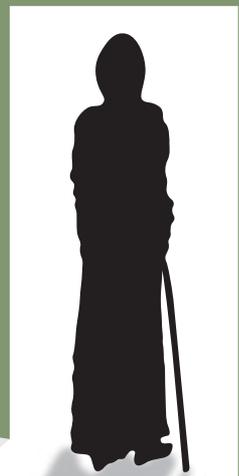


# Building a Knowledge Base on Population Ageing in India

## Proceedings of the Conference on **India's Elderly: Dignity, Health and Security**

4 - 5 December 2014  
Hotel Claridges, New Delhi





Building a Knowledge Base on  
Population Ageing in India

Report on Conference on Ageing

# India's Elderly: Dignity, Health and Security

4 - 5 December 2014

Hotel Claridges, New Delhi



# ACRONYMS

AIIMS	All India Institute of Medical Sciences
BHU	Banaras Hindu University
BKPAI	Building a Knowledge Base on Population Ageing in India
BP	Blood Pressure
CDS	Centre for Development Studies
CEDAW	Convention on Elimination of All Forms of Discrimination Against Women
CHC	Community Health Centre
CMIG	Calcutta Metropolitan Institute of Gerontology
CVD	Cardio Vascular Diseases
DSWO	District Social Welfare Officer
ESHG	Elderly Self-Help Group
FSSAI	Food Safety and Standards Authority of India
GHQ	General Health Questionnaire
GIA	Grant-in-Aid
ICU	Intensive Care Unit
IEC	Information, Education and Communication
IEG	Institute of Economic Growth
IGNOAPS	Indira Gandhi National Old Age Pension Scheme
IIPS	International Institute for Population Sciences
IMS	Institute of Medical Sciences
IPOP	Integrated Programme for Older Persons
ISEC	Institute for Social and Economic Change
MIS	Management Information System
MoHFW	Ministry of Health and Family Welfare
MoRD	Ministry of Rural Development

MoSJE	Ministry of Social Justice and Empowerment
MoU	Memorandum of Understanding
MWPSC Act	Maintenance and Welfare of Parents and Senior Citizens Act, 2007
NCD	Non-Communicable Disease
NGO	Non-Government Organization
NHM	National Health Mission
NISD	National Institute of Social Defence
NPHCE	National Programme for Health Care of the Elderly
NPOP	National Policy on Older Persons
NRLM	National Rural Livelihoods Mission
NRO	National Research Organization
OPD	Out Patient Department
PG	Postgraduate
PHC	Primary Health Centre
PPP	Public-Private Partnership
PRI	Panchayati Raj Institution
RBI	Reserve Bank of India
RGC	Regional Geriatric Centre
RRTC	Regional Resource and Training Centre
RSBY	Rashtriya Swasthya Bima Yojana
SDS	School of Development Studies
SERP	Society for Elimination of Rural Poverty
SHG	Self-Help Group
TISS	Tata Institute of Social Sciences
UGC	University Grants Commission
UNFPA	United Nations Population Fund
WHO	World Health Organization

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# DAY 1

## Session I

### INAUGURATION OF THE CONFERENCE

**Date** 4 December 2014

**Time** 09:30 AM

**Venue** The Claridges, New Delhi

**Dignitaries on the Dais** Shri Thaawar Chand Gehlot, Hon'ble Minister, Social Justice and Empowerment, Government of India

Ms. Frederika Meijer, Representative, United Nations Population Fund, India and Bhutan

Mr. Sudhir Bhargava, Secretary, Ministry of Social Justice and Empowerment

Mr. Anoop Kumar Srivastava, Special Secretary, Ministry of Social Justice and Empowerment



## Welcome Address



**Dr. Sanjay Kumar**  
National Programme Officer,  
United Nations Population Fund  
(UNFPA), India

Dr. Sanjay Kumar welcomed the dignitaries – Shri Gehlot, Mr. Bhargava, Ms. Meijer and Mr. Srivastava – to the Conference and acknowledged the collaboration of the Ministries of Social Justice and Empowerment, Rural Development, Health and Family Welfare, *Panchayati Raj* and the Office of the Registrar General, Ministry of Home Affairs in the current conference. He expressed the hope that the deliberations on the conference theme during the two-day discussions would be productive and culminate in actionable points.

The dignitaries were welcomed with flower bouquets.

## Setting the Context: An Overview of Ageing in India

Ms. Meijer began her address by saying that ageing is a holistic concept covering a gamut of issues and requires equal and active participation of all ministries. Hence, the aim of the conference was to examine the preparedness of organizations and institutions to address the growing ageing population and to find new and effective solutions that can be implemented for the elderly to lead a life of dignity and security. Globally, population ageing was recognized as a significant trend. Ms. Meijer quoted former Secretary General of the United Nations, Dr. Kofi Annan, “We are in the midst of a silent revolution.” She noted that this revolution of ageing was taking place the world over, but more so in the developing countries. In this context, the elderly population in India by 2050 was projected to be around 300 million. Ms. Meijer made particular mention of the fact that beyond numbers, the elderly have specific needs and are entitled to a life of dignity. UNFPA and its research partners – the Institute of Social and Economic Change, the Institute of Economic Growth and the Tata Institute of Social Sciences – have collaborated on Building a Knowledge Base on Population Ageing in India (BKPAI) to provide evidence-based guidance to policymakers and implementers.



**Ms. Frederika Meijer**  
Representative,  
UNFPA, India and Bhutan

In India, women at older ages have higher life expectancy than men. Around 60 per cent of them are widowed and with changing living patterns, the issue of feminization of ageing requires immediate attention. In addition, social isolation among the elderly in general requires that particular attention be paid to elderly care. Ms. Meijer emphasized the need for special measures focused on improving the life of the elderly. She also spoke about the changing Indian family structure which needs to be taken into consideration when planning how India can prepare to take care of its ageing population. Women are perceived as a burden at different stages of life and Ms. Meijer emphasized the need for interventions for the upliftment of young women as well as their male counterparts with a view to enhancing their role in supporting the elderly. She said there was a need to create inter-generational linkages through experience sharing so as to garner active participation of the elderly in the society.

Observing that “Ageing is not restricted to the elderly alone, but affects all”, Ms. Meijer said that the UN member states had adopted the Madrid International Plan of Action on Ageing to create better environments for the elderly. In this regard, she reiterated the commitment of UNFPA to support elderly care through the active involvement of governments, communities, societies and people. Ms. Meijer listed the expected outcomes of the conference:

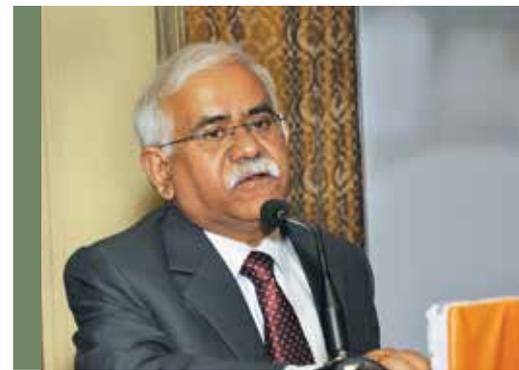
- Improving implementation of present policies so that they reach the intended beneficiaries namely, the elderly;
- Designing new policies based on evidence-based research; and
- Introduction of innovations like day care centres, community networks and specialized care agencies.

Ms. Meijer concluded by thanking the ministry officials and the participants for attending the conference.

## Opening Remarks

Mr. Bhargava began by saying that ageing concerns us all as the issues related to ageing pose problems at both macro and micro levels. India is moving towards an increasingly ageing population and as per Census 2011, out of a total population of 1210 million, 103 million (8.6%) are above the age of 60 and 11 million are over 80 years of age. About 70 per cent of the elderly live in rural areas. By 2050, while the population below 60 would increase by 20 per cent, that above 60 would increase by 300 per cent, and that above 80 by 500 per cent. This is the enormity of the challenge.

Mr. Bhargava touched upon a few problems faced by the elderly. Traditionally, the role of the joint family was recognized as a support system to ensure graceful ageing. However, with increasing prevalence of nuclear families, financial insecurity, social isolation, neglect and abuse of the elderly were some of the issues that need attention. Till the erosion of the joint family system manifested itself, the issue was not on the radar. The National Policy on Older Persons (NPOP) was formulated in 1999, though the Constitution had thought about this in 1950. He also spoke about the specific problems faced by elderly women. Specially in rural areas, elderly women outnumber men and the incidence of disabilities among women is also higher, thus increasing their vulnerability. In addition, most of the elderly are engaged in the informal sector. Given the physical, social, economic and emotional vulnerability of this cohort, Mr. Bhargava emphasized the role of the society and governments in taking a more proactive role in the care and development of the elderly. He quoted the study conducted by UNFPA, according to which 70 per cent of the elderly had to work out of compulsion. This was particularly true for women. Mr. Bhargava said that economic independence is the key to empowering this population group and spoke about the efforts being made by the government in this regard like universalization of pension, microfinance opportunities and protection of long-term savings.



**Mr. Sudhir Bhargava**  
Secretary,  
Ministry of Social Justice and  
Empowerment (MoSJE),  
Government of India

Summing up, Mr. Bhargava said that providing health care, particularly specialized care, addressing the needs of the elderly who were living alone and meeting the requirement of institutional and formal caregivers were a few of the challenges faced by the government. A practical approach was needed for addressing problems like these, especially for the elderly living alone or with their spouses. Other areas requiring attention are:

- Trained human resource personnel to cater to the specific needs of the elderly
- Mainstreaming of the elderly to ensure dignified living
- Focus on feminization of ageing, the rural poor and the unorganized sector
- Provision of housing, home care services and access to elderly care services
- Taking effective steps to tackle the feeling of being unwanted among elderly. To address this, the landmark Maintenance and Welfare of Parents and Senior Citizens Act, 2007 was enacted, protecting in particular, the right to property and security
- Encouraging senior citizens to become more active in society by sharing their experiences
- Strong government commitment to meet the needs of elderly in terms of more institutional care (beds in hospitals).

Mr. Bhargava said that priority should be given to providing institutional care and caregivers, and care of elderly women through the implementation of appropriate government mechanisms with support from civil society. In conclusion, he expressed the hope that the deliberations during the conference would help improve the quality of life of the elderly.

## Inaugural Address



**Shri Thaawar Chand Gehlot**  
Hon'ble Minister,  
Social Justice and Empowerment,  
Government of India

Shri Gehlot said that the main objective of the conference was to assess the current status of India's elderly and to examine what could be done to improve the status of the elderly in the future. The suggestions emerging from the deliberations would be used to help effective implementation of related programmes of various ministries, especially those under the Ministry of Social Justice and Empowerment (MoSJE). Likewise, the sharing of experiences would greatly help to improve the effectiveness of similar programmes at the state level. He expressed the hope that the participation of officials of the Ministries of Social Justice and Empowerment, Health, Rural Development, and *Panchayati Raj* and the Office of the Registrar General and Census Commissioner of India would help the government in formulating effective programmes and implementing them.

Shri Gehlot said that with the elderly population on the rise globally as a result of better education, better income and improved health, there is a change in population demographics the world over. In India too, a similar phenomenon is being observed. He said that in India, the current elderly population of 103.8 million would increase to 173.2 million by 2026, creating new challenges for the social, economic and health sectors. The government is committed

to providing the necessary support to the elderly, their families and society at large to meet these challenges. He cited the National Policy on Older Persons, 1999, the Maintenance and Welfare of Parents and Senior Citizens Act, 2007 and the Old Age Pension Scheme as some of the measures taken by the government in this direction. Some of the initiatives that are currently being supported financially by the government through *Panchayati Raj* institutions, self-help groups and others are day care centres, programmes for the widowed elderly, *Diva* day care centres for patients with Alzheimer's disease and dementia, mobile medical units and physiotherapy clinics. On an average, the government supports 500 schemes for the elderly every year through non-government organizations.

On International Day of the Elderly, celebrated on 1 October every year, awareness is raised on the various schemes for the elderly and inter-generational linkages are encouraged. Awards are distributed in recognition of various schemes run for the elderly. He appreciated the role of UNFPA in acting as a link between the government and society on population related issues and made special mention of the State of World Population Report brought out by UNFPA every year as a storehouse of information on these issues.

Shri Gehlot stressed the need to educate the youth, and particularly the middle class, about the issues faced by the elderly. He said that the special care needs of the elderly were observed to be affecting the society and the family, and therefore required special focus with a view to reduce the burden on both family and society.

He concluded his address by saying that the elderly need physical, social, emotional and financial security and these need to be ensured as "today's youth are tomorrow's elderly". He said that the conference was expected to assess the implementation of existing programmes and assured the gathering that the MoSJE would take the concrete suggestions and recommendations into consideration for effective implementation of policies for the elderly.

The Inaugural Session came to a close with the Vote of Thanks proposed by Ms. Ena Singh, Assistant Representative, UNFPA India.

# Session II

## SOCIAL SECURITY

**Date** 4 December 2014

**Time** 10:30 AM to 1:00 PM

**Venue** The Claridges, New Delhi

**Dignitaries on the Dais** **Chair:** Mrs. Ghazala Meenai, Joint Secretary, Ministry of Social Justice and Empowerment (MoSJE), Government of India

Prof. S. Irudaya Rajan, Centre for Development Studies (CDS), Trivandrum

Prof. M.R. Narayana, Institute for Social and Economic Change (ISEC), Bangalore

Mr. S. Murali, Chief Executive Officer, Society for Elimination of Rural Poverty (SERP), Government of Telangana

Mr. Chinna Thataiah, Director, SERP, Government of Andhra Pradesh

Prof. S. Siva Raju, Dean – School of Development Studies (SDS), Tata Institute of Social Sciences (TISS), Mumbai

Prof. Sumati Kulkarni, Rtd. Professor, International Institute of Population Sciences (IIPS), Mumbai



The session began with a few introductory words by Mrs. Ghazala Meenai. She expressed her concern about ageing issues in the country and welcomed Prof. Siva Raju and Prof. Sumati Kulkarni who were to make presentations.

## BKPAI Findings

Prof. Siva Raju began by saying that the demographic trends show the vulnerability of the elderly population. It is important to understand different forms of vulnerability, such as vulnerabilities arising due to poverty, poor health, and weak social support. Rapid demographic transition is resulting in increased vulnerability for the elderly and therefore, must be seen as a challenge. At the same time, the traditional support system for the elderly is dwindling. Thus, best policy is called for to combat such challenges. Prof. Siva Raju then shared some of the findings of the BKPAI study conducted by the UNFPA in collaboration with Tata Institute of Social Sciences (TISS), Institute for Social and Economic Change (ISEC) and Institute of Economic Growth (IEG) across seven select states of the country where the percentage of elderly is more than the national average. Some of major findings from the BKPAI survey indicating the vulnerability of older persons are as follows:

- 45 per cent of the respondents were from BPL category and *Antyodaya* households
- One fourth of the elderly population did not own any assets
- 6 per cent of the elderly population was living alone
- Two fifth of the elderly have no personal income

He highlighted the existing social assistance programmes for the poor in India like state and national pension schemes, Integrated Programme for Older Persons (IPOP), National Policy for the Health Care of the Elderly (NPHCE), Indira Gandhi National Old Age Pension Scheme (IGNOAPS), *Annapurna* Scheme and Maintenance and Welfare of Parents and Senior Citizens Act (MWPS Act), 2007. The big question was whether these social security schemes were actually reaching the intended beneficiaries, namely, the targeted elderly. Here, Prof. Siva Raju invited his co-presenter, Prof. Sumati Kulkarni, to take the discussion forward.

Prof. Kulkarni spoke about the implementation and utilization of various social security schemes such as old age pension scheme, widow pension scheme and *Annapurna* scheme. According to data from the BKPAI Survey, except for Punjab and Odisha, utilization is very poor in all the surveyed states. Awareness of these schemes is low and utilization is even lower. Among BPL elderly, 81 per cent of men and 71 per cent of women are aware of the IGNOAPS but only 27 per cent of men and 15 per cent of women avail it. Therefore, there is huge gap between awareness of and utilization of IGNOAPS by BPL elderly. The level of awareness among the elderly is high only in Odisha and one has to learn from the model of Odisha if the conditions of the elderly are to be improved.



**Prof. Siva Raju**  
Dean SDS,  
Tata Institute of Social Sciences,  
Mumbai



**Prof. Sumati Kulkarni**  
Rtd. Professor,  
IIPS, Mumbai

Prof. Kulkarni said that the purpose of such schemes is defeated as they are not reaching the targeted beneficiaries. Therefore, it is necessary to understand the bottlenecks, ranging from documentary proof and application procedures, problems with BPL listing or database, local politics and favouritism, especially in Punjab. It has been observed that accessing the bank is difficult; disbursement is also irregular. Another major concern is that the amount of pension is not adequate. At times, funds are not released or get delayed because of administrative procedures. Applications remain pending in offices. A proper strategy is required to target the beneficiaries. The application procedure needs to be simplified. She suggested that there should be universal pension for elderly and the amount may depend upon the fiscal calculations, though social activists working in this area are demanding a monthly pension of INR 2000 for each elderly person. Prof. Kulkarni emphasized that any programme that is started needs to be continued, as otherwise beneficiaries lose faith. Economic stability is crucial for the elderly. Along with IGOAPS, NPHCE and food security through *Annapurna* Scheme need to be efficiently implemented.

## Special Initiatives in States

### Special Initiatives in Telangana



**Shri A. Murali**  
Chief Executive Officer,  
SERP, Government of Telangana

Shri Murali briefed the audience about the survey conducted in Telangana soon after its bifurcation from Andhra Pradesh and showed how it helped to capture the social strata of population in a newly formed state. SERP works to promote self-financing groups and has created self-help groups in every habitation. There are 26,000 habitations and 95 per cent of the women have been included. There are also federations at village, block and district levels of the state. These social mobilization platforms have greatly helped to identify the vulnerable. He explained the exclusion criteria adopted by SERP to identify the beneficiaries: the families of government employees (except Class IV employees), income tax payers, large business people, landlords who own 2.5 acres of wet land or 7.5 acres of dry land and families earning 1.5 lakh per annum in rural areas and 2 lakh per annum in urban areas are excluded. All others were included. As a result, 6.5 per cent of the population would be entitled to old age pension, 5.5 per cent would be entitled to widows' pension and 3 per cent to disability pension. The beneficiaries will get INR 1,000 per month under the pension scheme and the elderly with disability would get INR 1,500. He informed those present that the identification process had been completed in just one month and about 3 million people would be targeted for social security schemes.

Shri Murali highlighted the challenges faced in the last decade. He felt that implementation is not a problem in rural areas but in urban areas, identification of the elderly needing pension is a challenge. Different mechanisms are needed for urban areas as community organizations are lacking. Non-governmental organizations are being approached to expand the reach of various schemes. Timely payment is another challenge. Disbursing cash is also a problem as there is scope for corruption and combating corruption is a major challenge

for the state. There is a need for collaboration with other organizations in order to arrange the estimated INR 300 crore in cash for disbursement every month at the village level. The postal department is proving to be the best mode of disbursement. However, there is a possibility that the Panchayat or postal employees claiming that they have disbursed the amount without having actually done so. Therefore, there is need to identify those who have not received the payment and put into place mechanisms to take punitive action to counter this problem.

## Special Initiatives in Andhra Pradesh

Mr. Thataiah focused on the model of SERP, Government of Andhra Pradesh. He highlighted some of the salient features of the *Abhaya Hastham* Scheme, which is a co-contributory pension and insurance scheme. The Scheme is managed by LIC. He felt that in order to provide dignity to women in their old age, such initiatives are very important. This is why the scheme started with women. It covers all women above 18 years of age belonging to self-help groups (SHG). Each of them pays one rupee per day (INR 365 per annum) and government contributes another INR 365 per annum, which goes towards building a corpus to provide benefits to them. A monthly pension of INR 1,000 is guaranteed to the beneficiary. If a woman joins the scheme at the age of 18, her corpus amounts to over INR 2 lakh, and she can expect a minimum monthly pension of INR 2,000. In addition, if she has children studying in Classes 9-12, up to two of them would be entitled to an annual scholarship of INR 1,200 each. In case of death, her corpus, which includes the contribution of the government, is given to her family. A sum of INR 30,000 is also given towards insurance.

Mr. Thataiah proudly informed those present that the enrolment was completed in just one month by the women themselves. The women residing in remote areas were also able to contribute INR 365 a year. He informed the gathering that women's groups had been formed in 12 *mandals* across six districts of the state and these groups have facilitated enrolment in this scheme. All the elderly in the village get a platform to discuss their ideas and a chance to understand and access schemes on health and food security. The elderly SHGs had been constituted in just two months. One officer voluntarily gave the place, others donated books, and some arranged refreshments like tea and raised funds to help the vulnerable.

## Fiscal Implications of Social Security in India

Prof. Narayana began by expressing his concern about the demographic transition. He felt that, of all the concerns with respect to an ageing population, the most important one is economic security. Giving the example of IGNOAPS, he said that 0.09 per cent of total revenue was spent on this in 2001-02, which increased to 0.28 per cent in 2011-12. He added that the present coverage is limited, there is need to do more. He strongly supported the recommendations of the Pension *Parishad* and suggested that one of the ways to get funds for



**Mr. Chinna Thataiah**  
Director,  
SERP, Government of Andhra Pradesh



**Prof. M. R. Narayana**  
ISEC, Bangalore

pension is by increasing the general taxation and creating more funds for use in public welfare. He also said that many elderly are not dependent – they are also paying tax.

## Economic Security for the Elderly in the Context of Migration



**Prof. S. Irudaya Rajan**  
CDS, Trivandrum

Prof. Rajan began by saying that there are 100 million elderly voters and this needs to be taken into consideration. He suggested reducing allocations to primary education and family planning schemes as the fertility rate is going down and so is the mortality rate. Citing the example of Nepal that has universal pension system for those above the age of 75 years he asked, “Why can’t we learn from them?”

He discussed the social cost of migration in Kerala. There are 400 million internal migrants in the country, mostly able-bodied and young. There are 14 million Indians living abroad, 2 million of them from Kerala. This is leaving the elderly alone and lonely.

Prof. Rajan shared the findings of his research on the elderly, highlighting with three major problems faced by them – health concerns, living alone because children are away, and loneliness. The elderly in Kerala are committing suicide because of loneliness. He suggested that it is time to talk about relationships (social support) rather than economic stability. No one cares to accompany the elderly to the hospital when they need to go. Care-economy is the need of the hour. The elderly need people around them. Prof. Rajan shared experiences from his fieldwork in Kerala saying that the elderly keep their television on 24 hours a day just to have some noise in the house. He concluded with the warning that the situation will soon spread from Kerala to other states in India.

## Pension Disbursement Modalities in Odisha

As the concerned presenters from Odisha could not join the conference, Dr. Sanjay Kumar spoke on their behalf. He mentioned the salient features of the pension disbursement scheme in Odisha, which include:

- A single fixed day, for example 15<sup>th</sup> of the month, for disbursement of pension in cash by the PRI and at the place nearest to where the elderly are staying in the rural areas so that there is no chance of any pilferage.
- Annual assessment of the list of beneficiaries by reshuffling of the staff from one area to another area and adding and deleting the names of the beneficiaries after verification.
- High level of awareness as well as utilization. Citing the findings of the BKPAI survey, he said that while awareness was high in all the seven states surveyed, it was the highest in Odisha. Utilization in Odisha was also the highest among the seven states surveyed.



**Dr. Sanjay Kumar**  
National Programme Officer,  
Monitoring and Evaluation,  
UNFPA India

## Concerns/Questions/Suggestions

- In response to a question as to why the BKPAI survey did not include Delhi, Dr. Kumar responded that the states where the percentage of elderly was higher than national average were included in the survey.
- One of the participants said that the gap between men and women is narrowing. To this, the speaker responded that despite this, the difference is very large and that it will take several years to close the gap. He added that women's vulnerability cannot be captured by statistics alone.
- It was suggested that multivariate analysis be used for analyzing the seven state survey reports.
- The need for training in geriatric care was also recognized. In response, Prof. Siva Raju cited the diploma course in geriatric care at TISS.

**Chair:** The National Institute of Social Defence (NISD), Delhi and TISS, Mumbai are providing training programmes in geriatric care and such efforts could be further enlarged.

## Points that Emerged from Session II

- The gap between awareness and utilization of schemes meant to benefit the elderly must be reduced by interventions that aim at overcoming barriers to utilization.
- There is a demand from social activists groups for universal pension for the elderly of INR 2,000 per month.
- Special intervention is required for the elderly from rural areas.
- Periodic assessment of the programmes and schemes should be conducted and they should be continued to retain the faith of beneficiaries.
- NGOs need to be included for proper implementation.
- Timely payment, particularly in cash, is another challenge which needs to be addressed because it creates scope for corruption.

# Session III

## HEALTH

**Date** 4 December 2014

**Time** 2:00 PM to 4:00 PM

**Venue** The Claridges, New Delhi

**Dignitaries on the Dais** **Chair:** Ms. Dharitri Panda, Joint Secretary, Ministry of Health and Family Welfare (MoHFW), Government of India

Prof. K. S. James, ISEC, Bangalore

Prof. Moneer Alam, Institute of Economic Growth (IEG), New Delhi

Dr. A.B. Dey, Professor of Medicine and Chief – Geriatric Division, All India Institute of Medical Sciences (AIIMS), New Delhi

Dr. I.S. Gambhir, Professor of Medicine, Head, Division of Geriatric Medicine, Nodal Officer – Regional Geriatric Centre, Institute of Medical Sciences, Banaras Hindu University (BHU), Varanasi

Dr. Inder Parkash, Deputy Director General (Public Health), Ministry of Health and Family Welfare, Government of India

Dr. Ram Nivas Meena, State Programme Officer, Government of Rajasthan



## Current Scenario

### National Programme for the Health Care of the Elderly (NPHCE): Current Trends

Ms. Panda, who was chairing the session, began with a brief introduction of the NPHCE, a nascent programme that began in 2010. Due to demographic transition, the elderly population is increasing and now accounts for 8.6 per cent of the population, while those over 75 account for 1.7 per cent of the population. As a result, the old age dependency ratio is increasing. Chronic diseases affecting the elderly like diabetes, cancer, cardiovascular diseases (CVD), and high blood pressure (BP) are on the rise. Psychiatric diseases like dementia are a cause for concern. About 76 per cent of the elderly have one or the other disease and many have combined morbidities.

Dr. Panda stressed the importance of investing in health care of the elderly including infrastructure, as due to increase in nuclear families there is an increasing number of elderly living alone and therefore vulnerable. Health care of the elderly has also been mentioned in the NPOP.

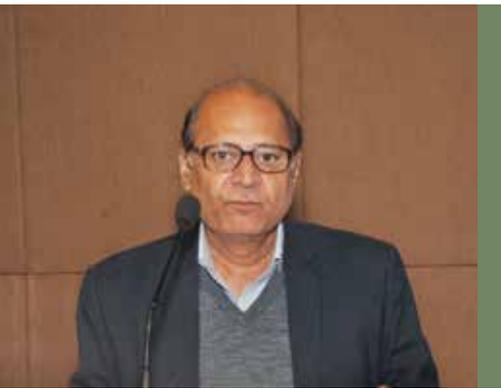
Ms. Panda said the major objectives of the NPHCE were to provide long-term, accessible, affordable, dedicated, quality care services to the elderly and to promote active and healthy ageing, so that the elderly could contribute to the development of the nation as was the case with elderly worldwide. The aim was to converge with the National Health Mission (NHM) from sub-district to tertiary level. The strategies to be adopted were preventive, promotive, rehabilitative, capacity building and use of information and communication. The expected outcomes (by the end of the XII<sup>th</sup> Plan) were the establishment of two national centres of ageing, one at AIIMS and other at the Madras Medical College as well as 20 Regional Geriatric Centres (RGCs). At present, there are eight RGCs. Two post-graduate students would be trained in geriatric medicine from each RGC – 40 in all – and another 15 each from the two national centres. Ten-bedded geriatric wards would be established in each district hospital. Ms. Panda emphasized the importance of training of human resources down to the level of paramedics and nurses as an important aspect of elderly care.

Ms. Panda briefly described the structure of the programme, its integration with the NHM and the constitution of state and district level health societies. She touched upon the services package and identified the sub-centre as the primary unit of home-based care in villages, where health education is also imparted. At the Primary Health Centre (PHC) level, weekly geriatric clinics for health assessments are held and simple investigations are carried out (checking of blood sugar levels and BP). At the Community Health Centre (CHC) level, bi-weekly check-ups, rehabilitation and similar services are conducted under the programme. At the district level, there would be 10-bedded hospitals, while at the RGC level there would be 30-bedded hospitals along with MD courses in Geriatric Medicine and research.



**Ms. Dharitri Panda**  
Joint Secretary,  
Ministry of Family Health and Welfare,  
Government of India

Ms. Panda then invited Mr. Inder Parkash to elaborate on the progress since the launch of NPHCE.



**Dr. Inder Parkash**  
Deputy Director General  
(Public Health),  
Ministry of Health and Family Welfare,  
Government of India

Mr. Inder Parkash presented technical data on the distribution of various services across administrative locations as well as manpower provisions (at PHC, CHC and district levels), their organizational data and funds at each level. Details of funds released and utilized by various states were also specified. He spoke about the problems faced with regard to the successful implementation of the programme due to poor utilization, inadequate infrastructure, lack of manpower and problems in procurement and logistics.

He then presented RGC-wise data on the eight centres established so far. Budget allocations were given for the 20 RGCs to be established and also for the National Centre of Ageing. He concluded by highlighting the challenges faced in implementing the programme:

- Non-availability of trained manpower is a very big challenge. No concept of home-based care. Needs to be taken up at grassroot level and monitored
- Competing priority with other health programmes, hence slow expansion
- Difficulty in establishing geriatric centres, specially in nodal medical colleges. Aids for the elderly disabled either not available or not affordable
- Lack of advocacy and research on geriatric issues. Lack awareness of problems of the elderly. If there is awareness, no knowledge about where to go
- Poor fund management and utilization.

## National Programme for the Health Care of the Elderly and its Role in Addressing NCD Burden in India



**Prof. K. S. James**  
ISEC, Bangalore

Prof. James began by saying that the purpose of the study was to look at major chronic diseases and the disability burden in India, identify the successes and failures of the NPHCE and suggest suitable corrective measures. Chronic diseases are associated with ageing and the resultant discomfort experienced can be reduced if interventions are made at the local and institutional levels. India has the highest prevalence of chronic diseases and disabilities, particularly diseases like arthritis, asthma, depression, high BP and diabetes. Presenting statistics on major diseases, Prof. James said that among the elderly, a significant proportion suffers from chronic diseases and there was not much variation by place of residence (rural-urban) and/or gender. In the case of disability, a different pattern was observed namely, little variation by gender, but significant variations in rural-urban areas and among different states in the country. Further, contrary to expectation, it was not the states with higher concentrations of elderly population that showed higher incidence of chronic diseases and disability, but the ones with poor health infrastructure and facilities like Rajasthan, Tamil Nadu and Karnataka. Rural-urban variations were also seen with regard to need for assistance in daily activities and use of disability aids, which were indicative of

the importance of health care systems and the ability of the elderly to access them. Prof. James then spoke about the NPHCE, as implemented through the non-communicable disease (NCD) cell and highlighted a few issues and problems with the implementation of what he referred to as a 'good policy on paper with potential to serve the elderly':

- Non-operational infrastructure at district hospitals
- Lack of staff due to contractual nature of employment
- Lack of training mechanisms
- Poor remuneration and delay in paying salaries – salaries of some staff had not been released for about a year
- Lack of sufficient medicines.

In the light of the above issues, Prof. James made a few suggestions:

- Strengthening institutions
- Providing good follow-up treatment to patients
- Expanding the disease basket to help address more health problems
- Making counsellors available to help the elderly with mental illnesses
- Strengthening data and monitoring systems to facilitate follow-ups.

He concluded by acknowledging the potential of the programme in improving the health of the elderly.

The **Chair** felt that it would be important to include these components in the policies and new strategies.

## Hospitalization Episodes, Cost of Care and Type of Health Services Utilized by the Elderly: Some Results from the BKPAI Survey for the NPHCE Programme

Prof. Alam began by highlighting a few important issues related to population ageing in India and the government response to some of them, with special mention of the NPHCE as one such response. Introducing the study, he said that it attempted to focus on hospitalization episodes and various aspects related to them. He defined a hospitalization episode as every occurrence of being hospitalized. For example, if the person is hospitalized twice for the same reason or same illness, they are treated as two episodes. He then presented some important study findings. Rural-urban variations were seen among the sampled households with more hospitalization episodes among the households in the lower wealth quintiles in rural areas. Religion-wise analysis revealed that hospitalization episodes were higher among Muslims. Analysis of hospitalization episodes by characteristics showed that a large proportion was in the 60-65 year age group, and more than two-thirds of elderly women had no formal schooling (indicating that they may not even know what disease they



**Prof. Moneer Alam**  
IEG, New Delhi

were suffering from). There were gender differences in hospitalization episodes, especially when education and marital status were taken into account.

Prof. Alam presented data on multiple hospitalization episodes within a reference period 365 days prior to the date of the survey. Ten per cent of the sampled elderly were hospitalized during the year preceding the survey; more persons aged 70 years or more had to be admitted to hospital, indicating that an age-hospitalization relationship exists. The rate of hospitalization was greater in the higher wealth quintiles with little variation by gender or place of residence. Further, one out of every 10 elderly hospitalized persons was readmitted, which meant that there is a recurrence of hospitalization within a year. This is particularly true for elderly males, the elderly below 80 years of age and those who are less educated.

Data on the average duration of hospitalization indicated that for a significantly large proportion of sampled elderly, the first hospitalization episode lasted 10 days and the second lasted 8 days. It was also observed that the urban elderly stayed longer in public hospitals; elderly males stayed longer in hospitals overall, while the female elderly stayed longer in cases of multiple episodes. Eight major health issues like different types of fevers and heart-related problems were the reasons for hospitalization among 60-65 per cent of the sampled elderly, more so in the urban areas. The reasons for hospitalization were reported to be heart disease, fever, injury and asthma among males and fever among females. Approximately 72 per cent of the rural elderly availed public health services.

An analysis of data on expenditure on hospital services revealed that 60 per cent of the total expenditure was on drugs, diagnosis, consultations and bed charges in public hospitals, as against nearly 70 per cent in private hospitals. Analysis about sources of payment revealed that the first episode was mostly paid for by the children, followed by the elderly themselves and the spouse. The second episode, however, reportedly saw a withdrawal on the part of children, and this was highlighted as an issue that needed urgent attention.

In this regard, Prof. Alam suggested that *Rashtriya Swasthya Bima Yojana* (RSBY) and other agencies be explored as sources of payment. Insurance coverage was insignificant, highlighting the need for government intervention in encouraging health insurance agencies to cover more elderly population. Despite this, more men than women had insurance coverage. While a gap was also observed in awareness and registration under such schemes, women were reported to have a poor share in the same.

Prof. Alam concluded his presentation with the following observations:

- One in every 10 elderly undergoes repeat hospitalization which is indicative of the massive demand for hospitalization
- Average duration of hospitalization was found to be nine or 10 days, which would pose a big challenge for the government and other health care providers in terms of patient days

- Focus is needed on payment mechanisms
- The role of Public-Private Partnerships (PPP) and Foreign Direct Investment in reducing health care expenses needs to be studied.

## State Initiatives

### Old Age Care Services at AIIMS, New Delhi

The presentation covered in brief the geriatric and related health care services at AIIMS. Dr. Dey presented an overview about the initiation and establishment of geriatric care services at AIIMS, including comprehensive geriatric care assessment and a clinic at the institute. Beginning as a World Health Organization (WHO) sanctioned intervention, efforts were made to spread awareness about geriatric care with AIIMS at the forefront. Daily Out-Patient Department (OPD) services for the elderly were established, and after the announcement of NPHCE in 2011, a Department of Geriatric Medicine and a ward for geriatric care were established, and a post-graduate course (MD) in Geriatric Medicine was introduced. At present, geriatric care services at AIIMS include daily OPD services, a memory clinic, a 24-bedded general ward, a private ward, dependency services, an ICU for the elderly and physiological and nutritional day care services. The Frailty Intervention Programme, which comprises an exercise and nutritional package, is also included in the hospital's services. In addition, there is focused cancer care for the elderly which provides most patients with palliative care and in some cases, with curative care.

Dr. Dey elaborated on the ongoing educational programmes at the Institute namely, undergraduate classes and a postgraduate (PG) degree in geriatric medicine, with special emphasis on the need for training in geriatric care, especially in developing countries. Research in geriatric care and gerontology is also a focus area. Themes for research under the MD and PhD programmes include cancer in old age (which attempt to bring out evidence-based policy documents to determine who will go into curative and who will go into palliative care); frailty intervention (working on markers of ageing, working on animals for muscle regeneration); the use of Ayurveda for active ageing and the use of yoga for old age disability.

Dr. Dey spoke about the collaboration between AIIMS and HelpAge India and suggested that regional institutions partner with similar local NGOs. Further, as required under NPHCE, training was provided to nurses, and internships were offered to students from the NISD and post-graduate students from the University of Delhi. Assistance was provided to establish geriatric departments in hospitals in Sri Lanka, Nepal and Bangladesh. Dr. Dey concluded his presentation saying that the aim was to work towards enabling the elderly to lead a dignified life.

The Chair informed the gathering that National Centre on Ageing would be established in 2015.



**Dr. A. B. Dey**  
Professor of Medicine and Chief  
Geriatric Division,  
AIIMS, New Delhi

## Health Services for Older Persons (Varanasi)



**Dr. I. S. Gambhir**

Professor of Medicine, Head,  
Division of Geriatric Medicine,  
Nodal Officer – Regional Geriatric  
Centre, Institute of Medical Sciences,  
Banaras Hindu University (BHU),  
Varanasi

Dr. Gambhir began his presentation by speaking about the geriatric clinic which was started at the Institute of Medical Sciences (IMS) and designated as an RGC in December 2010. Due to local administrative problems, few activities were undertaken during 2010–2012. However, this changed from 2013 onwards with the introduction of a geriatric ward, a geriatric OPD and recruitment of 14 health care personnel. A matter of concern was the signing of a Memorandum of Understanding (MoU) in 2017 after the XII<sup>th</sup> Five Year Plan between the University Grants Commission (UGC), BHU and MoHFW. The UGC has reportedly refused to address this issue. Dr. Gambhir said that while AIIMS was supported by MoHFW, other RGCs were not supported to run the MD programmes in geriatric care. This was particularly true of states where the liaison between health ministries and state governments was lacking, as in Uttar Pradesh. This needs to be addressed. He said that on paper NPHCE is a good programme, but implementation is poor. Ideas from academia and other stakeholders must be incorporated for effective programme delivery.

Dr. Gambhir felt that with regard to the educational programmes, financial packages for the Geriatrics course were inadequate. For example, there were no applicants for the post of Assistant Professor, despite a monthly pay package of INR 50,000. He attributed the lack of applicants to more lucrative offers in the private sector. The package for higher posts too, was woefully inadequate. He suggested more sensitization, better pay packages and appropriate mechanisms to handle existing anomalies as some measures to address these problems.

**Chair:** The critique of NPHCE was unduly harsh. With regard to UGC's refusal to sign the MoU, she said higher intervention has been sought.

## Health Services for Older Persons (Rajasthan)



**Dr. Ram Nivas Meena**

State Programme Officer,  
Department of Health,  
Government of Rajasthan

The NPHCE was introduced in 2011 in seven districts of Rajasthan, with five more being added in 2013. The biggest problem was the lack of human resources, with doctors being available only in Jodhpur. Issues with other centres were unavailability of sufficient facilities like staff, wards, medical personnel and infrastructure. Moreover, geriatric clinic staff and medical officers were not available in all districts. Some of the initiatives that have been introduced for the elderly are OPD services, separate queues for OPD, free medicines and unique identity cards. A week long campaign was organized to increase awareness. Vehicles with loudspeakers were engaged, meetings were held at different places to ensure geographical coverage of remote areas and to increase awareness about elderly care and special services, IEC materials were distributed, sensitization meetings were held and training of health care personnel was conducted to provide quality services.

## Concerns/Questions/Suggestions

- Geriatric services and academic programmes at AIIMS, Delhi were acknowledged. However, complex problems were seen at different levels in the NPHCE Scheme. The original target was to cover all the districts, and there are three more years to do so. There is need to acknowledge the ongoing efforts as these are significant too.

## Comments

- NPHCE is a state revenue scheme with a top-down approach. Families and the elderly themselves have to be trained in preventive care so that the burden of curative care on the state is reduced.
  - Schemes should identify dynamics of different cultures, language, and other aspects to ensure better implementation of the NPHCE.
  - The seven-state study under BKPAI has shown the burden of disease as of now. However in the last 28 years, successive surveys have shown that despite several initiatives, morbidity is on the rise, especially chronic diseases.
  - Morbidity refers only to chronic illnesses. However, the elderly also complain of body ache, insomnia, fatigue etc. which also need to be addressed
  - The government will not be able to meet the rising health costs of the elderly. A suggestion put forward by WHO may be considered – that health care need not be compartmentalized, but may be addressed through training of one team. This may reduce costs.
- Geriatric care began in Delhi and this is commendable. It is commonly observed that the answer to most health related problems is to prescribe a pill, with little attention paid to lifestyle and related issues. No country can meet increasing health expenditures. The focus should be on preventive medicine and healthy and active ageing.
  - Unnecessary hospitalization occurs among the elderly who have insurance. Insurance companies also cover the cost of medicines and this may also contribute to unnecessary hospitalization.
  - Staff at health care institutes need help in dealing with elderly patients, especially in tertiary level hospitals, where the elderly need help in terms of mobility and getting health care. There is a need to make informed decisions about dying with dignity. One must also consider what can be done with regard to home-based care in terms of covering costs.
  - The term 'geriatric' is not very well known. This needs to be addressed.
  - Clarification is needed on administrative procedures in emergency cases.
  - Elderly women need to submit a document stating that they are alive ('life certificate') to avail widows' pension. However, how do elderly women, who are already restricted in their mobility, complete such formalities?
  - People visit private institutions as a last resort.

**Chair:** The government has a package of services for the elderly under NPHCE and will look into the problem of lack of trained human resources.

## Points that Emerged from Session III

- Need for trained manpower and human resource personnel at the RGCs and for monitoring and supervision
- Examine payment mechanisms, given the multiple hospitalization episodes
- Examine the role of PPP and Foreign Direct Investment in the insurance sector in reducing health care expenses
- Efforts to be made towards establishing a National Centre on Ageing
- More responsive interventions required at various levels to address reluctance of the UGC to sign an MoU with the state Health Ministry for expansion of RGCs
- Sensitization meetings and training of health care personnel to ensure quality health care services for the elderly in India

# Session IV

## SPECIAL INITIATIVES

**Date** 4 December 2014

**Time** 4:30 PM to 5:30 PM

**Venue** The Claridges, New Delhi

**Dignitaries on the Dais** **Chair:** Chair: Prof. Moneer Alam, IEG, Delhi  
Dr. Jagadeesan, Chief Health Officer, Chennai Corporation, Government of Tamil Nadu  
Mr. Kiran Nanavati, Independent Consultant, Ahmedabad, Gujarat  
Ms. Saroja Thiruvengadam, Deputy Director, Social Welfare and Nutritious Meal Scheme, Government of Tamil Nadu



## Amma Unavagam (Amma Canteens)



**Dr. Jagadeesan**  
Chief Health Officer,  
Chennai Corporation,  
Government of Tamil Nadu

Dr. Jagadeesan began his presentation by saying that the *Amma Unavagam* scheme was an initiative to provide low cost, hygienic and nutritious food to the needy. However, this model can be extended to benefit the elderly. He gave a profile of the city of Chennai. Chennai has 3,200 slums which are home to 18 lakh people. The *Amma* canteens were inaugurated by the Chief Minister in February 2013 and currently there are 207 operational canteens. The scheme is implemented by the Chennai Corporation and there is an inter-departmental cooperation system to ensure that the scheme runs properly. Food is provided at very cheap rates. For example, an *idli* costs Re. 1 and *sambhar* costs Rs. 5. All the canteens have good infrastructure. There is no compromise on the quality of food. All the canteens are certified under Food Safety & Standards Authority of India (FSSAI). Monitoring of hygiene, quantity and quality of the food is carried out on a regular basis. Sales data is showing an increasing trend, 250,000 people benefit every day and the scheme provides a livelihood to 5000 women who are responsible for running these canteens. The scheme has been extended beyond Chennai and there are now 90 *Amma* Canteens across Tamil Nadu. It can be regarded as a social security and food security measure as well as an employment programme.

## Social Welfare and Nutritious Meal Scheme



**Mrs. Saroja Thiruvengadam**  
Deputy Director,  
Social Welfare and Nutritious Meal  
Scheme, Government of Tamil Nadu

Mrs. Thiruvengadam informed the gathering that the Social Welfare Department implements schemes for people from pregnancy to old age. There are 26 old age homes being run with the help of NGOs, having the capacity to accommodate 1,040 elderly. Other services include awareness programmes and health units. The Department is also running Special Integrated Complexes for destitute and abandoned senior citizens and children to promote inter-generational bonds. There are 64 such homes – two per district – where the elderly and children are provided food, shelter, medical care and recreational facilities. There are 3,200 beneficiaries under this scheme for which the government has allocated INR 9.44 crore. The share of expenditure is in the ratio 75:25 between government and NGOs.

Eighty one Tribunals, each under the Revenue Divisional Officer, and 32 Appellate Tribunals, each under the District Magistrate, have been constituted under MWPS Act, 2007. The function of the tribunals is to receive petitions and monitor that maintenance orders are carried out. Members of the tribunal receive training. The petitions received are marked to the District Social Welfare Officer (DSWO), who acts as the Conciliation Officer as well as the Maintenance Officer. The tribunal can award maintenance up to a maximum of INR 10,000. Elderly persons can also approach the court but the procedure is longer and requires the intervention of an advocate. Tribunals conduct several hearings and take a more humane approach. The Appellate Tribunal hears appeals against the orders passed by the tribunal.

There were 949 new cases in 2013 and 1,259 petitions up to April 2013.

A State Council of Senior Citizens under the chairmanship of the Chief Secretary to the State Government has been constituted, comprising 16 official and nine non-official members to discuss issues related to the elderly. A District Council under the chairmanship of the District Magistrate has also been constituted in each district and includes two senior citizens. Issues are discussed by the district level committee.

Tamil Nadu has 17 pension schemes including a pension of INR 1,000 for those aged 60 and above, women aged 50 and above and transgender persons aged 40 and above. Discussions are underway to provide mobile health clinics, geriatric care and safety and security for the elderly, as well as to enhance the monthly pension for widows, the differently abled and persons aged 80 and above to INR 1500. Mrs. Thiruvengadam said that checks and balances are needed to address pilferage. She cited the example of the postman who takes INR 20 from each elderly person as the pension is provided in cash through the post office.

Other proposed measures to benefit the elderly include the setting up of a separate directorate for senior citizens in the state and issue of identity cards to senior citizens.

## Facilitating the Vulnerable to Get Cash Benefit Entitlement Under Government Social Security Schemes: Findings from UNPFA Pilot Project

Mr. Nanavati shared the concerns that had emerged from the findings of the pilot study conducted in Navsari District of Gujarat, focusing on government schemes offering financial assistance to BPL families and the reach of these schemes. The study found that people faced problems in accessing the facilities. One of the major obstacles was getting to the facility itself – the elderly usually need assistance to do so. Other challenges include bureaucratic hurdles at government offices, high cost of documentation, alterations in required documents, and discouraging attitude of officers. Mr. Nanavati called for a social change to change the approach of the government and said that universalization of pension is the solution.



**Mr. Kiran Nanavati**  
Independent Consultant,  
Ahmedabad, Gujarat

## Points that Emerged from Session IV

- The major problem is identification of the beneficiaries and this is what makes implementation less effective. The solution is to make pension universal.
- The social entrepreneur models can be adopted to provide the elderly options needed to enable them to live on their own and remain independent. The ventures should be as per their capabilities and willingness.

# Session V

## PANEL DISCUSSION WITH HON'BLE MEMBERS OF PARLIAMENT

**Date** 4 December 2014

**Time** 6:30 PM to 8:00 PM

**Venue** The Claridges, New Delhi

**Dignitaries on the Dais** **Chair:** Ms. Frederika Meijer, Representative, UNFPA India and Bhutan  
Shri Baswaraj Patel, Hon'ble Member of Parliament from Karnataka  
Shri Ajay Mishra, Hon'ble Member of Parliament from Uttar Pradesh  
Shri Gopal G. Shetty, Hon'ble Member of Parliament from Maharashtra  
Shri Lakhan Lal Sahu Hon'ble Member of Parliament from Chhattisgarh  
Shri Shankarbhai N. Vegad, Hon'ble Member of Parliament from Gujarat  
Shri Bansilal Nathu, Hon'ble Member of Parliament from Chhattisgarh



## Moderator

The venue of this session was the UN Conference Hall, 55 Lodi Estate, New Delhi

Ms. Ena Singh welcomed all those present and called upon Ms. Frederika Meijer to say a few words to begin the panel discussion.

Ms. Meijer appreciated the sessions of Day 1 which highlighted issues of the elderly, as well as the experiences and findings by the government officials, NGOs and researchers.

A film by UNFPA, *Isolated Within*, highlighted the multidimensional vulnerabilities faced by older persons in rural India, focusing on migration of the younger generation, morbidity faced with advancing age, poor social support, loneliness, change in living arrangements, poverty and work participation due to compulsion. The film revolves around an elderly couple in the rural context whose son leaves home for better work opportunities and lifestyle. It clearly highlights the implications of 'population ageing' and the need for joint efforts by stakeholders to take action.

Ms. Ena Singh presented some statistics related to the elderly in India. Given the growing numbers of elderly, and the emerging issues that need to be addressed, she said that many interventions are already in place as presented in the morning's sessions but in view of the findings and challenges identified, a lot more needs to be done. She requested Shri Baswaraj Patel to share his thoughts on how India should respond to the coming challenge by taking advantage of the wealth of wisdom that the older people have.

## Highlights of the address by Shri Baswaraj Patel

Shri Patel began by saying that we should not look to other countries for solutions to dealing with the problems faced by the elderly. We need to solve them in our own way, keeping in mind the challenges.

Old age has diverse problems. Ironically, one realises the problems only when one reaches that age. For example, in about 22 years, there will be 50 lakh retired software engineers in India. While they would have no financial problems, they would not have any social support system, which would impact them psychologically. Ideally, the elderly should develop strong bonds within the family. They also need to change their lifestyle and way of thinking with the changing times so that they can live in harmony with others. This would reduce their problems as well.

Sometimes ego causes a lot of problems. For example, if one is running a big business and then retires, one misses the attention one is used to getting and may become frustrated. If one takes this frustration out on the family, they are bound to retaliate.



**Ms. Ena Singh**  
Assistant Representative, UNFPA India



**Shri Baswaraj Patel**  
Hon'ble Member of Parliament from  
Karnataka

Shri Patel said that the elderly needs to know that they have a wealth of experience which can make them valuable members of the community. They may need the guidance of their family or others to identify how they can contribute to society. They need to think in terms of giving back to society by doing voluntary work. In addition, they should be flexible in their thinking, else they would have a lonely life.

The elderly in different parts of the country have their own unique problems. Awareness needs to be created accordingly among them, their families and communities. The elderly should also know that they have a responsibility to do what is expected of them as 'senior' members of the society.

The government needs to provide for the poor and helpless elderly in terms of health, livelihood and care.

He concluded by saying that death is inevitable and that we must ensure that it is dignified.

Since the next speaker, Mr. Ajay Mishra had been held up and joined the panel discussion late, Ms. Ena Singh briefly recapitulated the statistics related to the elderly in India. She also spoke about the day's proceedings and gave a gist of the first speaker's talk which emphasized that the solutions needed to be India-specific – rooted in our culture, in our systems and in the strength of our elderly. She then requested Shri Ajay Mishra to express what he thought was the way forward.

## Highlights of the address by Shri Ajay Mishra

Shri Mishra said that traditionally, great respect has been accorded to the elderly in India. The whole family used to look up to them and take the benefit of their experience to address the problems encountered in daily life. However, things have changed now. The elderly are often seen as unproductive and therefore, as a burden. Their advice is disregarded. The disintegration of the joint family has had an adverse impact on the welfare of the elderly, both mentally and physically. The elderly feel their life is meaningless.

Shri Mishra felt that we need to return to the moral values of our culture and traditions that accord a special and respected position to the elderly.

Mindsets have not undergone such a drastic change in the villages, so the elderly have the support of their families but they lack financial stability. The situation is the reverse in the urban areas, where the elderly are better off financially but lack family support. As people get older, their strength wanes and they need both physical and psychological support.

He suggested that the retired and elderly persons participate actively in the community, so that others can benefit from their training and experience, as in the case of teachers and doctors. This would give the elderly a sense of purpose and would promote feelings of enthusiasm and usefulness in them.



**Shri Ajay Mishra**  
Hon'ble Member of Parliament from  
Uttar Pradesh

The government has launched various schemes but they are not reaching all the intended beneficiaries. This needs to be addressed. Shri Mishra spoke about the 'life certificate' which elderly pensioners have to submit every year and said that the current government had taken a decision to do away with it.

He said that senior citizens are important for the family, the community and the nation and if this can be communicated to all, the elderly will get the respect that is due to them. Active ageing will enable the elderly to contribute to society as long as they are able to work – even as volunteers. This, in turn, will increase their sense of well-being and earn them the respect of society.

He concluded by saying that he would raise the issues related to the elderly not only in his capacity as a Member of Parliament, but wherever possible.

Ms. Ena Singh agreed with Mr. Mishra that the requirements of people in rural and urban areas were different and said that thought needs to be given as how to ensure that the benefits of the various schemes reach the intended beneficiaries. She introduced Shri Gopal Shetty, who, as Mayor of Bombay had done a lot on issues related to health and is known for providing practical solutions to problems. She requested him to share his thoughts on how the planned government interventions can be taken forward practically.

## Highlights of the address by Shri Gopal Chinayya Shetty

Shri Shetty felt that adherence to Indian culture is strong and he did not think this would change. Hence, he did not think that care of the elderly should be considered a problem. However, there is need to think and work for the care of the elderly. He said that in Maharashtra, while his party was in opposition they had raised the issue of inadequate provision for the elderly and now that they were in power, they would work towards improving the situation. However, while the government could devise plans, make rules and allocate funds, the onus of deriving benefits and achieving results would lie with the community.

The issue of ageing affects everybody since all of us will age. As the country has progressed, the problems have increased. Even the way problems are viewed has changed. Every generation has its own way of looking at things. The elderly need to understand and accept this so that they can live in harmony with the younger generation. He suggested that television be used to reach a wider audience and create awareness so as to change the mindset of people.

He expressed confidence in the strength of Indian culture and said that even if the elderly are separated from their children, the community takes care of them. The conference itself was an indication that the larger community was concerned about the elderly, even if their own children had abandoned them.



**Shri Gopal Chinayya Shetty**  
Hon'ble Member of Parliament from  
Maharashtra

The government and the community need to work together so that the needs of the elderly are taken care of. He cited an example from his own constituency, where a seven acre park has been created as a meeting place for the elderly. They gather there in large numbers every evening and are given refreshments. Weekly programmes and an annual picnic are arranged for them. He has found a radical change in them – they appear to have become relatively free of tension. This initiative has proved to be beneficial for their children and their spouses as well, since they get time together. He emphasized the need to understand each others' requirements and be accommodating to improve the situation.

Shri Shetty concluded by thanking the organisers for arranging the conference, saying it is the need of the hour. He asked for suggestions and assured his help and that of the government in addressing the issues.

Ms. Ena Singh thanked Shri Shetty for his assurance that he would do whatever he could as a *sevak* to implement the suggestions that emerge from the conference. She then called upon Shri Shankarbhai Vegad to share his thoughts.

## Highlights of the address by Shri Shankarbhai N. Vegad



**Shri Shankarbhai N. Vegad**  
Hon'ble Member of Parliament from  
Gujarat

Shri Vegad assured his support to the suggestions emerging from the conference as well as that of all the MPs from Gujarat, both Rajya Sabha and Lok Sabha, numbering 34.

Ms. Ena Singh thanked the speaker for coming and offering his help and support. She said they would take up his offer. She requested the next speaker, Shri Lakhan Lal Sahu, to share his thoughts on how the lives of the elderly could be made more comfortable, more dignified and more safe.

## Highlights of the address by Shri Lakhan Lal Sahu



**Shri Lakhan Lal Sahu**  
Hon'ble Member of Parliament from  
Chhattisgarh

Shri Sahu said that our traditions are changing and as a result, the family is being redefined. Government schemes and programmes alone would not be able to address the problems of the elderly. What is needed is to create a holistic environment for them.

The experience that the elderly have gained, both in terms of work and facing life, is invaluable. If, instead of treating them as a financial burden, we consider them as our heritage and give them the protection and respect they deserve, their problems would be solved.

Mr. Sahu cited what the Prime Minister had said, namely, that he values the suggestions of the common man and these would be taken into consideration when devising Government schemes. This, in addition to the environment we create, would ensure respect of the elderly.

He said that when he was confronted with a problem he could not solve, he turned to the elderly for guidance.

Ms. Ena Singh thanked Shri Sahu for making the time to be at the discussion and invited the next speaker, Shri Bansilal Nathu, to share his thoughts on the subject.

## Highlights of the address by Shri Bansilal Nathu

Shri Nathu began by saying that in earlier times, elders were greatly respected. The change now is due to the erosion of cultural values. He cited the examples of Lord Rama, Lord Krishna and Shraavan Kumar to illustrate the respect that was accorded to the elders in ancient India.

He said that a lot is being done in Chhattisgarh for the welfare of the elderly and he hoped that similar things would happen all over India.

Illness and old age are the two most difficult times in a person's life and disrespect in old age is very hard to bear. We need to inculcate cultural values of respecting and taking care of the elderly in our children through education in school and out of it. The younger generation also needs to understand that if they do not do this, they themselves will bear the brunt when they get old, as conditions will worsen.

We should not expect the government to solve the problems that the elderly face – the community should come forward to address the needs of the elderly.

He concluded by saying that the elderly should not lose heart as they still have the strength to stand on their own feet.

Ms. Ena Singh summarised the proceedings and observed that what had been highlighted in terms of culture and family values was very important. Equally important was to enable young families to look after the vulnerable members – women, children, older people and the people with disabilities.

She said that the demographic profile had changed dramatically over the last two centuries – smaller families, all members going out to work and migration both within and outside the country. This had resulted in some elderly people being left without the support they need in their older years. Programmes and systems need to be put in place so that families can fulfil their responsibilities to the older generation, their children and the vulnerable members. Government help is required for this.

Ms. Singh thanked the members of Parliament for taking time out from their busy schedules to attend the discussion and for promising to work for the cause not only as members of Parliament but as citizens and *sevaks*.



**Shri Bansilal Nathu**

Hon'ble Member of Parliament from Chhattisgarh

## Points that emerged from the Panel Discussion with Members of Parliament

- Rejuvenation of Indian values and traditions obligating the younger generation to respect, care for, show tolerance, avoid discrimination, involve the elderly in decision making and refrain from abuse towards them.
- Responsibility for building and promoting inter-generational relationships in which elderly and young people have to mutually adjust in the changing context.
- Assurance to extend support to include suggestions of organizations working with elderly in policy and planning of facilities for older persons, based on evidence and observations.
- Assurance that the recommendations provided to them will be passed on to the relevant ministries/politicians for their inclusion to improve aspects such as health, income, work and social support needs of elderly.

# DAY 2

## Session I

### WOMEN AND AGEING

**Date** 5 December 2014

**Time** 9:10 AM

**Venue** The Claridges, New Delhi

**Dignitaries on the Dais** **Chair:** Ms. Sarada Muraleedharan, Joint Secretary, Ministry of Panchayati Raj, Government of India  
Prof. G. Giridhar, Consultant, UNFPA  
Ms. Lekha Subaiah, ISEC, Bangalore  
Dr. Mohini Giri, Guild of Service, New Delhi  
Ms. Shailaja Chandra, Former Chief Secretary, Government of NCT of Delhi.  
Ms. Tanie Thomas, District Mission Coordinator, *Kudumbashree*, Ernakulam  
Ms. Rekha Mody, Founder, *Stree Shakti*, New Delhi  
Ms. Sonal Singh Wadhwa, Chief Executive Officer, *Maitri* India



## Women and Ageing



**Prof. G. Giridhar**  
Consultant, UNFPA

In research on ageing, the life course perspective is important. This means that our present understanding of circumstances is based on life events in the past. Since almost 60 per cent of women over 60 years of age had lost their spouse, this group was the subject of the study. Demographic characteristics from the study findings revealed that a high proportion of female widowed elderly are living alone, and a large proportion depends on their children for support. Data on personal income showed that 50 per cent widows had no source of income currently and that only 30 per cent of them received pension. Health data showed that self-reported health was reported to be poor by 24 per cent women. Moreover, on the GHQ scale, used to measure psychological health on a scale of 0-36 (where a score of up to 12 is considered good mental health), 57 per cent of women were found to have scored beyond this threshold.

The big picture perspective was given on the aspect of dignity, which is a complex concept. Dignity is a feeling and accordingly, the study had included elements like respect for wisdom and experience; being consulted; recognition; self-reliance and knowing where to go for help. Also, the United Nations Principles for Older Persons includes dignity and self-fulfilment. The Constitution too promises a life of dignity to all citizens. However, almost half (49%) of the elderly women had almost zero income indicating a high level of insecurity. A big challenge to dignity was illness and morbidity. WHO defines health as “a state of complete physical, mental and social well-being and not merely the absence of disease and infirmity”. Other aspects of the mind and body are also involved if people are to feel healthy and happy. A reference was made to the landmark UN Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), which recognises that women tend to suffer disproportionately from various forms of discrimination and ageing makes this more complex. Global normative standards exist for the rights of elderly women and countries are obligated to permit international review of existing programmes, which is a good opportunity to help ensure dignity of elderly women in India.



**Ms. Lekha Subaiah**  
ISEC, Bangalore

**Chair:** It is important to contextualize the issue. Looking at elderly women means looking at a marginalized population facing specific issues, such as food insecurity, widowhood (whose implications are far more on the elderly), loss of livelihood, and issues of mobility and security. Issues like how to address the shrinking of social and personal space require discussion. Depression is usually seen as connected with active life and is not recognized as something that would affect the elderly too. In addition, with regard to women, in the context of communities, issues of identity emerging from domestic conflicts (between mother-in-law and daughter-in-law), cases of slandering of women, etc. need more attention. Issues such as whether there is engagement among elderly or among groups and if there are examples of healthy engagement should be looked at.

## Remarks by Dr. Mohini Giri

Dr. Mohini Giri began by saying that the beauty of a woman increases with age. She referred to the 1995 Beijing Platform for Action wherein certain areas for intervention like women and poverty, women and education, women and health, women and violence, women and armed conflict and power in decision making were mentioned. She questioned how far the Beijing Platform for Action had addressed these issues and urged that Beijing Plus 20 recognize discrimination against older women and discuss the same on a global platform. Dr. Giri also spoke about the bias against women in reviews. She said that the discrimination faced by women was indicative of the fact that at this stage of life a woman was considered less equal, less important and less a part of the mainstream. Gender-based discrimination was more harmful at this stage as it added to the problems of the female elderly. She spoke about the vulnerability of women with reference to the large number of women in jails and asylums and emphasized the need to assess their traumatic situation. Dr. Giri also stressed upon elderly women's lack of access to key schemes. In the light of all of these issues, there was need to initiate more courses on geriatrics and gerontology. She called for rejecting ageism. She suggested that elimination of pay gaps, compensation of paid care, prevention of violence against women, changing social norms and addressing the impact of armed conflict on elderly women due to the loss of children, access to lifelong education opportunities, finance and transport be looked into in order to enable women to lead autonomous lives of dignity, irrespective of their condition.



**Dr. Mohini Giri**  
Guild of Service, New Delhi

## Remarks by Ms. Shailaja Chandra

Ms. Shailaja Chandra began by saying that the percentage of elderly is increasing steadily. Today it stands at 7 per cent of the total population and will increase to 10 per cent in 10 years time, and later to 13 per cent. This translates into very large numbers of elderly and an increasing dependency ratio. Hence, there is a need for anticipatory strategies rather than addressing problems as they arise. In this context, she emphasized the dependency of most people on familial and social support. She gave a personal example relating to her mother and the problems she faced after the age of 70 to highlight issues faced by the elderly. In terms of health, she observed that if caregivers at home would take note the minor problems that arise due to old age when they surface, it may be possible to ward off these problems at least for a few years if not prevent them. Ms. Chandra spoke about the attitude of caregivers (at home) towards the elderly giving the example of her own mother who was being spoken to 'like a piece of furniture'. This, she said highlighted the presumption of caregivers that the elderly were dull or lacked lucidity. Caregivers needed to be made aware of how to take care of the elderly and Ms. Chandra said that the health services had good guidelines for dealing with the elderly. She asked why the elderly should ever face a lack of dignity with regard to seemingly simple daily activities like dressing, hygiene, and bathing.



**Ms. Shailaja Chandra**  
Former Chief Secretary,  
Government of NCT of Delhi

Ms. Chandra said that in terms of economic security, elderly women had little or no land holdings, property or similar assets and suggested that lawyers, doctors and social workers could form a group and provide single window service to the elderly. Ms. Chandra also said that more focus was needed on women's issues and gave two examples of good practices. One was that of Mr. G.R. Gupta who headed a group of senior citizens who were willing to intervene in cases of property disputes. While she emphasized the need for more such efforts, she also stressed that the focus be on social support and not vigilantism. The other example given was that of the All India Services Association, a group in Rajasthan (comprising IAS, IPS and Indian Forest Service officers). They have divided Jaipur into nine localities and senior citizens from each locality could call for assistance to redress problems and grievances. She suggested that a group of women could undertake a similar exercise at RWA/locality level.

## Kudumbashree Scheme



**Ms. Tanie Thomas**  
District Mission Coordinator,  
Kudumbashree, Ernakulam

The *Kudumbashree* scheme is a Kerala state poverty eradication scheme through networking of women, most of whom are poor. It is among the largest networks of women in India, having 41.5 lakh members and covering more than 50 per cent of the state's population. Through the scheme, an attempt is made to create a community support system for the elderly, as part of their social inclusion and universal mobilization. The guiding slogans are, "Reaching out to families through women" and "Reaching out to communities through families". The scheme is implemented in convergence with the *Panchayati Raj* Institutions (PRIs), government departments and the community itself. Ms. Thomas gave a brief overview about the basic structure of the scheme namely, a network of women, with one woman representing one family. The *Kudumbashree* members are mostly aged between 18 and 55 years, and the focus is on microfinance, microcredit, NREGA and microenterprise activities. After the women complete 55 years of age, they make way for newer members, mostly daughters or daughters-in-law of the older members.

*Kudumbashree* has launched a new intervention – neighbourhood groups for care and support of elderly persons – with the elderly categorized as active (working and requiring livelihood support), assisted (requiring social and psychological support and health care in addition to livelihood support and destitute (requiring sustenance and palliative care). A pilot programme has been initiated in two blocks of Kollam and Ernakulam districts, covering 11 panchayats. Ms. Thomas briefly explained the objectives of the programme which were to understand the problems of the elderly through a needs assessment at ward level, to mobilize the vulnerable elderly for social and psychological support, to ensure income through livelihood programmes, to ensure community based care for destitute and deserted elderly and create suitable systems for protecting the rights of the elderly at the Panchayat level. The major activities under the programme are to provide social space for elderly

women where they can interact; to create special area development societies for the elderly at ward level and select area development societies to be a part of community development societies (CDS) at Panchayat level.

A corpus fund of INR 30,000 was created for the pilot programme for microcredit and for social activities. In addition, special activity groups have been formed at the neighbourhood and ward level, comprising of active and assisted elderly based on their interest, experience and abilities (for example, cutting and packaging of vegetables for sale, backyard poultry, animal husbandry, packaging of groceries, etc.) and working capital to start these activities was provided. Skill development programmes also have been initiated. *Kudumbashree* implements and monitors these community based elder care activities. Other programmes include counselling support by qualified professionals, interaction between the elderly neighbourhood groups and *Bal Sabha* members (children's neighbourhood groups), a multipurpose day care-cum-livelihood centre at Panchayat or block level, *Aashray* project to provide holistic care for the destitute elderly, identifying and training nurses who would support the PHCs in providing palliative care for the bedridden elderly and a Grievance Redressal Committee comprising *Kudumbashree* representatives and Panchayat leaders. Most of these follow the (PPP) model between voluntary agencies and government agencies, with the government providing 40 per cent of the funds.

**Chair:** Appreciated the *Kudumbashree* initiative and said that if the pilot was successful, it could be brought to scale very quickly. States such as Kerala and Punjab need to look at issues related to ageing as they are the front runners as far as ageing is concerned. The place of elderly women in the SHG movement also needed assessment as it was to be universalized across the country. Under the *Kudumbashree* initiative, women who have retired from the labour force come back as knowledge practitioners, providing knowledge to a new generation besides having financial security and social solidarity as a result of being part of a government programme. SHGs also provide a cultural space for women. It has been found that elderly women are often more active participants in celebrations than younger women. Engaging the active elderly as a community resource would address issues of security, dignity, livelihood security and social space.

## Documenting of Good Practices on Care of Elderly Women

Ms. Mody began with a call to replace the word 'widow' with terms such as 'single' and 'abandoned' female elderly. She appealed to the government to provide free public transport to women above 70 years of age on the occasion of the country's 70<sup>th</sup> year of Independence. She highlighted the problems faced due to a lack of digital knowledge, particularly among the elderly and also suggested that the Delhi administration follow the example of Kolkata by signing a declaration to make it a gender friendly city. She gave a brief



**Ms. Rekha Mody**  
Founder, *Stree Shakti*, New Delhi

introduction of the study saying it was a research based project aimed at gathering good practices from different regions on care of elderly women. She touched upon the identified 10 best practices from Vrindavan, Udaipur, Gujarat, Vidarbha, Pune, Kolkata, Kerala and the Nightingale Medical Trust and gave the rationale behind collecting good practices, given the dearth of information on government and voluntary interventions, advocacy for innovative programmes and sensitization. Ms. Mody listed the criteria adopted for the selection of the best practices, namely

- Wide coverage
- Effectiveness
- Innovation
- Sustainability
- Replicability

The best practices included innovative income generation mechanisms, SHGs and elderly volunteers' bureau for the less abled elderly.

## Project *Jeevan* (at Vrindavan)



**Ms. Sonal Singh Wadhwa**  
Chief Executive Officer, *Maitri* India

Ms. Sonal Singh began her presentation by reiterating that abandoned women need to be included in programmes for elderly care development. The aim of the *Jeevan* Project was to guarantee dignity and respect to the elderly. Loneliness, rejection, lack of protection, lack of meaningful occupation, lack of leisure activities and abuse on the streets were cited as the major problems faced by the female elderly at Vrindavan. Ms. Singh listed the major challenges faced by the women – poor access to ration cards and related services, poor access to pension and inadequate pension amount (INR 300 every six months) for those who do avail the pension benefits. Moreover, deep-rooted socio-cultural norms and structural violence combined with low desire among elderly women to fight for their legal rights was another impediment to their care. She cited an example of survival instinct among the women namely, that the women would eat more than they normally would at the mid-day meal that was provided, possibly because of concern about the next meal.

The rationale behind the two old age homes instituted under the project was to provide a safe space and sense of community and understanding among the female elderly. Ms. Singh conveyed that the higher the levels of trust, the more were the instances of health-seeking behaviour among the female elderly. She spoke about attempts to network with hospitals for provision of specialized care as also attempts to reunite the consenting elderly with their families. Ms. Singh concluded the presentation with some thoughts on the way ahead:

- Single, abandoned and widowed women should be accepted by society as individuals in their own right
- Emphasis needs to be on respect and dignity of elderly women and on building relationships to nurture them

- Need for an ageing resource centre with a focus on elderly care training programmes
- Need to ensure financial security, access to health care (hospitals to earmark beds and facilities), improving nutritional standards in the absence of family and even at home
- Need for social change and transformation to address structural violence.

Concluding the session, the **Chair** briefly touched upon capacity building for *Panchayati Raj* Institutions which has a three-tier system. For instance, in Kerala, panchayats have about 25 per cent state funds and about 70 per cent of this is in the hands of the gram panchayat. Every tier is expected to set aside about 5 per cent of these funds for children, disabled and the elderly. Elderly are seen as a specific vulnerable group. Across India, the devolution of power and related authority is poor. There is a lack of knowledge about the distinction between PRIs and panchayats. Panchayats in India lack infrastructure, personnel and training and there is a need to change inadequacy and ignorance at the panchayat level, which has been documented by the Ministry. The example of the state of Assam was given, which prioritized the needs of the elderly, conducted community assessment, organized meetings with the functionaries and accordingly implemented activities.

## Concerns/Questions/Suggestions

- A concern was raised about the concept of caregivers and how they would keep pace with the demand. At present, caregivers are being trained but the wages are very low. What could be done to ensure that they get a self-sustaining wage?

Ms. Tanie Thomas said that the panchayats in Kerala have to set aside funds for palliative care. *Kudumbashree* provides a stipend and the panchayat gives an honorarium of INR 6000 per month. Health care entrepreneurship programmes are also provided as a micro enterprise, under which the caregivers also get a nominal fee for home-based health screening (measuring blood pressure, sugar and cholesterol). This earning is in addition to the honorarium. Some palliative care nurses are now earning about INR 25,000 per month.

**Chair:** This system is not a full time commitment, but is better than not providing care at all. From the caregiver's point of view, an amount of INR 6000 per month is a part time remuneration.

- Kerala has a palliative care policy. Other states may look at the policy for replication in their contexts. Kerala must also be looked at in terms of migration of the younger people and the care issues that emerge. *Kudumbashree* and palliative care can be linked to this gap. Some funds should go into elderly issues from the government budget.

In Kerala, almost all panchayats are already allotting funds for elderly.

**Chair:** Issues of ageing and gender are seen as a double whammy, or double marginalization. The value accorded to elders by our culture has not been exploited enough. Programmes in some states use the elderly as a resource. The experience from *Kudumbashree* shows that elderly women could become powerful, articulate champions for voicing issues and getting male counterparts in places of power to listen. The state has not looked at this potential of the female elderly and needs to do so.

## Points that Emerged from Session I (Day 2)

- Review existing international programmes while devising strategies to help ensure dignity of elderly women in India
- Discrimination against elderly women should be dealt with on a priority basis. Elimination of pay gaps, compensation of paid care, prevention of violence against women, changing social norms and addressing the impact of armed conflict on elderly women due to the loss of children, access to lifelong education, finance and transport need be looked into in order to enable women to lead autonomous lives of dignity, irrespective of their condition
- Need for anticipatory strategies addressing problems faced by elderly women rather than addressing problems as they arise
- Removal of the word 'widow' and inclusion of terminologies such as 'women who are single' and 'abandoned'
- Need for documentation of good practices due to a dearth of information on interventions in elderly care, especially for women
- Emphasis to be given to establishing an ageing resource centre with a focus on elderly care training programmes

## Session II

# UPDATES FROM THE REGIONAL TRAINING AND RESOURCE CENTRES

<b>Date</b>	5 December 2014
<b>Time</b>	10.30 AM to 11.30 AM
<b>Venue</b>	The Claridges, New Delhi
<b>Dignitaries on the Dais</b>	<b>Chair:</b> Ms. Ghazala Meenai, Joint Secretary, MoSJE, Government of India Dr. Abha Chaudhary, Chairperson, Anugraha, New Delhi Dr. Indrani Chakravarty, Chief Functionary, Calcutta Metropolitan Institute of Gerontology, Kolkata Dr. N. B. Devkarna Singh, Regional Resource Training Centre North-East India Mr. S. Prem Kumar Raja, Co-Founder, Nightingale's Medical Trust, Bangalore



Ms. Ghazala Meenai began the session by saying that NGOs who have done very good work in the field have been nominated as Regional Resource Training Centres (RRTCs). They are the Ministry's arm in the field and are responsible for documentation, training and implementing the schemes at the grassroots level. She praised the interventions made by the RRTCs, and commended them for being a real support to the Ministry of Social Justice and Empowerment.

She then invited the first speaker to make her presentation.

## Anugraha: Regional Resource and Training Centre on Ageing (North)



**Dr. Abha Chaudhary**  
Chairperson,  
Anugraha, New Delhi

Dr. Abha Chaudhary thanked the organizers of the conference and the chairperson for giving her the opportunity to be a part of the conference, and for including RRTC as an important part of the agenda in the conference. She started by presenting a brief profile of Anugraha which is a 14-year-old organization, and has been working in varied areas of community development and old age issues. She informed the gathering that Anugraha is a Founder Member, State Council for Senior Citizens, Government of Delhi and had participated in the International Conference on Ageing in Spain.

Anugraha's programmes include research and documentation, awareness generation, international partnership, recreational centres, health care, as well as networking and advocacy. Anugraha is one of the RRTCs identified by MoSJE. It covers three states – Delhi, Haryana and Uttarakhand. Activities at Anugraha since 2010 include maintaining a database, training and capacity building, research on ageing issues, advocacy and networking. The training and building capacity programmes are *Samman Kendra*, which is a field outreach day care and training centre for senior citizens, and *Swabhimaan Kendra*, which has now become a hub for retired professionals in Dehradun. Anugraha works with NISD and runs courses in collaboration with them. The courses are on basic care/issues related to the elderly – geriatric care and counselling, computer course, bedside assistance and home care. A total of 175 trainings were held from 2010 to 2014.

Anugraha organizes various programmes to sensitize young people about issues pertaining to the elderly. The programmes include awareness, advocacy, and better implementation of schemes of the government. Dr. Chaudhary also made recommendations to the panel and Ministry of Social Justice and Empowerment. These were revision of cost norms, revamping of IPOP, timely release of Grant-in-Aid (GIA), promotion of RRTC as a centre of excellence, representation of RRTC in the inspection team, more research on and impact assessment of MWPS Act, 2007.

## Calcutta Metropolitan Institute of Gerontology: RRTC (East)

Recalling the five aspects of community development proposed by Mahatma Gandhi, Dr. Indrani Chakraborty informed the gathering that Calcutta Metropolitan Institute of Gerontology (CMIG) also works along similar lines and that research is its core strength. The activities are centred in West Bengal and spread across the eastern states. CMIG focuses on advocacy and awareness of the issues related to the elderly. She commended the UNPFA BKPFI survey and agreed with the finding that there is huge gap between awareness and utilization of the schemes meant for the elderly. CMIG organizes health camps to spread awareness about the rights of the elderly and to provide health services.

CMIG is addressing the lack of trained workforce by conducting short-term courses like Postgraduate Diploma in Gerontology. Recently an M.Sc. in Dementia has also been introduced in collaboration with NISD. CMIG also keeps track of placements of students and organizations that can hire them. Some other short-term courses like a computer course for senior citizens are also offered here. Programmes under capacity building include health and well-being, participation, security, ensuring and enabling supporting environment and research. An online course on population ageing has also been started. Dr. Chakraborty concluded her presentation by informing the gathering that under IPOP, CMIG has two day care centres catering to the needs of the elderly.

The **Chair** thanked her and was appreciative of the fact that CMIG kept track of students after training them. The next speaker, Prem Kumar Raja was then invited to share his views.

## Improving Quality of Life of the Elderly Under Institutional Care, based on Our Experience as RRTC-South

Mr. Prem Kumar Raja shed light on the current status of old age homes in the country and discussed the measures developed by the government for minimum standards to be adhered to in old age homes. He said that there are around 4,000 old age homes in the country and given the current demographic trends, the demand is likely to go up in the future. He expressed his concern over the poor infrastructure of the old age homes as they are often overcrowded, offer poor hygiene, have a limited number of toilets, lack basic facilities such as running water etc. The Nightingale's Medical Trust, in its capacity as RRTC South, had visited 95 old age homes in South India, of which only 17 per cent were at par with the minimum standards laid down by the government. He suggested that the possible reasons for poor conditions and maintenance of old age homes are inadequate and delayed funding, absence of a proper monitoring and assessment mechanism, insufficient training and inadequate human resources.



**Dr. Indrani Chakravarty**  
Chief Functionary,  
Calcutta Metropolitan Institute of  
Gerontology, Kolkata



**S. Prem Kumar Raja**  
Co-Founder,  
Nightingale's Medical Trust, Bangalore

Nightingale's Medical Trust advocates adhering to the minimum standards of maintaining the old age homes. The Trust had conducted a consultative meet and made some recommendations like the need to have categorization of old age homes in rural and urban areas, different rules and regulations for commercial and not-for-profit organizations and essential standards rather than minimum standards. Mr. Raja suggested four principles to deal with the issues of population ageing – active ageing, receivers versus contributors, promote dignity and restore overall well-being. He proposed the following norms for old age homes.

### Physical Aspects

- Located in quiet, residential locality
- Well ventilated, concrete roofing, hygienic and spacious
- Safe drinking water and water for ancillary purposes
- Elderly-friendly features
- Separate rooms for sick persons, recreation, prayer, kitchen, and storage of medicines
- Visitors' room, reception, dining room
- Toilets and bathrooms – 1 for every 5 persons
- Four sets of clothing in a year, bed sheets, pillow covers
- Facilities for washing of clothes to be ensured
- First aid box, thermometers, BP apparatus, weighing machine
- Stethoscope, glucometer and nebulizer
- Minimum area per inmate – 7.5 square meters
- Living carpet area per inmate including ancillary areas like kitchen, dining hall, recreation room, medical room etc., excluding verandas, corridors etc. – 12 square meters
- Sufficient number of cooking vessels and serving dishes and adequate plates, tumblers, drinking mugs
- Toilet facilities in line with the Disabilities Act

### Other Requirements

- Trained and experienced staff
- Properly maintained records
- Efficient managing and governing committee
- Regulatory mechanisms such as licensing, inspections and monitoring, and enforcement.

## Regional Resource Training Centre, North-East India

RRTC North-East India covers four states – Assam, Mizoram, Manipur and Tripura. The functions of the RRTC include training of functionaries, advocacy and awareness, liaison with state government, maintaining the database of the institution, research, and other tasks which are assigned to it from time to time by the MoSJE. Dr. Devkarna Singh informed the gathering that most of the NGOs are providing services in only three areas – old age homes, day care, and mobile medicare. RRTC North-East also provides training in collaboration with NSID – one month certificate course on basic issues in geriatric care, computer course for senior citizens, and five-day training on basic care issues related to the elderly. He suggested that there should be helpline facilities to all RRTCs and travelling expenditure under the scheme should be revised. In addition, IPOP should reach the unserved areas and states of the north-eastern part of the country.



**Dr. N. B. Devkarna Singh**  
RRTC, North-East India

### Concerns/Questions/Suggestions

One participant wanted to know what percentage of funds is utilized in each of the activities by RRTCs. The Chair advised the participant to refer to the website for such details.

Another participant expressed concern about the increasing trend of elderly being sent to old age homes, as a result of which such homes are mushrooming. Hence, there is need for regulating them through registration and licensing. She cited the case of an old age home which had to be closed down as it was situated on the third floor. The Chair responded that the government is seized of the situation and has asked for the data on the old age homes in each state, both government and private, as well as whether there is a licensing process. As to the mushrooming of old age homes, she said that while families need to be encouraged to look after the aged members, this is not always practical, as in the case of the destitute and BPL elderly.

Ms. Indrani Chakraborty said that the elderly who were going to the day care centres earlier had to be sent to old age homes when mobility became a problem. Further, while those who are well off and want to belong and participate can be supported and stay with their families, the poor have no option.

Another participant felt that the funds allotted for a particular state were not being adequately utilized. He was assured that this was not the case and several examples of the programmes being conducted were cited.

Representatives from Senior Citizens' Associations appealed to the group to include such associations in all the programmes organized by NGOs for the elderly. It was clarified that IPOP is wholly a central government programme and state governments have no stake in it.

Ms. Ghazala Meenai assured the house that IPOP programmes are evaluated but impact assessment would also be done henceforth. However, she felt there was no need to revamp it as it is demand driven. In response to the recommendation that cost norms be revised, she responded that cost norms had already been revised and would be adopted shortly. She encouraged NGOs to send their proposals for studies whenever advertised for, which would be considered and assigned if found suitable. She also assured the participants that old age homes, day care centres, physiotherapy centres and mobile medical units would be sanctioned only in places where they did not already exist. Regarding the MWPSA Act, she mentioned some problems were being faced because under the Act, appeals were not permitted in court and lawyers could not practise in a tribunal. Talks were on with the Law Ministry to resolve these issues. Just before the general elections, the officials of MoSJE had conducted inspections of old age facilities all over the country and had first hand exposure to the situation.

She encouraged all the civil society organizations to continue to work with MoSJE and said that a national helpline was in the pipeline.

## Points that Emerged from Session II (Day 2)

- Common programmes under the RRTCs are research, awareness generation and IEC promotion, recreational centres, management information system, and training and capacity building. Training and capacity building includes a bedcare assistance course, issues related to elderly, geriatric care and counselling, and computer courses; awareness generation and IEC include programmes like 'Youth for Seniors'
- Students' progress should be tracked after providing training to them. All RRTCs should adopt this approach
- Revision of cost norms: Cost norms have already been revised and would be adopted shortly.
- Evaluation and revamping of IPOP scheme: IPOP is demand driven, hence no need for revamping
- Timely release of funds: Everything is online and should stabilize soon. Funds are being credited directly into the bank
- Grants: Quantum of grants is increasing
- Representation of RRTCs in inspection teams
- Impact assessment of MWPSA Act 2007: Appeals are not permitted in court and lawyers cannot practise in a tribunal. Talks are on with the Law Ministry to resolve these issues.
- Need for helpline facilities to all RRTCs

- Revision of travelling expenditure
- Implementation and reach of IPOP in unserved areas and states of the North-East
- RRTCs under IPOP should reach the untouched areas the North-East states. Promote RRTCs as Centres of Excellence
- There should be minimum standards for old age homes taking into consideration the areas and context where they are running and their capacity, as India is a diverse country. However, due to limited resources there is no ideal situation. Hence judicious application of standards may be necessary in order to increase the reach.
- The conditions of old age homes are a matter of concern. There should be proper mechanisms to inspect the minimum standards. In fact, these minimum standards should be replaced by essential standards. These standards may be divided into two categories – rural and urban. Rules and regulations should be different for not-for-profit organizations and commercial organizations.
- Regulatory mechanisms must be revised. After licensing, these organizations should be inspected, monitored and standards enforced
- Taking into account the increasing trend of old age homes, young people must be sensitized towards the needs and problems of the elderly
- Programmes under RRTC should also focus on bridging the gap between awareness and utilization of schemes as highlighted in the BKPAI report. Programmes are not only to be evaluated. Impact assessment should also be done to measure effectiveness
- Principles of active ageing must be adopted. This will reduce the cost of health care, decrease the dependence of the elderly on others and restore their dignity
- Senior citizens' associations should be included in all the programmes organized by NGOs for elderly
- All civil society organizations should work with the MoSJE

# Session III

## SPECIAL INITIATIVES BY THE STATE GOVERNMENTS

**Date** 5 December 2014

**Time** 12:30 PM

**Venue** The Claridges, New Delhi

**Dignitaries on the Dais** **Chair:** Ms. Ena Singh, Assistant Representative, UNFPA India  
Dr. Mathew Cherian, Chief Executive Officer, HelpAge India  
Dr. Kajal, Department of Health, Government of Haryana



## Livelihoods and the Elderly: Making Them Bankable

Dr. Matthew Cherian began by saying that some years ago HelpAge declared, “We have got to make elderly stand on their own feet. One must not expect support from others”. He cited an example to illustrate how this could be achieved. Dr. Cherian said that there was a time when no bank in India would reach out to give a loan to a person above 60 years of age. The reason given by them was that the person may pass away before the loan could be repaid. In other words, persons above 60 years of age were considered ‘not bankable’.

He said that currently 80 per cent of the 100 million elderly are from the unorganized sector, so they have no pension or provident fund and even the government pension schemes do not reach many of them. In the future, the population of elderly would increase and they would get less and less attention. Elderly women outnumber men and at present there are 22 million widows. Also, 75 per cent of the elderly live in rural areas, one third are below the poverty line and 33 per cent are in disaster zones. HelpAge has found that in case of a disaster, the focus is on women and children – nobody cares about the elderly. Livelihood options for the elderly are dwindling – most of the schemes are welfare oriented. Nobody talks about training them and making them self-sufficient. HelpAge focuses on forming self-help groups so that the elderly can stand on their own feet. This builds their confidence, gives them dignity and enables them to demand their rights. Hence, it is necessary to move from a welfare approach to a development approach.

There are three categories of elderly – working elderly, assisted elderly and destitute elderly. The last constitute 5 to 8 per cent of the elderly population.

About 60-70 per cent of the elderly can work. All that is needed is to create opportunities and build their capacity. This will make them self-sufficient and they will no longer be dependent on pensions, money from their children, etc.

Dr. Cherian spoke about livelihood interventions by HelpAge India under elderly SHGs like making *idlis*, *appams* and other foodstuff which does not require training, and basket weaving. As a result of such interventions the elderly are now considered ‘bankable’. The Reserve Bank of India (RBI) has issued guidelines that the elderly will not be turned away should they wish to avail loans, and this has been upheld by NABARD. At present, 5,000 SHGs created by HelpAge are getting loans from NABARD, State Bank of India and other banks. The sustainable livelihoods framework must be adopted and adapted to suit the area. For example, one cannot expect the elderly to make *idlis* in Punjab!

Dr. Cherian then outlined the process behind the sustainable livelihoods framework. To begin with, a rapport is established through meetings with groups of elderly males and females and groups of 15-20 persons are created following a prescribed methodology. Once they have adequate savings, they



**Dr. Matthew Cherian**  
Chief Executive Officer, HelpAge India

are given microfinance type of loan by HelpAge. Next they are graded and if they found to be financially viable, seed capital is given by NABARD or NABARD associated institutions for microenterprises. Subsequently, federations are formed at the district level, and then at the state level as in Tamil Nadu, Bihar and Uttarakhand. These are now being linked to the National Rural Livelihoods Mission (NRLM). This is a big boon because 9 per cent of the total funding under NRLM, amounting to thousands of crores, has been allocated for the elderly. In addition to microfinance, elderly SHGs are involved in other activities such as caregiving and providing palliative care. The basic idea is 'elders for elders'. The younger elderly help the older elderly.

Old age is usually associated with loneliness. This issue is being addressed by bringing the elderly together in groups. In addition, their collective strength is leading to more effective advocacy for their needs.

He concluded by saying that he hoped this would become a movement.

The Chair said that in the session with MPs the previous evening, they had highlighted the role of the family in taking care of the elderly. SHGs of elderly have given a new definition to family, where elderly take care of the elderly.

## NPHCE in Haryana



**Dr. Kajal**  
Department of Health,  
Government of Haryana

Dr. Kajal began by saying that there are about 20 lakh elderly in Haryana. When the NPHCE programme was launched in 2010, one district in Haryana (Mewar) was included. The following year, three more districts were added (Ambala, Yamunagar and Kurukshetra). She said that NCD-cum-Geriatric Clinics had been set up in four district hospitals, there are separate queues for the elderly in all hospitals and differently coloured OPD cards had been introduced for the elderly. Other elderly-specific facilities include designation of dedicated hospital sanitary attendants, 10-bedded geriatric wards and physiotherapy facilities. Dr. Kajal briefly described the setup in 4 district hospitals and 14 CHCs (which was non-existent earlier). The district hospitals also provide aids to the needy elderly. She then spoke about the status of implementation of the NPHCE in the state, and shared the review by the government of the programme. Referring to the facilities available at AIIMS, Dr. Kajal said that similar facilities were being made available in the geriatric ward at the district hospitals. Doctors were being trained in supportive and palliative care for subsequent placement in the district hospitals and home-based care visits were being undertaken by the nurses on a weekly basis.

Dr. Kajal concluded her presentation by listing some of the limitations in implementing the programme such as lack of manpower (especially doctors) and lack of space.

## Comments

- The **Chair** commended the clarity in both the presentations and appreciated Dr. Kajal's efforts to ensure cleanliness of the facilities in the district hospitals as observed in photographs.
- As HelpAge India now accommodates 50,000 elderly, Dr. Cherian was asked what the way forward looked like.
- He replied that given the NRLM intervention, the role of HelpAge will be minimal. It may be involved in capacity building only.
- The **Chair** suggested that arrangements could be made in such a way that elderly patients did not need to stand in lines for a long time.
- Dr. Kajal responded that most of the patients visiting the district level hospitals are elderly.
- One of the participants, Dr. Gupta, appealed to elderly not to transfer property and opt instead for making wills.

## Points that Emerged from Session III (Day 2)

- Aim to make the elderly independent. Use mechanisms that will instil confidence in them, such as elderly SHGs.
- Create linkages at the block, district and state level to national level policies for funding mechanisms.
- Implementation of NPCHE in the district level hospitals is a boon for the elderly.
- Most of the elderly are seen to be availing the health care facilities.
- Serious problems are observed in terms of lack of human resources (especially doctors) and lack of infrastructure (space) to run the NPHCE more effectively. An appeal was made to the relevant ministry to take action in this regard.

# Session IV

## PANEL DISCUSSION

**Date** 5 December 2014

**Time** 2:00 PM to 4.00 PM

**Venue** The Claridges, New Delhi

**Dignitaries on the Dais** **Chair:** Ms. Frederika Meijer, Representative, UNFPA, India and Bhutan  
Dr. K.R. Gangadharan, Founder, Heritage Foundation, Hyderabad  
Shri Anoop Srivastava, Special Secretary, MoSJE, Government of India  
Shri Vijayanand, Special Secretary, Ministry of Rural Development (MoRD), Government of India  
Dr. C. Chandramouli, Registrar General and Census Commissioner of India, Government of India  
Dr. Inder Parkash, Dy. Director General (PH), MoHFW, Government of India



Ms. Frederika Meijer, welcomed the gathering and thanked everyone for their contribution to the conference. She then invited Dr. C. Chandramouli to present the profile of elderly in India from the Census 2011 report.

## Profile of Elderly Population

Dr. C. Chandramouli said that the country has reached the stage where ageing has become a matter of serious concern and would occupy much larger mind space as time went on. He hoped that the data he was about to present would be useful for those who are engaged in policy planning and implementation to take informed decisions.

He began his presentation by saying that at the time of the first Census in 1872 only the age of the person was asked. However, in Census 2011, for the first time, data on both date of birth and age was recorded and tabulation had been done on a 100 per cent basis, that is, all the forms had been tabulated. This offers a clear picture of the ageing population in the country.

Dr. Chandramouli spoke about life expectancy, sex ratio, literacy status, work participation and extent of disability of 60+ and 80+ populations. He provided demographic data showing that 60+ and 80+ population groups are growing in census after census and that elderly women outlive elderly men. Southern India is ageing faster than northern India. The projections show that the percentage of elderly will increase significantly in the coming decades. Therefore, questions of health care, social security and livelihood for them are prime concerns, particularly because the number of single member households is increasing.

According to Census 2011, the elderly account for 8.6 per cent of the total population. The sex ratio among the elderly was 1,029 females per 1,000 males in 2001 while it was 1,033 in 2011. There has been a huge change in the sex ratio of the 80+ population, from 1,051 females per 1,000 males in 2001 to 1,137 females per 1,000 males in 2011, showing an increase in feminization of ageing.

The literacy rate among the elderly (60+) increased by 7 per cent from 36.3 per cent in 2001 to 43.5 per cent in 2011 (males 6.3% and females 8%), while the literacy rate among those aged 80 and above increased by 6 per cent (males 5% and females 8%). There is a North-South divide in the literacy rate, with the southern states registering a higher rate.

Though work participation rate among the 60+ population has increased marginally (1.3%), the work participation rate among elderly women has increased by 2.5 per cent as compared to 0.1 per cent for men. This indicates that elderly poor still have to engage in economic activity out of compulsion. This may not be the case with elderly from well-to-do families. Once again, there is a North-South divide, with higher work participation in the northern states – the reverse of what is seen in the case of literacy.



**Dr. C. Chandramouli**  
Registrar General and Census  
Commissioner of India,  
Government of India

Speaking about disability rates, Dr. Chandramouli said that it is low for the general population, but increases with age. This is but natural. Disability rate among the 80+ population is 8.4 per cent compared to 5.2 per cent for the 60+ population. The most common disability relates to vision, followed by movement, hearing, speech and others. Eleven per cent of the 60+ population has multiple disabilities, which increases to 20 per cent for those aged 80 and above.

The percentage of elderly staying alone has increased from 4 per cent in 2001 to 5 per cent in 2011. Seven per cent of elderly females stay alone compared to 5 per cent of males.

The census survey also collected data on non-economic engagement of the elderly – 2 per cent is studying, 29 per cent are engaged in household activities, 37 per cent are dependent, 22 per cent are pensioners, beggars and vagrants account for 0.2 per cent and others (not falling under any of these categories) account for the remaining 10 per cent.

## Clarification sought from Dr. C. Chandramouli

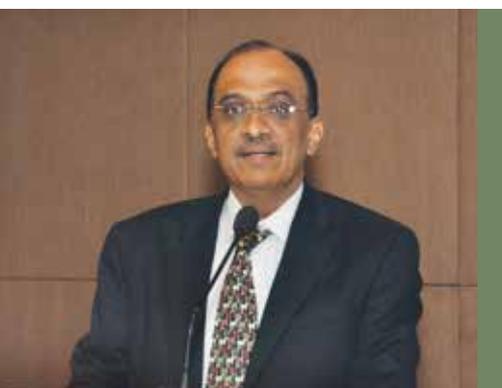
One of the participants was keen to know whether separated and never married women had been included among single women. Dr. Chandramouli responded that all these categories were separately mentioned in the census questionnaire namely, single women, separated women, divorced, widows, ever married, never married, etc. The data is being processed and would be available in a month. In response to a question on percentage of nuclear families, he said that the data would be available in about three months.

## Points that Emerged from the Deliberations

Dr. Gangadharan highlighted the main points of the all sessions of the two-day conference before the representatives of several ministries. The objective was to extract the outcomes of the conference concerning the various ministries so that they can realize the needs of the elderly and plan policy and programme interventions for their well-being.

The main points that emerged from the sessions included:

- Need for critical attention to building awareness about the consequences of population ageing and issues pertaining to elderly in the country, such as social isolation and discrimination
- Need for building inter-generational linkages and training of caregivers, both formal and within the family
- Increased work participation of elderly but no significant difference; mainly in the informal sector
- Social entrepreneur models can be adopted for elderly but as per capability and willingness, for example, ventures like *Anna* canteen



**Dr. K. R. Gangadharan**  
Founder,  
Heritage Foundation, Hyderabad

- Need to involve the elderly in volunteer work; skill training should be provided to them
- Huge gap exists between awareness and utilization of programmes and schemes
- Proper evaluation and impact assessment of the programmes needed. Focus should be on implementation mechanisms
- Cash disbursement of pension is a challenge – need for timely disbursement, prevention of pilferage
- Universal pension scheme to be adopted to overcome problems of identification of the needy beneficiaries that is major drawback of existing schemes
- Ensure economic empowerment of the elderly and special interventions under social security schemes
- Human resources at Regional Geriatric Care Centres should be trained and experienced
- Establish a National Centre for Ageing and Research
- Focus should be on active ageing and health care
- Feminization of ageing has been a concern throughout the conference, calling for special interventions
- Interventions by state governments should focus on instilling confidence in the elderly in order to reduce the dependency among them as long as possible

Dr. Gangadharan then threw the floor open to the representatives of the Ministry of Health and Family Welfare, Ministry of Rural Development and Ministry of Social Justice and Empowerment and invited them to share what they found relevant from the outcomes of the workshop and what they believed can be implemented by their ministry.

Mr. Srivastava thanked Ms. Frederika Meijer and Dr. Gangadharan for organizing the conference and for giving him an opportunity to be a part of it. He emphasized the need for strengthening inter-generational bonding and said that the care of the elderly was not the responsibility of the government alone. Society as a whole had to contribute towards proper care of the elderly. Economic growth and development has resulted in a conflict between the needs of the elderly and those of the younger generation. There should be mutual accommodation by both the generations. The elderly must be respected and their wisdom, knowledge and experience must be leveraged. The gap between the generations needs to be bridged through awareness, education at the school level, sensitization through the media, etc.

Mr. Srivastava recognized the shortage of caregivers and the need for training them, which is a huge challenge. There is need for more research on the utilization of technologies to support care giving. The elderly, particularly those who are living alone, could use assistive devices to minimize the need for human caregiving.



**Mr. Anoop Srivastava**  
Special Secretary,  
MoSJE, Government of India

He said that IPOP could have more awareness generation programmes and such activities would be stepped up, taking a cue from what had emerged during the conference. The key issue is security, particularly financial security. The elderly in the unorganized sector are more vulnerable, because they have limited capacity to work and no support system to fall back on in their old age. This aspect would be looked into in the new policy for senior citizens to be released in the near future. Mr. Srivastava said that insurance schemes that provided assured returns could be considered for the security of the elderly and cited the example of Andhra Pradesh in this regard.

Mr. Vijayanand began by saying that 75 per cent of the elderly are in rural areas, and 30-40 per cent of them are poor. Since poverty reduction is the mandate of the Ministry of Rural Development (MoRD), he assured the gathering on behalf of the ministry that MoRD is willing to converge with sister ministries for this purpose. Historically, MoRD has the best relation with the state departments down to the district, block and village levels and also has the rare capacity to work with civil society organizations.



**Mr. Vijayanand**  
Special Secretary,  
Ministry of Rural Development (MoRD),  
Government of India

Mr. Vijayanand emphasized the promotion of financial stability among the elderly through self-help groups which have the most potential to make a difference in people's lives. However, he cautioned that SHGs are not the panacea for all ills. The major responsibility for welfare of senior citizens lies with the local government, particularly the Gram Panchayat. He gave the example of Kerala, which has very strong local government and said that his experience in Kerala had shown that local government is the best in care giving. This is their niche area, which has not been realized at policy level. Other organizations being developed are labour groups under NREGA and NRLM. It will take some time for these groups to be formed but they will be strong organizations.

Mr. Vijayanand informed the gathering that the MoRD has an outstanding Management Information System (MIS) which forms the basis for proper implementation of various programmes. He said that the Union Government had recently taken a decision not to limit NRLM to conventional BPL, and instead to employ a participatory identification process to identify those in need. While 10 per cent of those registered under government schemes are elderly, only about 6-7 per cent may be working. However, the concern is that the number of women is small. He also proudly informed the gathering that the wages the elderly get under NREGA is above INR 1,800 crore – more than all other schemes put together.

The National Rural Livelihood Mission (NRLM) is not the scheme of any one department. Mr. Vijayanand said that MoRD will work in partnership with NGOs. The ministry is presently working with HelpAge India and they are initiating Elderly Self-Help Groups (ESHGs). He believed that ESHGs will not only empower the elderly but will also mainstream them by addressing all their concerns – isolation, boredom, discrimination, lack of access to entitlements, etc. By actively attending meetings, the elderly can set an example of active

ageing. SHGs can also provide palliative care and promote inter-generational solidarity – it has been seen that the younger generation has come forward to provide palliative care to the dying elderly. He said he was an advocate of universalization of pension and stressed the need to reassess pensioners based on the data available.

Mr. Vijayanand shared some of the good practices in the states like Community Care Giver *Yojana* in Kerala which provides palliative care. Another example is Andhra Pradesh, where there are nutritional day care centres for pregnant women. Women pay INR 30 and get nutritious food and also get an opportunity to interact with one another. Some of them work at the centre and earn a small amount. This can be replicated for the elderly. He envisages great scope for elderly empowerment by such interventions.

Mr. Vijayanand also requested UNFPA to conduct an analysis on the impact of the budget on the aged, particularly in relation to social security schemes, as well as an analysis of the status of elderly at the SHG and Panchayat level. He recommended convergence of Government of India schemes and said that the SHG movement could make it a demand led convergence. He requested national research organizations (NROs) to help design NRLM interventions for the aged and said a national centre for ageing should be established along the lines of those in foreign countries.

**As the scheduled speaker, Ms. Dharitri Panda, could not attend due a last minute urgent meeting, Dr. Inder Parkash made the presentation**

Dr. Parkash spoke about the slow expansion of the NPHCE which he attributed to competition with other priority programmes and availability of funds. He said that the issue of funds has been addressed and that the programme would pick up in the next 2-3 years. Regarding the expansion of RGCs, he said that the funds would be cleared by the end of the year and more RGCs would be established. Low utilization of schemes is a concern. He said that the Ministry has funds but these get transferred to other departments if not utilized fully. He said that training has been given to caregivers since they need to be experienced in dealing with issues of the elderly. Monitoring of schemes has also begun. However, rehabilitation of health workers is a problem. Information on issues of elderly is being brought to the forefront nowadays. However, efforts at evidence-based research are not adequate. He expressed the hope that once the Centre is established, more research can be done on subjects related to ageing. There is lack of advocacy for ageing issues. The focus should be on Information, Education and Communication (IEC) resource materials to educate the elderly and their families. He also suggested that the consolidated report of the BPKAI Survey be shared with the Ministry so that it can plan interventions accordingly. He invited all civil society bodies and other institutions to come forward and work together for the cause. The Ministry can be approached by anyone by simply writing a letter. The request would be considered.



**Dr. Inder Parkash**  
Dy. Director General (PH),  
MoHFW, Government of India

Dr. C. Chandramouli added to the discussion, saying that digital literacy and its access should be promoted among elderly, especially in rural areas. Accessing banks and other services should not be a challenge for elderly. There is a need to break the reluctance among the elderly towards using technology.

Ms. Frederika Meijer, Representative, UNFPA India and Bhutan, presented the agenda of UNFPA based on the discussions during the two-day conference. The three focus areas are dignity, health and security among the elderly. Various programmes and the BKPAI survey have shown that access to schemes for the needy elderly is the key to dignity. Access to these schemes needs to be strengthened and obstacles overcome by working with different communities. The elderly have many faces – rich, poor, literate, illiterate – and have different needs. Hence the same interventions would not work for everyone.

The United Nations follows a rights-based approach and one of the rights is access to pension. During the workshop, many examples of good practices had been given and what was needed was to build on them. It is important that the elderly should be close to their environment, near people and places they know, and not moved to old age homes. It is a challenge – to ensure that all the different needs of the elderly can be offered within their existing environment. If they cannot prepare their own meals, society has to take care of them. At least one hot meal a day should be provided to them, particularly the destitute – it is a crime if someone goes to bed with empty stomach, especially an elderly person. We have to take care of elders and build a sense of solidarity among generations. Ms. Meijer said that such values are not necessarily culture-specific but need to be inculcated in the younger generation. The young need to be trained to understand that they have to look beyond earning money for themselves. They have to learn that they need to give back. Anyone can become disabled and require the assistance of others. UNPFA works a lot on Life Skills Education in schools and will work towards inculcating these values.

Ms. Meijer emphasized that boys have to learn about gender equality. Women need to become financially independent and men also need to look after the elderly. Women should also learn that they do not need to shoulder the burden of looking after the elderly alone. The roles are reversible. She referred to a recent conference held in India, *Men Engaged*, which focused on how to take men along in the debate on gender equality. Innovative interventions were a source of learning in this conference.

Ms. Meijer appreciated the suggestion that data be used to calculate the needs of the elderly. UNFPA is looking at creating a National Transfer Account to assess how much money is needed for social security schemes for the elderly. These are all payable but forward planning is needed. UNFPA looks forward to working with the government on these issues.

UNFPA will continue to work to bring ageing high on the political agenda and would like to discuss with the government the formation of a Standing Committee on Ageing so that the elderly get their due in society.

She concluded by thanking the UNFPA team – Dr. Sanjay Kumar, Ms. Priyanka Ghosh, Mr. Hemant Bajaj and Ms. Laetitia Mukhim – and Dr. Gangadharan for their contribution to making the conference a success.

## Points that Emerged from Session IV (Day 2)

- Feminization of ageing is a serious concern
- Elderly poor continue or start working in old age out of compulsion. Due to lack of skills and qualification, they find opportunities only in the unorganized sector where there is no security. The work participation rate has increased over the last few decades but is still very low.
- The disability rate among the elderly has also increased over the past few decades, which is also a matter of great concern as it may increase their dependency on others.
- Low literacy among the elderly must be addressed. Only 28.5 per cent of females and 59.1 per cent of men were literate as per Census 2011.
- In the light of development and children migrating for jobs or for higher education, more elderly are living alone or with their spouses only. It is time to restore inter-generational solidarity.
- The elderly must try to make best use of the available assistive technology so that dependency on others can be minimized.
- Measures to ensure financial security in form of benefits and pensions for the older workers in unorganized sectors must be ensured
- Management Information Systems should be put in place properly and systematically for better implementation of any scheme
- There is need to encourage SHGs among the elderly in rural areas to promote financial independence among them. Along with financial independence, SHGs have the potential to promote active ageing and inter-generational solidarity. This needs to be linked with other ongoing schemes for best possible results.
- All the ministries and civil society organizations need to work in collaboration for the well-being of the elderly.
- A Centre for Ageing must be established in India to mainstream the issue of population ageing. There is need to have many more research centres to educate people about the issues pertaining to the health needs of the ageing population.
- IEC tools need to be created to promote greater awareness among elderly and their families.
- The BKPAI report should be shared with all the ministries so that proper interventions can be planned and implemented.
- Digital literacy should be promoted among the elderly population so as to reduce the challenge of accessing banking and other key services.
- Interventions should be according to the needs of individual senior citizens and preferably within their natural environment.

Dr. Sanjay Kumar proposed the Vote of Thanks and concluded the conference saying that ageing is a big concern now and in the future, hence, we all must work together for a better society for elderly.







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