



## **PROJECT KARUNA**

*FOR IMPROVING THE QUALITY OF LIFE OF OLDER PEOPLE AND CARING FOR THE CHRONICALLY ILL*



### **Introduction: Project Karuna**

Ageing is a biological fact and a natural process. It begins from the day when one is born or even earlier. Perception of age however is socially constructed and a stigma attached to it. Older persons face a number of problems ranging from absence of ensured care and sufficient income to support themselves and their dependents, to ill-health, to absence of social security, to loss of a productive social role and recognition, to non-availability of opportunities for creative use of free time. On the other hand, incidence of HIV/AIDS among older people in India is rare, but they are the most vulnerable category if infected. Moreover, even if they are affected they lose their support as they are dependents on their younger ones. Therefore it makes all the more important to support them in terms of health care and social support and

to raise awareness on HIV/AIDS, TB and other chronic and contagious diseases so that they can take up the social responsibility to caution their younger generations.

### The Project

Based on these perceived understanding HelpAge India in affiliation with Age UK launched Project Karuna - a three year pilot programme initiated in August 2008. This project is currently successfully progressing in 11 villages in 9 Gram Panchayats in Korukonda Mandal of East Godavari District<sup>1</sup> of Andhra Pradesh. The villages chosen under the project are Raghavapuram, Kanupur, Rajavaram, Bulledullapalem, Gargalapalem, Munagala, Gadala, Burugupudi, Nidigatla, Buchempeta, and Jagannadhapuram.

### Goal

- To reduce the burden of ageing and improve the quality of life of the aged, chronically ill including those infected/affected by HIV/AIDS, on a sustainable basis.

### Objectives

- To improve the quality of life of the elderly by providing health care services, promoting livelihood generating activities through community based organizations of the elders and protecting the rights of the elderly.
- Facilitate involvement of older people in providing support to the chronically ill Particularly those who are infected/affected by HIV/AIDS, TB and other chronic and contagious diseases.
- Raise awareness regarding HIV/AIDS, TB and other chronic and contagious diseases to the old and the young alike. So as to generate a sense of responsibility among the elderly and the importance of community participation in reducing the burden of those who are suffering from those diseases.

### Vision

A system of comprehensive, replicable and sustainable care of the elderly, chronically ill including those infected/affected by HIV/AIDS in the 11 project villages, owned and managed by the elderly and other community through their organisations, in place and functioning (by 31 July 2011).

### Strategy

To attain the above stated vision, Project KARUNA adopted a three pronged strategy which are as follows:

- Health Care
- Social Mobilization
- Advocacy

### Expected Results:

By adopting the above stated strategies the following results are expected by the end of the project period

- A village-wise and family-wise Social, Health and Economic profiling of all elders, chronically ill including HIV/AIDS infected is done in the project villages
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- Each village has at least two or more trained and actively engaged Health/Social Volunteers/Animators working for the target group (elders, chronically ill including HIV/AIDS infected)
- A Referral System/Network is in place (at least to cater to the top 20 ailments of the target group)
- The community is participating / and taking responsibility in rehabilitating the disadvantaged elderly people at large
- Almost all (80% or more) active elders of the project area, are members in Elder Self-Help Groups (ESHGs)
- Capacity Building exercises (trainings/workshops/exposure visits etc.) are taken up for all the ESHGs
- All ESHGs are engaged in savings, internal lending, collective activities (collective purchases, livelihood activities etc.)
- All ESHGs have bank accounts
- All ESHGs are actively participating in advocacy – (pensions, Arogya Sri, 108 & 104 services etc.)
- ESHGs are federated into Village/Panchayat Level Federation (VLF/PLF) and/or Mandal Level Federation (MLF) as appropriate
- Capacity building exercises are taken up for the elders Federation(s)
- Elders Federation(s) are actively engaged and responding to the needs of the ESHG members
- A system for destitute elder care and chronically ill is in place
- At least 1 Health Camp and 1 Event is conducted in each village/cluster of villages per quarter

## Progress made by Project KARUNA during August 2009-July 2010

### Project Team:

As mentioned earlier there was a staff turnover throughout the year 2008-09, but by July 2009 the entire project team was recruited and underwent rigorous induction programme. The roles and responsibilities of the project team are depicted in the following table:

Designation	Responsibility
Project Coordinator	Overall project implementation & monitoring of the programs
Medical consultant	Detection of the disease & prescription of the medicines and visiting home care cases
Communication in charge/Social worker	Social mobilization, documenting case studies, monitoring the volunteers work. Submission of reports to PC for fine tuning.
GNMs	Assist the Doctor in MMU, MPU and Community volunteers and further, monitoring the ESHGs& VF activities
Pharmacist	Distribution of medicines to the elders who visit MMU&MPU
Drivers	Apart from driving MMU and MPU, they are extending their help by registering the elders at MMU and MPU at each village

In order to provide psychological, physical and social support to the elderly on one hand and on the other hand to mobilize the elder's community to take part in the activities of the project, community volunteers have been selected from their respective villages. At present there are 26 CVs in 11 villages who are actively involved in the activities of the project. During this period all the volunteers with the help of project staff completed baseline data in 11 villages and formed around 177 ESHGs by July 2010, followed by formation of 11 Village Federations.

### General and SHE Profiling:

In order to build rapport with the villagers and to know the exact number of old people in all 11 villages a general profiling was done. Further, to know their socio economic and health status a survey was undertaken in all 11 villages by the staff of project with the help of community volunteers. So far by July 2010, a sum of 2,592 SHE profiles and 6,282 General profiles have been completed and computerised.

### Village-wise profile

Village	Total Population	No. of Houses	No. of Families	No. of Elderly	No. of HIV cases		Gen. Profiles Done	SHE Profiles Done
					Infected	Affected		
Nidigatla	1671	418	775	195	9	7	418	195
Buchempeta	1699	489	849	290	8	3	489	290
Burugupudi	1577	662	799	275	10	7	662	275
Kanpur	3702	1036	1755	340	2	1	1036	340
Munugala	1917	510	1019	230	6	9	510	230
Rajavaram	861	237	412	118	3	7	237	118
Bulleddulapalem	2537	540	1242	225	2	0	540	225
Raghavapuram	1715	490	942	255	4	5	490	255
Garagalapalem	735	195	362	102	1	5	195	102
Gadala	1993	1112	1001	310	9	1	1112	310
Jaganndahpuram	3787	593	1243	252	3	8	593	252
<b>Total</b>	<b>22194</b>	<b>6282</b>	<b>10399</b>	<b>2592</b>	<b>57</b>	<b>53</b>	<b>6282</b>	<b>2592</b>

## Health Care

### MMU Services

In line with project goals and objectives and to support and strengthen the community level programmes, the project is currently emphasizing on medical care through the provision of Mobile Medicare Unit (MMU) services, which is also focuses on establishment of rapport and to secure confidence among the participant communities. The MMU services have been started in all the 11 selected villages and visited twice in a month. A total of 245 visits have been made by the MMU within a year (July-2009 to June2010). At an average 2 visits were made per each village in a month as per plan. Since then the project has successfully registered nearly 94% (of the estimated elderly population i.e. 2428 out of 2592) elders within a year. Most of the registered elders received Out Patient (OP) services. During this year around 100 diabetic cases, 423 hypertension cases, 50 Skin diseases and around 1950 persons with Arthritis have been treated. Apart from that HIV infected and affected people also availed MMU services.

Services	No of people availed
Diabetic	100
Hypertension	423
Skin diseases	50
Arthritis	1950

### Palliative care

In order to provide complete health care to the chronically ill elderly patients' palliative care was included. So far 17 home care cases have been attended by the medical consultant along with GNMs. These patients were given treatment and drugs. Further, the project staff also provided psycho social support, and counselled their family members so as to provide proper care to them and the follow up was done by the project GNMs.

### Referrals:

In course of MMU visits it was found that there are 176 aged who need medical attention beyond the scope of MMU. So the medical consultant accompanying MMU referred these cases to various hospitals. List of cases referred is represented in the following table:

Referral centre	Referrals		Output
	male	female	
GSL General	51	36	General Check Up
GSL Ophthalmology	11	7	3 received Spectacles and 1 Cataract operated
GSL ENT	1	0	General Treatment
GSL Ortho	4	5	General Treatment
ICTC	15	18	Under ARV treatment and weight has registered an increase.
Gouthami eye hospital	2	3	Cataract operated
PHC Korukonda	1	1	Received General Treatment
<b>Total</b>	<b>85</b>	<b>70</b>	

## MPU Services

During the course of MMU visits, it was found that majority of the cases registered were related to chronic arthritis. Therefore, Project KARUNA thought it's necessary to provide Mobile Physiotherapy Unit (MPU) services, and formally started the same in March 2010. The MPU consists of a physiotherapist (medical intern) provided by GSLMC. GNMs and volunteers from the Project assist the Physiotherapist in organizing camps. The identified patients were checked by the Physiotherapist and accordingly they were given treatment by physiotherapist/ Physio-aids. As of now MPU made a sum of 68 visits and 1377 consultations provided in all 11 villages.

Village	Volunteers	Total Elders Screened		Elders Aailed MPU	Total consultations (Treatments)
		M	F		
Gadala	2	11	13	24	120
Burugupudi	2	2	2	4	24
Nidigatla	2	13	3	16	144
Butchempeta	3	4	17	21	147
Jagannathapuram	2	15	3	18	108
Ragavapuram	2	14	24	38	152
Kanupur	2	7	8	15	15
Rajavaram	2	5	7	12	12
Bulledulapalem	3	19	5	24	240
Garagallapalem	3	13	7	20	240
Munagala	3	15	10	25	175
<b>Total</b>	<b>26</b>	<b>118</b>	<b>99</b>	<b>217</b>	<b>1377</b>

## Health care related to HIV/AIDS Infected/affected:

By July 2010, Project Karuna has identified 91 HIV infected people who were counseled by project staff to avail medicines from MMU. Out of these 91 people, five were elders, 42 were males, and 44 were female including four children. The project staff also counseled and convinced them to maintain health and hygiene and take nutritious food. A total of 156 people were identified as HIV affected, among whom 56 were male, 74 were female and 26 were children and these people were also counseled on health and hygiene practices. Further, these people are receiving medical attention by MMUs as well as by the ART centers.

## **Social Mobilization**

With the intent to promote social awareness, cohesion and the concept of mutual support in times of distress, the project has facilitated the formation of Elders Self Help Groups in all the 11 villages of Korukonda Mandal. However, due to turn ups of the project staff in the first year of the project only 19 groups were formed. But now as the entire staff has been recruited and put in place things worked out faster. By the end of July 2010, 177 ESHGs were formed. In other words out of a total 2592 elders identified, 1920 were included in these 177 elder groups i.e. 74 % of the elders were organized into ESHGs. Out of these 1920 elders that were organized into ESHGs, 9 are HIV/AIDS infected.

Total Number of	Number of ESHGs	Members in ESHG		Total
		Male	Female	

<b>Elders</b>				
<b>2592</b>	<b>177</b>	<b>551</b>	<b>1379</b>	<b>1920</b>

As per their group norms all the elders in these ESHGs save a stipulated sum every month. Their savings range from 20 to 50 rupees per month. The cumulative savings of all the 177 groups now stand at Rs. 1, 64,470/-. Further, the amount thus saved by each ESHGs is used for internal lending based on the need and necessity of the individual elders. In order to inculcate the element of transparency and accountability among the group members book keeping have been introduced in ESHGs. By July 2010 almost all the ESHGs are up keeping various books like meeting minute's book, cash book, general ledger etc.

#### ESHG Grading:

In order to understand the functioning and activities taken up by ESHGs, a system of grading was introduced in all the existing 177 ESHG. Grading was done to the groups considering the following aspects.

- Conduct meetings regularly
- Book Keeping & regular updating of books
- Active Participation of elders in a group
- Regular Savings in the group

Based on the above aspects, ESHGs were graded into A, B and C categories. The following table shows the number of ESHGs in each village under each category.

<b>VILLAGE</b>	<b>Total No ESHGs</b>	<b>GRADES</b>		
		<b>A Grade</b>	<b>B Grade</b>	<b>C Grade</b>
Burugupudi	18	5	2	11
Nidigatla	13	13	0	0
Gadala	21	6	6	9
Butchempeta	21	13	5	3
Jagannathapuram	12	5	4	3
Bulledulapalem	19	3	7	9
Gargalapalem	12	0	9	3
Ragavapuram	21	7	10	4
Kanupur	14	2	7	5
Rajavaram	10	0	5	5
Munagala	16	4	8	4
<b>Total</b>	<b>177</b>	<b>58</b>	<b>63</b>	<b>56</b>

#### **Advocacy**

Creating awareness among the villagers about the problems with old age, the rights of elders and Government policies which are directed towards elders forms an important strategy of the Project Karuna. In this regard Project Karuna conducted 11 street plays (Burrakatha

programs) in all the 11 villages. A total of 1884 persons participated and appreciated the program. The artists created awareness to elders on forming ESHGs and the benefits they can avail as a group. Further, they explained about savings and livelihood promotion through IGA and motivated the elders and community to know about HIV/AIDS & TB and other communicable diseases.

Further, sensitization sessions have been conducted to old age people on the ill effects of tobacco, liquor, and created awareness to stop and avoid the tobacco and liquor usage. Project Karuna also covered 11 schools in all the 11 villages and sensitized the children on HIV then encouraged them to give support to the elderly in attending the MMU. Accordingly, children started accompanying their grand fathers and grand mothers to MMU clinic. By July 2010, 2216 students, 42 teachers were sensitized on the above mentioned issues.

Moreover, project Karuna conducted awareness campaign to youth in the project villages on HIV/AIDS and to provide physical support to the elderly. Till date the project succeeded in creating 11 youth clubs and 13 child clubs who now provide support the elderly in their respective villages.

### Network and Coordination

The project team has successfully explored links with IKP<sup>2</sup> and with other organisations/NGOs like the Ramakrishna Mission, World Vision, and hospitals like Gouthami Eye Centre, Harivillu Leprosy Centre, Bollineni Heart Centre and GSL Medical College. Further, Project Karuna came to an agreement with GSL Medical College whereby older people will be able to access a community care clinic for HIV/AIDS, supported by Andhra Pradesh State Aids Control Society. It has been decided that IKP and the Mandala Samakhya<sup>3</sup> will review Project Karuna services in order to guarantee transparency and ensure older people claim their rights and entitlements. The Elders Self-Help Groups (ESHG) were introduced to the IKP so that they can seek information and advice, and economic support from the poverty reduction project. The project, together with other NGOs and the local community participated in the annual international candle light Memorial Day (of HIV/AIDS) in Munagala village. The memorial expresses solidarity for people who have died from or who are living with HIV/AIDS. It also serves to educate, influence and initiate dialogue with the community about prevention, care and treatment of the disease.

### **Akshara's support during the period (August 2009 to July 2010)**

HelpAge hired Akshara Network for Development Support Services for providing Process (Mentoring) and Management to support Project Karuna, on the field and off the field.

- The support during the year began with the follow up on the joint review of the ongoing progress of the project [conducted by G Muralidhar & T Nirmala from Akshara and Dr Jaideep from HelpAge India, Delhi in April 2009] and the finalization of the annual report of the previous year.
- To take the agenda forward, project visioning and team building exercises were taken up.
- Further, as there was an incumbency for the position of Social worker, Akshara interviewed candidates for the position of Social Worker and recommended suitable

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<sup>2</sup> IKP (Indira Kranti Patham) is one of the largest poverty alleviation programme through SHGs interventions

<sup>3</sup> Mandala Samakhya is the federations of Village Federations and is middle level institution between Zilla Samakhya and Village Federation.

candidate who was later recruited by HelpAge India. Further, a thorough induction was given to the social worker on his role and responsibility in the context of Project Karuna.

- Support was provided in the completion of General and SHE profiling in all the 11 villages of the project. For this purpose four members from AKSHARA have been involved in all the 11 project villages from 16<sup>th</sup> to 24<sup>th</sup> September 2009.
- Support was provided in identifying and recruiting community volunteers and they were taken through a rigorous sandwich induction programme spread over three phases – over November 2009 – March 2010 - the induction items included - roles and responsibilities; social development and health work; profiling; forming groups; building group capacities; federations; and books.
- An MIS system was designed and developed by Akshara in context of Project Karuna.
- To ensure transparency and accountability AKSHARA team Designed Elder Self Help Groups (ESHGs) books like meeting minute's book, cash book, monthly progress report etc., and further, training was provided on how to write and upkeep of these books.
- Training was provided by Akshara to the staff and community volunteers of Project Karuna on the formation of Village Federations of the elders SHGs on also on leadership, meetings and monthly savings.
- In due course of the monthly review meetings, it was found that there was a need for a Communication-in-charge & Social Worker as there was an incumbency, accordingly Akshara interviewed candidates and recommended a suitable person who was later appointed by HelpAge India. Further, thorough induction was provided by Akshara on social mobilization, ESHGs, livelihood activities etc.
- The project was also provided with templates and facilitated the team in documenting and reporting including annual reports.
- Training of Trainers (ToT) was provided to the Project staff on the formation of Village Federation by ESHGs, leadership, savings, and on the functioning of VFs; and further training up was followed up.
- Project Karuna staff and community leaders were inducted into thinking about and ways of forming Mandal level federation of the elderly. This needs to be followed up.
- Frequent turn ups in project staff made Akshara team to give thorough induction to GNMs to gradually take up the activity of social mobilization apart from their own responsibility as nurses. Thus, social mobilization and elder care has become the agenda of every staff member.
- The staff of Project Karuna interacted with the team of Akshara as and when there is a necessity regarding our project activities and obtained opinions and suggestions from the latter. The Project Karuna staff enjoyed a direct communication with all the staff of Akshara involved in the support to Project Karuna.
- Moreover, a team from Akshara (mostly G. Muralidhar and T Nirmala) visited Project Karuna monthly once and reviewed the progress of the staff and the activities undertaken at Project Karuna. Further, the project team was facilitated to evolve action plans of immediate way forward based on the review and assessment of the monthly progress against the vision/plan.

## Way Forward

In line with the objectives of Project Karuna, the following strategy-wise activities were planned to be taken up in the coming 6 months.

Strategy	Activities
Community managed system	A system for care of the destitute vulnerable/elders and chronically ill has to be in place, managed by the community institutions in general and elderly SHG Federation(s) in particular
Health Care	<ol style="list-style-type: none"> <li>1. Provide trainings to health volunteers and utilising their services</li> <li>2. Ensuring the VFs involvement in all camps</li> <li>3. Trainings to Health Care professionals and ensuring their participation in every camp and in activities</li> <li>4. Strengthen the referral system</li> <li>5. Ensuring drug depot in every village.</li> <li>6. Regular home care visits by nurses and health volunteers.</li> <li>7. Ensuring the availability of the services of physiotherapist wherever necessary.</li> <li>8. Encouraging the needy people to avail Arogyashree, 108 and 104 services</li> </ol>
Social Mobilization	<ol style="list-style-type: none"> <li>1. Ensuring 100% possible coverage of Elderly people in ESHGs</li> <li>2. Registering all village level federations under the AP-Mutually Aided Cooperative Societies Act.</li> <li>3. Building the capacities of leaders and other members to take complete responsibility of their institutions.</li> <li>4. Transfer the project activities completely to Federations by December 2010 and the project staffs support the federations in implementing their activities.</li> <li>5. Building the capacities of community volunteers so that they can support village federations of the elderly in the implementation of various activities.</li> <li>6. Strengthening linkages with other village level and their higher tier federations such as women SHGs and their federations, youth groups and adolescent girls groups etc.</li> <li>7. Initiate collective livelihood activities through ESHGs and/or their federations.</li> </ol>
Advocacy	<ol style="list-style-type: none"> <li>1. Sensitizing the government functionaries, civil society and the community at large on the issues of elders so that a favourable environment for the elderly is created.</li> <li>2. Advocacy for the inclusion of elders in the programs of government and non-government organizations.</li> </ol>

## PHOTO GALLERY



STREET PLAY



ESHG MEETING



WORLD AIDS DAY



VRUDHULA CHAITANYA YATRA



HIV/AIDS AWARENESS PROGRAM



INTERACTING WITH VF



MANGO PICKLES-IGA



ADVOCACY MEET



BASKET WEAVING - IGA



FISTFULL OF RICE PROGRAM



A rehabilitated woman



MPU TREATMENT