

Annual Report 2024



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Foreword from the President

It is 16 years since we began and perhaps we can pause a while to reflect on our progress and performance. World Health Partners' commitment to bolstering public health services across India has remained steadfast through these years, so does our strategic emphasis on quality, affordability, and digital innovation. WHP has consistently designed and implemented initiatives that managed to deliver high-quality, accessible healthcare to marginalized communities despite hurdles of low income, inaccessible geographies and funding challenges.

Embracing cost-effective digital technologies right from the outset has been a key factor for WHP to anchor public health ventures in enhanced levels of service delivery and scale. These digital solutions helped streamline operations and increased uptake of essential health services, thereby enabling us to set new standards in public health programmes.

While our interventions covered a range of pressing public health issues that touched the lives of multiple age-groups and genders, a specific area of excellence in the past five years has been several ground-breaking TB elimination projects. Since TB affects mostly the poorest of the poor, these interventions aligned with our strategic approach and expertise in bringing high quality care to the neediest. One fallout of this approach is a widespread recognition of WHP as a specialist agency that delivered exemplary performance in addressing a priority public health concern of the government.

Our TB experience is exemplified by the four-year intervention, "Addressing the Gaps in TB Care Cascade," which concluded successfully in July 2024. Conducted in select districts of Gujarat and Jharkhand, this project incorporated experiences from many other projects—of WHP as well as others-- and showcased effective innovations for successfully addressing



various slippage points in the TB treatment continuum. Similar interventions that provided great pride to us focused on early TB detection, ensuring treatment adherence and expanded reach of government schemes all of which were scaled up in additional states to dramatically enhance TB service delivery performance and patient outcomes.

Collaboration lies at the heart of WHP's approach. By forging strong partnerships with government agencies, private sector players, and international supporters such as the Global Fund, WHP has amplified TB interventions and their impact. Of special mention is our engagement with private healthcare providers to enhance notification, timely treatment initiation and comprehensive care for TB patients which helped us gain considerable traction with government partners, leading to its wide-scale expansion.

WHP's commitment to integrating quality, affordability, and digitization in public health projects, combined with its collaborative approach, is paving the way for sustainable health improvements. This multifaceted strategy not only supports India's ambitious goal of early TB elimination but also creates a resilient public health framework for the future.

Gopi Gopalakrishnan

President, World Health Partners

Country Director's Message

A Year of Purpose, Resilience and Collective Progress

What a year it has been!! The year past fills me with immense pride and gratitude because it demonstrated the resilience, transformative growth, and a renewed clarity of purpose of the organisation. In the face of shifting health priorities, increasingly constrained funding for the non-profit sector, and rapidly evolving community needs, we have remained unwavering in our mission to provide high-quality, dignified, and people-centered health services to some of the most vulnerable and underserved populations.

Throughout the year, our teams demonstrated remarkable dedication—walking hand in hand with communities, listening deeply to their needs, and responding with agility and empathy. We upheld a critical balance: while working with communities and for communities, we remained closely aligned with national health goals and state-level priorities. This dual lens of grassroots responsiveness and systems alignment has emerged as the cornerstone of our strategy.


Our programmatic portfolio expanded with both depth and innovation:

- Under the “Closing the Gaps in the TB Care Cascade” initiative, we strengthened early detection, retrieval, and treatment adherence for tuberculosis, ensuring that no individual is lost in the continuum of care.
- Through the SAMVEG project, we made meaningful strides in improving maternal and child health outcomes, adopting a lifecycle approach and integrating social determinants of health into service delivery.



- Our family planning interventions under the National Health Mission-supported Clinical Outreach Team (COT) services significantly increased access to contraceptive services and informed choice, particularly in underserved geographies.
- We also mainstreamed mental health care into primary healthcare settings through innovative digital platforms—including a responsive call center and telemedicine-based interventions—redefining the frontiers of community mental health.
- Our Global Fund-supported project enabled us to intensify efforts on active case finding and paediatric tuberculosis, while strategically engaging TB Champions and local governance bodies (panchayats) as key influencers in the fight to end TB.

Our PPP based projects Patient Provider Support Agency (PPSA) gained momentum, despite the inherent complexities in procurement, data systems integration, financials and stakeholder coordination. These projects, while challenging to initiate, proved to be deeply rewarding in the outcomes they delivered—especially in improving accountability and quality of care across private sector engagements.



Beyond program implementation, we invested strategically in systems that sustain impact:

- We trained and mentored frontline health workers and private providers, empowering them with knowledge, tools, and support to deliver high-quality care.
- We supported local governance structures and community leaders, recognizing their critical role in driving long-term change.
- We strengthened our data and learning systems, embedding a culture of evidence-informed decision-making across all levels of our work.

One of the defining lessons this year has been the realization that diversification is no longer optional. It is an unavoidable imperative. In a rapidly evolving public health landscape, we challenged our organizational comfort zones by exploring new partnerships, adopting emerging technologies, and stepping into complex health domains where our presence is both necessary and catalytic. Diversifying our thematic areas, funding streams, delivery platforms, and implementation models has strengthened our resilience and positioned us to respond with agility to both emerging and unmet needs. This mindset will be critical as we navigate the uncertainties and opportunities of the years ahead.

As we look ahead, we are entering a new phase that is defined by ambition, innovation, and scale. We aspire to expand, contribute to system-wide reforms, and build lasting platforms for equity in health. We also recognize the urgency of addressing emerging health challenges—from antimicrobial resistance (AMR) to climate-sensitive health risks—even as we continue to strengthen what we already do well. Our work will increasingly intersect with issues of urbanization, migration, food insecurity, social procurement and digital transformation, and we are gearing up to meet these with creativity, rigor, and humility.

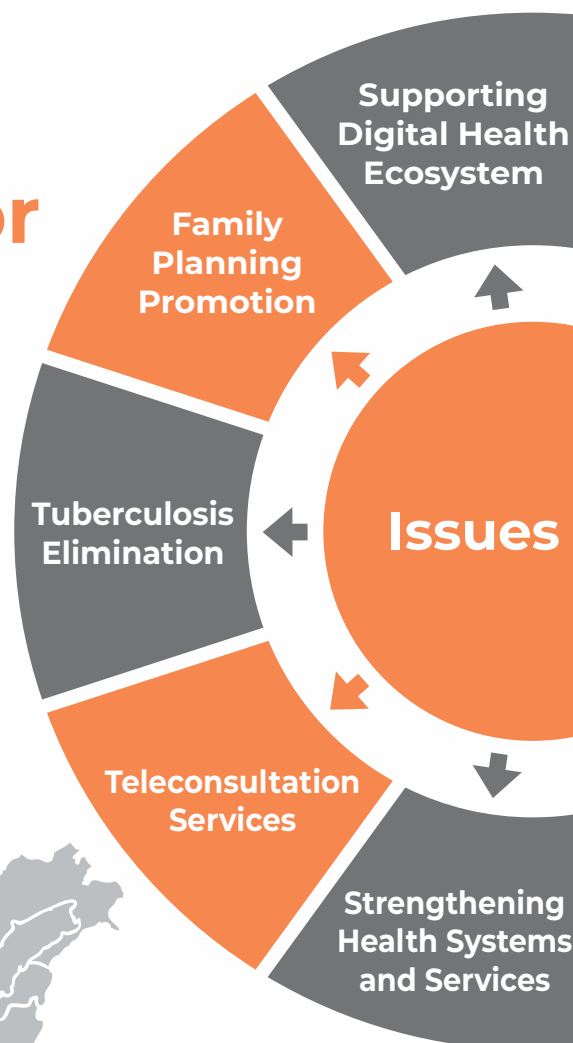
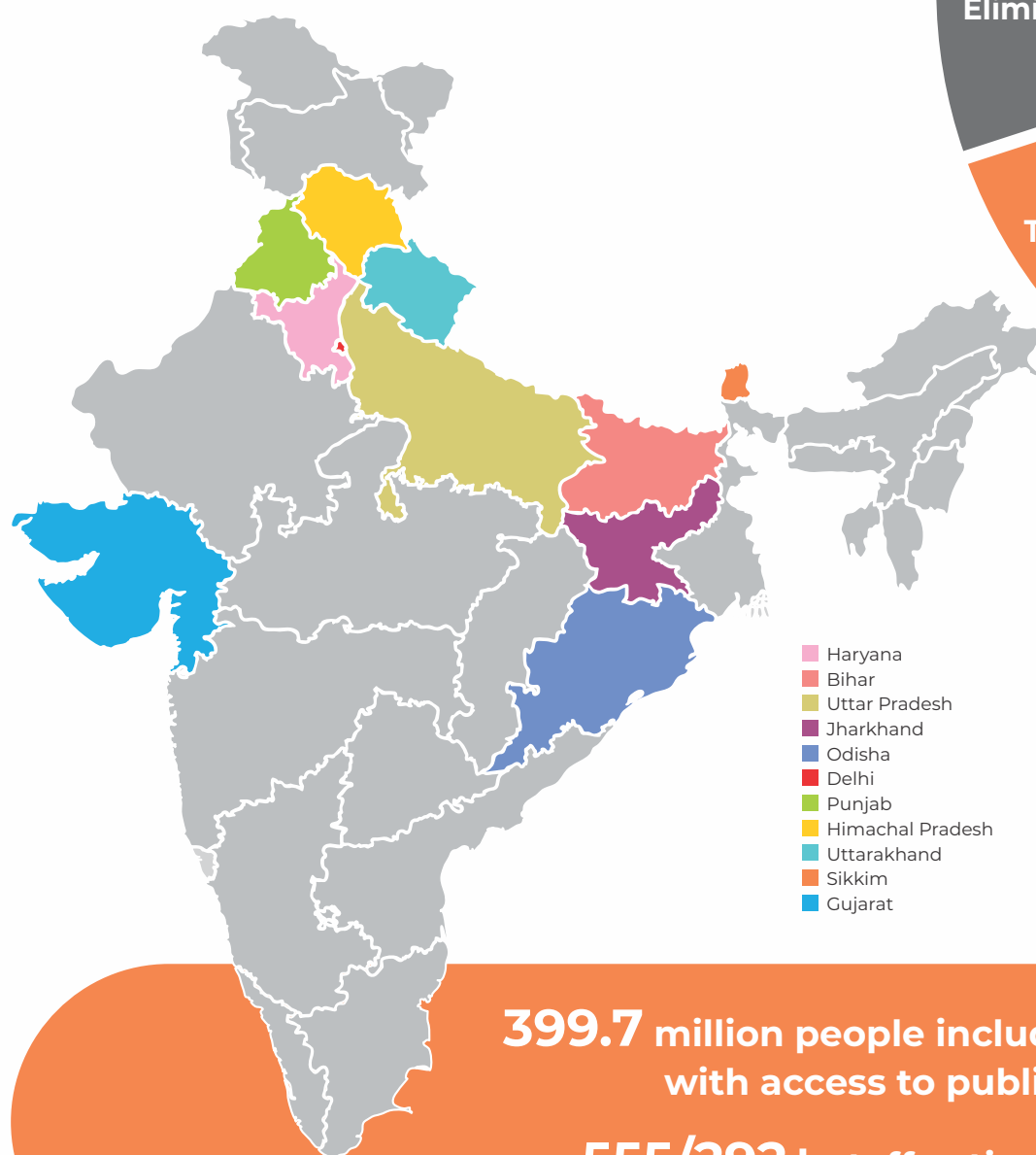
To every partner, donor, team member, and community leader who walked this journey with us: a heartfelt 'Thank You'. Your steadfast belief in our mission, your deep insights and your unwavering support have been foundational to our progress. Together, we are not merely delivering services—we are building hope, shifting power, and shaping a healthier, more equitable future for all.

Here's to courage, collaboration, and continued impact.

Prachi Shukla

Country Director, World Health Partners

Embracing an Integrated Approach for Impactful Public Health Interventions



Project locations

10 intervention states including 164 districts covered

399.7 million people including children covered with access to public healthcare services

555/292+ staff actively engaged in project implementation, operation and delivery of services



Interventions in 2024

Multi-focused programmes to eliminate tuberculosis

In 2024, WHP implemented multiple TB elimination programs across 10 states in India to advance the goal of National TB Elimination Program (NTEP), and speed up reduction in India's contribution in the global TB burden. These projects diverse in nature adopted different strategies – engaging TB survivors as TB champions to generate awareness and reduce stigma; offering training to public and private sector staff on Gastric Aspirate and Induced Sputum to increase Pediatric case diagnosis; engaging private sector to increase TB case notifications for improving private treatment outcome under Patient Providers Support Agency; Randomised Control Trial to improve treatment adherence and outcome by using digital adherence technologies and urine test; and engaging informal providers for improving case detection using tongue swab method.

Community engagement for increasing TB detection and treatment







The Integrated Measures for Prevention and Care in TB (IMPACT) is a three year project launched in July 2024 to accelerate TB reduction and promote public health by fostering community-led initiatives in four states – Delhi, Uttar Pradesh (UP), Himachal Pradesh (HP), and Uttarakhand. IMPACT is a community-centered decentralised model, which engages TB survivors and train them as TB Champions for conducting community awareness and sensitization on TB, its symptoms, and need for early treatment initiation and successful completion alongwith socio-psychological support.

IMPACT also aims to create 'TB Mukta Gram Panchayats' through efforts to train Gram Pradhans on TB infections and seek their commitment to make all Gram Panchayats TB-free across three Project Districts – Unnao in Uttar Pradesh, Shimla in Himachal Pradesh and Udham Singh Nagar in Uttarakhand. Supported by Global Fund TB grant, WHP is a sub-recipient, commissioned by Karnataka Health Promotion Trust (KHPT), principal recipient for implementing IMPACT.



TB Champion conducts an awareness session with Self-Help Group (SHG) members, emphasizing on TB prevention and care under the National TB Elimination Program

Significant activities and achievements

| Indicators |  AAM/PHI mapping |  TB Champion training and enrolment |  AAM/PHI enrolment (TBC placed) |  TB Champion started engagement activity |  AAM/PHI engagement |  PRI Gram Pradhan trained |
|-----------------|---|--|---|---|--|--|
| Year 1 Target | 1,323 | 2,646 | 1,323 | 2,646 | 1,323 | 1,831 |
| Achievement (%) | 1,435 (108%) | 1,829 (69%) | 1,126 (85%) | 986 (37%) | 682 (52%) | 755 (41%) |



Empowering young minds: a TB Champion from Uttarakhand engages students in a school awareness session and inspires them to take a collective pledge to support TB prevention and importance of early diagnosis

Strengthening pediatric TB treatment in public and private sector

The Pediatric TB intervention focuses on reducing TB incidence, morbidity and mortality in children across Haryana, Punjab and Uttar Pradesh. WHP is a sub-recipient commissioned by Solidarity and Action against the HIV Infection in India (SAATHII), a principal recipient under the Global Fund's TB programs for 2024-27. The Project is supported by the Central TB Division to increase access and uptake of paediatric TB diagnostics and treatment services for improved outcomes in both the public and private health sectors. Besides these, the project also focuses on Active Case Finding (ACF) for early detection of missing TB cases in vulnerable populations with the innovative use of AI-enabled portable X-ray devices.

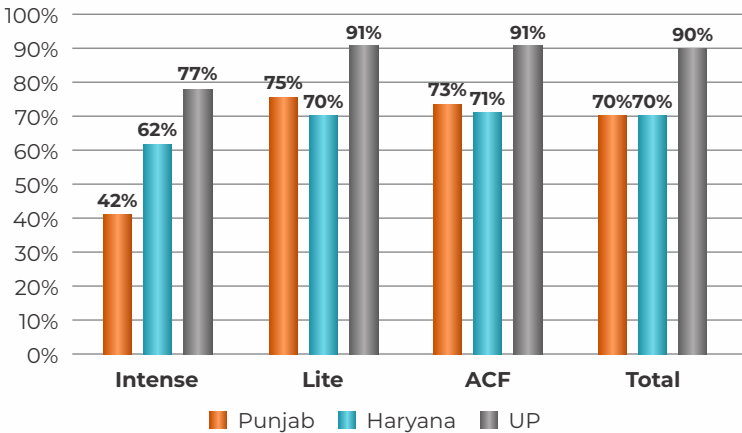
Intervention type and geography

Depending on the intervention the project districts are categorised under three heads –Intensive (deploying a large team for enhanced outcome and creating a model intervention), Lite (engaging a smaller team), and Technical Assistance (extending technical support to government). ACF (leveraging government resource) is operational in Punjab and Haryana only.

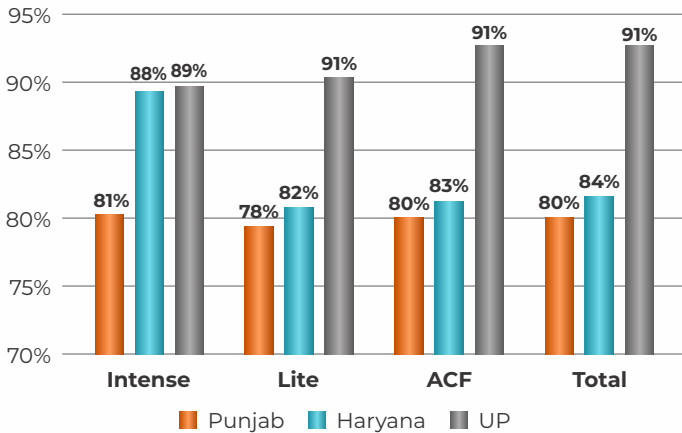
| | Intense | Lite-Districts | Tech Assistance (TA) to SNTEP | ACF |
|--------------|-------------------------|---|-------------------------------|---|
| Haryana (22) | 2 Hisar, Mewat | 5 Bhiwani, Jind, Yamuna Nagar, Rewari, Jhajjar | 15 | 7 Kaithal, Fatehabad Mahendragarh, Sirsa, Ambala, Sonipat, Panipat |
| Punjab (23) | 2 Mohali, Hoshiarpur | 4 Faridkot, Sangrur, Gurdaspur, Firozpur | 17 | 4 Ludhiana, Amritsar Patiala, Jalandhar |
| UP (75) | 5 | 21 | 49 | |

Performance of notification and success outcome

Pediatric Notification (August - December 2024)



Pediatric TB Outcome Success Rate (August-December 2023)





Training on the latest protocols and best practices in TB diagnosis provided doctors and nurses' necessary exposure and confidence to perform Gastric Lavage and Aspirate practices for diagnosing TB in children and its treatment and management



Increasing TB notification through private-provider engagement

The Patient Provider Support Agency (PPSA) Project is a public-private partnership (PPP) model that focuses on improving TB notification and treatment outcomes in patients receiving treatment in private sector. PPSA operates in 18 districts of four states – Bihar, Delhi, Punjab and Odisha.

WHP signed MoUs with the State Governments for PPSA roll out and engaged (as the interface agency) with private providers to speed up the national TB elimination goal by supporting mandatory TB case notification, ensuring timely treatment initiation, adherence and its completion for a recurrence free survival. PPSA is committed to provide free diagnostic services, treatment facility and adherence counselling to all TB patients in private care including the mandated direct bank transfer (DBT) benefits.

Coverage

Bihar: Five focus districts – Gaya, Bhagalpur, Katihar, Munger and Saharsa (covering 22 million population)

Punjab: Five districts – Amritsar, Patiala, Ludhiana, Jalandhar, and Bathinda (covering 9.75 million population)

Delhi: Seven districts – South, South-West, North, North-West, East, West, North-East, New Delhi, from August 2024 onwards (estimated reach 13.75 million)

Odisha: Project was successfully completed in Sambalpur District

Achievements

| | Bihar | Delhi | Punjab | Odisha (Sambalpur) Jan to Mar 2024 | Total |
|---|--------------|-------------|--------------|--|--------|
| TB patients notified against the target | 19,571 (81%) | 1,339 (46%) | 10,243 (92%) | 99 (79%) | 31,252 |
| TB patients underwent Universal Drug Susceptibility Test (UDST) | 19,571 (81%) | 1,339 (46%) | 10,243 (92%) | 99 (79%) | 31,252 |
| Patients tested for HIV and diabetes | 19,571 (81%) | 1,339 (46%) | 10,243 (92%) | 99 (79%) | 31,252 |
| Patients provided DBT | 19,571 (81%) | 1,339 (46%) | 10,243 (92%) | 99 (79%) | 31,252 |
| Private Providers' engaged with the project | 19,571 (81%) | 1,339 (46%) | 10,243 (92%) | 99 (79%) | 31,252 |

Punjab initiated free fixed-dose combination formulations (FDC) medicine in 43 private hospitals/ health facilities in coordination with district TB officers and civil surgeons of Amritsar and Patiala. Till 31st December 2024, a total of 2,078 patients were initiated on FDC in Punjab.



Patient support, adherence and treatment linkages, the key focus areas of PPSA are helping the National Tuberculosis Elimination Program's aim for a TB-free India.



Reena, a trained WHP field officer, conducts home visit to ensure treatment adherence and provide essential support to a TB patient, strengthening care and linkages. These field officers build strong bonds with TB patients and their families, fostering open discussions and providing guidance on nutrition, mental health, and related issues



Meena, a super-efficient treatment coordinator explains the Fixed Dose Combination (FDC) medication regimen to a TB patient, highlighting the importance of daily adherence, correct dosage, and completion of the full course for successful treatment



Free drugs provided by the Government of India are a blessing for TB patients and their families, significantly reducing the financial burden of medicine costs during the long treatment journey. WHP's treatment coordinators promptly ensure that Fixed Dose Combinations (FDCs) reach those in need

Evaluating digital adherence vs. standard care in TB treatment

WHP initiated a Randomised Control Trial (RCT) Study, designed to evaluate the effectiveness of digital monitoring tools viz., 99 Dlite, and MERM against standard care, with a focus on medication adherence and treatment outcomes from both patient and healthcare worker's perspectives.

RCT is a multi-site study, which is currently underway in three areas—Amritsar, Jalandhar and Ludhiana. Additionally, the study aims to assess the programmatic costs, operational efficiency, and implementation challenges of each method. The research includes time-and-motion assessment, costing, and qualitative pointers for both healthcare workers and patients, exploring the behavioural mechanisms that influence adherence behaviour.

Patient engagement and progression through the trial phases

During the reporting period, 4,155 patients (91%) were notified and registered on Commcare/ Nikshay (patient management platform). Out of these, 1,827 patients (44%) had their NAAT (Nucleic Acid Amplification Test) results updated. Among the registered patients, 623 (34%) were eligible for baseline assessments, with 302 (48%) ultimately enrolled in the study. The enrolled patients were divided into three study arms: 100 patients in the "Refill" group, 104 in the "99Dlite" group, and 98 in the "MERM" group.

| Patient Facing | | | |
|--|-------|-------------|-----|
| Project Indicators | ELA | Achievement | % |
| Number of patients notified and registered on Commcare | 4,584 | 4,155 | 91% |
| Number of registered patients with a NAAT result updated | | 1,827 | 44% |
| Number of patients eligible for baseline | | 623 | 34% |
| Number of patients enrolled in study | | 302 | 48% |
| | | | |
| Refill | | 100 | 33% |
| 99Dlite | | 104 | 33% |
| MERM | | 98 | 34% |

Enhancing community access to family planning needs

A significant number of women accessed WHP's family planning services in Bihar, Jharkhand and Uttar Pradesh, which enabled them to utilise their reproductive right. WHP is providing this service in a Public-Private Partnership (PPP) mode at Primary Health Centres and Community Health Centres in collaboration with the respective District and State governments.

Women in rural and remote areas, are encouraged to make informed and autonomous reproductive choices using targeted outreach efforts. Comprehensive support spectrum is provided throughout the process, which includes counseling, health screening, and registration, and sterilization while also ensuring assessment of post-treatment care experiences.

Project Coverage

Seven districts in Bihar – East Champaran, Vaishali, Muzaffarpur, Munger, Samastipur, Siwan, and Khagaria

Seven districts in Jharkhand – Ramgarh, Saraikela, Koderma, East Singhbhum (Jamshedpur), West Singhbhum (Chaibasa), Godda and Ranchi

Three districts in Uttar Pradesh – Barabanki, Gonda and Ayodhya.



11,274 females sterilized
(Bihar-5,836;
Jharkhand-2,560;
Uttar Pradesh-2,878)



120 males underwent
no-scalpel
vasectomy

Achievements:

On 21st August 2024 WHP was awarded third position for Best Performing Clinical Outreach Team (COT) under Mission Parivar Vikas (MPV) Program.



Screening of key health parameters of a young woman during registration for sterilization at the Community Health Centre in Hasanpur of Samastipur District, Bihar



Patient registration during family planning event in Community Health Centre, Hasanpur, Samastipur, Bihar

Strengthening MNCH services through supervision and advocacy

WHP extensively supported the on-ground supervisory activities for health system strengthening, under the 'Systems Approach for MNCH Focusing on Vulnerable Geographies (SAMVEG)' Project, which aims to reduce maternal, neonatal, and infant mortality. This four-year Project was launched in 2021 in 25 Aspirational Districts across five States– Jharkhand (19 districts), Uttarakhand (2 districts), Haryana (1 district) Himachal Pradesh (1 district) and Punjab (2 districts). SAMVEG is led by IPE Global with support from consortium partners - WHP, John Snow India Private Limited and DIMAGI Inc.

Besides assessments for gap identification and advocacy for corrective action, WHP focused on private sector and community engagement under SAMVEG. Other activities included extensive on-ground support to state and district health staff in preparing the District Health Action Plans, organizing district-level health events and training/capacity-building workshops, and monitoring Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) services.

Activity-wise project performance

- A total of 563 assessments were conducted across intervention districts in 2024 – 5 district assessments, 44 facility assessments, 275 ayushman arogya mandir (AAM) assessments and 239 community assessments.
- Follow-up visit a crucial component in filling the gaps identified included – 51 first referral unit (FRU) visits and 123 AAM visits. Out of a total of 141 FRU gaps identified, 115 were addressed in consultation with government officials. Out of 353 AAM gaps, 278 were filled. Findings and gaps reported during the assessment were communicated to the district officials, which helped in initiating measures for improvement in infrastructure and services.



District Manager of Udham Singh Nagar, Mr C.P Joshi conducts a facility assessment at the Special Newborn Care Unit (SNCU) of District Hospital to ensure availability, functionality, and quality of neonatal care services

Supporting the integrated health ecosystem initiative

In 2024, WHP continued to work on the Ayushman Bharat Digital Mission (ABDM) which intends to create an integrated digital healthcare ecosystem with help of microsites, comprising clusters of clinics, hospitals, labs, pharmacies, polyclinics and nursing homes mapped and registered formally. These inter-connected microsites together form the ABDM ecosystem providing easy access to Ayushman Bharat Health Account (ABHA)-linked electronic health records (EHR) of citizens with unique IDs.

ABDM is a National Health Authority initiative aimed at streamlining the healthcare processes in India. WHP is providing field support in mapping, engagement and onboarding of healthcare providers in Amritsar and Patiala in Punjab and Patna in Bihar.

Health providers mapped and registered across project sites

| | Punjab | Bihar | Total |
|-------------------------------|--------|--------|----------|
| Health Professionals Registry | 757 | 711 | 1,468 |
| Health Facility Registry | 653 | 393 | 1,046 |
| Health Records Generated | 91,387 | 38,972 | 1,30,359 |

Milestone achievement

In November 2024, Patiala Microsite from Punjab became the third Microsite in the country to achieve all six phase-wise targets and complete its Microsite journey. Also, Patiala is the first category-B Microsite (having at least 500 but less than 1,000 healthcare facilities) to achieve this feat among 100 microsites in India.



ABDM is a significant step in building essential infrastructure and bridging the gaps between healthcare stakeholders

Teleconsultations promote affordable and accessible healthcare services

The 'Sky Health Centre' intervention model continued to operate with the support of informal providers. Sky Health Centers/providers were identified and trained for expanding services.



567 teleconsultations



181 Sky Health Centers/providers were identified and trained



Off line training for providers in Dakbangla hall, Bihpur Bazar in Bhagalpur District of Bihar under the Sky Health Centre



Successfully Completed Projects

Closing the gaps in TB care cascade

The four-year Project 'Closing the Gaps in TB Care Cascade (CGC)' funded by USAID was successfully implemented and completed in July 2024. A National Dissemination event was organised on July 19, 2024 to share findings and learnings with key stakeholders from the Government and Non-Government sectors.

The Project focused on implementing quality improvement (QI) interventions to minimize the gaps across the entire TB care cascade in four districts –

Surat and Gandhinagar in Gujarat and Ranchi and East Singhbhum in Jharkhand. After a successful intervention of two and half years the project was scaled up in five states – Bihar, Himachal Pradesh, Punjab, Sikkim, and Uttar Pradesh.

CGC demonstrated several model interventions in effectively spearheading rapid reduction in TB mortality and morbidity helpful for achieving Government's goal of Eliminating TB by 2025.



A cross-section of stakeholders involved in TB elimination efforts participated in the national dissemination event organized in July 2024 for sharing the project experiences and learning



Number of People's Lives Impacted



11,394

beneficiaries availed
family planning services
across Bihar (5,949),
Jharkhand (2,567) and
Uttar Pradesh (2,878)



1,829

TB survivors trained for
TB Champion role out of
2,999 survivors
identified



985

doctors and nurses
trained in Pediatric TB



563

health facility
assessments
conducted through
supportive supervision



2,514

healthcare providers
engaged in digital
health ecosystem



567

teleconsultations
conducted



Significant Stories of Success

Counseling support allows elderly to triumph over TB

Sashi Bala was diagnosed with Pulmonary TB patient in May 2024. She was admitted in Amar Hospital for seven days due to poor health. Even after discharge she was bed ridden for 20 days. The 70 year old woman lives alone in Ghumaan Nagar of Patiala as her children are settled abroad.

Simranjeet Singh, WHP Treatment Coordinator, working under the Public-Private Partnership Project supported by Government of Punjab, visited her house thrice during the Intensive Phase and counselled Sashi Bala and her relatives about TB being treatable and the importance of treatment adherence enabling early recovery from the disease. These visits and regular interaction gave Sashi Bala motivation to complete her treatment. Soon, Sashi Bala recovered completely and her health improved remarkably. The district team also visited her home to check her progress.



With treatment adherence and positive response to counselling, Shashi Bala is now on the path of recovery

Survivor becomes Champion commit to fight TB

Chinu Tiwari, is a TB survivor who was keen to participate as TB Champion when approached by WHP team. After the training she is consistently providing treatment support to TB patients in Shahadra Chest Clinic. Chinu survived TB by following on time medication and treatment completion. She wants to ensure that People with TB understand its importance, hence she felt motivated to enrol for TB Champion and support the local communities.



Chinu Tiwari survived TB and is now an active TB Champion guiding patients and communities on the disease

Motivating male client for sterilization through awareness and counselling



Wakil Kumar underwent Non-scalpel Vasectomy with counselling support from World Health Partners

Wakil Kumar from Village Kalyanpur Khas Kotwa in East Champaran recently underwent a No-Scalpel Vasectomy (NSV). When he and his wife decided to go for a permanent family planning solution having achieved the desired family size, the ASHA at the camp at first advised this couple to go for female sterilization. However, WHP's field coordinator counselled and explained Wakil Kumar about the available NSV services for male sterilization. Convincing him was not easy but he consented ultimately. The experience brought to light the severe lack of community awareness on NSV. WHP has been supporting the Government in promoting male sterilization services through awareness activities on the ground.

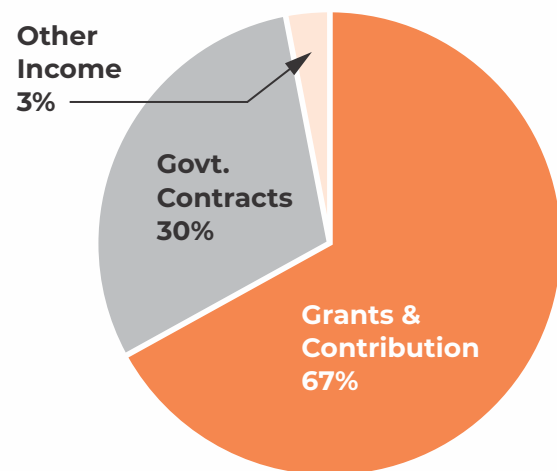


Financials

(April 2024-March 2025)

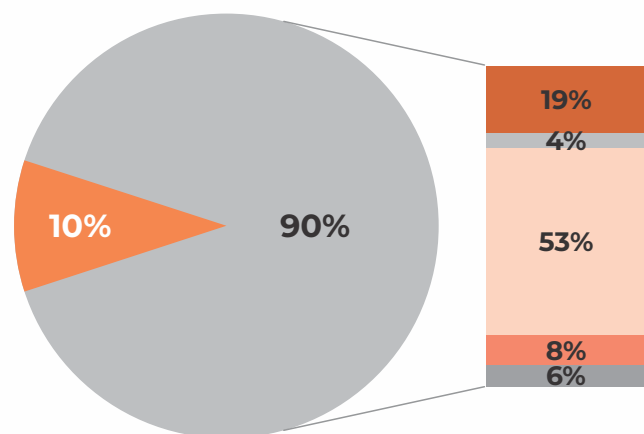
Revenue

The chart provides a break-up of the WHP source of revenue



Expenditure

The chart shows that we have utilised maximum revenue on our program expenditure.



■ Administrative Expense ■ Program Expense Consultancy Charges





Partners in Support



25



World Health Partners: Journey, Priorities and Way Forward

Supporting the integrated health ecosystem initiative

Navigating our binding commitment to deliver quality services

WORLD HEALTH PARTNERS (WHP) came into existence in 2008 with a novel objective of making primary health care services accessible and affordable for the most vulnerable and underserved communities of society.

WHP is a non-profit organization that focuses on preventive and curative health care by equipping the community with appropriate knowledge and understanding and ensuring primary health services are accessible to them. To promote this vision, it has developed a model program that leverages available public and private resources and support from public healthcare institutions and private service providers. Our health programs help create a holistic healthcare

ecosystem with human-centric solutions factoring in medical, social, educational, religious, and financial aspects. The ensuing robust structure helps develop a range of products and services needed to create volumes essential for reducing delivery costs.

WHP started its operations from three districts of western Uttar Pradesh and later expanded its work area to other states of India. The organization started its intervention with teleconsultation and telemedicine. Currently, it is delivering health services in more than 58 districts spread across 10 states of India. WHP aspires to scale up its model interventions not as a disposition but considering the need to reach a large number of people who are in the waiting.

As a service delivery organization, we have a model wherein trained and networked providers deliver most services supported by technology solutions playing a supplementary role in referral and connecting with experienced doctors in cities. This approach has



enabled access to quality primary health and reproductive healthcare in areas such as family planning, maternal health, and treatment for tuberculosis and childhood illnesses. Our mental health screening and counseling services developed for TB and COVID-19-affected survivors and communities are model interventions addressing mental health issues successfully.

The projects of WHP gained support from donors, bilateral agencies, and implementers, who saw value in our work. The support base has consistently risen with time, reinstating our belief in the work we have been doing. WHP's model has been recognized with awards from the Skoll Foundation, the (World Economic Forum's) Schwab Foundation, Ashoka Foundation, and Asian Award for Social Entrepreneurship.

We are committed to responsible scalability with the sustainability of programs. This has inspired us to explore model programs that promote entrepreneurship and optimum utilization of budget and available resources to cover recurring costs. WHP aims to utilise support from bilateral, multilateral, and private donors for capital costs needed for establishing the networks.

Mission

WHP's mission is to provide primary and reproductive health services at scale to the rural and underserved communities by enhancing the efficiency and efficacy of currently available resources. We harness the latest advances in communication, diagnostic and medical technology to establish sustainable service delivery networks that have an unwavering focus on holistic primary health.

Vision

Our vision is to bring the benefits of modern health care including reproductive health care to those who are most in need. We envision to make quality education accessible to children lacking facilities, for their growth and development, and create livelihood opportunities for socio-economic development of deprived communities.

What we believe in/ Organizational Ethics

WHP is bound by strong ethical considerations, which gives us strength and guidance to do what we aim for and which help us create new pathways in the sphere of public health, education and community empowerment.

Benchmark - Our constant effort is to create new standards in the area of quality healthcare service delivery and digital learning.

Transparency - We have a robust and systematic mechanism for communication and information sharing.

Efficiency - We focus on optimum utilization of resources by building evidence-based strategies and ensuring cost-effective beneficial service delivery.

Scale up with sustainability and equity - We understand our responsibility towards people for whom we are working hence strive towards institutionalization and sustainability of our initiatives

Entrepreneurship development - We work to develop innovative and efficient health service models utilizing local resources that are meaningful and easily accessible to the community.





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Disclaimer: All field photographs were captured with the consent of the beneficiaries/patients depicted in this document