

Project Profile

# Geriatric Care

Senior health care management



Gujarat CSR Authority

# Project Profile – Geriatric Care

## Background & rationale

Ageing is an irreversible biological phenomenon and a universal process affecting every human being in the world. It has implications for physical and mental wellbeing, at the macro as well as at household level. This phenomenon is more evident in developed countries, but it is increasing more rapidly in developing countries like India, which has the second largest aged population in the world. Increase in life span also results in chronic functional disabilities and consequent loss of autonomy, creating a need for assistance to manage simple chores. Senior Citizens possess vast & valuable experience in different walks of life, through which younger generations can gain more in all perspectives. After having served all through their life, they need to be taken care of and made to feel privileged & respected.<sup>1</sup>

Elderly or old age consists of ages nearing or surpassing the average life span of human beings. The boundary of old age cannot be defined exactly because it does not have the same meaning in all societies. The Government of India adopted the 'National Policy on Older Persons' in January, 1999, which defines 'senior citizen' or 'elderly' as a person who is of age 60 years or above.<sup>2</sup>

Persons aged 15-59 years usually form the population of working ages and at age 60, people generally retire or withdraw themselves from work in India.<sup>3</sup> Thus, the old age dependency ratio is defined as the number of persons in the age-group 60 or more per 100 persons in the age-group 15-59 years. According to estimates released by the United Nations Population Fund, by 2050, there will be 64 countries where older people would make up more than 30 percent of the population. In simple terms, within a decade there will be one billion older persons worldwide. By 2050, nearly 80 percent of the world's older persons will be living in developing countries – with China and India contributing over one-thirds of it. Mobilisation and community based support towards the oldest of the old also needs to be emphasised and worked upon.<sup>4</sup> Efforts need to be made to sensitize the people (especially the young generation) towards the needs and concerns of this age group. Government should initiate some elder friendly health schemes exclusively for 80+ people and all the new and existing schemes should be made available at each and every door step.

**Geriatric Care Management is the process of caring for and coordinating the needs of older adults.** Geriatric Care Management is also known as "Elder Care Management", "Senior Health Care Management" and "Professional Care Management".<sup>5</sup> **It is the process of planning and coordinating the care of the elderly with physical and/or mental impairments in order to:**

- **meet their long term care needs,**
- **promote good health, improve their overall quality of life,**
- **reduce the need for hospitalization**
- **enable independent living for as long as possible.**

Geriatric care managers accomplish the above by combining a working knowledge of health and psychology, human development, family dynamics, public and private resources and funding sources while advocating for their clients throughout the continuum of care. Elderly people tend to be more susceptible to chronic diseases, physical and mental inabilities, which, while increasing with age, depend on the social values as well. People have wrong perception that ailments are part of old age and they accept the sufferings and the physical trouble even though they are curable, so this results in neglecting the health conditions.<sup>6</sup> A recent study brought out the fact that most of the elderly patients, especially who come from a rural background, tend to be prone to

<sup>1</sup> <http://www.spc.tn.gov.in/reports/Geriatrics.pdf>

<sup>2</sup> [http://mospi.nic.in/mospi\\_new/upload/elderly\\_in\\_india.pdf](http://mospi.nic.in/mospi_new/upload/elderly_in_india.pdf)

<sup>3</sup> [hodhganga.inflibnet.ac.in/bitstream/10603/62456/9/09\\_chapter%202](http://hodhganga.inflibnet.ac.in/bitstream/10603/62456/9/09_chapter%202).

<sup>4</sup> <https://www.unfpa.org/sites/default/files/resource-pdf/UNFPA-Report-Chapter1.pdf>

<sup>5</sup> <http://www.spc.tn.gov.in/reports/Geriatrics.pdf> pg 7-8

<sup>6</sup> <http://www.who.int/mediacentre/factsheets/fs381/en/>

tobacco and alcohol addiction. It is shown that among the population over 60 years of age, 10% suffer from impaired physical mobility and 10% are hospitalized at any given time, both proportions rising with increasing age. In the population over 70 years of age, more than 50% suffer from one or more of the chronic conditions.<sup>7</sup> The chronic illnesses usually include hypertension, coronary heart disease, and cancer.

An Indian Council of Medical Research (ICMR) report on the chronic morbidity profile in the elderly, states that hearing impairment is the most common morbidity followed by visual impairment.<sup>8</sup> However, different studies show varied results in the morbidity patterns. A study reported decreased visual acuity due to cataract and refractive errors in 57% of the elderly followed by pain in the joints and joint stiffness in 43.4%, dental and chewing complaints in 42%, and hearing impairment in 15.4%. Other morbidities were hypertension, diarrhoea, chronic cough, skin diseases, heart disease, diabetes, asthma and urinary complaints. Another similar study observed that as many as 87.5% had minimal to severe disabilities. The most prevalent morbidity in this instance was cited to be anaemia, followed by dental problems, hypertension, chronic obstructive airway disease (COAD), cataract, and osteoarthritis. A study on ocular morbidities among the elderly population found that refractive errors accounted for the highest number (40.8%) of ocular morbidities, closely followed by cataract (40.4%) while other morbidities included aphakia, pterygium, and glaucoma. In another community based study conducted in Delhi, it was found that problems related to vision and hearing topped the list, closely followed by backache and arthritis. Major health issues among the elderly are highlighted below :

**Non-Communicable Diseases:** it is observed that irrespective of socio-economic status, non-communicable diseases requiring proper care are observed among the old aged. These diseases mostly result in disabilities that deter the normal life style of elderly.

**Geriatric mental health problems:** another important area is the mental condition of the old aged people. People of all ages feel sad or depressed but it is observed that the degree of depression increases with increase in age. In India, the suffering of elderly by mental disorders is under-reported because the elderly don't go for a regular check-up to a hospital and the common mental disorder observed is dementia.<sup>9</sup>

**Social & cultural impact on health:** The elder people (after retirement) restrict their activities resulting in limited usage of their mental ability, and slowly confine themselves to the house and even reduce their physical activity. It is deeply rooted in the Indian mind that old age is the age of ailments and the elderly consider many of the health issues that can be cured as natural and inevitable and hence, resign themselves to their fate.

## ***Objective of the Project***

The project has the following objectives in view:

- to enhance infrastructure and service capabilities of old age homes or Geriatric centres
- provide services to rapidly increasing elderly population of the state at their nearest possible location
- to improve quality medical care penetration in the state

<sup>7</sup> <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2763704/>

<sup>8</sup> <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2763704/>

<sup>9</sup> [www.idd.kar.nic.in/docs/64.gcc.pdf](http://www.idd.kar.nic.in/docs/64.gcc.pdf)

## ***Expected Benefits***

The support provided by companies would result in tangible and intangible benefits for Sponsor Company as outlined below:

<b>Tangible Benefits</b>	<b>Intangibles</b>
<ul style="list-style-type: none"><li>❖ Support &amp; appreciation from senior citizens</li><li>❖ Social license to operate, through cooperative community engagement</li><li>❖ Recognition through awards</li><li>❖ Stronger Relations within Communities through engagement on welfare of senior citizens</li></ul>	<ul style="list-style-type: none"><li>❖ Enhanced reputation by way of supporting projects benefitting old aged people</li><li>❖ Social branding</li><li>❖ Enhanced credibility within community and sector</li><li>❖ Contribute towards the national strategy to improve holistic health goals for the senior citizens</li></ul>

## ***Opportunities for CSR intervention***

Considering the high cost of medicines and longer duration of treatment of non-communicable disease & chronic diseases, there is an urgent need to develop Geriatric care units to improve quality of care provided to our elderly. Besides this, the healthcare needs of population more/less than 60 years of age are huge. In spite of the provision of extensive resources, the public healthcare system in the country is still inadequate and under enormous pressure due to the epidemiologic, demo-graphic and health transition in the state.

To address issues of vulnerable old age patients, establishment and renovation of Old age homes or Geriatric care could be undertaken through CSR mode by capable institutions. The rationale for establishing or renovating geriatric care centres or old aged homes is not only from the number of old aged people requiring care, but also due to the fact that there are no dedicated centres for the elderly. This specialty requirement calls for an integrated and holistic approach to medical care addressing varied but interrelated aspects such as the mental psyche, physical ability, curing capability, responsiveness of the body to medicines and financial capability of the patients is delicate as well.

### **Potential project area**

The potential project area covers all the districts in Gujarat. However companies could decide on the areas which could be given priority for implementing the project as per the state goals.

### **Target population**

Elderly people or senior citizens who need utmost care and support with focus on the elderly who stay in old age homes and geriatric care centres.

## ***Project implementation***

With such a high elderly growing population, setting up a social security net to take care of the elders is needed, for particularly those belonging to the lower economic strata. The actual benefits of Governmental schemes should directly reach them and hence there is a need for greater efforts to ensure that everyone can be benefited. The implementation can be done in two different ways:

## **1. Providing visiting home-based health services through Mobile Medicare Unit (MMU) for elderly population.**

There would be 'Elder House Call Programme' for elders, who cannot move around physically and want to avail home care services. Mobile medicare (special ambulance) units with toll free number for transporting elders would be introduced in remote areas to reach the hitherto unreached areas, and free transport facilities for elders would be provided.<sup>10</sup> Every MMU would have a qualified doctor, pharmacist and a social worker. MMUs would bring basic healthcare to the doorstep of the elderly. Apart from this, they would also provide additional services like providing yoga and meditation classes, shelter assistance, conducting multi-specialty diagnostics, home visits to bedridden elderly and provision of disability aids. A funding company may collaborate with NGOs for running these MMUs.

## **2. Renovation & repair of existing geriatric clinics in the Government hospitals or Old Age homes and providing them with basic equipment for Geriatric Care**

A company or group of companies could sponsor geriatric clinics ('wards') in government hospitals or old age homes either by way of infrastructure development assistance or for the provision of basic equipment needed for health care. The funding company shall be responsible for renovation of existing centres or funding the equipment.

### **a. providing basic building infrastructure**

The renovated infrastructure will have eco-friendly-ramps (handrails) for elders to move around. Geri-sensitive public spaces with necessary provisions would be created in the existing centres or old age homes. The companies may select any of the following activity:

- renovation and repair of physiotherapy room where the physiotherapy equipment is made available and the physiotherapy procedures are done
- renovation and repair of counselling rooms
- renovation and repair of examination room, where doctor conducts the examination of patients
- renovation and repair of waiting hall, where there are facilities for the Outpatient services (OP)

### **b. providing the necessary equipment to the existing Geriatric clinics in the Government hospitals**

Keeping in mind the ailments the elderly mostly suffer the bio medical equipment required are as follows:

- *Nebulizer* – it is used to ease breathing and administer medication in the form of a mist inhaled into the lungs. The nebulizer breaks up the medical solution into small aerosol droplets that can be directly inhaled from the mouthpiece of the device.
- *Glucometer* – it is used for determining the concentration of glucose in the blood. The meter reads the small amount of blood on the strip and calculates the blood glucose levels.
- *Electrocardiography* – it is used to measure the rate and regularity of the heartbeats.
- *Non-invasive Ventilator* – it is used to assist or replace spontaneous breathing in a person. Air pressure will be created to help the patient breathe.
- *Short wave diathermy* – it is used for the treatment of deep muscles and joints that are covered with heavy soft-tissue mass, and helps in muscle relaxation.
- *Ultrasound Therapy* – it is used to simulate the tissue beneath the skin's surface using high frequency sound waves. This is used to reduce swellings and to massage muscle ligaments.
- *Cervical traction* – it is used for the pain relief of neck muscles

<sup>10</sup> <http://www.spc.tn.gov.in/reports/Geriatrics.pdf>

- *Pelvic Traction* – it used to treat fractures, dislocations and long term muscle spasms, to correct or prevent deformities
- *Transcutaneous Electric Nerve Simulator (TENS)* – it uses electric current produced by a device to simulate the nerves for therapeutic purposes, wherein the equipment is connected to the skin using two or more electrodes
- *Adjustable Walker*

c. **providing the necessary facilities like gym and yoga**

Companies can also provide facilities for physical fitness to elderly such as constructing an outdoor gym for the elderly (and/or a Yoga centre). Gym and Yoga centres will be run and operated by NGOs with the support from corporate funding. An expert instructor will be engaged to conduct physical fitness activities in the centres.

### 3. Mainstreaming Elderly People

Companies can explore innovative ways for building small enterprises for the elderly, thereby keeping them occupied and helping them earn a living. Improving individual and institutional capacity by sensitizing and training elderly people will empower them to engage in some part time employment to augment their incomes which do not require any kind of strenuous physical activities or time. Such activities will be intended to create learning opportunities for the elders; as well as facilitate active participation of older persons in economic activities / voluntary activities and keep them engaged in family & community life; ensure safety and dignity of elderly (physical, social and financial needs) and promote equity. They can also be linked to various government entitlements.

**The detailed implementation plan for the Project (by components) is provided below:**

#### A. *Implementation*

1. *Home based health service through MMU*
  - Selection of the districts and blocks, followed by a selection of a implementation partner to run the project
  - Purchase of vehicles with all the mobile medical facilities for the project
  - Sourcing drugs and supplies (to be provided by government hospitals)
  - Contractual agreement / MOU between the Company and the NGO to run the Mobile vans
  - Allocation of the budget for the project to the NGO
  - Roll out of the project by the NGO
2. *Infrastructural support for renovation and repair of Geriatric care centres or old age homes*
  - Selection of the districts and blocks, followed by a selection of the implementation partner with support from GCSRA
  - Consultation with Government hospitals and old age homes on the overall infrastructural requirement for Geriatric care
  - Consultation with Government hospitals and old age homes with special focus on infrastructural and equipment requirement for Gym and Yoga Centre for the elderly
  - Contractual agreement / MOU between the Company and the NGO partner, followed by allocation of the budget for the project to the NGO
  - Procurement of hospital equipment, gym equipment and construction materials by the NGO partner
  - Roll out of the project at the selected centres/old age homes by the NGO



### 3. *Mainstreaming Elderly People*

- Selection of NGO partners involved in elderly care
- Contractual agreement / MOU between the Company and the NGO partner
- Training and building capacity of the elderly on specific areas, for their gainful engagement in part time jobs which requires no physical work
- Engaging them in sessions where they can share their experiences and knowledge through interactive sessions with children and youth
- Linking elderly people with banks for micro credit support for starting small enterprises

### 4. Financial model is as follows (refer Section on estimated financial costs) stated by the below chargeable transactions. CSR Funds of the companies will be channelized through GCSRA for execution of the project.

- Cost associated with the MMU and its running cost
- Cost associated with the infrastructure for renovating the centres
- Cost associated with the purchase of equipment for hospitals
- Fee associated with running the project with the support of implementation partners
- Fee associated with the monitoring of the project by GCSRA

## ***List of success indicators***

### **Project Outputs**

- Number of old age homes and geriatric centres with improved infrastructural facilities for elderly
- Access to medical facilities at the door step
- Decrease in disease incidence due to early treatment

### **Desired Outcomes**

- Increased health awareness among the elderly
- Better quality of health care and service delivery through existing centres, leading to improved health conditions of the elderly

### **Potential Impact**

- Increased physical activity and improved morale of the elderly, leading to improved health status and quality of living

## ***B. Implementing agency***

The Project shall be implemented by the GCSRA, with local support organisations (NGOs) having expertise in infrastructure development, geriatric care and community mobilization being tasked with grassroots implementation

### Roles and responsibilities

- **GCSRA** : baseline survey, strategic plan for the project, coordination between donors & technical service providers, monitoring & evaluation, documentation and (physical/financial) reporting for the Project
- **NGO** : implementation and community mobilization, home based medical services through MMU, infrastructural development, maintenance and generating progress reports as per the results framework
- **Corporate** : funding the initiative and timely disbursement

### C. Partnerships

- **Government Institutions:** Ministry of Social Justice and Empowerment
- **NGOs/Civil Society:** NGOs having expertise in the Geriatric care

### D. Anticipated benefits from the project

The support provided by companies would result in the following benefits.

- Increased mobility among ailing senior citizens
- Improvement in mental health and cognitive function
- Enhanced social involvement among elderly people

## Estimated Financial Costs

The estimated financial costs for all the three models is provided below. The costs also include 4% administration costs to be paid to GCSRA as an overall agency for monitoring and managing the project:

### Model 1:

Table 1: Estimated budget for MMU-Model 1

Particulars	(In Indian Rs)
<b>Costs associated with 1 x MMU Van</b>	
Cost of MMU Van - Vehicle cost @1 vehicle <sup>11</sup>	7,00,000
Maintenance	1,00,000
Medicine and Equipment Cost	1,00,000
<b>Implementation Partners Costs Per Vehicle including resource cost</b>	
Driver(Salary@8,000 per month)	96,000
Nurse(Salary@12,000 per month)	1,44,000
Health worker/staff (Salary@8,000 per month)	96,000
Administrative cost of NGO	60,000
<b>Total Cost of the Project</b>	<b>12,96,000</b>
GCSRA Administrative costs	4.00%
<b>Total costing of project</b>	<b>13,47,840</b>

Note: The cost is calculated for 1 vehicle running for 1 year. The cost excludes vehicle running cost. Please note that it is assumed that medicines will be provided by Government hospitals.

### Model 2:

Table 2: Estimated budget for Renovation and Repair of existing geriatric centres and old age homes

Particulars	INR
<b>Renovation/ Repair Cost Per Centre</b>	
<b>Cost of masonry and material</b> (as per the requirement of the building area: ref. Table 3)	11,00,000
<b>Cost of labour</b>	3,00,000

<sup>11</sup> [http://www.ijph.in/viewimage.asp?img=IndianJPublicHealth\\_2014\\_58\\_2\\_100\\_132283\\_t1.jpg](http://www.ijph.in/viewimage.asp?img=IndianJPublicHealth_2014_58_2_100_132283_t1.jpg)



Particulars	INR
Cost of Contractors	2,00,000
Maintenance of the Centre	2,00,000
Equipment Cost per centre <sup>12</sup>	1,77,000
Gym and Yoga Facilities	3,00,000
Implementation Partners Cost	1,00,000
GCSRA Administrative costs	4.00%
<b>Total Cost of the Renovation and Repair including equipment</b>	<b>24,72,080</b>

Note: The cost is calculated for 1 centre operational for 1 year. Cost of masonry and material is based on the assumption that 1 Geriatric centre or old age home will have minimum 5 rooms for repair and renovation)

Table 3: Estimated budget for masonry and material for repair and renovation of building<sup>13</sup>

Particulars	Specifications	INR
IPD Ward	40*25 feet	3,00,000
Waiting Area	15*10 feet	2,00,000
Nurse station	13*10 feet	2,00,000
Examination room	18*15 feet	2,00,000
Physiotherapy room	16*16 feet	2,00,000

### Model 3:

Table 4: Cost for mainstreaming activities

Particulars	INR
Skills Training and Capacity Building (Rs 8,000 for 30 people per session) Cost for 40 sessions per year	3,20,000
Placement assistance, enterprise development	2,00,000
Administrative costs of NGO	2,00,000
GCSRA Administrative costs	28,800
<b>Total Cost of mainstreaming activities</b>	<b>7,48,800</b>

Note: The cost is calculated for 1 centre operational for 1 year

<sup>12</sup> [www.idd.kar.nic.in/docs/64.gcc.pdf](http://www.idd.kar.nic.in/docs/64.gcc.pdf) pg 40

<sup>13</sup> *ibid* pg 41

## Work Plan

	Activity Description	Y1, Q1	Y1, Q2	Y1, Q3	Y1, Q4
1.	Selection of the geography, implementation partner, and tripartite MOU (applicable for Model 1 and Model 2)				
2.	Selection of Hospitals and Old age homes (applicable for Model 2)				
3.	Procurement of Centre Equipment and Construction Materials (applicable for Model 2)				
4.	Purchase of Vehicles and Van Equipment (applicable for Model 1)				
5.	Purchase of equipment for Gym and Yoga Facility				
6.	Training and Exposure Visits of NGO partner (applicable for Model 1 and Model 2)				
7.	Training Beneficiaries and Enterprise development and Placements (applicable for Model 3)				
8.	Project Roll Out (applicable for Model 1, Model 2 and Model 3)				
9.	Monitoring and Evaluation				
10.	Impact Assessment				

## Monitoring

- GCSRA will act as the monitoring agency for the CSR project implementation and ensure compliance as per the CSR Rule requirements.
- Based upon the progress of the year, GCSRA will provide support to the company to develop a success framework, under which, performance indicators shall be defined and the baseline levels as well as targets defined over a 1 year horizon.
- GCSRA will also conduct evaluation and impact assessment of the projects

## Reporting

The implementing agency would be responsible for ensuring reporting on CSR activities to GCSRA on quarterly, six monthly and annual basis as against the funds disbursed to them. GCSRA would be responsible for reporting on the overall CSR activity management and annual compliance and issue a compliance certificate to the company.