

ORIENTAL WELFARE FOUNDATION

*REGD OFF: OSE Commercial Block, Hotel Aloft, Assets 5b, Aerocity,
Hospitality District, IGI Airport, New Delhi – 110 037
CIN: U85300DL2020NPL362377
EMAIL ID: ose.secretarial@orientalindia.com, Tele No.-011-46044604*

PROJECT PROPOSAL FOR SETTING UP AND RUNNING OF OLD AGE HOME

Submitted by:

**ORIENTAL'S ARDAAS FOUNDATION
ASSET 5B, HOTEL ALOFT,
OSE COMMERCIAL BLOCK,
AEROCITY HOSPITALITY DISTRICT,
IGI AIRPORT, DELHI**

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OLD AGE HOME

Craving to establish ourselves as a Trust for Old Age Homes/senior citizens in India, Oriental's Ardaas Foundation is endeavouring to uplift the socio-economic status of abandoned and neglected senior citizens residing in various parts of India. We are moving ahead with the belief that our efforts would help them live a noble and respectable life.

We have done the ground-level research, and we have identified the requirements of older adults suffering due to the complications concerning changes in the environment and life-related challenges. In the last few years, the concept concerning nuclear families has overshadowed the joint family concept. This thing has given birth to differences in the families on various matters that eventually disturb the peace of mind of elderly individuals. A vital proportion of the senior citizens living in the country are facing hardships in spending their remaining life in a peaceful way.

All the older adults or senior citizens who have gone through heaps of traumas and sufferings deserve a better place to stay where they can find the fragrance of love and respect for them. Attempting to hold our ground as a Trust for senior citizens in India, Oriental's Ardaas Foundation is expanding its network and connecting with old age homes to serve the senior citizens with their paradise to make them live their life composedly and gracefully at the same time.

The total cost of the project is 50,00,00,000/- (Rupees Fifty Crores)

INTRODUCTION

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

The world demography is changing rapidly and soon there will be more old people than children and even more people at extreme old age than in the past. People live longer and population of older people is increasing. 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 fuelling 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.

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

IMPORTANCE OF THE TRUST FOR OLD AGE HOMES/SENIOR CITIZENS IN INDIA

The necessity for the Trust for senior citizens in India has increased lately due to the increased ill-treatment and suffering older people have to endure after they become incapable and helpless. After becoming old, the mental and physical health of an individual deteriorates. Since they are not served with essential healthcare needs, they are not much familiar with the information and knowledge concerning the types of diseases and illnesses with respect to their physical and mental health.

It's unfortunate that in a progressive country like India, senior citizens do not get much-deserving respect in their respective families, and also they didn't get the healthcare facilities, healthy and nutritious food, clothes for protection as well as covering the body, etc. After crossing the age of 50 or 60, people look forward to emotional support more than anything, and when they lack this aspect in their life, they feel neglected and ignored. As an enthusiastic Trust for senior citizens in India, Oriental's Ardaas Foundation is drafting the plans keeping in mind the desires and expectations of the senior and elderly citizens.

Being a Trust for social welfare in India, we are all set to serve the older people and senior citizens who live their lives away from the privileges they must get for their efforts that they've made in the past for their children and grandsons. We would serve them food with nutritious value and high quality, healthcare and medical facilities to ensure them with an increase in longevity, clothes to wear and protect their bodies, place to live without any pressure or without any fear of getting disparaging remarks or ill-treatment by the younger ones, and other life-sustaining factors as well.

The best thing about old age homes that would change the living environment for senior citizens and elderly mothers is reverberating ambiance loaded with laughable, blissful moments. Several senior citizens and volunteers from different age groups discuss various topics and keeping the positive vibes alive. Not only this, but also the senior citizens would get pleased with the love and respect they would get by being there.

WHY IS GOVERNMENT AND TRUST INTERVENTION IMPORTANT?

The government and Trust intervention became important due to the rising cases of disgrace and harassment for senior citizens and elderly ones. Their continuously increasing sufferings have made us uplift our humanitarian activities for senior citizens of India by establishing ourselves as a Trust for senior citizens in India.

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- ❖ According to the survey reports, around 71% of senior citizens living in India become the victim of harassment due to the relentless thoughts ruling the minds of families, children, and even relatives in some cases.
- ❖ Further, sources suggest that every second senior citizen gets mistreated or degraded by members of the family, children, relatives, and others.
- ❖ Amid COVID-19 pandemic, 71% of senior citizens from the 7800 respondents based on a recent survey said that there is an increase in elder abuse throughout the lockdown and post-lockdown.
- ❖ National Crime Records Bureau's Report indicates that 32, 496 elderly have been slain & 5836 cases of kidnapping, torture, and harassment got recorded in India between the time range of 2001-2010.
- ❖ The official form of abuse in India is neglect, along with physical, verbal, and financial abuse.

After analyzing the reports indicating the victimization of senior citizens by most of the groups of society in India, we concluded that we would walk ahead to fulfill all the chief requirements of every day lives of senior citizens and fill their lives with the ocean of peace and pleasure so that they can cherish their beings to the fullest. The way we are formulating our strategies and fully-baked policies concerning the betterment of senior citizens' lives, we hope that our worth as a Trust for senior citizens in India would increase and would also drive us to bring back the lost respect and soul of dignity in their lives.

AGENDA OF ORIENTAL'S ARDAAS FOUNDATION BY BEING A TRUST FOR SENIOR CITIZENS IN INDIA

As an emerging compassionate Trust for senior citizens in India, **Oriental's Ardaas Foundation** is listing various healthcare activities and programs and feeding hunger activities for senior citizens struggling to reach into the sunlight from the darkness. Providing medical aids to the ailing senior citizens is not an obligation but a massive responsibility for us. Being a social welfare Trust, we look after the physical and mental health of elders and senior citizens and make them interact more with younger generations so that they can forget all the hatred and negligence that they have received from their families, especially the children.

NEED ASSESSMENT

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

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

LACK OF FINANCIAL 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 pre-existing illnesses are usually not covered making insurance policies unviable for the elders. Pension and social security is also restricted to those who have worked in the public sector or the organized sector of industry. In a study, almost half of the respondents felt neglected and sad and felt that people had an indifferent attitude towards the elderly. It was also found that 47% felt unhappy in life and 36.2% felt they were a burden to the family.

AVAILABILITY, ACCESSIBILITY AND AFFORDABILITY OF HEALTH CARE

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

GOALS & OBJECTIVES

| | |
|------------------|--|
| GOAL | Establishment of sustainable transitional living as an option for individuals to maintain independence. |
| OBJECTIVE | To provide a friendly residential setting within a care home environment in the year 2024-25 to elderly people. To provide a quality of life which enables residents to retain their |

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| | |
|--|---|
| | independence, identity and a sense of value |
|--|---|

SELECTION CRITERIA

| S.No. | Basic Selection Criteria for Inmates | S.No | Advance Selection Criteria for Inmates |
|-------|--|------|--|
| | | | |
| 1. | Person above the age of 60 years | 1. | Person whether single / married |
| 2. | Person belonging to any religion, caste or class | 2. | Person having children / no children |
| 3. | Person having no children | 3. | Person having parents / orphan |
| 4. | Person impacted financially | 4. | Person differently abled |
| | | 5. | Person affected (naturally / by the act of God) |
| | | 6. | Person, if Orphan, belonging to farmer's family |
| | | 7. | Person whether healthy / affected by chronic disease |

PROJECT DESIGN METHODOLOGY

HISTORY OF OLD AGE CARE IN INDIA

The first step to provide services and facilities to the aged was taken in India in the year 1782, when the first institution of care of the aged. Monegar and Rajah of Venkatagiri in Chennai (Madras) established it in 1840. Thereafter, David Sassion Asylum was started in the year 1856, in the city of Pune, where the arrangements such as food, lodging and clothing were made. The St. Mary's home was set up by the church of North India, Exclusively for women in 1872. "Little Sisters of Calcutta" started working in this direction, in the year 1882 and necessary means of livelihood, medical facilities were provided to the aged. Captain Leonard Cheshire of England has established chain of homes in this country for the aged. He came to India in 1955 and established chain of old age homes for aged persons with his own means and determination, in Mumbai, Pune, Dehradun, Jamshedpur, and Calcutta. After Independence, the central and State government have also taken necessary steps in this direction for the care and welfare of the aged. Some state Government have started their own old age homes.

PROBLEM WITH CURRENT OLD AGE HOMES

The old age homes or retirement homes are current trends. After being paid, they take care of the food, accommodation, health etc. of the elderly making sure they stay physically healthy. In today's world, the concept of good health has evolved to include mental health and psychological well-being. The concept behind old age homes are to cater for the physiological and psychological needs of the elderly. To provide good living environments to the old people, creating a friendly and family like atmosphere, which the current retirement homes fail to give. The current old age homes are excessively commercialized and they fail to

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create such environment hence, the elderly in such homes suffer. When thought of old age homes in Indian context a negative connotation arises. Hence, various design strategies should be adapted as per the physiological and psychological needs of elderly.

DESIGN STRATEGIES AS PER PHYSIOLOGICAL NEEDS OF ELDERLY

It can be very difficult for that individual to move around and negotiate personal space, so designing a space with long distances between important living area and conduct everyday activities can cause residents to become frustrated and possibly even digress more quickly. It is the designer's responsibility to offer users various circulation paths, which are not lengthy designing a barrier free design to accommodate people with muscular and skeletal problem. Horticulture is a good example of a structured activity because it not only benefits the body physically but also mentally. Horticultural therapy has been shown to have physiological, psychological, and social effects as it give the body required exercise and activates the five senses. People who are not physically handicapped, for proper physical health need exercise. Designing circulation path from one place to others such that they experience nature.

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DESIGN STRATEGIES

Biophilic Design can be said to be an ecological design form that minimizes environmental impacts by integrating the built environment with living processes or the natural process of the ecology. Ecological design is an integrative ecologically responsible design discipline. Edward O. Wilson defines Biophilia as the intuitive and innate attachment that we, humans, have with our coin habitants of the planet, earth and further asserted the natural world's superiority in terms of its complexity and beauty as versus the human world creation. (Wilson, 1984.In: Tungnung, 2013). The term Biophilia is derived from Greek words bio and philia meaning "Love of Life". Erich Fromm, a social psychologist coined the term. For a major portion of the natural human history, we were largely a hunter-gatherer nomadic tribe co-existing with other animate and inanimate organisms in a bio centric world. Despite the engineered comforts, the industrial age and urban civilizations had managed to degrade human history within a very small fraction of the human civilisation's timeline what the bio-centric world failed to accomplish. (Beatley, T. 2009.In: Tungnung, 2013). The Biophilia Hypothesis suggests that humans have an instinctive bond with nature and that people tend to show a positive response when they experience a connection with nature (Biophilic design is the design of spaces in a manner that promotes and encourages the interaction of humans with nature and natural systems. It is the experience with nature and natural elements that a person has while present in the natural environment. Biophilic design is the designing for people as a biological organism, respecting the mind-body systems as indicators of health and well-being in the context of what is locally appropriate and responsive. Biophilic Design not only helps improve human health i.e. helps in curing both psychological and physiological health. Biophilic design also helps in providing a sustainable environment. The classic model of sustainable development places equal value on the economy, the environment, and society. Biophilic design strategies are flexible.

Much of the evidence for Biophilia can be linked to research in one or more of three overarching mind-body systems – cognitive, psychological and physiological

Cognitive Functionality and Performance.

- Cognitive functioning encompasses our mental agility and memory, and our ability to think, learn and output either logically or creatively.
- Strong or routine connections with nature can provide opportunities for mental restoration, during which time our higher cognitive functions can sometimes take a break. As a result, our capacity for performing focused tasks is greater than someone with fatigued cognitive resources.

Psychological Health and Well-being

- Psychological responses encompass our adaptability, alertness, attention, concentration, and emotion and mood.
- This includes responses to nature that impact restoration and stress management.
- For instance, empirical studies have reported that experiences of natural environments provide greater emotional restoration, with lower instances of tension, anxiety, anger, fatigue, confusion and total mood disturbance than urban environments with limited characteristics of nature.

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- Physiological responses encompass our aural, musculoskeletal, respiratory, circadian systems and overall physical comfort.
- Physiological responses triggered by connections with nature include relaxation of muscles, as well as lowering of diastolic blood pressure and stress hormone (i.e., cortisol) levels in the blood stream
- Short term stress increases in heart rate and stress hormone levels, such as caused by encountering an unknown but complex and information-rich space, or looking over a banister to 8 stories below, can be beneficial to regulating physiological health

Spatial organization:

- With age the way-finding ability of the elderly diminishes, proper spatial organisation is necessary so that they find their spatial orientation. Simple circulation layout instead of complex ones, because complex layout causes stress and agitation among elderly
- Courtyard style arrangement of rooms, preferable as it is a simple layout and the courtyard offers a co-mingling space to the elderly
- The entry should be screened from the residents because it causes agitation among the residents to escape the facility.

Sensory experience

Light:-

- Use of natural light for illumination
- Natural light also helps regulate human circadian rhythms, which are important to our health and mood, and regulate hormones such as serotonin and melatonin. Improved sleep patterns have also been linked to exposure to natural light.
- Use of daylight-mimicking LEDs to enhance cognitive functioning and improve the health of residents with dementia.

Sensory experience

Color

- Color is another important sensory simulation as it has both an emotional and physical impact on humans and that these impacts can be used as therapeutic elements.
- With age the ability to distinguish color decreases with blue to yellow spectrum being affected the most
- Warm colors are recommended to be used in the interior and furnishing because it makes it easier to distinguish between them.
- Cool colors, pastels, grey shades should be avoided, as they are harder to distinguish and might cause agitation due to that.
- Creating high contrast between different color elements within design is the best way to enhance seniors' ability to accommodate for their vision loss.

Natural Environment & Landscape

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- If not directly experiencing the nature, viewing the beautiful landscape helps in reducing stress, anxiety and depression in elderly.
- To promote active use of gardens various structures activities like gardening can be done in order to engage the elderly in something productive.
- Gardening help in making the person physically and mentally strong also known as horticulture therapy.
- Horticultural therapy is defined as “A process utilizing plants and horticultural activities to improve individuals’ social, educational, psychological, and physical adjustment, thus improving their body, mind, and spirit.”(Masahiro Toyoda, 2012)
- Gardening also has the potential to encourage social interaction, with other residents, staff, and even family. Gardening can give a sense of community and encourage social interaction, which helps fight feelings of isolation, and depression, which is often felt by seniors as they age.

Development of Old Age Home, Oriental Ardaas Foundation, Sohna Road, Sohna, Haryana

- The Old age home shall be a non-profit, self-sustaining institution that shall remain intact with time without resorting to external sources for Financial aid.
- The Vision of this project is to create a utopian living for the senior citizens with all the physical, mental and spiritual needs of the Residents.
- The mission is to achieve an active and healthy lifestyle for it’s residents via offering a secured and a rewarding
- Lifestyle with a friendly, interactive and harmonious environment away from the daily hassles of life.
- Proposed Old Age Home Site Area – 3.788 Acres (4.721 Acres – 0.933 Acres)



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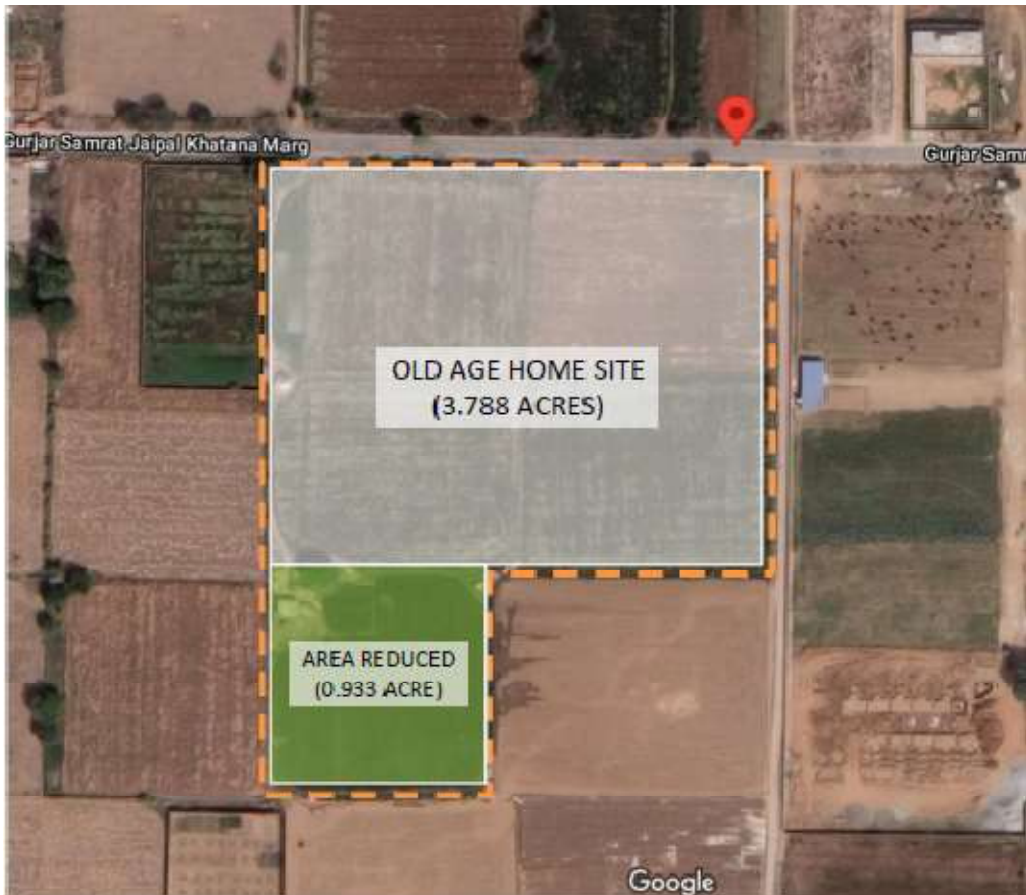
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Site Location:

Oriental's Ardass foundation Old Age Home Site is located at GurjarSamratJaipalKhatana Marg, Dhunela, Haryana 122102

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SITE AREA: 3.788 ACRES (15331.5 SQ.MT.)

LAND USE: INSTITUTIONAL

BASEMENT ALLOWED: UPTO 4 BASEMENTS

HEIGHT RESTRICTIONS: UNRESTRICTED

GROUND COVERAGE AVAILABLE ON SITE AREA: 15331.5 SQ.MT.

35% UPTO 10,000 SQ.MT. ($10,000 \times 35\% = 3,500$)

25% GC ON ABOVE AREA OF 10,000 SQ.MT. ($5331.5 \times 25\% = 1,333$)

MAX. GROUND COVERAGE ALLOWED = 4,833 SQ.MT.

FAR: 150%

MAX. FAR AREA ALLOWED: $15331.5 \times 1.5 = 22,997.25$ SQ.M

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12 MTR WIDE ROAD (WEST SIDE TOWARDS NH-248A)



12 MTR WIDE ROAD (EAST SIDE)



SITE ENTRANCE (NORTH-EAST SIDE)



3.65MTR WIDE ROAD ADJACENT TO SITE



Key Plan

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KEY PLAN

PLANNING PRINCIPLES –

NORMS & GUIDELINES BY TOWN AND COUNTRY PLANNING DEPARTMENT,
HARYANA

PLANNING PRINCIPLES:

Common services, viz., Medical Rooms, community facilities and convenience store are conceived by the number and distribution of the dwelling units. Location of such rooms is to

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be reserved at the ground floor and in proximity to the vertical movement core of building blocks.

Attendants/staff accommodation may be provided on site.

Building Design Principles:

Retirement Housing projects shall conform to the Principles/ Guidelines/ Norms as prescribed under 'Haryana Building Code' as well as the 'Harmonized Guidelines and Space Standards for Barrier Free Built Environment for persons with Disability and Elderly Persons' (Harmonized Guidelines), as amended from time to time.

All building blocks of more than one floor be provided with lifts that are suitably equipped to accommodate users requiring assistance and using wheelchairs and similar equipment/mobility tools.

All the external and internal design of building spaces should consider the free movement of wheelchairs.

- Door openings (between jambs) should not be less than 900 mm in width.
- Easy to grip door knobs and lever type handles of large size to be used.
- Furniture should be lightweight, sturdy and without sharp edges suitable for senior citizens.

Lifts and Ramps:

- All lifts must have audio and visual signage and signalling systems and to accommodate users requiring assistance and using wheelchairs and similar equipment/mobility tools.
- Mandatory ramps to be provided throughout the building to provide for wheelchair access.

Staircase:

- Provision of clear width not less than 1500 mm.
- Handrails should be fitted on both sides of stair flights.
- Treads and risers should be as per the standards prescribed in Harmonised Guidelines applicable to senior citizens.
- Avoid long flights of steps; in no case with more than 12 treads in a single flight.
- Projecting nosing and open stairs should not be provided to minimize the risk of stumbling. Spiral stairs should be avoided.
- Illuminated/ fluorescent/ radium strips should be installed on all stairs to act as guides, especially in low light and night-time conditions.
- Specifications of lighting and ventilation of staircases as per HBC/NBC.
- Handrails should be extended 12 inch at top and bottom of staircase and ramps. Ends of handrails should be rounded.

Corridors:

- Steps should not be introduced in the corridors. If change in level is unavoidable, then ramp may be provided.
- Where there is difference in the floor level the steps must be distinguished with contrasting strips on the edges.
- It is essential to provide handrails along the walls on either side of the corridor, at suitable heights above the floor level

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Bathrooms:

- Wash basins should be provided with provision of grab rails.
- Toilet paper roll dispensers shall be able to withstand heavy loads.
- Bathrooms must have anti-skid tiles.
- Bathrooms shall be provided with outward opening doors so bathrooms can be accessed in an emergency when the senior citizen is inside the bathroom.

Basic Services:

- Adequate security and housekeeping services.
- Caregiving facilities for those residents requiring special care.
- Opportunities for residents to provide community services to their peers and other residents.

Medical Services:

- 24X7 on-site ambulance service with oxygen support facility, tied up with nearest hospital.
- Basic first aid medical facility with nurse and physiotherapy services / Geriatric Care. The emergency contact numbers for the medical facilities and ambulance services shall be displayed outside the common areas of the premises.
- Mandatory tie-up with the emergency facilities with the nearest hospitals/multi Super Specialty Hospital(s).
- Regular medical check-up and follow-up for the residents as required.
- Pharmacy tie-ups for medicine with door-step delivery.
- Wheelchair facility to be provided.

Fitness Facilities

- Jogging and walking tracks with non-slippery and non-skid surfaces.
- Efficient signage and clearly marked hedges and boundaries to avoid collision.
- Yoga, Physiotherapy, Exercise areas to be provided as feasible

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SITE PLAN



AREA SHEET

| ORIENTAL'S ARDASS FOUNDATION | | |
|------------------------------|---------------------------------|----------|
| AREA CALCULATION SUMMARY | | |
| SR. NO. | PARTICULARS | AREA |
| 1 | SITE AREA (A) | 15331.50 |
| 2 | PERMISSIBLE GROUND COVERAGE | 4832.875 |
| 3 | GROUND COVERAGE ACHIEVED | 4570.00 |
| 4 | MAX. PERMISSIBLE AREA (FAR 150) | 22997.25 |
| 5 | AREA ACHIEVED | 22955.00 |

| ORIENTAL'S ARDASS FOUNDATION | | | |
|------------------------------|---------------|-------|-------|
| AREA CALCULATION | | | |
| SR.NO. | PARTICULARS | ROOMS | AREA |
| 1 | GROUND FLOOR | 74 | 4290 |
| 2 | FIRST FLOOR | 82 | 3760 |
| 3 | SECOND FLOOR | 98 | 2430 |
| 4 | THIRD FLOOR | 116 | 2495 |
| 5 | FOURTH FLOOR | 116 | 2495 |
| 4 | FIFTH FLOOR | 116 | 2495 |
| 5 | SIXTH FLOOR | 116 | 2495 |
| 6 | SEVENTH FLOOR | 116 | 2495 |
| | TOTAL AREA | 834 | 22955 |

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PROJECT OPERATIONAL METHODOLOGY:

This project aims at providing a quality of life to elderly by building an Old age home and provides the sustainable environment for them

| Activities | Expected Outcome | Duration | Responsible Person |
|--|--|----------|-------------------------------------|
| Micro Planning | Roadmap for project implementation | 3 weeks | Project Team |
| Team Recruitment and training <ul style="list-style-type: none"> ✓ Conducting 1st round of interview of candidates ✓ Short listing few based on criteria (Qualification, experience, Interest, Skill set) ✓ 2nd round of interview ✓ Final selection ✓ Orientation and training | Capacity building of team for effective and efficient program implementation | 3 weeks | Trustees |
| Infrastructure set up <ul style="list-style-type: none"> ✓ Setting up recreational corners | Secured environment | 6 weeks | Project Co-ordinator |
| Admission / Intake process <ul style="list-style-type: none"> ✓ Application of beneficiaries ✓ Home visit of the beneficiaries ✓ Admission process of elderly | Enrolment of beneficiaries | Ongoing | Project Co-ordinator and supervisor |
| Daily / Monthly / Yearly activities | Creation of homely environment Retained independence, identity and sense of value | Ongoing | Supervisor and helpers |
| Monitoring and Evaluation <ul style="list-style-type: none"> ✓ Monthly review meetings ✓ Monthly and overall project report ✓ Session / activity report with photos and feedbacks | Effecting and efficient program delivery | Ongoing | Project Co-ordinator |

SCHEDULE OF ACTIVITES

Daily activities

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| Time | Particulars | Description of activities | Benefits of beneficiary |
|---------------|--------------------------------------|--|--|
| 5:30 – 6:30 | Wake up call and freshen up | Gently waking them up with positive messages and positive vibe around the home | Positive start of the day |
| 6:30 – 7:00 | Tea break | | |
| 7:00 – 8:00 | Yoga / Meditation | 40 minutes session with basic breathing exercise and meditations | To take steps closer to the self – awareness and maintaining good mind for good and healthy body |
| 8:00 – 8:30 | Breakfast | Breakfast with focus on roughage and less salt / sugar | Healthy stomach |
| 8:30 – 10:00 | Exercise | Half an hour session especially for people with joint pain and chronic problems | Prevention from body aches |
| 10:00 – 12:00 | Corners | Story time / chit chat among the inmates to exchange their thoughts and experiences | Learning and refreshment alongside attachment among the people |
| 12:00 – 13:00 | Lunch | | |
| 13:00 – 15:30 | Rest | | |
| 15:30 – 16:00 | Tea & Snacks | | |
| 16:00 – 19:30 | Recreational activities | Centre in charge will plan the recreational activities that brings out a joyful side of all elderly people | Increased joy and positivity |
| 19:30 – 21:00 | Dinner | | |
| 21:00 – 21:30 | Fruits / Milk / Movie time / TV time | | |
| 21:30 onwards | Bed Time | | |

MONTHLY ACTIVITIES

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

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| | | |
|--|---------------------------------------|--|
| | brings change for the elderly people. | |
|--|---------------------------------------|--|

YEARLY ACTIVITIES

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

MONITORING AND EVALUATION

Team **Oriental's Ardaas Foundation** shall be responsible for conducting monitoring and evaluation of the below mentioned activities.

| Activities | Expected outcome | Means of verification | Frequency |
|---|--|--|-------------|
| Micro Planning | Planning document prepared Roadmap for project implementation | Planning document | Once a year |
| Team recruitment and training ✓ Conducting 1st round of interview of candidates ✓ Short listing few based on criteria (Qualification, Experience, Interest, Skill set) ✓ 2nd round of interview ✓ Final selection ✓ Orientation and Training | Capacity building of team for effective and efficient program implementation | Job Description and appointment letter | Once a year |
| Infrastructure set up ✓ Setting up recreational corners Other set up | Secured environment | Basic amenities in the old age home | Once a year |
| Admission/Intake process | Enrolment of beneficiaries | Admission forms | Once a year |

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| | | | |
|--|--|--|-----------|
| <ul style="list-style-type: none"> ✓ Application of beneficiaries ✓ Home visit of the beneficiaries ✓ Admission process of elderly | | Home visit forms Details of the beneficiaries | |
| Daily/Monthly/Yearly activities | Creation of homely environment Retained independence, identity and sense of value | Photos Activity reports Visitor's register | OTrusting |
| Monitoring and Evaluation <ul style="list-style-type: none"> ✓ Monthly review meetings ✓ Monthly and overall project report ✓ Session/activity report with photos and feedbacks | Effective and efficient program delivery | Reports generated Minutes of monthly meetings | OTrusting |

IMPLEMENTATION SCHEDULE

Team **Oriental's Ardaas Foundation** shall follow the below mentioned timelines while implementing the project. The project cycle shall begin from the month of **April to March**.

| Activities | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|-------------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Micro Planning | | | | | | | | | | | | |
| Team Recruitment and training | | | | | | | | | | | | |

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| | | | | | | | | | | | | |
|-------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|
| Infrastructure set up | | | | | | | | | | | | |
| Admission / Intake process | | | | | | | | | | | | |
| Daily / Monthly / Yearly activities | | | | | | | | | | | | |
| Monitoring and evaluation | | | | | | | | | | | | |

RISK AND MITIGATION STRATEGY

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

HUMAN RESOURCE

Team **Oriental's Ardaas Foundation** shall appoint a team consists of people for following designations. This will be the project implementation team responsible for effective and

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efficient project delivery and also look into the monitoring and evaluation of the output and outcomes.

- Trustees
- Coordinator(s)
- Supervisor(s)
 - Male helper(s)
 - Female helper(s)
 - Security person(s)
- Senior Cook(s)
- Assistant Cook(s)
- Nurses
- Accountant

BUDGET

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The budget for the implementation of the project is Rs 50 Crores

**SD/-
SANJIT BAKSHI
DIRCETOR
DIN -00020852**