

INTEGRATED PROGRAMME FOR SENIOR CITIZENS (IPSrC)

(File No. 15-18/2019-Stat. Division)



सत्यमेव जयते

Government Of India



Submitted to:
Statistics Division
Department of Social Justice & Empowerment
Ministry of Social Justice & Empowerment, Government of India

EXECUTIVE SUMMARY



Submitted by:
Indian Institute of Public Administration, New Delhi
March 2020

EXECUTIVE SUMMARY

The Scheme of Integrated Programme for Senior Citizens (IPSrC) is implemented to provide healthy, happy and active ageing for elderly people. The Document of the Scheme lays down, the vision, mission and action plan for the welfare and well-being of the senior citizens of our country. The evaluation study has mapped out the programme's performance based on output/outcome indicators derived from both the objectives of the Scheme and the evaluation study. The evaluation of the Scheme has been conducted keeping in view the top four needs of the senior citizens viz. financial security, food, healthcare and human interaction with dignity in life. It has also assessed the facets of safety/protection and general well-being of elderly people while living in senior citizen homes.

The scheme was evaluated considering the objectives of the evaluation study prescribed in the Letter of Award (LoA). Besides this, relevant indicators commensurate to the scheme's objective have also been identified and worked out. Objectives of the evaluation study were to assess the different parameters such as availability of proper infrastructure, quality of services provided, availability of staff and to examine the socio-economic background of the inmates. Keeping in view the aforesaid objectives the research team covered 93 Senior Citizen Homes (SCHs) and 2310 senior citizen beneficiaries from all the eight stipulated states viz. Andhra Pradesh, Assam, Karnataka, Maharashtra, Manipur, Odisha, Tamil Nadu, and West Bengal.

For preliminary data collection, meetings were conducted with the officials of the Ministry of Social Justice and Empowerment. For primary data collection, two sets of questionnaires were developed. One, for the beneficiary senior citizens, and another for the management representative or superintendent of the SCHs. The first part of the questionnaire for beneficiary senior citizens entailed detailed demographic information of the senior citizens. This part included their age, marital status, qualification, their caste, qualification of their

spouse, number of children, their employment status, their financial status, employment status of their children, the extent of interaction with their children etc. The second part contained information on four constructs i.e Infrastructure, Meals, support services, medical facilities and services, to be sought from senior citizens on a five-point Likert scale ranging from strongly disagree -1 to strongly agree- 5. This scale helped in getting the mean value on a particular item of a construct. The mean value above 2.5 is considered as good value. The third part contained a subjective question on the generic issues and challenges faced by them in their SCH and their suggestions for making the SCH better. The questionnaire for management or superintendent of SCH also sought information on different parameters such as challenges and issues faced by them in running the SCH in addition to question on seeking their suggestions for making SCH better. Collected data was cleaned and then analysed using statistical techniques. The salient findings of the evaluation study are as under:

1. A total of 430 Senior Citizen Homes (SCHs) are operational under IPSrC Scheme across 24 States. The maximum numbers of SCHs have been identified in Andhra Pradesh, followed by Tamil Nadu, Karnataka and Maharashtra. The Ministry has opened more SCHs in a state where there are more destitute and needy senior citizens. For example, in Andhra Pradesh, there are a total of 65 SCHs and 6295 senior citizens in the year 2018-19. The major reasons for more number of senior citizens joining these SCHs were found out to be their being widow or widower, their lack of care from the children coupled with their poor financial status and feeling of isolation. It is indeed clear that SCHs help to provide them with a secure and dignified life. It can be inferred that SCHs help them in improving the quality of life and well-being of the senior citizens.
2. Over the past 3 financial years, the number of projects assisted under the scheme has gone down from 761 in FY17 to 746 in FY19. Although the number of NGOs assisted

under the scheme has marginally gone up from 328 in FY17 to 354 in FY19, the number of beneficiaries impacted has witnessed an 8% decline in FY19 as compared to FY18.

3. The maximum number of beneficiary senior citizens were from the social category of OBC (49%), followed by SC (17.7%), ST (7.4%), Others(1%) and General (12.2%). In the general category, the maximum beneficiaries were from West Bengal, followed by Andhra Pradesh, Tamil Nadu and Odisha. In the Minority community, most of the beneficiaries were from Assam, followed by Manipur, and Andhra Pradesh. In OBC Category, the maximum numbers of beneficiaries were from Odisha, followed by Andhra Pradesh, Tamil Nadu and Karnataka. In the state of Odisha, beneficiaries from SC category were comparatively more than the other states. From the social category of ST, more number of beneficiaries were reported in Manipur, followed by Andhra Pradesh and Tamil Nadu.
4. Senior citizens in SCHs i.e 1821 were from the rural background as compared to 489 senior citizens who were from urban background. The maximum number of senior citizens from rural background are enrolled in Odisha while the maximum number of senior citizens from the urban background are enrolled in Karnataka and Andhra Pradesh. Majority of senior citizens i.e 979 lie in the category of having 1 or 2 offspring. Many of them have 3 to 4 children. It is disheartening to note that still, they have depended on SCHs to live the rest of their life. It brings our attention to the fact that children nowadays are trying to absolve themselves of this major responsibility to look after their parents. It is interesting to note that people having no children are also in huge number in senior citizen homes in the study. Joining of an SCH by a person having no children is still justifiable but a senior citizen who has children are also left alone to fend for themselves.

5. Around 75.2% report to be self-employed whereas around 17% of them remain unemployed. In the sample under study, the least number of beneficiaries (1.3%) are engaged in the Government sector. This further indicates that those who are self-employed tend to join SCHs as compared to other categories. It implies those who are in formal settings are the least potential to join SCHs.
6. To cover the socio-economic background of beneficiary senior citizens, around 43.7% of the beneficiaries were involved in engaging themselves in running shops or managing own businesses Moreover, around 21.7% and 16.4% of the beneficiaries worked as an attendant and higher officials, respectively. As far as the sector of employment of the beneficiaries is concerned, around 75.2% report to be self-employed whereas around 17% of them remain unemployed. In the sample under study, the least number of beneficiaries (1.3%) were engaged in the Government sector. Around 72% of the respondents in the sample reported that almost all the members of the family were dependent on them whereas just about 28% were of the view that some family members were dependent on the respondent. This suggests that there were other factors at play beyond the dependency of the family members on the Senior Citizens of the family which played a role in them moving out of their homes and seeking shelter in the SCHs.
7. 40.4% of the respondents had no interaction with family members as a reason to join SCH whereas, around 29% of the respondents in the sample had interaction sometimes, only 15% of the beneficiaries in the sample had frequent interactions with their family members. This validates the fact that isolation within the family is a major reason behind the decision of the beneficiaries to move out of their homes.
8. Input use efficiency, also known as the productivity ratio refers to the extra unit of output generated from an additional unit of input. This indicates as to how efficient

the input (funds disbursed in the context of the scheme evaluation) was in terms of generating the required output (the beneficiaries covered). The efficiency of input use can be computed by taking a simple ratio of output to input. A higher input use efficiency ratio indicates that output is maximized without requiring more of any input values or use of input is minimized while satisfying at least the given output levels. The effectiveness of the scheme has been declining in terms of beneficiaries impacted vis-à-vis the funds released. The gradual decline in the number of beneficiaries impacted out of each crore of rupees spent is indicative of the narrow coverage and outreach of the scheme.

9. Infrastructural facilities' score is 3.6 which stand above the average of the rating scale i.e. 2.5. Hence, the infrastructural facilities are better in the eight sampled states of the study. The Kitchen of Andhra Pradesh's SCHs have scored the highest. The lowest score is visible in the SCHs of Karnataka. The kitchen facilities in SCHs of Assam, Maharashtra, Manipur Odisha, Tamil Nadu and West Bengal are in the range of 3.07-4.3.
10. It has been found that for access to medical care facilities, the mean value is 3.8. The SCHs performing above Mean value are from the states of Andhra Pradesh (3.83), Assam (4.4), Manipur (4.42) and Tamil Nadu (3.87). The below Mean value performing SCHs are from the States of Karnataka (3.03), Maharashtra (3.61), Odisha (3.61) and West Bengal (3.66).
11. The Regional Resource and Training Centres (RRTCs) promotes the programme to build and strengthen intergenerational relationships particularly between children/youth and Senior Citizens. Quality of services provided to the RRTCs have also been rated by the beneficiary senior citizens. The mean value of the eight states on the component has been computed as 3.7. The above mean value RRTCs are from

the states of Andhra Pradesh (4.16), Karnataka (4.05), and Manipur (3.77) whereas the below mean value RRTCs are from the States of West Bengal (3.55), TamilNadu (3.58), Odisha (3.6), Maharashtra (3.59) and Assam (2.95).

12. The ministry prescribes the SCHs to have a superintendent (fulltime), a doctor(part-time), a yoga therapist (part-time), a social worker / Counsellor (part-time), nurses(part-time), cook (full time) and three multi-tasking staff (full time). The availability of the prescribed resource base has been evaluated in the study. Their availability has been assessed using Likert scale. On the availability of doctors, the Mean value has been calculated as 3.88.
13. The Mean value on the component of availing services of nurses has scored a mean value of 4.05. Above the mean value performing SCHs are from Manipur (4.4), Karnataka (4.36), Assam (4.32) and Andhra Pradesh (4.61). Below the mean value on the same indicators, the services provided in the SCHs are from West Bengal (3.65), Tamil Nadu (3.93), Odisha (3.73), and Maharashtra (3.39).
14. Medicine is required to be available at the SCHs. The mean value on the component is 3.93. The above mean value performing SCHs are from the State of Manipur (4.65), Karnataka (4.35), and Assam (4.24). The below mean value performing SCHs are from the states of West Bengal (3.67), Tamil Nadu (3.49), Odisha (3.68) and Maharashtra (3.46).
15. Timely yoga therapists on a part-time basis are to be associated with SCHs, as prescribed by the guidelines of the scheme. The mean value of the component is 3.72. Above mean value performing SCHs on the aforesaid component are from the States of Manipur (4.36), Karnataka (4.43) and Assam (3.99). The below mean value SCHs are from the states of West Bengal (3.59), Tamil Nadu (3.51), Odisha (3.66), Maharashtra (3.21) and Andhra Pradesh (3.0).

16. The helper service to be provided to the senior citizens in the SCHs was studied using the Likert scale. The Mean value on the component of SCHs across states is 3.70. The above mean performing SCHs on the said component are from the states of Tamil Nadu (4.27), Manipur (3.79), Karnataka (4.36) and Andhra Pradesh (3.82). The below mean performing SCHs on the said component are from the States of West Bengal (3.56), Maharashtra (3.4), and Assam (2.68). The score of SCHs from the state of Odisha is the same as the derived mean value.
17. The cook is to be hired on a full-time basis as per the guideline of the Scheme. It was found during the study that the cooks were not necessarily professionals. The mean value for the cook service has been computed as 3.94. The above mean values for the cooks working with the SCHs have scored from the states of West Bengal (4.17), Tamil Nadu (4.15), Manipur (4.68), Karnataka (4.36). The below mean value for the cooks were from the States of Odisha, Maharashtra, Odisha (3.73), Maharashtra (3.65), and Assam (3.75) and Andhra Pradesh (3.0).
18. The mean values scored by SCHs in descending order are Manipur (4.4), Karnataka (4.1), Assam (3.9), equally west Bengal (3.7) and Tamil Nadu, Odisha (3.6) and Maharashtra (3.5). Availability and required staff component has obtained the scores in the descending order are the availability of nurses (4.05), cook services (3.94), Medicine (3.93), Doctors (3.88), timely availability of Yoga Therapist (3.72) and helper (3.70).
19. In the last 5 years, a total of 1000 inmates' living in senior citizen homes have passed away. Out of the 177 SCHs' information received on deaths of inmates, 7.7% men and 10.6% women in 2015-16, 7.6% men and 11.1% women in 2016-17, 7.1% men and 12.5% women in 2017-18, 8.7% men and 12.5% women in 2018-19 and 7.1% men and 15.1% women in 2019-20 have been recorded. Across the years, the

maximum inmates' deaths have occurred in SCHs of Odisha (21.6%), followed by Tamil Nadu (19.8%), Karnataka (17.7%), Andhra Pradesh (14.3%), Manipur (12.1%), Maharashtra (4.8%) and Assam (1.1%). The average deaths of inmates have been calculated as 125 with the standard deviation of 72.8 which gets reflected in the range of 205 layings with maximum 216 and minimum 11. The tabular information reveals that across the years, more deaths of women inmates have been recorded, as compared to men.

20. Before the scheme, around 42% if the beneficiaries had no access to any kind of financial assistance whereas, after the scheme, around 70% of the beneficiaries have been able to seek financial assistance. This hints towards increased financial mobilization among the beneficiaries after being inducted to the scheme.

21. While a majority of the respondents rated the medical facilities, they accessed at home as satisfactory (around 35% of the beneficiaries), there has been a transition from the facilities being satisfactory to the medical facilities being rated good as being received under the Scheme. This tends to suggest that the medical infrastructure at the SCH under the scheme has been able to meet the needs of the beneficiaries.

RECOMMENDATIONS

The 'Integrated Programme for Senior Citizens (IPSrC) is a good Scheme and properly managed. Looking into the importance and efficacy of the scheme, the evaluation study team recommends it to be continued with enhanced financial allocations. However, despite being an effective scheme, there are some of the suggestions which came to the fore during the study for enhancing the efficacy of the scheme which are given below:

The Ministry of Social Justice and Empowerment should enhance the funds allocated to the scheme as this would help to improve the conditions of SCHs supported.

1. The ministry should ensure that these funds are disbursed on time.

2. Regional resource training centres (RRTCs) should more frequently organize the capacity building programme for the senior citizens as this would help them become more productive. After learning a particular skill senior citizens can contribute more towards social upliftment and betterment.
3. The Ministry of Social Justice and Empowerment should suggest the names and types of social activities an SCH can engage in. It should also provide some avenues for easy engagement of senior citizens into those activities.
4. Some specific SCH should be selected as a model SCH. This model SCH would be the one where inmates are fully satisfied with the SCH and its various services and facilities. The information about this model SCH should be widely publicized and circulated to all the other SCHs in other states to replicate This would provide the management of SCH a benchmark to follow on. A brief write up of around 1000-1500 words on this model SCH should be developed, which should be sent to all SCH including Regional Resources Training Centres. This write up should also entail the issues and challenges faced by this SCH and the measures taken by it to overcome them. This would help the management of other SCHs to develop insight into a different aspect of managing SCH. It would also provide valuable inputs into the efficient and effective management and smooth functioning of SCHs.
5. The Ministry of Social Justice and Empowerment should bring out clear cut guidelines which should be mandatory for SCHs to follow regarding entertainment of senior citizens such as showing them films every month, organizing their outings and religious congregations such as Bhajan sandhya etc every month. These would not only help in uplifting their mood but also help in enthusing positivity, enthusiasm and motivation in them. This is a stage of life where senior citizens tend to feel depressed on account of reasons such as separation from family and children, poor health

conditions, dependence on others and being on the fag end of their life etc. A happy senior citizen would prove to be more productive for society.

6. There are some states such as Andhra Pradesh where a number of senior citizens in SCH are in more as compared to other states. Therefore, it is also pertinent to understand the socio-economic conditions of any such state as well which compels a senior citizen to join SCHs.
7. There is a need to broaden the scope of this scheme to other states and UTs as well such as Delhi, Gujarat and Rajasthan etc to provide the benefit of an old age home to senior citizens of those states as well. Scope of this scheme can gradually be enhanced to all the states of India which would help in upgrading the status of senior citizens in India.
8. A team should be entrusted with this responsibility to visit SCHs at a frequent interval. This would keep the management of SCHs on their toes about the upkeep of SCHs as they would be cautious about surprise visit of the team from the ministry to any SCH.
9. There should be increase in the payment of superintendent and staff of SCH as well.
10. There are senior citizens who need continuous care. Therefore, additional allocation of the medical fund would help in meeting their emerging and urgent medical needs. Medical care is needed more for elderly people in SCHs at this age and stage of their life. Therefore, more fund should be allocated for medical purposes. This increase in the fund would help in the frequent visit of the doctor and nurses to the SCH.
11. Training should also be arranged for the management and staff of the SCHs at RRTCs to sensitize them about the needs and requirements of the elderly people. This would help in improving the behaviour of the management or staff or the service providers towards elderly people.

12. Ministry should conduct regular workshops with management of SCHs at RRTCs at the regional level. Proper guidance and training should be provided by the ministry about the IPSrC in these workshops.
13. The IPSrC should be revised regularly once in every 2 years keeping in view the constantly changing and dynamic environment
14. There should a regular social audit and monitoring of SCHs. Regular inspection and monitoring of the SCH may improve the efficacy of the scheme.
15. There is a need to create awareness among people about the needs and requirements of elderly people by holding camps in rural and urban areas.
16. Transport facility should be provided by the local bodies or the state government to the SCHs so that inmates can be taken to the hospital in case of emergency.
17. There should be a provision to ensure that bedding and mattresses are available in SCHs. Beds should be arranged properly. Order of keeping beds in the room should be appropriate to give adequate space for movement to every senior citizen.
18. The staff of SCHs should be clearly instructed to maintain the cleanliness in their respective SCHs as there should be more cleanliness in the rooms, kitchen and washrooms.
19. Bed sheets should be washed weekly to maintain proper hygiene. Some disinfectant should be used for mopping the floor as this will help maintain the floor cleanliness.
20. Rooms should be properly ventilated so that there is no smell in the rooms. There should be net on the windows so that mosquitoes do not enter the room. It will also help to let the fresh air in the rooms.
21. Picnics and outings should be frequently organized to provide entertainment and relaxation to the senior citizens.

22. There are some states such as Andhra Pradesh where a number of senior citizens in SCH in more as compared to other states. Therefore, it is also pertinent to understand the socio-economic conditions of any such state as well which compels a senior citizen to join SCHs.
23. SCHs should be encouraged to develop a garden either on the unused land or on the terrace of SCH so that vegetables & fruits can be planted there. These organic vegetables & fruits can be used by inmates. Gardening would keep inmates busy and in a cheerful mood as well.