

Birth Right: Saving Newborns is Everybody's Business



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Kiawah Trust

The Kiawah Trust is a UK family foundation that is committed to improving the lives of vulnerable and disadvantaged adolescent girls in India. The Kiawah Trust believes that educating adolescent girls from poor communities allows them to thrive, to have greater choice in their life and a louder voice in their community. This leads to healthier, more prosperous and more stable families, communities and nations.

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Piramal Foundation strongly believes that there are untapped innovative solutions that can address India's most pressing problems. Each social project that is chosen to be funded and nurtured by the Piramal Foundation lies within one of the four broad areas – healthcare, education, livelihood creation and youth empowerment. The Foundation believes in developing innovative solutions to issues that are critical roadblocks towards unlocking India's economic potential. Leveraging technology, building sustainable and long term partnerships, forming scalable solutions for large impact is a part of our approach.

www.piramal.com/piramal-foundation



In Sanskrit, Dasra means Enlightened Giving.

Dasra is India's leading strategic philanthropy foundation. Dasra works with philanthropists and successful social entrepreneurs to bring together knowledge, funding and people as a catalyst for social change. We ensure that strategic funding and capacity building skills reach non-profit organizations and social businesses to have the greatest impact on the lives of people living in poverty.

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Key Messages

1.

Newborn survival in India plays a critical role in the global fight against child mortality

- India accounts for 21% of the world's child mortality, making it the largest contributor to this health burden
- In India, newborn deaths account for 56% of under-5 child mortality
- Globally, India's neonatal mortality contributes to 27% of the world's newborn deaths
- Addressing newborn health in India is therefore key to accelerating the country's progress on the UN Millennium Development Goals (MDGs) and to improving global performance on child mortality

2.

Companies across varied industries can play a transformational role in addressing health system gaps in India

- Companies from different industries can leverage funds, core expertise, business sector knowledge and specialized skills to tackle various aspects of child and maternal health
- For example, advertising companies can develop behavior change communication campaigns to promote positive health seeking behavior, technology companies can develop digitized platforms to provide healthcare access in hard-to-reach villages, and the healthcare sector can enable greater access to products and services by developing low-cost products for resource-poor settings and subsidized services for the poor
- The private sector, given its resources and expertise is best positioned to address challenges at scale and it is through corporate involvement that we can move the needle on India's performance on newborn mortality

3.

There are multiple opportunities and models for corporate engagement across a wide range of industries

- There are a number of different models of corporate engagement with newborn survival and health
- Some of these include funding non-profit organizations running programs on the ground; providing funding as well as programmatic inputs to implementing partner NGOs; a company owning and operating a program on its own; and initiatives that create shared value. Some corporates also offer skills and expertise of staff as a pro bono service and provide products at no cost to non-profits

4.

A Call to Action

- With the continued emphasis on child survival in the post-2015 United Nations global development agenda and India's recent political push on reducing neonatal mortality in the country, there is no better time than now to join the fight against preventable child deaths
- The recent mandate on companies of a certain size allocating 2% of net profits for CSR initiatives will require many companies to reevaluate prior strategies and explore new avenues for investment. Now is the time to support initiatives and forge partnerships that can drive impact at scale, to evaluate priorities, and to put a stake in the ground in the fight for newborn survival



of the world's child deaths occur in India

India's performance on child survival is critical for improving global health outcomes

We have made remarkable progress in the fight to end global child mortality¹ in recent years. Since 1990, we have almost halved the number of children who die every year before the age of five – from 12.6 million to 6.6 million.² Despite this, the world is likely to fall short on achieving its target for Millennium Development Goal 4 (MDG4) – to reduce child mortality by two-thirds – in time for the 2015 deadline.

India accounts for 25% of the world's child mortality, making India's performance on MDG4 inextricably linked to achieving global outcomes. Further, 56% of India's under-5 child mortality can be attributed to newborn deaths alone (deaths within the first 28 days of life.)

It is therefore near impossible to make progress on child survival in India without addressing newborn survival.



babies die within the first month in India

India's newborn deaths are the highest in the world, despite 75% of these deaths being preventable through simple, low-cost measures

27% of global newborn deaths happen in India - the highest in the world. Every year, 7,60,000 babies die within the first month. A major reason for this is the widespread inequity in accessing maternal and newborn health services.

The chance of a baby dying varies dramatically between Indian states. A baby born to a family in the state of Goa has a risk of newborn death similar to a baby born in Argentina (9 per 1,000 births). A baby born in Chhattisgarh has a risk similar to an Afghani baby (51 per 1,000 births).³ This is a six-fold difference within one country. Worse still is the fact that 75% of newborn deaths are preventable if known, effective health measures are provided at birth and during the first week of life.

That 21st century India has a neonatal mortality rate that stands at 29 newborn deaths per 1,000 is a wake up call to collectively take action towards reducing newborn deaths in this country.



of newborn deaths are preventable

With post-2015 MDGs and the recent political push in India to reduce newborn deaths, there is no better time to act than now

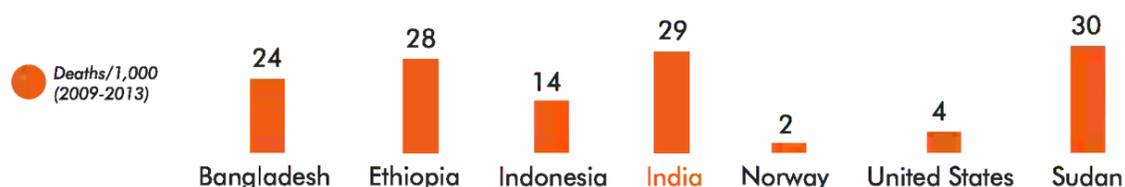
In recent years, newborn survival has galvanized support in the global community. Going forward, it will continue to feature prominently in the United Nations' post-2015 development agenda. In India as well, the Government, with the launch of the India Newborn Action Plan (INAP) earlier this year, has unequivocally stated its commitment to bringing down India's neonatal mortality to a single digit by 2030. This momentum can drive great progress in India's fight against preventable newborn deaths.

Today India is poised better than ever before to achieve our goal of reducing neonatal mortality. This is provided we collectively channel our efforts, resources and expertise, across both the public and private sectors to create meaningful impact. It is the combination of government, non-profit, philanthropic and corporate efforts towards ending newborn deaths that will drive solutions at scale.



The four large states of Uttar Pradesh, Bihar, Madhya Pradesh, and Rajasthan together account for more than half of the country's neonatal mortality and about 14% of global newborn deaths.

Country Comparison - Neonatal Mortality Rate (NMR)



Source: The World Bank (<http://data.worldbank.org/indicator/SH.DYN.NMRT>)

Why corporates should get involved



The corporate sector's power to innovate, create sustainable models and build for scale places it in a unique position to create large scale impact

Newborn survival is a compelling investment option for corporates, especially in light of the 2% CSR mandate in the recently passed Companies Act, 2013. Section 135 of the Companies Act, 2013 mandates that companies of a certain size⁴ must allocate 2% of their average net profits from the preceding three financial years to corporate social responsibility (CSR) initiatives. With this new requirement, many corporates have had to evaluate compliance of existing CSR programs, while others have had to develop a new CSR policy that is both aligned with the new law and with the objectives and priorities of the company.

Newborn survival - with the scale of the problem in India and the recent political push to reduce newborn deaths - presents a significant opportunity for CSR investment. Historically, few corporate interventions have focused squarely on addressing challenges around newborn mortality at scale. By investing in saving newborn lives, corporates can establish leadership in a space that is otherwise relatively nascent in its evolution.

“

Partners vary – from vaccine donor to grant maker...product innovator to technology developer...researcher to logistics experts...policy advocator to communication specialists. But everyone has a role to play.

UN Secretary General Ban Ki-moon

”

There are enormous opportunities to harness the expertise of various business sectors for newborn survival outcomes. These include pharmaceuticals, diagnostics, health-care delivery, financial services, Information, Communication & Technology (ICT) and mobile, media and communications, consumer goods, transport services and others.

Businesses can engage with the sector across a number of areas – products and services that address gaps in the market for improved maternal and child health, distribution and delivery infrastructure, and technology solutions that can improve efficiency of health services delivery and data capture respectively. Companies can fund high impact programs that are achieving impressive health outcomes. They can also invest in human capital to enable transfer of knowledge and skills. In addition, business expertise, if effectively harnessed, could prove transformational in addressing maternal and newborn health challenges.

Few target groups are as highly motivated and attuned to innovative commodities, technologies, and messaging as expectant mothers and fathers

All cultures worldwide celebrate when both mother and baby survive labor and remain healthy. This does not require much: a hygienic and safe place at birth, basic equipment and medicines, and the right skills to help the mother and baby during birth and in the critical days that follow.

Corporates can apply existing resources, knowledge and expertise to new challenges and develop innovative models that help save newborn lives. Opportunities for collaboration such as public-private partnerships have the power to accelerate and multiply impact, while also garnering visibility and goodwill among a population that is increasingly being viewed as an important consumer base for corporate India. Moreover, such efforts can contribute to improving relationships with the government as well, a critical stakeholder and decision maker for business in India.

Why newborns die in India

Newborn babies in India die from three major causes:⁵

1. Prematurity

35%

of newborns die from prematurity - birth of a child before 37 weeks of gestation (or three or more weeks before the due date)

2. Infections

33%

of newborns die from infections such as pneumonia and septicaemia

3. Birth Asphyxia

20%

of newborns die from birth asphyxia - the inability to establish breathing immediately after birth; 9% die from congenital causes

PHOTO CREDIT / SNEHA

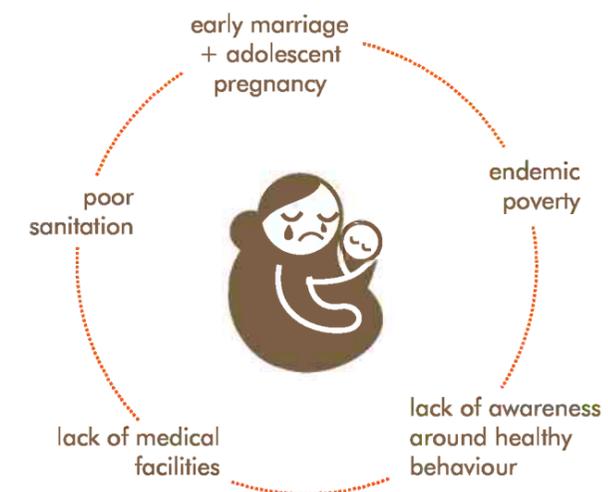
Increasingly across the global community, there is a consensus around a 'continuum of care' approach to improving maternal and child health outcomes. This is an integrated service delivery approach that includes two aspects:

1. The 'WHEN': Interventions across various life stages of the mother and child, including adolescence, pre-pregnancy, childbirth and the postnatal period, childhood and through reproductive age
2. The 'WHERE': Interventions across levels of healthcare delivery, including the home and community, outpatient services, and hospitals with 'inpatient' facilities

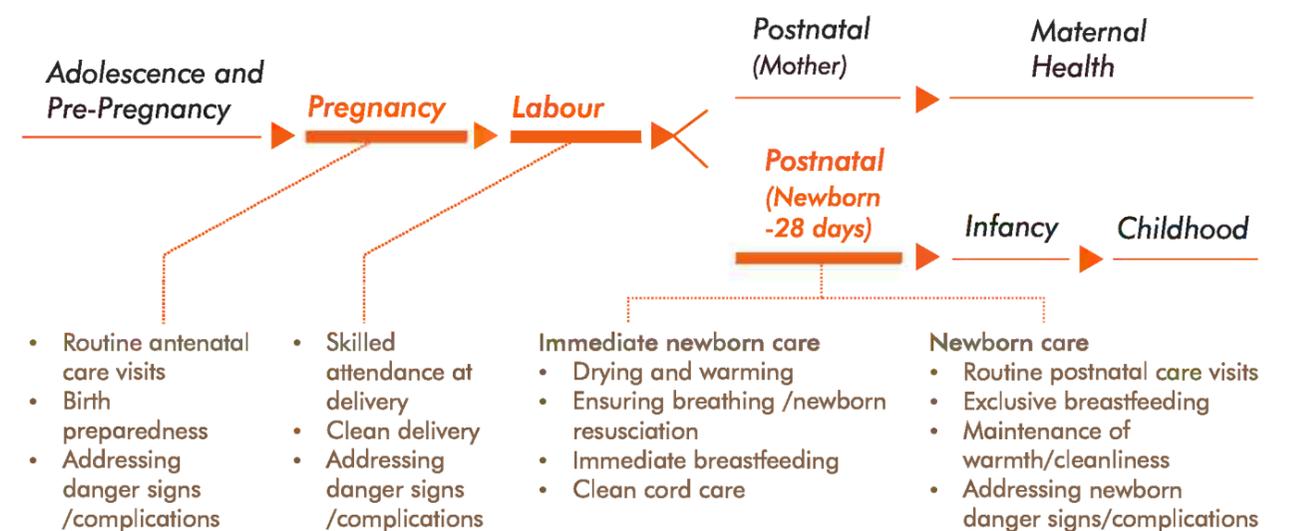
Poor health determinants in each life stage for the mother and her child impact health outcomes going forward.

Equally important is the place of care throughout pregnancy and the newborn's life. Timely and appropriate maternal and newborn care interventions in the home, the community and in hospitals can drastically improve newborn survival outcomes.

Critical issues that adversely affect newborn survival in India



Addressing the issues impacting newborn survival therefore requires a 'continuum of care' approach that is based on the underlying premise that the health of an individual across life stages is inter-linked and cannot be addressed in isolation.



— 'Continuum of care' most critical to newborns

Gaps, solutions and opportunities for corporates to create impact

Improving maternal and child health is central to both the country's National Health Mission (NHM) and the Millennium Development Goals 4 and 5. Achieving success in this endeavor in a vast, populous and diverse country like India requires a complex, robust health system – one that is able to reach even the most remote villages and provide healthcare access across the continuum of care. Moreover, it demands that attention be directed not only at health-related factors that contribute to poor neonatal mortality rate (NMR), but socioeconomic factors (eg. improving female literacy and reducing poverty) and sociocultural factors (eg. agency in decision-making and gender equality) as well.

The Lancet, one of the world's oldest and most respected general medical journals, in its series on improving neonatal mortality studied gaps in health systems across several countries in the developing world, including India. Insights from the Lancet series, coupled with Dasra's literature review and consultations with experts, suggest that the highest burden of mortality is seen where the health-system gaps are the largest.⁷ Addressing these gaps will accelerate India's progress in its fight against preventable newborn deaths.



Health System Gaps

1. HEALTH FINANCING Making healthcare affordable

- Lack of awareness around available health financing options, inability to pay for services, uneven implementation of government schemes, and unregulated, unorganized insurance providers
- Evidence suggests that when financial barriers are lifted, demand for health services surges
- 86% of India's estimated 1.2 billion people have to pay for medical treatment out of their own pockets

Solutions

- Government contracts private healthcare providers to deliver services free-of-charge to the poor
- Cross subsidization models - hospitals have tiered costs, allowing those who can afford healthcare to subsidize costs of those unable to pay
- Voucher provisions by the government to marginalized communities to partially or fully subsidize health costs
- Micro insurance models which increase financial access to maternal health services by lowering the financial outlay at the point of service

Opportunities for Corporates

Reduce the burden of health finance by participating in voucher schemes, contracting and implementing cross subsidy models

Provide health services as well as health insurance

Alka Hospital, Apollo Hospitals and Vatsalya Healthcare offer both health insurance and services

Create vouchers and micro insurance products that help the poor access healthcare and minimize out-of-pocket expenditure

ICICI Foundation partnered with ICICI Lombard General Insurance Company to design and support the delivery of outpatient insurance for the poor. This was in conjunction with the Government of India's national health insurance scheme for inpatient care, the Rashtriya Swasthya Bima Yojana



2. HEALTH WORKFORCE The health workers responsible for newborn survival and health

- Underlying shortage of health workers in the health system
- Poor skills, low competency and few refresher trainings
- In India less than 60% of women have a skilled health worker present when giving birth⁸
- Few retention initiatives and inadequate incentives for skilled workers to continue working in rural areas

Solutions

- Frequent and relevant training to nurses and Auxiliary Nurse Midwives (ANMs) to provide newborn care
- Technology and mobile health solutions to train, support and supervise health workers and help them track and register women through pregnancy, delivery and the post-delivery period

Opportunities for Corporates

Fund professional medical associations such as the Indian Academy of Pediatrics and non-profits to train community health workers and nurses

Leverage technological platforms to digitize training and delivery processes for effective training of workers and tracking of mothers and newborns

BBC Media Action has developed mobile health interventions to train ASHAs and ANMs in delivering health information to pregnant women and women with children under two. This is a part of **Ananya, The Bill & Melinda Gates Foundation**-funded healthcare delivery program in Bihar

Wipro has developed and piloted IT solutions for the government to help Accredited Social Health Activists (ASHAs) track, monitor and counsel pregnant women and also conduct fetal monitoring



3. HEALTH SERVICE DELIVERY The provision of healthcare

- Efficiency, standardization and quality of service delivery
- Inequity and inconsistency in service delivery - marginalized and hard-to-reach populations receive remarkably poorer care
- Lack of transport facilities from the home to the healthcare facility, poor availability of services due to a lack of infrastructure, and weak monitoring systems to ensure accountability of service providers

Solutions

- Promote alternative models of care such as 'social franchising' and private, specialist low cost hospitals
- Improve access through affordable and easily available transportation systems
- Increase access through telemedicine ie. patients in remote areas being connected with doctors via technology and electronic health records being developed and maintained for ease of reference and future diagnosis

Opportunities for Corporates

Adopt public facilities to upgrade physical infrastructure and service delivery or support alternative models of care such as social franchising to complement public health systems

Merrygold Health Network is a public private partnership between **Hindustan Latex Family Planning Promotion Trust, State Innovations in Family Planning Projects Services Agency (SIFPSA)** and **USAID**. It uses a social franchise model that delivers healthcare for the poor through a network of private franchised hospitals offering quality reproductive and child health service at pre-fixed low prices

Support the scale-up of helplines and transportation systems that are currently working efficiently in small regions

Health Management and Research Institute (a part of Piramal Foundation) manages a helpline that tracks pregnant women and new mothers, including promoting positive health seeking behavior; this is run as the Mother and Child Tracking System (MCTS) on behalf of specific State Governments with whom it is a partner

Support professional associations to develop standards of care

Merck supports the Federation of Obstetric and Gynecological Societies of India to develop standards and train private players to meet these standards

Health System Gaps



4. HEALTH INFORMATION SYSTEMS

The collection, verification and evaluation of healthcare data

- Few systems for standardized collection of data and regular review
- Poorly skilled workers at health centers, many of whom are not qualified to capture, measure and use data accurately and effectively

Solutions

- Track newborns through Information, Communication and Technology (ICT) systems, enabling collection of data, recognition of gaps, and measurement and tracking of progress
- Conduct maternal and perinatal⁹ death reviews to identify causes of death and gaps in the system leading to corrective measures

Opportunities for Corporates

Design, implement and improve health information systems, and also train personnel involved in using them effectively

Develop Mobile Health (mHealth) technology tools to help track pregnant women, new mothers and their infants who may never have access to healthcare facilities

5. COMMUNITY OWNERSHIP & PARTICIPATION

Greater family and community involvement in the health of the mother and child

- Lack of awareness and information about adequate care and appropriate courses of action in case of complications, on account of little involvement from the spouse, family and community
- Only 46.6 percent of mothers receive iron and folic acid for at least 100 days during pregnancy¹⁰
- Lack of community mobilization and behavior change communication that can subvert cultural norms and improve positive health seeking behavior among pregnant and new mothers, and their families

Solutions

- Promote home based newborn care - such as early and exclusive breastfeeding, skin-to-skin contact, and delayed bathing, which can prevent up to 30-60% newborn mortality¹¹
- Work together with communities, especially participatory women's help groups, to change behaviors and help them adopt practices to promote newborn health
- Develop community centric and culturally sensitive communication material to enable community buy-in
- Promote low cost models such as Kangaroo Mother Care (KMC) - skin-to-skin contact between mother's chest and baby - that has proven to be the most promising way to save preterm and low birth weight babies in low-income settings

Opportunities for Corporates

Develop innovative health messaging for educating communities to adopt healthier and safer practices and build capacities of NGOs who interact with communities

Sponsor mHealth solutions that deliver health messages and improve tracking of maternal and newborn health

The Mobile Alliance for Maternal Action (MAMA), of which **Johnson & Johnson** is a partner, uses mobile messaging to promote positive health seeking behavior among pregnant women and new mothers

Leverage reach to influence communities to adopt healthy practices

Hindustan Unilever has done this effectively through its hand-washing campaign for Lifebuoy

6. ESSENTIAL MEDICAL PRODUCTS AND TECHNOLOGIES

Availability of drugs and supplies

- Essential drugs and supplies routinely unavailable at facilities, and commodities frequently out of stock due to challenges with poor coordination between national and subnational levels
- Inadequate drug forecasting and procurement

Solutions

- Ensure availability and distribution of essential drugs and devices such as steroid injections, injectable antibiotics and resuscitation devices
- Innovate to produce and distribute low cost medical devices that function in resource-poor settings

Opportunities for Corporates

Develop business models that enable equitable distribution and access of healthcare

Phoenix Medical Systems manufactures, distributes, and sells Brilliance, a low cost phototherapy system for treating jaundice in newborns throughout India

Conduct research and produce low-cost life-saving commodities

GE Healthcare has built low-cost baby warmers to suit resource-poor settings

Provide products at no cost through NGOs

Johnson & Johnson has adopted this model with its baby wraps, which it provided at no cost to a non-profit organization towards saving newborn lives

Models of corporate engagement for newborn survival



Corporates employ a number of approaches to address newborn deaths, ranging from funding non-profits to owning and operating their own programs. These models of engagement naturally require varying levels of resources and commitment and fulfil different objectives.

Through its research Dasra has identified four ways in which a corporate can collaborate to improve newborn health outcomes. The examples of corporates mentioned here are meant to illustrate programs that fall within each categorization. That being said, it is important to note that the CSR work of these specific corporates might also span across more than one category.

1. FUNDING

Fund programs that improve outcomes for newborns



FOR WHOM:
Corporates that

- Are interested in addressing a gap or focus area that is underserved and needs investment and attention
- Prefer to support existing programs with demonstrated impact and scale
- Choose to build capacity in the development sector rather than creating internal teams

This engagement model also requires the existence of strong non-profits that are capable of delivering on outcomes

Funding high impact programs of non-profit organizations

Model _____

- The corporate provides pure financial support for specific programs of a non-profit
- It has strong reporting mechanisms in place to monitor and evaluate impact

Corporates _____

- **GlaxoSmithKline India** provided a grant to the Institute for Indian Mother and Child to provide primary health care services to villagers and support prenatal, neonatal and postnatal care for mothers and children
- **Max India Foundation** provided a grant to Seva Mandir, based in Rajasthan, to train Traditional Birth Attendants (TBAs) to improve newborn survival outcomes

Making grants to associations of medical professionals

Model _____

- The corporate provides grants to associations such as the Indian Academy of Pediatrics (IAP), Federation of Obstetric and Gynecological Societies of India (FOGSI) and the National Neonatology Forum to create guidelines, protocols and build capacity of health workers to administer care

Corporates _____

- **Johnson & Johnson** has given an academic grant to IAP to train healthcare professionals on neonatal resuscitation
- **Merck** supports FOGSI and Jhpiego to develop standards of quality care, and help private providers meet those standards through training, quality improvement and an improved accreditation system

Creating and/or supporting alliances

Model

- The corporate defines its overarching goals for impact and then identifies the various stakeholders with whom to collaborate
- These may include multilateral and bilateral organizations such as UN agencies and government aid agencies such as the US Agency for International Development (USAID) and Department for International Development (DFID.) These may also include other corporates having a similar CSR focus
- This model enables sharing of best practices with other stakeholders, facilitating cross-learning and sharing of resources, driving impact at scale, and undertaking advocacy at a global and/or national level

Corporates

- **Johnson & Johnson (J&J)** supports Mobile Alliance for Maternal Action (MAMA), a partnership between USAID, J&J, BabyCenter and UN Foundation, which uses staged, voice-based messaging to pregnant women and new mothers to educate them about proper ante- and post-natal care

2. FUNDING PLUS

Fund programs and stay closely involved with program aspects, but work through partner NGOs to operationalize interventions on the ground



FOR WHOM: Corporates that

- Are seeking to leverage their internal resources to enhance impact
- Are interested in designing and developing new models of impact
- Are unable to find non-profits at scale in their chosen focus area

Model

- The corporate identifies a sector or specific issue and seeks partners that run successful programs targeting that particular area
- The company is then deeply involved with conceptualizing, planning, coordinating and monitoring activities on the ground

Corporates

- **ICICI Foundation** has run several programs that address maternal and newborn health in collaboration with a number of NGOs and state governments
- **Piramal Foundation** provides financial, managerial and shared services support to the non-profit Health Management and Research Institute (HMRI) for technology-based solutions that improve health information systems for tracking health outcomes of mothers and newborn children

Corporates also leverage core expertise and business resources to create impact in the sector.

Model

- The corporate may provide products at no cost and/or technical and managerial support to NGOs through corporate volunteering

Corporates

- **Johnson & Johnson** provides free baby wraps through the non-profit organization Impact India Foundation
- **The Vodafone Foundation World of Difference** program supports non-profits by placing employees full-time on specific projects for eight weeks

3. OWN AND OPERATE

Own and operate the entire program from conceptualization to operationalization



FOR WHOM: Corporates that

- Typically have a larger budget for the chosen intervention
- Take a long term view to addressing challenges in the sector
- Are willing to dedicate and invest in teams and skills internally to create impact

Model

- Under this model, the corporate operates the programmatic intervention and is solely accountable for its outcomes
- It may seek technical expertise from experienced organizations in the sector to guide the implementation
- It may also seek partnerships with other organizations that can contribute to achieving its programmatic goals

Examples

- **TATA Steel** runs the Maternal and Newborn Survival Initiative (MANSI) Program that receives technical support from SEARCH, a non-profit organization with expertise in maternal and newborn health
- **Ambuja Cement Foundation** runs a comprehensive healthcare program, which addresses maternal and child health

4. SHARED VALUE

Develop Shared Value initiatives that align business competitiveness and growth with social impact



FOR WHOM: Corporates that

- Choose focus areas and programs that are closely aligned with their core business, keeping in mind the dual benefits that are likely to accrue from doing well by doing good
- Are willing to invest more than just what qualifies under the 2% CSR mandate, because they view Shared Value as a channel through which they can strengthen the stability and growth of their brand(/s) and goodwill among consumers over time

Model

- Corporates develop a strategy that achieves social impact while also creating value for the business; it is rooted in the idea of a 'win-win' situation - both business and society benefit when companies address social problems by leveraging the power of market-based

There are three broad ways in which Shared Value strategies are implemented:

Reconceiving products and markets

This entails defining markets in terms of unmet needs or social ills and developing profitable products or services that address these needs.¹² The corporate may develop new, and/or adapt existing products and services to target gaps in the market.

- **GE Healthcare** produces low cost baby warmers suitable for resource-poor settings
- **Apollo Hospital** and **Fortis Hospital** run telemedicine initiatives that deliver affordable healthcare services in remote locations
- **Wipro's** IT solutions for the government help Accredited Social Health Activists (ASHAs) track, monitor and counsel pregnant women and conduct fetal monitoring

Redefining productivity in value chains

This entails increasing the productivity of the company or its suppliers by addressing the social and environmental constraints in its value chain.¹³

The corporate can focus on design, development and delivery in its value chain

- **Phoenix Medical Systems** manufactures and distributes low cost photo therapy devices that were developed by social business D-Rev, which has expertise in this area

The corporate can revisit its distribution and sales approach

- **Novartis' Arogya Parivar** program is a for-profit social business that uses local village networks to strengthen its value chain and increase brand visibility in rural areas

Strengthening local clusters

This involves strengthening the competitive context in key regions where the company operates in ways that contribute to the company's growth and productivity.¹⁴

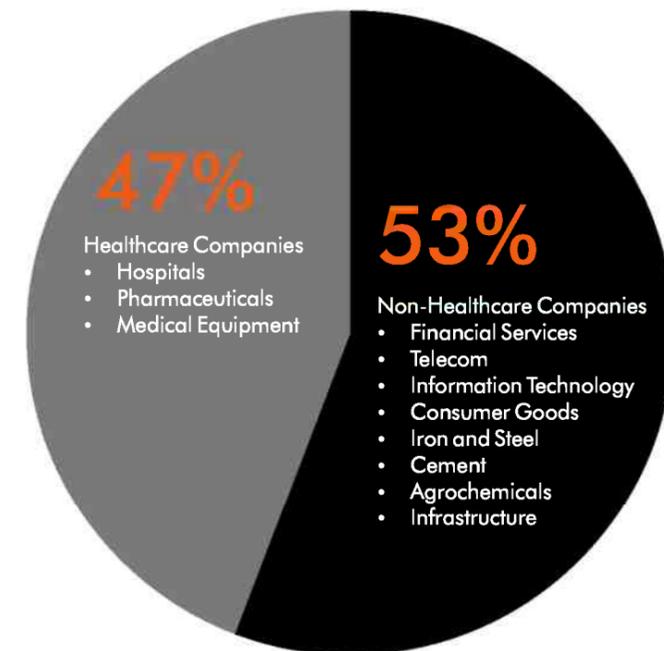
A corporate may use its power to influence demand conditions

- **Novartis** trains local villagers to act as health educators to create demand for drugs

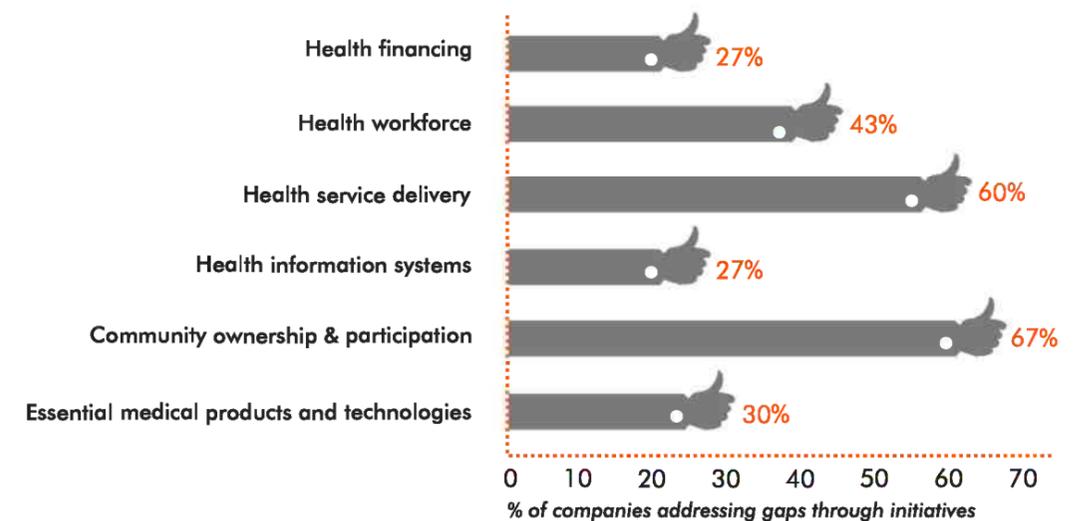
Current trends

Corporate investment in newborn survival has been fairly nascent thus far; there exists a significant opportunity to establish leadership and drive scale for programs addressing newborn survival

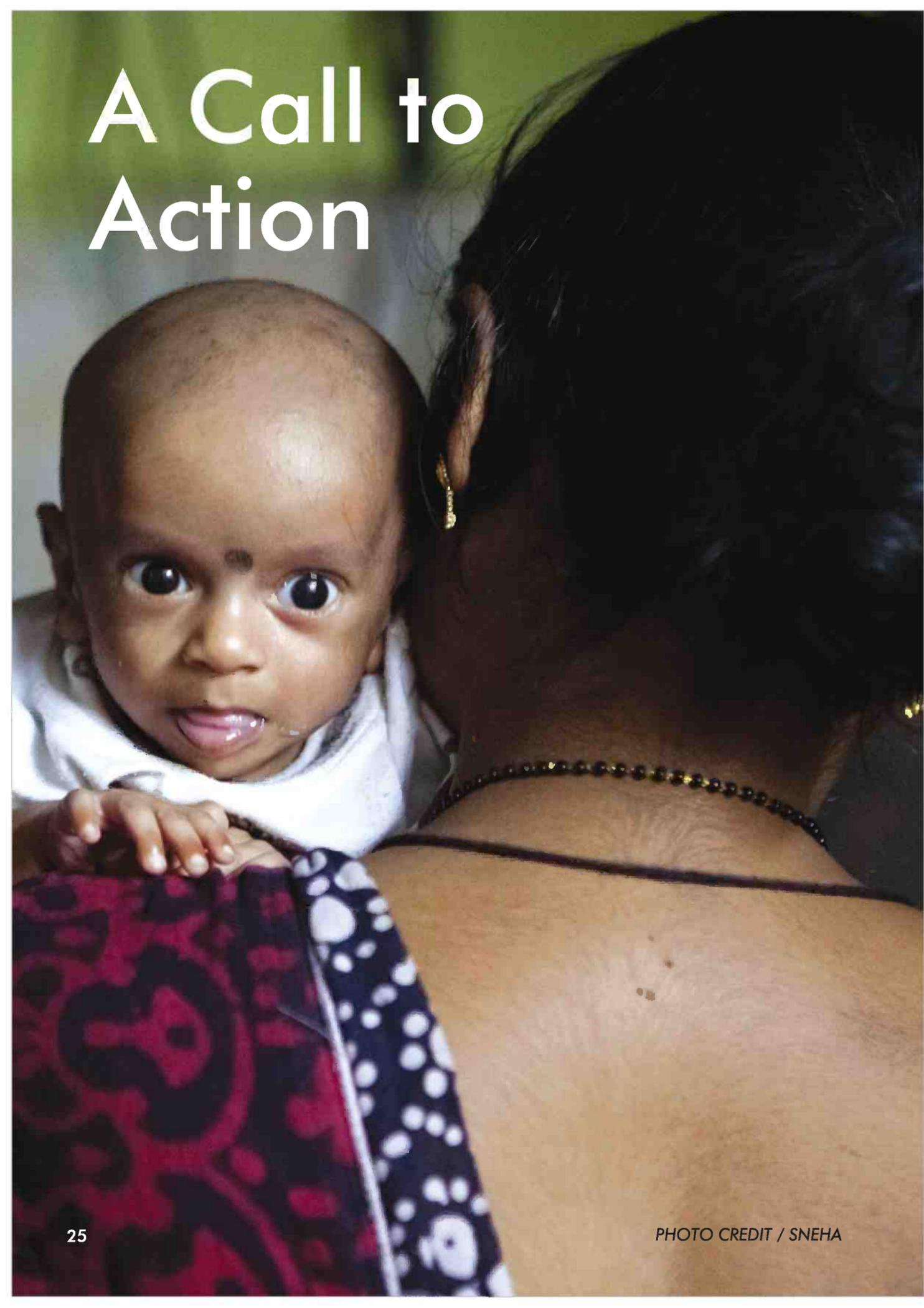
Of the universe of corporates in India, Dasra evaluated 30 companies with initiatives on newborn survival. Our research shows that of these, more than half are from sectors other than healthcare.



Our mapping shows that initiatives by most companies address at least two gaps simultaneously. 'Community ownership and participation' is an important part of many programs, as it is important to create demand and awareness among families and communities for the solutions being implemented.



A Call to Action



As we inch closer to the 2015 deadline for achieving the UN Millennium Development Goals, it seems unlikely that India will fail to meet its target for MDG 4, which is to reduce child mortality by two-thirds. In view of this shortfall, child survival in India needs urgent focus. The Government of India has recognized the need for a stronger push towards improving child health outcomes and in particular, newborn survival, which it outlines in the recently published India Newborn Action Plan.

We now know that addressing health system gaps across the continuum of care in India requires collective action. And the time for that action is now.

Companies can explore options to get involved by identifying the opportunities that are aligned with their CSR priorities, the expertise and core competencies they bring to the table, and the areas in which they can deliver the greatest impact.

In light of India's statistics on newborn survival and health, and the task at hand of reducing India's neonatal mortality to a single digit by 2030, we need to drive impact at scale.

It is unlikely that a single company or sector has the skills, resources and knowledge to comprehensively and effectively address the gaps to accelerate impact on newborn survival.

The sector therefore needs collaboration from multiple stakeholders across the public and private sphere.

Partnerships enable knowledge transfer and best practice sharing, distribution of resources, a collective, stronger voice in the conversation around newborn survival and more effective and targeted use of diverse expertise and skill sets. Moreover, different kinds of partnerships help address different kinds of gaps in the health system.

For example, family foundations and philanthropists can play a critical role in funding pioneering, experimental initiatives that might otherwise struggle to attract early-stage funds from the market. Corporates can drive funding to high impact programs and leverage their strengths, expertise and infrastructure to multiply impact. They can also partner with companies from complementary sectors, who share similar CSR goals. Health professional associations can advocate in the right forums for better care for pregnant women and their children. Non-profit organizations can scale their proven interventions with the help of funding support. And government bodies present the strongest channels to scale programs and interventions that are saving maternal and newborn lives.

There is much to be done. And there is much that can be done.

We must act now.

Overview of Non-profits

Overview of non-profits that address health system gaps through their programs

Non-Profit Organization	Health Financing	Health Workforce	Health Service Delivery	Health Information Systems	Community Ownership & Participation	Essential Medical Equipment and Drugs
ARMMAN www.armman.org		○	○		○	
ARTH www.arth.in		○	○	○	○	○
CARE www.careindia.org		○	○	○		
Ekjut www.ekjutindia.org	○	○		○	○	
Embrace India www.embraceglobal.org		○		○		○
Impact India Foundation www.impactindia.org		○	○	○	○	○
Karuna Trust www.karunatrust.com		○	○	○	○	○
NICE Foundation www.nicefoundation.in	○	○	○		○	
PATH www.path.org					○	
HMRI www.piramalswashya.com			○	○		
Save the Children Bal Raksha, Bharat www.savethechildren.in		○	○		○	
SEARCH www.searchgadchiroli.org		○	○		○	
Seva Mandir www.sevamandir.org		○	○		○	○
SEWA Rural www.sewarural.org		○	○	○	○	
SNEHA www.snehamumbai.org		○	○		○	

Non-profit profiles

ARMMAN

Website: www.armman.org | Geographic Coverage of Programs: Maharashtra

Works on improving the well-being of pregnant mothers, newborns, infants and children in the first five years of their life. The name ARMMAN (meaning "a wish" in Hindi) is an acronym for **ADVANCING REDUCTION IN MORTALITY AND MORBIDITY OF MOTHERS, CHILDREN AND NEONATES**. Its projects include:

- mMitra (urban) and Phone Sakhi (rural): Timed and targeted mobile voice call service to encourage positive health seeking behavior in pregnant women and mothers.
- Home based care through Arogya Sakhis: Program that uses village level child health advocates who provide home-based preventive and diagnostic services.
- Mother and child high risk factor tracking: Ensures that mothers and children with high risk factors are picked up in time and appropriate care is given.
- Project HERO (Helpline for Emergency Response Operations): Real-time information system in Mumbai for ICU beds and blood via a helpline, website, SMS and mobile application.

ARTH

(Action Research & Training for Health)

Website: www.arth.in | Geographic Coverage of Programs: Rajasthan

Helps communities access and manage health care according to their needs and capacity, through research and training

It has two main strategic interventions for neonates.

- Research: ARTH collaborates with the Government and WHO on evidence-based, newborn survival related research studies.
- Service delivery: ARTH ran a project to improve antenatal and postnatal care for maternal and newborn health through a combination of activities (for e.g. registration of all pregnant women within the field area and home visits by midwives and village volunteers to evaluate newborn health).
- ARTH also provides training support to two NGOs for running two 24/7 health centres in Rajasthan, centered around nurse midwives.

CARE

Website: www.careindia.org | Geographic Coverage of Programs: Bihar

Has been working in India for over 60 years running programs in health, education, livelihoods and disaster preparedness and response. Its main program for neonates is Ananya - Integrated Family Health Initiative (IFHI). It supports the Government of Bihar in designing, testing, and scaling up solutions to increase the availability, quality and coverage of priority, cost-effective interventions in maternal, newborn and child health; immunization; nutrition; and family planning. Five categories of cross-cutting solutions are being tested and implemented in eight early innovation districts:

- Data-driven program management.
- Integrating services from pregnancy to the first 24 months, and integrating the efforts of health and Integrated Child Development Services (ICDS) programs at the block, health sub-center, and village levels.
- Improving tools and skills of frontline workers and their supervisors.
- Optimizing financial and non-financial incentives for healthcare providers and families to offer and receive care.
- Making the best use of qualified private providers for key maternal, newborn and family planning interventions.

EKJUT

Website: www.ekjutindia.org | Geographic Coverage of Programs: Bihar, Madhya Pradesh, Odisha

Works towards the empowerment of isolated tribal communities and socially disadvantaged non-tribal communities through community-based interventions. Ekjut adopts a 'three track approach' focused on nutrition and maternal, newborn and child health. Ekjut's work focuses on:

- Empowering: Participatory Learning and Action (PLA) model through which facilitators work with women's groups at the community level to adopt healthy behavior for pregnancy, delivery and post-partum, and strengthen links to primary health care.
- Monitoring: Ekjut has a very robust monitoring, data collection and surveillance system through which the effectiveness of the program is tracked and evaluated. Ekjut spends around 30% of its total budget on building an evidence base, undertaking research, and disseminating findings.
- Advocacy: Ekjut is helping the state government of Jharkhand to integrate the strategy of community participation into the state's Program Implementation Plan (PIP) under the National Rural Health Mission and improving health service delivery at various levels.

EMBRACE INDIA

Website: www.embraceglobal.org |

Geographic Coverage of Programs: Pan-India

Embrace is a social enterprise that donates its low-cost infant warmer to populations in need by establishing partnerships with NGOs. Embrace is a hybrid organization which has a not-for-profit arm and a for-profit arm called Embrace Innovations. Specific interventions by the non-profit wing include:

- Providing low-cost baby warmers and raising awareness about the devastating impact of hypothermia in premature and low birth weight babies.
- Providing on-going training and support on the use of the Embrace infant warmer and Kangaroo Mother Care (KMC) as critical interventions for hypothermia.
- Providing complementary health education focused on addressing the root causes of maternal and child health issues.
- Collecting, monitoring and evaluating data to better understand the program's impact health outcomes.

IMPACT INDIA FOUNDATION

Website: www.impactindia.org | Geographic

Coverage of Programs: Maharashtra

Runs the Community Health Initiative (CHI) as a sustainable replicable model to reduce existing and future disabilities through prevention and cure. The CHI is conducted in partnership with the Government of Maharashtra. Major interventions include:

- Tetanus Toxoid (TT) Immunization: Immunization of all pregnant women is conducted to protect mothers and new-borns from mortality and morbidity caused by Tetanus.
- Completion of ante/post natal checkups: The program is conducted in coordination with the Government health staff: Auxiliary Nurse Midwives (ANMs), Accredited Social Health Activists (ASHAs) and Anganwadi Workers (AWWs). CHI staff educates and counsels pregnant women on childbirth and child care, diet, and safe delivery in hospitals under skilled medical care, and ensures that they seek medical help when needed.
- Institutional deliveries/child births: CHI staff guides family members and facilitates the transport of pregnant women for delivery in hospitals. It makes communities aware of the "Maher Ghar" (Mother's Home) facility available at the PHC premises, which provides free-of-cost boarding and lodging for the pregnant woman and her family.

KARUNA TRUST

Website: www.karunatrust.com | Geographic

Coverage of Programs: Arunachal Pradesh, Karnataka, Maharashtra, Manipur, Meghalaya, Odisha, Rajasthan

Has pioneered and implemented a successful Public-Private Partnership model that leverages the government's public health care infrastructure by complementing it with a socially committed, not-for-profit and professionally competent management team. Its programs include:

- Primary healthcare: Running 68 previously non-functioning Primary Healthcare Centres (PHC) in eight states, handed over by the government (with the same infrastructure and personnel). It provides better and more number of services related to mother and child health at the same cost or at 10-20% less than what the government spends.
- Mobile health units: These units cater to remote, underserved and insurgency based regions.
- Secondary healthcare: Manages a First Referral Unit for emergency obstetric care and neonatal services in partnership with the Government of Karnataka.
- Citizen help desk: Empowers public with information and provides guidance to health services in Government Hospitals.
- Training modules: Develops training modules for PHC staff on issues such as Reproductive Maternal Newborn Child and Adolescent Health (RMNCH+A), planning, budgeting, participatory rural appraisal and health awareness programs.

NICE FOUNDATION

Website: www.nicefoundation.in | Geographic

Coverage of Programs: Andhra Pradesh, Rajasthan and Telangana

Provides quality healthcare to marginalized sections of society through its hospital and school-based services, and its rural child health program. Its programs include:

- NICE Institute for the Newborn: A state-of-the-art, affordable facility in Hyderabad to address the needs of critically ill and premature newborns that need intensive medical attention and care. It runs on a cross subsidy model where poor patients receive free/subsidized costs. It also offers research facilities, fellowships and trainings in the area of newborn healthcare.
- Safe Mother and Child Health Program: It provides basic care and support during ante/post natal care, safe delivery and under-five childcare. The program provides comprehensive maternal and neonatal healthcare through health teams that visit 3-5 villages by an ambulance daily. The program is operational in tribal regions of Andhra Pradesh.
- Community Health and Medical Provision Impact on Neonates (CHAMPION) Trial: This is a neonatal mortality reduction program undertaken in 433 tribal villages in Andhra Pradesh. The intervention focuses on a combination of community health promotion campaigns along with improved supply of health services through contracting out to the non-public health sector facilities.

PATH

Website: www.path.org/surestart | Geographic Coverage of Programs: Maharashtra and Uttar Pradesh

An international non-profit organization operational in 70 countries. PATH's Sure Start Project mobilizes village-, block-, and district-level government, non-profit, and community-based organizations. The project has been implemented in Maharashtra and Uttar Pradesh. Specific interventions include:

- Changing behavior to improve maternal and newborn health: PATH launched communication campaigns using billboards, street plays, quizzes and films to create awareness about the health of mothers and newborns.
- Increasing demand for health services: Sure Start is harnessing the value of innovative health financing models, volunteerism, convergence, and public-private partnerships. It has engaged fathers in the effort through a letter that addresses fathers-to-be, helping them to better understand their pivotal roles in the well-being of their wives and children.
- Increasing access to lifesaving services: By complementing the key strategies identified under the National Rural Health Mission it increases access to services. The program also strengthens linkages among communities, health care systems and public and private service providers.

HMRI

Website: www.piramalswasthya.com | Geographic Coverage of Programs: Andhra Pradesh, Assam, Chhattisgarh, Jharkhand, Karnataka, Maharashtra, Odisha and Rajasthan

Works towards making healthcare accessible, affordable and available to all segments of the population, especially those most vulnerable, by leveraging cutting edge information and communication technologies to cut cost without compromising on quality as well as establishing partnerships to scale its solutions throughout India and beyond. Its programs include:

- Mobile health services: It deploys mobile medical units – vans equipped with technology, medical devices, and medicine and health workers – in rural and tribal areas.
- Asara: It trains traditional birth attendants, raises awareness, conducts village outreach and connects pregnant tribal women with an OB/GYN in Hyderabad through telemedicine services. Asara also provides home-based newborn care by training local ASHAs, traditional birth attendants and new mothers.
- Health Information Helpline (HIHL): This is a health contact center that allows any citizen to receive medical information and advice, avail counseling services, request directory information, or lodge a service complaint against any public health facility.

SAVE THE CHILDREN BAL RAKSHA

Website: www.savethechildren.in | Geographic Coverage of Programs: Pan-India

Implements programs focused on health, education, child protection and emergency response. As the Indian member of Save the Children International, Save the Children(SC) Bal Raksha Bharat is able to leverage the global expertise and experience of the SC Alliance. The program includes:

- Direct programs: It pilots and proves high-impact community based models of care, such as home-based maternal, newborn and child care activities in Gadchiroli, Maharashtra, where global best practices are developed.
- Policy and advocacy: Save the Children advocates for issues of child mortality and malnutrition in order to stimulate awareness and build support for political change.

Save the Children is closely involved in helping develop and increase momentum on newborn care through the Global Every Newborn Action Plan.

SEARCH

(Society for Education, Action & Research in Community Health)

Website: www.searchgadchiroli.org | Geographic Coverage of Programs: Maharashtra

Trains local people to diagnose and treat infants with common infections at the home and village level in remote tribal regions, and tests new and inexpensive interventions that local people can implement after training. The organization has a field area of 86 rural villages and 40 tribal villages with a population of 100,000 in Maharashtra. Various components of the SEARCH program include:

- Home-Based Newborn Care (HBNC): SEARCH facilitates home deliveries with its network of community health workers who conduct deliveries and also play the role of pediatricians. SEARCH's program has now become standard training for ASHA workers around the country.
- Community-Based Health Facility: The SEARCH hospital is a medical hospital catering to the needs of the tribal people around Gadchiroli; the hospital runs medical camps and provides ambulatory services. Its services, including surgeries, are provided at very affordable rates.
- Advocacy: SEARCH also seeks to influence state, national and global policy through its "laboratory of 100 villages" in Gadchiroli District, Maharashtra. SEARCH has become known for publishing the results of population-based research trials of new low-cost interventions.

SEVA MANDIR

Website: www.sevamandir.org | Geographic Coverage of Programs: Rajasthan

Provides critical maternal and infant health services, ensures families have clean drinking water and can grow enough food to eat, offers quality education, empowers women, and strengthens participation in village level democracy. Key interventions of their newborn health program include:

- Training maternal health workers: Provides training, medical equipment, stipends and supervision to over 323 traditional birth attendants from its partner villages.
- Infant health workers program: Seva Mandir's 90 infant health workers counsel mothers on critical aspects of newborn care including breastfeeding, weaning and appropriate nutrition. They also chart child growth and refer serious cases of malnutrition to hospitals.
- Immunization and treatment camps: Immunization camps are organized in remote villages on a fixed date. Nurses hired by the organization ensure complete immunization of children and also provide treatment for common ailments.
- Microinsurance program: Seva Mandir has piloted an obstetric insurance program that, for a Rs. 350 (\$6) premium, has granted 229 women access to antenatal and delivery services at Seva Mandir-accredited hospitals.

SEWA RURAL

Website: sewarural.org | Geographic Coverage of Programs: Gujarat

Sewa Rural is based in a rural tribal area in Gujarat called Jhagadia and leverages various central government schemes like Chiranjivi and Rashtriya Swasthaya Bima Yojana to serve marginalized families. Its maternal and neonatal programs include:

- PPP to run a PHC: Public Private Partnership (PPP) with the government to manage the PHC at Jhagadia, where maternal and neonatal care is available round the clock. 35% of outpatients and 75% of in-patients are treated free. 50% of costs are borne through various government schemes.
- Arogya Sakhis: Has built a 'first-line cadre' of local volunteers, similar to link workers in the government, called "Arogya Sakhis". Sewa Rural has also set up a communication and transportation network between remote villages and the Kasturba Hospital at Jhagadia.
- ImTeCHO is a mobile phone application to improve performance of ASHAs through better supervision, support and motivation.
- Village Health and Sanitation Committees (VHSC): Training of all 87 VHSCs of Jhagadia block was done. After completing training in 2010, SEWA Rural's facilitators now attend village based meetings of the committee to provide guidance.
- Training centers: In 1990, SEWA Rural established a training center at their main campus in Jhagadia. The center offers courses to train health workers, TBAs, community health volunteers, Aanganwadi workers, ASHAs, and paramedics, etc.

SNEHA

(Society for Nutrition, Education & Health Action)

Website: www.snehamumbai.org | Geographic Coverage of Programs: Maharashtra

Mumbai-based organization addressing four major areas of public health - Maternal and Newborn Health, Child Health and Nutrition, Sexual and Reproductive Health, and Prevention of Violence against Women and Children - in the urban slum context. Newborn related interventions include:

- Improving clinical skills of government hospital doctors and nurses through trainings.
- Connecting government hospitals to help pregnant women receive care at appropriately equipped facilities.
- Developing and implementing emergency obstetric referral protocols and coordinating periodic referral meetings to resolve inter-facility bottlenecks in the management of emergency obstetric cases.
- Conducting behavior change communication through home visits, during which pregnant women in slums receive health advice.
- Promoting knowledge of family planning among married couples.

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Expert Interviews

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Aradhana Srivastava	Public Health Foundation of India
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End Notes

- ¹ Child mortality refers to deaths of children under the age of 5
- ² United Nations Inter-agency Group for Child Mortality Estimation. Levels and trends in child mortality: Report 2013. New York, USA: UNICEF, 2013. http://www.childinfo.org/files/Child_Mortality_Report_2013.pdf
- ³ An Equal Chance for India's Most Vulnerable Newborns. August 2011. Available via <http://www.impatientoptimists.org/Posts/2011/08/Equity-for-India-Newborns>
- ⁴ CSR requirements are applicable during any financial year in which a company has either a minimum net worth of INR 500 crore, a minimum turnover of INR 1,000 crore or a minimum net profit of INR 5 crore.
- ⁵ p 29, India Newborn Action Plan, September 2014. Accessed online via [http://nrhm.gov.in/images/pdf/programmes/child-health/guidelines/India_Newborn_Action_Plan_\(INAP\).pdf](http://nrhm.gov.in/images/pdf/programmes/child-health/guidelines/India_Newborn_Action_Plan_(INAP).pdf)
- ⁶ The National Health Mission (NHM) is a Government of India initiative that targets improving health outcomes for urban and rural India. The National Rural Health Mission (launched in 2005) and the National Urban Health Mission (launched in 2013) are two components that form the NHM.
- ⁷ www.lancet.com Published online May 20, 2014 [http://dx.doi.org/10.1016/S0140-6736\(14\)60582-1](http://dx.doi.org/10.1016/S0140-6736(14)60582-1)
- ⁸ p 28, Ending Newborn Deaths: Ensuring Every Baby Survives, Save the Children. 2014. Accessed online via <http://www.savethechildren.org/atf/cf/%7B9def2ebe-10ae-432c-9bd0-df91d2eba74a%7D/ENDING-NEWBORN-DEATHS.PDF>
- ⁹ Refers to the time period immediately prior to and following birth (usually a number of weeks)
- ¹⁰ <http://www.unicef.org/india/health.html>
- ¹¹ Home Visits for the Newborn Child: A Strategy to Improve Survival. Geneva: World Health Organization; 2009. English. Available from: <http://www.ncbi.nlm.nih.gov/books/NBK200763/>
- ¹² <http://sharedvalue.org/about-shared-value>
- ¹³ Ibid.
- ¹⁴ Ibid.