

**PROJECT**  
**PROPOSAL**

**FOR**

**Atal Vayo Abhyuday Yojana**  
**(AVYAY)**

**[Formerly National Action Plan for Senior Citizens (NAPSrC)]**

**Umbrella Scheme**  
**Centrally Sponsored Scheme**

**OLD AGE HOME FOR OLDER**  
**NEEDY PERSON**

**BASTI- UTTARPRADESH**

**Financial Year - 2024-2025**

**PROPOSAL SUBMITTED BY-**

**DIVYA EDUCATIONAL AND WELFARE SOCIETY**  
**ADDRESS- 4/12/172, Pathan Toliya, Tehsil.-Sadar, Distt-**  
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### Project Proposal For Old Age Home

1	Contact Person and Title	Narendra Kumar, President
2	Full Name of Organization	DIVYA EDUCATIONAL AND WELFARE SOCIETY
3	Address of Organization	
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	Website	<a href="#">Nil</a>
4	Legal Status	Registered under Societies Registration Act,1860
5	Name of the Project	Proposals for old age home for older and needy person
6	Project Period	FY 2024-2025
7	Name of the Bank in which Account is held	Bank Of India
8	Name Account Holder	Divya Educational And Welfare Society
9	Bank Account Number	784610210000001
10	IFSC Code	BKID0007846

**Dear Sir,**

*Greetings from DIVYA EDUCATIONAL AND WELFARE SOCIETY!*

We are submitting the project proposal for supporting An old age home for older persons at Basti (UTTARPRADESH) for the year 2024-2025 for your kind consideration.

**Support Required:**

The total cost of Old Age Home is estimated at about ***Rs. Fifty Nine Lakhs Seventy Thousand Only*** (capital investment at current market price). NGO seeks a financial assistance of Rs 59.70 Lakhs in financial year 2024-25 for old age home for older and needy person Basti, (Uttar Pradesh ).

Detailed project proposal is attached below.

Our NGO activities in the fields of health, education, gender, livelihood, community development and social welfare.

We shall be grateful for your kind support.

With regards and best wishes.

**Narendra kumar,**

*President | DIVYA EDUCATIONAL AND WELFARE SOCIETY*

*Dated: JANUARY, 13<sup>TH</sup>, 2025*



## An old age home at Ayodhya, Uttarpradesh

### Problem Statement

Care of the old, sick and destitute is a complex process. The risks from disability, chronic illness and destitution are a process exacerbated by poverty and other forms of structural inequalities. Cultural patterns, prevailing attitudes and expectations – all need to be factored in while honing in on a model of appropriate care.

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.

India has second largest population of the elderly in the world. According to Census 2011 there are **nearly 104 million** elderly persons (aged 60 years or above) in India in which **53 million are females and 51 are million males**. Both the share and size of elderly population is increasing over time and it is likely to grow to 12% or 158 million by 2025.

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.

We believe in ensuring that a person who is not fully capable of self-care can maintain the highest possible quality of life, according to his or her individual preferences, with the greatest possible degree of independence, autonomy, participation, personal fulfillment and human dignity.





However, there are some unfortunate ones who do not have a home or have been abandoned by their families or are unknown. Some are even in a comatose state.

### **Identification of Beneficiaries:-**

The outcome of the project will be fruitful lonely when the identification of beneficiaries will be made proper inquiry of persons who are to be included in the project. Target beneficiary proposed are aged persons who belong to weaker section of the society or who is facing social, health or financial problem in any form.

#### **(a) Some of the social problems are:**

- Old people neglected
- By their family members.
- Lack of health services and nutritious food.
- Old people living below poverty line.
- Government programs at their outreach.

#### **(b) Criteria for Selection:**

- Sixty years and above
- Relation with the family members and community.
- Prefer to live an individual life with other such persons.

#### **• General Approach of the Project:**

1. Establishment of an Old Age Home for the older people aging 60 years and above to provide adequate facilities and to relief them both physical and emotional levels.
2. To create Homes that provides peaceful and comfortable living for the Old of above 60 years of age with food, shelter and clothing.
3. Home for aged persons of 60 years and above having no income and who are in desperate need for shelter food and clothing.
4. To provide physical and psychological wellbeing of the aged inmates in the care home.
5. To eradicate social prejudice regarding the status of aged people in their family and unveil and cure those social and economic realities that leads to their negligence.
6. The project aims to carry out a plan based on a micro-level approach. The reason for this approach is to ensure that the project that the project plan be based on proper identification of beneficiaries.



## The Project:

### Proposal for Supporting OLD AGE HOME

We also realized 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..**

We also believe that their first right is to reside with their own families if possible. Hence, our aim is to give them medical and supportive care till they are capable of being rehabilitated with their families. In this way, NGO has been instrumental in restoring several sick and infirm persons to their families.

### Mission Statement of the Project

The Mission Statement of Support the Elderly Persons (STEP) is to promote the dignity and worth of the elderly persons through empowering them to optimize their potentials, access all available services and opportunities and be able to address their day to day challenges of reduced income, food and health.

### The Vision

The Vision of Support the Elderly persons is " A SMILE IN THE END".

Through this vision, the project implementers so far have reached 25 Homes and about 25 elders through this effort we have managed to distribute clothes, mosquito nets, mattresses and other beddings, basins, facilitated with medication received food.

Support the Elderly Persons (STEP) is situated in Ayodhya District, Uttarpradesh. Our overall organizational Budget and our past experiences with receiving and managing funds from other agencies or foundations is that STEP has received small donations which we have distributed evenly like clothes, mosquito nets, blankets mattresses and other food stuffs which have been raised from different church members. However, apart from STEP, we have vast experience working with different organizations serving street children and charitable organizations, especially in Compassion International where we have served for more than 9 years.



## Primary Objective

- Provide shelter to old, the sick and destitute;
- To provide a quality of life which enable residents to retain their independence, identity and a sense of value;
- Environment plays a very important role in recovery of patients. So, one of our objectives is to provide such a wholesome environment to all our patients, which is crucial for their recovery.
- Ensuring their health and well-being.
- Provide care till the time the person has recovered and is able to perform daily activities independently.
- Rehabilitate them to their families if possible.
- Enjoy their right of healthcare, social services, physical and mental security.
- Restore dignity, improve their quality of life and to have a sense self-fulfillment.

## Ray of Hope

Our vision is of a world in which all such old, sick and destitute people can lead a dignified, active, healthy and secure life.

## Our Goal

Address the need for shelter and long-term care for the old, sick and destitute patients irrespective of their gender.

## Our Aims & Aspirations

- To ensure access to quality health care for the poor, helpless, sick and destitute.
- To ensure adequate nourishment, nursing care, medical services, emotional support a other basic needs for the targeted poor, helpless, sick and destitute.



- Promoting health (physical & mental) and a general sense of wellbeing throughout the life span of the residents.
- To enable them to seek their right to proper healthcare, social services and physical security.
- Restore dignity, improve the quality of life and self-fulfillment.

### **Project set-up :**

1. Creation of family-like atmospheres by providing physical care and emotional support will be the main focus of the project. Regular, health check-up along with sanitation awareness will be provided to the beneficiaries in the old age home.
2. The thrust to four programme is to prepare the seaged people from economically and socially weaker communities to spend rest of their life with due respect and dignity in the society.

### **Situational Analysis:**

The organization has been witnessing the problems faced by the senior citizens while working for the older people in the area of Ayodhya Uttar Pradesh . The target group consists of elderly people living below poverty line, those who have been abandoned by their families and those who are facing some mental distress. Any person is able to work for ones food till he has stamina and vigor but it is considerably lost after reaching sixties. Thus, such elderly people get dependent on their children who do not care for them property. They are often considered as additional burden and are neglected by their own family members.

### **Background of the Problem**

The creation of suffering among the elderly persons stems from many factors such as:

- Idle and disorderly youth which ends up making them a public nuisance who cannot remember to work for their future and to save for their old age.
- School drop-outs due to parents failing to raise school fees for their children, others developing negative attitude towards formal education. Major factors of school drop-outs include:
  - Unemployment and underemployment among parents.
  - Political instability
  - Poor historical background
  - Harsh economic conditions at society and at house hold levels.
  - Disintegration of families, family values and morals.
- The scourge of AIDS which has ravaged many families and left many self-parenting children and others to become a burden to the elderly persons, many of these victimized people are left in villages to suffer with out any one to assist them.



- Food security, medical care, shelter, clothes, primary healthcare i.e. sanitation, nutrition, health education. food hygiene, personal hygiene and immunization to both elderly and their dependents.
- Creation of consultation and information bank about elderly persons and their affairs.

### **Hygiene and Sanitation -**

Hygiene and sanitation are a high priority. Dedicated social workers have been trained and assigned to perform the cleaning job and to ensure personal hygiene of patients. Every morning social workers clean and replace clothes, towels, and bed sheets of all the patients.

### **Transportation-**

A dedicated Ambulance is available round the clock for patient's movement from Basti to Ayodhya. Patient's movement for post discharge OPD is frequent for patients staying at Ayodhya Centre.

### **Nutrition-**

A community kitchen takes care of their daily food requirements. A weekly menu has been carefully crafted by experts & doctors to provide adequate and healthy nourishment. A fixed time table and nutrition chart is followed as shown below: Below given patient nutrition chart takes care of all the major nutritional requirements.

<b>Nutrition Time Table</b>	
<b>Morning Tea</b>	6:00 am
<b>Breakfast</b>	8:00 am
<b>Lunch</b>	12:00 pm
<b>Evening Tea</b>	3:00 pm
<b>Dinner</b>	5:30 pm
<b>Bed time Milk</b>	9:00pm

### **Monitoring & Evaluation**

DIVYA EDUCATIONAL AND WELFARE SOCIETY Managing Committee will arrange annual evaluation of the NGO, where it will assess what the difference the project will make on the safe and quality of the life of old, sick & destitute persons. The resident will assess the following areas of indicator:

- ⊙ Health status of the residents;
- ⊙ Nutritional status of the residents;
- ⊙ Participation and performance of the residents in social affairs;
- ⊙ Participation and performance of the residents in spiritual affairs.



## Impact of the Project

The ultimate impact of the project will be that the poor helpless sick, destitute and an Old aged person from the all over the country will enjoy a sound and fulfilling life toward achieving a promising life through their physical, mental, emotional, social and spiritual development and well-being. More specifically:

## Program Sustainability

Sustainability is an important consideration that the organization has to consider in long term perspective. Assured resources are crucial. The organization has the following plans to achieve sustainability:

- A. Creation of Endowment Fund:** It is proposed to create an endowment fund for long-term sustainability of NGO. A part of the fund received every year is set aside as endowment and invested in proper instruments to generate interest income.
- B. Donations –** Efforts would be made to create a pool of donors both institutional and individuals who would be interested in supporting HSD over long periods of time.

## Need Assessment

To accommodate more patients NGO DIVYA EDUCATIONAL AND WELFARE SOCIETY wanted to improve and upgrade the existing set up of Ayodhya, into a 50 bedded full-fledged care and rehabilitation Center. Total built up area is 294.64 Sq.Mt (Basement built-up area 147.32 + Ground Floor Built up area 147.32). The will have 2 big halls with capacity to provide shelter to 25 people and one toilet block. NGO seeks a financial assistance for construction work, in view of its expanding activities for year 2024-2025.

## Support Required

The total cost of construction of Old Age Home is estimated at about **Rs. 59 Lakhs 70 Thousand** (capital investment at current market price). NGO seeks a financial assistance of Rs 59.70 Lakhs in financial year 2024-25 for construction of Ayodhya, (uttarpradesh). The budget sheet is attached with the proposal. We shall be highly grateful for the support.

### ***Living Space***

The old age home shall have minimum area per resident as per the following norms:



- (i) Area of bedroom/dormitory per resident (7.5 sq.mtr)
- (ii) There shall be a separate bed for each resident
- (iii) There shall be hygienic toilet and bath facilities @ one per 10 residents
- (iv) The living area or carpet area per resident i.e. Including (i) above plus ancillary areas like kitchen, dining hall, recreation room, medical room etc. but excluding verandahs, corridors etc. (12 sq. mtr)

### ***Facilities***

- a) Every institution being funded under this scheme shall have further the following facilities:
  - (i) Residential area comprising rooms/dormitories-separately for men and women;
  - (ii) Adequate Safe drinking water and for ancillary purposes
  - (iii) Electricity, fans and heating arrangement for residents (as necessary);
  - (iv) Kitchen-cum-store and office;
  - (v) Dining hall;
  - (vi) Recreation facilities, television, newspaper and an adequate collection of books;
  - (vii) Activities for keeping the residents productively occupied;
  - (viii) First aid, sick bay and primary healthcare facilities.
  - (ix) Should be barrier-free with provision of ramps and handrails, and where necessary, lifts etc.

### **Qualification of Staff and duties:**

Minimum qualification required and duties of the staff engaged in the projects under the Scheme are as follows:-

S.No	Post name	Minimum Qualification and duties
1	Superintendent	<b>Qualification</b> - Graduate with experience of managing such centres for a minimum period of 3 years or demonstrable capability for running such centers and having working knowledge of computers. <b>Duties-</b> Overall management of the project.
2	Doctor	<b>Qualification</b> -MBBS/ BAMS/ BHMS. <b>Duties</b> - Doctor must visit the centre at least twice a week for health check-up of all the beneficiaries. The doctor is bound to attend the beneficiaries in emergency. As far as possible Doctor residing near the centre should
3	Yoga therapist	<b>Qualification</b> -Diploma in Yoga from a recognized Institute. <b>Duties-</b> Yoga therapist should visit the Centre at least three times in a week for a minimum one hour per day.



4	Social Worker/ Counselor	<p><b>Qualification</b> - Graduate in any discipline with three years' experience in the field. He/ She must hold a Certificate of relevant Training Course from National Institute of Social Defence (NISD) / Regional Resource and Training Centre (RRTC) and should have knowledge of local language.</p> <p><b>Duties</b>- To assess the emotional status of the residents and to render counselling services as may be required. The Social Worker/ Counsellor should attend the Centre at least 2 hours every day.</p>
5	Nurse	<p><b>Qualification</b> -Should be qualified as Auxiliary Nurse Midwife (ANM) and should have received training from recognized government / private medical institution.</p> <p><b>Duties</b>- Nurse should visit the project for a minimum of 2 hours per day for 5 days in a week, for basic medical check-up of the residents and also to provide nursing/ basic geriatric care.</p>
6	Cook	<p><b>Qualification</b>– Should have passed 8th Standard and should have experience of cooking local food for minimum 3 years.</p> <p><b>Duties</b>- Prepare the daily food for the residents including Morning Tea, Breakfast, Lunch, Evening Tea and Dinner.</p>
7	Multi- Tasking Staff [MTS]	<p><b>Qualification</b>- Should have passed 8th Standard and should have experience of working for minimum 2 years in similar capacity.</p> <p><b>Duties</b> – To perform the duties of Chowkidar, Helper, Cleaner. Must clean all the rooms, veranda/ courtyard and kitchen at least 2 times a day, cleaning of bathrooms And toilets at least 3 times a day, and to extend assistance as &amp; when required.</p>

- **Operational Standards:**

Following minimum standards shall be followed by the implementing agencies for the projects under the Scheme:

- 1) **Nutrition** – adequate quantity, good quality, variety in food stuff (as per local conditions) containing an average of 1700 calories and 50 grams protein to be provided to the beneficiaries, every day.
- 2) **Medical facilities/ Medicare**- The project should have first aid kit (as advised by Doctor), glucometer, BP monitoring machine, weighing machine and medicines, as prescribed by a Doctor. As far as possible, the residence of the Doctor should be near the project. Regular Health Camps to be organized by implementing agencies in coordination with the District Administration. Arrangements is required to be made with the nearest Government hospital for emergency medical care



- 3) **Recreation** – At each centre the implementing agency must provide Books, 3-4 Magazines, 2-3 newspapers (in regional/ local language), Outings at nearby places (2 in a month)- religious/ cultural, Games like caroms, chess, cards, one cable connection, one computer with internet connection. All projects should have a separate room for reading for the residents.
- 4) Implementing agencies shall ensure that the services of minimum staff as prescribed in the Scheme are available in each project.
- 5) **Security-** necessary security arrangements to be made in the projects by the implementing agencies. Arrangement is required to be made with the nearest Police Station for security requirements.
- 6) **Clothing** – Keeping in view local climate, weather conditions and traditional norms all the residents must be provided with 4 pairs of clothing in a year.
- 7) **Rooms** – Properly ventilated rooms with sufficient space between the beds of the beneficiaries for their easy movement. Provision for storage of the belongings of the beneficiaries should be available in the homes. Floors should be anti-slippery. For destitute couples separate room may be provided as far as possible.
- 8) **Bathrooms and toilets** –Each project should have separate toilets for females and males. There should be at least one toilet with western style fixed / removable commodes. Each Home should have ramp facilities and railings for easy access to the residents at bathrooms and toilets, wherever required. Bathrooms and toilets must have anti-slippery tiles and railings for hand support.
- 9) **Hygiene and Sanitation-** All the rooms, veranda/ courtyard and kitchen must be cleaned at least 2 times a day. Bathrooms and toilets must be cleaned at least 3 times a day. Disinfectants must be used for infection control and ensure a sanitized environment. Hand washing facilities are prominently located. Hygiene measures (cleanliness of rooms, mosquito control measures) and waste segregation needs to be followed.

• **Estimated budget for old age home of 25 beneficiaries**

Sr. No.	Items	Monthly Cost	Annual cost In Rupees
1	Superintendent Salary	15000x12	180000/-
2	Social Worker/ Counsellor	15000x12	180000/-
3	Yoga Therapist	12000x12	144000/-
4	Nurse	8000x12	96000/-
5	Cook	8000x12	96000/-
6	Multi-Tasking Staff (MTS) (3) Full Time	10000x3=30000x12	360000/-
7	Accountant /Clerk ( Part time)	13000x12	156000/-



8	purchase Land and construction budget	3500000	3500000/-
9	Food (25 Beneficiaries)	1500x25=37500x12	450000/-
10	Clothing /Oil,soap/ Special soap, diapers, disposables etc	3500x12	42000/-
11	Doctor x2	24000x2 =48000x12	576000/-
12	Medicare	12500x12	150000/-
13	Toiletries, Water, electricity and miscellaneous charges	40000	40000/-
		<b>Total Amount-</b>	<b>5,970,000</b>
<b>In words - FIFTY NINE LAC. SEVENTY THOUSAND ONLY/-</b>			

*Thank  
You!*



