



Healthy Ageing

2020-21



ANNUAL REPORT

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We are 'Healthy Ageing', India.

We work with the vulnerable older people.

Our vision: an India in which older people can lead dignified, wholesome and secured lives.

We focus on building an age friendly ecosystem for the elderly people in India.



An age-friendly ecosystem translates into the 'change' in:

- **how we think, feel and act towards the older people;**
- **how important it is to develop support structures that foster the abilities of older people;**
- **and how we deliver care, support and services that are responsive to the requirements of older people.**

Message from the CEO

“Are we making any effort to ensure that our older people live a better life?” is a question every Indian should ask oneself.

Not very long ago, the issue of ageing was considered a matter of importance for only a handful of countries, and in India we all continued to put in our best efforts to build our children into youthful and stronger generations. The same parents that actually worked harder for a number of decades are old today. I come back to the same question, are we doing anything to make the lives of our elders happier, easier and better.



Covid-19 pandemic has finally taught us what we could not learn and understand easily before. Causing untold fear and suffering for older people across the world, the very first jolt the virus gave us in April 2020 were the fatality rates for those over 60 years of age, and as it spread rapidly, it overwhelmed the health and social protection systems. Further, more troublesome are its effects that continue even today: health care denied to the older people for conditions unrelated to Covid-19; increase in poverty and unemployment; impact on well-being and mental health; and the fear of prolonged isolation.

The global pandemic continues to have a devastating impact in both its direct and indirect effects, and since older people are among the most vulnerable to serious illness and death, 'Healthy Ageing' focuses on interventions that provide care, support and services to India's most vulnerable older people that reside in slum communities and remote villages.

Throughout 2020, we all hoped that the pandemic will relieve us from its burden and we will all come back to lives led normally as before. But the truth is far from what we hoped, and we continue to battle the rage of Covid-19. I want to thank each one of you for your care, support and the generosity you extended to our elderlies. We were moved every time we received a donation or kind words of support from you and we continue to do what we do because of this very support.

A handwritten signature in blue ink that reads "Benazir". The signature is written in a cursive, flowing style.

Dr. Benazir Patil, CEO, SCHOOL

Structure and Governance

Society of Community Health Oriented Operational Links, popularly known as SCHOOL is a not-for-profit organization founded in the year 2007. With a strong focus on empowerment, equality and participation, SCHOOL works towards achievement of 'SDG-3 – Good Health and Wellbeing' as the last mile, and reaches out to the most vulnerable populations across India.

SCHOOL through its flagship initiative 'Healthy Ageing' works with older people in India. In doing so 'Healthy Ageing' works through five different divisions focusing on:

Community Based Mechanism

which encompasses our community based comprehensive support model, which has been tested in 2 slums of Pune city, further scaled up to 44 more slums in Pune in April 2020 based on the mandate extended by the Pune Municipal Corporation (PMC) for expansion to all slums of Pune. This model has also been scaled up in 2021 to 2 slums in the cities of Mumbai, 4 in Bhopal and a rural block in Gwalior district of MP. Our total direct reach is more than 8200 elderlies in all 4 locations in the country.

Policy-Advocacy

focuses on dialogue at the national, state and district/ city levels on two aspects, one is increasing the uptake of existing schemes and programs and the other is introduction of newer and better policies and programs for the elderly.

Championing

involves two core activities, one, creating platforms that help in promoting the cause of elderly and two, creating champions/ spokespersons of all ages to support and advocate for the cause of elderlies.

Livelihood

In this division, we highlight the need for work, and active as well as productive engagement of the elderly along with demystifying the perception that a person above 60 years needs to retire and live a life without new activities, skills or contribution to the country and self. Lifelong learning, active engagement and productivity, are the core aspects of this division.

Research

There is a dearth of understanding regarding the challenges of the elderlies that emanates from scientific studies. Our community based projects work towards improving the quality of life of the elderlies, and this is being scientifically captured. We also see a great need to initiate many more studies across the country for better understanding.

Key Pillars of 'Healthy Ageing'

- Improving reach by implementing community based projects for bottom of the pyramid elderly population.
- Creating helpline, day care centers, physio-therapy clinics for providing support to the elderly people.
- Advocating for building age-friendly cities/ localities
- Sensitizing the younger generation on the issues of elderly people and creating inter-generational dialogue
- Offering a robust, City or District specific plan of action for healthy ageing with the involvement of all stakeholders;
- Providing and share local and global perspectives on a wide variety of healthy ageing issues
- Providing a multi-stakeholder platform that supports the successful implementation of concrete activities and programmes and enables partnering to achieve more together than any organization or institution could achieve alone.



Healthy Ageing aims to reach out to every elderly person in India, with a special focus on the most vulnerable and the needy.

Our Vision

To build an age friendly ecosystem for the elderly population in India.

Our Mission

To provide integrated solutions for the challenges faced by the elderly populations with a continued vigour of empowerment and equality.

The Genesis

It was in April 2018 when SCHOOL decided to work with the elderly people. While we were clear about our mission, we were still unclear about the ways of working. A review of different projects and efforts for the elderly gave us an insight that every single initiative is focusing on support for the elderly through institutions, largely 'old age homes'. We preferred to chalk out a pathway that will help us in having a larger reach.



The problems we identified:

Our experience and understanding informs us that older age group is invariably associated with health problems accompanying several socio-cultural, economic, and psychological challenges faced in their day to day life.

Socio-cultural: Nuclear family patterns are resulting into lack of social security – further causing isolation and loneliness

Economic: Lack of pensions and any kind of livelihood resulting into inability to avail nutritious food, health services, medication etc.

Psychological: Lack of sensitivity among family members, lack of self-care, depression and anxiety are common aspects affecting their mental wellbeing

Fear and stress of being dependent on others is also a challenge

The program strategy we devised to address these problems:

- Reaching the elderlies directly by establishing 'Community-based Mechanisms' for the bottom of the pyramid, those residing in slums and also in rural areas.
- Creating champions/ spokesperson who can advocate for the elderlies
- Creating livelihood options, not just for income but also for keeping them engaged
- Collaborating with the government at all levels (national, state, district/ city level)
- Building linkages with varied other stakeholders that will help us in improving the quality of life for the elderlies



Community Based Mechanism

A pathway to improve the quality of life for vulnerable older people

The concept of 'Last Mile Connectivity' in our community based projects focus on ensuring comprehensive care and support services that can be delivered through an integrated approach that not only provides with linkages with different social security schemes and programs, but also nurtures a psycho-social support system to help the elderly remain both healthy and independent within their own homes and communities.

The most promising aspect of our community based projects that came handy during the pandemic was our already existing process of filling 'Saving Life Checklist (SLC)' for each elderly which generates an 'Individual Care Plan'.



SCHOOL team presented the entire process of support to the elderly people during COVID-19 to the Pune Municipal Corporation team on 20th April. This was appreciated and endorsed by PMC, and SCHOOL was mandated to expand its 'Healthy Ageing' work to all the slums of Pune city.

It was in April 2020, during the lockdown, we collaborated with the Pune Municipal Corporation (PMC) for expansion of our work in more slums. The technical guidance from the World Health Organization (WHO) helped in creating a micro-plan for 40 vulnerable slums of Pune. Further, training sessions from WHO equipped us to deal with the COVID-19 specific challenges faced by the elderly people residing in the slums. Our expansion led to the addition of 44 more slums. SCHOOL, at this juncture, collaborated with Sevadham Trust, Deep Griha Society and Vanchit Vikas for field activities so as to enable the implementation instantly. Today we reach out to a population of 62216 in 46 slums of Pune city, and are serving 5300 elderlies.



The first quarter of 2021 saw the expansion to two more geographies in India; to the slum communities of Mumbai and Bhopal cities.

The Mumbai Project was launched in Ambojwadi slums of Malwani area in Malad suburb of Mumbai in partnership with Navnirman Samaj Vikas Kendra, Mumbai.



The Bhopal project was launched in 8 slums of Kolar slum cluster of Bhopal city

On-Ground Activities

1. Welfare based activities -

- Ensuring linkages for pensions and other financial support schemes
- Ensuring availability of assistive devices



2. Health & nutrition inputs

- Diagnostics and specialized care at secondary hospitals - Referral linkages
- Ensuring linkages with health insurance schemes like Shahri Gareeb Swasthya Yojana
- Ensuring basic health care at primary health centers - Weekly OPDs for elderly
- Collaborating with the municipal corporation and different departments for setting up geriatric units
- Ensuring basic needs and supplies such as raw ration, multivitamins, essential medicines and shelter



3. Inputs for active engagement

- Weekly group sessions with speakers and resource persons
- Skills building and income generation
- SHG formation and IEC activities for intergenerational (Children, youth and middle-aged) bonding



4. Household and Community level activities

- Home visits on regular basis
- Follow-up based on Saving Life Checklist and Individual Care Plans
- Counselling for mental wellbeing
- Tele health services and assistive devices for the immobile and frail
- Special inputs and supplies for bed-ridden patient
- Community level events for sensitization, generating volunteers and peers



From Saving Life Checklist to Individual Care Plans



A good quality of life includes being pleased with life and being happy. For older people, in particular, quality of life matters more than just the longevity. As we started working with each elderly in our slum communities, with every passing day the situation of elderlies was unfolding. We were witnessing their peace, their sense of satisfaction and their inclination towards us, which was nothing but because of the improvement in their quality of life.

This realization helped us in aligning all our activities with the 'Quality of Life' domains as defined by WHO and also gave us a sense and an understanding of how we could measure a change or an improvement in their lives.

Every time we register a new elderly, we fill an app-based checklist which is called Saving Life Checklist (SLC). Apart from the socio-demographic profile of the elderly, SLC captures information with regard to physical health; psychological state; level of independence; existing status of social relationships; environmental features around the elderly; and spiritual concerns of the elderly.

Once the information is captured in the SLC, this information helps devise a personalized Individual Care Plan (ICP) for each elderly.

Humanitarian Response during the pandemic

We realized that the older adults are at greater risk of illness and death during many types of emergencies including the Covid-19 pandemic. We also started witnessing that few specific condition of elderlies, such as impaired mobility, diminished sensory awareness, multiple chronic illnesses, and social and economic limitations reduced their ability to adapt during situations like 'Lock-Down'. Within no time, special efforts were initiated by the team. The most promising aspect that came handy during this situation was our already existing process of filling 'Saving Life Checklist (SLC)' for each elderly, which gave us complete understanding of their health, especially chronic illnesses.

We were compelled to think beyond the day to day, routine situations in life, to carve out a comprehensive, community-based emergency response plan. This process in our Pune community based project entailed:

- Creating first responders/ peers of elderly through our community workers that reside in slums
- Training these peers on meeting the unique needs of vulnerable older people
- Creating back-up service providers for tele-health (both counselling and consultations)
- Creating a system for listing and providing basic supplies: raw ration, hygiene products for standard precaution, medicines, multi-vitamins, adult-diapers and other life sustaining items
- And rigorously implementing the individual care plan (ICP) developed on the basis of the Saving Life Checklist (SLC)



The other factors that helped us in thinking effectively were:

1. Circulars/ orders from Government of India and Pune Municipal Corporation (PMC)
2. Advisory from the World Health Organization
3. Our overall experience with the elderly and their families



Interventions that got defined:

<p>Tele-Health</p>	<ol style="list-style-type: none"> 1. Giving key messages and follow-up with each elderly on alternate days; Counselling on ‘Follow near (no-contact with others except care taker or health care providers) QUARANTINE at home’. 2. Health advice/ consultation: on WhatsApp/ mobile through remotely available medical professionals. Special sessions of physiotherapy. 3. Counselling for mental well-being: for identified cases with depression and emotional outburst.
<p>Individual Care Plan</p>	<p>Saving Life Checklist for elderly with chronic conditions like Dialysis, Chemotherapy, Radiotherapy, Transplant, Tuberculosis and other illnesses</p>
<p>Essential Supplies</p>	<ol style="list-style-type: none"> 1. Raw ration kits: 2 kg Rice, 3 kg Aata (wheat flour), 1 Kg Moong dal, 1 litre groundnut oil; 2. Medicines: Paracetamol, Anti-hypertensives, Anti-glycaemic (Need based) and Multi-vitamins, Vitamin D, Calcium (for females) and Hydroxychloroquine (Need based); 3. Hygiene products for standard precaution : Sanitizers, soap and adult diapers (need based) and face covers/ masks.

SCHOOL team presented the entire process of support to the elderly people during COVID-19 to the Pune Municipal Corporation team on 20th April. This was appreciated and endorsed by PMC, and SCHOOL was mandated to expand its ‘Healthy Ageing’ work to all the slums of Pune city.

On 29th April, PMC reached out to WHO to extend technical guidance to SCHOOL, especially in micro-planning and orienting the staff on technical aspects of COVID-19. The work was thus launched on 1st of May 2020.

This began with the technical guidance from WHO, Central Region office, wherein support for micro-planning in the slums was extended. This micro-planning entailed identifying larger slum clusters within Pune city, further identifying the vulnerable slums in each cluster and number of households in each of the slums.

Accordingly, the micro-planning exercise helped define 8 slum clusters, 5 slums per cluster – making it to 40 big slum pockets and a total population coverage of 2,00,106.



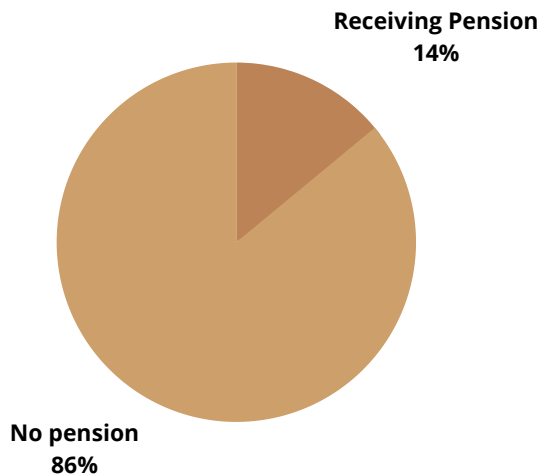
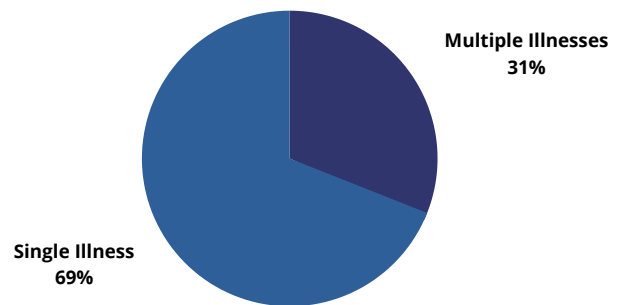
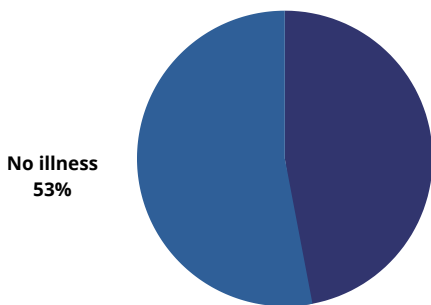
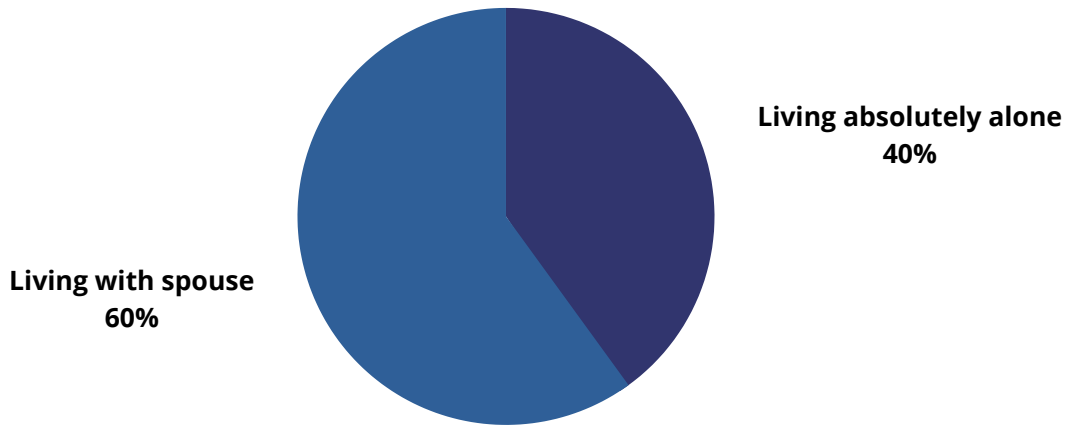
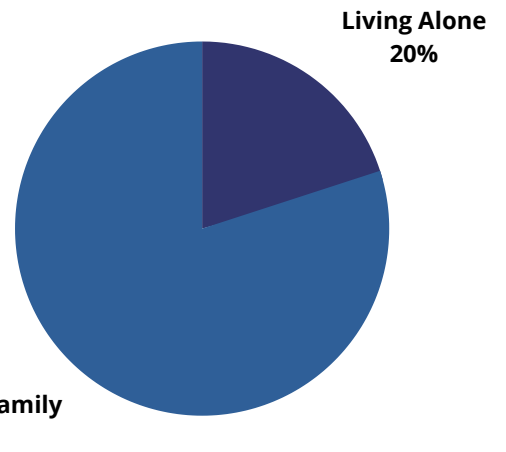
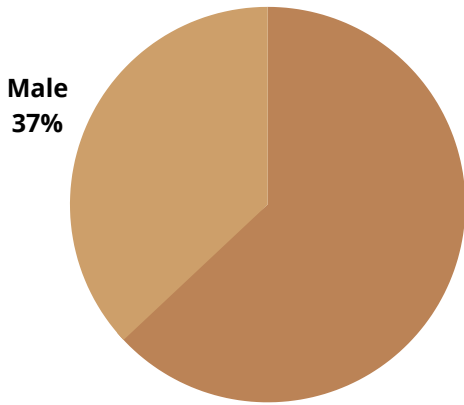
In order to expedite the work in the field, SCHOOL reached out to field NGOs that were already working in different slums across the city. The idea was to leverage the presence of community level staff from different slums that already had rapport with the communities. Accordingly, MOUs were signed with three organizations: Sevadham Trust; Deep Griha Society; and Vanchit Vikas. A joint orientation of this work was held on 3rd of June, wherein the participants were oriented by Dr. Kalpana Baliwant from PMC, Dr. Atreyi from WHO Country Office, and Dr. Rahul Shimpi from WHO Central region office on various issues and challenges during COVID-19.

Key efforts during the pandemic:

- We raised over Rs.70,00,000 for humanitarian relief and social support.
- We took our elderlies to the digital world, by conducting regular virtual OPDs, making our doctors speak to each one through the screen.
- We capacitated our teams to ensure mental wellbeing of the elderlies and their families through various trainings.
- We created more than 500 volunteers across the country for support.



About Our Elderlies



The implementation of ICPs is based on the levels of intensity of support required for each elderly

High Intensity Support	Moderately Intense Support	Low Intensity Support
<ul style="list-style-type: none"> • Bedridden • More than one chronic illness (In case of Cancer, just one chronic illness should be considered for high intense support) • Lives all alone (single person without spouse and family) • No pension and no financial source • Immobile • Mental health challenges and physical disability • Requires referral to higher hospitals for surgery/ treatment. 	<ul style="list-style-type: none"> • • Those with one chronic illness such as Hypertension, Diabetes, TB and others – but are not bedridden due to illness and are regular with their medicines. • • Requires assistive devices to improve their mobility • • Requires Multivitamin and infrequent/ one time supply of basic medicine • • Requires referral to external agency for any kind of support (this can be for mental wellbeing, violence at home, legal issues or any other) 	<ul style="list-style-type: none"> • Active, working and feels energetic • Basic health complaints but no regular illness • Issues at home once in a while – but no challenges of family and social relationships • No specific challenge





The Visible Impact

Established social support structures in the community -

- Volunteers and peers come forward and assist in providing care and support to the elderlies, and also support in activities like ration distribution, escorting the elderlies to the hospitals/ cataract surgeries, medicine reminders.
- People in the community offer space to conduct virtual OPDs and physiotherapy sessions.
- In a situation when there is a need to find an old age home for any elderly, the community comes together and contributes to management of that elderly by providing shelter, tiffin, and overall support.

Independence in the elderlies -

- They come forward and talk about their challenges.
- Their willingness for physiotherapy, change in diet etc.
- The mobility and independence due to assistive devices.

Attitudinal change in the elderlies themselves and their families -

- Any challenge of the elderly is a matter of concern for the entire neighborhood
- Youths offer their time and support especially for the bedridden and immobile

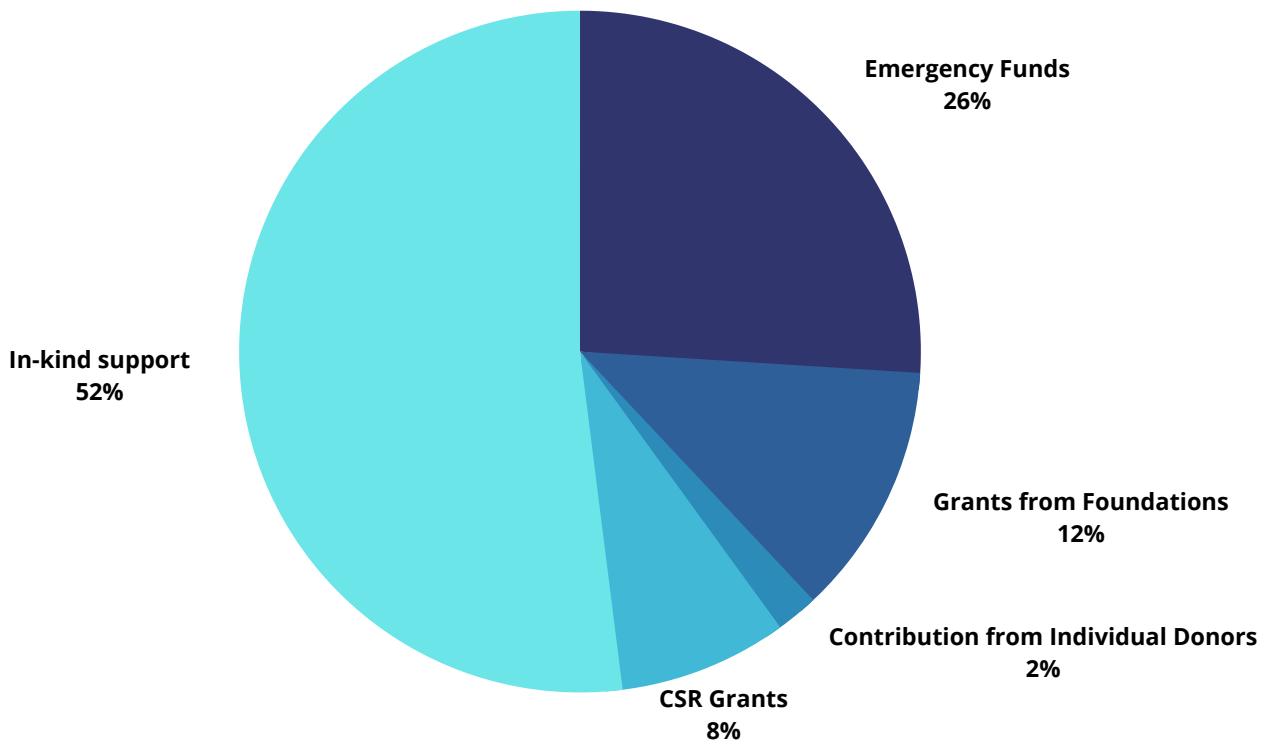
The support from different departments -

- Senior citizen's cell of Police Commissioner office
- Government officials come to the slums for issuing income certificates and providing linkages with government schemes
- Disability cell provides dedicated time for certifying the levels of disability of elderlies

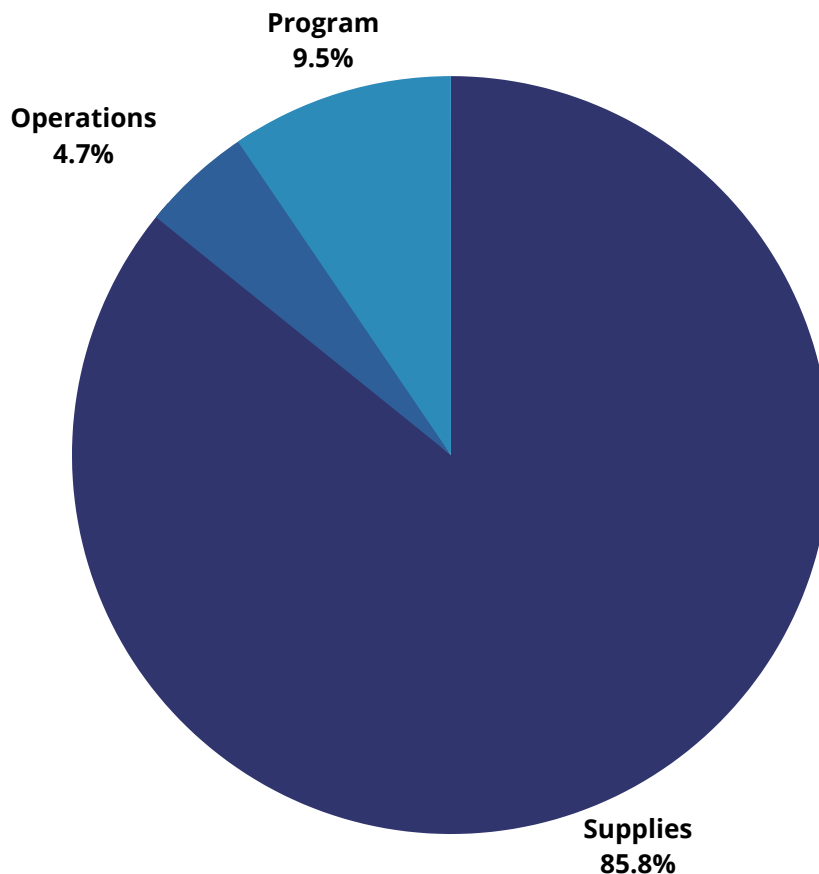
The support from municipal corporation -

- Preparation for specialized OPDs for elderlies
- Ongoing support for setting up geriatric unit in bigger hospitals or services like physiotherapy; dentistry; ophthalmology etc.
- Provide support in health insurance

How we raised our resources



How we utilized our resources



Our work with WHO and Government of India

Basic premise

- The Government of India spending on social security of elderly is very minimal.
- The elderly people are facing increased social isolation & loneliness & are often looked at as a burden by their families and the extended communities.

Based on this premise, a situation analysis study was done on the available schemes and programs for the older persons, which looked at the involvement of 14 ministries and their programs.

Based on the findings of the situation analysis study, a National Framework called 'Multi-sectoral Engagement for Healthy Ageing (MEHA)' for the decade of 2020-30 (the decade of 'Healthy Ageing') was developed in 2019 for operationalizing various plans defined in three phases for next 10 years.

To ensure quality health care for elderly persons, the Government of India launched 'Longitudinal Ageing Study in India (LASI)'. This report was released on 6th January 2021 by Dr. Harsh Vardhan, the Union Minister of Health & Family Welfare (MoHFW). This was followed by the First Workshop to address Comprehensive Geriatric Care Assessment & Delivery through Various National Health Programmes. SCHOOL-Healthy Ageing compiled the processes of launch of the findings of LASI along with capturing feedback and suggestions from the academia, researchers and various other stakeholders.

Our collaborations

- Ministry of Health & Family Welfare, Government of India
- Ministry of Social Justice & Empowerment, Government of India
- Government of Madhya Pradesh
- Government of Maharashtra
- Smart Cities Mission, Government of India
- Pune Municipal Corporation
- Brihan-Mumbai Municipal Corporation
- World Health Organization
- UNICEF
- Azim Premji Foundation
- Yardi Software
- Give India
- Mukul Madhav Foundation
- SBI Capital Markets Limited
- Sevadham Trust
- Deep Griha Society
- Vanchit Vikas
- Navnirman Samaj Vikas Kendra
- Senior Citizen's Cell, Police Commissioner Office, Pune
- Indutai Tilak College of Physiotherapy
- Smile Foundation
- Family Planning Association of India
- Rotary Club
- Pariwartan Trust
- Prayas
- Matruseva Hospital
- Cipla Foundation
- Bapu Trust
- H.V. Desai Hospital
- ASHA
- Prashanti Cancer Care Clinic



Our Board

Dr. Benazir Patil, PhD - Public Health Policy.

Dr. Pramod Gautam, MD - Community Medicine.

Dr. Rahul Singh Bhadouria, MD - Community Medicine.

Mr. Sanjeev Goyal, LLB.

Dr. Pawan Pathak, MD - Community Medicine.

Our compliances

Registered in the year 2007 under Section 8 of The Companies Act (erstwhile section 25)

Registration number: U85100MP2007NPL019346

As a not-for-profit organization, we abide by all the compliances:

- **We have certifications 12-A, 80-G as per the latest guidelines**
- **We are also registered for undertaking CSR activities (Registration number: CSR00001624)**
- **Registered with NGO Darpan**
- **Audited statements and annual reports**

SOCIETY OF COMMUNITY HEALTH ORIENTED OPERATIONAL LINKS

(A Company Licensed under Section 8 of the Companies Act, 2013)
C/O Krish Aluminium, Jinsi Nala-2, Inderganj, Lashkar Gwalior (M.P) 474001

Balance Sheet as at 31st March, 2021

Particulars	Sch No	Figures as at the end of 31.03.2021	Figures as at the end of 31.03.2020
I. EQUITY AND LIABILITIES			
(1) Shareholder's Funds			
(a) Share Capital	1	100,000.00	100,000.00
(b) Reserves and Surplus	2	(63,753.96)	(1,302,077.75)
(2) Share application money pending allotment			
(3) Non-Current Liabilities			
(a) Long-term borrowings	3	-	2,015,192.95
(b) Deferred tax liabilities (Net)			
(4) Current Liabilities			
(a) Other Current Liabilities	4	862,927.38	586,571.61
(b) Short Term Provisions	5	5,501,257.32	2,379,218.98
Total		6,400,430.74	3,778,905.79
II. Assets			
(1) Non-current assets			
(a) Fixed assets	6	475,090.74	446,736.05
(i) Tangible assets			
(ii) Intangible assets			
(b) Non-current investments			
(c) Long term loans and advances			
(2) Current assets			
(a) Inventories	7	-	-
(b) Sub-Grant Recivables	8	1,279,848.79	1,981,980.87
(c) Cash and cash equivalents	9	3,727,406.02	479,122.47
(d) Short-term loans and advances	10	832,260.19	839,391.40
(e) Other current assets	11	85,825.00	31,675.00
Total		6,400,430.74	3,778,905.79

NOTES TO ACCOUNTS

12

Schedules referred to above and notes attached thereto form an integral part of Financial Statements

AUDIT REPORT

As per our report of even date attached.

For Rajesh Ramesh & Co.

Chartered Accountants.

FRN : 012497C

CA Rajesh Gupta

Partner

M No 403764

Place : Gwalior

Date : 30/09/2021

UDIN: 21403764AAAAFB7229

**SOCIETY OF COMMUNITY HEALTH ORIENTED OPERATIONAL****Sanjeev Goyal**
(DIRECTOR)

DIN : 06776297

Pawan Pathak
(DIRECTOR)

DIN : 06776299

SOCIETY OF COMMUNITY HEALTH ORIENTED OPERATIONAL LINKS

(A Company Licensed under Section 8 of the Companies Act, 2013)
C/O Krish Aluminium, Jinsi Nala-2, Inderganj, Lashkar Gwalior(M.P) 474001

Income & Expenditure A/c for the year ended 31st March, 2021

Particulars	Sch No	Figures as at the end of 31.03.2021	Figures as at the end of 31.03.2020
Revenue			
Revenue From Operations	13	22,295,094.68	16,704,834.02
Other Income	14	6,504.00	10,298.00
Total Revenue (A)		22,301,598.68	16,715,132.02
Expenses:			
Utilization on Project Activities	15	19,946,899.21	15,970,711.38
Depreciation and amortization expense	6	122,634.31	56,091.71
Other Expenses	16	993,741.37	958,549.18
Total Expenses (B)		21,063,274.89	16,985,352.27
SURPLUS/ (DEFICIT) FOR THE PERIOD (A-B)		1,238,323.79	(270,220.25)
XVI. Earning per equity share:			
(1) Basic		123.83	-27.02
(2) Diluted		123.83	-27.02

Schedules referred to above and notes attached there to form an integral part of Financial Statement

AUDIT REPORT

As per our report of even date attached.

For Rajesh Ramesh & Co.
Chartered Accountants.
FRN : 012497C



CA Rajesh Gupta
Partner

M No 403764

Place : Gwalior

Date : 30/09/2021

UDIN:21403764AAAAFB7229

SOCIETY OF COMMUNITY HEALTH ORIENTED OPERATIONAL

Sanjeev Goyal
(DIRECTOR)
DIN : 06776297

Pawan Pathak
(DIRECTOR)
DIN : 06776299



Society of Community Health Oriented Operational Links, popularly known as SCHOOL is a not-for-profit organization founded in the year 2007. With a strong focus on empowerment, equality and participation, SCHOOL works towards achievement of 'SDG-3 – Good Health and Wellbeing' as the last mile, and reaches out to the most vulnerable populations across India.

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