CHAPTER 4
Description of the residents, facilities and functioning of OAHs

The age old traditions of Indian society which were fully backed up by the striking feature of joint family system, wherein elderly members bound the family together thereby ensuring not only the protection of the entire family but also placing themselves in a secure, safe and well protected position in the setting years of their life. This trait of the society was coupled with magnanimity, benevolence, philanthropy and activities initiated for the welfare of the society, in general, and old persons, who are poor, frail, disabled and homeless, in particular. On the other hand now, when the impact of modernization, globalization, industrialization and urbanization are visibly or invisibly impact on the society, family and value systems along with extended life span due to better health care, the number of the older persons have significantly increased throughout the world and so is the case with India. Going by the increased projections of the older population in times to come problem of caring and maintaining the older persons is assuming serious dimensions. To address to this sensitive issue the solutions, perhaps, lies in building and maintaining more of OAHs in the country on the pattern of the western world.\(^1\)

Ideally, OAHs are expected to function on the basis of norms, standard protocols and legislative controls. These controls become necessary so that the provider of the services knows what to provide in an OAH on the one hand and on the other the consumer of the services would also know what to expect from an OAH. The legislation can help in controlling the quality of facilities and the performance of the services provided by the OAHs. This legislation can also assist in preventing malpractices and exploitation of the consumers by the management of OAH, as the providers would fear penalty if the services are not provided as per the regulations. Till now there are no specific norms, standard protocols and regulations regarding operation of OAHs in India. In the absence of legislation specific to OAHs the Societies’ Registration Act of 1860, has provided much needed impetus to such organizations, agencies, trusts, societies and cooperatives to undertake ventures in area of old age care and provided legitimacy to these agencies in the welfare mechanism of the country. Most registered agencies provide institutional care in the
form of old age homes, either as free-stay facilities or on a pay-stay basis. The OAHs in India are used by the needy older persons to spend their last days either as a last resort or as a matter of choice or due to social reasons. The quality of care in these homes varies, ranging from the bare minimum of lodging and boarding facilities to provisions for medical services, though at only primary level, recreational pursuits and social activity.2

The older persons require various types and levels of institutional facilities3 firstly, OAHs meant to provide all the basic amenities besides providing for residential facilities, secondly, nursing homes which provide long term care facility that provides residential accommodation, nursing care and other services for ill or disabled persons, thirdly, sheltered housing (congregate housing) is a grouped independent accommodations linked to a Warden’s house by alarm where other services are not provided unless subscribed.4 In India several OAHs are established but other two types of facilities are very few.

In order to encourage setting up of the OAHs the Government of India sanctions grant to the government and NGOs for running OAHs and infirmaries for older persons. The guidelines and the procedures have been laid-down by the Ministry of Social Justice and Empowerment and Ministry of Social Welfare. These guidelines include eligibility conditions, procedure for submitting an application, purposes of grant, extent of expenses, procedure for releasing grant and the maintenance of accounts. The grants can be utilized for building, equipment, salaries of the staff to cover 90 per cent of the approved expenditure. The institutions getting these grants are expected to maintain proper standards of work, keep proper records of their activities and accounts of the grants. However, the schemes of funding do not specify the services to be provided, therefore, no proper monitoring/evaluation could be carried out. Consequently there is no worthwhile assessment of the functioning of the scheme of managing services rendered for older persons more so in OAHs.5

The HelpAge-India is one of the largest voluntary organizations in India which provides financial support to other voluntary agencies engaged in the welfare of the older persons.6 The HelpAge-India has published a guidebook with the detail information on how to select the place for OAH, how to design it, how to furnish it, how to develop policies, how to register it, how to maintain and how to evaluate it.7

Though many organizations are now coming forward to meet the growing needs of older persons, still steps need to be taken to create mechanisms for the proper
and adequate delivery of services. There is also an urgent need to critically evaluate the functioning of different programmes taking care of the older persons. Equally, there is need to set up an apex/nodal agency to coordinate and synergize the different activities and programmes, as also network the various services. At present there are over 1200 OAHs in India today though only 963 are listed in HelpAge-India directory, besides this document there is no other document available at present with details of all OAHs in India.

Review of literature

Joseph, Katan (1991) explored that meaningful resident participation in OAHs was considered a central component of humanity and democracy; however, in many institutions it was partial and marginal. The findings indicated the existence of factors that hinder or support the development of meaningful forms of resident participation. The author had identified various factors hindering the resident’s participation viz., lack of choices, activities, lack of outing, poor food quality and non availability of health services, whereas prompted response of care staff, low cost were some of the main support factors that had potential effect on the level and quality of functioning of OAHs.

Bartlett, Hand Kwan (1993) had suggested that there should be some regulatory mechanism for OAHs to ensure the rights of the consumers and to increase their satisfaction levels.

Dandeker (1993) had reported that inmates of the OAHs expressed satisfaction as majority of the inmates were fully satisfied with the living conditions in OAHs with regards to general facilities, safety and food.

Bose, Ashish (1995) reported in a survey about various types of services providing care to the older persons in terms of finance, pension, blue card and health insurance, political empowerment of elderly, institutional care, establishing OAHs, involvement of religious organizations, commitment of the organized sector to help the unorganized sector, active role of NGOs were the strategies to improve the services for older persons.

Baliga, Sandhya (1996) in her study had delineated the eligibility for assistance for older persons and had elaborately described the services for older persons like Mobile Medicare Services, Day Care Centers, maintenance of OAHs and other schemes of assistance. The author also suggested involving NGOs in all the programs providing services to older persons.
Ara, Shabeen (1997)\textsuperscript{15} conducted study on OAHs and their inmates. She reported that though institutionalization of the elderly care was a new phenomenon in India, a number of OAHs have come up and still there was a need for improvement in their upkeep as well as need for many more OAHs to help the older persons who are helpless, isolated and may be economically dependent. The study indicated that majority of the older persons were from poor and middle income group background and did not had children, had no extended family to care for and were staying in OAH as they did not had any other option.

Rathi, Latha and Mrinal N.R., (1996)\textsuperscript{16} reported high degree of loneliness among 80 year old elderly women who were staying without spouse in OAHs.

Kumar, S.V. (1997)\textsuperscript{17} suggested that in order to lead positive retired life with high QOL, pre and post retirement socialization was essential. This study threw light on preparation for old age by remaining socially active.

Mathew, Suseela (1997)\textsuperscript{18} indicated in her study that life satisfaction was higher among the non-institutionalized group as compared to the institutionalized group. Promotion of physical, mental and social well being of the elderly residents should be the final goal in managing an ideal OAH.

Lyon, Stephanie, M. (1997)\textsuperscript{19} besides other recommendations stated that cost effectiveness also needs to be examined because funding was considered to be the basis of quality of services rendered by OAHs.

Klien, T. et al (1998)\textsuperscript{20} suggested that living on their own can affect the elderly much more adversely because in an institutional setting, organized care can be given under the same umbrella if the institution has proper facilities, whereas at home they were left alone when younger generation went for work which made them feel neglected.

Hughes, J., Challis, D., Gill, J. and Stone, S. (1997)\textsuperscript{21} conducted an outcome study of a cohort of elderly people in residential and long term care home in three areas of North West England, assessing maintenance of physical and mental functioning of older persons and their QOL. It was found that for resident’s longevity was also associated with greater satisfaction with leisure time activities in OAHs.

Norma, Raynes (1998)\textsuperscript{22} recommended that inmates of OAHs should be included in policy making for long term care facility along with care giving staff and the management. The OAHs which were involving the inmates more in decision making were running fairly successfully.
Yee, John, Walter and Sceigaj (1999) evaluated the resident-centered care in assisted living facility for older persons. This study indicated that both levels of facilities must be there in every OAH, for relatively independent inmates and partially incompetent inmates, also the appropriate assistance should be provided by OAH under same roof accordingly. The assisted living programme and site features influence resident experienced with regard to supporting independent lifestyles and increasing community involvement resulted in improving QOL in resident-centered care in assisted living facility for older persons.

Rosemary, Bland (1999) reported that older persons were happier in self contained cottage type of setting rather than dormitory setting in OAHs. The cottage type of setting arrangements gave them more freedom hence; they were more satisfied and happier than those staying in dormitories.

Bali, Arun P. (1999) indicated that assistance from the near and dear ones were required for the older persons from time to time. Hence, the involvement of family in the management of OAH could improve the well being of older persons.

Katyal, Sudha and Bector, Sonal (1999) reported that the QOL of older persons living in institutions was low as compared to those staying with family, which reflected on the need to pay attention to the type of staff and training of staff of OAH and their attitudes while working in OAHs.

Chakravarthy, I. (1999) suggested that mental ability seems to increase after the elders started using computers. This study highlighted the need to provide for facilities for inmates of OAHs to improve their QOL.

Liebig P.S. (1999) studied OAHs in India and suggested that more of homes had to be constructed in India which were multi-function for independent and also for partially dependent. The existing OAHs were not found to have proper facilities to meet the ever emerging needs of the older persons.

Sharma, O.P. et al (2000) reported the findings of a study on institutionalized and non-institutionalized older persons, the non-institutionalized reported high depression rates whereas life satisfaction was significantly higher in institutionalized elderly. Hence, environment and socialization in OAH need to be enquired.

Bhatla, P.C. (2000) had explored the role of physician had a definitive role in managing and monitoring older persons. Elderly had to be grouped depending on their health needs. A thorough examination was essential before entering the OAH and to
be repeated periodically thereafter. It is to be ensured that rights of older persons were not violated and the health services must be effectively implemented.

Banerjee, S. (2000) explained that Calcium and Vitamin D supplementation reduce bone loss and also the risk of bone fracture in older persons. A survey showed that most people had inadequate intake of Calcium and Vitamin D in old age hence, such supplementation is recommended for older persons.

Wiles, Jacqueline (2000) suggested that the satisfaction of elderly in long-term care facility was correlated with their preferences of selection of place to stay and participation in decision making hence, older persons should select the OAH according to their choice.

Catherine, Hawes and Charles, D. Phillips (2000) accounted that the satisfaction of caring staff were one of the important co-relational factors in satisfaction of the residents of assisted living facility. Hence, it implied that if staff of OAH was satisfied they will provide better services to inmates.

Linda, Bauld, John, Chesterman and Ken, Judge (2000) reported on the satisfaction of inmates of several residential care facilities. The suggestion was that all levels of the facilities were required, like assisting devices, medical care and nursing were, dementia care and custodial care under the same roof preferably.

Swarup, Hari, (2000) suggested that feeling of despair among older persons needs to be tackled effectively and new potentials should be searched within by self exploration and by giving vent to creativity in order to improve QOL. The owner of OAH had to provide facilities for recreation and leisure time activities accordingly.

Parikh, Durga, R. (2000) suggested that QOL of older women were influenced by their early socialization, current health and economic status, they structured their time in and around their household. Hence, this had to be taken care when they live in OAH so that they were kept busy in some activities.

Neelima, B.N. (2000) reported that in old age television was found to be the most potential communication partner to engage in leisure time. It could bring major change in attitude, decrease loneliness thereby increase QOL among elderly.

Anjum, S.K., (2000) indicated that the older persons living alone without a social network were at risk of developing dementia. Care givers in institutions and organizations for older persons should give opportunity for contacts and socialization to the older persons.
Quarishi, Z. M. and Arora, Nandini, (2000) reported that suicidal intentions were present in 2 per cent of the depressed institutionalized older persons. Hence, care and attention to mental health needs had to be given priority in old age.

Jayashree (2000) studied living arrangement of 100 retired male respondents belonging to high-income group, most of the older persons lived with spouse and unmarried children earlier to joining OAHs. Most retirees shared their problems and joys with their spouse. They managed finances themselves and were not totally dependent on children. Hence, socialization and economic independence were important issues in old age.

Challis, D. et al (2000) found that a significant number of self-funding residents had low dependency and felt that OAHs had good facilities whereas most of them expressed satisfaction from services of OAH, a majority of residents had severe cognitive impairment although many of them were able to take care of themselves but some expected more assistance from staff of OAH.

Bagley, H. et al (2000) audited residential care homes and nursing homes, providing care to older people with dementia, recommended that in order to maximize the effectiveness the care requirements needed to be assessed periodically by a physician.

Mozley, C. et al (2000) reported that there was need for a visiting psychiatrist in residential homes for older persons; the care staff could not manage the inmates of OAH without their supervision. With advancing age many of the older persons developed cognitive and psychiatric symptoms where some of them required medications as well. Hence, the management should include nurses besides other care staff and also a visiting psychiatrist.

Netten, A., Bebbington, A., Darton, R. and Forder, J. (2001) had summarized various surveys done on facilities in OAHs in the United Kingdom. The facilities of long term care and OAHs were organized according to payment plans and level of dependency of elders. All types and levels of facilities were required and were functioning quite up to the mark. Those residents who were not satisfied with the facilities shifted to another OAH meaning thereby that all kinds of OAHs were existed to fulfill the needs of the variety of older persons.

Netten, A., et al (2001) explored long term care facilities (LTCs) for older persons having cognitive impairment and found that there were very few LTCs in UK, as they were very costly than usual LTCs. These OAHs had special provision of
gadgets for older people and also adequate numbers of professional caregivers who were assisting the inmates in their activities of daily living as well in socialization process. There were separate LTCs for dementia care which were even further more expensive.

Challis, D., Weiner, K., Darton, R., Hughes, J. and Stewart, K. (2001)\textsuperscript{46} reported that care management were according to the level of dependency and self-care abilities of elders in long term care facilities. The long term care homes were of three levels and accordingly the care staff was different in their training and number. High dependency of inmates needed higher technical skill of care staff to manage the inmates, i.e. specialized nurses are employed particularly in high dependency homes.

Paul, Klein (2001)\textsuperscript{47} examined services of Jewish residential care homes in the United Kingdom, which were designed to be sensitive to social, cultural and religious, needs of Jewish residents. Most of these OAHs were giving very high quality services.

Sreevals and Nair, P.S. (2001)\textsuperscript{48} reported that health care expenses and quality of food were the most important determinants of the satisfaction level of older persons staying in OAHs.

Ansari, Athar, (2001)\textsuperscript{49} reported that elders were very sensitive to the environment in which they were living, hence in order to improve their QOL the attention was required to be given to the types of facilities and care provided in the OAHs.

Challis, D. and Hughes, J. (2002)\textsuperscript{50} evaluated schemes and services for older persons in a multidisciplinary community team. It was concluded that appropriate assessment facilities must be provided in long stay homes for older persons. When the older persons become frail they had multi dimensional care needs, the facilities should be also multi disciplinary in order to combat any difficulties in management because the care-staff had to take special precautions while dealing with the inmates.

Weiner, K., Stewart, K., Hughes, J., Challis, D. and Darton, R. (2002)\textsuperscript{51} suggested plan for staff requirements by for long term care facility for older persons. The suggestion was made that even though at the time of entry the elderly were assessed, there was a need for repeated assessments. Also there was requirement for provision for three-tier or four-tier care facilities in case the older persons became dependent or incompetent subsequently.
NCAL (2002) conducted a study on abuse, neglect and exploitation of elderly who were disabled. The study suggested that abuse of older persons should be reported and preventive action should be taken by the management to prevent or deal with elder abuse in all settings dealing with care of older persons.

Richardson, Barbara, Kitchen, Ginnette, Livingston, Gill (2002) concluded that identifying, documenting and reporting abuse of older persons was not carried out consistently in OAHs. Hence in service training of the staff could remove this problem of abuse of elderly in long-term care facility.

Gerdt, Sundström, Lennarth, Johansson and Linda, B. Hassing (2002) reported on cost effectiveness of services for older persons, that the cost of keeping the elderly with family was costing higher, due to expense on home-help then sending them to long term care facility. Thus, the need emerged for opening more long term care facilities.

Knowlton (2002) evaluated the service allocation, in nursing and residential homes in Cumbria and reported that these services were humane and very efficient due to provisions for alternative modes of care in long term care facilities.

Shu-Chiung Chou, Duncan, P. Boldy and Andy, H. Lee (2002) highlighted in their study that satisfaction with care staff of OAHs had a positive effect on all other aspects of resident’s satisfaction. In order to improve resident’s satisfaction and provide quality services both types of facilities under the same roof was to be provided, i.e. nursing home and hostel models and a resident-focused care model. Another important factor was to pay attention to staff satisfaction in OAHs.

Jakhar, Poonam, (2002) evaluated the working of OAH having only destitute from low socio-economic background. This study showed that mere food, shelter and clothing was not enough for the inmates of OAHs, the environment was also important. Psycho-social environment was given prime importance by the inmates when they stayed in an OAH.

Stewart, K., Hughes, J., Challis, D., Darton, R. and Weiner, K. (2003) reviewed of social service impact for older persons from access to services. The findings suggested that the advance gadgets to be provided in care facilities like walking devices and speak phones, emergency sensors, etc. At the same time staff training about new gadgets and re-orientation of the inmates regarding the care facilities was also essential.
Sandhu, Jasmeet and Arora, Tripati (2003)\(^5^9\) reported assessment of the facilities of OAH that most of the residents were satisfied from institutionalization. Hence this study suggested that more such institutions were required to be established for ever increasing number of older persons.

Gene, D. Cohen et al. (2003)\(^6^0\) investigated adjustment of residents of assisted living facility, the conclusion was that training of staff and participation of family could improve the functioning of inmates of ALF and thus improve the overall satisfaction levels.

Stewart, K., Worden, A., Challis, D. (2003)\(^6^1\) surveyed OAHs in North West, England. The findings revealed user satisfaction with services in residential and nursing home for older persons. Most OAHs were evaluated for coverage of key services like accommodation, safety, food and health services. The quality of the facilities and the services were found quite satisfactory in the institutions whereas low quality of health services were reported.

Netten, A., Darton, R. and Williams, J. (2003)\(^6^2\) studied closure of OAHs in the United Kingdom. The aims of the project were to identify the rates of closure of all types of OAHs and also the consequences for service supply for future, the types and characteristics of OAHs that were closing, the combinations of circumstances that led to home closure, the prevalence and nature of existing local government guidelines for the closure of independent care homes. Most of the OAHs reported the closure due to lack of funds to meet the requirements as per guidelines of government.

Netten, A. and Darton, R. (2003)\(^6^3\) reported the access to services on self-funded admissions to long-term care facilities. The nature of the process of closure of OAHs and its effects from the point of view of residents, relatives, informal caregivers, social service providers and the care-giving staff. The reasons for closing of OAHs were largely the inadequate number of trained staff and lack of funds.

Darton, R. (2004)\(^6^4\) analysed the reports of survey conducted by Registration and Inspection Units in England to establish rates of closure and local demand and supply issues of the OAH facilities. The reports suggested that Owners and Managers of closed independent care homes were not able to give the facilities and care to older persons according to the requirements of the Council and also relatives of the older persons complained to the authorities about callous attitude of staff working in OAHs.

Francis, J. and Netten, A. (2004)\(^6^5\) reported the survey done for careers, commitments and motivations of the providers and the care staff of OAHs in the
United Kingdom. There was problem of supply and retention of care staff and it had implications on the quality of care provided. The local authority had made plans to reduce the number of OAHs as this particular problem was raised by service providers that there was high turnover of care staff. The authors suggested that there was need to investigate the factors that might affect staff propensity to leave vocation of caring altogether.

Challis, D., Clarkson, P., Williamson, J., Hughes, J., Venables, D., Burns, A. and Weinberg, A. (2004) studied some of the placements of older persons made by social services department for residential home or nursing home in the United Kingdom. It was suggested that specialized services could be provided effectively for elderly residents of long stay homes if their mental and physical health assessment was done before they entered the facility and also it was necessary to make placement of older persons in appropriate OAHs as per their requirements.

Gruber-Baldini AL. et al (2004) reported behavioral symptoms among older persons in residential care, more prevalent in small sized residential care facilities, which did not had enough provision for socialization. The study concluded that QOL of older persons was dependent on socialization particularly where only older persons were staying.

Mishra, S. (2005) presented the scenario of segregated older persons and found that QOL of the inmates of OAHs was dependent upon social aspects of living.

Prakash, Rao (2005) gave some recommendations to minimize the problems of managing the older persons who were staying in OAHs, i.e. having frequent meetings of management and inmates, arranging donations, arranging for activities in OAHs and increasing the participation of NGOs and family members.

Clarkons, P., Hughes, J. and Challis, D. (2005) projected the demand for a range of long-term care services for older persons in Wales. The aim of the study was to produce projections of the impact of demographic pressures on demand for long-term care services for older people in Wales up to 2020. These projections implied that according to the trends in dependency and different scenarios about the future balance between residential and home-based care services more importance was required to be given to the construction of more multi-functional long term care facilities.

Williams, J. and Netten, A. (2005) reported on training requirements of care staff in nursing and residential care homes. The training need analysis of care staff in
residential and nursing homes was projected in two phases, one phase was in training aspects and the other was retaining aspects. As the turnover rate was high among care staff there was need for developing some measures to retain the old staff and to take action to prevent their burnout.

Netten, A., Williams, J. and Darton, R. (2006) reported the status of motivation of care providers, focused on long term care home Owners and Managers. The key aspects of current motivation and changes in motivation over time and how these would help or hinder their functioning in local markets ranging across time budget allocations revealed subjective experiences of inspection. The analysis of motivations had been further enhanced by examining perceptions of provider motivations and the outcome of this study projected that unless the provider saw this activity as income generating the frequency of closures of OAHs could not be brought down.

Keeping in view various studies conducted internationally and nationally a sample of 130 respondents was taken from four OAHs selected for the study, the information about various demographic variables of the residents of these OAHs have been collected and depicted in Table 4.1(a), 4.1(b), 4.2(a) and 4.2(b) with their analysis in succeeding paragraphs.

Table 4.1 (a): Variable wise Characteristics of respondents

<table>
<thead>
<tr>
<th>Variable of respondents</th>
<th>Category</th>
<th>OAH-1 Pay-stay NGO</th>
<th>OAH-2 Pay-stay Government</th>
<th>OAH-3 Free-stay Government</th>
<th>OAH-4 Free-stay NGO</th>
<th>Grand Total</th>
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<td>Age (in years)</td>
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<tr>
<td>60-70</td>
<td>F (%)</td>
<td>16 (26)</td>
<td>23 (43)</td>
<td>9 (15)</td>
<td>10 (16)</td>
<td>51 (39)</td>
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<td>71-80</td>
<td>F (%)</td>
<td>16 (32)</td>
<td>23 (44)</td>
<td>2 (4)</td>
<td>10 (20)</td>
<td>51 (39)</td>
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<td>Above 81</td>
<td>F (%)</td>
<td>7 (41)</td>
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<td>8 (47)</td>
<td>2 (12)</td>
<td>17 (13)</td>
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<td>Gender</td>
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<tr>
<td>Male</td>
<td>F (%)</td>
<td>21 (31)</td>
<td>28 (42)</td>
<td>6 (9)</td>
<td>12 (18)</td>
<td>67 (51)</td>
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<tr>
<td>Female</td>
<td>F (%)</td>
<td>18 (28)</td>
<td>22 (33)</td>
<td>13 (21)</td>
<td>10 (16)</td>
<td>63 (49)</td>
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<td>Status of education</td>
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<td>Up to 10th</td>
<td>F (%)</td>
<td>9 (18)</td>
<td>12 (24)</td>
<td>15 (30)</td>
<td>14 (28)</td>
<td>50 (38)</td>
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<td>Graduate</td>
<td>F (%)</td>
<td>18 (40)</td>
<td>20 (44)</td>
<td>4 (9)</td>
<td>3 (7)</td>
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<tr>
<td>Post graduate</td>
<td>F (%)</td>
<td>4 (45)</td>
<td>3 (33)</td>
<td>-</td>
<td>2 (22)</td>
<td>9 (7)</td>
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<td>Professional and technical</td>
<td>F (%)</td>
<td>8 (31)</td>
<td>15 (58)</td>
<td>-</td>
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<td>26 (20)</td>
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<td>Type of previous occupation</td>
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<td>Not-employed</td>
<td>F (%)</td>
<td>16 (31)</td>
<td>17 (33)</td>
<td>15 (21)</td>
<td>8 (15)</td>
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<td>Service</td>
<td>F (%)</td>
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<td>26 (43)</td>
<td>11 (10)</td>
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<td>Self-employed</td>
<td>F (%)</td>
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<td>7 (41)</td>
<td>2 (12)</td>
<td>2 (12)</td>
<td>17 (13)</td>
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<td>Married</td>
<td>F (%)</td>
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<td>43 (39)</td>
<td>17 (15)</td>
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<td>Never married</td>
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<td>2 (10)</td>
<td>6 (32)</td>
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<tr>
<td>No child</td>
<td>F (%)</td>
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<td>23 (40)</td>
<td>7 (13)</td>
<td>17 (27)</td>
<td>63 (48)</td>
</tr>
<tr>
<td>Male</td>
<td>F (%)</td>
<td>2 (20)</td>
<td>4 (40)</td>
<td>4 (40)</td>
<td>-</td>
<td>10 (8)</td>
</tr>
<tr>
<td>Female</td>
<td>F (%)</td>
<td>18 (40)</td>
<td>17 (38)</td>
<td>5 (11)</td>
<td>5 (11)</td>
<td>45 (35)</td>
</tr>
<tr>
<td>Male and female Children</td>
<td>F (%)</td>
<td>5 (42)</td>
<td>4 (33)</td>
<td>3 (25)</td>
<td>-</td>
<td>12 (9)</td>
</tr>
</tbody>
</table>

Source: Culled from primary data.
Table 4.1 (b): Variable wise Characteristics of respondents

<table>
<thead>
<tr>
<th>Variable of respondents</th>
<th>Category</th>
<th>OAH-1 Pay-stay NGO</th>
<th>OAH-2 Pay-stay Government</th>
<th>OAH-3 Free-stay Government</th>
<th>OAH-4 Free-stay NGO</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>F (%)</td>
<td>F (%)</td>
<td>F (%)</td>
<td>F (%)</td>
<td>F (%)</td>
</tr>
<tr>
<td>Status of staying with or without spouse</td>
<td>Staying with spouse</td>
<td>10 (38)</td>
<td>16 (62)</td>
<td>-</td>
<td>-</td>
<td>26 (20)</td>
</tr>
<tr>
<td></td>
<td>Staying alone and single</td>
<td>6 (50)</td>
<td>6 (50)</td>
<td>-</td>
<td>-</td>
<td>12 (9)</td>
</tr>
<tr>
<td></td>
<td>Staying alone and widowed</td>
<td>21 (27)</td>
<td>21 (27)</td>
<td>17 (21)</td>
<td>30 (25)</td>
<td>79 (61)</td>
</tr>
<tr>
<td></td>
<td>Staying alone and separated</td>
<td>2 (15)</td>
<td>7 (55)</td>
<td>2 (15)</td>
<td>2 (15)</td>
<td>13 (10)</td>
</tr>
<tr>
<td>Status of having or not having illness</td>
<td>Having illness</td>
<td>5 (11)</td>
<td>21 (45)</td>
<td>11 (23)</td>
<td>5 (31)</td>
<td>47 (36)</td>
</tr>
<tr>
<td></td>
<td>Not having illness</td>
<td>34 (41)</td>
<td>29 (35)</td>
<td>8 (10)</td>
<td>12 (14)</td>
<td>83 (64)</td>
</tr>
<tr>
<td>Status of functioning</td>
<td>Independent</td>
<td>37 (31)</td>
<td>47 (39)</td>
<td>17 (14)</td>
<td>20 (16)</td>
<td>121 (93)</td>
</tr>
<tr>
<td></td>
<td>Partially dependent</td>
<td>2 (22)</td>
<td>3 (34)</td>
<td>2 (22)</td>
<td>2 (22)</td>
<td>9 (7)</td>
</tr>
<tr>
<td>Duration of stay</td>
<td>2 years or less</td>
<td>28 (55)</td>
<td>9 (17.5)</td>
<td>9 (17.5)</td>
<td>5 (10)</td>
<td>51 (39)</td>
</tr>
<tr>
<td></td>
<td>3-5 years</td>
<td>11 (18)</td>
<td>25 (42)</td>
<td>10 (17)</td>
<td>14 (23)</td>
<td>60 (46)</td>
</tr>
<tr>
<td></td>
<td>6-8 years</td>
<td>-</td>
<td>8 (80)</td>
<td>-</td>
<td>2 (20)</td>
<td>10 (8)</td>
</tr>
<tr>
<td></td>
<td>Above 8 years</td>
<td>-</td>
<td>8 (89)</td>
<td>-</td>
<td>1 (11)</td>
<td>9 (7)</td>
</tr>
</tbody>
</table>

Source: Culled from primary data

Table 4.2 (a): Characteristics of respondents according to type of OAH

<table>
<thead>
<tr>
<th>Variable of respondents</th>
<th>Category</th>
<th>OAH-1 Pay-stay NGO</th>
<th>OAH-2 Pay-stay Government</th>
<th>OAH-3 Free-stay Government</th>
<th>OAH-4 Free-stay NGO</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>F (%)</td>
<td>F (%)</td>
<td>F (%)</td>
<td>F (%)</td>
<td>F (%)</td>
</tr>
<tr>
<td>Age (in years)</td>
<td>60-70</td>
<td>16 (41)</td>
<td>27 (54)</td>
<td>9 (47)</td>
<td>10 (45.5)</td>
<td>62</td>
</tr>
<tr>
<td></td>
<td>71-80</td>
<td>16 (51)</td>
<td>23 (46)</td>
<td>2 (11)</td>
<td>10 (45.5)</td>
<td>51</td>
</tr>
<tr>
<td></td>
<td>Above 81</td>
<td>7 (18)</td>
<td>-</td>
<td>8 (42)</td>
<td>2 (9)</td>
<td>17</td>
</tr>
<tr>
<td>Gender</td>
<td>Male</td>
<td>21 (54)</td>
<td>28 (56)</td>
<td>6 (32)</td>
<td>12 (55)</td>
<td>67</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>18 (46)</td>
<td>22 (44)</td>
<td>13 (68)</td>
<td>10 (54)</td>
<td>63</td>
</tr>
<tr>
<td>Status of education</td>
<td>Up to II</td>
<td>9 (23)</td>
<td>12 (24)</td>
<td>15 (79)</td>
<td>14 (64)</td>
<td>50</td>
</tr>
<tr>
<td></td>
<td>Graduate</td>
<td>18 (46)</td>
<td>20 (40)</td>
<td>4 (21)</td>
<td>3 (14)</td>
<td>45</td>
</tr>
<tr>
<td></td>
<td>Post graduate</td>
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<td>3 (6)</td>
<td>-</td>
<td>2 (9)</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>Professional and technical</td>
<td>8 (21)</td>
<td>15 (30)</td>
<td>-</td>
<td>3 (13)</td>
<td>26</td>
</tr>
<tr>
<td>Type of previous occupation</td>
<td>Not-employed</td>
<td>16 (41)</td>
<td>17 (34)</td>
<td>15 (58)</td>
<td>8 (36)</td>
<td>52</td>
</tr>
<tr>
<td></td>
<td>Service</td>
<td>17 (44)</td>
<td>26 (52)</td>
<td>11 (32)</td>
<td>12 (55)</td>
<td>61</td>
</tr>
<tr>
<td></td>
<td>Self-employed</td>
<td>6 (15)</td>
<td>7 (14)</td>
<td>2 (10)</td>
<td>2 (9)</td>
<td>17</td>
</tr>
<tr>
<td>Marital status</td>
<td>Married</td>
<td>35 (90)</td>
<td>43 (86)</td>
<td>12 (90)</td>
<td>16 (73)</td>
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</tr>
<tr>
<td></td>
<td>Never married</td>
<td>4 (10)</td>
<td>7 (14)</td>
<td>2 (10)</td>
<td>6 (27)</td>
<td>19</td>
</tr>
<tr>
<td>Status of having or not having children</td>
<td>No child</td>
<td>14 (36)</td>
<td>25 (50)</td>
<td>7 (37)</td>
<td>17 (77)</td>
<td>63</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>18 (46)</td>
<td>17 (34)</td>
<td>5 (26)</td>
<td>5 (23)</td>
<td>45</td>
</tr>
<tr>
<td></td>
<td>Male and female Children</td>
<td>5 (13)</td>
<td>4 (8)</td>
<td>3 (16)</td>
<td>-</td>
<td>12</td>
</tr>
</tbody>
</table>

Source: Culled from primary data
Table 4.2 (b): Characteristics of respondents according to type of OAH

<table>
<thead>
<tr>
<th>Variable of respondents</th>
<th>Category</th>
<th>OAH-1 Pay-stay NGO</th>
<th>OAH-2 Pay-stay Government</th>
<th>OAH-3 Free-stay Government</th>
<th>OAH-4 Free-stay NGO</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>F (%)</td>
<td>F (%)</td>
<td>F (%)</td>
<td>F (%)</td>
<td>F (%)</td>
<td></td>
</tr>
<tr>
<td>Status of staying with or without spouse</td>
<td>Staying with spouse</td>
<td>10 (26)</td>
<td>16 (32)</td>
<td>-</td>
<td>-</td>
<td>26</td>
</tr>
<tr>
<td></td>
<td>Staying alone and single</td>
<td>6 (15)</td>
<td>6 (12)</td>
<td>-</td>
<td>-</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>Staying alone and widowed</td>
<td>21 (54)</td>
<td>21 (42)</td>
<td>17 (89.5)</td>
<td>20 (91)</td>
<td>79</td>
</tr>
<tr>
<td></td>
<td>Staying alone and separated</td>
<td>2 (5)</td>
<td>7 (14)</td>
<td>2 (10.5)</td>
<td>2 (9)</td>
<td>13</td>
</tr>
<tr>
<td>Status of having or not having illness</td>
<td>Having illness</td>
<td>5 (13)</td>
<td>21 (42)</td>
<td>11 (58)</td>
<td>10 (45.5)</td>
<td>47</td>
</tr>
<tr>
<td></td>
<td>Not having illness</td>
<td>34 (87)</td>
<td>29 (58)</td>
<td>8 (42)</td>
<td>12 (54.5)</td>
<td>83</td>
</tr>
<tr>
<td>Status of functioning</td>
<td>Independent</td>
<td>37 (95)</td>
<td>47 (94)</td>
<td>17 (89.5)</td>
<td>20 (91)</td>
<td>121</td>
</tr>
<tr>
<td></td>
<td>Partially dependent</td>
<td>2 (5)</td>
<td>3 (6)</td>
<td>2 (10.5)</td>
<td>2 (9)</td>
<td>9</td>
</tr>
<tr>
<td>Duration of stay</td>
<td>2 years or less</td>
<td>28 (72)</td>
<td>9 (18)</td>
<td>9 (47)</td>
<td>5 (23)</td>
<td>51</td>
</tr>
<tr>
<td></td>
<td>3-5 years</td>
<td>11 (28)</td>
<td>25 (50)</td>
<td>10 (55)</td>
<td>14 (64)</td>
<td>60</td>
</tr>
<tr>
<td></td>
<td>6-8 years</td>
<td>-</td>
<td>8 (16)</td>
<td>-</td>
<td>2 (9)</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Above 8 years</td>
<td>-</td>
<td>8 (16)</td>
<td>-</td>
<td>1 (4)</td>
<td>9</td>
</tr>
</tbody>
</table>

Source: Culled from primary data.

Distribution of demographic variables

The age wise distribution of respondents indicates that out of 130 total respondents, 48 per cent were in the age group of 60-70 years, 39 per cent were in the age group of 71-80 years, whereas only 13 per cent were above 81 years of age. Thus a major percentage of the respondents were in the age group of 60 to 70 years.

The gender wise spread of the respondents revealed that males were 51 per cent as against 49 per cent of females. Thereby, revealing that male and female respondents were almost equally distributed.

The education wise dispersal of the respondents suggests that of total 130 respondents, 38 per cent had studied up to class 10th, whereas 35 per cent had studied up to graduation and only 7 per cent have had education up to post-graduation and there were 20 per cent who had professional and technical education. Thus the maximum of the respondents had studied up to class ten and out of these most of them were females.

The occupation-wise spread of the respondents indicates that 40 per cent were never employed throughout their life and majority of them were housewives, 47 per cent retired from service and 13 per cent were self employed before coming to OAHs. Thus, it reveals that a large percentage of the respondents were never employed.
The marital status-wise distribution of the respondents indicates that 85 per cent were married and 15 per cent had never married.

The distribution of the respondents having children indicates nearly little less then half i.e. 48 per cent of the respondents did not had any child whereas 35 per cent had female child and against merely 8 per cent had male child and 9 per cent had both male and female children. The analysis indicates that maximum of the respondents (little less then fifty per cent) had no children.

The dispersal of the respondents as per staying with or without spouse reveals that 20 per cent were staying with their spouses in OAHs, 9 per cent were staying without their spouse in OAHs, whereas 61 per cent were widowed (men and women) i.e. staying alone and then 10 per cent had separated from their spouse (legally or otherwise) and were staying alone. Thus the analysis indicates that maximum of the respondents were widowed.

The distribution of the respondents as per status of illness reveals that 36 per cent were ill at the time of data collection and 64 per cent were not ill.

The spread of the respondents as per functioning status which means they were able to carry out their activities of daily living (ADL) and were mobile, highlights that 93 per cent were performing their activities independently and 7 per cent were partially dependent on others for meeting their own needs related to ADL and mobility, none were totally dependent.

The dispersal of the respondents as per duration of stay highlight that 39 per cent had stayed in OAH for the last 2 years or less, 46 per cent had stayed in OAH for 3-5 years and 8 per cent had stayed for 6 to 8 years and only 7 per cent had stayed in OAH for more then 8 years duration.

The comparative distribution of respondents as per demographic variables across four OAHs selected for the study has been depicted in Table 4.2a and Table 4.1b.

The age-wise spread of the respondents reveals that 43 per cent of the respondents who were young-old (60-70 years) were in OAH-2 followed by OAH-1 having 26 per cent, OAH-3 and OAH-4 had 15 per cent and 16 per cent of young-old respondents, respectively. The major chunk of the respondents i.e. 46 per cent who were old-old (71-80 years) were in OAH-2, followed by OAH-1 with 32 per cent, OAH-4 with 20 per cent and then in OAH-3 with 4 per cent. The large chunk of the respondents i.e. 47 per cent who were oldest-old (81 years or above) were in OAH-3,
followed by OAH-1 (41 per cent), OAH-4 (12 per cent) and no respondent in this category of oldest-old was staying in OAH-2.

The gender-wise spread of the respondents reveals that large number of male respondents i.e. 42 per cent were in OAH-2, followed by OAH-1 where 31 per cent male respondents were staying, next was OAH-4 with 18 per cent and only 9 per cent of the male respondents were staying in OAH-3. The large number of female respondents i.e. 35 per cent were staying in OAH-2, followed by OAH-1 having 28 per cent, OAH-3 had 21 per cent and the OAH-4 had 16 per cent of the female respondents staying in these OAHs. It can be seen that both the majority of the male and female respondents were staying in OAH-2 as it had the maximum capacity to accommodate the older persons.

The education-wise distribution of the respondents indicate that out of the 130 respondents 30 per cent who had studied up to 10th Class were staying in OAH-3, followed by OAH-4 having 28 per cent respondents, OAH-2 had 24 per cent respondent and the OAH-1 was housing 18 per cent respondents. The large chunk of the graduate respondents i.e. 44 per cent were staying OAH-2, followed by OAH-1 having 40 per cent, OAH-4 had 9 per cent respondents and followed by OAH-3 where 7 per cent of the respondents were staying. The large percentage of the postgraduates respondents i.e. 45 per cent were staying OAH-1, followed by OAH-2 having 33 per cent respondents, followed by 22 per cent of post graduate respondents staying in OAH-4 whereas no postgraduate respondent was staying in OAH-3. From amongst the majority of respondents who had professional and technical education i.e. 58 per cent were staying in OAH-2, followed by OAH-1 where 31 per cent of the technically educated respondents were staying followed by 11 per cent in OAH-4 whereas in OAH-3 there were no such respondent. Therefore, it is evident from the above analysis that the majority of the respondents who had studied up to class 10 were staying in OAH-3, whereas majority of the graduates, professionally and technically qualified were staying in OAH-2 and post graduate respondents were staying in OAH-1.

The occupation-wise dispersal of the respondents reveals that more number of respondents i.e. 33 per cent who were never employed were staying in OAH-2, followed by 31 per cent staying in OAH-1 and the other 21 per cent staying in OAH-3 whereas only 15 per cent staying in OAH-4. The large number of respondents i.e. 43 per cent who were in-service previously were staying in OAH-2, followed by 33 per
cent of the respondents staying in OAH-1 and only 19 per cent of the respondents and 10 per cent were staying in OAH-3 and OAH-4, respectively. On the other hand a good percentage of respondents who were self employed i.e. 41 per cent were staying in OAH-2, followed by OAH-1 having 35 per cent, whereas OAH-3 and OAH-4 had 12 per cent of the self-employed respondents. Thus, from the above analysis it can be assessed that the major chunk of the respondents from each of the occupational background were staying in OAH-2, the reason being that OAH-2 has the largest intake capacity of the residents.

The marital status-wise distribution of the respondents indicate that a large percentage of respondents, i.e. 39 per cent who were married were staying in OAH-2, followed by OAH-1 having 32 per cent of the married respondents, 15 per cent of the married respondents were staying in OAH-3 followed by 14 per cent of the married respondents residing in OAH-4. Again, the majority of respondents who had never married i.e. 37 per cent were residents of OAH-2, followed by 32 per cent occupying OAH-4, whereas 21 per cent and only 10 per cent, who never married were staying in OAH-1 and OAH-3, respectively.

The distribution of the respondents according to having children indicates that a large percentage of the respondents i.e. 40 per cent who did not had any child were staying in OAH-2, followed by 27 per cent, 22 per cent, 11 per cent respondents who were without any child were living in OAH-4, OAH-1 and OAH-3, respectively.

Classifying the residents on the basis of their progeny, both OAH-2 and OAH-3 had the same percentage, i.e. 40 per cent of the respondents who had only male child then followed by 20 per cent in OAH-1. On the other hand, a major percentage of the respondents who had female child only i.e. 40 per cent were staying in OAH-1, followed by 38 per cent were staying in OAH-2, whereas OAH-3 and OAH-4 had 11.11 per cent respondents, respectively. The dispersal of the respondents having both male and female child a large number of the respondents i.e. 42 per cent were staying in OAH-1, followed by 33 per cent in OAH-2 and followed by 25 per cent in OAH-3. Thus from the above data it can be inferred that the major chunk of the respondents who did not had any child and those respondents who had only male child were staying in OAH-2 whereas the major chunk of respondents who had female child or who were having both male and female child were staying in OAH-1.

The spread of the respondents as per living with or without spouse indicates that maximum number of the respondents i.e. 62 per cent who were staying with
spouse were residing in OAH-2 followed by 38 per cent in OAH-1 whereas OAH-3 and OAH-4 had no such respondent who was staying with the spouse. The major percentage of the respondents i.e. 50 per cent who were single were residing in OAH-1 and OAH-2 which included the maximum chunk of the widowed men and women i.e. 27 per cent and were followed by 25 per cent in OAH-4 and 21 per cent staying in OAH-3. On analyzing the data further it reveals that major number of the respondents i.e. 55 per cent who were separated from their spouse were staying in OAH-2 followed by OAH-1, OAH-3 and OAH-4 each having 15 per cent of this category of the respondents. Thus from the above analysis it can be seen that majority of the respondents who were staying with their spouse or were separated from their spouse were staying in OAH-2 and yet again a large percentage of the respondents who were either staying single or widowed (men and women) were staying in OAH-1 and OAH-2.

The distribution of the respondents as per status of having illness indicates that a good chunk of the respondents i.e. 45 per cent who were ill were staying in OAH-2, followed by OAH-3 having 23 per cent of the respondents, 21 per cent of the respondents in OAH-4 and only 11 per cent only in OAH-1 whereas a large portion of respondents i.e. 41 per cent who were not ill were staying in OAH-1, followed by 35 per cent in OAH-2, 14 per cent were in OAH-4 and followed by 10 per cent in OAH-3. Thus it can be analyzed that the major percentage of the ill respondents were residing in OAH-2 whereas a large percentage of the respondents who were not ill were staying in the OAH-1.

The dispersal of the respondents as per status of functioning independently reveals that a large number of the respondents i.e. 39 per cent who were functioning independently were staying in OAH-2, followed by 31 per cent in OAH-1, 16 per cent in OAH-4 followed by 14 per cent in OAH-3. The major chunk of partially dependent respondents i.e. 33 per cent were in OAH-2 and 22 per cent each in OAH-1, OAH-3 and OAH-4. Thus it can be said that a large percentage of the independently functioning respondents were in OAH-1 whereas a major portion of partially dependent respondents were living in OAH-2.

The spread of the respondents as per their duration of stay indicates that major percentage of the respondents i.e. 55 per cent who had been staying for a period up to two years or less, were residing in OAH-1, followed by OAH-2 and OAH-3 each having 17.5 per cent and only 10 per cent residing in OAH-4. On the other hand,
a large percentage of the respondents i.e. 42 per cent had been staying for a period ranging between 3 to 5 years were in OAH-2, followed by OAH-4 having 23 per cent of the respondents, OAH-1 having 18 per cent of the respondents followed by 17 per cent in OAH-3. Whereas the majority of the respondents i.e. 80 per cent who were having duration of stay ranging between 6-8 years were in OAH-2, followed by 20 per cent in OAH-4 whereas no respondent having such a long duration of stay was residing in OAH-1 and OAH-3. The data reveals that a large portion of the respondents i.e. 89 per cent having duration of stay above a period of 8 years were in OAH-2, followed by 11 per cent in OAH-4 whereas no respondent was staying in OAH-1 and OAH-3. On the other hand, a majority of the respondents having shorter stay of 2 years or less were in OAH-1 as compared to those respondents who had the duration of stay between 3-5 years, 6-8 years and more than 8 years were residing in OAH-2.

From the above analysis it can be inferred that the characteristics of inmates was found to be according to pre-set intake criteria of the four OAHs selected for the study. Before analyzing the data collected on various aspects of the characteristics of the respondents, facilities available in the OAHs and their functioning and also the problems faced while managing the OAH have been discussed in the succeeding paragraphs.

**Philosophy, objectives and organizational structure of OAHs**

Every organization is expected to have philosophy and objectives which inform others about the basis of establishing the organization. In addition each organization has certain rules and regulations for controlling its management. The philosophy and objectives followed by the four select OAHs and the rules and regulations which the management has to abide are explained in succeeding lines.

**Philosophy of the OAHs**

The philosophy of OAHs under study were drawn from the spirit of the Societies’ Registration Act, 1860 that all services would be provided by the OAH on no profit-no loss basis in pay-stay and free-stay type OAHs. The OAHs were committed to function as welfare organization for taking care of older persons without discrimination of inmates with regards to caste, creed, religion or any other aspect and that all inmates would be respected, cared for and protected from any harm. Though all OAHs followed this philosophy only free-stay OAH managed by NGO had a
written philosophy, based on the philosophy of Christianity as this OAH was managed under the aegis of a Christian mission.

**Objectives of the OAHs**

The main objective of all OAHs selected for the study was to provide shelter to older persons who were 60 years old or beyond, physically and mentally fit and sought admission to the OAH in writing and were found eligible as per policy and agreement by the Management Committee of the respective OAHs.

**Organizational structure OAHs**

All OAHs had a Chairperson, a Manager, only free-stay- OAH-Government had a Welfare Officer and only free-stay-OAH- NGO had a Warden followed by other staff which has been explained in detail in this chapter.

**Management committee of the OAHs**

The Management Committee of OAH-1 consisted of a Secretary of the Trust, one MLA, five nominated members from the field of education, law, social activist and a representative of NGOs providing social services.

The Management Committee of OAH-2 comprised of a Secretary of Commissioner of NDMC, one MLA, five nominated members from the field of education, law, social activist and a representative of social welfare organizations managed by government.

The Management Committee of OAH-3 included the Director Welfare, Government of Delhi, one MLA, five members from the field of education, law, social activist and a representative social welfare organizations managed by Government.

The Management Committee of OAH-4 had a Secretary of the Trust, one MLA, five nominated members from the field of education, law, social activist and designated Pastor of the Christian mission.

**Admission Committee of the OAHs**

The Admission Committee constituted of the Chairperson, one member of Managing Committee, Manager of OAH and one representative of residents (only in case of OAH-1).

**Rules and regulations of the OAHs**

*Pay-stay OAHs:* The rules and regulations of this OAH were simple, easily comprehensible and within the acceptance zone of everyone. There was no hidden cost involved, a written contract was signed by inmates and the OAH and residents
were allowed to take up a job after informing the Management Committee. A General Body Meeting was always called before amending rules and regulations and these rules were applicable to all residents uniformly.

*Free-stay OAHs:* This OAH was meant for destitute and as per the rules none of the residents were allowed to work. Proper rules, regulations and procedures were adopted and uniformly applied to all the residents.

In order to analyse the characteristics of the respondents, requirements followed, facilities available and their functioning including the problems faced in running the OAHs the data was collected with the help of checklist prepared on the basis of HelpAge-India guidelines. Besides this the researcher used participant observation method to collect the qualitative data which has been used while supporting the quantitative data.

The analysis of the data and the subjective information from the respondents, staff and members of the management of the select OAHs have been presented in the subsequent pages.

The description of requirements and facilities provided in four OAHs as revealed in Table 4.3 and the status of functioning revealed in Table 4.4 have been explained below.

The description of requirements for OAHs has been highlighted in Table 4.3. The requirements which have been analysed pertain to the finance; legal requirements; catchment area; entry method; selection of residents; admission criteria; special needs; number and type of residents; spaces/accommodation; staffing type, number and provision for their functioning. Each of these requirements has been described in detail in the subsequent paragraphs.
<table>
<thead>
<tr>
<th>Category and Type Of facilities of OAHs</th>
<th>Criteria</th>
<th>OAH-1 Pay-stay NGO</th>
<th>OAH-2 Pay-stay Government</th>
<th>OAH-3 Free-stay Government</th>
<th>OAH-4 Free-stay NGO</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Finance</strong> (Criteria Sub score - 9)</td>
<td>Met</td>
<td>8 (88.90)</td>
<td>7 (77.80)</td>
<td>4 (44.40)</td>
<td>5 (55.60)</td>
</tr>
<tr>
<td></td>
<td>Not Met</td>
<td>1 (11.10)</td>
<td>2 (22.20)</td>
<td>5 (55.60)</td>
<td>4 (44.40)</td>
</tr>
<tr>
<td><strong>Legal Requirement</strong> (Criteria Sub score - 4)</td>
<td>Met</td>
<td>4 (100.00)</td>
<td>4 (100.00)</td>
<td>3 (75.00)</td>
<td>3 (75.00)</td>
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<tr>
<td></td>
<td>Not Met</td>
<td>1 (25.00)</td>
<td>1 (25.00)</td>
<td>1 (25.00)</td>
<td>1 (25.00)</td>
</tr>
<tr>
<td><strong>Catchment area</strong> (Criteria Sub Score - 3)</td>
<td>Met</td>
<td>3 (100.00)</td>
<td>3 (100.00)</td>
<td>2 (66.70)</td>
<td>3 (100.00)</td>
</tr>
<tr>
<td></td>
<td>Not Met</td>
<td>-</td>
<td>-</td>
<td>1 (33.30)</td>
<td>-</td>
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<tr>
<td><strong>Entry method</strong> (Criteria Sub score – 5)</td>
<td>Met</td>
<td>4 (80.00)</td>
<td>4 (80.00)</td>
<td>4 (80.00)</td>
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</tr>
<tr>
<td></td>
<td>Not Met</td>
<td>1 (20.00)</td>
<td>1 (20.00)</td>
<td>1 (20.00)</td>
<td>1 (20.00)</td>
</tr>
<tr>
<td><strong>Selection of residents</strong> (Criteria Sub score – 7)</td>
<td>Met</td>
<td>5 (71.40)</td>
<td>4 (57.10)</td>
<td>4 (57.10)</td>
<td>5 (71.40)</td>
</tr>
<tr>
<td></td>
<td>Not Met</td>
<td>2 (28.60)</td>
<td>3 (42.90)</td>
<td>3 (42.90)</td>
<td>2 (28.60)</td>
</tr>
<tr>
<td><strong>Admission criteria</strong> (Criteria Sub Score - 7)</td>
<td>Met</td>
<td>7 (50.00)</td>
<td>6 (70.00)</td>
<td>4 (57.10)</td>
<td>4 (57.10)</td>
</tr>
<tr>
<td></td>
<td>Not Met</td>
<td>1 (50.00)</td>
<td>1 (30.00)</td>
<td>3 (42.90)</td>
<td>3 (42.90)</td>
</tr>
<tr>
<td><strong>Special Needs</strong> (Criteria Sub Score - 3)</td>
<td>Met</td>
<td>1 (33.30)</td>
<td>1 (33.30)</td>
<td>3 (100.00)</td>
<td>2 (66.70)</td>
</tr>
<tr>
<td></td>
<td>Not Met</td>
<td>2 (66.70)</td>
<td>2 (66.70)</td>
<td>-</td>
<td>1 (33.30)</td>
</tr>
<tr>
<td><strong>Residents' - Number/gender</strong> (Criteria Sub score – 2)</td>
<td>Met</td>
<td>2 (100.00)</td>
<td>2 (100.00)</td>
<td>2 (100.00)</td>
<td>2 (100.00)</td>
</tr>
<tr>
<td></td>
<td>Not Met</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Space/ accommodation</strong> (Criteria Sub Score -3)</td>
<td>Met</td>
<td>2 (66.70)</td>
<td>3 (100.00)</td>
<td>1 (33.30)</td>
<td>3 (100.00)</td>
</tr>
<tr>
<td></td>
<td>Not Met</td>
<td>1 (33.30)</td>
<td>-</td>
<td>2 (66.70)</td>
<td>-</td>
</tr>
<tr>
<td><strong>Staffing-type and number</strong> (Sub Score -6)</td>
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<td>15 (93.80)</td>
<td>14 (87.50)</td>
<td>8 (50.00)</td>
<td>10 (62.50)</td>
</tr>
<tr>
<td></td>
<td>Not Met</td>
<td>6 (3.60)</td>
<td>2 (12.50)</td>
<td>8 (50.00)</td>
<td>6 (37.50)</td>
</tr>
<tr>
<td><strong>Staff type / provision for their function</strong> (Criteria Sub Score -6)</td>
<td>Met</td>
<td>2 (33.30)</td>
<td>3 (50.00)</td>
<td>2 (33.30)</td>
<td>2 (33.30)</td>
</tr>
<tr>
<td></td>
<td>Not Met</td>
<td>4 (66.70)</td>
<td>3 (50.00)</td>
<td>4 (66.70)</td>
<td>4 (66.70)</td>
</tr>
<tr>
<td><strong>Staff Behaviour</strong> (Criteria Sub score - 12)</td>
<td>Met</td>
<td>10 (83.30)</td>
<td>11 (91.70)</td>
<td>5 (41.70)</td>
<td>6 (50.00)</td>
</tr>
<tr>
<td></td>
<td>Not Met</td>
<td>2 (16.70)</td>
<td>1 (8.30)</td>
<td>7 (58.30)</td>
<td>6 (50.00)</td>
</tr>
<tr>
<td><strong>Location</strong> (Criteria Sub score - 9)</td>
<td>Met</td>
<td>8 (88.90)</td>
<td>8 (88.90)</td>
<td>7 (77.80)</td>
<td>4 (44.40)</td>
</tr>
<tr>
<td></td>
<td>Not Met</td>
<td>1 (11.10)</td>
<td>1 (11.10)</td>
<td>2 (22.20)</td>
<td>5 (55.60)</td>
</tr>
<tr>
<td><strong>Building</strong> (Criteria Sub score - 24)</td>
<td>Met</td>
<td>23 (95.80)</td>
<td>22 (91.70)</td>
<td>7 (29.20)</td>
<td>8 (33.30)</td>
</tr>
<tr>
<td></td>
<td>Not Met</td>
<td>1 (4.20)</td>
<td>2 (8.30)</td>
<td>17 (70.80)</td>
<td>16 (66.70)</td>
</tr>
<tr>
<td><strong>Residents’ Appearance</strong> (Criteria Sub score -3)</td>
<td>Met</td>
<td>3 (100.00)</td>
<td>2 (66.70)</td>
<td>2 (66.70)</td>
<td>2 (66.70)</td>
</tr>
<tr>
<td></td>
<td>Not Met</td>
<td>1 (33.30)</td>
<td>1 (33.30)</td>
<td>1 (33.30)</td>
<td>1 (33.30)</td>
</tr>
<tr>
<td><strong>Home living spaces</strong> (Criteria SubScore - 13)</td>
<td>Met</td>
<td>13 (100.00)</td>
<td>8 (61.50)</td>
<td>4 (30.80)</td>
<td>4 (30.80)</td>
</tr>
<tr>
<td></td>
<td>Not Met</td>
<td>5 (38.50)</td>
<td>9 (69.20)</td>
<td>9 (69.20)</td>
<td>9 (69.20)</td>
</tr>
<tr>
<td><strong>Residents’ rooms</strong> (Criteria Sub Score-17)</td>
<td>Met</td>
<td>16 (94.10)</td>
<td>15 (88.20)</td>
<td>6 (35.30)</td>
<td>7 (41.20)</td>
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<tr>
<td></td>
<td>Not Met</td>
<td>1 (5.90)</td>
<td>2 (11.80)</td>
<td>11 (64.70)</td>
<td>10 (58.80)</td>
</tr>
<tr>
<td><strong>Activities provided</strong> (Criteria Sub-Score- 10)</td>
<td>Met</td>
<td>10 (100.00)</td>
<td>10 (100.00)</td>
<td>9 (90.00)</td>
<td>8 (80.00)</td>
</tr>
<tr>
<td></td>
<td>Not Met</td>
<td>-</td>
<td>-</td>
<td>1 (10.00)</td>
<td>2 (20.00)</td>
</tr>
<tr>
<td><strong>Safety and care</strong> (Criteria Sub Score- 12)</td>
<td>Met</td>
<td>10 (83.30)</td>
<td>9 (75.30)</td>
<td>6 (50.00)</td>
<td>7 (58.30)</td>
</tr>
<tr>
<td></td>
<td>Not Met</td>
<td>2 (16.70)</td>
<td>3 (16.70)</td>
<td>3 (30.00)</td>
<td>5 (41.70)</td>
</tr>
<tr>
<td><strong>Food</strong> (Criteria Sub score -3)</td>
<td>Met</td>
<td>3 (100.00)</td>
<td>2 (66.70)</td>
<td>2 (66.70)</td>
<td>2 (66.70)</td>
</tr>
<tr>
<td></td>
<td>Not Met</td>
<td>1 (33.30)</td>
<td>1 (33.30)</td>
<td>1 (33.30)</td>
<td>1 (33.30)</td>
</tr>
<tr>
<td><strong>Record maintenance</strong> (Criteria Sub Score-15)</td>
<td>Met</td>
<td>13 (100.00)</td>
<td>11 (84.60)</td>
<td>1 (84.60)</td>
<td>1 (84.60)</td>
</tr>
<tr>
<td></td>
<td>Not Met</td>
<td>-</td>
<td>2 (15.40)</td>
<td>2 (15.40)</td>
<td>2 (15.40)</td>
</tr>
<tr>
<td><strong>Grand Totals</strong> (Total Criteria score- 179)</td>
<td>Met</td>
<td>152 (84.70)</td>
<td>144 (80.70)</td>
<td>91 (50.60)</td>
<td>99 (55.10)</td>
</tr>
<tr>
<td></td>
<td>Not Met</td>
<td>27 (15.30)</td>
<td>35 (19.30)</td>
<td>88 (49.40)</td>
<td>80 (44.90)</td>
</tr>
</tbody>
</table>

Source: Culled from primary data.
The description of facilities for OAHs has been highlighted in Table 4.3. The facilities which have been analysed pertain to the behaviour of staff; location; building; residents’ appearance; home living spaces; residents’ room; activities provided; safety and care; food; and record maintenance. Each of these facilities has been described in detail in the subsequent paragraphs.

The description of functioning of OAH as revealed in Table 4.4 the requirements which have been analysed pertain to the functioning of facilities in OAHs the behaviour of staff; location; building; residents’ appearance; home living spaces; residents’ room; activities; safety and care; food; and record maintenance. The
functioning of each of these facilities has been described in detail in the subsequent paragraphs.

Requirements for OAHs

All organizations need to fulfill certain requirements within the parameters of their functions. These requirements were mandatory for running the OAHs. The assessment of the requirements of four select OAHs is detailed in succeeding lines.

Finance

Referring the guidelines of the HelpAge-India in the area of finance it can be seen that 88.9 per cent of the laid down criteria in OAH-1 had been met as compared to 77.8 per cent in OAH-2, whereas only 44.4 per cent of the criteria had been met in the case of OAH-3 and OAH-4, respectively. It is noteworthy that both these OAHs i.e. OAH-1 and OAH-2 where the criteria has been met with high percentage were pay-stay types and thus were quite similar whereas OAH-3 and OAH-4 where the criteria has largely not been met were similar to each other as these were free-stay type. In OAH-1, the responsibility for the finances lay with a committee which included the Owner, Trustee, the Officer-in-Charge and the residents, whereas in OAH-2 it lay with the Finance Committee, which included residents and a nominee from the Government. In OAH-3 the responsibility of finance was with the Government only and in OAH-4 it was vested with the Trustees, Management Committee and Finance Committee by arranging donations.

As regards the capital money, funds were sufficient to meet the costs in all the OAHs under study as they were open to accept donations in the shape of material and equipment etc. The running costs were adequately documented in all the four OAHs and were met in OAH-1 by Trustees, Management Committee, which also included residents as well, in OAH-2 the running cost had been paid by residents and Government, in OAH-3 by Government only and in OAH-4 by Trustees, Managing Committee by arranging donations. In OAH-1 and OAH-2 residents paid for meeting running costs, whereas in OAH-3 Government met the running cost and in OAH-4 the running cost was met by the Trust. However, in none of the OAHs under study residents pay for capital money of the OAH.

Thus from the above analysis it can be inferred that in the area of finance, in OAH-1 and OAH-2 the HelpAge-India criteria had been largely met with whereas this criteria was been fairly met in OAH-3 and OAH-4.
Legal requirements

As per the laid down criteria based on HelpAge-India guidelines regarding legal requirements of OAHs the criteria was fully met in OAH-1 (100 per cent) and OAH-2, whereas in the case of both the OAH-3 and OAH-4 (75 per cent) the criteria had been largely met. As per the HelpAge-India guidelines the final responsibility for managing the OAH was with Officer-in-Charge appointed by the Trust in case of OAH-1 and OAH-4 and by Welfare Department or Board i.e. Government of India for OAH-2 and OAH-3. However, only the OAH-1 and OAH-2 had the representatives of the residents on the Management Committee. The management council met once in two months in OAH-1 and once in a year in OAH-2, OAH-3 and OAH-4.

Therefore, it can be said that in the area of legal requirement, in OAH-1 and OAH-2 the laid down criteria had been fully met whereas criteria had been largely met in OAH-3 and OAH-4.

Catchment area

As per the laid down criteria based on HelpAge-India guidelines regarding catchment area of OAHs the criteria was fully met in OAH-1, OAH-2 and OAH-4 whereas in OAH-3 the criteria was largely met i.e. to the extent of 66.7 per cent.

The inmates in the OAH-1, OAH-2 and OAH-4 could be from anywhere in India, but the entry to OAH-3 was restricted only to the locals from the National Capital Region (NCR) Delhi.

Entry method

As per the criteria based on HelpAge-India guidelines regarding entry method interestingly all the four OAHs had been largely meeting the criteria to the extent of 80 per cent.

As regards the entry a written request in a prescribed format was required to be given by all applicants for admission to any of the OAHs. It is noteworthy that the admission to any of the four OAHs was granted on the basis of a personal interview of the applicant as well as his/her family members or guardian, firstly, separately and later on together with the applicant. This was done for the purpose of verification of personal facts especially to know whether the applicant wanted to stay in OAH willingly or was under any kind of pressure and whether the information given by the applicant and the guardian matched well. Following this a team of social
worker/welfare officer/warden/police constable were sent for physical verification of facts given by applicant in interview and in the application.

In case of destitute a certificate was required to be produced from Department of Social Welfare in case of OAH-3 and from any one member of the Trust. All residents of OAH-1 and OAH-2 had to give a written undertaking to OAH. It was required because the residents had to make monthly payment of Rs. 15000/- in OAH-1 and Rs. 7000/- in OAH-2. In OAH-3 and OAH-4 there was no such condition imposed on the older persons seeking admission.

Selection of residents

As per the laid down criteria based on HelpAge-India guidelines regarding selection of residents the criteria has been largely met in OAH-1 and OAH-4 (71.4 per cent) as compared to 57.1 per cent in OAH-2 and OAH-3.

The scrutiny and approval of the applications of the residents for the selection was done by the Social Welfare Board for the admission to the OAH-2, OAH-3 which was in contrast to the admission criteria in OAH-1 and OAH-4 where a recommendation from a VVIP (a social activist, Minister/Politician/Donors/Bureaucrat/NGOs) could also help in seeking admission. Moreover, in OAH-4 admission also may be recommended by a Bishop or a Pastor of a Church. The decision for getting admission in any of the OAHs was to be taken by a Committee and Admission Panel which might include the Officer-in-Charge of the concerned OAH, a member of the Management Committee, a doctor, a social worker in all OAHs. It is worth mentioning here that the Officer-in-Charge was included in admission panel for admission to OAH-1 and OAH-4 only. The care staff and the residents were never included in the admission panel in any of the OAHs. All of the reasons and remarks of the admission committee were maintained in written. The OAH-4 free-stay managed by NGO gave preference to an applicant if he/she had recommendation letter from any church authorities. All OAHs admitted only Indian nationals except for the free-stay NGO where the nationality for admission to OAH was not a bar. A verification by the police was required by all OAHs which arranged by the Managing Committee. However, the final approval for granting admission was done by the Chairperson in all four OAHs.

Admission criteria

The admission criteria as laid down on the basis of HelpAge-India guidelines had been 100 per cent complied with by OAH-1, whereas in OAH-2 (87.1 per cent)
the criteria was significantly complied with and largely complied with by both OAH-3 and OAH-4 (71.4 per cent). The HelpAge-India guidelines specify that admission to any OAH cannot be made without physical fitness certificate whereas in OAH-1 and OAH-2 the residents were admitted only on the basis of medical certificate from a doctor. However, one general physical examination was done by the doctor on admission to OAH-3 and OAH-4 after the admission to rule out any contagious disease or handicap in the residents as both the OAHs were meant for destitute older persons. The upper age for entry to OAH was 80 years in OAH-1 whereas in OAH-2, OAH-3 and OAH-4 there was no upper age limit. The lower age limit was 60 years in all OAHs.

As per the guidelines of HelpAge-India there was no fixed upper age limit for the admission of a resident in any type of OAH. However, OAH-1 had fixed 80 years as upper age limit for entry or admission, but then OAH-2, OAH-3 and OAH-4 had not prescribed any upper age limit for entry or admission. The HelpAge-India had prescribed 60 years as lower age limit for admission to any OAHs and the same age limit was followed by the four OAHs under study.

There was a condition of having a guardian or a contact person in OAH-1 and OAH-2 for the grant of admission, however, no such condition was imposed in OAH-3 and OAH-4. It had been allowed that an older person could be admitted in OAH-1 and OAH-2 in case they were without any family support. However, the requirement to admit such applicants in OAH-1 and OAH-4 had been that these cases be recommended by Government or a NGO having authority to refer (e.g. local leaders, religious leaders, police, magistrate, welfare board etc.) To get admission in OAH-2 and OAH-3 the approval of government authority (i.e. Social Welfare Board) was the requirement.

In case of destitute a certificate was required to be produced from Department of Social Welfare in case of OAH-3 and from any one member of the Trust. All residents of OAH-1 and OAH-2 had to give a written undertaking to the OAH as assurance about the regular income, whereas there was no such condition imposed on the older persons seeking admission to free-stay OAHs. Rather OAH-4 had prescribed for monthly pocket allowance varying from Rs. 50/- to Rs. 200/- (depending upon donations) for all the residents to meet their petty personal needs. In OAH-3 and OAH-4 the residents were not allowed to work or receive any money from anyone directly without the knowledge of the Managing Committee.
Judging the OAHs under study on the parameters of admission criteria based on HelpAge-India guidelines, it had been found through the analysis of the data that OAH-1 had been fully meeting the admission criteria whereas OAH-2 (87.1 percent) and OAH-3 and OAH-4 the criteria had been largely (71.4 per cent) met.

**Special needs**

As per the laid down criteria based on HelpAge-India guidelines regarding applicants of OAH with special needs who were physically challenged older persons, it had been found that OAH-1 and OAH-2 the guidelines were poorly (33.3 percent) adhered to the criteria. However, in OAH-3 the criteria had been fully adhered to but in OAH-4 the criteria was adhered to a large (66.7 per cent) extent.

The applicants who were blind, confused, epileptic and wheel-chair bound and had special needs were not admitted to in OAH–1 and OAH–2, (both pay-stay type) whereas in OAH–3 and OAH–4 (both free-stay type) the older persons/applicants who had been confined to a wheel-chair could be admitted. Nevertheless, the older persons if once admitted and developed any of the above mentioned problem/disease and thereafter learnt/acquired the requisite skills to cope with their disability would be allowed to continue to stay in all the four OAHs under study but in case the resident becomes permanently challenged they would have to leave the OAH. However, in the category of free-stay OAH, there existed an OAH which specifically catered to the needs of the sick and infirm older persons. Therefore, the residents of OAH-3, in case of illness, could be shifted to this particular OAH meant to care for sick older persons. This shifting was possible for the simple reason that the management of both the OAHs was managed by the State Government.

Thus, as far as HelpAge-India guidelines with relation to applicant’s having special needs due to their disability (developed after shifting to OAH) are concerned, it had been found that in case of OAH-1 and OAH-2 the laid down criteria was poorly met (33.3 per cent) whereas in OAH-4 the criteria was moderately met (66.7 per cent) and in OAH-3 it was fully met (100 per cent).

As per the criteria based on HelpAge-India guidelines regarding selection of residents, in OAH-1 and OAH-4, the criteria were largely met whereas criteria were nearly fairly met in OAH-2 and OAH-3.

**Space/type of accommodation**

It is important to know as to what type of accommodation was available in the OAH i.e. whether single, double or dormitory. The laid down HelpAge-India
guidelines criteria was regarding space and accommodation provided in OAHs for the residents, it had been found that OAH-2 and OAH-4 fully adhered (100 per cent) to the criteria and it was moderately (66.7 per cent) adhered in OAH-1. However, in OAH-3 criteria was poorly (33.3 per cent) adhered.

The type of accommodations included all three varieties in OAH-2 and OAH-4 as there were single rooms; double rooms and dormitory were provided. The OAH-1 provided better sized/maintained single and double rooms but no dormitory existed. The OAH-3 had two dormitories which were inadequate in size. Hence it can be interpreted that the space/accommodation for residents in adequate variety in OAH-1, OAH-2 and OAH-4 but in OAH-3 the accommodation was extremely short of the requirements.

As already discussed in preceding paragraphs the OAH-1 had the intake capacity of 50 inmates, as such it had 20 single and 15 double bedrooms and there was no provision of dormitory. Each room had an attached bathroom and toilet. The OAH-2 had an intake capacity of 53 and had 22 single bedrooms, 13 double bedrooms and only one dormitory. Each room had an attached bathroom and toilet except in dormitory where five people were sharing a common bathroom and a toilet. The OAH-3 had an intake capacity of 20 and was having only two dormitories and six common toilets and six bathrooms. The OAH-4 with an intake capacity of 30 was having 8 single bedrooms, 7 double bedrooms and two dormitories. Only double rooms had an attached bathroom and toilet, single rooms and dormitories had six common toilets and six bathrooms. Both the dormitories had four beds each. Hence, it can be interpreted that the space/accommodation for residents was adequate in OAH-1, OAH-2 and OAH-4 but in OAH-3 the accommodation was extremely short of the requirements.

As per the criteria based on HelpAge-India guidelines regarding space/accommodation in OAH-2 and OAH-4, the criteria was fully met, in OAH-2 moderately met whereas the criteria was poorly met in OAH-3.

**Number of residents in the OAH**

As per the criteria based on HelpAge-India guidelines regarding the number of residents in OAHs it strongly suggested that OAHs be not over crowded means that indoor residents must not exceed the capacity (officially projected) of an OAH and the age of applicant was 60 years at the time of entry was not relaxed. Yet another component of the criteria was that the pre-set criteria, which every OAH was
supposed to adhere was not to be changed to the whims and fancies of the management. Interestingly, all the four OAHs had been satisfying the laid down criteria in totality i.e. 100 per cent. At the time of data collection OAH-1 could accommodate maximum of 50 residents but there were 39 residents, thereby it had 11 vacancies, similarly OAH-2 could accommodate a maximum of 53 residents but there were 50 residents, therefore, there were three vacancies. The maximum intake of OAH-3 was exactly 20 residents but there were 19 residents with one vacancy. The maximum of 30 older persons could be accommodated in OAH-4 but there were 22 residents in all i.e. there were 8 vacancies. In all of the four OAHs a long waiting list of prospective applicants was pending and the negotiations were in progress with management for the allotment of accommodation for applicants in the waiting list. At the time of data collection whatever vacancies existed those were due to the exit of some of the residents as they had moved out to some other place or home of some far off relatives due to illness or might have died.

Thus, comparing the situation of all the four OAHs under study regarding the number of residents occupying the OAHs as against the laid down HelpAge-India guidelines criteria it was found to have been fully met.

Staffing: Type, number and provision for their function

Staff

Information regarding staff was collected by unstructured questionnaire (no structured questionnaire were given to staff as they were reluctant to give their personal details), type of staff, their actual tasks and perception about their role and provision of facilities for staff.

Staffing - Type, number and function

Chairman

Each of the four OAHs had appointed a Chairman who was overall in-charge for planning, maintaining the funds and supervising the Manager and the Warden. The Chairman of the OAH-1 visited the OAH once a week whereas in other three OAHs there was no fixed schedule for the visit of their chairmen.

Manager

There was a Manager in the OAH-1, OAH-2 and OAH-3 each, however, no Manager was appointed in OAH-4. The Manager was entrusted with the upkeep of OAH every day and he was to be present in the OAH on every working day.
A Warden was appointed in OAH-4 however, there was no Warden in the other three OAHs. This shows that the three OAHs who had the Manager in place never had the Warden whereas the OAH-4 which had the Warden never had a Manager. The upkeep of OAH was the main responsibility of the Warden who had to be present there in OAH on every working day.

**Welfare Officer**

All the four OAHs under study did not have the provision of a Welfare Officer except OAH-3 since this was an OAH meant for destitute older persons managed by Welfare Board of State Government. It is important to make a mention here that a Welfare Officer was appointed by the Welfare Board in all agencies/services providers by Ministry of Social Welfare. The Welfare Officer looked after the upkeep of the OAH everyday and had to be present on every working day in the OAH.

**Clerk and Cashier**

There was one Clerk-cum-Cashier in each of the OAH i.e. OAH-1, OAH-3, OAH-4, whereas in OAH-2 there was one Clerk and one Cashier. These officials managed the stock keeping, purchase and accounts etc. of OAHs.

**House Keeping Staff**

There were two persons positioned as house keeping staff in OAH-1 and OAH-3, 8 in OAH-2 and four in OAH-4. They were responsible for managing the general maintenance of material, equipment and cleanliness etc.

**Catering Staff**

There were five catering staff in OAH-2, two in OAH-4 and only one in OAH-3, whereas in OAH-1 the catering services were provided by a contractor who had catering staff of six persons who managed all meals and tea plus snacks for residents.

**Ayah or Peon**

There were all together six *ayahs*/peons in OAH-1, five in OAH-2, two in OAH-3 and four in OAH-4. They looked after the general care of residents by attending phone calls, attending to the visitors of residents and doing other odd jobs for the residents.

**Guards or security personnel**

There were three guards on contract in OAH-1 arranged through external agency, there were three guards appointed by OAH-2 on regular basis. These guards
manned the OAH-1 and OAH 2 round the clock in three shifts. However, there were no guards appointed in OAH-3 and OAH-4.

Librarian

Out of the four OAHs under study only OAH-1 and OAH-2 had the library facilities. However, only one part time librarian was there in OAH-1 to manage the library who was attending the library twice a week. In OAH-2 the job of the librarian was managed by the Manager.

Gardner

There were two full time gardeners in OAH-2, whereas in OAH-1 and OAH-3 one part time gardener was in position in each of the OAH. No gardener was appointed in OAH-4 as it had no garden.

Doctor and Nurse

There was one doctor attending the OAH-1 daily for six hours in the morning and later on turned into ‘on-call’ doctor to meet any emergencies any time whereas there was one doctor in OAH-2 for attending the OAH daily for 4 hours in forenoon. In contrast OAH-3 and OAH-4 had no provision of doctor either part time or visiting.

There were two full time nurses in OAH-1, one attending the OAH in day time and one in the night. In OAH-2, one nurse was attending the OAH for six hours daily in the morning. There was no provision of nurse in OAH-3, however, in OAH-4 there was no provision for a nurse but the present Warden happened to be a retired nurse, therefore, she was playing the double role as that of a nurse as well.

Maintenance Staff

There were two maintenance staff on contract in OAH-1, four part-time in OAH-2, one part-time in OAH-3 and OAH-4 each. They looked after the water supply, electricity supply, care of generators, telephone lines, plumbing works etc.

Cleaners (Safai Karamchari)

There were total six cleaners (safai karamchari) in OAH-1, four in OAH-2, three in OAH-4 and one in OAH-3. They did cleaning of all rooms, toilets, lobby and corridors.

Volunteers

There were four volunteers providing services in OAH-1, one for reception counter and other in the library and other two helped the management in organizing activities such as picnics, birthday parties etc. There were three volunteers in OAH-4, two for basic care of some physically dependent residents and third one assisted
management in organizing functions, whereas there is one volunteer in OAH-2 for managing library and similarly, one volunteer provided services in OAH-3 for organizing ‘kirtan’ for the residents.

**Personal attendants**

Personal attendants were permitted on payment according to the needs of the residents who were paid directly by the residents. This facility was available only in OAH-1.

**Full Time Staff**

There were total 23 full time employees in OAH-1, 30 in OAH-2, 8 in OAH-3 and 15 in OAH-4.

**Part Time Staff**

The full time staff was supported by part time staff in all the OAHs except in OAH-3. There were a total of three part time staff in OAH-1, four in OAH-2, three in OAH-4. However, OAH-1 had 11 employees in the staff on contract basis.

The verification of staff was another requirement of the criteria of the HelpAge-India where the antecedents and the background of the employees employed in OAH were checked by the police. However, the verification was done in OAH-1 and OAH-4 which were managed by NGOs, whereas other two OAHs i.e. OAH-2 and OAH-3 were Government managed thus, it was not in the preview of the management of these two OAHs to get the verification of the staff.

**Staffing-type and number**

All the four OAHs had varied degree of adherence to the laid down criteria based on HelpAge-India guidelines regarding staffing-type and number as in OAH-1 (93.8 per cent) the criteria had been met significantly high, in OAH 2 (87.5 per cent) it was significantly met as against fairly in OAH-3 (50 per cent) and moderately met in OAH-4 (62.5 per cent).

As per the laid down criteria regarding staffing-type and number the criteria had been met significantly high in OAH-1 and significantly met in OAH-2, whereas in OAH-3 the criteria was fairly met and in OAH-4 it was moderately met.

**Staffing-type and provision for their function**

While examining the staffing-type and provision for their function in OAH-1, in relation to the HelpAge-India guidelines the criteria was fairly met in OAH-2 (50 per cent) in contrast the criteria was poorly met in OAH-1, OAH-3 and OAH-4 (33.3 per cent).
None of OAHs provided adequate incentives and facilities for functioning of the staff whereas the laid down guidelines especially prescribed that there must be facilities for the staff such as staff quarters where they could stay with their family (so ensure their availability as per the requirement of OAH), the other facility was of transport and meals for the staff while on duty. All the staff was unclear about their role and responsibility, however, a written document was available for the staff of OAH-2, OAH-3 and OAH-4 which described common responsibilities of the Manager of OAH. It was left to the Manager to delegate the duties of the staff hence, everyday there was chaos in the morning to find out who was to do what. A monthly roster of duties was provided in Government managed OAHs whereas NGO managed OAHs prepared their schedule in an *ad hoc* manner. Although the roster was displayed on the notice board, no staff performed the duties either due to absenteeism or due to favoritisms especially when they were given duties on public holidays and evening or night shifts.

Interestingly, neither of the staff of OAHs under study had under gone any special training to take care of people in oldage nor any in-service training was provided to them by the management of these OAHs. Other lacunae which emerged during the course of study regarding the functioning of the staff was that firstly, the Manager rarely supervised the staff in the performance of their duties and secondly, the staff which was supposed to supervise the volunteers never supervised them rather they were left to themselves to decide and perform their roles as per their choice.

As per the criteria laid down on the basis of HelpAge-India guidelines regarding staffing-type and facility for their function, the criteria was nearly fairly met in OAH-2 whereas in OAH-1, OAH-3 and OAH-4 the criteria was poorly met. 

**Facilities provided in four OAHs and their functioning**

The assessment of any organization can be done by critically examining the provisions of facilities and also the functioning of these facilities as mere existence of the facilities is not important but it is more worthwhile to assess the functioning of these facilities. An account of facilities existing and their performance in four select OAHs have been presented in succeeding paragraphs.

**Staff behaviour**

*Facilities*

The set criteria based on HelpAge-India guidelines regarding the behaviour of staff in OAH, it was found that OAH-1 (83.3 per cent) significantly met the criteria,
OAH-2 (91.7 per cent) met the criteria significantly high whereas OAH-3 (41.7 per cent) and OAH-4 (50 per cent) were on an average in meeting the laid down criteria.

**Functioning**

As per the criteria laid down on the basis of HelpAge-India guidelines regarding behaviour of staff, it was significantly high in OAH-1 (91.7 per cent) and was significant in OAH-2 (83.3 per cent), whereas it was below average in OAH-3 and OAH-4 (33.3 per cent), meaning thereby that staff in OAH-1 was showing amicable behaviour most of the time followed by OAH-2, whereas in rest of the two OAHs the behaviour of the staff was found to be unsatisfactory.

**Discussion**

**OAH-1 (Pay-stay NGO)**

The staff was informed about the code of conduct and the rules and regulations to be observed by them when they joined their job in this OAH. The Manager also gave instructions regarding do’s and don’ts about the etiquettes and decorum they were expected to maintain while working in this OAH and also how much information about this OAH they were allowed to provide to inmates and to the outsiders on their own.

The staff was always present and available during working hours in this OAH. The relationship between the staff and the residents was warm, polite and respectful. The staff knocked the door before entering a resident’s room and referred to them by their names. However, no staff training and continuing education programme was arranged in this OAH. The Manager conducted the background checks on all staff working in this OAH whether as full time, part time, on contract or as a volunteer. The attendants worked with a reasonable number of residents in order to serve them satisfactorily. In this OAH keeping of personal attendant’s was permitted and the attendants were to be paid by the resident who were using their services. The researcher found during the course of the data collection that none of the staff members wore their identity cards.

**OAH-2 (Pay-stay government)**

The staff was instructed about the rules and regulations to be observed by them when they joined their job in this OAH. The Manager also gave instructions regarding do’s and don’ts about the etiquettes and decorum they were expected to maintain while working in this OAH and also how much information about OAH they could divulge to inmates and to the outsiders on their own.
The staff was always present and available during working hours in this OAH. The relationship between the staff and the residents was warm, polite and respectful. All the staff members wore identification card and knocked the door before entering a resident’s room and called the residents by their names. However, no staff training and continuing education programme was arranged in this OAH. The Manager was not conducting the background checks on any of the staff working in this OAH whether as full time, part time, on contract or as a volunteer. Each attendant worked with a reasonable number of residents. In this OAH it was allowed to take personal work from attendants of OAH on payment. It was found that this practice of getting the services by paying made most of the attendants of this OAH lazy and greedy.

**OAH-3 (Free-stay government)**

The staff was acquainted with the rules and regulations to be observed by them on their joining this OAH by the Manager who also gave instructed them regarding the do’s and don’ts, the etiquettes and decorum they were expected to maintain while working in this OAH and also how much information they could provide to inmates and to the outsiders on their own about the OAH.

The staff was always present and available during working hours in this OAH. The relationship between the staff and the residents was warm, polite and respectful. All the staff members wore identification card but did not knock the door before entering a resident’s room, however, called the residents by their names. No staff training and continuing education programme was arranged in this OAH. The Manager was not conducting the background checks on any of the staff working in this OAH whether as full time, part time, on contract or as a volunteer. One attendant was allotted all the residents to look after in each of the two shifts. This OAH required more of the attendants to properly look after the residents.

**OAH-4 (Free-stay NGO)**

The code of conduct and the rules and regulations were brought to the notice of the staff which they had to observe while working in this OAH by the Manager when they reported on duty and also briefed them regarding the do’s and don’ts about the etiquettes and decorum they were expected to maintain while working in OAH and extent of information they were allowed to provide to inmates and to the outsiders on their own about the OAH.

The situation of staff behaviour functioning in this OAH was not much different from that of OAH-3. The staff was always present and available during
working hours in this OAH. The relationship between the staff and the residents was warm, polite and respectful. None of the staff members wore identification card but knocked the door before entering a resident’s room and called the residents by their names. No staff training and continuing education programme was arranged in this OAH. The Manager was conducting the background checks on staff working in this OAH whether as full time, part time, or as a volunteer. Two attendants were allotted all the residents to look after in each of the two shifts. This OAH required more of the attendants to properly look after the residents.

Thus, it has been found that the laid down behaviour criteria for the staff was largely met in OAH-1 and OAH-2, whereas it was partially met in OAH-3 and OAH-4.

**Location**

*Facilities*

According to the laid down criteria based on HelpAge-India guidelines regarding location, the criteria was significantly met in OAH-1 and in OAH-2 (88.9 per cent) and largely met in OAH-3 (77.8 per cent) except in OAH-4 (44.4 per cent) where it was met on an average as the OAH was located in a difficult locale.

*Functioning*

As per the criteria of the HelpAge-India guidelines functioning of location of OAH-1 (77.8 per cent) was largely satisfactory and significantly satisfactory in OAH-2 (88.9 per cent) whereas it was below average in OAH-3 (33.3 per cent) and fairly satisfactory in OAH-4 (55.6 per cent).

**Discussion**

Location wise the OAH-1 was functioning well. It was established in an area which was in the process of habitation. Since only a few occupants had moved in this area as a result it gave deserted look after the sunset. This OAH had three floors with a basement meant for parking and the whole complex was always well lit, ventilated, had open balconies and two lifts working round the clock. The approach road to this OAH was under construction at the time of data collection, however, it was connected by link road to the main road which was approximately a kilometer away. The residents had to take cycle rickshaw to reach the main road. There existed a beautiful garden in the area which was nearly three kilometers away, however, there was a small park adjacent to the OAH-1 but it was not well maintained. There was a grocer, milk-dairy, a barber shop, a chemist and confectionery shops outside the complex.
which could be reached easily. All the facilities i.e. the goods and articles were made available to the residents by the shop keepers on a phone call. The special arrangement was made between a bank and the OAH-1, wherein one official of the bank was deputed to meet all the banking needs of the residents. Similar arrangements were in operation with the post office and a chemist. The fresh water supply to OAH-1 was adequate which was supported by stored water that could last for one week. Two booster pumps were available to lift the water to storage tanks. The sewerage system was satisfactory and uninterrupted electric supply was available to OAH-1, which was having a power generator as back up. The hospital to which OAH-1 was attached for emergency was a private hospital and was about five kilometer away. There were other medical practitioners within a radius of one kilometer who could attend to any emergency call within ten minutes. There was a taxi stand nearby and the taxi was available within two minutes of the call. The local bus-stop and auto-rickshaw stand were within one kilometer range from this OAH. The cycle rickshaw was available round the clock nearby. However, there were no good restaurants in the vicinity to cater to the daily needs of the residents though there were snacks, fruits and vegetable shops near by. There was a housing complex across the road and the residents of that complex interacted with the residents of the OAH-1 only in the park but they never visited the OAH-1 and did not participate in any of the activities of OAH-1.

The location of OAH-2 was the best amongst all the four OAHs. The OAH-2 was located in a government colony in a posh area. The OAH-2 was approachable easily from main road and was well connected with buses plying to and fro from all the places in Delhi. One of the biggest markets was in the immediate vicinity of this OAH, which was having restaurants, snacks, fruits and vegetable shops. The area had several gardens including one with a musical fountain. A bank, a post office, government hospitals, dispensary and a cinema hall were within half a kilometer distance from OAH-2, thus all within the walking distance. This OAH had regular fresh water supply and in addition there was an underground water tank having capacity to backup of the water supply for two days. The sewerage systems were well maintained and were working excellently. There was uninterrupted supply of electricity, besides to back up there was a generator in OAH-2. There was a slum nearby due to which place was cluttered with livestock and cattle all around. There were government quarters all around this OAH, although the local residents did
socialize in the parks with residents of OAH-2 but never participated in activities of this OAH.

The OAH-3 was located in the middle of a posh residential colony and there was local market on one side due to which there were lots of activities around and there were other facilities like restaurants, snacks, fruits and vegetable shops were around. There was a bank and a post office close by and there was one government dispensary within one kilometer of the OAH-3 and government hospital was about eight kilometers away. There was a bus, auto-rickshaw and taxi stand within hundred meters distance. The cycle-rickshaws were not plying in this locality. There was a garden and a park located within one kilometer distance. There was 24 hours fresh water supply in this OAH. There was possibility of power cut at least for one to two hours daily but there was no facility for electricity backup (inverter or generator). The sewerage system was functioning well. One aspect which was very disturbing was the existence of a big garbage dump meant for whole of the colony in front of the gate of the OAH-3, which emitted foul smell. This forced the residents to keep front door shut and use the back door. Although most of the people around the OAH-3 were staying in the locality since long time yet they never participated in any of the activities of this OAH.

The OAH-4 was on the rocky area of outer Delhi, which was an old village but now it was more like a semi urban locality. It had industries, business establishments, and religious institutions in the vicinity, all around and it was highly noisy in daytime. The approach road to this OAH was steep, narrow and had open drains on both sides of the lane. The OAH-4 was very close to main road but still it was difficult to reach the main road as it was straight up. There was a bus and taxi stand within hundred meters distance. The cycle rickshaws were not plying in this locality. There was one bank and a post office within one-kilometer distance. There was private doctor’s clinic nearby and the government hospital was about 10 kilometers away. There was no market nearby but there was one small snacks, fruits and vegetable shop located in one of the houses of the nearby locality. The sewerage system was not in shape as the ground level was little deep than the main road, causing water logging in the drainage system. The fresh water supply was available only for few hours in the morning; the water was filled in big plastic tanks with the help of booster in this OAH. There was possibility of power cuts daily in the locality but there was no facility for electricity backup (inverter or generator). There was no garden or a park nearby and the people.
living around the OAH-4 interacted with the residents outside the OAH but never participated in the activities of this OAH.

As per the criteria based on HelpAge-India guidelines with regards to location of OAH the criteria was nearly fairly met in OAH-2 and poorly met in OAH-1, OAH-3 and OAH-4.

Building

Facilities

As per the criteria based on HelpAge-India guidelines with regards to building, the criteria was met significantly high in OAH-1 (95.8 per cent) and in OAH-2 (91.7 per cent) whereas in OAH-3 and OAH-4, the criteria was much below the average i.e. 29.2 per cent and 33.3 per cent, respectively.

Functioning

Going by the yardsticks of the laid down criteria regarding functioning of the building it was found to be significantly high in OAH-1 (91.7 per cent) and significant in OAH-2 (83.3 per cent) and was below average in OAH-3 and OAH-4 i.e. 29.2 per cent and 33.3 per cent, respectively indicating that the OAH-3 and OAH-4 the building specifications were not up to the mark.

Discussion

OAH-1 (Pay-stay OAH-NGO)

This OAH-1 had three levels. It was housed in an ideal building, as there were open spaces around the building and very well maintained garden with seasonal flowers. This garden had provision of benches, swings, two waterfalls and walking tracks. There were three play grounds for different types of sports. There was parking for about 25 cars in the basement. There were sufficient streetlights, multiple entry doors with security bell and an intercom at the gate. At the main entry point there was a reception desk with a lobby having fabulous ambience and appropriate furnishing. There were toilets for the visitors and this building of the OAH-1 had already been given approval to construct two more floors, whenever required. The building of the OAH-1 was wheel-chair friendly and the residents depended exclusively on the services of the lifts though the building had no provision of a ramp. This OAH had single and double rooms but no dormitory. The kitchen was big enough to cater to the needs of the residents and staff and there was adequate provision of toilets and bathrooms for the use of residents (separate for the male and female) and staff, which were kept clean and functional. In this OAH common as well as personal laundry
facilities existed in addition the services of washer-man (dhobi) were available and the system was functioning to the satisfaction of residents. This OAH had store rooms for raw materials for kitchen, linens, which were big enough and had several cupboards. This OAH had a sick-room which could accommodate two patients at a time, one examination room, one treatment room, one sluice room, a separate doctor’s, nurse’s, technician’s cabin, ECG, physiotherapy room and a gymnasium. There was a library in this OAH with books covering different disciplines and it was subscribing 15 monthly magazines and five different daily newspapers and the residents often made use of the library. The Manager of the OAH-1 was provided with a staff quarter which consisted of one room with the attached bathroom and toilet. This OAH had number of chambers to house the offices of Chairman, Manager and Clerk-cum-Cashier. It had spacious recreation room, playroom and common room and all these rooms were well furnished and equipped with gadgets like television, radio-cassette player, CD player, mike and amplifier and various indoor games. The residents were provided with safe drinking water as there was the facility of a water purifier. The fire extinguishing equipment and smoke detectors were installed in this OAH, which were functioning well and it was established through demonstration to the researcher on request during the course of the data collection. This OAH had one separate fire exit passage; however, it did not have any vehicle. (For layout and floor plan see Annexure X a).

OAH-2 (Pay-stay OAH-government)

The OAH-2 had a spacious building having three levels; basement, ground floor and the first floor, the building could be further extended only by constructing permissible storey but had no scope for lateral expansion. There was a garden all around the building which was not spacious enough to accommodate all the residents at a time. There was no space for parking vehicles, no lobby and no visitor’s room. The visitors either had to sit in garden or in the room of the resident. There were adequate number of bathrooms and toilets both for the staff and the residents. This OAH had single, double rooms and dormitory accommodation. The dormitory had five cabins with sharing two bathrooms and two toilets. The kitchen was big enough to cater to the needs of all residents with a small dining room attached to kitchen which could accommodate only 16 persons at a time. There were adequate toilets and bathrooms for residents (separate for male and female) which were kept fairly clean. In this OAH common as well as personal laundry facilities were available and in
addition there was a provision of washer-man (dhobi) and this system was functioning to the satisfaction of all the residents. This OAH had store rooms to store raw material for kitchen, linen, etc. with adequate storage facilities. The OAH-2 had one doctor’s cabin and treatment room. The library of this OAH had many books and subscribed to 16 monthly magazines and 10 daily newspapers. This OAH had two offices; one for Manager and other for the Clerk and Cashier. There were two staff quarters one for the Manager and the other for the Driver. The OAH had provision for one recreation room, a coffee room and a common room. All these rooms were well furnished and equipped with gadgets like television, radio-cassette player, mike and amplifier, indoor games and material for tea/coffee making were also available. In this OAH there was a playground for playing badminton only. Facility of safe drinking water was available in this OAH as a water purifier had been installed and was functioning well. The fire extinguishing equipment and smoke detectors were installed in this OAH. However, except for the main equipment to extinguish fire the functioning of other instruments could not be verified due to lack of cooperation from the Manager of OAH. This OAH had one separate fire exit passage. This OAH had its own vehicle which was a Gypsy of Maruti make with a driver who was available round the clock. (For the layout and floor plan see Annexure X b).

OAH-3 (Free-stay OAH-government)

The OAH-3 was housed in a makeshift building where a primary school existed five years ago, since this school shifted to a new building the old building was converted into OAH. The new building for this was under construction in a semi urban area of the city. This building of OAH had two dormitories meant for 20 residents. Since this OAH had no garden, a small portico with potted plants and garden benches were provided in this OAH. The kitchen was too small to cater to the needs of residents and did not have an attached dining room. In OAH-3 the residents had no choice but to use their beds as dining tables. There were three toilets and three bathrooms separately for males and same number for female residents which were kept fairly clean. This OAH had two offices one each meant for the Manager and the other one for Welfare Officer who shared it with Clerk-cum-Cashier. There was no recreation room, only a small common room which was not properly furnished, however, some mats and gadgets like television, radio-cassette player, mike and amplifier, a dholak and manjeera were available. In this OAH only one washing machine was available which was donated and was commonly used by the residents,
the ayah washed clothes of residents if they became unwell or sick for washing the room linens washer-man services were provided by the management. This OAH had one store to stack the raw material for kitchen and to store the linen there were steel cupboards. This OAH did not have a doctor’s cabin or a treatment room and library facility. In this OAH there was no facility for outdoor games and it did not have any staff quarters. This OAH had safe drinking water facility as there was water purifier which was a donated one. No fire extinguishing equipment was in place in this OAH and it did not have separate fire exit passage. This OAH did not have own vehicle. (For layout and floor plan see Annexure X c).

OAH-4 (Free-stay OAH-NGO)

The OAH-4 building was barely adequate for total capacity of 30 residents. It had two floors, which could not be expanded or extended and there was no garden in the premises. There were both single and double rooms besides two dormitories; each dormitory had accommodation for four residents. The kitchen was too small to cater to the needs of the 30 residents. This OAH had separate toilets and bathrooms for its residents; male and female, but were inadequate in number. There were no separate toilets for the staff and they used the toilets meant for the residents, which were kept fairly clean. This OAH did not have library though one newspaper was subscribed. This OAH had two offices one for the Warden and the other one for the Clerk-cum-Cashier but it did not have staff quarters. There was no recreation room in this OAH, whereas only a small common room packed with a table, chairs and few gadgets like television, mike and amplifier were provided. In this OAH there was no facility for outdoor games. There was provision for safe drinking water with a limited capacity due to the fact that fresh water supply was available for a short time in this OAH as it was situated on a rocky terrain, therefore the residents had to store drinking water. This OAH had store rooms for raw material for the kitchen but not for the linens which were kept in wooden cupboards lying in the corridors. In this OAH there was no cabin for the doctor or a treatment room. There was no fire extinguishing equipment and it did not have a separate fire exit passage. This OAH did not have own vehicle. (For layout and floor plan see Annexure X d).

As per laid down criteria based on HelpAge-India guidelines with regards to building the criteria was largely met in OAH-1 and OAH-2, whereas in OAH-3 and OAH-4 the criteria was poorly met.
Resident's appearance

Facilities

As per the criteria based on HelpAge-India guidelines with regards to resident’s appearance, the criterion was fully met in OAH-1 (100 per cent) whereas in OAH-2, OAH-3 and OAH-4 the criteria was moderately (66.7 per cent) met.

Functioning

As per the criteria based on HelpAge-India guidelines with regards maintenance of the resident’s appearance was absolutely satisfactory in OAH-1 (100 per cent) and moderately met in OAH-2, OAH-3 and OAH-4 (66.7 per cent).

Discussion

OAH-1 (Pay-stay OAH-NGO)

The residents were clean, tidy and were always very immaculate in their dressing up in this OAH and everyday by 9 A.M. all the residents got ready and came out of their rooms to sit or play in the garden.

OAH-2 (Pay-stay OAH-Government)

The residents seemed to be clean, tidy but not well turned out in this OAH. As most of the residents wore nightdress the whole day or male residents would not shave frequently etc. and the female residents did not comb their hair well and wore mismatched clothes etc.

OAH-3 (Free-stay OAH-Government)

The residents appeared clean, tidy but not well turned out in this OAH. Mostly residents wore mismatched dresses. In this OAH the residents were provided with three sets of clothes i.e. a Sari, Salwar-kameez (for females), kurta-pajama (for males) and a pair of slippers, twice a year as per government sanction. The researcher found that all residents had adequate sets of cloths at the time of data collection though the residents did not have proper daily use articles like oil, comb, cream, nail cutter, shaving set etc. which were for common use except tooth brush, tooth paste and soap.

OAH-4 (Free-stay OAH-NGO)

The residents appeared clean, tidy but not well turned out in this OAH. Mostly residents wore mismatched dresses. In this OAH the residents were provided with five sets of cloths i.e. a Sari, Salwar-kameez (for females), Shirt-pajama (for males) and a pair of slippers each, once a year, depending upon donations. During the course of data collection the researcher found that all residents had adequate sets of cloths.
though they did not have proper daily use articles like, oil, comb, cream, nail cutter, shaving set etc. which were for common use except tooth brush, tooth paste and soap.

As per the laid down criteria with regards to resident’s appearance, the criteria was fully met in OAH-1, whereas in OAH-2, OAH-3 and OAH-4 the criteria was moderately met.

**Home living spaces (HLS) - Hallways, Corridors, Stairs, Lounges, Kitchen and Bathrooms**

**Facilities**

As per the criteria based on HelpAge-India guidelines with regards to HLS, the criteria was met significantly high in OAH-1 (100 per cent), moderately met in OAH-2 (61.5 per cent) whereas in OAH-3 and OAH-4 the criteria was met below the average (30.8 per cent).

**Functioning**

Going by the yardstick of the HelpAge-India guidelines with regards functioning of HLS the OAH-1 significantly high (100 per cent), the OAH-2 fairly satisfactory (53.9 per cent) whereas OAH-3 and OAH-4 were below the average (30.8 per cent) and (23.1 per cent), respectively, meaning thereby that in OAH-3 and OAH-4 HLS were not functioning up to the mark.

**Discussion**

**OAH-1 (Pay-stay NGO)**

The researcher found that the entry and exit points of the building of this OAH were clearly marked and the space was adequate. It was free from overwhelming unpleasant odours and was also well maintained. The cleanliness in corridors, halls, kitchen, bathrooms, toilets and the outside premises was well maintained. There were quiet areas where residents could sit with friends and family. In this OAH all common areas, resident rooms, toilets and doorways were wheel-chair friendly. The handrails were installed in bathrooms, corridors, hallways and grab-bars were installed in the stairs. The temperature in the OAH could be regulated as room warmers and air conditioners were available on payment. This OAH had provision of good illumination and natural light. The noise levels in the dining room and other common areas were under comfortable limits. Moreover, smoking was not allowed in common areas of the OAH and use/abuse of alcohol and illicit drugs was kept in check and no resident was permitted to keep these things in their rooms.
OAH-2 (Pay-stay government)

In this OAH the researcher found that the entry and exit points of the building were not clearly marked though the space was adequate and was free from unpleasant odours. This OAH was well kept and the cleanliness was fairly maintained in corridors, halls, kitchen, bathrooms, toilets and the outside premises.

There were quiet areas in this OAH where residents could sit with friends and family. This OAH was wheel chair friendly on both the ground and the first floor as there was a ramp from outside of the building; however, there was no ramp to go to basement, where the coffee room and a play room were located. A wheel chair could be used in the common areas and in the resident’s rooms but could not be used in the toilets, as the toilets were too small for the movement of the wheel chair.

There were no handrails in the bathrooms, corridors, hallways however the hand grab-bars were present on the both sides of the stairs. The room temperature in the OAH-2 was not always comfortable for the residents; it was too cold in winter and too warm in summer. The residents were allowed to use personal room warmers and room coolers on extra payment for the electricity charges. This OAH did not have good sunlight; one had to put on an electric light to have a clear visibility in daytime also. The noise levels in the dining room and other common areas were uncomfortably high. Smoking was not allowed in common areas of the OAH and no one was permitted to keep and use alcohol or illicit drugs. The Manager also had difficulty in checking the residents for alcohol use on regular basis.

OAH-3 (Free-stay government)

In this OAH the entry and exit points of the building were not clearly marked. The space was not at all adequate in this OAH moreover; there was unpleasant odour owing to the garbage in front of the main entrance where the whole colony dumped the garbage. This OAH was not well kept due to clutter of several cupboards and equipment lying everywhere, even the corridors, halls, kitchen, bathrooms, toilets and the outside premises present a very untidy and unhygienic look. There were no quiet areas where residents could sit with friends and visitors. In this OAH none of the common areas, resident’s rooms and doorways were designed for wheelchair use as the floor was uneven. There were no handrails and grab-bars in the bathrooms, toilets or corridors in this OAH. The room temperature in the OAH was not comfortable for residents because it was too cold in winter and too warm in summer as there was no provision for room warmers/coolers in the rooms. There were three room coolers and
two room heaters available in this OAH which were not adequate keeping in view the
space and the area. Adequate natural light was there in this OAH but did not have
enough provision for adequate electric illumination. The noise levels in common areas
were high and uncomfortable. Smoking was not allowed in common areas and
possessing of and use/abuse of alcohol and illicit drugs were kept in check.

OAH-4 (Free-stay NGO)

The entry and exit points of the building of this OAH were not clearly marked.
The space was inadequate in this OAH and unpleasant odours all the time emitted
from the open drains outside the gate. The OAH-4 was not clean and not well kept. In
this OAH the corridors, passage, kitchen, bathrooms, toilets and the outside premises
were not neat and tidy. There were no quiet areas where residents could sit with their
friends and visitors. None of the common areas, respondent rooms, dormitories and
doorways was designed for wheel-chair use and in this OAH there was no ramp and
lift for use to go to the second floor. There was no provision of handrails and grab
bars in the bathrooms or corridors and stair case. The room temperature in the OAH
was not comfortable for residents because it was too cold in winter and too warm in
summer. Few room heaters were available in this OAH (depending upon donations).
There was no provision of room coolers. This OAH had inadequate natural as well as
electric lighting facilities. The noise levels in common areas were high. Smoking was
not allowed in common areas and use/abuse of alcohol and illicit drugs were kept
under strict check as well.

As per the laid down criteria of HelpAge-India guidelines with regards to HLS
it was significantly adhered in OAH-1, mostly in OAH-2, whereas in OAH-3 and
OAH-4 the criteria was not adhered adequately.

Residence’s rooms and access to other space and facilities

Facilities

As per the criteria based on HelpAge-India guidelines with regards to the
residents’ rooms, the criteria was met significantly high in OAH-1 (94.1 per cent) and
significantly met in OAH-2 (88.2 per cent) whereas it was on an average in OAH-3
(35.3 per cent) and in OAH-4 (41.7 per cent).

Functioning

As per the criteria based on HelpAge-India guidelines regarding residents
rooms, the functioning was highly satisfactory (94.1 per cent) in OAH-1, moderately
satisfactory in OAH-2 (52.9 per cent), highly unsatisfactory in OAH-3 and in OAH-4.
Discussion

OAH-1 (Pay-stay NGO)

In this OAH the residents were either allotted single rooms or double (two-seater) rooms, as it did not have any dormitory. The residents were allowed to choose their roommates and were allowed to change the rooms with permission of the Manager in case of a vacancy. The residents were allowed to keep personal furniture and belongings in the rooms like bed, table, chairs, bed-linen, clothing, books, plants, utensils, decoration pieces etc. All the rooms had independent toilet with a commode. The furniture and equipment in the rooms was appropriate and adequate. The residents had adequate storage spaces like wardrobe, closet and drawers including lockers in the rooms. In this OAH each room had a window, a balcony and all residents were allowed to have personal telephone, intercom and call-bell facility. There was PABX-phone at the reception counter, from where all calls could be transferred to the resident’s rooms and the residents were allowed to make a phone call at any time on payment. All residents could use recreation room, common room, playroom, television, library, refrigerator and all other common facilities of this OAH all the time. The OAH had the policies and procedures to protect resident’s possessions as each room was provided with one steel cupboard with a locker. In OAH-1 all doors of resident’s rooms had night latch with chain and double locking system.

OAH-2 (Pay-stay government)

In this OAH the residents were allotted single room, double room or dormitory. This OAH had only five single rooms with sharing toilets and bathrooms were available. The residents were not allowed to choose roommates and were allowed to keep few personal belongings in their rooms like bed-linen, clothing, books, utensils etc. In this OAH all rooms had attached toilet with western type commode. The furniture and equipments in the rooms were appropriate and adequate however, the rooms had inadequate storage space as only one cupboard and no wardrobe or closet was provided, however, each room had two windows. All rooms were provided with a call bell facility. There was a pay phone installed in this OAH and there was no intercom, however few residents had a personal telephone. The Manager received the messages on official phone and the residents were allowed to attend the phone call as per his discretion. All residents could use the recreation room, common room, playroom, television, library, refrigerator and all other common
facilities of this OAH. There were policies and procedures to protect resident’s possessions as each room had one steel cupboard with locker and doors of the rooms had night latch with chain.

**OAH-3 (Free-stay government)**

In this OAH there were only two dormitories of which one was for men and the other was for women. The dormitory meant for men had 9 beds whereas other dormitory had 11. At the time of data collection there were seven male residents and twelve female residents, hence two beds were readjusted in the common room of OAH as there was no place in female dormitory to accommodate any additional beds. The residents could not exercise any choices for roommates. The residents were keeping few personal belongings as all of them were destitute and as such had limited personal articles. All the residents had only one small trunk to keep their belongings. The toilets and bathrooms were to be commonly used and were separately built with Indian type of seats. The furniture and equipment in dormitories was neither appropriate nor adequate. There was no provision for storage as the cupboards, wardrobes; lockers etc. were not available in the dormitories. Each dormitory had four windows. There was no call-bell facility and no resident had access to a personal telephone, however, there was an official phone which was used by Manager or Welfare Officer during the daytime and the Peon/security staff was allowed to use the phone in case of emergency at night. All residents had access to a common room, a television and all other common facilities of this OAH. There were policies and procedures to protect resident’s possessions as the OAH had two steel cupboards in Welfare Officer’s room with locker for keeping any of the valuable belongings of residents.

**OAH-4 (Free-stay NGO)**

The residents of this OAH could avail single room or double room facilities which were without attached toilet as only two single rooms had attached toilet and two dormitories which had four beds each. The residents were not allowed to choose their roommates. The residents being destitute were having few personal belongings, which had come to them by way of donations. The toilets were commonly used and were separately built away from the rooms with Indian type of seats only three toilets were with western commode. The furniture and equipments in rooms were appropriate and adequate but there were minimal storage space/cupboards in the rooms. There was only one window in each room. The rooms were not provided with
call-bell facility. None of the residents had personal telephone. In this OAH the Warden received the messages on official phone and the residents were allowed to receive phone call as per the discretion of Warden however, in case of emergency the Warden permitted the residents to use phone during day time only. All residents had access to a common room, television, refrigerator and all other common facilities of this OAH only during daytime as there were no staff on duty at night. There were policies and procedures to protect the possessions of the resident as the Warden’s office had two steel cupboards with lockers.

As per the laid down criteria with regards to residents’ rooms it was significantly met in OAH-1 and OAH-2, whereas in OAH-3 and OAH-4 the criteria was fairly met.

**Activities Provided for Residents**

**Facilities**

As per the criteria based on HelpAge-India guidelines with regards to activities provided the criteria was cent per cent met in OAH-1 and OAH-2 and significantly met in OAH-3 (90 per cent) whereas largely met in OAH-4 (80 per cent).

**Functioning**

Going by the yardsticks of criteria based on HelpAge-India guidelines regarding provision of activities of the residents the functioning was satisfactory to the extent of 80 per cent in OAH-1 and OAH-2 whereas the criteria was nearly fairly satisfactory (40 per cent) in OAH-3 and highly unsatisfactory (10 per cent) in OAH-4.

**Discussion**

**OAH-1 (Pay-stay NGO)**

In this OAH the residents were permitted to have community activities like visiting and inviting colony residents of surrounding areas. The residents were allowed to take part in the management activities of the OAH. There was Residents Welfare Committee which had elected members like a President, Secretary, Treasurer etc. The residents of this OAH had a Gardening Committee which supervised the gardener on various issues of garden and lawn maintenance i.e. buying and planting of saplings etc. Yet another committee was constituted to supervise the cleanliness and take care of mosquito and rodent control program in the OAH. One committee took care of maintaining record of every resident’s birthday and arranged birthday parties with the help of management/staff and a NGO. Further, another group of
residents were involved in planning outings for the residents by taking contributions from all or by arranging donations with the help of a NGO.

All residents in this OAH attended spiritual discourses held in OAH once in a week. The residents could take part in General Body Meetings only if they gave their names and agenda in advance to the Manager. Most of the residents sat in library and read the newspaper, journals or books or watched television, played in-door and outdoor games everyday and went for walk in the morning or evening. Some of the residents did exercises in the gymnasium or performed therapeutic exercises in physiotherapy room. All residents participated in functions and celebrations arranged by management or by outsiders (NGOs, school children, etc). Outstation and local picnics were arranged twice or thrice a year with contributions pouring from the management, residents and donors. The residents were familiar with the outdoor areas and staff helped the residents in knowing the places around the OAH and also assisted in arranging transport for travelling out. This OAH had some volunteers coming from outside like the students from schools and colleges once in a month for their project related work or to write case studies as their assignment. Some of these students' readout books for those residents who were unable to read and others participated in story telling sessions which were arranged by the residents. There was no provision for technical and vocational support for learning new craft or trade by the residents of this OAH.

There were some occasions like Diwali and New-Year when students arranged cultural shows for entertaining the residents. The management of OAH arranged formal functions with the help of volunteers, students and some of the NGOs on all important occasions i.e. 1st October as Elder's Day, Independence Day, Republic Day etc.

OAH-2 (Pay-stay government)

The residents of this OAH were also permitted to engage in like visiting and inviting colony residents of surrounding area. The residents were allowed to take part in home management activities of the OAH. There was a Resident’s Welfare Committee, which had elected members like President and Secretary. The residents could present their problems to the management in writing addressed to Chairperson through the Manager. The residents could arrange meetings with Chairperson only if they gave application or memoranda in advance to the Chairperson.
The residents of this OAH attended *kirtan* and *bhajan* programs arranged by NGOs once in a week. All residents participated in functions and celebrations arranged by management or by outsiders (NGOs, school children, etc). The outstation and local picnics were arranged twice or thrice a year by raising contributions from the management, residents and donors. The residents were made familiar with the outdoor areas by the staff in knowing the places around the OAH and also assisted in arranging transport for travelling out. The school children and college students came to this OAH once in a month for their project-work and to write case studies as part of their assignments.

The occasions like *Diwali* and New-Year students conducted cultural shows for entertaining the residents of OAH. The management of OAH arranged formal functions with the help of volunteers, students and some of the NGOs on some of the important days; i.e. 1st October as Elders Day, Independence Day etc. Most of the residents sat in library to read books and journals or watched television or played indoor games everyday or went out for walk in the morning or in the evening. Some of the residents exercised in the garden. There was no provision for technical and vocational support for learning new craft or trade.

**OAH-3 (Free-stay government)**

The residents of this OAH were permitted to have community involvement as they could visit and invite nearby colony residents of the surrounding areas. The residents could choose to take part in daily chores like participating in cooking, distributing food, supervising cleaning, rearranging equipment, locking and unlocking the main door. A few of the residents along with a *kirtan-mandli* from one of the nearby temple conducted *bhajan* program once a week. The residents were not allowed to participate in any of management meetings.

All residents could choose to take part in festival and celebrations and outstation and local picnics were arranged twice or thrice (times) a year with the contributions raised from management and donors. The OAH had outdoor areas for resident’s use but the staff did not help the residents to go outside the campus. This OAH had an active volunteer programme under which students from schools and colleges frequently visited for their project work and to conduct case studies as part of assignment. These volunteers while attending to their study related pursuits also assisted residents in their ADL, read books and participated in story telling. At times students carried out cultural shows for entertaining the residents. On the occasion of
all cultural festivals, formal functions were arranged by the Welfare Officer with the help of volunteers, students and some of the NGOs. There was no provision for technical and vocational support for learning craft or new trade.

**OAH-4 (Free-stay NGO)**

The community involvement of residents was permitted in this OAH like visiting and inviting colony residents from surrounding areas. The residents participated in activities like participating in the distribution of food, locking and unlocking main door etc. The priest from a temple and a Church visited OAH for holding religious discourses once a month. The residents were not included in any meetings of the management.

All residents could participate in festivals and celebrations. Only local picnics were arranged twice a year with the contributions raised from the management and donors however, the staff did not help the residents in taking pleasure trip outside the complex. This OAH also had an active volunteer program under which the students from schools and colleges visited once a month for their project works and conducted case studies as their assignment. On all National and cultural festivals formal functions were arranged by the Manager with the help of volunteers, students, Church and some of the NGOs. There was no provision for technical and vocational support to learn new craft or trade.

As per the laid down criteria regarding activities provided/ performed by the residents of OAH it was found that the criteria was fully adhered to in OAH-1 and OAH-2 (100 per cent) whereas in OAH-3 and OAH-4 the criteria was met on an average (40 per cent).

**Safety and Care**

*Facilities*

As per the criteria based on the guidelines of HelpAge-India regarding safety and care it was significantly met in OAH-1 (83.3 per cent), largely met in OAH-2 (75.3 per cent) whereas the criteria was met on an average in OAH-3 (50 per cent) and fairly met in OAH-4 (58.3 per cent).

*Functioning*

As per the laid down criteria regarding the safety and care the functioning was met on an average in OAH-1 (41 per cent), below average in OAH-2 (33.3 per cent), in OAH-3 and OAH-4 (16.7 per cent), which means that safety and care was really a
matter of concern in all four OAHs however, it was slightly better in OAH-1 as compared to the other OAHs.

Discussion

OAH-1 (Pay-stay NGO)

The residents of this OAH got preventive care, like annual check-up, done by the doctor who was on duty daily for specific time in this OAH. The residents were permitted to see their personal doctors as well. There were nurses on duty round the clock, one in the morning and the other one at night who could be called by any resident in the room to attend to their health related problems. These nurses supervised the medications, if required, gave injections, if needed, checked blood pressure, temperature in case of fever, cared for wound in case of any injury, collected blood/urine samples etc. The special sick room services were provided in case of any resident falling ill or with temporary kind of health problem in emergency like fever, injury etc. This sick room was a separate unit equipped with; two adjustable beds, stretcher and wheel-chair, trolley with wheels, nebulizers, oxygen, emergency medications and first aid equipment etc. This OAH had an arrangement with a nearby private hospital to attend the cases of any emergency. The ambulance could be called from this hospital and residents could be taken there. All residents were allowed to have personal nurse and personal attendants (on payment) after verification of background of staff by the management of OAH. This OAH cared for the residents until their death, which was part of contract with the residents. This OAH would take responsibility for the resident's last rites and funeral according to request made in writing by guardian or the resident before their death.

The fire-fighting equipments existed in this OAH, although tentative emergency evacuation plan existed but the management had not held the fire drills so far. This OAH had provision for keeping the guests of the residents on payment in the guestroom for short durations. Local community from surrounding areas actively supported the OAH that they often gave lift to the residents up to main road if they were passing by the OAH, as the main road was at a distance. The Managing Committee of this OAH conducted routine inspections and the researcher found that the last year's report was showing satisfactory performance but no regulatory authority from the Government had conducted any inspection so far. A constable from a nearby police station was visiting this OAH daily to ensure the safety of the OAH and its residents.
OAH-2 (Pay-stay government)

This OAH provided preventive care measures to its residents like annual check-up done by the doctor who was on duty for specific period daily in this OAH although the residents were permitted to see their personal doctors as well. There was a nurse on duty in forenoon who attended to the health related problems of the residents like she supervised the medications if required, gave injections, if needed, checked blood pressure, temperature in case of fever, cared for wound, in case of any injury, collected blood/urine samples etc. The special services if required by the residents in case of sudden sickness special room or sick room was not available in this OAH, but a stretcher and wheel-chair, trolley with wheels, emergency medications and first aid equipment were available for immediate use. This OAH had a contract with a nearby government hospital to deal with the cases of emergency and the patient could be taken to this hospital within 10 minutes on a vehicle provided by the OAH. All residents were allowed to have personal nurse and personal attendants (on payment) after taking written permission from the Manager of OAH. This OAH would care for the residents until their death as it was part of the contract with the residents. This OAH would take the responsibility for the resident’s last rites and funeral according to request made in writing by the guardian or resident themselves before their death. This OAH had fire safety measures in place and although tentative emergency evacuation plan existed but the management had not held any fire safety drills till the time of data collection. This OAH had no provision for keeping guests of the residents. The local community staying in the vicinity actively supported the OAH e.g. they often gave lift to the residents up to the market if they were passing by the OAH. The Managing Committee of this OAH conducted the inspection regularly and its previous years report was showing satisfactory performance though no regulatory authority from the government conducted any inspection this OAH so far. A constable from nearby police station visited this OAH daily to ensure the safety of the OAH and its residents.

OAH-3 (Free-stay government)

The residents of this OAH did not get any preventive care, like annual check-up as these was never arranged by the management. The residents could meet the doctor in a government dispensary, if required, which was about three kilometers away from the OAH. There was no doctor or nurse appointed in this OAH for attending health related problems of the residents and no special services like a sick
room was available in this OAH, however, a stretcher, wheel-chair and first aid equipment were available for emergencies. The prescribed medications were provided by the dispensary, but at times the medicines ran out of stock and then the medicines were arranged with the help of donors by Welfare Officer. This OAH would care for the residents until their death (but if chronically ill they could be shifted to another OAH meant for infirm persons). This OAH had arrangement with a government hospital, which was about 15 kilometers away from OAH. The sick resident would be taken to the hospital, if required, in the hired auto-rickshaw/taxi arranged by Welfare Officer of the OAH. None of the residents could afford to have personal nurse/personal attendants as they were destitute and as such had no money. This OAH would take responsibility for the resident’s last rites and funeral as per the request made in writing by the residents before their death. This OAH had fire safety measures which were inadequate as it had only two buckets of sand and did not had any emergency evacuation plan. This OAH had no provision for keeping guests of the residents. The local community from surrounding area did not actively support the OAH, but at the same time they did not interfere in the affairs of OAH as well. This OAH was inspected by Management Committee and their last year’s report was showing satisfactory performance. No regulatory authority from the government had conducted any inspection so far. A constable from nearby police station visited this OAH daily to ensure safety of the OAH and its residents.

**OAH-4 (Free-stay NGO)**

The management of this OAH did not provide any preventive care like annual check up facility to its residents. The residents could be taken to a government hospital which was about 10 kilometers away from OAH on a hired auto-rickshaw/taxi arranged by Manager of the OAH. The prescribed medications were arranged with the help of donors by the Manager. There was no doctor or nurse appointed in this OAH to attend health related problems of the residents, however, the Warden who was employed by the OAH at the time of collection of data happened to be a retired nurse and as such she was performing dual role of that of a Warden and a nurse. No special services in case of sickness like special room or sick room were available in this OAH, but a stretcher and wheel-chair and first aid box for minor ailments were available for immediate need. As the residents were destitute they could not afford to have personal nurse/personal attendants. This OAH would care for the residents until their death and would take responsibility for the resident’s last rites.
and funeral as per the request made in writing by the residents before their death. This OAH did not have any fire safety measures and did not have any emergency evacuation plan. This OAH had no provision for keeping guests of the residents. The local community from surrounding area did not actively support the OAH but they did not interfere in their affairs as well. This OAH was inspected by Managing Committee and their last year’s report was showing satisfactory performance. So far no regulatory authority from the government conducted any inspection of this OAH. A constable from nearby police station visited this OAH daily to ensure safety OAH and its residents.

Food

Facilities

As per the criteria based on HelpAge-India guidelines regarding food, the criteria was fully met in OAH-1 (100 per cent) whereas the criteria was moderately met in OAH-2, OAH-3 and OAH-4 (66.7 per cent).

Functioning

Keeping in view the laid down criteria regarding food the functioning was absolutely satisfactory in OAH-1 (100 percent), whereas in other three OAHs the functioning was moderate (66.7 per cent) which means that the food provided to the residents was adequate, clean and hygienically prepared in all OAHs. In OAH-1 residents were getting food as per their choice, whereas not much choice was available in OAH-2 and no choice was given to the residents in OAH-3 and OAH-4.

Discussion

OAH-1 (Pay-stay NGO)

The residents of this OAH got all the meals adequate in quantity and satisfactory in quality, which was cooked hygienically and served properly. There were choices available in all three meals and residents prepared the menu to be served every week. (A sample menu plan has been presented in Annexure XI a)

OAH-2 (Pay-stay government)

In OAH-2 the meals for the residents were in adequate quantity and of satisfactory quality, which was cooked hygienically and served properly. The dining room was too small to accommodate all residents at one time hence the residents carried their food to their rooms. There were few choices available in all three meals and residents prepared the menu to be served every month. (A sample menu plan has been presented in Annexure XI b).
**OAH-3 (Free-stay government)**

The residents of OAH-3 got all the meals in adequate quantity and satisfactory in quality, which was cooked hygienically but not served properly as there was no dining room in this OAH, hence, the residents carried their food to their dormitories. There were very few choices available to the residents in meals. Residents gave few suggestions for the menu to be served for a month. The menu was prepared by the Welfare Officer in OAH-3. (A sample menu plan has been presented in Annexure XI c).

**OAH-4 (Free-stay NGO)**

The residents of OAH-4 got all the meals in adequate quantity and satisfactory quality, which was cooked hygienically but not served properly as there was no dining room in this OAH hence, the residents were served food in their rooms. There were few choices available in meals for the residents. The residents gave few suggestions for the menu to be served for a month in advance. The menu was prepared by the Warden in OAH-3. (A sample menu plan has been presented in Annexure XI d).

Judging by the criteria based on HelpAge-India guidelines regarding food it had been fully met in OAH-1 and moderately met in OAH-2, OAH-3 and OAH-4.

**Record Maintenance**

*Facilities*

As per the criteria based on HelpAge-India guidelines regarding record maintained in OAHs it was absolutely met in OAH-1 and OAH-2 (100 per cent) and significantly met in OAH-3 and OAH-4 (84.6 per cent).

*Functioning*

Measuring the functioning by the criteria based on HelpAge-India guidelines regarding records it was met significantly high in OAH-1 and in OAH-2 (92.3 per cent), significantly satisfactory in OAH-3 (84.6 per cent) and largely satisfactory in OAH-4 (76.9 per cent), which means that the records were maintained well in all the OAHs.

**OAH-1 (pay-stay NGO)**

In this OAH the records maintained were the cash book, ledger, audit, stock register, register for consumable items, attendance register for residents and staff, record of minutes of General Body Meetings, records regarding resident’s personal details, visitor’s book, message book, duty roster of staff, circular file, health records of residents and written contracts were available in this OAH. The records were
maintained well but they contained some superficial information only as they were not in detail. The records regarding resident’s personal information, indicating details of next of kin, assets, option regarding disposal of assets in case of demise, and the entombment records were maintained well.

**OAH-2 (Pay-stay government)**

In this OAH the records like cash book, ledger, audit register, stock register, register for consumable items, attendance register for residents and staff, record of minutes of General Body Meeting, records regarding resident’s personal details, visitor’s book, message book, duty roster for staff, circular file, health records of residents and written contract were available in this OAH. The records were maintained very well in this OAH. In addition the records regarding resident’s personal information, indicating details of next of kin, assets, option regarding disposal of assets in case of demise and committal records were maintained in duplicate of which one set was to be maintained by Department of Welfare, NDMC and the other set to be maintained by the office of OAH. All records were maintained well.

**OAH-3 (Free-stay government)**

In this OAH the records which were maintained were cash book, ledger book, audit, register of stock, register for consumable items, attendance register for residents and staff, attendance register for staff, records regarding personal information indicating details of next of kin, assets, option regarding disposal of assets in case of demise, and records relating to as how the last rites be performed, visitor’s book, duty roster for staff, circular file, health records of residents and contract written in this OAH, whereas record of minutes of General Body Meeting and message book were not maintained. All records were maintained in duplicate, one set of records to be maintained by Department of Welfare, Delhi Government and the other set to be maintained by the office of OAH. All records were maintained fairly well.

**OAH-4 (Free-stay NGO)**

The records maintained by the OAH-4 were the cash book, ledger, audit register, stock register, register for consumable items, attendance register for residents and staff, records regarding personal residents indicating details of next of kin, assets, option regarding disposal of assets in case of demise and entombment records, visitor’s book, duty roster for staff, circular file, health records of residents and contract written in this OAH whereas record of Minutes of General Body Meeting and
message book were not maintained. It was found that the records mostly had superficial information except for the personal intimate information of residents, although all records were fairly well maintained.

Judging by the laid down criteria based on HelpAge-India guidelines with regard to records maintenance, the criteria was fully met in OAH-1 and OAH-2 and largely met in OAH-3 and OAH-4. Assessment of Records: Documents and activity reports maintained in OAHs were examined for type, contents, completeness, utility and quality.

**Major findings**

The present Chapter has dealt with the various aspects of four select OAHs under study brings forth many issues and problems regarding the philosophy and objectives of OAHs, requirements, facilities available and their functioning.

*Philosophy and Objectives*

The pay-stay-OAH-NGO had written a philosophy which was based on the philosophy of the Church as this OAH was managed by a Christian mission all the four OAHs as they were running on no profit-no loss philosophy as welfare organizations with the objective of providing shelter for physically and mentally fit older persons.

*Organizational structure*

All four OAHs under study were having their Managing and Admission Committees which were functioning as per the rules and regulations adopted by the OAHs.

*Requirements*

The essential requirements for managing an OAH in India as laid down by HelpAge-India were tested in the present study. The essential requirements like finance, legal requirements, admission criteria, special needs, catchment area, entry method, selection of residents, number and types of residents, spaces and accommodation, staffing type, number and function. The findings of these have been discussed in the subsequent paragraphs.

*Requirements of finance*

As regards the financial requirements of these four OAHs under study it was established that these requirements were better complied with in pay-stay OAHs as compared to free-stay OAHs.
Legal requirements

Significantly all the four OAHs had managed themselves well within the legal requirements as laid down under the criteria based on HelpAge-India guidelines. However, the pay-stay category of OAHs had done better than free-stay category of OAHs.

Requirement of catchment area

The specific criteria regarding the requirements of catchment area for the OAHs under study, the management of both pay-stay as well as NGO managed free-stay OAHs had been firm enough to stick to the laid down requirements fully for the reason that any citizen from the territory of India could seek admission to these OAHs. Interestingly, free-stay-OAH-Government had not fully adhered to the laid down guidelines regarding catchment area as they allowed the admission of older people from outside the specified geographical jurisdictions.

Entry method

The requirements regarding entry method for the new residents were fulfilled in satisfactory manner by all OAHs undertaken for the study.

Requirement of selection criteria

The requirements regarding selection criteria for the new residents were observed with flexibility in the NGO managed OAHs whether pay-stay or free-stay whereas these requirements were followed more strictly in government managed OAHs.

Admission requirements

Similarly the admission requirements had been better complied with by the pay-stay category of OAHs in comparison with free-stay category.

Requirements of special needs

Diametrically opposite findings had been noticed as far as special needs requirements were concerned for those older persons who had developed some type of physical dysfunction and/or disability. It was found that the pay-stay category was not observing the requirements with regards to the special needs but it was being observed by free-stay category of the OAHs. The reason of better observance of the requirements in the free stay OAHs was that the OAH-3 was being managed by the Government and had the option of shifting their residents who became infirm to another OAH specifically meant for such category, whereas the OAH-4 was being managed by NGO had no such provision of an OAH which could cater to the special
needs patients/elderly, therefore, on the compassionate grounds this OAH allowed such residents with physical dysfunctions/disability to continue their stay in the OAH as long as they wished.

**Requirement of space/accommodation**

The space/accommodation for the residents in OAH-1, OAH-2 and OAH-4 was adequate but in OAH-3 the accommodation was extremely short of the requirements. It is pertinent to mention here that although OAH-4 had met the space/accommodation criteria fully but the rooms were of inadequate size and had no provision for attached toilets in all the rooms, whereas in OAH-1 there was no dormitory but it had very well maintained single and double rooms having adequate size with an attached toilet and bathroom in each room. The OAH-2 had all three varieties of accommodation but the rooms were hexagonal in shape with a very small attached toilet.

**Requirement of number of residents**

The provisions regarding the number of residents to be accommodated in an OAH as per the laid down criteria had been complied with in totality by all the four OAHs thereby signifying that there was no overcrowding in these OAHs but in relation to the requirements regarding type of accommodation they were poorly observed in free stay category though the observance of requirements were not too good in pay-stay category as well.

**Requirements of staffing – Type, number and provision for their function**

The requirements regarding the staffing, type, their number and facilities to function had not been observed in every aspect both in pay-stay and free-stay OAHs. The staff requirements in relation to type, number and function were found wanting in all the four OAHs as the management of all these OAHs had not cared to follow the laid down requirements. As such the repercussions of this had some impact on the total functioning and performance of the OAHs.

**Staffing: Function**

It was found that OAHs falling in the pay-stay category had adhered to the requirements in providing the staff facilities in relation to type, number and functions as compared to the OAHs falling in the free-stay category.

Juxtaposing the trend reflected in the facilities with that of functioning it can be seen that staff functioning though is appalling in all the four OAHs, but was somewhat better in pay-stay OAH managed by Government. The only reason thereof
was that the staff of pay-stay managed by Government OAH was more experienced as compared to the staff in other three OAHs. However, it is pertinent to mention here that the staff in all the four OAHs had no job description and the respective managers did not supervise them adequately and took no initiative for involving the volunteers and NGO in the activities of OAHs. Moreover, except for pay-stay OAH managed by Government, no other OAHs under study had any policies for welfare of the staff in order to retain them like provision of staff quarters or arrangement of pick-up service etc.

The essential facilities required for managing the OAHs in India as laid down by HelpAge-India have been tested in the present study. The major findings regarding status of facilities in OAHs under study have been examined and discussed along with functioning aspects of these facilities to find out the impact of one on the other to give us clear picture about the performance of these OAHs. The major findings with regards to facilities provided and the functioning of OAHs undertaken for the study are discussed in the succeeding paragraphs.

**Facilities and functioning**

*Staff behaviour*

The behavioural responses of the staff in the pay-stay category had been quick and prompt as against the free-stay category where these responses were not to the mark. The similar trends had emerged in the operational aspect of the staff’s behaviour in all OAHs under study, however, the behavioural aspect of the staff was found more unsatisfactory in the free-stay OAHs, the reason thereof could be attributed to staff turnover, contractual staff, inexperienced and general attitude towards the residents.

*Locality*

The locale of the Government managed OAH was far more favourable as compared to NGOs managed OAHs except the OAH-1 which was, of course, managed by the NGO and was doing significantly well. The reason attributed to this scenario was that Government could always allot any piece of land in the locality of its choice and OAH of pay-stay category managed by NGO could afford to buy any prime piece of property but functioning aspect of the facilities in relation to location had shown reverse trend in OAH-3 which was managed by the Government for the simple reason that it was housed in a building which was not suitable for an OAH and moreover there was a garbage dumping yard just in front of the main entrance of this
OAH yet another feature of the locale was that it was situated in the middle of the commercial area thereby having two negative aspects viz., noise pollution in the daytime and loneliness at the night.

Building

On the basis of data analysis it was clearly indicated that the pay-stay category of OAHs had adequate building facilities whereas the free-stay category of OAHs had been struggling hard as far as the building facilities were concerned as these OAHs had only bare minimum facilities. Obviously the same trend was visible in the operational aspect of the building facilities.

Appearance of residents

The facilities provided to the inmates of OAH to maintain their appearance were found to be more than adequate in all the OAHs. However, the best among them all was the pay-stay OAH managed by NGO as it was doing exceedingly as their inmates were financially sound and could afford to buy all necessaries and accessories to groom their appearance well. It is pertinent to mention here that the inmates of pay-stay OAH managed by the Government were also financially well off but due to their uncaring attitude their appearance was nowhere near to the residents of the OAH-1. The functional aspect had shown that all the inmates had proportionately made use of the available facilities in their respective OAHs. The general observation of the researcher was that the inmates of all of OAHs in no way looking shabby or untidy dressed.

Home living spaces (HLS)

As far as facilities related to hallways, corridors, stairs, lounges, kitchen and bathrooms were concerned; the situation was very badly placed in free-stay category of OAHs as they were without many essentials of HLS. The best provisions of HLS were available in pay-stay OAH managed by NGO followed by pay-stay OAH managed by Government. The operational aspect of the HLS facilities further got setback in case of free-stay OAH managed by the Government for the reason many of the facilities were existing but were not functional.

Rooms of residents

The facilities regarding residential rooms and access to other spaces were adequate in both the pay-stay OAHs and free-stay-OAH-NGO and were found highly inadequate in free-stay OAH managed by Government and the operational aspects of
these facilities were the worst ever because chaos prevailing over the dormitories of this OAH.

Activities

The provisions of activities meant for the residents to involve them constructively in one or the other area of their interest were excellent in pay-stay OAHs and were not so bad in free stay OAH but the operational aspect of these facilities was highly unsatisfactory in free-stay OAH managed by NGO whereas it was slightly better in free-stay OAH managed by the Government.

Safety and Care

The analysis of data has indicated that the facilities provided for safety and care had been in good stead in pay-stay OAHs and not so well placed in free-stay OAHs but the operational aspect of the provisions of the safety and care were poorly placed in all the OAHs except pay-stay OAH managed by NGO. The observation of the researcher was that the staff meant to take care of the residents was untrained and the health services provided to the inmates were inadequate.

Food

The facility of food was par excellent in pay-stay OAH managed by the NGO whereas in pay-stay OAH managed by Government these facilities were good enough, however, were not so bad in free-stay OAHs. The functional aspects of this activity were for a change was quite satisfactory in free-stay OAHs as well as the quality and the quantity of food provided to the inmates was to their satisfaction.

Maintenance of records

The provision of the facilities regarding maintenance of records were found adequate in all the four OAHs and so was the operational aspects of these facilities meaning thereby that records were well maintained in all the OAHs under study.

Problems in managing OAHs

On the basis of the analysis of primary data collected through unstructured questionnaire, various problems were identified which the managements of OAHs were facing. On the basis of interviews held with the officials positioned at different levels the following problems emerged in managing OAHs.

1. Problem in managing sick residents of OAHs as there exists inadequate facilities for their care.

2. Inadequate ambulance and transport facilities in the OAHs.

3. Problems of drug/alcohol abuse among male residents of the pay-stay OAHs.
4. Scarcity of funds in free-stay OAHs.
5. Inadequate security arrangement in free-stay OAHs.
6. Inadequate supervision mechanisms in free-stay OAHs especially at night and on all public holidays.
7. High staff turnover.
8. Interpersonal relationship among the inmates at its lowest ebb in OAHs and these relations were more undignified in pay-stay OAH managed by government.
9. Problems of unruly and violent behaviour of inmates towards each other.

Issues related to OAHs

Shortage of OAHs

From the facts gathered on the basis of primary data it has been established that all the four OAHs were full to their capacity, where ever there were vacancies that were due to some different reasons, which have already been explained. The study conducted by Sandhu and Tripati (2003) had also highlighted this problem. They insisted upon that more of such institutions were required to be established for ever increasing number of older persons. Yet another study conducted by Clarkons, Hughes and Challis (2005), in UK had also projected that there was need for OAHs which provided multi-functional long term care facilities. Indirectly the study conducted by Klien, T. et al (1998) (Germany) and Yee, Walter and Seeigaj (1999) (USA) has also strongly favoured that there was definitely need of more of OAHs with proper facilities as the older persons who stayed alone were neglected thus, their caring needs could be better attended by the institutionalized help. Moreover, Liebig P.S. (1999) who studied OAHs in India had suggested that more of OAHs must be constructed in India, which must be multi-function for independent and also for partially dependent older persons.

Inadequate participation in management and policy making

As per the policies the residents of all OAHs were suppose to participate in the management and policy making of OAHs but in practice it was contrary to the fact. Barring the pay-stay OAH managed by NGO all other OAHs never provided adequate opportunities to the inmates to participate in management and policy making. The study conducted by Bartlett (1993), had also focused on this issue of participation by suggesting that there should be some regulatory mechanism for OAH to ensure the rights of the consumers and to increase their satisfaction levels. The
findings of another study conducted by Raynes (1998), had taken care of the issue by suggesting that not only the residents be involved but the care giving staff also was involved in policy making of the OAHs.

**Inadequate facilities**

The findings of present study also suggests that the resident-centered care and independent type staying facilities like single room with attached bathroom/toilet could keep the residents more satisfied and happier then those staying in dormitories, allowing more privacy as had been found in pay-stay OAHs. The study conducted by Yee, Walter and Sceigaj (1999) and Rosemary (1999) also supported the present findings.

In the present study both pay-stay OAHs had better facilities and functioning as compared to free-stay OAHs hence funding was considered to be the basis of providing quality services and these findings had been supported by the findings of Lyon (1997) and Challis, D. et al (2000).

**Category of people living in OAHs**

Another issue has been analysed that which category of people generally stay in OAHs. The findings of the study have shown that most of the people/residents were those who were not having children or having girl child only or their children were staying abroad, these findings are supported by the study conducted by Ara, Shabeen (1997).

**Staff of OAHs**

The findings of the present study have shown that staff turnover was very high in pay-stay OAHs and on the other hand, in Government run OAHs the staff asked for transfer to other welfare institutions. The findings of this study have been supported by the findings of the study conducted by Netten, Williams and Darton (2006) which also suggested that staff turnover was very high in all the OAHs. Another study conducted by Williams and Netten (2005) had correlated staff turnover with retaining the staff in OAHs by providing adequate training and incentives. Yet another study carried out by Hawes and Charles, Phillips (2000) had suggested that if there was high level job satisfaction in staff of OAH then the satisfaction of the inmates was also very high. There are other studies which had been carried out by Stewart, Hughes, Challis, Darton and Weiner, K. (2003), Challis, D. and Hughes, J. (2002), Darton, R. (2002), Williams and Netten (2005) Kataly and Bector (1999) and Francis and Netten (2004) which had strongly suggested that there was need of professional
and technical training to have multi care staff which was going to stick to the OAHs from their retention point of view.

Health Services

The present study has evidently shown that the health services provided in the OAHs were of low quality and these findings have reaffirmed the findings of the study conducted by Stewart, Worden, Challis (2003), Bose (1995) and Baliga, Sandhya (1996) who had emphasized that there was a significant role of the NGOs in supplementing the existing poor quality health services in OAHs. Yet another study conducted by Sreevals and Nair (2001) supported the findings of the present study that those OAHs which were performing well had better health facilities than those which were not performing well.

Another important component in the provision of quality health services was the health personnel. The present study has revealed that either the health personnel have, at all, not been recruited or where they were recruited they were inadequate in number.

The present study has highlighted another important aspect related to health services that inmates had never been assessed for their health needs once admitted to the OAHs. This issue has been emphasized by Bagley et al. (2000) in their study that older persons required to be assessed periodically by a physician. In India, the physical health assessment was done before older people enter the OAHs but their mental health was not assessed, however, in the UK assessment of both physical and mental health was carried out as had been reported by Challis et al. (2000), Challis, Clarkson, Williamson, Hughes, Venables, Burns and Weinberg (2004).

The findings of the present study also point out that all the OAHs were without a mental health care professional i.e. the counsellors, psychiatric nurse and a psychiatrist. The findings of the present study have received adequate support in the works of Quarishi and Arora (2000), Mozley et al. (2000), Challis, Weiner, Darton, Hughes and Stewart (2001) and Gruber-Baldini et al. (2004), as these studies had suggested that mental health was a serious problem for the inmates of OAHs and it can only be looked after by a mental health professional.

Abuse and exploitation

The findings of the present study have not reported any kind of abuse and exploitation of the residents, however, there were some OAHs from where it had been reported that the residents had been abused and exploited in the studies conducted by
Rajan (2000), NCAL (2002) and Richardson, Kitchen and Livingston (2002), had strongly suggested that there was need of in-service training of the staff to check this problem of abuse and exploitation.

**Participation in the activities of OAH**

The present study has shown low level participation of the residents in the day today activities taking place within the OAH. A study conducted by Joseph (1991) had also focused on the correlation between the meaningful participation of the residents and the quality of functioning of OAHs.

**Leisure time, recreation and other activities**

The analysis of leisure time, recreation and other activities of the residents of the OAHs coupled with observation of the researcher, has clearly indicated that the residents of the OAHs were not involving themselves in such activities to a larger extent since there were not many facilities within, no programming of such activities by the management and lack of initiative on the part of inmates. These findings obtain the support from the study under taken by Challis, D. et al (2000) and Ansari (2001) that there were inadequate facilities for recreation and leisure time activities. Another study conducted by Parikh (2000) had strongly suggested that especially the women be involved into such activities which were parallel to the household activities back home. The study conducted by Swarup, Hari (2000) had suggested that without the creative activities the residents might disappear in despair. The findings of the studies done by Hughes, J., Challis, D., Gill, J. and Stone, S. (1997), Sharma, O.P. et al (2000) and Jayashree (2000), correlates quality of food, better provision of health services, leisure time and recreation activities with longevity of the residents. The studies done by Neelima, B.N. (2000) and Chakravarthy, I. (1999), had also suggested something very significant that the viewing of television and use of computer instill in the residents, the sense of communication partner and improves their mental ability.

**Socialization**

The withdrawal in socialization and outings on the part of the residents of the OAHs especially of free-stay OAHs are the findings of the present study. There were various studies which have supported and suggested that some remedial measures to countercheck this process so that residents remained socially active Mathew, Suseela (1997), Jakhar, Poonam (2002), Rathi, Latha and Mrinal N.R. (1996), and Kumar, S.V. (1997) and Ansari, Athar (2001), Gruber-Baldini AL et al (2004) and Mishra, S.
(2005) that the older persons living alone without a social network were at risk of developing dementia among residents.

Food

The findings of the study have established that food was served in good quantity and well in time in all OAHs under study. The quality of food was satisfactory as well. A study conducted by Sreevals and Nair, P.S. (2001) had also emphasized on the quality of food considering it to be one of the important services, however, other studies with wider scope conducted by Dandeker (1993) and Challis, D. et al. (2000), Dandeker (1993) and Challis, D. et al (2000) also suggested that the inmates of the OAH were fully satisfied with the living conditions and the quality of food. No dietary supplementation like Calcium and Vitamin D were provided in any of the OAHs, the residents of pay-stay OAH could buy supplements for themselves as per the requirement had been reported by the study done by Banerjee, S. (2000).

Dependence Levels and types of assisting devices and facilities

The provision of assisting devices and facilities for progressive levels of dependency of the inmates was not adequate in any of the OAHs under study, only walkers and wheel chairs were provided in all OAHs,

Various studies done by Linda, Bauld, John, Chesterman and Ken, Judge (2000), Challis, D. et al. (2000), Challis, D. et al. (2001), Stewart K. et al. (2003) had suggested that since dependence in old age was a progressive phenomenon hence there was need of providing all types of assisting devices and facilities under one roof, meaning thereby when a resident becomes partially dependent these devices could help him or her in improving their adjustment to the situation at the same time they would not require to shift out from the OAH in which they were staying. Another study under taken by Netten, A., Bebbington, A., Darton, R. and Forder, J. (2001) had suggested that the residents of pay-stay OAHs could be offered payment plans according to the level of their dependency.

As per the findings of the present study and the observation made by the researcher that in pay-stay OAHs the facilities with regards to assisting devices were better than free-stay OAHs and the similar findings were reported in studies done by Paul Klein (2001) and Stewart, K. et al. (2003) that the services of pay-stay OAHs were far better in comparison with free-stay OAHs with regards to assisting devices.
Evaluation of OAHs (Cost versus Quality)

Though researcher has not made data based investigation in the aspect of evaluation of OAHs in relation to cost and quality yet it was observed that facilities provided in free-stay OAHs were not to the satisfactory level as far as the quality was concerned since, there was inadequate funding of OAHs. Therefore, the factors of cost and quality were found directly proportionate to each other.

There were several studies done at national and international levels which have supported these findings. The study conducted by Jayashree (2000), Challis, D. et al. (2000) and Netten et al. (2001) had concluded from the findings that the cost was definitely an issue when quality was thought about. In the studies conducted by Netten, A., Darton, R. and Williams, J. (2003) (UK) and Darton, R. (2004) (UK) presented their evaluation of reasons for closure of the existing OAHs. The OAHs, which were closed by the regulatory authority in UK, gave these sanctions against the OAHs as the owners were not able to provide the facilities and care to older persons according to Council’s requirements and also there were complaints about callous attitude of staff working in OAHs.

References:

7. HelpAge India, Guide to Old Age Homes, HelpAge India, 2000, pp. 2-5.


