



**ABUTORAAB WORLD HUMANITY CHARITABLE FOUNDATION**

**"We Stand Beside , With The Light of Hope"**

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***PROJECT PROPOSUL  
FOR  
NEW HEAVEN  
OLD AGE HOME  
IN INDIA, WEST BENGAL  
MURSHIDABAD DISTRICT***

**Submitted By: -**

**Abutoraab World Humanity Charitable Foundation**

**Radhikanagar, Keshabnagar, Berhampore, Murshidabad,**

**West Bengal 742102**



[www.abutoraabwhcfoundation.com](http://www.abutoraabwhcfoundation.com)  
[abutoraabwhcfoundation@gmail.com](mailto:abutoraabwhcfoundation@gmail.com)  
+918927549798 / +918583006433  
+917719129969 / +919083307959



ABUTORAAB WHC FOUNDATION  
3dr FLOOR, KE SHABNAGAR  
TETULTOLA, BERHAMPORE  
MURSHIDABAD. WE ST BENGAL 742102  
INDIA. NEAR PASSPORT OFFICE

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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 modernisation, 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 West Bengal is **7.70 million**. There are around **164** Old Age Homes in West Bengal nowadays, including state-run facilities (like the 29 run by the Directorate of Social Welfare) and many more managed by NGOs with central funding, though exact numbers vary slightly by report date and inclusion criteria. These homes serve a large elderly population, with efforts focused on providing shelter, food, medicine, and care for the destitute, though challenges with funding and quality exist.

### Types of Homes & Oversight:

**State-Run:** The West Bengal Directorate of Social Welfare runs its own homes, plus manages central government-funded ones.

**Central Govt. Funded:** The Ministry of Social Justice & Empowerment funds many NGO-run homes under the **Atal Vayo Abhyuday Yojana (AVYAY)**.

**NGO-Run:** Numerous charitable organisations operate homes, especially in districts like Kolkata, North 24 Parganas, and Nadia.

### Key Figures & Reports:

**~164 Homes:** A study cited 164 Old Age Homes (OAHs) in West Bengal, placing it second highest in India..

**~29 State Homes:** The Directorate of Social Welfare directly manages about 29 facilities, notes Government of West Bengal.

**~30 Central-Funded Homes:** Another 30 operate with central government support.

It is more important to understand the social aspects concerning aged in the Country as they go through the process of ageing. Changing life style, availability, accessibility and affordability of healthcare, increased life expectancy, rapid urbanisation and economic dependency have led to an emergence of varied problems for the elderly in India. And hence Abuturaab World Humanity foundation has identified these needs and to provide the elderly with the required support, the organisation is proposing to build an Old Age Home for 1000 elderly people from all over West Bengal.

\*\*\* The **Total Cost** of the Project is **Rs.. 61,82,24,752.00/-**.



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 modernisation, 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 a shighas1028women(per1,000 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 was14.9% and 13.6% 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 organisations 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.

Abutoraab World Humanity Charitable Foundation is looking forward to set up such care giving unit or commonly known as old age homes for 1000 elderly people in the year 2025-26. AWHCF realises 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.



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 **7.50%** 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 West Bengal is nearly **7.70** million. There are **164** Old Age Homes in West Bengal 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 old age homes very few would be offering a subsidised or free service to the elderly population. Hence there is a need for a rapid increase in the number of old age homes who can offer subsidised 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 modernisation.

## **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 organised 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, unorganised players who extend sub-optimal care. In India, health insurance coverage is essentially limited to hospitalisation. 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

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As per the 52nd round of National Sample Survey Organisation, 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 well-being. 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 urbanisation 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 organisation is proposing to build an Old age home for **1000** elderly people from all over Uttar Pradesh, at Murshidabad & 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 2025-26 to 1000 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

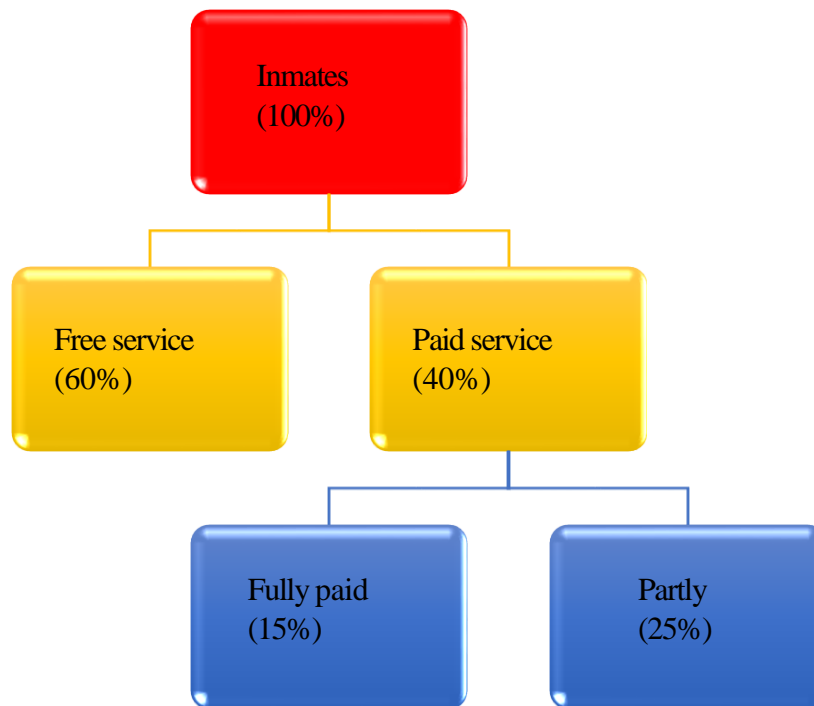
### Advance selection criteria for inmates



- Divorcee And No Children
- Orphan And Unmarried Differently Able Person
- Disaster Affected
- Orphan belonging to farmer's family
- Affected by Chronic Disease



The organisation will have across subsidisation 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.



**This project aims at providing a quality of life to elderly by building an Oldage Home for them.**

Activities	Expected Outcome	Duration	Responsible Person
Micro planning	Road map for project implementation	1 week	Project team
Team Recruitment & Training Conducting 1 <sup>st</sup> round of Interview of Candidates Short listing few based on criteria(Qualification, Experience, Interest, Skill set) 2 <sup>nd</sup> Round of Interview Final Selection Orientation & Training	Capacity building of team for effective and efficient program implementation	1 week	Trustees
Infrastructure Set up Setting up Recreational Corners	Secured environment	1 month	Project Coordinator
Admission/Intake Process Application of Beneficiaries Home Visit of the Beneficiaries Admission Process of Elderly People	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 Monthly Review Meetings Monthly & Overall Project Report Session/Activity Report with Photos and Feedbacks	Effective and efficient program delivery	Ongoing	Project Coordinator

## 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 Centre In-charge will plan the recreational activities that bring 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	Bedtime		

## Monthly Activities

Name of Activities	Description of Activities	Benefits to Beneficiary
Medical Check Ups	Monthly Two 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 organised.	A change from daily routine life
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 AWHCF 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 Road map for project implementation	Planning document	Once a year
Team recruitment and Training Conducting 1 <sup>st</sup> round of interview of candidates Short listing few based on criteria (Qualification, Experience, Interest, Skill set) 2 <sup>nd</sup> round of interview Final selection Orientation & Training	Capacity building of team for effective and efficient program implementation	Job Description and Appointment Letter	Once in a year
Infrastructure setup Setting up Recreational Corners Other setup	Secured environment	Basic amenities in the old age home	Once in 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 in 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 & feedbacks	Effective & efficient program delivery	Reports generated Minutes of monthly meetings	Ongoing

## Implementation Schedule

**Team Abutoraab World Humanity Charitable Foundation will follow the time line mentioned below. The project cycle will begin in January 2026 to December 2026**

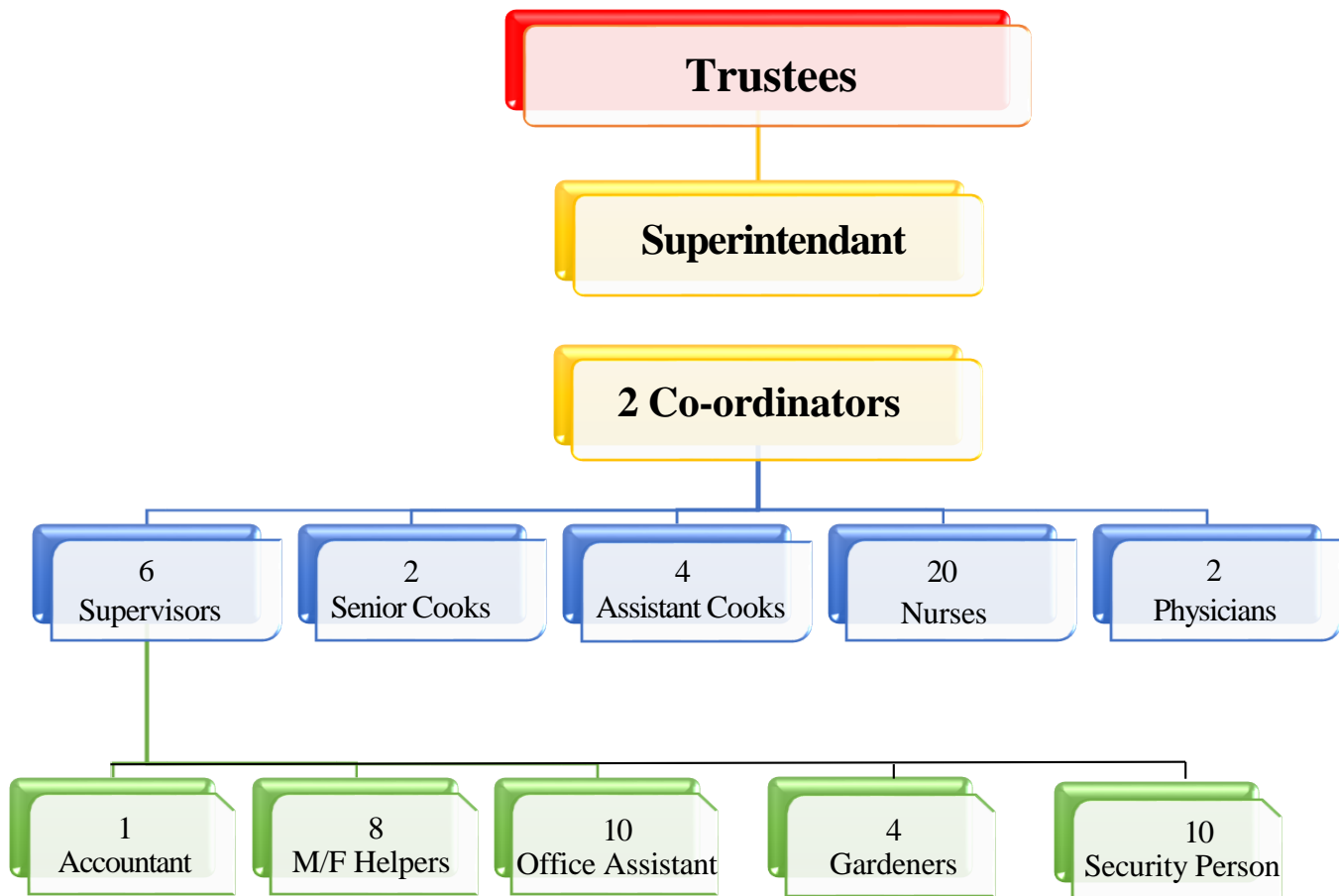
Activities	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Micro Planning												
Team Recruitment And Training												
Infrastructure Setup												
Admission/Intake Process												
Daily/Monthly/Yearly Activities												
Monitoring And Evaluation												



<b>Risks</b>	<b>Mitigation</b>
Discontinuation of CSR Funds or Donations	The organisation can sustain on the cross subsidisation model where the fees collected from the <b>40%</b> inmates will take care of rest of the <b>60%</b> .
Rare Medical Conditions	Regular visits by specialised doctors. In case if the treatment is not in the region an additional staff or 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



Abutoraab World Humanity Charitable 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.



**Initial 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.)
A.1	Laptop (Dell 14 Plus Backlit Key Board, Finger Print Reader,, Intel Core Ultra 7 256V (16 GB/512 GB SSD/Windows 11 Home), DB14250 Thin & Light Laptop (14", Ice Blue, 1.55 Kg, with MS-Office)	1,16,859.00	40		46,74,360.00
A.2	Projectors (Epson EB-S31 Projector "3 LCD, 3-Chip Technology") for collaboration meetings	27,999.00	4		1,11,996.00
A.3	Printer cum Scanner cum Xerox (Samsung SCX-3401 Multi-Function Mono Chrome Laser Printer)	9,299.00	6		55,794.00
A.4	Desktop (Dell Inspiron 7720 All-in-one Core i7, 16 GB DDR5/1000 GB SSD/Windows 11 Home/27" Screen/13 <sup>th</sup> Gen 1355U) With MS-Office (White 60 cm X 45 cm X 20 cm, 7 Kg)	1,54,890.00	40		61,95,600.00
A.5	Infrastructural Materials				20,00,000.00
	<b>Total of A</b>				<b>1,30,37,750.00</b>
<b>D</b>	Add: Monitoring And Evaluation 5% of the cost say				6,51,887.00
<b>E</b>	Contingency (10%)				13,03,775.00
<b>INITIAL BUDGET OF THE PROJECT</b>					<b>1,49,93,412.00</b>

**(Rupees One Crore Forty Nine Lacs Ninety Three Thousand Four Hundred Twelve Only)**



### Estimated Cost of Infrastructural Materials

Infrastructural Material	Model	Cost (Each)	No. of Units	Total Cost
Chairs	Nilkamal Arm Chairs (Brown & Beige, Nilkamal_CHR_2155)	850.00	1000	8,50,000.00
Tables	Ebee Multi Purpose Multi Color Wooden Bed Table for Study/Craftwork/Using Laptop (Color May Vary)	849.00	1000	8,49,000.00
Office Tables	Adlakha Furniture Espresso (Wenge) Traditional Muneem Style Multi Utility Laptops & Study Tables for Bed	1,399.00	20	27,980.00
Cup Board	@home by Nilkamal Freedom Mini Medium Cabinet (Weather Brown)	4,499.00	1000	44,99,000.00
Small Tables	Cello Oasis Four Seater Centre Tables (Ice Brown)	999.00	500	4,99,500.00
Beds	Furniture Kraft Osaka Metal Single Bed	7,499.00	1000	74,99,000.00
Bed Sheets	160 TC Blue Colour Dolphin Single Bed Sheet with Pillow Covers	149.00	1000	1,49,000.00
Blankets	CHADDAR /COTTON BLANKET/ CARPET/GALICHA IN PURE COTTON-1 Piece Blanket(Long Durability, Both Side Usable, Multipurpose Product)	450.00	1000	4,50,000.00
Pillow And Pillow Covers	Cotton Luxurious 2 Pieces Sateen Pillow Covers Set-45cmx69cm, White	94.50	500	18,900.00
Curtains	Floral Print Designed Ethnic Window Curtains – Set of 2	200.00	1000	2,00,000.00
Air Conditioner	1.50 Ton Branded Air Conditioners	43,000.00	100	43,00,000.00
Fans	Orpat Air Flora1 200 mm Ceiling Fan (White/Brown)	1,049.00	1000	10,49,000.00
LED Bulbs	Eveready Base B22D9-Watt LED Bulb (10 Pieces Pack)	120.00	500	60,000.00
Solar Pannel	100 kW Solar Panel, Inverter & Battery		182	53,00,000.00
Kitchen Set, Chimney & Other Appliances/Equipments	Kutchina/Other Branded Products	N.A.	N.A.	15,00,000.00
CCTV	CP Plus/Hik Vision (4 Channel Turbo HDH.265)	15,000.00	12	1,80,000.00
Home Appliances	Branded Products			1,50,000.00
Water Filter	RO+UV+TDS Controller 12 Stage Water Purifiers	6,655.00	6	39,930.00
Ambulance	Maruti-Suzuki, Eco-10	5,79,615.00	2	12,59,230.00
<b>TOTAL</b>				<b>2,88,80,540.00</b>

(Rupees Two Crores Eighty Eight Lacs Eighty Thousand Five hundred Forty Only)

10 Years Estimated Staff Remuneration & Administration Expenses						
Sr. No.	Particulars	Cost (Each)	No. of Units	Duration	Total Cost (Yearly)	Total Cost (10 Years)
<b>A</b>	<b>Recurring Expenses</b>					
<b>A.1</b>	<b>Program Costs</b>					
	Home Coordinators	20,000.00	2	12	4,80,000.00	48,00,000.00
	Home Superintendant	25,000.00	1	12	3,00,000.00	30,00,000.00
	Office Assistants	12,000.00	8	12	11,52,000.00	1,15,20,000.00
	Cooks	18,000.00	2	12	4,32,000.00	43,20,000.00
	Assistant Cooks	12,000.00	4	12	5,76,000.00	57,60,000.00
	Physicians/Doctors	75,000.00	2	12	18,00,000.00	1,80,00,000.00
	Nurses	15,000.00	10	12	18,00,000.00	1,80,00,000.00
	Gardeners	10,000.00	4	12	4,80,000.00	48,00,000.00
	Security Persons/Guards	8,000.00	12	12	11,52,000.00	1,15,20,000.00
	Salary of Maid	5,000.00	02	12	1,20,000.00	12,00,000.00
	Entertainment Equipments		N.A.	12	8,00,000.00	15,00,000.00
<b>A.2</b>	<b>Administration Costs</b>					
	Accountant	15,000.00	1	12	1,80,000.00	18,00,000.00
	Internet Expenses (Jio Unlimited Internet Plan)	1,000.00	6	12	6,000.00	60,000.00
	Mobile Charges	349.00	10	12	41,880.00	4,18,800.00
	Stationary	2,500.00	N.A.	12	30,000.00	2,40,000.00
<b>B</b>	<b>TOTAL OF (A1+A2)</b>				<b>93,49,880.00</b>	<b>8,69,38,800.00</b>

(Rupees Eight Crores Sixty Nine Lacs Thirty Eight Thousand Eight Hundred Only)



<b>AWHCF OFFICE EXPENSES</b>		
<b>Item Description</b>	<b>Monthly</b>	<b>Yearly</b>
	<b>Price(Rs.)</b>	<b>Price(Rs.)</b>
Office Papers (A-4)	1,500.00	18,000.00
Cover Files	600.00	7,200.00
Other Expenses	3,500.00	42,000.00
Office Rent	20,000.00	2,40,000.00
Electricity	3,000.00	36,000.00
Lift Maintenance	1,500.00	18,000.00
Maid Salary	6,000.00	72,000.00
Other Staff Salary	20,000.00	2,40,000.00
Mobile Expenses	2,500.00	30,000.00
Promotion	20,000.00	2,40,000.00
Fuel	20,000.00	2,40,000.00
Car Hire	30,000.00	3,60,000.00
Misc.	5,000.00	60,000.00
Printing & Stationery	2,500.00	30,000.00
Office Maintenance	6,000.00	72,000.00
Drinking Water	3,000.00	36,000.00
<b>TOTAL</b>	<b>1,45,100.00</b>	<b>17,41,200.00</b>

**10 Years' Total Office Expenses = (Rs.17,41,200.00 X 10 Years)**  
**= Rs. 1,74,12,000.00/-**  
**(Rupees One Crore Seventy Four Lacs Twelve Thousand Only)**





## Capital Expenditure of The Project

### Cost of Land, Development of Land & Building Construction

- **Requirement of Land for this Project is 10 Acres.**
  - Price of Land 10 Acres X Rs. 90,00,000.00 = Rs. 9,00,00,000.00/-
  - Cost of Land Development = Rs. 3,00,00,000.00/-
  - Building Construction & Interior Designing = Rs. 35,00,00,000.00/-

Therefore, Total Expenses to be incurred by **AWHCF** in the coming 10 Years will be  
(Rs. 1,49,93,412.00/- + Rs. 2,88,80,540.00/- + Rs. 1,74,12,000.00/- + Rs. 8,69,38,800.00/-  
+ Rs. 9,00,00,000.00/- + Rs.3,00,00,000.00/- + Rs.35,00,00,000.00/-)

**= Rs. 61,82,24,752.00/-**

**(Rupees Sixty One Crores Eighty Two Lacs Twenty Four Thousand Seven Hundred Fifty Two Only)**



## Demography of West Bengal

West Bengal's population is estimated at over **91** million, with a density of **1,029** per square kilometer, making it the second most densely populated state in India. The literacy rate is **77.08%**, with males at **81.69%** and females at **70.54%**. The sex ratio is **947** females per **1,000** males.

### Population And Density:

- **Total Population:** ~**91.28** million (as of 2025)
- **Population Density:** **1,029** inhabitants per square kilometer
- **Population Distribution (Census 2011):** **91.3** million
- **Population Rank in India:** 4<sup>TH</sup>
- **Decadal Growth Rate (2001-2011):** 13.84%
- **Urban Population Share:** 31.87%
- **Rural Population Share:** 68.13%
- **Population By Gender:**
  - **Males:** **46.80** million (51.3%)
  - **Females:** **44.40** million (48.7%)



### Literacy:

- **Total Literacy Rate:** 77.08%
- **Male Literacy Rate:** 81.69%
- **Female Literacy Rate:** 70.54%

### Sex Ratio:

- **Sex Ratio:** **947** females per **1,000** males
- **Child Sex Ratio (Age < 6):** **956** females per **1,000** males

### Religion:

The state has a diverse religious landscape, with Hindus as the majority and a significant Muslim minority.

- **Hinduism:** Over **70.54%**
- **Islam:** 27%
- **Christianity:** Approximately **0.72%**
- **Minority Religions:** Buddhism, Jainism, and Sikhism are also practiced (**1.03%**)

- **Languages:**
- **Official Language:** Bengali
- **Other Spoken Languages:** Hindi, Odessa and Urdu are also spoken

**Other Demographics:**

- **Scheduled Castes:** 28.60% of the rural population & 19.90% of the urban population.
- **Scheduled Tribes:** 5.80% of the population & 1.50% of the urban population.
- **Other Backward Classes:** 16% of the population
- **Key Metropolitan Areas:**

**Kolkata** (Capital & Largest City): 14.04 million

**Assansol:** 1.24 million

**Siliguri:** 0.71 million

**Durgapur:** 0.58 million



## Demography of West Bengal in terms of Elderly People

West Bengal has a significant and growing elderly population (60+), making up around **8-10%** of the state's total, with a slightly higher proportion in rural areas, showing increasing longevity but also dependency, especially among women, facing issues like economic hardship, chronic illnesses (depression, musculoskeletal issues, hypertension), and social challenges due to nuclear families, though some remain economically active. The elderly population (aged 60 and above) in West Bengal is a significant and growing demographic, currently estimated at approximately **11.30%** of the state's total population. This reflects a steady increase from roughly **8.50%** recorded in the 2011 Census.

### Key Demographic Aspects/Composition:

- **Proportion:** Around **8.49%** (2011 Census) of West Bengal's population is **60+** years, close to the national average, with projections showing continued growth.
- **Gender:** A significant gender disparity exists; elderly females are more likely to be economically dependent than males. The elderly sex ratio in West Bengal is roughly **1,135 Females per 1,000 Males**, and it increases with age; for those over **80**, it reaches as high as **1,376**.
- **Location:** While the elderly are present in both urban and rural areas, a larger chunk resides in rural settings.
- **Age Groups:** Most elderly fall into the "young-old" (**60-69**) bracket, followed by "older-old" (**70-79**). A majority of West Bengal's seniors are "young elderly" (**60-69** years), accounting for about **62%–69%** of the geriatric population. The "oldest-old" (**80+** years) comprise approximately **9%**.

### Social & Economic Indicators:

- **Dependency:** A high percentage of elderly, especially women, are economically dependent, relying on others.
- **Living Arrangements:** The rise of nuclear families due to modernization leads to psychological distress and potential isolation for the elderly.
- **Marital Status:** A high percentage of elderly women are widowed, a more prevalent issue in West Bengal than in some other states. There is a stark gender disparity in widowhood. Roughly **72%** of elderly women are widows, compared to only **12%** of elderly men. Conversely, about **84%** of elderly men are currently married.
- **Economic Activity:** Some elderly remain engaged in work, but many face economic insecurity post-retirement, impacting their quality of life.

### Health Profile:

- **High Morbidity:** The elderly experience high rates of chronic illnesses, including depression, musculoskeletal disorders, hypertension, diabetes, and gastrointestinal issues.



- **Illness Perception:** A higher proportion of elderly in WB perceive illness compared to the national average. Approximately 2/3<sup>rd</sup> of the Elderly people suffer from at least one chronic morbidity.
- **Health:** Major issues include hypertension (up to **71%**), diabetes (up to **33%**), and Arthritis/Arthralgia (**21%–80%**).
- **Mental Health:** Depression and psychological distress are widespread, affecting an estimated **42.5%** to **62.8%** of the elderly population.
- **Physical Disability:** About **12%–13%** of Seniors require assistance with basic Activities of Daily Living (ADL), while over **90%** require some help with Instrumental Activities of Daily Living (IADL).
- **Vulnerability:** Advanced age, especially **80+**, and being female are linked to higher risks for certain conditions like anemia.

### **Living Arrangements & Socio-Economics:**

- **Increased Longevity:** Advances in healthcare have increased life expectancy at age **60**, but also brought challenges of managing multiple conditions.
- **Quality of Life (QOL):** Factors like economic hardship, loss of spouse, and family structure significantly impact QOL, leading to potential distress and functional decline.
- **Urban Vs. Rural:** While about **71%** of India's elderly reside in rural areas, West Bengal has high concentrations in specific urban pockets; for instance, the elderly make up **11.76%** of Kolkata's population.
- **Family Structure:**

Historically, joint families were the norm, but recent studies show a shift. In some urban surveys, nearly **48.5%** live in nuclear families, with **19%** living as "lone couples".

In rural areas, joint families remain more prevalent (up to **92%** in some blocks).

- **Literacy:** Literacy rates among the elderly are relatively low at roughly **53%–57%** overall, with a sharp divide between men (higher literacy) and women (often reaching 58%–89% illiteracy in rural areas).
- **Economic Dependency:** Between **52% & 62%** of the elderly are financially dependent on others

### **Regional Highlights**

- **Nadia District:** Reported as having the highest proportion of elderly in both rural (8%) and urban (10%) areas within the state.
- **Kolkata:** The capital is "greying fast," with a high percentage of elderly living alone or in nuclear setups due to youth out-migration.



## Comparative Breakdown of Elderly Social Security Schemes Available in West Bengal Vs. Other Indian States

West Bengal offers specific schemes like **Banglar Bisesh Bhata (BBBP)**, **Taposili Bandhu (SC)**, and **Jai Johar (ST)** for pensions, supplementing central ones like IGNOAPS, with amounts varying; while comparative state data needs deep diving, generally, states like Kerala & Tamil Nadu often have higher elderly populations/homes, and finding specific NGO home lists involves checking district admin sites (like Malda's) or Social Welfare Departments, as general data is scarce.

### West Bengal Elderly Schemes (Examples)

- **Banglar Bisesh Bhata Prakalpa (BBBP):** Additional social pension for elderly, widows, PwDs.
- **Taposili Bandhu:** For SC persons over 60, providing social security/pension.
- **Jai Johar:** For ST persons over 60, providing ₹1,000/month via DBT.
- **Old Age Pension (OAP):** General state scheme via W&CD & Social Welfare Dept.
- **National Social Assistance Programme (NSAP):** Includes Indira Gandhi National Old Age Pension Scheme (IGNOAPS), with central contribution (₹200/<₹500) topped up by the state.

### Comparison & Other States

- **Varying Top-Ups:** Central IGNOAPS offers a base; states like WB add significant amounts (e.g., BBBP). Other states (Kerala, TN, Odisha, Maharashtra) also run large schemes.
- **Data Gap:** A precise, current comparative breakdown requires looking at individual state welfare department sites (e.g., Tamil Nadu's Senior Citizen Welfare schemes).
- **Key States:** Kerala often leads in number of homes; Himachal Pradesh, Punjab, TN also have high elderly populations.

**In Essence:** WB has robust state-specific additions to central pensions. For NGO homes, you'll need targeted searches by district or state welfare portals, as no single database exists for all India.



### \*\*\* Social Factors Influencing Utilisation of Old Age Homes by Elderly in West Bengal \*\*\*

Social factors heavily influence West Bengal's elderly choosing Old Age Homes (OAHs), driven by **Family Issues** (children's neglect/abuse, nuclear families), **Economic Hardship** (poverty, financial dependence), **Urbanisation** (smaller families, women working), and a **lack of support**, pushing them to OAHs for care, safety, and social engagement, though sometimes it's a decision by relatives, not the elder themselves, highlighting shifting family structures and needs.

#### Key Social Factors:

##### 1. Family Dynamics & Neglect:

- **Children's Behavior:** Misbehavior, Physical/Psychiatric illness of elders, life threats, or children settling abroad are major drivers.
- **Nuclear Families:** The breakdown of joint families, due to industrialisation, creates smaller living spaces and less support.
- **Lack of Caregivers:** Working women and urbanisation reduce time for elderly care, making OAHs an alternative.

#### Economic Hardship & Poverty:

- Financial dependence on family or lack of income forces reliance on OAHs.
- While pensions exist, utilisation can be poor, pushing some to homes for basic needs.

#### Urbanisation & Modernisation:

- These trends lead to smaller families and reduced familial support, increasing elderly vulnerability.
- Elderly feel diminished in worth due to changing societal values, seeking purpose in OAHs.

#### Elder's Own Decision Vs. Relatives' Decision:

- While some elders choose OAHs for interaction and security, a significant portion (around 30%) are placed there by relatives or children, indicating a family choice rather than elder-initiated.

#### Lack of Emotional & Social Support:

- Loneliness and a lost sense of purpose are common, leading seniors to seek companionship and activities in OAHs, where they find built-in support systems.

#### Health & Care Needs:

- Physical/mental health issues and difficulty with daily living tasks make OAHs a practical choice for consistent care and medical access, notes Tech Vistas.

In essence, a combination of deteriorating family structures, economic pressures, and changing lifestyles pushes elderly individuals (or their families) towards old age homes in West Bengal, viewing them as a necessary refuge for care and security.





# **Functional Diagram of AWHCF**

**Mission – Heaven’s Garden**

**(A Project on Old Age Home)**

**Home Superintendant  
(1 No.)**

**Assistant Superintendant  
(1 No.)**

**Home Co-ordinators  
(2 Nos.)**

**Accountant  
(1 No.)**

**Office Assistants  
(8 Nos.)**

**Data Entry Operators  
(2 Nos.)**

**Physicians/Doctors  
(2 Nos.)**

**Nurses  
(10 Nos.)**

**Cooks  
(2 Nos.)**

**Assistant Cooks  
(4 Nos.)**

**Maid Servants  
(6 Nos.)**

**Gardeners  
(4 Nos.)**

**Cleaners  
(4 Nos.)**

**Security Officers/Guards  
(10 Nos.)**





## Key Roles/Activities And Operational Aspects of AWHCF

The key roles of as a new foundation **Abutoraab World Humanity Charitable Foundation** (AWHCF) for an old age home involve providing **Holistic Care** (shelter, medical, emotional, and social support) to senior citizens, while operational aspects focus on facility management, qualified staffing, regulatory compliance, and sustainable funding.

### Key Roles And Activities

The primary roles and activities of AWHCF running an old age home are centered on ensuring the residents live with dignity, comfort, and security.

- **Providing Shelter And Basic Necessities:** Offering a safe, accessible, and comfortable living environment, including clean rooms (separate for men and women), hygienic sanitation, nutritious meals (catering to dietary needs), and appropriate clothing based on climate.
- **Healthcare And Medical Assistance:**
  - **Regular Check-ups:** Arranging routine health assessments, including monitoring vitals like Blood Pressure and Blood Sugar.
  - **Medication Management:** Ensuring proper administration and monitoring of medications by a group of trained staff.
  - **Emergency Care:** Establishing ties with nearby Hospitals, Nursing Homes, Pathological Labs, Diagnostic Centers, Physicians and ensuring availability of Ambulance Services and First-Aid Kits.
  - **Specialised Care:** Providing or coordinating specialised care for conditions like Dementia, Alzheimer's, or for those requiring post-surgery rehabilitation.
- **Emotional And Psychological Support:** Offering counseling services and creating a supportive environment to combat loneliness, depression, and anxiety. This includes providing companionship and creating a "family-like" atmosphere.
- **Social And Recreational Activities:** Organising engaging activities such as music therapy, painting sessions, storytelling, games (Chess, Caroms), Yoga, and occasional community outings to keep residents physically and mentally active.
- **Advocacy And Awareness:** Advocating for the rights and needs of the elderly and raising awareness about elder abuse and available government policies and programs.
- **Community And Family Involvement:** Encouraging family visits and facilitating intergenerational programs (e.g., with local schools or orphanages) to foster a sense of connection and community.



## Operational Aspects

Effective operation requires careful planning and adherence to specific standards and management practices.

- **Legal and Regulatory Compliance:**
  - **Registration And Licensing:** Registering the Foundation (AWHCF) as a legal entity and obtaining all necessary licenses and approvals from relevant government agencies.
  - **Adherence To Standards:** Complying with prescribed minimum standards for senior citizen homes, covering living space per resident, safety features, hygiene protocols and staff ratios.
- **Infrastructure And Facility Management:**
  - **Accessibility:** Ensuring the building is barrier-free with ramps, handrails, anti-slippery tiles and appropriate bathroom facilities for easy movement of residents with mobility issues.
  - **Safety And Security:** Implementing necessary security measures like surveillance systems and establishing contact with the local police station.
  - **Hygiene And Sanitation:** Maintaining high standards of cleanliness, including regular cleaning of rooms and washrooms and proper waste segregation.
- **Staffing And Human Resources:**
  - **Recruitment:** Hiring qualified and compassionate staff, including a warden/in-charge, nurses, doctors specialising in geriatric care, cooks, and cleaning personnel.
  - **Training:** Providing ongoing training to staff on elderly care, first aid, medication management, and emergency procedures.



- **Financial Management And Funding:**
  - **Funding Sources:** Relying on a combination of government grants (such as India's **Atal Vayo Abhyuday Yojana** (AVYAY)), individual and corporate donations and potential fee-based services.
  - **Transparency:** Maintaining transparent financial records, conducting regular audits and having a single dedicated bank account for all transactions to build trust with stakeholders and comply with statutory requirements.
- **Monitoring And Evaluation:** Implementing systems for continuous monitoring of resident well-being and operational efficiency, using feedback channels and digital record-keeping systems where possible to manage information effectively.

**This Project is Prepared by Me on Dated: - 19/12/2025**



**For SHUBHASHISH SARKAR & CO.**

**Chartered Accountants**

*Shubhashish Sarkar*

**Proprietor**

**SHUBHASHISH SARKAR**

**Membership No.065193**



A distressed man in an old age home may be experiencing loneliness, depression, or even neglect or abuse. It is crucial to look for signs of distress and take immediate action if abuse or neglect is suspected.

Someone experiencing chronic loneliness may feel threatened and mistrustful of others. **AWHCF** is planning to open an Old Age Home for distressed women of the society to care, protect and provide shelter.



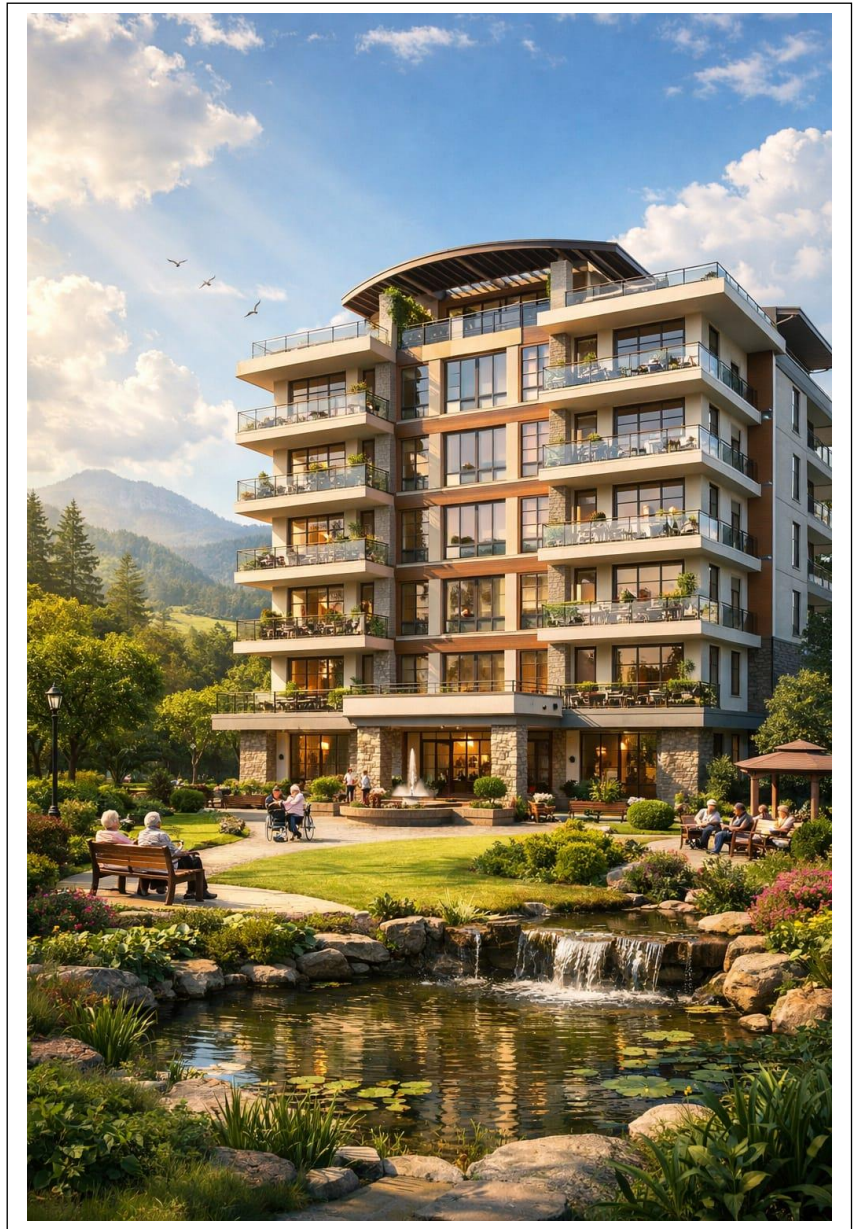
People who are lonely experience emotional pain. Losing a sense of connection and community can change the way a person sees the world.

Emotional pain can activate the same stress responses in the body as physical pain. When this goes on for a long time, it can lead to chronic inflammation (overactive or prolonged release of factors that can damage tissues) and reduced immunity (ability to fight off disease). This raises your risk of chronic diseases and can leave a person more vulnerable to some infectious diseases.

Social isolation and loneliness may also be bad for brain health. These have been linked to poorer cognitive function and higher risk for Dementia, including Alzheimer's Disease. **AWHCF** is aiming at constructing Old Age Home for Old Age Men.



**New Heaven** – An Old Age Home or Senior Living Facility will provide Housing, Care and Support for Elderly Individuals, offering various levels from independent living to assisted care, with options ranging from budget-friendly charitable homes to luxury retirement communities, focusing on Safety, Healthcare, Community and Peace of Mind for Seniors and their families in places like Berhampore, Murshidabad.





Single Rooms for Women in **New Heaven** old age home offers private, furnished spaces with amenities like attached baths, often including AC/Non-AC Options, Kitchenettes, Furniture (Wardrobes, Tables, TV), and Safety Features (Grab Bars).

Costs vary significantly based on location and luxury (₹5k to ₹50k+ monthly), ranging from basic care to luxury retirement homes with comprehensive Medical, Food and Activity Services. Key considerations when choosing are Location, Medical Support, included services (Food, Cleaning, Activities) and the overall ambiance.

Single Rooms for Old men in **New Heaven** old age home offers private, furnished spaces with amenities like attached baths, often including AC/Non-AC Options, Kitchenettes, Furniture (Wardrobes, Tables, TV), and Safety Features (Grab Bars).

Costs vary significantly based on location and luxury (₹5k to ₹50k+ monthly), ranging from basic care to luxury retirement homes with comprehensive Medical, Food and Activity Services. Key considerations when choosing are Location, Medical Support, included services (Food, Cleaning, Activities) and the overall ambiance.







Like many old age homes and senior living communities **New Heaven** offers **Room Sharing Facilities**, often referred to as Double Occupancy, Twin-sharing, or Semi-private Suites. These options are common and offer a variety of benefits like Affordability, Companionship & Reduced Isolation, Enhanced Safety And Social Opportunities.



Morning Tea in **New Heaven** Old Age Home serves as a vital **Social Ritual** and offers numerous **Physical & Mental Health Benefits** for senior people. This simple daily activity can provide ample of advantages or benefits like – Opportunities of Social Interaction, Routine & Structure, Physical Health, Enhance Hydration and Mental Well-being.

Recommended Teas for Seniors are – Green Tea, Chamomile Tea, Ginger Tea, Peppermint Tea & Black Tea/Earl Grey, etc.

Morning walking in an Old Age Home like **New Heaven** offers immense Physical and Mental Benefits, Boosting Energy, improving Heart Health & Blood Circulation, Strengthening Muscles & Bones, Mood & Social Interaction and reducing fall risks, by creating safe, social routines with designated paths, benches, and group strolls, turning daily movement into an enjoyable habit for seniors.



Breakfast in **New Heaven** Old Age Home focuses on soft, nutrient-rich, protein-packed foods to support muscle, energy and easy digestion, featuring options like **oatmeal with Fruits, Eggs (Scrambled/Boiled), Yogurt, Smoothies, Whole-grain Toast, Besan And Khichdi**, ensuring variety, hydration, and meeting daily protein goals (Around 15g) with calcium / vitamins for overall health and to account for a naturally slowing metabolism and reduced appetite.







Physical health and fitness check-ups in an old age home involve two primary components: - **Comprehensive Medical Screenings** & several **Functional Fitness Assessments**. These evaluations are crucial for early disease detection, maintaining independence, and improving the quality of life for residents. Here older adults are generally recommended to have a comprehensive check-up at least annually, or every six months if they have chronic conditions.

**Functional Fitness Assessments** are designed to measure the physical capacity required for daily activities (e.g., getting out of a chair, walking, bending, lifting) and identify weaknesses that can be addressed with tailored exercise programs.



Physiotherapy in **New Heaven** is crucial for maintaining residents' independence, reducing falls and improving quality of life by focusing on mobility, strength, balance and pain management, addressing physical decline, chronic conditions and promoting mental well-being through tailored exercise, fall prevention and functional training. It helps seniors perform daily activities (ADLs) like walking, transferring and dressing, reducing dependency and boosting confidence, while also managing age-related issues like Arthritis, Parkinson's, and post-stroke recovery.

A daily medicine program in an old age home is the part of a comprehensive, individualised healthcare plan that emphasises strict **Medication Management** regular **Health Monitoring**, **access to Medical Professionals**, and Integration with Daily Routines. This structured approach ensures residents receive appropriate and timely medical care.



Lunch in **New Heaven** will focus on soft, nutritious, easily digestible, home-cooked meals with balanced nutrients (protein, fiber, vitamins) like Daal, soft Roti/Rice, seasonal veggies (Palak, Carrot etc.), Curd and sometimes Fish/Chicken/Egg, catering to needs like diabetes/hypertension, ensuring hydration, and offering variety and comfort to support seniors' health, digestion and overall well-being.

By focusing on various aspects, our old age home will provide nurturing and delicious meals that promote senior health.







Counselling in our old age home, known as **Geriatric Counselling**, provides crucial emotional & mental support for seniors facing aging challenges like loneliness, loss, health decline, & life transitions (retirement, bereavement). Trained counsellors offer a safe space using techniques like CBT, Mindfulness, & Person-Centred Therapy to address Depression, Anxiety & improve overall well-being, fostering independence, self-esteem, & better coping mechanisms for seniors & their families.

In New Heaven Geriatric Counselling helps seniors navigate the complexities of aging, ensuring they feel valued, understood, and capable of enjoying their later years.



A music and entertainment schedule for **New Heaven** would offer a diverse range of **Daily, Short And Varied Activities** to promote physical activity, cognitive stimulation, and social interaction. Activities should be tailored to residents' interests and mobility levels, with a mix of energising and calming options.

Here is a sample structure for a daily schedule, followed by ideas for specific activities:

Sample Daily Schedule Structure

Time	Activity Type	Example Activities	Purpose
Morning	Energising & Physical	Seated Yoga, Guided Morning Walks, Light Stretching to Music, Dance Sessions, or Garden Games.	Boost Energy, improve Mobility & Balance, promote Physical Health.
Afternoon	Cognitive & Social	Group Sing-Alongs, Music Trivia, 'Name That Tune', Book Club, Board Games, or Arts & Crafts.	Mental Stimulation, Social Connection,Self-Expression.
Evening	Relaxing & Calming	Listening to Calming Music, Sound Baths (Meditation with Soothing Music), or watching Classic Movies/Concert Recordings.	Ease Anxiety, improve Sleep Quality, provide a Sense of Calmness.

An Evening Walk Program for an Old Age Home is a structured, social and safe activity designed to promote physical activity and mental well-being among residents. It should be adapted to various fitness levels and mobility challenges.





A successful **Yoga & Fitness Program** for an old age home focuses on gentle, modified movements, prioritising **Safety, Balance, Flexibility** and **Mental Calm**, using Chair Yoga, Seated Stretches, Breathing (Pranayama) and simple strength work (Resistance Bands) to improve mobility and reduce Stress, with variations like Seated Surya Namaskar and poses like **Tadasana, Cat-Cow** and **Butterfly Pose** being ideal for Senior Citizens.



A good Dinner Program for our Old Age Home focuses on **light, nutritious, easily digestible meals** with options like lentil curries, soft rice/khichdi, steamed veggies, lean proteins (fish/chicken), yogurt, and seasonal fruits, avoiding heavy spices, oil, and complex textures, while ensuring hygiene, customization for health (Blood Pressure, diabetes) and incorporating comfort/cultural foods to promote well-being, companionship, and easy digestion for seniors.

