

Innovative practices for care of elderly women in India



Stree Shakti

The parallel force

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**An initiative of
Stree Shakti- The Parallel Force
supported by UNFPA**

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Innovative Schemes to Support Aged Women: Initiatives of the Kerala Government

MESSAGE

Dear Friends,

It gives me great pleasure to share, *Innovative Practices for Care of Elderly Women in India*, with you. This document has been prepared with support from United Nations Population Fund (UNFPA) and Stree Shakti – The Parallel Force. The aim behind this initiative is to promote the rights of ageing women and showcase effective models that are dedicated to restoring their dignity.



Women who are single, abandoned ('half widows') or widowed face multiple barriers due to illiteracy, malnutrition, abuse, isolation, ill health, lack of housing and exclusion from economic benefits. This is particularly true for the old. Recommendations from formal and informal consultations have pointed out the need for a systematic documentation of innovative initiatives that are being implemented by civil society and government to address the discrimination and inequalities faced by elderly women. This document has been prepared to facilitate awareness and exchange of information for mutual learning on the subject amongst different stakeholders and effective replication of such innovative ideas.

With support from UNFPA and cooperation of our civil society organisations, we have identified nine good practices from across the country. Though is not an exhaustive list of good practices, I am very proud to state that all the case studies documented in this resource book are unique and extraordinary in terms of their approach, outreach and sustainability. We have not only tried to highlight the replicable aspects of work being done but have also captured the processes and challenges. We hope that this would help others to better plan their work in this area.

I hope the information in this publication will be useful for the betterment of ageing women. Stree Shakti-The Parallel Force on its part would continue to raise the issues on different platforms for support and advocacy towards an "elderly-friendly policy" environment in particular and society in general. Our efforts will contribute to ensuring that elderly persons any where are able to age with security and dignity and to participate in their societies as citizens with full rights, in line with Madrid International Plan of Action on Ageing, 2002.

Apart from working on this publication, during the last two years Stree Shakti –The Parallel Force has engaged with policy makers, organized four regional conferences in collaboration with academic institutions and women's groups and built up a network of researchers to create awareness on the needs of ageing women.

I would like to share three major achievements of our efforts : issues of elderly women were incorporated in the Gender Manifesto prepared by women's groups that was submitted to all national political parties before the General Elections in 2014. Ageing was included as an area for the allocation of funds under Corporate Social Responsibility. We are pursuing the issue of free travel on public transport to all woman above the age of 60. The Union Cabinet Minister Ms Maneka Gandhi has also supported the issue in 2015.

I am very grateful to Kumari Selja, Member of Parliament, Rajya Sabha for her guidance and Kanta Singh, UNDP for her moral support, Mr. K.M. Sathyanarayan and Dr. Sanjay Kumar of UNFPA for their technical inputs and Dr. Prartibha Jain, Dr. Vibhuti Patel and Manju Joshi and Dr. Indrani Chakraborty for their active association. I would like to acknowledge our Advisory

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I would also like to thank my team and the researchers for their support and hard work in putting this document together. A special mention needs to be made of my colleague, Dr. Aarati Saxena, for her constructive role while the case studies were being prepared and Sulagna Choudhuri for leading the research and giving final shape to the document within a short period of time.

Most important, I would like to congratulate the organisations featured here for the great work they are doing for ageing women and thank them for their cooperation.

A handwritten signature in blue ink, appearing to read 'Rekha Mody', is shown on a light blue background.

Rekha Mody

Founder –President

Stree Shakti- The Parallel Force

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Abbreviations

AIIMS	All India Institute of Medical Sciences
AIWC	All India Women's Conference
APL	Above Poverty Line
ARDSI	Alzheimer's & Related Disorders Society of India
ASWA	Association of Strong Women Alone
BJP	Bharatiya Janata Party
BKPAI	Building a Knowledge Base on Population Ageing in India
BPL	Below Poverty Line
CECOEDECON	Centre for Community Economics and Development Consultants Society
CMIG	Calcutta Metropolitan Institute of Gerontology
CSO	Civil Society Organisation
CSR	Corporate Social Responsibility
DLSA	District Legal Services Authority
ENSS	Ekal Nari Shakti Sangathan
ESHG	Elder Self-Help Group
ETCM	Ellen Thoburn Cowen Memorial Hospital
HUL	Hindustan Unilever Limited
ICDS	Integrated Child Development Scheme
IGNOAPS	Indira Gandhi National Old Age Pension Scheme
ILC-I	Indian Longevity Centre-India
IMA	Indian Medical Association
IPOP	Integrated Programme for Older Persons
ISMW	Indian School of Microfinance for Women
KSSM	Kerala Social Security Mission
MGNREGA	Mahatma Gandhi National Rural Employment Guarantee Act
MIPAA	Madrid International Plan of Action on Ageing
MMU	Mobile Medical Unit
NAFIL	National Alliance for Financial Inclusion & Literacy
NALSA	National Legal Services Authority
NBFC	Non-Banking Financial Companies

NCAA	Nightingales Centre for Ageing & Alzheimer's
NCW	National Commission for Women
NGO	Non- Governmental Organisation
NMT	Nightingales Medical Trust
NPHCE	National Programme for Health Care of the Elderly
NPOP	National Policy on Older Persons
NPS	National Pension Scheme
NSAP	National Social Assistance Programme
PDS	Public Distribution System
PwD	Person with Dementia
RRTC	Regional Resource Training Centre
SAFAW	South Asia Forum for Aged Women
SEWA	Self-Employed Women's Association
TNN	Times News Network
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UTI	Unit Trust of India
VNM	Varistha Nagarik Manch

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Introduction

Women and Ageing

The worldwide phenomenon of a burgeoning elderly population has become a matter of concern for both practitioners and policy makers. While in 1950, the world population aged 60 years and above was 205 million (8.2 per cent of the population), by 2050 the proportion is projected to rise to 21.1 per cent, which will be around 2 billion.¹ The trend is even more pronounced in Asian countries, home to 53 per cent of the world's elderly population. This proportion is going to rise in the next 50 years and by 2050, 82 per cent of the world's elderly will be in the developing regions of Asia, Africa, Latin America and the Caribbean while only 16 per cent of them will reside in the developed regions of Europe and North America.² According to UN estimates, India itself will be home to 230 million people over 60 years of age within the next two years, more than three times the number in 2010.³

This poses a serious challenge as the older population is more vulnerable due to ill health, poor socio-economic status, lack of economic security and proper living arrangements. The vulnerability of the aged is aggravated in developing countries by rapid industrialization, urbanization and a recent shift from the joint family system to nuclear families. This has a huge impact on the psychological and emotional health of the elderly, leading to conflict, neglect, lack of respect and sometimes abuse and exploitation.⁴

While the elderly face a number of challenges, the situation is worse for elderly women. Women face bias and discrimination through their life and most of the time they either succumb to it or do not raise their voices against it. *The Global Report on Ageing in the 21st Century* reinforces the observations made in India that older persons, particularly older women, experience multiple discriminations, including access to jobs and health care, abuse, denial of the right to own and inherit property, and lack of basic minimum income and social security (UNFPA & HelpAge International, 2012).⁵ Demographically as well, women constitute a larger share of the elderly population. Estimates show that worldwide, for every 100 women aged 60 and above, there are only 84 men.

Hence, there is a need to mainstream the issues of elderly women amongst all stakeholders like non-governmental organisations (NGOs), civil society organisations (CSOs), women's movements, Government Departments, corporate social responsibility (CSR) bodies and corporate foundations for developing sensitive policies and programs to provide pensions, housing, social security cover etc.

The South Asia Forum for Aged Women- (India Chapter)

The International Conference on ‘Ageing Women: Critical Challenges and Concerns’ was organized in New Delhi from 26-28 August 2013 by Stree Shakti – The Parallel Force with the support of HelpAge India and UNDP India. More than 70 distinguished persons including representatives of the Government, Planning Commission, UNDP and various women’s groups, academics and other NGO representatives from four countries – Afghanistan, Bangladesh, India and Nepal attended the conference.⁶

Delegates at the conference recognized the need to address the challenges faced by elderly women in South Asia. At the end of the conference, the delegates unanimously agreed to work towards the following goals:

- Take up the cause of older women waiting patiently for years for supportive action
- Develop deeper understanding of the status of older women, country-wise
- Identify good practices
- Influence government policies
- Strengthen linkages between groups from Afghanistan, Bangladesh, India and Nepal.

As an outcome of the conference, The South Asia Forum for Aged Women (SAFAW) was launched jointly by the delegates and “age care” specialists from participating countries to work towards the above mentioned outcomes.

Stree Shakti – The Parallel Force initiated the India Chapter of the South Asia Forum for Aged Women with support from UNFPA. Starting November 2013, the Forum in India has been concentrating on advocating for aged women’s issues and concerns with women’s groups, CSR bodies and corporate foundations, government and relevant agencies. A series of regional conferences and interactive meetings were organized in New Delhi, Jaipur, Mumbai and Kolkata in order to spread awareness for the cause (*Refer to page 56 for more details on the conferences*).

One of the main goals of the Forum was to document, publish and disseminate good practices on women and ageing in order to make them visible and accessible. The India Chapter therefore, decided to publish this document with case studies exhibiting good practices of organisations working with elderly women. These case studies relate to implementation of a policy or to provision of services like healthcare, housing, care-giving, income security, rights and entitlements and any other work related to women’s empowerment that prepares elderly women to deal with challenges during the latter part of their lives.

6. India is a signatory to the Madrid International Plan of Action on Ageing (MIPAA), 2002 that sets an agenda for formulating and implementing public policies on ageing and influencing the direction and priorities for scientific gerontology in the coming decades.

Objectives of the Documentation

One of the major findings from International and national conferences on ageing points out that there is a dearth of information regarding good work done by various governmental and non-governmental organizations. Hence the main objective of the South Asia Forum for Aged Women- India Chapter was to demonstrate a knowledge base of innovative initiatives, their strategic elements, limitations and their impact on mainstreaming ageing with a focus on elderly women. The document seeks to share this information with government bodies and external audiences to aid the development of similarly effective and appropriate programs across the country.

Methodology for Case Study Selection

An in-depth study of literature was done to understand the issues and challenges of ageing, especially for elder women. In addition, the work of organisations working on ageing in India and abroad was reviewed and a conceptual framework for case study selection and guidelines for writing the studies was put together.

Based on the conceptual framework and discussions with UNFPA and other partners, an assessment criteria were drawn up that would guide the case study selection. These were:

- **Coverage** - The project should have been implemented for a large group of beneficiaries, providing enough evidence for it to be a good practice
- **Impact**- The project should have the ability to bring about some visible or measurable (qualitative) change in the life of aged women
- **Innovative**- The documentation should indicate what is new and unique about the initiative
- **Replicability/adaptability**- The project should have the potential to be replicated or adapted in other regions

Collecting good practices from across the country was an elaborate process. Several organisations, NGOs, government personnel and resource persons were contacted and mobilized for information on the subject. Through the conferences organized by SAFAW and word of mouth, commendable practices were identified and followed up. About 250 organisations and projects were reached via email and phone and were requested to provide details of their initiatives. SAFAW's advisory board suggested some interesting projects as well, and the implementers were contacted. The response was encouraging. The shortlisting process began with analysis of the projects based on the assessment criteria listed above.

However, the team encountered some challenges in selecting the good practices. While there were a few projects that were working dedicatedly on ageing, not many met all the criteria. Most ageing-related initiatives were fairly recent and ranked low on assessment criteria like 'impact' and 'replicability'. Hence to accommodate more studies, a higher degree of importance was given to 'coverage' and 'innovation'. These two indicators were considered essential since a larger project (coverage) was more likely to have a greater impact and be more replicable, while showcasing new ideas and initiatives was one of the major goals of the documentation process.

Another constraint was that while there were innovative initiatives on ageing, not all of them were exclusively for women. For example, while the case studies on the Ekal Nari Shakti Sangathan, Rajasthan and Sulabh International's work with the widows of Vrindavan are focused exclusively on women; the case studies on Old Age Homes and Kerala State initiatives cater to both men and women. The latter case studies were included in this document since these projects have the potential to be scaled up and replicated across the country and our innovative cases in elderly care.

Once the projects were shortlisted, the team from SAFAW visited the sites to validate the project information. Independent researchers were then hired to collect data through questionnaires and interviews based on the conceptual framework and guidelines provided by the main research team. Information was collected on the project's implementation strategy, innovativeness, replicability, achievements and challenges. This was sent to the research team who then elaborated on the important aspects of the project, culminating in nine good practices being identified.

It is important to mention here that the case studies included in this document are not an exhaustive list. It is one of the first organized attempts to collate initiatives that have an impact on the field of ageing. In addition to the case studies, this document includes a list of organizations doing good work in the field of ageing and supporting the cause of elderly women (*Refer to page 59*). These projects either did not qualify as per the selection criteria, or did not want to be covered/documented, or there was difficulty in identifying a researcher to document their work.

Conclusion

The selected case studies showcase a variety of projects working on health, economic empowerment, physical and social security run either by civil society or are government aided programs. All the programs are unique in their own way and have achieved excellent results in their area of functioning. Care has been taken to select studies from all over the country. However there are parts of the country which the team could not reach or gather information from, for example, North-East India. It is hoped that later works will be able to touch areas that have been left out by this endeavour.

The study team hopes that this document provides guidance to new and emerging initiatives and suggests areas of improvement to existing ones. It is also hoped that the selected good practices would provide organisations dedicated to working on issues of ageing an increased knowledge base and many more innovative initiatives would be taken up in the coming years.

While a lot needs to be done in the area of ageing, the dissemination of good practices through this document aims to encourage favourable policy changes and positive reinforcement by both government and civil society.

Summary of Good Practices

Sulabh International's work with the widows of **Vrindavan** started early in 2012 and has now spread to Varanasi, and Deoli, Uttarakhand. Vrindavan has been known to harbour a large number of aged women, mostly widows, abandoned by their families, living in poor conditions at *ashrams* with no healthcare or sustainable income. The plight of these women was such that the Supreme Court requested Sulabh International to initiate an intervention in Vrindavan to improve their dreadful condition. Sulabh International began by providing financial assistance to make these widows economically independent; later they also started providing medical facilities such as ambulances and covering the cost of prescription drugs and treatment of ailments, providing vocational training as well as language classes, and a helpline for widows in need of assistance. The project was implemented across eight *ashrays* (homes), covering approximately 800 widows. As a result of this intervention, there is a marked difference in the lifestyle of these women. They live independently, work on various vocational projects and are more aware of their rights. All these are signs of active ageing which Sulabh International has been able to bring about in the lives of these widows.

Ekal Nari Shakti Sangathan (ENSS) is a collective for widows and other single women in the tradition-bound and highly patriarchal state of **Rajasthan**. The social and economic isolation faced by widows in India led to the establishment of this organisation that now challenges the patriarchal system and helps organize women who are abandoned or rejected by their families and societies. **Ekal Nari Shakti Sangathan** was established in 1999 and currently has 43,006 members from both rural and urban areas of Rajasthan. The organisation believes in 'collective power' i.e., if people unite and organize themselves, they can bring about reform in social customs and policies. They deal with social problems of women at the community level and issues of entitlement directly with the administration. ENSS aims to help as many single/widowed women as possible to help them claim their rights and lead a dignified life in the community.

The International Longevity Centre-India (ILC-I) is a voluntary organisation in **Pune** working on issues of Ageing since 2003. ILC has initiated many activities with the aim of providing a healthy, productive and participatory life to the elderly, especially women. There are currently three projects – *Aajibai Sathi Batwa*, a unique field project providing partial medical assistance to needy elderly women through sponsorship; 'Elders' Volunteers Bureau, a group of senior citizens working on a voluntary basis on various projects that give them financial independence which also helps in addressing loneliness; and *Athashri* Housing project which are residential complexes built exclusively for the aged. ILC's successful and innovative projects have provided a platform for other NGOs to replicate and enhance them at the national level.

The Calcutta Metropolitan Institute of Gerontology (CMIG), Kolkata was started in 1988 with the objective of promoting research in the field of gerontology and implementing the findings. Kolkata is home to one of the largest number of aged persons, mostly women living in poor conditions. Social security is almost non-existent in the state and very few programs are initiated by the Government to support these women. Though a research institute, CMIG believes in turning its knowledge and values into actionable goals. A wide range of programs have been initiated, ranging from day care centres to provision of livelihood and a holistic healthcare system by running mobile clinics in slum areas. CMIG's unique and successful approach has been recognized by the Ministry of West Bengal for its positive impact on the lives of the elderly in West Bengal.

Nightingales Medical Trust (NMT), Bangalore is one of the first recognized providers of quality “age care” and dementia services to persons suffering from Alzheimer’s belonging to all socio-economic groups. In India, dementia is still viewed with ignorance and social stigma. It is more challenging for older women who are economically dependent on their families. To address this, NMT’s innovative telemedicine enabled centre has enhanced the access of elderly persons to high quality dementia care in a cost effective manner. Apart from that, the specially designed infrastructure and medical facilities at the Centre for Ageing & Alzheimer’s provides comprehensive residential care for both short and long term stay. As a result of its path-breaking work in the field of dementia, NMT has been recognized by Alzheimer’s & Related Disorder Society of India (ARDSI) as the promoter of its Bangalore Chapter.

SEWA Bank, Gujarat works to provide financial support to aged women from lower economic sections of the society. SEWA Bank started as a microfinance organisation providing financial aid to women in the non-formal sector but very soon realized that it needed to reach out to elderly women. Hence the Life-Cycle Approach for financial inclusion of women was started, whereby women would be supported throughout their life beginning with household emergencies, children’s education, improving their housing or income and preparing for old age. The SEWA Bank is a pioneer in microfinance, serving more than 350,000 women, providing savings, loans and access to insurance and pension products.

Old Age Homes: Focus on Mumbai is a study of four institutions from the city to showcase essential features of old age homes that make them examples of innovative practices. All the institutions studied here have shown good policies of healthcare, constant presence of caregivers and promotion of a support system among the aged that help them to become more self-sufficient. In addition, some of the institutions have also implemented innovative techniques like inter-generational programs, involvement of community in care-giving, vocational training and age-friendly infrastructure and environment that fosters positive integration of the older generation into these homes. These are important features that old age homes across the country can learn from and adopt to provide better quality of life to their residents.

HelpAge India’s Vidarbha Project was implemented to reduce the financial burden on aged women who were victims of the epidemic of farmers’ suicides in **Maharashtra**. In 2005, more than 70 per cent of the farmers’ suicides in Maharashtra occurred in the Vidarbha region. HelpAge India, with its primary intervention aimed at providing short-term credit loans to these widowed women expanded its project to cover nine villages in the area. Beginning with Elder Self-Help Groups (ESHGs) for microfinance, various other interventions were introduced such as income generating training and activities, initiation of government schemes and healthcare through mobile medical camps. The ESHGs were able to reduce the debt burden on lonely widowed women, resulting in economic independence and sustainable livelihoods. The project was also able to reduce the number of farmer suicides in the area and led to the promotion of women’s participation in small business activities, boosting their self-confidence and promoting women’s empowerment.

State Initiatives of Kerala: The study looks at a few schemes for the aged which are state driven and specific to Kerala. This is done to draw attention to the fact that though most states are able to implement programs run by the Central government on age care, Kerala has gone a step further by taking up the issue of old age, especially older women who are in need of special attention and care. Kerala has been the frontrunner in not only coming out with a State Old Age Policy (2013), it has also amended the Kerala Maintenance and Welfare of Parents and Senior Citizens Act (2007). This study looks at some of the schemes for the aged

implemented by the state, which are innovative, replicable and have had a tremendous impact on the life of the elderly. They stand as examples for other states to emulate and scale up to larger, more sustainable projects.

Please note: The case studies mentioned in this publication have not been organized in any order of priority.

Innovative Practices for Care of Elderly Women in India

Widows in Ashrams

A Study of Sulabh International in Vrindaban



Most elderly women residing in Vrindavan live in abject poverty, the reasons for which range from the social outcome of misogynistic traditions or starvation due to extreme poverty. Not cared for by their own families or wishing to escape potential abuse,¹ widows form a large proportion of aged women that seek refuge in this holy town. A large majority belong to rural areas in neighbouring states,² the result of being illiterate and unaware of their basic human rights leaving them with little choice but to accept substandard rations, poor living conditions and the routine of begging for alms at bhajan ashrams.^{3,4}

The Department of Women and Child Welfare, Ministry of Social Justice and Empowerment, the Department of Food and Supply, the Municipal Corporation of Vrindavan, the Mathura and Vrindavan Development Authority and the District Magistrate are the concerned authorities for the management and care of this particular demographic. Compelled by conventions and laws designated to protect aged women, the state and district authorities have created multiple schemes aimed at this population, by providing shelter, food at subsidized rates under the *Antyodaya Anna Yojana*,⁵ old age and widow pensions and at times healthcare in the form of camps, distribution of wheelchairs, crutches and walking sticks.⁶

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1. National Commission for Women. 2006. Widows at Vrindavan. Available at: <http://ncw.nic.in/pdfReports/WidowsAtVrindavanReport.pdf>
 2. Most prominently, West Bengal, where the still prevalent practice of child marriage results in early widowhood for many of these women.
 3. Ibid., p. 5
 4. Monastic retreats where (in this particular context) women congregate to sing devotional hymns for alms
 5. Available at <http://pib.nic.in/feature/feyr2001/fmar2001/f280320011.html>
 6. Supra, note 2, p. 22

Under the overarching National Social Assistance Programme (NSAP) administered by the Union Rural Development Ministry, widows are entitled to receive assistance either under the Indira Gandhi National Widows Pension Scheme (for widows between the ages of 40 and 64 years), Indira Gandhi National Old Age Pension Scheme (for persons above 65 years who by government criteria are living below the poverty line) and the Annapurna Scheme⁷ granting free food grains (for senior citizens not receiving any pension).⁸ However, a study undertaken by the National Commission for Women (NCW) revealed that there were many issues related to the implementation of the pension scheme by the concerned authorities.⁹ In addition to the issue of eligibility, many destitute women, being illiterate, were either unaware of existing schemes or the procedure for applying for them.¹⁰

Taking note of the overall poor standard of living and the lack of regard for disposal of the bodies of deceased aged women in Vrindavan in accordance with the customary rites, the National Legal Services Authority (NALSA) in its social justice litigation filed before the Supreme Court of India sought amelioration of the living conditions of the many destitute “Vrindavan Widows”¹¹ (a collective term given to all women residing in the town). The Legal Services Authority under the chairmanship of District Judge, Mathura reported back to the Court, that in many homes for the widows no food was provided and that the widows usually used the rations they received under the Antyodaya Annapurna Yojana, purchasing food grains with the money earned during the day, most often not exceeding Rs.4.00

The National Legal Services Authority reached out to Sulabh International¹² requesting the latter to examine the possibility of providing assistance to aged women living in ashrams and ensuring adherence to traditional customs to be observed after the death of any widow, owing to its background in social work.¹³ Dr. Bindeshwar Pathak, founder of the organisation, stated that Sulabh’s involvement became a commitment after his visit to the town. Initially hesitant, Dr. Pathak decided to step in on humanitarian grounds, deeply affected by the miserable conditions of the aged women in many parts of the town, most of whom had no access to any healthcare or consistent and dignified opportunities to earn a livelihood.

While the operation of the Sulabh Pension and Medical Welfare Scheme¹⁴ was not intended to interfere with or replace the existing management of these ashrams, most of which are either handled by the local government or an NGO, the intervention resulted in better coordination between the organisation and the local caretakers.

7. Available at <http://pib.nic.in/infonug/infyr2000/infoaug2000/i010820001.html>

8. Guild for Service, 2010. Dimensions of Deprivation: Report on the Poverty Levels of Widows of Vrindavan. Guild of Service. New Delhi

9. Supra, note 3

10. Ibid.

11. Aarti Dhar. 'Rehabilitation plan for Vrindavan widows', The Hindu, 5 September 2012. Available at <http://www.thehindu.com/news/national/rehabilitation-plan-for-vrindavan-widows/article3859520.ece>

12. Through a letter from the then Member Secretary U. Sarathchandran dated 6 August 2012

13. Initially founded for the purpose of rehabilitating scavengers and to encourage proper sanitation as a mainstreamed practice, Sulabh International Social Service Organization has diversified its area of operations to include promotion of human rights along with its mandate of providing for rural waste management through sustainable models.

14. The program under which Sulabh International disburses funds and medical aid to beneficiaries in Vrindavan, Varanasi and Deoli, Uttarakhand; other measures extended have been implemented as dynamic responses to the needs of the beneficiaries.

This report focuses on the project implemented by Sulabh International in the following *ashrays*:

- Meera Sahabhagini I & II
- Ramanuj Nagar
- AIWC, Taraash Mandir
- Chaitanya Vihar I & II

In addition to the homes mentioned above, Sulabh International also provided limited assistance to

- Radha Tila: Monthly allowance of Rs. 2000 along with access, when and if required, to an ambulance provided to one of the other *ashrays* if available.
- Guild for Service, Ma-Dham: Provision of an ambulance for the residents

The project aims at addressing financial instability, nutrition and health as they have been seen to be the most urgent concerns of aged women. However, it is not limited to these issues alone. Recognizing the need for mainstreaming widows in Indian society and in order to improve their overall quality of life; a number of social and vocational activities have also been undertaken. Since the project came into existence the activities conducted have the buy-in and acceptance of all concerned legal authorities, thus ensuring that the needs of the project automatically get incorporated into the mandate of the local District Legal Services Authority (DLSA).



Implementation Strategy

Sulabh International has extended assistance to aged women in the *ashrays* by providing

- Rs. 2000 per month as allowance to each widow for food and other personal expenses.
- Medical facilities including five ambulances made available for eight *ashrays*, treatment is available for widows whose prescription drug costs are not covered by the government in addition to covering costs for operations for various ailments and diseases.

Instructed to take up residence in Vrindavan by her children who could only afford to take care of her injured husband, Srimati Rai (77) relied on alms received from singing in shifts at different bhajan ashrams during the day, earning anything between Rs. 300 to 700 a month, most of which she saved in order to go home once a year to her village in West Bengal to visit her family and take care of her husband. Currently a beneficiary of the Sulabh Pension and Medical Welfare Scheme, she asserts the most positive change in her life to be the newfound sense of comfort in her daily routine that allows her to study Bengali while still receiving a steady allowance. Admitting that she initially had doubts about the benefit that would accrue to her if she were to study at such a late age, she stated that she felt a sense of accomplishment at being able to read and write.

- Vocational training as well as language classes is provided.
- Arrangements for celebration of major festivals including Holi, Raksha Bandhan, Diwali and Christmas and group outings to New Delhi or Calcutta during Durga Puja.
- A helpline for widows in need of assistance.



The distribution of the monthly allowance is made during the visit of the accountant on the 5th day of every month, while the medical treatment is arranged through the Sulabh staff working in Vrindavan. Vocational training and language classes (Hindi, Bengali and in some *ashrays*, English) are imparted through instructors hired locally, while festivals are celebrated with logistical support and under the supervision of the main Sulabh staff including the founder, Dr. Bindeshwar Pathak. Group outings are conducted bi-annually, for which a limited number of widows are selected on a rotation basis.

The project is implemented to varying degrees across eight different ashrahs, covering approximately 800 widows. In some ashrahs, Sulabh International's role is limited to providing support through a dedicated ambulance, while in others all activities are undertaken in cooperation with other organisations. With respect to the activities listed above, Sulabh International is the key implementer, working in coordination with local NGOs already overseeing the operation of their respective ashrahs.

Replication of the pension and medical welfare scheme in Deoli, Uttarakhand and in Varanasi has been found to be successful. While the beneficiaries covered in Deoli include all dependents affected by the deaths that occurred due to the June 2013 flash floods in the region, the project in Varanasi covers 150 widows living in circumstances similar to those in Vrindavan.

The project is handled by a team of seven or eight persons lead by Dr. Bindeshwar Pathak and executed chiefly by Mrs. Vinita Sharma. The management strategy adopted aims at ensuring that the needs of the beneficiaries, as and when they arise, are addressed immediately. Describing their approach as a 24x7 commitment, the local resource person for Sulabh in Vrindavan, Mr. Krishna, opined that it was the only project in the area so far that involved the beneficiaries in their own progress.

	Meera Sahabragini I & II	Ramanuj Nagar	Taraash Mandir	Chaitanya Vihar I & II	Radha Tila
Allowance	Rs. 2000 pm	Rs. 2000	Rs. 2000 pm	Rs. 2000 pm Given by Sulabh International	Rs. 2000 pm
Medical Facilities	Ambulance provided and treatment of ailments undertaken	Ambulance provided and treatment of ailments undertaken	Ambulance provided and treatment of ailments undertaken	Ambulance provided and treatment of ailments undertaken	-

Vocational Training and Language Classes	Sewing and incense stick production; Hindi, English and Bengali classes	Sewing and incense stick production; Hindi and Bengali classes	-	Sewing and incense stick production; Hindi and Bengali classes	-
Celebration of Festivals and group outings	Organized by Sulabh International	Organized by Sulabh International	Organized by Sulabh International	Organized by Sulabh International	-
Management	Uttar Pradesh Government, under the Swadhar Yojana	Ma Sharda (Local NGO)	All India Women's Conference (AIWC)	-	-

Impact of the Project

i. Monthly Allowance

The monthly allowance is considered to be the most significant factor in bringing about positive changes in the lives of the widows covered by the project, both by the beneficiaries as well as the project officers. All women living in the ashrams covered by the Sulabh project receive their monthly allowance, supplementing whatever income they receive by way of pension from the government that often arrives in arrears. Aged women who were earlier unable to find a means to earn due to severe geriatric problems no longer depend upon others for sustenance.

Making use of the monthly allowance of Rs. 2000 given by Sulabh International, the widows independently prepare their own meals which usually consist of staples such as lentils and rice, and seasonal vegetables. Women who are too unwell to prepare their own meals are either assisted by the ashram cook or helped by other widows.

ii. Medical Facilities

Doctors visit the *ashrams* at least once a week. In addition to providing an ambulance, Sulabh also sponsors the cost of treatment of widows who require treatment for their eyes, teeth and other illnesses or disorders. Many widows in these ashrams expressed their appreciation of the project which enabled them to receive the medical attention they required, mostly related to failing eyesight and high blood pressure. The practice is executed across all ashrams and applies to all widows. The effectiveness is apparent – many women sport spectacles, and all those covered by the treatments report higher levels of satisfaction and comfort. While eye camps organized by the government are able to aid only a limited number of women, Sulabh organizes eye camps with doctors from the All India Institute of Medical Sciences (AIIMS) in New Delhi and arranges for operations whenever needed.

Innovation in the Project

Most beneficiaries interviewed revealed that the regular inflow of the allowance distributed by Sulabh had the greatest impact on their overall sense of contentment and comfort. The inability of most aged women to seek employment and the inadequacy of the pension that a few of them received were viewed as factors that contributed to poverty. The practice is innovative since it supplements the finances of the beneficiaries directly, providing not only financial security but greater purchasing power. The allowance system implemented in this project is viewed as unique since no other organization or agency in the area had executed such a plan prior to Sulabh's intervention. Allowances and monetary benefits have mostly been the mandate of the government by way of various schemes and plans.

Draupadi Jha (72), a patient suffering from liver stones, was operated upon within a few days of complaining to a Sulabh employee and she expressed her gratitude to the staff for their attentiveness and prompt action.

iii. Vocational Training and Language Classes

While the vocational training being imparted at the ashrams covered by the Sulabh project would not ordinarily be considered innovative, the context within which it is delivered could qualify as such. Traditionally, widows in India are denied their right to any form of independence or self-sufficiency. By providing vocational training to the widows in the ashrams, the project ensures they acquire skills that would enable them to generate some income. On the other hand, the aim of providing language lessons is not for income generation but to develop their sense of self-worth and confidence, as displayed when they are able to sign their names instead of validating documents with their thumbprints.



The effectiveness of the practice is reasonably high as seen among those who opt for such vocational training and classes. With respect to sustainability, such measures are seen to be cost-effective and can be easily replicated in other scenarios.

Parul Dasi (70), one of the ladies engaged in sewing work, explained that her reason for taking up sewing was due to an initial interest in learning how to do so. It became a regular activity when she realized that it gave her peace of mind besides enabling her to spend her time in a productive manner.

Sulabh's project for rehabilitation of the residents of Deoli, Uttarakhand includes providing vocational training for the widows and youth of the area. Apart from candle-making, sewing and computer classes already being taught, the organization is also planning on introducing embroidery and carpet-weaving, the products of which would be marketed for sale.

iv. Celebration of Festivals and Outings

Outings take place at least twice a year – once to Kolkata for Durga Puja, and once to Delhi. A select number of widows are taken for these outings. Besides these trips, widows are free to go and pray at nearby temples. All major festivals, including Holi, Diwali and Christmas, are celebrated by all the residents and organized by Sulabh International. The celebration of festivals manifests change in the lives of the widows who were earlier excluded from all auspicious occasions and celebrations, even in their own households. The model is also easily replicable and involves a high level of community participation. *Kunjlika Dasi*, another resident of Meera Sahabgini-I, attributed the increased sense of community to the celebration of festivals such as Holi and Diwali.



The project has received positive attention in the media, with most focusing on the more visible components of the project – the celebration of major festivals such as Raksha Bandhan, Holi and Diwali have received the most coverage as innovative and tradition-breaking practices.¹⁵

Other Details

	Meera Sahabhabhagini I & II	Ramanuj Nagar	AIWC, Taraash Mandir****	Chaitanya Vihar I & II	Radha Tila
Active Ageing*	Yes	Yes	-	Yes	-
Daily Chores/ Errands**	Yes	Yes	-	Yes	Yes
Meals	Prepared individually	Prepared individually	Provided by AIWC	Prepared individually	Prepared individually
Counseling	-	-	-	Counselor employed only at Chaitanya Vihar-II	-
Housing	-	-	-	Interaction with the residents (including children) in a welfare home situated in the same complex	-

*Elements including any form of vocational training, language courses or any other economic/non-economic activities. A majority of the homes covered provided training in production of goods or language courses. It must be noted that the concept of active ageing studied in these homes is limited to those women who voluntarily take up such activities, therefore in all instances one must understand that active ageing applies to a limited extent only.

**Chores and errands are personal in nature and on a regular basis involve buying vegetables and rations, cooking, doing own laundry and the like

*** An overwhelming majority of the residents of AIWC Taraash Mandir are very old and suffering from geriatric problems, due to which they are neither able to cook their own meals or run their own errands. They are therefore living with the assistance of two caretakers. The monthly allowance received by them is mostly used for purchasing medication, vitamins and other miscellaneous sundries.

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7. See: Amit Bhattacharya, TNN, In a first, Vrindavan widows play with colours on Holi, Times of India, March 16th 2014, available at <http://timesofindia.indiatimes.com/india/In-a-first-Vrindavan-widows-play-with-colours-on-Holi/articleshow/32100540.cms>.
 8. Gaurav Saigal, After decades of darkness, Vrindavan widows celebrate Diwali, Hindustan Times, October 31st 2013, available at <http://www.hindustantimes.com/india-news/after-decades-of-darkness-vrindavan-widows-celebrate-diwali/article1-1145917.aspx>.
 9. Vrindavan Widows Tie Rakhi, The Asian Age, August 10th 2014, available at <http://www.asianage.com/india/vrindavan-widows-tie-rakhi-937>
 10. Vrindavan, Varanasi widows to tie rakhi on Prime Minister, August 9th 2014, available at <http://www.thehindu.com/news/national/vrindavan-varanasi-widows-to-tie-rakhi-on-prime-minister/article6299376.ece>

Future Commitments

- The need to conduct a study in order to ascertain the exact number of aged women in need in Vrindavan has already been noted by Sulabh International and is up for consideration with possible partners who can assist with the logistics of carrying out such a census. Since the aged women are residing in scattered areas, different agencies have arrived at varied estimates, ranging from 800 to 1790, with some reporting even greater numbers.
- Sulabh International, having established the Sulabh Hope Foundation, is currently engaged in inviting funding from outside of India for the purpose of constructing a new ashram to house the widows covered under the project.
- The organisation's founder, Dr. Bindeshwar Pathak, has been lobbying for the passage of the Protection, Welfare and Maintenance of Widows Bill,¹⁶ the features of which include an allowance of Rs. 3000 per month to each widow, medical aid, free accommodation, provision for hiring teachers for the purpose of education and vocational training. The products made can then be sold by the government. The Bill would also seek to establish boards at the state level for the welfare of destitute and abandoned widows. Involvement of the legislature for the purpose of enacting laws complementary to the aim of the project would add to the overall sustainability of the project by incorporating elements of strategic dynamism with optimal use of pre-existing state mechanisms.

Recommendations

- During the course of visits to these ashrams, a few suggestions pertaining to the daily lives of the residents were put forward by the widows themselves. *Srimati Rai (77)*, a resident of Meera Sahabgini-I, spoke about the need for harmony and dignity that she believed was lacking due to widows having to share accommodation. Citing frequent arguments and the ensuing tension between widows sharing a room, she suggested that provision of individual rooms would create better relations between the widows. *Devyani*, a caretaker at AIWC Taraash Mandir, suggested that wheelchairs and English style water closets be provided for the convenience of the extremely aged residents.
- As a short-term measure, the practice of disbursement of a monthly allowance shows great promise with respect to replication in other regions. However, in the long-term, such a step would neither be sustainable or feasible. It should be viewed merely as an intermediate step towards securing the independence and financial security of the next generation of widows.



16. Initially introduced in 2007 as a Private Members Bill by MP Mahadeorao Shiwankar (BJP, Chimur), the bill failed to be passed due to dissolution of the Lok Sabha. It has since been revised by Dr. Bindeshwar Pathak in consultation with a team of lawyers.

- While the model for medical aid currently being followed can be replicated easily, it would be wise to encourage greater coordination between NGOs and government hospitals wherein the former could facilitate treatment as and when possible. This would in turn reduce the economic burden on the project, resulting in greater sustainability. The existing facilities for medical treatment, though currently unsatisfactory, can be utilized if an appeal can be made to higher officials to look into the complaints concerning inefficient or inept government hospitals.
- Attention must be given to ensure the welfare and safety of not only the women who are residing in ashrams but also those who are homeless and without shelter.
- There is need for greater involvement of corporate bodies such as pharmaceutical companies through their CSR obligations in order to enhance the quality of medical aid being provided to aged women.

Conclusion

The project's design is observed to be flexible, responding to the immediate needs of the elderly women. For example, the initial pension amount of Rs. 1000 was doubled; the outings and celebration of festivals were included within the ambit of the organisation after taking on the project. However, overall sustainability of the project can only be achieved once the strategies are mainstreamed into the care taking of the widows including long-term benefits to their mental and physical well-being.

Due to outdated beliefs and superstitions which view widows as a social evil and harbingers of misfortune, a large majority of widows remain vulnerable to societal and domestic harassment. By including widows and aged women in celebrations, the organisation aims to send a strong message to the sections of society that still believe in exclusion of widows from such events, an important step for mainstreaming widows and their rights in Indian milieu.

Viewing health from a holistic perspective that includes emotional and mental well-being, the social perception of widows and aged women as liabilities may be seen as a continuing challenge, one that may be easier to address once the immediate needs of the beneficiaries are met. Hiring of counsellors and implementation of mental health programs should be integrated into such projects once the initial impact on the beneficiaries has been measured.

Overall, the project shows ease of replicability, only requiring adequate funding for providing allowance and a stipend for the staff teaching languages or vocational courses, provided that mechanisms for obtaining medical aid from the government are strengthened and improved in coordination with local government bodies.

A Safe Haven for Single Women

Ekal Nari Shakti Sangathan Rajasthan



Historically, Rajasthan has been a feudal state where women have been accorded a very low social and economic status. The women are subjugated in several ways due to deeply entrenched patriarchal values in the society, an oppressive family institution, high rates of illiteracy and abject poverty. The burden of caste and gender systems with demeaning customs further undermine the status of women. Several of the practices prevalent even today such as sati,¹ purdah,² child marriage, female infanticide and even restrictions on widow remarriage reflect the subjugation that these women have been undergoing for generations.³

Being a widow in India is humiliating and painful and has a far reaching impact on the mental and physical health of these women.⁴ For them life can be fraught with violence inflicted upon them by their families/in-laws/children, their properties snatched away, and worse still, they can be branded as witches. There are cases on record where witch hunting has led to these women being stoned to death or denied all forms of social inclusion.

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1. Sati is a Hindu funeral practice during which a widow immolates herself on her husband's funeral pyre. The Indian Government enacted the Rajasthan Sati Prevention Ordinance on 1 October 1987, and later passed the Commission of Sati (Prevention) Act, 1987. This Act makes it illegal to abet, glorify or attempt to commit sati. Abetment of sati, including coercing or forcing someone to commit sati, can be punished by death or life imprisonment, while glorifying sati is punishable by up to 7 years in prison. However, enforcement of these measures is not always consistent.
 2. Purdah is the practice of preventing men from seeing women, and takes two forms: physical segregation of the sexes and the requirement for women to cover their bodies/conceal their form. Purdah exists in many forms in various parts of India
 3. Ibid., p. 5
 4. Bagga, Amrita, 1994, 'Health status of women in old age homes: Ageing and Society', The Indian Journal of Gerontology, 4 (3-4), Pp. 11-21.

There are very few social security measures for single women/widows and none at all for separated or abandoned women.⁵ The Government of India pension scheme for widows allocates a paltry sum of Rs. 400 as monthly stipend and some *ashram ghars* (old age homes) for shelter, but these are difficult to access because of bureaucratic obstacles or redtape. In this study, the term 'single women' refers to widows, divorcees, separated and abandoned women and elderly unmarried women.

Looking beyond such half-hearted measures, the Ekal Nari Shakti Sangathan⁶ (ENSS) or the Association of Strong Women Alone (ASWA) initiative has helped to empower single women by organizing them into collectives to fight for their rights and live a life of dignity. ENSS started as a branch of ASTHA which, in

According to a UNDP study (2008), 65 per cent of the widows are more than 60 years of age. Of these, only 28 per cent are eligible for pension but only 11 per cent actually receive it

collaboration with another NGO, Hadoti Shilp Sansthan (Kota, Rajasthan), aimed to organize single women and sensitize them about their rights. The first ever widows' convention was organized in Rajasthan in 1999 where 425 widows from 21 districts came together. At the convention, they identified and discussed their problems, sang and danced and found new courage, hope and joy in sisterhood. A follow-up committee was then formed consisting of widows from each district. This committee later became a state level committee and was called the Ekal Nari Shakti Sangathan.

Block level committees were formed of single women members of the association, with a total of three women per *gram panchayat*.⁷ Till date, there are 135 committees out of a total of 237 blocks in Rajasthan. Presently, there are 84 state level representatives from these committees and while the block committees represent specific village level issues, the role of the state level representatives is to lobby with the government regarding issues and concerns of single women.

Since inception ENSS has seen a steady growth of membership in the different committees. The membership of ENSS has grown from a mere 425 in 1999 to 26,216 in December 2008 to nearly 45,000 in June 2014. The success of the strategies of ENSS has led to the formation and strengthening of similar organisations in other states as well.

ENSS believes that if these women organize themselves they can form a 'critical mass' that is strong enough to bring about changes in state policy, laws, customs and the general social fabric. ENSS contests the gender stereotypes that have marred the society for generations and instils confidence in women to be their own agents of change.

Implementation Strategy

The ENSS works through a three-pronged approach, namely:

i. Increasing its membership base: Meetings of single women are organised with prior information through the local NGOs and grassroots workers like the *Anganwadi*⁸ worker and the problems of single women are discussed. The women are encouraged to become members by paying an annual membership fee of Rs. 10 or Rs. 101 for life membership.

5. Supra note 1, page 55

6. The word 'sangathan' means 'collective' or 'association'.

7. System of local government with district, block and village as its three tiers

8. The term 'Anganwadi worker' is derived from the Indian word *angan*, which means 'courtyard'. The Anganwadi worker and helper are the basic functionaries of the Integrated Child Development Scheme (ICDS)

ii. Dealing with social issues directly at the local level: The members bring the problems to the block committees who address each ‘case’ – ranging from witch hunting to land grabbing to even counselling the sons and daughters-in-law – to improve the quality of life of these single women and so that they are treated with respect and dignity.

iii. Taking up entitlement issues directly with the government administration: The state level committees work on the implementation of government schemes, from identifying lacunae and asking for redressal to lobbying for new policy directives.

ENSS also brings out a newsletter called *Ekal Nari Ki Awaz* or the Voice of Single Woman. This newsletter contains information regarding meetings and conventions organized by ENSS chapters. It also records inspiring stories of women who have fought successfully to get their land rights, facilitated by the *sangathans*. In addition, it carries articles on single women who have emerged as role models for other members of the organization. This newsletter publicizes ENSS activities, serves as an advocacy and lobbying tool and has shown the way to many a distraught woman to approach ENSS for help.

Core Intervention areas of the ENSS

Right to human dignity: Helps to break social norms that are demeaning for single women, including dress codes and food restrictions. For example, during their conventions the women adorn themselves with henna and bindis, sing and dance and celebrate their sisterhood

Right to property: Helps women reclaim land and property that has been forcibly taken away from them and fight for the right to own land and property

Right to livelihood: Builds capacity and improves access of women to various government schemes including MGNREGA (Mahatma Gandhi National Rural Employment Guarantee Act), pension schemes, BPL (Below Poverty Line) cards etc

Right to education: Helps the children of single women to access free educational facilities

Right to health: Helps lobby for health cards and cashless insurance for single women

Right to political participation: Encourages its members to vote and stand for election to positions of local governance. Organizes training programs for members on topics ranging from gender sensitive budgeting to leadership workshops

Replicability

ENSS has fostered successful partnerships across the country to expand and help other states build single women associations or collectives. In 2005, ENSS helped Himachal Pradesh and Jharkhand to form ENSS platforms, followed by Gujarat. ENSS Jharkhand helped to set up ENSS Bihar and ENSS Punjab was helped by ENSS Himachal Pradesh. In October 2009, *Rashtriya Ekal Nari Adhikar Manch* (National Body for the Rights of Single Women) was formed with a view to further the cause of single women – helping them put forward their demands, take care of each other and bring about social change to help them live a life of dignity. As of October 2013 the national body had 87,462 members representing six states across the country.

The story of Kanku Bai



Kanku Bai, aged 55 years, comes from a small village called Bhuria Khera, tehsil Beawar in Ajmer District. She was educated till class 8 but was married at age 13 to an older, illiterate man who was a small farmer. Her husband was an alcoholic and his demands for money forced the family to sell all their lands and property. She worked hard to bring up her five children by selling vegetables in the market.

Known for her honesty and hard work, Kanku Bai was elected village sarpanch (head) in 1995. In 1996 her husband passed away leaving the family in penury. Kanku Bai filed a case against the person to whom their land had been mortgaged but due to the complexities of the legal system, could not reclaim the land that was rightfully hers.

In 2004 she joined ENSS where she found courage, knowledge, support and an extended family. She now helps other women in difficult circumstances to claim their rights. Her self-esteem has grown tremendously and she talks confidently to the government officials and police authorities. She fondly recalls the case of Lad Bai whose land was taken away by her brothers-in-law while she was given a paltry amount of food grain in return. Kanku Bai took up the case and was able to mobilize the entire village community to pressurize the in-laws to return Lad Bai's share of the property to her.

Kanku Bai believes that if she had joined ENSS earlier she might have been able to reclaim her property. She says, "Today, after so many years, my work is recognised; the police officers answer my phone calls and talk to me with respect. When I accompany somebody to the police station, the officers on duty attend to us immediately and take prompt action."

However, Kanku Bai holds firm to her resolve to work for the issues and concerns of single women. Presently, she heads the ENSS Rajasthan.

Women's Empowerment Day

ENSS celebrates Women's Empowerment Day on June 1 every year. Members from various committees get together, to deliberate on their progress and take collective decisions on issues that concern women. The state committee members also draw up a charter of demands that is put up to the government officials.

In June 2014, to commemorate 10 years of its existence, ENSS celebrated Women's Empowerment Day at Jaipur, Rajasthan. Nearly 500 women from all over Rajasthan and some from outside the state gathered together to express their joy and solidarity. A charter of demands was drawn up and presented to the Government of Rajasthan.

Challenges and limitations

As mentioned earlier, in Rajasthan, gender discriminatory norms and customs have been ingrained into the social fabric. To break down these deep-rooted patriarchal customs is probably the biggest challenge that ENSS faces today. It is still hard for many of the villagers to accept the change that ENSS is trying to bring about in mainstreaming the rights of single women.

Lessons Learnt

- An association of single women like the ENSS can be a powerful body to lobby for policy change and change social mores so as to help single women claim their right to a life of dignity.
- Addressing the concerns of widows as well as other single women has given ENSS a broad base. It has resulted in a wider outreach. Developing good leaders is also given a lot of importance. The women who get to hold positions of leadership are strongly urged to become literate.
- The ENSS initiative has found a broad base due to their innovative and scalable model. The strategies described above have the potential to be adapted to other parts of the country to ensure that single women's voices are heard and they can claim their rights.

ENSS Charter of Demands, 2014

- Raise the pension of widows and single women from Rs 500 to Rs 2500.
- Immediate and strong enforcement of Rajasthan Women's (Prevention and Protection from Atrocities) Act
- Under the Rajasthan Skill Development Mission, preference to be given to single women in vocational training programs and raise the age bracket limits from 16 to 35 years of age to 16 to 50 years.
- Support for wedding expenses of daughters of single women to be raised from 10,000 to 15,000. This facility must also be extended to daughters of abandoned and divorced women.
- Low cost (Public Distribution System) ration to be made available to all irrespective of any Above Poverty line (APL) and Below Poverty Line (BPL) restrictions

Caring for the Aged

Good Practices by International Longevity Centre-India, Pune



The International Longevity Centre-India (ILC-I) is a voluntary organisation working for the cause of population ageing since 2003. It is one of the fourteen members of the Global Alliance of the International Longevity Centres whose other members are the United States of America, the United Kingdom, Israel, Japan, the Dominican Republic, Argentina, France, South Africa, Netherlands, Singapore, the Czech Republic, Brazil and China.¹

Headquartered in Pune in the state of Maharashtra, ILC-I was founded thanks to the vision of late Dr S. D. Gokhale, a social scientist of international repute. Under his guidance, ILC-I played an important role in mobilizing the aged and implementing innovative ideas for creative and quality ageing.

ILC-I initiated many activities with the aim of promoting healthy, productive and participatory ageing. The three projects by ILC-I, Pune, namely Aajibai Sathi Batwa (Sachet of Medicines for Grandmothers), 'Elder Volunteers' Bureau and Athashri Housing Project for the aged are examples of how quality of life of the elderly, particularly elderly women, can be improved.

1. www.ilcindia.org

Project 1- Aajibai Sathi Batwa (Sachet of Medicines for Grandmothers)

Description

This is a unique field project providing partial medical assistance to needy elderly women through sponsorship. The project is being implemented in the slum areas of the city and is benefitting elderly women from the underprivileged section of society. These women are amongst the most vulnerable in the elderly population and have no money to buy medicines for themselves.

In traditional Indian families, the '*aajis*' (grannies) would have a '*Batwa*' (small bag) of home-made herbal medicines which they would dispense to members of the family when they fell ill. Today however, the situation is such that many of these *aajis* do not have money to buy medicines even for themselves.

This is particularly true in the low income group families where feeding the family and education are the priorities. As a result, the medical needs of the elderly are neglected. It is to cover the medical needs of these poor grandmothers that ILC-I is running this project.

Implementation Strategy

Based on extensive surveys and visits to slums and communities of Pune, the *aajis* in need of medical support are identified by the Programme Coordinator of ILC-I and their names are entered into a database. The primary criteria for inclusion are: they are living alone or with their spouse; are widowed and have no family support; are physically challenged; and even if they live with their family, their medical needs are neglected.²

The database is maintained at the ILC-I office, so that upon getting a sponsor, the *aaji* is selected and the sponsorship commences. A sponsor provides support of Rs. 6000 per annum for an *aaji*.³

Under the project, a network of doctors and chemists from near these communities has been created known as '*Jyeshthamitras*' (friends of the old). These *Jyeshthamitras* have agreed to

Story of Radhabai Satpute



visits a nearby doctor who is *Jyeshthamitra* and gets her medicine for free with the help of the health card.

She is a 70-year-old widow in Janata Vasahat near Sahakarnagar in Pune and is living with her grandson. She sells cucumber and coconut as a vendor and hardly earns Rs 50-60 per day. She cannot walk properly and is assisted by her grandson to get the goods for sale and carry it to the place where she sells it. She feels it is an obligation to live with her grandson's family and therefore spends most of the money for grocery and other goods needed in the family. She ignored her acute arthritis for long time. Now with Aajibai Sathi Batwa, she is getting medication. She

2. DNA newspaper, Pune edition dated 29 August 2010 (<http://www.dnaindia.com/about>)

3. ILC-I Annual Report 2010-11

provide their services at nominal/concessional rates. All the expenses incurred by the *aaji* up to Rs. 6000 p.a. are reimbursed to the doctors and chemists on a monthly basis after submission of their bills.

Two health cards have been designed by ILC-I, one of which is with the *aaji* and the other with the chemist. The *aaji* carries her card with her when she goes to the doctor. The medicines are prescribed on the health card which she then takes to the chemist who enters the details on his copy. Thus the *aaji* does not have to pay any money. The *aajis* are also counselled by the ILC-I in-house doctor and Programme Coordinator. Bi-annual progress reports of the *aajis* are prepared and sent to the sponsor, giving details about the medical report and status and the doctors are also informed about the progress to maintain records and keep the sponsors informed.

Project 2- Elder Volunteers' Bureau

Description

Being active is the best way to keep ailments and loneliness at bay in old age. The experiences of the senior citizens are a treasure trove and valuable to the society. The Elder Volunteers' Bureau is based on the concept that the elders are still capable of work and by using their experience and time they will not only contribute to society but will also get independence and dignity.

ILC-I launched the pilot project in 2003 and ran the project for few years. It has now been handed over to Athashri Foundation, a voluntary organisation by Paranjape Builders who takes care of the resources. The project is still mentored by ILC-I.

Over 300 senior citizens are part of the project run in the city limits of Pune, of whom 160 are women.

Implementation Strategy

Elders can register with the Volunteers' Bureau, providing details like name, age, address, contact number and the type of voluntary service they are interested in. The first step after registration is to match the skills of the volunteers with the agency where the voluntary work is to be done.

Under this project, the senior citizen volunteers can offer their services for a minimum of two hours a week after registering with the bureau. Care is taken to ensure that the place of work is reasonably close to the volunteer's residence. An orientation is given to volunteers and NGOs about the nature of work, cooperation, expectations and possible problems.

The services offered to the senior citizens under this program are

- Volunteering in hospitals
- Reading and writing for bedridden patients
- Spending quality time with patients, residents of old age homes, orphanages
- Offering their services to residents of the homes for the disabled, doing simple daily chores for seniors who are frail and ill and living alone, or helping out with advice on financial and legal issues etc.
- Volunteering at the Helpline for the senior citizens at the Pune Police Commissioner's office

The objective of the elder volunteers' bureau is to utilize the skills, knowledge, talent and experiences of senior citizens to reduce their isolation and restore their status as useful members of society. The initiative gives them a sense of purpose in life

- Volunteering in other social organisations where their skills can be utilized like telling stories, account keeping, organizing events.⁴

Replicability

The Elder Volunteers' Bureau has been engaging the elders productively since 2003 and has now become a movement in the city. Over 300 volunteers are now registered with the bureau which initially started with 15-20 people. Many of these volunteers have also formed senior citizens' groups in their respective areas, making the activity self-sustainable and also building a network of senior citizens' groups in different areas of Pune.

The activities of the Volunteers' Bureau have been recognized by the Ministry of Social Justice & Empowerment, Government of India, as an 'innovative project' and the bureau has

A look into the lives of some active senior citizens

Prabha Nene (78 years) is known to most of the citizens who commute through the Prabhat Road area. as she monitors traffic in the area every morning. A former employee of a multi-national company, she voluntarily took up the task of monitoring traffic at three different places 10 years ago. Nene has been trained to control traffic by the city police. She also helps school children and elders cross the road at the spots where she volunteers. Whether it is a hot summer day or a rainy monsoon day, she goes on with her work. She is one of the volunteers associated with the bureau since its inception and is an inspiration for other volunteers.

Sunanda Japtiwale, at the age of 54, lost her 21-year-old daughter in an accident. A year later, to overcome her grief, she decided to serve children in need as a volunteer and took up voluntary work with the hospitals and NGOs working on medical health in the area. One of her many activities includes going to Sahyadri Hospital on Karve Road for two hours every Friday morning and helping patients with the process of admission and various tests that they need to undergo. She says, "Many patients coming to the hospital are unaware of the procedure and do not know whom to address their queries to. The hospital staff at the reception is too busy to answer the queries of every patient. I therefore help the patients with filling up forms and assist them in visiting their doctors." During the rest of the week Sunanda works with organisations like Apla Ghar (institute for the orphans), Sampark Balgram (working for needy children) and Manvya (serving the adults and children with HIV). She and her husband have also donated towards the construction of the Vanprastha Old Age Home at Talegaon Dabhade in memory of their daughter. This has helped both of them overcome their grief and utilize their time and talent effectively.

Anjali and Prabhakar (both in their late sixties), are volunteers from Kothrud area and have been with the bureau since the early years. They persuaded the elderly from their area to get together to start various initiatives. One of them was to run a 'medicine bank' for needy patients. They collect unused medicines from hospitals and homes, sort them with the help of doctors and send them to more than 15 charitable hospitals in the city and in the Konkan area of Maharashtra. "This gives us confidence and a feeling of being useful to the society, especially when our children have grown up and become busy with their lives", says Anjali.

4. ILC-I Annual Report 2007-08

been featured in the Integrated Programme for Older Persons (IPOP) document. The Ministry has requested ILC-I to conduct orientation workshops for other areas in the western region as well as the southern and northern regions of India so that such projects could be replicated in the rest of the country.

Project 3- Athashri Housing Project – Pioneering elderly home project

Description

In the late 1990s, when it was a novel idea to design a home especially for the elderly, Dr. S. D. Gokhale played a major role in conceptualizing the Athashri Housing Project which was one of the first residential complexes in Pune built exclusively for the aged. He proposed the basic design of facilities that should be made available in the complex which would facilitate convenient living for the elderly and would be different from an old age home.

The construction of the Athashri Project was completed by Paranjape Constructions Limited in 2001. It was one of the pioneering residential projects of its kind in Pune and provided a better alternative to the old age homes run by institutes or organisations. It gave an opportunity to hundreds of aged women to live comfortably in the company of others like them.

Catering to elderly women

In 2001, when the project was completed, old age complexes were a new concept, particularly for financially independent, single elderly women who preferred to live alone. It is no wonder then, that women outnumber the men in the two phases of the Athashri Project in Pashan.

In Phase I, there were 154 residents – 95 women and 59 men out of which 47 were single women. In Phase II, out of a total of 129 residents (including 35 couples), 67 were single women. Though the homes could be owned by anyone, the occupants need to be senior citizens only.

Elder-friendly facilities at Athashri

- Railings and bars in corridors and in rooms
- Wheel chair enabled building
- Stretcher lift
- Low position of switch board for wheel-chair bound people
- Emergency bell in bathroom, bedroom and living room
- Sliding doors to bathroom for easy access
- Specially designed toilets with grab bars
- Non-skid flooring

Innovative design and implementation strategy

The amenities in these homes include: anti-skid flooring, grab bars in the bathrooms and corridors, emergency bells in the bathroom, intercom facilities, security services, domestic maid bureau, maintenance staff, doctor on call, ambulance service, tie-up with hospitals, library, canteen facilities, community celebration of social, cultural and religious festivals and transport facility for residents. A club house, gym, and hydro-therapy pool, open spaces with well landscaped gardens and terraces which are all elder-friendly give an opportunity to the residents to mingle with each other.

The safety and health facilities guarantee peace of mind to the senior residents of Athashri. The staff is trained to handle emergency situations. Aastha, the assisted living facility in the same complex, houses elderly residents who are frail due to age and need assistance in daily living. At Aastha too, single women outnumber single men. The residents of Athashri voluntarily go to help the elderly at Aastha and also spend time reading to or talking with them.

Replicability

The project was widely appreciated and soon the demand for similar homes grew. To cater to this demand, the Athashri Project was replicated by many builders while more Athashris were built by Paranjape Constructions Limited in Pune and other metro cities.

After the first two phases at *Pashan*, Athashri complexes have now come up in *Bavdhan*, *Baner* and *Hadapsar* areas in Pune. Similar projects are also being planned in Bangalore, the United States, Canada and Australia.



Conclusion

The three projects by International Longevity Centre-India, Pune are an example of how quality can be added to the lives of the old with simple initiatives. Aajibai Sathi Batwa and the Volunteers' Bureau are easily replicable for any social organisation or government.

The enthusiasm of the senior volunteers is amazing. They are disciplined and sincere when it comes to volunteering. Initially, the volunteers were engaged in a few activities like spending time with patients or working with social organisations for few hours a day. Now, however, the volunteers themselves have formed groups of senior citizens in their respective areas and have found new ways of engaging themselves and serving society. The medicine bank by Anjali and Prabhakar Jawadekar and traffic monitoring by Prabha Nene are excellent examples of how the Volunteers' Bureau initiative is evolving. What is more, it has expanded all over the city, thanks to the enthusiastic seniors.

Athashri Housing Scheme for the elders too has served as a model and inspired construction groups to undertake similar projects. Such projects are now coming up in small cities too. Sadly, these are targeted at customers from affluent or higher middle class and remain unaffordable for those in lower income groups. There is a need to make elderly homes affordable for the economically weaker sections too. In addition, this initiative needs to be coupled with efforts for creating awareness about planning for old age.

Alleviating the Angst of Aged Women

Initiative of the Calcutta Metropolitan Institute of Gerontology, Kolkata



West Bengal is one of the most densely populated states in India. According to Census 2011, the state has about 7.5 per cent of the country's total population, or a little over 91.3 million in absolute numbers. A variety of factors like slow economic growth and industrialization, high levels of migration and dependency on agriculture has left the state of West Bengal far behind its counterparts like Punjab, Kerala and Himachal Pradesh etc.¹

West Bengal is also burdened with the dynamics of an ageing population. Nearly 35 per cent of the elderly (36% males and 34% females) are in the age group 60-64 years, and 27 per cent in the age group 65-69 years. Another important feature is the feminization of ageing in West Bengal – 72 per cent of elderly women in the state are widowed, 82 per cent of these women are migrants compared to only 36 per cent of men, and 48 per cent women has had no formal education.²

While life of the elderly people in the rural areas remains a challenge, the living conditions of the poor aged people in the urban areas are becoming worse. In the capital city of Kolkata, about 75,000 people who are above 60 live in the slums. These people are not only financially weak, they are also mentally and physically abused.

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1. United Nations Population Fund, 2012, The Status of Elderly in West Bengal, 2011. United Nations Population Fund (India), New Delhi. Also available at http://india.unfpa.org/drive/Book_BKPAI_WestBengal_20thFeb2014-lowres.pdf

2. Ibid., p. 6

In Bengal, the traditional concept of social security is prevalent and hence economic dependence of the elderly on their children is high. Providing care to seniors in the Bengali families is often termed as *seva*.³ A survey conducted by the Calcutta Metropolitan Institute of Gerontology in 2012 shows that 80 per cent of senior citizens in Kolkata prefer to stay with their children and feel that this is the best living arrangement.⁴ However, the rise of the middle class and the rapid disintegration of the joint family system⁵ in West Bengal have lead to increasing economic struggle and inadequate availability of resources for the elderly.⁶

Such socio-economic changes along with demographic transition necessitate the involvement of the State to provide the elderly with suitable social security systems. Unfortunately, though a draft Old Age Policy is in the making in West Bengal, most of the social security schemes in the state are under the aegis of the Central Government and shared by the state, like the Indira Gandhi National Old Age Pension Scheme (IGNOAPS), Annapurna Scheme and the National Programme for Health Care of the Elderly (NPHCE).

Apart from a few initiatives of the West Bengal government in health care, expenditure on the aged is very low. The NPHCE was only introduced in 2013⁷ and is still in its first phase, being implemented in only three districts of West Bengal. As a result, some of the local NGOs and institutions have come together to focus on ageing and elderly care.

One such institute is the Calcutta Metropolitan Institute of Gerontology (CMIG) which was established in 1988 with a view to rendering all possible help and relief to the aged and at the same time, instil in them a sense of confidence in their capability and worthiness as active citizens.

CMIG's objective was to promote research in the field of gerontology and implement its findings, so as to rehabilitate the elderly belonging to different socio-economic groups and to fulfil the basic needs of the downtrodden elderly. There was no model or precedent to follow.

Some Innovative approaches to Old Age Care in Bengal

The Kolkata Police and an NGO "Bengal" started a program called 'Pronam'. It is a unique attempt to provide physiological and physical support to the elderly through a helpline number. Pronam also provides emergency ambulance facilities and financial support in a restricted way. The same program has been replicated in the Salt Lake City under the name of 'Saanjhbaati' to provide assistance to NRIs living alone in that part of the city (Hindustan Times, 10 September, 2012).

Another notable initiative in West Bengal is of the Indian Medical Association (IMA), Behala. This is a doctors association that provides various medical services to the elderly population residing in Behala. Services provided include- hospitalization at subsidized rates; home visits by professional doctors; ambulance facilities and medical insurance for some of the fatal diseases (UNFPA, 2014).

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3. 'Seva' refers to selfless service or voluntary work. In the traditional Indian joint family system it refers to reciprocity in the family where parents and children look after each other.
 4. Calcutta Metropolitan Institute of Gerontology (CMIG), 2012. Status of the Aged in Kolkata – Animated through Interactive Reporting. Funded by National Institute of Social Defence, Ministry of Social Justice & Empowerment, Government of India, New Delhi.
 5. Beteille, Andre, 2007, 'The Middle Class' in Freedom: Sixty Years after Indian Independence. Art & Heritage Foundation, pp. 23–52.
 6. Lamb S., 2009, Ageing & Indian Diaspora., Indiana University Press, Bloomberg, Indiana, USA.
 7. Supra note 1, p. 50

During the last two decades, CMIG has been engaged in a movement to create a community where inherent human values, experiences and expertise of senior citizens are respected and utilized. To achieve this, CMIG has started a wide range of programs ranging from day care centres to provision of livelihood options to the formation of social capital. Since 1993, CMIG has been receiving a Government grant to run their day care centres for the BPL elderly.



Implementation Strategy

CMIG has developed a community development model for the poverty-stricken elderly living in urban localities, especially elderly women. Being a research based organisation, CMIG has collected data on the elderly poor of Kolkata city through surveys and other studies. There are about 25 lakh BPL elderly and about 75,000 in slum areas.

As a prelude to providing holistic health care to this under-privileged community, CMIG conducted an exhaustive identification process of the acutely vulnerable elderly from this population. Social researchers were engaged and they followed standard methodologies for identification of the vulnerable 60+ women through a door-to-door survey. Through this process more than 500 beneficiaries were identified.

In the initial assessment, the research team analysed 'Health Profile', 'Awareness', 'Literacy Level' and 'Deprivation' in the family environment and affordable, feasible and supportive programs were developed. CMIG started Mobile Medicare Service and two Day Care Centres in two different areas. The centres are located at negotiable distances from the slums in the two localities.

Community Development model of CMIG

- **Community Economic Development:** Two Day Care Centers & Programme of supporting Needy Grannies by the well-wishers in the community
- **Capacity Building & Social Capital Formation:** Geriatric Care Training & Skill Development of the elderly is the primary themes.
- **Community Based Participatory Research:** All action oriented research works of CMIG are clubbed under this theme
- **Community Empowerment:** Associating with Planning process, Law making in respect of Rights & Physical Securities.
- **Community Participation:** Mobile Medical Care Unit catering to the health needs of the elderly

8. This is a system of treatment with magnets and its application involves the selection of permanent magnets of different strength and also the exposure of the human body to varying magnetic fields (electro-magnet). Therapy with permanent magnetic field improves blood circulation, which in turn carries more absorbed oxygen to the cells. In one of the applications of electro-magnet a pulsating field is created in the human body and secondary currents are induced. Induced currents reactivate cells and reduce pain and swelling in the muscles.

Holistic approach to health care

For improvement of health, a combination of conventional and non-conventional methods was adopted. Conventional treatment covers allopathy and physiotherapy while non-conventional treatment makes use of homeopathy, yoga exercises and magneto therapy.⁸



Dietary counselling is another dimension of CMIG's holistic approach to health care for the beneficiaries. Trained social workers and counsellors have been continuously trying to balance the diet of the poor elderly women by inclusion of inexpensive foods.

Mental health is another area of support provided by CMIG. Psychological counselling, visits to religious places, exposure to sports activities are the ways to boost the mental health of the elderly women beneficiaries.

Focus on Livelihood

Loss of income is common in old age. This leaves most of the elderly at the mercy of their children and most of the time their basic necessities are neglected in favour of other household expenditures. CMIG believes that the poor must continue to earn a livelihood which will not only help them meet their basic requirements but also increase their self-confidence. Hence, many of the beneficiaries are engaged in income generating programs in line with their profile and health status. One of the innovative measures adopted to increase self-respect and independence among the beneficiaries is paper bag making.

Since plastic bags have been banned, there is a big demand for paper bags and this is a niche which the elderly can fill. To cater to this demand, CMIG runs a small employment program for the elderly at its centres at *Beliaghata* and *Purbalok*. About 100 women come together every day to work from noon till 2.30 p.m. They sell the paper bags to the local shopkeepers, and make approximately Rs. 4 or 5 a day. The centre also provides a space for entertainment where they can have lunch and watch television. These women have sorrowful tales to tell but working together and sharing their experiences makes them feel independent and self-reliant.

Still going strong



Aruna Sili is 76 years old and her eyesight is failing. After her husband died her children married and moved away. They come to see her sometimes, but have no money to give. She stays with the wife of her eldest son who was deserted by her husband. Aruna, her daughter-in-law and two grandchildren live in a rented room. After her cataract operation and nutritional support organized by CMIG, Aruna earns more than Rs. 10 per day by selling paper bags. She feels that with her meager earnings she can take care of herself and also contribute to the household expenses.

Bridging the Gap in Geriatric Care

Being a research and training institute, CIMG's main focus is on training professionals to meet the demand for geriatric care. Based on experience gained from many years of research, courses have been designed in geriatric care. Some of the courses⁹ are:

- **Six Months Professional Geriatric Animator Course-** CIMG is one of the regional resource centres identified to train professionals in geriatric care. The course provides in-depth understanding of the needs of the elderly to the animators, who are later placed in various NGOs, community level organisations and as home caregivers.
- **Courses in Gerontology & Age Management-** The National Institute of Social Defence, in collaboration with CIMG, has introduced a one-month certificate course in geriatric care for NGO personnel. A post-graduate diploma course in Gerontology and Age Management has also been introduced and is recognized by Calcutta University. This course offers a perfect blend of the theoretical and practical aspects of care for the elderly and is taught by academicians from reputed institutes. Recently, an M.Sc. in Dementia Studies has been introduced in collaboration with the School of Applied Social Sciences, UK as a distance learning program for all health and social work professionals working in the field of dementia.

“My life has changed; I have acquired a new status in society after doing a course with CIMG. In my community they are seeking my advice. My mother is very proud of me. My father has passed away. I feel what I could not do for my father I am able to do for others.”

- Debjani (28 years), Social Animator with CIMG

Technological Innovations

Recently, CIMG has developed technological interventions for the benefit of the elderly in the areas of Mobility Issues, Cognitive Impairment and Sleep Problems.¹⁰ This approach is unique and is being applied for the first time in India. Results are already receiving global attention.

Replicability

CIMG's approach has been appreciated by the Ministry of Social Justice & Empowerment, Government of India. A National Award was given to the organisation for its excellence in sourcing and disseminating knowledge in the field of Gerontology. CIMG has also been accredited as a Regional Resource Training Centre (RRTC) by the Ministry of Social Justice & Empowerment, Government of India. CIMG will operate in the eastern states of Bihar, Jharkhand, Odisha and West Bengal to train and monitor the functionaries of other grantee organisations under the Integrated Programme for Older Persons (IPOP), Ministry of Social Justice & Empowerment, Government of India.

Innovative Sleep Lab Trials

This is a mobile based application capable of indicating lifestyle and health issues based on the sleep patterns of the elderly. In the sleep lab trials, efficiency of sleep of elderly respondents is measured. In the follow-up, repercussions of sleep issues are estimated. From the scores (pre-designed) in the assessment, change in the behavioural pattern of the respondents is the important outcome of the trials.

9. For more information on the various professional and post-graduate courses offered by CIMG, please go to <http://www.cmig.in/index.html>

10. Calcutta Metropolitan Institute of Gerontology, 2013, 'Ageing and Society', The Indian Journal of Gerontology, Vol. XXIII No. I & II. ., Also available at <http://www.cmig.in/journal-jan-june-2013.pdf>

Conclusion

The health of elderly people in West Bengal is much worse than that of their counterparts in other states of India. Despite this, the State appears to be apathetic to the well-being of the elderly. Most of the schemes have either very poor reach or fail to trickle down to the most vulnerable sections of the population due to lack of awareness. Fund crunch in the state, lack of transparency in the social security system and lack of proper grievance redressal mechanisms make it even more difficult to implement policies and programs effectively.¹¹



Since its inception, CMIG has faced two major challenges. The first is a lack of funds and second is the low level of awareness among people. The Institute has been using platforms and forums like Varistha Nagarik Manch¹² (VNM), physicians, college and university teachers, NGOs working in the district and government functionaries to create awareness and frame policies for the elderly. However, it has been a slow process as the support of a proactive Government and sensitized public is necessary to bring about any noteworthy change in the life of the elderly.

11. Supra note 1, p. 58-63

12. Varistha Nagarik Mancha is a Federation of Sr. Citizens' Associations in Kolkata, West Bengal under the umbrella of HelpAge India.

A Comprehensive Approach towards Dementia Care

Experience from Nightingales Medical Trust, Bangalore



Dementia and Old Age

“Ich hab mich verloren.”(I have lost myself). This remark in German brought to light a challenging neurodegenerative disease which has now become an epidemic. On 26 November 1901, Ms. Auguste Deter was being examined by Dr. Alois Alzheimer. She sat on her bed with a helpless expression and when asked to write her name, she wrote, “*Ich hab mich verloren*”. Ms. Deter had been admitted with memory problems, delusional thoughts, reduced comprehension and disorientation. She passed away on 8 April 1906 from sepsis caused by infected bedsores, high fever and pneumonia. The case was published by Dr. Alois Alzheimer in 1907. He called the illness Alzheimer’s disease. Similar cases kept coming for diagnosis, and scientists struggled to understand the pathology of the disease. Kraplien, a great neuroscientist, named this group of symptoms ‘dementia’.¹

What is Dementia?

It is a neurodegenerative disease characterized by a progressive, global deterioration in intellect including memory, learning, orientation, language, comprehension and judgement. The irreversible decline in global intellectual and physical functioning affects the person with dementia, their family and carers.

1. Maurer, Konrad, Stephan Volk, Hector Gerbaldo, 1997, 'Auguste D and Alzheimer's Disease', The Lancet, 349, pp: 1546-49

The Dementia India Report 2010 has estimated that over 3.6 million people are affected by dementia in India with a higher prevalence of the disease in women – 2.1 million are women while only 1.5 million are men. This is expected to double by 2030. The prevalence of dementia also increases with age. At the age of 65 years, the proportion of people affected is 1 in 20 increasing to 1 in 5 by the age of 85.² The larger proportion of older women who have dementia can be explained by the fact that women tend to live longer than men.

The cost of taking care of a person with dementia is met by their families and the financial burden will only increase in the coming years. The challenge posed by dementia as a health and social issue is of a scale that can no longer be ignored. Despite this, there is gross ignorance, neglect and scarce services for people with dementia and their families. Coupled with that, there is lack of awareness and stigma. There are about eight residential care facilities exclusively for people with dementia in India and only 10 day care centres offer professional care. Domiciliary care is provided in five centres. About 100 memory clinics are functioning. Hence the available services are grossly inadequate to meet the needs of the more than 3.6 million persons with dementia in India.

Dementia results in a progressive decline of cognitive abilities, poor self-health care, physical dependency, wandering, aggression and difficult behaviours. There are also other reasons like children going abroad, lack of professional or trained caregivers and general social stigma that make dementia a challenge.

High prevalence of dementia among elderly women

In India there are over 3.6 million people affected by dementia out of which 2.1 million are women and only 1.5 million are men

Although a high proportion of elderly people with dementia are cared for in their own homes the onset of behavioural problems such as these can be challenging, resulting in subsequent institutionalization of persons with dementia (PwD).

However, residential care for the PwDs is not only an economic burden, it is also not as widely accepted in developing countries like India as it is in the Western World. It is even more stressful for older women, especially single or widowed women, as they are more dependent on their families to take care of them.

Nightingales Medical Trust

Nightingales Medical Trust (NMT) a reputed NGO, has been working for the well-being of the elderly in Bangalore since 1998. NMT is striving to keep family bonds intact through innovative, family-based support systems for elders suffering from dementia from all socio-economic groups.

Dementia care requires a holistic approach, ranging from assistance with establishing the diagnosis, to management and further planning. Keeping this in mind, NMT has the following projects dedicated to the different needs of people with dementia:



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2. Dementia India Report 2010 – Alzheimer's & Related Disorder Society of India

- Nightingales Centre for Ageing & Alzheimer's (NCAA)
- Ellen Thoburn Cowen Memorial (ETCM) - Nightingales Dementia Care Centre
- Nightingales Dementia Day Care Centre

The NCAA and the Nightingales Dementia Day Care Centre are both located in Bangalore while the ETCM- Nightingales Dementia Care Centre is in Kolar, 60 Km. from the main city. While NCAA caters to dementia patients from the upper and upper middle class, the Centre in Kolar and the Day Care Centre cater to patients from the middle and lower middle class.

Nightingales Centre for Ageing & Alzheimer's- Established in 2010, NCAA is India's largest comprehensive residential care facility for PwDs. NCAA is an 86-bed facility which provides short-term and long-term care. Well-researched principles have been incorporated in the holistic dementia care model implemented at NCAA, beginning with a safe and secure residential care facility, enabling activities of daily living, encouraging social interactive sessions and reducing stress and agitation among the PwDs. The facility also provides caregiver training and has an age-friendly building with walkways, lawns and garden that provides respite to both patients and their families.

Implementation Strategy: NCAA's infrastructure has been built by Bharat Electronics Limited with donations of well-wishers and clients who have availed its services. The land was given by the government at a concessional rate to support this cause. The centre is managed by a team of trained professionals. The clinical care team is multi-disciplinary, including a geriatric psychiatrist, a consultant neurologist, general physicians, clinical psychologists, physiotherapists, activity coordinators, dementia nurses and trained caregivers. The ratio of 4 patients to 1 caregiver per shift is extremely high for a resource-limited population and is the key to NCAA's excellent functioning over the last few years.

Voice of the Founders

"As of today there is no cure for dementia. The best way to address this challenge is to provide good quality of care to people who are suffering from this illness and minimize the risk of dementia. Nightingales Medical Trust is striving to achieve both the goals."- Dr. Radha S. Murthy, Co-Founder

"Nightingales Medical Trust got involved in developing various care facilities for people with dementia as senior citizens are more prone to get this illness. Our goal is to make dementia care affordable and accessible." - S Premkumar Raja, Co-Founder.

Various non-pharmacological therapies are being used at the centre such as hydrotherapy, pet therapy, activity therapy, *Snoezelen*³ therapy and other psychosocial interventions. Constant effort is made to integrate residents with society. Families are encouraged to participate in regular programs, particularly celebrations of all religious festivals and holidays. Families who live away from Bangalore are encouraged to keep in touch with their relatives at the centre via internet video calls. Several dedicated volunteers from the community make regular visits to the centre and accompany residents on field trips.



3. Multisensory stimulation therapy using lighting, atmosphere, sounds and texture

Over a 3-year period (2010-13), of the outpatients assessed, 8.7 per cent of individuals with dementia availed long-term care in NCAA and 15 per cent availed short-term care. Most of the caregivers have made use of the formal help available such as day care, professional caregivers and support group services. Short-term care was also availed of, mostly for respite, or management of challenging behaviours. However, in most cases, even after the challenging behaviours subsided, caregivers found it difficult to take the patient back home due to lack of community support in managing the illness.

Nightingales Dementia Day Care Centre-

While residential care should be the last resort in dementia, day care is a more affordable and an extremely helpful option, especially in the initial stages. Nightingales Dementia Day Care Centre, situated in the premises of Bangalore City Corporation, is supported by a grant from the Government. A very nominal fee is charged for utilizing the services. Nightingales has been running the day care centre since 2006, and about 15 patients avail this service every day. The day care centre is an initiative to provide a respite to family caregivers and delay permanent institutionalization.

Nightingales Telemedicine Enabled Dementia Care Centre-

It has been estimated that about 7.1 lakh PwDs belong to the middle class and about 78 per cent of them require institutional care at some point of the illness.⁴ However, existing care facilities charge over Rs 20,000 per month which is unaffordable for the majority of this population.

In order to reach this population, NMT has devised India's first telemedicine enabled Dementia Care Facility. Inaugurated on 27 May 2014 in the premises of ETCM Hospital, the centre has 35 beds and provides both short and long-term stay along with memory screening. The clinical core team of NCAA which includes geriatric psychiatrists, neurologists, psychologists and therapists constantly monitor the centre using specially designed tele-dementia management software. In addition, the Centre has specially trained caregivers and qualified nurses who monitor the patients and provide support to them. The centre is based on the 'hub and spokes' model to make dementia care accessible and 30 per cent more affordable than NCAA without compromising on the quality of care.

My mother has been a permanent resident at the Nightingales' Care for Ageing and Alzheimer's' since December 2012. She has been suffering from Alzheimer's' since 2009 and we were taking care of her at home. Things worsened tremendously after a fall, hip fracture, surgery and when she arrived at the home, she had bed sores, was catheterized, and was bed-ridden. She had spent two months in a major corporate hospital and I was told that she had forgotten how to stand.

Despite my initial reluctance to institutionalize my mother, I now realize that it was the best decision that I could have taken for her, because I would not have been able to provide her the care that she gets over here. She gets personalized care from a team of very dedicated, well trained care-givers who are extremely affectionate.

It is really heart-warming to see these elderly persons come out every morning into the lawn, do some exercises led by the care-givers. This is as close to a home atmosphere that the elderly can get along with all the care that they need at this stage of their lives. I have no regrets about my mother being here and I don't think I could have had a better option anywhere else" says Swati Aiyer, daughter of Laxmama, long term resident of NCAA.

4. Rao G.N., Bharat S. , 2013, 'Cost of dementia care in India: Delusion or reality?' Indian J public health, 57pp: 71-7

Snapshot of NCAA's work

Number of people screened for dementia	3000
Number of people sensitized through awareness program	1500
Number of people assessed for dementia through memory clinic	1300
Number of long term admission	105
Number of short term admission	650
Number of day care services availed	75

Results of the Practice

Impact of Dementia Care provided by Nightingales Medical Trust at a glance:

- **More awareness about dementia**

Major challenges in providing quality dementia care are the lack of knowledge about dementia and attitudes towards behavioural problems among staff and families. Dementia was viewed as a normal part of ageing, interventions were therefore considered to be pointless. Behavioural problems were seen as patients deliberately 'being difficult'. These attitudes are gradually being changed with intensive training, exposure to patients with dementia and most importantly, by observing that the right kind of care can ameliorate behavioural problems.

Mrs. Padma, aged 68 years was admitted to the Kolar Centre by her son who is working in Guntur. She was diagnosed with dementia in 2010 but was only shifted to the facility in 2014 since she was becoming difficult to manage and the son had to travel for work. "I had to miss my office but because of the ETCM I am assured that my mother is looked after well and within my budget. I am still able to meet my mother and be regular to my job" says the son

- **Increase in the number of assessments**

Free memory screening camps and advocacy efforts have led to more people approaching the doctor to get their memory screened for any signs of dementia. People with dementia are now being brought frequently to the clinicians for suggestions and recommendations. There has been a shift of attitude from "*nothing can be done once the diagnosis is established*" to "*there is a lot that can be done*".

- **Reduced care giver burden**

The range of services that are being provided has led to a reduction in the burden on caregivers. People who can still care for patients at home visit the memory clinic for suggestions and are trained to look after their loved ones better. People who need their parents to be looked after during the day time avail the day care services. When it becomes extremely difficult to manage, there is residential care which also allows the patient to go back home if their behaviour improves.



- **Better quality of life to people with dementia**

A combination of psychosocial interventions, personalized care, training and pharmacotherapy has led to better management of behaviours and improved the quality of life for the patients. An individualized, structured, cognitive rehabilitation program is also prepared for each resident taking into account the severity of their dementia.

- **Affordable and Accessible dementia care services**

There is a dearth of experts available for mental health problems / psychiatric problems in India. Most of the people cannot even access basic medical care. Access to specialized care services such as mental health is negligible. For the 3.7 million people with dementia, the services need to be accessible and the only way is through technology. NMT's telemedicine enabled centre has enhanced the reach to high quality dementia care in a comparatively cost effective manner.

Recognition for Dementia Care

Alzheimer's & Related Disorder Society of India (ARDSI) is a national NGO dedicated to care, training and research in dementia and has 20 chapters across the country. Nightingales Medical Trust has been identified to promote the Bangalore Chapter of ARDSI.



Conclusion

Having successfully conceived and established different dementia care services, NMT is committed to replicate the services in different parts of the country. One of the ways is by establishing more telemedicine enabled dementia care centres and services using the expertise gained over a period of time. This will make dementia care accessible and affordable.



The projects established by the Trust in the field of dementia are backed by standard operation procedures, systems, professional management and detailed documentation. This makes all NMT projects replicable, scalable as well as sustainable. Through regular advocacy NMT is making an effort to influence the government to recognize dementia as a health care priority and initiate more projects such as these all across the country.

Financial Inclusion of Elderly Women

A case study of SEWA Bank, Gujarat



As per the census of India 2011, while the sex ratio is in favor of male population in ratio 940:1000, for elderly at (60+) population it is in favor of elderly women by 1022:1000.¹ Statistics reveal that by 2050, women over 60 years would exceed the number of elderly men by 18.4 million,² clearly showing the feminization of ageing. However, the biggest challenge for older women at the moment is isolation, poverty and lack of social security services. Financial independence for elderly women is almost negligible in India. The crisis is even more pronounced among women in the unorganized sector and women from lower income families. Thus, the situation of older women requires immediate attention.

Various efforts and initiatives have been undertaken by different stakeholders to enable elderly women to spend the last years of their lives with dignity. One such effort has been initiated by Self-Employed Women's Association (SEWA) Bank³ to provide financial support to elderly women from the economically weaker sections of society. This is a collaborative effort with the Government of India, where SEWA Bank works as the frontline organisation disbursing pensions under the National Pension Scheme (NPS) of the Government of India.

1. <http://www.globalaging.org/elderrights/world/2012/older%20women%20in%20india.pdf> (The Agewell Foundation Note)

2. <http://www.thehindu.com/opinion/op-ed/the-feminisation-of-old-age/article3951968.ece>

3. SEWA is a trade union registered in 1972, on the initiative and under the leadership of Ela Bhatt. It is an organisation of poor, self-employed women workers from the non-formal sector, who earn a living through their own labour or small businesses.

While this is a generic pension scheme for the benefit and support of people and families from the economically weaker sections of society, SEWA is also directing its efforts to secure the future of the women associated with the Bank and has integrated this with the Life Cycle Approach to financial inclusion of women.

The unprotected or unorganized sector in India accounts for 93 per cent of the labour force.⁴ Over the years, SEWA has realized that women from this sector, being the sole supporters of their families, need access to credit throughout their lives to cope with various family needs and emergencies. Savings in the form of fixed deposits, savings or loans would help them accumulate the money needed to weather unexpected emergencies, pay for their children's education, improve their housing, prepare for old age, or finance other major purchases that would benefit their families. Full financial inclusion for the poor includes not only access to services, but the knowledge and power to choose the right product and use it effectively.

Implementation strategy

The Shri *Mahila Sewa Sahakari* Bank came into being in the year 1974 and was established on the initiative of 4000 self-employed women who contributed Rs.10 each as their share. The SEWA Bank is a pioneer in the microfinance sector in that it not only steadfastly commits itself to empowering poor women, it is also governed by the beneficiaries.

SEWA Bank is also the only licensed microfinance bank in Gujarat State authorized to accept deposits as well as lend funds. Customers with savings accounts outnumber borrowers by almost three to one. The Bank realizes that its members – women from lower income groups – need loans for a variety of reasons such as the purchase of income earning assets, raw materials, improvement of housing or repayment of old debts. At SEWA Bank, in the absence of traditional collateral, a regular savings record over a period of one year is taken as a form of security.

Chief Objectives and Activities of the Bank

- To provide facilities for savings and fixed deposits, thus encouraging thrift in women
- To provide credit to further the productive, economic and income generating activities of the poor and self-employed women
- To extend technical and management assistance in production, storage, procuring, designing and sale of goods and services
- To provide facilities to rescue their jewellery from pawn brokers and private moneylenders and giving loans against jewellery
- To adopt procedures and design schemes suitable to poor self-employed women like collecting daily savings from their place of business or houses, or providing saving boxes and giving training and assistance in understanding banking procedures

4. www.sewabank.com/history

The total savings and credit status of SEWA Bank over three years is given in the table below:

	2010 – 2011	2011-2012	2012-2013
No. of members	82,327	88,167	96,921
Share capital	5,29,70,650	6,04,89,950	7,55,72,490
Accounts	3,61,639	3,71,108	4,48,434
Total deposits	1,19,47,68,390	1,11,26,43,000	1,14,11,63,000
Credit accounts	1,48,146	1,65,175	1,85,179
Total Credit	51,69,06,439	56,22,27,199	70,42,38,552

Innovative Life Cycle Approach to Financial Inclusion

Financial inclusion is fundamental to economic and social development which means access to all the facilities of savings, credit, remittances, insurance and pension. Given the size of the population and the diverse nature of the financially excluded segment in India, the onus of promoting inclusion lies equally on each stakeholder of the financial ecosystem – government, banks, private and social sector.

In serving its women members, SEWA Bank adopts a life cycle approach, wherein women's financial requirements are mapped from birth to death and products are designed to meet their short, medium and long-term needs. SEWA Bank's objective is to act as a woman's lifetime friend and not as a short-term provider of funds and hence it tries to design its services, products and mechanisms as per the needs of the woman at all stages of her life.

Each product is designed to help members meet a particular need: a housing account helps the beneficiaries to build or repair their houses, while an emergency preparedness account helps them weather the economic shocks that are common among the poor and those working in the informal sector. There are also accounts that help women save for education costs, marriages, and the purchase of gold.

Beneficiaries are strongly encouraged to prepare for old age by making deposits in the National Pension Scheme (NPS) through SEWA Bank. Credit products complement savings in order to help beneficiaries expand a business or ensure smooth cash flow, while access to insurance offers additional support for emergencies.

“Over the years, we studied the financial needs of women and their lives. Now, we first try and get them not to borrow from moneylenders and loan sharks at high interest rates. Then we educate them on saving small amounts from their daily wages. We get them to chart out their life goals and then customize their loans according to these goals. These women are nearly always saving for a rainy day, and the rainy day keeps coming in the form of a natural calamity, a festival, an illness, a fraud or even bad business.”- Ms. Jayshree Vyas, Managing Director, SEWA

Empowering the Economically Disadvantaged



Maniben Haribhai Patni, 55, is resident of Girdharnagar. She is a fruit vendor and has been the director of the SEWA bank of her area for 28 years. Since the beginning, Maniben has been aggressively persuading women to become part of SEWA and she became the agewan (leader) of her group very soon.

Maniben says it was difficult to convince other banks to give loans to workers like her. She says, “Limitations of women

workers from the informal sector and the reluctance of the existing banking setup to help us forced us to establish our own bank”. Her first loan of Rs. 5000 was for the expansion of her business. She took other loans too – Rs.10,000 to repair her house, Rs.50,000 to buy a house for her family, Rs.55,000 loan against gold for the marriage of her son. SEWA Bank has a beneficiary friendly system and she had no difficulty getting any of the loans. She also has an insurance policy in her name. A small fruit vendor, with little awareness and access to resources, she started to save Rs.10 per day in SEWA Bank which has grown to Rs.1.5 lakh now!! She has built her own house, got back her mortgaged gold, paid the debts of moneylenders and has now opened four pension accounts in her own name as well as for her daughters and daughters-in-law.

Pension Scheme for the elderly

Earlier, only government employees were eligible to get pension but after the introduction of NPS all citizens of India are eligible. NPS is mandatory for all central and state government employees whereas NPS-Lite is optional for the unorganized sector. National Pension Scheme Lite (NPS-Lite) – Swavalamban⁵ and Unit Trust of India (UTI) Retirement Benefit Pension Fund assure constant financial help during old age.

SEWA Bank had started its own efforts to provide security to women during their old age by launching a scheme called “Bhavi Suraksha Yojana” (Future Security Scheme) in 1995. However, they had to withdraw the scheme due to Reserve Bank of India guidelines. The experience of SEWA Bank in providing financial security to the elderly came in handy when the Central Government was planning for NPS-Lite. With the help of SEWA Bank the Government could reach out to a large beneficiary group whose trust had been won over the years so the scheme was easy to implement. Since February 2012, SEWA Bank has been linked with NPS-Lite Swavalamban. Though SEWA bank focuses on women, NPS-Lite – Swavalamban is the only scheme where men also have a pension account with the bank.

Women feel that financial support in old age is important so that they are not dependent on their children. During the focus group discussions, many women expressed their view that health becomes the most important concern during old age so regular income in the form of pension can at least help them to obtain better medication. It was evident from the number of women enrolling for the pension scheme that they are now making up their mind for a better life in general and better old age in particular.

5. National Pension Scheme Lite - Swavalamban was launched on 26 September 2010. The focus is on the economically disadvantaged and unorganized sector, where the Government contributes Rs.1000 per year to each NPS-Lite account based on specified criteria.

Micro-Pension Initiative: UTI-Retirement Benefit Pension Fund

The Micro-Pension scheme offered by SEWA in partnership with UTI is a pioneering initiative in India. The scheme helps all women below 55 years of age to save as little as Rs 50 a month in a pension account. At the age of 58, the account holders receive their savings along with interest to finance their retirement. Till date, more than 26,500 SEWA members have opened UTI-Retirement Benefit Pension Accounts in SEWA Bank.

Financial Literacy

As a result of years of close field-level interaction with SEWA Bank members, the Bank has recognized the need for education to help these members make better financial decisions. SEWA Bank was the pioneer of financial literacy training to members and was instrumental in establishing the Indian School of Microfinance for Women (ISMW) and setting up the National Alliance for Financial Inclusion and Literacy (NAFIL) to continue this work.

SEWA had already designed modules on financial literacy and shared this expertise and the materials with ISMW. The main objective of SEWA's financial literacy program is to make poor women understand the basic concepts of financial planning and motivate them to plan for their future. For this reason, in June 2002, SEWA Bank introduced 'Project Tomorrow', a project for members to gain skills in personal financial planning. The program was intended to help these women to escape the cycle of poverty, make informed decisions about their finances, build their own future and live a secure life.

Financial literacy is increasingly being recognized as a key element to ensure that members are active and knowledgeable participants in their financial decisions and that households are able to fully utilize and leverage the financial services available to them.

Conclusion

The SEWA Bank has broken the vicious circle of indebtedness and dependence on middlemen and traders, and this has increased the bargaining power of the women. SEWA Bank has nearly 1 lakh members availing one financial service or another. As per the latest data, SEWA has 44,354 female and 8923 male pension accounts. Making use of its reach and resources, the bank is trying to reach as many women as possible.

"We may be poor, but we are so many."- A beneficiary of SEWA Bank

SEWA Bank has set an institutional goal of serving one million beneficiaries by 2015. Today it serves more than 350,000 women, providing savings, loans and access to insurance and pension products, from seven branches in the Ahmedabad area.

SEWA Bank claims to be one of its kind and till date there is no bank like it in India or abroad.⁶ It is worth noting here that the Ministry of Corporate Affairs data reveals that there are more than 4500 Non-Banking Financial Companies (NBFCs) in Gujarat and nearly 50,000 NBFC in India.

6. http://www.mca.gov.in/Ministry/pdf/Nbfc_Companies_6nov2008.pdf

Old Age Institutions

Focus on Mumbai



While the Indian population is ageing fast, the lack of effective implementation of strong regulatory measures to safeguard the interests of this demographic, especially when it comes to old age institutions is an important concern. The Integrated Programme for Older Persons, under the National Policy on Older Persons (NPOP),¹ was implemented in 1992 and supports NGOs by subsidizing most project costs involved with running old age homes.² The National Policy for Senior Citizens (2011)³ promises an array of State interventions – support for financial security, healthcare, shelter and welfare, special focus on older women, protection against abuse and exploitation and special attention to rural areas. The policy highlights the plight of several vulnerable groups as well as the issues faced by elderly women due to socio-economic barriers strengthened by cultural prejudices and the prevalence of patriarchy in Indian society.⁴

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1. Report on the Status of Elderly in Select States of India, 2011, available at http://www.isec.ac.in/AgeingReport_28Nov2012_LowRes-1.pdf
 2. S. Irudaya Rajan, U. U. S. Mishra, Working Paper:5, The National Policy for Older Persons: Critical Issues in Implementation, UNFPA (2011), available at <http://www.isec.ac.in/BKPAI%20Working%20paper%205.pdf>
 3. Ministry for Social Justice and Empowerment, available at <http://socialjustice.nic.in/pdf/dnpsc.pdf>
 4. Ibid., p. 3

The concept of an old age home is relatively new to India, having been adopted from the West due to changes in societal norms and the popularity of the nuclear family model. The shift from traditional households comprising up to four generations living as a joint family to nuclearization has also resulted in issues of abandonment for the elderly – a large number of those residing in old age homes do not actively choose to do so. Though the issues of comfort, safety and security may be addressed by an old age home, the emotional and mental needs are often overlooked in favour of basic physical and medical needs.

Some of the factors that contribute towards the elderly taking up residence in old age homes include

- Migration of younger people from rural areas to major cities in the country and even abroad in search of better job opportunities
- Differences in attitudes and generational values between elders and their children who seek greater independence and freedom to make their own decisions
- Medical needs or ill health that cannot be taken care of by children or when living alone
- Safety and security from crimes against senior citizens living alone
- Legitimate cases of abandonment arising from property disputes or financial difficulties

Elderly women in old age homes in Mumbai

Approximately 11.1 million citizens above the age of 60 live in Maharashtra.⁵ With the disintegration of the joint family system, the elderly especially women are found to be most affected, suffering not only from the lack of facilities catering to their age but emotional vulnerability as well.

The new concept of day care centres is gaining acceptance from elders and their family members on account of elders being alone and idle and family members being unable to give enough time and attention to ward off their loneliness. In Mumbai, there are ten institutions cater exclusively to elderly women. This study focuses on four of these institutions, highlighting some of their good practices.

Shraddhanand Mahila Ashram, Vasai

One of the most famous old age homes for women in Mumbai, Shraddhanand Mahila Ashram completed 85 years in 2011. The facility takes in non-paying residents on the basis of recommendations from social workers and other reliable NGOs, while paying residents are taken in through a registration process involving the concerned family, with no difference in the amenities provided to both categories in accordance with their strict 'Non Discrimination' policy.

Encouraging intergenerational interaction, the home allows children from a nearby school to come by in the evenings to play games or share snacks with the elderly residents. Most of these children, being orphans, also benefit from the initiative which itself works well to contribute towards building a better community. The home also arranges for vocational training classes including tailoring, thereby helping the residents to take up productive pursuits that not only keep them occupied but also strengthen their sense of self-worth.

5. Actual figure: 11,106,935, Census of India 2011, Ministry of Home Affairs, Government of India, available at http://www.censusindia.gov.in/2011census/Age_level_Data/India/Five_Year_Age_data.xls

Our Lady of Piety Home, Chira Bazar

Maintained by the Our Lady of Piety Church Trust in Goa, this institution presently caters to 14 elderly women, all of whom work together and depend on each other. All the residents are admitted without payment and the facility is maintained by the Trust as well as through sponsorships and donations received from regular contributors. When they die, the residents are ensured a proper burial as per tradition in a patch of land reserved for the home in a nearby cemetery.



The Dignity Dementia Day Care Centre, Dadar

The centre, with its staff of eight paid workers and four or five volunteers from different social sciences backgrounds, maintains a daily routine of innovative activities while providing the special care required by persons suffering from dementia and Alzheimer's disease. The centre arranges for frequent visits by school and college students in order to raise awareness about these ailments while simultaneously helping combat the feelings of loneliness experienced by the residents. Not only do students actively engage in conversation and study of the residents but also put up musical acts for their entertainment.

"My mother taught me to take care of my children because eventually I would need them to take care of me. So I paid heed to her and practiced what she preached" says Lata, 75, living in the Our Lady of Piety home for the last 10 years. Recounting the manner in which her son had informed her of a new job offer and sought her blessings for him to move abroad with his family, she expressed her distress at the thought of being abandoned.

Ashadaan, Sankli Street

Launched in 1976 by Hindustan Unilever Limited (HUL), the initiative supported Mother Teresa and the Missionaries of Charity in setting up Ashadaan, a home in Mumbai. Located on a 72,500-square foot plot belonging to HUL in the heart of Mumbai, Ashadaan's capital and revenue expenditures for

Some Memories



Two of the most talkative residents at the Dignity Dementia Centre were women with very different backgrounds. One of them was a lively 60-year-old retired teacher with a love for English books and dance. Talking about her visits to the centre where she had made many friends, she praised the volunteers and spoke about her love for children, recalling the achievements of some of her favourite students.

The other lady had recently celebrated her 90th birthday, and conversed in Gujarati, discussing her family and sharing some of her own recipes with visitors. Though she could no longer cook as she did when she was at home, she assisted the cook at the centre in preparation of evening snacks. Having been a part of the institute for the last four years, she expressed her fondness for the pet therapy at the centre.

maintenance, upkeep and security of the premises are all borne by HUL. The institution is the largest of its kind for elderly women in Mumbai, with almost 130 residents occupying the home at any point in time, most of whom have been abandoned with no family to support them. The Missionaries of Charity provide all needs of the women from clothing, to food to medical aid.

The essential features that make these homes an example of good practice are given below:

	Shraddhanand Mahila Ashram	Our Lady Of Piety Home	Dignity Dementia Day Care Center	Ashadaan
Type of Old age home	Paid and unpaid residency with the responsibility of maintenance being shared by a trust	Unpaid with support from government and other local charities sponsors	Private, paid day care center	Charity based old age home founded by Mother Teresa
Medical facilities	In-house nursing staff on internship basis; weekly and monthly check ups by local doctors; yearly check-ups by specialist	On-call physician; free-of cost treatment for minor ailments	Trained employees for dementia care; on call physician	Sisters trained in medical care; on call physicians
Domestic Aide	Two- full time domestic aides, another two on shift basis	One full- time domestic aide for menial and heavy chores; while the women in the home cook for themselves on regular basis	Food prepared by cooks hired on the basis of daily wages; eight volunteers to look after all other chores	Full time aides along with residents who can work allowed according to a schedule
Vocational training and opportunities to earn	Staff often finds work for some of the residents to help them earn; basic computer training is encouraged	Residents permitted to seek work outside on both full-time and part-time basis	-	-
Celebration of Festivals and group outings	Picnics arranged twice a year for the residents; families of residents often visit to celebrate their birthdays; all major festivals celebrated	A small picnic to a nearby spot is arranged once every year; all major festivals celebrated	Picnics arranged only under strict professional guidance; birthdays of the residents and all major festivals celebrated.	-
Inter-generational programmes	An hour in the evenings interacting with children from a nearby orphanage on a daily basis	Occasional visits from school and college students	Regular visits from school and college students from across the city; mostly psychology students	Visits are often discouraged due to the size of the institution; however certain institutions are permitted to make yearly visits
Counselling	Monthly counsellor visits	Only called upon when required	Counsellor always available	Counsellors and social workers always available

Challenges and Limitations

- Ageist attitudes and biases based on stereotypes reduce elderly people to inferior or limited positions. Segregation from the workforce proves to be detrimental to their mental health and well-being.
- The lack of funds at every institution call for more legal and structural contribution by the Centre and state for the maintenance of old age homes. It is essential that the care of the elderly is seen not only as the responsibility of the family unit but of the community.



Recommendations

- **Intergenerational housing:** Depending on their resources or preferences, old age homes can choose to incorporate all or one of the following types of intergenerational housing
- **Intergenerational vocational training:** Younger destitute women could be trained along with the residents of the old age home
- **Free education services for children from financially disadvantaged families:** By hiring a teacher and using any appropriate and available space for conducting evening classes for such children, not only would the old age home be making a positive contribution to the community but also helping elderly women feel less lonely or restricted to interacting only with their peers or caretakers.
- **Working Girls' hostels:** Reserving a wing or section of the premises for use as a working girls' hostel, would provide safety to residents of both kinds and allow for events and occasions where interested residents of the girls' hostel could volunteer with ease.
- **Home-based services:** Many elderly persons would prefer to continue living in familiar surroundings if adequately supported, often feeling disoriented and lonely when rehabilitated. It is also possible to identify medical practitioners, locality-wise, who can regularly visit the residences of the senior citizens as and when required.⁶
- **Protective services:** A security system with a follow-up organisation comprising of members sensitive to senior citizens who would facilitate a mechanism for investigation of cases of elderly abuse and crime.⁷
- **Grading of institutions serving the elderly:** The lacuna with respect to prescribed norms for old age homes and other elderly care services in India must be addressed by the legislature. There needs to be standardization and grading on a regular basis by an independent body under the Central and State Governments which would then serve as a reliable guide for the elderly as well as their children while determining the most suitable institution as per their needs. This practice, which is commonly followed in developed countries like the UK and USA, has helped individuals and their families to decide on the best option for the care of their elderly.⁸

6. http://www.helpguide.org/elder/senior_housing_residential_care_types.htm
7. http://www.ssireview.org/articles/entry/scaling_the_walls
8. <http://www.agingcare.com/Articles/senior-housing-care-138928.htm>

Some innovative practices followed by Old Age Institutions from other cities

Ma-Dhaam, Guild of Services, Vrindavan: The women at the home are actively engaged in language classes and various vocational activities for which they are paid a small allowance by the Guild. In addition to outings to other holy towns and celebration of festivals, the residents' emotional and mental needs are attended to by a counsellor living on the premises. Along with proper access to medical aid, the women are also provided with physiotherapy as and when needed. Younger dependents of the residents are trained at the facility alongside the residents themselves, incorporating an intergenerational aspect by enabling interaction and learning in a healthy environment.

Premdaan, Kolkata: The home provides a space with all old age facilities to elderly and destitute women free of cost, with special attention given to elderly disabled women. Women do not have to apply or register to be accepted – they are accommodated immediately or rescued from the streets.

Kalyan Ashram, Kolkata: In addition to its basic function as an old age home, this institution has successfully taken on the role of an age-care facilities hub for elderly women in Kolkata. The services available include Certificate courses for caregivers, physiotherapy for residents of homes for the aged and an Elders' Helpline and a Senior Citizens' Self-Help initiative.

Divya Chaya Trust, Palam Vihar, Haryana: The innovative measures unique to this home include the guest lectures organized on various issues and a library with a wide variety of books that add to the overall mental contentment of the residents by providing intellectual stimulation. This is often overlooked in many old age homes that prefer to provide less time and management intensive forms of entertainment to their residents. The interactions of the residents with members of local corporate institutions also provide for stimulating discourse that benefits both parties – the CSR commitments of corporate bodies are fulfilled while promoting a culture of sensitivity towards the concerns and issues of older generations. The basement of the building is utilized as a computer laboratory and education centre where underprivileged children in the area are given free lessons in the evenings. The home integrates intergenerational living through running the school, which presents the residents with opportunities to spend time with the children.

Ashoka Niketan, Mahila Seva Samiti, Kolkata: Evolved out of a need to address the issue of elderly women's rights, Ashoka Niketan supports its residents in leading a dignified and secure life, counselling their family as and when needed in order to root out thinking that would allow behaviour that violates the human rights of aged women. The organisation consistently advocates for mainstreaming of old age issues by networking with relevant agencies, citizens and the local government.

- **Cohousing:** Cohousing, originating in Denmark and has become a very popular concept in some parts of the USA. Balancing social needs of the elderly with lower energy costs and environmental friendly designs, cohousing remains an underdeveloped concept in the subcontinent. However, replication of such a model would have a high chance of success owing to the pre-existing culture of community and sharing already existing in India.⁹

9. <http://www.shareable.net/blog/seniors-reinvent-aging-through-cohousing-senior-villages>

Conclusion

All institutions studied have good policies of regular health check-ups and ensure caregivers' presence to ward of loneliness among the women. At an older age when economic or survival needs are reduced to the basic needs plus healthcare, it is often the latter that requires most attention. In addition to the development of the existing old age home models, promotion of a value system that supports and positively includes older generations is essential.

Though state policy and laws ultimately aim at reform, it is generally observed to be highly challenging for a set of policies to directly, successfully and immediately impact societal norms and values, especially those that already highly devalue the human worth of the vulnerable group. For the welfare and care for the older persons, efforts must be made to preserve existing social support systems/traditional social institutions including family units, neighborhood and community bonding and community participation not only in cities but in rural areas as well.

Intergenerational care and involvement of the community can also help in bringing about a sense of responsibility among teenagers, who then learn lessons of care giving and the need to respect elders while ensuring emotional bonding and creating an agefriendly environment. Senescence



often brings along a myriad of psychological problems, and even those unaffected by these ailments admit to feelings of loneliness or a general decrease in self-worth. Assimilating intergenerational elements in institutions catering to the elderly would work as social catalysts for better values in younger generations while allowing older generations to experience more fulfilling solutions to their intangible needs.

Farmers' Suicides in Maharashtra

The Vidarbha project of HelpAge India empowering elderly women



Farmers' suicides in India have been rampant for decades due to the agrarian crisis that the country is undergoing. According to the official data from the study, Farmers' Suicides in India: Magnitudes, Trends and Spatial Patterns, "On an average nearly 16,000 farmers committed suicide every year over the last decade and every seventh suicide in the country was a farmer suicide." The common factor in almost every reported case of farmer's suicide in the country was its occurrence in cotton growing states. Vidarbha region in the state of Maharashtra, known for its cotton farming, accounts for 10 per cent of the farmers' suicides in the country.¹

The total number of reported farmers' suicides in Maharashtra in the year 2006 was 1427. The Vidarbha Jan Andolan Samiti, a farmers' movement, reported that approximately 1158 farmers committed suicide between June 2005 and December 2006. In 2006 alone, there were 772 reported cases of suicide accounting for 55 per cent of the suicide cases.² The main reasons were crop failure, simultaneous rising cost of cultivation and indebtedness. Other factors include lack of flexibility in cultivation practices, wrong choice of crops for cultivation, decreasing area for crop cultivation (cotton takes a larger area) and poor irrigation facilities.³ All these led to a

1. K, N. Macroscan, 29 July 2014. Available at http://www.macroscan.org/anl/mar08/pdf/farmers_sucidies.pdf

2. Mitra, S., 2007, 'Farmers' Suicides in Maharashtra', Cited from Economic and Political Weekly, 42(49), pp.:73-77

3. A, Narayanmoorthy. 2006. 'Relief Package for Farmers: Can it Stop Suicides?' Economic & Political Weekly , 41 (31),pp.: 3353-3355

low yield per hectare due to which there was a decrease in international prices, making cotton farming less remunerative,⁴ and driving the farmers to suicide. The district of Yavatmal was most affected though the maximum number of suicide cases was reported in *Pandrakawada Taluka*.⁵

In January 2006, HelpAge India started working for this cause and carried out various activities during the initial stage. A Mobile Medical Unit (MMU) was sent from Nagpur to provide the required medical and psychological support to the families of farmers who had committed suicide. A survey was then carried out to assess the needs and situation of the grieving families. It was observed that there was no backup or financial support for these families.

Elderly women who lost their husbands were the most vulnerable among the people who were affected by the farmers' suicides. They were not only emotionally affected but these suicides took away their source of sustenance, sometimes leaving them responsible for their families.

While entire families were affected, it was seen that the women who had lost their husbands were the most vulnerable, especially the elderly. They were not only emotionally vulnerable but the suicides also took away their source of sustenance, sometimes leaving them to shoulder the family responsibilities. There was extreme poverty in that area requiring the use of some innovative techniques which could uplift the poor widows and farmers.

A baseline survey was carried out to assess the needs of the people in the villages. A series of meetings were held with the villagers and members of the *Gram Panchayat*⁶ and it was observed that the major challenge was to regain their livelihood and sustain their families. The HelpAge India officials explained the proposed activities to the villagers and conducted demonstrations. Though there was a sense of reluctance initially, with time the villagers started participating by enrolling themselves in the Elder Self-Help Groups (ESHGs) beginning with 36 groups which later increased to 51. Most of the activities were targeted at providing a source of livelihood and attaining a dignified life for the families.

The project, entitled "The Vidarbha Project" was launched in February 2011. The nine villages which were chosen for implementation of the project are, *Bhadumri, Padha, Saykheda, Hiwara, Rampur, Pardi, Pachpoor, Shibli and Rajni*. Currently the project is operative in all nine villages.

Main Implementation Strategy

i) Elder Self Help Groups (ESHGs)

As mentioned above, one of the concerns in these villages was earning a livelihood. HelpAge figured that through Self-Help Groups, it would be possible to get the elderly together as a group to sustain themselves. In-depth interviews of all the villagers were conducted by HelpAge India through the ESHGs. Initially, there were 36 ESHGs in two blocks, Kelapur and Jhari, which had 399 senior citizens. Each ESHG had 10-15



4. Ibid, pg 3353

5. Taluka or thesil is an administrative sub-division that serves as a head quarter for several adjoining/nearby villages or towns organized for revenue purposes.

6. A Gram Panchayat is a local self-government institution at the village or small town level in India and has a Sarpanch as its elected head.

members and most of them were women. Community meetings were organized and internal lending was initiated in Kelapur and Jhari villages. By 2011, 51 groups were formed in which 322 members were women and 213 men.

Village committees, known as 'Federations', were established out of which two of them received a subsidy of Rs. 10,000 each from the *Panchayat Samiti*.⁷ For the other groups, HelpAge India provided a seed capital of Rs. 13,300. HelpAge India also helped two BPL groups to get subsidies from the Government for initiating income generating activities.

ii) Income Generating Activities

- **Dal Mills and Threshers-** Through the ESHG meetings HelpAge discovered that the people in the villages faced difficulty in processing dal (legumes) and crop threshing. The quantity of dal produced was very little compared to the money spent on its processing. They didn't have a dal mill or a thresher near their villages due to which they had to travel long distances to get it processed. Also, the rate at which the processing was done was extremely high.

The villagers themselves suggested setting up dal mills and threshers. HelpAge supported the setting up of the dal mill and linked up with government schemes under the Agricultural Department to get the pump for water. HelpAge India funded the dal mill and the thresher. The earnings and surplus was used for maintenance of these machines.

The setting up of the mill helped in increasing the yield and also in generating income. In 2010, almost 62.22 quintals of dal were processed. The dal mill became a source of income and also provided employment to a few villagers.

- **Grain Banks-** Another initiative was 'Grain Banks'. This concept was launched for a 2-month period in February-March 2012. Despite all the activities carried out by the ESHG members, a few people remained unemployed and had no source of income. The ESHG members decided to contribute a handful of grain each and give it to the needy. For example, around 50 kg. of grain was collected by the villagers and distributed



among the elderly who had no source of income. Another initiative is the Devdhan scheme under which the members and few other interested people in the villages collected grains. HelpAge India donated the same amount of grains. The grain was given to the needy and the extra was stored for use in case of any natural calamity.

7. Panchayat Samiti is a local government body at the Tehsil/Taluka level in India. It works for the villages in the Tehsil that together forms the Development Block. The Panchayat Samiti is the link between the gram panchayat (village committee) and the zila parishad (district board).

- **Linkages with Government Schemes-** The HelpAge India projects brought the villages closer to the government schemes. Through constant visits to the block offices, the farmers received a subsidy of 75 per cent for their production. Currently, another project is underway wherein 100 per cent subsidy would be available under Adivasi Vikas Prkalpa.⁸ HelpAge has also linked up with the Agriculture Department to provide 15 old beneficiaries to receive 100 teakwood saplings. This activity is carried out once every year.

Benefits from the Dal Mill



Kamal Bai Sitaram Atram, aged 60, lives in Pardhi Village. She owns a 'paan tapri' (betel leaf shop) and also earns an income on a daily wage basis. She has been an ESHG member for the last 2 years. Attending the meetings has given her insights on saving to make her future secure and ideas to start a business. She donates Rs 50 towards Devdhan, a scheme for people who are in need of money contributory grain bank. Her life has changed after becoming an active ESHG member. Some of the benefits are ease in getting food whenever there is a draught and also in getting loans to carry out the farming activities.

iii) Medical mobile camps

HelpAge India also organizes medical and eye camps for the elderly people in the village. The members are assessed and screened for cataract and other eye surgeries. These patients are provided free transport facility and the surgeries are also carried out free of cost.

Achievements of the Project

- **Coverage:** The project is working effectively in all 9 villages. It started with 36 ESHGs in 2011 and in three years the number has increased to 51.
- **Innovative ways of generating income:** Projects like setting up of dal mills and the threshers have contributed to the income of the villagers by providing them. The project covers a large beneficiary group of 2358 members. Approximately 3500 people from the 9 villages participate in this project.
- **Sustainability of the initiatives:** The ESHGs contribute to the maintenance of the dal mill and the thresher. A part of the earnings generated are saved and used for maintenance of the machines. Also, members from the federation

Story of Ganga Bai



Ganga Bai, aged 80, lives in Shibla Village. Her husband, a farmer, committed suicide. Her health is deteriorating due to old age. She doesn't have any children who can look after her. HelpAge India convinced her to become a member of an ESHG and helped her during a serious illness. She is economically backward and is in a miserable and isolated state. She has been given a pension under the Niradhar Pension Scheme provided with assistance from HelpAge India and the daily rations are taken care of through the Devdhan scheme, under which grain is given to the needy.

8. The Adivasi Vikas Prkalpa scheme works under the Central Government of India. The main purpose of this Scheme is to provide assistance and help to the people in the villages which are marginalized. The schemes emphasize on social welfare, economic welfare, education, social justice, women and child welfare, healthcare, food, employment etc.

invest a small amount from the savings to start a small scale business activity and then the profits made are reinvested further for new ventures.

- **Replicability:** The success of the Vidarbha project has convinced HelpAge to replicate it in other parts of India; a program is now being planned for the state of Bihar.



- **Empowerment of women:** As a result of the project elderly women have started participating in decision making at home. They have also started participating in activities such as starting a small scale business like a small shop, farming activities etc. The women are now aware of investments which can be used later in life. They are also saving small amounts every month in banks which could help them in their future.
- **Lower suicide rates:** One of the major achievements of this project has been a decrease in the suicide rates in the villages. In 2011 13 cases were reported. After the initiation of the project there have been no such cases.

Conclusion

The Vidarbha Project is working successfully. It has benefited a huge population and has contributed to bettering the socio-economic conditions of the people. Income generation through the grain banks and mills are now helping people to not only take care of their families but also repay their earlier debts. Women who never participated in any activities outside their homes have now started participating



in the village meetings and also suggesting innovative ideas. They are more confident now. Another positive outcome of the ESHGs is that it has brought about more unity amongst the people in the village. Thus, it can be concluded that the project is having a significant impact on the lives of the people, especially elderly women.

Innovative Schemes to Support Aged Women

Initiatives of the Kerala Government



According to Census 2011, there are 7.4 million people who are above 60 years of age in Kerala, the largest number among all states in the country. Of these, 3.3 million are males and 4.1 million are females.¹ Vulnerability among the female older population rises with the male-female longevity gap widening in the state, coupled with the fact that disparities in income and retirement benefits in the country favour the men more than the women.²

A survey conducted by UNFPA under the project “Building a Knowledge Base of Population Ageing in India” (BKPAI) in 2011 suggested that a majority of the old women in Kerala are in the age group 80+ and they are mostly widows (around 65%). One-fifth of the elderly do not have any formal education; the proportion of women in this category is also higher (29%). The study also revealed that women are more likely to have less or no income and have no assets. In fact, if elderly women do have an income, it is more likely to be because their poor financial status drives them to work in their old age. In Kerala, 84 per cent of the elderly are not working and this is mainly due to adverse health conditions (66% for men and 68% for women).³

1. United Nations Population Fund, The Status of Elderly in Kerala, 2011, United Nations Population Fund (India). Also available at http://www.isec.ac.in/BKPAI_Kerala_State%20report.pdf

2. <http://www.thehindu.com/todays-paper/tp-national/tp-kerala/better-coverage-of-schemes-for-the-elderly-sought/article5521643.ece>

3. Supra note 1, pp. 3-15

Kerala has a large out migration of the adult population in search of employment due to which the elderly are left to take care of themselves. This has serious implications on their living arrangements and provision of care, especially for the women. The BKPAI study shows that Kerala has the highest number of old age homes in India and the demand for such institutional care will rise due to the nuclearization of families and migration of children abroad. However, since the elderly showed a much greater desire to live with their children than their counterparts in the other states surveyed, this might lead to a high level of dissatisfaction and loneliness among them.⁴ Older women in Kerala thus are in a unique adverse position compared to their counterparts in the rest of India.

What the State is Doing for the Aged Population

The Government of Kerala has formulated a State Old Age Policy and has amended the Kerala Maintenance and Welfare of Parents and Senior Citizens Act of 2007. The State Old Age Policy 2013 gives importance to the welfare of the vulnerable groups which includes widows, women in rural areas, those without family support, childless, disabled and those with chronic illnesses. The policy states that provision of old age homes is a must, with special attention to be given to those who are ill and people with dementia. Provision of care for the elderly would be provided in coordination with other departments and a network of NGOs.

The Central Government Maintenance and Welfare of Parents and Senior Citizens Act, 2007 has also been implemented in Kerala since 2009. This has ensured that heirs are legally bound to take care of their old parents and the state has gone further by instructing the Police Department to maintain a senior citizens' register to take care of any complaints from the elderly population.⁵

In the light of such circumstances for the elderly demographic, the Central and State Governments need to step up their social security measures to address their needs and provide proper care. The State of Kerala has recognized the challenge of taking care of their needs – social, economic, health, living arrangements and security. This study looks at some of the innovative schemes that the State Government has implemented to support the old. These schemes are state driven and specific to Kerala. This has been done to draw attention to the fact that though most states are able to implement programs run by the Central Government, Kerala has gone a step further in taking up the issue of old age, particularly for older women who are in need of special attention and care. These schemes are innovative, replicable and have had a tremendous impact on the life of the elderly. They stand as examples for other states to emulate and scale to become larger, more sustainable projects.

Innovative schemes run by the State of Kerala

i. The Kerala Social Security Mission (KSSM)

A special agency named Kerala Social Security Mission (KSSM) was set up in October 2008. It is registered as a Charitable Society under the Government of Kerala. The KSSM functions under the



4. Ibid, page 62

5. Ibid page 41

State Social Justice Department which is the nodal agency that implements the Maintenance and Welfare of Parents and Senior Citizens Act, 2007 and the State Old Age Policy, 2013. The KSSM organizes programs dedicated to providing social security and support to the destitute, poor, aged, children, women, chronically ill patients and socially backward population. The three important programs under the KSSM that benefit the elderly population in the state are *Vayomithram*, *Aswasakiranam* and *Snehapoorvam*.

Vayomithram: This scheme was implemented in 2011 to provide health care and support to the elderly above the age of 65 years, residing in the Corporation/Municipal areas in the state. The Vayomithram project mainly provides free medicines through mobile clinics, palliative care and help desk to the old. Mobile medical units and helplines are also part of the project. The project is implemented in collaboration with the local self-government bodies (Municipality/ Corporation) in the area.

During the financial year 2012-2013, KSSM spent Rs. 3,30,76,472 under this scheme for providing regular bi-weekly medical check-ups, free medical care and palliative care to 64,075 beneficiaries over the age of 65 in 25 municipal areas across the state. Of these, 42,684 were elderly women. Vayomithram holds out great promise for old women though it is presently confined to select cities and towns.⁶

Under the Vayomithram scheme, interesting initiatives like Sallapam and Snehayathra have been implemented by the KSSM. This takes the senior citizens outside the confines of their old age homes for vacations and tourist destinations which providing them entertainment and a chance to interact with other inmates.

Aswasakiranam: This scheme provides financial support to the bedridden and mentally challenged patients. It also involves assisting the family members and relatives of physically and mentally disabled bedridden patients who are their caregivers. The scheme provides a monthly assistance of Rs. 525 to caregivers of all bed-ridden patients who need a full-time caregiver.

At present, about 49,000 beneficiaries receive assistance in caring for the bedridden and mentally challenged persons. Among the beneficiaries, about 40 per cent are reported to be elderly persons.⁷ The scheme has reached out to a lot of elderly women – a survey by KSSM in 25 municipal areas across the state, showed that out of 1063 beneficiaries over the age of 60, 493 were women.

Snehapoorvam: This is a new initiative of KSSM and provides financial support to orphans or those who have lost one parent and are living with the support of their



Janaki's widowed mother is a cancer patient in the terminal stage. Her treatment cost was met by the government but she needed round-the-clock care. The family is poor and was supported by the earnings of Janaki's elder brother. Janaki also contributed her meagre earnings as a casual labourer but as the condition of the mother worsened and required constant care, Janaki had to attend to her on a full-time basis. They applied for the Aswasakiranam scheme which enhanced their income and also helped Janaki train to take care of her mother. The amount is not as much as her earlier wages but she feels this has enabled her to attend on her mother with reduced hardship.

6. Balasubramanian KS 2013; Janamaithri Almanac, Thiruvananthapuram.

7. Supra note 1, p. 50

family. Aged grandparents who are often the caregivers receive financial assistance for the education of such children, ranging from Rs. 300 per month (Class 1 to 5) to Rs. 1000 per month (graduate level).⁸

During 2012-13, about 1507 children received assistance amounting to Rs. 50,00,000 and in most cases the subsidy went to elderly women who, by and large, were the caregivers-cum-supporters of the child. In Kerala, since the rate of family disintegration is on the rise, a lot of times the burden of care of children falls on old women and hence this scheme has special significance for them.⁹

ii. Kerala Police

Janamaithri Suraksha: The project is a new venture of the Kerala Police initiated in the state in 2008. The project started with 20 select police stations and is now operating in 248 stations covering all 14 districts. It is a unique concept of community policing whereby the State joins hands with the citizens in crime prevention.

Rajan (12 years) is living with his destitute old grandparents after his mother died and father abandoned him immediately after her demise. His grandfather is an and the family survives on the earnings of his grandmother who goes to neighbouring houses as helper and gets meagre remuneration which is not sufficient to maintain a family of 3. Rajan started working in a car workshop during out-of-school hours but sometimes he had to compromise on his school timings. When the Snehapoorvam scheme came into existence, the grandmother applied for assistance as she was the real caregiver of Rajan and this enabled the family to take care of Rajan's schooling without having to send him for work. The scheme helped the family to bring Rajan back to school.

One of the components of this scheme is the protection of senior citizens. The police help to monitor the senior citizens by interacting with them on phone, visiting them regularly, organizing field visits and advising them on their personal problems. This one-to-one interaction with the police is especially beneficial for elderly women, since a large number of them are living alone and are unable to go to the police station to register their complaints. The scheme has immense relevance and has made a great impact in Kerala where family and social security bonds are no longer as strong and old people, especially women, are plagued by feelings of insecurity and are getting cut off from society.¹⁰

iii. Institutional Services to Aged People

There are over 400 old age homes in Kerala, of which 15 are run by the state. As per the statistics available with the Social Justice Department, there are around 8000 inmates in these homes with a few homes accommodating more than the sanctioned strength. Aged females outnumber males in these homes. The State Government has taken the initiative of monitoring and scrutinizing these homes to ensure better facilities for the elderly, especially in view of the enactment of the state's Old Age Policy, 2013.



8. Kerala Social Security Mission, 2014, Annual Report 2013-2014, Thiruvananthapuram, KSSM.

9. Kerala Social Security Mission, 2013, Report on Day Care Centres for Aged, Thiruvananthapuram, KSSM

10. Kerala Police Department , 2012, Janamythri Suraksha Scheme, Kerala Police Department, Thiruvananthapuram

The policy stipulates that the State Government will take affirmative action to provide facilities, concessions and relief to senior citizens to improve their quality of life and to ensure that the existing public services are user friendly and sensitive to older persons. It provides a comprehensive picture of various facilities and covers many areas like financial security, healthcare, shelter, education, welfare, protection of life and property.¹¹ The most important feature of the policy is that it stresses on basic criteria for running these old age homes, which is missing in most parts of the country.

iv. Technological Innovation by the State

Under the Information Kerala Mission, the Government of Kerala's e-governance program, the Social Security Pension or 'Sevana' is executed efficiently and transparently. It is a software system developed by the Information Kerala Mission and deployed in the local governments within the state with the intention of providing an efficient and transparent mechanism for the social security services executed through them. This software is being used by the local bodies to disburse social welfare pensions in a time-bound manner.

Currently six types of social security pensions are being distributed through local bodies under Sevana. The ones that benefit the elderly are the Indira Gandhi National Old Age Pension Scheme,¹² National Widow Pension Scheme,¹³ National Pension for the Disabled¹⁴ and pension to unmarried women above 50 years (this is a state initiative).¹⁵ Sevana is very helpful to old women as it is quick and transparent and these are important positive factors in any assistance scheme for the old.¹⁶

Conclusion and Way Forward

Old age schemes implemented by the Kerala Government have had a tremendous impact in providing care and support to older people, especially elderly women. The State Old Age Policy and the amendment of the Kerala Maintenance and Welfare of Parents and Senior Citizens Act, 2007 have laid the ground for the implementation of the rights of senior citizens. Where most states in India have failed to formulate a basic policy for their elderly population, Kerala has been the forerunner not only in formulating a policy but also implementing innovative and age-friendly schemes for its citizens.

Programs like *Vayomithram* have become a helpline for hundreds of elderly citizens to access medical and palliative care services. The Central and State pension schemes support a considerable number of aged population and have made a difference in the lives of many elderly women, providing them a support system that is transparent. The system of e-governance improves the tracking of the benefits when reaching out to a larger audience. Apart from the special government facilities/schemes, the Kerala Police Department has also adopted stringent measures to provide security to the elderly population in the state.

11. Nair, Sobha B. (2013) "Aging of the Aged and its implications for older women in Kerala" in PKB Nayar (ed.) *Older Women in India*, New Delhi, The Women Press

12. This is a monthly pension scheme shared by both the state and centre for BPL persons aged 60 years or above. The revised amount of pension is Rs. 500 per month in Kerala and for those aged 80 years and above the amount of pension is Rs. 900.

13. The Indira Gandhi National Widow Pension Scheme provides a pension of Rs. 700 per month including the central share of Rs. 300. At present the number of beneficiaries is 8.3 lakh women in the State and has been the most benefiting pension scheme for the elderly women.

14. The Indira Gandhi National Pension Scheme for the Disabled provides a pension of Rs. 700 per month including the central share of Rs. 300. It is disbursed through the local bodies and the present number of beneficiaries in the state is about 2.8 lakh.

15. This pension scheme is State driven and benefits a large number of elderly women. The amount of pension is Rs. 700 per month and about 57, 000 women benefit from this scheme with the elderly claiming a major share.

16. Kerala Planning Board (2013) *Kerala Economic Review 2013*. Thiruvananthapuram, Kerala Planning Board.

Despite this, the UNFPA (2011) study revealed that though a large number of the aged population in Kerala were aware of the schemes and programs run by the state, utilization was fairly low. A rigorous effort has been made by the various state departments and local organisations to make the schemes available to the bottom of the pyramid and to create awareness as better monitoring and implementation such programs can make a significant difference in the life of the aged population.



Glimpses of the South Asia Forum for Aged Women Conferences

The South Asia Forum for Aged Women (SAFAW) in India is concentrating on advocating for aged women's issues and concerns with women's groups, CSR and corporate foundations, government and relevant agencies. To this end, a series of regional conferences and interactive meetings were organized in New Delhi, Jaipur, Mumbai and Kolkata in order to raise awareness and promote deeper knowledge on the subject.

Conference Update



Delhi (1st February, 2014)

- The conference on 'Raising Awareness on Aged Women: Issues and Challenges' was held at Janpath Hotel in collaboration with the National Resource Centre for Women. There were about 25 participants from leading civil society organisations, women's

activists, legal experts, jurists, and representatives from old age homes, recreation clubs for the elderly, academia, health care professionals, corporates etc. Major recommendations that emerged from the meeting were that old age homes should be made intergenerational, Private Public Partnership Model (PPP Model) should be adopted with regard to homes for elderly persons and recreation centres.

Professor S. Siva Raju, Tata Institute of Social Sciences

"The phenomenon of ageing is not a uniform process; it affects women more than men and the emerging economic developments are impacting inequalities of gender."



Professor Vibhuti Patel, SNDT



"There are multiple levels of vulnerabilities that women face at old age and only a rights based approach to policy and

programs can bring about social integration of the elderly, especially women."



Jaipur (8th February, 2014) - The conference on 'Aged Women: Issues and Challenges' was held in collaboration with the Centre for Community Economics and Development Consultants Society (CECOEDECON). The conference was attended by 58 participants including women activists, members of rural women's groups, legal experts, academicians, health care professionals, corporates and media from

the State of Rajasthan. Recommendations that emerged from the conference were that more recreational centres for elderly persons should be established and that there is a need for women's empowerment programs, especially in the patriarchal society of Rajasthan.



Mumbai (10th March, 2014) - The conference on 'Women and Ageing' was held in collaboration with the Tata Institute of Social Sciences, Mumbai and SNDT Women's University. Discussions ranged from feminization of

ageing to case studies of various organisations that are doing good work for elderly women. A set of actionable points was drawn up at the end of the conference, ranging from social reform to healthcare to government initiatives that would contribute to the well-being of the elderly.

Dr. Aarati Saxena, StreeShakti-The Parallel Force

"It is time to be sensitive to the elderly women and nurture and value their wisdom in a wide array of fields. Creation of a database for all these amazing women at the national level is the need of the hour"



Dr. Pam Rajput, Chairperson, High Level Commission on Women

"The National Policy of Ageing just has a mere reference on woman and ageing, more advocacy with policy makers is required to mainstream the issues and challenges of elderly women"



Kolkata (21st April, 2014) - The conference on 'Feminization of Ageing' was held in collaboration with Calcutta Metropolitan Institute of Gerontology (CMIG). Participants included senior citizens, practitioners, academicians, representatives of senior citizens' organisation, agencies working with older people, government officials, representatives of the Chamber of Commerce and the Corporate Social Responsibility sector. Some of the suggestions

were: uniform retirement age, free pass for travel on buses and trains, geriatrics to be added as a main subject in medical studies.

Dr. Indira Jai Prakash, Former Advisor to World Health Organization

"It is time that society took cognizance of the unpaid, unrecognized contributions of older women as care givers, child protectors, household helpers, support mechanism for working mothers and as carriers of cultural legacies".



Recommendations from the conferences:

- Commission for aged women within NCW to create legal awareness
- Free Travel Pass for elderly
- Inclusion of single women in welfare schemes
- Mandatory provision of health care for elderly women
- Due importance of studies and research given to gerontology in medical education
- Intergenerational old age homes and community care
- Universal Pension scheme
- Tax concessions and reforms
- More involvement of CSR in work related to the elderly women
- Developing post retirement skills



Organisations working to provide care and services for elderly women

Sl. No.	Name of Organisation	Type of Organisation	Email ID	Telephone No.	Website	Address	Name of Founder and Executive Member	Areas of work/services provided	Beneficiary type	Helpline Numbers
1	All Bengal Women's Union-Old Age Home	NGO	info@abwu.org	(033) 2229 5757, (033) 2229 3292, (033) 2229 1763, (033) 2229 0007, (033) 2229 7783	www.abwu.org	89, Elliot Road, Kolkata : 700016	Founder Late Ramola Sinha, President Ms. Ratna Sen	Care of Elderly Particularly Lonely, Poor, Destitute And Neglected Elderly; Security and Assistance with Medical Emergencies.	Destitute women	
2	All India Women's Conference	Welfare Organization Working With Women And Children	"info@aiwc.org.in president@aiwc.org.in"	(011) 2338 9680, (011) 2338 1165	www.aiwc.org.in	"Sarojini House, 6, Bhagwan Dass Road, New Delhi-110001"	Founder Late Margaret E. Cousins President Ms. Veena Kohli	Welfare of women and children, achieve a society where women are free from all types of violence, especially domestic violence and sexual harassment, women empowerment	Women And Children Of All Ages Cutting Across Class Barriers With Focus On The Underprivileged	
3	Alzheimer's and Related Disorders Society of India	National level NGO	ardsinationaloffice@gmail.com	(048) 8522 3801	www.alzheimer.org.in	National Administrative Office : P.B. N-53 Guruvayoor Road, Kunnankulam-680 503 Kerala	Founder Member: Dr. K. Jacob Roy, Chairperson: Ms. Meera Pattabiraman	Awareness Generation on Dementia, Care givers Training, Geriatric Courses, Creation of Dementia Friendly communities, Help Line, Counselling, Enabling referrals to doctors, Home visits, Domiciliary care, Running of Day care centers, Running of Long term 24X7 care homes, Providing free medicines	People Living with Dementia and their family care givers, Health care workers	"National Help (Cochin): (0) 9846 198 473 Helpline (Delhi): (011) 6453 3663, (011) 2999 4940"

4	Ashadan	Charitable Organisation	NA	(022) 2309 3591	NA	Ashadan Hindustan Liver Ltd. Shaikh Hafizuddin Marg, Madanpur, Nagpada, Mumbai Central, Mumbai-400008	Late Mother Teresa	Dying Destitute and Women for all age group	Women and HIV Victims	
5	Calcutta Metropolitan Institute of Gerontology (CMIG)	Education and Research Institute	cmig@rediffmail.com, chakraindrani@gmail. com	(033) 2370 1437, (033) 2371 1437	www.cmig.in	E-1, Sopan Kutir, 53B, Dr. S.C. Banerjee Road, Kolkata – 700 010	Dr. Indrani Chakravarty Chief Functionary	Regional Resource and Training Centre for WB, BIHAR, ORISSA & JHARKHAND. Initiative of Technology intervention for elderly	Underpri- vileged Elderly	
6	Center for Community Economics and Development Consultant Society (CECOE- DECON)	Non Profit	cecoedecon@gmail. com	(041) 277 1488, (041) 277 1855, (041) 2948 3436	www.cecoedecon.org.in	"S W A R A J F-159-160, Sitapura Industrial & Institutional Area, Jaipur - 302 022 Rajasthan, India "	Mr. Sharad Joshi & Ms. Manju Joshi	Ranging from Natural Resource Management, Sustainable Rural Livelihoods, Climate Change, Fair Trade, Institution Development, Seed Sovereignty, Land Rights, Health, Nutrition, Education and Human Rights.	Empowering Women, Children, Farmers and others at the society's margins including Scheduled Castes and Scheduled Tribes	(0141) 277 1488
7	Centre For Social Research	Non-Profit/ Non- Governme- ntal Organisation	info@csrindia.org	(011) 2689 9998, (011) 2612 5583, (011) 2613 5096	www.csrindia.org	Plot No: 2, Nelson Mandela Marg Vasant Kunj, New Delhi - 110070	President Dr. Ranjana Kumari	Founded in 1983 Our mission is to empower the women and girls of India, guarantee their fundamental rights, and increase understanding of social issues from a gender Perspective	Women Empowerment through Research & Advocacy	"CSR Crisis Interven- tion Centres: (011) 2689 9998, (011) 2612 5583

8	Confederation Of Senior Citizens Associations Of Delhi	Registered Society Under Societies Registration Act Of XXI, 1860	guptajr2005@gmail.com	(0) 9810 488 059	www.seniorcitizensdelhi.org	B2/73-B, Safderjung Enclave, New Delhi- 110029	Mr. J.R. Gupta, Elected Chairperson	Care Of Elderly Particularly Lonely, Poor, Destitute And Neglected Elderly; Security and Assistance with Medical Emergencies.	Senior Citizens	(011) 2619 7711; (0) 9810 488 059
9	Department Of Development Communication And Extension, Lady Irwin College (University Of Delhi)	Academic Institution & Research	ladyirwinrc@yahoo.in	"(011) 2371 1222 "	www.ladyirwin.edu.in	Sikandra Road, New Delhi-110001	Dr. Anupa Siddhu, Director	Research Studies And Outreach With Ngos Working For The Aged, In The Past For Research In Health Care Of The Aged, Old Age Homes, Home Based Care For The Elderly	Impacting policies for Women Empowerment	
10	Dignity Foundation	Public Trust	sheilu.sreenivasan@dignityfoundation.com, respondedignity@gmail.com	(022) 6138 1100	www.dignityfoundation.com	"Mumbai: B-206,2nd Floor, Byculla Service Industris Premises, Dadoji Konddev Marg,Byculla (E) Mumbai - 400 027				
11	Divya Chaya Trust - Chiranjiv Karam Bhoomi Care Home	NGO	divyachaya@live.com	(012) 4407 0090, (012) 4407 0091	www.divyachayatrust.org.in	C-1/190 Palam Vihar, Gurgaon, Haryana	Trustee : Mr. Amrit Agarwal, Ms. Kamal Chugh, Dr. Kusum Ansal	A Residential Old Age Home, A day care center for elderly people, A non-formal center for the drop out children & holiday home for the underprivileged children	Senior Citizens & Underprivileged Children	

12	Guild Of Service	NGO	guildofserviceni@yahoo.com	(011) 4101 3416, (011) 4101 3417	www.guildforservice.org	C-25, Qutub Institutional Area, New Delhi 110016	Founder Chairperson: Dr. V Mohini Giri	"Skill Development Training, Rehabilitation Centre Home For Elderly, Widows, Children And Women, Advocacy, Policy Recommendations,	Advocacy, Rehabilitation, Research For Elderly Women	
13	HelpAge India	National Level NGO	headoffice@helpageindia.org	(011) 4203 0400	www.helpageindia.org	C-14, Qutab Institutional Area, New Delhi – 110016	Mr. Mathew Cherian – Chief Executive	To work nationwide, for the cause and care of the disadvantaged older persons and to improve their quality of life. Traditionally the focus was to improve the quality of life of destitute elders primarily in the rural areas through its welfare projects by providing free rations, free medicines and consultations and conduct free cataract surgeries.	Overall Society, with special focus on the Elderly	1800 180 1253
14	HelpAge India - Kalyan Ashram	NGO	kalyan.ashram@helpageindia.org	(033) 24488078	www.helpageindia.org	4, Param Hansa Deb Road, Kolkata-700027	Ms. Sharmila Majumdar, Terriotry Head	Taking Care of Elderly women	Elderly Women	1800 345 1253

15	Heritage Elder Care services (P) Ltd	Private Limited Company	info@heritagehealthcareindia.com	(0) 9666 641 554, (0) 9948 077 378, (0) 9848 181 777	www.heritagehealthcareindia.com	37, Kamalapuri Colony, Phase 3, Hyderabad-500073 Andhra Pradesh, India	Dr. K R Gangadharan	"Heritage Medical Centre : Long term, skilled nursing facility with medical care Heritage Kshetra: Assisted living home for seniors Heritage Home Health Care Services: At-home assistance for seniors through trained caregivers, doctors, physiotherapists, nurses",	Senior Citizens	
16	Indian Council Of Medical Research	Autonomous Body Of Department Of Health Research, Ministry Of Health & Family Welfare, Government Of India	secydhrr@icmr.org.in	(011) 2658 9544	www.icmr.nic.in	P.O. Box No. 4911, Ansari Nagar, New Delhi - 110029	Dr. V.M Katoch, Secretary	Research Funding And Policy Inputs to Govt. Of India	Researchers, Teachers, Cbo Through Research Funding And Mentoring	
17	Institute Of Economic Growth, Delhi	Autonomous Institute With Government Of India Funding	system@iegindia.org.moneer@iegindia.org	(011) 2766 7288, (011) 2766 7365, (011) 2766 7101	www.iegindia.org	Institute Of Economic Growth, University Of Delhi, Delhi-110007	Director Prof. Manoj Panda, Co-ordinator of BKPI Project Professor Moneer Alam	Economics Of Ageing, Health, Population And Human Development, Migration, Industry And Development, Globalisation	Policy & Programme for Elderly in India	

18	International Longevity Centre-India (ILC-I)	Not-for- profit Company registered under Section 25 of the Indian Companies Act, 1956	longevity@gmail.com	(020) 6500 2595	www.ilcindia.org	CASP-Bhavan, Pashan- Baner Link Road, Pashan, Pune- 411021	Founded by late Dr. S. D. Gokhale, Present President of ILC-I- is Dr. R. A. Mashelkar, Executive Director- Ms. Anjali Raje, M.No: 09890301986	Research, Training, Policy, Advocacy, Documentation and Field Programmes including Valueducation of school and college students and providing partial medical support to elderly women	Needy, elderly grandmothers; all senior citizens; sensitising school students	
19	Life Circle Senior Citizens Foundation	NGO	admin@lifecircle.in	(0) 4040 123 826	www.lifecircle.in	Hyderabad And Mumbai	Mr. Anant Kumar And Dr. Nidhi Mishra	Developing Innovative Solutions for Active Ageing. Research on issues relevant to promotion of health and well-being of senior citizens. Inter- Generational Projects in Mumbai and Hyderabad and is developing Resident Charter for Old Age Homes in Andhra Pradesh.	Senior Citizens	(040) 7101 1744
20	Mahila Seva Samity - Ashoka Niketan	NGO	mahilassind6@gmail.com	(033) 2248 3005	www.mss-india.org	Registered Office : 8, Government Place (North), Kolkata - 700 062, WB, India	Late Ashoka Gupta, President Rtd. Justice Ruma Pal	Today, we serve elderly women who have no families to turn to in their twilight yearToday, we serve elderly women who have no families to turn to in their twilight year	Mahila Seva Samity was born in 1947 to provide relief and rehabilitation to women and children.	

21	Nightingales Medical Trust	Registered not for profit Organization	nightingalesmt@gmail.com	(080) 4242 6565	www.nightingaleseldercare.com	No. 8P6, 3rd A Cross, East of NGEF Layout, Kasturinagar, Banaswadi, Bangalore - 43 Karnataka, India	Dr. Radha S Murthy – Co-Founder & Managing Trustee, Mr. S Premkumar Raja – Co-Founder & Honorary Secretary	"Nightingales Medical Trust (NMT) is a well-established and reputed NGO working for the well-being of the elderly since 1998 in Bangalore. NMT is striving to keep family bonds intact through innovative and community-based support systems for elders of all socio-economic groups. NMT is designated as the Regional Resource & Training Centre by the Government of India for building the capacity of NGOs engaged in age care in South India.	Elders of all socio-economic groups	1090, (0) 9342 730 936, (0) 9342 730 959
22	Our Lady of Piety Home		NA	(022) 2205 4922		49, Vijaywadi, J. Shankar Seth Road, Marine Lines, Mumbai 400002		Care for the Aged	Aged Male and Female	(022) 2205 4922
23	Premdaan	Welfare Organisations	NA	(033) 2703 1351, (033) 6444 4996, (033) 2329 4523	www.premdan.org	37, Tiljala Road, Govinda Khatick Road, Kolkata - 700046	Late Mother Teresa Sister incharge Sister Sudha	Physiotherapy, Health Facilities, Occupational Therapy (those who have the ability to participate) are provided. The facilities provided are free and provided to all irrespective of male or female members of the home	Special Care for the disable Old Women	

24	Ramakrishna Vivekananda Mission	Socio-Religions	rkvmbkp@vsnl.net	(033) 2592 0547	www.rkvm.org	7, Riverside Road, Barrackpore, North 24 Parganas, Pin-700 120, West Bengal India	Swami Nityarupananda	Child Welfare, Women Welfare, Home Elderly People, Medical Care, Education, Relief, Vocational Training	All Age Group Of People.	
25	Rural Education And Development (READ) India	Non-For-Profit Organisation	geeta.malhotra16@gmail.com	(011) 2805 3367	www.readglobal.org	Head Office: Read India, 97, 3rd Floor, Sector 23, Dwarka New Delhi-110077	Ms. Geeta Malhotra, Country Director	Works with the rural community on Education; Livelihood and Community Development. Elderly women who participate in Read Centers impart their skills to the younger women and adolescent girls. Also, Health care facilities with special focus on elderly by qualified doctors.	Women of all age groups and their families are Indirect Beneficiaries.	
26	Shraddhanand Mahila Ashram	Non-Governmental Organisation	hwws@vsnl.net	(022) 2401 2552, (022) 2401 0715	www.shraddhanand.org	Shraddhanand Mahila Ashram, Advocate Rajani Margh Near Geetmala, kolivada, Wasai, West Mumbai 2401202	Ms. Tara Save, Secretary	Women and Children	Children (0-18) and Women until death	

27	Shreemati Nathibai Damodar Thackersey Women's University (SNDT)	Education and Research Institute	gandhimahilacollege@gmail.com	(022) 2203 1879, (022) 2203 2159	www.sndt.ac.in	Nathibai Thackersey Road, Mumbai, Maharashtra 400020	Founder: Dr. Maharshi Dhondo Keshav Karve, Vice Chancellor: Prof. Varsha Kamat	Saving, Recurring, Loan, Pension, Energy, Fixed Deposit. Education, Skill, Democratic Platform to Discuss	Women	
28	Shri Mahila SEWA Sahkari Bank Ltd.	Co-operative Bank	mail@sewabank.com	(079) 2658 1652, (079) 2658 1597	www.sewabank.com	109 Sakar-2, Opp town hall, Ellis Bridge, Ahmedabad	Ela R Bhatt, Founder of SEWA, Ms. Jayshree Vyas, Managing Director of the Bank	Saving, Recurring, Loan, Pension, Energy, Fixed Deposit for Women	Women	
29	Silver Inning Foundation	NGO	silverinnings@gmail.com	(0) 9029 000 091, (0) 9819 819 145, (0) 9987 104 233	www. silverinningfoundation. org	J/47-48, Shop No.10, Opp. Navgrah Bldg, Lane Behind Allahabad Bank, Poonam Sagar Complex, Mira Road, East. Mumbai- 401107.	Mr. Sailesh Mishra, Founder President	Institutional Facility - A1 Snehanjali, Assisted Living Elder Care Home And Non Institutional Facility Like - Need Base Services, Helpline, Counseling, Dementia / Alzheimer's, Training And Education, Inter- Generation, Matrimonial / Companionship, Talent Show, Football Club, Social Media, Elder Abuse, Advocacy, Networking, Research Etc	Senior Citizens And Their Family Members	
30	South Asia Forum for Aged Women	NGO	safaw.forum@gmail.com	(033) 4004 1426	www.streeshaktik@gmail.com	"8A, Middleton Street, Kolkata - 700071"	Founder President Rekha Mody, Secretary Dr. Aarati Saxena	Advocay & Research in Aged women's issues	Challenges and concerns of Ageing women	

31	Tata Institute of Social Sciences(TISS)	Education and Research Institute	mail.tiss.edu	(022) 2552 5000, (022) 2552 5050	www.tiss.edu	V.N. Purav Marg, Deonar, Mumbai-400088	The Tata Institute of Social Sciences (TISS) was established in 1936. Present Director is Prof. S. Parasuraman. Prof Siva Raju, Dean, School of Development Studies	Over the years, the Institute has made consistent contributions to civil society and the development sector through its education, research, field action and extension. Today, the TISS has earned recognition as an institution of repute from different Ministries of the Government of India; various State Governments; international agencies such as the United Nations; and the non-government sector, both national and international.	Students & research in issues of old age	
32	Varishth Nagrik Kesari Club	Non-Governmental Organisation	vnkcnpunjabkesai@gmail.com	(011) 3071 2200, (011) 3071 2322	www.punjabkesari.com	Romesh Bhawan, 2, Printing Press Complex, Near Wazirpur DTC Bus Depot, New Delhi-110035	Ms. Kiran Chopra	Adoption, (Activity centres , Physiotherapy Center , Monthly Financial Help), Entertainment Programs, Religious and Cultural Programs, Tours and Excursion. Awareness Campaigns, Counselling sessions & Publications	Aged 60 years and above from any group of income whether from Below poverty line, Marginal classes, Low Income Groups, Middle Class, Upper Middle Class, Higher Income Group	" (0) 9871 155 799, (0) 9811 030 309, (0) 9818 373 109"

33	Women Co-ordinating Council -Nabanir, home for the aged	NGO	wcc.org@gmail.com	(033) 2377 2653, (033) 2248 9732		½ Shyam Bose Road, Nabanir Chetla, Kolkata 700027	Founder Ms. Renuka Ray President Rtd. Justice Manjula Bose	Nabanir old age home was established in 1982 by Womens Coordinating Council	Women's Development & Empowerment	
34	Women Power Connect	NGO	mail@womenpowerconnect.org	(011) 4270 5170/71/72	www.womenpowerconnect.org	A1/271, First Floor, Safdarjung Enclave, New Delhi - 110 029	Chairperson: Dr. Ranjana Kumari, President: Prof. Vibhuti Patel	Our activities are aimed at influencing legislators and policy makers to frame gender-friendly policies, which impact women positively.	Worked on Gender Manifesto for lobbying with all political parties	



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