



WORLD HEALTH PARTNERS Annual Report FY 2025 - 2026



LEADERSHIP PERSPECTIVE

Foreword from the President

The year demonstrates what is possible when public purpose is matched by implementation with unwavering focus, trusted partnerships and a sustained commitment to the communities we serve.

At World Health Partners, we believe that lasting health gains are created not through isolated activities, but by strengthening the relationships and systems that connect people to timely, respectful and effective care. During FY 2025-2026, this belief guided a diverse portfolio spanning tuberculosis detection and treatment support, community ownership, private-provider engagement, social protection, implementation research and family planning initiatives. The scale of this work is significant. More than 51,000 children living with TB were notified through the integrated pediatric TB programme, while active case-finding initiatives screened over 82,000 people from key vulnerable populations and exceeded the annual case-notification target. The Patient Provider Support Agency (PPSA) model contributed more than 66,000 TB notifications from the private sector and the Family Planning programme facilitated 13,325 procedures across three states. These achievements represent far more than numbers: each reflects an individual reached, a barrier addressed, a provider engaged or a family given a stronger opportunity to safeguard its health.

Equally important is the institutional foundation behind these outcomes. Thousands of TB Vijetas, frontline workers, local leaders, healthcare providers and public-sector partners contributed to programme delivery. Ayushman Arogya Mandirs (AAM), Primary Health Institutions (PHI) and Gram Panchayats (GP) were engaged as part of a broader effort to make TB elimination locally owned and sustainable. Our social-protection initiative showed that counselling and practical facilitation can help TB-affected households access benefits that reduce financial vulnerability. At the same time, implementation research and the trial of digital adherence technologies continued to generate evidence for more effective and efficient models of care.

Our work is strongest when service delivery, community participation, patient support and evidence generation reinforce one another.

Not every indicator reached its full annual target and our role requires us to examine those gaps with honesty and context. Several results were close to target, while others depended on complex interrelationships among programme maturity, geography, service readiness, community participation, documentation and verification. We view these results not simply as shortfalls, but as management signals that help us identify where conversion from activity to verified outcome must become stronger. Looking ahead, WHP will continue to consolidate the approaches that have delivered results while expanding into areas that respond to emerging health and development needs. Our growing attention to diabetes, mental health and climate action reflects a commitment to remain relevant as the context around communities changes. We will approach these areas with the same principles that guide our established portfolio: partnership, evidence, equity, practical innovation and accountability.

I extend my sincere appreciation to our government counterparts, donors, research institutions, implementation partners, private providers, community leaders and frontline workers. I am grateful to WHP colleagues whose professionalism, resilience and compassion make this work possible. Together, we will continue to build programmes that deliver measurable outcomes today while strengthening the systems required for healthier and more resilient communities tomorrow.

Gopi Gopalakrishnan
President, World Health Partners



LEADERSHIP PERSPECTIVE

Country Director's Message

FY 2025-2026 was a year of delivery, learning and organisational consolidation for World Health Partners. Our portfolio continued to pursue measurable health outcomes while strengthening the systems, partnerships and community capabilities needed to sustain them.

Our programmes operated across multiple states, institutional settings and points of care, but they were connected by a common purpose: to make quality services more accessible to people who face geographic, social, financial or informational barriers. This required our teams to work across the full pathway from community mobilisation and provider engagement to screening, diagnosis, referral, treatment initiation, adherence support, reporting and verification. The year's achievements therefore reflect not only reach, but also the quality of coordination required to translate activity into completed outcomes.

The integrated Pediatric TB and Technology-Enabled Active Case Finding project demonstrated the value of combining statewide systems with focused innovation. Pediatric TB programming covered 120 districts across Uttar Pradesh, Punjab and Haryana and notified 51,265 cases while maintaining a treatment success rate of 93%. In 11 active case-finding districts, 1,784 community camps screened 82,235 people from key vulnerable populations and notified 942 TB cases, achieving 116% of the annual target. Portable chest X-ray, private radiology partnerships, specimen transport and rapid linkage to NTEP services helped reduce delays between risk identification and care.

Private-provider engagement remained another important pillar. Through the PPSA model, WHP supported 66,278 TB notifications across Bihar, Odisha, Punjab, Haryana and Delhi, covering an estimated population of more than 57 million. Odisha and Punjab exceeded their state targets, while performance in other states highlighted the importance of adapting implementation to local provider networks, programme maturity, referral completion and verification systems. These variations give us a more precise management agenda than a single portfolio-wide judgement would allow.

Our community-systems work through IMPACT reinforced that durable progress depends on local ownership. The engagement of 4,405 AAMs and PHIs, the mobilisation of 7,585 active TB Vijetas and the training of 1,801 Gram Pradhans created a broad platform for awareness, early care-seeking, treatment support and stigma reduction. At the same time, progress towards TB-free Gram Panchayat declarations showed that mobilisation must be matched by service readiness, case-finding, documentation and formal validation. Strengthening that conversion pathway will be an important priority.

Patient-centered support and evidence generation added important depth to the portfolio. Structured counselling and active facilitation enabled 118 TB patients to access at least one social-protection scheme, demonstrating that health outcomes cannot be separated from the economic realities faced by households. The multi-site trial of digital adherence technologies enrolled 1,020 patients across three intervention arms, reaching 95% of its planned sample and creating a strong foundation for evidence on effectiveness, feasibility and cost. The Family Planning programme, meanwhile, completed five consecutive years of public-private service delivery and facilitated 13,325 female sterilisation procedures during 2025.

These results were enabled by a workforce of 388 employees and consultants across nine states and six major projects. Strong statutory compliance, minimal-to-no observations across donor and external audits, and sustained

investment in training and employee engagement provided the organisational discipline required for programme continuity. We will continue to strengthen management systems, data quality, cross-project learning and the capabilities of our people, because scale without reliable systems cannot produce durable impact.

The coming year will require us to protect successful outreach and partnership models while becoming more rigorous about the final steps between activity and verified outcome. We will deepen local bottleneck analysis, strengthen follow-up and reporting, and use evidence to adapt approaches across different geographies. As we look to the future, we will build on our established work in NCDs, HIV and mental health while expanding into climate change and health as a strategic area of focus. This evolution reflects our commitment to responding to the changing health needs of communities through stronger partnerships, evidence-informed approaches, and resilient health systems. One of the clearest management lessons from the year is that data must do more than document performance after the fact; it must guide action while implementation is still under way. We will strengthen the regular use of disaggregated data, local review forums and structured follow-up so that teams can identify where people are being lost between mobilisation, screening, referral, diagnosis, treatment and verification. This will help us distinguish operational delays from structural constraints and direct support to the places where it can make the greatest difference.

Integration will remain equally important. The strongest field examples in this report emerged when programme teams, public institutions, private providers and community actors worked across conventional boundaries. Pediatric TB screening linked with nutrition platforms; active case finding extended into households and vulnerable settlements; social-protection counselling addressed the financial pressures experienced by TB-affected families; and cross-project coordination helped locate people who might otherwise have remained outside care. We will build on these connections so that individuals experience a coherent pathway of support rather than a series of disconnected interventions.

I thank our government partners, donors, research collaborators, healthcare providers, community institutions and implementation partners for their trust and shared commitment. I also thank every WHP colleague and frontline worker whose persistence turns strategy into service. The progress reflected in this report belongs to all of them. As we move forward, our focus will remain clear: reach people earlier, support them more cocontinuously and build systems capable of sustaining impact.

Prachi Shukla

Country Director, India
World Health Partners



Contents

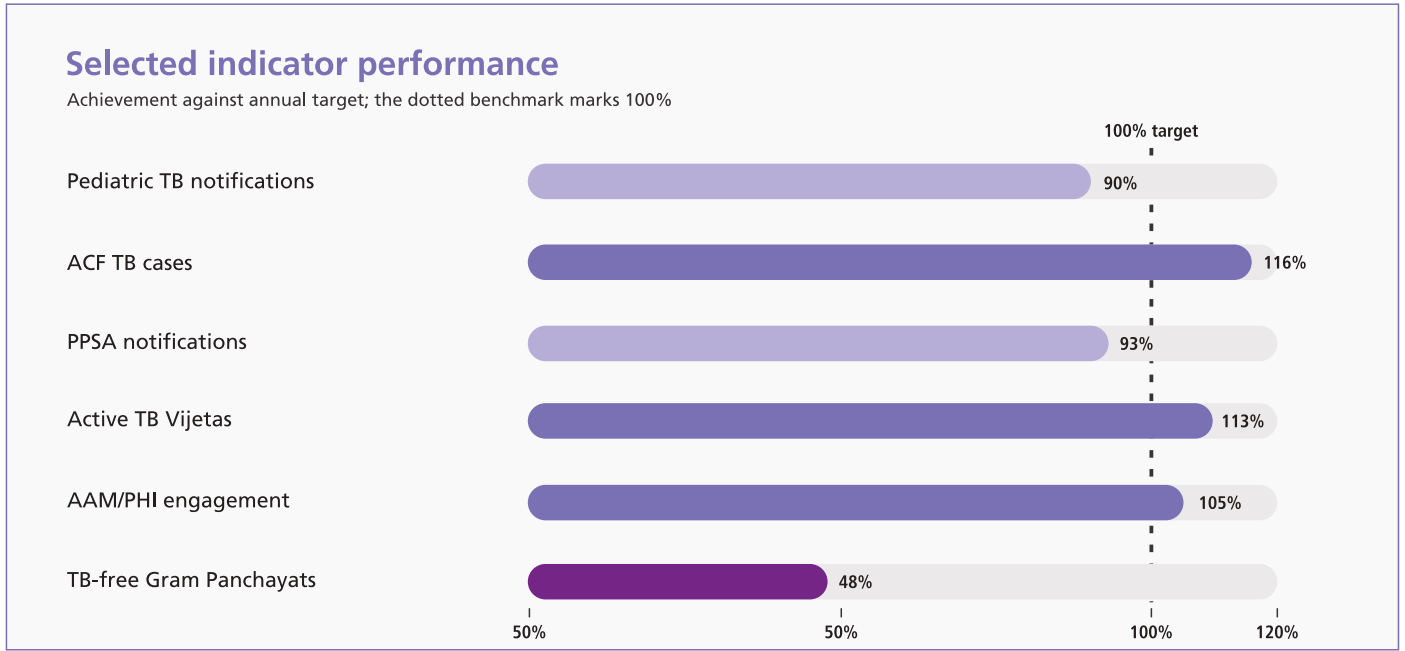
- 07** A diversified portfolio delivered outcomes while strengthening the systems that sustain them
- 08** Integrated Pediatric TB and Technology-Enabled Active Case Finding
- 10** Patient Provider Support Agency
- 12** Social Protection for TB Patients
- 14** IMPACT: Integrated Measures for Prevention and Care in TB
- 16** From Survivor to System Leader
- 18** Randomized Controlled Trial on Digital Adherence Technologies
- 19** Family Planning Programme
- 20** Behind every indicator is a person, family or community
- 22** Outreach that finds risk before it becomes a missed case
- 23** Non-Communicable Diseases (NCDs): Diabetes and Mental Health
- 25** Mental Health
- 27** Climate Action: building the foundation for a high-impact portfolio
- 28** Organisational capability enabled programme continuity at scale
- 29** A diversified funding base supported delivery at scale
- 30** People and specialist expertise accounted for nearly two-thirds of expenditure
- 32** From performance to sustained impact

EXECUTIVE OVERVIEW

A Diversified Portfolio Delivered Outcomes While Strengthening the Systems that Sustain Them

The portfolio combined service delivery, community ownership, private-provider engagement, patient support and implementation research across multiple geographies. This integrated approach addressed immediate gaps in detection, access and continuity of care while building stronger local systems, partnerships and evidence for scale.

51,265	82,235	66,278	13,325
Pediatric TB cases notified	Vulnerable people screened	Private-sector TB notifications	Family planning procedures
7,585	118	10,20	388
Active TB Vijetas	Patients linked to social protection	RCT participants enrolled	Employees and consultants



Selected indicators show strong performance across outreach, private-provider engagement and community systems; TB-free Gram Panchayat declarations reached 48% against a 50% target.

Results above target validate technology-enabled outreach, community mobilization and provider engagement. Indicators still progressing towards target are not uniformly weak; several are within reach, while remaining gaps reflect multiple interdependencies across programme maturity, geography, capacity, referral pathways, follow-up and verification.

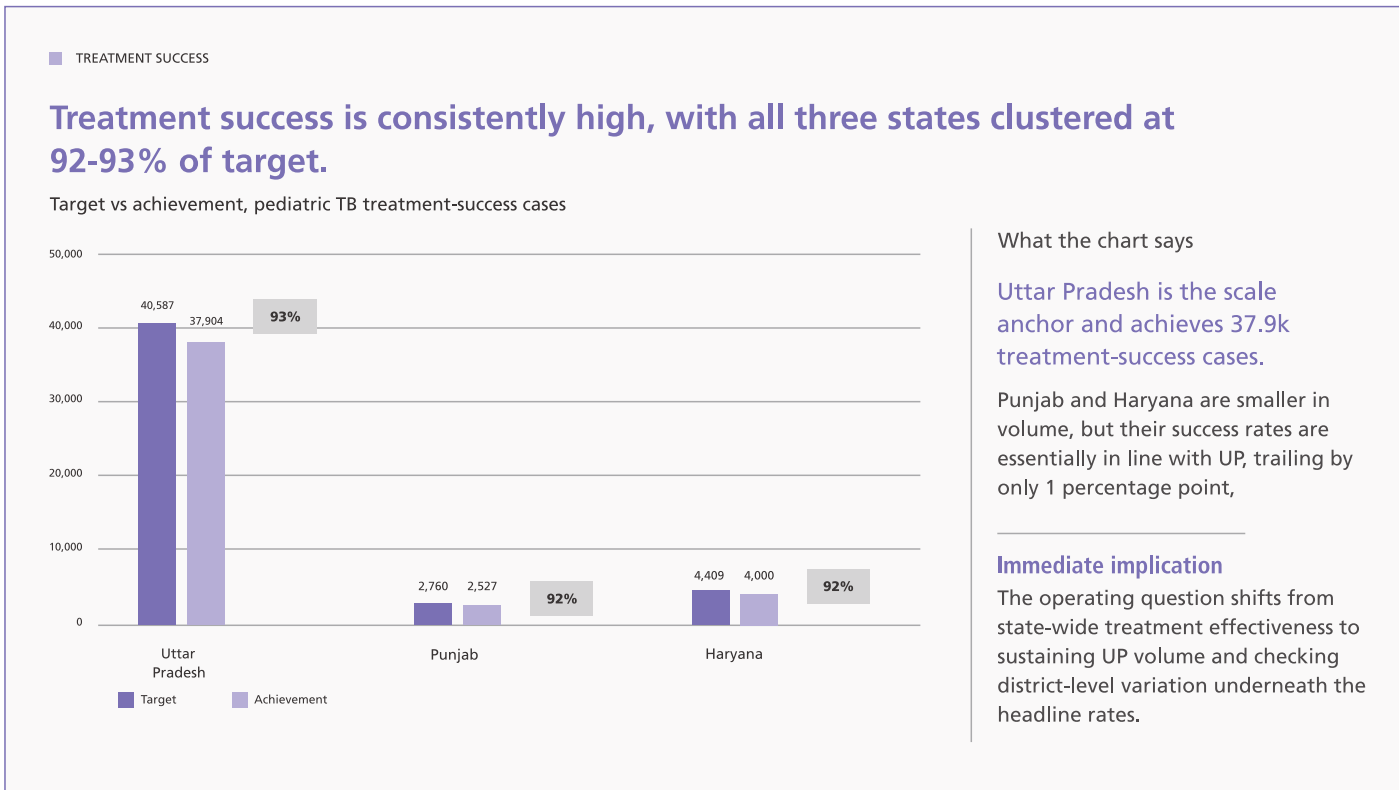
Integrated Pediatric TB and Technology-Enabled Active Case Finding

Early detection for children and vulnerable populations across Uttar Pradesh, Punjab and Haryana.

120	51,265	93%	90%
Districts covered by pediatric TB program	Pediatric TB cases notified	Treatment success rate	Annual notification target achieved

WHP implements the initiative as a sub-recipient of SAATHII in coordination with the Central TB Division, State TB Cell and district NTEP teams. The pediatric component operates across all 75 districts of Uttar Pradesh, 23 districts of Punjab and 22 districts of Haryana, strengthening detection, treatment initiation and outcomes.

The project recorded sustained growth in pediatric TB notifications and a gradual increase in the share of pediatric cases detected - an encouraging indication that the gap between estimated and reported burden is narrowing. During January–December 2025, the project notified 51,265 pediatric TB cases, achieving 90% of the annual target, while maintaining an overall treatment success rate of 93%.



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1,784	82,235	942	116%
Community screening camps	People from key vulnerable populations screened	TB cases identified and notified	Annual ACF target achieved

In 2025, the ACF initiative conducted 1,784 community screening camps and screened 82,235 individuals from Key Vulnerable Populations. The intervention identified and notified 942 TB cases, achieving 116% of the annual target and significantly exceeding program expectations.

The project demonstrates the power of technology-enabled outreach, strong government partnerships, and community-centered implementation in reaching underserved populations. By integrating pediatric TB services with targeted active case finding, WHP continues to advance early diagnosis, improve treatment outcomes, and strengthen India's efforts toward TB elimination, particularly among children and other vulnerable populations.



A woman undergoes an X-ray examination during an ACF camp organized by WHP in Sonipat, Haryana. The handheld x-ray device belongs to the public sector and is operated by WHP's district handheld x-ray coordinator.

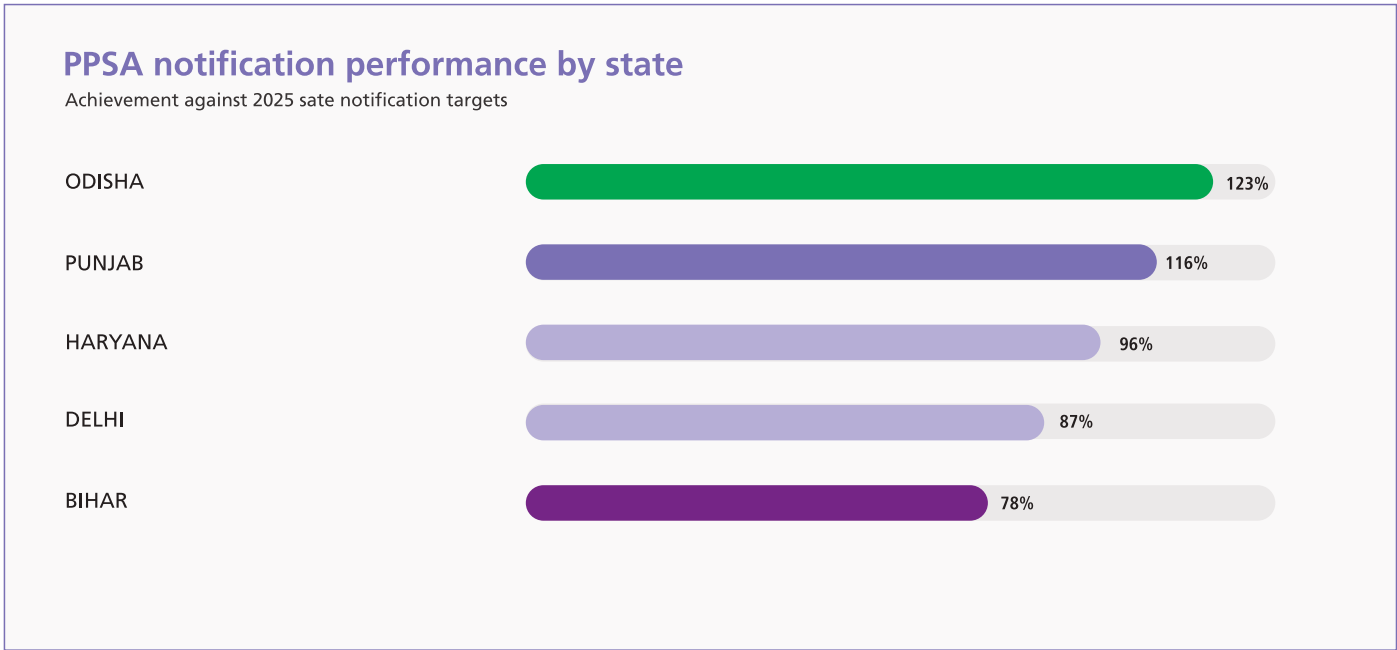
Patient Provider Support Agency

Connecting private-sector care with notification, adherence support and treatment completion.

57M+	27	66,278	93%
Estimated population covered	Implementation districts	TB cases notified	Annual target achieved

WHP implements the government-funded PPSA model across Bihar, Odisha, Punjab, Haryana and Delhi. The project engages private providers, improves TB notification and helps patients remain connected to diagnosis, treatment and follow-up within the National Tuberculosis Elimination Programme.

Coverage spans nine districts in Bihar, four in Odisha, five in Punjab, two in Haryana and seven in Delhi. This scale positions PPSA as an important bridge between private care-seeking behaviour and public-health surveillance.

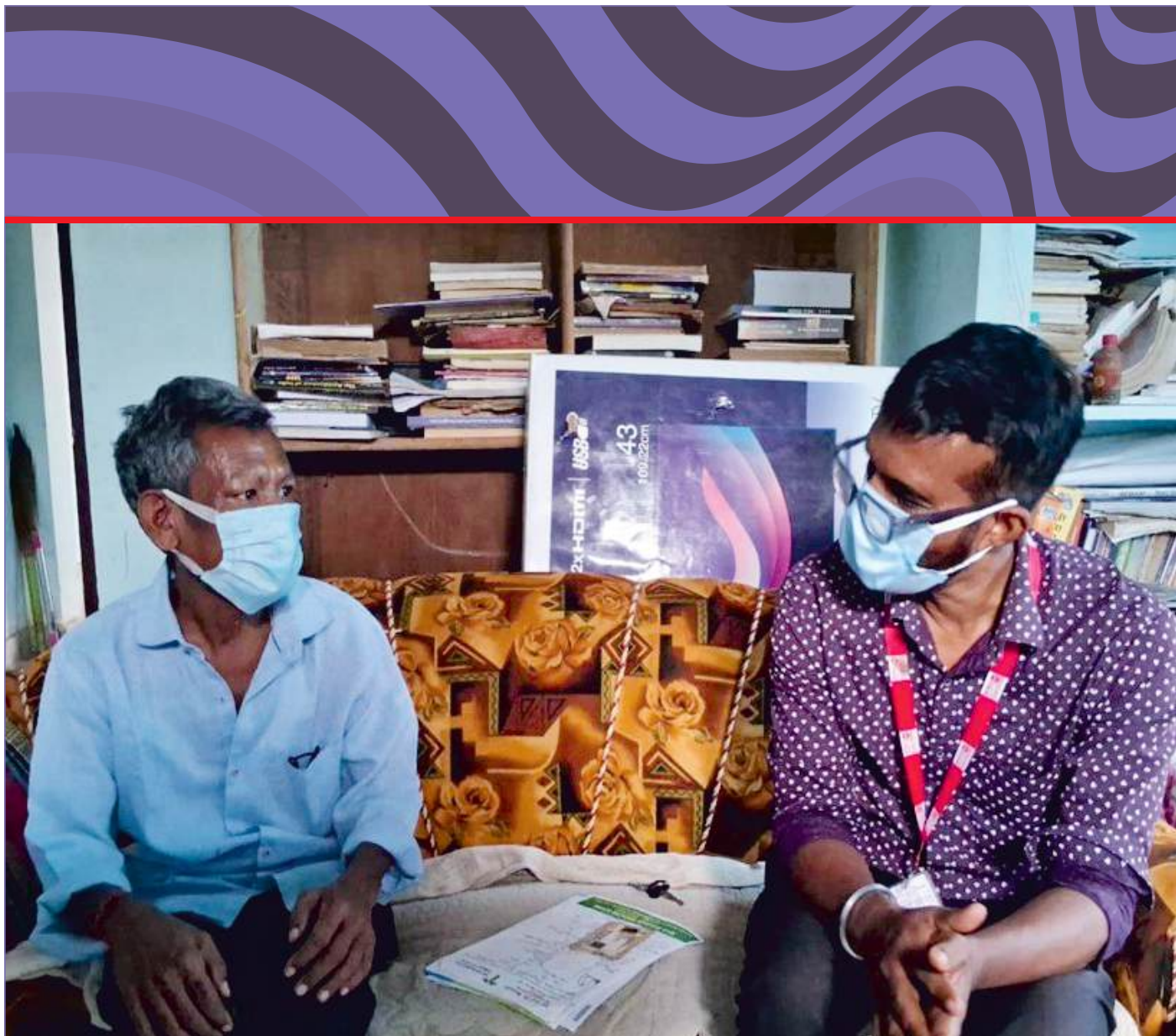


Odisha and Punjab exceeded their notification targets; Haryana remained close to target, while Delhi and Bihar indicate where focused acceleration can yield further gains.

During January–December 2025, the PPSA project notified 66,278 TB cases, achieving 93% of the annual target. Odisha emerged as the highest-performing state, achieving 123% of its notification target, followed by Punjab (116%), Haryana (96%), Delhi (87%) and Bihar (78%). The project continues to play a critical role in engaging private healthcare providers, improving notification rates, and ensuring continuity of care for TB patients within the private sector

MANAGEMENT LENS

The strong results in Odisha and Punjab validate the provider-engagement model. Performance variation should be examined alongside provider density, programme maturity, referral completion, patient follow-up and notification verification rather than treated as a single implementation issue.

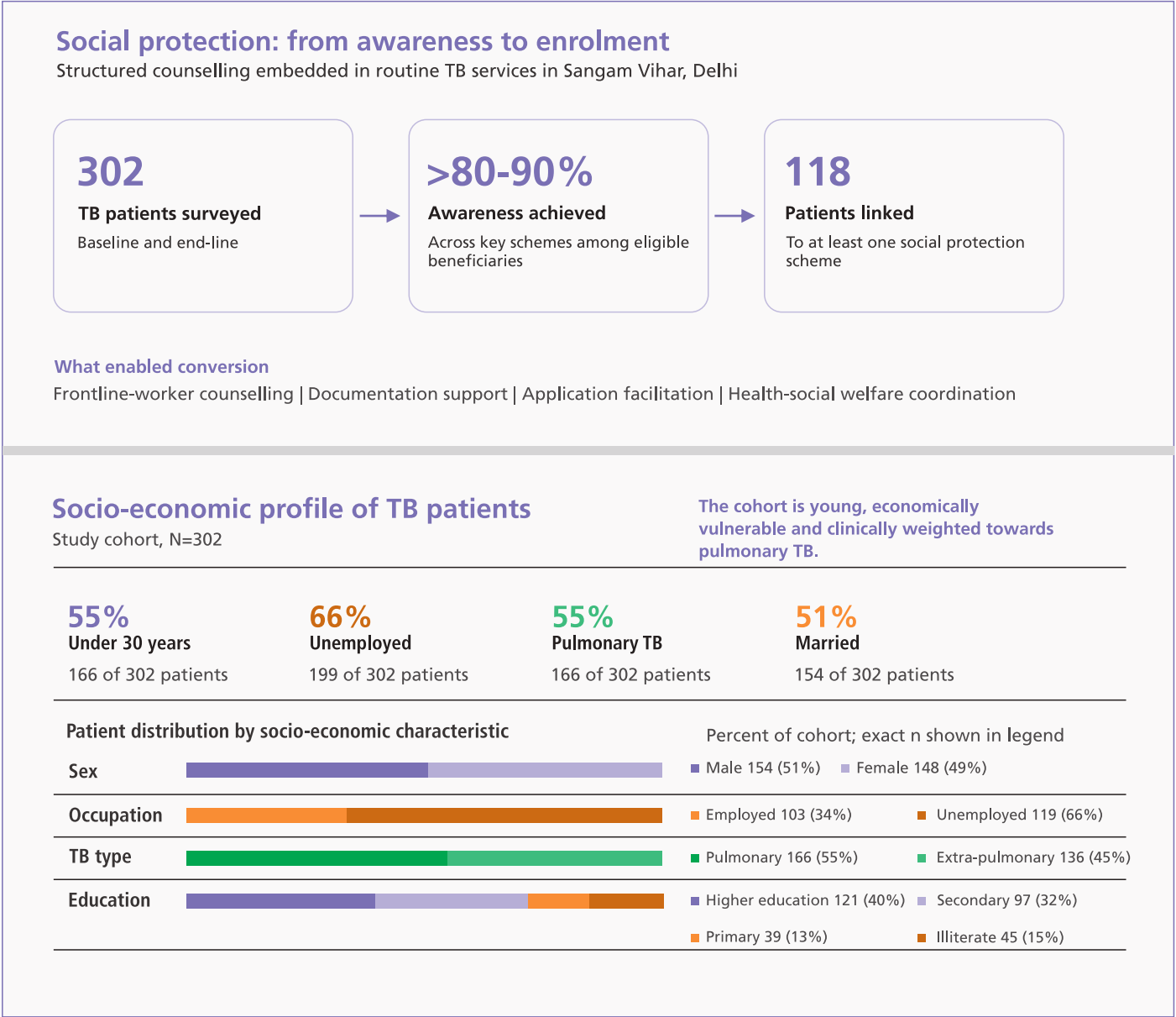


Home visit to counsel a TB patient by WHP's field officer under its PPSA Odisha Project. Home visits are an important activity under PPSA to ensure patients' adherence to their treatment regimen. The field staff counsel patients and their family members, collect Direct Bank Transfer (DBT) related documents and undertake contact tracing.

Social Protection for TB Patients

Reducing financial vulnerability by integrating welfare-scheme facilitation into routine TB services.

The one-year Sangam Vihar initiative addressed the indirect costs that shape treatment experience - wage loss, transport, nutrition and household financial stress. Frontline workers were trained to provide personalised counselling and practical support with documentation, applications and enrolment.





From counselling to action: Frontline workers play a critical role in helping TB patients navigate social protection schemes. When counselling is combined with active facilitation, documentation support and coordination with welfare systems, social protection can become an integral part of routine TB care.

EVIDENCE FOR SCALE

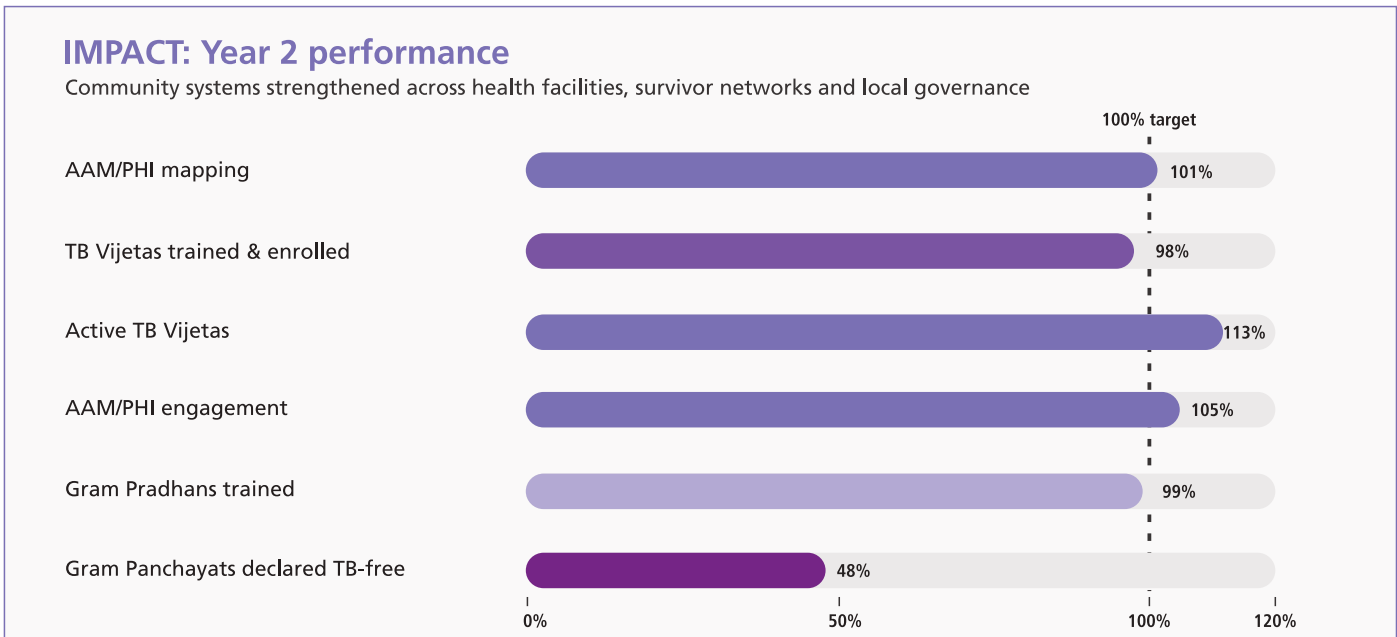
Frontline-worker support emerged as the most important determinant of successful enrolment. Social protection can be embedded in TB care when counselling is paired with active facilitation and coordination across health and welfare systems.

Uptake was strongest for schemes addressing immediate financial vulnerability, including AB-PMJAY, PMJDY, PMSBY and the E-Shram Card. Administrative constraints, particularly pension quotas, continued to limit access to selected benefits.

IMPACT: Integrated Measures for Prevention and Care in TB

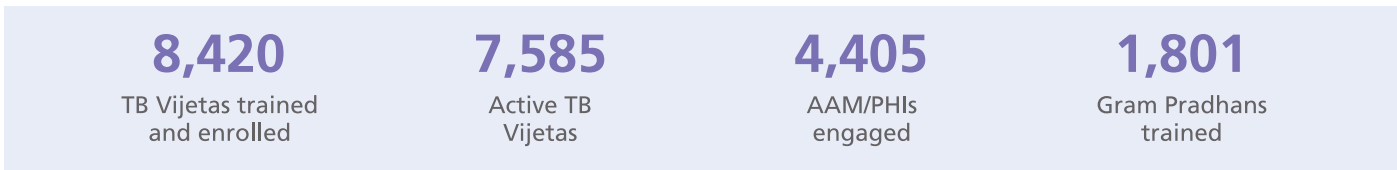
Building durable community ownership through frontline institutions, TB survivors and local governance.

During its second year, IMPACT kept all intervention districts operational and strengthened Ayushman Aarogya Mandirs and Primary Health Institutions as access points for prevention, detection, referral and care.



Five of six Year 2 indicators were achieved or within reach; TB-free Gram Panchayat declarations reached 48% against the 50% target.

A growing cadre of TB survivors supports awareness, stigma reduction, early care-seeking and treatment adherence. Gram Panchayat mapping, capacity building and state-level Training of Trainers with NTEP and Panchayati Raj officials created a foundation for institutionalization and scale.



A major focus during the year was the development of a strong network of TB Vijetas. Through extensive training and engagement of TB survivors, the project successfully established a cadre of community advocates who now play a leading role in generating awareness, reducing stigma, promoting early care-seeking, supporting treatment adherence, and strengthening community participation in TB elimination efforts.

Under the Panchayati Raj Institutions (PRI) component, Gram Panchayat mapping and capacity-building activities were completed across nearly all intervention areas. State-level Training of Trainers (ToTs) were also conducted jointly with officials from the NTEP and Panchayati Raj Departments to support institutionalization and scale-up of community-led TB elimination efforts.



Communities become stronger when knowledge is shared, stigma is challenged and every individual understands that TB is preventable, treatable and curable. Our dedicated TB Vijetas are at the forefront of this movement, engaging directly with community members through awareness meetings that encourage open dialogue on Tuberculosis.

From Survivor to System Leader

Empowering Communities through TB Vijetas

Seema's journey shows how lived experience, when paired with structured training and frontline health-system support, can become a practical engine for earlier detection, stronger treatment adherence and greater community trust.

Trust as a health-system capability

Ending TB requires more than diagnostics and medicines, it requires people to trust & use them. Stigma and misinformation widen the gap between available and trusted care, delaying diagnosis & weakening adherence. The IMPACT India Project bridges this gap by empowering TB survivors as credible community partners.

From recovery to community leadership

Seema, a young resident of Chakoni village in Udham Singh Nagar, Uttarakhand, was diagnosed with TB in 2023 after developing a persistent cough. Initially fearful that TB could not be cured, she received sustained counselling from NTEP staff & support from her local ASHA didi. She completed six months of treatment, adhered to medication, improved her nutrition and recovered fully. Her experience gave her a clear understanding of what patients need alongside clinical care: accurate information, reassurance and practical support.

Recognizing her potential, the project trained Seema as a TB Vijeta. Structured capacity-building strengthened her knowledge of pulmonary & extra-pulmonary TB, symptom recognition, referrals, treatment adherence & community communication. Today, she works through Village Health, Sanitation and Nutrition Committee (VHSNC) meetings, Jan Arogya Samiti platforms & school activities. She encourages symptomatic people to seek testing & supports those undergoing treatment. Her lived experience allows her to challenge stigma with authenticity and make formal services feel more accessible.

Measurable impact, scalable principle

Local health officials report that Seema's engagement has contributed to greater use of the AAM, stronger TB screening & more effective referral. Community referrals supported the diagnosis of three additional TB cases & their treatment. The broader lesson is clear: survivor leadership can strengthen the connective tissue between households and health facilities. TB Vijetas complement clinical teams by activating existing pathways, reinforcing adherence & building trust - turning community ownership into a practical health-system capability.

Impact at a Glance

One survivor's leadership strengthened multiple points along the local pathway from awareness to treatment.

CAPABILITY	EVIDENCE OF CHANGE
Community leadership	A recovered TB survivor trained & activated as a trusted TB Vijeta.
Community reach	Awareness, referral & adherence support delivered through village committees, community platforms & schools.
Frontline systems	Stronger screening, specimen transportation & use of services at the AAM.
Case detection	Three additional people diagnosed with TB & linked to treatment following community referrals.



Seema, a TB Vijeta, sensitizing her community on TB symptoms, prevention and the importance of completing treatment. Through her lived experience and community engagement, she is helping people recognise TB symptoms early, overcome myths and misconceptions, encourage timely testing and treatment, and reinforce the message that TB is preventable, curable and treatable.

KEY INSIGHT

SURVIVOR LEADERSHIP IS SYSTEMS STRENGTHENING

Sustainable TB elimination depends not only on stronger clinical services, but on trusted community actors who make those services easier to reach and use. The TB Vijeta model turns lived experience into local capability, strengthening detection, adherence and community ownership at the same time.

Randomized Controlled Trial on Digital Adherence Technologies

Generating patient, provider, operational and economic evidence for future TB adherence strategies.

WHP is implementing a multi-site Randomized Controlled Trial (RCT) designed to evaluate the effectiveness, operational feasibility, and cost-effectiveness of different Digital Adherence Technologies (DATs) for TB treatment monitoring.

The study combines behavioural science, qualitative research, health economics and advanced analytics to understand patient and provider experiences, optimize frontline worker workflows, and identify the most efficient approaches to treatment adherence monitoring. During the reporting period, 112 healthcare providers were engaged, of whom 80% actively prescribed Fixed Dose Combinations (FDCs). Patient enrolment reached 95% of the planned sample size, with 1,020 patients enrolled across three intervention arms. Additionally, 293 liquid culture samples were collected and are currently undergoing laboratory analysis. Findings from the study are expected to generate evidence to inform future TB treatment adherence strategies and policy decisions.

Digital adherence technologies: trial enrolment

Multi-site evidence generation across three intervention arms

1,020 patients enrolled
95% of planned sample achieved



MERM



Refill-based monitoring



99Dots Lite

Additional evidence generated: 112 healthcare providers engaged | 293 liquid-culture samples collected

112

Healthcare providers engaged

80%

Actively prescribing FDCs

293

Liquid-culture samples collected

3

Intervention arms

The study moves beyond technology adoption to identify which adherence approaches are effective, workable for providers and patients, and efficient enough to inform policy and future scale.

Family Planning Programme

Five years of PPP-enabled access to quality services across Bihar, Jharkhand and Uttar Pradesh.

The programme delivered counselling, registration, clinical screening, sterilisation services and post-procedure follow-up through Primary Health Centres and Community Health Centres. Services in Uttar Pradesh concluded in October 2025 after non-payment of dues from the state government; operations successfully continued in Bihar and Jharkhand.

Family planning service delivery

Female sterilization procedures facilitated during 2025

13,325 procedures



■ Bihar 8,936 ■ Jharkhand 2,740 ■ Uttar Pradesh 1,649

Five consecutive years of PPP-enabled delivery across Bihar, Jharkhand and Uttar Pradesh

Geographic coverage included seven districts each in Bihar and Jharkhand and three districts in Uttar Pradesh. Sustained delivery over five consecutive years reflects WHP's commitment to informed reproductive choices and access for underserved communities.



Expanding access to quality family planning services through PPP-enabled care across Bihar, Jharkhand and Uttar Pradesh.

PROGRAMME ACHIEVEMENT

The 13,325 procedures facilitated in 2025 demonstrate the reach possible when public facilities, government partnerships and programme teams operate through a coordinated service-delivery model.

Behind Every Indicator is a Person, Family or Community

Field stories show how timely detection, counselling and integrated outreach translate programme systems into lived outcomes.

Khushi's courage: from fear to hope

A TB screening camp organized at Dhingra Nursing College Hostel in Amritsar became a life-changing moment for 20-year-old Khushi, a first-year nursing student with dreams of serving others through healthcare. During screening, Khushi was identified as having symptoms suggestive of tuberculosis. The diagnosis left her frightened and uncertain about the future. Living away from home and pursuing her studies, she was worried about how the disease would affect her life and aspirations. At this crucial moment, the World Health Partners (WHP) team counselled and reassured her that TB is completely curable when diagnosed early and treated properly.

With support from the health team and the National TB Elimination Programme (NTEP), Khushi began treatment and adhered to it diligently. Over time, she made a full recovery. What makes Khushi's story remarkable is what happened next. Rather than allowing the experience to define her, she transformed it into a mission. As a nursing student and TB survivor, she began encouraging fellow students to participate in screening, seek timely care, and overcome the fear and stigma often associated with TB. She actively supported awareness and screening activities within the hostel, helping ensure that others could benefit from early diagnosis and treatment. Today, Khushi is more than a TB survivor, she is an advocate for awareness, early detection, and hope. Her journey demonstrates how timely diagnosis, compassionate support, and determination can turn a personal challenge into an opportunity to inspire others.



Khushi, a nursing student and TB survivor, now encourages her peers to seek early screening and overcome the fear and stigma associated with TB.

FROM PATIENT TO ADVOCATE

Timely diagnosis and compassionate support did more than restore health: they enabled a young survivor to become a credible voice for early detection.

Integrating malnutrition and TB screening

In Bhiwani, Haryana, WHP and District Health Department of Women and Child Development (WCD) teams organized a Pediatric Malnutrition and TB Screening Camp that screened 45 malnourished children. Ten were identified as presumptive pediatric TB cases and one child was confirmed with TB and linked to treatment. The initiative showed how nutrition platforms can help find vulnerable children earlier and strengthen coordination between TB and child-health systems.

The initiative targeted malnourished children, a group particularly vulnerable to developing active TB due to weakened immunity. Through coordinated efforts involving Aanganwadi workers, pediatric specialists, TB programme staff and WHP teams, children were mobilized, clinically assessed and screened for TB symptoms. The camp screened 45 malnourished children and identified 10 presumptive pediatric TB cases. One child was subsequently confirmed to have TB and was linked to appropriate treatment services. The findings underscored the value of targeted screening among high-risk populations, where nearly one in five children screened required further TB evaluation.

Beyond identifying cases, the initiative strengthened collaboration between nutrition and TB programmes, increased caregiver awareness of pediatric TB symptoms, and demonstrated how existing child nutrition platforms can be leveraged to improve TB detection. The Bhiwani experience offers a practical and scalable model for integrating TB screening into nutrition programmes. By bringing together health, nutrition, and



Every child deserves a healthy start to life. collaborative, community-based efforts like these are essential to protecting children, strengthening families and advancing the vision of a TB-Mukt Bharat where every child has the opportunity to grow up healthy and thrive

community systems, the intervention highlights how early detection among vulnerable children can contribute meaningfully to India's TB elimination efforts.

Outreach that Finds Risk Before it Becomes a Missed Case

Finding children before TB finds them

At an ACF Mega Camp in Koom Kalan, Ludhiana, outreach teams extended screening beyond the camp to workers' residential colonies. Among 53 children screened, five had abnormal chest X-rays and were referred for evaluation. Two children and one adult were diagnosed with TB and linked to treatment. Coordination across WHP's Pediatric TB, ACF, PPSA and district NTEP teams helped uncover cases that a fixed-site approach could have missed.



ACF Camp where children were screened for TB symptoms and parents received counselling on the importance of early detection, timely screening, and seeking appropriate care

The success of the camp was made possible through close collaboration between the WHP Pediatric TB, Active Case Finding (ACF), PPSA, and District NTEP teams. It stands as a powerful example of how integrated, community-based approaches can help uncover hidden TB cases and accelerate progress toward TB elimination.

INTEGRATED OUTREACH

Household visits, pediatric focus and cross-project coordination converted a community event into earlier diagnosis for children and reduced the risk of continuing household transmission.

Non-Communicable Diseases (NCDs): Diabetes and Mental Health

A dedicated section for WHP's evolving work on prevention, early identification, referral, continuity of care and people-centered support.

Diabetes and HIV

Early Detection of Diabetes and HIV through Integrated Private Sector Screening

World Health Partners has embedded opportunistic screening for Diabetes and HIV within routine patient services at participating private healthcare facilities, enabling early identification of individuals who may otherwise remain undiagnosed. Every eligible patient visiting participating clinics is systematically screened using standardized protocols. Individuals with suspected Diabetes or reactive HIV test results are promptly linked to physician consultation, confirmatory testing where required, counselling, and appropriate treatment services. Family members are also engaged through counselling sessions to promote awareness, treatment adherence, risk reduction, and sustained health-seeking behaviour.

During the reporting period, the programme identified 3,001 individuals with Diabetes (overall positivity rate: 5.38%) and 280 individuals with reactive HIV test results (positivity rate: 0.55%) across five states. Odisha recorded the highest positivity for both diabetes (9.05%) and HIV (1.3%), underscoring the importance of targeted screening in high-burden settings. Bihar and Punjab together accounted for nearly two-thirds of all diabetes cases detected, reflecting both the scale of programme implementation and the substantial burden of previously undiagnosed disease in these populations.



Bringing screening closer to every patient. Opportunistic screening for Diabetes and HIV within routine private healthcare services enables early identification, timely counselling and seamless linkage to confirmatory testing and appropriate care.

These findings demonstrate the value of integrating routine screening within the private healthcare sector. By identifying high-risk individuals early and facilitating timely referral, clinical consultation, counselling, and continuity of care, the programme strengthens the continuum of care for chronic and infectious diseases while reducing missed opportunities for diagnosis and improving long-term health outcomes.

State	Individuals identified with Diabetes	Diabetes positivity	HIV reactive individuals	HIV reactivity
Bihar	1,056	3.95%	76	0.3%
Punjab	943	5.36%	93	0.5%
Haryana	203	4.22%	12	0.3%
Odisha	523	9.05%	77	1.3%
Delhi	276	4.33%	22	0.3%
Total	3,001	5.38%	280	0.55%



Bringing care closer to the community — screening and counselling of a high-risk patient by a Field Officer to enable timely referral and clinical consultation.

Mental Health

Expanding Access to Community-Based Mental Health Care

Recognizing that mental health is fundamental to overall health and well-being, World Health Partners (WHP) has integrated mental health services within its community-based primary healthcare platform to improve early identification, timely support and access to quality care. Through trained frontline workers, healthcare providers and technology-enabled service delivery, WHP seeks to bridge the substantial treatment gap by making mental health services more accessible, acceptable and person-centred, particularly among underserved and vulnerable populations.



Making mental health support accessible through technology. WHP's call centre uses a stepped-care approach to enable early identification, screening and counselling for mental health concerns, while connecting individuals to specialised care when needed

The programme adopts a stepped-care approach that emphasizes early recognition of psychological distress, systematic screening, counselling and referral to appropriate mental health professionals when specialized care is required. Individuals identified with symptoms of anxiety, depression, stress or other common mental health conditions receive counselling, psychosocial support and guidance on available treatment options. Where appropriate, family members are actively engaged to strengthen social support, reduce stigma, improve treatment adherence and facilitate recovery within the home environment.

WHP also promotes community awareness to address misconceptions surrounding mental illness, encourage early help-seeking behaviour, and foster supportive environments for individuals living with mental health conditions. By integrating mental health into routine primary healthcare rather than treating it as a stand-alone service, the programme contributes to improved access, continuity of care, and long-term psychological well-being while advancing a more holistic, people-centred health system.

Indicator	Total	%
Patients screened for Mental Health	21,879	n/a
Patients identified as normal	18,379	84%
Patients identified with MH issues	3,502	16%
Patients initiated on MH related counselling	3,048	87%
Patients completed MH related counselling	2,942	97%
Patients referred to higher institutions for therapeutic care	345	10%



Breaking the Silence on Mental Health — Mobile outreach vans and community-based pamphlet distribution are creating awareness and connecting communities with mental health information and support.

Climate Action: Building the Foundation for a High-Impact Portfolio

Climate action is a relatively new but rapidly evolving area of work at WHP.

We have begun our journey by strengthening the internal capacity of our teams to understand climate change and its implications for health and development outcomes. Building on this foundation, WHP anticipates rapidly expanding its work into diverse and high-impact areas.

01

BUILD UNDERSTANDING

Strengthen the capacity of WHP teams to understand climate change and its implications.

02

INTEGRATE A CLIMATE LENS

Apply emerging learning to programme design, partnerships and organizational decision-making.

03

EXPAND WITH INTENT

Develop a diverse portfolio of practical, high-impact climate and development action.

WHERE WE ARE NOW

Internal capability building and organizational learning are creating the foundation for a credible climate-action portfolio.

NEXT STEPS

WHP intends to move rapidly from awareness and capacity building towards a broader set of high-impact interventions and partnerships.

Climate action will be developed as a cross-cutting organizational priority, connecting environmental change with health equity, resilient systems and sustainable development outcomes.

Organisational Capability Enabled Programme Continuity at Scale

People and systems behind the portfolio

Workforce scale, capability and compliance during 2025

388

employees and consultants

9

States

6

Major projects

15 of 22

Training sessions delivered

193 average participants per training session

Management signals

Full statutory compliance | Minimal-to-no audit observations | Strong employee retention | Staff-led humanitarian action

Human Resources supported recruitment, onboarding, deployment, performance support and employee relations across a geographically dispersed portfolio. Workforce planning remained aligned with programme requirements, supporting continuity across IMPACT India, Integrated Pediatric TB, PPSA, the digital adherence RCT, implementation research and Family Planning.



WHP maintained statutory compliance across PF, ESIC, gratuity, minimum wage and other labour requirements, while implementation of POSH guidelines reinforced a safe, respectful and inclusive workplace.

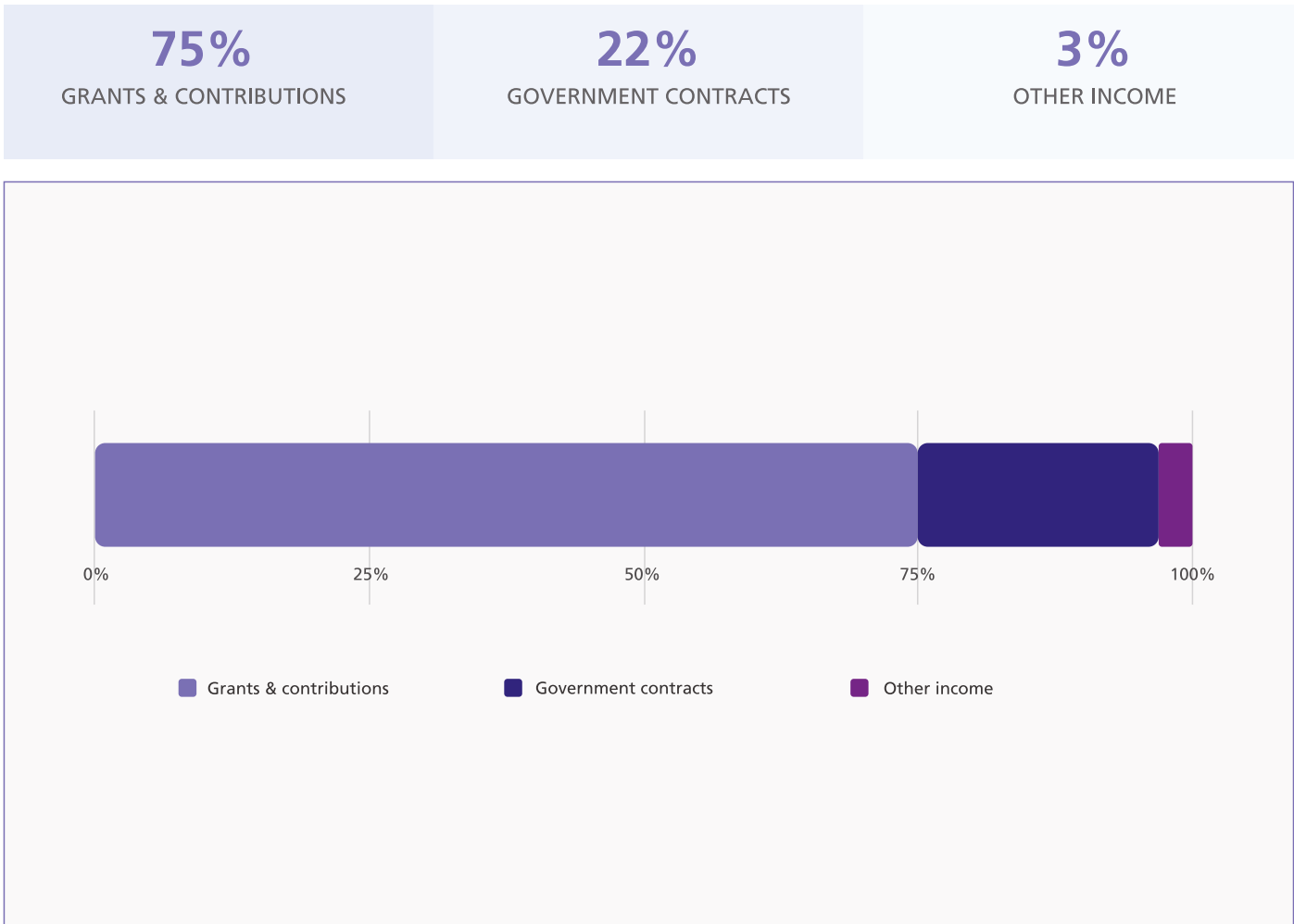
Donor and external audits resulted in minimal to no observations, reflecting strong coordination across HR, Finance and Programme teams. Employee engagement included national and cultural celebrations, recognition programmes and team awards. Staff also voluntarily supported flood-affected communities in Punjab with food, clothing and other essential supplies.

CAPACITY BUILDING

Fifteen of 22 planned training sessions were delivered through virtual and in-person formats, with average attendance of approximately 193 participants. Documentation, feedback and selected pre- and post-assessments supported continuous improvement.

A Diversified Funding Base Supported Delivery at Scale

Revenue was anchored in grants and contributions, complemented by government contracts and other income.



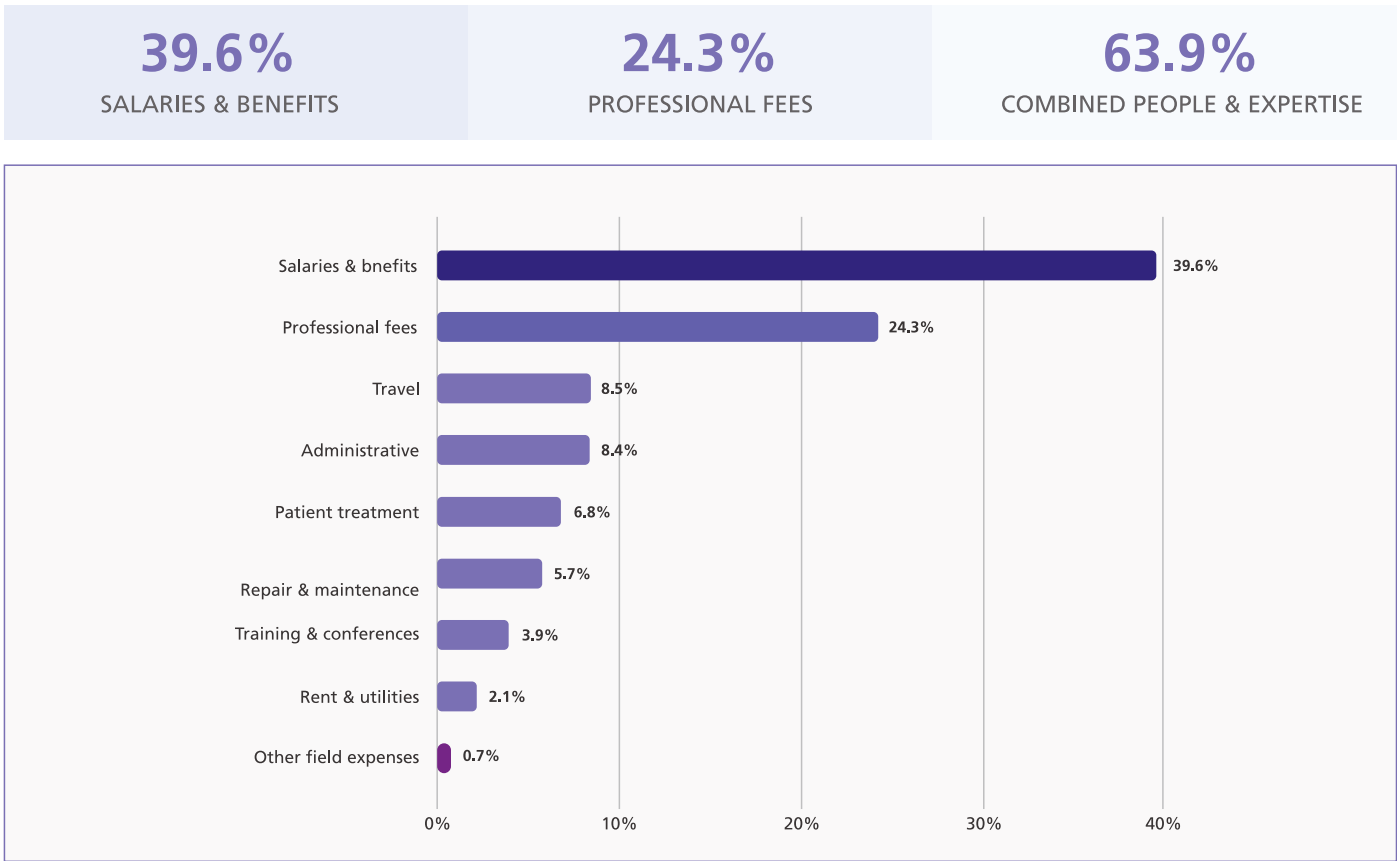
Source: Financial data supplied for the FY 2025–2026 Annual Report. Figures show percentage composition of revenue.

MANAGEMENT INTERPRETATION

Grants and contributions and government contracts together accounted for 97% of revenue. The 22% government-contract share provides a meaningful platform for public-sector delivery, while the concentration in grants reinforces the value of continuing to diversify funding relationships and contract pipelines.

People and Specialist Expertise Accounted for Nearly Two-Thirds of Expenditure

The expenditure profile reflects a people- and expertise-intensive operating model, supported by field delivery, patient services and organisational infrastructure.



Detailed expenditure composition

Expenditure category	Share	Expenditure category	Share
Salaries & benefits	39.6%	Professional fees	24.3%
Travel	8.5%	Administrative	8.4%
Patient treatment	6.8%	Repair & maintenance	5.7%
Training & conferences	3.9%	Rent & utilities	2.1%
Other field expenses	0.7%		

MANAGEMENT INTERPRETATION

Salaries and benefits and professional fees represented 63.9% of expenditure, highlighting the central role of staff and specialist capability. Travel, patient treatment, training and other field expenses accounted for a further 19.8%, reflecting resources directed to field presence, direct support and capability building. Administrative expenditure represented 8.4% of the total mix.

Our Partners



Gates Foundation



Media Coverage

टीबी उन्मूलन: अचलगंज में 46 ग्राम प्रधान बने निक्षय मित्र

मिसाल

उन्नाव, संवाददाता। क्षय रोगियों (टीबी) को पोषण सहायता प्रदान करने के लिए शासन द्वारा विभिन्न अभियान चलाए जा रहे हैं। इसी क्रम में बुधवार को टीबी यूनिट के विकासखंड सभागार में पंचायती राज विभाग व वर्ल्ड हेल्थ पार्टनर्स के सहयोग से 46 ग्राम प्रधानों द्वारा 275 उपचाराधीन क्षय रोगियों को पोषण पोर्टली वितरित की गई। कार्यक्रम की शुरुआत बीडीओ फहद खान के उद्घोषन से हुई। उन्होंने कहा कि टीबी जैसी बीमारी को जड़ से मिटाने में सरकारी योजनाओं के साथ स्थानीय



क्षय रोगी को पोषण पोर्टली देते ग्राम प्रधान। • हिन्दुस्तान

नेतृत्व की भूमिका अहम है। ग्राम प्रधान यदि अपने क्षेत्र के रोगियों के साथ व्यक्तिगत जुड़ाव बनाए रखें, तो इलाज के बीच में कोई व्यक्ति छूटेगा

नहीं। वहीं सहायक विकास अधिकारी निर्मल कुमार व सचिव सैलेंद्र कुमार ने निक्षय पोर्टल के जरिए रोगियों की निगरानी और पोषण योजनाओं की

जानकारी दी। ब्लॉक प्रधान संघ अध्यक्ष विमल शुक्ला ने कहा, प्रधानमंत्री टीबी मुक्त भारत अभियान जनभागीदारी से चलने वाला आंदोलन है। हर प्रधान अगर अपने गांव में एक टीबी मरीज का सहयोगी बन जाए, तो आने वाले वर्षों में हम जिले को टीबी मुक्त घोषित कर सकते हैं। वर्ल्ड हेल्थ पार्टनर्स के प्रतिनिधि डिस्ट्रिक्ट लीड अश्विनी मिश्रा और कम्युनिटी कोऑर्डिनेटर अनुज मिश्र ने ग्राम प्रधानों को अभियान के तकनीकी पहलुओं से परिचित कराया और बताया कि कैसे निर्धारित पोषण पोर्टली वितरण और दवा सेवन मॉनिटरिंग से उपचार की सफलता दर बढ़ती है। कार्यक्रम के अंत में सभी 46 ग्राम

प्रधानों द्वारा 275 उपचाराधीन क्षय रोगियों को पोषण पोर्टली प्रदान की गई। यहां डॉ. मनीष वाजपेई, विनोद कुमार, तारिक मसूद खान, अश्विनी, अनुज समेत अन्य लोग मौजूद रहे। **मरीजों के चेहरों पर लौट आत्मविश्वास:** सातन श्री कृष्ण, जो कभी टीबी से जूझ रहे थे, आज जिले के लिए प्रेरणा हैं। उन्होंने बताया कि निर्धारित दवा सेवन, सखी भोजन और मनोबल बनाए रखना इस बीमारी से जीत की कुंजी है। उन्होंने मरीजों को सलाह दी कि टीबी लाइलाज नहीं, बस धैर्य और समर्थन की जरूरत है। उनके अनुभव ने सभागार में मौजूद रोगियों के चेहरों पर आत्मविश्वास वापस लौटा दिया।

टीबी माइक्रोबैक्टीरियम नामक जीवाणु के कारण होती है। इस संक्रामक बीमारी के कुपोषित मरीजों में संक्रमण की स्थिति गंभीर हो सकती है। ऐसे में इन मरीजों को पोषण की विशेष आवश्यकता होती है। इसके तहत अचलगंज ब्लॉक के 46 ग्राम प्रधानों ने 275 टीबी रोगियों को पोषण पोर्टली वितरित की गई है। जिसमें दाल, तेल, गुड़, चना जैसी पोषक सामग्री दी गई है। - डॉ. मनीष मिश्रा, उपजिला क्षय रोग अधिकारी



In year 2025 (Jan-Dec) total 774 Nikshay Mitra registered under IMPACT project and adopted 1,455 TB patients for nutritional support. Average cost of one nutritional kit ranges from Rs. 500-800/Patients. The total estimated cost of **Rs. 945,750** (average cost taken Rs. 650 for calculation) leveraged from these Nikshay Mitras.

Notes

Notes



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