A Crisis in Care

India's Ageing Population and the Need for Strengthened Eldercare

Ananya Sharma | Harshita Kumari | Senu Nizar | Sayak Sinha

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Acknowledgements

The Institute for What Works to Advance Gender Equality (IWWAGE) was established in 2018 with an aim to build and deepen evidence around the low participation of women in the economy - caused by low asset base, poor access to public services, restrictive gender norms, and the burden of unpaid work - in order to find solutions to inform gender transformative changes and policy reforms.

IWWAGE is an initiative of LEAD at KREA University, an action-oriented research centre housed at the Institute for Financial Management and Research (IFMR), a not-for-profit society which is also the Sponsoring Body of KREA University.

The Quantum Hub (TQH) is a public policy research and communications firm based in New Delhi. Since its inception in 2017, TQH has worked on complex public policy challenges throughout the policy lifecycle - from policy mapping and research to policy engagement with government stakeholders. TQH's multi-disciplinary team brings expertise in various rapidly evolving policy sectors, including tech policy, education, social policy, property rights, gender, and urban affairs.

About the 'Future of Work' Series

The 'nature' of work is shifting. Various factors are changing the employment landscape, from skilling demands and sector-specific job creation to fertility rates and women's health. And while more women are gradually entering the workforce, their workplace experiences are far from at-par with men. In their Report "Women in the Workplace 2024", McKinsey & Co. estimates that globally it will take nearly 50 years for women to achieve parity. Achieving gender equality is hindered by social dimensions that shape women's experiences at workplaces. Imminence lies in creating a workplace experience that is inclusive and equitable for everyone. Against this backdrop, what strategies can keep women in India's workforce as we confront a constantly evolving future of work?

The Future of Work series answers this through examining emerging sectors by using roundtable consultations and secondary research. The series highlights gender-responsive principles in various thematic areas to enable and enhance women's workforce participation.

1. Background

The global population is ageing[1] rapidly, presenting complex challenges and new opportunities. By 2050, the number of people aged 60 and over is expected to double to 2.1 billion, with most growth occurring in low- and middle-income countries like India (World Health Organisation [WHO], 2024). The sex-ratio among the elderly was at 1033 women per thousand men in 2011, and is projected to reach 1085 by 2031 (Ministry of Statistics & Programme Implementation [MoSPI], 2021). The 60+ demographic is expected to grow by 134 percent and the 80+ group by 279 percent between 2022 and 2050 (United Nations Population Fund [UNFPA], 2023). This shift will reveal significant interstate disparities, as southern states and regions like Himachal Pradesh and Punjab will age faster than northern states like Bihar and Uttar Pradesh, which have higher fertility rates.

Even within states, there is a stark rural-urban divide as highlighted in a recent UNFPA study: 71 percent of older persons live in rural areas, ranging from 62-63 percent in the West and South to 78-80 percent in the East, North, and Northeast India. Rural elders often lack access to transportation and quality healthcare (UNFPA, 2023) while urban areas face challenges like disability and age- agnostic development, a rise in non-communicable diseases, air pollution, and safety concerns (HelpAge International, 2016).

There is also gender disparity in ageing. The feminisation of ageing, marked by a higher proportion of elderly women and high rates of old-age poverty, increases economic and social insecurity for this group (Ritchie and Roser, 2024). Health insurance coverage for elderly women in India remains low, with only a small percentage aware of or enrolled in government schemes like Rashtriya Swasthya Bima Yojana and Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana, which have limitations in outpatient and long-term care. While government's pension schemes (see annexure 1.3) provide financial support, coverage and adequacy issues persist. To tackle these demographic challenges, India urgently needs to transform its care infrastructure.

The policy brief draws on insights from a roundtable discussion that brought together sectoral experts, practitioners, and academics, along with secondary research (see annexure 1.1). The discussion served as a platform to examine the current state of eldercare in India, identify critical gaps, and explore actionable solutions to increase women's participation in the formal eldercare workforce.

Who Is Caring for India's Elderly?

In India, elder care is primarily informal and based on multi-generational family support, with most elderly individuals living with family members who provide caregiving, including financial support. However, as urbanisation and economic pressures pull younger generations away from home, many elderly Indians, especially women, are left without adequate support (International Institute for Population Sciences and United Nations Population Fund, *Caring for Our Elders, Institutional Responses: India Ageing Report, 2023*). This shift leaves a significant population of older adults vulnerable to neglect, isolation, and insufficient care.

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[1] ***Eldercare refers*** *to the support and services provided to meet the physical, emotional, and social needs of older adults. Within families, this often includes assistance with daily activities such as bathing, eating, mobility, managing medications, and attending medical appointments. Family members may also provide emotional support, monitor health conditions, and handle financial or legal matters. In many contexts, caregiving falls disproportionately on women and is often unpaid, placing a significant burden on household resources and time.*

2. Existing Policy Support for Senior Care in India

Policies & Legislations

The National Policy for Older Persons (NPOP) was formulated in 1999 as a response to the growing population of older persons and to extend state support to ensure financial security, healthcare, protection against abuse, shelter, and other needs of older persons. It was a first-of-its-kind policy that recognised the importance of social support systems in eldercare but placed the primary responsibility of caregiving on the family while reinforcing the traditional family value system (Ministry of Social Justice and Empowerment [MSJE], 1999).

Although the NPOP acknowledges the changing perception of womanhood, it falls short of addressing the disproportionate burden of caregiving placed on women. While still in force, a draft National Policy on Senior Citizens, 2011, (NPSC) has been in discussion. Notably, the NPSC also continues to designate the family as the primary caregiver, overlooking the excessive burden on female members (MSJE, 2011) However, it highlights that elderly women require more care due to gender-based discrimination and social bias, and discusses the need to address financial and physical dependence among senior citizens. (MSJE, 2011.).

Additionally, the Maintenance and Welfare of Parents and Senior Citizens Act, 2007, (MWPSCA) was enacted to ensure maintenance and welfare of parents and senior citizens, including the establishment of old age homes, medical support

for the elderly, and protection of their property, and also penalises intentional abandonment. Despite its provisions, awareness of legal rights remains low, even though the MWPSCA is supplemented by several other laws (see Annexure 1.2). According to NITI Aayog's paper on Senior Care Reforms, only 12 percent of the elderly population is aware of MWPSCA (NITI Aayog, 2024), with awareness among elderly women being even lower than men. (HelpAge India, 2024). Furthermore, although MWPSCA mandates that at least one old-age home must be set up in every district, as of 2021 less than 500 districts have functional old-age homes (NITI Aayog, 2024).

Although some progress has been made in policies for maintenance allowance, India still lacks a robust and comprehensive legislation that addresses the broad range of eldercare needs, particularly in healthcare and financial security (Yodda, 2024). Despite data highlighting the unique socio-economic vulnerabilities faced by elderly women, a targeted policy framework remains absent. Consequently, accurate and comprehensive data disaggregated by gender, caste, religion, and region is essential to aid effective policy making (Tripathi, 2022).

Welfare Schemes and Programmes

The government has introduced a series of schemes and initiatives to provide comprehensive social security support to the elderly (See Annexure 1.3). However, awareness of these social security schemes remains alarmingly low - only 50 percent, 44 percent, and 12 percent of the elderly population are aware of IGNOAPS, IGNWPS, and the Annapurna Scheme, respectively (NITI Aayog, 2024). Moreover, the pension amounts in the above-mentioned schemes remain insufficient and obtaining a pension remains a challenge due to long wait times and issues with documentation. As a result, 78 percent of the elderly do not have any pension cover (Tripathi, 2023). These gaps disproportionately affect women, who often shoulder the heavy caregiving burden while lacking adequate financial support or accessible healthcare. There are also no national-level schemes that recognise the work of female caregivers or offer any direct financial assistance or caregiver allowances. While the Right to Persons with Disability Act, 2016, has a provision for a care-giver allowance, it is limited to persons with disabilities with high support needs and remains yet to be implemented.

A rise in private players in the eldercare sector is already shaping professional caregiving. However, a dedicated legislative and regulatory ecosystem is currently missing. Increased public sector interventions through standardisation, regulation and skill development is necessary to make firms more competitive while providing high quality caregiving services across income groups, while also helping make caregiving a viable career choice.

Since women have traditionally performed unpaid caregiving within families, formalising professional caregiving presents an opportunity for enhanced workforce participation. The emergence of professional caregiving can bridge gender disparities in domestic and care work, creating pathways for formal employment and entrepreneurship in the eldercare industry, while also helping enhance women's participation overall workforce (Karmannaya Counsel, 2024).

3. Challenges & Opportunities for India's Elder Care Economy

Family and Spousal Support

Families are the main caregivers for the elderly, with men and women dedicating 104 and 89 minutes daily, respectively, to unpaid care of dependent adults, according to the 2019 Time Use Survey (MoSPI, 2019). Financially, families bear significant costs, as over 78 percent of the elderly lack pensions. NITI Aayog's 'Senior Care Reforms' in India notes that households with elderly members have lower per capita income (₹42,819 vs ₹49,174), and health expenses are a major cause of urban indebtedness (26 percent) (NITI Aayog, 2024). About one-fifth of India's elderly live alone or with only their spouse, with 2.5 percent of elderly men and 8.6 percent of elderly women living alone. Elderly men are more likely to receive spousal support, while elderly women, who often outlive their partners, face higher risks of loneliness and dependency, underscoring the need for community- driven support mechanisms (International Institute for Population Sciences and UNFPA, 2023).

Public Sector

Over 40 percent of elderly Indians are in the poorest wealth quintile, with 18.7 percent lacking personal income (UNFPA, 2023). While the government provides social security and welfare programs to address financial vulnerability, low awareness limits their reach (NITI Aayog, 2024). State governments have also taken steps: for example, Tamil Nadu has a State Policy on Senior Citizens (2022), encouraging public and private investment in elder care, with similar initiatives being launched in states like Karnataka and Kerala (Dhanuraj and Solomon, 2024).

Private Sector

The private sector supports elder care through in-home services, assisted living communities, and digital health platforms[2]. Providers like 'Life Circle' and 'Care24' offer home-based medical and daily care, easing caregiving burdens on families, especially women. Senior living initiatives by 'Columbia Pacific' and 'Max India' provide independent housing with integrated healthcare, while telemedicine platforms like 'Apollo TeleHealth' expand remote care access.

[2] Digital health platforms are technology-based systems that deliver healthcare services and information through digital channels such as mobile apps, websites, and cloud-based tools. They support a range of functions including telemedicine, electronic health records, remote patient monitoring, and health data analytics. These platforms improve access to care, enhance efficiency, and enable real-time communication between patients and providers. In policy contexts, they are increasingly recognized as essential tools for expanding healthcare reach, especially in underserved or remote areas.

However, affordability and accessibility challenges remain, highlighting the need for policy backing to ensure inclusivity in private eldercare.

While an aging population presents challenges in ensuring care provision with dignity—particularly for vulnerable older women and younger women burdened with unpaid caregiving—it also offers opportunities through the growth of the silver economy (Eatock, 2015). India's senior living market is projected to grow from $11.16 billion in 2024 to $17.99 billion by 2029 (Ghai, 2023). However, this potential remains largely untapped and underutilised.

Successive Union and state budgets have overlooked the senior care sector (Dhanuraj and Solomon, 2024).

The Ministry of Social Justice and Empowerment has been allocated ₹ 13,539 crore in the 2024-25, but only two percent (₹279 crore) is allotted to ageing-related programs (Mishra, 2024).

As per the International Labour Organisation (ILO), nine million care workers were employed across formal and informal care work in 2023 (ILO, 2025). The Economic Survey 2023-24 highlighted that investing two percent of GDP in the care sector could create 11 million jobs, with strong potential for skill development and employment growth (Press Information Bureau, 2024). On the other hand, private sector funding in elder care through CSR accounted for just 0.44 percent (₹132.87 crore) of the total ₹29,986.92 crore spent on CSR in 2022-23 (Ministry of Corporate Affairs, 2023).

Home Care Services

A gender lens is crucial for understanding the need for home care, especially given feminised care services offered to the elderly. As women tend to live longer than men, a larger proportion of the elderly population consists of women, many of whom live alone. In India, 8.6 percent of elderly women live alone, compared to only 2.5 percent of men, increasing their vulnerability and the need for women-centric home care services. This isolation makes older women particularly susceptible to poor care standards and mistreatment. Compounding their vulnerability is the gendered nature of old-age poverty, which presents financial barriers to accessing quality care. This unmet need of women centric home care services can be leveraged as an opportunity to train and skill women care workers, offering both quality care at home and formal work for the women workers. Structured certification programs can equip women with skills in geriatric care, palliative support, and mental health assistance. Community-based cooperatives and social enterprises led by women could provide localised, affordable caregiving solutions, particularly for vulnerable elderly women. Subsidised training programs for women from marginalised backgrounds can bridge the skills gap, while safety and accountability mechanisms can ensure both caregivers and elderly clients are protected.

4. Caring for Caregivers

A key area of focus for a sustainable elder care economy should be addressing the needs of caregivers. While the paid care market is still emerging, a lack of standards and regulations leaves the workforce prone to exploitation, including low pay, long working hours and harassment. Care-work becomes even more complex when it is unpaid and provided by family members, primarily spouses.

About one-fifth of elderly individuals live either alone or only with a spouse, managing their needs independently. Among those living with spouses, elderly men are more likely to receive spousal support than women. Due to gender norms, elderly women are more often caregivers for their spouses when living alone, while younger women assume caregiving roles when elderly parents live with their children. Understanding these dynamics of unpaid caregiving is crucial.[3]

Financial Assistance for Caregivers

Caregiving for elders can involve physically demanding tasks such as lifting, bathing, and mobility assistance, which can be particularly challenging for caregivers, who are often women. Recognising these challenges, NITI Aayog's 'Senior Care Reforms' emphasise the need for support systems and training to ease the burden on caregivers. Eldercare is also financially demanding, with caregivers covering expenses like medical bills and transportation, etc. Households with elderly members have lower per capita income (₹ 42,819) than those without (₹ 49,174) and spend more on healthcare (₹405 vs. ₹352). Health expenses make up 13 percent of total Monthly Per Capita Expenditure (MPCE), with health-related costs leading to urban indebtedness for 26 percent of surveyed households.

Addressing Burnout

Caregiving can lead to physical, mental and emotional exhaustion, affecting both paid and unpaid caregivers. While data on India is limited, the UK's 2023 'State of Caring' report found that 82 percent of caregivers faced physical and mental health challenges, 79 percent felt stressed or anxious, 49 percent experienced depression, and 50 percent had to deal with social isolation. Furthermore, 61 percent needed more support to maintain their health, while 44 percent delayed their own medical treatment due to caregiving responsibilities. Alarmingly, 78 percent worried about their ability to continue providing care in the future. These findings underscore the need for policymakers to address the challenges faced by caregivers, ensuring safe working conditions, financial support, and responsive health insurance as India's elderly population rapidly grows.

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[3] **A case in point is Bolivia's *Renta Dignidad*.** *It is a universal, non-contributory pension for citizens aged 60 and above, covering over 91 percent of this demographic. The funding is primarily through taxes on hydrocarbons and state-owned company profits, costing approximately 1 percent of the GDP. The program significantly reduces poverty, improves household income, and indirectly reduces the care burden of women.*

5. Elder Care Models & Interventions

A. Private For-Profit and Non-profit Ecosystems

Formalising eldercare through professional services is transforming caregiving into a skilled profession, creating employment opportunities while reducing the burden on unpaid family caregivers, particularly women. Industry aggregators and innovative housing models are driving this shift, making eldercare more sustainable and accessible for families.

In-Home Care Providers

Organisations like Life Circle, Portea, and Care24 provide home-based eldercare services, providing medical support, physiotherapy, nursing care, and companionship, thus helping redistribute caregiving duties often shouldered by women. Initiatives like Life Circle's multilingual, bite-sized training for caregivers enhance professionalism and accessibility. Given that much of the caregiving workforce operates informally, they often face poor working conditions, including inadequate safety measures, lack of social protection, and absence of ergonomic support for physically demanding tasks. Creating structured, formalised caregiving roles helps address exploitation, overwork and mistreatment, making the sector safer and more attractive for women to join the caregiving workforce.

Real Estate and Assisted Living

Evolving social norms and the shift to nuclear families are fuelling demand for senior living communities in India. These communities offer private housing alongside on-site healthcare and recreational amenities, providing an opportunity to reduce reliance on family caregivers. This growing sector also creates employment opportunities for women in various aspects of caregiving, including geriatric care, management, and customer service. Notable players such as Columbia Pacific Communities and Max India, along with real estate firms like Tata Housing and REIT investors (The Economic Times, Real estate developers turning to housing for senior citizens, 2015) are spearheading senior-living initiatives as acknowledgement of the sector's significant growth potential. Current estimates project a demand for 18–20 lakh units in 2024, while supply remains at only 20,000 units. By 2030, supply is expected to reach just 90,000 units, significantly lower than the projected demand for 30 lakh units (The Indian Express, 2024).

B. Standardisation & Regulation

Ensuring quality care and dignified working conditions requires clear regulatory frameworks. Government bodies such as the Ministry of Social Justice and Empowerment and Maharashtra's RERA (Maharashtra Real Estate Regulatory Authority) provide minimum standards and model guidelines for eldercare centres. However, these must also include skilling requirements and worker protections to safeguard caregiver's rights, wages, and working conditions, while ensuring high-quality care for the elderly. While an ageing population presents challenges in ensuring care provision with dignity – particularly for vulnerable older women and younger women burdened with unpaid caregiving – it also offers opportunities through the growth of the silver economy. India's senior living market is projected to grow from $11.16 billion in 2024 to $17.99 billion by 2029. However, this potential remains largely untapped and underutilised.

Technological Concerns for Elderly Women

Technology is transforming elder care, yet a significant gender gap persists in both assistive technology (AT) and FemTech, particularly affecting older women. Access to AT in the Global South is hindered by lack of digital literacy amongst the elderly. For older women, especially for widows, these challenges are further compounded by gendered poverty, making AT both unaffordable and inaccessible for many who need it most. In the FemTech sector, the gender gap takes a different form. While FemTech has made advances in areas like reproductive health, it largely neglects the health needs of older women, leaving a critical gap in care. Additionally, many FemTech platforms have serious privacy and security flaws, which is especially concerning for elderly women, as cybercrime tends to target women in general, making them vulnerable by extension. One of the solutions to make this space more inclusive for elderly women could be to train women as tech navigators who act as intermediaries, ensuring elderly female clients can use assistive technologies effectively. Additionally, promoting women-led and women focused start-ups in the FemTech space can foster innovations tailored to the unique health needs of older women, including chronic illness management and mental health support.

C. Technological and Innovative Solutions

Technological advancements are pivotal in the eldercare sector by offering flexibility, remote monitoring, and better access to healthcare. Given the crucial importance of the physical presence of caregivers with the elderly, technological support adopted by both private and public sector models should be assistive in nature. Technological interventions cannot substitute for caregivers in daily living activities, but they can enhance monitoring and support. The large presence of women in the sector also necessitates tech-based solutions that ease caregiving burdens and provide ergonomic support.

The following initiatives highlight how India's digital health ecosystem is leveraging these advancements to create a more responsive eldercare system:

Health Devices, Remote Monitoring and IoT

India's digital health ecosystem for eldercare is increasingly leveraging IoT, AI and wearable devices to provide real-time monitoring and reminders without requiring constant physical presence. Indian health tech companies are developing products like Dozee, a contactless health monitoring device that tracks vitals along with AI-based early monitoring systems. These innovations help reduce time poverty for unpaid family caregivers while improving working conditions for paid caregivers. However, concerns remain regarding affordability (The Hindu, 2022). and government funding for assistive technology (AT), which remains limited, particularly in eldercare. Further, despite advancements in initiatives, government funding for AT remains limited, as reflected in the FY 2024-25 budget allocation (The Wire, 2024). Expanding these initiatives will require skilling of caregivers to assist the elderly in effectively using these technologies.

Telemedicine Platforms

India's telemedicine market is projected to grow from USD 830 million in 2020 to USD 5.4 billion by 2025 (NITI Aayog, 2024). As part of a "virtual care ecosystem", telemedicine offers a wide range of services like tele-consultation, e-pharmacy, tele-pathology, etc., providing seniors with comprehensive healthcare services at their fingertips. Telemedicine also aligns well with the needs of women caregivers, offering flexible work arrangements and remote service delivery, thus allowing them the freedom to balance professional and personal responsibilities. However, barriers such as digital skill gaps, lack of access to technology, and societal biases must be addressed to integrate more women into this growing sector. Private initiatives like Apollo TeleHealth and government-supported platforms like eSanjeevani (National Telemedicine Service, Ministry of Health and Family Welfare) are making eldercare services more accessible, but significant disparities in digital access remain a challenge to widespread adoption.

Programs like the Ministry of Social Justice's Integrated Programme for Older Persons (IPOP) aim to establish inclusive eldercare solutions. However, these models must address skill gaps in caregivers and lack of medical resources at the local level. Volunteer-based solutions can be explored wherein women volunteer through short-term skilling programmes and are employed on a minimum remuneration basis.

D. Community-Based Elder Care Models

Community-based eldercare services provide vital support by sharing caregiving responsibilities, promoting social engagement for seniors, and reducing reliance on family caregivers. Models like Japan's Community Care Hubs and Denmark's Universal Eldercare combine recreational, physical, and medical care, fostering shared responsibilities with financial incentives for local authorities. In India, initiatives like Bengaluru's Nightingale's Medical Trust and Kerala's integration of geriatric care into palliative care emphasise community collaboration and targeted approaches based on illness severity, with a focus on empathy in caregiver training.

6. Addressing Gaps and Finding Pathways

Addressing the increasing demand for eldercare presents a critical opportunity to enhance female labour force participation and foster a sustainable, inclusive care economy. Formalising caregiving as a professional and skilled occupation, leveraging technological advancements to augment care delivery, and setting standards and benchmarks for safe working conditions are pivotal measures.

Policy interventions should prioritise comprehensive skilling frameworks, regulatory oversight, and data-driven decision-making to ensure high-quality care while safeguarding the rights and well-being of caregivers. These strategies hold the potential to transform the eldercare sector into a vital driver of economic growth and social development, addressing both workforce and demographic challenges.

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8. Annexures

1.1 Moderator and Participants in the Roundtable Consultation

IWWAGE and TQH are immensely grateful for the contribution of the expert participants in the roundtable stakeholder consultation. The consultation benefitted from the invaluable insights and suggestions of:

Moderator:

Dr. Sona Mitra - Director (Research and Policy), IWWAGE

Participants:

Aakash Dev – Associate Fellow (Macroeconomist), National Council of Applied Economic Research (NCAER)

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

Dipa Sinha – Independent Researcher

Dr. Debasis Barik – Senior Fellow, NCAER

Karina Bhasin – Programme Manager, United Nations Development Program (UNDP)

Kuhu Adhikary – Operation Head, Silver Genie Pvt. Ltd.

Mann Soni – Assistant Manager, MicroSave Consulting

Mitali Nikore – Founder, Nikore Associates

Neetha N. – Professor, Centre for Women's Development Studies

Pallavi Gupta – Independent Researcher

Rama V. Baru – Former Professor, Jawaharlal Nehru University

Sanjay Kumar – Population Dynamics and Research Specialist, United Nations Population Fund (UNFPA)

Sonal Shah – Founder, The Urban Catalysts

Sreerupa – Research Fellow and Program Lead, Institute of Social Studies Trust (ISST)

Vysakh Satheesh – Research Consultant, World Bank

1.2 Details of Specific Policies & Legislations

Sections 125 to 128 of the **Code of Criminal Procedure, 1973** enable elder parents who are unable to maintain themselves to claim maintenance from their children (Sections 125 - 128, Code of Criminal Procedure, 1973)

- Section 20 of the **Hindu Adoption and Maintenance Act, 1956** impose a similar obligation on a Hindu person to maintain one's aged parents (Section 20, Hindu Adoption and Maintenance Act, 1956)

- Sections 80DDB, 80TTB and 207 of the Income Tax Act, 1961 entitle senior citizens to certain deductions and tax benefits (Section 80DDB, 80TTB, 207 of the Income Tax Act, 1961), etc.

- Gender-specific laws like the Protection of Women from Domestic Violence Act, 2005 provide aged women with a remedy against physical, sexual, verbal or economic abuse by any male members of the family (Protection of Women from Domestic Violence Act, 2005)
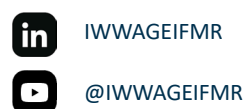
1.3 Details of Existing Welfare Schemes and Programs

- Basic Necessities: such as food, healthcare, and financial security are covered through the various sub-schemes under the Atal Vayo Abhyudaya Yojana(Government Of India, Ministry Of Social Justice And Empowerment, 2020-21), Annapurna Scheme(Ministry of Rural Development, Govt. of India, 2000), Antyodaya Anna Yojana (AAY)(Department of Food Civil Supplies&ConsumerAffairs,Govt.ofMeghalaya)

- Old-age pensions: available through the Indira Gandhi National Old Age Pension Scheme (IGNOAPS), Indira Gandhi National Widow Pension Scheme (IGNWPS), Indira Gandhi National Disability Pension Scheme(National Social Assistance Plan, Govt. of India), Atal Pension Yojana(National Portal of India)

- Assistive devices and Physical aids: accessible through Rashtriya Vayoshri Yojana(National Portal of India), Assistance to Disabled Persons for Purchase/Fittings of Aids and Appliances Scheme(Ministry of Social Justice and Empowerment, Govt. of India), Sambhav Portal

- Amenities and financial assistance to old-age homes: through the Integrated Programme for Older Persons (Government of India, Ministry of Social Justice & Empowerment, 2018)

- Comprehensive healthcare facilities: through the National Program for Health Care of the Elderly (Ministry of Health & Family Welfare, Govt. of India)

- Insurance coverage to senior citizens: through the Senior Citizen Health Insurance Scheme (National Portal of India)

- Universal accessibility through the Accessible India Campaign (Ministry of Social Justice & Empowerment, Govt. of India)

- Job opportunities for the elderly: by linking them with the private sector through the Senior Able Citizens for Re-Employment in Dignity (SACRED) portal (Press Information Bureau, Government of India, Ministry of Social Justice & Empowerment)

- Senior care products and services: through the Senior Ageing Growth Engine (SAGE) portal (Ministry of Social Justice & Empowerment, Govt. of India; 2021)

- Legal aid, legal representation, and access to schemes: through the NALSA (Legal Services to Senior Citizens) Scheme, 2016(National Legal Services Authority, Govt. of India)