

ANNEXURE IV

ANNUAL REPORT ON NARAYANA HRUDAYALAYA CORPORATE SOCIAL RESPONSIBILITY ACTIVITIES (“NH CSR”)

1. CSR Goals at NH

Alignment with healthcare and socio-economic imperatives have been a constant and continuing concern at Narayana Health, even before the advent of Companies Act, 2013. Formalisation of the social initiatives under the aegis of CSR has helped NH align with the larger national development agenda in a broader and structured manner. The interconnectedness of corporate social responsibility, corporate governance, sustainable development goals and inclusive growth are factors which underline our CSR strategy.

1.1 Brief Outline of NH CSR Policy

1.1.1 NH CSR Policy Statement

NH aims to make a positive difference in the lives of the people by engaging in activities that eliminates or alleviates pain and suffering to the under-privileged sections of the society.

1.1.2 NH CSR Objectives

- Promoting healthcare facilities for the upliftment of people at large and creating a positive impact by addressing issues of accessibility and affordability.
- Promoting educational facilities to help and assist in unfolding the creative potentials and talents of the children and amateurs.
- Strive for socio-economic development thereby reducing inequality between rich and poor.

1.1.3 NH CSR Focus Areas

- Healthcare
- Education

1.1.4 NH CSR Projects (discussed in detail in later section of the report)

- Rajiv Gandhi Arogya Yojana (RAY)
- Railway Clinics
- Mobile Mammography Screening
- Care Companion Programme
- E-Health Centers
- Udaan

- Shorapur Maternal Obstetric Monitoring (MOM) Programme
- Suposhan programme
- Community Radio Station Initiative
- Non-communicable Diseases (NCD) Programme

1.1.5 Governance and Administration

Board of Directors has:

- Appointed CSR Committee.
- Ensured that the CSR activities are in conformity to the activities mentioned in Schedule VII of the Companies Act, 2013.
- Approved the CSR policy as recommended by the CSR Committee.
- Ensured that the Company spent the approved budget in the financial year to comply with Section 135 of Companies Act, 2013 and Rules notified.

CSR Committee has:

- Formulated and recommended the CSR Policy & approved by the Board.
- Recommended CSR programmes and budget allocation.
- Instituted a transparent monitoring mechanism for implementation of the CSR activities and expenditure of funds.
- Taken professional support from individuals and organisations having expertise in related fields to carry out aforesaid activities.

1.1.6 Project based approach

NH follows a project-based approach for carrying out its CSR initiatives.

1.1.7 Overview of projects / programs undertaken during the FY 2018-19:

Rajiv Gandhi Arogya Yojana (RAY)

This programme was initiated in November 2005, with a vision to develop a model of rural primary health care system in Amethi. The Project currently includes 4 Primary Healthcare Clinics spread across four blocks of Amethi constituency and covers the basic healthcare needs of around 200 villages catering to a population of more than 60,000 people.

Non-communicable Diseases (NCD) screening was introduced last year to increase the scope of services under the programme. The portable kit enables baseline screening for a wide range of conditions including obesity, diabetes, hypertension, anemia, vision disorders, as well as cardiac function. Data captured from the devices syncs with a dashboard, which allows for objective data to be gathered, relayed and analysed. The NCD screening was done at community level which has helped in improving traction on the programme and captured early insights on disease prevalence in the area. Since its inception, the RAY programme has served more than 20,74,000 patients from marginalised communities. In the FY 2018-19, more than 9000 patients availed primary healthcare services at these clinics.

Railway Clinics

This programme was initiated in July 2011 in the State of Karnataka in collaboration with Southern Railways. The objective was to provide timely care to the patients or accident victims in railway stations, and thereby curb the increasing number of deaths due to railway accidents. These centres provided basic medical assistance and emergency needs before the patient reaches the hospital. Since inception, these clinics have helped treat more than 14,000 patients. Since the footfalls to the clinic had been decreasing over a period of time, with the concurrence of all stakeholders concerned, the Railway Clinic programme has been discontinued from July 2018.

Mobile Mammography Screening

In India, breast cancer is the most common cancer among women in many regions, having surpassed cervical cancer which was more frequent a decade ago (Murthy, Chaudhry, Nadayil, Agarwal, & Saxena, 2009). Pervasive realities such as lack of organised screening programmes, paucity of diagnostic aids, and lack of awareness have resulted in majority of women being diagnosed at a locally advanced stage (Agarwal, Pradeep, Aggarwal, Yip, & Cheung, 2007). The effort therefore, of the mammography screening programme, has been to educate, screen, identify and refer patients for further treatment. Since February 2014, the programme has screened approximately 26,000 women through 651 camps organised across several districts in Karnataka. In the FY 2018-19, 6967 women were screened across 156 camps and 1173 mammograms were conducted.

Till date, 43 women have been diagnosed with breast cancer and treated successfully at various hospitals.

Care Companion Programme

The Care Companion Programme was first set up in 2013 at Mysore. The programme was started in direct response to the needs of patients and to recognise patient family members as an untapped existing resource. The programme focuses on creating a therapeutic alliance with the patient and thereby a platform for shared power and responsibility. The programme undertakes in-hospital education-cum-training programme for patients' family members. Multi-lingual group teaching sessions use interactive videos for identifying warning signs of illness, checking temperature, pulse, blood pressure, timely medications, etc. These sessions are conducted in Hindi, Tamil, English, Telugu, Bengali, Assamese and Kannada. The programme has been implemented across 24 facilities of NH. Since its inception in 2013, more than 1,33,000 caregivers have been educated, with 53,665 caregivers being trained in the FY 2018-19. FY 2018-19 also saw the TEACH (Teaching Empowering Activating Caregivers at Home) summit being organised by NH CSR in collaboration with Noora Health as education partner. The summit witnessed participation of senior nursing educators from public and private healthcare institutions, academicians, practitioners and health administrators. The summit showcased best practices and insights in patient communication across diverse healthcare facilities.

E-Health Centre Programme

The e-health centre programme was initiated in 2015 with focus on delivering accessible, quality and affordable primary healthcare to people living in resource-deprived locations of India using appropriate technologies. NH is the healthcare partner to implement, operate and manage e-Health Centres. The centres are rapidly deployable healthcare facilities powered by cloud-enabled solutions and fully equipped with workstations, open electronic records (EMR) systems, biometric patient identification and integrated diagnostic services. A total of 9 e-Health Centres have been established in states of Karnataka, West Bengal, Rajasthan and Gujarat. Around 81,000 tele-consultations have been witnessed since inception. In the last financial year, 17,223 patients were provided tele-consultations and approximately 14,000 people availed speciality consultation. As per the findings from

a socio-economic impact study conducted across three centres in Rajasthan, the direct out of pocket expenses on healthcare have reduced to 0-10% for 80% of respondents while indirect expenses on wage loss and travel expense have reduced to 0-20% for 97% of respondents after inception of the e-Health centre.

Udaan

India has a large shortfall of doctors. According to the World Health Organization, India has seven doctors for every 10,000 people, half the global average. These shortages exist despite India having one of the largest medical education systems in the world. The unwillingness of doctors to work in rural areas is another challenge. Considering these twin challenges, the objective of the programme has been to nurture the potential of rural students from disadvantaged backgrounds and create a platform which they could leverage on towards realising medical education. Students from our Udaan programme can be motivated to use their medical education in improving healthcare systems in their villages and small towns. It is hoped that these enabled students would fulfil their dreams of becoming able physicians, have a multiplier effect among students and practice ethical healthcare thereby serving the larger community. The Udaan Bidar programme was initiated with Shaheen Group of Institutions in Bidar wherein 46 pre-university students have been selected and provided full scholarship. The Dharwad chapter was started with selection of forty students in partnership with Avanti institute. The programme has enabled scholarships for NEET (National Eligibility cum Entrance Test) in Tier II cities of Karnataka. The Udaan students are regularly motivated and mentored by NH panel of doctors.

Shorapur Maternal Obstetric Monitoring programme

Though India has recorded an impressive 70% reduction in maternal deaths (World Health Organization, 2013), the progress has been uneven (Rai & Tulchinsky, 2012). While maternal mortality rates have improved in several states, intra-state disparities in mortality rates in better performing states has been marked. For instance, though Karnataka has an MMR of 108 per 100,000 live births, as per the most recent figures from the Niti Aayog 2014-16; the MMR for various districts in Karnataka vary from 50 in

Udupi to 236 in Koppal. Against this background, it was decided to pilot a maternal health intervention in Yadagir, a High Priority District in Karnataka. Shorapur Taluk was chosen for the implementation of focused maternal health care interventions in collaboration with Philips India Limited and Karnataka National Health Mission. The programme leveraged on workflow improvements and technology innovations to address early detection and referral of high-risk pregnancies. NH CSR team stationed in Shorapur coordinated free drives for ultrasonography (USG), high-risk pregnancy detection (HRP), as well as blood transfusion for severely anaemic pregnant women. Since November 2016, NH radiologists have regularly travelled to Shorapur Government General Hospital and have conducted more than 5200 free ultrasound studies for pregnant women. Almost 17.5% of pregnancies were classified as high-risk, with 53.3% of the high-risk cases being referred to the nearest District hospital. Over the past year, our team has also coordinated the blood transfusion for 268 severely anaemic women at the Government General Hospital. Regular communitisation activities were conducted by field staff to improve awareness towards anemia and signs and symptoms of high-risk pregnancies. Baseline surveys had found 52% of pregnant women being aware of one warning symptom/sign of pregnancy, while our end line surveys found 72% of pregnant women surveyed being aware of two or three signs / symptoms of high-risk pregnancy. The programme was concluded with capacity building workshops being conducted for both medical officers and frontline healthcare workers and sharing details of best practices which had worked on ground.

Namma Naadi- Community Radio programme

Narayana Hrudayalaya Foundation acquired a wireless operating license in January 2017 and was granted 90.4 spectrum for establishing a community radio station in Health city, Anekal. The broader objective of our community radio station is to serve as a consensus-building platform wherein communication processes would help the communities around us to share common understanding and common goals. The community radio was named "Namma Naadi" with focus on health, education, environment, culture and civic issues within the primary and secondary zones of health city. Various programmes were aired on Namma Naadi with participation from multiple communities of interest. In the FY 2018-19, 250 programmes were aired on various themes including

health, education, music, theatre, environment, voter awareness and other civic issues.

Non-Communicable Diseases (NCD) Programme

This new programme was initiated in June 2017 with a focus to improve awareness and conduct screening for non-communicable diseases including breast and oral cancer. The focus has been on a continuum of activities including promotive, preventive, curative and palliative care services. The programme has been initiated at six locations – Mysore, Jamshedpur, Delhi, Howrah, Delhi and Bengaluru. In collaboration with various local institutions, government healthcare bodies and non-governmental organisations. The programme has been able to screen more than 31,000 people since inception. In the FY 2018-19, approximately 13,000 people were screened for oral cancer, with four oral cancer patients being detected. 28,000 people were screened for a spectrum of non-communicable diseases including diabetes, hypertension and anaemia. 3140 diabetics, 5800 hypertensives and 1900 severely anaemic patients were detected through the programme and referred to the nearest facilities.

SUPOSHAN PROGRAM

Adolescents in the age group 10-19 years, comprise almost one-fifth of the total population in India. (Samal & Dehury, 2017). The biological and psycho-social changes make adolescence a unique period affecting health related behaviours and spectrum of diseases. For instance, studies in various parts of India have indicated that the prevalence of anaemia varied between 37% to 85% among adolescents (Raj & Chopra, 2016; Aishwarya, Parita Gajjar, Raykundaliya, Patel, & Neeta, 2015; Biradar, Biradar, Alalagi, Wantamutte, & Malur, 2012). In Rajasthan, as per National Family Health Survey III, the prevalence of anaemia in adolescent girls was 53.9% while in adolescent boys, the prevalence of anaemia was 30.8%. Despite implementation of weekly iron and folic acid supplementation (WIFS) programmes by the government, studies have found that more than 50 percent of children were consuming the tablets occasionally or rarely (IJCMR, 2016). Against this context, Suposhan program was envisaged as a pilot intervention in Jaipur District in collaboration with Britannia Nutrition Foundation, National Health Mission, Rajasthan and the Jaipur education department. The programme which is modelled as an action research study, aims at introducing iron fortification in a palatable manner which

would be an adjunct to the existing WIFS programme. In addition, the programme would be supplemented by efforts to engage students on need for iron fortification and supplementation, nutritional and hygiene guidelines. The first phase of the programme is on-going with baseline surveys, distribution of iron-fortified choco-glucose biscuits among adolescent population in the intervention block as well as awareness building activities among students and the larger community.

1. Composition of CSR Committee:

Mr. Dinesh Krishnaswamy	Chairman
Mr. B.N. Subramanya	Member
Mr. Viren Shetty	Member

2. Average Net Profit (before tax) for last three financial years is ₹ 1,14,82,16,294.

3. Prescribed CSR expenditure (i.e. 2% of the amount mentioned in point 2 above) is ₹ 2,29,64,326.

4. DETAILS OF CSR SPENT DURING FINANCIAL YEAR

(₹ in mn)

Sl. No.	CSR project or activity identified	Sector in which the project is covered	Projects or programmes 1) Local area or other 2) Specify the State and district where the projects or programmes was undertaken	Amount outlay (budget)-project or programmes wise	Amount spent on projects or programmes Sub-heads:		Cumulative expenditure upto the reporting period	Amount spent: Direct or through implementing agency
					Direct Expenditure on projects or programmes	Overheads		
1	Rajiv Gandhi Arogya Yojana (RAY)	Healthcare and Enhancing livelihood	Amethi, Uttar Pradesh	2.20	1.79	-	1.79	Direct
2	Railway Clinics	Healthcare	Karnataka	0.31	0.08	-	0.08	Direct
3	Mobile Mammography Screening	Healthcare	Karnataka	2.66	2.84	-	2.84	Direct
4	Care Companion Programme	Healthcare and Enhancing livelihood	PAN India	1.29	0.53	-	0.53	Direct
5	E - Health Centre Programme	Healthcare and Enhancing livelihood	PAN India	9.63	9.96	-	9.96	Direct
6	Udaan – A Scholarship Programme	Promoting education	Karnataka	1.66	1.61	-	1.61	Direct
7	Community Radio programme	Promoting education	Karnataka	1.41	0.85	-	0.85	Direct
8	Non-Communicable Diseases (NCD) Programme	Healthcare	PAN India	9.49	5.32	-	5.32	Direct
9	Yadagir Project	Healthcare	Karnataka	0.37	0.21	-	0.21	Direct
10	SUPOSHAN programme	Healthcare and Promoting education	Rajasthan	1.16	1.88	-	1.88	Direct
Total				30.17	25.07		25.07	

5. OUR RESPONSIBILITY STATEMENT

We hereby affirm that the CSR Policy, as approved by the Board, has been implemented and the CSR Committee monitors the implementation of CSR projects and activities in compliance with our CSR objectives.

Place: Bengaluru

Date: 24th May 2019

Dr. Emmanuel Rupert
Managing Director and Group CEO
DIN: 07010883

Dr. Devi Prasad Shetty
Chairman
DIN: 00252187