

## Destitute Elder & Age care Programme

### 1 April 2010 - 31 March 2013 : A Concept Note

#### Introduction

Longevity is a global phenomenon and a success of the 20th century, but which has created enormous challenges to protecting and improving the quality of life for older men and women in new emerging developing nations such as India. In a global society which has oriented itself towards productivity and economic growth, we live with a section of population which is increasing with at an unprecedented speed, and is sadly perceived as a spent force, economically and emotionally dependent, passive and irrelevant.

The ageing population is growing at an alarming rate. The estimated rapid increase of the elderly population in India (projected to reach 95 million by 2011 and 120 million by 2014)<sup>1</sup>, means the issues of the elderly can no longer be solely a family concern. Seventy five percent of these elderly reside in rural areas, one third of them are below the poverty line and 90% of them are from the informal employment sector - implying no pension or other social security support. It is worth mentioning that in India, 33% of these elderly live in areas vulnerable to natural disaster. In simple terms the greatest challenge ahead is formulating appropriate and customized responses to “caring for the needs of the elderly”.

#### ➤ Previous experience in programmes

HelpAge India (HI) is a nationwide NGO working for the last 30 years to promote the cause and care of disadvantaged older persons and to improve their quality of life. Through its programme, HelpAge India will be directly addressing the needs of at least 1% of the most vulnerable elderly population over the next 3 years.

HelpAge India over the years has successfully implemented all of the activities proposed in this proposal including:

- **Health Care:** provided through 50 Mobile Medicare Units; facilitating over 36,000 cataract surgeries through 58 agencies; establishing physiotherapy centres; providing cancer awareness, detection & treatment programme; funding for medical equipment; providing home care for dementia patients; and funding for setting up geriatric wards in hospitals
- **Urban Age Care:** running a free Old Age Home and Physiotherapy Centre, running a telephone Help Line open to all, and working with Senior Citizens Associations
- **Rural Age Care:** formation of Elder Self-Help Groups to design and manage livelihood projects, grain banks and micro-finance schemes for themselves and other older people
- **Shelter:** supporting the upgrading of infrastructure in old age homes
- **Active Advocacy:** with state and national governments in rural and urban areas, and through participation as a member of the committee for the government’s Policy for Old People
- **Quality of Care:** conducting certificate courses for managers and care givers in old age homes and establishing standards for older person friendly homes.

HelpAge India strives to address the 10+1 issues affecting older persons ensuring social equity above all.

- |                       |                           |
|-----------------------|---------------------------|
| • Abuse               | • Inability to Mainstream |
| • Boredom             | • Lack of preparedness    |
| • Economic Insecurity | • Loss of Control         |
| • Failing Health      | • Lowered Self Esteem     |
| • Fear                | • Neglect                 |
| • Isolation           |                           |

---

<sup>1</sup> Xlth Five Year Plan document

The specific aim and purpose of HI's involvement in the Sponsor a Gran programme are to:

- (a) Provide overall and age-specific health care
- (b) Improve the quality of life and self confidence of older people
- (c) Build the capacity of older people to support themselves
- (d) To ensure older people are not denied their due rights and state entitlements.

Over the next three years, the Sponsor a Gran programme will address issues of comprehensive age care for older people in 20 states in India, with a focus on at least 8 key issues for older people including failing health, economic insecurity, isolation, neglect, abuse, lack of preparedness for old age, loss of control and lowered self-esteem. This project envisages improving access to social security and welfare mechanisms at the community level through formation of Elder Self-Help Groups, working together with HI and its partners to create community based age care activities relevant to the differing needs and physical condition of older people in the communities served.

### **Adding life to years**

The new project will promote active aging, creating awareness and advocating for responses to ageing issues with all stakeholders. It will continue to provide direct services in health, social security or welfare and implement income generating schemes. "Destitute" older people - those without family care and some living in Old Age Homes - will be taken care of through promoting social security mechanisms from the community, civil society groups and the state which are self-sustaining and over time will benefit increasing numbers of older people.

In the course of over 30 years of implementing welfare activities with older people through the Sponsor a Gran programme and its predecessors, there have been many change observed in the lives of the older people supported. However, in terms of substance, data from projects has rarely been clearly analysed in technical or development terms, nor has methodology, best practice or impact been assessed. In assuming the fuller management of the implementation of the programme, HelpAge India intends to implement more robust assessment, analysis and learning exercises with its partners and older people to ensure continued and better documented improvements in the delivery of the programme.

### **➤ Description of the direct beneficiaries, including an explanation of their needs.**

The project identifies its primary target beneficiaries as disadvantaged older people who are 55+ years<sup>2</sup> of age and are living below poverty line. To ensure a comprehensive age care approach, older people are further classified on the basis of their ability - working, assisted and dependent. The project will further reach out to other vulnerable adults – those marginalized, widows and with disabilities; older people who have no regular source of income or family support; older people facing failing health and no access to health services and those who are deprived of rights and entitlements.

- Working /Active Older people
  - Ability to work
  - No ailments
  - Physically active
  - Require fiscal inputs to sustain themselves
- Assisted Older people
  - Ability to work but in spurts
  - Chronic ailments like Hypertension /Arthritis
  - Can be physically active with medical intervention
  - Require fiscal inputs to support themselves
- Destitute Older people
  - Neither the Capacity or Ability to work
  - Fully dependent &
  - Need Medical and Physical (Food & Nutrition) inputs to survive

---

<sup>2</sup> As most of the older people belong to the unorganized sector, with no support mechanism for retirement, HI believes in preparing the older people for their old age.

**Beneficiary Details**

State wise	No. Of partners		Active older people	Destitute Older people	Assisted Older people	Total direct older people beneficiaries	Indirect Older people Beneficiaries*
	Community Based	Old Age Home					
AP	11	2	1094	1433	728	3255	36209
Bihar	4		158	175	105	438	5308
Delhi	1		88	98	59	245	100
Goa		1	0	24	0	24	260
Gujarat	2		125	60	66	251	157
Haryana	3		132	145	87	364	516
Himachal	8		504	559	337	1400	3618
Jharkhand	2		76	84	51	211	1168
Karnataka	4	2	286	531	192	1009	809
Kerala	4	2	492	750	328	1570	825
Maharashtra	9	2	700	942	466	2108	750
MP	4		206	167	145	518	581
North East	1	1	135	42	90	267	845
Orissa	5		288	317	189	794	2470
Punjab	1		200	0	120	320	2558
Rajasthan	2		127	57	84	268	400
Tamil Nadu	11	9	901	1666	599	3166	829
Uttar Pradesh	7		286	316	190	792	1048
Uttarakhand	2		93	25	45	163	63
West Bengal	10	1	755	692	479	1926	13139
<b>Total</b>	<b>91</b>	<b>20</b>	<b>6646</b>	<b>8083</b>	<b>4360</b>	<b>19089</b>	<b>71653</b>

\* These are indicative figures as shared by the partner agencies/state offices.

### Geographical Spread

HelpAge India will be implementing the SaGP through 20 state level projects over the next three years in 21 states - Andhra Pradesh, Bihar, Delhi, Gujarat, Goa, Haryana, Himachal Pradesh, Jharkhand, Karnataka, Kerala, Maharashtra, Madhya Pradesh, North Eastern states (Assam & Meghalaya), Orissa, Punjab, Rajasthan, Tamil Nadu, Uttar Pradesh, Uttarakhand, West Bengal.

### Partner Profiling

HI will be the managing as well as the implementing partner in India and would partner with local NGOs. The probable list of agencies is attached in Annexure 2.

HelpAge India will be taking up direct implementation projects alongside other partners in 6 states namely Orissa, Madhya Pradesh, Assam, Gujarat, Rajasthan and Uttarakhand. In Punjab, HelpAge India will be the sole implementing partner.

### Approach

HelpAge India will be working with partners and 90 communities in 20 state-based projects to implement the project over the next three years. Although there will be emphasis on providing support to destitute elders in all states, different approaches are being followed for different contexts:

- **Institution based** (Old Age Home) projects will be working on limited but focussed activities – health care, providing support to destitute elders and will also be part of advocating for the rights of older people in accessing their rights and benefit entitlements. They would help the beneficiaries apply for the various pension schemes applicable to them.
- **Community based** projects will aspire to create the self sustainable structures within the communities where they are working, through all the activities. But while organising elders into Self Help Groups, the project will emphasise that destitute elders are taken care through the activities initiated with active older people, such as community livelihood and/or grain bank facilities.
- **Promoting learning** - A key outcome of the programme is that HelpAge India will encourage learning at all levels. A number of the activities have been experimented in other projects but are new in the SaGP context, and whilst HelpAge India has experience of successful pilots, e.g. ESHGs and their federation, community physiotherapy units and grain banks, this programme will be implementing these at greater scale than before. Monitoring activities and encouraging sharing of learning and good practice will be at the centre of this programme, ensuring older people themselves participate throughout.



### Involvement of older people

The SaG project will engage with older people during the entire process of the project – design, implementation, monitoring and evaluation. The ESHGs will be formed to help in identifying the “most vulnerable” from among the targeted beneficiaries. By active participation they would bring about social and economic change, take up their cause, become more independent, influence decision making and transform their lives and the lives of numerous disadvantaged older people in the community. Through the formation of groups and training, older people will be empowered to bring in a positive change in their personal and social lives and they will actively participate and lead the planning process. The objectives of the activities will also be shared with the older people groups for their active involvement during the project implementation and monitoring phase.

Destitute older people will be supported through the community security mechanisms of the project and whereas the working older people and assisted older people participate in the implementation of the project along with the state office. They are the one who will drive the project forward. Strengthening of community based organization, community based age care and awareness about duty and entitlement will be provided by them. Through advocacy, the project will ensure that the older people are made aware of their rights & entitlements and their voices are heard. The various activities of the project will enable the older people to fight for their own cause and inculcate a feeling of inclusion.

### **Project Management**

HelpAge India will strengthen the Head Office to enable effective project management. This may be done by appointing new personnel on a contractual basis for the duration of the project and/or by building the capacity of existing programme staff. Projects will be coordinated between the project team at the field, state offices and at Head Office. Further the senior management will undertake quarterly reviews of the project for identification of performance against milestones and provide support on mitigation measures at times of complications.

### **Monitoring**

Monitoring would be done by the older people themselves and the community; by the partner; social audit; inter-state HI visits; review workshops; logical framework with indicators, budget and timeline; process monitoring and documentation.

- Adherence to a Project Implementation Plan (PIP) - through field visits, interaction with beneficiaries, communities, partners and interim reports
- Jointly take corrective measures to address challenges
- In case of deviation beyond 10% of the PIP- appropriate actions to be initiated
- Yearly evaluation by external consultants- independent reporter

### **Exit strategy**

The exit strategy envisaged is to hand over responsibility of the continuation of activity to the groups and federations and/or their holding mechanisms by the end of the programme. The community would be kept involved at all effective to ensure their active participation, build the feeling of ownership and responsibility amongst the community members.

The responsibility transfer would go with capacity building inputs to the community based organisations. It is expected that the project staff would transfer all the responsibilities to the village people by end of the project in a phased manner.