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USAID CIVIL SOCIETY ENGAGEMENT PROGRAM

## REPORT

# Focus group discussions of vulnerable groups on healthcare, education, and social welfare

February 2022

## Table of Contents

INTRODUCTION .....	3
1. EXECUTIVE SUMMARY .....	4
1.1 HEALTHCARE .....	4
1.2 EDUCATION .....	6
1.3 SOCIAL WELFARE .....	8
2. DETAILED RESEARCH FINDINGS.....	9
2.1 HEALTHCARE.....	10
2.1.1 <i>Assessment of the healthcare system</i> .....	10
2.1.2 <i>Access to healthcare</i> .....	12
2.1.3 <i>Access to information</i> .....	14
2.1.4 <i>Healthcare behaviors and decisions</i> .....	14
2.1.5 <i>Quality of medical services</i> .....	15
2.1.6 <i>High healthcare costs</i> .....	17
2.1.7 <i>Impact of Covid-19</i> .....	19
2.1.8 <i>General recommendations</i> .....	20
2.1.9 <i>Specific recommendations for CSOs</i> .....	20
2.2 EDUCATION .....	22
2.2.1 <i>Assessment of the education system</i> .....	22
2.2.2 <i>Access to education</i> .....	23
2.2.3 <i>Access to information</i> .....	25
2.2.4 <i>Quality of education</i> .....	25
2.2.5 <i>Impact of Covid-19</i> .....	28
2.2.6 <i>General recommendations</i> .....	28
2.2.7 <i>Specific recommendations for CSOs</i> .....	29
2.3 SOCIAL WELFARE .....	29
2.3.1 <i>Assessment of the social protection system</i> .....	30
2.3.2 <i>Access to social protection programs and services</i> .....	31
2.3.3 <i>Social services for vulnerable groups</i> .....	32
2.3.4 <i>Access to information and behavior</i> .....	35
2.3.5 <i>Impact of Covid-19</i> .....	35
2.3.6 <i>General recommendations</i> .....	35
2.3.7 <i>Specific recommendations for CSOs</i> .....	36
ANNEX 1. METHODOLOGY .....	37
RECRUITMENT PROCESS .....	37
FOCUS GROUP PARTICIPANTS .....	37
FOCUS GROUP MODERATION .....	39
LOGISTICS.....	39

## Introduction

Opinion polls conducted by Caucasus Research Resource Centers (CRRC) Georgia in recent years have shown that socio-economic conditions, such as unemployment, poverty, and high prices have consistently ranked at the top of public concerns, with the price of medication and pension levels also proving to be salient issues. A survey published in December 2021 revealed that 36% of citizens believe their access to medical services has decreased over the last ten years, with 22% of respondents indicating it has remained the same. Furthermore, 51% and 21% of citizens stated that they think the education system has worsened or remained the same, respectively.

To better understand the specific sentiments behind these citizen assessments, CRRC-Georgia conducted a qualitative study in February 2022 for the USAID Civil Society Engagement Program (CSEP). The study surveyed the attitudes and experiences of ordinary citizens, including various socially vulnerable groups, and outlined their views on priority issues in the spheres of healthcare, education, and social welfare.

The qualitative study consisted of nine focus groups with representatives of vulnerable groups in both urban and rural settlements: pensioners, families living under the poverty line, IDPs, people with disabilities, parents with more than three children, and single mothers. The focus group discussions focused on the following topics:

- Primary problems in Georgia's healthcare, education, and social assistance systems
- Attitudes towards / assessments of current state services
- Recommendations for addressing priority issues
- The role of non-governmental organizations in addressing the identified issues

This report includes findings from the focus groups conducted in five locations in Georgia: Sagarejo, Gori, Ozurgeti, Kutaisi, and Marneuli (a municipality densely populated with Azerbaijani ethnic minorities).

It is important to note that this study applied a qualitative method of focus group discussions that explored the personal, and often subjective, attitudes, perceptions, experiences, and understandings of citizens regarding state policies and services. Findings from the focus group discussions cannot and should not be construed as representative of the wider population. However, the qualitative data collected can still inform policies by indicating specific areas for intervention to policymakers and civil society organizations (CSOs) working in the fields of healthcare, education, and social welfare.

# 1. Executive Summary

This section will summarize key findings from focus group discussions on education, healthcare, and social issues. It will then outline both general and specific recommendations for CSOs provided by respondents.

## 1.1 Healthcare

### Assessment of current state services

Most ethnic Georgian respondents reported **positive changes in the healthcare system in terms of improved infrastructure and increased funding from the state**. However, ethnic minority participants expressed a perception of the healthcare system as unchanged and, in some cases, worse than it previously was, citing higher prices for medications and medical services, lower quality of services, and an increased prevalence of “bribes”.

While healthcare services are believed to be available for everyone through the state healthcare program, some respondents noted that **people living in villages and ethnic minority settlements have difficulty accessing them**. They attribute this, in part, to a general deficit of information and a lack of minority language information. Respondents also noted that a lack of physical access and no financial means to travel to areas where assistance is available has left those living in remote areas without many medical services.

### Primary issues

Throughout focus group discussions, the following problems were identified as priority issues:

**High prices of medications and medical services.** Despite the existence of a universal healthcare program, every focus group that discussed healthcare and social issues mentioned the exorbitant cost of healthcare services in Georgia. Many services and specific medical conditions are still not covered by the state healthcare program, meaning that surgeries, medications, doctor visits, and medical exams are often too expensive for both vulnerable groups and younger people with specific health issues. This, in turn, discourages some citizens from seeking medical assistance. Respondents also accused doctors of prescribing unnecessary or expensive medications and criticized hospital policies that require patients to needlessly repeat medical tests from their labs, accusing medical providers of seeking out profits over the well-being of their patients.

**Low quality of medical services in the regions.** Both ethnic Georgian and ethnic minority respondents expressed that they believe the quality of services is not evenly distributed in local healthcare institutions, noting that they prefer to travel to Tbilisi for treatment, which often creates an even greater financial burden.

**Lack of trust towards local healthcare institutions and a lack of professionalism from doctors.** Both ethnic Georgian and ethnic minority respondents expressed mistrust towards doctors based on experiences with malpractice and incorrect diagnoses by local healthcare professionals. A general lack of professionalism among doctors has created a deficit of quality healthcare professionals, resulting in months-long queues to consult highly regarded doctors. Respondents in Kutaisi and Marneuli communicated their disapproval of the attitudes of clinics, which they believe view people primarily as a source of income.

**Inflated and uncontrolled prices of medical services.** Numerous respondents complained of inflated prices for medical services and a lack of regulation on the prices of surgeries, which vary dramatically between hospitals in the capital and the regions.

**Abuse of state funds by hospitals.** Hospitals often attempt to fully spend the state money allocated to a specific patient under the universal healthcare program. This often results in unnecessary treatment or extensions of hospital stays for patients. Ethnic minority participants shared this view and recalled cases of hospitals hiding the death of patients until the state insurance fund had been fully spent.

**A lack of information on state services and patients' rights.** Respondents believe that hospitals take advantage of patients who are less aware of their rights and the state services they are eligible for, which often results in patients paying for services that are covered by the state.

### Proposed methods for addressing priority issues

Respondents highlighted the need for the following changes to **improve the healthcare system in Georgia**:

- **Establish more control** over state spending on healthcare to ensure funding is allocated efficiently and is fairly distributed to match the needs of vulnerable groups.
- **Introduce a state mechanism for quality assurance of services** provided by healthcare institutions.
- **Impose limits on the range of prices for medical services** and ensure that medical institutions meet basic standards.
- **Standardize the healthcare education system.** This includes implementing **higher learning and exam standards** in educational institutions as well as monitoring the quality of education in smaller educational institutions.

### The role of CSOs in addressing priority issues

In the sphere of healthcare, **respondents recommended that CSOs work in the direction of raising awareness of healthcare issues.** They also suggested that CSOs play a role in **providing information support and consultations to people on what services they are eligible to receive and where they can access them.** This kind of support would be particularly beneficial for people living in villages and for ethnic minority women.

Respondents noted that CSOs could be involved in advising the government on **best practices** as well as the **monitoring of state spending on healthcare** to track if money is spent effectively and if the funded medical

services have had a positive effect on people's health. They would also like CSOs to **collect and publish the results of their monitoring along with statistical information** regularly. Women respondents in Marneuli recommended that **CSOs establish a certification system to upgrade the qualifications of doctors and medical personnel**, which would contribute to a higher quality of medical services.

CSOs were viewed as important actors in terms of raising public awareness and **drawing attention to the most acute problems**. Respondents mentioned various ways in which CSOs could raise awareness, including protest rallies.

Some respondents expressed that they would like **CSOs to raise funds and provide funding for people** who need medical services and are not eligible for state funding.

In Kutaisi, respondents highlighted the importance of having **CSOs with a good reputation, political neutrality, and public trust** involved in the resolution of healthcare problems.

## 1.2 Education

### Assessment of current state services

In **public schools**, all expenses are covered by the state, including textbooks, a fact that was positively assessed by respondents. However, they reported **infrastructure issues**, such as a lack of adequate heating in schools. The quality of education was perceived as inconsistent across different schools and **largely dependent on individual teachers**. While less problematic for respondents in Gori, participants in Marneuli noted that **ethnic minority schools are perceived as inaccessible for parents** due to a lack of efforts by school administrators to regularly communicate the progress and challenges their children are facing. Ethnic Georgian parents expressed concerns about **the attitudes of teachers** who are commonly known to insult students and shout at them in front of their peers.

The focus group discussions on education also raised the topic of pre-school education. Respondents **expressed positive attitudes towards the fact that kindergartens are free of charge** in all regions of Georgia. However, they also conveyed concern about the insufficient number of facilities and the high number of children in each class.

### Primary issues

Throughout focus group discussions, the following problems were identified as priority issues:

**Low quality of education.** Georgia currently faces a shortage of experienced and professional teachers, with many current educators unable to pass certification exams. The majority of teachers are seen as demotivated to teach students, unable to use modern methods of teaching, and unwilling to promote

critical thinking and treat children with respect. Moreover, there is a shortage of educators equipped to teach children with special needs. Schools are believed to demotivate students and leave them unprepared for higher education and life challenges.

These problems are relevant throughout the entire country. However, the situation is particularly problematic in ethnic minority settlements. Educational programs developed by the Ministry of Education and Science (MES) are created specifically for Georgian-speaking students and often neglect those who speak Georgian as a second language. Ethnic minority respondents classified the bilingual program of Azerbaijani schools as failing, noting that textbooks are full of mistakes and thus rendered useless for teaching. Even though the Georgian language is taught in Azerbaijani language schools at every grade level, language proficiency remains very low.

**Accessibility of education.** In addition to an insufficient number of kindergartens throughout the country, secondary schools in ethnic minority settlements can be difficult to geographically access. Some villages have schools with only nine grades or no secondary school at all, forcing students to travel long distances to receive their education.

### Proposed methods for addressing priority issues

Focus group participants believe the Ministry of Education and Science should be more active in ensuring a **higher quality of education**. The following recommendations were provided by respondents as ways to improve the quality of education in Georgia:

- **Hire more young teachers** who will utilize modern methods of teaching.
- **Provide regular training for all teachers** to improve their teaching skills and **introduce a monitoring mechanism** to evaluate how teachers put the skills gained during training into practice.
- **Dismiss teachers** who cannot pass certification exams to ensure competition and a higher level of professionalism among teachers.

### The role of CSOs in addressing priority issues

In the sphere of education, **CSOs are perceived as important actors in uniting stakeholders to address problems** jointly and ensure that a systemic approach is used in the resolution process. CSOs could use the help of **progressive teachers** who are developing their skills and are willing to apply modern methods of teaching in schools. Such teachers often have no opportunities to express their ideas and engage in the problem resolution process.

Focus group participants expressed a belief that the Ministry of Education and Science should work more actively to resolve the problems outlined in the previous section, and **CSOs are viewed as potential effective allies** who could help accelerate the development processes in schools. CSOs should work to **identify priority**

issues in the education sphere, analyze them, inform the MES, and cooperate with them to resolve the problems.

Some respondents described CSOs as trainers of both teachers and students. They expressed a desire for **CSO representatives to organize classes in cooperation with teachers** that help students overcome their personal issues, bring new subjects and ideas to the students, and motivate them to study harder and be active citizens. Participants also mentioned that they would like to see CSOs **organize intellectual competitions, trainings, and sporting events to encourage informal education.**

## 1.3 Social Welfare

### Assessment of current state services

The social welfare system in Georgia is associated with **poverty, unemployment, low salaries, high prices, and nepotism.** Respondents described the **current social assistance program** as “**lacking transparency and fairness**”, noting that evaluations are often based on social connections and political partisanship instead of need. **The scoring system used to allocate social subsistence assistance** is not transparent, despite recent changes to that system. People are still often left concerned that certain activities, like purchasing a certain durable good, receiving one as a gift, or working as a seasonal migrant could lead to the loss of their state assistance.

Participants in the focus groups noted that pensioners with **disabilities struggle to access their pensions** due to the demands of physically traveling to a bank or ATM. They positively recalled a service from years ago that provided for pensioners to have their money delivered to them at home.

Respondents stressed **the importance of free dinners for people who live in poverty** and expressed their disapproval of the quality of food at municipal diners, noting that workers steal food regularly. To remedy this issue, they recommend the implementation of **a quality control mechanism** at the municipal level. Some also noted that free dinners are not available in the Marneuli municipality, despite high levels of need.

**Television and the internet were identified by participants as the main sources of information for state programs;** however, they noted that the government is consistently delayed in disseminating information, which allows rumors to circulate and causes confusion among the population.

### Primary issues

**Unemployment is perceived as one of the biggest social issues,** which often drives youth to emigrate. Focus group participants largely perceived the government as underperforming in its role to promote entrepreneurship and create jobs. They see the state as failing to support local production since imported goods are often cheaper than locally produced ones. Respondents believe that favoritism and political partisanship play a decisive role in being hired for a job. Moreover, participants from Marneuli reported



ethnic discrimination and a lack of representation of ethnic Azerbaijanis in public sector positions in their region.

**Social assistance is perceived to be too low and distributed unfairly.** Respondents noted that cash transfer amounts for socially vulnerable groups have not kept pace with rising inflation, meaning they do not sufficiently cover basic costs like medication, healthcare services, food, and utilities. They also described a system in which some impoverished people are deemed ineligible to receive assistance, while others in better financial situations can access state assistance. Local government assistance is often isolated to a singular payment and not tailored to the long-term needs of beneficiaries. Some state-funded services are difficult to geographically access for people with special needs; however, no transportation allowances are provided to help them reach a location with the services available. Ethnic minority participants highlighted a significant language barrier that prevents them from getting full information about social services.

### Proposed methods for addressing priority issues

When asked to recommend solutions for social problems in Georgia, respondents spoke of more general steps, including:

- **Decrease the prices of medications and primary consumption goods.**
- **Create working opportunities without age limitations.**
- **Improve the quality of education,** particularly in kindergartens and secondary schools.
- **Increase support for vocational education and training** to improve basic skills.
- **Decentralize authority so that local governments have more power** to make decisions at the local level.

### The role of CSOs in addressing priority issues

In terms of social issues, respondents expressed an interest in **CSOs providing information on legal rights for vulnerable groups and available social services and programs**, as well as eligibility criteria and how to access those services. In addition to **monitoring how social assistance is disbursed**, they also indicated that CSOs could be involved in certain activities in the sphere of **vocational education and agriculture**. Some participants also said they would like CSOs to explore the needs of **young people in villages and work to support them**.

## 2. Detailed Research Findings

The findings of the nine focus group discussions are summarized in greater detail in the following three sections. Each section outlines the views of the focus group participants on priority issues in their area, assessments of current state services, their proposed methods for improving the situation, and their views on the role of non-governmental organizations in resolving those issues.

## 2.1 Healthcare

The largest centrally run state program for healthcare in Georgia is the universal healthcare program, which was introduced in 2013 and covers 3.4 million citizens who do not have private insurance. The program, which has an annual budget of 1.6 billion GEL, covers 70-80% of the costs for basic primary health care, as well as some diagnostic outpatient services and emergency care, within the limit of 15,000 GEL per patient. Despite adding a program that funds medications for chronic diseases and creating different healthcare packages based on income in 2017, both out-of-pocket and state expenditures continue to grow exponentially. In addition to the universal healthcare program, 20 state-funded assistance programs target specific groups and types of diseases. Upon request, local governments can also cover some of the expenses of socially vulnerable citizens' medications and surgeries.

This chapter is based on discussions about healthcare in Georgia that were conducted with four focus groups consisting of the following demographics: men in Kutaisi, women in Kutaisi, men in Marneuli, and women in Marneuli.

### 2.1.1 Assessment of the healthcare system

**Assessments of the healthcare system** differed among ethnic Georgian and ethnic minority respondents, while women and men within the same ethnic groups expressed similar views. Ethnic Georgians generally expressed positive associations with the healthcare system. When women in Kutaisi were asked about their associations, they mentioned “trust” and a “well-functioning system”. The first thing that men in Kutaisi recalled of the healthcare system in Georgia was its universal healthcare program and the state’s coverage of medical costs.

Ethnic minorities generally conveyed more negative associations with the healthcare system. The first associations mentioned by some women respondents in Marneuli were “bribes”, “commerce”, and “business”. One respondent recalled an instance when she was required to give cash to nurses and doctors to receive proper treatment in a hospital. Others mentioned that people had been “deceived” and asked to pay for services that were free under state programs.

*On healthcare, I remember commerce. There is no healthcare system. It's pure business. If it was only bribes, it would be ok. But people are directly deceived here. For example, a state decides to fund some program, they do not let people know, so people keep paying for the services, and they [local healthcare providers] put the money in their pockets (Woman, 47, higher education, employed, married with children, Marneuli city).*

Men in Marneuli complained of the limited number of professional doctors in the region.

Associations with the healthcare system in Georgia			
Georgian Women	Georgian Men	Minority Women	Minority Men

<ul style="list-style-type: none"> <li>✓ Positive</li> <li>✓ Universal healthcare program</li> <li>✓ Trust</li> <li>✓ Well-functioning system</li> </ul>	<ul style="list-style-type: none"> <li>✓ Positive</li> <li>✓ State insurance packages</li> <li>✓ State covering medical costs</li> </ul>	<ul style="list-style-type: none"> <li>✓ Bribes</li> <li>✓ Commerce</li> <li>✓ Business</li> </ul>	<ul style="list-style-type: none"> <li>✓ Limited number of professional doctors</li> </ul>
<b>Assessments of progress over the last five years</b>			
<ul style="list-style-type: none"> <li>✓ Positive changes</li> </ul>	<ul style="list-style-type: none"> <li>✓ Positive changes</li> <li>✓ Infrastructure</li> <li>✓ Funding for autism</li> <li>✓ Funding for children with disabilities</li> </ul>	<ul style="list-style-type: none"> <li>✓ No positive change</li> <li>✓ High prices</li> <li>✓ Low service quality</li> </ul>	<ul style="list-style-type: none"> <li>✓ Positive developments in the last 7 - 8 years</li> <li>✓ Brain drain of young doctors</li> </ul>

**Assessing the progress of healthcare over the last five years**, overall, both men and women in Kutaisi as well as men in Marneuli saw positive changes in the healthcare system based on the following developments:

- increased medical coverage from the universal healthcare program.
- improved infrastructure, including more modern and renovated hospitals.
- municipal funding of services for children with disabilities (e.g., autism).

Generally, women in Kutaisi had a more positive view of the healthcare system in Georgia and, in particular, the universal healthcare program. Many of the focus group participants or their relatives had undergone surgeries in the last five years that were funded through the universal healthcare program; they considered it a significant source of support that allowed people to affordably receive the medical services they need. Furthermore, they positively assessed the process of receiving funding as straightforward and not overly time-consuming.

*I think in the last five years, people have sighed with relief. The state is co-funding at least some share of all surgeries. The computer tomography studies, the magnetic-resonance imaging, and heart stenting that people were not able to do before - now they can...*  
(Woman, higher education, employed, married with children, Kutaisi city).

A younger woman respondent from Kutaisi, whose mother was treated incorrectly in Kutaisi and subsequently had to travel to Tbilisi for corrective treatment, expressed her gratitude for the universal healthcare program, which covered a large portion of the hospital and treatment costs.

Unlike Kutaisi respondents, women in Marneuli did not see any positive changes in the healthcare system. They either conveyed that they felt nothing had changed or that they felt the situation had worsened. They mentioned higher prices for medications and medical services, lower quality of services, and an increased necessity of using “bribes”.

*They may buy new equipment or raise the qualification of doctors, but nothing changes for the people. Nothing changes to ensure the well-being of people. Everything is more*

*expensive: visits to doctors, medicine prices. This is all business and nothing else*  
(Woman, 32, higher education, employed, married with children, Marneuli city).

Men in Marneuli expressed concern about young professionals leaving the country to study and work abroad, which they say has resulted in a lack of high-quality healthcare workers.

### 2.1.2 Access to healthcare

#### Access for social groups

Georgian respondents of both genders communicated a belief that healthcare is accessible for most people in Georgia. Conversely, ethnic minority respondents noted that they felt many people lacked proper access, including the following **disadvantaged groups**:

- **People living in villages in both Georgian and ethnic minority settlements**, who lack information on state programs or services.
- **Pensioners**, whose medical services are still not fully covered.
- **Financially vulnerable families**.

*Medical services are not accessible for my family because of our economic situation. My mother is ill, but she cannot go to a doctor to get treatment* (Woman, 23, student, unemployed, single, Marneuli village).

- **Other age groups**, who, compared to pensioners, do not get as many of their medical tests and services covered by the program.
- **People with disabilities**, who often lack physical access to medical institutions or doctors.

*Often, when people with disabilities come to a doctor, the building is not adapted. There might be no ramp. My friend had a case when he came to a doctor but could not climb the stairs and the doctor never came down* (Man, 24, vocational education, unemployed, single, Kutaisi city).

- **Ethnic minority groups**, who have experienced **discrimination** in some medical institutions.

*They treat Georgians and Azerbaijanis differently. Georgians are given an advantage* (Woman, 21, student, unemployed, single, Marneuli city).

Getting access to Marneuli City Hall to have medical costs covered is not easy for regular citizens. A young woman in Marneuli brought the example of her father, a veteran of the war in Abkhazia, who had diabetes and was eligible for yearly assistance in the amount of 500 GEL.

*Poor man, at this age he came to the Marneuli city hall every day, but they found some reason to reject him. In the end, I went there, had a real fight, and then they provided him with this assistance. Why should they take a bribe or give preference to their acquaintances when they just need to do their job? (Woman, 32, higher education, employed, married with children, Marneuli city).*

### Financial accessibility

Women and men of different ages expressed concern about heavy financial burdens, noting that expenses for certain specific medical conditions are not covered by the state healthcare program or insurance schemes. For example, hormonal tests for young women and astigmatism operations are not covered; knee surgery for older men is considered “cosmetic” and therefore it is also not covered, even though pelvic surgery is.

*You see, at our younger age, people have hormonal problems more, whether prolactin, TSH, FTH, etc. [The universal healthcare program] does not cover it for us, and this is a problem. I do not need shunting. I do not have blood pressure or radiculitis. So, the program funding does not match the problems relevant to my age (Woman, 24, higher education, employed, single, Kutaisi city).*

Even when certain surgeries are funded by the state, respondents noted that **medical exams and tests** are often not covered and cost large sums of money.

*The state allocated large sums for the [healthcare program]; however, they are not always distributed properly (Woman, higher education, employed, married with children, Kutaisi city).*

### Geographic accessibility

Both men and women among Georgian and ethnic minority respondents mentioned **a significant difference in the quality and prices of medical services between the capital city and the regions**, which pushes citizens to seek medical services in Tbilisi. Women in Kutaisi spoke about a lack of trust in local Kutaisi clinics, leading them to take time off from work to visit larger and more reliable hospitals in Tbilisi (including Aversi Clinic and New Hospital).

Ethnic minority participants in the Marneuli focus groups complained that **emergency medical help** is not always available. In villages, they noted, ambulances often take too long to come or do not come at all. Men in Marneuli highlighted the insufficient number of family doctors in their area and the resulting **long queues** people must wait in to get medical attention.

### 2.1.3 Access to information

Both men and women respondents in Kutaisi indicated that they have access to information on the universal healthcare system, state and municipal programs, and available funding to receive care from both general practitioners and specialist doctors. However, even ethnic Georgians expressed difficulty in differentiating which surgeries are covered by state programs and which are not. This problem is further compounded by hospital practices that inform patients about what share of the surgery's cost they are responsible for paying only when they are being discharged.

Unlike them, respondents from the Azerbaijani community felt that information on state and municipal programs was not accessible. Both men and women in Marneuli said that people did not have information on free services or state and municipal programs.

Full information on state programs and free services is not available in the Azerbaijani language, and participants perceive Marneuli City Hall as doing little to address this problem.

*We translated both municipal and national programs into Azerbaijani. Unfortunately, they have not reacted to this in any way. I went to the information bureau of the [Marneuli] city hall. It has been several months since the ready materials are submitted there, but we still do not see them on the website of the city hall (Woman, 47, higher education, employed, married with children, Marneuli city).*

Because of this lack of information, ethnic minorities cannot use state programs effectively. Only a few respondents in Marneuli said they were aware of state programs on cancer, breast cancer, and child cancer, which they learned about through social networks. Women in Marneuli also expressed a need for interpreters when visiting some medical institutions.

*Our young people speak Georgian, but middle and elderly people do not, so they cannot receive this service. They have no information. They cannot use these programs; doctors know, and they should provide information to their patients, but they do not (Woman, 47, higher education, employed, married with children, Marneuli city).*

### 2.1.4 Healthcare behaviors and decisions

When facing a health issue, few men and women respondents in Kutaisi said that they follow the official path advised by the government and medical community – they first go to their “family doctor” (general practitioner) and then follow their advice on further medical tests or consultations with specialists.

*Through frequent communication, my family doctor knows all about my health and I think is competent in this issue (Man, 24, vocational education, unemployed, single, Kutaisi city).*

Neither women nor men in Kutaisi said they would file a **complaint** if they received improper medical treatment or had issues with medical services. Some respondents expressed that they believe complaints would not result in any meaningful outcome. Others mentioned the social consequences of complaints, describing Kutaisi as a city where “everyone knows each other”, meaning a complaint could result in an embarrassing social situation.

Women in Marneuli shared a similar view. Only one female respondent from Marneuli said that she would address the Ministry of IDPs, Labor, Health, and Social Affairs or another state agency with a complaint.

When asked about **making decisions** regarding their health, a common attitude observed from respondents in all groups was that they avoid visiting a doctor unless something is wrong. Respondents from Kutaisi noted that they usually go to the doctor only if they have a chronic health problem. The majority of participants do not undergo regular check-ups (only a few women indicated that they had gotten a cancer screening through the state’s free program or undergone regular check-ups due to a medical problem they had in the past). Likewise, in Marneuli, most respondents indicated that they do not undergo regular medical check-ups due to a lack of finances and long lines in medical institutions. Most of the women and men in Marneuli said they would go to a doctor only if they had a serious problem; otherwise, they prefer treatment at home.

*Until something [a health issue] bothers me, I do not go anywhere (Woman, 55, secondary education, unemployed, widow with children, IDP, Kutaisi city).*

Some respondents reported no willingness to see a family doctor, noting that they prefer to choose specialists themselves based on the recommendations of people in their community. Some Kutaisi respondents said that they prefer addressing specialists directly out of old habits.

*Because of my age and because I am used to doing so, I look for [specialists]. If there is a good doctor in Tbilisi, we will go there if we can afford it. Or we will find someone good in Kutaisi, ask our friends who had experience and choose this way (Man, 61, higher education, unemployed, married with children, Kutaisi city).*

### 2.1.5 Quality of medical services

Respondents expressed issues with the quality of medical services in Georgia, including surgeries, medical tests, and family doctors. Overall, the ethnic Georgian participants conveyed satisfaction with the quality of medical services but agreed that quality medical services are **concentrated in Tbilisi or in one medical institution in the regional capital, Kutaisi**. A woman respondent from Kutaisi noted that in recent years, many new clinics have appeared that have acquired a license without providing **proper quality and standards**. Most ethnic minority respondents and some ethnic Georgians indicated that they travel to clinics in Tbilisi (often private clinics), which they say provide higher quality medical services. Specifically, women respondents from Marneuli communicated that they try not to visit local hospitals and instead look for

well-known professional doctors in the capital. Among the justifications for this behavior were previous experiences receiving the wrong test results from laboratories in Marneuli.

Some respondents communicated that they are happy with **the quality of their family doctor**, while others expressed the opposite. Many respondents felt like whether they had a high-quality family doctor was a “matter of luck”.

### **Professionalism and attitudes of medical personnel**

A lack of professionalism from medical personnel was repeatedly mentioned in all the focus groups. This lack of professionalism was associated with the following examples provided by participants:

- Mistreated patients in Kutaisi
- Medications prescribed for an incorrect diagnosis
- Unnecessary prescriptions
- Indifference and a lack of attention towards a patient
- Underpaid nurses

Some of the younger women respondents named diagnosis and treatment mistakes as the main reason for their low level of trust in local clinics. A few respondents described their experience of being treated for a diagnosed disease that they later found they did not have. A young woman from Kutaisi discussed the case of her mother, who was misdiagnosed in Kutaisi and was on the verge of death (due to the effect the unnecessary medications were having on her kidneys) and needed to be taken to a hospital in Tbilisi, where corrective treatment saved her life.

Both men and women from the ethnic minority focus groups emphasized their distrust of doctors and medical institutions in Marneuli and complained about their lack of professionalism.

When it comes to **trust towards “family doctors”**, there are few respondents who trust their doctors fully and follow their prescribed treatments. Most respondents take the advice of their relatives with medical backgrounds into consideration (e.g., ask their friends who specialize in a specific field to double-check the doctor’s prescription). Others read the full description of prescribed drugs and decide themselves if they need to take all the medications prescribed by a doctor. Some women respondents said that when they receive a prescription from their doctor, they research the medication on the internet before buying it.

Women in Marneuli also highlighted the problem of maternity hospitals, where they say patients do not receive the necessary attention they need unless they hire an additional doctor. Even in this case, they noted that adequate care is still not guaranteed.

Women respondents from Kutaisi predominantly agreed that “good specialists are hard to come by” and that it is difficult to access doctors with good reputations because of long waiting lists to see them. Men in



Kutaisi listed indifference and a lack of attention to individual patients as one of their primary reasons for distrusting doctors.

Respondents also mentioned cases of malpractice during surgeries, which caused patients to repeat the surgery or suffer additional medical issues.

*My aunt has disabilities... The amputation of her second leg coincided with the pandemic. She had to do it twice because the doctor was drunk or on drugs during the first surgery (Woman, 47, higher education, employed, married with children, Marneuli city).*

For ethnic minority respondents, another primary issue was the rude behavior and lack of respect from personnel in Marneuli's medical institutions.

*They are rude to people, starting from security personnel all the way to the senior doctors. They do not respect people. But, in Tbilisi, in private clinics, they do not treat their patients like this (Woman, 47, higher education, employed, married with children, Marneuli city).*

### **Infrastructure and equipment**

Some respondents expressed dissatisfaction with the infrastructure, cleanliness, and lack of high-quality medical equipment. Women in Marneuli said that there were general problems with keeping hospitals clean and maintaining necessary hygiene standards.

#### **2.1.6 High healthcare costs**

Despite the existence of Georgia's universal healthcare program, respondents conveyed a critical level of concern over the **high cost of medical expenses**. Participants mentioned several examples of times when they experienced exorbitant healthcare costs. One topic that was frequently discussed in the focus groups of men and women in Kutaisi as well as women in Marneuli was the **high prices of medications**. This was a concern not only for pensioners but also for younger women with endocrinology problems. One respondent mentioned the need to buy Dostinex, which costs 10 GEL per pill, noting that the cost becomes prohibitive in case of a long-term prescription.

*You are afraid to enter a drugstore... While I'm alive, I live on those drugs and if I cannot afford to buy them, then what? Drugs are impossibly expensive (Woman, 78, secondary education, pensioner, married with children and grandchildren, IDP, Kutaisi city).*

In addition to medications, all the women respondents in Kutaisi agreed that **visits to doctors are too expensive**. Many perceive a cost of more than 70 GEL per visit as unreasonable given that consultations often last only a few minutes. Men in Kutaisi noted that high prices prevent them from visiting doctors; instead, they search for acquaintances with similar medical problems and inquire about their treatment. Some respondents said they choose the dosage themselves based on medical tests or consultations with pharmacists.

*“Pharmacists serve the function of doctors. You go to them, they recommend a drug, and you take it” (Man, 61, higher education, unemployed, married with children, Kutaisi city).*

Men in Kutaisi spoke of **doctors prescribing more expensive prescriptions** when cheaper versions were available on the market. Women in Kutaisi and Marneuli described **tacit agreements between doctors and pharmacies that incentivize doctors to prescribe specific medications**, many of which participants believe are unnecessary or could be substituted by less expensive alternatives. Several respondents characterized the system as a “business” that allows doctors to receive certain benefits.

*Medication sales is a large business... I see such poor people in drugstores. They take out their last money from their pocket to buy medicine. Doctors intentionally prescribe expensive medicines. They do not care for people’s conditions (Woman, 32, higher education, employed, married with children, Marneuli city).*

Men in Kutaisi predominantly believe that doctors look at **patients as a source of money**, not as people in need of treatment and care. They attribute this concerning trend to the **hospital managers**, who they say hire such doctors, as well as poor education and training.

*For some reason, it happens so that when a person comes to a clinic, they look at him as if he/she is a source of money and not as if he/she is a patient... It depends on a person (Man, 61, higher education, unemployed, married with children, Kutaisi city).*

Furthermore, respondents believe that **prices of medical services are inflated**, noting that they are unable to see much of a difference between the price they pay with co-funding from the universal healthcare program and what they would have paid otherwise. Several focus group participants conveyed their impression that “the business of clinics has flourished” as medical centers have taken in huge amounts of state insurance funding. One man in Kutaisi illustrated this point when he recalled the cost breakdown of his surgery, which included exorbitant sums, such as a 700 GEL charge for electricity consumed in his three-day stay. Women in Marneuli also mentioned inflated prices of surgeries, expressing suspicion that the 15,000 GEL cost for a simple surgery was part of a deal between the government and medical institutions to take large sums from the state fund.

Men in Kutaisi also expressed suspicion that **hospitals try to exhaust all the state funds allocated to a specific patient** under the universal healthcare program, which often means needless treatment or holding a

patient in the hospital longer than necessary. A young woman from Marneuli recalled a time in which someone in her village had died, but the hospital covered this fact until after the state funds were fully spent. An IDP man from Kutaisi also described a similar negative experience when his father died.

*I don't think the state does not know about this. There should be leverage for doctors not to be interested in spending all that money (Man, 69, secondary education, irregularly employed, married with children, IDP, Kutaisi city).*

Women respondents in Kutaisi spoke about **people not being aware of patients' rights, specifically under the universal healthcare program or other state-funded initiatives**. They noted that clinics sometimes take advantage of this ignorance and force people to pay more for doctors' services, even though they are covered by the state. Women in Marneuli spoke of similar problems with medical institutions taking advantage of people's lack of awareness of state programs that are free for them.

Another cause of high medical costs expressed by respondents in the regions is the **lack of price regulation for surgeries**. They noted that surgeries are expensive and that their prices vary dramatically (often in the thousands of GEL) between hospitals in Kutaisi and Tbilisi. This they attribute to the **absence of a statewide system that could provide cost estimates for each type of surgery and limit the price**.

*Why should private clinics be on their own in terms of prices? Why can the state not control this? The state could set a price range for this or that surgery. They [private clinics] are fleecing the state (Man, 61, higher education, unemployed, married with children, Kutaisi city).*

Another related problem that men in Kutaisi mentioned is the fact that **medical institutions do not accept medical test results done elsewhere** and require patients to repeat those same tests in their institution. Respondents recalled instances in which people were forced to repeat a test three times. Women in Marneuli noted that doctors have a financial incentive from the labs to ask patients to repeat medical tests.

### 2.1.7 Impact of Covid-19

A young man in Kutaisi spoke of several **logistical problems and instances where money was misspent** during the Covid-19 crisis. He recalled problems with inconsistent dissemination of information, a lack of medical equipment in emergency cars, and an insufficient number of beds in hospitals, noting that the pandemic exacerbated pre-existing issues in the medical system.

Ethnic Azerbaijani women from Marneuli generally expressed dissatisfaction with the quality of healthcare services during the pandemic and complained about a lack of attention. One respondent noted that the \*144 Covid-19 hotline failed to employ a single Azerbaijani operator.

### 2.1.8 General recommendations

Women respondents in Kutaisi identified a correlation between the quality of medical education and services with the economic conditions and development of the country. Because the country has experienced economic hardships, they concluded that it was unrealistic to demand a high-class healthcare system. However, respondents still provided recommendations on areas where they believe the healthcare system can be improved.

According to participants, one area in need of improvement is **the medical education system**. Some respondents indicated that a large portion of students has graduated from medical schools that are unqualified to provide proper medical training. As a result, they produce young doctors that are not properly trained and exhibit low levels of professionalism. Respondents expressed an interest in the implementation of:

- **Reforms to address the shortcomings in the medical education and professional development system.**
- **Control and supervision over the quality of medical services**, with an emphasis on professionalism from supervisors and control inspectors.

Women in Kutaisi also shared the view that the state spends a significant amount of money on universal healthcare; however, it is often not used effectively and efficiently. The following recommendations were compiled to address this issue:

- Respondents from every represented group asserted that the **state should have more control over how money is spent in all areas of the healthcare system**, including hospitals, insurance companies, medication prices, and medical service prices.
- Some women respondents in Kutaisi expressed a desire for **the state to allocate funding or co-funding for medical problems** (such as medical tests and other services) **relevant to specific age groups**, including youth.
- Some men participants in Kutaisi said that **funds should be diverted from people who have a higher income** to support socially vulnerable groups and pensioners more generously.
- Some men believe there should be **public clinics** that provide all regular medical services at affordable prices without compromising on quality.
- Women respondents in Marneuli indicated that the **state should establish a centralized system of healthcare programs** instead of the current division of state and municipality programs.

### 2.1.9 Specific recommendations for CSOs

Initially, respondents had difficulty specifying what role they see non-governmental organizations playing in the resolution of issues within the healthcare sphere. The views of men and women in Kutaisi coincided

to a certain extent, with both groups expressing an interest in CSOs raising awareness, providing information, and acting as watchdogs.

### The role of CSOs in raising awareness and providing information

One major issue identified by women in Kutaisi was a lack of general knowledge about the universal healthcare program, including what it covers, how to access medical services, and how to apply for funding. Some respondents mentioned that this issue is further complicated by a lack of internet access and difficulty in disseminating information. One method through which they proposed CSOs assist in addressing this issue is to **provide consultations, in which the CSOs offer information on available state medical services and patients' rights.**

When speaking about informational support from CSOs, some of the women in Kutaisi mentioned people from villages and, more specifically, in **mountainous and remote areas**. Ethnic Azerbaijanis in Marneuli also highlighted the importance of CSOs working to raise awareness of healthcare issues and state services, specifically for **ethnic Azerbaijani women**, who generally have less access to information.

Women in Kutaisi also discussed the role of CSOs in raising awareness of public health issues. Specifically, they outlined the need to improve **people's understanding of vaccines and why they are important**, which they say became an acute issue during the Covid-19 pandemic.

### The role of CSOs in acting as watchdogs

Women in Kutaisi indicated that CSOs should become involved in the **monitoring and control of state spending** through the universal healthcare program. Specifically, CSOs **could track what money is spent on, audit prescribed medical services and medications to ensure they are relevant and needed** (Some women in Kutaisi referred to computer tomography checks that many Covid-19 patients were unnecessarily told to do), and **monitor whether medical services have a positive effect on people's health**. The focus group respondents also said that it would be useful if CSOs **collected statistical information** on all these topics and publicized it regularly. Men in Kutaisi added that they would like to see CSOs and "trade unions" **check and publish information on the quality of medical services in hospitals**, including how patients are diagnosed, what medications are prescribed to them, and how they are treated. Based on these discussions, the following recommendations were compiled:

- Women in Marneuli said that CSOs should **establish a certification system** to upgrade the qualifications of doctors and ensure a higher quality of medical services.
- While women participants in Kutaisi were not in agreement on this matter, some respondents supported the idea of CSOs holding protest rallies to **draw public attention to the most problematic issues**, such as the high prices of medications.
- Investigate the reasons behind **high and inconsistent pricing** for medical services.
- Advise the government on how to **implement best practices and systems of healthcare**.

- Some women participants in Kutaisi mentioned that CSOs could **raise funds to finance medical services that were not covered** by the universal healthcare program. However, they did not elaborate on this idea.
- Generally, when discussing the involvement and the role of CSOs in the resolution of healthcare problems in the country, women in Kutaisi said it was important to ensure that **CSOs involved in the process were trusted, politically neutral, independent, and had a good reputation.**

## 2.2 Education

Georgia has over 2,000 public schools and more than 200 private schools. Public schools are funded by state vouchers and operate under the supervision of the Ministry of Education and Science (MES). In addition to these schools, there are approximately 1,650 kindergartens and preschool education institutions funded and run by local government bodies, which the MES provides standards for. After graduating from secondary school, Georgian students take unified entry exams to enroll in public or private higher education institutions. These can be funded by either the student or state grants; very few students choose to attend professional education schools. According to the 2018 OECD PISA evaluation, Georgia ranked 70<sup>th</sup> out of 78 education systems.

This chapter is based on two focus group discussions in Gori and Marneuli that focused on the education system in Georgia.

### 2.2.1 Assessment of the education system

Both Georgian and ethnic minority participants in the focus groups assessed the education system in Georgia as low quality. Specifically, Georgian respondents described the system as “**chaotic and unorganized**”, noting that **students are unmotivated** and therefore **waste time** in educational institutions. Ethnic minorities primarily associated the education system with **outdated teaching methods**, stressing the lack of freedom of speech and critical thinking in schools.

Associations with the education system in Georgia	
Georgian	Ethnic minority
<ul style="list-style-type: none"> <li>✓ Chaotic and unorganized system</li> <li>✓ Low quality of education</li> <li>✓ Unmotivated students</li> <li>✓ Wasted time</li> </ul>	<ul style="list-style-type: none"> <li>✓ Outdated teaching methodology</li> <li>✓ Low-quality education</li> <li>✓ Lack of freedom of speech in schools</li> </ul>
Assessment of progress over the last ten years	
<ul style="list-style-type: none"> <li>✓ Negative developments</li> <li>✓ Improved teaching materials but making poor use of them</li> <li>✓ Cancelling the CAT school graduation exam</li> </ul>	<ul style="list-style-type: none"> <li>✓ Negative developments</li> <li>✓ More training for teachers</li> <li>✓ More Georgian-speaking teachers in Azerbaijani schools</li> <li>✓ Low quality of textbooks, translation issues</li> </ul>

	<ul style="list-style-type: none"> <li>✓ Lower quality of Azerbaijani schools</li> <li>✓ Higher education program 4+1</li> </ul>
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Respondents from both focus groups agreed that over the last ten years, the quality of education in Georgia has deteriorated. Even though the **methodology, books, and textbooks** may have relatively improved for Georgian language schools, respondents noted that teaching methods have remained the same. As one participant from Gori noted:

*Children have developed, but teachers were not able to keep up with them (Woman, 32, higher education, employed, single mother, city of Gori).*

Another concern conveyed by a respondent in Gori was that students **are no longer obliged to pass Computer Adaptive Testing (CAT) graduation exams**, which the respondent indicated has resulted in lower levels of knowledge in various subjects. A common sentiment expressed by many focus group participants was that the country is moderately progressing in many areas but falling behind in education, which is essential for its development:

*The teacher that I had when I was in school is now teaching my nephew. She is already 70 years old. She has a different mentality - a different style of teaching, and she does not want to change anything. Children are different now; they need modern ways and approaches to teaching. (Woman, 32, employed, married, a village in Gori municipality)*

Respondents from Marneuli municipality positively assessed the **development opportunities for teachers** and noted that more trainings are available. They also highlighted the increase in Georgian-speaking teachers at Azerbaijani language schools in recent years, making it easier for students there to learn the Georgian language.

Despite this positive development, ethnic minority participants stressed that there are still critical issues related to the curriculum for **bilingual education** in Azerbaijani schools. With half of the **content of the textbooks** in Georgian and the other half in Azerbaijani, many of the textbooks are filled with mistakes, rendering them useless in the teaching process. In the respondents' views, the last ten years have seen many discussions and promises from the Ministry of Education and Sciences (MES), but nothing has been done to solve these issues. Because of this, Azerbaijani schools have struggled to provide children with adequate education, forcing many families to enroll their children in Georgian language schools.

When asked about **higher education institutions**, Marneuli respondents positively recalled the "4+1 program", which has made it possible for many young people in ethnic minority settlements to enter Georgian higher education institutions.

### 2.2.2 Access to education

## Access for social groups

Respondents in Gori and Marneuli identified the following groups as having problems accessing high-quality education:

- Non-Georgian speakers
- Children with special needs

Ethnic minority respondents expressed a feeling of being excluded from programs developed by the Ministry of Education and Science as they believe the **programs are designed for Georgian speakers**. In Azerbaijani schools, Georgian language lessons are held five days a week from the first grade until graduation, but respondents say many students still finish school without being proficient in Georgian. According to them, the state programs must be adapted to the needs of all students. Otherwise, ethnic minority students will not be able to acquire the same skills as children from other regions:

*As a citizen of this country, I consider it a violation of my and my children's rights. This is a very important issue (Woman, 42, higher education, employed, married, a village in Marneuli municipality).*

Another disadvantaged group mentioned by respondents was **children with special needs**. Because there is a **lack of trained teachers** who know how to work with them, children with special needs are often neglected and left without proper education.

## Financial accessibility

Public kindergartens and schools are free of charge in all regions of Georgia, which respondents considered a positive aspect of the public and pre-school education system. When asked about vocational education, respondents mentioned specific institutions (“Modus” in Marneuli and “Gantiadi” in Gori) that give out study grants covering 100% of tuition for successful students. Regarding higher education, respondents mentioned state grants (covering 100%, 70%, 50%, or 30% of tuition) that are offered to students who excel in the national entrance exams and enroll in higher education institutions.

Focus group participants also mentioned the **increasing number of private schools** in Georgia. Ethnic minority respondents noted that they see this as a sign that the level of education in public schools is very low. Most respondents who have children agreed they would consider moving their child to a private school because the quality of education is better there. However, they also agreed that many people do not have the financial resources to do so. Many respondents negatively assessed what they see as a lack of proper education in public schools and a prohibitively expensive alternative in private schools.

*I also think it is bad. Children do not get proper education in public schools and that is why they choose private schools. Every parent wants their child to go to a good school*



*and get a quality education* (Man, 20, student, unemployed, single, a village in Marneuli municipality).

### Geographic accessibility

Respondents complained of an **insufficient number or absence of kindergartens and schools** in their area, primarily in remote villages and ethnic minority settlements. They noted that one school and kindergarten sometimes serve several villages, while other schools only teach nine grades. According to ethnic minority respondents, there are only 14 kindergartens for the more than 80 villages in the Marneuli municipality.

This results in **transportation issues**. Parents are sometimes forced to hire drivers to take their kids to school in neighboring villages, which is an additional expense and a significant source of discouragement for some families to let their children continue their studies in their final years of school.

When asked, respondents were able to name several **vocational education institutions** available in the regional centers.

### 2.2.3 Access to information

The focus group discussions revealed that parents in ethnic minority settlements are not well-informed about their children's educational progress, difficulties, or achievements. According to the Marneuli respondents, neither school principals nor teachers provide parents with thorough information, an issue that is further compounded by many parents' lack of interest in their children's studies. Participants expressed the belief that teachers need to have regular communication with parents.

*Parents should be allies of teachers* (Woman, 28, higher education, employed, married, a village in Marneuli municipality).

In addition to finding consensus that communication is essential, participants also agreed that this type of initiative is often not welcomed by school administrations in the Marneuli municipality.

Schools in the Gori municipality appear to be more open to parents. According to a respondent in Gori, there is a designated weekly time for parent-teacher meetings where parents can obtain information regarding their child's progress. Participants also mentioned group meetings organized by administrators for parents where school-wide organizational issues can be discussed as well as chat groups on social media where parents can stay informed about news and events.

### 2.2.4 Quality of education

When questioned about the main problems within Georgia's education system, respondents from both Marneuli and Gori agreed that the quality of education is a significant issue that they would like to see

addressed. Participants cited a lack of qualified teachers, outdated methods of teaching, and a lack of adequate facilities as major factors contributing to the country's poor education system.

### Professionalism and attitudes of educational personnel

Respondents named a **lack of experienced and professional teachers** as a primary issue in the education system. According to participants in both focus groups, many teachers cannot pass the necessary **certification exams** but are still allowed to remain in the schools. This problem is perceived to be even more severe in ethnic minority settlements, where some teachers do not speak Azerbaijani and can conduct classes only in Georgian, which leaves many children unable to understand the curriculum. Ethnic minority respondents complained about the lack of freedom of speech and critical thinking in schools, noting that personal opinions are discouraged. Failing to promote critical thinking was mentioned as an issue in Gori as well.

Most of the focus group respondents perceived kindergarten as a place where parents can leave children when they go to work or have other tasks to complete, not as a place for developing new skills or preparing for school. A few participants did express satisfaction with their child's kindergarten and the teaching methods there. However, they emphasized that this was due to **individual teachers**, who they saw as better trained and more enthusiastic than others.

This sentiment also applied to public schools. Respondents agreed that there are individual teachers who exhibit professionalism, use modern methods of teaching, and motivate students. However, the education system as a whole lacks organization, leaving the quality of each student's education dependent on individual teachers. Participants indicated that it is common to choose schools based on individual teachers working there.

Respondents who are parents expressed concern that **children's rights are often violated** at schools. Teachers are known to reprimand students in front of their peers and parents, and it is not uncommon for them to insult students and shout at them during lessons.

*The rights of children are most often violated within the education system and not only because they do not provide quality education, but also because they do not develop children as individuals. School should give them not only theoretical knowledge but also develop their social skills. Unfortunately, our education system does not do that. Besides, I have witnessed how teachers insult children in the presence of their peers. Of course, this is a violation of their rights (Woman, 38, higher education, employed, single mother, Gori city).*

Ethnic minority group participants also highlighted the **involvement of schools in political processes** during the elections, which they agreed is unacceptable:

*Public school teachers are often forced to be involved in political campaigns during elections (Man, 22, student, employed, single, a village in Marneuli municipality).*

### Methods of teaching

According to respondents, the education system in Georgia **does not encourage students to study**, and students do not acquire the skills and knowledge needed for independent living. Many participants noted that students often need additional private tutors to prepare for university entrance exams. Most of the tutors are the students' teachers from the school who receive additional compensation for private lessons, meaning teachers are financially de-incentivized to ensure students comprehend the curriculum while at school.

*Children go to school because they are forced to. This is not a place where they go with joy. This is a place where teachers scream and insult them (Woman, 38, higher education, employed, single mother, Gori city).*

Another primary complaint from respondents was that teachers do not use modern methods of teaching. As one Azerbaijani respondent indicated, children receive instruction that consists of sitting in a classroom while teachers read to them from books. There are no practical classes in science, and no modern technologies are used in teaching. One participant from Gori recalled how an organization had given several interactive whiteboards to a school, but they were never used. The boards remain unpacked in the office of the school principal, even though teachers were trained to use them. This indicates a lack of enthusiasm by teachers and school principals to integrate modern technologies into the teaching process.

Many focus group participants expressed a belief that changing study programs and textbooks will not adequately address the issue, noting that it is also necessary for teachers to receive additional training in modern teaching methods. Respondents recalled the case of a ninth-grade anatomy textbook that contains information about human body parts some instructors were embarrassed to teach. As a result, they forced the boys to leave class during these lessons and only presented the topics to the girls.

### Infrastructure and equipment

The primary issue mentioned by respondents when speaking about kindergarten is that there is an insufficient number of public kindergartens. Noting that many classes consist of 30 to 45 children and only a few teachers, respondents concluded that the **number of children in each class exceeds the permissible norm.** One of the participants from Gori recalled that teachers at her son's kindergarten refused to give him water to prevent him from going to the toilet because there were not enough teachers to handle all the children. Another concern mentioned about kindergartens was the lack of adequate hygiene and sleeping space.

**Insufficient heating** was named as one of the most significant infrastructural issues for schools in the Gori municipality. Even though most of the schools are renovated and equipped with modern heating systems, focus group participants from Gori described the buildings as “often cold”. According to them, school administrators try to save money by turning off the heat at night, on the weekends, and during holidays. This makes it difficult to heat the large buildings properly. Apart from that, respondents mentioned several cases in which parents had to buy certain equipment when there was a need, but the school administration would not provide it.

### 2.2.5 Impact of Covid-19

Generally, respondents indicated that the Covid-19 pandemic and the shift to online teaching hurt children’s education in Georgia.

However, some respondents from Marneuli indicated that one improvement had resulted from the switch to online teaching: **some teachers started using more technology in their instruction.**

### 2.2.6 General recommendations

When discussing ways to improve the education system in Georgia, respondents generally recommended that the MES be more actively involved in resolving the problems outlined in the previous section. They additionally issued the following recommendations:

- **Recruit younger teachers.** There is an impression that it is extremely difficult to get a job in any school without connections. One of the participants from the Gori focus group recalled that despite her diploma of excellence, good experience, and successful outcomes in various certification exams, she failed to secure a position as an English teacher in the entire municipality. One way to improve this situation is to open school doors to new and young teachers who are willing to develop and learn new skills.
- **Provide high-quality, regular trainings for teachers to improve their teaching skills.** There are many trainings available currently, but teachers often lack enthusiasm and attend the trainings because they are mandatory.
- **Develop an oversight mechanism** to audit how teachers are applying the knowledge gained during training to their teaching process.

Respondents from Marneuli also indicated that it is very important for both Georgian and non-Georgian schools to teach the state language and other subjects at a high level so that parents are not forced to transfer their children to Georgian language schools. Ethnic minority participants in the focus group acknowledged the necessity of knowing the state language, but they also emphasized that the level of teaching needs to improve in non-Georgian schools. According to them, the MES must promote the development of non-Georgian language schools, and Azerbaijani-language schools must pay greater attention to **the quality of teaching in the Azerbaijani language.**

### 2.2.7 Specific recommendations for CSOs

According to respondents, the main function of CSOs is **to influence policy** and **to ensure the involvement of key stakeholders**. In the field of education, they believe CSOs can play a role in:

- **mobilizing active parents.**
- **working with teachers who are open to change.**
- **helping to make teaching methods in class more productive, student-oriented, and interactive.**

One respondent recalled a positive anecdote of how a CSO helped her as a student to overcome the pressure she felt in school and become more sociable. Respondents in Gori also provided a negative case of how a CSO worked with schools to train teachers in inclusive teaching, but teachers expressed interest only if they received a specific benefit like a gift voucher or credit points. Focus group participants in Gori also noted that CSOs can play an important role in the development of the education sector in the following ways:

- **Conduct intellectual competitions, trainings, and sporting events** to promote informal education.
- Participate in the teaching process by **conducting joint classes with teachers**.

Participants from Marneuli described how CSOs are already involved in tackling education issues in the ethnic minority settlements by **funding English, computer, and Georgian language courses** for children. According to those respondents, CSOs should:

- **Explore and analyze** the existing issues.
- **Cooperate with the MES to resolve the identified problems**. It should be noted that respondents did not believe that the Ministry is open to cooperation with CSOs.

Ethnic minorities expressed disappointment that the public sector has not utilized cooperation with CSOs to more rapidly solve several important issues plaguing the education system.

Respondents in Gori also noted that **CSOs are marginalized in the regions** and presented negatively. According to the participants, a lack of understanding and awareness has left positive contributions towards the development of various spheres unrecognized, which they say the media needs to address by actively promoting the work of CSOs.

## 2.3 Social Welfare

State welfare in Georgia includes means-tested cash transfers and services for vulnerable groups. The largest program, covering 600,000 citizens, consists of monetary social assistance (subsistence)<sup>1</sup> disbursed

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<sup>1</sup> So-called Targeted Social Assistance (TSA)

by the Ministry of IDPs, Labour, Health, and Social Affairs. To receive this benefit, families address their regional branch of the Social Service Agency; an agent visits the family and completes a form outlining the family’s socio-economic situation. Based on this data, which is entered into the state system, the family is allocated a social ranking score that determines the amount of monthly monetary assistance they will receive, ranging from 30 to 50 GEL per family member. Families with the lowest scores receive 100 GEL per month for every child below the age of 16. In regions with the lowest birth rates, the state pays up to 200 GEL monthly for each additional child after the second one. The state also gives monthly monetary assistance to children under 18 who have lost one (in the case that he/she was the primary provider) or both parents (100 GEL), veterans of the armed forces (100 GEL), people older than 18 with disabilities of varying degrees (100 to 275 GEL), and children with disabilities (275 GEL), as well as cash transfers to the elderly to cover communal expenses (7 to 100 GEL). Men older than 65 and women older than 60 receive a monthly old-age state pension of 260 GEL (300 GEL for those over 70), which is disbursed in the local branches of a private bank. In addition to the central government, local city halls also offer social services and monetary assistance to families with many children, newborns, or children with disabilities, including home care, free dinners, and one-time cash assistance.

The findings presented in this chapter are based on three focus group discussions conducted in Sagarejo, Ozurgeti, and Marneuli. Almost all the respondents are beneficiaries of state and local government-funded social assistance programs and services. They fall into one or more of the following categories: pensioners, members of socially vulnerable families, IDPs, people with disabilities or health problems, and parents with many children.

The participants of the focus groups on social welfare touched upon wider issues, including healthcare and education. The most important problems discussed across all focus groups were **unemployment, increased prices** (particularly for medications), the **healthcare system**, the **education system**, and **nepotism/favoritism**. In addition, respondents from Sagarejo and Marneuli highlighted **water supply issues** and respondents in Ozurgeti spoke about a **deficit of professionals in the agricultural sphere**, including veterinarians and agronomists.

**2.3.1 Assessment of the social protection system**

When asked what associations respondents had with the state social protection system in Georgia, they listed the following: **poverty, unfair distribution of welfare benefits, an insufficient amount of cash transfers,** and a **widening gap between families with high income and people who live on state welfare programs.**

All the respondents who indicated that they or one of their relatives are beneficiaries of a welfare program indicated that the social protection system is unfair. Specifically, they noted that there are poor families that need assistance but do not get it, while families living in better economic conditions manage to conceal information and continue to receive welfare benefits.

Associations with the social protection system in Georgia	
Georgian	Ethnic minority

<ul style="list-style-type: none"> <li>✓ Poverty</li> <li>✓ Unemployment</li> <li>✓ Low salaries</li> <li>✓ Unfair distribution of welfare benefits</li> </ul>	<ul style="list-style-type: none"> <li>✓ Unfair distribution of welfare benefits</li> <li>✓ A large gap between people with high income and those who get social protection assistance</li> </ul>
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### 2.3.2 Access to social protection programs and services

All the focus group respondents indicated that they believe the way households are assessed for their social rating scores, which determine their eligibility to receive monetary social assistance from the state, is unfair. They also expressed doubts about the **transparency of the social assistance system**. Despite the existence of common assessment guidelines, participants noted that they believe the scoring for families sometimes depends on subjective decisions by social workers.

Despite reforms that have been implemented to make the system fairer, respondents indicated that people still avoid buying durable goods or animals for their household out of fear that their social rating score will improve, and they will lose their cash benefit. Specifically, respondents from Ozurgeti and Sagarejo said they fear that buying a TV set or a fridge (or receiving one as a gift), having a renovated house, or working as a seasonal migrant in Turkey could lead to the loss of their state assistance.

*We bought a donkey and lost the assistance [...] made a call to Burchuladze [charitable] organization [and asked for help]. After that, someone [official] came from Telavi and instructed [the social agent] to keep our assistance active. (Woman, unemployed, a village in Sagarejo municipality).*

A common sentiment expressed by respondents was that decisions made by social agents are often unfounded and arbitrary. A focus group participant in Ozurgeti complained that she was deprived of municipal assistance for medication after a visit from her social worker, even though her family's conditions had not changed in the two years since she first began receiving the assistance. A common complaint from many respondents was that assistance is sometimes given to people who can work but is refused to those who "really need it".

*The criteria are confusing. You cannot understand how they assess you (Woman, higher education, pensioner, Ozurgeti).*

One woman in Sagarejo, whose social assistance was terminated, complained that she knows people who have cars and jobs who still receive welfare benefits, which she deemed "unfair". An ethnic minority respondent described the tragic example of an Azerbaijani family that had received social assistance but was removed from the scheme when family members were hospitalized for an extended period, meaning no one was at home when the social worker visited. Sagarejo respondents would like village Gamebeli and locals to have a say in who should receive the assistance.

Many focus group participants said they believe that favoritism and political partisanship are important determinants for getting state social protection benefits. According to them, ruling party supporters are often prioritized in social services and programs, and beneficiaries are monitored by ruling party activists during pre-election campaigns.

Ethnic minority respondents conveyed that they see **ethnic Georgians as more privileged** within the social protection system. While unemployment was highlighted as an important issue in all focus groups, ethnic Azerbaijani participants indicated that **ethnic discrimination** has played a role in most of the public sector jobs in Marneuli being allocated to ethnic Georgians. They also noted that the local government in Marneuli uses donor funding only for ethnically Georgian villages and that in previous discussions, local government officials promised to rectify this issue.

### 2.3.3 Social services for vulnerable groups

One major problem that beneficiaries of all types of social assistance mentioned was that the value of cash transfers was very low, particularly in the face of rampant inflation and an increasing cost of living. They also complained that the assistance offered was predominantly isolated to a singular occasion, meaning it was not sufficiently tailored to support the needs of beneficiaries in the long term. Some participants mentioned protracted efforts to pressure the local government into approving benefits they were entitled to, while others expressed that they saw “no point in asking for assistance”. The social agency is understaffed (e.g., there are only 3 social workers in the entire Guria region) and social workers’ salaries (averaging 700 GEL per month) are further diminished by covering their transport costs.

#### People with disabilities

Respondents described a system of **rigid procedures and non-continual assistance** for people with disabilities, noting that the continuation of assistance depends on the will of the local government. One participant indicated that her family member had been trying to get the status of a “level one disability” for three years. To receive this designation, she was required to go to Tbilisi for monitoring; however, her health condition required transportation in a special vehicle, which the family could not afford. “And then it turned out that they could have assessed the applicant here, without going to Tbilisi”, noted the respondent from Sagarejo.

Municipal assistance with costs of utilities, which is offered to socially vulnerable families, is not available for persons with disabilities (PwDs). When PwDs need to go to Batumi or Tbilisi for specific services like a rehabilitation course after surgery, they are forced to pay out-of-pocket for transportation and accommodation, which can be a significant financial burden. One-time assistance of 200 GEL for PwDs’ medical services is insufficient given the high prices of medical exams, consultations with doctors, and medications. Both Ozurgeti and Sagarejo respondents complained that elderly citizens with disabilities face a choice of losing their status as a PwD if they want to receive their old-age pension.



Some of the respondents with disabilities mentioned the issue of **state vouchers for vocational education** that can only be used in specific state vocational institutions, many of which lack a variety of training courses. Therefore, they viewed those vouchers as ineffective.

Several participants noted a lack of geographic accessibility to **state healthcare services for people with special needs**. Often, people cannot access appropriate service providers in their municipalities, but they also cannot afford to go to the capital because state programs do not cover travel expenses.

## Children

According to respondents, services are not well-tailored for **children with special needs in rural areas**. Services for children on the autism spectrum are located only in big cities, and children or adults registered outside urban areas are often unable to access them.

Respondents overwhelmingly agreed that families with many children should receive assistance in the provision of **food and clothes**; however, many also believe that it is important for children to partake in extracurricular activities such as sports, music instruction, and dance classes. These types of **free activities for children** are available only in municipal centers, but people living in the villages often do not have vehicles or money to transport their children there.

One respondent in Ozurgeti, who has four children, complained that she was deprived of the 100 GEL cash assistance, which she was entitled to as a parent of many children when her eldest child turned 18. “When one turned 18, the other three all lost their assistance too”, she added.

## Elderly citizens and pensioners

Generally, despite the universal old-age pension scheme, **elderly people living alone** are believed to be one of the most vulnerable groups. Many focus group participants indicated that it is problematic for pensioners to stand in long queues at banks or ATMs to receive their monthly pension payments. Some respondents positively recalled a service that had been in place years ago that provided for pensions to be delivered to the homes of those unable to physically go to the bank.

## Young and middle-aged unemployed citizens

Another issue within the current social assistance model that respondents labeled problematic is the lack of unbiased and fair identification of social groups and beneficiaries. For instance, one participant noted that there are people below retirement age who live alone without a job and relatives to support them, but they do not receive a pension, unemployment compensation, or any social assistance.

## IDPs

IDPs complained that the cash assistance of 45 GEL per month for each member of the family is not sufficient to provide for their families' basic needs, and one respondent noted that even that meager assistance was removed after the government discovered she had received a one-time honorarium of 1,000 GEL. Another benefit mentioned by IDP participants was a special holiday allowance, consisting of a pack of flour and five liters of vegetable oil, that they receive on Easter and New Year's. Male IDPs also get a one-time cash allowance when their partner has a baby, but female IDPs do not get the same assistance.

*I gave birth 10 months ago and did not get any assistance because I am a woman*  
(Woman, student, employed, Sagarejo city).

### People below the poverty line

When speaking about people who live below the poverty line and receive **targeted social subsistence**, respondents indicated that the current levels of support are not sufficient to provide for subsistence. Even for the elderly, who have free services under certain healthcare programs, some regular services and medications are only partially financed by the state. Vulnerable people are often forced to write letters to their central and local government institutions asking for additional financial help to cover healthcare costs like surgeries and medications. High healthcare expenses can cost as much as or more than the subsistence support received, meaning people with no additional sources of income must make difficult decisions.

*You can forget about buying new clothes. But people shouldn't have to choose between buying food, medicines, and paying for utilities* (Woman, employed, Sagarejo city).

Respondents positively assessed the **free dinners** provided for people living in poverty. However, they noted that food at municipal diners is of low quality and needs to be controlled by the regional authorities. Participants attributed the poor quality of food to cooks at municipal diners who they claim steal ingredients for their personal use:

*When one [Sagarejo municipal diner] was visited by a team from Telavi, they cleaned everything and made delicious food. So, everything needs to be controlled* (Woman, employed, Sagarejo city).

Some respondents also reported that despite a high level of need, free dinners are not available in the Marneuli municipality.

### Single parents

Women respondents from Marneuli emphasized significant issues for **single mothers who do not own real estate**. Often, they struggle to find a place to live, which can sometimes result in them losing custody of their children. They complained that there are no programs in the regions that cover housing costs, and

they also indicated that the 100 GEL monthly allowance for a child that has lost a parent who is the primary provider is too low, noting that it is removed when a child turns 18, even if he or she is unemployed.

### 2.3.4 Access to information and behavior

Generally, most respondents indicated that they feel informed about currently available social services from the state. Some reported having less information about state programs for **orphans and children who are victims of violence**, as well as **families who had lost their primary provider**.

The main sources of information for state services reported by respondents were **television** and the **internet**. However, multiple participants revealed that the government is notoriously slow in disseminating information. As a result, rumors often precede official announcements and confuse people.

Ethnic minority respondents emphasized the **language barrier** as a major hindrance for them when trying to collect relevant information about available social services. Moreover, they expressed a belief that banks are not providing full information to pensioners, so they often feel deceived.

Even though most of the respondents classified the system as unfair, only a small number of them indicated that they plan to address the relevant agencies with their complaints.

### 2.3.5 Impact of Covid-19

Respondents did not discuss the impact of Covid-19 on receiving state social services. However, some participants did speak about complicated post-Covid health conditions, which they received no additional assistance in treating.

### 2.3.6 General recommendations

Generally, respondents believe that **decreasing prices, creating work opportunities without age limitations, increasing the quality of education** (specifically at the kindergarten and secondary school level), **and developing and increasing support for vocational training** are all important steps needed to resolve existing social problems in Georgia.

One general recommendation communicated by respondents was to **improve the overall economic situation in the country** since social assistance cannot fully compensate for the lack of jobs and income that an increasing number of families are experiencing.

Participants also highlighted the importance of giving more rights and authority to local governments so that they can make decisions regarding local needs.

Respondents predominantly blamed the government for **issues of unemployment**, assessing it as unqualified to solve problems, create new workplaces, and regulate the market, **particularly in the field of agriculture**. Based on these concerns, the following recommendations were generated:

- Introduce regulations to **support local producers of agricultural products** so they can compete with resellers who import cheaper products from Turkey.
- Create **collection centers in villages**, where people can leave raw fruits, vegetables, or other agricultural products they have produced.
- Many rural households located near central roads have a higher income because they can sell what they produce at stands next to the highways. With this in mind, it is important to **support villages that are not located near highways** and help them sell their goods.
- Because agriculture is the primary source of income for people in Marneuli, the **irrigation system is key** to their livelihood. **Issues with the water system in the region need to be addressed.**

When discussing various social problems, respondents highlighted **education and skills development** as a method of improvement, issuing the following recommendations:

- **Develop more vocational education programs** that provide training on skills that are useful in the modern world.
- **Improve the education system so that it prepares children for independent life** after graduation.

Some respondents noted that authorities need to provide **Azerbaijani single mothers** with legal aid, information support, and assistance in securing accommodation.

When talking about problems for **children from socially vulnerable families**, participants generated the following recommendations:

- **Allocate greater financial assistance** so that children can engage in various educational activities and receive medical or child development services.
- **Provide orphans or children without parental care with greater financial assistance.**
- **Make extracurricular activities available free of charge for children living in villages.**

When discussing the issues of pensioners, respondents recommended re-introducing the service of home delivery of pension funds for people who cannot physically access banks.

On the issue of **free dinners** for people who live below the poverty line, respondents suggested establishing a quality control mechanism at the municipal level to ensure that better food is served.

### 2.3.7 Specific recommendations for CSOs

Respondents expressed a desire to see **more involvement of CSOs** in addressing social issues. They outlined the following areas in which they believe CSOs can be useful:

- **Raise public awareness and provide information** on state social services and programs, eligibility criteria, and how to access those services.
- **Monitor** how social assistance is disbursed.
- Develop **vocational education**.
- Organize **trainings in agriculture**.
- Collect more information about **young people's** needs in villages and **support youth work**.

## Annex 1. Methodology

### Recruitment process

The focus of the study was to collect the attitudes and experiences of ordinary citizens, including various socially vulnerable groups. The USAID Civil Society Engagement Program's (CSEP) representatives developed recruitment criteria and used the Network of Civic Engagement Centers to recruit participants for the focus groups.

The recruitment criteria were developed to include representatives from the following groups:

- Men and women of different ages
- Urban and rural residents
- Pensioners
- Families living under the poverty line
- IDPs
- People with disabilities
- People with more than three children
- Single mothers
- War veterans
- Other socially vulnerable groups

The focus groups on social welfare and education included participants of both genders, while focus groups on healthcare issues were conducted separately for men and women and moderated by moderators of the same gender. All focus groups were conducted in Georgian, except for the Marneuli groups, which were held in Azerbaijani.

### Focus group participants

Characteristics of the groups are summarized below in tables organized by location. The information in these tables was collected during the introduction round of the focus groups.

Sagarejo, social issues (mixed)

Men	2
Women	6
Age <35	3
Age 35+	5
IDPs	1
People with disabilities	1
Families with many children	1
Single mothers	1

Gori, education (mixed)

Men	2
Women	6
Age <35	6
Age 35+	2
IDPs	1
People with disabilities	
Families with many children	1
Single mothers	2

Ozurgeti, social issues (mixed)

Men	2
Women	6
Age <35	3
Age 35+	5
IDPs	1
People with disabilities	1
Families with many children	1
Single mothers	1
War veterans	1

Kutaisi, healthcare (women, men)

	Women	Men
Men		8
Women	8	
Age <35	2	3
Age 35+	6	5

IDPs	2	1
People with disabilities		1
Families with many children		
Single mothers		
War veterans		1

#### Marneuli

	Healthcare (women)	Healthcare (men)	Education (mixed gender)	Social issues (mixed gender)
Men		8	2	3
Women	8		6	5
Age <35	5	1	4	2
Age 35+	3	7	4	6
IDPs				
People with disabilities	1	1	1	
Families with many children	1		2	
Single mothers			1	

## Focus group moderation

#### Moderators:

- Kristine Vacharadze, Programs Manager at CRRC-Georgia
- Mariam Kobaladze, Senior Researcher at CRRC-Georgia
- Givi Silagadze, Researcher at CRRC-Georgia
- Zulfiya Mustafaeva, Moderator in the Azerbaijani language
- Bayram Aliyev, Moderator in the Azerbaijani language

Moderator's Guide: The focus group moderator's guide was designed by the Civil Society Engagement Program (CSEP) team in collaboration with CRRC-Georgia. This guide was used as a standard but flexible guideline for discussion, and each moderator had the option to diverge from the guide if appropriate. Three focus group guides were developed based on the main topics: social welfare, education, and healthcare.

## Logistics

**Focus group recording:** CRRC-Georgia set up audio and video recording equipment to effectively capture participants' feedback during the focus groups. Detailed transcripts of the recordings were created for further analysis.

**Incentives:** Each participant was given 50 GEL for participating in a focus group. Additionally, transportation allowance was provided for those who came to the cities from nearby areas or villages. Refreshments were provided during the focus group discussions.