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National Human Rights Commission
[PRP&P Division; Research Unit-I]

Minutes of the Meeting of the Core Group on Older Persons held on 28th February 2023

A meeting of the Core Group on Older Persons was held on 28th February, 2023, in hybrid mode, on the Agenda titled “Right to Health and Access to Health Services and Economic Security”. The meeting was chaired by Dr. D.M. Mulay, Hon’ble Member, NHRC, and attended by the members of the Core Group, representatives of the Ministry of Social Justice and Empowerment, Ministry of Health and Family Welfare, National Institute of Social Defense and NHRC Officials. The list of participants is placed at **Annexure-I**.

Shri Devendra Kumar Nim, Joint Secretary, NHRC: extended welcome address to all the participants and mentioned some of the prominent types of human rights violations faced by older persons such as elder abuse, neglect by family members, access to healthcare, etc. Further, he informed that earlier there was a combined core group for both PwDs and Older Persons which has now been bifurcated into two separate core groups, i.e., one for rights of older persons and the other for PwDs. This is the first meeting of the core group on older persons after its reconstitution.

Shri Devendra Kumar Singh, Secretary General, NHRC: In his opening remarks shared the following points.

- i. As the share of the elderly population is projected to further rise to 19.5% (319 million) by 2050 according to the UN Population Division, 2019, which means that number of elderly persons in India is to triple by 2050 which is a big challenge for fulfilling the needs of such a vast population.
- ii. He also highlighted several challenges faced by older persons including mental health issues, perception of economic insecurity, neglect by family members, etc.
- iii. Focusing on the economic / financial aspect, he said that the multiple instruments of savings are linked with the market fluctuations which impact the investment made by the older persons. Therefore, the concept of assured return on the investment made by older persons is not secure and it will be an area of concern in the near future.
- iv. During the COVID-19 pandemic, the need for better delivery of services was felt and it is essential to identify and strengthen such mechanism for facilitating to meet the requirements of older persons.
- v. The door- step assistance services including financial services by Banks also require special attention.
- vi. Digitalization of services has brought in transparency and awareness about various welfare schemes but their accessibility to the older persons due to the digital divide and their inability to operate internet aided tools remains a concern.
- vii. SG also shared the data on number of complaints received by the Commission on the issues of human rights violations of older persons.

Dr. D.M. Mulay, Hon’ble Member, NHRC in his inaugural address, at the outset of his address, welcomed all the participants, and explained the functions of the Core Group. He talked

about the Constitutional provisions and the rights of older persons within the framework of Right to life, Liberty, Equality & Dignity. He also mentioned the functions of the Commission with respect to human rights violation of older persons and requested the core group members to do the fieldwork and file complaints of violation of rights of older persons with the Commission. He also said that the Commission may provide a sort of identity card to the members of the Core Group to enable them to work in an effective manner. He also invited the participants to create a compendium of resolved cases in collaboration with the Law Division of NHRC to highlight the issues of human rights violations and spread community awareness.

Shri Surajit Dey, Registrar Law, NHRC shared some cases of the violation of rights of older persons as well as the statutory and legal provision under the Maintenance and Welfare of Parents and Senior Citizens Act, 2007. This included the function and challenges of the tribunal in dealing with the cases of denial of responsibilities by children. He also stressed upon the pressing need of creating awareness programmes for older persons. Further, he also highlighted the economic constraints on the lower and middle income groups in providing care to their older parents. Lastly, he explained the complaint management system of NHRC.

Agenda 1: Right to Health and Access to Health Services

1. **Shri Rajiv Manjhi, Joint Secretary, MoHFW:** Mentioned the objectives of the National Program for Healthcare of Elderly (NPHCE), 2011, and initiatives taken by the MoHFW to promote the concept of active and healthy aging. Further, he briefed about the healthcare initiatives taken to promote accessibility of geriatric health services, as under.
 - i. Establishment of Department of Geriatric Medicine in selected 19 Medical Colleges Sanctioned as Regional Geriatric Centres (RGC) with a dedicated Geriatric OPD and 30-bedded Geriatric ward for management of specific diseases of the elderly, conducting trainings of health personnel in geriatric health care and pursuing research.
 - ii. Post-graduation in Geriatric Medicine (two seats) in each of the 19 Regional Geriatric Centres.
 - iii. District Geriatric Units with dedicated Geriatric OPD and 10-bedded Geriatric ward Rehabilitation/Physiotherapy Services in all District Hospitals.
 - iv. OPD Clinics/Rehabilitation units including domiciliary visits at CHC, PHC & HWC.
 - v. Health & Wellness Centres/Sub-centres provided with equipment for community outreach services for Elderly.
 - vi. Training of Human Resources of Public Health Care System for provision of quality Geriatric Care.
 - vii. Two National Centre for Ageing (NCA), has also been developed as centre of Excellence for Geriatric Care services. One at AIIMS Delhi and one at Chennai which will be inaugurated soon.
 - viii. MoHFW, has also allotted the responsibility of the work to conduct the Longitudinal Aging Study in India to IIPS.

2. **Ms. Pratima Gupta, DDG, Ministry of Social Justice and Empowerment** gave a detailed description about the provisions of institutional care, access to medical care under the Maintenance and Welfare of Parents and Senior Citizens Act, 2007 and National Policy of Older Persons, 1999. She mentioned that under the scheme of Integrated Program For Older Persons, approximately 1.4 lakh indigent senior citizens are being benefited every year by providing services like nutritious food, services of doctors, yoga teacher, counselors and recreation facilities , door step medical facilities, etc. She further added that under the Rashtriya Vayoshri Yojana, 2 lakh assistive devices have been distributed. She also mentioned that the Department of Social Justice and Empowerment has launched the toll free helpline ‘elder line’ at 14567 to provide counseling services to the older persons.
3. **Prof. T.V. Sekhar, Professor & Head, Department of Family & Generations, Centre for Ageing Studies, International Institute for Population Science:** informed about the LASI Report, 2020 and shared that only 20% of the elderly are aware of the MWPC Act, 2007. Therefore, awareness programs need to be conducted in this manner. He also mentioned that 8% of the elderly are suffering from depression; therefore, to address these issues, necessary action needs to be taken.
4. **Dr. Rohit Prasad,C.E.O., Helpage India :** Long-term care systems including the provision of incentives within the family is essential to be developed to strengthen family-based care. Further, the gender dimension also needs to be considered.
5. **Dr. Ashish Goel, Professor and Head, Medicine, AIMS, Mohali:** shared the following points.
 - i. The NHRC may write to the National Medical Commission to make it mandatory for all the Medical Colleges in the country to have a department of Geriatric Medicine. In recent years, it has been seen that the Department of Emergency Medicine has become mandatory which has improved upon the condition of emergency medicine in India. If similar guidelines are issued by the NMC for Geriatric Medicine, this will improve the care for older people allowing them easy and equal access to healthcare. This does not induce any financial burden on the Government in any way.
 - ii. The NHRC may also write to the state governments to adopt a model of instituting Senior Citizen Clinics in all Public Hospitals. This does not include any additional expenditure on the part of the Government and is a useful service to the older patients improving access to healthcare.
 - iii. The Long-Term Facilities should be encouraged to take care of older persons even if they are not independent and fully functional. This can be achieved if the Long Term Care facilities (Old Age Homes) which allow dependent inmates can be given incentive and relaxations in policy.
6. **Ms. Mala Kapur Shankar Das, Asia Representative, International Network for Prevention of Elder Abuse:**

- i. Talked about making health services accessible to women, emphasis on post reproductive health care, provisions for checking women's hormonal levels and nutrition levels which contribute towards health issues in later years, multiple chronic health conditions. It is a fact that in almost all countries, especially in India, women's active longevity is at stake. They live longer but with many more ailments and disabilities than men. In planning health services, we need a strong focus on gender aspects which at present is lacking.
- ii. Need to focus upon our national program on oral health for ageing populations. It is not paying enough attention to oral health care for later years. Problems with dental issues are a root cause of nutritional deficiency which drastically affects health especially in old age. Surveys conducted and work done by NGOs indicates that the oral health is poor among older people and we know older women are more vulnerable.
- iii. Our focus has been on preventions for communicable diseases but this can't be holistic unless promotional health Policies is not put in place from younger age and also in later years for chronic and non communicable diseases. It has to be a twofold strategy. We have many Indigenous Practices on this but there is a national strategy to promote active ageing. China, Thailand, South Korea, Singapore, etc. to name a few Asian countries where lots is being done on this front besides of course, Japan where an obvious benefit is seen in terms of increased longevity.
- iv. Finally, we tend to pay attention to quantity of health care services and ignore quality aspects. We need to develop measures for quality assessment of health care at institutional, community and home level. These tools must be standardized and evaluated with accountability.

Agenda 2: Economic Security

1. **Dr. Giri Raj, Director, National Institute of Social Defense:** After giving a brief introduction regarding the functioning of NISD, he mentioned about the elder line through which the grievances of older persons are heard and dealt, for which, if necessary, field visit is done. From the economic perspective, he mentioned about the Senior Able Citizens for Re – Employment in Dignity (SACRED) portal which allows Indian citizens of age more than 60 years to register on the portal and the portal allows them to find jobs and work opportunities.
2. **Rohit Prasad, C.E.O., HelpAge, India:** shared the following points.
 - i. The social security of older persons is a huge gap and the amount of pension of Rs. 200/- paid to older persons has not been revised so far.
 - ii. The Central Government may consider revising the pension of Rs. 200/- to Rs. 1,500/- at least and another additional pension amount of Rs. 1,500/- should be paid by the respective State Government, thus making it total of Rs. 3,000/- which should be the minimum benchmark of old age pension.
 - iii. Elder population should be prioritized through welfare schemes for their inclusion in the employment sector.

- iv. The elderly population of 60+ years of age living in the rural areas of the country should also be included in the digital schemes to provide them the same services as provided to the elderly living in urban areas.

3. Dr. Mala Kapoor Shankar Das, Asia Representative, International Network for Prevention of Elder Abuse:

- i. While we are focusing on pension and social security provisions, we are not doing enough to enhance mid life and later year's skill development and re-employment of people once they leave work force.
- ii. Till we don't manage and make informal sector accountable and responsible for economic and financial security of their work force, many issues concerning older people can't be addressed. The proportion of older people in informal activities is huge and needs urgent attention.
- iii. We are not doing enough for small scale ventures, micro credit facilities and promotion of livelihood opportunities in later years. These need to be supported and implementation process put in place. There is need to regulate and create productive activities for older people. Women and older persons particularly are contributors to household economy, they need visible recognition, which will cut ageism, and improve images of ageing, consequently help in increased status and dignity of older persons.
- iv. We must focus on building resilience, independent and autonomous nature of older people by putting mechanisms in place. The dole giving approach needs to be stopped.

4. Dr. S. Siva Raju, Deputy Director, Tata Institute of Social Sciences, Hyderabad

- i. A platform should be created to promote social participation among elderly for their welfare as well as for society as it will also ensure positive aging.
- ii. Awareness programs should be created including the participative programs for old age people by creating Day Care Centres wherein, they can be involved and made aware of their rights and their participation in society post-retirement.

5. Ms. Arasi Arul, Founder, 60 Plus India, Chennai: To increase the mental and physical well-being of older persons, they should be encouraged to come out of their house and participate in the programs created for them. The example of buddy system, human library, can be implemented for their meaningful participation.

6. Prof. T.V. Sekhar, Professor & Head, Department of Family & Generations, Centre for Ageing Studies, IIPS :

- i. The pension amount of Rs. 200/- only is still continuing and needs to be revised.
- ii. Many state governments are only disbursing the amount of Rs. 200/- released by the Central Government without supplementing any amount from their side.
- iii. Better identification/targeting of the elderly persons should be done for disbursement of the elderly pensions.
- iv. As per LASI report, merely 18% elderly were found covered under health insurance, which is a major issue of concern.

Besides the above mentioned two Agenda, the discussion was also held on issues related to Old Age Homes. The points mentioned are as under;

1. Dr Arundhati Bhale Rao, Founder Director, Prarambh Academy Maharashtra:

- i. The issues of overcharging by private old age homes need to be taken into cognizance and some bar should be created to have control on the fees charged by these homes.
- ii. Inspection of the government as well as private old-age homes should be made necessary. Further, in order to cater to the mental health need of older persons, appointment of counselors and psychiatrists should be made.

2. Rohit prasad, C.E.O., HelpAge: A community-based center can be a suitable platform for engagement and means of fulfillment for older persons and it can be exercised to facilitate healthy aging. Through this process, training for employment can be done as well as it can help them gain dignity in the society and importance in family.

3. Dr. Abha Chaudhary, Chairperson, ANUGRAHA, Delhi:

- i. Talked about the Monitoring mechanism created by the Ministry of Social Justice and Empowerment to conduct real-time monitoring of old age homes.
- ii. She further talked about some provisions of the Maintenance and Welfare of Parents and Senior Citizens Bill, 2019

4. Dr. Karthik Narayana. R., Founder & Managing Director, Ahtulya Senior Care, Chennai: talked about the safety issues of older persons Considering the vulnerability of the senior citizens, The Government to direct the local police station to make a registry of number of elderly persons in their district and keep a close monitoring and surveillance so that their safety and life is reassured. He also shared the Minimum Standard Guidelines for Old Age Homes.

5. Shri Manoj Yadava, DG(I), NHRC: highlighted that there is a complete lack of policy on old-age people in Indian prison concerning the issues pertaining to food, dietary conditions. We should do a research and prepare a set of guidelines or an advisory to have a separate prison for the older persons as they require specialized care being a vulnerable population.

6. Bharat Lal Meena, Admn., Senior Citizens, MoSJE: Explained the process of issuing grants to NGOs and conditions required for opening an old age home and monitoring mechanism to ensure that standard services are provided at old age homes. He also mentioned that during the last two years, grants have been issued to 45 old-age home projects.

Concluding Remarks: Dr. D.M. Mulay, Chair of the meeting, in his concluding remarks appreciated the participating members for their inputs on access to healthcare of older persons, and economic security. He mentioned that as an outcome of this Core group meeting, the relevant recommendations will be issued to the Ministry of Social Justice and Empowerment.

Recommendations Emanated from the Meeting :

1. The pension amount given under The Indira Gandhi National Old Age Pension Scheme @ Rs. 200/- per month to the persons above 60 years and @ Rs.500/- per month for senior citizens of 80 years and above, belonging to a household below poverty line, needs upward revision and in order to maintain their living standard with dignity, it should be revised and enhanced to Rs. 3,000/-per month.

Action to be taken by: Ministry of Social Justice and Empowerment

2. Awareness Programmes may be conducted in all the States/ UTs to promote awareness about human rights of older persons and digital literacy of older persons.

Action to be taken by: State Governments/ UTs

3. National Medical Commission needs to make it mandatory for all the Medical Colleges in the country to have a department of Geriatric Medicine

Action to be taken by: NHRC

4. National Medical Commission needs to introduce guidelines for senior citizens as introduced by the Department of Emergency Medicine. This will improve the care for older people allowing them easy and equal access to healthcare.

Action to be taken by: National Medical Commission

5. NHRC should write to the state governments/ UTs to adopt a model of instituting Senior Citizen Clinics in all Public Hospitals.

Action to be taken by: NHRC

6. A platform should be created to promote social participation among elderly for their welfare as well as for society as it will also ensure positive aging.

Action to be taken by: States Governments/ UTs

7. A mechanism for assessment of the standard of care provided to the older persons in the institutional care may be created and made operational.

Action to be taken by: States Governments/ UTs

8. There should be a set of guidelines or an advisory to have a separate ward / prison for the older persons as they require specialized care being a vulnerable population.

Action to be taken by: NHRC

The meeting ended with the Vote of Thanks to the Chair and all the participants by Dr. M.D.S. Tyagi, Joint Director (Research), NHRC

List of Participants:**I. NHRC Officials:**

1. Dr. D.M. Mulay, Hon'ble Member, NHRC- Chair
2. Shri Rajiv Jain, Hon'ble Member, NHRC
3. Shri Devendra Kumar Singh, Secretary General, NHRC
4. Shri Manoj Yadava, DG(I), NHRC
5. Shri Surajit Dey, Registrar (Law)
6. Smt. Anita Sinha, Joint Secretary, NHRC
7. Shri Devendra Kumar Nim, Joint Secretary, NHRC
8. Dr. M.D.S. Tyagi, Joint Director (Research)
9. Shri Jaimini Kumar Srivastava DD (M&C), NHRC
10. Ms. Smriti Pandey, JRC, NHRC
11. Mr. Deepansh Tripathi, JRC, NHRC
12. Mr. Jha Pranav Kumar, JRC, NHRC
13. Ms. Prabnoor Kaur , JRC, NHRC

II. Representatives from Government/Ministries & Ex- Officio Members:

1. Shri Rajiv Manjhi, Joint Secretary, Ministry of Health and Family Welfare, New Delhi
2. Ms. Pratima Gupta Deputy Director General, Ministry of Social Justice & Empowerment , New Delhi
3. Shri Bharat Lal Meena, Admn., Senior Citizens, Ministry of Social Justice & Empowerment , New Delhi
4. Dr. R. Giri. Raj, Director, National Institute of Social Defence, New Delhi

III. Expert Members of the Core Group:

1. Mr. Rohit Prasad, C.E.O, HelpAge India
2. Dr. S. Siva Raju, Deputy Director, Tata Institute of Social Sciences, Hyderabad
3. Dr. Abha Chaudhary, Chairperson, ANUGRAHA
4. Shri Harimohon Sharma, Secretary-cum-chief functionary, United Rural Development Services Manipur Heirok
5. Ms. Arasi Arul, Founder, 60 Plus India, Chennai
6. Dr. Karthik Narayana. R., Founder & Managing Director, Ahtulya Senior Care Chennai
7. Dr Arundhati Bhale Rao, Founder Director, Prarambh Academy Maharashtra

IV. Special Invitees:

1. Dr. Mala Kapoor Shankar Das, Asia Representative, International Network for Prevention of Elder Abuse, Gerontologist, Health Social Scientist, International Consultant, Retired Associate Professor, University of Delhi
2. Prof. T.V. Sekhar, Professor & Head, Department of Family & Generations, Centre for Ageing Studies, International Institute for Population Sciences
3. Ashish Goel, Professor and Head, Medicine, AIMS, Mohali

V. Other Attendees:

1. Ms. Anupama Dutta, Director, Policy Research and Development, *HelpAge* India