Kalyani Institute for Study, Planning & Action for Rural Change (KINSPARC)

-A non-governmental organization for Research, Training, and Development for improved quality of life-

[Registered under Government of West Bengal Societies Registration Act]

Office:
Present Add: B-11/237, Kalyani, West Bengal, India - 741235
Permanent Add: B-10/114, Kalyani, West Bengal, India - 741235
Phone: +91 33 32008774
Mobile: +91 9339127701, +91 9831227404
Email: kinsparc @ gmail.com
KINSPARC

- Kinsparc is a multidisciplinary organisation and works in collaboration with national and international organisations/Institutions.
- Care for the aged is a collaborative research across APuHC, Dharma Foundationh (DFI), ZMQ and KINSPARC in the philosophy of Active Ageing.
- Aim is to design mobile phone-based applications to support aged care services and assess the use and benefits of such mhealth technology for promotion of active ageing.
Previous eHealth/mHealth programmes at KINSPARC and collaboration with APuHC

• mHealth for TB Treatment: a research programme in collaboration with APuHC and CMC Vellore.
• E-Swasthya: a business plan on eHealth made at KINSPARC which was one of the three proposals selected from India for the UK-India Science bridge Competition in 2010.
• Strengthening of School Health Programme with eHealth facility.
• Collection of data by Health Workers using PDA

There has been exchange of Researchers between KINSPARC & APuHC in the past.
Sivercare Programme of KINSPARC in Kalyani, India

KALYANI
(2011 Census)

Area: 29.14 square kilometres
Total Population: 100,620
Average literacy rate: 88.75%
Why do we need SILVERCARE service?

- There is a sizeable Ageing population in Kalyani left in nuclear small families with children/younger family members migrating for livelihood.
- There have been instances when these aged people were left in distress with nobody to lend a helping hand.
- Lack of adequate social security and aged care service from the Government.
Aim of SILVERCARE Programme undertaken by KINSPARC

• To improve the quality of life of elderly people by providing them with care and support in a community set up.

For this we also need:

• To increase awareness of the general population on needs and issues of the aged.

• Advocacy for services for elderly.
Demographic Transition

- The proportion of people aged over 60 years is growing faster than any other age group,
- Present demographic transition is the consequence of declining fertility and mortality- an indicator of improving global health.

Table-1: Total Fertility Rate (TFR) and Growth Rate of Total and Old population over the period 1950-2050.

<table>
<thead>
<tr>
<th>Years</th>
<th>TFR (children per women)</th>
<th>Growth Rate (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Total Population</td>
</tr>
<tr>
<td>1950</td>
<td>6.0</td>
<td>2.0</td>
</tr>
<tr>
<td>1975</td>
<td>4.8</td>
<td>2.1</td>
</tr>
<tr>
<td>2000</td>
<td>3.0</td>
<td>1.5</td>
</tr>
<tr>
<td>2025</td>
<td>2.1</td>
<td>0.8</td>
</tr>
<tr>
<td>2050</td>
<td>1.8</td>
<td>0.4</td>
</tr>
</tbody>
</table>

Ageing in the 21st century: A celebration and challenge

Press release by UNFPA on 01 October 2012

• The older generation - which includes caregivers, voters, teachers, volunteers, entrepreneurs, leaders, and more - represents a growing reservoir of talent and experience that can be tapped to reap a 'longevity dividend'.

• Ageing is now occurring fastest in the developing world, which has limited resources and plans to deal with this unprecedented demographic trend.
Problems associated with ageing:

The Indian aged population is currently the second largest in the world

Increasing age leads to:
- Deterioration of health conditions
- Impairment of vision, hearing, memory and several other disabilities
- Dependence
- Loneliness
Services to be provided by KINSPARC

• Emergency Medical Care

• Regular communication with beneficiaries to identify their special needs

• Group activities to combat loneliness and awareness generation
Who will render the services?

The operations involve two groups of service providers:

- **Service Coordinators**: Senior citizens who have retired recently but are very active and eager to volunteer would form the frontline.

- **Technical support group**: Medical professionals, lawyers, software engineers, sociologists, and others who step in as and when required.
Active Senior Citizens who have retired recently and are eager to volunteer are best suited for this group for the following reasons:

- They have ample time to fulfill this mission.
- They are normally financially stable.
- They are unencumbered as mostly their children have settled down in life.
- They possess better understanding of problems of the aged and are in a position to empathize.
Technical Support Group

- Medical Professionals interact for Emergency Medical Care

- Sociologists and others of the Technical Support Group render their services in group activities to combat loneliness and generate awareness.
SILVERCARE Beneficiaries

• Senior citizens above 65 years of age (age can be relaxed in special cases) and

• Live alone or with spouse above 65 yrs of age or with inmates who are also senior citizens.

• Interested in enrolling themselves as beneficiaries of the SILVERCARE programme.
The Beneficiaries are provided with the following:

- 1 folder for keeping all medical (investigation and treatment) documents.
- 1 folder for keeping all medical insurance related documents
- One display board next to the telephone with contact numbers of Coordinators/KINSPARC office
SILVERCARE Team: Structure & Function

• For every 10 Beneficiaries there is one SILVERCARE Coordinator.
• Each Coordinator identifies the 10 Beneficiaries under him/her.
• Under normal conditions, Coordinators are to communicate at least once in 10 days with the 10 Beneficiaries and more frequently as and when needed.
Workshops & Group activities for the beneficiaries

• Once a month workshops are conducted on subjects related to ageing like
  • Alzheimer’s disease
  • Prevention of fall
  • Better self care
  • Diabetes
  • Hypertension
• Workshops are also to be conducted on topics desired by beneficiaries
• On July 1st, Workshop was held on ‘Care for the Aged’
Assessment of usage of ICT by senior citizens

• A survey is being conducted to assess the usage of mobile phones and computers by senior citizens

• Based on the result of the survey, tools will be developed for improving communication with the senior citizens.

• Trainings will be organised for the beneficiaries to facilitate communication.

• The experience of Silvercare will help us develop the software for mHealth for Active Ageing in Kalyani
A number of groups in the world are now working on m-Health for active ageing, including India.

- mHealth promotes independent living but retains social networks which is very important for mental health of the elderly population.

- It provides more efficient communication of health information between providers, family caregivers, and older adults.

- It is projected that by the year 2014 public and private healthcare providers could save between $1.96 billion and $5.83 billion in healthcare costs worldwide by utilizing mHealth technologies for health monitoring(1).
Kalyani Experience

Silver Citizens: growing reservoir of talent and experience