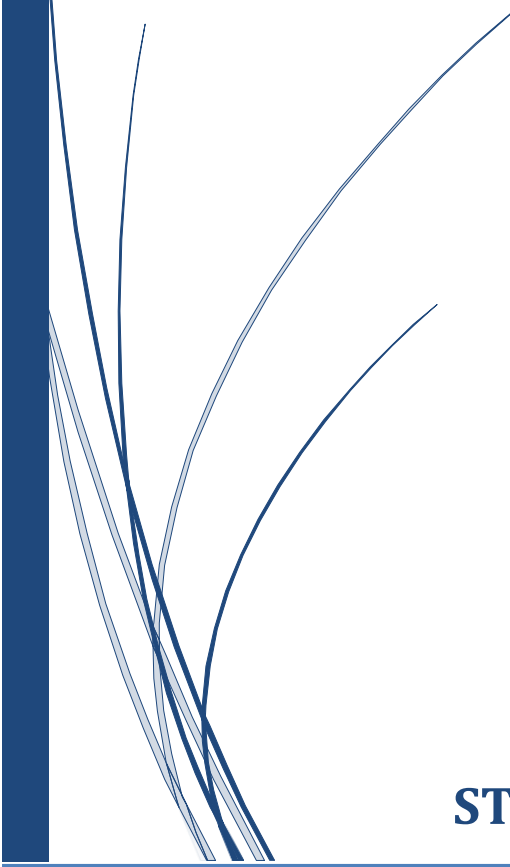




DETAILED PROJECT REPORT

**JOSE DEVASSY MANJALY (KUNJAPPAN)
MEMORIAL BLESSED OZANAM DIALYSIS CENTRE**



**RUN BY:
SOCIETY OF ST. VINCENT DE PAUL
ST. THOMAS CONFERENCE, ANGAMALY**

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SOCIETY OF ST. VINCENT DE PAUL

ST. THOMAS CONFERENCE, ANGAMALY

Brief History

The Society of St Vincent de Paul (SSVP) is an International voluntary organization in the Catholic Church, founded in 1833 for the sanctification of its members by personal service to the poor. The Basic unit of the society in the parish level is called a 'Conference'.

Innumerable Catholic parishes have established "**SSVP Conferences**", which is aggregated to Society of St. Vincent De Paul, International Council. There are variety of outreach programs sponsored by the local conferences and councils, addressing local needs for social services.

The vocation of the SSVP members, who are called Vincentians, is to follow Christ through service to those in need and so bear witness to His compassionate and liberating love. Members show their commitment through person-to-person contact, sharing their Time and Money to the neediest as promised in the pledge.

Founded	April 23, 1833; 189 years ago,
Founder	Blessed Frederic Ozanam
Focus	Spiritual Sanctification of members through service to the poor

Society of St. Vincent De Paul (SSVP) – Today

The SSVP consists of more than 800,000 members in 153 countries worldwide, whose members operate through "conferences". A Conference may be based in a church, school, college, community center, hospital, etc., and is composed of Catholic volunteers who pursue their own spiritual growth in the service of the poor.

The SSVP is an associate member of **UNESCO** and a special adviser to the **UN Economic and Social Council (ECOSOC)**. It is also part of the Global Catholic Climate Movement and is aligned with the 17 Sustainable Development Goals (SDGs) proposed by the United Nations in its Agenda 2030.

SSVP in India

The SSVP was brought to India by the French Missionaries at Pondicherry during the Year 1852-53 as a non-aggregated Conference. It was officially started in the year 1863 when some conferences in Bombay were aggregated and the Bombay Particular Council was instituted. Then onwards the

SSVP continued to grow in India.

On 09.11.1953 the Superior Council of India was established and instituted with the Council General International. The Superior Council of India was later renamed as National Council of India on 06.08.1973. The National Council of India has its Headquarters in Mumbai and the present President's secretariat is at Chennai, Tamil Nadu. With effect from 28th February 2021 **Bro. S. Jude ZR Mangal Raj** was elected as the 14th National President of India. SSVP India includes 85 Central Councils, 681 Area Councils, 7355 Conferences, 70101 Members. The following are the statutory Recognitions binding the society in India.

- Societies Registration Act, 1860 – **Reg. No. 1020/1997 dt. 20/09/1997**
- *Bombay Public Trust Act, 1950* – **Reg. No. F – 19497 (Mumbai) dt. 29/10/1997**
- The National Council of India is registered under the **Income Tax Act 1961** with exemption **under Sec 80G, FCRA** under the ministry of Home Affairs.

Society of St. Vincent De Paul – Ernakulam Central Council

SSVP, Ernakulam Central Council was formed in 1954. Now, it includes 24 Area Councils (Co-ordinating conferences area wise), 305 Conferences (Basic unit of SSVP), 3,440 active members. All conferences together spent an amount of Rs. 10 crores being per year for the various needs of the poor.

Ernakulam Central Council has the following Registrations: -

- **12 AB Reg. No. AARTS4129DE 20214**
- **80G Reg. No. AARTS4129D/17-I 8/S-0129/80G**
- **CSR Reg. No. CSR 00020254**

SSVP – Angamaly Area Council

Angamaly Area Council formed in 1965. Now it includes 17 conferences including St. Thomas Conference. In the FY 2021-22 the conference spent about 40 lakh rupees in the form of different aid. This amount was contributed by different well-wisher's and the members of the conference through secret collection.

St. Thomas Conference, Angamaly

St. Thomas Conference is one of the basic units of SSVP in St. George Basilica, Parish Angamaly having 20 active members. Other conferences are also working in the same parish such as St. George Conference, St. Mary's Ladies Conference, Arogyamatha Ladies Conference and St. Chavara Youth Conference. St. Thomas conference was established on 08th December 2002 with 12 members. Now, the conference engages in different activities like Spiritual and Mental support to families, financial assistance, educational assistance like scholarship programmes, guidance class, seminars, coaching centers and medical help to the needy. In the FY 2021-22 the conference spent about 5 lakh rupees in the form of different aid. This amount was contributed by different well-wisher's and the members of the conference through secret collection.

Proposed Project

Basis for selection of this project

As St. Thomas Conference completed 20 years of service since its formation, the conference planned a different charitable activity as part of the anniversary.

Need of Dialysis Project

Dialysis, is a process of purifying the blood of a person whose kidneys are not working normally. This type of dialysis achieves the extracorporeal removal of waste products such as creatinine and urea and free water from the blood when the kidneys are in a state of kidney failure. Hemodialysis is one of three renal replacement therapies (the other two being kidney transplant and peritoneal dialysis). An alternative method for extracorporeal separation of blood components such as plasma or cells is apheresis.

Dialysis is the essential requirement for patients suffering from advanced chronic kidney disease and kidney failure when renal replacement is not possible. A nephrologist prescribes dialysis after detailed analysis and examination of the patient; Haemo dialysis and Peritoneal Dialysis are the two ways by which dialysis is provided to patients. Haemo dialysis is more popular as it involved lesser capital cost and is done under supervision in a centre. Peritoneal dialysis can be self-administered at home, but it involves high initial investment and operation cost.

Private dialysis centres are operated either attached with a hospital/clinic or as a standalone centre similar to a diagnostic centre. The cost of dialysis in a private centre ranges from Rs 1000 to Rs 3000 per dialysis depending on the location, type of dialysis, consumables used, reuse of consumables and funding received by the dialysis centre from support organizations.

Problem Analysis

Less than 30% of Indian patients with kidney failure have access to renal replacement therapy (RRT), and up to 70% of those patients who start dialysis die or discontinue treatment within first three months due to the high cost of the treatment. Though health care facilities have expanded in quality and quantity throughout the country, it is mainly concentrated in major cities. People have to wait for hours to avail the facility of Dialysis at a low cost in nearby centers due to lack of well- equipped / no-availability of Dialysis Centers. Dialysis services at nearby stations are one of the important needs of people living in rural areas. The cost of this treatment can be a big burden especially to the economically challenged sections of society.

Also, patients prescribed with dialysis need to undergo the process until they undergo renal replacement and the frequency of dialysis varies from once a week to once a day depending on the severity of the renal failure. Patients undergoing hemodialysis at private facilities spend between Rs 10,000 to Rs 20,000 every month for the process, apart from this patients undergoing hemodialysis have to take special food and additional medicines to support the system. The trauma of the disease coupled with the high expenditure on treatment, drains patients' emotionally and economically, hence our SSVP, St. Thomas Conference has stepped in to this project to deliver the service cost effectively.

- Increase in the Volume of Kidney Patients Day by Day
- Increasing the number of Dialysis Patients every day and in waiting list
- Lack of Dialysis centres in Govt. sector
- Private Hospitals are charging Rs. 3,000 per dialysis - Not affordable for the poor

Data – Dialysis

- The Million Death Study estimated the number of Kidney Failure Death is 1,36,000 in 2015 in India
- 2/3 patients with Kidney failures died without getting proper dialysis facility in India on Time
- Chronic Shortage of Dialysis Centers
- Around 2,00,000 new patients develop end-stage Kidney failure every year in India
- Even though about 70-80% of them start Dialysis, due to their resource limitation and poor financial conditions, force about Two-Thirds of the starters to discontinue the dialysis and succumbed to Death.

“Proposed Jose Devassy Manjaly (Kunjappan) Memorial Blessed Ozanam Dialysis Centre”

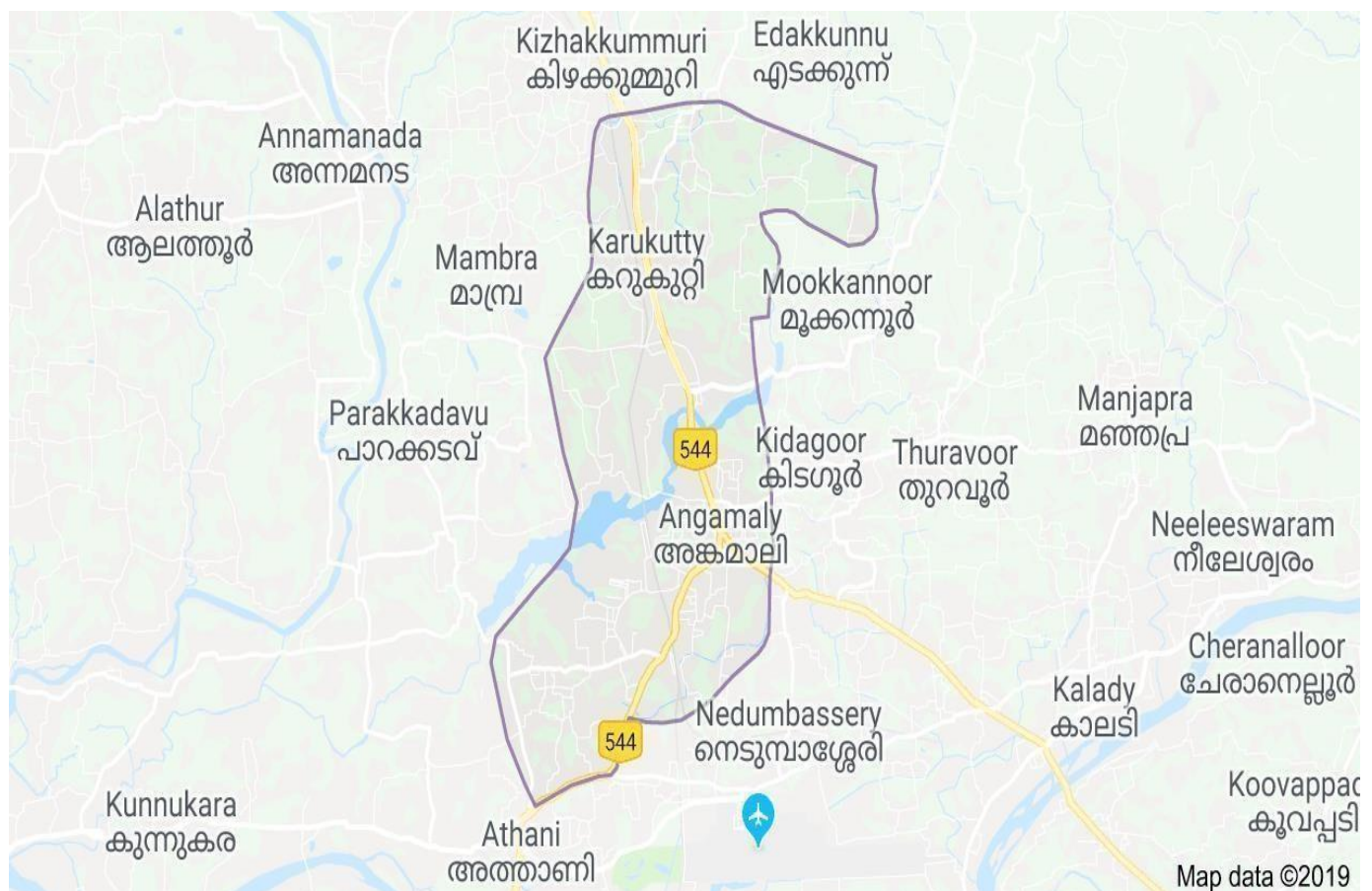
Mrs. Annie Jose, o W/o late Mr. Jose Devassy Manjaly and their 3 children Vijay Jose, Vinod Jose and Rose Jose graciously donated their ancestral home and 1.3 acres of land (located within 300 meters from Angamaly Central Junction) to the conference to run suitable project to serve the poor and the needy in memory of Late. Jose Devassy (Kunjappan) Manjaly. It is proposed to start a Dialysis center in this property to serve the poor and needy at a concessional rate.



Targeted Area

Angamaly municipal area is the northern suburb of the city of Kochi in Kerala, India. Situated about 30 km north of the city Centre, the area is the northern gateway to the commercial capital of Kerala and is an integral part of the Kochi Metropolitan area. Apart from the city, lots of people stay in rural areas of Angamaly like as, Kariyad, Akaparambu, Nedumbasserry, Nayathode, Kavaraparambu, Josepuram, Chengamand, Mekkad, Champannoor, Thuravoor, Karukutty, Karayamparambu, Mattoor, Athani, Puthuvasserry, Malayattoor, Kalady etc....

Average distance of specialized referral hospital in the targeted villages of above mentioned is around 10-20 km. This project is targeting around 20 remote backward villages of Angamaly Block in Ernakulam district.



Objectives of the project

- The main objective of this project is to serve the needy people of remote areas of Angamaly irrespective of caste and religion
- Will reduce the gap of financial crisis for low-income groups, as we plan to give the dialysis with concessional rate. In case of very poor families, it will be free of cost.

- Providing Ambulance support to the needy people
- Provide dialysis service by utilizing the expertise of private sector
- Reduce the travel time and cost by providing dialysis service at the nearest centre
- Provide high quality service
- Implement best practices
- Enable regular maintenance and upgradation
- Not only to support the patient, but also to extend our helping hand to the family to become independent both economically and socially
- Apart from the Dialysis, we give general assistance to the low-income group
- Help patients to increase their life expectancy through health care awareness.

Components of the project

For setting up of a dialysis centre, the requirements are as follows

- Space for dialysis unit – 3200 sqft of built-up area for running 12 dialysis machines from initial stage to supportive services
- Hemodialysis Dialysis machines and ICU Beds – 12 nos
- RO plant with capacity 1000 LPH
- Wastage Plant – 1 Number
- Cot, Mattresses and Dialysis Chairs
- Para monitors, Ancillary equipment's and crash cart
- Consumables
- Defibrillator, Nebulizer, Glucometer
- Dialyzer Holder rack and Stainless-steel scrub
- TV and Music system
- **Requirement of staffs are follows:**
 - Nephrologist – 1 nos
 - Physicain – 1 nos
 - Nursing Staff – 6 nos
 - Administrator – 1nos
 - Admin staffs – 2 nos
 - Electrician and Plumbing – 1 nos
 - Supporting staff – 2nos

Infrastructure Design

Basically, the center is surrounded by trees and lawn, hopes to provide a green hospital building area. The building will be 3216 sqft with single floor. The design includes lobby, reception, procedure room, doctors consulting room, nurse station, technician room, admin room and wash rooms. The sketch is given below.



Cost Estimation

Capital Infrastructure for Building

Building Infrastructure		
Sl No.	Space for	Square feet area
1	Reception and lobby	1000 Sq. ft
2	Administrative area	300 Sq. ft
3	Doctor + observation	286 Sq. ft
4	Dialysis area	1100 Sq. ft
5	Nurse/Technician Station	100 Sq. ft
6	Cleaning room	160 Sq. ft
7	Wash rooms	270 Sq. ft
Total Built Area		3216 Sq. ft
Development Cost per Sq. ft @2,000/-		
Total Projected cost for the building Rs.64,32,000/-		

Dialysis Equipment's

Haemo Dialysis Equipment's			Unit Cost In Lakhs	Total Cost In Lakhs
Sl No.	Machine	Number Required		
1	Haemodialysis Machine with ICU Bed	12 nos	7.50	90.00
2	RO Plant	1 – 1000 LPH	5.00	5.00
3	Wastage Plant	1	3.00	3.00
Total Dialysis Equipment Cost				98 Lakhs

Support equipment's include the furniture, generator and other support systems required

Support Equipment's			Unit Cost in Rs.	Total Cost in Rs.
Sl No.	Equipment	Number Required		
1	Waiting chairs	4 nos (3 seat)	15,000	60,000
2	Doctors chair	2 nos	8,000	16,000
3	Medical Table	2 nos	15,000	30,000
4	Admin/Nurse Chairs	15 nos	4,000	60,000
5	Admin/Nurse Tables	3 nos	5,000	15,000
6	Rack for records	1 nos	10,000	10,000
7	Fans	10 nos	2,000	20,000
8	Exhaust fan for Cleaning	3 nos	4,000	12,000
9	Storage Almairah	1 nos	10,000	10,000
10	Refrigerator	1 nos	10,000	10,000
11	Stretcher Trolley	2 nos	12,000	24,000
12	Wheel chair	2 nos	5,000	10,000
13	Air Conditioning 10 Tonnes	1 nos	4,00,000	4,00,000
14	Generator 60kw	1 nos	4,00,000	4,00,000
15	Inverter Backup Set – UPS	15 nos	38000	570000
16	Computer + Printer + Scanner	6 nos	40,000	2,40,000
Total Support Equipment Cost				18,87,000/-

Bio medical equipment's for a dialysis Centre includes the following

Bio Medical Equipment's			Unit Cost in Rs.	Total Cost in Rs.
SI No.	Equipment	Number Required		
1	Stethoscope	4nos	4,000	16,000
2	Multi parameter	1nos	1,20,000	1,20,000
3	Needle cutter	1nos	2,500	2,500
4	Pulse Oximeter	5 nos	10,000	50,000
5	Nebulizer	6 nos	2,500	15,000
6	BP Monitor	4 nos	2,000	8,000
7	Heart Monitor	4nos	4,000	16,000
8	Defibrillator	1nos	3,00,000	3,00,000
9	Oxygen cylinder	6nos	20,000	1,20,000
10	Glucometer	3nos	3,000	9,000
11	Weighing Scale	1nos	40,000	40,000
12	Autoclave	1nos	3,00,000	3,00,000
13	SS Water Tank – 1000 ltr	1 nos	45,000	45,000
14	Fibre Water Tank – 10000 ltr	2 nos	20,000	40,000
15	TV and Music Systems	10 nos	10,000	1,00,000
16	Steel Scrub	1 nos	45,000	45,000
Total Bio Medical Equip Cost				12,26,500/-

Manpower cost / Monthly recurring Expenses

The model assumes the following manpower requirement for the center

Manpower / Recurring Cost			Number Required	Salary / cost PM in Rs.	Total Salary / cost Per Annum in Rs.
SI No.	Post	Qualification			
1	Nephrologist	MBBS, MD	1 nos	65,000 (Visit once in a month)	7,80,000
2	Physician	MBBS	1 nos	50,000	6,00,000
3	Dialysis Technician	Diploma in Dialysis Technician (DDT) / BSC	3 nos	75,000	9,00,000
4	Staff Nurse	BSC / GNM	6 nos	150,000	18,00,000
5	Housekeeping Staff	N/A	2 nos	20,000	2,40,000
6	Administrative Person	Graduate	3 nos	55,000	6,60,000
7	Electrician cum Plumbing	ITI / ITC / Diploma	1 nos	15,000	1,80,000
8	Office Expenses/stationery	N/A	N/A	10,000	1,20,000
9	Electricity and Water	N/A	N/A	35,000	4,20,000
Total Cost				4,75,000	57,00,000

Cash Flow

St. Thomas Conference, Angamaly has a motive to extend helping hands to the needy people in the Society, SSVP St. Thomas Conference, Angamaly providing the Dialysis service at a concessional rate. In this scenario there is low probability of break even in the initial years. The conference is confident to mobilise sufficient funds to meet the expenses with the help of Almighty God.

The assumptions governing the capacity limitations of the centre are as listed below

Capacity Utilisations	Parameter
No. of Machines	12
Working days per week	6
Working hours per day	9
Number of Dialysis Shifts	2
Operating Efficiency	90%
Per day cycle capacity	22

Revenue Projection

12 Machines Centre	Years		
Parameter / year	1	2	3
Per day cycle capacity - 12 machines * 2 shifts	24	24	24
Capacity Utilization	70%	80%	90%
Cycle Capacity per year	5040	5760	6480
Dialysis – Proposed concessional Rate	750.00	750.00	750.00
Revenue Projection	37,80,000	43,20,000	48,60,000
Expenditure Projection (refer page 10) <i>(*5% increase of expenditure in every year)</i>	57,00,000	59,85,000*	62,84,250*
Income over expenditure per year	(19,20,000)	(16,65,000)	(14,24,250)

'We expect deficit in income over expenditure. However, it will break even with increase in the machine capacity or per day dialysis capacity. Meanwhile we fill this gap with the donations / collections from the parishioners, conference members and generous people who always help unconditionally to our SSVP'.

Project Implementation

Ownership

The Project is owned and run by SSVP, St. Thomas Conference, Angamaly as per the rules and regulations of Society of St. Vincent De Paul in effect.

Management

The Project will be managed by a committee of selected members of St. Thomas Conference, representatives from Area council and Central council as per the Rules and Regulations for the management of the project, approved by Ernakulam Central Council.

Total Expenditure - Projections

Project Cost

As we all know that, running a Dialysis Center requires a lot of cash inflow, we are expecting around **Rs. 2 crores** in initial stage with running **12 beds**. We are planning to collect the fund through charity donations from well-wishers and members.

Source of Funds

Propose to source the from our well – wishers, SSVP members, through CSR funds etc...

Revenue collected from the Dialysis services will be used to pay the employees, and bear service cost. Revenue will be collected from only those who can afford to pay.

The Goal

The Goal of this project will be, to provide the dialysis service at a concessional rate to the society. In future our St. Thomas Conference, Angamaly has a plan to run it as a charitable hospital.

Conclusion

Society of St. Vincent De Paul, St. Thomas Conference has the aim of ***“Making Dialysis more Affordable”***. So that all the needy in the society can access the services at a minimal rate. It would be a boon to the deprived section of society belonging to the rural areas of Angamaly.

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