Chapter II
National Policy and Programmes for Older Persons

The rapid growth of greying society world over is fast catching the imagination of the governments of both developed and developing countries. The plight of the older and senior citizens cannot be left alone on the mercy of respective governments of the countries. Thus there is need to have uniformity in the policies and programs meant for the older population of the world. And for this reason the world assembly has been assigned the task to frame the policies and programmes for the aged and the senior citizens of all countries of the world. For the first time World Assembly met in Vienna in 1982 to discuss the theme of ageing and related problems. This World Assembly called for official attention to the issue of population ageing at the global level and gave it a definite dimension before the policy makers. Basically it addressed the issues like what should the policy makers do when they face many uncertainties, while framing various policies for the elderly. In fact there are four areas where policy makers definitely can make crucial differences. Firstly, the policy makers have to realize that sound biological insights into the fundamental process of ageing will provide an antidote against simplistic rosy expectations about the future course of mortality and life expectancy at the older ages. Secondly, the goal of the programmes and policies should be improvement in the quality of life of elderly people and their independent living. Thirdly, the allocation of resources should emphasize the addition of life to years rather than the mere addition of years to life. Lastly, while improving quality of life of older persons planning for active ageing should be done.

Status of elderly persons in India: Constitutional and legal provisions

The Constitution of India guarantees the welfare of all citizens of India. According to the constitutional provisions in the Directive Principles of State Policy i) in the Article 39 (a) provides for and adequate means of livelihood and that the health and strength of workers is not abused; ii) Article 41 expects the State to grant the right to work and public assistance in case of unemployment, old age, sickness and disability; and iii) Article 47 concerning enjoins on the State the primary duty of raising the level and standards of living of its population. It also directs the State, to make effective provisions for securing the rights to public assistance in case of old
Moreover, the right of equality has also been guaranteed as one of the fundamental rights, which applies to older persons as well. Thus, the older persons can expect appropriate measures for their welfare, economic support through work, minimum standards of livelihood and public assistance in case they are unemployed, sick or disabled, further, the Concurrent List also refers to old age pension, social security, social insurance, economic and social planning and both the Central and the State Government can legislate on the items included therein.

**Maintenance of the elderly persons**

As regards maintenance of the aged persons who are without means, the Hindu Adoption and Maintenance Act, 1956 provides that 1) subject to provisions of Section 20, a Hindu is bound during his/her life time, to maintain his/her (children) or aged or infirm parents; 2) according to Section 21, the dependants include father and mother; and 3) according to Section 22, each person who has a claim on a property of a person has the duty to maintain him or her. Thus as a Hindu, while claiming the right to some one’s property he/she has the legal, if not moral responsibility of maintaining the owner of that property in old age or state of destitution, or disablement.

In spite of the constitutional guarantee, several aspects of the welfare measures have not been entirely in favour of the older persons. The growing concern with the problem of ageing and need for constant development of specialized services through trained manpower has brought about demands for professional care of older persons draws on the Vienna International Plan.

**Service initiatives for older persons prior to NPOP**

From independence until 1960 several efforts and services were established in India by various voluntary agencies, but first time allocation for welfare measures for the elderly was proposed in 8th Five Year Plan, which was more specific and comprehensive. Consequently in November 1992, the Ministry of Welfare initiated a scheme called Welfare of the Aged to encourage voluntary organizations through grant-in-aid assistance to provide OAHs, day care centers, mobile medicare and non institutional services for older persons above the age of 60. (By the year 1995, there were 212 OAHs, 31 mobile medicare units and a number of day care centers run by voluntary sector received assistance from government funds). Although no evaluation report is available on their performance, a few NGOs have managed to establish a
positive track record and gained support for their development work from international and national donors. Special reference can be made here to five voluntary organizations functioning at the national level: Bharat Pensioners' Samaj (BPS) established in 1960, CARITAS India (1962), Indian Association of Retired Persons (IARP) (1973), HelpAge-India (HAI) (1978), Age-Care India (ACI) (1980) and Age Well India (1999).4

The Bharat Pensioner's Samaj is an All-India Federation of Pensioners Associations having headquarters at New Delhi. It functions as a nodal agency for pensioners belonging to central and state governments and quasi-governmental organizations. It highlights the difficulties faced by aged pensioners and other senior citizens at various forums and strives to solve the grievances of the members by negotiating with appropriate authorities. It holds periodic seminars and conferences to focus on the problems of pensioners and other elderly citizens. The Samaj helps the needy pensioners through a benevolent fund created through contributions from its well-to-do pensioners. All pensioners are eligible to become members of the organization as per the procedure laid down by the Samaj.

Catholic Bishops Conference was held in India by CARITAS International in 1962, they established CHARTIS India which undertakes activities in different states and union territories of India with the aim to educate the society at all levels and to promote care for the sick, crippled, handicapped, destitute and the aged.

The Indian Association of Retired Persons (IARP) is funded through membership fees, donations and grants-in-aid from the government and undertakes a variety of programmes for the welfare of retired persons. The association organizes regular talks and discussions with the authorities to project the problems faced by retired persons in the society. This voluntary body with headquarter in Bombay, has opened its membership to all retired persons and those above the age of 60 years. It brings out a quarterly bulletin and in recent years has started a project for providing socio-medical and financial help to its members. It has also established a well-equipped library in Bombay.

The HelpAge-India is the country's largest voluntary organization with 39 regional offices. It was established in 1978 and registered under the Societies' Registration Act of 1860 in the same year. It was born out of an initiative taken by the British charity, to provide social care for the aged in India by creating adequate public awareness about the problems faced by elderly people and to raise funds in support of
specific projects designed to assist the aged in need. The help for aged people include
the destitute, the aged blind, the aged leprosy patients and geriatric hospitals. The HAI
does not serve individual old people directly; rather it provides funds only to the
organizations operating in India to take care of the elderly people. It is accredited to
the UN and is closely associated with Help the Aged, (UK). It is also a founder
member of HelpAge-International. Receiving nominal grants from the central
government, the organization runs on charity funds collected through motivating
students and youth organizations, from private and public sectors and through selling
flags and greeting cards. Its primary focus is to provide financial support to other
voluntary agencies engaged in the welfare of the aged. Through its research and
development centres, it trains personnel engaged in the care of the aged. Over the
years, HelpAge-India has supported projects involving several Crores of Rupees.

One of the important initiatives taken by the organization is the Mobile
Medicare Unit (MMU) programme which enables older people to assume an active
role in looking after their own health while encouraging other to do the same. In 1981,
the society started mobile free geriatric health check-up camps in different areas of
Delhi. The medical officers and volunteers hold periodical camps with minimum
paraphernalia and treat the old people of low income groups and weaker sections of
the society. On the detection of disease, preventive and curative treatment is provided.
At present over 100 MMUs are serving lakhs of older persons residing in slums,
resettlement colonies and adjoining rural areas by providing them medicines,
counselling and healthcare free of cost. The organization also brings out a monthly
publication, Age-Care News for general education of the people. In addition, regular
talks and discussions on salient topics for the elderly people are organized to create
public awareness, to motivate them for community services in the field of social and
medical care of the aged, to find out the various ways and means for promoting the
welfare of elderly people in the country, etc.

The Age-Care India (ACI) was established as a non-political, non-profit,
secular, charitable, educational, cultural and social welfare society for the care of the
aged people. Initiated by its founder secretary, N.L. Kumar, who managed the support
of a group of dedicated founder members from various walks of life and with diverse
life experiences, it focuses on helping older persons to lead a healthy and dignified
post-retirement life. The membership to ACI is open to all physically fit persons,
irrespective of caste, creed or sex who are above 21 years of age. With current
membership of 1500 volunteers it enjoys patronage from the government, receiving grants for a number of its programmes and projects. It has also been recognized by the UN and has been listed in the UN Handbook of Organizations Active in the Field of Ageing (1988 edition). In 1980, Age-Care India (ACI) was registered under the Societies Registration Act of 1860, however, it started off in 1981 by organising free geriatric health check-up camps in Delhi for the urban poor and soon spread its network to provide the much needed healthcare services to the rural poor and elderly from low income groups around the metropolis. The health camps are organized essentially as a preventive measure. The organization has over time opened branches at Jaipur for Rajasthan, Shimla for Himachal Pradesh, Dehra Dun for Uttar Pradesh, Faridabad for Haryana, Calcutta for West Bengal and Bhopal for activities in Madhya Pradesh. The activities carried out by the various member organizations include: lectures, recreation and cultural programme, felicitation of members on their birthday, picnics and competitions and annual celebrations.

The AgeWell Foundation (AWF) formally launched on 6 April, 1999 at Delhi with support from the Ministry of Social Justice and Empowerment operates like a club by offering a life membership of Rs. 5000/- to an individual or an elderly couple. Children, especially NRIs, can sponsor their parents to the club, which is chiefly concerned with the problems of the privileged elderly otherwise lacking organized help. The services arranged for the elderly range from legal assistance, financial advice, ambulance service, help with pension problems, property tax notice, wealth/income tax assessment orders and so on. The AgeWell Foundation while charging costs of professional services acts as a bridge in helping members to access the right sources to alleviate their specific problems.

Besides these national level voluntary organizations, a number of regional and local level NGOs have set up multi-service facilities and innovative programmes. A mention can be made here of the Action for Social Help Assistance (ASHA), Family Welfare Agency (FWA), Dignity Foundation (DF), Development Welfare and Research Foundation (DWARF), Meals on Wheels (MoW) and so on and all these are operating in different parts of the country. Their activity relates to providing second careers, income generating activities, companionship, nutritional counselling, cooked meals, help-line services and promoting active ageing. As a result, in recent years, age care services have become increasingly available in non-urban areas.
NPOP: A revolutionary step

The World Assembly on Action on Ageing, declared 1999 year for older persons and all UN countries accepted responsibility to prepare concrete plans for care of older persons in their country, the National Policy for Older Persons (NPOP) was prepared as the outcome of the commitment made by India to the World Assembly and is structured on the aforesaid constitutional provisions.


The National Policy on Older Persons (NPOP) assures the older persons, that their concerns are the concerns of the nation and the Policy aims to strengthen a legitimate status for them in the society thus older persons, henceforth, will not live unprotected, ignored or marginalized but also will get opportunities for development and use of their potentials. Thus, it can be subsumed that the primary goal of the NPOP is the well being of older persons. The policy visualizes that the state will extend support in the areas of: 1) Financial security; 2) Healthcare; 3) Shelter; 4) Welfare; and 5) Protection against abuse and exploitation.

The NPOP does not leave out many of the issues and actions to be taken related to the care of old persons thus the Government of India decided to constitute National Council of Older Persons (NCOP) in order to ensure the effective implementation of the directives mentioned therein NPOP through different ministries both at national and state level. The other role of NCOP is to have better coordination among the implementing, effective monitoring and to provide feedback to the government regarding implementation of NPOP.

Major areas of concern related to older persons

The present POA intends to address seven areas of concern relating to ageing and older persons: a) the social position of older persons; b) older persons and the family; c) health and nutrition; d) housing, transportation and the built in environment; e) older persons and the market; f) income security, maintenance and employment; and g) social services and the community.

Action on major areas of concern

The demographic transformation will manifest its full impact in the decades to come, the Governments have recognized the very fact that population ageing is imminent and unavoidable. It is an important phenomenon with long-term concerns, posing no immediate difficulties but increasing pressure on the socio-economic
planning and development of the nation. However, there are some areas which demand immediate action to address the problem of ageing.

The immediate action is to be focused primarily on four major areas viz., firstly, the understanding of the issues and implications of population ageing on society; secondly, preparing physically and mentally the older population for the ageing process which is productive and fulfilling; thirdly, the development of a service infrastructure and environment based on traditional and modern institutions that will be in position to meet present and future needs; and lastly, the delivery of essential services needed by the older persons.

**Social position of older persons**

The conventional perception about the older persons has been negative. Often older persons are depicted as frail, disabled and dependent. Economically and socially, they are perceived to be at risk of being marginalized. The reality, as documented in research findings, is very different, in fact the older persons engage themselves in a variety of activities that have a significant bearing on the cultural, social and economic aspect of a country. Most of the older persons are healthy, independent and are valuable as back up for the country’s social and economic development.

Rise in life expectancy means increased life span which means an extension of life that has been made possible by scientific and technological advances, especially those in the field of medical and healthcare services. As life expectancy is rising and consequently more people are likely to live older in this context, the role of older person is assuming special significance.

At the individual level, the extension of life is associated with personal satisfaction and fulfillment achieved through involvement in family, community and workplace activities. It becomes imminent that a new positive role for older persons has to be vigorously inculcated, which will be based on the positive contributions of older persons in the family in particular and in society in general. In this regard any society must apprise itself about the importance of UN’s principles for older persons giving due consideration to the national and cultural context of the country.

**Older persons and the family**

The family has a distinctive place in the closed society like India. It is the most basic social unit in all the communities; it is also the economic unit engaging in productive activities. Filial piety, which underpins the relationship between
generations, is a key attribute that reinforces the family’s cohesiveness. The Indian society has a high regard for the unique role which the family plays in supporting older persons, its role is indispensable and cannot be substituted by any institution. It is also well recognized that the family as an institution remains strong in spite of cultural changes and migratory movements and will continue to play the support role in the society in all times to come but none the less the role of the forces that have adversely affected the capacity of the family to support and care for older persons must be identified. Declining family size, the increasing number of women joining the workforce, the diminishing extended family arrangement and the geographic mobility of family members are contributing factors which are changing the role and capacity of the family to support and care for older persons. The number of potential caregivers within the family and the options of burden-sharing are on decline. Given these changes, it becomes necessary for the Government to take effective steps to enhance the care-giving capability of the family through appropriate programmes.

Recognizing the importance of the care-giving role of the family comprehensive programme initiative will strengthen the family in this aspect. The programmes include the following elements: a) Promotion of co-residence through housing policies and financial incentives; b) Provision of home nursing services for the older persons; c) Provision of facilities for respite care; d) Provision of programmes on counselling, professional guidance and emotional support; and e) Strengthening of inter-generational relationships.

The Governments are aware of the existence of older persons whose families are no longer able to offer support or who have no family. These types of older persons, which include the destitute, the low-income, the minorities, the displaced, the disabled and persons with long-term medical conditions, require direct assistance on humanitarian grounds. These categories should receive special attention and be adequately covered by the social safety net. In this regard, the governments recognize that widows constitute the largest segment among the older persons and their needs are different which are required to be monitored and met through special programmes. Older persons, especially those without children, are among the most vulnerable groups during natural disasters and emergencies. The Governments will have to make adequate provision for such category of older persons in emergency and relief efforts.
Health and nutrition

The older persons are more prone to age-related illnesses; therefore, the promotion and implementation of the low-cost, prevention-based initiatives could significantly enhance the well-being of older persons. Advanced medical technologies are expensive and are not easily accessible to common man. The initiatives for improving healthcare delivery services at primary level would have a more significant impact on the quality of life, relating to health of older persons.

The healthcare needs of the older persons have more than one dimension. More often physical health remains the focus of attention; however the psychological and mental health of older persons is equally important in ensuring their sense of well-being. Suitable programmes and services are required to detect and treat mental health problems.

The older persons need to be given information about common ailments and their treatment facilities such as high blood pressure, diabetes, cataract, arthritis, osteoporosis and neuro-psychiatric diseases, i.e. Parkinson’s and Alzheimer’s etc. Also there is need to plan for mass screening programmes. Constant nutritional advice should be provided to minimize dietary deficiencies and imbalances among the older persons. The Governments will have to ensure that these low-cost, community-based activities need to be well integrated into existing community health programmes at all levels. The setting up of special medical fund to meet the medical expenses on account of prolonged illness, major illness and hospitalization and also linking the medical care with insurance covers are the steps which will go a long way in reducing the direct burden on the public exchequer.

Housing conditions, transportation and the built environment for older persons

Indian society which supported joint family system provided luxury to older persons to live with their families and a result they enjoy good QOL. In the context of the changing role of the family where nuclear family system is fast overtaking the joint family system. Some of the older persons are getting isolated in a way either they are left alone in villages with their kith and kin or left unattended with their wards. Some of the older persons do not possess house of their own and then there are those who possess their own houses but such houses have old design hence do not provide comfortable living for ageing people. Yet another problem arising out of old age is that the elderly are left alone or unattended pertains to high safety risk of exposing themselves to danger to their life. The Governments are obliged to assume
responsibility for the protection and improvement of housing conditions and the resources should be made available to address the housing needs of the older persons, to the extent possible, the Governments need to ensure that older persons have a reasonable and adequate living environment. Liberal financial aids, low interest rate loans and one time grant need to be given to facilitate home upgrading and improvements to the surrounding environment. To address the housing problem of older persons at large scale, ensuring a proper living environment and delivering satisfactory services, the public housing programmes such as OAHs need to be promoted to provide option to older persons who live alone either by choice or by circumstance.

The transportation needs of the older persons are much different from others therefore special arrangements are needed to meet the transportation needs of older persons. Wherever feasible, adaptations need to be made to the physical environment and transportation infrastructure to facilitate the independent, unrestricted mobility of older persons. The provision of adequate concessions in transportation fares will facilitate their commuting by public transport.

Older persons and the market

The older persons are a special group of consumers, as many of them require certain specific type of goods, devices and services for their daily living. The range and the quality of goods and services, as well as their prices, may vary and older persons are those consumers who particularly have limited purchasing power it is to be ensured that their rights as consumers, as provided in the UN Guidelines for Consumer Protection, are recognized and safeguarded to the maximum extent. The potential of private sector initiatives in meeting the day-to-day needs of older persons through pay-for-service transactions has to be recognized. Inevitable rise of a specific kind of services catering to older persons is visible for example; manufacturing of specialized ready foods, meal on wheels in cities, light weight wheel chairs, high tech hearing aids and dentures etc.

Financial security

Fragile older age always brings along many insecurities and the most prominent of all these is financial insecurity. A reasonable stock of savings may see an older person to live through the years with no income and ensure an acceptable standard of living. The maintenance of a steady income stream through gainful but feasible employment provides the best guarantee of financial security. In India only
meager social security or pension benefits are available to the older persons that too for a particular category thus financial security is to be reassured by societal arrangements such as chit fund scheme, older people’s welfare associations, senior citizen’s forum or creation of some special funds for the older people.

Nonetheless, saving for old age remains a valued behaviour and is carried out whenever possible. Savings during the economically active part of each person life provide for the consumption needs in retirement years. This mechanism is further strengthened with adequate incentives to facilitate the saving habit through attractive schemes. There is a need to extend the coverage, especially to vulnerable groups such as the older destitute, widows, housewives and the disabled. Where possible, additional resources will have to be devoted to social security schemes to improve the coverage and the current level of benefits.

Social services and the community

As a result of the physiological, social and financial changes that older persons are experiencing, they require assistance from time to time to regain a sense of well-being. Events such as the demise of a spouse, retirement from work and onset of age-related illnesses may put older persons through brief periods of distress.

There is much variability among countries in the coverage and accessibility of social services for older persons. The variability is dependent on the levels of financial and manpower resources available for allocation to social services. The Government and Non-Governmental service agencies in unison will have to establish an adequate network of services that reach out to older persons in both urban and rural areas. Moreover, the associations of older persons need to be encouraged to provide community service and empowering older persons to undertake projects that would improve community well-being.

Policy implementation: Structures and processes

The task of implementing the Plan of Action (POA) for NPOP is a national responsibility, requiring the combined efforts of the Government, NGOs and other such agencies dealing with older persons. These structures and processes are vital components of administrative infrastructure which enhances safeguards and preserves the well-being of older persons and promotes their participation in society.

National infrastructure for ageing and older persons

The importance of infrastructure related to ageing and older persons in a holistic and integrated manner have been given rightful place, the Government has
committed itself in building this infrastructure as an integral part of the implementation of the POA. There is need to balance the needs of the older persons against the demands of the young one’s and allocate adequate resources to meet their needs.

As has been suggested that at national level infrastructure for ageing should consist of three principal components: a) Governmental institutions and Non-Governmental Organizations (NGOs); Community-Based Organizations (CBOs) and organizations of older persons; and resources, including personnel concerned with ageing and older persons; b) a service delivery network with acceptable standards of quality services c) an information, training and research apparatus on issues related to ageing. The present working arrangement of institutions and agencies dealing with older persons needs more coordination.

There is need to assess the training needs of personnel working in the institutions and agencies and to initiate plans to upgrade the skills of personnel particularly the front-line personnel to enhance their efficiency and effectiveness.

A Central Coordinating Committee has been established to ensure the adequacy of the system which responds to the needs of older persons. Further the Governments should establish information and research apparatus on ageing and issues relating to older persons. Where necessary, surveys on the ageing will be conducted to provide benchmark information and measure changes. The Governments should also support the social policy analysis based on reliable empirical databases.

Planning and targeting

With a NPOP in place, plans and programmes can be drawn up to meet the guidelines in the POA. The Governments, both at the Central and the State level, need to consider the planning and targeting of programmes in conjunction with resource availability and allocation. Inputs should be obtained from all participating sectors so that the plans are made and targets set are within reasonable and realizable limits with due consideration for promoting gender equality and minimizing rural-urban imbalance.

Inter-sectoral collaboration and support

In the multi-sectoral approach to the present POA is to work in close cooperation with NGOs. Many of these organizations are pioneers in organizing and delivering services to older persons. The facilitation of the development of this sector should include the formulation of a legal framework for the establishment and
registration of such organizations and the provision of budgetary subvention and assistance in other forms to them. Open competition by the private sector in delivery of services can improve efficiency and cost-effectiveness. The Governments should provide more opportunities for the private sector to compliment public programmes on healthcare, housing and other basic services for older persons.

Coordination and monitoring

The implementation of the POA needs to be well coordinated at the national level to minimize duplication in the activities and facilitate the optimal allocation of resources. The implementation requires coordination of all sectors by recognizing the need for sectoral coordination, the Governments should designate a national coordinating body to provide the overall policy direction and guidance in planning and formulation of national programmes related to five areas identified by NPOP. It is essential to monitor and review the implementation of the present POA on a regular basis. Such consultation during the monitoring and review process will provide insightful feedback to the national coordinating agency on changes in local conditions and the ensuing adjustments required to be made to the national plans and programmes.

Resource mobilization and allocation

A national infrastructure for ageing can only function effectively if adequate financial and manpower resources are allocated. The Governments must show the commitment to review such national priorities and where necessary, revise them to ensure the judicious mobilization and allocation of resources for the implementation of the present POA. Regular funding from the government budget is essential for a large number of programmes and services for older persons and mobilizing financial resources from the community. The Governments should explore new ways of financing, including the establishment of a dedicated fund to provide additional resources for implementing the present POA. The capital grants, tax exemptions and the other fiscal relief must be used by the Government to facilitate community resource mobilization. Voluntary efforts, which exist in all the societies also, need to be utilized, in providing services to older persons, by giving appropriate training, guidance and due recognition to the volunteers. The Government also needs to help older volunteers in organizing themselves and providing services for others.
Regional and international cooperation

Regional and international cooperation on issues related to ageing and older persons has made a significant contribution towards the implementation of the mandates of the Vienna POA and other global initiatives. Current modalities of cooperation at the country, regional or international level include the exchange of information, joint research and training activities, awareness creation and demonstration projects. The Governments should call upon all regional and international entities to strengthen their commitment to these current modalities and to establish new avenues of cooperation.

The Government must bank upon the Planning Commission, in collaboration with concerned UN bodies and specialized agencies, to design programmes for regional cooperation in support of the present POA and also to increase its support to the infrastructure for ageing and older persons. Such support includes the provision of technical assistance in policy and programme development, financial support for major initiatives and a mechanism for capacity-building at the regional and international level. Specific measures at the inter-national level like the form of dissemination of relevant information and technical materials, the conducting of seminars, workshops and training courses on ageing, related social issues, advisory services on programme planning and evaluation, assessment of training needs and priorities and the design of training materials can go long way in achieving the required cooperation.

The initiatives of international NGOs and their regional and in-country representatives must be applauded by the National Government. An important area of contribution from these collaborating organizations will be the provision of technical assistance to enhance the information, training and research capabilities of countries in the region.

Main features of NPOP

The main features of the policy are that it has:

a) recognized and defined the older persons as separate category;
b) highlighted the need for providing measures for according dignity to older persons;
c) given directions for ensuring prevention of abuse of older persons;
d) given direction for old age pension to destitute older persons;
e) directed to institute specialized services for older persons; and
Some gaps in the NPOP for the older persons

However some gaps have been noticed in NPOP by the experts in geriatrics:

a) It projected a segmented approach to the provision of income security without properly defining those segments.

b) In the policy statement relating to pension and social security of rural section has been ignored.

c) The policy statement is not sensitive to the financial problems of older persons in the matters with regards to taxation.

d) The policy statement does take care of higher incidence of widowhood; but does not provide for satisfactory status of women related to property rights.

e) The policy document has given directions for allocating funds for initiating services for older persons and provides for appropriation auditing however there is no mention of performance auditing in the document.

f) The policy document does not specify the type of personnel who will be providing services and care to older persons, meaning thereby that untrained people are providing services which are not up to the mark.

The Ministry of Social Justice and Empowerment (MOSJE) has been constituted to function as nodal Ministry in the implementation of NPOP. This Ministry has set up an Inter-Ministerial Committee to coordinate the implementation of policy and for taking action on the recommendations of the NCOP. Nodal officers to be appointed by each ministry who will further coordinate with the committee. This Inter-Ministerial Committee comprises of 22 Ministries/Departments and representatives of State Governments and Union Territories. The State Governments are asked to identify a nodal department to coordinate and monitor implementation of the policy in their respective States. The setting up of a National Association of Older Persons will be facilitated. Every three years a detailed review document will be prepared on the implementation of NPOP. The voluntary organisations in the field of ageing will be promoted, assisted and encouraged to raise their own resources. Grants will be given for the construction and maintenance of OAHs in urban, semi-urban and rural areas. A Senior Citizens Welfare Fund will be set up at the Centre. The instruments providing for old age social and income security for unorganized sector workers will be developed.
The concept of active ageing needs to be promoted and the NGOs, Trusts and Charities to be approached to provide services to older persons have to be identified. In order to strengthen the capacity of families of older person’s day-care and non-institutional care, inside and outside the home has to be promoted. Panchayati Raj Institutions need to be assisted to provide institutional and non-institutional services to older persons. The facilities to be provided for the training and orientation of workers and volunteers in organizations providing services to the elderly have to be established, moreover, research on ageing issues need be promoted. The assistance to be given for setting up resource centres on ageing in different parts of the country. Professional associations of gerontologists to be encouraged to strengthen research activities disseminate research findings and provide a platform for dialogue. Various websites on older persons to be encouraged and Internet Service Providers (ISPs) need to give rebates in tariffs to older persons. The State Governments need to issue a multi-purpose identity card to senior citizens.

To make the people aware of the principles and features of NPOP the policy would continuously be given due publicity. This Ministry was constituted for policy formation for older persons, coordination, monitoring, evaluation of activities on ageing, advocacy and promotion of the rights of older persons, also assisting NGOs for establishing and maintaining OAHs, day care centres and mobile medicare unit for older persons.

**Directives given in NPOP to following Ministries for providing facilities and services for older persons**

Steps already taken for implementation of NPOP

It has been 8 years that NPOP came into being during this time several measures have been taken to put the provisions mentioned in the policy document in action by MOSJE. The action taken report 2006 on NPOP is presented below:

- The Government has constituted a National Council for Older Persons (NCOP) programme initiatives for older persons. The NCOP is the highest body to advice and coordinate with the Government in the formulation and implementation of policy and programmes for the welfare of the aged. The National Council for Older Persons has been re-constituted in 2005. Presently, it has 37 members.

The given areas of concern have been emphasized which include:

- Uniform age of 60+ for extending facilities/ benefits to senior citizens;
- Financial security to the elderly population by:
  1) Proposing tax benefits and higher interest rates for senior citizens
  2) Promotion of long term savings in both rural and urban areas
  3) Increased coverage and revision of old age pension schemes for the destitute elderly and
  4) Prompt settlement of pension, provident fund, gratuity and other retirement benefits;
- Health care and nutritional needs of the elderly populations by:
  1) Strengthening of primary healthcare system to enable it to meet the health care needs of older persons;
  2) Training and orientation to medical and paramedical personnel in health care of the elderly.
  3) Promotion of the concept of healthy ageing.
  4) Assistance to societies for production and distribution of material on geriatric care.
  5) Provision of separate queues and reservation of beds for elderly patients.
- Food security and shelter by :
  a) Coverage under the Antyodaya Scheme to be increased with emphasis on provisions for the benefit of older persons especially the destitute and marginalized sections.
  b) Earmarking 10 per cent of houses/house sites for allotment to older persons.
c) Barrier-free environment for the disabled and elderly persons etc.

- Meeting the education, training and information needs of older persons.
- Identification of the most vulnerable among the older persons and working for their welfare.
- Realizing the crucial role by the media in highlighting the situation of older persons and emphasizing their continued role in society.
- Protection of life and property of the elderly population.
- Inter-Ministerial Committee: The MOSJE has also set up Inter-Ministerial Committee (IMC) headed by Secretary (MOSJE) for ensuring speedy implementation and for reviewing the progress of POA for implementation of NPOP. The Inter-Ministerial Committee comprises of 22 Ministries/Departments and representatives of State Governments and UT Administrations. The Inter-Ministerial Committee is responsible for the implementation of the action points as described.

- An Integrated Programme for Older Persons: Under this Scheme financial assistance up to 90 per cent of the project cost is provided to NGOs for establishing and maintaining OAHs, day care centres, MMUs and to provide non-institutional services to older persons. The scheme has been made flexible so as to meet the diverse needs of older persons including reinforcement and strengthening of the family, awareness generation on issues pertaining to older persons, popularisation of the concept of life long preparation for old age, facilitating productive ageing, etc. (The budget allocation during 2005-2006 was Rs. 19.80 Crores, which was revised and against which the expenditure was Rs 14.00 Crores. The budget allocation for the year 2006-2007 was kept at Rs 28 Crores).

- Scheme of Assistance to Panchayati Raj Institutions/Voluntary Organisations/Self Help Groups for of OAHs/multi service centres for older persons. This provides for OAHs/multi service centers. The registered societies, public trust, charitable companies or registered self-help groups of older persons in addition to Panchayati Raj Institutions are under scheme.

- Other Issues: Adoption of International POA on Ageing at International Assembly on Ageing in Madrid 2002.
National Council for Older Persons (NCOP)

The Government of India has constituted a National Council for Older Persons (NCOP) under the Chairmanship of Minister of Social Justice and Empowerment to advise and aid the Government on policies and programmes for older persons and also to provide feedback to the Government on the implementation of the NPOP as well as on specific programme initiatives for older persons. The NCOP is the highest body to advice and coordinate with the Government in the formulation and implementation of policy and programmes for the welfare of the aged. At present, there are 37 members in the Council. The top echelons of NCOP’s are experienced and well-known individuals from a wide range of backgrounds, including NGOs, citizen’s groups, retired person’s associations, law, social welfare and security, research and medicine. A smaller working group consisting of 7 out of 37 NCOP has been set up to transact business on its behalf, which meets more frequently and consists of representatives of voluntary organizations, experts and other luminaries. It is chaired by the secretary of the Ministry of Social Justice and Empowerment.

The main functions of NCOP are as follows:

a) To provide facilities/ benefits to senior citizens of 60 years or above.

b) To provide financial security to the elderly population by:
   1) Proposing tax benefits and rates for senior citizens;
   2) Promotion of long term savings in both rural and urban areas;
   3) Increased coverage and revision of old age pension schemes for the destitute elderly; and
   4) Prompt settlement of pension, provident fund, gratuity and other retirement benefits.

c) To meet healthcare and nutritional needs of the elderly populations by:
   1) Strengthening of primary healthcare system to enable it to meet the health care needs of older persons;
   2) Training and orientation to medical and para medical personnel in health care of the elderly.
   3) Promotion of the concept of healthy ageing;
   4) Assistance to societies for production and distribution of material on geriatric care; and
   5) Provision of separate queues for elderly and elderly patients.

d) To ensure food, security and shelter by:
1) Coverage under the Antyodaya Scheme to be with emphasis on provisions for the benefit of older persons especially the destitute and marginalized sections;
2) Earmarking 10 per cent of houses/house sites for allotment to older persons; and
3) Barrier-free environment for the disabled and elderly persons etc.

e) To meet the education, training and information needs of older persons.
f) To identify the most vulnerable among the older persons and working for their welfare.
g) To recognize and promote the role of media in highlighting the situation of older persons and emphasizing their continued role in the society.
h) To protect the life and property of the elderly population.

**Key directives for OAHs in NPOP and NPCP**

In NPOP there is special mention of activities related to provision for shelter and welfare schemes for old persons. The directions from Ministry of Social Justice and Empowerment clearly focus on the role of NGO’s in establishing and maintaining OAHs, day care centres and mobile medicare unit for older persons. In order to facilitate the older persons the Ministry of Health and Family Welfare is setting up and running hospices to cater to the needs of the chronically/terminally ill aged patients. Similarly, direction to Ministry of Finance-there is mention of relief to all agencies providing services to older persons.

For the Ministry of Urban Affairs there is mention to develop guidelines for the design and construction of OAHs and day care centres to make them lively places for group living. In multi-storied housing with no of lift, preference will be given to older persons in the allotment of flats on the ground floor.

The Ministry of Home Affairs there is mention that the Police Departments will be directed to pay special attention to the security of life and property of the older persons. In addition to this NCOP makes a mention of food, security and shelter for the older persons and provides for 1) Coverage under the Antyodaya Scheme increased with emphasis on provisions for the benefit of older persons especially the destitute and marginalized sections; 2) Earmarking 10 percent of houses/house sites
for allotment to older persons; and 3) Barrier-free environment for the disabled and elderly persons.

Initiatives after implementation of NPOP

National Initiative for Care of Elderly (NICE)\(^\text{13}\)

On the geriatric care front, NICE was developed by the National Institute of Social Defense (NISD), an autonomous organization under the Ministry of Social Justice and Empowerment. The primary health services for the elderly in rural areas, was launched in 2000. NICE is responsible for developing projects for geriatric care for the country. It has offices in all States and has also initiated training courses in Geriatric Care for 6 months and one year duration. These courses are offered to people who want to work exclusively in the services of older persons. NICE has assisted 364 OAHs, 311 Day Care Centres and 61 mobile medicare units and two non institutional services; existing under integrated programme for older person and scheme, i.e. construction of OAH and multi service centre.

Old Age Social and Income Security Scheme (OASIS)

The Old Age Social and Income Security Scheme (OASIS), aims at providing safety net to the workers, particularly to the workers of unorganised sector. The workers could meet their old age needs with the small contributions made during their working life. It is for the first time that an effort is being made to provide instruments for investments for the future of to secure their old age. The scheme has been approved by the Government, to provide the economic security during old age.

AADHAR

The ultimate objective of AADHAR is to create a core group in each district to address to the problems of older persons. This core group consists of lawyers, doctors and social workers that will provide necessary assistance to other agencies working at grass root level. The 290 core teams from 578 districts in the country have already been identified and work is on to find core teams for other districts.

Even the Chief Justice of the Supreme Court of India has written to all the Chief Justices of the High Courts to ensure that all cases involving older persons should be decided at the earliest.

The Ministry of Health and Family Welfare, further has issued instructions to all the State Governments to ensure separate queues for older people in all the hospitals and hold separate geriatric clinics to begin with the teaching hospitals.
The initiatives being taken so far for older persons are mainly concentrated in cities and urban areas, however the rural elders cannot be ignored as their longevity is higher than their urban counterparts, thus the facilities and support structures for the care of older persons in the villages has to be given due importance.

The proposal of low cost OAHs schemes are in pipeline in rural areas to ensure that elderly persons are not shifted from their social and cultural setting. The voluntary sector, community and individuals have to come forward to create congenial environment and infrastructure and support systems, which will ensure security in the old age.

The apex level organisations of the older persons have special responsibilities in this regard so that they can function as watchdog, energise continuing action, mobilize public opinion and generate pressure for implementation of the Policy.

**Other initiatives for older persons: A multi-sectoral participation in India**

In recent decades, given changing systems and priorities, provisions for the care of older persons have been increasingly provided by Government and the NGOs. Some of the social welfare activities aimed at older persons require a special mention to name a few i.e. home for poor, care of dying destitute and Dignity Foundations.

**Home for poor**

Begging is a problem which partly arises out of the existence of large number of destitute, aged, infirm and incurable persons without any economic security. One can find a large number of such persons begging at public places. In States, where begging is an offence, poor houses have been set up under the Beggars Act as States’ statutory responsibility to provide for the care and after-care of beggars who also include aged and infirm. Such institutions are working in Delhi, Punjab, Maharashtra, Tamil Nadu, etc.

**Dying destitute**

There are institutions as in India, where dying destitute from the pavements can be moved to die in dignity like humans and not like animals. Normally the police should be informed about such people, so that they can be picked up and taken to the appropriate institution. However, experience with the police has not been very encouraging.

Mother Teresa’s homes in Bombay and Calcutta take in all such dying destitute. Then there is Cheshire Home Foundation which also takes in dying, destitute aged. Pingalwara Amritsar and Pingala Ghar Jalandhar also undertake this
responsibility. In Patiala, a social worker, known as Birji used to personally carry dead bodies on his shoulders.

Initiative is taken by Dignity Foundation (DF)

The DF aims to focus on selected areas where technological inputs would strengthen the NPOP interventions, as identified in the NICE. Their effort has identified lead organisations who can handle projects on topics listed in 6 key areas, all derived from our golden National Policy: 1) health, medical care and nutritious food; 2) Home designs, domestic appliances and furniture design; 3) Garment and footwear design; 4) Transport and assisted devices; 5) Community entertainment and expert guidance; and 6) Income generation activities. The proposed four action research initiatives for income generation are: 1) health care proposals recommendations with All Indian Institute of Medical Sciences, as a lead organization, 2) Design as in state-of-art OAHs along with all products and services that go into them with Dignity Foundation as lead organization in consultation National Institution of Design, Ahmedabad; 3) Recreation proposals with FESCOM as lead organization; and 4) Networking and database creation of elderly in the country with National Institute of Health and Family Welfare. The progress has been called for taking these four initiatives ahead.

Action taken at individual level

The Special Grievance Redressal Cell is expected to be instituted after a PIL made by the petitioner (Brigadier (Retd.) J. S. Bawa) sought a direction to the Government to place before the Court a time bound action plan to implement the various recommendations contained in the National Policy on Older Persons (NPOP) issued in 1999 by the Ministry of Social Justice and Empowerment. He said Governments should constitute a Special Grievance Redressal Cell for the aged in each of the Departments of Social Justice and Empowerment, Personnel and Public Grievance and Personnel. Seeking a special insurance cover for the elderly, the petitioner requested the court to direct the respondents to draw up specific schemes to the availability of medical services round-the-clock at affordable rates and reachable places. He said the NPOP itself had pointed out that in another 30 years, India would have a population of 198 million people over the age of 60 years which would increase to 326 million by the year 2050 and that unless concrete steps were taken their living conditions would deteriorate.
The Supreme Court issued notices to the Centre and State Governments of Delhi, Haryana and Uttar Pradesh on a petition painting a grim picture of the life of the elderly citizens who face hardships ranging from retirement blues to healthcare. A Bench comprising Justice Y.K. Sabharwal and Justice D.M. Dharmadhikari issued the notices.

**Challenges of implementation of NPOP**

Though India stand poised to house the world’s second largest population of older persons, we are ill-equipped to with their real time, day-to-day needs. Despite all these moves, though good and overdue the rethink about support and safety for senior citizens is just a drop in the ocean.

**Current and future allocations: For shelter of older persons**

The Ministry of Social Justice and Empowerment is already running two grant-in-aid schemes for the older persons. One of the schemes known as Integrated Programme of Older Persons aims at empowering of older persons and improving their QOL. There are 863 OAHs, day-care centres and mobile medicare units which are getting financial assistance from MOSJE in the country. Under first scheme the Ministry provides 90 per cent of financial requirements to NGOs through grant-in-aid or assistance for the maintenance of OAHs, day-care centres, mobile medicare units and non-institutional service centres for older persons. The remaining 10 per cent of the financial burden is required to be met by the NGOs. The second scheme provides for assistance to Panchayati Raj Institutions, voluntary organisations and self-help groups for construction of OAHs and multi service centres.

During 2004-2005 an amount of Rs. 15.68 Crores was released to 444 NGOs for running 338 OAHs, 241 day care centres, 45 mobile medicare units and 2 non institutional service centres benefiting 55550 older persons.

A financial assistance of Rs. 5.53 Crores has been given to 289 NGOs for running 223 OAHs, 151 day care centres, 31 mobile medicare units and 1 non institutional service centre in different parts of the country during 2005-2006 (reported up to December 2005).

An Assistance of Rs. 15 Lakhs was disbursed during the year 2004-2005 and a total of Rs. 1.25 Crores was released in the year 2005-2006 to PRI/NGOs/SHGs for construction of OAHs/multi service centres for older persons under the non plan expenditure.
Summary

The constitution of NPOP has given a major push to the development of OAHs in India by way of liberalizing the funding procedure to the providers of services for older people, although a lot remains is to be done for developing regulatory mechanisms for reaching the benefits at grass-root level.

The NPOP, when fully implemented, is bound to make the lives of senior citizens dignified and purposeful. While the Government and its principal organs have some basic responsibilities, NGOs and individuals have also to play a vital role in the well being of older persons. Collaborative action will go a long way in achieving a more humane society, which gives older persons their legitimate place. It’s time for care for India’s silver citizens.20

References

9. See Annexure I for the National Policy on Older Persons (NPOP) 2001 and tasks to be performed by different Ministries and Departments.
18. Website of International Press Trust of India (PTI), July 26, 2006 “SC notice to Centre on PIL painting grim picture for elderly” pp. 4.