DRAFT FOR ACTION PLANS FROM WORKING GROUP ON HEALTH AND NUTRITION

(Vide Ministry of Social Justice and Empowerment OM No. AG-15040/2/2020- dated. 30th September, 2020 and OM No. AG-15040/02/2020/ScC-II dated 13th October, 2020 and submitted in Nov 2020)

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INTRODUCTION

Maintaining health and nutrition in old age is an integral part of senior citizens welfare. Unlike other adults, senior citizens experience wide variations from being physically and mentally fit to a state of multiple illnesses and disablement. Their health is also greatly influenced by many socioeconomic factors. Their vulnerability stands further exposed during pandemics, disasters and calamities. In order to address health and other multidimensional issues facing senior citizens, Government has come out with many policies and programs such as the Integrated Program for Older Persons (1992), National Policy for Older Persons (1999), Maintenance and Welfare of Parents and Senior Citizens Act (2007), National Policy for Senior Citizens (2011), National Program on Health Care for the Elderly, the NPHCE (2011) etc.

Since complex health and nutritional challenges of a rapidly burgeoning population of senior citizens can overwhelm the already strained public health infrastructure, innovative strategies are needed. Mobile outreach and technology based schemes have the potential of easing the burden on tertiary care. Working Group on Health and Nutrition proposes 9 Schemes (contained in this document) for senior citizens including but not limited to rural poor. These are on health promotion, cataract related blindness, mobile active ageing, meals on wheels, nutrition education, mental health through telemedicine, mobile apps technology, deployment of trained animators and health insurance. Funding for these schemes needs closer checking and has also not included implementation expenses or contingencies sums proportionate to the budget shown.

For effective and long term implementation, some broad suggestions from the Working Group are offered for kind submission and these are establishing Senior Citizens Departments and Commissions at Central and State levels, creating robust policy initiatives for PPPs in health and social sector, mainstreaming NGOs through a nodal cell and sharing mechanism for good practices, devising insurance products for 80+, dementia care, long term, palliative & terminal care and reworking the old OASIS (old age social & income security) scheme, considering additional obligations to CSR for senior citizens welfare, enhancing empowerment of PRIs and senior citizens in rural India and Incentivizing certain human resource categories based on their performance.

Documents and resources:

Ministry of Social Justice and Empowerment: NPOP (1999), Revised IPSrC (2018), MWPSC Act (2007 and its Amendment Bill, 2019), NPSrC (2011), Paper on Health Care from National Conference on Ageing (2012), National Plan of Action for Welfare of Senior Citizens (2020) and deliberations at meetings of NCOP, Model rules for MWPSC Act (2008), National institute on ageing (2008), 12th 5 year plan schemes (2013), drafting of National commission for senior citizens (2014).

Ministry of Health and Family Welfare & National Institute of Health and Family Welfare (NIHFW): NPHCE (Revised operational guidelines, 2017) and deliberations at meetings of Old age home guidelines (2009), Training modules for elder care (2016), Primary geriatric care guidelines (2017, 2018 & 2019).

Government of NCT, Delhi: Deliberations on drafting State Commission for senior citizens (2017).

Others: Paper on universal and equal access of health care services at ILC, Pune (2017) & similar papers at National Colloquium, Trivandrum (2018) and one submitted for a forthcoming book (2018), Human rights of older persons at Workshop, Trivandrum (2012) and deliberations at elderly core group meetings of NHRC (2011, 2017 & 2018),

HEALTH PROMOTION SCHEME FOR SENIOR CITIZENS

PROBLEM: Physical and nutritional impairments as well as respiratory infections are important barriers to health of the senior citizens but their preventive strategies are often neglected.

SRATATEGY: Integrated Child Development Scheme (ICDS) operational since 1975 by Ministry of Women and Child Development provides in every village an Anganwadi Centre (AWC) and a trained honorary female Anganwadi worker (AWW) who is already getting an honorarium from ICDS. In 1976, the then Ministry of Social Welfare had constituted a Central Technical Committee (C.T.C.) to advise the Ministry of Women and Child Development on certain matters connected with ICDS. It is proposed to further train and utilize the services of AWW at the AWC on a weekly basis to improve the health of senior citizens.

ACTIONS: Short term one month training of AWWs to enable her to carry out for senior citizens (i) Assessment of vision, hearing, mobility and nutritional status using a short structured tool, (ii) Educate and guide them about a balanced diet and proper nutrition, (iii) Create awareness on the physical and mental health benefits of physical activity and yoga, (iv) Screen senior citizens to prioritize them to receive pneumonia and influenza vaccination, (v) Interface themselves with health workers at PHCs and sub-centers and (vi) make referrals.

FUNDING UPTO 2024 (Type-Government funding): This is based on targeting the senior citizens from a cluster of 3-4 neighboring villages participating at an AWC on a weekly basis, preferably on a Sunday or another day when the AWW is free from her ICDS activities. Assuming a coverage of 150000 villages and senior citizens from 3 villages visiting an AWC during a given year, 50000 AWCs with 50000 AWW will be needed once a week. Coverage of 150000 villages in a given year will be followed by taking up the next 150000 villages in each of the successive years.

Year	No. of villages covered (total population)	No. of AWCs & AWWs needed	Non recurring (Questionnaires, tools, training & record keeping material Rs. 500/- per AWC)	Recurring (Additional honorarium Rs. 12000/- Annual per AWW)	No. of Sr. citizens to benefit (10 % of population)
2020-2021	150000 (20 crores)	50000	2.5 crores	60 crores	2 crores
2021-2022	Next 150000 (20 crores)	Additional 50000	2.5 crores	60 crores	2 crores
2022-2023	Next 150000 (20 crores)	Additional 50000	2.5 crores	60 crores	2 crores
2023-2024	Next 150000 (20 crores)	Additional 50000	2.5 crores	60 crores	2 crores
Total	600000	200000	10 crores	240 crores	8 crores

NOTES: 1. 10% of above funds may be allocated for the scheme for urban slum & tribal area Sr. citizens.
2. Senior citizens will be encouraged to make repeated visits to their AWCs and participate.
3. Expenditure on account of training, implementation and C.T.C. if constituted not shown.

IMPLEMENTING AGENCIES: NISD in collaboration with other Ministries, State, UT Governments, PRIs, urban municipalities and through direct funding of NGOs/CBOs. A C.T.C. will assist health Department in monitoring health and nutrition of senior citizens, to monitor continuing educational activities and periodically assess availability of services and their impact on beneficiaries and conduct orientation and training courses of medical officers and ICDS functionaries involved in this scheme.

Participation of elders, menfolk, women groups, opinion-makers, Swasth Sangathans, Mahila Mandals and Gram Panchayats is likely to help utilization and success of this scheme.

EXPECTED OUTCOMES: Improvements in physical impairments, disability and nutritional status, reduction in pneumonia and influenza related morbidity and mortality and improvement in quality of life of senior citizens.

SENIOR CITIZENS RURAL OUTREACH PROGRAM FOR CATARACT SURGERY

PROBLEM: Cataract is common among senior citizens and about 7% of them suffer from cataract related blindness (CRB). Cataract surgery has immense potential for immediate restoration of eye sight in these patients. However, number of cataract surgeries lag much behind due to exponentially rising burden of cataract cases among senior citizens. There is a back log of about 7 million cases with 2 million new cases added each year. Figures for rural areas may be about 5 million and 1.5 million cases respectively. Furthermore, very old, poor, immobile, frail and cognitively impaired senior citizens from rural, remote and inaccessible areas are often left behind despite several useful measures from Government and non-Government agencies.

STRATEGY: It is proposed to establish an outreach program to provide cataract surgery facilities in the rural India.

ACTIONS: (i) screen the senior citizens for cataract related blindness (CRB) and for the need of cataract surgery at PHC setting (ii) transport suitable senior citizens to Community Health Centers (CHCs) for surgery, (iii) perform cataract surgery including pre & post-operative care at CHCs, (iv) transport these patients back to PHC setting and (v) keep track of them for postoperative monitoring.

FUNDING UPTO 2024 (Type PPP and CSR; PPP partners: Government, public & private hospitals, private ophthalmologists, Corporates, NGOs, Trusts and Foundations etc.). This is based on converting 100 out of currently existing 5000-6000 CHCs into a facility to also contain an eye operation theatre (OT) with the accompanying required small zones. For one CHC, assuming 30 operations a day by one ophthalmologist, 60 by 2 surgeons and if surgeries are done 4 times a week then 240 surgeries in a week and 960 surgeries in 4 weeks and 12480 surgeries in a year. If we convert 100 CHCs to contain eye operation theatres, then 1248000 can be done in a year and we can meet a target of 5 million (50 lakhs) cataract surgeries in approximately 4 years once 100 CHCs become functional for cataract surgeries.

Year	No. of CHCs to be converted	CRB Senior citizens covered	Non recurring –one time*	Recurring annual**	Thus benefit to 7% segment of total Senior citizens
2020-2021	100	1248000	44 crores	9.17 crores	1248000
2021-2022	Same 100 to continue	1248000	--	9.17 crores	1248000

2022-2023	Same 100 to continue	1248000	--	9.17 crores	1248000
2023-2024	Same 100 to continue	1248000	--	9.17 crores	1248000
Total	100	4992000	44 crores	36.68 crores	4992000 Sr. Citizens to benefit. Total of non-recurring + recurring = 80.68 crores.

1.*OT equipment 30 lakhs (microscope-2, autoclave, slit lamp, operation table-4, surgical instruments-5 cataract sets, auto-refracto-keratometer, tonometer, A scan, cautery, trial set etc.), Van 10 lakhs, Space & furniture 2 lakhs, miscellaneous 2 lakhs (Total 44 lakhs per CHC i.e. 44 crores for 100 CHCs)

2 **Salaries: eye technician 240000, driver 144000, fuel & maintenance 52800, rent or maintenance of space 180000, AMC of ophthalmic equipment approximately 1 lak h and miscellaneous 200000 (Total 916800 per CHC i.e. 91680000 annually for 100 CHCs and 366720000 for 4 years).

3.If some of the CHCs already have the equipment, cost will come down. Nurse, sweeper & chowkidar already in CHCs.

4.Surgeon fees, preoperative & postoperative medication, consumables and dark glasses will be billed as per PPP agreement.

5.Surgeon boarding and lodging arrangements will be made by Government authorities.

6.Expenditure on account of implementation not shown.

6.Postoperative care will be the responsibility of surgeon and eye technician.

7.First follow up will be done as per surgeon's instructions.

IMPLEMENTING AGENCIES: NISD in collaboration with other Ministries including Ministry of Health & Welfare, NPHCE, State, UT Governments, PRIs, and through direct funding of NGOs/CBOs.

EXPECTED OUTCOMES: Elimination of visual disability and avoidable blindness and improvement in quality of life of senior citizens.

MOBILE ACTIVE AGEING PROGRAM FOR OLD AGE HOMES

Problem: There are over 1000 old age homes (OAHs) with several thousand beds that provide free or paid services in India. However, necessary initiatives are often lacking on keeping the OAH residents physically, mentally and socially active and thereby maintaining a good quality of life for them. Untrained OAH staff, cost involved and the mindset of OAH managers are some of the barriers to these initiatives.

STRATEGY: A mobile approach has an important potential to provide a convenient and increased coverage of OAH residents and to train OAH staff in situ in a cost-effective way. It is therefore proposed to use mobile approach to enhance physical, mental and social activities of OAH residents by leveraging the technology.

ACTIONS: (i) Identify the rural and urban old age homes out of Government funded or aided OAHs and out of free OAHs run by NGOs (ii) Prepare a structured active ageing program for OAH residents as well as for OAH staff (iii) In a modified vehicle with necessary equipment and fittings, a physiotherapist and an activity coordinator will visit 2 OAHs for 2-3 hours each, 3 times a week and conduct a pre health assessment of and engage residents in a structured active ageing program comprising of physical, mental and social activities. They will also perform a pre-training assessment and provide training to the OAH staff in active ageing program during this period. Two more old age homes will be visited for similar activities on the remaining 3 days of that week. (iv) At the end of 3 months, a post health assessment will be conducted for residents and a post-training assessment for the OAH staff. Considering holidays, staff leaves, training, assessment, etc. total duration of the program would be 4 months, (v) Such 4 month programs will be carried out 3 times in a year to provide coverage to a total of 12 OAHs i.e. 4 OAHs X 3 times). Hence in 3 years, one vehicle and its staff will cover 36 OAHs and 15 vehicles and their staff will cover 540 OAHs (180 per year). Assuming an average of 50 residents at each OAH, this will impact the lives of 27,000 Seniors.

FUNDING UPTO 2024: (Type CSR and Government funding)

Period	No. of OAHs covered	No. of Senior Citizens benefited	Non-recurring costs	Recurring Costs
2021-2022	15 vehicles covering 180 OAHs	9000	Vehicles = 15x20 Lakhs Equipment including projector and physio equipment = 15x10 Lakhs	Salaries Drivers = 15x20000x12 Activity Coordinator = 15x30000x12

			Printing and Stationery including activity materials, assessment forms, etc = 15x5 Lakhs Misc Cost = 15x5 Lakh TOTAL = 6 Crores	Physiotherapist = 15x40000x12 Fuel and Vehicle Maintenance = 15x3 Lakhs Misc cost = 15x 5 Lakhs Implement Cost = 1 Lakh x 12 TOTAL = 2.94 Crores
2022-2023	Same 15 vehicles covering 180 OAHs	9000	Printing and Stationery including activity materials, assessment forms, etc = 15x5 Lakhs Misc Cost = 15x5 Lakh TOTAL = 1.5 Crores	Salaries Drivers = 15x22000x12 Activity Coordinator = 15x33000x12 Physiotherapist = 15x44000x12 Fuel and Vehicle Maintenance = 15x3 Lakhs Misc cost = 15x 5 Lakhs Implement Cost = 1 Lakh x 12 TOTAL = 3.102 Crores
2023-2024	Same 15 vehicles covering 180 OAHs	9000	Printing and Stationery including activity materials, assessment forms, etc = 15x5 Lakhs Misc Cost = 15x5 Lakh TOTAL=1.5 Crores	Salaries Drivers = 15x25000x12 Activity Coordinator = 15x36000x12 Physiotherapist = 15x48000x12 Fuel and Vehicle Maintenance = 15x4Lakhs Misc cost = 15x 6 Lakhs Implement Cost = 1 Lakh x 12 TOTAL = 3.582 Crores
TOTAL			9 Crores	9.624 Crores

IMPLEMENTING AGENCIES: Senior citizens division and NISD in collaboration with State & UT Governments, PRIs, Municipal bodies, Companies and through direct funding of NGOs.

EXPECTED OUTCOMES: Improvement in independence, self-esteem and quality of life of old age home residents.

MEALS ON WHEELS SCHEME FOR SENIOR CITIZENS IN URBAN SLUMS

PROBLEM: Urban slum poor senior citizens often suffer from malnutrition both due to lack of availability of proper and nutritious food and lack of awareness about inexpensive high quality foods. Road side street destitute and homeless senior citizens may not even get a proper single meal.

STRATEGY: It is proposed to address this problem by distributing a hot cooked and nutritious mid-day meal to senior citizens at their doorsteps and sensitizing them to the importance of a balanced diet that is of high quality and at the same time inexpensive.

ACTIONS: (i) Conduct surveys by medical social workers (MSWs) to identify poor slum dwelling, homeless, destitute, handicapped and street dwelling senior citizens before launching the scheme, (ii) distribute daily a hot, cooked and nutritious mid-day meal to such senior citizens at specified distribution points through reputed organization(s) in their own vehicles, (iii) create awareness about the importance of inexpensive high quality nutrition through trained nutrition educators (NEs) at distribution points and (iv) periodically assess the impact of this scheme on such senior citizens.

FUNDING UP TO 2024 (Type: PPP and CSR)**:** This is meant as a 3 years pilot project in four metropolitan cities having high slum population density. Every year a total of 2500 senior citizens will be targeted daily from each of the 4 cities comprising of 500 persons spread over 5 slum areas as distribution points per city. This will mean 10000 senior citizens for the 4 cities together and 30000 senior citizens over 3 years. Per city, 2 MSWs for first 1 month of the year will be hired for survey and 2 NEs will be hired for all the 12 months of the year (total 8 MSWs and 8 NEs for 4 cities).

Project Years	**No. of Urban Slums/ Streets covered in Four cities**	**No. of Senior citizens covered in Four cities**	**Non recurring** one time	**Recurring annual**	**Total of recurring and non-recurring**
2020-2021 (part of the year already gone)	Nil	Nil	(i)15 Days Training of 2 NEs per city = 25000 8 NEs for 4 cities* **100,000** (ii)Education matter for printing per slum = 25,000 20 slums x 25,000 = **500,000**	Nil	**600000**
2021-2022	5 slums x 4 cities = 20 slums	2500X4=10,000	Nil	(i)@ Rs. 60 Per Food Packet X 10,000 Sr.C X 365 Days = **219,000,000**	220,320,000

				(ii)@144,000 per NE x 8 = **1,152,000** **(iii)**@21000 per MSW including fuel x 8 = **168,000**	
2022-2023	5 slums x 4 cities = 20 slums	2500X4=10,000	Nil	@ Rs. 60 Per Food Packet X 10,000 Sr.C X 365 Days = **219,000,000** (ii)@144,000 per NE x 8 = **1,152,000** **(iii)**@21000 per MSW including fuel x 8 = **168,000**	220,320,000
2023-2024	5 slums x 4 cities = 20 slums	2500X4=10,000	Nil	@ Rs. 60 Per Food Packet X 10,000 Sr.C X 365 Days = 219,000,000 (ii)@144,000 per NE x 8 = **1,152,000** **(iii)**@21000 per MSW including fuel x 8 = **168,000**	220,320,000
2020-2024				Contingencies @ 30000 per annum X 3 years = 90,000	90,000
Total of three Years	20 Slums	10,000 X 3 cities = 30,000	**6 Lakhs**	**661,050,000**	**661,650,000**

*On a given day, both the Nutrition Educators will move with distribution vans to all the 5 slums of the city to impart awareness.

IMPLEMENTING AGENCIES: NISD in collaboration with Ministry of Housing and Urban Development, State and UT Governments and through direct funding of NGOs and individual volunteers.

EXPECTED OUTCOMES: Mitigation of hunger and malnutrition and awareness generation about affordable balanced diet among poor slum dwelling senior citizens.

SENIOR CITIZENS NUTRITION EDUCATION SCHEME

PROBLEM: Most senior citizens do not possess adequate nutrition related knowledge, attitudes and practices (KAP) and are unable to make healthier food choices both in health and disease. Lower income, physical, psychological and social changes of ageing, emergence of age related disorders and inability to bring about behavioural modifications are further barriers to healthy eating and act as impediments to an active and independent life in old age.

SRATATEGY: It is proposed to undertake a pilot project in 4 major cities to impart nutrition education to senior citizens both by holding physical sessions with trained nutrition educators and through print and audio-visual medium. Main aim of the program is to enable senior citizens to acquire knowledge, attitudes and practices in order to make healthier food choices and to bring about necessary behavioural changes with a special focus on low budget families.

ACTIONS: (i) Prepare a data base of various associations, age care organizations, laughter clubs, yoga sansthans and other such bodies in the concerned catchment area where senior citizens can be accessed to attend sessions on nutrition education, (ii) prepare a data base of non-government organizations, community based organizations and other such bodies in the catchment area who can arrange short-term training of doctors and dieticians on nutrition education, prepare and distribute awareness messages, pamphlets and kits to senior citizens, widely disseminate these messages through print and audio-visual medium and coordinate with agencies listed above at (i) to organize physical sessions on nutrition education for senior citizens, (iii) assess the impact of nutrition education program on senior citizens.

FUNDING UP TO 2024 (TYPE PPP and CSR): Based on the assumption that each Awareness Programme will be for 100 senior citizens and of three hours duration, 10 programmes per month i.e. 120 programs in a year x 4 cities, 48000 beneficiaries will be covered in one city in one year.

Year	No. of beneficiaries 4 cities	Non recurring	Recurring	Total
2020-2021 Part Of Yr	Nil	(i) 15 days training of 1 Doctor & 1 Dietician per city = 25,000 X 4 cities = 1,00,000 (ii) Printing material per city = 25,000 X 4 cities = 1,00,000	Nil	2,00,000

2021-2022	48,000	Nil	One Program 15000* 120 Programs 18,00,000 X 4 cities 72,00,000	72,00,000
2022-2023	48,000	Nil	Same	72,00,000
2023-2024	48,000	Nil	Same	72,00,000
Total 4 Yrs.	1,44,000	2,00,00	21,600,000	21,800,000

***Cost of One Programme: (i) Honorarium: 1 Doctor-2500 + 1 Dietician 1500 = **4000**,
(ii) Tea, water & Biscuits for 100 SrC **3000**, (iii) Rent of Hall **3000**, (iv) Leaflets/ pamphlets **1000**
(v) Organizing charges of NGOs **4000**, (vi) Total Cost of 1 Awareness Programme = **15000**
**Implementation expenses not shown.

IMPLEMENTING AGENCIES: NISD, City administration, municipalities, through direct funding of NGOs and volunteers.

EXPECTED OUTCOMES: Awareness generation about healthy eating and thereby improvement in health, activity and independence of senior citizens.

SENIOR CITIZENS MENTAL HEALTH CARE SCHEME THROUGH TELEMEDICINE

PROBLEM: Senior Citizens face several mental health problems which often remain under recognized. Stigma surrounding mental illnesses also makes people reluctant to seek help. Lack of awareness, inadequate training opportunities and inequitable distribution of health resources pose challenges to provision of mental health in general and mental health of senior citizens in particular. Some of the mental health problems affecting senior citizens include Alzheimer's disease and other dementias, depression, suicidal tendency, substance abuse and the mental health issues associated with post paralytic state, Parkinsonism, palliative and terminal care etc.

STRATEGY: Create a Mental Health Hub equipped with multi-lingual staff and modern technology. The Hub will provide screening of elderly people to recognize symptoms of mental health disorders directly as well as through Primary Health Centers (PHCs). This will be done through Telemedicine. Specialized tools and software will be designed for the same and the PHCs staff will be trained and awareness will be created. Software will also allow urban and semi-urban senior citizens to connect with experts through smartphones or through PHCs interventions.

ACTIONS: (i) Select a reputed Age Care Organization in mental health to spearhead the program. (ii) Spread awareness about the Hub to general public as well as to PHCs. (iii) Keep the Hub functional 24/7 in shifts with adequate staff. (iv) Develop specialized software and screening tools and train the PHC staff as well as Nursing and Medical College students. (v) Screening and counselling through Hub and make regular follow up through trained staff. (vi)
Create a nation-wide database of organizations and experts for this purpose.

FUNDING UP TO 2024: (Type: PPP and CSR)

Description	2021-22	2022-23	2023-24
A) Non Recurring Costs:			
Software Development (Website, Call Management, Ticketing, Screening)	24.00	-	-
Equipment (Computers, Phones, Server, etc.)	22.00	-	-
Personnel Cost during Setup Phase	5.30	-	-
Infrastructure including Building advance, Networking, Furniture, Internet Leased Line, Rental for 3 months, Interiors	26.00	-	-

<table>
<tr><td>Miscellaneous cost including printing and stationery, postage, travels, training</td><td>2.00</td><td>-</td><td>-</td></tr>
<tr><td>TOTAL NON RECURRING COST</td><td>79.30</td><td>-</td><td>-</td></tr>
<tr><td>B) RECCURING COSTS:</td><td></td><td></td><td></td></tr>
<tr><td>Technology Tools including AMC of equipment, software maintenance, renewal of licenses and websites</td><td>20.00</td><td>22.00</td><td>24.20</td></tr>
<tr><td>Personnel Cost
<table>
<tr><th>Designation</th><th>No.</th><th>Gross Salary P.M. – Rs.</th><th>Annual Gross Salary – Rs. In lac</th></tr>
<tr><td>Team Lead</td><td>1</td><td>80,000</td><td>9.60</td></tr>
<tr><td>Software/ Web Developers</td><td>1</td><td>60,000</td><td>7.20</td></tr>
<tr><td>Psychologists</td><td>10</td><td>50,000</td><td>60.00</td></tr>
<tr><td>Psychiatrists</td><td>5</td><td>100000</td><td>60.00</td></tr>
<tr><td>Counsellors</td><td>10</td><td>35000</td><td>42.00</td></tr>
<tr><td>Support Staff</td><td>2</td><td>25000</td><td>6.00</td></tr>
<tr><td>Total Gross Salary</td><td></td><td></td><td>184.80</td></tr>
<tr><td>Leave Encashment and other Benefits</td><td></td><td></td><td>1.20</td></tr>
<tr><td>Total Cost</td><td></td><td></td><td>186.00</td></tr>
</table>
10% hike per annum considered in subsequent years.</td><td>186.00</td><td>204.60</td><td>225.06</td></tr>
<tr><td>Infrastructure including rental, building maintenance, internet charges, telephone charges</td><td>12.00</td><td>13.20</td><td>14.52</td></tr>
<tr><td>Miscellaneous Costs (Printing and Stationery, Publicity, Travel, Trainings)</td><td>10.00</td><td>10.00</td><td>12.00</td></tr>
<tr><td>Total Recurring Costs</td><td>228.00</td><td>249.80</td><td>275.78</td></tr>
<tr><td>Total Non Recurring and Recurring Costs</td><td>307.30</td><td>249.80</td><td>275.78</td></tr>
<tr><td>Grand Total for 3 Years</td><td></td><td></td><td>832.88</td></tr>
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Beneficiaries	Screening	Tele-Medicine	Counselling	Training
Per Annum	10000	3000	8000	2400
Three years	**30000**	**9000**	**24000**	**7200**

IMPLEMENTING AGENCIES: Senior Citizens Unit and NISD of Ministry of Social Justice and Empowerment, Autonomous Organizations of the Government and direct funding of recognized NGOs.

EXPECTED OUTCOMES: (i) Improved access to mental health care, (ii) Strengthening of capacity building of mental health care providers and (iii) Awareness generation in mental health.

MULTILINGUAL MOBILE APP SCHEME FOR ASSISTIVE & HEALTH MONITORING IN ELDERLY

PROBLEM: Each mobile phone has a different user interface which is confusing when a senior citizen switches phones. Also there are a number of dedicated apps for games, health monitoring, government schemes etc. This makes it difficult for the seniors to monitor each app.

STRATEGY: It is proposed to build a multilingual mobile app that can help improve the quality of life of senior citizens by providing them access to technology tools using a mobile phone.

ACTIONS:

(i)Each mobile phone has a different user interface which is confusing when a senior citizen changes phones. It is proposed to build a unified Mobile Launcher that runs on all Android phones and provides senior citizens a simplified interface to access their calls, messages, and app data.

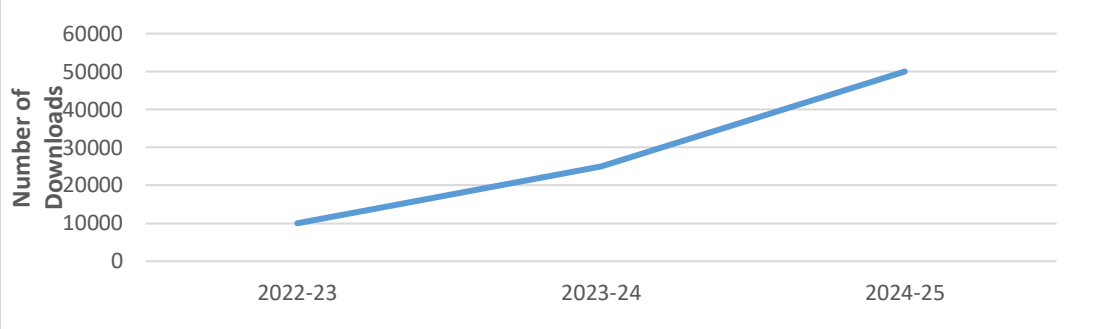
(ii)The Gamified Multilingual Mobile app will contain a unified set of tools that help the senior citizens manage their day-to-day life. The features proposed are

a. Visual interface to navigate the app easily
b. Memory games oriented to the seniors
c. Medication intake and stock monitoring. Help with reordering medications
d. Food and Water intake monitoring
e. Notifications from the Government on various schemes for senior citizens and access these schemes online
f. Heart Rate and oxygen level monitoring on calibrated compatible mobile phones using the mobile camera and / or wearables
g. GPS monitoring with notifications to family members
h. Magnifying glass
i. Backup and restore facility to help move devices
j. Personal finance monitoring with notifications (e.g. Pension, FDs, Bank notifications
k. etc)
l. To-Do lists, with task completion
m. Specific articles of interest to the seniors

(iii)Planned upgrades:

n. BMI calculator
o. Diabetes Risk Score
p. Geriatric Depression Scale Score
q. Vision testing
r. Memory testing
s. Arm and Leg function testing for mobility
t. Frailty Assessment Score Test
u. Access to elder friendly helplines Many other features can be added

Beneficiaries: Chart shows the predicted growth of the app in terms of user base



FUNDING (Type: Government Funding with support from CSR):

Non-Recurring Cost (Period – 2021 – 12 months) (In Lakhs)	
Software Development Personnel Cost 1. Mobile Developer x2 @ Rs. 1.25 lakhs pm 2. Server Developer x 2 @ Rs. 1.25 lakhs pm 3. UI / UX Developer x 1 @ Rs. 1.25 lakhs pm 4. Tester x 1 @ Rs. 1.00 lakhs pm	 30.00 30.00 15.00 12.00
Project Management Cost	12.00
Includes the cost of UI, development systems and servers, publishing the application on the play store and the back end applications and deployment.	
TOTAL	**99.00**

Recurring Cost (Period – 2022 to 2024) (In Lakhs)			
Description	**2021-22**	**2022-23**	**2023-24**
Servers and Server Maintenance	24.00	24.00	24.00
Application Maintenance Cost	24.00	24.00	24.00
Personnel Cost: 1. Manager x 1 2. Executive x 1	 12.00 9.00	 13.20 9.90	 14.52 10.89
	69.00	**71.10**	**73.41**

	213.51

GRAND TOTAL (Non-Recurring + Recurring Costs) – 312.51 Lakhs

IMPLEMENTING AGENCIES: NGOs recognized in Age care with support of the Central Government in association with a prominent Mobile Software Development company.

EXPECTED OUTCOMES: Utility of millions of elderly in India who can access services available to them in an easier and accessible manner.

SENIOR CITIZENS HEALTH CARE SCHEME THROUGH TRAINED GERIATRIC ANIMATORS

PROBLEM: Senior citizens have complex and multiple needs and often require caring for their health and other issues from their family members or paid formal care givers. About 4% of senior citizens who live alone face even greater challenges in their day to day care. While for BPL families, there are many health and welfare related concessions and the high income families can afford formal care givers for their elder members, senior citizens from Above Poverty Line (APL) category remain excluded from many welfare programs despite their weak economic status.

STRATEGY: It is proposed to undertake a pilot project in one mega city and one mini city to utilize paid services of trained geriatric animators (GAs) for guiding and assisting senior citizens living alone in their own homes and who belong to APL category. Assuming that 1/3rd of senior citizens fall in the APL category, the project will target 4% of lonely living senior citizens out of 3 lakh (1/3rd of about 9 lakh senior citizens of a mega city) and another 4% such beneficiaries out of 30,000 (1/3rd of about 90,000 senior citizens of a mini city). Total target number will therefore be 12,000+1,200=13,200 senior citizens in 3 years or 4,400 per year). One GA is proposed to cater to two senior citizens, and hence 2,200 number of GAs will be required.

ACTIONS: (i) Identify APL senior citizens (family income Rs. 2,250/- to 10,000/- P.M.) who are living alone in their own homes, (ii) Access data base of geriatric animators (GAs) who have already been trained from NISD or an equivalent organization, (iii) deploy one such animator to assist and guide two eligible beneficiaries in their own but different homes for successive 4 hours (total 8 hours) each day, 6 days a week for a period of one year (total 300 days), (v) services provided will be based on needs of the elder like bathing, feeding, giving medicines, basic physiotherapy, vitals, wound care etc. (vi) evaluate the impact of the program by a pretest and after each 6 months a post-test assessment of the beneficiary.

FUNDING UP TO 2024 (Type PPP):

Year	Beneficiaries covered	Non-recurring	Recurring	Total
2021-2022	4,400 (4,000+400)	NIL	GAs care delivery charges (@Rs. 1,000 per day – being Rs. 500 per beneficiary) Rs. 300,000 x 2,200 = Rs. 6,600 lac = 66 Crore	

2022-2023	4,400 (4,000+400)	NIL	GAs care delivery charges (@Rs. 1,000 per day – being Rs. 500 per beneficiary) Rs. 300,000 x 2,200 = Rs. 6,600 lac = 66 Crore	
2023-2024	4,400 (4,000+400)	NIL	GAs care delivery charges (@Rs. 1,000 per day – being Rs. 500 per beneficiary) Rs. 300,000 x 2,200 = Rs. 6,600 lac = 66 Crore	
Total	13,200 (12,000+1,200)	NIL	Rs. 19,800 lac	Rs. 198 Crore

*Cost of implementation has not been shown.

IMPLEMENTING AGENCIES: NISD, nearest RRTCs, NGOs.

EXPECTED OUTCOMES: Improved health care assistance and guidance to senior citizens living alone.

UNIVERSAL HEALTH COVERAGE SCHEME FOR SENIOR CITIZENS

PROBLEM: Present system of health financing lacks focus on the specific needs of the elderly, with only a few insurance offerings covering elderly care with the flexibility and comprehensiveness that is required. As a result, a high component of elderly care is being financed out of pocket. Elderly households hence spend a disproportionate amount of their total monthly consumption on healthcare needs when compared to other households.

STRATEGY: To facilitate a system of delivery of health insurance packages that may ensure coverage of Senior Citizens from all segments of society.

ACTIONS: (i) Pradhan Mantri Jan Arogya Yojana (PMJAY), an arm of Ayushman Bharat provides free health insurance to 10 Crore Indian families including their elder members from BPL and other vulnerable categories. Another 10 Crore families from APL/lower middle class categories need similar coverage and after excluding 3 Crore families covered by ESIC and 1 Crore families covered under any pension scheme, a net of 6 Crore families can pay a subsidized 25-50% premium to get that kind of coverage. This will also lead to quality improvements of hospitals. Table 1 gives details.

(ii) Employees State Insurance Corporation (ESIC) currently provides health cover to about 3 Crore families of serving employees from factories and other establishments in lieu of a sum equivalent to 4.0% of their salary (0.75% from employee + 3.25% from employer) paid to ESIC. However, post retirement, on making a small payment annually of a fixed amount, only a limited cover is available to them and their spouses by way of primary and secondary care only at the ESI facilities and not the tertiary care at super specialty hospitals through a referral system. It is therefore proposed that an additional 2% of gross salary may be recovered (0.50% from employee + 1.50% from employer) during service and in lieu thereof, a post retirement lifelong full health insurance coverage including tertiary care may be given to them and their dependent family members. Table 2 gives details.

(iii) Coverage through Pension Contributions: For employees not covered under ESI, but eligible for pension under any pension scheme, 1% of pension payable may be deducted from the pension to be paid. This amount may be utilized as premium for health insurance policy for

pensioners. PFRDA may regulate such deduction and tie up for group policy of such pensioners. Scheme may be self-funding with no contribution from Govt. About 1 Crore such pensioners may bear an average cost of Rs 150 per month (1% of average pension of 15000/ per month)–total Rs. 1800 per annum. This level of contribution from 1 Crore pensioners should be sufficient to provide health insurance to individual Senior Citizens. Table 3 gives details.

FUNDING:

Table 1 PMJAY for 6 crores APL/lower middle class families (type of funding: Government, Insurance Companies, Network hospitals and Families)

Annual income per family	Average Total Premium per family	To be borne by Beneficiary Family	To be bor e by Govt.	To be absorbed by Insurance companies/network hospitals	No. of families likely to be benefited	Cost to Govt.
Up to Rs. 5 lac	10,000	2,500	2,500	5,000	3 crore	7,500 crore
Above Rs. 5 lac	10,000	5,000	0	5,000	3 crore	Nil

Table 2 Employees State Insurance Corporation (Type of funding: Private)

Serving ESI employee(s)	Average annual salary*	Current Receipt to ESI from employer+ employee (4% of salary)	Proposed receipt to ESI from employer+ employee (6% of salary)	Amount of increased receipt to ESI
1	150000	6000 PA	9000 PA	3000 PA
3 crores		18000 Crores	27000 Crores	9000 Crore

* Assumption of an average annual salary of Rs. 150000 is based on the fact that maximum salary for an employee's eligibility for ESI health coverage is Rs. 21000 PM i.e. Rs. 252000 PM.

Table 3 Coverage through Pension Contributions: (Type of funding: private)

Scheme		Senior Citizens Covered -	Govt Funding – Rs. crore	Private Funding – Crores	Total Funding – Crores	Privt Funding By
Part Pension Deduction		1.0 Crore	Nil	1800	1800	Pensioners

IMPLEMENTING AGENCIES: ESIC, IRDAI, PFRDA, Ministry of Health, Ministry of Finance, State and UT Governments, individual insurance companies and network hospitals.

EXPECTED OUTCOMES: Affordable Health Insurance to Senior Citizens from all needy segments of society.