Summer Training at
Help Age India, Mumbai
(April - June, 2013)

- **Project Proposal on Mobile Medical Unit.**
- **Designing of the First Quarter Newsletter of the Western Zone.**
- **Designing Marketing Strategy for the Physiotherapy Centers.**
- **Designing the Banner for the Physiotherapy Center as Part of the Marketing Strategy**

By
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Under the guidance of
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Post Graduate Diploma in Hospital and Health Management
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Institute of Health Management Research,
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CERTIFICATE

This is to certify that Dr Swati Nigam student of Post Graduate Diploma in Hospital and Health Management (PGDHM) from Institute of Health Management and Research, Jaipur Batch 17th has undergone summer internship inHelpAge India, Mumbai from April 8th to June 8th 2013.

The candidate has successfully carried out the following assignments given to her during her internship:

- Project Proposal on Mobile Medical Unit
- Designing of the First Quarter Newsletter of the Western Zone.
- Designing Marketing strategy for the Physiotherapy Centers
- Designing the Banner for the Physiotherapy Center as part of the marketing strategy.

During summer training her approach has been sincere, scientific and analytical.
I wish her success in all her future endeavors.

Dr S.D Gupta
Director and Mentor
IIHMR Jaipur

Dr. Ashok Kaushik
Dean, Academic and Student affairs
IIHMR Jaipur

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I would also like to thank ***Dr. Ashok Kaushik***, Dean, Academics and Student Affairs, for providing me with this golden opportunity to work with HelpAge India as a part of my summer training.

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I owe a great debt to ***Mr. Prakash Borgaonkar***, Director, HelpAge India, Mumbai for having permitted me to do my summer training with his organization.

I would also like to convey my deepest thanks to ***Mr. Valerian Pais***, Dy. Director, Programs, who despite other preoccupations and busy schedules was there to guide me during my training and who allowed me to work in every department and never hesitated to answer any query.

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Dr. Swati Nigam

INTRODUCTION TO HELPAGE INDIA

The origins of HelpAge India go back to the late 1960's when the then speaker of the Lok Sabha visited his counterpart in the House of Commons(UK), who was also honorary secretary of an organization called Help The Aged. He came back with a vision of setting up something similar in India, which was finally accomplished in 1978 with the guidance of and training of Mr. Jackson Cole, founding member of HelpAge International.

After three months of its registration in April 1978 in Delhi, it became an autonomous body as financial support ceased from UK. Soon after in July, the society was awarded Certificates of Exemptions under Section 12A and 80G of Income Tax Act, 1961, thus indicating general confidence in the Society's Affairs.

The *Mission Statement* of HelpAge India states "To work for the cause and care of the disadvantaged older persons and to improve their quality of life" and as Mr Matthew Cherian, the chief executive of HelpAge India professes, "the way forward for HelpAge India is through the integration of its programs and services, and conscious movement from welfare towards development and long term sustainability for seniors."

HELPAGE INDIA PROGRAMS

HelpAge India, focuses its work domain mainly under two areas –

- Rights Of the Elderly
- Eldercare

RIGHTS –

HelpAge India is the leading advocate for the Older People's rights. It is one of the most active organizations which speaks for the grey population to help them live with dignity, independence and self fulfillment. With its Chief Executive Officer a representative in the National Planning Commission, HelpAge India actively participates in the discussions for formulating the Union Ministry's recommendations on the Plan document to the National Planning Commission. HelpAge India is also a member of the National Council for older Persons.

For the rights of the elderly, various programs under the title of 'ADVOCACY' are run –

1. Elder Abuse: In a country like India where familial relationships are held in high regard, crime and abuse against the elders are rarely talked about, but the rate of such incidence is continuously rising. HelpAge India, plays the role of an enabler between two groups of people, by providing :

- a comprehensive security audit for senior citizen homes.
- An inspector in each police station to be put in charge of this drive.
- Instructions to all police stations to ensure that senior citizens are not harassed by property dealers and land sharks.
- Instructions to the police to provide assistance to the senior citizens to install the basic security equipments like door chains, magic eye etc
- Focus on servant verification with the aim to verify 80% of the domestic help by the end of the drive.

2. Reverse Mortgage: This program of HelpAge India is to quite an extent a solution for those senior citizens who do not have a substantial source of assets to depend on. Through this program, HelpAge India helps to virtually transform the beneficiaries home into a steady source of cash flow, till the time of their death, giving them the financial independence to live a comfortable life.

3. Senior Citizen Associations (SCA) : Recognizing the potential of the Senior Citizens, HelpAge India initiated the formations of SCA's, which are community based group of senior citizens who work together to improve the condition of older people and the community they live in by involving them in various activities like camps, meetings, tours etc.
4. Health Insurance : HelpAge India works in collaboration with various government and private agencies to work on practically possible insurance options for the elders.

5. Self Help Groups : In this program, HelpAge India helps community members to actively take matters into their hands and work together to find solutions to them.

ELDERCARE :

For geriatric care, HelpAge India runs programs under five main headings –

1. *Healthcare* - Mobile Medicare Units (MMU)
   Physio Care
   Eye Care
   Alzheimer Care
   Cancer Care
2. *Social Protection* – Support A Gran
   HelpLine
   Livelihood Support
3. *Shelter* - Old Age Home
   Day Care Center
   Elder Residential Complexes
4. *Specialized Care* - AIDS Awareness
   Palliative Care
5. *Disaster Mitigation*

SUPPORTERS :

HelpAge India depends on donations and legacies to fund its activities and services. Resources for them are raised from –

1. Individuals : They are the biggest supporters of HelpAge India programs, even young school children, whose donations help the smooth running and functioning of the program.

2. Corporates and Business Houses : A good part of the contribution also comes from this section who under the Corporate Social Responsibility, not only provide monitory help but also help by van donations, camp organization etc.

3. Trusts and Foundations

4. Bi- Lateral and Multi – Lateral Funders

ASSIGNMENTS DURING SUMMER TRAINING

1.***Mobile Medical Unit***

HelpAge India's health intervention to cater to specific healthcare needs associated with old age has been pioneered since 1982 with the concept of Mobile Medicare Units (MMU) programme that seeks to take healthcare to the doorstep of the needy. Today, the MMU programme, represents a flagship programme and is recognised as the largest such mobile healthcare service in the Asia.

Presently, the mobile fleet of more than 74 MMUs provide 1.5 million treatments and basic healthcare services to around 90,000 elderly at more than 840 community locations across 21 states.

MMU healthcare services include doctor consultation, medicines, basic diagnostic tests, Homecare visits for the bedridden, physiotherapy treatment and referral to other healthcare facilities. Also information and awareness on elderly rights and entitlements on government social security schemes and health programmes is provided.

Hence, The MMU is aimed to promote healthy ageing by providing Primary Healthcare services, which are –

1. **Free treatment:** The doctor would physically examine patients & based on the available equipments clinically diagnose patients and prescribe medicines. Wherever required, the patients would be referred to pathological laboratories for detailed investigation /secondary/tertiary health care service providers for specialist treatment /care.
2. **Free medicines**: The MMU stocks medicine for all common ailments including Hypertension, Diabetes, Arthritis, etc. These medicines would be issued to the patients free of cost by the Pharmacist on the basis of the Doctor's prescription. The Pharmacist would also explain the dosage of medicines and their side effects, if any to the patients.

3. **Basic Diagnostics:** The MMU van is equipped with basic diagnostic equipments such as Stethoscope, BP Apparatus, thermometer, weighing machine etc for checking the vital signs. In addition to this there is a 'glucometer' for blood sugar testing. This was introduced due to the high incidence of diabetes which has been identified as one of the four most prevalent Non Communicable Diseases (NCDs), so

that patients suspected to be suffering from Diabetes & also those who have Diabetes are regularly examined and advised on management of the disease.

4. **Home visits by Doctor (in case of bedridden patients):**The doctor and the paramedic team conducts weekly visits the houses of bedridden elders who otherwise cannot approach or be brought to the vehicle. They examine & clinically diagnoses the problems presented by the elder patient or caregivers and prescribes medicines and advices the patient and their caregivers.

5. **Counselling for patients, elders, family members and caretakers:**The counsellor and the doctor provide necessary advice and counselling to patients and caretakers on various ailments and home care. The project team also conducts regular counselling sessions on various aspects for healthy ageing i.e. (a) diet and nutrition; (b) weight reduction; (c) regular exercise; (d) quit smoking; (e) quit alcohol consumption; (f) social activities. By adopting a healthier lifestyle, the risk of a whole range of diseases can be reduced.

6. **Referral linkage with local health providers:** The team promotes initiate linkages with private as well as government health care facilities so as to ensure that the required services would be available on demand. The linkage between the HelpAge beneficiaries and these identified institutions would ensure accessibility and affordability of the services.

Task Assigned:

- Was assigned the task of travelling with the MMU in different areas for a period of two weeks.
- Was required to assist in the registration process and keeping of the files of beneficiaries and their medical records..
- Was assigned duty with the pharmacist during the distribution of drugs during visits.
- Assist the physician during check - ups and counseling.

Observations :

- The outreach of the MMU was extensive and there was no hitch in the proper implementation of the program.
- The staff was competent and had the right approach and attitude towards the beneficiaries.
- The medicines provided by the MMU were of standard quality and companies,
- The instruments used for diagnostic purpose followed the standard specifications and were all functional.
- There were no diagnostic strips for measuring blood glucose for Diabetic patients which was one of the most prominent disease amongst the beneficiaries that the MMU catered to.
- There was a lack of ointments for muscular pain and joint pains which in turn lead to the doctors prescribing pain killers in tablet form to the elderly patients. This excessive consumption of the pain killers lead most of the patients to suffer from gastric problems, which in turn required the physicians to prescribe antacids. This gastric problem was further aggravated by the fact that most of the beneficiaries had very poor dental health and hence consumed very little solid food.
- The extent of outreach by the MMU could be increased by publicizing the schedule of the MMU visit. There were no banners or pamphlets put up in public places or at the MMU stops for people from nearby areas or from that area on other days to see and make a note of.

2. Help Line Center

HelpAge launched its first Helpline in Chennai in 2004, after providing support to a Helpline run in Bangalore a year before. HelpAge today has Helplines running across the country in various cities like Ahmedabad, Kochi, Dehradun, Jaipur, Mumbai etc.

These Helplines are used to address problems of elders such as isolation, neglect, facilitate emergency responses, provide information on access to various elderly schemes and provides linkages with the government, police and referral rescue & relief services along with offering counseling services to help elderly in distress. Some Helplines have tied up with local shelters to provide much needed assistance to elders in need of care and protection.

Task Assigned:

- Was assigned the job of working in the Help Line center for 4 days and assist in the task of answering calls, maintaining records of the calls and making follow up calls.

Observations :

- The Help lines were not operational 24x7 and were only operational during the office hours ie, from 9:30 A.M to 5:00 P.M
- There was no exclusive job profile for the Help Line counselor and the person assigned for the job was performing other duties as well which sometimes lead to the people calling for assistance not getting the attention that they needed.
- It was also observed that the person responsible for the Help Line center had no specialized qualification in psychology or counseling.
- The Help Line center was located at a different location from the main office which lead to a delay and filtering of information in case there was a need for consultation with the senior officials or any information was needed to cater to any query. The Help Line center should be a part of the main office compound only for better flow of information and supervision.

3. Physiotherapy Center

Old age is not a disease, a little care and caution can prevent or delay many disabilities. Keeping this in mind and the lack of specialized care available for elderly, HelpAge delved deeper into age care services, with regular Physio care services being provided in 12 state capitals such as Delhi & NCR, Shimla, Bhopal, Dehradun, Kolkata, Srinagar, Guwahati, Bhubaneswar, Patna, Lucknow, Puducherry & Chandigarh. More & more senior citizens are now receiving the much required treatment they were earlier deprived off, inhibiting their day to day movement.

In Mumbai, the Physiotherapy centre was run in collaboration with a Senior Citizen Association, Nerul. The center was located on the ground floor of the building owned by the association itself and was operational from 10 A.M to 2 P.M.

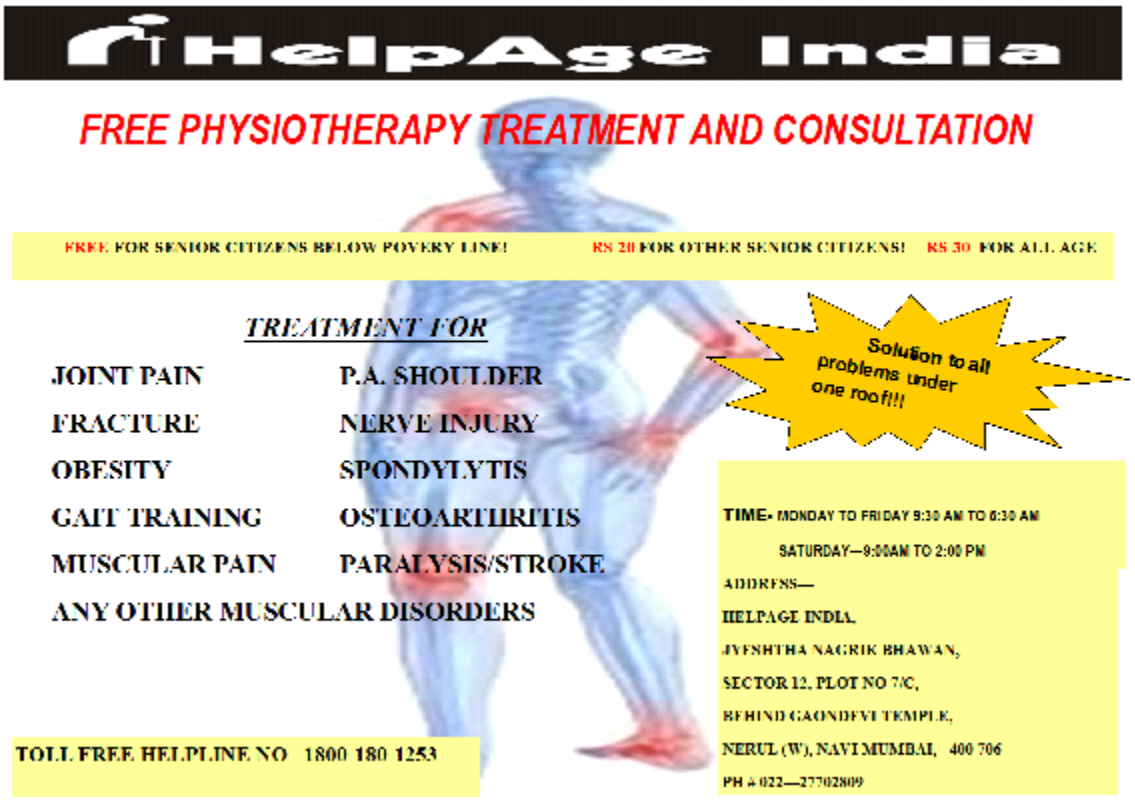
Task Assigned:

- Was asked to work in the physiotherapy center for 3 days and assist in the daily task of the center.

Observations:

- The equipment at the centre was well maintained and up to mark in quality and specifications.
- There was a tie up with the local vendors for the repair of the machines in case of a break down between the scheduled maintenance and check up. Hence, there was less than 1 hour waiting period before the faulty equipment was catered to by a mechanic.
- Though the facilities were free for geriatric patients of BPL category and there was a meager charge of Rs. 20 for people of other category and age groups, still the inflow of beneficiaries was less than that of 20 patients per day.
- After a small study, the reason behind low inflow of patients was that there was a lack of awareness in the people of nearby areas that such a facility existed. Also, the location of the center was not on the main road and the lack of banner or poster on the main entrance did not help either.
- There was a dire need for the center to publicize the center and the facilities available to increase the reach of the program.

- A proposal was made for the marketing of the center and besides ICD material, two prominent spots were identified in the area where banners were put up, whose designing was assigned to me.



4.Old Age Homes / Day Care Centers

For many older people who don't have a roof over their heads or a place to call their own, HelpAge-supported old age homes & day care centres are safe havens where they can live their lives with dignity and interact with their peers.

A rising trend is being noticed among the urban elderly also, who move out of their homes and into habitats especially catering to their needs, in order to spend their later years in comfort. HelpAge has started to address this need for age-friendly habitats, by building integrated housing and care facilities for the elderly.

It has been working towards helping transform old age homes into composite shelters which go beyond providing simply a roof and meeting the basic needs of the elderly. It envisions residential complexes for elders offering a broader range of services and comfort, such as those provided in Tamaraikulam Elders village, Cuddalore (TN) and Kalyan Ashram, Kolkata.

Task Assigned:

- Was assigned the task of visiting various old age homes and day care centers and assisting in their management.
- Was responsible for the scheduling and accompanying of the residents to the doctors and hospitals for check- ups and of filing their medical records.

Observations:

- As the centers were not run by HelpAge itself, there was not much involvement in the centers management.
- There was complete co ordination between the Old Age homes/ Day Care centers and HelpAge regarding the residents and their needs and medical requirement and there was no lack of communication or information between the two bodies.

5.Medical and Advocacy Camps

HelpAge India, in collaboration with various agencies, organized various medical and advocacy camps at various locations across the city and other close by areas.

Medical Camp:

The medical camps were organized in collaboration with various agencies like Lion's Club, Rotary Club etc. These agencies got together with hospitals and private practitioners to conduct these medical camps for free or on a nominal charge. The senior citizens were registered for free while people of all other age groups were charged a small amount. In most of the camps, the following primary diagnostic services were provided –

1. Weight check up
2. Blood Pressure
3. Blood Sugar
4. Ophthalmic Consultation
5. ENT Consultation
6. Orthopedic Consultation
7. Gynecology Consultation
8. General Consultation

Advocacy Camps:

The advocacy camps were mainly focused on providing Legal advice to the elderly population and to educate them on their legal rights and about laws protecting them. They were aimed at reducing the lack of awareness that the general population had regarding these laws leading to abuse and violation of the elders. They were aimed at educating them about the steps that the elders of the house could take in case of any abuse or misbehavior.
At the camps, HelpAge India's hired lawyers and other lawyers who volunteered for the camp were available for discussions and for legal advice for free. They also provided ICD material to them for future references.

6.SAVE

(Student Action for Value Education)

HelpAge's SAVE - Student Action for Value Education programme's main focus is to sensitize school children on ageing issues early in life, so they treat their elderly with love and care and understand their issues in depth.

Under this programme, students of member schools form SAVE committees within their own schools. Headed by the school Principal and guided by a school teacher, these committees chalk out plans and programmes for implementation within the school and the community outside. The aim of these committees is to spread awareness of the 3 core values of SAVE. Additionally, in partnership with HelpAge, or on their own, they work to further various age care programmes.

SAVE (Student Action for Value Education) programme aimed at:

1. Inculcating values of care & respect for the elderly in school going children.
2. Preparing today's children & youth for their old age.
3. Creating an age friendly society.

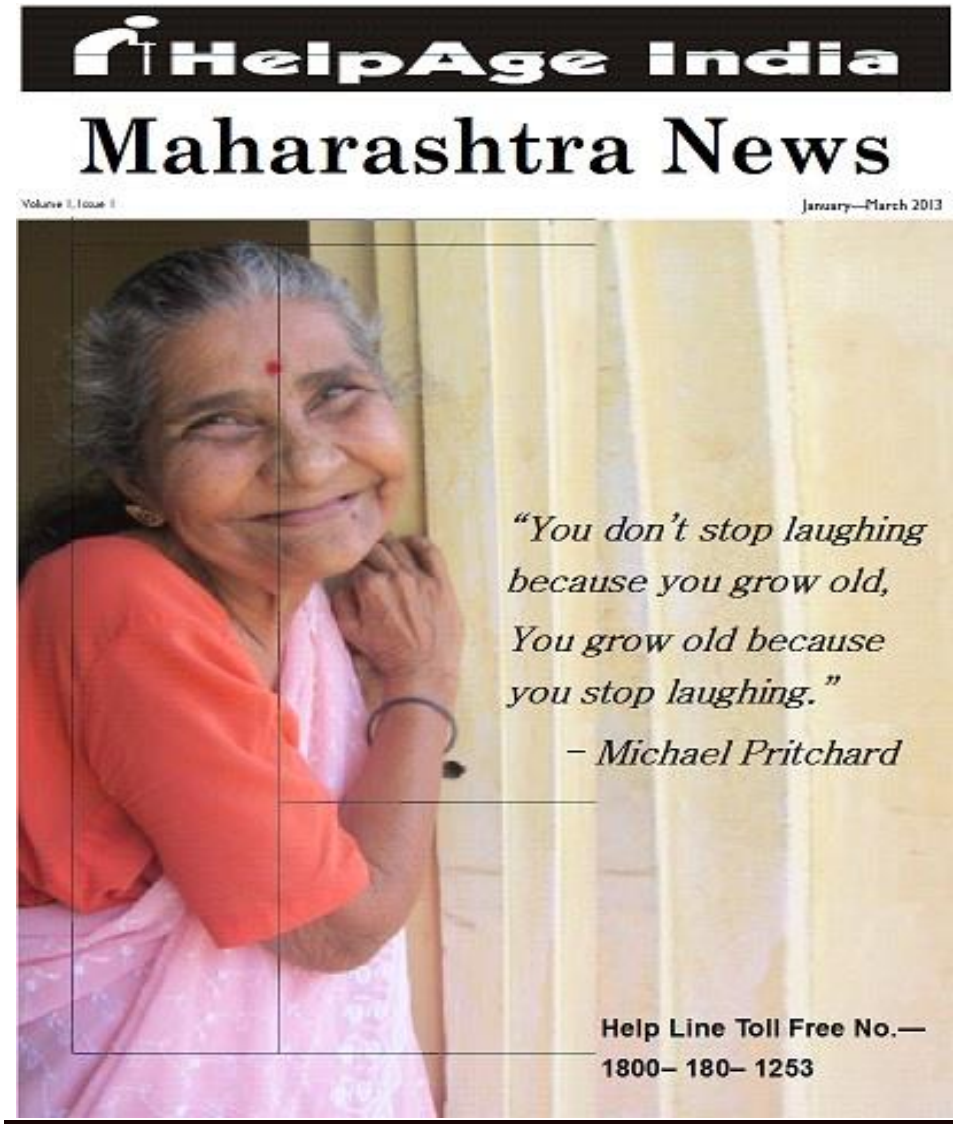
Task Assigned:

- Was asked to assist in the meetings with the school Principal and management for scheduling of activities and for collaboration with new schools.
- Assist in organizing the fund raising programme and various interactive activities between the students and the elderly.
- Identify prospective schools for fund raising in areas around the existing schools.

Observations:

- The fund raising programme was a very successful one and the SAVE program was in fact one of the biggest source of fund raising for the organization.
- The interactive activities between the students and elderly were very helpful in the sense that they inculcated values and respect in the children for their elders.
- Though there were interactive activities, but the number of scheduled interactions between the two age groups could be increased for the benefit of both.
- The addition, in the program could have included introduction of the laws and rights of the elders by the government to the children which could have not only made them more aware but also could be used as a medium to spread the awareness.
- One day in the month could have been allotted for the children to visit the old age home instead of the elders always visiting the school. This could have made them more sensitive to the issues of the elders problems of isolation, neglect etc.

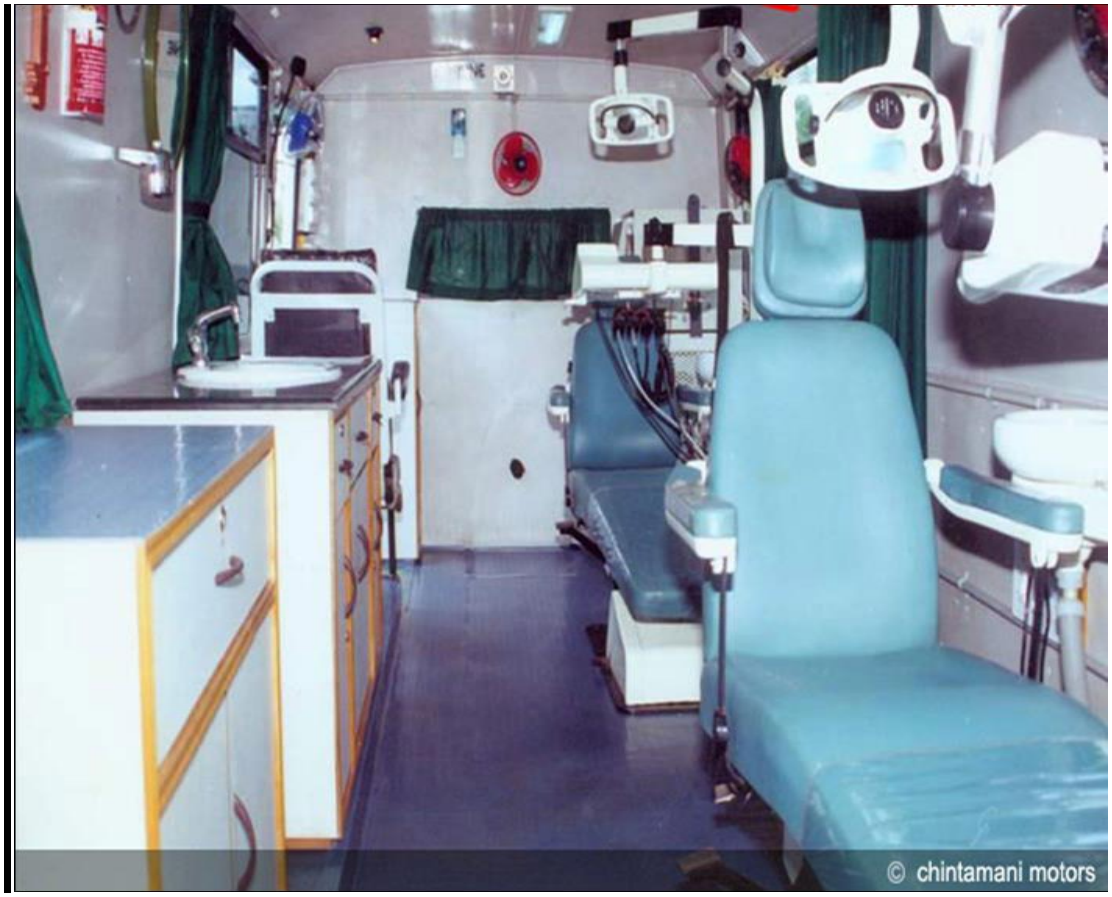
Newsletter Designing



Task Assigned:

- Was assigned the task of designing the newsletter of the first quarter of the West Zone.
- The task involved collecting of all the information and activities which HelpAge India, West Zone, undertook in the first three months of the year and sorting out the biggest stories of the time
- The writing, editing and designing of the stories and their layout was assigned.
- The responsibility of the cover photograph of the newsletter was also given to me and the photograph taken for the cover page was taken by me during the visit to an old age home in Paalgarh, 50 kms from Mumbai.
- The newsletter was circulated in all the offices of HelpAge across India, including the Head Office.

Mobile Dental Unit - Proposal



Rationale –

During the visit to the slums with the MMU, the most prominent diseases that were observed were-

1. Hypertension
2. Diabetes
3. Arthritis

The common ailment with almost all the above diseases, besides others was that of gastric problem. The medication prescribed for any ailment lead to gastric problems in more than 90% of the patients for which in turn medication was prescribed.

After a small study, it was observed that out of 100 patients observed, 88 of them had either no dentition or their dental health was in a very poor state. This was further compounded by the fact that most of these patients due to neglect or due to poverty were only on liquid diet and hardly consumed any solid food. Therefore, the prescribed medication and low food intake aggravated their gastric problems.

The lack of dentition also lead to the following problems which were identified during the study:

1. Difficulty in chewing
2. Difficulty in talking and communication
3. Lack of self confidence due to their inability to communicate.
4. Low level of confidence due to poor esthetics
5. Feeling of neglect and isolation, and in some cases physical and mental abuse by the family as they required special food and had difficulty in communicating and hence were perceived as a burden.

Therefore, after the study, it was observed that the main underlying problem that could be heeded to and could be resolved is that of Dental Health. If their dental health could be improved, a lot of the above mentioned problems could be resolved and which would also boost their self confidence and morale.

Also, by improving their dental health by providing basic treatment like prophylaxis or dentures, a lot of their medical problems could be taken care of. Their amount and dosage of medication would reduce and which in turn lead them to be healthy and mentally strong.

Proposal:

- A proposal for a Mobile Dental Unit on the lines of Mobile Medical Unit was made.
- The van would be equipped with two dental chairs, all equipments required for diagnostic and prophylactic treatment.
- Some minor procedures like extractions and fillings would also be performed.
- Facility to take measurements for denture and their fitting would be available.
- The unit would have a tie up with a dental laboratory which would receive these impressions for the dentures and before the next scheduled visit of the unit to a particular area, would deliver the finished denture to the unit personnel
- The schedule and areas to be visited for the pilot project would be drawn in lines with that of Mobile Medical Unit.

- The medicines required during extraction and for problems like Fungal infection, abscess etc would be present.
- Two dentists and two dental assistant, besides a driver and a social worker would be the part of the team of one unit.
- In a particular area, in the pilot study phase, a target of 40 complete dentures and 40 partial dentures and screening of 100 patients in one month was laid down.
- In the first month, the unit was proposed to operate only in two areas.
- An extensive budget with the proposal was prepared with all the details to be presented to the funding agency.

Refernces:

1. HelpAge India website :- www.helpageindia.org