



REPORT

Impact study of COVID-19 on
older people and caregivers
in the South Caucasus

November 2020





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INTRODUCTION

COVID-19 poses an increased risk of morbidity, mortality and indirect social consequences that profoundly affect older people and people with underlying health conditions. While the global response to the new virus is evolving, it is emerging that COVID-19 is much more than a health crisis. It is a human, economic and social crisis, threatening societies at their core. Evidence indicates that the impacts of the virus are being borne disproportionately by poor and older people.

Governments of all three countries, although with different degrees of success, are working hard on COVID-19 prevention and control. Coordination and partnership with non-governmental organizations (NGO) and the international community has proved to be important in ensuring that support reaches the most vulnerable, including older people.

The Red Cross and Red Crescent (RCRC) Societies in the South Caucasus – in Armenia, Azerbaijan and Georgia – play an auxiliary role to the public authorities in the humanitarian field and actively support the Government's efforts in both COVID-19 prevention (including risk communication) and response through country-wide actions.

As part of its core mandate, *the Armenian Red Cross Society* (ARCS) is involved in providing professional care for older people at home and in a residential setting, and in providing psychosocial, food and hygiene support to those considered most vulnerable to the virus, including older people. *The Azerbaijan Red Crescent Society* (AzRCS) provides basic social, food and hygiene support to the most affected population groups, including older people. *The Georgia Red Cross Society* (GRCS) provides psychosocial support, food and hygiene aid to those in need, including older people, along with professional home-based care services in Tbilisi and community-based social services in the regions.

The COVID-19 pandemic also aggravates the pressures faced by those providing care to older people, the majority of whom are women. In the COVID-19 emergency situation, caregivers have to maintain quality of services, along with managing their own situations and family constraints.

In this context, the three RCRC National Societies in partnership with the Austrian Red Cross (AutRC) and the Swiss Red Cross (SRC), the International Federation of Red Cross and Red Crescent Societies (IFRC) and UN Population Fund (UNFPA) Country Offices in Armenia and Georgia commissioned a study of the impacts of COVID-19 on older people, and care provision in the South Caucasus region. The aim was to better understand the situation and provide recommendations for improving both the short- and longer-term response and to help address the challenges of ageing and the problems faced by older people and their caregivers in the era of COVID-19.

This report is structured in the following way:

- ▶ The first chapter explains the study purpose, levels of analysis, methodology and limitations;
- ▶ The second chapter reflects on regional findings and recommendations;
- ▶ The third chapter contains summaries of study reports for Armenia, Azerbaijan and Georgia.*

*Full country reports be also accessed at websites of

- AutRC - <https://www.rotekreuz.at/international-downloads>
- IFRC - <https://media.ifrc.org/ifrc/where-we-work/europe-and-central-asia/>
- SRC - <https://www.redcross.ch/en>
- ARCS (for Armenia) - <https://www.redcross.am/en/who-we-are/analyzes.html>
- AzRCS (for Azerbaijan) - <https://eng.redcrescent.az>
- GRCS (for Georgia) - <https://redcross.ge/ge/news/view/322>

STUDY METHODOLOGY

Purpose and levels of analysis

This study looks at the impacts of COVID-19 on older people, professional health and social caregivers and trained RCRC volunteers in the context of the general care system in Armenia, Azerbaijan and 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 RCRC volunteers.

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

In analyzing the situation of older people, the study focused 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, and civil activism – before and after the COVID-19 outbreak. It also touched upon key aspects of COVID-19 preparedness and related behavior.

The data of the survey, organized in the framework of this study, was disaggregated for analysis by sex, age group, rural and urban background of respondents, existing health conditions (chronic diseases, disabilities, etc.), region of residence and source of service provision (RCRC beneficiaries and non-RCRC beneficiaries). This document reports on the categories where statistically significant differences were observed.

Collection of information from professional caregivers and trained RCRC 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.

 Photo: AzRCS



Methods and limitations

The study relied on a combination of qualitative and quantitative methods (the sample locations, sizes and subcategories of respondents are set out for each country in Annex 1):

- ▶ Desk research of secondary data, in particular, relevant policy and legal frameworks, existing analytical and research materials, and relevant documents.
- ▶ Questionnaire-based face-to-face survey among older people, aged 56¹ and older involving 668 respondents from seven regions of Armenia and the capital Yerevan (including 69.6% of women), 746 respondents from all regions of Azerbaijan and the capital Baku (including 64.7% of women) and 780 respondents from all regions of Georgia and the capital Tbilisi (including 68.8% of women). For the questionnaire structure see Annex 2.
- ▶ Questionnaire-based self-administered survey among professional caregivers and trained RCRC volunteers involved in care, engaging 54 caregivers in Armenia (including 90.7% of women), 69 in Azerbaijan (including 64.7% of women) and 131 in Georgia (including 84.7% of women). For the questionnaire structure see Annex 3.
- ▶ Semi-structured qualitative on-line key informant interviews with doctors, nurses, social workers, national and local government representatives.
- ▶ On-line interviews with caregivers in three nursing homes in Armenia (including four Focus Group Discussions (FGDs) with older people and caregivers in Norq nursing home) and in five nursing homes in Georgia.
- ▶ Semi-structured qualitative on-line interviews with key national and regional informants.
- ▶ Verification FGDs with RCRC volunteers who administered the survey with older people.

The study was designed, coordinated and supervised by a team of three national researchers led by an international Team Leader. In each country, data was collected by trained RCRC volunteers.

The assessment was organized and conducted during a two-month period, from mid-July to mid-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 RCRC assistance list. This resulted in a relatively small sample of people not assisted by the RCRC in the survey (21% of the respondents in Armenia, 20% in Azerbaijan and 18% in Georgia). Despite wide geographical coverage, the sampling approach was not entirely representative of the total population of older people in each country.
- ▶ Due to COVID-19 restrictions and limited access to the nursing homes (especially in Azerbaijan), affecting the ability to obtain information about the real situation in them.
- ▶ Inability of the international research Team Leader to travel to the region, which, however, was compensated for by involving capable national researchers to support her.

¹ The age 56 was selected because AzRCS serves older people from the age of 56.

Photo: UNFPA Country Office in Georgia, Dina Oganova



REGIONAL FINDINGS AND CONCLUSIONS

Regional context and ageing policy frameworks

The three countries are at different levels of advancement in terms of their policy frameworks related to healthy active ageing and care for older people:

- ▶ *In Armenia*, the Government has adopted the Strategy and Action Plan for Overcoming the Consequences of Ageing and for Social Protection of Older People 2017-2021, with the involvement of the UNFPA Country Office in Armenia, NGOs and the ARCS. The Strategy aims at the reorganization of the care system towards a de-institutionalized, community-based and integrated² approach. However, implementation of these policies beyond the successful pilot stage has not yet been realized.
- ▶ *In Azerbaijan*, the concept has already been introduced under the project “Building a society for all ages: Promoting the welfare of older people in Azerbaijan through active ageing” 2019-21³ implemented by the Government with the support of the UNFPA Country Office in Azerbaijan, however, policy has yet to be developed.
- ▶ *In Georgia*, the Government was the first in the region to adopt a comprehensive set of national policies related to ageing and older people, which aim at the social inclusion of older people and multi-sectoral cooperation (involving health, social protection, lifelong learning, employment and economic opportunities). The key national frameworks are the State Policy on Population Ageing adopted in 2016 and the Concept of Demographic Security of Georgia 2030 elaborated with the support of the UNFPA Country Office in Georgia. The implementation of these frameworks, however, is challenging and they need to be updated.

In Armenia, Azerbaijan and Georgia, older people make up a steadily growing proportion of society. In all three countries older people already face many challenges, and their situation is further complicated 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.

In Armenia, COVID-19 has severely affected older people in terms of their life and health, social and economic situation. The pandemic’s outbreak was rapid, and the state response did not sufficiently address the needs of older people.

In Azerbaijan, potential negative economic, health and social impacts of the COVID-19 pandemic presents an additional threat to the wellbeing of older people and reveals a need for effective policies on ageing and care, and well-organized integrated care provision models.

In Georgia, the large unmet demand for older people’s care contributed to undermining efforts to meet the needs of older people since the COVID-19 pandemic outbreak. During the “first wave” 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.

² Holistic, person-centred, combining social and medical care aspects

³ <https://azerbaijan.unfpa.org/en/news/active-ageing-index-benefits-and-opportunities-azerbaijan>

Care systems

Although they have different approaches to care and different levels of advancement in their care systems, in all three countries access to appropriate care among older people is found to be deficient; the quality of care for older people suffers from a missing geriatrics and gerontology lens, a lack of clear positioning of residential care vis-à-vis home-based care, a deficit of services targeting people with dementia and Alzheimer's, and a lack of professional palliative care.

In Armenia, health and social care is represented by residential, day care, and home-based care components. However, responsibilities for health and social services provision are not clearly delineated among different levels of government, which leads to uneven distribution of services and overlaps. Local government bodies are primarily responsible for identifying families and persons in need of social assistance and for organizing assistance provision through territorial bodies providing social services or through other specialized organizations. Home-based care is provided to older people according to their personal care plan and usually includes household service, health care, and social and psychological assistance. Subsidized primary health care services and medicine are provided only to the most vulnerable by primary health care institutions/polyclinics. Full-time care for older people and persons with disabilities in Armenia is provided through general and specialized residential institutions (the latter mainly host people with severe mental conditions, or with some physically disabling conditions).

NGOs and the ARCS emerge as prospective professional care service providers to older people. Thus, the ARCS, with the support of the SRC and the Monaco Red Cross, is working on establishing integrated home-based care provision in partnership with public service providers in several regions of the country, and with the support of the Government of Armenia and the AutRC, is operating a nursing home.

In Azerbaijan, health and social care are still heavily dependent on capacities of the district (city) departments of the State Social Protection Fund under the Ministry of Labor and Social Protection and family and village doctors. The instruments of NGOs involvement are not advanced and their engagement is somewhat limited to humanitarian and basic social support (mainly related to the distribution of humanitarian aid and food, shopping and medicine purchasing, support for social activities, and in some cases activities related to healthy active ageing). The primary health care system is not actively reaching out to provide home-based health services, neither are people in need sufficiently aware of their right to these services.

In Georgia, since 2012, the state has committed to provide public home-based care to people below the poverty line. However, the concept of care is underdeveloped and is not covered by existing state programs. 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. Provision of systematic professional home-based care services is now being piloted in several regions by municipalities in partnership with NGOs and the GRCS, including with the support of the AutRC in Tbilisi with co-funding of the municipality and the Austrian Development Cooperation. The responsibility for the provision of home-based care services is not yet clearly defined, and local government-targeted programs do not cover home-based care for older people. Moreover, despite diverse needs of older people, local governments often offer them only enough to cover certain medical-rehabilitation costs and medical assistance. Under the Free Medicine Program, the socially vulnerable and retirees are provided with subsidized medicine but only in cases of chronic diseases. Although, the Universal Pension and the Universal Health Care Programs are found to have improved health care among the general population, they do not cover health and social care for older people beyond medical treatment.

There are few facilities and day care centers across the country, leaving existing nursing homes to take care of bedridden older people. However, those persons without family members are not offered any schemes that enable them to live independently with their peers and share amenities. Long-term and residential care is only now being conceptually defined and standardized. The Government of Georgia has recently adopted a set of service standards related to the provision of care in residential homes.

Survey findings

The survey conducted in the three countries among older people, professional caregivers and trained RC volunteers revealed the following common trends:

- ▶ *Income and expenses.* Since the retirement pension and social allowances remain the main source of income for the majority of older people (against a background of decreased family financial support) the ability of older people to cover basic expenses has decreased since the COVID-19 outbreak. A large proportion of older people have received additional financial and in-kind support from national and local governments, NGOs and international organizations, which although appreciated, is often a single support.
- ▶ *Life and health.* Some worsening of older people's health was registered as a secondary effect of COVID-19, along with a negative effect on mental health and spiritual wellbeing, physical activity, nutrition and diet, mostly due to emotional instability, lower self-esteem and limited mobility. Access to health care services became more difficult for those not receiving home-based care, due both to the lock-down and a shift in focus of health care facilities to the control of COVID-19 cases.
- ▶ *Social situation and services.* Decreased social contact with neighbors, the community and family, reinforced by limited mobility, has adversely affected older people's emotional state, especially in urban areas.
- ▶ *Access to services and public infrastructure.* Due to COVID-19 restrictions, older people's access to most public services and infrastructure has been considerably reduced, which has been a challenge against the background of the existing digital divide between the young and older generations.
- ▶ *Ageism and physical and financial violence.* This phenomenon appear to be a present in all three countries (particularly in urban areas), despite the fact that discussion of these forms of abuse is taboo.
- ▶ *Home-based care.* A large majority of older people who are entitled to home-based care still do not receive it. Those who have received it (mainly from RCRC) did not experience a notable change in service access or quality. However, professional caregivers and trained RCRC volunteers were under pressure to maintain service levels, despite changes in their own personal and family situations, restriction of mobility and access to transportation and exposure to infection risks (although there was good access to COVID-19 related information and means of personal protection).
- ▶ *Residential care.* Nursing home residents exposed to multiple risks related to high infection levels (including those related to nursing homes' infrastructural limitations and failures to implement effectively and timely COVID-19 prevention measures) suffer most from movement restrictions and social isolation. The nursing homes' caregivers are stressed by the potential of exposure to infection, their physical and social isolation (due to changes in the working regime where caregivers have to stay for days in the nursing homes), difficult emergency working conditions and personal emotional stress.
- ▶ *COVID-19 preparedness and behavior.* Awareness-raising campaigns conducted by NGOs and the RCRC National Societies are largely effective and older people have good access to COVID-19 information and protective means, although a small proportion of them underestimate the risks in each of the three countries.
- ▶ *Civil activism.* The proportion of older people interested in and active in local politics and other forms of civic activism is not high. Those who were engaged felt, however, that COVID-19 had limited their possibilities to participate.

Overarching recommendations

Although both short-term and long-term recommendations for central and local governments, national and international institutions, and NGOs, including the RCRC National Societies, differ by countries, they largely relate to:

SHORT-TERM

- ▶ Ensuring good local level coordination in meeting the needs and better targeting of older people in general and particularly since the COVID-19 emergency.
- ▶ Continuous support by NGOs and the RCRC National Societies of their Governments in ensuring effective focus on COVID-19 prevention and risk communication.
- ▶ Introducing innovative (including digital) approaches to social and psychosocial work, community support and strengthening solidarity between the generations, especially in urban areas.
- ▶ Along with training and information support, ensuring effective psychosocial support to caregivers.
- ▶ Capitalizing on the experience of the RCRC family in supporting older people and their care provision and using it for advocacy purposes.

LONG-TERM

- ▶ Maintaining multi-stakeholder dialogue for evidence-based (based on research and field experience) policy-making based on the regulatory environment, setting clear responsibilities and professional standards on healthy and active ageing and older people's care.
- ▶ Providing guidance and support to public bodies and service providers engaged in older people's health and social care to ensure better coverage, targeting and quality of services, building on existing pilot experiences of partnerships between the public sector and NGOs/ RCRC in the countries of the South Caucasus and the wider region. This will require assessing and promoting the benefits of an integrated home-based care model, as well as the advantages of NGOs/ RCRC involvement in service provision under the mixed-funding arrangements.
- ▶ Further developing education and training programs related to health and social care, including those based on cutting-edge knowledge in geriatrics and care management; and work on improving the image of caregivers as a profession.
- ▶ Raising awareness among older people of their rights and entitlements.
- ▶ Raising awareness of societies in general of healthy and active ageing, ageism, and discrimination and violence against older people.
- ▶ Ensuring that countries' future emergency and pandemic preparedness plans fully include the needs of the older people and other vulnerable groups.

Photo: SRC, Remo Naegeli

SUMMARY REPORT

ARMENIA

Full country report can be accessed at <https://www.redcross.am/en/who-we-are/analyzes.html>

Findings and Conclusions

Context and national frameworks

In Armenia, people aged 63 years and over account for 12.5% of the population.⁴

While fully recognizing the phenomenon of ageing and its societal implications, and based on relevant international commitments, the Government of Armenia adopted the Strategy and Action Plan for Overcoming the Consequences of Ageing and for Social Protection of Older People for 2017-2021, with the involvement of the UNFPA Country Office in Armenia, NGOs and the ARCS. The Strategy aims at reorganization of the care system towards a de-institutionalized, community-based and integrated approach.⁵ However, implementation of these policies faces multiple challenges, including: applying a geriatrics and gerontology lens to health care; introducing professional palliative care; delineating care provision and funding responsibilities among different government levels; advancing home-based care beyond pilot (although successful) experiences implemented with the support of external and non-governmental actors; ensuring that older people's medical and social entitlements are less dependent on their formal qualification as "most vulnerable", and simplifying the procedures for people to access state-guaranteed free-of-charge day care, home-based care and residential care.

The COVID-19 pandemic in Armenia has severely affected older people in terms of their daily life and health, social and economic situation. The outbreak in Armenia was rapid and the state of emergency was long-lasting for the entire country, later replaced by quarantine. The COVID-19 pandemic poses an increased risk of fatalities and indirect social consequences for older people and people with underlying health conditions, more severely than others.

Care provision

Social services and home-based social care. Social care is represented by residential, day care and home-based care components. There is a substantial proportion of older people who need different types of care but do not receive it in Armenia. In 2019, around 3,800 people received home-based care services and some 2,000 people attended day care centers.⁶ However, responsibilities for social services provision are not clearly delineated among different government administration levels, which leads to uneven distribution of services and overlaps. Local government bodies are primarily responsible for identifying families and individuals in need of social assistance, for taking measures to help them to overcome their difficulties. They are also responsible for satisfying the social needs of those who require social assistance in their communities through territorial bodies providing social services or through other specialized organizations. Home-based care is provided to older people according to their personal care plan and usually includes home cleaning, health care, social and psychological assistance.

Health services and home-based health care. Older people in Armenia are entitled to free or subsidized health services only if they are classified as most vulnerable, which limits access to medical services for those older people not classified as such. These services are provided by primary health care institutions/polyclinics in cases of primary and preventive health care that is free to all, and specialized hospitals in cases of stationary medical care services that is free to the most vulnerable groups referred by polyclinics.⁷ Some groups are entitled to free health care once a year, or free or discounted medicines. Health care quality suffers due to the lack of a geriatrics and gerontology lens applied to policies, health care and the training system. Professional palliative care is also currently weak.

⁴ National Statistics Services data as of January 1, 2016

⁵ Holistic, person-centred, combining social and medical care aspects.

⁶ <https://www.e-draft.am/projects/2133/justification>

⁷ Including beneficiaries with insecurity score higher than 28.01 that are included in the family benefit system; people with 1st, 2nd and 3rd group of disabilities; participants of the Second World War; people receiving care in residential or nursing homes and homeless people receiving care in temporary shelters; and asylum seekers and their family members (Government decree No 318-N on state-guaranteed free medical care and services, 2004, available in Armenian) <https://www.arlis.am/documentview.aspx?docid=144400>

Residential care. Full-time care for older people and persons with disabilities is provided through general and specialized residential institutions (the latter mainly host people with severe mental conditions, or with some physically disabling conditions). In 2019, around 1,390 people were residing in 12 institutions (including 180 in four state ones) – retirement home, care center, nursing home – providing 24-hour care services for older people and people with limited abilities and mental health problems in Armenia.

The ARCS, with the support of the SRC and the Monaco Red Cross is working on establishing integrated home-based care in partnership with public service providers in several regions of the country. With the support of the Government of Armenia, the SRC and the AutRC it is also operating a nursing home.

State response to COVID-19. Inadequate provision of services for older people has compromised the effectiveness of the response to their needs in the context of the current health emergency. In order to overcome the social impact of the pandemic, the Government of Armenia organized provision of financial and in-kind support to various most vulnerable population groups. The list, however, did not explicitly include older people,⁸ unless they were categorized as “most vulnerable” and the state COVID-19 response did not adequately address the needs of older people. Management of COVID-19 cases was shared between local government and primary health care institutions but lacked effective organization and coordination. Reaching out to older people was mainly left to local government, the ARCS and its branches, and NGOs, some of which have emerged as prospective longer-term partners to work alongside government to provide professional care services to older people.

Survey results

The study conducted in Armenia has revealed the following:

- ▶ **Income and expenses.** The retirement pension remains by far the most important source of income for older people in Armenia, followed by disability and other social allowances, as well as family support. The ability of older people to cover their expenses, especially for household services, utilities, food, medicines and medical services has decreased since the COVID-19 outbreak. One third of older people have received extra financial or in-kind support during the pandemic from national and local government, NGOs and international organizations; something that has been especially appreciated by those older people usually excluded from assistance. However, the lack of a common database of those in need, and no established mechanisms of emergency response coordination between local government, public bodies, and NGOs has led to delays and uneven provision of assistance to older people at this time.
“The government covered our gas and electricity costs in February but sustaining this support would not be realistic in the longer-run. Some of us are not living but just surviving”, – says an old man.
- ▶ **Life and health.** A small proportion of older people report worsening health as one of the secondary effects of COVID-19. This is usually related to emotional stress, lower self-esteem and reduced physical activity. Older people’s perception of their mental health and spiritual wellbeing has dropped considerably. The majority of older people surveyed were reasonably satisfied with their access to health care services both before and after the COVID-19 outbreak, although provision of health services to older people was constrained by a shift in focus to the care of COVID-19 patients.
“The number of calls we receive daily at the polyclinic has increased a lot. Especially older people often call in a panic as soon as they have light symptoms of cold”, – says a medical doctor.

⁸ The list included: families with children whose parents did not have jobs or lost jobs because of COVID-19; citizens who lost their job from March 13, 2020 to June, 1 2020; unemployed pregnant women as of March 30 whose husbands lost their jobs during COVID-19; individuals involved in sectors in which activities were banned during COVID-19; users of natural gas and electricity supply 10.000 drams for electricity consumption in February, 2020; socially disadvantaged families; students of educational institutions involved in graduate, postgraduate (clinical residency) academic programs.

- ▶ **Social situation and services.** Disruption of social ties with neighbors, community and family, reinforced by limited mobility, are among the main negative social effects of COVID-19 on older people, adversely affecting their emotional state, especially in urban areas.

“We had a case in the city when an older dweller made a false advertisement about selling his apartment, just for the sake of someone knocking at his door and talking to him”, – says a caretaker.

- ▶ **Ageism and physical and financial violence.** This phenomenon appears to be worryingly widespread in Armenia, particularly against older people in urban areas. The COVID-19 pandemic has not significantly impacted older people’s access to their pensions and social services, although access to the latter was already hampered before the pandemic (due to poor coverage by social centers and psychosocial support), especially among people not accessing ARCS services.

“There is a problem of protection of the rights of older people in Armenia – no one takes care of it. There are cases of older people being deceived, like when they put their house in someone else’s name, and then they are left without property”, – say a regional administration representative.

- ▶ **Access to services and public infrastructure.** Due to COVID-19 restrictions, older people’s access has been considerably reduced to such public services and infrastructure as community centers and entertainment facilities, public transport, shops and banks, which is notable especially against the background of the existing digital divide.

“We hardly went to supermarkets as we were afraid of getting infected. We asked other people to buy food for us”, – explains an old couple.

- ▶ **Home-based care.** One third of the older people interviewed for this survey were in need of home-based care, but only one fifth were able to access it, with coverage almost negligible in rural areas. Professional caregivers and trained ARCS volunteers managed to maintain the level of service provision across the spectrum, although the enrolment of new people for home-based care was not possible during the first several months of the pandemic. Provision of care was hampered by changes in the situation of caregivers themselves and their reduced access to transport services. Caregivers were largely satisfied with the organization and management of care and psychosocial support they could access for themselves, but less satisfied with the training and information support available.

“During the first 2-3 months of the outbreak public transport was not operating, and people were supposed to go to work by walking or by taxi, which is unaffordable for many”, – says a caregiver.

- ▶ **Residential care.** Older people in nursing homes are exposed to multiple and much higher infection risks than those receiving care at home, including some risks related specifically to failures to adopt COVID-19 prevention protocols. Reduced contact with families and friends was one of the hardest aspects to bear, and only partly compensated for with psychological support. Nursing home personnel were stressed by both the potential exposure to the infection and the difficult emergency working conditions.

“It was hard for many to bear the increased volume of work under emergency circumstances, especially on the background of stress we have at home”, – says a nursing home nurse.

- ▶ **COVID-19 preparedness and behavior.** Older people have enjoyed good access to information and personal protection since the COVID-19 pandemic began, to a large extent the result of awareness raising by NGOs. The majority of older people saw the virus as either dangerous or very dangerous, with more disciplined adherence to restrictions and prevention measures demonstrated by higher risk groups, including older people.

“Our initiative group was formed with the Red Cross support and became very active in the community. When the pandemic broke out we decided to sew and distribute masks among older people in our village”, – says an older woman.

- ▶ **Civil activism.** Half of the older people surveyed said they were interested in politics, with a quarter of them (or one eighth of the entire sample) feeling that COVID-19 had limited their civil and political activism.

Recommendations

The study findings and conclusions have led to both long-term and short-term recommendations to the Government of Armenia, national and international institutions, local governments, NGOs and the ARCS including:

SHORT-TERM

- ▶ Adjust procedures to access state-guaranteed free-of-charge day care, home-based care and care in residential institutions, making them more sensitive and appropriate to the current COVID-19 circumstances, and more accessible to older people in need of these services.
- ▶ Build on existing positive experiences to establish coordination mechanisms and compile a database of vulnerable and older people who should be prioritized for care-related support and assistance during COVID-19 and beyond.
- ▶ While the government focuses more on COVID-19 control measures, non-governmental actors including ARCS should in particular be involved in prevention, providing community and home-based care and social support to older people. In particular, advancing work in the area of risk communication to improve older people's knowledge, awareness and adherence to recommended COVID-19 prevention actions.
- ▶ Ensure adequate psychosocial support to caregivers and support to their families.
- ▶ Ensure continuous training and support related to older people's care.
- ▶ Capitalize on the experience of IFRC as a global leader in implementing Cash and Vouchers Assistance (CVA) and build internal capacity of the ARCS to implement CVA as an efficient instrument to deliver tangible monetary support in emergency situations.
- ▶ Introduce innovative ways to promote community support groups and inter-generational solidarity schemes that can initiate social activities, support the better use of digital services by older people and help compensate for older people's isolation and the psychological and emotional impacts of this. Special creative approaches might be required for urban areas, where the problem of social isolation among older people is more pronounced and social connections are less developed.

LONG-TERM

- ▶ Establish mechanisms to develop plans, policies and programs by active consultations and participation of older people and organizations/institutions working with older people.
- ▶ Provide adequate guidance and establish a support system for local governments to conduct needs assessments and the organization and coordination of decentralized care service provision to older people.
- ▶ In order to support the long-term vision for residential care in Armenia, the development of nursing care standards, along with investment, is needed to upgrade nursing home facilities as well as the overall system of preparedness for emergency situations like the current pandemic.
- ▶ In order to expand home-based care service coverage and ensure people are able to access integrated (medical and social) home care services throughout Armenia, more and stronger partnerships need to be built between public organizations and non-governmental service providers, including the ARCS.
- ▶ Maintain and expand existing dialogue with multiple stakeholders, including NGOs, to include the professional community, local governments and service providers. Use these networks to advance the concepts of healthy and active ageing and community-based integrated home care for older people in Armenia, as well as the de-institutionalization of care, and delineation of responsibilities for care between different levels of government and social and medical structures.
- ▶ Develop further strategies and programs on integrated care for older people based on up-to-date developments and best practices in geriatrics and care management.
- ▶ Follow existing initial experience to expand the role of the ARCS in self-mobilization of older people and mobilization of communities to support them (thus investing in community resilience and ability to respond in times of emergencies/ crises).
- ▶ Conduct research on ageing and care service needs to support evidence-based policy advocacy.

Photo: Derek Mueller

SUMMARY REPORT

AZERBAIJAN

Full country report can be accessed at <https://eng.redcrescent.az>

Findings and conclusions

Context and national frameworks

In Azerbaijan, the proportion of people in the country aged over 60 is steadily growing. Average life expectancy has increased over the years and reached 79 years for women and 74 years for men in 2019.⁹ In the same year, people above the age of 60 made up 11.5% of the population.¹⁰ By 2050, up to 25% of Azerbaijan's population is projected to be aged over 60.

COVID-19 poses a serious health, social and economic risks for older people. In Azerbaijan, it is mainly people aged 50 and older who are being more severely affected by the virus.¹¹ As of May 29, 2020, the vast majority of COVID-19 deaths in the country were among people in this age group (22% of deaths were of people aged 50-59, 29% people aged 70-79, and 9% people aged 80 or over). The most common sources of infection transmission in the country turned out to be mourning ceremonies, in which older people are actively involved.¹²

Potential economic, health and social impacts of the COVID-19 pandemic on older people in Azerbaijan can be further exacerbated by a deficit of effective policies on ageing and care, and well-organized integrated care provision models.

Care provision

Social care and home-based social services. These services are provided by the district (city) departments of the State Social Protection Fund under the Ministry of Labor and Social Protection. The Ministry has been working alongside other governmental and NGOs to implement a number of social projects targeting vulnerable people. This is done through the 10 public care centers for older people established across the country in 2019 and through the organization of home-based social services to older people living alone, older couples in need of social services, those with children with disabilities, and people in the terminal stages of illness. Depending on the needs of these vulnerable older people and those with disabilities, social workers support them with household chores and the purchase of essential commodities and medicines.

The NGOs and the AzRCS are engaged in providing various types of humanitarian and basic social support (mainly related to the distribution of humanitarian aid and food, shopping and medicine purchasing, support for social activities, and in some cases, activities related to healthy and active ageing).

Home-based health care services. These services are provided through family or village doctors to people with disabilities, or confined to bed, who are entitled to such care. It is not yet clear to what extent the Compulsory Medical Insurance system currently being introduced by the Government of Azerbaijan will cover such home-based medical services. The system of family doctors is only a few years old and older people are often not aware of service entitlements. The primary health care system is not proactively reaching out to provide home-based health services, and people in need – who are often unaware they have the right to these services – are not approaching primary health care providers to claim them. During the COVID-19 outbreak both hospital and primary health care facilities were busy as never before, and medical home visits to older people were not prioritized, unless they were specifically suspected of, or diagnosed with, COVID-19.

⁹ <https://www.stat.gov.az/source/demography/>

¹⁰ <https://www.stat.gov.az/source/demography/>

¹¹ <https://koronavirusinfo.az/en/page/statistika/azerbaycanda-cari-vezivyet>

¹² <https://sputnik.az/health/20200529/424065671/azerbaycan-da-koronavirus-olenlerin-yash-faizi.html>

Healthy and active aging promotion. Under the project “Building a society for all ages: Promoting the welfare of older people in Azerbaijan through active ageing 2019-2021”¹³ the Government of the Republic of Azerbaijan, with the support of UNFPA Country Office in Azerbaijan, aims to improve care provision for older people, to meet their material and psychosocial needs and facilitate access to social and health services (including meeting mental health needs) to ensure decent living conditions, and support the adaptation of appropriate instruments to ensure social inclusion and integration of older people into their communities. The project has three components: a) compilation of the Active Ageing Index¹⁴ to assess and measure the healthy and active ageing of older people; b) raising the level of awareness through traditional and modern means of communication to promote healthy and active ageing; and c) promoting integrated social services for older people. The project envisages the establishment of a pilot center in Mingachevir and Barda to support the integration of older people into community life (through learning, healthy lifestyle, and creativity development). The national NGO “Third Spring” is established to promote healthy and active ageing.

Residential care. The State Social Protection Fund has a social service institution for people of retirement age. In 2019, this residential care institution hosted 324 older people, of whom 164 were men and 160 were women.

State response to COVID-19. During the COVID-19 lockdown, demand for home-based social services by older people in the 65+ age demographic grew dramatically. A decision by the Operational Headquarters under the Cabinet of Ministers, to reduce the age threshold for accessing home-based care services from 70 to 65 years, significantly increased the number of older people accessing the service. To respond to this increased demand, the state has established a temporary supplement to the salaries of social service workers.

Survey results

The survey conducted across all regions of Azerbaijan has revealed the following:

- ▶ **Economic situation.** Pensions were already the main source of income for older people before the COVID-19 outbreak, and their importance has increased after the outbreak alongside support from other family members and other social allowances. Pensions continue to be reliably transferred into older people’s bank accounts on time, but access to actual cash is sometimes problematic. More than half of interviewed older people reported receiving supplementary financial support from the government, NGOs and international organizations, and most received in-kind humanitarian assistance. During the pandemic, older people face increased difficulties in meeting their basic expenses, including transportation, housing, utilities costs, clothing, food, medical expenses and leisure.

“If older people were provided with food and other aid they need, not just during the pandemic situation but on a regular basis, we would have much fewer difficulties”, – says an old man.

- ▶ **Health situation and services.** Analysis of changes in older people’s health and lifestyle during the COVID-19 outbreak reveals the deterioration of people’s emotional wellbeing, their levels of physical activity, and their physical and mental health. Access to hospitals, polyclinics, pharmacies and emergency ambulances has reduced considerably, a change especially felt in urban areas and by older people living with chronic diseases and disabilities.

“It is certainly the case that due to high numbers of call-outs for testing suspected coronavirus cases, and the hospitalization of COVID infected patients, the ambulance service has indeed been sometimes overburdened”, – says a medical doctor.

¹³ <https://azerbaijan.unfpa.org/en/news/active-ageing-index-benefits-and-opportunities-azerbaijan>

¹⁴ The Active Aging Index allows the measuring and monitoring of national progress in ensuring activity and quality of life of the ageing populations in the European Union and in other UNECE countries. The index measures the extent to which older people can realize their full potential in terms of total and healthy life expectancy, participation in the economy, in social and cultural life and in terms of independent living.

- ▶ *Social situation and services.* COVID-19 has had a negative impact on older people's social lives, especially in terms of their interaction with family members. Against a low baseline of general access to information and communication technologies (ICT), especially in rural areas, older people's access to news and information, as well as to mobile communications, has shown no significant improvement. People's considerably reduced access to social centers and other social activities has not so far been compensated for by increased on-line activity. Adding to their isolation, due to COVID-19 restrictions, there here has been a sharp decrease in older people accessing public transport, body care services, community gatherings, shops, banks and entertainment facilities. Discrimination, and mental and financial abuse risks were reported by one in five of all survey respondents.
- ▶ *Home-based social services.* Coverage by home-based social care services for older people has increased since the COVID-19 pandemic outbreak. This may generate further demand for the service, however, its sustainability is questionable. The situation creates potential for new partnerships between the public sector and non-governmental actors that entered this niche during the COVID-19 response. An observed increase in volunteers' engagement in provision of social care has contributed to the growth of inter-generational solidarity.
- ▶ *Caregivers situation.* Caregivers involved in support to older people during the pandemic, mainly on a volunteer basis, reported a deterioration in their own economic, social and health situation. Caregivers reported good levels of care management after the start of the pandemic, although their ability to provide care has been hindered by worsened access to clients and transport difficulties.
- ▶ *COVID-19 preparedness and behavior.* Older people report having good access to protective equipment during the COVID-19 pandemic but are less satisfied with the information they received and its usefulness. Older people's perception of the danger COVID-19 poses is high, with the large majority following recommended safety measures.
- ▶ *Civil activism.* Although less than half of the older people interviewed reported being interested in civil activism, respondents recognized that the pandemic has negatively affected their ability to realize their civil rights and engage in their communities.

“Although main banks were open, one had to stand in long queues. I ask family members to go to banks for me”, - says an old woman. “I do not think I need on-line psychosocial support, but even if I did I could not access it due to poor connection”, - says an old man.

“The temporary expansion of home-care social services to a wider cohort of older people may contribute to generating greater demand and appreciation of home-care services in the future. The ability of the state to meet this growing demand, however, is limited and new partnerships with the non-governmental sector will be needed to meet this increased demand”, - says an NGO representative.

“The involvement of a large number of young volunteers in the support of older people contributed to increasing inter-generational solidarity generally in the society, which had been missing at the level of family and community”, - says a care manager.

Recommendations

The study findings and conclusions inform the following short-term and long-term recommendations to the Government of Azerbaijan, national and international institutions, local governments, NGOs and the AzRCS including:

SHORT-TERM

- ▶ Apply more creative approaches to social and psychosocial support, and inter-generation solidarity schemes fine-tuned to the needs of older people in both rural and urban settings.
- ▶ Organize a telephone hotline for psychosocial support and assistance in cases of older people experiencing violence.
- ▶ Ensure systematic approaches to supporting the social lives of older people, networking people in urban areas through self-support groups, improving on-line communication/ICT skills and probably even small income-generation activities.
- ▶ Build awareness among the population in general about ageing and the situation of older people in the country.
- ▶ Secure a system of support to caregivers.

LONG-TERM

- ▶ Establish dialogue and partnership between the Government of Azerbaijan, public service providers, the Council of Elders, the NGO “Third Spring”, the AzRCS and other NGOs for the improvement of social and home-based care service provision.
- ▶ Improve policies and regulatory frameworks related to care.
- ▶ Introduce models of integrated care provision that build on up-to-date knowledge in gerontology.
- ▶ Support older people to be aware of and access their rights and entitlements, and promote healthy and active ageing.
- ▶ Increase the role of the Council of Elders, the NGO “Third Spring” and the AzRCS in advocating for the interests of older people in Azerbaijan.

 Photo: Derek Mueller



Photo: GRCS

SUMMARY REPORT

GEORGIA

Full country report can be accessed at <https://redcross.ge/ge/news/view/322>

Findings and conclusions

Context and national frameworks

Since 1990 Georgia's demographic has exhibited a sharp decline in population, due to high labor emigration combined with a fall in birth rates¹⁵ that has since intensified. The 2002 population census in Georgia revealed a net migration loss of 1.1 million, or 20% of the population, since the early 90's.¹⁶ As a result, the older population (over 60 years) reached 18.8% in 2019¹⁷ with 2.1% (more than 80,000) needing long-term care.¹⁸

The large unmet demand for care in Georgia generally has contributed to undermining efforts to meet the needs of older people during the pandemic. COVID-19 poses an increased risk for poor, older people and those with underlying health conditions. In Georgia fatalities have so far occurred mainly among people over 70.¹⁹ Of the total population of 3,716,658 in Georgia (excluding the occupied territories), 20.5% are people of retirement age who are considered to be at high or medium risk of infection.

Georgia has adopted a comprehensive set of national policies related to ageing and older people. Taken together, these policies envision 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 need to be updated. Although the Universal Pension and the Universal Health Coverage Programs are found to have improved health care among the general population, they do not cover health and social care for older people beyond medical treatment.

Care provision

Home-based care and social services. Since 2012, the state has committed to provide public home-based care to people who are below the poverty line. Under the Free Medicine Program, the socially vulnerable and retirees can buy highly subsidized medicine for chronic diseases. Decentralization of care and the increasing necessity for local governments to deliver services in partnership with NGOs are among the key structural challenges. The concept of care is underdeveloped and is not covered by existing state programs. According to these statistics, organizations providing care services in Georgia will be able to cover only about 3% of the demand. Services and care products targeting people with dementia and Alzheimer's are absent.

For the time being, home-based care is characterized by sporadic programming and funding. NGOs and the GRCS emerge as the main service providers. Provision of systematic professional home-based care services is now being piloted in several regions by municipalities in partnership with NGOs and the GRCS, including with the support of the AutRC in Tbilisi municipality. The responsibility for the provision of home-based care services is not yet clearly defined, and local government-targeted programs do not cover home-based care for older people. 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.

¹⁵ "Could Georgians Become A Minority In their Own Country?" Radio Free Europe/ Radio Liberty. Archived from the original on 2018-05-04

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

¹⁷ Social Service Agency, Geostat, 2019

¹⁸ Verulava T. and 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

¹⁹ As of July 11, 2020, 980 COVID-19 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.

There are few facilities and day care centers across the country,²⁰ leaving existing nursing homes to take care of bedridden older people. Those persons without family members are not offered any schemes allowing them to live with their peers and share care services.

Residential care. All expenses of the public nursing homes residents are covered by the state, and the state has maintained its funding commitments. Long-term and residential care is only now being conceptually defined and standardized. The Government of Georgia has recently adopted a set of service standards related to the provision of care in residential homes.

State response to COVID-19. The Interagency Coordination Council, established as early as January 2020 to ensure an effective and coordinated response to 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. During the initial stage of the pandemic, Georgia managed to maintain a relatively low infection rate, but was not able to sustain this and later saw infection rates rise.

Survey results

The survey among older people was conducted across all regions of Georgia, and has revealed the following:

- ▶ **Income situation.** Following the COVID-19 outbreak, the majority of older people have remained reliant on their pensions and other social allowances. However, the significance of other sources of income, such as humanitarian financial and in-kind support, has grown substantially and is widely assessed to be useful and effective, especially in urban areas and by those in the survey's oldest age group (over 70). Older people have been enjoying almost the same access to pensions and disability allowances since the beginning of the pandemic, although satisfaction with existing access was not high before. Temporary governmental subsidies issued to older people to cover utility payments have been highly appreciated.

“Many older people believe that their past contribution is underestimated, and we are not adequately compensated for in our retirement”, – says an old man.
- ▶ **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 reported to have been affected by the pandemic. Additionally, the survey indicates that the pandemic situation has negatively affected older people's access to health services and infrastructure such as hospitals, polyclinics and pharmacies, something which was especially evident among those not receiving support from the GRCS.

“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.
- ▶ **Social situation.** A significant decrease in social contact 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 a deterioration in their psychosocial wellbeing. Engagement in social activities is generally lower among people who are not being supported by the GRCS. A general reduction in the use of the services of social centers across the country is only partly compensated for by GRCS on-line social and psychological support. Although incidents of ageism and violence against older people are common, older people do not report a notable change in incidences since the COVID-19 outbreak.

“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.

²⁰ Verulava T. and 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

- ▶ **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 ICT among older people remains limited, despite the high level of service digitalization in Georgia.

“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.

- ▶ **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. The effects of these limitations varied from making it difficult for older people to maintain their regular nutritional intake to increasing their reliance on external support for their supply of medications, paying for communal services or accessing bank accounts (especially given that older people are often less confident using online services).

“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.

- ▶ **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 survey 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 older people has also been challenged by reduced access to both patients and public transport, and is dependent on access to materials and equipment, including personal protective equipment, which have so far been well secured.

“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.

- ▶ **Residential home care.** Residents of nursing homes were negatively 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 situation, mainly in relation to human resources management, and information and knowledge management.

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

- ▶ **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 equipment among older people is relatively high.

“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.

- ▶ **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 pandemic may significantly constrain their ability to take part in upcoming parliamentary elections.

Recommendations

The study findings and conclusions have 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 of the COVID-19 response, in particular prevention and risk management communication in partnership with NGOs, taking into consideration communication preferences of older people.
- ▶ Develop innovative, including digital, approaches to social and psychosocial support for older people, helping to enrich their social lives and communication, strengthening their well-being by addressing stressors that negatively impact their mental health, and 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 since the COVID-19 outbreak, in particular the IFRC experience in CVA.
- ▶ 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 a 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 Universal Health Care Programs and/or devise special vertical programs in support of integrated home-based care development in Georgia.
- ▶ Improve the image of caregiving as a profession 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 referral and support systems.
- ▶ Promote the concept of healthy active ageing at the national level and implement at the local level, building on 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.

Table of Abbreviations

ARCS	Armenian Red Cross Society
AutRC	Austrian Red Cross
AzRCS	Azerbaijan Red Crescent Society
CoE	Council of Europe
COVID-19	Corona Virus Disease 2019
CVA	Cash and Voucher Assistance
FGD	Focus Group Discussion
GEL	Georgian Lari
GRCS	Georgia Red Cross Society
ICT	Information Communication Technology
IFRC	International Federation of Red Cross and Red Crescent Societies
NGO	Non-governmental Organization
RCRC	Red Cross and Red Crescent
SDGs	Sustainable Development Goals
SRC	Swiss Red Cross
UNFPA	United Nations Population Fund
WHO	World Health Organization

Annex 1.

Survey sampling and data collection approaches

Armenia

- ▶ Questionnaire-based survey among older people involved 668 respondents from Yerevan and seven regions of Armenia (Aragatsotn, Ararat, Kotayk, Lori, Shirak, Tavush, Vayots Dzor) and was conducted by trained ARCS volunteers. The respondents were chosen using stratified random sampling targeting, the majority of whom were ARCS beneficiaries (around 90%).
- ▶ Questionnaire-based, self-administered survey was conducted among 54 caregivers of the ARCS (nurses, home helpers and trained ARCS volunteers), targeting maximum professional caregivers and 12% of ARCS volunteers involved in care.
- ▶ Semi-structured qualitative key informant interviews with social workers and primary medical service providers were organized in Yerevan and all seven regions of the country (two primary medical service providers and two public sector social workers from each region).
- ▶ Interviews with nursing home management and senior care personnel involved Norq nursing home, No1 nursing home and Gyumri nursing home.
- ▶ Interviews with key national and regional informants included representatives from the Ministry of Labor and Social Affairs, the Ministry of Health, UNFPA Country Office in Armenia, the ARCS, Charitable NGO Mission Armenia, Benevolent NGO Caritas Armenia, the Association of Elderly Health and Care, regional administrations of Aragatsotn and Shirak.
- ▶ Four verification FDGs were conducted with the Gyumri nursing home (two FDGs with residents and four people in each group, and two FDGs with caregivers and two in each group). Further, three FDGs were organized with the ARCS beneficiaries and one with the volunteers who administered the survey with older people.



Azerbaijan

- ▶ Questionnaire-based survey among older people involved 746 respondents (including 64.7% women) across all regions of Azerbaijan, including the capital Baku, and was conducted by trained AzRCS volunteers. The respondents were chosen using stratified random sampling targeting, the majority of whom were AzRCS beneficiaries (around 79%).
- ▶ Questionnaire-based self-administered survey was conducted among caregivers of the AzRCS with 69 caregivers (46.4% of whom were men and 53.6% women), mainly volunteers.
- ▶ Semi-structured qualitative key informant interviews were organized with doctors, nurses, social workers, local government representatives.
- ▶ Interviews with key national and regional informants included representatives from the Ministry of Labor and Social Protection, State Social Protection Fund and its structures providing mobile and social care for older people, the NGO “Third Spring”, the UNFPA Country Office in Azerbaijan, the Public Health and Reform Centre and local governments.
- ▶ Two verification FDGs were held with the AzRCS volunteers who administered the survey with older people.



Georgia

- ▶ Questionnaire-based survey among older people involved 780 selected respondents (537 women and 243 men) from 10 regions of Georgia and the capital, Tbilisi. The respondents were chosen using stratified random sampling targeting, the majority of whom were GRCS beneficiaries (some 80%).
- ▶ Questionnaire-based, self-administered survey was conducted among 131 caregivers (111 women and 20 men) caregivers of the GRCS prioritizing the inclusion of 90% of professional caregivers and 10% of GRCS volunteers involved in care.
- ▶ Semi-structured qualitative key informant interviews with doctors, nurses, social workers, local government representatives were conducted in Tetrtskaro; Gardabani; Sagarejo; Zestaponi; Tbilisi Ozurgeti; Signagi; Dedoplistskaro, Bolnisi, Gori, Sachkhere identified through GRCS cooperation networks (in total 11 regions).
- ▶ Interviews with nursing home management and senior personnel involved five public and private nursing homes: three nursing homes in Tbilisi (with more than 200 residents), one in Gori (with 11 older residents) and one in Kutaisi (with 92 older residents).
- ▶ Interviews with key national and regional informants included informants from the Ministry of Internally Displaced Persons from Occupied Territories, Health, Labor and Social Affairs, the UNFPA Country Office in Georgia, 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).
- ▶ Two verification FGDs were organized with GRCS volunteers who administered the survey with older people (total of 20 volunteers representing 10 regions and Tbilisi).



Annex 2.

Questionnaire Structure: Older People

Introduction

Information about the respondent and living situation

Country. Region. Urban or rural area
Benefiting or not from RCRC
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



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