

Age Care Center For the Old Aged

The world at present feeling the rise in the population of aged people and this has attracted the global attention of scientists and social administrators. The number of old people in the world with an average age of 60 years or more already exceeds 350 million. The socio-psychological problems of aged and their management vary from society to society and also at different periods in the same society. Aging is substantially influenced by socio-cultural variations and the problems of aging can be well understood only through socio-cultural perspective. India's cultural and democratic setup demands a special treatment to this issue and the subject gained momentum with increased number of Social activists and NGO's plunging in setting-up Old Age homes, Day care centres, Counseling centers etc., for the aged.

*A sample project proposal for "**Day Care Center for Old Aged**" is given in detail under the heading of **Age Care Center for the Old Aged**".*

PROJECT PROPOSAL ON
DAY CARE CENTRE FOR OLD AGED

PROJECT PROPOSAL ON
DAY CARE CENTRE FOR OLD AGED
Contents

1. THE PROJECT - AN OVERVIEW

- 1.1 The Project
- 1.2 Project Objectives
- 1.3 Project interventions
- 1.4 Target group
- 1.5 Scope of the project
- 1.6 Project planning
- 1.7. Project cost and means of finance
- 1.8 Organisation and Man power
- 1.9 Impact analysis
- 1.10 Schedule of implementation

2. AGEING SCENARIO IN INDIA - SOME CRITICAL ISSUES

3. VOLUNTARY INTERVENTIONS FOR THE WELFARE OF THE AGED - INSTITUTIONAL SUPPORT

- 3.1 Voluntary approach
- 3.2 Institutional Support

4. DAY CARE CENTRE FOR THE AGED - PROJECT PLANNING

- 4.1 Project objectives
- 4.2 Characteristics of the aged population
- 4.3 Tenets of the programme
- 4.4 Components of the project
- 4.5 Project planning
- 4.6 Target
- 4.7 Intake

5. INFRASTRUCTURE PLANNING

- 5.1 Infrastructure
- 5.2 Location
- 5.3 Requirement of land
- 5.4 Built-up area
- 5.5 Requirement of furniture
- 5.6 Requirement of equipment

6. ORGANISATION AND MAN-POWER

- 6.1 Organisation
- 6.2 Project Advisory Committee
- 6.3 Organisational Structure
- 6.4 Requirement of man-power
- 6.5 Schedule of Salaries

7. PROJECT COST AND METHOD OF FUNDING

- 7.1 The Project Cost

8. PROJECT EVALUATION & MONITORING

- 8.1 Long-term objective
- 8.2 Short-term objective
- 8.3 Indicators of success

9. PROJECT IMPLEMENTATION SCHEDULE

1

The Project - An Overview

1.1 The Project

The project is proposed to set up a Day-care Centre for the aged people in the age group of 60 years and above, with an investment of Rs. 16.70 lakh, including a recurring grant for an initial period of 6 months. Apart from the Day-care Centre, a few other schemes inter-connected with the welfare and rehabilitation of aged people have also been discussed herein.

1.2 Project Objectives

- To foster the welfare of the needy aged
- To raise funds for the project which assist the elderly irrespective of caste and creed.
- To create confidence amongst the aged and help them to take decisions on their own pertaining to their lives.
- To create in younger generation and in society, a social awareness about the problem of the elderly in our country.,

1.3 Project interventions

Setting up Day care centre with the following activities.

- a) Recreation
- b) Health care
- c) Nutrition
- d) Income generation

1.4 Target group

Men and women in the age group of 60 years and above irrespective of their caste and creed. However priority will be given for the people living below the poverty line.

1.5 Scope of the project

With the increased longevity, the world at present facing the rise in the population of aged people and this has attracted the global attention of scientists and social administrators. The number of old people in the world aged 60 years and above exceeds 350 million. The socio-psychological problems of the aged and their

management may vary from society to society and also in the different periods of the same society. Ageing is substantially influenced by socio-cultural variation and the problem of ageing can be understood properly only in socio-cultural perspective. India's culture and democratic set-up demands a special set up to the issue by social scientists.

Impact of socio-cultural factors on ageing has assumed remarkable significance in recent years psychologically, the problem of old aged seem to be a consequence of democratising effects of personal poverty, social alienation and cultural deprivation. The old aged people in affluent society suffer more from isolation because they cannot look to their grown-up children even for psychological support.

On the other hand, old persons in under developed societies depends more on family members and enjoy greater warmth of family life. Traditionally, the aged are given respect in Indian society. But, the various facets of advancement have been weakening the psychological bonds between the young and the old. In the changing circumstances, life style of individuals has changed everywhere and so in India. Apart from socio-economic changes like modernisation, industrialisation, price rise and cost of living, increasing employment of women in offices and factories, implies that they can spend less time in taking care of the older members, and specially those who require constant care. In Indian society, the tendency of women to work for better amenities in life is apparent. They do not have time to look after their children and even certain conscientious women, despite their great willingness, have hardly time to look after the aged.

The joint family structure as well as the values and respect attached to the aged in our culture for long, provided emotional strength, security and adjustment to them, but, the gradual disappearance of joint families have contributed to special problem of the aged in our society which require different strategies of adjustments on their part.

The condition of the aged people living below poverty line is still heart rendering. Most of them are either neglected by their family members or abandoned in view of the acute poverty. The specific health problems faced by them are eyesight, orthopaedic, back strains, nutrition and in some cases asthma or other respiratory problems. They have to spend their rest of the life in utter penury. Even the personal hygiene of these old aged people both living in shelters or independently is highly deplorable. Mental health is also neglected.

Several welfare schemes meant for the people living below the poverty line are far in reach to this sector as the old aged problems have no place in the policy of the country. These people are not getting any specific support from the Government except small concessions here and there as senior citizens, which can not really bring any change in their living condition unless something concrete is done for giving all necessary socio-economic support. For this, active liaison with both Central and State Governments for advocating the cause of the aged is very much needed.

It is also important that elderly should be properly educated about important aspects like sanitation, hygiene and they need to be guided as regards their hobbies, which could help them, earn money.

Nothing can be as satisfying as restoring dignity and pride and self-dependence to the elderly by providing them with a source of income and livelihood.

There is much scope for voluntary interventions in the area, which will foster the welfare of the aged in India especially to the needy aged.

1.6 Project planning

The project is an approach intended to undertake the following activities.

- a) establishment of day care centre
- b) providing essential health care to the inmates
- c) providing nutritional diet during day time
- d) providing recreational facilities like carom, chess, community television etc.
- e) providing opportunities for income generation through raising nursery, kitchen garden, soft toys, paper bags etc.

A detailed project approach and programme methodology is discussed at chapter - 4 of this proposal.

1.7. Project cost and means of finance

The project "Day Care Centre for the Aged" is proposed with a capital investment of Rs. 16.70 lakhs, out of which an amount of Rs. 10 lakhs is required to be financed over fixed costs and Rs. 6.70 lakhs towards the recurring costs for an initial period of 6 months. The project is expected to be bridged out of the 100% grant-in-aid assistance from some National or International Agency.

A detailed analysis of the project cost is given at chapter - 7 of this proposal.

1.8 Organisation and Man power

The Executive Secretary of the Implementing Agency will assume the overall superintendence of the project and he will be the project leader. He will be assisted in his day-to-day execution of the project by a centre manger vocational instructor, and attendants. Wherever necessary, voluntary work contribution from the inmates will be encouraged to reduce the cost on deployment of labour.

The services of Doctor will be empanelled on contract basis.

A detailed organisational chart along with a schedule of salaries and wages is given at chapter - 6 of this proposal.

1.9 Impact analysis

The Project Functionary will constitute a Project Advisory Committee for the purpose of monitoring and evaluation of the project out of resource persons drawn from Funding Agency and other stake holders.

The objectives of the implementing agency is to develop a detailed framework for monitoring and evaluation of the project. The task is two fold.

- To establish a framework for concurrent monitoring and evaluation to assess programme implementation, performance and sustainability.
- To define a list of indicators and variables for process monitoring which are consistent with the programme objectives and reflect the different stages of project implementation.

The Project Advisory Committee will also review the accounts and audited statements of the implementing agency.

1.10 Schedule of implementation

The Project is proposed to take off within a period of 6 months from the date of conception. The break up schedule of various activities inter-connected with the implementation of the project is given at chapter - 9 of this proposal.

2

Ageing scenario in India - Some Critical Issues

The biggest achievement of the Medical history in the universe is longevity. All over the world the life expectancy has risen leading to a sharp rise in the number of older persons.

In India, the life expectancy has gone up from 20 years in the beginning of the 20th century to 62 years today. Better medical care and low fertility have made the elderly the fastest growing sections of the society.

| | |
|--------|-----------------------|
| 1901 - | 12 million old people |
| 1951 - | 19 million |
| 2001 - | 77 million |

By 2025 - the population of the aged is expected to touch a whopping 177 million. While the numbers have been gone up, quality of life has gone down. Industrialisation, migration, urbanisation and westernisation have severely affected value systems. The erstwhile joint family, the maternal support system has crumbled. The fast changing face of life has added to the woes of elderly persons.

The scenario of the old aged in India

The following factors indicate the scenario of aged population in India.

- 1) 90% of the older persons are from the unorganised sector, with no social security at the age of 60 years.
- 2) 30% of the old persons live below the poverty line and another 33% just marginally over it.
- 3) 83% of the aged people live in rural areas
- 4) 73% of the aged are illiterates and can only be engaged in physical labour.

- 5) 53% of women over 60 years of age are widows, many of them with no support whatsoever.

Ageing, is an irreversible biological phenomenon and it is a survival of growing number of people completing their traditional adult roles. In India, persons above 60 years of age are classified as old aged.

India is fast accumulating the aged population mainly for the following reasons.

- Advancement of medical/health sciences
- Gradual fall in mortality rate
- Increased awareness about killer diseases and general hygiene.
- Better nutrition
- Increased life expectancy.

Ironically, as may it sound, longevity is a blessing but age is a curse. While science consistently tries to prolong life, societies shun these very beings whom the modern medicine helps live longer. Through out the country the elderly are ignored, not given their rights, abused and even abandoned or killed. Often, their special needs are overlooked. They have no access to health care and nutrition planners do not include them in their policies. And it is not exactly rare to find rich young men or women turning into old paupers and living in abject penury, their wealth and property lost or taken away through most meanest and foul means. A survey "The State of the World's old people 2002" across 32 nations found these people in a miserable plight, humiliated, unhappy and they are leading a degrading existence.,

Despite being the most developed out of developing nations, India is housing nearly 240 lakh homeless aged. Once part of the elite earning circle, they have now been forgotten by the nation. What is even sadder is that they have been disowned by their own families in a social structure where money alone endears over an aged person. Given the level of poverty and deprivation, the old find little love and respect even within their homes. Their presence is tolerated as long as they can baby sit or rustle up a meal. Once they are incapable of this, their existence is fraught with humiliation. India's old widows suffer even more in a community that can be frighteningly self centred, pitiless and blinded by meaningless convention.

With the global number of those above 60 years expected to touch 2 billion by 2050-India already has 70 million of them and this figure poised to touch 177 by 2025 -the problem of the aged needs to be addressed in a spirit of urgency and conviction. Their welfare must be made part of a world wide agenda. Government must understand that medical facilities must be streamlined in a way that they become affordable to these sections whose economic strength might have dwindled with advancing years. What is equally imperative is the need to involve them in certain income generation activities, which not only increase their self-confidence but also induce them into living with dignity. The State cannot absolve itself of responsibility towards a group that was once productive. The United Nations feels that a part of Government resources must be set-aside for them. India, is unfortunately, is absolutely callous about the whole issue. Apart from the token concessions intended for senior citizens not much is done to alleviate their sufferings. If a man has to fight, often an unequal battle to get his retirement benefits, he finds little support or sympathy elsewhere. After all, we think about the hardships an elderly women face, while she boards a bus with its first step high above the ground. Who cares about placing a handrail along a flight of difficult steps? Who thinks twice about elbowing the helpless out of the way? Somewhere, societal concerns have changed course so sharply that the weak - the aged in particular find themselves trampled upon and forgotten.

There is a need for sustained interventions for the cause and care of the older persons with the ultimate aim of empowering them to take decisions pertaining to their own lives.

3

Voluntary interventions for the Welfare of the Aged - Institutional support

3.1 Voluntary approach

As enumerated in earlier chapter, ageing is a biological phenomenon and it is the question of survival of a growing number of people completing their traditional adult roles.

In India, persons above 60 years of age, are classified as old aged.

Most of the programmes for the welfare of the old aged people in India are based on United Nation's principles of ageing. The tenets of all these programmes are,

- Independence to the aged
- Participation
- Care
- Self-fulfilment
- Dignity

All these programmes focus on improved access to health and eye care services, community based services, training and income generation activities.

Most of the service projects engaged in this country cater to the following areas,

- a) ophthalmic care
- b) mobile medical care
- c) income generating schemes
- d) Day care centres
- e) Homes for the aged
- f) Disaster mitigation

A) Income Generation Schemes

Economic independence ensures security, confidence and health with a view to making older persons self-dependent. The voluntary agencies in India have implemented a plethora of income generation activities all over the country. Several small ventures like cattle rearing,

agarbati and candle making, envelope making, durries weaving etc., have been developed and adopted. These schemes not only keep older persons occupied but also gives them a means of retaining their independence and dignity. The concept behind starting such income generating activities is to put older people on firm footing and allow them to live a life of dignity. These projects keep the aged gainfully occupied, improve the family economic condition, provide relief from indebtedness, enable them to become the owners of economic enterprise, raise the status of older people and strengthen the joint family system.

B) Day care centres

Day care centres provide a broad spectrum of facilities and services to older persons - from opportunities for companionship, recreation, health care, nutrition and income generation.

C) Mobile medical care

The concept of these services is to provide health facilities at door steps of the beneficiaries and increase their affordability, accessibility and availability.

These mobile medical care units enables older people to assume an active role in maintaining and improving their own health and in encouraging others to do the same. These care units provide counselling and medicines free of cost.

D) Ophthalmic care

Eighty five percent of 12 million visually impaired in India are in urgent need of small cataract operations. For the majority, who cannot afford the operation, these care units will provide all necessary care and assistance free of cost.

E) Homes for the Aged

The idea behind this programme is to ensure a roof over the head of the marginally impoverished old aged.

In India, many elderly persons have fallen and are falling through the family net. For many such aged people, the 'homes for the aged' spell security, care and love. These homes caters to the disabled, elderly and dying destitute.

Nursing care will be most important part of this scheme in addition to shelter, food and clothing. Several light and affordable activities like raising nurseries, growing vegetables gardens etc. will be encouraged to create a sustainable source of income for the home and improve the nutritional status of the residents.

F) Disaster mitigation

These services are intended to deal with older people in humanitarian crisis. Especially vulnerable in disaster situation, for older people it is their limited mobility, their physical frailty, and their medical needs that have always worked against them. In such situations, the disaster mitigation services will have a critical role to play. On the ground these services carries out rescue and rehabilitation activities. At the same time, these services advocate to persuade other agencies to take account of older people in their planning of recovery activities and long-term reconstruction work.

3.2 Institutional Support

The following are a few National and International Agencies supporting the cause of welfare of the aged.

- a) Central social welfare board
- b) Department of Social Justice and Empowerment
- c) Ministry of Rural Development
- d) International Institute of Rural Reconstruction
- e) Department of Family Welfare, Government of India.
- f) Helpage international
- g) Age concern, UK
- h) Action in distress, UK.
- i) NGO Committee on Ageing, USA
- j) International orphans inc., USA

4

Day Care centre for the Aged - Project Planning

4.1 Project objectives

The aims and objectives of the project are as cited hereunder.

- To foster the welfare of the aged, especially the needy aged.
- To raise the funds for projects which assist the elderly irrespective of the caste and creed.
- To advocate and sensitise the younger generation and society and create a social awareness about the problem of elderly people.
- To provide basic services in the areas of health care, recreation, nutrition and income generation.

4.2 Characteristics of the aged population

- India has a mixed population of aged with much percentage of widows in the age group varying from 60 years to 109 years.
- Some stays in shelter homes and some stay independently.
- Their status is characterised by poor economic conditions with no sustained means of income.
- 30-40% of these people are with deteriorated health conditions and depend on others for money.
- Around 90% of this population are either uneducated or less educated.
- Most of the aged widows, who are in a position to work, work as housemaids.
- Around 12-15% are depending on income generation activities like stitching clothes, food products etc.
- Around 18% aged widows are depending upon donations, begging.
- Around 7% are receiving pension from different sources.

- The specific health problems faced by older widows are eyes, orthopaedic problems, back strains and nutrition and in some cases asthma and other respiratory problems. Personal hygiene of widows both living in shelters and independently is deplorable. Mental health of these widows is also neglected.

4.3 Tenets of the programme

This project work for the cause and care of the older persons with the ultimate aim of empowering them to take decisions pertaining to their own lives stress on income generation that enable participation of older persons in the main stream of the society.

4.4 Components of the project

This project is proposed to inculcate the following amongst the beneficiaries.

- Independence
- Participation
- Care
- Self fulfilment
- Dignity

The project encompasses the following activities.

- a) Day care
- b) Basic health care
- c) Recreation
- d) Income generation
- e) Advocacy

4.5 Project planning

The project will have the following components

a) Day care

This centre works from 6 am to 6 pm all through the year and provide a broad spectrum of facilities and services to older persons right from creating opportunities for companionship, recreation, health care, nutrition to income generation.

b) Basic health care

Under this, all the beneficiaries will be provided basic health care constituting weekly health check-ups and medical referrals. It provides free medicines and counselling. This programme also identifies visually impaired or people with visual defects and refer them for free surgical facilities provided by other voluntary agencies from time-to-time.

c) Recreation

The recreation facilities provided in the day care centre includes

1. Caroms
2. Chess
3. Community television
4. News paper/reading room

d) Income generation

Under this programme "candles and chalk-crayons" will be manufactured in the centre to create a sustainable source of income for the home and the inmates will be encouraged to raise a kitchen garden for producing vegetables. These vegetables could be used by the centre itself, which not only brings down the recurring costs of the project but also improve the nutritional status of the residents.

e) Advocacy

This programme is aimed at liaisoning with both Central and State Governments for advocating the cause of the aged.

It is important that elderly should be educated about important aspects like sanitation, cleanliness, hygiene and they needed to be guided as regards their hobbies which could help them earn money.

The problem of the aged are further compounded with the fact that the welfare of the aged has generally been on low priority. This is attributed to the myth that the elderly have outlived their utility and are now a liability on liability. The brighter side of the problem is that longevity is an achievement of 20th century and could well be a single largest influence on 21st century. Today's grey population is 77 millions and is likely to rise to 177

millions by 2025. Older people have tremendous potential. Their dreams neither do die nor their hopes shrivel. If their bodies sometimes fail, the spirit is invincible. They hope for a peaceful and happy life where they can contribute to their families, with dignity, if they have their own identity.

Nothing can be as satisfying as restoring dignity, pride and self dependence to the elderly by providing them with a source of income and livelihood.

This programme is aimed at sensitising the children of the aged, social partners and stake holders for reorienting their policies and programmes for benefit of the aged.

4.6 Target

This project is targeted at aged people in the age group of 60 years and above. No descriminency as regards to the caste, creed and sex will be made while choosing the beneficiaries. However, the persons living below the poverty line and widows will be given priority.

4.7 Intake

The minimum intake of the centre will be 20 and the maximum up to 50 persons.

5

Infrastructure Planning

5.1 Infrastructure

The following parameters may be adopted while determining the infrastructural requirements of the project. The components indicated herein are only illustrative and they serve merely as guidelines for formulating the project and may vary from project to project in accordance with their individual requirements.

5.2 Location

Location in crowded and undesirable neighbourhood and in industrial/commercial areas should be avoided. The location should be such that it should have access to basic amenities like water, sewage disposal, fire protection, hospitals etc. Good transportation facilities should also be available.

5.3 Requirement of land

The minimum requirement of land for setting up Day care centre for aged people will be around 2000 sq. yds.

5.4 Built-up area

Various facilities for rest, recreation and work and for production of candles and chalk crayons will be requiring around 2500 sft of built-up area out of which 1200 sft will be a work shed built with AC sheet roofing and the rest RCC slab dwelling unit with adequate bath and lavatory facilities. A small kitchenette and a dining area of 250 sft is also included in this structure.

5.5 Requirement of furniture

Some basic furniture like writing desks, arm chairs, hammocks, cup boards, TV stand etc., are required in this project.

5.6 Requirement of equipment

The following are the requirements of equipment in this project.

a) Recreation

1. Colour television
2. Chess boards
3. Carom boards

b) Gardening

1. Gardening tools
2. Baskets

c) Production

- 1) Candle making machinery consisting of
 - a) Moulding machine
 - b) Alluminium dies
 - c) Melting kettle
 - d) Small weighing balance
- 2) Chalk crayon making machinery consisting of
 - a) Planetary mixer
 - b) Wooden moulds
 - c) Drying trays

d) Reading room

Small collection of books consisting of biographies, fiction, general reading, philosophy and news papers.

e) Kitchen

This facility contain the following equipment

- a) Gas stove with cylinders
- b) Wet grinder
- c) Mixie
- d) Large cooking vessels
- d) Cutlery
- e) Crockery
- f) Serving vessels

6

Organisation and Man-power

6.1 Organisation

The organisation is headed by the Executive Secretary of the implementing agency and he will be the Project Director. He will be assisted by a Manager who will handle administration, day-to-day operations of the Day Care Centre, production activity and marketing of the centre. He will also handle the routine correspondence, accounts and other book keeping jobs.

The day residents of the centre will be encouraged to extend voluntary work in all the areas of operations in order to reduce the cost of the labour and other administrative overheads.

The External services of a Doctor for looking after the health needs of the residents will be obtained on part time basis. He will be paid honorarium.

6.2 Project Advisory Committee

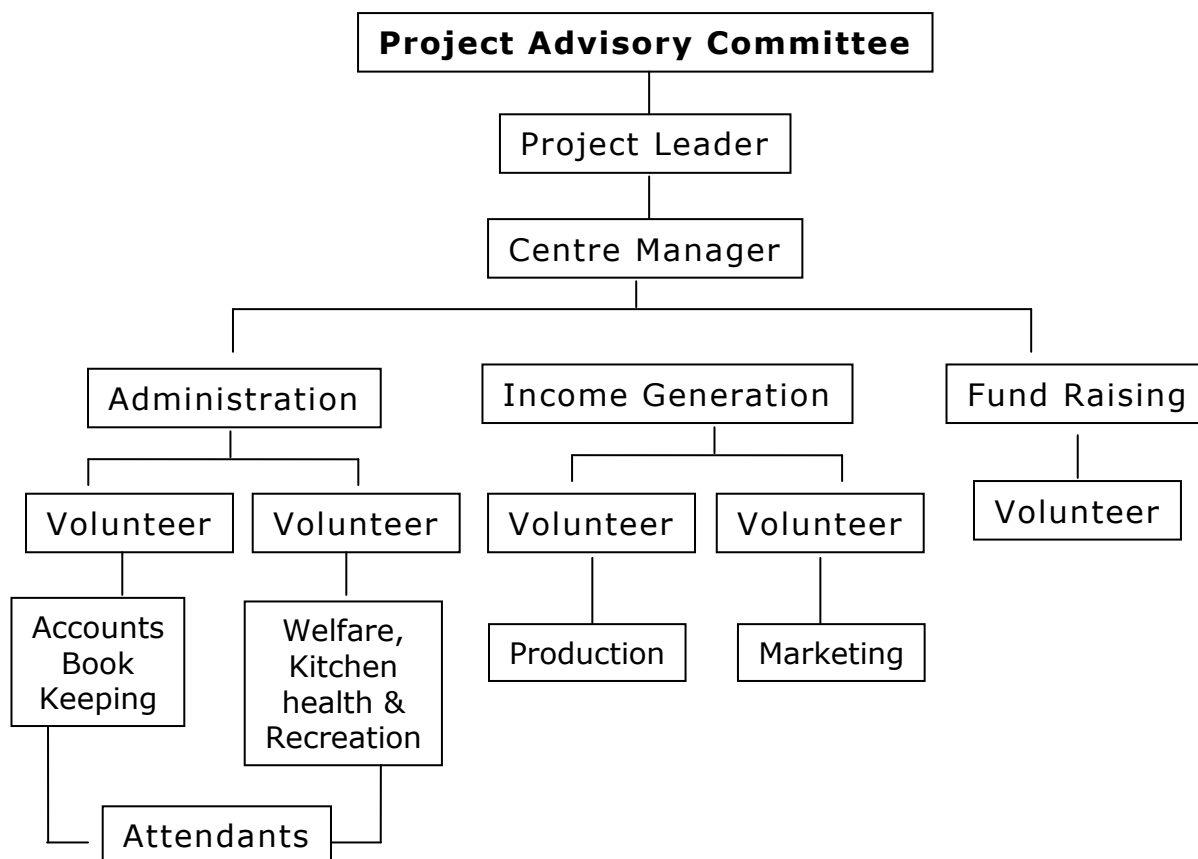
This is an important wing of the Project functionary constituted out of the following persons as members.

- | | |
|---|---------------------------------|
| a) President of the Implementing Agency | - Chairman |
| b) Secretary of the Implementing Agency | - Member Secretary/ Convenor |
| c) Nominee from the Funding Agency | - Member |
| d) Nominee from the Social Welfare Department | - Member |
| e) Reputed NGO | - Member |
| f) Reputed Senior Citizen | - Member |
| g) Local media representative | - Member |

This committee would meet periodically once in a three months and would advise the project functionary on all aspects concerning implementation, evaluation and monitoring of the project. It would also advise the Project Functionary about various fund raising sources and sensitisation of social partners and stake holders.

6.3 Organisational Structure

The following diagram indicates the organisational structure of the Project.



6.4 Requirement of man-power

In all, the project will be requiring the following category of people.

| | | | |
|----|----------------|---|---|
| 1. | Project Leader | - | 1 |
| 2. | Centre Manager | - | 1 |
| 3. | Volunteers | - | 5 |
| 4. | Attendants | - | 2 |
| | | | 9 |

6.5 Schedule of Salaries

| Sl. No. | Category | Nos. | Salary/Wage per person (Rs.) | Salary per month (Rs.) | Salary per 6 months (Rs.) |
|---------|-------------------------|------|------------------------------|------------------------|---------------------------|
| 1. | Project leader | 1 | 5,000.00 | 5,000.00 | 30,000.00 |
| 2. | Centre Manager | 1 | 3,500.00 | 3,500.00 | 21,000.00 |
| 3. | Attendants | 2 | 2,000.00 | 4,000.00 | 24,000.00 |
| 4. | Volunteers (Honorarium) | 5 | 1000.00 | 5,000.00 | 30,000.00 |
| | | | | 17,500.00 | 1,05,000.00 |

7

Project Cost and Method of Funding

7.1 The Project Cost

The total cost of the Project including the operational costs for an initial period of 6 months works out to Rs. 16,70,000/- the capital outlay of which includes,

a) Land and Land Development

The unit will be requiring around 2000 sq. yds of site. It is always advisable for this sort of ventures to seek the assistance of Revenue Administration for allotment of free land at the desired location. However, it is always not possible to get the required land allotted free of cost. Further, the locational advantages in terms of location, proximity to water, sewage, power, transport and educational facilities should always be kept in mind while deciding about this matter. In such circumstances, it may be warranted for the implementing agency to go for outright purchase. The implementing agency should always exercise it's judgement and discretion while deciding this matter.

The centre with all the facilities envisaged under chapter - 5 of this proposal would require an extent of 2000 sq. yds, which will normally be available at a cost of Rs. 75,000 at the outskirts of a town. A provision of Rs. 1 lakh is made under this head inclusive additional cost @ Rs. 25,000/- to meet the development and registration charges of the land.

Sometimes, wherever, it is not possible to procure the land as out right purchase basis, the implementing agency may even opt for lease.

b) Civil structures

The centre will be requiring around 2500 sft of plinth area (built-up area) for accommodating various facilities as detailed under chapter - 5 of this proposal. The cost of construction is takes @ Rs. 110/- per sft for the AC sheet roofed structure of 1200 sft and @ Rs. 350/- per sft of RCC dwelling unit. The total cost of the construction under this head works out to Rs. 5,87,000/-.

c) Furniture

| Sl. | Description | Nos. | Amount per no. (Rs.) | Total (Rs.) |
|-----|---------------|------|----------------------|-------------------|
| 1. | Tables | 4 | 1,500.00 | 6,000.00 |
| 2. | Chairs | 25 | 250.00 | 6,250.00 |
| 3. | Writing desks | 20 | 250.00 | 5,000.00 |
| 4. | Arm chairs | 25 | 500.00 | 12,500.00 |
| 5. | Hammocks | 25 | 1,000.00 | 25,000.00 |
| 6. | Long desks | 10 | 500.00 | 5,000.00 |
| 7. | Cup boards | 4 | 1,250.00 | 5,000.00 |
| 8. | Miscellaneous | LS | — | 5,000.00 |
| | | | | 69,750.00 |
| | | | | Say Rs. 70,000.00 |

d) Equipment

| Sl. | Description | Nos. | Amount per | Total (Rs.) unit (Rs.) |
|-----|------------------------|------|------------|---------------------------|
| 1. | Colour Television | 1 | 15,000.00 | 15,000.00 |
| 2. | Candle making unit | LS | 75,000.00 | 75,000.00 |
| 3. | Chalk crayons unit | LS | 90,000.00 | 90,000.00 |
| 4. | Gardening tools | LS | 5,000.00 | 5,000.00 |
| 5. | Kitchen equipment | LS | 10,000.00 | 10,000.00 |
| 6. | Type writer | 1 | 10,000.00 | 10,000.00 |
| 7. | Misc. office equipment | LS | 5,000.00 | 5,000.00 |
| | | | | <u>2,10,000.00</u> |

e) Miscellaneous Fixed assets

| | |
|-------------------|----------------------|
| 1. Library books | Rs. 15,000.00 |
| 2. Linen material | Rs. 10,000.00 |
| | <u>Rs. 25,000.00</u> |

f) Total cost of fixed assets

| | |
|-------------------------------|------------------------|
| i) Land & Land development | Rs. 1,00,000.00 |
| ii) Civil structures | Rs. 5,87,000.00 |
| iii) Furniture | Rs. 70,000.00 |
| iv) Equipment | Rs. 2,10,000.00 |
| v) Miscellaneous fixed assets | Rs. 25,000.00 |
| | <u>Rs. 9,92,000.00</u> |

g) Working funds required per month

1) Material costs/month

| | |
|---|---------------|
| i) Provision for lunch & tea @ Rs. 20/- per headRs. | 30,000.00 |
| per day for 50 nos. per 30 days | |
| ii) Stores material for production activity | Rs. 50,000.00 |
| iii) Fuel | Rs. 3,000.00 |
| | <hr/> |
| | Rs. 83,000.00 |

2) Salaries and wages

| | |
|--------------------|---------------|
| Salaries and wages | Rs. 17,500.00 |
|--------------------|---------------|

3) Administrative overheads

| | |
|---------------------------|---------------|
| 1. Postage and Stationery | Rs. 250.00 |
| 2. Power | Rs. 2,500.00 |
| 3. Transport & Conveyance | Rs. 1,000.00 |
| 4. Health | Rs. 5,000.00 |
| 5. Telephones | Rs. 500.00 |
| 6. Entertainment | Rs. 500.00 |
| 7. Repairs & Maintenances | Rs. 250.00 |
| 8. Misc. overheads | Rs. 250.00 |
| | <hr/> |
| | Rs. 10,250.00 |

h) Total working capital requirements/month

| | |
|----------------------|-----------------|
| i) Raw materials | Rs. 83,000.00 |
| ii) Salaries & Wages | Rs. 17,500.00 |
| iii) Admn. Overheads | Rs. 10,250.00 |
| | <hr/> |
| | Rs. 1,10,750.00 |

i) Total cost of the scheme

| | |
|---|------------------|
| i) Total cost of fixed assets | Rs. 9,92,000.00 |
| ii) Working funds for an initial period of 6 months | Rs. 6,64,500.00 |
| | <hr/> |
| | Rs. 16,56,500.00 |

Say Rs. 16.70 lakhs

j) Means of funding

| | |
|--|------------------|
| i) One time capital grant | Rs. 9,92,000.00 |
| ii) Working funds for an initial period of six months | Rs. 3,50,000.00 |
| iii) Sales realisation from Income Generation Activities | Rs. 3,28,000.00 |
| | <hr/> |
| | Rs. 16,70,000.00 |

Note : Provision for meeting the working funds for an initial period of 6 months is made in this scheme. But, the centre is expected to meet it's operational costs from the 7th month onwards either from it's internal surplus or from charities.

8

Project Evaluation & Monitoring

8.1 Long-term objective

Working for the cause and care of older persons with the ultimate aim of empowering them to take decisions pertaining to their own lives. Stress on Income Generation that enable participation of older persons in the main stream of the society.

8.2 Short-term objective

- Establishing Day care Centre
- Creation of confidence, awareness and economic independence
- Access to health
- Access to nutritional diet
- Income generation

8.3 Indicators of success

- Increase in self confidence
- Increase in level of self esteem
- Economic independence
- Active community participation
- Improvement in several hygiene and health
- Overall improvement in the outlook

The above referred indicators will form part of the evaluation to be carried out by the Project Advisory Committee. This Committee would meet periodically and take stock of the situation, monitor the implementation, identify the bottlenecks and suggest the remedial methods. The Executive Committee of the Implementing Agency will also develop a suitable mechanism to keep track of the programme and implement the suggestions/remedial measures suggested by the Project Advisory Committee.

The Project Advisory Committee will also appoint an Independent Auditor for maintaining books of accounts. The books of accounts and audited statements of the implementing agency will be reviewed periodically and appropriate reporting will be done to the Donor Agency.

9

Project Implementation Schedule

This project is expected to take off within 6 months from the date of conception. The various activities inter-connected with the implementation of the project are scheduled as hereunder.

Month - 1

1. Preparation of Project proposal
2. Funding dossiers

Month - 2

1. Formation of Project Advisory Committee
2. Identification of Site
3. Legal formalities

Month - 3

1. Civil constructions
2. Indenture for equipment

Month - 4

1. Identification of beneficiaries
2. Enlistment of volunteers

Month - 5

1. Project Advisory Committee
2. Procurement of furniture & equipment

Month - 6

1. Enrolment of beneficiaries
2. Formal inauguration
3. Auditing and reporting