

One Month Training Programme in  
**Basic Issues in Geriatric Care**  
**FOR SUPERVISORS OF OLD AGE**  
**HOMES IN KERALA**

January 5 to February 3, 2015

**REPORT**

Sponsored By  
**THE DEPARTMENT OF SOCIAL JUSTICE**  
**GOVERNMENT OF KERALA**  
Thiruvananthapuram

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# REPORT ON THE TRAINING PROGRAMME

## I. INTRODUCTION

By GO (RT) No.362/2014/SD dated 19.05.2014, the Social Justice Department of the Government of Kerala requested the Centre for Gerontological Studies to organise a training programme in geriatric care and management for officials working in the Supervisory Cadre in OAHs in Kerala with a view to update their knowledge and expertise in running OAHs and thereby impart the state of the art in knowledge in this field to these personnel. Accordingly CGS organised the course as per the directive of the Government. Govt. set up an Academic Committee to draft the required syllabus.

The training programme was organised with the following objectives

- Enhance the skills and expertise of superintendents of OAHs
- Facilitate the state of the art service in old age homes
- Provide tools for the effective management of homes
- Give exposure to the trainees in field situations and innovative approaches in age care and enhance their knowledge base on OAH residents and resource management.
- Make suggestions to the Government in the light of the lessons learned from the Programme.

The SJD selected the trainees. Originally SJD wanted to send the Superintendents of all the 15 government run Homes to the training along with another 15 senior level persons from OAHs run by NGOs. Due to several reasons SJD could not get the required number from among superintendents of Govt. OAHs and so supplemented the list by sending those who were in that cadre. The final number of the trainees were 13 persons from Government Homes and another 13 from NGO Homes, making a total of 26 trainees. Of these, 10 were men and the rest women. A list of the trainees is given at the end of this Report.



The one-month programme started on January 5, 2015 and ended on February 3, 2015. It was held at the Loyola Extension Services (LES) Centre of the Loyola College of Social Sciences at Sreekaryam, Trivandrum.

The programme had three components

1. Interactive lecture sessions by experts in the different fields, significant to the efficient and scientific running of an old age home. This covered basic knowledge about aging process, the diseases of old age and their care, management of resources, management of residents and staff and all other matters that a supervisor of a modern OAH is expected to know.

The programme was handled by 42 experts/professionals belonging to the fields that are most relevant to the running of an old age home on modern lines - management of residents, management of staff and management of resources, among others. A list of these experts/professionals, along with their fields of expertise, is given at the end.

2. A one-day Symposium where Supervisors of all the Old Age Homes in TVM district were invited to sit with the 26 participants and interact with them. It was expected that exchange of problems, experiences and ideas and also good practices of the two categories of participants will be of mutual advantage .

3. Field visits to OAHs which are relevant to the training programme. The visits included 2 OAHs run by Govt. and 4 run by NGOs of which one was a pay-and-stay home. In addition, one dementia care centre, one pain and palliative care centre and the Regional Cancer Centre at TVM were also visited.

## II

### CLASS ROOM SESSIONS

The programme was inaugurated by **Sri V. N. Jithendran, IAS**, Director of Social Justice, Government of Kerala. In his address the Director mentioned that any development plan should be inclusive of all

categories of people. This does not seem to be the case in matters relating to the aged. In India, not only are the old steadily increasing in number but their longevity also is steadily increasing. These require specific plans for them. It is also important to ensure that the concessions declared for the old are indeed enjoyed by them. Kerala has already reached near saturation point in the matter of Old Age Homes – the state has 15 OAHs run by Government and 532 registered homes run by NGOs. This is a good number compared to other States in India. Hence emphasis from now on should shift from increasing the number of Homes to improving the quality of existing homes. The present programme is a beginning in this field and govt. hopes to increase the number of training programmes so that within a reasonable time all Homes will have trained staff. Only this will enable the Homes to move with the times and to have updated expertise on their assignment. This is also the need of the hour since old age homes the world over are changing in their structural and functional aspects as well as in their approach and treatment towards residents.

After the inaugural session, **Dr. P. K. B. Nayar**, Chairman of the Centre, explained the objectives, methodology and programme of the course and gave a general introduction to the programme.

This was followed by a presentation by **Dr. J. J. Kattakayam**, Director of the Centre, on the situation of the elderly in the world, India and Kerala. *Inter alia* he highlighted the following points. In ageing, women outnumber men and among women, widows outnumber non-widows. He also explained the context of old age homes in Kerala in the background of the State's demographic behavior.

**Dr. S Irudaya Rajan** spoke about the demography of aging where he described the characteristics of older population and gave a profile of the aging scenario in Kerala from his recent study.

**Sri Krishna Murthy** dealt with the welfare schemes for the elderly. He dealt with the Integrated Programme for Older Persons (IPOP) which contains details of the different programmes. He also dealt with the Maintenance and Welfare of Parents and Senior Citizens Act 2007.

**Dr. T.P. Asraf** spoke about the different schemes under the Kerala Social Security Mission (KSSM) and in particular about the *Vayomithram* scheme which is intended for older citizens. Its application is currently



confined to major cities but it plans to eventually cover the whole State.

**Mr. Sebastian Britto** enlightened the trainees on interpersonal relationship. How can one become smart, how can one increase self-esteem and performance were clearly explained in this presentation.

International best practices in health care of elderly was the topic of discussion for **Dr. Praveen Pai**. Dr. Pai mentioned several practices that should be adopted in this country – Assessment of the inmate on intake, incident records, networking, medical records, communication and information, complaint procedure, training and development of staff, financial management of residents, medical and other insurance, legal assistance, clinical and financial audit, and so on.

In her session on counseling strategies for elderly **Dr. Susha Janardanan** pointed out three qualities for a good counselor: be a good listener, good communicator and be respectful and faithful. Empowerment is the outcome of counseling and empathy is the quality required for it.

**Fr. Joye James, S.J.** gave a talk on self-esteem in which he mentioned three components of self-esteem – social awareness, awareness about values, and self-awareness. These will lead to constructive attitude and changes in one's perception about men and things. In old age self-esteem diminishes and life becomes a list of losses.

The importance of social audit programme for older persons was discussed by **Dr. Abey George**. How an institution should be evaluated, how its wealth and services are being used and how society evaluates them were discussed in this class. The services available in the OAH should be published and people should have an opportunity to check their application.

**Dr. PKB Nayar** spoke on the need and relevance for old age homes. Need arises, among others, due to the absence of a caregiver in the family to look after the old, poverty of the family to take of the old, or the old may opt out for various reasons. In Kerala, all three are operating in full force.

**Sri Udayabhanu Kandeth** spoke on financial management of old age homes. Among other things, he stressed the need for keeping an



updated cashbook. In preparing budget, only sure sources of income and sure items of expenditure should be included and care should be taken in making the different kinds of entries.

Health related challenges of care givers. This was described in detail by **Dr. Joy Philip**. The key points from "A" to "Z" were explained. He mentioned the five factors behind the orderly's health – physical, mental, social, economic and spiritual. He then said that the following are the major problems of old age – antibody deficiency, falls, depression, feeling of being a burden, complaining tendency and envy.

In his presentation on Palliative Care, **Dr. M.R. Rajagopal** pointed out that the objectives of palliative care are first and foremost to make the terminal life and death of the patient as smooth and peaceful as possible and second, to minimize the hardship of the family. He also mentioned about the in-hospital and outreach programmes of Palliam India.

Physiological changes in old age and its management. **Smt. Pushpaaletha** explained the different bodily change after one attains 45 years.

She explained how to combat the situation – body massage, regular walking for at least 20 minutes daily, careful food habits including the use of germinated pulses, personal hygiene and drinking plenty of water.

Since cancer is on the increase among the elderly and since this will be reflected in the OAH inmates, a class was arranged on this with a senior professor from the Regional Cancer Institute to handle it. **Dr. Iqbal Ahmad** explained how early detection and treatment of cancer could save the lives of many and also explained some of the early symptoms of this dreadful malady. Surgery, radiation therapy and hormone therapy are major treatment forms.

**Dr. Luciyamma** Joseph explained the precautions to be taken to prevent bed sores from occurring on bed-ridden patients. The position of the patient should be changed frequently and exercises should be given for helping uniform blood circulation. The patient should be put on water bed or air bed to avoid bed sores.

**Dr. Lucyamma** also gave a class on diabetes. Genetic factor, obesity, lack of exercise and stress could be causes for diabetes. Diabetes could



affect the eyes, kidney and legs besides contributing to cardio vascular problems. Control of diabetes rests on two major factors - exercise and food. Blood should be checked regularly to control the sugar content in the blood.

Proneness to criminality among the elderly. **Dr. James Vadakumchery** mentioned the need to inform the inmates about the ground rules of the Home and the need to observe them. He also spoke about the rights of the old in the Home. He said that when illness of various kinds afflict the resident, this may find expression in abnormal behavior and may sometimes lead to criminality.

Healthy aging exercises for the elderly. **Dr Ambikatmajan Nair** spoke about developing healthy behavior in younger ages for active life in old age. This includes savings for the rainy day. Three things should be taken care of in old age – strength, flexibility and endurance. To keep them up, regular exercise including yoga was recommended. A few exercises were suggested. Helping the old to engage in social service activities will reduce stress and anxiety.

**Dr. A. Altaf** spoke on first aid and basic life support. He explained the procedure for First Aid. In case of a medical emergency the victim should be given artificial respiration. An ambulance should be called immediately. He also explained other steps to be taken before the patient gets medical treatment.

**Dr. George Zachariah's** class was on barrier-free environment in OAHs for healthy living. Need for sufficient width for passages for free movement of wheel chairs, designing bath rooms and toilets with grab rails and hard and non-slippery floors, ramp if there is another floor, were some of the provisions that an old age home should have.

**Dr. Venugopal P. Reddiar** dealt with the subject of psycho-social challenges in geriatric care. One should know the elements that would keep the inmates happy viz., love, self-confidence, security, protection, self-esteem and opportunity to use one's capabilities. One should listen patiently to their complaints and suggestions and speak encouragingly of their solution.

Dementia and its care. A class by **Dr. Robert Mathew** explained that dementia could be of several types – those that could be treated and those that are not amenable for treatment. The latter may develop into



Alzheimer's. Care is the only way out but it is very difficult for the family, especially in advanced stages. Community care in such cases is very important.

Advocate **G. Sandhya** spoke about human rights of inmates of OAHs. She explained the provisions of the Maintenance and Welfare of Parents and Senior Citizens Act 2007. She also spoke about the services available to people from Legal Service Society.

**Dr. A. Surendran** took a class on Problems of Geriatric population. He divided the theories on aging into two – biological and non-biological and briefly touched on the different theories under each category. He also threw light on frailty, activities of daily living and geriatric rehabilitation, among others.

Inmates of OAHs and community interface. This class was handled by **Mr. N. Jagajivan** who emphasized the importance of community participation in old age care. Diseases, isolation, destitution, self-denial and dependence are the hall mark in old age. Involvement of the community can, to a great extent, overcome these handicaps. In the programmes and activities of OAHs, the Panchayat, Corporation, Block, Senior Citizens Association and the community have to be brought in.

Since meditation and Yoga are important elements that will create peace of mind, yoga should be an important part of an old person's life. This applies to every elderly but more so to the inmates of an OAH because the inmates do not have any other means of releasing their mental fatigue and tension. **Dr. Yogi Jayadevan**, himself a full-time Yogi, handled this subject and explained the uses of Yoga in OAHs..

Stress management was the subject of **Dr. Justin Padamadan's** class. The roots of stress are a feeling of helpless and useless. Economic problems and bodily ailments may add to stress. "Bend your body, end your ego, mend your mind and find your lord" are key words in stress management. Dr. Padamadan also emphasised positive behavior on the part of OAH personnel which will go a long way in removing the negative feelings of the inmates.

**Shri V.N. Jithendran, IAS**, spoke about State of Government OAHs. He said that the residents of OAHs are poor. Those who plan for them do not know this ground reality. The old have neither any capital assets nor expertise in employment. They do not know how to overcome this



obstacle. They are governed by a defeatist mentality. To assist them to overcome this handicap they need society's help and interference. To know their burning problems, one should himself have sufficient empathy. This category of persons should be given priority in admission to OAHs. There should be a published list of services available in an old age home. There should be machinery to ensure that these services are provided to them. However, institutional care should be the last resort. Their individuality should not be lost in the process of becoming a resident of an OAH. Problems should be identified and the way to solve them satisfactorily should be found out. Development is a Process, *not* a Product. A good OAH should give weight to all these.

In her presentation on Family Counseling for Elderly. **Dr. Pushpa Bai** said that Problems and needs of each person differ widely and a counselor should understand and provide for this. Honesty, patience, sincerity - these qualities are indispensable for a counselor. For every problem, an individualized solution should be evolved.

**Dr. L. R. Nisha** spoke on the many uses of Ayurveda for the elderly. Sleeplessness is a major problem of the elderly. Head massage is a good remedy. How to do this was demonstrated on her son who was brought for this class. She listed a number of Ayurvedic medicines and their uses for old age diseases and treatment. She also demonstrated a number of simple Yoga poses that will rejuvenate the old.

Behavioural problems among the elderly - a class by **Dr. Arun B. Nair** dealt with mental and behavioural problems and disorders of older persons. Using International Classification of Diseases he identified 100 mental diseases and divided them into treatables and non-treatable. Dementia refers to a family of diseases of which the best known is Alzheimer's which is not treatable. He also spoke about treatment in case no remedy is possible.

It was the turn of **Sri. K. K. Mony** to speak on government policy and rules on old age homes. As he was dealing with the subject in the Government, his speech was both authoritative and pointed. He said that once you lose control over property, you are nobody and OAH will be your only asylum. National Policy on Older Persons speaks of several means of old age security. Only when all these are exhausted should one go to an old age home which should be the last option. He also highlighted the responsibilities of OAH Supervisors in mitigating the sufferings and mental agonies of the inmates.



**Dr. P. V. Indu** spoke about the psychiatric problems among the elderly. She listed a number of these problems and specially dwelt on different types of dementia, delirium and hypothyroidism. Of these, the most inconvenient disease is dementia. This starts gradually and intensifies over time. Finally, the patient loses all senses of time, environment and self-identity. No treatment is available and the care giver will have the most taxing time as the patient has no sense of anything.

How to run an OAH? **Dr. Alexander Jacob, IPS** pointed out the need for protection of the body, need for care in food matters, need for cleanliness, need to ensure that they are maintained, need to avoid mental tension including fear of death, ways to maintain intellectual power and emotional control and above all need for spiritual maintenance were explained in detail.

**Dr. John Kattakayam** spoke on elder abuse and neglect. He mentioned the different forms of abuse and different categories of people who fall prey for this. Though not confined to the old, it is the old who, by and large, are mostly subjected to abuse for several reasons peculiar to them, including their powerlessness to fight back.

Changing role of family and community in care of the elderly. **Dr. L. Thara Bhai** spoke about the new family types that have arisen in the new world and its implications for the old. The community care of the old has come in the form of residents' associations, religious associations and community policing but their role in the care of the elderly is not significant. However, the old have no other avenue to turn to for care and support other than the shrinking role of the traditional family.

The problem of the family, community and OAHs was discussed by **Dr. Sobha B. Nair** The old should get care, protection, sharing, kindness and a touch of humanity. Only these will make them happy in old age. The elders should be given share in family decision making. But this is absent today. Instead of encouraging old age Homes, the issue should be how existing Homes can be converted into real homes.

Nutrition and life style diseases. **Dr. Vijayakumar** who handled this topic said that in giving food to old persons, what kind of food, in what dose, reaction of different kinds of food on the human body, importance of drinking a lot of water - these merit attention. How the



body processes the food taken by it and absorbs and how excess food is canalled and stored, the limit to all these were explained.

Besides explaining the government of India's programme for senior citizens' health, viz., National Programme for Health Care of Elderly, **Dr. D. Dalus** also dealt with some of the rules that an OAH should observe in dealing with sick patients, especially in maintaining his updated health records and on the types of healthy food for the elderly .

Client sensitivity by **Dr. Soni P. Jose** dealt with the need to be sensitive to the needs and problems of the clients, especially his bodily and mental difficulties coupled with problems of sleeplessness, feeling of being useless and thought about illness. All these are peculiar to the old, especially in an OAH where he is lonely and has a feeling of being left out of the clan.

Dementia and its care by DR. **Robert Mathew** was a continuation of his previous class. In this class he dealt with new areas in dementia care. Her specially emphasized the fact that dementia patients are likely to become occasionally violent, and the care giver should on those occasions be silent. Do not react to the situation, always behave in a soft manner. Symptoms of dementia, points to be taken into account in the early stages of dementia and the like were discussed..

Usage of tally in old age homes by **Dr. Gabriel Simon**. In this session, Prof. Simon enlightened the participants on the importance of tally in accounting, especially computer accounting, in old age homes. The system rests on three basic principles - 1. personal account, 2. Nominal account and 3. Real account. Tally accounting package based on these principles has to be installed for this purpose. Once installed, all matters relating to accounting become easy.

Human rights of the elderly in OAHs. **Dr. P K B Nayar**. In this class Dr. Nayar enumerated the UN's 5 Principles of Older Persons, viz independence, participation, care, self-fulfillment and dignity. He said that mere declaration of policy on anything is not sufficient, follow-up action is required. Kerala is a state where there is maximum social security provisions but action is not commensurate with this policy. An atmosphere should be created where the old can spend their last years in healthy and active life with dignity and peace. Instead of stereotyping them as aged, they should be treated as an integral part of the community and made to feel that they are wanted by society. In an



OAH this is more necessary because the old are totally dependent on OAH for everything.

### III

## SYMPOSIUM ON ISSUES IN INSTITUTIONAL CARE OF THE OLD

This symposium was held on 21-2-2015 to give the participants of the training programme an opportunity to have an interface with the superintendents of old age homes in Trivandrum District. There were 44 OAHs in the NGO sector in Trivandrum and all 44 homes were requested to send a senior officer to the symposium. Additionally, we contacted over phone, all those who had their phone numbers listed in the address list supplied by the Government. TA and hospitality were promised to these participants.

Only representatives from 11 OAHs turned up. The organizers of the symposium were disappointed at the poor show from these homes in spite of all efforts made to bring them to the forum.

The symposium was inaugurated by **Sri A. Shajahan, IAS**, Special Secretary to the Government of Kerala Department of Social Justice.

**Sri Shajahan** started his address with impressive examples which portrayed the different situations in which the elderly are placed. The old man has arrived at this last point (OAH) after passing through a life full of vicissitudes, confronting a series of crisis situations, and not being able to achieve anything and not having anything to fall back upon. It is in this condition that each person arrives in an OAH. As age increases, he may develop many prejudices and biases and one should appreciate them and respond to them with empathy. The manager of the Home should ask himself: What is the objective of this organization? For whom does it exist? If the caregiver has a real understanding of this, he will be able to do his job better. Govt. has a large number of programmes for different categories of people, including the old. It is in the proper implementation of these programmes that their success lies. The Special Secretary exhorted the participants to review their commitments and rededicate themselves



to the implementation of these commitments. The present training programme is intended to achieve both these aims. The programme will equip them to do their work better.

**Sri VN Jithendran, IAS**, Director of Social Justice gave the Inaugural Address.

We have not been able to do much in the last century for the old, he regretted. What we failed to do in the past should be done now with a resolve. For this there should be dedicated officials, a minimum manual, a management committee, a complaint redressal cell, a social audit. The officials should understand that the residents belong to different social and family backgrounds. There should be an environment where all such people can live in harmony. There is no place for an attitude or show of authority. There should be community participation in the running of the Home. We should use our life to spread light among others. What the residents want are simple – there should be a cozy place to stay. There should be people to listen to them, there should be people to sympathize with them. There should be persons to solve their problems. Since these residents come from different backgrounds, the officials should understand their psychology. One should remember that today you are here; tomorrow you may also end up here. Man is made not to swim along with the flood of history, he should be able to regulate the flow of history to his needs. If you can do any good to others this will be what makes you a man.

This was followed by a talk by **Sri Biju Mathew**, Director, HelpAge India – Kerala State Branch. Helpage India's services are spread over 90 districts in India. It has 75 mobile medicare units. Sri Mathew described the different programmes of Helpage in India as well as Kerala. One of the major programmes is giving grant to old age homes, day care centres and "Support a Gran Programme". The latter covers the basic needs of 35,000 primary destitute elders in 23 States. He then described the working of a model Home which is supported by Helpage India.

**Dr. Thomas Mathew** moderated the Symposium

In the afternoon there was a one-and-half hour long drama titled SWEET SEVENTY depicting the situation of those abused and abandoned by their children. The elderly fought hard to find their honored space in society. They joined together and made an improvised home. There also, they were haunted by sex scandals and



even threat of police action for unsocial activities, all instigated by these children. Finally they survived all these adversities with dignity. The drama was written and directed by **Dr. Thomas Mathew**. Professor of Community medicine, Medical College, TVM.

The event was open to the public and a number of students from the neighboring school and college along with members of the public also witnessed the performance. The drama was a heart-rending event which went direct to the hearts of the audience. Everybody appreciated the ethos of the Drama and acclaimed that it was a fitting finale to the Symposium.

## IV

### FIELD VISITS

As part of the training programme we had arranged trips to selected old age homes and other age care centres.

Brief details of these homes and centres and the general impressions of the participants are given below. (The impressions may be taken as informative group assessment. Only those impressions that are shared by the majority of the participants are given here)

#### **1. Santhi Bhavan, Missionaries of Charity, Poovar**

This is a home for women; currently there are 49 residents. It is housed in a two storied building, with no ramp to reach the upper level. This home does not receive any government grant. There is lack of space for inmates for free walks outside the building. On one side is a cemetery which is quite visible to the residents of the upper floor. When asked to the managers about whether the sight of dead bodies cremated frequently, will make some negative impression in the mind of the residents, the answer was that it is a daily sight and inmates have taken to it dispassionately.

#### **2. Sneha Sadanam - Dementia Care Centre, Thiruvallam**

This centre is run by Alzheimer's and Related Diseases Society of India (ARDSI) and sponsored by Lions Club.

This is a paid home and residents have to pay Rs. 12,000/- per month. There were 12 inmates at the time of the visit. Some of them were former senior officials of the government – DEO, Engineer, etc. Some



are former members of the sponsoring Lions Club. There is no treatment facility, only care facilities are there. In very acute stage, the patient will have to be shifted back to their homes.

**3. Sri Karthika Thirunal Lakshmi Bhai Old age home. Poojappura**

This is a pay and stay home with 24 inmates. This Home is run by the Rotary Club. Residents have to pay a lump sum on admission and regular monthly payments thereafter. Many of them are retired government officials. There seems to be only one regular employee in the home. Kitchen and cleaning work are given out on contract. There is no provision for medical care. Those who cannot manage their affairs by themselves are keeping paid home nurses.

**4. St. Joseph's Home for the Aged (DM Convent) at Azhakiya Mandapam near Plangala, TN**

Built on a 2.5 acre piece of land, it has 59 residents (30 men and 29 women) of whom 10 are bed-ridden. In many respects the home will score several plus points. It has spacious area, cows, ducks, love birds, plantains and other items that would keep the residents engaged but these have not been properly utilised for healthy aging. Much of this seems to be due to absence of geriatric training of supervisory staff and absence of such an outlook on the part of the management.

**5. Govt. Old Age Home, Pulayanarkotta, Trivandrum.**

This is housed in a 3.5 acres plot, has 118 inmates (64 men and 54 women). Adequate staff. Residents are happy with the food and dress but they feel that they do not have adequate freedom for many things. They seem to nurture a feeling that in the name of discipline they are being denied freedom of all kinds.

The vast land area is not properly utilised, the spacious compound could be used for productive and active aging activities of the residents. There is water shortage, currently water is being supplied through tanker lorries. There is scope for vegetable farming, dairy farming/poultry and the like.

*There is great potential to develop this Home as an ideal OAH and a showpiece of the government.*

**6. Govt. Old Age Home for Women, Poojapura**

The home has 46 inmates. The two floors are connected by a ramp. No limitation of space in the built-up area, but no facility for inmates to



move outside and walk around freely. Residents are happy with food and living arrangements and with the services of the staff.

### **7. Sai Gramam near Thonnakkal**

This is a small village complex run by Sri Sathya Sai Orphanage Trust – Kerala, near Thonnakkal. The complex is built in an area of more than 20 acres, accommodating around 150 people including orphaned children, old men and women and mentally challenged children. The village has a school, hostels, auditorium, prayer halls, cottages, flats, agricultural activities, dairy farm, rain water harvesting, solar lighting, and many other facilities. Actually the old age home section containing 40 residents – 22 women and 18 men - is only part of the complex. The inmates are housed in two separate but adjacent blocks (*Sayoojyam* for women and *Sakethan* for men).

### **8. Palliative Care Centre run by Pallium India Ltd., Near Arumana Hospital, West Fort, Trivandrum**

The mission of the hospital is care more than cure. The emphasis is on both patient and kin care-giver. There is a medical team with 5 mobile vans with doctors, nurses and attendants which goes out to the neighbouring villages and attends to patients in outreach houses. The institution also takes care of the family of the patient, gives financial support for education of children and rehabilitation of the family.

### **9. Regional Cancer Centre, Trivandrum.**

Though this is a full-fledged cancer care hospital for all age groups, our team focused on the geriatric wards and their patients. The team had discussion with the doctors concerned. The team was impressed by the programme of rehabilitation of the families of the patients. This included children's education and small support for family maintenance.

The field visits enabled the participants to compare their own Homes with those visited by them. While finding many inadequacies in the running of these homes, the visits would have also enabled them to look inward and have introspection on their own Homes. Certainly, these visits have helped them to note the good elements of some of the Homes for possible introduction in their Homes and bad elements that should be avoided in their Homes.



## V

## SUGGESTIONS BY TRAINEES ON HOW TO RUN AN IDEAL OAH

The one month training programme had required of the trainees to write daily notes on the classes and they were also asked at the end to make suggestions for running an ideal old age home. Finally they were divided into five batches and asked to prepare group reports. All these documents were discussed in the last few classes. The participants took up their assignments sincerely and with a spirit of commitment.

On the whole, the participants were fully appreciative of the one month training programme. Both in their individual reports and group reports they recorded this fact. They learned many new lessons about their job and new experiences through field visits. What is more, they got valuable opportunity to discuss their doubts both with one another and with the Resource Persons. They emphasized the special value of field visits which took away their insulated outlook and opened up their mind to accommodate a newer and broader vision of things and people and emboldened them to undertake innovative activities. Without exception, all participants stated that back at their stations, they will put into practice the lessons learned, experiences gained and insights obtained.

### **Some notable suggestions.**

As required of them, all the 26 participants submitted their proposals on how to run an OAH efficiently. It was found that many of their suggestions deal with the need for the enforcement of rules already in existence and quoted the relevant provisions in the OAH Manual. These have been avoided. The list given below is not exhaustive. Only fresh suggestions coming from the participants are given here.

- There should be a room or half wall (semi) partitions for 4 or 5 residents with tables, chairs and cupboards and a box for each person for keeping medicines. Also a pen and some papers. The room should have attached toilet, a calling bell and night lamp. Bath room should have a bucket stand and hot water for bath. They should have rough floors, hand or grab rails. Bath room

doors should open towards outside. There should be a door mat in front of bathroom door

- Mosquito curtains should be provided. A mirror in every room or in the bath room.
- 50% of the cots should have side protection. facility. Cots should have provision for tilting.
- Air bed/water bed should be provided to every bed-ridden patient; separate room with attached bath to these patients.
- Installing solar panel will be desirable
- Installing biogas plant will serve two purposes, disposal of organic waste and cheap round-the-clock power supply.
- Sufficient number of wheel chairs, walkers, walking sticks and facility for Yoga.
- Left-over food should not be accepted from outside agencies nor meals prepared outside and given as donations. All donations should be in cash only.
- There should be facility for contacting kin over the phone.
- Facilities for productive work – small vegetable farming, kitchen farming, cow farming, etc and the money earned through them should be deposited in the residents' bank accounts.
- There should be special area for walking.
- There should be a complaint box
- Promote both intra-house and extra mural (bringing troupes to the Home) cultural programmes
- Celebrate the birthday of every resident and give small token present
- Each resident should have an almera for keeping clothes.
- Diaper for the incontinent.
- Sickroom, doctor's room, dispensary, first aid set.
- Clean vessels and utensils with hot water once a week.
- Cooperate with schools, colleges, Anganwadis.
- Place hot water for drinking in a common place
- Keep up-to-date records of patients, medicines given to them, etc.
- Ensure 12 sq ft of living space for every inmate.
- Bedridden patients should have physical therapy every two hours and this should be recorded and this record should be kept in the room of the patient.
- There should be provision for scientific management of waste.
- Monthly medical checkup and keep record of this on every resident.



- There should be a resident in the Managing Committee. Include local dignitaries in the Managing committee e.g. Panchayat President.
- Services available in the centre and the rights of the inmates should be prominently displayed.
- There should be health insurance coverage for every resident
- Music in every room
- Those having mental illness should be removed to other Homes.
- There should be a visitor's room
- Separate bathroom for the disabled
- Rights of residents to be displayed
- Sensitisation classes about rights.
- Provide Eye and ear aids to the needy
- All employees be given training in geriatrics
- Amount received from inmates as old age pension should be converted into a welfare fund to be used for meeting unforeseen situations
- Medical camp every three months
- Space for washing and drying clothes
- Mess committee
- Transparent provision for donation of dead body
- Provision for donation of eyes. This is to be given publicity among residents.

## VI

### **REVIEW AND RECOMMENDATIONS ON THE TRAINING PROGRAMME**

The one-month training programme had 26 working days excluding 4 Sundays. Of these, 6 days were used for visiting old age homes, and special age care centres and one day was used for Symposium (meeting of participants with supervisors of OAHs in TVM Dt.) A few sessions in the end were used for review and report writing. All other days were spent for interactive lecture sessions handled by professionally oriented and highly competent Resource Persons. The Programme had 42 Resource Persons including the two Coordinators (please see the list at the end) and together they covered all the topics that were

approved by the Academic Committee constituted by the DSJ for this purpose.

The programme had 26 participants – 13 each from Govt and NGO sectors. Ten of them were men. The original plan was to admit 30 participants (15 each from Govt and NGO sectors)

**Our review and recommendations on the programme are as follows:**

1. The training was a little too lengthy. Future training should be limited to a maximum of 3 weeks and a compressed and more systematically organized and goal oriented syllabus should be used. The reasons for this are as follows:
2. Most of the 532 OAHs in the NGO Sector have only one staff at the supervisory level and they cannot afford to spare his/her services for a month as alternate arrangement would not be available. It may be pointed out that Govt. found that in spite of nominating 17 persons from NGO Homes only 13 actually turned up despite the Govt. using its authority.
3. Work on the programme should be initiated at the Govt. level at least 3 months before the start of the programme so that the OAHs could make alternate arrangements for the deputed official. It was found that due to last minute orders, even some of the Govt. participants had to drop out and government had to appoint several persons from the second line of officers (not all of them directly connected with old age homes)
4. The faculty for the compressed course should be selected with due relevance to the lecture topics. In the present programme there was overlapping between teachers and in some cases even repetition. This was due to the fact that the Resource Persons were not given the precise syllabi and not required to confine their lectures to their allotted topics. (They were given only titles of the topics to be handled by them - please see the Programme). For future programmes, at the time of invitation itself, the Resource Persons should be given brief details of their assignment and required to send sufficiently early (for duplication) a 300 (or more) words summary of their proposed presentation for advance distribution to



participants. The Resource Persons may be given an indication that if they do not give their lecture notes before the class, their remuneration may get delayed.

5. In some cases, interaction took more than the lecture time. To be effective, interaction should be limited to 25% of the lecture time. Resource Persons should be given a hint on this.
6. The present arrangement of 4 lectures of 75 minutes each in a day is OK. In between the two lectures each in the morning and afternoon, there was a break of 30 minutes. This is comfortable enough for the participants.
7. The last session of every week should be used for review where participants should present their views on the work of the week.
8. The system followed, of asking the participants to prepare notes of the daily classes and of the visits and also of asking for their views on an ideal OAH should be continued as this produced good material for future guidance of the organizers and the sponsor. Further, the assignments kept them academically busy most of the time.

### **Future Programmes**

9. Three to four courses with 30 participants each should be held in next 3 years This will cover 120 Participants in a year and 360 in three years. This is not adequate against 532 OAHs most of which need training but it will be a good beginning. All new OAHs should be compulsorily required to send their supervisors for training as a condition of their Registration.
10. All training should be held in Trivandrum only for two reasons:  
Trivandrum has a good choice of resource persons of all types and with all backgrounds and this facility is not available elsewhere in the State. It is not desirable to transport professionals to different sites as the Resource Persons may not prefer this. More over, this would result in avoidable wastage of time, energy and money.

11. Secondly, in Trivandrum, the trainees will get an opportunity to visit different types of age care institutions. This facility also is not available elsewhere.
12. As the Government launches an action programme in training of Supervisors in all OAHs in Kerala on a time frame ( as proposed above), it will be necessary to appoint a special official to oversee the training programmes – at least a clerk in the Ageing Section - for necessary administrative work required for the efficiency of the programmes proposed above.
13. Some OAHs are reluctant to send trainees to the training programme as they feel that they have their supervisors already trained elsewhere. They also should be required to undergo this (govt. sponsored) programme if they are not trained in university or accredited institutions). Also, the courses they claim for their supervisors may not be standardized and may be mostly done by semi professionals. As a rule, all OAHs should be required to depute their supervisory personnel to the Government sponsored training programmes within a time frame.
14. It is desirable to organize a two days review meeting of the recent trainees around one year after the training to find out the impact of the programme on the participants in terms of the extent to which they have been able to incorporate the new knowledge and experience in their work ethic and plan of action. CGS is willing to organize this programme.
15. The Centre for Gerontological Studies is prepared to undertake the training programme proposed above on a regular basis until Government finds that the programme has reached its goal and could be slowed down or wound up.
16. As demonstrated already, CGS has the expertise and organizational and administrative mechanism to undertake an ongoing programme as visualized above.
17. If CGS gets an indication from the Government on this, it could inject more professionalism into the programme and could run it as is done by professional bodies (Management Associations, Productivity Councils, Press Clubs, etc.)



18. As a first step in this, SJD could set up a small ad hoc committee to discuss the *modus operandi* of the programme. Once the programme is put on ground, Government could establish a Standing Committee for overseeing the entire efforts.

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