



साठज

वृद्ध मित्र ट्रूलकिट



Title - Vriddha Mitra: Actualizing Ageing in Place - A Toolkit

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Vridhha Mitra: Actualizing Ageing in Place

Toolkit for the Planning and Implementation of
Community Based Care for Vulnerable Older Adults
in India

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संदेश

हमारा देश विकसित भारत के पथ पर अग्रसर है। इस विकास प्रक्रिया में यह सुनिश्चित करना आवश्यक है कि हमारे वयोवृद्ध सम्मान, आत्मनिर्भरता और सुरक्षा के साथ भारतीय समाजिक परिवेश के अभिन्न अंग बने रहें।

सामाजिक न्याय और अधिकारिता मंत्रालय, भारत सरकार सन् 2050 तक 20 प्रतिशत अभिवृद्धि वृद्धजन समाज के निर्माण में निरंतर प्रयत्नशील है, जिसमें कोई भी व्यक्ति स्वयं को अलग-थलग महसूस न करे, चाहे वह अधिक आयु का ही क्यों न हो। सामाजिक न्याय और अधिकारिता मंत्रालय वृद्धजनों के कल्याणार्थ विभिन्न कार्यक्रमों के माध्यम से उनके लिए समेकित कार्यक्रम (Integrated Programme for Senior Citizens), राष्ट्रीय वयोश्री योजना, एल्डरलाइन तथा सीनियर केयर एंजिंग ग्रोथ इंजन के संचालन से वृद्धजनों को सामाजिक सुरक्षा प्रदान करते हुए उन्हें चिकित्सा, आवासीय सुविधा, जीवन को सुगम बनाने हेतु सहायक उपकरण, आर्थिक एवं सामाजिक सहयोग प्रदान करने हेतु प्रतिबद्ध हैं।

सोसाइटी ऑफ कम्युनिटी हेल्थ ऑरिएंटेड ऑपरेशनल लिंक्स (SCHOOL) संस्था द्वारा वर्ष 2019 से देश के विभिन्न स्थलों पर संचालित अभिनव कार्यक्रम “वृद्ध मित्र (Friends of Older People)” के अंतर्गत “एजिंग इन प्लेस” सिद्धांत का सफलतापूर्वक संचालन कर रहा है। इस सिद्धांत को पूर्ण रूप से समाज में स्थापित एवं संचालित करते हुए एक मॉडल के रूप में प्रस्तुत किया गया है, जिसके माध्यम से SCHOOL संस्था के कार्यकर्ता आज 53,000 से अधिक वृद्धजनों के साथ वृद्ध मित्र कार्यक्रम का सतत कार्यान्वयन कर रहे हैं।

SCHOOL संस्था ने वृद्ध मित्र कार्यक्रम के संचालन और नवीन स्थलों पर वृद्ध मित्र कार्यक्रम को विस्तार देने के दौरान प्राप्त अनुभवों का संकलन कर “वृद्ध मित्र ट्रूलिकिट” तैयार की है। यह ट्रूलिकिट मात्र एक पुस्तक नहीं है, बल्कि एक समेकित एवं करुणा-भाव से युक्त भारत के निर्माण का रोडमैप है। यह ट्रूलिकिट समाजसेवी संस्थाओं, शैक्षणिक संस्थाओं तथा निजी क्षेत्र में कार्यरत साथियों के लिए सामाजिक परिवर्तन का माध्यम बनेगी।

मैं यहाँ सभी सम्माननीय व्यक्तियों एवं सामाजिक संस्थाओं से आह्वान करना चाहता हूँ कि हम सब मिलकर भारत में वृद्धावस्था को एक ऐसे सकारात्मक अनुभव में परिवर्तित करें, जो आत्मनिर्भरता एवं सशक्तिकरण की प्रेरणादायी कहानी बनकर समाज को मार्गदर्शन प्रदान करे।

आइए हम सब मिलकर स्वयं वचनबद्ध होकर ऐसे भारत के निर्माण में अपनी भूमिका सुनिश्चित करें, जहाँ हमारे समस्त वृद्धजन स्वास्थ्य, प्रसन्नता और जीवन की सार्थकता का अनुभव कर सकें।

(डॉ. वीरेन्द्र कुमार)



Honourable Minister of State, MoSJE – Shri Ramdas Athawale

भारत में वृद्धजनों की देखभाल को लेकर सामूहिक गति निर्माण की अत्यंत आवश्यकता है। यह सामाजिक न्याय एवं अधिकारिता मंत्रालय की उस परिकल्पना का प्रगति आधार है, जिसमें हर व्यक्ति को शामिल करते हुए एक समावेशी समाज का निर्माण किया जाए। इसी गोन के अनुरूप हमारा संकल्प है कि देश के प्रत्येक बुजुर्ग गरिमा, सुरक्षा और सम्मान के साथ जीवन जी सकें।

सामाजिक न्याय एवं अधिकारिता मंत्रालय ने सामाजिक और आर्थिक समावेशन, स्वास्थ्य सेवाओं की उपलब्धता तथा सामाजिक सुरक्षा सुनिश्चित करने के लिए विभिन्न पहलें सक्रिय रूप से संचालित की हैं। हमारा मानना है कि किसी भी राष्ट्र की सभी प्रगति इस बात से आँकी जाती है कि वह अपने उन बुजुर्गों का कितना सम्मान और ध्यान रखता है, जिन्होंने उसकी नींव को मजबूत किया है। मैंने वर्ष 2024 में इंटरनेशनल डे ऑफ ओल्डर पर्सन्स के अवसर पर आयोजित 'समागम' कार्यक्रम में यह विचार रखा था कि "कोई भी राष्ट्र तभी प्रगति कर सकता है जब वहाँ के बुजुर्गों की देखभाल और सम्मान हो।" आज यह विचार हमारे मंत्रालय की पहलों के संदर्भ में और भी अधिक प्रासंगिक प्रतीत होता है।

हमारे दृष्टिकोण का एक प्रमुख सिद्धांत है "एजिंग इन प्लेस" – जिसमें बुजुर्गों को अपने घर और समुदाय के बीच रहते हुए सेवाओं और सामाजिक समावेशन की उपलब्धता के साथ आत्मनिर्भर जीवन जीने का अवसर मिलता है। वर्ष 2024 में मंत्रालय ने सोसाइटी ऑफ कम्युनिटी हेल्थ ओरिएंटेड ऑपरेशनल लिंक्स (SCHOOL) के साथ मिलकर "वृद्ध मित्र – फ्रेंड्स ऑफ ओल्डर पीपल" कार्यक्रम की शुरुआत बाराणसी और ग्वालियर में की। इस पहल के माध्यम से 8,000 से अधिक बुजुर्गों तक आवश्यक देखभाल और साथीभाव सीधे उनके समुदायों में पहुँचाया गया, जिससे एजिंग इन प्लेस का विचार वास्तविकता में बदला।

SCHOOL द्वारा वर्ष 2019 से संचालित वृद्ध मित्र कार्यक्रम आज देशभर में 53,000 से अधिक बुजुर्गों तक पहुँच चुका है और समुदाय-आधारित देखभाल का एक अग्रणी मॉडल बन चुका है। इस यात्रा के महत्व को समझते हुए मंत्रालय ने SCHOOL के साथ मिलकर "वृद्ध मित्र: ऐक्चुअलाइजिंग एजिंग इन प्लेस" टूलकिट को "सहज: नेशनल कंसल्टेशन ऑन एजिंग इन प्लेस" के अवसर पर जारी किया।

यह टूलकिट नीतियों और व्यवहारिक स्तर पर एक महत्वपूर्ण संसाधन है। इसमें हमारी सामूहिक सीखों को समाहित किया गया है – देखभाल, साथीभाव, संचालन संबंधी अनुभव और तकनीकी मार्गदर्शन। यह टूलकिट नीति निर्माताओं, नागरिक समाज की संस्थाओं और स्थानीय क्रियान्वयनकर्ताओं के लिए एक मजबूत आधार प्रस्तुत करती है, ताकि इस मॉडल को व्यापक स्तर पर दोहराया और विस्तार दिया जा सके। मैं इस टूलकिट के अंगीकरण को एक सतत समाधान के रूप में देखता हूँ, जो एजिंग इन प्लेस की दिशा में समुदाय-आधारित मॉडलों को आगे बढ़ाने का मार्ग प्रशस्त करेगा। यह उस भविष्य की ओर एक महत्वपूर्ण कदम है, जहाँ प्रत्येक बुजुर्ग गरिमा के साथ वृद्धावस्था जी सके और उसे वह सहयोग मिले, जिसका वह वास्तव में अधिकारी है।

बी. एल. वर्मा

उपमोक्ता मामले, खाद्य और सार्वजनिक वितरण एवं
सामाजिक न्याय और अधिकारिता राज्य मंत्री
भारत सरकार



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GOVERNMENT OF INDIA

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सन्देश

सच्चा विकास केवल आर्थिक या तकनीकी प्रगति से नहीं आँका जाता, बल्कि इस बात से मापा जाता है कि हम समाज के उन लोगों की कितनी देखभाल करते हैं, जो अक्सर हाशिए पर छूट जाते हैं। किसी भी राष्ट्र का उज्ज्वल भविष्य तभी संभव है जब विकास सबके साथ साझा हो – विशेषकर हमारे बुजुर्गों के साथ, जिन्होंने अपना पूरा जीवन समाज को समर्पित किया है।

भारत की बुजुर्ग जनसंख्या लगातार बढ़ रही है, और इसके साथ यह जिम्मेदारी भी बढ़ रही है कि हम एक ऐसे पारिस्थितिकी तंत्र का निर्माण करें, जो प्रत्येक बुजुर्ग व्यक्ति को गरिमा, देखभाल और सुरक्षा सुनिश्चित करे। सामाजिक न्याय एवं अधिकारिता मंत्रालय इस दिशा में निरंतर प्रयासरत है और वृद्धजनों के कल्याण हेतु मेन्टेनन्स ऐण्ड वेलफेयर ऑफ पैरेंट्स ऐण्ड सीनियर सिटिज़न्स ऐक्ट, 2007, इंटीग्रेटेड प्रोग्राम फॉर सीनियर सिटिज़न्स (आई.पी.एस.आर.सी.), नेशनल वयोश्री योजना, एल्डरलाइन, स्टेट एक्शन प्लान्स फॉर सीनियर सिटिज़न्स (एस.ए.पी.एस.आर.सी.) तथा सीनियरकेयर एजिंग ग्रोथ इंजन (SAGE) जैसी महत्वपूर्ण पहलों के माध्यम से “गरिमामय वृद्धावस्था” की परिकल्पना को साकार कर रहा है। इन प्रयासों का उद्देश्य “एजिंग इन प्लेस” को प्रोत्साहित करना है, ताकि हमारे बुजुर्ग अपने घरों और समुदायों में ही सम्मान और आत्मीयता के साथ जीवन व्यतीत कर सकें।

वृद्ध मित्र – Friends of Older People कार्यक्रम, जिसे SCHOOL संस्था द्वारा वर्ष 2019 से देश के शहरी बस्तियों और दूरस्थ गाँवों में लागू किया गया है, इसी सोच को व्यवहार में उतारता है। आज इस कार्यक्रम के माध्यम से 53,000 से अधिक बुजुर्गों तक पहुँचा गया है, जो दर्शाता है कि समुदाय-आधारित देखभाल किस प्रकार करुणामय और स्थायी दोनों हो सकती है।

आज “सहज” कार्यक्रम के अंतर्गत वृद्ध मित्र टूलकिट का शुभारंभ इस सामूहिक प्रयास में एक महत्वपूर्ण कदम है। SCHOOL के अनुभव और मंत्रालय के मार्गदर्शन पर आधारित यह टूलकिट राज्यों, शहरों और समुदायों को व्यावहारिक समाधान प्रदान करेगी, जिससे वृद्धजनों की देखभाल की व्यवस्था और सशक्त हो सके।

जैसे ही हम एक विकसित भारत की ओर अग्रसर हो रहे हैं, आइए हम अपनी प्रगति का आकलन केवल अवसंरचना और नवाचार से न करें, बल्कि इस बात से करें कि हमारे समुदाय कितने करुणामय हैं और हम अपने बुजुर्गों को कितनी गरिमा प्रदान करते हैं।



बी. एल. वर्मा



The Ministry of Social Justice and Empowerment is committed to building an inclusive India—one where every citizen, especially our elders, can live with dignity, safety, and care. Senior citizens, who have given a lifetime of service to their families and the nation, must be at the heart of our social protection systems.

The Vriddha Mitra pilot is an effort of the Ministry to strengthen community-based elder care and promote the principle of "Ageing in Place." By enabling older persons to live in their homes and neighbourhoods with access to companionship, services, and community support, the programme reflects our vision of dignity and belonging for every elder.

To advance this vision, convergence is critical. Elder care cannot be addressed in isolation—it requires the active participation of state governments, local bodies, civil society, and frontline companions. The launch of the Vriddha Mitra Toolkit at the SAHAJ event is a milestone in this journey. It provides practical models, training material, and community-led approaches that can guide states, districts, and organisations in delivering elder care that is both inclusive and sustainable.

This Toolkit is not just a technical resource it is an instrument of empowerment. It equips communities, caregivers, and frontline workers with simple and sensitive methods to ensure that care for our elders is rooted in compassion and respect. Together, with initiatives such as Vriddha Mitra, it strengthens the foundation of an elder care ecosystem that is people-centred and future-ready.

I urge all stakeholders government agencies, service providers, and community organisations—to adopt and implement the approaches outlined in this Toolkit. By doing so, we can ensure that our elders, who have built the India we are proud of today, are honoured and supported in the years ahead.



(Amit Yadav)

मोनाली पी. धकाटे
संयुक्त सचिव
MONALI P. DHAKATE
Joint Secretary



भारत सरकार
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Message

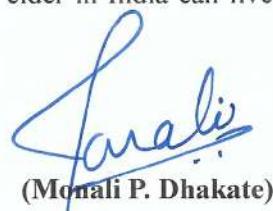
The strength of any society can be measured by the way it treats its elders. Our senior citizens carry with them the wisdom of experience and the legacy of service to their families, communities, and the nation. Ensuring that they live with dignity, safety, and companionship is not just a policy priority it is a moral duty.

India is entering an era of rapid population ageing. With more than 10 crore older persons, the need for inclusive systems of care has never been greater. The Ministry of Social Justice and Empowerment has been at the forefront of this responsibility, building a strong framework support through the Maintenance and Welfare of Parents and Senior Citizens Act, 2007, the National Policy for Older Person, 1999 and the welfare scheme – Atal Vayo Abhyuday Yojana (AVYAY). Together, they form the foundation of senior citizen welfare across the country.

Vriddha Mitra programme takes this vision a step further by championing the unique concept of “Ageing in Place.” At its core, Vriddha Mitra enables elders to remain in their own homes and communities as long as possible supported not only with services but with the warmth of human connection. By training community companions and creating neighbourhood-based networks, the programme ensures that ageing is not marked by isolation, but by care, engagement, and belonging within familiar surroundings.

The launch of Vriddha Mitra Toolkit “Sahaj”, is a milestone in this journey. It presents practical tools, field-tested models, and community-driven methods to guide states, districts, and local organisations in making “Ageing in Place” a lived reality for elders. More than a guide, it is an invitation to build together a compassionate ecosystem that honours and protects our elders.

As we look to the future, let us remember that true progress is not only measured by economic or technological achievements, but by the care and respect we extend to those who came before us. Vriddha Mitra initiative is a testament to that principle, a commitment to ensuring that every elder in India can live their golden years with dignity, companionship, and peace in the place they call home.



(Monali P. Dhakate)



Ageing is more than just growing older—it is a journey enriched with wisdom, memories, and contributions that have shaped families and communities. Yet, despite these invaluable gifts, many older adults today face the harsh realities of isolation, dependency, and inadequate support.

Since 2019, we at **SCHOOL** have been working through our **Vriddha Mitra (friends of older people)** initiative to create a sustainable, community-based model of care, rooted in the philosophy of *ageing in place*. We believe that true elder care goes beyond institutions—it lies in enabling older people to live independently, meaningfully, and with dignity in their own homes and neighbourhoods.

At the heart of Vriddha Mitra is companionship. While elders need healthcare and nutrition, they equally need to feel heard, valued, and connected. A listening ear, a regular visit, or a shared smile can ease loneliness and transform lives.

This toolkit reflects our belief that elder care is a shared responsibility. Families, volunteers, communities, and government systems must come together to weave a net of care and compassion. We are grateful to the Ministry of Social Justice and Empowerment, our partners, donors, and field teams for their unwavering support—and above all, to the elders themselves, whose resilience and wisdom inspire us every day.

We hope this toolkit becomes both a guide and a catalyst, encouraging more communities to embrace the spirit of **Vriddha Mitra**—where ageing is reimagined as a stage of life filled with companionship, dignity, and joy.

Benazir

Dr. Benazir Patil, Chief Executive Officer - SCHOOL

Acknowledgements

This toolkit is dedicated first and foremost to the elderly individuals whose lives, wisdom, and resilience continue to inspire us every day. Their stories, struggles, and strength form the heart of this document, reminding us that ageing is not only a stage of life but also a source of dignity, belonging, and contribution to society.

We extend our deepest gratitude to the Vriddha Mitras — the Community Officers — who are the backbone of this programme. As true “friends of older people,” they walk alongside elders in their everyday lives, listening, supporting, and ensuring that no one is left behind. We also acknowledge with appreciation the Vriddha Mitra Network Partners, who extend vital support across health care, social care, social protection, and in addressing the many challenges faced by older persons. Their collaboration strengthens the safety net for elders, ensuring care and dignity at every step.

Our heartfelt thanks go to the municipal corporations, district authorities, and state governments that have supported this journey—including the Governments of Madhya Pradesh, Maharashtra, Uttar Pradesh, and Delhi, as well as the Pune Municipal Corporation, Municipal Corporation of Greater Mumbai, Bhopal Municipal Corporation, and the District Administration of Varanasi, Bhopal, Gwalior, and Lucknow. Their active engagement has been central in building an enabling environment for community-based elder care.

We sincerely acknowledge the invaluable support of the Ministry of Social Justice and Empowerment, Government of India, for its steadfast commitment to the welfare of senior citizens. The vision is closely aligned with the country’s pledge to the UN’s ‘Decade of Healthy Ageing’, which places strong emphasis on the philosophy of ‘ageing in place’ — an ideology that is ultimately being actualised by the Vriddha Mitra programme by bringing care to the elderly in their own homes.

We are equally grateful to our donors and philanthropic partners whose steadfast commitment has made Vriddha Mitra possible. Their support has enabled innovation, scale, and sustainability, ensuring that this model continues to reach tens of thousands of elderly individuals across diverse geographies.

Finally, this acknowledgement is a tribute to the spirit of collective action. Families, caregivers, institutions, volunteers, and partners together embody the essence of Vriddha Mitra—where ageing is reimagined as a stage of life marked by companionship, dignity, and joy.

With gratitude,
Dr. Pramod Gautam
Dr. Rahul Singh Bhadouria
Dr. Pawan Pathak

बुद्ध मित्र

बुद्ध मित्र

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Preface

This toolkit, titled “Vriddha Mitra: Actualizing Ageing in Place”, has been developed with the purpose of guiding practitioners, policymakers, and community organizations in creating meaningful, compassionate, and sustainable models of elder care. It brings together our experiences, insights, and learnings from the field, drawn from years of working closely with the elderly, their families, and communities.

Ageing is a natural stage of life, yet for many it comes with challenges of declining health, isolation, and loss of independence. At the same time, it offers opportunities to celebrate wisdom, resilience, and lifelong contributions. The guiding principle behind this toolkit is the belief that the elderly should be able to age in place—to live in their own homes and communities with dignity, safety, and a sense of belongingness.

The Vriddha Mitra program has demonstrated that elder care must go beyond healthcare and material support; it must include companionship, emotional well-being, and community engagement. This toolkit captures those learnings, offering practical approaches and community-based solutions that can be adapted to different contexts.

We hope this resource will serve as both a guide and an inspiration—encouraging collaboration among government agencies, donors, civil society, and communities to ensure that every elderly is cared for, respected, and connected.



Context

Ageing in India — The Urgency of Care and Opportunity for Intervention

Ageing is a natural and inevitable process, but it is not defined merely by the passage of years. It is shaped by complex biological, social, psychological, and environmental factors. With age, physical and functional abilities gradually decline, but ageing also reshapes social roles, responsibilities, and expectations. The way ageing is experienced may differ across cultures, but it universally presents both challenges and opportunities for individuals, families, and societies.

According to the World Health Organization (WHO), people aged 60 years or more are considered elderly. In India, they are recognized as senior citizens. Traditionally, the joint family system provided a strong safety net ensuring social, emotional, and financial support for older persons. However, the gradual shift toward nuclear families, migration of younger generations, and weakening of community ties have exposed the elderly to new vulnerabilities. The elderly often face challenges of loneliness, declining self-worth, depression, and reduced competence, compounded by widowhood, gender inequality, and social exclusion.

The multi-dimensional challenges of ageing in India

The concerns of ageing are not only emotional and social, but also medical and economic. The elderly in India frequently live with multiple morbidities ranging from minor but persistent ailments such as poor eyesight and joint pain to chronic and debilitating conditions like diabetes, hypertension, heart disease, and neurological disorders. In rural areas especially, access to affordable and timely healthcare remains limited, leaving the elderly highly vulnerable. The rising cost of healthcare, combined with declining financial independence, adds to the precariousness of old age.

At the systems level, India is undergoing a rapid demographic transition. The growing proportion of elderly people will inevitably place pressure on healthcare systems, social security schemes, and caregiving structures. Studies indicate that while older persons often require more healthcare, they tend to utilize services less frequently than younger adults largely due to affordability issues, inadequate delivery, and neglect. Evidence also shows that per-capita health expenditure declines sharply after the age of 70, reinforcing the mismatch between healthcare needs and service provision.

Global perspective and healthy ageing framework

The global conversation around ageing has moved away from a disease-focused approach towards the concept of healthy ageing. The 69th World Health Assembly (2016) adopted the Global Strategy and Action Plan on Ageing and Health, which defines healthy ageing as “maintaining the functional ability that enables older persons to do what they value.”

Healthy ageing requires action on two fronts:

- ◆ Preserving capacities through preventive and promotive health measures, including good nutrition, physical activity, and mental well-being.
- ◆ Adapting environment healthcare systems, housing, transport, and public spaces so they remain accessible and supportive for older persons with varying levels of ability.

Since ageing is influenced by determinants such as income, education, housing, gender norms, and cultural context, effective policies must go beyond healthcare alone. A multi-sectoral approach involving health, social welfare, labour, and urban development is essential to ensure dignity and quality of life in old age.

Determinants of healthy ageing in India

While life expectancy has increased significantly in India, these extra years are not always lived in good health. Multiple dimensions shape well-being in later life:

- ◆ Behavioural determinants: lifestyle choices, diet, physical activity, and avoidance of tobacco or alcohol.
- ◆ Personal determinants: genetic predispositions, resilience, and psychological health.
- ◆ Social and economic determinants: financial independence, pension coverage, family support, and community integration.
- ◆ Environmental determinants: safe housing, accessible healthcare, public infrastructure, and transportation.
- ◆ Cross-cutting determinants: cultural attitudes towards ageing and gender inequality, especially the higher vulnerabilities faced by older women.

Investments in preventive health, social protection, and both home-based and institutional long-term care will be crucial as India prepares for its rapidly expanding elderly population.

Healthy ageing is not only a personal aspiration but also a collective necessity shaped by a wide range of determinants. Extending the number of healthy life years can be achieved by recognising and addressing these:

- ◆ Lifestyle choices such as balanced nutrition, regular physical activity, and avoidance of tobacco or harmful drinking prevent illness and help maintain independence.
- ◆ Personal factors including resilience, psychological wellbeing, and genetic predispositions shape how people adapt to ageing, making mental health and coping skills central to wellbeing.
- ◆ Financial security and social support through pensions, savings, and strong family or community ties protect elderly people from poverty and isolation while enhancing dignity and belonging.
- ◆ Supportive environments with safe housing, accessible healthcare, reliable transport, and age-friendly public spaces enable continued participation in community life.
- ◆ Cultural attitudes and gender equality strongly influence experiences of ageing. Elderly women, who generally have greater life expectancy than men, often face heightened vulnerabilities due to limited financial resources, social disadvantages, and unequal access to care. Addressing these inequalities is essential for achieving equity in later life.

This requires a paradigm shift from viewing ageing only as dependency to embracing it as active ageing, characterized by independence, dignity, and meaningful participation.

Demographic trends in India

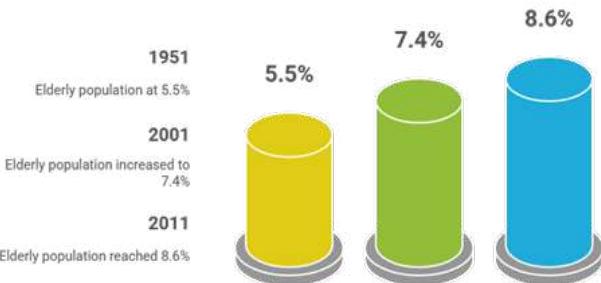
Globally, ageing is happening at an unprecedented pace. By 2050, one in every five people will be above 60 years of age. India mirrors this trend, with the elderly population projected to outnumber children below 14 years by 2050.

India now has the second-largest elderly population in the world after China. The growth rate of the elderly population between 2001 and 2011 was 35.5% much higher than the overall population growth.

Old Age Dependency Ratio

The old-age dependency ratio (elderly per 100 working-age persons) has also risen steadily from 10.9 in 1961 to 14.2 in 2011, with a higher dependency burden among women (14.9) compared to men (13.6). This reflects the feminization of ageing and the heightened vulnerabilities faced by elderly women.

Growth of Elderly Population in India



Behavioural Determinants

Lifestyle choices impacting healthy ageing outcomes.

Personal Determinants

Genetic and psychological factors affecting ageing.

Social and Economic Determinants

Financial and social support for healthy ageing.

Environmental Determinants

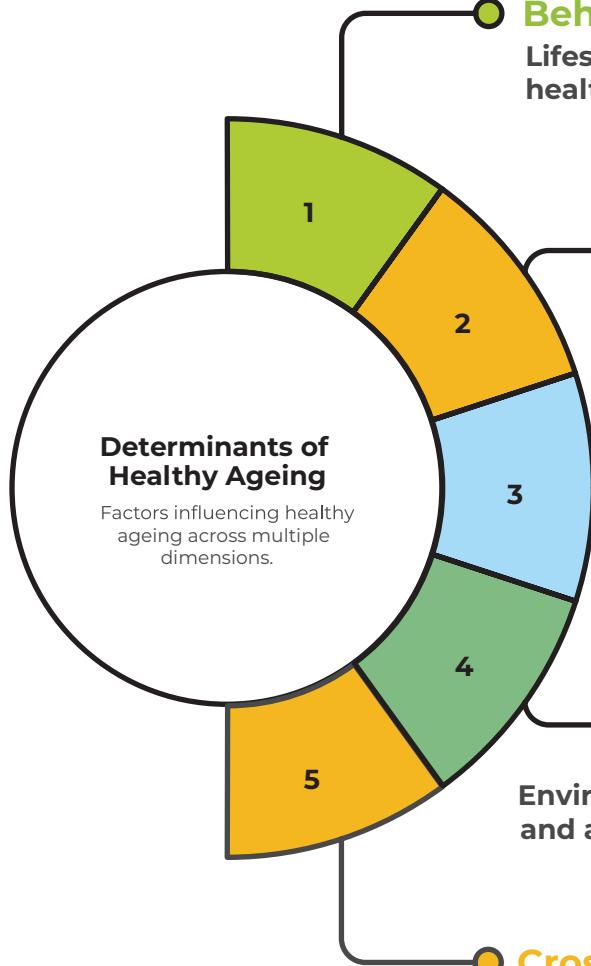
Environmental factors ensuring safe and accessible ageing.

Cross-cutting Determinants

Cultural and gender factors influencing ageing experiences.

Determinants of Healthy Ageing

Factors influencing healthy ageing across multiple dimensions.



Who is this Guide For?

This guide is written with the belief that elderly care is not the responsibility of one person or one institution, it is a collective responsibility. Every individual, family, and community have a role to play in ensuring that elderly live with dignity, security, and joy.

The primary audiences for this guide are:

- ◆ **Family Members and Caregivers**

Across India, families remain the first caregivers of the elderly. However, with migration, urbanization, and changing family structures, caregiving has become more challenging. Many family members struggle silently unsure of how to handle health needs, emotional breakdowns, or financial worries of their elderly. This guide is a companion to them, offering clarity, emotional reassurance, and practical solutions for everyday challenges.

- ◆ **Volunteers, NGO Teams, and Social Workers**

Those who dedicate their time to elderly care need frameworks and tools to make their service more effective. This guide will give them tested methods, inspirational models, and practical exercises they can use in their own communities.

- ◆ **Healthcare Professionals and Allied Experts**

Doctors, nurses, physiotherapists, counsellors, and nutritionists often meet the elderly at a crisis point during illness, decline, or emergencies. By reading this guide, they can understand how community-based elderly care can complement medical systems, making healthcare for elderly more holistic and preventive rather than only reactive.

- ◆ **Policy Makers, Students, and Researchers**

India's ageing population is not just a family issue, it is a social and policy concern. Students of social work, gerontology, nursing, and public health, as well as policy makers, will find this guide useful as a reference model of community-led elderly care. It bridges practice and theory, showing how grassroot level interventions can align with larger frameworks like the National Programme for Health Care of the Elderly (NPHCE).

Ultimately, this guide is for anyone who wants to walk alongside elderly in their journey of ageing. Whether you are a professional, a student, a volunteer, or a family member you will find knowledge, reflections, and tools that help you support elderly in ways that are practical, sustainable, and rooted in empathy.

Introduction to SCHOOL

Established in 2007, Society of Community Health Oriented Operational Links (SCHOOL) is a registered not-for-profit organization working towards Sustainable Development Goal 3 — Good Health and Well-Being. The aim of the organization has always been to provide last mile connectivity to vulnerable people across age groups by adopting a ‘life course approach’ — serving groups from newborns to the

SCHOOL partners with various organizations and also joins hands with governments to ensure the smooth implementation of programs in various geographies across India.

Introduction to Vriddha Mitra

In 2018, SCHOOL made a conscious decision to focus on one of the most underserved demographics — the elderly. While structured support systems for children, youth, and women had gradually taken shape, elderly people, especially those in low-income and marginalized communities, continued to remain outside a comprehensive framework of care. To bridge this gap, an initiative anchored in the need for ‘Healthy & Active Ageing’ emerged, which was named, ‘Vriddha Mitra’, Friends of Older People.

“The Vriddha Mitra programme complements our vision of holistic healthcare for all, especially the elderly who often face neglect. It is heartening to see how the initiative integrates with public health efforts, offering not just medical attention but also emotional and social support. Such partnerships are crucial to strengthening our health ecosystem, and Vriddha Mitra stands out as a model worth replicating across states.”

Dr. Prabhakar Tiwari – Senior Joint Director, National Health Mission, Madhya Pradesh

The Journey of Vriddha Mitra: From Vision to Action

Starting with a pilot of 620 elderly in two slums of Pune, Maharashtra, in 2019, this initiative aimed to move away from the norm of institutionalized care — the only avenue for elderly care at the time. Informed by the quality-of-life dimensions put forth by WHOQOL-OLD, which is an instrument for the assessment of subjective quality of life in elderly people, based on the WHO definition of quality of life. Further, the Integrated Care for Older People approach (ICOPE) also contributed in the programming. ICOPE is WHO's approach to provide a continuum of integrated care that helps to reorient health and social services towards more person-centred and coordinated care. Based on these 2, a Community-Based Mechanism was created with a focus on bringing care to the dwellings where the elderly reside and their communities along with referral linkages various organizations and public systems.

This approach is guided by the concept of ageing in place, which emphasizes experiencing ageing within the comfort of one's home and community, rather than in the isolation of an old-age home.



Understanding its importance through the pilots, the foundation of the programme became the provision of companionship for the elderly, thus inviting the name 'Vriddha Mitra' — Friends of Older People.

Within a few years of the pilot in Pune, the programme was scaled up withing Pune and replicated in Mumbai, Bhopal, rural Gwalior, and rural Pune, before taking shape as a large-scale community-driven model. By 2023, Vriddha Mitra was operational in 122 slums of Pune city, covering more than 28,500 elderly persons with a systematic plan for citywide saturation.

A significant milestone came in 2024, when the Ministry of Social Justice and Empowerment (MoSJE) recognized Vriddha Mitra's potential and partnered with SCHOOL to run it as a pilot program in the two geographies Gwalior (rural) and Varanasi (urban).



Resource: Ageing in Place

This collaboration marked the first time that a government body directly supported the Vriddha Mitra model, further validating its relevance and positioning it for scale-up at the national level.

Over six years, Vriddha Mitra has been directly reached many elderly persons across Pune, Mumbai, Bhopal, Gwalior, Varanasi, Lucknow, and Delhi, and today continues to serve over 52,800 elderly persons through its community caregivers.

Age-Friendly Ecosystem

The genesis and continuation of the Vriddha Mitra programme envisions the long-term goal of creating an 'age-friendly ecosystem', which not only implies working on an appropriate service delivery mechanism aimed at specialized care for elderly people by making services available, advocating for public infrastructure to be inclusive of the elderly. It also seeks to activate public health systems to ensure access to entitlements. Equally, it aims to reshape societal perspectives on ageing by sensitizing the wider community.

The age-friendly ecosystem positions elderly people as valuable players in our society, informed by cultural and traditional values that imbibe respect and honour in order to dignify individuals as they age.



"As a long-term supporter of Vriddha Mitra, Yardi Software is proud to be part of a journey that uplifts lives in such a meaningful way. Over the years, we have seen firsthand how the program bridges critical gaps in elderly care—whether it's medical support, mental well-being, or creating safe spaces for social connection. This initiative resonates with our core values, and we remain committed to walking alongside Vriddha Mitra in its mission to bring dignity and joy to the lives of senior citizens."

CSR Team, Yardi Software

Implementation Guide

As India's ageing population continues to grow rapidly, the need for localized, dependable, and dignified care models has never been more urgent. Vriddha Mitra, designed as a community-based initiative promoting "ageing in place", offers a unique and scalable solution to this challenge. The importance of these key facets of the Vriddha Mitra program have also been echoed in the Senior Care Reforms position paper launched by NITI Aayog in 2024, establishing their importance on a broader level from the perspective of planning for elderly care in the country. By reaching the elderly where they live whether in urban slums, small towns, or villages the program ensures that care is not just accessible but deeply rooted in the social and cultural fabric of each community.



Resource:
Senior Care Reforms

The insights gained from years of developing and implementing Vriddha Mitra—through community mechanisms, building champions and partners, and advocating for inclusive policies—highlight practical strategies for stakeholders to adapt and strengthen the program.

To aid the implementation of the program, there is a need to understand the theoretical framework that has guided its creation.

The following section of the document provides an understanding of the field mechanism through the lens of the concepts and models that guided its creation.



WHOQOL-OLD

The activities conducted through the community-based mechanism are informed by the six domains of Quality of Life (QoL) put forth by WHO. These include physical health, psychological state, level of independence, social relationships, environmental aspects, and spiritual concerns.

- ◆ **Physical Health** examines the elderly's overall physical well-being.
- ◆ **Psychological State** evaluates mental health, covering aspects like addiction, confusion, disorientation, emotional challenges, relationship quality, and life satisfaction.
- ◆ **Level of Independence** assesses mobility, daily living activities, medication management, and work engagement.
- ◆ **Social Relationships** explores the individual's social interactions, helping to strengthen existing relationships and combat isolation.
- ◆ **Environmental Features** looks at living conditions, including home layout, safety, accessibility, and hygiene.
- ◆ **Spiritual Concerns** measures life satisfaction and the individual's sense of connection to the world.

Saving Life Checklist

These domains have been utilized in the development of the 'Saving Life Checklist' (SLC), which is a comprehensive tool that allows for an in-depth understanding of the quality of life of the elderly as well as the levels of intervention required in order to improve the same. Elderly individuals (60+) are registered using the Saving Life Checklist (SLC), which collects key data on demographics, family, health, self-reliance, and spiritual needs.

It has two parts:

Part 1 covers socio-demographics, while Part 2 captures six WHO Quality of Life domains. The SLC is vital for creating a personalized Individual Care Plan (ICP), and has been informed by the WHOQOL-OLD, a tool developed by the WHO to gauge the quality of life of elderly people.



Resource:
WHOQOL-OLD

Activities of the CBM and the ICOPE Framework

The activities included as interventions delivered through the Community-Based Mechanism are developed with the ICOPE framework at the foundation.

This framework touches upon various elements including mobility, cognitive function, psychological well-being, vitality (nutrition & weight), sensory function (vision & hearing) and continence which require preventive, promotive, and curative intervention.

These levels of intervention are carefully created to allow for holistic improvement across domains.



**Resource:
ICOPE Framework**

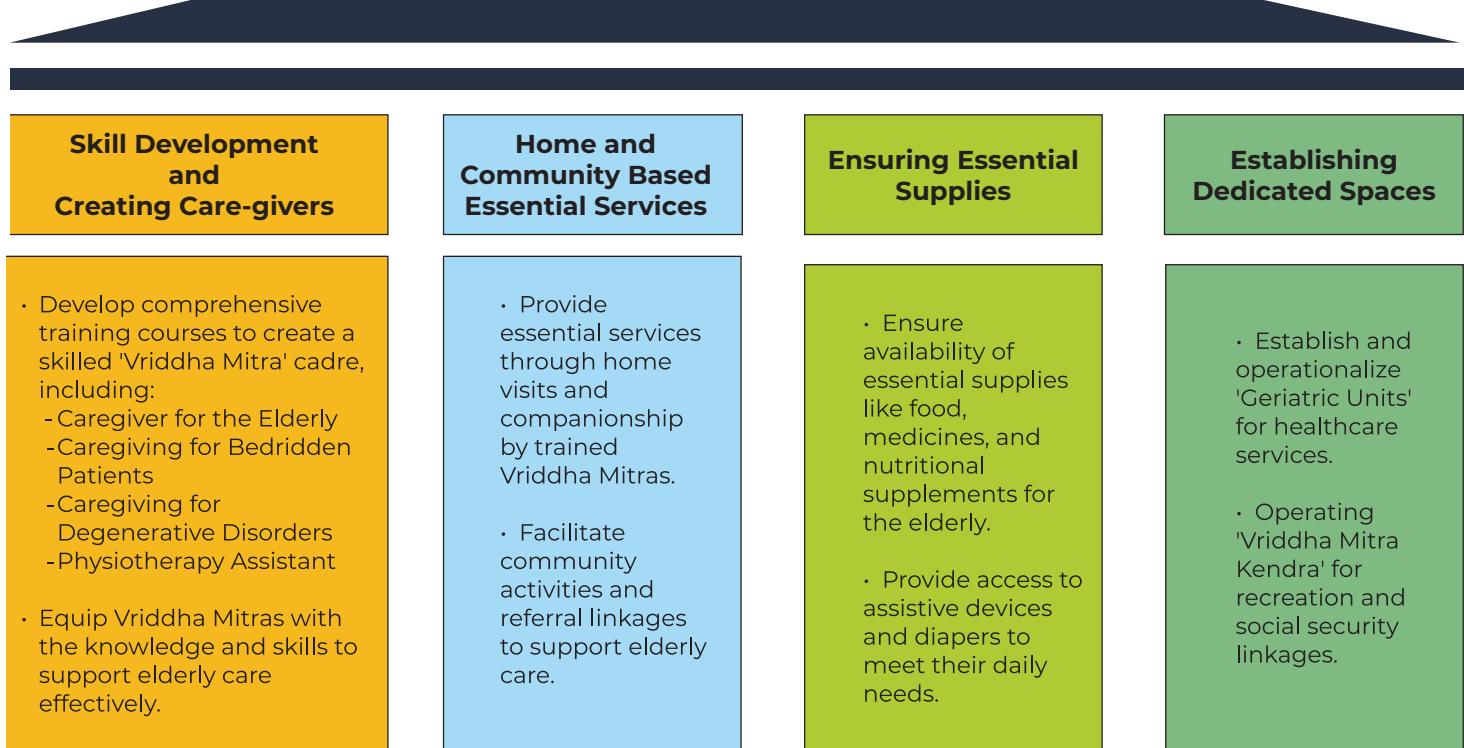


Pillars of the program

The implementation of Vriddha Mitra is based on a four-pillar framework

This four-pillar framework offers an **integrated, scalable, and sustainable model** for elderly care that strengthens community participation, reduces health-care burden, and promotes healthy and dignified ageing.

Pillars of Vriddha Mitra

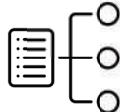


Roadmap of Steps

Identify Vulnerable Geographies Registration through SLC Develop Individual Care Plans Provide Social Security and Entitlements Maintain Records and Reporting



Line Listing of
Elderly Residents



Categorization by
Support Intensity



Implement
Community-Based
Mechanisms



Offer Additional
Services

Identifying vulnerable geographies

The first step in any new expansion is to identify vulnerable areas urban slums, informal settlements, or villages where elderly populations remain underserved. This stage combines data-driven mapping with grassroots consultations:

1. Census and government records are analysed to locate priority pockets.
2. Municipal, district, and block authorities are consulted to validate areas.
3. Technical collaborations help in preparing micro-plans.
4. Frontline workers such as ASHAs, ANMs, and Anganwadi staff provide ground-level insights.
5. Field visits and resource mapping help assess facilities, living conditions, and vulnerabilities.

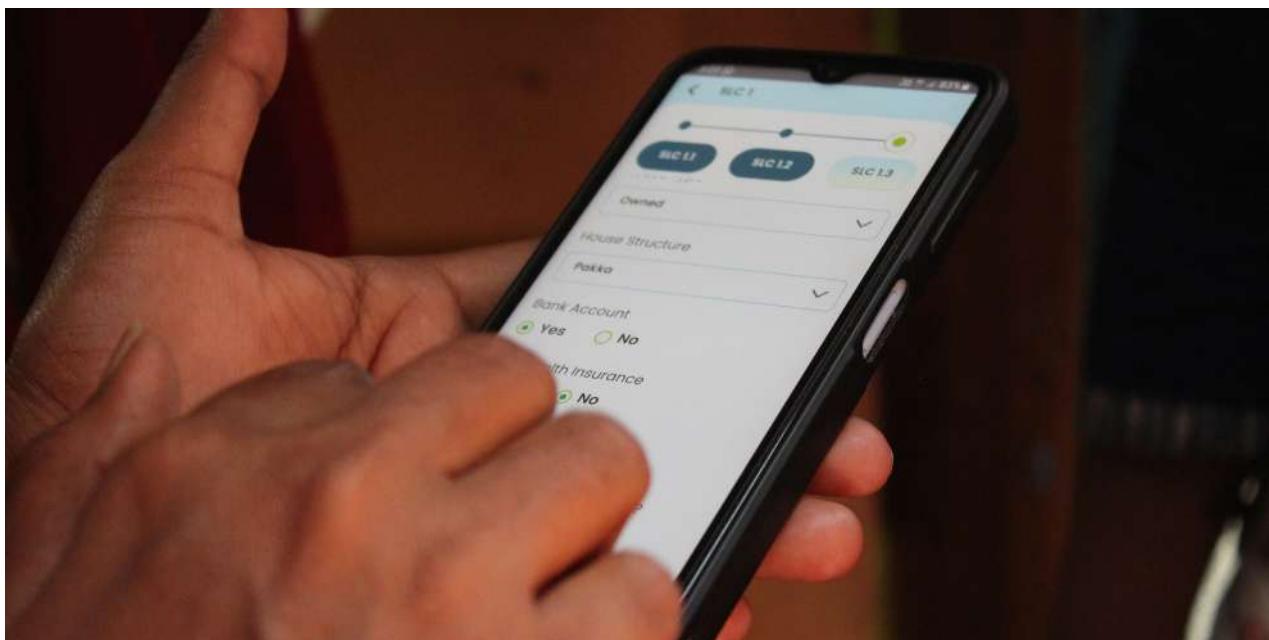
Line-listing of elderly residents

Once the geography is identified, the programme builds a comprehensive database of elderly residents through a process of community mapping and household engagement:

- ◆ Community maps are drawn, highlighting schools, temples, shops, and health facilities.
- ◆ Local networks are established with grassroots leaders and functionaries for reliable information.
- ◆ Community meetings introduce Vriddha Mitra to residents and prepare the ground for surveys.
- ◆ Home visits to every household identify elderly members and explain program benefits.
- ◆ Household surveys record basic details while each house is given a unique identifier for easy tracking.

Registration through the Saving Life Checklist (SLC)

As part of the registration process, each of the elderly is asked questions on the basis of the Saving Life Checklist (SLC), which creates a comprehensive overview of the status of the elderly. Both parts of the SLC are arranged in the form of an elaborate questionnaire. Each Community Officer (Vriddha Mitra at the community level), after receiving an in-depth training regarding the SLC, carefully and meticulously enters the data correlating to the various sections of the SLC into an app-based format.



Individual Care Plan (ICP)

The data collected through the SLC helps to create an Individual Care Plan (ICP), determining the course of action for each individual elderly registered in the programme. It is the key to laying out the various points of intervention for the elderly, and dictates the course of action for the Community Officers, to take the next steps to improve their quality of life.

Once the data is collected, the next step is to analyse it and categorize the elderly into three levels of required support:

- 1. High intensity support:** Elderly with multiple health issues, bedridden and those with limited mobility, lack of family or community support, or urgent social security needs.
- 2. Mid intensity support:** Elderly who have some family/community support but still require regular check-ins, medical follow-ups, or assistance with pensions and supplies.
- 3. Low intensity support:** Elderly who are relatively independent but still benefit from periodic monitoring, social engagement, and preventive health care.

This categorization helps the team prioritize time, resources, and interventions. It ensures that those with the most urgent needs are not left behind, while also supporting those who are relatively better placed.

Health Care

- ◆ Home-based medical check-ups for early detection of illnesses, including regular screening for non-communicable diseases such as hypertension, diabetes, and cardiovascular risk.
- ◆ Routine assessments for vision, hearing, oral/dental health, and other age-related conditions.
- ◆ Physiotherapy sessions and mobility support for those with chronic pain, functional impairment, or limited movement.
- ◆ Mental health screening and counselling to address depression, anxiety, memory loss, or cognitive decline.
- ◆ Health promotion and education sessions on nutrition, exercise, medication adherence, and lifestyle modification.
- ◆ Home-based care and follow-up visits for bedridden or frail elders.
- ◆ Referral pathways to higher medical facilities and specialist services when advanced or acute care is required.
- ◆ Access to emergency and crisis care services, including ambulance support.
- ◆ Palliative and end-of-life care services for those with advanced illnesses or severe frailty.

Supplies

- ◆ Ensuring regular access to prescribed medicines and supplements.
- ◆ Providing nutritional support, including tailored diets for undernutrition or chronic conditions.
- ◆ Supplying diapers, mobility aids, assistive devices, and hearing or vision support aids as per need.

Social Protection

- ◆ Facilitating access to government pensions, social security schemes, and health insurance.
- ◆ Supporting elders with completion of necessary documentation for entitlements and benefits.
- ◆ Maintaining clear health records and follow-up notes to ensure continuity of care.

Social & emotional support

- ◆ Offering companionship through volunteers, youth engagement, and community networks.
- ◆ Providing counselling and peer support groups for mental wellbeing.
- ◆ Creating intergenerational bonding activities to reduce loneliness and foster inclusion
- ◆ Promoting community integration through cultural, recreational, and awareness programmes.

The ICP ensures that care provided is tailored to the individual needs of the elderly, providing a framework for the implementation of various interventions through the community-based mechanism.



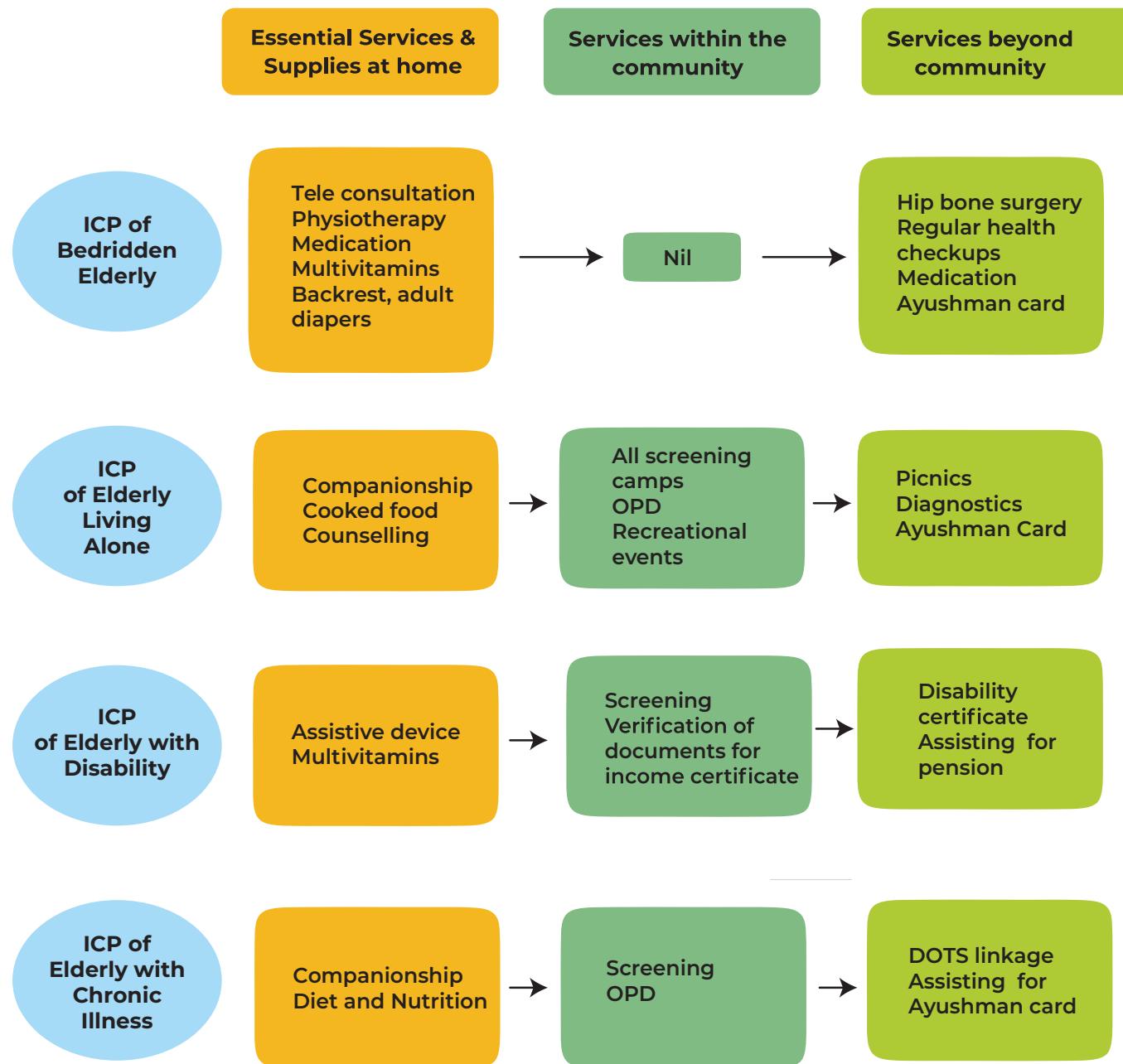
“What struck me most about Vriddha Mitra was how thoughtfully it brings attention to the lives of senior citizens. It’s not just about providing support, but about creating a sense of belonging and respect. Seeing the programme in action reminded me how powerful small, consistent efforts can be in shaping a community.”

Mr. Sanket Shah, Goodera

“When I think of Vriddha Mitra, I think of many elderly in our cities who face unspoken challenges. This programme gave me a new perspective on what it means to age with dignity, especially in vulnerable communities. It left me reflecting on how much more we can all do to make space for our seniors.”

Mr. Krishnan Kutty R, CFO, SBI Capital Markets Limited

After the registration of each elderly through the SLC, an Individual Care Plan (ICP) is created and implemented.



A personalized care plan is created for each elderly registered in the Vriddha Mitra program in order to ensure that they receive tailored services that cater to their individual needs.

Interventions

Community-based mechanism (CBM)

As detailed in the above section, the community-based care model follows a roadmap that ensures relevance, precision, and sustainability in every geography it enters. The process is rooted in community engagement, structured data collection, and continuous monitoring, ensuring that interventions are responsive to the real-life circumstances of elderly people.

The CBM package is the operational engine of Vriddha Mitra, and each of the activities correspond to a dimension of the Quality of Life framework laid out by WHO.

WHO's 6 Domains	Activities that address these domains
Physical Health	<ul style="list-style-type: none">- Home based health-check-ups- Disbursement of medicines and supplements- Virtual OPDs- Referral to higher facilities for treatment
Psychological State	<ul style="list-style-type: none">- One on one counselling with the elderly- Following mhGAP tool to understand their mental wellbeing- Talking with and sensitizing the family members
Level of Independence	<ul style="list-style-type: none">- Providing assistive devices to the elderly- Physiotherapy, yoga and strengthening exercises- Providing basic necessities such as diapers, ration, etc.- Providing multi-vitamins to improve physical strength to move around- Documentation for social security entitlements and schemes
Social Relationships	<ul style="list-style-type: none">- Community level meetings- Encouraging youth engagement- Creating volunteers Inter-generational bonding- Putting up IEC and BCC messages in the community to create an understanding of the elderly's need
Environmental aspects	<ul style="list-style-type: none">- House repairs for improving living conditions and providing ease- Home visits, for building enabling environment- Counselling of the elderly and their family members- Providing assistive devices to reduce their dependence and improve freedom
Spiritual Concerns	<ul style="list-style-type: none">- Coming together as a group and sharing their beliefs- Singing, Lunching and engaging with each other

The various activities detailed in the CBM are conducted at various levels. Some take place within the homes of the elderly, some are delivered in the community they belong to, while others take place beyond the home and community, through referrals and partnerships.

Impact Story

Shantabai Pawar, a 76-year-old grandma, has been living in Patil Estate for the past 65 years. Earlier, she stayed with her daughter, but after her daughter's marriage, Grandma has been living alone. When she was enrolled in the Vriddha Mitra program and her information was recorded in the SLC, it was found that she was suffering from hypertension and was irregular with her medicines.

In her younger years, Grandma worked as an unskilled labourer, collecting and selling scrap to earn income. However, with age, worsening knee pain, and her daughter's marriage, she had to stop working and was left without a steady source of income. Though her daughter occasionally supported her financially, it was not enough to meet her medical needs. Unable to afford regular hypertension medicines, her health deteriorated, and she often felt lonely and neglected.

Through regular home visits, Vriddha Mitra provided continuous support. During these visits, the Community Officer (CO) checked on her health, counselled her about taking medicines on time, and built trust through regular follow-ups. With this support, she was connected to a doctor and her hypertension treatment was restarted. She also began physiotherapy sessions at Dalvi Hospital Unit, which helped her manage her severe knee pain. In addition, the CO guided her in accessing government health schemes and welfare benefits to reduce her financial burden.

With these regular home visits, medical follow-up, and emotional support, Grandma's health has gradually improved. Today, she feels supported, cared for, and more understood.



Shantabai Pawar Ji, Age 76

Interventions at Home

Home Visits

Home visits as part of the Community-Based Mechanism, prioritize elderly well-being through companionship, medication adherence, nutrition, and lifestyle advise. Bedridden elders receive specialized care, including diapers, assistive devices, and government scheme documentation. Telehealth services enable video consultations with the in-house medical team, ensuring accessible healthcare.



Home Health Check-Ups

Home health check-ups are important healthcare services provided to elderly individuals in the comfort of their own homes. These check-ups ensure that elderly people receive necessary medical attention without having to travel to a clinic or hospital. It helps keep track of their health, manage ongoing conditions, and address any new health concerns before they become serious. Home health check-ups also give healthcare providers a chance to understand the person's living situation and offer care that is more personalized to their needs.



Teleconsultations

The purpose of teleconsultation is to provide medical support to elderly individuals who face challenges in visiting healthcare facilities due to mobility issues, health conditions, or financial constraints. It allows them to receive timely advice and treatment from a doctor without the need for travel, ensuring they continue to access necessary healthcare services.

Additionally, teleconsultation fosters a sense of connection between the elderly and their doctors, as the doctors become a consistent source of support, care, and reassurance, building trust and emotional comfort over time.



Impact Story



Damodar Ji, Age 75

Grandpa Damodar, a 75-year-old resident of Saakhani village, in Bhitarwar block of Walior district had been suffering from a severe and painful skin disease since June 2025. His condition was so debilitating that he became bedridden and was unable even to eat food with his own hands.

During a routine home visit, a Vriddha Mitra immediately noticed the seriousness of his situation. Understanding the urgency, she escalated the case and returned with her coordinator for further assessment.

Recognizing the critical nature of Grandpa's illness, the team promptly contacted the doctor for tele-consultation through video call. After carefully examining Grandpa's condition, necessary medicines were prescribed.

In due course, the Vriddha Mitra team ensured that medicines were delivered and took dedicated regular follow-ups. With this timely care, Grandpa's health started showing remarkable improvement. The painful sores on his hands completely healed, and within the same month, he made a full recovery. Today, Grandpa Damodar is healthy and happy, and his family is deeply relieved.

Counselling

During home visits, the Community Officers evaluate the elderly's routine, habits, and behaviour, identifying issues such as memory loss or mental health concerns. If necessary, they refer the individual to a counsellor or psychiatrist for further support, with weekly updates on counselling sessions recorded.

Impact Story

Granny Hirabai Yadav was registered with the Vriddha Mitra program in 2022. During registration, she shared that she and her husband had no children and lived alone. This absence of children caused her husband significant stress, he spent most of his day outside, returning home only to sleep. Granny herself was struggling with hypertension and gap in her Spine that caused her back to bend, yet she still managed all household responsibilities.

To support her financially, her sister helped build a two-storey house, and the rent from the upper floor covered her basic needs. In 2023, tragedy struck when her husband suddenly passed away, leaving Granny completely alone.

The loss made her feel anxious, isolated, and emotionally broken. Seeing her condition, the Vriddha Mitra began visiting her regularly, spending time and building trust.

Understanding her need for emotional support, the Vriddha Mitra connected her to NGO Parivartan for mental health counselling. The Parivartan team visited her weekly, and with consistent counselling sessions, Granny's emotional well-being began to improve. Slowly, she accepted her situation and regained her confidence.

With encouragement, Granny also started interacting with neighbours, reducing her loneliness and building a supportive circle around her. Later, her pension application was successfully processed, and she began receiving Rs. 1,500 per month, easing her financial worries and helping her live independently.

Today, Granny Hirabai is emotionally stronger, financially secure, and socially connected. She feels happier, more confident, and is living her life with dignity and independence.



Hirabai Yadav Ji, Age 68

Interventions in the Community

Community meetings

Community meetings are organized regularly with the elderly, their family members and local stakeholders in common spaces such as panchayats, temples, Vriddha Mitra Kendras (VMKs) or Anganwadi centres. These meetings provide a platform to share information, discuss the needs of the elderly, and plan collective actions. They help build trust, increase participation, and strengthen community ownership of elderly care initiatives.



Youth and volunteer involvement

Youth and volunteers are actively engaged in different program activities such as home visits, awareness drives, companionship for the elderly, and community events. They receive basic orientation and are assigned specific roles to support implementation. Their involvement brings energy to the programme, promotes intergenerational bonding, and ensures wider community support for elderly care.

Virtual OPDs

Virtual OPDs under the Vriddha Mitra initiative were introduced in 2020, at the peak of the COVID-19 pandemic, when in-person consultations became highly risky for the elderly. A virtual OPD is an online healthcare service where doctors provide medical advice and consultations to patients through video or phone calls, ensuring continued care without the need for physical visits.

It allows the elderly individuals to receive medical advice, diagnoses, and treatment from the comfort of their homes. This service is particularly helpful for those who find it challenging to travel to hospitals or clinics for check-ups.



Health Camps

Health camps are a crucial component of Vriddha Mitra, facilitated by our various partnerships, designed to bring essential healthcare services of Community-Based Mechanism to elderly individuals in their communities. Recognizing the challenges that elderly people face in accessing quality healthcare, these camps provide a convenient platform for regular health check-ups, counselling, and access to medicines. The initiative also includes specialized camps for critical health concerns, ensuring holistic care and well-being for the elderly population, such as Ophthalmic, Orthopaedic or Cancer screening camps.

Awareness sessions (IEC/BCC)

Awareness sessions are conducted regularly using Information, Education, and Communication (IEC) tools like posters and leaflets, along with Behaviour Change Communication (BCC) methods such as group discussions, storytelling, and demonstrations. These sessions are delivered in the local language, making them simple and relatable. They spread awareness on healthy ageing, preventive care, and available services, resulting in improved knowledge, positive behaviour change, and higher service utilization among the elderly and their families.

Impact Story

Ramesh Prasad, a 65-year-old grandpa, had been suffering from severe vision problems for several months. He could not see clearly and had become dependent on his family for daily activities. During a home visit, a community officer found him in tears. He shared, "*Bete, I cannot see properly anymore,*" explaining that his son and daughter-in-law had not taken him for treatment despite his worsening condition. His presenting challenges were vision loss, dependency, and neglect from his family regarding his healthcare needs.

Our Community Officer reassured Ramesh grandpa and introduced herself as his Vriddha Mitra (friend of the elderly). She explained that the organisation regularly organises eye care camps, including free surgeries, and promised him support.

She then engaged with his son and daughter-in-law, counselling them about the seriousness of his condition and informing them about the opportunity for free treatment. Once the family agreed, she facilitated his visit to the camp.

At the camp, doctors diagnosed cataracts in both eyes and scheduled surgery. The Vriddha Mitra accompanied grandpa throughout the process, ensuring that he felt cared for and supported.

The surgery was successful. Within a short recovery period, Ramesh grandpa regained his vision. With joy, he said, "*Ab main phir se apni duniya dekh sakta hoon*" (Now I can see my world again). He began walking independently, recognising faces, and actively participating once more in household and community activities. His son, who had initially neglected his treatment, also expressed relief and acknowledged his father's struggles.

Ramesh Grandpa's improved vision restored not only his independence but also his dignity and self-confidence. His smiling face after surgery reflected both his gratitude and the life-changing impact of timely intervention.



Ramesh Prasad Ji,
Age 65

Beyond Home and Community

Referrals

The procedure of referral serves as a guide for facilitating access to essential external services that are not directly provided by Vriddha Mitra. These services include major surgeries, legal assistance, or specialized mental health counselling. By establishing a structured and systematic approach, this mechanism ensures that the elderly receive timely, appropriate, and seamless referrals to partner organizations.

Geriatric Units

'Geriatric Units' have been operationalized as exclusive centres for the elderly, which understand their physical and mental health conditions and offer them customized care. The units comprise of a spacious room with various physiotherapy equipment, cots, and screens for privacy. Students from physiotherapy colleges, under the guidance of physiotherapy in-charge provide individualized and focused treatment at no cost to the elderly. Each unit is equipped with various physiotherapy modalities which cater to the ailments faced by the elderly, including hydrocollator pack, inferential current therapy, and ultrasound. The unit also comprises of various exercise machines for the elderly, such as the stationary bike and leg curl machine. The main goal of the geriatric unit is to

This model of the establishment of Geriatric Units in collaboration with local governments emerged in Pune in 2020, and has since been successfully replicated in 3 units in Pune city (inclusive of 1 dental unit), 2 units in Bhopal, 1 in Gwalior and 2 units in Varanasi, all of which are running successfully, with significant footfall and measurable outcomes.





Consultations by specialist doctors

Specialist consultations are facilitated to provide elderly with access to advanced medical expertise that goes beyond routine checkups. Through partnerships with hospitals, clinics, and virtual consultation platforms, elderly are connected to specialists such as physicians, cardiologists, orthopaedics, ophthalmologists, and psychiatrists. These consultations are organized on scheduled days at camps or through digital modes, depending on the requirement. They help in addressing complex health issues, managing chronic conditions, and ensuring that elderly receive timely and appropriate medical guidance. This service bridges the gap between primary care and specialized treatment, which is often difficult for elderly to access on their own.

Diagnostic services

Diagnostic services are arranged to provide elderly with essential testing and screening facilities. These include routine blood investigations, blood pressure and sugar monitoring, ECGs, X-rays, and other advanced diagnostic tests depending on the case. The services are made available through tie-ups with local laboratories, diagnostic centres, and public and private hospitals. Regular diagnostic checks are critical for early detection of illnesses, effective disease management, and prevention of complications. By bringing diagnostic support closer to the elderly, the program reduces delays in treatment and ensures continuity of care for those with chronic or age-related health conditions.



In-patient and emergency care

In-patient and emergency care support is extended to elderly who require hospitalization, surgical procedures, or urgent medical attention. Through established linkages with hospitals, escorting services and referral networks, elderly are guided and assisted in accessing appropriate facilities at the time of need. This includes helping with admission procedures, ensuring timely transportation in emergencies, and coordinating with hospital staff for continuity of care. In-patient services also cover situations where elderly require longer-term monitoring or recovery support.

Emergency care linkages are especially critical in life-threatening situations, ensuring that no elderly are left without immediate medical intervention. These efforts strengthen the safety net for elderly and provide reassurance to their families that help is accessible beyond the home and community.



Vriddha Mitras and their Training

As the service delivery mechanism based in community care began to take shape, a clearer understanding of the caregivers required to champion it began to emerge. This understanding gave rise to a systematic training equipped with several standardized operating procedures correlating to the activities that were a part of the community-based mechanism.

New Cadre of Caregivers for Older Adults



As the Vriddha Mitra program began to take shape, the insufficiency of trained caregivers equipped to support older adults was starkly noticeable. To address this shortfall, Vriddha Mitra began to sensitize the youth by advocating for caregiving as a viable profession for their livelihoods.

A strong focus of the program, as a part of ensuring an age-friendly ecosystem, is the creation of 'Vriddha Mitras' as caregivers who are sensitive to the needs and tendencies of the elderly, and who can deliver compassionate care to dignify ageing as an experience.

Within the program, these Vriddha Mitras serve as Community Officers, and are responsible for the registration and engagement of the elderly into the program as well as carrying out all subsequent activities and referrals.

Vriddha Mitra Academy

Realising the utility of youth training programmes and their value in building a cadre of caregivers equipped to uphold the vision of dignified ageing, the 'Vriddha Mitra Academy' was launched in 2022 as an initiative to recruit and train young people.

It began with the Vriddha Mitra Caregiver Course, focusing on basic elderly care, companionship, daily living support, and emotional well-being, equipping caregivers to provide respectful and empathetic assistance in day-to-day life.

Building on this foundation, three new courses were introduced in 2024: the Bedridden Caregiver Course, the Physiotherapy Assistant Course, and the Caregiver for Degenerative Disorders Course.



Training Structure

The training structure of the Vriddha Mitra program is designed to systematically build a skilled and motivated workforce that can deliver high-quality elderly care at the household, community, and institutional levels. It ensures that caregivers are well-prepared, aligned with the program's objectives, and capable of implementing activities according to Standard Operating Procedures (SOPs).



Mobilization – Aarti Hears the Call



During mobilization in the community, Aarti learns about the Vriddha Mitra program

Enrolment – Taking the First Step



Eager for the opportunity, she submits her documents and enrolls in the course.

Choosing a Course – Finding Her Path



From the various available courses, Aarti chooses Caregiving for the Elderly.

Training – Learning by Doing



She attends classes and participates in the field work, earning her certification.

Placement – From Training to Service



After completing her course, Aarti is placed in the Vriddha Mitra program as a Community Officer.

Continuous Support – Growing with Guidance



With initial help from her peers and supervisors, Aarti begins her journey as a Vriddha Mitra.

Vriddha Mitra Training Process

1. Mobilization of the Youth

The process begins with mobilizing young people, with a special focus on those from marginalized and economically vulnerable communities. Mobilization is carried out through community meetings, local outreach activities, and awareness campaigns in villages, urban settlements, and youth networks. During this stage, program staff explain the importance of elderly care, the opportunities available in the caregiving sector, and the potential for meaningful employment. Mobilization also highlights the dignity and social value of working with the elderly, creating interest and motivation among youth to join the program.

2. Document verification and enrolment

Once youth express interest, the next step is document verification. Each candidate submits their personal and educational records, which are carefully reviewed to confirm their identity, eligibility, and suitability for the training. Verification ensures transparency, authenticity, and trust in the selection process. After successful verification, candidates are formally enrolled into the training program. Enrolment is followed by orientation sessions where the youth are introduced to the training structure, schedule, and expectations.

3. Training courses offered

The program offers four specialized courses, each tailored to address a specific dimension of elderly care. These courses combine classroom teaching, practical demonstrations, and hands-on learning to ensure trainees are fully prepared:

- ◆ Vriddha Mitra caregiver course — Focuses on basic elderly care, companionship, daily living support, and emotional well-being. It equips caregivers to provide respectful and empathetic assistance to elderly in their day-to-day lives.
- ◆ Bedridden caregiver course — Designed for situations where elderly are fully dependent. Training includes personal hygiene management, safe feeding, nutrition care, safe lifting and positioning techniques, prevention of bedsores, and continuous monitoring of health conditions.
- ◆ Physiotherapy assistant course — Prepares youth to assist physiotherapists in elderly mobility care. It covers therapeutic exercises, pain management, rehabilitation support, and guidance on safe physical activity for elderly.
- ◆ Caregiver for degenerative disorders course — Focuses on elderly with long-term, degenerative health conditions such as dementia, Alzheimer's, and Parkinson's disease. Training emphasizes patience, communication techniques, safety measures, and emotional support for both elderly and their families.

Each course is competency-based, practical in nature, and designed to match real-world caregiving needs.

4. Classes and on-field training

Participants undergo structured classroom sessions along with practical, hands-on field training. This combination equips them with both theoretical knowledge and practical caregiving skills needed in real-life settings.

5. Placement and continuous support

Caregivers, after completing the training, are placed in suitable organizations, NGOs, hospitals, and other elder care institutions where their skills can be effectively utilized. The program not only facilitates this placement but also ensures continuous support to caregivers through refresher trainings, peer learning sessions, and regular review meetings. This structured system helps caregivers enhance their skills, stay motivated, and deliver quality care consistently in their respective workplaces.

6. SOP Training & orientation (for those placed in Vriddha Mitra)

After completing the specialized course, caregivers placed under the Vriddha Mitra program receive orientation on Standard Operating Procedures (SOPs), ensuring consistent and quality service across all locations. Training includes:

- ◆ **Home-based interventions:** conducting home visits, assessing elderly needs, and maintaining records.
- ◆ **Community-level interventions:** organizing meetings, facilitating youth involvement, and running awareness sessions.
- ◆ **Beyond home and community interventions:** linking elderly to specialist consultations, diagnostic services, and in-patient or emergency care.
- ◆ **Programme benchmarks and monitoring systems:** understanding reporting formats, tracking service delivery, and ensuring accountability.

Through SOP training, caregivers learn not only the “what” of their work but also the “how” — ensuring every activity is carried out systematically, safely, and in line with program standards.

7. Continuous support and mentoring

After placement, caregivers and Vriddha Mitras receive continuous support through mentoring, refresher trainings, and regular review meetings. They undergo structured induction on program vision, SOPs, and reporting, along with skill-building in leadership and community engagement. This ongoing system ensures quality implementation, strengthens field supervision, and keeps caregivers motivated and updated with evolving elderly care practices.



Impact Story

Prathamesh, a bright young man from Pune City, had completed his education but was at a crossroads in life. Like many youths, he was unsure of his professional direction. He aspired to a white-collar job that would bring dignity, stability, and a secure livelihood for his family but lacked the right guidance and opportunity.

His turning point came when Cluster Coordinator, identified his potential and referred him to the VM team. During the orientation, we explained the scope and opportunities of the course, helping him gain clarity and confidence. This interaction gave him a renewed sense of purpose and motivation.

Although initially hesitant, Prathamesh enrolled and committed himself wholeheartedly to the program. His discipline, punctuality, and eagerness to learn quickly set him apart. The training offered him a well-rounded learning experience, including:

- ◆ Classroom lectures on human anatomy, physiotherapy techniques, and patient care
- ◆ Hands-on practical sessions that built his clinical and technical skills
- ◆ Soft skills and group discussions to boost his confidence and communication
- ◆ Fieldwork and on-the-job training, where he interacted with real patients under expert guidance

Throughout the course, Prathamesh grew not only in technical expertise but also in professional attitude and interpersonal skills. His sincerity and learning spirit made him stand out among his peers.

Today, Prathamesh is a certified Physiotherapy Assistant, confident about his career path and optimistic about his future. He has become a role model for other youth in his community who are still searching for direction. Prathamesh's journey shows how the right guidance, skill-building, and mentorship can transform uncertainty into a meaningful, dignified career.



Partnerships and MLE

Partnerships and Vriddha Mitra Network

Vriddha Mitra works with several partners in various capacities in order to streamline the fulfilment of essential services and supplies for older adults. These partnerships include doctors, individuals, hospitals, other non-governmental organizations, welfare groups, and institutions. Each partner supports the program in various ways and mediums, including the organization and implementation of camps and virtual OPDs, supplying various essential items such as assistive devices and diapers, providing support with legal documentation and processes, and more.



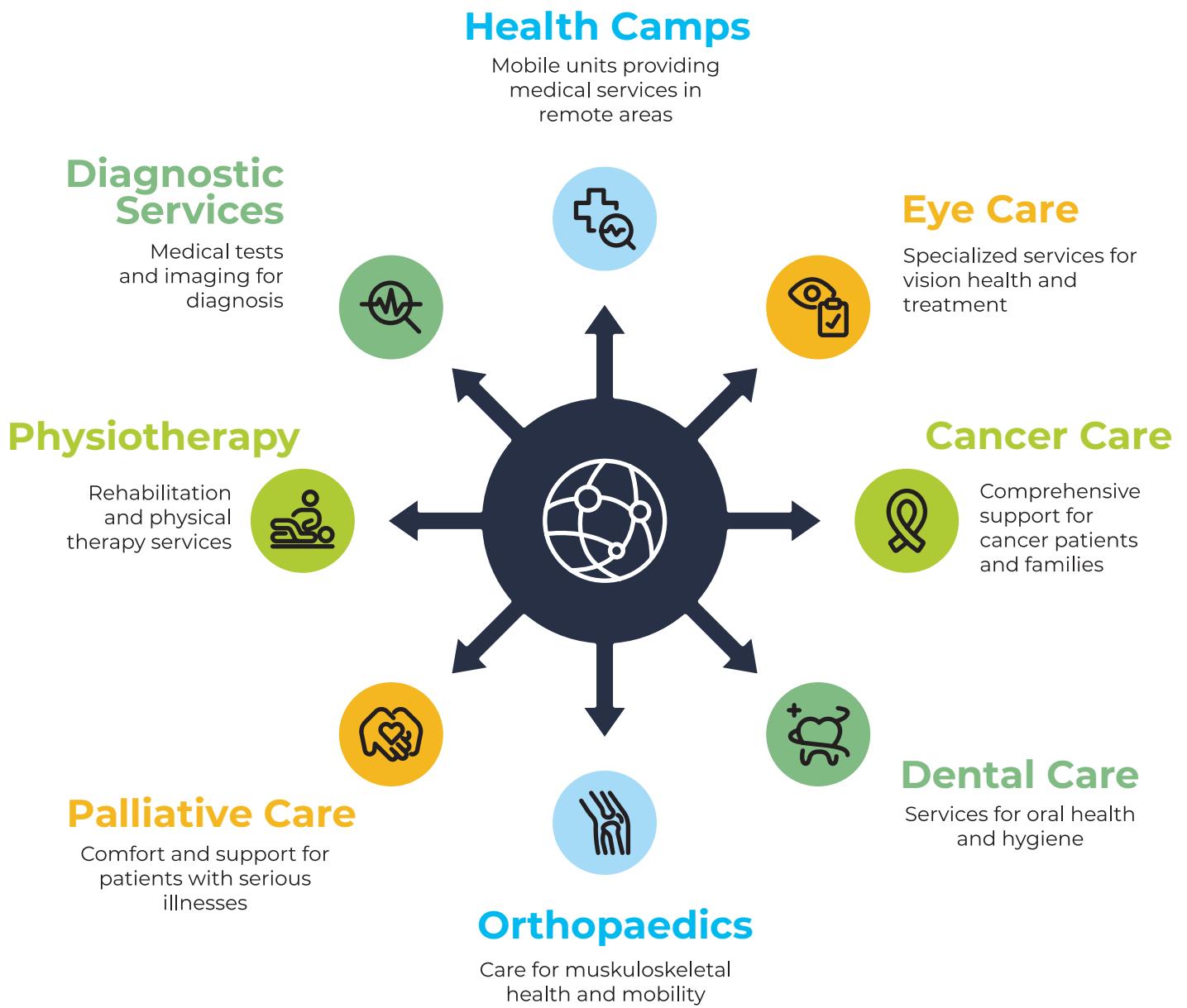
The extensive support network contributes in diverse ways: NGOs provide health camps, palliative care, ration distribution, and psychosocial support; private hospitals extend specialized medical services such as cancer screening, eye surgeries, prosthetics, and diagnostic support; colleges and medical institutions contribute through hands-on healthcare, dental, and physiotherapy services delivered by faculty and students; while government bodies facilitate access to social security schemes and welfare linkages.

Voluntary and community organizations further strengthen the network by offering food, shelter, and spiritual support. Together, these stakeholders create a holistic safety net for the elderly, addressing their healthcare, nutrition, mental health, shelter, and social security needs.

“We have signed an MOU with SCHOOL to develop health centres for senior citizens in all 5 administrative zones of the Pune Corporation Area to make sure the elderly can avail of all sorts of health facilities. Three units are running at Dalvi Hospital, Rajiv Gandhi Hospital, and Sonawane Hospital. SBI Capital donated physiotherapy instruments and an ambulance to our centre and it is running very well, with numerous elderly availing free physiotherapy treatment delivered by specialists from various colleges such as Rangoonwala College of Physiotherapy and Tilak Maharashtra Vidyapeeth. Additionally, the unit at Sonawane also provides free dental care facilities. This concept of home-based care is of utmost importance in a city like Pune where difficulty in commute leads to negligence towards health and an aggravation of the ailment. Such a model of care is extremely useful and is gaining popularity among the urban poor. We hope to develop more such units to cater to the urban poor in Pune city.”

Dr. Kalpana Baliwant, Pune Municipal Corporation





Vriddha Mitra Network

Monitoring, Learning, and Evaluation

Monitoring, Learning, and Evaluation (MLE) is the backbone of the Vriddha Mitra programme. It ensures that services for the elderly are delivered effectively, tracked systematically, reviewed critically, and continuously improved. MLE promotes accountability, transparency, and a culture of learning across all levels, from caregivers conducting home visits to Programme Coordinators reviewing service delivery across clusters.

Elderly care involves complex and dynamic needs that are closely intertwined with family and community contexts. MLE enables the systematic capture of these realities and provides answers to crucial questions, such as:

- ◆ Are elderly beneficiaries receiving timely and quality care?
- ◆ Are entitlements and social security schemes reaching the intended recipients?
- ◆ How do services such as physiotherapy, nutrition support, and referrals contribute to an improved quality of life?
- ◆ What gaps remain, and how can they be addressed?

By integrating robust monitoring tools with structured learning and evaluation practices, Vriddha Mitra converts routine data collection into actionable insights that enhance service delivery.

At the field level, documentation is maintained through 11 registers, each designed to capture a specific dimension of care and service delivery:

- ◆ **Daily register:** Records the daily activities of community officers, including home visits, follow-ups, and completed tasks.
- ◆ **Activity register:** Documents camps, awareness campaigns, and special events, capturing outreach and mobilisation efforts.
- ◆ **Community meeting register:** Records meetings held with elderly groups, families, and other stakeholders.
- ◆ **Virtual OPD register:** Captures consultations with doctors, including medical advice and follow-up requirements.
- ◆ **Physiotherapy register:** Tracks therapy sessions, progress of elderly with mobility issues, and adherence to exercise regimes.
- ◆ **Social security register:** Maintains details of pensions, insurance, and other entitlements, tracking applications and follow-ups.
- ◆ **Demand and supply register:** Monitors requests for medicines, supplements, diapers, or mobility aids, and their fulfilment.
- ◆ **Death register:** Records elderly deaths, ensuring timely closure of records and tracking mortality patterns.
- ◆ **Ration register:** Documents distribution of food and nutritional support.
- ◆ **Referral register:** Tracks cases referred to higher medical facilities, specialist doctors, or welfare departments.
- ◆ **Line listing register:** Provides a comprehensive list of all elderly in the community with demographic details, health status, and care needs.

These registers provide a comprehensive view of individual and community-level services, forming the foundation of a strong MLE system.



Supervision strengthens documentation and ensures accuracy and quality. Community Officers (COs) are supervised by Cluster Coordinators (CCs), CCs are supervised by Programme Coordinators (PCs), and PCs are overseen by the Programme Manager (PM). Regular field visits are conducted at each level to:

- ◆ **Validate entries in registers.**
- ◆ **Observe service delivery directly.**
- ◆ **Interact with elderly beneficiaries to understand their experiences.**
- ◆ **Provide on-the-spot mentoring to community officers.**

Structured checklists are used during each visit to guide supervisors in documenting key observations, such as adherence to care protocols, quality of interaction with beneficiaries, completeness of register entries, follow-up on pending referrals, distribution of supplies, and overall caregiver performance. These checklists create a record of guidance provided, corrective actions suggested, and follow-ups required.

Weekly supervisory visits ensure that the voices of elderly beneficiaries are consistently heard and integrated into service planning. Supervision transforms monitoring into a capacity-building process, reinforcing standards, strengthening caregiver skills, and improving field performance. The checklists also serve as a valuable tool for analysis, allowing Programme Coordinators to track trends, identify recurring challenges, and make data-driven decisions to enhance service delivery.



A structured meeting system reinforces MLE and ensures accountability at all levels:

- ◆ **Weekly** meetings between Cluster Coordinators and Community Officers for immediate problem-solving and operational guidance.
- ◆ **Fortnightly** meetings between Cluster Coordinators and Programme Coordinators for deeper data analysis.
- ◆ **Weekly team meetings at the cluster level** for peer learning and sharing best practices.
- ◆ **Monthly and quarterly reviews** to consolidate progress, assess targets, and identify gaps at the program level.



Regular refresher trainings based on supervisory findings are a key component of MLE. For instance, if registers reveal gaps in documenting physiotherapy progress, targeted training is organised for community officers to improve recording and monitoring practices. Periodic internal and external evaluations assess the overall impact of the Vriddha Mitra programme, examining:

- ◆ **Improvements in elderly health, mobility, and psychological well-being.**
- ◆ **Access to social protection and entitlements.**
- ◆ **Skills and performance of community officers.**
- ◆ **Effectiveness of community engagement activities.**

Evaluation findings demonstrate programme impact, highlight areas requiring attention, and inform strategies for scaling up effective practices. They provide valuable insights for donors, policymakers, and community stakeholders, fostering confidence and trust in the programme.

In Vriddha Mitra, MLE is the heartbeat of accountability, learning, and growth. By combining structured registers, regular supervision, organised meetings, continuous feedback, and periodic evaluations, the programme ensures that elderly care is responsive, evidence-driven, and centred on the needs of older people.



Monitoring and Reporting Flow



Programme Managers

Programme Managers are involved in each facet of the community based mechanism, and form a link between the field team and the leadership team. They oversee the data analysis, create reports, and manage all communication between teams, and monitor all field activity.

Custodian of the MIS, conducts weekly and monthly progress reviews, and creates thorough reports of all field activities.

Programme Coordinators

Programme Coordinators ensure that there is open communication among all internal and external stakeholders, while providing capacity building for the field staff. They also work on documentation and data compilation.



Checks weekly and monthly MIS, conducts regular monitoring visits and fortnightly meetings with CCs.



Cluster Coordinators

Responsible for 5 community officers, each cluster coordinator ensures the smooth facilitation of the activities, scheduling, and interfaces with various partner organizations.

Checks weekly MIS, provides support and monitors all COs at the ground level through checklists, collects elderlyes' feedback

Community Officers

Community Officers are the grassroots staff responsible for the delivery of the various essential services and supplies to the elderly in their homes, in the community, and beyond the community.

Completes SLC registrations, fills SOP-wise registers, updates daily, weekly, and monthly MIS















About MoSJE

The Ministry of Social Justice and Empowerment (MoSJE) is the nodal ministry of the Government of India responsible for the development and welfare of socially and economically marginalized groups. Its mandate includes the formulation and implementation of policies and programmes for the empowerment of Scheduled Castes, Other Backward Classes, senior citizens, persons with disabilities, transgender persons, and victims of substance abuse. <https://socialjustice.gov.in/>



About SCHOOL

SCHOOL (Society of Community Health Oriented Operational Links) is a not-for-profit organization that works towards achievement of 'SDG-3 – Good Health and Wellbeing' as the last mile, and reaches out to the most vulnerable populations across India. Established in 2007, Our aim has been to work diligently with different age-groups, communities, and vulnerable populations to ensure their development and bringing about a visible impact in their lives.



About Vriddha Mitra

One of our two flagship programs, Vriddha Mitra – Friends of Older People - aims to create an age-friendly ecosystem in India. The program is based on 5 key divisions, including policy-advocacy, championing, livelihood, research, and the community-based mechanism.

Annexure – 1 – Saving Life Checklist (Brief)

Details of Elderly

1	Name:
2	Address:
3	Mobile no.
4	Date of Birth (DOB):
5	Gender:
6	Marital Status:
7	Living arrangement (Living alone, only with spouse, with all other family members):
8	Religion:
9	Category:
10	Working/ Employment Status:
11	Do you have any of the following documents/benefits? (Please tick where applicable)
12	Pension, Labour Card, Voter ID, Ration Card, House Type, Aadhaar, Caste Certificate, Disability Certificate, Any other government scheme, Bank Account, Health Insurance (Ayushman card, state schemes or any other local scheme of urban local body)
12	Total family members and family income:

Domain Areas (Please tick where applicable)

Physical health	<ul style="list-style-type: none"> Major health problems: Diabetes, Cardiac/Heart, Renal/Kidney, Cancer, TB, Asthma, HIV, Fracture, Degenerative Disorder, Paralysis, Mental Health Issue Sensory impairment: Vision, Speech, Hearing Common complaints/symptoms: Pain, Weakness, Sleeplessness, Constipation, Loss of Appetite, Loss of Memory, Poor Nutrition, Incontinence
Psychological state	Problems: Addiction of alcohol, Addiction of any other substance, Confusion, Difficult family relations, Emotional/behavioral problems, Physical abuse/neglect, Family member with addiction
Independence	Mobility (restricted or not), Daily activity (limited or not), Medication dependency, Work capacity (limited or not)
Social relationships	<ul style="list-style-type: none"> Family Friends Community
Environment	Is your living environment (house, washroom, surroundings, passage, ventilation and open area) clean, safe, and comfortable for you?
Spiritual	Sense of contentment and belonging (Spiritual is about Aatmik and not about Adhyatmik)

Annexure 2 – Individual Care Plan

Name of Elderly: _____			
Age: _____			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other			
Address: _____			
Contact number (elderly/caregiver): _____			
Intensity criteria (tick one): <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low			
Areas	Care required (tick all that apply)		
Physical health:	<input type="checkbox"/> Medication <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Monitoring (BP, Sugar, etc.) <input type="checkbox"/> Referral to hospital <input type="checkbox"/> Nutrition support <input type="checkbox"/> Supplements <input type="checkbox"/> Assistive devices (hearing aid, glasses, walker, stick) <input type="checkbox"/> Home visit / tele-consult <input type="checkbox"/> Regular health check-up <input type="checkbox"/> Counselling / education <input type="checkbox"/> Hygiene support <input type="checkbox"/> Palliative care <input type="checkbox"/> Other: _____		
<ul style="list-style-type: none"> Major health problems: Diabetes, Cardiac/Heart, Renal/Kidney, Cancer, TB, Asthma, HIV, Fracture, Degenerative Disorder, Paralysis, Mental Health Issue Sensory impairment: Vision, Speech, Hearing Common complaints/symptoms: Pain, Weakness, Sleeplessness, Constipation, Loss of Appetite, Loss of Memory, Poor Nutrition, Incontinence 	<input type="checkbox"/> Counselling <input type="checkbox"/> Emotional support <input type="checkbox"/> Psychiatric referral <input type="checkbox"/> Medication adherence support <input type="checkbox"/> Family guidance <input type="checkbox"/> Peer support group <input type="checkbox"/> Recreational activities <input type="checkbox"/> Safety / protection measures <input type="checkbox"/> Crisis intervention <input type="checkbox"/> Other: _____		
Psychological State: Addiction (alcohol/other), Confusion, Difficult family relations, Emotional/behavioural problems, Physical abuse/neglect, Family member with addiction	<input type="checkbox"/> Mobility aid (stick, walker, wheelchair) <input type="checkbox"/> Physiotherapy / rehab <input type="checkbox"/> Assistance in ADL (bathing, dressing, toileting) <input type="checkbox"/> Medication management <input type="checkbox"/> Occupational therapy <input type="checkbox"/> Transfer assistance <input type="checkbox"/> Home modification <input type="checkbox"/> work support <input type="checkbox"/> Caregiver training <input type="checkbox"/> Other: _____		
Independence: Mobility (restricted or not), Daily activity (limited or not), Medication dependency, Work capacity (limited or not)	<input type="checkbox"/> Family counselling <input type="checkbox"/> Mediation / conflict resolution <input type="checkbox"/> Strengthening family bonding <input type="checkbox"/> Community engagement <input type="checkbox"/> Peer support <input type="checkbox"/> Group activities <input type="checkbox"/> Celebration / outing participation <input type="checkbox"/> Volunteering opportunities <input type="checkbox"/> Other: _____		
Social relationships with family, friends and community	<input type="checkbox"/> House repair / modification <input type="checkbox"/> Washroom support (commode chair, handrails) <input type="checkbox"/> Accessibility improvement (ramps, lighting) <input type="checkbox"/> Cleanliness drive <input type="checkbox"/> Safety measures (fall prevention, railings) <input type="checkbox"/> Shelter / housing support <input type="checkbox"/> Govt. scheme linkage (housing, toilet) <input type="checkbox"/> Ventilation <input type="checkbox"/> Other: _____		
Environment around is clean, safe, and comfortable or not	<input type="checkbox"/> Mediation support <input type="checkbox"/> Community participation <input type="checkbox"/> Counselling on acceptance <input type="checkbox"/> Volunteer companion <input type="checkbox"/> Other: _____		
Spiritual: Sense of contentment and belongingness (Spiritual is about Aatmik and not about Adhyatmik)			
Documents & social security entitlements: Pension, Labour Card, Voter ID, Ration Card, Aadhaar, Caste Certificate, Disability Certificate, Bank Account, Health Insurance (Ayushman, others), Any other Govt. scheme	<input type="checkbox"/> Document verification <input type="checkbox"/> Document updating (Aadhaar, voter ID, etc.) <input type="checkbox"/> New application support (disability certificate, caste certificate) <input type="checkbox"/> Bank account opening / linkage <input type="checkbox"/> Pension application / enrolment <input type="checkbox"/> Ayushman Bharat card generation <input type="checkbox"/> Ration card update <input type="checkbox"/> Awareness on govt. schemes <input type="checkbox"/> Linkage to welfare benefits (scholarship, housing, old-age pension) <input type="checkbox"/> Other: _____		
Action & follow-up	<input type="checkbox"/> Immediate action needed: _____ <input type="checkbox"/> Referral made to: _____ <input type="checkbox"/> Follow-up date: _____		
	<input type="checkbox"/> Responsible person: _____		



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Elderline - 14567



Free Assisted Living Devices -
1800-180-5129



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