

## Ensuring Well-being of Our Elders: Pointers for Action

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### Introduction

Population ageing is an inevitable and irreversible demographic reality resulting from declining fertility, reduction in mortality and increasing survival at older ages - all of which are positive indicators of development. The shift in the age structure from young to old is the hallmark of demographic transition.

Globally, the proportion of 60 plus population is projected to increase to about 22 percent when the elderly will outnumber children (below 15 years of age). In India, the size and percentage of elderly population have been increasing. The elderly population grew from 77 million in 2001 to 104 million in 2011 and projected to increase to around 300 million by 2050, which would be about 20 percent of the total population. Projections indicate that during 2000-2050, the overall population of India will grow by 56 percent while the population 60 plus will grow by 326 percent. During the same period, the population 80-plus will grow by 700 percent with a predominance of widowed and highly dependent very old women.

Further, vulnerabilities related to ageing will increase as a result of high proportions of elderly in rural areas facing income insecurity, poor health and high level of dependency. This calls for a coordinated response from government, civil society and private sector. The window of opportunity created by the demographic dividend will also be closing soon and therefore the wellbeing of our elders needs to be planned much in advance.

### Current Status and Concerns

There is significant **interstate differentials** in both levels and growth of the elderly population depending upon the pace of demographic transition in the states.

For instance, the southern states typically have higher proportions of 60 plus population along with Himachal Pradesh, Maharashtra and Punjab. The central and northern states such as Uttar Pradesh, Rajasthan, Madhya Pradesh, Bihar, Jharkhand, Chhattisgarh and Uttarakhand have much lower proportions of aged population. In addition, below mentioned are few challenges of ageing in India that tend to push up vulnerability levels:

**Feminization of ageing** as a result of women living longer than men and associated discrimination and neglect experienced by women due to widowhood and dependence. As per 2011 census, about 32 percent of older women are widowed<sup>1</sup>. The number of older women compared to the number of older men will progressively increase with advancing ages from 60 through 80 years. The special needs of such oldest old women would need special attention<sup>2</sup>.

**Ruralisation of ageing** is a concern, as 71 percent of the elderly live in rural India with limited access to road and transport facilities. Income insecurity and lack of adequate access to quality health care are more acute for the rural elderly than their urban counterparts. It is also noted that states such as Odisha, Bihar and Uttar Pradesh have a larger percentage of the rural elderly.

**Out-migration** of younger working age persons from rural areas can have both positive and negative impact on the elderly left behind. On the other hand, older people prefer to live in their own homes and community, which is why ageing in place is often a preferred option.<sup>3</sup> This also puts some funds in their hands during times of need. It is also recognized that new technologies are helping the rural elderly stay in touch with their children who can even reach home more easily than in the past, if needed.

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<sup>1</sup>ORGI (2011), Census of India, 2011, Office of the Registrar General and the Census Commissioner of India, Ministry of Home Affairs, Government of India, New Delhi.

<sup>2</sup>HelpAge India (2015), The State of Elderly in India, 2014, HelpAge India, New Delhi.

<sup>3</sup>The U.S. Centers for Disease Control and Prevention defines ageing in place as "the ability to live in one's own home and community safely, independently, and comfortably, regardless of age, income, or ability level."

## Policy response to ageing in India

In terms of timing and content, the National Policy on Older Persons (NPOP)<sup>4</sup> may be considered a winner. The Policy was formulated in June 1999, two years ahead of the UN sponsored landmark Plan called the Madrid International Plan of Action on Ageing (MIPAA). The Policy was forward looking since ageing in India was still an emerging demographic concern during that time. The Policy addressed many concerns of older persons and the policy intentions were well articulated. There is a clear evidence of a solid situation analysis that must have preceded its formulation. The Policy also states rightly that government alone cannot produce results without active involvement of the community, NGOs and private sector during its implementation. The role of Panchayati Raj Institutions (PRIs) was particularly emphasized for enabling effective reach of programmes at the community level as well as empowering the large numbers of older persons living in rural areas with knowledge of active and healthy ageing and awareness of where to go in times of need.

## Integrated Programme for Older Persons (IPOP)

The IPOP aims at improving the quality of life of senior citizens by providing basic amenities like shelter, food, medical care and entertainment opportunities and by encouraging productive and active ageing. The IPOP provides financial assistance to PRIs/local bodies, NGOs, educational institutions, charitable hospitals/nursing homes, etc. for implementing a variety of facilities such as old-age homes, mobile medical units for older persons living in rural and isolated areas, day care centres, physiotherapy clinics, provision of disability aids, running helplines and counselling centres and sensitization of school and college students to ageing issues. However, the effectiveness of the IPOP depends to a large extent on states and their financial allocations.

## Health care for Older Persons

The health care programme for the elderly is being implemented by the MOHFW from 2011 under the National Rural Health Mission. The National Programme of Health Care for Elderly (NPHCE) aims to provide dedicated health care facilities to the elderly through primary, secondary and tertiary health care delivery systems consisting of district hospitals with regional medical institutions providing a strong referral backup. It provides for supplies and additional staff at primary health centres and community health centres, dedicated 10-bedded wards at district hospitals, strengthening of the eight regional medical institutes to provide dedicated tertiary-level medical facilities for the elderly, introducing postgraduate

courses in Geriatric Medicine, and in-service training of health personnel at all levels.

## Social Security

There are no universal social security measures for the elderly in India, but there are schemes benefiting those below poverty line. The National Social Assistance Programme (NSAP) was launched in 1995 to provide social assistance to the poor and the destitute. Later, NSAP was expanded to include Old Age Pensions and Widow Pensions and Disability Pensions. In addition, the Annapurna Yojana aims to provide food security to meet the requirements of those senior citizens who, though eligible, have remained outside the old-age pension scheme.

## Recent Initiatives Relevant to NPOP

**Pradhan Mantri Suraksha Bima Yojana:** This scheme gives a one year (June–May) accidental death and disability cover, renewable every year. The scheme is offered/administered through Public Sector General Insurance Companies and other General Insurance Companies willing to offer the product. All savings bank account holders 18–70 years old can join the scheme.

**Atal Pension Yojana:** The economic compulsion to work even in later years in the unorganized sector with no pension benefits is commonly associated with income insecurity in old age. The government started the Swavalamban Scheme in 2010/11 which was replaced by the Atal Pension Yojana (APY) in June 2015 for those persons engaged in the unorganized sector, who are not members of any statutory social security scheme. APY is administered by the Pension Fund Regulatory and Development Authority. Under the APY, the subscribers would receive the fixed pension of ₹1,000–5,000 per month from the age of 60 years onward, depending on their contribution, which would vary with the age of joining the APY. The minimum age of joining APY is 18 years and maximum age is 40 years.

**Health Insurance for Senior Citizens:** This is seen as a logical extension of the ongoing low premium life insurance (Pradhan Mantri Jeevan Jyoti Bima Yojana), general insurance (Pradhan Mantri Suraksha Bima Yojana), and the pension plan (Atal Pension Yojana).

**Varishtha Pension Bima Yojana 2017:** This scheme is a part of the government's commitment to financial inclusion and social security during old age and to protect those aged 60 years and above against a future fall in their interest income due to uncertain market conditions. The scheme will provide an assured pension based on a guaranteed rate of return

<sup>4</sup>MOSJE (1999), National Policy on Older Persons, 1999, Ministry of Social Justice and Empowerment, Government of India, New Delhi.

of 8 percent per annum for 10 years, with an option to opt for pension on a monthly/quarterly/half yearly and annual basis. The scheme will be implemented through the Life Insurance Corporation of India (LIC).

**Scheme for providing Aids and Assisted Living Devices to Senior Citizens below Poverty Line<sup>5</sup>**: This scheme aims at providing senior citizens, belonging to the BPL category and suffering from any age-related disability/infirmity, such as low vision, hearing impairment, loss of teeth and locomotor disability. Initially, the scheme will be launched in two districts each of all States as well as in two districts of NCT of Delhi, and in one district each of the remaining 6 Union Territories. In the subsequent years, it will be implemented in four districts each in twenty larger States; two districts each in the remaining nine States and also in NCT Delhi and in one district each in the other six Union Territories.

**Senior Citizens Welfare Fund<sup>6</sup>**: In pursuance of the announcement made in the Budget Speech of Finance Minister – 2015-16, a Senior Citizens' Welfare Fund was established in March 2016. The fund consists of the unclaimed amounts transferred by government institutions holding such funds. This will be utilized for schemes for senior citizen welfare schemes, in line with the NPOP and the IPOP, including schemes for promoting financial security, healthcare and nutrition of senior citizens, welfare of elderly widows, schemes relating to old-age homes, day care centres, etc.

## Implementation of the policy

Several Ministries (about 19) are involved in implementing various elements of NPOP as per their respective mandates. However, four of them contribute to a large core of the Policy and also much of implementation bottlenecks. Hence efforts to enhance policy effectiveness must focus on them. These are:

**Ministry of Social Justice and Empowerment (MOSJE)**: responsible for coordination across ministries and also for implementing the central sector Integrated Programme for Older Persons (IPOP) aimed at improving the quality of life of elderly through amenities like shelter, food, medical care and entertainment activities and by encouraging productive and active ageing. MOSJE also took the lead in the Maintenance Act, an important legislation for care in later years.

**Ministry of Health and Family Welfare (MOHFW)**: responsible for implementing the National Programme

for Health Care of Elderly (NPHCE) through primary, secondary and tertiary services, dedicated for older persons;

**Ministry of Rural Development (MORD)**: responsible for effective administration of the National Social Assistance Programme (NSAP) under which old age pensions and family benefits are provided to BPL families; and

**Ministry of Panchayati Raj (MOPR)**: responsible for empowerment, enablement and accountability of PRIs for inclusive development with social justice and participatory self-governance.

Experience indicates that many of the above good policy intentions require three kinds of support: financial (budgets, fund flow and utilization for the intended purpose); technical (knowledge of geriatric care); and managerial (systematic planning based on needs assessment, achieving results as against budget expended or activities completed, routine monitoring and lessons learned through evaluation). Although exceptions exist, there is a general lack of obtaining feedback from users of services and using such feedback for improvements. Efforts to enhance policy implementation needs to begin with developing capacity in institutions attached to the above four core ministries, the Regional Resource and Training Centers (RRTCs) and the community based NGOs. Emphasis on active and healthy ageing and leveraging corporate sector (CSR) on ageing issues are also essential.

Over the last 17+ years of NPOP implementation, many initiatives have been taken and some of the existing benefits such as pension schemes and old-age home initiatives have been brought together under one national policy. Some new initiatives such as the NPHCE are also being implemented as dedicated health care initiatives for the elderly. While the policy intentions are very appropriate for the current situation, many implementation issues have somewhat damped policy effectiveness.<sup>7</sup>

An exploratory study of functioning of NPHCE in two districts each in Odisha and Karnataka based on programme implementation, fund release and utilization, physical infrastructure development, human resources, planning and monitoring systems showed the real health needs being addressed by NPHCE and

<sup>5</sup>Annual report 2016-17, Ministry of Social Justice and Empowerment.

<sup>6</sup>Ibid

<sup>7</sup>S. Irudaya Rajan and U.S. Mishra (2014), "The National Policy for Older Persons: Critical Issues in Implementation", in G. Giridhar, K. M. Sathyaranayana, Sanjay Kumar, K. S. James, and Moneer Alam (edited), Population Ageing in India, Cambridge University Press, New Delhi.

its value for health care of older persons but also found some key bottlenecks in implementation that need to be addressed.<sup>8</sup>

The study by UNFPA on Population Ageing in India (BKPAI)<sup>9</sup> in seven states, showed that among the BPL households the overall awareness of the social security schemes is reasonably high (close to 70 percent). The problem, however, is with the utilization of these schemes by BPL elderly (17-20 percent only) with significant interstate variations. The utilization of the widow pension scheme even among BPL widows is only around 25 percent. These findings indicate access hurdles that need to be removed by state governments with support from PRIs.

## Some Elderly care initiatives needing attention

The UNFPA study<sup>10</sup> showed that about half the elderly feel that the government should provide support during old age. In particular, there is a need to have community-based day-care centres for the elderly providing services such as skill building, financial and legal advice, entertainment, exercise and other ways of active ageing, in collaboration with the public health system. Specific attention is needed to build capacity in home-based and community-based care for the elderly. At the family level, stronger intergenerational bonding is a priority while at the community level, greater participation and involvement of the elderly is important.<sup>11</sup> Since elderly is not a homogenous group, an approach to fine-tune services for better alignment with their special needs would be necessary.

Greater degree of empathy towards elderly would be needed amongst the administrators, service providers and public at large for better implementation of both central and state sponsored schemes. Conducting programme audit with a formal mechanism of

establishing feedback from the field and gaining better user perspective would be very useful to identify administrative and procedural bottlenecks and removing them.

State governments should adopt the NPOP and develop action plans for implementation in their own states, with technical assistance from MOSJE.

There are several Old Age Homes run by the government, NGOs and private sectors with varying types, sizes and mix of services. Regulation of their growth as per essential standards of care and services will be necessary.

With the future requirements in mind, there is a need to establish a **Centre of Excellence** which would serve as a leader on population ageing and advise the government on improved programme effectiveness.

In order to enhance quantity and quality of data for systematic planning, there is a need to build up better coordination among various data collection efforts so that relevant data can be collected and adequate analysis can be undertaken. This would also encourage more research on population ageing and its impact on our elders.

The Senior Citizens' Welfare fund could be used for **increased allocation** for old age pension amount, wider coverage, easy and transparent disbursement system are all essential.

More attention towards improving the effectiveness<sup>12</sup> of the National Programme for Health Care for the Elderly (NPHCE) would be needed. This initiative should also be expanded to cover more districts.

Documentation and dissemination of good practices and support for their scaling up would be needed. UNFPA has documented five such good practices and more efforts are needed in this direction.

<sup>8</sup>Bhat T.N., K. S. James and G. Giridhar (2014), "An Appraisal of the Functioning of the National Programme for the Health Care of the Elderly (NPHCE) in Karnataka and Odisha", Working Paper 7, Series II, Building a Knowledge-base on Population Ageing in India, UNFPA, New Delhi.

<sup>9</sup>The United Nations Population Fund (UNFPA), India, Report on Status of Elderly in Select states of India, 2011.

<sup>10</sup>Ibid

<sup>11</sup>Sumati Kulkarni, Siva Raju and Smita Bammidi (2015), "Social Security for the Elderly in India", Thematic Paper 1, United Nations Population Fund, New Delhi

<sup>12</sup><http://niti.gov.in/writereaddata/files/coop/ActionPlan.pdf>

