Issues in Implementation of National Policy for Older Persons (NPOP)1999 in India

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ABSTRACT:

The Indian government after numerous times of debate eventually declared the National Policy of the Aged Persons in January 1999, the International Year of the Aged Persons. The NPOP, blazoned in January 1999 had the primary objects of encouraging individualities to make provision for their own as well as their partner's old age; encouraging families to take care of their aged family members; and creating in the senior persons a mindfulness of the need to develop themselves into independent citizens. The Policy also aims at enabling and supporting non-governmental associations to condense the care handed by the family; furnishing care and protection to the vulnerable senior; furnishing health care installations to the senior; promoting exploration and training installations, training senior care givers and organizers of services for the senior (Giri and et al 2011 21- 26). The Ministry of Social Justice and commission (MOSJE) coordinate the perpetration of NPOP while numerous rudiments of the Policy are under the authorizations of several other ministries. After about a decade of perpetration of NPOP, the MOSJE set up a commission of experts to review perpetration experience and suggest ways and means for perfecting the policy content and its perpetration. The expert commission has now prepared a revised National Policy for Senior Citizens (NPSC) that recognizes that (a) senior women need special attention, (b) pastoral poor need special attention and (c) factoring the advancements in medical technology and assistive into the revised policy. The paper makes identify for mainstreaming geriatric as a strategy for integrating geriatric issues into all sectoral programs and at all situations. The need for perfecting the overall mindfulness and empathy for aged persons and strengthening coffers and public capacity for integration have been underscored in the paper.

KEYWORDS: National Policy for Older Persons, NPOP-1999, Older Persons

1.   INTRODUCTION

The expression of the National Policy for Aged Persons (NPOP) in India in 1999 was in response to the adding number and proportion of aged persons and their underprivileged status in terms of general social, profitable and physical well- being. The demographic transition process has been accompanied by industrialisation, urbanisation, migration and modernisation, performing in changing values and cultures, which dispute the traditional values regarding accommodation of the senior within homes.

The special features of the senior population in India are (i) a maturity 80% of the senior live in the pastoral areas, thereby making service delivery a challenge; (ii) feminisation of the senior population 51 of the senior population would be women by the time 2016;(iii) increase in the number of the oldest-old and (iv) a large proportion 30 of the senior live below the poverty line. A combination of these features makes the senior veritably vulnerable (Dey and et al 2020: 391- 401). The Constitution of India authorizations that the well- being of aged persons should be assured without any demarcation. Numerous suggestions have been made for designing programs and programmes to insure quivalency among the senior (Pongen 2021: 9- 11).

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2. ORDERS OF INTERVENTION

Specifically, broad orders of intervention include

• Income security in old age • Health care • Safety and security • casing • Productive ageing • Welfare • Multigenerational cling • Media and • Protection during natural disasters and extremities.

The draft Policy document lists 43 specific areas of intervention under the below 9 orders. This paper still focuses on critical issues of perpetration of the 1999 NPOP as part of erecting a knowledge base useful for finalization and effective perpetration of NPSC.

3. THE NATIONAL POLICY STATEMENT

• Icing the well- being of the senior so that they don't come marginalised, vulnerable or ignored on any count • Protection on colorful fronts like fiscal security, health care, sanctum and weal, including protection against abuse and exploitation • Icing for the senior, an indifferent share in the benefits of development as well as addressing the neglect of senior women on three counts viz. age, widowhood and gender • Promoting an age- integrated society by espousing mechanisms for perfectinginter-generational ties so as to make the senior a part and parcel of families homes • Considering the senior as a resource by championing their addition within the family, community and society and sculpturing out specific productive places and openings for them • Viewing the senior as an agency which needs to be empowered, with regard to their voice and representation in the electoral sphere • In connection with the larger popular conditions, to insure the weal of the senior thereby championing the involvement of civil society, individualities and families in this Endeavour • Feting the need for expansion of social and community services with universal availability

4. THE SALIENT FEATURES OF THE NPOP

The salient features of the NPOP are

Financial Security

• The old age pension scheme to ultimately cover all eligible aged persons • Pension scheme to be broadened to include both public and private sectors • duty impunity for medical and nursing care, transportation and support services for the old or the son or son with whom they're staying • The public distribution system to reach out to cover all 60 living below the poverty line.

Health Care and Nutrition

• subvention for the health care requirements of the senior poor and canted system of stoner charges for others • furnishing public health services and health insurance to insure preventative, restorative, restorative

and rehabilitative requirements of the aged persons • duty relief, subventions, land entitlement at concessional rates to NGOs and private hospitals to give provident and technical care for the aged persons • Setting up elders wards and training and exposure programmes for senior care • Expansion of internal health services, comforting installations for the senior having internal health problems sanctum

Shelter

• consecrating 10 of the houses in private & Government casing schemes and easy access to loans • Layout of casing colonies to be sensitive to the requirements of the aged persons • Quick disposal of cases of property- transfer, mutation, property-duty etc

Welfare

• Identify the more vulnerable among the aged persons similar as poor, tender and those without family support. Institutional care to be only the last resort • backing to voluntary associations by way of subventions in aid for construction/ conservation of Old- Age Home, Daycare Centers, Multi-service Citizens Center, out reach services, force of disability related aids and appliancesetc. • Setting up weal fund for aged persons with support from Corporate Sector, trust, charities, individual benefactors and others introductory installations

Basic facilities

• furnishing identity cards, chow concession, preference in reservation of seats, consecrating of seats in original public transport, variations in designs of public transport, precedence in allowing gas and telephone connections, etc.

5. PART OF NGOS

Supporting NGOs and icing translucency, responsibility, simplification of procedures and timely release of subventions to NGOs working for the aged persons

6. RESEARCH & TRAINING

• Encourage Research and attestation on geriatric • Medical sodalities and Training Institution for nurses, paramedical institutes to introduce courses on senior care • NGOs associated with similar

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conditioning to get support for training and exposure of their labor force and to give technical services.

7. INSTITUTIONAL ARRANGEMENTS FOR PERPETRATION

The conservation and Welfare of Parents and elderly Citizens Act, 2007 was legislated by Parliament in December 2007 to insure need- grounded conservation for parents and elderly citizens and their weal. The MOSJE successfully piloted this legislation and contributed to its enforcement in 21 countries and six Union homes (UTs). sweats are on to bring the rest of the countries under its horizon (Rajan and Mishra 2011: 11-14).

Each State Government has to notify rules under Section 32 of the Act. To grease this, the Ministry drafted Model Rules under the Act, and circulated them among all the State Governments which had brought the Act into force in February 2009.

The Act isn't applicable in the State of Jammu & Kashmir, while Himachal Pradesh has its own Act for elderly Citizens. The countries UTs yet to notify the Act are Manipur, Uttar Pradesh, Bihar, Meghalaya, Sikkim and Andaman & Nicobar islets (RTS 2015).

The National Institute of Social Defence (NISD), an independent body under the Ministry, in collaboration with the National Legal Services Authority (NALSA) organized a forum in February 2009, at which representatives of Central and State Governments, Judges of the Supreme Court and High Courts, prestigious attorneys, elderly citizens ' groups, NGOs and the media shared. The forum generated considerable mindfulness about the vittles of the Act. In addition to other measures, it recommended the need for farther mindfulness generation and hype about the Act on a wider scale by the Central and State Governments (Ministry 2014: 67- 75).

8. ISSUES IN NPOP DESIGN AND PERPETRATION

Using the implementation experience of NPOP, this section brings out issues in six areas that would be of relevance for the revised draft NPSC which now awaits approval. The NPOP aims at providing a broad framework for inter-sectoral collaboration and cooperation both within the government as well as between government and non-governmental organisations. Amongst others, the policy also recognises the role of the NGO sector in providing user-friendly, affordable services to supplement and complement the public systems (www.drishtiias.com). While recognising the need for promoting productive ageing, the policy also

emphasises the importance of the family in providing vital non-formal social security for older persons. To facilitate implementation of the policy, the participation of Panchayati Raj Institutions, State Governments and different Departments of the Government of India is envisaged with coordinating responsibility resting with the Ministry of Social Justice & Empowerment.

Key Requirement: In order for such a multi-sectoral effort to work well, there needs to be clearer accountability set for every stakeholder in terms of measurable and time-bound outcomes and results of their respective roles and responsibilities. It promises many interventions but rightly recognises that the State by itself cannot provide them. The policy document is accompanied by an implementation plan for effective coordination needed to identify and sequence various actions and match the plans and commitments with needed resources (Dey and et al 2020: 391-401). Without such details, the plan can remain only a statement of intention.

The policy statement spells out 'the principles, the directions, the needs that will be addressed, and the relative roles of government and non-government institutions' to carve out 'respective areas of operation and action in the direction of a humane age-integrated society.' The policy further states that the thrust is 'on active and productive involvement of older persons and not just their care.' Towards this direction, the policy identifies priorities such as social assistance and security, health, shelter, education, freedom from abuse and exploitation, research, training and manpower, besides several others. The challenge of implementing such a multi-level and multi-dimensional mandate is significant. It calls for coordination, leadership, effective strategising, networking, lobbying and advocacy. Above all, it calls for effective monitoring, feedback and concurrent system improvement. The institutional mechanisms that are in place or are being set up to oversee coordination between various actors, as well as effective implementation, are therefore of crucial importance.

Discrimination against the more vulnerable groups among the older persons needs to be specially countered. The policy envisages action plans to be prepared by each ministry to implement those components of the policy in coordination with others. With regard to monitoring, each ministry is expected to decide on targets, time schedules, responsibilities, action points and report on progress in the annual reports. All this calls for a high order of horizontal coordination between different government agencies.

Need for Greater Focus: The NPOP has a broad a sweep, perhaps ideal from a societal and political perspective, but difficult to implement with the limited organisational, financial and management resources. The promises regarding the provisioning in the areas of health, welfare and shelter are in apparent contradiction with the trend of the Government's gradual distancing of itself from direct funding of social welfare programmes and schemes. Another visible limitation of the NPOP relates to the absence of time-bound targets (www.vikaspedia.in). The ambitious NPOP does not adequately address the issue of how resources from different ministries will be harmonised to produce expected results and how different ministries will be held accountable for their respective contributions to the larger picture. Measurable time-based targets are also not specified. For some of these reasons, the existing policy reads like a statement of recognition of the problem and not its reconciliation.

9. CONCLUSION

The paper raises six key issues in implementation as experienced during the last 10 years of the NPOP. These are the need for: (1) coordination among multi-sectoral partners with clearer accountability and measurable and time bound results; (2) financial outlays by different stakeholders within their respective mandates, but harmonised to produce policy outcomes; (3) a stronger role for the National Council for Older Persons with greater political and administrative power necessary to bring multiple stakeholders contribute to a common cause; (4) enhanced income security, including social pensions for the poor vulnerable senior citizens; (5) increased protection for older women who face socio-economic, cultural and legal barriers; and finally (6) the need for sharpening the policy focus as it addresses multiple issues with limited resources.

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