Executive Summary

"Evaluation study on Functioning of Old Age Homes/Day Care Centre's and Integrated Rehabilitation Centres for Drug Addicts (IRCAs)"

Submitted to:
Ministry of Social Justice & Empowerment Government of India

Prepared by:

Research and Development Initiative Pvt. Ltd. New Delhi

Acknowledgement

The Evaluation study on "**Functioning of Old Age Homes/Day Care Centres and Integrated Rehabilitation Centres for Drug Addicts (IRCAs) funded by D/O Social Justice & Empowerment**" was successfully completed owing to the efforts of various organizations and individuals at different stages of the study.

The Department of Social Justice and Empowerment (DSJE) funded and guided this study. The contribution and support of the Department for the study is sincerely acknowledged. A Special word of thanks are due to **Smt. G. Latha Krishna Rao**, Secretary; **Smt. Manisha Sensarma**, Economic Advisor; **Shri C.S. Verma**, Director Plan Division; **Shri Manoj Kumar Jha**, Under Secretary, **Shri P. K. Singh**, Under Secretary, **Shri Vijendra Singh,** Consultant and **Shri Avtar Singh**, Consultant for their valuable guidance at various stages of the study.

The acknowledgement would remain incomplete without thanking team of Research and Development Initiative Pvt. Ltd. **Ms. Mita Priyadarshini, Mr. Rishabh Misra, Mr. Sushil Kumar Sahu, Mr. G. S. Shukla and Ms. Kavita Thapa,** who were deeply involved during evaluation, analysis and report writing stages.

Acknowledgement is due to the investigators, editors and supervisors for meticulously collecting data from villages and also to the office editors for their sincere efforts. Acknowledgement is also due to the centres.

Last but not the least, credit goes to the respondents who spared time and cooperated with the survey team with utmost patience.

THE STUDY IS DIVIDED INTO 2 PARTS- Part 1: IRCA & Part 2: OAH/DCC

Part 1 - EXECUTIVE SUMMARY: IRCA

1. Introduction

Integrated Rehabilitation Centre for Addicts (IRCA) were set up for the purpose of drug demand reduction, the Ministry of Social Justice & Empowerment has been implementing the Scheme of Prevention of Alcoholism and Substance (Drug) Abuse since 1985- 86. The Scheme was revised thrice earlier (1994, 1999 and 2008) prior to the recent revision which came into force from January 1, 2015. The approach of this Scheme is to provide the whole range of services including awareness generation, identification, counseling, treatment and rehabilitation of addicts through voluntary and other organizations. With a view to reducing the demand for and consumption of alcohol and dependence producing substances, the thrust would be on preventive education programmes and Whole Person Recovery of the drug dependent persons.

2. Objectives

The prime objective of the study was to evaluate quality of services provided by the centre to the addicts like the quality of treatment, infrastructure, availability of staff and recreational facilities at the centre. The study also focused upon assessing the lives of the addicts post de addiction. Other objectives were to obtain feedback from the relapsed and rehabilitated addicts in order to provide suggestions for improving the working of IRCAs and its effectiveness.

3. Methodology Adopted

The study adopted both quantitative as well as qualitative approach. The Qualitative approach helped in getting deeper understanding of constraints (if any) & strategies adopted to strengthen the center and quantitative approach quantified the services provided to the beneficiaries

Mobile based software was used for data collection. Study tools were translated into different local languages. Training was organized for the field enumerators to train them regarding the issues involving the study. Mock interviews were conducted and performance of each investigator was evaluated. Only those who scored above a pre-determined cut-off were selected for the study. One Coordinator was appointed for each state to monitor the field work.

The survey covered interviews with alcohol drug addicts, centre Managers, ex addicts and relapse patients.

4. Coverage

The study focuses on evaluating the main objectives of the scheme in 398 IRCA Centers across geographical boundaries of India out of surveyed centers 25 centers were found closed or didn't exist and three centers in Punjab refused evaluation. Concluding the findings by interviewing approximately **7700 beneficiaries (inclusive of Inmates, Relapse and Rehabilitated patients) and** 370 centre managers with a motive to identify the functioning process of the centers, identifying the trend, problems and other facilities which are essential in treatment of the addicts. Deep scrutiny of the primary data some interesting facts have come out in this study.

Findings of the Study

- There are minimum 15 bedded Centers as per the mandate. Nearly half of centers had 15 or more addicts admitted while others had less than 15 inmates. Maximum number of centers have appointed required regular staff viz 97 Percent Centers had managers, doctors in 96 Percent Centers and nurses in 96 Percent centers.

- 52 Percent of centers are located in urban areas, 37.5 Percent centers are located in rural areas and 10.5 Percent in semi urban areas

- In case of problems faced by addicts at the centre, the managers are 1st level of approach by maximum number of respondents (60 Percent), followed by caretakers. Maximum of these when approached listen to the problem and try to solve them (92 Percent).

- The treatment process is the vital factor in assessment of quality of services provided. Almost all centers in India provide treatment as per the guidelines of MSJ&E. Treatment process involves provision of medicines, Yoga, physical activities, AA/NA meetings, peer group counseling etc. Amongst these medicines for detoxification (87 Percent) and individual counseling is the most common method of treatment used in the Centers. (90 Percent)

- The method of treatment process was rated to be good by maximum percent of the respondents (78 Percent). Most of the patients were satisfied by the treatment they received, infrastructure facilities and meals.

- Reviewing the socio economic profile of the addicts, the annual household income maximally ranged to up to Rs. 30,000 per annum and Rs, 60,000 to 1 lakh (cumulatively 50 percent). Most of them are educated till middle school and metric level (50 Percent). Majority addicts fall under the age group of 31-40 years (36 Percent) and OBC category has the highest share amongst the addicts (44 Percent).

- There are different individuals and groups in the society who help in identifying the addicts and direct those to de-addiction centers. Majority of addicts are brought in by their family members (67 percent) followed by village community (13 percent).

- There are various types of drugs and substances to which people are addicted to but alcohol (84 Percent) has the highest addictive consumption amongst the addicts followed by consumption of weed (18 Percent).

- The patients who successfully get de-addicted face various changes in their lifestyle when they return back to society. Maximum rehabilitated patients experienced improvement in the occupational status post de-addiction (80 Percent) and also an increment in their self-esteem (94 Percent) but they faced peer pressure which attracted them towards abuse of the substances.

- On an average, 12.5-13 % patients relapse. Of those who relapse, peer pressure (41 Percent) and depression (25 Percent) are the main factors behind the relapse. Relapse

patients are given different and advanced level treatment in order to cure them; maximum respondents felt that medical treatment has changed by their prior stay (30 Percent). Maximum of relapse patients did not face any problem (80 Percent) in getting admission at the centre, still 14 Percent had to pay repeated visits to the centre and negligible number faced problems like centre negligence and denied admissions (1 Percent). As per centre managers duration of stay at the centre is very less due to which the chances of relapse are high an average duration of stay is 32 days.

- More than 85 percent of Centers have referral services and the most common place of referral is the nearest district hospitals (75 Percent).

- Centers have designated responsibilities to spread awareness in the society against drug abuse, the post popular method of spreading awareness is through group discussion (28 Percent) and by holding seminars and street plays (23 Percent).

- Dedicated vehicle is an important component for an IRCA centre as it could be required in case of emergency; half the surveyed Centers (50 Percent) had any kind of dedicated vehicle at the centre whereas 75 Percent of Centers have accessibility to all weather road.

- Toilet, electricity and water facilities were available in all the Centers surveyed.

- Infrastructure facilities like bedrooms, reception, waiting area, water purifier etc were found in most of the Centers (82 Percent) but Indian Red Cross society across India stands above all on the given parameters.

- Centers provide different types of recreational activities (89 Percent) in the process of recovering patients in order to divert their mind and help them stabilizing their mind set. A very high percentage of Centers have recreational facilities at the centre, most common is the availability of television (98 Percent) and books (88 percent).

- Provision of meals is one of the important mandates for IRCA Centers. As high as 90 percent Centers provide meals for all three times to the patients whereas the quality has been graded by majority respondents between very goodto good for these meals (92

Percent). As per centre managers the budget allocated for meals is inadequate they spend Rs 150 on meals per day on one patient whereas allotted amount is Rs 75 Per day per meal.

- Kitchen was available in 90 Percent of the Centers and the Centers which do not have kitchen facilities within the premises outsource the food from outside.

- Charging admission fees is not allowed in the guidelines provided by the government. 12.6 Percent of Centers across India have reported cases of charging admission fees, North east withstanding maximum of them were reported in Maharashtra and Odisha.

The study provides various recommendations with belief to fill in the loop holes and make the policy even more effective than it is now by contributing to social welfare. Some of the recommendations are:

- De-addiction being a very technical system of medication and health care requires trained man power viz caretakers, nursing staff, psychological counsellors etc. Therefore Centers need to pay industries standard salaries/remuneration. Moreover, these remunerations need to paid on a timely and regular basis in order to avoid attrition.

- There is also requirement of more no. of support staff to handle addicts as they at times become violent. Therefore, it is recommended to provide adequate funds for the manpower to be appointed at the centres. The fund should commensurate with the existing compensations/remuneration.

- The center heads felt the need of Refresher training on periodic basis. The training should update the managers about the innovative methods and techniques that are used globally.

- Time Period of De-addiction should be increased, as the beneficiaries felt that the chances of relapse are very high in this short duration.

- The implementers felt that funds sanctioned for the food/ meals should be increased as Rs 75 per day is the allotted budget and most of Centers have reported that food expense exceeds up to Rs 150 per day for 1 patient.

- It is suggested that mix of vegetarian and non-vegetarian food should be available at the centre, to cater the nutrition requirement of the addicts. As 44 Percent of respondents graded quality of food to be good, by adopting above mentioned measures, the percentage could be shifted to very good.

- As can be seen that maximum Patients relapsed due to peer pressure, therefore, extensive spread of awareness in the catchment area of rehabilitated should be done against the use of addictive substances by holding mass awareness camps.

- Identification of area where most of the addicts are from may be done and a committee may be formed at the village level to monitor the alcohol/drug indulgence and also sensitize the rural population about the facility of IRCA. The committee members can constitute of PRI members, teachers, local educated people and women of the community.

- Yoga is recognized as a very important contributor to the physical and mental well being of addicts. As depression is main cause for addiction as well as relapse, Yoga helps to keep mind calm and focussed in the recovering. Also, in order to endure the de addiction process, physical fitness should be focussed upon. 18 % of the centers did not have regular Yoga sessions. It is recommended to keep a separate Yoga instructor who can guide the residents on a regular basis as regularity is the key to benefits from Yoga.

- Nearly 20 Percent relapsed patients faced problems on their return to the centre, therefore, the readmission procedure should be a hassle process for them.

- In order to monitor the centre in an effective manner, a proper MIS system should be developed by each centre. The MIS should be updated online on a continual basis, such as activities related to health, hygiene, activities on rolls month-wise during the period, those relieved and relapsed during the period with details of the employees during the period and their period of service, Training received by the employees and other important parameters like income and expenditure report and audit reports.

- As per our findings, no women addicts were found in the IRCA except centre's in Manipur Mizoram and Karnataka. According to the implementers, this does not denote that the women do not require de addiction process. Due to social taboos and male manned de addiction centers, women are skeptical of joining the centers. Therefore, we strongly recommend that more women special female centers should be opened up for females with female staff, in order to make their addictions curative. Also, special Awareness activities should be organized for women in breaking up the social taboo of female getting admitted in de-addiction centre.

- Requisition of empty unused government buildings should be made for IRCA centre instead of demolishing them as it could save rent expenses and could provide better infrastructure and saved funds could be utilised in other expense head.

- Ambulance was found always available in 12 percent Centers; it should be made mandatory for a centre to have an ambulance or a medical van so as to transport the addicts to nearby health centre on time.

- As patients are away from home during de-addiction process, frequent recreational activities should be organized as 88 percent of Centers have recreational facilities. Organizing of recreational facilities helps in diverting addicts mind and activities like meditation could help them to build strong will of quitting the addiction.

- Power back up is an important component in infrastructure of IRCA, 92 percent of Centers have provision of power back up, it should be made compulsory as it is important for the storage of medicines in the absence of electricity.

- The centre managers opined that recommendations from government is received in long intervals, therefore, RRTC should regularly visit the centers and identify the requirements by conducting meetings with District, State and block level officials.

- Drug is a suppressed area, no special education and course is available to train people for de-addiction process. Education Centers should be launched to generate trained professionals.

- There should be timely revision of grants on the basis of real market prices in order to make functions efficient.

Integrated Rehabilitation Centre for Addicts can be graded as a successful initiative by Government of India, the policy was able to maximize its objectives by laying down the fundamental guidelines required to cure an addict. The capitalization of impact could be further enhanced if the duration of stay is increased to prevent high rate of relapse. In continuation of the policy in next phase more centers for women should be opened up in order to provide treatment to women equally as men defying all social taboos. Making few of the amendments the policy is highly recommended for the continuation in its next phase with a wide goal of rehabilitating addicts in mass numbers.

Major Findings:

Summary of Findings from centre

- Average 15 patients stay at IRCA Centers in India.
- In 97 Percent Centers manager/ project councilor are appointed.
- 78 Percent Centers responded that they are facing fund crunch since many years.
- 3 Centers in Punjab refused the evaluation and 25 Centers were either locked, had no inmates or didn't exist.
- High court of Punjab has issued an order to prevent revealing identification of beneficiaries. (Letter received from the centre).

Summary of Findings from Inmates

- 26 Percent of inmate's annual household Income accumulated to the scale up to 30000 and 60000 to 1 Lakh.
- Women were not found at most of the centers except specialized centers for women in Manipur, Karnataka and Mizoram.
- Maximum (75 Percent) of Inmates were brought to the centre by family members.
- Approximately 50 percent of addicts are educated from middle school to metric level.
- About 60 percent addicts in IRCA centers are admitted for alcoholism treatment.

- 12.6 Percent of Centers in India charge admission fees. Indore (MP), Alipur (Delhi), Dimapur and Kohima (Nagaland), Uttarakhand and Mizoram had highest reported cases.
- 88 Percent Centers provide meals to the inmates cooked in the centre kitchen itself.
- 91.8 Percent respondents agreed that medicines provided to them had improved their overall wellbeing.
- 88.5 percent Centers have facilities of recreational activities.
- More than 40 Percent of respondents recommended that quality and variety of food should be improved.

Summary of Findings from Relapse Patients

- About half of the relapse patients were re sent to the centre by their families.
- About 80 percent of relapse patients didn't face any problem on their return to centre.
- About 40 percent patients relapsed due to peer pressure.
- More than 30 Percent of patients felt change in their process of medical checkups.

Summary of Findings from Rehabilitated Patients:

- Maximum (80 Percent) patients have experienced improvement in their employment strata after de-addiction.
- 94.2 Percent of rehabilitees realized that their self-esteem has increased post- de-addiction.
- Approximately 30 Percent of cured patients still experience peer pressure.
- A high of 95 Percent patients are satisfied by the treatment and other services they received at the centre.

Part 2- Executive Summary : OAH & DCC

5. Introduction

The Ministry of Social Justice & Empowerment supports programmes for the welfare of the elderly through which financial assistance up to 90% of the project cost is provided to NGOs for establishing and maintaining old age homes and day care centers. Old age homes and day care centers are supposed to provide food, shelter, care, recreation facilities, etc. to the elders.

6. Objective of the study

The major objective of the study was to assess the infrastructure and residential facilities, availability of manpower and other facilities provided to the elders like meals, health related facilities, recreational activities, clothes etc. Socio – economic background of the beneficiaries was also assessed.

7. Methodology

The study adopted both quantitative as well as qualitative approach. The Qualitative approach helped in getting deeper understanding of constraints (if any) & strategies adopted to strengthen the center and quantitative approach quantified the services provided to the beneficiaries. Our stakeholders for this study involved beneficiaries, OAH/DCCs functionaries and state Govt. officials.

Mobile based software was used for data collection. Study tools were translated into different local languages. A training was organized for the field enumerators to train them regarding the issues involving the study. Mock interviews were conducted and performance of each investigator was evaluated. Only those who scored above a pre-determined cut-off were selected for the study.

One Coordinator was appointed for each state to monitor the field work. Apart from field team leader, field executives were also responsible do quality checks (spot checks & back checks) to maintain quality of the field work.

8. Coverage

RDI has covered a total 410 centers (268 OAH & 142 DCC) across India. Out of total 410 centers, 19 centers (7 OAH + 12 DCC) were found Locked/closed. The following are the respondents covered:

- 2948 Beneficiaries
- 391 Center Functionary
- 2-3 District Social Welfare Officer from each state

Findings

The information gathered from the field were consolidated, compiled and tabulated for analysis and representation. The tabulated information has been analyzed through appropriate statistical analysis, using SPSS software.

Old age homes

- Approx. 40% of OAH did not have the provision of ambulance. It was not available in any of the center of Gujarat and Manipur.

- More than 75 percent centers (78.4 percent) had basic medicine and equipments. Apart from this, a little more than 85 percent of centers reported that they had provision for pathological test.

- Maximum numbers of doctors were found to be adopted counseling as well as medication method as a part of treatment.

- The study shows that more than 80 percent of the centers had full time availability of manager, counselor, cook, security guard and helper.

- Electricity & Drinking water was available in all the centers. Out of total, more than 70 percent of old age homes had availability of basic infrastructure facilities and 88.8 percent of centers had furniture and furnishing facilities. Infrastructure had been assessed on various indicators like availability of kitchen, toilet, dining hall, waiting lounge etc. Furniture and furnishing had been assessed on various indicators like availability of chair, table, mosquito net, bed, mattress, pillow cupboard. Kitchen was available in all the centers. Approx. 60 percent centers reported for power backup availability at the center. It was observed that 88 percent of the respondents had either separate or shared almirah/locker to store their belongings. The area where the old age homes need significant improvement was found to be facility of library or reading room as this was present only in 46.7 percent of centers.

- The study indicates that toilet facility was available in all the centers. Separate toilets for males and females were available in more than 90 percent centers.

- In nearly 60 percent of the centers, 25 residents were found to be residing. In rest of the centers, less than 25 respondents were found to be residing.

- The study shows that nearly half of the respondents (45 percent) were in the age group of 60 – 69 years followed by 70 – 79 age group (43.3 percent from). Only 11.5 percent beneficiaries were in the age group 80 and above. Out of the total respondents, more than half are the females. As per the annual income of respondents, it is recorded that a majority of the respondents i.e. 44 percent reported either they didn't have family or they are not aware of their family income.

- It has been observed that main reason of residing in old age home was no financial support for self maintenance (30.6 percent) followed by their adjustment problem with family (20.2 percent). More than half of the elders reported on staying more than 3 years in the center followed by 22 percent elders who were staying since last 1 to 3 years.

- All the centers provide food to the elders, out of which more than 90 percent elders reported that they get the meal as per their requirements. As far as quality of meal is concerned, more than 90 percent reported that the quality of meal was good and very good. However in the majority of the OAHs, there was no provision of separate stores for keeping the raw materials.

- Out of the total centers, 96.2 percent centers confirmed that they provide clothing to the beneficiaries. A very low percentage of OAH had the facility of washing machine (14%) for cleaning of clothes. More than 50 percent of the centers reported that residents clean their clothes themselves.

- According to the beneficiaries, a little more than half of the OAHs had the provision of visit of medical doctors while the residents of other half of OAH complained that medical assistance was given to them only in emergency.

- Approximately 65 percent respondents reported for organizing yoga/exercise activities.

- More than 90 percent residents reported that centers maintained cleanliness and hygiene. A very low percentage (3.9%) reported that hygiene and cleanliness was not maintained at their centers.

- An overwhelming 90.7 percent elder reported for recreational facilities like indoor games, visit to temple or park, getting newspaper and medicines etc. Nearly half of the centers in Manipur were not found to be organizing any recreational facility. Similarly in northern states, 12 percent elders reported of non availability of recreational facilities.

- On asked about their first level of approach in case of any constraint or problem, 56 percent respondents approached the center manager/head for their problems and 27 percent took help from care taker, of which 92.6 percent reported that their problems were well accepted and solution was given to them.

- More than 70 percent centers reported that the grant received from govt. is inadequate for the maintenance of manpower, meal facility and recreational facilities.

- Requirement of adequate funds and timely payment of salary was the major concern of DSWO.

Day care centers (DCC)

- More than 90 percent DCC (90.4 percent) had the provision of ambulance. More than 30 percent centers in Karnataka reported for non availability of ambulance.

- More than half of the centers (64.1 percent) had basic medicine and equipments. A little more than 85 percent of centers (86.5 percent) reported that they had provision for pathological test.

- Maximum numbers of doctors were found to be adopted counseling as well as medication method as a part of treatment.

- Full time manager was available in more than 80 percent centers whereas in 65.6 percent centers were having the counselor available on regular basis.

- Electricity and drinking water was available in all the centers. Out of total, approx. 66 percent of day care centers had availability of basic infrastructure facilities and 82 percent of centers had furniture and furnishing facilities. Infrastructure had been assessed on various indicators like availability of kitchen, toilet, dining room, waiting lounge etc. Furniture and furnishing had been assessed on various indicators like availability of chair, table, mosquito net, bed, mattress, pillow cupboard. More than 40 percent centers reported for power backup availability at the center.

- The area where the day care centers need significant improvement was found to be facility of wheel chair or stretcher as this was present only in 48.1 percent of centers. None of the center in Delhi and Mizoram had this facility. However, Ramp was available in more than 35 percent centers (39.8 percent).

- The study indicates that toilet facility was available in all the centers.

- The study shows that majority of the respondents (52.9 percent) were in the age group of 60 – 69 years followed by 38.2 percent from 70 – 79 age group. 8.9 percent beneficiaries were in the age group 80 and above. Out of the total respondents, more than half were the females (57.1 percent). As per the annual income of respondents, it is recorded that a majority of the respondents fall under income group of upto Rs. 30, 000/- constituting 48 percent.

- Main reason of residing in old age home was their choice of staying with peer group (37.5 percent) followed by no financial support for self maintenance (21.7 percent). Maximum numbers of elders i.e. 59 percent were staying since last 1 to 2 years. Also, 7 percent elders recently joined the day care center (a month ago).

- More than 3/4th of the elders were taking less than half an hour to reach day care center whereas approx. 20 percent reported that they take half an hour to one hour in commuting.

- More than 80 percent beneficiaries (87 percent) reported of getting meal/snacks, out of which more than 90 percent elders reported that they get the meal/snacks as per their

requirements. As far as quality of meal is concerned, more than 80 percent reported that the quality of meal was good or very good.

- Apart from this, approximately 62 percent respondents reported for organizing yoga/exercise activities.

- A bit more than 85 percent elders reported that their centers maintained cleanliness and hygiene.

- A little more than 76 percent elders reported positive reviews about the recreational facilities like indoor games, visit to temple or park, availability of newspaper/books etc. Eastern states followed by southern states recorded highest positive reviews about the recreational facilities. However, no recreational activity was found to be available in Telangana.

- On asked about their first level of approach in case of any constraint or problem, approximately 51 percent respondents approached the center manager/head for their problems and 38 percent took help from care taker, of which more than 90 percent reported that their problems were listened actively and solution was given to them.

- Nearly 80 percent centers reported that the grant received from govt. is inadequate for the maintenance of manpower, meal facility and recreational facilities.

- Requirement of adequate funds and timely payment of salary was the major concern of DSWO.

Suggestion & Recommendation

The study indicates that in old age home and day care centers, electricity, drinking water and toilet was available in all centers. However, kitchen was found to be available in almost all the centers. All the old age homes were providing meal to the resident whereas 87 percent day care centers reported on the provision of providing meal. As far as the quality and quantity of meal is concerned, more than 80 percent beneficiaries were found to be satisfied on both. It was observed that more than 90 percent old age homes beneficiaries

and 80 percent day care centers beneficiaries were getting the service of regular health checkup. Nearly 80 percent old age home respondents reported on positive changes on their physical and mental health after joining the old age home.

The following are the suggestions and recommendations for future improvements of the old age homes and day care centers:

- Instead of the need of medical attention on “as & when required basis”, there should be provision for regular checkups. It could be arranged by:
  - Organizing medical camps
  - Coordination with local PHCs for monthly medical checkups
  - Regular eye checkups and coordination with local hospitals for
  - cataract surgery

- Keeping in mind the needs of elderly, a designated vehicle or ambulance in case of emergency is essential for any OAH. Approx. 40% of OAH did not have the provision of designated vehicle.

- Certain medicines and equipments are prerequisites for elderly people. It was available in only 78.4% OAH and 64.1% DCC. Equipments such as Glucometer, BP apparatus, weighing machine are a must at any institution for elders.

- Yoga is recognized as a very important contributor to the physical and mental well being of elderly. It reduces the stress and helps in maintaining the blood pressure and keeps their joints fit. More than 35% of the centers did not have regular Yoga sessions. It is recommended to keep a separate Yoga instructor who can guide the residents on a regular basis.

- Power backup is an essential requirement for the functioning of center and it was available in only 60% of OAH and 40% DCC. The residents complained of problems faced due to lack of power backup. There should be availability of power backup in all the centers.

- There should be more variety of food.

- The managers suggested that the fund sanctioned for food/meal should be increased in proportion to the rise in the current food prices.

- More than 90% OAH had separate toilet facility for males and females, however, only a little more than half of DCC had this facility. It is recommended that there should be facility of separate toilets in all the centers.

- It is also recommended that based on the number of residents, there should be adequate no. of toilets at the centers.

- Loneliness is an integral aspect of ageing people and recreation acts as a tool for removing loneliness. It was observed that nearly 10 percent OAH and 24 percent DCC did not have any recreational facility. The residents desired of more outdoor activities e.g. visit to a temple or park or a movie to be organized. Also, there should be more of indoor recreation facility and a library.

- More than 70% centers reported that the grant received from govt. is inadequate for the maintenance of manpower, meal facility and recreational facilities. Apart from adequacy, timely flow of the funds is also required for the sustainability of the centers.

- In order to monitor the centre in an effective manner, a proper MIS system should be developed by each centre and should be shared with the department. The MIS should be updated online on a continual basis. It should include health & hygiene related facilities, number of residents on roll, details of employees, training received by the employees etc.

- There should be regular review meeting at the state, district and block level to assess the performance of the center.

- In order to broaden the rural outreach of the program to address the wellbeing of elderly people, awareness Camps should be organised for the publicity of OAH & DCC. Besides awareness camp, village committee should be formed to identify the destitutes and inform OAH & DCC about it.

The scheme is highly recommended for the continuation in next phase for the betterment of senior citizen.

Special case observed:

Category	State & District	Center Name/Address	Remarks
OAH	Maharashtra - Nagpur	Ekatmata Samajik Shikshan Mandal, Bhiwapur	According to the list which was shared by ministry to us, this center was OAH. But the center head has confirmed that the center has been converted into DCC now.
OAH	Manipur- Thoubal	New Integrated Rural Management Agency (NIRMA)	Two centers were having the same address. The center head has confirmed that both the centers have been merged into one.