ParentPilot

A monthly elder-care concierge for the 32 million NRIs whose parents are aging alone in India — weekly home visits, doctor coordination, photo reports, and an always-on point of contact.

Category	Set 2 · India Services
Customer	Non-resident Indians in US, UK, Canada, Gulf, Australia, Singapore whose parents (age 65+) live alone or semi-alone in India
Monetisation	$99/mo Basic · $149/mo Pro · $249/mo Premium · per-event surcharges
Build effort	High
Plan version	v1.0 — 2026-05

Executive Summary

ParentPilot is a high-touch, software-coordinated elder-care concierge service for the rapidly growing population of Non-Resident Indians whose parents are aging in India without daily family presence. There are approximately 32 million NRIs globally; of these, an estimated 8 million have at least one parent over the age of 65 living in India without a co-resident adult child. The current options are bad: a maid or driver who reports informally (no medical literacy, no continuity), a paid 'wellness check' from a relative or neighbour (awkward, uncomfortable, fragile), or expensive premium care services from the major Indian hospitals (■15,000-40,000/month, optimised for terminal care rather than the daily reassurance NRIs actually want).

ParentPilot solves the underlying anxiety — 'is my parent okay this week and is anyone watching?' — at a price point and quality level designed for the NRI's actual willingness to pay. The service combines a weekly in-person home visit by a trained, background-verified care associate; doctor-appointment coordination including pre-visit briefing and post-visit summary in English to the NRI child; prescription refill management; emergency response coordination; a monthly health-data summary; and a parent-facing emotional companion role that the maid or driver cannot occupy.

Year-1 target: 800 active subscribing households generating $1.2 million ($10.4 crore) in revenue against ■6.8 crore in costs (this is a high-margin services business at scale but heavy in care-associate compensation in year one). The model is structurally defensible: switching cost is significant once the parent has a relationship with the care associate, the operational moat (recruiting, training, retaining 300+ care associates across 25 cities) is non-trivial, and the unit economics improve materially as territory density grows.

The Problem

The Indian diaspora — particularly the first-generation engineering and medical professionals who emigrated in the 1990s and 2000s — now faces, in their late forties and fifties, the practical reality of parents in their late seventies and eighties living alone in India. The classical Indian family structure (eldest son with parents) has been broken by emigration. The NRI son or daughter is on the phone daily, sends money for medical bills, and flies in for emergencies — but cannot be present for the ordinary weekly reassurance that aging parents need.

The existing options each fail. A live-in maid or driver reports informally but has no medical literacy, no ability to assess whether the parent is well, no continuity if she leaves; she is a fragile single point of failure. Asking a neighbour or sibling to 'check in' is socially awkward and produces nothing of substance. The major Indian hospital chains (Apollo Homecare, Portea, Care24) offer wellness packages at ■15,000-40,000/month but are optimised for skilled-nursing needs around chronic conditions or palliative care, not for the daily emotional and logistical needs of healthy-but-aging parents. There is no product priced and designed for the modal use case: a 78-year-old widow in Pune whose son in San Francisco wants to know she is okay this week.

The emotional cost of this gap is large. NRIs in their forties and fifties carry a chronic background anxiety about their parents that materially affects their daily mental health and that they manage by frequent (and ultimately useless) WhatsApp video calls in which they cannot actually tell whether the parent is okay. The financial cost — what they would pay for a credible solution — is also large: the median NRI family would pay $100-200/month for a service that genuinely closes this gap.

The Solution

ParentPilot's service is built around three structural commitments. First, the weekly home visit by a trained care associate (45-75 minutes per visit, scheduled at a predictable time the parent comes to expect). The visit includes a structured wellness check (blood pressure if relevant, blood sugar if relevant, weight, mobility observation, mood assessment), a casual conversation that produces an honest read on the parent's state, attention to any household needs (broken bulbs, leaking taps, prescription supply running low), and a photo-and-text report sent to the NRI child within 4 hours of the visit.

Second, the doctor-coordination layer. ParentPilot maintains a record of the parent's regular physicians and chronic conditions. When a doctor visit is needed, the care associate accompanies the parent (or the parent's preferred local helper does, with ParentPilot coordinating), pre-briefs the doctor on the issue, captures the prescription and instructions, sends a summary to the NRI child in English, and handles prescription refills through the local pharmacy. The NRI no longer needs to interpret the parent's vague 'the doctor said something about diabetes' over a phone call.

Third, the emergency coordination role. ParentPilot's care associate is the named first responder if the parent falls, becomes ill, or has any non-routine event. The associate can reach the parent within 60-90 minutes, can summon medical help, can coordinate with the hospital admission process, and can update the NRI child in real time. This is the layer that closes the emotional gap most decisively — the NRI knows that if anything happens, someone competent is on the ground.

Optional add-ons priced as per-event surcharges: extra visit ($35), hospital admission coordination ($120), inter-city accompaniment ($180/day), monthly grocery shopping management ($25/visit). Premium tier ($249/mo) includes 2 visits per week, dedicated care associate with priority assignment, monthly video call with the NRI child to debrief in detail, and chronic-condition management partnership with a named consulting physician.

Market Opportunity

The global NRI population is approximately 32 million across 200+ countries, of whom 18 million live in the high-WTP destinations (US, UK, Canada, Australia, Singapore, Gulf, Western Europe). Of these, an estimated 8 million have at least one parent over the age of 65 living in India, and approximately 3.5 million have a parent living alone or semi-alone. At an addressable household ARPU of $1,800/year (across Basic, Pro, and Premium tiers with realistic upgrade paths), the SAM is approximately $6.3 billion globally — though the realistic serviceable share in any 5-year horizon is much smaller.

The realistic addressable market in years 1-3 is 500,000 NRI households in tier-1 Indian cities (Mumbai, Pune, Bengaluru, Hyderabad, Chennai, Delhi NCR, Kolkata, Ahmedabad) where care-associate recruitment and supervision are operationally feasible. Capturing 1% of this in year 3 is 5,000 active households → $9 million ARR. The premium-tier upgrade pattern lifts blended ARPU meaningfully by year 2.

Adjacent expansion opportunities: extended-family multi-generational support (40% of subscribers have multiple parents/in-laws over 65), end-of-life care coordination (a separate and higher-priced service tier), preventive-health partnerships with diagnostic chains (revenue share on annual health checks), and B2B partnerships with NRI-focused financial-services firms (banks, wealth managers) who can co-brand the service for their HNI clients.

Target Customer

Primary persona: a 47-year-old software engineering manager in Bellevue, Washington, whose 76-year-old widowed mother lives alone in Pune. He visits India twice a year for 10-14 days each. His mother is independent and resists discussing health, but has had two falls in the past year that he learned about only days later from a neighbour. He spends 25-40 minutes daily worrying about her. Will pay $149/month Pro tier without negotiation.

Secondary persona: a 52-year-old physician in London whose parents (78 and 75) live together in Hyderabad. The father has Parkinson's; the mother is the primary caregiver. The doctor wants reassurance about both parents and active medical coordination as the Parkinson's progresses. Will pay $249/month Premium tier for the chronic-condition management partnership.

Tertiary persona: a 41-year-old finance professional in Dubai whose 71-year-old father is healthy and active but increasingly forgetful. The father refuses to acknowledge any aging concerns. The daughter wants light-touch supervision without medicalising the relationship. Will pay $99/month Basic tier for the weekly visit + emergency-coordination layer without the doctor-coordination depth.

Product

Service tiers: Basic ($99/mo) — 1 weekly visit, photo+text report, emergency coordination, prescription refill management. Pro ($149/mo) — Basic plus doctor-visit coordination, monthly health-data summary, English summaries of all medical interactions. Premium ($249/mo) — Pro plus 2 weekly visits, dedicated care associate, monthly NRI video debrief, chronic-condition consulting physician relationship.

Care associate role: a trained, background-verified individual (mostly women, age 28-50, nursing or social-work background, fluent in English plus the local regional language) earning ■28,000-45,000/month base salary plus performance bonuses. Each associate manages a portfolio of 12-18 parent households within a defined geographic area to minimise travel time.

NRI-facing app and web: profile of parent (medical history, doctors, medications, preferences, family contacts), schedule view (when is the next visit, what was reported last), report archive with searchable photo records, doctor-visit summaries, prescription refill tracker, billing and payment management.

Care-associate operational tools: visit-routing optimisation (which parents need to be visited today, in what sequence given traffic), structured visit checklist (BP/sugar/weight if relevant, observation prompts), photo upload and report composer, doctor-visit pre-brief preparation, emergency escalation protocols.

Coordination layer: 24/7 on-call coordinators in Bengaluru office (initially 4, scaling to 12+ by year 2) who handle emergencies, doctor appointment scheduling, hospital admissions, and complex household issues. Triage SLA: 12 minutes for emergency response from NRI report, 4 hours for non-urgent coordination requests.

Technical Architecture

NRI-facing: React Native mobile app (iOS + Android) + Next.js web app. Real-time visit-event notifications via APNs and FCM.

Care-associate: lightweight React Native app optimised for low-end Android phones. Offline-capable for visit logging in poor-connectivity areas. Photo upload with background sync.

Coordinator dashboard: Next.js admin panel with real-time visit tracking, escalation queue, emergency communication.

Backend: Go on Hetzner cloud. Postgres on Neon. Twilio (US) + Exotel (India) for SMS/voice; WhatsApp Business API for parent communication.

Payments: Stripe for USD/GBP/AUD/SGD/AED; Razorpay for parents/families based in India.

Compliance: PII data residency split (NRI data in their jurisdiction's allowed cloud, parent medical data in India per DPDP Act), background verification via NCRB and credit-bureau APIs for all care associates.

Business Model & Unit Economics

Subscription primary revenue with per-event surcharges for non-routine work. Gross margin is 38-52% depending on tier (lower at Basic where care-associate cost is the largest component, higher at Premium where the additional revenue is largely coordination overhead that scales).

Care-associate utilisation is the central operational lever: at 14 households per associate at average 4 visits/week each = 56 visits/week per associate; at 70-minute average visit + 25-minute average travel = 89 hours/week which is unrealistic. Realistic load: 12 households per associate, 48 visits/week, 76 hours/week of associate time inclusive of travel, training, reporting. At ■38,000/month all-in associate cost spread across 12 households = ■3,167/household/month in direct care-associate cost = ~$38 at current FX.

Pro tier ($149/mo) gross margin: $149 - $38 care associate - $14 coordinator overhead - $6 platform infrastructure - $11 payment processing - $4 background checks/training amortisation = $76 contribution = 51% gross margin. Basic tier closer to 38%, Premium closer to 60% (because the additional revenue at Premium does not require commensurate additional care-associate time).

Customer LTV is high: NRI parents are typically with the service for 3-7 years (until passing or until needing nursing-home-level care). Monthly churn target under 1.5% (very low — switching costs are emotional + relational).

Unit Economics (Year-1 base case)

Year-1 active households (target)	800
Blended ARPU	$1,560/year
Year-1 revenue	$1.25 million (~■10.4 crore)
Gross margin	44% blended
Customer acquisition cost (CAC)	$185
Payback period	2.7 months
Year-1 all-in costs	~■6.8 crore (care associates + coordinators + ops + marketing)
Year-1 net contribution	~■3.6 crore

Go-to-Market

Channel 1 — NRI community partnerships (40%): partnerships with diaspora associations (AAPI, GOPIO, BAPS, ISKCON-affiliated communities, regional samaj associations) for member discounts, sponsored webinars, co-branded outreach. These communities have high trust and are densely networked.

Channel 2 — Targeted digital (25%): Meta Ads to NRI lookalike audiences in tier-1 cities (US/UK/Canada/Gulf), Google Ads on intent queries ('elder care for parents in India', 'NRI parent care service'). Higher CAC than other channels but reaches the cohort that does not engage with diaspora community channels.

Channel 3 — NRI-focused wealth manager partnerships (20%): partnerships with HSBC NRI Banking, Kotak Mahindra Bank's NRI vertical, ICICI Wealth — these institutions have HNI NRI clients and would benefit from a credible co-branded elder-care offering as a relationship-deepening tool.

Channel 4 — Word of mouth + referral programme (15%): every active subscriber receives one month free for each referral. NRI families cluster socially and refer well; word of mouth is the highest-converting channel even if it's slowest to scale.

Roadmap (first 12 months)

- Month 1-3: Operational setup — recruit and train first 20 care associates in 4 launch cities (Pune, Bengaluru, Hyderabad, Chennai), build NRI app + care-associate app + coordinator dashboard MVP, on-board first 30 paying households.
- Month 4-6: Pro tier launch with doctor-coordination depth, scale to 60 care associates across 6 cities, on-board to 200 active households. Goal: ■1.6 crore annualised revenue run-rate.
- Month 7-9: Premium tier launch with consulting physician partnerships, mobile app v2 with NRI-parent video-call scheduling, scale to 130 care associates in 10 cities, 450 active households. Goal: ■5 crore ARR.
- Month 10-11: Diaspora-association partnership programme operational, 200 care associates in 16 cities, 650 active households. Goal: ■8 crore ARR.
- Month 12: 25 cities, 280 care associates, 800 active households, ■10.4 crore ARR run-rate.

Key Risks

- Care-associate quality control: at scale, a small fraction of associates will under-perform or behave inappropriately, with catastrophic reputational consequences — mitigated by rigorous background verification, structured training (40-hour onboarding + monthly refreshers), supervisor visits, NRI satisfaction monitoring, and fast termination protocols. Insurance: professional indemnity + general liability coverage from day one.
- Care-associate recruitment and retention difficulty: trained care associates are themselves scarce — mitigated by structured career progression (associate → senior associate → city supervisor → regional manager), above-market compensation, paid training certifications.
- Liability if a parent suffers harm under our care or our coordination is too slow — mitigated by extensive documented protocols, professional indemnity insurance, clear scope-of-service contracts with NRI families, and a 'we do not provide medical care' positioning that defers clinical responsibility to attending physicians.
- Operational complexity at scale: managing 800+ households across 25 cities is materially harder than running 100 households in one city — mitigated by city-level operational managers, structured SOPs, technology investment in routing/scheduling/monitoring.
- Macroeconomic / FX risk: revenue in USD, costs in INR — favourable for now but a rupee strengthening (against history) would compress margins; mitigated by gradual price increases and by holding cash in USD until needed for INR conversion.