CHAPTER - VIII

ROLE OF NON GOVERNMENTAL ORGANIZATIONS AND THE AGED IN INDIA
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8.1 Introduction

Voluntarism is a phenomenon of long cherished tradition established in ancient India and proclaimed by people to share skills, ideas, philosophy, expertise, services, resources, assets and knowledge among the members of different communities living together across the country. Voluntarism is the central core of social action in a democratic society. Voluntarism manifests through organizations, associations, individuals and organized civil structures such as Voluntary Organizations (VOs), Non-Governmental Organizations (NGOs), cooperatives of different types and micro-credit organizations outside the governmental bureaucratic machinery.

India has a rich tradition of philanthropic and voluntary activities for mitigating the sufferings of disadvantaged and marginalized people. The old, particularly the poor, frail, disabled and homeless over the centuries have been beneficiaries of various initiatives, though not adequate, supported by voluntarism and/or state provisions. Indeed, the voluntary sector was the first to respond to the problems of the elderly in India.¹

The growing disillusionment and the resultant discontent among the masses gave birth to a number of NGOs in 1960s in India. These grassroots movements are

concerned with the plight of the exploited sections of society. They are part of the
democratic struggle at various levels.\(^2\)

In recent decades, the processes of social change – modernization, urbanization
and technological change leading to urban migration, employment of women outside
the home, nuclear families–have undermined the traditional patterns of care of the
elderly that is by the family. Given changing value systems and priorities, provisions
for the care of older persons have increasingly to be provided by voluntary
organizations/NGOs. Arguments over family breakdown have continued for over
three decades, and whatever the merits of the case it is clear that family and
community support is under severe stress, particularly in poor countries. Public policy
responses have also been piecemeal and unstrategic, attempting to answer immediate
problems rather than looking at the longer term.\(^3\)

In all countries, but particularly the poorest, resource allocation by the state is
the subject of fierce competition. At the same time the ideological challenges from
international institutions to public welfare expenditure have been sustained during the
last decade.\(^4\) Policy debate has therefore increasingly begun to include consideration
of the roles in old-age support of formal collective provision beyond the state. ‘Civil
society’ including NGOs as well as other collective institutions such as community

\(^2\) Chandrakant Puri, “Evaluation of the Role of NGOs in Tribal Development in India”, A Paper
Asia Pacific in the 21\(^{st}\) Century”, Organized by Asia-Pacific Association for Social Work Education
at Nagasaki International University, Japan, July 7-12, 2003.

\(^3\) Mark Gorman, “Global Ageing-the Non-governmental Organization Role in the Developing

groups, faith organizations and the private sector have been increasingly invoked as providers of late-life support.\(^5\)

### 8.2 Evolution of NGO Movement in India

A comprehensive analysis of old age homes in the country is not available. It is the Friend in need Society of Madras which was the first organization started in 1840 to devote itself to the care of the aged and the Little Sisters of the Poor followed in 1882 in Calcutta. It opened a home which provided shelter, clothing and medical care to the old.\(^6\) Beginning with the enactment of the Societies Registration Act of 1860, 'voluntary organizations' encompassing a wide range of agencies, viz. societies, cooperatives, trusts, and trade unions – have been given a legitimate place in the welfare mechanisms in the country. They are now more popularly referred to as non-governmental organizations (NGOs) in order to have some uniformity with regard to international terminology.\(^7\)

A directory of voluntary agencies for the welfare of the aged in India compiled in 1982 by CEWA\(^8\) listed 379 agencies; the number of new ones established each decade showing an increase especially after India attained Independence. Significantly, more than half are located in the southern states and Maharashtra. Thirteen States and Union territories did not have any registered voluntary agency working for older

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persons. About 86% of the listed agencies are institutions providing services like day care, recreation, counseling, geriatric care (medical and psychiatric care) and financial assistance. Information in the CEWA directory indicates that the number of NGOs per million persons aged 60 plus for the country as a whole is 6.46. A decade later in 1992, the Handbook of Information published by the Association of Senior Citizens\(^9\) listed 665 organizations in India working in the field of welfare of the aged. The list included old age homes, day care centers, pensioners’ associations, institutions providing medical help, institutes devoted to research, and associations of senior citizens.

Most registered voluntary agencies provide institutional care in the form of old age homes, either as free facilities or on a ‘pay and stay’ basis. Many of these are set up under religious auspices. Old age homes in India are used by the ‘needy’ elderly to pass their last days either as a last resort when for various reasons the family support system breaks down, or for seeking solace while disengaging from family and social concerns. 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.\(^10\)

A general understanding of the institutional care facilities available to older persons in the country is provided in a monograph titled, ‘Care for Elderly’.\(^11\) The monograph lists 329 institutions involved in care of the elderly, out of which only 4 were under the auspices of the government. 189 of the elderly care centers listed were run by Christians, 12 by Hindus, 2 by Muslims, and 117 were under secular auspices.

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\(^11\) Care for Elderly, a Monograph, Madras Institute of Ageing, 1989.
with 5 put under the category of ‘others’. Of the listed institutions 88% functioned as old age homes while 6% were engaged in providing health care and self-employment opportunities. 6% of voluntary organizations also provided day care facilities. As of 1989, based on information in the monograph, 15,471 elderly were accommodated in old age homes available in the country. A Directory of Old Age Homes in India\textsuperscript{12} published in 1995 referred to 354 institutions. The funds for these institutions came through religious organizations, private sources and other types of trusts and caste organizations.

8.3 Meaning of NGOs

Non-governmental organizations (NGOs) have become quite prominent in the field of international development in recent decades. But the term NGO encompasses a vast category of groups and organizations. The World Bank, for example, defines NGOs as “private organizations that pursue activities to relieve suffering, promote the interests of the poor, protect the environment, provide basic social services, or undertake community development”\textsuperscript{13}.

“In wider usage, the term NGO can be applied to any non-profit organization which is independent from government. NGOs are typically value-based organizations which depend, in whole or in part, on charitable donations and voluntary service. Although the NGO sector has become increasingly professionalized over the last two decades, principles of altruism and voluntarism remain key defining characteristics”.

\textsuperscript{12} Directory of Old Age Homes in India, Research and Development Division, Help-Age India, 1995.
\textsuperscript{13} World Bank, “working with NGO’s,” 1995.
Different sources refer to these groups with different names, using NGOs, Civil Society Organizations (CSOs), Private Voluntary Organizations (PVOs), charities, non-profits charities/charitable organizations, third sector organizations and so on.  

8.4 Government and NGOs

The role of voluntary agencies/NGOs in the care of older persons has become important because Central and State Government activities and funding for the welfare of the elderly are limited. In fact, the government solicits active participation of the voluntary sector to meet the needs of older persons. The role of the voluntary sector in ensuring welfare to various segments of the population, including the elderly, has been emphasized in the 8th and 9th Plan documents. The National Policy on Older Persons announced in January 1999 by the Government envisages of promoting and assisting voluntary organizations for providing non-institutional services, construction and maintenance of old age homes, organizing services such as day care, multi-service citizen's centers, reach out services, supply of disability related aids and appliances, short term stay services and friendly home visits by social workers.

It was in 1983-84 that the government for the first time decided to make grants to voluntary organizations for services to the aged. The grants-in-aid-provision is for (i) rendering welfare services to the aged, such as health care, income generation, subsistence training; and (ii) for constructing homes for the aged. Over the years many

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NGOs have been supported from the budget outlays of the respective state governments. But, with most state governments giving low priority to the welfare of the elderly, and the low social encouragement given to the concept of 'voluntary' care vis-à-vis family care, the provision for grants has not been optimally used by the voluntary sector.  

During the 8th Five Year Plan, welfare measures for the elderly were made 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 old age homes, day care centers, mobile Medicare and non institutional services for older persons above the age of 60. The scheme marks the entry of the ageing population as a target group in national planning and recognizes the voluntary sector as constituting an important institutional mechanism in providing services complementing the endeavors of the state. 

Presently there are many non-governmental organizations working for the cause of the elderly in India. In India most of the non-governmental organizations have concentrated their work among the lower income group and the disadvantaged and disprivileged sections of the society. This is mainly because one-third of these people are defined as “capability poor” which means that they do not have access to minimum levels of health care and education for earning a decent living. Since the government is unable to deal with such a huge dependent population, it is the voluntary and non-governmental

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16 Ibid, p.3.
17 Ibid.
sector, which has in the last few decades begun to actively work for the welfare of the lower income and dependent strata of society.  

Though the government has voiced official support for a larger role for NGOs and a number of voluntary organizations are active in the field of ageing in different cities and regions, at the national level the inputs remain limited.

8.5 International NGOs

There are number of International NGOs working for the welfare the Aged. The following are some of important NGOs:

(1) American Association of Retired Persons (AARP):

This Association works in collaboration with the U.S. Administration on Ageing. It conducts workshops regularly to create awareness, and to plan policies and programmes for an increasing ageing population.

AARP produced a paper, entitled, “strategies for a Society for All Ages”, which was circulated to help to stimulate worldwide explorations of the Society for All Ages. In addition, AARP’s International Activities are:

(i) Organized a symposium on images of older women in the media, to explore stereotypes of older women and ways to improve those images;

(ii) Contributed a poster to the United Nations for the International Year of Older Persons (IYOP) that depicts the theme “Towards a Society for all Age”.

(iii) Presented to the United Nations a booklet containing specially-made postcards with handwritten messages from older people around the world

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18 Maneeta Sawhney, supra note 6, p. 2.
about the meaning of human rights, in honor of the 50th anniversary of the Declaration of Human Rights;

(2) West Virginia University Center on Aging:

This center in collaboration with the United Nations, the World Health Organization and the International Association of Gerontology, mainly focuses on the area of rural ageing and various programmes for rural aged people.20

(3) Global Action on Aging:

This NGO convened a preparatory event for the International Year of Older Persons (IYOP) with the Stanley Foundation in Nashville, Tennessee, U.S.A. in August 1998. The conference, “A Society for All Ages”, examined the Nashville Declaration on Older Women’s Human Rights. It has also organized a National Satellite Teleconference across the U.S. on 16 October 1999 to discuss emerging issues facing older persons and action plan for the IYOP.21

(4) International Council for Caring Communities (ICCC):

This organization was established to stimulate and showcase innovative concepts that address the impact of the “Age of Longevity” on communities worldwide. Through its research, educational programmes, architectural and interior design student programme, ICCC seeks to identify successful solutions and encourages their adaptation or replication by local cultures. A Conference held in February 1999 focused on “Caring Communities for the 21st Century: Villages and Cities for All Generations”.22

20 WVU Center on Aging, P.O. Box 9123, Morgantown, West Virginia, 26506-9123 U.S.A.
21 Global Action on Aging, P.O.Box 20022, New York, NY 10025, U.S.A.
22 ICCC, 24 Central Park South, New York, NY 10019, U.S.A.
(5) International Federation on Ageing (IFA):

This federation plays a significant role and provides a worldwide forum for ageing issues and fosters the development of associations and agencies that serve older individuals.\(^{23}\)

(6) European Institute for the Media (EIM):

European institute with the Netherlands Platform for Older People (NPOE), have launched two projects:

(i) "Changing Media in an Ageing Society" was established to strengthen the relationship between NGOs and media services. Some of the initiatives underway include the Media-Age Network of Journalists and Broadcasters, the Media-Age Research Group, an on-line news service, and a Conference on changing Media in an Ageing Society toward the end of 1998.

(ii) Media Age, launched in 1998, is an Internet service that covers policy related issues on ageing and ageing societies.\(^{24}\)

(7) Eurolink Age:

This institute acts as a central clearinghouse for collecting and disseminating information on ageing activities in the European Union.\(^{25}\)

They plan to:

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\(^{23}\) IFA, 380, rue St.-Antoine Ouest, Bureau 3200, Montréal (Québec), Canada. \(<http://www.ifa-fiv.org/>\) visited on 6-6-2006.

\(^{24}\) EIM, Kaistrasse 13, 40221 Düsseldorf, Germany, \(<http://www.eim.de/>\) visited on 6-6-2006.

\(^{25}\) Eurolink Age, 1268 London Road, London SW16 4ER, United Kingdom \(<http://www.eurolinkage.org/euro.>\) visited on 6-6-2006.
(i) Publish during the International Year of Older Persons (IYOP), a special supplement to their information bulletin in English, French and German on activities across the European Union;

(ii) Act as a link to the European inter-governmental bodies to promote action for the IYOP.

(8) International Network for the Prevention of Elder Abuse (INPEA):

It was founded at the World Congress of Gerontology in Adelaide, Australia in 1997, to increase society's ability to recognize and respond to the mistreatment of older people. INPEA aims for international collaboration and to have representation at all of the major Conferences involving older people.26

(9) Liverpool Personal Service Society (PSS):

This society has provided leadership and management to establish and operate the Salmon Group, a transnational network of professional organizations providing small supported housing units for older, disabled people as an alternative to large institutions.27

(10) Federation International Des Associations De Personnes Agees (FIAPA):

This organization has undertaken many programmes for the welfare of the aged more specifically it undertook a survey, entitled “Adolescents of yesterday and today”, whose objective is to discuss issues and determine the place of young and old in the next century. Participated in an international meeting organized by University of the Third Age (UNATE), on “Senior Citizens, Society, Culture and Economy”, on 20-

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26 INPEA, DHCE, Bancroft Unit, The Royal London Hospital (Mile End), London E1 4DG, United Kingdom.

27 PSS, 18 Seel Street, Liverpool, L1 4BE, United Kingdom.

(11) **International Association of Gerontology (IAG):**

This association is a premier Institute, which promotes research, training and practice in the field of ageing, as well as the interests of gerontological organizations worldwide.29

(12) **International Institute on Ageing (INIA):**

This Institute conducts a number of training programmes in gerontology, demographics, and geriatrics each year, both in-site and at INIA headquarters in Malta. In late 1997, INIA organized an Intergovernmental Conference on Ageing Populations in the Mediterranean Region. This was the first in a series of regional conferences that lead to a Global Memorandum on Ageing, charting the needs and expectations of each region.30 Additional programmes include the establishment of ad hoc working groups to focus on practical problems relating to ageing. Distance learning programmes for developing countries. A Society for All Ages, in INIA's collaborative networks INIANET and TWINAGE.

**8.6 Prominent NGOs in India at National level**

The NGOs working for the elderly in India have contributed immensely for the welfare and care of the elderly. Among them a few NGOs have managed to establish a positive track record and gained support for their development work from

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29 IAG, c/o Centre for Ageing Studies, Mark Oliphant Building, Laffer Drive, Bedford Park, SA. <www.cas.flinders.edu.au/iag/> visited on 6-6-2006.
30 INIA, 117 St. Paul Street, Valletta, VLT07, Malta.
international and national donors. The following are some of the voluntary organizations functioning at the national level:

(i) Bharat Pensioners’ Samaj 1960
(ii) CARITAS India 1962,
(iii) Indian Association of Retired Persons 1973,
(iv) Age-Care India 1980.
(v) Help Age India 1978,

(i) **Bharat Pensioners’ Samaj, 1960**

It is an all-India federation of pensioners associations headquartered at New Delhi. It functions as a nodal point 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 its 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 pensioner members. All pensioners are eligible to become members of the organization as per the procedure laid down by the Samaj.  

(ii) **CARITAS India, 1962**

It was established in 1962 it is a member of CARITAS International. It undertakes activities in different states and union territories of India. It is the official national level organization of the Catholic Bishops Conference of India, established

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31 Malakapur Shankardas, *supra* note 15, p. 3
for the education and animation of society at all levels. It aims to promote care for the sick, crippled, handicapped, destitute and the aged.\textsuperscript{32}

(iii) The Indian Association of Retired Persons, 1973

It was established in 1973 at Bombay. It 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 society. This voluntary body 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.\textsuperscript{33}

(iv) Age-Care, 1980

This 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 this voluntary body is open to all physically fit persons 21 years of age and above, irrespective of caste, creed or sex. With current membership of 1500 volunteers it enjoys patronage from the government, receiving grants for a number of its programmes and projects.

\textsuperscript{32} Ib\textit{id}.
\textsuperscript{33} Ib\textit{id.}, p. 4.
It has also been recognized by the United Nations and is listed in the UN Handbook.\textsuperscript{34} Age-Care India started off in 1981 organizing free geriatric health check-up camps in Delhi for the urban poor and soon spread its network to provide the much needed health care services to the rural poor and elderly from low income groups around the metropolis. The camps, essentially a preventive measure, had till mid-1999 covered about 56,000 aged people above 50 years of age. 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.\textsuperscript{35}

Through voluntary donations from philanthropists and affluent persons in society, the organization has started a pension scheme providing Rs.100 per month to the economically weak and indigent elderly, particularly from rural areas. The scheme is intended to make a difference to the needy aged people above the age of 65 years. Similarly, a disability relief fund has been created at the Age-Care head office for rendering immediate financial assistance (up to a maximum limit of Rs. 500) to the needy elderly during emergencies, accidents and sudden physical disability. In addition, the organization has set up day care centers, holds regular weekly public lectures on topics of ageing and allied interests, also seminars and conferences, creates awareness about problems of older persons among school and college students, and organizes yoga and nature cure training for the elderly. An innovative new project, day centre on wheels, which provides services like medical consultations, BP check-up, spot counseling, and collect information pertaining to

\textsuperscript{34} UN Handbook of Organizations active in the field of Ageing 1988 ed.
\textsuperscript{35} Malakapur Shankardas, supra note 15, p. 5.
available facilities and services for seniors. The organization brings out a monthly publication, Age-Care News, for the general reader and celebrates Elders’ Day on 18 November every year to honour senior citizens above 80 years as part of its annual day function.\(^{36}\)

**(v) Help Age India, 1978**

It is the country’s largest voluntary organization with 23 regional offices. 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.\(^{37}\)

The major programmes undertaken by it are as follows:

(i) Ophthalmic Care; (ii) Mobile Medicare; (iii) Income Generation; (iv) Day Care Centers; (v) Adopt-A-Gran and homes for the aged.

Another major activity of the organization is fund-raising and resource mobilization. It gets its major funds from the money it raises from the society and community at large. The major fund raising schemes are school fund raising whereby a team of dedicated fund raisers, work closely with school children and help them in raising the funds for the cause of the elderly. A unique way of fund raising, this scheme helps not only in collecting major donations but also brings awareness among the younger generation a feeling of care and concern for the elderly and this awareness being created by the fund-raisers among the school children then gets penetrated into the families by these young children. This results in not only collecting money but, also in creating awareness in the society about the problems the

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\(^{37}\) *Ibid*. 
older people face. Besides the school fund raising scheme there is another scheme known as the "Amrit Varsha" or the payroll-giving scheme, which is for officers who contribute a part of their monthly salary to the cause of the organisation. Major corporate offices have opted for such schemes and a large sum is being collected through this pay roll scheme.

Other fund raising schemes are the donation boxes, which are kept at the cash counters at the shops in the market as well as donations in the form of cheques and cash. The third important fund-raising is done through the sale of greetings cards. Besides its own fund raising schemes it has some projects being co funded from Help the Aged, UK. The dedication and the commitment towards fund raising is embedded in the value patterns of the organisation and can be seen in one of their annual reports:

"To foster the welfare of the aged especially the needy aged, to raise funds for the project which assist the elderly irrespective of caste or creed. To create in the younger generations and in society a social awareness about the problems of the elderly in India today." Its primary focus is to provide financial support to other voluntary agencies engaged in the welfare of the aged. Through its research and development centers, it trains personnel engaged in the care of the aged. It is accredited to the United Nations and is closely associated with Help the Aged, UK. It is also a founder member of Help-Age International. Over the years, Help Age India has supported 1,600 projects at a cost of Rs.130 crore. In 1998-1999 alone, it supported 190 projects to the tune of over Rs.13 crore. One of the important

38 Maneeta Sawhney, supra note 6, p. 3.
39 Ibid.
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 others to do the same. 95 MMUs are at present servicing lakhs of older persons residing in slums, resettlement colonies and adjoining rural areas, providing medicines, counseling and health care free of cost. In 1998-1999 alone, Help Age India spent over Rs.1 crore on the MMU project.41

8.7 Regional and Local Level NGOs

Besides the above national level voluntary organizations, a number of regional and local level NGOs have set up multi-service facilities and innovative programmes. The following are the few of them:

(a) Senior Citizen Clubs

There are some 84 senior citizens' clubs in India. Each of them specializes in addressing specific problems related to ageing and the aged. The Association of Senior Citizens' Organizations in Pune, (ASCOP) is involved in assisting senior citizens with their social, legal, financial, or day to day problems. The organization also does dissemination of publications related to population ageing and runs day care centers for the elderly. ASCOP has published many books related to geriatrics and health, including: osteoporosis, diet in old age, arthritis, sleeping problems in old age, managing personal finances, doctor – patient relationships, first aid and healthcare of the elderly.42

41 Ibid.
(b) Non-Residents Indians' Parents Organization – NRIPO

Many young Indians have moved to foreign countries for work, education or business, which results in their aged parents being left alone without assistance in daily living. NRIPO is working towards this goal by implementing certain programs, including; Support services – basic needs related to passports, visa and travel, medical insurance, medical aid, moral support to the aged and single parents of advanced age to make lives easier for the parents in the absence of their children. Hospital admissions for emergencies are made with local hospitals for priority and concessional treatment and admission without deposits.

One by Two Scheme – efforts are made to look after needy aged families by two able families staying in the vicinity of such families. This step has proved very successful as the interfamily relations have proved to be cordial and helpful. Moral support – during the tragedy of 9/11 in 2001, NRIPO made calls to members whose children were residing in and around New York and supported them morally. This was appreciated in both India and abroad. Entertainment – get-togethers are arranged on special festive occasions. Picnics are arranged occasionally. In cities like Hyderabad, Delhi telephone counseling is being implemented.43

(c) The Longevity Center (TLC), Pune, India.

Community Aid & Sponsorship Program-CASP is one of the leading voluntary organization that has initiated TLC in collaboration with the International Federation on Ageing, the UN Institute of Ageing, Malta the University of Pune, and with guidance and co-operation from ILCs of USA, Japan, UK, France and Dominican

43 Ibid, p. 17.
Republic. TLC aims to work in the areas of R&D, education and advocacy, counselling in legal, financial, social fields with the main thrust on Population Ageing. TLC also works as a Satellite Center of INIA, Malta, and Resource Center for SAARC countries.

Academic Programs

The center offers a wide variety of courses in more than ten different academic areas. With an emphasis on both class room study and practical field experience, the program provides students with knowledge and skills needed to better understand and work with a variety of ageing populations. The course in longevity is essentially interdisciplinary and broadly includes social, economic, biological and medical aspects of issues related to ageing. All the course modules follow the credit system and a minimum of 25 credits is necessary to obtain a certificate. Generally each module is equivalent to five credits and the student may choose other electives in addition to a basic course module. Undergraduate and postgraduate students can take up these courses along with their respective degree programs. The employees of the old age homes, social workers, representatives of NGOs working in the ageing fields are eligible for the course. The total duration of the course will be 375 hrs including practical and internship. The courses may be conducted on fulltime or part-time basis and on weekends and vacations. 44

(d) The Age well foundation:

The Age well Foundation, formally launched on 6 April 1999 at Delhi with support from the Ministry of Social Justice and Empowerment operates like a club by

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44 Ibid, p. 18.
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 Foundation levies a fixed tariff on the subscriber, to be billed every month depending on the frequency of use.

It runs an employment exchange for older persons, help line, involves elders as volunteers for social work and provides a platform to interact with other fellow senior citizens. The Age well Foundation while charging costs of professional services, acts as a bridge in helping members access the ‘right’ sources to alleviate their specific problems.

Apart from the above, there are also other Organizations like, Action for Social Help Assistance (ASHA), Family Welfare Agency, Dignity Foundation, Development, Welfare and Research Foundation (DWARF), Meals on Wheels, and so on, all operating in different parts of the country.

Their activity relates to providing second careers, income generating activities, companionship, nutritional counseling, 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. A new strata of old people requiring multifarious affordable facilities are the parents of non-resident Indians (NRIs) or inland professionals/businessmen who though financially well-off are unable to

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45 Ibid.
personally attend to their parents. A large number of elderly now live alone without their children, and require care, assistance, help and services at their place of residence.\(^46\)

The challenge for NGO in ageing is to build on the experience they have derived from their substantial body of knowledge and experience in direct work with older people. They need to go beyond the immediacy of service delivery to make the necessary causal links between the reality of their experience of older people’s poverty at community level and the wider policy agendas of which old-age poverty is one outcome. They need to learn the vocabulary of policy making, to understand the ways that ageing, which has been described as one of the great architectural issues of this century can be inserted into the policy agendas of governments and international organizations.\(^47\) Non-governmental organizations need to forge better links not only among themselves, but also with organizations working in related fields, many of who have relevant experience to offer. They also need to make connections with the growing number of academics working on gerontological issues in the developing world, and to raise the awareness of those in development studies who as yet have had little exposure to ageing issues.

8.8 Recommendations of the World NGO Forum on Ageing, Madrid, 2002

(i) The World NGO Forum calls for the drafting of a Convention sponsored by the United Nations for the elimination of all types of discrimination towards older people,

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as an instrument of the highest rank to provide true protection for the human rights of this population group;

(ii) The NGO Forum presents the following proposals that may contribute in the short and medium term to the transformation of that reality;

(iii) The governments have the responsibility for developing social protection systems to ensure the universal receipt of basic income by all older people, in both formal and informal sectors, in both rural and urban settings. Guarantees must be provided that pension resources are not used for other economically different purposes;

(iv) The principle of active ageing must preside health policies in all spheres of life: local, national and international;

(v) Health protection must be seen as a fundamental right of the elderly and acknowledged as such in the constitutions and legislations of all countries, avoiding any age-related discrimination;

(vi) Governments must accept, as one of their basic responsibilities, that they guarantee the elderly access to public health services permitting the appropriate prevention, diagnosis, rehabilitation and treatment. It is necessary to provide health professionals with appropriate training in geriatrics and gerontology;

(vii) Governments and the civil society must acknowledge the ability of older people to make a contribution to social development. Such acknowledgement must be based on respect for the diversity of cultures, ethnic roots and life experiences of older men and women;

(viii) Governments and the civil society must propitiate the proper exploitation of the social resource represented by the elderly for the development of their countries
through inter-generational solidarity tasks and tasks with other older people, always with respect for their dignity;

(ix) The NGOs must combine their efforts to support the elderly and to promote their qualification, mobility and an increase in their influence on social policies;

(x) The World Health Organization should include the concept of environmental health in its definition of health in the 21st century: physical, mental, social and environmental health;

(xi) It is necessary to plan comprehensive policies for the elderly. Current policies are fragmented and often lack an age-related perspective;

(xii) In State Budgets, government must contemplate appropriate levels of expense vis-à-vis the number of elderly people in proportion to the total population;

(xiii) The creation of the positions of Ombudsman for the Elderly should be fostered, as should Councillors for the Elderly at all municipalities or local authorities;

(xiv) The Forum proposes the creation of a United Nations Agency specializing in the elderly, with responsibility, among other things, for monitoring and supervising the Action Plan, as well as for promoting the use of the potential of the elderly; and

(xv) The NGOs assembled in Madrid at the II World Forum on Ageing proclaimed the need to build not only a society for all ages, but a society that pursues social justice and welfare without forgetting to place individuals and their dignity at the centre of its goals.  

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8.9 Conclusion

Despite the NGO/voluntary sector coming forward to meet the growing needs of older persons, further steps need to be taken to create mechanisms for the proper and adequate delivery of services. There is an urgent need to expand provisions, strengthen capacities, balance geographical distribution, critically evaluate the functioning of different programmes, involve the community in taking care of the aged, and sensitize and conscientize the populace to the issues of ageing. 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 actors. Given the increasing costs of service provision, there is need to encourage resource sharing and promote voluntarism if society has to adequately respond to the diverse and multiple needs of our growing aged population.