How Do Georgian Children and Their Families Cope with the Impact of the Crisis: Results of the 2009 Welfare Monitoring Survey



Background

- Sample size 4848 households across Georgia (nationally representative)
- Conducted during May-July 2009
- Dimensions of well-being incomes, consumption, housing, material deprivation, subjective poverty, access to social services, cash transfers and utilities
- Specific module for the coping strategies
- Consumption poverty thresholds 89.7 GEL (official), 61.1 GEL (equivalent of 1.25 USD a day), 122.2 GEL (equivalent of 2.5 USD a day)
- Analysis conducted by York University

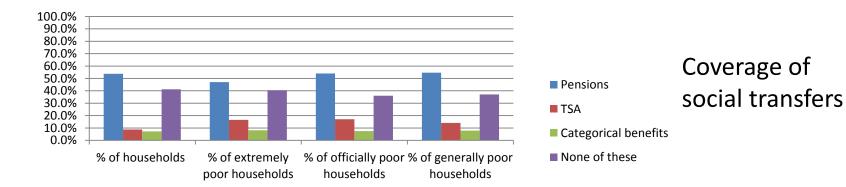
Welfare profile

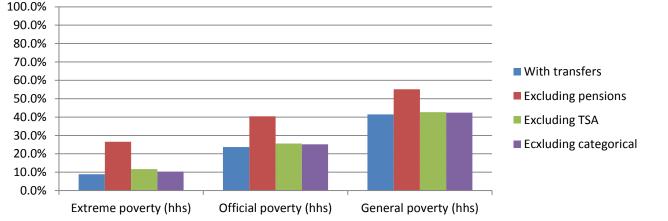
- Average monthly income 322 GEL per hh, 139 GEL PAE
- Average monthly consumption 442 GEL per hh, 190 GEL PAE
- Consumption poverty headcount extreme poverty - 9.9 per cent; extreme child poverty – 11.2 per cent official poverty – 25.7 per cent; official child poverty – 27.9 per cent general poverty – 44.8 per cent; general child poverty – 47.9 per cent
- Gini coefficient 0.48 by incomes, 0.38 by consumption
- Housing deprivation 27.6 per cent (hh)
- Material deprivation 27.2 per cent (hh)
- Subjective poverty 40.2 per cent (hh)
- Lack of access to water, sanitation and heating 10 per cent (hh)

Differences in living standards

- Average monthly incomes twice as high in urban areas (428 GEL) than in rural areas (212 GEL)
- Poorest region Mtskheta-Mtianeti has three times higher official poverty rate (37.1%) than the least poor Ajara (12.7%)
- HHs with three or more children have twice higher extreme poverty rates (16%) than those with no children (7.8%)
- HHs with at least one regular earner have twice lower official poverty rate (14%) than those without regular earner (30%)

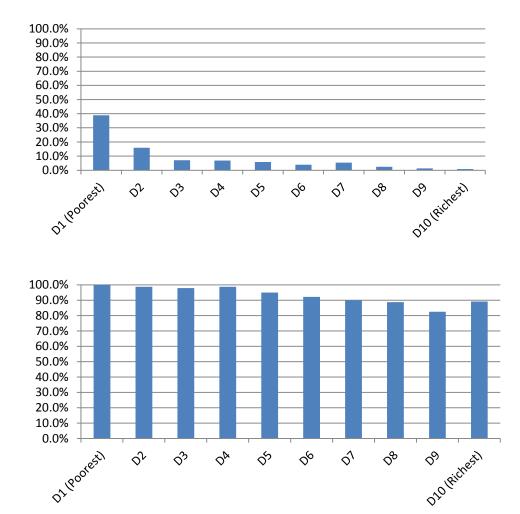
The impact of social transfers





Poverty rates with and without social transfers

Incidence of social transfers



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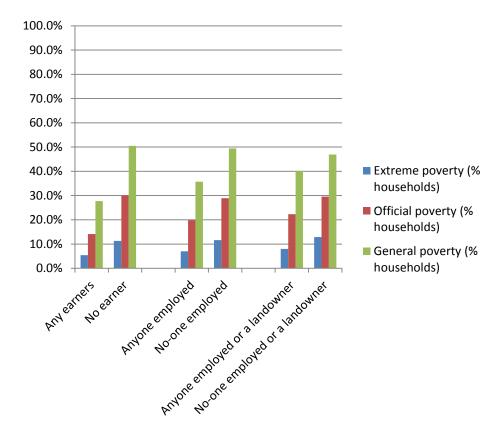
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Incidence of TSA across consumption deciles

Incidence of pensions across pensioner deciles

UNICEF

Employment



Employment halves the risk of extreme and official poverty

 However, work does not bring all hhs above the poverty line –
20 per cent of hhs that have at least one employed member are below the official poverty line

•20 per cent of households have no employed member and do not own land

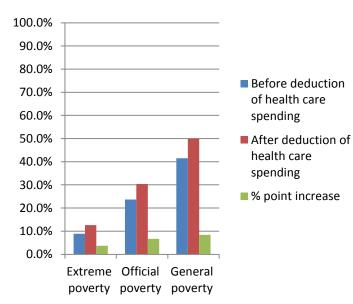
Health expenditure

- Health expenditure (250 GEL PAE a year) accounts for 11 per cent of total expenditure
- Richest quintile spends 10 times more on health care than the poorest quintile (65 GEL vs. 593 GEL)
- In almost 60 per cent of all hhs in 2008-9 at least one person needed medical services or medicines which the hh could not afford to purchase
- 23.4 per cent of Georgia's population is covered by any kind of health insurance
- 20 per cent of the poorest quintile is covered by free health insurance

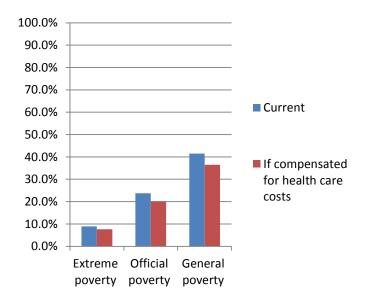
Health Expenditure (Cont'd)

 Catastrophic health care costs - in 54 per cent of hhs it constitutes over 10 per cent of total expenditure. In 31 per cent of hhs, health expenditure accounts for more than 25 per cent of non-food expenditure

Poverty rates when health expenditure is deducted from total expenditure



Estimated effects of free health care on poverty rates



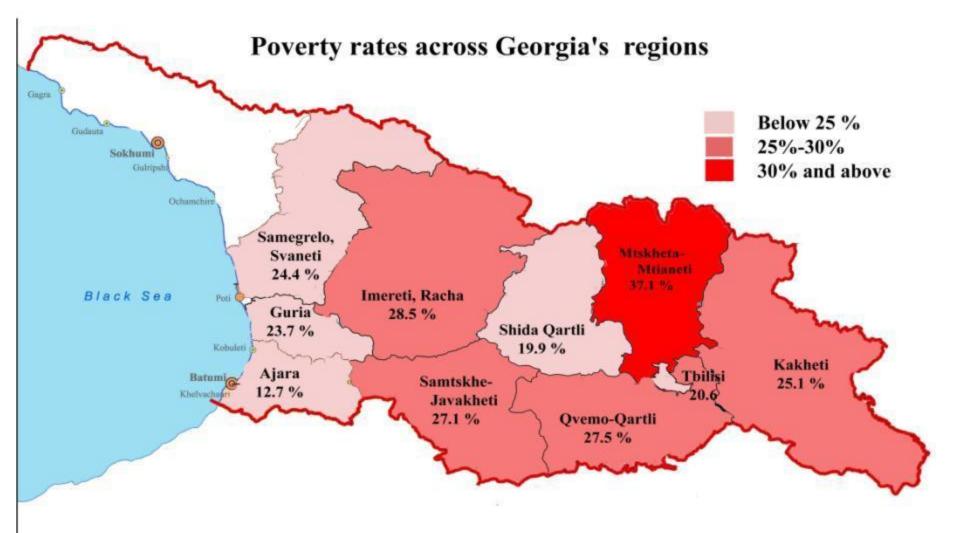
Coping with the Crisis (Subjective Views)

- Economic situation has worsened for 49.3 per cent of hhs
- Main reasons for worsened situation are repaying debts (38%), decreased income and job loss (25.6%) and serious illness of hh member (17.5%)
- 62 per cent of affected hhs had no additional source of livelihood
- Main coping strategies reducing food consumption (33.4%), buying cheaper food (41.2%), buying less (18.8%) and cheaper non-food items (15.7%), reducing visits to doctors (12%)
- In 2009 36 per cent of hhs borrowed money
- Debts not even partially repaid in over a quarter of hhs
- 51 per cent of the poorest hhs report high or very high risks of being unable to satisfy even their minimum needs next year

What doe it mean for children?

- 40 per cent of children are living in poor families who do not receive any social transfer. UNICEF encourages the exploration of:
- Increasing the coverage and improve targeting of TSA
- Increasing TSA for households with 3 or more children
- Considering universal benefits for all children
- Establishing comprehensive health care package for all children under 5
- Promoting the value of health insurance and increasing coverage of free health insurance
- Fostering (youth) employment; alternatives to subsistence farming in rural areas
- Increasing resources to poorer regions

Annex: 1. Poverty map



Annex 2: Definitions Used

- Housing deprivation at least two major housing problems (leaking roof, damaged floor, broken windows, insufficient lights, etc)
- Material deprivation lack of 5 out of 7 hh items (vacuum cleaner, car, washing machine, TV set, refregirator, iron, cell phone)
- Subjective poverty self-ranking on a scale 1-7