



REPORT

Impact study of COVID-19
on older people and
caregivers in Georgia

November 2020





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EXECUTIVE SUMMARY

Georgia is one of many countries having an increasingly ageing population demographically. Older population group face many challenges, a situation further exacerbated by the onset of COVID-19 which not only poses an increased direct risk for older people, but also sees them face serious secondary health, social and economic impacts. The large unmet demand for care in Georgia generally has contributed to undermining efforts to meet the needs of older people during COVID-19. During the initial stage of the pandemic, Georgia managed to control the situation with a relatively low infection rate but was not able to sustain this and later saw infection rates rise.

This study looks at the impacts of COVID-19 on older people and professional caregivers and trained Red Cross (RC) volunteers in the context of general care provision in Georgia and provides recommendations for improving both the COVID-19 response and the situation for older people and caregivers.

At the national level, the study concluded that Georgia has adopted a comprehensive set of national policies related to ageing and older people. Taken together, these policies foresee and work towards the social inclusion of older people and multi-sectoral cooperation (involving health, social protection, lifelong learning, employment and economic

opportunities). Implementation of these policies however is challenging, and many of the policies themselves need to be updated. The Universal Pension and the Universal Health Coverage (UHC) Programs are found to be great achievements, but they do not cover health and social care for older people beyond medical treatment. Decentralization of care and the increasing necessity for local governments to deliver services in partnership with non-governmental actors are among the key structural challenges.

The Georgia Red Cross Society (GRCS) plays an auxiliary role to the public authorities in the humanitarian field. The GRCS contributes strongly to the Government's efforts in both COVID-19 prevention and response and addressing its impacts through country-wide actions that focus on risk communication, provision of psycho-social support, food and hygiene aid to the most vulnerable, including older people, and other measures to control and prevent the spread of the virus. The GRCS is also a professional home-based care service provider in Tbilisi and provides community-based social services in the regions. Following the onset of COVID-19, the GRCS increased its home-based care services in response to both increased demand, and a reduction in services from other home-based care providers.

The survey conducted across the regions of Georgia in the framework of this assessment has revealed the following:

- ▶ **Income situation.** Following the COVID-19 outbreak, older people have remained reliant on their pensions and other social allowances. However, the significance of other sources of income, like humanitarian financial and in-kind support, has notably grown and is widely assessed as useful and effective, especially in urban areas and by those in the survey's oldest age group. Older people have been enjoying almost the same access to pensions and disability allowances since the COVID-19 outbreak as they did before, although satisfaction with existing access was not high before either. Temporary governmental subsidies issued to older people to cover utility payments have been highly appreciated.

- ▶ ***Life and health.*** Older people's emotional state and spiritual well-being, nutrition and diet, mental health condition, and physical activity were among the main health aspects affected by the pandemic. Additionally, the assessment indicates that the pandemic situation has negatively affected older people's access to health services and infrastructure like hospitals, polyclinics and pharmacy stores, something which was especially evident among those not receiving support from the GRCS.
- ▶ ***Social situation.*** A significant decrease in social ties with neighbors, community and family, as well as reduced mobility, and deepening social isolation, have been reported by older people as a result of COVID-19, which is further linked to their psycho-social wellbeing. Access to social activities is generally lower among people who are not being supported by the GRCS. A general reduction in the use of services of social centers across the country is only partly compensated by GRCS online social and psychological support. Although ageism and violence against older people are present and common, older people do not report a notable change in incidences since the COVID-19 outbreak.
- ▶ ***Access to information and communication means.*** The importance of access to news and information and mobile communication (mainly mobile phones) has grown in the social lives of older people. The use of other information and communication technologies (ICT) means among older people remains limited, despite high level of services digitalization in Georgia.
- ▶ ***Access to services and public infrastructure.*** Limited access to public services and infrastructure has been especially noticeable in the case of public transportation, shops, legal and administrative services, community centers and banking services, in both rural and urban areas and across all categories of older people. Effects of these limitations varied from making it difficult for older people to maintain the habitual level of nutrition to increasing their reliance on external support in supply of medications, paying for communal services or accessing bank accounts (especially that older people are often less confident using online services).
- ▶ ***Home-based care.*** Even though half of the older people interviewed need home-based care, only one third receive those necessary services due to the deficit of service provision (the 33% coverage of respondents receiving home-based care services is very high compared to the average in the country). Those who receive home-based care services, have been enjoying the same level of services as before the pandemic, despite the economic, social and health impacts on caregivers creating serious challenges to their capacity to maintain provision at the same level. Caregivers' ability to support has also been challenged by reduced access to patients and public transport, and is dependent on access to materials and equipment, including personal protective equipment, which have so far been well secured.
- ▶ ***Residential home care.*** Residents of nursing homes were affected by movement restrictions and social isolation, while caregivers' work was severely constrained by physical and social isolation, increased workload, and personal emotional stress. To maintain the level of care, nursing homes had to adjust organizationally to the COVID-19 outbreak, mainly in relation to human resources management, and information and knowledge management.
- ▶ ***COVID-19 preparedness and behavior.*** The survey shows that older people are greatly aware of the risks they face as a result of COVID-19 and tend to follow safety measures. Access to COVID-19 information and protective means among older people is relatively high.
- ▶ ***Civil activism.*** Against a background of relatively low civil activism, older people do not think that COVID-19 has influenced their ability to engage in community politics. However, the pandemics may significantly impact their ability to take part in upcoming parliamentary elections.

The study findings and conclusions led to a set of both long-term and short-term recommendations for the Government of Georgia, national and international institutions, local governments, and NGOs, including the GRCS:

SHORT-TERM

- ▶ Improve coordination in the COVID-19 response, in particular prevention and risk management communication in partnership with non-governmental actors (also taking into consideration communication preferences of older people).
- ▶ Develop innovative, including digital, approaches to social and psycho-social support for older people, helping to enrich their social lives and communication, strengthening their well-being by addressing stressors that are negatively impacting their mental health, stimulating their physical activity and adoption of healthy lifestyles. This will also include building inter-generational solidarity (which has proven critical in the context of COVID-19) and peer support to enable people to remain connected.
- ▶ Draw on experiences of what has been effective in work with older people during COVID-19, in particular the IFRC experience in Cash and Voucher Assistance.
- ▶ Improve the system through which people who are socially vulnerable enroll on a database to be eligible for support. Enhancing this system overall will also ensure that older people are better served.
- ▶ Ensure smoother access to health services and COVID-19 immunization schemes for older people (as soon as immunization is available), supported by accurate and relevant information.
- ▶ Establish a national platform for dialogue between state and non-state actors working on issues of care.

LONG-TERM

- ▶ Increase strategic and coordinated national action planning, and the implementation and monitoring of the State Policy Concept on Ageing (supported by multi-agency and multi-stakeholder national coordination mechanism).
- ▶ Define long-term care strategies with clear responsibilities, funding arrangements and care standards (especially for home/community-based care). Include care components in the UHC Programs and/or devise special vertical programs in support of integrated home-based care development in Georgia.
- ▶ Improve the image of caregiving as a job, and seek to attract younger people to the profession.
- ▶ Assess existing practices for organizing and funding care provision for older people and use findings to advocate for a clear mandate and adequate and sustainable funding arrangements.
- ▶ Build the capacity of local governments to organize decentralized care provision across the country (in particular to define models of integrated care provision and mixed funding with the involvement of non-governmental providers).
- ▶ Develop education and training programs for integrated care for older people based on the latest knowledge in geriatrics and care management, including the provision of care to people with mental disorders including dementia and Alzheimer's.
- ▶ Raise public awareness and educate people about the challenges older people can face including physical and mental health issues, as well as stigma, and ageism.
- ▶ Raise awareness among older people about their rights and entitlements and support people to access them.
- ▶ Develop sensitive strategies to work on preventing violence against older people, including awareness building and development of a referral and support system.
- ▶ Promote the concept of healthy and active ageing at the national level and demonstrate at the local level, building on existing initial experience.
- ▶ Share experiences in professional care provision in partnership between state, municipalities and non-governmental service providers.
- ▶ Conduct research on ageing and needs for care services (including issues related to mental health) in support of evidence-based policy advocacy.

1

BACKGROUND

Georgia belongs to ageing nations with a sharp decline in population caused by the emigration in search of employment, and a fall of birth rates¹. The demographic ageing began in 1990 and has intensified lately due to low birth rates and high levels of emigration. The 2002 population census in Georgia revealed a net migration loss of 1.1 million persons, or 20% of the population, since the early 90-ies². As a result, the share of the older population (over 60 years old) reached 18.8% in 2019.³

COVID-19 poses an increased risk for poor, older people and people with underlying health conditions. Early evidence indicates that the health, social and economic impacts of the virus are being borne disproportionately by older people.

During the initial global COVID-19 pandemic stage, Georgia managed to control the situation through a lockdown and strict quarantine measures, effective communication and solidarity at all levels within the country. This resulted in a relatively low infection rate compared to other countries of the region – the situation lasted till September 2020. Although statistically, the COVID-19 pandemic in Georgia has not yet heavily affected the older population, fatal cases have so far occurred mainly among people over 70.⁴ From the total population of Georgia (excepting the occupied territories) of 3,716,658, 20.5% are people of retirement age who are considered to be at high or medium risk.

The Interagency Coordination Council established as early as in January to ensure an effective and coordinated fight against the coronavirus focused on four priorities: protection of the health and lives of the population; management and recovery of the economy; safety of citizens; and uninterrupted supply of food to the population. The state of emergency was declared in the country on March 21 and included such measures as a curfew from 21:00 to 06:00; gathering not allowed in groups of more than three persons; ban on movement of people aged 70 and above; public transportation use only for authorized travel; limitations on the number of people travelling in a car; suspensions of services, trade and economic activities.

Managing the COVID-19 response is challenging on the background of general problems faced by older people in Georgia: severe socio-economic and living conditions, poverty and homelessness threats, lack of adequate social services, lack of activities for well-being for the older people, age discrimination, and violence against older persons. Besides, the loosening of traditional family ties increases the demand for care immensely in the country.

The way the COVID-19 crisis is dealt with reveals both strengths and weaknesses of country systems generally to socially protect the most vulnerable and manage broader the problem of population ageing, as well as to respond to emergencies and health crises.

¹ "Could Georgians Become A Minority In their Own Country?" *Radio Free Europe /Radio Liberty*. Archived from the original on 2018-05-04

² WB Report: "Georgia Among Largest Emigration Countries." *Civil Georgia*. January 16, 2007

³ Social Service Agency, Geostat, 2019

⁴ As of July 11, 2020, 980 Covid19 cases have been reported in 30.01.2020 – 6.09.2020, with 299 patients undergoing treatment and 1302 patients having recovered; 19 patients have died.

The GRCS plays an auxiliary role to public authorities and is engaged in the provision of health and social services in the humanitarian field and supports the governments to address COVID-19 through risk communication, actions that focus on risk communication, contact tracing, provision of basic psycho-social support, hotline services, screening, food and hygiene aid to the most vulnerable, including older people, and other measures to control and prevent the spread of the virus. The GRCS is also a professional home-based care service provider in Tbilisi and provides community-based social services in the regions. The organization had to expand its home-based care services in Tbilisi in response to the reduced level of home-based care provided by other actors, against the growing demand for home-based care.

In this context, the GRCS in partnership with the International Federation of Red Cross and Red Crescent Societies (IFRC), the Austrian Red Cross (AutRC), the Swiss Red Cross (SRC) and with contribution from the UN Population Fund Country Office in Georgia (UNFPA) commissioned a study that aims to better understand the situation and needs of older people, their caregivers and the impact of COVID-19 on their lives in Georgia. Thus, provide recommendations related to improving the short-term response, as well as to policy frameworks and partnership arrangements for addressing the challenge of ageing and problems of older people for the long run.

This study is a part of the regional assessment conducted across the South Caucasus region in July-September 2020.



2

APPROACH AND METHODOLOGY

2.1. Purpose of the assessment

This study looks at the impacts of COVID-19 on older people, professional health and social professional caregivers and trained RC volunteers in the context of the general care system in Georgia. It provides recommendations for improving both the response to COVID-19 and the care provision for older people and meeting the needs of professional caregivers and trained RC volunteers.

2.2. Levels of analysis

The study looked, on the one hand, at national frameworks, policies and strategies related to the care of the older people and their implementation, while, on the other hand, analyzed the actual situation of older people and professional caregivers and trained RC volunteers before and after the COVID-19 outbreak based on their perceptions.

In analyzing the situation of older people, the study zoomed in on their economic well-being, life and health trends, social situation, access to public services and infrastructure, access to home-based care and residential care, civil activism – before and after the COVID-19 outbreak. It also touched upon key aspects of COVID-19 preparedness and behavior.

The survey data was analyzed by sex, age groups, rural and urban background of respondents, health conditions (chronic diseases, disabilities and none of those), regions of residence and source of service provision (GRCS beneficiaries and non-GRCS beneficiaries). The report makes disaggregation by those categories only where statistically significant differences were observed.

Collection of information from professional caregivers and trained RC volunteers focused on their perception of different health and social care aspects, their personal economic and social situation and the situation of the older people they serve – before and after the COVID-19 outbreak.

2.3. Methods applied and sampling

The assessment relied on a combination of qualitative and quantitative methods:

- ▶ *Desk research* of secondary data, in particular relevant policy and legal framework, existing analytical and research materials, and relevant documents.
- ▶ *Questionnaire-based survey among older people*, aged 60 and older. It involved 780 selected respondents (537 women and 243 men) from 10 regions of Georgia and capital Tbilisi and was conducted by trained GRCS volunteers (for details on respondents' profile see Annex 1 and for the questionnaire structure see Annex 2). The respondents were chosen using stratified random sampling targeting to the maximum extend GRCS beneficiaries (some 80%).
- ▶ *Questionnaire-based self-administered survey among caregivers* of the GRCS with 131 caregivers (111 women and 20 men) targeting maximum professional caregivers and 10% of RC volunteers involved in care (for the questionnaire structure see Annex 3).
- ▶ *Semi-structured qualitative key informant interviews* with doctors, nurses, social workers, local government representatives from Tetrtskaro; Gardabani; Sagarejo; Zestaponi; Tbilisi Ozurgeti; Signagi; Dedoplistskaro, Bolnisi, Gori, Sachkhere identified through CRCS cooperation networks (in total 11 regions).
- ▶ *Interviews with nursing home management and senior personnel*, involving five nursing homes.
- ▶ *Interviews with key national and regional informants*, including the Government, UNFPA, the GRCS, Caritas Georgia, national experts; head of Health and Social Departments from regions: Adjara, Guria, Samegrelo, Mtskheta-Mtianeti, Racha-Lechkhumi, Imereti, Kakheti, Kvemo Kartli.
- ▶ *Verification Focus Group Discussions (FGDs)*. Two FGDs with volunteers who administered the survey with older people (total of 20 volunteers representing 10 regions and Tbilisi).

2.4. Limitations

The assessment was organized and conducted during a two-month period, i.e. from the middle of July to middle of September 2020 and had several limitations linked to the COVID-19 restrictive measures, including:

- ▶ Difficulties with accessing older people (due to the lockdown and older people's fear of contacts) who are not on GRCS assistance list. This resulted in a relatively small sample of people not assisted by the GRCS in the survey (total of 145 people, or 18.6% of the respondents). The sample approach was not entirely representative of the total population of older people in Georgia.
- ▶ Drawing on non-professional survey administrators (the GRCS volunteers who had continued access to the older people they support), although they were trained and supervised during the fieldwork.
- ▶ Limited access to the nursing homes and the ability to obtain information about a real situation in those.
- ▶ Inability of the international research team leader to travel to the region, which, however, compensated by involving a capable national researcher to support her.

3

ASSESSMENT OF CONTEXT

3.1. Analysis of the national frameworks on older people and care

In its adherence key international framework to Georgia has adopted a comprehensive set of national policies related to ageing and older people, which foresees social integration of older people and multi-sectoral cooperation (involving health, social protection, lifelong learning, employment and economic opportunities). Their implementation is however challenging, and they need to be updated.

The Government of Georgia committed itself to align its policies with such key international frameworks as the 2015 Resolution of the UN General Assembly “Transforming our World: The 2030 Agenda for Sustainable Development”⁵ and the 2002 Madrid International Action Plan and its Regional Implementation Strategy. It has adopted a comprehensive set of key national policies (Box 1).

However, implementation of these policies remains a challenging task. According to the Ombudsman’s 2018 report to the Parliament, many obligations under the State Policy Concept on Ageing in Georgia approved by the Parliament had not been fulfilled, and the National Action Plan 2017-2019 adopted by the Government of Georgia remained a formal document.⁶

Both key documents – the Action Plan for the Concept of State Policy on Population Ageing and the Concept of Demographic Security of Georgia – need to be updated and aligned with the Human Rights Strategy which is currently being developed by the Government of Georgia and incorporates some important commitments related to ageing and older people not foreseen in the previous strategies.

⁵ Transforming our World: The 2030 Agenda for Sustainable Development. A/RES/70/1
https://www.un.org/ga/search/view_doc.asp?symbol=A/RES/70/1&Lang=E United Nations (2019) World Population Prospects, Vo (1)

⁶ Verulava T., Adeishvili I. “Home care services for elderly people in Georgia”, Health policy and Insurance №1, pp.154-167

Box 1. Key national policies related to ageing and older people

- ▶ In 2016, the Parliament of Georgia adopted “Concept of State Policy on Population Ageing in Georgia”⁷ developed with the support of the UNFPA Country Office in Georgia. The Concept aims at promoting the welfare and dignified ageing, integration and involvement of older people in social life, mainstreaming population ageing in national policies and strategies, and involving stakeholders in this process. The Concept was followed by the National Action Plan 2016-2018.⁸ The social integration of older people declared by the national policy frameworks foresees the elements of health and social protection, as well as lifelong/continuous learning, employment, creating economic activity opportunities for senior citizens, promoting an inclusive environment, inter-generational solidarity and overcoming existing age-related stereotypes.
- ▶ The Concept of Demographic Security of Georgia, prepared with technical assistance from the UNFPA Country Office in Georgia in line with Georgia’s commitment to SDGs and adopted in 2016, outlines the vision for the development of the labor and social protection system in Georgia by 2030 that is sensitive to the ageing demographic trends (although Action Plan on Ageing is still missing).
- ▶ The National Strategy for Labor and Employment Policy 2019-2023⁹ aims at promoting employment among older people and overcoming such problems as low occupational mobility, lack of skills, fewer opportunities in the labor market with increasing age and existing stereotypes among employers towards older citizens (ageism).
- ▶ In 2017, The Ministry of Education and Science of Georgia adopted “Unified Strategy for Education and Science 2017-2021”¹⁰ which is integral to the idea of creating a system of quality education and science in accordance with the principles of lifelong learning, which will enable all citizens, including the seniors, to develop their knowledge and skills.
- ▶ In 2019, the Government of Georgia adjusted national SDG targets and indicators,¹¹ including those related to health and socio-economic well-being of older people and vulnerable population groups (reducing poverty and hunger, promoting a healthy life and well-being for everyone, creating an inclusive and equitable environment).

⁷ <https://matsne.gov.ge/ka/document/view/3297267?publication=0>


⁸ Abovementioned Action Plan covers 13 priority areas, including: Mainstream of population ageing; Integration and involvement of the elderly in public and social life; The portrayal of the elderly and revealing their issues through mass media; Social protection of the elderly; Labor and employment of the elderly; Lifelong/continuous learning; The protection of health and well-being of the elderly; The Mainstream of gender approaches; Intergenerational Solidarity; Migration; Integration in the country’s international processes; Research and data collection; Monitoring and evaluation.

⁹ <https://matsne.gov.ge/ka/document/view/4761408?publication=0>

¹⁰ http://mes.gov.ge/uploads/MESStrategy_2017-2021.pdf

¹¹ Government of Georgia (2019) Ordinance N 2238: National Document on Sustainable Development Goals


3.2 Analysis of the system of care provision

 *The Universal Pension and the Universal Health Coverage Programs represent significant achievements.*

The Ministry of Internally Displaced Persons from Occupied Territories, Health, Labor and Social Affairs (MIDPOTHLA) is the main policy-making body in the sector. It is responsible for the implementation of the Universal Pension and the UHC Programs. At the local level, municipalities implement Cash Programs to support local vulnerable population groups (mainly covering their transportation and medications needs) and can, based on population needs assessments, introduce relevant services, also with the support of non-governmental actors (commercial companies and civil society organizations, including the GRCS).

The Universal Pension is provided to all citizens of Georgia, independently from their employment history. Besides, since the introduction of the UHC Program, all citizens of Georgia, including retirees, have much better access to subsidized healthcare services (for details on the service package see Annex 4).

The free social services offered to those below the poverty line under the existing budget by the MIDPOTHLA include: targeted social assistance;¹² rehabilitation services for war veterans with disabilities; day care centers services for people with disabilities, including older people. Co-payment is required for those who are not below the poverty line. Besides, the MIDPOTHLA supports services in nursing homes (residential and or community homes), as well as provides wheelchairs, sticks, hearing aids and similar equipment to older people in need.

 *Only a small share of demand for care in Georgia is met. The concept of care is underdeveloped and is not covered by existing state programs.*

A total of 2.1% of the Georgian population (more than 80,000) needs long-term care.¹³ However, none of the universal programs mentioned above covers long-term and home-based care services; they are not included in a UHC Program package.

Based on the data of the General Population Census, as of January 1, 2015, the Georgian population is 3,729,500 people.¹⁴ According to the census, 185 thousand citizens were dependent on external assistance. The number is comprised of older people and people with disabilities. According to these statistics, organizations providing care services in Georgia will be able to cover only about 3% of the demand.

Home-based care services used to exist informally mainly:¹⁵ they have been traditionally provided by family members, primarily by spouses, or, in their absence, by grown-up children.

Since 2012, the state took an obligation to provide public home-based care to people who were below the poverty line. Further, from 2017, under the Free Medicine Program, the socially vulnerable and retirees can buy highly subsidized medicine for chronic diseases.

¹² MIDPOTHLA uses Proxy Means Testing method to determine poverty

¹³ Verulava T., Adeishvili I. "Home care services for elderly people in Georgia", Health policy and Insurance №1, 2015, pp.154-167

¹⁴ https://gtu.ge/Library/Pdf/krebuli_2015_001.pdf

¹⁵ Geostat of Georgia. <https://www.geostat.ge/ka>

¹⁵ Formal care refers to the services provided by special facilities, home care professionals, the costs of which are funded by the beneficiaries or the state and the service is subject to certain laws and regulations. Informal care refers to services provided by relatives, family, friends, neighbors and other members of the social network (Public Defender of Georgia, 2018)

In 2014, the Parliament of Georgia made the first attempt to conceptualize care, but it is only recently that the MIDPOTHLA has embarked on developing strategies and drafting legislation related to care for older people.

Home-based care is left to sporadic programming and funding. NGOs and GRCS emerge as the main service providers. Long-term and residential care is only now being conceptually defined and standardized. Services and care products targeting people with dementia and Alzheimer's are absent.

In Georgia, older people have access to home-based care services mainly offered by NGOs and the GRCS, often supported by international donors. However, funding of such care schemes is fragmentary and can be terminated upon completion of projects. The NGO services are quite accessible and affordable for those enrolled, but there is a deficit of care services targeting people with dementia, Alzheimer's and people with mental disorders; also qualified trained staff for these groups of people are missing.

The Church plays an important role in care system development, but its activities are sporadic, unsystematic and uncoordinated.¹⁶

There are few facilities and daycare centers across the country,¹⁷ leaving existing nursing homes to take care of the bedridden older people. Those persons without family members are not offered any schemes allowing them to live with their peers and share care services.

The concept of residential care is not yet clearly defined vis-a-vis home-based care, although the Government of Georgia has recently adopted a set of service standards related to the provision of care in residential homes.

Decentralization of care and the increasing ability of local governments to deliver services in partnership with others, including non-governmental actors, is among key structural challenges.

As a result of decentralization, basic home-based care service became an essential part of municipal services. Although the home-based care services projects are now being piloted in several regions by municipalities in partnership with NGOs and the GRCS, the responsibility for the provision of home-based care services is not clearly defined, and local government's targeted programs do not cover home-based care for older people.

The analysis of the 2018 budgets of the local government units by the Office of Public Defender shows that the targeted programs and services tailored to the needs of older people have not changed substantially. Existing programs are limited to funding utility bills for older people, temporary cash assistance for people registered in the municipality aged 100 and over, and World War II veterans. Moreover, despite diverse needs of older people, local governments often offer them only enough to cover certain medical-rehabilitation costs and medical assistance. In exceptional cases, these services are provided with the co-financing of the local budget within the framework of a particular project implemented by various organizations.¹⁸

¹⁶ "Home Care in Tbilisi, Georgia." Assessment report May 2016, Austrian Red Cross.

¹⁷ Verulava T., Adeishvili I. "Home care services for elderly people in Georgia", Health policy and Insurance №1, pp.154-167 https://gtu.ge/Library/Pdf/krebuli_2015_001.pdf

¹⁸ Parliamentary Reports of the Public Defender (Ombudsman) of Georgia, 2018, 2019 <http://ombudsman.ge/res/docs/2019042620571319466.pdf>
<http://ombudsman.ge/res/docs/2020040215365449134.pdf>

The following NGOs are engaged in the provision of different types of care for older people in the country:

- ▶ The home-based care program of the Tbilisi municipality currently supports the GRCS, Caritas Georgia, NGO “Insieme per Prossimo” and “Diakonia” Lutheran Evangelist organization in Tbilisi as professional home care providers.
- ▶ Caritas Georgia¹⁹ that introduced home care in 1993 with the support of Caritas Germany. This service now represents day care, rehabilitation and soup kitchens, as well as home care and is supported by different donors like Caritas Germany, France, German Federal Ministry for Economic Cooperation and Development and the local municipalities.
- ▶ Charity Fund “Social Partnership”²⁰ jointly with the Lutheran Evangelist organization and Caritas Georgia supports and co-finances the Tbilisi City Municipality Home Care Program since 2013.
- ▶ The NGO “First Step” is supporting home-based care program for children with severe and profound disabilities that cannot attend schools or daycare centers.
- ▶ The GRCS also has the largest home-based care program in Georgia covering various regions.²¹ In particular, in Tbilisi the GRCS provides professional home-based care services in partnership with Tbilisi municipality in the framework of Home Care Project supported by the Austrian Development Cooperation and the AutRC. The GRCS provides home-based care in an integrated manner combining social, economic, medical, individual and household aspects.²² Besides, it supports 28 social centers in seven regions and Tbilisi.

¹⁹ Caritas works in Tbilisi, Gori, Kutaisi, Ozurgeti, Batumi, Akhaltsikhe. “Home Care in Tbilisi. Georgia.” Assessment report May 2016, Austrian Red Cross.

²⁰ “Home Care in Tbilisi. Georgia.” Assessment report May 2016, Austrian Red Cross, pp.26

²¹ In Mtskheta-Mtianeti (Dusheti), Adjara (Khelvachauri); Shidaqartli (Gori); Guria (Chokhatauri); Kakheti (Sagarejo, Lagodekhi, Akhmeta, Kvareli, Telavi); Imereti (Samtredia; Kutaisi; Sachkhere; Chiatura); Kvemo Kartli (Rustavi, Gardabani, Tetritskaro, Bolnisi, Marneuli) and Tbilisi. Centres in Mtskheta-Mtianeti (Dusheti), Adjara (Khelvachauri), Samegrelo (Senaki), Racha Lechxumi (Ambroluri), Shida Qartli (Gori), Guria (Chokhatauri).

²² Household services: hot meal delivery service, help during fall and winter in villages (grape picking and harvesting, pruning vines), seasonal outdoor work (snow clearing, footpath clearing), housekeeping, laundry services, clothing alteration, payment of utilities bills, humanitarian aid of food and non-food items. Social care: providing books, help in socialization, providing updated and understandable information on legal and social issues, psychological support (individual and group counseling), support for involvement in decision-making processes. Economic: support for small income-generating activities. Personal care focuses on individual hygiene. Health management: contact visits, help with cooperating medical service providers, primary and secondary prevention of disease, supervision of the doctor’s prescriptions (medications, diet, etc.).

4

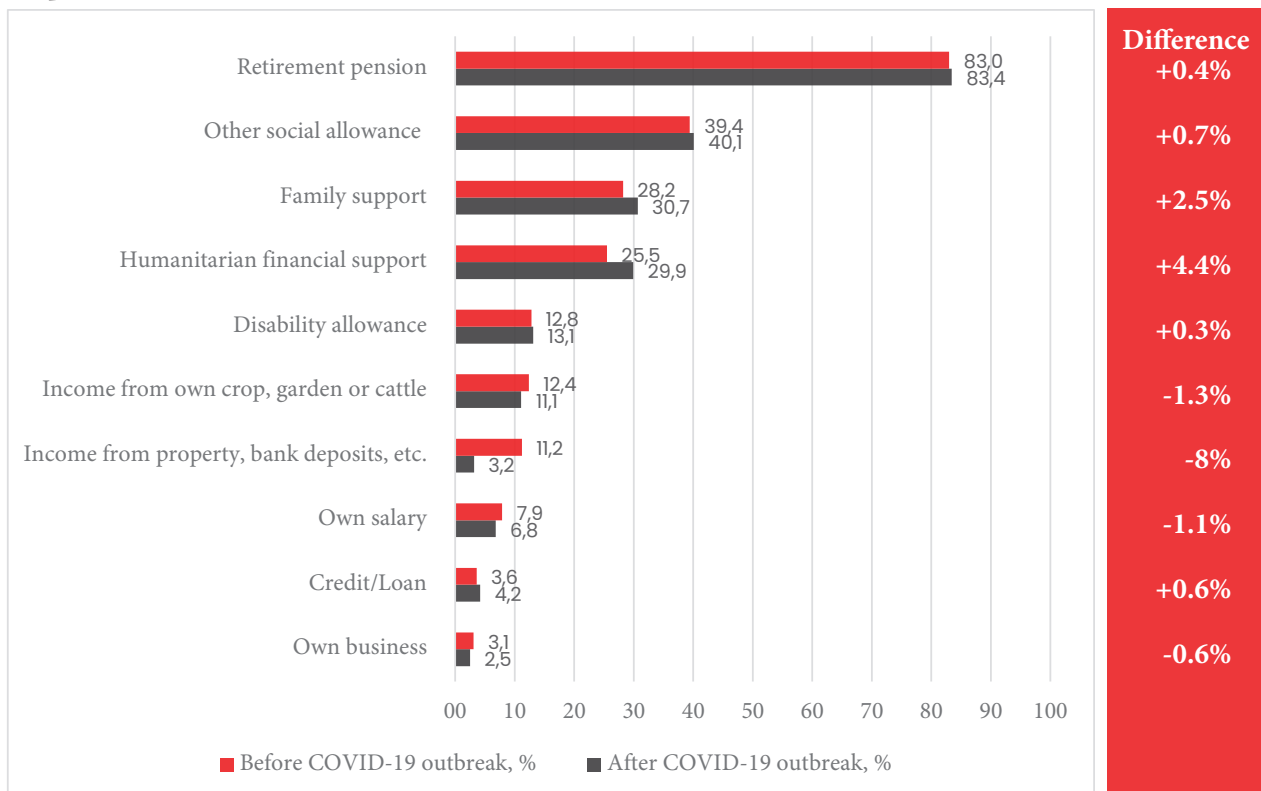
Impact of COVID-19 on older people: Findings and conclusions

4.1. Income and expenses

The structure of the importance of older people’s sources of income in Georgia has not been impacted by COVID-19, although the significance of such sources, like humanitarian financial and family support has notably grown.

While older people in Georgia heavily rely on their retirement pension, other main income sources include other types of social allowances (disability, etc.), family support and humanitarian financial support.

Graphic 1. Importance of the source of income (% for ratings 4 and 5 “important” and “extremely important”)



The majority of respondents (54%) received extra financial assistance – either on a temporary or a systematic basis – mainly from central and local governments.

Reliance on income from their own crops, garden or cattle is more notable among the age group of 60-65 years old, and more active older people.

Reliance on family support has risen more significantly among people with chronic diseases. It has been observed that the significance of family support increased more for older people in mountain areas during COVID-19 than among other regions. Also, reliance on disability and social assistance after the COVID-19 outbreak are more pronounced for older people in Kvemo Kartli region, which is connected to the use of municipal reserves for social protection of vulnerable groups in this region.

Financial assistance and in-kind support (food, medical supplies, clothes) since the COVID-19 outbreak has been provided by central and local governments, as well as NGOs, and is largely assessed as useful and effective, especially in urban areas and by most senior categories of older people.

According to research data, 54,11% of participants received extra financial and/or in-kind support since the COVID-19 outbreak. Older people from mountain regions as well as GRCS beneficiaries report more intensive support provision and a higher level of appreciation.

However, the general level of satisfaction with the effectiveness for the received support is not high.

Among the most appreciated support was the 3-month provision of subsidies for public utility fees by the central government,²³ including solid waste collection and water supply fees.

”

“Many older people believe that their past contribution is underestimated, and we are not adequately compensated for in our retirement” – says an old man.

Table 1. Effectiveness of the extra financial support from different organizations (% for ratings 4 and 5 “useful” and “extremely useful”)

By providers	%
Local government	14.8
NGOs	14.5
Central government	13.7
International organization	3.3
Private people/ business	3
Religious organizations	0.1
By type of support	%
Food	26.8
Clothes	4.7
Medicines	6.1

”

“We got as much as 100 GEL from local government during a six-month period” – says an old man.

²³ For the citizens whose monthly consumption of electricity was under 200 kW and natural gas under 200 m³. Measures Implemented by the Government of Georgia Against COVID-19. Report https://stopcov.ge/Content/files/COVID_RESPONSE_REPORT_ENG.pdf

Humanitarian support in the form of food, clothes and medicines was mainly provided by local governments, which was especially appreciated by people with chronic diseases. Many reported systematic provision of in-kind support by the GRCS.

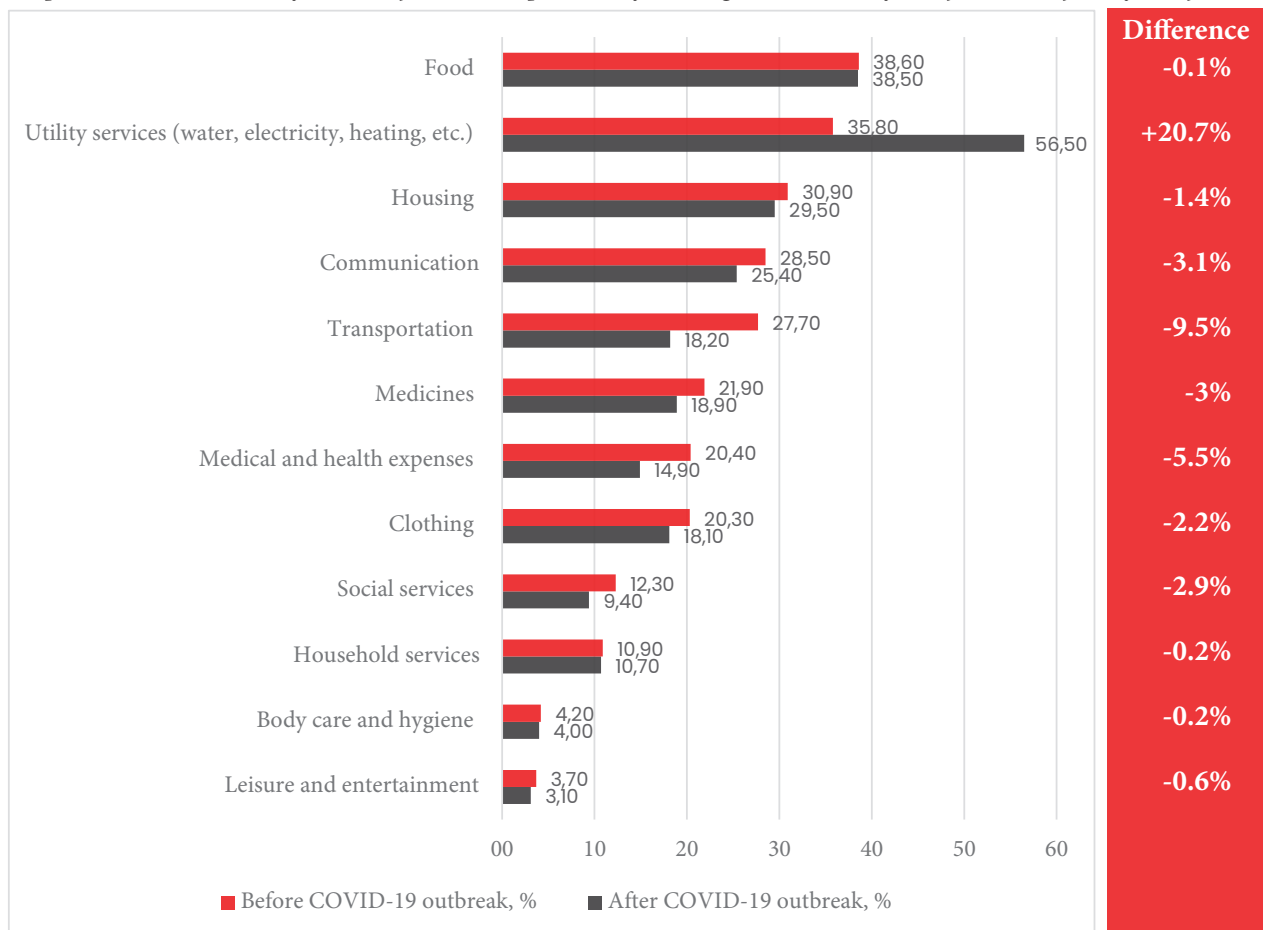
Appreciation of external support is somewhat higher among older people residing in urban areas than in rural, higher among those aged 85+ than among other respondent age groups, and also higher among older women than older men.

There are small regional differences in support appreciation: older people from Kakheti region evaluated more highly support received from NGOs and private persons, while food and medicine assistance are most appreciated by the older people living in Kartli region.

The general ability of older people to cover their living expenses was not high before the COVID-19 outbreak and was not much impacted by the pandemic (apart from the subsidized utility payments), mainly due to unchanged structure of expenses and availability of external support.

A minority of older respondents assessed as “satisfactory” or “highly satisfactory” their ability to cover by themselves or with someone’s support such essential expenses as food, utility services and housing (less than 40%) and communication, transportation, medical and health, clothing (less than 30%) before COVID-19. In the structure of older people’s expenses, social and household services, body care and hygiene, leisure and entertainment do not seem to be important either before or after the COVID-19 outbreak.

Graphic 2. The assessment of the ability to cover expenses (% for ratings 4 and 5 “satisfactory” and “very satisfactory”)



Since the COVID-19 outbreak, the ability of older people to cover the above basic expenses reduced with their age (the difference is pronounced with the group 85+).

The ability of all older people to cover expenses during the COVID-19 has significantly changed in the area of public utility services (due to the governmental subsidies) before and after the outbreak of the pandemic. Reduction in the ability to cover transport, medical and health expenses, social services, clothing, leisure and entertainment (as shown in the table) was interpreted by the respondents instead as “fewer expenses” due to their restricted mobility in the pandemic period and ability to meet those expenses.

The caregivers interviewed during the survey, confirm economic constraints among the most severe problems related to COVID-19 (72 mentions).



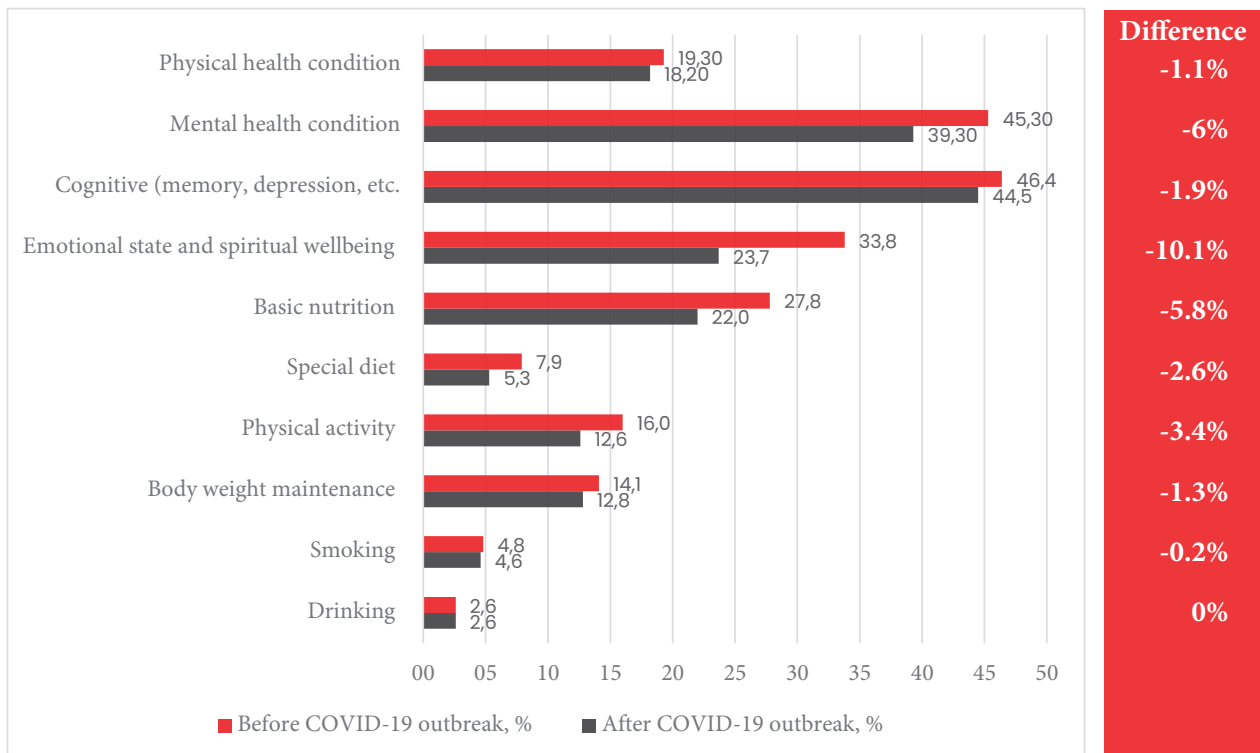
“As an older but dynamic couple, we have fewer expenses since we stay at home. Now we give out less for transport and shopping” – says an old woman from Tbilisi.

4.2 Life and health trends

Older people felt that their emotional state and spiritual well-being, nutrition and diet, mental health condition and physical activity were among the main health aspects affected by the pandemic.

The highest decrease was registered in emotional state and spiritual well-being (10.1% of satisfactory or highly satisfactory marks), basic nutrition and special diet (8.4%) followed by mental health condition (6% less) and physical activity (3.45%). Disruption of social ties, stress, fear of the future, uncertainty and immobility are among the main factors responsible for this change.

Graphic 3. The assessment of health and healthy lifestyle aspects (% for ratings 4 and 5 “very good” and “excellent”)

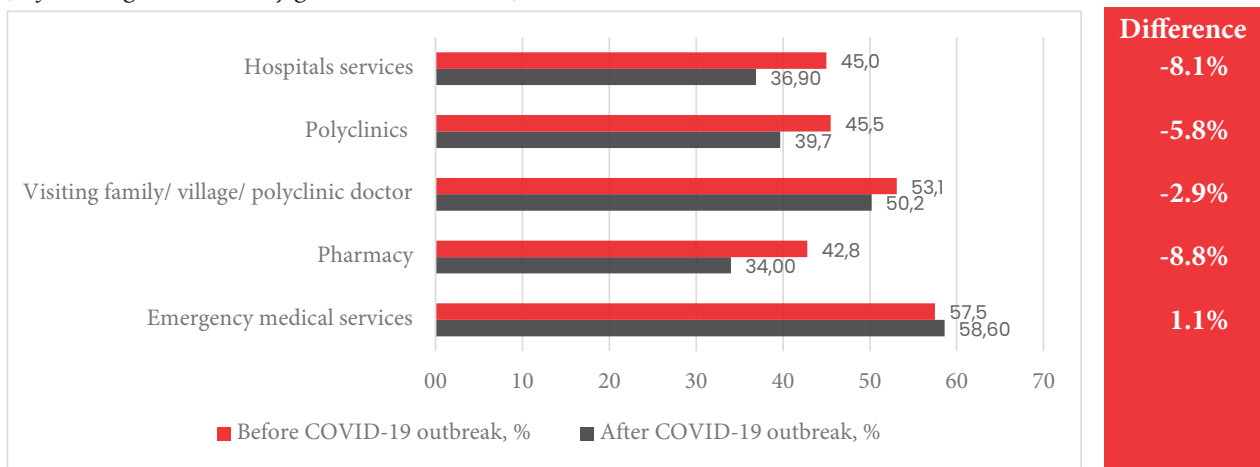


There was no particular difference registered among older people with different health conditions and disabilities and those living in rural and urban areas after the COVID-19 outbreak.

The pandemic situation had a much larger effect on older people’s access to such health services and infrastructure as hospitals, polyclinics and pharmacy stores than on visiting doctors and emergency medical aid.

Mobility restrictions did not allow older people to enjoy the same direct access to hospitals, polyclinics and pharmacy stores. However, it should be noted that generally access to those most affected services even before COVID-19 was assessed as “satisfactory” and “very satisfactory” by less than half of the interviewed older people (hospitals – 45%, polyclinics – 45.5%, pharmacy – 42.8%).

Graphic 4. Assessment of the situation with regards to access to the health services and infrastructure (% for ratings 4 and 5 “very good” and “excellent”)



Decreased access to polyclinics and pharmacies was more to the dissatisfaction of people not having access to home-based care services.



“We make sure that older people whom we serve get uninterrupted supply of medications and care materials” – says a GRCS nurse.

Under the UHC Program, older people with the help of family doctors have an opportunity to use different types of services such as basic functional-diagnostic and laboratory tests for free. The package of UHC Program includes: scheduled outpatient services, scheduled surgical services and cancer treatment services. Other programs and services for AIDS, Hepatitis C and tuberculosis are also available for all citizens. Besides, the minimal package covers urgent outpatient and inpatient services which are great support for older people, especially in these severe economic periods. Apart from that, the local municipalities (City Hall, Board) usually provide cash assistance to the older people up to 100 GEL for medicaments that are urgently needed, and which are difficult to get in other ways. Since 2017 the government reimburses limited list of medicines for 6 chronic diseases (including hypertension, Chronic obstructive pulmonary disease - COPD, diabetes type 2, thyroid diseases, Parkinson’s and Epilepsy diseases) for the poor and pensioners.

However, even the ability to provide guaranteed medical assistance was constrained after the COVID-19 outbreak.

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“Both the municipality budget and the City Hall emergency fund were spent for meeting urgent needs of the population since the beginning of the pandemic. It took three months before the funding could be made available again for the provision of targeted medical care” – says a medical worker.

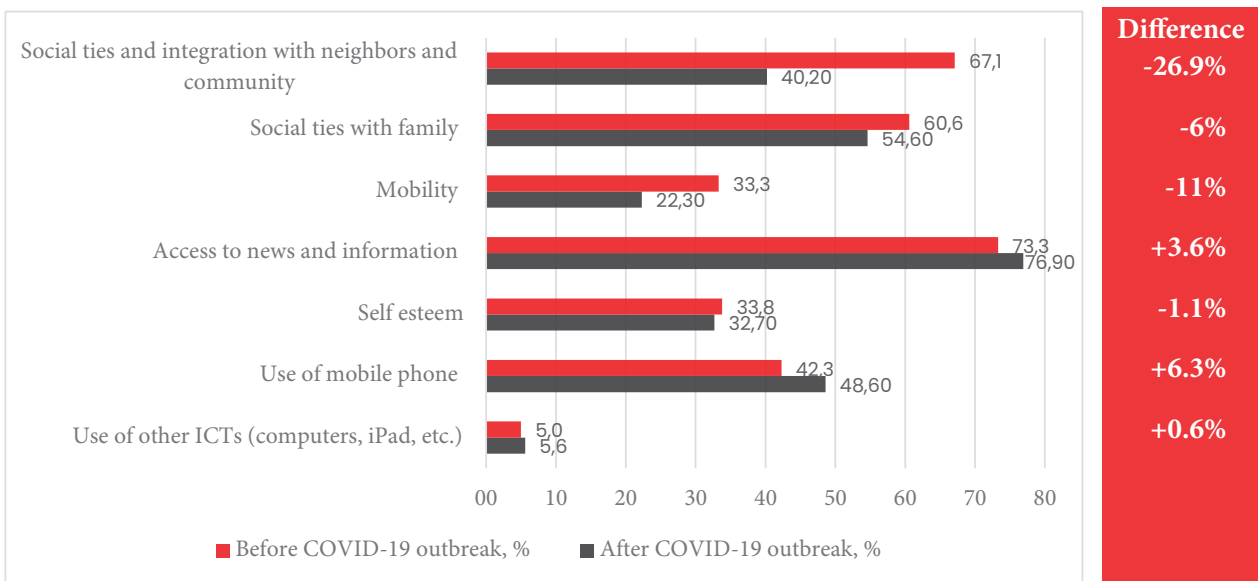
4.3 Social situation and access to information

On the background of a significant decrease in social ties with neighbors, community and family, as well as mobility, the importance of access to news and information and mobile communication (mainly mobile phones) has grown in the social life of older people.

Social ties were significant for older people. Their disruption was difficult, especially for those who still enjoyed mobility and regularly socialized with other older people and their community, as well as for the

older people in rural areas where people naturally have closer social relations and reciprocity, and also for people with chronic diseases (who are among the most at-risk groups).

Graphic 5. Situation with regards to different social aspects of life (% for ratings 4 and 5 “very good” and “excellent”)



The caregivers interviewed during the survey mentioned immobility and lack of communication and fear, stress and emotional distress among the most severe problems among people they serve related to COVID-19.

Dissatisfaction with immobility was and remains very high among people with disabilities.

Obviously, a deficit of socialization and direct contacts resulted in the increased significance of access to news and information, and greater importance of mobile communication with relatives, peers, neighbors, those providing medical and social care and other types of assistance to the older people. Access to TV and radio also proved to be critical in keeping aware of the situation in the country, government response to the pandemics, older people's entitlements, and restrictions measures.

As for the use of ICT means (beyond mobile phones) the survey has registered only an insignificant increase among older people - mainly computers in urban areas and among younger age groups of older people.

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“Although the city is not made for the comfort of people with disabilities, they used to get out as they could always rely on someone's help. Now they are afraid of any contacts on the streets” – says a caregiver.

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“This is largely due to low ICT literacy and access to ICT infrastructure among the older population in Georgia, despite quite high level of digitalization of services in the country” – says a government representative.

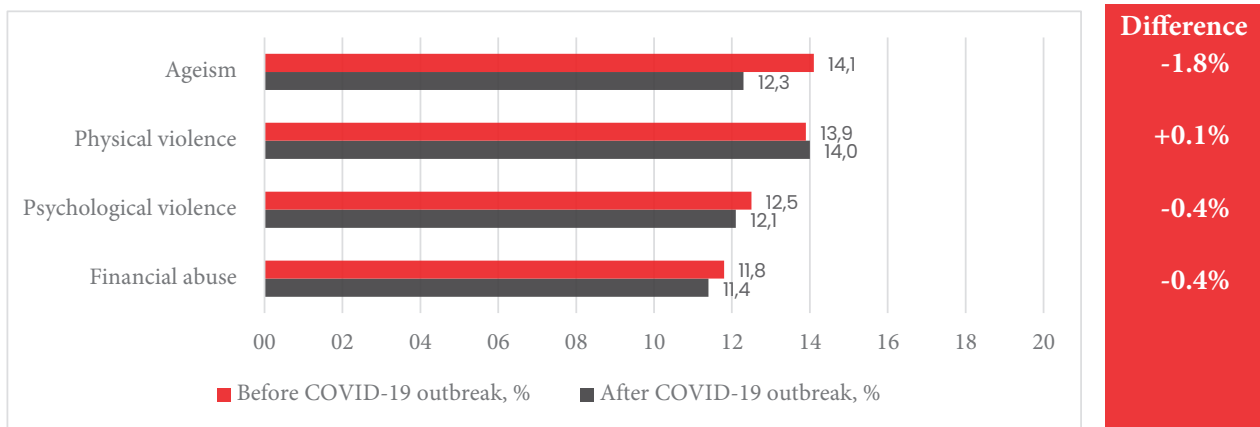
■ *Although ageism and violence against older people are present and common, they did not report a notable change in incidences since the COVID-19 outbreak.*

While ageism is an important issue to some 14% of interviewed older people, a small share of older people reports physical violence (13.9%), psychological violence (12.5%) and financial abuse (11.85) as significant phenomena.

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“This is a cultural phenomenon. The problems of violence against older people are neither admitted by older people, nor recognized as concerns by society in Georgia” – says an NGO activist.

Graphic 6. Situation with regards to different aspects of discrimination (% for ratings 4 and 5 “very good” and “excellent”)



In Georgia, over time, the problem of older people’s abuse (physical, psychological and economic) has been recognized. Abuse by family members is a frequent occurrence, usually resulting in selling elderlies’ apartments, houses and belongings without their permission, especially in urban areas. Media has not been paying adequate attention to the problem due to cultural prejudices.

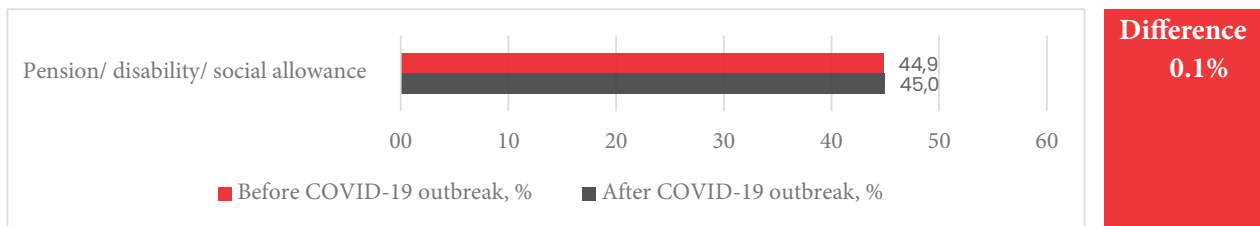
Older people have been enjoying almost the same access to pensions and disability allowances after the COVID-19 outbreak, although satisfaction with the access was not assessed as positively before COVID-19.

Older people in Georgia have experienced practically no difference in access to their pensions and social and disability allowances since the COVID-19 outbreak due to a rather efficiently organized system of pension cards in Georgia (with no differences registered by regions or urban and rural areas). At the same time, less than half of respondents (44.9%) assessed this service as “satisfactory” or “highly satisfactory” even before the COVID-19 outbreak.

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In some rural areas, banks have provided mobile services to older people. Sending out minibuses tagged “mobile banks” was a very practical idea for servicing older people and other residents in remote areas” – says a social worker.

Graphic 7. Assessment of the situation with access to pension and allowances (% for ratings 4 and 5 “very good” and “excellent”)

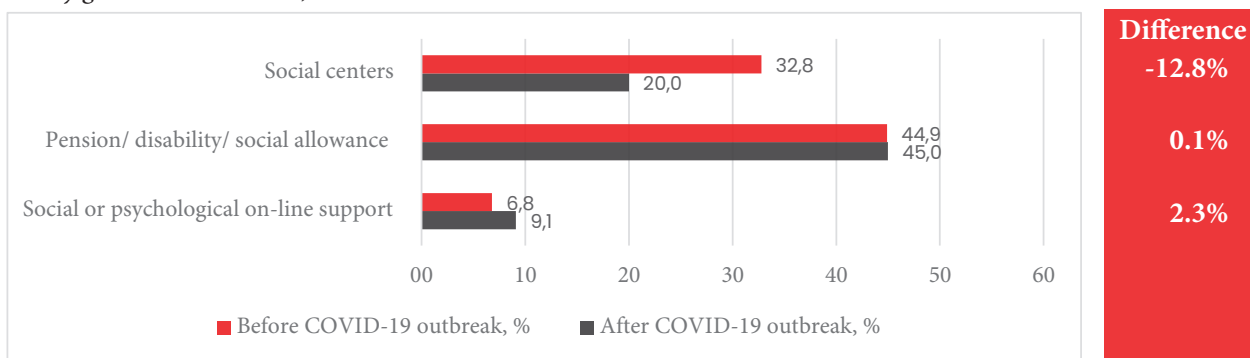


Reduction in the use of services of social centers is only partly compensated for by the use of online social and psychological support by older people.

Most social services centers continued functioning during the COVID-19 pandemic but with much-reduced attendance, due to decreased working hours, a restricted number of people who can visit them simultaneously, restrictions on older people’s movements and their cautiousness with contacts and socialization. This tendency is slightly more pronounced among the rural population and people the GRCS supports (who have in general better access to social group activities). It should be noted that during the first two months of lockdown, all social activities were interrupted.



Graphic 8. Assessment of the situation with regards to access to the social services and infrastructure (% for ratings 4 and 5 “very good” and “excellent”)

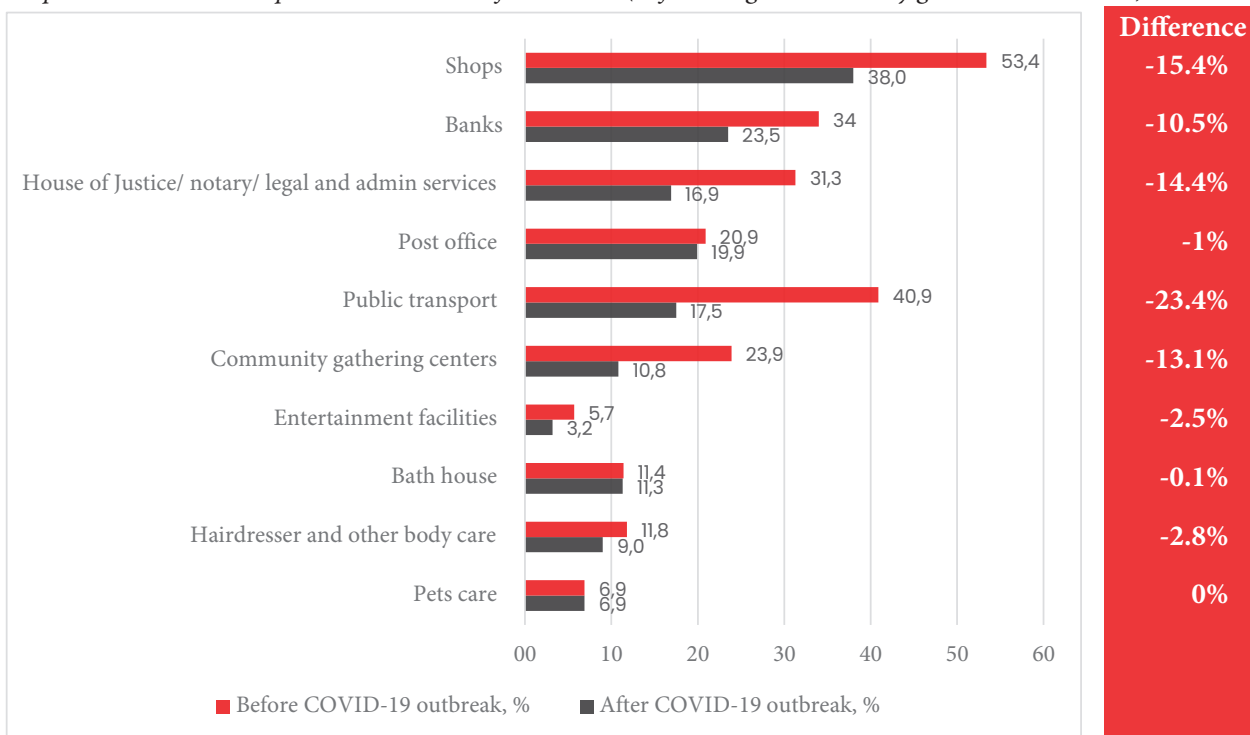


4.4 Access to public services and infrastructure

Limitation of access to other public services and infrastructure has been especially noticeable in the case of public transportation, shops, legal and administrative services, community centers and banking services, in both rural and urban areas and across all categories of older people.

Access to public services and infrastructure has significantly changed for public transportation (23.4%), shops (15.4%), legal and administrative services (14.4%), community centers (13.1%) and banking services (10.5%), due to both limitations (and in some cases disruption) in service provision and restrictions in mobility and use of transportation. During the time of the initial strict quarantine period, only essential food and hygiene supplies were sold to the population in Georgia, and public transport did not function or was limited to specially permitted groups.

Graphic 9. Access to other public services and infrastructure (% for ratings 4 and 5 “very good” and “excellent”)



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“Limited access to various public services made it difficult for older people to maintain their habitual lifestyle, including socialization, nutrition habits and physical activities. It also increased considerably their reliance on external support – be it supply of medications, paying for communal services or accessing bank accounts” – says a care manager.

4.5 Access to home-based care

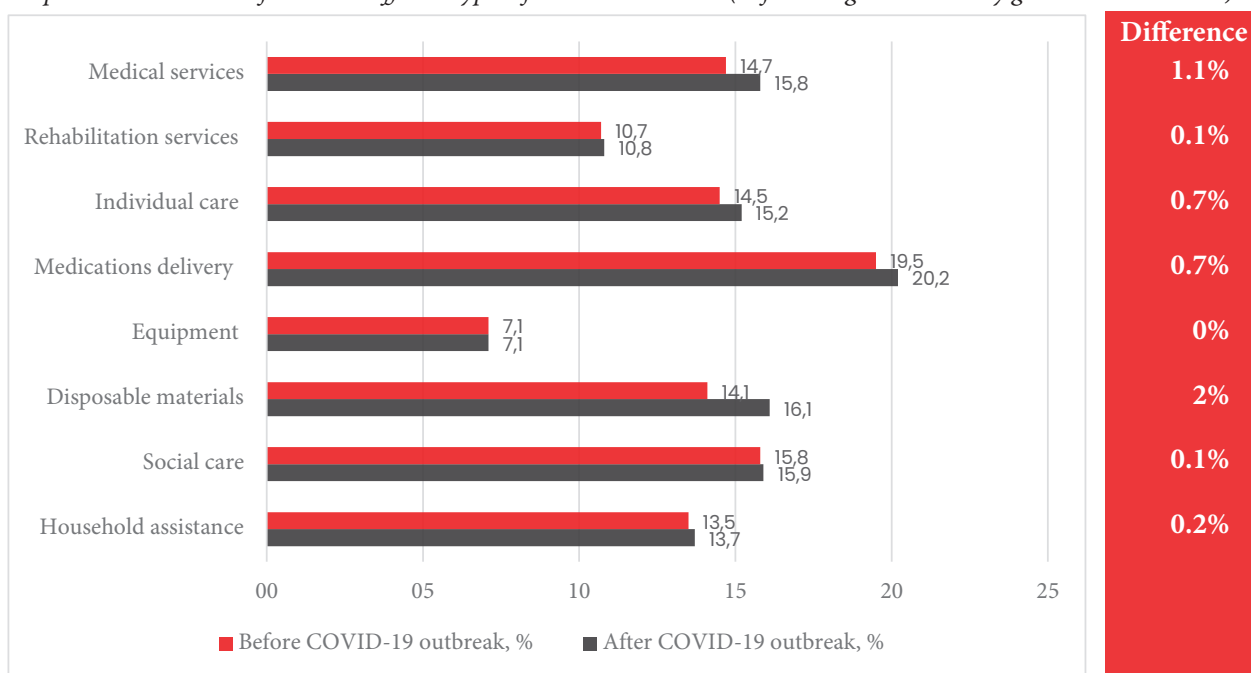
Of all older people interviewed, half report that they need home-based care and only one-third report that they receive home-based care services.

Slightly less than half 48% (or 373 in absolute figures) of interviewed older people said they are in need of home-based care services, of whom only 31.3% (or 242) receive home-based care services from different providers.

According to the older respondents, there is basically no change in access and quality to different types of home-based care services registered by the survey as a result of the pandemic.

Moreover, a slight rise in the level of satisfaction with access to and quality of some types of services (like medical, individual and drugs provision) has been reported by the older respondents. This can be explained by increased general care of older people by both the government and service providers, including the GRCS, and effective organization of response through hotlines.

Graphic 10. Assessment of access to different types of home care services (% for ratings 4 and 5 “very good” and “excellent”)



Generally, the level of access and the variety of used home-based care services is higher among people the GRCS supports, and satisfaction with services is higher in urban areas both before and after the COVID-19 outbreak.

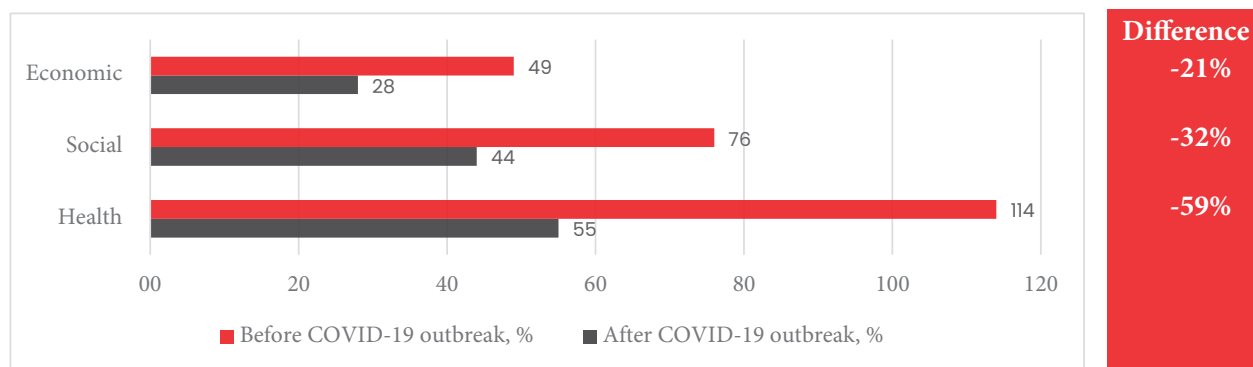
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“The home-based service provided by the Georgian Red Cross in Tbilisi is a unique combination of health and social services defined to suit each particular beneficiary. This integrated model was introduced with the support of the Austrian Red Cross and combines a doctor-coordinator, a social worker, a nurse, a nurse assistant and volunteers in one team. Such coordinated approach allows best to meet the needs of older people” - explains GRCS’ care manager.

Economic, social and health impacts on the personal situation of caregivers are serious constraining factors for maintaining the provision of home-based care.

The caregivers involved in the survey reported a significant deterioration of their health (59% less satisfied than before the COVID-19 outbreak), social (35% less satisfied) and economic state (21% less satisfied).

Graphic 11. Assessment of caregivers’ personal situation (% for ratings 4 and 5 “very good” and “excellent”)



The economic decrease is mainly associated with less family income due to lost jobs (sometimes lost other part-time jobs by caregivers themselves) and increase in prices. Satisfaction with the level of access to the remuneration offered by the GRCS remained relatively high among the caregivers.

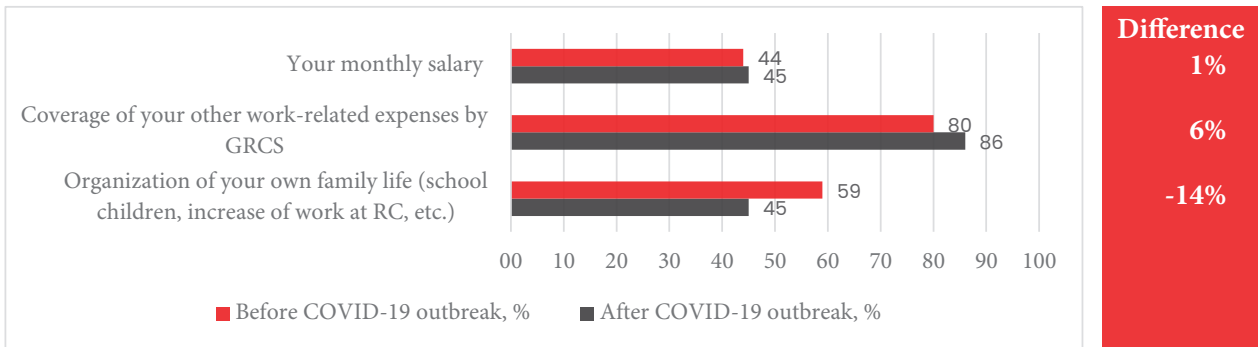
On the social side, the stress is associated with increased workload, responsibilities and risks related to care provision, and stress related to managing the change of situation in their own family.

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“It is a large stress for me and my colleagues, along with our jobs, to manage children that are now not attending kindergartens and schools and take care after students and husbands that are now staying at home. Our work became much more demanding, and we have neither time nor energy to socialize with family or friends” – says a caretaker.

These social constraints were largely also confirmed by non-GRCS caretakers involved in qualitative interviews.

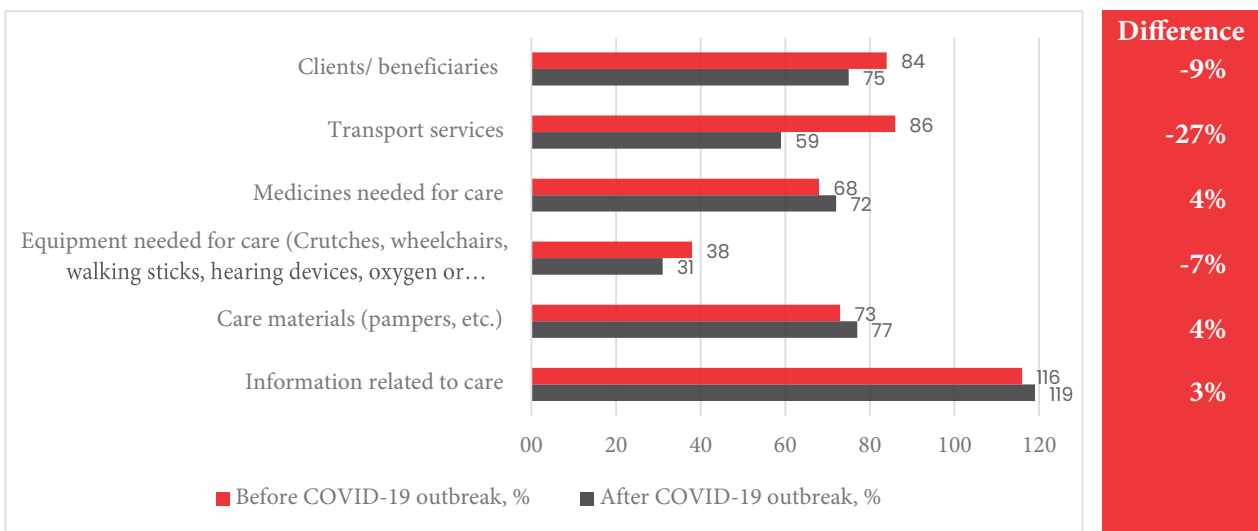
Graphic 12. Assessment of caregivers' access to salary and expenses, and organization of family life (% for ratings 4 and 5 "very good" and "excellent")



Ability to provide home-based care has been challenged by deficient access to beneficiaries and public transport and is dependent on access to the means of care and access to protective materials, which has been well secured.

Transport services and access to beneficiaries has been among the main hurdles to maintaining the provision of home-based care by caregivers. Access to such means of care as medicine, disposable materials, and relevant information seems to have been well organized. A slight decline in access has been registered in relation to the provision of care equipment which is associated with the disruption of some delivery chains.

Graphic 13. Assessment of the ability to access the following (% for ratings 4 and 5 "very good" and "excellent")

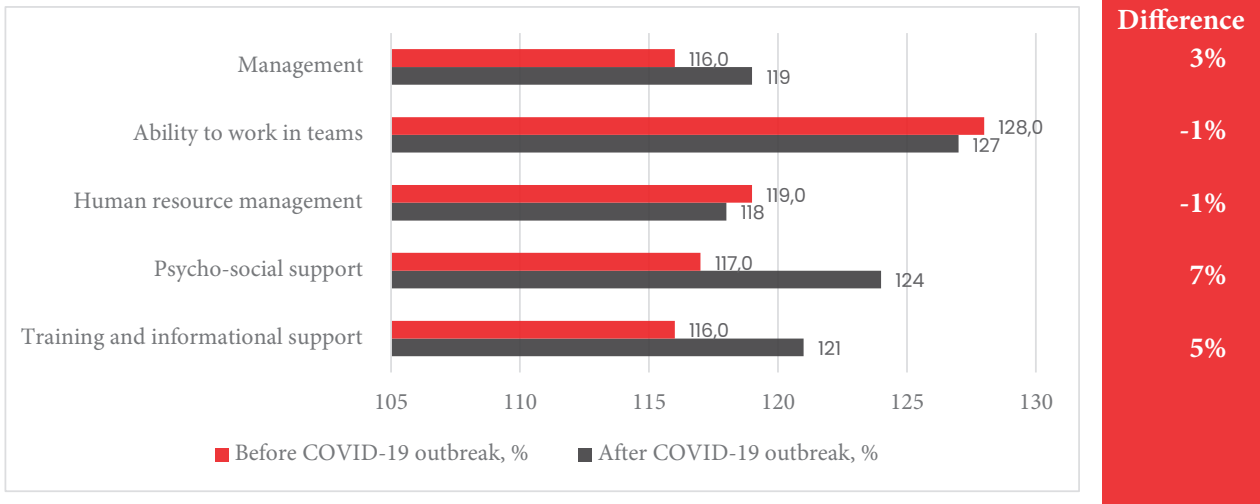


All types of caregivers are also largely satisfied with the provision of protective materials for themselves and their clients, as well as access to information related to protection and COVID-19 related care aspects.

In terms of care providing organizations, the level of satisfaction among caregivers has been maintained with regards to management, teamwork, human resources management, psycho-social support and training and information provision support.

In all these aspects, very insignificant variations have been registered in satisfaction with how those were organized before and after the COVID-19 outbreak.

Graphic 14. The assessment of the effectiveness of care organization (% for ratings 4 and 5 “very good” and “excellent”)



According to the caregivers, among different problems for organizing and providing care for older people, more significant were the problems connected with COVID-19, economic situation and problems with transportation (connecting with mobility).

“Our family income has decreased considerably, and my family is now heavily reliant on my salary” – says one caregiver. “During introduced restrictions on the use of public transportation it was difficult to reach out to and serve the same number of beneficiaries, as well as organizing volunteers visits in a city” -says another caregiver.

4.6 Access to residential care

The qualitative interviews conducted in the framework of this research involved five nursing homes (an interview with management of senior caregiver staff), including three nursing homes in Tbilisi (with total more than 200 residents), one in Gori (with 11 older residents) and one in Kutaisi (with 92 older residents). The nursing homes are of different type – public and private.

Generally, there is no information on positive COVID-19 cases among older people in nursing homes in Georgia. According to the National Centre for Disease Control and Public Health, as of the end of July 2020, there were no cases of COVID-19 registered in Georgia nursing homes.

According to the care managers, the older people in the nursing homes continued enjoying the same level of care provision as before the COVID-19 outbreak, despite the introduced restrictions. Thus, the nursing homes reported their ability to:

- ▶ Organize emergency transportation for the older people in compliance with safety measures;
- ▶ Secure protective equipment and materials for both employees and people they assist;
- ▶ Provide uninterrupted care to older residents, including necessary equipment (many were already equipped with such means as crutches and wheelchairs before the COVID-19 outbreak), medical care, and medications, individual care and hygiene materials, food and diet.


However, until recently there were no clearly defined quality standards of care to be applied in nursing homes, and their further introduction and further development is still a challenging task.

All expenses of the public nursing homes residents are covered by the state, and the state maintained its funding commitments.

During the COVID-19 outbreak, in-kind support was also provided to nursing homes by local governments, NGOs, banks and private organizations.


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“Caregiving in Georgia is not yet based on the recent knowledge in gerontology and caregivers are not yet well trained in specifics of care provision to older people, including dealing with mental disorders, dementia and Alzheimer’s” – says a care expert.

 *During the COVID-19 outbreak, residents of nursing homes were mainly affected by mobility restrictions and social isolation.*

The key problem for nursing home’s residents was the restriction of movement, social isolation due to a ban on visitors (although the residents could still walk around the facility, had phone communication, and visitors were allowed after loosening the lockdown at the door). According to the informants, these factors, reinforced with fear and stress, can affect their health, mental and emotional state.

However, according to the staff, the health condition of most beneficiaries remained largely stable. Nevertheless, the level of stress and irritability manifested itself among the residents during and after the state of emergency.

 *The caregivers’ ability to provide care in the nursing homes were severely constrained by physical and social isolation, new workload and personal emotional stress.*

Since the pandemic outbreak, the nursing homes staff has been locked up in nursing houses to prevent infection.

”

“Our staff works in shifts with very limited communication with the outside world” – says a nursing home manager.

Lack of contact with family and friends, socialization opportunities beyond the working environment, challenging workload and new care and hygiene protocols, and stress related to the level of responsibility were mentioned among main negative factors. The overall tenseness of residents' psycho-emotional conditions was among other contributing factors.

To maintain the level of care, the nursing homes had to adjust organizationally to the COVID-19 outbreak, mainly in relation to human resources management, information and knowledge management.

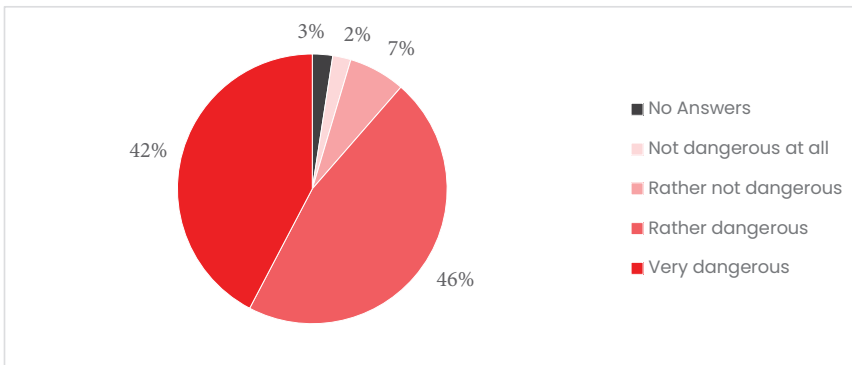
These adjustments were related to more significant staff mobilization to comply with the new standards and care and hygiene protocols, empowerment of staff, better functions distribution, ability to work as cohesive teams, emergencies and stress management, organization of additional psycho-social support to staff, provision of additional online training, information sharing and exchange.

4.7 COVID-19 preparedness and behavior

The surveys show that older people are greatly aware of the risks associated with COVID-19 for them and tend to follow safety measures.

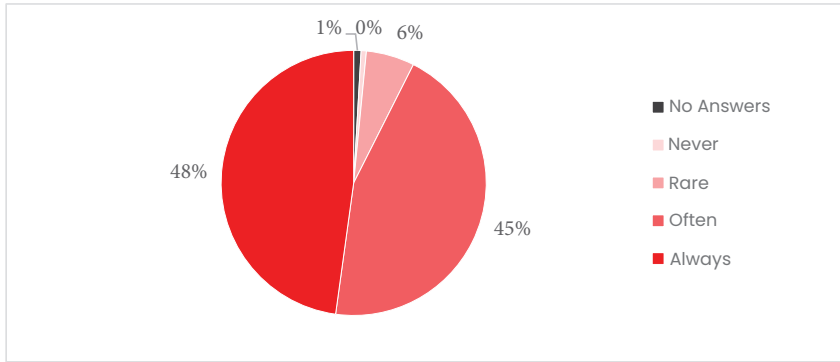
Participants of the survey saw the degree of danger to them from COVID-19 as not dangerous at all for 17 respondents; not very dangerous for 53; rather dangerous for 361 and very dangerous for 330. Most feel COVID-19 as dangerous for them.

Chart 1. Older people's perception of COVID-19 degree of danger (in %)



Survey participant's behavior about following instructions and restrictions related to COVID-19 according to survey data is very properly directed, as data shows they followed instructions about isolation, distancing, hand washing, wearing face masks, etc.; often (349,) and always (373); 46 participants said that they rarely follow the instructions, and only 5 answered they never followed instructions.

Chart 2. Degree of compliance with safety requirements by older people (%)



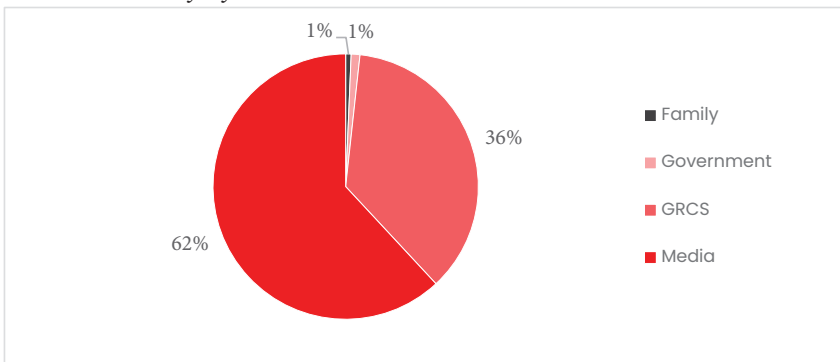
Access to COVID-19 information and protective means among older people is rather high.

The survey participants have excellent access to information and instructions on COVID-19, most of them received relevant information from Media (465) and the GRCS (273), and family members; most of them (517) find the information as “extremely useful”



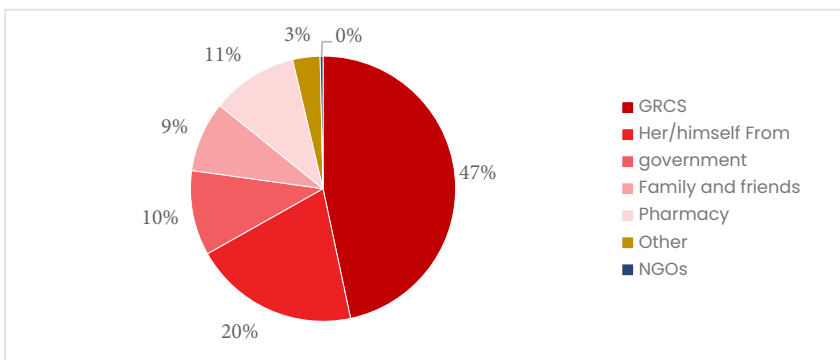
“I am regularly washing masks for my family members and remind them to wash properly hands when they come back home” – says an old woman.

Chart 3. Sources of information and instructions on COVID-19



Access to information about personal protective means (face masks, hand sanitizers, soap) was excellent among older people. They report that they received this equipment from different sources, often the GRCS and NGOs, followed by government and less from family and friends. According to the comments during the study, 351 comments referred to the information as being extremely useful and 127 comments referred to the provided information as being very useful and useful.

Char 4. Source of protective equipment provided to older people

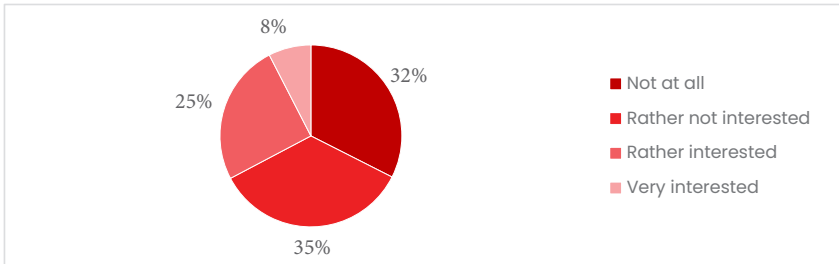


4.8 Civic activism

On the background of rather low civil activism, older people do not think that COVID-19 has influenced their ability to engage in community political life.

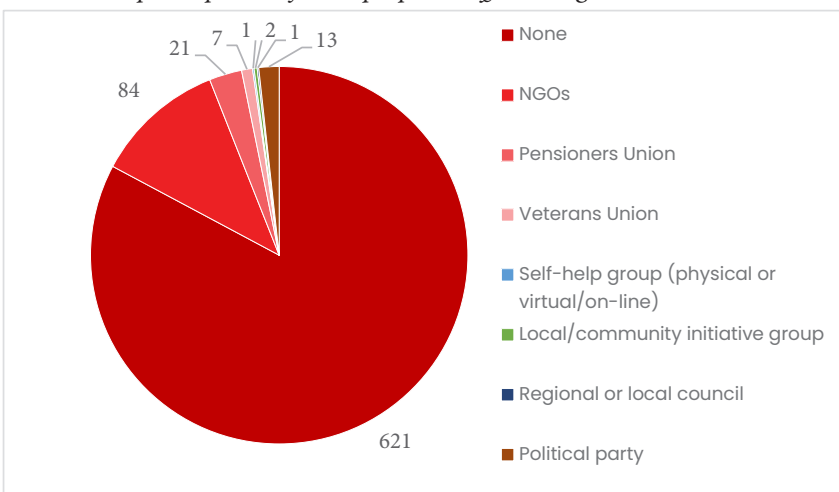
Older people generally report low interest in civil activism. The interest is higher among the older people of the age group 81-85.

Chart 5. Interest in politics by older people



A relatively small share of older people are actual members of any organizations.

Chart 6. The participation of older people in different organizations



The change in access to civil activism possibilities and political rights amongst the survey respondents who were rather or very interested in civic activism before and after the COVID-19 outbreak is not significant. While 123 respondents rated access as unsatisfactory (3 and below) before the COVID-19 outbreak, 123 rated is as unsatisfactory after. It is generally expected that the turnout will be very low for the upcoming end of October parliamentary elections in Georgia due to COVID-19 and general political apathy among older people.

5

RECOMMENDATIONS

Based on the findings and conclusions presented in this report, the following short term and long-term recommendations can be made to key stakeholders in Georgia and to the GRCS (some of which are especially important as the second wave of the pandemic hits Georgia at the time of this report preparation):

State

SHORT-TERM

- ▶ Establish a platform of dialogue with state and non-state actors working on issues of care.
- ▶ Update the Action Plan for the State Policy Concept on Ageing in consultations with main stakeholders.

LONG-TERM

- ▶ More strategic and coordinated national implementation and monitoring of the State Policy Concept on Ageing (supported by multi-agency and multi-stakeholder national coordination mechanism).
- ▶ Define long-term care strategies with clear responsibilities, funding arrangements and care standards (especially for home-based and community-based care) based on local needs. Include home-based care components in the UHC Programs or devise special vertical programs in support of home-based care development in Georgia.
- ▶ Provide support arrangement for local governments to engage in decentralized care provision across the country - in particular to define models of integrated care provision and mixed funding with the involvement of non-governmental providers, including using the Tbilisi Municipality Home Care model which proves to be effective.
- ▶ Work on increasing the image of caregivers' profession and attracting the younger generation to enter this profession.
- ▶ Conducting research on ageing and needs (including related to mental health) for care services in support of evidence-based policy advocacy.

State education and training institutions

LONG-TERM

- ▶ Develop education and training programs on integrated care for older people based on cutting-edge knowledge in geriatrics and care management, including that related to the provision of care to people with mental disorders, dementia and Alzheimer's.

Local governments

SHORT-TERM

- ▶ Maintain and further improve coordination related to the COVID-19 response (as Georgia faces the second wave) especially on the prevention and risk management communication front and in partnership with non-governmental actors. This needs to be done with proper consideration of communication preferences of older people and the existing digital divide.
- ▶ Improve the system of registration and calculation of points for enrolment into a database of the socially vulnerable, in order to better include older people in need, based on the example the database used under the Tbilisi Municipality Home Care Program.
- ▶ Ensuring smooth access to health services and immunization (anti-COVID vaccine) scheme for older people (as soon as immunization is available), supported by accurate information.

LONG-TERM

- ▶ Assess existing practices in organizing and funding care provision to older people, in order to advocate for a clear mandate and adequate funding arrangements, possible under the leadership of the Association of Georgian municipalities.
- ▶ Apply a mixed-funding model for the provision of integrated home-based care in partnership with NGOs and the GRCS.

Nursing homes

SHORT-TERM

- ▶ Ensure proper communication (including risk communication) and psycho-social support to the nursing homes staff that is undergoing stress due to the lock down at the nursing homes.

LONG-TERM

- ▶ Introduce and closely monitor the implementation of the newly elaborated standards of care for nursing homes.

NGOs and media

SHORT-TERM

- ▶ Partner with the Government of Georgia central level on defining older people home-based care concept and strategy.
- ▶ Intensify public awareness-raising on older people's problems and situation, including mental health needs and prevention of ageism.
- ▶ Develop sensitive strategies to work on preventing violence against older people, including awareness building and development of a referral and support systems.

LONG-TERM

- ▶ Raise awareness among older people on their rights and entitlements, including with regards to integrated care, through local action groups and national advocacy.
- ▶ Work together on promoting a healthy active ageing concept through promotion strategies at the national level and demonstration at the local level and building on Kutaisi pilot experience of the UNFPA Country Office in Georgia.
- ▶ Work on digital inclusion of older persons through education, support by younger people and provision of access to technical means.

Georgia Red Cross Society

SHORT-TERM

- ▶ Pilot and promote experiences in care provision in partnership with state and municipalities (with a longer-term strategy to shifting from international to domestic funding). Study the existing experiences to elicit lessons.
- ▶ Strengthen cooperation between the local governments and the GRCS local branches in participatory strategy formulation and partnership in the provision of home-based care services and activities of social day-centers with resources mobilized locally.
- ▶ Draw more on effective instruments of assistance delivery to older people during COVID-19 epidemics, using the IFRC experience in Cash and Voucher Program.

LONG-TERM

- ▶ Continue training caregivers on different aspects of care for older people in home-based care and demonstrating the highest service standards (with cutting-edge knowledge in geriatrics, kinesthetics, and other relevant fields).
- ▶ Continue supporting the older people locally in advocacy, community mobilization and empowerment, based on Kutaisi experience.
- ▶ Introduce and promote innovative approaches to social, psycho-social support of older people, stimulating their physical activity, livelihoods and small economic activities (for those interested) and schemes related to inter-generational solidarity-building, which proves critical in the context of COVID-19.

IFRC, AutRC and SRC and other International Organisations

Provide technical assistance to the Government of Georgia, NGOs, the GRCS and local governments in advancing the above-listed recommendations, more specifically by drawing on the support of:

SHORT-TERM

- ▶ The IFRC in enabling transfer of rich experience and expertise to Georgia from other members of the RC family, and further investing in organizational development of the GRCS, as well as in applying effective targeted humanitarian support modalities, like CVA.
- ▶ The AutRC further supporting the GRCS to become a professional home-based care service provider, advocating for professionalization and standardisation of home-based care nationally and on positioning the GRCS as quality training provider in specifics of home-based care including coaching to informal carers. Also, in strengthening the business and entrepreneurial skills of the GRCS to position themselves as sustainable health and social service provider in Georgia.

LONG-TERM

- ▶ The SRC and its regional home care exchange networks for advancing understanding of integrated care, home care standards and professionalization of home-based care provision.
- ▶ The UNFPA Country Office in Georgia in advancing important national level policy agendas related to healthy active aging and care for older people through evidence-based advocacy and stakeholders dialogue (using the leverage of UN and with reference to the Government of Georgia's international commitments).

A participatory approach and involvement of older people will be an important underlying principle in the implementation of the above listed recommendations.

Table of Abbreviations

COPD	Chronic obstructive pulmonary disease
COVID	Corona Virus Disease
CVA	Cash and Voucher Assistance
FGD	Focus Group Discussions
GEL	Georgian Lari
GRCS	Georgian Red Cross Society
ICT	Information Communication Technology
IFRC	International Federation of Red Cross and Red Crescent Societies
MIDPOTHLSA	Ministry of Internally Displaced Persons from Occupied Territories, Health, Labor and Social Affairs
NGO	Non-governmental Organization
SDGs	Sustainable Development Goals
UHC	Universal Health Care
UNFPA	United Nations Population Fund

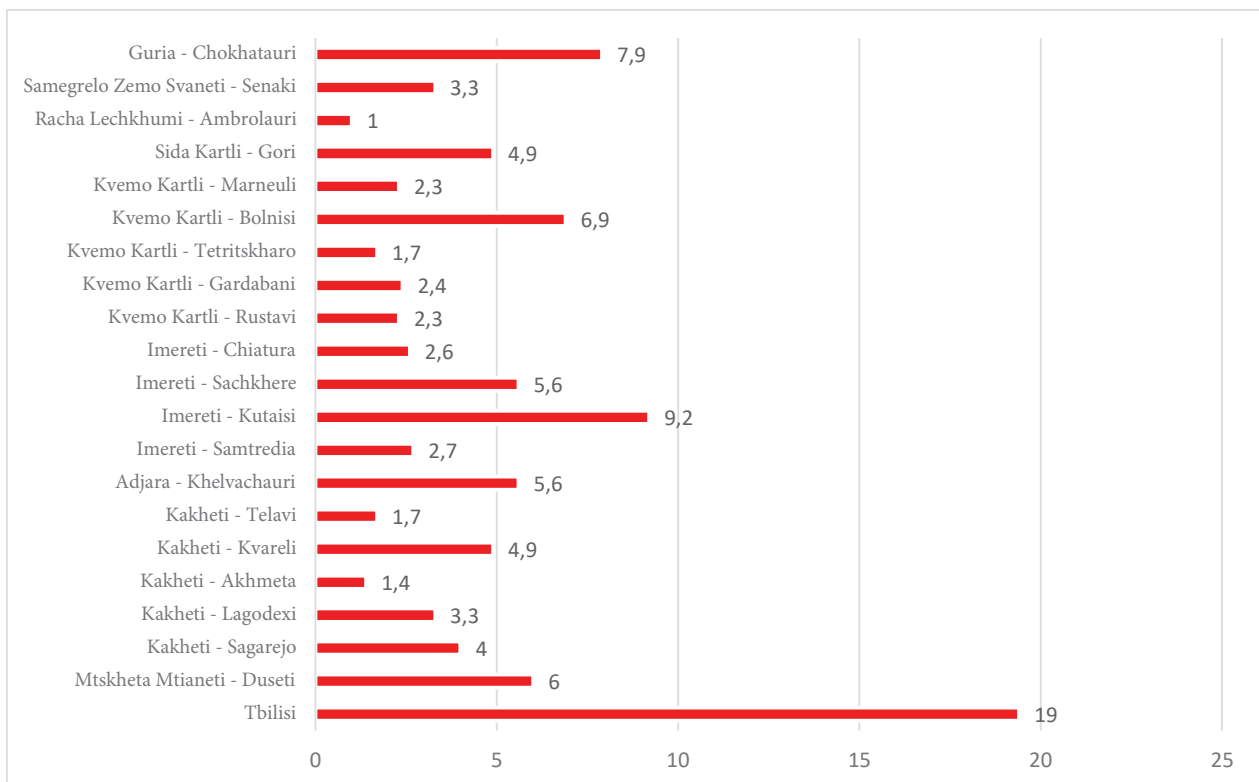
Annex 1.

Respondents Profile

Older people profile

In total, 780 older (537 female and 243 male) were involved in the survey from 10 regions of Georgia and capital Tbilisi. In Tbilisi, only older people were interviewed, however.

Chart 7. The structure of respondents by regions (percentage)



Amongst the older respondents, 635 were people GRCS had assisted and 145 not receiving GRCS assistance, that were suggested by GRCS partner organizations. In the survey have participated respondents from 21 towns of Georgia where the GRCS provides home-based care services. Statistically, most of the participants were from Tbilisi (19,4%), because a large part of the Georgian population lives in Tbilisi.

80.1% are living in urban areas, 19 % are living in rural areas of Georgia, only 7 (0.9%) people have difficulty in naming on what kind of an area they live.

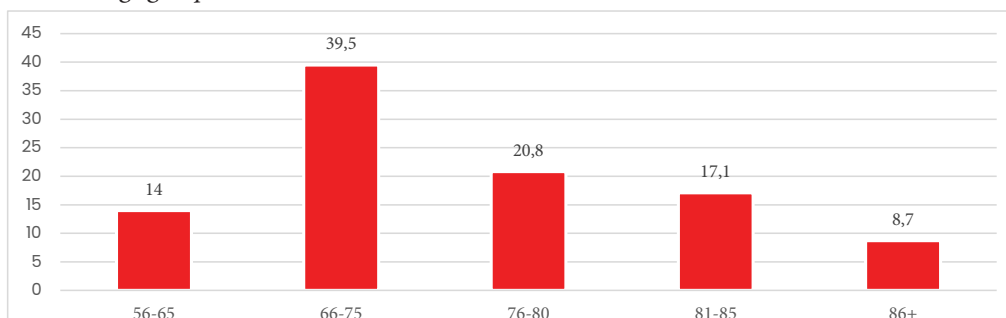
Later, the results of the survey were analyzed by the following group of regions:

Mountain Regions	Cities of Georgia	Kvemo Kartli	Kakheti	Other regions
Dusheti Ambrolauri Chokhatauri Tetritskaro Sachkhere Chiatura	Tbilisi Telavi Kutaisi Gori Rustavi	Bolnisi Marneuli Gardabani	Sagarejo Lagodekhi Akhmeta Kvareli	Senaki Khelvachauri Samtredia

Among the survey participants, 66.4% of older people have Chronic illness; 18.3% Disability and 13.08% no evident disease.

Age of participants varies from 56 to 97. The age distribution by groups was as following

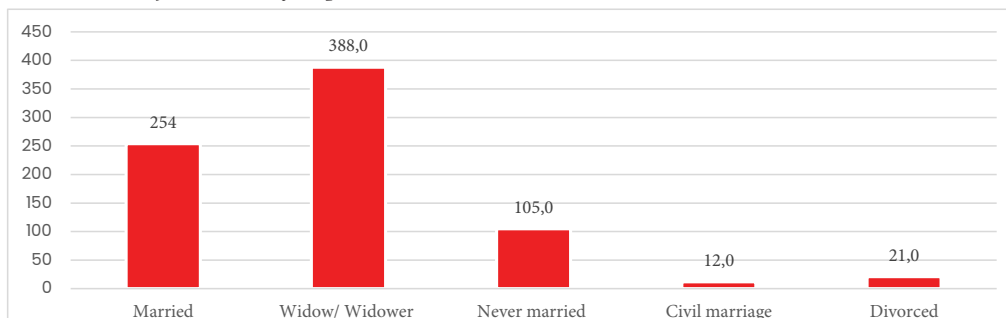
Chart 8. Age groups distribution



The most frequent age group among participants is 66-75 (40%).

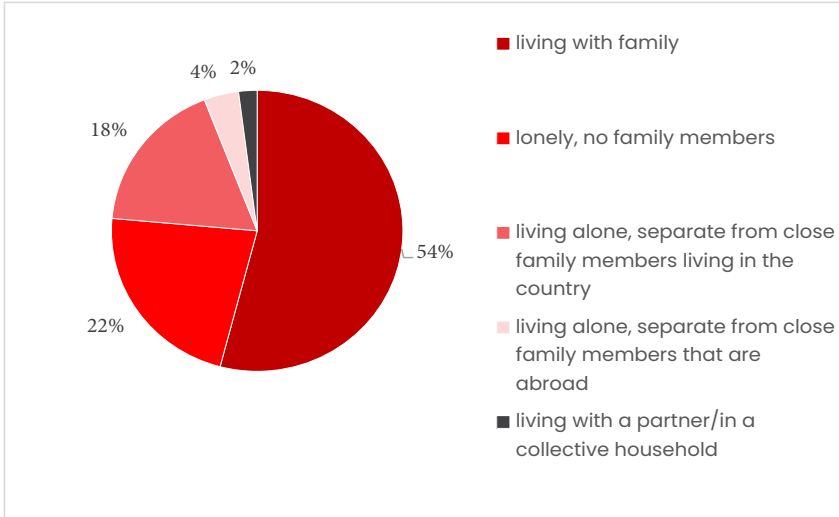
The civic status of the respondents was as the following: 254 married, 388 widow(er)s, 105 never married, 12 in civil marriage and 21 divorced.

Chart 9. Family situation of respondents



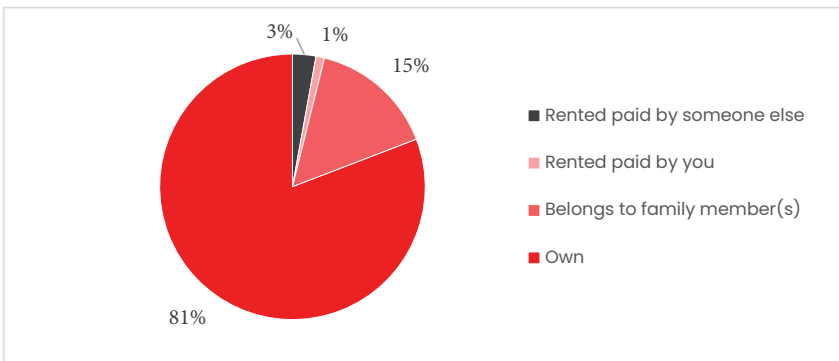
Between participants of the survey the majority 54,1% lives with their family, 22,3 % lives alone, they do not have family members, 17,7% lives alone, but separate from close family members living in the country, 3,8% lives alone, separate from close family members that are abroad, and only 2,1% lives in collective center's (households).

Chart 10. Older people's living situation (in %)



Between participants of the survey the majority 54,1% lives with their family, 22,3 % lives alone, they do not have family members, 17,7% lives alone, but separate from close family members living in the country, 3,8% lives alone, separate from close family members that are abroad, and only 2,1% lives in collective center's (households).

Chart 11. Older people's residence status (in %)



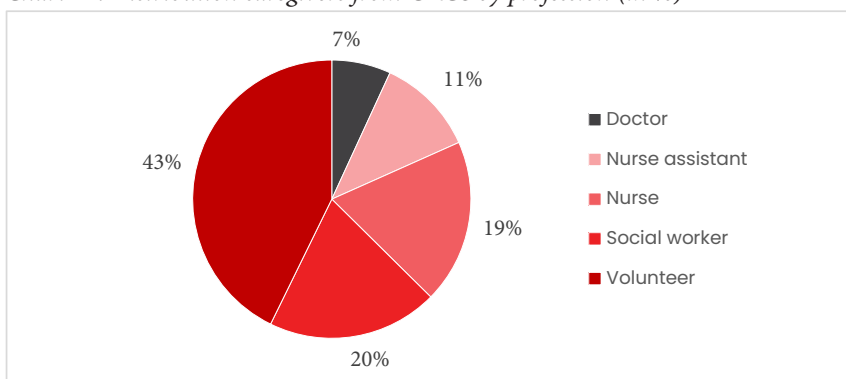
Older people profile

In total, 131 caregivers (121 female and 20 male) were involved in the survey from 10 regions of Georgia and capital Tbilisi. In Tbilisi, only older people were interviewed.

Caregivers profile

Professional caregivers and trained RC volunteers are working in the professional Home Care Program of the GRCS. Amongst caregivers-respondents 56 were volunteers, 26 social workers, 15 nurse assistants and 9 doctors.

Chart 12. Distribution caregivers from GRCS by profession (in %)



Ages of caregivers ranged from 17 to 73, among them, 11 were female and 20 males.

For 77 participants, the GRCS is the only place of employment, and for 54 not, amongst the participants 29 are working more than 5 years in the GRCS, 56 up to 5 years and 46 up to 1 year.

As for the civic status, 55 caregivers are officially married, 7 are in a civil marriage, 60 are widow/ widower, 6 divorced and 3 never married.

10 caregivers were COVID-19 risk group (had chronic diseases themselves), and 121 were not.

Annex 2.

Questionnaire Structure: Older People

Introduction

Information about the respondent and living situation

Country. Region. Urban or rural area
Benefiting or not from GRCS
Age
Sex
Family situation and number of living children
Living situation

Economic Situation

Sources of income
Access to extra financial and/or in-kind support
Ability to cover expenses

Health situation

Presence of illness or disability
Health and healthy lifestyle assessment

Social situation

Social situation assessment
Information access
Experience with ageism, violence and abuse

Services and infrastructure

Access to health services and infrastructure
Access to social services and infrastructure
Access to other public services and infrastructure

Home-based care

Access to home-based care services
Home-based care services assessment

Civil activism and access to political rights

Interest in civic activism
Membership in organizations
Access to political rights

COVID preparedness and behavior

Access to information
Access to protection means
Perception of risk behavior

Annex 3.

Questionnaire Structure: Caregivers

Introduction

Basic information

Category of caregivers
Age
Sex
Family situation
Place of employment and experience
Working in rural or urban areas
Number and type of clients

Personal situation

Economic situation
Social situation
Health situation

Ability to provide care

Access to clients
Access to care means

Organization of care

Assessment of different aspects of care management
Key problems of care organization

Situation and needs of clients

Key problems of clients
Priority support clients need

Annex 4.

The minimum UHC Program service package

The minimum UHC Program service package covers scheduled outpatient, urgent outpatient and inpatient, and scheduled surgical services, cancer treatment and childbirth (basic package).

From the three level health services packages provided under the Program by both state-owned and many private health institutions (most health services in Georgia are private) many are relevant to the elderly:

- ▶ The primary health care system opens the door to patients into the health care system. It includes individual and public health, prevention, treatment, rehabilitation and arrangements of long-term care (e.g. Medical consultation, outpatient as well as home visits, functional-diagnostic and laboratory tests; measures for the management of cardiovascular and other non-communicable chronic diseases, immunization and education of the population). Basic outpatient services are provided at the facility nearest to their residence by the family doctor or general therapeutics and a pediatrician together with the primary care team, consisting of general practitioner nurses. On the second and the third levels — the patient receives fully or partly state-funded medical care only in cases of referral by the primary care physician. Referral is defined by authorized medical personnel, guided with the state-approved mandatory clinical protocols and regulations defined in the state healthcare program or the patient's insurance policy.
- ▶ The provider of medical service of the second level is to be a specialized health care facility as well as a multi-profiled hospital. Services are provided by specialists, at outpatient as well as at the hospital level.
- ▶ The Unit providing medical services of the third level is organized in specialized health facilities or specialized departments of regional referral hospitals, staffed with qualified specialists and equipped properly. There are specialized outpatient services (e.g. Cardiac surgery, neurosurgery, transplants, severe burns, obstetric beds of the third level for high-risk patients).



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