

# INDIAN NATIONAL POLICY ON OLDER PERSONS(NPOP)

(Formulated by the Govt. Of India, Social Justice and Empowerment Ministry and adopted by the Union Cabinet on 13<sup>th</sup> February 1999)

## I THE BACKGROUND

### DEMOGRAPHIC TRENDS

1. **Demographic Ageing** : A global phenomenon has hit Indian shores as well. People are living longer. Expectation of life at birth for males has shown a steady rise from 42 years in 1951 – 60 to 58 years in 1986-90, it is projected to be 67 years in 2011-16, an increase of about 9 years in a twenty five year period (1986-90) to 2011-16), in the case of females, the increase in expectation of life has been higher, about 11 years, during the same period, from 58 years in 1986-90 to 69 years in 2011-16, At age 60 too, the expectation of life shows a steady rise and is a little higher for women. In 1989-93 it was 15 years for males 16 years for females.
2. Increased life expectancy has contributed to an increase in the number of persons 60+. From only 12 million persons 60+ in India in 1901, the number crossed 24 million in 1951 and 57 million in 1991. Population projections for 1996-2016 made by the Technical group on population projections (1996) indicate that the 100 million mark is expected to be reached in 2013. Projections beyond 2016 made by the United Nations (1996) Revision), has indicated that India will have 198 million persons 60+ in 2020 and 326 million in 2050. The percentage of persons 60+ in the total population has seen a steady rise from 5.1 percent in 1901 to 6.8 percent in 1991. It is expected to reach 8.9 percent in 2016. Projections beyond 2016 made by United Nations (1996 Revision) has indicated that 2.1 percent of the India Population will be 60+ by 2050.
3. Growth rate on a larger demographic base implies a much larger increase in numbers. The will be the case in the coming years. The decade 2001-11 is expected to witness an increase of 25 million persons 60+, which is equivalent to the total population of persons 60+ in 1961. The twenty five year period from 1991 to 2016 will witness an increase of 55.4 million persons 60+, which is nearly the same as the population of persons 60+ in 1991. In other words, in the twenty five year period starting from 1991, the population 60+ will nearly double itself.
4. Sixty three percent of the old population in 1991 (36 million) is in the age group 60-69years. Often referred to as young old or not so old, while 11 percent (6 million) is in the age group 80 years and over i.e in the older old or very old category. In 2016, the percentage in those age groups will be almost the same, but the numbers are expected to be 69 million and 11 million respectively. In other words, close to six-tenths of the population 60-69 years can be expected to be in reasonably good physical and mental health, free of serious disability and capable of leading an active life. About one-third of the population 70-79 can also be expected to be fit for a reasonably active life. This is indicative of the huge reserve of human resource.
5. Men outnumber women in India even after age 60 (29 million males and 27 million females 60+ in 1991). This will continue to be the situation in 2016, when there will be an estimated 57 million males and 56 million females 60+.
6. Incidence of widowhood is much higher among females 60+ than among males of the same age group, because it is customary to get married to men older than them by several years, also they do not remarry and live longer. There were in 1991, 14.8 million widowed females 60+ compared to 4.5 million widowed males. In other words, there were four times as many widow females as widowed males.

### 2. IMPLICATIONS

7. The demographic ageing of population has implications at the macro and also at household level. The sheer magnitude of numbers is indicative, both of the huge human reserve and also of the scale of endeavours necessary to provide social services and other benefits.
8. Demographic transition has been accompanied by changes in society and economy. These are of a positive nature in some areas and a cause of concern on others.

9. A growing number of persons 60+ in the coming decades will belong to the middle and upper income groups, be economically better off with some degree of financial security, have higher professional and educational qualifications, lead an active life in their 60s and even first half of 70s and have a positive frame of mind, looking for opportunities for a more active, creative and studying life.
10. Some areas of concern in the situation of older persons will also emerge, signs of which are already evident, resulting in pressures and fissures in living arrangements of older persons. It is true that family ties in India are very strong and an overwhelming majority live with their sons or are supported by them. Also, working examples find the presence of old persons, emotionally bonding and of great help in managing the household and caring for children. However, due to the operation of several factors, the position of a large number of older persons has become vulnerable due to which they cannot be taken for granted that their children will be able to look after them when they need care in old age, specially in view of the longer life span implying an extended period of dependency and higher costs to meet health and other needs.
11. Industrialization, urbanization, education and exposure to life style in developed countries bring in changes in values and life styles. Much higher costs of bringing up and educating children and pressures for gratification of their desires affects transfer of shares of income for the care of parents. Due to shortage of space in dwellings in urban areas and high rents, migrants prefer to leave their parents in their native place. Changing roles and expectations of women, their concepts of privacy and space, desire not to be encumbered by caring responsibilities of old people for long periods, career ambitions, and employment outside the home implies considerably reduced time for care-giving. Also, adoption of small family norms by a growing number of families, daughters, too are fully occupied. Pursuing their educational career. The position of single persons, particularly females, is more vulnerable in old age as few persons are willing to take care for non-linear relatives. So also is the situation of widows have no independent source or income, do not own assets and are totally dependent.

### **3. THE MANDATE**

12. Well-being of older persons has been mandated in the Constitution of India. Article 41, Directive Principle of State Policy, has directed that the State shall, within the limits of its economic capacity and development, make effective provision for securities, the right to public assistance in case of old age. There are other provisions too, which direct the state to improve the quality of life of its citizens. Right to equality has been guaranteed by the Constitution as a Fundamental right. These provisions apply equally to older persons. Social security has been made the concurrent responsibility of the central and state Governments.
13. The last two decades have witnessed considerable discussions and debate on the impact of demographic transition and of changes in society and economy on the situation of older persons. The United Nations principle for Older persons adopted by the United Nations General Assembly in 1991, the Proclamations on Ageing and the Global targets as Ageing for the year 2001 adopted by the General Assembly in 1992, and various other Resolutions adopted from time to time, are intended to encourage governments to design their policies and program in this regard.
14. There has for several years been a demand for a policy statement by the state towards its senior citizens so that they do not face an identity crisis and know where they stand in the overall national perspective. The need has been expressed at different forums where ageing issues has been deliberated. The statement, by indicating the principles underlying the policy, the directions, the needs that will be addressed and the relative roles of the government and non-government institutions, is expected to facilitate carving out of respective areas of operations, and action in the direction of a humane, age-integrated society.

## **II NATIONAL POLICY STATEMENT**

15. The National policy, seeks to assure older persons that their concerns are national concerns and they will not live unprotected, ignored or marginalized. The goal of the National Policy is the well - being of older persons. It aims to strengthen their legitimate place in society and help older persons to live their last phase of their life with purpose, dignity and peace.
16. The Policy visualizes that the state will extend support for financial security, healthcare, shelter, welfare and other needs of older persons, provide protection against abuse and exploitation, make available opportunities for the development of the potential and provide services so that they can improve the quality of their lives. The policy is based on some broad principles.
17. The Policy recognizes the need for affirmative action in favour of the elders. It has to be ensured that the rights of older persons are not violated and they get opportunities and equitable share in development program and administrative actions will reflect sensitivity towards older persons living in rural areas. Special attention will be necessary to older females so that they do not become victims of triple neglect and discrimination on account of gender, widowhood and age.
18. The Policy views the life cycle as a continuous one of which past-60 phase of life is an integral part. It does not view age 60 as the cut off point for beginning a life of dependency. It considers 60+ as a phase when the individual should have the chances and opportunities to lead an active, creative, productive and satisfying life. An important thrust is, therefore, an active and productive involvement of older persons and not just their care.
19. The Policy values of an age-integrated society. It will endeavour to strengthen integration between generations, facilities two-way flows and interactions and strengthen the bonds between the young and the old. It believes in the development of social support system, informal as well as formal, so that the capacity of families to take care of older persons is strengthened and they can continue to live in their family.
20. The Policy recognizes that older persons too are a resource. They render useful service in the family and outside. They are not just consumers of goods and services, but also their producers. Opportunities and facilities need to be provided so that they can continue to contribute more effectively to the family, community and the society.
21. The policy firmly believes in the empowerment of older persons so that they can acquire better control over their lives and participate in decision-making on matters which affect them as well as the other issues as equal partners in the development process. The decision-making process will seek to involve them to a much larger extent, specially since they constitute 12 percent of the electorate, a proportion which will rise in the coming years.
22. The Policy recognizes that larger budgetary allocations from the state will be needed and the rural and urban poor will be given special attention. However, it is neither feasible nor desirable for the state alone to attain the objectives of the National Policy. Individuals, families, communities and institutions of civil society have to join hands as partners.
23. The Policy emphasizes the need for expansion of social and community services for older persons, particularly women, and enhance their accessibility and use by removing sociocultural, economic and physical barriers and making the services client-oriented and user-friendly. Special efforts will be made to ensure that the rural areas, where more than three-fourths of the older population lives, are adequately covered.

### **III PRINCIPAL AREAS OF INTERVENTION AND ACTION STRATEGIES**

#### **4. FINANCIAL SECURITY**

24. A great anxiety in old age relates to financial insecurity. When the issue seen in the context of the fact that one-third of the population (1993-94) is below the poverty line and about one-third above it but belong to the lower income group, the financial situation of two-thirds of the population 60+ can be said to be fragile. Some level of income security in old age is goal which will be given very high priority. Policy instruments to cover different income segments will be developed.
25. For elderly persons below the poverty line, old age pensions provide some succor. Coverage under the old age pensions scheme for poor persons will be significantly expanded from the January, 1997 level of 2.76 million with the ultimate objective of covering all older persons below the poverty line. Simultaneously it will be necessary to prevent delays and check abuses in the matter of selection and disbursement. Rate of monthly pension will need to be revised at intervals so that inflation does not deflate its real purchasing power. Simultaneously, the public distribution system will reach out to cover all persons 60+ living below the poverty line.
26. Employees of government and quasi-government bodies and industrial workers desire better returns from accumulations in provident funds, through prudent and safe investment of funds. Issues involved will be given consideration. It will be ensured that settlement of pensions, provident fund, gratuity and other retirement benefits is made promptly and superannuated persons are not put to hardship due to administrative lapses. Accountability for delays will be fixed. Redressal mechanisms for superannuated persons will be ensure prompt fair and humane treatment. Widows will be given special consideration in the matter of settlement of benefits accruing to them on demise of husband.
27. Pension is a much sought after income security. The base of pension coverage needs to be considerably expanded, it would be necessary to facilitate the establishment of pension scheme both in the private and in the public sector for self-employed and salaried persons in non-government employment with provision for employees also to contribute
28. Taxation policies will reflect sensitivity to financial problems of older persons, which accelerate due to very high costs of medical and nursing care, transportation and support services needed at home. Organization of Senior Citizens have been demanding a much higher standard deduction for them and standard deduction for them and a standard annual rebate for medical expenses treatment, whether domiciliary or hospital-based in cases where superannuated persons do not get medical coverage from their erstwhile employers. There are also demands, that some tax relief must be given to son of daughter when old parents co-reside and also allow some tax rebate of medical expenses. These and other proposal of tax relief will be considered.
29. Long term savings instruments will be promoted to reach both rural and urban areas. It will be necessary for the contributors to feel assured that the payments at the end of the stipulated period are attractive enough to take care of the likely erosion in purchasing power due to erosion. Earners will be motivated to save in their active working years for financial in old age.
30. Pre-retirement counseling programs will be promoted and assisted.
31. Employment in income-generating activities after superannuation should be the choice of the individual organizations which provide career guidance training and orientation and support services will be assisted. Programs of non-governmental organizations for generating income of old persons will be encouraged. Age-related discrimination in the matter of entitlement to credit marketing and other facilities will be removed. Structural adjustment policies may affect the older workers in some sectors more adversely. Specially those on household or small scale industry. Measures will be taken to protect their interests.
32. The right of parent without any means to be supported by their children having sufficient means has been recognized in Section 125 of the Criminal Procedure Code. The Hindu Adoption and Maintenance Act, 1956 too secures this right to parents. To simplify the procedure provide speedy relief, lay down the machinery for processing cases and define the rights and circumstances in a comprehensive manner, the Himachal Pradesh Maintenance of Parents and Dependent bill, 1996. The Government of Maharashtra has prepared a Bill on similar lines. Other States will be encouraged to pass similar legislation so that old parents unable to maintain themselves do not face abandonment and acute

neglect.

## **5. HEALTHCARE AND NUTRITION**

33. With advancing age, old persons have to cope with health and associated problems some of which may be chronic, of a multiple nature, requires constant attention and carry the risk of disability and consequent loss of autonomy. Some health problems, specially when accompanied by impaired functional capacity require long term management of illness at home and of nursing care.
34. Health care needs of older persons will be given high priority. The goal should be affordable health services, very heavily subsidized for the poor and graded system of user charges for others. It will be necessary to have a judicious mix of public health services, health insurance, health services provided by not-for profit organizations, including trusts and charities and private medical care. While the first of these will require greater State participation, the second category will need to be promoted by the state, the third category given some assistance, concessions and relief and the fourth encouraged, preferably by an association of providers of private care.
35. Primary health care system will be the basic structure of public healthcare. It will be basic structure of public healthcare. It will be strengthened and oriented to be able to meet the health care needs of older persons as well public health services, preventive, curative, restorative and rehabilitative, will be considerably expanded and strengthened and geriatric care facilities provided at secondary and tertiary levels. This will imply much larger public outlays, proper distribution of services in rural and urban areas and much better health administration and delivery systems.
36. The development of health insurance will be given high priority to cater to the needs of different income segments of the population and have provided for varying contributions and benefits. Package catering for the lower-income groups will be entitled to state subsidy. Various reliefs and concessions will be given to health insurance to enlarge the base of coverage and make them affordable.
37. Trusts, charitable societies and voluntary agencies will be promoted, encouraged and assisted by way of grants, tax relief and land at subsidized rates to provide free beds, medicine and treatment to the very poor elder citizens and reasonable user charges for the rest of the population.
38. Private medical care has expanded in recent years, offering the latest medical treatment facilities to those who can afford it. Where land and other facilities are provided at less than market rates, bodies representing private hospitals and nursing homes will be requested to direct their members to offer a discount to older persons. Private general practitioners will be extended opportunities for orientation in geriatric care.
39. Public hospitals will be directed to ensure that elderly patients are not subjected to long waits and visits to different counters for medical tests and treatment. They will endeavour to provide separate counters and convenient timings on specified days. Geriatric wards will be set up.
40. Medical and paramedical personnel in primary secondary and tertiary health care facilities will be given training and orientation in health care of the elderly. Facilities for specialization in geriatrics medicine will be provided in the medical colleges. Training in nursing care will include geriatric care. Problems of accessibility and sue of health services by the elderly arise due to distance and absence of escort and transportation. Difficulties in reaching a public health mobile health services, special cases and ambulance services by charitable institutions and not for profit health care organizations. Hospitals will be encouraged to have a separate Welfare Fund, which will receive donations and grants for providing free treatment and medicines to poor elderly patients.
41. For the old who are chronically ill and are deprived of family support, hospitals supported or assisted by the state public charity and voluntary organizations will be necessary. These are also needed to cater to cases of abandonment to public hospitals.
42. Assistance will be given to geriatric care societies for the production and distribution of instruction material on self care by older persons. Preparation and distribution of easy-to-follow guidance material on health and nursing care of older persons for the use of the family care givers will also be supported.
43. Older persons and their families will be given access to educational material on nutritional needs in old age. Information will be available on the foods to avoid and the right foods to eat. Diet receipts suiting tastes of different regions and which are nutritious tasty, fit into the dietary pattern of the family and the

community, are affordable and can be prepared from locally available vegetables, cereals and fruits will be disseminated.

44. The concept of healthy ageing will be promoted. It is necessary to educate older persons and their families that diseases are not a corollary of advancing age, nor is a particular chronological age the starting point for decline in health status. On the contrary, preventive health care and early diagnosis can keep a person in reasonable good health and prevent disability.
45. Health education programmes will be strengthened by making use of mass media and other communication channels, which reach out to different segments of the population. The capacity to cope with illness and manage domiciliary care will be strengthened. Programs will also be developed targeting the younger and middle age groups to inform them how life styles during early years affect health status in late years. Messages on how to stay healthy for the entire life span will be given. The importance of balanced food diets, physical exercise, regular habits, reduction of stress, regular medical check up, allocation of time for leisure and recreation and pursuit of hobbies will be conveyed. Programs on Yoga, Meditation and methods of relaxation will be developed and transmitted through different channels of communication to reach diverse audiences.
46. Mental health services will be expanded and strengthened. Families will be provided counselling facilities and information on the care of treatment of older persons having mental health problems.
47. Non-governmental organizations will be encouraged and assisted through grants, training and orientation of their personnel and various concessions and relief to provide ambulatory services, day-care and health care to complement the efforts of the state.
48. Shelter is a basic human need. The stock of housing for different income segments will be increased. Housing schemes for urban and rural lower income segments will earmark 10 percent of the houses, house-sites for allotment to older persons. This will include Indira Awas Yojana and other schemes of the Government. Earning persons will be motivated to invest in their housing in their earning days so that they have no problems of shelter when they grow old. This will require speedy urban land development for housing, time-bound provision of civic services and communication links, availability of loans at reasonable rates, easy repayment installments, time bound construction schedule and tax reliefs. Development of housing has to be a joint endeavour of public and private sectors and require participation of housing development boards, civic authorities, housing finance institutions and private developers and builders. Older persons will be given easy access to loans for purchase of housing and for major repairs, with easy repayment schedules.
49. Layouts of housing colonies will have to respond to the life styles of the elderly. It will have to be ensured that there are no physical barriers to mobility and accessibility to shopping complexes, community centres, parks and other service is safe and easy. A multipurpose centre for older persons is a necessity for special interaction and to meet other needs. It will therefore be necessary to earmark sites for such centres in all housing colonies. Segregation of older persons in housing colonies has to be avoided, as it prevents interaction with the rest of the community. Three or four storeyed houses without lifts are unfriendly to older persons, tend to isolate them, restrain their movement outside the home, and are a serious barrier to access to services. Preferences will be given to older persons in the allotment of flats on the ground floor.
50. Group housing of older persons, comprising of flatlets with common service facilities for meals, laundry, common room and rest room will be encouraged. Those would have easy access to community services, media care parks, recreation and cultural centres.
51. Education, training and orientation of town planners, architects, and housing administrators will include modules on needs of older persons for safe and comfortable living.
52. Older Persons and their families will be provided of accidents and on measures which enhance safety, taking cognisance of reduced physical capacity and infirmities.
53. Noise and other forms of pollution affect children, the sick and older persons more adversely. Norms will be laid down and strictly enforced.
54. Civic authorities and bodies providing public utilities will be required to give top priority to attending to complaints of older persons. Payment of civic dues will be facilitated. Older persons will be given special consideration in promptly dealing with matters relating to transfer of property, mutation, property tax and other matters, harassment and abuses in such cases will be checked.

## **6. EDUCATION**

55. Education, training and information needs of older persons will be met. These have received virtually no attention in the past. Information and educational material specially relevant to the lives of older people will be developed and widely disseminated using mass media and non-formal communication channels.
56. Discrimination, if any against older persons for availing opportunities for education, training and orientation will be removed. Continuing education programs will be encouraged and supported. These would cover a wide spectrum ranging from career development to recreation use of leisure and imparting skills in community work and welfare activities. Assistance of open universities will be sought to develop packages using distance education learning techniques. Access of older persons to libraries of universities, research institutions and cultural centres will be facilitated.
57. Educational curriculum at all stages of formal education as also non-formal education will incorporate material to strengthen inter- generational bonds and mutually supporting relationships. Interactions with educational institutions will be facilitated, whereby older persons with professional, qualifications and knowledge in science, arts, environment, socio - cultural heritage, sports and other areas could interact with children and young persons. Schools will encouraged and assisted to develop out-reach programs for interacting with older persons on a regular basis, participate in the running of senior citizens centres and develop activities in them.
58. Individuals of all ages, families and communities will be provided with information about the ageing process and the changing roles, responsibilities and relationships at different stages of the life cycle. The contributions of older persons inside the household and outside will be highlighted through the media and other forum and negative images, myths and stereotypes dispelled.

## **7. WELFARE**

59. The main thrust of welfare will be to identify the more vulnerable among older persons such as the poor, the disabled, the infirm, the chronically sick and those without family support and provide welfare services to them on a priority basis. The policy will be to consider institutional care as the last resort when personal circumstances are such that their stay in old age homes becomes absolutely necessary.
60. Non-institutional services by voluntary organisations will be promoted and assisted to strengthen the coping capacity of the older persons and their families. This has become necessary, since families become smaller and women work outside the home, have to cope with scarcity of full-time care givers. Support services will provide some relief through sharing of the family's caring responsibilities.
61. Assistance will be provided to voluntary organisations by way of grants-in-aid for homes. Those for the poor will be heavily subsidized. It is important that such institutions become lively places of stay and provide opportunities to residents to interact with the outside world. Non-governmental organisations will be encouraged to seek professional expertise in the designing of old age homes, keeping in view needs of group living at this stage of the life cycle and the class of clients they serve. Minimum standards of services in such homes will be developed and facilities provided for training and orientation of persons employed in those homes.
62. Voluntary organisations will be encouraged and assisted to organise services such as daycare, multi-service citizen's centres, reach-out services, supply of disability related aids and appliances, assistance to old persons to learn to use them, short term stay services and friendly home visits by social workers. For old couples or persons living in their own, helpline, telephone assurance services, help in maintaining contacts with friends, relatives and neighbours and escorting older persons to hospitals, shopping complexes and other places will be promoted for which assistance will be given to voluntary organisations. Older persons will be encouraged to form informal groups of their own in the neighbourhood which satisfy the needs for social interaction, recreation and other activities. For a group of neighbourhood villages, the formation of senior citizen's forum will be encouraged.
63. A welfare fund for older persons will be set up. It will obtain funding support from government, corporate sector, trusts, charities, individual donors and others contributions to the fund will be given tax relief. States will be expected to establish similar funds.

64. The need for popularity of arrangements for welfare services in recognised government, voluntary organisations and private sector agencies, all have a place, the latter catering to those who have the means and desire better standards of care.

#### **8. PROTECTION OF LIFE AND PROPERTY**

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

66. Voluntary organisations and associations of older persons will be assisted to provide protective services and help to senior citizens through helping services, legal and other measures.

67. Police will be directed to keep a friendly vigil on older couples or old single persons living alone and promote mechanisms of interaction with neighbourhood associations. Information and advice will be made available to older persons on the importance of keeping contacts on phone with relatives, friends and neighbours and on precaution to be taken on matters such as prevention of un-authorized entry, hiring of domestic help, visits of repair and maintenance persons, vendors and others and the handling of cash and valuables.

#### **9. OTHER AREAS OF ACTION**

68. There are various other areas which would need affirmative action of the state to ensure that cards by the administration, fare concessions in all modes travel, preference in reservation of seats in local public transport, modification in the design of public transport vehicles for entry and exit, strict enforcement of traffic discipline at zebra crossings to facilitate older persons to cross streets, priority in gas and telephone connections and in fault repairs, removal of physical barriers to facilitate easy movement, concessions in entrance fee in leisure and entertainment facilities, art and cultural centres and places of tourist interest.

69. Speedy disposal of complaints of older persons relating to fraudulent dealings, cheating and other matters will go a long way in providing relief to them. Machinery for achieving this objective will be put in place.

70. Issues pertaining to older persons will be highlighted every year on the National Older Persons Day. The year 2000 will be declared as the National Year of Older Persons. Activities during the year will be planned and executed with the participation for different organisations.

71. Facilities, concessions and reliefs given to older persons by the central and state governments and other agencies will be compiled, updated at regular intervals and made available to associations of older persons for wide dissemination.

#### **10. NON-GOVERNMENTAL ORGANISATIONS**

72. The state alone cannot provide all the services needed by the older persons. Private sector agencies cater to a rather small segment of the population. The National Policy recognised the NGO sector as a very important institutional mechanism to provide user-friendly affordable services to complement the endeavours of the state in this direction.

73. Voluntary effort will be promoted and supported in a big way and efforts made to remedy the current uneven spread, both within a state and between states. There will be continuous dialogue and communication with NGO's on ageing issues and on services to be provided. Networking exchange of information and interaction among the NGOs will be facilitated. Opportunities will be provided for orientation and training of manpower. Transparency, accountability, simplification of procedures and timely release of grants to voluntary organisations will ensure better services. The grant-in-aid policy will provide incentives to encourage organisations to raise their own resources and not become dependent only on government funding and providing services on a sustainable basis.

74. Trusts, charities, religious and other endowments will be encouraged to extend their areas of concern to provide services to the elderly by involving them on ageing issues.

75. Older persons will be encouraged to recognise themselves to provide services to fellow senior citizens thereby making use of their professional knowledge, expertise and contacts. Initiative taken by them in advocacy, mobilisation of public opinion, raising of resources and community work will be supported.
76. Support will be provided for setting up volunteer programmes which will mobilise the participation of older persons and other in community affairs to interact with elders and help them with their problems. Volunteers will be provided opportunities for training and orientation on handling problems of the elderly and kept abreast of development in the field to promote active ageing. Volunteers will be encouraged to assist the home bound elderly, particularly frail and elderly women and help them to overcome loneliness.
77. Trade unions, employers' organisations and professional bodies will be approached to organise sensitivity programmes for their members on ageing issues and promote and organise services for superannuated workers.

### ***11. REALISING THE POTENTIAL***

78. The national policy recognises that 60+ phase of life is a huge untapped resource. Facilities will be made available so that the potential is realised and individuals are enabled to make the appropriate choices.
79. Older Persons, particularly women, perform useful but unsung roles in the household. Efforts will be made to make family members appreciate and respect the contribution of older persons in the running of the household specially when women too are working outside the home. Special programmes will be designed and disseminated through the media targeted at older persons so that they can enrich and update their knowledge, integrate tradition with contemporary needs and transmit more effectively socio cultural heritage to the grand children.

### ***12. FAMILY***

80. Family is the most-cherished institution in india and the most vital non-formal social security for the old. Most older persons stay with one or more of their children, particularly when independent living is no longer feasible. It is for them the most-preferred living arrangement and also the most emotionally satisfying. It is important that the family support system continues to be functional and the ability of the family to discharge its caring responsibilities is strengthened through support services.
81. Programmes will be developed to promote family-values, sensitise the young on the necessity and desirability of intergenerational bonding and continuity and the desirability of meeting filial obligations. Values of sharing and caring need to be reinforced. Society will need to be sensitised to accept the role of married daughters in sharing in the light of the changing context where parents have only one or two children in some situations only daughter. This would require some adjustment and changes in perception of in-laws in regard to sharing of caring responsibilities by some and daughters as a rollary to equal rights to inheritance and the greater emotional attachment the daughters have with their parents.
82. State policies will encourage children to co-reside with their parents by providing tax relief, allowing rebates for medical expenses and giving preferences in the allotment of houses. Parents will be encouraged to go in for long-term savings instrument and health insurance during their earning days so that financial load on families can be eased. NGOs will be encouraged and assisted to provide services which reach out to older persons in the home or in the community short term stay in facilities for older people will be supported so that families can get some relief when they go out. Counselling services will be strengthened to relieve intra-familial stresses.

### ***13. SEARCH***

83. The importance of a good data base on ageing will require to be strengthened. Univedrsities, Medical colleges and research institutions will be assisted to set up centres of gerontology studies and geriatrics. Corporate bodies, Banks, Trusts and endowments will be requested to institute chairs in universities and medical colleges in gerontological and geriatrics. Funding support will be provided to academic bodies for research projects on ageing. Superannuated scientists will be assisted so that their professional knowledge can be utilised.

84. An interdisciplinary co - ordinating body on research will be set up. Data collecting agencies will be requested to have a separate age category 60+ years and above. Professional association of gerontologists will be assisted to strengthen research activity, disseminate research findings and provide a platform for dialogue debate and exchange of information.
85. The necessity of a national institute of research, training and documentation is recognised. Assistance will be given for setting up research centres in different parts of the country.

#### **14. TRAINING OF MANPOWER**

86. The policy recognises the importance if trained manpower. Medical colleges will be assisted to offer specialities in geriatrics training institute for nurses and for the paramedical personnel need to introduce specific courses of geriatrics in their educational and training curriculum. In-service training centres will be strengthened to take up orientation courses on geriatric care. Assistance will be provided for development of curriculum and course material. Schools of social work and university departments need to give more attention to their curriculum to issues relating to older persons intervention strategies and organisations of services for them. Facilities will be provided and assistance given for training and orientation of personal non-governmental organisations providing service to older persons. Exchange of training personnel will be facilitated.
87. Assistance will be given for development and organisation of sensitisation programmes on ageing for legislative, judicial and executive wings at different levels.

#### **15. MEDIA**

88. The National Policy recognises that media have a very important role to play in highlighting the changing situations of older persons and in identifying emerging issues and areas of action. Creative use of media can promote the concept of active ageing and help dispel stereo types and negative images about this stage of the life cycle. Media can also help to strengthen inter-generation bonds and provide individuals, families and groups with information and educational material which will give better understanding of the ageing process and of ways to handle problems as they arise.
89. The policy aims to involve media as well as informal and traditional communication channels on ageing issues. It will be necessary to provide opportunities to media personnel to have access to information apart from their aim independent sources of information and reporting of field situations. Their participation in orientation programmes on ageing will be facilitated. Opportunities will be extended for greater interaction between media personnel and persons active in the field of ageing.

### **IV IMPLEMENTATION**

90. The National policy on older persons will be very widely disseminated for which an action plan will be prepared so that its features remain inconstant public focus.
91. The policy will make a change in the lives of the senior citizens only if it is implemented. While the government and the principal organs have some basic responsibilities in the matter, other institutions as well as individuals will need to consider how they can play their respective roles for the well-being of older persons. Collaborative action will go a long way in achieving a more human society, which gives older persons their legitimate place. Apex level organisations of older persons have special responsibilities in this regard so that they can function as a watchdog, energise continuing action, mobilise public opinion and generate pressure for implementaiton of the policy.
92. The ministry of social justice and empowerment will be the nodal ministry to coordinate all matters relating to the implementation of the policy. As separate bureau of older persons will be set up. An Inter-ministerial committee will coordinate matters relating to implementation of the national policy and monitor its progress. States will be encouraged to set up separate directorate of older persons and set up machinery for coordination and monitoring.
93. Five year and annual action plans will be prepared by each ministry top implement aspects which concern them. These will indicate steps to be taken to ensure flow of benefits to older persons from general programmes and from schemes specifically formulated for their wellbeing. Targets will be set within the framework of a time schedule. Responsibility for implementation of action points will be

specified. The planning commission and the finance ministry will facilitate budgetary provisions required for implementation. The Annual report of each ministry will indicate progress achieved during the year.

94. Every three years the nodal ministry and orientation of personal non will prepare a detailed review - governmental organisations providing service to older persons. Exchange of training personnel will be facilitated.
95. Assistance will be given for development and organisation of sensitisation programmes on ageing for legislative, judicial and executive wings at different levels.

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102. Every three years a detailed review will be prepared by the nodal ministry on the implementation of the National policy. There will be non-official participation in the preparation of the document. The review will be a public document. It will be discussed in a National convention state government and union territories will be urged to take similar action.
103. An autonomous national council for older persons, headed by the minister for social justice and empowerment will be set up to persons. The council will include representatives of relevant central ministries and the planning commission. Five states will be represented on the council by rotation. Adequate representation will be given to non-official members representing non-government organizations, academic bodies, Media and experts on ageing issues from different fields.

104. An autonomous registered national association of older persons (NAOPs) will be established to mobilize senior citizens, articulate their interests, promote and undertake programs and activities for their wellbeing and to advise the government on all matters relation to older persons. The association will have national, state and district level officers and will choose its own office-bearers. The government will provide financial support to establish the national and state level offices while the district level offices will be established by the association from its own resources, which may be raised through membership subscriptions, donations and other admissible means. The government will be able to provide financial assistance to the national and state level offices to cover both recurring as well as non-recurring administrative costs for a period of 15 years and thereafter the association is to be expected to be financially self-sufficient.
105. Panchayat Raj institutions will be encouraged to participate in the implementation of the national policy, address local levels issues and needs of the ageing and implement programs for them. They will provide forums for discussing concerns of older persons and activities that need to be taken. Such forums will be encouraged at Panchayat, block and district level. They will have adequate representation of older women. Panchayat will mobilize the talents and skills of older persons and draw up plans for utilizing these at the local level. Amongst others, the help of the social justice committees of the village panchayats will be taken to advocate different measures for giving effect to the policy.
106. In order to ensure effective implementation of the policy t different levels, from time to time the help of experts of public administration shall be taken to prepare the details of the organizational setup for the implementation, coordination and monitoring of the policy.