

The NGO's commitment to the Elderly in India

The Indian government after many years of debate finally declared the National Policy of the Older Persons in January 1999, the International Year of the Older Persons. The policy highlights the rising elderly population and an urgent need to understand and deal with the medical, psychological and socio-economic problems faced by the elderly. However what the policy did emphasize was on the dominant role the non governmental organizations should play to assist the government in bringing forth a society where the needs and the priorities of the elderly are taken into account.

In a country where the majority of the population is barely able to live above the poverty line, the most important function which the state performs, is to be able to provide to its citizens a good health - it ensures a medical system which aids people in living a normal life. The problem arises when a large percentage of the older people become handicapped because of health problems. These problems become obstacles in their everyday lives because most problems of the elderly begin with their biological decline, it became essential to lay emphasis on the quality of life of the elderly by recognising the pathologies of old age. The role of the government in recognising the pathologies of old age has been minimal as the hospital concentrate their attention and resources to the needs of the women and children, with the result that the medical problems of the elderly went undetected as well as undiagnosed as Indian hospital do not have separate department of geriatrics as they have paediatrics for children.

The governments concern for the elderly began with India's participation in the World Assembly Conference in Vienna in 1982 where India adopted the United Nations International Plan of Action on Aging. This plan focuses on the governments role in adopting programmes for the care and protection of the elderly, synchronising these with the changing socio-economic conditions of the society. The government has begun to recognise the aged as a social category who needs specialised attention. From the government point of view, various

policy oriented programmes were introduced but these ignored the rural urban divide as well as the local disjunction's of class and power. It introduced a scheme of pensions which was applicable to a minority of the elderly along with other welfare measures. However the government in stressing its intentions for the welfare of the elderly has promised to set up an inter ministerial committee to implement the National Policy on Aging.

The Role of Voluntary Organisations and Non Governmental Organisations:-

While the government continues its efforts to introduce programmes for the welfare of the elderly, it is the non governmental organisations which have played a key role in bringing to the forefront the problems of the older people to the society at large and through its various services it has sown the seeds for a forum whereby the voice and the concerns of the elderly can be addressed. Presently there are many non governmental organisations working for the cause of the elderly in India. In India most of the non governmental organisations have concentrated their work among the lower income group and the disadvantaged 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 sector which has in the last few decades begun to actively work for the welfare of the lower income and dependent strata of society. However in the first few years of the growth of the NGO's the emphasis was on the abuse of women due to the gender discrimination prevalent in our Indian society. It is only in the last few years when the demographers provided alarming statistics on the growth of the elderly population that a need was felt to work in this area as it was always assumed that the elderly were well taken care of and were safe in the custody of the well integrated joint family system in India. Initial studies show that the elderly are taken care of by the family but the reality and recent ethnographic cases studies also prove that the so called "joint family system" in India is a myth and the elderly though they live with their sons and his family are neglected and uncared for by them. This scenario led to the emergence and mushrooming of various NGO's working towards the concerns of the elderly.

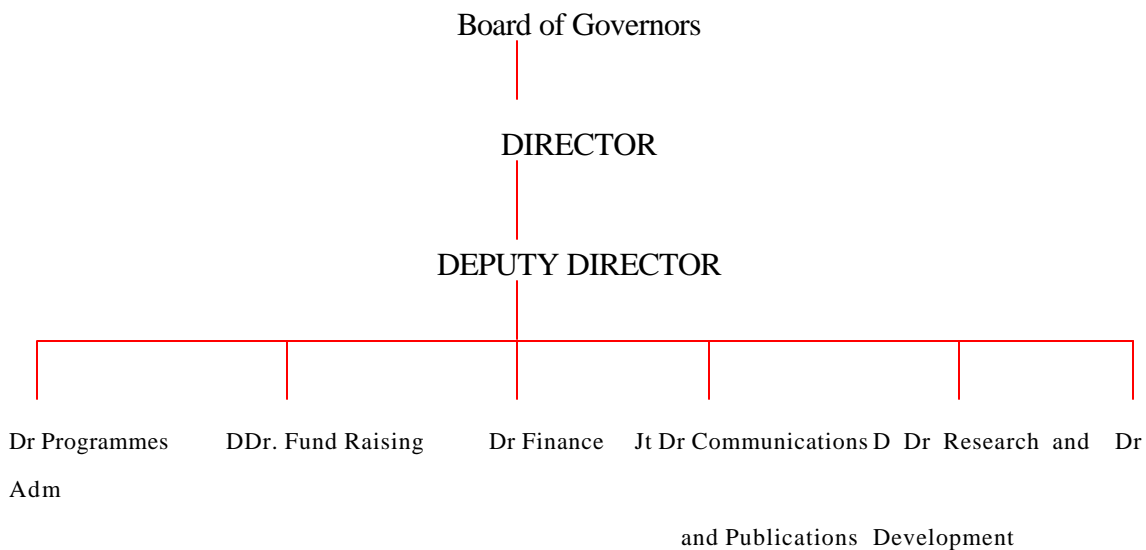
In recent years several national level and state level voluntary organisations have been set up for promoting the welfare of the elderly, for advocating a general national priority to their problems and needs and for organising services. The Government describes the services they are providing as residential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

Looking at the history of voluntary organisations it is the Friend in need Society of Madras which was the first organisation 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.

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

persons from different walks of life, oversees the activities of the society. Mr D R Kohli, ICS (Retd) is the President and Mrs Minakshi Ganguli is the Vice President and Maj. Gen S S Sandhu (Retd) is the Director General.

The Director General of HelpAge India looks after the forward planning and implementation of its policies and programmes with the support of functional directorates at the Head Office.



This is the top structure of the organisation which gives an idea of the type of work it conducts. The programme division is the department which looks for partner agencies to conduct the welfare services it provides to the elderly. In each of the regional offices the programme division plays a very active role as it involves itself in supervising the services being provided as the money comes from the head office. The programmes are a few in number but are carried out in a large scale throughout the country and are designed to meet the urgent basic needs of the elderly. The major programmes are ophthalmic care, mobile medicare, income generation, day care centres, Adopt- A- Gran and homes for the aged. (These are elaborated in another section in the paper)

Another major activity of the organisation is fund raising and resource mobilisation. 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 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. Thus the goal of voluntary organisations is to carve out a field for itself and make a case for gerontology in India.

Advocacy:-

- HelpAge India maintains an active liaison with both the central and state government for advocating the cause of the elderly.
- It has been closely associated with the formulation of the National Policy of Older Persons, announced in January 1999.
- It is represented in the Working Committee of the National Council.

- The organisation has also been represented on the Working Group for recommending government thrusts and policies for the eight and ninth Five Year Plans.
- It has successfully pressed for travel and tax concessions and other benefits for the elderly.

International Connections:-

- HelpAge India is one of the founding members of HelpAge International, a highly profile body having 51 member countries representing the cause of the elderly at the United Nations.
- It has received a special testimonial from the United Nations for “dedicated service and support of the United Nations Programmes on Ageing”
- HelpAge India is also a full member of the International Federation on Aging

Basically a funding organisation in its nature, it has been able to carve out a field of gerontology for the Indian society by introducing various types of programmes targeting the specific needs of the elderly and senior citizens. The less privileged elderly are the targeted sector for the voluntary organisations like HelpAge India , who then motivate others through their various projects and programmes to work for improving the situation of the elderly in India. Through its five year plans it aims at fulfilling different requirements in the field of age care. By highlighting its aims and objectives, HelpAge then begins to chart out its “field of action” ie it begins to identify the various social problems faced by the elderly and the appropriate measures to be taken. The most prominent problem of the elderly is the ailments they suffer from and the lack of physical and medical care.

Ophthalmic Care:-

Old age is associated with a number of health problems, one of them being decrease in vision. This results in the aged being dependent on his family for help as he faces the disability to carry out the normal activities of daily living. Since many older persons in India suffer from cataract related blindness which is treatable, cataract surgery is the most important of eye care services provided by HelpAge India. Through such services the organisation tries to reduce the dependency which is very common among the older age groups as well as through the

restoration of vision try to help the aged in being independent and strong and not being weighed down by the society and the family. The organisation focuses on the elderly not only in the urban areas but mainly in the rural areas as they are unable to access treatment due to their physical location and financial constraints. One of the successful projects was with Icare in Noida where older patients were identified and brought from the neighbouring villages to the hospital. Their surgery was done and after vision was restored they were taken back to their respective villages. This is a very successful and popular project as the elderly are able to see again and one can see the joy and excitement when they are returning back to their village. HelpAge India conducts over 50,000 cataract surgery every year.

Care for the Leprosy Patients:-

It is estimated that 2% of the elderly are affected by leprosy. Leprosy is a chronic disease which is transmitted by direct contact and it can be controlled but not cured, by prolonged treatment with sulphur drugs. In our society the victims of leprosy are abandoned by their families from their respective private domains and are forced by the society to reside in social spaces which are inhabited by leprosy victims. Due to the social stigma attached to the disease they are forced to live a life of poverty and unemployment. In spite of the welfare measures adopted by the government as well as the voluntary agencies to ameliorate their lot, yet most of them are living a life of abject misery.

HelpAge India addresses the problems of the aged in a different perspective that of long term care through rehabilitation. By introducing various projects to designate social spaces for the leprosy affected elderly through the construction of a colony for leprosy victims, along with schemes which provide to each of the residents a monthly income to subsidise his basic needs, HelpAge defines a new dimension of aging in the Indian context-that of rehabilitation of the diseased victim. By providing such services it is moving away from the so called dependency of the elderly to the status of the elderly as independent individuals. Thus for an Indian gerontology it provides a theory not of dependency but a life of independence and economic self sufficiency of the elderly.

Mobile Medical Care:-

The medicalization of aging by HelpAge India is represented by the mobile medical units (MMU) which practice what is called social and preventive medicine and provide primary health care for the senior citizens. The MMU's were started because a majority of the rural aged as well as the urban slum dwellers were unable to receive medical aid and advice because of their inability to go to the hospitals coupled with the scarcity of hospitals in rural areas. As a result a lot of the aged suffered from medical problems which went undetected and undiagnosed. Thus HelpAge India started MMU's which would go to the remote rural areas as well as to the urban slums to cater to the health needs of the weak aged. For example a MMU visited weekly a Calcutta slum which was inhabited by very poor rickshaw pullers and petty vendors. The elderly patients were screened carefully by the doctor before giving medicare.

However an unintended consequence of the MMU providing basic health services was that it became a forum where the voice of the aged could be heard because for the first time a social category comprising the aged were found in a public space. HelpAge indirectly creates social spaces where the aged can voice their concerns. Clearly what emerges is a social category of the aged who have an independent status of their own and through the various programmes an awareness of the group is coming to the forefront.

Thus it clearly emerges that the organisation provides major medical services to answer to the basic medical needs of the elderly of our country. The second dimension of aging for HelpAge India can be seen through the notions of community development, thereby ensuring the involvement of the elderly in society.

Community Development Programmes:-

As has been stated earlier the aged persons have special health care and nutritional requirements. It is even more so in rural areas where the aged suffer from poor living conditions, insufficient and imbalanced diet coupled with hard work and low income. Besides,

the aged suffer a change in diet patterns due to physiological reasons and certain social practices like restrictions on food patterns for aged widows and loss of care and attention to the aged as they are less productive economically also contribute to their ill health. HelpAge thus provides “overall care” for the elderly which it does through the community development programmes. For example one of the projects initially focused on specific problems faced by the elderly in the village. It was realised that there was no provision for safe drinking water which was contributing to several digestive ailments and it was further noted that the aged residents of the village were suffering from deficiency diseases. This was coupled with the problem of the absence of a health care centre in the vicinity. HelpAge India thus brought about certain developments which not only improved the lives of the elderly in particular but the whole village in general. This was done through:-

1. Provision of health care facilities.
2. Provision of clean drinking water by installing hand pumps.
3. Improving agricultural yield through high quality seeds has resulted in increase of vegetables.
4. Providing livestock to the elderly has helped in generating a regular income from the sale of milk and also in improving their dietary status.
5. Encouraging poultry farming has led to a decent income from the sale of eggs and also they have eggs for their own consumption.

HelpAge India by providing such services defines aging as involving long term care as well as community development. Such service organisations look at aging not only in terms of disease and therefore, a treatment to cure, but there is a relationship of trust which is based between the organisation and the elderly- a trust whereby they are able to provide long term care for the elderly.

Aging not only implies a loss of health but also means a loss of economic independence as the aged are unable to carry out the productive tasks which they performed when they were

young. This has resulted in a sense of insecurity and dependence on the other family members and for some it means increase in poverty and malnutrition.

The destitute aged who are not physically incapacitated do not require short term relief measure to meet their immediate needs for subsistence. But what they really need is a long term assistance which can sustain them to spend the evening of their lives with some dignity. HelpAge India tries to constitute the aged as independent self supporting individuals through the introduction of income generative activities specifically designed for them. This can be seen for instance in the durry making activities carried on by some of the women. This not only raises the monthly income of the house, but also removes the notions of dependence and loneliness, neglect and unwantedness among the elderly. I quote from the newsletters the “voice” of the beneficiaries -- “Now I do not have to plead with my sons to get me medicines or tobacco, I can buy it myself.”

From the numerous projects being conducted by HelpAge India, we can clearly see that a voluntary organisation is trying to sow the seeds for others in this field to look at the welfare programmes for the elderly in terms of long duration programmes which can be sustained by the elderly themselves. For instance all the community development programmes are designed in ways that initially require the impetus from HelpAge India and its resources but can be carried out by the elderly themselves. This is also the case with small income generating projects being introduced by them. Through these projects it is trying to construct an image of the elderly who are independent and to some extent economically self sufficient and a productive member of the family. When one thinks of the elderly, the image which comes to the mind is of their dependence on the family and a feeling of loneliness and a sense of unwantedness.

The status and role of the elderly has changed over the years with the changes in society as well. Now it is no longer assumed that the elderly are dependent on the family but with modernization and westernization and the emergence of small nuclear families the elderly are

unable to live alone by themselves or the family is unable to care for their specific needs. Although the traditional place for the elderly is to stay with their family, HelpAge India provides alternatives to the aged and their family members, who are unable to look after themselves, for a system of care which is professionally managed.

Old Age Homes and Day Care Centres:-

HelpAge India has sponsored the construction and maintenance of old age homes in India. These homes cater to the needs of those elderly who are unable to live by themselves and for those who have been abandoned by the family or are neglected and uncared for by their children. These old age homes provide and cater to the various needs of the elderly so that they can spend the “evenings of their lives” with dignity and respect and not feel a burden to the society. There are over 800 old age homes all over India and nearly half of them are being sponsored and funded by HelpAge India.

Besides old age homes, HelpAge India also supports day care centres where the elderly come for a few hours every day or on certain days of the week and spend some time together. These centres combat the loneliness they face and create a sense of “we feeling” among them. In some of the centres being supported by HelpAge India in rural areas they are also places where the income generating activities are conducted.

So far I have highlighted the nature of the projects being conducted by HelpAge India and these projects basically revolved around providing beneficiary services to the elderly with an attempt for the project to be self-sustaining. HelpAge India usually does not manage projects on its own but encourages other regional and local voluntary organisations to undertake projects and programmes by providing the technical and financial help. A team of experts reviews the organisation and its proposal and if it meets the requirements it then sends it for approval to the head office to the Director Programmes who gets the money sanctioned for

that project from his board. Once the money is sanctioned it is given in instalment and a review is done on a regular basis to see the efficacy of the project.

Working in close association with the programmes division is the research and development division of HelpAge India. It is only located at the head office but the main task of the research division is to analyse the needs of the elderly and help the programmes of HelpAge India cater to those needs. It does this by conducting research projects designed to result in policy and project oriented results. In the last two years it conducted two large scale studies one on the role of the family and the elderly in India and the other is on an evaluation of old age homes in India. Besides this the research and development division encourages social scientist and academicians to do research in the field of gerontology in India. It promotes their works and provides for a wide circulation of it through the journal it publishes four times a year. This journal houses articles on the needs of the elderly and the research which is conducted in India and its results. Being a voluntary organisation the subscription to the journal is subsidised at Rs 75 for individual subscription and Rs 35 for senior citizens and it is Rs 150 for institutional subscription. The Research Division also actively engages itself with the government and the international organisations in issues of advocacy of the elderly. It was actively involved with the ministry to set up the National Policy for the Older Persons. To advocate the cause of the elderly it has a Forum for the Empowerment of the Elderly wherein a lecture on the various issues of the elderly are brought forth every month by an eminent person of that field . This has received great recognition and in some ways has helped largely in creating awareness among the citizens of Delhi. The Research and Development Division has in the last year released the second edition of the Directory of Old Age Homes in India. This directory not only lists the addresses of all the homes located in India but the nature of the home and the type of services being provided. For instance it gives information on whether the home is free or semi paid or one has to pay the full costs, whether it takes only males or only females or both and whether it takes bed ridden elderly and whether it provides medical facilities or not. This directory is available at a subsidised price of Rs 35 and can be called for by post as well.

The Communication and Publications Division has a major task of creating awareness among the public at large about the issues of the elderly. This it does by tapping the media and bring them to publish articles on the issue of aging in India and to tap the electronic media and make them aware on the urgency of the need to talk about the issues of the elderly. It is also brings out an annual report and a quarterly newsletter of the activities of the organisation so that there is transparency and the major donors are able to get information about how and where their money gets utilised. Besides promoting the cause of the elderly it also comes out with a few publications on the issues of the elderly like a book by Dr Kalyan Bagchi on the “Elderly Females in India” was published by it.

In conclusion one can say that a service organisation through its various projects and policies makes a case for a gerontology for the Indian society-- a gerontology which gives the elderly an equally important place in society and not be treated as a burden to the society. It paves the way for other organisations to work for the cause of the elderly in India. What HelpAge does is try to increase the status of the elderly by making them feel as equally important and productive to the society so that they are able to feel a part of the society in which they once played a very active role.

HelpAge has also provided to the government a set of recommendations so that they are also able to provide better services to the elderly. For many years HelpAge India has been pressing for geriatrics to be taught as a separate subject in the medical colleges but so far there is only one medical college which offers it as a post graduate course.

HelpAge India¹ has paved the way for other organisations to work for the cause of the senior citizens in India. There are many organisations and societies working in this area like the Alzheimers’s and Related Disorders Society of India, Society for Gerontological Research, Age Care India and Agewell among a host of others.

Age Care India on the other hand, believes in helping the aged above the age of 50 years and above through residential and institutional services, providing them educational recreational, social, cultural and spiritual services; arranging for medical check ups, part time employment to supplement their income.

Rotary International is another funding organisation that has done a lot to help improve the services for the elderly in India especially in providing aids to the existing governmental services at the primary health care centres or at the government hospital.

Proper and sensitive care for the aged will 'add life to years' for the many neglected and forsaken elderly people now in our midst. The programmes for the elderly need to be both developmental and humanitarian. It is the government as well as the non governmental voluntary sector that are trying to make the society more friendly for the senior citizens. However it is the NGO's who are mainly working towards meeting this goal with the active help and support of the government.

¹ All the information on HelpAge India in the article can be referred to from the annual report and newsletters and the Research and Development Journal published by them . Their website address is www.helpageindia.com

The Non Governmental Organisation's Commitment To The Elderly In India

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