

AGEING AND POVERTY IN INDIA



MATHEW CHERIAN

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authors
UPFRONT

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Mathew Cherian asserts the moral right to be identified as the author of this work.

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Foreword

It is indeed a great pleasure for me to write the Foreword for Mathew's Book. Our association and friendship goes back 35 years, when in 1985 we both as part of the National Wastelands Development Board, were involved in selecting the best field non-governmental organizations (NGOs) in the country and providing them with funds to regenerate wastelands through forestry. Fifteen years later in 2000, when he was head of Charities Aid Foundation (CAF) and I was Secretary, Planning Commission, we again worked together and prepared a detailed list of credible NGOs in India who could be safely supported by the government. One hopes that the list is still available on the Commission's archived website.

It is heartening to note that Mathew has now come out with this bold Book on the utter neglect by the government of the most vulnerable persons in our society – the elderly destitute, widows and the disabled. Despite Article 41 of the Constitution that enjoins the state to make effective provisions for such marginalized sections of the society, nothing was done by the Government of India until 1995 towards making any financial provision for them. As Secretary Rural Development, I was able to include in the ministry's budget for the first time a meagre provision of Rs. 75/- per month as pension for the elderly poor and a lump sum cash assistance of Rs. 300/- to pregnant women of 19 years and above, for up to the first two live births in a below poverty line (BPL) household. One hoped that the amount and coverage would be suitably enhanced as India becomes more prosperous, but unfortunately the poor senior citizens have remained a totally neglected lot by the state. Between 1995 and 2020, the Government of India has barely increased their monthly pension from Rs. 75/- to Rs. 200/-, whereas prices have gone up ten times and the pension of IAS secretaries has gone up by 30 times from Rs. 4,000/- to Rs. 1,20,000/- per month. Ideally speaking, the monthly pension for them should be equal to at least 10 days' minimum wage, as has been recommended in this book, but it would require a more sensitive and pro-poor government as well as vigorous advocacy by the civil society to convince the government to do justice to the most marginalized neglected sections of our society. Let us hope this Book provides the right platform for the civil society to do appropriate advocacy.

With regards to widows, in addition to a massive increase in their meagre monthly pension, the Book rightly recommends faithful implementation of the amendments introduced in the Hindu Succession Act, 2005. It states that women / widows of all classes facing destitution are recognized as rightful owners of land and property from which they have been kept deprived by the male family members through subversion of the succession process. The way forward as outlined in the Book offers enough opportunities for the government officials to make a substantial increase in both the number of beneficiaries and their pension amount in future budgetary interventions so that the poor can live with dignity. Even though the Book discusses issues in the Indian context, the experiences gained in India are of significance to many developing countries that face almost similar types of challenges. I am sure the Book will be able to guide the government officials not only in India but in other developing countries too in meeting the global poverty challenge.

As the first source Book on this subject, it is going to be of immense value to the state governments, field workers, policy makers, donors and NGOs.

Dr. N.C. Saxena, IAS (retd)

Preface

India is a senior citizen at 72 years of age. The pace of ageing is on a gallop and all the talk of demographic dividend will soon be replaced by the demographic burden. It is not clairvoyance but an active understanding of how the recent virulent strain of coronavirus (COVID-19) attack on the global population will serve us all as a reminder of our vulnerability. This has brought the risks faced by senior citizens in India as well the need to focus particularly on those who are already suffering from age related ailments and are vulnerable at a critical time in their lives.

My work in HelpAge India has taken me into different states and communities and I have witnessed the fears and tribulations of the elderly. It is not an armchair exposition but born out of two decades of experience and understanding the plight of economically weaker older people in rural areas and urban areas. At the same time, fear and insecurity among them is becoming more acute in urban areas. HelpAge reports on elder abuse show that it is a growing trend, although confined presently to the lower, middle and upper classes. However, there have been some innovations in the field of care, livelihoods and building an age-friendly society primarily led by the non-profit sector in India which the state has to take to scale. I have used the terms 'elders', 'older persons' and 'aged persons' interchangeably, though 'senior citizen' is a better term and gives the citizenship which they lack completely. The state has given very few rights to older persons though mandated in the Constitution.

The Book is being written to share experiences with the hope to make life better in old age, averting an old age crisis and to provide better solutions for the future especially for those elderly who are economically deprived and who have become marginalized, unheard and unseen after having worked all their lives! It is also a tribute to HelpAge India in its 42nd year of existence, surviving challenges to reach two million treatments annually along with many other initiatives that empower senior citizens such as advocacy for pensions, Elders for Elders (EFE) and Pension Parishad.

Surely our parents, grandparents and other seniors deserve a better response from the Indian state as much as from society and families in their twilight years?

Acknowledgement

I am grateful to HelpAge India for agreeing to publish this Book, to Kiran Karnik, Chairman and the Board as well as to the publishers, Paranjy Guha Thakurta and Manish Purohit who worked at short notice to meet a deadline.

My thanks to the HelpAge India team and colleagues from whom I have learnt a great deal – Rajeshwar Devarkonda who heads emergencies and led the work in the Tsunami and Elango Rajarathinam and the Elders for Elders (EFE) teams. I must acknowledge the many internal reports and publications which have been mentioned in this Book, and have been brought out by the team led by Anupama Dutta and Dr. Rohit Kumar who helped me with the references. I have respect for the work of Pension Parishad whose work and reports I have shared and the team of Aruna Roy, Baba Adhav, Nikhil Dey, Shankar Singh who have contributed much by way of pension schemes and was part of a petition filed by Dr. Ashwani Kumar, the former law minister of India whose dedication to the elderly needs special mention. I have learned from Prof. Dr. A.B. Dey, Head of Geriatric Medicine, AIIMS, about the importance of geriatric care and Dr. Suresh Kumar, Director Institute of Palliative Medicine (IPM), Medical College Calicut about palliative care in the community. I also learnt from Prof. Anil Gupta of Honey Bee Network about grassroot innovation and work with centenarians.

I would like to thank Dr. Mohini V. Giri for being a fellow traveller, and helping me with the formulation of the National Policy for Older Persons, as well as advocating for its implementation and the work with widows across India.

The many senior citizens I have been fortunate to meet and work with, gives me joy and the residents of Tamaraikulam Elders Village, Cuddalore, who have been an extended family where I spent my time. I hope to continue to do so in the years ahead. My father, C. Cherian encouraged me to work with the elderly and in hindsight it was a wise decision. I realize this as I age now. My family has assisted me every step of the way – my partner Amita Joseph, our daughters, Aparajita Mathew who worked on the initial editing and Arundati Mathew who worked on the cover design.

I hope this Book serves as advocacy for the need to acknowledge, focus and support our senior citizens in India who have worked all their lives for their families, society and country.

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CHAPTER 1

Context of Ageing and Destitution in India

“Lord, save us all from old age and broken health and a hope tree that has lost the faculty of putting out blossoms.”

– Mark Twain

In my working experience with the elderly from the beginning of the 21st century, we have witnessed the great migration in India of the young from rural India to urban India and all indications are that the elderly are increasing alone in their homes in villages. All our concepts of a traditional society caring for older parents is increasingly a great Indian myth. At HelpAge India, I have observed the joys and sorrows of this generation as in my constant travels I have interacted with many older people in villages and urban slums. The story is almost unchangingly the same, particularly for the destitute, dependent and economically weaker elders, single women as well.

India has been for long regarded as a traditional society where the elderly enjoyed unconditional respect and reverence. All traditionalists will talk of legendary Shraavan and how he took care of his aged parents who were blind. In agrarian and medieval times, joint family system and the agriculture-based economy have ensured the high status and security of the elderly in myriad ways. They played an important role in the family decision-making and controlled the family property. In ancient times, the social milieu was favourable to the elderly. They enjoyed ascribed status in the family and community. Their experience and skills were relevant to the then agricultural economy. However, factors of social change like industrialization, urbanization, modernization and globalization have made drastic changes in the social systems that guaranteed security and respect for the aged, thereby jeopardizing their wellbeing. The ascribed status of the elderly has changed with change in family composition, pattern and functioning. The modern economy makes the traditional know-how of the elderly somewhat redundant. With technological advancement, more and more elderly are

becoming marginalized. For those who had faced constraints in meeting their basic needs in their youth, old age is a dreaded fate!

This is more poignant in the case of women. Due to the increased longevity of women, at higher ages they become more vulnerable due to widowhood. The percentage of Indian women who are widowed increases from 44.5 in the age group of 60-64 years to 86.8 for women aged 80 and above. In contrast, one in ten men in the age group of 60-64 years and one-third of men above 80 are widowers (UNFPA, 2012)¹. As women are at a disadvantage in terms of ownership of assets, lower work participation and lower wages, they are more likely to be at the mercy of the male family members; and more so once they are widowed. This is worse for single women and divorcees. The social security for older persons in India is abysmally poor and pensions and health remain a big challenge.

In 2011 the Government carried out a Socio Economic Caste Census (SECC) and appointed a committee in 2016 called the Expert Group on Socio Economic Caste Status (SECC, 2011) chaired by Sumit Bose, former Rural Development Secretary for identification of the poor in India. The committee gave its report which has been accepted by the Government of India. The Sumit Bose Committee declared that there were 53.3 million poor elderly who deserved old age pensions under the National Social Assistance Programme (NSAP), a flagship scheme of assistance to vulnerable persons like destitute elderly, widows and disabled persons. The Government of India had also confirmed pension assistance in the National Policy for Older Persons (NPOP) as approved in 1999². It is appropriate to quote from the policy approved then, but still unimplemented to date.

National Policy for Older Persons, Clause No 27 states that, "Pension is a much, sought after income security scheme. The base of pension coverage needs to be considerably expanded. It would be necessary to facilitate the establishment of pension schemes both in the private as well as in the public sector for self-employed and salaried persons in non-governmental employment, with provision for employers also to contribute. Paramount considerations in regard to pension schemes are total security, flexibility, liquidity and maximization of returns. Pension Funds will function under the

1 United Nations Population Fund. 2012. State of World Population 2011. Accessed from <https://www.unfpa.org/sites/default/files/pub-pdf/EN-SWOP2011-FINAL.pdf>

2 Government of India. 1999. National Policy for Older Persons. Accessed from <http://socialjustice.nic.in/writereaddata/UploadFile/National%20Policy%20for%20Older%20Persons%20Year%201999.pdf>

watchful eye of a strong regulatory authority which lays down the investment norms and provide strong safeguards." As per statistics of the Government of India, pensions under NSAP covers 3.23 crore older persons in 2020.

The National Policy for Older Persons 1999, however remains unimplemented although much effort has gone into its revision. It remains to be a neglected policy both for the rural and urban old thereby demonstrating a lack of political and administrative will on the part of the state to provide dignity to those who all their lives have contributed to nation building. In 2011, the revision was made where I was involved with the Dr. V. Mohini Giri's Committee in drafting the new policy discussed later in the chapter on policies for elderly.

Elderly in India

Population ageing is one of the most important global trends of the 21st century and senior citizens have now started receiving attention from the public, media and the policy makers. While the 21st century may be considered as the century of older persons, the next century will experience the phenomenon of 'ageing of the aged'. The increase in life expectancy has resulted in a major shift in the age group of 80s. In 2011, there were 98 million senior citizens that would swell to 143 million by 2025 with 51% amongst them being women. The 80+ year old population segment is the fastest growing of the ageing population and this trend is expected to continue. Elderly women bear the biggest burden of family care and are unpaid, unrecognized, unheard and unsung.

In India, the 2011 Census identified 98 million persons as elderly (aged 60 years and above). This was 70.6 million in 2001. Within this population of elderly are 64 million classified as 'young-old', i.e., in the age group 60-69, 28.4 million in the 'old-old' age group 70-80, while 11.4 million are 'oldest-old', i.e., above 80. About 0.6 million were in the age above 100+. The population of the elderly is expected to cross 173 million by 2026 with an exponential increase in the 'oldest-old' category. Rural India continued to accommodate a majority of elderly, with more than 73 million persons, i.e., 71% of elderly population residing in rural areas as compared to 31 million or 29% of elderly population in urban areas (Ministry of Statistics and Programme Implementation Central Statistics Office, 2016)³.

3 Ministry of Statistics and Programme Implementation Central Statistics Office. Elderly in India. 2016. Accessed from http://mospi.nic.in/sites/default/files/publication_reports/ElderlyinIndia_2016.pdf

The decadal growth rate of population of the elderly and the general population has shown a decreasing trend since 1961 till 2001. However, as a trend, the growth in elderly population has always been more than the growth in general population. The situation has altered between 2001 and 2011. While the general population has grown by merely 18% between 2001 and 2011, the growth in elderly population has shot up to 36%. This was 22% and 25% for general and aged populations respectively, in the earlier decade, but between 2000 and 2050 the total population of India is projected to increase by 60% while that of the elderly shoots up by 360%. This rapid rise in the population of the aged is seen as a result of rising 'life expectancy'. In 1970, Indians who reached the age of 60 could expect to live for only nine more years; life expectancy in the country has increased in rural as well as in the urban areas. At birth, in rural areas, it has increased from 48 years in 1970-75 to 66.3 years in 2009-13, while in the urban areas it has increased from 58.9 years to 71.2 years. At the age of 60 years, during the same period, it has increased from 13.5 to 17.5 years in rural areas and from 15.7 to 19.1 years in the urban areas and is anticipated to be 69.8 years for males and 72.3 years for females by 2021-25, which implies that at 60, provisions for their security must be made for another 22.3 years⁴ by all older persons. This means we can live to be 82.3 years on an average and some could reach 100 years!

Table 1.1. Elderly population (aged 60 years and above) in India (in millions)

Source	Total			Rural	Urban
	Person	Female	Male		
Census 1961	24.7	12.4	12.4	21.0	3.7
Census 1971	32.7	15.8	16.9	27.3	5.4
Census 1981	43.2	21.1	22.0	34.7	8.5
Census 1991	56.7	27.3	29.4	44.3	12.4
Census 2001	76.6	38.9	37.8	57.4	19.2
Census 2011	103.8	52.8	51.1	73.3	30.6

Source: *Census of India 2011*⁵

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- 4 Bloom, David, Ajay Mahal, Larry Rosenberg and Jaypee Servilla. 2010. Economic Security Arrangements in the Context of Population Ageing in India, *International Social Security Review*, Vol.63, (3-4).
- 5 Office of the Registrar General & Census Commissioner, India. Ministry of Home Affairs, Government of India, *Census of India*. Accessed from <https://censusindia.gov.in/>

Some of the Indian states have already crossed this threshold. At the age of 60 years, for males, Punjab has the highest life expectancy (19.3 years) and lowest value is observed in Assam and Madhya Pradesh (15.4 years) followed by Himachal Pradesh (18.3 years) and Kerala (18.0 years). For females, however, the highest life expectancy at age of 60 years is, 21.6 years (Kerala) and lowest is 17.5 years (Bihar). The increase in proportion of the aged is correlated to the decreasing Total Fertility Rate (TFR) of 3.2 per women in 2001 to the replacement level by 2021-25. The resultant speed of demographic transition is exhibited as inter-state variations in the proportion of the elderly population. Kerala has maximum proportion of elderly people in its population (12.6%) followed by Goa (11.2%) and Tamil Nadu (10.4%) as per Population Census 2011. The least proportion is in Dadra and Nagar Haveli (4%) followed by Arunachal Pradesh (4.6%) and Daman and Diu and Meghalaya (both at 4.7%). This may be due to the lifestyle and better medical facilities in respective states and population size.

Dependency and Support Ratios

In India, it is traditionally presumed, persons aged 15 to 59 years are supposed to form the population of working ages and is assumed at age 60, people retire or withdraw themselves from work. Thus, the old age dependency ratio is defined as the number of persons in the age-group 60 or more per 100 persons in the age-group 15-59 years. Given the need for jobs and population size, 60 is an ideal age to step down and ensure employment for the younger generation in the organized sector in India.

Old age 'dependency ratio' ($60+ \text{ population} / 15-59 \text{ population} * 100$), which was 14.2 as per 2011 Census, is expected to nearly double from 11.2 in 1996 to 21.7 in the year 2126. In sharp contrast, potential support ratio (defined as the number of persons in the working age group 15-59 – the supporters – per one person in the age-group 60+) will be declining from 8.4 in 2001 to 7 in 2011 and only 5.2 in 2026⁶. This would essentially mean fewer hands to give care or provide succour.

On a more practical front, only about 31% of the households, say 7.7 crore households, have any aged person, i.e., a person of age 60 years or more, in the household. This would mean about 32% in rural areas and 29% in the urban areas and even among these, 22% of the households have one aged person and 9% have two aged members in the household. In rural

6 Subaiya, Lekha and D.W. Bansod. 2011. Demographics of Population Ageing in India. BKPAI Working Paper: No.1, New Delhi: UNFPA.

areas, the corresponding proportions are 22% and 10% and in urban areas 21% and 8% respectively. Only 0.5% households have three or more aged members. Therefore, the responsibility if any is on these households for supporting the elderly.

Economic Independence

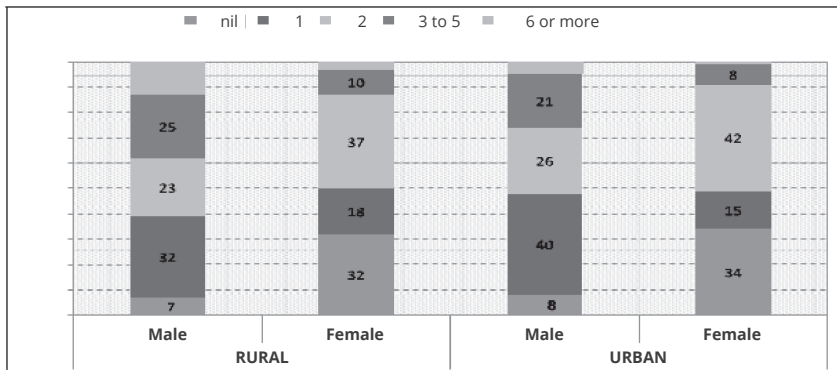
As evidenced in the 'Status of Elderly', a document produced by the Ministry of Statistics and Programme Implementation based on data provided by the NSSO, 67% of rural elderly men and 26% of rural elderly women are not fully dependent on others for economic needs. These numbers are 69% of elderly men and 26% for elderly women, in urban India. In a reversal on the case of 'Burden of Ageing' at the family level, the economically not fully dependent elderly are seen to be providing for members of the family or dependents. This establishes for a fact that despite age, about 93% of rural or urban elderly men and 67% of urban elderly women and 69% of rural elderly women are providers for one or more dependents. Hence, they are probably forced to be economically productive with no choice or alternative.

Table 1.2. Economically independent elderly and dependents

Place of Residence / Gender	Dependents		
	Nil	1-2	3 or more
Rural male	7	55	38
Rural female	32	55	14
Rural elderly	12	55	33
Urban male	8	66	27
Urban female	34	57	10
Urban elderly	15	64	23

Source: National Sample Survey Office, 2004⁷

7 National Sample Survey Office, India. 2004. Survey on Morbidity and Health Care: NSS 60th Round, Schedule 25, January 2004-June 2005. Accessed from <http://www.icsrdataservice.in/datarepository/index.php/catalog/77/study-description>

Graph 1.1. Per cent distribution of economically independent aged persons by number of dependents

Source: National Sample Survey Office, 2004⁸

Further, the picture would be worrying when the economic independence and the role of providers is transposed with the Monthly Per Capita Consumer Expenditure (MPCE).

The Expert Group or Rangarajan Committee established the New Poverty Line at a MPCE of Rs. 972/- in rural areas and Rs. 1,407/- in urban areas, hence they translate to a monthly per household expenditure of Rs. 4,860/- in rural India and of Rs. 7,035/- for urban India – assuming a family of five members in each case.

As per the most recent (World Bank, 2014) purchase power parity – values, the poverty line basket – Monthly Per Capita Consumption Expenditure (MPCE) translates to \$2.14 per capita per day for rural India, \$3.10 per capita per day for urban India and \$2.44 per capita per day for the country as a whole translating to Rs. 970/- for rural areas and Rs. 1,403/- for urban areas.

In this context, juxtaposing the elderly population against the MPCE, values indicate that nearly 100% of rural elderly and 82% of the urban elderly are poor.

8 National Sample Survey Office, India. 2004. Survey on Morbidity and Health Care: NSS 60th Round, Schedule 25, January 2004-June 2005. Accessed from <http://www.icssrdataservice.in/datarepository/index.php/catalog/77/study-description>

Table 1.3. Per cent distribution of elderly persons across MPCE* decile classes in rural and urban India

MPCE decile class (Rs.)	Rural (%)			MPCE decile class (Rs.)	Urban (%)		
	Male	Female	Person		Male	Female	Person
0-255	7	8	7	0-350	4	5	5
255-300	8	8	8	350-425	5	5	5
300-340	7	7	7	425-500	10	11	10
340-380	9	9	9	500-575	5	5	5
380-420	9	9	9	575-665	7	9	8
420-470	10	10	10	665-775	11	10	10
470-525	11	11	11	775-915	10	10	10
525-615	13	11	12	915-1120	13	13	13
615-775	13	12	12	1120-1500	17	15	16
775+	13	15	13	1500+	19	17	17
All classes	100	100	100	All classes	100	100	100

Source: National Sample Survey Office, Sixtieth Round, (January-June 2004)⁹

* Monthly Per Capita Consumer Expenditure

In India, the proportion of elderly as a percentage of total population is rapidly increasing from 7% to 12% and it is estimated to rise from 95 million in 2011 to 120 million by 2014 and would increase to 200 million by the year 2025. The US Census Bureau (2008) projects that India's older population would be quadrupled by mid-century, while that of the world is expected to triple. Today, India is home to one out of every ten senior citizens of the world. Both the absolute and relative numbers, the population of the elderly in India will gain in future. The data on old age dependency ratio is slowly increasing in both rural and urban areas, with increased migration of younger persons, which indeed is a matter of concern for the state, communities and families.

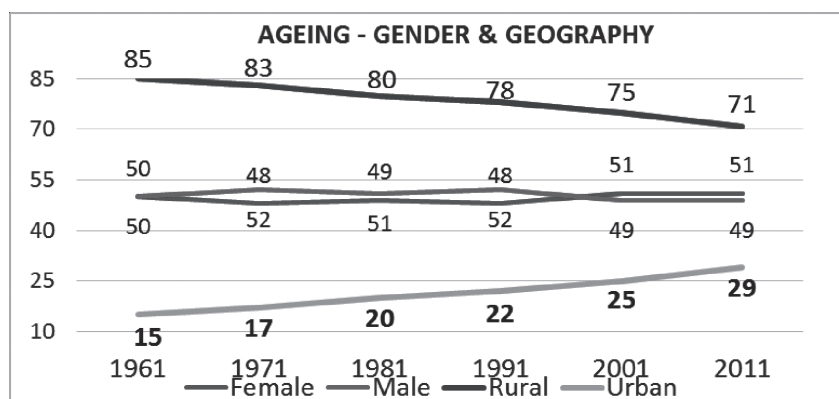
9 National Sample Survey Office, Sixtieth Round, (January-June 2004). Accessed from <http://mospi.nic.in/NSSOa>

Feminization of Ageing

Till the Population Census 1991, the number of elderly males exceeded the number of females. This trend reversed and the elderly females outnumbered elderly males in the past two decades. The sex ratio of the elderly rose from 940 women per 1000 men to 1020 in 2001 and to 1033 in 2011 and is expected to be 1050 in 2026. By 2050, the number of elderly women 60 years and older would exceed the number of elderly men as life expectancy for males will be 71.8 years while for females, it will reach 75.7 years.

This trend is a major concern for policy makers as elderly women are more vulnerable on all fronts compared to elderly men. As women are at a disadvantage in terms of ownership of assets, lower work participation and lower wages, they are more likely to be at the mercy of the male family members; and more so once they are widowed.

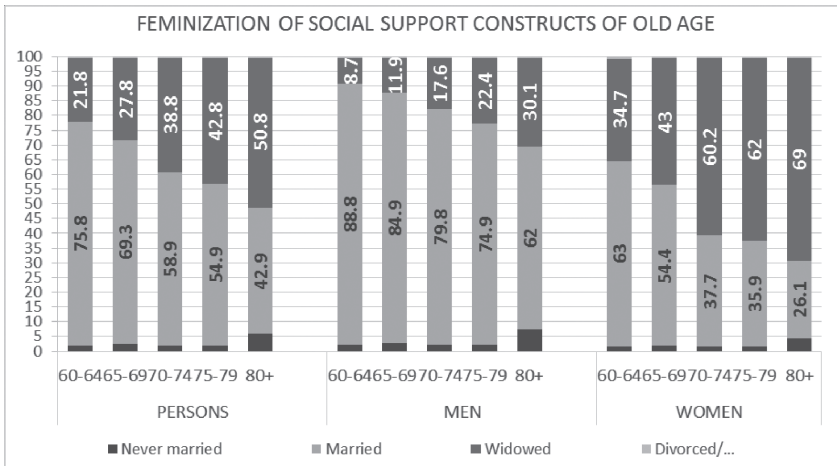
Graph 1.2. Age-gender comparison



Gender and Social Constructs

In the Indian context and considering the gender disparities of the society in general, marital status and there by the expected spousal support in old age becomes crucial. While divorces and separation among elderly (persons aged above 60 years) are of negligible percentage as compared to the younger age groups, due to the increased longevity of women, at higher ages they become more vulnerable as single women (divorced / separated and never married).

Graph 1.3. Demographics of ageing in India



Source: Sathyananarayana K.M. 2013. *AGlimpse of Demographics of Ageing in India*

Implications for Growing Widows and Single Women in India

The vast majority of the 80+ live in rural areas that have the least facilities for necessary special health and family care. Health expenditure in India is an abysmally low figure of 1.7% of GDP and much of the facilities remain in the private sector out of reach of the common person especially the old. This has created a crisis for old persons generally and especially in the current COVID-19 crisis placing them at the highest risk. The main issue is lack of geriatric infrastructure in districts. Less than 100 districts out of 707 districts have 10 working beds for elders in district hospitals. It is a very sad situation which needs to be rectified by all the states.

Moreover, perception of the 80+ regarding their problems changes rather drastically as age increases. For example, young and middle age old (60-79) may be more concerned with their economic needs and a necessity to remain fit and independent, while the 80+ are often sick, frail, physically weak, vulnerable to crime and dependent on others requiring urgent support measures. They are also often excluded from the social and economic spheres of life. Therefore, this group should not be treated as part of a homogenous group of all older persons. Traditionally, in India, the most common form of family structure was the joint family. The extended family consisted of at least two generations living together and this arrangement was usually to the advantage of the elderly as they enjoyed a special status and power. But with growing urbanization and dependency on

the availability of jobs, children are moving out of the extended family set-up, leaving the 'empty nest' and establishing their nuclear families. Outward migration is a critical factor affecting the aged.

Ageing is a universal phenomenon, yet there is a wide disparity on the experiential ground. This difference is on account of various social and economic factors, the cumulative effect of which is seen in old age. Rich and poor, educated and illiterate, professionals and non-workers, men and women – all have certain similarities in terms of biological aging but social aspects of aging differs considerably. Old age brings with it the diminishing strength and vigour and as a result, most of the poor who have relied on their physical capabilities to earn livelihood suffer the most. It is in this context, that increasing cases of destitution among the aged are seen in India, especially in the cosmopolitan and metropolitan settings.

BOX 1.1

Some experiences from our study of the 80+ in different locations by HelpAge India staff:

In Chennai, most (95%) of the 'oldest-old' meet their health care expenses predominantly from their own saving / income.

One qualitative respondent, who is 87 years old from Ahmedabad added,

"... I usually visit the nearby government hospital for my health treatment and my son has to bear my expenses... Also I am getting a pension of just Rs. 400/- only per month which is not sufficient... I get some medicine free of cost at hospitals, but I have to buy some medicines which I do not get from the hospital, from outside."

Another elderly man of age 83 years in Maharashtra said,

"I am an illiterate farmer... I do not know anything else, whenever I fall ill, I sell food grains and meet my normal medical expenses but once when I had a serious health problem (disease) then I sold a piece of land. We deserve a pension in old age."

Vidarbha agrarian suicides – widow from Yavatmal Maharashtra

Vidarbha was in news (2007-2009) because of farmer suicides. Maximum suicide cases were in Yeotmal district. Most of the cases are from Pandharkawda Taluka of Yeotmal district. From 2009 we started working in Pandharkawda Taluka. First we sent our Mobile Medicare Unit van with staff and provided medical and psychological support.

But the problem was to provide regular support to them. In Kelapur Block, Yogita Tai recalls the death of her son who committed suicide. His widow Pratibha says even her parents were unwilling to take her back and the grandparents have taken the new role of bringing up children and she has become a woman farmer after the suicide. So grandparents are taking up new roles in the agrarian crisis. Women and widows are the new face of vulnerability.

The urban setting as it exists today is extremely unfavourable to the elderly with characteristics like fast pace of life, cut-throat competition in almost all walks of life, high economic disparity, impersonality, no time for anybody and the like and digital divide of late. Apparently, urban environment further accentuates the problems of the elderly due to inaccessible infrastructure, lack of a peer group, etc. For an elderly living below poverty line (BPL), such a situation can be devastating. Among the total elderly population, those who live in urban areas constitute 22% at present and is increasing.

Vulnerability through a gender lens shows that women in the oldest-old (80+) are a special vulnerable group. An overwhelming portion of this group are widows who in India suffer multiple miseries – being women, being widows, being poor and having longer agonising years to live than men. Single / divorced women are again in the same situation.

This phenomenon regarding the ageing of the 80+ with numerous morbidities needs urgent attention. This group suffers more on account of disability, chronic disease, terminal illness, dementia and depression, accidents, falls, nutritional deficiencies, loneliness, etc. Furthermore, this group is subject to elderly abuse through neglect and isolation which makes them financially and emotionally dependent on their families and others. It is important to make the 80+ financially self-sustaining. Their pension needs to be improved and there should be provision for free medical aid, particularly for those who are exempt from paying income tax. There are currently about 10 million 80+ elderly people in India and this number is expected to rise to around 53 million by the year 2050. As a result of the current ageing scenario, there is a need for all aspects of care for the oldest-old (80+ years) namely, socioeconomic, financial, health and shelter. Problems in any of these areas have an impact on the quality of life in old age and health care. Increase in life span also results in chronic functional disabilities, creating a need for assistance by the oldest-old to manage simple chores. The future policy needs to look at the increasing longevity of people and lack of caregiving.

The other health problems faced by the oldest-old include asthma, poor eyesight, cold and cough, joint pain and problems related to general physical weakness. Most of the oldest-old depend on a private doctor / clinic, community health centre and primary health centre in the area for treatment. The oldest-old in the rural areas are not covered by any health insurance schemes and therefore find it difficult to access health care. In most cases, there are no dependable community support systems that the oldest-old can depend on. Moreover, there are no government welfare schemes for the benefit of oldest-old persons except for the Indira Gandhi National Old Age Pension Scheme (IGNOAPS). Amongst senior citizens, particularly those above age 80, women outnumber men in terms of who requires additional funding. The Ministry of Finance, Government of India has recognized special consideration for the 80+ age group by providing income tax concessions. But this applies to income tax payments and not destitute. In the last 50 years, life span has increased by 20 years. Not only that, but the overall number of the 80+ is rapidly increasing, as many more are living beyond 80 years old. Their overall requirements for accommodation in travel, sustenance and their ever increasing medical expenses need to be taken into account. Amongst senior citizens, particularly those above 80 years, women outnumber men who will require additional funding for widows and single women.

The increase in life expectancy has brought forth other challenges of health care management. Those with increased longevity may not necessarily have disease free life in old age. Many of them suffer from non-communicable diseases (NCDs) including diabetes, Alzheimer's, hypertension, coronary heart disease, osteoarthritis, stroke, dementia, osteoporosis, cancer, enlarged prostate, depression and cataract-related blindness. These senior citizens need special attention in rural areas. The issues of poverty, both relative and chronic, pose special challenges to the older persons, particularly in rural and far-flung areas. Women, disabled, minorities, Dalits and tribals in this category would be triply disadvantaged because they have limited access to social security, health care and emotional security. The women, particularly widows, single and divorced, who are a sizable chunk of the older population, need special attention for ensuring a life with dignity, independence and care. So does the oldest-old and rural elderly. It is very difficult to understand the plight of the elderly unless one understands destitution in India. There are many elderly men and women living alone and this population is growing. There are several centenarians in India (see Chapter 3, Box 3.1; source Honey Bee Network, Prof. Anil Gupta 'Shatayu').

Given the trend of population aging in the country, the older population faces a number of problems and adjusts to them in varying degrees. These problems range from absence of ensured and sufficient income to support themselves and their dependents to ill health, absence of social security, loss of social role and recognition and to the non-availability of opportunities for creative use of free time. The needs and problems of the elderly vary significantly according to their age, socioeconomic status, health, living status and other such background characteristics. As people live longer and into much advanced age (say 75 years and over), they need more intensive and long-term care, which in turn may increase financial stress on the family. Health and pensions is increasingly an important requirement for the disadvantaged elderly in India. Accessible infrastructures such as ramps are required.

Health, Economic, Social Security and Other Vulnerabilities

Health status of an elderly person is dependent on factors like lifestyle, eating habits, nutrition, type of work, quality of civic amenities available, mental health and the like. In the case of poor elderly in urban setting, prolonged state of malnutrition in childhood and youth, poor sanitary and unhygienic surroundings, lack of adequate health facility, unsafe drinking water and other such factors take a heavy toll on their health condition. Hard physical labour, throughout life, adds on to locomotion problems, deteriorating sensory capabilities (cataract, etc.). In old age, when they are forced to leave their occupation on account of declining health condition, it enhances their chances of destitution manifold. Their survival becomes an uphill task. The families living below poverty line have no means to support their younger family members and the elderly are the second on the priority list. The related issue in this case is access to health care services and health related expenditure.

Among the several problems of elderly in the Indian society, economic problems occupy an important position. Mass poverty is the reality and the vast majority of the families have income far below the level to ensure a reasonable standard of living. Nearly 90% of the total workforces are employed in the unorganized sector. In this sector, poor people retire involuntarily on account of poor health condition. They retire from their gainful employment without any financial security like pension and other post-retirement benefits (Vijay Kumar, 2000). So, for many poor people, old age invariably brings destitution. The Ministry of Social Justice and Empowerment, Government of India (1999) in its document on the

National Policy for Older Persons (1999), stated that one-third of the elderly population (1993-94) is below the poverty line and about one-third are just above it, but belonging to lower income group. For elders living with their families, which is still the dominant living arrangement, their economic security and wellbeing are largely contingent on the economic capacity of the family unit. Added to this, disability, fragility, landlessness, unskilled labour, unemployment, abject poverty, etc., accentuate vulnerability to destitution among elderly people.

Poverty, in fact when seen in the context of old age, has many but specific dimensions in the forms of deprivation and misery. Another study classifies them as declining poor, coping poor and improving poor, with different degrees of priority for the three basic needs of survival, security and quality of life. Sadly, elderly people in poverty, more often than not, are not seen on 'capability' dimensions despite having worked all their lives and contributed to the GDP of the country. Largely, they do not form the part of coping poor or improving poor. Identifiably, vulnerability or deprivation of urban elderly poor has the following aspects:

- Lack of a shelter without ownership rights, no access to individual water connection / toilets, lack of safe drinking water, unhealthy and unsanitary living conditions. No / Irregular / casual employment, low paid work, no / ineffective social safety net, lack of access to credit on reasonable terms, low ownership of productive assets. Low education, lack of skills, low social capital and inadequate access to food security programmes, availability, affordability and accessibility problems to health and welfare services.
- Proneness to violence and abuse, gender disability, lack of information, lack of access to justice. Lack of documents such as birth certificates, voters cards due to migration, Aadhaar card unable to read the retina of the eyes or their fingerprints (Annexure I – refusing pensions and rations).
- Non-receipt of a regular adequate pension. Some cases have been found where even living persons were declared dead and deleted from the pension list (Annexure I – declaring older living persons as dead).
- Poverty has remained one of the major concerns for social planners and policy makers. Urban India has a high incidence of poverty despite documenting success and progress in the development process. Data shows that there are 81 million people living in urban areas on incomes that are below the poverty line. The pace of

urbanization in India is set to increase, and with it, urban poverty and urban slums. Projections bring out that India will have 41% of the people living in urban areas by 2030 from the present level of 286 million and 28% (Urban Poverty Report, 2009). In this context of urban poverty, it would be relevant to study how poor people in old age cope with multiple and multi-dimensional vulnerabilities. Sudden unimportance or 'invisibility' once the elders move out of an economic role, it affects their self-esteem along with other ageing issues.

Rural distress, farmer suicides have affected rural elderly in many ways forcing them back to work to support children and grandchildren left behind especially in the farmer suicide ridden states of India which includes the richer states of Maharashtra, Punjab, Andhra, Kerala and Tamil Nadu. In a country like India with diverse challenges, the concerns around ageing often takes a backseat especially because of a lack of a collective voice beyond Pension Parishad or Baba Adhav's work with the head loaders and 'hamaals' in Maharashtra. The elderly have to emerge as a constituency to be counted! And for this reason they need to be organized.

Destitution and Vulnerability among Elderly

The concept and consequences of destitution in the context of old age has to be well understood. In socioeconomic terms, the most economically deprived such as those below the poverty line are taken as destitute. The word 'destitution' denotes deprivation – the absence of any control over assets and the loss of access to income from one's own labour. It is a multi-factorial process of loss that deprives a person of control over assets and income. Social aspects of destitution constitutes the collapse or draining away of social support system. It is the inability to meet the basic needs of life – food, shelter and clothing. Thus, destitution is an extreme condition of income poverty and destitute people are often socially excluded and deprived incapability dimensions of poverty too. So there is also a high probability that those deprived in all dimensions will be destitute elderly. Often long-term destitution leads to death.

A similar term – vulnerability – may be needed to be defined too in the context of elderly. Vulnerability is the condition or state of some persons or groups who somehow carry a greater probability of being harmed by social, environmental or health problem than the rest of the population as a whole. Vulnerability may be defined as the contingent conditions that hamper the wellbeing and social functioning of individuals and requires the support

system other than the existing ones to mitigate the factors that may result in destitution, if not encountered promptly. Destitution is a major problem prevailing in the country among elderly.

In the nineties, Kerala had defined an index to classify destitution called the 'Alleppey Poverty Index' which was able to identify the poorest of the poor. It was a visual index looking at the state of the house, and the state of the roofing material and also whether the children were dropping out of school.

Alleppey Poverty Index – To Identify the Vulnerable Poor

The result has been the evolution and development of poverty index with nine demonstrable and verifiable factors which are co-related with the poverty status of the families.

The following are the nine factors of the 'Alleppey Poverty Index':

1. Thatched / kutcha house / sub-standard house or hut.
2. Absence of a latrine at home.
3. Only one person in the family has employment.
4. There is at least one uneducated person.
5. There is at least one child of 0-5 years old.
6. Non-availability of drinking water within a radius of 500 ft.
7. At least one person uses intoxicants.
8. Family belonging to the scheduled caste or tribe.
9. Has means only for less than two meals a day.

Families which confront at least four out of the nine problems mentioned above are considered 'poor families' below the poverty line.

The original basis for this new evolution was the Health and Nutrition Index propounded or developed by Dr. V.L. Srilatha during her fellowship programme in Harvard, USA. This was further field tested in Alleppey in 1992 with community participation. The nine demonstrable factors to identify the poor families by the community itself was thus evolved and developed in 1992 jointly by Dr. Srilatha for UNICEF. This is a very simple and effective tool to identify the real poor. It is a 'closed loop system' without much scope for manipulation. The political patronage which is prevalent in our society, impedes to decide on the targeting of beneficiary families and groups at the field level. Poverty Index is a simple enough tool which can be used by the local community members with even very little education. The UNICEF and state government approved the Alappuzha CDS bylaws in January 1993.

One of the shortcomings of the National Policy for Older Persons (NPOP)

is that it has not specified the actual total number of older persons below poverty line (BPL), which it intends to serve. Thus, it would be beneficial if a comprehensive survey gets conducted in all the states to identify the total number of the elderly persons belonging to the BPL families. It is required that Finance Commission and other competent authorities pay special attention while allocating financial resources for the welfare and development of the elderly and for pensions and health care keeping in line with the Constitutional obligations of our country. We need to keep in mind that all elderly have already contributed to the nation.

Today in 2020, the elderly destitute is a category of people who need support desperately and a similar index needs to be developed for the identification of elderly who are destitute.

- Who are below the poverty line?
- Those who are not productive.
- Who do not have their basic needs (food, shelter, financial, health and security) of life met?
- Who have no regular source of income?
- Who have no family support or children with them?
- Who have failing health and have no access to health services?
- Who are deprived of their rights and entitlements?
- Those who have received no formal education and are not literate.

This may help identify destitute elders until there is universal coverage of pension.

Schemes and Services for Elderly

A look into the state intervention in terms of services and programmes for the elderly with particular reference to destitute aged would be beneficial, before appraising the awareness, accessibility and affordability issues vis-à-vis elderly availing these services. The Constitution of India in its Article 41 of Directive Principles of State Policy highlights significance of social security for the elderly. The Article says, “the State shall, within the limits of its economic capacity and development, make effective provisions for securing the right to... public assistance in the case of... old age....”

Further, there are many legal provisions for protection and ensuring dignity and wellbeing of elderly persons like – Code of Criminal Procedure, 1973, Section 125 (1)(2) [it makes it incumbent for a person having sufficient means to maintain his father or mother who, is unable to maintain himself or herself] and Hindu Adoptions and Maintenance Act, 1956, Section 20(1) [it states that every Hindu son or daughter is under obligation to maintain

aged and infirm parent, if unable to maintain himself or herself]. Further, Maintenance and Welfare of Parents and Senior Citizens Act, 2007, is applicable to one and all, cutting across all religious groups. This aims to ensure the rightful place of the elderly in the household and community, and offspring would be penalized for not providing care and support to their elderly parents (a chronological list of policies is included later in the chapter).

National Policy for Older Persons, 1999, aimed to assure older persons that their problems are national concerns and that they would not live unprotected, ignored or marginalized. It set out guiding principles for financial security, health care and nutrition, shelter, education, welfare and research and training as the main components for the wellbeing of the elderly. The policy provided a broad framework for inter-sectoral cooperation and collaboration, both within the government as well as between governmental and non-governmental agencies and may have been a good initiative by the state had it been implemented. Every state has declared its own state policy for older persons and HelpAge India has been advocating with many states for declaring a state policy. Even now, only 11 Indian states have a state policy though we have 28 states in the Indian union.

Old age pension is apparently the most popular scheme among the aged. As a part of economic security, under the Indira Gandhi National Old Age Pension Scheme, 1995, social assistance is provided to the needy elderly. Some of the eligibility conditions of this pension scheme are domicile, sex, age and absence of close relatives. In Delhi, Rs. 1,000/- are provided under the pension scheme. The Ministry of Rural Development, Government of India, has launched the Annapurna Scheme in the year 2000. The scheme aims to provide food security to those aged individuals who are eligible but have remained uncovered by the National Old Age Pension Scheme (NOAPS). Implemented by the Food, Civil Supplies & Consumer Protection Department, 18 kgs of food grain (rice or wheat or both) is provided free of cost to the beneficiaries under the scheme. This has been discontinued after the implementation of right to food under the National Food Security Act (NFSA).

Destitution is a nightmare for poor and needy elderly, especially in the urban setting. The context of urban area is often devoid of community support. Elderly, in poverty, when they become unproductive and do not have family support, often are left uncared for and in destitution. They resort to begging, or try hard to survive by engaging in physically

strenuous activities like casual labour, rickshaw pulling, street vending and tea stalls. Situation of elderly women in poverty is much more severe. Living a life of dependence and not having any sellable skills to earn a livelihood, with defeating health condition, aged women are more prone to destitution. Destitute elderly also lose out on the benefits of civic amenities. Most of the elderly are illiterate and they lack awareness about many schemes and programmes meant for their betterment. Old age pension is found quite popular among the elderly despite literacy levels. There is hardly any knowledge about the National Policy for Older Persons or the Maintenance Act. Coming to availing the services, only two among the ten destitute elderly are getting pension. It reflects highly poor coverage of the social security schemes. It also raises doubts on the efficacy of services and programmes to prevent / ameliorate destitution in future when the number of elderly in need of such services would shoot up in future. Schemes on food security, housing, health insurance, livelihood, etc., are almost non-existent for the destitute elderly. This is the subject of discussion and how we can reduce poverty among elderly in India. Government efforts have been sporadic and the political will rather low.

The detailed chronological overview of the government support and policies for the elderly received in the realm of basic amenities like pension, and geriatric care and medical facilities across the various states revealed the following:

List of Dates Important for Old Age Policy

- 26th January, 1952 – The commencement of the Constitution of India (vide Article 394 – with a Constitutional commitment under the Directive Principles of State Policy, wherein Article 41 mandates that, “The State shall, within the limits of its economic capacity and development, make effective provision for securing the right to work, to education and to public assistance in cases of unemployment, old age, sickness and disablement, and in other cases of undeserved want.”
- 1961 – The National Institute of Social Defence (NISD) was set up originally as Central Bureau of Correctional Services in 1961, under the Ministry of Home Affairs, in pursuance of the recommendations emerging at various National Forums and was subsequently, transferred to the then Department of Social Security in 1964. From 1975 the Institute was a subordinate office under the Ministry of Social Justice and Empowerment, while NISD is a Central Advisory

Body for Ministry of Social Justice and Empowerment, Government of India.

- August, 1995 – National Old Age Pension Scheme which was part of the National Social Assistance Programme (NSAP) and was launched by the Ministry of Rural Development, Government of India in August 1995. They still distribute out old age pension amounting to Rs. 200/- per month.
- January, 1999 – The National Policy for Older Persons was announced by the government in January 1999, which envisages state support to ensure financial and food security, health care, shelter and other needs of older persons to improve the quality of their lives.
- 24th September, 2007 – By Office Memorandum No.J-11013/1/2007-NSAP issued by the Ministry of Rural Development, Government of India, National Old Pension Scheme was renamed as Indira Gandhi National Old Age Pension Scheme (IGNOAPS). Under IGNOAPS, central assistance is given towards pension at Rs. 200/- per month to persons above 60 years and Rs. 500/- per month for senior citizens of 80 years and above, belonging to a household below poverty line, which is expected to be supplemented by at least an equal contribution by the states.
- December, 2007 – The Parliament enacted, 'Maintenance and Welfare of Parents and Senior Citizens Act, 2007' (hereinafter referred as MWP Act) to ensure need based maintenance for parents and senior citizens and their welfare. All states and UTs (except Jammu and Kashmir and Himachal Pradesh) have brought the Act into force.
- 1st April, 2008 – The Ministry of Social Justice and Empowerment has implemented a scheme of Integrated Programme for Older Persons (IPOP) which was revised on 1st April, 2008, under which financial assistance is provided to panchayati raj institutions / local bodies, non-governmental organizations (NGOs), institutions or organizations set up by the government as autonomous / subordinate bodies, etc., and in exceptional cases to state governments / union territory administrations, including inter-alia for running and maintenance of old age homes, daycare centres, mobile medical units, etc.
- 2010-2011 – The Government of India launched the 'National Programme for Health Care of the Elderly (NPHCE)' during the year 2010-11 for providing dedicated health care facilities to senior citizens (above 60 years of age) at primary, secondary and tertiary health care delivery system. The basic aim of the NPHCE is to provide separate

and specialized comprehensive health care to the senior citizens at various levels of state health care delivery system including outreach services.

- 30th March, 2011 – Due to inadequate implementation of the National Policy for Older Persons, the government set up a committee under the chairmanship of Dr. V. Mohini Giri to draft a new national policy for the senior citizens, which submitted its report on 30th March, 2011. However, despite the passage of four years, the said policy has not been finalized and no development in this area has taken place.
- 17th February, 2012 – The Government of India constituted the ‘National Council of Senior Citizens (NCSrC)’ by renaming of the ‘National Council for Older Persons (NPOP)’ vide Ministry of Social Justice and Empowerment’s Resolution No.15-40(4)/2010-11/AG dated 17th February, 2012 published in the *Gazette of India* (Extra Ordinary) on 22nd February, 2012. The mandate of the National Council of Senior Citizens is to advise the central and state governments on the entire gamut of issues related to the welfare of senior citizens and enhancement of their quality of life.

Geriatric care should form a part of national health missions and may cover preventive, curative and disease management of health care. Geriatric care unit should be established in all community health centres to provide specialized medical care to them including ambulatory services as well. Health security is a must. Free of cost health services, primarily through mobile medical units should be initiated. A provision for budget allocation should be made in this regard by the Planning Commission. At the policy level, Ministry of Health & Family Welfare, Government of India, should initiate a scheme on health insurance with affordable premium for catering to the medical needs of the elderly. The National Policy for Older Persons (1999) provides several welfare facilities for the elderly. It is found that a majority of elderly lack knowledge over the existence of such policy and welfare schemes. Thus, it is essential to undertake urgent steps that could help in spreading awareness over the policy and welfare schemes at the ground levels, so as to enable them in becoming aware and being capable of reaping its benefits.

Recently, as a part of the project on ‘Building a Knowledge Base on Population Ageing in India’, 2016, which was jointly undertaken by the UNFPA, New Delhi; Institute for Economic Growth (IEG), New Delhi; Institute for Social and Economic Change (ISEC), Bangalore and Tata Institute of Social Sciences (TISS), Mumbai; a survey on, ‘The Status of the

Elderly' was carried out during May-September 2011 in seven selected states of India having a percentage of elderly population higher than the national average. These states were Himachal Pradesh, Punjab, West Bengal, Odisha, Maharashtra, Kerala and Tamil Nadu.

The sample for each state was 1,280 households having at least one elderly (60 years old or more) person. Using the probability proportionate to the population size (PPS) method, 80 primary sampling units (PSUs) equally distributed between rural and urban areas were selected from each state. The socioeconomic and demographic profiles of the elderly, based on the data thus collected from 9,852 elderly coming from 8,329 household across the seven states, reliably reflect the different aspects of their economic vulnerability. As shown in the survey by UNFPA, it was revealed that, nearly 45% of the elderly come from the households which reported having either BPL or Antyodaya card. State wise, the percentage varied from 21 in Punjab to 94 in Tamil Nadu. Since benefits of the various government schemes are linked to the possession of these cards, there exists the possibility of malpractices in preparing the BPL lists. As the accuracy of the lists is often questioned, it is essential to examine the data using alternative indicators of poverty.

Hence, the elderly with a Monthly Per Capita Expenditure (MPCE) below Rs. 1,000/- can be considered a better indicator of economic vulnerability, as nearly one-third of the elderly fall in this category. Vulnerability in this respect is the highest in Odisha (68%) whereas in states like Kerala, Himachal Pradesh and Punjab (17-22%) they are in a better situation.

A similar state-wise pattern is observed in terms of wealth index (which is based on household amenities, ownership of household assets and consumer durables) but only a quarter of the elderly households fall in the lowest quintile of wealth index. About two-fifths of the elderly have no personal income. But this proportion also varies from one-third in Punjab to more than half in Tamil Nadu. A quarter of the elderly do not own any asset, but in Himachal Pradesh, West Bengal, Odisha and Kerala, 35-40% of the elderly are in this category. Half of the elderly are fully dependent financially on others. In West Bengal and Tamil Nadu this percentage is around 60. In Punjab only one-third of the elderly are financially dependent.

Finally, as pointed out by Chennery, et al. (1974)¹⁰ and Drèze & Sen

10 Chennery H., Ahluwalia M.S., Bell, C.L.G., Duloy, J.H., Jolly, R. 1974. *Redistribution with Growth: Policies to Improve Income Distribution in Developing Countries in the Context of Economic Growth*, London: Oxford University Press.

(1991)¹¹, in spite of all the constraints, countries like China, Sri Lanka, Costa Rica and Jamaica, and the state of Kerala in India have shown that extensive systems of social security implemented through efficiently targetted and monitored programmes, widespread public participation and the careful integration of social and economic policies can play important roles in maintaining the standards of living of vulnerable groups in the population, including the elderly. Pension for older persons, widows and single women, disabled persons and older LGBT persons is a way out of age related poverty in the country. It is very much possible to do so even in India despite all our economic challenges if there is political and administrative will. It is time for the state to give something back.

11 Drèze J. and Sen, A.K. 1991. Public Action for Social Security: Foundation and Strategy; in Social Security in Developing Countries, E. Ahmed, J. Dre'ze, J. Hills, A.K. Sen, (eds.) Oxford; Clarendon Press.

CHAPTER 2

The Need for Universal Old Age Pensions

“Khamoshi guftgu hai bezabani hai zaban meri.”

– Ms Syeda Hameed, Former Member Planning Commission writing in the State of Pensions in India Report 2018 on the Pension Parishad – A struggle for pensions for the poor.

The relentless struggle by a few committed individuals on behalf of those who cannot always speak for themselves goes on describing the efforts of the Pension Parishad. Pensions for older people and widows has been so neglected in India that millions of older people have to struggle for even their food and bare necessities in life. Unlike many economies including Japan and China, with whom we always like to compete, we have not made social security of older persons an important agenda for our democratic framework.

Social Security Framework in India

The Directive Principles of State Policy of the Constitution, which enjoins the state to direct its policy towards securing, inter alia, that the citizens, men and women equally, have the right to an adequate means of livelihood [(Article 39 a), Constitution of India]. The Constitution adds, “The State shall also, within the limits of its economic capacity and development, make effective provision for securing the right to work, to education and to public assistance in cases of unemployment, old age, sickness and disablement and in other cases of undeserved want” (Article 41, Constitution of India)¹².

Looking at the relevant discussions in India since Independence, there has been a near consensus among policymakers and academia that the state

12 Article 41, The Constitution of India. Accessed from https://www.india.gov.in/sites/upload_files/npi/files/coi_part_full.pdf

should take an active role with regard to provisioning of social security in order to maximize social welfare. The same has also been recognized in a number of international legal instruments, for example, the Declaration of Philadelphia (1944) and the Universal Declaration of Human Rights (1948) adopted by the General Assembly of the United Nations. This implies that the role of the modern state in provisioning social security has been visualized as integral to its functioning, particularly with respect to basic welfare goals.

Existing Old Age Pension Schemes in India

Social security for the aged is an important element within the overall umbrella of social security. With most developing countries passing through different stages of demographic transition, the size and share of population in the age group of 60+ years is growing. In India, in absolute terms, the population aged 60+ years has increased from 12.1 million in the 1901 Census to 98 million in 2011. According to some projections of UNFPA, the number of people in this age group is likely to be 120 million by 2020. The share of population aged 60+ was 7.9% according to NSSO 2011¹³. The share was higher for women at 8.2% and lower for men at 7.6%. Within India, states in the advanced stages of demographic transition had a higher proportion of elderly in their population – the proportion of elderly in the population in Kerala, for instance, was 12.4% according to NSSO 2011. Alongside these, the old age dependency ratio (i.e., the number of people aged 60+ as a share of population belonging to the age group of 15-59 years), which was 10.9% in 1961, rose to 12.85% in 2011. In 2011, the old age dependency ration was higher in rural areas at 13.18% compared to the urban areas at 12.05%. NSSO data shows that the share of 60+ population that was not fully economically independent for their day-to-day maintenance was about 65% in India in 2004-05; the corresponding share for women was about 85%.

In spite of the existence of several social security programmes, including the erstwhile Old Age Pension, Widow Pension, Disability Pension Schemes, Indira Awas Yojana, National Family Benefit Scheme and so on, India's social security system has remained quite inadequate when compared even to several countries in the third world with similar income levels (more on this later), although the story across states is not entirely

13 NSSO. 2011. Accessed from http://mospi.nic.in/sites/default/files/publication_reports/nss_report_560_19dec14.pdf

the same. For instance, a couple of states, notably Kerala and Tamil Nadu, have put in place schemes which try to address some of the core concerns much better than most of the states in the country. But on the whole, for the country at large, the scenario has remained quite bleak. With regard to coverage, implementation procedures etc., many of these schemes are considered to be inadequate on several grounds. At present, in India, the nature of social security schemes that benefit people after they cross the age of 60 years are different for the organized and unorganized sectors. As mentioned, in the organized sector, there is: (a) the civil service pension system for government employees, where a pension is received after retirement; (b) gratuity, where a one-time lump-sum retirement payment is received; (c) provident fund, which is a contributory scheme of employers and employees and where the employee receives his contribution as well as a matching grant of the employer at retirement, etc.

However, for the unorganized sector, social security schemes are almost non-existent in India as a whole. This is particularly so for the aged, who are / were workers in the unorganized sector. Only a handful of states have social security schemes for the aged worth the name. Among all the states, Kerala has the most wide-ranging set of social security schemes for the benefit of the aged in the unorganized sector and within other vulnerable groups. Kerala has social security schemes for the aged for agricultural labourers, construction workers, disabled persons, widows, handloom workers, fishermen, traditional artists and so on. Of all the welfare schemes in Kerala, a major share of the beneficiaries belongs to three schemes: (a) the agricultural workers pension scheme; (b) destitute and widows' pension scheme and (c) the special pension for the physically handicapped.

Apart from Kerala, Tamil Nadu and Goa, very few states have some form of old-age pension schemes in place. A few states have pensions for agricultural labourers, a few have pensions for widows and a few have allowances for the physically handicapped. This apart, a few other states also provide employment injury benefits for the unorganized sector workers. However, there are wide variations in the coverage, nature of benefits and eligibility conditions in these schemes, not to speak of efficiency in implementation, across states. States like Kerala and Tamil Nadu have an excellent record in both coverage and implementation of many schemes and points to both political will and administrative efficiency. A full extent of pensions available can be reviewed in Tables I.1 and II.2; see Annexure II.

Social Security Schemes Suggested by the National Commission for Enterprises in the Unorganized Sector (NCEUS)

A major development happened in 2005, as the government appointed the NCEUS to examine various issues concerning workers in the unorganized sector, which included the question of social security also. In 2006 itself, the NCEUS gave a detailed report to the government that contained the draft outline of a social security scheme. As on 2005, there were about 423 million informal workers in India and the proposed scheme submitted by the NCEUS was to cover this section completely within five years. The scheme was called National Minimum Social Security and it was based on an insurance-cum-state assistance model. The scheme included different aspects of social security, such as health (hospitalization for self and family) and maternity, life and disability and old age security in the form of state pension for those belonging to poor households and a provident fund for others. Within the recommended insurance-cum-state assistance model, the state-assistance model was limited to the payment of old age security and the rest was based on the insurance model. The NCEUS estimated that the cost of financing the scheme would be equivalent to about 0.5% of the GDP, when all the 300 million workers are covered in the fifth year.

Based on the recommendations of the NCEUS, the Government of India enacted the Unorganized Sector Workers' Social Security Act (UWSSA), 2008. The UWSSA 2008 provides for the constitution of a National Social Security Board, which shall recommend social security schemes as may be determined by the government for the unorganized workers. The rules under the Act have been framed and the Act came into force vide government notification dated 14th May, 2009. The National Social Security Board was constituted on 18th August, 2009 and held its meetings to consider extension of existing schemes to other unorganized workers and formulation of other social security schemes for these workers. The Board recommended that the Rashtriya Swasthya Bima Yojana (RSBY – providing health and maternity benefits), Janshree Bima Yojana (JBY – providing death and disability cover) and Indira Gandhi National Old Age Pension Scheme (IGNOAPS) be extended to certain categories of the unorganized workers.

However, the UWSSA Bill tabled in the Parliament in 2007 was a watered down version of the recommendation given by the NCEUS. The Bill was referred to the Standing Committee of the Parliament, which substantially rewrote the Bill, and restored many features originally present in the NCEUS recommendation. However, these recommendations of the Standing Committee were ignored by the government and a version

similar to the tabled version was put up for approval of the Parliament in 2008. The Bill was passed and thus the UWSSA, 2008 came into force in 2009. The UWSSA, 2008 has been severely criticized for its inadequacy by the former members of the NCEUS themselves. As K.P. Kannan pointed out in a critique, the Act is more in the nature of an enabling legislation; it has not accepted the proposal of the NCEUS and the Parliamentary Standing Committee for creating a national fund, but states that schemes notified by the government may be fully or partly funded; and the Act does not provide for an empowered implementing body but provides for constitution of national and state level security boards that are basically advisory in character.

In order for it not to appear that the Act is more of a promise and that too, an empty one in terms of impact, the government decided to provide a Schedule to the Act specifying a number of schemes as proof of its commitment to formulate schemes. As it turned out, eight of the ten schemes included in Schedule I were ongoing, mostly small schemes for specified segment of workers; two were relatively new schemes that were announced a few months before the enactment in December 2008. The last scheme had the potential to cover a much larger segment of the unorganized sector workers than the earlier schemes but currently they are restricted to only 'BPL' and rural landless households respectively.

National Social Assistance Programme (NSAP)

The NSAP was started in 1995-96 as a Centrally Sponsored Scheme (CSS)¹⁴. However, in the subsequent period, the NSAP has been modified into a State Plan Scheme (Central Assistance to States and Union Territory Plans) and is in operation since 2002-03. Currently, NSAP comprises five schemes, namely, (i) Indira Gandhi National Old Age Pension Scheme (IGNOAPS), (ii) Indira Gandhi National Widow Pension Scheme (IGNWPS), (iii) Indira Gandhi Disability Pension Scheme (IGNDPS), (iv) National Family Benefit Scheme (NFBS) and (v) Annapurna (Nutrition).

For getting benefits under the NSAP, the applicant must belong to a

14 The ten existing schemes included in Schedule I of the Act are: (i) Indira Gandhi National Old Age Pension Scheme, (ii) National Family Benefit Scheme, (iii) Janani Suraksha Yojana, (iv) Handloom Weavers' Comprehensive Welfare Scheme, (v) Handicraft Artisans' Comprehensive Welfare Scheme, (vi) Pension to Master Craft Persons, (vii) National Scheme for Welfare of Fishermen and Training and Extension, (viii) Janshree Bima Yojana, (ix) Aam Aadmi Bima Yojana (Life Insurance Scheme for Common People) and (x) Rashtriya Swasthya Bima Yojana (National Health Insurance Scheme)

BPL family according to the criteria prescribed by the Government of India. As per the revised eligibility criteria, new beneficiaries will be identified from BPL list prepared by the states / UTs as per guidelines issued by the Ministry of Rural Development (MoRD) for the BPL Census 2002. The central contribution of pension under the IGNOAPS is Rs. 200/- per month per beneficiary up to 79 years and Rs. 500/- per month per beneficiary from 80 years onwards and state governments may contribute over and above this amount. At present, old age pension beneficiaries are getting anywhere between Rs. 200/- to Rs. 1,000/- depending on the state contribution.

The NSAP is implemented in most states / UTs by the respective social welfare departments. For example, it is implemented by the Rural Development Department in the state of Andhra Pradesh, Assam, Goa, Meghalaya and West Bengal; by the Department of Women & Child Development in Odisha and Puducherry; by the Revenue Department in Karnataka and Tamil Nadu and by the Department of Labour Employment & Training in Jharkhand. In terms of geographical coverage, the NSAP extends to both the rural as well as urban areas.

Budgetary Provisions for Old Age Pensions in India – Current Status Relating to Public Expenditure on Social Security

Comprehensive social security measures are known to facilitate poverty reduction on a substantial scale. According to the International Labour Organization (ILO), social security transfers reduce poverty by at least 50% in almost all Organization for Economic Co-operation and Development (OECD) countries and reduce income inequality by about 50% in many European countries (Cichon, 2008). The same study also found that less than 2% of global GDP is needed to provide a basic set of social protection benefits for people in poverty.

The ILO report says that, “On average, 17.2% of global GDP is allocated to social security” (ILO, 2010:3). Similarly, alternative measurements reveal that on average, countries in the world allocate 10.9% of their respective GDP to social security. While considering the size of population in different countries, as a weight to compute mean percentages of GDP, the result shows that for the average resident, only 8.4% of the GDP of the country is allocated as social security benefits in form of cash and in-kind transfers. As per the same measure (weighted population measure), countries in Asia and the Pacific spend 5.3% of its GDP (average), whereas countries in Western Europe, and Central and Eastern Europe have been spending 25.1% and 18.9% respectively of their respective GDP towards social

security measures. On the same count, India was spending 1.68% of its GDP during 2000 and at present this has to be increased to 4.05% of GDP.

Provision of social security through budgets is crucial for a country like India. It is crucial in a sense that as much as half of its population fall below the 'official' poverty line, and state provisioning for both the dimensions, e.g., promotional and protective measures of social security, can reduce poverty and vulnerability to a great extent. Before discussing proposals for a modest plan for old age pension entitlement, let us take a look at the existing budgetary provisions towards pension and other retirement benefits in the country during the last few years.

Status of Budgetary Allocation and Expenditure under NSAP Since 2002-03

As mentioned above, the money allocated under NSAP is routed through an Additional Central Assistance to the states and union territories since 2002-03. Figures for the year-wise budgetary allocation under NSAP since 2002-03 shows that during the initial years of its inception, only a meagre amount had been allocated, especially during the 10th Five Year Plan period. However, a quantum jump has been noticed particularly since the year 2008-09.

The amount allocated increased from Rs. 680 crore in 2002-03 to Rs. 4,500/- crore in 2008-09 and further to Rs. 8,382/- in the budget estimate for 2012-13. While hardly any deviations have been noticed in the release of allocated money under NSAP, the rate of actual expenditure seems lagging far behind, except in a couple of years. The information given in Graph 2.3 shows the trend of pension money allocated, released and spent under NSAP in 2018

The total number of beneficiaries for IGNOAPS in 2011-12 was 19.7 million, while the number of people above the age of 60 years in the country in 2011 was 98 million. The expenditure reported under IGNOAPS from 2006-07 to 2017-18 is also detailed in Graph 2.3. All these provide clear evidence to the fact that the coverage of NSAP, including that of the old age pension scheme is limited to a very small proportion of the potential eligible elders and covers just 19% of the older persons.

Public Provisioning towards Pension and other Retirement Benefits for Organized Sector Workers / Family

As per the functional classification of budgets in India, budgetary provisions under 'pension and other retirement benefits' are exclusively

meant for the organized sector workers and / or their family members, whose share in the country's present employment scenario is less than 7%. Budget expenditure on pension and other retirement benefits includes expenditure on: superannuation and retirement allowance, commuted value of pensions, compassionate allowance, gratuities, family pensions, pensioner charges in respect of high court judges, contributions to pensions and gratuities, contributions to provident fund, pensions to employees of state aided educational institutions, pensions of employees of local bodies, pensions to legislatures, pensions and other retirement benefits of the President of India, leave encashment benefits, ex-gratia payments arising out of special voluntary retirement scheme to central government employees declared as surplus, government contribution for defined contributory pension scheme, medical treatment for Central Government Health Scheme (CGHS) pensioners and pension expenditure for defence personnel.

As is evident from the relevant data, the union and state governments of India together have been spending 7% of its total budget annually (on an average during the period 2006-07 to 2010-11), towards pension and other retirement benefits. For instance, the share of such expenditure out of total budgetary expenditure of both the union and state governments was 6.35% during 2006-07 and has reached 8.42% during 2010-11. Similarly, the share of the same in the country's GDP was 1.61% in 2006-07, which has increased to 2.11% during 2010-11. Hence, the trend is an increasing one during the period of analysis. However, the important point worth mentioning here is that these budgetary provisions only ensures the retirement benefits of such organized sector workers / family members including defence personnel, government employees, etc.

Old Age Pension Schemes by Centre and States

Old Age Pension (OAP) as a policy subject comes under the domain of concurrent list according to the Constitution of India. Hence, OAP falls within the purview of both centre and state government in India. In line with this responsibility, while the union government has formulated the Indira Gandhi National Old Age Pension (IGNOAPS) under a more comprehensive National Social Assistance Programme (NSAP), various states are also implementing their own old age pension schemes. Also, within the IGNOAP, while centre provides Rs. 200/- per month as pension to elderly (aged above 59 years) belonging to below poverty line (BPL) family, based on the BPL survey conducted in 2002, it has also asked the

states to contribute matching of the exact amount per elderly to share the responsibility of OAP's equally as mandated by the Constitution of India.

While some of the states have been contributing equal amount per elderly under the scheme, some others contribute more than the centre's share and there are also others who contribute less than the centre. In addition, while some states may be contributing the same amount as the centre, but they have considerably relaxed provisions for identifying the beneficiaries on basis of economic vulnerability criteria and / or age criteria resulting in inclusion of increased beneficiaries than identified by the BPL survey as allowed under the centre's IGNOAPS. Also, some states have OAP programmes not linked at all to the IGNOAPS, making zero additional contribution under the same while implementing their own OAPS, based on their own identification criteria and monthly pension amount. Some other states also have a more comprehensive OAP with centre's share or contribution under IGNOAPS getting subsumed under same. Hence, as a result of this concurrent responsibility of social security in India, the OAP provisions vary considerably across Indian states due to differences in additional efforts by the states to provide OAPs.

Also, even the coverage provided by centre's IGNOAPS differs significantly across the states as recipient elders for the same are identified according to the BPL survey. Analysing IGNOAPS at the state level (see Table II.1; Annexure II), the number of elderly differs across states with only four states viz Uttar Pradesh (18%), Bihar (16%), West Bengal (9%) and Odisha (8%) accounting for around 51% of the total 213.8 lakh recipient elders.

i) Monthly Pension Amount

The monthly pension figures vary from Rs. 2,000/- for Goa to nil for Arunachal Pradesh (though Arunachalis receive a pension of Rs. 150/-, but only for scheduled tribe elderly population belonging to BPL). Among the UTs, pension provisions vary from Rs. 2,000/- for Andaman and Nicobar to Rs. 300/- for Dadra and Nagar Haveli. While 12 states are providing more than what the centre provides (Rs. 200/- per month), 7 states are providing less than the centre's contribution. All the UTs provide pension amounts more than the centre's amount of Rs. 200/- per month.

ii) Minimum Eligibility Age

While provisions among most states follow centre's recommended age of 60 years (for IGNOAPS), only three states, i.e., Jammu and Kashmir, Rajasthan and Maharashtra have eligibility age starting at 55 years, only for females. For males, all the states have 60 years or above as eligibility

criteria, with Rajasthan as the only state with 58 years as the eligibility age. Also, Puducherry is the only UT that has the lowest age criteria at 56 years irrespective of gender. Hence, there is a pressing need to draw attention towards lowering the eligibility age to around 55 years, mainly in light of the fact that average life expectancy in India is only around 65 years, compared to around 80 years in many developed countries.

While Andhra Pradesh and Karnataka have high eligibility age at 65 years, for states and UTs like Kerala, Tamil Nadu, West Bengal (Males), Assam, Meghalaya, Mizoram, Tripura, Dadra and Nagar Haveli, whose pension programme follow IGNOAPS, it is not clear if they have lowered their eligibility age for their contribution to IGNOAPS to 60 years as per central guidelines since the present data and literature sources (Table II.1; Annexure II) do not support this fact. There are so many variations between states that it became a very difficult criterion in implementation.

iii) Maximum Income Limit Criteria

While Goa leads the way with no income criteria and universal old age pension, other states that have a relatively higher income criteria are Haryana (annual income limit of Rs. 2,00,000/- for couple), Maharashtra (income limit Rs. 21,000/-) and Karnataka (couple income limit Rs. 20,000/-). While most of the states follow the BPL criteria for determining the eligibility, Gujarat performs poorly with lowest personal annual income limit of only Rs. 2,400/-. Among UTs, Daman has the highest income limit of Rs. 1,00,000/- followed by NCT Delhi (family annual income Rs. 60,000/) and Puducherry (personal annual income Rs. 24,000/-). Also, Dadra and Nagar Haveli is the only UT following the BPL criteria for determining beneficiary.

Based on the analysis of pension amount, age and income criteria it can be said that among the states, Goa emerges as a role model for old age security with a universal pension scheme for all at Rs. 2,000/- per month. The only spoiler for Goa is the eligibility age of 60 years. Goa seems to be followed by Rajasthan with one of the lowest eligibility age of 55 for females and 58 years for males and flexible income criteria stating that any person with no regular income will be eligible for pension. Tamil Nadu, Karnataka and Kerala, although are states with comparatively higher monthly pension amount, have a high eligibility age at 65 years which considerably limits the coverage and impact of the schemes. Tamil Nadu's coverage is further reduced due to limiting the scheme to BPL households only. Among the UTs, Puducherry has an impressive scheme with monthly pension of Rs. 1,000/- with age eligibility at 56 years and above, but annual

income limit of Rs. 24,000/- act as a hindrance, making it fall short of the universal coverage like Goa.

Another observation emerging from the analysis is, given the multiple variables involved in determining the efficacy of old age pension and considerable variation that exists across states with respect to these, for a comparable analysis of old age security across states, a comprehensive index is needed. At present this factsheet proposes pension expenditure per elderly (aged above 54 years) as one of the variables for judging the commitment of various states and central government to old age security. Also, this factsheet proposes comparing expenditure across centre and states for old age pensions and for pension and retirement benefits of government employees to compare the discrepancy existing in government commitments towards the old age security provisions for the unorganized and organized sectors. This committee set up by Government of India is an important landmark in identification of the poor and is also referred to as the Sumit Bose Committee Report and an extract is reproduced in Box 2.1.

BOX 2.1.

Report of the Expert Group on Socioeconomic and Caste Census (SECC) 2011 – GOI, Ministry of Rural Development (Nov. 2016), also called the Sumit Bose Committee Report Extract on NSAP Report

9.16. Eligibility for assistance under NSAP may be decided on the basis of SECC after using automatic exclusion criteria. One of the targets under Goal-1 of the Sustainable Development Goals, “End poverty in all its forms everywhere” aspires to have nationally appropriate social protection systems and measures for all. The group endorses this target and favours universal coverage of all eligible persons who have not reported on automatic exclusion criteria under NSAP. In order to ensure universal coverage of all eligible persons under the pension scheme, additional resources to states should be provided to bridge the financial gap for providing pensions to eligible stakeholders who are yet to be covered under either the central or state schemes.

9.17. The group recommended pension for widows of age of 18 and above. At the same time the group strongly recommends instituting a far more incentivizing one time grant for widow remarriage. Topping it with a further incentive by providing assistance under PMAY and skilling or education fee waiver would elevate social status of young widows helping them in remarriage.

9.18. The expert group is of the view that to be eligible to receive higher assistance of Rs. 500/- the age bracket should be 70 years and above in place of 80 years and above.

9.19. Presently eligibility for disability assistance is 18 years and above. The group also recommends assistance to the parents of young disabled up to 18 years of age with linkages to ICDS, education, skill and health coverage.

9.20. The group is of the view that the amount of pension given under NSAP is not sufficient and needs to be increased annually based on increase in the Consumer Price Index. The group also reiterates that the states should provide an additional amount at least an equivalent amount to the assistance provided by the central government.

9.21. Annapurna Scheme under NSAP, under which 10 kg of food grains per month are provided free of cost to those senior citizens who, though eligible under IGNOAPS, are not receiving old age pension scheme under NSAP need to be reviewed with implementation of National Food Security Act, 2013. The Act provides for coverage of up to 75% of rural population for receiving subsidized food grains under Targetted Public Distribution System (TPDS). Under the Act, the eligible persons are entitled to receive 5 kgs of food grains per person per month at subsidized prices of Rs. 3 / 2 / 1 per kg for rice / wheat / coarse grains. The 2.49 crore Antyodaya Anna Yojana (AAY) families, which constitute the poorest of the poor, continue to receive 35 kgs of food grains per household per month.

The absence of a political will to implement pensions for the poor lead to the formation of Pension Parishad and the Sumit Bose Committee Report gave a fillip to the efforts of the NGO coalition to demand a universal pension for the poor along with the universal right to food.

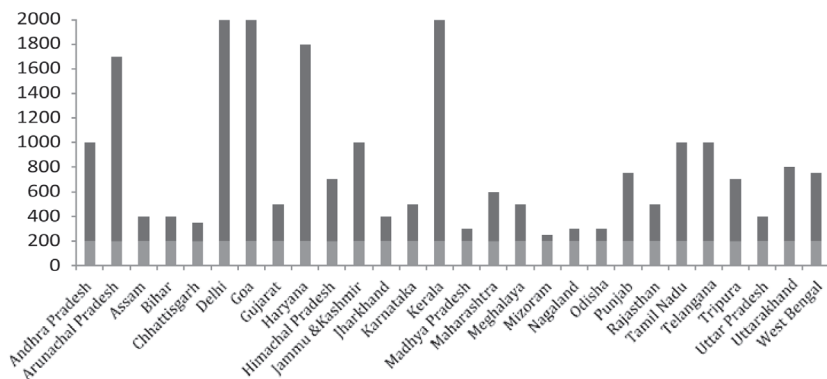
Towards a Universal Pension for All the Elders in India

HelpAge India and Pension Parishad has been advocating for a universal pension and brought out a State of Pensions Report 2018 to highlight the plight of the poor elderly, widows and disabled persons. Pension Parishad was started by MKSS and led by Nikhil Dey, Shankar Singh along with Baba Adhav's Hamaal Panchayat.

The fact that social pensions are a combined responsibility of the state and central governments, it often means that both accuse each other of not doing their bit. In its spirit and design, the Indira Gandhi Old Age Pension Scheme (IGNOAPS) is a scheme led by the central government (even

after the 14th Finance Commission) that is to be complimented in equal measure by the states. The National Social Assistance Programme (NSAP) guidelines explicitly state that the central and state contribution should equally match to ensure a decent pension amount to the beneficiaries. The evidence runs counter to this claim of the central government. Apart from one state in Graph 2.1, all other states contribute equally or in a much higher amount to ensure adequate entitlement to its citizens. In states like Delhi and Goa, the central government contribution is barely about 10% of the total entitlement. In Haryana it is less than 15% of the total amount. Our estimates suggest that while the outlay for IGNOAPS for the central government is less than 6,400 crores, all states put together spend upwards of 12,000 crores towards social pensions for the elderly. This is far removed from the ideal of matching contributions between the centre and the states as envisaged in the original policy design.

Graph 2.1. Contribution of central and state governments towards monthly pension entitlement



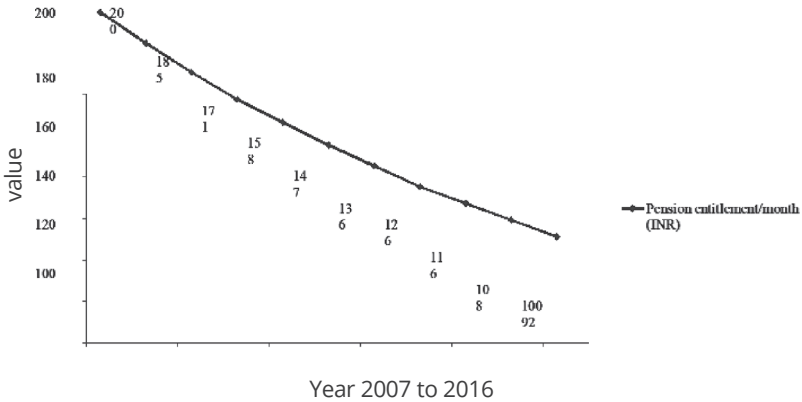
Source: HelpAge India. State of Pensions in India Report, 2018

Pension Entitlement: Steadily Deflating

To peg social security to inflation is not a giant step towards social protection but a basic necessity towards maintaining the actual value and purchasing power of the entitlements assured by the state. The last time social pensions were revised by the central government were in the year 2007. An amount of Rs. 200/- per person per month for those between the ages of 60 years to 79 years and Rs. 500/- for those above 80 years was assured then. A deflation at the rate of 8% per annum (Consumer Price Index average from

2007 to 2016) reduces this amount to Rs. 93/-; lower than when it was first introduced in the year 1995. Indexing income security to inflation to accommodate for price rise is not a choice but a necessary policy design feature (Graph 2.2).

Graph 2.2. Deflation in the pension entitlement

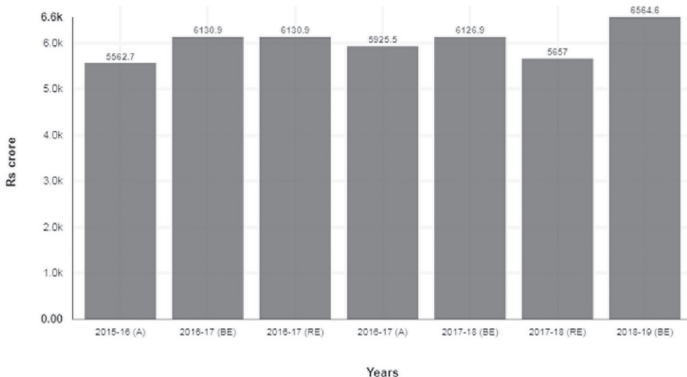


Source: HelpAge India. State of Pensions in India Report, 2018

Stagnating Budget Outlays for IGNOAPS

The budget outlay in other words what the government intends to spend and actually does on social pensions tell a remarkable story of state apathy. Despite massive increases in elderly population in India, the budget outlay for IGNOAPS the only social pension scheme for the elderly has remained rather same (Graph 2.3) with marginal increase in 2018-2019 – but nowhere close to adequate. An outlay of Rs. 6,500/- crores is equal to a meagre 0.04% of GDP – one of the lowest ratios of outlay to GDP globally.

Graph 2.3. Budget outlay IGNOAPS

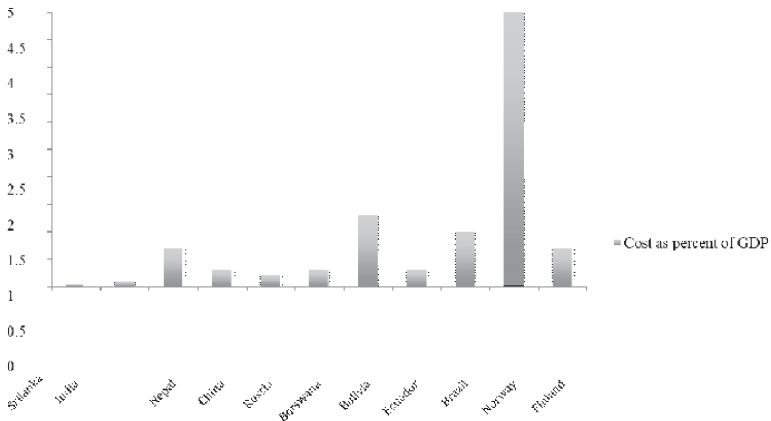


How India Compared Internationally

Graph 2.4 definitively establishes that ensuring income security for the elderly is hardly a matter of fiscal availability but that of political will. India’s GDP is at the very least 10 times that of the countries listed above but the pensions do not match up. In India, the proportion of capital outlay to the country’s GDP has remained unchanged for over a decade. The last decade is marked as a period of high growth and often, high inflation. We have transitioned from being a lower income country to a lower middle-income country. We threaten to take over the GDP of some of the superpowers and yet remain powerless when it comes to adequate provisioning for social security. The Prime Minister dreams of a five trillion dollar economy while many of the elders get a pension of Rs. 200/- per month and about 50 million get nothing and are going hungry, is yet to be realized.

Is India then a country for the old? It does not seem so from the data and facts available. It then falls upon non-profit organizations to reach the elderly with services. Although there are an estimated 12,000 non-profits working with the cause of the elderly they will not have the reach of the government when it comes to scale and at best can reach one or two per cent of the elderly. Having worked all their lives, don’t the elderly deserve better?

Graph 2.4. Percentage of GDP spent on pensions



Currently 1.7 lakh crores is only 1% of the GDP and a long standing demand of Pension Parishad has been to contribute 1% to the country’s elderly as pensions. Even assuming that only the poor elderly as identified under the SECC criteria will be in the region of 92,000 crores at a central allocation of Rs. 1,000/- per elderly.

With a prevailing destitution and neglect of the elderly a Public Interest Litigation (PIL) was filed in the Supreme Court by Dr. Ashwani Kumar, former Law Minister, demanding 'dignity for the elderly', specifically for pensions and income security and health and geriatric care (Writ Petition WP (C) No. 193 of 2016). I was appointed as the Amicus Curae to the Supreme Court in this case. The suggestions made are shared in the subsequent paragraphs.

Suggestions and the Way Forward by AMICUS

The reports provided by the Government of India do not have any suggestions for improvement of the current schemes available for the elderly. There are 108 million older persons in 2017 and out of which more than 50% are below the poverty line (Dr. N.C. Saxena's report). Subsequent report by the Rangarajan Committee (2014) placed the poverty level at 40% of the rural population. Irrespective of the reports the level of poverty is very high among the elderly with no work or no pensions.

A. Old Age Pensions for the Elderly

1. The provision of Rs. 200/- per month as old age pension mocks the Constitution and the dignity of old people who have contributed to the country. This amount provided is abysmally low and that too, of the 108 million only 28.9 million receive any pension from the central government. This leaves out at a very large population of about four crore elderly. A uniform universal pension of Rs. 2,000/- per month for the elderly is recommended. In 2013, we had recommended to the Parliamentary Committee of the Social Justice and Empowerment Ministry chaired by Hemanand Biswal, MP the amount of Rs. 1,000/- (which is recorded in the report). In 2017 with inflation and consequent indexing it will be Rs. 2,000/- which is half the minimum working wage as prescribed by the Government of India.
2. The NSAP guidelines provides for social audit of the pension delivery system. This is never fulfilled and the Ministry of Rural Development may be directed to ensure social audit in every pension scheme and direct the states to implement the guidelines issued.
3. All states are willing to give more pension but they do not have the resources and will need financing by the central government. India has a GDP of 2.3 trillion dollars. France provides 11.5% of GDP for

social security and Italy provides 12.3% for social security. Brazil, another developing country, provides 4.5% of its GDP on public provisioning of old age entitlements.

4. In case Rs. 2,000/- is given as pension per month it will cost 1.81% of the GDP and if a figure of Rs. 1,000/- is given as pension it will be 0.91% of the GDP and a total annum cost of Rs. 91,776/- crores. In order to pay just Rs. 5,551/- lakh defence and civil pensioners, the Government of India spends Rs. 57,405/- crores. The amount of Rs. 91,776/- crores for 90% of the elderly will go a long way to restore the dignity of the elderly. This is an action which the government can take to improve financial security and social security for older people and will ensure the fulfilment of Article 21 of the Constitution for older people.

B. Creation of Infrastructure and Facilities for Elderly

Establishment and construction of adequate number of old age homes with appropriate funding in each district, to be maintained with adequate standards as are necessary to enable the elderly to live their life with dignity and in accordance with Article 21 of the Constitution of India and Section 19 and other provisions of the Maintenance and Welfare of Parents and Senior Citizen's Act, 2007. There needs to be at least one home per district in 707 districts which will be able to house 1,06,050 older indigent persons at the rate of 150 older persons per home. There are 500 persons in every district of India who are indigent (Source: WHO study on Palliative Care in India, 2008). This indicates that there will be 3,53,500 older indigent persons requiring high level of care and this will need at least four old age homes per district to restore dignity in life.

State governments should ensure that government hospitals or government-aided hospitals provide beds for all senior citizens as per the provisions of Section 20 of the Maintenance and Welfare of Parents and Senior Citizen's Act, 2007, ensuring that there are earmarked facilities for geriatric patients in every district hospital duly headed by a medical officer with experience in geriatric care in all 707 districts. Central assistance should be provided for the construction of old age homes in each district of the country.

Establishment of full-time tribunal and appellate tribunals in every state as mandated under Section 7 and 14 of the Maintenance and Welfare of Parents and Senior Citizen's Act, 2007, respectively and district level legal service authority to assist older people in district tribunals.

C. Implementation of Programmes

Implementation of the National Programme for Health Care of the Elderly (NPHCE) throughout India and creating geriatric centres in all the 707 districts of India.

Implementation and enforcement of the Universal Old Age Pension Scheme which provides for periodic revision in the monthly pension of the elderly and additional pension in case of disability, loss of adult children and concomitant responsibility for grandchildren and women.

The system of national allocation for old age homes generated on the basis of old age population in each states by the Ministry of Social Welfare and Empowerment must be activated and the states shall be directed to identify and recommend adequate number of feasible new project proposals as well as to recommend the ongoing / continuing projects in the first quarter of the financial year in order to enable the ministry to release the grants well in time within that year. In future, grants need to be decentralized to state governments.

1. The NPHCE shall be made effective to facilitate dedicated geriatric health care facilities to senior citizens in all the 707 districts (above 60 years of age) at primary, secondary and tertiary stages.
2. Rashtriya Swasthya Bima Yojana which has been made into should be universalized to provide the older people sufficient health insurance and endeavour shall be made to make it a reality in all the 707 districts.
3. Implementation of the Antyodaya Anna Yojana which provides food grains to households on the basis of either a house belonging to the priority category (5 kgs per person per month) or the Antyodaya category (35 kgs to each household), households consisting of more than five members their entitlement to 35 kgs of food grains should be protected and an additional 7 kgs per person within the household should be ensured and extra ration cards should be provided to such households exceeding five members.

D. Implementation of National Policy – Creation of Advisory Bodies

1. Implementation, enforcement and finalization of the National Policy for Older Persons which has been under review for six years achieving the desired objectives.
2. An autonomous National Council for Older Persons (NCOP) headed by the Ministry for Social Justice and Empowerment as envisaged under the resolution dated 22nd February, 2012, should

be set up to promote and co-ordinate the concerns of older persons and should meet four times a year to monitor the schemes and programmes in all the states.

Challenges in Delivery of Pension – Bank Accounts, Aadhaar Card and other Payment Issues

The main beneficiaries of the NSAP programme have been the elderly, widows and persons with disability. A large chunk of these people live in rural areas with bad or no roads, banks far away, low literacy rates and debilitating social hierarchies across caste, gender, marital status, age, ability, etc. Enforcing a centralized banking model upon them for accessing pensions has made life very difficult. Most of them depend upon pensions as their one major source of sustenance but now they are at the mercy of a nameless faceless system of centralized fund control and financial institutions, which they don't understand and often have much difficulty in accessing. Overburdened banks are refusing to service them. Business correspondents have mushroomed all over the place to help banks tackle the burden, and in the absence of robust transparency and accountability measures, these end up making money at the cost of the helpless pensioners who have to depend on them to draw their pensions. Aadhaar of course has only added to their troubles, and as has been well-documented across states it has led to wide-scale exclusion, mislabelling of deserving beneficiaries as 'ghosts' or bogus and duplicate pensioners.

There are several variations in the amount of pension, minimum eligibility age and also minimum income criteria for awarding pensions to poor below the poverty line. Given the multiple variables involved in determining the efficacy of old age pension and considerable variation that exists across states with respect to these, for a comparable analysis of old age security across states a comprehensive index is needed, faced with these multiple issues. The Government in India in September 2009, appointed Prof. Suresh Tendulkar for estimation of poverty. Throughout the deliberations of the Tendulkar Committee, the issue of universal versus targeted entitlements came up repeatedly for the debate. The Committee was of the view that the entitlements should be universal such as, "food for all, health for all and pensions for all the aged". It also critiqued the BPL Census 2002. The whole process was top down and opaque and encourages corruption.

Faced with these difficulties the Pension Parishad and HelpAge India recommended a universal pension of Rs. 2,000/- per month to every older

person excluding the older persons who are tax payers. We think this will be a singular move to eradicate old age poverty and usher in social security for older persons in India. Although Rs. 3,000/- per month may be ideal at least. Rs. 100/- a day to cover food and 28 medicines for a more dignified life for elders in India.

CHAPTER 3

Gender and Poverty Implication

“I am uncompromising in the matter of women’s rights. In my opinion she should labour under no legal disability, not suffered by man. I should treat the daughters and sons on a footing of perfect equality”.

– Mahatma Gandhi

In the last few months of 2017, HelpAge India was suddenly summoned by the Supreme Court based on a Public Interest Litigation (PIL) to look after the widows in Vrindavan, Mathura, at their depressing situation, deep poverty and exploitation in one of the holiest cities of India, the birthplace of Lord Krishna and the succour of millions across India. Even in the holiest of holy place, these widows do not find any relief for their existence on earth. The plight of these widows is one area that has not been solved in our 70 odd years of the independent republic, which should have been a priority.

Raja Ram Mohan Roy in 1856 had campaigned for widow remarriage in undivided Bengal and Lord Bentinck had also promulgated an ordinance to promote widow remarriage called the Hindu Widow Remarriage Act, 1856 and was supported by Ishwar Chandra Vidya Sagar, another social reformer. However, even today there are 22 million widows in India who have no form of sustenance in independent India with any widow pension or social security. Older women, especially widows are unwelcome in many families due to stigma associated by the Hindu religion. In some cases their heads are shaved and forced to wear a white sari with no bangles or bindi. This destroys the self-esteem of women completely who are already in a trauma with her husband’s death. Some blame the Vaishnavite tradition which is a singular cause for such exploitation. Another reason is the economic burden that an unproductive and expensive older woman brings to the family due to medical care. Very often she is not treated for poor health and they also do not express their health problems out of fear and

ignorance. The burden is heaviest in the case of poor and destitute families. The widow pension given by the Government of India covers only 1.2 million women, just about 5% of the widow population in India. Even then it is a meagre Rs. 200/- per month. HelpAge India has recommended that a universal pension of Rs. 2,000/- per month to all widows considering the triple burden they face in society. Even the lord does not protect the poor widow in Krishna Janmabhoomi and they need some social security from the state. After a century and a half we have still not eliminated the problems of widows in old age. Widow pensions do not reach them. The state of pensions is a very vexed issue in India.

The National Old Age Pension Scheme (NOAPS) under National Social Assistance Programme (NSAP), as mentioned earlier, was introduced as a Centrally Sponsored Scheme in the year 1995. The scheme provided a monthly pension of Rs. 75/- to a destitute older person over the age of 65. The limited coverage of the scheme was basically due to resource constraints since as against 8.71 million eligible beneficiaries, only 5 million could be covered under the scheme using central funds. On 1st April, 2000, a new scheme called Annapurna was launched with the objective of providing food security to the destitute that were not being covered under the NOAPS. This scheme was expected to cover 20% of the older persons eligible for NOAPS. The scheme was not received well by the states as some refused to implement it and others demanded modifications. In the year 2001-02, as against the target of 1.34 million persons, only 15% could be covered.

In 2007, NOAPS was renamed as Indira Gandhi National Old Age Pension Scheme (IGNOAPS) along with Widow Pensions and made applicable to all older persons belonging to families living below the poverty line called the National Social Assistance Programme. The central contribution per beneficiary per month was increased from Rs. 75 /- per month to Rs. 200/- per month in 2007. In the year 2011, the age criterion was reduced to 60 years and the monthly amount was increased to Rs. 500/- for older persons of age 80 and above. In the year 2002-03, the scheme covered 7.4 million older people and in the year 2010-11, this number was 17 million. In addition, 0.8 million were covered under Annapurna (a food scheme for below poverty line people) in the year 2002-03 and 1 million in the year 2010-11. The inadequacy of the numbers and amount should be seen in the context of population ageing and also in terms of the older persons living below poverty line, along with the rise in the cost of living over the years and lack of facilities like health care.

Many widows in Vrindavan are yet to be covered under the Right to Food. Without a formal identity or a UID card they are still not under the ambit of any ration or public distribution system (PDS). They spend the whole day singing bhajans in the temples and receive few rupees and a little bit of 'prasaad' (a small offering from the god which is usually sweet). Many widows are diabetic and do not have any form of treatment. HelpAge India's medical vans have been treating them and offering medical help, thanks to a single donor Mrs Chuttani who has donated the entire funding to help these widows after seeing their plight. The widows have also become a bone of contention between governments of Uttar Pradesh and West Bengal. There have been constant intergovernmental letters to take back the widows to Bengal. Another organization, Akshaya Patra has offered cooked food to many of the widows. However, many widows have complained that they prefer rice to chapatis offered by the NGO. It is also quite ridiculous that government of Uttar Pradesh wrote to government of West Bengal to take these widows back. However, after much lobbying many widows have got their UID card that too in early 2014.

Many older widows suffer from depression and need treatment. According to Dr. Prof. A.B. Dey, Head of Geriatric Medicine, AIIMS, "Older women are more prone to depression and their mental health is rarely attended to" and in the case of Vrindavan widows it is far worse. The case of Vrindavan homes is more to highlight the problems that older women face in India every day. It is almost a truism that older women would be discriminated in the patriarchal society of South Asia. Many in India feel that in a traditional society, social change is necessary if women have to be given respect, care and dignity. There were social systems that guaranteed respect for the aged and also security. The modern economy with technological advancement makes the traditional knowhow of the elderly somewhat redundant be it oral history or folktales, etc.

Given the trend of population ageing in the country, the older populations (especially older women) face a number of problems and adjust to them in varying degrees. Can the current paradigm of neglect, discrimination, loneliness and the stereotypes of the elderly be changed? And can we create a new paradigm for treating elderly women in India? We need to begin this in Lord Krishna's land Vrindavan if other older women and single older women were to get relief and succour in the place they took refuge in.

The Supreme Court again in 'People's Union for Civil Liberties' case after taking into consideration the starvation deaths in various states observed into the order that:

“What is of utmost importance is to see that food is provided to the aged, infirm, disabled, destitute women, destitute men who are in danger of starvation, pregnant and lactating women and destitute children, especially in cases where they or members of their family do not have sufficient funds to provide food for them. Plenty of food is available, but distribution of the same amongst the very poor and the destitute is scarce and non-existent leading to mal-nourishment, starvation and other related problems.” Accordingly the Court directed, *“The States to see that all the PDS shops, if closed, are re-opened and start functioning within one week and regular supplies made.”*

Sometimes it is different to even get progressive orders implemented.

In India, especially during the last few decades one may find growing incidence of neglect and destitution of aged persons. Due to decay in societal values and breakdown of joint family systems, very few families care to provide protection and cater to the needs of the elderly. Many times family members consider these persons as a liability and are quite often than not being harassed by the family. Cases are not lacking wherein thousands of aged persons are thrown out of their homes by their family members. In a recent incident the Chief Justice of India upon reading a news item depicting the plight of the elderly couple, who had been mercilessly thrown out of their home by their children, had come to their rescue by using their good offices.

Maintenance Rights of Elderly and Widows

There are scanty legal provisions, which lay a responsibility on the children to maintain their parents. After decades of lobbying by the reformers the government has enacted the Code of Criminal Procedure (Amendment) Act, 2001 in September 2001 providing for amendment of Section 125 of the Criminal Procedure Code, 1973. The new Act removes the ceiling on maintenance to be awarded to the various category of dependents specified under the Act and gives wide discretionary powers to the magistrates to award reasonable maintenance. Further, it also empowers the magistrate to alter the monthly maintenance or interim maintenance awarded on proof of change in the circumstances. Most significantly it provides for disposal of the application for the interim maintenance and expenses for proceedings as far as possible within 60 days from the date of service of notice on the person from whom maintenance is claimed.

However, it is needless to emphasize that many times women and elderly persons prefer to suffer in silence rather than running from pillar to post for obtaining maintenance after a long run legal battle. As rightly

provided under the new Act, the judiciary should take steps to dispose the cases expeditiously and also evolve such system to enable the aged to avail free legal aid and speedy justice at their doorsteps.

Psychological and Other Torture

A woman who is a widow not only faces trauma up on the demise of her life partner but also is subjected to blame by her family members for the death of her husband. The family members and relatives of the husband take no time to take possession of the movable and immovable assets thereby subjecting her to neglect and destitution. Society not only treats them as bad omens but consider them inauspicious thereby excluding them from all family functions. Besides, a woman who has lost her partner, seeing her face in the morning, etc., is considered as inauspicious. They are also made to wear light coloured clothes and prohibited from participating in all kind of cultural events. The deep entrenched customs and traditions give her the status of an 'untouchable' and there are various names used to address her such as '*bewa*', '*vidhwa*', etc. The recent regulation by the National Human Rights Commission (NHRC) not only reminded the fact of attitude of society towards widows but also the government. In its landmark directive the Commission issued directions to all the government departments and its various agencies and other bodies to desist from using the words '*bewa*', '*vidhwa*', etc, in official correspondence / records (A.J. Syed and Sadiq, 2004)¹⁵.

Elderly and Single Women Need More Help than Older Men

Population ageing is one of the most important global trends of the 21st century and the issue has started receiving much attention from the public, media and policy makers. While the century is widely being considered as the ageing of the aged, the demographic shifts have been described as a 'silver tsunami'. What are the consequences of a 'silver tsunami'? In both industrialized and developing countries, the rate of population aging stands to fundamentally impact how families, communities, societies, industries and economies function. The shift portends many challenges for both individuals and society as a whole. Rates of chronic disease and disability are expected to rise. As a result, health systems are likely

15 Syed, A.J. and Sadiq. 2004. Protection and Empowerment of Widows and Elderly: International and Indian Perspectives, UN Inter Agency Working Group on Population & Development (UN IAWG-P&D) New Delhi.

to face increasingly complex patient profiles and rising costs. Similarly, social insurance and retirement programmes are becoming strained as the number of dependents rises. Already, in many countries, such as Japan, nuclear families are getting smaller, and the number of generations living simultaneously is increasing, making caregiving a major emotional and financial stress.

Oldest-old (80+) females constitute an especially vulnerable group. An overwhelming proportion of this group are widows who in India suffer multiple miseries – being women, being widows, being poor and having longer agonizing years to live than men. The phenomenon of ageing of the 80+ with enormous load of multiple morbidities needs urgent attention and consideration. This group suffers more on account of disability, chronic disease, terminal illness, dementia and depression, accidents, falls, nutritional deficiencies, loneliness, etc. Some of these diseases have no cure as yet. Furthermore, this group is subject to elderly abuse as neglect and isolation which make them financially and emotionally dependent on families and others. It is important to make 80+ financially self-sustaining. Their pension needs to be improved and there should be provision for free medical aid particularly for those who are exempt from paying income tax. They constitute only about 1% of the total population of India and in absolute number this is currently around 10 million and will grow to around 53 million by the year 2050, i.e., 3.5% of the total population.

The data on living arrangement of oldest-old in the rural areas suggests that most of them live with the families of their adult children. The oldest-old depend on their children to take care of them during ill health or any other health related problems. However, children always are not helpful and in many cases the oldest-old depend on the spouse. Many of them face problem of insufficient food intake and many report economic abuse by the family members (Elder Abuse is dealt in greater detail in Chapter 4), health problems faced by oldest-old include asthma, poor eyesight, cold and cough, joint pain and problems related to general physical weakness. Most of the oldest-old depend on private doctor / clinic, community health centre and primary health centre in the area for treatment. The oldest-old in the rural areas are not covered by any health insurance scheme and therefore find it difficult to access health care system. In most cases, there are no dependable community support systems that the oldest-old can depend on. Moreover, there are no government welfare schemes for the benefit of oldest-old persons except the Indira Gandhi National Old Age Pension Scheme.

Indira Gandhi National Widow Pension Scheme (IGNWPS)

The Indira Gandhi National Widow Pension Scheme (IGNWPS), introduced in 2009, provides BPL widows in the age group 40-64 (later revised as 40-59) with a monthly pension of Rs. 200/- per beneficiary. After they attain the age of 60, they qualify for pension under IGNOAPS. There needs to be a revision in pension to elderly widows at least an amount of Rs. 2,000/- per month. After 80 years they need to have Rs. 2,500/- or Rs. 3,000/- per month to take care of their needs as very old senior citizens. The dramatic increase in human life expectancy over the years has resulted not only in a very substantial rise in the number of older persons but a major shift in the age group of 80 and above. According to the demographic profile, the overall population of India will grow by 40% between 2006 and 2050, whereas the population of people aged 60 years and above will increase by 270%, and those in the age group of 80+ by 500%. It is important to remember, however, that the extended period of life is, in most cases, riddled with emotional, financial and health problems. An important feature of the ageing process is the increasing feminization of the older persons due to faster increase in life expectancy among females as compared to male counterparts. Due to the increased longevity of women, at higher ages they become more vulnerable due to widowhood. The percentage of Indian women who are widowed increases from 44.5 in the age group 60-64 years to 86.8 for women aged 80 and older.

The issues raised in the HelpAge India – TISS meeting are summarized as follows:

BOX 3.1.

Issues that Need to be Considered for Inclusion in Planning Policies

Terminology and Classifications: The term 'senior citizens' should replace older persons; age criteria should be made consistent; dementia as a disability; classification of below poverty line (BPL) for senior citizens should be reviewed as it is unclear.

Family Structure: While family structures have broken down, they have not completely disintegrated – physical space may not be shared, but there is a common income pool. For this, incentives such as income tax provision should be given to assist the family and to encourage the joint family structure.

Pension Index: To make it uniform across the country and to take into account inflation.

Inclusion of Elderly: Into schemes like National Rural Employment Guarantee Act (NREGA), etc.

Corporate Social Responsibility: Reservation of some per cent of profits for senior citizens.

Microfinance: National Bank for Agriculture and Rural Development (NABARD) has only very recently started giving elderly credit – Planning Commission / NITI Aayog can enhance such efforts.

Gero-sensitive City Plan: City should accommodate elderly needs such as ramps, etc.

Moreover, perception of 80+ about their problems changes rather drastically as the age increases. For example, young and middle age olds (60-79 years) may be more concerned with their economic needs and a necessity to remain fit and independent while 80+ are often sick, frail, physically weak, vulnerable to crime and dependent on others requiring urgent support measures. They are also often excluded from the social and economic spheres of life. This group should not be treated as a part of homogenous group of all older persons.

Universal coverage of poor older persons, especially over the age of 80 years under the Indira Gandhi National Old Age Scheme. Additional money to be given in case of disability, loss of adult children and concomitant responsibility of grandchildren and women. Widow pensions to be increased accordingly and indexed for inflation.

Distribution of free ration under the Public Distribution System to the destitute elders who are 80+.

Income up to Rs. 10 lakhs per annum to be made tax exempt.

Additional (substantial) interest should be given to investors over the age of 80 years by banks and post office saving schemes. This income should be tax exempt.

Legislation for maintenance of parents should be flexible to adjust the special needs of parents over the age of 80 years.

Insurance cover should be provided to all older persons over the age of 80 under publically funded schemes.

In the Indian society, the glaring differentials in literacy, employability, wages, earning capacity, income insecurity and economic status between older men and older women, the higher morbidity of older women but longer life expectancy as compared to older men, the differential access of older persons to health care based on gender as well as on rural urban locations and the high proportion of widows in the 60+ group – all serve

to highlight the many points of interventions from a gender perspective which should be taken up at policy level. Older men and women are a heterogeneous group and have diverse needs based on caste, economic wellbeing, level of education and rural / urban setting.

Research indicates a higher proportion of older women than men experiencing loneliness and dependency on children, social deprivations and exclusion. Gender based division of labour in society also leads to older women's lack of involvement in leisure and recreational activities, and being burdened with household chores for longer span of time compared to older men. Clearly, women and men experience ageing differently. Both have their sets of concerns which for older women are exacerbated by a lifetime of gender based discrimination often due to deep-rooted cultural and social bias. It is further compounded by other forms of discrimination based on social class, caste, disability, literacy, employment and marital status.

According to Census 2001, 75% of older persons are living in rural areas; 48.2% are women of which 55% are widows. In the age group of over 70 years, 23% of men are widowers while the corresponding figure for women is 92%. The numbers are only increasing due to armed conflicts, natural disasters, communal riots and the traditional marriage patterns. Only 28% of widows are eligible for pension and only 11% actually receive the payments to which they're entitled. In addition is the fact that the pension obtained is grossly inadequate and the process of claiming the entitlement and of disbursement has many flaws. What is needed are social safety nets that are important to address old age related contingencies, as well as multiple deprivations especially faced by single women and other vulnerable groups of older woman and which facilitate chronic vulnerability.

Widowhood also brings in financial problems, reduction in standards of living, compulsions to work due to economic pressures, isolation from social life and deprivation of property and ownership. By the legal amendments in recent years, daughters will now get a share equal to that of sons at the time of the notional partition, just before the death of the father and an equal share of the father's separate share. However, the position of the widow vis-à-vis the coparcenary stays the same, not conducive to her acquiring stakes. The widow not being a member of the coparcenary, will not get a share at the time of the notional partition. The widow will not inherit any share in the joint family property in her own right but she is entitled to an equal share with other Class I heirs only from the separate share of the husband computed at the time of the notional partition.

Due to various reasons female headed households are by large poorer than male headed households. The lack of income data desegregated by headship and marital status prevents the direct documentation of the economic vulnerability of female headed households. Without adequate data it will be impossible to underscore the economic, social and political vulnerabilities of widows. Besides the state of widowhood, being single because of divorce or desertion or never being married profoundly changes older women's status in the society. They continue to face social ostracism and stigma. Also of concern is the state of widowers who generally are not versed and equipped for household and care work in the media context. With the loss of spouse, older men too experience social isolation and their quality of life deteriorates.

One-third, i.e., 66% older persons are living below the poverty line and 90% are from the unorganized sector with no regular source of income, generally totally dependent on family members economically, socially, emotionally and for caregiving. But with demographic transition taking place there is reduction in the pool of persons potentially able to provide family care. It is observed that as men and women age, often their independence declines, dependency on family increases and they become more vulnerable to abuse, exploitation and violence which damage their dignity and mental health thereby compromising their rights. Older women, in particular, are vulnerable to 'property grabbing' by family members or others and older single men are more vulnerable to undesirable companions robbing them of their assets.

Physically ageing takes a greater toll on women than on men. Women experience proportionately higher rates of chronic illness and disability in later life than men. It is observed by researchers that older women compared to older men have greater problems related to non-communicable diseases and also have lower social and mental health status, especially for single woman and widows. Older women live with numerous gender specific chronic conditions like osteoporosis, arthritis, post-menopausal problems and depression, which are often disregarded as 'women's problems' and not treated as geriatric problems requiring treatment and management. Further, for women especially, old age connotes reduced sexual appeal and in denial of their sexuality, classification as 'asexual'.

Widows in India – A Severely Neglected Lot

When we look at poverty in India, women, especially single women, are the most marginalized sections of the society. In the India Exclusion

Report 2015 brought out by YODA Press, 'Being a Single Woman in India' (Kanchan Gandhi, et.al.), "*Widows face the most severe forms of social stigma and discrimination from the family and the wider community*". Traditional biases towards widows remain intact as they frequently continue to be held responsible for the death of their husbands. They are routinely subjected to the wrath of the community and blamed for any misfortune. The model of a chaste and subservient widow still dominates consciousness denying them a life of dignity (Gayatri Sehgal (unpublished paper), 'Social Protection and Single Women', Centre for Equity Studies, New Delhi).

Suggesting Policy Change with a Gender Perspective

The goal of National Policy for Older Persons (NPOP) should be to have gender perspective at all levels including planning, programming, budgeting, maintaining and evaluation while addressing issues arising out of population ageing. Gender dimensions should be widely disseminated so as to encourage appropriate responses.

There needs to be focused objectives:

- Create an enabling environment through positive social and economic policies for older men and women to realize their full potential.
- Access to health care, economic, financial and social security for older men and women in rural and urban areas.
- Make a comprehensive and uniform pension schemes including for widows by putting in place practices that are user friendly keeping ground realities in mind.
- Strengthening legal systems for eliminating all forms of age discrimination, violence and abuse of older men and women.
- Changing social attitudes and community practices for active participation and involvement of older men and women in development.
- Make a marked shift in the approach to ageing issues from welfare to development.
- Mainstream ageing with gender perspective.

Older people particularly women who are illiterate or repressed should be provided legal literacy and support to access their rights.

A. Ensuring Economic and Financial Security

A number of steps need to be taken for economic independence.

- Include older men and women, especially widows in poverty eradication programmes.

- Improve accessibility to pensions for older persons, especially women, widows and the destitute.
- Help illiterate older men and women to use pensions and financial security instruments.
- Make the senior citizens post office savings scheme accessible to older women and men by making these places age-friendly, by improving their structures and lay outs and having enabling environments.
- Provide e-literacy training so as to help them access online banking and other facilities, etc., a beginning has been made by HelpAge with Digital Empowerment Foundation in Nagapattinam and Virudhunagar of starting Digital Resource Centres in villages.

B. Meeting Health, Sanitation and Nutrition Needs

All states across India must ensure basic facilities:

- Adequate provision of clean, free public toilets for older men and women, including migrants and homeless.
- Health care facilities to be enhanced for NCDs and age related ailments and diseases such as dementia and Alzheimer's.
- Increase gender cadre of caregivers by starting appropriate training courses and enrolment processes and providing caregiving at affordable prices.
- Develop health care support services to provide some relief to middle aged and older women through sharing of the family's caring responsibilities.
- Make provision of basic geriatric health care and services at public health facilities in urban and rural areas especially for older women. This would entail recruiting and training male and female health workers specifically for this task. Such a provision would provide the much needed support to families, and especially women caregivers, who otherwise find it difficult to care for older persons on a long-term basis.
- Recognize gender based attitudes toward health and develop programmes for regular health check-ups, health promotion especially for older women who tend to neglect their problems.
- Promote policies and programmes that ensure older men and women's wellbeing and support healthy lifestyles across the complete life span.
- Primary health centres to respond to the health requirements of older

- men and women and not just focus on maternal and child health.
- Sexual and post reproductive health concerns to be addressed by the health care system.
 - Develop respite care services as these are especially important for female caregivers.
 - Subsidize cost of hearing aids, walking aids, glasses and any other such devices for older persons and in particular for older women.
 - Ensure that older men and women's needs are addressed in nutrition education programmes.
 - Separate policies / rates / rebates need to be applicable while providing health insurance to women so that their health is addressed in later stages of their life also.
 - While designing facilities for long-term care of older and / or disabled individuals needing intensive care inputs, concerns of older men and women need to be separately addressed in lieu of their dignity and privacy.

C. Developing Support Services and Empowering Older Men and Women

Both states and non-profits, panchayats and RWAs can work to provide an enabling environment through:

- Promoting development of older women's organizations and self-help groups of all kinds.
- Set up daycare centres, recreation units to address the needs of older men and women, specifically in urban areas where older men and women are increasingly breaking away from traditional stereotype roles. This is happening as Pakal Veedu in Kerala.
- Promote and ensure the participation of older men and women in the process of development, especially rural development, and in the formulation of policies that affect their social life as per examples of EFE – Elders for Elders federations in Tamil Nadu and Bihar which has started this process.
- Develop adult literacy and training programmes especially for older women in their own health care, nutrition, child care, legal education and appropriate production techniques and income generating activities including e-literacy.
- Make provision for working adult men and women to avail 'parent-care' leave.
- Encourage female and male children to co-reside with their parents by providing tax relief, allowing rebates for medical expenses and

giving preference in the allotment of houses. Value education plays an important role for the young.

D. Housing and Shelter

Across the country there is a need for:

- Provision of shelters and old age homes for destitute and migrant men and women and for homeless, especially women in all districts, towns and villages, which do not exist presently.
- Develop housing complexes for single older men and women, and for those with need for specialized care and household facilities in metropolitans, small towns and also in rural areas with provisions for care services.
- Daycare facilities to help families in care of older men and women.
- Not to isolate older men and women by having residential complexes for them in remote corners.

E. Media Response

There is a need for the right message dissemination to:

- Promote awareness among general public about older men and women's important contribution to the society, in particular to families and in rearing of children and management of household chores.
- Promote wider appreciation of continued participation of older women in particular in social and cultural activities utilizing their invaluable skills and experience.
- Media must play a role in increasing awareness of old age issues from a gender perspective and taking up the cause of older men and women.
- Media should under law have access to information on problems of older people, in particular of women reported with police, and registered in courts and with senior citizens associations / forums.
- Simple messages on radios can reach elderly in rural areas which disseminate their rights and entitlements, etc.

These are many policy recommendations to improve the rights of elderly women. However there are other significant areas where vulnerable widows reside in Vrindavan, Haridwar and Varanasi who need to be provided with a basic dignity in life. A landmark case in this respect was the judgement in WP(C) 659 delivered on 11th August, 2017, by Justice Madan Lokur in the Supreme Court which will be a guiding document

for future rights of widows and elderly women (Judgement copy in Annexure III).

Recommendations of the Committee constituted under the direction of the Supreme Court of India vide judgement dated 11th August, 2017 in Writ Petition (Civil) No. 659 of 2007.

A. Background and Methodology

The report was submitted pursuant to the judgment of the Supreme Court dated 11th August, 2017 directing the Committee to study the various reports filed before the court and provide a common working plan. The Committee convened at the office of the National Commission for Women on 4th September, 2017 and held several meetings thereafter. During these meetings, the Committee consolidated the key findings from the reports. It also looked at the recommendations shortlisted by the Supreme Court and based its recommendations accordingly. The Committee tabulated a list of the key issues gleaned from the studies. Individual members as per their expertise, added to the content in the format. The Committee felt that, given the experience of some members on the practical aspects of the welfare and empowerment of widows, work that has already been done could be included as annexures to the recommendations, to enable agencies to execute the directions which may be passed by the court.

B. Guiding Principles

The fundamental factor which has guided the recommendations of the Committee is that the subject matter of the recommendations are economically disadvantaged, abandoned, stigmatized and mostly illiterate and older women, who are lost in the complex web of administrative structure and thus deprived of benefits due to them. Expecting the widows described above to navigate through the labyrinth of the agencies designated for distribution of benefits is an unreal expectation and scripted for failure. The approach of the state needs to change drastically for the benefits to percolate to these dispossessed classes of widows. Rather than wait for the widows to knock at the doors of the state, the state needs to proactively reach at their door steps and pre-empt destitution. Therefore, much emphasis has been laid on both – (i) preventive measures to ensure that widows do not necessarily have to be on the streets to receive the attention of the state and (ii) on ensuring that rights based services are accessible to them with dignity.

There also needs to be a paradigm shift in the attitudes to interventions

that views widowed women as recipients of doles without any individual identity. No effort is made to empower or integrate them with the community. This negative approach leads to continuous increase in the number of dependents which in turn puts additional stress on the limited resources of the state. There is a need to shift from the welfare approach of allocation to an entitlement approach. These women are entitled to be taken care of by themselves, the family, the community and the state. The 'Many Hands' approach will create an enabling climate for women to be aware of their rights, have the support to access the rights and the necessary training to earn for themselves.

Even the limited services and benefits on offer, are unable to reach the recipients due to poor implementation, non-existent coordination and indifferent monitoring processes. The benefits actually distributed are also disbursed intermittently and are invariably delayed due to bureaucratic hurdles. The objective of the recommendations is to ensure easy access to the services and benefits through simple mechanisms comprehensible to all widowed women. A single window system is the key to coordinated implementation of the schemes that reports after reports have emphasized upon. E-governance in the form of common helplines and digitalization of data, records and reports are the other tools that could ensure easy access to benefits and seamless coordination among the multiple agencies tasked with the implementation of the various schemes. Multiple options for access to benefits helpline / helpdesk / would act as a safety net and is therefore imperative for the successful implementation of the schemes. Similarly active involvement of the local community with widows through interaction with citizens groups would help in independent monitoring.

C. General Observations

1. Widows are not a Homogeneous Group

It is important to emphasize that widows are not a homogeneous group concentrated in the shelter homes alone. More than half the widows surveyed reside independently and constitute the most neglected category among all women in both rural and urban areas¹⁶. Therefore, schemes should be designed keeping this distinction in consideration. Specific measures for support and rehabilitation of widows may broadly be of three types:

- For widows / single women / divorcees living at home or in families.

¹⁶ Status Report filed by Renuka Kumar, Principal Secretary, Uttar Pradesh, 16th April, 2015, Report No. 10.

- For widows / single women / divorcees living independently in communities.
- For widows / single women / divorcees in shelter homes.

1.1 Widows Living with Families

Certain measures may be needed for preventing women from being destitute and being forced out of their own homes and families. Given the dependence of the average woman on her husband, sons and male relatives for sustenance, most widows from all classes of society continue to face discrimination and deprivation even while continuing to live with their families. The Committee has therefore included some measures to identify such women and bring them under the outreach of the concerned agencies, if required. This outreach may stem the exodus of widows from their homes and familiar environments.

1.2 Widows Living on their Own in the Community

More than 50% of women live independently. They do not wish to enter shelter homes. They too are among the most deprived in terms of access to state sponsored schemes¹⁷. It is crucial that welfare and other support services reach out to them. Measures will be needed to help link them to Government agencies through designated NGOs or other local organizations for these widows to access the schemes.

1.3 Widows in Shelter Homes / Ashrams

The immediate concern raised in the studies is of destitute widows who are living in shelters such as government run homes and ashrams. All the studies point to the fact that widows throng to places where there is likelihood of getting some form of shelter and sustenance. The studies suggest that despite the spirit of the interventions being altruistic, the condition of these homes is miserable. Several measures have been suggested for improvement of these shelter homes.

D. Areas Needing Special Focus

1. Prevention of Child Marriage and Early Widowhood

Child marriage has been identified as a factor which leads to early widowhood and resultant destitution and vulnerability. In one study,

¹⁷ Study by the NCW in 2009-10 on widows in Vrindavan. Report No. 3. Accessed from <http://ncwapps.nic.in/PDFFiles/VrindavanCommitteeReport02022018.pdf>

almost 100% of the widows surveyed were married below 18 years of age and there existed a huge age difference between the women and their husbands.¹⁸ Programmes for strengthening the systemic interventions through the Prevention of Child Marriage Act, 2006 needs to be strengthened to minimize these incidents.

2. Financial Inclusion

All the studies and reports suggest that destitution of widows stems from the complete lack of financial security after the death of the spouse, even if he himself was steeped in poverty. In order that women may be protected from this situation of extreme destitution, the schemes and programmes for independent financial security for all women, in particular women from economically and socially backward classes needs to be enhanced through simple measures like ensuring universalization of banking, small savings, simple livelihood options, skill development, access to loans and financial literacy through the concerned agencies.

3. Access to Property

One of the factors common to women / widows of all classes facing destitution is the lack of control over property and deprivation from property of husbands and fathers through subversion of the succession process. Unless this trend is controlled and reversed, the situation of women in general and widows in particular will continue to be vulnerable.

4. Skill Development and Access to Sustainable Livelihoods

A major deficiency in the current framework of skill development is that the widow is left to her own resources after training without any access to credit, market linkages or job placement despite existence of government schemes designed for the said purpose. There is also no effort to organize the widows into cooperatives under the various schemes which has proved to be a successful model for self-employment. Implantation of these schemes in letter and spirit would go a long way in rehabilitation of the widows and creation of a skilled work force.

5. Social Empowerment

The most important aspect of rehabilitation which is completely overlooked is empowerment of the widows by recognizing them as worthy individuals

18 Summary Report of the Situation Analysis of Widows in Religious Places of West Bengal prepared by Jayaprakash Institute of Social Change, Report No. 1. Accessed from <http://arabwidows.org/upload/research/folder2/8.pdf>

and persons in their own right and not mere dependents / burden on the family and the system. It is imperative to restore and respect the dignity and agency of widows by integrating them into the community, rather than treating them as objects of pity. This should be done through programmes designed to enhance participation of widows in all walks of life through social and cultural organizations such as Rotary and Lions Clubs, self help groups, single-women's networks (Ekal Nari Shakti Sangathan), mahila mandals and other social networks. This would help the widow's access rights and entitlements as well as secure emotional and peer support. Widows should also be involved in the management of shelter homes and have a say in the running of the homes. Linkages to networks such as SEWA, National Federation of Indian Women (NFIW) is important that women's voices are heard.

6. Widow Remarriage

Studies seem to suggest a reluctance on the part of widows to revert to a family atmosphere, possibly due to history of abusive relationships. Many widows are possibly experiencing independence and freedom from regular abuse. Widow remarriage should be destigmatized and she should be explained the full legal consequences of marriage. If there are children, the status of the children qua the new spouse should be clarified. Counselling, wherever done, should encourage discussion on marriage and like relationships, including emotional and sexual needs in order to create a supportive environment for the widow to remarry or enter into a relationship, should she wish to. Where a widow wants to remarry or settle down with a partner, she should be facilitated to do so. Where a widow remarries out of a shelter home, or starts to reside with a partner, she should have the option of returning there without undergoing fresh formalities in case the marriage or relationship fails, or the spouse or partner dies.

7. Absence of Data on Widows

Finally, the differing forms that violence against widows takes are known. Yet there is astonishingly very little data available. This is probably due to the myth that widows are taken care of by the familial households and so the deprivations of widows are well hidden in economic and social statistics. Since the poorest segment of a population is usually comprised of female headed households, it is probable that households headed by widows face greater economic hardships than most. The lack of income data desegregated by headship and marital status prevents the direct documentation of the economic vulnerability of widows and widow headed households. Without

adequate data, it will be impossible to underscore the economic, social and political vulnerabilities of widows. Dearth of data makes widows invisible in the discourse on poverty. Data on the status of widows across a large sample size indicating both core and relative deprivations can be both a management tool and a report card for conceptualizing, implementing and monitoring interventions to empower widows.

E. General Recommendations

Widows are perhaps the lowest in the rung of the endemic vulnerability of women. This vulnerability needs to be addressed by long-term measures which would ensure that widowhood does not throw a woman into distress and short-term or ongoing measures to support the widows in distress.

The long-term measures include:

1. Identification of vulnerable women and pro-active outreach to them.
2. Protection from domestic violence.
3. Access to social security schemes.
4. Access to affordable health interventions.
5. Availability of livelihood and financial support.
6. Financial literacy and empowerment.
7. Protection of property.
8. Focus on prevention of child marriage and thus early widowhood.
9. Focus on promotion of community-based single women networks and housing.

The short-term / ongoing measures include:

1. Availability of shelters in case of homeless, destitute women.
2. Upgradation of shelter homes, with specific focus on the needs of older women through measures such as combining the swadhar homes with old age homes.
3. Allocation of sufficient funds for shelter homes and systems for proper disbursement and expenditure.
4. Systematic monitoring of running of shelter homes.
5. Livelihood options for widows in shelter homes.
6. Social integration and rehabilitation of widows.
7. Protection from exploitation, abuse and offences.

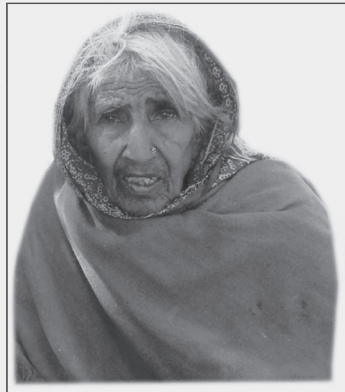
These are some measures which government needs to prevent if they are concerned about the plight of older women. The Ministry of Women and Child Development needs to apply these in right earnest. At present, the Parliamentary Committee on Women and Child Development is looking

forward to recommendations to improve the conditions of older women and it is high time we as a country make it liveable for older women. The judgement in WP (C) 659 of 2007 is being seriously considered. In order to show the actual lives of these single women, a case study of a single centenarian woman Ditlibhai Tersingh Rathwa – ‘a time without shoes and tea’ is shared; Honey Bee Network and we jointly brought a book ‘Shatayu’ on Centenarians in India – the majority were women.

BOX 3.2.

Life of a Single Woman – A Time without Shoes and Tea

Levhaat is located about 25 kms from Chhota Udepur city. A relatively new concrete road leads us to the house where Ditliben lives with her son and daughter-in-law. Ditliben Tersingh Rathwa is definitely more than 100 years old, her daughter-in-law vows. She knows this with certainty because her father and Ditliben were of the same age and her father had turned a 100, a few years back. He passed away last year. As she comes out of her small hut, we notice Ditliben’s frail physique. Yet, despite her frailties she manages to move around with a walking stick. She takes a seat and smiles. She does not understand why we are there to meet her. She relaxes and tells us about her life. She had a very difficult childhood. She lost her mother at a very young age. Her father too passed away soon and she was orphaned. She had to struggle to meet her daily food needs. She would ask her neighbours if they had some food left for her. The neighbourhood was also very poor. As kids, they used to play with pebbles because they did not have any means to buy toys.



Ditliben Tersingh Rathwa

When pressed about the changes she has seen over the years, she says that she has seen really bad times in her early years. Her later life, she says, was much better. In her remote village, there was hardly anything available when she was young. They wore very little clothing and never wore shoes. If they ever saw shoes in the village, they knew they would either belong to the British or to the *hawaldars* (constables). The food she used to eat in those times did not have much variety. They used to have *rotlas* made of *kodra* and *shamel*. They never saw white rice. They also did not know of tea.

She fondly remembers the times when British officers used to pay visits. Some missionaries would visit as well and they were very kind. Sometimes the local king's men would come and they would be taken for a few days for forced labour. Ditliben had a harsh but very active childhood. Most of the day she would grind flour or go to fetch water. She remembers she started doing all this at the age of five. They used to walk around 20 kms a day since nothing was close by and they did not have any means of transport available. She says that the farmers at the time never used chemical fertilizers. They used *neem* juice for most common ailments. For fracture, they used to fill a cloth with fenugreek flour and tie it around the broken area. They cooked *kunvariyani bhaji* which was rich in nutrients. Shantilal Pandya, a retired teacher who visited accompanied us confirmed that the plant contained iodine and proteins.

The water level, she concedes, has gone down. So has the rainfall. Rainfall also is delayed nowadays, she adds. The climate was good back then. Now the winters are colder, too. Marriages back in her time were simple affairs. The bride and the groom exchanged a piece of jaggery to signify completion of the formalities of the wedding. The girls would then go in the cart while the groom came home dancing with the men jiving to the beats of drums. In their culture, she adds, drums were beaten even on death. Her life was very simple, she says, like her food which had only salt and very little, if any, spices.

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CHAPTER 4

Age Discrimination – Elder Abuse and the New Law

“I have to confess my deep alarm and dismay in this context over the findings of the 20 city survey conducted by HelpAge India which reveals one out of three elders have faced abuse.”

– Dr. Pranab Mukherjee, former President of India, speaking on the International Day of Older Persons on 1st October, 2012

Age discrimination among the older adults is not sanctioned and remains unseen (Cuddy et al., 2005)¹⁹. Age discrimination, especially among the older adults, can affect them severely as they face neglect and isolation during the closing span of their lives. Social integration among the older adults is essential to promote healthy ageing. It is often considered and used interchangeably with social relationships and contacts. Social exclusion among the older adults is perceived as marginalization among them (Vitman, 2014)²⁰. Basford (2004)²¹ reported that social integration among the older adults could aid marginalization among them. Age discrimination among the older adults runs parallel with abuse and neglect (Palmore, 2001)²². Terror management theory suggests that the younger people tend to safeguard themselves by applying stereotypes among the older adults (Nelson, 2005)²³. Thus, age discrimination among older adults can affect

19 Cuddy, A.J., Norton, M.I. and Fiske, S.T. 2005. This Old Stereotype: The Stubbornness and Pervasiveness of the Elderly Stereotype. *Journal of Social Issues* 61, no. 2 (June 2005): pp. 267-285.

20 Vitman, A., Iecovich, E. and Alfasi, N. 2014. Ageism and Social Integration of Older Adults in their Neighborhoods in Israel. *The Gerontologist*, 54(2), pp. 177-189.

21 Basford L. Thorpe K. 2004. *Caring for the Older Adult*. Cheltenham, England: Nelson Thornes.

22 Palmore, E.B. 2003. Ageism Comes of Age. Accessed from <https://academic.oup.com/gerontologist/article/43/3/418/901195>

23 Nelson, T.D. 2005. Ageism: Prejudice Against Our Feared Future Self. *Journal of Social Issues*, 61(2), pp. 207-221.

objectivity and may influence communication process both at family or society level. Age discrimination among the older adults also seems to be one of the reasons for social exclusion in the society. Younger people who believe in age discrimination among the older adults are often of the view that the older adults are that section of the society which can offer minimum productivity and as a result of which they frequently neglect this age group. Subsequently, in society, the older adults often feel excluded and segregated (Barnes et al., 2006)²⁴.

According to a report by United Nation Population Fund on 'Ageing in the Twenty-First Century: A Celebration and A Challenge' (2012)²⁵, people all over must age with dignity and security, enjoying life through the full realization of all human rights and fundamental freedom. Age discrimination is increasingly seen among the environment in which there is a greater communication gap between the young and the old on the other hand a good communication among them and with increased social integration can help to bring down age discrimination (Uhlenberg, 2000)²⁶. Social integration concerning social contacts, interactions among the older adults can prevent the old age stereotypes, for example, participation or active involvement of the older adults in societal events (Postel, Wright and Beresford, 2005).

During the last century, this socioeconomic and value system has slowly eroded. More and more couples are working full time, families have become smaller and nuclear and migration and consumerism have become the order of the day. At the same time, life expectancy of the elderly has gone up from 32 years in 1947 to 67 years in 2001. All these factors cause pressures on families resulting in abuse, neglect and abandonment of the elderly. While most elderly are well looked after, many suffer from poverty, loneliness, neglect, abuse and abandonment and find it difficult to mobilize resources for their most basic needs as their children are either unable or unwilling to maintain them. Problem of widows, widowers and the childless elderly is even more acute.

24 Barnes, M., Blom, A.G., Cox, K., Lessof, C. and Walker, A. 2006. The Social Exclusion of Older People: Evidence from the First Wave of the English Longitudinal Study of Ageing (ELSA), Final Report.

25 United Nations Population Fund. 2012. State of World Population 2011. Accessed from <https://www.unfpa.org/sites/default/files/pub-pdf/EN-SWOP2011-FINAL.pdf>

26 Uhlenberg, P. 2000. Introduction: Why Study Age Integration? *The Gerontologist*, 40(3), pp. 261-266.

Old Age Security Motive Was Children in India – Has It Failed?

It has long been understood that in India having many children was for old age security. Without reliable saving instruments and pension schemes, children have been the best bet. People expect that at least one son or daughter will look after them. However, HelpAge India experience over the last 20 years this century has shown that expectation is very unreliable. Abuse of parents is growing across the country. Very few parents like to live with their daughters and quote tradition in the matter but found no meaningful reference but our experience showed sons as the main abuser in most cases.

Elder Abuse in India

HelpAge India is continuously working on issues related to elderly population. Elder abuse is one of the focus areas. For the past few years, elder abuse surveys have been conducted to understand the nature, extent and depth of abuse²⁷. More than one fifth of the elderly, 23% reported experiencing abuse nationally. Four-fifth of the elderly 83% live with family. Nationally the daughter-in-law has been reported as a primary perpetrator of abuse (39%) followed closely by their own son (38%). While in Bangalore a 90 year old father was chained on his terrace simply because he had unhygienic habits, in Delhi an 85 year old man was beaten and slapped by his own son, today stays at an old age home. These are just some stories which see the light of day, but many such heart rending stories are often pushed under the rug and the elderly remain silent sufferers. These reports were released on 15th June which is World Elder Abuse Awareness Day (WEAAD) and HelpAge India remarked, *“It is indeed sad that we have come to a stage where such a day needs to be marked. A country which has always prided itself in good values, where the elders were always treated with respect, now faces changing times, where a growing number of elders are silently suffering at the hands of those they trust the most. HelpAge has been tracing the extent of this heinous crime across the country over the years. This year we covered not only Tier I, but Tier II cities as well, to understand the extent, prevalence of abuse and what measures can be taken to counter it.”*

In Tier I (metro) cities, sons and daughters-in-law have been reported as the main perpetrator of abuse. While it is the son who is the main abuser in Tier-II cities and a disturbing fact that emerged was that 17% faced abuse

27 Can be accessed at <https://www.helpageindia.org/aboutus/publications/helpage-research-reports/>

at the hands of their own daughter. Nationally, Madurai (TN) 63% and Kanpur (UP) 60% recorded highest levels of elder abuse. Among the Tier I (metro) cities, Hyderabad emerged with the highest rate of elder abuse 37.50%, followed by Kolkata 28%, Delhi 20%, Mumbai 11.43% and Chennai with the lowest 9.64%. Amongst the most common types of abuse faced by the elders, disrespect 79% was the main, followed by verbal abuse 76% and neglect 69%, and an alarming 39% elderly faced physical abuse (beating / slapping). Physical abuse was highest in Rajasthan 16.19% and in Andhra Pradesh 13.67%. Disrespect 11.51% and verbal abuse 12% was highest in TN, and in West Bengal and Jammu and Kashmir, neglect as a type of abuse, was high with 12.5% and 10% respectively. In West Bengal and Tamil Nadu (TN), economic exploitation as a type of abuse was also high, with 18.91% and 15.23% respectively. The major reasons cited by the elderly for prevalence of elder abuse included, “lack of adjustment”, “economic dependence of the abused”, “increasing longevity” and “economic dependence of abuser.”

About 35% of the elderly abused, reported to be facing it almost daily. 16% of elderly reported facing abuse for 6-10 years, while 28% reported facing abuse for 3-5 years and 26% were facing it for 1-2 years. What was overwhelming was that most of those abused 70%, did not report the matter, stating the importance of “maintaining confidentiality of the family matter” as the major reason 31%, followed by “fear of retaliation” stated by 23%. Maharashtra 46% and Karnataka 48% were the lowest in non-reported cases of abuse. The police helpline were known to most elderly 70% as a redress mechanism and most 17.67% knew about the HelpAge India Elder Helpline, while 11% were aware of the Maintenance and Welfare of Parents and Senior Citizens Act 2007. The most effective mechanisms suggested by the elderly to deal with elder abuse included, “sensitizing children and strengthening intergenerational bonding”, “increasing economic independence of the abused” and “sensitizing young adults”. There are also extreme cases of abuse which are sanctioned by traditional customs where elderly are killed even. Thalaikoothal in southern Tamil Nadu is one such practice. We are now working in this district as a means of protection for elder’s lives.

Thalaikoothal – A Practice of Killing Your Old Parents

HelpAge India stumbled upon this practice in Virudhunagar, Tamil Nadu by the Executive Director of Elders for Elders Elango Rajarathinam who is based in Tamaraikulam, an elders village with a lotus pond. This is from our case records in HelpAge India.

The journey toward the village where grandparents await the 'bath', marking the line between life and death, starts in a charming hospice south of Chennai, in Tamil Nadu state. On a pond, covered in pale pink lotus flowers, a small thick tree offers shelter to tiny birds with bright red or yellow chests. Their gentle chirps sound loudly as they build their straw nests that dangle from the branches, their reflection on the water resembling large dry fruits.

Suddenly, Vadivel, a barefoot 74 year old appears. He is the first guest of Asia's only shelter to be run directly by the English NGO HelpAge, thanks to a contribution by the popular TV network *NDTV*. Vadivel has been here in the Tamaraikulam centre, on the outskirts of Cuddalore, since 2006. He arrived along with his wife Kullammal after having lost his adoptive son to the tsunami and being left destitute. Following the tsunami, HelpAge specializes in programmes for the elderly, it began working on the Indian coastline alongside international organizations focusing on women and children.

Vadivel and his wife often fight and there are long periods where they fail to speak to one another. Not even this idyllic centre can resolve the tensions and recriminations of a lifetime spent in an arranged marriage involving a barren woman who, tragically, has lost everything, even her adoptive son. Yet neither of them would dream of going elsewhere, into families where the elders feel themselves ever more a burden as they age and grow weaker.

In the small rooms surrounded by wheat and rice fields live 21 men and 33 women, all in their seventies and able bodied. There are also six women and five men requiring full assistance. Those who can do so work in the fields growing vegetables, washing floors or herding the cows whose milk is drunk or sold in the market. They all go about their lives with no fear of ending up like those whose story is about to be told. A woman's singing can be heard from the pond dedicated to a bird called Amu, who always goes there just before sunset, to listen to 90 year old Pattu's songs. She has been here for seven years, after working as a maid for a succession of families who would regularly fire her because of her age. "Bird, can't you hear my voice? You know where my husband went, he never returned. Understand how I feel, I have food and fruit but no appetite, a mattress but I am not sleepy... ." Despite her memories, Pattu, who never married, is serene. She will leave her few rupees in the bank to HelpAge, not to her nephews who never visit her. It is from this rare oasis that we set off on the southward trip. Just a six hour train ride away one reaches the nearly empty Virudhunagar

station, where many lie prone in the waiting room. We are at the door of a dark limbo for hundreds, if not thousands of the old, drawn here from Madurai to Virudhunagar and far beyond. It would have been impossible for me to meet three prospective victims of the practice of 'gentle death', common in this region, without the help of Elango Rajarathinam and his team from the Virudhunagar Elders Development Association funded by HelpAge. All three happen to be women, mothers and grandmothers of litters of nephews. They are survivors of the 'light' – as they are known – attempts to help them on to the next world. But men are as much at risk, especially if there is an inheritance at stake.

Like others who we are unaware of, concealed in dark rooms in the silent alleys or in straw roofed homes in the fields, Siniammal, Janaka and Subamal await the final 'bath' rite. By applying oils and having the victim drink beverages that cool down the body, such as green coconut water, their internal organs will stop working. They call this ancient, secret and socially accepted death practice 'thalaikoothal'; literally 'water on the head'. It is the culmination of a collective psychological process that unfolds within the walls of a home. It consists of glances, vague hints, the secret fears of victims and parents, regrets, open evening discussions and, finally, drastic decisions. "We must help him or her die", the children, sons and daughters-in-law agree, with or without the approval of the person concerned. It is such a well-established practice that it is generally considered euthanasia, even if it is not carried out in a Swiss clinic with some substance to smooth your transit from sleep to the next world. According to Elango, who has been actively involved for the last six years, the methods are becoming ever crueller with the social changes and the fight for survival of rural communities, particularly for the Dalits and the lower castes.

The local, regional and national authorities show virtually no interest. The 'broker' tell us that today it is no longer just coconut water, perhaps strengthened with rice liquor or brandy, nor expensive ginger and castor oil to be rubbed on the head that are used. Those who cannot afford the 'natural' methods, or when these do not work, use poison, sleeping pills or suffocation. Our 'broker' Krishnasani explains all this with no attempt to conceal the gruesome details of his techniques.

A sturdy 70 year old middleman and jack of all trades, he swears he does not profit from this and that he has helped 'tens of elders to move on'; so many that he has lost count. For him this is a humanitarian act, he feels like 'an angel of kind death' like many other thalaikoothal experts in rural Tamil, from Madurai to Theni and across Ramanathapuram to Thirunelveli,

Tuticorin, Sivaganga. There are no extant statistical surveys of this practice, which according to the regional union leader Asokan, exists all over the state. Why here and not elsewhere in India, where the family still is at the heart of society. Asokan, born in 1952, has an answer derived from his childhood memories. “My people lived in the pasture lands and in the fields under the shadiest trees. There was no trouble housing elders and when they had to die because they could no longer walk they would be left outside the house but nearby, under the same tree and with a leaf shelter like everyone else. When the time came they would rub in oils which in Tamil are called ‘shikkakai’ and usually after one night with a lowered body temperature the elders would pass on to another world without a single groan. I don’t know if they suffered but nobody encouraged them to die, like nowadays. This has been happening since the first cement houses were built and the rooms are needed for the youths, while the family members cannot spend money on medicines nor take care of the elders since they spend 10 hours a day in the fields. Even those who could afford to, don’t let them live long.”

He knows this from experience. His father committed suicide because he did not feel accepted by the family of a brother who was hosting him. Asokan tells us, “Nobody wanted to assist him and he left his last Rs. 17/- to my sister, telling her to pay for the stretcher to take him to the cemetery. On the death certificate they wrote ‘natural death’, as they do after every case of thalaikoothal.”

With such gloomy stories in mind, disheartened, with Elango, the interpreter Mannu and a team of local women from the NGO, we enter the house of the three elderly ladies awaiting ‘the bath’. Before discovering the secrets of their doomed destinies, one activist accompanies us for a fire ‘purification’ in the temple where Muniyandi, a Dravidian demon and local protector is worshipped alongside lord Murga, son of Shiva and Kali, the most fearsome gods in the Vedic pantheon.

Mannu, who already spoke to their families earlier, tells us that all these women are perfectly aware that they are not there to stay. She suspects that these very women may have, back in the day, aided their parents and sick family members to die. Yet this does not diminish the discomfort felt when looking into their eyes. The most striking gaze is that of 80 year old Janaki Amma. We met her in the house of her daughter Deivanai, a 44 year old widow with children and grandchildren to feed.

Janaki raises her joined arms to the sky, a gesture with a double meaning; both a salutation and a ritual gesture towards the ‘white’ man who has entered the dark room and who may be her executioner. She has not walked

for seven years, but she can still deal with her biological needs on her own. They have already tried making her drink bitter coconut juice four or five times, but she is still here. The next step, they say, will be to try a strong dose of sleeping pills. Janaki looks up at us from the floor, where she spends most of her time sitting, with pleading hollow eyes which stare up at the ceiling and beyond. Maybe she means to tell us that if her hour has come we should go about it quickly, but she does not cry. Only when we show her a picture, taken on the wall, portraying her in her youth, two tears well up in the shades of her cataracts. "He has come just to take away my photo, not me," she understands.

In the same village of Mandava Salai, a few blocks of coloured homes and desert alleys away, lives the second 'awaiting' woman. At the ripe age of 97, Siniammai is as skinny as skeleton and reeks of urine. For years they tried with the 'kind' coconut method to no avail, then they passed on to sleeping pills, but thrice she awoke and suffered a partial facial paralysis. Next to her bed, made of interwoven plastic stripes stand her daughter and daughter-in-law. They spoon feed her and bathe her three times a week. The grandchildren go to school and return in the afternoon, but they do not know how to care for the elders. Most of the time they do not talk to her but merely hand her some water or food.

While her daughters and grandchildren stand at the threshold too, Siniammai bids us farewell from her bed, raising her joined skeletal arms. I do not think she intended to thank us for sparing her life, but rather to say that for years she has been ready to go, leaving the few remaining kilograms of her former self.

The only one of the three who seems to want to put on any show of vitality is 85 year old Subamal. She lives in the town of Reddaipatti and she makes sure she is found standing on her feet, her eyes concealed behind glasses with thick lens. She is the grandmother of the activist who took me to the temple, a powerless witness – despite her awareness raising campaigns – to the dramatic events taking place in her own family. Not even the powers that be enforce national laws on homicide, since here thalaikoothal is not a crime but a right passed down for generations and rarely questioned.

Subamal was expecting us. She uses her arms to push herself off the wall on which she has been leaning since who knows when. She takes a step on her wobbly legs, to prove her independence that her time is yet to come. Balancing on her feet while we take her picture must be a painful effort. Manni discovers that Subamal too has undergone various coconut

therapy sessions and four months ago they also gave her eight sleeping pills as she was complaining of aches after a bad fall. But when she awoke she was moving like before, with no sticks, around her heap of blankets on the bare floor. Now her family members are uncertain about what to do and the social activist tries to convince them to keep her alive, since she almost never complains.

We leave the three women awaiting their fate, unable to think of any solution beyond the obvious one of funding a network of social care to help when their families cannot or will not. There is not enough room for everyone in Tamaraikulam lotus home and, as Dr. Sathiya Babu explains, HelpAge is already heavily stretched, offering home care and mobile care units to dozens of villages around Cuddalore. “We go as far as we can, we offer medical and especially palliative care such as physiotherapy, providing water mattresses to those who lie on them day and night and of course trying to save them from ‘the bath’.”

For decades HelpAge has been working with the elderly in tens of villages in Asia and in the rest of the world. Their aim is to create, alongside local NGO’s, self-sustaining groups and – particularly in India – to help them get bank loans, to enjoy the legal benefits that certain categories of people are entitled to, or small pensions which may well save their lives by making them less of a burden to their blood relatives.

In the fields around Cuddalore, the government of Tamil Nadu has opened a hospice with a unique and commendable trait; it also houses orphan children. The Chief Minister of Tamil Nadu, Jayaram Jayalalithaa, an ex-actress who held the coveted position for the first time in 1991, was behind this idea of giving the boys and girls a grandparent who – in those rare instances of literacy – could help with the homework. However, not even her admirable initiative has managed to scale the insurmountable barriers of the family circle, which decides life or death by ‘the bath’.

At a national level too, Jain devotees violate – with no fear of being punished – the law against committing suicide. They worship as ‘saints’ those who in their last years, slowly kill themselves, praying to achieve moksha – the freedom from all worldly desires reached by abandoning all material concerns. The saints make this choice independently, although such examples are instilled from childhood, such as the ascetic devotees of Mahavir, a contemporary of the Buddha. But ‘thalaikoothal’ is something else, a communal pact which leaves no options but to aid one another’s death and to have others bestow death upon you when the time comes. No outsider can get seriously involved, but can only snoop around as we are doing.

The unionist Asokan, after his father committed suicide, faced another case in 2010 where he tried to mobilize police and the judiciary. Selvaraj, from Ramasani Puram municipality, was his maternal uncle, a generous man who had always helped his family and sponsored a nephew's education. This poor soul also had a small pension and was entitled to medical insurance, but after an accident that crippled him, his son – father of the youth brought up by Selvaraj – took him home from the hospital despite Asokan's protests. The activist recounts, "He gave him a camp bed and a palm leaf roof and placed him outside his house. After having left him in for days in his rotting excrement he had him washed and called a certain Fatima, a cleaning lady who knew how to obtain glucose jabs which caused fatal blood clots. Selvaraj died in a few minutes. When I heard this I was angry, so I publicly denounced this."

Five years have passed since that story made the news on Indian and international media. Further probing has been prohibited by the Central Office of Investigation and by numerous state politicians who advised Asokan not to be too vociferous with the media. In his office festooned with red flags Asokan spreads his shoulders and shows us a file. "These are the accusations, with my uncle and his son's pictures in the newspapers. He was released after a week, along with the woman who injected the poison. They said there was 'insufficient evidence' even though a journalist demonstrated that Fatima would poison on demand. The journalist contacted her pretending that she wanted to give her mother 'a bath'." "There is no problem" – death's assistant told her – "depending on her age we'll fix a price."

Reports and Article on Thalaikoothal

Now the question arises that when was the practice of thalaikoothal highlighted? It was when a 60 years old man named Selvaraj of Ramasamipuram Village, Virudhunagar died suddenly on 18th June, 2010. He was bedridden after an accident for a long time. After his sudden death, his nephew Asokan registered an F.I.R. and upon it, a woman named Zeenath was arrested for administering a poisonous injection to Selvaraj. But the then Commissioner of Police of Virudhunagar, Prabhakar admits that it was very hard to find any evidence as the body was cremated and there was no scope for re-examination of the corpse. Thus, Zeenath was released on bail. Some of the villagers of Ramasamipuram used to say that Zeenath was a professional mercy killer. When an investigation was done on mercy killing at Virudhunagar after the death of Selvaraj, several other

mysterious deaths were also reported. And the result was shocking for V.K. Shanmugham, district collector of Virudhunagar.

When Pramila Krishan, journalist of *Deccan Chronicle*, came to know about the practices of thalaikoothal, she was very shocked. And while investigating the matter she found that most of the family members used to kill their parents whom they could not support. This was also shocking that the aged people of Virudhunagar had accepted the practice of unnatural deaths as their fate, as they thought they had become a burden for their children, as everything in today's world is costly. We all know that food and medical facilities are the basic prime requirement of every one. But the people from poor strata sometimes even fail to manage a handful of grain to have one meal in India. And in villages where it is tough for a person to manage a handful grain for his family in that case how will he manage his aged parents. That is the thinking of the aged parents because of which they accept the practice of thalaikoothal. But that is not the only case to kill their parents. In some cases, it is also found that children's kill their parents for getting ancestral property or sometime after getting the property from their parents. This practice is not limited to poor society but one can find this practice in high society and is a very common practice in the modern world.

Nowadays, people have become so busy that they have forgotten the truth, what they are doing with their parents, the same treatment might be meted out to them by their own children. A tree will be strong only when its roots will be strong. In the same way, a family will be strong when its head is treated well. The *News Nation*, while doing the sting operation found that this practice was prevalent in the poverty stricken areas of Tamil Nadu since 1980s. They also found that people working in the hospitals assisted the villagers for killing their parents, sometimes by giving lethal injections or sometimes by using medicines which are used to kill snakes and pigs. District welfare officer, Chandra Devi said that the practice of thalaikoothal is not confined to any caste, the only reason for such kind of practice is poverty. Again according to Chellathorai, president of Paneerpetty village panchayat, killing of elderly people is a better way to solve the financial crisis as there is no other alternative even though it is brutal. But killing of their parents doesn't mean that they do not love their parents. According to M. Priyamvada, an assistant professor in the Criminology Department of Madras University, Chennai, the practice of thalaikoothal has become a way to get rid of aged parents. Also in some cases it is found that to secure government jobs under the 'die-in-harness' scheme, young sons have killed

their fathers too. Also according to Dr. Raja, "There are still as many cases of thalaikoothal as there were before. The only difference is, earlier the family conducted it as a ritual, now it is more of a silent affair." As per journalist Lakshmi Subramanian, *The Week*, who did an in-depth study for thalaikoothal found that the oil bath is not the only method that is used for thalaikoothal. "They are given valium tablets, pesticides, sleeping pills and injections when the oil bath fails to take their lives." So, whenever an elder person of the family fell ill and his family member is unable to maintain him or afford the medical expenses, in that case they used to fix the date for thalaikoothal. Some people call this practice as 'euthanasia' and some call it 'homicide' as stated by Rajeshwar Devarakonda. But whatever term one can use to denote this practices, there is one thing which I would like to say that modernization has not only improved the life of the people however it has also increased lots of hurdle in one's life. Modernization has improved the life of the higher society but what about the poor society? Where still a poor man fails to manage a handful grains for his one-time meal or even though we had good medical facilities but still poor people were dying without getting any medical assistance (Chatterjee, 2014)²⁸.

Maintenance Law 2007 and its Provisions

Legal Provisions

All Indian citizens are entitled to fundamental rights guaranteed to them by the Indian Constitution. Senior citizens are no exception. They are also entitled to fundamental rights to life and personal liberty, freedom of speech and equality before the law but these rights are often difficult for them to achieve for a number of reasons.

Most personal laws including the Hindu Adoptions and Maintenance Act, 1956 recognize the duty of the children to maintain their aged parents and the right of the parents to maintenance. Section 125 of the Criminal Procedure Code, 1973 specifically provides for maintenance from children if parents are unable to maintain themselves but cases are rarely filed by parents due to love and affection, fear of stigma and time and money required for the legal proceedings. A need has been felt for long for a simpler and faster means and HelpAge India, as part of its work for the cause and care of the elderly, has been advocating for provision of care and maintenance of the elderly amongst other measures.

28 Chatterjee, P. 2014. Copyright© 2014. Academic Publishing House Researcher
Published in the Russian Federation European Researcher.

The policy noted that, *“Old persons have become soft targets for criminal elements. They also become victims of fraudulent dealings and of physical and emotional abuse within the household by family members to force them to part with their ownership rights. Widow’s right of inheritance, occupancy and disposal are at times violated by their own children and relatives. It is important that protection is available to older persons. The introduction of special provisions in IPC to protect older persons from domestic violence will be considered and machinery provided to attend all such cases promptly. Tenancy legislation will be reviewed so that the rights of occupancy of older persons are restored speedily.”*

“Women are affected by a range of preventable conditions that differ from those of older men – such as post-menopausal reproductive health problems – or which, because of their social and financial status, are less likely to be treated, for example, loss of vision due to glaucoma or cataract. Untreated infertility is a reproductive health issue which, for women in Africa particularly, has a negative impact in later life: childless older women are more likely to find themselves without essential family support.”

In case of women, poor education and lack of information concerning their entitlement often prevent them from accessing health care services. Educational levels of girls have been found to be correlated with their children’s survival at their family formation stage. Schooling thus seems to trigger a sense of empowerment among girls since that happens to be the first step for many girls, *“in the process of familiarization with the modern outside world.”*

“Women who have had such exposure are better prepared to move beyond the traditional confines of the household and village and to see themselves as able and entitled to cope with the world. The more educated a woman is, the more likely she is to want and to be able to obtain contraceptive services, modern preventive and curative health care, immunizations and schooling for both her male and female children, and the less likely she is to want her daughters to marry early.”

The Ministry of Social Justice and Empowerment coordinates programmes to be undertaken by other ministries in their relevant areas of support to older persons. The Ministry piloted landmark legislation, the Maintenance and Welfare of Parents and Senior Citizens’ Act 2007 which is being promulgated by the states and union territories in stages. In the Parliament, it was unanimously passed and the Members of Parliament were in tears on the stories of the plight and elderly. It signalled the new third age. *“Demographic ageing, a global phenomenon has hit Indian shores as well. As per the Maintenance and Welfare of Parents and Senior Citizens Act, 2007, ‘senior citizen’ means any person being a citizen of India, who has attained*

the age of sixty years or above. India has the second largest population of senior citizens (60+) in the world. Some of the main problems of senior citizens are – security, health care, need for care and maintenance. Ensuring that they not merely live longer, but lead a secure, dignified and productive life is a major challenge.”

Legislative Framework

The Maintenance and Welfare of Parents and Senior Citizens Act, 2007 was enacted in December 2007, to ensure need based maintenance for parents and senior citizens and their welfare. The Act provides for:

- Maintenance of parents / senior citizens by children / relatives made obligatory and justifiable through tribunals.
- Revocation of transfer of property by senior citizens in case of negligence by relatives.
- Penal provision for abandonment of senior citizens.
- Establishment of old age homes for indigent senior citizens.
- Adequate medical facilities and security for senior citizens.

Government has come to the rescue of the elderly and has brought about, “An Act to provide for more effective provisions for the maintenance and welfare of parents and senior citizens guaranteed and recognized under the Constitution and for matters connected therewith or incidental thereto,” as follows:

Title of the Act: “The Maintenance and Welfare of Parents and Senior Citizens Act, 2007.”

Applicability: “It extends to the whole of India except the state of Jammu and Kashmir and it applies also to citizens of India outside India.”

Effective Date: The Act shall come into force in a state from the date fixed and notified by the concerned state government in the official gazette.

Provisions: The Act has provisions detailed under the following chapters:

- I. Definitions
- II. Maintenance of Parents & Senior Citizens
- III. Establishment of Old Age Homes
- IV. Medical Care
- V. Protection of Life and Property
- VI. Offences

Summary of the Provisions: Who is a Senior Citizen, Parent, Child or Relative under the Act?

- ‘Senior citizen’ is any citizen of India of 60 years and above whether living in India or not.

- ‘Parent’ is the father or mother even if not of 60 years yet.
- ‘Children’ are adult son, daughter, grandson and granddaughter.
- ‘Relatives’ are those who are either in possession of the property of the senior citizen or would inherit it.

Who can demand maintenance under the Act?

Parents and grandparents who are unable to maintain themselves from their own income can demand maintenance from their children as defined above.

and

‘Childless Senior Citizens’ who are unable to maintain themselves from their own income can demand maintenance from their relatives as defined above.

What is maintenance?

Maintenance includes provision for food, clothing, residence, medical attendance and treatment. Maximum amount which may be ordered for maintenance of a senior citizen by the tribunal shall be such as prescribed by the state government which shall not exceed Rs. 10,000/ per month.

Who is entitled to maintenance?

Parents, grandparents and senior citizens who are unable to maintain themselves from their own income and property are entitled to demand maintenance from their children and specified relatives respectively with sufficient means.

Whose obligation is it to maintain the elderly?

It is the obligation of the children and specified relatives with sufficient means to provide maintenance for their parents and childless senior citizen respectively.

How is an application for maintenance made and decided?

Application for maintenance may be made by the senior citizen or parent to the tribunal under Section 4 in layperson’s language giving names, full details and addresses of the persons from whom they are demanding maintenance. If there is more than one child or relative, they may claim maintenance from one or all of them depending on their means of income.

Maintenance proceedings may be initiated against any child / children or relative in any district where the parent or senior citizen lives or last lived or where the child / children or relative live.

If such applicants are incapable of making an application themselves, any

other person or registered voluntary organization authorized by him / her can make the application or the tribunal can take suo motu cognizance and proceed. Upon receipt of the application, the tribunal would issue notices to the children, conduct hearings, take evidence and order maintenance. Tribunal may also refer the case for reconciliation or pass interim orders for maintenance.

If the children or relatives fail to pay the ordered maintenance without sufficient reason for three months after its due date, the senior citizen can approach the tribunal again who may impose a fine or order imprisonment of the child / relative up to a month or until payment is made whichever is earlier.

What if the elderly themselves and their children and specified relatives do not have sufficient means to maintain them?

State governments may establish, in a phased manner, sufficient senior citizen homes and maintain the same for indigent or abandoned and neglected (by their kith and kin) beginning with at least one old age home in each district sufficient to accommodate a minimum of 150 elderly. State government may also prescribe scheme for management of old age homes, set standards and prescribe minimum services for medical care and entertainment of the elderly in the old age homes.

Abandonment

Under Section 24, if anybody who has responsibility for the care or protection of a senior citizen leaves him / her in any place, with the intention of wholly abandoning him / her, such person shall be punishable under the Act with imprisonment of either three months or fine up to Rs. 5,000/- or both. The offence would be cognizable and will be tried by a magistrate.

Conditional Transfer of Property

An important provision has been made for the elderly to claim their property back from children, if given conditionally after commencement of the Act on promise of looking after their needs and amenities if such promise is not fulfilled. Under Section 23, if after commencement of the Act any parents or senior citizens have transferred their property to their children or relatives on the condition that they would provide certain maintenance and amenities to the senior citizen but subsequently neglect or refuse to do so the parents or senior citizens can get such transfers voided (cancelled) at their option by having such transfer treated as a fraudulent or coercive acquisition and seek return of their property so transferred.

Government's Role

- Constitution of Maintenance Tribunals and Appellate Tribunals by the state governments in all subdivisions and states within six months of commencement of this Act.
- State governments may make rules for carrying out the purposes of the Act by notification in the official gazette.
- Summary trials by the tribunals for passing orders for maintenance.
- Lawyers excluded from the proceedings.
- Elderly can choose to seek maintenance either under this Act or under the provisions of the Criminal Procedure Code 1973 if applicable but not under both the provisions.
- No civil court to have jurisdiction in respect of any matter to which any provision of this Act applies.
- No injunction shall be granted by any civil court in respect of anything which is done or intended to be done by or under this Act (Section 27).
- State government to designate district social welfare officer or an equivalent officer as maintenance officer.
- Maintenance officer can represent a parent or senior citizen if he / she wants.
- State government may establish and maintain sufficient senior citizen homes for indigent or abandoned and neglected (by their kith and kin) beginning with one in each district sufficient to house 150 elderly.
- State government may prescribe a scheme for management of old age homes, setting standards and minimum services necessary for medical care and entertainment of the elderly.
- State government to establish specific medical facilities, allocate doctors / hospital beds, expand treatment for chronic, terminal and degenerative diseases and conduct research on ailments of the elderly and ageing.
- State government to take all measures to sensitize and orient the police and judiciary regarding protection of life and property of the elderly and provisions of this Act.

This is a model legislation passed by the central government for adaptation and application by the states. The Act will apply in a state from the date fixed and notified by the state in the official gazette²⁹.

29 Website of the Ministry of Social Justice and Empowerment: <http://socialjustice.nic.in/oldageact.php>

How did this Law Work?

Age discrimination among older adults also seems to be one of the reasons for social exclusion in the society. Younger people who believe in age discrimination towards the older adults are often of the view that the older adults are that section of the society which can offer minimum productivity and as a result of which they frequently neglect this age group (Islam, 2016). Subsequently, in our society, older adults may feel excluded and segregated.

According to a report by United Nations Population Fund (UNPF) on Ageing and HelpAge International (2012)³⁰, people must age with dignity and security, enjoying life through the full realization of all human rights and fundamental freedom. Age discrimination is increasingly seen in the environment in which there is a greater communication gap between the young and the old. On the other hand, good communication between them and with increased social integration can help to bring down age discrimination (Uhlenberg, 2000)³¹. Social integration concerning social contacts, interactions among the older adults can prevent old age stereotypes, for example, participation or active involvement of the older adults in societal events (Pascoe and Richman, 2009)³².

The Indian experience has shown that the law continues to be ineffective and elder abuse continues to grow. Much of it is due to ineffective implementation and lack of political will.

Based on this, the Government of India in 2018 appointed a committee to review the maintenance law where I was also involved. We have come up with a new draft which is now pending before the Parliament. This has been referred to the Parliamentary Committee of Social Justice and Empowerment chaired by Rama Devi in 2020.

Elder Abuse and the New Law

From all accounts, the extent of elder abuse is slowly being recognized by policy makers. The recent COVID crisis also brought home that with the great migration in the 21st century, the migrants have all come to the cities leaving the elderly in the villages. Estimates are that 40 million young people migrated in the last decade. The parents are at great risk from neglect

30 UNFPA and HelpAge International. 2012. Ageing in the Twenty-First Century: A Celebration and A Challenge. London: United Nations Population Fund.

31 Uhlenberg, P. 2000. Introduction: Why Study Age Integration? *The Gerontologist*, 40(3), pp. 261-266.

32 Pascoe, E.A. and Smart Richman, L. 2009. Perceived Discrimination and Health: A Meta-Analytic Review. *Psychological Bulletin*, 135(4), p. 531.

and also from health care provision. Abuse is growing within families in India and one in four elderly have reported on abuse in the HelpAge India surveys.

In the winter of 2019, the Government of India pushed a revised law in Parliament, which was a revised version of the 2007 law called the Maintenance and Welfare of Parents and Senior Citizens (Amendment) Bill, 2019 (source PRS reports).

The Maintenance and Welfare of Parents and Senior Citizens (Amendment) Bill, 2019 was introduced in Lok Sabha by the Minister of Social Justice and Empowerment, Thawarchand Gehlot, on 11th December, 2019. The Bill amends the Maintenance and Welfare of Parents and Senior Citizens Act, 2007. Key features of the Bill include:

- **Definitions:** In the Act, the term children refers to children and grandchildren, excluding minors. The Bill adds the following to the definition: step-children, adoptive children, children-in-laws and the legal guardian of minor children. Further, the Act defines a relative as the legal heir of a childless senior citizen, excluding minors, who possess or would inherit his property after death. The Bill amends this to include minors represented by their legal guardians. The Act defines parents to include biological, adoptive and step parents. The Bill expands the definition of parents to include parent-in-laws and grandparents.
- Under the Act, maintenance is defined as the provision of food, clothing, residence, medical attendance and treatment. Welfare is defined to include the provision of food, health care and other amenities necessary for senior citizens. The Bill expands the definition of: (i) maintenance to include the provision of health care, safety and security for parents and senior citizens to lead a life of dignity; (ii) welfare to include the provision of housing, clothing, safety and other amenities necessary for the physical and mental wellbeing of a senior citizen or parent.
- **Maintenance Orders:** Under the Act, state governments constitute maintenance tribunals to decide on the maintenance payable to senior citizens and parents. These tribunals may direct children and relatives to pay a monthly maintenance fee of up to Rs. 10,000/- to parents and senior citizens. The Bill removes the upper limit on the maintenance fee. The tribunals may take the following into consideration while deciding the maintenance amount: (i) the standard of living and earnings of the parent or senior citizen; and (ii) the earnings of the children. The Act

requires children and relatives to deposit the maintenance amount with the relevant parent or senior citizen within 30 days of being ordered to do so. The Bill reduces the number of days to 15.

- **Appeals:** The Act provides for senior citizens or parents to appeal the decisions of the maintenance tribunal. The Bill allows children and relatives also to appeal decisions of the tribunal.
- **Offences and Penalties:** Under the Act, abandonment of a senior citizen or parent is punishable with imprisonment of up to three months, or a fine of up to Rs. 5,000/- or both. The Bill increases the penalty to imprisonment between three and six months, or fine of up to Rs. 10,000/- or both. The Bill also provides that if the children or relatives fail to comply with the maintenance order, the tribunal may issue a warrant to levy the due amount. Failure to pay such fine may lead to imprisonment of up to one month, or until the payment is made, whichever is earlier.
- **Maintenance Officer:** The Act provides for a maintenance officer to represent a parent during proceedings of the tribunal. The Bill requires maintenance officers to: (i) ensure compliance with orders on maintenance payments; and (ii) act as a liaison for parents or senior citizens.
- **Establishment of Care Homes:** Under the Act, state governments may set up old age homes. The Bill removes this and provides for senior citizen care homes which may be set up by the government or private organizations. These homes must be registered with a registration authority set up by the state government. The central government will prescribe minimum standards for these homes, such as food, infrastructure and medical facilities.
- **Health Care:** The Act provides for certain facilities (such as separate queues, beds and facilities for geriatric patients) for senior citizens in government hospitals. The Bill requires all hospitals, including private organizations, to provide these facilities for senior citizens. Further, home care facilities will be provided for senior citizens with disabilities.
- **Protection and Welfare Measures:** The Bill requires every police station to have at least one officer, not below the rank of Assistant Sub-Inspector, to deal with issues related to parents and senior citizens. State governments must constitute a special police unit for senior citizens in every district. The unit will be headed by a police officer not below the rank of Deputy Superintendent of Police.

The Bill has now been referred to a standing Committee of Parliament and will have to give a report in three months. However, this law is trying to remove the obligations of the state from the original Act of 2007. The state had to provide health care in every district of the country and also one old age home for indigent and destitute senior citizens. It has tried to get away from this responsibility by amending the clause so that this responsibility goes to the private sector and NGOs. The state is absolving its responsibility by amending the law. It is a complete abdication of the elderly by the Government of India and its constitutional responsibility under Article 21 of the Constitution.

CHAPTER 5

Elders for Elders – Advocacy and Livelihoods

“Old age comes at a bad time.”

– Sue Banducci

An important milestone for the third age sector was the Madrid International Plan of Action on Ageing (MIPAA) which was adopted at the Second World Assembly on Ageing in 2002. It is the most comprehensive internationally agreed plan of action on ageing to date, and it marks a turning point in how the world addresses the various challenges related to the global population ageing. The broad aim of MIPAA is, “To ensure that persons everywhere are able to age with security and dignity and to continue to participate in their societies as citizens with full rights” (para. 10). It calls for changes in attitudes, policies and practices at all levels in all sectors so that the enormous potential of ageing in the 21st century may be fulfilled. This still remains as a policy direction for the elderly across the world.

MIPAA comprises three “priority directions” / pillars:

- a. Older persons and development;
- b. Advancing health and wellbeing into old age; and
- c. Ensuring enabling and supportive environments, which further break down into a wide range of economic and social challenges.

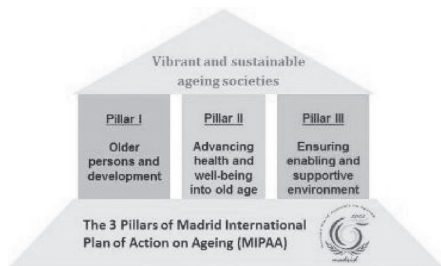


Figure 5.1. Three Pillars of MIPAA

Source: UNFPA, 2002³³

33 United Nations Population Fund. 2002. Population Ageing and Development: Social, Health and Gender Issues. Population and Development Strategies Series.

The three pillars and related issues are:

Pillar I: Older persons and development

Issue I-1: Active participation in society and development.

Issue I-2: Work and the ageing labour force.

Issue I-3: Rural development, migration and urbanization.

Issue I-4: Access to knowledge, education and training.

Issue I-5: Intergenerational solidarity.

Issue I-6: Eradication of poverty.

Issue I-7: Income security, social protection / social security and poverty prevention.

Issue I-8: Emergency situations.

Pillar II: Advancing health and wellbeing into old age

Issue II-1: Health promotion and wellbeing throughout life.

Issue II-2: Universal and equal access to health care services.

Issue II-3: Older persons and HIV / AIDS.

Issue II-4: Training of care providers and health professionals.

Issue II-5: Mental health needs of older persons.

Issue II-6: Older persons and disabilities.

Pillar III: Ensuring enabling and supportive environments

Issue III-1: Housing and the living environment.

Issue III-2: Care and support for caregivers.

Issue III-3: Neglect, abuse and violence.

Issue III-4: Images of ageing.

Changing Categorization and Perceptions on Elderly

There is a general tendency to slot everyone over 60 as old and unproductive because of the official retirement age which ranges from 56 onwards. Elderly are unimaginatively categorized by age: young old (60-70 years); middle-aged old (70-80 years) and the oldest-old (80 years plus). As the Madrid Plan Pillar III (4) identifies, this image may not necessarily be the best way to look at the elderly because old age means different things to different people. We must recognize that all old people are not unproductive; age and infirmity are not always directly proportional. Ageing is more psychological than physical. The charity mindsets of the organizations in elder care across the world, and more so in India, needed to change working not on the deficits but working on the strengths that the elderly bring to the picture.

As a first step in this direction, the merely age based classification of the elderly had to change to consider the agility and ability of the elderly

population across geographies and gender. Therefore, a classification considering the ease of the individual elderly to carry out their activities of daily living (ADL) was adopted by the interventions led by HelpAge India. The classification considered the asset levels, the health (ADL) status as also the social equity (caste-class-gender) factors in resonance with the Pillar I of the Madrid Plan.

Active Elders: This group refers to elders who are physically active and are independently eking a living, as they do not need any physical help with their day-to-day activities. While the members of this group are typically between 55-65 years old, even 80-year-old people have been known to qualify for this category. With some financial support these elderly can be gainfully employed and independent. What they may need is an enabling environment.

Assisted Elders: Some elders, irrespective of age, suffer from chronic ailments like arthritis, cataract, diabetes and hypertension that affect their ability to be fully active. With the burden of ailments, they are unable to participate in economic activities to their full potential. With medical assistance as well as financial support, they can fend for themselves.

Destitute Elders: These are elderly who are unable to manage the basic activities of daily living, either due to advanced age or ailment. They are completely dependent on others for sustenance. Interestingly, only 3% of the elderly population in the country, over the age of 79, is in this group. There may be those in this group with Alzheimer’s, Parkinson’s or dementia, either partly or fully dependent on caregivers for even basic living activities.

Figure 5.2. Plight of active, assisted and destitute elders



Recognizing Initiatives – Putting Elders Back on their Feet

Classically it was felt that if you gave a hungry man a fish, it would satiate his hunger immediately (Welfare Approach), if you instead taught the same man how to fish, he would know how to survive and would not need someone else to give the fish (Development Approach). The problem would be what would happen if the man learnt fishing, but there are no fish to catch because of depletion of fish due to trawler over fishing or pollution that has reduced fish life and climate change that causes warming of oceans, etc. So it is not enough to provide an elderly just the welfare inputs or the development capacities but also provide them the capability to organize themselves to sort both immediate and long-term issues (the meta-fishing Rights Approach). It must be recognized that the majority of the elderly in India who are marginalized are from the unorganized sector and arrives at old age in poor physical and financial condition due to lack of adequate wages, absence of social security, etc. Their families are also economically resource less and they have no choice but to work as long as their ailing bodies allow them to. However, sooner or later they lose out to the younger population and have to fall back on their families.

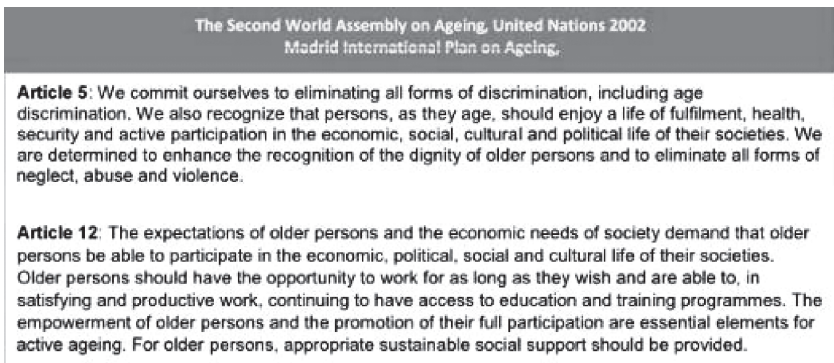
With subdued or rather highly insufficient public and private transfers, and the lack of functional and other efficiencies among the elderly due to deficient skills and poor health, the growing incidence of old age poverty portends catastrophic vulnerability in the event of any natural or other form of calamity. These issues further get compounded in a fast changing country like India, where market institutions are superseding many traditional values. The primacy accorded to the care of the elderly in India in the past as part of its long-drawn tradition seems to have given way to more individualistic values and the concern of the younger population for elders is dwindling due to a variety of reasons. There is little to argue against the belief that it is critical for the elderly to have some financial security. It ensures independence and dignity – two fundamentals that are beginning to elude the elderly in the country. The distressed economic condition, limited human capital, none or meagre ownership of tangible resources and resulting livelihood insecurities that a large number of the country's elderly face cannot be dismissed as trivialities.

Dependence depletes their authority, which leaves them at the mercy of their caretakers. Trying to meet the sustenance needs of the elderly through monetary gratification (such as pensions) during their years of dependence is not sufficient, given the meagre pension amounts and the late delivery which sometimes takes months. It is pragmatic to

create an enabling environment that helps them to fend for themselves. Part of building the environment entails ensuring that the elderly, especially the poor and marginalized, are able to participate in economic opportunities in a sustainable manner.

Despite policies being implemented to aid the growing elderly population since mid-1990s and programme interventions to improve their wellbeing, the literature on the elderly population over the years largely speak about serious health and impoverishment issues, particularly in rural areas where close to three-quarters of the elderly population live. Due to a slow response from governments, and growing indifference in families towards their elderly, community-driven measures to offer them opportunities for social-financial-health inclusion in a rights based framework are perhaps an option, to give adequate response to Article 5 and 12 of the MIPAA.

Figure 5.3. Key features of Articles 5 and 12 of MIPAA



Source: World Assembly on Ageing, Madrid, 2002

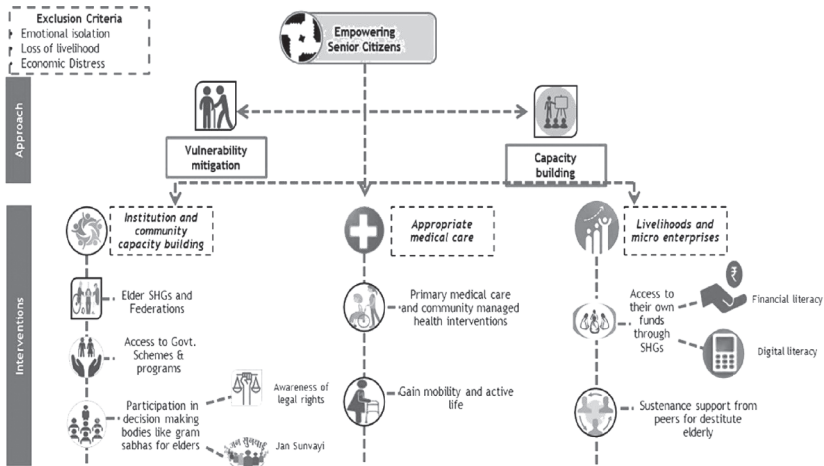
Given the enormity of the problem and the limited outreach of major intervention programmes, it may be prudent that the central and state governments look for successful community led initiatives / good practices with proven results, so that these can be supported. Adopted and replicated or mainstreamed.

Elderly Livelihoods Model of HelpAge India

The HelpAge India Model for Elderly Empowerment is based on the innate belief that every individual elderly man or woman would like to better their conditions. The Elderly Livelihoods Model was first initiated in 2005 as a part of the extended response and rehabilitation of the elderly affected by

the Asian Tsunami, 2004. This livelihoods model recognizes that the elderly are a different constituency and uses the self help group route to help them improve lives.

Figure 5.4. Elderly Livelihoods Model to help them improve elderly lives



Source: Rajeshwar Devarkonda and G. Muralidhar, 2019

The elderly must deal with multiple deprivations, sustained poverty and a reduced ability to participate in wage-earning work. Elderly self help groups (ESHGs) responded to the unique vulnerability associated with old age. While the SHG movement has provided inputs into the ESHG model, the ESHGs designed to work exclusively for the elderly differ in many ways with the self help groups of non-elderly. They have, for example, a different history and a different year of origin, and do not fully conform to SHG characteristics either functionally or in terms of financial management. The programme has since been in operation in 19 states of the country with participation of around 75,000 elderly.

The work on the concept of ESHGs started with the Tsunami Rehabilitation Programme of HelpAge India in 2005, under the leadership of Rajeshwar Devarkonda, Mission Head Livelihoods. Understanding the need for sustainability of the interventions, it was felt in the wisdom of those days that common property would help in ensuring that the assets would not drift away into the hands of the unscrupulous. While this be so, it was noticed that while there was asset replacement happening across, even for the elderly through HelpAge

India, it was a one size-fit all. There were boats, nets, engines, small income generation programmes and social pensions. Everyone desired for everything being provided. The elderly especially were becoming passive recipients of aid, and it was understood that only if elderly help one another can they be empowered.

Hence, started the understanding of problems of the elderly poor – to fine tune the programmes to make them more relevant to their needs. A wider consultation was undertaken with the ‘stakeholder’ elderly of HelpAge India and it was identified that while the asset provision was helping in a little way in the economic realm, there were other issues plaguing the elderly, which needed answers. After the consultations, it was identified that the elderly suffer from 10 key problems viz., failing health; economic insecurity; isolation; neglect; abuse; fear; boredom (idleness); lowered self-esteem; loss of control and unpreparedness for old age. These problems were not in that particular order of suffering, but each of the 2,000+ elderly consulted, felt they were impacted. It was identified that social equity played a vital and critical role in how these issues actually impacted the elderly. The caste, gender and other social constructs were other elements of the society of which the elderly are part of. Ultimately all the issues facing the vulnerable elderly would have to be addressed but we had to start with the process of empowering them. Again, it was realized that the elderly themselves were not a homogenous group. They differed in their capacities and abilities. The only available gerontological classification of elderly available at that time was age-based as ‘young old’ (65-74), ‘old’ (74-84) and ‘old-old’ (85+). It was recognized that the rural elderly age faster and poorer due their years of poverty and hardships. There were 80 year olds with the spring of a 45 year old, while there were 65 year olds who were bedridden.

If we were to intervene effectively and efficiently an ‘age plus ability based classification’ was in order of their living. Therefore, based on the ability to carry out their activities of daily living, they could be seen as the following:

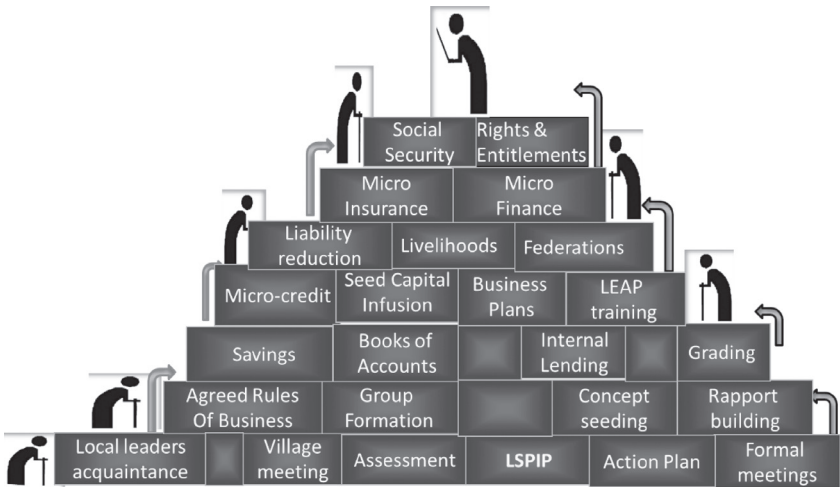
1. Active elders (elderly with no problems with activity of daily living).
2. Assisted elderly (elderly with chronic ailments like hypertension, diabetes and arthritis that impact their ease in ADL).
3. Destitute elderly (home / bed bound and needing to be assisted to perform their ADL).

A leaf of the self help group movement of women, was borrowed and groups of active and assisted elderly from similar backgrounds were started and their recommendations taken on board in providing of services. An AgeCare Model started emerging from the destruction of their lives, the aftermath of the tsunami. In the next two years that followed, as the project and the groups progressed, more and more issues started to get addressed. The groups were federated to ensure ease of operation, but once the federation happened, larger issues started being discussed by these federations, originally at the primary federation (village) level and then at the block and district levels and with rising confidence among the elderly. Slowly, the federations were taking over and becoming implementing partners of almost all components of the project. By the end of the project, came in the Elders for Elders (EFE) federation, envisaged as a truly democratic registered independent body, with elected representatives from each Elders Self Help Group, making decisions that impact each elderly within their spread in Cuddalore, Nagapattinam and Vedaranyam districts of Tamil Nadu and Kollam district of Kerala. This gave HelpAge India the confidence that elderly are bankable.

But there was the question of replicability and scale up. Tamil Nadu and Kerala are progressive states with their elderly too having relatively better exposure than their counterparts in other not-so-developed states. But many banks and the RBI did not think elderly are bankable. The concept of EFE had to be advocated to other funders. We were lucky to have a funder like Cordaid in the Netherlands that understood the concept and supported it.

In 2008, came the Kosi floods of North Bihar. HelpAge India has had a long presence in the state and it was the demand of the day to act. This was a test case. Rajeshwar Devarkonda, who spearheaded the charity to development mode of HelpAge India in the Tsunami Rehabilitation Project, was now entrusted the responsibility to replicate and provide both the proofs of concept and scale. A model for scale up and deepened responses for the building block was soon developed and thanks to the work of Girish C. Mishra and his team and support from various international donors like Cordaid, HelpAge International and later GIZ, various interventions encompassing social inclusion, financial inclusion and health inclusion were incorporated into the organization of elderly in Supaul, Darbhanga, Madhubani areas of Bihar as a beginning.

Figure 5.5. The step ladder of empowerment of older persons



Over the past decade, the model has been tried and tested in various contexts across states, with varying but encouraging results, albeit at various levels. Again, the financial support made available by HelpAge International, HSBC and recently by the National Stock Exchange Foundation in the two ongoing projects – Project Shraddha (in four different backward blocks) and Project Alambana (in three aspirational districts, formerly the most backward districts of India) have helped stabilize the model and establish it as workable. The elderly that were ‘lost and last’, a phrase coined by Devarkonda have started to voice their needs and also act upon them. The model and the need to include elderly in livelihoods have been recognized by the National Rural Livelihood Mission which is planning to replicate the model on a saturation mode. The elderly are resources and as a nation this needs to be acknowledged. It is in this context that HelpAge India is presenting this publication for wider appreciation of policy makers and development actors alike, together with a draft mission document as a desirable intervention.

In the process of actualization of the above-stated objectives, elders’ community-based organizations (CBOs) were established. Regular meetings, savings, internal lending, repayment, bookkeeping, solidarity activities and collective enterprises were promoted through the CBOs. As part of the capacity building (CB) initiative, trainings were imparted to the Elderly Self Help Groups’ (ESHGs) members and leaders, village level federation (VLF)

management, enterprises, Elderly Community Resource Person (ECRP) strategy, micro credit plan (MCP), non-pesticide management (NPM) and grain bank management. Facilitated exposure visits to other states within the HelpAge India locations and other farmers producer organization (FPO) locations. Sub-committees were formed at all levels to facilitate activities around social inclusion, financial inclusion, livelihoods and health inclusion. In the realm of rights and entitlements, the elders' CBOs have carried advocacy activities such as meetings with the concerned line department officials, public representatives and *jan sunwai* (public hearing) on protection of elders' rights and entitlements, namely pensions, AAY (Antyodaya Anna Yojana), travel concession cards. The elders have participated in the meetings (Pension Parishad) at Delhi for demanding universal pension and for increase of pension amount to Rs. 3,000/- per month across the country; an event organized by HelpAge India in collaboration with organizations such as MKSS, Baba Adhav's group of Hamaal Panchayat, etc.

Digital literacy intervention is needed. Active members can be identified and provided with training of trainers (TOT) on digital literacy. As part of this initiative, provision of basic knowledge on computer, e-tab and mobile operations, in addition introduction on usage of WhatsApp, Facebook, etc., besides granting one computer with scanner-cum-printer per village is worthy of incorporation. This presents a medium for the elders to share their updates, case studies, data, challenges of accessing rights and entitlements on timely basis. Financial aspect is critical to the sustainability of the CBOs. Currently, each ESHG's monthly earning is Rs. 3,000/- on an average, with a major portion of income being interest from internal lending and a marginal amount being bank interest. 97% of the ESHGs availed seed capital amount which is added to the corpus funds of ESHGs along with the member's monthly saving amount and interest from loans. Meanwhile there are visible advocacy efforts for linkage of ESHGs to banks. It must be mentioned that there is 100% repayment as well and senior citizens bring both responsibility and dignity. Now our plans are to scale up these efforts into an exclusive Livelihoods Mission for the Elderly. Muralidhar of Akshara Livelihoods and Rajeshwar Devarkonda, Mission Head, Livelihoods have planned a future agenda for the elderly which is very appropriate for future years.

Future Agenda Before Livelihoods Mission

A mission for livelihoods of the elderly has to be set up with an agenda to reach out, mobilize and support 10 crore elders across 700 districts, 7,000

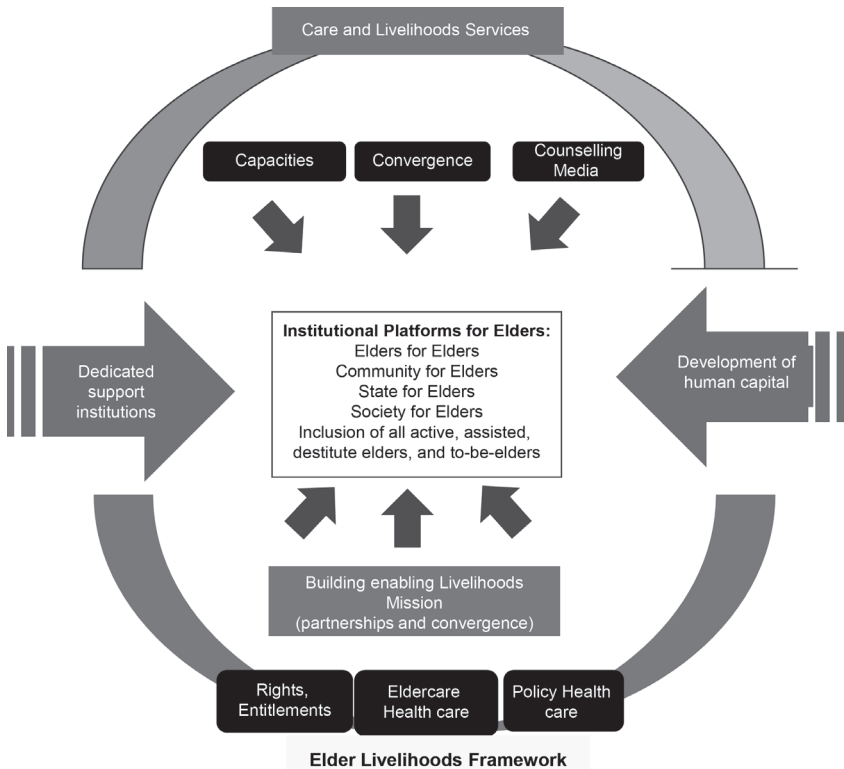
blocks, 2.5 lakh gram panchayats in the country into their self-managed ESHGs and their federal institutions. In addition, the agenda includes elders to achieve increased access to their rights, entitlements and public services, diversified risk and better social indicators of empowerment. Livelihoods and elderly through existing institution like EFE works with elders on four strands:

- **Elders for Elders – Livelihoods Mission**
 - a. EFE institutional architecture – Elder Self Help Groups of men and women elders and their federations at higher levels, meeting their needs and implementing their collective plans.
 - b. Groups of pre-elders – preparing for their old age.
 - c. Senior Citizen Associations and their federal units – for support and advocacy.
- **Community for Elders**
 - a. Enrolling elders into existing community institutions, such as the SHGs, cooperatives, etc.
 - b. Linking EFE institutions with community institutions.
 - c. Linking EFE with PRIs at various levels.
 - d. Sensitizing larger community to the needs, causes and abilities of elders.
 - e. Linking EFE with children and intergenerational bonding.
- **Convergence for Elders (accessing rights and entitlements and linkages)**
 - a. Linking elders and EFE institutions (demand) with (supply) Livelihoods Mission Programmes, schemes and other entitlements and rights. These include MGNREGS, NRLM, NULM, NHM, PDS, pensions, insurance, banking, etc.
 - b. Increasing elders’ access to such programmes.
 - c. Advocating for policy changes / improvement.
- **Society for Elders**
 - a. Working with society at large to be sensitive to elders’ needs, causes and abilities.
 - b. Sensitizing mainstream institutions like corporates, panchayat raj institutions, media, education and medical institutions, banks, donors, etc.
 - c. Intergenerational linkages and bonding.

The mission is expected to build dedicated support structures build, and strengthen the institutional platforms for and of the elders. These platforms, with the support of their built-up human and social capital offer a variety

of elders services to the members including solidarity platforms, financial services, age-friendly livelihoods activities, health care facilities and other enhancement services including those of technology, knowledge, skills and inputs, market linkages. It offers space for convergence and partnerships with variety of stakeholders. The mission also focuses on creating an ecosystem for the elders to access their rights and entitlements, and services. It ties to integrate various interventions, programmes, schemes of the government and link to civil society and community intervention. Livelihood Mission works towards continuous capacity building of the elders, their families, their caregivers and their institutions, community resource persons, groups, collectives and civil society ensuring timely delivery of services to elders.

Institutional platforms for elders reduce their transaction costs to each elder member to avail services on individual basis. It is perhaps for the first time that senior citizens have come together as a constituency, 'for' and 'by' themselves articulating their needs and un-implementing their own programmes. Towards building, supporting and sustaining elders' livelihoods, this mission harnesses their innate capabilities, complements them with capacities (information, knowledge, skills, tools, finance and collectivization) to deal with the rapidly changing external world. Being conscious of the livelihoods activities being varied, it works on enhancing and expanding their existing livelihoods options, and building appropriate knowledge-skills-tools-resources for elder-sensitive / friendly local jobs, self-employment and entrepreneurship / enterprises. The livelihoods strategy follows a demand driven strategy. States have the flexibility to develop their perspective plans and annual action plans within the allocation for the state based on inter-se ratios of numbers of elders and poverty level amongst elders. In the field, elders drive the agenda, through participatory planning at grassroots level, implementation of their own plans, reviewing and generating further plans based on their experiences. The plans themselves remain dynamic, with scope for iterations, with experience and lessons learnt with progression on the plans and the processes.

Figure 5.6. Elder livelihoods framework: Care and livelihood services

Source: G. Muralidhar, *Akshara Livelihoods Occasional Paper*

1. Universal Mobilization of Elders

The mobilization work ensures that economically poor elders, both women and men, in tribal, rural and urban areas are identified and brought under the Elders for Elders / Community Self Help Group (SHG) network in a time bound manner. The work involves organizing the to-be-elders and the non-poor elders. It also involves work to facilitate federations of these groups at higher levels. The organization work nurtures these institutions addressing their issues and covers the entire spectrum of eldercare, geriatric care and elder livelihoods. The work taken up emphasizes inclusion of elders from all vulnerable sections of the society to the likes of SC / STs, persons with disability, women, tribal and other marginalized communities.

The mission works with all strata of elders:

1. Destitute elders;
2. Assisted elders requiring support;

3. Poor active elders;
4. Active elders;
5. To-be-elders.

An estimated 50 million are in category 2 and 3. It is envisaged that NRLM mobilizes them on a saturation basis (80%+) into Elders for Elders institutions (read Elder Self Help Groups – ESHGs) on priority. ESHGs function similar to the women SHGs savings and credit but differential savings and interest rates for the needy (read: assisted and destitute elders). ESHGs follow Saptasutra.

Box 5.1. ESHG Saptasutra

- i. Regular meetings (weekly)
- ii. Regular savings
(weekly / fortnightly / monthly)
- iii. Regular inter-loaning
(weekly / fortnightly / monthly)
- iv. Regular repayment
(weekly / fortnightly / monthly)
- v. Regular updation of books of records (weekly)
- vi. Collective action
- vii. Social action

2. Promotion of Institutions for the Elders

To augment space, voice and resources further, the mission needs to facilitate strong federal institutions of the elders at higher levels. These institutions serve as solidarity institutions, and act as instruments of knowledge and technology dissemination, and hubs of production, collectivization and commerce. Further, promotion of specialized institutions like livelihoods collectives, producers' cooperatives / companies for promotion through deriving economies of scale, backward and forward linkages and access to information, credit, technology, markets, etc.

HelpAge continues to encourage elders and Elders for Elders institutions on the lines of EFE in other states to join / partner with existing community institutions, federations and collectives, without foregoing their membership in their Elders for Elders institutions. We try to acknowledge pre-existing EFE institutions and strengthen them. At the same time we support the self-help promoting institutions both in the government Livelihoods Mission and in the NGO sector to continue their effort in partnership. Attempts to co-opt existing institutions and their leaders and staff to support the processes of forming and nurturing new institutions for elderly. Rs. 20,000/- per SHG is budgeted for NGOs / CBOs / community coordinators / facilitators / animators towards group formation and development. EFE works closely with NRLM and NULM – thus mobilizing elders and nurturing elders' institutions.

Indicative Elders for Elders (EFE) Architecture

Build an Elder Self Help Group (ESHG with 8-20 elders). After two years a primary ESHG Elders federations are built with 10-20 ESHGs, Subsequently secondary federations are built with 10-20 primary federations. This becomes a cluster federation at block level in rural areas or / a city federation in large urban agglomerations, when viable a large district federation is registered.

Table 5.1. Elders for Elders structure

ESHG	8-20 elder members; 2 leaders; 1 volunteer
Primary Elders Federation	100-200 elders as members; 10-20 ESHG leaders as executive committee; Thematic / functional sub-committees; 2-3 Elders Federation leaders / office-bearers; 1 lead volunteer
Cluster Elders Federation	Elders Federations as members; Office bearers / leaders; Sub-committees
Block Elders Federation	CMU professionals and community professionals to be accountable

The integrated programme and the Rural Livelihoods Mission needs to become a centrally sponsored scheme and the financing of the programme would be shared between the centre and the states in the ratio of 60:40 (90:10 in case of North Eastern States including Sikkim, Jammu and Kashmir, Himachal Pradesh, Uttarakhand, etc.; completely from the centre in case of UTs). The central allocation earmarked for the states is distributed in relation to the elders' numbers and poverty amongst elders in the states. Only then will we be able to make the dream of Elders for Elders a reality.

3. Funds to Institutions

- **Revolving Fund (RF):** Revolving Fund, in the form of corpus – Rs. 25,000/- to Rs. 50,000/- per SHG, is provided to the ESHGs as an incentive to inculcate the habit of thrift and accumulate their own funds towards meeting their credit needs in the long-run and immediate consumption needs in the short-run. RF is like a corpus

and used for meeting the members' credit needs directly and as catalytic capital for leveraging repeat bank finance. RF also leverages bank linkages.

- **Livelihoods Support and Community Invest Fund (LCF):** LCF is a fund made available to the institutional platforms (ESHGs, federations at higher levels) @Rs.10,000/- per active elder; 50% higher for SC/STs and assisted elders; and 100% higher for PVTG and destitute elders, to meet their livelihoods needs and fight their vulnerabilities.
- **Corpus fund for sustainability and effectiveness of federations:** Rs. 500/- per member, in each level of federations – primary, secondary, tertiary and higher order, if any.
- **Interest subsidy:** Subsidy on interest rate above 3% per annum for all SHG loans availed from banks, based on prompt repayment. Interest subsidy would be provided to an individual beneficiary or SHG member till he / she has availed a bank loan up to an amount of Rs. 1,00,000/-. It is expected that there will be repeat doses of financing to members in SHGs and this limit of one lakh is the cumulative loan availed by a member. On prompt repayment, the 3% interest amount will also be reimbursed as subsidy through the elders institutions.
- **Funds for training and capacity building:** Rs. 10,000/- per elder is available for training, exposure, immersion and capacity building of elders, community professionals, including programme staff, concerned government Livelihoods Mission officials, NGOs, PRI functionaries and other stakeholders. The mission keeps a major portion of this fund at the disposal of elders institutions to implement their training and capacity building plans.

4. Financial Services

- **Universal financial inclusion:** The commitment to achieving universal financial inclusion, beyond basic banking services to all elders, and elders institutions. We need to build capacities of elders in using / accessing ICT-based financial tools and services, available in the mainstream. All such federations and elderly institutions works with financial institutions to remain elder-friendly and offer age-appropriate services.
- An attempt to facilitate universal coverage of elders against loss of life, health and assets.
- There is a need to work on remittances, especially in areas where

migration of young men is endemic, and they want to make remittances to their elder parents.

- **Interest subsidy:** To make elders activities viable, and credit affordable, provision of subsidy on interest rate above 3% per annum for all eligible ESHGs, who have availed loans from mainstream financial institutions, based on prompt loan repayment. This subsidy is available up to Rs. 1,00,000/- per elder credit is achieved through ESHG.

5. Livelihoods for the Poor

A new Livelihoods Mission is created under the Ministry of Social Justice to support that elders have multiple livelihoods as a coping mechanism for survival, engagement and being occupied meaningfully. Elders pursue all the non-elder major livelihoods including: wage labour, small and marginal holding cultivation, cattle rearing, forest produce, fishing, traditional non-farm occupations, piece-meal jobs, etc. The net incomes and employment days from the current livelihoods are not adequate to meet their needs. Elders are looking for active engagement, recognition and sense of pride in their pursuit of livelihoods.

In this context, the new mission's agenda includes:

- Building the entire portfolio of livelihoods of each poor elder;
- Stabilizing and enhancing the existing livelihoods portfolio;
- Subsequently diversifying their livelihoods;
- Building capacities of active elders to pursue new age-appropriate livelihoods;
- Preparing and nurturing elders to pursue post-retirement third and fourth careers;
- Livelihoods for women elders;
- Elder-centric self-employment and elder-managed enterprises;
- Hubs / collectives of production, local value-addition, aggregation and collectivization and marketing;
- Partnerships for linkages of support and marketing.

For the above mission idea, we need to pursue skill upgradation, need-based experiential learning and handholding support for elders for age-appropriate local jobs, self-employment and enterprise development, directly and / or in partnership with skill development projects, self-employment and entrepreneurship training institutes and CSR projects. This will become a new innovation in approaches to the livelihoods of the elderly poor which can facilitate the income security of over 50 million people in India.

Second Demographic Dividend

The second demographic dividend results from an increase in adult longevity, which causes individuals to save more in preparation for old age. This increase in savings can thus contribute to capital accumulation and economic growth. ... so, during demographic transition, the population grows rapidly. Our efforts in HelpAge India to empower older persons and build social enterprises in rural areas have paid rich dividends. Many of them earn a substantial income and are no longer dependent on their children. However, such efforts in livelihoods will usher in the second demographic dividend and also income security as India ages in the 21st century.

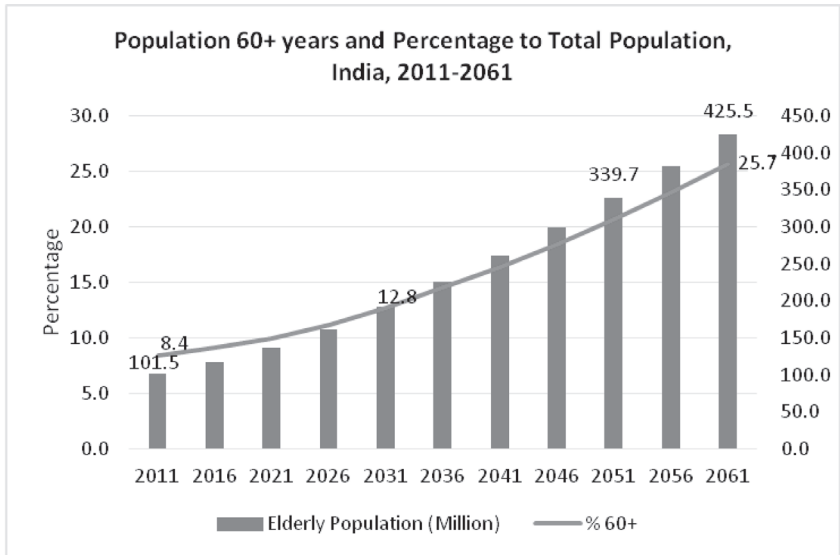
Towards an Age-Friendly Society

Status of Elderly in India

The elderly population in 2020 at 9% of the total population forms a small proportion of Indian population and hence perhaps receives less attention in public and policy domains. Or the fact that there are so many challenges to overcome that they are not regarded as a priority? The lack of advocacy has not helped matters either. But population projections suggest that the situation is going to change soon and change fast. With decreasing fertility and mortality, India is approaching the last stage of demographic transition. With increasing life expectancy, India's elderly population is set to increase at a fast pace, requiring urgent policy planning and action for the welfare of this vast elderly population. In any case, after contributing all their lives the elderly cannot be left to fend for themselves.

Only 8.4% population in India was above the age of 60 years, this amounted to approximately 104 million people in actual numbers as per 2011 Census. Population projections by United Nations Population Fund (UNFPA) show that life expectancy will increase, for females from 69.4 years in 2011 to 79.7 years in 2061 and for males from 66 years in 2011 to 76.1 years in 2061. As a result of this and other demographic changes, the elderly population (of and above 60 years) will increase from the 104 million in 2011 to 425 million in India by 2061. Every fourth person in India in 2061 will be of 60 years or more.

Majority of these older people will be living in rural areas, if we go by the current trends. As per Census 2011, almost 70% of the elderly people live in rural areas. At the same time, most of these elderly people live in poverty as per the Sumit Bose Committee Report. A study titled, 'Building a Knowledge Base on Population Ageing in India (BKPAI)' by UNFPA (2012) shows that poverty rates are higher among elderly people and at the same time, social security coverage is very low. As per the population projections, women will outnumber men in the old age, especially after the age of 70 years.

Figure 6.1. Estimated demographic profile of Indian elders for 2011 to 2061

Source: UNFPA, *India Ageing Report 2017*³⁴

1. Contextualization in Kerala

Kerala is one state which goes against these projections and is attempting a major initiative to make the state 'age-friendly'. Kerala has crossed the elderly population demographic limit where 14% of the population is above 65 years and is experiencing higher longevity, thus being the first state which is 'elderly by nature', perhaps that adds value to 'Gods own country'. However, the high levels of work related migration of the population in the productive age group, either out of the state or out of the country, has made even this 'home-based care' a challenge with no one available to provide the 'care and support'.

Even these elderly people, who do have some means of local home-based support, find their external physical world shrinking to the four walls of their houses due to an environment that is not conducive for their safe mobility. With the shrinking of their spaces and the extreme polarization of independent families, the social spaces available are also shrinking, leaving the elderly marginalized, physically as well as socially. This is all the more

34 Sivaraju, S., Alam, M., Gangadharan, K.R., Syamala, T.V.S. and Gupta, N. 2017. Caring for Our Elders: Early Responses – India Ageing Report. United Nations Population Fund, pp. 1-11.

counter-productive, as retirement age is only notional and is not indicative of age-related diminishing capabilities. Most of them, especially the newly retired, in the 58-70 age group, still are active and can be productive, given the right opportunities, spaces and, most importantly, an enabling and supportive environment.

However, it is not as if Kerala does not have its own set of issues to cope with having all districts face a huge neglect of the elderly while in Mallapuram district where an experimental pilot by Dr. Suresh Kumar, Director Institute of Palliative Medicine at Calicut Medical College, who has established a neighbourhood palliative care for the district using neighbourhood volunteers. He was the first to conceptualize a community-based volunteer driven palliative care as against institutional-based care not only offering care to cancer patients but also for other ailments. This model has been replicated in not only India but in Thailand, Indonesia and Sri Lanka. He has trained almost 15,000 volunteers and reached out to 60,000 patients. This is particularly important for terminally ill patients who need end of life care and long-term care and support in the family.

Reports on age discrimination highlights that 53% of the elderly feel that they are discriminated in public spaces. In Kerala, many people complain of abuse in their home. In god's own country we feel it is no place for older people. Dr. Irudaya Rajan from CDS was studying the plight of elderly in Kumbanad, Pathanamthitta district, quite close to where I was born in Kerala. The situation of the elderly in all these villages is deteriorating with rapid migration to foreign countries. In one of his studies he mentions, "Most of the elderly live lives of loneliness and isolation and in some cases they only have dogs and cats for company and not even a single child."

It is noteworthy that Kerala, fast becoming a greying state, has already put in place provisions for the care of the elderly through the Acts brought in from time to time. The evolution of a progressive thinking is evidenced in the paradigm shift in the government's plans of Vayomithram project in 2013, that has moved from institutional care and support to home-based care and support, allowing the elderly to stay on in the comfort of their own environs in safety and with dignity.

Initiated by of Dr. S.M. Vijayanand, the then Chief Secretary, Government of Kerala, who wanted to begin an age-friendly Kerala movement to have a comprehensive solution to the challenges facing elderly. The state government began a series of consultations and studies to make implementation of age-friendly schemes to make a comprehensive solution

to the issues of ageing which also involved civil society organizations such as HelpAge India.

Kerala has a history of interesting work some of which are highlighted as follows:

- Much of Dr. Suresh and Dr. Rajgopal's work in Calicut Medical College on palliative care has now become part of Kerala's policy. For the first time in India, the government of Kerala declared a pain and palliative care policy to guide and facilitate the development of community-based home care initiatives under the leadership of local self governments. The Arogyakeralam Palliative Care Project formulated in consonance with the old age policy of the government of Kerala has been quite successful in initiating such services with community participation in a large number of panchayats (local self governments) in all parts of Kerala. The initiative under the project aims to identify patients in need, offer guidance for appropriate treatment, provide care at home for the bedridden and incurably ill and equip the primary health care system to provide care including medicines to the 'socio economically' backward patients. As part of this project, doctors, district coordinators, nurses and auxiliary nurses have been appointed to coordinate home care and other programmes. The director of health services, government of Kerala issued an order (No. PH 6/068463 dated 29th July, 2009) incorporating palliative care into the primary health care system in the state. Around 400 gram panchayats have established home care programmes for bedridden patients under the project. Many of these are senior citizens who need to care at home but cannot afford caregivers.
- Vayojana clinics are being run in the villages and with linkages to community health centres in the block panchayats which included physiotherapy and other geriatric services. Daycare centres provide health services by conducting camps by specialists (eye, cancer, NCDs, physiotherapy, etc.), regular visit of PHC staff; conducting recreational activities; organizing tours for elders to religious or scenic places; holding Yoga camps / trainings and such others. However, the impact of these could be improved by engaging the medical colleges and social work institutions / colleges so that the activities could be well designed, implemented and also evaluated for further upscaling.
- Under the Kerala Social Security Mission there is a programme called 'Vayomithram' (friend of the elderly) which provides health

care and support to elderly above the age of 65 years residing at corporation / municipal areas in the state. The Vayomithram project mainly provides free medicines through mobile clinics, palliative care, counselling service and helpdesk to the old age. The project is implemented as a joint initiative to LSGD in the area. The main objective of the scheme is to provide free health care to the old age people. At the block panchayat level, a Vridha Sahyog Palliative Unit works sometimes with a mobile palliative unit for the care of terminally ill patients.

- The Kerala Social Justice Department with the support of the Indian System of Medicine department has implemented a new initiative called 'Vayo Amrutham' in 15 old age homes for the treatment of residents who are suffering from health problems like diabetes, asthma, skin diseases, arthritis, eye and ear diseases, etc. Health care also includes palliative care for bedridden and counselling. The residents will be benefited with the service of a medical officer and an attendee.
- With the intention of an old age-friendly state, the Kerala Social Justice Department has introduced a new initiative titled 'Vayomadhuram' which provides glucometers freely to elderly diabetic persons coming under BPL category. Under this scheme the department provided glucometers to 1,000 diabetic senior citizens in each district.
- Mandahasam is an initiative by the Kerala Social Justice Department for giving free tooth set for the senior citizens. The scheme aims to reduce nutritional, physical and mental problems faced by the elderly people after losing their teeth. The department prepared a list of dental colleges and dental treatment centres from where the beneficiaries could avail treatment. It would also ensure the quality of artificial tooth and quality treatment by setting standards and norms. The attention to detail by the state is exemplary.
- **Engagement of health and related institutions in Kerala:** Panchayats and NGOs have collaborated with the PHCs and anganwadis in the services provided to the senior citizens. Anganwadi workers (AWWs) in Kerala work on a 3G concept, i.e., to work with 0-5 years, with adolescents and also with the senior citizens. It is significant that a state has taken a lead.

However, the Kerala experiment has to be taken to scale and one of the major supportive frameworks is the universal Sustainable Development Goals (SDG), which is now available. In 2015, the United Nations came

with SDG framework of, 'leave no one behind'. The framework is to create a society for all ages which we call the 'age-friendly society'. In terms of the SDG's, these have a direct impact on the elderly such as the goals listed below. Kerala may be meeting many of the goals through these initiatives and the state supported Kudumbashree programme run for and by women themselves.

The SDG goals that are being met for the elderly are listed below:

Goal 1: End poverty in all its forms everywhere.

Goal 2: End hunger, achieve food security and improved nutrition and promote sustainable agriculture.

Goal 3: Ensure healthy lives and promote wellbeing for all at all ages.

Goal 5: Achieve gender equality and empower all women and girls.

Goal 8: Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all.

Goal 11: Make cities and human settlements inclusive, safe, resilient and sustainable.

Kerala Model and Achieving SDG goals

One of the best examples of work in elderly was the involvement of all village panchayats and ward panchayats in municipalities for age focused programmes. The review had active participation of panchayat members, mayors of corporation, CSO representatives, HelpAge India, KILA members and UNFPA officials.

SDG 1 – End poverty in all its forms everywhere

By 2030, reduce at least half the proportion of men, women and children of all ages living in poverty in all its dimensions. Kerala is working at all levels through local self-governance and forming an age-friendly panchayat and delegating 5% of its budget for elderly including palliative care.

It is able to provide to 5 million people pension at Rs. 1,200/- per month above 60 years and at Rs. 1,500/- for old persons above 75 years. It also provides to head-load workers and for fishing workers at Rs. 600/- per person per month. There were issues raised that the pensions were not being paid on time and in arrears sometimes with delays up to six months. The demand was for increased coverage of pensions and for a minimum pension of Rs. 2,000/- per older person above 60 years and timely payment by seniors during the consultation. Certain village level panchayats had established at block level a working group on old age pension to cover more elderly and also provide to the lonely elderly with no family support.

Certain panchayats had established a 'Calling Bell Service' to identify older people in isolation. They had also established Kudumbashree based Self Help Groups which had included ageing into their programmes and have run several daycare centres (Pakalveedu) in many villages across Kerala.

SDG 2 – End hunger, achieve food security and improved nutrition and promote sustainable agriculture

In the state of Kerala there are pockets of poverty in the tribal districts of Wayanad and Idukki. Kerala has 14 districts in all. There was a concept of 3G club for three generations. In the day time it was a feeding centre for children and later on a daycare centre for older adults and in the evening a library for youth and adolescents. There was discussion on how inter-generational learning could be generated in these '3G' centres.

However, this was evident only in some panchayats at village level but not across the state. In the tribal districts, the evidence of coverage of nutrition programmes was not directly available. The work in tribal areas was under the scheduled tribes department and needed ownership on older people's issues. There were discussions that older people had right to food as per statute and should not be treated as a welfare issue. Food security is critical for this vulnerable group.

SDG 3 – Ensure healthy lives and promote wellbeing for all at all ages

Kerala has a unique Palliative Care Policy and all panchayats across the state are practicing palliative care in villages and also in municipal corporations in cities. Vayojana clinics were being run in the villages and with linkages to community health centres in the block panchayats which included physiotherapy and other geriatric services. There was also a Vayojana working group on health whose chairperson was an elected representative and the conveners was an appointed health officer and had 11 members. There was provision for scheduled caste and scheduled tribe member and 50% were women members. The palliative care programme is now extended to many villages in the effort to cover all bedridden elderly in the state and to 'leave no one behind'. It was a clear example of good practice in SDG 3 established by the Kerala government.

With increased longevity in Kerala and the percentage of elderly going above 14% by 2020, the incidence of dementia and Alzheimer is on the rise. It is estimated that 3 to 5% of the population of 60+ elderly is likely to suffer from dementia. There was a need to bring it into the public health system as more than 50% of the dementia patients are not covered by the National

Health Mission (NHM) of the state. In order to bring into the WHO's Decade of Health Ageing aid in line with SDG 3, special efforts are needed. The service capacity of the caregiver is to be enhanced. Training of caregivers for dementia patients has to be increased and dementia management suffers from lack of infrastructure and a severe lack of trained caregivers. This capacity has to be enhanced by 2030 to fulfil the goals.

The number of geriatric beds in district hospitals has to be increased. Under the Kerala Social Security Scheme there is a provision for a care worker called 'Vayomithram' (friend of the elderly). This care worker has to visit the homes of the elderly and provide services. At the block panchayat level, a Vridha Sahyog Palliative Unit works sometimes with a mobile palliative unit for care of terminally ill patients. Even amongst senior citizens there is a focus on the most vulnerable.

SDG 5 – Achieve gender equality and empower all women and girls

(This goal has to be read in conjunction with SDG 8)

HelpAge India had pioneered the concept of Elder Self Help Groups which are groups of older men and women working towards a sustainable livelihood in four districts of Tamil Nadu and Kollam, off Kerala. Now headed by a woman president from the fishing community, this has empowered elderly women and also achieved gender equality in villages and is also found in other districts of Kerala and Tamil Nadu, Telengana, Bihar and West Bengal.

SDG 8 – Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all

Kerala has established self help groups of women across the state through a programme called 'Kudumbashree'. These groups have established millions of livelihoods and have ensured that they have a sustainable income. The ESHG model has been able to provide palliative care to the elderly and home care to bedridden patients thus being able to address SDG 3 of health and wellbeing. In the villages they have been able to provide services to all in an attempt to leave no one behind. The ESHG's have now embarked on a digital literacy agenda and have set up community digital centres in villages to avoid elderly from digital exclusion.

The attempt is to make the elderly socially and digitally empowered to face the 21st century. The home care model of community care by volunteers is an attempt to provide care to needy patients and bedridden patients. Indian lives in its 6,00,000 villages where elderly require access in their own homes. This model has been supported by India's largest rural

bank NABARD and its subsidiary NABARD Finance called NABFIN. The elderly have been able to achieve sustainable income and livelihoods and these are fishing communities, small and marginal farmers and fish workers and head-load workers.

SDG 11 – Make cities and human settlements inclusive, safe, resilient and sustainable

Kerala has launched the vision of 'Age-friendly Kerala' to make cities, villages and hamlets accessible to all ages. The attempt is to build age-friendly panchayats and age-friendly municipal ward panchayats – the building blocks for an inclusive, safe, accessible human settlement. The efforts are to create health centres which are accessible to all ages and also palliative care to bedridden patients. Mobility and access to transport is being made age-friendly. Kochi has initiated a functional age-friendly park and attempts are being made to spread to other cities.

Recommendations for Convergence with Sustainable Goals

1. There was a strong need for data as each organization, be it panchayat, municipality or large bodies, each one had to carry out surveys to identify the elderly. This would have been facilitated if disaggregated data was made available to community stakeholders from state or national data.
2. Though there was intense access to functionaries at village panchayat level, a single point of contact – a single window helpdesk was required to solve the problem of pensions, access to identity and other challenges in the elderly accessing their entitlements.
3. Access to hospitals and geriatric care was difficult as 80% are dependent on transport and mobility is yet to be age-friendly. Hence, physical connectivity proved to be a challenge unless they had children supporting them.
4. A focus on accessible infrastructure across the state and nation is an important step to ensure mobility for not just senior citizens but people with disabilities, pregnant women, children, etc. Ramps, accessible roads and movement for wheelchairs and walkers, walking sticks / aids, handrails, required to have state orders that are followed by builders, PWD, etc. Pavements are sometimes tough for all and uneven pavements, high roads dividers and unnecessary steps are a mobility risks for the entire population.

2. Assistive Technology – A Case for Universal Design and Mobility

Few senior citizens have complained, during studies on age-friendly cities with WHO collaboration, about their daily woes and tribulations, “Walking the long corridors many times for different tests, standing in long queues, waiting for the doctor to call them, places a physical toll on the elders and they requested at least additional chairs in the hospital outpatient areas designated for the elderly, wheel chair facility for those who are not very mobile, toilet facilities and priority appointments for the elderly and compliance with the rules wherever such facilities for the elderly exist.” At a premier medical institution All India Institute of Medical Sciences (AIIMS), New Delhi, a helpdesk was set up by HelpAge India to facilitate senior citizens access to registration and treatment in collaboration with the Geriatric Department looking at the senior citizens who waited there for hours to obtain an outpatient card (OPD card) and also meet the concerned doctor. After much discussion and negotiation with the management of AIIMS and active support from Dr. A.B. Dey, Head of Geriatric Medicine, AIIMS, HelpAge India placed helpdesk assistants with wheel chairs at Gate No 1 in AIIMS. This has been found to be successful and has seen more than 200,000 geriatric patients in a single year. The Medical Superintendent Dr. D.K. Sharma was very cooperative and provided separate queues in the main outpatient department which could issue OPD cards and appointments for geriatric patients with appropriate signage. Elderly patients are now able to meet a doctor in less than 30 minutes and has been a big boon for patients and their mobility.

In banks, especially the frequently changing rules and procedures followed by the various banks were found to be too complicated for the elderly to comply with including the much touted Aadhaar Card. Even the challans had small size fonts and elders interviewed found it difficult to fill in these challans without external support. Long queues, unfamiliar procedures, lack of staff to guide them, lack of even basic facilities like drinking water and toilets within the bank premises are some of the issues that need to be addressed to make banking age-compatible. With demonetization and channelizing of all payments through banks, these issues will make it difficult for the elders to handle bank-based transactions. Most toilets in the country are not age-friendly, with no hand bars. Many die every year due to falls at home in their toilets due to local cultural practises of using oil, slippery tiles, etc.

Transportation in Buses: Priority seating for elderly, low steps, adequate time for getting on and off the bus, smooth driving are some of the requests made by the elders interviewed.

Roads and Safe Spaces: Rash driving, difficulty in crossing roads, lack of safe footpaths and lack of friendly spaces like parks were issues that kept the older and less mobile people confined to their homes and totally dependent on their children or others for their requirements of mobility. The more active a senior citizen is the healthier they are likely to be and less dependent on others.

One of the oft repeated statements from the persons interviewed was the lack of recognition and respect, or even acknowledgement of them as individuals needing special care and support. One of the unanimous recommendations was including this as a subject at the school levels. Society at large, including children and common service providers need to be aware of and sensitive to the needs of the elderly. A state level general awareness creation and sensitization programme on the lines of a planned long-term campaign, is essential to create this awareness. The People's Plan Campaign is a good example that can be used as precedence to raise the issue of age-friendly states. Everyone hopes to live long and be healthy. Young people who witness abuse of grandparents are perhaps more likely to repeat it and it must be stressed that unless present generations tend to the needs of the aged, they may be condemned to the same fate as they become senior citizens themselves.

3. A Case for Universal Design and Access to Assistive Technology

In India, medical professionals and social activists are still engaged in a debate about the critical need of old age care. It appears that any talk of relying on assistive technology both as a complement to the hospital-based or professional-consultancy-led old age care or even as an alternative to such care is much ahead of its time. The professional community appears to be somewhat stuck after having achieved near elimination of polio, insofar as its concern with disability is concerned. There also appears to be a cultural disinclination to utilizing assistive technology even in regard to mobility impairment. It is only for the 80+ age group that assistive technology tends to evoke some recognition or validity. The concern about activities of daily living (ADL) is prominent when it comes to dealing with the challenges faced by the 80+ age group. Concern for instrumental activities of daily living (IADL) and relevance of assistive technology is recognized for the 70+ age group onwards.

The health care system in India is caught up in isolated grooves in terms of the vision and perspectives in health care. The government-supported primary health care system emphasizes preventive care, the private health

care system thrives on secondary (hospital-based) care, and tertiary care is for the public sector rehabilitation programmes. The private sector does not find geriatric care attractive enough in terms of returns. Hence there is urgent need for the state to invest in affordable public health infrastructure and systems that are accessible to all.

Yet there are 12,000 institutions working for the elderly in India; one organization (HelpAge India) is able to find takers for more than three million mobility devices (for example, walking sticks). The data suggests that India appears to have more institutional clients (for example, old age homes and their residents) than individual clients, primarily so in view of the protected resources available to such institutions either through government grants or through public charities. Walking stick is a necessity in old age but what is needed is really an age-friendly society to address all the issues facing senior citizens.

The elderly in India are becoming fairly articulate about the need to reduce 'dependence' in their functional capabilities. However, their children, both within the country and outside, prefer for them 'personal caregivers', rather than assistive technology. Awareness levels concerning assistive technology as a means to enhancing degree of functional independence in the life of the elderly is at a very low level. The Disability Law in India does not appear to respond to the diverse manifestations of dependence as seen in 'impairment' caused by 'frailty' and 'ailment'. The community of occupational therapists and physiotherapist is yet to launch any major national initiative in popularizing, among its own members, the WHO-devised assessment procedures for impairment, disability and handicap.

Banerjee (2009) distinguishes the use of three terms – impairment, disability and being handicapped – in the following terms:

- **Impairment:** The loss of function or derangement, of an organ or part of the body compared to what previously existed. This is a medical determination.
- **Disability:** Involves the impact of impairment on societal or work functions, and notes the gap between what an individual can physically do and what the specific job or labour market requires. A disability evaluation thus takes into account the loss of function (impairment) and the patient's work requirements and home situation. Disability is usually decided by non-physician administrators. Nevertheless, the clinician's determination of impairment, and inclusions of comments about ability to perform specific tasks, the extent and permanence

of the impairment, is important contributors to the administrative decision concerning disability.

- **Handicap:** An impairment that can be overcome by some type of reasonable accommodation to the impairment, i.e., glasses. New federal regulations mandate greater employer attention to 'reasonable accommodation' to the needs of the permanently handicapped post-injury worker.

The above description of the three terms appears to suggest that conditions of frailty and ailment among the older persons do cause, 'loss of function, or derangement, of an organ or part of the body compared to what previously existed'. What appears to be lacking in the Indian systems (disability-determination system, welfare system and health insurance system) is the recognition of the right of the older persons to full participation in various walks of life, even if job or work is not prominently in view. The description supports the need for extending the, 'clinician's determination of impairment' to 'the administrative decision concerning disability'.

There is need to include the 'frail' and 'ailing' senior citizens within the larger framework of certification systems for disability entitlements with a view to opening for them facilities available under the welfare system, the health insurance system, and the legal framework. It is not being argued that all senior citizens be classified as 'disabled'; the plea for their inclusion in the category of 'disabled' persons is strictly for those that have become vulnerable to dependence on account of their frailty and ailments and is not universal. A comparative perspective of the responses provided by the three systems – welfare system, legislative framework and the health insurance system – in North America and member countries of the European Union suggests that the three systems in India can be strengthened to provide more meaningful responses to the rights of the senior citizens and help them integrate themselves into the larger society through opportunities for full participation in home settings, neighbourhood settings and in the area development processes. There appears to be a growing recognition among the professionals that advocacy initiatives are needed for reliance on and prescription for assistive technology at the level of the members of the medical community itself, apart from among the policy makers, programme managers, social activists and the end-users. It is being increasingly felt that a beginning needs to be made at the level of both institutions and the community; old age homes and community centres need to be utilized as area-based care providing centres with assistive technology display-cum-assessment functions. Similarly, the concept of barrier-free architecture

needs to be integrated into the curriculum of training programmes in gerontology and geriatric care. Others would, in their enthusiasm, like to expand the scope of such institutions to hospitals, religious institutions, resident welfare associations, etc., for raising awareness concerning assistive technology. Institutions imparting education and training in occupational therapy and physiotherapy could launch large-scale extension programmes aimed at functional assessment of the elderly and others as part of the fieldwork with hospitals or with senior citizens' associations.

Apart from the general awareness creation and sensitization programmes, there is also a requirement for focussed awareness creation, especially for the caregivers of the elderly, including their own children with whom they may be residing. Age related diseases like dementia, Alzheimer's, Parkinson's, age-friendly nutritional requirements, psycho-social needs, etc., are some of the areas where focussed attention is required as these are frequently not recognized in time and the response of the caregivers range from resigned acceptance to forcible physical restriction of movement. Only then will India become an age-friendly country. The state of Kerala can show the way to the rest of the country. The new policy to support ageing needs to become a reality. Some of our work on revising the National Policy for Older Persons (1999) in 2011 has created a new impetus in the realm of policy change. But it needs to be implemented across the country and each state to formulate its own based on the local context. There is imperative for wide advocacy for an active policy.

National Policy for Older Persons, 1999

In India, social security is the concurrent responsibility of the central and state governments. The National Policy for Older Persons (NPOP) was announced by Government of India (GOI) in 1999, in pursuance of the UN General Assembly Resolution 47/5 to observe 1999 as International Year of Older Persons and in keeping with the assurances contained in Article 41 of the Constitution that deals with social security.

NPOP is a comprehensive policy that deals with aspects of ageing and aged. It views older persons as a resource and in order to create enabling environments, delineates intervention areas like financial security, health care and nutrition, shelter, education, welfare and protection of life and property, non-governmental organizations, realization of potential, family, research and training the manpower and influencing media. A robust structure has been specified for implementation of the policy, with elements of widest possible stakeholder participation, transparency and

accountability. However, the only provision that has been implemented, with some measure of success, is the non-contributory pension under the National Old Age Pension Scheme. Health and nutrition, which are vital for the wellbeing of older persons, remain neglected. Some progress was also made under protection of life and property by passage of the Maintenance and Welfare of Parents and Senior Citizens' Act 2007.

International efforts like the Madrid Plan of Action and the United Nations Principles for Senior Citizens adopted by the UN General Assembly in 2002, the proclamation on ageing and the global targets on ageing for the year 2001 adopted by the General Assembly in 1992, the Shanghai Plan of Action 2002 and the Macau Outcome document 2007 adopted by UNESCAP, form the basis for global policy guidelines regarding senior citizens. However, these have failed to make any impact on the governments in India despite GOI being a signatory to all these documents.

By 2010, it was increasingly evident that NPOP needed to be revised. Hence, the Ministry of Social Justice and Empowerment which is the nodal ministry for older persons, constituted a committee chaired by Dr. V. Mohini Giri to review the NPOP. The review committee was expected to submit the New Draft Policy to GOI by 31st December, 2010.

The following were the terms of reference:

- a. To assess the present status of various issues concerning senior citizens, in general, and implementation of NPOP, 1999, in particular, and
- b. To draft a new national policy on older persons, keeping in view the emerging trends in demographic, socioeconomic, technological and other relevant fields.

The committee felt that the following parameters would be effective in addressing the problems faced by the elderly:

1. Review the NPOP 1999 and identify remaining unimplemented issues / areas.
2. Evolve modalities to obtain feedback about NPOP 1999 and invite suggestions from stakeholders for inclusion in the proposed policy.
3. Prepare a time-bound work plan for the assignment given to the committee and if necessary, seek extension of time granted.
4. Substitute the word 'older persons' with 'senior citizen' which gives dignity and respect.

The committee was of the view that all stakeholders need to be listened to, before completing the review task. Therefore, it convened several meetings with senior officials of the concerned ministries of GOI at New Delhi and

five regional meetings at Chandigarh, Mumbai, Chennai, Bhubaneswar and Guwahati. These meetings were also attended by the respective state governments' officers and local civil society organizations. The committee also appointed four sub-committees of experts to give recommendations. The full policy submitted by Dr. V. Mohini Giri to the Government of India is appended at Annexure 6.1 at the end of the chapter. Till date the policy has not seen the light of the day and is in cold storage. However, it is imperative for the citizens to know that this draft policy was based on actual suggestions by senior citizens across the country.

Important Suggestions from Stakeholders

A. General Action Points for Implementation

1. More needs to be done to implement policy provisions in letter and spirit.
2. Both central and state government level to adopt a proactive approach to implement the policy provisions.
3. Devise an effective system for implementation of policy provisions, preferably with simplified procedures and levels.
4. Adoption of time-bound implementation strategy to address the urgent concerns of ageing population.
5. Provide financial support for implementing the various provisions of the policy.
6. Inclusion of issues that are the result of recent socioeconomic developments and those projected for future. This would include issues affecting oldest-old, women, SC/ST, disabled and other such groups.

B. Suggestions

1. National Council for Older Persons (NCOP) to be given appropriate recognition.
2. Panchayati raj institutions must give more attention to the welfare of rural elderly.
3. Make it mandatory for TV channels to disseminate knowledge / information about welfare measures for senior citizens.
4. Incentives including some tax relief to be considered for families looking after senior citizens.
5. Central ministry should incorporate post retirement employment schemes.

6. A support system should be considered for terminally ill persons.
7. Establish national and regional institutes on ageing.
8. Make health care accessible to all senior citizens.
9. Ensure dignity of the oldest-old, those over 80 years.
10. Elderly women should be freed from isolation, neglect and abuse.
11. Establish a separate ministry / department, constitute a national commission on senior citizens, states and union territories to get actively involved and extend necessary authority with direct funding so that panchayati raj institutions can address the needs of rural elderly, who comprise 70% of the total Indian elderly population.

C. Suggestions Given by Other Ministries of Government of India – General Consensus

1. There is a need for an elderly friendly policy with availability of adequate resources, relevant to the common people and implementable by the government.
2. The Ministry of Social Justice and Empowerment as the nodal ministry should ensure regular inter-ministerial meetings to monitor respective ministry's 'Action Plan' for the benefit of senior citizens.
3. National Council for Older Persons should effectively monitor the policy implementation. There should be an 'Executive Committee' of about five persons selected from amongst the members for initiating discussion on urgent topics.
4. Consider recommending a separate department for senior citizens.
5. Uniform age criteria should be applicable in every ministry and department.
6. Policy should be expanded to meet the needs of BPL elderly and a uniform definition applied across the country for this category.
7. Identification criteria and modalities must be developed for maximizing benefits.
8. Develop schemes to meet medical needs.
9. Family continues to remain the basic support system, in spite of fragmenting joint family system, migration and employment of traditional caregivers. Therefore, the recommendations and policies must reflect this fact.
10. Geriatrics and gerontology including caregiving will become extremely important in the coming days. Ministry of HRD must introduce curriculum at various levels including schools.

11. Invite all secretaries in charge of ageing issues in the states and union territories to review implementation of the NPOP 1999 and make recommendations to ensure that this becomes an annual feature.

Recommendations

1. A welfare fund for senior citizens to be set up to obtain funds from the government, corporate sector and philanthropists. Contributions to this fund must be tax exempt. The fund should be managed by trustees nominated from the governments and NGOs involved with care of the elderly. Its composition and legal formalities must be finalized by the nodal ministry in consultation with the National Council of Senior Citizens (NCSrC).
2. Establish the National Institute of Ageing.
3. NCSrC must be empowered and authorized to monitor progress of inter-ministerial meetings on matters relating to implementation of NPOP.
4. Five year and annual action plans must be prepared by each ministry to implement aspects which concern them. Targets must be set within the framework of a time schedule. The annual report should indicate progress achieved during the year.
5. The planning commission and finance ministry must be requested to allocate budget required for implementing the NPSC 2011.
6. Every three years, a detailed review must be prepared by the nodal ministry on implementation of the national policy.
7. There must be non-official participation in the preparation of the document. The review will be a public document.
8. Constitute an autonomous national commission on senior citizens with judicial powers to deal with neglect and abuse of elderly.
9. The government must provide financial support to establish the national and state level offices to cover recurring and non-recurring administration costs for 15 years.

Changing Demography of Elderly

Due to the current ageing scenario, all aspects of care for the oldest-old (80+ years) namely, socioeconomic, financial, health and shelter, must be considered. These areas have an impact on the quality of life in old age and health care when required. Increase in life span results in chronic functional disabilities creating a need for assistance to manage even simple chores.

The policy needs to look at the increasing longevity of people and lack of caregiving.

Strategies for Action from a Gender Perspective

Since elderly women suffer from lower income levels, greater disability, more solitude, less access to education, culture and leisure, their participation in decision making process is limited. Older women should be encouraged to participate in social, cultural and political activities at local, national and international levels. They must also be given special protection in order to defend their rights. It is imperative to enhance the capacity of public, private, voluntary and non-governmental organizations to work together for the welfare of older women. The following may be considered in this regard:

- Devise pension schemes which cater to different sections of older women (from the unorganized sector) to meet their survival needs.
- Revise the existing Old Age Pension Scheme and Widow's Pension Scheme to make them sensitive to the older women's specific concerns.
- Design schemes and programmes to provide nutrition and food security particularly to older women.
- Design health insurance schemes to provide long-term security to older women particularly from disadvantaged and marginalized population.
- Provide a separate time-slot for older women to access offices and public places such as banks, post offices, railway / airlines reservation offices, etc.
- Protect older women from exploitation and abuse, particularly those staying alone.
- Develop cost-effective approaches to providing long-term care to older women.
- Expand the mobile medical facility and introduction of meals on wheels or community kitchens to provide nutrition to older women.
- Set up daycare centres for the elderly to facilitate interaction with other members of the same and younger age groups.
- Involve older women, if possible, in community services like crèches, community kitchens, canteens, welfare, religious, cultural, artistic, recreational, leisure and environment related activities.
- Utilization of older women leadership potential and skills by social and political organizations can help in developing moral, religious

- and cultural values and traditions among the younger members.
- Encourage older women to assume caring role in community service, so that they feel useful to others and their self-esteem may be enhanced.
 - Documentation of knowledge and experiences in the form of case studies.
 - Strengthen intergenerational dialogue by encouraging schemes like 'Adopt a Grandmother / Grandfather'. Enlighten the youth to avoid gender discrimination in health care and recognize those who take up voluntary care of older women.
 - Generate awareness on women's issues, particularly those pertaining to older women but not excluding older men and the community.
 - Use folk media to influence people in general and older women in particular, on issues such as gender equality, violence against women, traditional health practices, dietary problems, etc.

Reform Themes for Social Security

Any reform in social security arrangements must be governed by the following four themes:

- i. Social security systems must be viewed as an integral part of the overall economic, social, human resources and political management in India. For this, the provident and pension fund organizations and other ministries including labour ministry have to change their mind set from welfare orientation to professional-technocratic service orientation. The need of the hour is effective management and application of the principles of pension economics and finance in social security policy making and administration. Any unplanned increase in the longevity of members, could disproportionately affect the financial viability of pension and health care schemes.
- ii. Social security arrangements must be viewed as a system rather than a group of unconnected individual components. In India, different components of the social security system have evolved, over time, in isolation. As a result, there is disparity across various social schemes. In this regard, the passage of the Pension Fund Regulatory and Development Authority (PFRDA) Bill (known as the New Pension Scheme) in the February, 2010, budget was a step in the right direction.

A multi-tiered social security system is desirable, wherein an individual obtains retirement income from a variety of sources. This permits risk

diversification for the individual as well as society. Any retirement pay out must arise from a mix of financing from taxes, contributions and other methods.

In India, retirement income transfers, partly or fully financed from the budget, must form one of the tiers. The extent to which this tier can be developed will depend on the government's fiscal capacity and the efficacy of government service delivery systems. The existing network of strong microfinance institutions and community organizations can be utilized to reach low-income and self-employed workers, particularly women, through micro-pension products.

The composition of most of the provident and pension fund boards in India, in both the public and private sectors, reflects insufficient expertise, autonomy, transparency and accountability in their operations. Therefore, a systemic approach to social security arrangements in India will have to consider the following:

1. The need for National Social Security Council (NSSC) for strategic policy direction and coherence among different components of the social security system.
2. The need for a pension regulator to ensure that the provident and pension fund organizations perform their functions with professionalism, and that their governance structures meet international best practices.
3. Effective social security reform requires complementary reforms in areas like labour markets, fiscal policies, civil service, financial and capital markets and family policies. Thus, any increase in social pension financed from the budget will require reallocation of expenditure priorities, fiscal consolidation and better delivery mechanisms. Hence, more robust social pension systems need not necessarily affect fiscal reforms.
4. The fourth theme concerns the need for empirical, evidence-based social security policies, particularly in pension and health care, which require sophisticated price-discovery mechanisms. It calls for developing indigenous analytical capacities and professionals; building robust databases; and establishing professional programmes relating to pensions, health policy and management and actuarial sciences.

Each of the above four themes are crucial for constructing robust, sustainable, professionally managed and regulated social security systems in India. It is often far easier, politically, to increase the demand for pension

or health care services. But, if there is no commensurate increase in supply and in the fiscal, institutional and organizational capacities, the outcomes can be dysfunctional, leading to disillusion and cynicism. Hence, careful planning should precede introduction of new social security schemes or even reforming existing ones.

There is also a need to begin graduate-level courses in social security policy and management by not just TISS or social work schools, but also management institutions and inducted into all training for civil services. The role of the National Academy of Training and Research in Social Security (NATRSS) ought to be reconsidered. The tendency of relying on current and retired civil servants as faculty members and resource persons at such institutions must be reviewed.

The revised policy was finally submitted by the committee on 28th March, 2011 and is still under consideration by the Ministry of Social Justice and Empowerment. I served on the drafting committee of the policy and this is based on personal recordings and notes taken during the process. Nine years later it is still in cold storage and shows the lack of political will and bureaucratic apathy.

Convergence with Ministries Needs to be Included for Old Age Policy

We place a very high emphasis on convergence with other programmes of the Ministry of Social Justice and Empowerment first and other central ministries, and programmes of state Livelihoods Missions for developing synergies directly and through the elders' institutions.

Table 6.1. Exploring programmes convergence with the government ministries and missions

Convergence	Activity
Ministry of Social Justice and Empowerment	Implementing National Policy for Senior Citizens 2011 for now; and evolving a new policy by 2020; Setting up National Council and State Councils of Senior Citizens; they serve as advisory groups to Livelihoods Mission at national and state level respectively; Covering all poor elders with adequate pension amount, of Rs. 3,000/- per month; Ensuring shelter for all destitute senior citizens; Providing aids and assistive living devices to all elders suffering from age-related disabilities such as low vision, hearing impairment, loss of teeth and locomotor disabilities;

Convergence	Activity
	<p>Ensuring free health care and / or insurance for care for assisted and destitute elders;</p> <p>Implementing –</p> <ul style="list-style-type: none"> • Maintenance and Welfare of Parents and Senior Citizens Act, 2007 • Integrated Programme for Older Persons (IPOP) • Old age homes, respite care homes; multi-service centres; mobile medical units; daycare centre (dementia); multi facility care centres (widows); physiotherapy clinics; • Regional resource and training centres; • Helplines and counselling; • Sensitization of schools / college students; • Volunteers bureau for older persons; • Formation of vridha sanghas / senior citizen associations / SHGs; • Any other activity(ies).
<p>Ministry of Rural Development: MGNREGA</p>	<p>Providing work to elders based on their age and physical capabilities;</p> <p>Implementing the National Social Assistance Programme (NSAP);</p> <p>Indira Gandhi National Old Age Pension Scheme (IGNOAPS);</p> <p>Indira Gandhi National Widow Pension Scheme (IGNWPS);</p> <p>Indira Gandhi National Disability Pension Scheme (IGNDPS);</p> <p>National Family Benefit Scheme (NFBS).</p>
<p>Department of Food and Public Distribution</p>	<p>Supplying food grains to destitute and assisted elders to ensure food security through the public distribution system;</p> <p>Antyodaya – food grains at the rate of 35 kg per family per month, at a subsidized rate;</p> <p>Annapurna – 10 kg food items free / month, to senior citizens, not covered under pensions.</p>
<p>Ministry of Health</p>	<p>Ensuring the existing preventive, curative, restorative and rehabilitative services for elders be expanded and strengthened;</p> <p>Providing dedicated health facilities in district hospitals, community health centres (CHC), primary health centres (PHC) and sub-centres (SC);</p> <p>Establishing separate queues and geriatric clinics in hospitals;</p>

Convergence	Activity
	Implementing National Programme for the Healthcare for the Elders (NPHCE) Regional geriatric centres; Geriatric units in district hospitals.
Ministry of Women and Child Development	Mid-day meal to elders through the local school or anganwadi for destitute and assisted elders in the villages and cities.
Ministry of Home Affairs; Department of Police	Ensuring safety of the seniors citizens living alone by maintaining database and monitoring through friendly vigil; Training senior citizens on online frauds and sales agents duping them with schemes in real and virtual world; Providing support in legal issues related to property disputes, physical and mental abuse; Ensuring stringent punishment for elders abuse; Protecting life and property of elders; Safety, security of older persons; Helplines and senior citizen security cell; Verification of domestic helps, drivers, etc.
Ministry of Housing and Urban Affairs (MoHUA)	Providing ease of living, medical and safety to senior citizens in old age homes; Ensuring model code of conduct in retirement and old age homes; Housing and shelters for elders.
Banking and Microfinance	Dedicated counters for elders; Access to low-interest loans; Immediate grievance redressal; Health insurance till 65 years; Income tax concessions / benefits; Easy filing of IT returns.
Railways	Separate counters; Lower berths; Fare concessions; Wheel chairs.
Civil Aviation	Airfare concession.

CHAPTER 7

Impact of Disasters and a Pandemic

India has been prone to both natural and manmade disasters of various kinds, including floods, hurricanes and cyclonic storms, earthquakes, riots, drought and the word 'tsunami' got added into the Indian lexicon of disasters in December, 2004 (Figure 7.1). Ancient texts talk about tsunamis as well which have wiped out the legendary city of Poompuhar, off the Tamil Nadu coast and also Muziris on the West Kerala coast. Increasingly climate change impacts have been experienced severely in the Asian subcontinent and disasters are on the rise which may be attributed to global warming and climate change, all of which impacts the poorest disproportionately. Organizations such as HelpAge have long experience in working during disasters across the country but the 21st century has seen an increasing number of disasters from earthquakes, floods, cyclones and tsunami. It is a study in contrast when there are droughts happening in Bundelkhand region of Uttar Pradesh, Western Rajasthan and Chhattisgarh, some regions of Odisha especially the Koraput, Kalahandi region while there are floods in Assam, Bihar and Kerala.

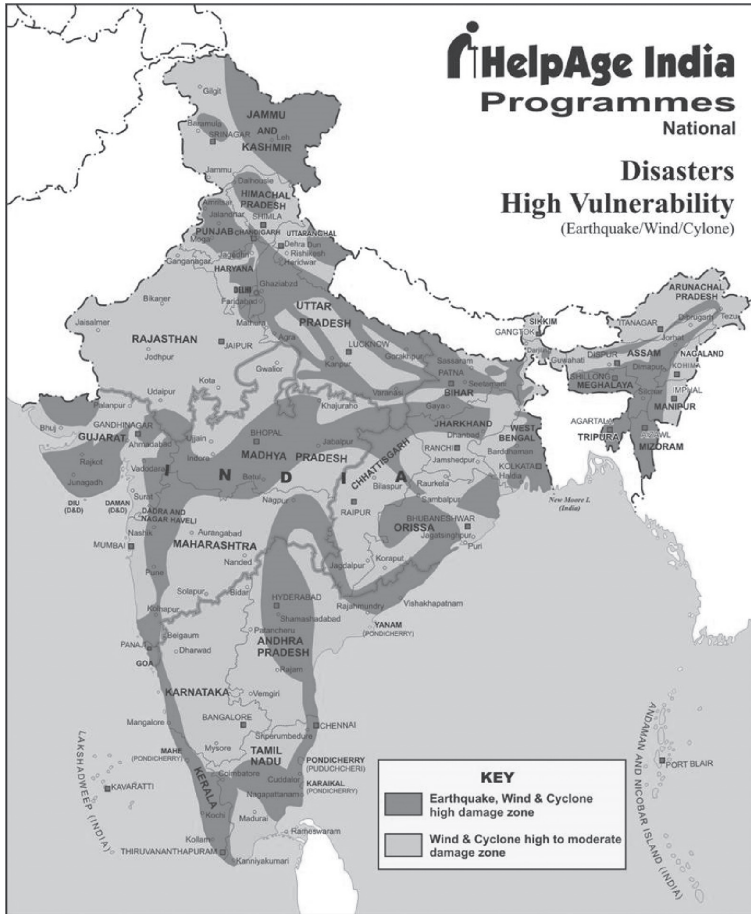
India has had more than its due share of natural disasters in the past two decade. The reverse chronological listing, of some major natural disasters is discussed, not considering the manmade catastrophe of Kosi floods, floods in Assam and West Bengal, recurring droughts, communal riots of 2002 in Gujarat, Delhi riots of February 2020, etc. is discussed below.

In my 20 years of work with elderly there were eight Major Natural Disasters (and some of them manmade). The last is the COVID-19 pandemic which is still going on and is an international pandemic. Its effects may be lifestyle changes and also may pose an endemic risk to elderly. The disasters where I have had personal experiences:

- 2018 Kerala floods
- 2013 Uttarakhand Himalayan floods
- 2009 Leh Indus river floods
- 2007 Eastern India floods

- 2006 Earthquake, Kashmir
- 2004 Coastal Region, tsunami
- 2001 Earthquake, Bhuj
- 1999 Super Cyclone, Odisha

Figure 7.1. Map showing disasters and high vulnerability areas in India



Disclaimer: This map collated based on the data/information compiled by the Ministry of Urban Development & Poverty Alleviation, UNDP has not verified the accuracy of information of the Map. Source: BMTFC, India

In each of the above-mentioned disasters, senior citizens, both men and women, have been severely affected with significant damages to their lives and livelihoods. It has been observed that elderly are found to be ‘least and last’ in the priority of relief and rehabilitation. This fact of elderly being affected and being at risk has not been highlighted in the media until the

recent COVID pandemic in 2020 where the elderly are counted amongst those at the highest risk of infection.

I have taken three major disasters, as per work experience at the ground level, as case studies to highlight the vulnerability of the elderly and especially those economically deprived and the marginalized. Three of these major disasters – the tsunami, Kedarnath Himalayan floods, Kerala floods are covered below in terms of their widespread impact on the elderly. In each of the cases we have ended up with some lasting contribution and value added assets to the life and livelihoods of the elderly. The fourth is an ongoing coronavirus pandemic which is of huge risk to the elderly.

I. Indian Ocean Tsunami of 2004

One the greatest disaster in India in the 21st century, the Indian Ocean tsunami destroyed parts of coastal Tamil Nadu and Kerala and millions of livelihoods and left several thousands of elderly destitute. The tsunami will serve as a reflection on the approach to elderly in the wake of a disaster. Many lost whole families, children and spouses. Fisherfolk were perhaps the worst hit with many who never returned from the sea, losing lives and livelihoods on an unprecedented scale. Entire villages, crops, trees and buildings were uprooted, and devastation was spread over many coastal areas in the path of the tsunami. Most of the older persons were adversely affected by the tsunami in one way or the other, some were injured themselves, some lost their caregiver and some lost their young adult children and had to take on the responsibility of their grandchildren and in some cases their handicapped children as well. Their physical and mental health was affected by the tsunami and they were apprehensive about their future. Many agencies came to work with the affected distributing boats, fishing nets and food. The young collectors of affected districts particularly of Cuddalore, Gagandeep Singh Bedi and Nagapattinam's J. Radhakrishnan stood out in their response and dedication. The non-profit sector also responded with all their might, raising support, giving relief and most importantly sharing the agony and trauma of elders and families, many of whom woke up with nightmares for years later of the scenes that unfolded in front of their eyes. The entire coast was ravaged, fishing boats were smashed and so were their houses. The sea water went in as far as 5 kms leaving behind death and destruction. The worst affected districts were Cuddalore, Nagapattinam and Vedaranyam districts of Tamil Nadu. In Kerala, the worst affected district was Kollam and here again the worst sufferers were fisherfolk and

their families. The death toll exceeded 20,000 people and many families were deserted. Older people were the worst sufferers from the tragedy. Some lost their spouses and many lost their children. Both lives and livelihoods were destroyed.

Older Persons' Future Lives and Livelihood

Older persons with dependent children wanted special assistance from the state government to take care of their grandchildren in advancing age. Despite age, most of them wanted assistance to restart their vocation and wanted opportunities for employment, as the case may be. This shows that they did not want to be dependent on others. However, many of them wanted pension as a regular assured monthly income. There was not much dissimilarity in the two states except that the fishermen in Kerala had some income security coverage extended to them by the Kerala State Co-operative Federation for Fisheries Development Ltd. (Matsyafed). The fishermen contributed a nominal amount in their pension account till the age of 60 years that entitled them to regular monthly pension after that age. Even when the fishermen lost most of their belongings in the disaster, at least they had some assured monthly income to act as safety net.

HelpAge India stepped into provide relief to the elderly and then began work in rehabilitating fisherfolk and agricultural families with boats, fishing nets and desalination work with agriculturalists who were elderly and their farms destroyed with saline intrusion. 15 years later, Tamaraikulam Elders Village (TEV) stands in Cuddalore as a testimony to the work done, home to destitute tsunami elders who have found a home and a community as well as EFE, organizing senior citizens as a constituency which has survived and sustained over a decade.

Research After Relief of the Tsunami (2005)

Most of the older persons were adversely affected by tsunami in one way or the other, some were injured themselves, some lost their caregiver and some lost their young adult children and had to take on the responsibility of their grandchildren and in some cases their handicapped children as well. Their physical and mental health was affected by the tsunami and was apprehensive about their future.

Consideration of Older Persons in Relief Operations

The massive relief operations carried out in both the states were geared towards the general needs of the people in such tragedies and there was a conspicuous absence of understanding and inclusion of needs of the older

persons affected by disasters. Though there was all round sympathy for them, their disability, both physical and emotional were not considered while distributing relief material. In some cases where they were living with the family of their son they became almost invisible as all the relief material was distributed to the younger members, thereby leaving it to the discretion of these members to take care of the older persons in the family. There were no special programme for their health care, many of them suffered from chronic diseases and others were badly affected by post disaster trauma. There were special provisions for children under 10 years of age but nothing for the older persons. Similarly, food provided for the older persons was the same as for the others there were no special efforts to provide nutrition to them.

The monetary needs of older people were also not kept in mind while framing the relief schemes, neither for their immediate needs nor for their future. There was not even an attempt to assess the needs of those older persons who lost their caregivers and became destitute and those who would have to take care of their handicapped children and young grandchildren. No serious efforts were being made to involve them in the activities of the camp. They were considered as receivers of help and not active contributors. Those who contributed were the ones who took their own initiative to help. There was no specific component in the relief operations for the older persons as there was for children under the age of 10 years by any of the relief agency, i.e., state government, NGOs and multilateral agencies.

The Tamil Nadu government announced special programme for the orphaned children particularly girls including fixed deposits for their future. It also announced special concession to affected older persons in getting social pensions; which can be considered a minimalist response. Government departments, NGOs and multilateral bodies had special nutrition and vaccination programmes for them and some also had special recreation facilities for children. The older persons also were in need of these special facilities but nothing much done for them.

Most of the relief workers did not have any understanding of the special needs for older persons. They only had a generally sympathetic attitude towards the older persons in their camps and tried to ensure basic courtesies to them like instructing their volunteers to help the older persons in getting water or food. Older persons who lost members of their family who were either their caregivers or grandchildren showed signs of trauma. In the absence of special facilities for post disaster trauma

counselling for all older persons they found it difficult to cope with the mental and emotional stress. Older persons who were suffering from diseases like cancer complained of lack of or inadequate medical facilities. The management of relief camps in both states was slightly varied. In Tamil Nadu, the state government arranged government building and shelter material and provided basic amenities for survival of the people and allowed NGOs to provide other facilities. However, in Kerala, state government managed almost all the relief camps on its own with the help of the Indian Army. There were strict regulations for the NGOs that wanted to distribute relief material to the people in the camps. The lesson learnt was that while relief is given in the short term, rehabilitation can take a decade or more.

II. Uttarakhand Himalayan Tragedy – 2013

Flash floods in Uttarakhand in June 2013 devastated more than 4,000 villages across 13 districts. Massive landslides destroyed roads and bridges making them inaccessible to transport relief and succour to the thousands left homeless, with no food, no medical aid and in many cases without shelter. The affected populations were / are critically dependent on two key sources of livelihood, viz., tourism and agriculture. The floods and the landslides effectively reduced the potential of tourism for the next two seasons per official sources, while according to the local population it would take much longer beyond five years and more.

Interventions

It is important for relief work and material to reach affected sites as early as is possible. In this instance within four days of the disaster, HelpAge India launched a major relief programme. The relief programme started on 20th June, 2013, which was targetted to reach the populations in 99 villages across the three districts of Rudraprayag, Chamoli and Uttarkashi.

Phase I – Immediate Medical and Food Relief

- Covered 99 villages in districts Chamoli, Uttarkashi and Rudraprayag.
- The three mobile medical units, travelled from village to village, dispensed more than 100,000 treatments and free medicines.
- 3,800 families were given relief packages to last them at least a fortnight which included dry rations and food supplies for the family given to the elder in the family wherever possible including solar lamps as required.

Figure 7.2. Health camp at Lambgondi village, Rudraprayag district



Figure 7.3. Food packet distribution at Government Inter-College at Joshiyara, Uttarkashi district



Methodology – Relief at Doorstep with Dignity

- Well-established protocols for distribution of relief material is required so that relief is given with dignity. This was followed at Uttarakhand for the distribution of relief material.
- Dedicated staff for relief material distribution at the valley / cluster level are critical and the involvement of the stakeholders.
- Recipients were identified as per pre-decided criteria with the support of two local established organizations – Shri Bhuvaneshwari Mahila Ashram (Uttarkashi) and Appropriate Technology India.
- List of recipients and criteria was shared with the gram pradhan and duly vetted to avoid duplication.
- A pre-determined location was identified, either in the village /

closest to the village and relief material provided on a pre-declared date.

- To reach remote villages, the material was transported by foot and by mules.
- The team including doctors and volunteers trekked into remote inaccessible villages to distribute relief material and hold health camps.
- Often the health camps were held on roadsides or nearest clearing where the locals could easily access.



Figure 7.4. Mobile medical unit team at work in Devsari, Chamoli district

Phase II – Winter Relief to Recovery

One of the worst affected districts of Uttarakhand was Rudraprayag, most parts of which were cut off. Many of the villagers, who were working in Kedarnath, were killed in the deluge of the swirling waters, leaving behind widows and children with no support. Villages and hamlets dotting the slopes took time coming to terms with the immense scale of tragedy that struck them and the populations remained in need of food and clothing. With each passing day winter was slowly setting in, nudging towards the monsoon season. Winters here are hard and merciless, with the mercury dipping to below freezing point, at times touching -10 degrees. The Phase II of the relief was essentially to aid the recovery process and involved provisioning of food and non-food items that would help the families tide over the harsh winter conditions that would set-in soon. Each winter relief package consisted of food and clothing to help them fight the harsh winters. The food package would consist of lentils and food items that help them keep their body warm. It consisted of the local mandua atta, wheat flour, rice, kulath dal, bhat lentil, sugar, salt, mustard oil, tea leaves, mixed spices, toiletries, match boxes, while the clothing package would consist of blankets, shawls, sweaters, woollen socks, along with a solar lamp for villages not as yet on the electricity grid.

The winter packages were distributed to 2,200 families across 20 of the worst affected villages of the Kedarghati area. As accessibility is a major problem, the packages were trans-shipped through mule transport from Gupt Kashi town (the base camp) to the three key distribution points

Byung village, Phata village and Nyalsu village from where these were again carried on foot by the local teams to the door steps of the villagers affected and distributed per pre-identification processes completed in consultation with the gram pradhans of each village. To ensure that the relief reached those that need it most, each family had been identified and given an ID token.

Rehabilitation Phase

HelpAge India implemented a 'Rebuilding Livelihoods through Self Help Collective'. The project aimed to promote rural livelihoods and enhance social and economic empowerment of the rural poor particularly the households affected from the Uttarakhand flash flood. A three year long project covering 12 panchayat and 24 villages of Kedar valley under block Ukhimath and district Rudraprayag was taken up. The parameters in selection of these blocks and villages were the presence of social capital, existence of vulnerable groups and possibility of carrying out livelihoods interventions in these areas. The pilot phase of the intervention was carried out in six village panchayats of Ukhimath namely Byung, Mikhanda, Khadiya, Khat, Ravigram and Badasu was launched on 1st January, 2014. During the preparatory phase, several studies and the task of grassroot implementation were successfully completed by the local community who had been partners all along.

It was thought that this preparatory phase would set up models which can be replicated and would provide trained human resource which will be used for scale up of the intervention during the second and third year. The focus on the elderly poor and the destitute was tracked during the relief phase for future interventions. It should be the attempt of the concerned organization to restore human dignity in a disaster situation; to work alongside despite the adverse conditions which in this case had to be undertaken through the winter months at heights of 4,000 feet and above as this tragedy was in a mountainous terrain.

Project Outreach

The project was piloted in six panchayats of Ukhimath block and village entry was made in 12 villages. There were altogether 1,071 households in these villages. The survey and group discussion conducted during the initial phases observed that most of the households were marginal farmers having an average landholding size of 5 Nalla³⁵ and were dependent on

35 50 Nalla = 1 Hectare

local seasonal tourism (Kedarnath) for their livelihoods support. Further the status of entitlements to the household was also less. In a disaster it is not often possible to only segregate a certain segment of the population even if it is the elderly and families and the community has to be consulted and supported together. The leadership role can be given to elders or to the women in the village as decided by consensus while ensuring that the rights of all groups of people are safe guarded with special attention to the most vulnerable.

Table 7.1. Project Outreach

Panchayat	Village	Number of Households
Byung	Byung, Semkurla, Korkhi	123
Maikhanda	Maikhanda, Maikhanda Malla, Maikhanda Talla, Chanetha, Jakhroza	222
Khadiya	Khadiya	150
Khat	Khat, Dhani	161
Ravi gram	Ravi Gram, Rel, Fhata	101
Badasu	Badasu, Kholi	314
	Total	1,071

A large percentage of people living in Kedarnath valley of Uttarakhand have been dependent on tourism for livelihood, where religious tourism generates substantial local employment. However, the floods in the valley had destroyed a major portion of tourism infrastructure and devastated huge tracts of agriculture and forest land, eroded river banks, damaged travel routes and rendered a large number of people homeless. Though it may take many years for rebuilding the requisite infrastructure and rejuvenating farm land, it forced local people to look for alternative means of livelihoods. The imminent danger was of youth migrating from the valley and local inhabitants resorting to exploiting forest resource for energy and livelihoods. The immediate need was to train and introduce new skills and technology, and support the community for generating alternative source of livelihoods.

New Areas of Livelihood

Based on the rapid survey done by HelpAge India with the community, assessment of local resources and discussions with people, the following categories of livelihoods were identified:

- Production oriented livelihoods based on local resources; products suited for local consumption, sale in local religious tourism market and having outside marketing potential.
- Service-skill based livelihoods for strengthening maintenance, reconstruction and improving communication processes to improve quality of life and to support local market and tourism infrastructure.

The lessons learnt include the criticality of involving local stakeholders and local agencies and to restore livelihoods while organizing them.

Today we have built a large community health centre at Gewala, Rudraprayag district which was built with *NDTV* support and this is treating 100 patients every day and is equipped with the latest health assessment and physiotherapy equipment for lasting improvements in geriatric health. It is the only fully equipped health centre for the elderly in the Kedarnath valley. It is our lasting contribution to geriatric health which started with disaster relief and is now a permanent health development centre for the valley and the communities that live there.

III. Catastrophe of Floods in Kerala 2018

The southern state of Kerala faced its second major flood of 2018 during the monsoon season. Regular seasonal rainfall since May-June was followed with a second flood like situation in last week of July when two of the districts namely, Kottayam and Alleppey were declared flood hit. Further on 29th July, 2018, with increasing water levels in dams, NDRF teams were deployed in three districts of the state – Aluva, Thrissur, Idukki. With continued rainfall in other districts of the state, gradually all the districts were getting flooded one by one. By 15th August, 2018 evening, all rivers from Kasargod in North to Thiruvananthapuram in the South of Kerala were in spate. Shutters of 35 dams (including the Mullaperiyar – the oldest dam) had to be opened for the first time in history – to release the excess inflow of water, adding to the misery of already-dire situation. The severity of the situation was estimated and the three armed forces – army, navy and air force were put into action. Experts say that this was without adequate notice and was one of the worst disasters Kerala has seen in 94 years, after the year 1924.

Situation on the Ground

As per official State Government records nearly 339 people died, numerous displaced, many were left homeless, livestock and wildlife was in danger. Media reports pitched higher number of deaths. Collapse of buildings, infrastructure, roads, transport systems, electricity and communication network have left population of more than 5,40,000 affected due to this tragedy. Impact of the situation can be estimated from the below numbers:

Table 7.2. Impact of the situation³⁶

INDICATOR	NUMBERS
Population affected due to floods and rainfall	5,41,171
Relief camps opened and inmates in relief camps	5,645 relief camps 7,24,649 inmates
Inmates in relief camps	2,12,000 women 1,00,000 children below 12 years
Houses damaged due to floods	1,186 fully 19,588 partial
Livestock and animal deaths due to floods	46,016 animals 17,065,000 poultry

On 20th August, 2018, the red alert was removed from all the districts and water level receded but many areas were still under water. While people started to leave relief camps but the constraints would aggravate and key priorities exponentially increased in immediate week. There were numerous emerging needs due to this disaster.

Initial Relief Operations

The rebuilding efforts for HelpAge India were focussed in two badly affected districts, Idukki and Wayanad. Both these districts suffered due to landslides and extreme flooding. The roads were also damaged and government of Kerala repaired the roads subsequently. Apart from that

36 Humanitarian Snapshot Report No. 10 by Sphere India, as on 20.08.2018. Accessed from <https://sphereindiablog.wordpress.com/2018/08/21/humanitarian-snapshot-report-10-flood-situation-in-kerala-as-on-20-august-2018/>

extensive relief work was carried out by the state civil society organisations from Kerala, Karnataka and Tamil Nadu also assisted the process. In addition to many non-profits and state actors, the local fisherfolk emerged as the true heroes. They went out in boats to rescue, provide relief materials, to rebuild. They knew the terrain well, which is an important factor in relief work on their own initiative and just reached out in every way possible.

Emergency Systems

There is a need for a emergency response team and all staff trained in emergency relief work in all states. Some of the states like Bihar and tsunami affected areas in Tamil Nadu and Kerala have done disaster risk reduction projects to reduce vulnerability. The head of emergencies who is on the ground guides as to what to allocate to which relief camp and to which location. The floods had affected neighbouring Kodagu district in Karnataka and HelpAge India had intervened there as well. HelpAge India set up Emergency Medical Rehabilitation Centres (EMRI) in Wayanad and Idukki districts as part of the rehabilitation plan. One cannot walk away as soon as a disaster is technically over. It takes much longer and has to be sustained with continuous efforts and implemented sensitively.

Rebuilding Efforts: Rehabilitation Phase

The Kerala government had estimated a total loss of Rs. 20,000/- crores. Over 300 people died and 9,00,000 were placed in relief camps, which was the largest disaster in Kerala and the biggest in this century in India. The government estimated about 1,00,000 buildings which include people's houses, over 10,000 kms of highways and roads, hundreds of bridges had been washed away, crops in millions of hectares have been lost in the floods. The areas ravaged by floods would take almost 10 years to return to normal. Kerala had 1.5 crore tourists who arrived that year and a total earning of Rs. 33,383/- crores. It contributes to 10% of the state GDP and the economy was hit. Besides the 20,000 crores estimated by Kerala government, people have lost much more in belongings, electrical equipment, batteries across the state had universally been destroyed by the floods. Car and motorcycle showrooms in Aluva and the airport road lost millions according to a representative of an insurance agency Allianz. The Cochin International Airport suffered major losses. Its entire solar farm which supplied electricity to the airport collapsed and was entirely destroyed. The airport itself was flooded and was shut for several weeks. According to Dr. Sunil Mani, Director of CDS in Kerala, a leading economic institute, "The services sector accounts for about

63% of the state value of which 10% is accounted by tourism alone – there will be a tremendous reduction in GST collections and the impact is yet to be estimated.” One of the worst affected regions is Kuttanad, ‘the rice bowl of Kerala’, the duck hatcheries and duck farming has been totally affected. The poultry industry has suffered a big blow other than crop losses. The full article by Dr. Mani appeared in *Mint* dated 21st August, 2018.

The country as a whole which also includes Kerala, suffers from poor dam management, telemetry and real-time flood forecasting systems. This is being admitted by CWC and the secretary in the ministry of earth sciences. There was only an emergency action plan in 7% of the dams. This will need a complete overhaul and Kerala has to put in place an action plan to create such forecasting systems by the next monsoon. There is also environmental degradation and deforestation in the high ranges and the catchment areas of the dams. The Western Ghats is a particularly sensitive ecosystem and this will have to be restored by afforestation, building of a proper watershed plan in dam catchment areas to prevent rapid runoff. On the whole, Kerala and other flood prone states will have to work on a sustainable development plan in line with the SDG’s to prevent such disasters. The report of the Madhav Gadgil Committee on the ecosystem of the Western Ghats needed to have been taken seriously by the state and not just environmentalists.

The rehabilitation phase is a very critical phase which involves rehabilitation of older persons which takes a long time to recover from the trauma which they suffered and requires psycho-social care. The disaster in Kerala proved that elders suffered the maximum in floods and were most affected as a state with high migration, very few young people were available to take care during the emergency. Many elders had to be rescued by boats from isolated flooded homes and with phone lines cut off many had harrowing experiences.

Both in Idukki and Wayanad districts, arising out of this tragedy we have set up Emergency Digital Health Centres with digital technology to treat patients. The patients sit in Naduvayal and Chundale in Wayanad and in Kanjikuzhi in Idukki districts and are able to treat patients using the Internet and video conferencing facilities. This equipment was donated by HPE, an international electronics firm with the latest technology. Today in the COVID pandemic this has been a boon in testing patients through digital means without seeing the patient in close quarters. The disaster has led to some permanent health infrastructure for geriatric patients in remote mountainous districts even during the pandemic.

IV. Corona Pandemic Response for Older Persons – COVID-19

On 11th March 2020, WHO declared Novel Coronavirus Disease (COVID-19) outbreak as a pandemic and reiterated the call for countries to take immediate actions and scale up response to treat, detect and reduce transmission to save people's lives. People of all ages can be infected by the new coronavirus (2019-nCoV). Older people and people with pre-existing medical conditions (such as asthma, diabetes and heart disease) appear to be more vulnerable to becoming severely ill with the virus. As India fights to stay afloat amidst the COVID-19 lockdown, the elderly are struggling to simply survive. Senior citizens have been the worst hit, as they are the most vulnerable especially those above 80 years of age who are at a high risk of succumbing to COVID-19. As per Centre for Disease Control and Prevention (CDC), it is as high as 14.8%. For those above 70 years it is 8%. In India, the government has been pro-active in taking a number of steps. Despite this, there is so much still to be done, as elderly numbers are huge. HelpAge India is reaching out to the elders, homeless and migrant daily wage labourers who are facing their toughest time right now. Even those above 65 are at risk.

Awareness is the key, especially in rural areas and interiors. HelpAge has a 160 plus strong mobile health care unit network and teams have reached out to elders and their community both in urban and rural India, through their wide network of Elder Self Help Groups, helpline programme, MHU beneficiaries, old age homes and senior citizens associations while making them aware of the safety and preventive measures they must take to protect themselves against COVID-19, such as washing of hands, keeping social distance, etc., both on ground and through the nationwide helpline.

Despite the challenges now on ground with the lockdown, teams, subject to government and local authority permissions, distributed the following items to vulnerable elderly:

1. **Family Survival Kits:** Which include basic ration like rice, wheat, spices, cooking oil, etc., along with COVID protective gear like masks, bathing and washing soaps, for disadvantaged elders and their family of five.
2. **Protective Hygiene Kits:** For the elders, to fight COVID-19 which included sanitizers, mask, tissues, soaps, handwash, etc.
3. **Free Meals:** To the homeless in night shelters, on roads, elders in old age homes, slums and migrant daily wage labourers who have nowhere and no one to turn to.
4. PPE Equipment to Hospitals.

5. Free medicines to last at least a fortnight to those requiring it.
6. Support to 300 Old Age homes and their residents with rations, medicines, etc.

All hygiene and precautionary measures are being taken care of by the teams, 'foot soldiers' as we call them. The pandemic has created its own problems for the elderly. The transmission of this novel virus is not understood very well. Our approach to health care during disasters especially in this pandemic is not disease led but trying to work thorough the life course as suggested by WHO guidelines.

Shifting from detecting diseases in one point in time and treating in fragmented ways, to assess function longitudinally across the life course.

Considers all phases of older age as part of continuous trajectory of intrinsic capacity and functional ability.

Implications of the COVID-19 – Facts on Elderly Population in India

From the above, it is clear that the elderly who constitute 9% of the population of the country is a high risk group for COVID-19 pandemic. More than half of this population is economically marginalized with many living in crowded areas in urban slums. To understand the needs of this segment of the population, it is important to unpack this cumulative figure and know the social, economic, social support, health status, health seeking behaviour and health care facilities available, affordable and accessible, nutritional status, sanitation, living arrangements, disability, dependency and dependents. To deal with the pandemic that this lockdown has imposed in India, its impact has been broadly twofold on the elderly. There were many older people involved in informal work and in tea vending, fruit vendors, tailors and also street vendors selling food in many areas who completely lost their work. HelpAge India has been going into urban communities and in rural areas and we think the loss of income and livelihoods has been tremendous. The main areas of reduction of income have been:

1. Lack of income for the poor (estimated 30% BPL and 30% just APL).
2. Lack of services for the income protected (10%).

In each category there could be differences in terms of space available, sanitation facilities, family support, health conditions (comorbidities), disabilities, bedridden requiring complete care and potential exposure to risk. The 'social distance' messaging was problematic where distances could not be maintained and what could have been stressed was safety precautions.

Some Common Risks for the Elderly

The elderly are exposed to what is known as the adverse impact of social isolation on the health of the elderly. It tends to reduce physical activity and feeling of loneliness. It is also known to have an impact on their health seeking behaviours. Added to this is the anxiety about any of self or family members getting infected? Economic loss due to loss in employment opportunities of self and earning member of the family and general economic slowdown is likely to impact the quality of life of all elderly in varying measures. Anxiety in villages over children who have migrated has grown and trauma is writ large over the outcomes of the pandemic. In the absence of accessible, affordable public health care services and infrastructure it is indeed a failure of the state/government that must be addressed urgently.

The health risks of elderly have been extremely high. Some have severe kidney issues and dialysis patients are in extremely poor shape. Stroke patients, patients with dementia and Parkinson's disease have found that they were without any caregiving support. Many hospitals would not admit patients especially government hospitals as they were all battling COVID. The health risks by non-communicable diseases are much more than the risks posed by the COVID-19 virus. There have been deaths due to kidney failure and recurrence of strokes in many patients above 80 years which is now referred to as comorbidities. This is due to lack of a clear geriatric health infrastructure in the country.

Lessons from Disasters and Pandemics

The common findings across all states have been that the elderly get affected disproportionately due to direct economic loss of employment, income, health and nutrition and indirect loss due to loss of assets and family members. In most of the earlier relief and rehabilitation packages and programmes, there were no specific measures taken for the elderly. In cases of compensation the descendants benefited more than the ascendants. In many cases the family also marginalized the needs of the elderly members if not abused them outright. Their urgent needs of food, nutrition, medicines, etc., are subordinated to those of the younger, stronger members who may or may not extend this to the elderly

Recommendations for Interventions for Elderly

In view of the facts stated above, it is inferred that the aim should be to prevent the elderly getting infected and also to cushion the social, health and economic impact of the disease.

1. Minimum rations (dal and rice / wheat, salt) to be made available to all elderly through the PDS in urban slums, resettlement colonies, aspirational districts for one year even if they do not have proper documents.
2. Cooked food to be made available to those in need through specially supervised kitchens in short-term.
3. Supply of prescribed masks, soaps and sanitizers for the poor elderly so that they do not get infected. In poor families, the elderly could be the last to receive such benefits in case of scarce resources in pandemics.
4. Outreach medical services in poorer areas for those afflicted by non-communicable diseases so that they get consultation and free medicines for the period of lockdown or restoration of OPD services.
5. Outreach services to deal with health impact of social isolation. Experts to design special programmes for keeping the elderly mentally occupied and alert.
6. Loss of income of self or main breadwinner in poor families, which include all those eligible for social pension with applications pending into the scheme. Special inclusion of 80+, widows, single, disabled and other such destitute categories.
7. Vigorous community campaign to create awareness on self-isolation and precautions to be taken by the elderly in case living in family with young adults going out for work.
8. Extension of the same campaign for those elderly living alone, those bedridden and needing care services to deal with the paid caregiver coming from outside.
9. Helpline with backend volunteers to provide basic services to the elderly living alone like taking them to the hospital, buying daily necessities. Precautions to be taken by both parties to minimize risk of infecting the elderly in pandemics.
10. Banks and post offices to be given special instructions to maintain social distance while distributing pensions to those eligible. Such sites to be used for creating awareness on prevention practices and basic hand washing facilities.
11. Senior citizens cells in police stations to be alerted to respond to calls of abuse by the elderly. Proactive contact with those elderly registered with the police stations.
12. All old age homes to provide extension services to the poor elderly

in the vicinity. Proper precautions to be prescribed for conduct by both parties.

13. Integrated service centre to be set up in all states to respond to the call of older persons.
14. Regulated care services to be developed to respond to the need of the middle class elderly who may be able to pay only nominal fee.

Modus Operandi – Vulnerability Assessment in the Wake of a Natural Disaster

As soon as the disaster strikes, the nearest mobile medical unit has to be rushed with emergency supplies, medicines and medical personnel to the disaster site. In some cases, the disaster mobile medical unit reached through a mountain Pass and the valleys in 24 hours covering rough terrains. Sometimes reaching the spot of disaster is very time consuming and not reliable as these mobile medical units are large vehicles and not always four-wheel traction. However, most of the 160 plus mobile medical units are trained in disaster relief and the doctors on these units.

HelpAge India's vulnerability assessment is key to future relief and rehabilitation work. This survey mechanism is available on all medical personnel who are trained in this methodology for vulnerability assessment. In order that other staff use the tool for rapid assessment there is a high need for age sensitivity. Elderly usually suffer from non-communicable diseases, while most emergency medicine deals with communicable diseases and also with injury related medicine, while these are necessary there is no real availability of medicines relating to diseases like hypertension, diabetes and arthritis. Usually asthma and lung related infections are very common due to exposure in elderly in the immediate aftermath of a disaster. Nebulizer's and inhalers are very often not present in medical kits used by emergency teams in India.

Assessment Tool

1. Description of the most significant caste groups affected and the social groups in the area estimating village wise and also classifying as men, women, children and older people and the disabled.
2. Present a list of the villages and maps if possible of the area covered marking significant areas affected.
3. Indicate affected housing units or community infrastructure in the villages showing vulnerable populations including elderly women and disabled.

4. Doctors on mobile medical units to also record health patterns in the records showing disease pattern especially on hypertension, blood sugar, lung and breathing problems and injury patterns (usually in earthquakes, injury is likely to be higher) and any significant arthritis detected in older patients.

Now in 2020, a new word has been added to the lexicon of disasters called the 'Corona Pandemic'. This started in December, 2019, hence COVID-19, a Novel Coronavirus that was discovered in 2019 by WHO. It is prudent to discuss this pandemic was a manmade disaster created by inhuman handling of our environment and biodiversity. It has placed millions of elderly at risk not only in India but across the world. The WHO wishes to launch a decade of healthy ageing starting 1st October, 2020. The COVID-19 pandemic has put the elderly at risk and it serves as a warning to the world that the elderly need to be taken care of and are most vulnerable. A disaster or a pandemic makes us concentrate on our lives and livelihoods and the elderly is no exception. The death rate in COVID-19 placed the elderly at the highest risk and those with diabetes, hypertension, etc., as comorbidities tend to be fatal. In the absence of enough investment on public health facilities including beds, ventilators and isolation wards this can cause unimaginable damage to lives. The 'physical and social distancing' and the lockdown itself has left elderly struggling for food, human contact, medicines and the anxiety over their children who had migrated and those walking back home.

Consultation Is Key to Good Relief and Rehabilitation

Older persons were not consulted in any formal or informal way to ascertain their specific needs by any of the relief agencies. The consultations, if any, were only on a very general level. The experience, knowledge of senior citizens can also help with distribution, identifications of vulnerable people, etc which is rarely used subsequently. In all disasters, a Disaster Risk Strategy (DRR, as it is popularly called) needs to be put in place. Relief and rehabilitation are long-term processes especially the latter. Reaching out, responding, involving, consulting are key to the roll out of a proper relief and rehabilitation programme and wide ranging partnerships, involving local volunteers and stakeholders. Disasters and the COVID pandemic has underlined the priority of building functional public health infrastructure and systems that are accessible and affordable to all sections of the population particularly the most vulnerable such as the elderly, children, people with disabilities and for all workers. The

National Programme of Health Care of the Elderly (NPCHE) launched in 2010 must be implemented in all 717 districts. Only this will reduce the health risk of elderly post COVID. The period 2020-2030 has been declared as the WHO Decade for Healthy Ageing. It is hoped that the vision of 'leave no one behind' will cover all the aged people in India.

CHAPTER 8

Way Forward – What Can Be Done?

On 1st February, 2020, Valliammal and Visalakshmi, two leaders from the EFE movement travelled to Delhi to receive an award from Digital Empowerment Foundation for their work in extending digital ecosystems for senior citizens. They were both married young into the fisherfolk community, both were friends and neighbours who lost their husbands at sea and single handedly with little or no education brought up young children. Today, they command respect across the state of Tamil Nadu, attending meetings, taking representations to the state and central governments, agitating for universal pensions. They were a part of the Pension Parishad rally in Delhi as well along with others from Rajasthan, Bihar, West Bengal speaking in one voice and in solidarity with their cause and each other, feisty, wise and wizened but strong in their resolve... .

In the distressing state of senior citizens and of women there is a need in India to do more for them as a country and this must be led by political will, administrative efficiency and outreach than what is there presently despite all the tall talk. Globally one of the key themes of the Sustainable Development Goals (SDGs) as articulated by the UN Secretary General is to 'leave no one behind'. A rights based approach is at the heart of the SDGs and not mere charity or welfare.

Universal Pension Should be a Right

Pension for senior citizens should be made into an effective right of all elderly. The current pensions are abysmally low and coverage is equally poor, which translates into a life of destitution and object poverty for the majority of our senior citizens, most of whom have worked with meagre wages in the unorganized sector with no pension nor any social security. The Pension amount should be a minimum of Rs. 3,000/- per month (Rs. 100/- per day) or half of the minimum wage in the state, whichever is higher and should be indexed to inflation. This pension should be universal and should only exclude taxpayers. This will be a powerful tool for ensuring the dignity and equity of the elderly population in the society. The National

Social Assistance Programme (NSAP) should remain a central scheme so that pension becomes a right.

The central government must revise its meagre amount of Rs. 200/- to at least Rs. 1,500/- with states matching it and some cases even doing better as is happening presently. Pensions must be paid by or before the 7th of every month and the accountability must rest with the district collectors who must strictly implement the disbursement date failing which interest must accrue. For those senior citizens, for whom mobility is an issue the post offices can play the implementing role as money orders in the past. Not all rural areas have banks in the vicinity though post offices exist across the country. Old Age pension should be available to those who are 60 years and above and earlier wherever it is possible. Collectivization and networking by groups is a means to achieve this and advocacy by senior citizens themselves.

Universal Health Care

The ageing process exposes individuals to increasing risk of illness and disability. But in countries like India, a lifetime of exposure to health problem means many people enter old age already suffering from chronic ill health. For the poor hard work, exposure to diseases like malaria, chikungunya and other communicable diseases makes them more vulnerable. In the context of health care of the elderly in India, there are other negative factors prevalent – including unaffordable health care for large majority of elders in the country, combined with poor access to and / or poor availability of good quality health care for the public and lack of even low cost health systems in villages. These create a significant gap between having the ‘fundamental right’ to good quality health care and actually being able to access such care.

Despite the importance of health care for older people, it has been greatly neglected in India. Security of health is a primary pillar of the overall protection of the elderly. This was envisioned in the Maintenance of Welfare and Protection of Senior Citizens Act, 2007. As per the MWP Act 2007, states are to provide at least one geriatric care facility in every district and also provide 10 beds in all district hospitals run by the government. The aims of the National Programme for Health Care of the Elderly (NPCHE) launched nearly a decade ago remains unmet. The 2030 agenda of Universal Health Coverage needs to be implemented. At present only All India Institute of Medical Sciences (AIIMS) and Madras Medical College have geriatric centres designated in public hospitals. Not

all problems associated with old age are physical illnesses. Loneliness, anxiety and depression need to be treated just as much as Alzheimer's, Parkinson's and dementia.

Health Security for Senior Citizens

1. Provide free geriatric care facilities with designated wards, specialist doctors, nurses and paramedical staff and free medicines at the village / panchayat level to every district and state level as per the recommendations of the National Programme for Health Care of the Elderly (NPCHE).
2. Inclusion of home care for the bedbound / immobile elderly in the rural areas so that the aim of universal health coverage and affordable quality health care services for all can be a reality.
3. Palliative care in the community must be taken up at the district levels with models based on the successful Calicut Community Outreach by Dr. Suresh replicated across the country in the absence of adequate health infrastructure presently.
4. Training of caregivers in primary health care centres and district hospitals is recommended so as to make available a pool of trained resources for those with mobility and other issues.

Food Security – The Right to Food

The role of nutrition towards sustaining lives of elderly can hardly be over-emphasized. Apart from entitlements to grains under the National Food Security Act (NFSA) the elderly have no other state assured access to nutrition. Cooked meals are available for pregnant women and children. The same is not extended to the elderly. Despite its prevalence, no independent programme have assessed or addressed the issue of nutritional needs of the elderly.

Some of the measures needed are:

1. National food security scheme focussed on the needs of the elderly be introduced. This can be clubbed with the existing programmes that ensure nutrition supplementation by offering cooked meals to vulnerable groups or dry rations where they can cook.
2. Elderly must be prioritized under the National Food Security Act (NFSA) as a vulnerable group and inadequate entitlements or starvation should be strongly reprimanded by the state (the example of the Odisha Right to Food Commissioner should be emulated in all states).

Livelihoods, Literacy and Access

Encourage livelihoods of older persons and set up a mission for livelihoods for elderly in the Ministry of Social Justice and Empowerment. There must be commitment at the national and state level to achieving universal financial inclusion beyond basic banking services to all elders and elder institutions. We need to build Elder Self Help Groups and build capacities of elders in using / accessing financial credit and also ICT based financial tools and services where there is basic literacy. All such federations of groups and elderly institutions to remain elder friendly and offer age appropriate services.

A new Livelihoods Mission is created under the Ministry of Social Justice to support senior citizens who have multiple problems and livelihoods as a coping mechanism for survival, engagement and being occupied meaningfully. This will become a new innovation in approaches to the livelihoods of the elderly who are economically vulnerable which can facilitate the income security of over 50 million people. Many are forced to work well past 60 to support families and even grandchildren with frail health but an indomitable spirit that overcomes challenges. In Vidarbha and in many states with farmer suicides, it is the grandparent who often steps in to care for the grandchildren along with the wife.

The second demographic dividend results from an increase in adult longevity which causes individual to save more in preparation of old age. This increase in savings can thus contribute to capital accumulation and economic growth. So during demographic transition, the population grows rapidly. However, such efforts in livelihoods will usher in the second demographic dividend and also income security as India ages in the 21st century.

Homes for the Aged

While there may be a need for homes for those senior citizens who have no kith and kin and no means of survival, living within a family is the best option for Indians wherever this is possible and respectful. Given the many challenges in the country and the condition of state run and some privately run homes for the economically weaker sections of the population leaves much to be desired. There have been instances of abuse and neglect within such institutions. This does not apply to the new trend of paid retirement options for the middle class and higher income categories of people.

HelpAge India's first directly run home in Thamaraiikulam, Cuddalore (Tamil Nadu) called TEV, which has been set up as 'model elder village'

has completed a decade in existence and has been home to more than 200 persons. However, about 50% of its residents are not completely destitute but have a daughter with families, some who visit them occasionally. This is indeed a paradox that must be addressed in a country that has seen a woman president, prime minister, many chief ministers as well as speakers in the Lok Sabha, judges, etc. The reluctance to live with a married daughter is a societal practice whose time has come. While living with an abusive son is acceptable, this is not the case even when daughters are willing and welcoming of parents. This seems to be prevalent across India with not much of a difference between northern states or the southern ones. It will have to be addressed and abandoned ensuring that daughters have an equal opportunity to look after parents as an equal right and duty as a son. In the absence of families, a group of senior citizens can perhaps live together as a collective if they have access to a minimum pension of Rs. 3,000/- at least, health care and rations, etc. Campaigns by state actors as well as non-profits and educational institutions including schools of social work must focus on this issue through media, radio theatre shows, seminars, discussions, plays in an era when half the population demands equality at all levels.

In the judgement of Justice Madan B. Lokur in the case WP(C) No 193 of 2016 delivered on 13th December, 2019 (refer full judgement in Annexure C.1) he declares it as, "Right to shelter or the right to reasonable accommodation as one of the basic needs of any human being... and this applies to the elderly as well." The Justice had stated that Section 19 of the MWPSA Act had promised one home in each district and this was still unimplemented. In order to give the right to shelter we need to provide one home in all the 717 districts and at least 717 homes for the indigent elderly can be a fulfilment of their basic right. However, the residents need to have an important and active role in the running of the home as primary stakeholders and not be merely at the receiving end passively.

The situation of widows in the country and especially Mathura needs urgent prioritization and national attention. Justice Madan B. Lokur had involved societies like HelpAge India, Guild of Services, Jagori, Sulabh International and other committed women advocates (refer judgement in WP (C) NO 659 of 2007 – Annexure III). Despite a very good judgement with a broad range of specific steps in Vrindavan, Mathura the implementation continues to be flawed and remains a blot on our collective consciousness. A woman should have a right to choose where she lives and it cannot be a lack of choice that determines where she ends up. Collectivization and

open dialogues can find solutions acceptable to women when respect and independence are the guiding principles and they are not left at the mercy of institutions that restrict both mobility and dignity.

Build an Age-friendly Society

The demographic transition which is taking place will take the elderly population (above 60 years of age) from 104 million in 2011 to 425 million in India by 2061. Every fourth person in India in 2061 will be of 60 years or older.

Kerala which is experiencing this demographic transition has launched an age-friendly movement so that all ages can be included in its development. In line with the SDG 11, “By 2030 to make all cities and human settlements inclusive, safe, resilient and sustainable.” Kerala has launched the vision of ‘Age-friendly Kerala’ to make cities, villages and hamlets accessible to all ages. The attempt is to build age-friendly panchayats – the building blocks of an inclusive, safe and accessible human settlement. Other states will do well to emulate and improve upon this example depending on their local contexts.

The age-friendly society will have three pillars:

- a. A case for universal design and mobility.
- b. Access to assertive technology for older persons.
- c. Enabling awareness on an inter-generational society.

There is a need for convergence with other ministries and inter-ministerial coordination. The implementation of the National Policy for Older Persons will be the first step long overdue and the draft policy for senior citizens (2011) will have to be declared to make the implementation of an age-friendly society possible, almost a decade after it was completed.

Make Elders Free from Abuse and Age Related Discrimination

The elderly believe that the household environment dominated by the younger generation often denies older people of their due respect and are even a feeling of being ‘left alone’. It is believed that the major confinement of the young generation to the external world outside home has led to the dysfunctional family life and therefore the exploitation and increasing vulnerability of the elderly. Migration remains another factor. According to the HelpAge India ‘Elder Abuse in India’ report (2018), the median age of the main perpetrators were 42 years. The main perpetrators were the sons followed by the daughter-in-law. This in a society with such a preference for a son as an heir is ironical with 22% of the elder abuse cases related to property.

To deal with elder abuse the first five steps suggested by senior citizens were:

1. Increase the economic independence of the abused person.
2. Develop effective legal reporting and redressal system and use NALSA and district level legal service authority (DISA).
3. Sensitize children and young adults to strengthen inter-generational bonding.
4. Develop effective social reporting and redressal mechanism through helplines.
5. Develop Elder Self Help Groups and senior citizen associations to provide assistance and interventions so they are able to articulate, represent their problems and collectively find solutions.

We need to develop an age-friendly society free from abuse and age related discrimination so that we can build a 'society for all ages'. The importance of value education in schools and colleges cannot be underestimated and needs to be implemented in all educational institutions. Respect for elders used to be a cornerstone of Indian tradition which is slowly disintegrating unless revived and encouraged actively as part of human values, ethics and educational at all levels.

Infrastructure in cities and towns is daunting even for an able-bodied youngster to walk on uneven pavements, to cross highways, climb high dividers and manage unnecessary steps with no railings to hold onto, not even in public utilities and conveniences. Ramps and holding bars, level pavements facilitate not just wheel chairs of the aged but also those of people with disabilities, those who have been injured in accidents, pregnant women and children. Buildings, roads and public utilities must pass the universal design test and these need to be taken up by the public work departments, real estate builders and governments. It is for the governments, both state and central to step in and make accessibility the norm for all so as to ensure a life of dignity for all including senior citizens. Even children, people with disabilities, pregnant women and those who are recovering from illnesses and accidents will benefit from ramps, hand railings, etc.

Make Elders Safe and Secure From Disasters

The recent COVID-19 pandemic showed the risk being faced by elders across the world and even in India. The policy framework in its design and implementation must reflect the rapid demographic transition in an ageing world. The pandemic and the earlier disasters have resulted in loss of life and livelihoods. Senior citizens have been under threat particularly those

with comorbidities such as diabetes, hypertension, kidney ailments, cardiac patients, etc.

Climate related disasters are on the rise. Loss of biodiversity, deforestation and destruction of our climate will lead to further disasters. The elderly are always 'lost and last' in the rehabilitation framework and generally ignored and forgotten. We think that the design and implementation of adaptive, sustainable and resilience based strategies for disaster risk reduction must reflect the rapid demographic transition to an ageing world. Sustainable Development Goal (SDG) 13 on climate action has several targets on strengthening human resilience and adaptive capacity to climate related hazards and natural disasters. The National Disaster Management Authority (NDMA) should include this in the agenda and also the risks caused by pandemics like the COVID-19 particularly for senior citizens so as to ensure they are 'First and Found'.

Big Challenges, Big Questions

Senior citizens in the country will need to become more active, and agile as they live longer. 'Active Ageing' must become the norm.

The biggest challenge is social and food security, universal pension and access to public health care for all senior citizens. All these measures will require a commitment of at least 2% of the GDP (approximately Rs. 3.4 billion) towards the older population by the Government of India as well as by all states. This should be a priority for the GOI in fulfilling its Constitutional duty. The elderly in the country have already contributed to the country's GDP all their working and adult life. It is high time for the state to give back by showing political and administrative will in increasing pension amounts, in ensuring health care, in providing accessible infrastructure and creating an enabling environment to reach the 'last and the least' as Mahatma Gandhi would have wanted us to achieve over seven decades after independence. The wish "May you live a 100 years" is considered a blessing in India and it can only be a reality if these steps outlined are taken by the Government to cover all those who are economically deprived and vulnerable in old age which is half of the twelve crore elderly population of India through a process that is universal, accessible and equitable.

The journey of a thousand miles it is said starts with the first step and I hope this book can motivate those steps for our senior citizens who have remained invisible on the margins for far too long, 'unsung and unheard' in public policy and the nation's conscience.

ANNEXURES

Annexure I

REPORTABLE

IN THE SUPREME COURT OF INDIA CIVIL
ORIGINAL JURISDICTION

WRIT PETITION (CIVIL) NO. 659 of 2007

Environment and Consumer Protection

Foundation

....Petitioner

versus

Union of India & Ors.

...Respondents

WITH

WRIT PETITION (CIVIL) NO. 168 of 2012

AND

WRIT PETITION (CIVIL) NO. 133 of 2012

J U D G M E N T

Madan B. Lokur, J.

1. These petitions were filed and taken up in public interest are intended to bring back some sunshine in the lives of the widows in Vrindavan and in ashrams elsewhere in the country. It is a pity that these widows have been so unfortunately dealt with, as if they have ceased to be entitled to live a life of dignity and as if they are not entitled to the protection of Article 21 of the Constitution.
2. The petitioner, Environment and Consumer Protection Foundation is a registered charitable society and a non-political body. It filed a petition under Article 32 of the Constitution essentially for an appropriate writ requiring the Union of India and the State of Uttar Pradesh to take all steps to rehabilitate the widows of Vrindavan so as to bring them to a stage where they can live with dignity.
3. The petition was filed on the basis of an article 'White Shadows of Vrindavan' written by Atul Sethi and published in the New Delhi edition of the Times of India of 25th March, 2007. The apparent intention of the article was to

report and bring to the notice of the public and the government agencies the pathetic and shocking conditions of the widows living in Vrindavan – begging in temples and then huddling together in hovels. Broadly speaking, the article described the city of Vrindavan in which abandoned widows live a hand to mouth existence like white shadows thus giving the city another name that is the City of Widows. According to the author no one knows since when these widows have been coming to Vrindavan but most of them are from West Bengal and their life stories often follow a similar pattern which is the death of the husband, relatives leaving them in Vrindavan, days spent singing prayers and begging at temples where they live on a day to day basis. Most widows refuse to go back to their village or home, even if they are given a chance to do so, saying that now this is our home.

4. According to the author, the widows congregate in some ashrams or temples where they sing *bhajans* and are paid about Rs. 18 per day for about 7 to 8 hours of singing. The rest of their time is spent begging on the streets. Many of them are too old to look after themselves requiring others to pool in their resources to look after them. Overall, the article paints a rather tragic and dismal picture of the living conditions of the widows in Vrindavan.
5. On reading the article, the petitioner addressed a letter to the District Magistrate in Mathura and brought to his notice its contents and sought further information on what was stated therein. A reply was sent to the petitioner to the effect that necessary steps were being taken to improve the living condition of the widows. There was some correspondence in this regard for a couple of months but to no real effect. It is this sequence of events that persuaded the petitioner to file a petition in this Court with the prayer as aforesaid.
6. This Court took up the petition in public interest and passed certain significant directions. For example, on 14th November, 2008 the National Commission for Women was directed to prepare a comprehensive report on the problems faced by the widows. It was also directed that the report should contain the age groups of the widows, their family background and all other information relevant for the purposes of this case.
7. On 1st April, 2011 the Ministry of Women and Child Development in the Government of India was impleaded as one of the respondents and on 9th May, 2012 this Court directed that in order to mitigate the miseries of the widows, a Special Committee should be constituted to undertake an exercise of identification and enumeration of the destitute in Vrindavan – both those having shelter and those wandering in the streets without any shelter. The Committee was required to collect complete data of the widows including the reason for their shifting to Vrindavan and particulars about their family and their present source of income.
8. Several other orders were passed from time to time more particularly from 2015 onwards when the Social Justice Bench was constituted by the Hon'ble Chief Justice of India. As a result, a very large number of reports were generated and concerned authorities like the National Commission for Women, the Ministry of Women and Child Development and the State

of Uttar Pradesh began taking considerable interest in the problems faced by the widows of Vrindavan. The reports generated from time to time are as follows:

1. Summary Report (undated) of the Situation Analysis of Widows in Religious Places of West Bengal prepared by Jayaprakash Institute of Social Change DD – 18/4/1, Salt Lake City, Kolkata – 700 064. This is filed in W.P.No.133 of 2012.
2. Status Report (undated) filed by National Legal Services Authority, Delhi Legal Services Authority and by National Commission for Women.
3. Study by the National Commission for Women in 2009-10 on widows in Vrindavan.
4. Minutes of the Meeting held on 10th May, 2011 by the Secretary Ministry of Women and Child Development.
5. Report filed by National Legal Services Authority dated 14th July, 2012. This is filed in W.P.No. 133 of 2012 on 26th July, 2012.
6. A Report dated 10th September, 2012 on Measures taken for compliance of Hon'ble Supreme Court Order dated 03-08-2012 And Few Ground Realities With Some Reforms Immediately Required by Secretary District Legal Service Authority, Addl. Chief Judicial Magistrate, Mathura. This is filed in W.P.No.133 of 2012.
7. Plight of Foresaken/Forlorn Women – Old and Widows Living in Vrindavan & Radhakund, Mathura (U.P.) – A Survey Report dated 10th November, 2012 by District Legal Services Authority, Mathura. This is filed in W.P.No.133 of 2012.
8. Report of the Member Secretary, National Legal Services Authority dated 14th January, 2014 filed in W.P.No. 133 of 2012 on 12th September, 2014.
9. Report of the Secretary, District Legal Services Authority at Mathura dated 31st March, 2014.
10. Status Report filed by Ms. Renuka Kumar on 16th April, 2015.
11. Minutes of the Meeting held by the Secretary, Ministry of Women and Child Development on 2nd September, 2015.
12. Status Report filed on 11th March, 2016 on behalf of State of Uttar Pradesh.
13. Report by Ms. Renuka Kumar dated 19th April, 2016 on 17 homes administered by the U.P. Mahila Kalyan Nigam.
14. Status Report dated 28th April, 2016 by the National Commission for Women of 28.04.2016 giving some preliminary recommendations.
15. Status report along with budget requirement submitted by Ms. Renuka Kumar on 31st August, 2016.
16. Status Report on widows in Swadhar Homes in Uttar Pradesh, Uttarakhand, West Bengal and Odisha by the National Commission for Women in November, 2016.
17. Report on the medical facilities for widows and destitute women in Vrindavan submitted by Ms. Renuka Kumar on 8th November, 2016.

18. Affidavit in compliance filed by the Ministry of Women and Child Development on 2nd June, 2017 concerning order dated 21st April, 2017.
9. With the plethora of reports and material available and with the generous assistance given and deep involvement of all learned counsel, we found it more appropriate to request them to give us agreed directions that could be issued to mitigate the discomfort of the widows of Vrindavan. Accordingly, the following order was passed on 29th March, 2017:
- “Ms. Aparna Bhat, learned counsel appearing for the National Commission for Women and Mr. A.K. Panda, learned senior counsel appearing for the Ministry of Women and Child Development assisted by Ms. Pushpa Bisht, Deputy Secretary in the Ministry of Women and Child Development say that it will be appropriate if agreed directions are formulated and issued so that immediate steps are taken to improve the conditions of widows in different parts of the country.
- Learned counsel for the parties say that either they or their representatives will sit together and come out with a list of agreed directions which may be passed by this Court on 6th April, 2017.”
10. Unfortunately, perhaps due to some misunderstanding or a lack of effective communication, agreed directions could not be finalized till 18th July, 2017. On that date the learned Solicitor General handed over an Agreed Action Plan. The Agreed Action Plan with our comment on some issues is given in the table below:

AGREED ACTION PLAN

	Directions proposed by the National Commission for Women	Action Plan of the Ministry of Women and Child Development	Our Comment
1.	Create an interactive data-base which would provide access for homes to input information as soon as a widow enters their system. The database must have a profile of the widow to be able to understand her needs [and needs to be updated] as soon as a widow enters the system. The portal can be	The Ministry of Women and Child Development will develop appropriate Aadhaar enabled software for capturing data concerning inmates of Swadhar Greh within next six months and, if necessary, an external agency will be engaged for it. Access, to the extent required, will be provided to different stakeholders and the agency entrusted with the development of the software will be asked to build in adequate safeguards to protect the confidentiality of the information.	The Aadhaar enabled software will, of course, be subject to the pending litigation in this Court.

	created by the government with access given to registered homes to provide their inputs. The Government of India has initiated such a programme for the purposes of adoption.		
2.	Widows with families must be identified and their families must be counseled for taking care of them and in cases where required legal action, as warranted, may be taken.	Family counseling centres working under Central Social Welfare Board (CSWB) and State Social Welfare Boards (SSWB) across the country will be entrusted with the responsibility of identifying widows who have families. The progress of the work done will be compiled by the CSWB every month and a report sent to the Ministry every quarter. The CSWB will, in consultation with other stakeholders, be asked to develop a suitable module for counseling families within a period of six months and, thereafter, review and update it as and when required.	The follow-up post counselling should be made clear and particularly in cases where the family does not take care of the widow even after being counselled.
3.	NALSA must create a mechanism to enable homes to access legal aid.	NALSA/DALSA will be advised to provide legal aid to the inmates of Swadhar Greh within 15 days of the acceptance of the plan of action by the Hon'ble Supreme Court.	
4.	Public sector organizations must be encouraged to contribute certain percentage of their CSR funds for a Widows Management Fund which would be used for developing vocational trainings for widows.	The Ministry of Women and Child Development has already taken up the matter with the Department of Public Enterprises and Ministry of Corporate Affairs. The matter shall be further pursued with them.	The concerned Ministry should be advised that the fund is intended to assist and benefit destitute widows.

5.	The government must actively explore medical insurances for all widows and at least widows that are housed in the Swadhar Homes so that good medical facilities can be accessed by the widows.	In all States and Union Territories, medicines are provided free of cost to the patients through the Common Health Centres and Primary Health Centres under the National Health Mission of the Ministry of Health & Family Welfare. It may, therefore, not be necessary to introduce medical insurance as such a measure could take away a portion of the income of widows and impoverish them further. The Ministry of Health & Family Welfare has been requested to advise all State Governments and Union Territory administrations to ensure that access to free medicines is ensured to all those staying in Swadhar Homes.	The benefit of the supply of free medicines should be made available to destitute women as well. Availability of free medical treatment needs consideration.
6.	Homes must be linked to existing Government Programmes. Homes must be encouraged to open more avenues for employing the widows in the care and hospitality sector than sticking to tailoring etc. which do not provide economically viable employment to the widows and hence compels them to stay in these homes.	The Ministry of Skill Development and Entrepreneurship has been requested to prepare a plan of action for development of skills of widows; and orphan, destitute and marginalized women through sectoral skill development councils. They have also been requested to monitor the progress in this regard at regular intervals. The Ministry of Women & Child Development will continue to engage with the Ministry of Skill Development and Entrepreneurship to ensure development of suitable modules for skill development.	
7.	Staff of Swadhar Home must be trained periodically and should be adequately and appropriately,	The National Institute of Public Cooperation and Child Development (NIPCCD) under the Ministry of Women & Child Development is already mandated to provide training to different stakeholders including the staff	

	compensated financially.	of Swadhar Greh. Depending upon training needs assessment, the CSWB can also be entrusted with this responsibility. Provision has been made for imparting induction training and subsequent periodic training on regular intervals of time to the staff of Swadhar Greh.	
8.	Immediate action to be taken to improve the infrastructure of the Homes and funds to maintain it.	In addition to the Swadhar Greh Scheme being implemented throughout the country, the Ministry of Women & Child Development has commenced construction of a new 1000 bedded Swadhar Greh at, Vrindavan, Distt. Mathura. It has been designed to be old age friendly and will have dormitories with attached toilet and utility balconies. The Swadhar Greh will also have facility for physiotherapy, open theatre, vocational training, solar PV, solar water heating system, multipurpose hall, etc. The expected date of completion of this Swadhar Greh is January, 2018.	State Governments should be encouraged to adopt the model planned by the Ministry.
PENSION			
1.	It was found that the current allocation of pension was either inadequate or non-existent. The primary concerns that arose out of the research was that the pension amounts were not linked to the cost of living. There was no rational calculation for the amounts or the ceiling in the	The comparison between the amount of pension provided by the Government and the minimum wages payable under various government schemes is not fair. While, pension is paid as a welfare measure without any services being rendered by the beneficiary, wages is the remuneration for the services rendered by the wage earner. If the two were to be equal, it will be a major disincentive to able bodied person to do any work.	Pension, as a welfare measure ought to be linked with the cost of living index and should not be arbitrarily fixed.

	<p>number of beneficiaries that the pension could be given to in any given State. Pension should be based on the Cost of Living Index and hence it should be on par with the minimum wage of an unskilled worker with corresponding increase as the minimum wage increases.</p>		
STRUCTURE AND FUNCTIONING OF SHELTERS			
1.	<p>A Multi-optional model be employed for institutionalized shelters. The shelters can be built to cater the requirement of the user on the basis of a corresponding user-fee for an overnight shelter, a day shelter or a fulltime shelter.</p>	<p>User-fees can be paid by a person who is earning. Swadhar scheme caters to women who are in the abyss of poverty and payment of any user-fee by them would be beyond their means. [However, working women hostels will be encouraged to be established by the States and Union Territories.]</p>	
2.	<p>Direct the integration of Swadhar Homes, short stay homes and other similarly placed facility homes to facilitate a smoother implementation of the policies directed for widow rehabilitation.</p>	<p>The two schemes Swadhar Homes and Short Stay Homes of the Ministry of Women & Child Development have already been merged into the new scheme namely Swadhar Greh w.e.f. 01.01.2016. This scheme is implemented by the State Government/UT Administration with funding from Govt. of India.</p>	<p>Social audits should be conducted with regard to implementation of the schemes.</p>

3.	Enhance the ceiling limit of three years on the women staying in Swadhar Homes in order to effectively stabilize the lives of the inmates.	The proposal for enhancing the limit for staying in Swadhar Greh for women beneficiaries above 55 years of age is under consideration of the Government and a decision in this regard will be taken shortly.	
4.	Structural integration of old age homes into shelters; To this end, medical assessment of Women between the age of 60 to 65 years of age in the shelters be conducted on the basis of which the women can continue to reside in the shelters.	The Ministry of Social Justice and Empowerment has been requested to accommodate widows from Swadhar Greh to Old Age Home on attaining age of 60 years. The required medical facilities will be tied up by agencies concerned with the local CHCs/PHCs.	

HEALTH AND NUTRITION

1.	To integrate the efforts of the Rashtriya Swasthya Bima Yojana into the Swadhar Scheme. Linkage of homes that house old women with medical dispensaries is recommended.	As stated above, free medicines are provided by CHCs and PHCs to all patients under the NHM of the Ministry of Health & Family Welfare and the Ministry has been requested to advise all State Governments and Union Territory administrations to ensure that access to free medicines is ensured to all those staying in Swadhar Homes.	
2.	Utilization of the Widow Pension Scheme for procuring medical facilities.	Widow pension is paid to individuals. In the light of the availability of medicines free of cost, as stated above, it may not be necessary to divert the pension amount for purchase of medicines.	

COVERAGE OF LEGAL FEES AND EXPENSES

1.	NALSA and DALSA to allocate appropriate	The inmates of Swadhar Greh will have access to free legal aid provided by NALSA/DALSA and	
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	sanctions to cover the legal expenses of the widows involved in legal matters, and the incidental expenses incurred for commuting and so on and so forth.	necessary advisory will be issued in this regard.	
VOCATIONAL TRAINING			
1.	Mandatory and organized vocational training of the women in the shelters to impart skill sets necessary for an ordinary life and to enable them to earn a dignified livelihood.	As stated above, the Ministry of Skill Development and Entrepreneurship has been requested to prepare a plan of action for development of skills of widows and orphan, destitute and marginalized women through sectoral skill development councils. They have also been requested to monitor the progress in this regard at regular intervals. The Ministry of Women & Child Development will continue to engage with the Ministry of Skill Development and Entrepreneurship to ensure development of suitable modules.	
GRANT OF SANCTIONS			
1.	Enhancement of sanctions by the Ministry to provide the concerned agencies with a budget necessary for the proper functioning of the homes. Periodic and timely release of grants to facilitate the continuance and sustenance of the homes.	The financial norms of Swadhar Greh Scheme have been revised w.e.f. 01.01.2016 and on further examination, the Department of Expenditure has opined that these are adequate for the time being.	The norms should be reviewed every six months.

PERIODIC REVIEW OF THE HOMES			
1.	That the National Commission for Women be directed to conduct a review to study the existing status of widows in the homes in our country in the near future.	The National Commission for Women may take appropriate action for taking the proposed review to study the existing status of widows in homes.	
2.	To this end, grants be sanctioned by the Rural Ministry, Ministry of Social Justice and Empowerment and the Ministry of Women and Children for the survey to be conducted by the NCW.	National Commission for Women may carry out their study out of the existing funds available with them. Additional funds if sought by them will be made subject to availability of funds.	The Ministry ought not to be stingy with funds – especially for a good cause.
3.	Mandate a periodic review of the homes every five years at the State and District Level to conduct periodic inspections of the homes to ensure the proper implementation of the schemes and the functioning of the homes and the records monitored by the DPO (District Project Officer). Annually for 3 years and then every 3 years.	The Swadhar Greh Scheme has an inbuilt monitoring mechanism. The monitoring of Homes is undertaken through a three tiered structure viz. District Level, State Level and the Central Level. Swadhar Greh will be sanctioned initially for a period of five years. After implementation of the scheme for 5 years, the Project Sanctioning Committee shall decide on its further continuance or otherwise depending on its performance and need.	
CREATION OF AWARENESS			
1.	To engage at rural and district levels to spread awareness of the existence of the schemes akin to	The Swadhar Greh Scheme is being implemented by the State Governments. The States/UTs will generate awareness about Swadhar Greh and disseminate	

	swadhar homes and to impart knowledge of the rights exercisable by the women in similarly placed situations.	information about Swadhar Greh through various modes. As a part of the scheme, guidelines have already been issued by the Ministry of Women & Child Development.	
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11. It is also our opinion that the effort put in by all concerned in the reports that we have adverted to above should not go waste – it must be gainfully utilized, being in a sense a gold mine of pragmatic and workable suggestions. Accordingly, we constitute a Committee to study all the reports filed in this Court and provide us with a common working plan (based on the suggestions in the reports) within a period of two months and in any case on or before 30th November, 2017. The Committee shall consist of the following (the first two suggested by the learned Solicitor General on instructions from the Ministry of Women and Child Development and the third by learned counsel for the National Commission for Women):
 1. Ms. Suneeta Dhar of NGO Jagori,
 2. Ms. Meera Khanna of Guild for Service
 3. Ms. Abha Singhal Joshi, Lawyer and activist
 4. A nominee of HelpAge India, an NGO that has rendered valuable assistance in this case,
 5. A nominee of Sulabh International, an NGO that has rendered valuable assistance in this case,
 6. Ms. Aparajita Singh, a lawyer practising in this Court to provide any assistance on legal issues.
12. One of the issues adverted to during the hearing of the petitions, but not mentioned in any of the reports, is the need to encourage widow remarriage. This is a subject of hope that might enable our society to give up the stereotype view of widows. We request the Committee to consider this during its deliberations.
13. We request the National Commission for Women, in public interest, to assist in providing some working space to the Committee. We propose to adequately remunerate the Committee with an honorarium that will be decided when the matter is next heard. The Registry will ensure that all the reports are made available to the members of the Committee.
14. Why are the Action Plan and these directions necessary? We seem to be forgetting the power of Public Interest Litigation and therefore need to remind ourselves, from time to time, of its efficacy in providing social justice. Many years ago, this Court noted in *People's Union for Democratic Rights v. Union of India*¹ that

“Public interest litigation is brought before the court not for the

purpose of enforcing the right of one individual against another as happens in the case of ordinary litigation, but it is intended to promote and vindicate public interest which demands that violations of constitutional or legal rights of large numbers of people who are poor, ignorant or in a socially or economically disadvantaged position should not go unnoticed and unredressed. That would be destructive of the rule of law which forms one of the essential elements of public interest in any democratic form of Government.”

A little later in the judgment, it was said:

“Millions of persons belonging to the deprived and vulnerable sections of humanity are looking to the courts for improving their life conditions and making basic human rights meaningful for them. They have been crying for justice but their cries have so far been in the wilderness. They have been suffering injustice silently with the patience of a rock, without the strength even to shed any tears.”

15. The advantage of public interest litigation is not only to empower the economically weaker sections of society but also to empower those suffering from social disabilities that may not necessarily be of their making. The widows of Vrindavan (and indeed in other ashrams) quite clearly fall in this category of a socially disadvantaged class of our society.
16. Placing empowerment in perspective, this Court noted in *State of Uttaranchal v. Balwant Singh Chauhan*² that the first phase of public interest litigation concerned itself with primarily with the protection of the fundamental rights under Article 21 of the Constitution of “the marginalized groups and sections of the society who because of extreme poverty, illiteracy and ignorance cannot approach this Court or the High Courts.” We may add – the socially underprivileged groups. These are the people who have no real access to justice and in that sense are voiceless, and these are the people who need to be empowered and whose cause needs to be championed by those who advocate social justice for the disadvantaged.
17. This recognition formed the basis of the decision of this Court in *Delhi Jal Board v. National Campaign for Dignity & Rights of Sewerage & Allied Workers*³ wherein providing succour to the deprived sections of society was recognized as a “constitutional duty” of this Court. Referring to several judgments delivered by this Court, it was observed:

“These judgments are a complete answer to the appellant’s objection to the maintainability of the writ petition filed by Respondent 1. What the High Court has done by entertaining the writ petition and issuing directions for protection of the persons employed to do work relating to sewage operations is part of its obligation to do justice to the disadvantaged and poor sections of the society. We may add that the superior courts will be failing in their constitutional duty if they decline to entertain petitions filed by genuine social groups, NGOs

and social workers for espousing the cause of those who are deprived of the basic rights available to every human being, what to say of fundamental rights guaranteed under the Constitution. It is the duty of the judicial constituent of the State like its political and executive constituents to protect the rights of every citizen and every individual and ensure that everyone is able to live with dignity.”

18. There can be little or no doubt at all that widows in some parts of the country are socially deprived and to an extent ostracized. Perhaps this is the reason why many of them choose to come to Vrindavan and other ashrams where, unfortunately, they are not treated with the dignity they deserve. This is evident from the article that caused this public interest litigation and the compilation of reports that this litigation has generated. It is to give voice these hapless widows that it became necessary for this Court to intervene as a part of its constitutional duty and for reasons of social justice to issue appropriate directions.
19. We must express our gratitude to the petitioners, the Ministry of Women and Child Development and the National Commission for Women for the efforts put in and particularly to Ms. Renuka Kumar who has been of great assistance to this Court through her reports.
20. With a view to follow-up on the Agreed Action Plan submitted by the learned Solicitor General, list these matters on 9th October, 2017.

.....J
(Madan B. Lokur)

.....J
(Deepak Gupta)

New Delhi;
August 11, 2017

Annexure II

REPORTABLE

IN THE SUPREME COURT OF INDIA CIVIL
ORIGINAL JURISDICTION

WRIT PETITION (C) No. 193 OF 2016

Dr. Ashwani Kumar Petitioner

versus

Union of India & Ors Respondents

J U D G M E N T

Madan B. Lokur, J.

1. "Social justice" in the Preamble of our Constitution has been given pride of place and for good reason since it is perhaps the most important and significant form of justice.
2. In his address on Constitution Day on 26th November, 2018 the Hon'ble President of India emphasised that social justice remains a touchstone of our nation building. The conceptualisation of justice by our Constitution framers was as much valid in 1949 (when the Constituent Assembly debates took place) as it is today. But, with times having changed, varied situations have emerged which may not have existed in 1949 and were perhaps not foreseen at that time. The Hon'ble President spoke on the subject of justice and particularly social justice in the following words:

"In the Preamble, **justice is not seen as unidimensional**. It is viewed as having implications across political, economic and social spheres. Political justice implies the equal participation of all adults in the political process and the just formulation and implementation of laws. Economic justice implies the ultimate eradication of poverty, equal opportunities to earn a livelihood, and fair wages. As such the expansion of economic, entrepreneurship and job opportunities are among examples of economic justice.

Given the diverse history of our people, and given imbalances and hierarchies that have sometimes marked our past, **social justice remains a touchstone of our nation building**. At the simplest level, it implies the removal of societal imbalances and the harmonisation

of rival claims and needs of different communities and groups. **Social justice is about providing equal opportunities.**

Such a conceptualisation of justice was valid in 1949 and broadly remains relevant today. Even so, the 21st century has brought new challenges. No doubt **the concept of justice** - political, economic and social – has a resilient core but it needs to be thought of in innovative ways. **It requires to be applied afresh to emerging situations – situations that may not have existed or been foreseen when our Constitution framers were at work.**” (Emphasis supplied by us).

3. The rights of elderly persons is one such emerging situation that was perhaps not fully foreseen by our Constitution framers. Therefore, while there is a reference to the health and strength of workers, men and women, and the tender age of children in Article 39 of the Constitution and to public assistance in cases of unemployment, old age, sickness and disablement and in other cases of undeserved want in Article 41 of the Constitution, there is no specific reference to the health of the elderly or to their shelter in times of want and indeed to their dignity and sustenance due to their age.
4. Eventually, age catches up with everybody and on occasion, it renders some people completely helpless and dependent on others, either physically or mentally or both. Fortunately, our Constitution is organic and this Court is forward looking. This combination has resulted in path-breaking developments in law, particularly in the sphere of social justice which has been given tremendous importance and significance in a variety of decisions rendered by this Court over the years. The present petition is one such opportunity presented before this Court to recognise and enforce the rights of elderly persons - rights that are recognised by Article 21 of the Constitution as understood and interpreted by this Court in a series of decisions over a period of several decades, and rights that have gained recognition over the years due to emerging situations.

Brief background

5. The petitioner Dr. Ashwani Kumar has preferred a writ petition under Article 32 of the Constitution with regard to enforcement of the rights of elderly persons under Article 21 of the Constitution. The petitioner, who appears in person, has made several prayers in the writ petition but during the course of submissions, he limited the relief prayed for to four issues. These are:
 1. Pension for the elderly.
 2. Shelter for the elderly.
 3. Geriatric care and medical facilities for the elderly.
 4. Effective implementation of the Maintenance and Welfare of Parents and Senior Citizens Act, 2007 ('MWPAAct').
6. During the course of the proceedings and submissions, we were assisted by HelpAge India through Mr. Mathew Cherian as *Amicus Curiae* and Mr. Nikhil Dey a social activist as an Intervener. We were also assisted by the

learned Additional Solicitor General appearing for the Union of India who specifically underlined the fact that the Union of India does not consider this as an adversarial litigation.

7. We propose to take up the issues raised by the petitioner in seriatim but leave it open to him and the learned *Amicus* to agitate any further issues that may arise during the pendency of the public interest petition.

The right to dignity and adequate pension

8. It has come on record that the Union of India has categorised the elderly as those who are above 60 years of age and up to 79 years of age belonging to one category and those above 80 years of age belonging to another category. The record shows that pension was fixed for persons between the age of 60-79 years at ₹200 per month by the Union of India under a scheme called the Indira Gandhi National Old Age Pension Scheme. An amount of ₹500 per month was fixed by the Union of India for persons above 80 years of age.
9. Interestingly, the pension amount was fixed more than a decade ago with the latest revision in 2007. It is submitted on the side of the petitioner that the amount is a pittance and is wholly inadequate to advance the constitutional mandate of Article 21. If the current value of the rupee is taken into consideration then in real terms the amount actually works out to about ₹92 per month on the lower scale.
10. There is no doubt that the Scheme places a corresponding obligation on the State Governments and Union Territory Administrations to make contributions but their contributions are varying, as per the affidavits filed in this Court, from less than ₹500 per month to ₹2000 per month. One of the directions prayed for by the petitioner is that a realistic pension ought to be paid to the elderly and it is his suggestion that it should be at least half the minimum wage.
11. It was submitted by the petitioner, ably supported by the learned *Amicus* and the intervenor that the right to live with dignity is a fundamental right recognised by Article 21 of the Constitution. We do not doubt this and surely the Union of India would also not doubt this. The further submission of the petitioner was that availability of adequate finances is necessary for a person to live a life of dignity. An elderly person, particularly someone who is in an old age home is unable to look after himself and therefore needs financial assistance. This can be made available only if there is a viable pension scheme that is implemented with sincerity and which can be taken advantage of by an elderly person.
12. In support of his submissions, reliance was placed by the petitioner on four significant decisions of this Court which hold that the right to dignity is integral to the right to life guaranteed by Article 21 of the Constitution.
13. In *Francis Coralie Mullin v. Administrator, Union Territory of Delhi*¹ this

1 (1981) 1 SCC 608

Court acknowledged that the right to life guaranteed by Article 21 of the Constitution includes the right to live with dignity which includes, *inter alia*, nutrition, clothing and shelter - all of which require some finances. Provision for these basic necessities can be made only if the elderly are provided with some pension which is meaningful and not pension which is equivalent to ₹92 per month. Reference was made to paragraph 8 of the Report which reads as follows:

“8. But the question which arises is whether the right to life is limited only to protection of limb or faculty or does it go further and embrace something more. **We think that the right to life includes the right to live with human dignity and all that goes along with it, namely, the bare necessities of life such as adequate nutrition, clothing and shelter and facilities for reading, writing and expressing oneself in diverse forms, freely moving about and mixing and commingling with fellow human beings.** Of course, the magnitude and content of the components of this right would depend upon the extent of the economic development of the country, but it must, in any view of the matter, include the right to the basic necessities of life and also the right to carry on such functions and activities as constitute the bare minimum expression of the human-self ”

(Emphasis supplied by us).

14. Reference was made by the petitioner to *Aruna Ramachandra Shanbaug v. Union of India*² and *Common Cause v. Union of India*³ wherein this Court categorically held that the right to life includes the right to live with dignity. It was said in paragraph 32 of the Report in *Aruna Ramachandra Shanbaug* as follows:

“32. Whilst this Court has held that there is no right to die (suicide) under Article 21 of the Constitution and an attempt to commit suicide is a crime vide Section 309 IPC, **the Court has held that the right to life includes the right to live with human dignity**, and in the case of a dying person who is terminally ill or in a permanent vegetative state he may be permitted to terminate it by a premature extinction of his life in these circumstances and it is not a crime vide *Gian Kaur case*. [Gian Kaur v. State of Punjab, (1996) 2 SCC 648]” (Emphasis supplied by us).

15. Reference was also made by the petitioner to the opinion rendered by Justice Rohinton Fali Nariman in *K.S. Puttaswamy v. Union of India*⁴ wherein it has been observed that several decisions of this Court have recognised human dignity as being an essential part of the fundamental rights chapter in the Constitution. This observation was made in paragraph 525 of the Report which reads as follows:

“525.**Many of our decisions recognise human dignity as being an essential part of the fundamental rights chapter.** For

2 (2011) 4 SCC 454

3 (2018) 5 SCC 1

4 (2017)10 SCC 1

example, see *Prem Shankar Shukla v. Delhi Admn.*, (1980) 3 SCC 526 at para 21, *Francis Coralie Mullin v. UT of Delhi*, (1981) 1 SCC 608 at paras 6, 7 and 8, *Bandhua Mukti Morcha v. Union of India*, (1984) 3 SCC 161 at para 10, *Maharashtra University of Health Sciences v. Satchikitsa Prasarak Mandal*, (2010) 3 SCC 786 at para 37, *Shabnam v. Union of India*, (2015) 6 SCC 702 at paras 12.4 and 14 and *Jeeja Ghosh v. Union of India*, (2016) 7 SCC 761 at para 37. The dignity of the individual encompasses the right of the individual to develop to the full extent of his potential. And this development can only be if an individual has autonomy over fundamental personal choices and control over dissemination of personal information which may be infringed through an unauthorised use of such information.....” (Emphasis supplied by us).

16. In view of the various decisions of this Court, there cannot now be any doubt that the right to live with dignity is, in effect, a part of the right to life as postulated in Article 21 of the Constitution. Such a right would be rendered meaningless if an aged person does not have the financial means to take care of his basic necessities and has to depend for it on others. It is in this context that the petitioner submitted that all elderly persons must be granted adequate pension so that they are able to sustain themselves with dignity.
17. The learned Additional Solicitor General drew our attention to the National Social Assistance Programme (NSAP) which was introduced on Independence Day, 1995 as a fully funded Centrally Sponsored Scheme. In the introduction to the Programme document, it is noted that the Directive Principles of State Policy of the Constitution enjoin upon the State to undertake within its means a number of welfare measures, targeting the poor and the destitute in particular. Article 41 of the Constitution directs the State to provide public assistance to its citizens in the case of unemployment, old age, sickness and disablement as well as in other cases of undeserved want, within the limit of the State’s economic capacity and development. Among the initial three components of the Programme are the National Old Age Pension Scheme which subsequently came to be known as the Indira Gandhi National Old-Age Pension Scheme, referred to above. It was submitted that the Scheme is being implemented by the Government of India but active support is required from the State Governments and the Union Territory Administrations.
18. While we cannot disagree with the learned Additional Solicitor General on the issue of active support, we are of opinion that both the Government of India and the State Governments and the Union Territory Administrations must work in tandem if they are to make the Pension Scheme workable and meaningful. In fact, it is submitted that the NSAP guidelines provide that State Governments may consider equal or more top-up to be considered for extending it to the beneficiaries.
19. It was submitted by the learned Additional Solicitor General that the economic capacity of the Government of India and of the State Governments ought not to be overlooked and a caution has been administered by this

Court in paragraphs 181 and 182 in the opinion of Justice B.P. Jeevan Reddy in *Unni Krishnan, J.P. v. State of Andhra Pradesh*⁵ wherein it was held that the economic capacity of the State is limited and is, ordinarily speaking, a matter within the subjective satisfaction of the State. This was in the context of the right to education but it is submitted that the principle laid down is equally applicable to the present petition. It was held by this Court as follows:

“181. Right to education after the child/citizen completes the age of 14 years. The right to education further means that a citizen has a right to call upon the State to provide educational facilities to him within the limits of its economic capacity and development. By saying so, we are not transferring Article 41 from Part IV to Part III — we are merely relying upon Article 41 to illustrate the content of the right to education flowing from Article 21. We cannot believe that any State would say that it need not provide education to its people even within the limits of its economic capacity and development. **It goes without saying that the limits of economic capacity are, ordinarily speaking, matters within the subjective satisfaction of the State.**

182. In the light of the above enunciation, the apprehension expressed by the counsel for the petitioners that by reading the right to education into Article 21, this Court would be enabling each and every citizen of this country to approach the courts to compel the State to provide him such education as he chooses must be held to be unfounded. The right to free education is available only to children until they complete the age of 14 years. Thereafter, **the obligation of the State to provide education is subject to the limits of its economic capacity and development. Indeed, we are not stating anything new.** This aspect has already been emphasised by this Court in *Francis C. Mullin v. Administrator, Union Territory of Delhi* [*Francis C. Mullin v. Administrator, Union Territory of Delhi*, (1981) 1 SCC 608]” (Emphasis supplied by us).

In this context, it is pointed out that the NSAP Scheme of the Government of India provided for a total budget of ₹9975 crores for covering over 3 crore below poverty line beneficiaries exclusively. It was also submitted that linking pension to the index of inflation may not be appropriate since the pension provided is a welfare measure.

20. While this may be so, the issue has, nevertheless, to be looked at from the humanitarian aspect as well.

The right to shelter

21. It is about two decades since this Court recognised the right to shelter or the right to reasonable accommodation as one of the basic needs of any human being. Unfortunately, while there has been some positive development in

5 (1993) 1 SCC 645

this regard, attention has not been paid to the needs of the elderly who require special care and attention which, in many sections of our society, is missing. With this in mind, the petitioner emphasised the right to shelter and referred to several decisions, many of which recognise the right to adequate shelter as a fundamental right, which we believe applies to the elderly as well.

22. In *Shantistar Builders v. Narayan Khimalal Totame*⁶ this Court recognised the right to food, clothing and shelter as being a guarantee of any civilised society. As far as the right to shelter is concerned, it was observed that there is a right to reasonable accommodation. It was held in paragraph 9 of the Report as follows:

“9. Basic needs of man have traditionally been accepted to be three — food, clothing and shelter. **The right to life is guaranteed in any civilized society. That would take within its sweep the right to food, the right to clothing, the right to decent environment and a reasonable accommodation to live in**” (Emphasis supplied by us).

23. A much fuller discussion is to be found in *Chameli Singh v. State of Uttar Pradesh*⁷ wherein this Court explained, in a sense, the requirements of the right to shelter. It was held in paragraph 8 of the Report that the right to shelter would include adequate living space but that does not mean a mere right to a roof over one’s head. It was held that the right to shelter when used as an essential requisite to the right to live should be deemed to have been guaranteed as a fundamental right. It was held in paragraph 8 of the Report as follows:

“8. In any organised society, right to live as a human being is not ensured by meeting only the animal needs of man... **Right to shelter, therefore, includes adequate living space, safe and decent structure, clean and decent surroundings, sufficient light, pure air and water, electricity, sanitation and other civic amenities like roads etc.** so as to have easy access to his daily avocation. **The right to shelter**, therefore, does not mean a mere right to a roof over one’s head but right to all the infrastructure necessary to enable them to live and develop as a human being. **Right to shelter** when used as an essential requisite to the right to live should be deemed to have been guaranteed as a fundamental right. **As is enjoined in the Directive Principles, the State should be deemed to be under an obligation to secure it for its citizens, of course subject to its economic budgeting.....**” (Emphasis supplied by us).

24. Finally, in *Ahmedabad Municipal Corporation v. Nawab Khan Gulab Khan*⁸ this Court referred to and followed *Chameli Singh*. More importantly, reference was made to our obligations under international law, including the Universal Declaration of Human Rights and the International Covenant

6 AIR 1990 SC 630

7 (1996) 2 SCC 549

8 (1997) 11 SCC 121

on Economic, Social and Cultural Rights. The petitioner strongly relied upon our international obligations and submitted that apart from the law laid down by this Court in several judgements, we should respect and acknowledge our international obligations in regard to the right to shelter. Reference was made to paragraphs 12 and 25 of the Report which read as follows:

“12. Article 19(1)(e) accords right to residence and settlement in any part of India as a fundamental right. Right to life has been assured as a basic human right under Article 21 of the Constitution of India. **Article 25(1) of the Universal Declaration of Human Rights** declares that everyone has the right to a standard of living adequate for the health and well-being of himself and his family; it includes food, clothing, *housing*, medical care and necessary social services. **Article 11(1) of the International Covenant on Economic, Social and Cultural Rights** lays down that State parties to the Covenant recognise that everyone has the right to standard of living for himself and his family including food, clothing, housing and to the continuous improvement of living conditions.

.....

25.....**The right to life enshrined under Article 21 has been interpreted by this Court to include meaningful right to life and not merely animal existence as elaborated in several judgments of this Court** including Hawkers case [SLPs Nos. 47-51 of 1996], Olga Tellis case [(1985) 3 SCC 545] and the latest Chameli Singh case [(1996) 2 SCC 549] and a host of other decisions which need no reiteration.....” (Emphasis supplied by us).

25. We are in full agreement with the view expressed by the petitioner but we must be aware of the caution given by this Court to the effect that the right to shelter is subject to “economic budgeting” by the State. No blanket order can be prayed for by the petitioner or even argued for overlooking the financial capacity of the State. No doubt, at some stage the petitioner did contend that in matters of fundamental rights, financial issues take a backseat but it must be remembered at the same time that the resources of the country are not unlimited and when it comes to the Court directing the State to expend amounts, judicial restraint is necessary.
26. The learned Additional Solicitor General referred to the recently revised Integrated Programme for Senior Citizens. It is noted in the introduction to the Programme that there has been a steady rise in the population of senior citizens in India. The number of elderly persons has increased from 1.98 crore in 1951 to 7.6 crore in 2001 and 10.38 crore in 2011. It is projected that the number of 60+ in India would increase to 14.3 crore in 2021 and 17.3 crore in 2026. The main objective of the Programme “is to improve the quality of life of the Senior Citizens by providing basic amenities like shelter, food, medical care and entertainment opportunities” It is also proposed to encourage productive and active ageing through providing support for capacity building activities. It was submitted that under this

Programme grant-in-aid is given for running and maintenance of senior citizens homes, homes for elderly women etc.

27. There can be no doubt that the right to shelter is an important constitutional right and therefore shelter must be made available to everybody and to the maximum extent possible. With this in view, the Government of India has framed schemes, *inter alia*, for homeless persons particularly in urban areas but it is time to recognize that there are a large number of elderly persons in several parts of the country, including rural India, who are rendered 'homeless' due to migration of their families to other parts of the country and even outside the country. While some of these elderly persons are certainly not destitute, but they do need assistance because of their age and are willing to pay and contribute for a roof over their head. In the absence of a suitable number of old age homes, and homes as per their status, they are left to fend for themselves making them vulnerable to mishaps and other unforeseen events.

The right to health

28. It was submitted by the petitioner that medical facilities and geriatric care are not given the due importance that they deserve. He submitted that, by and large, it is older persons who require medical care more frequently than younger persons and if they are not provided the necessary medical facilities, it would adversely impact on their right to health. In support of his contention that the right to health is a human right and a constitutional right, the petitioner referred to a few decisions which we detail hereinbelow.
29. In *Vincent Panikurlangara v. Union of India*⁹ this Court did not specifically deal with the right to health of the elderly but it did make reference to Article 21 of the Constitution and noted that it includes within it the right to live with human dignity. In fact, Article 21 derives its life breath from some Articles in the Directive Principles of State Policy, particularly, Articles 39, 41 and 42 of the Constitution. While these Articles do not directly deal with the right to health of the elderly, it is quite obvious that when they refer to the protection of the health and strength of men and women, it must include the elderly. It was said in paragraph 16 of the Report as follows:

16. ... "It is the fundamental right of everyone in this country, assured under the interpretation given to Article 21 by this Court in *Francis Mullin case* [*Francis Coralie Mullin v. Administrator, Union Territory of Delhi*, [(1981) 1 SCC 608] to live with human dignity, free from exploitation. **This right to live with human dignity enshrined in Article 21 derives its life breath from the Directive Principles of State Policy and particularly clauses (e) and (f) of Article 39 and Articles 41 and 42 and at the least, therefore, it must include protection of the health and strength of the workers, men and women, and of the tender age of children against abuse, opportunities and facilities for children to develop in a healthy manner and in conditions of freedom**

9 (1987) 2 SCC 165

and dignity, educational facilities, just and humane conditions of work and maternity relief.....” (Emphasis supplied by us).

30. A similar view was expressed by this Court in *Consumer Education & Research Centre v. Union of India* (paragraph 25)¹⁰ and *Kirloskar Brothers Ltd. v. Employees State Insurance Corpn.* (paragraph 10)¹¹.
31. In *State of Punjab v. Mohinder Singh Chawla* (paragraph 4)¹², *Nagar Nigam v. AL Faheem Meat Exports (P) Ltd.* (paragraph 26)¹³ and in *Occupational Health and Safety Association v. Union of India* (paragraph 10)¹⁴ the right to health was given the status of a fundamental right flowing from Article 21 of the Constitution. There is, of course, no going back on this.
32. It has been brought to our notice by the learned Additional Solicitor General that the Government of India has launched the National Programme for Healthcare of the Elderly during 2010-11. The objective of this National Programme is to provide dedicated healthcare facilities to senior citizens, that is, those above 60 years of age at the primary, secondary and tertiary healthcare delivery system. The basic aim of the National Programme is to provide separate and specialised comprehensive healthcare to senior citizens at various levels of the State healthcare delivery system including outreach services.
33. The Union of India has also pointed out that the activities relating to the implementation of the National Programme are ongoing and it is not as if the objectives and goals of the National Programme can be achieved overnight.
34. The petitioner concedes that the National Programme has some positive components but it is submitted that they are not being implemented effectively or have not been fully operationalised in some districts of the country. One of the gaps pointed out by the petitioner is that there is no reliable information about the number of beds reserved for geriatric care in government or private hospitals or information regarding specific geriatric centres. It is submitted that these details must be provided for all 719 districts of the country.
35. We fully appreciate the view of the Union of India but at the same time, it must be emphasised that the National Programme is now about six or seven years old and it must be implemented with due earnestness, otherwise it will remain only a paper programme. There is undoubtedly a lot that has been achieved in the last few years but there is still a lot that is required to be achieved and we expect the Union of India and all the State Governments and Union Territory Administrations to take an active interest in the implementation of the National Programme.

10 (1995) 3 SCC 42

11 (1996) 2 SCC 682

12 (1997) 2 SCC 83

13 (2006) 13 SCC 382

14 (2014) 3 SCC 547.

The Maintenance and Welfare of Parents and Senior Citizens Act, 2007

36. While the petitioner emphasized the constitutional rights available to everybody including the elderly, such as the right to live with dignity, the right to shelter and the right to adequate medical care and geriatric care, the petitioner relied, has an alternative, on statutory provisions for the existence of these rights. It was submitted by the petitioner that even if the Constitution was not to be given an expansive meaning, there are statutory rights which are enforceable by the elderly under a law made by Parliament and that is the Maintenance and Welfare of Parents and Senior Citizens Act, 2007 (MWP Act)
37. The petitioner drew our attention to a few provisions of the MWP Act to substantiate his contention. In particular, he drew our attention to Section 19 of the MWP Act which deals with the establishment of old age homes and requires each State Government to establish and maintain at least one old age home in every district in the country with each old age home having accommodation for 150 senior citizens who are indigent. Section 19 reads as follows:

19. Establishment of oldage homes-

1. The State Government may establish and maintain such number of oldage homes at accessible places, as it may deem necessary, in a phased manner, beginning with at least one in each district to accommodate in such homes a minimum of one hundred fifty senior citizens who are indigent.
 2. The State Government may, prescribe a scheme for management of oldage homes, including the standards and various types of services to be provided by them which are necessary for medical care and means of entertainment to the inhabitants of such homes.
- Explanation.** – For the purposes of this section, “indigent” means any senior citizen who is not having sufficient means, as determined by the State Government, from time to time, to maintain himself.
38. The submission of the petitioner and the learned *Amicus* is that though more than 300 old age homes have been established in different parts of the country, the requirement is of many more considering the large population of indigent elderly. It was submitted that some homes are in a dilapidated condition, without adequate facilities including geriatric care. In other words, in several instances, the law laid down in Section 19 of the MWP Act is being complied with only in letter and certainly not in spirit.
39. Our attention was also drawn to Section 20 of the MWP Act which provides for medical support for senior citizens. Government hospitals or hospitals funded fully or partially by the State Government are mandated to provide beds for all senior citizens, as far as possible. Facilities for geriatric patients are also required to be earmarked by this Section of the MWP Act. Section 20 of the MWP Act reads as follows:

Medical support for senior citizen-

The State Government shall ensure that -

- i. the Government hospitals or hospitals funded fully or partially by the Government shall provide beds for all senior citizens as far as possible;

- ii. separate queues be arranged for senior citizens;
 - iii. facility for treatment of chronic, terminal and degenerative diseases is expanded for senior citizens;
 - iv. research activities for chronic elderly diseases and ageing is expanded;
 - v. There are earmarked facilities for geriatric patients in every district hospital duly headed by a medical officer with experience in geriatric care.
40. The submission of the petitioner and the learned *Amicus* is that there is a huge gap between the law and its implementation and it is submitted that even though the MWP Act came into force in 2007 and more than a decade has passed since then, serious efforts have not been made by the Government of India or by the State Governments to ensure that medical facilities for the elderly and geriatric care is made available.
41. It is further submitted by the petitioner that assuming for the sake of argument that the provisions of the MWP Act are in place and are being implemented as they should be, the elderly are not aware of their human rights guaranteed not only by the Constitution but also by the MWP Act. It is pointed out that Section 21 of the MWP Act requires the State Governments to give publicity to the provisions of the said Act through all modes of public media. There is also a mandate for effective coordination between various ministries and departments of the State Government to address the issues relating to the welfare of the elderly and more importantly, a periodic review is required to be conducted.
42. The submission of the petitioner is that there is hardly any publicity given to the provisions of the MWP Act and despite efforts by several organisations such as HelpAge India, the rights of the elderly to shelter and medical facilities as well as geriatric care remains only a pipe dream. It is submitted that the Government of India must come out with a workable plan to give publicity to the provisions of the MWP Act so that the elderly can live the remainder of their life with dignity.

Discussion

43. Having heard the petitioner, the learned *Amicus* and others including the learned Additional Solicitor General, we are left in no doubt that the petition raises significant issues relating to the recognition and enforcement of the fundamental rights of the elderly. This is perhaps the first such petition on the subject and interestingly, the submissions of the petitioner are based entirely on Article 21 of the Constitution and other supporting constitutional provisions.
44. We accept that the right to life provided for in Article 21 of the Constitution must be given an expansive meaning. The right to life, we acknowledge, encompasses several rights but for the time being we are concerned with three important constitutional rights, each one of them being basic and fundamental. These rights articulated by the petitioner are the right to live with dignity, the right to shelter and the right to health. The State is obligated to ensure that these fundamental rights are not only protected but are enforced and made available to all citizens.

45. The petitioner has raised, alternatively, an equally significant issue namely that even if the constitutional rights are not enforceable due to difficulties in “economic budgeting” even then the law enacted by Parliament in the form of the MWP Act mandates the protection and enforcement of the rights of elderly persons. It is quite clear, submitted the petitioner, that Parliament was fully aware of the financial impact of the law. Considerations of “economic budgeting” by the State both at the level of the Government of India and at the level of the State Governments must have been taken into account while enacting the legislation. Therefore, there cannot be any excuse of lack of finances either by the Government of India or by the State Governments in strictly implementing the provisions the MWP Act. In short, if not the constitutional then at least the statutory rights of elderly persons must be recognised and implemented.
46. The consensus that emerged during the submissions was that this Public Interest Petition should not and cannot be taken as an adversarial litigation. With this agreement we had put it to the learned counsel and parties before us to suggest ways and means to ensure that the rights of the elderly are addressed keeping in view the financial requirements and the availability of finances with the Government of India and the State Governments. One solution proffered was that this Court should issue a continuing mandamus so that there is effective implementation of the constitutional rights of the elderly and the provisions of the MWP Act.
47. We are in agreement with the consensus view that emerged during the course of discussions and submissions and are of opinion that a set of directions issued by this Court will not fulfil the constitutional mandate or the mandate of the MWP Act. There is a need to continuously monitor the progress in the implementation of the constitutional mandate to make available to the elderly the right to live with dignity and to provide them with reasonable accommodation, medical facilities and geriatric care. While this may take some time, the only available solution is a continuing mandamus which is a well-recognised practice and procedure adopted by this Court in several cases to ensure that the rights of the people are respected, recognised and enforced and that social justice as postulated by the Preamble in the Constitution is given meaning and teeth.
48. We wish to make it clear that we are not at all critical of the efforts made by the Government of India or by the State Governments, nor is this Public Interest Petition intended to undermine the efforts being made or contemplated. Nevertheless, we are of the view that given the constitutional importance of the issues raised, focused and perhaps more vigorous efforts are needed.
49. In this context, we may note that the learned Additional Solicitor General submitted that an evaluation study is contemplated on all aspects of the National Social Assistance Programme for use of best practices and to bring about uniformity in the implementation of the Scheme in all States. In addition, a social audit for the NSAP schemes is also contemplated and guidelines have been issued for a social audit as recently as on 30th November, 2018 for the launch of a social audit pilot in 21 States and Union Territory Administrations.

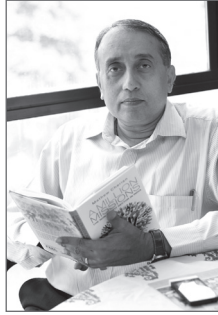
50. To take this forward, we are of opinion that it would be appropriate to issue some initial directions so that effective contributions are made to recognise and enforce the rights of elderly persons.

Directions

51. Taking note of the submissions made by the parties before us and while complimenting them for a spirited support of the rights of the elderly, we issue the following directions for the time being:
 1. The Union of India will obtain necessary information from all the State Governments and the Union Territories about the number of old age homes in each district of the country and file a Status Report in this regard.
 2. The Union of India will also obtain from all the State Governments the medical facilities and geriatric care facilities that are available to senior citizens in each district and file a Status Report in this regard.
 3. On the basis of the information gathered by the Union of India as detailed in the Status Reports, a plan of action should be prepared for giving publicity to the provisions of the MWP Act and making senior citizens aware of the provisions of the said Act and the constitutional and statutory rights of senior citizens.
 4. Section 30 of the MWP Act enables the Government of India to issue appropriate directions to the State Governments to carry out and execute the provisions of the MWP Act. The Central Government must exercise its power in this regard and issue appropriate directions to the State Governments for the effective implementation of the provisions of the MWP Act. Alongside this, the Central Government must, in terms of Section 31 of the MWP Act, conduct a review for the purposes of monitoring the progress in implementation of the MWP Act by the State Governments.
 5. Some of the schemes referred to hereinabove are comparatively dated. It is high time that the Government of India has a relook at these schemes and perhaps overhaul them with a view to bring about convergence and avoid multiplicity. In particular, the Government of India and the State Governments must revisit the grant of pension to the elderly so that it is more realistic. Of course, this would depend upon the availability of finances and the economic capacity of the Government of India and the State Governments.
52. The Status Reports should be filed by the Union of India through the learned Additional Solicitor General on or before 31st January, 2019.
53. List the matters for further proceedings on receipt of the Status Reports.

.....J.
 (Madan B. Lokur)

New Delhi;J.
 December 13, 2018 (Deepak Gupta)



MATHEW CHERIAN, is a civil engineer from BITS Pilani and a rural manager from IRMA, Anand. He has worked for four decades in the development sector, including seventeen years in the field of Ageing, and in areas such as Cooperatives, Waste Land Development, Relief Operations and Fair Trade in South Asia. He founded Charities Aid Foundation in India. Mathew has completed his course on 'Policy Advocacy' with Advocacy Institute, Washington.

Mathew has been the CEO of HelpAge India for the last seventeen years and served on the Board of HelpAge International. He has been appointed as a 'Global Ambassador for Ageing'. He is also a Member of the 'Global Future Council' of the World Economic Forum on Ageing and Longevity.

Mathew served as an *Amicus Curiae* to the Supreme Court in the elder rights matters, for pensions, homes and the Maintenance Law, which has helped bring senior citizens and their rights to the forefront. He serves on the board of many committees and nonprofits supporting the work in various development challenges and at the grassroots.

Mathew is the recipient of the Lifetime Award from ASLI for senior living in 2019, and in 2018 from Soka Ikeda. He was awarded the Outstanding Alumni Award from BITS, Pilani in 2016. His first book, *A Million Missions*, on the nonprofit sector in India was published in 2016. He lives with his family in Delhi.



With over two decades of experience and understanding the plight of economically weaker older people in rural and urban areas, the Author questions whether the meagre monthly pension received by the elderly is sufficient for a sustainable life? Even though the period 2020-2030 has been declared as the WHO Decade for Healthy Ageing, with the motto 'leave no one behind', is the Indian government doing enough to make all cities and human settlements inclusive, safe and resilient for our elderly?

An insightful compendium for our think tank, who earnestly feel that an age-friendly policy is the need of the hour and our elders deserve the respect and dignity to live their lives without any discrimination.

Mathew Cherian is Help-Age International Ambassador for Ageing.

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