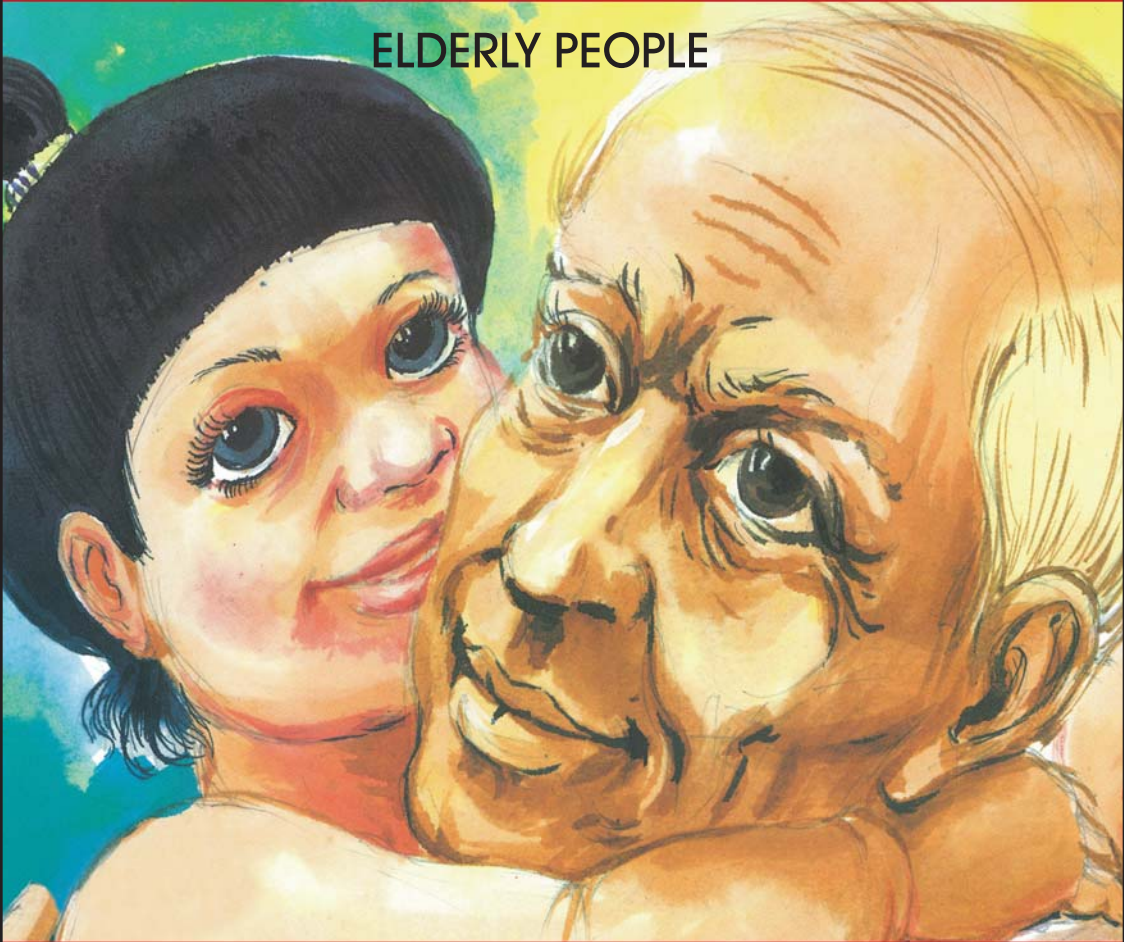


KNOW YOUR RIGHTS

ELDERLY PEOPLE



National Human Rights Commission

Know Your Rights Series

ELDERLY PEOPLE



**National Human Rights Commission
Faridkot House, Copernicus Marg
New Delhi-110001**

Know Your Rights Series:

Elderly People

This publication is intended to assist a wide audience to achieve a better understanding of the basic human rights.

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ELDERLY PEOPLE

“Old Age” is usually associated with declining faculties, both mental and physical, and a reduction in social commitments (including sport participation) of any person. The precise onset of old age varies culturally and historically. It is a social construct, rather than a biological stage. The persons in India, who have attained the age of sixty years and above, are defined as elderly for the purpose of availing old age benefits.

ELDERLY AND HUMAN RIGHTS

As per 2001 Census, total population of Senior Citizens (60+) was 7.7 crore, of which population of males and females was 3.8 crore and 3.9 crore respectively. The share of people aged 60 years and above in the total population as per Census 2001 is given below:

Population (2001)

(Fig. in crore)

	Persons	Males	Females
All India	102.9	53.2	49.7
Senior Citizens (60+)	7.7	3.8	3.9
As % of total	7.5	7.1	7.8

Source: Census, 2001

Population of senior citizens in Andhra Pradesh, Goa, Himachal Pradesh, Karnataka, Kerala, Maharashtra, Orissa, Punjab, Tamil Nadu, Uttarakhand and Puducherry is more than the national average (7.5%). In rural areas, the percentage share of elderly population in total population is highest in the State of Kerala while Andaman & Nicobar Islands has the lowest share. In urban areas, the percentage share of elderly population in total population is highest in the state of Kerala while Arunachal Pradesh has the lowest share.

I. Constitutional Provisions

In Constitution of India, entry 24 in list III of schedule VII deals with the Welfare of Labour, including conditions of work, provident funds, liability for workmen's compensation, invalidity and Old age pension and maternity benefits. Further, Item No. 9 of the State List and item 20, 23 and 24 of Concurrent List relates to old age pension, social security and social insurance, and economic and social planning.

Article 41 of Directive Principles of State Policy has particular relevance to Old Age Social Security. According to this Article, "the State shall, within the limits of its economic capacity and development, make effective provision for securing the right to work, to education and to public assistance in case of undeserved want.

II. Legal Provisions

The right of parents, without any means, to be supported by their children having sufficient means has been recognised by section 125 (1) (d) of the Code of Criminal Procedure 1973, and Section 20(1&3) of the Hindu Adoption and Maintenance Act, 1956.

Personal Laws:

The moral duty to maintain parents is recognized by all people. However, so far as law is concerned, the position and extent of such liability varies from community to community.

(a) Hindu Laws:

The statutory provision for maintenance of parents under Hindu personal law is contained in Section 20 of the Hindu Adoption and Maintenance Act, 1956. This Act is the first personal law statute in India, which imposes an obligation on the children to maintain their parents. As is evident from the wording of the section, the obligation to maintain parents is not confined to sons only; the daughters also have an equal duty towards parents. It is important to note that only those parents who are financially unable to maintain themselves from any source, are entitled to seek maintenance under this Act.

(b) Muslim Law:

Under the Muslim law also children have a duty to maintain their aged parents. According to Mulla (Muslim title applied to a scholar or religious leader):

- (i) Children in easy circumstances are bound to maintain their poor parents, although the latter may be able to earn something for themselves.
- (ii) A son in stressed circumstances is bound to maintain his mother, if the mother is poor, though she may not be infirm.
- (iii) A son, although poor, is earning something, is bound to support his father who earns nothing.

According to the Muslim law, both sons and daughters have a duty to maintain their parents under the Muslim law. The obligation, however, is dependent on their having the means to do so.

(c) Christian and Parsi Law:

The Christians and Parsis have no personal laws providing for maintenance for the parents. Parents who wish to seek maintenance have to apply under provisions of the Criminal Procedure Code.

The Code of Criminal Procedure (Cr.P.C):

The Cr.P.C 1973 is a secular law and governs persons belonging to all religions and communities. Daughters, including married daughters, also have a duty to maintain their parents.

The provision for maintenance of parents under the code was introduced for the first time in Section 125(1) of the Code of Criminal Procedure in 1973. As per the code if any person having sufficient means neglects or refuses to maintain his father or mother, unable to maintain himself or herself, a Magistrate of the first class may, upon proof of such neglect or refusal, order such person to make a monthly allowance for the maintenance of his father or mother, at a monthly rate as the magistrate thinks fit, and to pay the same to such person as the Magistrate may from time to time direct.

III. Government Policies and Schemes for Older Persons

Over the years, the government has launched various schemes and policies for older persons. These schemes and policies are meant to promote the health, well-being and independence of senior citizens around the country. Some of these programmes have been enumerated below:

a. National Policy for Older Persons

The central government came out with the National Policy for Older Persons in 1999 to promote the health, safety, social security and well being of senior citizens in India. The Policy recognizes a person aged 60 years and above as a senior citizen. This policy strives to encourage families to take care of their older family members. It also enables and supports voluntary and non-governmental organizations to supplement the care provided by the family and provide care and protection to vulnerable elderly people.

The policy has identified a number of areas of intervention ~ financial security, healthcare and nutrition, shelter, education, welfare, protection of life and property etc. for the wellbeing of older persons in the country. The main objective of this policy is to make older people fully independent citizens.

This policy has resulted in the launch of new schemes such as-

1. Strengthening of primary health care system to enable it to meet the health care needs of older persons
2. Training and orientation to medical and paramedical personnel in health care of the elderly.
3. Promotion of the concept of healthy ageing.
4. Assistance to societies for production and distribution of material on geriatric care.
5. Provision of separate queues and reservation of beds for elderly patients in hospitals.
6. Extended coverage under the Antyodaya Scheme with emphasis on provision of food at subsidized rates for the benefit of older persons especially the destitute and marginalized sections.

b. National Council for Older Persons:

A National Council for Older Persons (NCOP) has been constituted by the Ministry of Social Justice and Empowerment to operationalize the National Policy on Older Persons. The basic objectives of the NCOP are to:

- o advise the Government on policies and programmes for older persons,
- o provide feedback to the Government on the implementation of the National
- o Policy on Older Persons as well as on specific programme initiatives for older
- o persons advocate the best interests of older persons,
- o provide a nodal point at the national level for redressing the grievances of
- o older persons which are of an individual nature provide lobby for concessions, rebates and discounts for older persons both
- o with the Government as well as with the corporate sector
- o represent the collective opinion of older persons to the Government
- o suggest steps to make old age productive and interesting
- o suggest measures to enhance the quality of inter-generational relationships.
- o undertake any other work or activity in the best interest of older persons.

c. Integrated Programme for Older Persons:

Implemented by the Ministry of Social Justice & Empowerment this scheme provides financial assistance up to 90 per cent of the project cost to non-governmental organizations or NGOs as on March 31, 2007. This money is used to establish and maintain old age homes, day care centres,

mobile medicare units and to provide non-institutional services to older persons.

The Scheme of Integrated Programme for Older Persons (IPOP) is being implemented since 1992. Under the Scheme financial assistance up to 90% of the project cost is provided to Non-Governmental Organizations for running and maintenance of old age homes, day care centres and mobile medicare units. The Scheme has been revised w.e.f. 1.4.2008. Besides an increase in amount of financial assistance for existing projects, Governments/ Panchayati Raj Institutions/ Local Bodies have been made eligible for getting financial assistance. Several innovative projects have also been added as being eligible for assistance under the Scheme. Some of these are:

- Maintenance of Respite and Continuous Care Homes;
- Day Care Centres for Alzheimer's Disease/ Dementia Patients,
- Physiotherapy Clinics for older persons;
- Help-lines and Counseling Centres for older persons;
- Sensitizing programmes for children particularly in Schools and Colleges;
- Regional Resource and Training Centres
- Training of Caregivers to the Older Persons;
- Awareness Generation Programmes for Older Persons and Caregivers;
- Formation of Senior Citizens Associations etc.

The eligibility criteria for beneficiaries of some important activities/ projects supported under the Scheme are:

- Old Age Homes - for destitute older persons
- Mobile Medicare Units - for older persons living in slums, rural and inaccessible areas where proper health facilities are not available
- Respite Care Homes and Continuous Care Homes - for older persons seriously ill requiring continuous nursing care and respite

The physical and financial achievements under the Scheme during the last three years are given below:

(Rs. in crore)

Year	BE	RE	Expd	Expd as % of RE	Number of assisted		
					NGOs	Projects	Beneficiaries
2007-08	22.00	22.00	16.12	72.3	391	660	43,563
2008-09	22.00	22.00	17.72	80.6	304	437	32,560
2009-10	22.00	22.00	19.72	89.6	362	559	33100
2010-11	40.00	22.00	20.67	93.9	359	595	38785
2011-12	40.00	-	0.15	-	-	-	-
Total of RE for first 4 years + BE for 2011-12		128.00	-	-	-	-	-

PRESENT CONCESSIONS AND FACILITIES AVAILABLE

- d. The Ministry of Railways provides the following facilities to senior citizens:
- Separate ticket counters for senior citizens at various (Passenger Reservation System) PRS centres if the average demand per shift is more than 120 tickets;
 - Provision of lower berth to male passengers of 60 years and above and female passengers of 45 years and above.
 - 40% and 50% concession in rail fare for male passengers aged 60 years and above and female passengers aged 58 years and above respectively.
 - Wheel chairs at stations for old age passengers.

e. Ministry of Health & Family Welfare

Central Government Health Scheme provides pensioners of central government offices the facility to obtain medicines for chronic ailments up to three months at a stretch. More details on Central Government Health Scheme.

The Ministry of Health and Family Welfare provides for (i) separate queues for older persons in government hospitals and (ii) geriatric clinic in several government hospitals.

The Ministry has taken a new initiative called the National Programme for the Health Care for the Elderly (NPHCE) in the Eleventh Five Year Plan. The programme has been implemented from the year 2010-11 with an approved outlay of ₹ 288 crore for the remaining period of the 11th Five Year Plan (i.e for 2010-11 and 2011-12). The objectives of the programme are to:

- Provide preventive, curative and rehabilitative services to the elderly persons at various level of health care delivery system of the country
- Strengthen referral system
- Develop specialized man power and
- Promote research in the field of diseases related to old age.

The basic strategies of the programme are to:

- Strengthening of 8 Regional Geriatric Centres
- Dedicated facilities at district hospital including 10 bedded wards
- Dedicated services at PHC/ CHC level
- Primary health care approach.

The major components of the programme are:

- To establish geriatric department in all the existing 8 Regional Geriatrics Centres
- Strengthening healthcare facilities for elderly at various levels of 100 identified districts in 21 States of the country.
- Regional Institutions to provide technical support to geriatric units at district hospitals whereas district hospitals will supervise and

coordinate the activities down below at CHC, PHC and sub-centres.

Physical targets set for achievement till March 2012

- Establishment of Geriatric Department at the 8 Regional Geriatric Centres
- To cover 30 districts in 2010-11 and another 70 districts in 2011-12 from 21 identified States:
 - Establishment of Geriatric Units at the district hospitals
 - Establishment of Rehabilitation Units at CHCs
 - Establishment of Weekly Geriatric Clinic at PHCs

Initiative taken and progress in 2010-11

- Programme initiated in 30 districts of 21 identified States.
- ₹ 32.61 crore has been released to 19 States (covering 27 districts). Fund sanctioned for 3 districts of Jharkhand (Bokaro) and Uttar Pradesh (Raibareilly and Sultanpur) could not be released due to non-receipt of Bank Account details.
- ₹ 8.59 crore have also been released to 4 Regional Geriatric Centres (S N Medical College, Jodhpur; Banaras Hindu University, UP; Guwahati Medical College, Assam; and Trivandrum Medical College.

Initiative taken and progress in 2011-12

- Programme to be initiated in another 70 districts of 21 identified States.
- Funds have been released to 7 States (Bihar, HP, Karnataka, Kerala, Sikkim, Punjab and Rajasthan) to take up 21 new districts.
- Funds for Haryana and Chhattisgarh are being released.
- Funds have also been released to 2 Regional Geriatric Centres (Madras Medical College and Grants Medical College, Mumbai). Fund is being released to Sher-i-Kashmir Institute of Medical Sciences, J&K.
- Non Communicable Diseases (NCD) Cells at the Centre, State and District will implement and monitor the NPHCE. The National NCD Cell has been established at the Centre.

- f. The National Mental Health Programme focuses on the needs of senior citizens who are affected with Alzheimer's and other old age problems like dementia, Parkinson's disease, depression and psycho geriatric disorders.
- g. Tax Exemption on Interest: Senior citizens enjoy additional benefits in terms of saving schemes and interest earned on them. Interest is levied on the amount of money deposited for a particular time period. The rate of interest varies for different durations and is liable to change from year to year. Most banks provide a higher rate of interest to senior citizens than the rate available to the general public. The Reserve Bank of India has permitted higher rates of interest on saving schemes of senior citizens. Other than higher interest rates on deposits, senior citizens also enjoy exemptions on penalty rates for premature withdrawal of term deposits. Fixed deposits are sometimes withdrawn to tide over emergencies like sudden medical expenses and hospitalization. In this case, senior citizens are either exempted completely or charged a meagre percentage rate of their deposits.

A Senior Citizens Savings Scheme has been introduced by the Government through Post Offices in India which offers higher rate of interest on the deposits made by the senior citizen in post offices.

(i) Ministry of Finance

The Ministry provides the following facilities for senior citizens:

- Income tax exemption for Senior Citizens of 60 years and above up to ₹ 2.50 lakh per annum.
- Income tax exemption for Senior Citizens of 80 years and above up to ₹ 5.0 lakh per annum.
- Deduction of ₹ 20,000 under Section 80D is allowed to an individual who pays medical insurance premium for his/ her parent or parents, who is a senior citizen.
- An individual is eligible for a deduction of the amount spent or ₹ 60,000, whichever is less for medical treatment of a dependent senior citizen.

(ii) Insurance Regulatory Development Authority (IRDA)

IRDA vide letter dated 25.5.2009 issued instructions on health insurance for senior citizens to CEOs of all General Health Insurance Companies which inter-alia includes:

- Allowing entry into health insurance scheme till 65 years of age,
- Transparency in the premium charged
- Reasons to be recorded for denial of any proposals etc. on all health insurance products catering to the needs of senior citizens. Likewise the insurance companies cannot deny renewability without specific reasons.

(iii) Department of Pensions

The Department has set up a Pension Portal to enable senior citizens to get information regarding the status of their application, the amount of pension, documents required, if any, etc. The Portal also provides for lodging of grievances. As per recommendation of the Sixth Pay Commission, additional pension will be provided as per details given below to older persons:

Age Group	% pension to be added
80+	20
85+	30
90+	40
95+	50
100+	100

(iv) Ministry of Civil Aviation

The National Carrier, Air India, under the Ministry of Civil Aviation provides air fare concession up to 50% for male passenger aged 65 years and above and female passenger aged 63 years and above on the date of commencement of journey and on production of proof of age (Photo-ID) and nationality.

(v) Ministry of Road Transport and Highways

The Ministry of Road Transport and Highways has taken initiatives for providing reservation of two seats for senior citizens in front row of the buses of the State Road Transport Undertakings. Some State Governments are giving fare concession to senior citizens in the State Road Transport Undertaking buses and are introducing Bus Models, which are convenient to the elderly.

h. National Old Age Pension (NOAP) Scheme

Under National Old Age Pension Scheme, in 1994 Central Assistance was available on fulfillment of the following criteria:-

- The age of the applicant (male or female) should be 65 years or more.
- The applicant must be a destitute in the sense that he/she has no regular means of subsistence from his/her own source of income or through financial support from family members or other sources.

The amount of old age pension varies in the different States as per their share to this scheme. This scheme is implemented in the State and Union Territories through Panchayats and Municipalities. Both Panchayats and Municipalities are encouraged to involve voluntary agencies as much as possible in benefiting the destitute elderly for whom this scheme is intended.

The Ministry is now administering the Indira Gandhi National Old Age Pension Scheme (IGNOAPS) under which Central assistance is given towards pension @ ₹ 200/- per month to persons above 65 years belonging to a household below poverty line, which is meant to be supplemented by at least an equal contribution by the States so that each beneficiary gets at least ₹ 400/- per month as pension.

As on 31.3.2011, the number of beneficiaries receiving central assistance was 171 lakh.

The Ministry has lowered the age limit from the existing 65 years to 60 years and the pension amount for senior citizens of 80 years and above has also been enhanced from ₹ 200/- to ₹ 500/- per month with effect from 1.4.2011. It is estimated that there are about 72.29 lakh additional persons living below the poverty line, who would become eligible to receive

central assistance under IGNOAPS in the age group of 60-64 years and there are 26.33 lakh persons above the age of 80 years living below the poverty line, who would become eligible to receive enhanced central assistance @ ₹ 500 per month. The number of beneficiaries is expected to increase from 171 lakh to 243 lakh.

The decision of the Government of India regarding lowering the age limit from 65 to 60 years along with the revised guidelines have been issued to all States/ UTs vide letter no.J-11015/1/2011-NSAP dated 30th June 2011.

i. Action Plan 2000-2005 for Senior Citizens

The Action Plan 2000-2005 drawn up by the Ministry of Social Justice and Empowerment (MSJ&E) in consultation with the National Council for Older persons (NCOP) requires various Ministries to take action along the lines envisaged in it.

The implementation of Action Plan with clear job responsibilities, practical ideas & time-frame for execution for the Ministries is required to be monitored by the NCOP & the Inter Ministerial Committee set up by the MSJ&E. Some of the Ministries have already initiated action on devising facilities & welfare schemes for the senior citizens, which have been listed as follows:

Ministry of Social Justice & Empowerment	Setting up of :- <ul style="list-style-type: none"> • Old Age Homes • Day Care Centres • Mobile Medicare Units through Grant in Aid to NGOs/ Voluntary Organizations
Ministry of Finance	<ul style="list-style-type: none"> • Higher Rate of Interest • Personal Loan Scheme for Pensioners • Ashrya Deposit Plan • Higher Returns • Income Tax concession • Varistha Pension Bima Yojana • New Jeevan Akshay

Ministry of Civil Aviation	<ul style="list-style-type: none"> • 50% Discount in Air Travel(subject to certain conditions)
Ministry of Railways	<ul style="list-style-type: none"> • 30% Discount in Rail Travel
Ministry of Road Transport & Highways	<ul style="list-style-type: none"> • Road Travel concession in State Transport Buses • Chandigarh • Delhi • Kerala • Maharashtra • Punjab • Rajasthan
Ministry of Law & Justice	<ul style="list-style-type: none"> • Free Legal Aid • Subordinate/High Courts • Supreme Court • Legal Aid Help-Line • Speedier Disposal of Cases • Maintenance of Older Parents
Ministry of Rural Development	<ul style="list-style-type: none"> • Schemes Transferred to States (2002-03) • State Pension Scheme • Annapurna Scheme that is being implemented by the States/UT Administration, provides 10 kgs. of food grains per beneficiary per month free of cost to those senior citizens who remain uncovered under the old age pension scheme.
Ministry of Consumer Affairs, Food & Public Distribution	<ul style="list-style-type: none"> • Antyodaya Programme which provides the Below Poverty Line (BPL) families with food grains at the rate of 35 Kgs per family per month. The food grains are issued @ ₹ 3/- per kg. for rice and ₹ 2/- per kg. for wheat. The persons aged above

	60 years from the BPL category were given priority for identification.
Ministry of Health	<ul style="list-style-type: none"> • Sunday Clinic in Delhi

j. The Maintenance and Welfare of Parents and Senior Citizen Act, 2007

Legislative Framework

The Maintenance and Welfare of Parents and Senior Citizens Act, 2007 was enacted in December 2007, to ensure need based maintenance for parents and senior citizens and their welfare. The Act provides for:-

- Maintenance of Parents/ senior citizens by children/ relatives made obligatory and justiciable through Tribunals
- Revocation of transfer of property by senior citizens in case of negligence by relatives
- Penal provision for abandonment of senior citizens
- Establishment of Old Age Homes for Indigent Senior Citizens
- Adequate medical facilities and security for Senior Citizens

The Act has to be brought into force by individual State Governments. As on 31.3.2011, the Act had been notified by 22 States and all UTs. The Act is not applicable to the State of Jammu & Kashmir, while Himachal Pradesh has its own Act for Senior Citizens. The remaining States yet to notify the Act are – Bihar, Meghalaya, Sikkim and Uttar Pradesh.

States/ UTs which have notified the Act are required to take the following measures/steps for effective implementation of the Act:

- Frame Rules under the Act;
- Appoint Maintenance Officers;
- Constitute Maintenance and Appellate Tribunals.

The Act was enacted on 31st December 2007. It accords prime

responsibility for the maintenance of parents on their children, grand children or even relatives who may possibly inherit the property of a Senior Citizen. It also calls upon the State to provide facilities for poor and destitute older persons.

Provisions of the Act

- Parents who are unable to maintain themselves through their own earnings or out of their own property may apply for maintenance from their adult children. This maintenance includes the provision of proper food, shelter, clothing and medical treatment.
- Parents include biological, adoptive and step mothers and fathers, whether senior citizens or not.
- A childless Senior Citizen who is sixty years and above, can also claim maintenance from relatives who are in possession of or are likely to inherit their property.
- This application for maintenance may be made by Senior Citizens themselves or they may authorize a person or voluntary organization to do so. The Tribunal may also take action on its own.
- Tribunals on receiving these applications may hold an enquiry or order the children/relatives to pay an interim monthly allowance for the maintenance of their Parents or Senior Citizen.
- If the Tribunal is satisfied that children or relatives have neglected or refused to take care of their parents or Senior Citizen, it shall order them to provide a monthly maintenance amount, up to a maximum of ₹ 10,000 per month.
- The State Government is required to set up one or more tribunals in every sub-division. It shall also set up Appellate Tribunals in every district to hear the appeals of Senior Citizens against the decision of the Tribunals.
- No legal practitioner is required or permitted for this process.

- Erring persons are punishable with imprisonment up to three months or a fine of up to rupees five thousand or with both.
- State Governments should set up at least one Old Age Home for every 150 beneficiaries in a district. These homes are to provide Senior Citizens with minimum facilities such as food, clothing and recreational activities.
- All Government hospitals or those funded by the Government must provide beds for Senior Citizens as far as possible. Also, special queues to access medical facilities should be arranged for them.

IV. Rights of Older Persons: International Scenario

Beginning with the Universal Declaration of Human Rights, going on to the many International Instruments - including the Covenants on Economic Social and Cultural Rights, on Civil and Political Rights as well as the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) - there are many references to the Rights of all. The Declaration on Social Progress and Development in 1969, for the first time specifically mentions old age in Article 11.

The UN adopted the 1st International Plan of Action on Ageing in Vienna in 1982, and it took until 1991 for the General Assembly to adopt the UN Principles for Older Persons (Resolution 46/91) and its 4 main themes independence, participation, care, self-fulfillment and dignity.

The Committee on Economic, Social and Culture Rights adopted the General comment no 6 on the Economic and Social, and Cultural Rights of Older Persons (Document E/1996/22, Annex IV) in the year 1995.

In 1999, with the International Year of Older Persons (Document A/50/114), came the Conceptual Framework based on the Plan and Principles with 4 priority areas: (a) The situation of older persons, (b) individual lifelong development, (c) the relationship between generations, (d) the interrelationship of population, ageing and development. Finally, in Madrid in 2002, 20 years after, the 2nd World Assembly on Ageing (WAA) adopted unanimously a Political Declaration and an International Strategic Plan of Action on Ageing.

Both the documents include clear objectives and related actions to be taken: (i) to ensure the Rights of older persons, (ii) to protect older persons from “neglect, abuse and violence” in all situations addressed by the UN as well as (iii) to recognize “their role and contribution to society”.

The 2002 Madrid Plan of Action goes into great details on the situation of older persons and the Commission for Social Development was given the charge of implementation.

However, it is obvious that these precedents are not enough to give older persons their Rights as well as recognition of their contribution to society. Older persons are not only unrecognized but more and more excluded from their role in society, just to cite a few examples:

- Migration of younger generations from developing countries or countries in transition with little or no welfare leaves behind older persons with no social, economic and care support, thus increasing their vulnerability, isolation, poverty, discrimination and lack of health care;
- The galloping technological development increases the generation divide: in a 4 to 5 generation society, the 2-3 older generations are too often excluded and affected by the digital divide;
- In HIV/AIDS pandemic, the contribution of older generations is today vital, their right to care for their orphaned grand-children could only benefit the socio-economic development but also the human reconstruction of society through restoring an identity, transmitting higher values and life skills;

In all issues, the Right to Development takes into account the generation-specificities of development over the life span and until the end of life.

To generate public attention concerning mainstreaming of older persons, the theme chosen for the International Day of Older Persons in 2003 was ‘Mainstreaming ageing: forging links between the Madrid International Plan of Action on Ageing and the Millennium Development Goals’. Various UN programmes, specialized agencies as well as NGOs have made efforts to mainstream the concerns of older persons into their respective agendas.

On the level of operative action, United Nations Population Fund (UNFPA) strives to mainstream ageing into its areas of work, namely reproductive health, gender issues and humanitarian responses to conflict situations. WHO's major mainstreaming objective is to focus on principles and methods of developing health care systems that are responsive to ageing. The 2004 report of the Secretary-General to the General Assembly recommends "to assign full-time focal points on ageing and provide them with adequate resources to further implementation, particularly through appropriate mainstreaming action."

V. Initiatives by National Human Rights Commission (NHRC)

Ministry of Social Justice had constituted the National Council for Older Persons (NCOP) on 11-1-1999 in which a representative from NHRC was included as a member.

In its meeting held on 8th March, 2002, the Commission noted the details of the implementation of the Old Age Pension Scheme by the Central and State Governments and appointed Shri K. B. Saxena, IAS (Retd.), Former Advisor, Planning Commission for an in-depth study and recommendations.

Shri K. B. Saxena submitted a Report with Suggested Interventions on "National Old Age Pension Scheme: Issues of Policy and Governance". The Report was published by NHRC in October 2007.

The Ministry of Social Justice and Empowerment reconstituted the National Council for Older Persons (NCOP) on 1st August 2005 under the Chairmanship of Ministry for Social Justice & Empowerment. The Secretary General, NHRC is a member of the NCOP. The Council, presently, has 15 official Members and 33 non-official members.

The recent meeting of National Council for Older Person was held on 23rd October 2009 at Parliament House, New Delhi. One of the sessions of meeting was slotted for exclusive interaction of the NHRC with the members of the Council. The issues such as progress of implementation of the Maintenance and Welfare of Parents and Senior Citizen Act 2007, status of adaptation of Act by the states, Model Rules for the State Govt., review of National Policy on Older Persons, 1999 were discussed during this interaction in the meeting.

Health Awareness Week for elderly people

The Commission had organized "Health Week" Awareness Programme for the elderly people (senior citizens) in collaboration with Help Age India from 20th to 24th March, 2006 at New Delhi. Lecture on following topics were delivered by the subject specialists in the field, which were very much informative with regard to the health of older persons:

- Cardio-vascular Disease: How to Prevent Heart Attacks and Strokes
- Diabetes in the Elderly - Myths and Reality
- Vision Problems in the Elderly
- Arthritis and Bone Management
- Disease of the Prostate Gland
- Specific Health Concerns of Older Women
- Mental Health
- Nutrition for the Elderly,

Another Health Awareness Week for the elderly people (senior citizens) was organized by the Commission in collaboration with Help Age India from 26th February to 2nd March 2007 at Ahmedabad. Lecture on various topics such as, Healthy Ageing and Domestic Accidents and Prevention, Pain and its Management, Alternative Medicine, Diabetes and its Management, were delivered by the specialists in the field. A Special health Camp for health screening, Blood Pressure, Blood Sugar was also organized on 2nd March 2007 from 2.00 PM to 4.00 PM by the Commission.

The Commission has engaged its Special Rapporteur Dr. L Mishra in preparation of an Action Plan for the Welfare and Social Security of the Elderly Persons.

The action plan envisages following role for the Commission:-

- Reviewing activities and performance of the institutions like old age home etc., through the Special Rapporteurs of the Commission;
- Undertaking measures for publicity, awareness, familiarization, and sensitization of the public as well as Central and State Government Officers towards the older persons.

- Promoting action research on issues relating to elderly.

In Nov. 2010, the Commission has constituted a core Group on health, safety, and welfare of the elderly people under the chairmanship of Member-in-charge of the subject. The Core Group has been mandated to collect and compile data base on the magnitude of the problem and challenges faced by the elderly, review the activities of various Ministries/ Departments and give suggestions for qualitative improvement and change in the policies and programmes relating to senior citizens.

VI. Issues and Challenges in Supporting the Older Poor in India

- The institution and functioning of the family as a support structure for older people is under severe pressure because of poverty, unemployment and changing attitudes and as such external support is needed to strengthen the family and provide supplementary income;
- Since the older people are disadvantaged by stereotypes which largely discredit the poor older workers in the unorganized sector, necessary measures are required to create opportunities, increase the competence of older workers and counterbalance this negative image;
- Incidence of widowhood among women even before reaching old age results in a serious disadvantaged experience of old age;
- Lack of food is a major cause of poor health; priority for elderly in these circumstances receiving nutritional supplements is highly desirable.
- The configuration, design and general physical environment in which older people live including housing, transport, work place and recreation could be made more user friendly to achieve greater independent personal mobility, safety and convenience;
- Systematic and analytical studies on the needs of the elderly in India, both urban and rural, are required to add substance to the many preliminary and exploratory studies already made;
- On account of the shortage of trained personnel in many specialist fields, the training of professionals to organize and promote services and programmes for the elderly needs to be given high priority,

especially in such areas as family support, financial provisions, health care and community involvement.

- The specialised health needs of the older people require greater attention through the expansion and integration of geriatric and gerontological training in the medical curricula, mainstreaming of geriatric services in the Primary Health Centres and geriatric rehabilitation in the integrated Community Development programmes as an integral component of community based services would ensure that the full range of support services is accessible to older people in the health system.

At this age of their life, the senior citizens need to be taken care of and made to feel special. They are a treasure to our society. Their hard work has helped in the development of the nation. The youth of today can gain from their experience, in taking the nation to greater heights.

KNOW YOUR RIGHTS



elderly people

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