

BHARAT SANCHAR NIGAM LTD.
(A Govt. of India Enterprise)
PENSION SECTION
Bharat Sanchar Bhawan,
Janpath, New Delhi-1.
(Circular No-03)

No. 40-22 /2011-Pen (B)

Dated:-11.02.2013.

To

All Heads of Telecom Circles/Telecom District/
Other Administration Offices/
Telecom. Stores/ Telecom. Factories.
Bharat Sanchar Nigam Ltd.

Sub:- Implementation of National Policy on Older Persons,1999.

Sir,

I am directed to forward herewith a copy of Department of Telecommunications letter no-36-01/2013-SR dated 04th January,2013 enclosing therein a copy of Implementation of National Policy on Older Persons,1999 and to say that paragraph 26 and 27 of the above document pertaining to settlement of pension and other retirement benefits to superannuated persons may be implemented in letter and spirit.

Encl:-a.a

Yours faithfully,

(A.Sinha)

Asstt. General Manager(Pen.&TE)
Tel. No-011-23037477,23737886.

Copy for information to:-Director (SR), DOT,Sanchar Bhawan, New Delhi,
w.r.t letter no 36-1/2013-SR dated 04.01.2013.

139-L
09/1/13

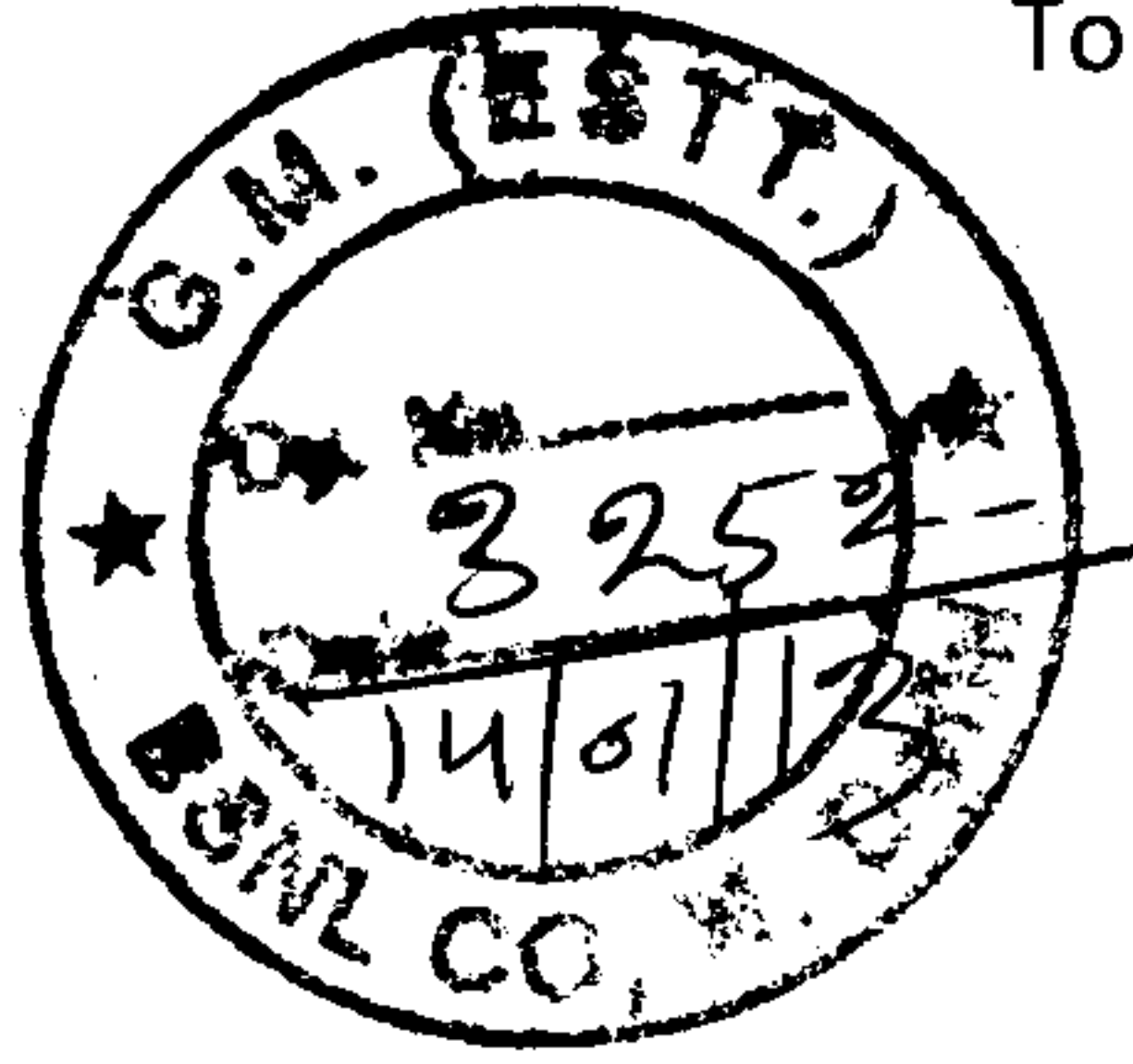
F.No.36-1/2013-SR
Government of India
Department of Telecommunications
Sanchar Bhawan, New Delhi

ORIGINAL
By No. 176-2
Date 09/1/13

Dated the 4th January, 2013

[Handwritten signature]
09/1/13

Dir (Ent.) - in my
GM(A)
Add GM(A)
2/1
09/1/2013



To

1. Chairman-cum-Managing Director,
Mahanagar Telephone Nigam Ltd.
New Delhi
- ✓ 2. Chairman-cum-Managing Director,
Bharat Sanchar Nigam Ltd.
New Delhi
3. Chairman-cum-Managing Director,
Telecommunications Consultants India Ltd.,
TCIL Bhawan, Greater Kailash-I,
New Delhi
4. Chairman-cum-Managing Director,
ITI Ltd.,
ITI Bhawan, Dooravaninagar,
Bangalore-560016

18/1/13
DGM (Label)
Paras 26 and 27
relates to PF and
pension which
relates to ES & Br.
re. *[Signature]*

Subject:- Implementation of National Policy on Older Persons, 1999.

Sir,

I am directed to enclose herewith a copy of Implementation of National Policy on Older Persons, 1999 and to say that paragraph 26 and 27 pertains to settlement of pension and other retirement benefits to superannuated persons. It is requested that the National Policy be implemented in letter and spirit.

10/1
Sr. GM (Admin)
[Signature]
GM (Gen)

GM(E)

Yours faithfully,

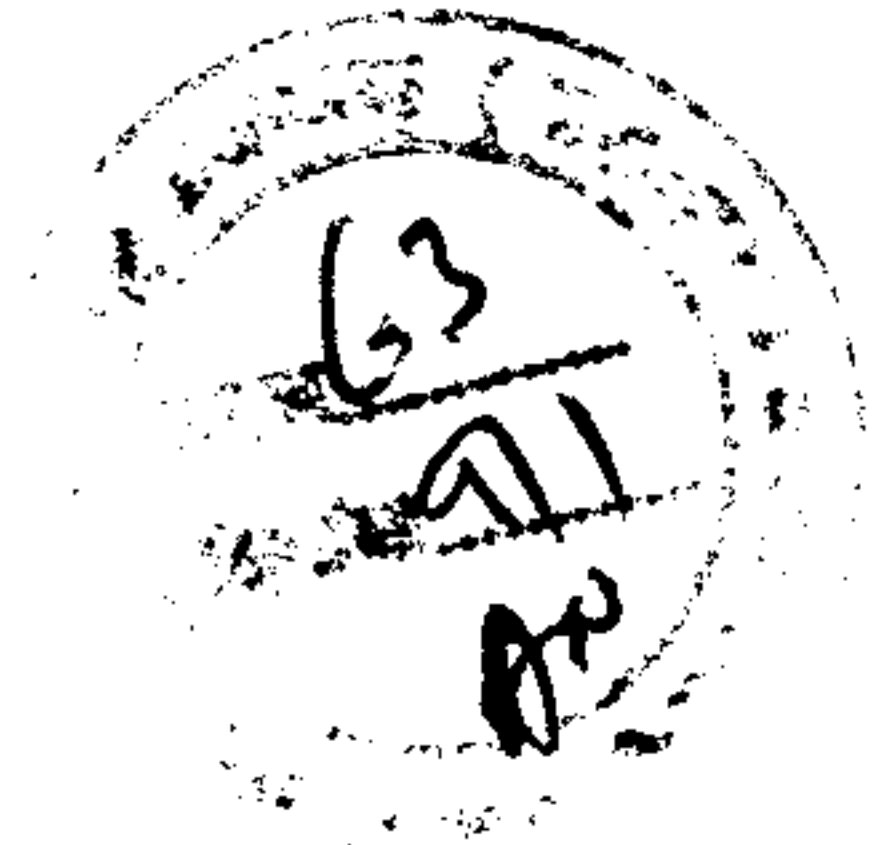
[Signature]

(Poornima Rajendran)
Director (SR)
Tel:23036653

No 130-Ent/13/13
15/1/13

महि. महाप्रबन्धक (प्रशासन-1)
General Manager (Admin-1)
No. 130-Ent/13/13
Date 15/1/13

[Signature]
11/1
AGM (Penr)



DM/Pen
Sh. Ashok
15/1/13

NATIONAL POLICY ON OLDER PERSONS

1. THE BACKGROUND

Demographic Trends

1. Demographic ageing, a global phenomenon has hit Indian shores as well. People are living longer. Expectation of life at birth for males has shown a steady rise from 42 years in 1951-60 to 58 years in 1986-90, it is projected to be 67 years in 2011-16, an increase of about 9 years in a twenty five year period (1986-90 to 2011-16). In the case of females, the increase in expectation of life has been higher-about 11 years during the same period, from 58 years in 1986-90 to 69 year in 2011-16. At age 60 too, the expectation of life shows a steady rise and is a little higher for women. In 1989-93, it was 15 years for males and 16 years for females.

2. Improved life expectancy has contributed to an increase in the number of persons 60+ from only 12 million persons 60+ in India in 1901, the number crossed 20 million in 1951 and 57 million in 1991. Population projections for 1996-2016 made by the Technical Group on Population Projections (1996) indicate that the 100 million mark is expected to be reached in 2013. Projections beyond 2016 made by the United Nations (1996 Revision) has indicated that India will have 198 million persons 60+ in 2030 and 326 million in 2050. The percentage of persons 60+ in the total population has seen a steady rise from 5.1 percent in 1901 to 6.8 percent in 1991. It is expected to reach 8.9 percent in 2016. Projections beyond 2016 made by United Nations (1996 Revision) has indicated that 21 percent of the Indian population will be 60+ by 2050.

3. Growth rate on a large demographic base implies a much larger increase in numbers. This will be the case in the coming years. The decade 2001-11 is expected to witness an increase of 25 million persons 60+ which is equivalent to the total population of persons 60+ in 1961. The twenty five years period 1991 to 2016 will witness an increase of 55.4 million persons 60+ which is nearly the same as the population of persons 60+ in 1991. In other words, in a twenty five years period starting 1991 the population 60+ will nearly double itself.

4. Sixty three percent of the population in 1991 (36 million) is in the age group 60-69 years, often referred to as 'young old' or 'not so old' while 11 percent (6 million) is in the age group 80 years and over i.e., in the 'older old' or 'very old' category. In 2016, the percentage in these age groups will be almost the same, but the numbers are expected to be 69 million and 11 million respectively. In other words, close to six tenths of population 60-69 years can be expected to be in reasonably good physical and mental health, free of serious disability and capable leading an active life. About one third of the population 70-79 years can also be expected to be fit for a reasonably active life. This is indicative of the huge reserve of human resource.

5. Men outnumber women in India even after age 60 (29 million males, 27 million females 60+ in 1991). This will continue to be the situation in 2016 when there will be an estimated 57 million males and 56 million females 60+.

6. Incidence of widowhood is much higher among females 60+ than among males of the same age group because it is customary for women to get married to men older by several years; also, they do not remarry and live longer. There were in 1991, 14.8 million widowed females 60+ compared to 4.5 million widowed males. In other words, there were four times as many widowed females as widowed males.

Implications

7. The demographic ageing of population has implications at the macro and also at household level. The sheer magnitude of numbers is indicative both of the huge human reserve and also of the scale of endeavours necessary to provide social services and other benefits.

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8. Demographic transition has been accompanied by changes in society and economy. These are of a positive nature in some areas and a cause of concern in others.

9. A growing number of persons 60+ in the coming decades will belong to the middle and upper income groups, be economically better off with some degree of financial security, have higher professional and education qualifications, lead an active life in their 60s and even first half of the 70s, they have a positive frame of mind looking for opportunities for a more active, creative and satisfying life.

10. Some areas of concern in the situation of older persons will also emerge, signs of which are already evident, resulting in pressures and fissures in living arrangements of older persons. It is true that family ties in India are very strong and an overwhelming majority live with their sons or are supported by them. Also, working couples find the presence of old parents emotionally bonding and of great help in managing the household and caring for children. However, due to the operation of several forces, the position of a large number of older persons has become vulnerable due to which they cannot take for granted that their children will be able to look after them when they need care in old age, specially in view of the longer life span implying an extended period of dependency and higher costs to meet health and other needs.

11. Industrialisation, urbanization, education and exposure to life styles in developed countries are bringing changes in values and life styles. Much higher costs of bringing up and educating children and pressures for gratification of their desires affects transfer of share of income for the care of parents. Due to shortage of space in dwellings in urban areas and high rents, migrants prefer to leave their parents in their native place. Changing roles and expectations of women, their concepts of privacy and space, desire not to be encumbered by caring responsibilities of old people for long periods, career ambitions, and employment outside the home implies considerably reduced time for care giving. Also, adoption of small family norms by a growing number of people implies availability of fewer care givers specially since in a growing number of families, daughters, too, are fully occupied, pursuing their educational or work career. The position of single persons, particularly females, is more vulnerable in old age as few persons are willing to take care of non-linear relatives. So also is the situation of widows an overwhelming majority of whom have no independent source of income, do not own assets and are totally dependent.

The Mandate

12. Well-being of older persons has been mandated in the Constitution of India. Article 41, a Directive Principle of State Policy, has directed that the State shall, within the limits of its economic capacity and development, make effective provision for securing the right of public assistance in cases of old age. There are other provisions, too, which direct the State to improve the quality of life of its citizens. Right to equality has been guaranteed by the Constitution as a Fundamental Right. These provisions apply equally to older persons. Social security has been made the concurrent responsibility of the Central and State Governments.

13. The last two decades have witnessed considerable discussion and debate on the impact of demographic transition and of changes in society and economy on the situation of older persons. The United Nations Principles for Older Persons adopted by the United Nations General Assembly in 1991, the Proclamation of Ageing and the Global Targets on Ageing for the year 2001 adopted by the General Assembly in 1992, and various other Resolutions adopted from time to time, are intended to encourage governments to design their own policies and programmes in this regard.

14. There has for several years been a demand for a Policy Statement by the State towards its senior citizens so that they do not face an identity crisis and know where they stand in the overall national perspective. The need has been expressed at different forums where ageing issues have been deliberated. The Statement, by indicating the principles underlying the policy, the directions, the needs that will be addressed and the relative roles of governmental and non-governmental institutions, is expected to facilitate carving out of respective areas of operation and action in the direction of a human age integrated society.

II. National Policy Statement

15. The National Policy seeks to assure older persons that their concerns are national concern and they will not live unprotected, ignored or marginalized. The goal of the National Policy is the well-being of older persons. It aims to strengthen their legitimate place in society and help older persons to live the last phase of their life with purpose, dignity and peace.

16. The Policy visualizes that the State will extend support for financial security, health care, shelter, welfare and other needs of older persons, provide protection against abuse and exploitation, make available opportunities for development of the potential of older persons, seek their participation, and provide services so that they can improve the quality of their lives. The Policy is based on some broad principles.

17. The Policy recognizes the need for affirmative action in favour of elderly. It has to be ensured that the rights of older persons are not violated and they get opportunities and equitable share in development benefits, different sectors of development, programmes and administrative actions will reflect sensitivity in older persons living in rural areas. Special attention will be necessary to older females so that they do not become victims of triple neglect and discrimination on account of gender, widowhood and age.

18. The Policy views the life cycle as a continuum, of which post 60 phase of life is an integral part. It does not view age 60 as the cut off point for beginning a life of dependency. It considers 60+ as a phase when the individual should have the choices and the opportunities to lead an active, creative, productive and satisfying life. An important thrust is therefore, on active and productive involvement of older persons and not just their care.

19. The Policy values an age-integrated society. It will endeavour to strengthen integration between generations, facilitate two way flows and interactions, and strengthen bonds between the young and the old. It believes in the development of a social support system, informal as well as formal, so that the capacity of families to take care of older persons is strengthened and they can continue to live in their family.

20. The Policy recognizes that older persons, too, are a resource. They render useful services in the family and outside. They are not just consumers of goods and services but also their producers. Opportunities and facilities need to be provided so that they can continue to contribute more effectively to the family, the community and society.

21. The Policy firmly believes in the empowerment of older persons so that they can acquire ~~better control over their lives~~ and participate in decision making on matters which affect them as well as on other issues as equal partners in the development process. The decision making process will seek to involve them to a much larger extent specially since they constitute 12 percent of the electorate, a proportion which will rise in the coming years.

22. The Policy recognizes that larger budgetary allocations from the State will be needed and the rural and urban poor will be given special attention. However, it is neither feasible nor desirable for the State alone to attain the objectives of the National Policy. Individuals, families, communities and institutions of civil society have to join hands as partners.

23. The Policy emphasizes the need for expansion of social and community services for older persons, particularly women, and enhance their accessibility and use by removing socio-cultural, economic and physical barriers and making the services client oriented and user friendly. Special efforts will be made to ensure that rural areas, where more than three-fourths of the older population lives, are adequately covered.

Principal Areas of Intervention And Action Strategies

Financial Security

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24. A great anxiety in old age relates to financial insecurity. When the issue is seen in the context of fact that one-third of the population (1993-94) is below the poverty line and about one-third are above it but belong to the lower income group, the financial situation of two-thirds of the population 60+ can be said to be fragile. Some level of income security in old age is a goal which will be given very high priority. Policy instruments to cover different income segments will be developed.

25. For elderly persons below the poverty line, old age pensions provide some succour. Coverage under the old age pension scheme for poor persons will be significantly expanded from the January 1997 level of 2.76 million with the ultimate objective of covering all older persons below the poverty line. Simultaneously, it will be necessary to prevent delays and check abuses in the matter of selection and disbursement. Rate of monthly pension will need to be revised at intervals so that inflation does not deflate its real purchasing power. Simultaneously, the public distribution system will reach out to cover all persons 60+ living below the poverty line.

26. Employees of government and quasi government bodies and industrial workers desire better returns from accumulations in provident funds through prudent and safe investment of the funds. Issues involved will be given careful consideration. It will be ensured that settlement of pension, provident fund, gratuity and other retirement benefits is made promptly and superannuated persons are not put to hardship due to administrative lapses. Accountability for delays will be fixed. Redressal mechanisms for superannuated persons will ensure prompt, fair and humane treatment. Widows will be given special consideration in the matter of settlement of benefits accruing to them on the demise of husband.

27. Pension is a much sought after income security scheme. The base of pension coverage needs to be considerably expanded. It would be necessary to facilitate the establishment of pension schemes both in the private as well as in the public sector for self-employed and salaried persons in non-governmental employment, with provision for employers also to contribute. Paramount considerations in regard to pension schemes are total security, flexibility, liquidity and maximisation of returns. Pension Funds will function under the watchful eye of a strong regulatory authority which lays down the investment norms and provide strong safeguards.

28. Taxation policies will reflect sensitivity to the financial problems of older persons which accelerate due to very high costs of medical and nursing care, transportations and support services needed at home. Organisations of senior citizens have been demanding a much higher standard deduction for them and a standard annual rebate for medical treatment, whether domiciliary or hospital based, in cases where superannuated persons do not get medical coverage from their erstwhile employers. There are also demands that some tax relief must be given to son or daughter when old parents co-reside and also allow some tax rebate for medical expenses. These and other proposals of tax relief will be considered.

29. Long term savings instruments will be promoted to reach both rural and urban areas. It will be necessary for the contributors to feel assured that the payments at the end of the stipulated period are attractive enough to take care of the likely erosion in purchasing power due to erosion. Earners will be motivated to save in their active working years for financial security in old age. Pre-retirement counselling programmes will be promoted and assisted.

31. Employment in income generating activities after superannuation should be the choice of the individual. Organisations which provide career guidance, training and orientation, and support services will be assisted. Programmes of non-governmental organizations for generating incomes of old persons will be encouraged. Age related discrimination in the matter of entitlement to credit, marketing and other facilities will be removed. Structural adjustment policies may affect the older workers in some sectors more adversely, specially those in household or small scale industry. Measures will be taken to protect their interests.

32. The right of parents without any means to be supported by their children having sufficient means has been recognised by Section 125 of the Criminal Procedure Code. The Hindu Adoptions and Maintenance Act, 1956, too secures this right to parents. To simplify the procedure, provide speedy relief, lay down the machinery for processing cases, and define the

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rights and circumstances in a comprehensive manner, the Himachal Pradesh Legislative Assembly passed the Himachal Pradesh Maintenance of Parents and Dependents Bill, 1996. The Government of Maharashtra has prepared a Bill on similar lines. Other States will be encouraged to pass similar legislation so that old parents unable to maintain themselves do not face abandonment and acute neglect.

Health Care and Nutrition

33. With advancing age, old persons have to cope with health and associated problems some of which may be chronic, of a multiple nature, require constant attention and carry the risk of disability and consequent loss of autonomy. Some health problems, specially when accompanied by impaired functional capacity, require long term management of illness at time, and of nursing care.
34. Health care needs of older persons will be given high priority. The goal should be good affordable health services, very heavily subsidised for the poor and a graded system of user charges for others. It will be necessary to have a judicious mix of public health services, health insurance, health services provided by not for profit organizations including trusts and charities, and private medical care. While the first of these will require greater State participation, the second category will need to be promoted by the State, the third category given some assistance, concessions and relief, and the fourth encouraged by subjected to some degree of regulation, preferably by an association of providers of private care.
35. The primary health care system will be the basic structure of public health care. It will be strengthened and oriented to be able to meet the health care needs of older persons as well public health services, preventive, curative, restorative and rehabilitative, will be considerably expanded and strengthened and geriatric care facilities provided at secondary and tertiary levels. This will imply much larger public sector outlays, proper distribution of services in rural and urban areas, and much better health administration and delivery systems.
36. The development of health insurance will be given high priority to cater to the needs of different income segments of the population and have provision for varying contributions and benefits. Packages catering to the lower income groups will be entitled to state subsidy. Various reliefs and concessions will be given to health insurance to enlarge the base of coverage and make them affordable.
37. Trusts, charitable societies and voluntary agencies will be promoted, encouraged and assisted by way of grants, tax relief and land at subsidized rates to provide free beds, medicines and treatment to the very poor elder citizens and reasonable user charges for the rest of the population.
38. Private medical care has expanded in recent years offering the latest medical treatment facilities to those who can afford it. Where land and other facilities are provided at less than market rates, bodies representing private hospitals and nursing homes will be requested to direct their members to offer a discount to older patients. Private general practitioners will be extended opportunities for orientation in geriatric care.
39. Public hospitals will be directed to ensure that elderly patients are not subjected to long waits and visits to different counters for medical tests and treatment. They will endeavour to provide separate counters and convenient timings on specified days. Geriatric wards will be set up.
40. Medical and para-medical personnel in primary, secondary and tertiary health care facilities will be given training and orientation in health care of the elderly. Facilities for specialization in geriatric medicine will be provided in the medical colleges. Training in nursing care will include geriatric care. Problems of accessibility and use of health services by the elderly arise due to distance, absence of escort and transportation. Difficulties in reaching a public health care facility will be addressed through mobile health services, special camps and ambulance services by charitable institutions and not for profit health care organizations. Hospitals will be encouraged to