Healthcare and Social Protection of Senior Citizens in Georgia – Existing Services and Main Needs

Nana Sumbadze
Anastasia Kitiashvili
Tamar Abashidze
Irine Zhvania
Tamar Makharadze

The research was supported by:

Ucha Vakhania
Madona Kharebava
Iveta Tsitashvili
Salome Chichinadze
Khaia Chanishvili

2020

This publication was prepared and published by Ivane Javakhishvili Tbilisi State University, Disability Research Center with support of Center for Training and Consultancy (CTC) within the frame of the program " For Health, Care and Social Rights" supported by the Bread for the World. Its contents are those of the authors and do not necessarily reflect the views of CTC and Bread for the World

Contents

Executive Summary

The study was undertaken by the Disability Research Center of Ivane Javakhishvili Tbilisi State University, with the financial support of the Consultation and Training Center (CTC). The

following partner organizations took part in the implementation of the study: Young Pedagogues' Union and Association of Disabled Women and Mothers of Disabled Children "Dea". The study aimed to identify the needs and existing services available to the senior citizen population of Georgia. In order to collect qualitative data, face-to-face interviews were carried out in Ozurgeti, Lanchkuti, Zugdidi and Tbilisi from June through August 2019. In total, 120 persons (73 women and 47 men) were interviewed. Additionally, a questionnaire aimed at studying available services financed or co-financed by local authorities was emailed to all municipalities of the country.

The study showed that most senior citizens experience economic difficulties – their main sources of subsistence are pensions or other types of state assistance (56.7%), financial assistance from family, relatives and friends (26.9%). Only 16.4% have ongoing income from agricultural or other types of activities. The majority (67.6%) of respondents think that their state of health is either bad or very bad. Most have multiple health problems, including movement difficulties, eyesight and hearing problems and mental health issues. The respondents experienced difficulties in relation to activities like climbing stairs (60%), showering (51%) and walking (33%). About half of those surveyed place the responsibility for maintaining their health with their family, while the other half distribute this responsibility equally between the state and themselves. One third of the respondents lives alone or with a spouse.

Most of the respondents maintain social contacts mainly with their family members relatives and neighbors. In case senior citizens require assistance with their everyday chores, health and sharing emotions, they first of all address their family members, then neighbors, relatives and lastly to their friends. 56% of the respondents didn't name anyone they could apply for help to.

Only a small percentage of respondents (30%) use public services available to them. Respondents named the following services that they used: one-time financial aid from local authorities (30%), financial aid for buying medicines (9%) and financial aid received for dealing with everyday problems (6%). They learnt about these services from their family members, friends and relatives. Only a fraction of the respondents (8%) learnt about these services from official sources. They considered these services as more or less satisfactory. Half of the respondents were not satisfied with their own lives, and were generally pessimistic. A high percentage of those surveyed (31.7%) identify themselves as depressed. Depression is especially prevalent among those with visual impairments.

Open-ended survey questions touched upon respondents' needs. Their first concern is an improvement of economic conditions and the need to increase pensions (53%), next in line is a need for better access to medications (38%), more opportunities for social interaction (13%) and access to homecare services (9%).

More than half of the respondents negatively evaluate old age. Only 8% of them think that it has both positive and negative sides, and only 9% of them consider it a positive thing. 43% of the respondents believe that improvement of their economic conditions is the best way

to improve their situation; respondents also named intensification of state care (13%), improvement of access to medicines (5%) and establishment of senior citizen clubs as ways to improve the conditions of the elderly.

Only 37 municipalities sent back filled in questionnaires. Topics related to senior citizens are less represented in the municipality programs – programs targeting the elderly are rare. Municipalities named lack of financial resources as the main problem. Local authorities mainly allocate one-off monetary aids to various vulnerable groups, including the elderly people. Co-financing of medical services and utilities for vulnerable groups is another widespread practice. Some municipalities have an experience of co-financing daycare centers. Some municipalities offer unorthodox and interesting services like homecare, home delivery of hot lunches, resolving hygiene-related issues experienced by senior citizens living alone and establishment of senior citizens' clubs.

An analysis of relevant state documents, local studies and the annual reports of the Public Defender, makes it clear that the Government of Georgia has included issues concerning the senior citizens in a number of state documents that are based on international standards and approaches. However, generally, activities indicated in these documents have not been implemented, which is an important problem. In most cases, elderly citizens in Georgia experience continuing economic deprivation, with their healthcare and social needs remaining unmet.

Based on the above-mentioned factors, the following steps should be taken in order to improve the conditions of senior citizens in Georgia:

- Ensuring implementation of the activities indicated in the public documents related to improvement of the welfare of the elderly – through the development of effective monitoring mechanisms and enhancement of multi-sector cooperation. It is important to formulate senior-related state policy in three directions: economic welfare, healthcare and social integration. In addition, state policies should have different approaches to the needs of the senior citizens living alone and those living with family members. The programs must also take into account gender-related issues.
- Increasing social and economic welfare enhancing components, along with healthcare issues, in the central and local authorities' programs;
- Provision of information on available services to the senior citizens in a more effective manner – use of the ways of informing that are more acceptable for the elderly;
- Determining critically necessary medications needed for chronic medical conditions and making them widely available for elderly patients;
- Promoting participation of volunteers in working with the elderly;
- Creating comfortable environments for the elderly – ensuring free movement not only for those with movement difficulties, but also for the senior citizens with sensory disorders;

- Promoting development of senior citizen clubs and encouraging cultural and social activities of the elderly;
- Raising awareness on issues concerning the senior citizens among medical personnel and public servants by including gerontology courses in university curricula;
- Researching the existing system of defining the retirement age in the country and promoting wide-scale discussions on that issue;
- Raising public awareness in order to fight stereotypes and stigma associated with the elderly.

1. Old age related issues within the international cotext

Population ageing is one of the most important social-demographic transformation processes of the 21st century. Share of old people is increasing in almost all countries of the world, which affects almost all areas of public life, such as employment, financial markets, services, social protection and family structure. According to World Population Prospects, based on the trends evident in 2019, 1/6 of the world population will be above 65 years of age (16%) by 2050 and in Europe and North America this rate will be even higher (¼ of the whole population of those regions). Number of people aged 80 and above is estimated to be tripled and amount to 426 million people by 2050. Ageing process is faster in developed countries compared to developing states. There are more older individuals among women than men (United Nations, 2019).

Elaboration and introduction of innovative policies meeting the needs of senior citizens becomes more and more important as the process of population ageing continues, so that the elderly population can have equal opportunities for participating in the country's economic, political and social pcoesses. December 14, 1978 UN Resolution #33/52 preceded 1982 World Assembly on Ageing. The purpose of the World Assembly was to promote economic and social welfare of the elderly.

Madrid International Plan of Action on Ageing (MIPAA) was adopted in April 2002, it was the first international strategic document on population ageing. It was the first time that governments agreed that ageing issues should be tied with other policies, especilly social, economic development and human rights policies. Madrid International Plan of Action includes 3 priority areas: 1) older persons and development; 2) advancing health and wellbeing into old age; and 3) ensuring enabling and supportive environments (United Nations, 2002). The plan also underscores the need to reduce violence and discrimination against older persons. Several months later, United Nations Economic Commission for Europe (UNECE) prepared Regional Implementation Strategy (RIS) for the above-mentioned document. Monitoring of Madrid International Plan showed that despite progress, its implementation was accompanied with challenges, which were mainly caused by insufficient resources as well as lack of political will and data.

2030 Agenda for Sustainable Development (United Nations, 2015)[1] is also dedicated to population ageing issues. The Agenda puts emphasis on the fact that without making older persons more active, it's impossible to achieve real, inclusive and sustainable development. The process is implemented based on "no one is left behind" principle. Role of elderly population is especially important in several directions: elderly population can make significant contributions to country's economic development through formal and informal employment, tax payment, self-employment and entrepreneurship. Older people, especially women, play a significant role in looking after and caring for family members and close relatives. Grandmothers and older

[1] [1] https://www.un.org/ga/search/view_doc.asp?symbol=A/RES/70/1&Lang=E

women have to care for the welfare of their families against the backdrop of increased migration, conflicts and divorces. Since the share of older people is increasing, they can have as much impact on country's social and political development as young people. The role of the elderly is important in terms of development of social capital too, since they are often more active members of communities than younger people.

Global Strategy and Action Plan on Ageing and Health adopted in 2017 by World Health Organization is another important document in the old age policy area. 2020-2030 has been announced a Decade of Healthy Ageing all over the world. The Strategy concerns two main areas – health and supportive environment. The Strategy includes five goals:

- A call for countries to commit to action;
- Development of age-friendly environments;
- Alignment of health systems to the needs of the older populations;
- Development of sustainable and equitable systems of long-term care.
- Improvement of old age measurement, monitoring and research (WHO, 2017)

The elderly population is a vulnerable group of society, which makes them dependent on others. Many countries implement active ageing policies, which ensure that along with ageing and old age, the senior citizens remain full, healthy and active members of society. Correspondingly, various services are created for older persons, which reduce the pressure on their family members and relatives. These services include health, social protection, psychological, homecare and other services.

2. Situation in Georgia

Existence of proper state policy and strategy on population ageing issues is extremely important for Georgia, as the country is among ageing nations of the world. Low birth and high migration rates cause population ageing and decline. In Georgia demographic ageing started in 1990 and it's still ongoing. A nation is considered to be under the threat of ageing if more than 7% of the population is above 65 years of age (in other words old). Georgia reached that rate 20 years ago. Table 1 shows the data from the last five years indicating the growing dynamics of population ageing. Due to the lack of data, there's no active ageing index defined in Georgia[2].

Table 1. Share of senior citizens in Georgia

	2015	2016	2017	2018	2019
Elderly population %	14.3	14.4	14.5	14.6	14.8

Source: Social Service Agency, Geostat 2019

[2] It measures how well older persons can lead independent lives, participate in employment and social activities; it generally measures active ageing skills.

Steps taken by Government of Georgia during the last decade that were based on international strategic documents on issues relating to senior citizens also address the population ageing trend.

In 2017 Parliament of Georgia adopted a decree on Approval of State Policy Concept on Population Ageing in Georgia[3] (Parliament of Georgia 2017). The document aims at promoting integration and involvement of senior citizens in public life. A 2016-2018 National Action Plan was elaborated based on the Concept Document[4]. It should be noted that elaboration of the Concept Document and Action Plan was preceded by publication of Road Map for Mainstreaming Ageing: Georgia, which was prepared based on the principles of 2002 Madrid International Plan of Action and its Regional Implementation Strategy. It's noteworthy that Road Map for Mainstreaming Ageing: Georgia was prepared with the assistance of United Nations Economic Commission for Europe and handed over to Georgia in 2014. The significance of the above-mentioned documents is very high, since they represent state vision on how it plans to mobilize resources and coordinate the activities of various agencies in order to implement 10 obligations listed in Madrid International Plan of Action. Main directions included in the Concept Document and Action Plan show that creation of supportive environments and institutional mechanisms for population ageing mainstreaming and inclusion of stakeholders in this process are important priorities for the country. Promotion of social integration of older persons implies multisector cooperation, which is mostly reflected in the aforementioned documents. In particular, healthcare, social protection as well as lifelong learning of senior citizens and creation of opportunities for employment and economic activeness have all been included in the above-mentioned documents. Creation of inclusive environment without age restrictions is impossible without intergenerational solidarity and overcoming existing stereotypes. It seems fair to say that State Concept on Population Ageing and its National

[3] https://matsne.gov.ge/ka/document/view/3297267?publication=0

[4] The Action Plan includes 13 priority areas; these are:

1. Population ageing mainstreaming
2. Integration and involvement of older persons in public life
3. Showcasing senior citizen related issues and covering these issues in mass media
4. Social protection of older persons
5. Labor and employment of the elderly
6. Lifelong learning
7. Healthcare and welfare of older persons
8. Gender approach mainstreaming
9. Intergenerational solidarity
10. Migration
11. Country's integration in international processes
12. Research and data collection
13. Monitoring and evaluation.

Action Plan are a road map for state agencies indicating what steps are to be taken for improving elderly population's welfare and ensuring dignified ageing in the country.

Population ageing is a crosscutting topic of an important document titled Transforming our World: The 2030 Agenda for Sustainable Development adopted by General Assembly of the United Nations in 2015 (United Nations, 2015). Demographic Security Concept of Georgia was prepared based on the agenda, goals, objectives and principles on the above-mentioned UN document. Parliament of Georgia adopted Demographic Security Concept in 2016 (Parliament of Georgia, 2016)[5]. Among other issues, this document focuses on challenges associated with population ageing.

Social protection of older persons and improvement of old age pension system are some of the strategic objectives of an important state document titled Vision for Developing the Labor and Social Protection Sectors in Georgia by 2030. The main goal of the document is to promote dignified old age for the population. The document was adopted by Parliament of Georgia in 2017 (Parliament of Georgia, 2017).

Employment of older persons is one of the most important issues in 2019-2023 National Strategy on Labor and Employment Policy. Measures promoting employment of older persons encounter the following challenges: low professional mobility of older persons; lack of skills, reduction of employment opportunities on labor market with advancing age and employers' stereotypes concerning the employment of older persons. The goal of supporting the elderly on labor market is to activate them, promote their employment and keep their jobs (Parliament of Georgia, 2017)[6].

Unified Strategy on Education and Science 2017-2021 was adopted in 2017 (Government of Georgia 2017)[7], it incorporates all levels of education: initial/preschool education, general, VET and higher education, adult education, science and research. The main goal of the Strategy is to create a quality education and science system in accordance with lifelong learning principles, which will enable all citizens, including the elderly, to develop their knowledge and skills.

In 2019 Government of Georgia approved National Document on Sustainable Development Goals. The Document aims at implementing UN Sustainable Development Goals at the national level. National indicators and target rates adapted to Georgian reality were prepared based on the 2030 Agenda (Government of Georgia, 2019). The document aims at improving social-economic welfare of the elderly and other target groups based on concrete objectives and indicators. First five Sustainable Development Goals are especially relevant for the elderly population as they put emphasis on reduction of poverty and hunger, ensuring healthy lives and welfare for people of all ages and creation of inclusive and equal environments. Objectives and indicators adapted to Georgian reality imply proportional

[5] https://matsne.gov.ge/ka/document/view/4761408?publication=0
[6] https://matsne.gov.ge/ka/document/view/4761408?publication=0
[7] http://mes.gov.ge/uploads/MESStrategy_2017-2021.pdf

reduction of the number of people living under the international poverty line ($1.9 per day) by 2030 – this means that at the very least, the amounts of old age pensions have to be revised on a regular basis. Objectives adapted to Georgian reality also indicate that: social protection systems should better meet the needs of poor and vulnerable people; all forms of malnutrition must be eradicated (including for the elderly). Supporting social, economic and political inclusion of all groups is an important indicator as it implies creation of inclusive environments for the elderly (along with other groups), which will be free of ageism.

As we can see, there are state documents in Georgia that imply caring for the welfare of the elderly on the basis of international principles and approaches. However, existence of documents does not mean their practical implementation. Public Defender's parliamentary report for 2018 points out that obligations undertaken under State Policy Concept on Population Ageing have not been properly met since adoption of 2017-2018 National Action Plan of the Concept was delayed and in fact it was only a formality. Correspondingly, it's not surprising that almost none of the obligations indicated in the Plan have been met (Public Defender, 2018).

2.1. Social conditions of the elderly

According to 2014 National Census, there's a significant difference between older persons living in urban and rural areas in terms of their levels of education. Almost 58% of older persons living in urban areas and 28% of older persons living in rural areas have university or vocational degrees. Percentage of older people living in urban areas with only basic general education is 8%, while in rural areas that rate equals 28% (National Statistics Office of Georgia, 2016). Lifelong learning principle is not realized among the elderly population in Georgia since none of the respondents were receiving any kind of education at the moment of interview.

According to 2014 National Census, one out of five elderly women (19.8%) and one out of ten elderly men (10.6%) were living alone. About 59% of women and 18.7% of men who were 65 or older were widows/widowers. The reason for such a difference is believed to be general higher life expectancy among women and age difference between spouses. Therefore, the threat of social isolation, emotional-psychological stress or economic hardship (such as decreased purchasing power of pensions) are higher among elderly women than men (National Statistics Office of Georgia, 2016).

According to 2018 data, average life expectancy at birth was 74.0 years, including 69.7 years among men and 78.2 years among women (Geostat 2018). For women who reached 60 years of age healthy life expectancy is 17 years, whereas for men it's 13.6 years. On average women's life expectancy is 8.5 years longer than men's, while healthy life expectancy among women is 3.4 years longer than that of men (National Statistics Office of Georgia, 2018).

2.2. Economic activities and livelihoods of the elderly

Due to economic needs, many senior citizens are forced to continue working and very often they are employed in marginal, low productivity areas. Almost all economically active senior citizens (97%) work; percentage of persons who are 65 or older among total amount of employed population is 11.5%. Level of unemployment among people who are 65 or older is the lowest compared to other age categories (3.3%, whereas general rate of unemployment is 12.7%) (National Statistics Office of Georgia, 2018).

Elderly men are more active on the labor market than women. The difference is up to 17%. Women's share in teaching and medical professions is two times higher than that of men (8.8 and 4.6 percent respectively) (National Statistics Office of Georgia, 2018). In all the other employment categories men's share is higher than women's. Highest number of senior citizens is present in self-employment area and agriculture sector.

Georgian social protection system includes both targeted programs (welfare payments etc.) and universal elements (universal healthcare, old age pensions). In total, social assistance costs equal 25% of budget expenditures and 6.7% of GDP (UNICEF, 2018). The most universal element of social protection system is old age pension, which is used for reducing poverty among the older persons and improving their welfare. The state provides pensions to all citizens of Georgia who reach the pension age, except for the individuals employed in public offices, who have no right to receive pensions and be employed at the same time. 97.2% of the elderly population receives pensions. Minimal pension equals 220 GEL (Social Service Agency, 2018).

The elderly population is under higher health-related risks than young adults. Number of people living in households without incomes is higher among the elderly people, their employment in agriculture or their self-employment rates are lower. The older people have much less access to household assets and amenities such as water supply and sewage than the younger adult population (De Bruijn & Chitanava, 2017).

2.3. State of health of the older people

According to 2014 National Census, majority of individuals who are 65 or older (57.6%) state that they experience health-related problems (their state of health is either bad or very bad). About 20.5% of older people are disabled and among the individuals who are 80 or older that figure amounts to 33.5%. Full or partial eyesight loss is the most common type of disability among the elderly population of Georgia. Around 48,000 senior citizens (9.0%) suffer from two or more types of disabilities. The corresponding figure for people who are 80 or older is 18.8% (De Bruijn & Chitnava, 2017).

According to Public Service Development Agency, the most common cause of death among the elderly is cardiovascular diseases, followed by neoplasm[8]. In 30.2% of cases, the cause of death of older people is not adequately classified.

2.4. Services available to the elderly

Public health program was launched in 2012 for retirement age population, which was previously available only to socially vulnerable elderly population. Universal healthcare program should increase access to health services for the elderly and reduce health-related costs of households. However, currently one third of all healthcare costs are still out-of-pocket expenses.

Care implies prevention and management of a person's physical and mental health issues for a long period of time (involving family members) both as far as everyday issues are concerned and also in case of medical problems. However, in Georgia the elderly people are mostly tended to by their family members, mainly spouses, or in the absence thereof, their children. Besides family, the older people mainly receive services offered by nongovernmental organizations (Verulava & Adeishvili, 2015). There are a few 24 hour institutions and daycare centers across the country. Homecare services are underdeveloped and therefore they are mainly represented in the form of informal services[9] (Public Defender of Georgia, 2018). Experts believe that 2.1% of Georgian population (more than 80,000 people) require long-term care (Verulava & Adeishvili, 2015).

Care services are almost nonexistent in public healthcare programs, therefore, these types of services are mainly offered by nongovernmental organizations with the financial assistance from foreign donor organizations. However, such funding is fragmented and after a program is implemented the funding is discontinued too. It should be pointed out that starting from 2012 Tbilisi City Hall established a certain type of homecare service for people living under the poverty line.

According to Public Defender's report (2018), discrimination against the elderly based on their age, violence against senior citizens, their difficult social-economic and housing conditions, poverty and danger of homelessness, absence of comprehensive and long-term strategy for elderly care, inefficiency of social services, insufficient targeted programs, lack of measures undertaken with a view to providing care to the elderly at the local level are still relevant systemic problems.

[8] Appearance of a new and abnormal growth of tissue in a part of the body. The term is often used for denoting malignant growths.

[9] Formal care implies services rendered by special institutions and homecare professionals, whose costs are covered by users or the state, such care is regulated by certain laws and rules.
Informal care implies services rendered by close relatives, family members, friends, neighbors and other members of social circle.

Analysis of self-government bodies' budgets undertaken by Public Defender in 2018 shows that targeted programs and services tailored to older persons' needs have essentially remained unchanged. The existing programs mainly imply paying utility bills of the elderly, one-off monetary aids that are intended for the 100-year-old (or older) individuals and World War II veterans registered within the municipality boundaries. Besides, in response to diverse needs of the elderly, self-government bodies often offer to cover only certain types of their medical-rehabilitation costs as well as to provide them with certain types of medicines. Since 2017 socially vulnerable individuals and pensioners are able to purchase medicines required for treating chronic diseases for 1 GEL under the so called Free Medicines Program.

Municipal budgets still lack funding for such an important service as homecare for the elderly (there are no such targeted programs in municipal budgets). In rare cases these services are co-financed by the local budgets under certain projects that are implemented by various organizations (Public Defender of Georgia, 2018).

3. International studies on old age

Old age is the last stage of a human being's life cycle. According to Eikson, at that stage a person assesses his/her past life, as a result he/she experiences hopelessness/despair or a sense of completeness (Erikson, 1982). Generally, society views old age not as an achievement but rather as a failure. People are ready to spend a lot of resources in order to preserve youthful looks (Fisher & Rocotagiata, 2017). Ageism - discrimination on the grounds of a person's age is a problem in a lot of countries. Its roots can be found in incorrect concepts and stereotypes.

Old age clearly presents a lot of challenges to a person. Limited mobility accompanied by deterioration of physical, social and cognitive functions, reduction of physical strength and stamina, memory loss. Many chronic diseases appear or exacerbate during old age. However, old age also offers new opportunities. An elderly person no longer needs to care about career, free time enables him/her to pursue his/her hobbies, spend more time with friends, take the relationship with the spouse and siblings to a new level, establish important relationships with grandchildren (Fowler & Fisher, 2014).

Old age presents a person with a dilemma on how to continue his/her life – whether he/she should disengage himself/herself from social life or continue to be active. That choice is not easy to make. It's based on one's personal traits, state of health, economic welfare and access to social support. Academic circles consider two main approaches that are based on early disengagement and activity theories. According to disengagement theory, natural weakening of functions caused by old age, realization that the remaining life is short creates readiness to disengage oneself from life (Cumming & Henry, 1961). The same readiness applies to an older person's environment and society at large.

On the other hand, activity and continuity theories (Havihust, 1961; Maddox, 1965; Neugarten, 1972) view old age as a continuation of being involved in public life. These theories

are the basis for the theories that have been formed in recent years that view old age within positive gerontology framework. These are for example productive ageing (Bass & Caro, 2001) as well as civic engagement theories defined as actions directed at supporting other people or achieving common good (Adler & Coggin, 2005).

Positive gerontology theories are based on active and healthy old age concepts, which imply being content with life, being healthy, absence of sense of loneliness, involvement in social life and having positive emotions (Freund & Baltes, 1998; Rowe & Kahn, 1998). To some extent, researches have proven that productive activity and engagement have a positive impact on older people's health and welfare (Johnson & Muchler, 2014)

Health, economic resources, social relations and personal traits are the main determinants of older people's welfare.

3.1. Health

State of health has an essential impact on the way a person leads the remaining years of his/her life, it defines whether the older person's life is based on active engagement or disengagement. Unfortunately, state of health of the elderly is not that much different from that of their parents (who are naturally older than them). Besides, health conditions vary according to the social status, individuals with more needs often have less access to services. Most health-related issues experienced by the elderly are connected with chronic conditions. Healthy old age means "process of development and preservation of functional capacities that define well-being during old age." (WHO, 2017, p. 4).

Depression is a common result of isolation among the older people. It is defined as a mood that is characterized by persistent sense of sadness and loos of interest. Depression is considered to be the most serious problem among people aged 60 and above (WHO, 2017). 7% of the elderly population suffer from depression across the world; however, there are significant differences among countries. For example, in Iran this figure equals 43.0%, in India it's 34.4% and in China this figure amounts to 22.0%. The causes of depression are poor health, poverty, loneliness, grief, fear of death, loss of life goals, nervousness about one's future and well-being. Suicide is the most serious result of depression, which is more prevalent among people aged 80-84 than among other age groups. Depression is also associated with higher risk of cardiovascular diseases, difficulties during rehabilitation process and difficulties connected with social functioning. Despite serious results, depression is not viewed as a medical problem neither by the elderly nor their family members, friends or family doctors. It is more regarded as a problem accompanying old age, which doesn't require medical intervention.

3.2 Economic conditions

Economic conditions often define access to resources, whether these are services, long-term care opportunities or access to medicines and auxiliary aids (such as hearing aids, wheelchairs etc.).

3.3. Social relations and personal traits

Positive relations are a precondition for happiness. Public engagement, having life goals, high self-esteem, social contacts and sharing one's emotions or opinions greatly contribute to being content with life (Berkman et al, 2010; Penneneker et al, 1995). According to researches, life expectancy of lonely people is significantly lower than married individuals. It's especially evident among men. Social support mitigates negative results of stress (Sarason, Sherin, Piercea & Sarason, 1987). Support may be instrumental, informational or emotional. Positive effect is conditioned by perceived support rather than provided one, by belief that if necessary one can receive the assistance.

According to socioemotional selectivity theory, priorities concerning whom to have relations with change based on how many years a person thinks he/she still has to live (Cartensen, 1991). Preference is given to emotionally charged goals and deep communication.

Old age is associated with increased interaction with medical personnel (Hartman et al., 2008). Life contentment increases in case of positive communication.

Optimism is the personal trait that has the biggest potential for influencing the state of health. Studies show that optimists have better health than pessimists and in case of falling sick they manage to recover faster than others (Segersrom & Sephton, 2010). Studies show that sense of being competent, high self-esteem and the sense of being in control of the situation also have a positive impact on health (O'Donnell et al., 2008; Bandura, et al.,1985).

In order to understand determinants of contentment with life we need to take into account Maslow Hierarchy of Needs theory (Maslow,1962). According to that theory, human needs are represented in the form of a pyramid, the bottom tier of the pyramid contains needs that are necessary for survival, such as physiological and safety needs. As a rule, people don't think about satisfying other, higher level needs such as social, recognition and self-realization needs before physiological and safety needs are met.

4. Goal of the research

The goal of the research was to study older people's health, economic and psycho-social situation, identify senior citizens' needs, programs available to them and define future strategy.

Due to its scale, the research had an indicatory character and therefore its results are not a precise representation of the situation in the country, they rather indicate the current trends.

The research is comprised of two parts. The first part reflects older people's attitudes, perceptions and their real conditions, while the second part describes local and national social and healthcare programs provided to the elderly.

4.1. Research methodology and respondents

Methodology: the first part of the research was conducted using mixed methodology. One part of the questionnaire included questions that could be processed in a quantitative manner; while the second part of the questionnaire comprised open-ended questions that were processed using qualitative methods. Besides the questions specially formulated for the research, the questionnaire also contained standard instruments: a standard question used for assessing optimism levels (World Value Survey), Activities of Daily Living Scale (ADS), which measures person's ability to independently choose and change clothes, make his/her way to toilet, use shower, move, eat and control urination and bowel movements. Depression was measured based on Geriatric Depression Scale (GDS – Leeners et al., 1997), which is a standard instrument for depression screening among the elderly (Yesavage et al., 1983). The Georgian version of the Scale was tested during the research carried out among the elderly IDPs living in Georgia (Ageing in Displacement, 2012). The Scale was translated from English to Georgian and back to English, Cronbach's alpha of the Georgian version was calculated and it was quite high at 0.85. Besides, correlation between test and retest within a 2-day interval was also high (0.83). Scale value 8 was defined as depression rate. The rest of the questionnaire touched upon social support and social contacts, assessment of health and economic situation, access to healthcare services, functional capacities and sensory disorders, personal traits and lifestyles.

In the quantitative part of the questionnaire the respondents were asked to describe their attitudes toward old age, their involvement in public life, their readiness to learn something new and work and their recommendations for improving the situation of senior citizens (see annex 2).

Methodology: the second part of the research was carried out with the use of questionnaires intended for municipalities. Responses received from the municipalities were entered in excel file (see annex 3).

120 respondents were interviewed during the first part of the study (respondents from 60 to 98 years of age) 60.8% of them were women and 39.2% were men, average age: 79.5 (SD=7.4). Average age of women: 79.6 (SD=7.8), men: 79.4 (SD=6.8). The interviews took place in three regions: Samegrelo, Guria and Tbilisi in July and August of 2019.

Table 2: Number of respondents according to regions

	Region	**Number**		
		Women	**Men**	**Total**
1	*Samegrelo*	*18*	*22*	*40*
2	Guria	29	11	40
3	Tbilisi	26	14	40
	Total	**73**	**47**	**120**

Study limitations

Due to the selection method used during the study, generalization of conclusions based on quantitative data is impossible.

Exact data on the services available to older people at municipal levels were not collected and the database was not created. This was caused by the fact that only a portion of questionnaires emailed to municipality town halls was filled in and returned by the addressees. Besides, the received data was not complete and the municipalities didn't provide exhaustive answers to the questions.

5. Results of the study – conditions and problems of the elderly

5.1. Demographic characteristics

Respondents were grouped according to the following categories (based on the main limitations named by them): for most interviewees movement difficulties were the biggest problem, followed by eyesight problems and hearing disorders. Memory loss was the least cited problem. However, there were significant differences among sexes, a much larger portion of interviewed men complained about memory loss. Unlike them, a larger portion of women experienced difficulties with movement.

Table 3. Respondents according to the cited limitations (%)

	Limitation	Women	Men	Experienced all the time	No limitation
1	Visual impairment	63.0	55.3	60.0	40.0
2	Hearing disorders	49.3	48.9	49.2	50.8
3	Movement difficulties	69.9	53.2	63.3	36.7
4	Memory and concentration related difficulties	28.8	44.7	38.5	61.5

The biggest portion of the interviewed persons have higher education degrees (35%). 34.2% of respondents have secondary, 20% vocational and 10% basic education.

In terms of marriage status, men are in a better position. More than half of the respondents are widows/widowers (53.3%), but number of widows (68.5%) is much higher than widowers (29.8%). 34.2% of respondents are married (19.2% of women and 57.4% of men). 10.0% of respondents have never been married (9.6% of women and 10.6% of men) and 2.5% of them are divorced (2.7% of women and 2.1% of men).

Most respondents live with their spouses, children and grandchildren (62.5%) (61.6% of women and 63.8% of men); 21.7% live alone (23.9% of women and 19.1% of men). 10.8% of respondents live only with a spouse (7.0% of women and 17.0% of men), 5.0% of respondents live with relatives or friends (5.6% of women, there were no male respondents living with relatives or friends). Thus, one third of the respondents (32.2%) live either alone or with elderly spouses. Number of family members vary from 0 to 7 (M=2.3; SD=1.8). 19.8% of respondents

have a socially vulnerable status (22.5% of women and 15.0% of men). 14.7% of them have a disability status (18.2% of women and 9.3% of men).

5.2. Quality of life and independent life

90.8% of respondents have their own rooms, 96.4% say they have a toilet in the apartment/house.

39.6% of respondents are unhappy or very unhappy about their living conditions, 25.3% of them are more or less satisfied and 35.1% of them are happy or very happy with their living conditions.

Interviewers assessed respondents' living conditions slightly more favorably than respondents themselves. According to interviewers, 38.8% of respondents had average living conditions, 31.9% of them had good or very good living conditions and 29.3% of respondents had bad or very bad living conditions.

State of health

The biggest portion of respondents (41.7%) believe that they have poor health, 27.5% thought their health was very poor, 24.2% of respondents believed they had average health, 5.0% assessed their state of health as good and 1.7% as very good. Most respondents experienced difficulties with climbing and descending stairs, independent movement and washing.

Table 4. Functional capacities (%)

	Functional capacities	No problem	Problematic
1	Ability to wash independently	51.3	48.7
2	Ability to dress independently	78.2	21.8
3	Ability to independently use the toilet	81.5	18.5
4	Ability to independently get up from and lay down on bed	81.4	18.6
5	Ability to independently feed themselves	90.8	9.2
6	Control of urination and bowel movements	87.5	12.5
7	Ability to move independently	66.0	34
8	Ability to climb/descend stairs independently	41.7	58.3

35.8% of respondents are able to perform all the functions independently, 4.2% of respondents are unable to perform either functions.

Table 5. Number of functions that the respondents are unable to perform independently

	%
0	35.8
1	14.2

2	15.8
3	10.0
4	6.7
5	2.5
6	8.3
7	2.5
8	4.2
	100

The problem characteristic to old age is that health is often deteriorated in various directions at the same time. 28.3% of respondents said they had two types of limitations, 28.3% said they had one type of limitation, 22.5% have three types of limitations, 9.2% have four types and 2.5% said they had no limitations.

Analysis of leading physical limitations shows that for most respondents the most common limitation is movement difficulty.

Table 6. Respondents according to most common physical limitations %

	Limitation	**Women**	**Men**	**Total**
1	Vision impairment	20.5	23.4	21.7%
2	Audio impairment	19.2	12.8	16.7%
3	Movement difficulties	37.0	23.4	31.7%
4	Memory and concentration difficulties	6.8	29.8	15.8%

All senior citizens, notwithstanding their limitations, have biggest difficulties in terms of climbing/descending stairs, followed by showering/bathing.

Table 7. Limitations and inability to perform functions

Function	**Limitation**				
	Eyesight	**Hearing**	**Movement**	**Memory**	**Total**
Washing	12	4	19	16	51
Dressing	7	2	9	6	24
Toilet	3	1	12	5	21
Getting up from bed	2	1	15	5	23
Eating	1	0	4	5	10
Urination control	2	0	6	6	14
Movement	8	3	19	5	35
Climbing stairs	15	5	29	11	60
Total	50	16	113	59	238

Respondents with movement difficulties have most limitations, followed by the ones with memory issues and visual impairments.

A small number of respondents have bad habits: Only 7.5% of them smoke tobacco, 1.9% often consume alcoholic beverages. Exercising is quite rare among the respondents, only 20.5% of them perform various exercises. 50.9% of them follow more or less healthy diets, 30.2% follow healthy diets and 18.9% consume unhealthy foods.

The largest portion of respondents (41.0%) believe that their family members are responsible for their health. 25.5% place the responsibility on the state. The smallest portion of respondents (24.5%) takes the responsibility for their own health.

Respondents are split into two more or less equal parts in terms of level of optimism: 50.5% of them believe that what they want will never happen in their lives, whereas 49.5% believe that everything will happen the way they expect.

Share of those who are unhappy with their lives (49%) is higher than those who are content with their lives (29%). 17% of respondents are very dissatisfied with their lives, 32% are dissatisfied, 2.2% said their level of contentment with life was average, 23% said they were satisfied with their lives and 6% said they were very satisfied.

Depression is one of the characteristic signs of old age. For 31.7% of respondents, whose index on the depression scale varies between 0 and 15, is higher than 10. Average index of the respondents on the depression scale was 7.0 (SD=5.0), difference between women and men was not significant; differences in terms of limitations were more prominent ($F=4.1$; $df=4$; $p<.005$). Based on dispersion analysis, the highest index of depression was noted among respondents with eyesight problems (M=8.7; SD=4.6), followed by the persons with movement difficulties (M=8.2; SD=4.4), hearing impairments (M=5.4; SD=4.1), and lastly by persons with memory-related issues (M=4.1; SD=5.5).

Lower index of respondents with memory-related issues on the depression scale may have been caused by incomplete comprehension of the scale indicators.

5.3. Economic welfare and economic activity

For majority of respondents the main source of income is the state welfare payments: 92.3% of them receive pensions, 18.3% receive social aids, 3.1% receive IDP aids. Only a small portion of respondents have their own sources of income. 8% receive income by selling agricultural products, 6.5% from work, 1.9% from their businesses, 1% generate income through renting their property. A significant portion of respondents – ¼ of them (26.9%) depend on the assistance from their relatives and friends.

Structure of household incomes resembles that of the personal incomes. For most of the respondents' households the main source of income is the state welfare payments: 53.1% of households receive pensions, 11.7% receive social aids and 1.1% receive IDP aids. Small number of households have their own sources of income: 18.6% receive incomes by selling their agricultural products, 46.0% from work, 2.1% from their own businesses, 6.1% receive income

through renting their property and 28.1% of households receive regular assistance from relatives and friends.

5.4. Social integration

Need to belong to a group is one of the basic human needs. One of the negative results of old age is weakening and reduction of social ties, which is caused by deaths of peers on the one hand and reduction of emotional and physical resources necessary for preserving relations and loss of interest in having relations on the other hand; besides, this is also caused by cold attitude of others (including family members) toward the older persons.

Research showed that respondents had most frequent interaction with neighbors, followed by those family members that didn't live with them and relatives.

Frequency of interaction with neighbors of senior citizens living alone or only with a spouse was different compared to those older persons who lived in multigenerational households. Based on dispersion analysis ($F= 6.0$, $df= 1$, $p<01$), respondents living alone interacted with neighbors much more frequently (4.7 times per week on average, SD=4.9) than respondents living in multigenerational households (2.7 times on average, SD= 2.7)

Table 8. Number of interactions during the last seven days

	Object	Minimum	Maximum	Average	Standard deviation
1	Neighbor	0	20	3.4	3.6
2	Household member	0	15	2.6	3.4
3	Relative	0	12	1.4	2.6
4	Friend	0	12	1.4	2.6
5	Parishioner	0	10	0.33	1.4

Need to receive social assistance increases with age; as we know, senior citizens require assistance more than young people.

The research included four questions for identifying actors providing respondents with assistance for various needs. Respondents required approximately similar amount of assistance in all four areas listed in the questionnaire: household chores, health issues, sharing emotions and shopping. However, there are small differences between them; respondents require most help when dealing with health issues (110), followed with household chores (108) and sharing emotions (107), least of all they require assistance with shopping (99).

Family was the main object for applying for help to in all four areas. 80% of respondents applied to a household member for help in performing household chores, 5% applied to neighbors. In case of health-related issues, family was again the main object for applying for help to (80%), followed by neighbors and emergency aid services. Most respondents preferred to share their emotions with family members (68%), respondents also named friends in that regard (8%); 71% of respondents applied to family members for assisting with shopping, they also asked for neighbors' help in that regard.

Senior citizens feel the least need to interact with others as far as sharing their emotions (20), receiving help with shopping (17), household chores (11) and health-related issues (8) are concerned.

This means older people mostly require others' help when dealing with health-related issues and in all cases respondents mostly rely on their family's support.

Table 9. Social assistance

		Household chores	Health-related issues	Sharing emotions	Shopping	
1	Household members	80	80	68	71	299
2	Relatives	5	3	5	3	16
3	Friends	1	1	8	2	12
4	Nobody	11	8	20	17	56
5	Helper	5	2	1	2	10
6	Emergency service	0	8	0	0	8
7	Neighbors	5	8	4	4	21
8	City hall representatives	1	0	1	0	2
		108	110	107	99	424

Most of the time senior citizens prefer to apply to their family members for help (299) or refrain from bothering anyone with their problems (56); however, they sometimes apply to neighbors (21) and relatives (16) for help.

5.5. Use of services

Research showed that only a very small fraction of respondents uses services available to senior citizens. We asked respondents to list all the services that they used (besides universal health insurance), indicate where they got information about those services and what their assessment of the services was (see annex #1). 120 respondents named 30 services in total. See the frequency of use of services in table #10.

Most often respondents used one-off monetary aid services as well as one-off financial aids for purchasing medicines.

Table 10. Use of services available to senior citizens

	Service	Number
1	One-off financial aid	10
2	One-off financial aid for purchasing medicines	9
3	Use of homecare services	6
4	Use of diabetes program	4
5	Assistance provided by NGOs	1

	Total	**30**

Most often respondents received information about the available services from friends (6), relatives (6), family members (4), representatives of town halls (2), nongovernmental organizations (2), MPs (2) and doctors (1). Respondents assessed their level of satisfaction with the received services with an average score of 2.2 on a scale where 1 meant strong satisfaction and 5 meant strong dissatisfaction.

To sum up the quantitative portion of the research we can say that one third of the senior citizens live alone or with an elderly spouse. 69.2% of them complain about their health. 41.0% of them place responsibility for their health on family, 25.5% on the state and only 24.5% on themselves. Majority of respondents experience movement difficulties, followed by visual and hearing impairments. As for performing various functions, the biggest difficulty experienced by them is associated with climbing/descending stairs and bathing/showering.

Half of respondents have an optimistic outlook; however, more than half of them are discontented with their lives. Depression index is high among one third of respondents. Levels of depression vary according to various limitations, depression levels are highest among the respondents with visual impairments.

Most of all, senior citizens require help in dealing with health-related problems, the least of all, they require sharing their emotions with others. As a rule, senior citizens apply to family members for help in order to meet all needs. Number of respondents using state programs (besides universal healthcare program) is very low.

6. Results of qualitative part of the study

Qualitative part of the research included open-ended questions that concerned senior citizens' needs, their attitude to acquiring new experiences, their engagement levels, assessment of old age and ways to improve their conditions.

6.1. Needs of the senior citizens

In answer to the main question (what are your needs?), respondents listed many different issues. Major part of respondents emphasized economic conditions, in particular, need to have economic welfare, increase pensions etc.

Many issues listed by respondents were associated with medical needs, first of all, access to medicines; financing medical examinations is also a relevant topic. Significant number of respondents require caregiver services. Some respondents with hearing impairments require hearing aids.

Housing conditions are another burning issue. Some respondents don't have toilets in the apartment, some have leaky roofs, which makes their lives more difficult, some IDP respondents don't have apartments.

Besides financial problems, respondents complain about lack of attention from the state. They feel discriminated and offended by the amount of pension and also by the fact that everybody receives equal pensions despite their service records.

Older people feel isolated, they experience lack of interaction, even with their family members. Their lives lack joy; economic conditions limit their mobility and opportunity to visit friends or go to concerts, travel etc. that would add more meaning to their lives.

Table 11. Needs of the senior citizens

Needs	**Number**
Medical	
Homecare program	9
Financing of medical examinations	8
Attention from doctors	3
Surgery financing	3
Doctors' house visits	2
Visiting assistant doctors	2
Rehabilitation program	1
Massage	1
Auxiliary aids	
Hearing aid	5
Sign language interpreter	2
Economic issues	
Economic welfare	29
Increasing the pensions	24
Social assistance	7
Work	5
Discounted prices for food products	2
Discounted utility tariffs	1
Firewood vouchers	1
Home delivery of meals	1
Housing issues	
Renovations	7
Daycare centers	2
Need to be provided with housing	2
Hot line	1
Looking after the courtyard	1
Medicines	
Affordability of medicines	38
Diapers	1
State policy	
Attention/appreciation	13

Social relations	
Relations	14
Joy and fun	3
Possibility of going to concerts	3
Interaction with family members	3
Understanding between generations	1
Love	1
Not being dependent on others	1
Ability to do what you love	1

"The state should take steps in order to support pensioners, that's about mutual respect. I worked my whole life and I have the same pension as my neighbor, who didn't work a single day in her life." (75 year old woman, Ozurgeti).

6.2. Assessment of old age

Majority of respondents (43) view old age in a negative light.

"I have become physically weaker. It affects my mood, I'm not economically well off, I feel morally bad, offended." (93-year-old woman, Zugdidi).

"It's bad, you lose strength and energy, you can't do what you want and you lose desire to." (82-year-old woman, Lanchkhuti).

"It's very bad, but what can you do? It's the human way, everybody grows old, nobody remains young forever." (77-year-old woman, Ozurgeti).

"When you're a pensioner you tend to think about different things, you don't really try to develop, that's why having more joyful and happy days is so important." (62-year-old woman, Ozurgeti).

8 respondents believe that old age has both positive and negative sides.

"It's not that great, but there are positive and negative aspects, if you're healthy it's good, because you're going to live long, do a lot of things; otherwise, old age is going to be difficult." (73-year-old man, Ozurgeti).

9 respondents view old age in a positive light.

"Everybody should grow old, if you never get old that's worse. It's good when you can look back at your past life and have many good things to remember." (82-year-old man, Ozurgeti).

"You should know how to divert yourself, how to have fun. Nobody else will help you deal with old age, you need to have more optimism and you must work on that yourself." (77-year-old woman, Tbilisi).

"You're wiser when you're old, you're able to choose the right way. Life is hard, but interesting." (82-year-old woman, Lanchkhuti).

"You can't always be young, everything should happen in its own right time." (99-year-old man, Zugdidi).

"Old age is good, should one die young?" (77-year-old man, Zugdidi).

6.3. Senior citizens' engagement in public life

A significant portion of respondents follow the news on TV; however, several respondents noted that they didn't fully understand the contents of news and asked their family members to further explain what the news was about. Respondents discuss the current events together with their family members and friends.

Table 12. Engagement in public life

Activity	Number
Watching news	53
Discussion of current events with family members	18
Discussion of current events with neighbors and friends	10
Reading newspapers/magazines	9
Voting	6
Listening to news	3
Using internet	3
Interested in current events	3

More than half of respondents don't follow the current events; some because they have hearing impairments, but even more of them because they have lost interest and are heartbroken because of what's happening in the country.

"No, I don't watch TV. I sit in the yard during the day and I go to my room in the evening. I don't want to bother anyone." (93-year-old woman, Zugdidi).

Majority of respondents agree that learning is good, but as for them learning something, most of them are skeptical about it. Many think that they have already learnt what they needed; some of them believe that it's late for them to learn anything; some believe that they don't have the ability to learn anymore; only a small number of respondents are ready to learn something new.

"It's important for an old person to learn, that will fill his/her time and make him/her do something worthwhile." (80-year-old woman, Lanchkhuti).

6.4. Ways to improve the situation

In answer to the question on what needs to be done in order to improve the situation, respondents listed a number of proposals. They mainly concerned the state policy and improvement of economic conditions.

Table 13. Ways to improve the situation

Activity	Number
Improvement of economic situation	43
Attention and care	13
Financing the medicines	5
Opening clubs for senior citizens	4

Provision of sign language translation services	3
Opening of daycare centers	2
Reduction of prices	2
Financing of caregiver's services	2
Employment of family members	2
Joy	2
Peace of mind/peacefulness	2
Improvement of transport	2
Homecare service	2
Employment	2
Provision of medicines	2
Ensuring proper standard of life	1
Doctor's services	1
Assistance	1
Improvement of housing conditions	1
Opportunity of going to theater, cinema etc.	1
Opening of daycare centers	1
Caregiver's services	1
Reduction of medicines' prices	1
Reduction of food products' prices	1
Working, opening of laundry	1
Supporting education	1

"Old people require looking after. Everybody grows old and those who are now holding offices and don't think about how to create good conditions for old people will get old themselves and then it will be too late to think about it. Somebody else will be making decisions then. An old person shouldn't wish for death, he/she shouldn't be hungry or cold." (78-year-old woman, Ozurgeti).

"There should be a service that would visit old people, look after them, clean their houses, cook for them, take them for walks, talk with them…" (92-year-old man, Zugdidi).

To sum up the qualitative part of the research we can say that the main need for older people is improvement of economic situation. As far as healthcare is concerned, they require financing of medical examinations and increasing access to medicines. Caregiver service is also a burning issue. Many respondents require improvement of their housing conditions, for example toilets in their apartments.

Many senior citizens feel isolated; they lack interaction with others. Due to their limitations they can't understand and/or visit others. Lack of interaction also includes family members, significant number of whom live in other towns or even countries.

Respondents are heartbroken because of lack of attention from the state. They follow the events unfolding in the country if they can, they discuss these events with their relatives and friends and they also vote.

Half of respondents view their old age in a negative light. However, many respondents view old age as an inevitability.

7. National and municipal programs for the elderly

In 2019 the state financed a total of 45 health and social protection programs; 26 of them concerned healthcare, 14 programs included social protection issues and 5 programs involved public welfare payments.

Thus, senior citizens are able to use 26 state programs, they are target groups for 8 out of those 26 programs. State programs available for the senior citizens are listed below.

Analysis of state expenditures on senior citizens under those programs is not the purpose of this research, therefore it's not present here. However, it's very important to estimate what the supporting of older people costs the state and based on these estimations to define how the costs can be reduced as a result of elaboration and implementation of active old age concept.

Table 14. State programs available to senior citizens

	Program	**Total number**	**Programs available to senior citizens and intended for them**	
			Available	**Intended**
1	Healthcare programs	26	16	2
2	Social protection programs	14	5	3
3	State welfare payments	5	5	2
	Total	**45**	**26**	**7**

Table 15. Names of state programs available to senior citizens

#	Program/subprogram	Senior citizens can use the program	Senior citizens are one of the target groups	Total
1	*Universal healthcare*	X		
2	*Management of C hepatitis*	X		
3	Early detection of diseases and screening	X		
4	Immunization	X		
5	Tuberculosis management	X		
6	HIV-AIDS management	X		
7	Treatment of drug addicts	X		
8	Mental health	X		
9	Management of diabetes	X		
10	Dialysis and kidney transplantation	X		
11	Palliative care for incurable patients		X	

12	Treatment of patients with rare diseases and patients requiring permanent maintenance treatment	X		
13	Emergency medical service and transportation	X		
14	Village doctor	X		
15	Referral service	X		
16	Provision of medicines for chronic diseases		X	
	Total	**12**	**2**	**14**
17	**Rehabilitation and auxiliary aids programs**			
18	Subprogram for supporting rehabilitation of war veterans	X		
19	Auxiliary aids subprogram – raising functional independence of older and disabled individuals		X	
20	Supporting communication among deaf people via provision of sign language interpretation services	X		
21	Provision of community organization services		X	
	Total	**4**	**2**	**6**
	Financial assistance			
22	State compensation		X	
23	State subsidy		X	
24	Subsistence aid	X		
25	Social package	X		
26	Social package for disabled persons	X		
	Total	**3**	**2**	**5**
	Total	**19**	**7**	**26**

Besides national state programs, some municipalities implement social programs that can also be used by senior citizens.

Under this research we emailed the questionnaire to all municipalities. The questions were about the municipality programs intended for senior citizens, their beneficiaries, selection criteria, co-financing (if available) and number of beneficiaries. Unfortunately, despite numerous reminders, we received responses only from 37 municipalities out of 63. Besides, questionnaires were not filled in in a uniform manner; some of them listed all the programs implemented in the concrete municipality and it was difficult to understand which of them were benefiting senior citizens.

We tried to group programs into three categories: programs that imply payment of financial aids; programs that covered healthcare costs and programs directed at dealing with everyday problems.

Table 16. Structure of municipal programs

	Program	**Number**

1	Financial aid	61
2	Healthcare costs coverage	34
3	Programs for dealing with everyday issues	32
	Total	**127**

The table shows that majority of programs involves financial aids, mostly these are one-off financial aids. Many municipalities have programs allocating one-off payments to individuals who reached 100 years of age.

Healthcare programs include provision of medicines, covering costs of medical examinations and homecare services (in 5 municipalities).

Programs dealing with everyday issues often include utility bills coverage programs, financing of soup kitchens and funerals.

17 municipalities co-finance programs implemented by state (universal healthcare program) and various donors (23 programs in total). These programs often involve daycare centers. Tkibuli municipality's program is especially noteworthy as it implies provision of hygiene/sanitary services to lonely senior citizens. The municipality has bought a mini-van where various household appliances have been installed. 3 persons service the min-bus. It visits each beneficiary 4 times per month. 30 senior citizens use the service. Mestia municipality's initiative is also interesting. Homecare professionals provide consultations to caregivers who tend to seriously ill individuals in their families, these consultations take place twice a month.

30 municipalities have programs that are not specifically intended for senior citizens; however, older people can also benefit from them. These programs mainly imply provision of one-off financial aids, financing of healthcare services, provision of medicines and operation of soup kitchens. From these programs we can single out provision of special blood pressure meters emitting sound signals to the visually challenged persons in Poti and provision of hot lunches to senior citizens living in the village of Nikozi, Gori municipality by volunteers.

Analysis of public and municipal programs clearly indicates prevalence of financial aid programs when it comes to healthcare services. Senior citizens apply to municipalities asking for financing of their contributions necessary for using universal health care and also for buying medicines. Other types of assistance and services are less developed. All these services cover a very small number of beneficiaries.

Table 17. Problems associated with programs intended for senior citizens (listed by municipalities)

	Problem	**Municipality**	**Problem**	**Remedy**
1.	Does not cover all categories of senior citizens	Kaspi	One-off monetary assistance	Gradual involvement of all categories based on European standards
2.	Small number of beneficiaries	Tsageri	One-off monetary assistance paid to senior	Budget needs to be increased

			citizens	
3.	Small number of beneficiaries	Senaki	One-off monetary assistance paid to senior citizens	Budget needs to be increased
4.	Small number of beneficiaries	Abasha	One-off monetary assistance paid to senior citizens	Budget needs to be increased
5.	Small number of beneficiaries	Martvili	One-off monetary assistance paid to senior citizens	Budget needs to be increased
6.	Small number of beneficiaries	Borjomi	One-off monetary assistance paid to senior citizens	Budget needs to be increased
7.	Small number of beneficiaries	Gardabani	One-off monetary assistance paid to senior citizens	Budget needs to be increased
8.	Small number of beneficiaries	Tbilisi	Homecare program	Budget needs to be increased
9	Lack of diversity of meals	Chkhorotsku	Provision of one-off lunches to individuals	Funding needs to be increase
10.	Provision of housing	Chkhorotsku	Provision of housing	Shelter needs to be built
1	Provision of hot lunches	Dmanisi	Provision of hot lunches	Provision of services at home

In conclusion we can say that based on the data received from municipalities, most often senior citizens are provided with one-off financial aids; besides, they are provided with medicines and their health care services are funded by the municipalities. Services like soup kitchens, homecare, daycare centers, transportation, paying utility bills, assistant's services, covering funerals, shelters, rehabilitation, old people's homes, social laundry etc. are rare. Services offered by mobile groups to senior citizens in Tkibuli, Keda and Zugdidi municipalities are very useful. They use a mini-van equipped with household appliances, the mini-van is serviced by 3 persons – driver, homecare professional and doctor. They are assisted by local volunteers. The mobile groups groom senior citizens, wash their laundry, tidy their yards and houses, provide them with medical consultations.

Gori municipality implements a program providing hot lunches to the residents of village of Nikozi; besides, a mobile laundry service is available for the village Skra. Poti municipality buys blood pressure meters for visually challenged persons, these devices emit sound signals. Batumi municipality funds dental and orthopedic treatments.

Small budgets of the above-mentioned programs can't ensure neither diversity of services nor the possibility of covering a large number of senior citizens.

8. Conclusions and recommendations

Georgia is an ageing nation, which raises importance of inclusion of issues pertaining to senior citizens in the social policy even more.

Issues related to the elderly population have been reflected in the state documents formulated by the Government of Georgia the the recent period; these are the documents that concern the main directions of social policy. However, enforcement of these documents is a serious problem. Correspondingly, we rarely see practical steps directed at improving the well-being of the elderly and creating inclusive and supportive environments for them. Viability of the documents elaborated by the state (strategies, concepts, action plans etc.) is a serious problem in this regard, as these documents are often not tied with necessary material and human resources, they are not developed/approved on time and they are not the result of multisector cooperation.

Topics related to the elderly population are generally reflected in social policies of local authorities; apart from rare exceptions, budgets of local authorities don't include programs targeting the elderly. Social programs implemented by local authorities view the elderly population as one of the vulnerable groups and offer them the same services that are available to other vulnerable groups (in most cases these are one-off financial aids, financing of healthcare services and provision of medicines). That approach ignores the specific psycho-social needs that are characteristic to the elderly.

Majority of the elderly population in Georgia experiences economic deprivation. Large part of the senior citizens has no sufficient income for satisfying their material needs. In most cases pensions are their main livelihoods. Economic activity of the elderly is very low as there are no employment opportunities tailored to their needs. In many cases healthcare needs of the elderly also remain unmet, this mainly happens due to the following reasons:

1. In order to receive full necessary medical services, they have to cover part of the medical bills from their own pockets, especially when buying medicines – natural process of health deterioration (associated with ageing), even against the backdrop of universal health care program, requires more costs for covering their share of medical services, diagnostics and medicines; this is a heavy burden for the elderly and their families.
2. Infrastructure, which is poorly adapted to their needs, complicates their access to medical services – especially in the regions. Streets, surface and pedestrian underpasses and public transport often make their movement impossible.
3. Senior citizens are often unaware about free medical services created specifically for the elderly. Only a very small portion of the elderly population fully utilizes medical services available to them; most often they receive information about the existing free medical services from their friends and neighbors and almost never from doctors and representatives of public bodies.

Social isolation of the elderly is a general problem, which is exacerbated by their financial problems, poorly adapted infrastructure and economic passiveness. Because of that, they lead secluded lives, which encourages deepening of their social and psychological problems. Their communication is limited to neighbors and family members. Research showed that most of them don't follow current events taking place in the country; However, they are interested in the kind of employment that would take into account characteristics of their age. Many respondents ask for more attention and care than they receive from public authorities.

According to psychosocial development theories, old age is the final stage of human lifecycle – as a rule, older people are not labor force anymore, they don't have career aspirations and their moods are defined by how they assess their past lives. At that stage of life some of them choose to disengage from life and close themselves off; they lose interest in the current events and think that they deserve some rest. Some other senior citizens try to preserve their levels of activeness, they are engaged both in the public and family activities. That choice is defined by their social contacts and personal traits as well as the state of health. Sense of being competent, high self-esteem, sense of control over events are the factors that have a positive impact on their health and social functioning.

This research showed that a major part of the elderly people doesn't feel happy; on the contrary, they feel helpless, they think they are an "additional burden" to their families. Psychologic problems and social apathy of the elderly can be explained by the human development theories that tie development trajectories with the hierarchy of needs. According to Abraham Maslow's Hierarchy of Needs theory, in order to attain self-actualization and effective social functioning a human being needs to go through hierarchy of needs – a person starts having high-level needs (such as love, recognition and self-realization needs) only when his/her basic needs are met (such as physiological and safety needs). Most senior citizens living in Georgia return to the lower part of the pyramid after going through it during their lifecycles – after a lifetime of learning and working, in other words after satisfying the highest level needs of self-realization, they go back to the initial stage when their basic needs are not met and they have to struggle for physical survival. Their lack of success in this struggle is reflected in high levels of depression, which in its turn increases the risk of health deterioration.

The research also showed that depression is one of the characteristic signs of old age – a significant portion of respondents experienced depression. In this regard there was no statistically important difference between women and men; however, there were significant differences in terms of limitations – individuals with visual impairments had the highest levels of depression, followed by those with movement difficulties, individuals with hearing problems and lastly by persons with memory-related issues.

Oftentimes, health is deteriorated in various ways with advancing years; because of that the elderly experience difficulties in terms of functioning independently. As the research showed, senior citizens mostly experience difficulties in terms of dressing, bathing, moving and climbing/descending stairs. Because of that they often require assistance in looking after themselves and also performing daily household chores. The research showed that the older

people most often apply to their family members for help. Due to the current situation, the conditions of senior citizens living alone is especially concerning as their well-being often depends on neighbors' good will and charity.

Representatives of medical and social structure lack information on the needs of the elderly and they don't really take into account these needs in their activities. Volunteers' work with senior citizens – one of the widespread approaches used in gerontology – is not really considered when planning activities concerning the elderly.

State policies regarding senior citizens don't really take into account gender issues – process of ageing is different for women and men. Deterioration of sensory functions is more pronounced among males, they tend to start using spectacles earlier than women, hearing problems are also more prevalent among men, whereas fractures, especially hip bone fractures, are more common among women. Men feel social isolation more keenly than women, they are less prone to sharing their emotions compared to women, especially when they don't have spouses. At the same time, it should be noted that establishment of various pension ages (60 for women and 65 for men) can be regarded as a discriminatory approach. Under the contributory pension scheme women have 5 years less for contributing to their pensions and more time for spending them as their average life expectancy is higher than that of men.

Based on the above-mentioned factors, it's important to take the following steps for improving active ageing and well-being of senior citizens in Georgia:

- Regular updating of documents elaborated by the Government of Georgia and most importantly ensuring their viability in accordance with UN sustainable development goals and Madrid International Plan of Action – in order to achieve that, these documents must be tied with specific financial and human resources, coordination between various agencies should be improved and effective mechanisms for monitoring the planned activities should be elaborated.
- Maximum reduction of out-of-pocket payments in medical programs intended for the elderly – taking into account older people's economic, psychosocial and gender factors during elaboration of program contents and definition of exceptions.
- Providing the elderly with regular information about free medical and social services available to them using the methods most convenient to them, it could be done via phone calls from medical establishments, information bulletins distributed in banks during pension disbursement etc.
- Increasing the importance of social and economic well-being of senior citizens (along with their healthcare) in the programs implemented by central and local authorities – planning of events that will encourage senior citizens' social and economic activities. Elaboration of targeted programs tailored to local senior citizens on the regional levels. Strengthening cooperation between municipalities and sharing best practices on the existing programs is very important in that regard. It is recommended to organize clubs where the elderly will be able to interact with their peers as well as younger generation

and to pursue activities that are interesting to them. A good example is the club in Tsnori, where people from various generations gather on a regular basis. Such initiatives could be coming from municipalities, nongovernmental organizations and/or groups of individuals. Such practices will encourage communication between senior citizens and solidarity between generations.

- With a view to improving economic situation of the elderly it is important to: (1) regularly increase old age pensions based on the levels of inflation and (2) encourage economic activities of senior citizens with a view to creating employment opportunities for them that will be suitable for their age. It is desirable that public policies concerning the older people are developed in the following two directions: (1) Policies directed at senior citizens living in two and more generation households; such policies should be oriented toward strengthening families, it could mean promoting household members' employment, provision of consultations by homecare professionals on how to care for the older people, homecare services, provision of food products; (2) Programs intended for older people living alone or with spouses should include accommodation of such individuals in old people's homes, delivery of hot lunches, provision of transportation services, provision of hygienic services by mobile groups (as needed). Just like in the case of family strengthening approaches used in children's welfare system, it's important to strengthen the families with financial problems where older people with health issues live. That approach will prevent violence against senior citizens and their abandonment.
- Creation of environment adapted to senior citizens – introduction of transportation and infrastructure adapted to the needs of individuals with movement difficulties and sensory disorders. It's important to make it easier for the senior citizens to move around. This means not only building ramps and fitting buses with wheelchair lifting devices, but also putting up signs intended for people with visual impairments in transport, announcement of stations for people with hearing problems, installing traffic lights with sound alarms, introducing surface crosswalks or escalators in pedestrian underpasses. Besides, it is important to ensure uninterrupted supply of information to older people in the manner most convenient to them. It all corresponds with the contents of UN Convention on the Rights of Persons with Disabilities, Georgia made an international commitment to enforce the Convention in 2013 by ratifying it.
- Introduction of more gerontology-related subjects in university curricula so that representatives of medical and social systems are more knowledgeable about psychosocial idiosyncrasies of the elderly. Promoting research in universities on issues related to older people, which is important for creating evidence based policies.
- Studying current opinions on the existing practice of introducing various pension ages for men and women and launching wide discussions on that issue.

- Stereotypes and stigma related to older people are the significant factors hindering older people's integration. Changing stereotypes is a difficult and long-term process, but it's achievable. It's important to plan actions and take steps in order to change the existing stereotypes both in media and educational institutions. It's important to plan awareness raising events that would present senior citizens as active members of society and change the attitude that exists towards them.

Directions for further studies

In order to elaborate state programs adapted to the needs of senior citizens and develop evidence-based approaches in state policy, it's important to carry out scientific researches in the following areas:

1. Foreign experience with models of elderly care, especially in countries with low and medium incomes;
2. International experience concerning establishment of pension ages;
3. Effect of retirement on senior citizens' psychosocial and economic conditions;
4. Researching attitudes towards older people among various groups of population – researching stereotypes associated with old age;
5. Attitudes of employers towards the possibility of employing older people;
6. Factors influencing implementation of state documents (concepts, strategies, national plans);
7. Factors influencing state of mental health of senior citizens – gender analysis;
8. Violence against older people – causes and its results;
9. What successful ageing means from older people's viewpoint.

9. Best practices found in the municipalities

Mobile group providing services to senior citizens in Zugdidi municipality – in 2017 Zugdidi municipality town hall introduced a homecare service for the older people living in the municipality. Homecare service is offered by a mobile group comprised of a doctor, caregiver lady and a driver who also performs heavy work. The program includes the following types of services:

- Medical service;
- Improving sanitary-hygiene conditions;
- Looking after homestead lands;
- Provision of food products (periodically);
- Provision of medicines;
- Hairdresser's services;
- Psycho-emotional support;
- Provision of information/consultations on social, medical and other municipal and public programs;
- Various types of services based on the beneficiaries' needs.

Lonely senior citizens or older people living alone, who due to physical or economic conditions cannot take care of their own hygiene, whose housing conditions are bad and who require periodic medical consultations, can all benefit from the program. Annual budget of the program is 22,000 GEL. Number of beneficiaries is increasing every year – in 2017 program serviced only 30 senior citizens who lived alone, in 2018 it provided services to 120 seniors and in 2019 it serviced 133 lonely elderly people or seniors living alone. This year 100 lonely seniors or elderly people living alone have been registered as program beneficiaries.

According to members of the mobile group, psycho-emotional support is the most important service for the elderly (out of the above-mentioned ones); seniors lack being in the center of attention, they reminisce about their past, they speak about what bothers them, what needs they have. Mobile group members advocate their interests (if necessary), they provide them with information about current municipal programs. Based on individual needs, the mobile group members help them in dealing with current problems – this could be looking after personal hygiene, renovating the house, haymaking (seasonally), cutting firewood etc.

Zugdidi municipality budget for 2020 includes funds for upgrading equipment and mini-van used for homecare service. Besides, there are funds allocated for marking the World Senior Citizen's Day.

Daycare center for the elderly in Zugdidi municipality – a daycare center for the elderly was established in 2019 through cooperation between Zugdidi municipality town hall and local nongovernmental organization Tanaziari (Sympathizer). Currently, the daycare center services 15 beneficiaries. Any senior citizen can use the daycare center's services. The seniors participate in various cultural events held in the center, they learn handicrafts, organize exhibitions of their products, they also organize poetry and art evenings, they go on excursions to other municipalities etc.

Daycare center is housed in a building owned by Zugdidi municipality town hall. The town hall renovated bathrooms in the building in order to facilitate the functioning of the center. Nongovernmental organization Tanaziari equipped the center with relevant equipment. The project is going to be finished in March 2020. However, Zugdidi town hall is planning to continue the cooperation – a special committee has been formed that is working on legal and financial streamlining of the project. Future plans include creation of a social enterprise, where beneficiaries of the daycare center will be employed, procurement of necessary tools and raw materials is also planned; besides, cultural events are going to become more diverse.

Homecare service for immobile senior citizens in Keda municipality – the service was introduced in the form of a pilot project titled Provision of Homecare Services to Immobile Senior Citizens in Kutaisi and Mountainous Areas of Adjara funded by Arbeiter-Samariten Bund Georgia. The pilot services were launched in 2016, they implied provision of necessary services to senior citizens living alone in Keda municipality.

Cooperation between Keda municipality administration (now Keda town hall) and the donor organization started with signing of memorandum. A room was allocated in the municipality administration building for service center and a single employee was appointed who was tasked with coordinating the following activities: exchange of information between social services and immobile senior citizens, identifying the needs of senior citizens and monitoring efficiency of the current state programs. Based on the consultations with relevant local state and nongovernmental organizations project's target group was defined as immobile, lonely and socially vulnerable senior citizens. 13 volunteers were involved in the program, needs assessment questionnaires were elaborated, the volunteers learnt interviewing techniques. Under this pilot project 9 disabled senior citizens received mobile equipment (wheelchairs, crutches, canes, walking aids), as a result, they are now able to go out of their houses and interact with public. Besides, they were given "alarm wristbands", which the elderly beneficiaries use for calling ambulances. Project also implied informing the seniors about their rights – information booklets were printed and disseminated, they included information about the pilot project, universal health insurance, public and local social programs, mountain law

(and also amendments thereof), legal issues related to property disputes and bequeathing. Volunteers disseminated these booklets among the seniors.

Homecare service also implied provision of renovation works in the beneficiaries' houses. These works were implemented by two volunteers, who were properly equipped and trained. Besides, volunteers' visits involved cleaning the house (if needed), purchasing of products and medicines, provision of necessary information, taking the elderly persons for walks, etc. It should be noted that volunteers involved in the project were properly trained in order to improve their communication with the seniors. Results of the pilot project were analyzed and shared among the project partners. Project implementation process was regularly covered by mass media.

Since 2018 Keda municipality has been the main implementing agency of the project. Program budget is 16,460 GEL, Keda town hall covers 12,660 GEL out of that sum. Currently, the project includes 10 beneficiaries, the service implies volunteers' visits to the beneficiaries' homes twice a week, provision of assistance as needed (purchasing of medicines and food products, nursing and plumbing services, providing the beneficiaries with news, celebrating various holidays etc.). Keda municipality and the donor organization continue cooperation for future development of the project, they plan to buy a vehicle where a washing machine will be installed – beneficiaries will be able to solve hygiene-related issues through that service. Besides, Keda town hall is planning to allocate 50 GEL allowance to the beneficiaries for purchasing hygiene items.

Used literature

Adler,R.J.,, & Goggin,J. (2005). What do we mean by “civic engagement”? *Journal of Transformative Education,* 3, 236-253

Ageing in Displacement. Johns Hopkins Bloomberg school of Public Health & Institute for Policy Studies, April 2012

Bandura, A., Taylor,C. B., Williams, S. L., Mefford, I. N., &Barchas, J. D. (1985). Catecholamine secretion as a function of perceived coping self-efficacy. *Journal of Consulting and Clinical Psychology*, 53(3), 406-414.

Bass, S.A.., & Caro, F.G. (2001). Productive aging: A conceptual framework. In N. Morrow-Howell, J. Hinterlong, & M. Sherraden (Eds.), *Productive aging: Concepts and challenges* (pp. 37-80). Baltimore: Johns Hopkins University Press.

Berkman, L. F., Buxton, O., Ertel, K., & Okechukwu, C. (2010). Managers’ practices related to work-family balance predict employee cardiovascular risk and sleep duration in extended care settings. *Journal of Occupational Health Psychology*, 15(3), 316-329.

Cartensen, L.L.. (1991). Selection Theory: Social Activity Context. Annual Review of Gerontology and Geriatrics, 11, 195-217

Cumming, E &Henry, W.E. (1961). Growing old: The process of disengagement. New York: Basic Books. R.J.Havighurst, R. J. (1961). Successful aging. The Gerontologist, 1, 8-13.

Erikson, E.H. (1982). The Life Cycle Completed. N.Y. WW. Norton and Company

Fisher, C.L & Rocotagiatre Th. (2017). Interpersonal Communication across the life-span. Oxford University Encyclopedia. On line publication February 2017 DOI:10 1093/acrefore/

Fowler, & Fisher, C.L. (2014). Communication in Intergenerational Families relationships. In L.Turner & R.West (Eds). Handbook of Family Communication. Thousands Oaks: Sage

Freund, A.M., & P.B.Baltes, P.B. (1998). Selection, optimization, and compensation as strategies of life management: Correlations with subjective indicators of successful aging. *Psychology and Aging*, 13, 531-543.

GEOSTAT (2019). Last accessed in December, 20, 2019

Hartman,M., A.Catlin,A., Lassman,D., Cylusi. J.,& Heffer,S. (2007). US health Spending by Age, Selected Years through 2004. Health Affairs 27 (1) W1-W12

Havighurst, Neugarten &Tobin (1968). Cited according to Straub, R (2019). Health Psychology, 6th ed. Macmillan.

Johnson, K.J., & Mutchler,J.E. (2014). The emergence of a positive gerontology: From disengagement to social Involvement. *The Gerontologist,* vol.54, issue 1, 93-100.

Lyness,J.M., .Noel,T.K. Cox,C., King,D.A,. & Caine,Ed. (1997). Screening for depression in elderly primary Care Patients. Archives International Medicine 157 (4) 449-454. (

Maddox, G.L. (1965). Fact and artifact: Evidence bearing on disengagement theory from the Duke Geriatrics Project. Human Development, 8, 117-130.

Maslow, A. (1962*). Towards a Psychology of Being*. NY. Van Nostrand.

Neugarten, B. J. (1972). Personality and the aging process. The Gerontologist, 12, 9-15.

Nussbaum,J.F. & Fisher, C.L. (2011). Successful Aging and communication wellness: Understanding aging as a process of transition and continuity. In Y. Matsumoto (ED). Faces of aging: The lived Experience of elderly in Japan. P.263-272. Palo Alto: Ca. Stanford University Press.

O'Donnell, K., Brydon, L., Wright, C. E., & Steptoe, A. (2008). Selfesteem levels and cardiovascular and immunity responses to acute stress. *Brain, Behavior, and Immunity,* 22(8),1241-1247.

Pennebaker, J. W. (1995). Emotion, disclosure, and health: An overview. In J. W. Pennebaker (Ed.), *Emotion, disclosure, and health.* Washington, DC: American Psychological Association, pp. 3-10.

Rowe, J.W., & Kahn, R.L. (1998). Successful aging. New York: Pantheon.

Sarason, I.G., Sarason, B.R., Shearin, E.N., &Pierce, G.R, . (1987). A Brief Measure of Social Support: Practical and Theoretical Implications. Journal of Social and Personal Relationships. 4 (4), 497-510.

Sumbadze, N. (1999). Social web: Friendships of adult men and women. Leiden University: DSWO Press.

United Nations (2002) Political Declaration and Madrid International Plan of Action on Aging

United Nations (2015) 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), United Nations, New York

WHO (2017). Global Strategy and Action Plan on ageing and Health.

UNICEF (2018) The Welfare Monitoring Survey 2017: Short Overview

Bart de Bruijn, Maka Chitanava**. (2017).** Ageing and Older Persons in Georgia

Decree #2238 of Government of Georgia (2019): on National Document Concerning Sustainable Development Goals

Decree # 662 of Government of Georgia (2019): on Approval of National Strategy on Labor and Employment for 2019-2023, Legislative Herald of Georgia

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

Decree #5146-II of Parliament of Georgia (2016): State Policy Concept on Population Ageing in Georgia, Legislative Herald of Georgia

https://matsne.gov.ge/ka/document/view/3331420?publication=0

Decree #5586-II of Parliament of Georgia (2016): Concept of Demographic Security of Georgia, Legislative Herald of Georgia

https://matsne.gov.ge/ka/document/view/3331420?publication=0

Parliament of Georgia (2016) Vision for Development of Labor and Social Protection Areas in Georgia for 2030

National Statistics Office of Georgia (GeoStat) (2016) Results of 2014 National Census

Annexes

Annex #1

Interview questionnaire

I. Interview details

1.1	Location (town, region)	
1.2	Date	
1.3	Interviewer	
1.4	Time of interview start	

II. General information about the respondent

2.1	Name and surname of the senior	
2.2	Date of birth	
2.3	Sex	1. Female 2. Male
2.4	Education	1 Primary or less 2 Basic 3 Secondary 4 Vocational 5 Higher
2.5	Family status	1. Married 2. Divorced 3. Widow/widower 4. Never been married
2.6	Household composition	1. Lives alone 2. Lives with a spouse 3. Lives with a spouse/children/grandchildren 4. Lives with other relatives/friends 5. Other
2.7	How many people live with you	
2.8	Do you have your own room?	1. Yes 2. No
2.9	Is there a bathroom/toilet in the apartment/yard that is used only by the senior's family members	1. Yes 2. No
2.10	Respondent's housing conditions (assessed by the interviewer)	1. Very bad 2. Bad 3. Average

		4. Good 5. Very good
2.11	How satisfied are you with your housing conditions?	1. Very dissatisfied 2. Dissatisfied 3. Neither dissatisfied nor satisfied 4. Satisfied 5. Very satisfied
2.12	How would you assess your family's financial situation (assessed by the respondent)	1. Very bad 2. Bad 3. Average 4. Good 5. Very good
2.13	Has the family been granted a socially vulnerable status	1. Yes 2. No
2.14	Are you a disabled person (do you have the status)?	1. Yes 2. No

III. Information on the respondent's <u>main</u> limitation

3.1	Visual impairment	1. Yes 2. No
3.2	Hearing impairment	1. Yes 2. No
3.3	Movement difficulty	1. Yes 2. No
3.4	Memory and concentration related difficulties	1. Yes 2. No
3.5	Which problem is the most significant for you in terms of limitation of social functioning (out of the listed ones)?	1. Visual impairment 2. Hearing impairment 3. Movement difficulty 4. Memory and concentration related difficulties

IV. Information on respondent's functional conditions

Please answer whether you can:

4.1	Being able to bathe/shower independently	1. Yes 2. No
4.2	Being able to dress independently	1. Yes 2. No
4.3	Being able to use bathroom independently	1. Yes 2. No
4.4	Being able to get up from and lie down on bed independently	1. Yes 2. No
4.5	Being able to eat independently	1. Yes 2. No
4.6	Control over urination and bowel movement	1. Yes 2. No
4.7	Being able to move independently	1. Yes 2. No
4.8	Being able to independently climb and descend stairs	1. Yes 2. No

V. Information on respondent's state of health

5.1	How would you assess your state of health?	1. Very bad 2. Bad 3. Average 4. Good 5. Very good
5.2	Have you had any contacts with doctors during the last 6 months?	1. Yes 2. No
5.3	Do you take medications prescribed by doctors?	1. All the time 2. Frequently 3. Seldom 4. Never

VI. Information on respondent's involvement in programs/services funded by the state, local authorities or other organizations during the last 2 years

Name or describe a healthcare or social program/service in which you were/are involved since 2018 (for example homecare, daycare center, hearing aid, blood pressure meter, delivery of hot meals etc.) – *Except for universal health insurance scheme*

	Program/service (name or description)	How did you learn about the program?	Funder	How satisfied were you with the service/program?
6.1				1. Very satisfied 2. Satisfied 3. Neither satisfied nor dissatisfied 4. Dissatisfied 5. Very dissatisfied
6.2				1. Very satisfied 2. Satisfied 3. Neither satisfied nor dissatisfied 4. Dissatisfied 5. Very dissatisfied
6.3				1. Very satisfied 2. Satisfied 3. Neither satisfied nor dissatisfied 4. Dissatisfied 5. Very dissatisfied
6.4				1. Very satisfied 2. Satisfied 3. Neither satisfied nor dissatisfied 4. Dissatisfied 5. Very dissatisfied

6.5	What assistance related to healthcare and social affairs would be most beneficial for you? (note to interviewer: write down the respondent's reply)	

VII. Economic situation

	Do the people you live with have incomes from the sources listed below?	
7.1	Income from a regular job	1. Yes 2. No
7.2	Income from one's own business or a share in a business	1. Yes 2. No
7.3	Income from renting land plots, apartments or other kinds of property	1. Yes 2. No
7.4	Income from selling one's own agricultural products	1. Yes 2. No
7.5	IDP assistance	1. Yes 2. No
7.6	Age, veterans' and disabled persons' pensions or grants	1. Yes 2. No
7.7	Social welfare payments	1. Yes 2. No
7.8	Regular financial aids from relatives or friends	1. Yes 2. No
7.9	Other (please specify)	
	Do you personally have incomes from the sources listed below?	
7.10	Income from a regular job	1. Yes 2. No
7.11	Income from one's own business or a share in a business	2. Yes 2. No
7.12	Income from renting land plots, apartments or other kinds of property	3. Yes 2. No
7.13	Income from selling one's own agricultural products	4. Yes 2. No
7.14	IDP assistance	5. Yes 2. No
7.15	Age, veterans' and disabled persons' pensions or grants	6. Yes 2. No
7.16	Social welfare payments	7. Yes 2. No
7.17	Regular financial aids from relatives or friends	8. Yes 2. No
7.18	Other (please specify)	
7.19	Do you wish to do anything in order to receive an income? ***Please specify (in case of a positive answer)***	1. No 2. Yes, but I can't do it because of my physical condition 3. Yes

VIII. Social inclusion

Who do you apply for help if needed? (this question should be answered only by the elderly respondents; if they are unable to answer, note that they can't answer. We're not interested in caregiver's answers)

	Questions	Name, surname	What is that person's relation to you? **1.** Family member (spouse, son/daughter, sibling, daughter-in-law, son-in-law, grandson/granddaughter, great grandson/granddaughter) 2. Relative 3. Friend 4. Neighbor 5. Other
8.1	Individuals you ask to help you with house chores	**1**	
		2	
		3 **4.** I don't ask for anyone's help	
8.2	Individuals you apply for help to in case of health-related problems	**1**	
		2	
		3 **4** I don't apply to anyone	
8.3	People you share your cares and problems with	**1**	
		2	
		3 **4** I don't share my problems with anyone	
8.4	People you ask to help you with shopping	**1**	
		2	
		3 4 I don't ask for anyone's help	

Please answer (only the elderly respondents should answer these questions)

		Number
8.5	How many family members (with whom you don't live) have you seen, spoken over the phone to or get in touch with using facebook, emails etc. during the last 7 days?	
8.6	How many relatives have you seen, spoken over the phone to or get in touch with using facebook, emails etc. during the last 7 days?	
8.7	How many neighbors have you seen, spoken over the phone to or get in touch with using facebook, emails etc. during the last 7 days?	
8.8	How many friends have you seen, spoken over the phone to or get in touch with using facebook, emails etc. during the last 7 days?	
8.9	How many parishioners/members of your religious group have you seen, spoken over the phone to or get in touch with using facebook, emails etc. during the last 7 days? I'm not a parishioner/member of a religious group	

IX. Healthy lifestyle and general well-being

Please answer (only the elderly respondents)

9.1	Do you consume alcoholic beverages?	1. Almost never 2. Very seldom 3. With average frequency 4. Frequently 5. Very frequently
	Do you smoke cigarettes?	1. Yes 2. No
9.3	Do you exercise or perform physical work in the yard/land plot?	1. Almost never 2. Very seldom 3. With average frequency 4. Frequently 5. Very frequently
9.4	One could say you follow a healthy diet	1. Yes 2. More or less 3. No
9.5	In your opinion who is mostly responsible for your health?	1. You 2. Your family and relatives/friends 3. State
9.6	What do you expect?	1. Everything will happen the way you expect in your life **or** 2. Things you wish to happen are unlikely to happen
9.7	How satisfied are you with your life?	1. Very satisfied 2. Satisfied 3. Neither satisfied nor dissatisfied 4. Dissatisfied

		5. Very dissatisfied

X. Depression scale
(answered only by the elderly respondent)

	Question	Yes	Not
10.1	Could you say you are mostly satisfied with your life?		
10.2	Have you quit doing many things you did before and have you lost interest towards many things?		
10.3	Do you have the feeling your life has no meaning?		
10.4	Do you often get the feeling you're bored with everything?		
10.5	Are you in the good mood often?		
10.6	Are you afraid something unpleasant will happen to you?		
10.7	Do you often feel happy?		
10.8	Do you often feel helpless?		
10.9	Do you often prefer staying at home rather than go out and do something new?		
10.10	Do you think your memory is better than others'?		
10.11	Do you think life is pleasant?		
10.12	Do you have the feeling you're not a worthy person?		
10.13	Do you feel you are full of energy?		
10.14	Do you think your situation is hopeless?		
10.15	Do you think others are more economically secure than you?		

XI. Open-ended questions

We're interested in the respondents' answers only. If they can't answer, then note that they are unable to give an answer.

11.1 How would you assess your life as a pensioner and senior citizen? What do you miss most (economic standing, attention, social relations, job)

11.2 How involved are you in the current social and political processes taking place in the country? How is this involvement expressed? (watching news, reading newspapers, discussing events with family members, relatives and friends)

11.3 Do you agree with the saying "learning lasts till old age"? – personally would you be willing to learn or do something new?

11.4 What do you think needs to be done so that the elderly could lead better lives?

11.5 How would you assess old age in general?

Questions were answered by: 1. The elderly respondent 2. Caregiver 3. Both

Time of the interview's completion:

Annex #2

Questionnaire for municipalities

Programs and services for the elderly

1. Name of the municipality:
2. Programs/services fully financed by local authorities that are **specifically** intended for local elderly population (if there are more than one program/service, please copy the table and fill in the questions for each program/service)

1	Name of program/service	
2	Description of the program/service activities	
3	Periodicity of the program/service	
4	Offered individually/to groups	
5	Year of the launch	
6	Supplier(s) of the service	
7	Criteria for selecting beneficiaries	
8	How many beneficiaries it serves	
9	How many beneficiaries is the program/service intended for? (maximum number of beneficiaries that can be involved in it)	
10	Annual budget of the program	
11	What mechanisms are used for monitoring the program?	
12	Main problems associated with the program/service implementation	
13	Ways to improve the program/service	
14	Person responsible for the program/service: Name, surname, position, telephone, e-mail.	

3. Programs/services ***co-financed*** by local authorities that are intended **specifically** for local elderly population (if there are more than one program/service, please copy the table and fill in the questions for each program/service)

1	Name of program/service	
2	Description of the program/service activities	

3	Periodicity of the program/service	
4	Offered individually/to groups	
5	What does the co-financing entail? (for example, local government covers electricity bills or transportation costs of the program etc. or the program uses local government's building, transport etc.)	
6	Main funder of the program/service	
7	Year of the program/service launch	
8	Year when the local government started to co-finance the program/service	
9	Supplier(s) of the service	
10	Criteria for beneficiary selection	
11	How many beneficiaries it serves currently	
12	Amount of co-financing allocated by local government	
13	Main problems associated with the program/service implementation	
14	Ways to improve the program/service	
15	Person responsible for the program/service: Name, surname, position, telephone, e-mail.	

4. General health and social welfare programs/services funded by municipalities that are also used by the elderly population (please add lines to the table if needed):

	Name of program/service	Annual budget	How many senior citizens benefited from the program/service in 2018
1			

2			
3			
4			
5			

5. Does the municipality plan to launch/co-finance new programs/services specifically intended for the elderly population in 2020? In yes, please fill in the table (please add lines to the table if necessary):

	Description of the new program	Annual budget (approximately)	How many senior citizens it will be intended for	How was the program/service need identified?
1				
2				