

# Community Health & Medical Outreach

## "Swasthya Sakhi" Enterprise

Mobile Medical Unit + Tele-Health Kiosks — Empowering Rural Women as Community Health Workers for a Healthier Uttar Pradesh

SUBMITTED BY

**Sarvhit Vidhut Jan Kalyan Samiti**

PROJECT MODEL

**1 Mobile Medical Unit + 5 Tele-Health Kiosks**

TARGET BENEFICIARIES

**50 Swasthya Sakhis + 5,000+ Rural Patients / Year**

LOCATION

**Uttar Pradesh (10 Rural Villages)**

**5,000+**

PATIENTS / YEAR

**24/7**

TELE-HEALTH ACCESS

**₹10L+**

COMMUNITY SAVINGS

**₹8,000+**

MONTHLY INCOME / SAKHI

### 01 Executive Summary

Sarvhit Vidhut Jan Kalyan Samiti respectfully presents this proposal to prospective Corporate Social Responsibility (CSR) partners for the funding of **Community Health Awareness & Medical Outreach Services**.

This initiative addresses the critical gap in last-mile healthcare delivery in rural Uttar Pradesh. With limited access to Primary Health Centres (PHCs) — often located 10-20 km from villages — and a severe lack of awareness regarding preventive care, rural populations suffer high morbidity rates from fully preventable diseases. Waterborne illness, undetected hypertension and diabetes, maternal health complications, and

delayed diagnosis of treatable conditions are the daily reality for millions of rural families.

The project establishes a "**Health & Wellness Hub**" deploying **1 Mobile Medical Unit (MMU)** that visits 10 villages on a weekly circuit, and **5 Tele-Health Kiosks** connecting rural patients to specialist doctors via digital platforms — all operated by **50 trained "Swasthya Sakhis"**. This model combines technology-driven diagnosis with community-embedded care, ensuring **Health for All** while creating dignified, skilled livelihoods for women in the healthcare sector.

**CSR Alignment:** This project directly supports Schedule VII of the Companies Act 2013 — Clause (i): eradicating hunger, poverty, and malnutrition, and promoting healthcare; and Clause (ii): promoting healthcare and sanitation. Impact is measurable through patient consultations, disease incidence reduction, and Swasthya Sakhi monthly income.

CSR contributions are eligible for **80G / 12A tax benefits**. All funds subject to audit with full patient impact reporting.

**+ Every ₹1 in Preventive Healthcare Saves ₹10 in Tertiary Care —  
5,000+ Patients, 10 Villages, 50 Women Health Professionals +**

## 02 About Sarvhit Vidhut Jan Kalyan Samiti

**Sarvhit Vidhut Jan Kalyan Samiti** is a community welfare organisation committed to holistic rural development across Uttar Pradesh. With a focus on health, gender equity, and community institution building, the Samiti bridges the divide between government health systems and rural households — ensuring that the benefits of national health programmes (Ayushman Bharat, NHM) actually reach the last family in the last village.

The organisation brings together technical expertise in public health systems, digital health solutions, and SHG mobilisation. Through partnerships with district hospitals, private medical colleges, telemedicine platforms, and NSDC-certified training institutes, the Samiti ensures that quality medical care reaches marginalised communities through the trusted hands of local women health workers.

## 03 Project Objectives

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- + Deploy 1 Mobile Medical Unit (MMU)** — a fully customised van with doctor's cabin, point-of-care laboratory, and pharmacy — conducting weekly health camps across 10 villages on a fixed route schedule.

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  - + Train 50 "Swasthya Sakhis"** in community health, vital sign monitoring (BP, blood glucose, SpO2), first aid, tele-medicine assistance, and drug dispensing — certified under NSDC/National Health Mission standards.

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  - + Establish 5 Tele-Health Kiosks** in SHG offices — equipped with internet, laptop, digital stethoscope, and point-of-care diagnostic devices — connecting rural patients to specialist doctors in cities through a live video consultation platform.

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  - + Conduct Preventive Awareness Drives** on WASH (Water, Sanitation, Hygiene), Menstrual Hygiene Management (MHM), Non-Communicable Disease (NCD) prevention, and maternal & child health — through quarterly "Swasthya Melas" and monthly Nukkad Natak street plays.

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  - + Reduce "Out-of-Pocket" Healthcare Expenditure** for rural families — providing free preventive care and subsidised diagnostics and consultation at 50% below private clinic rates, preventing the catastrophic health expenditure that pushes rural families into debt.

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  - + Establish a Referral Pathway** — linking critical patients to government Ayushman Bharat (PM-JAY) empanelled hospitals for tertiary care; assisting families with PM-JAY enrollment to activate their ₹5 Lakh annual health insurance entitlement.
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## 04 Skills Training Programme

A **10-day intensive residential training programme** conducted by Medical Officers and Public Health Experts from district hospitals and private medical colleges. Certification aligned with National Skill Development Corporation (NSDC) "Community Health Worker" standards and National Health Mission guidelines. Each Swasthya Sakhi completes a minimum of 30 supervised patient interactions during the training programme before independent deployment.

**Training  
Module**

**Key Content & Learning Outcomes**

Training Module	Key Content & Learning Outcomes
<b>Primary Healthcare</b>	Basic anatomy and physiology; identifying and triaging common ailments (fever, respiratory infections, diarrhoea, wound infections); when to treat vs when to refer; health card maintenance for each patient.
<b>Vital Signs Monitoring</b>	Correct use of digital BP monitor, glucometer (blood glucose), pulse oximeter (SpO2), digital thermometer; recording findings on health cards; identifying abnormal readings and escalation protocol.
<b>Tele-Medicine Technology</b>	Operating digital stethoscope and dermatoscope; connecting the device to the tele-consult platform; video-conference setup with specialist doctors; patient data entry in the electronic health record system.
<b>First Aid &amp; Emergency Response</b>	CPR and basic life support (BLS); wound cleaning and dressing; handling snakebite, drowning, and trauma casualties; immobilising fractures; stabilising patients before ambulance/transport arrival.
<b>Drug Dispensing &amp; Pharmacy</b>	Understanding common prescriptions; dispensing OTC and generic drugs safely; stock management and rotation; expiry date checking; cold-chain medicines handling; contra-indications for common drugs.
<b>Nutrition &amp; Sanitation Counselling</b>	Counselling on anaemia prevention (iron-rich diet), malnutrition in children (MUAC measurement), safe drinking water treatment, handwashing protocol — the most impactful preventive health intervention available.
<b>Reproductive &amp; Maternal Health</b>	Menstrual hygiene management counselling; antenatal care (ANC) awareness and scheduling; recognition of danger signs in pregnancy; family planning counselling; link to PHC for delivery registration.
<b>Community Health Mobilisation</b>	<b>Conducting health talks at village gatherings; scripting and performing Nukkad Natak (street plays) on health themes; behaviour change communication for vaccine hesitancy, ORS use, and hygiene adoption.</b>

## 05 Key Project Activities

### Two Delivery Models — MMU + Tele-Kiosk

□ MOBILE MEDICAL UNIT (MMU)

**10 Villages**

□ TELE-HEALTH KIOSKS (5 UNITS)

**5 Villages**

**Weekly Circuit:** 2 villages/day × 5 days — fixed weekly schedule communicated to all households

**Services:** Doctor consultation, lab tests, generic medicines, specialist camps

**Vehicle:** Customised van with AC doctor's cabin, mini-lab, pharmacy shelf, GPS tracker

**Reach:** 100 patients/visit × 2 visits/village/month = **2,000 consultations/month**

**Daily Access:** 6 AM–8 PM operation by Swasthya Sakhi; 24/7 emergency tele-consult via app

**Services:** BP/sugar/Hb tests, video specialist consultation, health card management

**Tech:** Laptop, digital diagnostic kit, HD camera, dedicated broadband internet

**Reach:** 10 consults/day × 25 days = **250 consultations/month/kiosk**

### **Beneficiary Selection — 50 Swasthya Sakhis**

Identify 50 women from 5 SHGs with minimum 10th grade education — essential for reading health cards, operating digital devices, and understanding medical instructions. Preference for women with prior ASHA/ANM experience. Each Swasthya Sakhi is assigned to a specific kiosk or MMU route shift.

### **Monthly Specialised Health Camps**

Monthly themed specialist camps at the MMU site: **Eye Check-up Camp** (with ophthalmologist; spectacles provided), **Dental Camp, Gynaecology & Reproductive Health Camp**, and **Cancer Screening Camp** (breast, cervical — PAP smear and CBE) — the highest-impact preventive health interventions for rural women.

### **Quarterly "Swasthya Melas" — Health Fairs**

Large-format quarterly health fairs with themed focus areas — Dengue/Malaria Prevention (Pre-monsoon), Mother & Child Health (National Nutrition Month), NCD Awareness (Diabetes/Hypertension), and Safe Winter Health. Includes Nukkad Natak performances, competitive quizzes for schoolchildren, and free diagnostic check-up booths.

### **Ayushman Bharat Enrollment & Referral Linkage**

Swasthya Sakhis trained as **Ayushman Mitras** — assisting eligible families (BPL/underprivileged) to enrol in the PM-JAY scheme providing ₹5 Lakh annual health insurance cover. Establishing a formal referral protocol to empanelled district hospitals for conditions requiring tertiary care — with Swasthya Sakhi

escorting the first referral patient to reduce fear and ensure successful hospital registration.

## 06 Budget Breakdown (INR)

Budget Head	Min Cost (₹)	Max Cost (₹)	Remarks
<b>Training Programme (10 days, 50 women)</b>	3,00,000	4,50,000	Residential, Medical Officers as trainers, medical kits, NSDC certification fees
<b>Mobile Medical Unit (Vehicle + Equipment)</b>	12,00,000	16,00,000	Customised van, AC doctor cabin, point-of-care lab, pharmacy shelf, GPS tracker
<b>Tele-Health Kiosks (5 units — full fit-out)</b>	5,00,000	7,50,000	Laptop, HD camera, digital diagnostic kit (BP/glucose/SpO2), broadband, furniture
<b>Medical Consumables &amp; Generic Medicines (Year 1)</b>	4,00,000	6,00,000	Essential medicines list, test strips, syringes, PPE, dressings — 1-year supply
<b>Doctor / Medical Consultant Honorarium</b>	3,00,000	4,00,000	Part-time MMU doctor (₹15K-20K/month) + tele-consult specialist fees (Year 1)
<b>Awareness, IEC &amp; Health Mela Events</b>	1,00,000	1,50,000	Pamphlets, flex banners, Nukkad Natak props, quarterly Swasthya Mela event costs
<b>TOTAL PROJECT COST (Year 1)</b>	<b>₹28,00,000</b>	<b>₹39,50,000</b>	<b>1 MMU + 5 Tele-Kiosks + 50 Trained Swasthya Sakhis + Year 1 Operations</b>

CSR FUNDING REQUESTED — FULL PROJECT INCL.  
YEAR 1 OPERATIONS · CAPITAL + FIRST YEAR

**₹28L - ₹39.5L**

PATIENTS / YEAR

5,000+

VILLAGES COVERED

10

From Year 2: consultation fees + pharmacy margin + government NHM convergence covers operating costs. This is the largest-impact, highest-SROI project in this portfolio.

5,000+

10

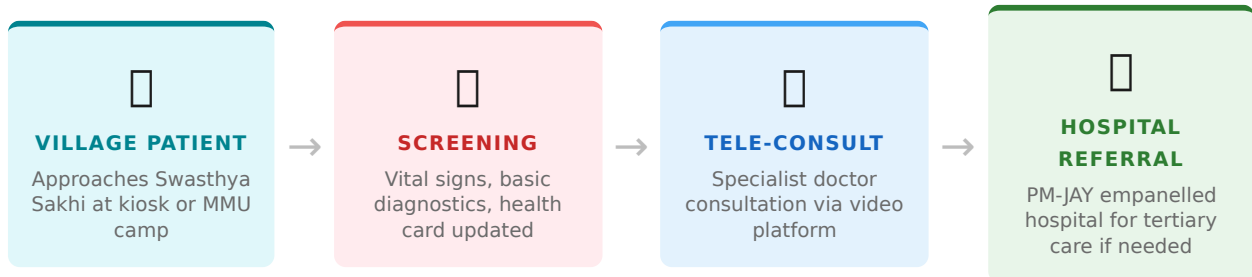
**Named Component Sponsorship:** Donors may sponsor the "**Mobile Medical Unit**" (₹12–16L — vehicle branded with donor name, visible in 10 villages) or the "**Tele-Health Infrastructure**" (₹5–7.5L for all 5 kiosks). The MMU is the most visible, highest-attribution asset in this entire 18-proposal CSR portfolio — it moves through 10 villages every week bearing the donor's name.

**Government Convergence (Year 2+):** National Health Mission (NHM) supports MMU operations in underserved areas; PMJAY empanelment generates activity-based income; drug supply from district PHC pharmacies reduces medicines cost — making the programme progressively self-sustaining from Year 2.

07

## Expected Impact & Outcomes

### The Community Health Referral Pathway



**5,000+**

**PATIENTS / YEAR**

Annual consultations across MMU camps and tele-health kiosks

**10,000+**

**AWARENESS REACH**

Beneficiaries of quarterly Swasthya Melas and monthly health camps

**₹10L+**

**COMMUNITY SAVINGS**

Avoided travel costs to city hospitals — avg ₹500–1,000 saved per family per visit

**50%**

**DISEASE REDUCTION**

Targeted reduction in waterborne and seasonal disease incidence through prevention

**50**

**WOMEN EMPLOYED**

NSDC-certified Swasthya Sakhis earning ₹8,000+ monthly as health professionals

**10 Villages**

**HEALTHCARE COVERAGE**

Weekly MMU access + permanent tele-kiosk in 5 villages — closest thing to a village hospital

**Social Return on Investment (SROI) — Health Economics:** Research consistently demonstrates that every ₹1 invested in preventive primary healthcare prevents ₹10 in tertiary hospitalisation costs for the community. Treating 5,000+ patients per year with early-stage diagnosis and affordable medication prevents hundreds of expensive hospital admissions — generating a community-level SROI of 10:1 from this investment alone.

**Economic Impact:** Reduced wage loss due to illness (families no longer miss farming days to travel to distant hospitals), reduced household debt from catastrophic medical expenditure, and the creation of a cadre of 50 skilled women health professionals — the first organised, certified female health workforce at the village level in these clusters.

## 08 Return on CSR Investment

### Service Mix — Free vs Nominally Charged

#### ✓ FREE SERVICES (CSR FUNDED)

Specialist health camps (Eye, Dental, Gynae, Cancer)

Quarterly Swasthya Melas & Nukkad Natak events

Generic medicines for BPL families

PM-JAY enrollment assistance

Emergency referral facilitation

#### ₹ NOMINAL-FEE SERVICES (REVENUE)

Tele-consultation — ₹50 per session (vs ₹300+ in city)

BP / Blood Glucose test — ₹30 per test

SpO2 / Haemoglobin test — ₹30 per test

Generic pharmacy — at cost (nil margin — service)

MMU doctor consultation — ₹20 per visit

#### MONTHLY REVENUE — PER TELE-KIOSK

Tele-consult fees (10/day × 25 days × ₹50) ₹12,500

Diagnostic tests (BP/Sugar/Hb) ₹7,500

Doctor fee (MMU days) ₹5,000

Total Kiosk Monthly Revenue ₹25,000

Less: Internet + Power + Consumables (₹7,000)

**Sakhi Salary Funded ₹9,000/mo**

#### 5-KIOSK + MMU CLUSTER (MONTHLY)

Monthly Revenue (5 kiosks) ₹1,25,000

Patients Served (Monthly) 3,000+

Community Savings (Travel avoidance) ₹85,000+

**Swasthya Sakhi Income Generated ₹4.5L/year**

**Year 2 Sustainability Path:** Doctor and major fuel costs (Year 1 CSR-funded) are progressively offset from Year 2 through: (i) NHM State Health Mission MMU support in identified underserved areas; (ii) PMJAY Ayushman Mitra activity-based incentives; (iii) growing consultation fee revenue as patient trust and volume increase; and (iv) district PHC drug supply integration reducing medicine procurement costs. The project is designed for **full operational self-sufficiency by Year 3**.

## 09 CSR Alignment & Compliance

This project qualifies under **Schedule VII of the Companies Act 2013** and directly addresses multiple UN Sustainable Development Goals (SDGs):

### SDG 3

**Good Health & Well-being:** Ensuring healthy lives and promoting well-being for all at all ages — the most directly health-focused CSR investment in this portfolio. Early detection of NCDs (diabetes, hypertension), maternal health support, and preventive care for children delivers measurable, life-saving health outcomes.

### SDG 5

**Gender Equality:** Women as the primary custodians of family health are often the last to receive healthcare themselves. This project positions women simultaneously as service providers (50 Swasthya Sakhis) and priority beneficiaries (menstrual health, maternal care, cancer screening) — a dual gender impact model.

### SDG 10

**Reduced Inequalities:** Healthcare inequality between rural and urban populations in UP is acute — city residents have access to specialist care within minutes while rural families travel half a day. This project directly addresses the healthcare access inequality through the most efficient last-mile model: tele-medicine at the village level.

### SDG 1

**No Poverty:** Catastrophic health expenditure is the single largest driver of rural household debt and poverty in UP. By providing free preventive care and dramatically reducing out-of-pocket costs for curative care, this project directly prevents the medical expense-induced poverty trap that affects millions of rural families annually.

**Ayushman Bharat (PM-JAY) Alignment:** The project integrates with India's flagship universal health coverage scheme — Swasthya Sakhis trained as Ayushman Mitras enable eligible families to access their ₹5 Lakh annual health insurance entitlement at empanelled hospitals. This multiplies the healthcare impact of the CSR investment many times over through government scheme activation.

## Monitoring, Reporting & Accountability

Mechanism	Details	Frequency
<b>Digital Patient Health Cards</b>	Each patient registered with a unique digital health ID; diagnosis, treatment, vital signs, and referrals logged in the electronic health record system — accessible by MMU doctor and tele-consultants	Daily
<b>Camp &amp; Kiosk Reports</b>	Attendance per camp/kiosk, diseases screened, prescriptions issued, referrals made, PM-JAY enrollments completed — signed off by Swasthya Sakhi supervisor and MMU doctor	Weekly
<b>Medicine Stock Audit</b>	Full inventory count of essential medicines; expiry date verification; cold-chain compliance check; restocking request vs utilisation analysis to prevent both shortage and waste	Monthly
<b>Health Impact Assessment</b>	Sample survey of 100 households per village measuring: health-seeking behaviour change, disease incidence (malaria, diarrhoea, ANC visits), infant and maternal health indicators — benchmarked against baseline	Bi-Annual
<b>CSR Annual Impact Report</b>	<b>Comprehensive health impact narrative — patients treated, diseases prevented, PM-JAY activations, Swasthya Sakhi income, community savings, before-after village health indicator comparison</b>	<b>Annual</b>

## Partnership Opportunity

We invite forward-thinking CSR partners to invest in this vital health initiative. A capital investment of **₹28 to ₹39.5 lakhs** will deliver:

- ★ **A fully functional Mobile Hospital** — visiting 10 villages every week, bearing the CSR partner's name on the vehicle, delivering branded healthcare access to 5,000+ patients per year for the 10+ year life of the vehicle.
- ★ **50 trained Swasthya Sakhis** — NSDC-certified community health professionals operating tele-kiosks and MMU support desks, earning ₹8,000+ monthly in the healthcare sector.
- ★ **Critical healthcare access** for 5,000+ marginalised villagers who currently have no affordable, accessible option for specialist medical consultation — preventing the debt and suffering of untreated preventable disease.

- ★ **The highest Social ROI in this portfolio** — every ₹1 of preventive healthcare investment prevents ₹10 in tertiary care costs, generating a 10:1 measurable social return from this single investment.
- ★ **A self-sustaining preventive health model** — progressively funded by consultation fees, NHM convergence, and PMJAY activities from Year 2, eliminating long-term recurring CSR dependency.

**Named Component Sponsorship:** Donors may sponsor the "**Mobile Medical Unit**" (₹12–16L — highest-visibility, branded vehicle in 10 villages) or the "**Tele-Health Kiosk Infrastructure**" (₹5–7.5L — 5 named kiosks). Full operational management and reporting provided for each separately sponsored component.

#### ANNEX A · PROGRAMME REFERENCE

### Health Project Setup — MMU + Tele-Health Kiosks

Skills Training, Key Activities & Budget for Community Health Outreach Programme

#### A1 — Skills Training Programme (Summary)

Training Module	Key Content & Learning Outcomes
<b>Clinical Skills</b>	Vital signs, triage, wound care, first aid, CPR — 30 supervised patient interactions required.
<b>Digital Health Tech</b>	Tele-medicine platform, digital stethoscope, EHR data entry, video consult setup.
<b>Counselling</b>	Nutrition, WASH hygiene, menstrual health, mental health first aid, ANC guidance.
<b>Emergency Response</b>	Handling stroke, snakebite, trauma, drowning — stabilise and transport protocol.
<b>Pharmacy &amp; Drug Safety</b>	<b>Prescription reading, OTC drug dispensing, stock management, expiry checking.</b>

#### A2 — Key Project Activities

- 1. Selection** 50 women from 5 SHGs; 10th grade minimum; aptitude for caregiving and digital device operation.

<b>2. Training</b>	10-day residential medical bootcamp; NSDC certification exam; 30 supervised patient contacts per trainee.
<b>3. MMU Procurement</b>	Vehicle customisation (AC cabin, lab, pharmacy); GPS installation; driver recruitment; MOED branding.
<b>4. Kiosk Setup</b>	5 SHG offices renovated; IT infrastructure installed; broadband activated; diagnostic kits calibrated.
<b>5. PHC Linkage &amp; Licensing</b>	Formal link with District CMO / PHC for drug supply; MMU registration; tele-platform ABDM compliance.
<b>6. Launch &amp; Inauguration</b>	Grand health camp inauguration in each village; free check-ups; PM-JAY enrollment drive; media coverage.
<b>7. Weekly Schedule</b>	MMU 10-village circuit begins; tele-kiosks operational 6 AM–8 PM; health card system live for all patients.
<b>8. Monthly Medical Audit</b>	MMU doctor reviews all health cards; quality check on diagnoses; medicine stock audit; referral follow-ups.

### A3 — Budget Breakdown (INR)

Budget Head	Min Cost (₹)	Max Cost (₹)
Training (10 days, 50 Swasthya Sakhis)	3,00,000	4,50,000
Mobile Medical Unit (Vehicle + Equipment)	12,00,000	16,00,000
Tele-Health Kiosks (5 full units)	5,00,000	7,50,000
Medicines & Medical Consumables (Year 1)	4,00,000	6,00,000
Doctor / Medical Consultant Honorarium	3,00,000	4,00,000
Awareness, IEC & Swasthya Mela Events	1,00,000	1,50,000
<b>TOTAL PROJECT COST</b>	<b>₹28,00,000</b>	<b>₹39,50,000</b>

ANNEX B · BUSINESS BLUEPRINT

## Sustainability Model — "Service + Prevention" Hybrid

Free Critical & Preventive Care (CSR) + Nominal Fees for Outpatient Services (Revenue)

### B1 — Executive Summary

The Community Health Project operates on a **hybrid sustainability model**. Critical care, specialist camps, awareness events, and medicines for BPL families are CSR-funded — ensuring that the poorest never face a financial barrier to treatment. Outpatient consultations, diagnostic tests, and tele-consult sessions are charged at nominal rates (50% below private clinic prices) — generating revenue that funds Swasthya Sakhi salaries and operational costs from Year 1, and full programme sustainability from Year 3.

**Core Value Propositions:**

- ✓ **Accessibility:** Doctor at the doorstep (via MMU) and specialist in the village (via tele-kiosk) — eliminating 20-40 km travel to city hospitals for basic healthcare.
- ✓ **Affordability:** Tele-consult at ₹50 vs ₹300+ in private city clinics; diagnostics at ₹30 vs ₹150+ in city labs — 50-80% cost reduction for families.
- ✓ **Trust:** Local Swasthya Sakhis — women from the same village, fluent in the local dialect — manage care, reducing the fear and stigma that prevents many rural residents from seeking health services.

**B2 — Service Pricing & Margin**

Service	Price (₹)	Model
<b>Tele-Consultation</b>	₹50 per session	80% margin — pure service (vs ₹300+ in city)
<b>BP / Blood Sugar / SpO2 Test</b>	₹30 per test	70% margin — test strip + Sakhi time (vs ₹150 in city)
<b>Generic Medicines</b>	Cost price	0% margin — service for community trust-building
<b>Specialist Camps</b>	<b>Free</b>	<b>CSR-funded — highest impact preventive intervention</b>

**B3 — Government Convergence**

- ✓ **National Health Mission (NHM):** State NHM supports MMU operations in underserved areas with doctor honorarium and fuel support — directly reducing Year 2+ operational costs.
- ✓ **Ayushman Bharat (PM-JAY):** Kiosks empanelled as Ayushman Mitra points generate per-enrollment incentives; referred patients use ₹5L PM-JAY cover at

empanelled hospitals — multiplying the programme's healthcare impact at zero additional CSR cost.

✓ **PHC Drug Supply:** District PHCs can supply essential medicines through the National Health Mission supply chain — reducing the programme's medicine procurement cost significantly from Year 2.

#### ANNEX C · FINANCIAL REFERENCE

### Operational Economics — Per Tele-Health Kiosk Unit

Capital investment, monthly operations, government schemes, and expected returns on health investment

#### C1 — CAPITAL INVESTMENT (PER KIOSK)

IT Equipment (Laptop + Camera)	₹80,000
Diagnostic Kits (BP/Glucose/SpO2)	₹20,000
Furniture & Kiosk Renovation	₹10,000
<b>Total Per Kiosk Investment</b>	<b>₹1,10,000</b>

#### C2 — MONTHLY OPERATIONS (PER KIOSK)

Consultation + Test Revenue	₹25,000
Less: Internet + Power	(₹2,000)
Less: Consumables	(₹5,000)
Less: Swasthya Sakhi Salary	(₹9,000)
<b>Monthly Operating Surplus</b>	<b>₹9,000</b>

#### C3 — Government Schemes:

- ✓ **PMJAY (Ayushman Bharat):** Empanelment of kiosks as official Ayushman Mitra points; per-enrollment incentive of ₹50-100 payable to Swasthya Sakhi for each successful PM-JAY activation — additional income stream.
- ✓ **State Health Mission (NHM UP):** Financial support for MMU operations in underserved and aspirational districts; doctor honorarium support available in identified areas.
- ✓ **National Digital Health Mission (ABDM):** Integration with Ayushman Bharat Digital Mission for ABHA health ID creation — each patient registered contributes to national digital health goals.

#### SUMMARY

### Overall Project — Total CSR Funds Request

Consolidated funding for Community Health Outreach — 1 MMU + 5 Tele-Kiosks + 50 Swasthya Sakhis

#	Project Component	Scope	Min (₹)	Max (₹)
1	<b>Health &amp; Medical Outreach</b>	MMU + 5 Kiosks + Training + Year 1 Ops	28,00,000	39,50,000
<b>TOTAL PROJECT COST</b>			<b>₹28,00,000</b>	<b>₹39,50,000</b>

Metric	Community Health Programme
Annual Patients Served	5,000+ consultations across MMU camps and 5 tele-kiosks
Villages Covered	10 Panchayats (MMU weekly circuit) + 5 permanent kiosk villages
Women Employed	50 NSDC-certified Swasthya Sakhis at ₹8,000-9,000/month
Disease Prevention Target	50% reduction in waterborne and seasonal disease incidence
Social ROI	10:1 — ₹1 preventive investment prevents ₹10 in tertiary care cost
<b>Sustainability Timeline</b>	<b>Year 2: Partial; Year 3: Full operational self-sufficiency via fees + NHM</b>

### Why This Investment Makes Sense for Your CSR Portfolio:

Health is the foundation of all development. Without health, livelihood interventions fail — a sick worker cannot tend crops, a sick mother cannot care for children, a sick child cannot attend school. This project addresses the most fundamental human need in the most efficient and sustainable way possible.

- ✓ **Direct, Life-Saving Impact:** Preventing treatable deaths from early-detected conditions, reducing maternal mortality, and treating 5,000+ patients per year — the most direct human impact of any CSR investment.
- ✓ **Women Empowerment:** 50 Swasthya Sakhis become the most respected women in their villages — doctors-in-all-but-name, trusted by families for their most vulnerable health moments.
- ✓ **Permanent Health Infrastructure:** The MMU and tele-kiosks are physical, branded assets with 10+ year operational lives — the longest-duration impact of any project in this portfolio.
- ✓ **Sustainability:** Technology-led model with progressive revenue self-sufficiency

— not indefinitely dependent on charity, but building a community-funded health service for the long term.

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**Authorised Signatory**

Sarvhit Vidhut Jan Kalyan Samiti

Date: \_\_\_\_\_

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**Project Coordinator**

Community Health Programme

Date: \_\_\_\_\_