



# Access to Healthcare for Women and Children

A Philips CSR Initiative



## A BRIEF ABOUT THE COMPANY –PHILIPS INDIA LTD

### **About Philips**

Philips India Limited is a subsidiary of Royal Philips of the Netherlands. It is a leading health technology company focused on improving people's health and enabling better outcomes across the health continuum from healthy living and prevention, to diagnosis, treatment and home care. Philips leverages advanced technology and deep clinical and consumer insights to deliver integrated solutions.

Headquartered in the Netherlands, the company is a leader in diagnostic imaging, image-guided therapy, patient monitoring and health informatics, as well as in consumer health and home care.

Philips' health technology portfolio generated 2016 sales of EUR 17.4 billion and employs approximately 71,000 employees with sales and services in more than 100 countries. News about Philips can be found at [www.philips.com/newscenter](http://www.philips.com/newscenter)

Present in India since 1930. It operates manufacturing and innovations sites that serve India as well as the global market. The Healthcare Innovation Campus in Pune is the "Make in India" head quarter for the global Mobile Surgery business. At the Philips Innovation Campus in Bangalore, 2500 highly skilled employees meet 40% of Philips' global software needs. The Global Business Services center in Chennai provides finance, customer service, procurement, IT support and other enabling capabilities to all markets that Philips operates in globally. Philips India's wholly owned subsidiary Preethi Kitchen appliances not only manufactures all of its products in India in its Chennai plant but also exports to the Middle East and US.

### **Philips Foundation**

#### **Our approach on 'Healthy people, sustainable planet'**

The world is changing. Global populations are aging; there's a rise in chronic conditions such as diabetes and heart disease. At the same time, conventional health systems are frequently being characterized as expensive and unsustainable. All this at a time when we know the vital importance quality healthcare plays in the health of a nation and a consequent impact on sustainable economic vitality! This is an industry where change is essential. As a health technology company, Philips aspires to be a leading private sector player by creating sustainable value by delivering better health at lower cost and making access to care available.

## The Context

### Aligned to SDG Goals

**3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100000 live births.**

**3.2 By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1000 live births and under-5 mortality to at least as low as 25 per 1000 live births.**

India is an emerging superpower, and has witnessed rapid economic growth in the past decade, but the state of health of women and children is dismal, especially in urban slums and rural areas. India is contributing to 20% of global maternal mortality and 50% of the global under-five mortality and there is no significant impact on reduction in neonatal mortality. The largest chunk of the deaths occurs among young married women (in the age group of 15-24 years). Percentage of new adolescent HIV infections among girls 49. While the government has various initiatives aimed at improving the health of women and children, there is a lot that companies like Philips can do. Which is why Women and Child development being big on Philips India's agenda.

To make a positive difference here we have to address **Access to care and Promotion of Health seeking behavior** issues at the different stages - Reproductive, Maternal, Newborn Child and Adolescent Health (RMNCH+A). We have to work closely with the government and other players in the ecosystem to make an impact, and cannot be seen working in isolation.

### The solution and interventional model

Reproductive, Maternal, Newborn Child and Adolescent Health (RMNCH+A) approach, suggested by Government of India is focused on addressing causes of mortality among women and children due to delays in accessing and utilizing health care services and maintaining the 'continuum of care' in order to ensure equal focus on various life-stages. Priority interventions for each thematic area under the RMNCH+A will be included with the '**continuum of care**' approach to ensure proper linkages. This will integrate service delivery for adolescents, young couples, pregnant women, lactating mothers and newborns from preconception period, pregnancy to delivery, and then to neonatal/postnatal period. Strengthening Continuum of Care, especially among adolescents and young married women is critical as they often experience early/child marriage, early pregnancy, poor access to education, negotiation and decision making skills.

Additionally, these efforts will be supplemented by mobile health services to make accessibility of healthcare better and more effective.

**An insight into our initiatives**

We have been working towards improving lives of Indian women and children since 2015 and are now touching the lives of lakhs of women and children in 7 States through over 12 projects!

At the core of our strategy is -Improving health seeking behavior on Maternal and Child Health in low resource settings by incorporating common reproductive, mental health issues in current RMNCH+A strategy.



**Initiative 1 -Community centers**

Community Centers: The project is in **6 high priority districts of India**: Bangalore (Urban) - Karnataka, Pune (Rural) - Maharashtra, Khagaria – Bihar, Sahibgunj – Jharkhand. Also in Dharavi Mumbai and Sultanpuri Delhi.

Target Population

The project will be implemented in four districts. In each district it will cover 2.5-3 lakh population. All together, 10-12 lakh population will be covered by the project, with the following break ups:

Population Coverage	Target Groups*			
	Pregnant Mothers	Lactating Mothers	Adolescents boys and girls (Age Group 10-19)	Newly Married Couples (15-24 years)
12,00,000	20,400	42,000	2,40,000	20,000



### Initiative -2 Mobile Vans

***Target population Screening 50 people a day – Coverage 2 Lakh population***

A 3 year project to “Increase access to primary healthcare services” to underprivileged people living in slums across 4 cities through 4 Mobile Medical Units which will provide healthcare services at their doorstep. 50 people per day- working for over a year now

Locations : Bangalore, Chennai, Pune and Kolkata

Each Mobile Medical Unit has:

- A Doctor
- A Nurse
- A Pharmacist
- A lab technician
- A community health volunteer



### Our unique proposition in both projects

Our interventional model works with the government schemes- supplements and compliments them- **does not create a parallel system, instead enhances it.** We do capacity building for Asha workers, Anganwadis to help strengthen the system. Our community workers work along with them in the same geographic area, complimenting their work and guiding them.

Capacity building of Health System:

- Orientation of frontline health functionaries: To improve accessibility and uptake of services on child, adolescent, maternal health, common reproductive mental health issues on regular sessions will be conducted with public health service providers.
- Advocacy with the District-level Health System: At district level; advocacy efforts will be made to integrate reproductive mental health in the activities of existing RMNCH+A strategies. Since resources are available in flexi-pool of state PIPs for the mental health in the country, a momentum to use those resources under RMNCH+A strategy by the government system would be brought into focus of the advocacy.
- Meeting with VHSNC members/PRI/Key Stakeholders: Networking and support from these stakeholders will be there to seek for creating supportive environment towards improved child, adolescent, maternal health and nutrition outcomes.
- Stakeholders' (block level health functionaries and ICDS Supervisors) meetings at Block level: For better project outcomes stakeholder support will be sought through various activities like meetings, one-to-one interaction, awareness programs

**Skilling of young girls along with making a difference in healthcare makes it sustainable.** The girls trained at our center are from the urban slums, villages they work in- so we are also skilling them to make their lives more sustainable

### Expected Outcomes and Impact

#### Adolescent Health and Development indicators

- Awareness on common reproductive mental health issues (stress anxiety, depression and frustrations) and myths and misconception related to self, sex & sexuality, pregnancy and fertility etc.
- Reduced prevalence of anaemia among adolescent girls
- Improved life skills among adolescents
- Increased uptake of health services by adolescents
- Enhanced knowledge and attitude of parents of adolescents regarding their problems and concerns

Maternal, New-born and Child Health indicators

- Uptake of ANC , institutional delivery and PNC services
- Reductions in reproductive mental health problems i.e. stress depression and frustrations at preconception, conception and post conception stage.
- Increased early initiation of breastfeeding within an hour of delivery (colostrum feeding)
- Increased exclusive breastfeeding up to 6 months
- Ensured supplementary nutrition among lactating mothers and access to WCD services
- Increased nutritional uptake among lactating mothers
- Created awareness on birth spacing and timing among married couple

Improvement at system level

- Enhanced knowledge and counselling skills of service providers (ANMs, ASHAs, AWWs) for effective service delivery.
- Readiness to integrate common reproductive mental health issues in the activities of current RMNCH+A strategies.
- Improved inter-sectoral coordination, create supportive environment for uptake of services
- Built convergence with government initiatives to sustain and upscale the initiative
- Environment Reproductive Mental Health issues by the government in order to bring more effective RMNCH+A approach
- Networked with local CSOs/CBOs for transfer of knowledge, skills and project replication

Social Impact

- Delay in early marriage (after attaining 18 years)
- Delay first pregnancy (after 20 years of age, minimum) especially young couples
- System is capable for the delivery of inclusive service delivery where Maternal and Child Health Issues are being addressed by addressing common reproductive mental health issues.



End of Document