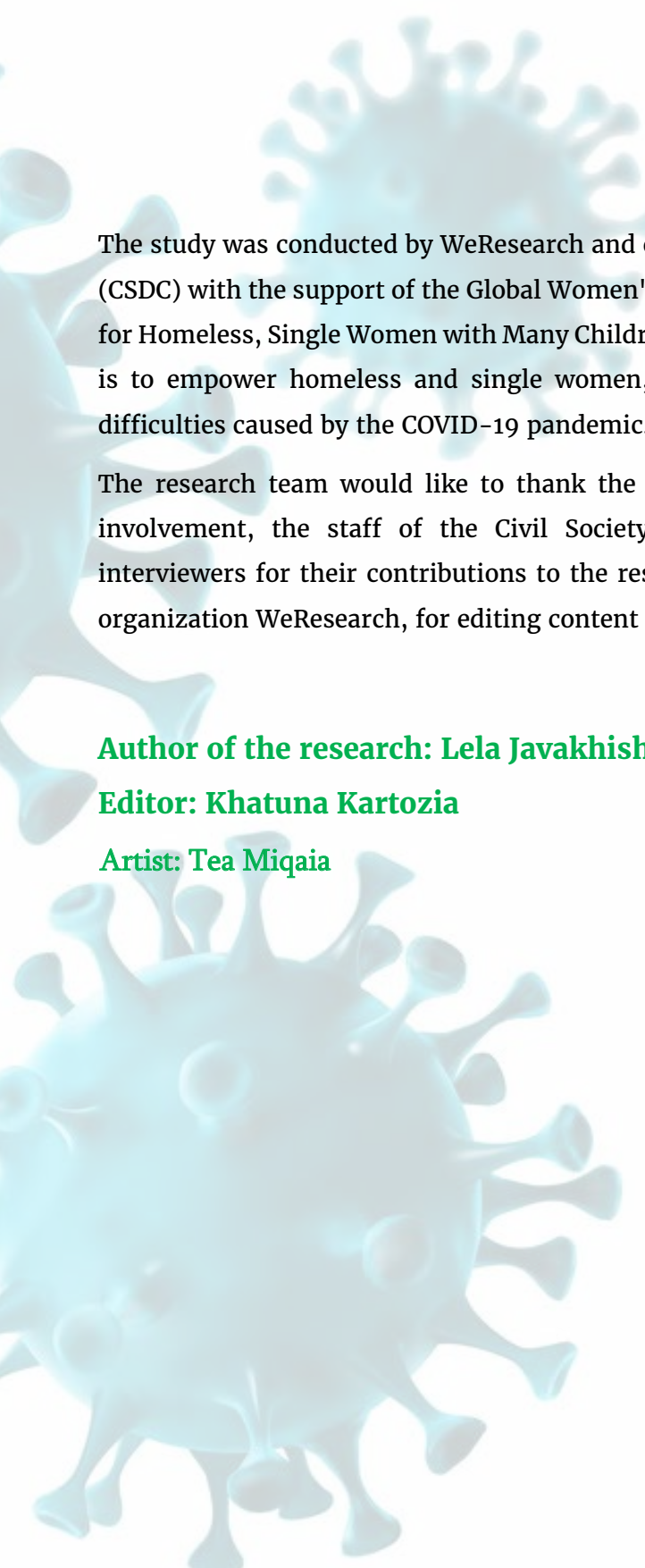


**Study of the Problems and Needs of the Single, Homeless
Mothers of Many Children Living in Tbilisi During the COVID-19
Pandemic**

November, 2020
Tbilisi, Georgia

Table of Contents

Introduction.....	6
Aim and Objectives of the Research.....	8
Methodology.....	9
The Context of Georgia	10
Research Results	12
Demographic Characteristics	12
The Impact of the COVID-19 Pandemic on Financial Status and Employment.....	17
The Impact of the COVID-19 Pandemic on Family Relationships	17
Distance Learning and its Associated Difficulties.....	18
Impact of the COVID-19 Pandemic on Food Ration.....	20
The Impact of the COVID-19 Pandemic on Self-Care Capabilities.....	24
The Impact of the COVID-19 Pandemic on Access to Health Care	25
The Impact of the COVID-19 Pandemic on Access to Psychologist Services.....	29
Assistance from State and Other Institutions during the COVID-19 Pandemic	30
Key Research Findings and Recommendations	33
Bibliography.....	39
Appendix	42
Appendix N1 - Focus Group Guide.....	42
Appendix N2 - Face-to-face Interview Questionnaire	45



The study was conducted by WeResearch and commissioned by the Civil Society Development Center (CSDC) with the support of the Global Women's Fund as part of the project "Promoting the protection for Homeless, Single Women with Many Children during COVID-19 Pandemic". The aim of this project is to empower homeless and single women, their social inclusion and support to overcome the difficulties caused by the COVID-19 pandemic.

The research team would like to thank the focus group and survey participants for their involvement, the staff of the Civil Society Development Center (CSDC) and volunteer interviewers for their contributions to the research, and Gvantsa Jibladze, researcher of the organization WeResearch, for editing content of the report.

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Introduction

In 2019, a new type of virus COVID-19¹ appeared in the world. According to science, the disease was first reported in December 2019 in China, specifically in the city of Wuhan². The World Health Organization (WHO) declared a state of emergency in January 2020 and a pandemic in March 2020. As of October 21, 2020, more than 40.7 million cases of the virus have been confirmed worldwide and more than 1.12 million deaths are associated with this virus³. As of March 2020, 1.7 billion people worldwide are in severe isolation⁴. It increased up to 3.9 billion in the first week of April, which is more than half of the world's population⁵. This has affected almost every segment of society and has led to socio-economic delays. The pandemic not only affected the health of citizens, but also negatively affected their social life. Numerous studies have shown that COVID-19 significantly complicates people's lives. This damage has been more severe for some people than others. One such study found that low-income individuals were more likely to become infected with the coronavirus, making them more vulnerable⁶. The researchers, by comparing data from different

¹ World Health Organisation (WHO). (2020). Naming the coronavirus disease (COVID-19) and the virus that causes it. Retrieved from: [Internet Sources](#).

² World Health Organisation (WHO). (2020). Novel Coronavirus – China. Retrieved from: Retrieved from: [Internet Sources](#).

³ Johns Hopkins University. (2020). "COVID-19 Dashboard by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins University (JHU)". Retrieved from: [Internet Sources](#).

⁴ Jones, S., Kassam, A. (2020). Spain defends response to coronavirus as global cases exceed 500,000. The Guardian. Retrieved from: [Internet Sources](#).

⁵ Rothan, H.A., Byrareddy, S.N. (2020). The epidemiology and pathogenesis of coronavirus disease (COVID-19) outbreak. ELSEVIER. Retrieved from: [Internet Sources](#).

⁶ Fisher, M., Bubola, E. (2020). As Coronavirus Deepens Inequality, Inequality Worsens Its Spread. *The New York Times*. Retrieved from: [Internet Sources](#).

cities, found that, for example, in both New York⁷ and Barcelona, coronavirus cases were disproportionately distributed by district. In particular, the number of reported cases of the virus was higher in areas populated by low-income people. This was due to the fact that the poor mostly worked in the service sector (supermarkets, nursing homes, etc.), which was the most crowded during the crisis and/or risky in terms of transmitting the virus⁸. Added to this was the fact that low-income families had less access to health care services and could not own an insurance package or could no longer afford to pay insurance due to job loss.⁹

Also noteworthy is their psychological state, which has been significantly affected by fear and stress caused by the pandemic, which, according to the World Health Organization (WHO), subsequently affected relationships.¹⁰

Along with everything else, the pandemic also played a role in changing the world education system. It caused the closure of schools and universities, towards the transition to distance learning. There is an assumption that the technical means and the internet were needed to get an education with such an approach were found to be particularly difficult to access for families with economic problems.¹¹ Because of this, some children were left without education as their basic right.

Given the circumstances presented above, we can assume that similar problems have been particularly critical for single, the homeless and women with many children. However, it is interesting to note what part of society was most affected, and what

⁷ Buchanan, L., Jugal, K.P., Brain, M.R & Anjali, S. (2020). "A Month of Coronavirus in New York City: See the Hardest-Hit Areas". The New York Times. Retrieved from: [Internet Sources](#).

⁸ Burgen, S., Jones, S. (2020). Poor and vulnerable hardest hit by pandemic in Spain. The Guardian. Retrieved from: [Internet Sources](#).

⁹ Woodward, A. (2020). "Coronavirus: 5.4m Americans lost health insurance during pandemic, report says". The Independent. Retrieved from: [Internet Sources](#).

¹⁰ World Health Organization (WHO). (2020). "Mental health and psychosocial considerations during the COVID-19 outbreak". Retrieved from: [Internet Sources](#).

¹¹ UNESCO. (2020). COVID-19 Educational Disruption and Response. Retrieved from: [Internet Sources](#).

obstacles they faced during the pandemic, the management of which sometimes did not depend entirely on them.

This study presents the problems and needs posed by the COVID-19 pandemic for single, homeless and/or women with many children. Also, recommendations foreseeing of which will be considered a step forward to eliminate the problem.

The research is conducted within the framework of a joint project of the Civil Society Development Center (CSDC) and the Global Fund for Women. It serves to identify the needs of women in pandemic conditions. The data obtained will help guide the project further and develop strategies to support women.

Aim and Objectives of the Research

The aim of the study is to identify the barriers and needs that have arisen for single, homeless and/or women with many children living in Tbilisi during the COVID-19 pandemic.

To achieve this goal, based on the views of the target group, the following tasks were set:

- How has the COVID-19 pandemic affected the financial situation of single, homeless women and/or women with many children;
- Employment-related barriers posed by the COVID-19 pandemic to single, homeless women and/or women with many children;
- How the COVID-19 pandemic affected the relationship between family members of homeless women and/or women with many children;
- How has the COVID-19 pandemic affected the nutrition of single, homeless women and/or women with many children?
- How the COVID-19 pandemic affected the self-care of single, homeless women with many children;

- What new barriers have the COVID-19 pandemic created in terms of access to health and psychological services for single, homeless women with many children;
- How effective is assistance from government agencies and other institutions during the COVID-19 pandemic for single, homeless women with many children?

Methodology

We used both qualitative and quantitative approaches to collect information for this study. In a qualitative study - a focus group, and in the case of quantitative research - a face-to-face interview was held.

At the initial stage of the study, three group discussions were held, which allowed us to observe the aspects that the participating women singled out in relation to the tasks presented above. The focus group discussion lasted an average of 1 hour - with 6-8 single, homeless women and/or women with many children participating in each. They discussed the obstacles they faced during the COVID-19 pandemic and the needs that arose during that period (see Appendix N1 for the research tool).

Based on the analysis of qualitative data, a quantitative research tool, a questionnaire was developed, which detailed all the issues that the focus group participants focused on (see Appendix N2). A total of 100 face-to-face interviews were conducted during the quantitative research phase. Because the research was ongoing within the project, people who registered as project beneficiaries participated in the survey.

The Context of Georgia

With the spread of the pandemic in Georgia, a number of citizens were left without jobs, including women whose incomes were determined by daily wages. In many cases, this was the only source of income for the family. One-third of women employed before the pandemic said they had lost their jobs¹², noting that in addition to economic obstacles, they also faced psychological difficulties.

The United Nations (UN) Policy Research Document on Georgia, "The Impact of COVID-19 on Women,"¹³ notes that the pandemic exacerbates inequality, most notably in the case of women because of their gender. According to the same study, coronavirus will have a negative economic impact on the lives of women with lower incomes and unstable jobs. As for the health sector, the negative consequences here are due to the problem of access to medical resources for women. This is due, on the one hand, to the economic problem and, on the other hand, to the fact that the amount of unpaid labor of women has increased even more during the pandemic. For example, in the case of mothers with many children, when all the children are at home during the day (due to the closure of schools and kindergartens), they need much more time and care from the parent.¹⁴

42% of women reported that compared to the period before the pandemic, they now spend more time (at least one hour) on household chores, when 7% fewer men say

¹² UN Women (2020). Rapid gender assessment of the situation caused by COVID-19 in Georgia. Retrieved from: [Internet Sources](#).

¹³ The United Nations (UN) (2020). Policy Research Document: The Impact of COVID-19 on Women. Retrieved from: [Internet Sources](#)

¹⁴ United Nations (2020). Policy Research Document: The Impact of COVID-19 on Women. Retrieved from: [Internet Sources](#)

the same (35%)¹⁵. Added to this are the regulations that make people stay home all the time, and ultimately, this has a significant impact on the increased risks of gender-based violence. Obviously, all this is not over yet, and it is becoming more and more problematic as it becomes difficult to access emergency services (police, ambulance) in a timely manner.

In response to the problems caused by the pandemic, several social protection reforms have been carried out in the country. Nowadays, when studies assess the readiness of the Georgian social system to deal with all this, it becomes clear that the situation for homeless, single women with many children is more critical than it was considered at the level of social policy. For example, receiving self-employment assistance for women in daily wage labor was a major obstacle because, in many cases, they could not legally verify their employment status. Added to this was the fact that the assistance was one-time and at the same time small.¹⁶

As noted above, the spread of the pandemic has led to the shift of students to distance learning mode, which has posed new challenges for mothers (especially those with many children). The responsibility for dealing with new challenges was taken mostly by the mothers themselves. In a publication published by the United Nations Women (UN Women), "Rapid Gender Assessment of the COVID-19 Situation in Georgia", we read that compared to women (61%), men (44%) were less likely to indicate an increase in time spent educating children and entertaining them during a pandemic.¹⁷

¹⁵ UN Women (2020). Rapid gender assessment of the situation caused by COVID-19 in Georgia. Retrieved from: [Internet Sources](#).

¹⁶ United Nations Children's Fund (Unicef). (2020). Assessment of the readiness of the Georgian social protection system. Retrieved from: [Internet Sources](#).

¹⁷ UN Women (2020). Rapid gender assessment of the situation caused by COVID-19 in Georgia. Retrieved from: [Internet Sources](#).

Based on the information provided, it can be said that women living in Georgia have experienced difficulties caused by the pandemic in various directions, due to which the issue needs more in-depth study.

Research Results

Demographic characteristics

Although women with similar socio-demographic characteristics participated in the qualitative part of the study, the difference between them was obvious. It should be noted that the age of the focus group participants ranged from 33 to 53 years. Each of them has one, two, three or four children. As for the participants in the quantitative study, the average age here was 38 years (st.d 8.6). Most of the 100 women surveyed have 2 (34%) or 3 (32%) children.

The majority of respondents to the quantitative survey (63%) are single mothers or, like the focus group participants, have children, although they still live alone. When asked, who are your family members with whom you live? Those who chose the category "other" (9%) live with a friend, grandchildren, cousins or a distant relative. Others named their parents or their spouse and parents-in-law.

Based on the selection of the target group of the research, each respondent participating in both the focus group and the quantitative survey lives in Tbilisi, although not all of them have their own living space. For example, most of the women in the focus group report living in a rented apartment. This is confirmed by the results of a quantitative survey, according to which almost half of the

respondents (45%) live in a rented space and only 16% in their own house (see Diagram N1).

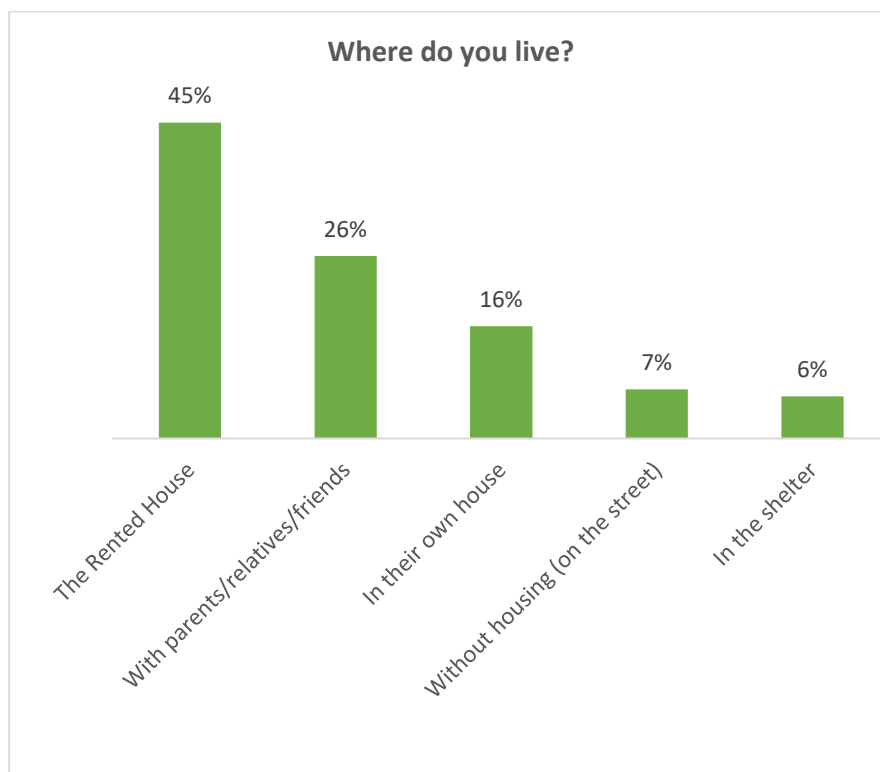


Diagram N1

Education: A large proportion of the survey participants (39%) have received secondary education, although there are those who, despite the difficult social background, have been able to receive other types of education. 23% of respondents to the quantitative survey have received higher education, while 20% (every fifth) have not even finished school.

Those who have been able to continue working with their profession have turned their careers into a source of income, while those who have found it difficult to find employment are now using their knowledge to help their children get an education.

Employment status: Quantitative data show that only 25% of women surveyed are employed, the rest are unemployed for a variety of reasons. It is also noteworthy that almost a quarter (22%) lost their jobs due to the pandemic. Some of the employed

women work as a family home-maker, store consultant, waitress, etc. (See Diagram N2).

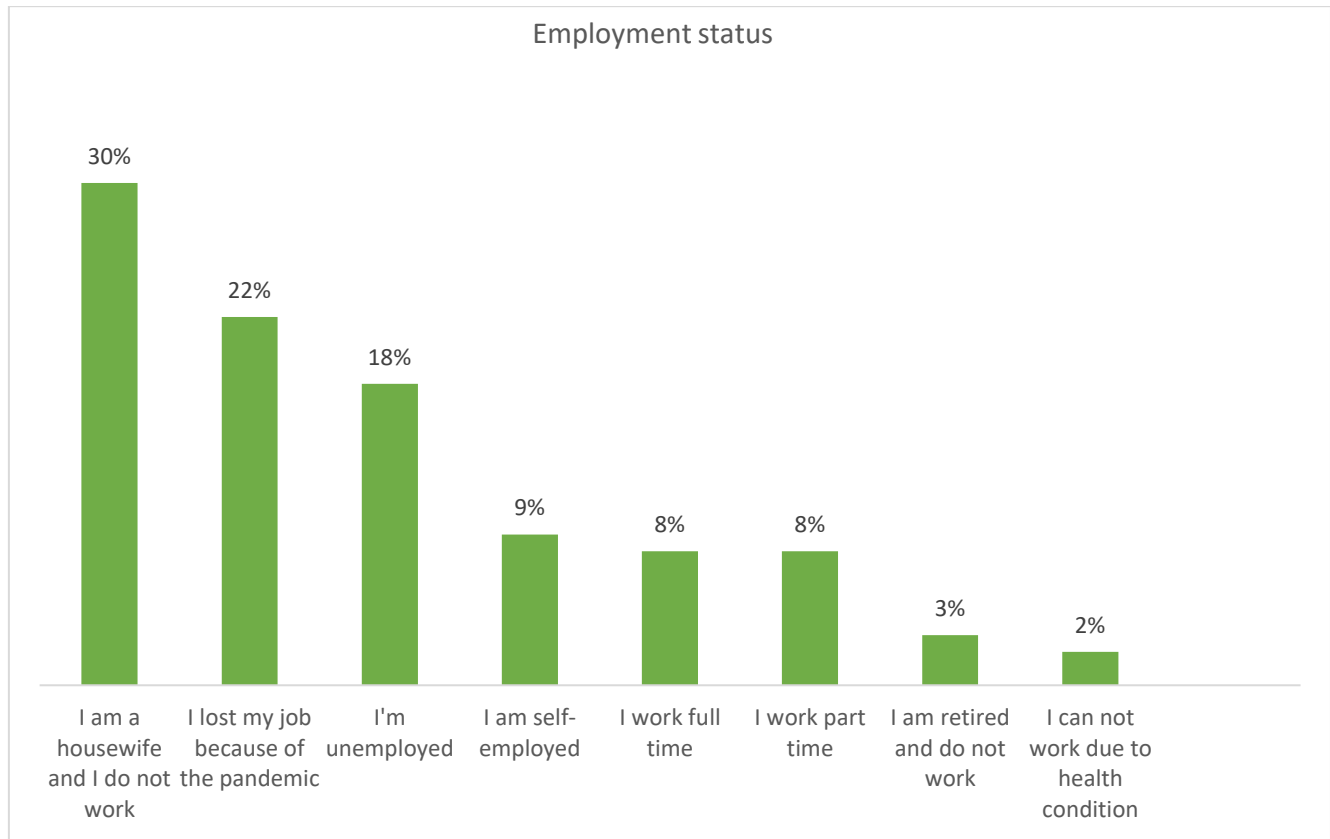


Diagram N2

The Impact of the COVID-19 Pandemic on Financial Status and Employment

Analysis of quantitative data reveals that 45% of respondents think that the minimum monthly income of their family (in case of cohabitation with family members), which would allow their family to live a normal life, ranges between 401–800 GEL. That's when only 25% of their families had that amount of income last month. Overall, this means that in their estimation, in some cases, the required subsistence amount and the generated amounts do not match.

According to the survey, the main burden falls on pensions and state/social assistance, as 84% of respondents say that during the last nine months (pandemic period) both they and their family members (if any) had this type of income for the

most part. Among them are those who lost their jobs due to the pandemic and had to make ends meet with unemployment benefits (meaning compensation provided by the Georgian government to those affected by the coronavirus pandemic). It is important to note that a small number of those in the study were found to have no income at all (2%). Such people live in shelters or with the help of other people (food donation).

As it has been repeatedly mentioned, some of the participants in the study are mothers of many children, which is why they receive additional allowances. However, at the same time, they noted that obtaining such assistance is associated with difficulties and is largely determined by the number of children and their age.

According to the focus group participants, in addition to state aid, there are little to no chances to find somebody in the family or relatives who will provide them with financial assistance. Taking into account these and other factors, they mostly have the status of socially vulnerable. Those who worked before the pandemic had difficulties in having to stay home during the pandemic and, consequently, had to give up income for some time or indefinitely due to the current situation. Added to this was the fact that transportation to the workplace was virtually impossible because of the restrictions on the movement of vehicles for some time.

"I can no longer work. The shop near the school where I worked and was assisted in caring for children was closed. Then there was the cleaning houses, and no one wanted that as well. I did it with one other woman, sometimes I received twenty GEL, but it was no longer physically possible. I was left without anything ... "(34 years old).

Given this situation, only 3% were able to start working again after losing their job during a pandemic. Consequently, only a couple of them managed to start self-employment, full-time or part-time work.

This explains why the majority of women in the survey (48%) agree more than disagree (32%) with the statement - "If not for the pandemic, I would be better off

financially today." About two-thirds (67%) of women do not consider state assistance to be sufficient. And, almost half of the respondents (48%) believe that they could not overcome the problems arising during the pandemic.

All of this, as a whole, gives us reason to conclude that single, homeless women and/or women with many children have faced difficult financial challenges due to the pandemic, in response to which state intervention has proved insufficient.

With the loss of a job, all of this obviously had an impact on the overall income of the family. To the question - "How did the pandemic affect your family income?", The respondents answered:

- Income remained the same - 39%;
- Income decreased significantly - 28%;
- I completely lost my income - 18%;
- Income decreased slightly - 15%;

As can be seen from the presented data, the income of the surveyed households during the pandemic did not increase at all and decreased by different levels for 61% of them. It should be noted that there is a link between a complete loss of income and the number of children of respondents, which means that a large proportion of families whose incomes declined during the pandemic are mostly parents of three, four or five children.

Based on the above, we can conclude that the COVID-19 pandemic had a negative impact on the financial situation of single, homeless women and /or women with many children. Incomes fell sharply and pensions and social benefits became the main source of funding. Nevertheless, state intervention proved to be insufficient. It is difficult to find people around them who can provide financial assistance. Employment opportunities have also declined, and some have lost their jobs altogether. Only units were able to restart the work.

The Impact of the COVID-19 Pandemic on Family Relationships

One of the objectives of the study was to assess the impact of the pandemic on relationships between family members of homeless women and/or women with many children. Focus group participants positively describe attitudes towards family members, especially children.

"All three have a good relationship with each other. They can not stand to be without each other. When the oldest goes somewhere, the little ones are waiting, they are good, loving children" (43 years old).

The same is shown by the data obtained from a quantitative survey, according to which a large part of the respondents (76%) say that the relationship between family members is very good and they support each other.

Despite the financial difficulties caused by the pandemic, women in the focus group noted that the new obstacles have not caused conflict or tension in their families, and they only hear about such conflicts from television. It is worth noting that, in their estimation, the change in condition has manifested psychological tension in their own behaviors.

"It worked out well for six months, they did not starve, but I was very tense psychologically. I followed basic hygiene rules, but I was anxious when I came in, I could not touch the children, I was shaking in the lava washing machine " (36 years old).

The presented data allow us to conclude that in the case of single, homeless women and/or women with many children, the COVID-19 pandemic did not actually affect the relationship between family members. Although the social background has deteriorated dramatically, this has not caused a new conflict.



Distance Learning and Its Associated Difficulties

A new challenge for women was moving their children to a model of distance learning. A large proportion (80%) of the women surveyed indicated that they had a school-age child or children.

Most of the mothers (60%) whose school-age children had to switch to distance learning mode said that they were not satisfied with this because they could not involve their child in the teaching process due to lack of equipment and/or internet (see Diagram N3).

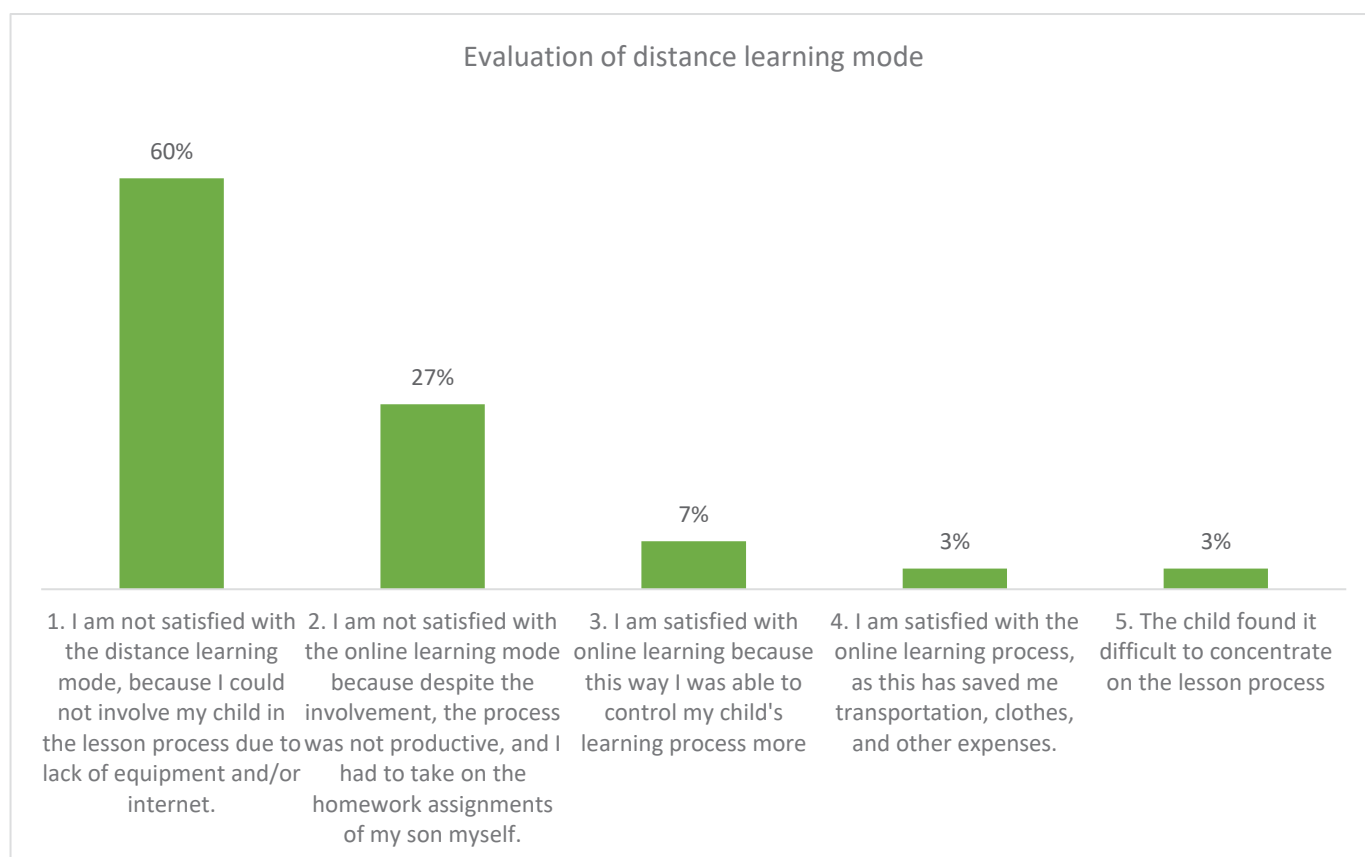


Diagram N3

Lack of computers has been a problem that has become the most important challenge for mothers during online education. The first place in the list of difficulties related to this issue was again the lack of computers and relevant equipment (53%), which

was accompanied by the problem of concentrating the child's attention in the lesson process.

However, it must be said that mothers who have children with disabilities face an even greater challenge. The reason for this is that in daycare centers a specialist works individually with each child, which is so different from online teaching that children refuse to engage in the online teaching process.

"I do not have internet, but a neighbor helped me out there. The middle child was struggling, she did not want to communicate, the children were making noise and getting on her nerves. It is a very difficult situation and I do not know what will happen this year "(34 years old).

As an exception, there were those who wanted to study more due to the complexity of the situation. In such cases, women had a relatively lower workload.

Based on the data presented here, it can be said that the transition to a distance learning model for students during the pandemic has become an additional obstacle for homeless mothers of many children.

Impact of the COVID-19 Pandemic on Food Rations

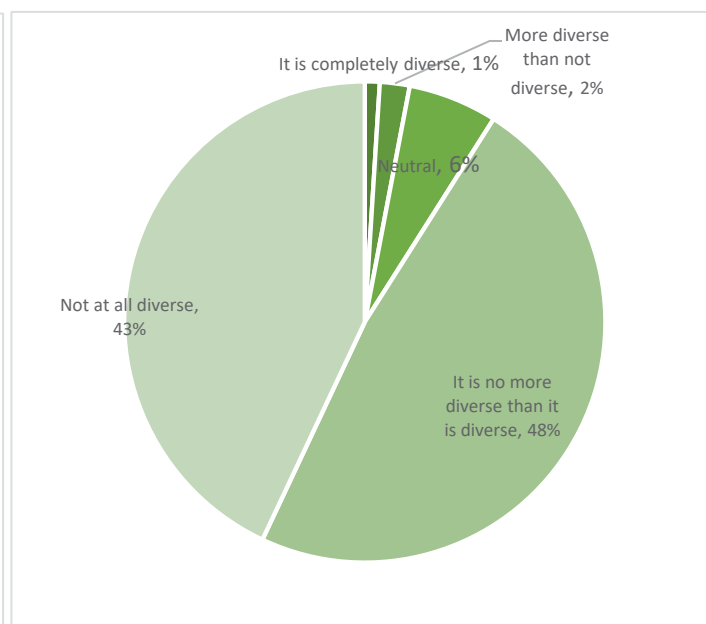
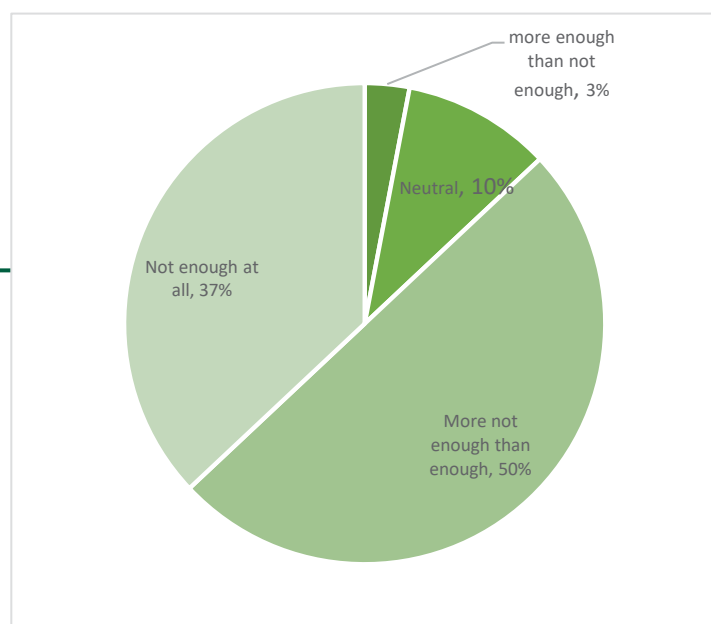
Given that the target group of the study was single, homeless women with many children, it is clear that the impact of the pandemic on food rations was different in each case. As a result of the research, one of the most difficult problems during the COVID-19 pandemic is finding food resources. In this regard, the situation is worse for single women. In such a situation, the only helper for them is the neighbors. As for mothers with many children, they point out that they had problems with food before, but now, when resources are scarce, they try to cut down on food themselves and distribute the existing ration to their children.

"The child misses fruit, he can no longer eat only rice and pasta. Yes, he eats, but every day the same food. And even that we do not always have"(38 years old).

To the question: "How much necessary nutrients/vitamins you get from the food you eat daily?" 50% of respondents say that it is not more than enough (see Diagram N4). And when they evaluate how diverse their diet is, the majority (43%) believe that it is not diverse at all (see Diagram N5).

Diagram N4 - How much necessary nutrients/vitamins you get from the food you eat daily?

Chart N5 - How would you rate how diverse your diet is?



It should also be noted that more than

half (57%) of the participants in the quantitative survey said that since the onset of the pandemic, the number of their food variations has decreased significantly. This leads us to conclude that due to the pandemic, for single mothers, homeless and/or mothers with many children, the nutritional situation has mostly worsened. That is why the pandemic period became difficult for them to bear.

Qualitative analysis reveals that women feel the need to add meat and fish, as well as fruits and vegetables to their family's daily ration. The same was revealed as a

result of the quantitative research: the answer to the question, “If you had the opportunity, what would you change in your food ration?” Was distributed as follows (see Diagram N6):

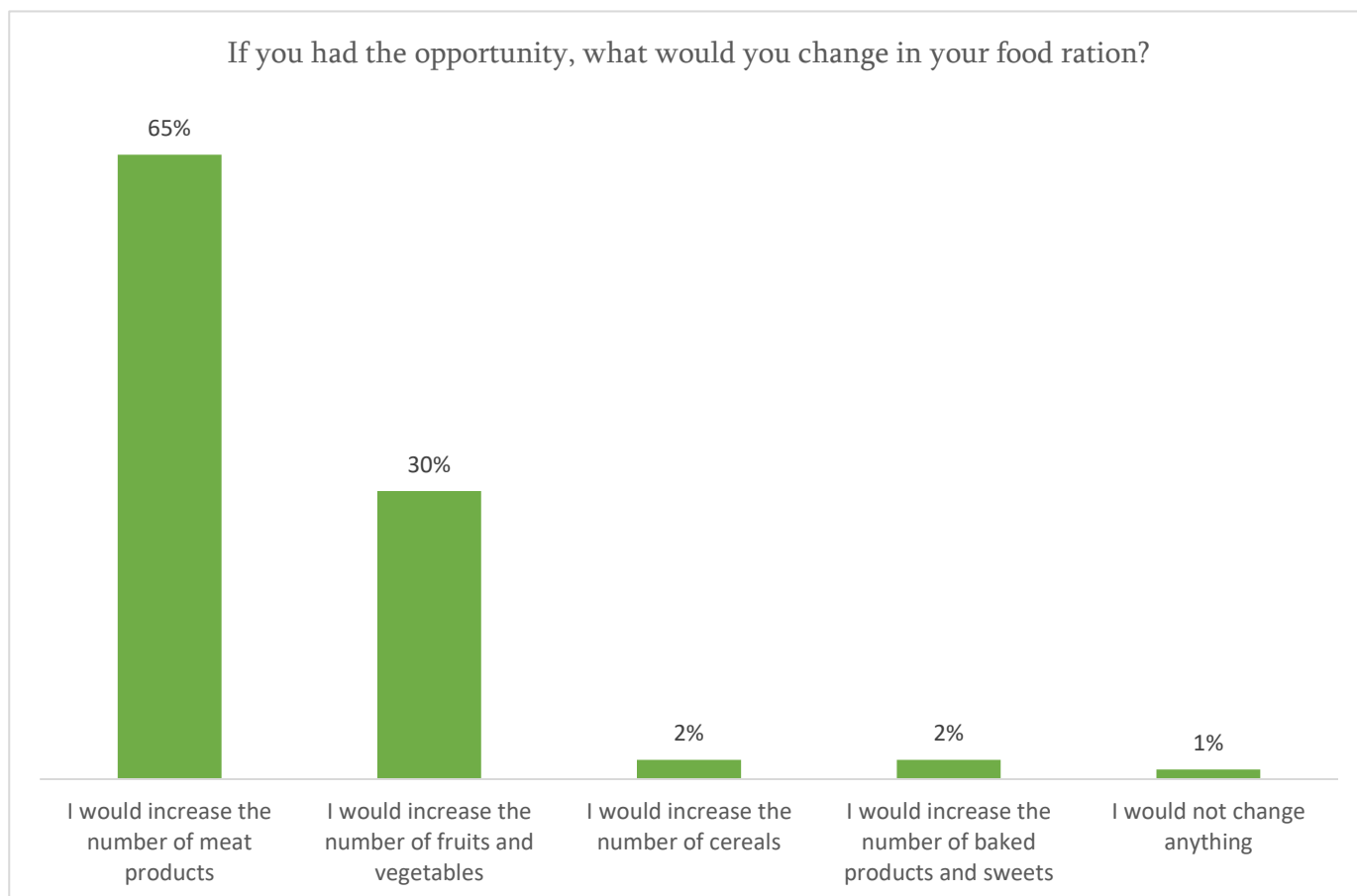


Diagram N6

It should also be noted that when talking about food, study participants say that sometimes there are cases when it is difficult to even buy oil or dishwashing detergent.

In addition to financial problems, food shortages were also affected by transportation problems. The women in the study note that the food markets they had previously visited because of their low price became less accessible to them due

to restrictions on transportation. So they had to take advantage of the relatively expensive shops in their area. This is considering that 39% of the respondents said that during the whole week, and for 29% during the last 9 months there were cases on a daily basis when they did not have the money to buy the necessary food.

Given the current situation, in the last 9 months (during the pandemic), some of them even needed to borrow money to buy food (see Diagram N7).

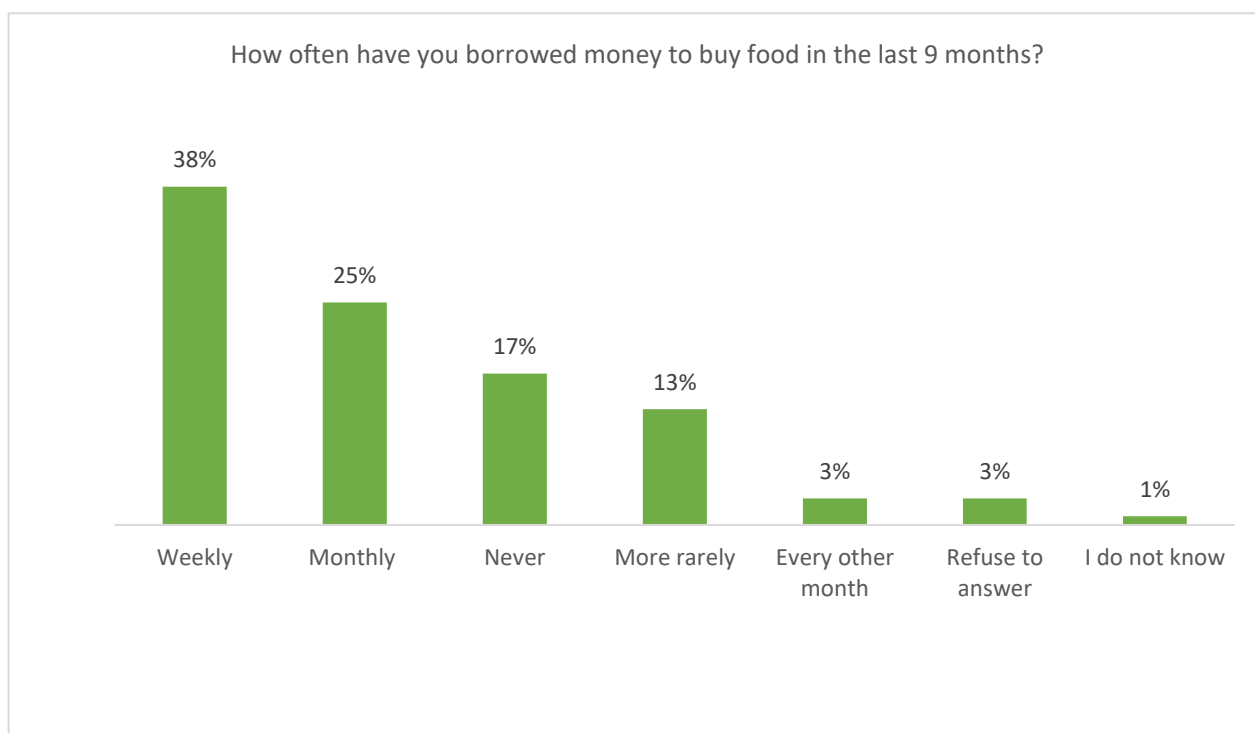


Diagram N7

60% of the surveyed women had to ask for food from others at least once in the last 9 months, including 28% (or almost every third) - on a weekly basis. This means that it was especially difficult for single, homeless women and/or women with many children to find the food they needed during the pandemic.

Based on the information gathered here, we can conclude that the COVID-19 pandemic, in addition to financial changes, has had a negative impact on the diet of single, homeless women and/or women with many children. This created a shortage of nutrients in their daily lives, and they were forced to borrow money to buy food or ask for food from others. Due to the current situation, a large part of them wants

to increase the number of meat products in their diet, which can be explained by the fact that the latter is more expensive than other products and is less affordable for them.

The Impact of the COVID-19 Pandemic on Self-care Capabilities

Against the background of the difficulties presented above, a certain category of women participating in the study is able to devote time and resources to self-care, while for others it is a luxury, as the conditions and means of self-care have become even less available during the pandemic.

"It depends on what conditions you have. Where I live, I can not take care of myself [...] physically, there is no gas there. Hygiene is loved by everyone. I also want to be well-groomed, but there are no conditions here "(53 years old).

In addition to the obstacles caused by the pandemic, it is sometimes associated with unpaid labor for women. They do hard work in the form of family affairs, which requires so much effort from them that they no longer have time for themselves. According to the survey, the majority of women surveyed are largely (24%) or completely (39%) unable to devote time to self-care. Most of them have more than two children.

In discussing this issue, it was found that in addition to lack of time, access to self-care products is also an important factor. In this regard, it was interesting to understand what is included in the self-care kit for single, homeless women and/or mothers with many children. It turned out that on their part, the emphasis is mainly on hygienic items. Respondents mostly name shampoo and soap among their care

products. As for cosmetics, here, mainly perfume (5%), hair dye (5%), nail polish (3%), and lip balm (3%) were revealed.

Finally, we can conclude that self-care for single, homeless women and/or women with many children is mostly about hygiene because they can not afford more. This is due, on the one hand, to the material condition and, on the other hand, to the lack of time. And those who still manage to devote time to self-care, mainly use the remedies that can be found at home (natural remedies, folk recipes, etc.).

Impact of the COVID-19 Pandemic on Access to Health Care

Specific health equipment was added to the needed self-care products during the pandemic that women in the focus group said was less available to them. These were mostly taken as aid, although in the humanitarian package,¹⁸ for the most part, only disinfectant solutions or face masks were included. This means that some items were sufficient for the respondents, while others were completely inaccessible. The most commonly used virus-protecting agents were facemask and soap, and the least available were antibacterial solutions and gloves. A similar trend was observed in the quantitative research: when asked - "Which item was most commonly used during the day during the pandemic" - 61% of respondents named soap. Regarding the other answers, the indicators were distributed as follows:

¹⁸ Meaning the aid boxes distributed to them by the government, different parties, organizations during the pandemic, through which they received various items.

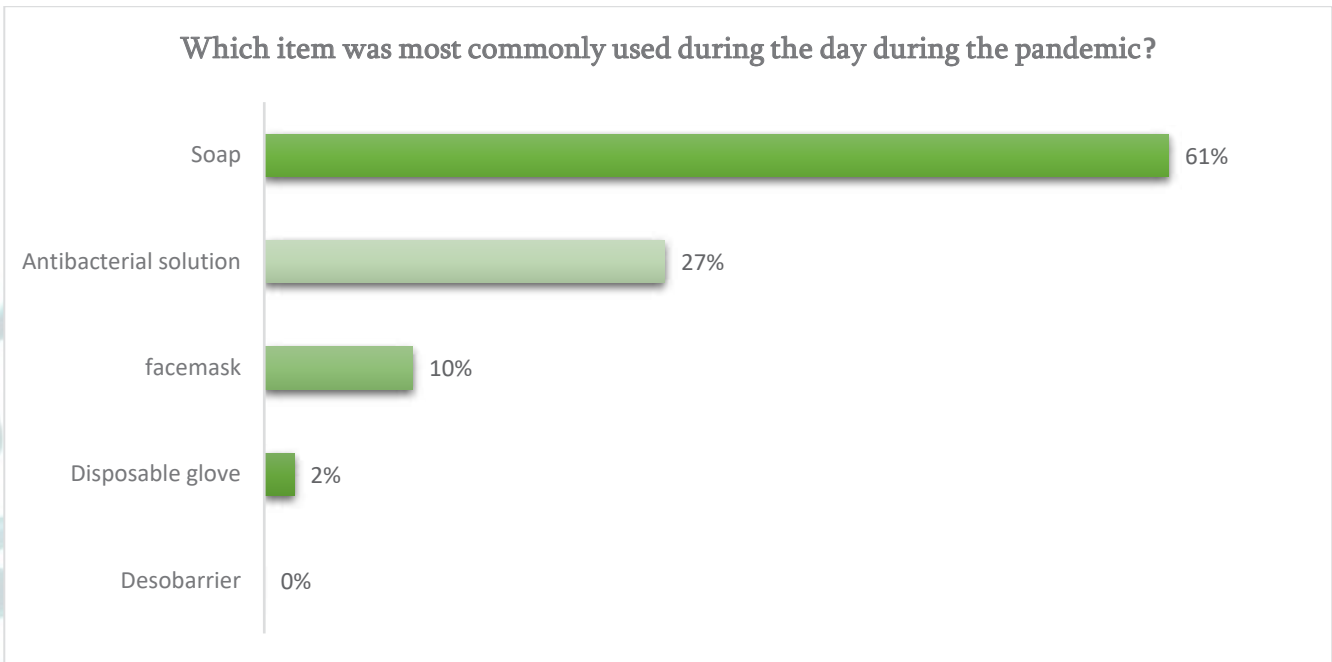
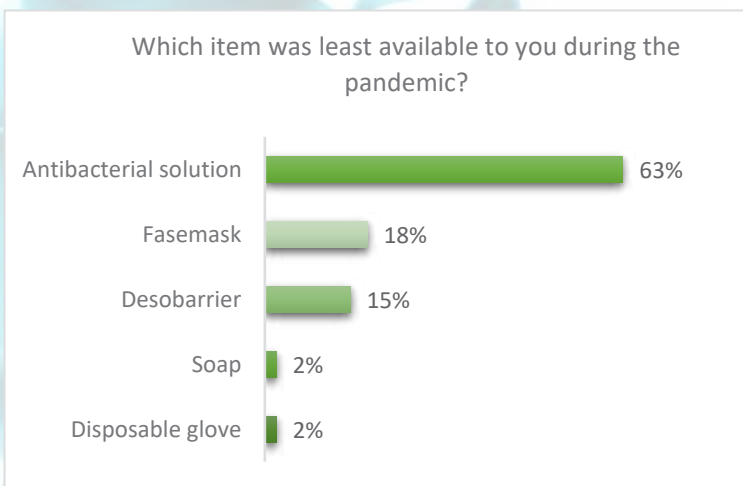


Diagram N8

*Desobarrier - anti-bacterial floor mat for cleaning shoes.

The data presented here is driven by needs on the one hand and availability on the other. This means that if the respondent does not mention any of the above items that it was most often used during the day, sometimes she does not do so because she simply did not have this specific item, therefore she could not use them either.



This conclusion is obvious if we compare the data presented in Diagram N8 and N9.

Access to health services has also been found to be hindered together with unavailable hygiene items during the COVID-19 pandemic. For those who have undergone regular check-ups

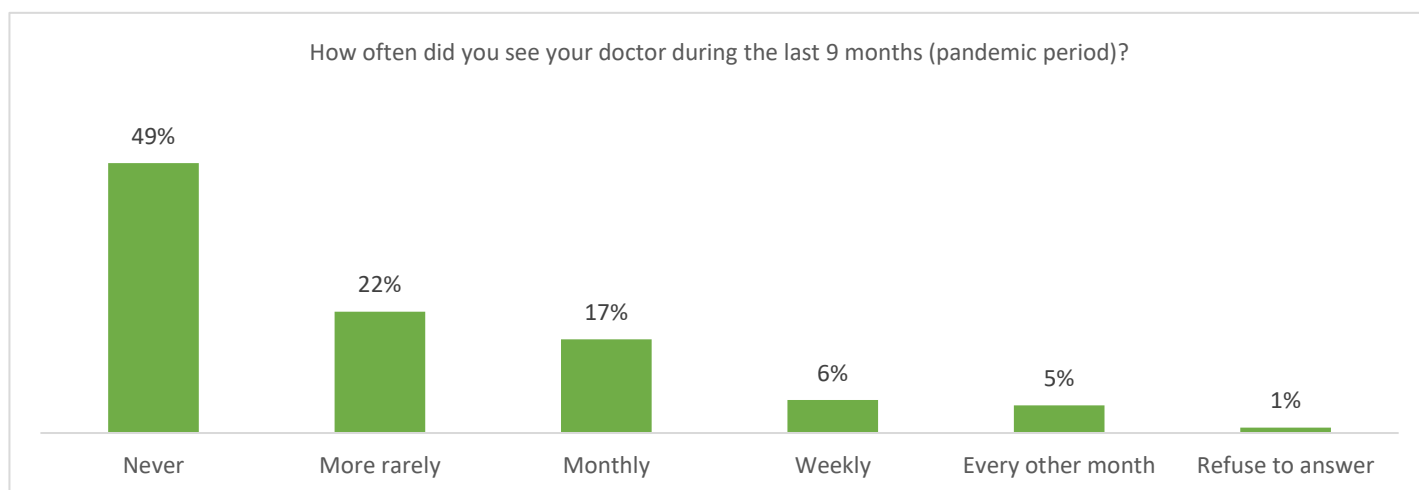
while the regulations are in effect ("lockdown"), the visit should be postponed until the day when the clinics will be able to receive them.

"I had to undergo a thousand examinations. One was free, a mammogram, and I was nervous that I could not go. The screening center was closed. They opened on June 6th. Where should I have gone for the ultrasound? In some places, it costs 60 GEL, I am not talking about mammography it is so expensive. When it opened, I went and did it, but I still need a lot of other examinations. I have only this opportunity once a year "(53 years old).

Diagram N9

This may be the reason why the majority (49%) of single, homeless women and/or women with many children participating in the quantitative study did not seek medical attention at all during the last 9 months (pandemic period) (see Diagram N10).

Diagram N10



Nevertheless, the focus group participants mentioned in the conversation that if necessary, they contacted the doctor by phone. This may explain the statistics on access to health services, according to which the figures were almost evenly distributed.

The analysis of the results showed that health services were more or less available to the women participating in the study during the pandemic period. Detailed data are presented in Table N1.

Table N1

	Available*	Neutral *	Unavailable *	Other *
The scheduled visit to the doctor (dialysis, scheduled check-ups)	61%	6%	28%	5%
Unplanned visit to the doctor	28%	8%	58%	6%
Analysis	30%	11%	55%	4%
Surgery (does not include plastic surgery)	26%	17%	45%	12%
Vaccination	64%	7%	18%	11%
Emergency medical care	82%	3%	8%	7%
Dental procedures	13%	5%	69%	13%

* Available - Under this heading is summarized data from the following two subcategories: "Completely available", "More accessible than inaccessible". * Neutral - refers to the situation when the medical services provided in the regulations were sometimes available and sometimes not, although this was so equal that the respondent could neither place it in a more accessible category nor be more inaccessible. * Unavailable - Under this heading is summarized data from the following two subcategories: "Completely inaccessible", more inaccessible than available. * Other - Under this heading are presented summary data from the following two subcategories: "I do not know", "Refuse to answer".

Finally, it can be said that homeless, single women and/or women with many children have problems accessing health care services during the COVID-19 pandemic. The period of strict regulations (lockdown) turned out to be a hindrance when some people postponed a scheduled visit to the doctor due to movement restrictions and the closure of clinics. However, in some cases, telephone interviews with doctors were named to address the problem. At this time (during the pandemic), a more important challenge was access to the hygiene items that were especially needed during the pandemic (disinfectant solution, glove, facemasks, desobarrier, etc.).

The Impact of the COVID-19 Pandemic on Access to Psychologist Services

According to the data obtained from the research, it can be said that in general, the services of a psychologist are less accessible to respondents. 80% of surveyed single, homeless or women with many children say that, if necessary, consultation with a psychologist is not available to her or her family members (see Diagram N11).

Diagram N11



In addition to the fact that the services of a psychologist are generally inaccessible to them, due to problems arising during the pandemic, 93% of respondents did not seek counseling from a psychologist. Of the participants, only 7% said they had consulted a psychologist to overcome the stress caused by the COVID-19 pandemic. Out of those, 60% believe the consultation helped. 10% think that it has helped more or less, while 30% think that it will help in the future.

Focus group participants consider the availability and usefulness of psychologist counseling in relation to their children. When discussing the services of a psychologist, they talk about how school and kindergarten or daycare center psychologists help them to correct their children's behavior and overcome difficulties. Mothers who talk about it say that during the pandemic, they received

such help for their children remotely, even over the phone. As for the personal support provided to them by a psychologist, such opportunities are practically non-existent, and they say that “they are psychologists for themselves“.

All this allows us to conclude that the services of a psychologist for single, homeless women and/or women with many children are less available, which has not changed during the pandemic.

Assistance from State and Other Institutions During the COVID-19 Pandemic

As noted in previous chapters, in some cases, homeless, single women and/or women with many children survive on state assistance. The study found that they receive various types of benefits from the state. Most of the time, this is related to the status of the socially vulnerable, which includes a socially vulnerable allowance, and in some cases, housing rent or child support. In addition to the COVID-19 pandemic, this was compounded by several months of utility tax subsidies (due to the socio-economic situation caused by the coronavirus, the Georgian government finances utility bills for the population). In addition to the payment of utility bills by the state, some of the respondents also received the product in the form of assistance. In some cases, they were supported by Tbilisi City Hall. Speaking on the subject, women say that during the COVID-19 pandemic, they filled out various application forms to get help, which, at times, did not receive any response. This is explained by the fact that the process is being carried out in stages and their turn may not have come yet. For some, in addition to the benefits listed here, a compensation of GEL 200 due to job loss was added.

„I received 200 GEL assistance, when I was unemployed in March, I worked as a helper in a restaurant. I was offered to clean houses of the quarantined people and I refused, I have old people at home and I was scared to bring them virus”(34 years old)

Those who have young children received 200 GEL¹⁹. Mothers with many children say that some children have already received this assistance, while others have not yet received it (for example, in the case of two children – they received it, in the case of a third child – no).

Despite the diversity of social packages, during the study were found those who did not receive any assistance from the state during a pandemic other than a stable social program. And most of them benefited from the government-created Citizens' Support Package under the Covid-19 Anti-Crisis Plan and also received financial assistance. According to the respondents, in general, the assistance received from the state only during the pandemic was not enough (59%).

The study showed that the social network plays an important role in the process of receiving state aid for single, homeless women and/or mothers of many children. That is why 61% of the respondents state that information about state aid is mainly provided through the social network (see Diagram N12). At the same time, the participants of the focus group say that groups for socially vulnerable people have been created in the social network, where they exchange and get information about the mentioned aids or new services.

¹⁹ One-time social assistance of GEL 200 for children under 18. Retrieved from: [Internet Sources](#).

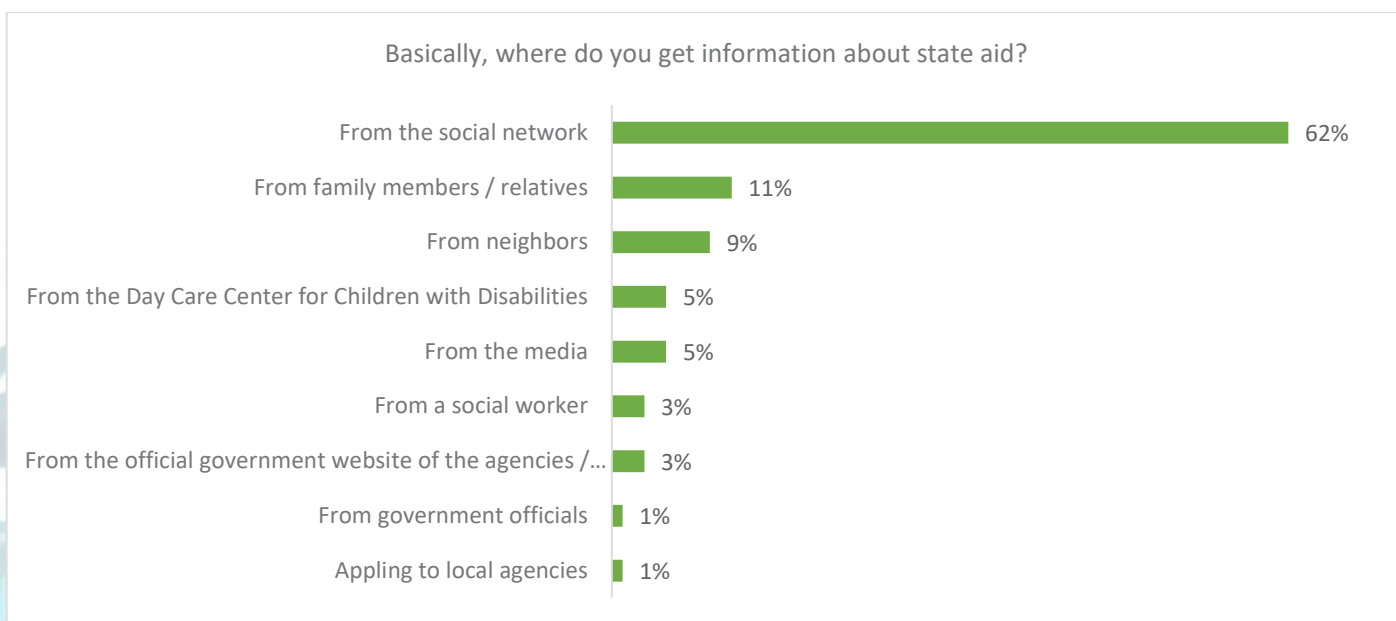


Diagram N12

In addition to public services, women were able to find and mobilize various resources during the pandemic. In some cases, this was support from NGOs, and sometimes from political parties. In this case also the majority (62%) received information about the assistance of non-governmental organizations from the social network. However, 52% of respondents said they did not receive help from them. Those who received help from NGOs note that this was mostly a one-time kind of aid and was limited to a basket of products and hygiene items needed during a pandemic. The majority (52%) of those who received similar assistance from NGOs during the pandemic felt that this was not enough.

As for the support from the political parties during the pandemic, the majority(82%) of surveyed single, homeless women and/or mothers of many children said they did not receive help.

Some of the focus group participants felt that the state was more supportive of them, while others preferred other institutions (NGOs, political parties). As an alternative view, it was expressed that these two were complementary to each other, and without either of them, the situation would have been much more difficult during the COVID-19 pandemic. Like the information presented in the previous chapters,

the most important consideration after the government and non-governmental organizations is material (other than financial) assistance provided by relatives and neighbors.

Finally, the study found that during the pandemic, single, homeless women and/or mothers of many children received assistance mostly from the state, but this was still not enough for them. In addition to state subsidies, they received assistance from NGOs, relatives and political parties, which complemented each other as a whole, although they could not fundamentally change the overall difficult situation. Information about similar types of assistance women received through social networks, they responded to them, filled out applications, which sometimes had instant results and, in some cases, no one has responded to requests or applications for assistance.



■ Key Research Findings and Recommendations

Recommendations for State Structures and Municipalities

A study of the problems and needs of single, homeless women and/or mothers of many children living in Tbilisi during the COVID-19 pandemic found that women faced complex problems that required a systemic approach. Respondents in both the quantitative and qualitative surveys agree that their economic opportunities have only declined in the last nine months (pandemic period). The study also found that state assistance for homeless, single women and/or mothers of many children during a pandemic was insufficient.

The majority (63%) of respondents to the quantitative survey are single mothers. According to the law, the status of a single parent is granted to the mother of a child

born in Georgia, who is not married, and the child's birth certificate does not identify the father and/or the adoptive mother who is not married at the time of adoption²⁰. While status can be granted, the state has not outlined what kind of social package it can offer women with single mother status.

The study identified problems with distance learning that put women in greater responsibility for protecting their children's right to education, which included providing the family with the Internet and technical means. Due to this problem, 60% of the study participants were not able to involve their children in the lesson process and still are not able to.

Access to food resources for single, homeless women and/or mothers of many children is a significant problem. For children under 16 living in all districts of Tbilisi, whose rating score is 10001, a child feeding card is issued, on which the accrued 30 GEL will be used only for the purchase of food products. However, the problem is that they do not have a choice when cashing out a voucher because the list of stores where they can use those vouchers is pre-compiled²¹. Most of the women point out that the food prices in these chains are relatively high, so they can buy fewer products.

The satisfaction of basic needs is also a huge problem. Surveyed single, homeless women and/or women with many children (39%) said they could not take care of themselves at all because buying hygiene items for them was a luxury. Consequently, for them, the set of self-care products is monotonous. Although anti-bacterials were among the assistance received during the last nine months (pandemic period), some essential items such as anti-bacterial solution, facemasks and soap are still not available to the target group.

²⁰ Law on Determining the Status of a Single Parent and Approving the Rules for Making Data on Relevant Persons. Retrieved from: [Internet Sources](#).

²¹ List of trade objects registered in the agency throughout Georgia, where it is possible to use the "child food card". Retrieved from: [Internet Sources](#)

According to the data obtained from the research, it can be said that the services of a psychologist are less available for the respondents. According to a survey, 80% of women do not have access to psychological services.

Returning or entering the labor market during a pandemic for homeless, single women and/or women with many children is associated with several barriers. Given all the above, we can formulate recommendations that are extremely critical to address in order to improve the well-being of the homeless, single women and/or mothers of many children and to address the challenges facing existing services.

As the results of the research shows, it is crucial to review and refine the policy of aid packages imposed by the state. Government agencies need to realize that the resources, services, or approaches available today are not enough to overcome the problem. Given the above, it is necessary to take into account the recommendations presented.

Recommendation for the Ministry of Justice of Georgia

The survey found that 63% of beneficiaries are single mothers. In the report of the Public Defender "Women's Rights and Gender Equality," we read that the issue of granting status remains one of the main problems for single mothers²². Although there is an entry in the law where the stages of obtaining status are defined, the Public Defender concluded that a parent is deprived of the opportunity to receive the status of a single parent in the case of caring for a child alone²³. That is why it is important that the status process is flexible and takes into account the problems of the target group.

²² Retrieved from: [Internet Sources](#)

²³ Retrieved from: [Internet Sources](#)

■ **Recommendation for Local Municipalities**

When handing out food vouchers to single, homeless women and/or mothers of many children, an offer needs to be selected that would allow women to cash out vouchers at nearby relatively low-cost supermarkets or chain stores (refers to the relevant documentation issuing trade facilities). This will help them to choose the optimal trade object for the price and not have to cash the voucher in the expensive supermarkets. In addition, the voucher should have a reusable purpose to be able to purchase food supplies for a specific amount at certain intervals, including the ability to purchase virus protection and hygiene items.

■ **Recommendation to the Department of Labor and Employment Policy of the Ministry of Internally Displaced Persons from the Occupied Territories, Labor, Health and Social Affairs of Georgia**

Returning to or entering the labor market during a pandemic for homeless, single women and/or mothers of many children is associated with a number of barriers. It is recommended that the state conduct an in-depth study of the potential of the above-mentioned vulnerable social groups, retrain them and redistribute them in different sectors.



Recommendation to the Ministry of Education, Science, Culture and Sports

It is necessary for the Ministry of Education, Science, Culture and Sports of Georgia to seek information on children of homeless, single women and/or women with many children who were behind in the educational process and do not have the technical means to engage in distance learning and ensure their full involvement in the educational process.

Recommendation to the Ministry of Internally Displaced Persons from the Occupied Territories of Georgia, Labor, Health and Social Affairs

It is recommended that the Ministry provide psychological services to homeless, single women and/or mothers of many children, 80% of whom do not have access to this service. Psychological services must be flexible and technically well maintained.

Recommendation for Civil Society Organizations

- ✓ It is recommended that civil society organizations advocate an increase in compensation for women who have lost their jobs;
- ✓ Establish and/or improve co-operation between civil society organizations and vocational institutions to facilitate the return of homeless, single women and/or women with many children to the labor market;

- ✓ It is recommended to provide psychological counseling services for homeless, single women and/or women with many children. Co-operation of psychological professional associations and organizations working on similar issues is important;
- ✓ It is recommended to study and assess the needs before providing assistance so that the resources spent and the results obtained are compatible with each other.

Recommendation for Donors and International Organizations

- ✓ It is recommended that the monetary resources allocated by donors and international organizations be used to provide food for homeless, single women and/or women with many children, not once, but periodically;
- ✓ It is recommended that the financial resources allocated by international donors for homeless, single women and/or women with many children be used to provide psychological counseling services.

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Appendix

Appendix N1 - Focus group guide



Hello, I am Lela Javakhishvili, a researcher at WeResearch. First of all, thank you for taking the time to participate in the focus group. As we investigate the impact of the COVID-19 pandemic on the situation of single, homeless women and/or women with many children, your answers will help us identify the main obstacles and needs that exist in this area.

Our conversation will be confidential, which means that your identity will not be indicated anywhere, and, in order to better analyze the opinions expressed by you, the conversation will be recorded on a dictaphone during the focus group. The focus group will last about 1 hour. Please answer the questions as honestly as possible to better understand what problems and needs you faced during the pandemic.

- First, tell us about yourself. How old are you? How many children do you have? What are you doing?

1. The situation in the family

- 1.1 First of all, I want to know who your family members are. How would you describe the relationship between family members (even with a child)?
- 1.2 Among family members or relatives, are there any who are trying to help you financially or in any other way? What is the main source of livelihood of the family?
- 1.3 What education did you receive? What have you been doing most of your life?
- 1.4 What employment difficulties did you face during the pandemic, and what was the main reason for this? How has this affected your family's financial situation? How did you try to solve material problems arisen during a pandemic?
- 1.5 To what extent did the financial difficulties caused by the pandemic caused tension in the family? If you remember a time when this became a cause of conflict in you or your acquaintance family?
- 1.6 Please recall what kind of education problems did your children face during the pandemic? To what extent was the transition to online teaching mode a barrier for their education? How did you manage to cope with this challenge?

2. Nutrition and self-care

- 2.1 How would you rate how varied your food ration is? (If she thinks it is not diverse, ask why she thinks so) What was the situation like before and after the pandemic? From your observations, most of what has changed in this direction?
- 2.2 How much do you manage to devote time to yourself while caring for your child/children? Basically, what does your set of self-care products consist of? How did you deal with the new care needs during the pandemic? (Including sanitizers, anti-bacterial soaps, etc. if available to them)
- 2.3 What do you think, how available health care services have been for you during all this time (since the beginning of the pandemic)? What difficulties did you face in this direction?

3. Relations with State and Other Institutions

- 3.1 Tell us what kind of help you received from the state during a pandemic. How did you get the information about this assistance? In your opinion, was this help enough? (If they have a minor child, be sure to ask if they received the last assistance of 200 GEL and how technically difficult it was to access that assistance)
- 3.2 Apart from public services, what resources were you able to find and mobilize during the pandemic? For example, how many connections did you have with NGOs and funds? Are you a beneficiary/member/regular user of a non-governmental organization?

3.3 **For moderator:** We ask this question only if they have received help from both the state and a non-governmental organization.

In your opinion, in the conditions of the pandemic, which agency played the main role in terms of assistance? (Specify, state, or non-governmental organization). Why do you think so?

Appendix N2 - Face-to-face Interview Questionnaire

Hello,

As part of the CSDC project, WeResearch is conducting a study on the barriers and needs of the COVID-19 pandemic for single/homeless women. Please take part in the survey and share your thoughts. As part of the research, the confidentiality of the answers you record is ensured.

There is no right or wrong answer to the questions we ask. Please listen carefully to each of them and choose the answer option you prefer.

Please note that your participation in the study is voluntary and will help the organization to support homeless and single mothers.

Thank you for participating in the study.

You will need about half an hour to complete the questionnaire.

D. Demographic Data Block

D1. Age	
D2. How many children do you have?	<ol style="list-style-type: none"> 1. One 2. Two 3. Three 4. Four 5. Five 6. Six 7. Seven and more 8. None
D3. Who are your family members (with whom you live)?	<ol style="list-style-type: none"> 1. I live alone 2. Only children 3. Only spouse 4. Spouse and children 5. Spouse, children, and my parent/parents 6. Spouse, children, and parents-in-law 7. Spouse, children, and both my and my spouse's parent/parents 8. Children and my parent/parents 9. Children and the parents-in-law 10. Other _____
D4. Where do you live?	<ol style="list-style-type: none"> 1. In my own house 2. Renting a home 3. With parents/relatives/friends 4. In the shelter 5. Without housing (e.g. on the street)

D5. What education did you get?	<ol style="list-style-type: none"> 1. Without education 2. Incomplete secondary 3. Complete secondary 4. Professional 5. Incomplete higher (student) 6. Incomplete higher (I stopped studying and did not continue) 7. Higher education
D6. Which of the following best fits your current status?	<ol style="list-style-type: none"> 1. I am retired and do not work 2. I am a housewife and I do not work 3. I am unemployed 4. I work full time 5. I work part-time 6. I am self-employed 7. I can not work due to a health condition 8. I was working but lost my job due to a pandemic

F. Financial Condition / Employment

F1. What is the minimum monthly amount that will allow your family to live normally?

1. Up to 100 GEL
2. 101-200
3. 201-300
4. 301-400
5. 401-800
6. 801-1200
7. More than 1200
8. I do not know
9. Refuse to answer

F2. What was your and/or your family's total income last month? (For interviewer: means the sum of money received by all members of the family. If she is single - only her).

1. Up to 100 GEL
2. 101-200
3. 201-300
4. 301-400
5. 401-800
6. 801-1200
7. More than 1200
8. I do not know
9. Refuse to answer

F3. Please indicate whether your household had the following income during the last nine months (pandemic period):

(For interviewer: includes the income of both the respondent and her family members - it is possible to mark several answers)

1. Pensions, state/social assistance
2. Sale of agricultural products
3. Salary of all family members (excluding the sale of the agricultural products)
4. Rental of real estate (e.g., apartment), car, or equipment owned
5. Amount received from a relative/kin/friend living in Georgia
6. Amount received from a relative/kin/friend living abroad
7. Amount earned by me through physical labor (e.g., tidying/waitressing/dishwashing)
8. Amount generated by my mental labor (e.g., tutoring students)
9. The amount of money I earn on the street (e.g., begging, going around with the charity box)
10. Other sources of income _____

F4. Do you have a family member who lost their job during a pandemic?

(For interviewer: It is possible to mark more than one answer).

1. Yes, I lost my job
2. Yes, my family member lost their job
3. No, no one in my family has lost their job
4. None of the family members were employed

F5. Please rate from 1 to 5 how much you agree with the given statements, in which the number 1 means I do not agree at all, and 5 - I completely agree.

		I do not agree at all	I disagree more than I agree	Neutral	I agree more than I disagree	I totally agree	I do not know	Refuse to answer
1	If not for the pandemic I would be better off financially today	1	2	3	4	5	88	99
2	Special financial assistance received from the state during the pandemic was sufficient to meet the minimum needs (food, utility bills, hygiene items, etc.)	1	2	3	4	5	88	99
3	I was able to overcome the financial problems that arose during the pandemic	1	2	3	4	5	88	99

F6. How did the pandemic affect your family income?

1. I have completely lost my income
2. Income has decreased significantly
3. Income decreased slightly
4. Income remained the same
5. Income increased slightly
6. Income has increased significantly

R. Family Members

To interviewer: If the respondent answered question D3 that she lives alone, we will skip this block and move on to the next (N).

R1. Which of the following best describes your relationship with your family members?

1. There is a very good relationship between family members, they support each other
2. There is a normal relationship between family members, they rarely quarrel
3. There is a tense relationship between family members, they often quarrel
4. Relationships between family members are changeable
5. Other _____

R2. To what extent do you think the difficulties associated with the pandemic have affected family relationships?

1. Relationships between family members have changed significantly for the worse
2. Relationships between family members have changed slightly for the worse
3. Relationships between family members have not actually changed
4. Relationships between family members have changed slightly for the better
5. Relationships between family members have changed significantly for the better

For interviewer: If the respondent answered question D3 that she has no children/children, we will skip the last three questions of this block (R3, R4, R5) and move on to the next (N). If she has children, we ask the question R3, but here too, in case of a negative answer, we skip the block and move on to the next.

R3. Do you have school-age children in the family?

1. Yes
2. No.

R4. Because of the pandemic, students switched to distance learning mode. Please indicate which of the following is closest to your position:

1. I am not satisfied with the distance learning model, because I could not involve my child in the lesson process due to lack of equipment and/or internet
2. I am not satisfied with the online learning model, because despite the involvement, the process was not productive and I had to take on the homework of my child.
3. I am satisfied with the online learning model because this way I was able to control my child's learning process more
4. I am satisfied with the online training model, as this has saved me transportation, clothes, and other expenses.
5. Other _____

R5. What was the biggest barrier for you to get involved in the distance learning process (you can choose from several answers):

1. Lack of computer
2. Lack of internet
3. Lack of electricity
4. Lack of isolated space/room to attend the lesson
5. To concentrate the child on the lesson process
6. Involve several children in different lessons at the same time
7. Duration of the lesson process
8. Lack of technical knowledge required to participate in the lesson
9. Nothing
10. Other _____

N. Nutrition and Self-care

N1. Do you think that the food you eat each day is enough to get the nutrients / vitamins you need?

1. Completely enough
2. More enough than not enough
3. Neutral
4. More not enough than enough
5. Not enough at all

N2. How do you assess the diversity of your food ration?

1. Completely diverse
2. More diverse than not diverse
3. Neutral
4. More not diverse than diverse
5. Not at all diverse

N3. How has your food quantity changed since the onset of the pandemic?

1. Significantly reduced
2. Slightly reduced
3. has not changed
4. Slightly increased
5. Significantly increased

N4. During the last 9 months (pandemic period), how often have you not had the money to buy food for yourself or your family?

1. Every day
2. Weekly
3. Always
4. More rarely
5. Never
6. I do not know
7. Refuse to answer

N5. During the last 9 months (pandemic period) how often did you have to borrow money to buy food? The loan does not include bank debt/credit, although it is considered a loan from a local store.

1. Weekly
2. Monthly
3. Every other month
4. More rarely
5. Never
6. I do not know
7. Refuse to answer

N6. During the last 9 months (pandemic period) how often did you have to ask for food from others?

1. Weekly
2. Monthly
3. Every other month
4. More rarely
5. Never
6. I do not know
7. Refuse to answer

N7. If you had the opportunity, which of the following would you change in your diet?
(Only one answer can be selected)

1. I would increase the number of fruits and vegetables
2. I would increase the number of meat products
3. I would increase the number of cereals
4. I would increase the number of different types of fluids
5. I would increase the number of baked products and sweets
6. I would not change anything

N8. How much do you manage to spend time on yourself in parallel with family affairs?

1. I totally manage
2. I can do more than I can't
3. Neutral
4. I can't do more than I can
5. I can not do it at all

N9. What does your safe care kit consist of? (You can select multiple answers)

1. Shampoo
2. Soap
3. Body wash gel
4. Facial cleansing gel
5. Hair conditioner
6. Facial moisturizer
7. Body moisturizer
8. Facial cleansing fluid
9. Facial mask chemical
10. Facial mask with family recipes
11. Hair mask
12. Hair dye
13. Powder
14. Lip balm
15. Mascara
16. Nail polish
17. Perfume
18. None of the above
19. Other _____

N10. Which of the following was the most commonly used item for you during a pandemic during the day?

1. Soap
2. Anti-bacterial solution
3. Face mask
4. Desobarrier (anti-bacterial floor mat for cleaning shoes)
5. Disposable glove

N11. Which of the following was least available to you during a pandemic?

1. Soap
2. Antibacterial solution
3. Face mask
4. Desobarrier
5. Disposable glove

H. Health Services / Psychologist Services

H1. How often have you seen a doctor in the last 9 months (pandemic period)?

1. Weekly
2. Monthly
3. Every other month
4. More rarely
5. Do not address me at all
6. I do not know
7. Refuse to answer

H2. During all this time (since the beginning of the pandemic), how available health care services have been to you?

For interviewer: Health services include scheduled / unscheduled visits to the doctor, tests, surgery, vaccinations, emergency medical care, – essential health services, except for plastic surgery and appearance care procedures

1. was completely accessible
2. More accessible than inaccessible
3. Neutral
4. More inaccessible than accessible
5. was not accessible at all

H3. During all this time (since the start of the pandemic), how many of the following health care services were available to you?

	Completely accessible	More accessible than inaccessible	Neutral	More inaccessible than accessible	Not accessible at all	I do not know	Refuse to answer
Planned visit to the doctor (e.g., dialysis, chemo, scheduled check-ups)							
Unplanned visit to the doctor							
Analysis							
Surgery (does not include plastic surgery)							
Vaccination							
Emergency medical care							
Dental procedures							

H4. Is a psychologist consultation available to you and/or your family members if needed?

1. Yes, available
2. No, not available

H5. Do you consult a psychologist because of problems that arose during a pandemic?

1. Yes
2. No [*move to G1*]

H6. Did consulting a psychologist help you solve the problems that arose during a pandemic?

1. Yes, it helped me
2. More or less helped me
3. Could not help me
4. I think it will help me in the future

G. Assistance from State and Other Institutions

G1. Basically, where do you get information about state aid? (For interviewer: Only one answer can be selected)

1. From the official government website of the agencies/ministries
2. From a social network
3. From family members/relatives
4. Representatives of the government (meaning, majoritarian MP, social workers, etc.)
5. From neighbors
6. From a social worker
7. From the media
8. Other _____

G2. In addition to a stable social program, what kind of assistance did you receive from the state during a pandemic? (For interviewer: It is possible to mark several answers)

1. Cash
2. vouchers
3. Products
4. Hygienic means
5. Technology
6. Payment of utility bills
7. Payment of housing rent
8. Provision of housing
9. I did not receive it
10. Other _____

G3. In your opinion, was the help you received from the state only during the pandemic enough?

(Only one answer is possible. We do not ask this question to those who told us in question G1 that they did not receive any assistance from the state during the pandemic, and we move on to question G4).

1. It was totally enough
2. It was more enough than not
3. Neutral
4. It was more not enough than enough
5. It was not enough at all

G5. Basically, where do you get information about aid from NGOs? (For interviewer: Only one answer can be selected)

1. From the official website of the organizations
2. From a social network
3. From family members/relatives
4. From the representatives of these organizations themselves
5. Other _____

G5. What kind of help did you get from NGOs during the pandemic? (For interviewer: It is possible to mark several answers)

1. Cash
2. Vouchers
3. Products
4. Hygienic means
5. Technology
6. Payment of utility bills
7. Payment of housing rent
8. Provision of housing
9. I received nothing
10. Other _____

G6. In your opinion, how much was the help you received only from NGOs during the pandemic?

(Only one answer is possible. This question is not asked to those who told us during the G4 that they did not receive any assistance from NGOs during the pandemic).

1. It was totally enough
2. It was more enough than not
3. Neutral
4. It was more not enough than enough
5. It was not enough at all

G7. During the pandemic, was there a case when you were helped by any political party?

1. Yes
2. No

G8. Which of the following pandemic aids was most effective for you? (For the interviewer: they can choose only one answer. We do not ask this question to those who answered the G2 and/or G5 questions and received nothing)

1. State aid
2. Assistance of non-governmental organizations
3. Help from neighbors/relatives
4. Assistance from political parties