

# The Origin Story

## THIS IS NOT A BROCHURE. THIS IS HOW IT ALL BEGAN.

*This is a story of what we found on the ground – and what we did about it.*

*If you work in public health, this will feel familiar.*

**Stay with us till the last page. It's worth it.**

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### PROJECT PRAVIDHI – THE FULL JOURNEY

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FOCUS

**District Health Transformation**

MODEL

**Expert-Led. AI-Powered. Outcome Delivered.**

# CHAPTER 1

## The Field

📍 SAHIBGANJ DISTRICT, JHARKHAND

We arrived to do one thing – build functional delivery wards under Janani Jeevan Jyoti Project. Assess centres. Build wards. Save mothers.

But the moment we started visiting facilities – talking to CHOs, reviewing registers, walking through labour rooms – we noticed something we weren't looking for.

### Something Was Broken

**Not in one centre. In every centre.**

# CHAPTER 2

## The Pattern Nobody Was Seeing



**NQAS**  
National Quality Assurance Standards  
The invisible weight pulling everything down.

And facility after facility, year after year, they were failing. Not because they didn't try. CHOs spent months preparing files, filling checklists, attending trainings. But the result was the same – **certification pending. Again.**

*"They weren't failing at quality. They were drowning in everything else."*

NHM mandates. District projects. State programmes. Disease elimination targets. ABDM digitisation. Patient care. Documentation. Reporting. All at once. All with the same two hands. And nobody was connecting the dots – every programme was treated as separate, but on the ground, it all fell on the same CHO, at the same facility, with the same 8 hours in a day.

*Before we tell you what happened next — meet the decision-makers.*

**JAIMINI GROUP**

Healthcare Intelligence & Execution Company. Human Expertise Powered by AI. Expert consultants and AI systems delivering end-to-end public health solutions – research to implementation, policy to last mile – for governments, international agencies, NGOs, CSR partners, and private investors.

**Human Expertise. AI-Powered. Outcome-Driven. One Partner. Full Health Spectrum.**

**The Decision**

You cannot build anything lasting in public health without fixing the foundation first (Quality). We decided: help every centre in this district qualify for NQAS. Not advise. Not consult. **Execute. End to end.**

## CHAPTER 3

# The Clock

# December 2026.

Government of India mandated 100% NQAS certification.  
No extensions. No exceptions.

Now look at the ground reality. When we mapped the districts we were working in, the numbers were devastating.

### 5–15%

**COMPLETION RATE**

Years of effort. Crores invested.

### 150

**CENTRES STILL WAITING**

In a single district alone.

### 12

**MONTHS LEFT**

To do what nobody had done.

But the deadline wasn't even the hardest part. The hardest part was this: the teams running these facilities didn't believe it was possible. They had tried before. Multiple times. And every time – certification pending. Quality had become a word people heard in meetings and forgot on the ground.

**150 centres. 12 months. Broken belief. Zero precedent.**

*This wasn't a project. This was a dare.*

## CHAPTER 4

# The War Room

We didn't sleep on this. Literally. The Jaimini team went into deep R&D – studying every district in India that had achieved meaningful NQAS numbers. What policy did they adopt? What broke? What worked?

### 1

#### Top-to-Bottom

National frameworks, NHSRC standards, state strategies

### 2

#### Bottom-to-Top

What a CHO at a remote AAM actually experiences during certification

### 3

#### Expert Assembly

NQAS specialists, healthcare consultants, leaders joined the mission

The gap between policy and ground was enormous. Policy was designed for systems. Ground reality was built on individuals. With this combined firepower – ground experience, policy understanding, domain expertise, and AI capability – we designed something the sector hadn't seen before.

**Not a consulting report. Not a technology platform. Not a training programme. All three. Simultaneously. For an entire district.**

# CHAPTER 5

## The Rise of Project Pravidhi

**Radically simple: Human expertise for quality, AI for speed.**

Full deployment, not a pilot. Jaimini Group’s NQAS experts embed for 12 months, executing end-to-end. NQAS isn’t an exam—it’s the operating system. When facilities are quality-certified, every programme performs better. Quality infrastructure is the multiplier.

 Policy to Implementation	 Quality as Base Layer	 District-Level Focus	 5,000+ Workers Mobilised	 Sustainability Built In
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**The Mission**

**150**  
CENTERS · 1 DISTRICT · 1 YEAR

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**80%**  
QUALIFICATION TARGET

**₹10-12 CR** | Health system value generated per district. Full quality infrastructure. Systematic operations across every government health facility. This is how we work. We don’t chase projects. We chase impact.

# CHAPTER 6

## The AI Backbone

150 centres. Hundreds of health workers. Remote AAMs – mountains, mining areas, villages with no connectivity. The human expertise was in place. But scale demanded something more.


**Problem 1**

How to train 500+ health workers across 150 centres – in their language, at their pace, with no internet?

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**SAAVI ONE**

AI training & monitoring platform. Converts 100-500 page modules into videos, audio, infographics. Quizzes. Progress tracking. Multi-language. Offline mode.




**Problem 2**

How to manage NQAS certification across 150 facilities – with lakhs of checkpoints?

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**NQAS AI**

End-to-end certification platform. Gap assessment. SOP mapping. Team dashboards. And the game-changer: 4 rounds of live AI mock interviews.



**SAAVI ONE builds the people. + NQAS AI builds the process. = Impossible timeline, possible.**

## CHAPTER 7 The Test

Before full-scale deployment, we needed proof. A stripped-down pilot – two districts, two states, two block-level tests.



### The Response Was Immediate

Health workers – who had been through years of half-hearted NQAS attempts – were engaging for the first time with genuine energy. Teams giving daily feedback. Something had shifted.

*"Is this real? Is this actually going to work this time?"*

– Health workers on the ground

**We didn't just test the model. We tested belief. And belief came back.**

## CHAPTER 8 The Missing Layer

The pilot revealed what we hadn't anticipated. When we deployed SAAVI ONE and NQAS AI, we hit a wall. Not a technology wall. A literacy wall.

CHOs had never used an AI tool. They had smartphones. They had capability. But zero foundation to build on.



**Before you deploy**  
AI platforms, you need to build  
AI infrastructure inside the person.

**90**  
CHOS TRAINED

**93%**  
AI READINESS

**15 HRS**  
SAVED / CHO / MONTH

That's when we created "AI for CHO" – a structured, one-day training programme making every CHO AI-literate. Not theoretical. Hands-on. Practical.

Now

# PROJECT PRAVIDHI GOES LIVE.

The foundation is built. AI literacy – done. AI platforms – deployed. Expert team – on the ground. Quality systems – designed. District teams – aligned and believing.

## What Pravidhi Unlocks – One Foundation, Every Programme Accelerated

- ✓ NHM Mandates & Maternal Health
- ✓ Disease Elimination (TB, Malaria, NCD)
- ✓ AB-HWC / CPHC – 12 Expanded Services
- ✓ ABDM & Digital Health Adoption

### For Governments

Full NQAS transformation. AI for all staff. National recognition for your district.

### For Development Agencies

WHO-compliant interventions. Structured scale-up. Outcomes, not outputs.

### For NGOs & Foundations

Zero infra dependency. Measurable outcomes for every rupee invested.

### For CSR Partners

Systemic change, not one-time events. Fund one district, replicate across ten.



**THIS IS NOT BUILT FOR THE MARKET.  
THIS IS BUILT FOR THE PEOPLE WHO DELIVER CARE.**

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From one district to every district. From Chhattisgarh and Jharkhand to India's 1.84 lakh AAMs. The model is proven. The team is ready. The only question is scale.