Chapter 7
NATIONAL POLICIES AND PROGRAMMES FOR ELDERLY

The problems of the elderly in India were not serious in the past because the numbers were small and the elderly were provided with social protection by their family members. But owing to relatively recent socio-economic changes, ageing of the population is emerging as a problem that requires consideration before it becomes critical. However a few studies indicate that family and relatives still play a dominant role in providing economic and social security for the elderly. But still the majority of elderly need social, economic and health support.

Over the years, the government has launched various schemes and policies for elderly persons. These policies and schemes are meant to promote the health, well-being and independence of elderly people around the country. Some of these provisions have been discussed in this chapter as follows:

I Relevant Constitutional Provisions
II Legislations
III Various policies and programmes of Central Government for Elderly People
IV Some other important activities
V Specific Measures / Schemes implemented by Punjab Government

I RELEVANT CONSTITUTIONAL PROVISIONS

(i) Article 41 of the Constitution:
Article 41 of Directive Principles of State Policy has particular relevance to Old Age Social Security. According to Article 41 of the constitution of India, “the state shall, within the limits of its economic capacity and development, make effective provision for
securing the right to work, to education and to public assistance in cases of unemployment, old age, sickness and disablement and in other cases of undeserved want.”

(ii) **Article 47 of the Constitution:**

Article 47 of the constitution of India provides that the state shall regard the raising of the level of nutrition and the standard of living of its people and improvement of public health as among its primary duties.

(iii) **Some Other Constitutional Provisions:**

Entry 24 in list III of schedule VII of constitution of India deals with the welfare of labour, including conditions of work, provident funds, liability for workmen’s compensation, invalidity and old age pension and maternity benefits. Further, item 9 of the state list and item 20, 23 and 24 of concurrent list relates to old age pension, social security and social insurance, and economic and social planning. The right of parents, without any means, to be supported by their children having sufficient means has been recognized by section 125(1) (d) of the Code of Criminal Procedure 1973, and section 20 (1 & 3) of the Hindu Adoption and Maintenance Act, 1956.

Among the administrative setup, the Ministry of Social Justice and Empowerment focuses on policies and programmes for the elderly in close collaboration with State Governments, Non-governmental Organisations and Civil Society. The programmes aim at their welfare and maintenance especially for indigent elderly, by supporting old age homes, day care centers, mobile medical units etc.

**II LEGISLATIONS**

**Maintenance and Welfare of Parents and Senior Citizens Act, 2007**

The Maintenance and Welfare of Parents and Senior Citizens Act, 2007 was enacted in December 2007, to ensure need based
maintenance for parents and senior citizens and their welfare. Section 19 of the Maintenance and Welfare of Parents and Senior Citizens Act, 2007 envisages provision of at least one old age home for indigent senior citizens with a capacity of 150 persons in every district of the country. The objectives of the Act are:

- Revocation of transfer of property by senior citizens in case of negligence by relatives.
- Maintenance of Parents/senior citizens by children/relatives made obligatory and justiciable through Tribunals.
- Pension provision for abandonment of senior citizens.
- Adequate medical facilities and security for senior citizens.
- Establishment of Old Age Homes for indigent Senior Citizens.

The Act was enacted on 31st December 2007. It accords prime responsibility for the maintenance of parents on their children, grandchildren or even relatives who may possibly inherit the property of a senior citizen. It also calls upon the state to provide facilities for poor and destitute older persons.

The Act has to be brought into force by individual State Government. Himachal Pradesh is the first state and Punjab is the fifth state where old parents can legally stake claim to financial aid from their grown-up children for their survival and a denial would invite a prison term. As on 03.02.2010, the Act had been notified by 22 states and all UTs.

III VARIOUS POLICIES AND PROGRAMMES OF CENTRAL GOVERNMENT FOR ELDERLY PEOPLE

Several initiative steps for various policies and programmes for the elderly have been taken by the government. Some of them have been discussed as below:
National Policy for Older Persons (NPOP) 1999

The National Policy on older Persons was announced by the Central Government of India in the year, 1999 to reaffirm the commitment to ensure the well-being of the older persons. It was a step to promote the health, safety, social security and well-being of elderly in India. The policy recognizes a person aged 60 years and above as elderly. This policy enables and supports voluntary and non-governmental organizations to supplement the care provided by the family and provide care and protection to vulnerable elderly people. It was a step in the right direction in pursuance of the UN General Assembly Resolution 47/5 to observe 1999 as International Year of Older Persons and in keeping with the assurances to elderly people contained in the Constitution. The policy envisages state support in a number of areas – financial and food security, healthcare and nutrition, shelter, education, welfare, protection of life and property etc. for the well being of elderly people in the country. The primary objectives of this policy are to:

- ensure the well-being of the elderly so that they do not become marginalised, unprotected or ignored on any count.
- encourage families to take care of their older family members by adopting mechanisms for improving inter generational ties so as to make the elderly a part and parcel of families.
- encourage individuals to make adequate provision for their own as well as their spouse’s old age.
- provide protection on various grounds like financial security, health care, shelter and welfare, including protection against abuse and exploitation.
- enable and support voluntary and non-governmental organizations to supplement the care provided by the family and recognising the need for expansion of social and community services with universal accessibility.
provide care and protection to the vulnerable elderly people by ensuring for the elderly an equitable share in the benefits of development.

- provide adequate healthcare facility to the elderly.
- promote research and training facilities to train care givers and organizers of services for the elderly.
- create awareness regarding elderly persons to help them lead productive and independent life.

This policy has resulted in the opening of new schemes such as –

- Promotion of the concept of healthy ageing.
- Setting up of Directorates of Older Persons in the States.
- Training and orientation to medical and paramedical personnel in health care of the elderly.
- Assistance to societies for production and distribution of material on elderly care.
- Strengthening of primary health care system to enable it to meet the health care needs of older persons.
- Provision of separate queues and reservation of beds for elderly patients in hospitals.
- Extended coverage under the Antodaya Schemes especially emphasis for elderly people.

**National Council for Older Persons (NCOP)**

A National Council for Older Persons (NCOP) was constituted in 1999 under the chairpersonship of the Ministry of Social Justice and Empowerment to operationalize the National Policy on Older Persons. The NCOP is the highest body to advise the Government in the formulation and implementation of policy and programmes for the elderly. The basic objectives of this council are to:

- advise the Government on policies and programmes for older persons.
o represent the collective opinion of elderly persons to the government.

o suggest steps to make old age productive and interesting.

o provide feedback to the government on the implementation of the NPOP as well as on specific programme initiatives for elderly.

o suggest measures to enhance the quality of inter-generational relationships.

o provide a nodal point at the national level for redressing the grievances of older persons which are of an individual nature.

o provide lobby for concessions, rebates and discounts for older persons both with the Government as well as with the corporate sector.

o work as a nodal point at the national level for redressing the grievances of elderly people.

o undertake any other work or activity in the best interest of elderly people.

The council was re-constituted in 2005 and met at least once every year. At present there are 50 members in it, comprising representatives of Central and State Governments, NGO’s, citizens’ group, retired persons’ associations, and experts in the fields of law, social welfare and medicine.

Central Sector Scheme of Integrated Programme for Older Persons (IPOP)

An integrated Programme for Older Persons (IPOP) is being implemented since 1992 with the objective of improving the quality of life of senior citizens by providing basic amenities like food, shelter, medical care and entertainment opportunities and by encouraging productive and active ageing. Under this scheme financial assistance up to 90 percent of the project cost is provided to Non-Governmental Organizations for running and maintenance of old age homes, day
The scheme has been made flexible so as to meet the diverse needs of the older persons including reinforcement and strengthening of the family, awareness generation on issues pertaining to older persons, popularisation of the concept of lifelong preparation for old age etc. Several innovative projects have also been added which are as follows:

- Maintenance of respite care homes and continuous care homes.
- Sensitizing programmes for children particularly in schools and colleges.
- Regional resource and training centers for caregivers of elderly persons.
- Volunteer Bureau for elderly persons
- Formation of associations for elderly.
- Helplines and counselling centers for older persons.
- Awareness Generation Programmes for elderly people and caregivers.
- Running of day care centers for patients of Alzheimer’s Disease/Dementia, and physiotherapy clinics for elderly people.
- Providing disability and hearing aids for the elderly people.

The eligibility criteria for beneficiaries of some important projects supported under IPOP Scheme are:

- Old age homes – for destitute elderly persons.
- Respite care homes and continuous care homes – for elderly persons who are seriously ill and require continuous nursing care and respite
- Mobile Medicare units – for older persons living in slums, rural and inaccessible areas where proper health facilities are not available.

The scheme has been revised in April, 2008. Besides an
increase in amount of financial assistance for existing projects, Governments/Panchayati Raj institutions/local bodies have been made eligible for getting financial assistance.

**Inter-Ministerial Committee on Older Persons**

An Inter-Ministerial Committee on Older Persons comprising twenty-two Ministries/Departments, and headed by the secretary, Ministry of Social Justice and Empowerment is another coordination mechanism in implementation of the NPOP. Action Plan on ageing issues for implementation by various Ministries/Departments concerned is considered from time to time by the committee.

**National Old Age Pension (NOAP) Scheme**

Under NOAP Scheme, in 1994 Central Assistance was available. The amount of old age pension varies in the different States as per their share to this scheme. It is implemented in the State and Union Territories through Panchayats and Municipalities. The assistance was available on fulfillment of the following criteria:-

- 65 years or more should be the age of the applicant (male or female)
- The applicants who have no regular means of subsistence from their own source of income or through financial support from family members or others.

The Ministry is now implementing the Indira Gandhi National Old Age Pension Scheme (IGNOAPS). Under this scheme Central assistance in form of Pension is given to persons, above 65 years @ Rs. 200/- per month, belonging to a below poverty line family. This pension amount is meant to be supplemented by at least same contribution by the States so that each applicant gets at least Rs. 400/- per month as pension. The number of beneficiaries receiving central assistance, in the form of pension, was 171 lakh as on 31st March, 2011.
Further the Ministry has lowered the age limit from the existing 65 years to 60 years and the pension amount for elderly of 80 years and above has also been increased from Rs. 200/- to Rs. 500/- per month with effect from 01.04.2011. This decision of the Government of India has been issued to all States/UTs vide letter no. J-11015/1/2011-NSAP dated 30th June, 2011.

**National Programme for Health Care of Elderly (NPHCE)**

National Programme for Health Care of Elderly (NPHCE) is an articulation of the international and national commitments of the government as envisaged under (UNCRPD), National Policy on older Persons (NPOP) adopted by the Government of India in 1999 and Section 20 of “The Maintenance and Welfare of Parents and Senior Citizens Act, 2007” dealing with provisional for medical care of senior citizen. Ministry of Health and Family Welfare (MOHFW) has taken appropriate steps in this regard by launching the National Programme for Health Care of Elderly (NPHCE) as a centrally sponsored scheme under the new initiatives in the XI five years plan. Presently, it is being rolled out in 100 districts.

The vision of the NPHCE is:

- To provide accessible, affordable and high quality long-terms comprehensive and dedicated care services to an Ageing population.
- Creating a new “architecture” for Ageing.
- To build a frame-work to create an enabling environment for “a society for all ages”.
- To promote the concept of Active and Healthy Ageing.
- Convergence with National Rural Health Mission, AYUSH and other line departments like Ministry of Social Justice and Empowerment.

Specific Objectives of NPCHE are:
To identify the health problems in the elderly and provide appropriate health interventions in the community with a strong referral backup support.

To provide an easy access to promotional, preventive, curative and rehabilitative services to the elderly through community based primary health care approach.

To build capacity of the medical and paramedical professional as well as the care-takers within the family for providing health care to the elderly.

To provide referral services to the elderly patients through district hospitals, regional medical institutions.

Core Strategies to achieve the objective of the Programme

- Community based Primary Health Care approach including domiciliary visits by trained health care workers.

- Dedicated services at PHC/CHC level including provision of machinery, equipment, training, additional human resources (CHC), IEC etc.

- Dedicated facilities at District Hospital with 10 bedded wards, additional human resources, machinery, and equipment, consumable and drugs, training and IEC.

- Strengthening of 8 Regional Medical Institutes to provide dedicated tertiary level medical facilities for the elderly, introducing PG courses in Geriatric Medicine, and in-service training of health personnel at all levels.

- Information, Education and Communication (IEC) using mass media, folk media and other communication channels to reach out to the target community.

- Continuous monitoring and independent evaluation of the programme and research in Geriatrics and implementation of NPHCE.
Promotion of public and private partnerships in Geriatric Health Care.

Mainstreaming AYUSH – revitalizing local health traditions, and convergence with programmes of Ministry of Social Justice and Empowerment in the field of geriatrics.

Reorienting medical education to support geriatric issues.

**National Policy on Senior Citizens 2011**

The foundation of National Policy for Senior Citizens 2011 is based on several factors – demographic explosion among the elderly, the changing economy and social milieu, advancement in medical research, science and technology and high levels of destitution among the elderly rural poor. In principle the policy values an age integrated society. It believes in the development of a formal and informal social support system, so that the capacity of the family to take care of senior citizens is strengthened and they continue to live in the family. All those of 60 years and above are senior citizens. This policy advocates issues related to senior citizens living in urban and rural areas, special needs of the ‘oldest old’ and older women. It will endeavour to strengthen integration between generations, facilitate interaction between the old and the young as well as strengthen bonds between different age groups. It believes in the development of a formal and informal social support system, so that the capacity to the family to take care of senior citizens is strengthened and they continue to live in the family. The policy seeks to reach out in particular to the bulk of senior citizens living in rural areas who are dependent on family bonds and intergenerational understanding and support. The focus of the new policy:

- Promote the concept of ‘Ageing in Place’ or ageing in own home, housing, income security and homecare services, old age pension and access to healthcare insurance schemes and other programmes and services to facilitate and sustain dignity in old age. The thrust of the policy would be preventive rather than cure.
Mainstream senior citizens, especially older women, and bring their concerns into the national development debate with priority to implement mechanisms already set by governments and supported by civil society and senior citizens’ associations. Support promotion and establishment of senior citizens’ association, especially amongst women.

The policy will consider institutional care as the last resort. It recognizes that care of senior citizens institutional care as the last resort. It recognises that care of senior citizens has to remain vested in the family which would partner the community, government and the private sector.

Long term savings instruments and credit activities will be promoted to reach both rural and urban areas. It will be necessary for the contributors to feel assured that the payments at the end of the stipulated period are attractive enough to take care of the likely erosion in purchasing power.

Being a signatory to the Madrid Plan of Action and Barrier Free Framework it will work towards an inclusive, barrier-free and age-friendly society.

Recognise the senior citizens are a valuable resource for the country and create an environment that provides them with equal opportunities, protects their rights and enables their full participation in society. Towards achievement of this directive, the policy visualizes that the states will extend their support for senior citizens, living below the poverty line in urban and rural areas and ensures their social security, healthcare, shelter and welfare. It will protect them from abuse and exploitation so that the quality of their lives improves.

Employment in income generating activities after superannuation will be encouraged.
States will be advised to implement the Maintenance and Welfare of Parents and Senior Citizens Act, 2007 and set up Tribunals so that elderly parents unable to maintain themselves are not abandoned and neglected.

- Support and assist organisations that provide counseling, career guidance and training services.
- States will set up homes with assisted living facilities for abandoned senior citizens in every district of the country and there will be adequate budgetary support.

**IV SOME OTHER IMPORTANT ACTIVITIES**

Some of other important activities regarding the welfare of elderly people are as follows:

**International Day of Older Persons**

The International Day of Older Persons is celebrated every year on 1st October, 2009. On 01.10.2009, the Hon’ble Minister of Social Justice and Empowerment flagged off “Walkathon” at Rajpath, India Gate, to promote inter-generational bonding. More than 3000 senior citizens/elderly people from across Delhi, NGOs working in the field of elderly issues, and school children from different schools participated in this.

**Role of Non-Governmental and voluntary organisations:**

While the government continues its efforts to introduce programmes for the welfare of the elderly, it is the non-governmental organisations which have played a key role in bringing to the forefront the problems of the older people to the society at large and through its various services it has sown the seeds for a forum whereby the voice and the concerns of the elderly can be addressed. Presently there are many non-governmental organisations working for the cause of the elderly in India. In India most of the non governmental organisations have concentrated their work among the lower income group and the disadvantaged sections of the society. This is mainly because one-
third of these people are defined as “capability poor” which means that they do not have access to minimum levels of health care and education for earning a decent living. However in the first few years of the growth of the NGO’s the emphasis was on the abuse of women due to the gender discrimination prevalent in our Indian society. It is only in the last few years when the demographers provided alarming statistics on the growth of the elderly population that a need was felt to work in this area as it was always assumed that the elderly were well taken care of and were safe in the custody of the well integrated joint family system in India. Initial studies show that the elderly are taken care of by the family but the reality and recent ethnographic cases studies also prove that the so called “joint family system” in India is a myth and the elderly though they live with their sons and their families are neglected and uncared for by them. This scenario led to the emergence and mushrooming of various NGO’s working towards the concerns of the elderly.

In recent years several national level and state level voluntary organisations have been set up for promoting the welfare of the elderly, for advocating a general national priority to their problems and needs and for organising services. The Government describes the services they are providing as residential care, day care, geriatric care, medical and psychiatric care, recreation, financial assistance and counselling. These services are however primarily urban based.

One of the premier voluntary organisation which began work on the cause and care of the older people of our country is Help Age India. It is a secular, a political, non profit, non governmental organisation and is registered under the Societies’ Registration Act, 1960, in 1978. Help Age India was formed in 1978 with the active help from Mr. Cecil Jackson Cole, founder member of help the Aged, United Kingdom. In its newsletters and brochures one can clearly see it has charted out its goals and objectives which are “To create an awareness
and understanding of the changing situation and the needs of the elderly in India and to promote the cause of the elderly. To raise the funds for creation of infrastructure through the medium of voluntary social service organisations for providing a range of facilities especially designed to benefit the elderly and thus to improve the quality of their lives.” Help Age India is basically a funding organisation which looks for partner agencies in the field that are able to implement the various projects and programmes of the organisation. The head office of Help Age India is located in New Delhi and it has around twenty-four regional and area offices located all over the country.

**Old Age Homes and Day Care Centres:**

Help Age India has sponsored the construction and maintenance of old age homes in India. These homes cater to the needs of those elderly who are unable to live by themselves and for those who have been abandoned by the family or are neglected and uncapped for by their children. These old age homes provide and cater to the various needs of the elderly so that they can spend the “evenings of their lives” with dignity and respect and not feel a burden to the society. There are over 800 old age homes all over India and nearly half of them are being sponsored and funded by Help Age India. Besides old age homes, Help Age India also supports day care centres where the elderly come for a few hours every day or on certain days of the week and spend some time together. These centres combat the loneliness they face and create a sense of “we feeling” among them. In some of the centres being supported by Help Age India in rural areas they are also places where the income generating activities are conducted.

**Schemes of Other Ministries:**

(i) **Ministry of Railways**

The Ministry of Railways provided the following facilities to senior citizens (elderly).
Separate ticket counters for the elderly people at various Passenger Reservation System Centres.

Provision of Lower Berth Quota – provide in AC and Sleeper Classes.

Provision of 30 percent discount in all Mails/Express.

Provision of wheel chairs at stations for the disabled elderly passengers

Railway grant 75 percent concession to Senior Citizens undergoing major heart/cancer operations from starting station to Hospital station for self and one companion.

(ii) **Ministry of Health and Family Welfare:**

Central Government Health Scheme provides pensioners of central government offices the facility to obtain medicines for chronic ailments up to three months at a stretch. Ministry of Health and Family Welfare provides the following facilities for the elderly people:

- Provision of separate queues for elderly people in governmental hospitals.
- Set up of two National Institutes on Ageing at Delhi and Chennai.
- Provision of Geriatric clinic in several government hospitals.

(iii) **Ministry of Finance:**

Some of the facilities for senior citizens provided by the Ministry of Finance are:

- Exemption from Income Tax for senior citizens of 60 years and above up to Rs. 2.50 lakh per annum.
- Exemption from Income Tax for senior citizens of 80 years and above up to Rs. 5.00 lakh per annum.
For an individual who pays medical insurance premium for his/her parents or parents who are elderly or senior citizen, deduction of Rs. 20,000 under section 80D is allowed.

An individual is eligible for a deduction of the amount spent or Rs. 60,000, whichever is less for medical treatment of a dependent elderly or senior citizen.

(iv) Department of Pensions has set up a Pension Portal to enable senior citizens or elderly to get information regarding the status of their application, the amount of pension, documents required etc. The Portal also provides for lodging of grievances. The recommendation of the Sixth Pay Commission on provision additional pension to older persons is given below:

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<thead>
<tr>
<th>Age Group</th>
<th>Percentage Pension to be added</th>
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<tbody>
<tr>
<td>80 +</td>
<td>20</td>
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<td>85 +</td>
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<td>90 +</td>
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<tr>
<td>95 +</td>
<td>50</td>
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<tr>
<td>100 +</td>
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(v) **Insurance Regulatory Development Authority (IRDA):**

Insurance Regulatory Development Authority (IRDA) vide letter dated 25.05.2009 issued some instructions on health insurance for elderly or senior citizens to CEOs of all General Health Insurance Companies which inter-alia includes:

- Allowing entry into health insurance scheme till 65 years of age
- Provision of transparency in the premium charged.
- Reasons to be recorded for denial of any proposals on all health insurance products catering to the needs of senior citizens.
(vi) **Ministry of Civil Aviation:**

Under the Ministry of Civil Aviation, the National Carrier, Air India provides concession in air fare up to 50 percent for male passengers aged 65 years and above and female passengers aged 63 years and above on production of proof of age and nationality on the date of commencement of journey.

(vii) **Ministry of Road Transport:**

The Ministry of Road Transport and Highways has provided reservation of two seats for elderly or senior citizens in front row of the buses of the State Road Transport Undertakings. Some States Governments are providing fare concession to senior citizens in the State Road Transport Undertaking buses for e.g. in Punjab Elderly women above 60 years enjoy free travel, Free passes are provided to old people who are freedom fighters to travel in fast and express buses in Kerala. Some State Governments also introducing the Bus models according to the convenience of the elderly.

(viii) **Miscellaneous:**

- Mumbai Police (1090), Dignity Foundation and many other organizations have given help lines for senior citizens.
- MTNL gives 25 percent concession in rent of land line telephone.
- Postal Savings Schemes – Senior Citizens Saving Scheme (9 percent interest to elderly, 10,000 to 15 Lakhs), Monthly Income Scheme (Return of 8 percent and a bonus of 10 percent on maturity)
- Large number of association of senior citizens have come up in all areas, giving opportunities to express and share one’s views, get knowledge about various facilities available, get entertainment, group support etc.
Insurance schemes:

Several types of insurance schemes for the benefit of elderly people were introduced time to time by several government and private insurance companies which are – Jeevan Dhara, Jeevan Akshay, Jeevan Suraksha, Bima Nivesh, Senior Citizen Unit Plan and several other medical insurance schemes like Group Medical Insurance Scheme, Jan Arogya etc. The schemes Jeevan Dhara, Jeevan Akshay, Jeevan Suraksha and Bima Nivesh have been discontinued and relaunched in the new version as New Jeevan Dhara, New Jeevan Akshay, New Jeevan Suraksha and New Bima Nivesh respectively.

- **Senior Citizens Unit Plan (SCUP)** - Senior Citizens Unit Plan is a Scheme under which one has to make a one time investment depending on his/her age and have the benefit of medical treatment for self and spouse at any of the selected hospitals on completion of 58 years of age. SCUP have special arrangements with New India Assurance Co. Ltd. (NIAC) under an exclusive medical insurance cover where by the bills from the hospitals in connection with all medical treatment by you will be settled directly by NIAC up to the prescribed limit. Age group of 18-54 years can join this Scheme. The person may be a resident or a non-resident Indian. The person will be entitled for a medical insurance cover of Rs 2.5 lakh after he/she attains the age of 58 years. This insurance cover is available for both the citizen and his/her spouse. After the age of 61 years both of them are eligible for a cover of Rs 5 lakh after adjusting any claims made earlier. The citizen can avail medical treatment in any of the hospitals under this Scheme. The Trust will call for all details about recent photograph, signature and address of the member and the spouse as soon as the member attains the age of 54 years so as to prepare an identity card cum log book, for the member and the spouse.
• **Medical Insurance Scheme** - The Medical Insurance Scheme known as Mediclaim is available to persons between the age of 5 years and 75 years. Earlier, the sum insured varies from Rs 15,000 to Rs 300,000 and premium varies from Rs 175 to Rs 5,770 per person per annum depending upon the different slabs of sum insured and different age groups. However, with effect from 1 November 1999, these limits of benefits and the premium rates have since been revised. The sum insured now varies from Rs 15,000 to Rs 500,000 and premium varies from Rs 201 to Rs 16,185 per person per annum depending upon different slabs of sum insured and different age groups. The policy is now available to persons between the age of 5 years and 80 years. The cover provides for reimbursement of medical expenses incurred by an individual towards hospitalisation/domiciliary, hospitalisation for any illness, injury or disease contracted or sustained during the period of insurance.

• **Group Medical Insurance Scheme** - The Group Medi-claim policy is available to any group/association/institution/corporate body of more than 100 persons provided it has a central administration point. The policy covers reimbursement of hospitalisation and/or domiciliary hospitalisation expenses only for illness/diseases contracted or injury sustained by the insured person. The basic policy under this scheme is Medi-claim only. This policy is also available to persons between the age of 5 years and 80 years. The sum insured varies from Rs 15,000 to Rs 500,000 and premium varies depending upon the different slabs of sum insured and different age groups.

• **Jan Arogya** - This scheme is primarily meant for the larger segment of the population who cannot afford the high cost of medical treatment. The limit of cover per person is Rs 5,000 per annum. The cover provides for reimbursement of medical
expenses incurred by an individual towards hospitalisation/domiciliary hospitalisation for any illness, injury or disease contracted or sustained during the period of insurance.

(V) SPECIFIC MEASURES/SCHEMES IMPLEMENTED BY PUNJAB GOVERNMENT

Some of the schemes and programmes of Punjab Government for elderly are as follows:

Pension Scheme for the Employees of Punjab Government

Punjab government is providing pension to the Punjab government employees, retiring in accordance with Punjab Civil Services Rules Volume-II as amended from time to time and as applicable to the pensioners/family pensioners. Pension amount constitutes 50 percent of basic pay (plus NPA). It shall also to be calculated on the basis of last pay drawn or 10 months average which ever is beneficial to the employees subject to a minimum of Rs. 3500/- per month. In addition to this, additional quantum of pension is also provided to old pensioners/family pensioners.

After careful consideration of the recommendations of the Fifth Punjab Pay Commission, the Governor of Punjab revised various benefits available to the old pensioners/ family pensioners, w.e.f. 1st December, 2011. The recommendation of the Fifth Punjab Pay Commission on provision additional pension to older persons is given below:
<table>
<thead>
<tr>
<th>Age of Pensioner/family pension</th>
<th>Additional quantum of Pension/ family Pension</th>
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<tr>
<td>from 65 years to less than 70 years</td>
<td>5 percent of revised basic pension/ family pension</td>
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<td>from 70 years to less than 75 years</td>
<td>10 percent of revised basic pension/ family pension</td>
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<td>from 75 years to less than 80 years</td>
<td>15 percent of revised basic pension/ family pension</td>
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<td>from 80 years to less than 85 years</td>
<td>25 percent of revised basic pension/ family pension</td>
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<tr>
<td>from 85 years to less than 90 years</td>
<td>35 percent of revised basic pension/ family pension</td>
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<tr>
<td>from 90 years to less than 95 years</td>
<td>45 percent of revised basic pension/ family pension</td>
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<td>from 95 years to less than 100 years</td>
<td>55 percent of revised basic pension/ family pension</td>
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<tr>
<td>100 years or more</td>
<td>100 percent of revised basic pension/ family pension</td>
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**Old Age Pension Scheme of Punjab Government**

This scheme was first started in the state of Punjab in the year 1964. The purpose of this Scheme is to provide social security in the shape of financial assistance to old and infirm persons. Under this scheme women who are 60 years old or above and 65 years or above in the case of men, whose monthly income should not be more than Rs. 1000/- in case of individual and Rs. 1500/- if husband wife both are alive will get the benefit of this scheme. The payment of old age pension i.e. Rs. 250/- per month is provided through banks in the urban sector and through sarpanchs in the Rural Sector.

**Indira Gandhi National Old Age Pension Scheme**

It was launched by Ministry of Rural Development. All persons of 60 years and above (before 2011 it was 65 years and above) and belonging to below the poverty line category according to the criteria prescribed by the government of India time to time, are eligible to be a beneficiary of this scheme. Punjab government has decided in
principle to disburse pension to the old widowed and destitute women and disabled persons regularly from 1st April, 2010. Beneficiaries under this scheme are as follows:

- Elderly males and females of 60 years of age who have no surviving sons/widows/disables and who belongs to below the poverty line category get Rs. 200/- per month from Central government if he or she is not getting the pension benefit of Rs. 250/- per month from Punjab government.

- Widowed females with age limit 40-64 years who belongs to below poverty line category get Rs. 200/- per month.

- The disabled person whose age is between 18-64 years, whose disability is more than 80 percent and who belongs to below poverty line category get Rs. 200/- per month.

**Provision of Identity Cards for Senior Citizens**

Under this scheme senior citizens (males and females of above 60 years of age) will get identity cards issued by District Social Security Officer. With the help of these cards they can get separate queues for them for payment of water and electricity bills, in hospitals, bus stands etc. Under this scheme, 44223 Identity Cards have been issued in the State.

**Punjab Maintenance of Parents and Senior Citizens Act**

Punjab chief minister, Parkash Singh Badal has given sanction for implementation of the Punjab Maintenance of Parents and Senior Citizens Act in January, 2009. According to the Act, parents and senior citizens above 60 years of age can now legally demand sustenance from their wards. And to ensure the rule is followed, the Punjab government has notified setting up one-member tribunals at the sub-divisional level throughout the state. Punjab has become fifth state in the country where old parents can legally stake claim to financial aid from their grown up children for their survival and a denial would invite a prison term.
Punjab government would also establish and maintain at least one old age home in each district (with a minimum capacity of 150 inmates) and ensure provision of special beds for senior citizens in all government hospitals. In Punjab elderly women above 60 years have free transport facility in the public transport buses.

On the whole we can conclude that the beneficiaries among the older persons for various schemes and programmes initiated by the government are very insignificant when compared to the very high size of population and the growth rate among them. Further, given the level of urbanization and industrialization of India, economic factors and diminishing value system are likely to make welfare of the elderly as the most critical area for intervention. There is need to protect and strengthen the institution of the family and provide such support services as would enable the family to cope with its responsibilities of taking care of the elderly. Along with proper and effective professional welfare services that need to be evolved to provide counseling services both to the elderly and their family members, it is also important to provide financial support to low income family groups having one or more elderly persons. A state specific health policy for elderly is the basic pre-requisite for health planning in the state. For improving health services for elderly pertain to easy, queue-less accessibility, provision of cheap medicines, mobile vans etc. are required. Further, rising costs of treatment, in both public and private sector, warrant a viable health insurance policy.