BUSINESS PLAN · INDIA

Healthcare / Public-Health NGO

Community health programmes

NONPROFIT

AISEVAK.IN · BY ABL DIGITAL TECHNOLOGIES

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1. Executive Summary

This plan sets out a **Healthcare / Public-Health NGO** in India — a mission-driven, not-for-profit organisation delivering **community-health & public-health programmes** (preventive care, maternal-&-child health, screening/camps, awareness, disease-specific interventions, last-mile access) to under-served populations. It is funded by **grants, CSR & government-health funding**, and its success is measured in **health outcomes & reach** — lives touched, screenings, immunisations, behaviour change — not profit. The plan is framed honestly as a **non-profit**: funding mix, budget & sustainability, with impact as the return.

India's public-health needs are vast — preventive care, maternal/child health, non-communicable & communicable disease, nutrition, awareness & last-mile access, especially for under-served & rural communities — complementing government health systems. A healthcare NGO is a **programme-delivery & health-impact organisation**: it raises grant/CSR/government funding, delivers health programmes (camps, community health workers, awareness, screening, referrals), & measures health outcomes/reach. "Revenue" is **funding sources**; success rests on programme effectiveness, health outcomes/reach, community trust, funder trust & compliance — it is need-, outcome-, funding- & impact-driven, not profit.

This is a not-for-profit organisation — funded by grants, CSR & government-health funding (no owner-profit). This plan models a healthcare NGO with an annual programme budget scaling from **₹1.8 crore** (Year 1) to **₹5.5 crore** (Year 3), delivering health programmes with surplus/reserves managed prudently. *(Healthcare/public-health NGO; grant/CSR/government-funded, health-outcome/reach/impact-driven — figures illustrative; NOT profit; funds mission-deployed.)*

2. Organisation Description, Mission & Legal Form

Concept: A healthcare/public-health NGO delivering community & preventive health programmes to under-served populations, funded by grants/CSR/government, measured by health outcomes.

Vision: Healthier under-served communities with access to preventive & primary care.

Mission: Deliver effective, evidence-based community-health programmes - improving health outcomes & access, measurably.

Legal form options

- **Trust / Society / Section-8 company** — registered non-profit.
- **Not-for-profit** — no profit distribution; mission-deployed.

> **Regulatory/governance anchor:** a healthcare NGO registers (Trust/Society/Sec-8), obtains 12A/80G/CSR-1/(FCRA), & complies with health-programme norms (clinical/ethics where applicable, government-health partnerships, data/consent), governance & audit. Programme effectiveness, health outcomes/reach, community & funder trust & compliance determine success — outcome- & impact-driven, not profit.

3. Founders, Board & Governance

Led by founders/board with public-health, medical, development or community expertise. The team includes programme/field health teams (community health workers, nurses, doctors as needed), M&E/health-data, partnerships (government/CSR), & finance/compliance. Programme effectiveness, outcomes, community trust & impact are the

differentiators. Governance & board are editable inputs; not-for-profit & health-compliance apply.

4. Need Analysis — India (Health Needs & Beneficiaries)

India's under-served & rural populations face gaps in preventive care, maternal/child health, NCDs, nutrition & last-mile access — a vast public-health need complementing government systems, funded by CSR/philanthropy/government. This frames the **health need, target beneficiaries & the outcome** the NGO delivers. Success rests on effective, evidence-based programmes with measurable health impact; it is need-, outcome-, funding- & trust-sensitive, met with effective programmes & evidence.

Need/impact drivers

- **Preventive/primary-care gaps** (under-served/rural).
- **Maternal/child health & nutrition.**
- **NCDs & communicable disease.**
- **Awareness/behaviour-change & access.**
- **CSR/government-health & philanthropy** funding.

Scope (illustrative)

Layer	Definition	Indicative
Need	Target health problem/population	Large
Reach (Yr 1–3)	Beneficiaries/lives touched	Scaling
Outcomes	Health outcomes achieved	Impact-focused

Beneficiaries & funders

- Beneficiaries: under-served/rural communities.
- Funders: CSR, foundations, government-health, donors.
- Partners: government health system, hospitals.

5. Positioning & Differentiation

Landscape: other health NGOs, government health programmes, hospitals' outreach & funders' initiatives. The NGO differentiates on programme effectiveness/health-outcomes, evidence/M&E, community rootedness, government partnership, cost-effective reach & funder trust.

The NGO's edge

- **Health-outcome effectiveness & evidence.**
- **Community rootedness & trust.**
- **Government-system partnership/complementarity.**
- **Cost-effective reach (CHWs/camps).**
- **M&E, transparency & funder trust.**

6. Programmes & Funding Model

Funding source	Model	Basis
CSR funding (health)	Project grants	Core
Foundation/philanthropic grants	Programme grants	Core
Government-health partnerships	Grants/co-delivery	Scale/reach
Individual donations	Donations (80G)	Diversification
Programme fees (nominal, some)	Cost-recovery	Sustainability

> "Revenue" is **funding** — CSR & foundation grants (core), government-health partnerships (scale/reach), donations & nominal fees. These fund **health programmes** (the impact). No profit; surplus builds reserves. Programme effectiveness, health outcomes/reach, community/funder trust & compliance drive it — the decisive health-NGO levers.

7. Fundraising & Partnerships Strategy

- **CSR (health) partnerships** (corporates).
- **Foundation/government-health** grants & co-delivery.
- **Community trust & rootedness** (delivery).
- **Impact/health-outcome reporting** (funder retention).
- **Diversified funding.**

Approach

Build health-programme credibility & evidence → raise CSR/foundation/government funding → deliver community-health programmes → measure & report health outcomes → retain & grow funders → diversify & build reserves. Effectiveness, outcomes, trust & funding diversity sustain the NGO; government partnership extends reach.

8. Programme Delivery & Operations Plan

- **Programme design:** evidence-based health interventions, target population, outcomes.
- **Delivery:** community health workers, camps/screening, awareness, referrals, field teams.
- **M&E:** health-data, outcome measurement, reporting.
- **Partnerships & compliance:** government-health, hospitals, ethics/consent, 12A/80G/CSR/FCRA, audit.
- **Finance:** fund management, budgets, utilisation, reserves — mission-deployed.

Programme workflow

Stage	Activity	Metric
Design	Intervention/evidence	Effectiveness
Fund	CSR/grants/government	Funding raised
Deliver	Camps/CHW/awareness	Reach/lives touched
Measure	Health outcomes/M&E	Outcomes/impact

Report	Transparency/audit	Funder/community trust

9. Regulatory, Registration & Compliance (India)

- **Registration:** Trust/Society/Section-8; 12A/80G/CSR-1/(FCRA).
- **Health:** clinical/ethics norms (where applicable); government-health partnership norms; data/consent.
- **Governance:** audit; transparency; beneficiary/health-data privacy.
- **General:** annual returns; FCRA (foreign health funding).

10. Organisation & Team Plan

Role	Yr 1	Yr 2	Yr 3
Leadership & programme heads	2	3	5
Field health teams (CHWs/nurses/doctors)	14	28	48
M&E / health-data	3	6	10
Partnerships/fundraising & community	3	6	10
Finance, compliance & admin	2	4	6
Total	**24**	**47**	**79**

11. Programme Roadmap & Milestones

Phase	Timeline	Milestone
Setup	Month 0–4	Registration, 12A/80G/CSR-1, team, first grants, programme design
Deliver	Month 4–12	Programme delivery, reach, health outcomes, ₹1.8cr budget
Grow	Year 2	Scale reach/programmes, government partnership, ₹3.5cr
Sustain	Year 3	₹5.5cr budget; health impact & diversified funding

12. Financial Plan (Illustrative — funding, budget & sustainability, NOT profit)

All figures are illustrative model assumptions for an Indian context, shown so the organisation can replace them with live figures. They are not projections of guaranteed results. NON-PROFIT: funding mix + budget + sustainability; surplus builds reserves & is mission-deployed; NOT profit; success = health outcomes/reach.

12.1 Funding sources & budget (Year 1)

Source	₹
CSR funding (health)	75,00,000
Foundation/philanthropic grants	55,00,000

Government-health partnerships	35,00,000
Individual donations / nominal fees	15,00,000
Total funds raised (Yr 1)	**1,80,00,000**

12.2 Budget & fund deployment (3 years)

Particulars	Year 1	Year 2	Year 3
Total funds raised	1,80,00,000	3,50,00,000	5,50,00,000
Programme / direct-health spend	1,35,00,000	2,65,00,000	4,20,00,000
Field health staff & delivery	25,00,000	48,00,000	75,00,000
M&E, fundraising & partnerships	10,00,000	20,00,000	32,00,000
Admin, governance & compliance	8,00,000	15,00,000	23,00,000
Total expenditure	**1,78,00,000**	**3,48,00,000**	**5,50,00,000**
Surplus → reserves	**2,00,000**	**2,00,000**	**—**
Programme-spend ratio	~76%	~76%	~76%

Note: a high programme-spend ratio (funds reaching health delivery) & cost-per-beneficiary/outcome signal efficiency & funder trust; surplus builds reserves, not profit.

12.3 Sustainability & key ratios (not profit)

- **Funding diversity & sustainability:** CSR + foundation + government + donations reduces single-funder risk; multi-year grants & government partnerships give scale & stability.
- **Efficiency & outcomes:** programme-spend ratio, cost-per-beneficiary/outcome & health-outcome evidence drive funder trust — the "bankability".
- **Health impact (the metric):** lives touched, screenings/immunisations, outcomes & behaviour change — the true return.

12.4 Fund-flow — Year 1 (quarterly, illustrative)

Particulars (₹)	Q1	Q2	Q3	Q4
Opening balance	6,00,000	6,50,000	6,20,000	6,50,000
Funds received (CSR/grants/government)	45,00,000	44,00,000	46,00,000	45,00,000
Programme & operating spend	44,50,000	44,30,000	45,70,000	44,50,000
Closing balance (reserves)	**6,50,000**	**6,20,000**	**6,50,000**	**7,00,000**

> Health-NGO cash discipline is funding-cycle management (grants/CSR in tranches; programmes continuous) — reserves, multi-year commitments & diversified funding bridge gaps. The key risks are funding concentration/gaps, grant-cycle timing, outcome/reporting shortfalls, health-delivery quality & compliance — met with funding diversity, reserves, M&E, community trust & governance. No profit; health impact & sustainability are the goals.

12.5 Key metrics to Monitor (impact & stewardship)

- **Health impact:** lives touched/reach; screenings/immunisations; outcomes; behaviour change.
- **Efficiency:** programme-spend ratio; cost-per-beneficiary/outcome.
- **Funding:** funder diversity; multi-year/government share; reserves.
- **Governance:** audit; compliance; community & funder trust.

13. Funding Requirement & Sustainability

This NGO is **grant/CSR/government-funded** — no owner profit; setup (registration, 12A/80G/CSR-1, team) from founder contribution & seed grants (~₹20–30 lakh). It sustains via CSR + foundation + government + donations, with reserves & multi-year/government partnerships for stability. Its "bankability" is **funder trust** — health outcomes, evidence, governance & transparency. Programme effectiveness, health outcomes, community trust & funding diversity underpin the organisation. *(Non-profit; funds are for the mission; success = health impact.)*

13.1 Fund utilisation (Year 1 budget ₹1.8 crore)

Use of funds	₹	% of budget
Programme / direct-health spend	1,35,00,000	75%
Field health staff & delivery	25,00,000	13.9%
M&E, fundraising & partnerships	12,00,000	6.7%
Admin, governance & compliance	8,00,000	4.4%
Total	**1,80,00,000**	**100%**

14. Risk Analysis & Mitigation

Risk	Mitigation
Funding concentration / gaps	Diversify CSR/grants/government/donations; multi-year; reserves
Grant-cycle / payment timing	Reserves, government partnerships, milestone planning
Outcome / reporting shortfall	M&E, evidence, health-data, transparent reporting
Health-delivery quality / ethics	Protocols, trained teams, ethics/consent, government partnership
Compliance (12A/80G/FCRA)	Governance, audit, filings, FCRA discipline

15. SWOT Analysis

Strengths	Weaknesses
Vast health need; CSR/philanthropy/government funding; community trust; outcome/evidence; government complementarity.	Funding-dependent/cyclical; no profit buffer; delivery-quality-critical; grant-timing; compliance burden.

Opportunities	Threats
CSR-health; government partnerships; preventive/primary-care; disease-specific; digital health; scaling.	Funding cuts/cycles; FCRA tightening; competition for funds; delivery/impact risk.

16. Recommended AiSevak Tools for This Organisation

This healthcare NGO would use AiSevak's Nonprofit vertical tools in delivery:

- **Programme & impact:** health-programme/CHW & camp/screening, health-data/M&E/outcome-measurement, reporting tools.
- **Funding & compliance:** CSR/grant/government-partnership & donor-management, 12A/80G/CSR/FCRA & audit tools (with Healthcare & Finance verticals).
- **Practice:** Organisation Plan, budget/funding-mix & sustainability tools to plan & steward the NGO.

17. Key Assumptions & Notes

- NON-PROFIT healthcare/public-health NGO: grant/CSR/government-funded, health-outcome/reach-driven, NOT profit; surplus is mission-deployed/reserves.
- "Revenue model" = funding sources; "financial plan" = funding mix + budget + sustainability; success = health outcomes & lives touched.
- Trust/Society/Sec-8 + 12A/80G/CSR-1/FCRA; health/ethics/data compliance; government-health partnership extends reach.
- Programme effectiveness, health outcomes, community/funder trust, funding diversity & compliance drive sustainability; figures illustrative; funds are for the mission.

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