Greetings from HelpAge India!

Please see below the Briefing Note:

Technical and Financial Proposal for Research Project on Age Care in India

Background

The number of older persons is increasing in India at a rapid pace. In the next few decades, it is likely to overtake the increase in the population growth in the age group of 0-15 years. The other major trends that will impact this population pattern are, ageing of aged, feminisation, urbanization, decreasing size of the family, increasing participation of women in workforce. All these factors will intersect with longevity and pose challenges for the society that is till now heavily reliant on informal care.

NITI Aayog's position paper entitled Senior Care reforms in India: Reimaging the Senior Care Paradigm is insightful. The paper examines the current trends in the care system. It highlights the need to shift the focus of health care system to geriatrics and in that factor for universal access, financing, nutrition, specific geriatric services, and climate change. It discusses that weakening of informal 'family' care structures and related factors like dependency, feminization, living arrangements, educational attainment, urban-rural divide, access to social security measures such as IGNOAPS and awareness of Maintenance and Welfare of Parents and Senior Citizens Act. Economically, it acknowledges the trend of population ageing leading to increased expenditure on health and long-term care, shortages in the labour force, economic dependence, old-age income insecurity, limited coverage of old-age pensions, and an increased need for social protection. It also states the loss of employment opportunities and lack of adequate social security measures pushing the elderly population into poverty, further limiting their capacity to avail healthcare services.

In addition, it highlights the exclusion of elderly from the digitalization process due to lack of access to digital devices, lack of digital skills, and deteriorating vision and its far-reaching implications.

While clearly defining these issues, the section highlights the market potential of this population segment, in terms of home care services, health technology, insurance, and silver economy. The senior care industry is valued at USD 7 billion, with anticipated rapid growth, particularly in home-based care, health technology, health insurance, Ayush-based services, coupled with the recent COVID-19 pandemic experience has accelerated the demand for tech-based solutions for the elderly.

The paper outlines a multifaceted approach to senior care reforms in India, covering health, social, economic, and digital dimensions. It recognizes the significance of collaboration between the government, private sector, and community for effective implementation.

It emphasizes integrating healthcare services, increasing awareness, early detection of diseases, and preventive measures. It also underscores the importance of promoting physical activity, nutritional guidance, and mental health services for seniors.

In the social realm, it advocates for legal awareness, community-based support, and infrastructure changes to enhance seniors' engagement. Economic empowerment suggestions include creating alternative employment opportunities, financial literacy campaigns, and a comprehensive public pension system. The digital empowerment section highlights the need for a digital literacy campaign, user-friendly infrastructure, and safety mechanisms.

The paper emphasizes the need for a paradigm shift in senior care, calling for comprehensive reforms that address the diverse needs of senior citizens. It stresses the importance of involving various stakeholders, both public and private sectors, to deliver quality care and support holistic wellness. It advocates for regulatory and policy reforms, including clear evaluation frameworks, to strengthen elderly care programs and ensure outcome-oriented results.

Taking a cue from this position paper, HelpAge India wants to commission a survey to assess the care needs of older persons in terms of:

Access to health care: Preventive care, awareness on NCDs (Hypertension and Diabetes), independent access to health care delivery services, geriatric services available at PHC/CHC level, outreach services including tele consultations, treatment costs, contribution of family and government, subscription of health insurance and its relevance in old age, mental wellbeing, diseases like dementia

Social care: role of family members in taking care of general and special needs of older parsons; need for assistance by family or self in care, paid care facilities (knowledge, trust, appropriateness, affordability, grievance redress), role of community actors like youth groups, neighbors and seniors' associations, role of Maintenance and Welfare of parents and Senior citizens Act, old age homes, day care centres; care of older persons with severe disabilities including diseases like Alzheimer's. Capacity of self to take care of ones needs in old age: financially, physically, enabling factors and disabling factors (technology, government schemes, community support, NGO programs, opportunity for employment, reskilling, loans, self-help groups)

Inadequacy felt in terms of health care, social care services healthy ageing, preventive health care, social integration due to non-availability of smart devices and inability to use them. Role of family, government, private companies, and non-profit organizations in providing digital devices, internet connectivity, and digital literacy training to seniors.

Participation in civic process to articulate demands for an age friendly society.

Sample

5000 older persons in Tier I (1) and tier II (1) cities in 10 states (ensuring adequate regional representation) with established and functioning NPHCE and geriatric care health facilities, SPOP, old age homes, helplines, Tribunals, more than Rs 1500 pension under Indira Gandhi National Old Age Pension Scheme, above average literacy rates.

Older persons to be sub-stratified according to SEC category B and C, living arrangements, dependence on others (financial and physical) gender, age, membership of associations, clubs etc.

Duration: April 15th to June 10th 2024

Tasks to be completed:

Sampling
Questionnaire
Data collection
Data Analysis
Report Writing
PPT

Request you all to send the quote based on the attached briefing note by Friday, April 12th, 2024, 5:00 PM only at below mentioned mail id: procurement@helpageindia.org

Share your proposal in two attachments mentioning a) Technical Proposal and b) Financial proposal.

Please note: Quotation sent to any other e-mail id other than the one advised above, are liable to be rejected.