



Kizhakke Covilakam Charitable Trust, Kottakkal, Kerala

Presents

Project

Sanandam

About Us

Kizhakke Covilakam Charitable Trust is a premier charitable organisation working mainly in Malappuram Kozhikode, Thrissur, Palakkad districts of Kerala.



There are more than 50 major temples associated with Kizhakke Covilakam. The Kizhakke Covilakam Charitable Trust was founded initially with the aim of imparting various socio economic programs for the general population living near those temples. In later days it expanded its scope to multi-faceted socio economic cultural programs targeting larger populations in more places than its traditional sphere of influence benefitting various sections of the society. The Kizhakke Covilakam Charitable Trust is headed by Sri Dilip Raja, Managing Trustee. He is also the Trustee and Trust Manager of Kizhakke Covilakam institutions.

Activities

The trust is routinely engaged in conducting medical camps, Medical kit/Food kit distribution, relief works in disaster zones, educational supplies distribution at various locations. The trust conducts various yoga related programs, cultural events, classes for imparting technical knowledge related to modern technology to under privileged sections of the society, and career education to young minds.

Core Pillars of Present Activities

Economic Empowerment

The trust aims to accomplish this through Micro-Enterprise Support: Organizing women and marginalized youth into self-help groups (SHGs) and providing seed capital or micro-loans to start small businesses.



Skill Development & Vocational Training: The Trust is now engaged in career development camps and in future will impart programs aimed at skill development and vocational training.

Self-Employment Ventures: The Trust is helping individuals establish decentralized, local trades that thrive within Kerala's semi-urban and rural economies.

Social Welfare & Advocacy

To ensure a baseline of dignity and health, the trust actively manages essential support infrastructure:

Educational Support: Providing scholarships, educational kits to children from lower-income backgrounds to prevent school dropouts.



Healthcare Interventions: Organizing free medical camps in remote or backward areas, offering counseling services, and providing financial aid for critical hospitalizations.

Cultural Integration & Creative Expression

True upliftment extends beyond financial security to nurturing identity and community voice:



Talent Incubation: The Trust is acting as a nurturing ground (kshetra) for the artistic, musical, and literary talents of the younger generation who otherwise lack access to platforms.



Preserving Heritage: The Trust Hosts seminars, workshops, and festivals that celebrate native art forms and the local heritage of traditional communities.

Awareness & Media: The trust utilizes tools like digital advocacy to broadcast educational programs, promote harmony, and educate citizens on social issues.

By blending economic capability with strong social support and cultural dignity, The Kizhakke Covilakam Charitable Trust ensures that individuals do not just survive financially, but actively participate as valued, confident members of society.



Project

Sannidhi

The meditation center

The project sections the property into progressive zones of silence, moving from active spaces to total stillness:

Zone A: Main Entrance & Amenities:

Reception, eco-friendly guest cottages, dining hall (Oottupura) serving organic Sattvic/Ayurvedic food,

and administrative offices.

Zone B: Transitional Spaces: Walking tracks, native herbal gardens, and lotus ponds (Ambalakkulam). Water features to generate soothing ambient white noise.

Zone C: The Core Sanctuary: The primary meditation hall, isolated from all foot traffic. This space is strictly device-free, naturally ventilated, and positioned to face East.

Programming & Core Offerings

Silent & Mindfulness Retreats: Providing short-term and long-term residential courses

Integrative Ayurvedic & Yoga Sadhana: Combining meditation with Pranayama (breathwork) and gentle rejuvenation therapies.

Sound & Nature Immersion: Utilizing the natural forest canopy and specialized indoor acoustic spaces for sound-bath healing and deep introspection.

Capital Summary

Subtotal Base Cost: ₹4.2 Cr (Averaging ~₹2,200 per sq ft across civil/finishing)

Contingency Fund (10%): ₹42,00,000

Total Project CapEx (Excluding Land Cost): ₹4.62Cr

Annual Operating Expenditures (OpEx)

Manpower & Payroll: 1 Resident Director/Lead Teacher, 2 Assistant Teachers, 2 Ayurvedic Therapists, 1 Consulting Doctor, 2 Chefs, 4 Housekeeping/Utility Staff, 2 Security Personnel: ₹55,00,000

Kitchen & Consumables: Organic raw ingredients, therapy oils, herbs, guest linen cycling, daily cleaning supplies: ₹32,00,000

Utilities & Overheads: Electricity grid tariffs, backup generator diesel, high-speed fiber internet, water purification maintenance: ₹20,00,000

Marketing, Public Relations & Commissions: Digital presence, organic wellness platform listings, direct target advertising: ₹18,00,000

Facility Upkeep & Laterite Coating Renewal: Routine landscaping, dampness checks, structure oil treatments: ₹14,00,000

Total Annual OpEx: ₹1.39 Cr

Grand Total Project Cost (Year 1 Launch & Run): Approx. ₹6.01Cr

Project

Prana

An integrated Holistic project for seniors including Palliative care Hospital , Diagnostic center, Geriatric care, Alzheimer's care, Hospice Unit, Assisted living units incorporating modern facilities and all systems of medicine including Ayurveda, Yoga, Sidha, And Traditional Kalari Chikitsa apart from modern medicine systems.

Arpan

The Palliative Care And Diagnostics Facility

100 bed palliative care IP and OP Hospital with emergency services, ambulances, semi critical care facility and diagnostics wing.



PROJECT PROPOSAL OUTLINE

Project Title: Establishment of a Community-Based Palliative & Home Care Center

Target Location: Palakkad, Malappuram, Kerala, India

Implementing Agency: Kizhakke Covilakam Charitable Trust

1. Executive Summary

Brief Description: A project to establish a community-integrated palliative care unit providing inpatient care, home-care, outpatient clinical support, and social rehabilitation for bedridden and terminally ill individuals.

Target Population: Chronically/terminally ill individuals, geriatric patients with severe mobility issues, and cancer/end-stage organ failure patients within the local community

2. Statement of Need & Context

The Demographics: Highlighting Kerala's unique demographic transition (high percentage of aging population, rising prevalence of diseases like cancer, diabetes, neuro muscular diseases and cardiovascular issues).

Families are getting exhausted by expensive multi-specialty tertiary care which require localized pain management, nursing support, and psychosocial care near their homes.

3. Project Objectives

- * To establish a full fledged 100 bed pain and palliative care Hospital
- * To provide regular nursing and medical home-care visits to registered patients.
- * To establish a weekly outpatient pain and palliative clinic for mobile patients.
- * To train local community volunteers in basic bedside care and psychological first aid.
- * To provide holistic support (food kits, educational aid) to vulnerable families impacted by long-term illness.

4. Operational Strategy & Project Components

A. Home Care Services

* Dedicated vehicles equipped with medical supplies travels to patients' homes.

* **Frequency:** Routine visits (weekly/bi-weekly) for chronic management and emergency visits for acute symptom control.

* **Key Interventions:** Wound dressing, catheterization, ryle's tube insertion, ventilator support, bi pap support, oxygen support, stoma care, and pain management.

B. Inpatient and Outpatient Facility (The Core)

A centralised Palliative facility operating 7 days a week for IP admissions, Diagnostics, walk-in consultations, prescription refills, and counseling with dedicated ALS , BLS Ambulances.

C. Community Volunteer Network

* Dividing the target area into neighborhood clusters. Assigning 2–3 trained local volunteers per cluster to monitor patients between official nurse visits.

5. Staffing & Human Resource Requirements

Staffing relies on a lean professional core supported heavily by trained volunteers.

| Role | Type | Key Responsibilities |

| Medical Director | Part-Time / Daily Visits | A physician with specialized certification in Palliative Medicine (e.g., Dip. Pall. Med or BCCM). Manages complex symptom titration, controls narcotic dosages, and leads end-of-life care decisions. |

| Inpatient Charge Nurses | Full-Time (3-Shift Rotation) | Registered Nurses (B.Sc./GNM) with palliative training. Responsible for round-the-clock symptom monitoring, continuous pain control administration, and direct patient comfort. |

| Nursing Assistants / Bedside Caregivers | Full-Time (3-Shift Rotation) | Assist with feeding, bathing, turning to prevent bedsores, and maintaining impeccable patient hygiene. |

| Social Worker | Full-Time | Conducts family counseling, addresses existential distress |

| Project Coordinator| Full-Time | Oversees daily logistics, manages patient registration, coordinates the home-care vehicle route, and acts as a liaison officer |

| Palliative Care Nurses| Full-Time | Must have a B.Sc. Nursing/GNM with specialized certification in Palliative Nursing (e.g., BCCN). Conducts home procedures, administers medicine, and tracks clinical charts. |

| **Visiting Medical Officer** | Part-Time / On-Call | A registered MBBS doctor (preferably with basic training in palliative care/BCCM). Diagnoses, prescribes controlled pain medications (morphine/step-2 analgesics), and handles complex symptom management. |

| **Community Volunteers** | Honorarium / Voluntary | Local citizens who act as the eyes and ears of the project. They offer psychological support, assist during home visits, and identify new patients. |

| **Drivers / Field Assistant** | Full-Time | Operates the Ambulances and home care vehicle and assists the nurse with lifting or transporting equipment. |

Resource, Infrastructure & Equipment Needs For Home care division

A. Infrastructure (Physical Center)

* **Clinic Room:** A quiet space with a patient examination bed.

* **Medicine Storage:** Secure, locked cabinet specifically for scheduled drugs and pain medication.

* **Office Space:** Desk, computer, and secure cabinet for physical patient files and medical history logs.

B. Medical Equipment & Supplies (Home Care Kit)

*Ventilators, Bi - pap (NIV) machines, Ventilator masks, Portable oxygen concentrators or cylinders.

* Suction machines and nebulizers, vitals monitoring equipment.

* Anti decubitus air beds, electric and manual hospital beds, movement support systems and wheelchairs for loaning out to families.

* Disposable nursing kits: Catheters, syringes, dressing materials, gloves, and Ryle's tubes.

C. Logistics

* **Dedicated Home-Care Vehicle:** A reliable multi-utility vehicle (e.g., Maruti Eeco or similar) modified to hold emergency medical kits and transport foldable wheelchairs.

D. Monitoring & Evaluation

* **Key Performance Indicators (KPIs):** Number of home visits conducted, reduction in pain scales reported by patients, number of active volunteers engaged.

* **Reporting:** Monthly progress reports detailing medical stock consumption, volunteer training logs, and financial transparency statements shared with community stakeholders.

* **Total Budget Estimate:**

Total Estimated Built-Up Area:70,000 sq. ft.**

2. Capital Expenditure (CapEx) Breakdown

Development of low-rise buildings to suit senior accessibility.

| Component | Cost Estimation (INR) | Key Details & Local Specifications |

| Land Acquisition cost not included | *Variable* |

| Civil Construction | ₹21 Cr | Estimated at ₹3,000 per sq. ft. Approx for a senior-friendly RCC frame structured building. |

| Medical Interiors | ₹30 Cr | Paramount electric beds, Medical furniture, Bed head medical panel/supply unit, Anti-skid vitrified flooring, Tiled walls, Widespread grab bars, Wall protectors, Wheelchair-accessible bathrooms, Medical panic buttons, Patient monitoring systems, Medical equipments, Palliative equipments (home care division), Pharmacy, Physiotherapy rehab setup, Emergency OT, Doctor cabins, nursing stations, Resident staff facilities, Lifts, Alarms |

| Infra & Amenities | ₹10 Cr | Commercial kitchen, Centralized water treatment, Solar grid backup, Generator, Rain water harvesting facility, Waste treatment facilities, Ambulances ALS grade, Support vehicles, Organic gardens. |

| Licensing & Approvals | **₹1Cr** | K-SWIFT single window clearances, Pollution Control Board (PCB), Fire safety, and Clinical Establishments Act registry. |

| **Total Estimated CapEx** | **₹62 Cr** (Excluding Land)* |

3. Operational Expenditure (OpEx) Model Annualized

Human Resources (HR) ₹6.5 Cr Full-time & visiting doctors, nursing staff, housekeeping, technicians, admin, and management salaries.

Medical Consumables & Pharmacy ₹3.5 Cr Procurement of medicines, surgical consumables, implants, and laboratory reagents.

Utilities & Power ₹1.5 Cr 24/7 HVAC (air conditioning), backup diesel generators, water supply, and high-tension commercial power.

Maintenance & AMCs ₹1.0 Cr Annual Maintenance Contracts (AMCs) for heavy machinery (CT/MRI, ventilators, CSSD) and IT infrastructure.

Outsourced Services ₹1.0 Cr Laundry, security, hospital dietary/canteen services, and biomedical waste disposal.

Admin ₹90 lakh legal compliances, software licenses (HIS/EMR), and insurance.).

Revenue Model

Zero-Billing Model for the Needy

| **Total Estimated OpeEx** | **₹14.4 Cr** |

* **One-Time Startup (CapEx):** ₹62Cr

* **Year 1 Operations (OpEx):** ₹14.4Cr

* **Emergency Contingency Reserve (10% of OpEx):** ₹1.44 Cr

Grand Total Project Cost (Year 1 Launch & Run):**₹Approx. ₹77.84 Cr

A fully functional Diagnostics center with a pathology lab and heavy imaging machinery having an optimized floor layout to separate patient traffic, sample collection, and high-radiation zones.

A. Equipment Category / Description / Specifications Estimated Cost (New)

CT Scan Machine 32-slice scanner ₹2.0 Cr

Digital X-Ray Machine 500mA with DR system ₹25 Lakhs

Ultrasound & Color Doppler Multi-probe 3D/4D system ₹35 Lakhs

Pathology Blood Lab Fully automated biochemistry & hematology analyzers, centrifuge, microscopes, deep freezers ₹30 Lakhs

Total Equipment Cost ₹2.90 Cr

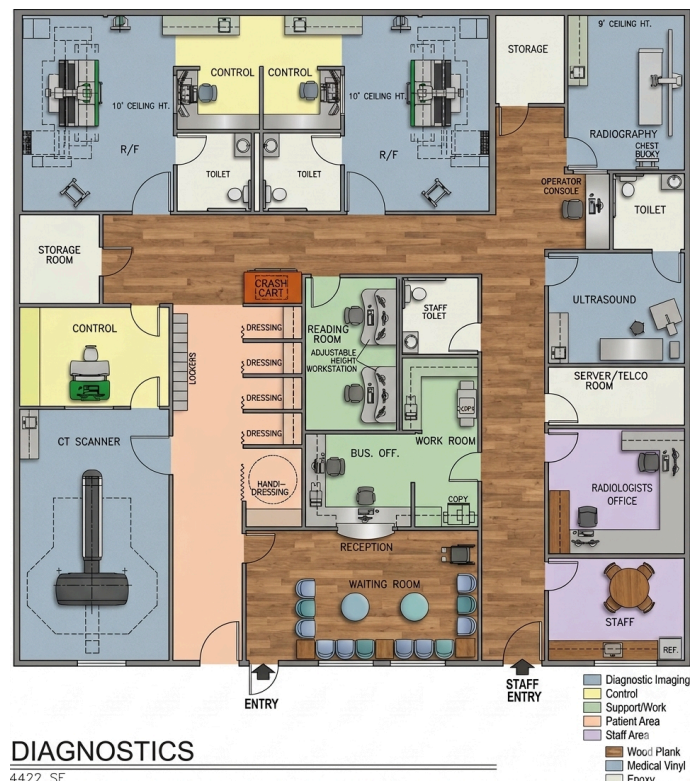
B. Infrastructure & Civil Works

4000 sq.ft building @ ₹2200 for sq.ft 88 lakh excluding land

Lead Shielding & AERB Compliance: Lead-lined doors, barium plaster for X-ray and CT rooms to trap radiation ₹10 Lakhs

Interior Fit-outs & Air-conditioning: Anti-bacterial flooring, laboratory workstations, heavy-duty HVAC cooling for heavy machinery ₹30 Lakhs

Power & Backup Infrastructure: 100 kVA online UPS system and a silent Diesel Generator (DG) set to handle heavy voltage fluctuations ₹15 Lakhs



Software (LIS & PACS): Laboratory Information System and Picture Archiving and Communication System for digital reports/scans ₹20 Lakhs

Legal & Registrations: Licensing fees, environmental clearances ₹25 Lakhs

Total Infrastructure and Civil works cost ₹1.88Cr

Total CapEx ₹4.78Cr

Crucial Human Resources (Staffing)

1 Full-time/Consultant Radiologist (MD/DMRD): Mandatory to run ultrasounds and sign off on CT/X-Ray reports.

1 Pathologist (MD/DCP): To validate and sign blood testing reports.

2-3 Imaging Technicians: Certified professionals to safely operate the CT and X-Ray units.

2 Lab Technicians (DMLT/BMLT): To handle blood and fluid sample analysis.

Phlebotomists, Front Desk, and Marketing Staff.

Annual OpEx Breakdown (Estimated Range)

Expense Category And Annual Cost Range

1. Salaries & Professional Fees ₹1.2Cr

2. Medical Consumables & Reagents ₹50 Lakhs

3. High-Value Equipment Maintenance Varied (Billed annually) ₹30 Lakhs

4. Electricity & Power Utilities ₹26 Lakhs

5. Other expenses ₹40 Lakhs

Total Estimated Annual OpEx ₹2.66 Cr

Financial Summary: Budget Totals

* **One-Time Startup (CapEx):** ₹4.78Cr

* **Year 1 Operations (OpEx):** ₹2.66Cr

* **Emergency Contingency Reserve (10% of OpEx):** ₹26,60,000

Grand Total Project Cost (Year 1 Launch & Run):** ₹7,70,60,000 Approx. ₹7.71 Cr

Grand Total Project Cost (Year 1 Launch & Run of palliative care hospital and diagnostics center): Approx. ₹85.55 Cr

Project

Smaran

Alzheimer's care facility



50 bed
Alzheimer's care
center with all
facilities

Kerala faces a
unique
demographic
transition; with
over 12.6% of
its population
aged above 60
(well above the
national
average) and an
increasing

number of nuclear families due to youth migration, specialized dementia care is an urgent priority.

Project Proposal: "Smaran"

A Comprehensive, Community-Based Alzheimer's & Dementia Care Initiative in Kerala

1. Executive Summary

Project Name **Smaran**

Target Location: Selected Districts in Kerala (Palakkad, Malappuram, Kozhikode, Thrissur).

Primary Objective: To establish a holistic ecosystem that provides early screening, continuous clinical management, affordable day-care respite, and a structured support system for primary caregivers to manage burnout.

2. Statement of Need & Problem Statement

The Silver Wave: Kerala has the highest proportion of elderly citizens in India. Estimates suggest well over 150,000 individuals suffer from progressive cognitive disorders in the state.

The Care Gap: Traditional multi-generational family safety nets are rapidly shrinking due to global migration.

The Burnout Factor: Alzheimer's requires around-the-clock supervision. Primary caregivers (frequently spouses or adult children) face immense emotional, financial, and physical strain without systemic relief.

3. Core Project Components & Strategy

1. Community Awareness & De-Stigmatization

Phase 1

Conduct grassroot-level campaigns via Seva bharathi networks to teach communities that memory loss is a medical condition, not an inevitable or shameful part of aging.

2. Early Detection Memory Clinics

Phase 2

Partner with Major Hospitals like Amrita , Ernakulam or other like minded service oriented Hospitals to establish weekly Memory Clinics. These provide accessible cognitive testing, basic neuro-imaging, and early medicinal mapping.

3. Homely Day-Care Respite Centers

Phase 3

Set up local day-care spaces operating from 9:00 AM to 5:00 PM. These centers focus on non-pharmacological therapies to slow decline:

Cognitive Stimulation Therapy (CST) and puzzle mechanics.

Reminiscence Therapy using familiar local folklore, historical objects, and old family photographs.

Music & Art Therapy utilizing traditional Kerala rhythms (like Sopanam or classical percussion) to anchor emotional calm.

4. Caregiver Support Ecosystem

Establish "Memory Cafés"—informal monthly gatherings where caregivers can share coping mechanisms, receive stress-management training, and consult psychologists regarding behavioral changes in patients.

4. Operational & Infrastructure Framework

A truly effective Alzheimer's facility must feel organic and non-clinical. The architecture will lean heavily on accessible, familiar, and locally sourced materials.

Design Note: Incorporating local design elements like open *Naalukettu* style central courtyards for safe wandering, non-slip laterite stone flooring, and clear visual cues drastically reduces spatial confusion and anxiety in Alzheimer's patients.

| Operational Unit | Key Resource Required | Operational Output |

| Mobile Screening Unit | 1 Social Worker, 1 Psychometrician, Van | Rural outreach camps across Panchayats |

| Day Care Day-Hub | Trained Nurses, Activity Coordinators | Respite care for 25–30 patients daily |

| Tele-Helpline & App | Integrated tech platform | 24/7 emergency care guidance for families |

5. Sustainability & Partnership Model

The project utilizes a tri-sector framework:

1. Non-Profits & NGOs: Partner with experienced NGOs for volunteer manpower.

2. CSR Foundations: Corporate Social Responsibility grants from regional banks or healthcare groups to fund advanced medical gear and specialized staff salaries.

6. Expected Outcomes & Impact Metrics

Early Intervention: A targeted 40% increase in early-stage diagnoses within the first 18 months, allowing for better therapeutic management.

Caregiver Relief: Drastic reduction in measured caregiver clinical stress through mandatory weekly respite slots.

Dementia-Friendly Ecosystem: Gradual transformation of targeted municipalities into fully "Dementia-Friendly Communities" where local businesses, transit workers, and neighbors understand how to safely interact with a disoriented individual.

The budget below is framed for a standard Day-Care Respite Hub and Outreach Center servicing 50 permanent patients requiring a room space of 450 sq.ft. per bed inclusive of common facilities, alongside hosting weekly community screening clinics and caregiver support circles, memory cafes.

The financial structure is tailored to the 2026 socio-economic landscape, leveraging regional resource pricing.

1. Capital Expenditure (CapEx) — Year 1 Setup

These are one-time initialization costs for building, structuring and adapting a dementia-safe, locally resonant environment.

Component	Description	Estimated Cost (INR)	
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25,000 sq. ft. independent building at ₹2500 / Sq.ft. (excluding land cost)	₹6.25 Cr	
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Dementia/Alzheimer's Friendly rooms and Interior	Non-slip matte texture paving, anti-scald plumbing, zero-threshold floors, secure perimeter fencing for safe wandering, and continuous handrails.	₹4.5 Cr	
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Spatial Orientation & Cues	Color-coded rooms, large visual clocks, memory shadow boxes at entry points, and high-contrast bathroom fitments.	₹1.5 Cr	
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Therapy & Medical Equipment	Cognitive stimulation kits, reminiscence props (local antiques, folklore media), recliners, vitals monitors, oxygen concentrators, and basic emergency crash carts.	Ambulance ALS grade Van with multimedia support Support vehicle Electric	₹2.5 Cr	
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Office & Pantry Setup	Solar panels and hybrid systems Communitarian kitchen equipment for dementia-friendly diet prep office IT, and secure cloud logging systems.	₹60,00,000	
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Total CapEx Baseline	₹15.35 Cr	
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2. Operational Expenditure (OpEx) — Annual Recurring Running costs calculated dynamically based on regional professional medical and caregiving pay scales in Kerala.

A. Human Resources & Payroll (Monthly & Annual)

Staffing assumes a highly supportive 1:2 or 1:2.5 care ratio during peak therapeutic hours.*

Role	Count	Avg. Monthly Salary (INR)	Total Annual Cost (INR)	
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Center Manager / Lead Psychologist	1	₹1lakh	₹12 lakh	
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Geriatric Nurses (B.Sc / GNM)	8	₹40,000	₹38,40,000	
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| EMT (B.Sc / GNM)| 1 | ₹30,000 | ₹1,80,000 |

| Trained Dementia Caregivers** | 12| ₹30,000 | ₹43,20,000 |

| Part-time Consultants (Physiotherapist / Ayurvedic Rejuvenation/ Yoga)

| Hourly / Retainer | ₹25 lakh |

| Pantry Chef & Assistants| 3 Total monthly | ₹1 lakh | ₹12 lakh |

| Housekeeping | 5 | ₹20,000 | ₹12 lakh |

| Subtotal Salaries| | | ₹1,44,40,000 |

B. Consumables & Operational Overheads

| Component | Monthly Allowance (INR) | Total Annual Cost (INR)

| Nutrition & Meals (50 patients + staff; healthy traditional diets)* | ₹4 lakh | ₹48 lakh |

| Medical/Hygiene Consumables (Gloves, diagnostic strips, basic emergency meds)* | ₹50,000 | ₹6 lakh |

| **Utilities** *(Electricity, water, high-speed internet for telemedicine,Vehicle/Ambulance)* | ₹1lakh| ₹12 lakh |

| **Outreach Camps & Memory Cafés** *(Monthly rural screening, community awareness)* | ₹1 lakh | ₹12 lakh |

| Subtotal Overheads | ₹78lakh |

| **Total OpEx** | **₹2,22,40,000** |

Financial Summary: Budget Totals

* **One-Time Startup (CapEx):** ₹15.35 Cr

* **Year 1 Operations (OpEx):** ₹2,22,40,000

* **Emergency Contingency Reserve (10% of OpEx):** ₹22,24,000

Grand Total Project Cost (Year 1 Launch & Run):** **₹17,79,64,000** *(Approx. ₹17.8 Cr)

Project

Raksha

The Assisted living facility with 200 beds

The assisted senior living project in Kerala is one of the needs of the times, given the state's demographics and changing social fabric and realities.

Architectural Features are tailored for Kerala. It incorporates regional architecture not only blends beautifully with the landscape but also provides therapeutic value. Material Selection: Utilizing stabilized mud blocks and accent walls balance traditional charm with natural thermal insulation against Kerala's humid climate. Rainwater & Ventilation: Tall ceilings, wide verandahs (*Poomukham* style corridors), and sloping roofs to handle heavy monsoons while ensuring natural air drafts.



1. Project Scope & Built-Up Area Estimate

For an *assisted living* model (which requires higher medical infra than independent senior housing), the layout must feature wider corridors, wheel-chair turnarounds, and common clinical spaces.

150 Units** (A mix of single occupancy rooms, twin-sharing units, a few high dependency units) For those requiring higher dependency we have incorporated a palliative care unit and Memory care unit in our project.

Space Allocation per Resident:500 sq. ft. (Includes the resident room + share of common dining, physiotherapy rooms, recreational halls, and nursing stations).

Total Estimated Built-Up Area:100,000 sq. ft.**

2. Capital Expenditure (CapEx) Breakdown

Development of low-rise buildings to suit senior accessibility.

| Component | Cost Estimation (INR) | Key Details & Local Specifications |

| Land Acquisition cost not included | *Variable* |

| Civil Construction | ₹25 Cr | Estimated at ₹2,500 per sq. ft. Approx for a senior-friendly RCC frame structured building. |

| Senior & Medical Interiors | ₹15 Cr | Paramount electric beds, Medical furniture, Anti-skid vitrified flooring, Widespread grab bars, Wheelchair-accessible bathrooms, Medical panic buttons, Patient monitoring systems, Physiotherapy rehab setup, Lifts (min. two stretchers-capable), Alarms and Non-reflective lighting. |

| Infra & Amenities | ₹6 Cr | Commercial kitchen, Centralized water treatment, Solar grid backup, Generator, Rain water harvesting facility, Waste treatment facilities, Ambulance BLS grade, Support vehicles, Organic gardens. |

| Licensing & Approvals | **₹50 Lakhs** | K-SWIFT single window clearances, Pollution Control Board (PCB), Fire safety, and Clinical Establishments Act registry. |

| ****Total Estimated CapEx**** | ****₹46.5 Cr**** (Excluding Land)* |

3. Operational Expenditure (OpEx) Model

For 200 residents, a staff-to-resident ratio of roughly 1:2 or 1:2.5 was needed.

* ****Manpower:**** ~80–90 staff members (1 Center Manager, 3-4 Duty Doctors on rotation, 15-20 Registered Nurses, 40-50 Geriatric Caregivers/Ayahs, Housekeeping, Chefs, and Security).

* ****Estimated Monthly OpEx:****₹75 Lakhs per month** (Covers salaries, kitchen raw materials, utility bills, regular medical supplies, and facility maintenance).

* ****Estimated Annual OpEx:****₹9 Cr

4. Revenue Model

50 percent of the room capacity will be allotted to the needy, poor and down trodden people of the society. Zero-Billing Model for the Needy. Rest will have to pay according to our revenue model to run the establishment.

Financial Summary: Budget Totals

* ****One-Time Startup (CapEx):**** ₹46.5 Cr

* ****Year 1 Operations (OpEx):**** ₹9 Cr

* ****Emergency Contingency Reserve (10% of OpEx):**** ₹90,00,000

Grand Total Project Cost (Year 1 Launch & Run):**Approx. ₹56.4 Cr

Project

Aloka The Hospice

The Concept

Project Philosophy: "Dignity in the Final Journey" focused entirely on comfort, symptom control, and peace when curative treatment has stopped. In Project Aloka we tried to provide a better environment for people, preparing most of their needs, such as social

interactions, reconnection with nature, Yoga, spiritual re-discovery, discovery of talents and enjoyment of every second before their unfortunate death. Aloka is the place where people can learn to live in the moment. Aloka the hospice bridges the gap between home care and



cold, sterile hospital ICUs, providing a serene, inpatient environment during a patient's final weeks or days in life and superior goals of the universe as much. End-of-life care, dignified transition, and intensive family

respite that is what Project Aloka is about.

INPATIENT HOSPICE PROJECT PROPOSAL OUTLINE

Project Title: Establishment of a Community-Integrated Inpatient Hospice Care Center

Target Location: Palakkad, Malappuram, Kerala, India

Implementing Agency: Kizhakke Covilakam Charitable Trust

1. Executive Summary

Brief Description: A project to establish a localized, low-medicalized 100-bed inpatient hospice facility. This center will provide free, short-stay end-of-life care, acute symptom management, and respite care for terminally ill patients, operating as a peaceful sanctuary for patients and their families.

Target Population :End-stage cancer patients, advanced organ failure patients, and geriatric individuals entering the final actively dying phase whose symptoms cannot be managed comfortably at home.

2. Statement of Need & Context

The Dying Experience in Hospitals: Many terminally ill patients in Kerala spend their final days in expensive, high-stress multi-specialty ICU beds undergoing invasive, futile interventions.

The Caregiver Burnout: Family members frequently reach a breaking point of physical and emotional exhaustion trying to manage severe end-of-life symptoms (like intractable pain, terminal restlessness, or severe breathlessness) at home.

The Hospice Solution:A dedicated, community-backed inpatient hospice provides a home-like environment where aggressive medical treatment is replaced with aggressive comfort care.

3. Project Objectives

- * To establish a fully functional, serene [X]-bed inpatient hospice facility.
- * To manage severe terminal distress (pain, dyspnea, delirium) within hours of admission using specialized protocols.
- * To offer 24/7 psychological, emotional, and bereavement counseling to families before and after a patient's passing.
- * To provide temporary "respite care" (7–14 days) to relieve exhausted home caregivers.

4. Operational Strategy & Facility Design

A. Environment over "Institution"

Unlike a standard clinical ward, the hospice design mimics a peaceful home.

Open Access:No rigid hospital visiting hours; family members, children, and pets are allowed unrestricted access.

The Sanctuary Space: A quiet, multi-faith prayer/meditation room for families dealing with anticipatory grief.

The Community Kitchen: A space where family members can cook their loved one's favorite comfort meals or brew tea, maintaining a sense of normal routine.

B. Admission Criteria

- * The patient has a progressive, incurable illness with a limited prognosis.
- * The primary goal of care has shifted entirely from prolonged survival to quality of life and comfort.
- * Home conditions are temporarily or permanently insufficient to manage terminal symptoms safely.

5. Staffing & Human Resource Requirements

A hospice requires 24/7 inpatient coverage, demanding a higher ratio of dedicated professional nursing and counseling staff than a standard home-care outpatient project.

| Role | Type | Key Responsibilities |

| Hospice Medical Director | Part-Time / Daily Visits | A physician with specialized certification in Palliative/Hospice Medicine (e.g., Dip. Pall. Med or BCCM). Manages complex symptom titration, controls narcotic dosages, and leads end-of-life care decisions. |

| Inpatient Charge Nurses | Full-Time (3-Shift Rotation) | Registered Nurses (B.Sc./GNM) with palliative training. Responsible for round-the-clock symptom monitoring, continuous pain control administration, and direct patient comfort. |

| Nursing Assistants / Bedside Caregivers | Full-Time (3-Shift Rotation) | Assist with feeding, bathing, turning to prevent bedsores, and maintaining impeccable patient hygiene. |

| Grief Counselor / Social Worker | Full-Time | Conducts family counseling, addresses existential distress, facilitates difficult conversations regarding end-of-life wishes, and runs bereavement support programs. |

| Volunteer Coordinator & Trained Volunteers | Voluntary | Coordinate community involvement, spend companionship time reading or talking with patients, support families with logistical needs, and help manage the kitchen/garden. |

6. Resource, Infrastructure & Equipment Needs

A. Specialized Facility Infrastructure

Comfort-Focused Rooms: Large windows with natural light, views of greenery, and an extra bed/couch in every room for a family member to stay overnight.

Narcotics Safe:** A heavily secured, double-locked safe that complies with the **Essential Narcotic Drugs (END)** regulations of Kerala for storing oral and injectable Morphine, Fentanyl patches, and Midazolam.

Mortuary / Quiet Room: A respectful, private space where a body can be placed immediately following death while funeral arrangements are finalized, shielding other patients from distress.

B. Specialized Equipment

Syringe Drivers / Infusion Pumps:Critical for continuous, subcutaneous delivery of pain medications and sedatives when a patient can no longer swallow.

Advanced Comfort Beds: Low-height, motorized profiling beds with high-grade anti-decubitus (pressure relief) air mattresses.

Oxygen Delivery Systems:High-capacity oxygen concentrators to ease terminal dyspnea (breathlessness).

7. Sustainability & Financial Plan

Zero-Billing Model for the Needy: All accommodations, meals, and medicines are provided free of cost to low-income families, funded entirely via donations and corporate CSR grants.

Memory Wall / Legacy Donations:Creating a "Garden of Remembrance" or a memory wall within the hospice where donors can sponsor a room or a bed in memory of a deceased loved one.

8. Bereavement Support

The project does not end when the patient passes away. The hospice team follows up with the family at set intervals (2 weeks, 3 months, 1 year) to assess for complicated grief, providing ongoing counseling and support to the surviving family members.

Total Budget Estimate:** [For infrastructure setup and Year 1 operations]

* CapEx ₹30 Cr (buildings and infrastructure taking care of future needs excluding land)

* Overall OpExSummary (100 patients initial stage)

Manpower: ~50 staff members (1 Center Manager, 1 Hospice Medical Director, 3-4 Duty Doctors on rotation, 10 Registered Nurses, 20 Nursing assistants, Housekeeping, Support Staff, Chefs, and Security).

Estimated Monthly OpEx:₹45 Lakhs per month** (Covers salaries, kitchen raw materials, utility bills, regular medical supplies, and facility maintenance).

**Estimated Annual OpEx:*₹5.4 Cr

Financial Summary: Budget Totals

* **One-Time Startup (CapEx):** ₹30 Cr

* **Year 1 Operations (OpEx):** ₹5.4 Cr

* **Emergency Contingency Reserve (10% of OpEx):** ₹54,00,000

Grand Total Project Cost (Year 1 Launch & Run):** ₹35,94,00,000 (Approx. ₹36 Cr)

Project

Samanwaya

Integrated women, children, tribal development and special needs projects aimed at holistic welfare of the target population

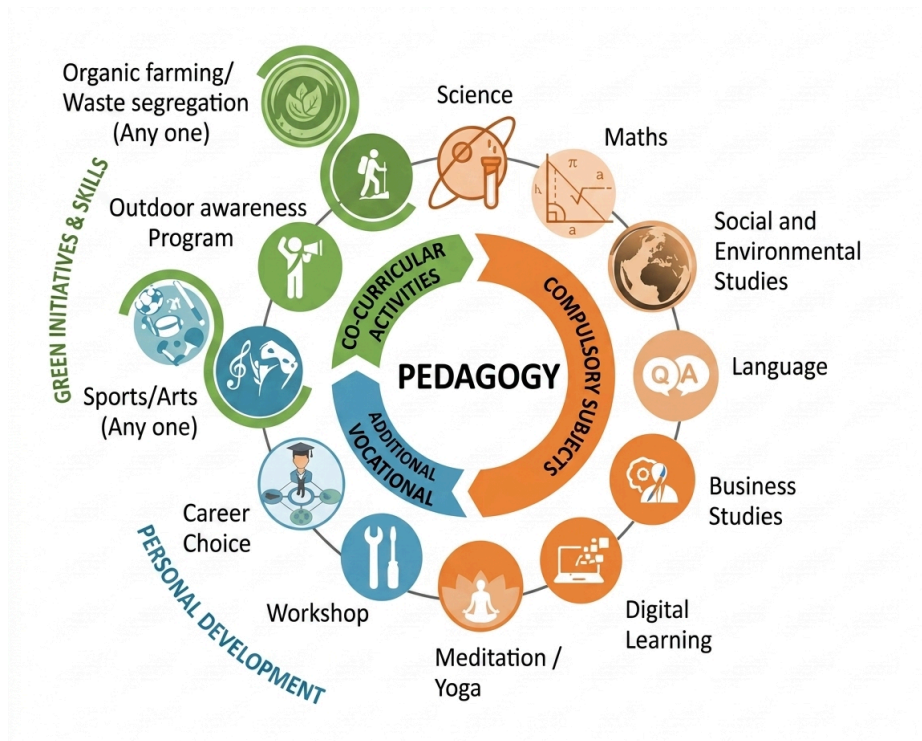
INTRODUCTION

Open School Gurukul

Where learning is an experience for lifetime.

Where learning is fun by exploration beyond the classroom walls.

Where learning is simply by doing.



CONCEPT

OPEN CLASSROOMS



Pushing the walls of young minds to observe, think and learn by exploring.

Facility Uses

The facility is divided into different loosely defined topics and activities, so that students are able to recognize their uses as well as to help stimulate the behavior that each case demands. Agni is the center of the school community, where students can gather around the tree and share stories, thoughts and have lunch all together.

Workshop And Skill Development Unit

Arts, crafts and skill activities help trigger a sense of achievement and pride in students, boosting their self-confidence. When students have the opportunity to create whatever they desire, this helps foster their creativity. A student will learn to make correct and effective decisions by facing and solving artistic challenges.

When students use their fingers to manipulate art materials, they are developing fine motor skills as well as using both their hands and minds. All this happens when they paint, color, glue and cut. The quicker their fine motor skills develop the more they can do on their own, from eating by themselves to tying their own shoelaces.

Special construction will be made for them to be used as a storage, sitting, and working space. In the same unit, children can relax in a cozy net while they stare off into the forest.

The space between the buildings is an outside area and so the students always get fresh air. In our proposal, students can learn wherever and whenever it suits them. They can also physically meet, debate and discuss in a bright and open atmosphere, and in close contact with nature and greenery. We believe that physical interaction will continue to be an important part of our society and our nature as human beings. We see it as a change for the future to combine the physical with the non-physical through opportunities for interaction between the two.

The education concept

In Samanwaya each student will be treated more individually, and the school gives everyone the opportunity to find out their strengths and weaknesses and to determine their best learning strategy. The programmatic concept of the school is to find out the interests and motivations of every student.

Every person is different and so are their passions. Each passion can be developed further within a related environment. One of the buildings is specially designed for various sports disciplines and another offers space to improve science skills. The science building offers space for group work and individual work in an atmosphere that is particularly characterized by its special roof. The music and arts building offers a lot of varied acoustics and includes a studio. The platforms and spaces are flexible and multifunctional.

The school consists of seven interconnected buildings. Each building has a different function and is adapted accordingly.



- a) Technology
- b) Culinary Science / Language
- c) Science
- d) Geography / History
- e) Workshop
- f) Music / Art
- g) Sports

* CapEx ₹50 Cr (buildings and infrastructure inclusive of vehicles taking care of future needs excluding land)

* Overall OPEX Summary (500 Students initial stage)

Category Estimated Annual Cost (INR)

Staff Salaries (Educators & Office, Support Staff) ₹4 Cr

Facility Operations ₹1Cr

Food, Consumables & Training ₹30,00,000

Transport, Compliance & Admin ₹50,00,000

Total Estimated Annual OPEX ₹5.8 Cr

Financial Summary: Budget Totals

* **One-Time Startup (CapEx):** ₹50 Cr

* **Year 1 Operations (OpEx):** ₹5.8 Cr

* **Emergency Contingency Reserve (10% of OpEx):** ₹58,00,000

Grand Total Project Cost (Year 1 Launch & Run):** Approx. ₹56.38 Cr)

Project

Anvaya

The autism school

"The Embrace of Learning"

The spatial and architectural concept for the autism school emerges from a profound metaphor: the mother's hug. This primal gesture of comfort, safety, and unconditional support is translated into architectural form to foster a nurturing learning environment for neurodiverse children. The Mother's Hug – Emotional Genesis

Understanding project parameters

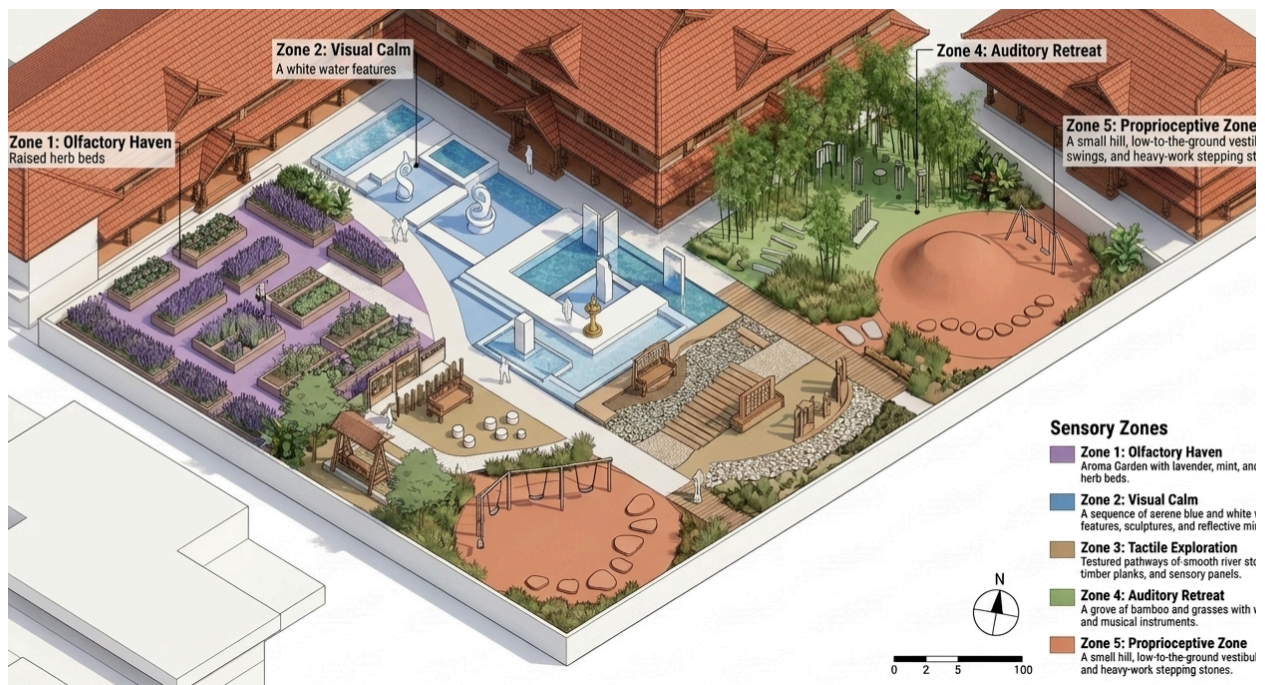
The fundamental principle of this concept is "Sensory Harmony." Unlike standard school architecture, this Sensory inclusive concept does not ask neurodiverse children to adapt to a standard, sometimes hostile environment. Instead, the building and its landscape adapt to their specific needs.

The concept moves away from hyper-stimulation and towards curated sensory experiences. By integrating the five specialized, color-coded zones directly into the

architectural fabric, this project offers a holistic therapeutic campus rather than just a school building with an attached garden.

1. Sensory Inclusive Design

The project incorporates Sensory Inclusive Design which is an approach to architecture, interior design, and urban planning that creates environments supportive of individuals with sensory processing differences, such as those found in autism, ADHD, PTSD, or sensory processing disorder. It aims to reduce sensory overload and support comfort, autonomy, and engagement for all users.



Inclusive Healing Through Nature: The sensory garden is designed as a therapeutic landscape that gently engages all five senses, offering autistic children a safe and enriching outdoor environment. It is not just a garden — it's a space for emotional regulation, sensory integration, and calm.

2. Campus Overview and Zoning Philosophy

The layout is a detailed architectural axonometric rendering showing a series of interconnected zones, structured in an inviting yet logical flow. The architecture is defined by soft, inviting colors against a clean white background, creating an environment that feels

organized but never clinical. The zoning approach minimizes "cross-talk" or overwhelming stimulation by isolating each sensory focus. The entire facility is structured to reduce anxiety and sensory overload.

3. The Sensory Zones

The heart of this concept is the classification of campus zones into specific, color-coded, non-overlapping sensory areas.

Zone 1: Olfactory Haven (Purple)

Focus: A scent-based environment (Aroma Garden).

Key Features: Raised herb beds featuring lavender, mint, and rosemary.

Purpose: Olfactory input is a direct pathway to emotion and memory. This area is designed for calming, using nature's scents as grounding mechanisms. The raised beds ensure ease of access and interaction.

Zone 2: Visual Calm (Blue)

Focus: Regulating visual input.

Key Features: A sequence of serene water features, reflective mirrors, and sculptures.

Purpose: To counter potential hyper-responsiveness to visual clutter. The blue palette and calm, moving water provide predictable, soothing visual stimulation. The mirrors are used to explore self-awareness in a controlled, peaceful way.

Zone 3: Tactile Exploration (Earth Tones)

Focus: Touch and texture.

Key Features: Pathways with smooth river stones, rough timber planks, and interactive tactile panels.

Purpose: This zone supports hypo-responsive and sensory-seeking behaviors in a structured manner. The varied textures allow for safe, predictable exploration of different tactile sensations.

Zone 4: Auditory Retreat (Green)

Focus: Sound and acoustic control.

Key Features: A grove of bamboo and tall grasses, acoustic wind chimes, and soft musical instruments (e.g., tuned chimes, gongs).

Purpose: This area isolates pleasant, predictable natural sounds from the potential chaos of standard noises. It allows students to focus on soft, melodic input, supporting those with auditory sensitivities.

Zone 5: Proprioceptive Zone (Terracotta/Orange)

Focus: Body awareness, movement, and grounding.

Key Features: A small, inviting hill (the "mound"), low-to-the-ground vestibular swings, heavy-work stepping stones, and a "crash pit" or boulder climb (not pictured but implied by the grounding activity).

Purpose: This is the high-energy, heavy-work zone. Activities like climbing and swinging provide the deep pressure and vestibular input crucial for students to regulate their emotional and physical states.

4. Integration of Learning and Therapy

Project Anvaya does not segregate "therapy" and "school." The transitions between classrooms, therapy rooms (not explicitly rendered inside, but surrounding the zones), and outdoor spaces are seamless, structured to avoid abrupt, overwhelming changes.

The surrounding buildings are structured with large windows overlooking these therapeutic zones, reinforcing a visual connection to nature. Classrooms are designed with flexible sensory break-out spaces and specialized lighting to support student regulation.

The project Anvaya concept presents a specialized approach to educational architecture. It is an investment in the long-term well-being and development of students with autism, moving from a model of forced adaptation to one of supportive environment design. This

report and visual plan serve as the blueprint for an autism-friendly school project focused on holistic, sensory-integrated education.

Financial Summary: Budget Totals

* CapEx ₹10 Cr (buildings and infrastructure taking care of future needs excluding land)

* Overall OPEX Summary (100 Students initial stage)

Category Estimated Annual Cost (INR)

Staff Salaries (Educators & Therapists) ₹65,00,000

Facility Operations ₹20,00,000

Sensory Consumables & Training ₹6,50,000

Transport, Compliance & Admin ₹10,00,000

Total Estimated Annual OpEx ₹1,01,50,000

Financial Summary: Budget Totals

* **One-Time Startup (CapEx):** ₹10Cr

* **Year 1 Operations (OpEx):** ₹1,01,50,000

* **Emergency Contingency Reserve (10% of OpEx):** ₹10,15,000

Grand Total Project Cost (Year 1 Launch & Run):** ₹11,11,65,000 (Approx. ₹11.12 Cr

Centralized Administration Wing

| **Centralized administrative operations | Conducting Social Economic Outreach Camps through centers in different states of India | Community outreach programs of projects | Palliative home care units in different states of India | Media | Cultural programs | Heritage | Programs in associated temples ** |

Estimated CapEx Approx. ₹75 Cr

Estimated OpEx Approx. ₹24 Cr

Grand Total Approx. ₹99 Cr

Land Cost

Land for the project is required to be acquired at an approximate cost of ₹150 Cr for 100 acres situated in Malappuram Kozhikode or Palakkad districts of Kerala. Registration charges and land development cost are estimated to be approximately ₹50 Cr.

Grand Total ₹200 Cr

Financial summary of Project Sanandam

Project Name	Project Cost
Sannidhi	₹6.01 Cr
Arpan	₹85.55 Cr
Smaran	₹17.8 Cr
Raksha	₹56.4 Cr
Aloka	₹36 Cr
Samanwaya Open Gurukul	₹56.38 Cr
Anvaya	₹11.12 Cr
Land	₹200 Cr
Administrative operations wing	₹99 Cr
Grand Total	₹568.26 Cr