

HELPAge INDIA
AGECARE PROGRAMME

A Profile

2011

Programmes Department
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 **HelpAge India**

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Maps used in this publication are *not to scale* and meant for illustrative purposes only.

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FOREWORD

Since the establishment of HelpAge India 33 years ago, much has changed with regard to senior citizens' issues in India. Rapid increase in their total population (80+ age group currently being fastest growing), sweeping changes in family structure, living and lifestyles, longevity of life, the need to live independently and with dignity; and issues concerning elders in general such as personal security, financial security, respect and role in family and society, etc., all these have impacted senior citizens in one way or another.

Mapping and understanding needs of senior citizens thus became a priority and starting in 2007 HelpAge India initiated several national and regional surveys to elicit responses from senior citizens themselves. In a follow up to these surveys and a review of past activities, HelpAge India commenced an internal strategy planning exercise. The 'new approach' was endorsed and operationalized in November 2008.

Adopting the new approach makes it imperative for HelpAge India to change perceptions about elders in society and to also add considerably to its existing range and portfolio of activities, which till now had been largely welfare in nature. Four key focus areas now included are: Agecare and Social Protection, Healthcare, Advocacy and Value Education. Also, underlying principles of the new approach mandated specific operational changes. Significant among these are: articulating 10+1 common problems of elderly; working not for, but with the elders themselves; promoting ability criteria rather than the age criteria alone; and supporting opportunities for active ageing.

This Programme Profile, in its first edition, presents a snapshot of HelpAge India activities across the country, from Ladakh to Kanyakumari and from Gujarat to Assam. Also provided is an extract from the draft National Policy for Senior Citizens, 2011 which affirms that HelpAge India is strategically on the right path.

Avenash Datta

Country Head

Programmes and Emergencies

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INTRODUCTION

The Global & National Context

The greying of the global population has become a matter of concern for planners, scientists and the common man alike. The world's most populous nations, China and India, account for a third of the elderly (60+) on the earth. The United Nations in response to the situation convened the world assembly on the status of the elderly, first in Vienna 1982 and subsequently at Madrid 2002, to formulate Action plans to address the challenges of an increasing elderly population and life expectancy.

The Government of India too addressed this issue in 1999 and a National Policy for Older Persons (NPOP) and an Action plan were formulated. The Action plan was without any budgetary provisions. The NPOP has mostly remained on paper and only recently a few states have announced a state national policy. Among these are states of Karnataka, Andhra Pradesh, Delhi, Kerala, Assam and Rajasthan. In 2007 Parliament passed an Act to ensure maintenance and welfare of parents and senior citizens.

In this background, with the estimated rapid increase of the elderly population in India, projected to reach 95 million by 2011 and 120 million by 2014,¹ the issues of elderly can no longer be the concern of only those directly involved. Legislators, policy makers, media professionals and others all need to be aware and conversant with issues of this very large and rapidly growing segment of population in the country.

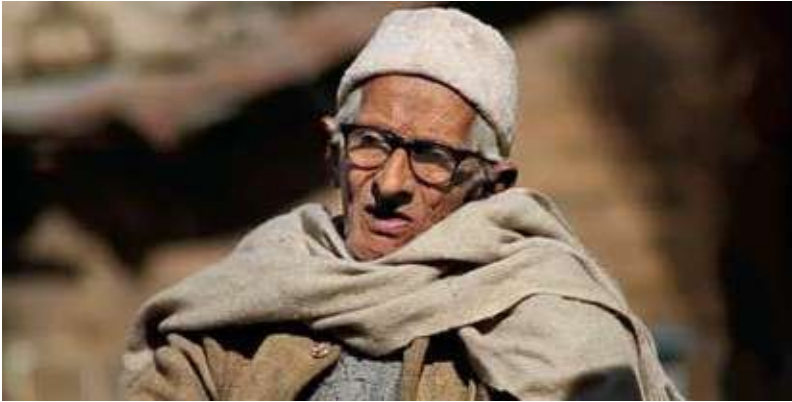
The Problems of Elderly

In simple terms the greatest challenge ahead is formulating appropriate and customized responses to “caring for the Needs of the elderly”. A needs assessment survey among urban elderly undertaken in four metro and four non metro cities in May 2008² was revealing and some significant findings were:

- 62% elderly are financially dependent on children for subsistence
- Only 32% of elderly receive pensions or financial support of any kind

¹XIth Five Year Plan document

²Needs Assessment Study Among Urban Elderly – A Rapid Assessment, May 2008. HelpAge India



- 79% had “leisure time” of at least 4 hours a day. Elderly living in non-metros have more leisure time than those living in metros
- Boredom emerged as a major problem - men used leisure time in activities like reading and socializing; women occupied themselves in household works, religious and spiritual activities. 70% men and women used watching television as a key activity to address boredom
- 5% elderly had a feeling of isolation due to living alone for 10 or more years without companionship or support
- Being idle (due to not being treated as productive) was a major complaint among all elderly interviewed
- 42% of elderly interviewed suffered from poor health. 40% of elderly enjoyed good health in metros as compared to 28% in non metro towns. 42% expressed need for physical assistance to meet their medical needs including medicine purchases
- 24% elderly feel insecure due to health problems, shortage of money, living alone, personal security, etc
- Care by children during illness was 89% in non metro cities. The highest care in metros by children in illness was in Delhi at 86% and the lowest in Chennai at 53%.

HelpAge India based on its experience of over three decades and survey findings has formulated a comprehensive list of **Problems of Elderly**³ termed as ‘10+1’ wherein an individual elder may face a combination of these factors. In the case of any individual elder, the number of factors listed tends to increase with advancing age

³Five Year Strategic Vision and Action Plan (2009-2013). HelpAge India. 2008.

Problems of Elderly (10+1)

- | | |
|------------------------|--|
| 1. Failing health | 7. Abuse |
| 2. Economic insecurity | 8. Loss of control |
| 3. Neglect | 9. Lowered self-esteem |
| 4. Isolation | 10. Lack of preparedness for old age |
| 5. Fear | +1 Social Equity (relevant to all the above) |
| 6. Boredom (idleness) | |

Key factors contributing to problems of the elderly are:

- Longevity of age due to increased life expectancy
- Diminishing purchase power
- Self-inflicted isolation in search of peer group
- Crumbling of traditional family/community support structures
- Migration of children due to economic opportunity

Response To Elderly Needs In Society – Selected Priority Areas

An effective response to identified needs of the elderly requires a broad spectrum of activities. However, in the absence of state level planned response, these are largely ad hoc, stand alone, one-off pilot level. Proper articulation of state policy and schemes responsive to the needs of elderly are today a necessity to enable governments to adequately address the existing and emerging issues of elderly in society.

In the area of **shelter**, current response initiatives include free old age homes for poor elderly by government and civil society organizations, pay and stay homes by civil society organizations and private builders/corporate, senior citizens' residential complexes/condominiums. The last mentioned are capital intensive and need Government intervention. Presently these are largely in the domain of private builders.

In the urban context, **senior citizens' facilities** in several metro and non metro cities such as Pune, Chennai and Bangalore continue to demonstrate



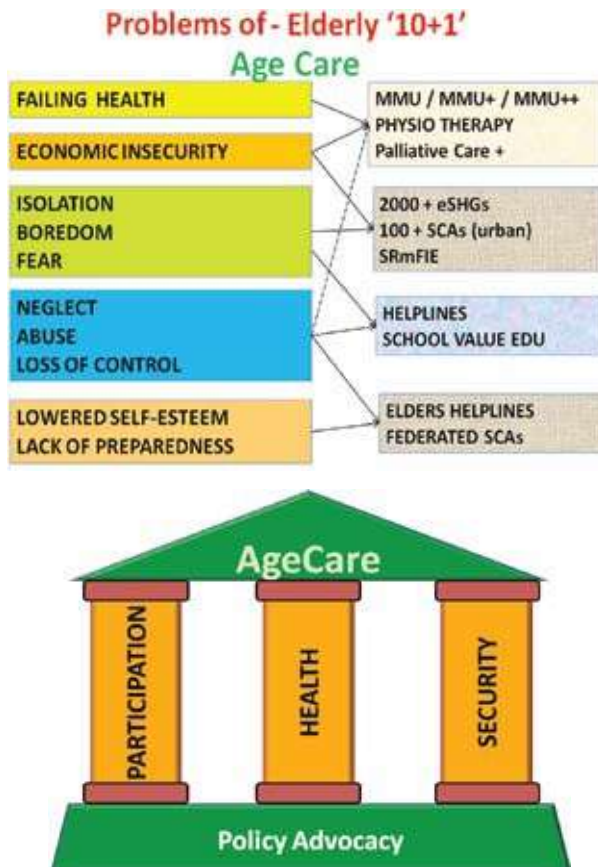
Healthcare becomes a critical need for the elderly

high standards of quality services and commercial success of such projects. In fact, such elder facilities are increasingly being viewed by not only the urban upper class but also by elderly and their family from other classes as essential “life lines” for meeting their critical need viz. ageing with dignity and being active for as long as possible, first independently and thereafter with various levels of support during their natural ageing process.

Care giving is only next to shelter in priority for all elderly and gains increasing importance with advancing age. In the Indian context, the first response of a family to an elderly living with the family is to find domestic help to address this need. Frustration at individual and family level in finding adequately trained care givers for the elderly is a widespread common occurrence. Attempts at substituting trained care givers with readily available help in the market from trained nurses, only adds to their frustration and is also prohibitive in terms of cost.

HelpAge India’s Agecare Programme covers a broad range of activities mainly based on the perceived needs of the elderly as also insights gained from various projects and field studies. The programmatic vision can be seen

in terms of two very broad themes: *Agecare* & *Social Protection* and *Health* and yet they are very much cross-cutting in nature. In fact most activities are cross-cutting and attempt to reinforce each other.



The ultimate aim is to ensure maximum impact from projects and programmes. There is thus a multi pronged strategy. While assistance is taken to the doorstep of the very needy, HelpAge India is actively supporting community mobilization and self-empowerment, in effect, strong participation from the elderly themselves in projects and programmes that affect their lives. Simultaneously, advocacy work at the policy making levels ensures that the state takes a more realistic and humane view of the problems that face the elders and creates an elder friendly policy framework. The recently announced National Policy for Senior Citizens 2011 is a big stride forward in this direction and HelpAge India is happy that its efforts to make this happen, finally succeeded.

AGECARE & SOCIAL PROTECTION

Urban

Agecare Services

HelpAge Urban Agecare provides a composite response to senior citizens across urban areas through customised services viz. elder helplines (toll free), health & physiotherapy services to homes for the aged and fitness and wellness centres run and managed by senior citizens themselves.

The elderly population in India is projected to reach 95 million by 2011 and 120 million by 2014. The urban-rural population ratio is around 30:70. Response to problems of elderly requires formulating appropriate and customized responses to “caring for the needs of the elderly”. At the same time it is obvious that a deep understanding of the common problems that effect the elderly helps in formulating effective projects.

Urban Agecare projects have been established in 20 state capitals with





existing Helpage India offices; these provide physiotherapy services, helpline and mobilisation of senior citizens' associations in cities. In addition, 30 senior citizen self-managed "Fitness & Wellness Centres" have also been established across so many states having HelpAge India presence. To monitor progress and achievements cost-effectively across 20 states is a challenge mainly due to the cultural diversity and local situations. This has been addressed through the introduction of monthly State Newsletters, which provide regular feedback and information.

The existing Homes for the Aged operative in 15 metros and towns have been surveyed and enlisted into directories (Homes for Aged Directory Series). Directories are already available for Chennai, Bangalore, Pune, Trivandrum, Ernakulam, Kottayam, Hyderabad, Bhopal, Lucknow, Kolkata, Chandigarh, Delhi, Dehradun, Vishakapatnam and Vijaywada. The need for training for caregivers working in Homes was also identified during these surveys. Training of care givers has therefore been given priority under Helpage India's training programme.

Model Facilities & Services



HelpAge India-NDTV Viewers' Elders Village, Cuddalore popular as Tamairakulam Elders Village (TEV)

Agecare standards, quality of services and protocols for elderly care and facilities have been identified as a major gap area. To evolve, formulate, document and demonstrate standards for elderly care, HelpAge India has in the recent past taken up several pilot level initiatives on its own and in collaboration with government and private sector. The significant among these are detailed below:

- ▶ **Shelter/Old Age Home: HelpAge India-NDTV Viewers' Elders' Village, Cuddalore:** This model age care free stay facility for rural poor with a capacity for 100 persons is designed, constructed, managed and run by HelpAge India. Situated in Cuddalore, about 20 Km from Puducherry, it is today recognized as a model demonstration project by the Government of Tamil Nadu and which proposes to establish several similar facilities in the state.
- ▶ **Kalyan Ashram, Kolkata:** This model age care facility also designed and managed by HelpAge India is for women from urban middle and lower class, with a total capacity of 20 persons and is



Residents' meeting at TEV, Cuddabre

located in a donated double storey residential building in South Kolkata. The facility also serves as a service-hub for elder care for senior citizens of Kolkata and surrounding areas, providing support through a toll free Elders Helpline, Physiotherapy Care and Medical



Kalyan Ashram, Kolkata. Inset - Residents celebrating a festive occasion

Services. Service to residents of 38 homes for the aged of Kolkata is also provided from this facility.

- ▶ **Lady Hardinge Cottage, Bamloe, Shimla :** This model age care facility is designed to serve as a short-stay holiday home for the elderly.



Lady Hardinge Cottage, Bamloe, Shimla

- ▶ **Vishokanand Vridh Ashram on the Ganges, Bijnor:** This novel

Agecare facility, in one of India's most spiritually vibrant areas is located in a donated 5.5 acre fruit orchard next to Vidhur Kutir. It is being designed to serve both rural and urban communities from Delhi, Moradabad, Meerut, Bijnor, etc. Pilgrimage tours to the Ashram, Hardwar, Rishikesh and Shukratal address emotional and recreational needs of the elders. A short-stay facility in the Ashram

ensures a rural get-away (3 hours from Delhi by road) for the urban elderly looking for solitude, spirituality and a quiet environment. The Ashram also provides a much needed elderly need response, usually completely



Pilgrims group tour

absent in the non-family context, of 'bereavement support'.

- ▶ **Old Age Home Management:** Computer based software customized for implementing standards and management functions has been developed by HelpAge India and field tested in old age homes in Delhi & National Capital Region. The software enables Managers and Caregivers to rationalize and increase time to care giving functions, generate MIS on occupancy, map and calendarise

external voluntary service providers such as doctors, citizens, youth, etc. thereby creating a unique customized institutional facility-memory for each Home. This results in streamlined and cost-effective functioning mitigating risk due to change on account of old staff leaving or new staff joining without overlap period.

- ▶ **Helpline Services :** HelpAge India operates Elders' Helplines (1253 - toll free) in 21 states of India. Helplines provide senior citizens easy access through telephone (even if they lack physical mobility) to varied information needs, registering complaints in cases of elder abuse, alerts for rescue of abandoned elders, reference to emergency services and advice on will-making, among others.
- The Helpline is operated by trained Helpline Counsellors, who are ably supported by volunteers. It also networks with senior citizens' associations. From among them, it mobilizes volunteer-expertise such as lawyers, doctors, nurses, caregivers, teachers, and other similar expertise. Such volunteering by senior citizens also promotes the concept of 'elders for elders' i.e. elders helping each other and collectively themselves in society.
- Helplines are an integral component of special 'Agecare Service Hubs' established by HelpAge India in 21 state capitals. While the Helplines provide outreach throughout the state, the 'Agecare Hubs' provide in-house facilities for recreation, fitness and wellness, IT literacy, assistive devices, volunteer-based medical and legal counselling for local senior citizens.

GRANNY : LOST & FOUND!



There are many cases everyday when Helpline volunteers have to take immediate action on information received and provide quick rescue and rehabilitation services to abandoned or mentally ill elders found wandering on the street. In one case, Ms Jannatuneesha of Gudamba area of Lucknow City aged over 80 years was rescued following an urgent call to the HI Helpline. She was scared and incoherent. The Helpline volunteer immediately contacted the SP and with his help traced the family. The grandson Mr Ejaaz Mohammed, who had in fact filed a missing person report with the police, was extremely thankful for HelpAge India's efforts to trace his grandmother and sent a letter of deep appreciation.

Fitness and Wellness Centres

The HI Agecare Senior Citizens' Fitness & Wellness Centre is designed to provide composite care through a variety of services to elderly. The services included directly address common problems of the elderly earlier referred to earlier as 10+1.



The natural process of ageing in all individuals results in a host of degenerative mental and physical problems. The physiological changes result in reduction of muscle power and tone, reduced range of motion and bone density. Symptoms typically include general weakness, faulty body posture, decrease in cardio-pulmonary endurance (loss of stamina) and reduced exercise tolerance.

The quality of fitness and wellness in elderly is reflected in an individual's ability to continue to lead an independent life with dignity and carry out Activities of Daily Living (ADL), unassisted to the extent possible. The composite services in the Fitness and Wellness Centres are aimed at achieving ADL as a basic goal and simultaneously promote active ageing.

Fitness of a person is his/her ability to function efficiently and effectively without injury, to enjoy leisure, to be healthy, to resist disease, and to cope with emergency situations. Wellness is the integration of mind, body and spirit. It is the ability to live life to the fullest and to maximize the person's potential in a variety of ways (or active aging.) It is an active process of becoming aware of and making choices towards a successful existence. Wellness has many dimensions. The most common are: Social wellness, Occupational wellness, Spiritual wellness, Physical wellness, Intellectual wellness, Emotional wellness, Environmental wellness, Financial wellness, Mental wellness and Medical wellness.

The Fitness and Wellness Centre provides the following services towards Fitness & Wellness:

- ▶ **Fitness** (physiotherapy, Yoga/ Meditation- through volunteer qualified physiotherapist & Yoga teacher)
- ▶ **Health Desk** (basic health check-up equipment & medicines - through volunteer doctor)
- ▶ **Computer Literacy Desk**
- ▶ **Knowledge Centre** (on education, legal advice, youth counseling, local community etc.)
- ▶ **Recreation & Active Ageing** (TV, indoor games, musical instruments, reading material, hobby activities through volunteer trainers, etc.)
- ▶ **Counselling Desk** (psychological and other professional counselling through qualified volunteers including senior citizens)
- ▶ **Community Coordination & Outreach** (one full time volunteer).



Community outreach



Grants

The elderly are a highly vulnerable group in society as a whole. With increasing age the elders become more and more vulnerable to various problems many of which are common to elderly across all age groups.



An elder after cataract surgery

The ability to respond to the wide variety of problems of elderly in their local context is important and is done through a country wide network of partners like NGOs and hospitals working locally. The partners provide and facilitate services for elderly utilising financial grants received for specific activities.

Financial grants support a wide range of activities; significant among these are cataract eye surgeries, alzheimer's and dementia care, cancer treatments, home care, special health camps, disability aids, income generating activities, equipment and vehicle support to hospitals and homes for the aged, research and publications, workshops, seminars and conferences.



Income generation activities

Certificate Courses & Training



HelpAge India Care Givers Certificate Courses were started in 2008 with a view to standardizing quality of services and creating a cadre of trained professional care givers across the country. Priority was given to selected urban 'elder-hotspots' with greatest identified need requirement. Certificate Course modules help train managers and care givers in homes for the aged, and family/ domestic care givers in private homes, representing the largest need-segment for such services. Other categories of care givers to be covered in due course will



include staff of specialized institutions and professional service providers such as nurses.

In the urban context, facilities for senior citizens in several metro and non-metro cities continue to demonstrate high standards

of quality services as also commercial success. In fact, such elder facilities are increasingly being viewed by not only the urban upper class but also by elderly and their families from other classes as essential “life lines” for meeting their critical need viz. ageing with dignity and being active for as long as possible, first independently and thereafter with various levels of support during their natural ageing process. Care giving is high priority for all elderly and becomes increasingly important with advancing age. In the Indian context, often the first response of a family is to find some sort of domestic help to look after the elders. But it is extremely difficult to find adequately trained care givers for the elderly. Substituting care givers with readily available help from trained nurses is also not easy, and this only adds to their frustration as it is prohibitive in terms of cost.

BENEFICIARY RESPONSE

Smt Rekha Majee, Mahila Seva Samity, Kolkata: “If I get this type of training once in a year then it will be good for us to run the home smoothly. From this training we get much knowledge. From this training we came to know many points, which point’s were not known to us before this training. Now it is easy for us to run Old Age Home smoothly.”

Sr Jean Fernandes, St Joseph Eventide Home, Goa: “The Refresher Course conducted by HelpAge India was very innovative and creative. Brought awareness in me of the vast knowledge about the Geriatric and the health problems. Resource persons were very good. I am motivated to serve the residents in better way, understand them and care for them as my own and help them to live their lives to the full.”

Ms Bhagavati Ramamurthy, Anandam Trust, Chennai: “We whole heartedly thank HelpAge India for organizing such wonderful and informative programme. All the sections were handled very well and almost all the areas which we deal in at the Old Age Homes were covered and presented well. We will definitely be benefitted by this workshop and we assure you that we will able to incorporate the necessary things which we have not done earlier. Hats off to you.”

Following an assessment of need during city-surveys, basic training through HelpAge India Refresher Course for nearly 300 caregivers and managers has been completed in 13 States. Of the participants, 74% were from Old Age Homes and the rest from Senior Citizen Associations and Day Care Centres. HelpAge India Refresher Courses have been conducted at Ahmedabad, Bhopal, Pune, Goa, Kochi, Chennai, Bangalore and Hyderabad.

A pilot Training of Trainers (ToT) Course held in Bhopal was aimed at building a cadre of trainers in different cities, who will in collaboration with HelpAge India, use their individual Old Age Home as a training hub for training family and domestic caregivers from among the local community around their respective



Homes and respond to needs of the local context (local cultural diversity and customised individual needs) of elders and their families. This collaborative initiative is expected to have a multiplier effect across the cities.

Rural

Community Self-Help Projects

Nearly 70% of the elderly population lives in rural areas; 33% live in areas vulnerable to natural disasters and 93% of elders are in the unorganized sector. The unorganized sector is characterized by lack of financial, nutrition and social security. It is also characterized by lack of statutory safeguards in adversity, available in the organized sector. This means, to survive, a person has to work till the last day of his / her life and therefore the rural elders are always in penury. Erosion of traditional social support family and community structures and dwindling livelihood options makes the rural elderly one of the most vulnerable segments of the Indian population.

HelpAge India over the past five years has pioneered and successfully implemented a model of sustainable agecare for rural elderly using a two pronged approach of addressing vulnerability and preparedness encompassing welfare, development and rights. Some of the important elements which have proven to be successful are the self-help approach (elders for elders) and access to elders' rights and entitlements, the latter often referred to as the rights-based approach.



Volunteers help an old woman

Currently the rural agecare programme, which is now accepted as a proven, demonstrated and replicable model covers 27,000+ elderly in 6 states, 12 districts and 134 villages. Having established the demand side of the model of 400+ elder self-help groups and their federations, the approach is expected to be further strengthened by facilitating the supply side (finance) through a socially responsible micro-finance institution of the elderly (SRmFIE), a unique and first-of-its-kind model.

Destitute Elder Care (SaG)



Destitute elders are those who have neither capacity nor ability to work or support themselves. They also lack any kind of safety net by way of family or community support system to support them. Thus, they are entirely dependent on themselves to survive in their old age. Rough estimates indicate around 1% of the total population of the elderly (95 million in 2011) to be living in destitution.

These destitute elders, who need to work simply to survive till the day they die, constitute perhaps the most marginalised and vulnerable segment even among the elderly population. They lack access to basic rights and security viz. financial, health and shelter. This extremely vulnerable status of destitute elders not only undermines their dignity and self-respect, but also exposes them to increased risk of exploitation, abuse and further impoverishment.

Since 1973, through a period spanning almost four decades, such destitute elders have been identified and supported across the country under the Sponsor-a-Gran programme (also known as Adopt-a-Gran programme). Currently the programme supports the destitute elderly across 21 states in the country by



providing food, clothing and basic health. More recently, HelpAge India's outreach programme, in an effort to reach a larger number of destitute elders, is also piloting self-help livelihood initiatives by mobilising destitute elders into groups.

The new approach promotes active aging, creates awareness and advocates for responses to ageing issues with all stakeholders while continuing with provision of direct services in health, social security or welfare and implementation of income generating schemes. "Destitute" older people – those without family care and some living in Homes for the Aged-- are taken care of through promoting social security mechanisms from the community, civil society groups and the state which are self-sustaining and over time are aimed at benefiting increasing numbers of older people.

The Destitute Elders can be classified into three categories, based on their ability to take on physical activities:

- ▶ *Working /Active Elders – Ability to work*
 - No ailments
 - Physically active
 - Require fiscal inputs to sustain themselves
- ▶ *Assisted Elders – Ability to work but in spurts*
 - Chronic ailments like Hypertension /Arthritis
 - Can be physically active with medical intervention
 - Require financial inputs to support themselves
- ▶ *Dependent Elders – Neither the capacity nor ability to work*
 - Fully dependent
 - Need Medical and Physical (Food & Nutrition) inputs to survive

Disaster Response



India has been traditionally vulnerable to natural hazards on account of its unique geo-climatic conditions. Floods, droughts, cyclones and landslides have been recurring in the sub-continent and have become disasters with catastrophic effect particularly on the vulnerable segments of the population. About 60% of the landmass is prone to earthquakes of various intensities, over 40 million hectares prone to floods, 8% of the total area is prone to cyclones and 68% of the area is susceptible to drought. Climate Change phenomenon has added a new dimension with even areas that have never experienced a natural hazard facing uncommon phenomena resulting in disasters.

Elderly in India are particularly vulnerable to disasters (30% or more). The aspect of differential vulnerability of the elderly to the non-elderly in the context of actual loss versus relative need, the perception of loss, service stigma and threats



HelpAge relief camp at Leh, Ladakh



A fisherman in a Tsunami hit village

to independence, psychological vulnerability, and morbidity and mortality, impaired physical mobility, diminished sensory awareness, chronic health conditions, and social and economic limitations that prevent adequate preparation for disasters, and hinder their adaptability during disasters are factors that have not received adequate attention. Moreover,

both disaster preparedness and disaster rehabilitation planning have overlooked the specific needs of the elderly, more by default than by design as the elderly are seen as a non-priority group.

HelpAge India over the past decade (long-term interventions in seven major disasters) has consciously attempted to identify the specific needs of the elderly in disaster affected areas including the need for orderly distribution of relief material with due respect and dignity, need for seating arrangements, and



A HelpAge India medical staff examines a villager at a relief camp



Providing relief to flood victims

special transportation from distribution points to the doorsteps. While at the time of relief no distinction is made, it is ensured that no needy elderly is left out as lost or last in the line.

HelpAge India has established accountability, transparency and people's participation in its relief and rehabilitation efforts through innovative use of methods like Social Mapping and Vulnerability Mapping and introducing concepts of Disaster Risk Reduction with the elderly, giving credence to the need to build specific capacities of the elderly (economic, social and psychological) to meet the risks of hazards and build self-reliance among the elderly in the event of a future disaster.

Advocacy

Rights and Entitlements of Senior Citizens

HelpAge India feels it is important to **ACT NOW TO PREVENT A FUTURE DISASTER** with 370 million or more workers in the unorganised sector, and increasing levels of migration with most migrants being in the age group of 16-40 years, often due to internal displacement and the disbanding of the traditional joint family structure.

The Universal Declaration of Human Rights and the Madrid International Plan of Action on Ageing form the covenants that support HelpAge India's advocacy efforts. The stated purpose of the Millennium Development Goals (MDGs) is to halve the poverty figures. HelpAge India recognises that precious little has been done towards this in the context of the Senior Citizens of India, 93% or more of whom have emerged from the unorganised sector and have no social security web to protect them.

Advocacy actions of HelpAge India have been multi-pronged – raise the sensitivity levels of media, the non-elderly and the Governments. They have sought to change perceptions about the elderly – both among the elderly and their immediate environment, build up the demand side and motivate the supply side, essentially the Government, and Non-Government Organisations and their donors to take into consideration the needs of the elderly. This includes focusing on Uniform and Universal implementation of Old Age Pensions, Advocacy for Affordable and Accessible health care, Right to Livelihood, and implementation of the National Policy for Older Persons (currently under revision) etc., under the Constitutionally guaranteed rights.





Vridh yatra train for elders

As social protection starts with the individual, the family and the community, communities are being sensitized to accord due care, protection and social status to the elderly and the individuals are being educated towards their legal guarantees of financial support from children (the Maintenance and Welfare

of Parents and Senior Citizens Act, 2007) and Right to Protection of Life and Property. Organising elders, and working directly with them for accessing their rights, is therefore a primary and special focus area of HelpAge India. This has resulted in formation of several hundred federated Senior Citizen's Groups viz. Elders' Self Help Groups and Vriddha Sanghas in rural areas, and Senior Citizens Associations in urban areas. New opportunities for volunteering by individual or group of elders, to help the less fortunate elders termed as "elders for elders", leads not only to active ageing but also harnesses the huge untapped and largely unrecognised national pool of diverse talent and skills readily available for national development.

In 2008, HelpAge India organised a unique event: the travel of over 800 elders from Cuddalore, Tamil Nadu to New Delhi by train captioned "Vridh Yatra". In New Delhi they presented a memorandum to senior members of parliament on the rights of elders.



Happy participants of "Vridh Yatra"

HEALTH

Health Care

Mobile Medicare Units (MMU)

Healthcare is a primary issue for all elderly accentuated by the natural process of ageing. Access to healthcare is vital for an individual elderly to lead an independent life with dignity. In the case of the poor and disadvantaged elderly this becomes vital for survival, for he or she must earn till the very end. Even where healthcare is available, its access for the elderly poses a major problem due to the fixed or inflexible nature of healthcare services. This is often compounded by the lack of a companion to escort the elderly to the healthcare facility.

Mobile Healthcare for elderly has been pioneered since 1982 with the concept of Mobile Medicare Units (MMU) programme that seeks to take healthcare to the doorstep of the needy. Today, the MMU programme, represents a flagship programme, and is recognised as the largest fleet of mobile healthcare service for the elderly in the country as per the Limca Book of Records, 2008. Besides providing visibility to the organisation, this programme has immediate short-term impact towards improvement in the quality of life of our marginalised beneficiaries. These MMUs address the problems of inaccessibility to, inability to afford and non-availability of basic essential health care to the poor older segment of the society. The programme fulfils a vital need in the lives of our beneficiaries.



The MMU programme not only provides health security, which is a direct and discernible effect but also gives emotional, and to an extent financial security, to the beneficiaries.

Services offered by MMU are:

- Doctor consultation
- Free Medicines
- Basic Diagnostics
- Treatment data collection
- Homecare visits for the bedridden
- Physiotherapy treatment
- Referral services for specialty treatments.

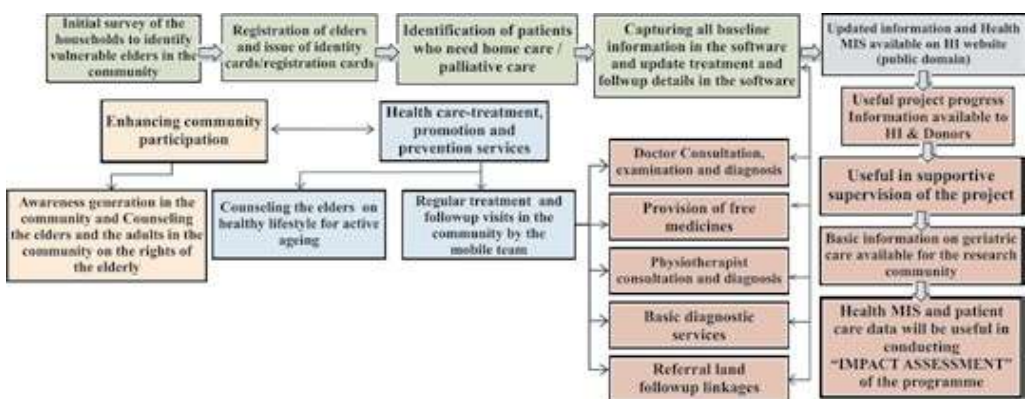


Besides the above mentioned, information and awareness on elderly rights and entitlements on government social security schemes and health programmes is also provided.

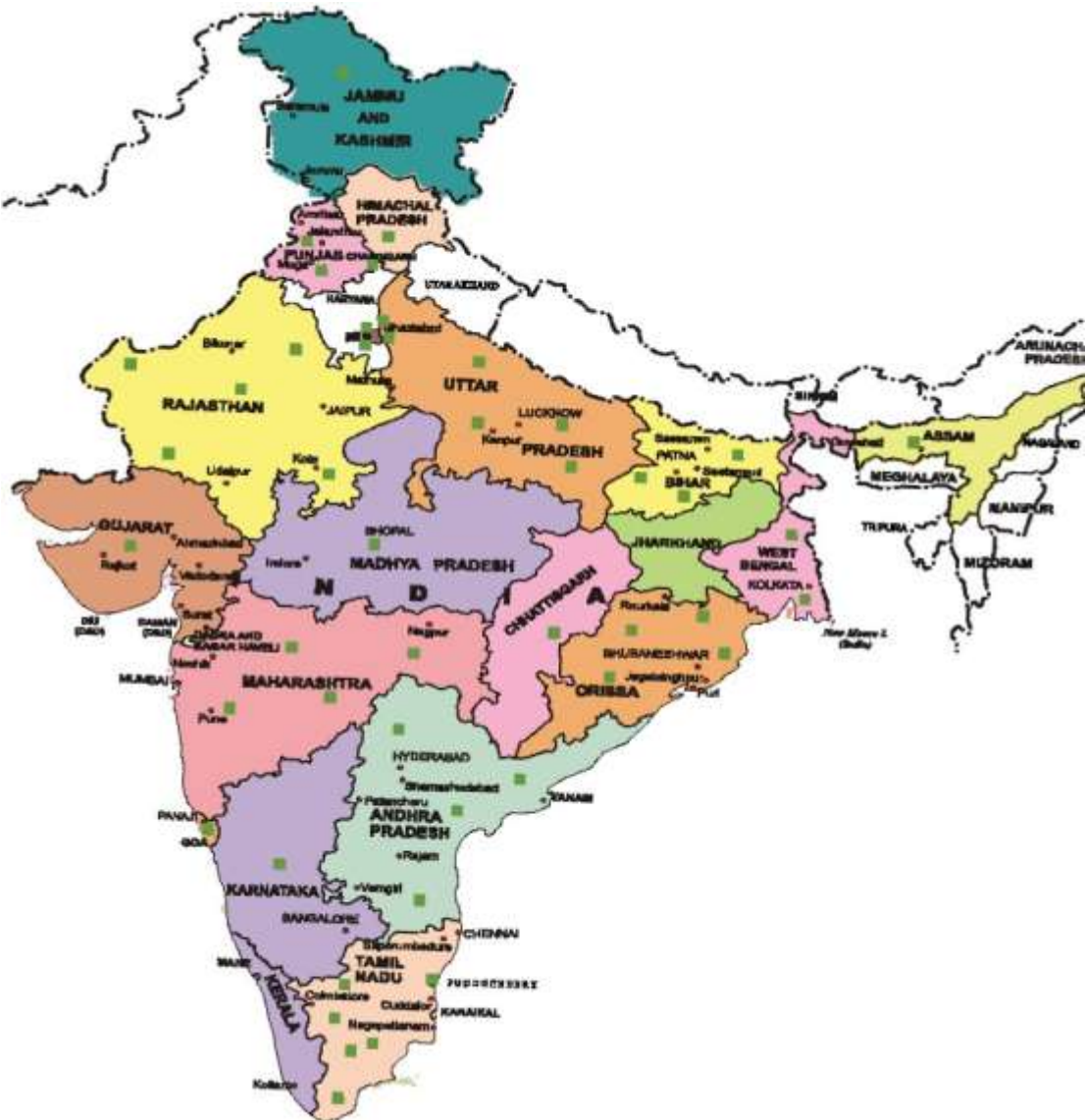
The team of an MMU consists of:

- Social/Health Awareness Worker
- Doctor (MBBS)
- Pharmacist/Nurse
- Driver cum community mobiliser.

Functional Aspects of MMU Programme: A Diagrammatic Representation



MMU coverage across India



ONGC supports HelpAge India's MMU programme

In a significant tie-up between a Corporate and a non-profit institution, ONGC and HelpAge India joined hands in April 2010 to launch a pan India healthcare programme for the elderly in nearly 20 locations through HelpAge's Mobile Medicare Unit (MMU) project titled "Varisthajan Swasthya Seva Abhiyaan". This is one of the biggest ever partnerships that ONGC has entered with a non-profit institution involving an amount of Rs.16.5 crore. Mr Salman Khurshid, Union Minister of Corporate Affairs (Govt. of India) and Chief Guest, unveiled the project as a symbol of kick-starting this huge collaboration at the India International Centre. The guest of honour was Mr Bhaskar Chatterjee, Secretary, Department of Public Enterprise, Govt. of India.

On this occasion, Mr Salman Khurshid, Union Minister of Corporate Affairs (Govt. of India) said: "Healthcare has an important emphasis in the scheme of things for the UPA and more so when, 13 % of the Indian population comprises the elderly. Therefore the need to provide meaningful and honorary existence to them after superannuation becomes imperative. I congratulate ONGC, Dept. of Public Enterprise and HelpAge India, for making substantial and sustainable efforts to spread healthcare and for giving a helping hand to



An ONGC sponsored MMU in a Tamilnadu village

say - We care.” HelpAge’s MMU programme has been recognized as the largest mobile healthcare network for the elderly in Asia.

The locations supported by ONGC are in its work locations (ONGC plants). The support includes running costs for 5 years.



Villagers line up for a medical check up

The public sector has an advantage over its peers in the private sector. Their principal shareholder is the Government and the Government’s business is ‘development & equity’. ONGC is one of the progressive PSUs which helps serve this purpose.

This programme is likely to benefit more than 20,000 older persons every year. This will include the oldest-old, women, destitute and other such segments of the older population that are unable to access the conventional health care services.

The MMU locations are: Jodhpur (Rajasthan) Mehsana, Vadodra, Ankleshwar & Hazira, (Gujarat), Mumbai (2 locations - Maharashtra), Cauvery Basin & Chennai (Tamil Nadu), Tatipaka, Rajahmundry & Kakinada (Andhra Pradesh), Kolkata (WB), Bokaro (Jharkhand), Guwahati, Sibsagar, Nazira, Silchar & Jorhat (Assam), and Agartala (Tripura).

Indian Medicine - AYUSH (Ayur veda, Yoga, Unani, Siddha, Homeopathy)



Healthcare for the 90 million ageing population is a priority need across all socio-economic sections of society. 93% of elders are in the unorganised sector which is characterized by lack of financial, food and social security. Hence, the acute need for “health” to earn a livelihood for survival. The use of traditional systems of medicine by the urban population is also not insignificant.

Geriatric health is synonymous with chronic ailments like arthritis, osteoporosis, reduced cardiopulmonary endurance, reduced muscle strength, hypertension, dementia and depression. Practitioners of modern medicine have also realised the urgent need for a “holistic approach” in geriatric medical care. Prevention of poly pharmacy (use of more than two allopathic drugs together) is recommended as this is causing increased vulnerability for morbidity and frailty in elders. AYUSH as a supplement to relieve poly pharmacy was recommended at the 7th International Congress on Geriatric Care, held in New Delhi in 2010. HelpAge India is piloting AYUSH mobile and stationary clinic services for rural elders in Bijnor (Uttar Pradesh), Kotdwar & Haridwar (Uttarakhand).



In March 2011, HelpAge India launched an AYUSH based MMU in Dehradun, in public partnership mode. It has started with a few select areas and would gradually be expanded.

Community Based Healthcare



Community participation is a major component in HelpAge India's approach to healthcare. Notwithstanding the overall responsibility of the Central and the State Governments, the involvement of individuals, families, and communities in promotion of their own health and welfare, is an essential ingredient of primary health care. There must be a continuing effort to ensure meaningful involvement of the community in the planning, implementation and maintenance of the health services, besides maximum reliance on local resources. It is in fact essential to prepare the community to assist the aged to fight the triple evils of poverty, loneliness and ill-health.

The primary objective of the programme is "health and well being of the elderly" and promoting healthy ageing. Designed on the pattern of Build-Operate-Transfer (BOT), HelpAge India is piloting the concept of Community Based Health Care for providing Primary Health Care and Care Giving by the communities themselves. The initial healthcare services project is established by HelpAge India, and later transferred to the community. Prior to transfer, it is necessary to build local capacity and strengthen Community Based Organisations viz. Elders Self Help Groups and their collectives. HelpAge India is currently implementing 20 community based healthcare projects in Himachal Pradesh, Tamilnadu, Kerala, the Leh-Ladakh region and Andhra Pradesh.

The community-based interventions have several features to strengthen and build capacity of the community to successfully take over, run and manage the systems after the unit is transferred to them. Typically, they comprise:



- Initial visit of the target location and Identification of households with elderly population
- Socio-Health-Economic profiling of the beneficiaries
- Social Mapping of the location
- Community awareness on the rights of the elderly
- Regular visits by Doctor & Physiotherapist
- Awareness and counselling on lifestyle and healthy ageing
- Linkage with local/ Government health facilities
- Linkage with Government schemes
- Training of volunteers in Palliative care.

The community based healthcare aims at providing the following to its target group:

- Doctor and physiotherapist consultation
- Free medicines
- Basic diagnostics
- Home care for bedridden/ immobile elders
- Physiotherapy care/establishing physiotherapy clinic
- Referral services for specialty treatments.

Geriatric Physiotherapy



Physiotherapy care is fundamental to ageing care. The aim of geriatric physiotherapy care is to provide preventive health care and to maintain the fitness level in a healthy individual, treat diseased or disabled individuals (e.g. paralytic patients) and finally, treat conditions that cause disability (e.g. musculoskeletal diseases back pain, arthritis, etc.)

Geriatric physiotherapy has been pioneered in India as a primary response to facilitating elder-mobility and independently carrying out ADL. HelpAge India has established and currently operates 100 physiotherapy clinics (Fitness & Wellness Centres) which provide 40,000 treatments through stationary clinics in 30 cities, mobile services to remote communities, residents of homes for the aged and elders living at home. Survey of assistive devices in the market and products for use by elderly to enhance independent living and occupational needs is proposed. Analysis of clinical data for research is ongoing viz. disability patterns, prevalence and type of musculoskeletal disorders, etc.



Elderly ladies at a physiotherapy session

APPENDIX

HelpAge India was instrumental in helping develop the National Policy for Senior Citizens 2011(a substantive revision of NPOP 1999). The draft of the New Policy is now available. Given below is an extract of the interventions proposed for the Centre and the States. This underscores HI's strategic alignment with the New Policy in terms of its vision and programmatic activities.

Areas of intervention

The concerned ministries at central and state level as mentioned in the 'Implementation Section' would implement the policy and take necessary steps for senior citizens as under:

I. Income security in old age

A major intervention required in old age relates to financial insecurity as more than two third of the elderly live below the poverty line. It would increase with age uniformly across the country.

1. Indira Gandhi National Old Age Pension Scheme

1. Old age pension scheme would cover all senior citizens living below the poverty line.
2. Rate of monthly pension would be raised to Rs. 1000 per month per person and revised at intervals to prevent its deflation due to higher cost of purchasing.
3. The 'oldest old' would be covered under Indira Gandhi National Old Age Pension Scheme (IGNOAPS). They would be provided additional pension in case of disability, loss of adult children and concomitant responsibility for grand children and women. This would be reviewed every five years.

2. Public Distribution System

4. The public distribution system would reach out to cover all senior citizens living below the poverty line.

3. Income Tax

5. Taxation policies would reflect sensitivity to the financial problems of senior citizens which accelerate due to very high costs of medical and nursing care, transportation and support services needed at homes.

4. Microfinance

6. Loans at reasonable rates of Interest would be offered to senior citizens to start small businesses. Microfinance for senior citizens would be supported through suitable guidelines issued by the Reserve Bank of India.

II. Healthcare

With advancing age, senior citizens have to cope with health and associated problems some of which may be chronic, of a multiple nature, require constant attention and carry the risk of disability and consequent loss of autonomy. Some health problems, especially when accompanied by impaired functional capacity require long term management of illness and nursing care.

7. Healthcare needs of senior citizens will be given high priority. The goal would be good, affordable health service, heavily subsidized for the poor and a graded system of user charges for others. It would have a judicious mix of public health services, health insurance, health services provided by not-for-profit organizations including trusts and charities, and private medical care. While the first of these will need to be promoted by the State, the third category given some assistance, concessions and relief and the fourth encouraged and subjected to some degree of regulation, preferably by an association of providers of private care.
8. The basic structure of public healthcare would be through primary healthcare. It would be strengthened and oriented to meet the health needs of senior citizens. Preventive, curative, restorative and rehabilitative services will be expanded and strengthened and geriatric care facilities provided at secondary and tertiary levels. This will imply much larger public sector outlays, proper distribution of services in rural and urban areas, and much better health administration and delivery systems. Geriatric services for all age groups above 60— preventive, curative, rehabilitative healthcare will be provided. The policy will strive to create a tiered national level geriatric healthcare with focus on outpatient day care, palliative care, rehabilitation care and respite care.
9. Twice in a year the PHC nurse or the ASHA will conduct a special screening of the 80+ population of villages and urban areas and public/private partnerships will be worked out for geriatric and palliative healthcare in rural areas recognizing the increase of non-communicable diseases (NCD) in the country.
10. Efforts would be made to strengthen the family system so that it continues to play the role of primary caregiver in old age. This would be done by sensitizing younger generations and by providing tax incentives for those taking care of the older members.
11. Development of health insurance will be given priority to cater to the needs of different income segments of the population with provision for varying contributions and benefits. Packages catering to the lower income groups will be entitled to state subsidy. Concessions and relief will be given to health insurance to enlarge the coverage base and make it affordable. Universal application of health insurance – RSBY (Rashtriya Swasthya Bima Yojana) will be promoted in all districts and senior citizens will be compulsorily included in the coverage. Specific policies will be worked out for healthcare insurance of senior citizens.
12. From an early age citizens will be encouraged to contribute to a government created healthcare fund that will help in meeting the increased expenses on healthcare after retirement. It will also pay for the health insurance premium in higher socio economic segments.
13. Special programmes will be developed to increase awareness on mental health and for early detection and care of those with Dementia and Alzheimer's disease.
14. Restoration of vision and eyesight of senior citizens will be an integral part of the National Programme for Control of Blindness (NPCB).
15. Use of science and technology such as web based services and devices for the well being and safety of senior citizens will be encouraged and expanded to under-served areas.

16. National and regional institutes of ageing will be set up to promote geriatric healthcare. Adequate budgetary support will be provided to these institutes and a cadre of geriatric healthcare specialists created including professionally trained caregivers to provide care to the elderly at affordable prices.
17. The current National Programme for Health Care of the Elderly (NPHCE) being implemented in would be expanded immediately and, in partnership with civil society organizations, scaled up to all districts of the country.
18. Public private partnership models will be developed wherever possible to implement healthcare of the elderly.
19. Services of mobile health clinics would be made available through PHCs or a subsidy would be granted to NGOs who offer such services.
20. Health Insurance cover would be provided to all senior citizens through public funded schemes, especially those over 80 years who do not pay income tax.
21. Hospices and palliative care of the terminally ill would be provided in all district hospitals and the Indian protocol on palliative care will be disseminated to all doctors and medical professionals.
22. Recognize gender based attitudes towards health and develop programmes for regular health checkups especially for older women who tend to neglect their problems ...

IV. Housing

Shelter is a basic human need. The stock of housing for different income segments will be increased. Ten percent of housing schemes for urban and rural lower income segments will be earmarked for senior citizens. This will include the Indira Awas Yojana and other schemes of the government.

27. Age friendly, barrier-free access will be created in buses and bus stations, railways and railway stations, airports and bus transportation within the airports, banks, hospitals, parks, places of worship, cinema halls, shopping malls and other public places that senior citizens and the disabled frequent.
28. Develop housing complexes for single older men and women, and for those with need for specialized care in cities, towns and rural areas.
29. Promote age friendly facilities and standards of universal design by Bureau of Indian Standards.
30. Since a multi-purpose centre is a necessity for social interaction of senior citizens, housing colonies would reserve sites for establishing such centres. Segregation of senior citizens in housing colonies would be discouraged and their integration into the community supported.
31. Senior citizens will be given loans for purchase of houses as well as for major repairs, with easy repayment schedules.

V. Productive Ageing

32. The policy will promote measures to create avenues for continuity in employment and/or post retirement opportunities.

33. Directorate of Employment would be created to enable seniors find re-employment.
34. The age of retirement would be reviewed by the Ministry due to increasing longevity.

VI. Welfare

35. A welfare fund for senior citizens will be set up by the government and revenue generated through a social security cess. The revenue generated from this would be allocated to the states in proportion to their share of senior citizens. States may also create similar funds.
36. Non-institutional services by voluntary organizations will be promoted and assisted to strengthen the capacity of senior citizens and their families to deal with problems of the ageing.
37. All senior citizens, especially widows, single women and the 'oldest old' would be eligible for all schemes of government. They would be provided universal identity under the Aadhar scheme on priority.
38. Larger budgetary allocations would be earmarked to pay attention to the special needs of rural and urban senior citizens living below the poverty line.

VII. Multigenerational bonding

39. The policy would focus on promoting bonding of generations and multigenerational support by incorporating relevant educational material in school curriculum and promoting value education. School Value Education modules and text books promoting family values of caring for parents would be promoted by NCERT and State Educational Bodies.

VIII. Media

40. Media has an important role to play in highlighting the changing situation of senior citizens and in identifying emerging issues and areas of action.
41. Involve mass media as well as informal and traditional communication channels on ageing issues

IX. Natural disasters/ emergencies

42. Provide equal access to food, shelter, medical care and other services to senior citizens during and after natural disasters and emergencies.
43. Enhance financial grants and other relief measures to assist senior citizens to re-establish and reconstruct their communities and rebuild their social fabric following emergencies.



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