



# Mr Prashanth Nayak

## India

*Review of National Health Policy for  
the elderly: an alternative model of  
care*





# **Review of NHPCE (India) – *An Alternative Model of Care***

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**NHPCE: National Programme for Health Care of the  
Elderly**

# Introduction

- *Population ageing is an inevitable and irreversible demographic reality*
- Population of older persons (**60 years and above**) is globally growing faster than the general population.
- **Three key demographic changes**—*declining fertility, reduction in mortality and increasing survival at older ages*—contribute to population ageing

*(Source: Caring for Our Elders: Early Responses India Ageing Report – 2017)*

# Demographics of Elderly Population



- **11.5 percent of the total population of 7 billion.**
- **By 2050, projected to increase to about 22 percent** when the elderly will outnumber children (below 15 years of age)



- The percentage is increasing
- Is projected to increase from 8 percent in 2015 to 19 percent in 2050

*(Source: Caring for Our Elders: Early Responses India Ageing Report – 2017)*

## Need of the study

- India is known for its cultural heritage
- Traditionally, Indians live in extended families.
- Globalization, liberalization and urbanization intensified the disintegration of the family structure
- **By 2026**, there will be aging population differences in the regions and projects that **old age population** will account for **12.7 % by 2026** with diverse urban and rural differentials.

*(GoI, Ministry of Statistics & Programme Implementation, 2011 )*

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- Half of the Indian elderly are dependents
  - Female sex, low education, being a widow/widower/divorcee, medical co-morbidities, poor socio-economic status and disability are all well-established factors playing significant roles in illnesses among the elderly
  - Ministry of Health and Family Welfare in 2010 -11 introduced NHPCE to address the health needs of the elderly.

But, this programme:

- Adopted **technocratic approach** to solve the so called elderly social problems
- Is merged with **non-communicable disease control programme**
- Shifts the whole strategies towards controlling them through the **institutional structures**.
- Hence there is a need to look for **alternative model** of care which is cost effective and efficient

## Purpose of the study

The present paper analyses the cost effectiveness and feasibility in implementation of the NPHCE and proposes an *alternative self care model* to provide a holistic care to the elderly within their locality and at affordable cost.

## Objective of present study

- To explore the social, cultural, economic and political determinants of elderly health in India
- To propose a *self-care model* for elderly population

## Research Methodology

*Systematic review method* based on various health policy, government reports and Pubmed electronic search to collate studies on elderly care and problems.

## Content Analysis

- NPHCE is introduced under the National Rural Health Mission (NRHM).
- AIM: to provide separate, specialized and comprehensive health care to the senior citizens at various levels of state health care delivery system including outreach services.
- It addresses many aspects of the WHO strategy

## Education for Health Care Providers:

- The programme aims at introducing **Post Graduate Course in Geriatric Medicine** and in service education to other health care personnel.
- Unlike in western countries, where majority of Geriatric services are provided by Nurses and Social care personnel, formal training in elderly care should be provided.

## Manpower and remuneration for Geriatric Clinic and wards

S.No	Category of health personnel	Posts	Salary (per Month) in INR
1	Consultant Medicine	2	50,000
<b>2</b>	<b>Nurse</b>	<b>6</b>	<b>15,000</b>
3	Physiotherapist	1	15,000
4	Health Attendants	2	7500
5	Sanitary Attendants	2	7500

*Source: NPHCE Operational Guidelines by GOI*

## Regional Geriatric Centre

S.No	Category of health care professional	Posts	Salary
1	Professor Geriatric medicine	1	75,000
2	Assistant Professor	2	50,000
3	Senior Resident/Medical Officers	4	40,000
<b>4</b>	<b>Nurses</b>	<b>16</b>	<b>15,000</b>
5	Physiotherapists /Occupational Therapists	4	15,000
6	Medical Social worker	1	15,000
7	Lab technician	1	15,000
8	Programme Assistant	1	12,000
9	Hospital assistant	4	7,500
10	Sanitary Assistant	4	7,500

*Source: Operational Guidelines of NPHCE, GOI*

*Put on your thinking cap ?*



- - If we observe the salary scale, Nurses and other health care personnel are not even paid 1/3<sup>rd</sup> of Doctors.
  - Moreover are these few health care workers enough take care of this huge elderly population?

***Can developing country afford this Physician Oriented institutional Cure Model?***

## Limitations of NPHCE

- It does not answer **demand-related questions**—as to what extent are the elderly able to actually access these services and what is their feedback on the quantity and quality of care

- While the policy intentions are very appropriate for the current situation, many implementation issues have somewhat dampened policy effectiveness

***Which demands:***

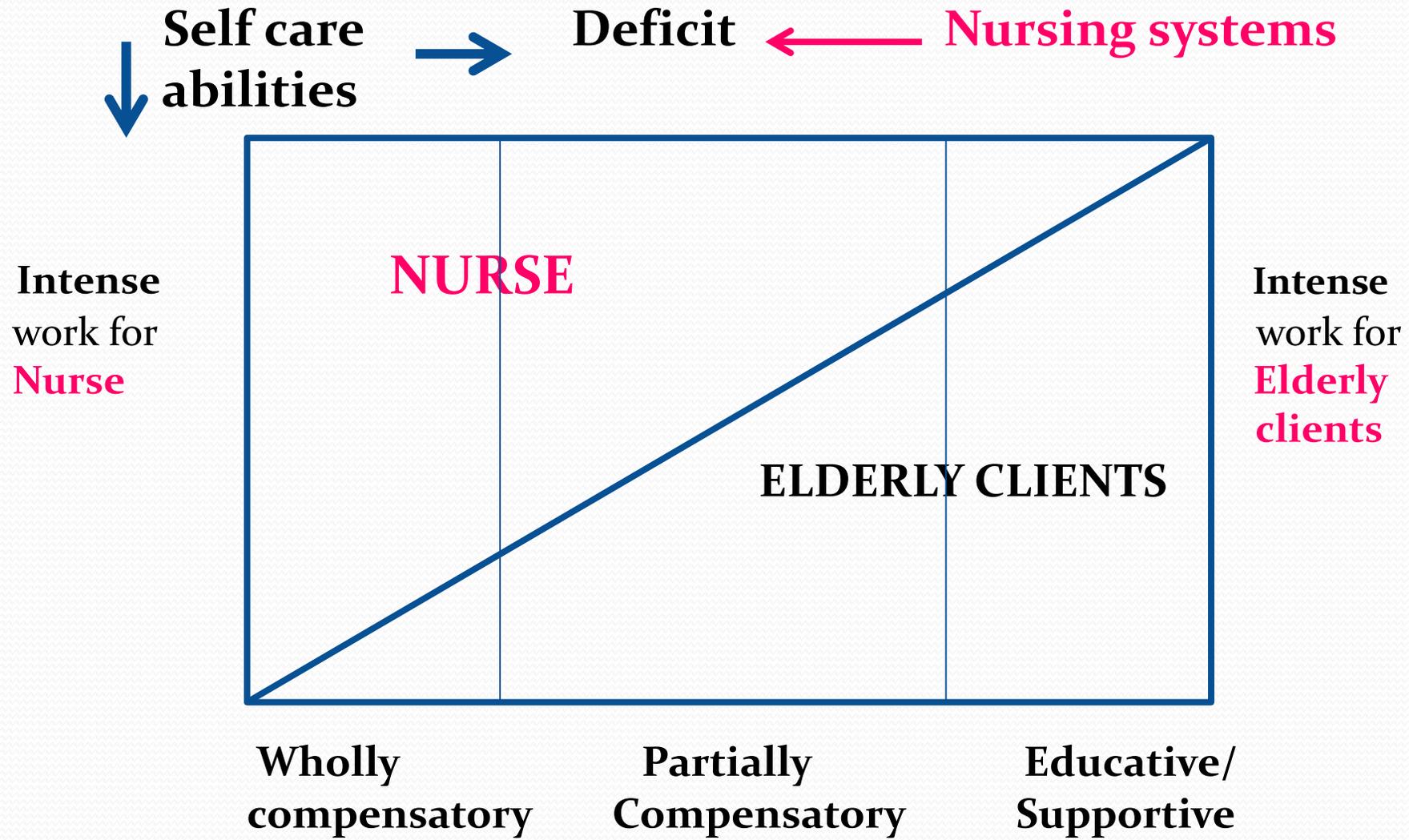
- Strengthening and reorientation of the primary health care system to the special needs of the elderly
- Improving geriatric care at all levels
- Encouraging greater NGO involvement in service delivery
- ***“Promoting concept of healthy ageing”***

## Overall to say..

The programme mainly focuses on

- **Building infrastructure at tertiary care level**, purely neglecting the community level, where actually the elderly lives
- **Curative approach to elderly care**, paying little attention to preventive and holistic approach to wellness
- **The Care provided by health care personnel**, omitting the role of family members and community
- Majority of resources have been directed at **acute care**
- In supportive strategy they recommend for **public private partnership**.

# OREM'S SELF CARE THEORY...



- Partially Compensatory System or Educative/Supportive Group.
- Physiologically, the ability to perform self care is restricted due to aging. This can be reduced by focusing on primary prevention during younger age
- Needs some **assistance** to meet self care needs
- **Self help groups** can be formed for old age groups led by Nurses or community workers
- Role of Nurse Specialist
- Physician Referral service
- Role of Physiotherapists, Occupational Therapists, Dieticians, Medical Social Workers



Thank  
you

## References...

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