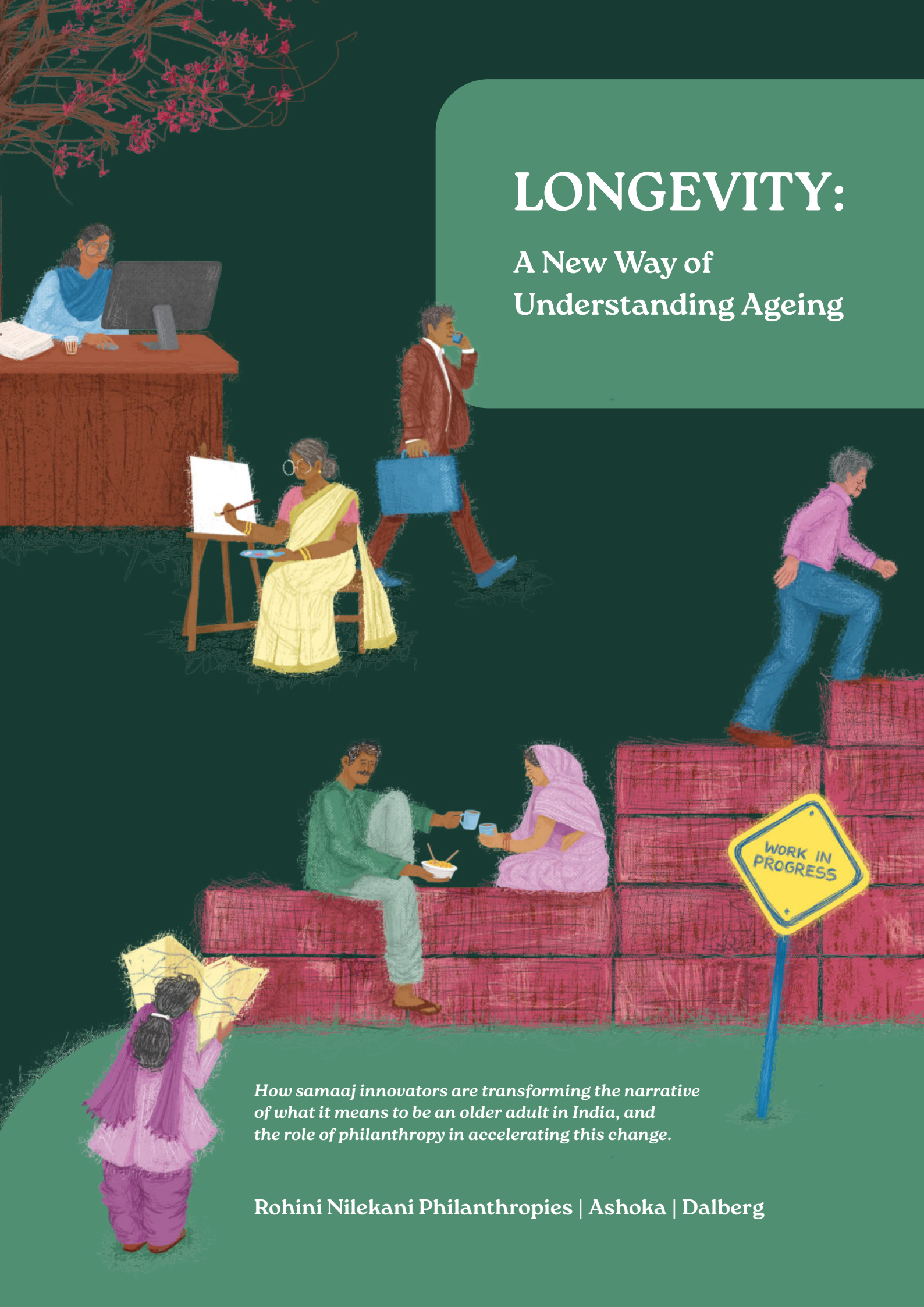


# LONGEVITY:

## A New Way of Understanding Ageing



*How samaaj innovators are transforming the narrative of what it means to be an older adult in India, and the role of philanthropy in accelerating this change.*

**Rohini Nilekani Philanthropies | Ashoka | Dalberg**

# What do older adults want from their lives?

## Freedom



*With more free time after retirement, older adults want to contribute, and be included and respected; they seek opportunities to engage with their communities and are among our largest and most active group of volunteers.”*

- SANTOSH, JANAAGRAHA



*I still have a lot of energy; I have a lot of potential. I won't just sit back, I want to offer my skills.”*

- SHALINI<sup>1</sup>



*For many women, their older years are a time of freedom. With no responsibilities, they want to enjoy life.”*

- SUGANDHI BALIGA, HAPPY2AGE



*Older adults want to volunteer, and religious and community practices are integral. Religious practices inform older adults' daily living.”*

- SUGANDHI BALIGA, HAPPY2AGE



*“The very word retirement comes with pre-fixed notions—a retired person is mentally of no use in public opinion. Post-retirement, they need to come out of all of these pre-conceived constructions of retirement.”*

- RADHAKRISHNAN<sup>1</sup>

<sup>1</sup>These quotes have been selected from over 100 qualitative interviews conducted by WisdomCircle in 2023. The quotes have been published with permission from WisdomCircle. The names of respondents have been changed to maintain anonymity.

## Security



*We spoke to many older adults across India, and most of them want to age in place, in their own homes and communities. They do not want to move to old age homes.”*

- DR. BENAZIR PATEL,  
VRIDDHA MITRA



*There has to be a way to help retirees handle their finances better, because financial instability can cause people a lot of problems.”*

- MARGARET<sup>1</sup>

## Well-being



*Older adults seek out safe, community-based spaces that provide creative outlets, such as yoga, dance, and music classes, while also fostering social connections.”*

- DR. ASHA BANU SOLETTI, TISS



*We want to feel like we are accepted, we are loved.”*

- FATIMA<sup>1</sup>

# Introduction from Rohini Nilekani

India is a young and vibrant country that still has at least two decades to reap its much-touted demographic dividend. However, it won't be long before our country witnesses a rapid transition. By 2047, as we celebrate 100 years of Independence, 300 million older adults will be waving the national flag alongside younger citizens. Just 20 years after that historic moment, we will have the largest population of senior citizens in the world.

It is time to shift our mental models. How can we re-imagine what it means to age in the first place? This report was commissioned by RNP to help us do just that. We hope to spur a wide and creative public discourse on ageing and longevity in India. Is there a way to build a better country for older people? How can we better understand the needs and wants of ageing adults? What public infrastructure and services will we need as longevity increases? How can seniors remain productive and happy through their longer health spans?

It takes time and effort to move a narrative. The sooner we start telling the story, the better prepared we will be for the societal shift. There is much to learn from the journey of other countries. And as you will see in this report, our own public and private institutions are producing excellent research.

The message is loud and clear. The time to make investments for the well-being of India's older adults has come, not just for the seniors of the future, but for the seniors of the present too. We have a long way to go to achieve a good quality of life for people above 60 years.

In India, 40% of older adults experience poverty, compared to less than 10% of the general population. Only 14% are able to use the internet, and less than 5% report being part of a social organisation. The elderly are more likely to be female, to have much less education, and live in rural areas in greater numbers. More than one in three seniors still do not have the luxury of retiring, and many continue to do unpaid work; 65% of this cohort works in agriculture and allied activities. Those who do retire often experience a sudden lack of purpose and despair.

But data does not tell the whole story. For instance, one in three seniors wants to actively volunteer and contribute to their communities if they find the opportunity. Older adults also cherish time spent in multi-generational spaces and find purpose in mentoring and supporting younger people. If we can unleash this energy, there is potential to prevent the epidemic of loneliness other societies have experienced as they have grown older.

The good news is that samaaj-based institutions have been active in India for decades. Many wonderful CSOs are trying to help reimagine longevity and health spans in a society that often takes the elderly for granted. They have the capacity and willingness to do more.

**Private philanthropy is critical to kickstart the multi-sectoral innovation we need to squarely and fairly address the issues that will arise with an ageing population.**

Can India take the lead in redefining what it means to be an older adult? Can we do it in time for the seismic shift in our demographics?

These are the questions this report tries to surface. We hope it will inspire samaaj, sarkaar and bazaar to think and act positively for the future of India's older adults. After all, everyone will get there eventually.

**Rohini Nilekani**  
Chairperson,  
Rohini Nilekani Philanthropies



# Letter from the authors

India is at a unique crossroads: our future will be shaped not only by our demographic dividend but also by our growing population of older adults. While discussions around India's growth have largely focused on our younger demographic, the number of older adults is set to double, reaching approximately 300 million by the middle of this century. By 2067, India will have the largest population of older adults in the world.

Recent studies have highlighted the size, speed, and significance of this demographic shift, which necessitates comprehensive changes across our society. Indeed, we must reimagine not only our economic, healthcare, and caregiving institutions, but also our public and digital infrastructure, educational systems, and the representation of ageing in media. Countries such as Singapore and Japan demonstrate how important it is to build for this future proactively and early. As India looks to become a developed nation by 2047 and lines up investments that are in line with this vision, it is time to build our economic, social, healthcare, infrastructure, and cultural systems in a way that places the needs and aspirations of older adults at the centre. All actors—government, private sector, and civil society—must work together to build these systems.

This report aims to deepen this discourse. We've synthesised the best available evidence to portray the lives of older adults in India today. Where possible, we have extrapolated their current and future contributions to society. We've also conducted a landscape analysis of efforts being driven by civil society organisations (CSOs) focused on innovating for

longevity. We call them samaaj innovators. While our report focuses on these organisations, we also briefly cover the large and fast-growing private sector launching innovative products and services to improve older adults' quality of life. What is unique about this study is its emphasis on narrative. We explore foundational questions: Who is an older person? What do we believe their lives should look like, and why do we hold these assumptions? What is longevity and what makes for good longevity? These inquiries are at the heart of our work.

Having this human understanding of growing older is essential, as it will fundamentally shape how we build our institutions for the future. If we view ageing primarily as a period of decline, our focus will likely centre on social and economic changes. Conversely, if we see it as longevity, i.e., as a time full of opportunity, we will prioritise holistic health from a young age (e.g., through sports and physical activity), create new job opportunities for older adults who wish to work, and develop vibrant care centres that foster intergenerational connections and citizen engagement.

We've explored these issues by engaging with practitioners across various organisations and sectors via immersive learning circles in which we have listened, learned and challenged prevailing ideas and attitudes. We've also looked at the quality of life of older adults across four dimensions: economic security; physical, mental and overall well-being; freedom to participate; and social connectedness. The idea was to push the discourse and establish a common language to speak about Quality of Life.

## Our findings emphasise three key messages:



### Contributors to society

Contrary to popular perception, older adults are significant contributors to their families and society today. A substantial number remains in the workforce. On an aggregate basis, older adults in India spend up to 14 billion hours annually in providing care for their grandchildren or other family members. Many are breaking trends by being agents of change in the community, starting new careers, picking up new skills or pursuing new hobbies and enabling their peers to do so as well. Even so, over 40% of older adults live at or below the poverty line, a quarter of older adults say they face difficulties carrying out day-to-day activities, and many suffer from social isolation, exacerbated by the increasing nuclearisation of families and migration.



### Quality of life

Given the widespread notion that growing older means inevitable decline, the discourse on ageing often focuses on managing this decline rather than supporting older adults in ways that allow them to live life on their own terms. While the data is sparse, what we do know is that older adults' desires are diverse—some want to work, while others seek the security that allows them to retire. Some want to pursue new adventures, while others prefer to live calmer, slower lives. Common threads include the desire for agency, security, and well-being. Building for longevity requires embedding these tenets in the popular discourse in three areas: samaaj, sarkaar, and bazaar.



### Empowering caregivers

Despite doing their best, families often lack the resources, capabilities and skills necessary to care for older adults. A new narrative around ageing will acknowledge the complexity of family dynamics and seek to help families have open—if difficult—conversations with older adult members about their desired life path, as well as the support and skills needed to both give and receive care.

Samaaj innovators are leading transformative grassroots efforts to create inclusive solutions for older adults and their families, challenging societal biases and delivering critical services such as last mile healthcare and access to social entitlements. Complementing these efforts, many government policies, alongside private sector innovations are playing a pivotal role in enhancing older adults' quality of life. As samaaj, sarkaar, and bazaar align with the evolving narrative around growing older, philanthropy has a unique opportunity to catalyse change by scaling support to samaaj innovators and private sector actors, driving adoption of proven community-based care models, fostering intergenerational care, supporting policy reforms, and embedding longevity into development agendas. This report aspires to inspire philanthropies to prioritise ageing as a core focus of their initiatives.

India's future is not just about our younger generations but also our older generations. That future is full of potential, and we invite you to explore what it could look like with us.

# Methodology

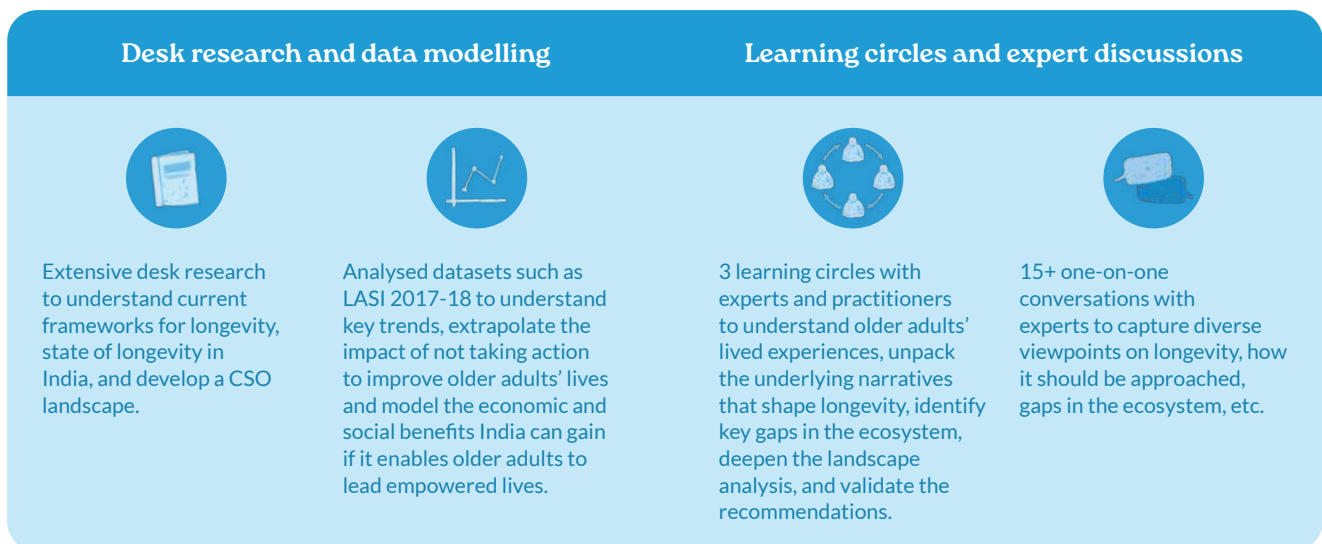
We adopted a two-pronged approach to understand the current state of longevity in India, unpack the lived realities of older adults, examine the narratives shaping their lives, and identify actionable opportunities for civil society actors and philanthropies to lead efforts in strengthening the longevity ecosystem. This included:

- Extensive desk research and data modelling to synthesise the best available evidence on

longevity trends, landscape innovation efforts, and extrapolate the opportunity cost of not focusing on the issue.

- Learning circles and interviews with leading experts and practitioners to deepen our findings, explore the drivers and ecosystem gaps shaping longevity in India today, and determine actions that need to be taken to empower older adults.

The figure below lays out the key activities and analytical methods we employed for each of these two approaches.



To anchor our research and discussions with experts, we applied a four-part framework—economic security, health and well-being, freedom to participate, and social connectedness—that underlies how we view

the quality of lives of older adults. This framework was synthesised based on existing global frameworks and the initial set of discussions with experts.



While this approach has allowed us to paint a comprehensive and nuanced view of longevity in India, there are a few methodological limitations we wish to call out:

- The report anchors primarily on LASI data 2017-18 to lay out aggregate findings on how older adults live. As such it may not reflect the current reality. Further, we have anchored on this data to extrapolate the opportunity costs of not taking action to improve older adults' lives and made simplifying assumptions to provide a directional picture.
- The landscape analysis presented in the report, especially for samaaj innovators, presents a reasonably comprehensive view of innovation efforts in the country being undertaken by

non-profits or social enterprises. However, it is not exhaustive. As mentioned above, there is a large and growing body of private sector organisations simultaneously pursuing innovations to improve older adults' quality of life.

- The findings outline longevity at the country level. However, there are important statewide differences into which we have not delved. These are crucial to factor in when taking any action to improve older adults' quality of life.

# Acknowledgements

We are deeply grateful to the learning circle participants and other experts who generously shared their time and perspectives with us.

Their contributions made the report immeasurably more nuanced; it is very much a knowledge output co-created with them.

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## We would like to thank the following individuals for generously participating in the learning circles and co-creating this report with us:

**Anil Patil,**  
Founder and Executive Director,  
Carers Worldwide

**Neeraj Sagar,**  
Founder,  
WisdomCircle

**Anish Ramachandran,**  
CEO (Honourable), Member of the Board,  
One Billion Literates Foundation

**Nidhi Chawla,**  
Founder & CEO,  
Silver Talkies

**Anupama Datta,**  
Head Policy Research and Advocacy,  
HelpAge India

**Pavithra Reddy,**  
COO,  
Vayah Vikas

**Dr. Arvind Kasthuri,**  
Professor, Community Health,  
St. John's Hospital

**Premkumar Raja,**  
Co-Founder,  
Nightingales Medical Trust

**Dr Gopukrishnan Pillai,**  
Director of Public Health,  
One Billion Literates Foundation

**Dr Radha S. Murthy,**  
Co-Founder,  
Nightingales Medical Trust

**Hemanshu Jain,**  
Founder,  
Khyaal

**Rajeev Sadanandan,**  
CEO, Health Systems  
Transformation Platform

**Himanshu Rath,**  
Founder,  
Agewell Foundation

**Saraswathi Padmanabhan,**  
Ex-lead, Ageing Initiatives,  
Tata Trusts

**Inderpreet Singh,**  
Founder,  
Grey Shades

**Sugandhi Baliga,**  
Co-founder,  
Happy2Age

**Jamuna Ravi,**  
CEO,  
Vayah Vikas

**Dr. Vijeth Iyengar,**  
Director of Global Ageing,  
AARP

## We would additionally like to thank the following individuals for sharing their insights on how the longevity landscape is evolving within India:

**Anurag Ram Chandran,**  
Founder,  
Kubo Care

**Neha Sinha,**  
Founder,  
Epoch Care

**Arasi Arul,**  
Founder and CEO,  
60Plus India Foundation

**Pratim Roy,**  
CEO,  
Keystone Foundation

**Professor Asha Banu Soletti,**  
Professor,  
Tata Institute of Social Sciences

**Santosh Nargund,**  
Head of Participatory Governance,  
Janaagraha

**Professor Deepak Saini,**  
Director,  
IISC Longevity India Institute

**Srikanth Viswanathan,**  
CEO,  
Janaagraha

**Dr. Mathew Varghese,**  
Professor of Psychiatry,  
National Institute of Mental Health and  
Neuro Sciences

**Sujata Khandekar,**  
Founding Director,  
CORO

**Meenakshi Menon,**  
Founder,  
GenSxty Tribe

**Professor T. V. Sekhar,**  
Professor,  
International Institute for Population Sciences

**Neeharika Shetty,**  
Head of Operations,  
WisdomCircle

**Yaashodaa Padhye,**  
Researcher,  
International Longevity Centre – India

# Longevity—a data snapshot

## Snapshot of the demographics

**300 million**

Projected population of older adults by 2045, which is 2x the current population of older adults. India will have the largest older adult population globally by 2067.

**65 million**

Projected number of older adults who are widows, which is 1.8x the current population. This group is particularly vulnerable, facing an increasing number of challenges when it comes to leading high quality and secure lives.

**45 million**

Projected population of older adults above the age of 80 years in 2045, which is nearly 3x the current population of older adults in this age bracket. Our systems will need to adapt to account for the needs of these older adults which can differ significantly from those that are younger.

---

## Lived realities of older adults in India

**40%**

Proportion of older adults living close to or below the poverty line; only 8.6% of older adults receive any form of work-related pension.

**58 years**

India's healthy life expectancy, which is far below its life expectancy of 73 years, indicating loss of vital years of life due to ill-health.

**81 million**

Number of older adults who are expected to be living alone or with their spouses by 2045, giving rise to a social isolation epidemic among older adults. Currently 38 million older adults live alone or just with their spouses.

## Older adults' contribution to society

**USD 68 billion**

Older adults' annual contribution to the economy in the form of labour income which forms more than 3% of India's real GDP. If all older adults who would want to continue to work were to enter the labour force, the GDP could receive an additional boost of up to 1.5%.

**14 billion**

Estimated caregiving hours that older adults provide annually to their families including their grandchildren, spouses, other older adults, or family members.

**2.6 billion**

Estimated hours that older adults devote annually to community building activities over and above the caregiving support they provide to their families.

---

## Ecosystem in motion

**21 years**

Median age of 36 leading samaaj organizations, that we looked at, focused on developing, trialing, and scaling innovations focused on various aspects of older adults' lives. The average annual budget of these organisations is INR 1 crore.

**100+**

Startups that have emerged in the last decade that are pursuing technology and business model innovations to improve the quality of life of older adults in aspects such as healthcare, senior living, income and employment, social connectedness, etc.

**25 years**

Number of years since the national policy for older persons was announced by the government with commitments to support their health, care, livelihoods, and well-being. Many marquee policies and schemes have been introduced since then to ensure financial support via social protection, improve healthcare access, and support employment.

## Opportunities for philanthropy to shift the longevity narrative

**Make longevity a shared mission by embedding a new idea of what it means to grow older in India:**

- Embed longevity as a lens to grantmaking in philanthropic portfolios and realise co-benefits in that approach.
- Run targeted, issue-focused communication campaigns to shift societal perspectives and attitudes around growing older or supporting older adults to lead empowered lives.
- Create a network of philanthropies, samaaj innovators, and other relevant partners to collectively advocate for longevity in India.

**Nurture space for game-changing innovations by supporting the emergence of bold ideas and innovations to improve the quality of life of older adults:**

- Initiate a longevity solutions incubator for samaaj innovators or private sector organisations to support development and testing of age-friendly innovations.
- Provide funding and sandbox support to proven solutions to accelerate their scale-up.

**Build a strong foundation for change by filling various gaps in the system that prevent the scale-up of efforts:**

- Create an observatory for longevity to collect and make available data to better understand what various segments of older adults want from their lives.

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# 01

**Embracing Today,  
Preparing for Tomorrow:  
The Need to Reimagine  
and Build for a New Future**





# India is undergoing a profound demographic shift—one that deserves immediate attention.

Driven by improvements in healthcare, economic growth and education, and their consequent impacts on life expectancy and birth rates, India is shifting from being one of the world's youngest societies to the world's oldest.<sup>1</sup>

## Our population of older adults is growing rapidly

India is already home to ~150 million older adults (the second largest older adult population in the world).<sup>2</sup> That number is set to double to ~300 million by 2047, and by 2067, we will surpass China to become the country with the largest number of adults globally. This represents the fastest rate of growth of the population of older adults among the fifteen largest economies of the world (in terms of Gross Domestic Product).<sup>3,4</sup>

## The proportion of adults over 80 years is increasing

India's life expectancy is expected to increase from 72 in 2023 to 77 by 2045 and 83 by 2080.<sup>5</sup> As a result, by 2045, the population of older adults above the age of 80 years will nearly triple to ~45 million, representing ~15% of the population of older adults.<sup>6</sup> This is significant as the health, nutrition, and care needs of adults aged over 80 years differ from those that are younger.<sup>7,8</sup>

## The balance of population between younger and older people will start to change

India's population is predominantly young with ~90% of the population below the age of 60 years in 2020. However, our crude birth rate (births per 1,000 people) has decreased from 42.9 in 1960 to 16.1 in 2023 and is expected to decrease to 14.3 by 2045.<sup>9</sup> As a result, the proportion of individuals aged below 60 years will steadily decrease in the overall population (by another 14 pp between 2000 and 2050) while the proportion of older adults will nearly triple in the same period.<sup>10</sup>

## This is also a gendered shift with women forming the majority of older adults in the country

52% of older adults in the country are women compared to 48% in the overall population.<sup>11</sup> With the increase in the population of older adults in the country, we will have significantly more older women with unique needs (e.g., osteoporosis accelerated by menopause, lower financial security due to lower access to employment, more women living alone) that will need to be catered to.

<sup>1</sup> The demographic shift is happening all across the country, though the share of older adults in the population and the rate at which it is increasing is relatively higher in states like Kerala, Tamil Nadu and Andhra Pradesh due to improved healthcare infrastructure, higher migration rates, and lower birth rates. Source: UNFPA, State of Elderly in Punjab, 2011.

<sup>2</sup> For the purposes of this study, we are defining older adults as individuals aged 60 years or above. While we acknowledge that growing older happens on a spectrum, this distinction is to better align available data with definitions followed by the Government of India and available literature.

<sup>3</sup> The annual growth rate of the population of older adults in India is 2.9%. Among large economies, this is followed by Brazil (2.5%).

<sup>4</sup> United Nations, Department of Economic and Social Affairs, Population Division.

(2024). World population prospects 2024, online edition.

<sup>5</sup> Ibid.

<sup>6</sup> Ibid.

<sup>7</sup> The risk of cognitive decline, dementia, cardiovascular diseases, mobility issues, falls, etc. significantly increases after the age of 80.

<sup>8</sup> Jaul, E., & Barron, J. (2017). 'Age-related diseases and clinical and public health implications for the 85 years old and over population'. *Frontiers in Public Health*, 5, 335. <https://doi.org/10.3389/fpubh.2017.00335>

<sup>9</sup> United Nations, Department of Economic and Social Affairs, Population Division. (2024). World population prospects 2024, online edition.

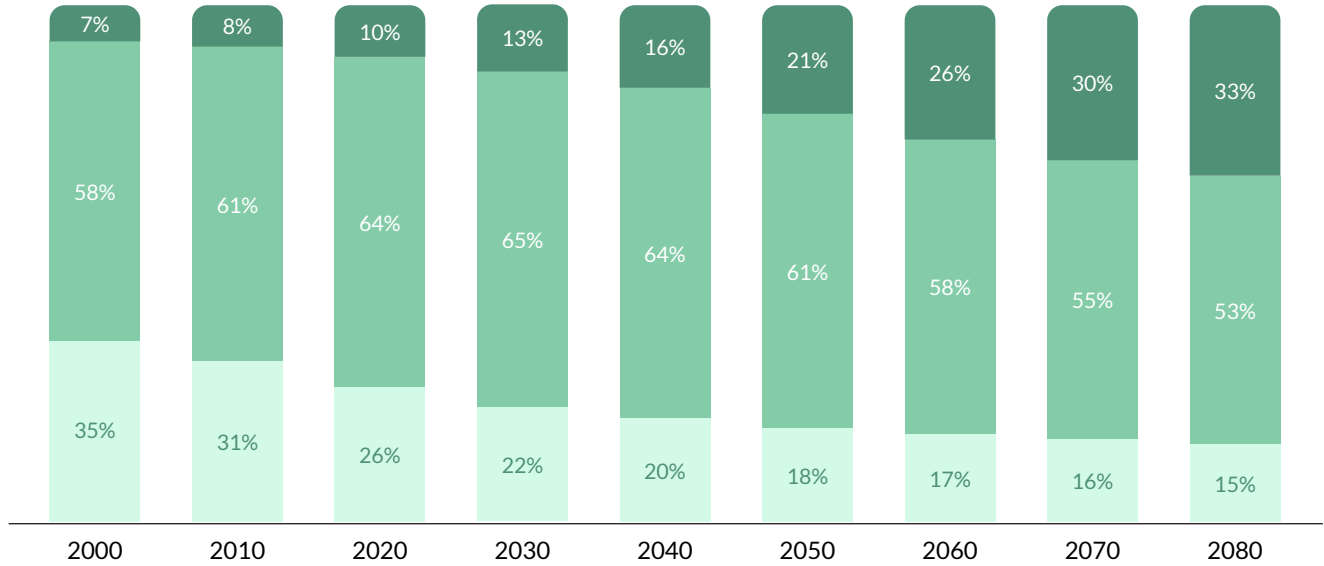
<sup>10</sup> Ibid.

<sup>11</sup> Ibid.

**Exhibit 1: Share of older adults in India’s population will see a sharp increase, reaching 33% of the total population by 2080.<sup>12</sup>**

**India’s age segments as % of the total population:**  
Age groups (60+, 15-59, 0-14), 1920-2080 (projections)<sup>1</sup>

 Aged 60+       Aged 15-59       Aged 0-14



**Old-age dependency ratio**

7.3%      7.8%      9.5%      12.4%      16.3%      21.7%      29.2%      37.8%      44.8%



By 2045 every fifth Indian and by 2080 every third Indian will be 60+ years. The old-age dependency ratio is projected to reach a staggering 44.8% by 2080.



Due to the rise in life expectancy from 72 to 83 years, the proportion of 80+ individuals among older adults in India will rise from 10% today to ~ 30% by 2080. This will coincide with a 7 pp decrease in those between 60-69 years.



Given this, there will likely be a shift in caregiving needs, economic and non-economic contribution, healthcare needs and expenditure, etc.

Source: (I) United Nations, Department of Economic and Social Affairs, Population Division, (2024). *World population prospects 2024, online edition.*

<sup>12</sup> The old-age dependency percentage shown in the exhibit follows the International Labor Organization’s definition as the proportion of the population aged 65 and older compared to the working-age population, which is defined as those aged 15–64.

## Exhibit 2: Examples from around the world offer innovative solutions on how to cater to older adults.<sup>13</sup>



### *Economic Security: AARP empowers older adults to improve quality of life<sup>11</sup>*

**What:** AARP advocates for older adults and supports them in matters of securing benefits, tax refunds, or other economic opportunities

**Impact:** AARP foundation secured more than USD 900 million in income, earnings, benefits or tax refunds for older adults in 2023<sup>11</sup>



### *Economic Security: Banking services for older adults in Canada<sup>1</sup>*

**What:** A 'Code of Conduct for the Delivery of Banking Services to Seniors', helps to guide banks in improving service delivery to older adults.

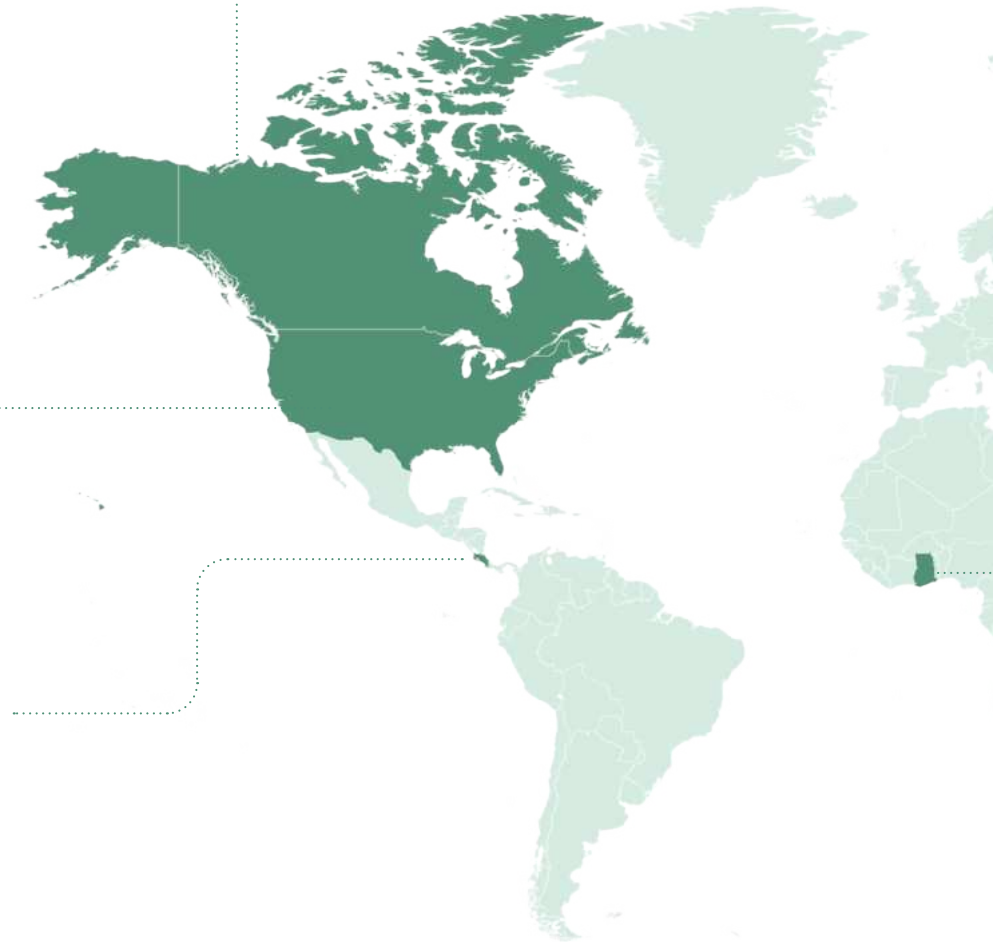
**Impact:** All banks annually publish reports detailing adherence and other efforts to improve services for older adults.



### *Health and Well-being: Subsidised care networks in Costa Rica<sup>11</sup>*

**What:** Red de Cuido is a Costa Rican programme that subsidises care for older adults in poverty or at high social risk through locally established and managed care networks, hence improving health equity.

**Impact:** Nearly 80% of older adults receiving subsidised care obtain it through the Red de Cuido.



<sup>13</sup> The innovations listed are primarily drawn from The Aging Readiness & Competitiveness Report – Third Edition published by AARP. AARP (formerly the American Association of Retired Persons) is the largest nonprofit, nonpartisan organisation in the USA with over 38 million members and a mission to empower people aged 50 and older to live their best lives, focusing on issues such as health, financial security, and social well-being. It provides advocacy, education, resources, and services tailored to the needs of older adults.



**Social Connectedness:**  
*Digital infrastructure for social engagement in Israel<sup>III</sup>*

**What:** The government has launched 'Uniper' devices for care delivery and social engagement of older adults with a history of trauma.

**Impact:** The programme has served over 15,000 older adults across the globe.



**Health and Well-being:**  
*Accreditation of age-friendly institutions in Taiwan<sup>II</sup>*

**What:** The government established an accreditation programme for age-friendly healthcare institutions that promote effective care for older adults.

**Impact:** By the end of 2019, 652 institutions were certified and 90% of surveyed older adults reported satisfaction.



**Freedom to Participate:**  
*Intergenerational self-help clubs (ISHCs) in Vietnam<sup>I</sup>*

**What:** ISHCs, a community-driven initiative, promote healthy ageing through activities like home health visits and care; music, dance and art; microfinance and technical assistance; and rights awareness activities.

**Impact:** As of 2020, roughly 13,500 members received care from over 17,000 volunteers.



**Health and Well-being:**  
*Geriatric medicine fellowship programme in Ghana<sup>I</sup>*

**What:** Ghana College of Physicians and Surgeons, in collaboration with the University of Michigan (UM), created the country's first geriatric training fellowship.

**Impact:** With 2 fellows graduating per cohort, the programme has created a pipeline of domestically trained geriatrics fellows in Ghana.

**Notes:** Dalberg analysis and research.

**Sources:** (I) Canadian Bankers Association (2020), *Code of conduct for the delivery of banking services to seniors*; (II) AARP & Economist Impact. (2021). *The Aging Readiness & Competitiveness Report – Third Edition: Driving innovation in healthcare and wellness*. AARP; (III) United Nations Economic Commission for Europe (UNECE). (2021). *Ageing in the digital era*.

## Such a transformation requires us to reimagine what India's future looks like. Our thinking needs to be expansive across all spheres of society, and we must learn from innovative examples from other countries (see Exhibit 2).

**Economy:** We will need to solve for employing more than 100 million older adults who will either need to or want to continue to work by 2045.<sup>14</sup> Older adults' participation in the workforce can also be a major contributor to India's growth ambitions.

**Learning and skilling systems:** We will need to adapt our education systems to support the lifelong learning and (re) skilling needs of older adults, including preparing them for a world that is increasingly adopting digital and AI technologies across all walks of life. For example, ~31% of older adults in urban areas who were not engaged in economic work felt that they did not have the required skills.<sup>15</sup> At the same time, these systems need to cultivate in young people positive attitudes and behaviours towards growing older and inculcate a spirit of lifelong learning that will serve them well when they become older adults.

**Government entitlements/welfare schemes:** We will need to create an adequate social safety net that ensures a minimum dignity and quality of life for older adults and their families, especially those from vulnerable sections who are unable to achieve income, health and nutrition security.

**Physical and digital infrastructure:** We will need to build rural and urban infrastructure, such as housing, transportation, and public and community spaces, that not just drives economic growth, but also supports the needs of older adults alongside the rest of the population. At the same time, the rapidly evolving digital infrastructure (e.g., delivery of government services, civic engagement, payments) will need to evolve such that it is usable by and convenient for older adults.

**Health and care systems:** We will need to build our healthcare and care infrastructure to ensure quality care for all older adults. This will require investments in building the infrastructure and care services to support older adults suffering from diseases such as dementia, Alzheimer's disease, osteoarthritis, and many other conditions that are more likely to manifest in older adults, as well as the capability and skills of care providers. At the same time, the capability and skills of care providers. Further, this will need to be complemented by an increased emphasis on improving physical activity from a younger age.

**Cultural institutions:** Older adults voices must be woven into artefacts produced by the media (e.g., news, films) while also catering to their information and entertainment needs. These and other cultural institutions including museums, libraries, theatres and archives, will need to become more accessible and relevant for older adults, as well as create an environment that fosters multi-generational connections (e.g., via exhibitions and cultural events that promote multi-generational connections or cater to multi-generational audiences).

<sup>14</sup> Dalberg Analysis based on maintaining current levels of employment among older adults and older adults in urban areas who state a willingness to enter employment. Refer Chapter 2 for more details.

<sup>15</sup> HelpAge India. (2024). Ageing in India: Exploring preparedness & response to care challenges – A HelpAge India report. HelpAge India. <https://www.helpageindia.org/documents/research-reports>

## This is an opportune moment to make investments in this new future.

We are still relatively early in our ageing journey, though that is set to quickly change over the next decade. The government and the private sector are beginning to pay attention to this shift. For example, in September 2024, the government announced the expansion of Ayushman Bharat to cover all adults above the age of 70 years and allocated additional funds to the tune of INR 3,437 crores to cover the expansion.<sup>16</sup> In the private sector, the space has witnessed a consistent flow of investments in the past decade with some large investments in eldercare focused startups in recent years. For example, Primus Senior Living, a startup focused on eldercare announced one of the largest seed funding rounds

(USD 20 million) for an Indian startup in 2024.<sup>17</sup> Similarly Athulya, which provides short to long term care for older adults raised USD 9.3 million in 2023 from a fund managed by Morgan Stanley.<sup>18</sup>

This is also a time of infrastructure building: studies suggest that nearly 70% of the urban infrastructure that will fuel India's growth over the next 2 decades is yet to be built.<sup>19,20</sup> More broadly, substantial increases to the road, railway, healthcare, and transportation network, among others, are planned in the next few decades.<sup>21</sup> It will be more efficient and cost effective to build this infrastructure while keeping our changing demographic in mind rather than to adapt it once it has been created.



<sup>16</sup> ET Online. (2024, September 14). Ayushman Bharat enrollment for senior citizens to start in a week. The Economic Times. <https://economictimes.indiatimes.com>

<sup>17</sup> Khan, S. (2024, October 17). Senior living co Primus mops up \$20 million in seed fund. The Economic Times. <https://economictimes.indiatimes.com>

<sup>18</sup> ET Bureau. (2023, January 10). Athulya Senior Care raises Rs 77 crore from Morgan Stanley India. The Economic Times. <https://economictimes.indiatimes.com/industry/healthcare/biotech/healthcare/athulya-senior-care-raises-rs-77-crore-from-morgan-stanley-india/articleshow/96869391.cms?from=mdr>

<sup>19</sup> Contributors, Et. "View: India urbanisation critical for getting developed tag." The Economic Times, 25 Jan. 2024, <https://economictimes.indiatimes.com/news/economy/infrastructure/view-india-urbanisation-critical-for-getting-developed-tag/articleshow/107155247.cms?from=mdr>

<sup>20</sup> Slinger, D., & Rmi. (2023, April 14). India's buildings sector moonshot: Corporate climate commitments can forge the path. RMI. <https://rmi.org/indias-buildings-sector-moonshot-corporate-climate-commitments-can-forge-the-path/#:~:text=India%E2%80%99s%20real%20carbon%20savings%20potential,economic%20growth%20in%20the%20country>

<sup>21</sup> "India's Push for Infrastructure Development." \*Team India Blogs\*, <https://www.investindia.gov.in/team-india-blogs/indias-push-infrastructure-development> Accessed [26 Oct 2024].

## Prioritising these investments can drive immense benefits not just for older adults, but for the entire country.

Making the right investments in this future can help India navigate and leverage this demographic shift to ensure older adults thrive alongside other generations. These include, among others:

**Better quality of life for older adults.** Through improved access to social protection, high-quality care infrastructure, and improved healthcare, we can increase healthy life expectancy by up to 4 years.<sup>22</sup>

**Critical support for caregivers and families.** Currently, older adults spend ~17% of their consumption budget on healthcare services.<sup>23</sup> However, as of 2018, fewer than 20% of older adults reported being covered by any form of health insurance.<sup>24</sup> While the government has recently announced extension of health coverage to all older adults above 70 years under the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PM-JAY), the effect on the spend on healthcare services by older adults or their families is not yet known.<sup>25</sup> Further, older adults between 60-70 years of age are not covered by the extension. We estimate that the out-of-pocket expenditure that households incur for older adults could increase by ~6x to reach USD 142 billion by 2045.<sup>26</sup> The resulting financial stress on families and older adults could be significant.

Appropriate investments in creating accessible healthcare systems, low cost but effective care infrastructure, and providing insurance coverage for older adults, can reduce healthcare costs directly borne by families while improving older adults' access to healthcare services. Keeping older adults at the centre while developing this caregiving infrastructure, not just as recipients but also as providers of care, has the potential to improve care for over ~130 million children in the country.<sup>27</sup>

**Macro-economic gains.** Businesses will be able to tap into the potential of the silver economy (currently estimated to be USD 8.7 billion and expected to grow manifold).<sup>28,29</sup> Creating employment opportunities for older adults could integrate over 25 million additional workers into the economy.<sup>30</sup> Leveraging the untapped work capacity of older adults aged 60-69 could also boost India's GDP by up to 1.5%.<sup>31</sup> The development of care infrastructure further has the potential to enable 9.5 million previously non-working women from low- and middle-income backgrounds to utilise an average of up to 2 additional hours per day for work. This could increase the female labour force participation rate from 37% to 40%.<sup>32</sup>

<sup>22</sup> Dalberg Analysis based on the Lancet's projected years lived with disability (YLD) and disease burden associated with 5 key NCDs in India - Diabetes, hypertension, musculoskeletal disorders, neurological disorders, and depression.

<sup>23</sup> Ahmad, F., & Mohanty, P. C. (2024). Incidence and intensity of catastrophic health expenditure and impoverishment among the elderly: Empirical evidence from India. *Scientific Reports*, 14, 15908. <https://doi.org/10.1038/s41598-024-55142-1>

<sup>24</sup> NITI Aayog, Gopal, K. M., Mukherjee, R., Kumar, S., Hazra, S., IPE Global, Sinha, A., Joshi, D., & Sikka, H. (2024). Senior Care Reforms in India - Reimagining the Senior Care Paradigm: A Position Paper. In NITI Aayog, NITI Aayog Government of India, Sansad Marg, New Delhi-110001, India. [https://www.niti.gov.in/sites/default/files/2024-02/Senior%20Care%20Reforms%20in%20India%20FINAL%20FOR%20WEBSITE\\_compressed.pdf](https://www.niti.gov.in/sites/default/files/2024-02/Senior%20Care%20Reforms%20in%20India%20FINAL%20FOR%20WEBSITE_compressed.pdf)

<sup>28</sup> The economic activities, goods, and services that cater to older adults make up the "silver economy".

<sup>29</sup> NITI Aayog, Government of India. (2024). Senior care reforms in India - Reimagining the senior care paradigm: A position paper.

<sup>30</sup> Dalberg Analysis based on LASI Wave 1, 2017-18, India Report and McKinsey Health Institute. (2023). Age is just a number: How older adults view healthy ageing. McKinsey & Company.

<sup>31</sup> Asian Development Bank. (2024). Ageing well in Asia: Asian development policy report.

<sup>32</sup> Dalberg Analysis based on Ministry of Statistics and Programme Implementation, National Statistical Office. (2019). Time use in India-2019: Time use survey (TUS). and Ministry of Labour and Employment. (2023). Female labour utilisation in India. Government of India.



# Unpacking what we mean by “longevity”

## Who are older adults?

We define “older adults” as those who are at or above the age of 60 years as it maps well to academic research and governmental definitions in India. However, it is important to note that determinants of ageing are wide-ranging, and include social, genetic, lifestyle, and policy factors. For many, ageing starts

as young as 45 years due to a myriad factors like poverty and malnutrition, while others are as fit and well as a 40-year-old well into their 80s. Further, older adults are not a monolith and the perception of what their needs are varies by age (refer the figure below).

**Figure 1: Common perception of what life of older adults under different age segments looks like**

	Early years	Middle years	Later years
<b>Age range</b>	60-69 years	70-79 years	80+ years
<b># of Indians in this group</b>	~96 M (2024) ~161 M (2045)	~48 M (2024) ~97 M (2045)	~16 M (2024) ~46 M (2045)
<b>Perception (Society and older adults themselves)</b>	Decline has begun with productivity being impacted first; need for care has increased but health is relatively good	No longer productive; body has slowed down considerably with cognitive decline; thinking is that “this is how it goes”	Limited mobility and increased need for long-term assistance; we must now “prepare for the inevitable”

2024      2045

Sources: (i) WHO, Misconceptions on ageing and health, 2015; (ii) SUNY Lifespan and development, Age Categories in Late Adulthood, Accessed (2024); (iii) Blume Ventures, Eldercare Blueprint, 2024; (iv) Front Public Health, Age-Related Diseases and Clinical and Public Health Implications for the 85 Years Old and Over Population, 2017; (v) OUP Journals of Gerontology; Activity in Older Adults: Cause or Consequence of Cognitive Functioning? 2002; (vi) United Nations, World Population Prospects, 2022

# What is longevity?

The traditional definition of longevity is simply an increased lifespan. Many research efforts, especially in the scientific community, are focused on extension of life for longevity. However, we adhere to a more holistic definition that focuses on the quality of life in those years. In other words, longevity emphasises not just the number of years lived for an individual but also encompasses overall well-being, and self-determined

participation of individuals of all ages, throughout their lifespan. This is especially relevant for India, where cultural, religious and spiritual traditions often embrace end of life. We believe longevity spans four conditions, which collectively add up to what older adults say they want most from their lives: freedom, security, connectedness and well-being.



## Economic Security

where older adults have the financial stability through income, pensions, savings, investments, and social safety nets to live with dignity.



## Freedom to participate

i.e., spend time meaningfully on activities of their choice, whether it is work, community engagement, or leisure.



## Physical, mental & overall well-being

that also empowers individuals to take charge of their well-being from a young age, prevents them from abuse and harm, and enables them to access physical, cognitive, and psychological care.



## Social connectedness

that ensures inter-generational and multi-generational connections that contribute to the feeling of emotional fulfilment and happiness.

In contrast, ageing is often used to denote the biological and chronological process of growing older and managing associated challenges that arise

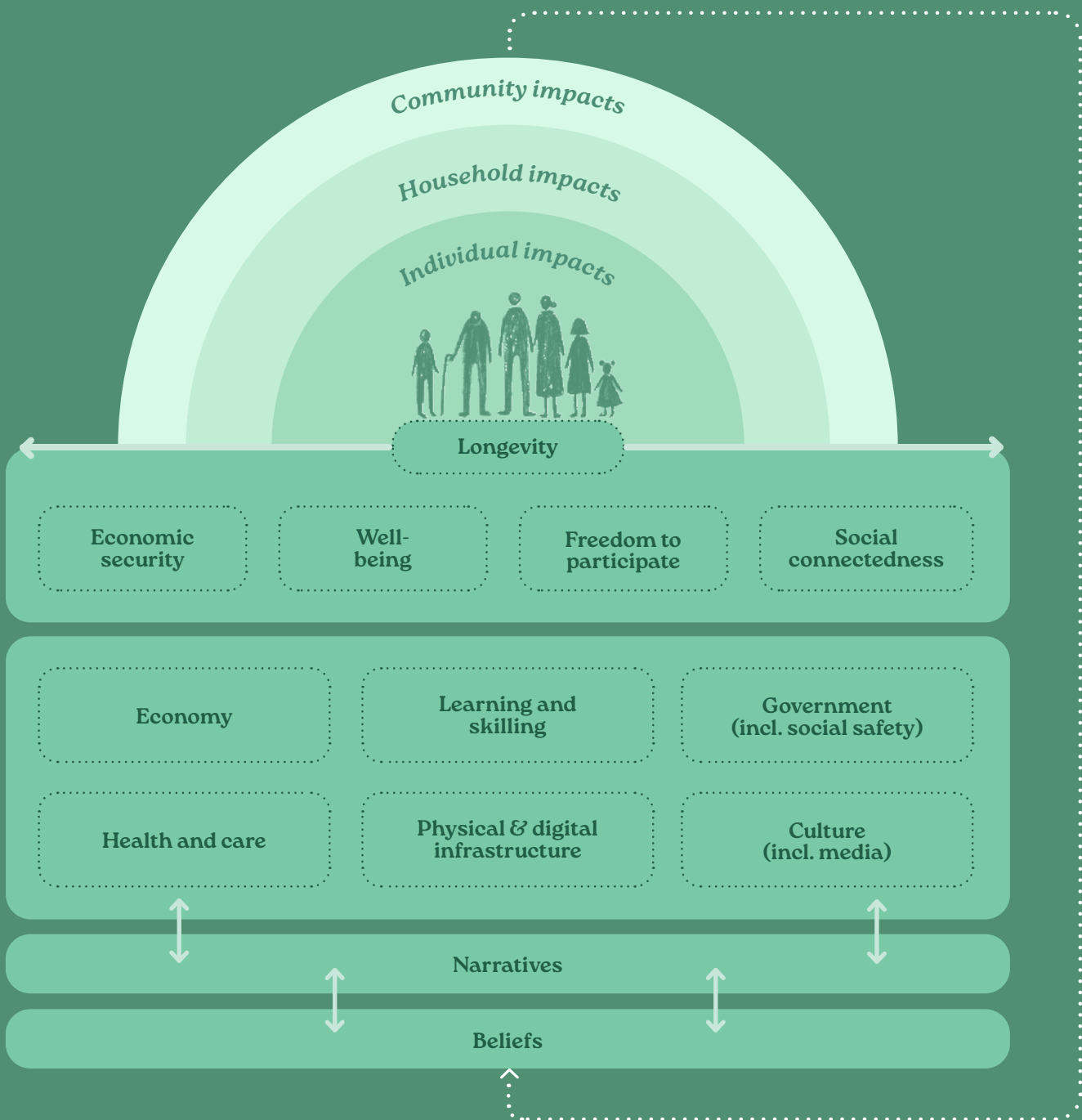
due to the interplay of genetic, environmental, and physiological factors.

## How to embed longevity?

We need to examine the structures and narratives driving these determinants, impacting not just

individuals but also families, communities, and society at large.

Figure 2: Framework for embedding longevity



As laid out, in order for our institutions to build for embedding longevity, they need to be aligned with the vision and need to have a shared understanding of what it means in practice. How institutions respond to and power the idea of longevity is in turn driven by social and individual narratives. This means the perception of what life as an older adult should look like.

For example, our ideas of what an older adult should spend time doing and what they should not do are often anchored in these narratives. Beliefs are the underlying foundations of narratives: these are the

assumptions we make (correctly or incorrectly) about what growing older does to an individual and what they are capable of, as well as the role of their families and caregivers. We need to question our beliefs and shift our narratives if we are to build a society that enables freedom, security and well-being for older adults.

However, it is crucial to first develop a stronger understanding of where older adults stand when it comes to longevity (and quality of life) and use that understanding to dive deeper into how different narratives constrain or empower older adults today. We explore these in Chapter 2 and 3, respectively.



# 02

**Blessings and Burdens:  
The Lived Reality of  
India's Older Adults**



# Older adults across India are redefining what it means to grow older.

Millions of older adults across the country are bucking established norms associated with growing older, such as retiring from work and public life. They are combining their experience, knowledge and wisdom with innovations in digital technology, social media

and the increase in the number of platforms to explore their aspirations to build more meaningful and vibrant lives for themselves. The data is sparse and research is still emerging, but we are seeing the following:

## In urban India, older adults are increasingly pursuing second careers, engaging in community activities, and taking up new hobbies.<sup>33</sup>

- **More and more retired individuals, not just from metro cities but also tier 2 and tier 3 towns, are seeking opportunities to continue their professional lives or start a new chapter in their careers.** This often stems from the desire to leverage their skills to support organisations overcome business challenges, to mentor and pass on their knowledge to younger professionals and find intellectual stimulation.
- **Many other individuals are engaging in civic action** such as participating more actively in resident welfare associations, setting up and leading volunteering drives, or taking up local issues through other channels.
- **Individuals are increasingly seeking opportunities to engage with each other in social settings and pursue new activities.** Many are picking up new hobbies, such as dancing or traveling, while leading the change for their peers as well.
- **Many, particularly in urban settings, are seeking companionship** at this stage of their lives; there are now several online platforms and dating apps that cater to older adults.<sup>34</sup>

<sup>33</sup> Dalberg interviews, July-October 2024.

<sup>34</sup> Emoha Elder Care. (2022, February 9). More than companionship: Senior dating. Emoha. <https://emoha.com/blogs/convenience/trending-dating-app-for-seniors>.





*Many users of our platform who want part-time jobs are professionals with at least a bachelor's degree, located in both tier 3 cities and remote areas across Karnataka, Maharashtra, Uttar Pradesh. The majority are experienced subject-matter experts in their respective fields."*

- NEEHARIKA SHETTY,  
WISDOMCIRCLE



*The elderly are very active volunteers in our civic engagement program. They bring a lot of experience which the younger lot does not have. Since they are out of their routine after retirement, they have time to spare and want to engage with communities and pay back to society within their neighbourhood."*

- SANTOSH NARGUND,  
JANAAGRAHA



*Many older adults are thinking of second marriages and dating, but there are societal taboos against this."*

- NEHA SINHA, EPOCH CARE

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## In rural areas, older adults are sustaining community practices while adopting new technologies and ideas:

- **Many older women in rural areas are starting** to leverage social media to connect with their peers who share similar interests (e.g., spiritual groups, cooking) and leveraging these channels to learn new skills or hacks (e.g., weaving, art, new cuisines).
- **Tribal women, who are older adults**, in certain communities in India often derive joy in nature-based economic work and serve as bearers of traditional wisdom that they pass on to younger generations.
- **Farmers and other artisans** across many pockets in the country are adopting sustainable practices (like organic farming) while passing on their craft to others in their families.

“

*There are WhatsApp and Facebook groups that older adults join to share their experiences, get support on various things. Women discuss caregiving, mehendi patterns and more on these groups.”*

- YASHODA PADHYE, ILC-I

“

*Tribal women continue to work because of their need for a purpose and to be role models: it is a part of their cultural context. They don't question why they must work in later life.”*

- DR. ASHA BANU SOLETTI, TISS

“

*We've seen significant interest from older women in rural areas to form Self-Help Groups (SHGs) and pursue entrepreneurial ventures.”*

- DR. IMTIAZ AHMED,  
HELPPAGE INDIA

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Many other trailblazing older adults, beyond the known business, media and political figures, are role modelling

what older adults' true potential could look like by also uplifting others around them (refer to Exhibit 3).



### Exhibit 3: Many older adults are writing their own stories by seeking new experiences and adventures.<sup>35</sup>



#### ***Person A, life-coach and paragon of fitness***

Retired from his corporate job and planned to invest time in pursuing fitness activities and a second career to share his knowledge widely. He spends his time running marathons, acting as a life coach, and writing books. In his second innings, he is both measured and considerate with optimising his health.



#### ***Person C, an older woman who learnt and teaches dancing***

Learnt to dance Bharatanatyam at 50 and now conducts online dance classes for women over 55. She is changing the norms on what an older woman can and cannot do by being a role model.



#### ***Person B, continues to serve his communities by founding local schools post retirement***

Retired as a senior government official. Post retirement, he started a school in a hut in a village with 5 students and soon built 100+ rural schools and 2 universities in 5 states, serving 70,000 students annually. From the age of 60 to his death at 96—a time usually associated with rest—he served his communities.



#### ***Person D, a geriatrics researcher whose age doesn't define him***

Heads a research trust on ageing and geriatrics that encourages innovative ideas and research to tackle ageing challenges. A mentally and physically active and focused person who refuses to let age limit his engagement. His work aims to provide solutions and insights that help improve the quality of life for the elderly.

<sup>35</sup> Dalberg interviews, July-October 2024.

## These stories are positive and encouraging, but not yet the norm. Across the four dimensions of longevity, most older adults in India experience challenging life circumstances.

**Economic security:** Older adults are disproportionately financially insecure. Over 40% of older adults live either below or close to the poverty line (compared to 27% for all of India).<sup>36</sup> In another study, more than 60% of older adults reported their financial status to be poor or average.<sup>37</sup> Their financial insecurity stems from many reasons—

- 36% of older adults are currently working though many may want to retire.<sup>38</sup> However, older adults often have limited accumulated financial wealth, leaving little to no savings for older age.<sup>39</sup> Most also have little by way of assets (e.g., landholding) and many were never income earners to begin with.<sup>40</sup> Many older adults who feel financially secure are dependent on their children or family for economic support. In a study, more than 70% of older women were found to be dependent on others for their needs and requirements including shelter, food, clothing, and medicines.<sup>41</sup>
- Safety nets for older adults have limited coverage and provide inadequate support. Very few older

adults were in formal employment to begin with. As a result, only 8.6% of older adults report receiving work-related pension.<sup>42,43</sup> In addition, ~22% of rural households with older adults receive benefits under social protection schemes such as the Indira Gandhi National Old Age Pension Scheme (IGNOAPS). Most such entitlements provide minimal support (e.g., INR 250 per month for IGNOAPS for those aged 60-79 years and INR 500 thereafter).

**Health and well-being:** Against a life expectancy of 73 years, India has a healthy life expectancy (HALE) of 58 years, placing us at the 26.6th percentile globally.<sup>44</sup> India's older adults rank poorly on several critical health indicators—

- 52% of older adults suffer from at least one NCD such as diabetes or cardio-vascular disease.<sup>45</sup> Poor nutrition and poor physical activity habits built over a lifetime contribute to this high prevalence of diseases. E.g., nearly half of older adults in India believe that sports and physical activity are not for them.<sup>46,47</sup>

<sup>36</sup> International Institute for Population Sciences (IIPS), National Programme for Health Care of Elderly (NPHCE), MoHFW, Harvard T. H. Chan School of Public Health (HSPH), & University of Southern California (USC). (2020). Longitudinal Ageing Study in India (LASI) Wave 1, 2017-18, India Report. International Institute for Population Sciences.

<sup>37</sup> Agewell Foundation. (2023). RIGHT TO HEALTH AND ACCESS TO HEALTH SERVICES IN OLD AGE. <https://www.agewellfoundation.org/wp-content/uploads/2023/03/Right-To-HealthAnd-Access-To-Health-Services-In-Old-Age-Social-Inclusion-March-2023.pdf>

<sup>38</sup> International Institute for Population Sciences (IIPS), National Programme for Health Care of Elderly (NPHCE), MoHFW, Harvard T. H. Chan School of Public Health (HSPH), & University of Southern California (USC). (2020). Longitudinal Ageing Study in India (LASI) Wave 1, 2017-18, India Report. International Institute for Population Sciences.

<sup>39</sup> HelpAge India. (2022). Bridge The Gap: Understanding Elder Needs. HelpAge India.

<sup>40</sup> Most of them lack assets – they have a landholding below 1.17 hectares, 32% own two-wheelers, and 16.7% own refrigerators. Dalberg analysis of LASI Wave 1, 2017-18.

<sup>41</sup> Agewell Foundation. (2024). STATUS OF OLDER WOMEN IN INDIA. <https://www.agewellfoundation.org/wp-content/uploads/2024/04/STATUS-OF-ELDERLY-WOMEN-IN-INDIA-MAR-2024-for-site.pdf>

<sup>42</sup> Dalberg analysis of LASI Wave 1, 2017-18.

<sup>43</sup> A greater proportion of older adults report receiving work-related pension compared to those who report having officially retired. Voluntary participation in contributory pension schemes or receiving pension on behalf of a spouse who has passed away but was eligible for receiving a pension could explain this deviation.

<sup>44</sup> Average number of years that a person can expect to live in "full health" by taking into account years lived in less than full health due to disease and/or injury. World Health Organization (WHO). (2024). \*Health life expectancy (HALE) at birth\*. The Global Health Observatory. Retrieved October 23, 2024, from <https://who.int/data/gho/indicator-metadata-registry/imr-details/66>

<sup>45</sup> IIPS et al. (2020). LASI Wave 1, 2017-18, India Report. International Institute for Population Sciences.

<sup>46</sup> Sharma, Manika, et al. "A Comparison of the Indian Diet With the EAT-Lancet Reference Diet." BMC Public Health, vol. 20, no. 1, May 2020, <https://doi.org/10.1186/s12889-020-08951-8>

<sup>47</sup> Dalberg Advisors (2024). State of Sports and Physical Activity: Building a Fully Active India.

- 24% of older adults suffer from limitations in daily living that prevent them from undertaking fundamental tasks such as dressing, bathing and feeding themselves.<sup>48</sup> More than half also experience limitations in instrumental activities of daily living (IADL), preventing them from more complex activities like preparing a hot meal or taking medication.<sup>49</sup>
- Finally, 8% of older adults display symptoms of depression. This is expected to double in the next 20 years.<sup>50</sup> Reports of abuse of older adults are on the rise, with most instances of abuse being perpetrated by caregivers and other family members often driven by disputes over poverty, economic matters, or driven by emotional distress related to the caregiving burden.<sup>51,52</sup> More than 45% of older women in a study stated that they were being harassed or mistreated by their relatives or friends.<sup>53</sup>
- 7% of older adults in urban areas indicate that they are interested in obtaining jobs but only one in five among these is very confident of getting a job in the next six months.<sup>56</sup> For others, lack of attractive job opportunities and restrictions imposed by their families are among the major reasons they do not seek employment despite wanting to.<sup>57</sup>
- Older adults, especially women, already contribute in many other ways to their families such as caring for their grandchildren. However, many older adults who have retired or did not work in the first place desire to do more for their communities. In fact, 30% of older adults want to participate in activities to support their communities, but 42% report a lack of the right opportunities.<sup>58</sup> This is different for rural areas where community service is woven into the fabric of daily life.

**Freedom to participate:** Many older adults want to participate either in economic activity and/or contribute to their communities either to find purpose after retiring from work or to give back to their communities. However, their choices are often limited—

- 38% of older adults have either retired or stopped working.<sup>54</sup> The transition away from work is disconcerting for most of them and they seek work with other organisations or community involvement to overcome the feeling of purposelessness.<sup>55</sup>

**Social connectedness:** Social isolation among older adults is a rising epidemic which experts warn needs to be addressed urgently –

- 26% of older adults (38 million) live either alone or just with their spouses. The increasing nuclearisation of families and migration of work will increase this number to more than 81 million older adults by 2045.<sup>59</sup>
- Fewer than 5% of older adults are formally a part of any network, organisation or club.<sup>60</sup> Experts suggest that access to such forums or organisations is often a challenge, but when access is present, older adults value the opportunity to connect with other older adults and a chance to contribute to their communities or society.

<sup>48</sup> IIPS et al. (2020). LASI Wave 1, 2017-18, India Report. International Institute for Population Sciences.

<sup>49</sup> Ibid.

<sup>50</sup> Ibid.

<sup>51</sup> Proportion of 60+ who reported facing abuse was 5.2% in 2018 and 10.3% in 2022. The 2022 figure was reported for tier 1 and 2 cities in line with the same definition as the 2018 report by HelpAge. The former is from the LASI wave conducted in 2017-18. While 2018 was pan-India and 2022 was urban, the 2018 estimate suggests that the rural rate was higher than that of urban. Hence, the increase in cases calculated based on these two figures is likely to be an underestimation.

<sup>52</sup> IIPS et al. (2020). LASI Wave 1, 2017-18, India Report. International Institute for Population Sciences.

<sup>53</sup> Agewell Foundation. (2024). STATUS OF OLDER WOMEN IN INDIA. <https://www.agewellfoundation.org/wp-content/uploads/2024/04/STATUS-OF-ELDERLY-WOMEN-IN-INDIA-MAR-2024-for-site.pdf>

<sup>54</sup> IIPS et al. (2020). LASI Wave 1, 2017-18, India Report. International Institute for Population Sciences. Dalberg interviews.

<sup>55</sup> Ibid.

<sup>56</sup> HelpAge India. (2024). Ageing in India: Exploring preparedness & response to care challenges – A HelpAge India report. HelpAge India. <https://www.helpageindia.org/documents/research-reports>

<sup>57</sup> McKinsey Health Institute. (2023). Age is just a number: How older adults view healthy ageing. McKinsey & Company. <https://www.mckinsey.com/mhi/our-insights/age-is-just-a-number-how-older-adults-view-healthy-aging>

<sup>58</sup> HelpAge India. (2022). Bridge the gap.

<sup>59</sup> IIPS et al. (2020). LASI Wave 1, 2017-18, India Report. International Institute for Population Sciences.

<sup>60</sup> IIPS et al. (2020). LASI Wave 1, 2017-18, India Report. International Institute for Population Sciences.



One major challenge in cities is that public spaces, such as streets, are unsafe and not inclusive, particularly for older adults. Issues include limited mobility, safety concerns, and a lack of accessibility features like sloped footpaths or tactile markers for the visually impaired. Poor urban design forces older adults to avoid stepping outside due to risks like falling or being hit by cars, as public spaces are not adequately planned for their needs. Incorporating citizen-centric design and inclusive budgeting is crucial for addressing these challenges.”

- SRIKANTH VISWANATHAN, JANAAGRAHA



“2/3rd of the population we work with is poor and needs to work daily—they lack assured employment and use daily wages for regular expenses.”

- ANISH RAMACHANDRAN, OBLF

#### Exhibit 4: How India’s older adults fare along the key dimensions of our longevity framework.



##### Economic Security

- 40% live close to or below the poverty line
- 22% in rural areas receive benefits under the old age pension scheme
- 6% receive work-related social insurance
- 87% of households with older adults report average or below-average financial status



##### Health And Well-Being

- 24% report ADL limitations
- 58% report IADL limitations
- 29% have a single morbidity; prevalence rises to 31.7% for those above 75
- 8% display symptoms of depression; the number is expected to double in the next two decades



##### Freedom To Participate

- 36% are currently working, primarily out of necessity
- 6% are formally retired
- 30% of older adults in urban areas want to volunteer



##### Social Connectedness

- 26% (38M) live either alone or just with their spouses; this will rise to 81M by 2045
- <5% are formally a part of a network, organisation, or club
- 13% use the internet with Facebook groups being the most popular medium

Sources: (I) IIPS et al. (2020). LASI Wave 1, 2017-18, India Report. International Institute for Population Sciences; (II) Dalberg interviews

**Exhibit 5: Comparing the state of older adults in India with global counterparts.**

	 <b>The State of Older Indians</b>	 <b>Global Comparison</b>
<p><b>Economic Security</b></p> 	<ul style="list-style-type: none"> <li>The Mercer Global Pension Index 2024<sup>I</sup> ranks India's retirement income system as the lowest among 48 countries reflecting significant weaknesses such as the lack of minimum support for the poorest individuals and inadequate coverage for unorganized working class.</li> </ul>	<ul style="list-style-type: none"> <li>Netherlands, Iceland, Denmark, and Israel were rated in the highest tier due to robust, sustainable systems with high integrity.<sup>I</sup></li> <li>Singapore was in the next tier due to its sound structure, though with some areas requiring enhancement.<sup>I</sup></li> <li>China and Japan were rated in the third tier, ahead of India, due to a comprehensive system of state, employer sponsored, and private pension systems.<sup>I</sup></li> </ul>
<p><b>Health and Well-being</b></p> 	<ul style="list-style-type: none"> <li>The Healthy Life Expectancy (HALE) at 60 years for Indians is 11.53 years<sup>II</sup>, placing India 162<sup>nd</sup> among 182 countries.</li> <li>The Global Happiness Report 2024 ranked India 121<sup>st</sup> among 143 countries in terms of reported happiness among older adults.<sup>III</sup></li> </ul>	<ul style="list-style-type: none"> <li>The HALE at 60 years for Japan and Singapore (ranked 1 and 2) is over 20 years.<sup>II</sup> Neighbouring countries like Pakistan, Bangladesh, and Myanmar reported higher values than India.<sup>II</sup></li> <li>Older adults in Denmark reported the highest happiness. Asian peers in Singapore, China, Nepal, and Myanmar reported better rankings than India.<sup>III</sup></li> </ul>
<p><b>Freedom to Participate</b></p> 	<ul style="list-style-type: none"> <li>The employment rate of Indians aged 55-59 years (59.8%) was one of the lowest among OECD countries.<sup>IV</sup></li> <li>India has a high percentage of volunteers aged above 55 years (38%).<sup>V</sup></li> </ul>	<ul style="list-style-type: none"> <li>Czechia, Iceland, and Sweden exhibit the highest employment rates for 55-59 years, with figures over 84%.<sup>IV</sup></li> <li>India also has one of the highest potential older-adult volunteer opportunities—higher than China, USA, Japan, and Singapore.<sup>V</sup></li> </ul>
<p><b>Social Connectedness</b></p> 	<ul style="list-style-type: none"> <li>26% of older adults live independently (alone or with spouse only)<sup>VI</sup> in India. By 2045, it is estimated that 60 million older adults in the country will be living alone or with their spouse. Experts suggest that solitary living can be a major cause of loneliness and poorer mental health.</li> </ul>	<ul style="list-style-type: none"> <li>In contrast, neighbouring Asian countries (Afghanistan 2.3%, Pakistan 4.3%, Myanmar 14%, Nepal 16.3%) have much lower rates of older adults living independently. Conversely, developed economies (Netherlands 93.4%, France 87.2%, USA 71.5%) have significantly higher rates of older adults living independently.<sup>VII</sup></li> </ul>

Sources: (I) Mercer, CFA Institute, & Monash University. (2024). Mercer CFA Institute Global Pension Index 2024. (II) World Health Organization. (n.d.). Healthy life expectancy (HALE) at age 60. WHO Global Health Observatory. Retrieved [2024], from <https://www.who.int/data/gho/data/indicators/indicator-details/GHO/gho-ghe-hale-healthy-life-expectancy-at-age-60>. (III) Helliwell, J. F., Layard, R., Sachs, J. D., De Neve, J.-E., Aknin, L. B., & Wang, S. (Eds.). (2024). World Happiness Report 2024. Wellbeing Research Centre, University of Oxford. (IV) OECD. (2023). Pensions at a glance 2023: OECD and G20 indicators. OECD Publishing. <https://doi.org/10.1787/678055dd-en> (V) McKinsey Health Institute. (2023, October 23). Aging with purpose: Why meaningful engagement with society matters. McKinsey & Company. (VI) IIPS et al. (2020). LASI Wave 1, 2017-18, India Report. International Institute for Population Sciences. (VII) United Nations, Department of Economic and Social Affairs, Population Division. (2017). Living arrangements of older persons: A report on an expanded international dataset (ST/ESA/SER.A/407).

## Some groups of older adults face more severe inequalities and hardships.

In our discussions, experts repeatedly highlighted that the cohort of older adults is not a monolith. Intersecting identities such as those linked to gender, caste, marital status, as well as family and living setup can lead to many inequalities and consequently to a poorer quality of life. For instance, widowed women who are older adults tend to face higher levels of \abuse, social isolation and financial insecurity. Many of them are abandoned by their families and live in widow ashrams set up in places like Vrindavan.

Another group is the older adults who care for other older adults (e.g., their octogenarian parents or an older spouse or sibling). With the increase in life expectancy there is a growing number of older adults in this segment, which is expected to grow further. Caregiving duties can intensify the emotional and economic stress these older adults experience. Exhibit 5 provides a high-level view into the lived reality of four such segments.



*“The onset of ageing varies across different determinants like region, gender, lifestyles, and contributes to the difference in functional and biological age.”*

- ANISH RAMACHANDRAN, OBLF





**Exhibit 6: Selected segments of older adults who require special attention and focus.**



**Older widows**

~36 M

- 30% of older women are widowed compared to 10% of older men. This is because women have historically been married at a younger age and have higher life expectancy.<sup>I</sup> By 2045, the number of widowed women will jump 1.8x.
- They are much more economically insecure, with low rates of work. 43% of married older adults report working compared to 22% of the widowed. 19% of older widows receive any form of pension or social benefit.<sup>I</sup>
- 26% of older widowed adults (both men and women) self-report good health compared to 35% of married older adults.<sup>I</sup> Their lifespan tends to be shorter than married people who may have morbidities.



**Working older adults from vulnerable caste groups**

~12 M

- SC/ST older adults are more likely to be working. 48% STs, 40% SCs, and 37% OBC older adults are currently employed vs. 28% of non-SC/ST/OBC older adults.<sup>I</sup>
- They often work in poor conditions; this is likely to continue due to their low inter-generational mobility. Evidence suggests that subsequent generations of SC and ST workers are likely to continue working in more vulnerable, dangerous, low-paid jobs (e.g., waste management).



**Older adults who are caregivers**

~2 M

- The mean hours of care provided in a week is ~19 hours.<sup>I</sup>
- Approximately 430K are providing care to 'older' older adults.<sup>I,III</sup> Anecdotally, this is the case when older adults care for their much older parents or in-laws.
- This role can be mentally and physically taxing, especially when the caregiver and caretaker are both unwell.



**Homeless older adults**

~18 M

- Reports estimate that there are ~18M older adults experiencing homelessness in India.<sup>IV</sup>
- 16K older adults<sup>III,VI</sup> are estimated to be living in public and charitable old-age homes due to abandonment by families or poor financial security.
- Many seek refuge in religious cities. It is estimated that there are 6K+ Vrindavan widows.
- Experts report extremely poor living conditions in almost all these facilities, including a lack of basic sanitation and amenities.
- Many of these facilities don't admit bedridden or severely ill older adults since almost all these facilities are overcrowded and underfunded.

Sources: (I) IIPS et al. (2020). LASI Wave 1, 2017-18, India Report. International Institute for Population Sciences; (II) Dalberg interviews (III) Dalberg Analysis (IV) The Financial Express. (2021). Caring for the elderly: More facilities needed, rope in institutions like places of worship. <https://www.financialexpress.com> (V) CNBCTV18. (2019, March 7). The widows of Vrindavan. <https://www.cnbctv18.com/photos/buzz/the-widows-of-vrindavan-2537551-3.htm> (VI) Kapur, R. (2023). Understanding status of old age homes in India. Indian Journal of Social Science and Literature, 3. <https://doi.org/10.54105/ijssl.C11110.03030324>

## Finally, the status quo is also untenable for many older adults' caregivers.

Most caregiving responsibility for older adults is borne by family members.<sup>61</sup> Experts highlighted that caregiving for older adults is emotionally and financially draining—for both men and women caregivers—and that most of them soldier on quietly with little to no support:

- **Financial challenges while caring for older adults:** Nearly one third of caregivers in urban areas reported facing financial challenges in providing care to older adults.<sup>62</sup> For caregivers supporting older adults over the age of 80 years, this increases to ~40% of caregivers reporting financial difficulties.<sup>63</sup> For rural areas too, experts suggest that most caregivers experience financial constraints when providing care to older adults.

Many caregivers experience the simultaneous financial burden of not just caring for older adults but also for their children. India is witnessing an increase in the age at which individuals marry. Consequently, they also experience parenthood in later years. This often leads to caregivers in the sandwiched generation, who are often themselves in their late 50s or above the age of 60 years. They must bear the dual economic pressures of providing medical and care expenses for their parents as well as financial support for their children (e.g., funding their higher education or marriage).

- **Nearly one in three caregivers face emotional distress:** 29% of caregivers who care for older adults report depressive symptoms and 11% report poor self-reported health.<sup>64</sup> This is significantly higher compared to non-caregivers. Even among caregivers, those providing over 40 hours of care per week have significantly increased odds of depression and poor self-reported health. Most caregivers (84%) consider it their duty to support older adults. However, they have largely never been equipped to carry out the role or manage their own well-being.<sup>65,66,67</sup>

The accumulated emotional strain can often lead caregivers to perpetrate abuse against older adults they are caring for. E.g., supporting older adults with ADL limitations (e.g., in changing their diapers) can be extremely distressing for someone not equipped to carry out the role or lacking emotional support to cope with the experience. It can lead to caregivers restricting older adults' food and liquid intake to reduce the frequency with which they have to change diapers or clean up. Increasing nuclearisation has also placed a higher burden on family caregivers—competing priorities and fewer members in the family to share the caregiving burden also often results in neglect and abuse of older adults.<sup>68</sup>

<sup>61</sup> Berkman, Lisa F., et al. "Social Networks, Family, and Care Giving Among Older Adults in India." *Ageing in Asia* - NCBI Bookshelf, 2012.

<sup>62</sup> HelpAge India. (2024). *Ageing in India: Exploring preparedness & response to care challenges* - A HelpAge India report.

<sup>63</sup> Ibid.

<sup>64</sup> Chakraborty, R., Jana, A., & Vibhute, V. M. (2023). Caregiving: A risk factor of poor health and depression among informal caregivers in India - A comparative analysis. *BMC Public Health*, 23(42). <https://doi.org/10.1186/s12889-022-14880-5>

<sup>65</sup> Data for urban caregivers providing care to older adults or living with older adults.

<sup>66</sup> HelpAge India. (2024). *Ageing in India: Exploring preparedness & response to care challenges* - A HelpAge India report.

<sup>67</sup> Manjaly, S. P., Haridha, I., & Saji, D. (2024). A study of the knowledge, attitude, practices, and burden of full-time family caregivers in the care of older adults in Bengaluru, India. *Journal of the Indian Academy of Geriatrics*, 20(3), 107-111. [https://doi.org/10.4103/jiag.jiag\\_26\\_24](https://doi.org/10.4103/jiag.jiag_26_24)

<sup>68</sup> Ibid.

- **Both men and women caregivers experience emotional strain:** The majority of older adults are women, making them a significant segment that receives care. However, women often bear the primary responsibility of caregiving in a household. This includes younger women but also older women who provide care for their spouses or other family members. Simultaneously, more and more women are participating in the economy as professional caregivers. Qualitative studies of women caregivers highlight that it is often a 24x7 job.

There are multiple demands on their time with limited appreciation and reciprocity for their efforts, and no avenues to seek respite.<sup>69</sup> At the same time, the proportion of men taking on caregiving duties is increasing.<sup>70</sup> Even in households where women carry out the bulk of caregiving functions, men often play a supporting role. For them too, the physical and emotional burden of providing care and being the primary income earner is challenging.



*“Our studies reveal that 87% of caregivers exhibit symptoms of anxiety and depression. It is imperative to recognise, appreciate, and support caregivers.”*

- ANIL PATIL,  
CARERS WORLDWIDE

In summary, the lived reality for older adults in India presents a contrasting picture: while many older adults are living their lives in ways that they seek, most are striving to live with dignity and achieve a minimum quality of life. Changing the status quo requires normalising the former and making concerted efforts to improve the quality of life of older adults. To do so, it is also crucial to consider what these older adults want from their lives and the surrounding narratives that dictate what their lives should look like.

<sup>69</sup> Ugargol, Allen Prabhaker, and Ajay Bailey. “Family Caregiving for Older Adults: Gendered Roles and Caregiver Burden in Emigrant Households of Kerala, India.” *Asian Population Studies*, vol. 14, no. 2, Jan. 2018, pp. 194–210. <https://doi.org/10.1080/17441730.2017.1412593>

<sup>70</sup> View of Caregiver Burden of the Elderly in a Selected Urban Community, Chittoor District, Andhra Pradesh. [www.ijcmph.com/index.php/ijcmph/article/view/12004/7359](http://www.ijcmph.com/index.php/ijcmph/article/view/12004/7359)

# 03

**Freedom, Security, and  
Well-being: A New  
Narrative for Longevity**



WIP—awaiting approval on sketch

# Families consider caring for older adults their filial duty and older adults want to stay with their children and grandchildren.<sup>71</sup>

India's approach to caring for older adults differs significantly from Western nations. While Western countries emphasise individual independence and provide state-supported senior care infrastructure, in India, growing older is associated with interdependence where the family is typically seen as responsible for care as people age. This perspective is reinforced by religious texts across faiths that equate parent care with divine service and position elderly family members as custodians of tradition and

wisdom.<sup>72</sup> This cultural outlook persists today, with 75% of older adults and 84% of caregivers believing that families should be responsible for the care of older adults. Limited social security benefits and senior care facilities further reinforce this family-centred model. Although urbanisation and work-related migration are gradually influencing these attitudes, the fundamental expectation of children providing physical and financial support for ageing parents remains ingrained in Indian society.

## Cultural beliefs also emphasise growing older as a time for older adults to seek spiritual wisdom over material pursuits.

The religious discourse in India emphasises finding spiritual fulfilment as the goal of life and encourages seeking spiritual wisdom. The cultural spread of these ideas through faith-based organisations, narration of epics, and popular media portrayals have led to the popular idea that growing older means to move away from material pursuits, pass on family leadership to

children, and seek spiritual company and solace. While older adults often engage in religious and spiritual practices as a means to find social company among their peers and effectively utilise their time, many older adults want to make religious journeys and spend time in spiritual centres (e.g., ashrams).<sup>73</sup>

<sup>71</sup> Berkman, L., Sekher, T. V., Capistrant, B., & Zheng, Y. (2012). Social networks, family, and caregiving among older adults in India. In J. P. Smith & M. Majumdar (Eds.), *Ageing in Asia: Findings from new and emerging data initiatives* (pp. 261-278). The National Academies Press.

<sup>72</sup> Kalavar, J. M., Duvvuru, J., & Thomas Jr., E. (n.d.). Caregiving for older adults in India: The role of kinship and non-kinship networks. *Indian Journal of Health Studies*, 2(1), 63-80.

<sup>73</sup> As noted earlier in Chapter 2, in reality, many older adults continue to work out of necessity and want to be involved in family decision-making. However, what older adults want is a mix of necessity, their own aspirations, and ideas of what growing older should look like based on popular customs and societal notions.

## Alongside these beliefs is often a passive acceptance of the idea that growing older means inevitable decline. This is adversely impacting the quality of life of older adults.

The above beliefs and narratives make growing older in India distinctive from other countries. Experts and practitioners addressing longevity in India also highlight that these and related beliefs cement the notion that growing older is synonymous with deterioration in health, ability (to work as well as to make decisions) and the contribution that older adults can make. Influenced by these narratives, our society tends to passively accept that growing older is associated with decline, leading to attitudes and behaviours that adversely impact the lives of older adults:

- **Individuals:** Older adults as well as younger generations internalise a sense of decline and diminishing self-worth as one grows older.



*“Studies like the WHO Global Report on Ageism reveal that one in two people in the world are ageist and that this is higher in low- and middle-income countries such as India. It is crucial to shift away from negative connotations associated with ageing, such as frailty and vulnerability.”*

- DR. VIJETH IYENGAR, AARP

- **Families and caregivers:** While performing their caregiving roles, families and caregivers encroach upon the agency of older adults and follow a very limited view of what their life should look like.
- **Institutions:** Government and businesses (e.g., healthcare providers) focus on policies and programmes aimed at managing decline rather than ensuring fulfilment of basic needs (via adequate social protection) and promoting holistic well-being.

Exhibit 7 on the next page lists the common narratives and how they manifest in the behaviour of various actors.



*“The prevalent notion that ageing is synonymous with decline and withdrawal has resulted in older adults being pushed to the periphery of society, leading to social isolation, reduced physical activity, and subsequent health challenges.”*

- DR MATHEW VARGHESE, NIMHANS

## Exhibit 7: Prevalent but outdated narratives on ageing and longevity have shaped the attitudes and actions of various stakeholders.





## Older adults and their families often eschew actions like engaging in preventive health and participating in public life.

The normalisation of frailty and dependence because of these narratives leads individuals and those around them to form a very narrow view of what life as an older adult can look like, and to develop a passive acceptance of a lower quality of life. For example, older adults start associating body or joint ache as a normal part of growing older, believing that these cannot be cured. As a result, they avoid seeking medical advice until it's too late. This extends to ignoring practices such as undertaking preventive health checkups, or undertaking physical activities. Families also hold onto

such notions and are dismissive of older adults' health concerns and tend to avoid healthcare expenditures (e.g., on regular checkups) until the situation turns grievous. Such attitudes are often reinforced by societal norms. The narrative of declining abilities prevents older adults from seeking income opportunities. At the same time, families discourage the notion fearing social stigma (e.g., an older adult having to work to earn an income despite the family being around) and concern for older adults' well-being (e.g., for their safety when travelling to or from work).



*“Mental health issues in older adults are often overlooked or dismissed as a natural part of ageing, with families seeking help only when symptoms become pronounced or problematic. Early intervention is crucial for effective treatment and can include medication and education for both the older adult and their family.”*

- DR. MATHEW VARGHESE, NIMHANS



*“Several urban families place unreasonable restrictions on the social life of older adults, allowing only spiritual activities outside the home. This often stems from concerns around their safety, outdated societal norms, and fear of older adults revealing sensitive information about family dynamics, including any instances of abuse.”*

- HIMANSHU RATH,  
AGEWELL FOUNDATION

## Often, government and private sector approaches reinforce and reflect these narratives.

Within the government and the private sector, these narratives have cemented a view that growing older means deteriorating abilities, increasing dependency on others, and that families are primarily responsible for caring for older adults. As a result, policy action is largely skewed towards providing healthcare for older adults, even though some noticeable policy shifts to support older adults' participation in work and creating support structures for caregivers have emerged in

recent years. Many businesses also form an ageist view of older adults' abilities and hesitate to hire them to meet their talent needs. Even organisations that focus on serving older adults often centre the family or earning children as the primary decision makers regarding the purchase of their product or service and may not centre their efforts on older adults who are the primary users.

## These narratives are limiting and collectively holding us back from recognising the immense contributions that older adults are making to society.

Existing narratives do not adequately acknowledge and celebrate the various ways older adults are adding value to the lives of their families and societies. In fact, their contribution to the nation's economy and to the well-being of their families and communities is more significant than we realise—

- **Economic contribution:** Older adults in India, as workers in the economy, contributed ~USD 68 billion in labour income (i.e., 3.28% of the estimated real GDP in 2023-24).<sup>74</sup> In fact, as farmers, business owners, and professionals directly supporting businesses, their contribution is a key part of the India growth story. As an additional example, businesses run by older adults currently employ 63 million individuals across the country.<sup>75</sup>
- **Role as caregivers in their families:** 14% of older adults are engaged in caregiving activities in their families.<sup>76</sup> On average, these older adults spent

~1.75 hours daily caring for other members of their families such as their grandchildren, sick family members, or other older adults.<sup>77</sup> In aggregate, this amounts to more than 14 billion caregiving hours annually that older adults devote to support the well-being of their families.<sup>78</sup>

- **Community service:** 2.5%<sup>79</sup> of older adults are currently engaged in community service or related activities.<sup>79,80</sup> On an aggregate basis, older adults are devoting 2.6 billion hours annually towards community-building activities.<sup>81</sup>

Apart from the above, older adults contribute in many intangible ways. As storehouses of wisdom who mentor young professionals or pass on skills to their family members (in home-owned businesses or farms), and as emotional anchors for their families and communities, older adults play a key role in keeping the society's engine running.

<sup>74</sup> Dalberg analysis of LASI Wave 1, 2017-18.

<sup>75</sup> Ibid.

<sup>76</sup> Ministry of Statistics and Programme Implementation, National Statistical Office. (2019). Time use in India-2019: Time use survey (TUS).

<sup>77</sup> Ibid.

<sup>78</sup> Dalberg analysis based on the Time Use Survey 2019.

<sup>79</sup> Ministry of Statistics and Programme Implementation, National Statistical Office. (2019). Time use in India-2019: Time use survey (TUS).

<sup>80</sup> The Time Use Survey 2019 reports 'unpaid volunteer trainee and other unpaid work' differently from 'socializing and communication, community participation and religious practice', potentially resulting in a low estimate for older adults volunteering.

<sup>81</sup> Dalberg analysis based on the Time Use Survey 2019.

## Crucially, the prevailing narratives are out of sync with what older adults seek from their lives.

Data on what older adults want is thin and no previous study has collected these perspectives in detail. We looked at the few studies that are available and pieced together perspectives based on inputs from experts. Above all, older adults want three things—freedom, security and well-being (including social connectedness). Current narratives fail to adequately acknowledge and build an environment where such aspirations are supported -

**A. Older adults want autonomy to live life on their own terms, but their agency is often restricted:** Older adults in India who are nominally involved in decision-making are 1.9 times more likely to report low life satisfaction compared to older adults who are actively able to make or contribute to decisions concerning them.<sup>82,83</sup> This can take many different forms. For example, many retired professionals want to continue to engage professionally or contribute to their family and community, while many others do not want to feel the pressure to be productive and simply want to enjoy their later years. Similarly, many women want to exercise more control over their lives by gaining freedom from household chores.

- B. Older adults want to have economic security and not be a burden on their families:** Older adults in India seek financial independence that ensures they are able to secure a dignified life for themselves, without burdening their families. Adequate social protection that is easy to access, pension security and opportunities for meaningful income-generating work can go a long way in ensuring that older adults feel financially secure and are able to lead dignified lives.
- C. Older adults want to experience well-being in a holistic sense:** Older adults want to experience stronger emotional and affectional ties with their families and form stronger social bonds with their communities. This is crucial to their subjective well-being. At the same time, older adults want to ensure optimum health for themselves to be able to maintain their functionality.

<sup>82</sup> BMC Geriatrics. (2022). Types of household headship and associated life satisfaction among older adults in India: Findings from LASI survey, 2017–18.

<sup>83</sup> The study compared older adults who were nominal heads of the household (did not have any decision-making power) with functional heads (had absolute or partial power to make household decisions). Findings are based on the adjusted odds logistic regression model accounting for some background characteristics of older adults such as gender, age, education, and living arrangements.



*“Older adults want to ‘pay back to society,’ especially within their neighbourhoods and local communities.”*

- SRIKANTH VISWANATHAN, JANAAGRAHA



*“Many older adults, particularly women, desire a period of liberation from responsibilities and freedom to enjoy life.”*

- SUGANDHI BALIGA, HAPPY2AGE





**So, what would a new narrative for growing older—one that is in line with older adults’ aspirations and that embeds the notion of longevity—look like?**

**A new narrative would anchor on the notion that growing older can and should mean what older adults want it to mean.**

This narrative would need to dispel the narrow notions of what it means to grow older in India (“ageing”), establish it as a privilege, and embed the idea that growing older is a time of new possibilities. It would need to centre on older adults’ aspirations, while emphasising that the process of growing older is unique. In an extension of this idea, the new narrative would acknowledge that older adults’ needs and

aspirations vary depending on their economic status, location of residence, family support, and education. Further, not all older adults want the same thing (e.g., not all older adults want to work). Finally, it would need to embrace the complexity associated with growing older in full measure and showcase what growing older could look like for each of the dimensions that determine the quality of life of older adults.

**Exhibit 8: The new narrative on ageing and longevity should establish longevity as a time of freedom, agency and security for older adults.**

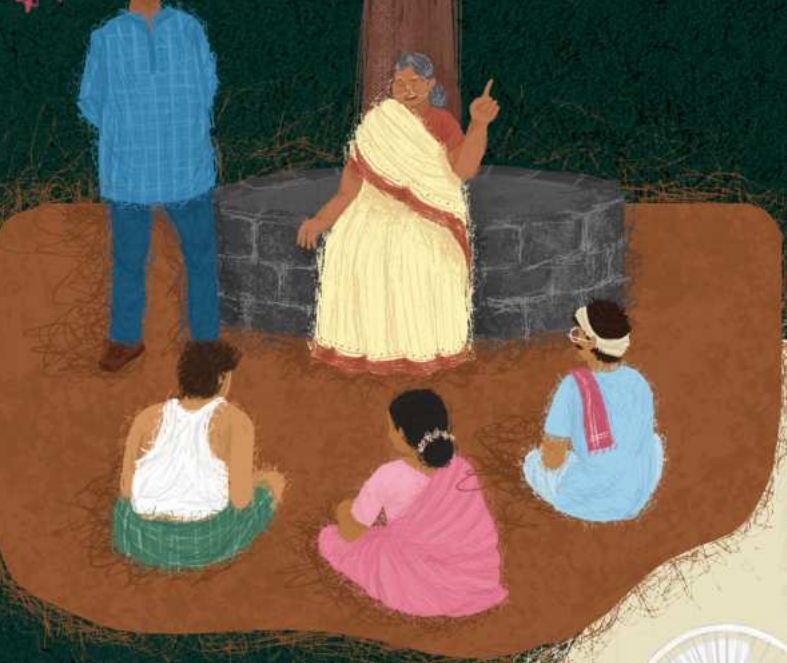
		<b>Ageing</b>		<b>Longevity</b>
		Time of inevitable biological decline and limited social participation for older adults		Time to have the freedom, security, and well-being to live life on own terms
<b>Economic Security</b>		Seen as a burden on the economy and dependent on families and caregivers for financial security.	→	Recognised for existing contribution and untapped potential; it's the state's responsibility to ensure dignity of life.
<b>Health and Well-being</b>		Focus on bearing and managing physical and cognitive decline and dependency.	→	Emphasis on well-being & proactive health measures like physical activity.
<b>Freedom to Participate</b>		Limited view of social and economic activities that older adults should do and limited support for pursuing interests.	→	Encouragement to participate actively in the economy and their communities and pursue life on their own terms.
<b>Social Connectedness</b>		Social isolation with limited participation and interactions beyond one's family or community.	→	Due importance to social inclusion, including intergenerational and multigenerational connections.

Creating and embedding this new narrative of what it means to grow older is central to embedding longevity in our institutions—samaaj, sarkaar and bazaar—and orienting them to better support older adults. At the

same time, these institutions will play a key role in embedding this narrative in society. In the next chapter, we explore the landscape of these institutions, especially how samaaj is embracing longevity.

# 04

**Awaiting Acceleration:  
How Samaaj is Shifting the  
Narrative but Needs More  
Support to Build Momentum**



# A large and vibrant samaaj is hard at work to improve the quality of life of older adults.





The NITI Aayog Darpan portal lists more than 39,000 voluntary or non-governmental organisations (NGOs) that are focused on supporting older adults.<sup>85</sup> Apart from these NGOs, there is a diverse group of samaaj organisations including faith-based organisations, social enterprises, formal and informal citizen groups, and academia that are leading efforts to improve the quality of life for older adults. They are effectively

leveraging their proximity to communities (e.g., NGOs) and trust among older adults (e.g., in faith-based organisations). The freedom to pilot and innovate (e.g., for social enterprises) is enabling them to drive efforts across all four dimensions that define the quality of life of older adults. Since they are at the forefront of many shifts in this sector, we are collectively terming this group the samaaj innovators (SIs).

## Exhibit 9: Distribution of samaaj innovators by thematic focus areas.

### Distribution of samaaj innovators by thematic focus

Proportion of samaaj innovators (n=36); samaaj innovators can focus on multiple areas and therefore proportions do not add up to 100

	<i>Predominant focus</i>	<i>Less focus/ whitespace</i>
<b>Economic Security</b> 47% 	<ul style="list-style-type: none"> <li>Promoting livelihoods via models such as elderly SHGs.</li> <li>Enabling last mile access to social entitlements and benefits.</li> </ul>	<ul style="list-style-type: none"> <li>Skilling, re-skilling, up-skilling of older adults.</li> <li>Entrepreneurship training for older adults.</li> </ul>
<b>Health and Well-being</b> 81% 	<ul style="list-style-type: none"> <li>Dedicated health services focused on geriatric issues.</li> <li>Community led or home-based care and palliative care.</li> </ul>	<ul style="list-style-type: none"> <li>Ensuring digital well-being and safety.</li> <li>Scale up of demonstrated community care models beyond demonstration sites or geographies.</li> </ul>
<b>Freedom to Participate</b> 28% 	<ul style="list-style-type: none"> <li>Creating work and volunteering opportunities for consulting, tutoring children, environmental campaigns, etc.</li> <li>Celebrating older adults' contributions and promoting older adults who are role models for others.</li> </ul>	<ul style="list-style-type: none"> <li>Creating behaviour and mindset shifts across communities and caregivers.</li> </ul>
<b>Social Connectedness</b> 58% 	<ul style="list-style-type: none"> <li>Social clubs, activity groups, and day cares for older adults.</li> <li>Physical and digital age-friendly infrastructure.</li> </ul>	<ul style="list-style-type: none"> <li>Promoting inter-generational connections within communities.</li> </ul>



## In fact, many samaaj innovators are driving a narrative shift by rewriting the script on what it means to support older adults and showcasing new possibilities to older adults themselves.

We mapped the work of 36 prominent organisations that are undertaking groundbreaking research, grassroots action and innovations to build new perspectives around how challenges that older adults face can be tackled. They are changing the perspectives of policymakers, caregivers and even older adults themselves. We identified six powerful ways that these organisations are helping build new perspectives:

### 1. Building a richer and more objective understanding of older adults' lives and that of caregivers.

Across academia, think tanks, and direct-action organisations, many specialised research groups are leveraging cutting edge research techniques to shed light on different aspects of life as an older adult:

- **Indian Institute of Population Studies' Center for Ageing Studies anchors the Longitudinal Ageing Study in India (LASI)**, which is arguably the richest source of information on the lives of older adults in India. The group has published several papers anchored in LASI but also goes beyond, adding to the knowledge base around the social, economic and health challenges faced by older adults.
- **Longevity Centre at the Indian Institute of Science** is adopting a multi-disciplinary approach to combine fields like physiology, genetics, computational biology, and sociology to understand the biological and social aspects of growing older in India.
- **International Longevity Center (ILC) – India** is the country-based chapter of an international think tank focused on understanding the experience of

longevity in India. The centre has published several studies including those focusing on networks and social support for older adults, and housing.

- **Agewell Foundation and HelpAge India** have conducted primary research studies and published periodic reports focused on the challenges that caregivers face on a day-to-day basis.
- 2. **Pushing the policy envelope in new directions and safeguarding legal entitlements.** By leveraging civic action among older adults and direct advocacy with the government SIs are helping drive new policies and legislations in economic security, health and eldercare, and other related fields:
  - **AISSCON** is leveraging its membership base of more than 2M older adult members to create awareness on key issues such as pension reforms, while channelling the concerns of older adults to the government. The organisation's efforts and civic action were instrumental in shaping and eventual enactment of the Maintenance and Welfare of Parents and Senior Citizens (MWPSA) Act.<sup>86</sup>
  - **HelpAge India, Agewell Foundation and other CSOs** we mapped have been part of several government committees and advocated for the creation of policies like SAGE (Seniorcare Ageing Growth Engine) and SACRED (Senior Able Citizens for Re-Employment in Dignity) that have expanded the policy focus of the government beyond healthcare and social entitlements for older adults.<sup>87</sup>

<sup>85</sup> (NGO Darpan. (n.d.). Sector-wise NGOs: 39752. [https://ngodarpan.gov.in/index.php/home/sectorwise\\_ngo/39752/12/1](https://ngodarpan.gov.in/index.php/home/sectorwise_ngo/39752/12/1))

<sup>86</sup> International Institute for Population Sciences & United Nations Population Fund. (2023). India Ageing Report 2023: Caring for our elders – Institutional responses. United Nations Population Fund.

<sup>87</sup> International Institute for Population Sciences & United Nations Population Fund. (2023). India Ageing Report 2023: Caring for our elders – Institutional responses. United Nations Population Fund.

**3. Embedding new, frugal models of providing health and care for older adults:** Organisations have designed, piloted and demonstrated highly successful alternative models of care for older adults, including those from vulnerable communities or adults suffering from illnesses such as dementia:

- **Nightingales Medical Trust** in Bengaluru is at the forefront of providing dementia care to older adults and has established day care centres to provide support to these older adults and their families.
- **One Billion Literates Foundation** has established a network of women community health workers to monitor the health of and improve access to medical advice for older adults in rural Karnataka.
- **St. John's Medical College in Bengaluru** has established community-owned and financially sustainable grama hiriyara kendras, which are community social centres in rural Karnataka. The centre also runs regularly scheduled mobile health clinics for older adults in rural parts of Karnataka.

**4. Showcasing new approaches to solve pressing but underrecognised issues that older adults face:** Challenges like social isolation or asset planning that more and more older adults face are being tackled via entirely new approaches that go beyond conventionally accepted ideas:

- **Agewell** has started a 'will bank' that provides older adults with legal advice to manage their wealth, create wills and store them with the foundation to better manage their assets.
- **Dignity Foundation** has run programmes focused on building digital literacy skills to make older adults adept and confident in using smartphones, navigating online interactions and payments, and other digital activities.

**5. Equipping caregivers with a better understanding of older adults they care for:** Organisations are

leveraging technological and non-technological approaches to engage caregivers and build their knowledge base on providing care for older adults:

- **Vridha Mitra** is operating a model of providing care in urban slums by training and building a cadre of community-based caregivers who can then leverage medical and other resources via the organisation to support older adults.
- **Institute of Palliative Medicine** is a rights-based non-governmental organisation at the forefront of creating community volunteer programmes and home care programmes for older adults who suffer from debilitating diseases and/or are bedridden. It has also established the Neighbourhood Network in Palliative Care (NNPC) which is the world's largest palliative care network.

**6. Empowering older adults to be changemakers and celebrating role models:** Finally, organisations are showcasing to older adults pathways that allow them to contribute to their own welfare as well as that of their families and communities:

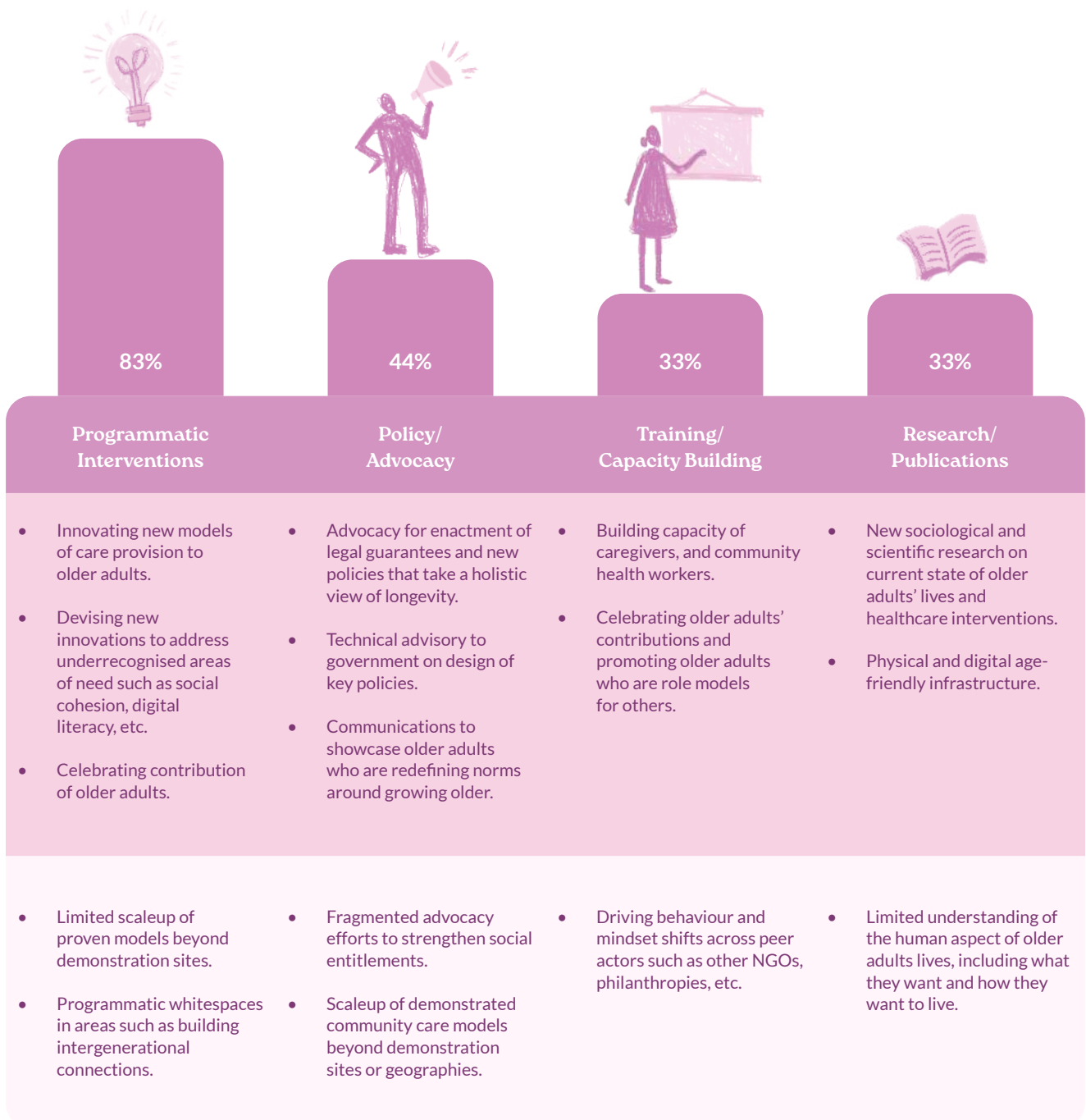
- **Vayah Vikas** organises Hiriyara Habba, a festival of older adults that brings together citizens from all walks of life and leading influencers to celebrate older adults' skills, talents, entrepreneurship and zest for life.
- **GreyShades** recognises the contribution of older adults and spotlights the stories of older adults who are caring for their families or communities that are much older.
- **HelpAge India** has organised entrepreneurship training for older adults and is supporting several self-help groups of older adults such that they are able to feel that they are contributing to their families.

These are but a few examples from the incredible innovations and change-making that these organisations are driving for older adults at various levels—individual, family, community and national.

**Exhibit 10: Most samaaj innovators are running direct programme interventions though several are also acting as ecosystem enablers.**

**Distribution of samaaj innovators by activity type**

Proportion of samaaj innovators (n=36); samaaj innovators can adopt multiple approaches and therefore proportions do not add up to 100



What's working well

What needs more attention

Increasingly, the boundary between samaaj and bazaar organisations pursuing innovations aimed at improving the quality of life of older adults is becoming less distinctive. For the sake of simplicity, we focused the above landscape on samaaj organisations. However, a rapidly growing array of private sector organisations, including many technology startups, are pursuing innovations that are closely aligned with samaaj organisations' aims to empower older adults.

These organisations are actively pursuing technology-enabled innovations in multiple areas including solving for older adults' short- and long-term care needs, improving their cognitive health or social connectedness, connecting them to work, and creating targeted products for them. We discuss these in more detail at the end of this chapter in a section spotlighting the bazaar.

## In changing this narrative, many samaaj innovators are also joining forces with each other, the government and private sector to drive larger impact.

For example, HelpAge India collaborates with over 5,000 other senior citizen organisations and groups to conduct its programmes focused on digital literacy and safety, elder care, and rights awareness. On the other hand, Vayah Vikas has entered into an MoU with the Ministry of Social Justice to design and implement programmes on conducting awareness on government schemes for older adults and identify startups building for older adults. SIs are also leveraging the private

sector's expertise and networks to support older adults. For example, the Agewell Foundation has partnered with Amplifon India, a leading manufacturer, to organise hearing screening camps and counselling sessions for older adults in Delhi-NCR.<sup>88</sup> HelpAge India has also leveraged partnerships with private sector financial institutions to create trainings for older adults that are centred on financial literacy.

## Yet, these successes mark just the beginning of the change that needs to manifest; there are many areas where SIs have not yet been able to devote attention or scale their efforts.

Critical gaps in the ecosystem, some of them foundational, remain, preventing benefits from reaching older adults who often need the most support:

- Limited understanding of what older adults seek from their lives:** Despite a rich, data-driven understanding of what the lives of older adults' and their families look like today, only a high-level understanding of what older adults seek from
- Limited scaleup of proven models beyond demonstration sites:** Despite the proven success

their lives, and the support that they need in fulfilling these aspirations is available. This understanding is even more limited for older adults from vulnerable segments. As a result, our understanding of the new narrative for longevity that needs to take root remains incomplete.

<sup>88</sup> Agewell Foundation. (n.d.). Latest initiatives: Free distribution of medical equipment to destitute and elderly. [https://www.agewellfoundation.org/?page\\_id=3903](https://www.agewellfoundation.org/?page_id=3903)

of models, e.g., in health delivery and care, that SIs anchor, scaleup of these models has been limited. Evidence of success and collaborations that can enable scaleup have been few. Similarly, efforts to remake the narrative are yet to reach a nation-wide audience.

- **Poor integration of efforts with other developmental areas:** The quality of life of older adults is intertwined with that of improvements in other development sectors. For example, interventions for improving healthcare, income generating opportunities for families, and learning systems can be adapted to also positively impact older adults through improved programme design and collaboration with organisations focused on older adults. However, such integration has been limited, leading to a missed opportunity to leverage funding given to those vital sectors to also drive outcomes for older adults.
- **Fragmented efforts to improve coverage, access and adequacy of social safety nets:** Existing efforts to strengthen the social safety nets are fragmented across SIs. Often efforts focus on bridging last mile gaps like helping older adults access their benefits. But collective action among SIs to generate and share evidence with each other and come together to influence system-wide action to improve entitlements for older adults is missing.

- **Inadequate attention to whitespaces like inter-generational connections and skilling:** While a key role for SIs has been to create and pilot innovative solutions for unaddressed areas, there are several whitespaces where solutions are needed to improve older adults' quality of life (e.g., fostering inter-generational connections for older adults, creating skilling avenues for older adults to re-enter the workforce). Efforts in this direction have been constrained because of the limited funding available to test these innovations.

Underlying the above gaps is the need to strengthen the support available to these innovators including funding from philanthropies to pursue bold innovations, connective tissue to learn and collaborate with each other, collaborations with private sector and corporate social responsibility (CSR) funders, as well as policy support that can facilitate strong partnerships with the government.

*Samaaj Innovators active in the space, alongside philanthropies, have the opportunity to build on the momentum they have created to address the above gaps and accelerate our progress towards a longevity future. In doing so, they will need to act not only as implementors but also as enablers for other institutions in the ecosystem. We explore this in more depth in the next chapter.*

# Sarkaar: Embracing longevity in policy action

**In recent years, policy action has focused on longevity aspects that have traditionally received little attention such as economic work, improving functional ability and supporting caregivers.**

India announced the launch of the National Policy for Older Persons in 1999, predating the Madrid International Plan of Action on Ageing (MIPAA) 2002. In 2021, the Ministry of Social Justice and Empowerment launched the National Action Plan for Welfare of Senior Citizens (NAPSRc), incorporating the Integrated Programme for Older Persons (IPOP). Now rebranded as the Atal Vayo Abhyuday Yojana (AVYAY), this scheme aims to ensure that senior citizens live healthy, dignified, and self-reliant lives with strong social and inter-generational bonds.<sup>1</sup> The policy outlines immediate government actions to enhance

senior citizens' welfare and well-being. For example, the policy has introduced measures to assist older adults gain access to medical aids and devices (e.g., walking aids, hearing aids) for free or at subsidised rates. More recent schemes such as SAGE and SACRED have also started to focus on other aspects of longevity such as engaging older adults in economic activity, and supporting startups to build for longevity via seed funding. United Nations Population Fund India Ageing Report 2023 provides a comprehensive overview of policy evolution and prominent policies aimed at supporting older adults.

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**Policy action to create enabling conditions for older adults to thrive, more implementation muscle and a push for user centric solutions can help the government capitalise on this momentum to better serve older adults.**

While appreciating the intention and design of recent policies that the government has introduced (e.g., SAGE), experts highlighted five opportunities that can ensure older adults lead better quality lives and are able to better benefit from initiatives that the government has launched for them:

- **Improving design of key policies such as those focused on social protection:** Despite multiple policies and schemes, accessibility and coverage provided by various social protection schemes is inadequate. Many of these schemes also remain challenging for older adults to access due to complex documentation requirements and other barriers. Experts highlighted that revision to social protection schemes to ensure adequate coverage (equivalent to minimum wage or assuring universal basic income) is crucial to ensure that basic needs for a significant proportion of older adults are met, and to create an environment where these older adults can think beyond 'survival' to leverage other schemes that allow them to thrive or contribute to society.
- **Greater political will and implementation resources:** Most of the schemes lack adequate budget allocation and on-ground implementation infrastructure (e.g., dedicated personnel and partnerships) to ensure they reach older adults.

Critical steps to ensure older adults are aware of schemes relevant for them also receive limited attention. E.g., 40-50% of older adults report being unaware of the flagship social protection schemes such as the Indira Gandhi Widow Pension Scheme. Even for forward-looking schemes like SACRED, traction on the platform remains low and could be boosted with more streamlined implementation. Addressing the implementation gap require significant political attention and will to deliver change for older adults.

- **Building greater sensitivity and knowledge in the government:** Even in areas where the government is already implementing programmes to support older adults, such as the delivery of social entitlements, experts highlight that policymakers and administrators often have limited exposure to issues of older adults (e.g., due to non-specialised roles for bureaucrats). This can lead to sub-optimal implementation and also carries over to other areas where government is taking the lead (e.g., infrastructure planning and investments).
- **Streamlined governance:** Currently, the schemes are implemented by different ministries and departments. While the ministry of social justice has a role in developing many of the policies and coordinating action, a dedicated ministry or

department with the mandate to monitor implementation of the schemes could result in greater coordination and ensure on-ground accountability.

- **Integrating user-centric solutions:** Finally, supporting solutions that work for different segments of older adults can help ensure that the policy intent also results in outcomes. For example, focusing on community-led healthcare or palliative care solutions or better equipping community-based caregivers can potentially result in dramatic improvements in healthcare access for older adults.

Sources: (I) Press Information Bureau, Government of India, Ministry of Social Justice & Empowerment, Welfare of Senior Citizens under Sacred, 2022 (II) International Institute for Population Sciences, & United Nations Population Fund. (2023). India Aging Report 2023: Caring for our elders – Institutional responses. United Nations Population Fund. (III) IIPS et al. (2020). LASI Wave 1, 2017-18, India Report. International Institute for Population Sciences. Dalberg interviews.

Note: Our insights are primarily informed by the in-depth examination of government policies and schemes outlined in the 'India Aging Report 2023' by UNFPA and IIPS. This report offers a comprehensive assessment of existing government interventions, including schemes, programs, concessions, legislation, and health provisions.

# Bazaar: A new wave of entrepreneurial activity targeting older adults

**Surging interest in the silver economy has led to a new wave of entrepreneurs combining technology and business model innovation to create tailored products and services for older adults.**

As noted earlier in the report, the so-called silver economy in India is estimated to be USD 8.7 billion and growing fast. Multiple private sector players, including large corporates, have been paying more and more attention to this opportunity. At the same time, a wave of new age startups has emerged that are combining technology and business model innovation to serve older adults. As of 2024, more than 100 early-stage startups have been founded that are building new products and services in this space. They are innovating across a range of ideas—senior living, at home healthcare, concierge services, companionship, financial services, e-commerce, and consumables for older adults. And the list of innovations and ideas these startups are pursuing continues to grow. Some of these organisations that also joined us for the learning circles are connecting older adults to work opportunities, creating community-based programmes to tackle social isolation or poor well-being, and empowering caregivers. These include:

- **WisdomCircle** is building a community of retired professionals (currently more than 60,000 retirees), supporting them with upskilling, and connecting them with organisations across the globe to build second careers or simply contribute their wisdom and time to organizations that need the expertise these older adults carry.
- **Happy2Age** is partnering with urban resident welfare associations to leverage vacant spaces in

housing societies to organise social events for older adults that help them form new connections with their peers while engaging them in activities to tackle or slow down cognitive decline.

- **Silver Talkies** organises virtual webinars and training sessions for caregivers to help them better understand care practices, and more importantly, develop a respectful and meaningful relationship with the older adult they are caring for.
- **Khyaal** is building a community of older adults in India who can interact with one another through games and interactive sessions, while also providing them a marketplace with secure payment solutions to access relevant products and services.

Apart from the above, AgeTech entrepreneurs are also pursuing technology-enabled innovations such as fall detection using the Internet of Things, creating nutritional supplements via biotech innovation, among other cutting edge ideas. To date, many of these innovations are focused on older adults in urban markets, and expectedly, on a narrow income band believed to have a high willingness to pay for these products and services.



## Ecosystem to support this entrepreneurial innovation is also evolving.

Leading venture capitalists (e.g., Matrix) are starting to pay attention to the space with some initial investments in supporting AgeTech. The space is also witnessing exciting conversations such as those at the intersection of science, business, and venture activity in online communities of longevity or AgeTech

enthusiasts, or forums such as those organised by the Longevity India at the Indian Institute of Science. The government too has dedicated INR 100 crore to promote the silver economy in the country, including via funding support to startups.

## Scaleup of promising ideas requires capital that is patient and supports innovation, as well as more public-private collaborations.

Between 2019-2023, the total annual investment ranged from USD 0.5–9 million in any given year. Only one in five startups report having received financial support. Entrepreneurs highlight that product and business innovation for older adults requires more patient capital or capital that is willing to make longer bets on innovating for older adults, since it requires more consistent and longer-term efforts to create products that deliver value for older adults and to monetise them. This market understanding among investors is evolving albeit slowly. Most investors or

venture capitalists do not yet approach longevity in a systematic way and predominantly focus on real estate-associated ventures (e.g., those focused on senior living) where the path to monetisation is more visible. Participation from multilaterals, philanthropies, and other investors that can provide more patient risk capital can boost innovation efforts and entrepreneurs focused on longevity. At the same time, there is a need to create more innovation and public-private collaboration to focus the scale up of innovations within and beyond urban areas.

### Exhibit 11: While the private sector is exploring novel solutions, there is a lack of targeted data and insights.

What has worked well	What needs to improve
<ul style="list-style-type: none"> <li>Rise in the number of enterprises going beyond senior living to focus on diverse needs of older adults like social engagement.</li> <li>Exploration of novel approaches such as combining science with traditional Ayurveda/ yoga etc. to meet the unique needs and preferences of older adults.</li> <li>Growing investor interest in this space, with an increasing number of VCs building an eldercare thesis and portfolio.</li> <li>Active government support, such as seed funding under SAGE and INR 100 crore allocation to promote silver economy<sup>1</sup>.</li> </ul>	<ul style="list-style-type: none"> <li>Lack of targeted data and insights to understand pain points and preferences of different segments of older adults.</li> <li>Limited exploration of business models that allow pairing of solutions with behaviour change interventions (e.g., valuing preventive health) or tide over limited willingness to pay.</li> <li>Need for more patient risk capital that can support trialing of solutions more aligned with market dynamics for older adults (e.g., slower uptake of products, larger lifetime value).</li> <li>Lack of public-private partnerships to build on top of government schemes and infra, or private-private collaborations is limiting scaleup potential.</li> </ul>

Notes: (a) Theses by Blume Ventures and Lightbox Ventures

Sources: (1) Ministry of Social Justice & Empowerment, Press Release, 2021; Dalberg Analysis

# 05

**Sparking Change: Bold  
Ideas for Samaaj to  
Mainstream Longevity**



WORK IN  
PROGRESS

# There are three opportunity areas that samaaj innovators can pursue.

Based on an understanding of where older adults are today, the gaps that exist in the ecosystem and input

from several experts, we have identified three areas to strengthen the longevity ecosystem in the country:

## Make longevity a shared mission:

Do the groundwork to embed the narrative for longevity in all walks of Indian society and co-opt everyone to build for it.

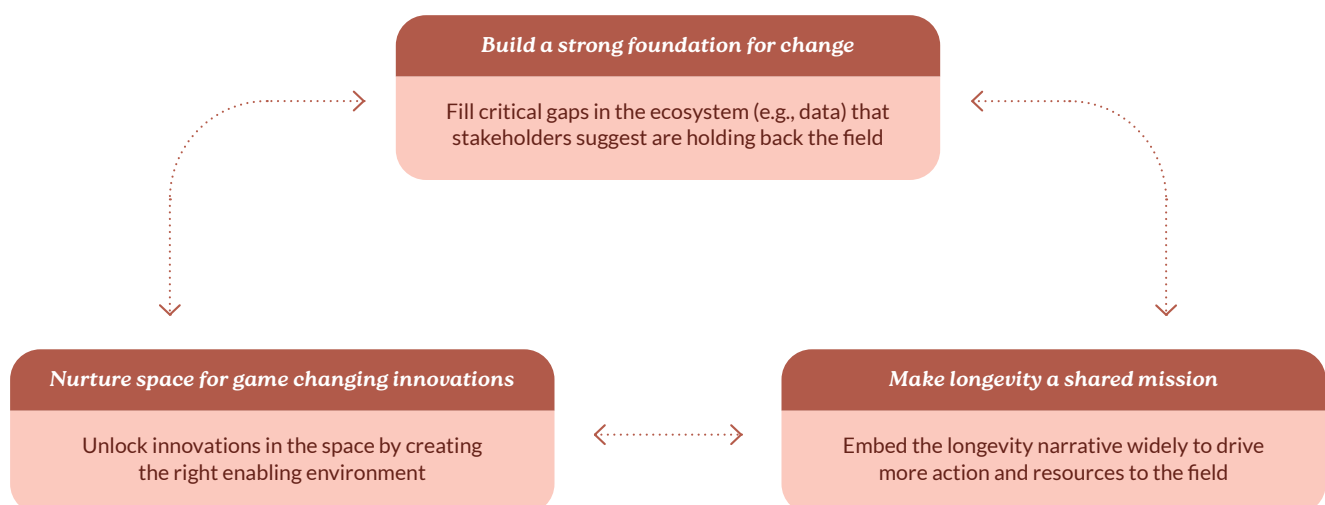
## Nurture space for game-changing innovations:

Support the emergence of bold ideas and innovations that can improve the quality of life of older adults across all dimensions.

## Build a strong foundation for change:

Fill gaps in the ecosystem (e.g., data, capacity, collaborations) that prevent existing actors from deepening or scaling efforts to improve the lives of older adults.

Exhibit 12: Three opportunity areas to strengthen the longevity ecosystem.



By focusing on these areas, samaaj innovators could not only accelerate existing models that have been proven to work, but also attract greater attention to the sector and ensure continued innovation to address these issues.

## Philanthropies will have a key role in ensuring that bold ideas come to life.

Their role in supporting change-making organisations—both samaaj innovators and private sector organisations—to seed and support innovative ideas, scale proven ideas and bring their influence to champion relevant issues will be crucial in transforming the ecosystem. Currently, the support from funding organisations to the sector is limited. For example, welfare or services for older adults receives only INR 132 crore in annual funding from CSR whereas the education sector receives 75x that amount.<sup>89</sup> The median operating budget of leading samaaj innovators in the sector is less than INR 1 crore, even though many have been in operation for more than 2 decades and run mature programmes.<sup>90</sup> Philanthropic giving is also limited. None of the top 100 philanthropic organisations in the EdelGive Hurun India Philanthropy 2023 list focuses on older adults as a primary area for their giving. Interviews with experts suggest that there are no philanthropies who have a major focus on older adults and there is ample space for them to support the growth of the field as well as pursue ideas that can strengthen the entire ecosystem.

**Across the three opportunity areas, we have identified six ideas that samaaj innovators and philanthropies can pursue together to push the longevity agenda forward.** These ideas are not exhaustive; they emerged as priorities during our discussions with experts and practitioners due to three reasons:

- The ideas as well as examples we illustrate in this section are indicative of the types of bold

approaches needed to strengthen the longevity ecosystem and improve the quality of life of older adults. We offer these as starting points while recognising that much adaptation will be needed to make these ideas work for different segments of older adults. E.g., the type of solutions needed to support the economic security or health needs of older adults in rural areas will differ significantly from those living in slums in urban areas.

- These suggested ideas centre older adults not just as recipients of solutions but also as contributors and change-makers. As an example, older adults not only receive care but also act as caregivers. Similarly, many older adults are breaking the norm in multiple ways and can serve as role models that help upend the existing narratives around the role of older adults in society. These ideas can support targeted solutions that not only bridge critical gaps that older adults face but also create opportunities for older adults to contribute more.
- Philanthropies are well positioned to take the lead in many of the outlined ideas. The risk-free capital philanthropies offer can support trialing of bold innovations that emerged as critical areas of focus during our discussions. They are also well placed to support programmes focused on serving the most vulnerable communities where markets or the private sector may not be able to reach and use their networks and influence to drive systemic change via public institutions.

<sup>89</sup> Ministry of Corporate Affairs. (n.d.). Corporate Social Responsibility. Government of India. <https://www.csr.gov.in/content/csr/global/master/home/home.html?honeyCombPlot>

<sup>90</sup> Hurun Research Institute. (2023, November 2). EdelGive Hurun India philanthropy list 2023. Hurun India. <https://hurunindia.com/hurun-lists>

# Make longevity a shared mission

## 1. Embed longevity as a lens in philanthropic portfolios

### The idea:

Promote longevity as a lens that needs to be embedded in philanthropic portfolios across all their giving, regardless of the vertical. Given that philanthropy in India is largely aligned to verticals (e.g., healthcare) and the cross-cutting nature of longevity, embedding

longevity as a horizontal or a lens in these portfolios can ensure that longevity receives adequate attention across existing efforts and address the issue of limited funding for longevity which has remained a key barrier to new innovation and scaleup efforts.

### Illustrative examples



#### Economic security

A philanthropy focused on livelihoods and skilling in rural India can add a component to their existing programmes to also focus on older adults or develop a new program focused on age-friendly employment opportunities.



#### Health and well-being

A philanthropy giving grants to healthcare NGOs providing low-cost care in rural India can work with them to adapt interventions and encourage older adults to exercise.

### How to get started

- A samaaj innovator with experience in capacity building or acting as an ecosystem enabler could engage in research to make the impact case for other philanthropies to adopt longevity as a lens and develop tools and frameworks that support integration of longevity as a lens in philanthropic portfolios.
- Existing philanthropies or donors supporting longevity could play catalytic roles by supporting the development of the tools above, and use their influence to undertake peer education and advocate for adoption of longevity as a lens.
- Philanthropies not focused on longevity can assess their existing portfolios to identify where there is a gap with respect to focusing on older adults as a target population, co-beneficiary or change-maker. This could be followed by internal reorientation and capacity building to bridge the gap and embed longevity as a cross-cutting lens in relevant programmes.

## 2. Campaigns to shift societal perspectives and attitudes toward longevity

### The idea:

Kickstart media campaigns to shift societal attitudes and norms towards growing older, i.e., to embed a new narrative for longevity. These campaigns could leverage techniques from behaviour science to design effective and relatable communication that shift the core narratives that lead to a very limited view of what it means to grow older (e.g., older adults are only receivers and not contributors) and cement the view that older adults are also contributors and change-makers, not just to their families but also their communities. To ensure that the campaigns have a

wide reach and result in on-ground shifts, these would need to be targeted at specific stakeholders (e.g., medical professionals serving older adults, school students and youth, older adults in urban areas). Depending on the intended audience and specific change intended, the campaigns would need to leverage the right channels (such as modern social media tools or traditional methods such as information boards and graphics in village panchayats, primary health clinics).

### Illustrative examples



#### Freedom to participate

A digital and print media campaign that spotlights older adults as contributors and shares relatable stories of older adults, from diverse backgrounds, who are thriving in their lives, careers, and health.



#### Health and well-being

A healthy ageing campaign focused on preventative health, contextualised to each state, that challenges the narrative that getting older is a time of decline and urges older adults and their families to get screened for diseases, exercise regularly, and focus on nutrition.

### How to get started

- An advocacy-focused SI or group of SIs could collaborate with the relevant ministry within state governments (e.g., Ministry of Health) and other actors to plan, design and operationalise the campaign. A selection of states for the initial rollout of such campaigns (e.g., working with states with more developed healthcare systems) would be key to demonstrating the effectiveness of these campaigns in shifting narratives on the ground and, in the process, encouraging other states to commit relevant resources for such efforts.
- Philanthropy could fund the samaaj innovator's efforts in planning and designing the initiative, while supporting advocacy efforts with the government.

### 3. Voices for Longevity | A network collectively advocating for longevity

#### The idea:

Create a formal or informal group of philanthropies—including an anchor philanthropy—and samaaj innovators that are interested in driving issue-based advocacy in the sector with government organisations. The anchor philanthropy could use its influence and voice to publicly advocate for a policy change or programme that improves the quality of life of older adults. The presence and persistence of the anchor

philanthropy can ensure more attention to the sector from policymakers, administrators and other funders. Other organisations could converge efforts to establish a common terminology for the space, collectively advocate for cross-cutting reforms (e.g., greater government budget allocation) and share practices that help improve the advocacy efforts.

#### Illustrative examples



##### Health and well-being

The network can advocate with the central government to integrate successful care-related innovations into the NPCHE framework and/ or share evidence for creating process improvements in accessing healthcare schemes.



##### Health and well-being

The network can share relevant evidence and global case studies with central and/ or state governments to create appropriate income support mechanisms for caregivers to ensure there is support for both formal/ informal caregivers.

#### How to get started

- An anchor philanthropy could seed the idea and start building the group with other leading samaaj innovators and philanthropies interested in coming together.
- Other philanthropies and samaaj innovators could help define the objectives and goals for the group, and anchor advocacy efforts in issue areas where they have expertise (e.g., community-based care for older adults).



# Nurture space for game-changing innovations

## 4. Longevity Solutions Incubator | Supporting age-friendly innovations

### The idea:

Create a solutions incubator that supports the development of promising innovations that can improve the quality of life of older adults, especially in rural areas or older adults from vulnerable segments. The incubator could support civil society organisations, social enterprises and startups with funding (e.g., as grants or flexible equity)

and other support (e.g., access to experts and mentors, networking with other funders) to build age-inclusive solutions in areas such as physical and mental health, assistive or technology enabled devices, forging social connections, and creating age-friendly infrastructure.

### Illustrative examples



#### Economic security

Provide grant support to social enterprises to develop products such as low-cost assistive devices aimed at older adults and help them market-test their devices to improve on the design.



#### Health and well-being

Support health-focused innovators in developing digital, but vernacular, care-giving handbooks and toolkits, to support families with step-by-step instructions for taking care of older adults who have dementia.

### How to get started

- An academic institution or a social enterprise could anchor the incubator. Initial steps could include running a design challenge to onboard the initial set of organisations to address specific longevity related issues.
- Other samaaj innovators or experts could act as mentors or advisors to support the development and growth of these ideas.
- Philanthropy could provide risk-free capital as well as its networks to participants to connect them with the right mentors, and help them forge the right collaborations.

## 5. Longevity Futures | Funding and sandbox support to accelerate proven solutions

### The idea:

Provide direct funding and sandbox support to help CSOs scale up their proven models and programmes. The funding could support CSOs to further contextualise their models to new geographies, while the creation of a sandbox could enable them to enter implementation partnerships with governments (e.g., in partnership with Ministry of Health) to adapt and integrate their approaches within the government.

While the initial focus could be on healthcare or social connection-focused models, based on demand in the ecosystem, focus could also expand to other areas that impact quality of life for older adults. Alternatively, philanthropies could consider unrestricted grants and technical assistance support to organisations running proven programmes to allow them to direct resources to scale their programmes.

### Illustrative examples



#### Health and well-being

Provide funding to an NGO building a cadre of community-based caregivers to generate evidence for their programmes and expand to more locations, and tools to help them engage state governments to scale the program.



#### Social connectedness

Support organisations with proven models for fostering care and social connectedness to partner with state or local governments to scale their programme, leverage existing government infrastructure (e.g., schools) for activities, etc.

### How to get started

- Philanthropies could fund these health-focused models via direct grants or complement them with a sandbox approach by forging partnerships with relevant government agencies.
- An academic institution or innovation-focused samaaj innovator could be the anchor partner with the ministry to establish and operationalise the sandbox.

# Build a strong foundation for change

## 6. The Observatory for Longevity | Understanding and sharing what older adults want from their lives

### The idea:

Create a hub that bridges the data and evidence gaps in the understanding of what older adults want from their lives, what support families seek as they navigate care for older adults, as well as perspectives around what younger individuals want their lives to look like when they make the age transition. The hub, which could also be housed within an existing organisation, would compile relevant research already underway (e.g., at IIPS or IISc) and drive new quantitative and ethnographic studies to enhance

the ecosystem's understanding of various aspects of longevity. The research itself could focus on building a national level picture of life and aspirations for older adults and their families, and generate nuanced views about different segments, especially those from vulnerable groups. As the go-to knowledge hub, the research and evidence compiled by the hub could help change-makers at various levels, including policymakers, funders, CSOs and other researchers, direct their own efforts.

### Illustrative examples



#### Economic security

Run periodic surveys of older adults from low-income families who are currently working to understand what type of work they do and understand what entitlements will help them lead better quality lives. The results can help advocate for better designed and disbursed entitlements.



#### Freedom to participate

Fund an ethnographic study to learn from older adults in tribal communities how they conceptualise growing older, what shifts they are experiencing, and their needs across various dimensions that determine their quality of life.

### How to get started

- An anchoring samaaj innovator or research-oriented organisation could conduct a detailed data and evidence audit of longevity in India to first identify key data gaps that, if filled, will add immediate value, according to stakeholders. Following the audit, they could commission rapid studies to generate data and evidence on an ongoing basis.
- Philanthropy could provide seed grants for the platform and champion the platform in the wider ecosystem.

# Caregiving: An opportunity for philanthropy to support integrated solutions for older adults and all of society

**Revamping caregiving for older adults—and more broadly for all generations—is an immense opportunity to improve their quality of life across multiple dimensions.**

As highlighted previously, caregiving for older adults does not receive the attention it deserves. It is a complex issue that touches the lives of older adults, as well as their families and communities. Older adults needing any form of care—ranging from assistance in daily living, such as bathing and dressing, to reminders for medications or trips to the hospital—receive this support from their spouses, children, and other relatives who often do not know how to support them. This strains older adults and their caregivers and

perpetuates the narrative of older adults being a burden on their families. But older adults are not just recipients of care but also contribute as caregivers themselves. Further, care is a deeply unmet need across generations in India and not just among older adults. Solutions that integrate caregiving needs of multiple generations and/or focus on caregiving alongside other areas that improve their quality of life can be transformative and represent a tremendous opportunity.

## Philanthropy can catalyse this shift by fuelling bold ideas that make caregiving a community owned responsibility, leverage older adults as contributors, and make caregiving an integral part of other solutions such as those focused on preventive health or volunteering.

The following set of solutions offers perspectives on how integrated care solutions can improve quality of life for all Indians, not just older ones:

- **Multi-generational community centres, where older adults can bond while giving and receiving care:** Using existing infrastructure, such as aanganwadi centres or rural libraries, to build care centres where older adults can spend time with one another, engage in activities such as exercise or arts and crafts, provide care to younger individuals (e.g., children), and volunteer their time (e.g., as storytellers and academic facilitators) for children's groups. The canvas could be as wide as older adults want including them serving as facilitators for their peers and younger individuals who are interested in pursuing dance, art, sport, or any other activities.
- **Public rehabilitation and sporting facilities for specialised care and daily exercise:** Older adults require regular exercise, while some may also require specialised care (e.g, physiotherapy).

Existing public facilities (e.g., outdoor recreational spaces) can double up as spaces for physical activity-oriented programmes as well as meeting trained caregivers or medical professionals. The integration could lower cost of delivery, reduce barriers to access for older adults, and also aid in inculcating positive habits for all generations (e.g., engaging in exercise).

- **Community-based caregivers who provide both social support and medical supervision:** Several NGOs, like the Institute of Palliative Medicine and Vriddha Mitra, are pioneering promising models that equip local community members to check-in on particularly vulnerable older adults (e.g., those without family members, those with serious illnesses or disabilities). These community members serve as a point of social connection for older adults (e.g., by serving as listeners), help schedule medical appointments, as well as procure and administer medication they might need.

# Conclusion

India stands at a pivotal moment in its demographic transition, with a potential to redefine how we approach growing older. This report highlights the need to address the challenges faced by older adults while celebrating their contributions to society. Samaaj innovators, policymakers and private sector leaders will each play a critical role in this transformation, but their efforts must be supported by a unified narrative that centres on the aspirations and well-being of older adults. We hope that this report helps readers see ageing differently and recognise that by embedding longevity into the fabric of our economic, social and cultural systems, we can ensure that the coming decades are not only a time of demographic growth but also of greater equity and fulfilment for all generations. To make this a reality,

leading innovators and philanthropy will need to take bold actions to champion a new narrative around growing older, invest in new innovations and take proven innovations to scale.

What we have ahead of us is a choice. We can either treat ageing as a challenge, a source of societal strain, and as something to be “dealt with” in the future or we can embrace longevity as an unlock to building a better, stronger India. Not only will the latter be a more successful approach, it will enable our older adults to lead lives full of dignity, opportunity, and agency. This is a future worth pursuing.



**Annexure**



# Annexure 1

## List of common abbreviations

No	Name	Description
1	ADL	Activities of Daily Living
2	AVYAY	Atal Vayo Abhyuday Yojana
3	CSO	Civil Society Organisation
4	CSR	Corporate Social Responsibility
5	FY	Fiscal Year
6	GDP	Gross Domestic Product
7	HALE	Healthy Life Expectancy
8	IADL	Instrumental Activities of Daily Living
9	IGNOAPS	Indira Gandhi National Old Age Pension Scheme
10	INR	Indian Rupee
11	IoT	Internet of Things
12	IPOP	Integrated Programme for Older Persons
13	LASI	Longitudinal Ageing Study in India
14	MIPAA	Madrid International Plan of Action on Ageing
15	MoU	Memorandum of Understanding
16	MOSJ	Ministry of Social Justice
17	MWPC	Maintenance and Welfare of Parents and Senior Citizens
18	NAPSRc	National Action Plan for Welfare of Senior Citizens
19	NGO	Non-Governmental Organisation
20	SACRED	Senior Able Citizens for Re-Employment in Dignity
21	SAGE	Seniorcare Ageing Growth Engine
22	SI	Social innovator – another term for CSO
23	SOP	Standard Operating Procedure
24	USD	United States Dollar
25	WHO	World Health Organization

# Annexure 2

## List of CSOs/SIs mapped as part of the landscape

No	Name	Description
1	Adhata Trust	Adhata Trust is an Indian NGO that creates age-friendly spaces to support older adults' autonomy and engagement. Its Holistic Well-being Centres offer activities to promote cognitive, social and physical health, aiming to delay mental and functional decline. Adhata also fosters social connections and encourages member input in shaping its programmes. They run 13 centres in Mumbai, operating for two hours a day, 5 days a week, and additional programmes online. They have also just opened SwaranRaj Nivas, a long-term care facility for senior citizens.
2	Age Ventures India	Age Ventures India (AVI) is a private, not-for-profit trust whose mission is to provide support services to middle-class older adults. They offer world-class retirement cum care homes, care homes and care at home services. AVI has 4 well-defined verticals: <ul style="list-style-type: none"> <li>- Project consulting from the conception of the project to completion of the project</li> <li>- Operating of retirement homes</li> <li>- Setting and running of care homes for high dependence care (at the moment in NCR)</li> <li>- Training of care and placement (at the moment in NCR)</li> </ul>
3	Agewell Foundation	Agewell Foundation is an Indian NGO that has set up a network of volunteers spread across India; it interacts with older persons on a daily basis through its volunteer network. Their central programmes include a helpline, distribution of assistive devices and products, research and advocacy. The Agewell Employment Exchange facilitates an intergenerational initiative as a gainful engagement for retired old persons and community involvement.
4	All India Senior Citizens Confederation	AISCCON is an apex body of affiliated senior citizens forums, associations and federations in over 25 states in India. It is the largest senior citizens' organisation in India, dedicated to networking, advocacy and research on senior welfare. It engages with state and national governments on issues affecting elderly development and provides services like physiotherapy, eye care, and healthcare advisory. It also publishes a monthly newsletter, AISCCON News and hosts an annual national conference to discuss key issues related to senior citizens.
5	Alzheimer's & Related Disorders Society of India	India's largest organisation dedicated to creating a dementia-friendly society. They are dedicated to promoting awareness and providing support to individuals affected by Alzheimer's disease and related disorders. The society also works to promote research and development of new treatments and provides resources and support to caregivers. The organisation operates mental health clinics and day care centers for the elderly across 24 states. It provides a dementia helpline, awareness campaigns, and training for health officials and caregivers. It develops standard procedures for dementia services and supports family members through subscription-based memberships. As a knowledge partner in Kerala's dementia initiative, it aims to establish memory clinics in every district and improve dementia diagnosis and support. They provide free medicine up to Rs. 2,000 to the elderly poor suffering from dementia.

No	Name	Description
6	Association of Gerontology	The Association of Gerontology is an Indian non-profit aiming to propagate gerontological research in India and develop it as a discipline to train manpower and promote the health and well-being of senior citizens. Based in the Department of Zoology, Banaras Hindu University, AGI has been conducting pioneering research on ageing since 1965. The organisation is a non-profit affiliated with the International Association of Gerontology and Geriatrics (IAGG). AGI focuses on uniting scientists and social workers across disciplines to enhance the quality of life for the elderly in India.
7	Bharat Pensioners Samaaj	Bharat Pensioners Samaaj is one of the oldest organisations dedicated to pensioners' rights, helping with pension issues, highlighting family pension concerns, and conducting awareness programmes. It also organises conferences on financial security and assists elderly individuals not covered by health insurance schemes. They hold counselling sessions on how to prepare for retirement and life after, including activities to impact society, provide advocacy support, facilitate legal/medical interventions, and counsel those who experience harassment.
8	Care India Welfare Trust	CIWT is an Indian NGO based in Delhi with a focus on health, education, livelihoods, and old age assistance. Their healthcare initiative for the elderly involves general and specialised health camps in rural and urban areas in association with its network. A general health camp team includes a physician, pharmacist and assistant, while specialised camps add specialists like dentists, ophthalmologists, gynecologists and orthopedists. These camps provide diagnosis, treatment and referrals for general ailments, dental care, gynecological issues and eye diseases. They also emphasise preventive healthcare through education and behaviour change activities within the community.
9	Centre for Ageing Studies, IIPS	The centre aims to build scientific knowledge based on contemporary social, economic, psychological and public health issues facing ageing populations in India and elsewhere and disseminate this knowledge to the research community and policy makers. Focus areas include: Promotion of healthy ageing and better quality of life, long-term care systems for older people, understanding the enabling environments which optimise functional ability, exploring the role of family and social networks in the well-being of older adults, understanding social security, employment and retirement aspects, health and morbidity among the aged, including mental health, health behaviours, health care utilisation and health financing for aged, elder abuse, neglect and violence experienced by elderly, ageing policies and welfare programmes.
10	Centre for Ageing Studies, IIMR	The Centre for Ageing Studies is a non-profit centre of IIMR Delhi committed to advancing knowledge and practices in the field of ageing. It is a multidisciplinary centre, bringing together experts from various fields, including anthropology, psychology, sociology, public health, medicine and social work. The organisation conducts research, offers education and training and advocates for policies that support the well-being of older adults, with a focus on inclusive, age-friendly environments. It provides consultancy, research collaborations and public awareness initiatives to challenge ageism and share knowledge on ageing-related issues.

No	Name	Description
11	Centre for Gerontological Studies	Centre for Gerontological Studies is a voluntary organisation in Kerala that champions the cause of older people in the areas of policymaking, providing quality service, conducting research and trainings, and organising seminars and conferences on the issues of ageing at the national and international level. The centre specialises in elderly-related projects, consultancy on ageing, and feasibility studies for programmes aimed at the aged. It addresses issues faced by marginalised groups, including women and the oldest old. Their innovative strategy was to use the aanganwadis in gram panchayats to organise older people into Vayojana Sabhas and hold monthly meetings where they would present their views, needs and problems.
12	Dignity Foundation	Dignity Foundation is a non-profit organisation that enables senior citizens to lead active lives and provides information, productive ageing opportunities and social support services. They operate different centres for elders - Loneliness Mitigation Centres, Day Care Centres, Dementia Day Care Centres, and Chai Masti Centres - and distribute meals and monthly ration kits to senior citizens without a source of income or those with tuberculosis. They run activities such as socials, skills like arts, literacy, etc and hold competitions and contests.
13	Elder Care, Tata Trusts	TATA Trusts' elder-care initiatives focus on critical gap areas to create an empathetic ecosystem. They serve the needs of the elderly in urban and rural areas, aiming to improve their quality of life through caregiving, decreasing their dependency and generating social and economic opportunities. In cities like Bhubaneswar and Hyderabad, multi-activity centres offer services such as yoga, health check-ups, digital literacy, and spiritual discussions. These were shifted online during the pandemic. In rural areas, the focus is on healthcare through the National Programme for Health Care of Elderly (NPHCE), in collaboration with local governments. A toll-free helpline (14567) provides counselling, elder care support and legal advice, while a digital platform connects seniors with peers and local opportunities.
14	ElderCare	ElderCare is a non-profit that runs two old age homes in West Bengal. They provide regular healthcare check-ups, conduct profiling, provide shelter and food to the people in their care.
15	Federation of Senior Citizens of Maharashtra	A Maharashtra-based NGO working for the welfare of older adults. The organisation has several efforts in advocacy through rallies and protests to secure better government benefits for older adults in Maharashtra for issues such as pension, health, and travel. The team also organises digital literacy programmes for older adults.
16	Grey Shades	Grey Shades is a non-profit organisation based in Chandigarh that promotes giving among seniors through an empowerment collective. This collective fosters self-compassion among participants and encourages selfless compassion for the community and humanity. Through the Grey Shades Fellowship for older adults, elders are brought together through social and community-building activities, inspiring them to embark on their giving journey. The fellowship is a 100-day programme that progresses from self-exploration to community transformation, empowering elders to become positive influencers of ageing.
17	HelpAge India	HelpAge India is an Indian NGO that runs programmes addressing elder needs and advocating for rights such as universal pension, quality healthcare and action against elder abuse, working with central and state governments. They are focused on direct interventions in the areas of healthcare (mobile healthcare units, cataract surgeries), age care (helplines, senior citizen care homes and day care centres, physiotherapy), livelihoods (elder-self-help

No	Name	Description
		groups, linkages with government schemes), disaster response (e.g. Covid19 relief response) and advocacy and awareness on rights and policies relating to elders.
18	IISc Longevity India Institute	IISc Longevity India Institute conducts research aimed at extending the health span of the Indian population, focusing on maintaining health and activity in later life. By studying biological markers of ageing specific to India, IISc aims to identify interventions that could delay ageing and prevent age-related diseases. In collaboration with academic institutions, industry, hospitals, and philanthropic organisations, IISc supports longevity research through grants and fellowships, contributing to the broader understanding of healthy ageing.
19	Institute of Palliative Medicine	The Indian training institute arm of the Pain and Palliative Care Society (PPCS) with a regional presence in Kerala, focusing on research, training, and advocacy for palliative care. They are the first WHO Collaborating Centre for Community Participation in Palliative Care and Long Term Care (WHOCC) in developing countries. IPM is instrumental in developing the “Kerala Model” of palliative care which is popular among the palliative care fraternity worldwide. In addition to providing palliative care, they also offer training courses and fellowships to medical professionals in palliative care. IPM has developed a network of over 60 link centers across Kerala and offers policy advisory at the national and international levels.
20	International Longevity Centre - India	The Indian non-profit is a member of the Global Alliance of the International Longevity Centres. They run field programmes, research, advocacy on different aspects of ageing. One example of their work with older adults is via community-based groups across India, where they solve puzzles, have parties, do activities like brain gym, etc. They have programmes for digital literacy, physical/ mental health, and social engagement. Under research, they focus on caregiving and health. They also offer training in social gerontology.
21	Janseva Gramin Vikas	An Indian NGO focused on a variety of development issues such as the setup of 1500 SHGs, their work with the elderly includes assistance to abandoned women and widows and the implementation of the Pradhan Mantri Shram Yogi Maandhan Scheme meant for old age protection and social security of ~42 crore unorganised workers. It is a voluntary and contributory pension scheme under which the subscriber would receive a minimum assured pension of Rs 3000 per month after attaining the age of 60 years.
22	Kerala Senior Citizen Service Council	The Kerala-based NGO is dedicated to promoting the welfare, protection and human rights of older individuals. The organisation engages in advocacy efforts, including rallies and protests, to address the needs of the elderly and advocate for their rights with government authorities. To provide economic support and engagement, the NGO operates two cooperative societies. Additionally, they organise annual local tours, celebrate festivals, organise yoga and language classes to enhance the quality of life for its members.
23	Nana Nani Park	The Indian public charitable trust that has set up a park exclusively for senior citizens with programmes to improve physical health and social connectedness of older adults.
24	Nightingales Medical Trust	An Indian NGO working primarily in Bengaluru to enhance the quality of life of elders through community-based support systems, comprehensive geriatric care with a special focus on dementia and active ageing, combating elder abuse, skill development and job placement, economic empowerment, public education, advocacy, and capacity-building programmes.

No	Name	Description
25	NIMHANS Geriatric Clinic & Services	NIMHANS is the apex centre for mental health and neuroscience research and education in India. NIMHANS has established a dedicated Geriatric Clinic that offers clinical care through outpatient consultations and inpatient services for older adult patients suffering from memory and cognitive impairment, mental health disorders and chronic pain. NIMHANS also actively publishes research regularly. Notably, it has developed the NIMHANS Neuropsychological Battery for Elderly (NNB-E), a culturally appropriate tool for assessing cognitive functions in Indian older adults. Additionally, NIMHANS offers various academic programmes, to train healthcare professionals and caregivers in geriatric mental health. One notable initiative is the iSupport Programme for caregivers of people with dementia, which provides online training and support.
26	One Billion Literates Foundation	An Indian NGO working in rural parts around Bangalore to improve the lives of underprivileged rural communities through education, women's empowerment and public health. Their focus on older adults includes the areas of NCDs, mental health, geriatric and palliative care.
27	Samvedna Senior Care Foundation	An Indian social enterprise consisting of a multi-disciplinary team of doctors, nurses, clinical psychologists, mental health specialists, social workers and caregivers who provide holistic care for older adults in the Delhi-NCR region. The programmes include active ageing programmes, home care services, dementia care, mental health services and caregiver support. Samvedna has a self-sustaining business model. The charges vary, depending on the type of services availed. An assessment or counselling session starts at Rs 2,000, and the eldercare packages range from Rs 20,000 to Rs 35,000 per month.
28	Senior Citizens Council of Delhi	An Indian NGO operating in Delhi focusing on lonely older adults. It encourages them to socialise, participate, and live a quality life by engaging in daily social, spiritual, and cultural activities, yoga, health talks, lectures, interaction sessions and panel discussions etc. The organisation also makes efforts to protect lonely older adults from abuse and humiliation from their own children and others. Furthermore, in special emergent cases, medical help to lonely senior citizens is also extended.
29	Silver Innings Foundation	An Indian NGO working on addressing micro and macro level issues of older adults and a sister organisation of Silver Innings Group. Their intervention areas include counseling, an elder referral helpline, need-based services, advocacy and networking, research and development and publication, training, health camps/ memory camps and Alzheimer's/dementia support
30	SilverStars Foundation	An Indian NGO that aims to provide holistic support for older adults through health camps, telemedicine, offline workshops for upskilling, assistance to avail government schemes, digital/ financial/legal literacy.
31	St John's Geriatric Centre and Senior Citizen Programme	The Senior Citizen Health Service (SCHS) at St. John's National Academy of Health Sciences operates two programmes: a rural initiative offering monthly clinics and home visits in Mugalur Village, and an urban programme providing daily outpatient care, home health services, and community initiatives in Bangalore. The rural programme includes clinics with geriatric specialists and a pilot "Village Senior Centre" that engages elderly individuals in physical and social activities. The urban programme features a senior citizen clinic with discounted services, home health visits, and community outreach, including preventive education and research in geriatrics. The St. John's Geriatric Centre, a 65-bed facility on the St. John's Medical College and Hospital campus, provides short-term care, community education and empowerment, training in elderly care, and research on geriatrics.

No	Name	Description
32	Tamil Nadu Senior Citizens' Association	The association started as pensioners' organisation in 1987 and widened its objective in 1991 to become a senior citizens' forum. The organisation offers older adults a platform to socialise and consolidate advocacy efforts. Members can access several concessions in essential services like hospitals, travel, banking, taxes, insurance, etc. In addition, they also organise regular meetings, picnics and trips for members
33	Udhavi	A Chennai-based NGO that works towards assisted living by offering companionship and learning skills to the elderly.
34	Vayah Vikas	<p>A Bangalore-based NGO that provides legal, financial, healthcare support and engagement services (e.g. legal and financial advice, list of healthcare partner services and discounts, access to social engagement platforms, jobs, and volunteering ops) to those who are 60+ and are registered as members on their platform.</p> <p>They have entered an MoU with MOSJ to design and implement programmes for literacy, conduct awareness on government schemes for older adults and identify startups in the space. Their main objective is to build a registry of senior citizens across India and empower them through advocacy, research, and holistic support to have healthy, engaged and fulfilling lives.</p>
35	Vriddha Mitra	An Indian NGO training community officers in Mumbai, Pune, Bhopal and Gwalior to empower elders through comprehensive community-based care. This includes home visits, individualised care plans and empowering older adults living with families, at health centres, and providing external services. The intervention areas include physical and mental health, social relationships, and spiritual concerns, etc. Vriddha Mitra is the flagship programme of SCHOOL (Society of Community Health Oriented Operational Links).
36	VridhCare	An Indian NGO working on social inclusion, livelihood, caretaking and financial assistance for older adults in Delhi. Intervention areas include healthcare, companionship, skill building, employment opportunities.

**Rohini Nilekani Philanthropies** is a grant-making organisation seeking to create and strengthen communities for their own betterment. RNPF does this by supporting ground-breaking work anchored in networks and movements and often sits at the intersection of Samaaj, Sarkaar, and Bazaar. RNPF focuses on emerging themes essential to an equitable and inclusive society, such as civic engagement, access to justice, gender equity, mental health and climate & biodiversity. RNPF is founded by Rohini Nilekani, a committed philanthropist, and currently, the Chairperson of the Foundation. Rohini and her husband, Nandan Nilekani, are signatories to the Giving Pledge, pledging to give away half of their wealth to philanthropy.

**Ashoka** is the world's largest network of social entrepreneurs. For over 40 years, it has been at the forefront of transformative impact—identifying systems—changing social innovators and accelerating their ideas to build more equitable and just communities worldwide. Ashoka envisions a world where everyone is a changemaker—where individuals embrace their power, develop the skills to solve problems, and activates others to lead and thrive. Together, changemakers are shaping a society that enables everyone to create positive change for the greater good.

**Dalberg** is a global group of social impact-driven enterprises whose common mission is to build a more inclusive and sustainable world where all people, everywhere, can reach their fullest potential. Dalberg was founded in 2001 as a strategy and policy advisory firm, bringing a blend of practical management experience and world-class business analytics to the social impact sector. Mandated by the Dalberg Trust, its businesses put impact first, and its people constantly innovate to find new solutions to the world's most challenging problems. Today, Dalberg is organized as an integrated group of social enterprises, operating from 30 worldwide locations. Dalberg partners with and serves communities, governments, and companies, bringing together strategic advisory, social finance, research, big data analytics, human-centred design, and execution support, among other services, to accelerate agendas for systems change and achieve global goals for social impact.







