

OEWG on Ageing Consultation – 9th Session

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Inputs from GRAVIS, India (Help Age International Affiliate)

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Autonomy and independence

In India, older people have very limited rights on family's financial resources and have very little financial freedom. Despite the Maintenance and Welfare of Senior Citizens Act of 2007, the incidents on financial neglect and abuse of older people in families are quite common. The situation of older women, and of widows in particular, is much worse with very little autonomy and independence.

GRAVIS (a HelpAge International affiliate in India) is working actively on ensuring autonomy and independence of older people in the Thar Desert region of India. We have led the formation of Older People's Associations and older women led Self Help Groups (SHGs). We are linking these OPAS and older women led SHGs to microfinance and to financial institutions, as well as bringing older people in the leadership roles within the implementation of community development projects. A special focus is out on utilizing older people's traditional wisdom in drought mitigation interventions. Our actions cover all older people but our main priority is older women and widows living in isolation.

We believe there is a greater need of developing action level partnerships between local Government authorities, NGOs and academic groups for effective implementation of policies and for ensuring older people's active participation in all programmes. These partnerships will play a crucial role in ensuring autonomy and independence to all older people and to older women and widows in particular. There are a number of Government programmes focused on welfare and development of rural India, we suggest that Government utilized the leadership of older people in effective implementation of those which will significantly contribute in ensuring autonomy and independence to older people. Secondly, we recommend that special efforts should be made for financial inclusion and empowerment of older women and widows. Thirdly, best practices on inter-generational work/bonding should be collected and disseminated to encourage replication of those across the country.

Long Term Care (LTC) and Palliative Care

Long term care policies and programmes in India are loosely organized and implemented. The implementation of Long Term Care is not satisfactory and the allocation of roles and responsibilities is poor. There is a dedicated programme of Government of India by the name of National Programme for the Health Care of Elderly (NPHCE), but it is new and is gradually picking up momentum. The current overall situation is not very satisfactory. There is a critical gap in the context of management of NCDs, particularly in the sphere of mental health. Rural India is also

severely impacted by double burden of disease – coexistence of communicable and non-communicable diseases. Older people living in remote areas of the country have very poor access to palliative care with issues related to availability and affordability of care.

GRAVIS is an active GO that addresses healthcare for older people within its programme. Our LTC approach for older people is based on three components. The first one looks at providing outreach medical services and hospital based medical services of primary and secondary nature. Secondly, we focus on community education on older people's health. Within this, we look at self care trainings for older people and their caregivers, trainings of health workers and of other NGOS working in the region. A third part of our approach focuses on community based research of needs, documentation of best practices and advocacy for innovations and replication.

On LTC and Palliative Care, our suggestions are following:

1. There should be a national level strategy and guidelines on self care trainings. Following which, a nationwide network of contributors (NGOs, academia) must be formed. Self care also links to autonomy and independence. Older people with more awareness of their health will have greater autonomy and independence.
2. NPHCE should create decentralized (at the level of a District) partnerships involving NGOs, private medical practitioners and academic groups.
3. Village Health Workers are an important resource and their cadres should be strengthened further with more training and capacity building.
4. Mental health support must be expanded in rural areas of the country.
5. Focused efforts to improve the nutrition and sanitation situation which are causing severe health problems for older people.
6. Availability of medicines and basic assistive devices is a major challenge and a good partnership to bridge this gap should be established.