within the given sub-stratum. Noteworthy, that minimum quota for small regions was defined as 100-110 completed interviews, and for Tbilisi – 400 completed interviews.

The total sampling error is 2.7% percent. Assumptions are made when the Confidence level=95%, Design Effect=1.5 and Variable Proportion=50%. Final sample size distribution across survey regions is presented in the Table 2 below:

*Table 2. Random sample distribution by region and settlement type*

#	Region	Sample Urban	Sample Rural	Sample Total
1	Tbilisi	402	0	402
2	Imereti	130	150	280

3	Adjara	100	70	170
4	Guria	30	82	112
5	Samegrelo & Zemo Svaneti	70	100	170
6	Kakheti	40	110	150
7	Kvemo Kartli	81	106	187
8	Shida Kartli	50	80	130
9	Samtskhe-Javakheti	40	71	111
10	Mtskheta-Mtianeti	20	80	100
11	Racha-Lechkhumi & Kvemo Svaneti	20	80	100
	<i>TOTAL</i>	983	929	1,912

#### *Cluster selection and defining sample size within each cluster*

Clusters representing the Primary Sampling Units (PSUs) are electoral precincts. The data are taken from a database of electoral lists provided from the Central Election Committee (CEC) of Georgia from the 2020 parliamentary elections. A total of 10 household interviews were completed in each cluster. Respectively, a total of 190 clusters were randomly selected to reach the desired sample size of 1912 completed interviews.

*Table 3. No of Clusters by Regions and Settlement Types*

#	Region	Cluster Urban	Cluster Rural	Cluster Total
1	Tbilisi	40	0	40
2	Imereti	13	15	28
3	Adjara	10	7	17
4	Guria	3	8	11
5	Samegrelo & Zemo Svaneti	7	10	17
6	Kakheti	4	11	15
7	Kvemo Kartli	8	10	18
8	Shida Kartli	5	8	13
9	Samtskhe-Javakheti	4	7	11
10	Mtskheta-Mtianeti	2	8	10
11	Racha-Lechkhumi & Kvemo Svaneti	2	8	10
	<i>TOTAL</i>	98	92	190

As mentioned, the PSUs are represented by electoral precincts. As for the Secondary Sampling Units (SSUs) and Final Sampling Units (FSUs), they are represented by households within the selected electoral precincts and individuals (18+) within the selected households, respectively.

#### *Step 1: Selection of Clusters*

Number of clusters per each stratum has been determined based on the probability proportional to size (PPS) sampling method. For estimating the size of the cluster, the number of eligible people registered within the cluster was used.

#### *Step 2: Selection of Households*

Secondary Sampling Units (SSUs) represented by households were selected via Random Route Procedure (RRP).

The interviewers adhered to the following basic tools to perform the RRP:

1. *Starting point* - a randomly selected address within the selected electoral precinct was taken as a starting point.
2. *Sampling interval* - the standard sampling interval for an urban settlement was defined as every 5th household and for rural-type settlements - as every 3rd household.
3. *Traffic route and rules* - Interviewers were supplied with detailed guideline of random route procedure, which included traffic rules and route definition specifications for each settlement type.

### Step 3: Selection of Respondent (final stage)

The Final Sampling Units (FSU) are represented by individuals (18+) within the sampled households. In each household, a member identifying him/herself as a household's best informant on socio-demographic profile of the entire household, including the participation in social protection schemes, was selected for the interview. In case of two or more members identifying themselves as the best informants, the interview was conducted with the individual selected based on the last birthday principle (from those who were present at home at the time of interviewers visit to a HH). In case HH's best informant was absent during the interviewer's visit, the HH was replaced.

#### *Call-back procedure*

Each sampled household / respondent was visited one time and after an unsuccessful visit the sampled household was replaced. All types of non-responses were accurately recorded using a specially designed household visit tracking tool along with particular reasons for non-completed interviews.

#### *Representativeness of the Survey Data*

The study sample obtained from a larger population via random sampling procedure (described above) accurately represents the characteristics of the population residing in Georgia, thus ensuring adequate representation of the survey data.

For this purpose, various socio-demographic characteristics derived from the KAP survey were compared with respective official statistics obtained from the National Statistics Office of Georgia (GeoStat).

#### *a) Comparison of age / gender distribution*

Table 4 below compares age and gender distribution from two sources – the KAP survey and corresponding statistics obtained from the GEOSTAT website (2022 data).

*Table 4. Distribution of gender based on two sources – GEOSTAT& KAP survey*

Gender	GEOSTAT data (2022) <sup>1</sup>	KAP survey (Random sample)	Age groups	GEOSTAT data (2022) <sup>2</sup>	KAP survey (random sample)
Male	48.0%	46.9%	Below 18	24.2%	22.9%
Female	52.0%	53.1%	18-24	7.9%	7.2%
TOTAL	100.0%	100.0%	25-34	13.2%	12.4%
			35-44	13.6%	13.6%
			45-54	12.4%	11.7%
			55-64	13.2%	14.3%
			65+	15.5%	17.9%

#### *b) Comparison of distribution of HHs according to its size (No of members in the HH)*

Data derived from two alternative sources were included for comparing HHs' distribution according its size. Sources include Population Census data of 2014 and the Households Income and Expenditure Survey (HIES) for 2021 (both data are obtained from GEOSTAT). Table 5 below shows distribution of the selected characteristic from three different sources.

*Table 5. Distribution of households according to its size*

<sup>1</sup> Source: <https://www.geostat.ge/en/modules/categories/41/population>

<sup>2</sup> Source: <https://www.geostat.ge/en/modules/categories/41/population>

HH size	Census, 2014 (GeoStat) <sup>3</sup>	HIES, 2021 (GeoStat) <sup>4</sup>	KAP survey (random sample)
1-member HHs	17.5%	16.9%	19.3%
HHs with 2-members	20.4%	23.2%	22.5%
HHs with 3-members	18.9%	17.7%	18.2%
HHs with 4-members	18.7%	16.5%	16.5%
HHs with 5-members	11.9%	11.0%	10.1%
HHs with 6 and more members	12.6%	14.7%	13.4%

### c) Education

Data derived from the same two alternative sources of GEOSTAT mentioned above – the population census of 2014 and HIES for 2021 were included to compare distribution of population according to the level of education from the random sample of the KAP survey with the population statistics from GEOSTAT.

Considering that Population Census 2014 provides given statistics for individuals 10 years and older and HIES 2021 provides the same statistics for those 15 years and older, the same age ranges from the KAP random sample was used for comparison purposes. Moreover, for compatibility purposes, education level-categories were converted into broader categories to adjust the lists.

The table below compares the distribution of individual members of the KAP survey's randomly selected households according to the level of education achieved with the same data from the Census 2014 and HIES 2021.

*Table 6. Distribution of households according to level of education*

Level of education achieved	Census, 2014 (GEOSTAT) <sup>5</sup>	KAP survey (Random sample, 10+ years)	HIES, 2021 <sup>6</sup>	KAP survey (Random sample, 15+ years)
Illiterate (unable to read and write)	0.39%	0.37%	0.2%	0.4%
No formal education, but can read and write	3.24%	3.62%	0.1%	0.9%
General education (primary school)	5.70%	4.19%	1.6%	0.9%
General education (basic school)	8.45%	10.31%	7.8%	8.6%
Secondary education completed	36.67%	39.23%	42.9%	42.9%
Professional / vocational education completed	17.41%	15.92%	16.9%	17.4%
Higher	26.74%	26.24%	30.4%	28.7%
Not specified	1.40%	0.11%	0.0%	0.1%

### b) Purposive sampling

In addition to the random sampling, ACT performed an oversampling of SSA and SCA beneficiaries through a non-probability, purposive approach. The aim of such planning was to collect sufficient number of beneficiary households of specific programs and services rendered by respective agencies.

<sup>3</sup> <https://www.geostat.ge/en/modules/categories/744/households>

<sup>4</sup> <https://www.geostat.ge/en/modules/categories/128/databases-of-2009-2016-integrated-household-survey-and-2017-households-income-and-expenditure-survey>

<sup>5</sup> <https://www.geostat.ge/en/modules/categories/740/education>

<sup>6</sup> <https://www.geostat.ge/en/modules/categories/128/databases-of-2009-2016-integrated-household-survey-and-2017-households-income-and-expenditure-survey>

Preliminary quotas for SSA program beneficiaries were defined with the aim to interview at least 40 beneficiaries for each of the SSA programs in total, through random as well as purposive sampling, to allow data analysis to be performed at a program level (where possible). Table 7 below presents sample distribution of beneficiaries of SSA programs and services captured through the KAP survey:

Table 7. Distribution of SSA beneficiaries according to programs and services

Social Protection Program (SPP)	Random sample	Purposive sample	TOTAL
1. Social package for children with disability	22	100	122
2. Social package for children who lost their breadwinner	15	33	48
3. Monthly financial assistance for newborns whose parent(s) has a status of permanent residency in a mountainous settlement	5	26	31
4. Targeted state program to promote improvement of the demographic situation	12	30	42
5. Monthly discount on electricity for parents(s) having the status of parent(s) with many children (4 and more children aged	4	31	35
6. Child benefit within the frame of the targeted social assistance program for every family member aged less than 16	64	20	84
7. Social package for persons with disability	124	80	204
8. Maternity benefits (paid maternity leave)	7	12	19
9. Universal old-age pension (State Pension)	1060	162	1222
10. Social assistance/monthly supplement for pensioners permanently living in the high mountainous settlements	67	16	83
11. Assistance for IDPs (Social Package)	71	22	93
12. Assistance for person/family who/which lost the breadwinner (Social Package)	6 <sup>7</sup>	9	15
13. Targeted social assistance program/ subsistence allowance	332	123	455
14. Subsidy program for increased tariffs on electricity	60	13	73
15. Monthly payment to former officials of law enforcement agencies, Prosecutor`s office, former judges, and other individuals	5	22	27
16. Compensation for family members of servants of the Ministry of Defense, who died or received health injuries as a result of activities performed at work	24	55	79
17. Monthly supplement for the recipients (with disability) of social package permanently living in high mountainous settlements	4	18	22
18. Supplement for the doctors permanently living in the high mountainous settlements – double the amount of state provisions	1	39	40
19. Electricity subsidy program for persons permanently living in high mountainous settlements	164	68	232
<b>TOTAL</b>	<b>2047</b>	<b>879<sup>8</sup></b>	<b>2926</b>

Due to a small number of beneficiaries of certain SSA programs captured through a random sampling approach, a priority list of programs and services to be targeted through purposive sampling approach was developed. The list included following programs: N1 to 5, 8, 15 to 18.

<sup>7</sup> According to the information provided from SCA, program - Assistance for person/family who/which lost their breadwinner (Social Package) is included under the program social- Package for children who lost breadwinner, thus it was not targeted separately through purposive sampling.

<sup>8</sup> Taking into consideration that one and the same household could be a beneficiary of several SPPs at a time, the sum of the beneficiaries of separate programs exceeds the total number of beneficiary households included in the sample.

As for the SCA, due to low coverage of the population through SCA programs and services in general (targeted mostly at specific groups) random sampling was able to capture a very small number of SCA beneficiaries (7 in total). Therefore, a sample of SCA beneficiaries was fully constructed with beneficiaries recruited through the purposive sampling approach (a combination of snowball sampling and selection from limited lists of beneficiaries provided by SCA was applied). Purposive sampling was able to reach out to the SCA beneficiaries mainly from 5 programs (daycare service provision for PWDs (adults as well as children), provision of auxiliary means, child habilitation/rehabilitation and foster care). Besides, 5 to 8 beneficiaries of additional 3 SCA programs (assistance to the families with children in crisis situations, early Childhood Development program and provision of shelter for mothers and children) were also identified and included in the SCA oversample. A single case of programs, such as supporting the communication of deaf persons, reintegration of children deprived of parental care and supporting the 18–21-year-old who left the State care (SC) System (operating since January, 2021) were also found and included.

Table 8 below presents sample distribution of beneficiaries of SCA programs and services captured through the KAP survey:

*Table 8. Distribution of SCA beneficiaries according to programs and services*

Social Protection Program (SPP)	Random sample	Purposive sample	TOTAL
Providing Daycare Center Services (PWDs)		25	25
Provision of auxiliary means		22	22
Supporting the communication of deaf persons		1	1
Assistance to the families with children in crisis situations		8	8
Early Childhood Development program		5	5
Child habilitation/rehabilitation	6	33	39
Provision of day care center service (for 6-18 children with status of PWD and without)	1	31	32
Provision of shelter for Mothers and Children		6	6
Foster care		11	11
Reintegration of children deprived of parental care		1	1
Supporting the 18–21-year-olds who left the SC System (operating since January, 2021)		1	1
<b>TOTAL</b>	<b>7</b>	<b>144<sup>9</sup></b>	<b>151</b>

As a result of purposive sampling, a total of 432 additional household interviews were completed with 318 SSA and 118 SCA beneficiary households. Notable, that an overlap of utilization of SSA and SCA services in one and the same household was observed in various households, thus resulting in more than 432 when summed up.

*Table 9. Purposive Sample distribution by Regions and Settlement Types*

#	Region	Urban	Rural	Cluster Total
1	Tbilisi	99	0	99

<sup>9</sup> Taking into consideration that one and the same household could be a beneficiary of several SPPs at a time, the sum of the beneficiaries of separate programs exceeds the total number of beneficiary households included in the sample.

2	Imereti	35	36	71
3	Adjara	32	11	43
4	Guria	12	4	16
5	Samegrelo & Zemo Svaneti	11	10	21
6	Kakheti	17	19	36
7	Kvemo Kartli	38	2	40
8	Shida Kartli	13	10	23
9	Samtskhe-Javakheti	37	12	49
10	Mtskheta-Mtianeti	6	12	18
11	Racha-Lechkhumi & Kvemo Svaneti	3	13	16
	<i>TOTAL</i>	<i>303</i>	<i>129</i>	<i>432</i>

Notable, that weights for oversampled beneficiary households were not calculated, therefore the sub-samples of SSA and SCA beneficiaries are used for descriptive purposes at a program level (supplemented by qualitative findings), that provides valuable information to be considered for future planning.

## KAP Survey instrument

A semi-structured questionnaire with a limited number of open-ended questions was used as a study instrument.

The ACT team prepared a first draft of the KAP questionnaire at the initial phase of the project implementation in line with the survey aims and objectives. The questionnaire was constructed based on the tools used for similar surveys in other countries. The draft questionnaire was further discussed at the workshop organized by the Client with participation of various stakeholders involved in the process. At the final stage, prior the main fieldwork, the questionnaire was piloted in 30 households. The final version of the KAP questionnaire is given in Annex #1.

The interview duration varied between 45 to 90 minutes based on the composition of the household (number of members) and level of involvement in various social protection schemes.

A total of 4087 visits to the randomly selected households were completed to reach the desired sample size of 1912 completed interviews, generating a 46.8% response rate. The KAP survey data was collected during the period of February-March 2022.

## II. Qualitative survey

The qualitative study was conducted with the beneficiary as well as the non-beneficiary group. Non-beneficiary groups covered through the qualitative component are represented by households with socio-economic profiles similar to the beneficiary groups.

The qualitative study was conducted with the aim of gaining an in-depth understanding of needs, perceptions and attitudes of groups targeted by various SPPs (PwDs, IDPs, households with pension age members, women with multiple children, ethnic minorities, etc.) towards existing social protection schemes.

Within the qualitative study the focus group discussion (FGD) technique was applied. Participants for FGDs were identified via a combination of the snowball method and beneficiary lists provided by respective agencies (where snowball did not work or the identification process prolonged due to low coverage of a specific program and/or service).

FGDs covered the following groups:

- Social Service Agency (SSA) beneficiaries
  - ✓ Targeted Social Assistance (TSA) program beneficiaries (HHs with PMT score up to 65,000 and 65,000-120,001)
  - ✓ HHs residing in high-mountainous regions
  - ✓ IDPs
- State Care Agency (SCA) beneficiaries

- People with disabilities (and/or their family members/caregivers), including those with special education needs – a mix of SSA and SCA beneficiaries
- Non-beneficiaries (HHs with PMT score 120,001-150,000)
- Representatives of Ethnic Minorities
- SESA beneficiaries

FGD guides with pre-developed probes and prompts for each group separately were designed and utilized. FGD guides elaborated within the frames of this study are given in Annex #2. The duration of each FGD was app. 2-2.5 hours. All discussions were tape recorded upon receiving consent from study participants and used for further analysis and interpretation. The vast majority of FGDs were conducted using the face-to-face interviewing technique.

The distribution of FGDs across locations and target groups is summarized in the table below.

*Table 10. Distribution of FGDs by Regions and Target Groups*

#	Group	Type	Location	Quantity
1	Targeted Social Assistance (TSA)	Beneficiary	Tbilisi	1
2	Targeted Social Assistance (TSA)	Beneficiary	Samegrelo (Ingiri)	1
3	HH living in High Mountainous settlements	Beneficiary	Ajara (Khulo)	1
4	HH living in High Mountainous settlements	Beneficiary	Mtskheta-Mtianeti (Dusheti)	1
5	IDPs	Beneficiary	Samegrelo (Zugdidi)	1
6	IDPs	Beneficiary	Shida Kartli (Tserovani)	1
7	SCA targets	Beneficiary	Imereti (Kutaisi)	1
8	SCA targets	Beneficiary	Mixed groups (via zoom)	1
9	PWDs	Beneficiary	Tbilisi	1
10	PWDs	Beneficiary	Guria (Ozurgeti)	1
11	Ethnic Minorities	Beneficiary	Kakheti (Karajala)	1
12	Ethnic Minorities	Beneficiary	Samtskhe-Javakheti (Akhaltsikhe)	1
13	SESA	Mixed	Tbilisi	1
14	SESA	Mixed	Ajara (Batumi)	1
15	Non-beneficiaries	Non-beneficiaries	Kvemo Kartli (Rustavi)	1
			<i>TOTAL</i>	<i>15</i>

## Ethical Considerations

The following ethical considerations were followed and strictly adhered throughout implementation of the KAP survey:

### Recruitment of study participants

- During the training, specific emphasis was made on explaining that the selection process is not discriminatory, participation in this research is entirely voluntary and will have no bearing on the participant's job, benefit provisions, services and/or any work-related evaluations or reports.

### Informed consent

- Informed consent forms have been created in accordance to the Georgian Law on Georgia on Personal Data Protection and Internationally recognized standards and procedures.
- Written informed consents were obtained from all study participants (quantitative as well as qualitative components) before the interviews started. A signed copy of the consent form was given to the respondent.
- All procedures outlined in the informed consent form has been thoroughly and strictly followed and adhered to during the fieldwork.

- Each participant was thoroughly informed about his/her rights including the right to refuse participation or withdraw from the process at any point, even if interview already started, and the right not to share any personal information he/she is not willing to share for any reason.
- It was explained to participants that their participation in the survey is entirely voluntary. It is their choice whether to participate or not and the choice that they made will have no bearing on their job or on any work-related evaluations or reports.
- Respondents were clearly informed that they may change their minds later and stop participating even if they agreed earlier. Although, they were instructed that if the interview has already taken place, they cannot 'stop participation' but request that the information provided by them not be used in the research study.
- It was also explained to participants that there were no major risks for them to participate in the survey and they will not be asked to share some personal and/or confidential information. Respondents were also told that they did not have to answer any question or take part in the discussion/interview if they feel the question(s) are too personal or if talking about them is uncomfortable.
- Study participants (FGDs) were also told that the report does not include directly or indirectly identifying the information of research participants.
- Respondents were given time and an opportunity to re-visit the content carefully and ask any additional, clarification questions regarding the survey's aim and objectives and each aspect covered above - voluntary participation, right to refuse or withdraw at any time, use of the collected data, confidentiality issues, benefits and/or risks associated with the interview process etc.

#### Fieldwork administration

- a) Quantitative individual face-to-face interviews as well as FGDs were led by professional enumerators and FGD Moderators with extensive experience working in projects with a specific focus on vulnerability, gender, social and health-related issues
- b) Group discussions were recorded upon consent of the participants. If consent was not obtained, detailed paper-based notes were used instead.
- c) Summary write-ups of all conducted FGD sessions were prepared based on audio records (where allowed) and/or paper-based notes. The summary write ups were used for the analysis and final report preparation.
- d) All study instruments were tested and validated before commencement of the survey fieldwork. All sensitive issues related to cultural norms, gender specific and/or any aspect leading to inequality and / or violation of human rights were specifically addressed and excluded.
- e) The data was collected in an appropriate, respectful manner and has taken into account cultural, ethical and legal concerns.

#### Data Storage

- f) As mentioned, all recordings were transcribed verbatim prior to the analysis stage and used for the data interpretation and analysis.
- g) The database of the quantitative component and recordings of FGDs are reserved in a secure place and kept fully confidential. No one except project team members have access to the tapes and/or database.
- h) The copy of Final Database is submitted to the Client (as it represents one of the key project deliverables)
- i) The tapes of FGDs will be destroyed in 1 to 3 years after completion of the project (to be agreed with the Client).

## Code of conduct

- In addition, to the mentioned ethical considerations, the principles of the Code of Conduct were applied during the all phases of the survey. The research team successfully managed to respect the basic rights of all, regardless of gender, age, ability, health, language, ethnicity, race, color, religion, caste, sexual orientation and any other aspect of identity or personal characteristics (this aspect was sufficiently covered during the training). The evaluation team acted fairly, honestly and tactfully and treated all respondents with sensitivity, tolerance, dignity and respect.
- Furthermore, “do no harm” principle was largely adhered to during the implementation and analysis phases of the assessment, in order to ensure that our activities would not and will not bring any inconveniences to persons involved in the research.

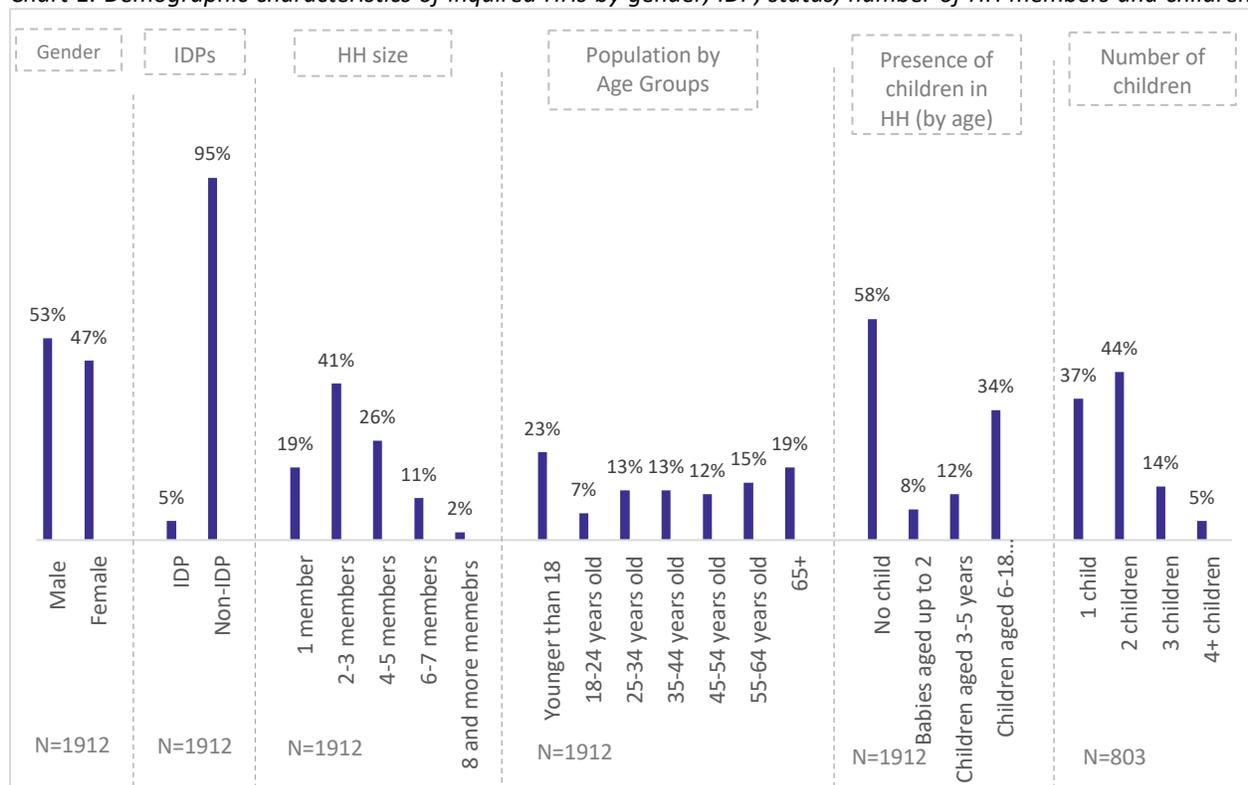
# Study Findings

## Socio-demographic profile of randomly selected households

### HH composition

As was already mentioned, the random sampling covered 1912 households throughout Georgia and 6259 individuals living in these families. As the quantitative survey findings suggest, the **majority of sampled household members are females (53%), less than half of the household members are males (47%); 5% of those inquired randomly selected households has a member with IDP status.** With respect to the age of randomly sampled household members, statistical estimates illustrate that **the most prominent age groups are children (23%) and elders aged 65 and more (19%).** Interestingly, the share of young people aged 18-24 is the smallest (7%) among all age groups. With respect to the composition of randomly selected households, the quantitative survey findings suggest that majority of households are comprised of 2-3 HH members (41%). Noteworthy, almost one fifth of the samples are single member households and the share of sampled households having more than 8 members is minimal (2%) (see chart 1).

Chart 1. Demographic characteristics of inquired HHs by gender, IDP, status, number of HH members and children

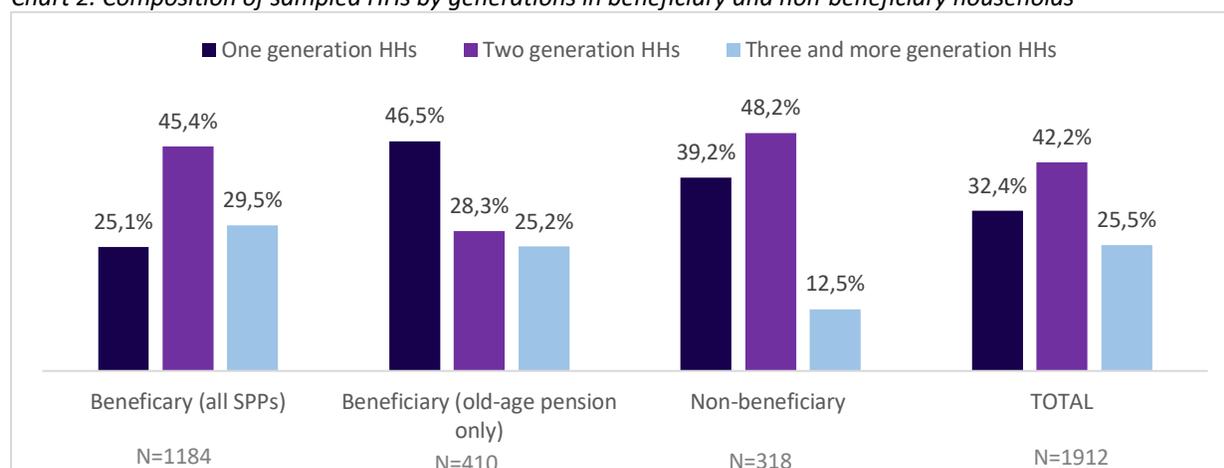


Regarding the presence and number of children in randomly selected households, the quantitative survey findings suggest that **more than half of households do not have underage children at all (58%).** As for households with children, **the quantitative survey findings suggest that the majority of them have 1 or 2 children (81%) and only 5% of HHs with children are families with many children** (see chart 1). As for the age of children, statistical estimates show that the majority of households have school aged children (34%), which can be explained with large range of this age category. Interestingly, **the share of newborn babies (8%) is relatively smaller compared to preschool aged children (12%).** The latter tendency is very interesting and considerable as SSA implements state programs aimed at improving the demographic situation in the country. Unfortunately, the findings of the given survey do not provide sufficient grounds to fully explain this. It can only be assumed that the pandemic is one influence on the number of new-born babies or toddlers aged less than 2 years old during the last two years (see chart 1).

It is worth mentioning that the quantitative survey also analyzed the composition of HHs by generation. For the analysis, **three different typologies of HH composition were differentiated**. Namely: **(1) one generation HHs (couple or single person without children); (2) two-generation HHs (couple or single person with children); (3) HH with three and more generations**.

According to the survey findings, **out of the 1912 sampled HHs, the biggest share is two-generation HHs (42.2%), one third of HHs are single generation HHs (32.4%) and one fourth of HHs (25.5%) are HHs with three and more generations** (see chart 2). It worth mentioning that the share of single generation HHs is significantly high in beneficiaries of old-age pensions and makes up almost half of the given group (46.5%), the share of two generation HHs is significantly high in non-beneficiary (48.2%) and beneficiary HHs(45.4%), however, the share of single generational HHs is relatively high in non-beneficiary HHs (39.2%) and the share of HHs with three and more generations is at least twice as big in beneficiary HHs (29.5%) compared to the non-beneficiaries (12.5%) (see chart 2).

*Chart 2. Composition of sampled HHs by generations in beneficiary and non-beneficiary households*



In the frames of a quantitative survey, the HHs composition by generations was also analyzed by regions. As suggested by findings, a pattern of HH composition is almost similar everywhere, however, the share of HHs with three and more generations is relatively higher in Adjara (38.2%) and Kvemo Kartli (36.1%), while the share of HHs with a single generation is higher in Mtskheta-Mtianeti (36.7%) and Racha-Lechkhumi (52%). Detailed statistics of HH composition by regions and by generation is given in table 11.

*Table 11. Composition of sampled HHs by generations and by regions*

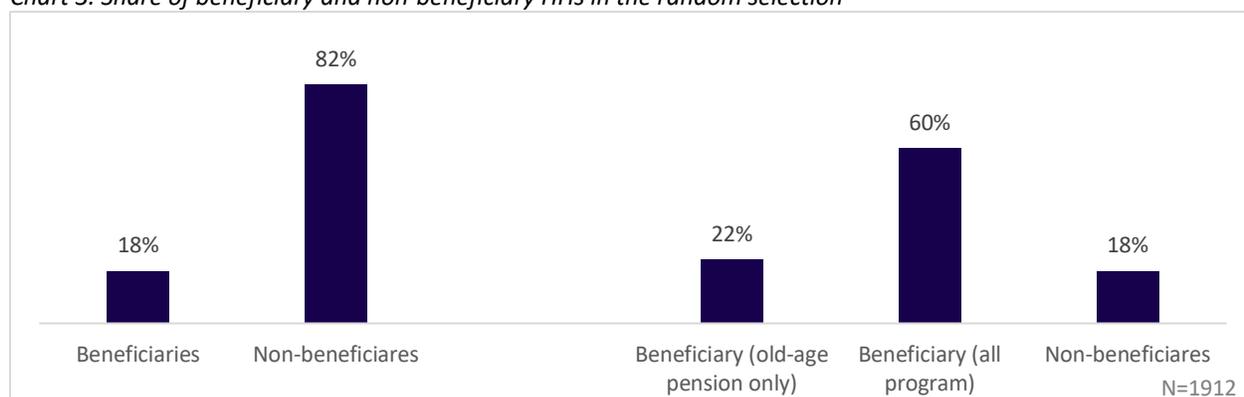
	Tbilisi	Imereti	Adjara	Guria	Samegrelo Zemo Svaneti	Kakheti	Kvemo Kartli	Shida Kartli	Samtskhe- Javakheti	Mtskheta- Mtianeti	Racha- Lechkhumi
One generation HHs	35.1%	39.1%	17.1%	34.9%	32.1%	30.4%	28%	29.2%	26.1%	36.7%	52%
Two generation HHs	44.3%	36.5%	44.7%	39.2%	45.3%	46.5%	35.9%	42.4%	46.1%	44.5%	30%
Three and more Generation HHs	20.6%	24.4%	38.2%	26%	22.7%	23.1%	36.1%	28.6%	27.8%	18.8%	18%
TOTAL (N)	402	280	170	112	170	150	187	130	111	100	100

## Beneficiary and non-beneficiary HHs

As mentioned above, sampling is divided into different categories of beneficiaries and non-beneficiaries. As suggested by findings, **318 out of 1912 HHs (18%) are non-beneficiaries and they have not participated in any SPPs in the course of the last 2 years.** As for the beneficiary HHs, a **total of 1594 HHs (82%) have been involved in at least one SPP during the last two years.** Noteworthy, beneficiaries are HHs who have benefited from at least one SPP (in-kind assistance, cash transfers, service voucher, etc.) during the last two years. Beneficiaries can be households currently benefiting from at least one SPP (i.e., current beneficiaries) or a household which has benefited from any SPP during the last two years (i.e., former beneficiaries). It worth noting that inclusion of former beneficiaries in the survey and the gathering of their experiences enriched survey results; it helped to capture more experiences within the studied program and analyze them from different perspectives.

Interestingly, beneficiary households are divided into two major categories: beneficiaries of all SPPs including old-age pension and beneficiaries of old-age pension only. **410 out of 1912 HHs (22%) are beneficiaries of old-age pension only, while 1184 HHs are beneficiaries (60%) of all SPPs including old-age pension** (see chart 3 below). The mentioned beneficiary/non-beneficiary typologies have been intensively applied in the course of analysis to make subject-specific findings in relation to the survey objectives.

Chart 3. Share of beneficiary and non-beneficiary HHs in the random selection



## Marital status and education

It worth mentioning that the quantitative survey also analyzed **the marital status and education level of sampled population.** As suggested by the quantitative survey findings, the **biggest share of adult HH members are married (47%) and almost every fifth adult respondent is not married (17%).** In addition, 12% of surveyed HH members are widows or widowers (see annex #3, table 1.1.).

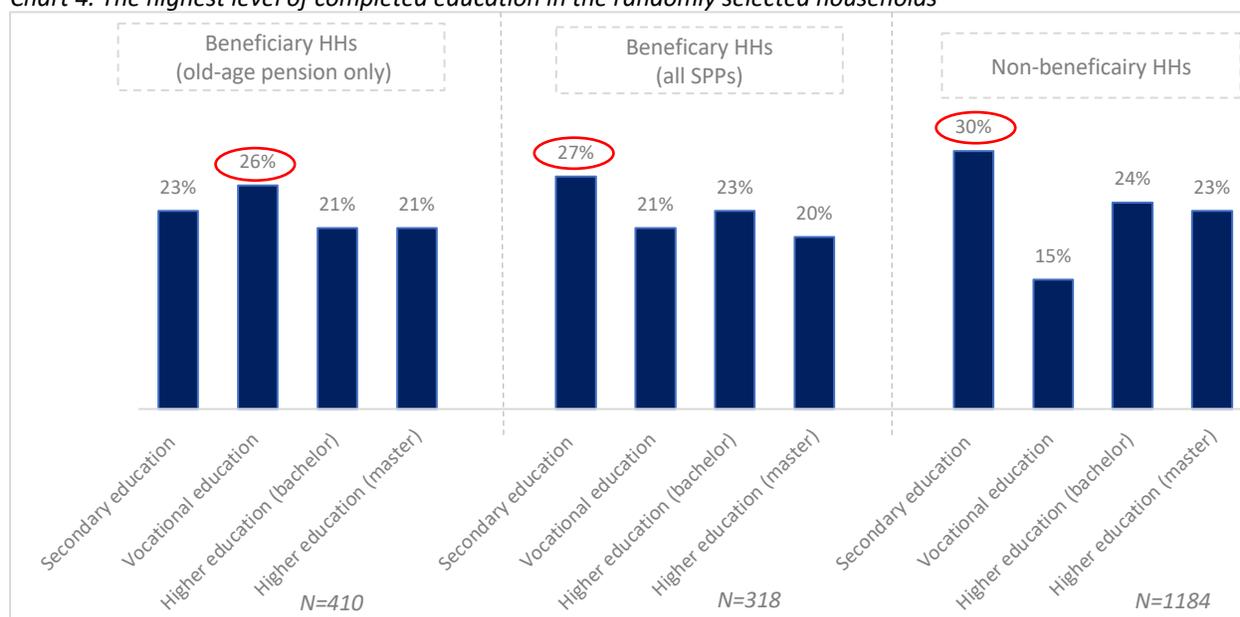
With regard to the level of education, the quantitative survey assessed the highest level of completed education of the sampled HH members. The data analysis has been carried out at the individual and HH levels. Analysis carried out at the individual level shows that, out of 6259 sampled HH members, the biggest share has **secondary education (completed X-XII classes) (32%), professional or vocational education (14%), higher completed education at the level of bachelor (13.5%) and higher completed at the level of master (9.1%)** (see table 12). In addition, it must be noted that 31.4% of sampled HH members have another type of completed education and the vast majority of them are under-age children studying at schools or in preschool educational institutions. Analysis by settlement types show that the share of sampled HH members with secondary education as their highest level of completed education is lowest in the capital (22.3%) and it is significantly smaller compared to the estimates of rural areas, other cities and boroughs. In contrast, a share of sampled HH members with completed higher education at the level of bachelor or master is several times lower in the other cities, boroughs and rural settlements compared to the capital and big cities (see table 12).

Table 12. The highest level of completed education of individual HH members living in the sampled HHs

	Capital	Big city	Another city / borough	Rural	TOTAL
Secondary education (X-XII classes)	22.3%	30.6%	33.5%	38.1%	32%
Professional/vocational education	10.6%	14.3%	18.4%	14.8%	14%
Higher completed (bachelor, 4 years)	26%	13.1%	9.3%	6.9%	13.5%
Higher completed (master (4+2 or 5 years))	13.5%	11.9%	6.3%	6.4%	9.1%
Other	27%	29.8%	32.5%	25.8%	31.4%
DK/refused	0.1%	0.2%	-	0.1%	0.1%
TOTAL (N)	1221	856	898	3284	6259

Besides an analysis of the highest level of completed education for each HH member, the quantitative survey also analyzed highest level of completed education per sampled households. For the analysis, HH members with the highest level of completed education were selected from each household and their level of education represents the highest level of completed education for each household. For example, if a household is composed of two members with completed secondary and vocational education than the highest level of completed education is vocational education in this household. According to the statistical analysis, **in the biggest share of HHs, the highest level of completed education is secondary education (27%), higher education at the bachelor level (23%) or master (21%) and professional or vocational education (21%)** (see chart 4).

Chart 4. The highest level of completed education in the randomly selected households



Analysis of levels of education by beneficiary and non-beneficiary categories show that **for the biggest share of HHs benefiting from old-age pensions only (26%) the highest level of completed education is professional or vocational education, while for the biggest share of non-beneficiary (30%) and beneficiary HHs (27%) highest level of completed education is secondary education.** According to the further statistical analysis of beneficiary and non-beneficiary categories, **bachelor level of education is equally available for beneficiary and non-beneficiary households, however, it seems that master's education and an interest in it is higher in non-beneficiary households compared to the beneficiaries of old-age pension only or beneficiaries.** A detailed description of education levels of randomly selected households is given in annex #3, table 1.2. Similar to the education statuses of individual HH members, out of 1912 sampled HHs, the capital (14.4%) has the lowest share of HHs within which the highest level of completed education is secondary education (completed X-XII classes) and it is significantly

smaller compared to the statistics of the big cities (27.1%), other cities/boroughs (33.6%) and rural settlements (33.7%). The same tendency is revealed with regard to the HHs where the highest level of completed education is vocational training or professional education. As for a bachelor's level education, the findings are opposite. A share of households within which the highest level of completed education is a higher bachelor degree is significantly higher in the capital (39.6%) compared to the big cities (21.6%), other cities or boroughs (15.4%) and rural settlements (13.5%). The same tendencies are revealed with regard to master's education as the highest education level.

## Employment

According to the quantitative survey findings, **approximately one-fifth of sampled HH members are employed (19.5%) and the majority of them are employed in the private sector** (806 out of 1179). It worth mentioning that 5.6% of HH members are self-employed or business owners. Analysis by beneficiaries and non-beneficiaries show that self-employment (17.8%) and/or employment (18.4%) in the private sector is relatively high in non-beneficiaries and employment in the public sector is relatively high in the beneficiaries (4.6%) (see annex #3, table 1.3). With respect to unemployment, the quantitative survey findings suggest that **19.8% of members of inquired HHs are currently unemployed and the majority of them (887 out of 1285) are looking for a job**. Interestingly, the **share of job seekers is relatively high in non-beneficiaries (17.8%) compared to beneficiaries (13.2%) and beneficiaries of old-age pension only (11.3%)** (see annex #3, table 1.3). According to the FGD findings, some program beneficiaries, for example, beneficiaries of TSA, which comprise a number of SPP beneficiaries, frequently refrain from and are reluctant to get employed due to the fear to lose monthly social assistance. That can be one out of many possible explanations why the share of job-seekers is relatively low in beneficiaries compared to the non-beneficiaries. It is worth mentioning that 20.8% of sampling is retirees and 19.1% of HH members are school or preschool aged children. In addition, 7.1% of HH members are housewives and only 1.6% of sampled HH members are full-time students. Interestingly, the share of housewives is significantly high in non-beneficiary compared to the beneficiary HHs (see annex #3, table 1.3).

Besides individual employment statuses of HH members, the quantitative survey also analyzed the employment status per HHs. During the analysis, HHs were divided into three categories: households with at least one HH member that is a full or part-time employee in the public or private sectors; households with at least one member that is self-employed or a business owner and households whose members are not employed. According to the statistical analysis, **45% of randomly selected HHs have at least one family member who is a full or part-time employee in the private or public sectors**; as employment statuses of individual HH members show, the **majority of these HH members are employed in the private sector. Every tenth household has a member who is self-employed and a share of self-employed or business owner households is three or four times higher in non-beneficiaries compared to the beneficiary households** (see table 13). As for unemployment, almost every fifth household does not have any family member who is employed at all (21%). A share of such households is slightly higher in beneficiaries (see table 13).

*Table 13. A share of HHs with at least one employed member by type of employment*

Employment status	Beneficiaries (old-age pension only)	Beneficiaries (all programs)	Non-beneficiaries	TOTAL (%)
Employed (state/private, part-time/full-time)	30%	48%	51%	45% (824)
Self-employed / owns business	6%	8%	24%	10% (187)
Unemployed	20%	23%	21%	22% (442)
Other	44%	21%	5%	23% (459)
<b>TOTAL (N)</b>	<b>410</b>	<b>1184</b>	<b>318</b>	<b>100% (1912)</b>

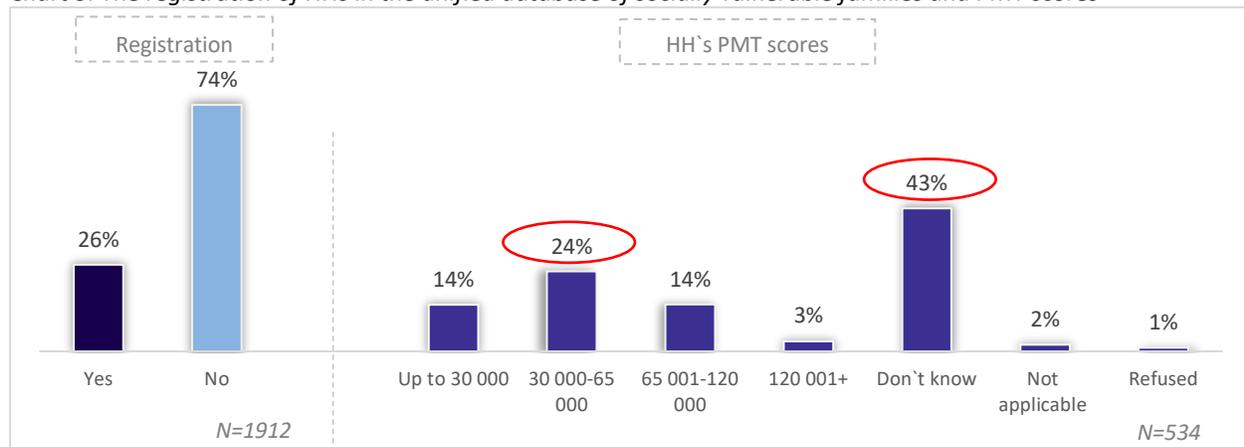
As suggested by the quantitative survey findings, the biggest share of HH members employed in the public or private sectors have a permanent job and a regularly renewable contract (32.8%) or contract for 1 year or more (29.1%).

Interestingly, 23.1% of members the inquired HHs employed in the public or private sectors mention that they work without any agreement or contract; a share of members of inquired HHs working without a contract or agreement is higher in non-beneficiaries (36.7%) compared to the program beneficiaries (20.4%) (see annex #3, table 1.4). As suggested by the quantitative survey findings, 116 out of 1179 HH members who are employed in the public or private sectors (9.8%) report on receiving social benefits or some kind of assistance from their employers. The majority of them receive corporate health insurance (77.5%), a deposition of the amount in the accumulated pension fund (22.9%) and communication fees for mobile phones (17.3%). Interestingly, issuance of assistance and benefits is relatively high in the private sector compared to the public sector. 82 out of 116 individuals who receive some kind of benefits from employees work in the private sector; 70.5% of private sector employees receive corporate health insurance, 11.5% receives communication fee and 20.9% state that employee deposits amount at the Pension Fund.

### Registration in the Unified Database of Socially and Economically Vulnerable Families

Due to the fact that main goal of the KAP survey is to analyze the existing SPPs, one of the key components is to determine the percentage of households registered at the unified database of socially vulnerable families. During the interviews, all households were asked whether they are registered at the unified database of socially and economically vulnerable families and what are their PMT scores. According to the quantitative survey findings, **26% of randomly selected HHs are registered at the unified database of socially and economically vulnerable families.** In addition, **approximately half of registered HHs reported their PMT scores, while another half of HHs mentioned that they do not know what their score is** (see chart 5 below). Even though HHs were allowed to check their documentation during the interview in order to gather information that is as accurate as possible, a significant share of them still could not name it during the interview. Given the circumstance, this possibly indicates the level of vulnerability in these households. The HHs registered at the unified database of socially vulnerable families are mostly living below the poverty line and/or in extreme poverty; in addition, they also are current, former or potential beneficiaries of TSA; hence, those households may fear losing their assistance and possibly their only income, which makes them reluctant to openly tell their PMT scores. Despite lots of effort from interviewers to gain the trust of respondents, some of them were still unenthusiastic about openly disclosing such information.

Chart 5. The registration of HHs in the unified database of socially vulnerable families and PMT scores



The assumption about PMT scores is further validated with general observations made by recruiters within the framework of the qualitative survey component. PMT scores also were one of the selection criteria of FGDs, therefore, recruiters used to ask potential participants about their PMT scores. According to the fieldwork experience, recruiters outside the capital had difficulties when asking this question to the TSA beneficiaries, as initially they were reluctant to disclose information and sometimes, they needed long-term engagement with some households to gain their trust, know their PMT scores and check their adherence to the FGD selection criteria. So, such fears tend to be more or less prevalent in this target group and it seems that it is more prevalent in the rural settlements. The statistical analysis by settlement types shows that 45 out of 66 HHs living in the capital and 44 out

of 73 HHs living in the big cities registered in the unified database of socially vulnerable families named their PMT scores during the interview, while 164 out of 291 rural residents registered at the database of socially and economically vulnerable families said that they did not know their scores and only 123 out of 291 HHs disclosed their scores to the interviewers. The majority of HHs which disclose their PMT scores are qualified for TSA (PMT score up to 65 001) or child benefits for socially and economically vulnerable families (PMT score - 65 001-120 001). Only a tiny share of households (3%) named PMT scores that make them ineligible for these two programs (see chart 5).

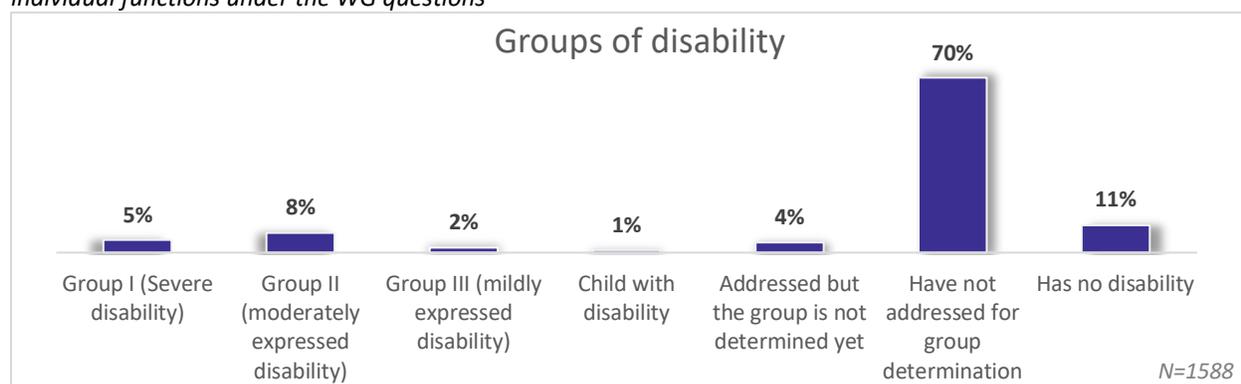
It is worth mentioning that the majority of HHs (514 out of 534) registered at the unified database of socially and economically vulnerable families are beneficiaries of at least one of the SPPs and some of them (20 out of 534) are not beneficiaries of any SPP at all. As suggested by the quantitative survey findings, the **majority of beneficiary households (56.1%) somewhat or completely agree with their PMT scores, while approximately one quarter of beneficiary (26.5%) and the majority of non-beneficiary households (73.2%) disagree or completely disagree with it** (see annex #3, table 1.5). In addition to this, approximately 11% of beneficiary households neutrally evaluate their scores, which can also indicate disagreement with their granted PMT scores. Usually, if respondents agree with the household's PMT score, they do not hesitate to openly express it, while neutrality can be considered discontent and a negative assessment too (see annex #3, chart 1.5). According to the qualitative information obtained during the quantitative survey, **50.1% of HHs disagreeing with their PMT scores perceive the scoring system as "unfair" and insufficient**; according to them, **even though their living conditions are unbearable and their family has no or minimal income, they still cannot access TSA, their assistance is reduced or they drop out from the program during the re-assessment which led to the discontent**. According to the further qualitative insights obtained from the quantitative survey, some HHs complain that they received a denial without assessment or they have not received any feedback after filing an application. Noteworthy, issues of HHs living in rented apartments are different from others; they claim that assessment process does not take rent into consideration and a minor share of dissatisfied HHs mention that someone else's apartment was mistakenly marked as theirs, which impacted their PMT scores and lead to frustration.

### Prevalence of disabilities

It is widely recognized that disabilities are a significant vulnerability factor. For this reason, the survey also analyzed the prevalence of disabilities in the general public. As suggested by the findings **420 out of 1912 HHs (21.5%) have at least one HH member with self-reported disability, 92 out of 1912 randomly selected HHs (4.5%) have at least one HH member with self-reported disability which is not determined yet and 1419 out of 1912 HHs (74.7%) do not have any member with a self-reported disability at all**. At the level of individual HH members, **every tenth sampled HH member tends to have some form of a self-reported disability, namely, 8% of members of sampled HHs (508 individuals in 420 family) claims that they have a self-reported disability and 2% of HH members (133 individuals in 92 families) suggest that it is not determined yet**. In order to carry out an in-depth analysis of individual functioning in the general population, Washington Group (WG) questions on individual functioning were applied to every member of sampled HHs. According to the findings, the majority or vast majority of members of inquired HHs do not have any difficulties of individual functioning, while **18.2% of HH members have either moderate or severe vision difficulties even when wearing glasses, 12% of HH members have a moderate or severe movement difficulties, 7% of HH members have a moderate or severe hearing difficulties even if using hearing aids, 6% of HH members have a moderate or severe difficulties with concertation or memory, 5% of HH members have a moderate or big difficulty with self-care, washing all over or dressing and 3% have a moderate or severe difficulty with comprehension or being understood**. As for the complete inability of functions, less than 1% of the members of inquired HHs have the complete inability of some individual functions and the majority of them are limited in their ability to move (see annex #3, table 1.6.). In total, **1688 out of 6259 HH members have moderate, severe or complete inability of some individual functions**. It worth mentioning that the majority of individuals (70%) with moderate or severe difficulty with some individual functioning have not addressed for group examination, 11% state that they have no disability and 4% applied but they are in the process of group examination. As for the HH members who are already in a particular group with disabilities, **majority is of group II (8%), 5% of members of the inquired HHs are in group I of disability, 2% is of group III and only 1% of individuals having some functioning difficulties are CwD** (see chart 6). Based on these findings, it can be assumed that group II is the most prevalent

within the disability groups and a share of persons with severe disabilities is relatively smaller. Analysis carried out at the level of HHs show that 124 HHs out of 1912 have at least one adult member with a group II of disability, 58 HHs have at least one adult member with a group I disability and 32 HHs have at least one HH member with a group III disability. It worth mentioning that 28 HHs report to have a CwD and 57 HHs have a family member with a disability whose status is not examined yet. It worth mentioning that the given figures only reflect statistics of families with PwD/CwD which have applied for the group examination and have the status of having a disability, however, the qualitative survey findings suggest that the number of CwD or PwD can be higher as FGD discussants report that many families, including families with CwD, cover it, do not acknowledge it and do not address it in the group examination due to the stigma around disability. Therefore, it can be assumed that real numbers of PwD/CwD can be higher than reported in the framework of this study.

Chart 6. Groups of disabilities in respondents who answered to have moderate, severe or complete inability of some individual functions under the WG questions



### Occurrence of and susceptibility to catastrophes

In framework of the quantitative survey, exposure and susceptibility to natural catastrophes was also analyzed by the beneficiary and non-beneficiary categories. As suggested by statistics, the **sampled HHs are the most impacted by droughts, heavy rains, cold waves and floods, as 5% of HHs claim to be affected by droughts, 3.9% of HHs were the victim of heavy rains, 1.5% of HHs fell victim to the cold waves and 1.2% of HHs were damaged by flooding during the last two years.** Analysis by beneficiaries and non-beneficiaries show that beneficiary HHs (4.2%) tend to be more frequently affected by heavy rains compared to the non-beneficiaries (2.6%). The analysis by region shows that droughts are more prevalent in Kvemo Kartli (13%), Mtskheta Mtianeti (15%) and Racha-Lechkhumi (11%) regions, while damage from heavy rains tend to more frequently happen in Mtskheta-Mtianeti (12%) and Adjara (9.4%) regions. Besides the occurrence of natural cataclysms, **the quantitative survey findings suggest that more than one third of sampled HHs (37.2%) was exposed to serious health issues and estimates show that beneficiary HHs (39.5%) are more affected by serious health issues compared to the non-beneficiary HHs (26.5%).** It worth mentioning that 10.3% of HHs received in-patient care, 17.5% of HHs receive continuing treatment and 22.7% of HHs report to have suffered from COVID-19 during the last two years. The statistics show that there are no differences among beneficiary and non-beneficiary HHs which suffered from COVID, as it was a global pandemic and impacted everyone regardless of their socio-economic position. However, if we exclude COVID-19 from the analytical framework, it is clear that **beneficiary HHs tend more frequently to apply and receive inpatient care (12%) or continuing treatment (19.4%) compared to the non-beneficiary households (respectively, 2.3% and 8.5%)** (see annex #3, table 1.7).

### HH income and socio-economic state

In the framework of the quantitative survey, the socio-economic state, vulnerability and incomes of HHs are analyzed in the random selection. As suggested by the quantitative survey findings, 1845 out of 1912 HHs named their income during the interviews, while 67 HHs found it difficult to answer the question or did not share their income with the

interviewers. According to the quantitative survey, HH income ranges from 30 GEL to 15 000 GEL per month, however, **the biggest share of sampled HHs (30%), including the biggest share of beneficiaries (28%), beneficiaries of old age pension only (42%) and non-beneficiaries (24%), income works out to 231-500 Gel per month** and a significant share of HHs (16%) have a monthly income of 501-700 GEL. As suggested by the findings, 38% of HHs have a monthly income of 900 GEL and more, while 10% of HHs have monthly income of 2001 GEL and more. A detailed description of income ranges is given in table 14.

Table 14. The ranges of HH income in the randomly selected HHs (calculated without PAE)

Income	Beneficiary (Old-age pension only)	Beneficiary (All programs)	Non-beneficiary	TOTAL
Has no income	-	1%	4%	1% (23)
1-230	-	6%	8%	5% (98)
231-500	42%	28%	24%	30% (608)
501-700	26%	15%	10%	16% (308)
701-900	6%	11%	5%	9% (180)
901-1200	7%	12%	15%	11% (212)
1201-1500	6%	8%	8%	7% (132)
1501-2000	5%	8%	9%	7% (138)
2001 and more	6%	11%	9%	10% (169)
Refused	1%	2%	4%	1% (28)
DK/difficult to answer	-	1%	3%	2% (16)
<b>TOTAL (N)</b>	<b>410</b>	<b>1186</b>	<b>316</b>	<b>100% (1912)</b>

### Income Per Adult Equivalent (PAE)

In the framework of the quantitative survey, Income Per Adult Equivalent have been applied in order to analyze monthly household income. Measures of income are utilized to compare households of different sizes and compositions. Where relevant, some statistics have been adjusted to GEL per equivalent adult (PAE), according to methods used by the National Statistics Office of Georgia (GEOSTAT). First, household members are classified by age and gender, and then assigned an equivalent adult coefficient (see table 15 below). The sum of these coefficients represents the number of equivalent adults in households. To correct for economies of scale in larger households, the number of equivalent adults is then raised to the power  $\alpha$ , where  $\alpha=1$  for a single person household, and  $\alpha=0.8$ , where a household size is greater than one.

Table 15. The scale used to calculate the number of equivalent adults in a household (GEOSTAT)

Age	Gender	Equivalent Adult coefficient
<8		0.64
>=8 and <16		1
>=16 and <65	Male	1
>=16 and <60	Female	0.84
>=65	Male	0.88
>=60	Female	0.76

### "OECD-modified scale"

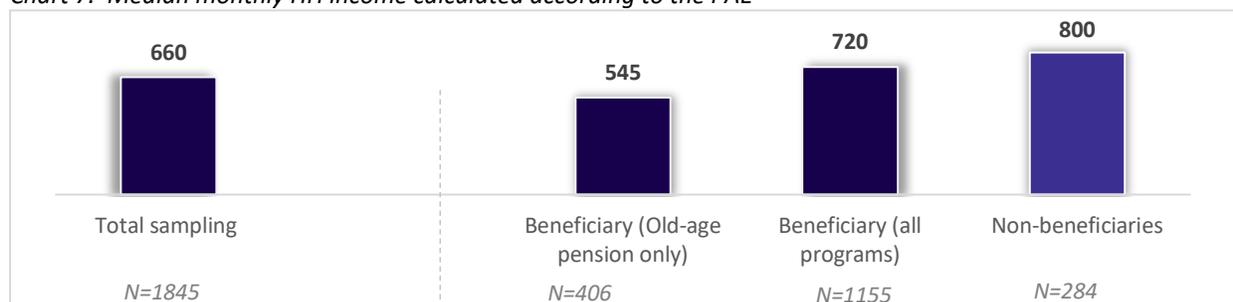
Adopted "OECD-modified equivalence scale" suggested by the Statistical Office of the European Union (EUROSTAT) was also applied as an alternative method. This scale assigns a value of 1 to the household head, of 0.5 to each additional adult member and of 0.3 to each child. In frames of given survey, both methodologies are applied to analyze HHs incomes and make group comparisons.

### HH income

The quantitative survey analyzed median monthly HH income across beneficiaries of the old-age pension only, beneficiaries and non-beneficiaries. During the statistical analysis, the median income was considered as more

insightful compared to the mean income, as it excludes the outliers and gives more explanatory information about the HH income. According to the findings, **median monthly HH income of randomly selected HHs amounts 660 GEL according to the PAE calculation.** The quantitative survey findings suggest that median income of HHs benefiting from the old-age pension only is smaller compared to the median monthly income of non-beneficiaries and HHs benefiting from SPPs including old-age pension (see chart 7). When analyzing beneficiaries, it should be kept in mind that SPPs are very diverse and target different groups, therefore, being a program beneficiary does not always include cases of poverty, extreme poverty and economic vulnerability. In this view, overall statistics do not indicate significant differences between the median monthly income of beneficiary and non-beneficiary HHs.

Chart 7. Median monthly HH income calculated according to the PAE



It worth mentioning that GEOSTAT data on monthly HH income was also analyzed with the frames of the survey and it is used for comparison with KAP survey outcomes. In contrast to the KAP survey, GEOSTAT applies the mean HH income for income analysis and income is calculated according to the declared revenues. In addition, GEOSTAT applies a wider range of income calculation and financial and non-financial revenues of HHs are separately calculated. For comparison with the KAP survey, only the calculation of cash transfers was taken from GEOSTAT data, as the KAP survey also measured the financial revenue of HHs and basic income components depicted in KAP survey is very similar to the GEOSTAT measurements.<sup>10</sup>

As suggested by GEOSTAT, the mean monthly HH income has increased in the course of the last three years and it amounted to 1051 GEL in 2021. A minor decrease was revealed in the mean monthly HH income in 2020, however, 2021 statistics still exceed the mean monthly HH income of 2019 (see chart 8 below).<sup>11</sup> It is worth mentioning that mean monthly HH income combines to 995 GEL in the HHs participating in the KAP survey, which generally is pretty close to the GEOSTAT data and falls between the GEOSTAT income ranges (see chart 8 below).

Chart 8. Mean monthly HH income according to the KAP survey (2022) and GEOSTAT (2019-2021)



Besides the analysis of total median or mean monthly HH income, the quantitative survey also analyzed median and mean monthly income per HH member. As suggested by the quantitative survey findings, in the random selection, **median monthly income per HH member combines to 340 GEL according to the calculation of GEOSTAT and 350**

<sup>10</sup> GEOSTAT calculates cash income of HHs from hired employment, self-employment, selling of agricultural products, assets (renting assets or interest from deposit), pension, scholarship and assistance, remittances and gifted money, KAP survey used salary, old-age pension, state compensation/scholarship, social assistance, private activities giving financial revenues, aliment, remittances, renting or selling of assets, other income categories.

<sup>11</sup> Source: <https://www.geostat.ge/ka/modules/categories/50/shinameurneobebis-shemosavlebi>

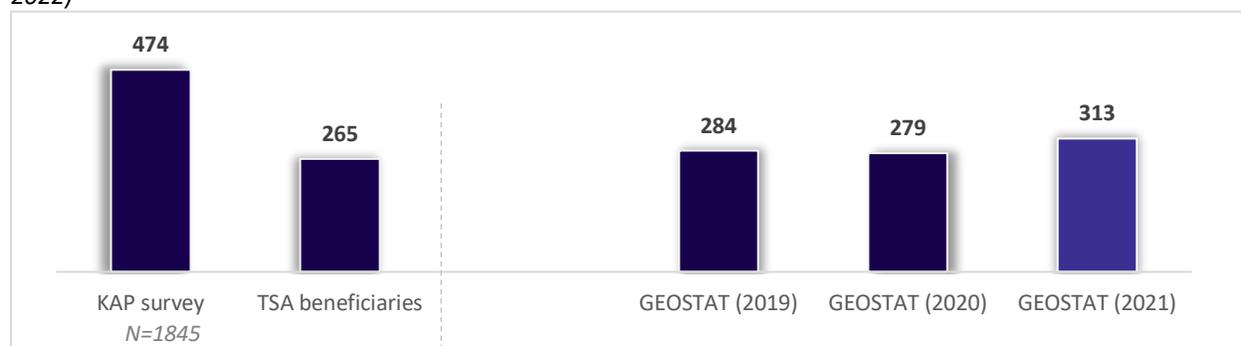
**GEL according to the calculation of OECD.** In order to carry out in-depth analysis of median monthly income per HH member, four analytical categories have been selected: beneficiaries (of all SPPs), beneficiaries of old-age pension only, beneficiaries of TSA only and non-beneficiaries. According to the quantitative survey findings, **overall median monthly income per HH member is higher in beneficiaries compared to the beneficiaries of old age pension only and TSA beneficiaries.** In addition, **findings show that median monthly income per HH member is higher in non-beneficiary HHs compared to the beneficiaries.** Based on the analysis, it can be concluded that the vast majority of TSA beneficiaries are extremely vulnerable families as their median monthly income per HH member is significantly lower compared to the other program beneficiaries (see table 16). With respect to the TSA beneficiaries, it worth mentioning that some beneficiary HHs receive several types of cash transfers under SPPs (*TSA, old-age pension, target state program to promote improvement of demographic situation, social package for PwD/CwD, etc.*) therefore, there are some outlier HHs with significantly higher monthly HH income; namely, according to the statistical analysis, 48 out of 432 HHs, which have applied to the TSA during the last two years, have income that exceeds 1000 GEL per month. However, the majority of these HHs also have pensioners (27 out of 48); namely, 13 HHs have 1 and 15 HHs have 2 pensioners in the family. It should also be taken into account that the majority of outlier HHs are large families; 29 out of 48 HHs have 6 or more HH members, while 13 HHs have 4-5 members; therefore, their median income can be relatively higher, but median monthly income per member still is not high for the majority of them.

Table 16. Median monthly income for the whole sampling, beneficiaries of old-age pension only, all program beneficiaries, TSA beneficiaries and non-beneficiaries according to the GEOSTAT and OECD methodologies

Categories:	GEO-STAT	OECD
TOTAL SAMPLING	340	350
Beneficiaries (old-age pension only)	341	308
Beneficiary (All SPPs)	349	360
Beneficiaries of TSA	228	279
Non-beneficiary	378	450

Similar to the overall monthly HH income, mean monthly income per person was also calculated to compare data to the GEOSTAT statistics. As suggested by GEOSTAT data, mean monthly income per HH member also increased in the course of the last three years and it reached 313 GEL in 2021.<sup>12</sup> It is worth mentioning that mean monthly income per HH member equals 474 GEL in HHs participating in the KAP survey (according to the GEOSTAT scores) and findings suggest that the mean monthly income per HH member is significantly higher in non-beneficiary HHs (693 GEL) compared to the beneficiaries (430 GEL) and mean monthly income per HH member is even smaller in TSA beneficiaries and it amounts 265 GEL per HH member (see chart 9 below).

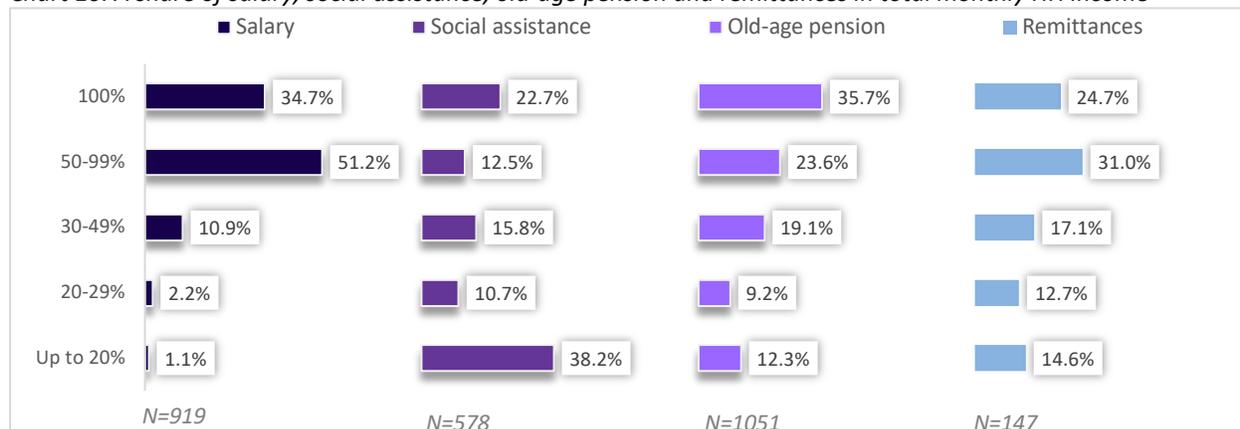
Chart 9. Mean monthly income per HH member according to the KAP survey (2022) and GEOSTAT calculations (2019-2022)



<sup>12</sup> Source: <https://www.geostat.ge/ka/modules/categories/50/shinameurneobebis-shemosavlebi>

With regard to the HH income, the quantitative survey also analyzes the share of salary, social assistance, old-age pension and remittances in overall monthly HH income. As suggested by the quantitative survey findings, 578 out of 1912 HHs state to be recipients of cash benefits in the framework of different SPPs. According to the statistics, the majority of them are TSA beneficiaries (319 out of 578) social package for PwD/CwD (129 out of 578) (see annex #3, table 1.8). The quantitative survey findings suggest that 22.7% of HHs benefiting from cash benefits fully depend on the delivered assistance and 12.5% of beneficiaries report that assistance amounts 50-99% of monthly income. In addition, statistical analysis shows that social assistance combines up to 20% of monthly HH income in 38.2% of beneficiary HHs. **The corresponding statistics illustrate that a significant share of beneficiaries of cash benefits fully or almost fully depend on the provided assistance, however, it also suggests that a greater amount of beneficiaries have other sources of income and the majority of them do not fully depend on it** (see chart 10).

Chart 10. A share of salary, social assistance, old-age pension and remittances in total monthly HH income



As for the beneficiaries of old-age pension, 1051 out of 1912 HHs report to have received income from old-age pension. As suggested by quantitative survey findings, **more than half of the beneficiaries (59.3%) of old-age pension fully or almost fully depend on it; 35.7% of HHs state that old-age pension is their only source of income, while 23.6% of HHs say that old-age pension is 50-99% of their monthly HH income.** Old age pension is less than 49% of HH's monthly income in 40.6% of beneficiary households. **This estimate shows that dependency on the old-age pension is higher compared to the other SPPs providing cash benefits** (see chart 10).

Besides the receipt of some social benefits, the quantitative survey findings suggest that 919 out of 1912 HHs receive salary. More than one third of given HHs (34.7%) fully depend on the received salary and it is 100% of their monthly income, while salary combines to equal 50-99% of monthly income in 51.2% of HHs. The analysis carried out by beneficiaries and non-beneficiaries show that the majority of HHs in which at least one member receives salary are beneficiaries of at least one SPP (716 out of 919). According to the statistical analysis, **dependency on the salary is high in both beneficiary and non-beneficiary HHs, as in the majority of beneficiary HHs (62.1%), the salary amounts to 50-99% of their income, while in the pronounced majority of non-beneficiary HHs (80.1%) salary is 100% of the monthly HH income.** Interestingly, findings suggest that **full dependency on the salary is almost four times higher in non-beneficiary households and only one fifth (20.9%) of beneficiary households are fully depend on it; the majority of beneficiary HHs with employed members have a salary and some other sources of income too** (see table 17). Due to the high migration rates prevailing in Georgia, remittances are also an important source of income for many families. As suggested by the findings, 147 HHs report to have received remittances during the past year and 24.7% of them fully depend on it, while in one third of HHs (31%) remittances are 50-99% of monthly HH income. Based on these statistics, it can be assumed that **more than half of the households receiving remittances (55.5%) fully or largely depend on remittances and in the less than half of HHs, remittances compound to less than 50% of income** (see chart 6). As for analysis to be carried out by beneficiaries and non-beneficiaries, **the findings suggest that non-beneficiaries tend to be more dependent on the remittances compared to the beneficiaries; 52% of non-beneficiary HHs fully depend on it, while full dependency on remittances occurs in around 10% of beneficiary HHs receiving income from this source** (see table 17).

Table 17. Share of salary and remittances in overall monthly HH income in HHs receiving income from these sources

Share in HH income	Salary		Remittances	
	Beneficiaries	Non-beneficiaries	Beneficiaries	Non-beneficiaries
Less than 20%	1.2%	0.5%	16.5%	10.9%
20-29%	2.7%	0.5%	19.4%	-
30-49%	13%	3.6%	19.4%	12.7%
50-99%	62.1%	15.4%	35%	23.6%
100%	20.9%	80.1%	9.7%	52.7%
TOTAL (N)	716	203	99	48

### Sufficiency of income

As suggested by the quantitative survey findings, **37.7% of randomly selected HHs state that their monthly HH income fully or partially covers their HH needs, 37.8% of HHs state that their income hardly covers their needs and a quarter of HHs (24.5%) state that the income does not cover their needs at all.** It is worth mentioning that tendencies of income sufficiency is generally the same for beneficiaries and non-beneficiaries, however, **beneficiaries of old-age pension only and beneficiaries of all programs including old-age pension tend more frequently to mention that their income hardly or does not cover their needs at all compared to the beneficiary HHs** (see annex #3, table 1.9).

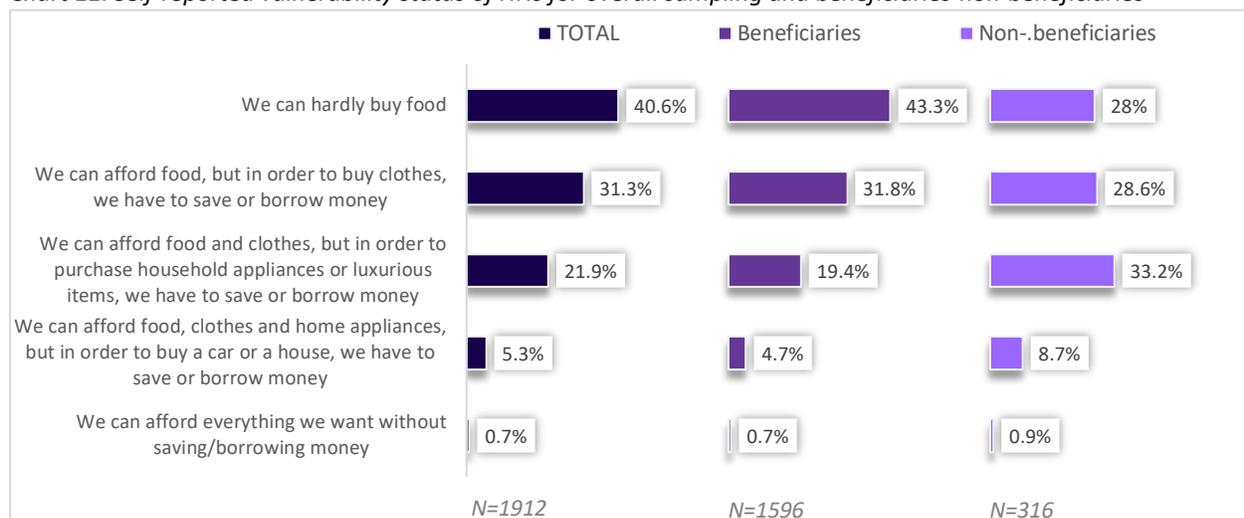
In the framework of the quantitative study, it is also analyzed how HHs cope with and satisfy their immediate and unexpected needs. According to the quantitative survey findings, **more than half of randomly selected HHs (60.3%) report that they reduce consumption in order to meet their HH's immediate needs;** analysis show that the reduction of consumption is significantly high in beneficiaries of all programs including old-age pension (64.7%) compared to the beneficiaries of old-age pension only (55.5%) and non-beneficiaries (51.6%). According to the findings, half of HHs reduces food consumption (50.9%) and expenses on clothes (50.1%), a significantly smaller share of HHs saves by cutting health (35.3%) and educational expenses (16.1%). Besides the consumption reduction, quantitative findings suggest that **18.5% of HHs takes loans from financial institutions, 6.6% takes loans from private persons with an interest and 3.9% borrows money without interest.** According to the statistics, the vast majority of HHs (90%) taking loans from financial institutions state that they borrow from the banks and some of them takes loans from micro-financial institutions; according to the quantitative survey findings, **22% of randomly selected HHs state that they utilize savings to cover their immediate regular needs.** The analysis by beneficiary and non-beneficiary categories suggest that **beneficiaries are more likely to take loans with interests from private persons or financial institutions compared to non-beneficiaries to cover their immediate needs.** In contrast, **spending savings is higher in non-beneficiaries (29.4%) and beneficiaries of old age pension only (26%) compared to the beneficiaries of all program including old-age pension (18.3%).** Interestingly, **13.8% of HHs state that they take increased labour hours in order to cover their immediate needs.** Increased labour hours is more frequently applied by non-beneficiaries (19.3%) compared to the beneficiaries (14.7%) (see annex #3, table 1.11).

It is worth mentioning that sometimes HHs have unexpected needs which can be caused by illness, death of a family member and other conditions; some HHs may struggle to cope with such circumstances both emotionally and economically. The quantitative survey findings suggest that **HH's practice and behavior is still the same when it comes with dealing with unexpected needs;** they mostly apply the same ways to cover those expenses; namely, the majority of them (62.8%) reduces consumption, including the consumption of food (46.9%), cutting education expenses (15.6%), health expenses (32.5%) and expenses on clothes (47.7%). When it comes to the unexpected expenses, more households (18.8%) are prone to take increased working hours, spend their savings (25.2%) or sell property (8.9%). It is worth mentioning that **almost the same share of HHs is willing to take a loan with interest from a financial institution (17.2%), private person (12.1%) or borrow without interest (6.7%) to cover unexpected needs.** Even though the major tendencies remain the same, changes are observed in the behavior of non-

beneficiary HHs when dealing with unexpected needs. Namely, a share of non-beneficiary HHs (12.6%) selling HH assets and properties to cover unexpected needs is higher compared to the beneficiary HHs (7.6%) and beneficiaries of old-age pension only (9.5%). With respect to the loans, it is worth mentioning that non-beneficiary HHs (17.1%) are more willing to cover unexpected expenses this way compared to the beneficiary HHs (12.8%) (see annex #3, table 1.11).

During the quantitative survey, HH have assessed their self-reported level of vulnerability, which is also very informative for analyzing the socio-economic state of the population. As suggested by the quantitative survey findings, **40.6% of randomly selected HHs can hardly afford food (824 out of 1912), 31.3% of HHs can buy food, but in order to buy clothes, they have to save or borrow money (594 out of 1912), 21.9% of HHs can afford food and clothes, but in order to purchase household appliances or luxurious items, they have to save or borrow money (385 out of 1912).** It is worth mentioning that only 0.7% of HHs state that they can afford everything without borrowing or saving and 5.3% of HHs mention that they can afford food, clothes and home appliances, but in order to buy a car or house, they have to save or borrow money (see chart 11). Analysis by beneficiaries and non-beneficiary categories show that **the biggest share of beneficiary HHs report that they can hardly buy food (43.3% / 730 out of 1596)** and the **biggest share of non-beneficiary households state that they can afford food and clothes, but in order to purchase household appliances or luxury items, they have to save or borrow money (33.2% / 99 out of 316).** In addition, a share of HHs responding that they can hardly buy food and clothes is relatively higher in beneficiaries compared to the non-beneficiaries. In contrast, a share of HHs reporting that they can afford food and clothes, but they have to save or borrow in order to buy HH appliances and luxurious items is significantly high among non-beneficiaries compared to beneficiaries. **The corresponding statistics suggest that the self-reported level of vulnerability is significantly high in beneficiary HHs compared to the non-beneficiaries and the majority of beneficiary families struggle to cover their basic needs like food, clothes, etc.** Of course, statistics show that the self-reported level of vulnerability is pretty high in non-beneficiary households too, however, a share of HHs focused on satisfying their basic needs is relatively smaller under this group. **Analysis of the self-reported level of vulnerability by settlement type shows that the level of self-reported vulnerability is relatively low in the capital and big cities compared to other settlement types,** the share of HHs hardly buying food is the smallest in the capital, while almost half of population living in other cities, boroughs (49.7%) and rural areas (47.7%) state that they can hardly afford food and one third of residents of the same settlement types say that they can afford food, but struggle to buy clothes (see annex #3, table 1.10). Based on the statistics, **it can be assumed that the level of vulnerability is particularly high in rural areas compared to the urban areas.**

Chart 11. Self-reported vulnerability status of HHs for overall sampling and beneficiaries-non-beneficiaries



The quantitative survey also studies the tax payments and knowledge of taxes in the randomly selected population. As suggested by the findings, **in 32.6% of randomly selected HHs, all HH members pay taxes, in 11% of HHs, none of the employed members are tax-payers and in 2.9% of HHs, some members pay, while some of them do not pay taxes** (see annex #3, table 1.12). Analysis by settlement type shows that tax payment is higher in the capital and urban areas compared to the rural settlements. According to the survey results, a **majority of non-taxpayer HHs (75.2%) report that they are employed without a contract and that is why they do not pay taxes**, while 8.6% of non-taxpayer HHs say that an organization or activity exempt them from paying taxes (see annex #3, table 1.13). It is worth mentioning that the **majority of tax-payer HHs are aware of what taxes they pay, as statistics show that 87.3% of HHs state that they pay income tax and 53.6% of HHs state that they pay retirement tax**. According to the analysis by settlement types, awareness about income tax is higher outside the capital, while awareness about retirement tax is higher in the capital (see annex #3, table 1.14). As suggested by the quantitative survey findings, the majority of tax-paying HHs (85.4%) are aware that income tax comprises 20% of their income and only 11.5% mention that they do not know the exact percentage. As for the retirement tax, the majority of HHs (87%) are aware that they make a 2% contribution to the pension fund and only 8.9% of HHs did not know the exact percentage.

### Housing conditions, assets and utility services

The quantitative survey gathered some information about housing conditions of randomly selected HHs and their access to utility services. It is assumed that housing conditions, the possession of assets and access to the utilities are informative to assess the socio-economic state and well-being of a population. As suggested by the quantitative component of the KAP survey, the **majority of randomly selected HHs live in dwelling that they own (85%), 8.5% of HHs rent dwelling where they live and 4.2% of HHs live somewhere that a relative or friend owns and housing is free** (see table 18). Interestingly, owning where one lives is relatively high among residents of boroughs and rural areas and it is relatively low in the HHs living in urban areas; in contrast, renting housing is significantly high in the capital and other urban areas (see annex #3, table 1.15). Analysis by beneficiaries and non-beneficiaries show that a vast majority of HHs (93.8%) benefiting only from old-age pension are owners of where they live and only a minor share of them rent where they live (2.4%). As for beneficiaries of all SPPs including those with old-age pensions and non-beneficiaries, the findings suggest that the majority of them own their dwelling and every tenth lives in the rent (see table 18 below).

It worth mentioning that the residential status of HHs was compared to the previous study findings in order to show changes in the dynamic of residential statuses of HHs. United Nations Children's Fund (UNICEF) carries out Multiple Indicator Cluster Survey (MICS) which is an international multi-purpose household survey program supporting countries by collecting internationally comparable data on a diverse range of indicators. The latest MICS survey was carried out in 2018-2019 in Georgia, which also informs about the residential statuses of HHs by settlement types.<sup>13</sup> According to the MICS survey findings, the majority of inquired HHs live in a dwelling that is owned by the HH or a member of the HH (88.3%) and 11.5% lives in the dwelling which is not owned by household, including almost half of such households lives somewhere that they rent (see table 19). Comparison of the given two surveys show that ownership of the place where one lives is reduced by 3.3% and share of HHs renting where they live have increased by 2.4% in a four-year dynamic (see table 18, table 19).

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<sup>13</sup> Source: [https://www.unicef.org/georgia/media/3501/file/Georgia\\_MICS\\_2018\\_en.pdf](https://www.unicef.org/georgia/media/3501/file/Georgia_MICS_2018_en.pdf)

Chart 18. Residential status of HHs by settlement according to the KAP survey (2022)

Status of HH	Capital	Big city	Another city/borough	Rural	TOTAL
Dwelling is owned by the household/a household member	74.9%	79.1%	86.5%	94%	85%
Dwelling is rented by the household (rent is being paid)	18.2%	11.4%	5.6%	0.5%	8.2%
Dwelling belongs to a relative/friend and the household lives there alone free of charge	3.7%	5.5%	6.2%	3.5%	4.2%
Other	2.7%	4.1%	1.6%	1.7%	2.2%
Refusal/difficult to answer	0.4%	-	0.2%	0.3%	0.3%
<b>TOTAL (N)</b>	<b>402</b>	<b>271</b>	<b>310</b>	<b>929</b>	<b>1912</b>

Chart 19. Residential status of HH by settlement types according to the MICS survey (2018)

Status of HH	Urban	Rural	TOTAL
Dwelling is owned by the household/a household member	83.1%	96%	88.3%
Dwelling is not owned by HH member	16.7%	3.8%	11.5%
<i>Rented</i>	9.3%	0.7%	5.8%
<i>Other</i>	7.4%	3.2%	5.7%
DK/missing	0.2%	0.2%	0.2%
<b>TOTAL (N)</b>	<b>7 287</b>	<b>4 983</b>	<b>12 270</b>

As suggested by the quantitative survey findings of the KAP survey, **half of the randomly selected households (50.6%) live in a private home belonging to one household; a quarter of households (24.5%) live in a flat in a multi-flat building inhabited by one household and 15.4% of HHs live in a flat in a multi-flat building inhabited by several households.** The analysis by settlement type exhibit that vast majority of households residing in the rural areas live in a private home belonging to one household (91.1%). More than half of HHs living in the capital or in big cities live in a multi-flat building inhabited by one or several households (see annex #3, table 1.17).

The quantitative survey has also analyzed the availability of various utility services in randomly selected households. As suggested by the quantitative survey findings, 100% of households have access to electricity and more than 90% of households have access to the water supply (cold water) (98%), waste disposal (91.2%) and toilets (99.4%). The analysis by settlement types show that water supply and waste disposal are relatively less available in the rural areas compared to other settlement types. Interestingly, **more households have a toilet (99.4%) and bathroom (86.4%) available, while a significantly smaller share of households have access to the sewage system (73.8%).** In addition, **almost all households have access to the water supply (98%) and a significantly smaller share of households have access to hot water (71.3%).** Furthermore, hot water is more available to non-beneficiaries compared to the beneficiaries. As for the gas supply, the findings suggest that **88% of randomly selected households have access to the gas supply.** As suggested by quantitative survey findings, gas supply is relatively more available to non-beneficiary households compared to the beneficiary households (see annex, table 1.18).

It is worth mentioning that the quantitative survey gathered interesting information about the quality of access to each utility service. As suggested by findings:

- As suggested by the survey findings, 1865 out of 1912 HHs have access to the water supply. More than 80% of HHs having access to the **water supply** have it inside their homes and 15.6% of households have it outside the homes. There are no differences between beneficiaries and non-beneficiaries; however, by settlement types, findings show that vast majority of households living in urban areas and/or boroughs have water access inside their houses, while 30.6% of households living in rural areas have it outside. As suggested by the quantitative survey findings, a majority of randomly selected households with access to the water supply report that they use a central or common water supply system (66.3%) and use of the individual

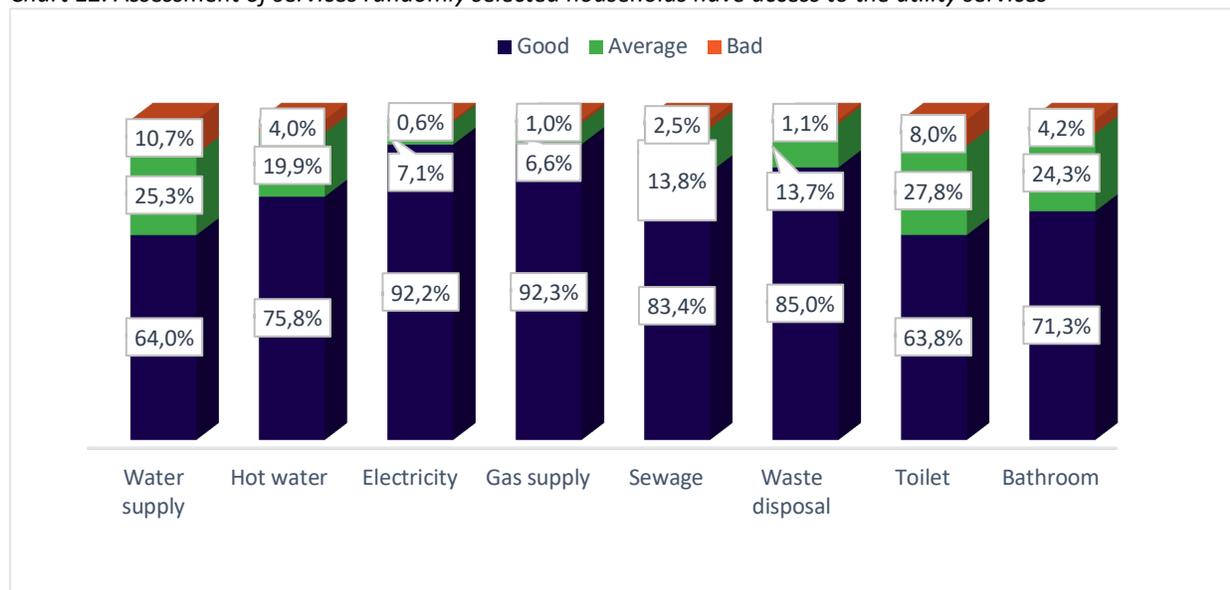
water supply system is reported by one-third of households; a majority of respondents using an individual water supply system (444 out of 646) reside in rural settlements.  $\frac{3}{4}$  of HHs having access to water (1428 out of 1865) state that they have access to water 24 hours per day, while one third of HHs state that they are supplied with water on an hourly basis, for instance, 12-24 hours, 6-12 hours or less than 6 hours per day (432 out of 1865). With respect to the water supply, the quantitative survey obtained data on the sources of drinking water too. As suggested by findings, majority of randomly selected HHs use piped water in their home (72.9%) or in the compound, yard or plot (9%) to drink. Interestingly, non-beneficiaries tend to more frequent users of piped water compared to the beneficiaries (see annex #3, table 1.19). Besides, 9.1% of HHs also use water from protected wells to drink;

- According to the survey findings, 1282 out of 1912 HHs have access to hot water. More than 90% of HHs have access to **hot water** inside their homes (1254 out of 1282). As suggested by the findings, there is no differences between beneficiaries and non-beneficiaries. By settlement type, the quantitative survey findings suggest that availability of hot water decreases from the capital to other urban and rural areas. For instance, hot water is available for 92% of the population in capital and 83.3% of households living in big cities, and by contrast only half of the rural population (50.8%) have access to hot water. It is worth mentioning that 80% households having access to hot water state that they have an individual hot water system, while 18.5% of households say that they use a centralized or common hot water system in their household. A majority of HHs (83.4%) with access to hot water state that they are supplied with hot water 24 hours per day, while a minor share of HHs report to have access on hourly basis;
- It is worth mentioning that **electricity** is the only service that is fully available to every household at every location. As suggested by the quantitative survey findings, a vast majority of HHs (96.8%) with access to electricity report to be supplied intermittently - 24 hours per day and only 3% of HHs report to have access to electricity 12-24 hours per day;
- With respect to the **gas supply**, the quantitative survey findings exhibit that 1585 out of 1912 HHs have access to gas in Georgia. 80.5% of HHs with access to the gas supply use central or common system, while 19.5% of households have individual gas supply system, for instance, liquified natural gas, etc. There is not statistically significant difference in responses of beneficiaries and non-beneficiaries. A vast majority of households (97.8%) with access to gas state that they have access to gas 24 hours per day, while a minor share of HHs (2.1%) have access 12-24 hours per day; analysis by settlement types show that 19 out of these 26 households live in the capital;
- Out of 1412 HHs with access to **sewage**, a majority (62.7%) uses central, while more than one third of HHs (37.2%) report to have used an individual sewage system. 77% of the rural population uses an individual sewage system (290 out of 386);
- As suggested by the quantitative survey findings, out of 1900 HHs with access to **toilets**, two-third of HHs have it inside their homes, while one-third of HHs have toilets outside. More than 90% in the capital and more than 80% in other urban populations have toilets inside their homes, while 63.6% of the rural population have it outside (565 out of 921). 83.1% of HHs that have access to toilets use an individual system. Use of the individual toilet system is relatively high in rural settlements compared to the capital and other urban areas. In addition, as suggested by the findings, 60.7% of randomly selected households use a flush toilet that is connected to a piped sewer system in their household and 13.7% of HHs use a pit latrine with slab (see annex #3, table 1.20);
- A majority of the inquired HHs have a **bathroom** inside their homes and 14.7% of households having bathrooms have it outside the home. 210 out of 247 HHs having bathroom outside the home live in the rural area or boroughs. In addition, findings suggest that majority of HHs have individual bathrooms (82.4%), while less than fifth of HHs uses common bathrooms (17.4%). There are not statistically significant differences between beneficiaries and non-beneficiaries.

With respect to the quality performance, the quantitative survey findings show that the **majority and, in some cases, vast majority of HHs, give a positive assessment of the performance quality of utility services;** It is worth

mentioning that the quality of performance is evaluated only by HHs with access to the given services. Interestingly, some HHs express a neutral or negative attitude towards the performance quality of their utilities. Namely, a relatively higher share of HHs give neutral or negative assessment to the performance of the water supply (36%), hot water (23.9%), toilet (35.8%), bathroom (28.5%), sewage (16.3%) and waste disposal (14.8%) (see chart 12). Based on the overall analysis of quantitative survey results, it can be assumed that negative or neutral assessment can be caused by the availability of services (inside or outside/common or individual) or interruptions in the supply.

Chart 12. Assessment of services randomly selected households have access to the utility services



water supply (N=1865), hot water (N=1282), electricity (N=1912), gas supply (N=1585), sewage (N=1319), waste disposal (N=1690), toilet (N=1900), bathroom (N=1625)

According to the quantitative survey findings, **44% of sampled HHs heated only one room during the last winter and around one third of HHs (32.7%) households report to heat only the part of apartment or house were they mainly lived.** It worth mentioning that **21.4% of HHs heated the entire flat or house**, while 2% of HHs report that they could not and did not heat flat during the last winter at all. Interestingly, **share of HHs heating entire living apartment or home is significantly higher in non-beneficiaries compared to the beneficiaries** (see annex #3, table 1.21). As suggested by quantitative survey findings, inquired randomly selected households mostly applied the same heating means during the past two years and there are not significant differences in the statistics of the 2021 and 2022 years. According to the quantitative survey findings, **45.7% of HHs have used natural gas stoves (“karma”, “Nicale”, etc.), 35.3% of HHs used stove (burning firewood, coal, diesel old, etc.) and 6% of households used central heating system as their main heating mean during the 2022 winter.** Statistical analysis shows that that use of stoves burning firewood, coal, etc. is relatively higher in the beneficiaries compared to the non-beneficiaries (see annex #3, table 1.22). As suggested by the quantitative survey findings, more than 90% of HHs used electric stoves as a form of heating during the winters of 2021 and 2022 (see annex #3, table 1.23).

In the framework of the quantitative survey, the possession of various HH assets have been analyzed in the random selection. According to the statistical analysis, **a vast majority of HHs (97.8%) own a mobile or landline phone, color TV set (90.2%), refrigerator (91.7%). The majority of HHs possess a washing machine (83.1%), gas stove (88.8%) and gas water heater (51.9%). A third of HHs (33.9%) possess automobiles, an electric water heater (12.9%) and an individual system of heating and hot water (24.9%).** It is worth mentioning that **63% of HHs have access to the internet, while personal computer is available in 32.9% of HHs** (see table 20). Due to the global pandemic and online learning, the quantitative survey also analyzed the existence of the internet and computers in families with children. As suggested by the quantitative survey findings, **640 out of 1912 HHs have at least one school aged child (6-18 years old).** According to the statistical analysis, **majority of HHs with school aged children have access to the internet (80%), however, only 42% of these HHs have a personal computer.** The possession of the main HH assets by settlement types is given in the table 20, while a detailed description of all assets is given in annex #3, table 1.24.

Table 20. Possession of HHs items in the randomly selected HHs

Assets:	Capital	Big city	Other city	Rural	TOTAL (N)
Automobile (of all types)	34.4%	32.2%	25.7%	37%	33.9% (648)
Mobile phone/Landline phone	98.5%	98.1%	98.2%	97.1%	97.8% (1867)
Washing machine	91.1%	87.1%	81.9%	76.2%	83.1% (1570)
Color TV set	92.3%	93.2%	87.9%	88.4%	90.2% (1724)
Refrigerator	94.7%	93.6%	91.5%	88.9%	91.7% (1749)
Gas stove	96.1%	93.6%	91.4%	80.7%	88.8% (1625)
Electric water heater (tank)	11.5%	12.1%	12.9%	14.3%	12.9% (262)
Gas water heater	59.7%	68.6%	59.6%	37.7%	51.9% (924)
Individual system of heating and hot water	42.7%	22.6%	18.1%	14.7%	24.9% (422)
Personal computer	47.7%	35.5%	22.5%	22.1%	31.9% (561)
Internet	81.5%	75.5%	57.5%	46.9%	63% (1129)

In the framework of the quantitative survey, possession of livestock and poultry is also studied in randomly selected households. As suggested by findings, **one quarter of randomly selected HHs have productive livestock or poultry (26.8%)** and **vast majority of them live in rural areas** (544 out of 624). Interestingly, slightly more than half of the rural population have productive livestock and poultry (57.4%) (see table 21).

Table 21. Possession of productive or workable livestock or/and poultry by settlement types

	Capital	Big cities	Other cities / borough	Rural	TOTAL
Yes	0.5%	5.3%	16.7%	57.4%	26.8% (624)
No	99.5%	94.7%	83.3%	42.6%	73.2% (1298)
TOTAL (N)	402	271	310	929	1912

According to the quantitative survey findings, the majority of HHs have all types of poultry (51.3%), cows and buffalos (31.5%), calves (25.4%), pigs (9.8%) and piglets (3.7%). As suggested by findings, a share of non-beneficiary HHs having workable or productive livestock and poultry is higher compared to the beneficiary HHs (see annex #3, table 1.24). The quantitative survey results show that HHs have on average 2 cows, buffaloes and calves, 2 pigs, 3 piglets and 13 poultry.

According to the quantitative survey findings, **more than half of HHs do not own any land and do not cultivate anything (53.7%), while a tenth of HHs (10.7%) own land but do not cultivate it.** As for the HHs which are occupied with cultivation, **the findings suggest that one third of randomly selected HHs cultivate their own land (33.6%).** According to the statistics, the biggest share of HHs cultivating their own land (624 out of 1912) live on the rural settlements. By beneficiaries and non-beneficiaries, the findings show that share of beneficiary HHs (65.6%) residing in rural areas and cultivating their own land is relatively smaller compared to non-beneficiary HHs (71.8%) (see table 22).

Table 22. Ownership and cultivation of agricultural land

	Capital		Big cities		Other cities		Rural		TOTAL
	Beneficiary	Non-Beneficiary	Beneficiary	Non-Beneficiary	Beneficiary	Non-Beneficiary	Beneficiary	Non-Beneficiary	
Yes, I cultivate my own land	5.8%	5.6%	10.2%	17.8%	21.1%	16.5%	65.6%	71.8%	33.6%
Yes, I cultivate a rented land	-	2.2%	0.4%	-	1.2%	-	1.2%	2.8%	0.9%
Yes, I cultivate a land free of charge that is owned by others	0.3%	-	0.4%	-	0.4%	-	2%	1.3%	1%
Yes, I own agricultural land cultivated by others	1.9%	-	0.5%	-	2.6%	-	0.7%		1.1%
Yes, I own agricultural land which is not cultivated	11.9%	10%	5%	7%	7.3%	10.4%	13.5%	10.4%	10.7%
No, I don't own or cultivate any agricultural land	80.4%	82.2%	84.3%	75.2%	67.8%	73.1%	18.8%	16%	53.7%
<b>TOTAL (N)</b>	<b>312</b>	<b>90</b>	<b>215</b>	<b>56</b>	<b>266</b>	<b>44</b>	<b>803</b>	<b>126</b>	<b>1912</b>

## Knowledge of SPPs

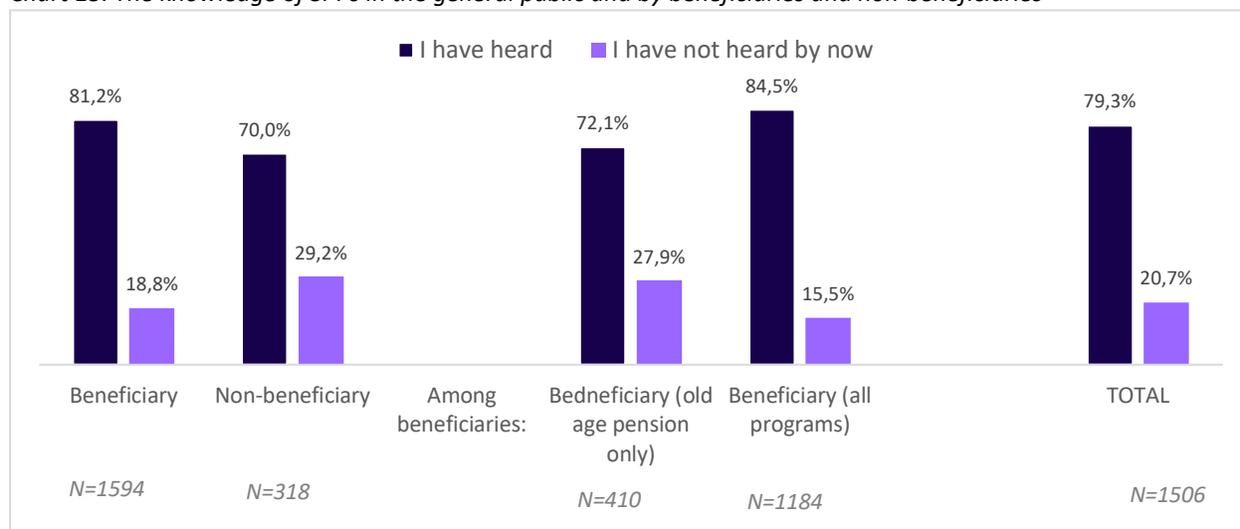
One of the key goals of the survey is to measure knowledge about various SPPs throughout Georgia. The quantitative survey aims to reveal the main tendencies and figure out which programs are more known or less known to the public or which groups of society are more informed and where are gaps. The list of SPPs studied within the frames of the KAP survey is provided in Annex #4.

In frames of a qualitative and quantitative survey, all kinds of social protection programs are analyzed under the umbrella term of “social protection” which commonly refers to a set of public policies, programs, and systems, that help poor and vulnerable individuals and households to reduce their economic and social vulnerabilities; to improve their ability to cope with risks and shocks and to enhance their social rights and status. The purpose of social protection is to prevent and protect people from poverty, vulnerability, and social exclusion. Therefore, social protection programs and schemes can be designed and implemented in different forms – in-kind, cash transfer, services, vouchers, etc. This survey analyzes and includes all these forms of programs under social protection.

## General awareness about SPPs

According to the quantitative survey, **1506 of 1912 HHs (79.3%) are aware of at least one SPPs functioning in Georgia.** The findings suggest that **program beneficiaries (81.2%) are relatively more aware of existing SPPs compared to the non-beneficiaries (70%).** Within the beneficiaries, the quantitative survey findings suggest that almost every fifth beneficiary HH says that they do not know any SPPs despite receiving benefits. In addition, **HHs benefiting from old-age pensions are relatively less aware of SPPs, and awareness is relatively high in beneficiaries of all programs including old-age pensions** (see chart 13 below). Analysis by settlement type suggests that respondents living in the capital are relatively more aware of SPPs, while respondents from other cities have relatively less awareness about such programs (see annex #3, table 2.1). Noteworthy, the qualitative survey findings suggest that awareness about SPPs is very low among ethnic minorities living in the Samtskhe-Javakheti region. FGD discussants could only differentiate between benefits they received - cash benefits, in-kind assistance, or service; however, they could not name the agency providing this assistance or the program within which they receive support.

Chart 13. The knowledge of SPPs in the general public and by beneficiaries and non-beneficiaries

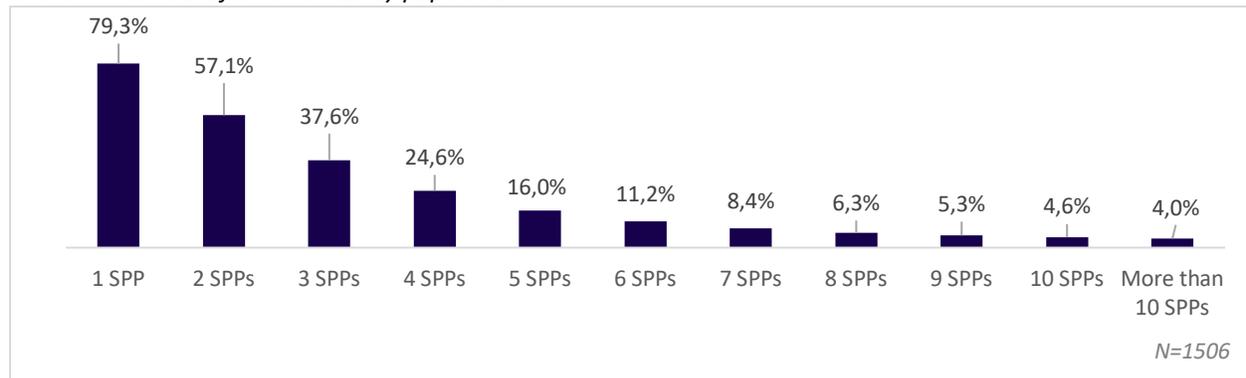


It is worth mentioning that awareness of SPPs was analyzed by different categories to assess which groups are more informed about SPPs and where are the knowledge gaps. According to the quantitative survey, interesting tendencies are observed among the beneficiaries of old-age pension and HHs with members with self-reported

disabilities. As suggested by the quantitative survey findings, 1031 HHs have at least one pensioner in the family. Analysis of families with pensioners has been carried out at the individual and HH levels. Analysis carried out at the level of HHs shows that **811 out of 1031 families with pensioners have heard of at least one SPPs (78.8%). 220 out of 1031 HHs state that they have not heard of a single SPP functioning in Georgia (21.2%).** Further analysis of awareness shows that 420 out of 1912 HHs have a member with a self-reported disability. Interestingly, **66 out of 420 HHs say that they have not heard of any SPPs and 354 out of 420 families with member with self-reported disability know at least one SPPs.**

According to the quantitative survey findings, the majority of randomly selected HHs are aware of 1 or 2 SPPs, and the share of HHs who are aware of 3-4 SPPs is relatively small. The number of SPPs named in the randomly selected HHs is given in chart 14 below.

Chart 14. Number of SPPs named by population

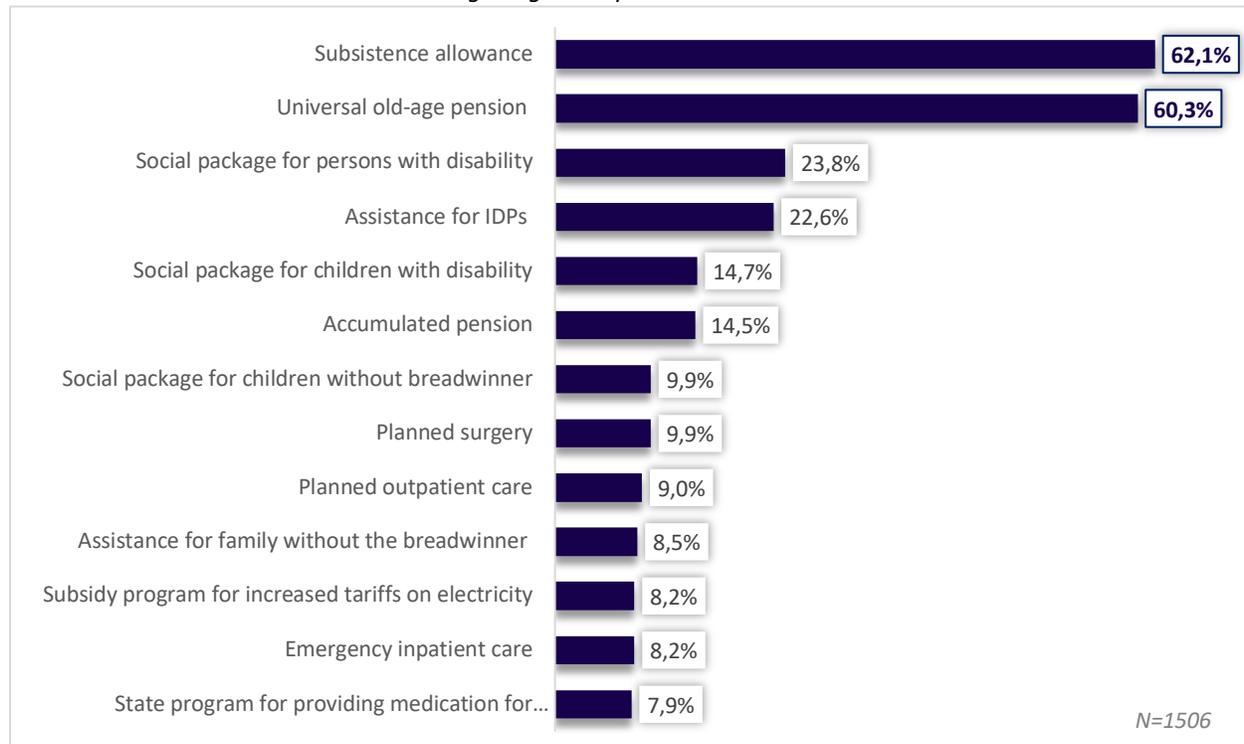


According to the quantitative findings, even though majority of HHs is aware of SPPs functioning in Georgia, survey findings illustrate that awareness is strongly concentrated around SSA services and programs (98%); the **biggest share of the population report knowing about targeted social assistance (62.1%) and universal old-age pension (60.3%)** (see chart 15). Very interesting findings are made during the quantitative survey concerning the old-age pension. According to the statistical analysis, 647 out of 811 HHs with pensioners who are aware of at least one SPPs, name **old-age pension among SPPs they are aware of (80.2%)**. Analysis carried out at the individual level shows that **524 out of 1912 most informed HH members were pensioners, and 427 out of 524 (82.1%) named old-age pension among SPPs they are aware of.** Out of 926 individuals naming old-age pension among SPPs they are aware of, the majority are pensioners, and the minority are non-retirees (499 out of 926). **The given estimates illustrate that even though universal old-age pension is named by the majority of HHs, a significant share of beneficiary and non-beneficiary HHs do not perceive old-age pension as a SPP. Only 647 out of 1031 HHs with pensioners mentioned pensions as a SPP.**

Analysis by agencies illustrates that the **general public is more aware of SSA (98%) and UHCP (26%) services and programs.** Even though the frequency of each UHCP service and program does not exceed 10%, the quantitative survey findings suggest that UHCP is the second most well-known provider of SPPs in Georgia, and almost 1 in every 4 respondents confirm to know at least one UHCP service or program (see annex #3, table 2.3). According to the general findings of the quantitative survey, awareness about services and programs provided by SCA, SESA, and municipalities is very low and marginal. A minimal amount of randomly selected HHs mention knowing any of their programs. With respect to the SCA services and programs, the quantitative survey findings suggest that awareness of SCA services and programs is low even in its target groups. Specifically, **out of 354 HHs with a member with a self-reported disability and who are aware of at least one SPP, the biggest share names social package for CwD (15.6%) and social package for PwD (33.2%) under SPPs they have heard of.** With respect to the services for PwD/CwD provided under SCA, the qualitative and quantitative survey findings suggest that **PwD or families with a member with disabilities do not have enough awareness about SCA services and programs;** according to the

statistics, the frequency of each SCA programs ranges from 1% to 3% in this target group. Namely, 3% of HHs with at least one member with a self-reported disability named the provision of day-care service center for persons with disability, 2.4% named child-rehabilitation-habilitation program, 1.1% named provision of auxiliary means, 1% named early childhood development program among SPPs they are aware of. It is worth mentioning that statistics were also analyzed by employment status and education levels, but no statistically significant differences were observed among different groups; overall, **it can imply that understanding of SPPs, the need for assistance and access to information are more important indicators of awareness compared to the level of education or employment status.**

Chart 15. The awareness about SPPs among the general public

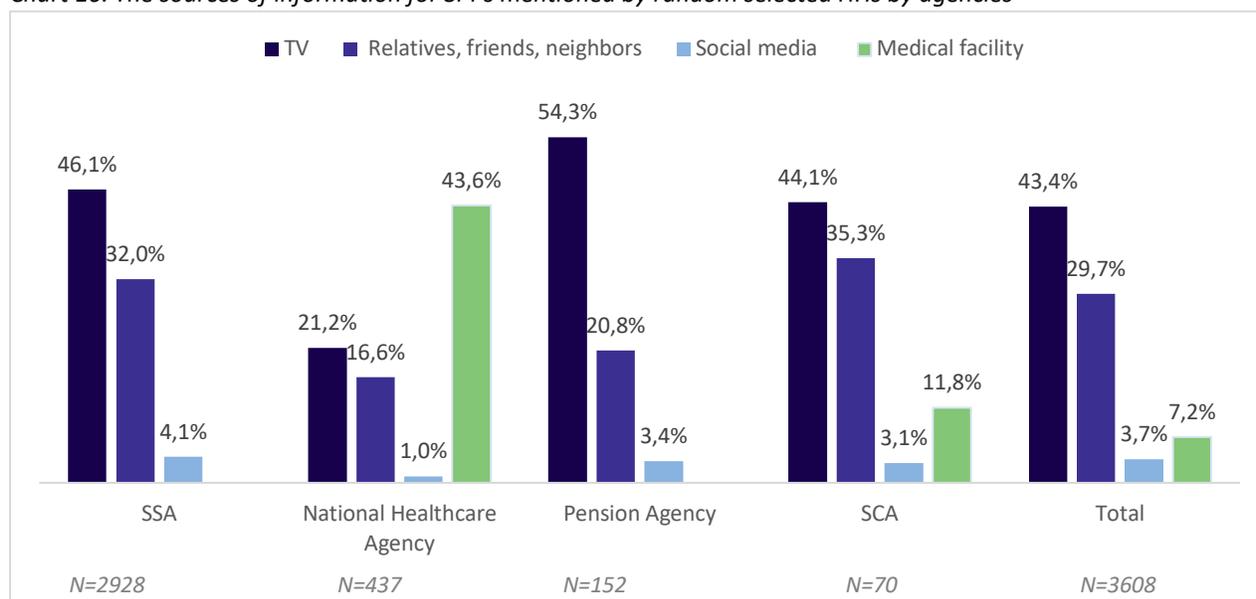


A very interesting observation is made during the quantitative and qualitative survey about the high-mountainous regions development program. According to the statistics, **7% of randomly selected households suggest that they are aware of at least one sub-program of high-mountainous regions development program.** In addition, qualitative survey findings suggest that municipalities carried out an intensive information campaigns to bring information about this program to the relevant audience, which is very positively evaluated by FGD discussants living in high mountainous settlements. The program analysis illustrates that 7% of HHs is aware of monthly supplements and electricity subsidy program for persons permanently living in the high mountainous settlements, while 4% of HHs is aware of monthly financial assistance for newborns whose parent(s) has a status of permanent residency at the mountainous settlement. The qualitative survey findings suggest that a high awareness of these programs can be explained by a higher degree of application of these SPPs by people living in the high-mountainous settlements.

Noteworthy, **almost every tenth respondent (13%) knows about the program implemented by the pension agency - accumulated pension** (see chart 15). Overall findings of the quantitative survey suggest that both awareness and engagement in the scheme of accumulated pension is high, which is a very positive tendency. However, accumulated pension is excluded from the analytical framework of the given survey since the biggest share of applicants are automatically enrolled in that program, who only contribute and receive no benefits so far.

The qualitative and quantitative survey findings suggest **that for the majority of programs mentioned by the interviewed HHs they are aware of (multiple response questions), sources of information are TV (43.4%), friends, relatives, and neighbors (29.7%)** (see chart 16 below). The quantitative survey findings suggest that for a significant share of programs (7.2%) mentioned by inquired HHs during the interview source of information is medical facilities. By agencies, quantitative survey findings suggest that the pattern of information delivery is pretty similar across different agencies with exception of UHCP. According to the statistics, in less than half of UHCP programs mentioned by inquired HHs during the interview (multiple responses) main source of information was medical facilities (44%) (see chart 16). Concerning social media, findings suggest that the majority of HHs do have access to the internet and mobile phones; however, social media was not a source of information for the vast majority of programs reported by interviewed HHs (see chart 16 below).<sup>14</sup>

Chart 16. The sources of information for SPPs mentioned by random selected HHs by agencies



More than half of inquired HHs (56%) confirm being aware of individuals receiving benefits from social protection programs. Awareness of beneficiaries is relatively higher in smaller cities, towns and rural areas compared to the capital and big urban settlements.

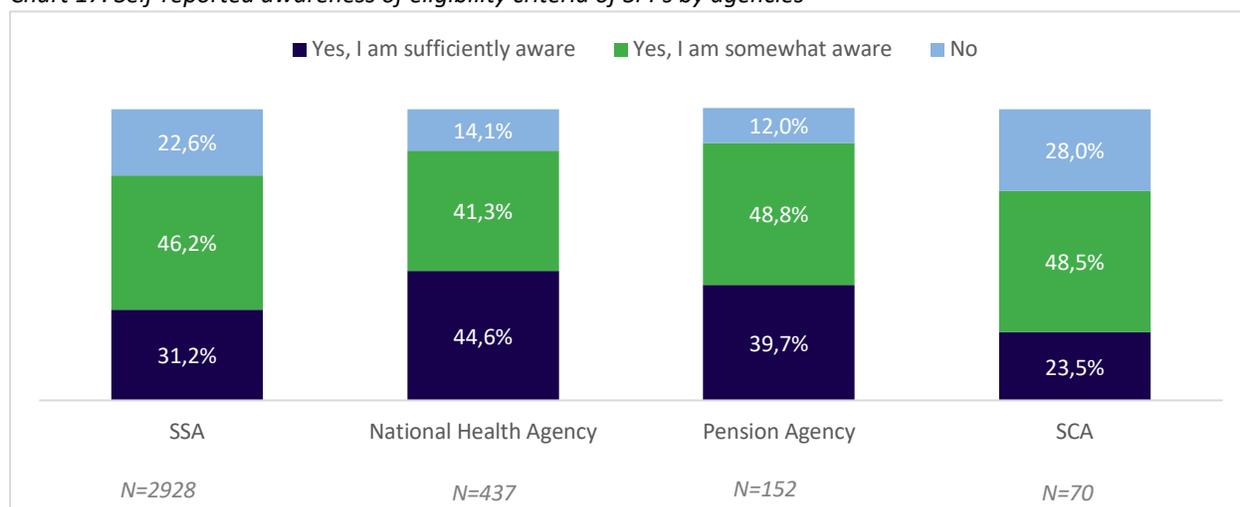
### Awareness of eligibility criteria

The quantitative survey findings suggest that for the majority of programs mentioned by inquired HHs, awareness about eligibility criteria is significantly high; for 33.3% of programs reported by HHs as being aware of, respondents mention that they are aware of their eligibility criteria, while for 45.7% of programs named during the interview, the most informed respondent say that they are somewhat aware of their eligibility criteria. The findings illustrate that awareness is relatively high in SPPs named by current or former beneficiaries (83.1%), and it is relatively low in SPPs named by non-beneficiaries (55.6%). The program and agency analysis shows that **awareness about eligibility**

<sup>14</sup> Program analysis has been carried out according to the programs/cases mentioned by HHs during the interviews. Awareness of SPPs was multiple response question and interviewers marked all programs that HH named they were aware of. Since a significant share of HHs named and assessed more than 1 SPPs during the interview, when analyzing general awareness or carrying out analysis by agencies, denominators may exceed the overall sample size, as it expresses not the total size of the sample, but the total number of cases/programs mentioned by HHs during the interview. When analyzing awareness by SPPs, denominators are numbers/cases of programs and numbers of HHs too, as one HH could name one program once during the interview.

criteria is higher in programs implemented by UHCP and PA, while awareness of eligibility criteria of programs implemented by other agencies is relatively low (see chart 17). For 28% of SCA services and programs mentioned by HHs to be aware of, the most informed respondents say that they are not aware of their eligibility criteria. As for SSA services and programs mentioned by HHs during the interview, awareness about eligibility criteria is high within TSA and more than half of HHs who are aware of this program are also aware of its eligibility criteria (75.2%), while awareness is relatively low concerning the social package for children without a breadwinner (54.5%) and the social package for children with disabilities (61.9%) (see annex #3, tables 2.4).

Chart 17. Self-reported awareness of eligibility criteria of SPPs by agencies



According to the quantitative survey findings, in the majority of cases of programs named by HHs during the interview, it is easy (48.7%) or very easy (11.2%) to obtain information about their eligibility criteria. In 7% of programs implemented by SSA, the most informed respondents mention that it is difficult (5%) or very difficult (2%) to access information about their eligibility criteria. Within the SSA services and programs, the quantitative survey findings suggest that **16% of those who know about the social package for children with disabilities, 10% of those who know about social package for persons with disabilities, and 14% of those who know about TSA, report that it is difficult or very difficult to receive information about eligibility criteria of these three programs.**

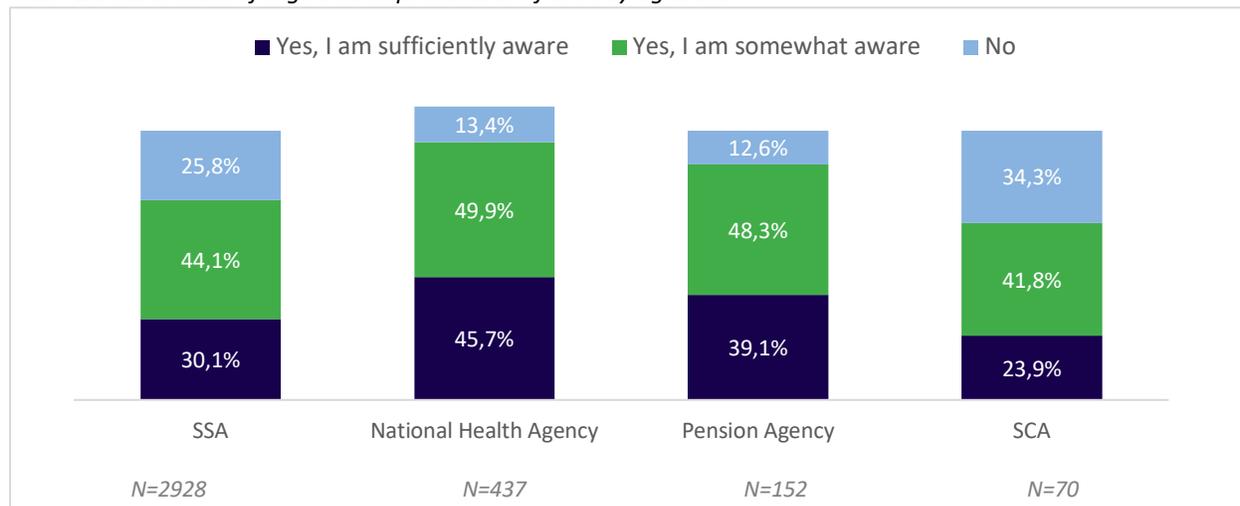
**For the majority of programs reported by HHs, the language of information is easy (64%) or very easy (9%) to understand.** According to the programs and agencies, in minor cases of programs implemented by SSA (6%), UHCP (3%) and SCA (6%), respondents mention that it is difficult or very difficult to sufficiently understand the language of information related to the eligibility criteria of these SPPs. **In the majority of the program named by HHs during the interview, information about the eligibility criteria is sufficient (53%) or completely sufficient (9.7%)** (see annex #3, table 2.6). In 7% of cases of programs reported by HHs as being aware of, information about eligibility criteria is not sufficient and every fourth program is neutrally evaluated in terms of information sufficiency. **A minor share of HHs who are aware of the social package for children without a breadwinner (10%), the social package for persons with disabilities (10.6%), and the targeted social assistance (11.7%) report that information about eligibility criteria is not sufficient or very sufficient for them** (see annex #3, table 2.7)

### Awareness of registration procedure

According to the qualitative and quantitative survey findings, **the most informed respondents say they are aware (32.3%) or somewhat aware (43.8%) of the registration procedures for the majority of programs reported by HHs.** The quantitative survey results show that awareness is relatively high in SPPs reported by current or former beneficiaries (80.6%) compared to the program cases mentioned by the non-beneficiaries (51.2%). **In the case of**

**services and programs provided by UHCP and PA, awareness of registration and accessing procedures is relatively strong.** As for other agencies' programs, awareness of registration procedures is very low in SCA services and programs (see chart 18). According to the quantitative analysis, 39.9% of HH who are aware of the social package for persons with disabilities, 43.8% of households who are aware of the social package for children with disabilities, and 46% of households who are aware of the social package for families without a breadwinner are unaware of the application procedures.

Chart 18. Awareness of registration procedures of SPPs by agencies



According to the quantitative survey, **HHs believe that obtaining information about registration procedures is easy (52.9%) or very easy (10.4%) for the majority of programs mentioned during the interview.** A small percentage of HHs who are aware of the social package for children with disabilities (9%), the social package for persons with disabilities (6.2%), and the TSA (12.1%) find it difficult or very difficult to obtain information about the registration and application procedures for these programs (see annex #3, table 2.8).

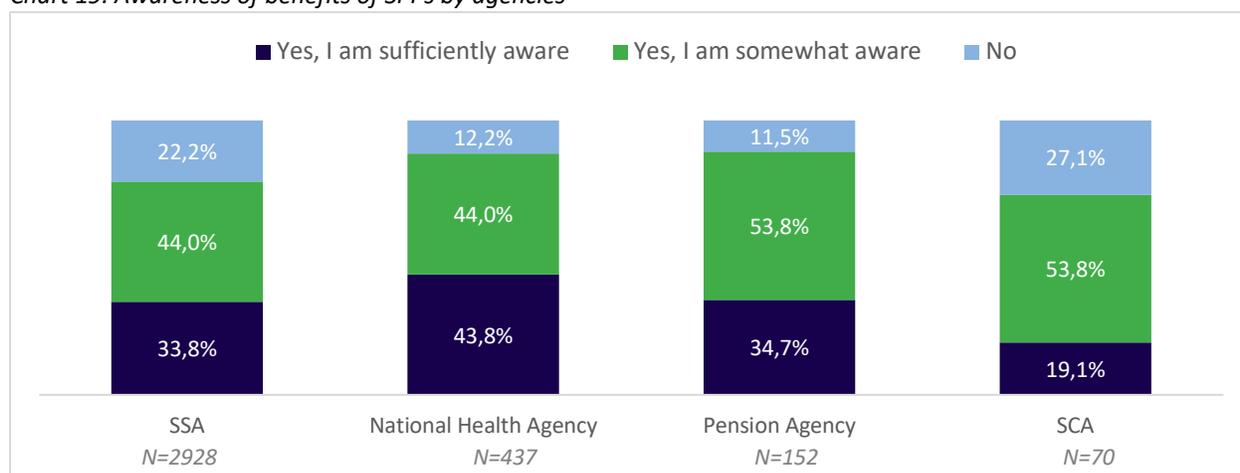
In terms of language and information sufficiency, the quantitative and qualitative survey findings suggest that in the majority of cases of programs mentioned by households, **the most informed respondents say the language of delivered information is easy (58.1%) or very easy (11.6%) to understand, while nearly one in every five programs is rated neutral in terms of the language of information related to the registration procedure.** The quantitative survey findings show that HHs believe it is difficult or very difficult to understand the language of presented information in a modest share of cases of programs conducted by SSA (3.5%) and SCA (2.4%) (see annex #3, table N2.9).

Similar to the other components, **the most informed respondents think that information on the registration procedure is sufficient (54.9%) or totally sufficient (10.2%) for them in the majority of programs mentioned by HHs.** It is worth noting that information sufficiency is high in the cases of services and programs implemented by UHCP (72.7%) and PA (72.5%), but low in the cases of programs implemented by SCA. According to the quantitative survey findings, in less than half of cases of SCA services and programs reported by inquired HHs, the most informed respondents from HHs state that program-related information is sufficient or very sufficient and messages are comprehensive, while in the 16% of program cases, HHs assume that information about registration procedures is insufficient, and they would like to receive more information about these programs (see annex #3, table 2.10).

## Awareness of benefits

The qualitative and quantitative survey findings indicate that in the majority of cases where HHs are aware of programs, **they are aware (34.8%) or somewhat aware (44.5%) of the benefits that these SPPs can give. In SPPs reported by current or former beneficiaries (83.8%), awareness of benefits is much higher than in SPPs reported by non-beneficiaries (54.6%).** According to agency analysis, awareness of benefits is higher in cases of UHCP (88%) and Pension Agency (88%) programs and services than in cases of SSA (78%) and SCA (73%) programs and services (see chart 19). In the case of SSA services and programs, it is observed that benefit awareness is high in some SSA programs and low in others. The results of the quantitative survey **show that the majority of HHs who have heard of old-age pension (90%) and TSA (77%) are also aware of the benefits these two programs can provide, whereas nearly half of HHs who are aware of social package for children with disabilities (46%) and nearly one in every three HHs (36%) who are aware of social package for persons with disabilities are unaware of the benefits these programs can provide.**

Chart 19. Awareness of benefits of SPPs by agencies



According to the statistics, **for the majority of programs that HHs are aware of, the most informed respondents think it is easy (52.7%) or very easy (10%) to access information about the benefits SPPs can provide, and nearly one in every four programs (25.3%) is rated neutrally.** Similar to the other SPP components, a small percentage of HHs who are aware of the social package for persons with disabilities (5.2%), the social package for children with disabilities (10.9%), and targeted social assistance (10%) find it difficult or very difficult to obtain information about the benefits these programs can provide (table 2.11).

According to the quantitative survey findings, **HHs believe that the language of information was easy (57.4%) or very easy to understand in the majority of cases of programs they were aware of (11.6%). It is worth noting that challenges linked to information language are reported in a lower share of program cases (3.4%).**

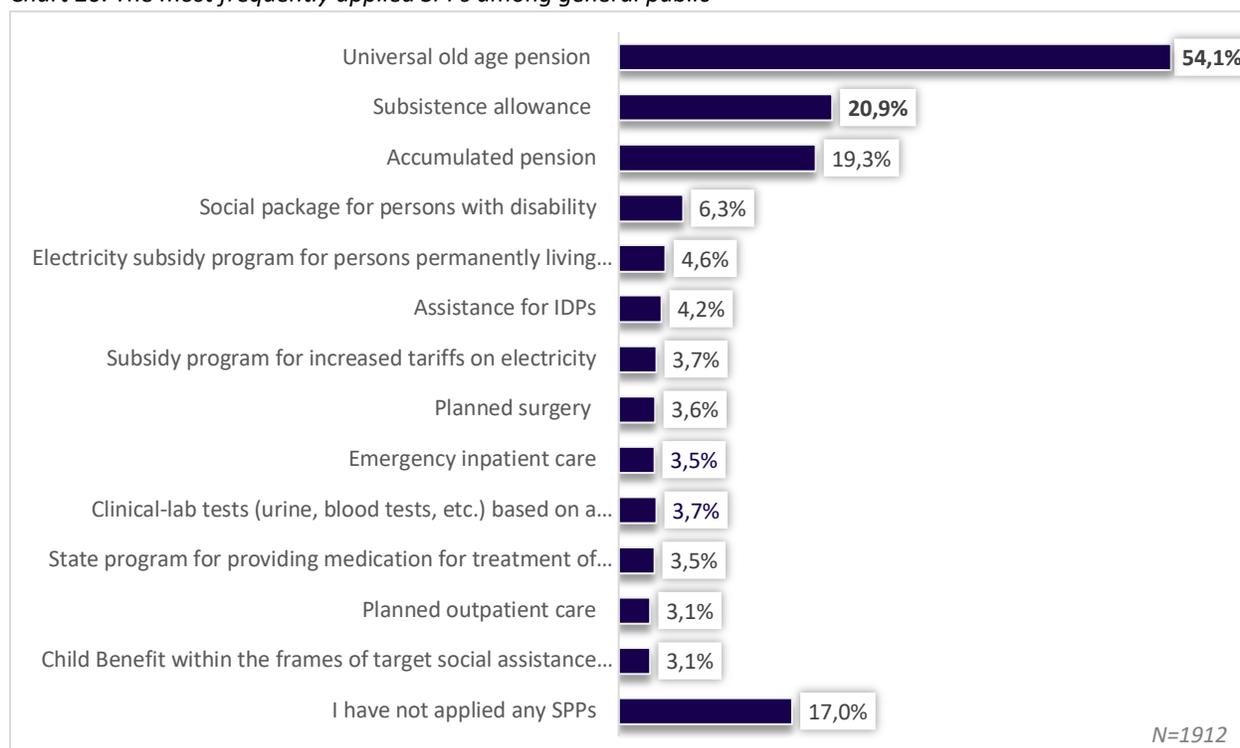
In terms of information comprehensiveness, **HHs think that provided information is sufficient (55.3 %) or completely sufficient (9.3 %) in the majority of program cases, while it is neither sufficient nor insufficient in 23.2%. Incomprehensiveness of information was revealed in minor share of program cases (5.2%). Minorities of HHs who are aware of the social packages for children with disabilities (12.4 %), assistance for IDPs (11.5 %), the social packages for persons with disabilities (10.5 %), and targeted social assistance (10.1 %) reported to have insufficient and/or incomprehensible information about benefits of these programs (see annex #3, table 2.10).**

## Practice of SPPs

### Engagement in SPPs

KAP survey explores the engagement and experience of beneficiaries and potential beneficiaries concerning the SPPs. In this regard, the quantitative survey findings suggest that **1623 out of 1912 randomly selected households have applied to at least one SPPs during the last 2 years, while 289 households have not applied to any programs at all (17%)**. According to the statistics, 1623 randomly selected households have applied to 57 different SPPs at central or local/municipal levels. The program frequencies suggest that **a majority of the population is more engaged in programs providing cash benefits compared to the programs providing services**. Chart 20 presents the most frequently applied SPPs by randomly selected survey households during the last 2 years. The findings suggest that the **population tends more frequently to apply services and programs provided by SSA, Pension Agency and UHCP**. Within the programs of SSA, the most applied SPPs are the old-age pension (54.1%), subsistence allowance (20.9%), the social package for persons with disabilities (6.3%), electricity subsidies for persons permanently living in high-mountainous regions (4.6%), the social package for IDPs (4.2%), subsidy program for increased tariffs on electricity (3.7%) and child benefits within targeted social assistance for families with members aged less than 16 (3.1%). Regarding the programs of Pension Agency, **almost 1 in every 5 inquired households states to have at least one member who is engaged in the scheme of accumulated pension (19.3%)**. In terms of UHCP programs, the randomly selected households have applied the most frequently to clinical and lab tests (3.7%) based on a doctor's prescription, planned surgery (3.6%), emergency inpatient care (3.5%), the state program for providing chronic disease medication (3.5%), and planned outpatient care (3.5%). (3.1%). Table 3.1 in annex #3 provides a full account of the other services and programs used by randomly selected households.

Chart 20. The most frequently applied SPPs among general public



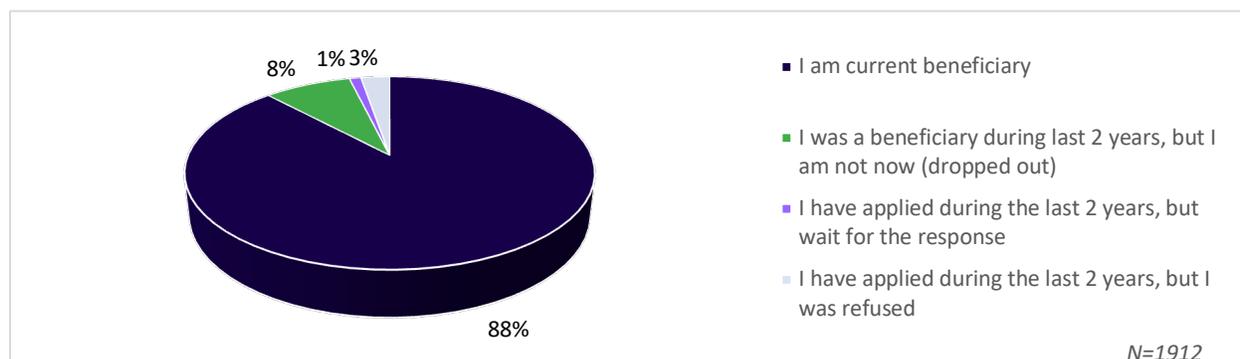
According to the statistics, randomly selected 1912 households have applied to 3044 SPPs during the last two years. Statistical analysis shows that the majority of randomly selected HHs (66%) have applied to 1-2 SPPs and a significantly smaller share of HHs have applied 3-4 programs (16%). Interestingly, only 41 HHs have applied to 5 and more SPPs during the last 2 years (see table 23 below).

Table 23. Number of SPPs randomly selected households were engaged in the period of past 2 years

The quantity of programs	Percentage	Quantity of HHs
1-2 SPPs	66%	1253
3-4 SPPs	16%	329
5-7 SPPs	2%	40
8-10 SPPs	0%	1

According to the quantitative survey findings, the majority of HHs utilized SSA (1461 out of 1912), UHCP (314 out of 1912), and Pension Agency services and programs (346 out of 1912). It's important noting that not all HHs who apply to the SPPs are considered beneficiaries, and they have varying engagement levels. According to quantitative survey data, the majority of HHs who have applied to at least one SPP are current beneficiaries (88%) and 8% are past beneficiaries who have left service or programs during the last two years. A small percentage of HHs have submitted an application and are awaiting a response or have been denied from the program (4%) (see chart 21). According to the survey findings, 171 inquired households dropped out of 229 services and programs during the last two years. The qualitative and quantitative survey findings suggest that **HHs mainly drop out from various programs when the program is disposable and only one-time benefits are offered to them (88%)**; other cases of status suspension include the death of a beneficiary, end of program, or cases when the beneficiary turns 16 or 18 and they no longer satisfy the eligibility criteria, for example, beneficiaries of assistance for families without a breadwinner, child benefits, etc. get out of the program when the child turns 16 or 18. Concerning the UHCP services and programs, **a vast majority (95%) of UHCP beneficiaries drop out of programs when assistance is one-time or the health condition of the beneficiary is satisfactory and they have no need for further medical intervention (5%)**; it worth mentioning that despite well-shaped tendencies within UHCP programs, the quantitative and qualitative survey explored cases when individuals dropped out of the program since they cannot move and relocate to visit doctor's office.

Chart 21. Engagement statuses of HHs which have applied to the SPPs

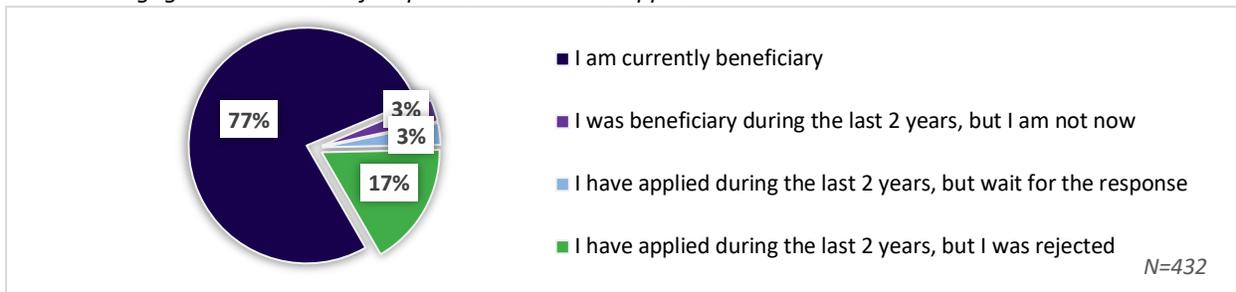


### Engagement in Targeted Social assistance

According to the quantitative survey results, TSA is one of the most frequently applied SPPs throughout Georgia and 20.9% of households benefited or applied to it in the course of the last two years. Due to the prevalence of TSA, engagement of statuses of HHs, which have applied to TSA, is separately analyzed. As suggested by qualitative and quantitative survey findings, **TSA beneficiaries randomly drop out of the program and once a person becomes the recipient of assistance, it is less likely that their status will be suspended**. Estimates suggest that out of 432 randomly selected HHs who have applied to TSA, the majority of HHs are current beneficiaries (77%) and a minor share of HH are program drop-outs (3%). Besides the **low drop-out rate, the findings suggest that it is more difficult**

to access the program, as cases of refusal (17%) largely exceed the cases of dropping out (3%) (see chart 22). As suggested by the quantitative and qualitative survey findings, including qualitative assessments made by HHs during the quantitative survey, factors influencing on household's PMT scores like selling assets, having an income, car, furniture, techniques, reassessment, and receipt of high scores, change in the number of family members, etc. are the major reasons for dropping out of this program.

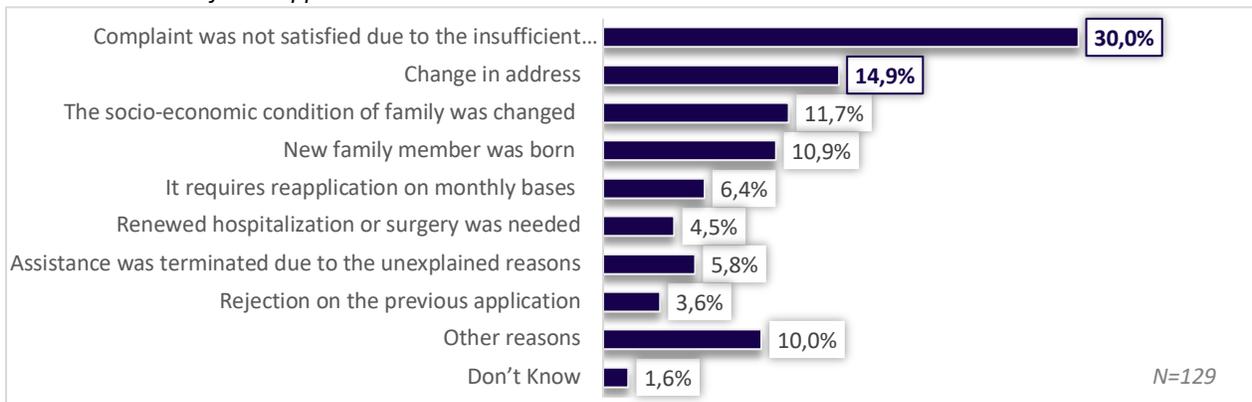
Chart 22. Engagement statuses of respondents who have applied to subsistence allowance



### Reasons for rejection and re-application to SPPs

According to the quantitative survey findings, the estimates of re-application are very low within the randomly selected households, as only 129 out of 1623 households (8%) have re-applied to 143 SPPs to access or re-access it. According to the statistics, **HHs tend to re-apply SPP mostly since their complaint is not satisfied on the ground of insufficient documentation (30%), their address is changed (14.9%), the socio-economic condition of family is changed due to the disability, loss of breadwinner (11.7%) and birth of a new family member (10.9%)** (see chart 23). According to the qualitative assessment shared in the course of the quantitative survey, some beneficiaries re-apply to SPPs as it is compulsory according to its rules; for example, TSA beneficiaries go through the re-assessment every five years; cases of re-application is also observed in SPPs targeting CwD and PwD. According to the qualitative data obtained from the quantitative survey, HHs re-apply to UHCP due to relapse, while some other HH mention to re-apply due to drop-out, rejection on the previous application or to receive more assistance and lower PMT scores.

Chart 23. Reasons for re-application to the SPPs



According to the quantitative survey findings, 99 out of 129 households (76.8%) went through the same procedure during the re-application process, while remaining 30 households submitted only additional documentation (23.2%).

## Classification of beneficiaries and non-beneficiaries

It is worth mentioning that the KAP survey explores the experiences of both beneficiaries and non-beneficiaries. To analyze data, the survey offers the classification of beneficiaries and non-beneficiaries, where beneficiaries are households that have benefited from at least one SPP in the course of the past 2 years. As for non-beneficiaries, the study distinguishes three categories of non-beneficiaries:

- HHs who have not applied to any during the last 2 years;
- HHs who have applied to at least one SPP, but their application was refused;
- HHs who have applied to at least one SPP, but are still waiting for their response.

According to the quantitative survey, a total of 318 HHs have a status of non-beneficiary in the random selection. **289 out of the given 318 HHs have not applied to any SPPs in the course of the past 2 years, while the remaining 29 households have applied and wait for their response or are rejected from the program they referred to.** Interestingly, 86 households have mixed statuses, as they are both beneficiaries and non-beneficiaries; they take benefits from some SPPs and they also wait for their response or are rejected under other SPPs.

**More than half of HHs (54.1%) who have not applied to any SPPs report that they have no requirement to apply to any program**, while 1 in every 3 households believe that they did not fit the eligibility criteria and that is why they did not apply (32.8%). Interestingly, 23 out of 289 HHs (7.6%) state that they did not know and had no information about the SPPs functioning in Georgia. This number is not high for the overall sampling, which is a very promising and positive tendency (see table 24). It is worth mentioning that some program-specific opinions were also voiced during the interviews and **9 out of 289 HHs (3%) did not apply to TSA as they had no hope in receiving assistance.** One interesting case is observed during the quantitative survey when respondents say that the landlord is against the social agent's visit to the home which hinders them from applying.

*Table 24. The rationales for not applying to any SPPs during the last 2 years*

Rationales	Percentage	Quantity
I did not know/I had no information about SPPs functioning in our country	7.6%	23
I have no requirement	54.1%	147
I knew, I do not fit the eligibility criteria	32.8%	101
I do not have hope to receive subsistence allowance	3%	9
Programs does not cover are, I live (geographically)	1.3%	4
Other reasons	3.2%	5
<b>TOTAL</b>	<b>100%</b>	<b>289</b>

The qualitative and quantitative survey findings suggest that there is a share of HHs who perceives themselves as vulnerable and have applied to various SPPs, however, their engagement was refused on different grounds. According to the quantitative survey, **83 out of 1623 households received a refusal on 85 SPPs in the course of the last 2 years.** As suggested by the quantitative survey, 85 rejection cases involve the services and programs of SSA and UHCP, and the biggest share of HHs received a refusal on TSA (71 out of 83) (see annex #3, table 3.3). The qualitative and quantitative survey participants assume that their applications are rejected due to the ineligibility to criteria as a result of high PMT scores received following the social agent's visit to the household. Interestingly 13.8% of the total amount of rejected HHs and 10.2% of HHs rejected from TSA report that they do not know or the provided explanation was not sufficient for them to understand why their application was refused (see table 25 below).

Table 25. Reasons for rejecting engagement in SPPs and subsistence allowance

Reasons:	TOTAL		Subsistence Allowance	
	Percentage	Quantity of cases	Percentage	Quantity
Insufficient documents	1.4%	1	-	-
Specified as ineligible	72.5%	61	76.6%	55
No reason	13.8%	13	10.2%	8
High PMT scores	12.6%	9	13.2%	8
<i>Total</i>	<i>100%</i>	<i>83</i>	<i>100%</i>	<i>71</i>

It is worth mentioning that **a vast majority of households (97.9%) whose applications are refused have not made any complaints afterward; only 2 out of 83 households wrote a complaint at the local municipality and none of them were satisfied.** The qualitative study findings suggest that beneficiaries or potential beneficiaries do not file complaints due to a lack of hope, trust and awareness about the respective procedures. The quantitative survey findings suggest that the latter is a particularly big issue among the population, as statistics show that the biggest share of rejected HHs do not know where to go if their complaint is not resolved (81.2%).

## The experiences of beneficiaries within SPPs

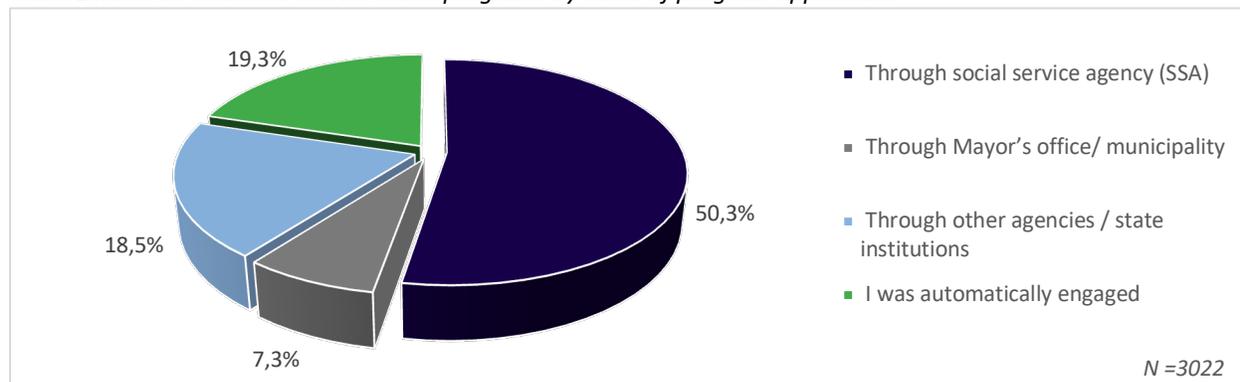
The key component of the KAP survey is an assessment and reflection of practices of SPPs functioning in Georgia. Within the frames of the qualitative and quantitative survey, various SPPs are assessed by current and former beneficiaries. The corresponding survey analyzes the practice and experiences within the most applied SPPs. Chapter findings are organized around the main implementing agencies: SSA, SCA, UHCP and SESA. Even though, a significant share of the population is involved in the accumulated pension scheme, the pension agency is excluded from the analytical framework since that the majority of the population is automatically engaged in that program, they only contribute and have not received benefits yet. Noteworthy, random and purposeful sampling dataset was applied for the description of experiences of beneficiaries under SSA and SCA services and programs, while random sampling has been applied for UHCP services and programs to describe experiences of beneficiaries within these programs.

### SSA services and programs

#### *Overall assessment of access to the program*

As quantitative survey findings suggest, a significant share of HHs are the beneficiaries of SSA services and programs. According to the statistics, randomly and purposefully HHs have applied to the 3022 SSA services and programs during the last two years. According to the quantitative and qualitative survey findings, in the majority of cases of SSA services and programs, **HHs received program-related information from TV, friends, relatives, neighbors and application usually happened through SSA (50.3%), Mayor's Office (19.3%) and other state agencies (18.5%); noteworthy, 18.5% of program cases involve automatic application to SSA services and programs** (see chart 24).<sup>15</sup>

Chart 24. Access to the SSA services and programs by cases of program application

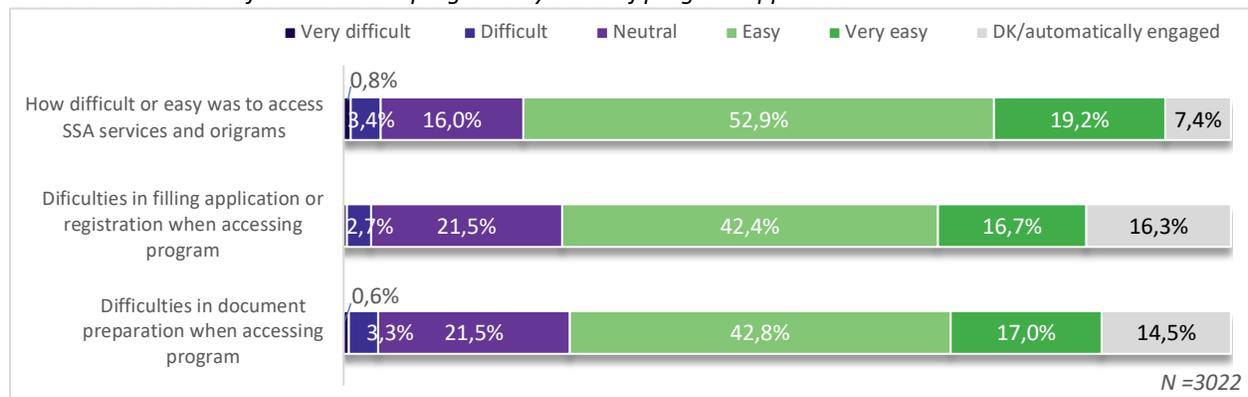


The qualitative survey findings suggest that SSA services and programs have different eligibility criteria; involvement in services and programs is directly attached to the status of the beneficiary individual or household; involvement in subsistence allowance and child benefits depends on the household's socioeconomic status and their PMT scores; involvement in the social package for persons with disabilities depends on the status of the disability; IDP assistance is attached to the IDP status and application to the high-mountainous regions development programs requires having a status of a person permanently living in high mountainous settlements. According to the quantitative and qualitative survey findings, **if a person is granted a relevant status by the respective authority, procedurally it is easy or very easy to access these programs**. According to the qualitative and quantitative survey, **for the majority of cases of SSA services and programs HHs benefited from during the last two years, it is believed that it was easy**

<sup>15</sup> Program analysis has been carried out according to the programs/cases mentioned by HHs during the interviews. That was a multiple-choice question and interviewers marked all programs the most informed member of HH mentioned their HH benefited from during the last two years. Since the significant share of HHs benefited more than 1 SPPs during the last two years, denominators exceed the overall sample size, and it expresses not total size of sample, but the total number of cases/programs under different agencies mentioned by HHs during the interview. Noteworthy, when analyzing data by a specific program (for instance, TSA, social package for PwD/CwD, assistance to IDPs, etc.), then denominators equal to the number of HHs, as HHs could name several programs overall, but a particular program could be named only once.

or very easy to access them (73.7%) and difficulties are observed only in 4.4% of application cases. For the majority of cases of programs HHs have applied and benefited from, it is assumed that it is easy or very easy to make an application, go through the registration and compile documentation to access SSA services and programs (see chart 25 below). According to the program analysis, the given trend is reflected in every SSA services and programs. As for the HH who have experienced some difficulties when accessing particular SSA services and programs, findings suggest that **some beneficiary HHs of TSA, child benefits and the social package for persons with disabilities think that it was difficult or very difficult for them to access these programs, file their application, go through registration procedures and prepare necessary documentation** (see annex #3, tables 3.4, 3.5).

Chart 25. Evaluation of access to SSA programs by cases of program application



Regarding the difficulties in accessing SSA services and programs, a minor discrepancy was revealed within the findings of the qualitative and quantitative surveys. Namely, FGD discussants from different regions of Georgia report that there are always long waiting lines at SSA offices when they make visits there, while quantitative survey findings suggest that for significant cases of SSA services and programs, waiting lines were neutrally evaluated by beneficiary HHs or they did not see it as much of a problem (see annex #3, table 3.6). The given circumstance may point out that **there might be the long waiting lines at SSA due to the high referral rate, however, for almost half of cases of programs HHs benefited from (45%), it is not seen as a major or minor problem**. The inquired beneficiary households had a similar attitude concerning the geographic location of SSA office. They did not see many problems with it or had a neutral attitude towards it (see annex #3, chart 3.7).

### Access to the TSA

As suggested by quantitative survey findings, TSA is one of the most frequently applied SPPs in Georgia and a significant share HHs apply it annually. According to the random and purposeful sampling, 470 HHs have applied and benefited from TSA in the course of the last two years, and out of 3022 cases of SSA program applications, 470 cases involve applications to TSA only. Noteworthy, when assessing particular programs, the denominator equals the number of beneficiaries HHs, therefore, 470 cases of applications imply 470 HHs which have benefited from this program during the last two years. In the frames of qualitative and quantitative survey, TSA beneficiary HHs evaluated the accession stage of this program. **The findings suggest that majority of randomly and purposefully selected HHs (57%) positively evaluate accession stage of The SA program, while 11.9% of beneficiary HHs give negative assessment and say that it was difficult to access TSA, and 29.3% of HHs give neutral assessment which can also be indicative of critical attitude**. According to the survey results, 9% of HHs report that it was difficult or very difficult to prepare documentation and 7.6% of HHs say that it was difficult to go through the registration procedure and file an application (see chart 26 below).

Chart 26. Assessment of access to TSA by beneficiary HHs



Based on the qualitative survey observation, accessibility of SPPs means different things for each TSA beneficiary. If **accessibility implies the bureaucratic side of SPPs, then beneficiaries generally are satisfied with this side of the program**, as quantitative and qualitative survey findings suggest that registration is easy and major difficulties start only when social agent visit HHs and family go through the assessment and scoring process. **If accessibility implies involvement in the program as a result of the process, then a significant share of HHs is dissatisfied with TSA and their dissatisfaction mainly comes from the HH assessment criteria and scoring system.** According to the dominant discourse developed by the beneficiary and non-beneficiary FGD participants, **HH assessment procedure, criteria, and scores granted after the visit of a social agent do not always reflect a state of vulnerability and poverty existed in the applicant households.**

According to one of the discourses developed during FGDs, **significant focus is made on the housing condition and items existing in the HH, which are not always reflective of the social and economic state of HHs, particularly, if one lives in a rented apartment.** According to the discourse, social agents when visiting HHs, she/he marks everything as HH's possession although some items may be owned by dwelling owner and family may live there on a rent or free of charge. Furthermore, some FGD participants believe that their apartments may look well-maintained and they or their parents had good socio-economic conditions in the distant past, but it does not mean that they do not need support or they are not vulnerable. Based on this discourse, **some discussants believe that focus should be made on the income of HHs instead of items, as current income is more informative in determining the socio-economic state, poverty, and vulnerability of households.**

*“There are difficulties if you live in someone else’s apartment and the owner have good furniture. It is written as your belongings and PMT scores are calculated according to it... During the visit, I told the social agent that I was in a rental, but I still received high scores. My previous PMT score was 1000, when municipality moved me to the rented apartment my score reached to 9000. There is furniture which does not belong to me, I owned only a child’s bed.”*

*Female, 29 years old, TSA beneficiary, mother of CwD, Khulo*

*“There were no difficulties when registering. There are always long waiting lines, nothing more. We filled in everything; they did not demand something particular. A social agent visited the household after two weeks from registration. It would be better if they did not come at all. They told us, we had a refrigerator, stove, TV and that we were not poor. If my home was refurbished in the previous century, and it is well-maintained, it does not mean that I live well”.*

*Female, 42 years old, non-beneficiary of TSA, Rustavi*

According to other assumptions shared by discussants, **some beneficiary and non-beneficiary HHs are concerned about the calculation of HH income during the assessment.** Namely, discussants say that social agents calculate utility bills and rent as their income although rent may be paid by the municipality or other agency and HHs may live there for free. About the utility bills, families with children had particular concerns about the utility bills as they

usually receive higher heating bills during the winter times. Due to the small age of children, cold weathers and fear of health problems in children, families are forced to find means and somehow cover heating bills; however, HHs emphasize that they struggle to pay these amount and payment of heating bills during the winter-time does not always equal to the social and economic well-being of families.

According to the third discourse developed by discussants, **HH assessment procedure and criteria are ambivalent for many HHs. Concerns and question about the involvement criteria and procedure come from different patterns of implementation observed by discussants in their surrounding area.** Namely:

- Some discussants report that some HHs cannot access TSA due to the seasonal or part-time jobs and minor depositions on their bank account, while some beneficiaries are employed or self-employed and simultaneously receive TSA without interruption. This finding was triangulated with the quantitative data in order to make a more in-depth analysis. According to the quantitative findings, one-fourth (26%) of 559 randomly and purposefully selected HHs members who have applied to TSA during the last two years are unemployed, while 2% are self-employed, 2% are employed in the public sector and 6% are employed in the private sector. According to the statistics, major tendencies are almost the same among current beneficiaries too (see table 26 below);
- According to another discourse, some non-beneficiaries believe that they were refused engagement due to the possession of HH items and appliances, while a share of beneficiaries suggests that social agents pay more attention to the income compared to the items and appliances;
- Some discussants having ambivalence regarding the HH assessment criteria mention that they do not know how scores are calculated, as **there are families which need assistance but receive inadequately high scores, while there are also families who are not poor, but are beneficiaries of TSA.**

Table 26. Employment statuses of HH members which have applied TSA during the last 2 years (random and purposeful selection)

Employment statuses	Households which applied subsistence allowance				TOTAL
	Current beneficiary	Former beneficiary	Await	Refused applicants	
Employed in private sector	5%	11%	9%	11%	6%
Employed at civil service	2%	5%	3%	3%	2%
Self-employed	2%	11%	6%	4%	2%
Unemployed	26%	30%	29%	27%	26%
Retired	17%	22%	23%	23%	18%
House worker (cleaner, babysitter, etc.)	1%	-	3%	1%	1%
Housewife	12%	8%	6%	10%	11%
Children (preschool/school aged)	26%	13%	17%	14%	24%
Other response	15%	-	10%	13%	16%
<b>TOTAL (N)</b>	<b>455</b>	<b>15</b>	<b>17</b>	<b>72</b>	<b>559</b>

Based on the assumptions shared about the HH assessment and involvement criteria under TSA, **it can be assumed that there is a lack of transparency about the eligibility and involvement criteria in the public.** Some HHs may not understand and receive enough information on which ground they were rejected or what are the main criteria to engage in TSA. Therefore, it is important to improve the transparency of the assessment process. In addition, **it is also important to review existing involvement criteria in order authentically to reflect a state of vulnerability of HHs with children, HHs living in a rental, etc., and ensure engagement of families who are desperately in need of it.**

According to the group of discussants, **HH assessment process is easy, but time-consuming;** sometimes, social agents need a month and even more to visit households. In this regard, some discussants believe that shortage of

social agents are the main reason why assessment takes so much time. Besides the shortage of agents, some discussants differently evaluated the role of social agents in HHs evaluation; namely, one group of discussants believe that social agents have no impact on the process as they describe only what they see and scores are calculated by a computerized system; the second group of discussants believes that professionalism and attitude can also significantly influence on the overall assessment process and ultimate scores. According to the second group of discussants, **many social agents are highly qualified, very empathetic and follow ethical, moral, and professional principles when visiting households**; however, the **qualitative survey also explored cases when social agents were subjective, rude to the beneficiaries and made statements that very personally offensive their state and feelings.**

*“During the assessment, a young girl came. I explained to her that I was pregnant, and I could not work. My husband was sick and I needed help. The social agent told me everyone has children and everyone struggles to satisfy their needs. She advised me to think about giving child’s custody to someone else... I kicked her out, and told her I could take care of my child... of course, I received very high scores after a month, and I had no assistance. I re-applied, another social agent came, who paid attention to the income instead of items...”*

*Female, 43 years old, beneficiary of child benefits, a parent of CwD, Tbilisi*

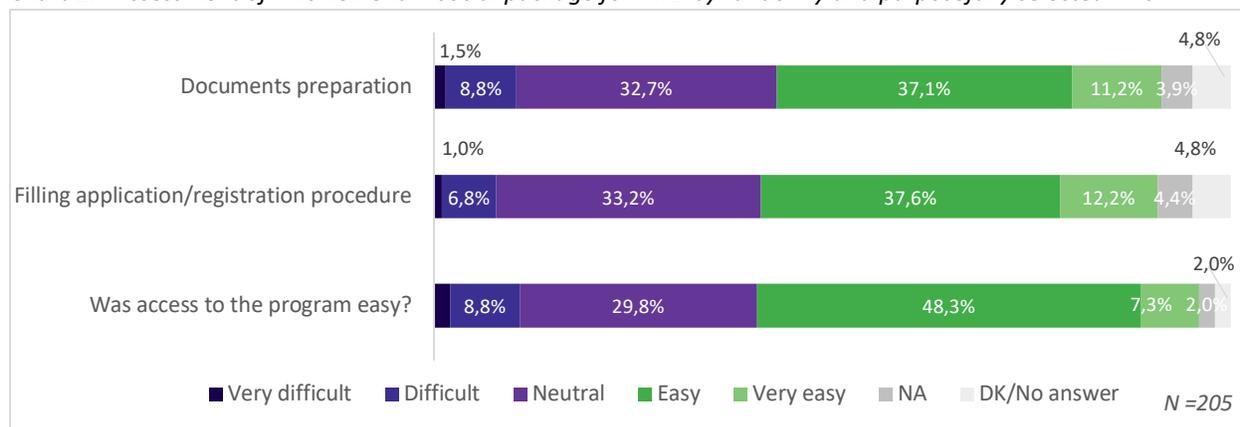
*“I applied to TSA. When the agent came, he/she asked me some questions and recommended that I reconcile with my husband. I was irritated by her/his advice and told them not to teach me what to do. 3-6 months passed since the household’s assessment, and I was not given PMT scores until I directly went to the head and said, if they did not pay attention to me, I would go to the higher ups. At the end, everything was resolved, and I was given assistance in 2-3 days. If I had not come and quarreled; my documents would still be left on the shelves.”*

*Female, 50 years old, beneficiary of child benefits, Tbilisi*

#### Access to social package for persons with disability and IDP assistance

The qualitative and quantitative studies also assessed the availability of the social package for persons with disabilities and IDP assistance, since these two programs are one of the most frequently applied for by HHs. According to the quantitative survey findings, 205 randomly and purposefully selected HHs have been engaged in the social package for persons with disability. The qualitative and quantitative survey findings suggest that the **majority of HHs (55.6%) think that it is easy or very easy to access the social package for persons with disabilities.** In addition, the statistics show that **around half of HHs think that it is easy or very easy to prepare documentation (48.3%), file an application and go through registration (49.8%) to register in this program.** According to the quantitative survey findings **almost a third of HHs neutrally assess application stage and approximately 10% of HHs think that it was difficult or very difficult to access the social program, prepare documentation and go through registration** (see chart 27).

Chart 27. Assessment of involvement in social package for PwD by randomly and purposefully selected HHs



According to the qualitative survey, **FGD participants believe that engagement in the social package for persons with disability is easier compared to the previous years as it is easier to go through a status examination.** It is worth mentioning that difficulties are relatively more visible when accessing the social package for children with disabilities. Parents of children with disabilities mention that it is very difficult to know what to do and where to go when a child has a disability. Due to the lack of information, they frequently receive support from neighbors, friends, and other parents. The qualitative survey findings suggest that sometimes children also need expensive medical tests and examinations and the status of a child with disability requires renewal from time to time, which can be unaffordable for many families.

Concerning the IDP assistance, 94 randomly and purposefully HHs have benefited from IDP assistance in the course of the last two years. The quantitative and qualitative survey findings suggest that majority of beneficiaries positively evaluate accession stage. **72.3% of beneficiaries think that it is easy or very easy to access assistance for IDPs; in addition, 64.9% of HHs think that it is easy or very easy to prepare documentation and 63.9% think that it is easy or very easy to file an application and go through registration.** As suggested by quantitative survey findings, up to 20% of HHs gave a neutral assessment to the accession stage of assistance for IDPs, and the share of negative assessments is minimal.

#### [Access to the electricity subsidy for high-mountainous settlements and social package for children without a breadwinner](#)

It is worth mentioning that some difficulties are observed when accessing electricity subsidies for high-mountainous settlements and the social package for children without a breadwinner too. The beneficiaries of the high-mountainous regions development program suggest that **some households are not engaged in the electricity subsidy program for high-mountainous settlements, even though they live and hold a status of persons permanently living in a high-mountainous settlement.** According to the discourse developed by FGD participants in Khulo and Dusheti, most programs of the high-mountainous regions development program are attached to the status of the individual; if a person permanently lives in high mountainous settlements at least for 9 months, they are granted a status of person permanently living in high-mountainous settlement by municipalities and automatically are enrolled in relevant programs. However, it turns out that involvement in the electricity subsidy program for high-mountainous settlements is attached to the status of household instead of the individuals; due to this fact, **households living in rented homes or apartments may be excluded from this program, if the apartment owner does not have a status of a person permanently living in high-mountainous settlement.**

Difficulties are also observed when accessing social program for children or family without breadwinner. **Some families without a breadwinner cannot access this program as they were not in legal marriage at the moment of their spouse`s death.** Some FGD discussants from families without a breadwinner mention that the absence of legal marriage documentation excluded them from this program, and they were classified as single mothers instead of a family without a breadwinner.

#### [Benefits of SSA services and programs](#)

According to the qualitative and quantitative survey, beneficiaries receive different types of benefits within SSA services and programs. The qualitative and quantitative survey findings suggest that **in the majority of cases of SSA services and programs (87%), randomly and purposefully selected households received cash benefits from the agency and a significant share of program cases involve covering medical expenses (6.3%), utility subsidies (6.4%) and social service vouchers (2.7%).** The given statistics indicate some kind of knowledge gap about the benefits provided under SSA services and programs. SSA is a provider of state issuance and covering of medical expenses is under the responsibilities of UHCP; therefore, any SSA covered medical expenses within any programs can be

qualified as knowledge deficiency in this regard. Because cash benefits are a major form of assistance within the SSA services and programs, **in the majority of cases (84.8%), program benefits were received via banks and ATMs.**

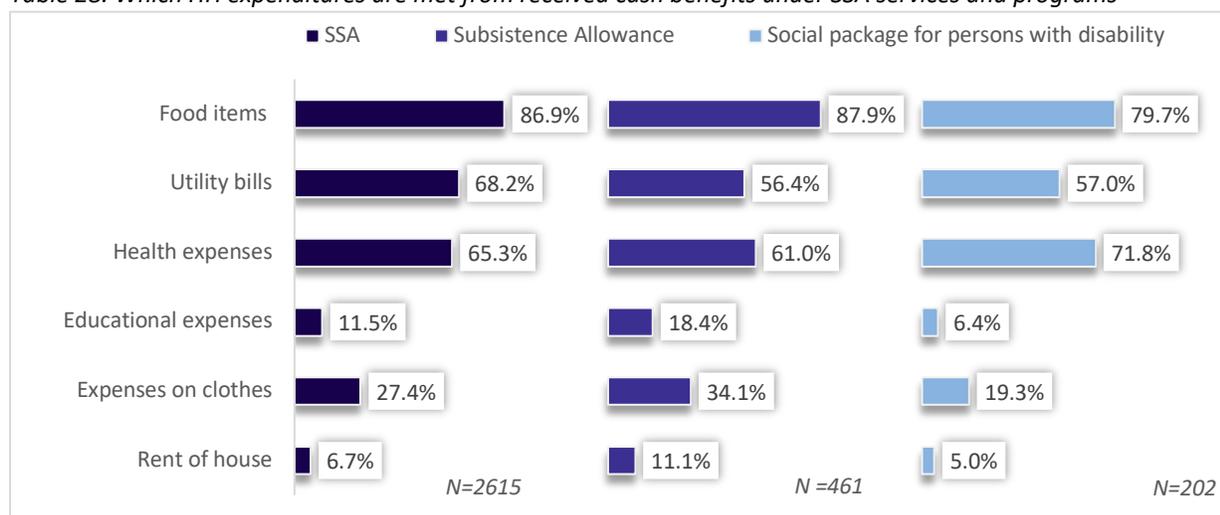
The quantitative survey findings suggest that **SSA services and programs provided on average 283 GEL per month to its beneficiaries during the last two years.** In addition, estimates indicate that assistance was given on a monthly basis and cash benefits were most regularly provided within each SSA service and program (see annex #3, Table 3.7). This finding is further validated by the fact that assistance was issued on average 23 times over the last 2 years within the SSA services and programs. The qualitative survey findings suggest that **interruptions in the cash benefits can happen randomly and is usually caused by compulsory re-assessment.** As suggested by the qualitative survey findings, some beneficiary households report that re-assessment can be very time-consuming, and during this time, households may be left without assistance for several months. Since TSA beneficiaries are HHs living below the poverty line, FGD participants assume that it is very difficult to cover their basic needs when re-assessment prolongs and causes a long interruption. According to the qualitative survey results, **some HHs receive full reimbursement of assistance following the re-assessment, while some households mention that they have not been refunded for the missed months.**

*“We had a disruption during the re-assessment. The money was refunded, but I was left without assistance for two months and I had very hard time”.*  
*Female, 31 years old, TSA beneficiary, Tbilisi*

*“Assistance was disrupted only once, I had to go through re-assessment. One month was missed and money was not refunded”.*  
*Female, 41 years old, TSA beneficiary, Tserovani*

According to the qualitative survey findings, the **TSA beneficiaries are very thankful for support and assistance, as it greatly helps them to solve their daily problems.** Even though assistance is minimal, and it has a limited impact on their life, it still gives them hope. According to the FGD findings, **TSA beneficiaries mostly meet basic needs with cash transfers, however, due to the inflation and high product prices, they cannot fully meet even those basic needs and frequently have to prioritize needs by months.** The qualitative and quantitative survey findings suggest that out of 3022 cases of programs reported within SSA services and programs, 2615 involve receipt of cash benefits. In the majority of cases of SSA services and programs (out of 2615 reported cases), cash transfers are used to buy food (86.9%), pay utility bills (68.2%), and cover healthcare expenses (65.3%). Program analysis illustrates that TSA beneficiaries have relatively higher expenditure on education and clothes, while persons with disabilities and pensioners have higher spending on healthcare expenses (see chart 28; annex #3, table 3.8).

Table 28. Which HH expenditures are met from received cash benefits under SSA services and programs



### Satisfaction from SSA services and programs

The quantitative and qualitative survey findings suggest that in the majority of cases of SSA services and programs randomly and purposefully selected HHs benefited from, HHs are satisfied (48.1%) or very satisfied (3.8%) with the assistance. It is worth mentioning that tendency of satisfaction is pretty similar within each SSA service and program. Noteworthy, 14.1% of program cases involve dissatisfaction with the program, and 34% of program cases indicate a neutral assessment. As suggested by qualitative survey findings, SSA beneficiaries are thankful for the provided assistance as it helps them to cope with their daily challenges. According to the qualitative data obtained through quantitative survey, beneficiaries who are dissatisfied with SSA services and programs name “**insufficiency of cash transfers**” as the main reason of their dissatisfaction. Other reasons named by HHs during the interviews include **insufficiency of information, high level of bureaucracy, the difficulty of application procedure and document preparation, subjective and vague assessment criteria, indifference, lack of trust towards program implementers, lack of professionalism and qualification of staff, termination or delay of assistance, etc.**

As suggested by quantitative survey findings, in the majority of SSA program cases HHs benefited from, current and former beneficiaries are relatively more satisfied with **eligibility criteria, registration procedures and administration of the program and dissatisfaction is relatively high in cash benefits** (see annex #3, tables 3.10-3.12). Program analysis illustrate that dissatisfaction from cash benefits is highest in beneficiaries of IDP assistance and it is significantly high in beneficiaries of old-age pension, the social package for persons with disabilities, and targeted social assistance (see chart 29).

Chart 29. The satisfaction from cash benefits within SSA services and programs by agency and particular programs



According to the qualitative survey findings, cash benefits have a positive impact on beneficiaries` life, but their impact is very marginal, as they can hardly cover their basic needs.

- The qualitative survey findings suggest that the beneficiaries of **subsistence allowance** are satisfied by the fact that the state supports them, however, they are dissatisfied with the amount of assistance. Due to the high prices of food, pharmaceutical and primary commodity items, beneficiaries think that amount of assistance does not correspond to their current reality. As suggested by the quantitative survey findings, due to the insufficiency of cash transfers, self-reported vulnerability is significantly high in current TSA beneficiaries, the majority of 432 randomly selected HHs who are current beneficiaries of TSA hardly buys food for their family (72%). The qualitative survey findings suggest that insufficiency of assistance is a particularly big problem for TSA beneficiaries with many children, as given assistance is not enough to buy even food for the whole family;

- The beneficiaries of **IDP assistance** participating in FGDs proclaim that they are mostly dissatisfied with the amount of assistance and the fact that they have to choose between IDP assistance and TSA, in case they have low PMT scores. The FGD participants assume that commodity prices are significantly high, while their assistance is not changed in the course of past years. In addition, FGD participants believe that IDP assistance is so minimal that socially and economically vulnerable families should not be forced to choose between these two forms of assistance. Discussants assume that such an approach is not fair, as these families meet the eligibility criteria of both programs;
- As for the **social package for persons with disability and old-age pensions**, the quantitative and qualitative survey findings suggest that these two groups have the highest expenditures on healthcare, and provided cash benefits is not enough to cover their examinations, medication and other types of expenses. Correspondingly, this might be the reason for dissatisfaction with cash benefits within these groups.

*“I would give an average assessment to the IDP assistance. IDP assistance is 45 GEL for the past 10 years, while subsistence minimum is increased by 100 times.”*

*Male, 50 years old, beneficiary of IDP assistance, Zugdidi*

*“Assistance for pensions for disability is very small. This amount is not even enough to buy pampers for a child. We need only 180 GEL for pampers... he also needs medication which is very expensive. The social package is not enough to cover these expenses.”*

*Male, 51 years old, parent of CwD, Tserovani*

*“Why I am not given IDP assistance? If I receive TSA, does it mean that I am not IDP anymore? Why is it not possible to receive both of them?”*

*Female, 39 years old, TSA beneficiary, Ingiri*

It is worth mentioning that the quantitative survey indicates a non-uniform assessment of support and responsiveness of SSA staff within SSA services and programs. In a significant share of program cases HHs benefited from, work and responsiveness of SSA personnel is positively evaluated (54%), while an almost equal number of program cases, an assessment was neutral or HHs did not disclose their attitude towards the subject, they said they did not know (43.4%) (see annex 3.13). FGD participants gave both positive and negative assessments to the responsiveness of SSA personnel and staff based on their individual experiences. As suggested by qualitative survey findings, a **discontent and negative assessment main come from indifferent attitudes and a lack of motivation to provide beneficiaries with sufficient information about the services and programs they might be qualified for.**

*“I frequently visit SSA office in Zugdidi. Once I visited and saw that personnel placed a poster at the service point – “A silence is the best response for stupid people”. I did not understand who was stupid at SSA? When a person approaches you, searches for information, and this is your slogan, what does it mean? I have voiced against it and this poster was not there during the next visit. I have seen many times how badly they treat the population and elders.”*

*Female, 31 years old, parent of CwD, beneficiary of IDP assistance, Zugdidi*

*“It depends who you talk with. I love one social agent; I always approach her. She is very warm, replies and explains everything. It is not so that everyone looks at you cynically. I had all kinds of experiences. I like to address one particular social worker and I approach her even if there is a huge waiting line.”*

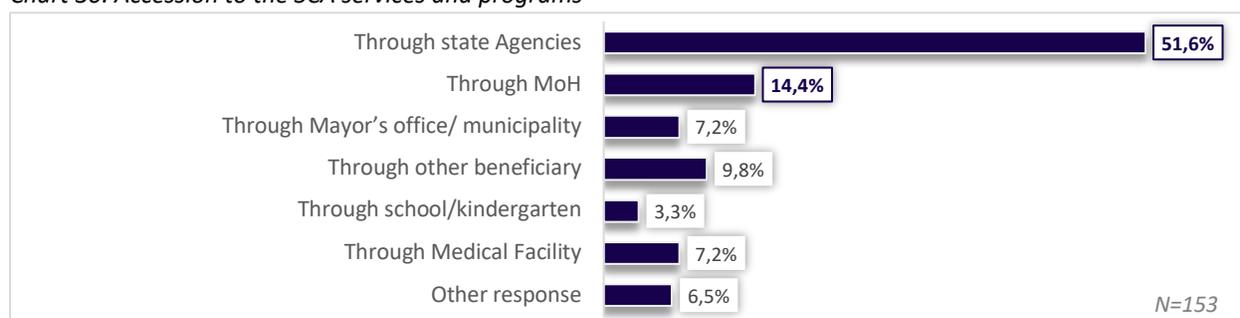
*Female, 34 years old, parent of many children, non-beneficiary of TSA, Rustavi*

## SCA services and programs

### Access to the SCA services and programs

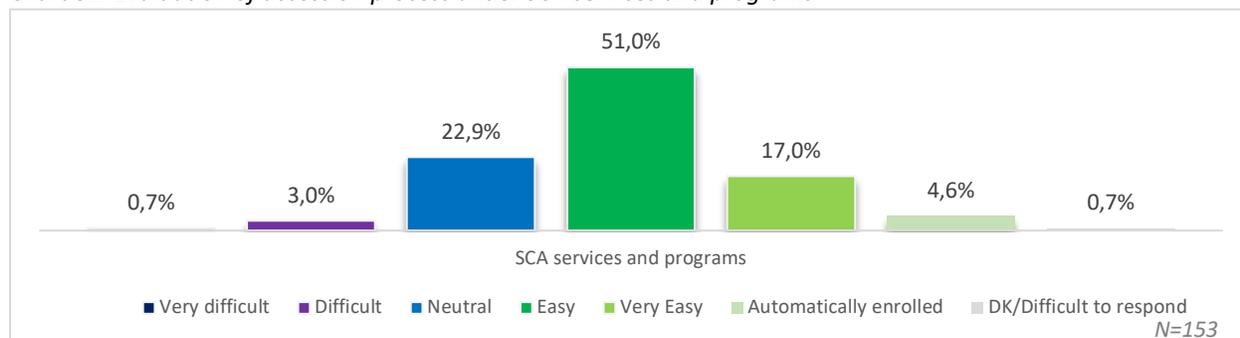
The qualitative and quantitative surveys have explored the experiences of beneficiaries benefiting from SCA services and programs. According to the statistics, randomly and purposefully selected HHs have applied to 153 services and programs implemented by SCA. As suggested by quantitative and qualitative survey findings, **in the majority of SCA services and programs reported by randomly and purposefully selected HHs to benefit from, accession happened through various state agencies (51.6%), 14.4% of cases involve accession via MoH and 7.2% of cases refer to the accession through local municipalities** (see chart 30). The qualitative and quantitative survey findings illustrate that **for a significant share of SCA services and programs applied by HHs during the last two years, the sources of information were kindergartens, schools (3.3%), and medical facilities (7.2%)**. The FGD findings suggest that medical facilities are very crucial in providing information about available SPPs to the persons and/or families with a member with disabilities; Due to this factor, some discussants believe that physicians and family doctors should be more aware of these programs, and they should be able to provide helpful information to the families with CwD or PwD. Concerning kindergartens, the qualitative survey findings suggest that some parents of CwD receive information about early childhood development programs from preschool education institutions.

Chart 30. Accession to the SCA services and programs



About the accession to the SCA services and programs, **in more than half of the cases of programs mentioned during the interviews, HHs assume that it was easy (51%) or very easy (17%) to access SCA services and programs**. Despite the overly positive tendencies, under 3.4% of program cases, **HHs assume that it was difficult or very difficult to access SCA services and programs**, and a neutral assessment is issued in 22.9% of cases of SCA services and programs (see chart 31). Program analysis shows that 7 out of 22 beneficiaries of provision of auxiliary means and 9 out of 25 surveyed beneficiaries of daycare service centers for PwD gave a neutral or negative assessment to the accession phase; the only neutral assessment was issued by some beneficiaries of child rehabilitation-habilitation program (8 out of 39) and provision of day care service centers for children aged 6-18 (6 out of 33).

Chart 31. Evaluation of accession process under SCA services and programs



Concerning the accession to SCA services and programs, the quantitative survey also analyzed the accessibility of registration procedures to the beneficiary HHs. As suggested by the findings, about half of SCA program cases

reported by HHs, **the most informed persons believe that it was easy or very easy to apply, register, (50.3%) and prepare documentation for SCA services and programs (49%), while a neutral assessment of the accession phase is issued under more than one-third of program cases** (see annex #3, tables 3.14-3.15). The program analysis shows that neutral assessment is mostly expressed by beneficiaries of foster care (5 out of 12), child habilitation-rehabilitation program (12 out of 39), daycare service center for persons with disabilities (18 out of 33) and provision of auxiliary means (3 out of 22). It is worth mentioning that **some FGD participants perceive the process as very bureaucratic and say that they are not always given clear instructions and guidelines in the process**. For example, one discussant with the need of wheelchair recalled her experience in state program providing of auxiliary means. After filing a documentation, social workers made discussant wait for response for three months. Afterwards, she was told that her documentation was incomplete and she lacked form 50 to receive wheelchair. Regarding the auxiliary means, some discussants report that they struggled to receive form 50 from medical facilities. According to the FGD participants, some physicians might be reluctant to give form 50 to persons with disability even though the beneficiary really needs it.

*“I had the same problems with a wheelchair. The neuropathologist did not think that I needed an electric wheelchair and she/he was not eager to give me form 50 for a very long time. It was necessity for me. I asked and begged him/her to write form 50”.*

*Male, 23 years old, PwD, Ozurgeti*

The qualitative and quantitative survey findings suggest that the **location of service providers or agencies is a key for persons with disabilities, as many families with member(s) with disabilities have issues with relocation and transportation of children or person with disabilities, particularly, if one has a severe physical disability or behavioral disorder**. The qualitative survey findings suggest that some services like the habilitation-rehabilitation program, status examination, the early childhood development program are not geographically available everywhere and families need to ensure the transportation and relocation of person/child with a disability to the service centers, which is very difficult and stressful for beneficiary families. Sometimes, it is also associated with lots of finances, and socio-economically vulnerable families may not afford it. Consequently, a child might be excluded from essential programs. Due to these circumstances, the beneficiary households have a very sensitive attitude towards the location when it comes to accessing various SCA services and programs. As suggested by the quantitative survey findings, in 4.6% of cases of program application, the factor of location was negatively assessed, while in 34% of cases of programs, a neutral assessment was given to the distance factor under SCA services and programs (see annex #3, table 3.17). According to the program analysis, a significant share of beneficiaries of daycare service centers for PwD (12 out of 25), the child rehabilitation-habilitation program (17 out of 39) and provision of daycare service centers for children aged 6-18 (20 out of 33) gave a neutral or negative assessment to the distance factor within these services and programs.

*“I know two children [with disabilities] who are not engaged in services for children with disabilities due to the family’s socio-economic condition. We live in the region, and we need to travel to the capital in order to receive habilitation-rehabilitation service. Family of these children cannot afford to constantly travel in Tbilisi; they start saving money and engaging in programs, later on, they stop due to the lack of finances...”*

*Female, 52 years old, a foster parent, Kvemo Kartli*

The qualitative survey has given very interesting findings of the accession to the SCA services and programs. According to the discourse developed by FGD discussants, a group of beneficiaries report that they had no difficulties when accessing SCA services and programs, while another group of discussants experienced minor or major difficulties when accessing some programs. As qualitative survey findings suggest, difficulties related to the accession stage could be divided into two parts: one part of difficulties is associated with the stigma of disabilities existing in society, while another part of difficulties is directly connected to the programs. Some FGD discussants believe **that there is a big breakthrough in the availability of information about SPPs tailored to the needs of persons with disability, however, the level of information still is not sufficiently high**. Besides the information deficit, the qualitative survey participants assume that stigma around disability has a tremendous impact on the engagement

of persons/children with disabilities in the relevant services and programs. Supporters of this discourse claim that some parents of children with disabilities are well-aware of available services and programs, but they do not want to acknowledge that their child has a disability. They prefer to hide it as they believe that the status of disability will negatively impact the child's future.

The qualitative survey findings suggest that some discussants got easily involved in the **early childhood development programs**, while others had difficulties due to the long waiting lines. Even though FGD discussants evaluate accession to the daycare service centers for children with disability as very easy, the qualitative survey participants claim that it is very difficult to access **daycare service centers for children living in socio-economically vulnerable families** as they receive a limited number of children. The qualitative survey findings also inform about difficulties in **foster care program**. Some FGDs were attended by beneficiaries of the state care program and only one group was attended by a foster parent. When it comes to children under the state care, **it is very important to carefully access the child's individual functioning, the existence of disability or development delays to engage the child in the services as early as possible and select the most suitable form of care based on the child's individual needs**. According to the discourse developed during FGD, children with disabilities does not go through proper assessment before moving to foster homes. According to this discussant, a beneficiary became the foster parent of children with disabilities without knowing this fact.

*"If they have paid attention to the children earlier, they may not have developmental delay. These children were in a group of 40, where everyone had the same problem; children could not talk, had no developed skills, etc. what is the most important, I was told that children were completely healthy physically and psychologically. Can you imagine? The development delay and various disorders were even physically visible... I think, previous indifference caused such condition of these children... they missed their development stages, could not talk, walk, swallow a saliva..."*

*Female, 52 years old, foster parent, Kvemo Kartli*

#### *Benefits provided by SCA services and programs*

SCA provides various types of benefits to its beneficiaries within different services and programs. According to the quantitative survey findings, in the biggest share of programs HHs benefited from, beneficiaries received service vouchers (26%), in-kind assistance (22.9%), and cash benefits (9.2%). As suggested by the qualitative and quantitative surveys, in-kind assistance is provided to the beneficiaries of assistance for families in crisis situations, provision of auxiliary means and various medication programs; service vouchers are given to the beneficiaries of daycare service centers, habilitation-rehabilitation, and early childhood development programs. Receipt of cash benefits is mostly reported by foster families.

The quantitative and qualitative survey findings suggest that **in the majority of cases of SCA services and programs, assistance (in-kind or service voucher) is given regularly and on monthly basis** (see annex #3, tables 3.18, 3.19). The qualitative survey findings have not explored any issues concerning the regularity of assistance, however, discussants report that **provided assistance is not sufficient to cover the beneficiary's needs**. During the discourse, persons or families with persons with diabetes mentioned that they quarterly receive blood glucose test strips to measure sugar levels in the blood; however, discussants report that provided box of blood glucose test strips is sufficient only for a month. In addition, the mother of a child with diabetes mentions that it is painful and stressful for children with diabetes to get pricked by needles and take samples several times a day, it would be better if CGM devices are introduced in the healthcare system, which is much effective to manage diabetes in PwD or CwD.

*"It [SPPs] helps us, of course. They give us insulin free of charge, but blood glucose test strips are not enough, and we also do not have sensors to constantly control sugar level in the blood. They give us a box of blood glucose test strips once in every three months, but it is enough only for a month".*

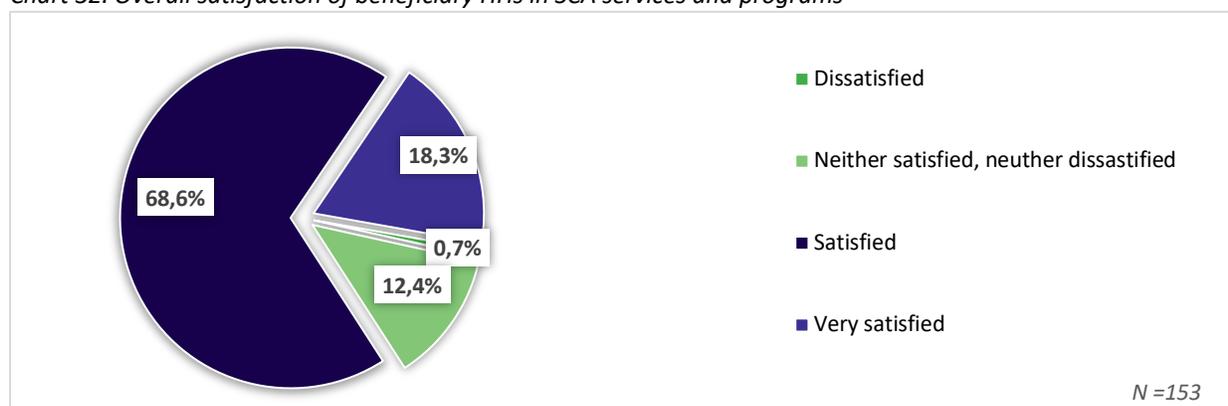
*Female, 38 years old, a parent of CwD, Zugdidi*

The beneficiaries of the **programs providing auxiliary means** claim to regularly receive wheelchairs every 3 years. According to the discourse, wheelchairs are always fit to the size and needs of the beneficiary, however, it is also mentioned that they are not sturdy enough, and require frequent repair which is not cheap or affordable for vulnerable families. It is worth mentioning that some beneficiaries had difficulties with hearing aids. They were not satisfied with the quality of the aids. In addition, it is also mentioned that batteries of these aids cost a lot and require frequent change, which is difficult to afford for vulnerable families.

### *Satisfaction from SCA services and programs*

The qualitative and quantitative survey findings suggest that **in the majority of cases of SCA services and programs beneficiary HHs are satisfied (68.6%) or very satisfied (18.3%) with the assistance provided by the agency and 13.1% of cases involve a negative or neutral assessment to the programs** (see chart 32). During the statistical analysis, data were also analyzed by SPPs. The quantitative survey findings suggest that the pattern of overall satisfaction is similar within SCA services and programs that were studied and reported during the quantitative survey. According to the FGD findings, the satisfaction of beneficiaries is mostly caused by the progress achieved as a result of the provision of different services; for example, habilitation-rehabilitation, early childhood development program, etc. Concerning the causes of dissatisfaction, survey findings present qualitative findings of the program-specific difficulties experienced by beneficiaries in the course of the last two years.

*Chart 32. Overall satisfaction of beneficiary HHs in SCA services and programs*



According to the quantitative survey, for the majority of SCA program cases, **eligibility criteria** and **registration procedures** are positively evaluated, while up to 20% of program cases involve neutral of assessments to the given components of SCA services and programs. In addition, **in the majority of cases of programs, HHs think that provided in-kind benefits (73.6%) or social services (59.3%) are relevant to their needs**. Only 2.3% of program cases involve dissatisfaction with the social service provided within the frames of SCA services and programs. As suggested by quantitative survey findings, **satisfaction with the quality of social service (62.3%) is higher compared to the satisfaction with sufficiency of delivered service (59.3%)**. Lastly, in 61% of cases of programs, HHs are satisfied with the administration of programs (see annex #3, table 3.20-3.25).

It is worth mentioning that the mixed assessment was made towards the responsiveness of SCA program staff under studied services and programs. As suggested by qualitative and quantitative survey findings, in some cases of SCA services and programs, **HHs are satisfied with provided support and responsiveness of staff, in some cases of programs, beneficiaries are dissatisfied and express discontent**. According to the statistics, 77% of SCA program cases suggest that HH are satisfied with interaction with SCA staff, while 18.3% of cases indicate on negative or neutral assessment of the responsiveness of SCA personnel. As informed by qualitative survey findings, the provision or clear guidelines when accessing SCA programs is the main cause of satisfaction in beneficiaries, while

dissatisfaction is mostly caused by the provision of no or insufficient information about the SPPs they are eligible for (see annex #3, table 3.26).

The qualitative survey findings help to explain the above-mentioned statistics and provide contextual information on what causes satisfaction and what causes dissatisfaction within each SCA service and program. According to the general finding, **parents of children with disability and persons with disability are satisfied with SCA services and programs due to the progress achieved as a result of various services.** Satisfaction from delivered service was observed within all SCA services and programs analyzed within the frames of the qualitative survey (daycare service center for person/children with disability, child habilitation-rehabilitation program, early childhood development program, foster care, provision of auxiliary means). In contrast to it, qualitative survey findings observed some general difficulties within SCA services and programs, which can significantly affect the availability of the program, quality of care, and overall satisfaction of beneficiaries. When it comes to the service provision for persons or children with disability, 2 components are integral: **geographic coverage and quality of delivered care.** These two subjects are strongly interconnected as geographic availability and accessibility of programs oriented on the persons with disability can significantly influence the quality of care and overall wellbeing of beneficiary. As suggested by the qualitative survey findings, the **child habilitation-rehabilitation, the early childhood development program, daycare services centers for children/persons with disabilities are not geographically available everywhere, which limits opportunities for persons or children with disabilities to engage.** Concerning the quality, some FGD participants assume that some specialists and rehabilitation centers do not have enough qualifications and training to work with persons or children with disability, which causes different experiences from center to center and has increase in potential for damage to the children. Due to this fact, a group of discussants believes that **it is important to increase the quality of care, qualifications and the professionalism of specialists delivering services to the beneficiaries, since inadequate care can have more harmful effects on the individual instead of progress and support.**

*“So far, we have had only physical rehabilitation, 9 exercises. Due to COVID, the child did not have even a distant consultation with a psychologist. Priorities are not correctly distributed. 3 out of 17 therapies are devoted to the assessment, 9 are physical rehabilitation and 5 are speech therapy. I do not understand why does the child need three assessments per month?... The psychologist just looks at the child, examines them visually, and that is all... At this stage, I demand that the child should have more speech therapy and less physical rehabilitation. It is possible, but the service provider does not follow this principle.”*

*Female, 34 years old, a parent of CwD, Tbilisi*

It is worth mentioning that COVID-19 negatively affected the engagement of SCA beneficiaries in different services and programs. Since SCA is the main provider of services and programs oriented towards the PwD/CwD, and PwD or CwD were one of the most vulnerable groups during COVID-19. Ultimately, the pandemic reduced engagement of this target group in the services and programs which are very important for their development. As suggested by FGD findings, the impact of COVID-19 was two-folded: on the one hand, **it reduced accessibility and engagement of PwD and CwD in SCA services and programs;** on the other hand, **it affected the quality of care delivered to the beneficiaries and caused delays in the service provision.** Namely, **some beneficiaries of daycare service centers for CwD** state that they could not receive this service during the COVID due to the strict regulations on gathering, high risks of infection, and further complications. As suggested by beneficiaries attending FGDs, this negatively impacted the child`s development, reduced their access to the services, and overall influenced the psycho-emotional state of families with CwD. Concerning the quality of care, some beneficiaries of the **child habilitation-rehabilitation program** report that they had delays in service provisions due to the illness of specialists who were infected with COVID-19, and they had no idea when the child would receive the services specified under this program. Different types of difficulties were observed with the beneficiaries of the foster care program during COVID-19; namely, when strict regulations were adopted and a state of emergency was declared, **children under the state care** could not visit their biological relatives and families, which had some negative impact on their psycho-social state.

*„I want to work, but physically I cannot leave my child. I do not have anyone who supports and stays with the child. Daycare service center is closed now; it does not take children due to the pandemic. It is easier for CwD to get infected, and we are at risk.”*

*Female, 32 years old, a mother of CwD, Batumi*

*„Children have communication with their biological family and relatives, but relations were limited due to the COVID-19 regulations.*

*Female, 52 years old, a foster parent, Kvemo Kartli*

As suggested by FGD findings, **some SCA services and programs are uniform and they lack individual approaches.** Some beneficiaries have necessities that might not be covered by the relevant program. A group of discussants emphasized that the habilitation-rehabilitation program has a limited budget, and it cannot support every applicant. A discussant from Batumi said that he is satisfied with the service, as it significantly slowed down the development of joint contracture; however, he is not satisfied with the funding. According to his latest examination, he requires a completely different course which costs 3100 GEL. According to the discussant, *“state program finances only 600 GEL, which is very troublesome. It is very difficult independently to cover this amount. This is the program’s shortcoming. This means that I cannot receive rehabilitation under this funding.”*

According to the foster family attending to the FGD, **foster families** are satisfied with cash benefits provided by the state, however, they would like to receive more training and mentorship in the process to manage the child’s behavior. The need of trainings and mentorship is particularly expressed when a foster family raises a child with disabilities.

Even though programs for persons with disability is diverse and targets their different needs, findings suggest that persons with disability and their families have lots of problems that are beyond the scope of these programs. According to the qualitative survey findings, **transportation and relocation** still are the most critical problems. Some discussants claim that they might be given wheelchairs within state programs, but the **environment is not adapted to their needs**, which limit their realization opportunities. Another problem is integration **into society and the opportunity to engage in inclusive education.** The qualitative findings suggest that there is a **shortage of special education teachers** and some rural schools are not able to ensure the involvement of children with disability in the educational process. The corresponding survey could not provide in-depth analysis because some children in rural schools are refused to have allocated special education teachers and it could be an interesting research subject for future surveys.

*“There is a college in Ozurgeti. I wanted to study computer programs, but it is on the second floor. I was told they could not move to the first floor. There is not lift either.”*

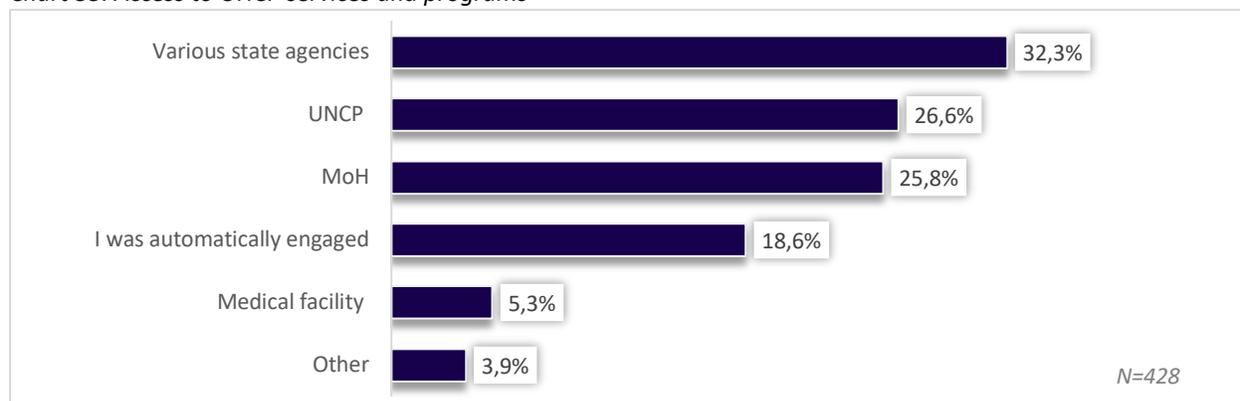
*Male, 23 years old, PwD, Ozurgeti*

## National Health Agency services and programs

### *Access to UHCP services and programs*

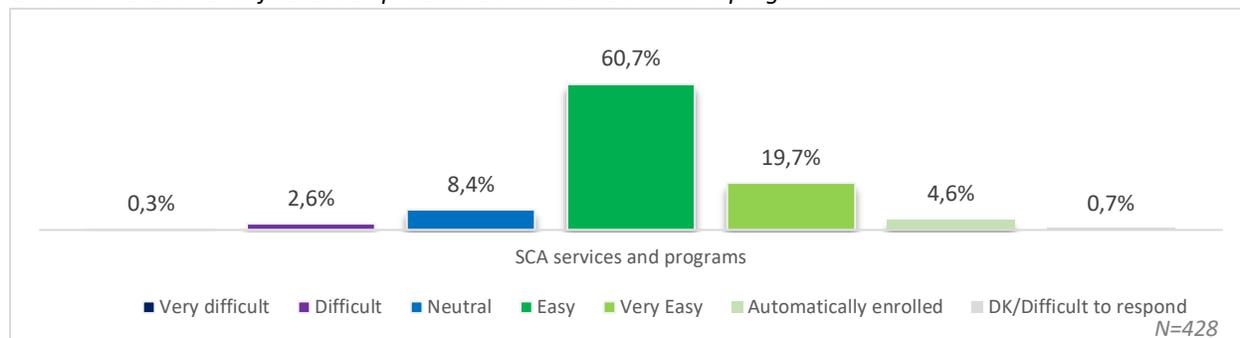
As suggested by qualitative and quantitative survey findings, UHCP services and programs are one of the most frequently applied SPPs throughout Georgia. According to the findings, randomly selected HHs have applied to 428 UHCP services and programs. The qualitative and quantitative survey findings show that beneficiaries enter UHCP services and programs in very different ways; namely, **in half of the program cases, beneficiaries enter UHCP through UHCP (26.6%) and MoH (25.8%), while in almost a third of program cases, beneficiaries (32.3%) named other state agencies during the interview.** It is worth mentioning that almost a fifth of the cases of programs involve automatic engagement at UHCP and 5.3% of cases refer to the accession via medical facilities (see chart 33).

Chart 33. Access to UHCP services and programs



As suggested by qualitative and quantitative survey findings, in the majority of UHCP services and programs HHs benefited from, the most informed persons claim that they find accession to UHCP services and programs as easy or very easy, and in around 15% of program cases, negative or neutral assessment is given to the accession phase (see chart 34). Analysis of different aspects of the involvement phase suggests that **in the majority of UHCP programs current or former beneficiaries have applied and benefited from during the last two years, HHs think that it is easy to register (75.6%) and prepare documentation (72.3%)**, while some beneficiaries of emergency inpatient care and state program for providing medication for the treatment of chronic diseases claim to have experienced some difficulties when registering and preparing documentation for these programs (see annex #3, tables 3.27, 3.28). As suggested by FGD findings, some beneficiaries face minor or major problems when accessing UHCP services and programs; **The problems discussed during FGDs are mostly associated with bureaucracy and time, as some discussants, particularly the ones with disability, describe a process as too bureaucratic.**

Chart 34. Assessment of accession phase within UHCP services and programs



**In the majority of cases of UHCP programs beneficiaries have applied in the course of the last two years, HHs assume that they have experienced minor or no difficulties in terms of waiting lines (61.8%)** (see annex #3, table 3.29). It is worth mentioning that regarding the waiting lines, the qualitative survey provides more insightful findings compared to the quantitative survey. As informed by the discourse, receipt of **planned services is more time-consuming compared to emergency services**. The beneficiaries suggest that problems of waiting lines do not surface when the person receives emergency services. However, when application is made for planned services, it may take even a month to receive the final response on funding.

Besides the waiting time, the qualitative and quantitative survey findings suggest that the **location of service providers and distance from home are extremely important for persons living in rural areas or high mountainous settlements**. In 33.2% of cases of program application, HHs neutrally or negatively assessed the location of the service provider and stated that it was a problem or an extreme problem for their household (see annex #3, table N3.30). As suggested by FGD findings, people living in rural and high-mountainous settlements tend to receive

emergency services at their location, while they prefer to receive planned services at the urban locations. Usually, such behavioral pattern is caused by the **absence of some specialists and modern technologies** at their settlement. For example, discussants from Khulo municipality mention that they do not have neuropathologist and some other specialists at their settlement; A pregnant discussant from Tserovani state that she cannot receive an ultrasound examination at their place as the existing apparatus is too obsolete; therefore, she is forced to visit the capital for planned examinations for which she pays out of the pocket. Overall, **an absence of particular medical services at some locations increases the healthcare expenses for families and this can be a significant burden for socially and economically vulnerable families living at such locations.**

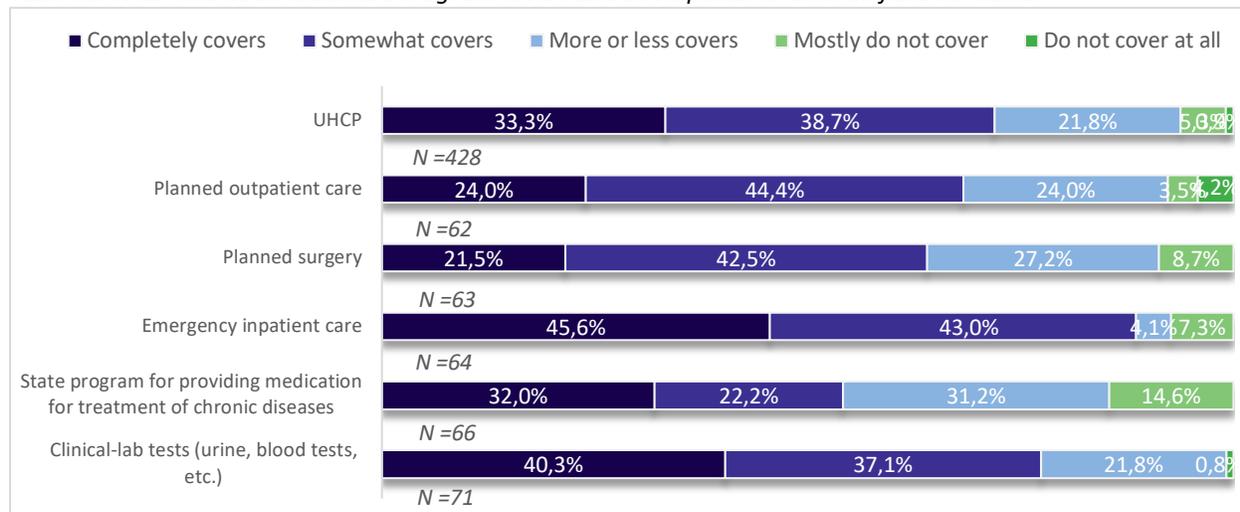
#### *Benefits of UHCP services and programs*

As suggested by quantitative survey findings, **UHCP services and programs offer two types of benefits to the beneficiaries: full or partial covering of medical expenses (90.7%) and in-kind assistance (7.8%).** It is worth mentioning that in-kind assistance is mostly given under the state program for providing medication for the treatment of chronic diseases (33 out of 66). Due to the assistance types, **in the vast majority of UHCP programs HHs benefited from, beneficiaries paid for the share of given service out of the pocket or received services free of charge,** while beneficiaries of the state program for providing medication for the treatment of chronic disease directly received medication or vouchers for it.

The quantitative survey findings suggest that **in the majority of program cases, HH have applied to healthcare services once (51.3%), twice (18.4%), or three times (9.5%) in the course of the last two years. In 98.5% of cases of UHCP programs, it is reported that HHs have not received a refusal on UHCP services and programs during the last two years.** During the quantitative survey, only 7 cases of refusal were observed. 4 out of 7 cases indicate that the program did not cover the service HHs needed, remaining cases indicate that the minor share of HHs had no income to cover the remaining fee or there was a big queue and due to the health condition of the applicant, they could not wait. The qualitative and quantitative survey findings suggest that in majority of cases programs, HHs receive services always (64.9%) or more frequently on time (30.9%). According to the qualitative and quantitative surveys, minor cases of delayed treatment are indicated by beneficiaries regarding planned outpatient care and planned surgery (annex #3, table 3.31). As it is mentioned above, qualitative survey participants think that **planned services are much more time-consuming compared to emergency services.**

According to the qualitative and quantitative survey, **in the majority of healthcare programs inquired HHs have applied and benefited from, beneficiaries think that the delivered services fully (33.3%) or somewhat (38.7%) cover their actual needs.** Chart 35 shows that there is a high correlation between needs and benefits of UHCP within each studied program. The quantitative and qualitative survey findings suggest that **some beneficiaries from the state program providing medication for treatment of chronic disease perceive that this program somewhat does not cover their needs, as some medication needed by persons with disabilities and chronic diseases are not covered under it.** For example, FGD participant from Khulo municipality state that she has a family member with multiple sclerosis who requires constant injections, however, the medication programs do not consider funding for this disease, therefore, the family needs to buy monthly medicine on their own.

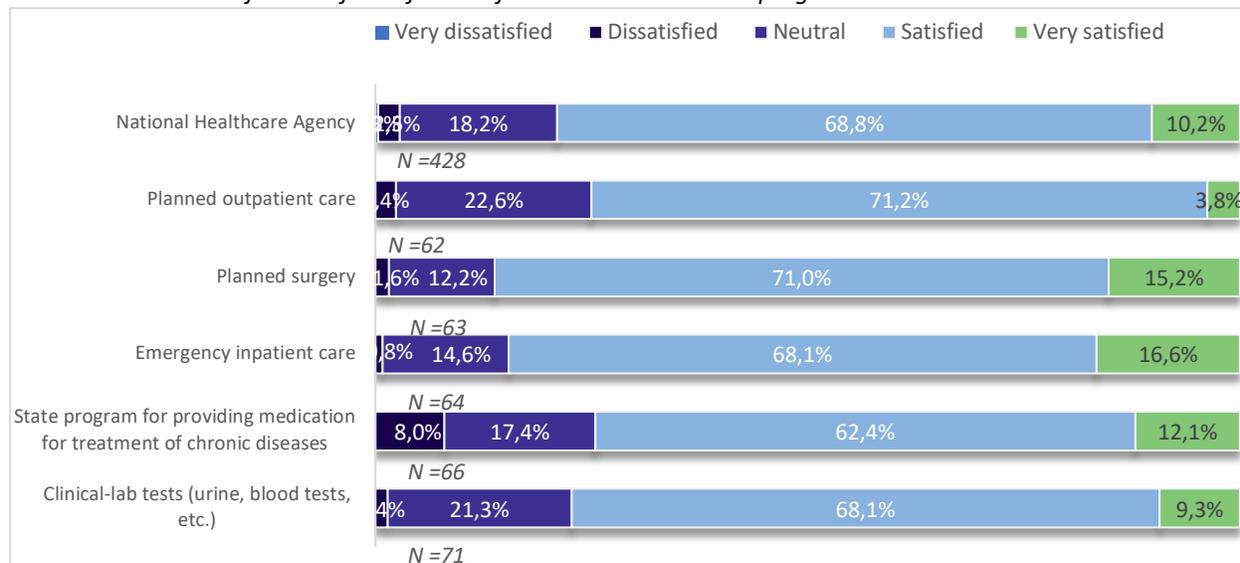
Table 35. How Universal Healthcare Program covers and corresponds to the beneficiaries` needs



### Satisfaction with UHCP services and programs

The qualitative and quantitative survey findings suggest that **in the majority of healthcare programs applied by the inquired HHs during the last two years, beneficiaries (79%) are satisfied or very satisfied with services and programs, however, there is a significant share of beneficiaries within various services and programs who are dissatisfied** (see chart 36).

Chart 36. Overall satisfaction of beneficiaries from UHCP services and programs



According to the qualitative information obtained from the quantitative survey and FGD findings, **insufficiency of funding is a major reason for dissatisfaction in beneficiaries**. As suggested by qualitative survey findings, beneficiaries may receive part-time funding from UHCP, however, some conditions, like oncological disease, have so high expenditures that they struggle to cover even remaining fees. In addition, according to the qualitative survey, **some medical conditions are not considered under UHCP**. For example, FGD participants claim that dental care and treatment for psoriasis are not covered by UHCP. Persons with psoriasis require blood filtration and periodic medical consultations which are pretty expensive. According to the qualitative and quantitative survey, a significant share of

population is dissatisfied with **high prices of pharmaceutical products** and the **lack of medication funding component** under universal healthcare program. As suggested by the qualitative and quantitative survey findings, high prices on medication are a big burden for families, as a significant share of beneficiaries have a high healthcare expenditure.

It is worth mentioning that quantitative survey participants shared their level of satisfaction with different components of UHCP, including eligibility criteria, registration procedure, the sufficiency of medical service, quality of medical service, program administration, and responsiveness of staff. As suggested by the quantitative survey findings, in the majority of reported healthcare programs applied by inquired HHs in the course of the last 2 years, beneficiaries positively evaluate each component and say that they are satisfied or very satisfied with them (see annex #3, table 3.31). Program analysis shows that 1 or 2 beneficiaries under some UHCP programs may be dissatisfied or very dissatisfied mostly due to the above-mentioned reasons. Very interesting tendencies are observed during the qualitative survey regarding the responsiveness of staff and the attitude of medical personnel. According to the FGD findings, **some discussants are satisfied with the attention and provided care delivered by medical personnel, while some beneficiaries are dissatisfied due to the unprofessional treatment and indifferent attitude towards them.** The qualitative survey findings suggest that two significant groups - persons with disability and foster families - are subject to different treatment from some medical personnel. According to the foster family, attending the group discussion, she frequently hears from medical personnel statements like *“they bring these children and then run for form 100”*, *“they bring these children, then they are our headache”*, etc. The qualitative survey findings suggest that stigma around foster care is not distinctive for the healthcare sector, and it is common problem in different layers of society. However, such attitudes from medical personnel feeds into it and causes even more stigmatization of families or children engaged in foster care. As for persons with disability, FGD findings indicate that some medical personnel lack professionalism when examining or treating persons or children with disability.

*“My mother had surgery on her hernia. She also had a socially vulnerable status... I knew from a social worker that this service was fully funded for us. The medical personnel started to say that we needed to pay 500 or 1000 GEL. When we said that we would call the hotline, they quickly changed and said that hospital would finance everything. I think there should be more monitoring from the state in order to prevent such incidents.”*

*Male, 29 years old, PwD, TSA beneficiary, Kutaisi*

*“I want to add about the attitudes of medical personnel. They have a very bad attitude with children with disabilities. They do not have proper terminology and sometimes this is humiliating.”*

*Female, 31 years old, a parent of CwD, beneficiary of IDP assistance, Zugdidi*

It is worth mentioning that the qualitative survey made further findings regarding persons with disabilities within UHCP. Namely, the survey findings suggest that **the interests and needs of persons or children with disabilities may not be properly reflected in the universal healthcare programs, as a significant number of persons or families with disabilities mention that procedures they need are not financed by the universal healthcare program.** Besides funding, some discussants mention that they make frequent visits to medical facilities for examination or for a doctor’s consultation, however, infrastructure of some medical facilities are not adapted to the needs of persons with disabilities. Hospitals may have adapted entrances; however, the examination process is not tailored to the needs of people with disabilities, and they get hurt in the process. A discussant from Batumi recalled that he broke his leg when taking an X-ray at the hospital, as the device was placed at such a height that it was impossible to examine a person using a wheelchair without assistance.

*“I need muscle transplantation, but it is not financed. It is considered plastic surgery and not a necessity.”*

*Male, 36 years old, PwD, Tbilisi*

*“It is very bad that implantation is considered as plastic surgery. Child has lymphangioma and 12% of jaw is already dissolved... We were told that this is considered plastic surgery. Only the implant costs 15 000 GEL, referral hospital funded 3000 GEL, but how could we find the remaining 12 000 GEL or money for operation? It was nonsense and we rejected it.”*

*Female, 55 years old, spouse of PwD, Tbilisi*

Altogether the experiences of beneficiaries vary when it comes to UHCP, as they benefit from the different packages, different programs and receive different funding within each program. According to the observation made during the different FGDs, the patterns of experiences regarding funding was particularly diverse and sometimes even inconsistent. Some beneficiaries with the same statuses received full funding for medical services, while others used to pay out of the pocket for the same services. It is worth mentioning that the given circumstance is very difficult to explain within the frames of the given survey. Based on the experiences of beneficiaries, it can only be assumed and supposed that **there might be a lack of knowledge regarding the referral procedures within the universal healthcare program, or there might be different patterns of implementation among healthcare providers.**

*“I have used both ambulatory and emergency services. Even though my child was 5 years old at that time, and she was eligible for free medical services ...I have witnessed many times when we entered emergency services, which was free for us... The medical facility needed just to write the relevant code. However, they wrote the code that required payment from our side too. We paid money for services that were free for us. I made complaints with the relevant authorities, but unfortunately, it happens frequently.”*

*Female, 31 years old, a parent of CwD, beneficiary of IDP assistance, Zugdidi*

## SESA services and programs

When it comes to socially and economically vulnerable families, employment and employment opportunities are key components for their empowerment. State Employment Promotion Agency runs several programs which are oriented to the needs of vulnerable families. SESA's target group are mainly socially and economically vulnerable families, persons with disability, IDPs, etc. Due to the diversity in the target group, beneficiaries and potential beneficiaries of SESA were identified as an individual segment, and their experiences were separately studied.

The given study aimed to learn about the practices of the **state program for the development of employment promotion/support services** and the **state program on upgrading professional qualifications for people looking for employment opportunities (job seekers)**. It is worth mentioning that neither the qualitative or quantitative survey explored the beneficiaries of these two specific programs. Even though SESA provided a list of beneficiaries, half of them did not respond to the calls, while another half were registered at the Worknet platform; only one participant was from the state program for training and re-training. Due to the recruitment difficulties, the survey findings are limited and it is confined to the findings of the qualitative survey.

### Access to SESA services and programs

The qualitative survey findings give very interesting insights regarding the involvement in SESA services and programs. Similar to the other programs, SESA beneficiaries have heard about the SESA services and programs from TV, SMS, friends, neighbors, etc., and got registered at the Worknet database. Noteworthy, some TSA beneficiaries received information about SESA services and programs from social agents. As suggested by qualitative survey findings, some beneficiaries registered online, while others required physical visits to the SESA offices. According to the FGD findings, discussants have not experienced any procedural difficulties when applying and registering at SESA services and programs.

*“When I became an adult, a social agent visited HH and she/he registered us. I used to receive SMS, but there were no such offers that interested me... I had seen a statement about training programs, so I visited SESA office, took a secondary education certificate and filed an application; they asked me some questions about my fields of interest, what I wanted, why and so on. I think it was very easy to access. I have received all necessary information about eligibility criteria, required documentation, etc. I*

*started to learn graphic design at the college, I was also studying journalism at the university... I work in media, and I use skills of graphic designer too."*

*Female, 21 years old, beneficiary of state program for training and retraining, employed, Tbilisi*

### *Satisfaction from SESA services and programs*

The qualitative survey findings suggest that **beneficiaries who received some benefits from SESA and got employed or went through trainings are mostly satisfied with it**. However, employed beneficiaries assume that it would be better if the agency supports them in finding employment in their own profession as well. The beneficiary who received trainings in the vocation school thinks that she received basic knowledge of graphic design, but she recommends increasing the quality of education at the vocational schools, as the provided knowledge is not sufficient for her to create complex graphic illustrations.

In contrast to the trained and employed beneficiaries, **unemployed discussants are largely dissatisfied with SESA benefits and the end results of programs**. According to the dominant discourse of FGDs, the **registered persons constantly receive job-offers via SMS, but the offered working conditions and salary do not correspond to the actual needs of ordinary families**. According to the discourse developed by discussants, they do not receive offers that is interesting for them, and that is why they refrain from employment. Younger discussants with higher education assume that **they do not receive vacancies that correspond to their education and experience**. Other discussants assume that vacancies offer such minimal salary that it simply cannot cover their HHs monthly needs, therefore, employment opportunities are not a solid alternative to social assistance in some beneficiaries HHs. In addition, some discussants assume that **there is no balance between the salary and working hours in the job offers sent by SESA**. FGD participants report that mostly low-paid vacancies are offered to them, and in the cases where the employer offers higher salary, they expect them to work day and night, which is not comfortable for students and mothers of small-aged children. Based on the discussed employment difficulties, a group of beneficiaries think that SESA should ensure provision of vacancies which provide adequate remuneration and correspond to the beneficiaries' education, experience and field of interests. Interestingly, some discussants believe in addition to employment programs, integration of self-employment or agricultural component would increase the effectiveness of SESA programs. According to the discourse, *"there are many abandoned homes in the villages. If some resettlement programs existed, many would participate... we are forced to stay in Tbilisi, cannot work, suffer, we cannot create anything and demand everything. We receive assistance, but everything goes to taxes, food, shops, etc. If we are given a home in the villages and the state helps us to make first steps in agriculture, it will be helpful for everyone."*

It worth mentioning that FGDs made very interesting findings about the female beneficiaries of SESA. As informed by the survey, **female beneficiaries with small-aged children, many children, children with disabilities and single mothers refrain from employment due to the absence of childcare**. Mothers without childcare avoid employment and prefer to just raise their children, since the offered salaries are not sufficient to pay for even a babysitter's salary. Another group of discussants suggest that the working schedule is not tailored to the needs of mothers. Some jobs require them to be at the place very early, which is difficult when someone has many children. According to the female beneficiaries with children, **if they were offered part-time jobs, jobs with flexible working hours or remote employment opportunities, it would be more feasible and tailored to their needs**.

*"I want to work, but physically I cannot. I cannot work for 500-600 GEL, since I need 500 GEL for babysitter to pay. I have a child with disabilities, I do not have anyone who can help or support me and stay with my child when I will work. Daycare service centers are closed now due to the pandemic. If I am given remote employment opportunities, I would agree with pleasure. Due to my child, I cannot work for such low salary, if I work from home, I will agree to 300 GEL too."*

*Female, 31 years old, Beneficiary of Worknet, a parent of CwD, Batumi*

During the FGDs, discussants mostly discussed employment-related issues, but some participants pointed to the issues of program administration. Namely, **some beneficiaries suggest that the agency requires visits to the office in order for them to express an interest in the job-offer, which is assessed as largely uncomfortable, particularly, by students and persons with disabilities.**

Finally, it is worth mentioning that all FGD participants are satisfied with their **interaction with SESA personnel**, as they perceive them to be very helpful and willing to provide clear instructions when registering some programs.

### Availability of information about SPPs

The qualitative survey findings suggest that people differently evaluate public awareness about the availability and sufficiency of information with respect to the SPPs. Availability of information was one of the most actively discussed subjects during the FGDs and discussants developed two discourses in this regard.

- According to the first discourse developed during FGDs, the **vulnerable population does not have sufficient information about SPPs functioning in Georgia.** Supporters of this discourse claim that there is an information vacuum and many families do not know programs they could be qualified for. It is worth mentioning that such cases were also witnessed during the FGD. For example, a single mother with many children who depends on TSA and cannot work due to the small age of her children have heard about the daycare service centers. She was informed about this service by other beneficiaries during the FGD. With respect to the availability of information, **a group of discussants emphasized that there is a lack of awareness about available SPPs among persons with disabilities.** Supporters of this discourse suggest that persons with disabilities do not have sufficient information about programs they qualify for. If they do receive information, it happens through other beneficiaries and communities of persons with disabilities; qualitative study participants assume that it is rare a state agency to be as the first source of information for persons with disability;
- According to the second discourse developed by discussants, **there is a big breakthrough in information availability and the public is relatively more aware of the availability of SPPs;** However, discussants assume that the population does not have profound knowledge of eligibility criteria and the types of benefits offered under different SPPs.

*"I have worked for non-governmental organization for four years, which was an information center for PwD at the beginning. Persons with disabilities and their families do not have information about the available programs, they are in an information vacuum... I was so surprised when they did not know even about the availability of auxiliary means... I will never forget their wide eyes, when they hear such information and ask questions like, does it really belong to me? Can I really receive benefits from it? People do not have information, particularly persons with disabilities, as to what kind of services they can receive."*

*Female, 31 years old, a parent of CwD, Zugdidi*

*"I am satisfied with the provided service, but I am not satisfied with the information availability... even though they know that you are person with a disability, no one comes and tells you that you are qualified for something... I have heard about the medication programs from other beneficiaries, and this is how I engaged. No one told me that I was eligible for the rehabilitation-habilitation program, and that I could receive this service for free. Once again, I asked a person with a disability and they explained everything. Such information is not delivered; no one tells you what kind of programs exist."*

*Female, 21 years old, person with disability, Batumi*

As for the quantitative survey findings, results show that **every fifth (20.3%) household thinks that only small portion of HHs has sufficient information on the SPPs and its benefits.** It is worth mentioning that radically polar assessments were shared by relatively smaller share of HHs about the level of information other HHs have about SPPs; namely, 13.7% of HHs which have applied to at least 1 SPPs think that a large portion of the population has sufficient information about SPPs and its benefits, while a minimal amount of HHs (4.1%) think that people do not

have any information about SPPs and its benefits. Noteworthy, a share of the population who thinks that a large portion of the population has sufficient or general information about SPPs (36.5%) equals to the share of the population who thinks that the information is available only for a small group individual (36.4%) (see table 18). As for the level of information of inquired HHs, the quantitative survey findings show that majority of HHs neutrally assess their level of information (38.3%). It worth mentioning that the share of HHs (34.3%) who think that they have somewhat insufficient or completely insufficient information about SPPs is significantly higher compared to the share of those who think that they are completely or somewhat sufficiently informed about SPPs (23.3%) (see table 27).

Table 27. Assessment of the level of information about available SPPs provided by respondent

Respondent's assessment of the level of information of HHs living in his/her village/community possess about available SPPs		Respondent's assessment of the level of information his/her household possesses about available SPPs	
A large portion of population has sufficient information on the SPPs and its benefits	13.7%	Completely Sufficient	1.7%
A large portion of population has scarce/general information on the SPPs and its benefits	22.8%	Somewhat sufficient	21.6%
Only a small portion of population has sufficient information on the SPPs and its benefits	20.6%	Neither sufficient, nor insufficient	38.3%
Only a small portion of population has scarce information on the SPPs and its benefits, while others are not aware at all	15.8%	Somewhat insufficient	29.2%
People (excluding involved families/individuals) do not have any information on the SPPs and its benefits	4.1%	Completely insufficient	5.2%
Don't know	23.1%	Don't know	4.1%
Total (N)	1623	TOTAL (N)	1623

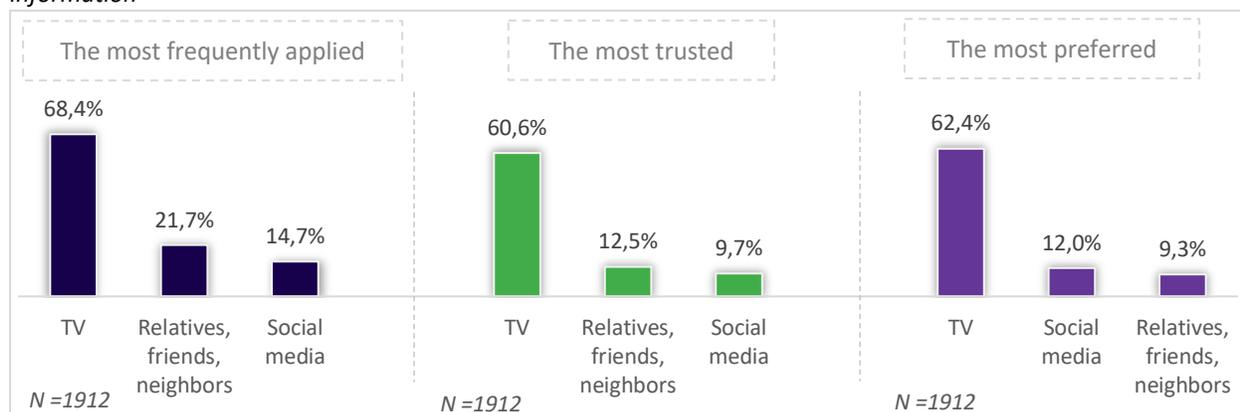
## Attitudes towards SPPs

The qualitative and quantitative surveys explored the attitudes of the general population with regard to the SPPs and the sources of information they use to receive program-related information. The survey findings suggest that **the population most frequently apply TV (68.4%), friends, relatives and neighbours (21.7%), and social media (14.7%) to receive information about SPPs** (see annex #3, table 4.1; see chart 37). The quantitative survey findings suggest that only a minor share of respondents apply official websites of MoH and other implementing agencies, while qualitative survey findings suggest that some beneficiaries call **15 05** in order to receive information about SPPs, their eligibility criteria, registration procedure, benefits and etc. According to the FGD findings, beneficiaries are satisfied with comprehensiveness of information provided via the hotline, however, they also mention that the line is frequently busy, there is a long waiting period to receive needed information. As suggested by the quantitative survey findings, **almost every tenth respondent (11.2%) is not interested in SPPs and do not receive information. Findings suggest that men are less interested in SPP-related information compared to the women** (see annex #3, table 4.1).

According to the quantitative survey findings, the most frequently applied communication tools turn out to be the most trusted communication tools in the population. As suggested by findings, **a majority of the population trusts information received through TV (60,6%); a relatively smaller number of people trust the information provided by friends, relatives, neighbors (12.5%) and social media (9.7%)** (see chart 37). By gender, the findings show that women tend to have more confidence in TV media compared to the men (see annex #3, table 4.2). By settlement types, the findings show that every fifth person living in the capital is not interested in information related to SPPs at all. As for respondents who are interested in such information, the findings suggest that population living in the capital have the least trust towards traditional media, and they tend to have relatively more confidence in social media. In contrast, trust towards TV media is significantly high outside the capital (see annex #3, table 4.3). It worth mentioning that **even though the inquired population do not intensively apply official websites of the implementing agencies to receive SPPs-related information, the findings still suggest that population tends to have more confidence in information received through official channels like SSA or SCA offices (4.8%), websites of other implementing agencies (3.5%), and MoH (2.7%)** (see annex #3, table 4.3).

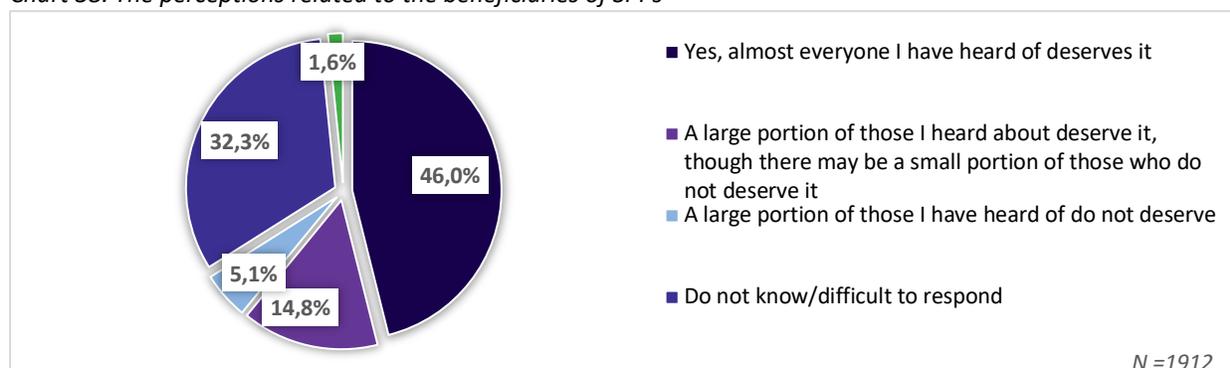
As findings suggest, **the same information sources are largely preferred by the population to receive SPP-related information** (see chart 37). Namely, more than half of the population prefers TV (62.4%) as their source of information, almost every tenth person prefers to receive news via social media (12%) or relatives, friends and neighbors (9.3%). Women tend to have more preference for TV channels; the population of the capital have more preference for TV and social media, while people living outside Tbilisi have strong preference for TV channels. The detailed description of other preferred communication channels is given in annex #3, table 4.4, 4.5.

*Chart 37. The most applied, the most trusted and the most preferred communication channels to receive SPPs-related information*



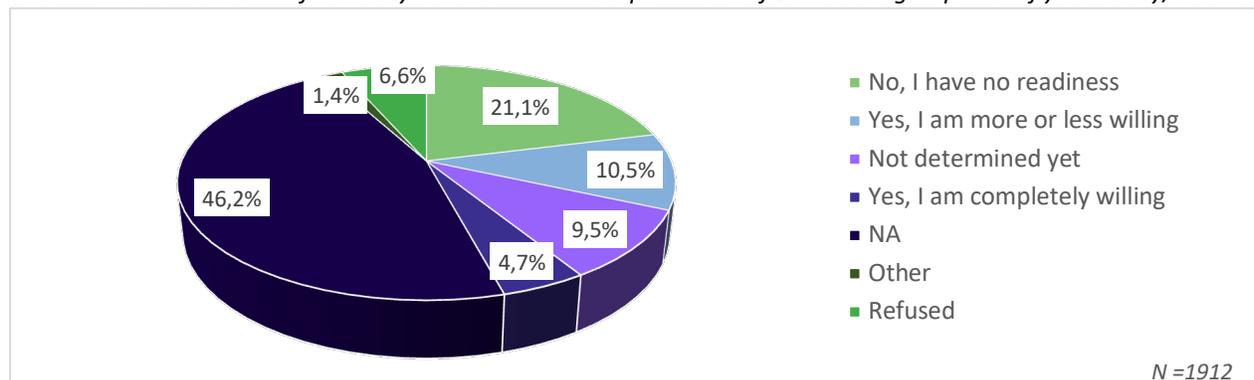
Over the course of qualitative and quantitative survey, very interesting findings are revealed with respect to the society's attitude towards SPPs and its target groups. The qualitative and quantitative survey findings suggest that **46% of the population think that almost everyone who they have heard of receiving benefits from SPPs deserve this assistance, 14.8% of population believes that a large portion of beneficiaries deserve this assistance, though there might be a small portion who does not deserve it and only 5.1% of the population assume that majority of beneficiaries they have heard of do not deserve this assistance** (see chart 38). Noteworthy, every third respondent did not know and found difficult to respond this question. According to the qualitative information obtained from the quantitative survey, the population who thinks there is a share of population who do not deserve assistance believe that **some people give false information and some HHs are incorrectly evaluated**. They report that they see many poor families who are not given assistance and they also see not poor HHs, including ones with employed members, who receive some social benefits. In addition, some inquired population think that TSA should not be applied to the work-age population since they claim many get used to the assistance and later on, they are reluctant to get employed.

Chart 38. The perceptions related to the beneficiaries of SPPs



In order to learn about HHs attitude towards SPPs, the quantitative survey also analyzed readiness of randomly selected HHs to financially contribute to the social protection of vulnerable groups and families out of their income. As suggested by findings, this question was not applicable to 46.2% of HHs, as the respondents were not employed and 6.6% HHs refused to answer this question. Regarding the HHs who shared their stance around this subject, **the biggest share states that they are not ready to financially contribute to the strengthening of vulnerable groups (21.2%), every tenth HHs is more or less ready to make contribution (10.5%) and 9.5% of HHs state that they have not determined or made up their mind around this issue** (see chart 39). It worth mentioning that 1.4% of HHs gave a different response and noted that they already make contributions through paying taxes in the state budget or through private activities. A minor share of HHs gave another response that they are willing to make a contribution, but they do not have enough means.

Chart 39. HHs readiness to financially contribute to social protection of vulnerable groups out of your salary/income



Interestingly, a vast majority of HHs (97.8%) think that the state should be the one paying for and contributing to the social protection of vulnerable groups against social risks, one-third of HHs (31.2%) believe that employers should make such contribution, and only 16.7% of HHs state that individuals and employees should make contribution to the strengthening of socially vulnerable groups and families.

Society contains many groups that are diverse in composition and needs. SPPs target the most vulnerable groups of society and attempt to lower their level of vulnerability through the provision of different types of assistance and support. Due to the diversity of the target groups, some might be more prominent, while others not. As the qualitative and quantitative survey findings illustrate, the **population thinks that persons with disabilities (71.5%), poor (65.2%) and elders (58.1%) should be the priority groups within SPPs** (see chart 36). The FGD discussants assume that the needs of elders and persons with disabilities are very different from any other groups, as they mostly depend on other`s assistance, cannot live independently and have a need of constant support. Regarding the persons with disabilities, discourse suggests that the degree of disability determines the volume of needed assistance; in addition, it is assumed that when family has a member with a disability, the whole family tends to gradually become vulnerable and fully overwhelmed with disability issues; therefore, **persons with disabilities and families with members with a disability should be under the focus of SPPs in order to prevent or reduce the level of vulnerability within these households and support them in providing proper care to the respective target group.**

*„The first priority should be persons with disabilities and their caregivers who cannot leave them alone. They [family members] want to work and be engaged in other things too; they have an education and skills, but family conditions do not allow them to go outside. Therefore, persons with disabilities and families with many children should be the focus of SPPs “.*

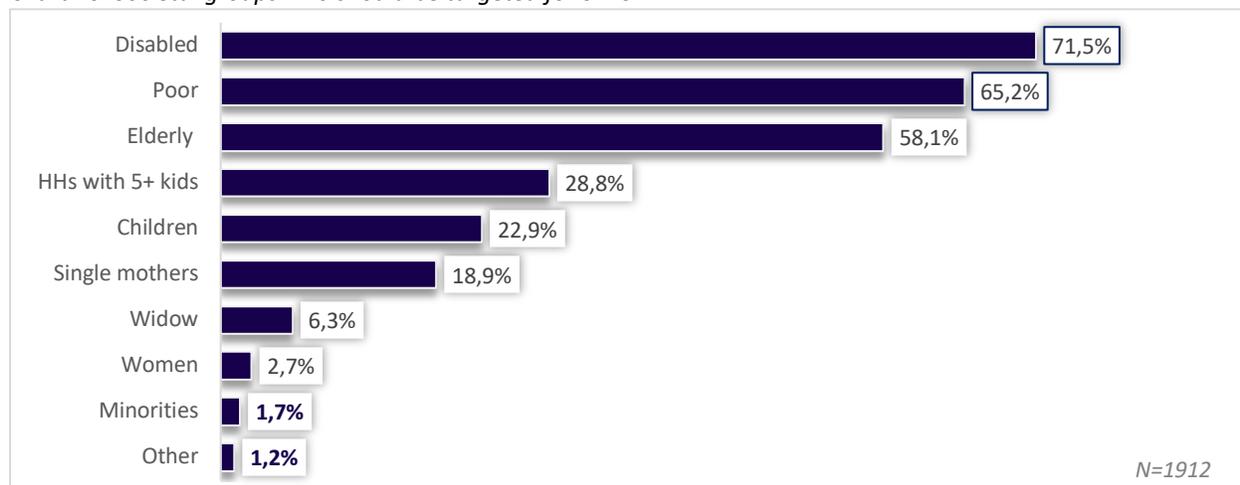
*Female, 55 years old, a parent of child with disability, Tbilisi*

*“Focus should be not only on persons with disabilities, but on the whole family. They also need support. Not everyone can support their children with disabilities when they have so many needs. You can refrain from many things but you cannot deprive your child of medication and doctor`s consultations. Altogether, our health is also destroyed. We do not sleep at night and days; we are constantly strained, cannot eat, drink, do anything. We cannot self-realize as needed. Following the persons with disabilities, elders should be focused on. They are the most vulnerable...”*

*Female, 45 years old, a parent of CwD, Tbilisi*

Following the persons with disabilities and socio-economically vulnerable households and elders, the qualitative study participants think that **families with many children should also be one of the priority groups, as they have different material necessities.** The FGD discussants assume that SPPs should be oriented on the future. If the future of society is important, **then households with many children (28.8%) and generally families with children (22.9%) should be one of the priority groups under SPPs** (see chart 40).

Chart 40. Societal groups who should be targeted for SPPS



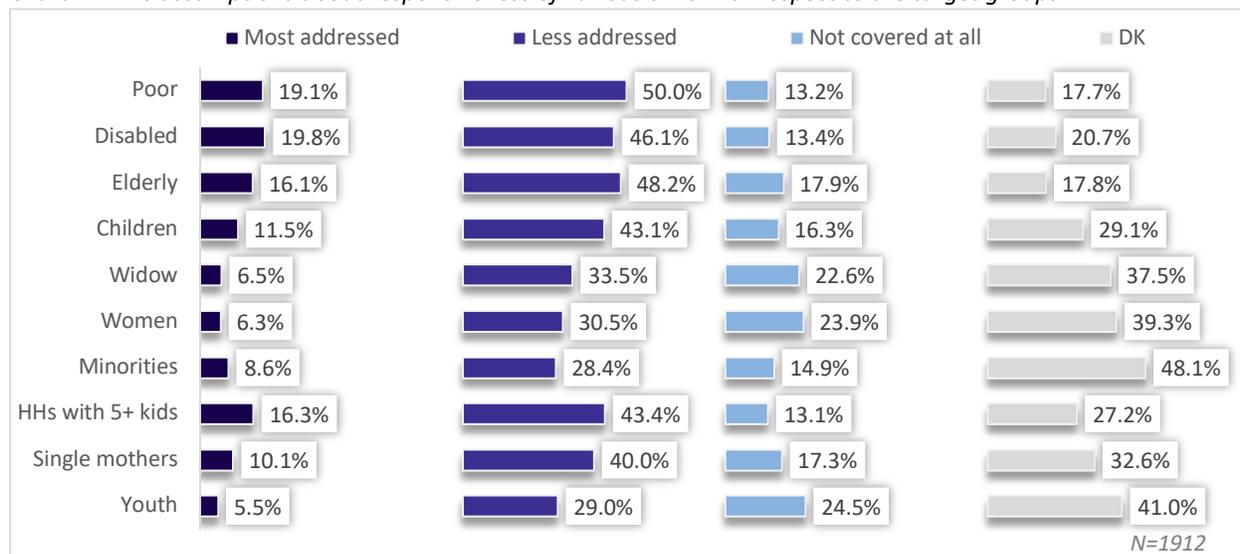
The qualitative and quantitative surveys also analyzed how SPPs respond to the needs of target groups. FGD discussants shared various assumptions and developed some discourse around the subject. According to the first discourse developed by FGD participants, **“the focus of SPPs is dispersed, they provide marginal assistance to every vulnerable group and at the end, it turns out that none of interests and needs are fully satisfied”**. According to the supporters of this discourse, there are many programs targeting various vulnerable groups including persons with disability, elders, poor, children, etc., however, they do not fully solve their problems or meet their needs. FGD participants acknowledge that state has a limited budget, and it attempts to cover the needs of various target groups with these limited resources; however, it is also assumed that the **impact is minimal and insufficient due to dispersed focus of existing SPPs**. According to the second discourse developed by qualitative survey participants, **there are some groups in focus by current SPPs and persons with disabilities, the poor, and pensioners are one of the most prominent ones**. Regarding persons with disabilities discussants suggest that the **volume of assistance or allowance significantly differ for group I and II of disabilities**; namely, discussants observe that **group I is more prominent and the needs of persons with disabilities under the group II is not so covered and considered**, which is not considered as correct. According to the supporters of this discourse, there should not be a distinction between assistance provided for individuals with group I and II, and both of them should be equally important.

*“At some point, every vulnerable group is included and considered, but their needs are not fully satisfied. Everyone has some kind of problems.”*

*Female, 43 years old, TSA beneficiary, Tbilisi*

The quantitative survey findings reflect the assumptions and perceptions shared during the FGDs. With respect to almost all preliminary determined target groups, the biggest share of respondents think that their needs are less addressed or they do not know for sure whether they are addressed or not addressed. Statistics also show that **needs of persons with disability (19.8%), poor (19.1%), elders (16.1%) and households with many children (16.3%) are the most addressed by current SPPs** (see chart 41).

Chart 41. The assumptions about responsiveness of various SPPs with respect to the target groups



Interestingly, over the course of the qualitative and quantitative survey, a significant share of the population shared assumptions about the coverage of the needs of **women, single mothers and widows under SPPs** (see chart 37). The qualitative and quantitative findings suggest that needs of a given group are less addressed by existing SPPs. FGDs were attended by many single mothers who stated that their needs are not reflected in SPPs. In this regard, particularly vulnerable are single mothers or widows with child(ren) with disabilities and without income. In addition, it is also noted that **high-mountainous regions development program provides supplements for**

**pensioners and persons with disabilities; however, it does not consider the same supplements for beneficiaries of the social package for families without a breadwinner.** According to this particular group, the necessities and needs of women, single-mothers and widows should be more reflected and addressed within existing SPPs.

*“I agree about mothers with many children. For example, I want to work, but I cannot leave [children]... single mothers are not mentioned at all.”*

*Female, 41 years old, parent of child with disability, Tbilisi*

Next with women, the quantitative survey findings suggest that a quarter of the population think that needs of youth are not covered by SPPs at all (see chart 37). FGD discussants suggest that there should be more youth-oriented programs under SPPs. Besides youth needs, a group of FGD discussants claim that the **needs of ordinary families, who do not have a member with disability and cannot access TSA due to the high PMT score, are not considered by existing SPPs and they are the most vulnerable in this regard.**

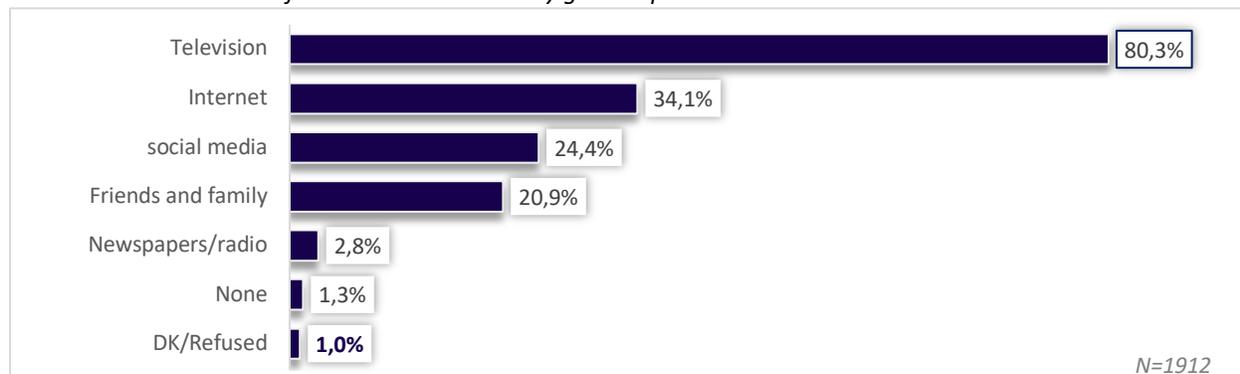
*“My needs are not considered and covered at all. My family does not have better living condition compared to the TSA beneficiaries, but I do not receive a state scholarship, TSA or any kind of social benefits at all.”*

*Female, 23 years old, SEESA beneficiary, Batumi*

### Communication tools

The quantitative survey findings explore attitudes towards communication tools and consumption of news outlets by general population. The survey findings illustrate that the **majority of population turns to television to receive news (80.3%) and less than half of the population uses the internet (34.1%) as their source of information.** It worth mentioning that almost every fourth respondent applies social media, and every fifth respondent use friends and family as their source of news and information (see chart 42). Analysis by settlement types shows that television is relatively less used in Tbilisi, while social media and internet is relatively less utilized outside the capital (see annex #3, table 4.6). By gender, the findings suggest that women are more frequent users of social media compared to the men in order to receive news and information (see annex #3, table 4.7).

Chart 42. The utilization of communication tools by general public



As findings suggest, more than half of population uses the **internet** on a daily basis (54.7%), while one-third of the population does not use the internet for news and information (32.8%). As for **social media**, the findings suggest that half of the population uses social media on a daily basis (50.3%) and 37.1% of the inquired population does not use any social media outlet at all. It worth mentioning that women tend to be the more frequent daily users of social media (52.6%) compared to the men (43.2%). By settlement types, the utilization of social media is highest in the capital, and it is relatively low outside Tbilisi. The quantitative survey results illustrate that **Facebook is the most frequently utilized social media outlet in Georgia (96.3%) and it is predominantly used by men and women.** It is followed by YouTube (37.2%) Instagram (23.1%), Twitter (3.8%) and Odnoklassniki (2.5%). It worth mentioning that

women tend to be more frequent users of Facebook and Instagram, while men tend to be more frequently users of YouTube and Twitter. By settlement types, findings illustrate that YouTube and Twitter are more frequently used in the capital compared to other settlement types.

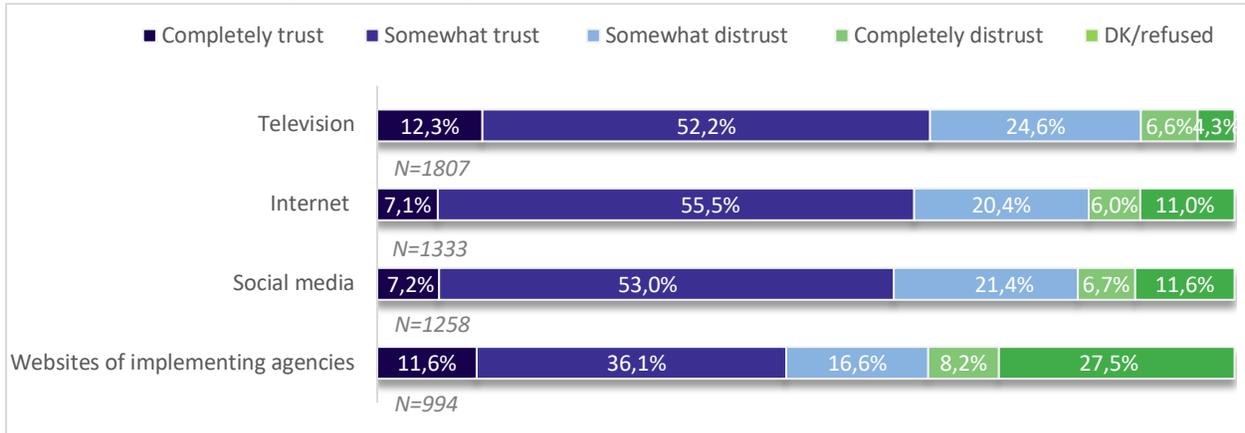
As for TV media, the quantitative survey findings suggest that majority of population (73.7%) watches **TV** on a daily basis and every tenth respondent watches it 3-5 times per week (8.6%) or does not watch it at all (10.2%). Statistically significant differences are not observed between responses of men and women. By regions, the estimates show that the percentage of respondents watching TV on a daily basis is relatively low in Tbilisi (63.2%) and Kvemo Kartli (57%). As for particular media channels, the quantitative survey results show that **TV Imedi is the most viewed TV media in Georgia, and 70.3% of population watch it**. More than half of the population watches Rustavi 2 (51.5%) and Mtavari Arkhi (38%), Public Broadcaster (14.1%) and TV Pirveli (20.9%) also have a significant percentage of viewers. The detailed frequencies of TV channels are given in Annex #3, Table 4.8. The gender analysis illustrates that women more frequently watch TV Imedi and Public Broadcaster, while men are more interested in watching Mtavari Arkhi and Rustavi 2 (see annex #3, Table 4.8). The regional analysis shows that majority of the population watches above-mentioned mainstream Georgian channels; however, some region-specific findings are also revealed in the course of analysis. Namely, the findings suggest that:

- **Adjara TV** is most frequently viewed in Adjara region (21.5%); however, TV Imedi (85.6%) and Rustavi 2 (69.4%) still remain as the most frequently viewed TV channels in that region;
- In Kvemo Kartli region, 44% of population watches some **Azeri channels** and **TV Imedi**. Besides, a significant share of the population watches other Georgian channels like Rustavi 2 (31.1%), Mtavari Arkhi (19.4%), TV Pirveli (12.8%). As for foreign channels, the findings suggest that 26.3% of Kvemo Kartli population watches Turkish channels, while 10.5% of population watches Russian channels;
- In Samtskhe-Javakheti region, a majority of the population watch **Georgian channels**, 29.2% of local population watches **Russian channels**, while 13.6% of population watches **Armenian channels**.

According to the quantitative survey findings, the vast majority of inquired respondents never turn to **newspapers (92.8%) and radio (95.6%)** to receive news and information. As for the population who are users of these platforms, the findings suggest that the majority tends to listen Radio Nor (19.5%), Radio Furtuna+ (14.4%), Radio Imedi, (13%), Radio Freedom (12.1%) and Radio Fortuna (10.2%). As for newspapers, the majority of population who reads newspapers tends to most frequently consume Kviris Palitra (34.5%) and Alia (16.9%).

As for the trust towards various media platforms, the findings suggest that **population tends to completely trust or somewhat trust the various information and communication platforms they use for receiving news and information rather than distrust or somewhat distrust**. As suggested by the quantitative survey findings, 1807 HHs watches TV, and the majority of them somewhat or completely trust TV news (64.5%) and one-third (31.2%) do not trust it. With regard to the internet, out of 1333 consumers, the majority (62.6%) completely or somewhat trust the news published in that space, while a quarter of households somewhat or completely do not trust it (26.4%). Almost the same tendencies are reflected with social media too. Out of 1258 social media users, more than half (60.2%) completely or somewhat trust news seen there, while about a third of HHs completely or somewhat do not trust it (28.1%). Interesting tendencies are observed with regard to the trust towards implementing agencies. According to the survey results, out of 994 of the population who uses websites, 46.7% completely or somewhat trust news shared there. Interestingly, a significant share of HHs (27.5%) report that they do not know and have no answer to this question. Every fourth respondent out of 994 HHs completely or somewhat do not trust the information published on official websites of agencies (see chart 43).

Chart 43. Trust towards different news platforms



## Conclusions and Recommendations

SPPs are not fixed, they are mutable and always respond to the needs of society and the various target communities. The given survey conveys the current state of social protection programs in Georgia, to what extent population is informed about these programs, to what extent they satisfy and serve the needs of population and the various target groups, and overall, what attitudes the population has regarding the programs and beneficiaries. Considering the overall survey findings, key recommendations have been elaborated with the aim to further contribute to the development of social protection and social protection systems in Georgia.

### Knowledge

- Awareness of the population about available SPPs is mostly concentrated around the most prevalent SPPs, such as the old-age pension and TSA. Results suggest that 79% of population could name at least one SPP, while only 57% could name 2 SPPs, 37% - 3 SPPs and only 1/5 – 4 SPPs (Note: answer options were not prompted).; in addition, statistics show that people tend to be more aware of and more involved in SPPs providing cash benefits compared to services. Based on these findings, **it is important to raise awareness about SPPs functioning in Georgia and increase awareness about the other services and programs too.**
- Level of awareness is relatively high within beneficiary households compared to non-beneficiary ones (81.2% and 70%, respectively). However, statistics show that some target groups and particularly, families with members with self-reported disabilities are mostly aware of SPPs offering cash benefits and awareness about non-cash benefits (i.e., various services) for persons with disabilities is quite limited. Based on this finding, **it is critically important to actively work with PwD and families with CwD to increase awareness about the relevant programs and increase application to the needed programs and services.** In addition, **the survey findings show that medical facilities and certain local communities (e.g., PwD communities) could play a crucial role and be used as an effective instrument in informing this target segment about available programs and services. Medical facilities can play an important role in early recognition and referral of CwD; therefore, they are seen as an integral part of preventive SPPs such as the early childhood development program. Therefore, further engaging and increasing role of the medical facilities in the process would be of high importance in future.**
- Moreover, the level of awareness on SPPs is relatively low among those beneficiary HHs who are benefiting from the old-age pension only (72.1%), compared to those who are benefiting from at least 1 SPP in addition or without the old-age pension (84.5%). As suggested by findings, even though universal old-age pension is named by the majority of HHs, a significant share of beneficiary and non-beneficiary HHs do not perceive old-age pension as SPP, including HHs benefiting from old-age pension. Considering this, **it is important to increase awareness about what social protection means, what is its goals, and which programs are classified as SPPs.** A better understanding of social protection and SPPs will lead to the increased awareness and application of these programs.
- Besides increasing general awareness about SPPs, the quantitative survey findings also revealed the need to increase awareness about eligibility criteria, registration procedures and benefits the programs can offer. Even though the majority of the population mentioned that they are informed about these components of SPPs, responses under the practice of SPPs indicate that a significant share of the population do not know about the benefits different agencies can provide. Therefore, **it is very important to increase awareness about the eligibility criteria, the registration procedures and the benefits of SPPs.**
- The qualitative survey findings suggested that FGD participants representing **ethnic minority groups** found it difficult to differentiate even among those SPPs they are benefiting from. Therefore, **it is important to actively work in the regions populated by ethnic minorities to increase awareness of needed programs.**
- **Friends and relatives remain one of the main sources** (after TV) of information about available SPPs for 1/3 of the population, therefore, raising the general public's awareness of available SPPs is critical for further consideration.

- The quantitative survey findings suggest that **awareness about SCA and SESA programs and services is particularly low** in both beneficiary and non-beneficiary groups. Therefore, it is important to make existing SPPs offered by the mentioned agencies more prominent and more easily available and increase awareness about them among the general public.
- Overall, raising awareness about available SPPs implemented by various state agencies remains critically important aspect aiming to fill in the knowledge and perception gaps among the population with regards to the available SPPs in the country and make those who are eligible more pro-active in applying for those programs that are responsive to their needs (about 8% of population said “I did not know/I had no information about SPPs functioning in our country).

## Practice

### Social Service Agency (SSA)

- Qualitative as well as quantitative data suggest that the most critical aspect of TSA program refers to the household assessment procedure and utilized instrument/methodology. The quantitative findings suggest that 1 /4 of the HHs registered at the unified database of vulnerable families disagree or completely disagree with the PMT score assigned to their HH. The share of dissatisfied HHs is even higher among non-beneficiary groups (73%). Qualitative data shows that some households have self-perception that they are unfairly assessed or treated, and they express discontent about HH assessment criteria, procedure, and scoring system. **Therefore, increased transparency of scoring and/or assessment procedures and improved capacity of social agents would be highly beneficial for the overall process to decrease the (mis)perceptions and (mis)beliefs among the population.**
- Furthermore, due to the gaps in PMT scoring within the TSA program, **it is important to review and improve household assessment procedures under the program to ensure authentic assessment of vulnerability in the households.**
- When it comes with HH assessment, the **social agents and their qualifications are also an integral part of the process**, which makes it critically important for them to be well prepared and equipped with all necessary knowledge and skills to apply the scoring adequately to every HH; in order to reduce misperceptions of HH assessment process, **it is important that every social agent have profound knowledge of this criteria and utilize the agreed approach.**
- Beside the TSA, in order to increase effectiveness of other SSA services and programs, **it is important to increase the quality of social work under this agency.** It is important to strengthen, support social agents and increase their professional competences which consequently lead to the better outcomes of existing SPPs;
- As suggested by quantitative survey findings, majority of TSA beneficiaries are economically the most vulnerable groups of society, their monthly HH income per member is significantly lower compared to other segments and a significant share of families depend solely on the provided assistance. **Revealed differences in beneficiaries’ re-assessment practices and timeliness under the TSA program prompts the importance of taking steps forward aiming at reducing the “window” between the assessments to ensure continuity of financial assistance and decrease the social risks for the such HH.**
- Also, **insufficiency in the number of social agents at some locations as suggested by FGD discussants, may require further actions aimed at maintaining a good balance between the numbers of social agents and potential and/or current beneficiaries under the TSA program across the regions and/or revisit the time-management issue to make the process smooth and uninterrupted.**
- Due to the insufficiency of cash benefits to fight poverty, the introduction, **improvement or provision of more programs and respective information towards employment promotion could be more instrumental in order to improve economic status of vulnerable HHs.**

### State Care Agency (SCA)

- Based on the qualitative survey findings, **it is important to adjust the amount of in-kind assistance for persons with diabetes** and to their immediate needs. Based on the internationally recognized practice, **it is recommended to introduce GCM apparatus in the healthcare for children or persons with diabetes**, as it is more effective for the management of diabetes.
- According to the findings, beneficiaries of state programs providing auxiliary means regularly receive in-kind assistance, however, some discussants mention that provided wheelchairs are not sturdy enough and they require frequent repair, which is not always affordable for socially and economically vulnerable families. Due to this circumstance, **it is important to improve the quality of wheelchairs delivered to the beneficiaries so that they will last for three years until the delivery of next one.**
- **It is critically important to increase coverage of SPPs offering services to CwD or PwD [habilitation-rehabilitation, early childhood development program, day care service centers for CwD/PwD, etc.]** in order to make them more accessible to target groups, increase the quality of care and overall increase the benefits for target groups.
- In addition, the **importance of improving qualifications and professionalism of specialists delivering services to children or persons with disabilities is documented**, this would lead to increased outcomes for the target groups and improve the quality of care. As the qualitative survey findings suggests, the problem of quality care and service is particularly a prominent problem for regions.
- In addition, **due to some delays in the service provision for persons with disabilities, it is important to ensure early response and engagement of children with disabilities in the relevant preventive programs** (early childhood development program).
- As the discontent around the trainings and re-training of foster families revealed, particularly of ones parenting CwD, **it is important to revisit this practice, identify gaps and plan and deliver periodic trainings to the foster families**, particularly, those families raising children with disabilities to raise their awareness about parenting skills, support them in management of child's behavior and issue recommendations.
- In addition, **it is also important to properly examine the development needs or delays of children under state care in order to ensure early engagement in the relevant SCA services and programs, and select the most suitable form of care that responds to best interest of child.**
- Daycare service centers could be instrumental in supporting employment of vulnerable families and particularly, single mothers, women-headed households, mothers with many children and mothers of CwD. Therefore, **it is recommended that daycare service centers be strengthened for socially and economically vulnerable households, to raise awareness about this program in the relevant public and to increase their geographic coverage too.**
- It is important to increase the quality of social work under SCA services and programs to increase outcomes for beneficiary households.

### National Health Agency

- As suggested by the findings, overall satisfaction with the programs offered by UHCP is high (77%). The beneficiaries are mostly satisfied with provided care, however, 8% of beneficiaries of planned outpatient care and 3% of beneficiaries of clinical-lab tests express dissatisfaction. Low rating is mainly associated with the long waiting lines to receive service.
- As the findings suggest, **the needs of persons with disabilities may not be properly reflected under UHCP**; hence, it is important to find solutions to the mentioned issue.
- The qualitative and quantitative findings illustrate that households with PwD or chronic conditions incur extremely high expenditure on healthcare services and medication. Therefore, **further increasing the affordability of medication will have an impact on socio-economic state of this households.**
- As suggested by survey results, PwD are frequent visitors of medical facilities to receive different types of services. Unfortunately, medical infrastructure might not always be adapted to the needs of PwD which can

result in traumatic experiences for these individuals. **In order to reduce likelihood of such scenario and experiences, it is important to raise awareness about the needs of PwD when receiving medical services.**

- The qualitative survey findings suggest that some beneficiaries received funding, while some beneficiaries paid out of the pocket for similar inpatient and outpatient services at one or different locations. Based on the overall findings, it could be presumed that there might be a lack of knowledge regarding the referral procedures within universal healthcare program or there might be different patterns of implementation within healthcare providers. Due to this fact, **it is important to increase awareness about referral procedures in healthcare providers or increase monitoring in order to reveal different patterns of implementation of referral procedures under the universal healthcare program.**

#### State Employment Support Agency (SESA)

- According to the qualitative survey findings, beneficiaries of SESA programs mostly refrain from employment due to the irrelevancy of vacancies, working conditions and salaries. **It is important for beneficiaries to receive vacancies that relate to them, their skills, education and qualifications.** In addition, **it is important for beneficiaries to receive vacancies that provide better balance between working hours and remunerations.**
- As suggested by qualitative survey findings, female beneficiaries with children refrain from employment due to small age children and the absence of supporter in the family. Therefore, **it is recommended to consider needs of this target group and also incorporate job offers that provide flexible working hours, part-time or remote employment.**
- Based on the qualitative survey findings, some beneficiaries think that the incorporation of self-employment and/or agricultural component in SESA services and programs would benefit many vulnerable families to overcome the poverty, become self-sustainable and support themselves.

#### Attitude

- As suggested by findings, the population mostly uses, trust and prefers to receive SPP-related information TV-media; in addition, results show that up to half of the population who are aware of at least 1 SPP, receive information from TV. Therefore, **it is important use traditional media sources when delivering information about the SPPs, as findings suggest they are effective in delivering general messages to population.**
- According to the survey, 15% of the population thinks that a large portion of those who are currently benefiting from various SSPs deserve it, though there might be a small portion of those who are not in need, while some 5% still think that a majority who are benefiting do not deserve it at all. **Increased awareness and increased transparency of accession process and HH assessment procedure is the best way to cope with such misperceptions about SPPs in the public.**
- As suggested by findings, Group I of disability is more prominent under SPPs compared to the Group II, even though their needs are also very severe, and they also contain significant share of PwD. Therefore, **it is important to ensure that needs of persons with group II of disabilities is also sufficiently reflected under SPPs.**
- According to the survey, the needs of women, single-mothers and youth are of the less addressed by SPPs. **Therefore, it is important to elaborate SPPs or strengthen existing ones so that they respond to the needs of this group.**

## References

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## Annexes

Annex 1: KAP survey instrument (quantitative component)

(See in a separate document attached to this Report)

Annex 2: Guides for FGDs (qualitative component)

(See in a separate document attached to this Report)

Annex 3: Additional analysis tables (quantitative component)

(See in a separate document attached to this Report)

Annex 4: List of SPPs

(See in a separate document attached to this Report)