ROLE OF NGOs IN THE WELFARE AND CARE FOR THE OLDER PERSONS IN CHANDIGARH

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SUMMARY

The present research work aimed at looking into the role that NGOs play for the welfare and care for the older persons in Chandigarh. There is enough literature on the role that the NGO sector plays in the development realm of India. The last two decades have seen an unprecedented growth of non-governmental organizations in India. While voluntarism has been an age-old phenomenon, it is only in the last couple of decades that so much is being talked, written and debated about it. Modern voluntarism is significantly different from the conventional voluntarism in the form, content, intent and impact. Conventional voluntarism was primarily aimed at charity and relief at best social welfare and social reform. It sprang out of religiosity, generosity and altruism. It was inspired by idealism rather than ideology. Modern voluntarism, while incorporating some of the elements of conventional voluntarism, is based on ideology rather than idealism. It aims at achieving development and social justice rather than relief and welfare. NGOs in India have contributed substantially toward social activism through their intense campaigns, people’s mobilization programmes and effective networks. NGO started being considered as an important part of civil society and also received explicit recognition from the government. The different chapters of the study delve upon the role of NGOs in welfare of older persons as well as the relevant issues and problems of the older persons.

The world is greying exponentially. This means sharp rise in the number of older persons worldwide is creating an unprecedented global demographic revolution. According to the study of United Nations, by 2025, number of older persons in developing countries will be more than double to 850 million i.e. 12 per cent of the world population and 20 per cent by 2050. The existence of this major chunk of the society is undoubtedly becoming an alarming issue for government, international organization, non-governmental organizations (NGOs) and communities.

The population of the world in 1995 was 5.7 billion and it is expected to reach 10.8 billion by 2150. Between 1950 and 2150, it would have increased fourfold. Interestingly,
between 1995 and 2000, it is estimated that 81 million people were added to the world population each year.

In 1950, there were 205 million persons aged 60 or over throughout the world. At that time, only 3 countries had more than 10 million people aged 60 or over: China (41 million), India (20 million), and the United States (20 million). In 2009, the number of persons aged 60 or over had increased three and a half times to 737 million and there were 12 countries with more than 10 million people aged 60 or over, including China (160 million), India (89 million), the United States (56 million), Japan (38 million), the Russian Federation (25 million) and Germany (21 million). By 2050, the population aged 60 or over is projected to increase again nearly threefold to reach 2 billion.

By 2050, the proportion of elderly persons in all the 33 countries of Asia, except Afghanistan, Oman and Yemen, is projected to be above 10%. Among them, in 10 countries the proportions are likely to cross 20%, six countries having 25% elderly and two countries supporting as large a proportion as 35%. Hong Kong is predicted to lead with 39% elderly people, followed by Japan. The two most populous countries (China and India) will share the major proportion of the world’s elderly. Currently one in 10 Chinese is an elderly and this ratio is expected to reach one in four by 2050; similarly, one in 12 Indians is an elderly and this ratio is likely to be one in five in 2050. In absolute terms, India’s elderly population is expected to increase from 76 million in 2000 to 327 million in 2050, and that of China from 127 million to 397 million during the same period.

The 2010 census revealed that the elderly population of India in 28 states and 7 Union Territories accounted for 77 million. In 1961, the elderly population was only 24 million; it increased to 43 million in 1981 and to 57 million in 1991 and 100 million in 2009. The proportion of the elderly persons in India has risen from 5.63 per cent in 1961 to 6.58 per cent in 1991 (Irudaya Rajan, Mishra and Sharma, 1999) to 7.5 per cent in 2001 (Irudaya Rajan, 2006) and 9.7 per cent in 2009. This is also true of other older age groups. The elderly population aged 70 years and above which had counted just 8 million in 1961 rose to 21 million in 1991 and to 29 million in 2001. The proportion of the elderly above 70 to total population has increased from just 2.0 per cent in 1961 to 2.9 in 2001. In 1961, Indian Census reported 99,000 centenarians, whereas corresponding period has gone up to 138,000. The growth rate among different groups of the elderly namely 60 plus, 70 plus and 80 plus during
the decade 1991-2001 was much higher than the general population growth rate of 2 per cent per annum.

The process of Ageing of population has regional dimensions in India and remains at differential stages of demographic transition. The process of Ageing of population has regional dimensions in India and remains at differential stages of demographic transition. Among states the proportion vary from around 4% in small states like Dadra & Nagar Haveli, Nagaland Arunachal Pradesh, Meghalaya to more than 10.5% in Kerala.

The elderly population in Union Territory of Chandigarh is found to be less as compare to other states. According to Census 2001 total population of Chandigarh was 900,634 which rose to 10, 54,686 in 2011 (Census 2011) that is 0.09% of the total population of India. The total elderly population of Chandigarh was 44,912 (Census 2001).* This consists of 41,935 urban elderly population and 2977 rural elderly population.

In response to the growing changes in age composition and faster ageing the Centre and State governments in India have for the past few years been engaged in drawing a set of policy initiatives to help the older persons as discussed ahead:

THE NATIONAL SOCIAL ASSISTANCE PROGRAMME (NSAP):

National Social Assistance Programme (NSAP) is a welfare programme being administered by the Ministry of Rural Development. This programme is being implemented in rural areas as well as urban areas. NSAP represents a significant step towards the fulfilment of the Directive Principles of State Policy enshrined in Article 41 of our Constitution which enjoin upon the State to provide public assistance to its citizens in case of unemployment, old age, sickness and disablement and in other cases of undeserved want within its economic means. The Govt. of India launched NSAP as a Centrally Sponsored Scheme w.e.f 15th August 1995 towards fulfilment of these principles.

ANAPURNA SCHEME

The Union Finance Minister in his Budget Speech for the year, 1999-2000, announced a programme of Food Security for the destitute of aged 65 years and above entitled "Annapurna " under which 10 Kgs. of food grains pr month are to be provided, free of cost,

* Unavailability of data on elderly population in Chandigarh according to Census 2011, as the publishing of Census 2011 is under process. Thus the data according to census 2001 has been incorporated
to all indigent senior citizens who are eligible for Old Age Pension under the National Old Age Pension Scheme (NOAPS) but are, presently, not receiving the same. This scheme has been approved by the Government of India and has been launched from April 2000.

The Nodal Agency for implementing this scheme was the Department of Rural Development in the Union Ministry of Rural Development and allocated funds under the said scheme in favour of all the States & UTs for the year 2000-2001. The food grain under this scheme is being issued at blow poverty line (BPL) rates w.e.f. 1.11.2000. Since, 2002-03 the Annapurna Scheme was transferred to the State Plan and no state-wise allocation of funds and food grains were made by the Ministry of Rural Development. Presently, the allotment under Annapurna Scheme is being made by Ministry of Consumer Affairs and Public Distribution on monthly basis.

**NATIONAL POLICY FOR OLDER PERSONS**

The World Assembly on Action on Ageing, declared 1999 an International year for older persons and all UN countries accepted conscientiousness to set up a concrete plan for care of older persons in their country. The year 2000 was declared as the National Year of Older Persons by the Government of India. The National Policy for Older Persons was primed as the outcome of the commitment made by India to the World Assembly and is structured on the aforementioned constitutional provisions. National Policy for Older Persons is based on certain principles which are enumerated below:

- It accepts that the concerns of older persons are national concerns.
- It recognizes the need for affirmative action so that older persons can live with peace, dignity and purpose in life.
- It recognizes the right of older persons to an equitable share in development benefits.
- It recognizes the importance of flows and interactions between generations to strengthen bonding and integration.
- It perceives older persons as a huge untapped resource and emphasises that opportunities and facilities need to be provided so that they contribute as useful members of society.
- It takes an integrated view of the place of older persons as fully participating members of society and not as isolated, ignored, and marginalized persons with an identity crisis.

- It views the life cycle as a continuum, the 60+ phase forming an integral component to which a smooth transition is necessary and has to be facilitated.

- It accepts the need to ensure that the individual has the choices and opportunities to lead an active, creative and productive life and not one of dependency and despair.

- It affirms the need for the empowerment of older persons and for their active and productive involvement.

- It advocates the family as the basic unit for providing the most vital non-formal security and emotional support, and seeks to strengthen its capacity to cope with caring responsibilities.

- It recognizes the urgent need to expand social and community services for older persons to enhance their reach and use in rural and tribal areas and by vulnerable sections of society, by removing socio-cultural, economic and physical barriers and making the services user-friendly.

- It acknowledges the need for paying special attention to the situation and needs of older women.

- It recognizes that older persons are a heterogeneous group, and strategies and services need to be developed accordingly.

- It recognizes the role of the State, the non-profit sector, the private sector, non-governmental organizations, civil society and the insurance sector in providing services.

In pursuance of the National Policy for Older Persons, a National Council for Older Persons (NCOP) was constituted in 1999 under the Chairpersonship of the Minister for Social Justice and Empowerment to oversee implementation of the Policy. The National Council for Older Persons is the highest body to advise the Government in the formulation and implementation of policy and programmes for the aged.
AN INTEGRATED PROGRAMME FOR OLDER PERSONS

The main objective of the Scheme is to improve the quality of life of the Older Persons by providing basic amenities like shelter, food, medical care and entertainment opportunities and by encouraging productive and active ageing through providing support for capacity building of Government / Non-Governmental Organizations / Panchayati Raj Institutions / local bodies and the Community at large.

NATIONAL INITIATIVE FOR CARE OF ELDERLY (NICE)

The National Initiative for the Care of the Elderly (NICE) network is a national network of researchers and practitioners involved in the care of older adults through medicine, nursing, social work and other allied health professional concerned with the care of older adults. On the geriatric care front, NICE was developed by the National Institute of Social Defence (NISD), an autonomous body under the Ministry of Social Justice and Empowerment, Government of India.

The main aim of conceptualizing the course under Government of India's project-'NICE' is to develop a cadre of frontline personnel of Geriatric Care Givers (Geriatric Animators) and to generate skilled manpower focused on intervention in the family & community settings. The younger generations and others concerned with the welfare of older persons are to be encouraged to attend to the needs of the older persons.

OLD AGE SOCIAL AND INCOME SECURITY SCHEME (OASIS)

The OASIS (Old Age Social & Income Security) Project was the first comprehensive study of India’s pension sector and was commissioned to IIEF by the Ministry of Social Justice and Empowerment (MoSJE). Under this Project, the MoSJE and IIEF set up an Expert Committee headed by Dr. S.A. Dave. OASIS aims at providing a safety net to workers particularly of the unorganized sector, in their old age with the small contributions made during their days of employment. 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.

AADHAR

A Secretariat was set up for the National Council called as ‘AADHAR’, with the objective of empowering the elderly population to find satisfactory solutions to their
problems, through co-ordination of voluntary efforts and administrative initiatives. Since its constitution in December 1999, AADHAR had received 4157 suggestions, complaints and grievances from individuals/organizations out of which 4033 were processed. In addition, a process of identification was also initiated by AADHAR for setting up Zila AADHAR in all the 578 districts in the country for better implementation of the objectives of the National Policy. So far, 81000 voluntary organizations, NGOs, individuals and old age homes have been sought to identify committed individuals from legal, medical and social fields to participate in this programme. Administrative help of District Collectors is also being co-opted in this task. The process of appointment of Zila AADHAR members for 441 districts has been completed and 3012 members in 394 districts are already in place.

Although numerous steps were taken but the NPOP has not been implemented in right spirit by most of the stakeholders even after 13 years, resulting in elder abuse, discrimination, disregard, exploitation, oppression and violence. Older persons still are deprived of the benefits assured to them by the policy statement. The nodal ministry needs wide powers to get implementation done as per fixed targets.

In order to facilitate implementation of the NPOP and to bring about a qualitative improvement in various programmes and projects meant for the welfare of older persons, the revision of the NPOP was suggested by various NGOs (like HAI), experts in the field of ageing, and Senior Citizens Associations. As a result on 28th January 2010, the Union Ministry of Social Justice and Empowerment issued a circular to set up a Review Committee to review the NPOP (1999) in accordance with the changing needs of the older persons in the country over the past decade.

The foundation of the new policy, known as the ‘National Policy for Senior Citizens 2011’ is based on several factors. These include the demographic explosion among the elderly, the changing economy and social milieu, advancement in medical research, science and technology and high levels of destitution among the elderly rural poor. The new policy also addresses the issues concerning special needs of the ‘oldest old’ and older women.

**SENIOR CITIZENS (MAINTENANCE, PROTECTION AND WELFARE) ACT 2007**

Senior Citizens (Maintenance, Protection and Welfare) Bill 2005 affirms to provide for the compulsory maintenance, protection and welfare of senior citizens so as to secure a
life of dignity, peace and security for them and for the welfare measures to be undertaken by
the State for its aged citizens. It is hailed as Magna Carta of the older persons as it promises
almost everything they look for in old age. Bill concerns about better protection of the fast
growing elderly population of India and intended to overcome the lacunae existing in the
current legislation on maintenance and to make relief simpler, speedier and less expensive, as
also to cover new areas of care and protection that have not so far been covered by any
existing legislation. The bill became an Act on 29th December, 2007. Since then each State
has to make rules to carry out the provisions of this Act including the action plan for
providing protection of life & property of Senior Citizens and implement the provisions of
the Act by arranging funds.

It is noteworthy that there are few systematic studies on old age in India (specifically in
Chandigarh) which are limited in number as well as in scope. Thus keeping in view the
demand of the time the present study is conducted on the role of NGOs as well as
government (for comparison) in providing care and welfare measures for the older persons in
Chandigarh.

**Objectives of the Study**

1. To study the government policies and programmes for the welfare and care of the
   older persons.
2. To study the problems of older persons in Chandigarh.
3. To study the organizational structure, functions and finances of select NGOs working
   for the welfare and care of the older persons in Chandigarh.
4. To examine the role of NGOs in the welfare and care for the older persons.
5. To study the role of NGOs in helping the older persons to learn new skills.

**Hypotheses of the Study**

1. Government policies and programmes for the welfare and care of the aged are not
   friendly with the target group.
2. Old age accompanies with it several problems.
3. Inmates are satisfied with the services provided to them by the old age homes.
4. NGOs are providing care to only a limited number of older persons in Chandigarh
5. The personnel working in NGOs are neither adequate nor trained.
6. The functioning of NGOs suffers due to inadequacies of funds.

Research Methodology

Locale of the Study

The present study has been conducted in Chandigarh (U.T.) which is an administrative unit comprising both urban and rural population. Its unique administrative characteristics have made it a centre for various governmental and non-governmental initiatives for the welfare of older persons. Four popular and major NGOs were taken under study namely Help Age India, Chandigarh Senior Citizens Association, Lions Club Chandigarh (Central) and Sri Sai Satya Trust as these organizations are engaged in the field of welfare and care for the older persons in Chandigarh (U.T.).

Sampling and Data Collection

For the present study both primary and secondary data was used. For the purpose of primary data interview schedules were prepared and respondents comprised the representatives of NGOs (Chandigarh Senior Citizens Association, Help Age India, Lions Club Chandigarh Central, Sri Satya Sai Trust), inmates of OAHs, aged beneficiaries of selected NGOs.

The total membership of Chandigarh Senior Citizens Association is approximately 1500; as many 200 (more than 10%) respondents were selected randomly for the interview schedule.

\[= \{200\}\]

Help Age India is covering ten rural areas in Chandigarh, thus the beneficiaries of HAI were selected randomly from each rural area in total of 200 beneficiaries were taken.

\[= \{200\}\]

There are three OAHs in Chandigarh and total of 66 inmates of different age groups were staying in these OAHs at the time of data collection. Since the number was not much, all the inmates were personally interviewed.

\[= \{66\}\]
Thus total sample of 466 beneficiaries were selected for presenting a comprehensive vision of research findings.

Beneficiaries of a project of Chandigarh Senior Citizens Association namely Vanita consisting of 106 rural women were also interviewed to analyze the demeanor of the project.

Similarly, the breakup of sample of officials taken under study is as follows: Representatives of HAI (10), representatives of Lions Club Chandigarh Central (10), representatives of CSCA (10) and representatives of Sri Satya Sai Trust OAH (05) thus total 35 officials of the select NGOs constituted the sample of the study. The sample was selected on random basis.

Certain Case Studies were also conducted to examine the contemporary real life situations of older persons facing elder abuse and neglect.

For the purpose of collection of secondary data, various published and unpublished reports of ministries, departments, library institutions, non-government organizations, government organizations and internet facilities were used.

Data Analysis and Interpretation

In the study, the sample was analyzed mainly on the basis of demographic variables like age, sex, economic status, educational qualifications and few others. The technique of cross tabulation along with the percentages was used for purpose of analyzing the data collected.

Chapter Scheme

I. Introduction
   a) NGOs: Meaning, Significance, Role, National and International Perspective
   b) Ageing: Concept, Life Cycle, Geriatrics and Gerontology, Role of NGOs in the Care of Older Persons
   c) Review of Literature
   d) Rationale of the Present Study
   e) Scope for the Study
f) Objectives of the study.
g) Hypotheses of the Study
h) Research Methodology
i) Chapter Scheme

II. Government Policies and Programmes for the Older Persons

III. Older Persons: Reasons for their Abuse and Neglect

IV. Care of the Older Persons: Old Age Homes in Chandigarh

V. Care of the Older Persons: Help Age India in Chandigarh

VI. Care of the Older Persons: Chandigarh Senior Citizens Association

VII. Empowerment of Older Persons

VIII. Conclusions and Recommendations

In the pages to follow major findings and suggestions have been raked by crystallizing the role of NGOs vis-à-vis welfare of older persons in Chandigarh.

**Major Findings in Relation to NGOs**

- The foundations for the philanthropy could be seen benefitting the poor, the down trodden, the destitute in the pre-independence era.
- NGOs have emerged as agencies of social change and have become integral aspect of social transformation.
- In post-independent period a phenomenal rise could be seen in the number of NGOs. As per survey done by PRIA 1.2 million NGOs are working in Asia.
- The supplementary role of NGOs in socio-economic development of Nation was promoted and supported by Five Year Plans.
- NGO is an umbrella concept covering wide sphere of society, as playing its role in environment, awareness building, science and technology, women development, welfare of older person, child development, education, health, rural development etc.
- NGOs work for and with the people. The live example is Chandigarh Senior Citizens Association. The senior citizens are working for senior citizens.
• NGO workers are endowed with missionary zeal and commitment. They reached the unreached. Help Age India a national level NGO has targeted the unreached poor to provide them food, shelter, clothing, security and above all a life full of dignity.

• Their plans and programmes are people-centred. Help Age India provides services to the people according to their needs such as Cataract operations for senior citizens suffering from ophthalmic disorder, income source to unemployed dependent aged, old age homes for homeless aged, emergency services for victims of varied disasters.

• People’s participation is the quintessence of NGO’s work. Chandigarh Senior Citizens Association through its project Sharvanika and Vanita encourages the participation of young volunteers as well as the women from rural areas to work for social welfare as a whole.

• NGOs spend a good deal of their time and energy in people’s preparedness to ensure that they are psycho-socially equipped to carry out their programmes. Chandigarh Senior Citizens Association provides a detailed training programme to prepare sharavanika’s to exhilarate them to work for welfare of senior citizens.

• NGOs are competent to sensitise people and create awareness about the root cause of the social inequalities. As HAI make senior citizens aware of their rights and about the evils like elder abuse and neglect.

• NGOs are the one who truly empowers the people and enable the disadvantaged to access and control over the resources. For instance, HAI financially empowers the senior citizens by providing them employment under their project ‘Income Generation Programme’ and medically empowers them by providing medical treatment at their doorstep through Mobile Medicare Units.

• According to web portal of NGOs in India, 50 NGOs are working in Chandigarh out of which seven are working for the welfare of older persons.

• NGOs working for older persons in Chandigarh are registered with Societies Registration Act 1860 or Indian Trusts Act 1882.

• The activities of NGOs working for the welfare of older persons in Chandigarh embraces medical help, old age homes, reverse mortgage, empowerment in social, financial, and political fields etc.
Major Findings in Relation to Ageing

- The older persons are divided into four categories such as the young-old (60-69 years), middle-old (70-75 years), old-old 75 or above, very old (80 or above). There is still no agreement on the age at which a person becomes old.
- The unprecedented growth of older persons worldwide can be seen.
- According to UN population division 2009, total world population was 6.8 billion out of which the number of older persons was 800 million that is 11% of the world population. 19.8% was 60+ population, which is projected to 27.1% in 2025 and to 56.8% in 2100.
- According to UN assessment 2009 the world aged population 60 or over is 10.8%, 65 or over is 7.5% and 80 or over is 1.5% in all three ages groups percentage of females outnumber males.
- In 2009, 60 or over percentage of male in world was 9.7% and females was 11.9%, 65 or over percentage of male in world was 6.6% and females was 8.4% and in age group of 80 or over percentage of males in world was 1.1% and females was 1.9%.
- In India the aged 60 or over were 100 million in 2009 & projected to 316 million in 2050.
- The growth rate of elderly population is rapidly increasing in India. As per census report of India 2011 it is raised from 1.77% in 1991 to 2.1% in 2011 as compare to the growth rate of total population which is declining from 1.99% in 1991 to 1.02% in 2011.
- The total population of Chandigarh was 0.9 million in 2009 and the elderly population of Chandigarh was 52,555 that is 5.47% of the total population of Chandigarh in 2009.
- The rapid expansion of this advanced age group can be attributed to increased life expectancy at birth in India which ranges from 62.5 years in 2000 to 70 years in 2009.
- The older persons face wide-ranging problems including medical, financial dependency, social isolation, loneliness, abuse, neglect.
- In 1999 National Policy for Older Persons was introduced to mitigate their diversified problems.
- The NPOP visualised to extend its support to older persons in area of financial security, health care, nutrition, welfare, education, protection of life and property.
• NPOP is not implemented properly and completely as no framework was laid down in the policy.
• The most vulnerable among the older persons who belong to high risk category (for example older persons residing in remote area or tribal areas) were not given adequate attention.
• No special attention has been given to vulnerable older women in India.
• Varied schemes like NICE, OASIS, ADHAAR, have been introduced with an objective of empowering the elderly population to find satisfactory solutions for their problems.
• Under the scheme of NSAP the amount of pension was raised to Rs. 200 per month from Rs. 75 per month and under IGNDPS the State governments were also urged to contribute equally towards the pension scheme.
• Senior Citizens (Maintenance, Protection and Welfare) Act 2007 was introduced to secure a life of dignity for senior citizens but people are reluctant to make use of this Act as it goes against their kith and kin.
• Elder abuse and neglect in India and the city Chandigarh is comparatively less but its presence can be felt by going through few case studies available with Chandigarh Senior Citizens Association, HAI and the police.
• Officials of NGOs and OAHs were of the opinion that neglect and verbal abuse is more prevalent in the city. However no systematic study has been done so far on elder abuse in Chandigarh.
• The older persons who own their house were leading a dignified last phase of their life as compare to older persons who do not own their house.
• 68.03% of the respondents expressed lack of respect from their children and 65.67% opines that their dependency for one or the other reason on their children is the prime reason for this disrespect.
• 68.45% of the respondents were not in the favour of taking any action as per the Act against their own children.
• The government have come out with a draft of new National Policy for Senior Citizens 2011 which aims at mainstreaming the older persons.
Major Findings in Relation to Old Age Homes

- The concept of OAHs is gradually emerging as one of the most viable options among the senior members of the society. As is evident from the increasing number of OAHs in India, 728 in 1998 to 1258 in 2010.
- All types of OAHs have been established that is paid, unpaid, charitable, governmental, non-governmental and private.
- HAI has provided elaborate guidelines for setting up of old age homes.
- The three old age homes selected in the present study partially fulfil the criteria of establishing OAH given by HAI.
- OAH-1 (Home for the Old and Destitute People, Sector-15 D, Chandigarh) was providing services to older persons free of cost whereas OAH-2 (Sri Satya Sai Old Age Home cum Seva Centre, Sector-30 B, Chandigarh) and OAH-3 (Senior Citizens Home, Sector-43 A, Chandigarh) were providing services to older persons on payment basis.
- All the three old age homes were registered with Chandigarh Administration.
- Proper admission process is followed by the management of all the three homes.
- Admission criteria in OAH-1 was open for all but in OAH-2 and OAH-3 only those older persons were accommodated who were having suitable paying capacity.
- All the three OAHs were having good number of rooms ranging from 20-40 sufficient enough to accommodate 40-60 inmates in each. In all only 66 inmates were residing in three OAHs.
- OAH-1 and OAH-2 were having sufficient numbers of inmates as per the accommodation available such as OAH-1 has 40 intake capacity and 29 inmates were residing, similarly OAH-3 also has 40 intake capacity and 28 inmates were residing. But in OAH-2, which has intake capacity of 60 inmates, only 09 inmates were residing.
- The three OAHs were having well-constructed buildings. OAH-1 and OAH-3 were well-ventilated but OAH-2 was not having proper lighting and ventilation provisions.
- The rooms in OAH-1 were small but airy whereas in OAH-2 the rooms were spacious but suffocative as no window was available for cross ventilation, no iron net doors were available for air, only hard wooden doors were available which obstructs the
fresh air flow and if kept open the mosquitos create a mess in the rooms. In OAH-3 the rooms were spacious, well ventilated and connected.

- In OAH-1 in the women’s wing the washrooms were attached with rooms and in males wing common washroom was separately situated which was stinking, slippery and was not clean. In OAH-2 the washrooms were stinking and the inmates residing at first floor were facing water problem also. Whereas in OAH-3 washrooms were clean and were having proper water facility.
- Kitchen area in OAH-1 and OAH-3 was clean and healthy food was distributed to the inmates but in OAH-2, the kitchen was stinking with foul smell of rodents, cobwebs were noticed and food distributed to the inmates was also not according to the taste and requirements of the inmates.
- Adequate staff was available in OAH-1 and OAH-3 but in OAH-2 the staff was inadequate as well as most of the times the office was found closed or was occupied by the inmates only. Manager was mostly absent from his duty. Secondly no guard was there to check the entry of the visitors. Anybody at any time can enter the home which is against the guidelines of the HAI.
- The staff available in OAHs was not well trained. Majority of the members were volunteers except the sweepers, gardener, and cooks.
- The three homes were located closed to the market, bank, bus stop, temples and hospitals etc.
- Provisions for medical aid facilities were available in all the three OAHs.
- The inmates of OAH-1 were found more satisfied as compared to inmates of OAH-3 and inmates of OAH-2 were not at all satisfied with the services of the home.

**Major Findings in Relation to Help Age India**

- HAI caters to needs of 1.5 million older people in areas of health care, livelihood support, residential care etc. every year.
- HAI is providing services in both rural and urban areas of Chandigarh.
- HAIC conducts awareness programmes on elder abuse on 15th June every year on the occasion of World Elder Abuse Awareness Day through rallies, interactive discussions, media representatives etc.
- No survey has been done on elder abuse by HAI Chandigarh. But the prevalence can be felt as during field visits as certain cases of elder abuse were noticed which are
discussed in the relevant chapters. However the magnitude of this problem cannot be accurately assessed because victim’s lack of courage to report the concerned authorities.

- HAI also conducts seminars, workshops and conferences, every year. This not only keeps them busy but also provides them opportunity to participate and share their views on current topics.
- HAI, Chandigarh has maintained strong network with local government also, to provide safety/security to senior citizens through the relevant police network.
- HAI, Chandigarh is also running physiotherapy centres, age care hubs in Chandigarh to provide healthcare services to the older persons.
- Help Age is spreading its wings gradually to reach out to older persons in need of help through its helpline initiatives so as to address their problems on the spot. An estimate of 80 enquiries is received per month through the helpline initiative.
- Mobile Medicare Unit (MMU) the most popular project of HAI Chandigarh is engaged in providing healthcare services for older persons at their doorsteps. During the year 2010-11 an approximate 20518 patients were treated through MMU.
- Nearly 12 million older persons in India suffer from blindness due to cataract. Every year HAI approximately organizes 60,000 cataract operations on older people free of cost. As many as 3000-4000 cataract operations are organized by HAI, Chandigarh.
- ‘Sponsor-A-Grandparent’ is yet another significant major project of HAI. As many as 17000, older persons all over the country have been adopted under this project.
- The efforts of HAI can also be treasured from the fact that after 15 years of lobbying by Help Age with the Central Government, the NPOP was announced in 1999. The draft for the policy was also provided by HAI after various discussions.
- HAI’s new project ‘Value Education on Age Care’ meant to sensitize the school students on ageing issues. The school children are motivated to collect donations for the care of the older persons. In the year 2010 approximately 10-12 lakhs were collected by schools through this scheme.
- 96% of the income generated by HAI is spent on charitable projects being run for welfare of older persons.
- 91.5% of the beneficiaries were satisfied with the services provided by HAI Chandigarh branch.
• 72.5% of the respondents have suggested to set up OAHs and Day Care Centres for older persons in rural areas.

**Major Findings in Relation to Chandigarh Senior Citizen’s Association**

- Chandigarh Senior Citizen’s Association is an association of senior citizens working for the welfare of senior citizens in Chandigarh.
- It has set up 7 physiotherapy centres, 2 acupressure and magnet therapy centres, yoga centre and a Reiki centre.
- In 2010, approximate 3557 patients were treated in their 7 physiotherapy centres, 190 patients were treated through their 2 acupressure and magnet therapy centres, 30-40 senior citizens were attending yoga sessions arranged by the association and 25-30 patients were treated every month in their Reiki centre.
- Patients seeking Reiki therapy were not regular due to lack of faith in the therapy.
- The members of Chandigarh Senior Citizen’s Association visit in different government hospitals thrice a week to furnish necessary guidance to the senior, poor and illiterate patients and also to facilitate their check-ups in hospitals.
- Through its two projects Sharavanika and Vanita, Chandigarh Senior Citizen’s Association provides services to the older persons who are alone and have no body to care for them. Project Vanita is to empower the destitute old women.
- Majority of the respondents expressed discontentment with regard to the Shravanika and Vanita projects owing to their failure to provide long term happiness to the sufferers.

**TESTING OF HYPOTHESIS**

**HYPOTHESIS 1: “GOVERNMENT POLICIES AND PROGRAMMES FOR THE WELFARE AND CARE OF THE AGED ARE NOT FRIENDLY WITH THE TARGET GROUP”**

All aged irrespective of their physical and mental health and economic viability need economic security, emotional care and psychological support in one form or the other for their wholesome existence. In response to the growing changes in age composition and faster ageing, the National and State governments have for the past few years been engaged in drawing a set of policy initiatives to help the older persons to overcome their hardships.
However, these measures have failed to satisfactorily mitigate the grievances of the aged. Some major and alarming issues related to the aged are stated as follows:

- There are more elderly in rural areas. There is also movement of the elderly from urban to rural areas.
- 90 percent elderly persons are from the unorganized sector, with no social security at the age of 60+.
- 30 percent of older persons live below the poverty line.
- Dependency ratio is higher in rural areas.
- The older women outnumber older men and face different set of problems during old age.
- A good majority of the aged especially the widowers, living in rural areas or below poverty line face neglect, sarcasm, frustration and violence.
- In the absence of familial support or government’s social security net the older persons are still working and earning their own livelihood.
- Prevalence of disability is high among the aged and is gradually increasing.

The National Policy for Older Persons 1999 is regarded as the Magna Carta for older persons in India. The opinion of older persons about NPOP illustrates that 73.82 per cent of the elderly were aware about the existence of NPOP in India. Thirty three (33%) per cent of the older persons were of the view point that NPOP is properly implemented due to which they are getting good services from the Government of India. While 55.36 per cent of the older persons were of the opinion that NPOP is formulated and awaits its implement action. Whereas 25.32 per cent of the respondents showed their dismay that NPOP has nothing to do with the problems of older persons living in rural areas. However 40.12 per cent of the elderly were agreed that NPOP to a lesser extent is beneficial for the elderly population. The respondents felt that most of their problems remain unresolved on account of the government’s sincerity and commitment towards older persons. This supports the view that initiatives taken by the government for welfare of the older persons failed to provide requisite security net to the older persons.
The other chief step taken by Government of India was introduction of Senior Citizens (Maintenance, Protection and Welfare) Act, 2007. It promises almost everything for the older persons as they advance in age. The elderly respondents however expressed reluctance to make use of this particular Act due to personal reasons and social stigma. Indian culture and traditions are known for family bonding and majority of the Indian parents’ despite their suffering at the hands of their kith and kin would not dream to go against them.

It has been observed that the majority of the aged have failed to vouch safe their interest on account of this Act. As a matter of fact the Act failed to evoke sufficient response or enthusiasm amongst the aged.

The analysis of both primary and secondary data is used to test the Hypothesis 1: “Government policies and programmes for the welfare and care of the aged are not friendly with the target group”. The study revealed that the given hypothesis stands validated.

HYPOTHESIS 2: “OLD AGE ACCOMPANIES WITH IT SEVERAL PROBLEMS”.

Ageing is the accumulation of changes in an organism or objects over time. It refers to a multidimensional process of physical, psychological and social change. Some dimensions of ageing grow and expand over time, while others decline. Reaction time, for example, may slow with age, while knowledge of world events and wisdom may expand. It is often considered that health hazards in old age are a constellation of problems such as increased susceptibility to infection, inability to cope with physical and psychological stress, degenerative arthritis, blood pressure, diabetes and vascular diseases of heart and brain, cancer of various organs and cognitive impairment due to declining brain size or more importantly various types of cognitive disorders. Above all in old age the physical strength deteriorates, mental stability diminishes; money power becomes bleak coupled with negligence from the kith and kin. The aged thus suffer from numerous familial, social, economic, physiological and emotional problems.

The present study reveals that 94.64 per cent of the elderly people were suffering from multiple health problems, and 44.64 per cent of the respondents were economically dependent on their family members, who find it difficult to meet their demands because of the fast changing life style. The increase in cost of living as a result of the unabated inflation and dependency on others especially during sickness aggravates the situation leading to great emotional disturbances. Loneliness is the most burdensome for the aged especially for those
who have nobody to live by. Maltreatment of older people either in the family setting or in institutional setting is emerging as a very serious issue.

It can be analysed from primary as well as secondary data that old age accompanies with multiple problems. Everybody has to face the dilemma of last phase of their life. The analysis of both primary and secondary data is used to test the Hypothesis 2: “Old age accompanies with it several problems”. The study revealed that the given hypothesis stands validated.

HYPOTHESIS 3: “INMATES ARE SATISFIED WITH THE SERVICES PROVIDED BY THE OLD AGE HOMES.”

Inmates of three OAHs under study expressed satisfaction with regard to the premises in which they were residing. The buildings were big, well ventilated and airy along with lush green grounds. They also expressed satisfaction with regard to the quality and service of food being served to the inmates. All the OAHs strictly follow the time schedule of the meals with the exceptions of sick and ill-disposed inmates. Since the residents of OAH-3 belong to the affluent families they could manage to eat goods of their own choice as eatables and their snacks were available on payment basis. The residents of OAH-2 suffered the most in the absence of appropriate quality of food more so their grievances were also not mitigated, as the management did not give timely ear even to their genuine problems.

The analysis of both primary and secondary data is used to test the Hypothesis 3: “Inmates are satisfied with the services provided by the old age homes.” stands partially validated.

HYPOTHESIS 4: “NGOS ARE PROVIDING CARE TO ONLY A LIMITED NUMBER OF OLDER PERSONS IN CHANDIGARH”

As visualized in the present study various NGOs have been involved in providing welfare and care services to the ever increasing elderly population in the country. In 2009, the number of older persons had surpassed 700 million in World and 90 million in India. Similarly the total population of Chandigarh was 0.9 million in 2009 and the older population of the city was 52,555 that is 5.47 per cent of the total population of Chandigarh in 2009. The national level NGO viz. Help Age India touches the lives of 15 lakh elders through its
extensive services every year to provide them with a better quality of life in terms of health, dignity, independence and empowerment. Besides creating awareness among the school children about the needs of the aged in the society, it also conducts various sponsored events like painting competitions, debates, and grandparents meets. Help Age India, Chandigarh is providing limited and partial services to approximately two thousand older persons in Chandigarh, whereas the Chandigarh Senior Citizens Association is rendering services to approximately four thousand older persons. As a matter of fact only 66 older persons in total are benefitted to stay permanently at the OAHs, a home away from their own home. These are managed by NGOs or Chandigarh Administration and no other major registered NGO is providing stay services to the disillusioned, dejected and homeless older persons in Chandigarh. Thus a limited number of older persons are getting services and benefited from the city based NGOs. The scenario is raw and pathetic.

Thus the analysis of both primary and secondary data shows that the Hypothesis 4: “NGOs are providing care to only a limited number of older persons in Chandigarh” stands validated.

HYPOTHESIS 5: “THE PERSONNEL WORKING IN NGOS ARE NEITHER ADEQUATE NOR TRAINED”

NGOs by virtue of their dedication, human touch and nearness to the community are served by unpaid social workers imbued with the spirit of service and did not require any special education or training for performing these functions. However, in the present era of professionalism, employees need proper education and training to impinge upon the quality of services to be provided to the diversified target groups. The present study revealed that all the four NGOs rendering services to the older persons in Chandigarh [Help Age India, Chandigarh Senior Citizens Association, Lions Club Chandigarh Central (running OAH) and Sri Satya Sai Trust (running OAH)] had a well-defined hierarchical structure comprising chairman or president, vice-chairman or vice-president, secretaries duly elected from amongst its varied members. These position holders are however assisted by office staff to deal with routine office work. All these organizations are equipped with adequate staff, retired officials from higher posts of varied fields under state or central government. However, none of existing staff recruited has received any orientation training in these organizations except the zeal to work for the society as a whole and for older persons in particular. The class IV staff viz. cooks, sweepers, gardeners, drivers were trained out of their own experience only.
The analysis of both primary and secondary data is used to test the Hypothesis 5: “The personnel working in NGOs are neither adequate nor trained” stands partially valid.

HYPOTHESIS 6: THE FUNCTIONING OF NGOS SUFFERS DUE TO INADEQUACIES OF FUNDS”

Finance is the life blood of any organization. An organization fails to achieve its goals due to inadequacy of funds. In this regard the NGOs do not present a rosy picture. Besides governmental funding major source of income are the donations from national and international organizations. In the recent past NGOs have witnessed two diverse phenomena, on the one hand there have been mushrooming of the NGOs and on the other the donations have dwindled considerably owing to unabated rise in cost of living and a significant change in the attitude of donors. Thereby, leading to paucity of funds with majority of NGOs making it awfully difficult to undertake even their normal functioning.

With the ever increasing grey population coupled with multifarious increase in their problems the aged in India are the hardest hit owing to failure of the NGOs to undertake adequate welfare and care measures for them.

The analysis of both primary and secondary data is used to test the Hypothesis 6: The functioning of NGOs suffers due to inadequacies of funds” stands validated.

Issues and Suggestions

- The objective of NPOP has not yet been achieved due to ineffective implementation mechanism by GOI.

  - The current National Policy is well considered, comprehensive, objective and sound, it only needs to be strengthened and implemented. The Policy will make a change in the lives of senior citizens only if it is implemented.
  - The gaps in the policy need to be identified with a view to make the policy relevant and implementable.
  - The Ministry of Social Justice and Empowerment as the Nodal Ministry should play dominant role in ensuring regular Inter-Ministerial Meetings to monitor respective ministry’s Action Plan for the benefit of older persons.
  - National Council for Older Persons should play the role of an effective monitoring agency for implementation of the Policy. There should be a small
Executive Committee selected from amongst the members for the purpose of effective monitoring and initiating discussion on urgent topics.

- The statements used by the Parents and Senior Citizen’s Act of 2007 are ambiguous in nature as given below:
  - Senior citizen is defined as “any person above 60 years and includes parent, whether or not senior citizen”. This implies that a parent with a child who is not a minor whether or not 60 years will be defined as a senior citizen.
    - The Act should clearly define the term senior citizens as well as the age of the parents for whom this Act has been enforced.
  - Similarly the term “Relative” means any legal heir of the childless senior citizen who is not a minor and is in possession of or would inherit his property after death. Does that mean that the content of the person’s will should be revealed beforehand and does that also imply that there will be no changes about the inheritance of property once a will is written?
    - The Act should be reviewed for giving such provisions which gave vague impressions and create confusion for senior citizens.
  - The act also proclaims that the state government should set up old-age homes in every district and that each is to house at least 150 people. Although this clause is added with the indigent elderly in mind, it is not clear as to why the bill has to specify the size of old-age homes.
    - It is the requirement of the day to establish more old age homes around the Nation as the number of senior citizens is increasing erratically. But specifying the availability of accommodation by an Act sounds ambiguous.
  - Government is side-stepping its own responsibility by not coming up with more supportive measures for the senior citizen and instead is passing on much of the responsibility to the children, grandchildren and heirs.
    - Government should provide security net to the older persons in the form of good pension, establishing unpaid OAHs and implementation of various policies, programmes, rules and regulations meant for welfare of the older persons.
- Absence of proper rules and regulations governing OAHs.
- The Government should frame proper guidelines for establishment of OAHs
  - Untrained staff in the select OAHs.
    - Management of OAHs should recruit trained staff that can provide proper care to the inmates and should deal with the problems of older persons empathetically.
  - Families of the inmates of OAHs are not participating in the affairs of the OAHs.
    - The management must encourage the families of the inmates to participate in various activities of the OAHs.
  - Inadequate participation of residents in management and the affairs of OAHs.
    - The management should encourage the inmates to shoulder the responsibility of managing their own home by inculcating ‘we feeling’ in them.
- Help Age India has established and has supported many OAHs around the Nation but no OAH has been established by HAI in Chandigarh.
  - HAI should establish its own unpaid OAH in the city to provide shelter to those indigent older persons who are not getting space in OAH-1 due to less intake capacity and other two OAHs in the city which are paid in nature.
- The select OAH-2 is in pathetic condition and the inmates residing are living a pitiful life.
  - Government or NGO like HAI should support OAH-2 and should help those inmates who are living a sinful life in OAH-2.
- OAH-2 has intake capacity of 60 but only 09 inmates were residing in the home.
  - Government should find out the reasons and should suggest measures to fully utilize the space for the welfare of indigent older persons around the city.
- Inadequate funds and grants available with select NGOs for the welfare of older persons.
  - Government should provide adequate grants for varied projects of NGOs for the welfare of older persons. NGOs should also evolve new methods to generate more funds.

**Recommendations**

- Setting up of a separate Department for older persons, frequent meetings of the Screening Committee to ensure that the benefit of the Integrated Programme for Older Persons reaches the target group.
Uniform age criteria should be applicable in every Ministry and Department.

Identify Ministries and guide them to undertake the programmes pertaining to senior citizens to their full potential. The most important would be the ministries dealing with the rural population and their related issues like poverty alleviation.

NPOP should be expanded for the need of the below poverty line (BPL) elderly and definition of the BPL category should be clearly spelt out. Criteria have to be developed for identification and modalities have to be worked out to ensure that the maximum persons get benefits. The needs of the other vulnerable and marginalised older persons who do not necessarily fall in the category of BPL should also be taken into consideration.

Special attention should be given to older females so that they do not become victims of triple neglect and discrimination on account of gender, widowhood and age.

National Association of Older Persons should be established. There should be serious deliberation on implementation.

There should be serious deliberation on the role of the family in providing care to the older persons and alternative mechanism.

Ministry of HRD should be persuaded to introduce small curriculum on geriatric care and issues at school level. Gerontology may also be incorporated in MBBS Degree Course.

General awareness among the masses about the rights of senior citizens should be generated.

There should be serious deliberation on implementation of NPOP as well as Act 2007.

The review committee should be established to review the Parents and Senior Citizens Maintenance Act 2007 to clarify the ambiguous statements of the Act.

Finally, since the police force will have to actually enforce the decisions of the tribunals, their performance in this regard has to be evaluated from time-to-time.

Most of the NGOs are working for women welfare or child welfare. There is a need to enhance the participation of NGOs for welfare of older persons in Chandigarh.

Pension amount which is up to Rs. 500/- for older persons should be increased by the Government to financially empower the older persons.
Government should provide proper and adequate healthcare services for the older persons.

Government should encourage the participation of older persons in policy making as well as policy implementation.

NGOs should also encourage the participation of older persons especially residing in rural areas to keep them engaged for their good health.

Government should appreciate and support the efforts of older persons who are working for the welfare of the older persons like Chandigarh Senior Citizens Association.

Basic needs of the older persons should be defined within the framework of their Constitutional Rights and Directives to the State.

Each Ministry/Department/Agency of the Central and state governments must be charged with the responsibility of formulating /laying down standards or protocols for maintenance, care and protection.

Elder neglect, abuse and violence and the attendants conditions that appear to be associated with the phenomena must be dealt with more sternly.

Research organizations should be encouraged to undertake analyses of these phenomena through access to FIRs filed by the police authorities.

Aged friendly government policies and programmes have to be framed out to give solace to the elderly population of the nation.

The State must provide old age pension to all older persons living below the poverty line.

Establishment of more OAHs is the demand of the day. The government should extend support to voluntary organizations and philanthropic bodies to set up more number of old age homes to provide care and support to vulnerable elderly, particularly in rural areas.

The government needs to crystallize the concept of institutional living and prepare appropriate guidelines to safeguard the social, economic, medical care of the older persons.

Governments and NGOs must encourage the older persons to plan their retirement life
much before their retirement day.

- To get health insurance policy must be compulsory for all during working days to save the dry days of life.

- There should be optimum utilization of the government provisions meant for the older persons.

- Older persons must be encouraged by the government as well as by NGOs to contribute their knowledge and experience in the welfare of the society.

- It is necessary to have police helpline in each community and vigilance committees in every residential colony which should work hand in hand with the resident’s associations, senior citizens forums of the area to cope with the obnoxious and uncivilized behaviour on the part of children towards parents. The law alone cannot be of much help to the victim in elder abuse cases.

- Combined efforts of governments, non-governmental organizations, community and individuals are required to deal with the imminent grey society.

In the end, which is most difficult to subsume, the researcher would feel amply award if the present study stimulates serious thinking in some of the crucial areas of old age, old age care, elder abuse, old age homes and empowerment of older persons. As this field is quite ripe for more detailed investigations and there are many gaps visible where no systematic enquiry has been attempted so far. The researcher has to submit that this is just an individual endeavor. Many other areas related to the theme can further be explored by the future researchers.