

Project Proposal

For

Old Age Home

Submitted by:

Mani Foundation



**MANI FOUNDATION
TRUST**

Table of Contents

Executive Summary	2
Introduction	3
Problem Statement	5
Need Assessment	6
Changing Family Structure	6
Lack of Social Support	6
Availability, Accessibility and Affordability of Health Care	6
Economic Dependency	7
Goal and Objectives	8
Selection Criteria	8
Target Population	9
Project Methodology	10
Schedule of Activities	11
Daily Activities	11
Monthly Activities	12
Yearly Activities	12
Monitoring and Evaluation	13
Implementation Schedule	14
Risk and Mitigation Strategy	15
Human Resource	16
Budget	17
Infrastructural Material Cost	18
Bibliography	19



Executive Summary

Elderly are an integral part of a population of any country who owe respect and attention equally like any other section. However, due to changing family structure and modernization, elderly population is facing inevitable challenges to live their life respectfully. Loneliness, negligence and less importance, illness due to ageing and against lack of treatment are the most of the treacherous conditions which elderly are facing.

Ageing in India is exponentially increasing due to the impressive gains that society has made in terms of increased life expectancy. With the rise in elderly population, the demand for holistic care tends to grow. By 2025, the geriatric population is expected to be 840 million in the developing countries. It is projected that the proportion of Indians aged 60 and older will rise from 7.5% in 2010 to 11.1% in 2025.

At present the population of senior citizens in Uttar Pradesh is nearly **3.25 crore**. There are more than 300 Old Age Homes in U.P. It is important to understand the social aspects concerning aged in the country as they go through the process of ageing. Changing lifestyle, availability, accessibility and affordability of health care, increased life expectancy, rapid urbanization and economic dependency have led to an emergence of varied problems for the elderly in India. And hence Swastik foundation has identified these needs and to provide the elderly with the required support, the organization is proposing to build an Old age home for 100 elderly people from all over Uttar Pradesh, at Varansi , gazipur & other 90 District. The total cost of the project is 90, 96,899/-



Introduction

Elderly are an integral part of a population of any country who owe respect and attention equally like any other section. However, due to changing family structure and modernization, elderly population is facing inevitable challenges to live their life respectfully. Loneliness, negligence and less importance, illness due to ageing and against lack of treatment are the most of the treacherous conditions which elderly are facing.

The world demography is changing rapidly and soon there will be more old people than children and even more people at extreme old age than in the past. People live longer and population of older people is increasing (WHO, National Institute on Aging 2011). Advancement in medical care, higher standard of living, advanced in technology and low birth rate especially in the developed countries are some of the factors that are fueling the demographic changes.

Ageing in India is exponentially increasing due to the impressive gains that society has made in terms of increased life expectancy. With the rise in elderly population, the demand for holistic care tends to grow.

The 'Elderly in India 2016' report by Ministry of Statistics and Programme Implementation said: The sex ratio among elderly people was as high as 1028 women (per 1,000 males) in 1951, subsequently dropped and again reached up to 1033 in 2011.

The life expectancy at birth during 2009-13 was 69.3 for women as against 65.8 years for men. At the age of 60, average remaining length of life was found to be about 18 years (16.9 for men and 19.0 for women) and that at age 70 was less than 12 years (10.9 for men and 12.3 for women).

The report stated that the old-age dependency ratio climbed from 10.9 per cent in 1961 to 14.2 per cent in 2011 for India as a whole. For females and males, the value of the ratio was 14.9 per cent and 13.6 per cent in 2011. Between rural and urban ratios there has been considerable difference in all the periods and this may be due to relatively higher concentration of working age population in urban areas. ("Number of elderly rises," 2016)

In India with majority of its population aged less than 30, the problems and issues of its grey population has not been given serious consideration and only a few studies on them have been attempted in our country. To reap the advantage of demographic dividend, the focus is mainly on the children and the

youth and fulfillment of their basic needs for proper development. Also the traditional Indian society and the age-old joint family system have been instrumental in safeguarding the social and economic security of the elderly people in the country. However, with the rapid changes in the social scenario and the emerging prevalence of nuclear family set-ups in India in recent years the elderly people are likely to be exposed to emotional, physical and financial insecurity in the years to come. This has drawn the attention of the policy makers and administrators at central and state governments, voluntary organizations and civil society.

Very old people, due to their reduced mobility and debilitating disabilities, need other people to do things for them. With the increasing trend of nuclear families in the society and with fewer children in the family, the care of older persons in the families gets increasingly difficult. Therefore, it is necessary to safeguard the elderly people who are absolutely neglected, ill-treated and vulnerable. It could be addressed by establishing a care giving unit especially for the elderly people that will dedicatedly work on meeting their needs.

Mani Foundation is looking forward to set up such care giving unit or commonly known as old age homes for 100 elderly people in the year 2018-19. Although Mani Foundation realizes that an elderly person deserves an attention from their family but looking at the data it is found that the number of neglected elderly people is rapidly increasing and there is a huge need of an intervention to address the problems that are elderly people are facing at the moment.



Problem Statement

Ageing in India is exponentially increasing due to the impressive gains that society has made in terms of increased life expectancy. With the rise in elderly population, the demand for holistic care tends to grow. By 2025, the geriatric population is expected to be 840 million in the developing countries. It is projected that the proportion of Indians aged 60 and older will rise from 7.5% in 2010 to 11.1% in 2025. In 2010, India had more than 91.6 million elderlies and the number of elderly in India is projected to reach 158.7 million. An aging population puts an increased burden on the resources of a country and has raised concerns at many levels for the government in India. The aging population is both medical and sociological problem. The elderly population suffers high rates of morbidity and mortality due to infectious diseases. The demographic transition in India shows unevenness and complexities within different states. This has been attributed to the different levels of socio-economic development, cultural norms, and political contexts. Hence it will be a herculean task for policy makers to address the geriatric care that will take into account all these determinants. Care for the elderly is fast emerging as a critical element of both the public and private concern.

According to US Department of Health, long-term/institutional care is a range of services and supports individuals may need to meet their own care needs. Because of this, they are cared for in long term care institutions, like nursing homes, community care and assisted living, residential care, and long-stay hospitals. It is expected that the population of elderly that will need this type of care will increase as the entire population of older people increases over the years. (ODOH, 2013)

At present the population of senior citizens in Uttar Pradesh is nearly **3.25 crore**. There are more than 200 Old Age Homes in Uttar Pradesh situated in or near big cities. Some are in villages or urban nature belt. But looking at the rapidly increasing population and the dynamic nature of the lifestyle of their care givers it is seen that there could be a huge gap in between the requirements and the availability. Among these 200 old age homes very few would be offering a subsidized or free service to the elderly population. Hence there is a need for a rapid increase in the number of old age homes who offer subsidized or free services.

Ageing of the population has brought about concerns on how to keep older people living at home as long as possible. During the ageing process, coping with the situations of everyday life and meeting its demands become even more personal than before. From the old person's point of view, the decreased functional ability and suffering from various health complaints also means dependency on others for carrying out activities of daily living, which may be more or less hard to live with. There are various problems faced by elderly in India.

Changing Family Structure

The traditional Indian society with an age-old joint family system has been instrumental in safeguarding the social and economic security of the elderly people. The traditional norms and values of Indian society also laid stress on showing respect and providing care for the elderly. However, with the emerging prevalence of nuclear family set-ups in recent years, the elderly are likely to be exposed to emotional, physical and financial insecurity in the years to come. There is an upward trend in the living arrangement pattern of elderly staying alone or with spouse only from 9.0% in 1992 to 18.7% in 2006. Family care of the elderly seems likely to decrease in the future with the economic development of the nation and modernization.

Lack of Social Support

The elderly in India are much more vulnerable because of the less government spending on social security system. The elderly in urban area rely primarily on hired domestic help to meet their basic needs in an increasingly-chaotic and crowded city. Social isolation and loneliness has increased. Insurance cover that is elderly sensitive is virtually non-existent in India. In addition, the preexisting illnesses are usually not covered making insurance policies unviable for the elders. Pension and social security is also restricted to those who have worked in the public sector or the organized sector of industry. In a study by Lena et al. almost half of the respondents felt neglected and sad and felt that people had an indifferent attitude towards the elderly. It was also found that 47% felt unhappy in life and 36.2% felt they were a burden to the family.

Availability, Accessibility and Affordability of Health Care

Due to the ever increasing trend of nuclear families, elder care management is getting more difficult, especially for working adult children who find themselves responsible for their parents' well-being.

Managing home care for the elderly is a massive challenge as multiple service providers nursing agencies, physiotherapists and medical suppliers are small, unorganized players who extend sub-optimal care. In India, health insurance coverage is essentially limited to hospitalization. The concept of geriatric care has remained a neglected area of medicine in the country. Despite an aging population, geriatric care is relatively new in many developing countries like India with many practicing physicians having little knowledge of the clinical and functional implications of aging. Not many institutes offer the geriatrics course, and even takers are few. Most of the government facilities such as day care centres, old age residential homes, counselling and recreational facilities are urban based. The geriatric outpatient department services are mostly available at tertiary care hospitals. Reaching to 75% of the elderly that reside in rural areas with geriatric care will be challenging. The stigma of aging is another social barrier to access of health in addition to the health and social conditions the elderly commonly face such as dementia, depression, incontinence and widowhood.

Economic Dependency

As per the 52nd round of National Sample Survey Organization, nearly half of the elderly are fully dependent on others, while another 20 percent are partially dependent for their economic needs. About 85% of the aged had to depend on others for their day to day maintenance. The situation is even worse for elderly females. The elders living with their families are largely contingent on the economic capacity of the family unit for their economic security and wellbeing. Elderly often do not have financial protection such as sufficient pension and other form of social security in India. The single most pressing challenge to the welfare of older person is poverty, which is a multiplier of risk for abuse. Also due to their financial dependence, elderly persons though are most vulnerable to infections have low priority for own health. Migration of younger generation, lack of proper care in the family, insufficient housing, economic hardship and break-up of joint family have made the old age homes seem more relevant even in the Indian context.

It is important to understand the social aspects concerning aged in the country as they go through the process of ageing. Increased life expectancy, rapid urbanization and lifestyle changes have led to an emergence of varied problems for the elderly in India. And hence Swastik foundation has identified these needs and to provide the elderly with the required support, the organization is proposing to build an Old age home for 100 elderly people from all over uttar Pradesh, at Varanasi & other District.

Goal and Objectives

Goal

- Establishing sustainable transitional living as an option for individuals to maintain independence.

Objectives

- To provide a friendly residential setting within a care home environment in the year 2023-24 to 100 elderly people from Maharashtra.
- To provide a quality of life which enables residents to retain their independence, identity and a sense of value

Selection Criteria

Basic selection criteria for inmates



- ☐ Person above the age of 60 years belonging to any religion, cast, class
- ☐ Person having no children
- ☐ Person financially incapable/weak

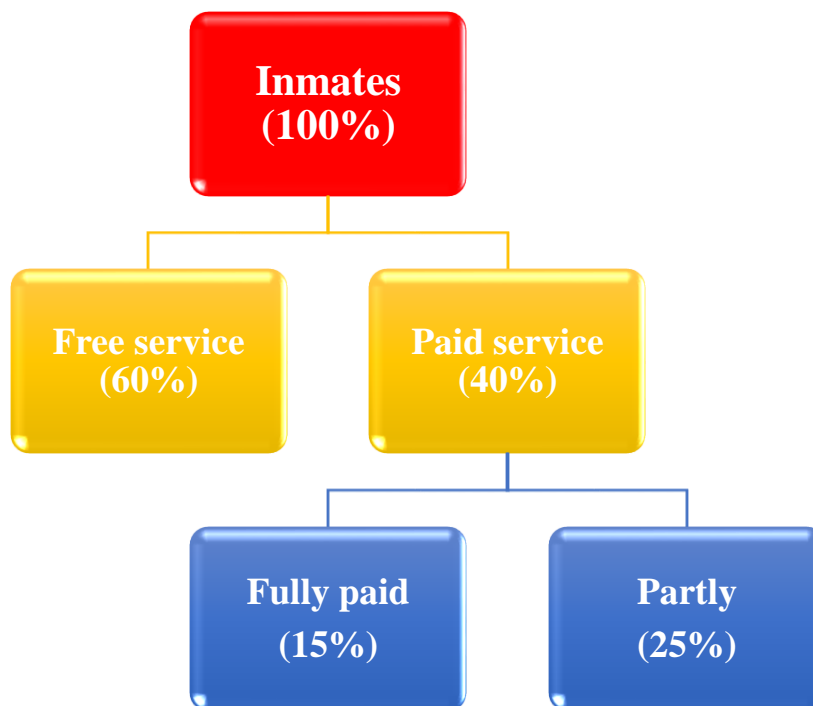
Advance selection criteria for inmates



- ☐ Divorcee and No children
- ☐ Orphan and Unmarried
- ☐ Differently able person
- ☐ Disaster affected
- ☐ Orphan belonging to farmer's family
- ☐ Affected by chronic disease

Target Population

The organization will have a cross subsidization model, where out of the total inmates, 60% inmates who are financially incapable can avail the services for free and the remaining 40% will have to pay for the services they receive. Further from the 40% paid inmates, based on their financial status 15% will pay the full fees and 25% will pay partly.





Project Methodology

This project aims at providing a quality of life to elderly by building an Old age home for them.

Activities	Expected Outcome	Duration	Responsible person
Micro planning	Roadmap for project implementation	1 week	Project team
Team recruitment and training <ul style="list-style-type: none">✓ Conducting 1st round of interview of candidates✓ Short listing few based on criteria (Qualification, Experience, Interest, Skill set)✓ 2nd round of interview✓ Final selection✓ Orientation and Training	Capacity building of team for effective and efficient program implementation	1 week	Trustees
Infrastructure set up <ul style="list-style-type: none">✓ Setting up recreational corners	Secured environment	1 month	Project Coordinator
Admission/Intake process <ul style="list-style-type: none">✓ Application of beneficiaries✓ Home visit of the beneficiaries✓ Admission process of elderly	Enrollment of beneficiaries	Ongoing	Project Coordinator and Supervisor
Daily/Monthly/Yearly activities	Creation of homely environment Retained independence, identity and sense of value	Ongoing	Supervisor and Helpers
Monitoring and Evaluation <ul style="list-style-type: none">✓ Monthly review meetings✓ Monthly and overall project report✓ Session/activity report with photos and feedbacks	Effective and efficient program delivery	Ongoing	Project Coordinator



Schedule of Activities

Daily Activities

Time	Particulars	Description of activities	Benefits to beneficiary
5:30 to 6:30	Wake up call and freshen up	Gently waking them up with positive messages and vibe around the center	Fresh start of the day
6:30 to 7:00	Tea break		
7:00 to 8:00	Yoga/Meditation	40 minutes session with basic Asanas and meditation practices	To take steps closer to the self-awareness and maintaining good mind for good body
8:00 to 8:30	Breakfast	A portentous breakfast with less consumption of sugar and salt	Healthy stomach
8:30 to 10:00	Physiotherapy	A 40 minutes session especially for people with joint aches and chronic problems.	Prevention from the long term body aches
10:00 to 12:00	Corners	A free time corner for all the elderly people to exchange their thoughts and experiences	Peer learning and refreshment from other elderly members
12:00 to 1:00	Lunch		
1:00 to 3:30	Rest		
3:30 to 4:00	Tea and snacks		
4:00 to 7:30	Recreational activities	A center in charge will plan the recreational activities that brings out a joyful side of all elderly people for 1 hour	Increased joy and positivity
7:30 to 9:00	Dinner		
9:00 to 9:30	Fruits / Milk		
9:30 onwards	Bed time		

Monthly Activities

Name of activities	Description of activities	Benefits to beneficiary
Medical Check Ups	Monthly one visit from a general physician	Constant monitoring of health
Birthday Celebration	A simple birthday celebration session is planned in one month for all those elderly persons who had their birthday in that particular month	Recreation and to provide them with a sense of belongingness
Activity by school students/ Celebration of festivals	Visits by school children and other families who want to celebrate their special days with elderly people are always welcome. As it brings change for the elderly people.	Opportunity for advanced interaction

Yearly Activities

Name of activities	Description of activities	Benefits to beneficiary
Picnic	Yearly once a picnic to the most voted place is organized	A change from daily routine
Foundation day	An opportunity for the elderly people to represent their skills and perform it in front of everyone. Foundation day would also be like a huge gathering of people.	Recreation and appreciation



Monitoring and Evaluation

Team Swastik Foundation will be responsible for conducting monitoring and evaluation of the below mentioned activities.

Activities	Expected Outcome	Means of Verification	Frequency
Micro planning	Planning document prepared Roadmap for project implementation	Planning document	Once a year
Team recruitment and training ✓ Conducting 1 st round of interview of candidates ✓ Short listing few based on criteria (Qualification, Experience, Interest, Skill set) ✓ 2 nd round of interview ✓ Final selection ✓ Orientation and Training	Capacity building of team for effective and efficient program implementation	Job Description and appointment letter	Once a year
Infrastructure set up ✓ Setting up recreational corners ✓ Other set up	Secured environment	Basic amenities in the old age home	Once a year
Admission/Intake process ✓ Application of beneficiaries ✓ Home visit of the beneficiaries ✓ Admission process of elderly	Enrollment of beneficiaries	Admission forms Home visit forms Details of the beneficiaries	Once a year
Daily/Monthly/Yearly activities	Creation of homely environment Retained independence, identity and sense of value	Photos Activity reports Visitor's register	Ongoing
Monitoring and Evaluation ✓ Monthly review meetings ✓ Monthly and overall project report ✓ Session/activity report with photos and feedbacks	Effective and efficient program delivery	Reports generated Minutes of monthly meetings	Ongoing



Implementation Schedule

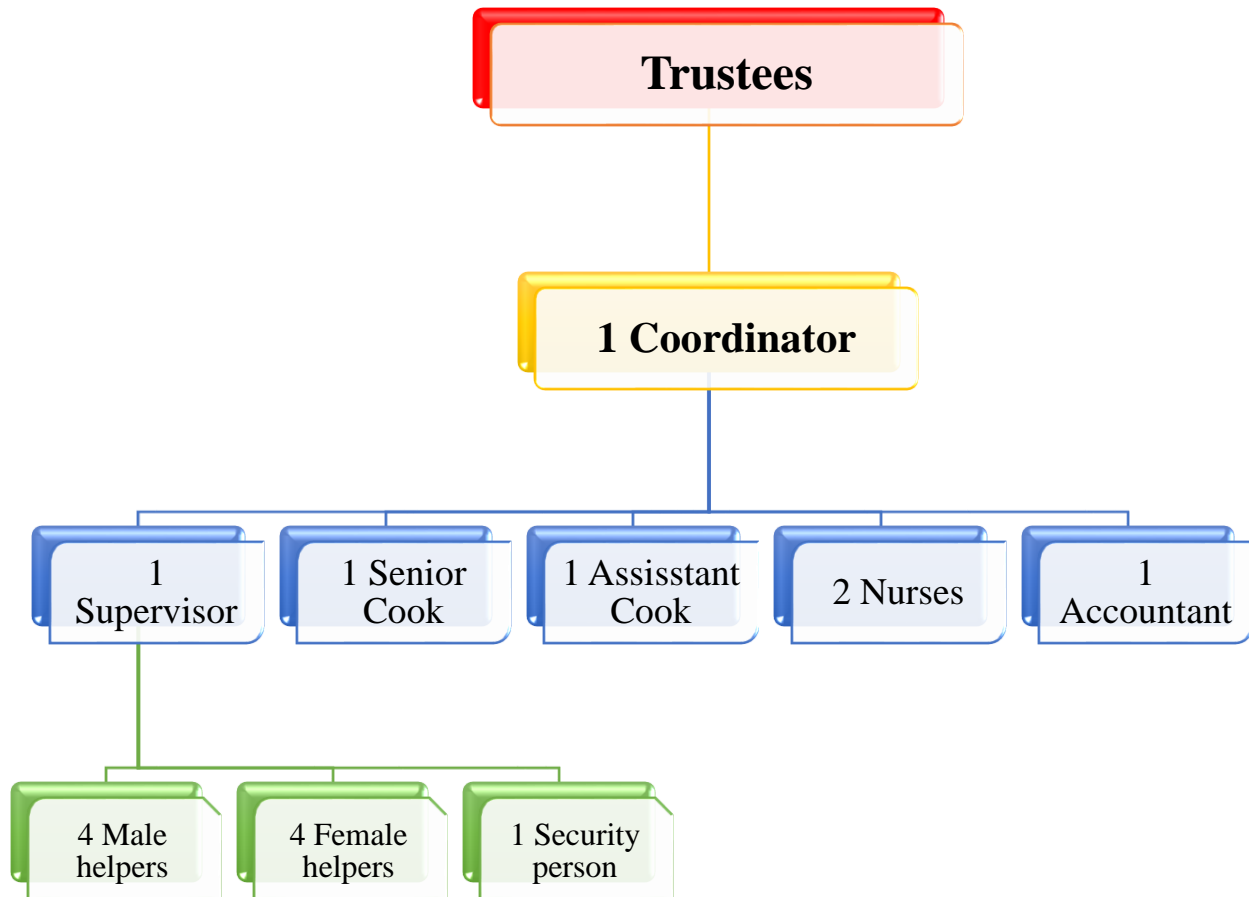
Team Swastik Foundation will follow the timeline mentioned below. The project cycle will begin in April 2024 to March 2025.

Activities	Apr	May	June	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Micro planning												
Team recruitment and training												
Infrastructure set up												
Admission/Intake process												
Daily/Monthly/Yearly activities												
Monitoring and Evaluation												

Risk and Mitigation Strategy

Risks	Mitigation
Discontinuation of CSR funds or donations	The organization can sustain on the cross subsidization model where the fees collected from the 40% inmates will take care of rest of the 60%.
Rare medical conditions	Regular visits by specialized doctors. In case if the treatment is not in the region an additional staff for routine hospital visits for this condition is provided
Conflicts in between the elderly inmates	Routine psychotherapies and attention to the conflicting elders, Yoga and meditation sessions. One staff would be appointed to listen and empathise elderly people
Occurrence of abuse to the elderly people	Strong code of conduct, CCTV monitors and policies for strict actions

Swastik Foundation will appoint a team consists of people for following designations. This will be the project implementation team responsible for effective and efficient project delivery and also look into the monitoring and evaluation of the output and outcomes.



Budget

The budget for the above mentioned project is as follows:

Sr. No	Particulars	Cost (Each)	No. of units	Duration	Total cost
A	Non recurring Expenses	(Rs.)			(Rs.)
	Lap top (Dell Inspiron 3542 15.6-inch Laptop (Core i3/4GB/1TB/Linux/Integrated Graphics), Black) for Segregation centre		3		300000
	Projector (Epson EB-S31 projector"3LCD, 3-Chip Technology") for collaboration meetings		3		31000
	Printer cum scanner cum xerox (Samsung SCX-3401 Multi-Function Monochrome Laser Printer)		2		8599
	Infrastructural material				700993
	Total of A				799592
B	Recurring Expenses				
B.1	Program Costs				
	Project coordinator		21	12	144000
	Supervisor		2	12	120000
	Helpers		8	12	672000
	Cook		2	12	96000
	Assistant cook		2	12	84000
	Nurse		3	12	240000
	Security person		2	12	60000
	Entertainment equipments		1	12	12000
B.2	Administration cost				
	Accountant		1	12	120000
	Internet expenses (Tata's unlimited internet plan)		1	12	6000
	Mobile charges		1	12	2400
	Stationary		1	12	6000
	Total of B				1562400
C	Total of (A+B)				2361992
D	Add : monitoring and evaluation 5 % of the cost say				118099.6
E	Contingency (10%)				236199.2
	TOTAL COST OF PROJECT				2716291

Infrastructural Material Cost

Infrastructural material	Model	Cost (Each)	No. of units	Total cost
Chairs	Nilkamal Armchair (Brown and Beige, Nilkamal_CHR_2155)	838	150	125700
Tables	Ebee Multipurpose Multicolor Wooden Bed Table for Study/Craftwork/Using Laptop(Color May Vary)	649	30	2596
Office tables	Adlakha Furniture Espresso (Wenge) Traditional Muneem Style Multi Utility Laptop & Study Table for Bed	1399	4	41970
Cupboard	@home by Nilkamal Freedom Mini Medium Cabinet (Weather Brown)	4499	6	26994
Small tables	Cello Oasis Four Seater Centre Table (Ice Brown)	999	75	74925
Beds	FurnitureKraft Osaka Metal Single Bed	4399	60	263940
Bedsheets	Gharshingar 160TC Blue Colour Dolphin Single Bedsheet with Pillow Cover	149	240	35760
Blankets	SOLAPUR CHADDAR /COTTON BLANKET/ CARPET / GALICHA IN PURE COTTON -1 Pcs Blanket (Long Durability, Both Side Usable,Multipurpose Product)	450	60	27000
Pillow and pillow covers	Ahmedabad Cotton Luxurious 2 Piece Sateen Pillow Cover Set - 45cm x 69cm, White	94.5	200	18900
Curtains	Homesazz Floral Print Design Ethnic Window Curtains-Set of 2	197.5	20	3950
Fans	Orpat Air Flora 1200Mm Ceiling Fan (White)	1049	60	62940
LED bulbs	Eveready Base B22D 9-Watt LED Bulb (10 Pieces Pack)	116.8	60	7008
Solar pannel			1	0
Kitchen set			60	0
CCTV			16	0
Home appliances				0
Water filter	RUBY RO+UV+TDS Controller 12 Stage Water Purifier	4655	2	9310
Ambulance	Maruti-Suzuki, Eco-10	5,79,615	1	5,79,615
	-		Total	1280608