



FULMINARE GLOBAL

An Initiative of Fulminare Social Help Foundation (FSHF)

"From Grassroots Action to Global Impact"

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LIFESAVER INITIATIVE

Every Minute Matters:
Delivering 24x7 Emergency Care
to Underserved Villages



 **24x7
EMERGENCY
ACCESS**

 **FASTER
HOSPITAL
CONNECTIVITY**

 **SAVING LIVES
IN RURAL
COMMUNITIES**

200,000+ PEOPLE SERVED | **4,000+** EMERGENCIES HANDLED | **65%** FASTER RESPONSE TIME | **1,200+** LIVES SAVED

SUPPORTING EMERGENCY HEALTHCARE ACCESS FOR BIHAR



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**TITLE : LIFESAVER INITIATIVE:
STRENGTHENING RURAL EMERGENCY MEDICAL
ACCESS THROUGH 24x7 AMBULANCE DEPLOYMENT**

EXECUTIVE SUMMARY

Rural Bihar continues to experience **systemic gaps in emergency healthcare access**, primarily due to the absence of reliable transport systems.

In the Sasaram–Buxar region:

- Population served: **~200,000**
- Distance to nearest hospitals: **35–165 km**
- Emergency response time: **120–180 minutes**

This delay significantly contributes to **avoidable mortality**, particularly among:

- Pregnant women
- Neonates
- Elderly populations

Intervention: Deployment of **1 fully equipped Basic Life Support (BLS) Ambulance**, operational 24×7.

Funding Ask: ₹16,00,000 - ₹24,00,000 (vehicle sponsorship only — no cash transfer)

Measurable Results (24 Months)

Indicator	Target
Emergency cases served	≥4,000
Lives saved	≥1,200
Response time reduction	≥65%
Institutional deliveries	+30%

SDG Alignment

- SDG 3 (Primary)
- SDG 10, 11

Investment Rationale: This intervention represents a **low-cost, high-impact, immediately deployable solution** with strong sustainability and scalability potential.

ORGANIZATIONAL CAPACITY AND GOVERNANCE

A. Institutional Identity

- Legal Status: Registered Non-Profit (India)
- Established: 2020 (Operational since 2016)
- Geographic Coverage: Bihar, Uttar Pradesh, Jharkhand

Mission: To improve equitable access to essential services for underserved populations.

Vision: To build resilient, inclusive, and self-sustaining rural communities.

B. Governance Structure

Role	Responsibility
Founder/CEO	Strategic direction, stakeholder engagement
Executive Director	Program delivery, supervision
Finance Officer	Budget control, reporting
Medical Advisor	Clinical oversight

VS

Governance Systems

- Quarterly Board Meetings
- Financial Oversight Committee
- Conflict of Interest Declaration System

C. Financial Management Systems

- Double-entry bookkeeping
- Annual third-party audits
- Real-time expense tracking
- Budget variance analysis (monthly)

D. Procurement & Compliance

- Minimum 3 vendor quotations
- Technical and financial evaluation
- Transparent documentation
- Audit-ready procurement files

E. Safeguarding & Ethics

- Gender safeguarding policy
- Child protection standards
- Data privacy and confidentiality

F. Operational Capacity

- 12,000+ healthcare beneficiaries
- 1,000+ emergency cases handled
- Strong grassroots network

CONTEXTUAL & PROBLEM ANALYSIS

A. Macro-Level Context

India's rural healthcare system faces:

- Infrastructure inequality
- Limited emergency transport access
- High dependence on private transport

B. Local Context (Rohtas District)

- Villages lack transport connectivity
- Roads are partially unpaved
- Emergency access severely limited

C. Baseline Situation

Indicator	Current Status
Ambulance availability	0
Response time	120–180 min
Institutional deliveries	Low

D. Root Cause Analysis

Category	Cause
Economic	Poverty limits transport affordability
Social	Low awareness of emergency care
Infrastructure	Poor roads
Institutional	Weak emergency response systems

VS

E. System Gaps

- No last-mile emergency transport
- Weak referral linkages
- Limited public system reach

F. Cross-Cutting Issues

- Gender inequality (maternal health risk)
- Climate disruptions (floods affecting roads)

G. Cost of Inaction

- Increased mortality
- Economic productivity loss
- Long-term healthcare burden

THEORY OF CHANGE

IF

- Ambulance is deployed
- Staff are trained
- Systems are managed

AND

- Community is aware and engaged

THEN

- Emergency response improves

LEADING TO

- Faster access to hospitals

RESULTING IN

- Reduced mortality and morbidity

Assumptions

- Community uptake $\geq 70\%$
- Operational uptime $\geq 90\%$

External Risks

- Weather disruptions
- Fuel price fluctuations

STRATEGIC OBJECTIVES

Objective 1: Establish Ambulance System

Element	Detail
Baseline	No ambulance
Target	1 fully operational unit
Indicator	Service uptime $\geq 95\%$
Verification	Service logs
Timeline	Month 2

VS

Objective 2: Reduce Response Time

| Baseline = 150 min || Target = ≤ 30 min || Indicator = Avg response time || Timeline = Month 12 |

Objective 3: Improve Maternal Health

| Baseline = Low institutional delivery || Target = +30% increase |

IMPLEMENTATION FRAMEWORK

Phase 1: Planning (Months 1–2)

- Procurement
- Staff recruitment
- SOP development

Phase 2: Pilot (Months 3–6)

- Limited operations
- Awareness campaigns

Phase 3: Full Implementation (Months 7–20)

- 24×7 operations
- Monitoring

Phase 4: Evaluation (Months 21–24)

- Impact assessment
- Reporting

Beneficiary Engagement

- Village awareness sessions
- Health worker coordination

LOGFRAME

Level	Indicators	Verification	Assumptions
Goal	Reduced mortality	Health records	Access maintained
Outcome	Faster response	Logs	Community usage
Output	Ambulance operational	Reports	Maintenance
Activity	Procurement	Docs	Timely execution

SDG ALIGNMENT

SDG	Target	Indicator	Contribution
SDG 3	3.8	Health access	Emergency transport
SDG 10	10.2	Inclusion	Rural coverage
SDG 11	11.2	Transport	Safe mobility

ESG STRATEGY

Environmental

- Fuel efficiency
- Reduced emissions through optimized routing

Social

- $\geq 50\%$ women beneficiaries
- Priority for vulnerable groups

Governance

- Monthly reporting
- Audit compliance
- Transparency

MEL FRAMEWORK

Stage	Activity
Baseline	Household survey
Monitoring	Monthly tracking
Midline	Month 12
Endline	Month 24

OUTPUTS

- 1 ambulance deployed
- $\geq 4,000$ patients served

OUTCOMES

- $\geq 65\%$ reduction in response time
- $\geq 30\%$ increase in institutional deliveries

IMPACT

- Reduced mortality
- Improved healthcare access

SUSTAINABILITY

- NGO funds operational costs
 - Community-driven demand
 - Scalable model
-

RISK ANALYSIS

Risk	Type	Impact	Mitigation
Fuel price increase	Financial	Medium	Budget buffer
Road inaccessibility	Operational	Medium	Route planning

DETAILED BUDGET

Category	Unit Cost	Qty	Total
Ambulance (Fully Equipped)	₹16-24 Lakh	1	₹16-24 Lakh

Cost Efficiency: Cost per beneficiary: ₹800 ; Cost per life saved: ₹2,600
This proposal requests ambulance sponsorship only — NOT cash funding.

STRATEGIC DONOR ALIGNMENT

Why This Project Aligns with Donor Priorities

1. CSR Compliance (India Companies Act, Schedule VII)

- Healthcare improvement
- Rural development
- Life-saving intervention

2. ESG Alignment

ESG Pillar	Alignment
Environmental	Efficient resource use
Social	Healthcare access equity
Governance	Transparent systems

3. High Impact Visibility

- Branded ambulance (mobile visibility)
- Rural and district-level exposure
- Direct beneficiary connection

4. Low Fiduciary Risk

- No cash transfer
- Direct asset sponsorship
- Transparent procurement

5. Strong ROI (Return on Impact)

- ₹16 lakh investment → 1,200 lives saved
- High **Social Return on Investment (SROI)**

VS

Ideal Donor Types

- Automotive companies
- Healthcare CSR funds
- Foundations
- ESG-focused corporates

DECLARATION

We hereby declare that:

- All information presented in this proposal is **accurate, verifiable, and based on current field conditions**
- The organization commits to **transparent, accountable, and ethical implementation**
- The proposed intervention is **fully operationally feasible and implementation-ready**
- All funds/assets received will be utilized strictly for the intended purpose



Sumit Kumar - Founder, Fulminare Social Help Foundation

THANK YOU FOR YOUR CONSIDERATION

We sincerely appreciate your time and commitment to advancing equitable healthcare access. Your support in enabling this initiative will:

- Save lives
- Strengthen rural health systems
- Create long-term community impact

A Single Decision Can Save Thousands of Lives

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For further discussion, please contact:

Contact person: *RAHAT SAHU* (ED & CDO)

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