



Footprints in Coastal India

A Model for Sustainable
Social Protection of Elders through Self Help



 **HelpAge India**

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Social Protection of Elders through Self Help**

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This Publication is based on a study conducted by Dr. B. R. Dwarki, Development Consultant and former Dean, Faculty of Rural Development, Mahatma Gandhi Chithrakoot Vishwavidyalay. M. P. and Professor of Rural sociology and Head Dept. of Sociology. Gandhigram Rural Institute, TamilNadu.

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PARTNER AGENCIES

AVVAI	AVVAI Village Welfare Society, Nagapattinam
BWDC	Bharathi Women Development Center, Vedaranyam
CECM	Cuddalore Elder Care Movement, a Community Based Organisation of the elderly, Cuddalore
QSSS	Quilon Social Service Society, Kollam.





FOREWORD

The intervention of HelpAge India in coastal India after the tsunami of December 2004 perhaps may not be considered very substantive, considering the sheer magnitude of the devastation that took place and the special focus on the elderly victims. Apart from the fact that no other organization targeted this segment of the affected population, perhaps the most significant outcome is that the “footprints” being left behind by HelpAge India may become models of elder care worthy of replication elsewhere in country. The ‘footprint’ addresses a problem that has social, economic and cultural ramifications. The need to ensure a sustainable mechanism of elder care in terms of their financial, shelter and health needs provided opportunities for social engineering never attempted before.

In the project villages of Tamil Nadu and Kerala, community organizations of the elderly created with support of larger local groups, stand testimony to the capacity of the elderly to take charge of their own lives successfully. Various social structures at the village and district levels are examples of empowerment and self help. The model shelters are also run on the same principles of self help and dignity. It is perhaps the best measure of success for HelpAge’s sustained efforts over three years to create sustainable protection for the benefit of the elderly tsunami victims including the destitute.

With the project period coming to a close it was essential to get feedback from the ground, directly from the beneficiaries. This exercise was carried out by Professor Dwariki and his team through an intensively participative method. This report is largely based on his findings but also profiles some of the other demonstration projects carried out by HelpAge India. Hopefully it would encourage others to take lessons from this experiment of how a relief and rehabilitation project can come up with sustainable social structures. HelpAge India would be most gratified if in the years ahead this project is best remembered for starting a successful elders for elders movement.

Avenash Datta
Country Head
Programme & Emergencies



PREFACE


Elders in India, as could be anywhere else, generally resign themselves to the concept of Karma and to a large extent withdraw from the economic and social spheres while the more young at age take over the reins – from factories to politics, from assisting to owning, while the asset shift and drift is taken as a common place occurrence.

The extreme side of this came to the fore in the coastal areas affected by the tsunami when the waters receded with the life long earnings of the elderly in the area. They had nothing to leave behind and were therefore worthless. What they built over years of sweat and blood was washed clean by the mammoth waves hastening their despondency for now the children wished they were dead and at the least got them compensated with the ex-gratia announced by the Government.

Footprints attempts to capture the activities of the HelpAge India Tsunami Project that has tried to address the needs of the elderly through various activities like livelihood restoration, community based social security structures and the Elders Self Help Group concept over a period of two years and four months of rehabilitation activity in the 52 Project villages.

While it may be true that the activities have not addressed all the Ten plus One issues in detail and in perfection, we would like to believe that a beginning has been made. The footsteps, thanks to the relentless efforts of the team with the “no hope and non-bankable” elders, need to continue: the inspiration a prayer that I offer as the Head of the Project. We would like to watch various foot steps being created on the shore with one set missing at times of adversity – that of the weakest elderly person being carried to safety by others in the group!

Rajeshwar Devarakonda
Head – Tsunami Extended Response
HelpAge India



FOOT PRINTS IN COASTAL INDIA

A MODEL FOR SUSTAINABLE SOCIAL PROTECTION OF ELDERS THROUGH SELF HELP

INTRODUCTION

“For all the people in the coastal areas of South India especially Tamil Nadu and Kerala – the boxing day (26th December) of 2004 was the day when they were knocked down by an unknown blow from the “kadal thai” (Mother Sea), who had been their provider all the way, but not this day. The surf swallowed children, women and men that some accounts relate to be as high as the palm trees. Clinging to whatever that was fixed people tried to save themselves. Many could and a large number could not. Only then it was realized that this was a tsunami, which did not exist in the lexicon of the Indian coast.

The tsunami and aftershocks created mammoth waves which hit the coastal states of Tamil Nadu, Kerala and Andhra Pradesh, causing the loss of thousands of human and animal lives and extensive damage to property. Ninety percent of the population affected were from fishing communities. Of these - 23 villages in Cuddalore district were marooned and in Nagapattinam 55 villages were completely destroyed and many villages and livelihoods were damaged.

Understandably, not many want to recall the loss of their loved ones and the devastating way in which their lives changed. The adults of the largely fishing community have been working hard to overcome the pain and suffering that the catastrophe brought in its wake. Those who managed to get their fishing boats and gear in shape have ventured out to the sea again. The not-so-lucky ones can be seen braving the summer heat and making nets across different pockets of the district.

HelpAge mobilized four Mobile Medical Units (MMUs) for the state of Tamil Nadu to address the immediate health needs of those communities most affected by the tsunami, either supplementing

the work of existing medical facilities or providing the only available medical facility for injured villagers.

HelpAge appreciated that the impact of tsunami had been higher on older people in terms of losses (life, livelihoods, possessions, emotional support etc.), loss of coping mechanisms and reduced access to relief assistance and lack of visibility in the response of relief and rehabilitation agencies and resultant increased vulnerability and trauma (of the survivors).

While a plethora of agencies swung into action into the tsunami-affected areas following the unprecedented havoc of December 2004, Help Age India has been the sole agency addressing exclusively the specific needs of the elderly. Following the relief work that was the immediate need in early 2005, HelpAge India did not lose much time in bringing in transition from relief to rehabilitation through four Partner Agencies (PAs). The Elders’ Self Help Groups (ESHGs) were recognized as an important entry point activity to ensure the supply of needs was met through an organized and effective delivery system in all the target villages. The foundation for sustainable livelihood trends had been laid.

As an effort to strengthen the community role in rehabilitation, Village Elders’ Care Committees (VECCs) were constituted so that the responsibilities could start moving village-wards from the PA headquarters. The all-round positive response of the VECCs reassured HelpAge India and PAs that the sustainability trends could be further strengthened. ESHGs got federated into VLFs (Village Level Federations) and then on into DLFs (District Level Federations).

Paradoxically though, out of the 500-odd NGOs that had swung into action soon after the tsunami disaster, less than half of them stayed on as the efforts enter the rehabilitation stage when the

NCRC¹ was constituted. And all through HelpAge India, along with its partner agencies, stuck to its mission in serving the elderly in the tsunami area.

In this background, it was HelpAge India's desire to know what exactly was happening with the nearly three-year long effort that could call for policy change and advocacy to facilitate further the positive trends at the community level. There was also the need to know the trends that could be reassuring in the wake of the imminent withdrawal of HelpAge India by 30 December 2007; hence the present study.

Towards the completion of the third year of humanitarian service in the tsunami hit coastal areas of Tamil Nadu and Kollam and with the proposed withdrawal by HelpAge India round the corner, this study was quite timely leaving the twin objectives of knowing what actually was happening in the field that needed advocacy efforts and to what extent the CBOs were prepared for taking over. The research study was conducted by an eminent sociologist relying on focus group discussions in the villages for primary data. The vital issues concerning the elderly have been examined and discussed here.

The efforts, of HelpAge India and partner agencies have been seen in the background of internationally accepted codes of humanitarian service, like sphere standards and Red Cross codes of conduct. The important points that have emerged from this study are given below.

- ❑ The tsunami and aftershocks created mammoth waves which hit the coastal states of Tamilnadu, Kerala and Andhra Pradesh, causing the loss of thousands of human and animal lives and extensive damage of property.
- ❑ HelpAge appreciated that the impact of tsunami had been higher on older people in terms of losses. Help Age India has been the sole agency

addressing exclusively the specific needs of the elderly.

- ❑ As the age of the elderly persons goes up higher, the issues of economic insecurity become more acute, and perhaps, much more so in the case of elderly women.
- ❑ The interventions of HelpAge India are in a marked departure to the practice of cash transfers
- ❑ The Elders' Self Help Groups (ESHGs) have been recognized as an important entry point activity to ensure the supply of needs is met towards organized and effective delivery in all the service villages.
- ❑ 'Ability' rather than 'age' assumes a significant and important basis of graded protection envisaged by HelpAge India.
- ❑ There is definite deviation noted from the charity mode that often is associated with social transfers.
- ❑ 52 Village Elders Care Committees (VECCs), one in each village, were to take over the full responsibility of ensuring that all the destitute elderly would get the food ration items.
- ❑ Some of the VECCs have also ventured into direct fund raising through collecting donations and other contributions.
- ❑ Well over 80% of the VECCs have been rated either as Best or Medium thus giving a pretty clean chit to most of them.
- ❑ A perfect example of community selection came to be established with no inclusion or exclusion errors being reported during the evaluatory study.

¹The NGO Coordination and Resource Centre (NCRC) a coordinating and facilitating agency to link the tsunami affected communities with aid organisations and the government is a joint initiative of the South Indian Federation of Fishermen Societies (SIFFS) and Social Need Education and Human Awareness (SNEHA) and is supported by the United Nations Development Programme (UNDP) and the Nagapattinam District Administration. The NCRC was set up to ensure appropriate, adequate and timely information flows between all stakeholders involved in relief and rehabilitation efforts in Nagapattinam.

- ❑ Traditionally, community assets had no guardians and most assets that are dilapidated stand in mute testimony of this. In the case of the VECC, no material or cash loss is visible with near perfect records, given their limitations of literacy and education.
- ❑ The VECCs were not only able to assess the material and non-material requirements of the destitute elderly but also ensure that surplus material was loaned out to the able among the elderly, and collected back with interest.
- ❑ While there is enough evidence that cash transfers, often universal and unconditional in the case of the aged, have attempted somewhat successfully in ameliorating the economic insecurity among the aged who often do constitute a majority of the first three deciles of income distribution (poverty scale), there is not enough evidence that these measures of social protection have been successful enough to address the other issues of the elderly.
- ❑ HelpAge India has taken a significant but calculated risk in swimming against the tide by opting for the option of social protection through ESHG.
- ❑ Quite like the SHGs, ESHGs also commenced their activities through pooling their savings in the groups and lending the same to their own members on the basis of mutually agreed interest rates.
- ❑ Capital transfers made for up-gradation of the financial situation of the ESHGs depending on the level of the grading of ESHGs, in itself should be rated as a success.
- ❑ With the grading firmly in place as a self-administered scale, the concept of performance linked incentives seems to have taken root. It has been possible to bring the new image of the aged within a community so much so there has come about a sea change in the way in which the family as well as community members by and large look at the elderly.
- ❑ As the ESHGs become stronger, destitution among the elderly should get weaker.
- ❑ The answer to take the efforts beyond the domain of the communities lay in the concept of federation linking themselves in the process with the economic and financial structures lying in the wider world.

2. AGEING: NATIONAL SCENARIO

THE EXTENT OF THE ISSUE

The statement of National Policy on Older Persons (India) itself has relied on the figure of 33% of the general population as being below the poverty line and concluded that one third of the population in the 60+ age group is below the poverty line. While this may be an understatement on the extent of poverty even if one considers these figures, the number of elderly poor persons would be about 23 million. Surveys from different sources show high numbers of chronically ill and disabled persons among the elderly. They also show that their average earnings are much lower than in other age groups.

Population ageing is poised to become a major



issue in developing countries, which are projected to age swiftly in the first half of the twenty-first century. The proportion of older persons in India

is expected to rise from 8 to 19 percent by 2050, while that of children will fall from 33 to 22%. Obviously this demographic shift presents a major resource challenge.

There are also other major demographic differences between developed and developing countries. While today the overwhelming proportion of older persons in developed countries live in areas classified as urban, the majority of older persons in developing countries live in rural areas. Demographic projections suggest that, by 2025, 82% of the population of developed countries will live in urban areas, while less than half of the population of developing countries will live there. In developing countries, the proportion of older persons in rural areas is higher than in urban areas. Although further study is needed in the future in rural areas of many developing countries there will be a larger population of older persons.²

Ageing is a triumph of our times – a product of improved public health, sanitation and development. Yet over 100 million older people live on less than a dollar a day. Some more interesting facts:

- ❑ In 1950, 8 out of every 100 people were over 60. By 2050, 22 out of every 100 people will be over 60.
- ❑ By 2045, the global population of people aged 60 years and over will likely surpass, for the first time in history, the number of children under age 15.
- ❑ The increasing share of older people in the world's population results from a combination of hugely increased life expectancy and reduced fertility. Total fertility is expected to decline from 2.82 children per woman in 1995-2000 to 2.15 children per woman in 2045-2050. Life expectancy worldwide is expected to increase

² Sujaya, C.P. <http://www.india-seminar.com/2000/488/488%20sujaya.htm>

by 11 years, from 65 in 1995-2000 to 76 in 2045-2050, despite the impact of HIV/AIDS.

- Even in the poorest countries, life expectancy is increasing and the number of older people is growing. In 2000, there were 374 million people over 60 in developing countries – 62% of the world’s older people. In 2015, there will be 597 million older people in developing countries – 67% of the world’s older people.
- In 2005, one in twelve persons in developing countries was over 60. By 2015, one in ten people in developing countries will be over 60 and, by 2050, one in five people in developing countries will be over 60.
- In every region, the rate of population increase for the 65-and-over age group is higher than for the under-14 age group and the 15-65 age group.
- The majority of older persons are women.
- In 2006, there were 82 men for every 100 women over 60 worldwide.
- In developing countries, the gap is less wide: there are 85 men for every 100 women over 60. However, with age this gap increases – for over 80, there are only 73 men for every 100 women.
- Older women are more likely to be widowed, to live alone and in poverty.³
- “Three of every four older poor individuals are women, with women being twice as likely to be living in poverty as men”.⁴

THE VITAL ISSUES

In the present study several participatory discussions were held with small groups of people including the elderly in the services villages. For this purpose the sample of 10% of villages was drawn through simple random technique and the researcher met with about six groups in each village.

The following ten issues turn out to be very crucial when we consider the plight of the elderly in general, and of those in the tsunami-hit areas in particular:-

1. Economic insecurity
2. Failing Health
3. Neglect
4. Isolation
5. Physical Insecurity
6. Abuse
7. Boredom
8. Loss of Control
9. Lack of preparedness
10. Lower self esteem

Economic Insecurity

The issue of economic insecurity can be considered both crucial and obvious in the case of the elderly. As the elderly persons age further, the issue of economic insecurity become more acute, and perhaps, much more so in the case of elderly women. What is to be considered very vital in the issue is that the large majority of elderly cannot be made directly productive in the economic sense while there is a case where the elderly can be productive through supplementary livelihoods. With the absence of a contributory pension scheme for the elders in unorganized trades this problem can only be more acute.

The aspect of economic dependence of the elderly on the family and or the community tends to increase, as they grow older. As of 1986-87, a National Sample Survey put economic independence of rural elderly men at a little over 50% and that of rural elderly women at a niggardly 8.78%⁵. Given the modernization trends in family structures it could only be much worse to day. The conditions witnessed in the study area bears testimony to this.

Failing Health

With progressing age the probability increases of chronic diseases like arthritis, hypertension and diabetics. Also, the biological degeneration leads to increasing physiological problems. While there is a possibility of the elders from the urban areas

³ Yvonne J. Gist and Victoria A. Velkoff ‘Gender and Aging: Demographic Dimensions; International Programmes Center, U.S. Department of Commerce, 1997.

⁴ Choudhury, Sharmila and Michael V. Leonesio. 1997. Life-Cycle Aspects of Poverty among Older Women, Social Security Bulletin, 60(2): 17-36.

⁵ ‘NSS, 1986-87 as quoted in Rajan Irudaya et al *India’s Elderly : Burden or Challenge?* (1999) New Delhi Sage Publications.

with a presence of some contributory pension or a contributory service accessing services such like Employees State Insurance dispensaries and hospitals, other elders are often forced to contend with available amenities, however inadequate. The situation of failing health is particularly exacerbated in the context of the aged from the rural areas where access (physical and functional) to even primary health care is limited.

While there is a need for provision of specialized geriatric care, on the minimum of scale, it is imperative that primary health care based on practical, scientifically sound and socially acceptable methods and technology is made universally accessible to individuals and families in the community. Significant in this effort is the full participation of the community, and at a cost that the community can afford to maintain at every stage of their development.

Physical Insecurity

Frequently enough the elderly people are likely to be left to fend for themselves as the younger members of the family go out to work. With a decrease in the rural livelihoods and the effects of industrialization, the younger generations are found to be migrating to the urban areas in search of appropriate livelihoods. An inadvertent fall-out of their entering low-skill jobs in the urban areas is the compulsion to reside in sub-human shanties and slums with very little space. It therefore emerges that, irrespective of their health conditions, the elderly men and women are left behind to take care of the little assets at the native area and also themselves for most part of the year.

The NSS earlier cited put 28.8% of elderly men and a staggering 65.4% of elderly women in rural areas as widowed, divorced or separated, and their living conditions as in bad shape. Such a condition with elderly women has been a common sight in all the target villages.

Further, in the times of the disasters, most elderly are left behind to not only fend for themselves but sometimes for their grand children, particularly when the parents perish in the disasters.

Abuse

Elder abuse, the mistreatment of older people, though a manifestation of the timeless phenomenon of inter-personal violence, is now achieving due recognition. Prevalence studies concerning abuse of older persons have so far been restricted to developed nations. In developing countries, though, there is no systematic collection of data or prevalence studies, crime records, journalistic reports, social welfare records and small scale studies to provide evidence that abuse, neglect and financial exploitation of elders are widely prevalent..

The UK's *Action on Elder Abuse* developed a definition subsequently adopted by the International Network for the Prevention of Elder Abuse. It states: "Elder abuse is a single, or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person" (*Action on Elder Abuse* 1995). In the research and policy literature so far, elder abuse has been categorised as:

- ❑ physical abuse: the infliction of pain or injury, physical coercion, physical/chemical restraint
- ❑ psychological/emotional abuse: the infliction of mental anguish
- ❑ financial/material abuse: the illegal or improper exploitation and/or use of funds or resources
- ❑ sexual abuse: non-consensual contact of any kind with an older person
- ❑ neglect: intentional or unintentional refusal or failure to fulfil a care-taking obligation.

It is particularly interesting to note that in the context of India, the word "abuse" was only linked to extreme behaviour of violence, while neglect/abandonment that was clearly felt by the majority was not defined as abuse.⁶

With more older people living longer, the households are getting smaller and congested, causing stress in joint and extended families. Even where they are co residing, marginaliza-tion,



isolation and insecurity is felt among the older persons due to the generation gap and change in lifestyles. Increase in lifespan also results in chronic functional disabilities creating a need for assistance required by the older person to manage chores as simple as the activities of daily living. With the traditional system of the lady of the house looking after the older family members at home is slowly undergoing change as the women at home are also participating in activities outside home and have their own career ambitions, there is growing realisation among older persons that they are more often than not perceived as a burden by their children.

It's a common feature in a family that the younger members often make the elderly people do certain things either as a routine or in an emergency that the latter may not be capable of fulfilling completely. As a result elderly members may get rebuked. Much worse is the case of the elderly whose limited financial savings may get used up by the other younger members. The younger members who do so often justify their actions with two reasons: the elderly people living



in the family without doing much and also, the needs of the elderly can be assumed to be limited.

Loss of Control

Very few families in rural India present a situation in which the elderly people are known to exercise an influence on the decisions taken in the daily life of the families. As the elderly members grow older the control of family situation as a routine gets gradually transferred to the hands of the younger members. This kind of increasing loss of control is most likely to occur in the case of those elderly who have not been fortunate enough to build up the reserves from their younger days in the form of some or the other kind of property. It is also seen that the elders no more have a control on their "routines" as the routines of other members of the family or the younger members take precedence. While there is to a large extent silence on this factor and not much research has been done on this, it is the transfer of assets or the lack of assets that are the common factors in loss of control as also neglect.

Isolation

It is not an uncommon feature in rural India to see elderly men or women around the house all alone for most part of the day. In the present study the AAG groups who were asked their opinion put such 'isolation' as among the most important problems.

Much worse is the case of those elderly who are seen lying down in public places like the front yard of a temple or a school. Such isolation could be either self inflicted or caused by others, and in most cases by the daughter(s)-in-law. In such instances of isolation the nights tend to be much harder to live through than the daytime; this was lamented upon by the AAG groups in this study.

Neglect

Much harder than isolation from the viewpoint of the elderly is neglect. Elderly people who live in such conditions end up having none around the families to speak to about their woes. In this sense

⁶ Shubha Soneja, Elderly Abuse in India (India Country Paper), WHO/INPEA. Missing voices: views of older persons on elder abuse. Geneva, World Health Organization, 2002.

neglect is even worse than abuse in the lives of the elderly. The most pitiable result of neglect is the poor condition related to personal up-keep and hygiene.

In addition to being deprived of the natural right of the elderly to interact with the grand children, the neglected elderly can also be seen, living in the middle of squalor, which could be the result of either the filth or their disease conditions. While the emergence of nuclear families and the involvement of women in economic (full time) activity are usually mentioned as the culprits, it may be worthwhile to note the problems of under/un employment for the lack of quality time for the children to spend with their parents and to a certain extent the oft mentioned generation “gap” in norms and cultures.

Boredom

The elderly people go through then the irony of having all the time in the world with nothing on hand to do. Boredom among elderly could either be the result of their own inabilities or because the younger ones disallow them from doing what little they want to do or are capable of doing. Sometimes the issue resulting in boredom could be as simple not being able to watch the television for a few minutes or playing with grand children. It is not unusual to see in a village a handful of such elderly people, often women, sitting together and complaining to people prepared to hear about their plight.

Issues such as isolation, neglect and boredom form a vicious circle sui generis - one leading to the other in such an intricate manner that it becomes difficult to trace a cause and effect relationship among and between them; and in the case of those elderly whose skills are extremely limited, it is all the more complex.

Lack of Preparedness

Lucky are those elderly who during the prime periods of their lives had the abilities, resources and the prudence of planning for the future more particularly old age. Ironically, the living conditions

Mrs. M is a 75 years-old widow (whose husband died before tsunami havoc), who lives alone in a dilapidated hut. One of her two sons, the younger one is married and lives in a town nearby. He visits her once in a way (last time he visited was soon after the tsunami, 30 months ago). Her elder son who lives in the same village does not bother about her because his wife is not good terms with his mother. She says it is loneliness that kills. She even lamented “I want to die but ‘these people’ (the Village Level Federations) are giving me ration and keeping me alive”. This “food plus” need is a worthwhile cause for intervention.

Mr. P is a 79 years-old widower. His only son (two daughters are married and live at distant places). He is all by himself does not even know how to cook. With the ration he gets, he prepares his own concoction using experimental recipes, with some help from the members of ESHGs. He says he is waiting only for the ‘final call’.

of people in rural India do not permit one to assume any of the above. Thus, almost as a rule, those elderly who look totally unprepared today for any emergency are the ones who have toiled hand-to-mouth through the younger days.

It is noted that with the marginalized livelihoods being practiced at their more productive ages with little importance attached to the matters of savings for the future, as a thumb rule it is found that “preparedness for Old Age” meant providing whatever existed in their means for the children, as an investment for old age. “While there exist no data to inform as to how much of this insurance failed, it is safe to deduce that this was the case in the case of all populations in the Tsunami misery in India, but for the Magalir Thittam groups or the groups with a MFI support“, a rural development official of Nagapattinam reports.

Lower Self Esteem

The falling levels of self-esteem among the

⁷ Shubha Soneja, Elderly Abuse in India (India Country Paper),

elderly seem like an obvious net result of many of the negative issues discussed above. The paradox of the issue of lower self-esteem is that the individual himself/herself is the one who has to work for lifting oneself up in the absence of some one around who could work for lifting up the self-images among them.

It is as if the elderly with lower self-esteem are all the time praying and looking forward for the arrival of good Samaritans. Those who are far more disillusioned with their pathetic conditions and/or pretty pessimistic are silently waiting for the 'final call.'⁷

Social Equity

Over arching all the above is the issue of social equity for the elderly. The prevalent marginalized

living conditions of the elderly in the community does not perhaps allow anyone to assume that the elderly will get their due share in any commonly obtained community benefits, automatically.

“Once we acknowledge that society bears considerable responsibility for health inequalities, questions arise about how to address the problems and how to get priorities...the concept of quality adjusted life years...and the approach of maximizing over all benefits...result in the lack of approach to the worst off”⁸

There is very little doubt that the efforts made through HelpAge India sponsored programmes in the service villages has brought about social equity among the elderly by several rungs higher.

⁸ Anand, Sudhir, Fabienne Peter and Amartya Sen (Eds) Public Health, Ethics and Equity (2004) OUP Oxford.

3. TSUNAMI AND THE ELDERLY

Across previous emergencies in India and worldwide it has been the experience that the elderly and women and children are the most vulnerable of populations. Whereas while the other two groups did have access to relief and rehabilitation, the concept of human capital failed to present the elderly with the same levels of comforting relief and rehabilitation.

The immediate response of relief work needed for tsunami-hit areas called for worldwide attention. Money, manpower, ideas and efforts started flowing in to the tsunami-hit areas from around the globe in a manner hither to unknown and unseen. The word '*tsunami*' itself, unheard of before, became a household word after December 2004 in different parts of India.

With so much aid flowing in from different directions, so much needed to be done in these areas in order to put people back on the track. While the Madrid International Plan of Ageing (2002), specifically raises the concerns of the elderly and the agreement on the actions to enlist the elderly in relief and rehabilitation efforts, precious little seems to have trickled down to the signatory governments as also the international NGOs that both contain the purse strings of the local governments and the national voluntary organizations. It was therefore left to HelpAge India to involve the elderly into the relief and rehabilitations plans by design.

Although the term 'elderly' refers to all those fifty-five⁹ and above, the elderly are generally classified into three categories based on their chronological age:

- a. Young old 55 – 60 years of age
- b. Middle old 60 – 65 years of age
- c. Old-Old 65 and above

INITIATIVE BY HELPAGE INDIA

The key ingredients of the Tsunami Rehabilitation Programme managed by HelpAge focused on three priority areas of Social Protection, Sustainable Livelihoods and Disaster Preparedness. While the concept of social protection for the elderly can be easily acknowledged it was difficult in the light of available secondary data and research to have feasible map for sustainable livelihoods and disaster preparedness.

While cash transfers, be they conditional or unconditional, have been seen worldwide as the safest and the most convenient method to provide succour and relief to the aggrieved sections of the population, it is found that the interventions of HelpAge India are in a marked departure to this concept.

The insight that the efforts to be carried out should eventually lead to a road of sustainability and the unwritten writ "right relief for the right person"¹⁰, was based on the findings of the Evaluation of Year one of the project. This demanded that HelpAge India Tsunami Extended Response Project in a significant move and a deviation from the established categorization, eschew the use of the traditional categories and redraw the categories of the elders not just on chronological age but also based on their abilities and capacity to engage productively or otherwise

⁹ There are varying definitions on the term elderly and therefore in some countries "Elderly" could be as old as 70 years plus for provision of special amenities; Nepal for example. Even in-India, it is seen that different government departments of the federal government and state governments have differentially recognized the "age" of the aged. HelpAge India recognizes that in the specific context of the Indian sub-continent and especially the fishing communities "Aged" could be as young as 55 years, for provision of social protection support.

¹⁰ There have been several instances where in their humanitarian concern most INGOs, have resorted to "Livelihood Enhancement Programmes" most often in the form of boats, nets and engines, which have in due course of time have been more a bane than a boon as the people were simply not prepared.

of the elderly above 55 years of age.¹¹ Thus the groups were:

- Working Elderly
- Assisted Elderly
- Dependent Elderly

The above three categories are, as can be easily understood, based on 'ability' rather than 'age' and thus cut across the age groups mentioned earlier which now become redundant in the operationalisation of the programmes for the Elderly. This fits well with the objective of graded protection of HelpAge India and redesigned parameters of performance.¹²

Different activities, guidance and assistance had to be offered to the above three categories. For instance livelihood-related efforts were directly relevant for the first category. The second category needed to be medically assisted in overcoming their disabilities (physiological and/or physical) in undertaking suitable income generation activities, often supplementary livelihoods based on business plans.

The third category mentioned above needed to be offered in most cases direct assistance through food items for survival as their abilities had been so compromised as to make them dependent on others even for their daily routine. Therefore this group had to have a stable support structure to

provide material sustenance needs and hope to survive.

Over the generations, the fishing community lived with the fishes and the ocean and they knew very little else. Besides these communities perhaps the most affected by the tsunami deluge, there were also agricultural communi-ties. To understand their needs, it took a little more time. (See box on Livelihood Restoration for farmers on page 30)

The HelpAge India Project document for the Tsunami Rehabilitation therefore includes the concept of Elders Self Help Groups (ESHGs), provision livelihood assets ranging from boats, nets and engines to a list of 27 diverse livelihoods¹³ the concept of social pensions and seed capital.

Also, most important to note was the mutual indifference that the fishing and agricultural communities displayed as their perspectives on problems and critical needs vastly differed. To bring a semblance of oneness for ensuring that their voices are heard some concrete social engineering was required to be done. The concept of business plans with livelihoods (risk preparedness and mitigation) with minimum support based on business plans of the beneficiaries is yet another deviation noted from the charity mode that is often associated with social transfers.



¹¹ This categorization based on abilities is a step towards mitigating some of the prejudices against the elderly, one of which is the economic viewpoint that "elders are an economic burden"

¹² Learning from inefficiencies: In year 1 of the project, no visible efforts existed to work upon tailor-made packages. Even the chronically ill and home bound were found to be members of the ESHGs, while mobile elders received social pensions, since changed by January 2006 and set full steam by March 2006.

¹³ Fish traders, petty shops, dairy Animals (Incl Insurance), goats/sheep (Incl. Insurance), nurseries, small vendors, artisans, hire auto (taxi), duck rearing, poultry rearing, tailoring units, coir workers, carpentry, dry fish processing units, salt pan, transport fish vending units (2 pickups), horticulture/vegetable cultivation, promotion & construction of compost pits, establishment of agro service centres, animal fodder units, training cum production unit on fish pickles, animal feed shops, net mending shed to name a few.

4. ADDRESSING THE BASIC ISSUES (TEN PLUS ONE)

ANALYSIS OF RANK ORDERS

Two villages were randomly selected from the service area of each PA and one ESHG group and cross-section of VLF/DLF were involved in rank-ordering the cards mentioning the issues concerning the elderly through focus group discussion technique in each village.

All together 20 rank orders were obtained from 8 ESHGs, 8 VLF/DLF(s) and 4 Field Staff on the following ten issues pertaining to the elderly.

1. Economic insecurity	2. Isolation
3. Failing Health	4. Neglect
5. Physical insecurity	6. Boredom
7. Abuse	8. Lack of preparedness
9. Loss of control	10. Lower self-esteem

The issues that clearly stand out among the rank orders of all the three groups are (in that order):

- (1) Economic insecurity
- (2) Failing Health
- (3) Physical insecurity.

Apart from the above issues, “isolation” and “neglect” find a place among the top half in the views of ESHG members. But “loss of control” is the only other issue to find a place in the top half according to VLF/DLF representatives. It is notable that this issue tends to be towards the bottom end in the rank ordering of the ESHG members.

When one looks at the rank-ordering by the field staff, the issue of “lack of preparedness” shoots up (as if from nowhere) to compete with “economic insecurity” to share the first place. And then on, it is the same as the other groups for the next two positions i.e. “Failing health” and “Physical

insecurity”. For the next two positions in the top half, the field staff brings in new entry of issues: “abuse” and “loss of control”, in that order.

Between the above two, “abuse” as an issue tends to get rated pretty down in the bottom half as per the ESHG and VLF/DLF members where as “loss of control”, tends to appear around the middle in the rank order of the people.

What is most notable is that “lack of preparedness” does not seem to be in the reckoning in people’s minds. It may be noted here that an independent evaluation of 2006 did make an observation that this aspect is conspicuous by its absence.¹⁴

To quote on ‘Disaster Preparedness’ (or the lack of it, precisely) from the Evaluation Mission’s report:

“It is evident from the above that very little thought or effort has been made in this direction. As the project is entering the crucial third phase-withdrawal, there is a need for attention and focus on this. A plan forward needs to be developed and implemented.”



Rank ordering of the issues of the Aged by ESHG members in Kollam Village

¹⁴ Independent Evaluation Mission (Jan-Feb 2007) SF, BRD, KPR, GM-P23ff.

METHODOLOGY OF THE PRESENT STUDY

OUTLINE:

To begin with, the team of researchers led by the expert visited two villages from each Partner Agency service area and held several small group discussions. This was undertaken to list out the crucial issues concerning the life of the elderly that could be analysed in a systematic manner.

Methodology of the study involved random choice of two villages from each Partner Agency (PA) area. In each village Focus Group Discussions were held with:

1. A representative group of ESHG members numbering about twelve;
2. A combined group of VLF / DLF members numbering 6-10.
3. Each of the above groups was asked to rank order the ten cards (as mentioned below) in the order of importance and impact on the life of the elderly.
 - Economic insecurity
 - Abuse
 - Neglect
 - Lower self esteem
 - Failing Health
 - Loss of Control
 - Boredom
 - Physical insecurity
 - Isolated
 - Lack of preparedness

The above rank order exercise was also carried out with all the field staff of each PA. All the staff members were asked to discuss on each item on the cards and, based on their field experience, rank order the same in the background of the importance and impact of each factor on the life of the elderly.

A cross-section of the AAG beneficiaries of the village was gathered for a brief discussion. The group was asked to discuss among themselves and list three problems that they considered very important and common for them as a whole.

Analysis of the rank order:

The rank orders of the ten issues concerning the elderly given by different groups were cross-compared. The purpose of the technique of rank order correlation was to highlight the agreement or lack of it between / among those dealing with the issues of the elderly.

Rank order correlations were made between:

1. ESHGs and ESHGs
2. ESHGs and VLFs / DLFs/ PL
3. Field Staff and ESHGs
4. Field Staff and VLFs/ DLFs

In addition, it was also noted as to which of the ten issues tend to occur more frequently among the top five or bottom five of rank order.

Working With the Field Staff of Partner Agencies:

The field staff were also asked to classify the villages under Help Age India Programmes on a three-step ladder as Best, Medium and Least in terms of over-all performance, through group based exercises..

The groups were made to list out the criteria of their classification before hand or after classification exercise, as they desired.

While analyzing the above data, the different criteria defined by the field staff of PAs have been clubbed together and the numbers of villages under each category have been shown in a comparative manner.

In the light of the above, while no apparent physical activity was undertaken due to financial constraints, it is not at all surprising that this issue, by and large, goes out of the reckoning by the people as the ESHG & VLF/DLF members alike, take the expression “lack of preparedness” in an every day sense of “planning in advance”. During focus group discussions with the people, it was observed that there was not even a semblance of a reference to disaster in general and tsunami in particular (after all, the next tsunami may be generations/centuries away!).¹⁵

COMMENTS ON RANK ORDER

It is evident from the rank ordering by people as well as field staff of PAs that three issues related to the elderly is, “economic insecurity”, “failing health” and “physical insecurity” obtain the reckoning mainly. And therefore it is understandable that the efforts of PAs through Help Age programmes have been quite in line with the people’s views. That is, the emphasis so far has been on livelihood programmes coupled with foodgrain distribution to answer the first and mobile medical unit (MMU) is a response to the second. HelpAge’s answer to the third issue i.e., “physical insecurity” seems to be in the form of an old age home, an effort which was strongly under way as this study was being carried out.

There are two unique strategies being adopted by HelpAge India in this regard that must be emphatically underlined. The first is the ‘Old Age Home’ that is coming up near Cuddalore on an approximately 2-hectare plot. A very imaginatively visualized project, the complex named *Tamaraikulam* (or “lotus pond” in tamil) when completed is to

accommodate 100 elderly people drawn from across all the PA service areas including both the genders. It is proposed to have dwelling units each of which can house 4 persons. There can be very little doubt that the “Home”, when the elderly people come to live there, will offer them ample avenues to lead a life of dignity including ways and means of earning money through their own efforts. What with a pond and gardens all around, the location would be healthy and picturesque. An additional unique feature of the complex is that the people who will be accommodated therein will have the third category of elders i.e., “dependent elderly” in the minority as the other two categories of elderly will provide the support. By end November 2007 after completion of a section of the home, a few elderly identified by VECCs had moved in.

Another attempt, which is under way, is the idea of “Multi-Purpose Community Centres for the Elderly” (MPCCE) which seems to have caught the imagination of the DLF members so much so they are getting ready to be involved in taking the idea into its logical fruition. The concept talks of imaginatively providing as a model, the concept of single window service to the elderly where the health provision, common meetings of ESHGs, the VLFs can all be conducted at the same venue in the village which would also serve as a day care centre, for the elderly and a night shelter for the destitute elderly. Equipped with items that would drive away boredom like a television set and a satellite radio, these centres would also serve as social clubs for the rural elderly.

The two significant efforts mentioned above are both perhaps the most pragmatic attempts under the given circumstances. With improved family ties



“Tamaraikulam”- the old age home project in Cuddalore

¹⁶ Ibid

within the rural communities most of the remaining issues, it is hoped, will be automatically taken care of.

SELF-ANCHORING OF SERVICE VILLAGES BY THE FIELD STAFF OF PARTNER AGENCIES¹⁶

The field staff of each PA was asked to place the Village Level Federations and the elderly of the service villages on a three-step ladder as Best, Medium, Least in performance based on criteria defined through focus group discussion among them.

Following are the criteria given by the field staff (in the order of frequency):

- 1) Regularity of meetings, attendance and participation.
- 2) ESHG: Savings, loan repayment including grain loans.
- 3) Initiatives by VECC / VLF / DLF.
- 4) Respect for the elderly.
- 5) Commitment / leadership in the CBOs.
- 6) Future Plans, linkages within and outside the village.

Interestingly, no group referred to “maintenance of accounts” as a criterion!

Performance	QSSS	AVVAI	BWDC	CECM
Best	5	6	5	6
Medium	5	5	9	6
Least	3	1	-	2

Out of a total of 52 service villages, 40% of them got rated as the best. Of the remaining, another 50% fell at the medium level. In the case of the last 10% of villages, further efforts are needed to bring them on par with rest.

So long as the government system of Old Age Pension (OAP) with the approach of “steam-rolling of the rural elderly as “destitute” (first of all, to offer them OAP in the very name “destitutes” is an erroneous approach to defining the people



A cross-section of beneficiaries in a Cuddalore village

eligible for such assistance) continues with no reference to the lives the recipients have lived in the community, the issue of social equity may continue to remain unaddressed by and large.

INTERACTION WITH A CROSS-SECTION OF AAGs

In each village this study team met with a cross-section of AAG beneficiaries numbering 6-8 individuals (mostly women). They were asked to list three important issues common to the elderly men and women. Following issues were cited by almost all the groups most of the time.

1. Health Problems
2. Economic insecurity
3. Isolation.

Except for some of the AAG representatives in the VECC, the beneficiaries in general, by and large, were aware of the December 2007 project end and HelpAge withdrawal. When told they only sighed and said almost in a chorus that someone else or god would look after them.

BEFORE, IMMEDIATELY AFTER AND NOW

To make it more participatory and also to understand the progress of the elders towards rebuilding their lives, a participatory trend analysis was attempted with the DLF representatives and a cross section of the beneficiaries with pre-tsunami as the reference point.

¹⁶ Technique adopted from H-Cantrill’s method

The elders were asked to identify their present status and the determinants of such status in the community today and compare the same with pre and the immediate aftermath of the tsunami. A cob-web analysis or Evaluation Wheel method was suggested by the Head, tsunami programme. The wheel was drawn comparing it to a bicycle wheel and participants informed that the rounder the wheel, the easier for the cycle to cover longer distances. Therefore, each determinant of the status would be a spoke and the rim would indicate a score of 10.

The determinants of the status (spokes) at different locations are :

	Cuddalore	Nagapattinam	Vedaranyam	Kollam
1.	Earning	Respect	Respect	Health care
2.	Health care	Going for meetings	Doing something	Doing something
3.	Respect	Support from family	Independence	Support others
4.	Support others	Independence	Health care	Support from family
5.	Support from family	Support others	Going for meetings	Saving
6.	Independence	Saving	Support others	Independence
7.	Going for meetings	Earning	Support from family	Earning
8.	Doing something	Health care	Saving	Going for meetings
9.	Saving	Going for meetings	Earning	Respect

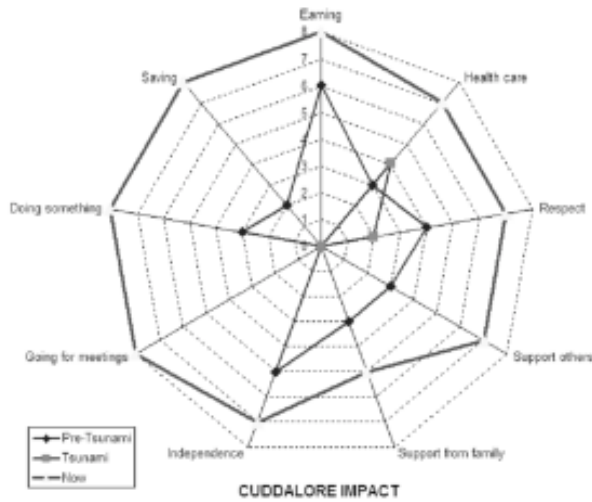


ANALYSIS

(1) At Cuddalore maximum variance is seen in the areas of health care, doing something, going to meetings (mobility, actually the highest) and in savings between pre -tsunami and now.

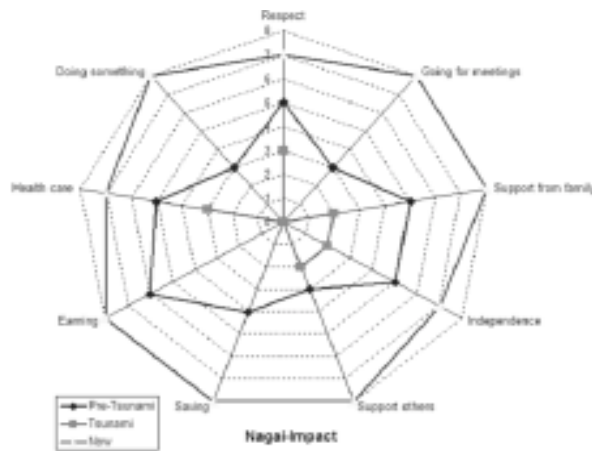
While there is improvement within the other factors, support from family is one aspect that needs extra inputs.

Impact of the project is evident.



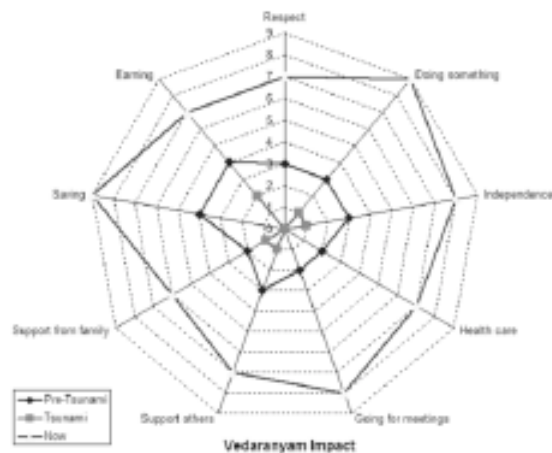
(2) In the case of Nagapattinam too, mobility and doing something (gainfully occupied) have shown great change as is the case with supporting others.

Nagapattinam elders present that their earnings have also increased while independence is not commensurate with earning, presumably due to an increase in family support and therefore a lack of need to be independent. Conversely, the explanation provided by one of the DLF members is that “support is due to the jaggery we now have as savings. The day this disappears, the ants would go”.



(3) Vedaranyam, not surprisingly, exhibits a very bleak picture of the elderly in the pre-tsunami period. While there is all-round improvement of the situation of the elderly, it is more pronounced with the little input of the MMU(once in a fortnight) that seems to be showing some major impact on the health situation of the elderly. However, support from family is not commensurate with that of Nagapattinam, while in other parameters they fare well as compared to the pre-tsunami era.

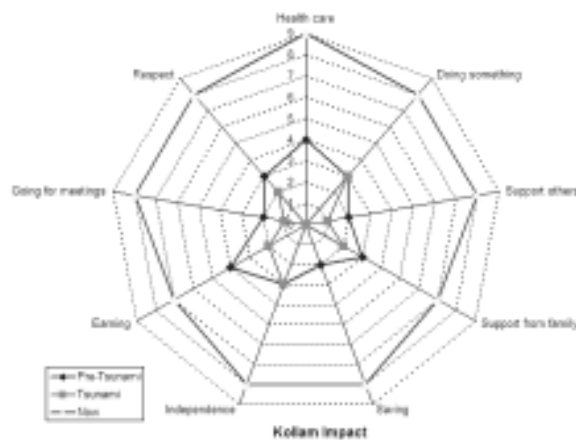
In Kollam project area significant impact seems to have happened with the habit of savings and mobility. Also health has shown significant



achievement, given the fact that access to health care was still about 40% for the elders despite one of the best primary health care systems.

It is also explained that while there has been an increase in all other areas, this is not pronounced due to the fact that the Church prescribes certain rules of behaviour and therefore the elders are taken care of by the families and others (mutual benefit).

Note: The Evaluation wheels are drawn out of the perceptions of the representative elders and hence the degrees of status/improvement can at best be representative and not expected to be accurate for all elders. However, trends can be generalized.



SOME MORE CASE STUDIES

Mrs. S is a 70-year-old widow, having lost her husband to the tsunami, living with her handicapped unmarried 40-year-old daughter. The old woman, who is actually supposed to be a destitute, has the “burden” of having a ‘dependent’ to share her ration with.

Mrs. V is a 65-year-old widow living with her son and daughter-in-law and their two children. She manages a semblance of a petty shop but is proud that the little margin of profits she is able to make has been responsible in making her daughter-in-law treat her now much better than before. She even goes one-up in saying that her daughter-in-law will learn lessons of economic independence for future because both her children are girls.

Mrs. D is a 62-year-old woman with a sickly husband, almost always bedridden. She used the ESHG to get into fish-selling and to-day, a proud ‘head’ of her family. She saves on the medicines for the husband through the help of the mobile medical unit. She says she was totally lost after tsunami havoc but says she is a contented woman now.

Note: The case studies chosen represent roughly the break-up of the elderly population, in the service villages, in terms of age and gender, who are under HelpAge India-assisted programme.

5. ELDERS FOR ELDERS MOVEMENT

One needs to appreciate that the rehabilitation efforts of the international agencies and the NGOs would inevitably end and the programme wound up in the case of any project. The same is already evident of the organizations that existed in the area in the immediate aftermath of the tsunami; with only about 10% continuing to work and most are in the process of closing shop.

The “post – project” effects are as important as the “post-tsunami” relief since there is a hidden danger, as always, of increased dependencies and higher order of expectations after such a flood of massive relief and rehabilitation operations. Therefore it is pertinent to note the support structures available for the future.

SUSTAINABLE SOCIAL CARE

There is no doubt that the ultimate responsibility for the care of the elderly should rest with the community to the extent feasible. And in view of the proposed withdrawal of assistance by HelpAge India by December 2007, there arose the immediate necessity to build local support structures in the community to take over the responsibility of the care of elderly and, destitute elderly in particular. A group from within the village to take a leadership role was visualized for this purpose and thus was born the concept of Village Elders’ Care Committees (VECCs).

The VECC is a body of representatives drawn from across different sections of the community. The VECC as a result obtained its structure with:

- i . Representatives from ESHGs
- ii . Traditional / modern leaders
- iii . Youth groups
- iv . Women’s groups
- v . School teachers
- vi . Govt. Servants in the village
- vii . Religious functionaries
- viii . Retired officials.



Thus structured, the VECCs, one in each village, were able to gradually take full responsibility of ensuring that all the destitute elderly would get the food ration items that were sponsored by HelpAge India. Initially, VECCs were offered a helping hand by HelpAge India through releasing foodgrains in advance, so that VECCs could loan the same to prospective ESHG members on the basis of ‘return with the interest’ in times of need.

Some of the 52 VECCs have also ventured in to direct fund-raising through collecting donations and other contributions. Thus the effort to work on creating social protection arrangement for the care of the elderly within the community, by and on behalf of the community has been enabled.

As can be seen further in this report, functioning of well over 80% of the VECCs has been rated either as Best or Medium thus giving a clean chit to most of them.

A perfect example of community selection came to be established with no inclusion or exclusion errors being reported during the visits to the villages. In some locations it is noticed that the number of elders selected were in excess of the original quota while in others this was seriously trimmed, giving rise to fears of exclusion, till the excluded were actually verified and found ineligible to receive free supplies and additionally

they had no complaints. As an eye-opener it was also noticed that the original list of “destitute” elderly was revisited by almost all the VECCs, verified and the ineligible, as per locally maintained concepts of vulnerability, were struck off the list while new people were identified.

Another litmus test successfully accomplished was the viability of the programme. Traditionally, community assets had no guardians and most assets that are now dilapidated stand in mute testimony to this. In the case of the VECC, no material or cash loss is visible with near perfect records, given their limitations of literacy and education. Another interesting factor was that while they were not the direct consumers of the foodgrains (meant for the destitute), at least five members from the committee conducted market surveys, identified suppliers, procured quotations and placed orders only after ensuring that even after 48 hours of cooking the food did not go stale, a locally held gold standard of rice quality.

To take the impact of VECC a little further, it was realized that the VECCs were not only able to assess the material and non-material requirements of the destitute elderly but also ensure that surplus material was loaned out to the able among the elderly, and collected back with interest. So much so that without any prodding from any quarter, most VECCs had provided new clothes and sweets on the day of the harvest festival (*Pongal*, 2007) to all the dependent elderly, from their own resources, while no budgets actually were provided for this activity. These elders were then supported by the VECCs without any external support till June 2007 when the first tranche of funds for the year were released by HelpAge India.

Therefore the VECC as a community based organization has come to stay as a strong and enduring body of people from the community.

ELDERS SELF HELP GROUPS (ESHGs): LIVELIHOODS AND SELF ESTEEM

The world over social cash transfers have been seen as the viable, risk free alternative. While there is enough evidence that cash transfers, often universal and unconditional in the case of the aged,

have attempted with some success in ameliorating the economic insecurity among the aged who often do constitute a majority of the first three deciles of income distribution (poverty scale), there is not enough evidence that these measures of social protection have been successful enough to address the other issues of the elderly.

HelpAge India has thus taken a significant and perhaps calculated risk in initiating and promoting the option of social protection through Elders Self Help Groups (ESHGs).

It is a coming together of the elderly in the community in the form of small groups normally up to about 20 members following the concept of self-selection, with obviously no particular promise of any incremental benefit. It is quite a possibility that persons with expectations were disappointed and would have left, thus leaving behind such elders who were in the groups not for the sake of quick material gains but for addressing their social needs.. This coming together is again in line with the well known and well demonstrated concept of Self Help Groups of women. Quite like the SHGs, ESHGs also commence their activities through pooling their savings in the groups and lending the same to their own members on the basis of mutually agreed interest rates. This is a further refinement from coming together as common interest groups (CIGs) for savings and credit purposes.

The members of these groups started pooling their savings often as little as 1%-10% of their earnings, from the restituted livelihoods provided by HelpAge India, and after accumulation of



significant amount of savings, started rotating the accumulated sums as a loan, within members, returnable with an interest.

In a significant move towards scaling up the operations of the ESHGs, Helpage India through its Partner Agencies had sanctioned varied amounts of revolving funds under the livelihood plans. These capital transfers made for up-gradation depending on the level of the grading of ESHGs. The grading was developed utilizing the regular scale used under the Government and bank approved grading formats and a participatory grading was facilitated with each of the groups. Here one needs to understand that the social norms of the fishing community demanded that all aid should be distributed equally and HelpAge India and its partners too had to face the same situation as various INGOs/NGOs wherein even those not impacted by the tsunami had to be provided for at the time of initial relief and rehabilitation efforts¹⁷.

With the grading firmly in place as a self-administered scale, the concept of performance linked incentives seems to have taken root. The ESHGs are also assisted in securing loans through established credit institutions to individuals and groups, as finalized by the groups under the guided supervision of PA field staff.

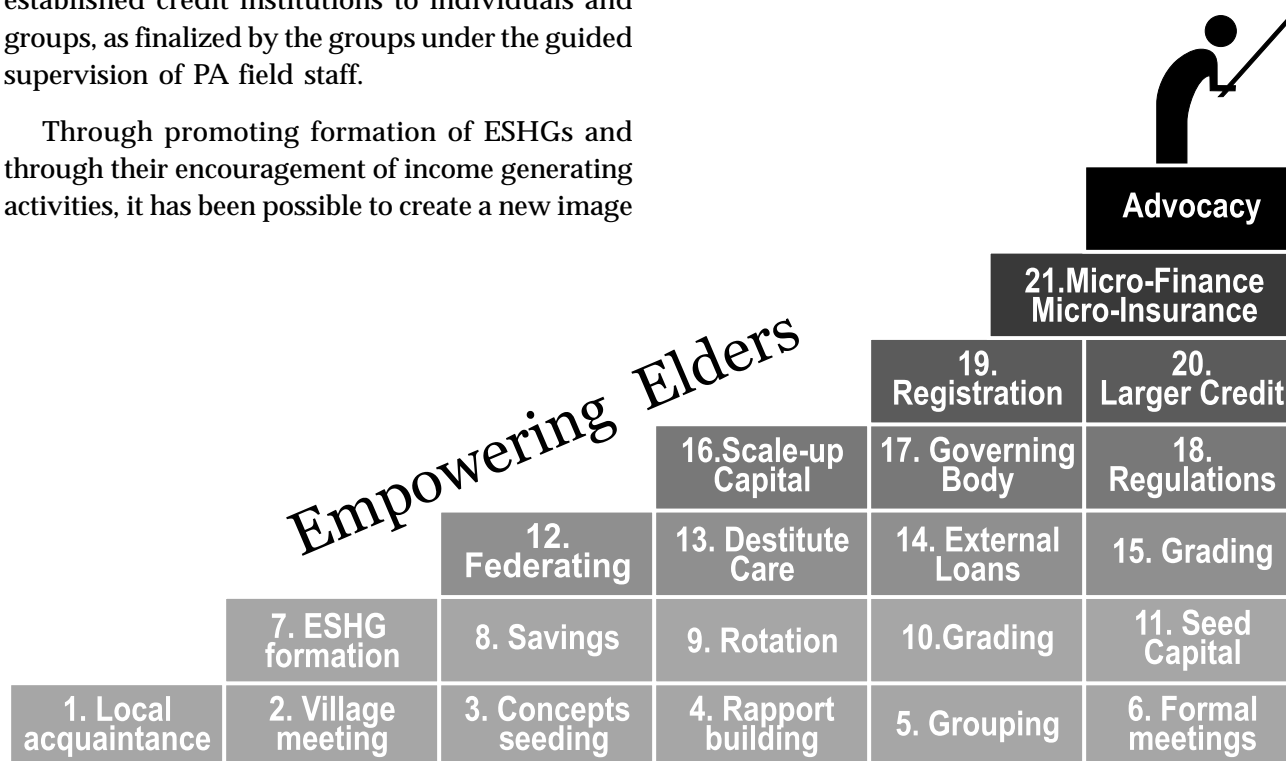
Through promoting formation of ESHGs and through their encouragement of income generating activities, it has been possible to create a new image

for the aged within a community. There has come about a sea change in the way in which the family as well as community members by and large look at the elderly – now with a little more dignity. The core idea is: as the ESHGs become stronger, destitution among the elderly should get weaker.

Thus ESHGs, from the time the idea of self help was initiated in the year 2005, have come a long way indeed in not only shaping themselves much stronger than what was originally visualized, but also in asserting themselves. Records made available during the course of this study indicate the presence of more than 406 such ESHGs, with a portfolio of services and addressing some of the key vulnerability issues presented in the **ten plus one**.

SUSTAINING PROTECTION (VLF/DLF/ MPCCE)

The efforts of ESHGs, however laudable, would have remained within the boundaries of the communities unless some effort was made to take them beyond these domains. The answer lay in the concept of federation. Thus the ESHGs initially



¹⁷ Despite a good fishing season, the fishermen Panchayats of TamilNadu coast had banned entry into the waters for six months unless everyone listed out got the support equally, irrespective of need.

got federated at the community level into Village Level Federations(VLFs) to present a unified presence at the village level. The obvious extension of VLF was to form the District Level Federations (DLFs). Built on the economic strength of the component of ESHGs and VLFs, the DLFs would take the progressive, protective and productive

efforts beyond the boundaries of the village, linking themselves in the process with the economic and financial structures lying in the wider world.

HELPAGE INDIA'S ELDERS FOR ELDERS MODEL PROJECT ON SUSTAINABLE SOCIAL PROTECTION FOR ELDERS THROUGH SELF-HELP

IMPORTANT FACTS AND ACHIEVEMENTS (JUNE 2006 - DECEMBER 2007)

- ❑ 7000 + elder members in Older Persons Associations in Tamil Nadu and Kerala
- ❑ 761 Destitute Elders receiving monthly essential daily items food, toiletries, etc
- ❑ 3945 Assisted Elders receiving essential daily items on need-credit basis
- ❑ 3101 Working Elders earning non-dependent members in ESHGs
- ❑ 427 ESHGs, 55 VECCs, 52 VLFs, 4 DLFs, 1 Apex Federation
- ❑ ESHGs' own savings Rs. 57.5 lakhs
- ❑ Money in rotation Rs. 4.4 crores within Groups and Federations
- ❑ 53 Groups have credit-linkage with commercial banks under various schemes
- ❑ More than 80% of Groups have cleared NABARD and Bank specified norms on Group performance designed for younger age groups (35-50 years)
- ❑ 7807 elders have received direct livelihood assistance (not including family)
- ❑ 650 Old Age Government Pension applications accepted by the concerned authorities
- ❑ 150 new elders supported by ESHG/DLF on their own initiative
- ❑ Currently 70% of ESHGs and 3DLFs are led by women in the predominantly male dominated coastal community
- ❑ Seven multipurpose elder care centres established by HelpAge India. Each centre takes care of about 10 elders. Maintained and run by the DLFs, these centres function as an old home, community club for elders and a central point for delivery of elder care services
- ❑ Established a model old Persons Home at Cuddalore "Tamarikulam" . This will house 100 elders including destitutes and will be completely self sustaining
- ❑ HelpAge India's model for sustainable livelihood and social protection for elders receives endorsement of UNDP and National Disaster Management Authority of India.

6. ADDRESSING ACCOUNTABILITY

The most notable symbols of accountability in the service villages of HelpAge India are:

- The main entrance of every village welcomes a visitor with a big board carrying the Social Map of the village depicting the location of all kinds of elderly in the village who are covered under different programmes sponsored by HelpAge India.
- Every individual supported by HelpAge India funding for supplementary income generation activity sports the name of HelpAge India in front of the unit.

Right from the word go in 2005, there has been no problem with respect to accountability and transparency, between HelpAge India and PAs, because the communication system was pretty well established in terms of what was available and what needed to be done. Between PAs and the service villages, however, a lot was wanting before 2006. The Independent Evaluation Mission of 2005 had recommended formation of village level structures and handing over responsibility of grain distribution to the of village committees.

Following the constitution of VECCs (Village Elders Care Committees) in 2006, accountability and transparency between PAs and the villages on the one hand and within the village became unquestionable. Further as the VECCs got down in real earnest with the inclusion-exclusion principle in revisiting the lists of AAG (Adopt A Gran; for elders 65 years and above, provided with Rs. 500 worth of services a month) beneficiaries, the

organic link in the grain distribution programme became strong.

A research-cum-documentation study of the traditional social structures conducted by Dr. Dwaraki in Nov-Dec 2006¹⁸ indicated that the VECCs, by and large, in all the service areas of the PAs were getting down to their tasks in real earnest. They were also readying themselves for the proposed withdrawal by HelpAge India by December 2007. The said research study also presented an action plan as to what the different stakeholders must be involved in doing through each quarter of the crucial year of 2007 so that each of the stakeholders is ready for the proposed withdrawal/take over by December 2007.

“It was the first time ever that the end result of the project intervention, that of vibrant organisations of the elderly, came to be established as the representatives of the elders presented not just the overall achievements of the project across the objectives and themes, but also affirmed their faith in the possibility of continued activities, independent of the support from the project or the project personnel from January 2008”.⁹

With the coming in of the federated structures of VLF (Village Level Federation), DLF (District Level Federation) and MPCCE (Multi Purpose Community Centres of the Elderly), accountability as well as transparency of the whole arrangement will only be on the increase, hopefully, because there are more and more individuals especially, people’s representatives, coming into the system that could be under question at every stage. So much the better.

¹⁸ Dwaraki.B.R. (2006) Research and Documentation on traditional social support structures in the care of the elderly – report prepared for Help Age India.

¹⁹ Source: monthly newsletter (July 2007) of PMO, Cuddalore. (Reference 15th Partners’ Meet held at Pondicherry on 12th July 2007)

7. POST DISASTER REHABILITATION

HUMANITARIAN IMPERATIVES

Any disaster situation brings in its wake the operation of two vital factors: response to immediacy and lack of co-ordination with a plethora of voluntary workers/ agencies rushing to aid the victims. This creates a situation of every one involved working with a humanitarian commitment as the main force with almost none being allowed to assume the role of questioning the activities of those working for the victims.

RED CROSS CODE OF CONDUCT.

Through the initial activities of relief operations both the HelpAge India functionaries and the PA field staff operated solely on the basis of humanitarian imperatives making no distinctions among beneficiaries. Similarly the church-based social service agency of Kollam jumped in with a missionary zeal serving Hindus and Christians alike.

Although media did project the havoc of coastal Tamil Nadu as a catastrophe affecting the fisherfolk, HelpAge India and PAs soon identified agricultural communities that faced the serious issue of land salinity (see box on next page). Relief operations that were later followed by rehabilitation efforts went on regardless of caste, creed or gender. Any delimitation in the efforts was based only on factors like available work force and also the time on hand. More important was the factor that everything was not to be offered as if on a platter. People's representatives had to be prepared to become stakeholders in the interest of sustainability.

In their efforts HelpAge India and PA functionaries did not allow themselves to be influenced by policies extraneous to their own — be they governmental, political or foreign. No

deliberate efforts were attempted to initiate an activity that had the potentiality of being opposed to local customs and culture. As a matter of fact, grassroot workers were drawn from local areas so that they understood, appreciated and respected the indigenous systems.

SPHERE STANDARDS

“Universal standards and indicators risk being inappropriate for certain contents and can never be exhaustive”..... “Sphere standards themselves do not claim them as a prescriptive protocol”...“Only as a potential tool to improve humanitarian assistance”.²⁰

Initial assessment, as the need of immediacy, had been done fast in order to get going with relief operations. The situation was doubly urgent: Firstly, the elderly, who are already marginalized in the social system, were those worst hit by the calamity, secondly despite a plethora of different agencies including NGOs that swung into action, HelpAge India had been the only agency exclusively addressing the needs of the elderly. Even this shortcoming was soon rectified because communicating organizations like VECC & VLF got structured that took over major part of the responsibilities. As they took over, the foremost exercise undertaken by them was to target the needy precisely enough going by the ground realities of which they were fully aware. Both implementation and monitoring remained in their hands although they were regularly supervised by the field staff of Help Age India / PAs. The capacities of the field staff were regularly updated through in-service programmes so that they are prepared well in the capacity-building efforts at the grass root level. Solid proof of the competency of field staff is demonstrated through the fact that the commonly construed dependency- based

²⁰ Ranjani Batniji et al-“Mental and Social Health in disaster

recipient stance of the rural people (which was a result of “free” offers made by NGOs / GOs for over half a century) that only got “doubled” following tsunami havoc, thanks to the all-round assurances given to them by all and sundry, changed pretty fast enough to shouldering

responsibility for the care of the elderly. What needs to be done now, as HelpAge India prepares to withdraw, is to identify these positive trends and reinforce them through building up inter linkages among and between CBOs and external agencies, especially the government.

RESTORING LIVELIHOOD FOR FARMERS: HELPAGE INDIA DEMONSTRATION PROJECT

The tsunami of 26 December 2004 had a tremendous impact on coastal agricultural communities of south India. In the immediate aftermath, this severe loss was not visible. Much of the initial efforts of most aid agencies was thus on restoration of livelihoods for the fishing communities. Apart from loss of standing crops the farmers in the affected coastal districts faced several serious issues: salinity in the agricultural lands; sand/mud casting on the land; and salinity in ground water making it unsuitable for cultivation in the near future.

Under its livelihood restoration programme, HelpAge India funded a demonstration project on sustainable cropping methods in tsunami affected areas of Tamil Nadu. This was implemented by the Agriculture & Animal Husbandry department of Rural University (GRU) Dindigul district, Tamil Nadu. The project was carried out with help of partner agencies in 11 affected villages covering an area of about 124 acres in Nagapattinam, Cuddalore and Vedaranyam. The approach for selection of beneficiaries included: land area affected by tsunami; elderly, small and marginal farmers over 55 years with land holding of 1.5 to 2 acres; use of cluster approach; preference to women; and acceptance of partner agency of HelpAge India.

IMPACT OF THE PROJECT

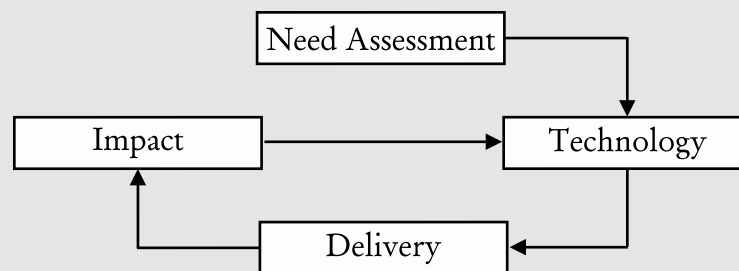
In the project, 415 elder farmers were selected who had less than 1.5 acres of land area under paddy, groundnut, brinjal, bhendi, chillies, jasmine and coconut. These farmer’s field soils were tested and based on which organic amendments and agricultural inputs were supplied for reclamation of soil and enrichment of soil fertility. Initially the farmers were given capacity building training programme on reclamation of tsunami affected soils for cultivation of different crops. Based on their requirement, crops were chosen and inputs like good quality seeds, organic amendments, recommended fertilizers, micro nutrients and bio fertilizers were distributed to all the 415 elder farmers. The farmers successfully cultivated the above crops by utilizing the inputs supplied and obtained yield on par or above the average. On completion of the project activities, the beneficiaries realized the importance of increasing the organic matter content in tsunami affected soils for getting increased yields.

In continuation of the crop demonstration programme, the elder farmers were given awareness on the use of different agricultural tools and implements through field demonstration by the scientists from Agricultural Machineries Research Centre, TNAU, Coimbatore at the project villages of Cuddalore and Nagapattinam. The sprayers viz., hand operated knap sack sprayer, Rocker sprayer, Power sprayer and Duster were given to all Village Level Groups in addition to the labour saving farm implements like Improved iron plough, Leveller, Cono weeder, Finger type weeder, Dry land weeder, Dry land peg tooth weeder, Groundnut decorticator, Coconut tree climber and Coconut dehusker. Apart from this, heavy agricultural implements like 7.5 HP electrical motor operated paddy thresher cum winnower were given to the three farmer’s federations. These implements are meant for resource-poor small farmers to reduce the cost of cultivation of crops and towards saving the labour cost, reducing the drudgery, reducing post harvest losses and also to improve their efficiency. Further, the equipments and farm implements may

fetch income to the Elder groups and Federations by operating and hiring out them among the members and also the fellow farmers.

There were opportunities to improve the approach in delivery, especially problematic in the area of technology dissemination, in which it was particularly important that all stakeholders cooperate effectively. Hence to create efficiencies in delivery, the faculty designed and tailored this project with its strong ties to the coordinate institution and organizations. The integrating process involved the following

1. Need assessment of the Tsunami affected targeted area
2. Design and implementation of the appropriate technologies at proper scale
3. Delivery of the information / technology in collaboration with various experts.
4. Process for event success, feedback, follow up and ultimately impact.



The GRU team had taken great efforts for these 415 elder farmer beneficiaries to deliver about 170 tonnes of organic inputs and recommended inorganic fertilizers and necessary bio fertilizers and micro nutrients in different regions. This had created a positive impact on adopting the correct technology. After seeing the results, i.e. application of the inputs with technical follow-up by the GRU team of experts, the neighbouring farmers also showed interest in adopting these technologies. From an assessment, it is felt that over 1750 people benefited indirectly out of this technology transfer programme.



8. ADVOCACY FOR CHANGE

CREATING PUBLIC AWARENESS ABOUT THE ELDERLY

HelpAge India and the PAs have been organizing a variety of programmes like observing the special days concerning the elderly, rallies by the elderly supported by other voluntary groups with the view to draw the attention of the general public about the needs of the elderly.

ROLE OF BANKS

As more and more ESHGs get started and as more and more VLFs get federated, first question that arises is whether the formal financial institutions are geared to pitch in and support the cause. Not surprisingly, as was noticed in the early days of Womens banking and the Women Self Help Groups, the banks have been non-committal as there exist no rules governing banking procedures for the groups of the elderly and hence it is left to the “risk of the Manager of the Branch”, to quote a Senior Branch Manager who did not wish to be named.



It is a need that all financial institutions like banks have to pitch in for financial aid if elderly have to prove anything at all. Two issues seem to confront the bank officials in this regard. Firstly that their dealing with the ESHGs is simply as an extension of the policy of offering loans to SHGs (has Help Age India or any other agency done anything at all at the pan India level to demonstrate that ESHGs today was an much a reality as SHGs of yesterday?).

The second issue confronting the banks is the fact that some member or the other within an ESHG could be old enough that he or she may not be alive to witness the completion of repayment of loans! In the light of the above, bank officials cite their own reservations in extending loans to the ESHGs / VLFs.

Further, those seeking loans from banks are known to be made to frequent the bank branches several times before actually getting the loan. This practice of the bank officials does get extended to the ESHG members also to the discomfiture of the latter.

There are also some bank officials who play their dice with the attitude of authority and one up-man ship, with little or no base into the sensitivity or the purpose of their existence. In a significant, yet low visibility judgment in the case of an ESHG vs. a co-operative bank, the District Consumer Disputes Redressal Forum, Nagapattinam the forum indicted a co-op bank and its controlling officers thus : “...The second opposite party is a Special Officer of the first opposite party’s bank. He has not taken any note of representations of the complainants. The other opposite parties are higher officers first and second parties. It is said the complainants have also brought to the notice of the other opposite parties about their grievances. The other opposite parties have taken no action in this regard. They are also help responsible for the

²¹ Judgment of the District Consumer Disputes Redressal

acts of the first opposite party.”²¹ This can be seen as a milestone in the evolution of SHGs as a self-confident assertive institution that can struggle and win battles for their rights.

It is also to be seen if the banks, at a later date, would have confidence to entertain the financial and banking requirement of the women self help groups of today, ten years down the line, since most of the members of such SHGs would eventually be elders by then.

Advocacy for change needed in this regard is to educate the bank officials and bring home the hard realities of the elderly in the tsunami affected villages, so that the authorities dealing with policy making related to loan transactions by banks bring about policy modifications to suit the needs of the elderly.

There is also need for advocacy to ensure that the lead bank of the areas as well as the co-operative credit banks meet the credit needs of the elderly, as a rule.

GOVERNMENT DEPARTMENTS AND OAP (OLD AGE PENSION) SCHEME

The old age pension scheme of the State Government has interesting unique features.

To be eligible for OAP, elderly person in a village must be a definitional destitute in the sense that there should be no male relative like husband / son (grand son) living in the village. The reality that the government scheme has failed either to recognize or to react is that, thanks to nuclearisation of rural families, the son living in the same village may not choose to care for the elderly. Thus, many an elderly man or woman, who in reality deserves OAP is caught between the devil and the deep sea!

HelpAge India and PAs in their 15th Partners' Meet held at Pondicherry deliberated upon the issue of OAP. Chief among the various discussions and decisions thereupon were the closure to the Old Age Pension Campaign, maintaining a series of documentation for record and advocacy purposes that would include documentation and

web casting of the progress of the project, enlisting private television channels for producing documentaries, coming together of the District Level Federations as a Producers Company, a new possibility offered with the DLFs registered as independent entities and monthly meets of the DLFs to monitor progress.’²²

In a nutshell, the most ideal solution for the problems of the elderly is in bringing about a 'single window arrangement' through the Social Welfare Department.

Interestingly, the federations have during the meetings expressed a desire to take up this issue of "Special Needs of Older People" by taking out rallies at the State Capitals both in Tamilnadu and Kerala. They felt that though this may or may not provide any immediate tangibles, they would themselves get a satisfaction of at least attempting and rallying together. The elders then get more confidence for the future.

THINGS COULD HAVE BEEN OTHERWISE

Through the initial stages of rehabilitation the destitute under AAG remained "definitional recipients" (of food grains) with no role whatever in the process. Only when VECCs were being structured their representation was there in the body.

In addition, food grains were being distributed at the PA headquarters once every month, to receive which the old men and women had to make their own arrangements to reach the centers, (although monetarily subsidized). Even today, while there are changes visible, there is further scope to break their silence and making them active participants but this can be a time taking process, given the physiology, age and capacities of most of the destitute elderly.

The international codes of humanitarian service have all been taken care of in the entire process of relief and rehabilitation of the elderly. There have been limitations with respect to the fuller involvement of the destitute elderly in the

²² Source: monthly newsletter (July 2007) of PMO, Cuddalore



management of the programmes. And the reasons are too obvious.

Discernible lacunae have been on two fronts: disaster preparedness and prevention of destitution of the elderly. The former has been commented upon through previous pages already. The Evaluation Mission of year two suggested making the VECCs an advisory body for the Community Based Elder Care Programme with the VLF being the implementing body. While there have been advantages, one notable disadvantage is the lack of interest among the youth. This lack of sense of satisfaction, made the youth drift away to a certain extent.

INTERGENERATIONAL SOLIDARITY:

Solidarity between generations at all levels-in families, communities and nations-is fundamental

for the achievement of a society for all ages. Solidarity is also a major prerequisite for social cohesion and a foundation of formal public welfare and informal care systems. Changing demographic, social and economic circumstances require the adjustment of pension, social security, health and long-term care systems to sustain economic growth and development and to ensure adequate and effective income maintenance and service provision.

At the family and community level, intergenerational ties can be valuable for everyone. Despite geographic mobility and other pressures of contemporary life that can keep people apart, the great majority of people in all cultures maintain close relations with their families throughout their lives.²³

²³ Report of the Second World Assembly on Ageing, Madrid, 8-12 April 2002.