Detailed Project Report

Integrated Five Sector Community Development Programme

100.00
Total project cost INR crore

5
Integrated sectors

5
Implementation horizon years

Institutional identifier	Source record
PAN	AARAA1389C

AVADH DHARMARTH SEWA SAMITI

Proposed district: Gonda, Uttar Pradesh. Healthcare, education, skills and livelihoods, women and child development, and community welfare with water and sanitation.

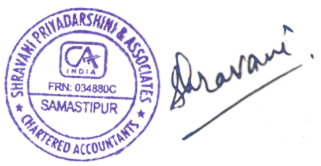
INR 100 crore over five project years

Capital and development INR 60 crore. Gross programme operations INR 40 crore. A phased campus and outreach network, with sector-specific delivery partners and measurable results.

Planning and funding appraisal version

Prepared on 29 October 2026. Land, designs, quotations, approvals, operators and funding are not confirmed. This is a pre-investment DPR, not a sanctioned construction estimate, professional certification or funding commitment.

Financial tables use INR crore unless stated otherwise. One crore equals INR 1,00,00,000. All proposed capacities, costs and targets require validation.



Executive summary

A balanced five-sector programme is proposed at a gross cost of INR 100 crore over five years.

Sector	Capital	Operations	Total
Healthcare	25.00	10.00	35.00
Education	12.00	8.00	20.00
Skills and livelihoods	8.00	7.00	15.00
Women and child development	5.00	5.00	10.00
Community welfare and WASH	10.00	10.00	20.00
Total	60.00	40.00	100.00

Project proposition

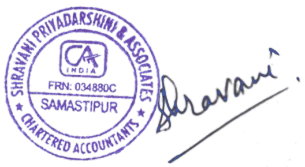
The model combines a proposed 30-bed charitable healthcare unit and outreach, learning support, vocational pathways, women-focused enterprise and child development support, and community infrastructure or relief. Specialist services are subject to separate capability and approval gates.

Funding and scale

Modelled receipts of INR 6 crore leave external financing of INR 94 crore. The proposed mix is CSR INR 80 crore, philanthropy INR 12 crore and accepted in-kind support INR 2 crore. All sources remain uncommitted.

Investment condition

The Samiti needs experienced sector partners, independent project management, confirmed site rights and forward operating subsidy. Existing accounts do not establish capacity to independently deliver the proposed scale.



Contents and appraisal guide

The document separates historical records from proposed design assumptions and investment decisions.

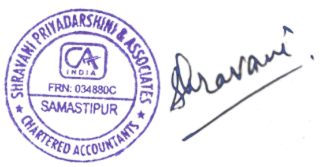
Section	Pages
Promoter finance district need objectives	4 to 8
Sector allocation network and land	9 to 12
Healthcare	13 to 15
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Costs cash flow revenue and funding	35 to 40
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Financial interpretation

The INR 100 crore amount is gross expenditure. Service receipts are a funding source, not a deduction from project cost. Five-year operations are included; later operations and replacement needs are outside the envelope.

Evidence status

Historical accounts and registration details are source records. Sites, capacities, tariffs, unit rates and future results are planning assumptions. No source scans, signatures or endorsements are appended.



Promoter and institutional records

The Samiti is the proposed sponsoring organisation; delivery at this scale requires a consortium.

Particular	Source record
PAN	AARAA1389C

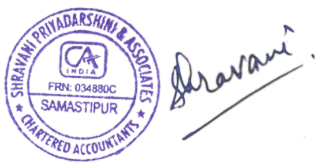
Relevant record

Revised accounts identify blood donation and awareness, medical and blood bank support, patient transport, educational classes, materials, relief and women-related development. Earlier records include vocational learning, inclusion and other community welfare heads.

Current status review

Verify current registration, tax status, rules, governing-body authority, banking controls and related-party interests before funding. Provisional approvals must not be described as permanent approvals. No current hospital licence, university affiliation or major grant is evidenced.

Records R1 to R3. Subsequent conversion, renewal or cancellation has not been established.



Financial history and capacity gap

The proposed investment is substantially larger than the Samiti current financial scale.

INR	2023-24	2024-25 revised	2025-26 revised
Income	11,17,820	13,92,410	16,92,490
Expenditure	11,47,605	13,90,532	16,91,570
Result	-29,785	1,878	920
Closing cash reported	60,472	62,350	63,270

Scale comparison

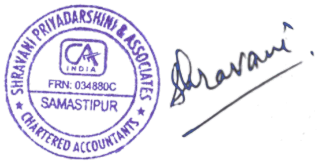
INR 100 crore is approximately 591 times FY 2025-26 annual income of INR 16.92 lakh. This compares a five-year programme with one year of income and is not a financial ratio or evidence of implementing capacity.

Accounting remediation

The 2023-24 balancing amount is labelled excess income although arithmetic supports a deficit. Later statements omit earlier fixed assets and liabilities without a bridge. Resolve these matters and obtain complete signed accounts before grant execution.

Response

Appoint qualified sector operators, an independent project manager and finance head. Use competitive procurement, milestone releases and independent verification. The Samiti provides institutional sponsorship and local coordination under documented responsibilities.



District context and rationale

Gonda is the proposed focus district. The service catchment and campus parcel are not yet selected.

Question	Evidence needed
Health access	Facility travel-time and referral mapping
Learning barriers	School and household study
Employment pathways	Employer and participant assessment
Women and child needs	Consultation and service mapping
Water and welfare needs	Site-level engineering and household review

Historical context

The district administration reports population of 34,33,919 based on Census 2011. This is historical context, not a current population estimate or a count of potential beneficiaries. Define catchment by travel times, service access and partner capacity. [R4, R5]

Working hypothesis

Coordinated affordable care, learning, livelihoods and local infrastructure may reduce access barriers. This DPR does not assert a district-wide shortage, household demand or willingness to pay without a field baseline.

Complementarity

Map existing providers before adding facilities. Use referral or partnership delivery where it is more effective than new construction. A changed budget heading in historical accounts does not prove an unmet service gap.



Baseline and feasibility programme

A 90-day development study should test all five sectors before irreversible investment.

Workstream	Output
Community assessment	Sector priorities affordability and exclusion findings
Site studies	Buildability water and drainage report
Operator appraisal	Qualified delivery proposals
Finance review	Validated rates revenue and subsidy
Investment review	Proceed resize or defer recommendation

Study quality

A proposed 600-household sample should be stratified across the selected catchment. A specialist must assess its adequacy; it is not an existing survey. Include 20 stakeholder interviews, provider mapping and employer consultations, with appropriate consent.

Technical scope

Complete title, topography, geotechnical, water-source and drainage assessment. Appraise operators, recurring costs and fee or subsidy assumptions. Findings should distinguish observed conditions, preferences and modelled demand.

Decision gate

The governing body should accept a revised scope and cost case before land commitment or major tenders. If demand or subsidy cannot support a component, resize or use partner delivery. Development work is included within the INR 2 crore professional allocation.



Objectives and theory of change

The programme aims to improve access and progression through linked but separately accountable services.

Level	Proposed logic
Inputs	Capital people partnerships and operating subsidy
Activities	Care learning training assistance and local works
Outputs	Documented services completions and functional assets
Outcomes	Improved access continuity and participant progression
Longer-term contribution	Reduced barriers for defined groups

Objectives

Improve access to selected care and referrals; support learning continuity; build practical skills; strengthen women-focused participation and child support; and improve selected community services. Numerical outcome targets follow the baseline.

Conditions

Infrastructure does not itself produce outcomes. The model depends on skilled personnel, service quality, suitable partners, operating finance and follow-up. No reduction in poverty, mortality or unemployment is claimed as an established result.

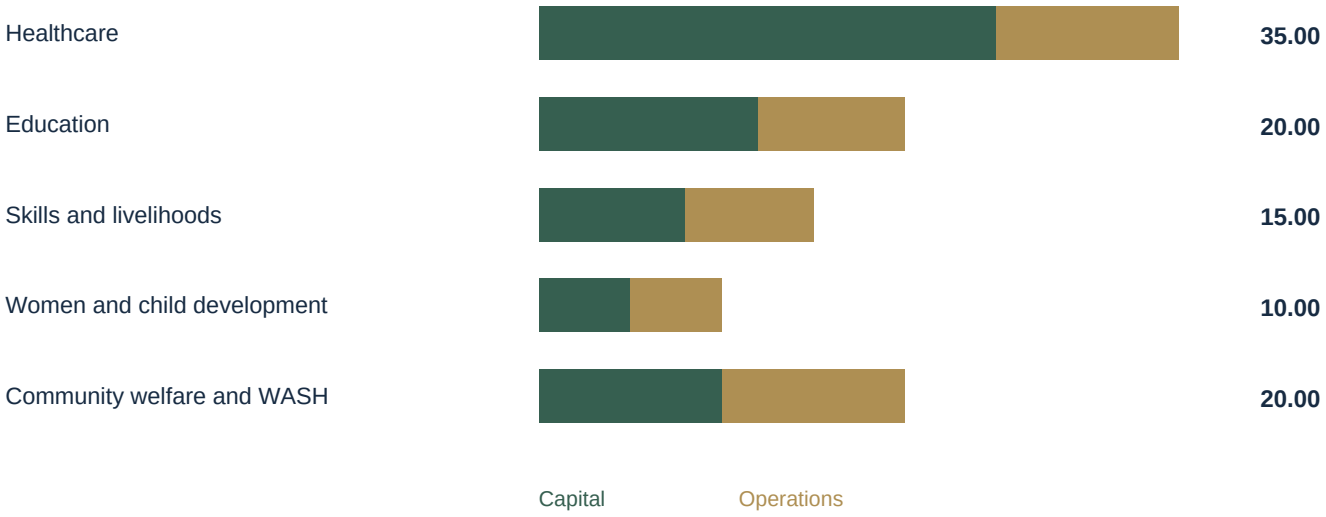
Attribution

Track outputs and outcomes separately. Changes observed after participation should not automatically be attributed solely to the programme without an appropriate evaluation approach.



Sector allocation and cost boundaries

The total envelope is fixed at INR 100 crore. Sector allocations include their share of common costs.



Allocation rationale

Healthcare receives INR 35 crore, education INR 20 crore, skills INR 15 crore, women and child development INR 10 crore, and community welfare with WASH INR 20 crore. These are planning priorities rather than allocations derived from a completed needs assessment.

Scope discipline

The five budgets are not additional to shared land, utilities or management. All common expenditure is allocated inside the sector totals. Avoid adding a separate project-office budget or repeating the same building under two sectors.

Exclusions

A medical college, university, standalone licensed blood collection centre, residential township and district-wide water network are excluded. No government reimbursement, land donation or corporate commitment is assumed.

Delivery network and service integration

A campus-plus-partner network is proposed rather than five isolated institutions.

Level	Proposed function
Main campus	Specialist services and common support
Community delivery points	Learning training and assistance
Mobile health service	Outreach and referral
Partner institutions	Clinical referral accreditation or training where contracted
Project office	Finance procurement monitoring and disclosure

Campus role

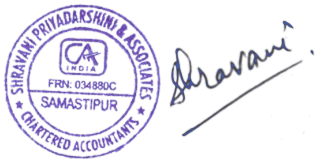
The proposed main site accommodates health, learning, skills, women-related support and common administration. Community works and outreach may be delivered off site through defined agreements. Bhopatpur remains the institutional address, not a confirmed campus parcel.

Referral and progression

A health consultation may lead to a referral; an education participant may enter a skills pathway; a woman may use enterprise mentoring and community assistance. Keep shared identities secure and distinguish unique participants from repeated services.

Partnership model

Sector operators should carry responsibility for professional staffing, service quality and records. The Samiti should coordinate access and grants through a central project team. No operator or government department is represented as committed.



Land and site due diligence

The base budget includes INR 6 crore for site rights and transfer charges; no land is confirmed.

Review	Evidence needed
Legal	Chain title encumbrances boundaries and use
Physical	Topography geotechnical drainage flood exposure
Access	All-weather public and emergency approach
Utilities	Power water disposal communications
Commercial	Valuation taxes and transfer charges
Grant compatibility	Asset holder public-use and restriction review

Planning assumption

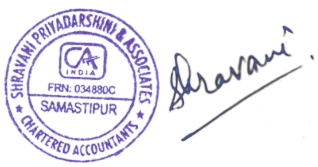
A six-acre main campus or equivalent suitable combined sites is assumed, approximately 24,281 square metres. Actual land requirement follows design, access and local development restrictions. No permitted floor-area ratio is assumed.

Acquisition gate

Verify title, possession, encumbrances, permitted use, access, soil, drainage and independent valuation before non-refundable payment. Disclose related-party interests and document an independent decision.

Alternatives

A legally adequate lease or donated site can be considered. If land is donated, replace the cash land allowance and revise project cost and financing. Do not count the same parcel both as in-kind financing and a cash purchase.



Campus concept and functional planning

The master plan must accommodate phased services without implying a sanctioned design.

Design stage	Required output
Concept	Functional zoning and phase plan
Detailed design	Area quantities utilities and access
Tender	Coordinated drawings specifications and cost
Commissioning	Safety testing and service readiness

Indicative built-area envelope

Use an initial 18,000 square metre gross built-area assumption for feasibility: healthcare 7,500; education 4,000; skills 2,000; women and child services 1,500; community and common services 3,000. These are concept areas, not approved room schedules.

Civil allocation interpretation

The INR 27 crore civil package covers buildings and selected external or community works. Community WASH works consume part of that amount. Divide building quantities and off-site works explicitly before computing any area rate; no uniform certified construction rate is claimed.

Spatial relationships

Separate patient transport from school-age participant and visitor movement. Provide accessible routes, protected clinical areas, safe child spaces and service access. Locate waste and utility functions away from learning and public waiting.

The drawings, title permissions and engineering calculations must be commissioned separately within the budget.



Healthcare strategy and service scope

Healthcare has a five-year allocation of INR 35 crore: capital INR 25 crore and operations INR 10 crore.

Planning measure	Mature Year 5 assumption
Beds	30 subject to readiness
OPD encounters	30,000 including mobile activity
Patient days	6,570 at 60% occupancy
Admissions	1,314 at five-day average stay
Diagnostic transactions	20,000

Proposed model

Develop outpatient consultations, basic diagnostics, a phased 30-bed charitable unit, patient assistance and mobile outreach. Start with services supported by qualified staff and referral arrangements. Specialist inpatient or operative services must not open solely because rooms are built.

Bed planning

An indicative ultimate mix is 12 general medicine beds, 8 general surgical or day-care beds, 6 step-down or rehabilitation beds and 4 flexible isolation beds. The operator must validate this mix. Obstetric surgery, intensive care and tertiary specialties are excluded from the base model.

Launch sequence

Outreach and partner referral can begin before campus completion. A proposed 15-bed opening during Year 3 may expand to 30 beds only after staffing, demand, approval and subsidy gates. No current facility licence is assumed.

Capacities and activity volumes are targets to validate, not historical achievements or professional standards.



Healthcare access and clinical pathway

Patient access should link affordable care with appropriate referral and documented follow-up.

Pathway component	Proposed evidence
Consultation	Unique patient and encounter ID
Diagnostics	Indication result and provider record
Transport	Journey dispatch and handover
Referral	Receiving provider and closure status
Financial assistance	Eligibility waiver and approval

Service sequence

Registration and acuity screening lead to consultation, clinically indicated tests or referral, and a recorded follow-up plan. Staff must explain service limits, prices and assistance. Avoid unnecessary tests or admissions intended to meet financial targets.

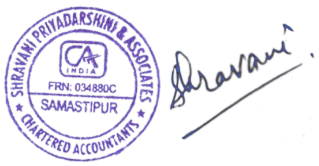
Outreach

One proposed mobile service operating 20 days a month for 12 months at 20 encounters per working day produces 4,800 encounters. These are included within the 30,000 OPD total, not added to it. Route and crew feasibility require validation.

Patient transport

The INR 0.8 crore health vehicle envelope should be specified across transport and outreach needs. It is not a commitment to an advanced ambulance capability. Determine vehicle type, clinical crew, handover and dispatch records before procurement.

Patient counts, encounters, admissions and tests overlap and must not be summed as unique beneficiaries.



Healthcare quality and approvals

Clinical services require qualified leadership, service-specific readiness and the applicable permissions.

Healthcare budget	Capital	Operations	Total
Sector envelope	25.00	10.00	35.00
Year 5 operations	-	3.50	3.50

Quality arrangements

Engage a medical lead, nursing supervisor and appropriately qualified providers. Establish infection prevention, medicine control, incident review and safe referral procedures before launch. Final rosters depend on acuity and shift cover, not the illustrative budget alone.

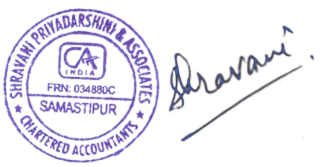
Regulatory reference points

The Ministry of Health lists Uttar Pradesh under the Clinical Establishments framework. CDSCO identifies licensing requirements for blood banks. The proposal uses licensed-provider linkage rather than an independent blood collection centre. Exact approvals must be confirmed locally. [R6, R8]

Waste arrangements

Review biomedical-waste authorisation, segregation, storage and treatment-provider arrangements with the competent authority before clinical opening. CPCB healthcare guidance is a reference, not evidence of project approval. [R7]

Year 5 operations are included inside the five-year operating total, not additional expenditure. No clinical protocol or accreditation certificate is supplied by this DPR.



Education strategy and learner access

Education has a five-year allocation of INR 20 crore: capital INR 12 crore and operations INR 8 crore.

Year 5 planning indicator	Assumption
Annual learner enrolments	1,000
Learners receiving materials	600 as a subset of enrolments
Paid fraction in revenue model	30% at illustrative annual INR 20,000
Affiliation	None assumed

Proposed scope

Develop learning support, digital access, educational materials, bridge learning and progression guidance through the campus and partner points. The base case is not a new board-affiliated school, degree college or university.

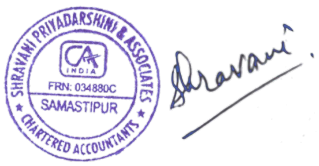
Needs and enrolment

The baseline should identify learner groups, language and curriculum needs, exclusion and delivery hours. Selection should be transparent and should not depend only on ability to pay. Different support components may serve the same learner.

Delivery design

Use qualified educators, defined modules, attendance and assessment records. Materials support should have its own selection and acknowledgement trail. The Samiti historical class and materials expense heads establish relevance but not a validated curriculum or learner total.

Proposed counts are not historic achievements; fee and assistance rules require governing-body and partner approval.



Education delivery and child-safe practice

Learning continuity should be measured through progression, not attendance alone.

Delivery element	Proposed control
Curriculum	Approved scope and educator review
Assessment	Entry and completion evidence
Materials	Procurement distribution and receipt
Safeguarding	Named officer conduct and escalation
Partner referrals	Documented receiving institution and follow-up

Learning model

Define entry assessment, individual or group learning plan, scheduled sessions and a completion assessment. Use referral to existing schools and recognised institutions where suitable. Do not imply a government linkage, examination recognition or automatic admission.

Child-safe services

Where children participate, establish supervised access, staff conduct, authorised collection, consent and safeguarding escalation. Digital learning should use appropriate access controls. No residential child-care facility is included.

Outcome review

Track attendance, assessed learning progression, continued enrolment and referrals separately. A change in marks or retention should use a defined baseline and follow-up cohort. Repeat classes are service transactions, not additional learners.



Education cost and results framework

The education budget combines facilities with five years of learning support.

Operating year	Y1	Y2	Y3	Y4	Y5	Total
Education crore	0.30	0.70	1.50	2.70	2.80	8.00

Capital use

The INR 12 crore capital allocation includes land share, civil learning spaces, utilities, equipment, IT, vehicles or outreach share, professional services and reserve. It is not an equipment-only grant; common costs are already included.

Operating use

Educators, learning materials, delivery support and the allocated common costs should be recorded through cost centres. The five-year operating envelope is INR 8 crore, including INR 2.8 crore in Year 5.

Validation and success

Course demand, educator availability, assessed learning and affordable access should be tested during feasibility. A funder can support a defined cohort or facility package, but output and outcome reports must remain linked to source records.

Education Year 5 funding bridge

INR crore	Planning case
Gross operating cost	2.80
Illustrative own receipts	0.60
External operating support	2.20

Year 5 own receipts of INR 0.6 crore are a financing assumption, not a reduction of the INR 2.8 crore operating cost or a guaranteed fee collection.



Skills and livelihood strategy

Skills and livelihoods has a five-year allocation of INR 15 crore: capital INR 8 crore and operations INR 7 crore.

Year 5 planning indicator	Target for validation
Course enrolments	2,000
Assessed completions	1,600 or 80% of enrolments
Post-course follow-up	Documented cohort and method
Placement or income result	To be set after baseline

Proposed pathways

Choose demand-tested modular vocational and digital pathways, workplace readiness and enterprise basics. Candidate trades should follow employer mapping, instructor availability and safe practice requirements. No accreditation or qualification-awarding authority is assumed.

Participant design

Define age, entry skills, course hours and practical assessment. Support should connect learning to a realistic employment or self-employment pathway, rather than promise placement. Recognise repeated enrolment in multiple modules separately from unique participants.

Partner model

Engage training providers using relevant outcomes, qualified instructors, financial strength and employer linkages. The Samiti should not claim specialist capacity merely because an earlier account includes vocational expenditure.

Enrolment and completion targets are planning assumptions, not assured employment outcomes.



Skills delivery and progression pathway

Training should connect eligibility, practical learning, assessment and follow-up.

Progression stage	Evidence
Enrolment	Eligibility and unique participant ID
Training	Curriculum hours attendance and practice
Completion	Assessment and assessor record
Employment	Verified offer start and follow-up
Enterprise	Activity evidence and follow-up financial information

Course cycle

Start with participant assessment and orientation. Deliver a defined module with practice, monitor attendance, assess competence and record completion. Follow-up should identify actual work, further learning or enterprise activity without forcing a favourable outcome classification.

Employer engagement

Document employer discussions, job requirements, work conditions and recruitment process. No employer MoU, apprenticeship agreement or placement guarantee is currently evidenced. Offers and starts should be verified separately.

Enterprise support

Self-employment support can include costing, market access and mentoring. Tool ownership, safety and procurement should be specified where equipment is distributed. Revenue or income gains require participant records and a measurement period.

Training reach and placement must not be used as interchangeable terms.



Skills cost and performance framework

The sector should demonstrate practical competence and progression as well as financial utilisation.

Operating year	Y1	Y2	Y3	Y4	Y5	Total
Skills crore	0.30	0.60	1.40	2.30	2.40	7.00

Capital use

INR 8 crore provides the allocated land, training spaces, utilities, tools, IT, transport support, professional and reserve share. Final workshop specifications should follow chosen trades; purchasing generic equipment before curriculum selection creates asset risk.

Operating use

The INR 7 crore envelope covers instruction, consumables, assessment, participant follow-up and common-cost allocation. Year 5 cost is INR 2.4 crore. The revenue case assumes 700 fee-paying enrolments at INR 10,000, within 2,000 total enrolments.

Performance review

Report completion, assessed skill, work starts and sustained activity separately. Independent sample checks should confirm assessments and follow-up. Do not infer increased income solely from attendance or equipment distribution.

Skills Year 5 funding bridge

INR crore	Planning case
Gross operating cost	2.40
Illustrative own receipts	0.70
External operating support	1.70

Year 5 fee receipts of INR 0.7 crore are illustrative and uncontracted. No government training reimbursement is assumed.



Women and child development strategy

This sector has a five-year allocation of INR 10 crore: capital INR 5 crore and operations INR 5 crore.

Design area	Proposed approach
Selection	Need-based criteria and transparent assistance
Learning	Modules appropriate to the participant group
Enterprise	Demand-tested mentoring and follow-up
Child support	Supervised learning and referral
Safeguarding	Named officer consent and escalation

Proposed workstreams

Women-focused learning, enterprise mentoring, financial capability and access referrals can be paired with child development or educational support activities. Define a precise annual service menu; the budget is not an entitlement to every possible welfare service.

Service boundaries

The base model excludes a residential shelter, licensed residential child-care institution, clinical mental-health facility and school affiliation. Specialist counselling, legal or child-protection cases require qualified providers and appropriate referral.

Participation

Year 5 planning assumes 1,000 women-related participant enrolments. A proposed child-support cohort of 500 can overlap with education participants and should not be added to an aggregate unique-beneficiary claim.

No employment, income increase or child-development improvement is asserted without evidence.



Women enterprise and child-support pathway

Access, safeguarding and sustained follow-up should be designed before activities begin.

Stage	Proposed evidence
Entry	Eligibility consent and baseline
Activity	Attendance and assistance unit
Referral	Receiving service and case status
Progression	Assessed follow-up on defined outcome
Feedback	Complaint response and resolution

Enterprise pathway

A participant may receive orientation, practical learning, business planning and mentoring. These stages are distinct from a functioning enterprise or improved earnings. Define selection, input support and market validation before setting enterprise targets.

Child-support pathway

Identify the child service, responsible staff, consent, attendance and referral rules. Avoid collecting sensitive information that is not necessary. Photo or story use for donor reporting requires appropriate consent and must not expose a child to harm.

Coordination

Women may also enrol in skills or obtain healthcare; children may use education services. Records should allow appropriate linkage with privacy safeguards. Public dashboards should not display personal case details.

The framework describes future project design, not existing tested systems or confirmed partner arrangements.



Women and child cost and results

The sector budget should be tied to a clearly defined service schedule and safeguarding responsibilities.

Operating year	Y1	Y2	Y3	Y4	Y5	Total
Women and child crore	0.20	0.40	1.00	1.60	1.80	5.00

Capital use

The INR 5 crore allocation includes the sector share of site, safe spaces, utilities, equipment, IT, outreach, professional work and reserve. It does not fund a residential institution or an unapproved medical service.

Operating use

The INR 5 crore operating total includes INR 1.8 crore in Year 5. Instruction, mentoring, assistance, safeguarding and follow-up must remain inside that envelope. Where materials are distributed, procurement and acknowledgement should reconcile.

Fee and subsidy interpretation

The financial model assumes 200 fee-paying specialised mentoring enrolments at INR 10,000, giving INR 0.2 crore in Year 5. This must remain distinct from skills-course receipts and be validated for affordability. No mandatory fee policy is adopted by the DPR.

Women and child Year 5 funding bridge

INR crore	Planning case
Gross operating cost	1.80
Illustrative own receipts	0.20
External operating support	1.60

Outcome targets should follow baseline assessment. Participant counts are not claims of successful enterprises or improved household income.



Community welfare and WASH strategy

Community welfare, water and sanitation has a five-year allocation of INR 20 crore: capital INR 10 crore and operations INR 10 crore.

Planning element	Validation required
50 locations	Needs and partner mapping
40 point improvements	Condition source and engineering study
10 community installations	Technology ownership and operating plan
Relief transactions	Unit cost eligibility and distribution records

Proposed coverage

Feasibility should examine a planning network of 50 villages or service locations. The concept includes community assistance, local water or sanitation works and targeted relief. These are service locations, not a validated count of villages with unmet need.

Infrastructure assumptions

The base planning case considers 40 water-point improvements and 10 community water or sanitation installations. Actual technology, source sustainability, quality, operating responsibility and quantities require engineering review; no safe-water result is inferred from a construction budget.

Relief scope

A proposed 2,000 household assistance transactions in Year 5 should use defined units and criteria. They may include repeat households and overlap with other sectors. Assistance must remain within the operating budget.

WASH means water, sanitation and hygiene. No government water contract or unrestricted source permission is assumed.



Water quality relief and local ownership

Infrastructure should remain functional and assistance traceable after delivery.

Evidence family	Proposed record
Works	Site design quantities completion and acceptance
Quality	Testing and corrective action
Functionality	Periodic service checks downtime and maintenance
Assistance	Selection stock and receipt records
Complaints	Accessible channel and closure log

Water and sanitation pathway

Assess source and local need, design the intervention, confirm permissions and ownership, construct or procure, test, hand over and monitor functionality. Water-safety claims require appropriate testing and operating evidence, not only expenditure or completion photos.

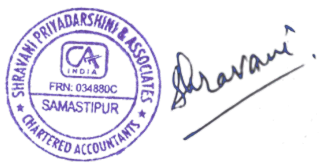
Operating responsibility

Each asset needs a named custodian, maintenance plan, service-provider arrangement and funding source. A community handover should not impose an unsupported recurring liability on households. Confirm whether fees are affordable and legally appropriate.

Relief accountability

Purchase and distribution records should reconcile quantities and assistance units. Unique households and repeat support should be reported separately. The programme should not present short-term material support as a permanent solution to vulnerability.

Environmental and health-related claims must be evidence-based and proportionate to measured service.



Community cost and results framework

The community budget includes both infrastructure and the support needed to keep services functional.

Operating year	Y1	Y2	Y3	Y4	Y5	Total
Community crore	0.80	1.50	2.10	2.10	3.50	10.00

Capital boundary

The INR 10 crore capital share includes land, civil and community works, utilities, equipment, IT, vehicles, professional work and reserve. Final civil quantities must distinguish campus buildings from off-site installations so that the same cost is not counted twice.

Operating boundary

INR 10 crore covers five years, including INR 3.5 crore in Year 5. This must accommodate community operations, planned relief, hygiene engagement and the allocated support costs. The annual work plan should state which assets and transactions are funded.

Revenue assumption

Year 5 own receipts of INR 0.3 crore assume 12 service arrangements averaging INR 2.5 lakh. These are illustrative, uncontracted service receipts, not confirmed public-sector grants or compulsory household charges.

Community Year 5 funding bridge

INR crore	Planning case
Gross operating cost	3.50
Illustrative own receipts	0.30
External operating support	3.20

Functionality, quality, assistance and user experience are separate outcomes; the proposal does not add them into a single beneficiary total.



Engineering environment and resilience

Technical planning should coordinate all five sectors and the final site conditions.

Engineering area	Required design output
Power	Load backup and critical circuits
Water	Source demand quality and treatment
Fire and access	Applicable approved strategy
Waste	Segregation storage and service agreements
Digital	Network security backups and data portability

Utility design

The INR 6 crore MEP allocation covers sector utilities inside the capital ceiling. Specialists must establish load, backup power, water supply, treatment, fire strategy, ventilation and clinical-service requirements. No engineering capacity or connection is sanctioned here.

Environmental review

Assess drainage, flood exposure, wastewater, clinical and general waste, source sustainability and operating disposal costs. No zero-discharge or net-zero claim is made without a design and measurable plan. Clinical waste requires a separate compliant pathway from general waste. [R7]

Design coordination

Freeze equipment and service requirements before finalising room utilities. Maintain an interface register between civil, equipment, IT and operations. Later changes require documented cost, safety and schedule review.

Taxes, commissioning and installation are assumed within package ceilings and must be tested in quotations.



Approvals and readiness register

This checklist supports professional review; it does not state that any project permission has been obtained.

Workstream	Verification
Land and building	Title use development occupancy and fire
Clinical services	Establishment professional and service permissions
Training	Course recognition where proposed
Child services	Scope safeguarding and applicable permissions
Water and environment	Sources works discharge and waste
Institutional and funding	Current legal tax CSR and asset-holding position

Legal pathway

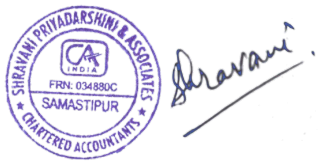
A local adviser should establish the authority, application sequence, validity and evidence for each service. Registration particulars from historical records do not replace current project permissions.

Clinical and specialist services

Uttar Pradesh is listed under the Clinical Establishments framework. Independent blood-bank operation requires licensing; the base proposal instead uses licensed-provider linkage. Training recognition and any child-related specialist scope require separate verification. [R6, R8]

Activation control

No service should open merely because a building is complete. The operator must demonstrate applicable approval, trained people, validated equipment, supplies and escalation arrangements. Do not assume an informal exemption.



Governance and consortium delivery

The scale gap requires clear delegation and independent oversight.

Role	Proposed accountability
Samiti governing body	Institutional authority assets public purpose
Steering committee	Scope budget gates and risk acceptance
Sector operators	Professional delivery people quality records
Project management consultant	Design schedule quantities and contractor oversight
Finance head	Ledger cash commitments and reporting
Independent reviewers	Technical financial and results checks

Partner selection

Choose sector providers through comparable experience, qualifications, financial strength, service quality and reporting capability. No hospital group, training organisation, donor or public department is represented as committed.

Delegation

Reserve major awards, related-party transactions, scope changes and phase release to the governing body or authorised steering committee. Contracts should define operating authority, quality, data, asset obligations and exit rights.

Independent verification

Technical and finance reviewers should not simply certify their own invoices. Separate expenditure approval, delivery confirmation and payment release, with a conflict declaration and audit trail.



Human resources and staffing model

The staffing envelope is a planning allowance, not a validated professional roster.

Year 5 sector	Illustrative personnel FTE	Personnel cost crore
Healthcare	52	2.10
Education	35	1.60
Skills	28	1.30
Women and child	20	0.90
Community and common support	35	1.40
Total planning allowance	170	7.30

Staffing design

Sector operators should develop roles, qualifications, shifts and leave cover. The healthcare roster depends on service acuity; learning and child services require appropriate supervision. Unsafe service scope should be deferred if competent staff cannot be recruited.

Employment costs

The Year 5 personnel allowance of INR 7.3 crore is inside total operations of INR 14 crore. Rates must include employer costs, relief and contracted professional support where applicable. Obtain local recruitment evidence before budget freeze.

Phased appointments

Appoint project, finance and technical leadership early. Recruit service teams against commissioning dates. Shared administrative costs require an approved allocation basis and should not appear in both central and sector budgets.

FTE means full-time equivalent. These counts are not staffing standards or evidence of existing employees.



Procurement and commercial strategy

Each procurement should have a specification, approved cost, fair evaluation and defined acceptance evidence.

Package	Key acceptance condition
Land	Title use suitability and valuation
Civil and utilities	Quantities tests completion and defects
Equipment	Installation training maintenance support
IT	Integration privacy security and data exit
Vehicles	Fit-for-purpose warranty and crew readiness
Operators	Capacity quality reporting and exit terms

Packaging

Tender civil, specialist utilities, equipment, IT and vehicles with coordinated interfaces. Sector operators need separate service contracts addressing quality, personnel, records and public purpose. Use lifecycle cost rather than purchase price alone.

Payments

Release against verified milestones and supporting documents. Use appropriate warranties, retentions, performance obligations and defect responsibility. A submitted invoice alone is not proof of completed work.

Variations and related parties

Require disclosure before participation. A change should identify reason, specification, cost, funding and schedule effect. Formal approval is needed before treating contingency as available for new scope.



Five-year implementation schedule

The project is phased from evidence and site work to service activation and stabilisation.

Period	Proposed milestones
Months 1 to 6	Baseline site operator and institutional appraisal
Months 4 to 12	Design approvals funding and tender preparation
Months 10 to 26	Civil utility and community works
Months 18 to 30	Equipment training and staged commissioning
Year 3	Initial clinical and sector services
Year 4	Validated expansion and outreach
Year 5	Stabilisation results and successor finance

Timing basis

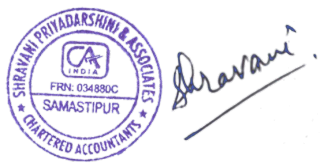
Project Year 1 begins after a funded development mandate. No calendar start, completion or public opening is committed. Site, approvals and funding delays shift the schedule rather than compress safety or quality testing.

Critical dependencies

Site suitability precedes major works. Course choice precedes training equipment. Clinical staffing and permissions precede inpatient launch. Community asset handover requires an operating custodian and maintenance finance.

Schedule reporting

Maintain a monthly critical path with approval and procurement lead times. Report readiness separately from construction progress. Completed buildings or purchased equipment are not equivalent to operating services.



Phase gates and funding release

Release commitments against evidence rather than an assumed completion date.

Gate	Required evidence
G0 Mandate	Authority limited development budget conflicts
G1 Feasibility	Validated need site operator and cost
G2 Construction	Site rights designs approvals committed capital
G3 Activation	Personnel approvals tests subsidy and records
G4 Expansion	Demand quality review and forward finance
G5 Stabilisation	Verified accounts outputs and maintenance plan

Capital cover

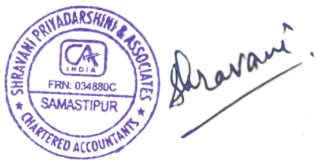
Obtain signed finance sufficient for the contracted phase and a defined operating runway before irreversible awards. A proposal or conditional expression of interest is not cash available. Record conditions precedent and expected timing.

Operating cover

A proposed six-month operating-cover test at mature Year 5 expenditure requires INR 7 crore of documented expenditure coverage. This is a release condition within funding arrangements, not an extra reserve added to the INR 100 crore cost.

Stop or resize

If a gate fails, defer or redesign the phase and update public commitments. Do not expand merely because the original DPR contained a capacity target.



Capital allocation matrix

The INR 60 crore capital schedule allocates all common costs within the five sectors.

INR crore	Health	Educ.	Skills	WCD	Comm.	Total
Land	2.00	1.00	1.00	0.50	1.50	6.00
Civil	11.00	6.00	3.00	2.00	5.00	27.00
MEP utilities	3.00	1.00	0.60	0.40	1.00	6.00
Equipment	6.00	2.00	2.00	1.00	1.00	12.00
IT	1.00	0.40	0.30	0.10	0.20	2.00
Vehicles	0.80	0.20	0.20	0.20	0.60	2.00
Design management	0.50	0.50	0.40	0.30	0.30	2.00
Reserve	0.70	0.90	0.50	0.50	0.40	3.00
Total	25.00	12.00	8.00	5.00	10.00	60.00

Cost boundaries

Civil includes buildings and defined community works. Utilities, equipment, IT and vehicles are separate. Land is budgeted in cash. In-kind equipment must replace a costed item rather than add another expense.

Reserve

INR 3 crore is a controlled reserve, equal to 5.3% of the INR 57 crore nonreserve base. It is a limited buffer, not proof of adequacy. Retest it after design and tenders; it cannot simultaneously cover every sensitivity.

Each column equals its sector capital envelope. Figures are conceptual allocations, not vendor quotations or an approved bill of quantities.



Estimate basis and package validation

Estimates are planning-date allowances at 29 October 2026, subject to feasibility and market testing.

Package	Validation deliverable
Land	Independent valuation and title report
Civil	Coordinated drawings quantities and tender
MEP	Engineering capacities and acceptance tests
Equipment	Specifications lifecycle cost and vendor support
IT	Integration security and recurring licence costs
Community works	Site design ownership maintenance and quality tests

Rate and tax convention

No land valuation, quantity survey or vendor quote is supplied. Allowances assume applicable taxes, installation, freight and commissioning within each package. Validate these inclusions explicitly; do not present assumed costs as certified government rates.

Professional allocation

The INR 2 crore design and management budget is assumed to cover feasibility and design INR 0.65 crore, project supervision INR 0.85 crore, preopening training INR 0.30 crore and professional processing INR 0.20 crore. These are allocations, not statutory fee quotations.

Design-to-budget

Obtain room schedules, works quantities and service specifications. Confirm equipment utilisation, maintenance and consumables before purchase. If validated prices exceed the ceiling, resize scope or secure formal additional finance before awards.

No borrowing is assumed and no interest or financing charge is included. Capital inflation and quantity risks use only the stated reserve.



Five-year operating expenditure

The INR 40 crore operating envelope includes sector delivery and allocated support; it is gross of service receipts.

INR crore	Y1	Y2	Y3	Y4	Y5	Total
Healthcare	0.40	0.80	2.00	3.30	3.50	10.00
Education	0.30	0.70	1.50	2.70	2.80	8.00
Skills	0.30	0.60	1.40	2.30	2.40	7.00
Women child	0.20	0.40	1.00	1.60	1.80	5.00
Community WASH	0.80	1.50	2.10	2.10	3.50	10.00
Total	2.00	4.00	8.00	12.00	14.00	40.00

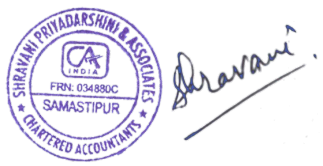
Ramp-up

Initial years cover mobilisation, outreach and early learning activity. Later years include campus services and wider coverage. Year 5 is the illustrative mature operating scale at INR 14 crore. Annual envelopes already include the assumed ramp; additional escalation is not added inside the base total.

Cost controls

Use sector and common-service cost centres, stock controls and delivery records. Allocate shared staff, utilities and reporting once. Operating shortfalls require scope or funding review, not unrecorded transfers from restricted capital funds.

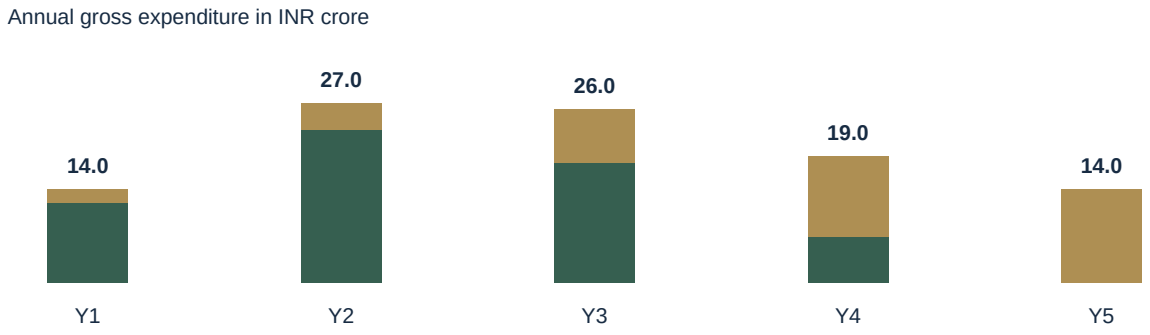
Year 5 cross-sector cost allowance: personnel 7.30; clinical and learning supplies 2.10; utilities 0.80; maintenance 0.75; community and women activities 1.40; training delivery 0.80; finance and monitoring 0.40; insurance and professional costs 0.25; transport running 0.20. Total 14.00. Validate with operators.



Five-year cash flow and uses

Capital INR 60 crore and gross operations INR 40 crore balance the INR 100 crore project cost.

INR crore	Y1	Y2	Y3	Y4	Y5	Total
Capital	12.00	23.00	18.00	7.00	0.00	60.00
Operations	2.00	4.00	8.00	12.00	14.00	40.00
Gross uses	14.00	27.00	26.00	19.00	14.00	100.00
Service receipts	0.00	0.00	0.80	2.00	3.20	6.00
External need	14.00	27.00	25.20	17.00	10.80	94.00



Timing assumptions

The base model assumes no opening project cash and no debt. Receipts occur in the same year as activity. A monthly model should be prepared before commitments to test payment lags, construction certification and funding conditions.

Cash and in-kind

External financing includes INR 2 crore of accepted in-kind support. Such support must be independently valued and linked to budgeted expenditure. It does not pay a contractor invoice; cash commitments must separately meet cash obligations.

Release conditions

Planned receipts and unsigned pledges are not cash. Funding should arrive ahead of contracted commitments, subject to milestone review and agreed operating cover.

Service receipts and affordability

Own receipts of INR 6 crore over five years are model assumptions, not contracted revenue.

Year 5 source	Illustrative basis	Crore
Healthcare	Consultations beds tests pharmacy	1.40
Education	300 paid x INR 20,000	0.60
Skills	700 paid x INR 10,000	0.70
Women mentoring	200 paid x INR 10,000	0.20
Community services	12 arrangements x INR 2.5 lakh	0.30
Total Year 5	-	3.20

Clinical receipts

Illustrative Year 5 health revenue totals INR 1.4 crore: OPD 30,000 x 40% x INR 150 = 0.18 crore; inpatient days 6,570 x 40% x INR 2,000 = 0.5256 crore; tests 20,000 x 50% x INR 500 = 0.50 crore; pharmacy gross receipts 0.1944 crore. Inpatient tariff excludes tests and medicines to avoid duplicate billing.

Fees and access

Paid fractions are modelling assumptions, not a final fee or free-service policy. Approve tariffs, eligibility, waivers and complaint handling. No insurance empanelment, government reimbursement or public service contract is assumed.

Overlap

Patients may buy medicines or receive tests; women-related mentoring and skills courses must be separately specified if both charge fees. Transaction counts are not unique people.

Five-year receipts are 0.00, 0.00, 0.80, 2.00 and 3.20 crore. Any shortfall increases external financing needs.



Financing and CSR structure

The financing case is balanced but fully uncommitted.

INR crore	Y1	Y2	Y3	Y4	Y5	Total
CSR proposed	12.00	23.00	21.00	15.00	9.00	80.00
Philanthropy	1.50	3.40	3.80	1.50	1.80	12.00
In-kind	0.50	0.60	0.40	0.50	0.00	2.00
Service receipts	0.00	0.00	0.80	2.00	3.20	6.00
Total sources	14.00	27.00	26.00	19.00	14.00	100.00

Funding mix

Proposed sources are CSR grants INR 80 crore, philanthropy INR 12 crore, valued in-kind contributions INR 2 crore and service receipts INR 6 crore. No material promoter cash, borrowing or confirmed government grant is included.

CSR review

Corporate sponsors should review implementing-agency status, project eligibility, cost treatment, asset holding and reporting. MCA guidance distinguishes project-specific costs and administrative overheads. A five-year programme must not assume one undifferentiated ongoing-project treatment; structure phases against current requirements. [R9]

Asset and grant conditions

Grant agreements should define asset holder, public purpose, maintenance and disposal restrictions. In-kind equipment requires acceptance and valuation. Land is assumed cash-funded; a donated-land alternative must replace the existing cash cost transparently.

Legal and CSR treatment requires company-specific professional review. This DPR is not a legal or tax opinion.



Sustainability and recurring subsidy

The base model is grant-supported and does not achieve operating break-even.

Mature-year measure	Amount or ratio
Year 5 operating cost	14.00 crore
Year 5 service receipts	3.20 crore
Year 5 external subsidy	10.80 crore
Operating cost recovery	22.9%
Year 6 cost at 6% growth	14.84 crore
Year 6 receipts at 6% growth	3.392 crore
Year 6 gap	11.448 crore

Implication

Equal growth in cost and income does not close the gap. Later annual costs, major replacements and additional programmes are outside the INR 100 crore period. Funders should assess this exposure before financing assets.

Strategy

Seek multi-year operating support, validate affordability and collections, control cost and review utilisation. An endowment may be explored, but no corpus return or assumed investment yield is included.

Service decision

Before expansion, confirm subsidy, staffing, demand and quality. If funding is insufficient, resize or use partner referral. Do not open services whose recurring obligations are unfunded.

Year 6 is illustrative and outside the project financing plan. No endowment or replacement reserve has been financed in this model.



Sensitivity and downside tests

Sensitivity cases expose financing pressure rather than validate the base assumptions.

Scenario	Result
Base case	100.00 cost; 94.00 external finance
Receipts 20% below plan	4.80 receipts; 95.20 external need
Operating costs 15% above plan	106.00 cost; 100.00 external need
Combined operating and receipts downside	106.00 cost; 4.80 receipts; 101.20 external need
Nonreserve capital 10% higher	102.70 cost after absorbing reserve; 96.70 external need
12-month delay at 1.50 holding cost	101.50 cost if no offset; 95.50 external need

Reserve discipline

The nonreserve capital base is INR 57 crore. A 10% overrun is INR 5.7 crore; if the INR 3 crore reserve is otherwise unused it absorbs only part, leaving INR 2.7 crore additional cost. The same reserve cannot be used twice.

Response

A shortfall requires signed additional funding, phased reduction, redesign or deferral. Do not reduce safety, water quality, safeguarding or staffing merely to preserve a headline cost.

Detailed model

Demand changes should flow through fixed and variable costs, receipts and subsidy. A simple percentage test is not a substitute for an operator monthly forecast.

Cases are independent unless expressly combined. Delay cost is an assumed sensitivity outside the base budget.



Risk register and ownership

High-consequence risks should be reviewed monthly and at every release gate.

Risk	Owner	Proposed response
Site unsuitable or disputed	Promoter legal lead	Title valuation physical-use checks
Finance uncommitted	Steering committee	Signed phase cover before awards
Cost escalation	Project manager	Tender validation reserve change log
Operator capacity gap	Promoter	Comparable experience appraisal
Clinical or safeguarding failure	Sector operator	Activation gates training incident review
Demand or receipts below plan	Finance and operators	Baseline and monthly forecast
Water asset not functional	Community technical lead	Source test maintenance custodian
Data or procurement failure	Finance data leads	Access segregation audit trail
Historical account inconsistency	Finance head auditor	Reconciliation asset register and review

Risk acceptance

Each risk needs likelihood, consequence, early warning, mitigation and residual owner. Record the authority accepting residual exposure and the financing or operational contingency.

Insurance

Insurance can cover specified events but does not replace title checks, permissions, staffing or subsidy. Review limits and exclusions before relying on cover.



Monitoring and results framework

Measure delivery and progression without combining overlapping transactions into a beneficiary claim.

Year 5 proposed output	Target for validation
Health OPD encounters	30,000 including 4,800 mobile
Health patient days	6,570; admissions 1,314
Education enrolments	1,000; materials subset 600
Skills enrolments and completions	2,000; completion target 1,600
Women-related participants	1,000 enrolments
Child-support cohort	500 may overlap with education
Community locations	50
Water works	40 point improvements and 10 installations
Relief transactions	2,000 may include repeats

Baseline and verification

Set indicator definitions before enrolment and clinical launch. Verify samples against registers, invoices and acceptance records. Outcomes require a baseline, cohort and follow-up method; do not infer them from expenditure.

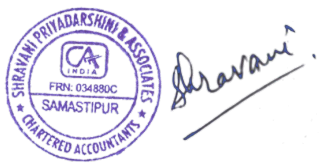
Evaluation

Plan independent process review after early stabilisation and an outcome-focused review near Year 5. Corporate sponsors should assess any statutory impact-assessment applicability separately under current rules.

Privacy

Role-based access, consent, limited data collection and retention review should apply across sectors. Public reports should not expose sensitive personal details.

Do not sum these targets as unique people. None are reported as past achievements.



Financial reporting and lifecycle accountability

Project accounts should reconcile sources, expenditure, assets and results under an agreed reporting structure.

Report	Proposed frequency
Cash commitments and progress	Monthly
Activity expenditure and variance	Quarterly
Project accounts and utilisation	Annually or grant agreement basis
Technical and results review	At gates and agreed intervals

Controls

Use separate project and sector ledgers, approved allocation rules and monthly cash or commitment forecasts. Donor reports should distinguish money received, commitments, payments and forecast-to-complete. Review technical progress independently of invoices.

Historical remediation

Obtain reconciled opening accounts and an asset register before absorbing project assets. Earlier fixed-asset and capital-fund presentation issues require resolution; a new project bank account alone does not resolve them.

Lifecycle

Record location, custodian, warranty and service plan for each asset. Major replacement beyond the five-year period is not separately funded. Operator-exit agreements should protect assets, records and continuity.

Professional assurance

An independently engaged chartered accountant or engineer may audit or certify specified work. This DPR has not been signed or certified by such a professional and carries no UDIN or approval representation.



Pre-investment action plan

The next decision is a funded feasibility mandate, not immediate construction release.

Action	Indicative window	Output
Board mandate	Days 1 to 15	Authority committee and declarations
Financial and legal review	Days 1 to 45	Reconciled records current status
Needs and site studies	Days 15 to 90	Validated priorities and site
Operator engagement	Days 15 to 90	Qualified delivery proposals
Design and cost review	Days 60 to 135	Quantities and revised case
Funding negotiations	Days 30 to 150	Signed commitments and conditions
Gate decision	Days 135 to 180	Proceed resize or defer

Development authorisation

The governing body should approve a limited study scope and spending authority within the INR 2 crore professional allocation. This document itself does not authorise expenditure.

Evidence file

Maintain a controlled file with site review, validated service design, operators, quantities, approvals, finance agreements and risk decisions. Each version change should state cost and programme effects.

Possible outcomes

Feasibility may support the whole programme, a smaller initial phase or partner-based delivery. A decision to resize in response to evidence is preferable to building unsupported capacity.



Source register and reference basis

Source records and official references inform the proposal; they do not validate the assumed costs or targets.

R1 Historical financial records

User-supplied revised Avadh 2024-25 and 2025-26 statements; income, expenses and closing balances.

R2 Institutional and earlier accounts

User-supplied M1; selected pages 12 to 14 for CSR and provisional tax records; pages 32 to 34 for 2023-24 finance.

R3 Reconciliation

Arithmetic from supplied records and annual-report working data; not additional external assurance.

R4 Gonda administration
https://gonda.nic.in/demography/

R5 Census district handbook
https://censusindia.gov.in/nada/index.php/catalog/1219

R6 Clinical Establishments state rules
https://clinicalestablishments.mohfw.gov.in/en/state-and-uts-rules-and-notification

R7 CPCB healthcare waste guidance
https://cpcb.nic.in/uploads/projects/bio-medical-waste/guidelines_healthcare_june_2018.pdf

R8 CDSCO official FAQ
https://www.cdsco.gov.in/opencms/opencms/en/FAQ/

R9 MCA National CSR Exchange FAQ
https://csrxchange.gov.in/Frontend/faq

Public references checked on 29 October 2026. Project rates, capacities, staffing and prices are development assumptions, not figures certified by these sources.

Decision framework and assumptions

Proceed with feasibility development subject to evidence and funding gates; do not treat the proposal as a sanctioned project.

Release condition	Required decision evidence
Scope	Validated five-sector services and capacity
Site	Title permitted use valuation and suitability
Delivery	Qualified partners and independent project manager
Cost	Quantities quotations exclusions reserve
Finance	Committed phased capital and operating support
Activation	Service approvals people quality and records
Sustainability	Forward subsidy maintenance and exit plan

Financial proposition

Five-year gross cost is INR 100 crore: capital INR 60 crore and operations INR 40 crore. Own receipts of INR 6 crore leave external need INR 94 crore. Year 5 requires an operating subsidy of INR 10.8 crore; the model does not claim break-even.

Unconfirmed assumptions

Six-acre or equivalent site, concept built area, professional operators, staffing, community locations, service quantities, tariffs, quotations and finance all need validation. No land photograph, signed MoU, donor endorsement or beneficiary story is invented.

Board decision

Minute whether to proceed, resize or defer after the feasibility package. Public representations should preserve the distinctions between planned services, confirmed commitments and historical evidence.

Recommended next step: commission the 90-day needs, site, operator and cost-validation programme within an authorised development budget.

For **SHRAVANI PRIYADARSHINI & ASSOCIATES**
Chartered Accountants
FRN: 034880C

CA Shravani Priyadarshini
Membership No.: 463732
UDIN : 26463732FFFIGG2425
Date: 30/10/2026