

REPORT

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

November 2020



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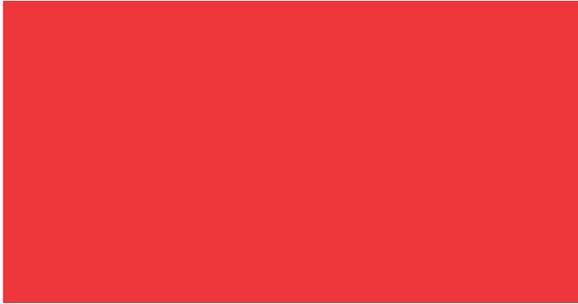
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EXECUTIVE SUMMARY

In Azerbaijan, older people make up a steadily growing proportion of society, for whom the COVID-19 pandemic poses a serious health risk. Potential economic, health and social impacts of the COVID-19 pandemic presents an additional threat to the wellbeing of older people, and reveals a need for effective policies on ageing and care, and well-organized integrated care provision models.

This study looks at the impacts of the COVID-19 pandemic on older people and trained RC volunteers providing social services in the context of general care provision in Azerbaijan, and

suggests recommendations to the Azerbaijan Red Crescent Society (AzRCS) and other stakeholders for improving the COVID-19 response and care for older people and caregivers.

The AzRCS plays an auxiliary role to the public authorities in the humanitarian field, supporting the government to address the impacts of COVID-19 through risk communication, and the provision of basic social, food and hygiene support to those who are most vulnerable, including older people.

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

- ▶ **Economic situation.** Pensions were already the main source of income for older people before the COVID-19 outbreak and their importance has increased after the outbreak alongside support from other family members and social allowances. Pensions continue to be reliably transferred into older people's bank accounts on time, but access to actual cash is sometimes problematic. More than half of interviewed older people reported receiving financial support from the government, non-governmental organizations (NGO) and international organizations, and most received in-kind humanitarian assistance. During the pandemic, older people face increased difficulties covering different types of basic expenses, like transportation, housing, utilities costs, clothing, food, medical expenses and leisure.
- ▶ **Health situation and services.** Analysis of changes in older people's health and lifestyle during the COVID-19 outbreak reveal deterioration of people's emotional wellbeing, their levels of physical activity, their physical and mental health. Access to hospitals, polyclinics, pharmacies and emergency ambulances has reduced considerably, a change especially felt in urban areas and by older people living with chronic diseases and disabilities.
- ▶ **Social situation and services.** COVID-19 has had a negative impact on older people's social lives, especially in terms of their interaction with family members. Against a low baseline of general access to information and communication technologies (ICT), especially in rural areas, older people's access to news and information, as well as to mobile communications, has shown no significant change. People's considerably reduced access to social centers and other social activities has not so far been compensated for by increased on-line activity. Due to the COVID-19 lockdown, there has been a sharp decrease in older people accessing public transport, body care services, community gatherings, shops, banks and entertainment facilities. The risk of different forms of discrimination were reported by one in five of all respondents.

- ▶ **Home-based social services.** Coverage by home-based social care services for older people increased during the COVID-19 pandemic. This may generate further demand for the service, however, its sustainability is questionable. This creates potential for new partnerships between non-governmental actors that entered this niche during the COVID-19 response. An observed increase in volunteers' engagement in provision of social care has contributed to growth of inter-generational solidarity.
- ▶ **Caregivers situation.** Caregivers involved in support to older people during the pandemic, mainly on a volunteer basis, reported a deterioration in their own economic, social and health situation. Caregivers reported good levels of care management after the pandemic outbreak, although their ability to provide care has been hindered by worsened access to clients and transport difficulties.
- ▶ **COVID-19 preparedness and behavior.** Older people report having good access to protective equipment during the COVID-19 outbreak but are less satisfied with the information they received and its usefulness. Older people's perception of the danger COVID-19 poses is high, with the large majority following recommended safety measures.
- ▶ **Civil activism.** Although less than half of the older people interviewed reported being interested in civil activism, respondents recognized that the COVID-19 outbreak has negatively affected their ability to realize civil rights and engage in their communities.

The study findings and conclusions have resulted in short-term and long-term recommendations related to:

SHORT-TERM

- ▶ Application of more creative approaches to social and psycho-social support, and inter-generation solidarity schemes fine-tuned to the needs of older people in both rural and urban settings;
- ▶ Hotline for psycho-social support and assistance in cases of older people experiencing violence;
- ▶ Systematic approaches to supporting the social lives of older people, networking people in urban areas in self-support groups, improving on-line communication/ ICT skills and probably even small income-generation activities;
- ▶ Building awareness among the population in general about ageing and the situation of older people in the country;
- ▶ Proper system of support to caregivers.

LONG-TERM

- ▶ Dialogue and partnership between the government, public service providers, the Council of Elders, the NGO "Third Spring", the AzRCS and other non-governmental actors for the improvement of social and home-based care service provision;
- ▶ Improvement of policies and regulatory frameworks related to care;
- ▶ Introducing models of integrated care provision that build on recent knowledge in gerontology;
- ▶ Supporting older people to be aware of and access their rights and entitlements, and healthy active ageing;
- ▶ Increasing the role of the Council of Elders, the NGO "Third Spring" and the AzRCS in advocating for the interests of older people in Azerbaijan.

1

BACKGROUND

In Azerbaijan, the proportion of people in the country aged over 60 is steadily growing. Average life expectancy has increased over the years and reached 79 years for women and 74 years for men in 2019.¹ In the same year, people over the age of 60 made up 11.5% of the population.²

COVID-19 poses a serious risk for older people. It has health, social and economic dimensions. In Azerbaijan, it is mainly people aged 50 and older who are being more severely affected by the virus.³ As of May 29, 2020, the vast majority of COVID-19 deaths in the country were among people aged 50+ (22% of deaths were of people aged 50-59 years, 29% people aged 70-79 years, and 9% people aged 80 or older). The most common sources of infection spread in the country turned out to be mourning ceremonies, in which older people are actively involved.⁴ The Government introduced a strict quarantine which lasted from March 24 to April 20, 2020.

As older people were proving most at risk, the Operational Headquarters under the Cabinet of Ministers imposed various restrictions on the movement of older people within the country and banned those aged 65+ from leaving homes. This resulted in an increased burden on district (city) departments of the State Social Protection

Fund under the Ministry of Labor and Social Protection (MLSP), the departments which are officially responsible for provision of care services in Azerbaijan. Before the quarantine public social workers provided services to single people over the age of 70, but after the COVID-19 outbreak, they began serving single people over the age of 65. Among the services provided were the purchase of food, medicines, utility payments, etc.⁵

The way the COVID-19 crisis is dealt with reveals both strengths and weaknesses in country systems intended to protect the most vulnerable and manage the wider problem of an ageing population, as well as to respond to emergency situations and health crises.

The AzRCS plays an auxiliary role to the public authorities in the humanitarian field and supports the government to address the COVID-19 pandemic through risk communication, provision of psycho-social, food and hygiene support, shopping and medicine purchasing to the most vulnerable, including older people. The AzRCS assists vulnerable people in close coordination with the local state Social Protection Fund structures.

¹ <https://www.stat.gov.az/source/demography/>

² <https://www.stat.gov.az/source/demography/>

³ <https://koronavirusinfo.az/en/page/statistika/azerbaycanda-cari-veziyyet>

⁴ <https://sputnik.az/health/20200529/424065671/azerbaycan-da-koronavirus-olenlerin-yash-faizi.html>

⁵ <https://its.gov.az/bloq/65-yasdan-yuxari-sexslere-evlerinde-social-meiset-xidmetleri-gosterilecek>

In this context, the AzRCS, in partnership with the Austrian Red Cross (AutRC) and the Swiss Red Cross (SRC), the International Federation of Red Cross and Red Crescent Societies (IFRC), commissioned an assessment of the impacts of COVID-19 on older people, and care provision in Azerbaijan. The aim was to better understand the situation and provide recommendations related to improving both the short- and longer-term response and to help address the challenges of ageing and the problems faced by older people.

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



2

APPROACH AND METHODOLOGY

2.1. Purpose of the study and coverage

This study looks at the impacts of COVID-19 on older people and trained Red Crescent (RC) volunteers involved in social care provision in the context of the general care system in Azerbaijan. It suggests recommendations for improving both the response to the COVID-19 pandemic and improvement of the care provision for older people and meeting the needs of the trained RC volunteers involved in social care provision.

2.2. Levels of analysis

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

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

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

2.3. Methods applied and sampling

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

- ▶ *Desk research* of secondary data, in particular, relevant policy and legal frameworks, existing analytical and research materials.
- ▶ *Questionnaire-based survey among older people*, aged 56⁶ and over. It involved 746 respondents (including 64.7% women) across all regions of Azerbaijan, including the capital Baku, and was conducted by trained AzRCS volunteers (for the questionnaire structure see Annex 1). The respondents were chosen using stratified random sampling, targeting to the maximum extent AzRCS beneficiaries (almost 80 %).
- ▶ *Questionnaire-based self-administered survey among caregivers* of the AzRCS with 69 caregivers (46.4% of whom were men and 53.6% women), mainly volunteers (for the questionnaire structure see Annex 2).
- ▶ *Semi-structured qualitative key informant interviews* with doctors, nurses, social workers, local government representatives.
- ▶ *Interviews with key national and regional informants*, including the MLSP, the State Social Protection Fund and its structures providing mobile and social care for older people, the NGO “Third Spring”, the UNFPA Country Office in Azerbaijan, the Public Health and Reform Centre and local governments.
- ▶ *Verification Focus Group Discussions (FDGs)*. Two FDGs were held with the RC volunteers that administered the survey with older people.

2.4. Limitations

The assessment was organized and conducted in a very short period of eight weeks (from mid-July to mid-September 2020) and had several limitations linked to the COVID-19 lockdown, including:

- ▶ Difficulties with accessing older people who were not already using AzRCS services due to their fear of contacts during the quarantine, leading to this group constituting a relatively small percentage of the sample – some 20% of the respondents;
- ▶ Drawing on RC volunteers as survey administrators (the AzRCS volunteers who had continued access to the older people they support), who were trained and supervised during the field work;
- ▶ Limited access to nursing homes and ability to obtain information on the real situation in those after the COVID-19 outbreak;
- ▶ Inability of the international research team leader to travel to the region, which, however, was compensated for by involving a capable national researcher to support her.

⁶ The age 56 was selected because AzRCS serves older people from the age of 56.

3

ASSESSMENT OF CONTEXT

3.1. Analysis of the system of care provision

The gradual ageing of the population of Azerbaijan is a part of the global demographic process. By 2050, up to 25% of Azerbaijan's population is projected to be aged over 60.

Of the 400,000 older people in the country, about 9,000 live alone. Statistics from the State Statistics Committee up to 2019 show that women are living longer than men, and of the older population, women are in the majority.⁷

To respond to the challenge of an ageing population, the Government of Azerbaijan adopted a number of legal and regulatory frameworks, including:

- ▶ The Family Code (adopted in 1999 and supplemented in 2002), containing provisions for the care of older parents and family members;
- ▶ The Law of the Republic of Azerbaijan “On Social Services” from 2011, which regulates state care for older people facing difficult living conditions (independently of their age), including the provision of social services at home;⁸
- ▶ The Law of the Republic of Azerbaijan “On Social Benefits” provides old-age benefits for people with disabilities who are not entitled to an employment pension and do not work;
- ▶ The Law of the Republic of Azerbaijan “On Labor Pensions” from 2011 and recent regulations on the minimum level of pension payments (which since October 2019 is set at 200 Manat (equivalent of some USD 120)).

⁷ <https://www.stat.gov.az/source/demography/>

⁸ <http://www.e-qanun.az/framework/23195>

3.2 Analysis of the system of care provision

Home-based social services are provided by the district (city) departments of the State Social Protection Fund under the MLSP. Since 2013, the Ministry has been working alongside other governmental and non-profit organizations to implement a number of social projects aimed at providing social protection for people in difficult living conditions. The purpose of the projects is to organize social services for vulnerable people, help them to adapt to society, organize treatment and leisure in the country and abroad, and provide legal, social, medical and psychological assistance. The NGOs and the AzRCS are engaged in providing various types of humanitarian and basic social support (mainly related to the distribution of humanitarian aid and food, shopping and medicine purchasing, support for social activities, and in some cases activities related to healthy active ageing).

In 2019, 10 public care centers for older people were established at the order of the Ministry. Of these, four are in Baku, and one each in Sumgayit, Ganja, Mingachevir, Absheron, Khachmaz, and Lankaran cities and regions.

According to the “Rules for providing social (mobile) services at home” from 2014, the district (city) departments of the State Social Protection Fund under the Ministry provide home-based social services to lonely older people, older couples in need of social services, those with children with disabilities, and people in the terminal stages of disease. Older people who need the service can apply through the hotline number 142, although not many older people know about this. Depending on the needs of lonely older people and people with disabilities, social workers support them with household chores and the purchase of essential products and medicines.

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

Currently, the Government of the Republic of Azerbaijan with the support of the UNFPA Country Office in Azerbaijan implements the project “Building a society for all ages: Promoting the welfare of older people in Azerbaijan through active ageing” 2019-21.⁹ The aim of the project is to increase the state’s care for older people, meet their material and psycho-social needs, facilitate access to social and health services (including meeting mental health needs) to ensure decent living conditions, as well as support the adaptation of appropriate instruments to ensure social inclusion and integration of older people. The project has three components: a) compilation of the Active Ageing Index¹⁰ to assess and measure the healthy active ageing of older people; b) raising the level of awareness through traditional and modern means of communication to promote healthy active ageing; c) promoting integrated social services for older people. The project envisages the establishment of a pilot center in Mingachevir and Barda to support the integration of older people into public life (through learning, healthy lifestyle, and creativity development). The national NGO “Third Spring” was established to promote healthy and active ageing.

As for health care, people with disabilities or who are confined to bed are entitled to professional health home-based care services (through a family or a village doctor), although this care is not yet widely provided. It is not yet clear to what extent the Compulsory Medical Insurance system that is currently being introduced by the Government of Azerbaijan will cover home-based health services. The system of family doctors is only a few years old and older people are often not aware of what services they are entitled to. The primary health care system is not actively reaching out to provide home-based health services, neither are people in need – who are often unaware they have the right to these services – approaching health care providers to claim them. During the COVID-19 outbreak both hospital and primary health care facilities were busy as never before, and medical home visits to older people were not prioritized, unless they were specifically suspected of or diagnosed with COVID-19.

⁹ <https://azerbaijan.unfpa.org/en/news/active-ageing-index-benefits-and-opportunities-azerbaijan>

¹⁰ Active Aging Index allows the measuring and monitoring of national progress in ensuring activity and quality of life of the ageing populations in the European Union and in other UNECE countries. The index measures the extent to which older people can realize their full potential in terms of total and healthy life expectancy, participation in the economy, in social and cultural life and in terms of independent living.

During the COVID-19 lockdown, demand for home-based social services by older people in the 65+ age demographic grew dramatically. A decision by the Operational Headquarters under the Cabinet of Ministers, to reduce the age threshold for accessing

home care services from 70 to 65 years, significantly increased the number of older people accessing the service. To respond to this increased demand, the state has established a temporary supplement to the salaries of social service workers.

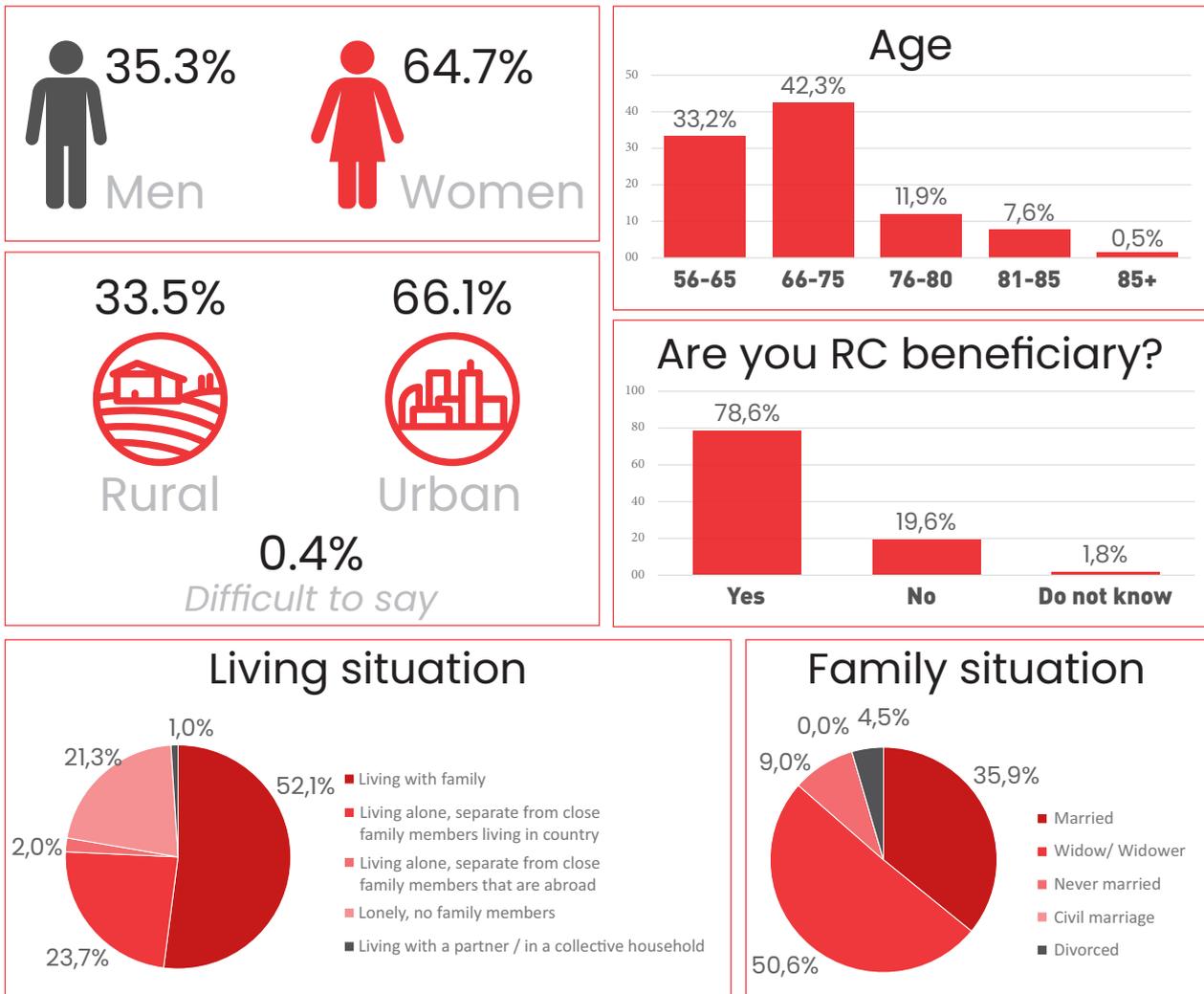


4

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

4.1. Older people: Respondents' profile

The total number of respondents involved in the survey was 746. The Table below shows the demographic profile of the respondents.

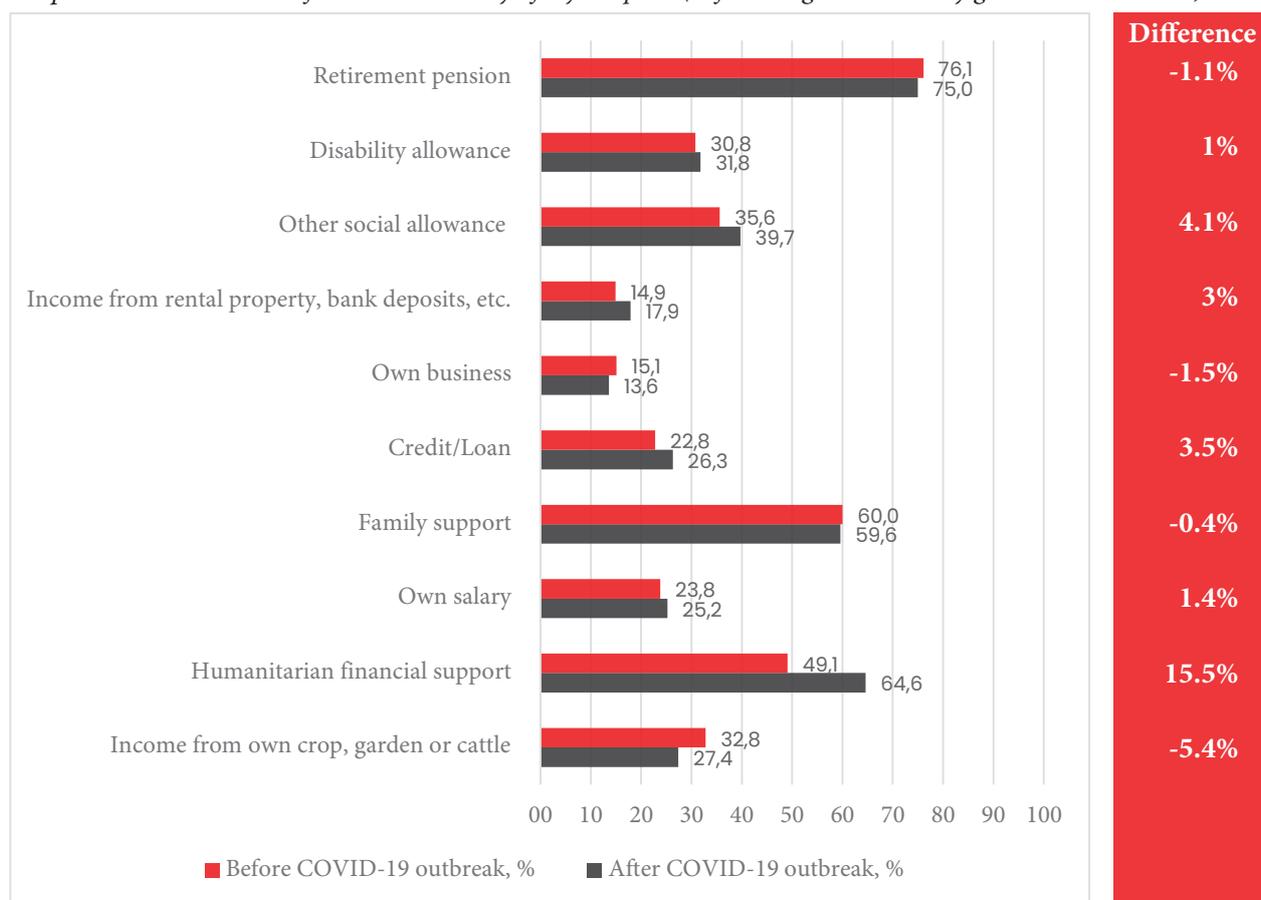


4.2 Income and expenses

Pensions remained the main source of income for older people after the COVID-19 outbreak, while people’s reliance on humanitarian aid, social allowances and loans increased.

Although the percentage of older respondents rating income from their pension as “very important” and “important” slightly dropped, pension remains the main source of income for the majority of older people (76.1% before the COVID-19 outbreak and 75% after).

Graphic 1. The assessment of health and healthy lifestyle aspects (% for ratings 4 and 5 “very good” and “excellent”)



The importance of disability and other social allowances has slightly increased. At the same time, after the COVID-19 outbreak, older people’s reliance on humanitarian support has increased considerably (15.5% more respondents reported it as “important” and “very important”).

It is notable that a quarter of the respondents continue relying on their own salary. The respondents’ need for family support remained at the same level. However, for many, financial support from family members became problematic as the lockdown disrupted economic activities.

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“There are multiple examples of older people with family members who lost their jobs across the country”, – says an NGO representative.

One third of older people (mainly rural households) are engaged in growing crops, gardening, and farming. Although the produce grown is mainly for household consumption and the respondents do not consider it as a part of their household income, it still allows considerable savings for food for rural households.

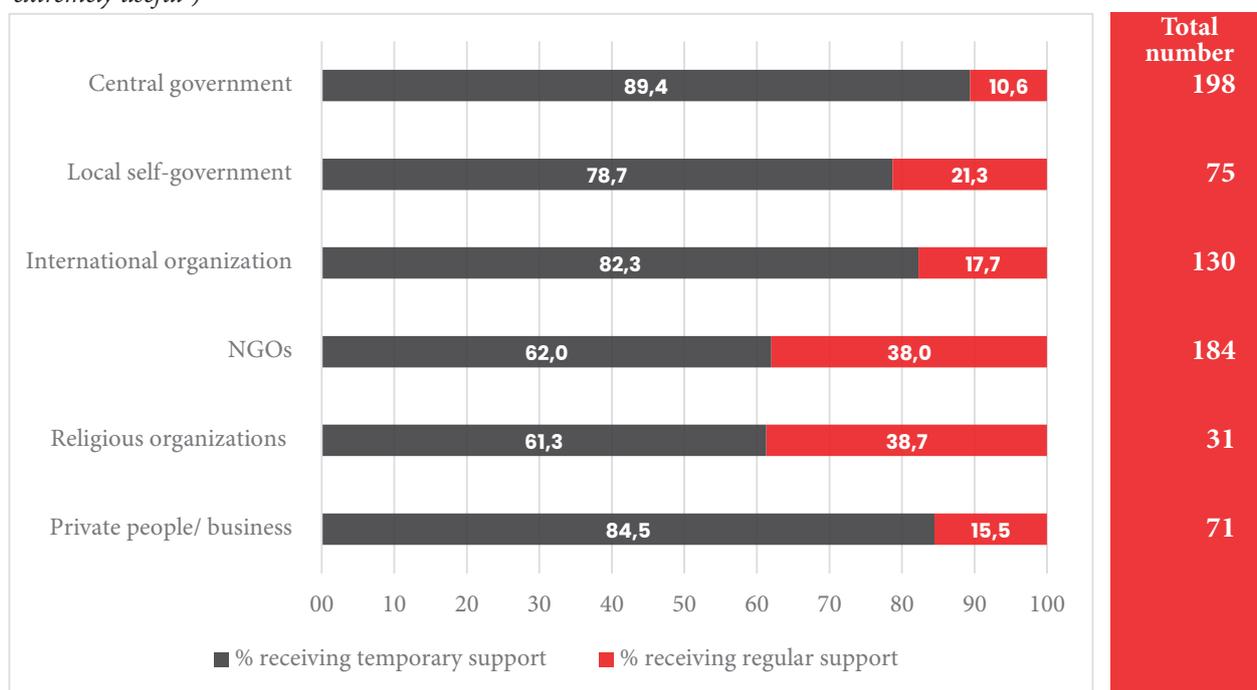
█ *Pensions were paid accurately and uninterruptedly to older people's bank accounts but access to cash was sometimes problematic.*

There were no serious difficulties in obtaining pensions and other social benefits during the pandemic. However, as many older people rely on family members to help them withdraw their pension money from ATMs, or they need to physically go to the ATM themselves, accessing cash became more difficult during the pandemic.

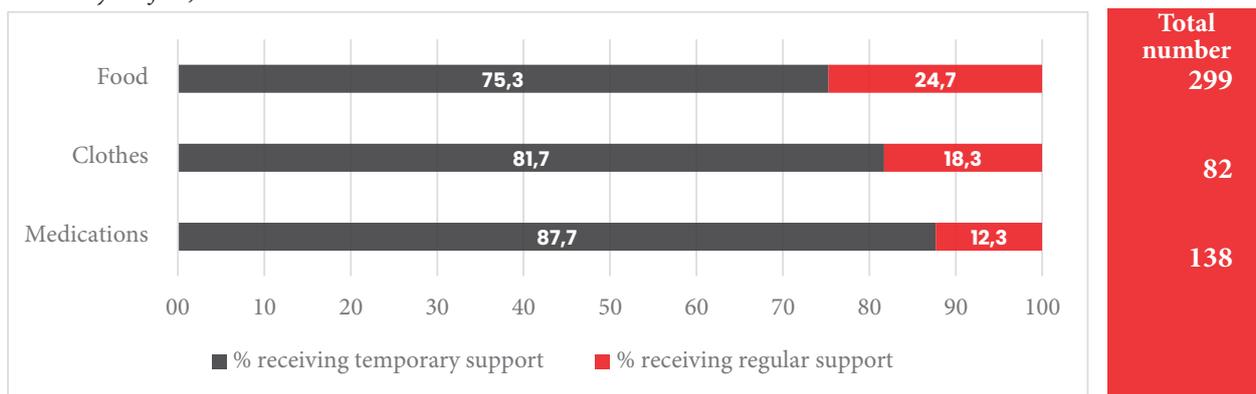
█ *More than half of older people received temporary financial support from the government, NGOs and international organizations, and most received in-kind humanitarian assistance.*

Among the respondents who received regular financial assistance from various agencies during the quarantine period, most lived in urban areas (60.9% of those who reported receiving financial assistance were urban residents and 55% rural). This support came mainly from NGOs and religious organizations.

Graphic 2a. Effectiveness of the extra financial support from different organizations (% for ratings 4 and 5 "useful" and "extremely useful")



Graphic 2b. Effectiveness of the extra financial support from different organizations (% for ratings 4 and 5 “useful” and “extremely useful”)



The share of older people for whom humanitarian support was very important grew from 39% (including 36.8% men and 54.9% women) before the pandemic to 51.8% (including 40.2% of women and 50% men) afterwards.

The in-kind assistance provided to older people was mainly one-off – mainly in the form of food and medicine, and sometimes clothing. Assistance received from international organizations was appreciated by 62.5%, from local NGOs by 62.6% and from government by 58.8%. A rather low level of appreciation is linked to the fact that the assistance was provided once and/or was not always targeted to diverse needs of different groups of older people.

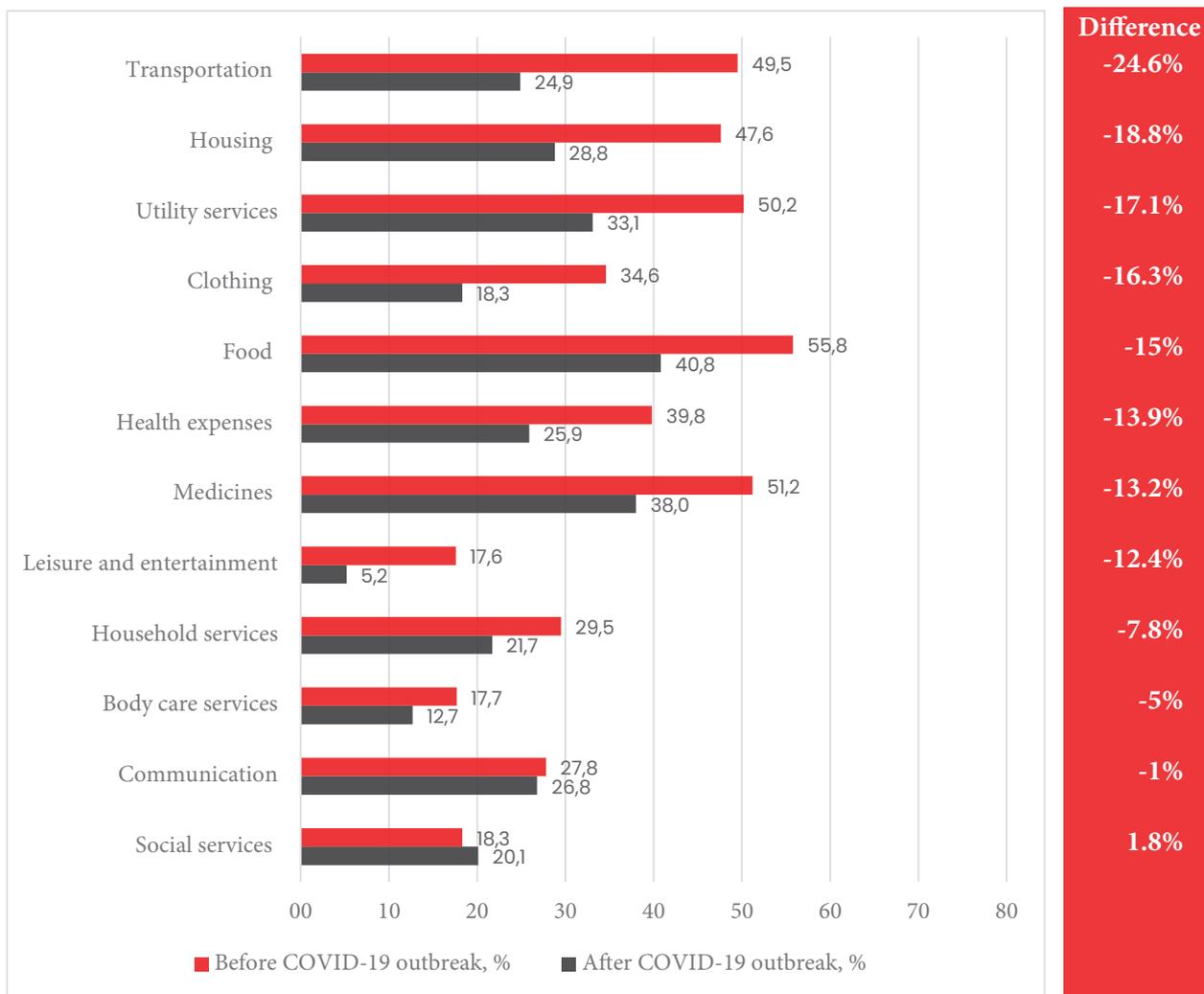
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“If older people were provided with food and other aid they need, not just during the pandemic situation but on a regular basis, we would have much fewer difficulties”,- says an old man.

Since the COVID-19 outbreak, older people have faced increased difficulties in covering all types of basic expenses, like transportation, housing, utilities costs, clothing, food, medical expenses and leisure.

The spread of COVID-19 led to a reduction in older people’s expenses in some areas and an increase in others. Generally, older people’s ability to cover their expenses has declined since the outbreak of COVID-19. This is related in particular to transportation, housing, utilities costs, clothing, food, medical expenses and leisure.

Graphic 3. Situation with regards to different social aspects of life (% for ratings 4 and 5 “very good” and “excellent”)



The suspension of subway and train services, the non-operation of public transport on weekends, and health/safety concerns over using public transport generally, led to more people using taxis, a considerably more costly option. *Transportation costs* are most problematic for older people in urban areas, with those finding it almost impossible to cover almost doubled costs.

”

“I have to pay now ten times more for a taxi compared to what I used to give out normally for a bus”, - complains an old woman.

The tendency is also more pronounced for people living alone.

The decline in ability to pay for *housing* has been most marked for urban residents, with 19.1% of older urban residents saying it was almost impossible to pay for housing after the COVID-19 outbreak, compared to 8.8% before.

Older people’s ability to cover *utilities costs* since the pandemic broke out is linked not only to reduced family income, but also to increased consumption of basic utilities – water, electricity, heating fuel – by household members during the lockdown. There was no significant difference between urban and rural respondents. The decreased ability to cover utility costs was most noticeable among those not accessing AzRCS services and for older people who do not enjoy family members support.

1.9% of older people could not afford to pay for *food* before the pandemic, rising to 8.7% afterwards, with those living alone experiencing the largest increase. This is due to declining income, rising food prices and less food support being received from family members whose movement was restricted.

Older people reported difficulties with buying *clothes* (however, this is also related to less access to shopping possibilities). This tendency is more pronounced among urban residents and those living alone, as well as those not accessing AzRCS services.

The change in ability of older people to afford *medical expenses* is most noticeable among urban older people and those living with chronic diseases. Some people also raised the issue of being unable to access medicine as a result of being locked-down at home.

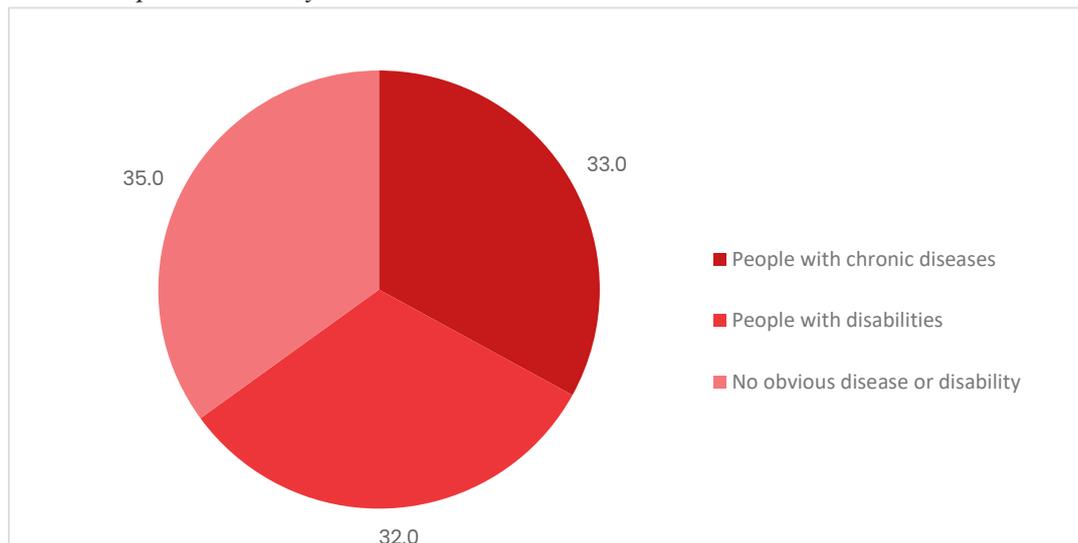
Compared to other expenses investigated, *leisure and entertainment* activities are one area where the majority of older people were struggling even before the pandemic. The ban on social gatherings and closure of recreation centers, malls, parks, and other expenses being prioritized, have all certainly contributed to this situation. Rural residents saw the most pronounced change in their ability to afford leisure activities after the pandemic.

While there was no major difference before and after the pandemic in terms of *communication expenses*, a significant proportion of older people, and particularly those living in rural areas, reported difficulties in covering communications costs.

4.3 Health situation and services

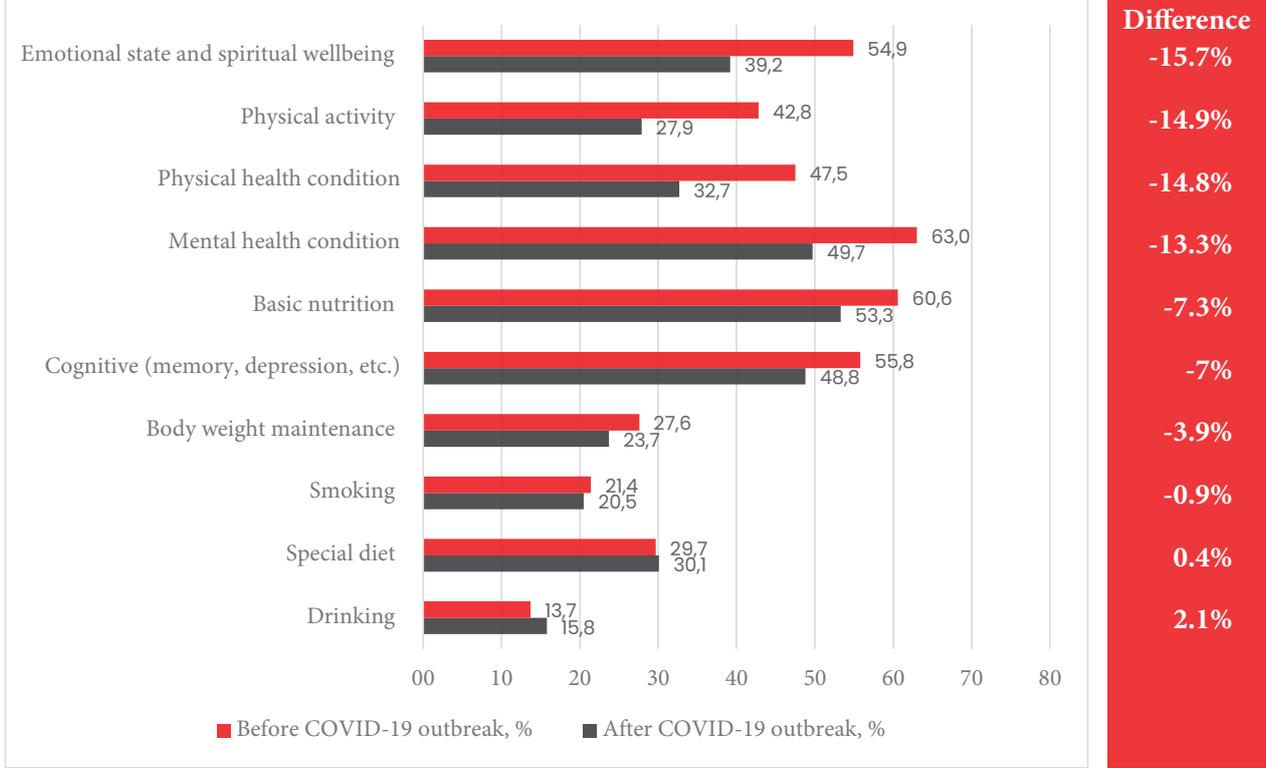
The survey looked at equal numbers of respondents with chronic diseases, disabilities and no diseases or disabilities.

Chart 1. Respondents' state of health



Analysis of changes in respondents' health situation and healthy lifestyle since the COVID-19 outbreak revealed a clear deterioration of people's emotional wellbeing, their levels of physical activity, their physical and mental health.

Graphic 4. Situation regarding health and healthy lifestyle aspects (% for ratings 4 and 5 "very good" and "excellent")



Among aspects influencing *emotional state and mental health*, older people (especially those from urban areas) report that fear, loneliness, lockdown at home and disruption of ties and communication with family members and friends in their communities has negatively affected their mental health.

In terms of *physical activity*, there was a post-pandemic decline reported by older people who rated themselves to be very active or active prior to its onset. The trend is more pronounced among women, people with chronic diseases and disabilities and urban residents.

“Rural residents are able to get some exercise in backyards and gardens, and not experiencing such a strict quarantine regime as those living in cities”, - says a caregiver.

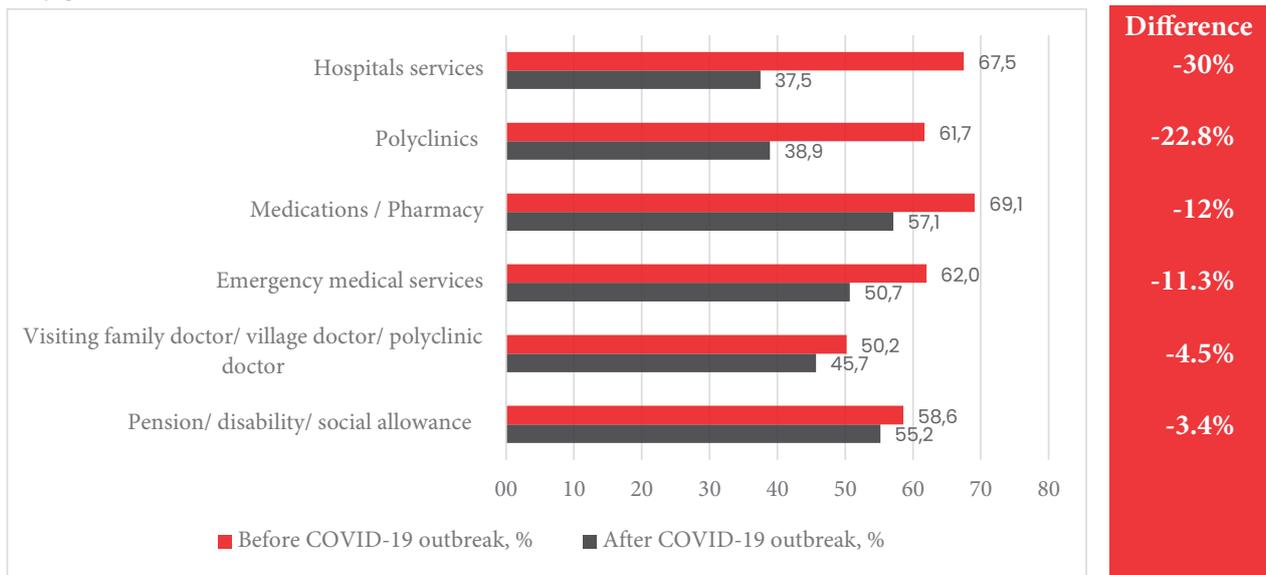
The increase in the proportion of older people who rated their *physical health and cognitive abilities* being very poor or poor was caused by stress and people's inability to leave home, which together exacerbated multiple existing morbidities.

Older people did not experience serious problems accessing *adequate food* before or after the pandemic outbreak, although some older people noted that the closure of stores and restrictions on travel created some difficulties in keeping to their special diets. There was no serious deterioration in *body weight* control reported following the COVID-19 outbreak, although there is anecdotal evidence that some people gained weight due to reduced mobility.

Smoking and alcohol. Nearly a third, 29.4%, of respondents answered the question about smoking. Of these, 60% rated their control over their smoking habit as very bad both before and after the COVID-19 outbreak. Questions regarding alcohol consumption garnered similar results.

Access to hospital, polyclinics, pharmacies and emergency ambulances reduced considerably during lockdown, and was especially felt in urban areas and by older people with chronic diseases and disabilities.

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



Reduced access to *hospitals and polyclinics* was especially felt in urban areas and by older people with chronic diseases and disabilities. Reduced access to *pharmacies* is more pronounced in urban areas, due to people’s limited ability to leave their homes, and a small reduction was also seen among older people living alone. Reduced access to *emergency services* was more noticeable in urban areas and among people with chronic illness or disabilities.

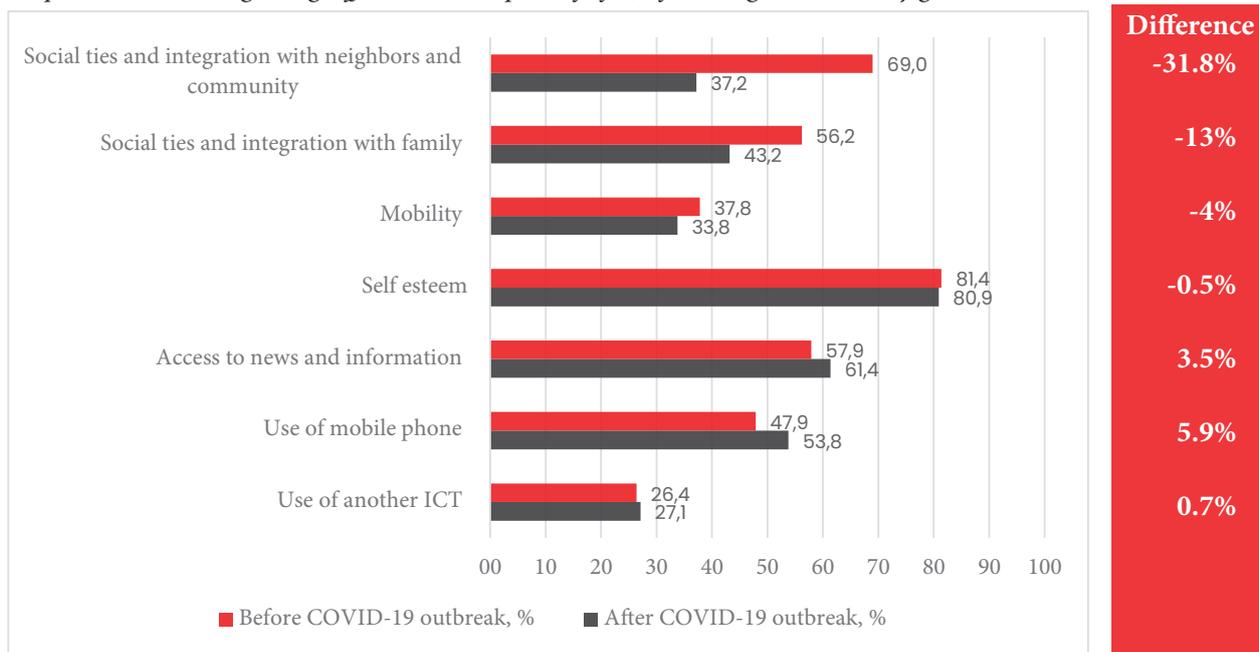
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“It is certainly the case that due to high numbers of call-outs for testing suspected coronavirus cases, and the hospitalization of COVID infected patients, the ambulance service has indeed been sometimes overburdened”, - says a medical doctor.

4.4 Social situation and services

COVID-19 had a very negative impact on older people's social lives, especially in terms of their interaction with family. Access to news and information, as well as mobile communication has remained at the same level, against a rather low baseline of general access to ICT among older people, especially in rural areas.

Graphic 6. Situation regarding different social aspects of life (% for ratings 4 and 5 “very good” and “excellent”)



The decrease in *family interaction* was most pronounced for women, urban residents, and people living alone. Older people also reported a reduction in contact with neighbors as a major factor negatively affecting their social lives, with women and urban dwellers particularly affected.

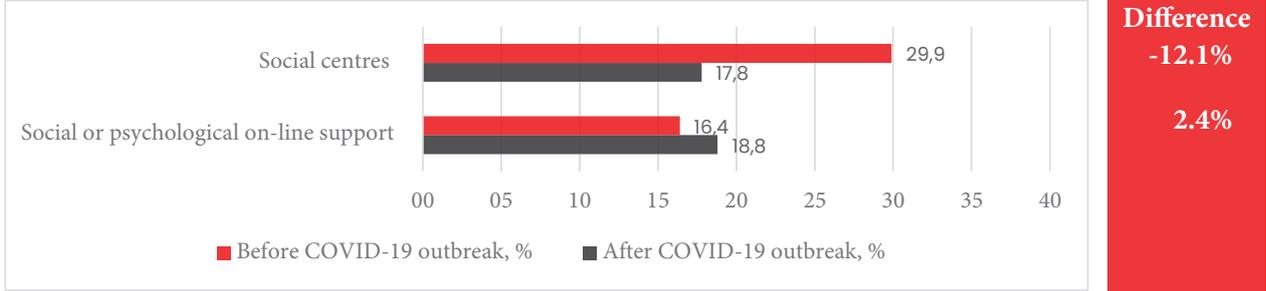
Older people's access to *news and media* has slightly increased after the pandemic outbreak. According to survey findings, respondents are satisfied with their access to news and media, with older people compensating for their reduction in social interactions by watching TV, which is their main source of news.

Only 51.5% of respondents reported being able to use a *mobile phone*, with women's mobile phone use lower than men's. The pandemic did not have much effect on respondents' use of mobile phones, although some said they used the phone more because they were at home all day. Most older people in urban areas have no problem using a mobile phone compared to those in rural areas. The use of other ICT by older people is low, especially in rural areas.



Reduced access to social centers was not compensated for by on-line support due to low usage of this new service by older people.

Graphic 7. Assessment of access to social centres (% for ratings 4 and 5 “very good” and “excellent”)



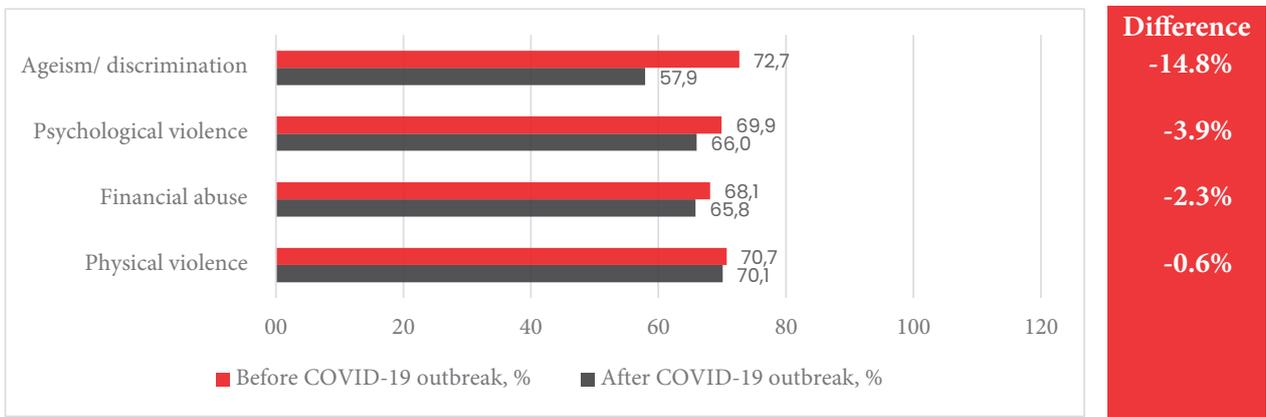
The decrease in access to social centers was most pronounced among men and urban residents. The access decreased due to closure of some centers and bans on older people leaving their homes. At the same time, 60% of respondents reported no access to on-line social and psychological support.

“I do not think I need on-line psycho-social support, but even if I did I could not access it due to poor connection”, - says an old man.



Risk of discrimination were reported by one fifth or the respondents.

Graphic 8. Situation regarding different aspects of discrimination (% for ratings 4 and 5 “very good” and “excellent”)



The feeling of discrimination risks did slightly increase. The sense of discrimination can be linked to limitations on the movement of older people introduced by authorities. The increase in discrimination was more acutely felt among rural dwellers and those not accessing AzRCS services.

Mental violence is more widely reported than *physical violence*. Some 20% of older people who answered this question reported experiencing mental violence before and after the COVID-19 outbreak, especially those living in rural areas. Although the majority of respondents said they did not experience physical violence before or after the pandemic outbreak, still, 15% of respondents rated the situation with physical violence as very bad, both before and after the outbreak. Violence was reported more by men and those living with their families (with violence being perpetrated by family members). Also, some 20% of respondents reported experiencing financial dependence before and after the pandemic outbreak.



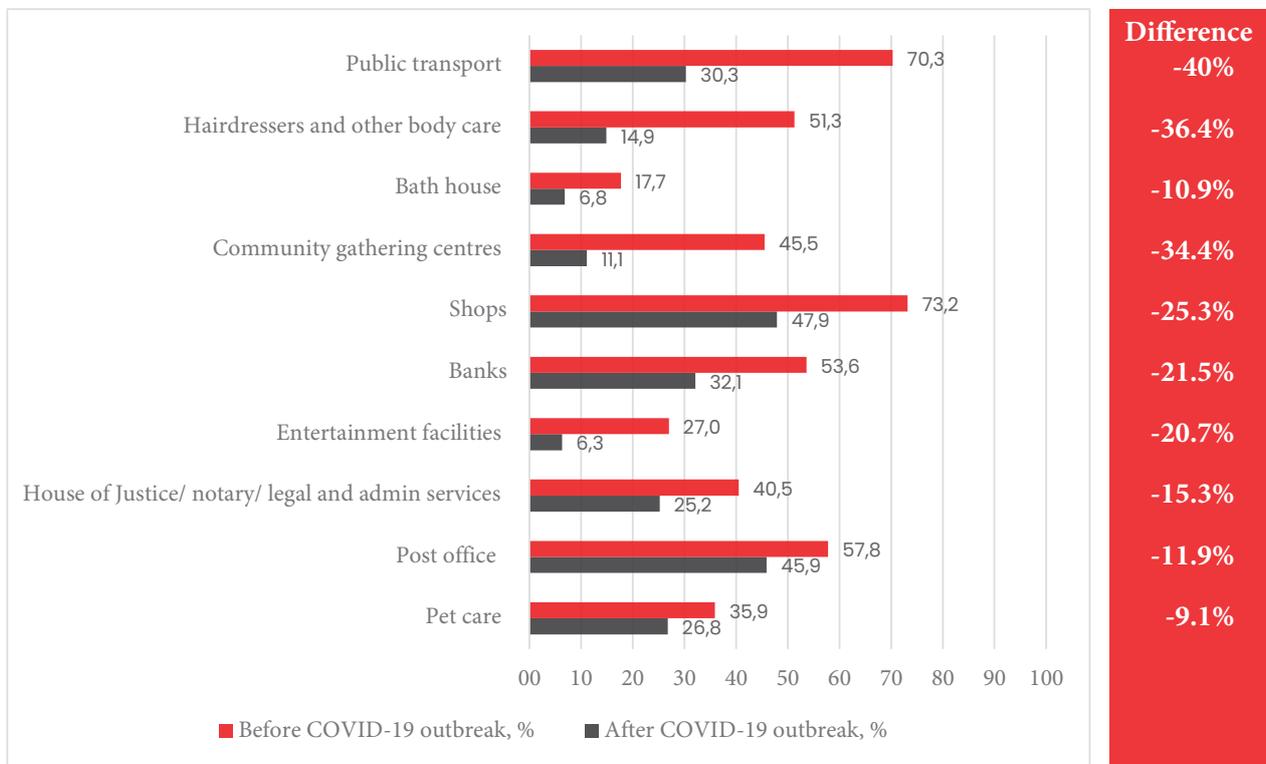
“There are cases of older people being deprived of their pension cards by family members, and of their property being forcibly taken and given to others”, - says a caretaker.

There is no referral system for people experiencing violence or abuse.

4.5 Other public services and infrastructure

Analysis shows a sharp decrease in respondents’ access to public transport, body care services, community gatherings, shops, banks and entertainment facilities since the COVID-19 pandemic began.

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



Restrictive measures applied to *public transport* have created serious difficulties for many older people. Before the pandemic, a small number (7.2%) of the older population had no access to public transport at all, but after the pandemic outbreak, this number tripled to 25.4%.

14.9% of respondents reported no access to *public baths* before the pandemic, rising to 38.2% afterwards. The figure for access to *hairdressing and salon services* decreased sharply from 51.3% before to 15% after (with a considerable drop in access among women and urban residents) due to the closure of salons and the move to home-based services only.

Only a quarter of respondents reported on the use of *public gathering centers*, but for those who did, lack of access increased from 22.2% to 63% after the pandemic outbreak. The main reasons for this are the ban on gatherings of more than five people, the temporary closure of centers, and the inability of older people to leave their homes due to restrictions.

”

“Older people’s inability to attend mourning ceremonies during the pandemics is the worst problem for them”, - says a social worker.

Lack of access to *entertainment services* increased from 35.8% to 76.1%, as recreation and entertainment activities were stopped due to the pandemic.

Multiple restrictive measures resulted in a considerable decrease in older people’s access to *shopping infrastructure*, down from 70% to 48%, especially among older people in urban areas. People accessing AzRCS services were less affected by this reduced access as volunteers helped in meeting their shopping needs.

Of the one-third of respondents who expressed their views on the use of *banking services*, 30% reported very little or no access before the pandemic outbreak and 47% after.

”

“Although main banks were open, one had to stand in long queues. I ask family members to go to banks for me”, - says an old woman.

In general, older people have limited access to *legal services*, especially in rural areas, (40% report no access) access to this service during COVID-19 also decreased.

Postal services were reported as being only rarely used by older people, even before the pandemic (66.1% reported not using post).

4.6 Access to home-based care

Coverage by home-based social care services for older people increased during the COVID-19 pandemic. This may generate further demand for the service, however, its quality and sustainability are questionable. This creates potential for new partnerships between non-governmental actors that entered this niche during the COVID-19 response.

According to the existing regulations, older people living alone and people with disabilities are legally entitled to free home-based services. Thus, everyone in the age group of 81-85 years who lives alone requires constant home-based care services. During the COVID-19 pandemic, due to the growing demand and social system response, people of the age group 65+ increasingly accessed temporary social services.

About 75% of 76-80 and 85+ year-olds and 85% of 81-85 years old need home care. The majority of those who use home care services are aged 81-85 (67%). In other age groups of older people, some 50% use these services.

Disabilities are most common among older people living alone without family members (39.3%). Older people with disabilities are more likely to use home-based care services. Thus, 38.3% of adults with disabilities and 27.9% of adults without disabilities use social services at home.

As a result of expanded coverage of services by the government during the pandemic, 34.5% home-based care users were those living in families. Older people not accessing the services are mainly married couples (43.6%) who are able to support each other.

The majority of respondents (86.6%) who use home-based care services live in the city. This is attributed to the fact that provision of services in the cities is easier and people are better informed about possible access.

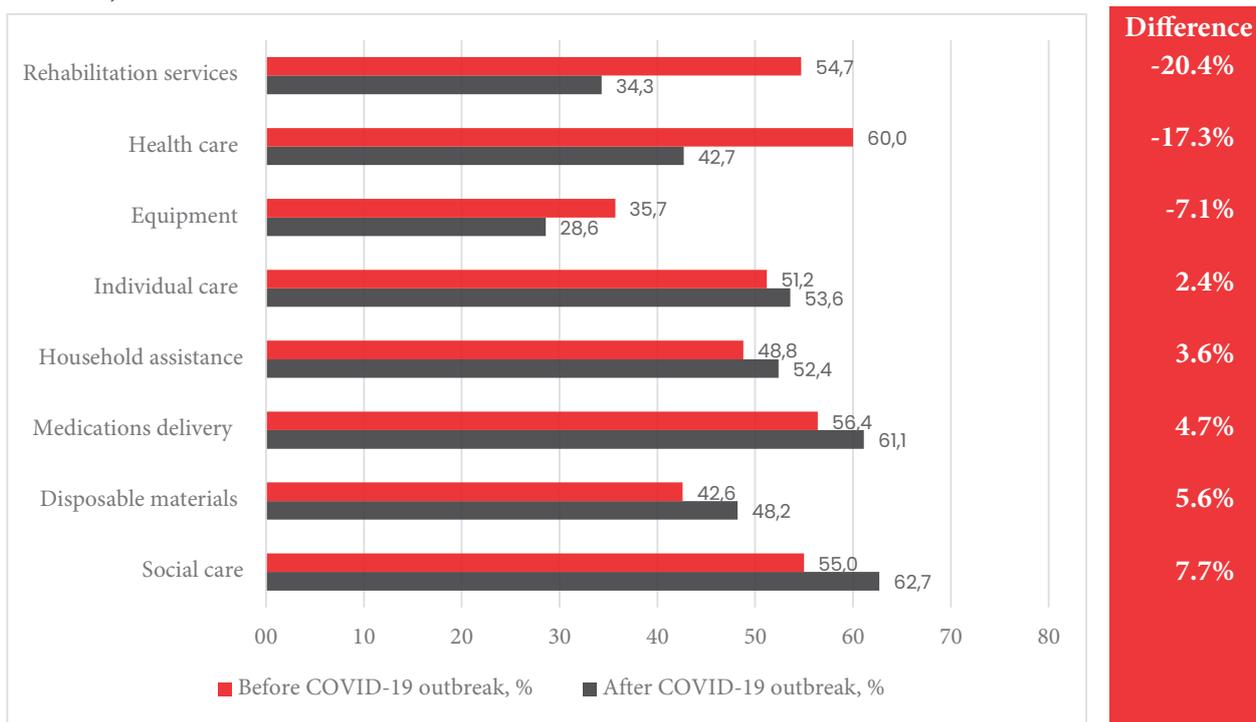
Among home-based care users, women dominate, explained by the fact that single older women in the country generally outnumber their male counterparts.

The expansion of services to a larger share of older people is at the cost of quality provision to those who had been receiving the services before COVID-19. Those who received home-based services before the pandemic report poorer access to some types of services, like rehabilitation care and health care.

”

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

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



Increase in volunteers' engagement in provision of social care provision contributes to the growth of inter-generational solidarity.

The study was conducted among 69 caregivers (46.4% of whom were men and 53.6% women). The vast majority of respondents (94.2%) were volunteers and 5.8% were paid nurses. 42% of caregivers had worked for up to one year, 27.5% for up to five years, and 30.4% for more than five years. 66.7% of those surveyed work in urban areas. Many of the trained volunteers were involved by the AzRCS in social and humanitarian support before but on a smaller scale.

”

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

Caregivers involved in support of older people during the pandemic, mainly on a volunteer basis, report deterioration of their own economic, social and health situation.

The onset of COVID-19 saw a decline in the *economic situation* of caregivers. Caregivers who assessed their economic situation as very bad doubled to 12.5% after the COVID-19 outbreak, and those who assessed their situation as relatively poor increased nine-fold to 18.8%. At the same time, the number of those reporting a satisfactory economic situation has decreased. This change has been attributed to the loss of family members' jobs and increased living expenses caused by the pandemic.

Although the average assessment of caregivers' *social situation* was relatively low prior to the pandemic (only around 40% assessed it as satisfactory or very satisfactory) this reduced further after the pandemic outbreak to the level of some 30%.

94.1% of respondents had a good *health assessment* before the pandemic outbreak, decreasing to 86.3% after.

 Caregivers reported a good level of care management after the COVID-19 outbreak, although their ability to access clients and provide care was hindered by access and transport issues.

The caregivers were confident that COVID-19 did not significantly affect their *ability to work in teams*. The same can be said about *human resource management*, including improvement of psychosocial support since the pandemic began. Most caregivers (85%) reported that the AzRCS provided sufficient *training and information support* to them before and after the pandemic outbreak. In terms of their *awareness of COVID-19 prevention and protection measures*, 98% of respondents were confident about their awareness levels.

Directly after the COVID-19 outbreak, *caregivers' access to those they sought to assist* was relatively weak. Although 8.7% of respondents reported limited access before the pandemic, this figure rose to 13.1% after the outbreak. At the same time, the number of those reporting positive access has decreased.

Respondents' *access to public transport* has significantly weakened. While more than 90% of respondents had satisfactory access to transport before the COVID-19 outbreak, this dropped to 78% after the pandemic. In addition to bans on public transport, respondents also tried to use less public transport to protect themselves.

The vast majority of respondents (92%) had good or very good *access to protective equipment*.

After the pandemic outbreak, there was a certain increase in the number of caregivers who assessed their *access to information on care* as good and excellent, due to training organized both in regional offices and online.

4.7 COVID-19 preparedness and behavior

 Older people had good access to protective equipment during the COVID-19 outbreak but were less satisfied with access to information they received and its usefulness.

The population was informed about COVID-19 mainly through television, websites, social networks and the websites of relevant agencies. Various educational programs about COVID-19 targeting different age groups were broadcast.

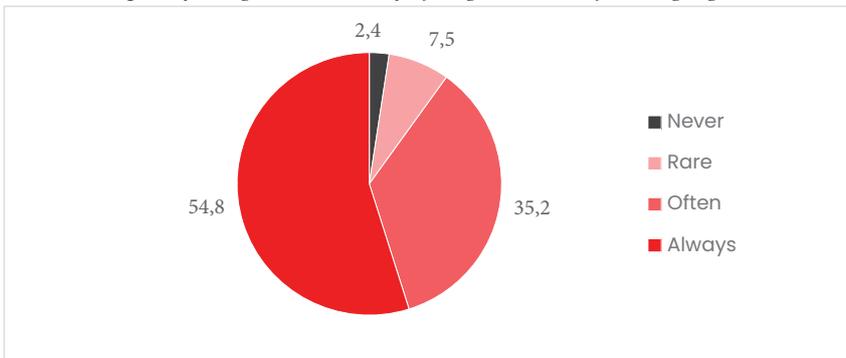
Half of respondents (53.5%) rated their access to this information and instructions as good and very good, while 25.7% rated it as average. The majority of respondents received information from television (other research indicates the use of television increases with age). 43.6% of respondents rated this information as very useful and only 1.3% as not useful at all.

Initial shortages of protective equipment were solved after production of masks and disinfectants increased in Azerbaijan. The survey showed that only 6.4% of respondents felt they had no access to protective means. Others reported that they either purchased items themselves or received them from local and international organizations. However, only half of respondents felt the items were effective in protecting against the virus, which seems to be linked to older people’s great fear of the virus and distrust that it can be stopped through simple protection measures.

Older people’s perception of the danger COVID-19 poses them is high, and the large majority follow the safety measures.

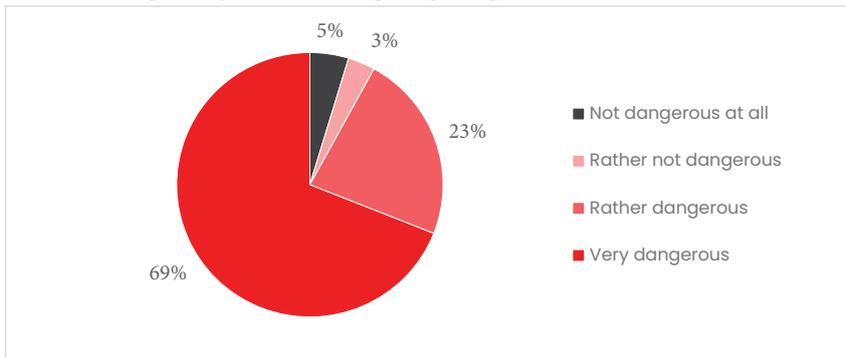
More than half of respondents reported that they always follow safety measures, like isolation, distancing, hand washing, wearing face masks, and more than a third said that they follow them often.

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



Older people’s assessment of the risk COVID-19 poses to them directly affects their behavior (those who are not afraid of getting the virus are the ones who follow the rules the least). 69% of respondents rated the COVID-19 pandemic as very dangerous, 23% mostly dangerous, and only 8% not very dangerous and not dangerous at all.

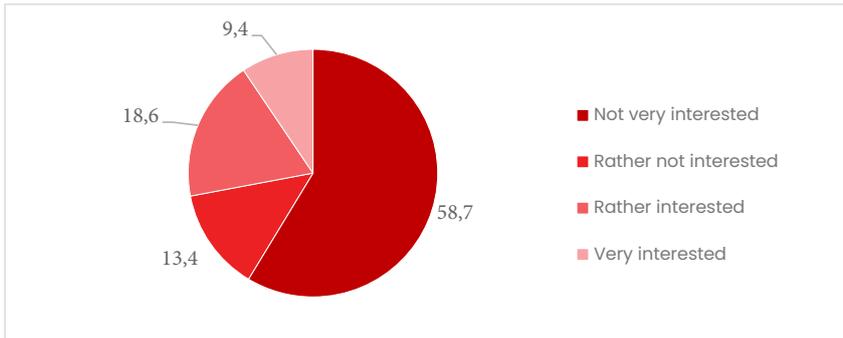
Chart 3. Perception of COVID19 degree of danger (%)



4.8 Civil activism

Although less than half of older people reported an interest in civil activism, there was a perception among older people generally that COVID-19 had negatively affected their ability to exercise their civil rights and engage in politics.

Chart 4. Interest in civil activism by older people



The survey showed that more than half of older respondents were not interested in civic activism at all. Prior to COVID-19, 54% of surveyed older people rated their access to civic activism as good and very good, 20.6% as average and 25.5% as poor and very poor. After the COVID-19 outbreak only 24.8% of respondents rated their access as good or very good and 52.5% as bad or very bad.

5

RECOMMENDATIONS

Based on the findings and conclusions presented in this report, the following short-term and long-term recommendations can be made to key stakeholders and the AzRCS in Azerbaijan:

The Government of Azerbaijan

SHORT-TERM

- ▶ A substantial improvement of social security for older people in Azerbaijan, including increased outreach to include all older people in need of home-based social and health care, is beyond the capacities of the public sector alone. Building on the multiple positive experiences in other countries of the former Soviet Union, it is recommended that the government starts a dialogue with public service providers, the Council of Elders, the NGO “Third Spring”, the AzRCS and other non-governmental actors about partnerships in social and home-based care service provision and mixed funding models.

LONG-TERM

- ▶ Prioritize to clearly define the concept of care – both day care and home-based care, the roles and responsibilities of different actors, and care standards (in both normal and emergency situations). Adjustment of the Law of the Republic of Azerbaijan “On Social Services” might be needed.
- ▶ Develop state programs aimed at the development of care models (including integrated provision of health and social care) which can be replicated across the country in partnership with non-state actors.
- ▶ Integrate recent knowledge in gerontology into programs and the training of care professionals.

AzRCS and NGOs

SHORT-TERM

- ▶ To support older people to overcome social isolation, more creative approaches to social and psycho-social support, and inter-generational solidarity schemes are needed. Special attention should be paid to people living alone and those living in urban areas. The problem of access to leisure and entertainment activities in rural areas should also be addressed.
- ▶ Social work should include more systematic approaches to building the social lives and networks of older people, linking people in urban areas in self-support groups, inter-generational solidarity, improving on-line communication/ICT skills, and even small income generation activities in the framework of support of community groups organized around healthy active ageing.
- ▶ Raise awareness of the general population about healthy and active ageing, healthy lifestyle and the situation of older people in the country.
- ▶ Raise awareness among older people about their entitlements to primary health care services and health and social care they are entitled to.
- ▶ Expand the existing AzRCS emergency assistance hotline to meet older people's broader psycho-social support needs, and to provide assistance or appropriate referral in cases of abuse.
- ▶ Ensure proper support to caregivers in terms of systematic psycho-social support, regular monitoring of their activities and adequate systems for remuneration and compensation of expenses.

LONG-TERM

- ▶ Raise awareness amongst older people about their rights and entitlements, and promote the concept of healthy active ageing, including in relation to mental health, self-care, healthy lifestyle and adjusting behavior which increases health risks (e.g. smoking, alcohol consumption).
- ▶ Jointly with the Council of Elders and the NGO "Third Spring" advocate for the interests of older people in Azerbaijan.
- ▶ Develop sensitive strategies to work on preventing violence against older people, including awareness-building and development of referral and support systems.

Table of Abbreviations

ATM	Automated teller machine
AzRCS	Azerbaijan Red Crescent Society
COVID	Corona Virus Disease
FDG	Focus Group Discussions
ICT	Information Communication Technology
IFRC	International Federation of Red Cross
MLSP	Ministry of Labor and Social Protection
NGO	Non-governmental Organization
RC	Red Crescent
SMS	Short Message Service
UNFPA	United Nations Population Fund

Annex 1.

Questionnaire Structure: Older People

Introduction

Information about the respondent and living situation

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

Economic Situation

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

Health situation

Presence of illness or disability
Health and healthy lifestyle assessment

Social situation

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

Services and infrastructure

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

Home-based care

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

Civil activism and access to political rights

Interest in civic activism
Membership in organizations
Access to political rights

COVID preparedness and behavior

Access to information
Access to protection means
Perception of risk behavior

Annex 2.

Questionnaire Structure: Caregivers

Introduction

Basic information

Category of caregivers

Age

Sex

Family situation

Place of employment and experience

Working in rural or urban areas

Number and type of clients

Personal situation

Economic situation

Social situation

Health situation

Ability to provide care

Access to clients

Access to care means

Organization of care

Assessment of different aspects of care management

Key problems of care organization

Situation and needs of clients

Key problems of clients

Priority support clients need



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