### Case Type of work Beneficiary Source of funding  

**Donor** | **Government** | **Cross-subsidy** | **Revenue** | **Venture capital** | **Financial stability of the programme, and related comments.**

1. **Private hospital and its associated non-profit foundation**  
   Cooperation of S and V  
   N  
   Yes (existing hospitals) | Yes | Yes  
   Financially stable. A successful scale up in private-public partnership with a state government. The government is contemplating taking this programme all-India.

2. **Government hospital**  
   S, E  
   Both  
   Yes  
   Stable, dependent on government funding

3. **Non-profit**  
   S, I, V  
   N  
   Yes | Yes (ASHA programme) | Yes (experimental)  
   Dependent on donor funding. Planning expansion to one other state. Cannot go further due to lack of funds.

4. **Non-profit hospital**  
   S, V  
   N  
   Yes (at start up) | Yes  
   Self-financing if good patient volume. Another state has copied this model.

5. **Non-profit hospital**  
   S  
   N  
   Yes | Yes (doctors in government primary health centres) | Yes | Yes  
   Self-financing if good patient volume.

6. **For-profit hospital**  
   E, V  
   N  
   Yes | Yes (satellite) | Yes  
   The work cannot be scaled up without funding.

7. **For-profit hospital**  
   S, E  
   Both  
   Yes (satellite + others) | Yes  
   Sustainable only as a CSR activity.

8. **Non-profit hospital**  
   V  
   N  
   Yes | Yes (satellite) | Yes | Yes  
   Constant struggle for donations
<table>
<thead>
<tr>
<th></th>
<th>Organisation Type</th>
<th>Location</th>
<th>Sustainability</th>
<th>Income Model</th>
<th>Impact</th>
<th>Business Model</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>9.</td>
<td>For-profit hospital</td>
<td>S, Near U</td>
<td>Yes</td>
<td>Yes</td>
<td>Business model is still evolving.</td>
<td>Generates uncertainty about the programme’s future.</td>
<td></td>
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<tr>
<td>10.</td>
<td>For-profit company</td>
<td>S, U</td>
<td>Yes</td>
<td>Yes</td>
<td>Business model is still evolving.</td>
<td></td>
<td></td>
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<tr>
<td>11.</td>
<td>International non-profit</td>
<td>E, D, N</td>
<td>Yes</td>
<td>Yes (ASHA programme)</td>
<td>It rides on the ASHA programme. It is not interested or capable of enlarging scale on its own.</td>
<td></td>
<td></td>
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<tr>
<td>12.</td>
<td>International non-profit</td>
<td>S, N</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>S, D, N</td>
<td>Yes</td>
<td>Yes</td>
<td>TB follow up programme rides on a government programme (a belief that for scale up, the government should fund and the private sector should deliver)</td>
<td></td>
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<tr>
<td>13.</td>
<td>Not-profit foundation linked to for-profit hospital</td>
<td>S, E, Near U</td>
<td>Yes</td>
<td>Yes (satellite)</td>
<td>Yes</td>
<td>Only sustainable as a CSR programme of the hospital.</td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>Non-profit hospital</td>
<td>S, V</td>
<td>Near U</td>
<td>Yes</td>
<td>Yes (existing programme of one state government for one programme)</td>
<td>Cannot expand without further funding.</td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td>For-profit company</td>
<td>I, U</td>
<td>Yes</td>
<td>Yes</td>
<td>Business model is still evolving.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16.</td>
<td>Non-profit research organization</td>
<td>I, Both</td>
<td>Yes</td>
<td>Yes (existing programme of one state government for one programme)</td>
<td>Business model is still evolving.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17.</td>
<td>Non-profit hospital</td>
<td>D, Both</td>
<td>Yes</td>
<td>Yes (mainly Very large scale due to GoI)</td>
<td>Very large scale due to GoI</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18.</td>
<td>Non-profit organization</td>
<td>I</td>
<td>N</td>
<td>Yes</td>
<td>Yes (ASHA programme)</td>
<td>Yes</td>
<td>Business model is still evolving.</td>
</tr>
<tr>
<td>19.</td>
<td>Non-profit academic institute</td>
<td>D</td>
<td>N</td>
<td>Yes</td>
<td>Yes (existing infrastructure)</td>
<td></td>
<td>A pilot study not intended to be scaled up. A belief that the government would have to support the programme if it had to be scaled up.</td>
</tr>
<tr>
<td>20.</td>
<td>Non-profit organization</td>
<td>I</td>
<td>Both</td>
<td>Yes</td>
<td>Use of logo</td>
<td>Yes (corporate sponsorship + user charges)</td>
<td>Corporate sponsorship enabled large scale up.</td>
</tr>
<tr>
<td>21.</td>
<td>Non-profit company</td>
<td>D</td>
<td>Mainly N</td>
<td>Yes</td>
<td>Yes (ASHA programme)</td>
<td></td>
<td>The programme cannot be scaled up without government funding.</td>
</tr>
<tr>
<td>22.</td>
<td>International non-profit organization</td>
<td>D</td>
<td>U</td>
<td>Yes</td>
<td></td>
<td></td>
<td>The programme cannot be scaled up without government funding.</td>
</tr>
</tbody>
</table>

*Beneficiary could be Non-urban (N), Urban (U) or both.

Revenue could be from patients or other sources such as advertising.

Abbreviations for the categories of work:
S Stationary telemedicine
V Telemedicine van
E Education of health professionals or activists
I IT-enabled health information for patients
D Data collection or monitoring