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Message from the President

Dear Reader,

It gives me immense pleasure to see policy shift in India that advocates for adapting the best practices and leverage healthcare innovations to ensure quality and comprehensive care to all. A robust primary healthcare system has potential to meet 80-90% of people’s health needs throughout their lives. Lords Education and Health Society (LEHS) has been implementing Wadhwani Initiative for Sustainable healthcare (WISH) as its health flagship since 2015 in India that promotes innovations for transforming the healthcare system and digital health technology to enhance the accessibility at the last mile.

LEHS | WISH supports the public healthcare institutions to deliver integrated and accountable primary healthcare services towards attainment of universal health coverage (UHC). This broadly entails testing of innovations, demonstration and scale up of people and population centric healthcare models, linking up secondary and tertiary care institutions for the purpose of specialist medical tele-consultations at primary care level and thematic capacity building of service providers.

Over the years, this flagship has expanded from one programme and one state to eight different programmes in five Indian states. I must acknowledge the achievement of these programmes, that supported five state governments to transform and manage 5000+ primary healthcare facilities in 2019-20. We remain committed to develop and demonstrate innovative models for delivering essential healthcare services with quality of care, digital system for clinical decision making, artificial intelligence to aid diagnosis and address the arising challenges.

I would like to convey my sincere thanks to all our partners, donors, stakeholders and the LEHS | WISH team who have been with us in this journey to ensure quality primary healthcare for all.

Sunil Tewari
President
I am pleased to present to you the Annual Report 2019-20 of Lords Education and Health Society (LEHS). One more action-packed year has gone by and it’s time for us to share the last year’s journey.

Developing a robust primary healthcare model which is designed to respond to essential healthcare needs and public emergencies (such as the present pandemic) has been a game-changer. Primary healthcare is the backbone of a comprehensive healthcare system and the ultimate pathway to universal health coverage. There is overwhelming evidence that a well-designed primary healthcare system is effectively able to address health inequities while achieving a lower mortality rate. Our institutional collaboration with various state governments in India with the objective of digitally transforming the primary healthcare space has helped create a solid health infrastructure which can be accessed by a larger patient base.

LEHS|WISH continues to provide technical and knowledge management support in states of Assam, Delhi, Madhya Pradesh, Rajasthan, and Uttar Pradesh. As part of its primary healthcare mandate, LEHS|WISH has facilitated 10.98 million episodes of care (EOC) in 2019-20. Our strategy is focused on both providing immediate and sustainable support to the public healthcare system, to ensure quality comprehensive primary health to the underserved populations.

2019-20 was a year in which we successfully partnered with state governments, and other actors in the innovation ecosystem, to develop and implement state -of -class technological solutions in order to maximize health impact for the last-mile population in India. These innovative technological solutions have delivered quality primary healthcare, at lowered cost and easy access, to the base of the pyramid population in the intervention states.

This year witnessed an expansion of our work, from an implementing organization, to that of a Thought Leader. For people to thrive to their full potential, stronger health systems and universal health coverage are fundamental. We call on your unswerving support to ensure that we can continue to serve the most vulnerable sections of Indian society.
10.98 Million
Primary Healthcare Services
Executive Summary

Lords Education and Health Society (LEHS) is a premier not-for-profit organisation that promotes quality and comprehensive healthcare through novel technologies and innovative models. Wadhwani Initiative for Sustainable Healthcare (WISH) is the flagship initiative of LEHS whose mission is to scale innovations for creating an equitable healthcare system and make quality primary healthcare available, accessible, and affordable to the underserved populations. WISH initiated its journey from the Indian state of Rajasthan (2015) and expanded its functions to other states, namely Assam, Delhi, Madhya Pradesh, and Uttar Pradesh. Over the years, it has led several health system focused initiatives and actively supported the different state governments to roll out health system transformative projects. Scientific thinking and evidence-based innovative strategies augmented with digital health technologies have made the initiative robust and effective across all platforms.

LESH is the technical and health system strengthening partner to the National Health Mission (NHM) in the intervention states. The partnership aims to transform and capacitate the existing public health institutions to deliver all essential healthcare services in line with the national policy and standard protocols. WISH has been leading the demonstration, roll out and scaling up of novel healthcare models in the country, customized to meet the local needs of the rural and urban populations. These models are Mohalla Clinic (Delhi), Sanjeevani Clinic (Madhya Pradesh) and Digital Health & Wellness Centre (dHWC) in four Indian states. Through these models, WISH strives to strengthen the healthcare system towards improving the quality of services and reducing the out of pocket expenditure leading to improvement in the quality of life for the common man and enhanced trust in the public health system. The successful demonstration of these models has led to replication by other State governments, attracted national and international attention and garnered greater momentum to the UHC mandate.
WISH interventions have provided 23.74 million episodes of care (EOC) including the present year (2019-20) which has added 10.98 million EOC across five states. This broadly includes diagnosis, treatment, and care of people around life course interventions, promotion of good health and well being, early and preventive healthcare and management of chronic conditions requiring long-term care. This achievement is directly attributable to our team of 400+ members across different states and the trust of the public health system in WISH.

The subsequent sections of this report present our state-specific achievements. WISH in a short span of time has achieved several milestones. ‘Smart Hospitals’ in the Tea Gardens of Assam and Sanjeevani Clinics in the urban cities of Madhya Pradesh, establishment of ‘Telemedicine Network’ in Assam and Madhya Pradesh and ‘National Innovation Unit (NIU)’ at National Health Authority and expansion of dHWC programme are the notable achievements during 2019-20. Thematic capacity building of the healthcare professionals has been amongst the key achievements in the WISH intervention states.

WISH presented its healthcare transformative projects and models; i.e., (i) dHWC to transform rural healthcare services, (ii) public private partnership for urban primary healthcare delivery and (iii) community clinics – affordable healthcare at the doorstep; at both national and international public health conferences and platforms, including the 16th International Conference on Urban Health: Transforming Cities for Health and Well being, China and the Prince Mahidol Award Conference (PMAC 2020|UHC Forum 2020: Accelerating Progress Towards UHC), Bangkok. LEHS|WISH team has authored several scientific articles based on its learnings and innovative practices in international peer reviewed journals.
ABOUT THE ORGANISATION

LEHS is an Indian not-for-profit organisation whose mission is to scale innovations for creating an equitable healthcare system and make quality primary healthcare available and accessible to underserved populations. WISH is the health focused flagship initiative of LEHS that plays a facilitative role within the healthcare ecosystem to ensure need-based, high-potential innovations, including digital and process-innovations, are identified, piloted, and scaled up to bring systemic and sustainable change. These efforts have been helping the national and state governments to create an equitable healthcare system for improving the last mile healthcare delivery and well-being of the bottom of pyramid populations. The Sunil and Nita Wadhwani Family Foundation (SNWFF) and WISH Foundation, USA (WISH USA) are the prime supporters of LEHS to implement WISH in India.

The organisation is headquartered in New Delhi, India and manages its functions through the national office in the National Capital Territory – Delhi and state offices in Bhopal, Guwahati, Jaipur, and Lucknow.
Approach

WISH is an exclusive health focused initiative of LEHS that advocates for improved access, quality and affordable healthcare while ensuring equity, empowerment, and community self-determination. It supports the National Health Policy (NHP, 2017), National Health Stack, Digital Health Blueprint and other development agenda and policy dialogues including SDGs and the Astana Declaration.

Primary Health Care

Comprehensive Primary Health Care

- RMNCH+A
- Communicable diseases
- NCDs
- Elderly care, orthopaedic, ENT, Ophthalmic
- Wellness

Urban health

Community-based programs

Innovation

- Technology innovation
- Digital Health
- Service Innovation

Strengthening innovations at a systems level
Mission
Improve Primary Health care system through Innovation

Vision
Quality Health Care for All

Values
Compassion, Respect, Innovation, Speed & Perseverance (CRISP)

Intervention States

650 Plus Digital Primary Healthcare Facilities

Serving 140 Million people across five states
Our Journey

2015
Journey begins 5 years’ partnership with Government of Rajasthan for transformation of rural primary healthcare facilities

2016
Expansion of Reach Partnership with Government of Madhya Pradesh for National Urban Health Mission

2017
Expansion of Reach Partnership with Government of Madhya Pradesh and Rajasthan and set up Technical Support Units

2018
Advisory Strengthened Partnership with Government of Assam for transforming tea garden hospitals and urban primary health centres

2019
Advisory Partnership with Government of Assam for Aam Aadmi Mohalla Clinics
Sanjeevani Clinics
Telemedicine Network

2020
Achievements
Digital Health & Wellness Centre
Smart Hospitals
Aam Aadmi Mohalla Clinics
Sanjeevani Clinics
Telemedicine Network
Bolstering the Primary Healthcare Ecosystem in India

WISH invests in programmes that help the last mile populations access their right to basic healthcare within easy reach through strengthened healthcare system. WISH reaffirmed its commitments towards making quality and comprehensive primary healthcare available for all and joined hands with different state governments to introduce and scale up innovative healthcare models. These models aim to provide people responsive care by targeting the local needs of the population. WISH has also been an advocate for digital health ecosystem in the country and has leveraged it in various models to yield positive health outcomes. This resulted in designing, demonstration and scale up of several innovative primary healthcare models suited to meet the rural and urban healthcare needs of the general population.

These models are community centric and serve high-need underserved communities. Delhi Mohalla Clinic Model is the best example for urban health setting that is based in the community and provides wide range of healthcare services. The dHWC is customized to meet the healthcare needs of rural and urban populations along with supportive services such as virtual counselling to the beneficiaries and capacity building of service providers by experts through tele-education. WISH puts a long-term commitment to its partnership with the governments and private sector partners for setting up a robust network of strengthened primary healthcare institutions in the country. It has also partnered with the apex institutions like Indian Council of Medical Research (ICMR), Biotechnology Industry Research Assistance Council (BIRAC) and National Health Authority (NHA) in this journey towards achieving UHC.
SDGs and Our Programmes

3.8 Universal Health Coverage
All people and communities receive the quality health service they want without financial hardship

Digital Health and wellness centre (dHWC)
Technical Support Unit (TSU)
Healthcare Innovations
National Innovation Unit (NIU)

Public Private Partnership (PPP)
Tele Medicine Network
Novel Interventions (e.g. AAMC, Sanjeevani Clinics)
Our Impact

10.98 Million
Episodes of Care

157%
Increase in 2019-20

9.1 Million
Episodes of Care
Bottom of Pyramid Populations

Male : 41.52%
Female : 58.47%

79,117
General & Specialist
Telemedicine Consults to the Last Mile Populations

68.5
Telemedicine (%)

AYUSHMAN BHARAT
5698
Supported the State Governments to Transform Primary Healthcare Facilities in Assam, Madhya Pradesh and Rajasthan

Aam Aadmi Mohalla Clinics
450+
Supported Government of NCT of Delhi to Manage Clinics

Public Private Partnerships
31
Managed Rural & Urban Primary Health Centres and Transformed into dHWCs

Sanjeevani Clinics
23
Supported Government of Madhya Pradesh to Design and Launch

Tea Garden Smart Hospitals
6
Supported APPL Foundation to Transform Garden Hospitals
An Overview of Our Programmes

India is on the verge of a triple burden of diseases – the unfinished agenda of maternal & child mortality and infectious diseases; the growing burden of non-communicable diseases; and emergence or re-emergence of new pathogens causing epidemics and pandemics. Majority of primary and secondary healthcare institutions are ill-equipped while the tertiary care institutions are over-stretched. This warrants for a stronger public health system to confront these challenges.

WISH focuses on primary healthcare as it is the cornerstone to the achievement of UHC and an entry point for the healthcare seekers. It partners with the public and private sector providers of healthcare services to enable care of people over the life course and continuum of care. The initiative broadly supports systemic changes to the health system and evidence-based delivery of healthcare services, customized to the local need of the general population. WISH designed and demonstrated various healthcare models within the public health system to fulfil the people’s need and explore scalability to benefit populations at a larger scale. This resulted in the development of evidence-based ready to scale primary healthcare solutions suited to the needs of rural and urban communities at the last mile.

The eight pillars of the WISH programmes aim to empower the health systems and to attain UHC goals i.e. to ensure that all

<table>
<thead>
<tr>
<th>KEY INITIATIVES</th>
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<tbody>
<tr>
<td>1 DIGITAL HEALTH &amp; WELLNESS CENTRE</td>
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<tr>
<td>A digital model that combines the power of telemedicine, point of care devices, e-prescription and e-dispensing of medicines. Availability of qualified medical practitioners (general and specialist practitioners) is ensured over virtual network.</td>
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<tr>
<td>2 TECHNICAL SUPPORT UNIT</td>
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<td>Subjects experts work closely with the state governments to provide sustained, equitable access to essential, high-quality health services that are responsive to people’s needs and protect them from illness, premature death and extreme poverty.</td>
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<td>3 HEALTH INNOVATIONS</td>
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<td>Identity and pilot product and process based innovations to have evidence based, equitable, innovon-led, low cost, ready to scale up models to improve the last mile service delivery and health outcomes by timely detection of ailments and treatment.</td>
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<tr>
<td>4 NATIONAL INNOVATION UNIT</td>
</tr>
<tr>
<td>A policy unit at the National health Authority for accelerating the adoption of high-potential healthcare innovations to aid in improving the service delivery by the network hospitals under Ayushman Bharat- Pradhan Mantri Jan Arogya Yojana.</td>
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<tr>
<td>5 PUBLIC PRIVATE PARTNERSHIP</td>
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<tr>
<td>Transformation of the dysfunctional and ill healthcare institutions with technical and technological advancement to enable the last mile population avail quality and comprehensive healthcare services with easy reach within the public healthcare setting.</td>
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<tr>
<td>6 TELEMEDICINE NETWORK</td>
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<td>The model leverages the medical practitioners in the primary healthcare setting at the referral and tertiary care centres and connects situation for making healthcare accessible to the last mile population.</td>
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<td>7 NOVEL INTERVENTIONS</td>
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<td>This involves designing of customized healthcare services that suit the requirement of specific set of population in the rural and urban settings. It advocates for strengthening and setting up of community clinics / hospitals that enables doorstep delivery of healthcare services.</td>
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<td>8 DATA BASED DECISION MAKING</td>
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<td>An embedded research and data based decision making into the health system by ensuring automated processes to facilitate real time data collection as per Electronic Health Record (EHR) standards laid down by Ministry of Health and Family Welfare, Government of India.</td>
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people obtain the health services they need without suffering financial hardship. These initiatives facilitate timely detection and treatment of ailments at the last mile thereby reducing the burden on secondary and tertiary care. Our approach to healthcare has been a value for money proposition as it does not only enable better health outcomes at lower per capita but also reduces morbidity and mortality at lower costs.
1. Digital Health and Wellness Centre (dHWC)

The future of public health relies on the power of digital health ecosystem due to its potential of bringing efficiency in service delivery and enhancing the reach. WISH advocates for digital healthcare ecosystem to transform primary healthcare institutions in India. It has developed an innovative and data-driven Digital Health and Wellness Centre (dHWC) model that addresses systemic gaps in primary healthcare delivery. The model combines the power of telemedicine, point of care devices, e-prescription, and e-dispensing, and operates on internet with video-consulting facility. The healthcare services provided through dHWC enable continuum of care supported by general & specialist practitioners and capacity building of on ground staff i.e. nursing and community health officers for improved ‘Provider to Beneficiary’ and ‘Provider to Provider’ interactions. It empowers the healthcare institutions to boost the service delivery by improving various processes across the building blocks of health system strengthening i.e. service delivery, health workforce, information systems, access to essential medicines, financing, and governance.
The existing public healthcare facilities are transformed into dHWCs by leveraging public sector contribution for infrastructure, clinical teams, medicines, and other supplies. The secentres deliver essential services focused on maternal and child health, infectious diseases, non-communicable diseases, referrals, and insurance linkages. The model enables delivery of high-quality last mile healthcare services, to the most vulnerable populations, customized to their need. WISH is supporting 65 dHWCs in the states of Assam, Madhya Pradesh, Rajasthan, and Uttar Pradesh. These centres cater to both general and specialized healthcare needs of the last mile populations. So far, 79,117 virtual medical consultations have been provided.

**YEAR AT A GLANCE**

The initiative has been appreciated at various healthcare forums and has received 2017 Innovation Award for transforming the primary healthcare facilities. In 2019, the model also received ‘Best Start-up – Innovation in Healthcare’ Award by Dr Harshvardhan, Hon’ble Union Minister of Health and Family Welfare, Government of India at “Ayushman Bharat Arogya Manthan, September 30 – October 01, 2019”, New Delhi, India.
2. Technical Support Unit (TSU)

A strengthened healthcare system has the potential to overcome systemic gaps at policy and implementation levels. It enables the public healthcare institutions to ensure quality and affordable services and aims to reduce the absolute healthcare burden out of preventable morbidity and mortality. LEHS|WISH has set up TSU for strengthening the existing public healthcare system in the states of Assam, Madhya Pradesh, and Rajasthan. It facilitates transformation of rural and urban primary healthcare institutions with the aim to enable quality and equitable healthcare services within easy reach to the last mile population. The TSU comprises of a team of subject matter and thematic experts that help the state governments on the internationally accepted building blocks of health system strengthening (HSS) with core focus on primary healthcare. TSU works closely with the National Health Mission in the respective states to design and roll out evidence-based and outcome-oriented programmes for sustained health outcomes. The micro activities of TSU in the state broadly include policy dialogues, enforcement of standard medical protocols and guidelines, capacity building and knowledge management and mainstreaming research for course corrections. While TSU works on the broad agenda of UHC, our team has contributed to the transformation of 5698 primary healthcare institutions into Health & Wellness Centres (HWCs) under Ayushman Bharat, a health system transformative flagship scheme by the Government of India.
YEAR AT A GLANCE

5698 FACILITIES TRANSFORMED
Health facilities transformed into HWCs

1587 ROUND THE CLOCK SERVICES
HWCs provide 24 x 7 services

7466 SKILLED HUMAN RESOURCES
Persons received thematic trainings

6.62 Million EPISODES OF CARE

ASSAM
MADHYA PRADESH
RAJASTHAN
3. Healthcare Innovations

Limited availability of the healthcare services at the last mile impacts the gate-keeping role of primary healthcare institutions. It pushes patients into costlier secondary and tertiary care facilities resulting in high out of pocket expenditure (OOPE) and impoverishment. LEHS|WISH empowers the primary healthcare system with evidence based, equitable, innovation-led, and low-cost healthcare delivery strategies. The initiative also capacitates the service providers to strengthen, expand and optimize the ongoing interventions. It has partnered with USAID, BIRAC and the Lemelson Foundation for piloting and scaling up of product-based innovations. Similarly, the partnership with SELCO Foundation supported demonstration of energy-resilient primary healthcare model in the rural areas. This year reinforced the efforts put forth by the our team for testing and scaling up the new innovations and identified 11 new innovations to pilot. Pilot studies for five innovations were successfully completed while the others are continuing as per the scientific study designs. The following five innovations were successfully piloted in 2019-20:

Innovations

**ATOM:** An elegant hand-held, battery operated, medical grade simultaneous 12 lead ECG system which works on smart phones. 1423 patients were screened for cardiovascular diseases using ATOM in rural Rajasthan. Pilot study findings proves that diagnostic accuracy of ATOM is at par with the conventional ECG machine.

**SOHUM:** It provides early screening of infants for hearing. A total of 332 ears of neonates were screened for deafness using in the NICU at the Department of Pediatrics, SMS Medical College Hospital, Jaipur, Rajasthan. Findings revealed ‘substantial to almost perfect’ agreement in the waveforms generated using SOHUM and the diagnostic BERA. However, the diagnostic algorithm of SOHUM needs progressive improvement for its usage in the Indian primary healthcare setting.
**AINA:** A blood monitoring system and high quality and versatile multi-parameter diagnostic platform. 254 patients were screened for diabetes using the RBS test; 138 patients underwent HbA1c tests; 237 patients were screened for anemia; and 135 patients were screened for dyslipidemia in rural Assam. Study findings strongly suggest AINA as a cost-effective device which is implementable at the last mile withstanding the fidelity, training, socio cultural, and other barriers.

**KEYAR:** An Fetal Heart Rate (FHR), Maternal Heart Rate (MHR), and Uterine Contraction Monitoring Device. 117 institutional deliveries were monitored using KEYAR at six primary health centers in rural Rajasthan. The implementation fidelity of KEYAR for monitoring active phase of first stage of labour was found to be significantly higher in comparison to version 1 (DAKSH).

**NIRAMAI:** An easy to use device that can accurately detect breast abnormalities using novel fusion of Artificial Intelligence and Advanced Thermography. A total of 266 women were screened for carcinoma breast using NIRAMAI at JP District Hospital, Bhopal, Madhya Pradesh.

**LEHS|WISH** also had several scientific publications in the international peer-reviewed journals that discuss the study findings, learnings, and experiences of rolling out of healthcare innovations at the last mile towards strengthening the primary healthcare institutions.
4. National Innovation Unit (NIU)

National Health Authority, Government of India is the nodal agency for rolling out nation-wide social protection scheme ‘Pradhan Mantri – Jan Arogya Yojana (PM-JAY)’. This national flagship has caused considerable positive demand-side disruption in healthcare access by providing financial coverage to the deprived communities against catastrophic health expenditure. In order to overcome the systemic barriers, healthcare providers and innovators have come forward to bring in efficiency enabling quality of care. However, market access of these innovative solutions has been lagging relative to the need. LEHS|WISH partnered with the National Health Authority, Government of India in collaboration with the International Innovation Corp and launched ‘Market Access Programme (MAP)’ as a flagship initiative of National Innovation Unit to mainstream healthcare service delivery innovations. This aims to accelerate the adoption of high-potential healthcare innovations to aid in improving service delivery at Ayushman Bharat PM-JAY network of hospitals.

OFFERINGS FACILITATED UNDER MAP

DATA INTELLIGENCE AND PROCUREMENT
Data intelligence from PM-JAY operations and facilitating support for improving adoption

COMMERCIAL VALIDATION
Access to commercial validation pilots in private & public institutions

ECOSYSTEM FINANCING
Facilitate access to non-dilutive capital for conducive commercial validation studies

MARKET ACCESS ADVISORY
Access to expert mentorship and accelerating gap-filling prior to market access
YEAR AT A GLANCE

- Consulted 300+ experts and surveyed 200+ start-ups to analyse the state of healthcare innovation ecosystem in India
- Onboarded 12 Institutional Partners and 13 Individual Industry Experts to pro-bono support Market Access Programme
- Recommended allocation of 10% PM-JAY claim amounts earned by public hospitals for purchase of innovations
- Catalysed a multi-stakeholder innovation-financing ecosystem-initiative to mobilize innovative blended financing for critical supply-side innovations and other essential PM-JAY solutions
- Participated in and organized 10 international and 15 national innovation events, and facilitated 100+ start-up demos and displays

NIU has plans to support start-ups selected via Ayushman Bharat Start-Up Grand Challenge through MAP, monitor and evaluate the structural framework and programmatic pathway as per NHA’s innovation fostering objectives, develop systematic needs discovery process with PM-JAY hospitals and to act as catalyst for identification and support of digital health innovations aligned to National Digital Health Mission.
5. Public Private Partnership (PPP)

This is one of the unique models of primary healthcare that leverages public healthcare infrastructure and is managed by the development partners on public private partnership (PPP) mode. LEHS|WISH demonstrated the model for the first time in the history of Rajasthan, showcased the effectiveness of the model and received accreditation by National Accreditation Board for Hospitals & Healthcare Providers (NABH). In 2019-20, we continued to manage 31 rural and urban primary health centres and the attached health sub centres (HSCs). All these 31 centres were transformed into dHWCs and qualified the functionality criteria defined by Government of India for Ayushman Bharat – Health & Wellness Centres. Two of the rural dHWCs were accredited by NABH in June 2019 for a period of three years. This set a new milestone in the state of Rajasthan which secured the prestigious NABH accreditation for the first time for any PHC in the state of Rajasthan. There are 36 dHWCs functional in the state out of which seven dHWCs have been transitioned to the government on build-operate-transfer (BOT) sustainable strategy.

Coverage: 14 Districts
PHCs: 31
HSCs: 99
YEAR AT A GLANCE

- **2,936** INSTITUTIONAL DELIVERY
  Women Delivered at the dHWCs

- **12,972** 4 ANC VISITS
  Pregnant Women Availed 4th ANC Visit

- **12,972** ANTENATAL CARE
  Pregnant Women Registered for Antenatal Care

- **701,632** OUTDOOR CARE
  Women, Men and Children Availed OPD Services

- **9,879** FULL VACCINATION
  Children Received Full Immunization Services

- **45,135** TELEMEDICINE
  Men, Women and Children Availed Tele-Consults

WISH RAJASTHAN, 2019-20
6. Telemedicine Network

Telemedicine is one of the critical functionalities of primary healthcare system that ensures customized delivery of quality and comprehensive healthcare services by the qualified medical practitioners at a distance. Its usage is rapidly growing and has the potential to expand access to patients, enhance patient-physician interactions, improve health outcomes and reduce out of pocket expenditure. WISH partnered with Government of Assam and Madhya Pradesh to set up public sector funded telemedicine network. WISH designed and demonstrated a model by utilizing the existing resources and partnerships with the stakeholder institutions and successfully launched two different models. In Assam, a First Referral Unit (FRU) and in Madhya Pradesh, the apex tertiary care institution (AIIMS, Bhopal) were upgraded to function as ‘Hub’ and the peripheral health facilities were connected as spokes. The main objective was to overcome the geographical barriers and provide quality and improved healthcare facilities to the last mile population (health for all). Besides this, other advantages of the said solution include:

- Eliminate distance barriers and improve access to quality health services.
- In emergency and critical care situations where moving a patient may be undesirable and/or not feasible.
- Facilitate patients and rural practitioners’ access to specialist health services and support.
- Lessen the inconvenience and/or cost of patient transfers.
- Reduce isolation of rural practice by upgrading their knowledge through tele-education or tele-CME.
- Provider to provider interface for e-learning of health professionals.
- Horizontal integration at Hub for provider to provider consultation and at spoke for inventory management with real time analytics.
State NHM

- AV – Specialists – 2 Seats (Cardiologist / Paediatrician, MD Medicine as per roster)

Follow – Up & Closure

E- prescription
1. Diagnosis
2. Drugs & Dosages
3. Diagnostics
4. Follow-up
5. Referral

Digital Registration + Solution for POCDs driven Vitals + Diagnostics + EHR for facility OPD & AV interface with HUB from the SPOKE & vice-versa

Central Hub

- Consults
- E-Prescription
- Data Security & Mgt.

LEHS | WISH

Digital Solutions:
1. Software solutions for Hub & Spoke based on SNOWMED-CT & EHR guidelines, 2016 of MoHFW, GOI.
2. Digital Beneficiary Registration
3. EHR with CDSS-SNOWMED-CT for overall facility OPD leading to triaged referral.
4. Diagnostics interface with EHR
5. AV consultations interlinkages, sequencing & queue mgt. between Hub & Spoke.
6. Integrated SCM with e-Aushadhi
7. Triaged referral & mgt.
8. Data analytics
9. M & E including documentation of scientific findings, impact assessment etc.
10. Way forward for scaleup/course corrections based on learning.
11. Website & dashboards.
7. Novel Interventions

India’s healthcare needs vary from one location to another. This is directly attributed to uneven distribution of healthcare services and influenced by the socio-cultural barriers and traditional practices across geographies. Rural and urban healthcare system witnesses a wide difference in terms of healthcare access and utilization of services, cost and geographical distribution of providers and services. LEHS | WISH is uniquely positioned to support the public and private sector providers of healthcare services to combat any such burdens. It empowers the communities with the quality and comprehensive healthcare services, which are easily accessible within the community and customized to their need. LEHS | WISH has continued to support two novel interventions i.e. Mohalla Clinics (Delhi) and Project SUBAH (Uttar Pradesh) while two more interventions namely Sanjeevani Clinics (Madhya Pradesh) and Smart Hospitals (Assam) have been added this year.
7.1 Mohalla Clinics (Community Clinics, Delhi)

LEHS | WISH partnered with the Government of National Capital Territory of Delhi (GNCTD) in early 2016 to set up, strengthen and scale up community clinics in Delhi which are locally known as ‘Aam Aadmi Mohalla Clinics (AAMCs). It is a first of its kind model which promises quality primary healthcare service delivery to the rapid growing urban population in India’s capital, Delhi. WISH has been providing technical support to the government since 2016, for the smooth functioning of these clinics in the pilot phase and structural and data driven improvisation to scale up. A team comprising of experts and clinic facilitators is deployed to handhold the service providers including monitoring and supportive supervision. These clinics house qualified medical and para-medical staff including nursing professionals and have provision for 145 essential medicines and 212 laboratory tests. This unique design provides all the required basic healthcare services including medicines, laboratory tests and referral services with no cost to the population. Integration of technology and innovation and advanced data analytics enables the government for data-based decision making for improving the service coverage, monitoring, reporting, and ensuring appropriate timely supply of medicines and consumables. The uniqueness of this initiative has been appreciated by both, the national and global thought leaders and the model has been replicated by many Indian states. This is seen as great contributor towards UHC and SDGs.

**FACILITIES SUPPORTED**

- **482 AAMCs**
- **94 AAMCs**
- **3.6 Million Consults**
- **Expansion Plan**
  - Network of 1000 AAMCs

**OVERALL REACH**

- **Network of 1000 AAMCs**
7.2 Sanjeevani Clinics, Madhya Pradesh

Many states having high urban healthcare burden have expressed interest in replicating the Delhi Mohalla Clinics model to improve their urban healthcare delivery system. LEHS|WISH has been actively supporting the state governments and public healthcare institutions across geographies by sharing the know-how through meaningful policy dialogues. This year, the Government of Madhya Pradesh has been supported to replicate the Mohalla Clinic model, which is customized to suit the local urban healthcare needs of the state. This resulted in the launch of ‘Sanjeevani Clinics’ in the state. So far 23 clinics have been opened aiming for expansion in a way that enables essential healthcare service delivery within 10 minutes of habitants. Apart from outpatient care delivery of essential medicines, consumables and laboratory tests, these clinics also cater to the healthcare needs of pregnant women, immunization, family planning services and screening for non-communicable diseases. These clinics have been set up in early 2020 and have facilitated 38,340 medical consults.

**FACILITIES SUPPORTED**

- 23 Sanjeevani Clinics
- Electronic Health Records: 100% Health Facilities
- Overall Reach: 38,340 Medical Consults
- Expansion Plan: Network of 200+ clinics
LEHS | Model 3: Smart Hospitals (Tea Garden)

WISH partnered with APPL Foundation to demonstrate technology and innovation led private sector model to provide comprehensive services for the tea growing communities by upgrading the existing Tea Garden Hospitals of Assam. WISH is supporting six Tea Garden Hospitals to deliver quality care services and strengthen surveillance, reporting and proper tracking of the health conditions/ disease profile of the tea growing communities. While essential service delivery remains at the heart of the project, the model also offers uninterrupted support towards improved performance, reach and governance through these hospitals. The clinical processes have been automated and advance electronic health record system empowers the facility to ensure quality of care based on decision support system. Capacity building of the healthcare personnel on the technological and thematic priorities have helped to improve service delivery while point of care diagnostics devices have enabled availability of diagnostics services. The first Smart Hospital was inaugurated by Ms. Ramona EI Hamzaoui, Deputy Mission Director, United States Agency for International Development on May 11, 2019, and the programme was gradually scaled to the remaining five tea gardens in four districts.

FACILITIES TRANSFORMED

- Six Tea Garden Hospitals
- ROUND THE CLOCK SERVICES: All facilities provide 24 X 7 services
- SKILLED HUMAN RESOURCES: 48 trained health professionals
- OVERALL REACH: 157,869 Episodes of Care
- Assam Tea Garden (Smart Hospitals), 2019-20
7.4 Project SUBAH

Project SUBAH (Strengthening Urban Behaviour Around Health) aims to prevent outbreaks and reduce incidence of Dengue in targeted communities of Gorakhpur city of Uttar Pradesh. This project was designed to augment the interventions under National Vector Borne Diseases Control Programme (NVBDCP) of Government of India through innovative approaches and community led healthcare models. This project completed its final year of implementation with the financial assistance from GSK – Consumer Health care that demonstrated an integrated model of facility and community interventions for early diagnosis, prompt management and treatment. It introduced application-based data capturing and reporting system for dengue and incidence reporting along with inter-sectoral convergence to strengthen the programme components. Capacity building of the service providers for advancing vector borne diseases programme and yielding the quality outcomes around diagnosis, surveillance, laboratory testing vis-à-vis effective prevention strategies have been the key aspects with the project targeted to intervene. The project also conducted Continuing Medical Education (CME) for doctors and pharmacists in five districts of Uttar Pradesh namely Gorakhpur, Varanasi, Allahabad, Mirzapur and Faizabad.

**COVERAGE**

- 7 lakhs populations around 12 UPHCs, 39 wards
- OVERALL REACH: 154,730 Episodes of Services
- CONTINUED MEDICAL EDUCATION
  - Medical Doctors: 615
  - Pharmacist: 789
- COMMUNITY MOBILIZATION
  - 31,887 Households
- Project SUBAH, Uttar Pradesh, 2019-20
8. Data Based Decision Making

Data driven healthcare system has immense potential to improve health outcomes, but most public healthcare institutions lack such systems. This results in rolling out of non-evidence-based interventions and poor health outcomes despite huge investment by the public healthcare institutions. The population and community centric health data is needed to identify priority health problems and formulate effective health policies that respond to actual needs of people. Designing and implementation of interventions based on scientific facts and information help implementation and evaluation of a cost-effective model suited to prevent and control diseases burden and allocation of optimal human and financial resources.

LEHS|WISH has rolled out a number of healthcare models leveraging digital health technologies and supports the government with maintaining electronic health records of the populations while complying with the national polices and guidelines issued by Ministry of Health and Family Welfare, Government of India. It supports the state governments to assess the gap and quality of services, high end analytics for the data reported through health management information system (HMIS) and clinical decision support system (CDSS) which is embedded into the clinic health management system in all novel interventions. CDSS has also been extended to the telemedicine solutions, provided through Digital Health & Wellness Centres. This helps to identify relationship between various health problems, associated health outcomes and critical points requiring special interventions for quality improvement. Thematic and subject matter experts of our institution are working on a digital ecosystem to analyse a large amount of patient data to derive the insights and predictions of diseases through artificial intelligence powered tools that precisely inform the patient’s health condition by analysing the patient’s lifestyle, social activities and health records.

YEAR AT A GLANCE

- Creation of the Primary Healthcare Framework.
- Establishing the technical foundations for the WISH Technical Platform with Microsoft Power BI.
- Introduction of the “Epicollect5” software for programs field teams for data collection.
- Creation of the Data Repository using PostgreSQL to support dashboard creation.
- Establishing review meetings with programs teams to enable data-driven decision making.
- Memorandum of Understanding (MoU) with IIITD to collaborate in advanced data analytics.
- Starting work on the Data Management Policy to adhere to data privacy and security.

LEHS|WISH also promotes sharing of its experiences at regional, national, and international forums. This year, three scientific abstracts were selected for scientific presentation in the prestigious conferences held in Bangkok and China.
WISH’S innovative and tech-led solutions for primary healthcare at Ayushman Bharat Arogya Manthan – 1st Anniversary Celebration of PMJAY – Ayushman Bharat Initiative

Mr. Rajesh R. Singh, CEO - WISH Foundation, deliberates on the importance of 'Creating standardization mechanisms for validating innovations and promoting public procurement' at Nathealth and National Health Authority organized 6th Annual Summit 2019 at New Delhi.

WISH signed a Memorandum of Understanding with AIIMS and National Health Mission Madhya Pradesh to roll out Telemedicine in the State. Another feather added to WISH’s ever growing presence in the primary healthcare sector.

IIITD and WISH Foundation has collaborated to carry on research on health data analytics. Under the collaboration both organizations will carry out analytics of large datasets, data visualization and predictive analytics, exploring applications of artificial intelligence and machine learning, to support data-driven decision making in primary health care, and policy decisions.

Conferences and Events

15/10/2019

29/11/2019

9/12/2019

19/2/2020
AWARDS

BEST STARTUP
AYUSHMAN BHARAT: AROGYA MANTHAN
1st October 2019

CSR Health Impact Awards
2019

40th Annual
Conference of Indian Association
for the Study of Population (IASP)
December 2019
## Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AAMC</td>
<td>AamAadmi Mohalla Clinic</td>
</tr>
<tr>
<td>AIIMS</td>
<td>All India Institute of Medical Sciences</td>
</tr>
<tr>
<td>BIRAC</td>
<td>Biotechnology Industry Research Assistance Council</td>
</tr>
<tr>
<td>BOT</td>
<td>Build Operate Transfer</td>
</tr>
<tr>
<td>CDSS</td>
<td>Clinical Decision Support System</td>
</tr>
<tr>
<td>DHWC</td>
<td>Digital Health &amp; Wellness Centre</td>
</tr>
<tr>
<td>EOC</td>
<td>Episodes of Care</td>
</tr>
<tr>
<td>FRU</td>
<td>First Referral Unit</td>
</tr>
<tr>
<td>GNCTD</td>
<td>Government of National Capital Territory of Delhi</td>
</tr>
<tr>
<td>HMIS</td>
<td>Health Management Information System</td>
</tr>
<tr>
<td>HSC</td>
<td>Health Sub-centre</td>
</tr>
<tr>
<td>HSS</td>
<td>Health System Strengthening</td>
</tr>
<tr>
<td>HWC</td>
<td>Health and Wellness Centre</td>
</tr>
<tr>
<td>ICMR</td>
<td>Indian Council of Medical Research</td>
</tr>
<tr>
<td>LEHS</td>
<td>Lords Education and Health Society</td>
</tr>
<tr>
<td>MAP</td>
<td>Market Access Programme</td>
</tr>
<tr>
<td>NABH</td>
<td>National Accreditation Board for Hospitals &amp; Healthcare Providers</td>
</tr>
<tr>
<td>NCDs</td>
<td>Non-communicable Diseases</td>
</tr>
<tr>
<td>NHA</td>
<td>National Health Authority</td>
</tr>
<tr>
<td>NHM</td>
<td>National Health Mission</td>
</tr>
<tr>
<td>NHP</td>
<td>National Health Policy</td>
</tr>
<tr>
<td>NIU</td>
<td>National Innovation Unit</td>
</tr>
<tr>
<td>Acronym</td>
<td>Description</td>
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<tr>
<td>-----------</td>
<td>----------------------------------------------------------</td>
</tr>
<tr>
<td>OOPE</td>
<td>Out of Pocket Expenditure</td>
</tr>
<tr>
<td>PM-JAY</td>
<td>Pradhan Mantri – Jan Arogya Yojana</td>
</tr>
<tr>
<td>PPP</td>
<td>Public Private Partnership</td>
</tr>
<tr>
<td>RMNCH+A</td>
<td>Reproductive, Maternal, New-born, Child, and Adolescent Health</td>
</tr>
<tr>
<td>SDGs</td>
<td>Sustainable Development Goals</td>
</tr>
<tr>
<td>SNWFF</td>
<td>Sunil and Nita Wadhwani Family Foundation</td>
</tr>
<tr>
<td>SUBAH</td>
<td>Strengthening Urban Behaviour Around Health</td>
</tr>
<tr>
<td>TSU</td>
<td>Technical Support Unit</td>
</tr>
<tr>
<td>UHC</td>
<td>Universal Health Coverage</td>
</tr>
<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
</tr>
<tr>
<td>WISH</td>
<td>Wadhwani Initiative for Sustainable Healthcare</td>
</tr>
</tbody>
</table>
INDEPENDENT AUDITOR'S REPORT

To,
The Members of
Lords Education and Health Society (LEHS)
New Delhi

We have audited the accompanying financial statements of Lords Education and Health Society ("the Society"), which comprise the Balance Sheet as at March 31, 2020, the Statement of Income and Expenditure and Receipts and Payments Account for the year then ended and a summary of the significant accounting policies and other explanatory information.

In our opinion, the accompanying financial statements give a true and fair view of the financial position of the Society as at March 31, 2020, and of its financial performance for the year then ended in accordance with the Accounting Principles generally accepted in India for not for profit entities.

Basis of opinion

We conducted our audit in accordance with the Standards on Auditing (SAs) issued by ICAI. Our responsibilities under those standards are further described in the Auditor’s Responsibilities for the Audit of the Financial Statements section of our report. We are independent of the Society in accordance with the Code of Ethics issued by ICAI and we have fulfilled our other ethical responsibilities in accordance with the Code of Ethics. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Emphasis of Matter

We draw your attention on Note no. 2.7 of the Financial Statement which described the effect of COVID-19 pandemic. Our opinion is not modified in respect of this matter.

Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management of the Society is responsible for the preparation of these financial statements that give a true and fair view of the state of affairs and results of operations of the Society in accordance with the accounting principles generally accepted in India. This responsibility includes the design, implementation and maintenance of internal control relevant to the financial statements.
preparation and presentation of the financial statements that give a true and fair view and are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the Society's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Society or to cease operations, or has no realistic alternative but to do so. Those charged with governance are responsible for overseeing the Society's financial reporting process.

Auditor’s Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with SAs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Society's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing opinion on the effectiveness of the internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of the accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

Report on other requirements

(a) We have sought and obtained all the information and explanations which to the best of our knowledge and belief were necessary for the purposes of our audit;

(b) In our opinion, proper books of account as required by law have been kept by the Society so far as it appears from our examination of those books;

[Signature]

Page 2 of 3
(c) The balance sheet, the statement of Income and Expenditure and Receipts and Payments Account dealt with by this report are in agreement with the books of account.

For Bansal & Co LLP
Chartered Accountants
Firm Reg.No.001113N/N500079

CA Amit Kumar Singh
Partner
M.No.0532180

UDIN No-20532180AAAAC9628
Place: New Delhi
Date: September 29, 2020
LORDS EDUCATION & HEALTH SOCIETY
Balance Sheet as at 31st March, 2020
(All amounts are in Indian Rupees)

<table>
<thead>
<tr>
<th>PARTICULARS</th>
<th>Notes</th>
<th>As at March 31, 2020</th>
<th>As at March 31, 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SOURCES OF FUNDS</strong></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Members' fund</td>
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<tr>
<td>Current fund</td>
<td>3</td>
<td>2,51,016</td>
<td>2,51,016</td>
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<tr>
<td>Excess of income over expenditure</td>
<td>4</td>
<td>4,67,29,423</td>
<td>4,67,29,422</td>
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<tr>
<td><strong>Current Liabilities &amp; provisions</strong></td>
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<td></td>
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<tr>
<td>Other current liabilities</td>
<td>5</td>
<td>2,26,69,026</td>
<td>1,91,67,525</td>
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<tr>
<td>Grant received in advance/Acceptance</td>
<td>6</td>
<td>3,56,17,906</td>
<td>4,87,19,122</td>
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<tr>
<td>Provisions</td>
<td>7</td>
<td>27,96,902</td>
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<tr>
<td><strong>APPLICATION OF FUNDS</strong></td>
<td></td>
<td><strong>10,20,44,182</strong></td>
<td><strong>10,88,76,905</strong></td>
</tr>
<tr>
<td><strong>Property, Plant &amp; Equipment</strong></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Tangible assets</td>
<td>8</td>
<td>5,38,47,171</td>
<td>31,23,141</td>
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<tr>
<td>Intangible assets</td>
<td>15</td>
<td>12,25,976</td>
<td>1,19,285</td>
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<tr>
<td><strong>Current assets</strong></td>
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<tr>
<td>Cash &amp; cash equivalents</td>
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<td>7,56,53,596</td>
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<td>Loans and advances</td>
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<td>Grant Receivable</td>
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<td>2,91,19,627</td>
<td>1,99,41,713</td>
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<tr>
<td>Other current assets</td>
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<td>18,65,126</td>
<td>12,52,834</td>
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<td><strong>Summary of significant accounting policies</strong></td>
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<td><strong>10,20,44,182</strong></td>
<td><strong>10,88,76,905</strong></td>
</tr>
</tbody>
</table>

The accompanying notes are an integral part of the financial statements.

As per our report of even date:

For Bansk & Co. LLP
Chartered Accountants
Firm registration number 301113INN00007Q

CA Amit Kumar Singh
Partner
Membership No.: 0532145
Place: New Delhi
Date: 29 September 2020

For and on behalf of the Managing Committee of
Lords Education & Health Society

Lov Verma
General Secretary
Rajesh Ranjan Singh
Chief Executive Officer

Place: New Delhi
Date: 29 September 2020
LORDS EDUCATION & HEALTH SOCIETY

Income and Expenditure Account for the year ended March 31, 2020
(All amounts are in Indian Rupees)

<table>
<thead>
<tr>
<th>Particulars</th>
<th>Notes</th>
<th>For the year ended March 31, 2020</th>
<th>For the year ended March 31, 2019</th>
</tr>
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<tbody>
<tr>
<td><strong>Income</strong></td>
<td></td>
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</tr>
<tr>
<td>Grants income</td>
<td>12</td>
<td>31,53,02,230</td>
<td>27,42,47,765</td>
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<tr>
<td>Other income</td>
<td>13</td>
<td>36,64,240</td>
<td>22,93,778</td>
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<tr>
<td>Total Income (I)</td>
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<td>31,89,06,470</td>
<td>27,72,41,543</td>
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<tr>
<td><strong>Expenditure</strong></td>
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<tr>
<td>Employee benefits expense</td>
<td>14</td>
<td>4,50,71,801</td>
<td>4,24,05,037</td>
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<td>Administrative expenses</td>
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<td>1,64,09,328</td>
<td>2,20,14,826</td>
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<tr>
<td>Program expenses</td>
<td>16</td>
<td>25,36,82,743</td>
<td>21,05,91,365</td>
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<tr>
<td>Depreciation and amortization expense</td>
<td>17</td>
<td>17,47,605</td>
<td>11,19,625</td>
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<tr>
<td>Total expenditure (II)</td>
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<td>31,69,11,577</td>
<td>27,81,30,853</td>
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<tr>
<td><strong>Excess of Income over Expenditure (I-II) carried to balance sheet</strong></td>
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<td>19,95,193</td>
<td>11,10,689</td>
</tr>
</tbody>
</table>

Summary of Significant accounting policies

The accompanying notes are an integral part of the financial statements

As per our report of even date

For Bansal & Co., LLP
Chartered Accountants
Firm registration number:001113N/N500079

CA Amit Kumar Singh
Partner
Membership No.: 0532180
Place: New Delhi
Date: 29 September 2020

For and on behalf of the Managing Committee of
Lords Education & Health Society

Lov Verma
General Secretary
Rajesh Ranjan Singh
Chief Executive Officer

Place: New Delhi
Date: 29 September 2020