

Minutes of the Meeting of NHRC Core Group on Protection and Welfare of Elderly Persons, held on 7 February 2018

The meeting of the Core Group on Protection and Welfare of Elderly Persons was held on 7 February 2018 at 3.00 p.m. in NHRC. The meeting was chaired by Shri S.C Sinha, Hon'ble Member, NHRC and was attended by Shri Ambuj Sharma, Secretary General, Dr. Ranjit Singh, Joint Secretary (P&A) and Dr. M.D.S. Tyagi, Joint Director (Research), NHRC the core Group Members and Special invitees as per the list annexed.

2. The meeting commenced with the welcome address by with Dr. Ranjit Singh, Joint Secretary (P&A) who also gave brief introduction about the agenda of the meeting.

3. Shri S.C Sinha, Hon'ble Member, NHRC after having introduction of all the attendees in the meeting, apprised the participants that the recommendations emanated in the last meeting of the Core Group held on 13 January 2017 were sent to the Chief Minister of respective States/UTs vide a D.O. letter from the Hon'ble Chairperson, NHRC. He stated that the participants may also touch upon, besides the agenda points, any other issue relating to the elderly care and protection.

4. **Shri Digamber Chapke, President, All India Senior Citizen's Confederation (AISCCON), Navi Mumbai**, stated that the Maintenance and Welfare of Parents and Senior Citizens Act, 2007 was passed by the Parliament on 25 January 2007 and came into force from 1st April 2008. Although most of the States have notified the said Act, some states notified it as late as in 2014, the pace of implementation of the Act is very slow. Awareness is also very poor. He mentioned that the irony of the situation in the country is that when any Act comes into existence, initially it is ignored, then it is contradicted without its proper implementation, and then a new law comes into existence. He opined

that for proper implementation of all the provisions under the Act, it is important and necessary to have pressure groups. He pointed out that in the National Policy on Older Persons (NPOP), 1999 it is provided under Article 96 that an autonomous registered National Association of Older Persons (NAOP) to be established to mobilize senior citizens, articulate their interests, promote and undertake programmes and activities for their well-being and to advise the Government on all matters relating to the Older Persons. The said Article also provides that the NAOP will have National, State and District level offices and will choose its own office bearers. Further, 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. While quoting the above provision, Dr. Chapke stated that his organization has made several requests to the Ministry of Social Justice and Empowerment, Government of India, to recognise and fund their organisation so that they could mobilise senior citizens. Presently, all organizations working in the field of elderly in the country hardly cover 20 lakhs senior citizens against more than 10 crore of the elderly population.

5. He further apprised that as per the Advisory of the Ministry of Home Affairs (MHA), GOI, every police station has to have a Committee for taking care of the senior citizens and also to act as pressure group. He stressed that unless these Committees are formed at every level, i.e. village, taluk and district level, the problems of senior citizens will continue to remain unattended. However, under the Act, 2007, Dr. Chapke mentioned that these Committees found no mention and, therefore, the Act and the National Policy on Older Persons (NPOP), 1999 should be read together. Shri Sinha requested Shri Chapke to provide a copy of the said MHA advisory on formation of Committees in every police station at all levels to deal with the issues of elderly persons.

6. On the issue of the health care of the elderly persons, Shri Chapke stated that his organization has been requesting the Ministry of Health, to come out

with a new product in the National Programme for Health Care of the Elderly (NPHCE) for senior citizens which may also cover consultation besides hospitalization so that time to time medication could be made available to the senior citizens.

7. Shri Chapke further stated that under the Maintenance and Welfare of Parents and Senior Citizens Act, 2007, the children and , relatives of the elderly person are supposed to take care of him but the children who do not have enough income to take care of their parents, the State is supposed to take care by constructing Old Age Homes (OAH). Unfortunately, not a single OAH has been constructed in the country. He suggested that large OAH with a capacity of 1000-1500 people should be constructed with attached hospital and residential schools. According to him, this would provide opportunity to the elderly persons to interact with the younger generation and work with them in hospitals/offices. He stated that a similar model exists in a Kendriya School in Gujarat. The Chair Shri Sinha requested Shri Chapke to submit a note to NHRC on the said model. Shri Sinha stated that once the note is received on the model, the same would be circulated among the members and the some in the form of recommendation would be sent to the union and the state governments. Shri Sinha apprised Shri Chapke that a recommendation in regard to the construction of OAH in all the districts of the country have been sent to all the State Governments based on the recommendations of the earlier Core Group meeting.

8. **Dr. Shashivadhanan, Senior Advisor Surgery & Neurosurgery, R&R Hospital, New Delhi** drew attention towards para (iv) of Section 20 of the Maintenance and Welfare of Parents and Senior Citizens Act, 2007 which provides that the research activities for the chronic elderly diseases and ageing is to be expanded by the the state government. He informed that as per one of the statistical reports by the Government of India (2011), the most common disability

among the aged person is locomotor disability and visual disability. He stated that as long as elderly persons is ambulant, his diseases are taken care of, therefore, considering this, research has to be directed towards keeping the senior citizens ambulant so that they continue to live at their place of living without being shifted to OAH. He further stressed the need for focusing on the pain management of the suffering elderly persons.

9. With reference to the implementation of the Maintenance and Welfare of Parents and Senior Citizens Act, 2007, **Shri Mathew Cherian, Chief Executive, HelpAge India**, stated that a research was carried out by his organization and its findings were also presented before the Supreme Court as he was involved with a PIL on the right of the elderly to live with dignity. He shared some of these findings as per which the most common types of harassment faced by the elderly persons are physical abuse, beating and hitting. Shri Cherian stated that NHRC should take cognizance of the fact that among all the victims of abuse, 58.3 per cent mentioned suffering from physical abuse, i.e. beating and hitting by their own children - son or daughter-in-law. The incidence of 'physical abuse' against elderly persons was highest in Punjab, while Kerala and Tamil Nadu have the highest incidence of 'mental torture' and neglect of the elderly persons.

10. On the issue of the construction of the OAH, Shri Cherian stated that 'Chapter 3' of the Maintenance and Welfare of Parents and Senior Citizens Act, 2007, provides for construction of Old Age Homes in all the 707 districts of the country. But as per the affidavit filed by all the States, the total number of OAH run by State Governments, NGOs, HelpAge India and others add up to 806 only in the country. As per the Act there is supposed to be one OAH in every district; however, in reality the distribution of the same is skewed. He apprised that Tamil Nadu is the only State in India which has at least one OAH in every district. In case of Punjab, there are only 5 OAH being run by the state government and 2 are run by Help Age India. Taking this into account, Chapter - 3 of the Act has

not yet been implemented and there is an urgent need for extensive construction of OAHs.

11. Further, on the issue of provision of medical care for elderly, Shri Cherian stated that as per the 'Chapter 4' under the Maintenance and Welfare of Parents and Senior Citizens Act, 2007, there should be earmarked facilities for geriatric patients in every district hospital. He apprised that as per the affidavit filed by the Ministry of Health, only 301 districts have done some work to earmark facilities for geriatric patients. He pointed out that the mapping was done and many state governments have got the money for the same but the implementation has not happened. He further stated that AIIMS and Madras Medical College are the only two institutions in the country where National Institute of Ageing are functioning.

12. On the issue of pensions, Shri Mathew Charian pointed out that in many States, the pensions to the elderly have not been paid by the Ministry of Rural Development in 6 months time and the worst cases being Bihar and Gujarat. He further apprised that the State of Rajasthan has cancelled the pension claim of 10 lakhs beneficiaries due to non-matching of their UID (Aadhaar)Card other reasons. He further suggested that there is a need to increase the pension amount being given to the elderly person as even after 20 years of National Social Assistance Programme, the pension from the Central government is in early Rs. 200 per month. He brought into notice that the States of Bihar, Assam, Nagaland, Mizoram, Odisha, Uttar Pradesh and Madhya Pradesh are still paying the Old age pension of less than Rs. 500. He suggested that the old age pensions should be increased and legal aid cells should be created involving NGOs at the local level as Sub- Divisional Magistrates cannot follow-up all the issues pertaining to elderly. Shri Sinha informed that in the last meeting of the Core Group, it was recommended to increase the old age pension to Rs 2500

and the recommendation was sent to the Ministry of Social Justice and Empowerment.

13. **Shri Sudakar Shukla, Economic Advisor, Ministry of Rural Development,** responded to the assertion made by Shri Mathew Cherian by stating that the pensions have been paid to the beneficiaries in time in Bihar. He stated that the payment of pensions is being done through 'Public Financial Management System (PMFS)' portal to the beneficiaries covered under the Old Age Pension scheme. Shri Sinha requested Shri Shukla to get the data of elderly people from Rajasthan who have been excluded from the pension scheme. Secondly, Shri Shukla was requested to do a random survey among these beneficiaries to figure out whether the exclusion is valid and justifiable.

14. Shri Mathew Charian further stated that the Act provides for for the constitution of the Tribunals for the purpose of adjudicating and deciding upon the order for maintenance to the elderly, as well as for constitution of the Appellate Tribunal to hear the appeal against the order of the Tribunal. Although these Tribunals have been constituted by the States but much needs to be done for their proper and effective functioning. In many places, he pointed out that Sub-Divisional Magistrates (SDMs) are not presiding in the Tribunals because of the extra burden of work assigned to them by the State Government.

15. Hon'ble Member Shri Sinha suggested Shri Cherian that he may come as a petitioner on the issues of elderly and may file a factual report to NHRC providing the present situation in the states regarding the non-implementation of the Act, 2007. NHRC would take cognizance of this on the judicial side. Shri Sinha requested Shri Cherian to provide the copy of the petition filed by HelpAge India last year in the Supreme Court regarding issues of elderly as NHRC may even implead itself in the petition as a party and, being a national body of human rights, this may strengthen the PIL.

16. **Shri K.R Gangadharan, Director, Heritage Hospital and Chairman** stated that despite the existence of the Maintenance and Welfare of Parents and Senior Citizens Act, 2007, most of the children and parents are not aware of the same majority of the cases are such where parents have been discarded by their children. He suggested that there is a need for mass awareness programme and training of youngsters and the public at large to make them aware of their role as a caretaker. He further stated that there is a need to be more forceful while making people aware to take care of their parents. Further training programme from the point of view of health professionals including nurses is going to be helpful. He suggested that NHRC may collaborate with National Institute of Social Defence (NISD) for training and creating awareness among all the stakeholders. He cited the case of Coimbatore Hospital where beds are fully occupied by old age people and they don't want to go back or get discharged.

17. **Shri Vinod Kumar, Emeritus Professor, St. Stephen's Hospital** mentioned that the study by HelpAge India on the issues of elderly has provided some recommendations under the Chapter titled 'Way Forward'. Also, the Ministry of Social Justice is in the process of getting conducted a research study by the third party on the ground reality of the implementation of Maintenance and Welfare of Parents and Senior Citizens Act, 2007. He suggested that once the findings are obtained from this study, then those findings together with the findings of the research study of HelpAge India could pave the way for further amendment in the Act, 2007.

18. On the issue of construction of the Old Age Homes, Dr. Vinod Kumar stated that though Section 19(1) of the Act provides for the establishment of OAHs, but it mentions that the 'State Government "may" establish and maintain such number of OAH as it may deem necessary'. He suggested that the word

"may" should be replaced by "shall" in the Act, 2007 as the word "may" gives an edge to the state government to say that they have no money to build OAH. He stressed that this is one of the big deficiencies in the Act. Further, rather than building OAH with a capacity of 150 people in every district, the OAH should house lesser number of people of around 50-60 so that OAHs could be constructed in every district.

19. He also highlighted the deficiencies in the Integrated Programme for Older Persons (IPOP) which is a huge scheme covering the entire nation. He stated that the scheme has made tall orders which are difficult to carry out especially in the remote areas. He mentioned that the expansion of the programme is slow and there is a lot of deficiency regarding training of manpower. Further, the utilization certificate and financial audit certificate is slow. He also stated that the said programme lacks the component of continuum of care. He however stated that there are certain action points in the IPOP which could be considered by the State Governments while chalking out the comprehensive action plan for the protection of life and property of the senior citizens under 'Chapter 5' of the Act, 2007.

20. **Shri T.P. Madhukumar, Deputy Secretary (Ageing), Ministry of Social Justice and Empowerment** stated that the Maintenance Tribunal and Appellate Tribunal have been established in most of the States. The Maintenance Tribunal is being headed by the SDM and the Appellate Tribunal is headed by the District Magistrate in most of the States. He also stated that the Section 21 of the Act say that the States need to take steps for creating awareness regarding the various provisions of the Act,2007. He further stated that these nominated officers are doing additional duties over and above their regular duties.

21. Shri. S. C Sinha, suggested that any person who is having substantial knowledge about the elderly persons issues can be nominated as the presiding

officer of the tribunal and the pressure should not only be on Sub-Divisional Magistrate as they already have many other important duties responsibilities. He further suggested that Ministry of Social Justice & empowerment, being the nodal Ministry, must launch for the elderly persons. Hon'ble Member. Shri Sinha enquired from the Deputy Secretary, Ministry of Social Justice & Empowerment (Shri Madhu Kumar) as to why the amount of the grant for Old age Homes has not been revised since long. To this Shri Madhu Kumar replied that Rs. 45 to 50 crore is the budget for the whole country and, therefore, there are budgetary limitations. He further clarified that the OAH for the destitute are to be run and managed by the NGOs only and it is a Central Section Scheme. On this point Shri Ambuj Shamra, Secretary General, NHRC suggested that the modalities of the Centrally sponsored schemes need to be extended to this schemes of OAH.

Regarding the design of OAHs, Shri Madu Kumar, Deputy Secretary, Ministry of Social Justice & Empowerment apprised the members that the MoSJ&E has written to the School of Planning & Architecture but their response is still awaited, Hon,ble Member Shri Sinha stated that there is a need for standardisation of the design and the states should be nudged to adopt that design. MoSJ&E should get the standard design and should circulate it among all the states for compliance. The members suggested that a national conference may be organized by NHRC in collaboration with the MoSJ&E.

22. **Shri R.N. Mittal, President, All India Senior Citizen's Confederation**, stated that there is a requirement of construction of atleast 600 old age homes in the country and each OAH would cost around Rs.8-10 crores thereby making a total cost of around Rs. 5000-6000 crores. He opined that neither the Central Government nor the State Government would be able to provide expenditure for the same. He suggested to take help of the CSR funds which should be taken and utilized for construction of OAHs. Since the corporate houses/business may not like to take responsibility of the maintenance of the OAHs, Therefore, it could

be taken up by the government. On the increasing cases of elder abuse in India, Shri Mittal stated that though Shri Cherian highlighted the most common type of elderly abuses witnessed in the country, a new developing type of elderly abuse is the abandonment or disappearance of the senior citizens. He mentioned that as per National Crime Record Bureau (NCRB) Report 2016, around 16,000 senior citizens disappeared from their houses either due to memory problem or were abandoned by their families out of there, only 30% could be traced.

23. **Prof. (Dr.) S.P. Kinjawadekar, Ex-President, All India Senior Citizen's Confederation** stated their institution has worked at all India level and recently conducted three regional conferences in which participants were invited from 18 States. The recommendations emanating from the Conference were sent to the Ministry of Social Justice and Empowerment but no action taken report has been received till date. He stated that the recommendations pertain to the amendment required in the Act, 2007 and the steps that could be taken. Therefore, this should be looked into. Secondly, regarding the National Policy on Older Persons (NPOP), 1999, a Committee was appointed by Ministry of Social Justice and Empowerment for one year for reviewing the policy. The Committee found the policy to be impractical and submitted its recommendations in 2011. Since then no further action has been taken by the said Ministry to improve and revise the National Policy on Older Persons (NPOP), 1999. Prof. Kinjawadekar also expressed his concern regarding shortage of OAHs and insufficient coverage under the health care scheme. He stated that hardly 30% of elderly persons are covered under the pension scheme. The pension amount must be increased. Rs. 10,000/- limit to be increased.

24. **Shri Anand Katoch, Director (NISD), Ministry of Social Justice & Empowerment, National Institute of Social Defense** stated that the definition of 'children' under the Maintenance and Welfare of Parents and Senior Citizens

Act, 2007 Act, needs to be further expanded to include son-in-law and daughter-in-law. Presently it covers only son, daughter, grandson and granddaughter. He further stated that definition of the 'senior citizen' under the said Act is that they are above 60 years whereas it needs to be years and above. We are proposing that all the benefits under the Act are uniformly applicable to all senior citizens irrespective of the fact they belong to public or private institution. He further stated that in OAH, we are making mandatory for the state governments to set up senior citizen home with a capacity of 150 people as per the need only and, therefore, the word 'shall' in place of "may" in the Act which was also pointed out by Dr. Vinod Kumar has been taken into account. He further stated that they are proposing registration of OAHs so that the data regarding the number of homes and the capacity therein could be readily available; and the minimum standards are to be prescribed. They are also considering about home care services and Help-Line provision for the elderly persons.

25. **Shri Sunil Sharma, Joint Secretary, Ministry of Health and Family Welfare,** stated that the Ministry has designed a training programme in consultation with WHO for doctors & nurses and also for the community health workers to impart training as to how the elderly persons are to be treated. He further stated that presently in the country there are two National Centres for ageing, one in AIIMS, New Delhi and the other is in Madras Medical College, Chennai. Shri Sinha suggested that there is a need to develop three more 'National Institute of Ageing' one each in the East, West and North-East zone of the country.

26. Dr. S. Siva Raju stated that the ageing issue should not be looked as a medical issue. He suggested that the National Institute of Ageing (NIA) should touch upon all the issues of ageing, i.e. financial, social and cultural aspects. Shri Sinha agreed with the suggestion and added that NIA should have geriatric department. Shri Sinha further added that while in order to address all other

aspects of the ageing, there is need to have a separate institute and such an institute could be called as 'School of Gerontology'. He requested Dr. Siva Raju to provide a note on the School/Institute of gerontology' that will cover various aspects of ageing.

27. **Dr. S. Siva Raju, Deputy Director, TISS Hyderabad** reiterated that the elderly should not be seen from the care angle only and suggested two interventions that are essentially required. Firstly, there is a need to focus on the food security of the elderly and, in this regard, he suggested that the AWCs where children get food should also include the elderly persons. The same has already been done in the States of Tamil Nadu and Kerala so that if daycare centres for the elderly could not be constructed, then the food could be served to them by AWCs. Secondly, he stated that the convergence model needs to be stressed upon. He stated that their institution has such model in thier rural campus that they tested vis-à-vis other schemes and found it better. Dr. Siva Raju was requested by the Chair to submit a note on the said model of convergence of various schemes for elderly persons.

28. **Dr. Abha Chaudary, Chairperson, ANUGRAHA** stated that National legal Service Authority of India has a mandate to spread awareness about the care elderly. She proposed that a representative from NALSA should also be invited in the next meeting of the Core group on Elderly. Shri Sinha agreed with the suggestion. She further stated that during their field visit, to Haryana and Punjab, it come to their notice that the State Human Rights Commissions (SHRCs) were interested to hold consultative meets of senior citizens. Shri Sinha stated that a National Conference on Elderly would be organized by the Commission. Ms Kapur suggested that representatives from NALSA, Ministry of Panchayati Raj, Ministry Human Resource Development and SHRC's should be invited for attending the Conference. Shri. S. C. Sinha added that representative from ASSOCHAM, FICCI, PHD Chamber of Commerce & Industries and CII will also be

invited to attend the national conference so that the corporate are involved including the welfare of elderly under CSR activities.

29. Dr. Mala Kapur Shankardass, Managing Trustee and Chairperson & Associate Professor, Maitreyi College, University of Delhi, stated that the school institute for Gerontology must be there as there is a need to go beyond health. We must talk about the quality of elderly care. There should be a course on gerontology. One such course already exists in the Delhi School of Economics. National Institute of Ageing should have community medicines. It can be part of community programme where medicine can move beyond health. There are many such structures which can be enhanced. She emphasized that elderly women should be paid more attention as they are mostly neglected. Therefore out-reach programmes for them should be taken up. Shri. S.C Sinha requested Dr. Kapur to submit a note on the community medicine centre covering issues of ageing and how the elderly care programme may take care of the elderly women. She recommended on developing community services and action programme. She stated that we do not have national statistics to start and we need to go beyond old age home and medical care, and should consider social care aspect.

After due deliberations, the following recommendations emanated from the meeting:

1. As per the Advisory of the Ministry of Home Affairs (MHA), GOI, every police station in the country must have a Committee for resolving the issues of senior citizens. The State Governments need to review the status of implementation of the Government of India Advisory and to ensure that the said Committees are actually functioning in every police station at all levels.
2. Ministry of Health and Family Welfare, Government of India, to come out with a new product in the National Programme for Health Care of the Elderly

(NPHCE) for senior citizens which may also cover consultation in addition to hospitalization so that time to time medication could be prescribed and made available to the senior citizens.

3. The large OAH with a capacity of 1000-1500 people should be constructed with the attached hospital/clinic and residential schools based on Gujarat model. This would provide opportunity to the elderly persons to interact with the younger generation and help them.
4. Para (iv) of Section 20 of the Maintenance and Welfare of Parents and Senior Citizens Act, 2007 provides that the research activities for the chronic elderly diseases and ageing are to be expanded by the state governments. Therefore, considering this, research has to be directed towards keeping the senior citizens ambulant so that they continue to live at their place of living without getting shifted to OAH.
5. Section 19(1) of the Act provides for the establishment of OAHs, but it mentions that the 'State Government "may" establish and maintain such number of OAH as it may deem necessary, in a phased manner, beginning with atleast one in each district and accommodate minimum of 150 senior citizens. It is recommended that the word "may" should be replaced by "shall" in the Act, 2007 as the word "may" gives an edge to the state governments to say that they have no money to build OAH.
6. Further, rather than building OAH with a capacity of 150 people in every district, the OAH should house lesser number of people of around 50-60 so that it could be constructed in every district.
7. The construction of building of OAH requires massive expenditure on the part of the government, therefore, it is suggested that Corporate Social Responsibility (CSR) funds as mandated under the Companies Act, 2013 may be utilized to supplement the government's efforts in this regard.

8. There is need to have a separate institute other than National Institute of Ageing where other aspects of ageing, i.e. financial, social and cultural aspects could be looked at. Such an institute could be called as 'School/Institute of Gerontology'.
9. As, suggested by the Core Group, NHRC to organize a conference inviting all stake holders like NALSA, Panchayati Raj Ministry, Human Resource Development Ministry (Education Department, SHRC's, NGOs/Civil/society Organization representative from ASSOCHAM, FICCI, CII etc, to participate in it.
10. A **sub-committee** to be constituted to emphasize on the social components should be emphasized and how to make provision for implementation and availability at the community level. The Committee will be chaired by Dr. Ranjit Singh. Dr. Mala Kapur, Dr. Digambar Chapke, Shri. Mathew Cherian, Dr. SP Kinjawadekar and Shri. Anand Katoch will be the members of the sub-committee.

List of Attendees**NHRC**

1. Shri S. C. Sinha, Member
2. Shri Ambuj Sharma, Secretary General
3. Dr. Ranjit Singh, Joint Secretary (P & A)
4. Dr. M. D. S Tyagi, Joint Director (Research)
5. Pritika Sejwal, JRC
6. Priyanka Tariyal, JRC
7. Nistha, JLRC

Core Group Members and Special Invitees

1. Shri Sudakar Shukla, Economic Advisor, Ministry of Rural Development
2. Shri Sunil Sharma, Joint Secretary, Ministry of Health and Family Welfare
3. Shri Anand Katoch, Director (NISD), Ministry of Social Justice & Empowerment, National Institute of Social Defence
4. Shri T.P. Madhukumar, Deputy Secretary (Ageing), Ministry of Social Justice & Empowerment
5. Shri R.N. Mittal, President, All India Senior Citizen's Confederation
6. Shri Mathew Cherian, Chief Executive, HelpAge India
7. Dr. S. Siva Raju, Deputy Director, TISS Hyderabad Campus
8. Dr. Vinod Kumar, MD, Emeritus Professor, St. Stephen's Hospital
9. Dr. (Mrs.) Mala Kapur Shankardass, Managing Trustee and Chairperson & Associate Professor, Maitreyi College, University of Delhi
10. Prof. (Dr.) S.P. Kinjawadekar, Ex-President, All India Senior Citizen's Confederation
11. Dr. (Mrs.) Aabha Chaudhary, Chairperson, ANUGRAHA
12. Shri K.R. Gangadharan, Director, Heritage Hospital and Chairman
13. Dr. Digambar N. Chapke, President, All India Senior Citizens' Confederation (AISCCON)
14. Dr. Shashivadhanan, Senior Advisor Surgery & Neurosurgery, R&R Hospital