Summer Placement
at
Nightingales Medical Trust, Bengaluru
(April 1 to May 31st, 2015)

A Report
By
Dr Vidya Chandran

Master in Business Administration – Hospital and Health Management
2014-2016

The IIHMR University, Jaipur

INSTITUTE OF HEALTH MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

Certificate

This is to certify that Dr Vidya Chandran, a student of MBA Hospital and Health Management at The IIHMR University, Jaipur, batch 2014-16 has successfully completed her summer training for the period from 1st April to 31st May 2015 at **Nightingales Medical Trust, Bengaluru**, under my guidance. During this period she has completed **a study to assess the need for elderly care and to assess the awareness of Sandhya Kirana(an elderly day care centre) among the elderly in the urban slums of Bengaluru** as a part of partial fulfilment of the course requirements recommended for MBA Hospital and Health Management with specialization in Health Management. All the data related to the study is primary data. Her approach towards the study has been sincere, scientific and analytical.

I wish her all the success for her future endeavours.

Col. (Dr.) Ashok Kaushik(Retd.)
Dean(Academic and Student Affairs)
The IIHMR University

Dr. Shilpi Mishra Sharma
Faculty Mentor
Assistant Professor, The IIHMR University

1, Prabhu Dayal Marg, Near Sanganer Airport, Jaipur- 302029, Rajasthan, India.
Ph.: 0141- 3924700, 2791431- 32, Fax: 0141 3924738, E-mail: iihmr@iihmr.edu.in, Web.: www.iihmr.edu.in

NIGHTINGALES MEDICAL TRUST
8P6, 3rd A Cross, Kasturinagar,
Banaswadi, Bangalore - 560 043
Ph: +91 80 42426565, Fax: +91 80 42426575
Email: nightingalesmt@gmail.com
www.nightingaleseldercare.com

3 June, 2015.

To,
The IIHMR University.
Jaipur.

Ref: Summer Training of Dr. Vidya Chandran

To Whom It May Concern

It is my pleasure to report that Dr. Vidya Chandran has successfully completed to our satisfaction her "Summer Training" in the following Projects with Nightingales Medical Trust.

1. Study To Assess The Gaps In Supply And Demand Of Elderly Care In Urban Slums Of Bangalore
2. Study to Assess the Efficiency of the Day Care Services Provided at Sandhya Kirana
3. Study to Assess the Efficiency of Nightingales Dementia Day Care at Shantinagar

It was a pleasure working with Dr. Vidya Chandran during her Summer Training. Her hard work and contribution was greatly appreciated and our office staff enjoyed her wonderful personality.

Thanking you,

S. Premkumar Raja
Hon. Secretary & Trustee

Acknowledgement

A summer training is a golden opportunity for learning and self-development. I consider myself very lucky and honored to have so many wonderful people lead me through in completion of this training and the projects.

On the very outset of this report, I would like to extend my sincere & heartfelt obligation towards all the personages who have helped me in this endeavor. Without their active guidance, help, cooperation & encouragement, I would not have made headway in the project.

I wish to express my indebted gratitude and special thanks to Mr Premkumar Raja, who in spite of being extraordinarily busy with his duties, took time out to hear, guide and keep me on the correct path and allowing me to carry out my project work at their esteemed organization and extending during the training.

I am also indebted to Dr Radha Murthy for her conscientious guidance and encouragement to accomplish this assignment.

I am extremely thankful and pay my gratitude to my faculty Dr Shilpi Mishra Sharma for her valuable guidance and support on completion of this project .

I extend my gratitude to Dr S.D. Gupta and The IIHMR University, Jaipur, for giving me this opportunity.

I also acknowledge with a deep sense of reverence, my gratitude towards my parents and family, who have always supported me morally as well as economically.

At last but not least gratitude goes to all of my friends who directly or indirectly helped me to complete this project report.

Any omission in this brief acknowledgement does not mean lack of gratitude.

Thanking You

Dr. Vidya Chandran

Table of Contents

1. Introduction

Nightingales Medical Trust(NMT) was set up and registered in 1998 as a non-governmental, secular and charitable organization. It provides a system of easily accessible and affordable services and amenities for the elderly of all socio- economic groups, in and around Bangalore. NMT enriches the lives of senior citizens through community-based, innovative support systems, services to meet their physical, medical, emotional, economic and social requirements, addressing elder abuse, promoting employment opportunities for non-pensioned elders, rendering comprehensive dementia care, advocacy, training and awareness programmes.

1.1 Current projects at Nightingales Medical Trust:

1.1.1 Nightingales Trust - Bagchi Centre For Active Ageing

The Nightingales Trust - Bagchi Centre for Active Ageing is a project of Nightingales Medical Trust, assisted by Mrs.Susmita and Mr.Subroto Bagchi. It is India's first comprehensive active ageing facility, which aims to promote social integration, healthy lifestyle, financial empowerment, happiness and dignity; in a safe, friendly and fun-filled environment. This program is scientifically designed based on ThinkingFit research study carried out in UK.

Active Ageing Involves keeping the body fit, keeping the mind active, building & maintaining social relationships, involvement in meditation & spiritual activities, engaging in cultural activities, developing positive thoughts, learning new skills, financial independence and maintaining a sense of humor.

About ThinkingFit: ThinkingFit study was a comprehensive programme comprising of physical activity, brain training and social stimulation. This three year research project carried out in UK by a team of professionals showed significant improvement in physical fitness, cardio-vascular health, memory and quality of life in participants, thereby reducing the risk of Dementia. The ThinkingFit team is actively involved in planning and designing of services, structuring of the programme and quality audit at this Centre.

THE SERVICES

MAITRI - Make & Meet Friends: For promoting socialization, freedom from isolation, and boosting health, through yoga, talks, discussions, recreation, book reviews, picnics etc.
AAROGYA – Being Physically Active and Fit: Specially designed gym with elder-friendly features to help build flexibility, balance, endurance and strength.
MATI – A Brain Gym: iPad-based activities & exercises to stimulate the brain and improve concentration, memory, attention and executive function.
SOUNDARYA – Looking Good: Pedicure, Manicure, Facial, Waxing, Head massage, Hair Grooming and Colouring
VYAVSTHA – Overcoming Fear and Preventing Falls: Improving balance and coordination, enhancing safety and independence
KAUSHALYA – Learning New Skills: Keep your brain active as you learn new languages, music, dance, basic computer skills etc.
Other Services include Memory Assessment, Physiotherapy, Day Care, Periodic Health Chek-ups, Counseling & Retirement Planning.

1.1.2 ETCM - Nightingales Dementia Care Centre, Kolar

For many patients with dementia, getting appropriate care is inaccessible and unaffordable. There is also a considerable caregiver burden and distress associated with dementia. While a huge number of elders with dementia are in need of institutional care in India, there are only a handful of institutions offering this service. In many countries dementia services are locally available and are government funded or subsidized. As this is lacking in India, it is largely the responsibility of committed NGOs to develop cost effective dementia care models.

As a pilot project Nightingales has established the first Nodal Dementia Care Centre in Kolar town in the premises of ETCM hospital. This 35-bed Dementia Care Centre was inaugurated on 27th May 2014. This is India's first telemedicine enabled Dementia Care Facility. The Centre offers residential care, both short and long term, besides memory screening.

The environment is carefully designed with dementia friendly features ensuring independent decision making, promoting safety and security, reducing agitation and encouraging independence in performing activities of daily living. Well ventilated spacious rooms, activity area, walk path, gazebo and a garden make the Centre an ideal oasis. All aspects of therapeutic environmental modifications such as non-slippery floors, grab bars, raised commodes and large bathrooms are additional features.

The residents are taken care by a team of committed and specially trained caregivers and qualified nurses 24 / 7. The clinical core team of Nightingales Centre for Ageing and Alzheimer's in Bangalore, including geriatric psychiatrist, a consultant neurologist, general physicians, clinical psychologists, physiotherapists and speech therapist are constantly monitoring the quality of care through video conferencing using specially designed Tele-dementia Management Software integrated with dispensing medicines, care plan, assessment scales, imaging files and patients reports. This includes provision for investigations, daily monitoring and framework for follow-up schedules thus ensuring effective monitoring without compromising on the quality of care.

The Centre has a well-equipped teleconferencing facility with high definition videoconferencing for assessment, training, care plan, day to day activities and crisis management.

Whenever the residents require acute care, hospitalisation or investigations, the services of ETCM hospital would be utilised.

In short, this Centre is remotely controlled and managed by experts at Nightingales canter for Ageing and Alzheimer's. This attempt is to make dementia care affordable and accessible without compromising on the quality of care.

1.1.3 Nightingales Life Saving Services

This programme was started in 2000 for training the family members of the elderly in Cardio Pulmonary Resuscitation (CPR) techniques and First Aid. However, in view of the demand the

services are now made available to others also. About 25000 people including elders' family members, medical professionals, students, auto drivers, security personnel, policemen, corporate staff, industrial workers, etc. have been trained in CPR covering about 250 organizations. Additionally, about 40000 people have been trained in First-aid. Now the services are being extended to other cities too.

1.1.4 Rural Mobile Medicare

In India 70% of elders live in rural areas, where even the basic medical facilities are not easily available. Under this project, 15 centres in various villages near Bangalore have been selected. Every day the mobile clinic van with the medical team visits three spots on a pre-determined schedule and provides basic medical care to the elderly. Besides, medical camps for cataract screening, dental care etc., are organized periodically. Cases requiring specialized services are referred to nearby hospitals. Through these projects elders from 37 villages are benefitted and everyday about 70 elders avail this free service.

1.1.5 Awareness and Advocacy

It is Nightingales consistent effort to uphold the rights and privileges of older people and to influence the Government and decision makers to focus on the well-being of the elderly. Regularly we organize Awareness and Advocacy Programmes through rallies, walks, exhibitions, seminars, talk shows, public hearing, workshops and issue of handbooks. These programmes have, over the years, led to tangible benefits for senior citizens. Some of the issues focused so far are Elders Security, Bridging Generation Gap, Finance Planning, Legal Precautions, Regulatory Body for Old Age Homes and Setting up of Fast Track Courts.

NMT was instrumental in making the State Government bring out a State Policy on Older persons. During the tenure of a previous Government, NMT played a vital role in setting up the State Task Force for the implementation and monitoring of the State Policy.

NMT is one of the few leading NGOs that advocated with the Government for an exclusive legislation to protect the rights and privileges of older persons. Now the appropriate Bill has been passed by the Government of India for the benefit of the elderly.

List of Handbooks Published so far:

i. Be a Cautious Senior Citizen
ii. Seven Steps to Senior Security
iii. Old Age Homes in and around Bangalore
iv. The Elders Protection of Rights and Redressal of Grievances Act
v. Concessions & Related information to the Senior Citizens
vi. Community Intervention for Prevention of Elder Abuse
vii. NMT organised a Regional Level Consultation and drafted Minimum Standards for Age Care Institutions. It has been submitted to the Govt. of India for consideration.

1.1.6 ID Cards for Elders

NMT has been authorized by the Government of Karnataka to issue ID cards to senior citizens above 60 years. This card contains all necessary details about the identity of the holder. This card endorsed by the Government authority is an authentic proof for date of birth and address.

The ID card enables elders to utilize the various benefits available to them, in hospitals, labs, medical shops, buses, railways, airways and other places. It is also helpful in times of emergencies, for easy identification.

Since December '06, over 153000 cards have been issued along with a booklet on 'Concessions and Related Information to Senior Citizens'.

1.1.7 Regional Resource and Training Centre (RRTC) - Age Care

The Ministry of Social Justice and Empowerment, Government of India, has designated NMT to establish the Regional Resource and Training Centre (RRTC) at Bangalore for the southern states – Karnataka, Andhra Pradesh, Tamil Nadu and Kerala. The RRTC aims at improving the quality of life of the elders by enhancing the capacity of NGOs engaged in age care through training and advocacy programmes.

Some of the Programmes conducted are:

i. Workshops focusing on the causes and prevention of abuse and crime against the elderly
ii. A six-month certificate course in geriatric care
iii. Community training in computers for the elderly
iv. Training programmes on the management of old age homes and dementia care centres
v. A three-month basic course for care-takers, bed-side assistants and rural women
vi. One month Certificate course in basics of geriatric care
vii. State-level capacity building workshops in age care
viii. Regional-level consultative meet on age care

1.1.8 Nightingales Jobs 60+

Nightingales Jobs 60+ is a comprehensive centre for improving the quality of life of economically insecure elders by enhancing their skills and by facilitating post retirement job opportunities.This project aims to ensure that elders without a regular income are provided some means to earn and live with dignity and financial independence.

Non-pensioned elders upto 70 years of age, in dire need of jobs are identified. Their functional and intellectual capabilities and needs are assessed and classified. They are trained on skills based on their interest, ability and experience and these skills are enhanced to meet the requirements that today's employer's look for.

For those who are not qualified for office jobs , the Centre imparts vocational training in tailoring, making of candles, greeting cards, eco products such as paper bags, arecanut plates and cups, eatables like chocolates, pickles etc. All the training and placement services at Jobs 60+ are free of cost.

Services Offered at Nightingales Jobs 60+

i. Skill development
ii. Career counselling
iii. Computer training
iv. Soft skills training
v. Employment Bureau - connecting employers and prospective employees
vi. 40 seater computer based data processing unit
vii. Vocational training for various income generation activities
viii. Fitness / Medical Consultation
ix. Consultancy services

To reach and benefit more elders and employers all over the country, Nightingale Empowerment Foundation has been established. Through a job portal, www.nightingalesjobs60plus.com both employers and elders can register online, free of cost. This website facilitates smooth and effective flow of recruitment process and enable employers select suitable candidates with ease.

1.1.9 Steady Steps - A Fall Prevention and Rehab Programme

Steady Steps helps older adults and elders advance into old age with maximum mobility and fitness.

This is an exercise based approach. Latest gadgets are used. Interestingly, some older people who believe that drugs are not the only answer to their physical debilities make good use of this facility and benefit.

The services include:

i. Geriatric Assessment
ii. Health Education
iii. Counselling and Guidance
iv. Guided Exercises
v. Balance and Fall Prevention Training
vi. Post-fall Management
vii. Strength and Flexibility Training
viii. Physical Conditioning
ix. Yoga and Pranayama
x. Rehabilitation
xi. Special Exercises for Parkinson's, Incontinence and Arthritis
xii. Domiciliary Service

Health conscious elders, both men and women, and those suffering from problems like arthritis, diabetes, heart ailment or any other disability, benefit from this programme. Individuals with mobility impairments, pains, any other musculoskeletal disorders, Parkinsons, COPD & CAD and those who need post-CVA/Stroke, post-fracture or post-surgical care also find it useful. Exercises are personalized and individually tailored.

1.1.10 Nightingales Centre for Ageing and Alzheimer's

One of the major health issues that the elderly are facing today is Dementia. Currently in India,

about 3.7 million elders in India are affected by Dementia and the number is expected to double by 2030. In Bangalore alone, over 30,000 suffer from Dementia. As a progressive and degenerative brain syndrome, dementia affects memory, thinking, behavior, emotion and the activities of daily living. As yet Dementia has no cure, the patients need support and care with compassion and understanding for a better quality of life.

The Nightingales Centre for Ageing and Alzheimer's (NCAA) established in 2010 is the first comprehensive dementia care facility in India. This 86-bed facility has a multi-disciplinary approach in the diagnosis and management of patients with dementia, with a team of qualified physicians, neurologists, psychiatrists, therapists, nursing staff and social workers who specialise in taking care of elders affected with dementia. All the facilities are elder friendly.

Services Offered at NCAA

i. Memory Clinic
ii. Short-term treatment for challenging behaviors
iii. Short-term and respite care
iv. Long term care
v. Physiotherapy – For a range of conditions affecting the elderly such as stroke, post-fall rehab, parkinsons etc.
vi. Mobile Memory Screening Unit – creates awareness and screens elders in the community to detect dementia in the early stages. Treatment in continued at the centre.
vii. Training in dementia care to professional caregivers and family members.
viii. Tele-dementia Services– A team from NCAA visits the homes of elders with dementia and sets up live chats between the family and experts at NCAA. The team provides advice on care plans, activities for the patient at home, environmental modifications and psychological support for the caregiver.
ix. Enrichment Centre – with facilities and activities for healthy elders to keep them physically and mentally active.

1.1.11 Elders Helpline 1090

This is a joint initiative of the Bangalore City Police and the NMT to address elder abuse. This helpline is the first of its kind in India. All the services rendered by the helpline are free of cost.

1.1.12 Nightingales Sandhya Kirana

This is a joint project of Bangalore Mahanagar Palike (City Corporation) and NMT. This unique daycare centre is exclusively for elders who are economically disadvantaged.

Both men and women above 60 are eligible for registration. Around 70 members are present at the centre daily.

Facilities and Services at Sandhya Kirana

i. Health and Hygiene: Basic medical check-up, treatment for minor ailments, referral services, physiotherapy, yoga and fitness programmes, health education, counseling and health camps.
ii. Skill Development and Income Generation: Making greeting cards, paper bags, dolls,

candles, mats, etc., and marketing them.

iii. Recreation: Television, library, video shows, talks, cultural programmes, picnics, outings and interaction with younger generation.

iv. Midday meals: Nutritious lunch is provided to all members.

v. Dementia Day Care Centre – In a secure environment, elders with dementia are taken care from 9am to 5pm by trained nurses and therapists.

1.1.13 Nightingales Elders Enrichment Centres (NEEC)

These enrichment / daycares enhance the lives of senior citizens physically, emotionally and socially. The first centre was started in 1999, and presently the Nightingales Medical Trust runs 3 such facilities in different parts of the city. Here elders spend their day time enjoying a meaningful community life in an attractive ambience. The beneficiaries are mostly from the middle class. 600 have registered as members. Around 100 elders visit these centres daily.

Facilities and Services at the Centres

i. Health and Medicare: Basic medical check-up, lab investigations, injections, wound care, ECG and other health-related support.

ii. Counselling: Helping individuals and groups face the emerging challenges in the changing environment with regard to family and society.

iii. Memory Exercises: Interesting programmes to keep elders alert and mentally active.

iv. Physiotherapy and Fitness Programme: As physical activity has a positive effect on health and longevity, this programme promotes regular guided exercises based on individual needs. These include yoga sessions to keep the body and mind relaxed, and special exercises for Parkinson's and Arthritis.

v. Total Daycare Package: This facility is mainly for elders who are left alone at home during the day while family members are away. This package includes bed facility, lunch and nursing aid assistance in addition to the other facilities at the centre.

vi. Recreational, Cultural, Creative and Social Activities Newspapers, magazines, a good library, television and computers are available. Special sessions are held on music, literary and art display. Talks and interactive sessions on topics of interest such as essence of different religions, health and age related issues and current affairs. Members learn new languages, arts and crafts. Tours, games and competitions,celebration of birthdays, special days, national and religious festivals are organised. Activities also include visiting old age homes and undertaking community welfare schemes for underprivileged elders..

2. Tasks assigned

- Understanding the management of a centre called Sandhya Kirana, which has a day care centre for the elderly from the lower socioeconomic strata and another day care for dementia patients .
- Assess the efficiency of both the day care centres.
- Need assessment for elderly care and also the awareness of Sandhya Kirana among the elderly in the urban slums of Bengaluru.

3. Major project undertaken

- A study to assess the need for elderly care and also to assess the awareness of Sandhya Kirana among the elderly in the urban slums of Bengaluru.

3.1 Objectives

1. To assess the scope for a day care centre for elderly in the slums
2. To assess the awareness and knowledge of the day care facilities at Sandhya Kirana
3. To identify the willingness and hurdles to avail the facilities at Sandhya Kirana

3.2 Methodology:

A cross sectional study was carried out for two months in the urban slums of Bengaluru. Study respondents included all the elderly of age of 60 and above. The existing beneficiaries of Sandhya Kirana were excluded from the study.

Data Collection Approach: Primary data was collected through face to face interview through a structured questionnaire that included sociodemographic characteristics, and the awareness and willingness to avail the facilities at Sandhya Kirana.

3.3 Findings

70 females and 30 males were included in this study.

Table 1: Frequency distribution of the elderly

Age Group	Males	Females	Total
60-65	11	44	55
66-70	5	13	18
71-75	9	8	17
75-80	3	1	4
>80	2	4	6

Table 2: Educational status of the elderly

Educational status	Males	Females	Total
Illiterate	10	50	60

Can read or write	4	2	6
Primary	5	7	12
Secondary	9	11	20
Intermediate	1	0	1
Post Graduate	1	0	1

60% of the sample was illiterate, 6% can read or write, 12% had undergone primary and 20% had undergone secondary education. 35% elderly was employed. Out of the 65 unemployed, 20 receive pension. Hence, 55% senior citizens have an income either from their job or through Government pension. 62% of the employed elderly has a monthly income less than or equal to Rs 2000, 10% has an income between Rs2000 and Rs3000, and 28% has an income more than Rs 3000. Just 5% of the employed reported the income was sufficient. Over one third (18 out of 65) unemployed showed interests to work. When enquired about the kind of work they were interested in, jobs that require minor physical activity and no good eye sight were the only two suggestions.

Health Analysis:

67% used private medical facilities, 29% government and 4% preferred going to a pharmacy instead of a qualified doctor. Out of the 70 people of LR Nagar, 52 use a private health facility called Maathru Ayurvedic Cinic, which is the only health facility in LR Nagar slum and does not provide all the basic healthcare facilities. 44% of the sample was taking some kind of medication, out of which 45% took one tablet, 18% took two tablets, 14% took three tablets, 5% took four tablets, 7% took 5 tablets and 11% took more than five tablets per day. Medical conditions that were asked about, were about those that were diagnosed or that's being taken care of with medications. People don't take medications either because they have undiagnosed conditions or they can't afford the medications. Numbers of medications being taken as nil does not necessarily mean they are free of any medical conditions. Also, there are people who take medications, but are unaware of, for which condition that they take them. Diabetic people on insulin were not made a record of.

Knowledge about Sandhya Kirana:

16% of the sample had heard about Sandhya Kirana and 100% of the people who had heard about Sandhya Kirana knew only about the day care facility(which is also commonly known as a hostel or *'ashram'* for the elderly among the localites) . They were unaware of the free medical facilities or meals.

Awareness and knowledge of the day care facilities at Sandhya Kirana: All of the people who had heard about Sandhya Kirana know only about the day care facility(which is also commonly known as a hostel for the elderly among the localites) . They were unaware of the free medical facilities or meals.

Willingness and hurdles to avail the facilities at Sandhya Kirana: After explaining the facilities at Sandhya Kirana, only 18% was ready to avail them. When enquired about what the reason would be, for not doing so, the results were as follows: 41% had an existing job which they preferred over coming to Sandhya Kirana, 25% had health problems that didin't permit them to travel, 17% found it too far to come as they have a problem with transport, 12% is engaged at home with the work at home or taking care of grandchildren, Children of 2% didn't let them go to an *'ashram'* and 3% didn't think the service is good.

3.4 Conclusion

There is a scope for a day care centre for the elderly in this area that could cater to the needs of the elderly and the services could be made aware to the public through more effective ways.

4. Minor projects undertaken

1. Study to Assess the Efficiency of the Day Care Services Provided At Sandhya Kirana
2. Study to Assess the Efficiency of Nightingales Dementia Day Care at Shantinagar

4.1 Study to Assess the Efficiency of the Day Care Services Provided At Sandhya Kirana

4.1.1 Introduction:

Elderly day care centers provide a safe, supportive group environment for seniors who need care and/or assistance with personal tasks during the day. Such centers provide relief to caregivers and family members who are caring for an elderly loved one in their home, as well as offering the senior a chance to get out of the house, socialize and participate in fun activities with others. Sandhya Kirana is such a centre in Shantinagar that serves the elderly of lower socioeconomic group, where most of the beneficiaries come from slums around Shantinagar.

4.1.2 Objective:

To assess the efficiency of the day care services at Sandhya Kirana.

4.1.3 Reasearch Methodology:

Sample selection process: A sampling frame of beneficiaries who had more than 80% attendance in the month of April 2015 was taken and a sample size of 20 was selected through simple random sampling.

Data collection tools: An interviewer administered semi structured questionnaire for the beneficiaries at the Sandhya Kirana day care centre. The questionnaire was designed to include their demographic characteristics of the beneficiaries and to assess their satisfaction of different services at the day care like socialization, nutritional supplements, medical facilities and economic empowerment/income generation activities.

4.1.4 General Observations:

Reasons for joining Sandhya Kirana were found as follows: 40% for socialization, 5% for nutritional supplements, 20% for economic empowerment and 35% to keep themselves engaged.

Diagram 1

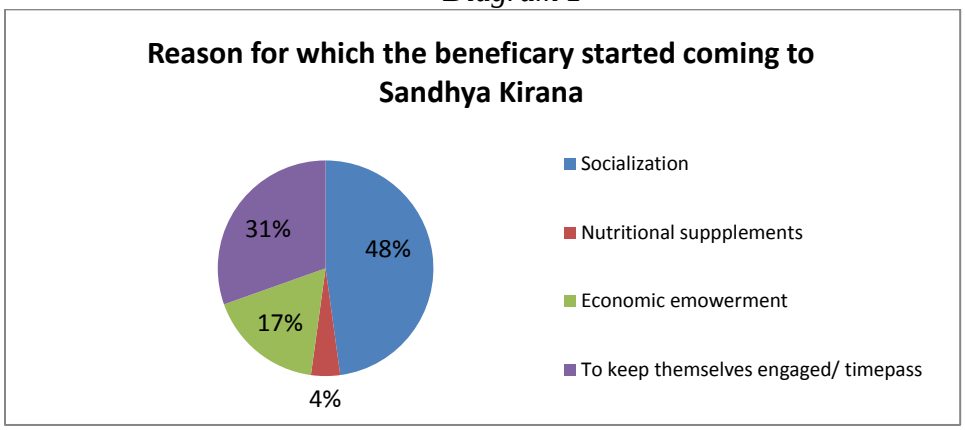
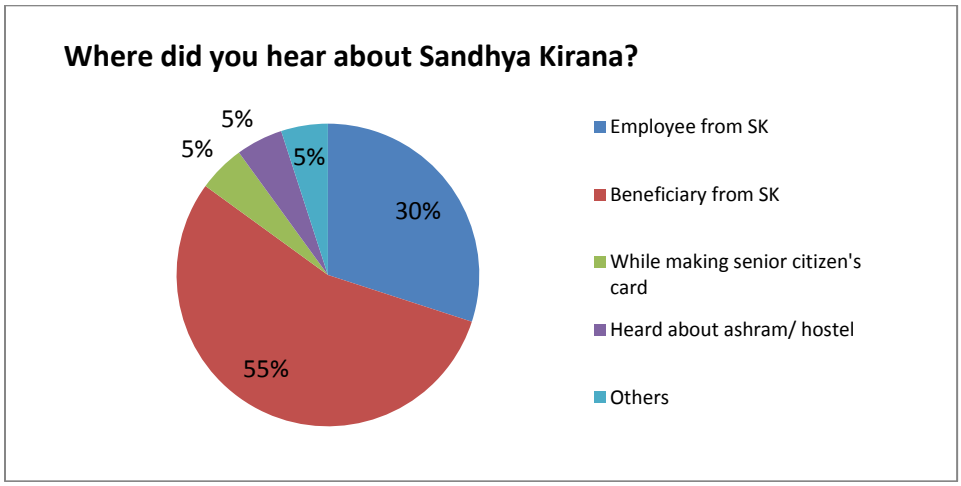


Diagram 2



7 out of 20(35%) beneficiaries are fully satisfied with all the services provided at the centre. There is 100% satisfaction with respect to the meals/ nutritional supplements at the centre. Food from ISKON is bad and unpalatable. The present food that's been provided for the last one is better. People throw it away as they don't eat it. Also, people prefer white rice over the bath. People fight a lot and it is disturbing at this age. Prabhakar was good at managing the chaos since he was one of the beneficiaries and was understanding. Some beneficiaries even reported to keep away from socialization and mingle with other beneficiaries for the fear of picking up a fight.

Medical Facilities: Turnover of the doctors was high, and hence, the beneficiaries are not comfortable. Also, because of body pains, beneficiaries are unable to sit at the table and work. Hence, they prefer sitting on the floor as they are used to it.

Children do not support the elders financially and hence it gives a lot of mental stress. To keep themselves away from this stress at home and to keep themselves engaged they prefer coming to Sandhya Kirana.

The system of payment should be regularized, preferably pay every month systematically. Beneficiaries spend a large part of their income on transport. Almost one third(7 out of 20) of the beneficiaries interviewed spend money on transport to Sandhya Kirana and back. (There is a beneficiary who doesn't get engaged in any IGA, but has been coming for the last 8 years and her son pays for her transport everyday which comes to around Rs30 per day.) Hence, increasing the rates of the paper bags would be beneficial for them. Some beneficiaries feel that they can get engaged in more income generation activities and they should be trained in more activities which will be easier for elderly people to do. They prefer making paper bags as they aren't risky as the other IGAs at the centre like making candles and paper bags.

4.2 Study to Assess the Efficiency of Nightingales Dementia Day Care at Shantinagar

4.2.1 Introduction:

Dementia is an overall term that describes a wide range of symptoms associated with a decline in memory or other thinking skills severe enough to reduce a person's ability to perform everyday activities. Alzheimer's is the most common type of dementia. In 2010, there were 3.7 million Indians with dementia and the total societal costs is about 14,700 crore. While the numbers are expected to double by 2030, costs would increase three times. Families are the main care givers and they need support.

4.2.2 Objective:

To assess the efficiency of Nightingales Dementia Day Care at Shantinagar.

4.2.3 Research Methodology:

A cross sectional study of caregivers of 10 dementia patients was conducted. Simple random sampling was carried out among the beneficiaries of the dementia day care centre at Shanthinagar. An interviewer administered semi structured questionnaire for a close family member of the beneficiaries at the dementia day care centre was used. The questionnaire was designed to include their demographic characteristics, and assessment of their satisfaction on different parameters like day care timings, activities, food, person centered care, feedback from the centre reporting the progress of the patient and improvement in the quality of life of the patient and the family.

4.2.4 Analysis and results:

The families of the dementia patients feel that there should be regular meetings/counseling for families of dementia patients to extend support, impart knowledge about the disease and what to expect during the course of the disease. Also, it would be helpful for the family to know how to take care of the patients at home and know what activities should be carried out at home on holidays so that the patients don't get bored at home on those days when they don't come to the day care. Caregivers feel the centre is dull and it should be cleaner, more spacious and nicer overall. If the climate becomes dull, the patients also tend to get dull.

Transport Problems: The transport that the centre provides doesn't reach Kammannahalli, and hence, has to spend Rs 300 per day(Rs 240 auto + Rs 60 day care). Hence , if the transport is arranged to those places too, it will be more comfortable. One patient reported of being dropped back home earlier when the patients at the centre are less to conduct activities. On such days she gets back home by 5 and has to wait outside till some family member arrives back which is usually around 30-45 minutes, in which time she tends to get sad and then aggressive. The van breaks down very often, and there have been atleast 4 times in the last 3 months where the van broke down and the patients were stranded on the way till the vehicle was fixed, in which time the patient starts getting agitated. Instead it would be helpful if a back up vehicle could be sent. A patient's son reported of his father being picked last by the van, on account of which he has to spend around 2 hours in the van one way. If this problem could be solved by having another pick up in a different route.

Hygiene at the centre needs drastic improvement. Since the patients at the centre are elderly with lower immunity, they chances of them catching an infection are higher and hence, special care should be taken while caring for them. There are times when the family has noticed there was no water in the washrooms and were stinking when they visited the centre. The same family ember reported to have his mother have multiple urinary tract infections and throat infections.

Cameras should be installed in the rooms also since there are times they've noticed abuse among the patients. They have also spoken to other patients' family members and they have similar opinions too. The son of a patient feels it will be nice to know if there's any improvement that the patient shows. Some tests that could quantify the progress of the disease/improvement without stressing the patient much. Turnover of the managers who take care of the patients is high, and hence it takes them time to understand the system and then to start monitoring the patients.

4.2.5 Recommendations:

Regular get-together meetings should be conducted for the families of dementia patients. It will be more beneficial to keep the centre in a patient friendly way by decorating it more. There should be stricter rules for the employees who handle the transport for the patients to have a

regular time for pick up and dropping them back. Also there should be stricter rules for maintaining hygiene at the centre, especially in the washrooms.

5. References

1. Age care statistics. [cited on 2007 Oct 6]. Available from: http://www.helpageindia.com.
2. Irudaya Rajan S. Demography of ageing. In: Dey AB, editor. Ageing in India, Situational analysis and planning for the future. New Delhi: Rakmo Press; 2003
3. Ara S., Old age among slum dwellers. New Delhi South Asian Publishers, (1996)
4. World Health Organization. Healthy Ageing. A WHO publication, Geneva, (2001)
5. United Nations Population Division. The Ageing of the World's Population. Department of Economic and Social Affairs, United Nations Secretariat (2002)
6. Baliga SS. Gopakumaran PS, Katti SM, Mallapur MD. Treatment Seeking Behavior and Health Care Expenditure Incurred for Hypertension among elderly in Urban Slums of Belgaum City. Natl J Community Med 2013; 4(2):227-230