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Gesundheit im Alter

Reaching out to the elderly in rural India

An experiment in mobile medicare

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To address the health needs of the disadvantaged group of old people in rural India, and also to make them live in dignity People's Action for Social Service (PASS) has launched its "Mobile Medicare Unit for the Aged" programme in 1994. The programme is based on rural health workers (area co-ordinators) and a volunteer network system that has been developed by PASS and the community.

India is undergoing a demographic transition and the age groups of the older are growing faster than the age groups of the younger. Today India counts over 70 million elderly people. Approximately 7% of the Indian population (900 millions) are over 60 years of age. 75% of these elderly live in rural regions and 20% are disabled to varying degrees. The growing drift of married children from parental families leaves the aged to fend for themselves and creates a problem of caring for the elderly. The average life expectation of a person born today is around 62 years. But the sad realities in India show that the greater the longevity, the higher the chances of disability and frailty.

The area where the programme "Mobile Medicare Unit for the Aged" is being implemented is completely rural, situated in the district of Chittoor, state of Andhra Pradesh. The old people of the area don't have access to health services. Most of the them have never left their immediate environment. They are considered to be a burden to their family. Their children find them less useful and more of a liability.

The goal of the programme is to empower the elderly over 60 years of age in economic, health, social and emotional concerns, so that their dignity and self confidence could be boosted and they could lead a productive and satisfying life. The concrete objectives are to meet their health needs by promotion and protection of health care through screening and providing medical facilities at their door step; to rehabilitate the elderly rural population physically, socially, economically and psychologically through community support; to develop partnerships between older persons, school children and youth in order to strengthen traditional intergenerational relationship. This led to the following activities:

The project team made an intensive survey to identify the target group (800 elderly persons) by gathering information through the community and by visiting villages for a direct interaction. Then, volunteers were selected from the community and from the beneficiaries. A network system was developed by the project team to enable the information about the beneficiaries to reach the project team.

To involve the community in planning and implementation of the project the NGO team did a "rapport building exercise". After this exercise the parameters of the programme was reported to the community. The discussion included the implementation strategy and the required approach as well as the community support to the target group.

Once the target group had been identified registration of the beneficiaries was taken up in order to enable the programme staff to record the names. Case sheets were developed after the examination of the beneficiaries by the medical personnel. A time table indicating the elements and dates of visits to beneficiaries was developed. Accordingly the medical personnel along with the NGO staff moves around the project area to provide medicines.

A follow up chart had been developed and accordingly the team attends to the beneficiaries. Selected volunteers report to the area co-ordinators about the health status of the beneficiaries and also assist the project team when it visits the village. Based upon the reports from the area co-ordinators the project co-ordinator develops case histories of each beneficiary including the information right from the registration up to the last visit by the team. All the case histories are computerised and regularly updated.

Conclusion

In India's rural environment the family is still the best institution to support all aspects of the aged people. Going by the indicators of the population statistics an effective strategy has to be developed in the rural sector by the service providers to counsel the younger family members to keep up the age old tradition of respecting the elder and creating an enabling environment for the elderly. The fact that most of the government sponsored old age homes are located in urban areas clearly shows the need to set up support structures for the elderly in rural regions, too.

The NGOs which can interact with the communities at the grass root level are the only organised sector which can sustain the enabling environment for the older population. We appeal to the international communities, support services' providers, intellectuals and the decision makers to extend their support to the NGO community in India.

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