



ОО РЦП

Общественное Объединение
"Ресурсный Центр для Пожилых"

...« We work to provide an opportunity to the elderly so they can feel useful»...

**MANUAL ON HOW TO ORGANIZE WORK WITH ELDERLY
PEOPLE**



[This manual contains 20 years of experience of the organization that worked with elderly. This is not an instruction book, because there are no perfect recipes, everyone should find their own way. We hope that every reader will find something interesting and useful here.]



WORLD **DIABETES** FOUNDATION



Manual was made as part of the project *“Improving the diabetes prevention and treatment in Kyrgyz Republic”* funded by World Diabetes Fund. This project is implemented together with partner organizations Dutch Church Support, Kyrgyzstan Diabetes Association, Help Age International, and ADRA Kyrgyzstan.

All notes and suggestion to this manual are welcome, CU “Elderly Resource Center”

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FOREWORD

This manual contains the best practices in work with elderly by Community Union “Elderly Resource Center”

Main goal of this manual is to provide the social institution workers, leaders of self-support groups Federation, self-support groups and elderly people with necessary information on how to create elderly self-support group, daycare center and about the process of social support provision to the elderly. Manual contains the recommendation about diabetes treatment and prevention and tips on how to keep the good health in senior age.

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WORDS OF GRATITUDE

CU “Elderly Resource Center” Team would like to express sincere gratitude to all the partners, friends, everyone who made input in the project of care and support, we would like to thank senior people we work with for cooperation, understanding and patience. Thank you so much for your assistance in implementing the organization’s initiatives and active positions during lobby and advocacy activities to defend the interest and improve living conditions of elderly in Kyrgyzstan. We would like to thank our older generation for understanding and patience, experience you shared with us, your presence in our life – it allows us make new steps and conquer new heights by reaching our goals.

Community Union “Elderly Resource Center»

GLOSSARY

ERC	Community Union “Elderly Resource Center)
KR	Kirgyz Republic
EP	Elderly People
ESSG	Elderly Self-Support Group
ESSGF	Elderly Self Support Group Federation
EDC	Elderly Daycare Center
VRU	Volunteer Rescue Unit
SRU	School Rescue Unit
IGA	Income Generating Activity
ES	Emergency Situation
COB	Consulting-Overseeing Board
TG	Target Group
NGO	Non-Government Organization
NCO	Non-Commercial Organization
LSG	Local Self-Government
SGB	Self-Government Bodies
AO	Ajil Okmotu
SSWA	State Social Welfare Agency
PF	Public Fund
PCF	Public Charitable Fund
MM	Mass Media
CSO	Civil Society Organizations
EM	Emergency Ministry
AES	Alternative Energy Source
MIPAAP	Madrid International Plan of Action on Aging Problems
PME	Planning/Monitoring/Evaluation
MCA	Microcredit Agency
OSPI	Open Social Politics Institute
ABSS	Access to Basic Social Services
SSG Conception	Self-Support Group development Conception
BPC	Big Public Council
SMC	Small Public Council
PPC	Public - Preventive Center
ISSA	Information Service for Social Advocacy
CBC	Community based communities
IG	Initiative Group
CIG	Community Interest Group
CBO	Community Based Organization
WW II	World War II
DCA	Dutch Church Support
ICCO	Inter-Church Organization for Development Cooperation
KDA	Kirgizstan Diabetes Association
ADRA	Adventist Development and Relief Agency
HAI	Help Age International
CASPP	Civic Association for Social Protection of the Population

EU	European Union
OSCE	Organization of Security and Cooperation in Europe
USAID	United States Agency for International Development
ISD	International Elderly (Seniors) Day
CC	Kirgizstan Republic President Coordination Council
ZK KR	Zhogorku Kenesh Kirgizstan Republic
PS	Presidential Secretariat
DM	Diabetes mellitus
OGTT	Oral Glucose Tolerance Test
FA	Physical Activity

TERMINOLOGICAL VOCABULARY

Ojil Okmotu – village state department.

Big Society Council (BSC) –Organizational structure that consists of representatives from various society sectors. Its activities are aimed to analyze and solve the problems of population in the intersectoral interaction.

Grant – money amount, equipment, property or room or etc. provided gratis one time only.

Civil society –Complex of non-governmental structures, organizations and institutions which aim is to represent interest and will of the community members, it is protected by the law from the intervention of the governmental bodies and is free to set the form of communication with the state representatives independently. Civil society includes various unions (professional, political, groups based on the joint interest, other organizations with fixed or free membership) that work on the regular or temporary basis. As the result of the long development the current understanding of the civil society was created, that was based on the common human values. Main elements are: variety and equality of the property forms, freedom of labor and entrepreneurship, ideological variety and freedom of information, unconditional uphold of human rights and freedom, developed self-management, family as the main social cell. Civil society expresses the dynamic and multiple-sided specter for points of view and values existing in social sphere.

Group –number of people joined by same interest, profession, activity etc....

Self-support group –Voluntary unity of people gathered to solve social, economic, political and cultural issues in the places of their local residence. Self-support group – is a structure that motivates the support activities within itself.

Gerontology –Science that studies the issues of elderly and elderhood. Also, it studies not only the process of growing old itself but the possibilities of age related diseases prevention and lifespan prolongation. Social gerontology studies the influence of the life habits on the lifespan expectancy.

Indicator –Specific means of verification for certain event or activity.

Information Service for Social Advocacy (ISSA) –Network of the free services providing socio-legal services to the people.

Lobbying – “Pushing through” the law o policy in order to get approved, canceled or improved that happens on local, national and international level. During the lobbying the views and information are used in order to reach the people responsible for the decision making and influence that process in required direction. Lobbying means being in contact with officials that are approving the laws and define the policy, it’s also the exchange of the wishes and opinions, which can affect opponent’s arguments and demonstrate wide support in the current question.

Monitoring –Process of regular key data (indicators) collection and evaluation in order to define: achieved changes and progress in the analyzed activity or process in comparison to the expected results. This is the instrument for improvement of the organization’s activities and

achieving the specific results.

Local self-management – Organization of the community activities for autonomous initiative that includes taking the responsibility in solving local level question in community best interest, and takes into account the historic, national- ethnic and other contexts.

Local self-management is being executed through the representative bodies of power (councils, committees etc.), appropriate governmental bodies (local administration), gatherings (meetings) of citizens or other territorial forms of democracy. Local self-management bodies can be provided, in accordance to the law, with separate governing powers and functions.

Local community – Village or city population that is united by common interest in solving the local level question, through its representative or other bodies.

Intersectoral interaction – Interaction of various society sectors aimed at the holistic approach in problem solving using social partnership.

Small public Council (SPC) – Organizational, territorially defined structure, that was created on the volunteer basis and includes within it community activists (neighborhood representative, court members, a/csacals), representatives of law enforcement. The main activity of the structure is provision of complex social-legal support to the population of the certain territory.

Community based organization – Group of the village inhabitants that understands that their socio-economic interests will be satisfied if they will be organized in groups.

Evaluation/assessment –An instrument to assess the effectiveness in reaching the goals (results), to analyze the process of the program/project realization and also their adequacy to the reality.

Public - Preventive Center (PPC) –a type of community formation that includes in itself the participation of community representatives and citizens in order to protect order and fight crime.

Partnership –Key participants and interested parties join together in order to solve the general problem/question; the relationship of all interested parties is based on equal partnership.

Program – complex of activities connected through resources, schedules, actors and sources of funding. The activities could be political, law making, social, economic, and investigative or other organizational activities aimed at solving the priority tasks in the State or society development as an instrument of economic and social relationship regulation.

Joint Participation Principal – Principal of the participation for the NGOs and local communities in the problem identification and finding the possible solution, involvement of the community members at every stage of the project cycle, joint implementation of the project.

Paraworker –assistant of the main specialist.

Self-support – Activity of a group of people on the political, social, economic and cultural levels aimed at solving their own problems.

Community – It is a group of people that provides more possibilities for problem solving such as poverty, low living standard, and low livelihood standard.

Social mobilization –Complex of the activities aimed at creation and development of local community-based organizations in order to solve their socio-economic problems, by using their own or other resources and with active involvement of the local community during the decision-making process.

Social partnership – Joint cooperation among the INGOs and local NGOs, private sector and state structures with aim to achieve sustainable solutions of the society problems.

Strategy – Estimation of quality for long term development goals, it is related to the sphere of means and forms of activity that provide goal achieving.

Stakeholders – Interested parties that directly or indirectly participate in the project

Tolerance– condonation of another way of living, opinion, faith, behavior, values etc.

Training – A short educational course, that provides deeper knowledge in certain area.

Sustainable human development – Holistic approach to the development in which the central role is played by the society through the integration of social economic and environmental goals.

Fundraising – Process of finding the money or other resources used by the organization (mostly its NGOs) in order to realize certain social project, series of projects unified by common idea or even “vector of movement”. The funding can come from private donors, commercial organizations, funds or government organizations.

Philanthropy- Activity through which the private resources are voluntarily distributed among their owners with objective to assist the needy (in the wide meaning of the word) people, in order to solve society problems and also to improve the society living conditions.

Advocacy – a public initiative, it is protection of self-interest by the community organizations, lobbying by the community organizations), participation of the society in problem solving, civil rights protection with the support of the community organizations. Advocacy – is an action or a process of support the cause or the main problem solution. The goal of advocacy is achievement of the certain changes, which bring benefit to the population involved in this process.

INTRODUCTION

Thoughts about

Testimony of a one old man. *You don't even notice how fast you grow old, on some level I realized that it is physiologically inevitable. But it happened way to fast!*

My body got weaker, I started to forget things, got much more pessimistic. Colleagues at work looked at me like I was some kind of 'blown horse' they didn't "shoot" me by firing but moved to the "reservation" with other old people. How do you live there? What do you do? I didn't know – no one teaches you on how what to do when you grow old. Being retired turned out to be a job and profession as well.

Naturally I started to feel depressed. It leads to the physical diseases. Problems grew like a snowball and it was threatening to crash me. That's when I started my struggle, alone at first, later joined by friends. The bigger our circle grew the better we felt.

The most painful thing in this story is the way our society and state that operates through its representatives throw the elderly out like a used mechanism. The social benefits and payments – those miserable drops they give to us as if it they are doing us a favor, as if it is the way it should be with amounts just enough to keep the "pants on the waist". It makes you feel like a burden. But we spent our life creating material and spiritual benefits for this generation.

I sound angry and offended by my current state, caused by soullessness of the government officials, indifference of young people to the older generation. My advice to the young people is to respect the Age! Nobody lives forever under the sun, we all will come to the physical changes caused by age, I would truly not wish for you to experience in future the same attitude we are suffering from now.

As an advice to the young people I would like to live these lines:

*When we grow weak and
fragile
When we "as natives"
Should give our place to
the "newcomers"
May the sound good mind
Keep us safe from faint-
hearted reproach
From the slander,
From the bitterness to the
changing life
Where new guests sit
around the table to have a
feast*

What reaction should you have to this testimony? Pity? Compassion? Only to go about your business later? Or maybe to try and help? Try and help change the situation and yourself? Is there anything possible to change? What methods actually would work? There are half a million old people, each with their own unique story.

Community Union «Elderly Resource Center» with its leader Tatiana Nikolaevna Bashtavenkva proposed their methods in work with elderly. Those were successfully tested not only in Kyrgyzstan but also in other locations.

Community Union «Elderly Resource Center»

CHAPTER 1: ESSG AS ONE OF MODELS IN WORK WITH ELDERLY PEOPLE

ESSG – social mobilization mechanism

Existing international topic related documentation proclaims the principal where no human being should be denied possibility to participate in the society life or use the advantages of social and economic development. Elderly people have higher risk to face absence of such opportunities, that's why it is so important to fight discrimination in all of its forms to ensure full exercise of all human freedoms and rights. Number of factors lead to age-based segregation and obstruct integration of elderly into society life, those factors are: geographical mobility, urbanization, economic development and (due to age difference) unbalanced access to the social institutes and labor activity.

ERC uses social mobilization mechanism as the tool, which:

- Gives the elderly people opportunity to join efforts and resources to unite – that is what needed to solve collective problems and develop society;
- Improves social protection of elderly people and increases their social activity level through the self-organization in order to solve problems of their social group as well as community they live in, with help of economic and social activities.

Also, the experience shows that there are significant differences of ESSG work in urban and rural areas. In villages elderly live mostly in families. Usually the main priority in work with them is the institutional sustainability. Such groups usually develop joint produce of various goods, growing poultry or cattle etc. up to the point where ESSG participates in local community problem solving. With regard to the urban ESSG, it's more common for them to have lonely elderly members. Urban culture, infrastructure and routine have direct influence on the elderly life. Here more attention is dedicated to the social activities: meetings, tea evenings, holidays etc.

Generally, the most common problems for elderly are lack of social interaction/communication, exclusion of elderly from the community decision making, low level of legal and social protection.

An important factor to keep in mind is that the majority of the group is female. Lonely people can only count on themselves in this world. Women are more adaptable to the circumstances in any age especially in the senior age group.

Men, in comparison to their female age mates, are more sensitive to the lack of social interaction, since the sphere of their activity and involvement is narrower compared to women. Having lost the physical and mental shape, men usually have more challenges coping with the problem of loneliness than women do, women are more inventive in finding the useful and engaging activities.

ESSG concept about sustainable livelihood of elderly.

Elderly who were coming to the organization were once asked with the question: “What does the individual requires to have a full life?” Based on their answers a table below was created:

HAVE A FULL DIGNIFIED LIFE ELDERLY PERSON REQUIRES:



Not that much, is it? But how much is really implied by these words “not that much”? Perhaps another life... We had to think on how to restore the faith in everything for the person who had lost this faith. How to replace the children that went away looking for better job opportunities and left their old parents? How to restore trust in the society government and in people? How to save from the scariest thing at this age – loneliness? How to deal with lack of food? How to protect from ethical lawlessness of mainstream community towards the elderly?

At that point surely, there was a variety of effective approaches yet ERC chose the holistic approach in salving the problems of the elderly in which the self-support mindset was developed step by step.

Main areas of activity in the frame of ESSG conception:

- *Social*
- *Education*
- *Economical*
- *Information/Awareness*
- *Legal*
- *Environmental*
- *Political*

What is ESSG?

Self-support group can be viewed as a community activity, aimed at the population mobilization in order to solve socio-economic and other problems locally. ESSG activity is executed in the sustainable livelihood frame and is oriented to realize the appropriate goals and tasks. First of all, the livelihood approach is focused on taking care of people in the target groups, since they are in need of whole circle of activities to have the positive livelihood results.

Self-support groups provide individual support to its members which is needed to reactivate them. Groups provide solid ground for dialogue and cooperation with other structures – state bodies, business etc. If ESSGs work well they have recognition and authority (power) to guarantee their participation and influence during the decision making, culture development, helping to preserve best national traditions and other perspectives.

Why does the ERC unify the elderly into ESSG?

1. So they could assist themselves:

- to realize their creative potential,
- to gain additional income and insure sustainable material wellbeing and independency,
- to protect their rights and insure these rights are exercised on all levels,
- to raise their importance in the society and in country,
- to realize the rights to receive and share information about important questions,
- to show that the elderly people are not passive receivers (beneficiaries), but the equal society members that contribute into the society development,
- to improve the physical wellbeing, improve the emotional state, create the family environment to feel needed;

2. So they can help the community:

- to conduct the social mobilization of the community members to solve its socio-economic problems,
- create and develop the community social infrastructure,
- increase the family's and community income,
- preserve and pass on to the younger generation the traditions, knowledge and skills,
- supply the community members with necessary information,
- develop self-support and ways of achieving the sustainability in the community projects;

3. So they can help their country:

- to attract the talented youth in order to develop their creative potential,

- strengthen the achieved success of preserving and passing on of the cultural heritage in the areas of art and national craftsmanship taking into account modern technology,
- advocate for the legal and economic reforms, aimed at building the civilized state,
- acknowledge and use the input of the senior citizens of the country.

ESSG principals:

- ESSG involves its members to make the collective decisions, plan, conduct and track all of the activities using its own power and resources

Principals of forming the ESSG:

- Similar goals and interests
- Equal participation
- Fair distribution of benefits
- Humanity and tolerance in the relationship with each other
- Transparency and responsibility

ESSG TYPES:

1. ESSG organized according to the permanent residence place of its members – “rural area”

Main uniting factors:

- need to solve the general utility problems at the place of permanent residence
- attempts to start IGA

2. ESSG organized according to the permanent residence place of its members – “urban area”

Main uniting factors:

- similar social problems
- necessity of additional income due to the more expensive prices for life in the city

3. ESSG organized by immigrants and migrants– “rural area”

Main uniting factors:

- need to solve general legal issues: citizenship, registration, children benefits, housing registration etc.
- necessity to do the IGAs

4. ESSG organized by migrants– “urban”

Main uniting factors:

- need to solve social and legal question, utility problems in the compact living area
- necessity to do the IGAs

5. ESSG organized based on the vulnerability principle and aimed at the narrow target group – elderly, people with special needs, youth etc.

Main uniting factors:

- being a part of the narrow target group
- need to solve social problems
- necessity to do the IGAs

HOW MANY MEMBERS SHOULD ESSG HAVE?

- members of the functioning groups think that 10-15 people is an optimal number to create some balanced schemes of savings, create trust and unity in the group
- Having more than 20 people in the group leads to weak participation of some group members
- 5-6 people can build a strong base for ESSG, then the number of people can be increased within the next months

Amount of group members and level of their participation:

Amount of people	Participation level
3-6	Everybody is participating
7-10	Almost everyone participates Shy people are getting less involved One or two could be not involved at all
11-18	5-6 actively participate 3-4 participate from time to time
19-30	3 or 4 dominate
30 +	Possible low level of participation

ESSG DEVELOPMENT STAGES

1. Development

ESSG development and formalization take approximately 6 months

Development starts with small household level survey to define poor people. Here a target group is defined which is then mobilized to form a (self-support) group.

Main conditions to create a group:

ESSG is created by the collective decision (starting from 5 people), its members should be people that fit the social criteria described in this Regulation. The founding documents of the group are:

- ✓ The decision to create a group, in which are mentioned the following things: main type of activity, list of participants, resolution to create a group and current Regulation. People that made a decision to create a group make a list of people who wish to become a group member, also develop group organizational documents. The decision should mention the amount of membership fees or other funds and the order of their submission.
- ✓ The group member list contains:
 - Member number, full name, birth year, home address and social state (situation)
 - amount of *membership fee* submitted by each person
 - *Group members' signatures*.

2. Formalization

On the second stage the group develops the Statute/Regulation, according to which it will function (it's being accepted and approved by general group meeting). Group creates its inner provident foundation and develops its inner credit policy, about the inner loan movement and regulation in case of delayed (overdue) payment. It also defines main areas of activity.

Regulation about ESSG

ESSG works based on the Regulations/Statute that states following:

- Name and location of the group,
- group goal and activity character(type),
- group management bodies
- the order of property development, order of the profit distribution,
- regulations for membership and membership termination
- other regulations that do not contradict the laws of KR and adhere goals and task of group creation

Group chooses its leader, bookkeeper and secretary and defines their rights and responsibilities.

ESSG decisions are made by majority vote; in case of a draw during the matter discussion the casting vote right is held by the leader.

All of the decisions are being documented and signed by all ESSG members (*ESSGs are being created with registration and without registration in LSG, without organizing of the legal entity*)

3. Consolidation

It is an indefinite period of time during which ESSG increases its knowledge and practical capacity through the training and seminar attendance. The necessity to conduct specialized trainings grows. Group members work together in the chosen paths of activity.

4. Independence/sustainability

The last stage of ESSG development defines its independency from NGO that supported it.

- Financial sustainability – forming and increasing of the fund
- organizational sustainability -materials and equipment, documenting, database
- Institutional sustainability – gaining experience, exchange visits among ESSGs

NGO follows and supports ESSG development process

Based on this the following types of NGO activities are defined

1. ESSG organization and mobilization
2. Education (Training)
3. Multisided support (finance, information, technical etc.)
4. Monitoring

Governing bodies and ESSG membership

1. Group governing bodies.

Group is being governed by the general group-member meeting and Board of group.

2. General group-member meeting.

The main form of group member authority is the General group-member meeting.

General group-member meeting:

- prioritizes the group activity tracks,
- approves, changes and adds new members to the group,
- defines the group size during its creation,
- approves the order of conduct and the authority of the meeting,
- accepts new group members and relieves from membership,
- defines the size of entry fees,
- elects the group Leading Board
- conducts the leading Board work discussions and receives the Board's work reports,
- develops the loan/ micro-finance policy,
- has a power to make a decision about reorganizing or liquidate the group,
- solves the other group related question.

The General group-member meeting should be conducted at least once a month and more if necessary. Unscheduled meetings could be requested by the group Leading Board or by at least 1/3 of the group members. The general meeting should be gathered within 3 days after such request for meeting was made. The meeting is duly constituted only in case 2/3 of group members are present.

The decisions such as Regulations/Statute approval or changes, group reorganization or liquidation require participation of 3/4 of group members. The decision has legitimate power only if it is voted for by 2/3 of group members. The rest of the decisions are made by the simple majority vote. Voting process is usually conducted openly, except the cases when 1/2 of group members demand secret vote. During the general meeting a Leader (Moderator) is being chosen while group secretary writes the protocol.

The protocol should contain:

- date, location, participant list, agenda, brief content of what was said during the meeting, decisions that was made. Protocol should be signed by the Meeting Leader (moderator), secretary and all of the meeting participants.

3. ESSG leadership.

Group leadership consists of Group leader, cashier and secretary.

4. Group leader.

Group leader an elective position, leader is responsible for monitoring of the group activities in order to ensure the sustainable growth and goals achieving for the group. Group leader acts based on the principals of fairness, honesty, sociability, patience, self-discipline and active participation in the group development. Group leader is a guarantor for uphold of the Group Regulations/Statute.

Leader is responsible for:

- Calling for General meeting,
- leading the General meeting,
- provision of monthly report during the General meeting about conducted work,
- solving the conflicts between the group members,

- monitor the group progress and goal achieving,
- present to the group further group activities planning projects,
- support the active participation of all group members during the decision making,
- represent the group in the State governing and local self-governing bodies,
- in case of quitting the position obligation to call for General meeting with 3-day term to report about conducted work.

Group Leader is elected for 1-year term during the General group meeting by the simple vote majority and quorum at least 3/4 of group members.

5. Group cashier.

Group cashier is responsible for the appropriate daily bookkeeping of the group cash-register, making the bookkeeping accounts according to the local bookkeeping standards. Cashier reports about group financial activities once a month during the General group meeting.

Group cashier:

- responsible for financial-related documentation of the group,
- keeps the track of the credit and savings documentation,
- oversees the appropriate way of conduct for the loans according to the loan policy developed by the group,
- in case of quitting the cashier, position makes a financial report during the Group general meeting and makes document and responsibilities hand-over to the newly appointed cashier.

6. Group secretary.

Group secretary:

- Manages the group documents and records,
- manages the record registry for the further usage purpose,
- responsible for writing the General group meeting protocol,
- manages the additional documentation needed for the group work.

ESSG membership.

Any citizen that fits the criteria (based on the group purpose) is eligible to become an ESSG member. ESSG has individual membership. Upon the entry the new group member pays the entry fee, the fee amount is defined by the Group general meeting. Monthly membership fees are being paid regularly on the days defined by the Group general meeting. In case of leaving the group the order of returning the membership fees is being decided during the Group general meeting.

7. Becoming an ESSG member.

Person is being accepted into the group based on the written application letter through the Group general meeting approval. Group member absence during the meeting is allowed only due to the

valid excuse. In case of missing 2 meetings (days) with no valid excuse a membership in the group could be terminated based on Group general meeting decision.

8. ESSG member rights and obligations.

ESSG members have rights and responsibilities described in group Statute documents and KR laws. Each group member has equal rights and opportunities to insure fullest and most effective work in group:

- each member has equal possibilities for promotion based on his input into the group work
- has a right to see the documents: budget, income and expenditures, actively participate in group work, elect and be elected into the group management positions
- receive the part from the group income.

Group members are obligated to act according to the KR legislation and obey the group Statute documents as well as other Group general meeting.

9. Order of ending the ESSG membership.

ESSG membership is terminated in the following cases:

- voluntary ending the group membership,
- death of the member,
- exclusion from the group.

Exclusion from the group is executed based on the written application provided 10 before quitting the group. Group member has a right to receive and group is responsible to pay the part in monetary or in kind, the payment amount is defined by the Group general meeting. Group member that broke the responsibilities described in statute documents of the group can be excluded from the group base on Group general meeting decision. All of the arguments based on exclusion from the group membership should be settled according to the KR legislation.

ESSG ACTIVITY

1. Financial activity

ESSG manages its financial income and expenses. The responsibility to keep track of income into savings fund provided credits and outside credit payments lays on the group cashier or bookkeeper.

2. Savings

ESSG has an inner savings fund, membership payments go into this fund, group activities are paid with money from this fund and also group gives loans to its member from this fund (the % is defined by the group).

Each member makes an individual contribution into the savings fund according to the group approved schedule.

Sources of finances for savings fund:

- membership fees
- interest payments from loans
- other (income from IGA, donations, income from fair and other fundraising activities etc.).

Motivational policy to make savings

- ✓ Regular meetings to support and motivate
- ✓ Having the individual savings books
- ✓ Correct financial records (no mistakes)
- ✓ Possibility to take a loan from savings

3. Receipt and distribution of if inner and outside credits

Inner credits: ESSG is being used most often to give credits to the group members (with low interest rate) or to the non-group members (with higher interest rates). Group makes joint decision on how to manage and distribute the funds in its position.

Outside credits: In order to more effectively develop the group IGA, the group can take a loan (credit) from outside funding sources.

ESSG IGA types:

- agriculture
- national handicrafts
- food products production
- everyday goods production

4. ESSG property.

ESSG property consists of property donated by ESSG members into its main fund, property bought for grant, micro-credit money, membership fees, donations, income received from group IGA or other sources of income that are allowed by the KR legislature. The property price is recorded in the separate ESSG balance. ESSG owns the property.

Property and responsibility.

ESSG members carry solidary the responsibility for the all the ESSG owned property, that is recorded into the Statue fund. In case the funds provided as the grant or micro-credit were lost or stolen ESSG carries the solidary responsibility in covering the losses or restoring the amount provided for group development.

ESSG has a right demand the responsibility from the group members guilty of their responsibility misconduct, in case there is a full member consent and presence of undeniable facts of such activities. ESSG is not materially responsible for the debts of its members.

Property distribution during the ESSG reorganization.

During the ESSG reorganization the property donated by ESSG members into its fund should be returned to the members. The property purchased with the money from membership fees, donations, IGA, grants, credits should be transferred according to its inventory value to the new ESSG founders together with wit the main fund. The ESSG created as the result of the reorganization inherits all the rights and responsibilities of the previous ESSG.

What kind of results and products can elderly people receive from ESSG activity?

1. For themselves:

- workplace,
- additional income,
- connections to the goods and services consumers,
- other group members support,
- donor and benefactor support,
- vital information for successful work and life,
- connection with youth in need of knowledge and experience,
- socialization,
- possibility to use own experience,
- connections with local self-governing bodies and state governing bodies,
- respect of the community members, based on elderly input recognition

2. For community:

- workplaces not only for ESSF members but for other community members as well,
- the range of services that elderly people can provide,
- restored homesteading and less pressure on the local budget,
- infrastructure objects (displays, information stands, interest circles, med bays etc...),
- IGA objects (bath-houses, hairdressing salons, farming households, folk craft workshops, greenhouses, sewing and another workshop etc...);

3. For the country:

- connection between generations, which is necessary for spiritual development of the country,
- social tension reduction,
- IGA development,
- citizens are becoming active in solving the local problems,
- resource mobilization for the country development.

Why is this a successful model? (Success factors)

1. Elderly have:

- experience,
- knowledge,
- respect,
- spiritual strength,
- need to be useful;

2. Presence of the organizations ready to help elderly to organize the self-support.

What projects can be realized with ESSG:

Educational:

- Development and implementation of the various documentation management forms (records management, financing, cash flow, health and nutrition development, making the reports about conducted activities etc....),
- Acquiring of special knowledge and skills, such as learning about new technologies and techniques in sewing, agricultures, lobbying and advocacy for elderly etc....,
 - entrepreneurship trainings,
 - activity planning,
 - social entrepreneurship,
 - fund raising,
 - business planning,
 - health and nutrition,
 - group work with students,
 - engaging the volunteers into the ESSG activities and others.

Informational:

- design of the booklets and brochures,
- ESSG members produce thematic booklets, bulletins and information sheets about various questions related to the ESSG work experience,
 - cooperation with local media,
 - improvement in the call offices work,
 - creation of the local newspaper to increase the population awareness
 - conduction of the actions and campaigns in the community,
 - creation of the information stands etc.

Social and cultural:

- socialization and social activities of the ESSG members,
- creation of public library,
- organization and conduction of displays, fairs, concerts,
- creation of medic-social room,
- disabled and lonely support etc.

Household-economical:

- starting up the art workshop that works with leather, wood, clay etc.,
- (sale) of the goods produced by the ESSG members,
- providing the work opportunities to the elderly,

- creating the farmer household with cattle or poultry produce in order to sell the meat,
- starting up the enterprise that provides bath/clothe wash services for elderly and other people,
- starting up the sewing, carpenter, souvenir, pastry or any other shop,
- starting up the greenhouse,
- provision of educational, consulting or other demanded in society services,
- growing fruit produce,
- organization and implementation of fairs to sell goods etc.

Communicational:

- social events (round tables, seminars etc.) with local self-governing bodies and state governing bodies,
- conducting the Seniors day with participation from various structures representatives,
- participation in development and planning of other community building projects for the region and country,
- organizing the social partnership in the area of elderly problem solving.

Legal:

- organizing the legal consultation or other types of the legal support,
- defending the rights of the elderly,
- lobbying for the elderly interests in state and other structures.

How the achieved results could be used?

- By improving the successful projects that have complex realization approaches.
- By using an existing experience to start the new activity directions.
- By joining efforts through making the networks and other structures that have similar goals and tasks, for example creating an ESSG Federation.
- By providing consulting services to the new ESSGs.
- By being more active in lobbying and advocacy for elderly in various processes including low making or making management decisions.

How to monitor results of ESSG projects and activities in general?

Monitoring:

- Self-monitoring of the implemented activities according to approved plans and earlier agreed indicators.
- Making a discussion during ESSG meetings about monitoring results and if necessary mitigation measures.

Evaluation:

- ESSG work results analysis in the end of each project or project stage by self-efforts.
- Invitation of the outside specialists for ESSG activities evaluation and further strategy development.

Reporting:

- Keeping ESSG General meetings records,
- Documentation management in accordance State legislation,
- Inside financial procedures are created and approved in the transparent and understandable for all ESSG members manner.

What difficulties shouldn't be taken into account?

- Poor communication. Elderly have lack of access topic related information. Lack of educational materials written in familiar language.
- Elderly don't trust in their own potential.
- Society doesn't see elderly as active community members.
- Obstacles are being created by other actors due to the high competition on the goods and services market.
- Materials and equipment that is necessary for certain projects are way too expensive.
- Dynamic changes in the outer environment.
- Individual people's features, constant negotiation.

Who can help?

- ✓ Self-governing bodies representatives and state structures representatives especially those from social welfare department.
- ✓ NGO Representatives the mission of which is social support and development.
- ✓ Charitable organizations.
- ✓ Socially responsible citizens.
- ✓ Educational institutions.
- ✓ Large Enterprises and etc.

ESSG documentation

List of documents needed for ESSG (see the attachment):

- ESSG work plan
- ESSG member list
- Application form to enter the ESSG
- Application form for quitting the ESSG
- ESSG general meeting protocol
- Cash book
- Savings book of the ESSG member
- Purchase act for goods, products etc.
- Distribution act for products and medicines
- ΓCII Statement of direct support to the ESSG members
- Log book (raw materials, salaries, expenses, transport expenses, received income etc.)
- Attendance journal

Joining ESSGs efforts / ESSG network

Federation – next step in ESSG development

After some time ESSGs became more independent and gradually ERC stop the direct intervention into the group management encouraging them more and more to make their own decisions. In 1999 Balychnka groups created the Elderly Council who started to advocate for their interests, implemented micro credits and educational activities for group members etc. During the work of the council a necessity was discovered to create a unified organization to mobilize financial resources into one unified fund from which the other groups can loan a credit for themselves to start IGA and to provide social services for the group members and for the elderly living in the city. ERC has delegated part of the responsibilities to the Federation Council, since the Elderly Council was no longer able to be the functional body. During the general meeting the Council has developed and approved Statute and Regulation for its activities.

In order to ensure effective work of the council, a holistic approach was needed, for that purpose was conducted seminars, consultations, socialization clubs, conferences and other events, together with such activities there was training for para workers (assistants). Each month there were consultations for the ESSG members about IGA development also social, legal and other questions.

In 2001 Federation Council was reorganized into ESSG Federation Council. The changes and updates that were made in the Statute, membership policy, work and activities plan and financial policy. Elderly people not only received income through the joint farming-economic activities, also the communication with each other as well as the feeling of being a part of collective work increased their self-esteem and moral state.

In 2004 Federation gained a legal status, it was registered in the KR Justice Ministry as the social fund "Federation for Elderly Self Support Groups". The main goals and activities of the Federation were: fighting the poverty and provision of psychological social and material support to the elderly, advocating for ESSGs interests in the government institutions, implementation of the activities that support economic and social stability and improve living condition for elderly.

Federation started to implement activities in the following directions:

- Assistance for the elderly self-support groups and sharing their experience
- Organizing of fairs and displays for goods made by ESSGs
- Organization of exchange visits between ESSGs
- Charitable and social events
- project realization that aimed to socially protect elderly people, advocating for making changes and improvements legislation about elderly rights protection
- Improving and activation of the elderly social life and encouraging them to get involved in small business or entrepreneurship
- Lobbying and advocating for the ESSGs rights according to the local legislation, learning about elderly rights protection
- Creating and developing ESSGs networks
- Improving at life of the pensioners, encouraging them to participate in socially useful

- labor
- Micro credit activities
 - Preparing and conducting round tables, educational events on topics of personal growth, creative or social potential realization for elderly
 - Design and distribution of the variety of educational programs from the Federation
 - Creating connections with the society
 - Improvement of the connection between the generations

ESSG Federation – ESSGs join their efforts based on territorial status in order to consolidate the efforts and advocate for their rights and interests.

Necessity to create ESSG Federation

- Possibility to receive grants for the projects from the donor organizations
- Stable organizational-legal form of activity/ Unified governing body
- Consolidation
- ESSG Federation represents its interest before the local self-managing bodies/ ESSG represents the local community interests
- ESSG development experience is collected and shared

CHAPTER 2: ELDERLY DAYCARE CENTER CONCEPT

EDC – as an alternative for the nursing home

The modern social environment has its focus on youth and an active lifestyle, which makes the demographic layer of the elderly the most vulnerable one.

Changes of the psychosocial status when it comes to the senior age differs from previous changes, it is characterized by narrowed circle of both physical as well as social capacities and it contains of following stages: Coming into senior age, retirement, widowhood. One's satisfaction with life and successful adapting to the senior age depends first and foremost from the health state. Negative effects caused by weak health could be mitigated through the social integration mechanisms. Another important part in this process is played by the material wellbeing, being oriented on the other person and readiness to accept changes. Reaction to the retirement depends from one's wish to leave the workplace, financial state, relationship with the colleagues and to what extent retirement was planned.

Usually widowhood brings loneliness and unwonted dependency. Although in the meantime it has potential to give the person possibilities for personal growth. Often the meaning given to the events by the individual could be more important to the person then the event itself.

Senior age affects men and women differently. The style of gender role-based behavior changes, gender-base differences are merging. Men become more passive while women tend to become more aggressive and power driven. Family and personal relationship also being transformed. Elderly learn to adapt and stop being in the teaching position, taking a role of granny and grandpa instead. Most of the elderly see the relationship with their relatives as something constant and necessary, as one of the life support and satisfaction sources.

Main elderly social problems are age segregation and poverty.

One of the options for social support to help elderly socialize could be Elderly Daycare Center (EDC from now on)

In May 2008 ERC organized and support up to the current point Elderly Daycare Center (EDC) in Balikchi town.

Program that supports EDC model

EDC conception in 2009-2011 is based on the program “7 steps to the senior age with dignity”, that was implemented by the Resource center for the elderly.

The program “7 steps to the senior age with dignity” is aimed at creation safe environment, that allows protect and lobby the rights and interests of the elderly people.

The program offers to create the models for gerontological services and lobbying of such activities into the Ministry of Labor and social Politics as well as Health Ministry of KR.

One of the program strategic goals is development and implementation of the program activities that insure organizing social standards and conditions for the elderly based on international gerontological and geriatric experience.

To achieve this goal a model was proposed in which Elderly Daycare center in Balikchi would be created and provided with staff, institutional and financial capacities.

Role of EDC supporting organization

Community Union “Elderly Resource Center” is an initiator of the Elderly Daycare Center model development.

Main tasks in EDC development for 2009-2011 are:

- Support of the Daycare center development and technologies for its proper functioning
- Support of the staff capacity in spheres of the gerontological and geriatric support in the EDC
- Development of the methodology for the activities and social standards based on the EDC experience
- Cooperation with national and local state social structures to develop the EDC model
- Support in the PME (planning, monitoring and evaluation) system in the EDC activities
- Raising of the financial or other types of investments for the EDC development

The EDC goal is to develop the holistic approach to the problems of better health and prolonged active long age for elderly.

EDC tasks are:

- Support of the active lifestyle among elderly
- Provision of various social, household, legal and psychological support to the elderly,
- Development of geriatric and elderly casework support
- Creation of the friendly environment for self-support and self IGA
- Educational activities for elderly and EDC staff
- Awareness spreading about elderly rights, access to basic services etc.

EDC fields of activities

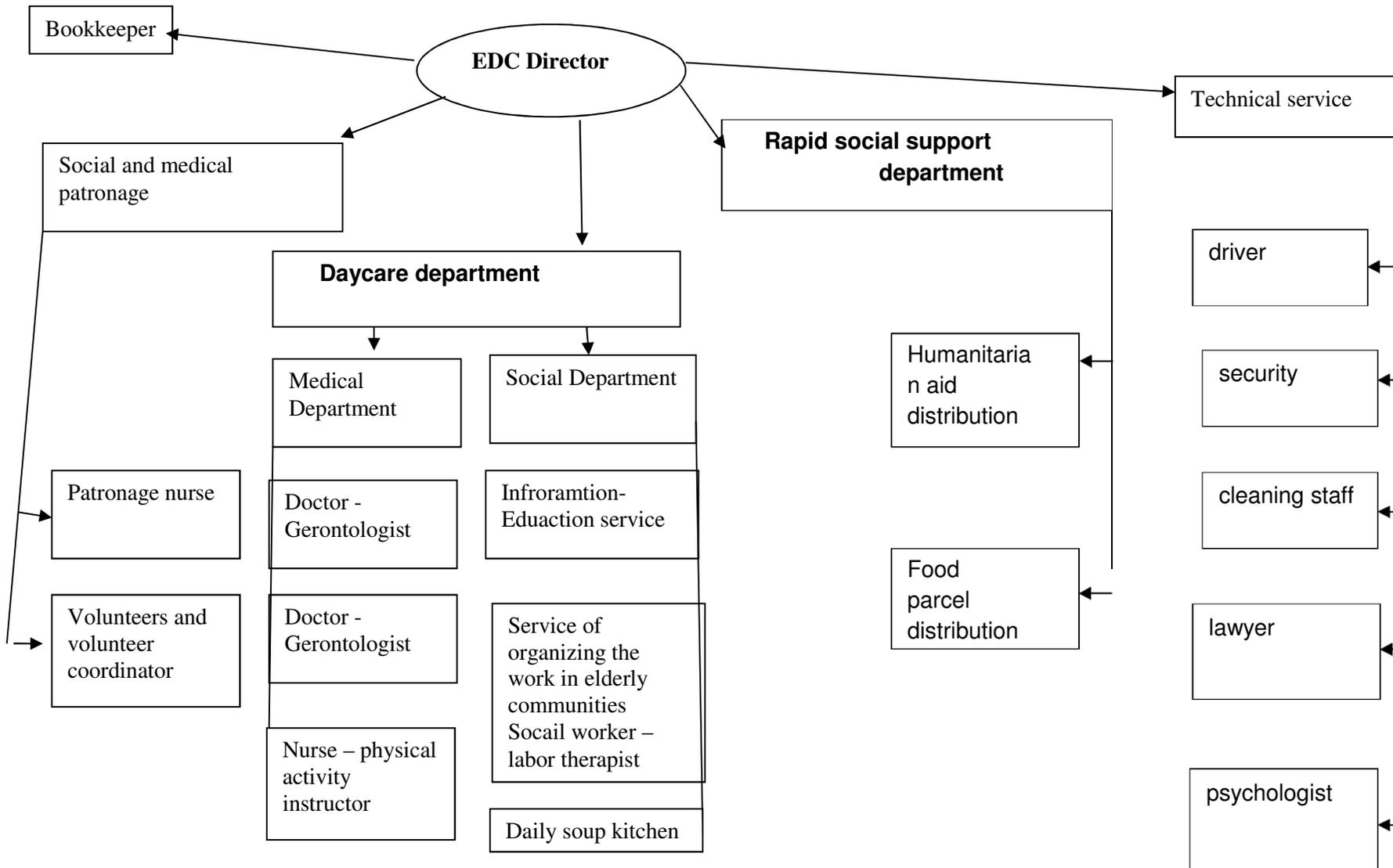
EDC has a following range and list of activities

- Together with social protection bodies, SGBs, health institutions and community organizations EDC finds elderly citizens in need of social support
- Definitiona of the appropriate types and forms of support to the people in need of social support
- Provides various types of support: legal, social, medical, household services, one time only or on the regular basis to the people in need of social support

- Personal care at home to the individuals that lost ability to take care of themselves
- Introduces new types and forms of support depending on the type of individual's need and available resources
- Training and development of elderly people in all the livelihood aspects
- Capacitates creativity potential of the elderly, support of their development and self-employment
- Involves various state or non-government structures to help solve the questions related to the elderly support

Tasks, directions and the order of EDC services activities

EDC structure



Social service - medical visits and support

Main task - to help the most vulnerable elderly to adapt to the existing life conditions, longest stay in the familiar to them home environment *Direction of activities* Social and medical home assistance service discovers and keeps track of elderly people that need help at home and live in Balikchi town

Inclusion criteria

Elderly individuals:

- Women older than 55
- Men older than 60
- Elderly that require regular or temporary medical-social support due to the partial or full loss of ability to take care of their life basic needs

Types of services provided by visiting nurse

- Obtains medicines using the client's expenses
- Arranges the home visit by the doctor
- Escorts to the clinic
- Assists in the hospital visits
- Provides the primary medical procedures prescribed by doctor
- Provides sanitarian-hygienic support

Type of social assistance provided by volunteers

- Food purchase and delivery at home 2-3 times a week
- Non-food items purchase and delivery at home
- Assistance and help with house or garden cleaning
- Assistance in paying the utility bills

Daycare department

Main task - social, household, cultural, medical assistance to the elderly, organization of their nutrition, leisure time, support of their active lifestyle.

Medical department

Main task: Reaching the optimal possible health level for elderly to function and adapt

Inclusion criteria

- Elderly with physical or psychological pathologies
- Socially deprived

Order of accepting elderly people for medical assistance

- Personal request with reference to the health issues
- Forwarded by the medical service

Types of the medical services

- Visit and consultation to the doctor - gerontologist
- Visit to the physical exercise room
- Visit to the Phyto-bar
- Provision of the first aid
- Conduction of the medical manipulations
- Conduction of the physical therapeutic activities
- Conduction of sanitarian-hygienic support

Social Department

Main task: Provision of household, cultural support to the elderly, organization of their leisure time, involving them into labor activities, keeping their active lifestyle

Inclusion criteria

- Mobility and capacity to take care of self-basic needs
- Personal wish and strive for development
- Absence of the medical prohibitions

Criteria to form the self-support elderly groups:

- Loneliness
- Psychological discomfort
- Age based discrimination
- Low level of income
- Willingness to develop

Type of services provided by social department

- starting and development of interest-based self-support groups
- starting of the creative elderly groups
- cultural-educational work
- Socialization clubs
- Awareness and training
- library
- Quiet games room
- Workshops for handcrafts etc.
- ART-therapy
- Hot meals
- IGA

Rapid social support department

Main task: Quick response in order to temporary assist the livelihood of the individuals in the acute social need

Inclusion criteria

- Low pension
- Elderly, registered with local social department as those with threshold income level
- Elderly recommended by the head of neighborhood committee
- Elderly that have the report of the center evaluation committee about poor living

conditions

- Partially unable to take care of themselves elderly
- Homeless elderly or elderly in crisis life situation

Types of rapid social support

- Single time provision of the hot meal or food parcel
- Provision with clothes, shoes or non-food items
- Assistance in obtaining temporary shelter
- Provision of psychological support
- Provision of legal support and protection

Food parcel and humanitarian aid distribution is executed in accordance to the amount of donation from following financial sources:

- Funds from donor institutions or other international organizations
- Funds received from businesses
- Funds provided by local government bodies as the part of social initiative
- Private donations
- Funds received from the IGA conducted at the center

Provision of psychological support to the clients:

Order of the psychological support (conducted by psychologist):

- Client consultation session
- In case of necessity continuation of the psychological rehabilitation through:
 - Involving ESSG
 - Involving ART-therapy group or other groups of psychological rehabilitation
 - Continuation of consultation sessions
 - Involvement in the psychological seminars and trainings

Legal support:

Order of Lawyer support:

- Legal consultation
- Support in legal documentation preparation
- Defending the interest of the client in government bodies or in the court
- Involvement in the legal trainings and seminars

One of the important daily tasks for the Center workers is to keep the healthy lifestyle of the older generation; it is achieved through provision of various types of support: social, household, legal and psychological. It is also achieved through the development of the gerontological and nurse house visit support as well as through creation of the friendly environment and conducting trainings to help start IGA, by spreading the awareness about legal rights and access to basic services.

To provide the type of services qualified specialists were invited: Doctor - gerontologist, home care nurse, physical rehabilitation nurse, psychologist, lawyer, and social worker specialized in labor therapy. General coordination of EDC is managed by Director.

Currently the center visitors are provided with following services: labor therapy room, training room, leisure time room, fitness room with Phyto-bar, medical room, soup kitchen, laundry room, bath.

Center staff according to the mentioned list of services

Nr.	Staff member	Responsibilities
1	EDC Director	- General coordination of the Elderly Daycare Center in Balikchi town - Preparation and implementation of the planned activities in Center

		<ul style="list-style-type: none"> - Conduction of the educational seminars and trainings for the elderly people and Center workers - Provision of social support to the elderly, organizing of social work at the Center - Organizing the coordination and cooperation with social structures about the Center development and social support to the elderly - Preparation of the Center activities documentation - Conduction of the center work monitoring and evaluation - Preparation of the plans, logframes and analytical reports - Implementation of planning, monitoring and evaluation of the Center activities
2	Bookkeeper	<ul style="list-style-type: none"> - Preparation of the Center's budget - Working with Center financial documentation, ensuring the correct funds spending - Implementation of the accounting policy - Planning and financial prognosis implementation - Accounting all the cash operation and cash provision to the reporting individuals or other individuals - Keeping track of the purchased materials and food - Keeping track of the main funds - Accounting of objects of taxation and contributions to social and extra-budgetary funds, according to the legislation of the KR - Monitoring of financial disciplines of internal financial assets and control over their intended use
3.	Doctor - gerontologist	<ul style="list-style-type: none"> - organization of gerontological and geriatric care for the elderly at the Center premises - diagnosis, treatment and prevention of age caused or related diseases - development and improvement of methods for the prevention and treatment of age caused or related diseases - coordination of activities and interaction with medical structures about provision of medical care to older people - planning, monitoring and reporting activities
4.	Visiting (patronage) nurse	<ul style="list-style-type: none"> - the implementation of home care for the elderly, who have lost the ability to self-service - carrying out activities of medical rehabilitation of elderly - cooperation with medical institutions and social structures - record keeping of visited patients - distribution of humanitarian aid to visited patients, participation in charity events - conducting regular examinations of the elderly people - planning, monitoring and reporting activities

5.	Nurse trainer, physician	- - implementation of physiotherapy procedures - carrying out medical and recreational activities - instructing and advising the elderly about healthy lifestyle - development of phytotherapeutic activity of the EDC - planning, monitoring and reporting activities
6.	Psychologist	- psychological rehabilitation of the elderly - conducting counseling and training in psychology for the elderly at the Center - providing psychological consultations and trainings for employees of the organization - planning, monitoring and reporting activities
7.	Social worker - Labor therapy	- organization of creative workshops - conducting ART- therapy for medical and psychological correction groups - organization of exhibitions - organization of labor therapy - the development of self-support groups and development of income-generating activities
8.	Consulting Lawyer -	- legal advice to the elderly and their communities - protection of the rights of the elderly in state and judicial instances - training for elderly and communities about legal protection - development of legal documentation - implementation of interaction with state and public structures to protect the rights of elderly - analysis of the situation of elderly people in Balykchy town - planning, monitoring and evaluating activities
9.	Security guards	- - ensuring the safety of EDC property - - ensuring the cleaning of the yard and outbuildings - - carrying out household work on the site - - heating the furnace during the heating season
10.	Cook	- together with the administration, makes the purchase of products and the preparation of advance procurement reports - preparation of budget and menu - cooking and serving meals in the EDC for the elderly - maintaining clean the kitchen utensils, kitchen facilities and dining room - monitoring documentation on nutrition
11.	Cleaning staff	- - the implementation of cleaning - implementation of laundry and maintaining the EDC property clean - - carrying out current and other types of repair work based on the instructions of the administration

EDC Professional Compliance Criteria for an Employee:

- the ability to create and maintain a working environment and atmosphere;
- the ability to identify and overcome negative feelings that affect people and themselves;
- the ability to identify and overcome during relations with people aggression and hostility;
- the ability to promote the provision of physical care to the needy and the elderly;
- the ability to observe, understand and interpret the behavior and relationships between people;
- the ability to communicate verbally and in writing;
- the ability to organize and lead a conversation in various circumstances;

Ethical principles of the activities for the EDC employee:

- - to be a role model of personal behavior, during the worktime be guided primarily by the interests of clients;
- - do everything to promote maximum independence of clients;
- - respect the privacy of the client and keep in secret all the information obtained during the work with them;
- - in the process of work, act in accordance with the values, moral norms and purpose of the profession;
- - to work for the benefit of others
- - respect the privacy of the client and maintain the confidentiality of all information received;
- - inform the client about the confidentiality boundaries in each specific situation and about the purpose of obtaining information and its use;
- - obtain the client's consent for printing related to them information, record conversations and for participation of a third party;
- - while working with colleagues should be respectful, fair, honest with them.

The procedure for receiving and servicing EDC clients

1. Service for social - medical home visits (patronage):

Organization of work:

The work of the visiting nurse:

Amount of work hours in the EDC (accounting documentation, preparation for visits, etc.) - 2, 5 hours

Number of patients served per day: 5 elderly people, per week - 15 elderly people, per month - 30 elderly people

Gradation of clients of medical visits - 1 time in 2 months with at least 20% new patients next time

duration of visit 1 client - 1 hour

number of visits - 2 times a week for 1 client

The procedure of registration for patronage service:

List of documents:

1. Application for patronage service
2. Conclusion of the doctor - gerontologist of the EDC on the need for medical patronage service
3. Appointment of a physician for the provision of patronage medical procedures
4. Raport about living / social conditions survey of the elderly and needs assessment
5. Decree of the Director of the Center to enroll person into the EDC

Order of being enrolled into patronage service:

1. An application for patronage services, signed by the elderly, is submitted to the director of the EDC personally by the elderly or through guardians and relatives, as well as through representatives of the quarterly committees, social security agencies, and local self-government bodies.

The application contains the address, age and reason for which the elderly needs patronage.

2. The application with the resolution from the director of the EDC is sent to the gerontologist for consideration to register the candidate for the service.

The application is subject to consideration once a month with the commission consisting of employees of the EDC with the involvement of local structures within their competence and as necessary. The commission must include a gerontologist, a patronage nurse, and a social worker at the social department. Upon receipt of an application from local structures, a representative of this structure is included in the commission. The commission creates an act of the housing / social conditions evaluation of the elderly and need assessment with a positive or negative decision

3. In case of a positive decision of the commission, the gerontologist makes up an appointment for patronage care and assigns the necessary list of medical patronage procedures. Together with the patronage nurse, in consultation with the coordinator of the volunteers, a volunteer for social and household assistance at home is appointed.
4. The EDC Director issues a decree for registration and patronage services and oversees the implementation of this decree.

Terms of termination of patronage service:

1. improving the health and social - living conditions of the elderly
2. The decision to transfer the care about the elderly to the state medical and social workers, or to the relatives of the elderly
3. a personal written or oral statement, confirmed by the explanatory note of the patronage nurse
4. moving to another place of residence
5. situation in area that threatens or hinders the exercise of EDC worker's duties
6. in case of the death of a client

Note: Paragraphs 1 and 2 serve as criteria for regular updates of the client lists.

Documenting the activities of the Social-Medical Patronage Service:

Document type	Amount of copies	Contains the following information	Responsible person	Notes
Logbook: clients of patronage service	1	Personal number, Full name, age, place of residence, contact data, relatives / guardians, services provided, starting date and date of patronage ending	Doctor - gerontologist	The form - Annex №1
Personal card of a client assigned on patronage service	1	Full name, age, place of residence size of pension, family status, living conditions, medical conditions, appointment to patronage, type of services provided time frame of service	Patronage Nurse	The form - Annex №2

Application folder for patronage service and acts of housing / social conditions surveys	1	Full name, address, age and reason for which elderly is needs patronage	Doctor - gerontologist	The form - Annex №3
Matrix of quarterly performance evaluation for patronage services	1	Types of service, count of - covered people, performance, improvement in indicators of health and life conditions	Director of the center with participation of patronage nurse and Doctor - gerontologist	The form - Annex №4
Folder of the monthly work plan of patronage nurse	1	Date, day of week, executed activity	Patronage Nurse	The form - Annex № 5
Folder of the monthly work plan of Volunteer social worker	1	Date, day of week, executed activity	Volunteer social worker	The form - Annex № 5

Documenting the activities of the day care department:

Document type	Amount of copies	Contains the following information	Responsible person	Notes
Logbook of the day care department clients	1	personal number, date, full name, age, place of residence, contact details, services provided, date of assignment for service, client's signature	Center director	The form- - Annex №6
Monthly work plan of the day care department	1	Date, conducted activity, responsible, special notes	Center director	The form - Annex №7

Book of registration of visitors to a gerontologist	1	personal number, full name, age, place of residence, purpose of the visit	Doctor gerontologist	The form- - Annex №8
Elderly person medical record		Date, full name, year of birth, contact details, examination sheet, medical record with record of symptoms, diagnosis and treatment prescription, test list	Doctor gerontologist	The form- - Annex №9
Journal of registration of physiotherapy. medical procedures and prescriptions	1	Date, name, year of birth, procedure provided	nurse - physiotherapist instructor	The form- - Annex №10
Notebook accounting of physical therapy	1	Date, type of activities, list of participants, result	nurse - physiotherapist instructor	The form- - Annex №11
Notebook accounting activities for labor and ART - therapy	1	Date, type of activities, list of participants, result	Social worker	The form- - Annex №11
The record of the nutrition of the elderly in the EDC	1	date, name, age, client's signature on the receipt of nutrition	Cook	The form- - Annex №12
Menu folder and food costing	1	Weekly menu, costing and food calculations	Cook, and patronage nurse	The form- - Annex №13

The folder of acts on nutrition provision	1	Acts on nutrition provision	Cook, and patronage nurse	The form- - Annex №14
Report folder for events held in the daycare department	1	- reports on the conduct of discussion clubs reports on the conduct of ART - workshops, lectures, conversations, etc.	Center Director	The form- - Annex №15
Folder of reports for the month, semester and year of the employees of the EDC	1	Report according to the form of program staff involved in the EDC	Center Director	The form- - Annex №16
Guestbook of visitors and clients of the center	1	Records from customers and visitors to the center	Center Director	

Documenting the activities of the Emergency Social Support Department:

Document type	Amount of copies	Contains the following information	Responsible person	Notes
Inventory of the availability of humanitarian assistance in the CPD	1	item number, type, quantity	EDC Director	The form- - Annex №17
Journal for record keeping of humanitarian aid provision	1	serial number, date, name, age, place of residence, contact details, list of assistance given, client's signature	EDC Director	The form- - Annex №18

Folder of applications for humanitarian aid	1	Applications from elderly for humanitarian aid	EDC Director	
The log book of client visits to psychologist, in accordance to the principle of anonymity	1	With the consent of the client - Full name and Contact details If consent wasn't given - just a note about the visit.	Psychologist	The form- - Annex №19
Client's records card		Name, age, problem, brief content of consultation, appointment for psychological rehabilitation, results	Psychologist	The form- - Annex №20
Journal of records for client visits to the lawyer	1	personal number, date, name, age, place of residence, problem, result, interaction	Lawyer	The form- - Annex №21
Report folder of the activities carried out in the emergency social support department	1	- reports about conducted events by a psychologist - reports about activities of a lawyer - humanitarian actions reports	EDC Director	The form- - Annex №15

CHAPTER 3: HOUSE OF GENERATIONS

House of Generations - a model of development, strengthening and improving of intergenerational relationships.

The initiative is to start joint activities and residence of children - orphans and lonely elderly. It is located in the village of Semenovka, Issyk-Kul region; it is home to orphans and elderly people, united in a self-support group.

The goal of this project is to organize with help from volunteers the exchange between generations: exchange of experience and knowledge, social and psychological rehabilitation, reduction of depression and loneliness among the elderly and children.

Orphans spend time together with elderly. The elderly pass on their experience and wisdom to the younger generation, and the children, in turn, give them their warmth and care, arranging for them small concerts and social clubs, helping to clean the house and garden. Both seniors and children feel loved and meaningful.

Old men and old women used to stay at home alone, and now they have a big family that cares for them and loves them. The elderly has become open, kind, because they know that they are needed.

An abandoned kindergarten building was rented, which had been empty for more than 20 years. The repair was done with help of local community and private sponsors. Same premises are used for meetings of SSG “Vefil”

Currently, 23 children, foster couple, 2 volunteers live in the orphanage.

As a result of the creation of an orphanage:

- *Orphans left on the street have found a family, have a home, protection and love of caring parents.
- * Children's health has improved.
- * Children learn how to live in a multiethnic family, in unity and harmony.
- * Restored mental state of children, they become open and sociable.
- * Children who have not studied for a long time went to school. Mental development has improved, and school performance has improved.
- * Some families have reunited.
- * The children stopped trying to live on street, starving, stealing.
- * Successfully quit drug and alcohol addiction.

Impact:

- • Orphans have a family.
- • Improved their health.
- • Improved school performance.

CHAPTER 4: INTERSECTOR INTERACTION - STEP FORWARD

Network of Information Services of Social and Legal Advice

Intersectoral interaction - allows not only to see the problem and ways to solve it from different positions, but also provides an opportunity to find common ground between various sectors of society and levels of government, to involve them in work, to establish contacts, to develop interaction and social partnership, to solve all emerging issues in the complex. It is very effective practice to apply such an approach to solve problems and carry out program tasks, when not only NGOs but also government and business structures are involved in the solution.

But it was difficult to convey and prove the thought that no one can escape problems and that it is difficult for government agencies and non-governmental organizations to solve all problems when working separately. It was difficult to overcome passivity when the position “everyone for himself” was a common motto.

There was an idea that, probably, it is necessary for all the stakeholders to meet together and think about what to do next. Therefore, in mid-2001, the ERC organized a round table with topic: "The social and legal situation in the city of Balykchy" together with the city mayor's office, which brought together leaders of government agencies and law enforcement agencies. For this event was aired social video through the local Media about the social and legal situation at that time in the city, where the following problems were raised:

- - Not functioning enterprises and unemployment;
- - Lack of activity and interest circles for young people;
- - Late payment of pensions and social benefits;
- - The growth of crime rates;
- - Street children;
- - Lonely elderly;
- - High cost of legal services
- - Inaccessibility of free legal aid for the majority of the population;
- - Ignorance and inability to protect their rights and interests;
- - Distrust to the local public authorities.

All those present understood that it was impossible to solve all these problems alone. But what if you get down to business together and try to resolve, at least some of them?

From the above listed problems, the following were selected: inaccessibility of legal assistance for the majority of the population, high cost of services provided in this area, legal illiteracy and low public awareness in this area.

To solve them, the ERC launched a pilot project to create and open a network of Information Services for Social and Legal Advice (hereinafter ISSA) to provide free legal advice and social work with poor and socially vulnerable people in Balykchy. Project partners were City Hall, City Kenesh, Department of Internal Affairs.

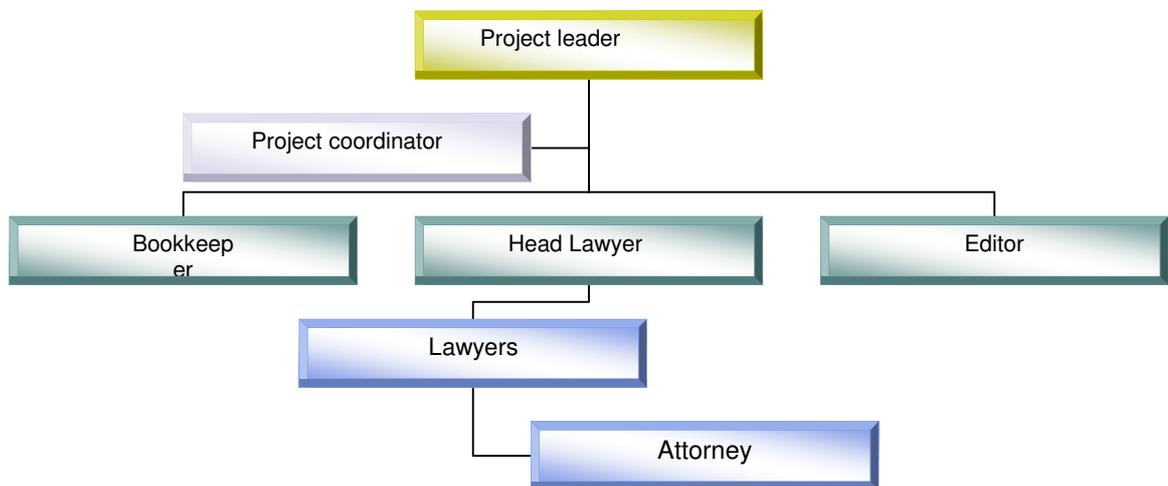
At that time, the Public Prophylactic Centers (PPCs) operated in the city (they were opened in 1999), which were supervised by the Department of Internal Affairs. They were located in the premises of city institutions. Precinct police inspectors worked there. It was decided to place receptions of ISSA in these PPCs - quite a bold step, given the skepticism of the majority of the population towards the internal affairs bodies. Each reception was provided with a set of legal

literature, telephones, the Toktom information-legal system was installed, and everything necessary for conducting work.

At first such an alliance caused, to put it mildly, bewilderment. There was a question about the confidentiality of the information received. But the optimal solution to this problem was proposed. If a lawyer and a district police officer are in the waiting room, and the solution of the problem requires the intervention of the district inspector, the consultation takes place jointly, and if no such intervention is required, then either the district police officer leaves the reception office for a while, or the lawyer sets another time for consultation, at the client's request. At the same time, working in partnership, lawyers are financially and morally independent of state structures and law enforcement agencies, therefore there is no pressure. The transparency of the work and the clearly built-in results tracking system make it easy to check the quality of the services provided.

Young specialists with legal education were invited to provide advice. Why only young specialists though? After all, older specialists are more experienced have more knowledge, and carry more authority. All this is true, but on the other side young people have desire to try themselves out, have non-formal approach and a fresh look at solving problems. In their approach, there is still no stiffness and certain inertia, no desire to strictly follow the accepted norms. Plus, they have more free time, they are not burdened with family - all those advantages that will allow them to fully devote themselves to work. At the same time, young specialists increased their potential at various training events and consulted with the highly qualified lawyers of the republic.

Below is the personnel structure of the project:



Announcements were posted around the city informing citizens about the opening of social and legal advice services in the city. In addition, information booklets were published about the ISSA, which were distributed on the streets of the city, in organizations and institution buildings. Booklets contained the location and schedule of work of the reception, phone numbers, the name and surname of the lawyer. With the help of the City Kenesh and the Mayor's Office of the city, meetings were held with the population in the neighborhoods where the presentation of the ISSA project took place. Each reception was equipped with:

"Lawyer's Corner", which contained materials related to the goals and objectives of the project, information about the services provided;

Information panels, where visitors could read information about new legislation, and later, where newspaper was posted.

Several forms of journals have been developed for work:

In the "**Journal of registration and work with clients**" was registered information about each visitor, indicating the last name, first name, middle name, place of residence, branch of law. Also, a brief summary of the issue, the solving process, intersectoral interaction in resolving issues and the final result were recorded in the journal. If necessary, special questionnaires were established;

In the "**Monitoring Journal**", the head, the project coordinator and the partners were keeping track of the quality of work, made notes on the state of affairs at the reception center, the quality of record keeping, made their suggestions and comments.

Lawyers worked in various areas:

- **Consultation at reception centers**
- **Telephone consultations**
- **Field consultations**
- **Forms on long-term cases**
- **- Work with the elderly.** Critically low pensions, poor health, loneliness, lack of knowledge about their rights and inability to protect themselves - this is an incomplete list of what an elderly person has to face. Therefore, one of the activities in addition to providing advice was related to work with older people.

Each lawyer was assigned to one ESSG; each ESSG had multiple types of activities provided:

- Each ESSG was equipped with a "Lawyer's Corner" and information panel with legal information;
- individual consultations of the ESSG members were conducted, assistance was provided in drafting documents, appeals to organizations and institutions;
- ESSG members were constantly informed about events in the republic and beyond its borders;
- a series of training workshops were held on various topics in order to increase the awareness of the elderly about their rights.

Consultation and work with ESSG members was registered in separate reports.

Regular seminars and consultations in the ESSG improved the level of awareness, helped to see the strengths, weaknesses, advantages and disadvantages. As a result of a detailed analysis of the work of ESSGs, lawyers prepared a draft law "On Self-Support Groups", establishing the status of ESSGs, and giving legality to their existence.

Small Public Councils (SPC)

Working in a partnership is always difficult. To achieve results, the following was done at this stage:

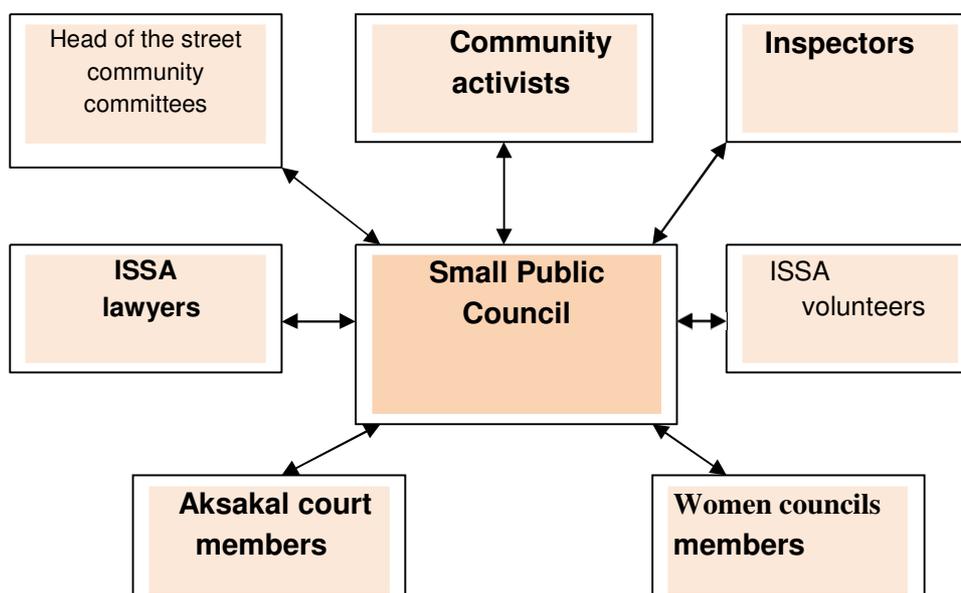
- If possible, opponents were turned into allies - invited to the events held by SPC so that they would have the opportunity to see all the work in action;
- “Straightforward attack” is not always the best option. SPC established a constructive dialogue and looked for those who can indirectly influence decision making;
- We tried to be objective in providing information, because the opposite side does not always have full information on the problem being solved - this can cause conflicts.

The Small Public Councils (SPC) were organized in order to increase the effectiveness of the ISSA work at the reception offices, these councils consisted of public representatives, chairmen of district committees, aksakal courts, district police inspectors, representatives of women's councils, and lawyers of the project. A special provision about the SPC was developed; it explained the structure of the organization, the system and conditions for carrying out its activities, tasks and functions. Each reception room had documentation about the work of the SPC - minutes of meetings, lists of needy poor families, socially unprotected elderly, orphans, and disabled people living in the neighborhood.

Each SPC developed a work plan for the quarter individually for itself (in one form), taking into account the characteristics of the neighborhood and the specifics of the problems there. The schedule of SPC work and visiting hours was posted for public view. Thus, the residents of the neighborhood could come to solve their problems individually.

SPC work areas was diverse - individual counseling and preventive visits of families in need of legal and social assistance, targeted assistance to the elderly and the poor, distribution of humanitarian aid, advocacy campaigns in the neighborhood, organization of festive and sports events, writing grant applications, etc. The results were reviewed during regular monthly and quarterly meetings of the SPC. During such meetings the SPC Chairmen gave reports on the work done, discussed the problems and prospects for the development of the neighborhood, determined the schedule for conducting road checks and preventive measures.

SPC organizational structure



Based on experience it is not always possible to solve the individual or collective problems of the inhabitants with help of a single MOC or even town state structures.

Large Public Council (LPC)

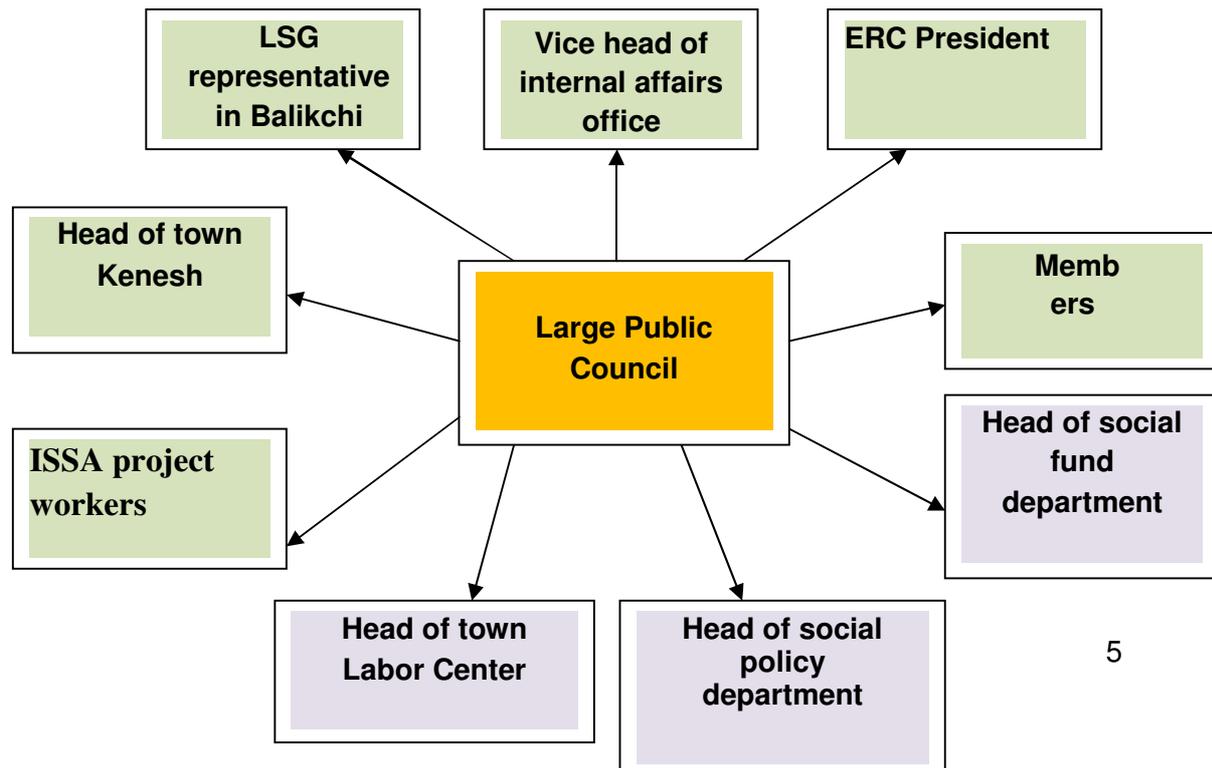
In 2002, the Large Public Council (LPC) was created with members of the SPC and project partners. The Regulation was developed and adopted about LPC as the part of ISSA project.

The Large Public Council became the coordinating body for the implementation of the ISSA project in intersectoral collaboration. It consisted of heads of partner project organizations, ISSA project workers and representatives of the SPC. The main task of LPC was to solve citizens' problems with help of social partnership. In order to implement this task, the SPC performed the following functions:

- received and evaluated reports from ISSA staff about the project progress;
- received and evaluated reports from the SPC about the work done;
- monitored the work of the project during each stage of it;
- contributed to the resolution of the city problems, or to individual citizen problems solving;
- helped to strengthen partnerships and cooperation among city organizations;
- provided personal consultations for citizens in the ISSA reception rooms, in accordance with the established schedule

An example of solving the problem with LPC help. *A disco was opened on the territory of SPC No. 1 in the Bus Station area, it worked until midnight. Nearby buildings were a comprehensive school and residential buildings. Crime rates in this neighborhood has increased. There were often conflicts among young people coming to the disco. Residents complained about loud music and noisy companies wandering the streets of the area well past midnight. Repeated appeals to the disco owners and notes in the newspaper were without any results. It was decided to submit this issue to the LPC meeting. After consideration, the internal affairs agencies and the City Hall joined to the solution of the problem. As a result, the disco was closed, and residents' complaints stopped.*

LPC Organizational structure



- partners included in LPC from the beginning of the project



- partners included in LPC in June2003

It was possible to build an effective system of relationship with partners and to achieve successful cooperation due to the following factors:

- a clear division of rights and obligations between partners;
- preliminary approval of all points of joint activities - documenting all steps by entering into a partner agreement;
- transparent and accessible activities, both for partners and for those interested in work;
- joint efforts in monitoring of joint projects and clear ways of the information exchange between partners.

During its development, any partnership can lead to conflicts between the parties involved. This is normal, given that partners have different levels of training, values, beliefs and approaches to work. This can complicate the work and negate all efforts.

Below are tips that can help you avoid conflicts in a partnership:

- - It is better to concentrate more on the points of agreement than on disagreements;
- - Try to understand the beliefs and problems of other partners;
- - If possible, avoid domination and control, try to attract other partners.

From all stated above, one can deduce the basic principles of a successful partnership:

- It is necessary to carefully select partners and make sure that there are common interests;
- To find the time and effort to create a partnership;

- Try to achieve mutual understanding on the essence of the partnership, its objectives and goals;
- Have a clear idea of each partner contribution to the work and evaluate this contribution;
- To know what each partner expects from joint activities;
- Have formal and informal structures to attract partners - this contributes to the achievement of common goals;
- Resolve conflicts in the early stages;
- Avoid the dominance of one of the partners;
- Do everything possible to increase mutual respect and trust between partners.

What has changed in the city with the start of the ISSA project?

- ✓ The city was provided with centers, where it was possible not only to receive free legal assistance, but also to involve in the resolution of issues both lawyers and police inspectors as well as public activists, neighborhood committees and state structures.
- ✓ Police inspectors, neighborhood representatives, women's councils, aksakals courts received the opportunity to use in their work a variety of legal literature and use legal advisory support.
- ✓ Increased level of trust among the public in the internal affairs bodies and state structures.

CHAPTER 5: CREATION OF VRU AND SRU TEAMS

Resource Center for the elderly was one of the first to create voluntary rescue teams among the elderly people's SSGs, since in case of emergency the elderly and children are the most vulnerable groups.

Currently, there are 31 VRU teams that consist of adults and the elderly and 3 teams of children-school rescue units.

The team leaders of 15 VRUs in Issyk-Kul and Chui regions were trained in the rescue training center of the Emergencies Ministry of the Kyrgyz Republic, received certificates and ID cards entitling them to conduct search and rescue operations, as well as work with rescue equipment. Such activities regulated by the agreement signed together with Emergency Department.

Lobbying the interests of elderly at the local and state level.

For this purpose, were conducted series of negotiations and round tables where the attention of the public and state Structures, Emergencies Ministry of the Kyrgyz Republic was brought to the problems of the elderly. Following the talks, VRUs are included in the list of field response teams with Emergency Department.

One of VRU team leaders Motokeev Anarbek is well known to have well organized team which made possible a quick response to the emergency in the village of Shabdan during the extraction of people from the inverted bus on the road, this accident occurred in 2008.

Children from the orphanage "House of Generations" were members of VRU team in 2007 witnessed an accident on the road, they moved the injured from the passenger compartment and provided first aid to the injured before the ambulance arrived, which they also called.

A storage facility was created to provide emergency assistance;

Connections are established with science and research institutes

Mitigation activities.

Mitigation activities were conducted in the Tamir-Kanat village, by involving VRU and financial support of the Act CA project.

VRU made a canal to move the river directions and gateway was mounted in high mountains to adjust the water flow.

As the result of VRU mitigation work the threat of flood for the villages situated lower that the mountain river was neutralized, it also made safe the villagers buildings and grain fields. Villagers have expressed their gratitude to the VRU for care about the nation's wellbeing.

Educational demonstrative seminars on alternative power sources - a solar stove, etc.

The ERC has been dealing with climate change issues since 2008. For this purpose series of workshops were conducted for local communities on environmental issues and alternative energy sources. AES are the way to adapt to climate change in our point of view.

31 teams of voluntary rescue units attended seminars about renewable energy sources; VRUs were partially equipped with AES models such as solar furnaces, mobile photo modules, solar dryers, etc.

The project is being implemented from the 1st September 2009:

“Adaptation of local communities of elderly people of Issyk-Kul, Chui and Talas oblasts of Kyrgyzstan to modern climate change conditions”.

The goal of this project is to adapt the local communities of the Issyk-Kul, Chui and Talas regions of Kyrgyzstan elderly to modern conditions of climate change through the introduction of alternative energy sources in the practice of sustainable livelihoods of vulnerable people and the conservation of ecosystems of Kyrgyzstan.

Within the framework of this project, the following workshops were held for VRU: about climate change topics, about the construction of a solar greenhouse and dryer, and about clean water issues in Kyrgyzstan. Exchange visits were conducted for representatives of VRU ESSGs in Issyk-Kul and Chui oblasts, about the application of the experience of partner organizations Mehr Shavkat, about the construction of solar greenhouses, drop irrigation methods, and the double harvest.

According to the project, it is planned to build a solar greenhouse for the elderly in Balykchy, develop sanitary-hygienic services using AES in the Day Care Center for the Elderly, and train students about environmental protection and climate change adaptation measures in Chui, Issyk-Kul regions.

CHAPTER 6: FUNDRAISING

Fundraising - is rapid development of the organizations necessary for NGO activities, including the implementation of non-profit programs and projects.

There is no “magic recipe” for successful fundraising and no guaranteed way to get money in response to a request for it.

However, if you are persistent in your desire to raise funds, if your organization is reliable and well known, if you properly prepare appeals to potential sponsors, and prove to them that your organization really needs money - most likely you will get it

- Photocopy
- Coaching services
- Consulting services
- Transport rent
- Equipment rents

Social shops

The purpose of social shops is the additional financing of self-support groups; creation of additional jobs. Senior citizens, united in self- support groups can, can sell their goods and this is an additional source of income for the family budget of the elderly. Social shops are currently being opened by the NGO Resource Center for the Elderly on the Osh market, NGO CASPP on Ogonbaeva Street, and ADRA NGO on Bokombaeva street, between the streets, Pravdi and Gogol and there is also a store "Babushka incorporated» on Donetskaya street, between the streets of Sovetskayua and Krasnooktyabrskaya

Social store "From heart to heart"

Objective: To raise funds to support social programs.

Tasks:

- Permanent goods collection from the population (youth mobilization, partnerships)
- Selling of collected items (including sending leftovers as humanitarian aid)
- Extensive PR campaign (live advertising and media)
- Creation of store network in the country (members of the network and local government)
- Experience exchange

How does the Social store work:

- People hand over used items to a social store (clothes, shoes, souvenirs, jewelry, books, etc.).
- All things are sold at low prices.
- Collected funds are sent to social programs that support the elderly.

Process of selling the goods in the store:

- Book of accounting for the receipt and sale of things
- Price policy
- Personnel policy (volunteers - sellers)

- Variety of goods (the store should not become a "secondhand" clothing store)
- Mobile Store
- - Search for warehouses and reception points

How can you submit goods:

- Take the collected items to the social store;
- - call the office and call collecting volunteers to come to your home

Regular collection of goods from the population:

- Days of goods collecting
- Dividing the city into collection points
- Volunteer team at each point (perimeter coverage)
- Trips to the offices of organizations and other
- - Relationship with business, keneshes, patrons

PR campaign / social store promotion:

- Articles, publications, mass media (TV, radio, newspapers, organization's web sites and sites of all partners and donors)
- Live advertising through volunteers / Sensitizing the local community (wearing branded campaign clothes in public places)
- Distribution of booklets and brochures
- Events and activities in public places (Shopping centers, markets, etc.)
- Caravan around the regions (both for collection and PR purposes) / Regional connections (possibility of opening stores in the republic)
- Action "House Cleaning"

The social store successfully worked from 2006 to 2008. However, due to the increased rent, the store had to be closed.

Resource Center for the Elderly wants to resume the work of a social store

Fairs - one of the models of work with older people

One of the first attempts to draw the attention of the state to social problems was conduction of **fairs** by public organizations.

For non-governmental organizations, the *fair* is an opportunity to attract the attention of the authorities, business representatives, the media and the general public to the activities of non-governmental organizations, to clearly demonstrate their social potential and significance.

For business representatives, the *fair* is an opportunity to get acquainted with the non-governmental sector, learn about priority areas and current social problems, and establish business contacts with product manufacturers.

For state organizations and local administrations, *fair* is an opportunity to see a wide range of social projects and initiatives of NGOs, to establish cooperation in order to provide more effective assistance to consumers of social services.

Conducting **fairs** is an effective tool for:

- Dissemination of information about the activities and projects being implemented by non-governmental non-profit organizations through various means (stands, handouts, products, etc.)
- Improvement of positive image for non-governmental non-profit organizations
- Strengthening the interaction of NGOs between themselves and representatives of other sectors
- Identifying topical social problems and raising awareness of the public and interested parties about these problems
- Establishing contacts, partnerships with stakeholders
- Promoting ideas and programs of NGOs in search of sources of funding
- Exchange of opinions and joint discussion of socially-significant issues of socio-economic development of the country
- Further development of philanthropic culture (charity) in Kyrgyzstan
- Introducing mechanisms for state financing of social projects through the provision of assistance to NGOs

ERC first initiated the fair in October 1999 in the city of Balykchy. The purpose of the fair was a social partnership of three sectors and demonstration of the interaction possibilities between public associations, government bodies and business structures in solving socially significant problems of the Issyk-Kul region. The idea was that the fair would be the first step towards the unity of NGOs that this would be a new stage of dialogue between the government and society.

It was then attended by 8 public associations of the Issyk-Kul region. Each of the participants presented an exposition with their information about the organization's activities; also there was exhibition-sale of goods. Participants approached creatively the contests and presented their programs in theatrical and poetic form. The NGOs helped to organize a concert. At the end of the fair, participants were given certificates, souvenirs and cash support. Relay of the fair (pennant) was transferred to the Chui region in the city of Bishkek, then to the Osh city.

Summarizing the results of the first NGO fair in Kyrgyzstan at the conference "Society - State - Business together in the interests of Issyk-Kul region. Condition, problems, prospects", the following results were noted:

- The status and significance of NGOs in the Issyk-Kul region;
- Possibilities of new meetings with representatives of state and commercial structures have appeared, partnerships have been adjusted;
- Favorable conditions were created for help provision from stronger NGOs to the ones that do not have that much resources;
- NGOs had the opportunity to raise awareness through the media;
- And, perhaps most importantly, the fair participants strengthened the relationship between themselves and government agencies, which cannot be said about business. Unfortunately, this event, although it was held on a regional scale, was not attended by a lot of businessmen, even less agreed to be patrons. The fair was mainly funded by the membership fees of the fair participants and a few private donations

In July 2002, the Information Fair of NGOs took place in Osh with great success; it was attended by more than 150 public associations. This time, the state and business structures have responded to the problems of NGOs.

Since then, fairs have become traditional throughout Kyrgyzstan. They are held regularly by

SSGs and FSSGs in their local towns, but also fairs are organized in the resort area of Issyk-Kul, Ton districts, in Bishkek, etc. There are obligatory fairs conducted on May 20 – International Elderly Support Day and October 1 – International Seniors Day

CHAPTER 7. ELDERLY PEOPLE AS A SOCIAL WORK OBJECT

STANDARD OF SOCIAL SERVICE FOR POPULATION

"Organization of social services for senior citizens and people with disabilities in day care centers"

General regulations

This standard applies to the state institution of social services for the population, institutions of similar forms of ownership; citizens engaged in entrepreneurial activities in the provision of social services and establish requirements for the procedure and conditions for the provision of social services in the daycare department in accordance with the needs of these categories of people.

The recipient of the service is a senior person or disabled person who has fully or partially retained the ability to self-care and free (active) movement, living alone or in families.

Social services are provided to senior people and people with disabilities who do not have medical contra-indications against provided services. Contra-indications for admission to service are: mental diseases in the acute stage, chronic alcoholism, STDs, quarantine infectious diseases, bacteria carrier, active forms of tuberculosis, and other serious diseases requiring treatment in specialized institutions.

The process of providing a service is when daycare department by a specialist (group of specialists) execute a certain sequence of actions and (or) make certain decisions for the purpose of maintaining an active lifestyle of the client, providing them with medical and social assistance, organizing food and recreation, and providing development and training opportunities.

Institutions providing services - state and non-state social service institutions or other forms of ownership institutions, which have daycare departments in their structure that have the necessary material, technical, human and organizational resources to ensure the required quality of services.

Regulatory-legal basis for the services provision

The service is provided in accordance with the norms of the current legislation of the Kyrgyz Republic in the field of social protection and social services for the population. The following regulations are implemented in this standard:

Law of the Kyrgyz Republic of December 19, 2001 N 111 "About the principles of social services for the population in the Kyrgyz Republic"

Country Development Strategies for 2009-2011 Approved by the President of the Kyrgyz Republic on March 31, 2009 N 183

Resolutions of the Ministry of Labor and Social Development of the Kyrgyz Republic "About the procedure and conditions of social services for senior citizens and people with disabilities at the daycare center (department)";

The normative base for the activities of the daycare social services department also includes:

- List of regulations (statute) of the institution and its structural divisions;

- orders, resolutions for department;
- guidelines, rules, instructions, methods;
- operational documents for equipment, instruments;
- service standards.

Section 1. Informing target groups and potential clients

In order to ensure that clients are informed about social services provided in the department, the procedure and conditions for accessing them, as well as possible results and consequences, the institution provides information in various forms and through various sources.

Minimum requirements:

- information should be written in a simple and understandable language without the use of special terms and concepts;
- the necessary and complete information is available in all social service institutions and is placed on information stands in places accessible to all visitors to the institution;
- written information about the service is given to a potential client upon his request;
- information about the service is distributed in the territorial social protection departments and in state social services institutions;
- information about the service is published in local printed media; the effectiveness control procedure of information work should be executed as well.

High quality requirements:

- information about the service is available on the Internet;
- information about the service is distributed in local governments institutions, transport organizations, medical institutions, public organizations, organizations and services that work with senior people and people with disabilities;
- the institution should have an employee responsible for information work;

Indicators:

- the institution has developed and approved the “Procedure for informing the public about the services provided by the department”;
- there are prepared booklets, leaflets, newsletters;
- there are information stands;
- there are records from specialists about results of control over the information placement;
- There are reports about conducted information work.

Result

Potential clients, interested persons and organizations have complete and reliable information about the department and the services provided to them.

Section 2. Ensuring the availability of primary counseling

The institution ensures the availability of services for potential clients.

1. Every person or his representative has access to a specialist who provides the service for an interview and (or) primary counseling.
2. A retired person or disabled person is guaranteed the following information:
 - the location of the institution providing the service, the schedule of its work, the procedures for receiving visitors (pre-registration by phone, reception on the day of the call, live queue, etc.);
 - about the main types of services provided by the institution in the day care department;
 - about the list of documents required from the client in order to receive the service;
 - about the procedures for obtaining the service;
 - on the terms of payment for social services;
 - about the timing of the service;
 - about the availability of the service standard and how to become familiar with the standard.
3. A person receives a medical card form to fill in the clinic located at the area of residence.

Minimum requirements:

- primary counseling on the provision of social services is provided continuously throughout the working day which is determined in the Internal Regulations;
- based on the results of the consultation, a referral to a health care institution at the place of residence (polyclinic) is issued to fill out a medical card about the possibility of a citizen applying for social services to a day care department (no contraindications);
- the number of specialists of the institution allows you to provide primary counseling within 30 minutes after the initial appeal to the institution;
- primary telephone counseling is provided during the working day.

High quality requirements:

Citizens have the right to choose when to receive information about the conditions for receiving the service: without an appointment or by phone appointment. Phone appointment is the preferred way to organize the reception of people. The queue waiting time for receiving should not exceed 15 minutes; the number of specialists of the institution allows you to provide primary counseling within 15 minutes after the initial contact with the department.

Indicators:

- there is a register of citizens' appeals to the department indicating the time of visit;
- there are standards for admission, preliminary interviews and primary counseling;
- There is a call log.

Result

Senior people and people with disabilities, their representatives, have the opportunity to apply to the institution in various forms and at a convenient time for them.

Section 3. Qualification of specialists

The institution has the necessary number of specialists with relevant professional training, special professional skills and experience necessary for the qualitative provision of services.

Each pensioner or disabled person who is serviced in a department is guaranteed to be assisted by a specialist with specialized training, qualifications and work experience, as well as having high moral and ethical values, a sense of responsibility and is guided by principles of humanity, goodwill, fairness and integrity in their work.

Minimum requirements:

- the service is provided by a specialist with at least basic field related education;
- each specialist works in accordance with the job description;
- Specialist should have documents confirming his qualifications and work experience to be allowed to provide their services;
- All the specialists have passed the approved hiring procedures and periodic certification;
- There is regular work monitoring procedure of is carried out;
- Qualification and capacity of specialists is regularly supported by systematic trainings and advanced training courses.

High quality requirements:

- the specialist work quality is checked and evaluated every 6 months;
- specialist use the best practices of other institutions;
- specialists of the department are developing new social service` methods;
- 50% of specialists participate in training, advanced training and internship programs.

Indicators:

- 80% of specialists have specialized education;
- there is a plan for staff development;
- there are monitoring records and reports on the results about the work of specialists;
- There are documents with recommendations on the results of inspections.

Result

Qualification of specialists allows to provide social services with high quality and in full. There is an opportunity to get customer reviews about the professional level of specialists.

Section 4. Securing client rights and their confidentiality.

During social service provision to senior people and people with disabilities, any personal information that has become known to the employee of the social service institution must be kept confidential. The institution guarantees the civil rights of senior people and people with disabilities and their rights as consumers of the service.

Client information is stored in such a way that it is not allowed to be used by unauthorized persons, partial or complete information is disseminated only in the interests of the recipient of the service and with his consent (unless it is related to a crime or a threat to the life and health of the client or other people).

Social services are received on a voluntary basis.

Minimum requirements:

- the paperwork of the person that applied to the institution is carried out in the regulated order using standard forms;
- storage of documents and information about the service recipient is carried out in accordance with the approved instructions;
- premises and equipment for documents storage are equipped with a password system that protects electronic databases;
- providing information about the service recipient to other organizations and officials is carried out in accordance with the established regulatory and legal acts;
- There should be regular procedure for monitoring of the client's data processing and storage.

High quality requirements:

Interviews and counseling should be conducted in special rooms that ensure confidentiality; Any referral to the institution of senior people and persons with disabilities by the territorial department of the Department of Social Welfare, institutions and organizations of other departments should be carried out in accordance with an agreed and approved procedure.

Indicators:

- instructions for registration and storage of customer documents are in place;
- the procedure for providing information about the social service recipient to other organizations and officials is developed;
- rooms for individual consultations and interviews are available;
- Specialists who oversee the protection of client rights and privacy keep records of their work.

Result

The potential client and citizens served by the department have full confidence that their interests will be protected, and the information provided will be used only for the assistance purpose.

Section 5. Counseling and situation assessment

Based on the submitted documents (required to be admitted for service in the department) and the medical records, the Institution provides consultation client and makes a joint decision on the procedure, stages and timing of the provision of social services to each client. An employee of the institution clarifies what social services a citizen needs and determines based on regulatory legal acts, the existence of regulations for obtaining the requested social services.

A citizen has the opportunity to discuss the situation with a specialist, make a decision on social services and obtain client status.

Minimum requirements:

- during consultations, the citizen to be provided with the following information: the list of social services provided by the department, their characteristics, the area of provision and the time required for the provision;
- the citizen should be explained the department working hours and the rules of behavior during the process of service provision;
- guarantee liabilities of the institution - executor of services should be in place

High quality requirements:

- there should be mandatory consulting about the conditions of the social services provision as well as about legal regulations in the area of citizens social services. There should be the following points (according to the law “About consumer protection policy”) to the list of information about the services available:
 - there is distinct relevance between the proposed service and the real needs of the client;
 - terms and conditions of effective and safe service provision;
- the quality of the premises in which the service is provided meets sanitary and hygienic standards, ensures comfortable conditions of stay in the department;

Indicators:

- specialists who carried out the consultation made written notes and recommendations;
- date and time of consultation are recorded.

Result

For every customer there are agreed terms, schedule, list of services provided in the department.

Section 6. The main types of social services

The following types of social services are provided in the day-care center for senior people and disabled people:

Social services aimed at catering and recreation during their stay in the center, these include:

- preparing and serving food to clients of institutions, including diet food;
- providing clients with social services facilities for the organization of rehabilitation and treatment activities, medical and labor activities, cultural and domestic services;
- the provision of transport when it is necessary to transport clients of the department to health care institutions for treatment or to participate in cultural events;

- providing bedding a designated room that meets sanitary and hygienic requirements.
- Home service.

Minimum requirements:

- hot meals should be prepared using only good-quality products, meet the caloric needs of the clients, comply with the established standards of nutrition, sanitary and hygienic requirements and be provided taking into account the state of health of citizens;
- there should be an established procedure for internal control over the timely preparation and amount of food provided;
- the quality of the premises provided should comply with sanitary and hygienic standards in terms of size and comfort, ensure the convenience of elderly stay in the department;
- the institution, which has a day care center for senior people and people with disabilities, provides transport for transportation of people served on excursions or to medical institutions (if necessary) accompanied by employees of the organization in accordance with safety requirements;
- bedding provided to citizens should be comfortable to use and comply with sanitary and hygienic norms and rules.
- Volunteers are involved in cleaning of the daycare center premises.

High quality requirements:

- Hot meals should be prepared from good-quality products, meet the calorie needs of citizens, exceed the established range of food for vegetables, fruits, dairy products, comply with sanitary and hygienic requirements and be provided taking into account the state of health of citizens.
- the quality of the premises provided should comply with sanitary and hygienic standards in size and should provide increased comfort and convenience for citizens stay in the department.
- The institution, which has a day care department for senior people and disabled people, provides transportation of citizens served on excursions or transported to medical institutions (if necessary) accompanied by the organization's employees in accordance with safety requirements, and also organizes daily delivery of citizens to the department and back.
- bedding provided to citizens should be comfortable to use and comply with sanitary and hygienic norms and rules and requirements of modern design.

Indicators:

- records of the results of internal control over the timely preparation and the amount of food supplied are made, - an exemption log is present, an approved 10-day menu for periods of the year is made, the perspective weekly menus are made;

- the state of the premises provided by the organization for rehabilitation-, treatment-, labor treatment-, cultural and daily service activities are recorded by institution specialists and by supervisory institutions
- there are no complaints about the provision of transport services by clients;
- citizens are provided with bedding – there are appropriate entries made in the register of the issuance of soft inventory and change of linen;
- There are control procedures over the quality of social services provided.

Result:

According to the survey (questioner) 80% of people served in the daycare center are satisfied with the quality of the social services provided.

Socio-medical services are aimed to maintain and improve health, active lifestyle and other social and medical problems of life, they include:

- first aid;
- provision of health-related procedures (medicine distribution, drops administration, and others);
- organization of medical and recreational activities;
- health monitoring (measurement of body temperature, blood pressure).
- hospitalization and escort of the needy to the medical care facilities;
- medical services prescribed by a doctor, including procedures using medical devices.

Minimum requirements:

- First aid should be provided in time;
- All procedures related to health should be out in accordance with the prescription of the attending physician, with the utmost care and caution, close attention should be paid the multiplicity and number of procedures for taking medications;
- therapeutic measures in the department should be organized on daily basis;
- health of the clients should be daily monitored;
- hospitalization organization and escort of the needy at medical institutions should be carried out within 3 hours;
- the implementation of medical services both in the center and at home, including the use of medical devices prescribed by the attending physician, should be carried out with the utmost care and caution;
- There should be present and established a social and medical services quality monitoring procedure.

High quality requirements:

- Health state people served by medical staff is monitored 2 times a day;
- The process of hospitalization and escort of the needy to the medical institutions takes up to 1 hour;
- Various daily therapeutic and recreational activities are organized in the department.

Indicators:

- data about the health state of citizens is captured in medical records of the institution;
- medical records about timely provision of first-aid that meets the clients' need for social and medical services prior to the commencement of systematic treatment are made;
- records about the fact and time of hospitalization are present in medical records;
- records of medical procedures provided according to the prescription of the attending physician are made;
- records about the implementation control outcome aimed to assess quality of social and medical services provided are made.

Result:

80% of people are satisfied with the provision of social and medical services.

Socio - psychological services aimed to assisting clients to improve their mental state, restore the ability to adapt to the living environment, these include:

- social - psychological and psychological counseling;
- psychological correction;
- psychological assistance, including conversations, communication, listening, cheering, motivation for activity, psychological support of the clients served.

Minimum requirements:

- Socio-psychological and psychological counseling is carried out as much as it needed and provides clients with qualified assistance in their resolving of problems related to the establishment of interpersonal relations in order to prevent and overcome family conflicts regarding spousal and other significant relationships;
- psychological correction is carried out as much as it needed and helps to overcome or decrease level of deviations in the emotional state and behavior of the institution's clients. It brings these deviations in line with age standards and requirements of the social environment;
- psychological assistance, group therapy conversations, communication, listening, exhilaration, motivation for daily activity.

High quality requirements:

psychological correction is carried out as much as it needed and helps to overcome or decrease level of deviations in the emotional state and behavior of the institution's clients. It brings these deviations in line with age standards and requirements of the social environment; Main methods here are social and psychological services.

Indicators:

- There are written recommendations of specialists who provided counseling, correction, and psychological assistance. Recorded date and time of service;
- Log entries in the journal of specialists confirming the provision of services and the number of people participated, date and time of the meeting;
- Present monitoring procedure for the psychological assistance process and for conducting group and individual conversations.

Result

80% people have improved their psycho-emotional state.

Social - legal services aimed to protect the client's rights and interests, provide them with legal assistance, assistance in solving other social and legal life problems, these include:

- Preparation of documents assistance;
- legal assistance and assistance in advocating for social benefits and services stated by law;
- assistance in matters related to pension.

Minimum requirements:

- assistance in the documents preparation is provided, it is to solve the problems of the people that requested the assistance, provides customers with an explanation of the necessary documents content and provides support with filling out blank forms and writing cover letters;
- assistance in social and legal matters is provided to provide the necessary information about laws and rights;
- assistance in pension related matters should provide and explanation about the nature and condition of the problems, determine the intended ways of solving them and implement practical measures: assistance in preparation and sending in case of necessity a personal appeal to the appropriate authorities.

High quality requirements:

Documents provision and submission to the appropriate authorities to seek a positive solution, as well as monitoring the timely resolution of clients' problems;

Assistance in matters related to the pension should provide an explanation about problem nature and condition to the client, determine the intended ways of solving those and implement practical measures: assistance in preparation and sending in case of necessity a personal appeal to the appropriate authorities as well as tracking the submission and response.

Indicators:

Specialist's records about services provided and results.

Result

80% of people that received assistance are satisfied with the quality of the legal-social services (according to the questioner)

Socio - cultural services are aimed at organizing the leisure of customers, these include:

Group activities (excursions, visits to theaters, exhibitions, concerts, holidays, anniversaries and other cultural events). Organizing and conducting club and group work to support and develop clients' interests.

Minimum requirements:

- organization of cultural events at least 4 times a quarter;
- 80% of people served in the department participated in cultural events;
- daily organization of club or group work.

High quality requirements:

- organization of cultural events for people 1 time per day.
- Various daily club and circle activities.

Indicators:

Specialists records about events with the date and time.

Result

50% of the department clients are satisfied with the quality of the events held (according to the questioner)

The institution ensures services full provision, in the approved time frame, involves qualified specialists and all activities are implemented in accordance with the intended results.

When providing paid social services, the institutions, represented by the Director, makes special agreements with the clients, defining the types and scope of services, including the mandatory set of services, the terms in which they must be provided, the order and amount of the payment, and the responsibility of the parties.

The department provides social services to senior people and people with disabilities whose pension is below the subsistence minimum should be free of charge. In this case, the list of agreed mandatory social and medical services (without indicating their cost) is an independent document.

Midterm monitoring makes an assessment of the social services effectiveness in specific period of time.

The list and range of social services is adjusted depending on the person's health state and life circumstances.

Minimum requirements:

- The agreement is (with approved list of social services) prepared and signed within one day;
- social services are provided in accordance with the agreement (List) of social services;
- midterm performance monitoring of services is carried out.

Indicators:

- the provision of social services and the implementation schedule;
- there is a client's written consent to the provision of social services (agreement);
- specialists are identified and appointed for the provision of services;
- specialist keep records about midterm results of service provision;

Result

- The planned results are achieved and confirmed by specialist records and customer questioner results.
- 80% of customers are satisfied with the services received;
- satisfaction with the quality of services provided is 80%

Section 8. The measures to appeal the results of the social services provision

The institution guarantees the pensioner or disabled person the opportunity to write or verbally appeal against the actions (inaction) of any employee of the institution, make claims within 5 days after receiving the services against the employees responsible for social services provision, and receive an official response from the management of the institution or superior organization.

1.. The recipient of social services has no restrictions on filing complaints verbally or in writing, always receives a formal response and assistance in sending a complaint to the superior organization.

1. 2.The institution analyzes the received complaints and suggestions, prepares reports on the measures taken to eliminate the causes.

Minimum requirements:

- The complaint procedure is simple and accessible to customers;
- "Book of complaints and suggestions" is available and well;
- a complaint about the action (inaction) of staff member must be investigated within one month from the date of its receipt;
- the response to the applicant is sent within 1 month from the moment of filing the complaint;
- all complaints are investigated, the process should;
- The information about superior organizations and its leaders is open and accessible;

- internal control of handling customer complaints is carried out regularly.

High quality requirements:

- complaints investigation and the response to the applicant is carried out depending based on the complexity of the question, but no later than 15 days from the date of the complaint;
- written reports about the proposals analysis are being regularly prepared for the reporting period;
- complaint and suggestion resolutions are documented;
- a log of answers to client (or client representative) complaints and suggestions is present
- the procedures are in place to study client suggestions and implement ones that would improve the quality of services.

Indicators:

- Book "Journal of complaints and suggestions";
- There are records to verify complaints and decisions taken on them;
- there are quarterly written reports on the suggestion analysis;
- There is information board about the superior organization and its leaders.

Result

Senior people and people with disabilities are confident that complaints and suggestions will be strictly investigated within the deadlines established by the legislation of the Kyrgyz Republic and appropriate measures will be taken. They are also having full confidence that their complaints to a superior organization will not cause any restrictions for receiving services at the institution in the future.

Section 9. Termination of Service

The institution guarantees the provision of social services in a timely manner and has the right to terminate their provision in the following cases

- based on the fact of the personal application for termination from the served person;
- at the end of the service period;
- based on fact of detection of medical contraindications;
- based on violation of the terms of the service payment agreement;
- repeated violation of public order established by the rules of client behavior during the provision of services.

Minimum requirements:

- personal voluntary application for termination of services provided by a person or their representative in writing;
- The decision to terminate the provision of social services to person is made by the administration of the Center for Social Services based on information about the norms violation by the client.

Indicators

- records of the norms violation by the client;
- records of voluntary application for termination of services.

Result

There are no complaints from elderly people and disabled people to the decision of the administration of the institution on the termination of the social services provision in day care departments.

Theoretical and methodological foundations for the development of social work with elderly

In any field of work, it is natural to use special terms and expressions. This also applies to the sphere of social services for senior people and people with disabilities. For a clearer understanding of the problem of social service offers basic technical terms: *social support service, social service institution, social service client, social worker, social services, difficult life circumstances and others*. Knowing and understanding these terms will help to establish and maintain business relationships with colleagues.

Social support service is the social support activity provided by social service institutions: the provision of social, medical, psychological, educational, legal services and material assistance, social adaptation and rehabilitation of citizens in difficult life circumstances.

Social service institution - enterprises and institutions, regardless of their form of ownership, that provide social services, as well as citizens engaged in entrepreneurial activities in social services for the population without forming a legal entity.

A social worker is an expert in the field of social work who, by virtue of his official and professional duties, provides all (or individual) types of social assistance to a person, family, or social group in a difficult life situation.

Social work is understood as a professional activity that helps people to overcome personal, social and situational difficulties.

A social service client is a person in difficult life circumstances who is provided with social support services.

Social services are the actions of the social service in assisting clients in accordance with the legislation of the Russian Federation.

Difficult life circumstances - a situation that objectively violates a citizen's livelihoods (disability, inability to self-care due to old age, illness, orphanhood, neglect, poverty, unemployment, absence of place of residence, conflicts and abuse in the family, loneliness, etc.), which they cannot overcome on their own.

Social rehabilitation is the process of restoring basic social life-supporting functions of the individual.

Since ancient times, people have tried to understand the essence of aging, looking for various

ways to prolong life. Preservation of health, increase in life expectancy are basic individual human needs, therefore the attitude of society towards old age has always been an important social problem. As humankind has progressed, the problem on how to control the biological cycle has become urgent - the fight against diseases, against the pathological manifestations of old age and the desire to increase life expectancy were the most common topics of research.

A lot of philosophers from the ancient times speculated about aging. For example, Mark Tullius Cicero writes in his tractate: "Cato the Elder: about senior age" speculates about pessimistic perception of old age among people and comes to the conclusion that there are 4 aspects to it: old age removes a person from active life, weakens his physical strength, deprives sensual pleasures, and brings death closer.

Various forms and methods are used during social work with older people. This includes social services at home, urgent social assistance, and targeted social protection, etc. In this system, there are various institutions, in particular, social service centers, day care departments, medical care facilities and special residential buildings for the elderly.

Medical and social rehabilitation is especially important for the elderly. It is believed that wheelchairs, sticks, coughing are attributes of old age, that aging and illness are same things. Numerous studies in different countries have shown, however, that this is not the case. Old people can be active and vigorous still.

It is natural that with age, the need for medical care increases. Due to the natural body aging process, a number of chronic diseases raise the proportion of people in need of constant medical supervision; assistance from cardiologists, neuropathologists, gerontologists, geriatricians are increasing. Level society development could be defined, in particular, by how developed is the network of clinics, hospitals, nursing homes and sanatoriums for the elderly.

Among the diseases that older people are exposed to is dementia. It is characterized by loss of life energy in body due to the atrophy of the cerebral cortex. This disease is accompanied by extreme exhaustion, loss of strength, very poor mental activity; it usually develops in very old age or due to prolonged illness.

Often this disease is caused by the serious loss in life (loss of family, friends, role in society, and therefore a sense being useless). Sometimes it causes mental disorder, illness. The worst outcome is suicide. To prevent this there are hotlines centers (where it is possible to call and receive call and to be encouraged and supported). There are also communication centers for elderly to keep them socialized.

The study (in particular, in the United States) showed that the process of memory loss can be slowed down. Apparently, a lot depends on the attitude towards older people – when you treat them as young energetic individuals their bodies respond appropriately.

Another disease of older people is alcoholism. Alcoholism is a disease of all ages, but for the elderly it is a particularly difficult problem.

The situation of the disabled elderly still remains difficult.

Another big problem is the loss of vision and hearing among elderly. During the international conference in March 1992 it was noted that United States has put a lot of effort into developing comfortable hearing aids over the past 10 years, and the problem has largely been solved, which, unfortunately, cannot be said about our country.

What determines the health state of older people and their physical well-being?

First of all, it is the living conditions, nutrition, livelihoods, social relations. Many diseases among

elderly result from their lifestyle, habits and nutrition. If a person eats properly from a young age, leads active lifestyle it would eliminate a lot of potential diseases later.

Thus, in our country the ratio between the main food elements (proteins, fats, carbohydrates) in the diet of the elderly (and not only the elderly) is 1: 0.74: 5.4, while it should be (1: 0.7 : 3). Carbohydrates prevail due to the consumption of white bread, pasta and sugar. The principle of healthy nutrition - more vegetables, fruits and berries, less meat. Of course, this is only possible in normal socio-economic conditions.

Social services should take care of the physical health of the elderly, encourage them (and create conditions) to do physical exercises. Practice shows that participation in competitions, marathon races, swimming, ski races and other physical activities positively affect the general health state of the elderly. It's not the results that are important, but the participation itself.

Numerous studies in many countries have shown that an active lifestyle, active professional life, good nutrition, social and living conditions and good genetics – all of those contribute in prolonging life.

It has also been established that currently large numbers of people die long before reaching their genetically given age limit due to the influence of various pathological processes in body. Science has proven that the life span of a human being as a biological species should be 90-100 years. Some scientists calculate this period even 110-120 years. The fact that there are centenarians in different countries, especially in certain regions, reinforces the validity of such statements.

Social services for the elderly

Social services for elderly people provides a huge field of activity for a social worker.

If social workers have relevant knowledge, experience, appropriate spiritual qualities, they can largely contribute to the elderly lifestyle improvement, they can ensure their independence, dignity, and help them take their rightful place in society. Social homes have wide range of such opportunities in this area. The main issue is how to implement them.

Social work is becoming increasingly important since it is the most important section of activities in the field of services for the elderly and disabled in recent years.

Social work (in the broad meaning) for the disabled and the elderly was systematically carried out by social security (social protection) institutions. Among those carrying out this activity were employees of boarding schools, social service centers, municipal and territorial authorities.

Social workers have been assigned a specific role from the very beginning, it is determined by the type of institution, the nature of the services provided, the goals (objectives) and the expected results.

The area of activity for the social worker is changeable due to above mentioned circumstances. At the same time together with social protection system expansion the field of social worker responsibilities is expanded. Social worker's field of activities covers all of the categories of disabled and elderly from the population (including those who live in families) and in the nursing homes. That's how the special specifics of the social work could be defined. Sometimes the works is characterized as support to organize the institutional support (medical assistance, legal consultations etc.) in other cases it is characterized by provision of psychological support, and sometimes it's about correctional and pedagogical activities.

It must be emphasized that in addition to direct "clients" (disabled people, elderly people), the scope of social workers activities also extends to service personnel, for example, in boarding

homes with which social workers have to interact. In this regard, the level of education of social workers, their professionalism, knowledge of the psychological characteristics of the disabled and the elderly is of particular importance.

Due to the wide and diverse functions of social workers in serving the elderly, there is a need for these specialists with different levels of education. For the category of disabled and elderly people, the range of social workers activities covers a wide range of tasks, ranging from the provision of social assistance to psychological and pedagogical correction and moral and psychological support. For disabled and elderly people in medical facilities, the work of social workers also has a wide range, ranging from social adaptation in boarding homes to the integration of disabled people into society.

The main tasks and professional duties of a social worker.

Social work is basically focused on the satisfaction of human needs. To achieve this, it is necessary to analyze and assess the needs of the person. Therefore, the initial goal of social work is to study the individual needs of various categories of people.

After the needs assessment, potential activities to satisfy them are established, the next goal for social worker is to represent and protect the interests of people who, are unable to independently take care of those needs.

The main goal of social work is to support of wellbeing, unlock the capabilities and abilities of the individual, thereby gaining independence in solving their own problems. At the same time, it is necessary to stimulate initiative and creativity. It is important to create conditions in which people in need could find a way out of a difficult situation, gain the ability to meet their own needs, using social assistance if necessary.

To achieve these goals, it is necessary to solve the following tasks:

- To assess social and personal problems and scan potential ways of their prevention. This task arises before a social worker when it is necessary to establish the causes of a person's problems, assess the situation and outline measures to change it.
- Provide the needy people social support and assistance. The purpose of this task is to maintain the living standards of the socially vulnerable groups.
- Mediate between clients and other organizations. In order to ensure comprehensive and effective assistance to clients, as well as to meet their diverse needs, the social worker will act as an intermediary and liaison between clients and other organizations.

Ethical requirements and communication principles for social workers working with the elderly.

The goals and objectives of social work that are described above require a wide range of skills and abilities needed by social workers to perform these goals. The following information identifies aspects of a professional image: knowledge and experience, possession of information, personal qualities and traits, personal attractiveness, clothing and appearance of a social worker.

Let us analyze the indicated aspects in more detail.

Knowledge and experience.

The knowledge and experience gained by the employee in the process of training and practical activities are the most effective means of solving difficult situations in their professional activity. It is difficult to carry out practical activities without right knowledge and professional skills by only using an individual approach.

Possession of information

Possession of information is social worker's level of awareness, it contributes to the trusting relationship between him and clients.

So, the employee must:

- have a good professional background, good background knowledge in various fields;
- have a high general personal culture;
- be aware about the political, social and economic processes occurring in society;
- have the ability to foresee the consequences of their actions;
- have a certain social adaptability, due to the diversity of clients;
- have professional sensitivity, the ability to gain sympathy and trust of others, be able to keep the confidential information in secret, show sensitivity in matters affecting the intimate aspects of a person's life;
- have emotional stability, be ready for mental stress, always remain calm, friendly and attentive to the client, even in the event of a misunderstanding;
- be able to make decisions in unexpected situations, articulate and express thoughts.

Personality and personal traits

Personal qualities (charisma) and personal attractiveness are gifts of a talented person, in this case these are talents of communication, persuasion, influence, etc., the presence of attractiveness, charm and other personal qualities that positively influence the client and increase the authority of the social worker.

Some employees can easily find a way out of conflict situations, others are better in situations of cooperation and mutual assistance, some doing well with talkative clients, and some with short-spoken, etc. The personal qualities of the social worker play a big part in his professional activities. It is important to highlight such qualities as the *humanistic orientation of the person, respect for the dignity of another person and mutual respect, social responsibility, justice, tolerance, politeness, decency, empathy (capturing people's mood, identifying their attitudes and expectations, empathy with their needs), emotional stability, etc.*

The personal qualities of a social worker can be divided into three groups:

- psychological qualities that enable person to conduct this type of activity;
- psycho-pedagogical qualities oriented to improve the social worker as an individual;
- psychological and pedagogical qualities aimed to create the effect of personal charm.

The first group of qualities that is necessary for a social worker includes: a high level of perception, memory, imagination, thinking; the ability to manage their own mental states (overcoming fatigue, apathy, stress, anxiety, etc.). Absence of any of these qualities can complicate effectiveness of professional activity.

The second group includes such psychoanalytic qualities as self-control, self-criticism, self-esteem, and also stress-resistant qualities — physical fitness, ability to self-suggestion, ability to switch and control one's emotions.

The third group of qualities includes interpersonal skills (the ability to quickly establish contacts with people), empathy (capturing people's mood, identifying their attitudes and expectations, and empathy for their needs), good appearance (good visual appeal of the individual), speech craft, and some others.

Clothes and appearance

The clothes and appearance of the employee are of great importance for a number of reasons, primarily to maintain the health and safety of the clients, the employee himself and the people around. The first impression that the employee makes is very important.

Shoes at work must perform a protective function and be comfortable. When doing chores (assistance in cooking, cleaning, etc.) an employee must wear a white robe or apron. Other protective items of clothing (rubber gloves, respirator, shoes with rubber bottom and no heel, etc.) are intended for those cases where there is a risk (for example, to avoid chemical burns when using detergents or cleaning products).

The employee's personal hygiene also plays an important role in work that implies close contact with clients, colleagues, and others.

Confidentiality

Relationship between staff and client is based on trust. In order to be open with you, people need to be sure in the confidentiality of their information. As a social worker, you need to know some details about the life of the clients. Sometimes they want to share their secrets - this must be treated with respect. However, in some cases, certain personal information must be shared with other employees, which is necessary to provide the person with proper and complete care. In such cases, the employee should warn the client about this, explaining to them the reason for sharing this information with another person.

Confidential information can never become a topic for general discussion in an informal setting. Remember that you provide clients with services on a confidential basis. The professional duty of each employee is to maintain the confidentiality of information and protect the dignity of the clients.

Communication

Throughout their work social workers should have the desire and ability to find forms and ways to communicate with various categories of people. Therefore, mastering communication skills is considered to be a very important and significant aspect in the training of social workers.

Communication skills include:

- ability to listen to others;
- ability to collect information based only on the facts necessary for the analysis and assessment of the situation;
- ability to establish and effectively develop relationships;
- ability to observe and correctly interpret the verbal and non-verbal behavior of others; apply knowledge of the theory of personality and diagnostic methods;
- the ability to gain people's trust;
- ability to discuss acute problems in a positive emotional mood;
- ability to conduct research;

- ability to be an intermediary and to mediate conflicts between individuals or groups;
- ability to build relationships with various organizations;
- ability to identify the social needs of needy people and report about those needs to relevant officials;
- ability to activate the people's efforts that would help them solve their own problems.

People interact with each other through communication, but often we don't think about it that much. There are a lot of factors, that influence the people's perception of our message to them. You should not only speak, but also listen, completely switching your attention to the person. When you listen carefully, you show the person your interest, their importance and your desire to hear what their want to tell you.

It is also very important to observe the "body language" of a person (facial expressions, gestures, postures and body movements). Watching a person, you better understand their inner state and feelings that they experience at the moment. It is equally important to be aware about your own body language. Sometimes the meaning of the transmitted information is not expressed through the words, but through the tone of the voice, facial expressions and posture of the person. For example, we try not to show our disapproval, but our "body language" suggests otherwise.

If you will take time to think about the best way to communicate, it will improve your relationship with clients, colleagues and senior staff, it will become more positive and more effective.

Communication with clients

Remember that each client is a person with their own individual needs. Some like to talk and chat, others are more reserved. Try to make so that more talkative and demanding clients do not keep your attention at the expense of others.

During the communication, assume a position, in which your eyes will be at the same level with the person. Try not to talk while standing with sedentary clients (for example, in a wheelchair). It is better to sit down to be on the same level with them.

Ethical Code of Social Services.

Principles of social service

The employee activities of the "Territorial Day Care Center" are based on the principles of social services for citizens described in Art. Law No _____ from _____ " ":

1. targeting;
2. availability;
3. voluntariness;
4. humanity;
5. priority to the provision of social services for minors in difficult life situations;
6. confidentiality;
7. preventive focus

The main principles about social services *for senior citizens and people with disabilities* are described in State Law from № ____ "About social services for senior citizens and people

with disabilities." They most fully and clearly describe the mentioned above principles:

“Activities in the field of social services for elderly and disabled citizens are based on the principles of:

1. uphold of human and citizen rights;
 2. state guarantees in the field of social services;
 3. equal opportunities to receive social services and their accessibility for senior people and people with disabilities;
 4. continuity of all types of social services;
 5. social services are oriented to support personal needs for senior people and people with disabilities;
 6. activities aimed at social adaptation of senior people and people with disabilities are in the priority;
1. state authorities, local governments and institutions, as well as other officials are responsible and for ensuring the rights of senior people and people with disabilities in the field of social services.

Employee Ethical Responsibilities

1. Relationship with clients

It is very important that the relationship between employees and clients are effective. Rules do not always apply to any particular case; however, the following provisions should be followed:

The employees should not:

- involve their children, relatives, friends in the workflow;
- invite clients to their home;
- give clients their address or home phone number;
- sell or buy something from a customer;
- provide services to a client with a guardian, or in case client's testament is written in favor of the employee (meaning the employee would inherit house, cash deposits, etc. from the client);
- lend money to clients;
- engage in sexual / personal relationships with clients of the Center.

If any of these cases occurs, the employees must inform their supervisor. Decisions that are contrary to these rules can be made only by the administration of the institution.

But there are certain **rules that cannot be violated under any circumstances.**

The employee must not:

- use the relationship with the client for personal gain;
- borrow any items or money from clients;
- put pressure on the client and their opinion for the expression of client's will;

Employee must:

- avoid connections or relationships that are harmful to the client;

- raise and discuss questions about the unworthy behavior of their colleagues, which can harm people entrusted to their care;
- Inform clients about the risks, rights and obligations associated with social services.

Employee ethical standards in relation to colleagues

The main ethical standards for the employee in relation to colleagues are *respect, honesty, and politeness*.

A social service employee should:

- communicate with colleagues based on professional interests and beliefs;
- respect the trust of colleagues in the course of professional relationships and interaction;
- create and support the environment that facilitates colleagues ethical professionally competent actions;
- provide clients with detailed and honest information about qualifications and creative findings of colleagues;
- when replacing a colleague, act in the interests of replaced person;
- seek arbitration or mediation when conflicts with colleagues require immediate resolution.

It is necessary for the employee responsible for hiring and evaluating the activities of social workers **to fulfill this duty in a calm, delicate, impartial manner based on clearly defined criteria.**

The employee who performs the functions of the employer or the mentor in relation to his colleagues must treat them kindly, calmly and thoroughly communicate to the employees the terms of work conditions and relationship during the recruiting process.

The evaluating manager must provide the evaluated staff members with the results of conducted assessment.

A social service employee should not use the conflict between the colleague and the employer to their advantage and to strengthen their professional position.

Labor Relations with the Organization

The administration of a social service institution should:

- competently carry out staff recruitment and conduct advanced training of employees of all structural units in the institution;
- ensure effective internal control of the activities of the structural units in the institution
- to exchange information and useful experience between various organizations in the area of social services for the population;
- to ensure the safety and confidentiality of information;
- provide the law enforcement agencies with information about the illegal activities of institution employees.

In turn, the administration of the institution makes the following requirements to staff:

- strictly abide the "Rules of internal labor regulations";
- strictly adhere the "job description" responsibilities in the workplace;
- be guided in labor activities by the provisions of this code;
- be vigilant against potential violations.

□

CHAPTER 8: MEDICAL AND SOCIAL ASSISTANCE

Poor health is an inevitable aspect of aging. With age, the effect of poor health on people's lives is becoming more significant. That is why, each employee caring for older people, must have basic medical knowledge. It would be necessary when assessing the needs of the client entering social services including their health care needs.

Keeping good health in old age

The main point is that the person is willing to stay healthy, active and independent.

Health can be improved by changing the image of everyday life, and to do this, as the saying goes, is "never too late." The following is a short guide to a healthy lifestyle:

- To improve health, one must *have* a balanced and varied *diet*.
- *Quit smoking*. A lot of elderly believe that there is no point in quitting this habit, because the harm to health has already been done. Of course, some irreversible changes in the body have already occurred, but quitting smoking at any age improves the general condition and, thus, benefits health.
- *Reducing the individual consumption of alcohol*. Some older people should quit drinking completely.
- *Avoiding stress*. The life of an elderly person undergoes complex changes (including relocation to social service institutions). Employees of such institutions should support their clients in the process of overcoming stressful situations.
- *Relaxation and good sleep hours*. Older people may notice that as they age, they sleep less. For insomnia, you should use a sleeping pill, preferably of natural origin.
- *Exercising* is an important factor in promoting health and keeping fit. By doing exercises, older people can withstand the effects of aging and remain as active as possible. The number and type of exercise depends on the physical condition of the body.
- *Maintaining good relationships* with family members and friends.
- *Stimulation*. Incentives are important for keeping fit your body and mind. People should be encouraged to implement their thoughts and implement their own ideas, as well as encouraged to participate in other useful activities.
- *Safe environment* (living in a warm, not humid room, maintaining clean and fresh air, etc.).
- *Personal hygiene* is important to keep good health and good self-esteem.

Improving diabetes prevention and treatment in the Kyrgyz Republic

- Since 2010, the Elderly Resource Center, together with partner organizations, has begun to implement a new project “Improving diabetes prevention and treatment in the Kyrgyz Republic”. This project is the first of its kind in the Kyrgyz Republic. After 17 years of disintegration of the public sector as a result of the collapse of the Soviet Union and the formation of an independent state, there is an urgent need to resolve the current situation with diabetes, not only in terms of providing medical services, but also raising public awareness, starting from its lowest level.
- The development of this project took place in an atmosphere of discussion and consultation with many stakeholders from both the state and civil sectors. Based on needs assessment and pilot research conducted in the past year, it was decided to apply a broad approach aimed at three groups of society: medical personnel, people living with diabetes, and high-risk groups, and, to be more specific, these are elderly people. This broad approach is expected to improve both preventive measures and the treatment of diabetic complications, such as: diabetic foot and blindness.
- Given the experimental and innovative nature of this project, it was decided to operate in four of the eight regions of the Kyrgyz Republic: Issyk-Kul, Chui, Batken regions and Bishkek city. The selection of regions was based on the following criteria: population size, geographical location, and prevalence of diabetes. Approximately one third of the country's total population lives in the territory of the Chui oblast and the city of Bishkek, which is also the capital. Issyk-Kul region is the easternmost region, where the population mainly lives in mountain villages. Batken region is located in the west and is the most remote and isolated region of the country. The experience gained in the mentioned regions will be useful when considering the follow up.
- According to the National Statistics Committee in Bishkek and Chui oblast, the prevalence of diabetes there were 1063 and 669 cases per 100,000 population (2006), respectively. In Issyk-Kul oblast, 470 cases per 100,000 population are registered, which makes these regions four major places in country in terms of diabetes spread per citizen. Batken oblast ranks fifth, with 441 registered cases per 100,000 population in 2005 ²

Elderly in this project are defined as retired people. In accordance with the current legislation of the Kyrgyz Republic, women retire at the age of 58 years, while men retire at the age of 63 years. The average monthly pension in KGS is 1,286 (approximately 21 Euro), while the official minimum subsistence level for a pensioner is 3,208 in KGS (approximately 54 Euro). This situation creates enormous difficulties for the elderly in terms of paying for basic needs, including food, utilities and rent, not to mention the cost of medical services, medicines and health care. Medical services are provided free of charge for persons over 70 and retirees with certain privileges. But in conditions of the widespread practice of informal payments and bribes, the advantage of such privileges in real life is strongly undermined ³.

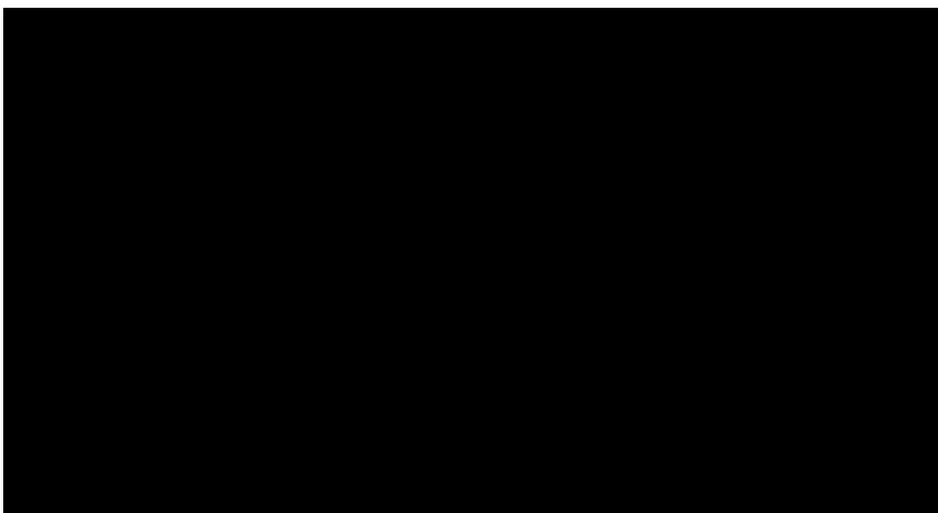
What you need to know about diabetes

Diabetes mellitus (DM)– Diabetes mellitus (DM) is one of the most expensive and common chronic non-communicable diseases in the world, requiring continuous lifelong medical care.

The main symptom of diabetes is an increased level of glucose in the blood, which develops as a result of a lack of insulin or low sensitivity of body tissues to it, as well as a number of other factors.

We get glucose from the food we eat: from sugary foods or in the process of digesting starchy foods. After eating, the level of glucose in the blood rises, and insulin is released into the blood. When the level of glucose decreases, for example, during the period of physical activity, the level of insulin decreases. Thus, insulin plays an important role in regulating the level of glucose in the blood, not allowing it to exceed.

Dynamics of diabetes frequency in the world



Diabetes in Kyrgyzstan

- Registered in Kyrgyzstan on 01.01.2010 only 30 415 patients with diabetes, of which
- With type 1 diabetes 2 311, including children under 14 years old - 202
- With type 2 diabetes 28 104, including insulin-dependent $\approx 15\%$

Number of patients with diabetes in the Kyrgyz Republic (based on number requesting medical help)



Numbers and facts about diabetes:

- Every 10 seconds, 1 patient with diabetes mellitus (DM) dies in the world
- Every 10 seconds 2 people develop diabetes
- Amputation due to diabetes is made every 30 seconds in the world.
- Diabetes ranks 4th in the world in mortality
- 46% of patients with diabetes are between the ages of 46-59 years
- Because of diabetes, more than 600 thousand patients lose their sight completely.
- Approximately 500,000 patients have no kidney function, which requires costly hemodialysis and inevitable kidney transplantation.
- More than half of people with diabetes do not know about their disease. In some countries, the percentage of people who are unaware of their disease reaches 80%.
- Billions of dollars cost the is paid by society to treat complications arising from not detected in time diabetes or its ineffective treatment.

Symptoms of diabetes

The disease can start without patients notice. There are following diabetes symptoms:

- thirst;
- frequent urination, especially at night;
- increased appetite, but, despite this, patients tend to lose weight;
- excessive fatigue;
- itching in the groin area;
- irritability;
- low work productivity;
- blurry vision;
- susceptibility to infectious diseases;
- skin diseases;
- poor wound healing.

Type 2 diabetes develops gradually and its symptoms are less intense. Some people do not notice them at all, associating the symptoms with aging, but the disease may be discovered during a medical examination.

Type 1 diabetes develops faster, usually within a few weeks, its symptoms are more obvious.

A particular risk group is diabetics who are overweight, smokers and physically passive. It should be remembered about necessity of passing medical examinations at least once a year.

Diagnosis of diabetes

GLUCOSE CONCENTRATION, MMOL / L (MG /%)			
	Whole blood		Plasma
	Venous	Capillary	Venous
	Standard value		
On an empty stomach 2 h after GTT	3,3-5,5	3,3-5,5	4,0-6,1
	<6,7	<7,8	<7,8
DIABETES			
On an empty stomach 2 h after or 2 hours after eating (postprandial glycemia) random determination of glycemiamissions at any time of the day regardless the fact of taking a meal	>6,1	>6,1	>7,0
	>10,0	>11,1	>11,1
	>10,0	>11,1	>11,1

GLUCOSE CONCENTRATION IN MMOLE / L			
	Whole blood		Plasma
GLUCOSE IMPAIRED TOLERANCE			
On an empty stomach 2 h after GTT	Venous	Capillary	Venous
	<6,1	<6,1	<7,0
	6,7-10,0	7,8-11,1	7,8-11,1
On an empty Stomach and 2 h after	IMPAIRED FASTING GLYCEMIA		
	>5,6 <6,1	>5,6 <6,1	>6,1 <7,0
	<6,7	<7,8	<7,8

Diagnosis of diabetes (plasma)

Standard	impaired fasting glycemia	glucose intolerance	Diabetes
Empty stomach < 6,1 mmol/L	6,1- 6,9 mmol/L	6,1 - 6,9 mmol/L	≥7,0 mmol/L
After 2 hours <7,8 mmol/L	<7,8 mmol/L	7,8 - 11,1 mmol/L	≥11,1 mmol/L

Glucose testing

1. Empty stomach - means the level of glucose in the morning after a preliminary fasting for at least 8 hours and not more than 14 hours.
2. Random - means the level of glucose at any time of the day, regardless of meal times
3. Postprandial - glucose level after ingestion

prevent errors in results take these steps:

- make test immediately after taking blood
- or centrifuge the blood immediately after taking,
- or store it at a temperature of 0 - 4 ° C,
- or take blood into a tube with a preservative (sodium fluoride)

OGTT - oral glucose tolerance test

It is carried out in the case of doubtful glycemia values to clarify the diagnosis, and glycemia is determined before and 2 hours after the oral glucose load. Glucose load corresponds to:

- for adults: 75 g of anhydrous glucose dissolved in 300 ml of water, drink within 3-5 minutes
- for children: 1.75 g of anhydrous glucose per kg of body weight (but not more than 75 g), drink within 3-5 minutes

The diagnosis of diabetes should be confirmed by repeated glycemia test during other days, except the cases of undoubted hyperglycemia with acute metabolic decompensation or with obvious symptoms.

OGTT is not carried out in during:

- acute illness
- injuries
- surgical interventions
- liver cirrhosis
- stressful conditions
- during short-term use of drugs that increase blood glucose levels (glucocorticoids, thyroid hormones, thiazides, betablockers, etc.)

Risk groups for the development of type 2 diabetes Risk

factors for the development of type 2 diabetes

- Age \geq 40 years
- Overweight and obesity (BWI \geq 25 kg / m² *)

- Family history of diabetes (parents or relatives)
- Usually low physical activity
- Impaired fasting glucose or impaired glucose tolerance in history
- Gestational diabetes or a large fetus in history
- Arterial hypertension ($\geq 140 / 90$ mm. Hg. Art. Or drug induced antihypertensive therapy)
- Elevated cholesterol
- Cardiovascular diseases

Prediabetes

1. impaired fasting glycemia
2. glucose intolerance
3. Both impaired fasting glycemia and glucose intolerance

Screening

Age of screening start	Screening Groups	Examination frequency
Any adult	overweight >25 kg/m ² + 1 of the risk factors	With a normal result 1 time in 3 years. Persons with prediabetes once a year
> 45 years	with normal body weight index and no present risk factors	With a normal result 1 time in 3 years

Diabetes prevention strategy

1. Identify risk groups

The following factors must be taken into account:

4. abdominal obesity (waist > 94 cm for men and > 80 cm for women)
5. family history of diabetes
6. age > 45 years
7. arterial hypertension and other cardiovascular diseases
8. gestational diabetes
9. use of drugs that effect hyperglycemia or weight gain

2. Risk assessment

- Glucose level testing:
 - Determination of fasting glucose

– OGTT with 75 g of glucose if necessary (especially when glycemia is 6.1-6.9 mmol /L on an empty stomach)

- Assessment of other cardiovascular risk factors, especially for individuals with pre-diabetes

What is dangerous with diabetes?

- The development of complications:
 - Acute complications (coma, ketoacidosis)
 - Chronic complications that affect:
 - Eyes and vision
 - kidneys
 - lower limb blood vessels
 - heart and other organs

Burden of diabetes

- Further life expectancy decreases by 5-10 years after diagnosis
- The risk of cardiovascular mortality increased by 2-5 times, (it is the cause of death of every second patient with diabetes)
- Stroke risk doubled
- About 40% of all patients with chronic kidney disease on dialysis are sick with diabetes (2/3 of them have type 2 diabetes)
- 30% of all cases of blindness are due to diabetes (> 90% of them are patients with type 2 diabetes)
- Two of the three lower limb amputees are sick with diabetes

Expert estimations about people with diabetes numbers and the average cost per person with diabetes in the CIS countries and other countries of the world in 2007 (IDF Diabetes Atlas, 3rd edition, 2006)

A country	Number of people with diabetes	The average cost per person with diabetes (USD)
Grew up Federation	9,631,600	175
All CIS countries	16,263,800	65
Ireland	337,100	3,947
Norway	152,400	4,714
Germany	7,379,200	2,713

Great Britain	1,709,400	2,431
Lithuania	429 000	280
All European countries	53,154,000	1,288
USA	19,157,000	6,231
Burundi	47,000	6

The most important aspects of assistance the person with diabetes

- Timely diagnosis
- Qualified medical staff
- Permanent lifelong treatment and counseling for patients
- Education of patients with diabetes at the beginning of the disease and throughout life
- Guaranteed provision with sugar reducing drugs, syringes, needles, means of self-testing

In 2007, worldwide diabetes direct costs amount reached \$ 232 billion. (2.5% - 15% of the annual health budget of various countries).

The incidence of diabetes has the nature of an increasing pandemic and has become of such magnitude that the world community adopted a number of regulations.

Regulations

- St. Vincent Declaration (Italy, 1989)
- Weimar Initiative (Germany, 1997)
- UN resolution on diabetes (adopted at the 61st meeting of the UN General Assembly, 2006)

UN Resolution on diabetes

- In the more than 60 years of its existence, the UN has adopted only 4 resolutions on public health relating to:
 - malaria,
 - tuberculosis
 - HIV / AIDS
 - and at the 61st meeting of the General Assembly on December 20, 2006, a special resolution on diabetes. This fact indicates the importance of the problem of diabetes
- It is aimed to:
 - provide early disease diagnostic
 - to unite the efforts in all countries of the world, and especially in countries with low levels of economic development

- disease prevention

The main objectives of the UN resolution

- Raising awareness about the danger of the diabetes situation and its consequences
- Together with country leaders, take all necessary measures to reduce, prevent and eliminate the disease.

TREATMENT OF TYPE 2 DIABETES

Physical activity

- Recommended amount of aerobic exercises at least 30 minutes (in some cases up to 60 minutes), preferably daily, but not less than 3 to 5 days a week, with a total duration of at least 150 minutes a week.
- Factors limiting physical activity due to type 2 diabetes: decompensation, ischemic heart disease, respiratory system diseases, joints diseases etc.
 - The risk of coronary artery disease requires mandatory ECG (according to indications - stress tests, etc.) before starting the physical activity program.

Contraindications to physical activity (FA)

- Plasma glucose level is higher than 13 mmol / l in combination with acetonuria or higher than 16 mmol / l, even without acetonuria (under conditions of insulin deficiency, FA will increase hyperglycemia)
- Hemophthalmia, retinal detachment, the first six months after coagulation of the retina; uncontrolled arterial hypertension.
- **Different classes of drugs for the treatment of type 2 diabetes**

Substance	Mechanism
Insulin	Insulin receptor stimulation and glucose utilization
Sulfonyl Urea Derivatives	Stimulation of insulin secretion (main)

Biguanides	Suppression of gluconeogenesis in the liver and increased insulin sensitivity in peripheral tissues (metformin)
PPAR Agonists	Increasing insulin sensitivity in muscles, reducing lipotoxicity and modulating adipocytokines (pioglitazone)

Different classes of drugs for the treatment of type 2 diabetes

Inhibitors a-glucosidase	Decreased glucose absorption in the intestine (acarbose, miglitol)
Meglitinides	Stimulation of insulin secretion (repaglinide, nateglinide)
GLP-I Analogs	Stimulation (glucose-dependent) insulin secretion and suppression of the release of glucagon (exenatide)
DPP-IV inhibitors (glyptins)	Stimulation (glucose-dependent) insulin secretion and suppression of the release of glucagon through an increase in endogenous GLP - I (vildagliptin, Januvia)
Amylin Analogs	Suppressing the release of glucagon and slowing gastric emptying (pramlintide)

Sulfonylurea drugs -

- Gliclazide (Diabeton MW)
- glibenclamide (Maninil 5, Maninil 3.5, Maninil 1.75)
- glimepiride (Amaril)
- glykvidon (Glurenorm)
- glipizid GITS (Glibenez-retard)
- Glibenclamide today is the "gold standard" in the treatment of diabetes 2.
- It binds to the sulfonylurea receptor with a molecular mass of 177 kDa) and has a maximum affinity for the ATP-dependent K⁺ channels of the PJ cells of the PZH cells, and therefore has a powerful hypoglycemic effect.
- Currently, micronized forms of glibenclamide (maninil 1.75 / 3.5 mg) are used.

The mechanism of action of metformin (siofor, glucofazh)

Slows down the absorption of glucose in the small intestine	effectively reduces blood glucose both on an empty stomach and after food load
Reduces glucose production by the liver	Reduces fasting glucose
Improves tissue utilization of glucose	Reduces glycemia between meals

Metformin – is the only drug, according to the UKPDS , which reduces the risk of mortality from myocardial infarction by 39%, stroke - by 41%.

The first stage of the treatment for type 2 diabetes:

1. Lifestyle change with the simultaneous metformin prescription;
2. In the case of contra-indications to metformin or its intolerance at the first stage of therapy, PSM is prescribed, if the target control indicators are not achieved on diet therapy;
3. In case of open decompensation (fasting plasma glucose > 13.9 mmol / l or at a random point > 16.7 mmol / l, or HbA 1 c > 10%) insulin should be prescribed right away (after reaching compensation can translate to oral hypoglycemic therapy)

The second stage of the treatment for type 2 diabetes:

1. With the ineffectiveness of monotherapy in the maximum tolerated dose transferred to a combination of drug therapy;
2. The criteria for the appointment of combination therapy is HbA 1c above the target level established for a particular patient after 3 months of treatment.
3. Combination therapy is carried out using drugs with different mechanism / point of application of glucose-lowering action:

Prohibited combinations:

1. The combination of various sulfonylurea drugs
2. Basal insulin may be prescribed as a combination therapy in the second stage

The third stage of the treatment for type 2 diabetes:

1. Addition or intensification of insulin therapy
2. Insulin therapy is prescribed in when target level H b A1c is not reached. By using maximum tolerated doses of a combination of oral hypoglycemic agents after 3 months of treatment.

Causes of delayed insulin therapy

- Fear of injection
- Fear of "addiction"
- Misconception about the dangers of exogenous insulin
- Danger of hypoglycemia
- Weight gain
- Last opportunity

Blood Pressure Monitoring Indicators

	Low risk of angiopathy	Moderate risk of angiopathy	High risk of angiopathy
Blood pressure level	< 130/80	130-140/80-85	> 140/85

Non-drug methods for the correction of blood pressure

1. Limiting the use of salt to 3 g / day (do not add salt to the meals!)
2. Weight loss (with a BWI> 25 kg / m²)
3. Alcohol use is not more than 30 g / day for men and 20 g / day for women
4. Quitting smoking
5. Aerobic exercise for 30 - 40 minutes 3 - 4 times a week

Distinctive signs of diabetes among elderly

Signs	Manifestations
Age	Usually after forty years
Sex addiction	More often with women
Body weight	Usually obesity (90%)
The onset of the disease	Usually gradual

Main symptoms	Thirst, plentiful urination, increased appetite (often expressed little or absent)
Fasting blood glucose level	A small increase, often the norm
Serum insulin levels on an empty stomach	Reduced, normal or elevated (with obesity very rarely)
Ketonuria tendency	Very rarely
Sulfonylurea Insulin Sensitivity	Weak
Vascular diseases	Very frequent
Propensity to complications	Moderate

Care recommendations for the patients with diabetes

When taking care of diabetes patient keep in mind the following recommendations

1. Make sure that the client strictly follows the diet prescribed to him with 4- and 5-fold food intake count with small portions while maintaining the physiologically necessary energy value. A person suffering from diabetes must eat in time, because a decrease in blood sugar levels can lead to coma: redness of the skin is observed, skin becomes moist, anxiety arises, limbs tremble, hunger and general weakness appear. In such cases, the client must be given a piece of sugar or bread.
2. Follow the appropriate regimen of drug lowering blood sugar intake (according to the doctor's prescription).
3. It is important to monitor the client's hygiene: skin, bed, linen, to prevent skin diseases and pressure sores.
4. Encourage regular exercise, because it improves blood circulation and also helps the client maintain a good mood.
5. Keep the feet clean and dry. Following these rules of care can reduce the frequency of diabetic gangrene by 2-3 times.

It is a mandatory to provide daily feet bath in warm (not hot!) water, followed by treating the keratinous parts of the skin with pumice and moisturizing them with cream. It is strictly forbidden to cut nails with scissors (to remove the risk of accidental skin injure), you should use a file for nail care. If you find at least the slightest damage to the skin of the feet, the wound should be immediately washed with furatsilin solution and apply a dry sterile bandage. *It is forbidden to use strong antiseptic and cauterizing solutions.*

Dietary recommendations for people with endocrine disorders (diabetes)

There are no established rules here, it all depends on the individual characteristics of each person.

Majority of the diets are balanced and contain proteins, carbohydrates, fruits and vegetables, a small amount of sugar and some fat. Basically, the menu will differ from the usual only by replacing sugar with sugar substitutes (for example, with saccharin).

Weight control

People with diabetes are not recommended to gain weight, because this affects the insulin and, ultimately, the general health of a person.

Alcohol

Diabetics should drink alcohol very carefully and not on an empty stomach. Do not take large amounts of alcohol at one time.

Carbohydrates

Although carbohydrates are important for the diet (potatoes, rice, pasta, etc.), they should not be abused because the starch is processed into sugar by the body. If a person wants a snack, fresh fruit is best option.

Fat

The diet should have small amount of fat. Fats contribute to more successful absorption of vitamins and minerals, as well as contribute to their preservation in the body.

Recommendations for diet therapy for patients with diabetes.

In case obesity, mainly recommended is a low-calorie diet, reducing the daily calorie intake to 1000-1800 kcal for men and to 1000-1200 kcal for women.

- Frequent regular meals (5-6 meals);
- Exclude easily digestible carbohydrates (sweets, honey, sugary drinks);
the recommended composition of food by the number of calories (in%):
 - * * complex carbohydrates-50-60%,
 - * saturated fats <10%,
 - * polyunsaturated fats <10%, proteins <15%,
recommended fiber rich foods;
- alcohol - no more than 20 g / day (taking into account calories);
- moderate use of sweeteners (L- aspartame; stevia);
- in case of arterial hypertension, limit salt intake to 3 g / day.

Physical activity recommendations for patients with diabetes.

Before exercising, it is necessary to evaluate the glycemic profile, blood pressure, at the age of 45 years to analyze the ECG.

Physical activity should be individualized taking into account the age of the patient, complications of diabetes and related diseases:

- walking is recommended instead of driving;
- climbing stairs instead of an elevator; physiotherapy; skiing; gardening;

- gardening; sport games;

Physical activity should be regular, for example: daily 30 minutes walks, swimming for 1 hour 3 times a week.

It must be remembered that intense physical exercises can cause a delayed hypoglycemic state, therefore, the mode of exercise must be worked out during self-control of glycemia. If necessary, adjust the dose of insulin or secretagens before exercise. When blood glucose is above 13-15 mmol / l, exercises are not recommended.

Diet and nutrition

While taking care of the clients, center workers gradually learn about their eating habits (what they can eat and what they can't eat, what they like and what they don't like), as well as special medical indications for dieting, for example, the body's response to certain foods.

Clients diet menu

Starchy foods (bread, potatoes, rice, or pasta), as well as raw or boiled vegetables or fruits, should make up the main part of the client's diet. Meat, poultry, fish, eggs, cheese or beans should make up one fifth of the diet.

Dietary recommendations

"Soft diet"

In cases where it is difficult for a person to chew and swallow regular food, it is appropriate to provide

"Soft diet". The purpose of this diet is not always medical. It is best to eat in this form only for some time, while there are sores in the mouth, or a sore throat prevents you from swallowing solid food. Such food is easy to eat, it almost does not need chewing, but it looks like regular food (mashed potatoes, roasted meat, fresh vegetables without a peel, such as peas and beans).

As far as possible, try to keep food in its usual form, make sure that it is ready to eat, i.e. easily broken by a fork and easily chewed.

"Liquid diet"

Cooking for such a diet requires certain knowledge and skills, since food should not turn into a shapeless mess. You should make sure that it contains all the necessary vitamins and minerals, because it needs to be taken in small portions. In addition, it should look appetizing and resemble a traditional dish. It is very important to preserve the natural color and smell of food, and not to mix products of different colors. You can add flavors. It is necessary to know which drinks should be taken during such a diet, which foods should be used, how to increase the density of the food properly.

Medicines and the Elderly

At some point, doctors prescribe medications to each person, but elderly take them much more often, because they are more likely to encounter health problems.

Side effects of medicines

All drugs have side effects. There are two groups of drugs that cause at least two thirds of all side effects:

- drugs that affect the cardiovascular system;
- drugs effecting the central nervous system.

Side effects:

- effects on vision: blurred vision, etc.;
- dysfunction of the digestive system (nausea, vomiting, heartburn, ulceration). Aspirin, when used regularly, irritates the gastric mucosa, can lead to the formation of ulcers;
- impact on liver function;
- drowsiness;
- Parkinson's disease symptoms;
- fainting;
- absent-mindedness;
- allergic reactions (reddening of the skin, rash).

Care recommendations

All staff working with older people need to know about the possibility of medication's side effects. In some cases, it is important to take into account the ratio of side effects and benefits from the use of a drug.

While the positive effect of the drug appears gradually, the side effects become noticeable almost immediately. In the first weeks of treatment, staff should be more attentive to their patients and in case of side effects of medications contact their doctor.

In some cases, unwanted effects can cause poor health. Having identified this, the employee must immediately inform the attending physician. If the patient himself cannot inform the doctor about the negative effect of the drugs on his health (for example, in dementia), this should be done by the staff. *Do not expect the doctor to know about all possible reactions of the body to the medicine, all reactions are individual.*

TIPS, RECOMMENDATIONS, RECIPES ...

Tips and recommendations provided in this manual are collected so that you can improve your quality of life.

No sudden movements.

In the morning you barely open your eyes. You make great efforts to take your head from the pillow! Do not worry. It can be helped.

Waking up, do not rush to jump out of bed. Stay in bed for at least five minutes - stretch yourself bend backwards like cats and dogs do. If you do not have such a habit, try to develop it. Only 2 - 3 minutes of correct morning stretching - and 50% of working capacity restored. If you wish, you can do some lazy gymnastics - lift your legs and push imaginary bicycle pedals in the air. As a result, stiff muscles and joints become flexible, the body very smoothly adjusts to daily activity. Another way to "turn on" yourself - yawn widely couple times, and then blink as fast as you can.

Nuts against fatigue.

To relieve fatigue, strengthen the heart muscle, get rid of headaches, Tibet medicine recommends eating walnuts, raisins and cheese.

For one portion you need to eat 30 grams of walnuts, 20 grams raisins and 20 grams cottage cheese.

Instead of tea and coffee - tickseed.

Traditional medicine advises people suffering from allergies, for a full recovery to drink a few years in a row instead of tea and coffee fresh decoction of the tickseed. Brew like tea and drink 20 minutes later without dosing.

The color of the decoction should be golden; if it is cloudy or green, then the tickseed is not suitable for use. The decoction is not subject to storage, you need to drink it only fresh. The tickseed can be collected and dried in the shade; the tickseed in briquettes does not give a special effect.

Lough to be healthy!

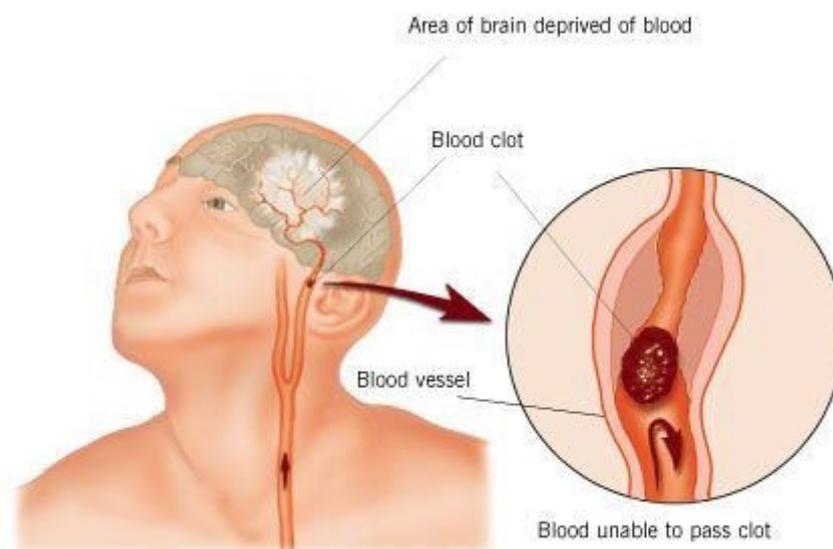
Scientists at an American university conducted an interesting study; they interviewed a group of older people who had survived their siblings for several years. The question was very simple: "Which of you was more cheerful?" The comparisons were in favor of the living. And another resident of the United States, Norman Cousins, being seriously ill, prescribed himself treatment with laughter. He bought videotapes of comedies in stores and watched them from morning to evening. The disease has receded. And Norman himself entered the history of medicine under the nickname "the man who made the death laugh." What happens in our body when we laugh? When we laugh we breath deeper, which means that the lungs are completely free from harmful substances, blood circulation is improved, vascular spasms are removed, and cerebral circulation is increased. A few minutes of laughter normalize the metabolism and you become younger! At the same time, our brain produces neurotransmitters - substances that provide us with a good

mood. Even a strained smile for few minutes has almost the same effect as a sincere one. It is not by chance that in some hospitals a new staff - a doctor clown. Doctors advise to approach the mirror more often and smile. When standing in front of the mirror for take five minutes to show yourself your tongue, make funny faces, or stand up, inhale and laugh loudly! In such a simple and accessible way, you prolong your life. And this is not an April Fool's joke. Try it yourself.

Youth elixir.

400 grams of peeled garlic, washed and grated, squeeze the juice of 24 lemons, mix with garlic, pour into a jar and close with gauze. Shake before taking. Take 1 tsp. and mix it with 1 cup of boiled water. Take daily. After 1 - 2 weeks, drowsiness will disappear, general well-being will improve, working capacity will increase. Additionally, garlic has anti-sclerotic effect.

STROKE: Remember the first three steps...



HOW TO RECOGNIZE A STROKE:

While being on the picnic with friends, my friend Mary stumbled and fell - she assured everyone that everything was fine with her (friends insisted on calling an ambulance) and that she just stumbled over a stone because of new shoes. Friends helped her get up and handed her a new plate of food. Mary continued to have a good time, despite the fact that she seemed a little agitated. Later, Mary's Husband called and told everyone that his wife was taken to hospital - (at 6 o'clock in the evening Mary died). She had a stroke during a picnic. If her friends knew how to establish signs of a stroke, maybe Mary would be with us today. Someone else would not die. Instead, they feel helpless.

And to read this information you need to spend just a minute of time ...

The neurologist later stated that if he could get to the victim within three hours, he would be able to completely eliminate the consequences of a stroke completely. He also noted that the problem is to how recognize a stroke, make a correct diagnosis and then deliver the victim within 3 hours to a medical facility to help, which is quite difficult by the witnesses of the incident.

RECOGNIZING A STROKE

Please, try to memorize 3 basic steps in recognizing the symptoms of a stroke, the so-called "STP".

Read and remember!

Sometimes it is difficult to immediately recognize the symptoms of a stroke. Unfortunately, lack of awareness leads to tragedies. A stroke victim can get serious brain damage if people near them have failed to recognize the signs of a stroke in time. Today, doctors say that any witness to the incident can recognize the symptoms of a stroke by asking the victim three simple questions.:

S*Ask the person to **SMILE**.

S*Ask them to **TALK**. Ask to say simple sentence. Check if they can do it in clear way. For example: Outside the sun shines. **L***Ask them to **LIFT** both hands.

Attention! Another way to recognize a stroke other than those mentioned above is to ask the victim to stick out the tongue. And if the tongue is crooked or irregularly shaped and falls on one side or the other, then this is also a sign of a stroke. If you have noted a problem with the victim with any of these tasks, immediately call an ambulance and describe the symptoms to the doctors who arrived at the scene.

Porridge therapy

The best safe and simple way to remove toxins from the body porridge! This is a scientifically proven fact. Any grain is, first of all, fiber with many different organic acids. They attract heavy metals, pesticides and other "garbage" to themselves like a magnet. Moreover, practically all porridges have this property, but to varying level: some by 90%, others by 20%, since they contain acids with different properties. And the effectiveness of purification depends on how strongly they are associated with harmful metals.

But there is one good pattern. The first particularly toxic impurities are derived. For example, metals are removed in the following order: lead, cadmium, copper, iron!

Best of all toxins are removed oatmeal, buckwheat, millet. Oatmeal contains many valuable proteins, phosphorus, iron and magnesium. It contains so much of latter elements that "oat-flakes" can be called a means for maintaining blood pressure, mental balance and strength of bones. Buckwheat is rich with pectin, which improves digestion, and lecithin, which is so necessary for our liver and pancreas. This is a wonderful "evening" porridge. The source of vitamin PP, magnesium salts and trace elements - millet. Rice is most useful unpeeled, brown or long from Central Asia. Another thing: the best pesticides remover is corn porridge, and heavy metals remover - oatmeal.

But! There is a special condition under which complete purification is achieved: porridge must be in the stomach as long as possible - at least 20 minutes. The longer it lingers, the more toxins will be absorbed. That is why oatmeal is most useful: it removes more toxins than others, since it has the ability to digest for a long time. Moreover, no matter how you cook oatmeal: with water or milk, with butter or sugar, or without it, it will pull up to 90% of all "garbage" from the body.

What is interesting that even when cooked, oatmeal does not lose its properties. Starch, organic substances, some acids and vitamins, i.e. organic acids that are not "washed out" with water, and together with fiber, create an extremely durable "complex" with metals and reliably remove them from the body.

Rice and buckwheat though require special way of cooking. Rice should be washed as long as possible with a small stream of water from the tap. In this way, you will wash out the starch, which interferes with the "meeting" of toxins and acids, and thereby accelerate the purification process. This is all the more beneficial because washed rice also contributes to weight loss.

There is an interesting recipe from the last century of rice treatment in Chinese: rice grains were washed for seven days, until they became transparent, like glass, almost completely devoid of starch, and ate 1 tbsp. 1 per day raw. Back in the days, gold mine workers were treated with such rice (there is a high risk of lead and arsenic poisoning). Now this recipe is useful to everyone who is associated with harmful production (for example, processing precious metals). By the way, if such rice is poured with boiling water, it will instantly become crumbly.

It is better not to boil buckwheat, but to steam it up: pour boiling water over it, wrap it up and leave it in a warm place. It will be more tasty and useful in the sense of the absorption of metals, in particular the surplus of iron harmful to the body.

Any porridge goes well with milk, cream, low-fat cottage cheese, cheese, cream and vegetable oils, mushrooms and sauerkraut, greens, spices, nuts (except peanuts). It goes perfectly with the dried apricots, raisins, figs, dried fruits, sweet apples, honey, tomatoes, olives. And at the same time, it does not lose its absorbing properties. If toxic metals have accumulated in your body, they will still be removed.

Just eat more porridge!

Proper breakfast is the key to wellness.

Beauty, slimness, good mood and a healthy heart - all this can be achieved without expensive drugs and complex diets. The basis of well-being comes with the right breakfast, the key of which is porridge, according to the doctors.

The exceptional properties of oatmeal were once again proved by American physicians, who established that only a half oatmeal per day give results comparable to daily hourly exercises in the fitness room. Within a few weeks of regular breakfast with oats, there is a decrease in body fat, on average, by 10%. Oatmeal helps to strengthen the cardiovascular system, and also serves as an ideal prophylactic agent for diabetes.

There was a study conducted by specialists from Tufts University more than 2,800 men and women aged 32 to 83 years took part in it. Doctors analyzed their daily diet and examined their health conditions. The main object of observation was the amount of adipose tissue surrounding the internal organs. Using these data, it is possible to assess the overall level of metabolic disorders, accurately predicting the risk of diseases of the cardiovascular system. The more such fat, the higher the likelihood of high blood pressure and the shorter the path to heart attack, stroke and diabetes.

Whole grains porridge has wonderful properties. Doctors strongly recommend to abandon the products of "healthy fast food" - boxed flakes and milled oats, which in Russia is called the name of the hero of the Greek myths. "The right porridge must be chewed, but if there is a feeling that someone has already done this before you, there will be no effect," says the author, clinical dietitian Nicola McCawn.

He also says that the strength of oatmeal and a number of whole-grain products is so great that it can withstand the negative factors of a wrong lifestyle. Even the harm from fatty foods and alcohol can be neutralized with a plate of proper porridge.

The benefit of oatmeal will not be doubted by any doctor. For example, one portion can satisfy one-fifth of the daily needs of the body for proteins. In porridge you can find almost the entire vitamin series and solid concentrations of the necessary micro-elements - phosphorus, magnesium, fluorine, potassium, calcium.

Finally, oat fiber and pectin improve the digestion process and clear slags better than advertised yoghurts.

The benefits of eggplant!

This berry (and in fact an eggplant is a berry!), Which came to Russia from Iran, did not immediately take its place in a row of vegetables consumed daily.

But even today, eggplant is really royal food. After all, it contains substances such as potassium, iron, calcium, and phosphorus, and the compound of substances still present only in eggplant — melongen. In addition, eggplant - has group B vitamins, also contains provitamin A and vitamins PP and C.

Eggplant contains water, fiber, sugar and protein. Eggplant is recommended to be eaten by people suffering from atherosclerosis and other cardiovascular diseases. This berry can significantly lower the level of cholesterol in the blood.

It is also an excellent diuretic and a wonderful “stimulant” for intestinal activity.

Eggplant also has bactericidal properties.

In addition, the consumption of eggplant contributes to blood formation, which is useful for pregnant and for people suffering from anemia. Eggplant strengthens the bones and cartilage of the joints, so that they can be used as a preventive and therapeutic agent for osteochondrosis, osteoporosis, arthrosis. Eggplants is useful to the elderly as well.

Eggplants help to maintain acid-alkaline balance in the body and increase bile flow. A raw eggplant juice can be used to treat the inflamed places on the skin and purulent acne, if applied several times a day it will help to their rapid healing. Eggplant is able to normalize high blood pressure. An eggplant mask will have a wonderful moisturizing effect.

Olives. Gift of the gods

Olives help to neutralize any toxic substances in the body. Therefore, they are considered an ideal addition to many alcoholic cocktails. Legendary Avicenna considered olives a cure for almost all diseases. The famous doctor was not so wrong, because these fruits are surprisingly useful for our body.

Many believe that green olives and black olives are different fruits. But in fact, they only differ in the degree of ripeness. Green olives were picked from the tree unripe, and the black ones hung on the branches a little longer and managed to “feed on” butter.

A gift from above.

People have always associated the olive tree with something divine. The ancient Greeks believed that to the creation of olive tree, they are obliged to the goddess Athena, so the olive branch symbolized wisdom and fertility to them. The Egyptians attributed olive tree to the goddess Isis and were convinced that this tree is a symbol of justice. Christians believe that a dove with an olive branch in its beak brought news of a truce between God and people after the Great Flood. Perhaps such a respectful attitude towards olive trees is related to their longevity.

Olive tree grows very slowly, and the age of some trees allegedly exceeded one thousand years. Perhaps that is why many nations have a belief that the olive trees do not die and can live forever.

The fruits of the "eternal" tree may not be at all alike. Some vary in size and can be compared with cherries, others are more like plums. The color changes during ripening. Green olives eventually turn a pinkish-brown hue, and when they finally do, they turn black.

There is one similar thing about all olive fruit - they cannot be eaten fresh. The fruits that have just been plucked from the tree are very tough, and if you do manage to bite off a small piece, you will find it inexpressible bitter. Therefore, to get a gourmet snack, olives are soaked for a long time, and then salted or pickled. At the same time, salted fruits are more rigid than pickled ones.

In order not to get old Legendary Avicenna considered olives a cure for almost all diseases. The famous doctor was not so wrong, because these fruits are surprisingly useful for our body. There are a lot of group B vitamins in olives (useful to our brain and nervous system), vitamin A (useful for good vision), vitamin D (for strong bones and healthy teeth), ascorbine (strengthens the immune system), vitamin E (protects against harmful effects of the environment, prevents cardiovascular diseases, premature aging and malignant tumors).

But still, the main wealth of olives is oil. Its content in fruits can vary from 50 to 80%. Moreover, the riper the olives, the more oil they carry. Olive oil is a truly unique product. It has a huge amount of unsaturated fatty acids. They are necessary for lowering the level of harmful cholesterol in the blood, and therefore, to protect our cardiovascular system and prevent atherosclerosis.

Olive oil improves digestion and stimulates appetite. Therefore, olives are often served before dinner as a snack. And if you eat 10 olives daily, you can protect yourself from the development

of gastritis and stomach ulcers.

Olives help to neutralize any toxic substances to the body. Therefore, they are considered an ideal addition to many alcoholic cocktails. Olives not only perfectly set off the taste of the drink, but also protect against morning sickness after party.

For a long time, people believed that olives increase masculine power. Whether it is true or not, is still unknown, but the inhabitants of the Mediterranean countries, where olives are included in the daily menu, are really famous for their hot temperament.

Caliber matters. On the shelves you can find olives stuffed with anchovy, lemon, pepper, pickled cucumbers and other goodies. But stuffing olives is not accepted. It is believed that their taste is already quite saturated and should not be "spoiled" by various additives.

The only "manipulation" permissible is the taking out of the stone. However, gourmets are confident that this operation only spoils the quality and taste of olives.

If you are going to put in your bag your favorite jar of olives, be sure to pay attention to their caliber. It is indicated by numbers written in fractions, for example: 70/90, 140/160 or 300/220. These numbers indicate the number of fruits per kilogram of dry weight. Therefore, the larger the number denoting the caliber, the smaller the olives. Thus, the inscription 240/260 says that a kilogram accounts for not less than 240 and not more than 260 olives.

Fruits in a jar should be approximately the same shape and size - this indicates the quality of the product.

Of course, the jar should not be deformed, it should not contain signs of rust and other damage.

Interesting. Scientists have figured out why women in the Mediterranean are less likely to get breast cancer. The key was oleic acid: being the main component of olive oil, it is included in most of the dishes of the local cuisine. Studies performed at Chicago's Northwestern University show that this substance not only reduces the risk of a malignant tumor, but also increases the effectiveness of treatment if it does appear.

Scientists also found that the risk of heart attack is reduced if most of the calories consumed by the patient come from olive oil, and not from other products. The study involved 342 people, of whom 171 have already experienced one myocardial infarction.

According to data from some other studies, olive oil can help you, because the substances found in it correspond to the effect of ibuprofen contained in painkillers.

By the way, Australian scientists have found that the more people consume olive oil, the less wrinkles they have. Oleic acid, which is a component of olives and extra virgin cold-pressed olive oil, penetrates through the cell membranes of the skin, filling them up, which makes thin folds and wrinkles less noticeable. To include as many olives as possible in your daily diet, use olive oil for cooking, add olives to pasta sauce and salads - or eat them whole.

About the spine

Every night before bed for 1.5 months, you should eat:

1. 1 fig fruit
2. 5 dried apricots (dried apricots)
3. 1 prune fruit

These fruits contain substances that cause the restoration of the tissues that make up the intervertebral soft disks.

Also, these substances make these tissues more resilient and stronger.

The strengthening of these tissues helps the vertebrae go to places allotted to them by nature, without external manual correction.

Try to do this - you will not recognize your spine.

Substances necessary for the implementation of such a procedure are not contained in each fruit separately but are formed when they are mixed.

Also, this combination contains magical powers, as well as the ability to increase the sexual power of men and women.

The Olympic athletes told the author of this recipe, for restoring the spine column after heavy training.

The author has recommended the same thing to his patients for several years - it really helps.

10 easy steps to longevity

To live longer, you need to quit smoking and do exercises every morning, right? No!

Recent studies offer a fun recipe for longevity. Biologically, a person can live for about 150 years, but in reality, our life is much shorter. On average, the Japanese live for 79 years, while the Nigerians and Somalis barely make it to 47. After analyzing examples of centenarians, scientists identified 10 rules that will help to prolong life.

The first rule of longevity. Do not eat too much.

If you are not engaged in physical labor and or work out in the gym four times a week, 2000 calories per day will be quite enough. This will give rest to the cells and support their work.

The second rule of longevity. Food must be age appropriate.

30-year-old women will have wrinkles later, if they will constantly eat nuts and sometimes liver. People over 40 should eat more beta-carotene, which is found in carrots and other yellow, orange

and red vegetables and fruits. For those who are over 50, calcium will be useful for the bones, and magnesium for the heart. Men over 40 need selenium, which is contained in cheese and kidneys, - it will help to cope with stress. Men over 50 should eat plenty of fish because it strengthens the heart and blood vessels.

The third rule of longevity. Do not rush to retire

Non-working pensioners usually look 5 years older than their age. By the way, some professions help to look younger. Among the long-livers there are many conductors, philosophers, artists and priests.

The fourth rule of longevity. Sex rejuvenates.

During intercourse, the body produces endorphins, hormones of happiness, which strengthen the immune system. Those who have sex twice a week look on average 14 years younger than their peers.

The fifth rule of longevity. Be optimistic.

Do not be discouraged and do not give up. Doctors say: optimists live longer.

The sixth rule of longevity. Move more and do sports.

Even a few minutes of sports activities per day can prolong life. Sport stimulates growth hormone, production of which is significantly reduced after 30 years.

The seventh rule of longevity. Sleep in a cool room.

People who sleep in a cool room (+ 17- 18 C or 62- 64 F), retain their youth longer, because the metabolic rate and aging of the body depends on the ambient temperature.

The eighth rule of longevity. Experience positive emotions.

Try to rejoice as often as possible. How? Sometimes allow yourself some small pleasures: a big piece of cake, a party with friends all night, dancing - and you will live longer.

The ninth rule of longevity. Do not suppress anger.

Give anger a way out - after all, about 64% of cancer patients have suppressed it all their lives.

The tenth rule of longevity. Give your brain exercise.

Solve crossword puzzles and riddles (for this you can go to the "Beauty of Mind" section), read more, learn foreign languages, count in your mind. Make the brain work actively: it will maintain clarity of mind, improve metabolism, enhance blood circulation and heart function.

Reduce the biological age.

Scientists have found that at the age of 1 year old the number of old cells does not exceed 1%, at 10

years it ranges from 7-10%, and at 50 years it rises to 40-50%. Natural methods of treatment, rejuvenation and prolongation of life help to increase the number of young cells in relation to the number of old ones. Herbal physicians, who consider humans to be part of nature, also offer natural remedies. One of the simplest and most affordable: drink this mixture on an empty stomach every day:

1 tea spoon of honey

1 tea spoon of lemon juice,

1 table spoon of vegetable (better than olive oil).

Bird of happiness for tomorrow

flew, wings ringing. Choose me,

choose me, the bird of happiness

of tomorrow

At the turn of the millennium, an unusual study was conducted at Harvard: for almost 70 years, five generations of scientists observed a group of eight hundred people.

Experts tried to understand what specific positive values make up the concepts of happiness and the joy of life. Even before the beginning of the Second World War, several hundred schoolchildren and students, mentally and physically healthy and not prone to breaking the law, were selected. Among them were immigrants from wealthy families, urban slum dwellers, gifted children and modest average score students. All of them, lead their lives, and every few years they filled out questionnaires and underwent a medical examination. The results of the unique study turned into the best-selling book of the last project manager of Dr. George Weyland (*Aging Well: Surprising Guideposts to a Happier Life from the Landmark Harvard Study of Adult Development* by George E. Vaillant).

Comparing life with a minefield, he proposes to walk in the footsteps of those who have already successfully passed through it and is happy to share with others the experience of a happy and long life.

So, the first rule of a happy life:

- You can get sick, but you cannot feel sick! Our own assessment of our physical condition is much more important than objective indicators.

No bad tests, cardio, echo and other grams, suffered strokes, heart attacks and have the power to darken old age, as long as a person perceives them as traffic accidents, inevitable on a long journey, and not as the main content of the route.

Optimists with more severe health condition look and feel much more cheerful than their peers and even younger pessimists.

The second rule:

* Love is literally life.

If by the age of 50 a faithful companion of life has been found - it does not matter from the first or fifth attempt - this is a sure sign that you will celebrate your eightieth birthday with sound mind and good health *.

Moreover: it turned out that a stable marriage is a much more reliable sign of longevity than low cholesterol in 50.

* Doctors assure: those who love and are loved, who know how to listen and sympathize, who are open to people and benevolent live longer and happier.

* The ability to forgive is one of the surest keys to a happy long life.

* Accumulated insults - whether against whole universe or the local environment - devour the mind and body, like cancer cells, taking years and the ability to experience joy. The bright side of life deserve more attention than the dark. By the way, scientists recently discovered that a hostile attitude inherent in some older people - is risk factor on itself for coronary insufficiency, and it is immeasurably greater than high cholesterol, overweight, hypertension and smoking!

What about the soul? According to Harvard, research revealed a pattern: people who turned to a psychoanalyst for help, 33% less often visit other doctors, 75% less often go to hospital, miss almost half as many working days and take a third less medicine. Moreover, this effect persists for 2.5 years after completion of the course of psychotherapy. The ability to cope with everyday storms protects the body. Not only that: according to US statistics, perhaps the longest life expectancy is distinguished by psychoanalysts, who, as you know, are obliged to regularly undergo psychoanalysis themselves.

Another rule of happiness:

- It is never late to learn and there is always something to learn. People who have at least an incomplete higher education live on average 6 years longer than those who have neglected such an opportunity. Apparently, the secret is that educated people have wider interests and high culture, a more responsible attitude to their health. Age is no excuse for not wanting to learn.

On the contrary: older people are spared from the crazy pace of everyday work and household duties and can fully enjoy new knowledge and skills. Psychologists have noticed that readiness to master new areas and creative activities add to pensioners much more vigor and self-confidence than a stable financial situation.

No wonder wise Chinese say that personal life begins only after fifty. It's time to take care of yourself. Be healthy!

I want to be young again ...

It is possible though!

Everyone knows the saying: "Eat breakfast yourself, share lunch with a friend, give dinner to the enemy." The theory of rejuvenation of Lyudmila Brodatskaya from Zhytomyr turns everything upside down.

You, probably, paid attention, and this is confirmed by scientists, that on a photo a person always looks somewhat older than they actually are. Looking daily at yourself in the mirror, you do not notice how you change. But on the photo suddenly with horror you discover that the years are flying, and the view is less and less blooming. Especially if you are over 40.

Lyudmila Yakovlevna, a teacher by education, who gave 25 years to high school, once looking at herself on the photo, realized that it was impossible to continue this way. She was still very young in her soul, such as her students, which confirmed the mirror, but the photo ...

Lyudmila Yakovlevna went to the Ukrainian Health Center hoping to explore all the rejuvenation systems in the world.

For seven years she tried them herself and with her family and achieved amazing results. Now she travels around the country with lectures, trying to share what she learned at the Health Center and what she discovered herself.

So, what is the secret of the Brodatskaya system?

- When a person grows old, he notices for himself that he begins get tired more quickly. Fatigue is an energy pause. March, April, May are the months of energy pause period. We get tired because we lack energy. In this case, you need to rest, sleep, but don't force yourself to work.

The main thing in the life of the organism is a cleansing system. And the simplest way is cleansing with water.

There is a science called biorhythmology, which examines the annual and daily rhythm of the internal organs. It was observed that from 3 to 5 in the morning the kidneys work. The large intestine works from 5 to 7, the stomach from 7 to 9, the spleen from 9 to 11, the heart works from 11 to 13, the small intestine works from 13 to 15 -, the bladder works from 15 to 17 -. In a period from 17 to 23 hours almost no internal organs work. This means that these hours are the best meal times.

In the morning, a person should take water, as the kidneys and intestines work and remove toxic substances. If you do not drink cold water on an empty stomach in the morning, the kidneys are blocked. Fanta and Pepsi-Cola have preservatives, flavoring and coloring agents, so they should

not be used for cleaning. Tea, coffee, too, cannot replace the water, as a warm drink is absorbed into the intestine, reducing fermentation and blocking the process of purification.

It is useful to drink water with ice. All centenarians do not eat in the morning. They drink cold spring water, often - flowing from the glaciers.

The stomach tissues work as if they were in a pump: they absorb nutrients, produce gastric juice. If there is no food in the stomach in the morning, then the body is cleared. All liquid drunk in the morning is excreted by cleansing it. The fluid, drunk in the evening, remains in the body, causing swelling.

Boiled water does not absorb the body, so you need to drink raw. In cities, water is usually polluted and must be cleaned — either with the help of filter purifiers or with the help of healing clay (1-2 tsp per cup of water). It is useful to drink melt water. To do this, water is frozen in the refrigerator. A small part of the frozen water (all unnecessary impurities remain in it) is washed out with cold water from the tap. When thawing the rest of the water can be drunk.

If there is no way to purify the water, then use boiled water with the addition of honey, apple cider vinegar or lemon juice.

Drink at least 2 glasses of cold water and 2-3 glasses of water with honey for two hours on an empty stomach in the morning. If your body is accustomed to a rich breakfast, gradually shift the breakfast time and replace it with water intake with honey, fresh fruits and vegetables.

Lunch can be replaced with raw plant foods: whole fruits and vegetables or raw vegetable salads. In winter - dried fruits, raisins, dried apricots, prunes, pre-soak them in water first. Greens are very useful, especially red quinoa, red beet leaves, nettle, amaranth. The leaves should be grinded in a coffee grinder and could be add to the water (in winter, you can use dried leaves, grinding them in a coffee grinder).

The grass is added to cold water, then it cleanses the intestines. Decoction of herbs, fruit drinks and sweet juices are absorbed into the intestines. The red pigment present in the leaves and fruits improves the composition of the blood. The following leaves are useful: apple, currant, garlic, mallow leaves.

The cells cleansed with water receive nutrition from natural products that have retained their bioenergetic properties, that starts the process of rejuvenation.

Take your usual food in the evening at 17-19 hours, take bread - at the very end of the meal. Do not drink either before meals, or during meals, or after meals. Food should be freshly prepared, do not heat it.

Exclude sweets, candy, chocolate, tea, coffee, alcohol, salt, spices, canned foods, smoked foods, and also eliminate the intake of liquid dishes - borscht and soups. Liquid food causes stagnation in the gastrointestinal tract. If you cannot do without borsch, eat it in the evening with a lot of chopped greens.

With age, you need to reduce the amount of food and its calorie content.

Remember that even a small piece of bread or boiled food eaten between water intakes or other raw food can block the functioning of the gastrointestinal tract.

Be sure to rest after the main (evening) meal. Food is absorbed better in the supine position, exercise is especially harmful on a full stomach.

This system contributes to the normalization of weight. Using it is very easy to lose weight. To start, you need to convince yourself that in the first half of the day you only need to drink, but not eat, but in the second half of the day - on the contrary: you only need to eat, but in no case drink. Before the main meal, it is necessary to fill the stomach with plenty of chopped greens, vegetables and fruits in summer, and in winter with fruit or apple sorbents (powders made from dried fruits).

To do this, apples or apricots need to be dried until they become brittle, and grinded with coffee grinder. They can be taken in the morning and at lunch: 3-4 tbsp. with water. This drink satisfies hunger and promotes weight loss. If the hunger is still not satisfied, you can repeat the drink again, increasing the dose of powder, or chew dried fruit, soaking them for 3-4 hours prior. Dried fruits can be dried by yourself or bought at the market. Do not buy smoked prunes (you need only dried) and bright orange apricots (they contain added preservatives). Apricots should be dark in color.

One more note: buying greens in the market, pay attention to the face of the seller, because she eats food from her garden. If her face looks good, you can safely buy products, there are no or very few chemicals in them.

How to stay young:

1. Discard irrelevant numbers. This includes age, weight and height. Let the doctors take care of this. That is why you pay them.
2. Leave only cheerful friends. The pessimists are dragging you down.
3. Continue to study. Learn more about computers, crafts, gardening, about anything. Never leave the brain in laziness.
4. "Idle Brain - Devil's Workshop". And the devil's name is Alzheimer's.
5. Enjoy simple things.
6. Laugh often, loud and long. Laugh until you can't catch your breath.
7. There are tears in your life. Have your time of grief and move on. The only person who has been with us all his life is ourselves. Be ALIVE while you are alive.
8. Surround yourself with those things and people that you love, whether it will be family, animals, gifts, music, plants, hobbies, whatever. Your home is your refuge.

9. Cherish your health: If it is good, save it. If unstable - improve it. If this is beyond your reach, ask for help.

10. Forget about feeling guilty. Take a trip to the store, even in the neighboring area, to another country, but NOT where there is guilt.

11. Tell your loved ones that you love them whenever possible.

ALWAYS REMEMBER: Life is not measured by the number of our breaths but is measured by the moments when you hold your breath. We all need to live a full life every day.

Bibliography

- Best approaches in work with elderly, manual 2008 г.
- Theory and Methodology of the ESSG development
- Pactical manual on how to organize and manage the daycare centers for elderly and disabled 2010
- Manual for the social workers on how to provide social services to the elderly 2009 г.
- Data from the Diabetic Association of Kyrgyzstan
- Materials from the newsletters of the Interregional Coalition of organizations “Elderly Right” (Russia).

ATTACHMENT №1

List of documentation required in ESSG:

- ESSG Work plan
- ESSG Member List
- ESSG Entry application form
- ESSG Exit application form
- Protocol of the general meeting of ESSG members
- Cash book
- ESSG Member savings book
- Form of purchase for goods, products, etc.
- Form of the distribution of products, medicines
- Statement of direct support to ESSG members
- The log book of maintaining the IGA (raw materials, salaries, utilities, transport costs, profits, etc.)
- Attendance log

ESSG WORK PLAN

Goal:

Tasks	Activities	Deadlines	Interaction with the external environment	Expected results	Responsible

Control over the implementation of the plan:

List of ESSG members

Full name	Year of birth	Address (street, house number, telephone)	Status - retiree - disabled (for what disease, group) - a housewife - working (where?)	Pension amount	Passport details (date of issue, when and by whom issued)	The number of family members, family relationships, who lives there beside the member	Position in the ESSG / kind of activities member is involved in

To the ESSG leader _____
(ESSG name)

from _____

Town(village) _____

street. _____

APPLICATION

Please accept me as a member of ESSG _____
(ESSG name)

Signature: _____

ESSG leader _____
(Full name)

(signature)

« _____ » _____ 20 ____ г.

To the ESSG leader _____
(ESSG name)

from _____

Town(village)

street. _____

APPLICATION

Please terminate my ESSG membership _____

(ESSG name)

Signature: _____

ESSG leader _____

(Full name)

(signature)

« _____ » _____ 20 ____ г.

Protocol № _____

General Meeting of the ESSG members «_____»

date «___» _____ 20 ____ г.

Town(village) _____

According to the general list of ESSG members of

____ people

Attended: _____

Absent: _____

Chairman of meeting: _____

Meeting secretary: _____

Agenda:

1. _____
2. _____

On the first issue of the agenda were:

«In favor» -

«against» -

«abstained» -

On the second issue of the agenda were:

««In favor» -

«against» -

«abstained» -

Following the discussion of the agenda, the following decision was made

Decision

of ESSG general meeting member:

- 1. _____
- 2. _____

Chairman of meeting: _____

Meeting Secretary: _____

ESSG « _____ »

Cashbook _____ month 20__ г.

Date	Document	Who received or to who issued	Income	Expenditures

Form

Town. (village) _____

Date «_» _____ 20____г.

Commission:

Full name of ESSG leader «_____»

Full name of ESSG cashier «_____»

Full name of ESSG member «_____»

We, who signed below, made a purchase on the marker of village
_____ of below listed food products (medicines) for total amount of
_____:

№№	Name	Unit measurements	Amount	Price	Total amount

(Full name)

(Signature)

(Full name)

(Signature)

(Full name)

(Signature)

FORM

Town. (village) _____

Date «_» _____ 20____г.

Commission members:

Full name of ESSG leader «_____»

Full name of ESSG cashier «_____»

Full name of ESSG member «_____»

We, who signed below, confirm the fact of the food distribution
_____ (food and medicines) for total amount
_____ for _____ (amount) people.

(Full name)

(Signature)

(Full name)

(Signature)

(Full name)

(Signature)

Statement of direct support to ESSG members

ESSG Name:

Date:

Full name	Address	Type of support	Amount of received support	Signature

Accounting for income-generating activities

Received from sponsors	ESSG's own contribution	Total amount	Expenses	+/- (savings / overruns)

The calculation of the cost for manufacturing

№	Name of expenses	Amount
1.	Raw materials	
2.	Salary	
3.	Utility costs	
4.	Transportation costs	
	TOTAL:	

Attendance history

List of ESSG members	Date	Name of event	Signature

Needs assessment form for social services and personal care

Home visit

Personal data:

<p>1. Full name according to the documents:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>2. Passport:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>3. № of pension card, type of pension and size_____</p> <p>_____</p> <p>_____</p>
--	--	--

4. Address: _____

_____ District Phone: _____

5. The preferred form of addressing according to the client (by name, name and patronymic)

SECTION I

6. The main reasons for receiving social assistance:

- loneliness
- disability
- poor health
- other _____

7. Difficulties with communication:

- unable to speak
- difficulty speaking
- poor eyesight
- deafness
- memory problems
- not social
- other _____

8.

Close family members/friends

Full name Age: _____

Address: _____

Phone: _____

Full name Age: _____

Address: _____

Phone: _____

Full name Age _____

Address: _____

Phone: _____

9. Type of housing (*underline*)

- comfortable private apartment
- room in shared apartment
- individual private house / part of the house

10. Living conditions:

floor _____

11 Availability of:

- central heating / gas
- hot/cold tap water
- gas water heating
- bathroom, toilet
- no tap water
- stove heating
- elevator
- alarm system

12 Information about client's profession

Last place of employment

13. Relevant information: client's family and social history

(record only significant events)

Family friends

Education

Job

Awards, titles

Religious beliefs

Leisure (reading, knitting, watching TV, chatting with friends, etc.)

SECTION II

PERSONAL CARE

Please provide information on the following points.:

(underline)

14. Mobility:

Moving around the house:

- use of crutches, canes
- wheelchair
- other
- independently

Moving outside the house:

- use of crutches, canes
- wheel chair
- microcar
- special vehicle
- without specialized movement aid tools
- doesn't go outside

15.

Client's capacity	clean their house	cook	eat	Laundry	self-hygiene	use of toilet	dress and undresses
Fully capable							
Partially capable							
Unable							

16. Need for personal care

(types of services, frequency of provision per day / week / month, preferences)

SECTION III

17. Risk assessment associated with client service

Conduct a full risk assessment to ensure the safety of the worker providing social services.

a) entry into the premises (indicate the detected risk)

b) devices and equipment (indicate the detected risk)

SECTION

18. Specialist's recommendations to the client:

Form of service	Checkbox <input type="checkbox"/>
◆ providing one-time assistance in a short period of time.	
◆ home service	
◆ service in the day care department	
◆ service in the temporary accommodation department	
◆ service in an inpatient social care institution	
◆ does not need social support	

Consent to the use of information

I have read the form.

I confirm and agree that this information will be shares with other specialists who may be involved in providing me with care.

Signature of service user _____ Full name _____

If client is unable to sign, please, indicate the reason

SECTION V

Additional client information:

19

Emotional and psychological condition:

(Please mark)

- | | | |
|------------|--------------|----------------|
| - calm | -talkative | - irritable |
| - kindness | - aggressive | - tends to cry |

20. Recommendations to the staff of the Center

Signature of specialist _____ Full name. _____

Position _____

Date _____

Individual care plan

designed« __ » __ 20 __

revised« __ » _____ 20 __ prolonged« __ » _____ 20 __

revised« __ » _____ 20 __ prolonged« __ » _____ 20 __

revised« __ » _____ 20 __ prolonged« __ » _____ 20 __

Full name. _____

Pasport data _____

Address _____

Phone _____

Clinic number _____ Full name of therapist _____

Full name, address, phone numbers of relatives, friends, acquaintances _____

People involved in the care process _____

The purpose of the care activities

- Health preservation
- Relief of suffering in illness
- Recovery and prevention of complications
- Other _____

Agreed:

Agreement

This care plan has been agreed by the responsible worker, both with the client and with the social worker. The parties agree to cooperate in accordance with this care plan and inform each other about any changes in it.

Service User _____
signature _____
date

Social worker _____
signature _____
date

Social work specialist _____
signature _____
date

If one of the parties is unable to sign the agreement, indicate the reason

Revised and agreed	« ____ » _____ 200__г.
Service User	_____ <i>signature</i>
Social worker	_____ <i>signature</i>

Пересмотрено и согласовано	« ____ » _____ 200__г.
Service User	_____ <i>signature</i>
Social worker	_____ <i>signature</i>

Care plan.

Customer care needs.

<p>Specify Services:</p> <p>Required by client _____</p> <p>_____</p> <p>_____</p> <p>Requested by client _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Specific client needs</p> <p><i>(regarding the regime and diet, the provision of assistance with feeding, moving, using the toilet and the personal hygiene):</i></p>	<p>List of agreed services:</p>
---	---	--

Risk group: _____

Possible risk: state of health, movement _____

Diary of an individual care plan

Time Days	Monday	Tuesday	Wednesd ay	Thursday	Friday
	You must specify the hours				
Weeks					
Before noon					
Afternoon					
Evening					
Night					

« ESSGF №»

EDC

Day logbook

Of a social worker

(last name)

(name, patronymic)

Started _____

Ended _____

Location _____

Date _____

Day of week _____

Time	Client's Full name	Service provided

Registration Journal of provided services

Started _____

Ended _____

Location _____

Client contact list

(Last name)

(Name, Patronymic)

Started _____

Ended _____

Location _____ .

Date	Time	Name of service	Social worker signature

Client status <i>(physical, emotional)</i>	Unexpected situations <i>(date, description of the circumstances, measures taken, employee's signature)</i>

ANNEX №3

Social - medical patronage service

The service of social - medical patronage investigates and keeps records of elderly who need help at home.

Following categories of elderly are accepted for home-based care:

- women over 55 years old
- men over 60 years old

Types of services provided by the patronage nurse:

- assistance in providing medicines at the expense of the client or through Humanitarian Aid
- Requesting a home visit of doctor.
- escort to the clinic
- attending the elderly at the hospital,
- primary medical procedures.
- sanitary - hygienic assistance,
- purchase of food,
- assistance and the organization of premises cleaning,
- assistance in payment of utilities, etc.

List of documents

Journal of the registration of elderly people for patronage service

N	Full name	Age	Address	Phone	Passport, pension card	Relative and guardians	Services provided	Registration Date	Date of deregistration	

Records journal for patronage services

N	Full name	Age	Address	B/P	Services provided	Client signature	Notes
---	-----------	-----	---------	-----	-------------------	------------------	-------

Folder of applications for home patronage service

To director of EDC Ivanov I.I.
from Sidorova M.V. year of birth 1934
Adress. Issyk - 10 /2

Application

I kindly request to be taken into the patronage service program due to age and illness.

Elderly person medical record sheet

Full name _____

Year of birth _____

Address Phone _____

Number of pension card _____

Diagnosis _____

Patient record sheet

Full name _____

Year of birth _____

Address _____

Phone _____

Marital Status _____

Disability _____

Social Benefits _____

Education _____

Work experience _____

Pension amount _____ -

Information about relatives _____

Lives together with _____

Family relationships _____

House _____ in good condition _____ poor condition

Has own room _____ Yes _ No _____

Health assessment

Physical state	Activeness level	Mobility
Good	Can move	Full
Average	Moves with aid	Limited
Poor	Mostly sits	Very limited
Very Poor	Bedridden	Immobilized
Other	Other	Other