SAVING LIVES, ONE CHILD AT A TIME

A Case Study on the SRCC Children's Hospital (Managed by Narayana Health)

capi | Centre for Asian Philanthropy India

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ACKNOWLEDGMENTS

Home to numerous philanthropists, nonprofits, corporates and others doing good, India is a melting pot of social impact practice and policy. It is ideal testing ground for social innovation that can benefit underserved populations in Asia and beyond.

At the Centre for Asian Philanthropy India (CAPI), our mission is to enhance the quantity and quality of philanthropic giving and other forms of private social investment in India.

This case study is CAPI's first project. It is a qualitative analysis of the SRCC Children's Hospital [Managed by Narayana Health] (the Children's Hospital). It draws upon primary research including interviews with doctors and health experts, as well as secondary research of the pediatric landscape in India. It is our hope that this case study will provide encouragement and guidance to advance healthcare for mothers and children in India.

We would like to thank our trustees, Jamshyd N. Godrej and S. Ramadorai. This research could not have been carried out without their generosity and support.

We are also sincerely grateful to the Society for the Rehabilitation of Crippled Children (SRCC) and Narayana Health: both organizations were instrumental in our understanding of the Children's Hospital and its model. We would like to offer special appreciation to Mamta, Rupesh and Rudresh Patil; and Raksha, Pradeep and Parth Yadav for sharing their families' experiences, aspirations and challenges. We believe these parents and children are representative of millions of other households in India.

We would also like to thank the 28 individuals (listed in Appendix II) for agreeing to be interviewed and sharing their valuable insights, perspectives and stories. Their voices are key to understanding the challenges in this space and how we can collectively aim to resolve them.

FOREWORD

S. Ramadorai
President, Executive Committee, SRCC and Trustee, CAPI

Dear Friends,

It has been an absolute privilege and honor to be a part of the Society for the Rehabilitation of Crippled Children (SRCC) over the past 15 years. SRCC Children's Hospital (Managed by Narayana Health) is a culmination of the untiring generosity and commitment of the trustees, donors, staff and volunteers associated with SRCC and Narayana Health. Each day, I am inspired by their dedication to do more.

The journey has not been easy, but it has certainly been worth the challenge to raise the bar for pediatric care in India. The SRCC Children's Hospital demonstrates how much can be achieved with collective action and collaborative philanthropy. We hope that this facility will continue to provide world-class medical services for every child that comes through its doors, and become an institution that stands the test of time.

Moving forward from the shadow of Covid-19, let us not forget that many in our country have felt its devastation more deeply than others. Amid the uncertainty brought by the pandemic, I can state with certainty that we need many more SRCCs and many more maternity and children's hospitals in India. We also need the continued support of donors to further this cause.

As we rebuild, let us ignite the conversation around our children's futures. Let us take this opportunity to create the healthcare infrastructure and institutions that our children need now, and will need in the future.

Warm regards,
S. Ramadorai

EXECUTIVE SUMMARY

Access to children's health services remains a key challenge in large parts of India. Medical support for pregnancy, childbirth and early childhood development is inaccessible for many, and the country continues to see high rates of maternal and infant mortality as well as stunted development and malnutrition among children.

India's poorest are particularly vulnerable. Their children are more likely to suffer from illness and injury arising from substandard hygiene and nutrition and hazardous living conditions. Disease is part of the poverty cycle: impoverished conditions make people vulnerable to disease, which prevents them from being able to work, study and lift themselves up. Indeed, healthcare expenses are a major driver of poverty, with families struggling to pay for essential treatments.

There is no future without a healthy population. India will be unable to achieve its ambitions of prosperity and equality without adequate investments in healthcare. Healthy children and adolescents are essential to securing the future economic and social development of the nation.

Many illnesses and related mortalities seen among India's children are preventable. Adequate maternity care alone can significantly reduce the incidence of death and disease. Further, by boosting pre and post intervention support such as therapy, counselling and regular screenings, children who experience illness early in life can go on to lead fulfilling and productive lives.

Dedicated maternity and pediatric hospitals are part of the solution. Far from being treated as smaller adults, children require specialized medical care and support, which are not always available in general hospitals. Child-focused hospitals enable the development of domestic pediatric medicine, including specialties such as pediatric cardiology and provide a space for children to access support needed to reintegrate into their communities. This support can range from speech and physical therapies to learning support to mental health services. In addition, these hospitals serve as a critical link between the government as a provider of social sector schemes, and patients who require financial support.

Philanthropy has a key role to play. Given the enormous need in India today, government funding alone is insufficient to provide equitable healthcare access. Private investment is essential to bridge the gap, providing much-needed funding to focus on health outcomes, pre and postoperative support and rehabilitation.

SRCC CHILDREN'S HOSPITAL (MANAGED BY NARAYANA HEALTH)

Central to this report is the case study on the SRCC Children's Hospital (the **Children's Hospital**), a world-class pediatric hospital managed by Narayana Health and owned by the Society for the Rehabilitation of Crippled Children (**SRCC**). Located in Mumbai, this facility is funded through resources pooled from the philanthropic, private and government sectors. It operates on an innovative fee model whereby patients who can afford to pay for care do so and in

turn, subsidize treatment for those who cannot. The Children's Hospital's aims to provide quality care to all children who need it.

SRCC also operates the Centre for Child Development (**CCD**) which has three departments: (i) the Shri. Motichand G. Shaha Rehabilitation department, which serves as a rehabilitation and therapeutic facility for patients admitted at the Children's Hospital, as well as others; (ii) the CASE Special Education Therapy department, which provides learning support to children with special needs; and (iii) the Prosthetics & Orthotics department, which helps rehabilitate children with neuromuscular and skeletal challenges by providing them with customized assistive devices. In this manner, SRCC provides holistic and impactful healthcare to many children.

To develop actionable insights, the Centre for Asian Philanthropy India (**CAPI**) spoke to SRCC's trustees, donors and staff, the leadership of Narayana Health, doctors of the Children's Hospital and independent healthcare experts. We asked patients and their families about their experience receiving care at the Children's Hospital and compared this with information gleaned from a literature review of India's pediatric landscape. Our key findings from this study include:

- **Children need long-term support.** In addition to urgent medical care such as surgery, children often require ongoing assistance to overcome challenges and re-integrate into their communities. For example, cochlear implants are of little use without two to three years of hearing and speech therapy. The funding and provision of these services, as well as non-medical expenses such as transport to healthcare facilities, should not be ignored.
- **Maternity health is part of the pediatric care story.** Adequate medical support during pregnancy, childbirth and infancy can enable early intervention and help lower maternal and child death rates. Pregnancy health checks can screen for potential medical concerns. Moreover, combined maternity and pediatric hospitals can ensure a pipeline of patients to the pediatric departments, helping to bring additional revenue to the hospital.
- **Collective action facilitates impact.** The Children's Hospital is one of a kind. It exemplifies the impact that can be achieved when the private sector, social sector and government join forces.
- **Philanthropy has a large role to play.** Pediatric care is resource intensive. As well as offering long-term support for children and their families, philanthropic funding can help ensure the focus of hospital administrators remain on health outcomes rather than shareholder metrics. Donors can also provide risk capital toward the development of pediatric specialties.
- **Government support is important.** The Children's Hospital is built on government-leased land, which enabled SRCC to reduce capital expenditure on the project. State governments also provide financial support in the form of social sector schemes to cover treatment costs.
- **Cross-subsidization enables inclusion and sustainability.** Higher income patients pay market rates, and subsidize treatment for poorer ones. As the Children's Hospital's earnings increase, it can sponsor care for more patients, reduce reliance on philanthropy and move towards long-term financial viability. For success in this model, equal emphasis on world-class care, and inclusiveness is vital to attract patients across the socioeconomic spectrum.
- **Governance structure and donor involvement contribute to success.** An executive committee that includes key donors as trustees, incentivizes their continued support and involvement in the Children's Hospital and helps reassure donors that their funds are being well spent.

TOOLKIT

While still in its early days, the Children's Hospital exemplifies how collective action and collaborative philanthropy can save children's lives. Going forward, this model can be replicated in other parts of India. **At the end of this report, you will find a toolkit—an actionable blueprint—for donors, foundations, businesses, policymakers, government and healthcare entities interested in funding pediatric and maternity care in India.**

SRCC CHILDREN'S HOSPITAL

A New Paradigm for Pediatric Care in India

Introduction

In 1947, a newly independent India faced several challenges. One of them was a rampant outbreak of poliomyelitis. Mainly affecting young children, it left them paralyzed, in pain, or disabled. Usha, a three-year-old living in Mumbai, was one of thousands affected. Usha's mother, Fathema Ismail, a visionary of remarkable grit was determi saw the wretched conditions of thousands of polio-affected children. Recognizing their dire need for care, she embarked on a journey to help them.

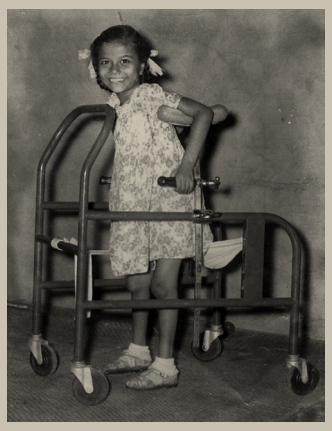
"My country is the extension of my home, and I do for other children what I have so courageously done for my own children."[1]

Fathema Ismail
Founder,
Society for Rehabilitation of Crippled Children (SRCC)

With support from like-minded volunteers including Dr. Gulbanoo Premji (Azim Premji's mother) and Dr. R. V. Sanzgiri and Dr. A. V. Baliga, Ismail set up the Society for the Rehabilitation of Crippled Children (**SRCC**) in 1948. Dr. A.V. Baliga, a surgeon in Mumbai, generously offered Ismail the use of his clinic for a few months.[2] Shortly after, Ismail approached Prime Minister Jawaharlal Nehru for support. He assisted with the lease of a prime piece of land in southern Mumbai for the development of a facility in 1950. Subsequently, SRCC functioned as a rehabilitation and physical therapy facility for children. Ismail's impactful work saw her awarded the Padma Shri in 1958.[i]

SRCC was granted a year-long lease at a Military Hutment at Nariman Point

Pandit Jawaharlal Nehru laid the foundation stone (1963)



Patients undergoing therapy at the Children's Orthopedic Hospital (COH)

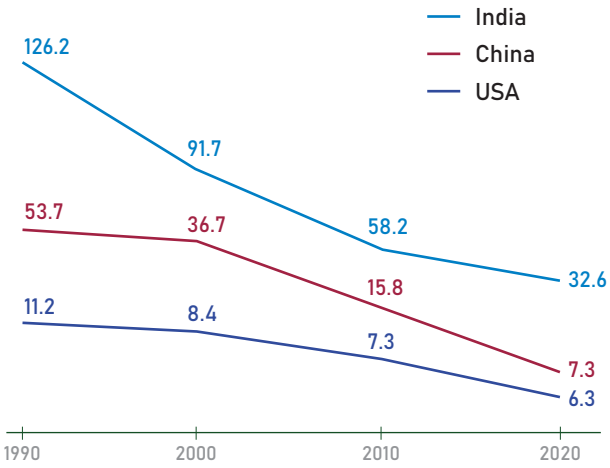
In the decades since, India has been declared polio-free. Unchanged, however, is the dedication of SRCC, its trustees and large-hearted donors to provide every child in need with treatment and care regardless of their ability to pay. Today, SRCC has expanded its services and now provides medical care through **SRCC Children's Hospital [Managed by Narayana Health]** - the Children's Hospital - in addition to rehabilitation and various forms of therapy.

India needs more institutions like this.

i. The Padma Shri is the fourth highest civilian award granted by the Government of India.

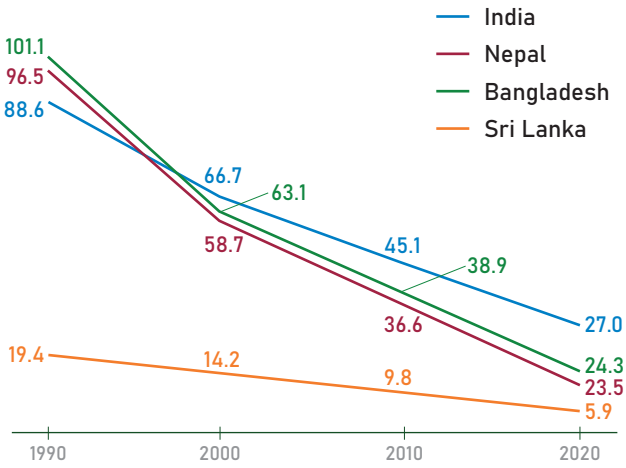
While the country has seen enormous progress on several fronts, children's healthcare remains inaccessible for many. Every day, 67,385 babies are born in India, yet one newborn is estimated to die every minute.[3]

UNDER-FIVE INFANT MORTALITY RATE (per 1,000 live births)



Source: see endnote 4

INFANT MORTALITY RATE (per 1,000 live births)



Source: see endnote 4

India has the highest proportion of stunted children under five years of age in the world—around 34.7%, higher than the Asian average at 21.8%.[5] Covid-19 has exacerbated existing challenges as many children were orphaned and left destitute. India's children need and deserve more.

In April 2017, the Children's Hospital opened its doors to its first patient. A collaboration between SRCC, (a registered society under the Societies Registration Act, 1860, and registered trust under the Bombay Public Trust Act, 1950) and listed company Narayana Health Limited, the hospital builds on Ismail's legacy and vision to provide world-class healthcare and medical treatment to children. **The Children's Hospital operates under the credo that no child should be denied healthcare due to their inability to pay.** In a building constructed entirely with philanthropic funding, it offers excellence in medical care by integrating an array of pediatric specialties under one roof, a unique and much-needed service in India.

Through this case study, we showcase the story and achievements of the Children's Hospital as a model for specialized, holistic and affordable pediatric care in India and other parts of the world. It is our hope that this case study will provide encouragement and guidance to advance healthcare for all mothers and children in India.

In Part I of this report (includes Sections 1-6) we outline the pediatric landscape in India and present a case study on the Children's Hospital. In Sections 1 and 2, we discuss the current state and complexity of India's pediatric care. In Section 3, we introduce the partners and champions of this collaboration and highlight central elements of success in their partnership. We then analyze the genesis, structure, business model and operations of the Children's Hospital in Sections 4 and 5. We also distill its working model, achievements and what makes it unique. In Section 6, we identify key challenges, learnings and the way forward for the Children's Hospital. Section 7 outlines the need for philanthropy to fund a greater number of maternity and pediatric hospitals.

In Part II of this report, we provide a toolkit—an actionable blueprint—for donors, foundations, businesses, policymakers, government and healthcare entities to help them pursue similar projects across India.

For this study, the Centre for Asian Philanthropy India (**CAPI**) interviewed 28 individuals between February 2021 and February 2022. We solicited firsthand information, feedback and perspectives from the trustees, donors and staff at SRCC, the leadership of Narayana Health and doctors of the Children's Hospital as well as independent healthcare experts. Our team also conducted five in-person visits to SRCC and the Children's Hospital premises. During these visits, we spoke with several patients and their parents about their experiences of receiving care here. CAPI also conducted a literature review of the healthcare landscape in India to assess needs and challenges.

SECTION 1

PEDIATRIC CARE IN INDIA: A DISMAL LANDSCAPE

Around 25 million children are born in India each year, a fifth of the world's total. **India's staggering 472 million children (those under 18) form 39% of its population and hold the key to its future.**[6] A physically and mentally healthy population translates to higher productivity and increased efficiencies in the workforce, higher income generation and stronger economic growth.[ii,7] Without adequate investments in child and adolescent healthcare, the ability to leverage India's human capital would be significantly hampered.

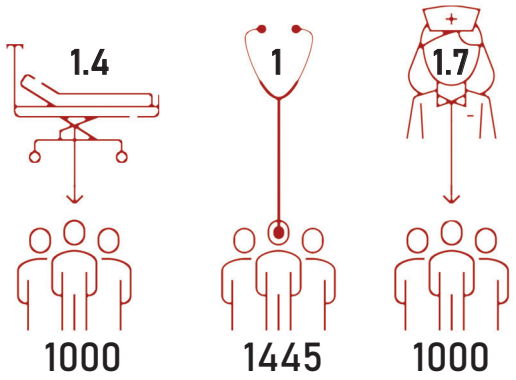
Sadly, India's current healthcare system is overstretched, with millions lacking access—a fact sharply highlighted by Covid-19.

There are wide gaps in pediatric care.

India's pressing health challenges are even more pronounced in pediatrics where even mapping the landscape is difficult as reliable data points are scarce. **One estimate suggests that India has only 30,000 pediatricians.**[10] **With an under-18 population of 472 million, this translates to roughly one pediatrician per 15,700 children, which is dismally low.**[iii] Further, there is a mismatch between the need for pediatricians and where they are available. Membership numbers of the Indian Academy of Pediatricians (which claims to account for over of 90% of pediatricians in the country) shows that Uttar Pradesh, Bihar, Madhya Pradesh and Rajasthan have only 16% of India's pediatricians, but these are the states where nearly half of India's children are born.

While many government-run and private hospitals have pediatric departments, few invest in dedicated pediatric or pediatric and maternity care.

INDIA'S CURRENT HEALTHCARE SYSTEM



India's healthcare system is woefully short of the World Health Organization (WHO) recommendation of 3 beds, 1 doctor and 3 nurses for every 1,000 people.[8,9]

ii. "While socioeconomic inequalities translate to inequalities in health, scholars such as Amartya Sen, Robert Fogel, and Angus Deaton have found that the health status of its population also impacts the economy of the country. They propound that the presence of inequalities in access to healthcare systems increases economic and wealth inequality in the country. Negative health outcomes have an inversely proportional relationship with labour productivity and economic security. Bad health often causes a decrease in labour productivity and increased economic burden on healthcare. On the other hand, good health lowers absenteeism rates and improves learning in school, increases productivity at work and leads to better life outcomes. Good nutrition and health have the potential to trigger economic growth and reduction in inequality." Oxfam India. (2021, July 19). See endnote 7.

iii. CAPI's calculation methodology for this figure is a simple division of the total under-18 population (472 million) by the estimated number of pediatricians in India (30,000). Please note, given the lack of authoritative open-source data on the total number of pediatricians, this figure is only an estimate and should be treated as such.

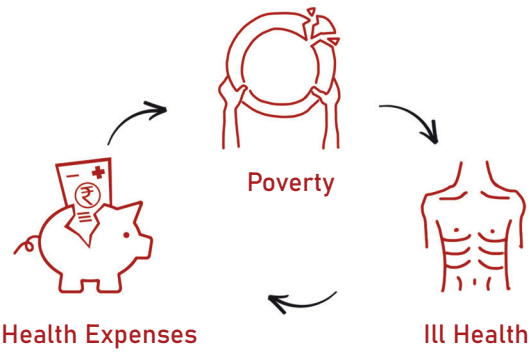
> Pediatric specialties are poorly developed in India with very few paying attention. Despite being one of the most important agendas that one can pursue in healthcare, we have very few dedicated children's hospitals. Most pediatric care is delivered within the confines of a general hospital where children are, quite often, neglected at the cost of providing care to adults.

Dr. Krishna Kumar
Clinical Professor and Head, Department of Pediatric Cardiology at the Amrita Institute of Medical Sciences and Research Center

Focused intervention can help. According to the United Nations Children's Fund (UNICEF), nearly 46% of all maternal deaths and 40% of neonatal deaths occur during labor or the first 24 hours after birth.[12] India's maternal mortality ratio (MMR), the number of maternal deaths per 100,000 live births, improved from 113 in 2016-18 to 103 in 2017-19. However, seven states—Assam, Bihar, Chhattisgarh, Madhya Pradesh, Odisha, Rajasthan and Uttar Pradesh—still have a very high MMR of over 130.[13] There is clearly a need to increase capacity and bridge access gaps for these vulnerable segments of the population.

Maternity and pediatric-focused facilities also encourage the development of superspecialties within these fields.[iv] One significant example is pediatric cardiology: over 200,000 children are born every year with congenital heart disease in India. About one-fifth of these suffer from a critical ailment and require early intervention to survive. **However, as of 2018, India had only around 130 pediatric cardiologists and 110 pediatric cardiac surgeons—shockingly inadequate numbers.**[14] More pediatric hospitals could ensure sufficient attention given to children's diseases and ailments, broadening pediatric knowledge, deepening specialty expertise and improving the ability to save young lives.

Poverty makes people more vulnerable to disease, which, in turn pushes them into poverty traps. Government-run hospitals that offer free or subsidized services are stretched beyond capacity, meaning the poor must approach private hospitals, which are more expensive.[15] The poor are routinely forced to dip into their meager savings, take on loans, delay treatment or settle for substandard care. In fact, health expenses are a major factor pushing millions into poverty.[16]



What is more, women from lower socioeconomic backgrounds and regions lack access to or cannot afford pre- and postnatal care. They are more likely to give birth to children with congenital defects and other medical conditions. Poor nutrition and substandard living conditions increase the likelihood of disease among impoverished children.[v] Professor Srinath Reddy, President of the Public Health Foundation of India, told CAPI, **"We know this happens, they [women from low-income households] require far greater care but are unable to afford this—neither in terms of investigations nor treatments."**

The situation remains dire as the babies grow into children and then adolescents.

> In general, if there is a problem, it is less likely to be recognized in a poorer family than in richer families where a child's development is more closely tracked. Even injuries happen at a much greater rate in children of poor families, especially with regard to burns and drowning.

Dr. Gagandeep Kang
Professor of Microbiology at the Christian Medical College and Fellow of the Royal Society (U.K.)

iii. "While A superspecialty hospital is one that focuses on the care and treatment of patients suffering from one or more specific illnesses, e.g., cancer, and offers highly specialized and advanced care for these. A multispecialty hospital offers focused and specialist care but for a wider range of illnesses.

iv. Most children born with congenital heart or other diseases reside in India's most populous and least-developed states, including Uttar Pradesh and Bihar. Similarly, those living in the northeastern region find access to healthcare a challenge. The richer states of southern India, in contrast, have better healthcare systems in place and lower fertility rates.

SECTION 2

THE COMPLEXITY OF PEDIATRIC CARE

Children require special treatment and attention. As CAPI learned from various health experts, pediatric departments are resource-intensive as children often take longer and require more attention than adults to recover from illnesses. Effective pediatric care requires staff who have experience working specifically with children.

> "Contrary to popular perception, children are not miniature adults, and they require special care. Our senior nurses [at Narayana Health] have imbibed an immense amount of knowledge and skills by constantly working with kids."

Dr. Devi Prasad Shetty
Chairman and Founder of Narayana Health

A pediatric hospital should be designed and built specifically for children's needs. Children with inoperable chronic conditions require long-term care, not just from doctors but also from auxiliary professionals such as physical and sensory care specialists, nutritionists, hearing and speech therapists and counselors. Facilities need to be welcoming spaces for children to boost their morale and recovery. Ailing children and their parents often need mental health support before, during and after treatment. For those who are ill over a long period of time, minimizing disruption to their education also becomes important.

Hospitals also need to instruct parents and caregivers on supporting their child's recovery and how to access social sector schemes that can help cover treatment costs. Pediatric hospitals thus become critical nodes between government programs and beneficiaries.

Covid-19 has negatively impacted pediatric health. According to WHO and UNICEF, as many as 3.5 million children in India missed routine vaccinations due to the pandemic, including inoculations for measles, rotavirus, meningitis, tuberculosis and diphtheria.[17,18] Restrictions on movement meant the sick were unable to obtain care even for common illnesses, risking a worse prognosis. The impact of this may not be seen for several years.[19] It is essential to start laying the foundations now to tackle future health crises. While bringing primary and preventive care back on track is necessary, adequate pediatric infrastructure, including hospitals and specialist care, has also become imperative.

> "When you think about children, it is not about treating just their medical problems. It is very much about the community and family around the children. And when a child leaves the hospital, what have you done to help her to fit back into her life? You have to think long term about what you are doing at a pediatric hospital and how that equips children to resume life in their community."

Dr. Gagandeep Kang
Professor of Microbiology at the Christian Medical College and Fellow of the Royal Society (U.K.)

India needs considerable investments in healthcare to reap its demographic dividend. Children are key to this dividend, and the future growth of the country depends on them. The Government of India recognizes this and allocated a larger share of spending on healthcare in its last two annual budgets (FY2021-22 and 2022-23) to strengthen existing infrastructure and provide universal healthcare insurance through programs like Ayushman Bharat.[20] The government is also looking at targeted interventions and support for children's healthcare. The stimulus package rolled out in June 2021 provided an outlay of ₹23,200 crore (approximately US$3.1 billion)[vi] with a focus on pediatric health infrastructure across the country.[21]

However, government support alone is unable to meet the enormous need in India today. There is a significant opportunity for the private sector and philanthropy to help bridge the funding gap. The private sector has the financial wherewithal to invest in specialties such as pediatric cardiology or pediatric oncology. The nonprofit sector has deep inroads among the beneficiary communities, an understanding of needs and challenges as well as experience with service delivery, which can be leveraged.

vi. An exchange rate of US$1 = ₹75 has been used in this report.

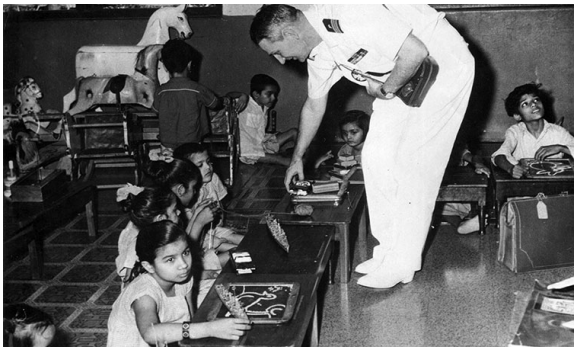
SECTION 3

ORIGIN OF THE CHILDREN'S HOSPITAL: PARTNERS AND CHAMPIONS

SOCIETY FOR THE REHABILITATION OF CRIPPLED CHILDREN

SRCC has a long history of working for the welfare of children with philanthropic support. It built the Children's Orthopedic Hospital (**COH**) in 1950 to help children afflicted with polio. In the late 1950s, even as the incidence of polio fell, the number of children with cerebral palsy at COH showed a phenomenal increase. SRCC then pivoted and by 1969, COH had a fully staffed cerebral palsy unit—the first of its kind in India and Southeast Asia. COH soon became a model institution providing multi-specialty medical treatment, rehabilitation therapy services, counselling, and therapy sessions, prosthetic and orthotic services and so on.

In the early 2000s, under the championship of SRCC's General Secretary Anita Garware, the trustees decided to separate the two activities of rehabilitation and medical services. The first phase was completed in 2009 when the Centre for Child Development (**CCD**) was set up at SRCC. The CCD offers a range of rehabilitative, therapeutic and educational and services for children at subsidized rates, supporting patients with various problems hampering growth and development (a detailed description of the CCD can be viewed at chapter 4).



First Remedial Educational Therapy Department, 1975

Led by the vision of a world-class pediatric hospital, SRCC's second phase of expansion involved the creation of a truly inclusive facility. The aim was to create a hospital open to all and supported by many.

Championing and Fundraising. Raising funds for constructing a new facility was no small matter. Aside from the estimated cost of ₹100 crore (approximately US$13.3 million), a dedicated pediatric hospital was still a novel concept. There are few such facilities in India and fewer built entirely with philanthropic funding. Without an existing proof of concept, this vision needed champions who could meaningfully engage the private sector and whose credibility would reassure donors that funds would be utilized purposefully.

At this time, Mala Ramadorai was leading the CASE Special Education Therapy department at SRCC. She introduced SRCC's Executive Committee to her husband, S. Ramadorai, then Chief Executive Officer of Tata Consultancy Services, India's largest IT company. As one of the most respected leaders in India's corporate community, the trustees immediately recognized that he was ideally placed to fulfill their vision. **His credibility would assure donors and he possessed the gravitas and track record of impactful leadership to speak on behalf of SRCC. Ramadorai joined as President of SRCC Executive Committee in March 2007**.

Ramadorai began to design the business model for the Children's Hospital, first developing an understanding of internationally recognized pediatric hospitals. His presence on SRCC's Executive Committee enabled it to approach India's largest corporate foundations and donors. "**Getting the first donor on board was the hardest. After that, the rest became progressively easier**," Ramadorai told CAPI. It took nearly five years, but by 2013, SRCC had raised approximately ₹100 crore (approximately US$13.3 million) from about 20 donors, enough for the first phase of construction of a three-story building.

With collective action for impact, the Children's Hospital is one of a kind.

It exemplifies how much can be accomplished when like-minded philanthropists, the private sector, the social sector and government join forces. Most importantly, it is a facility open to all: serving patients from the wealthiest families in India alongside some of the poorest.

The donors unanimously agreed that the hospital would not be named after an individual family or foundation. It remains a facility that welcomes everyone and is beyond the managerial control of a single family or economic class. **In a landscape dominated by donor-named grants and endowments, this spirit and commitment to collaborative effort and shared credit is what sets SRCC and its donors apart.** SRCC in turn acknowledges contributions by naming departments within the Children's Hospital after its largest donors and allocating seats on the Executive Committee.

SRCC - Centre for Child Development became operational (2009)

NARAYANA HEALTH

The partnership between SRCC and Narayana Health was necessary to achieve the vision of providing world-class healthcare to children. Alone, SRCC was not equipped to carry out the day-to-day operations of a full-fledged hospital. It needed a partner with healthcare expertise that was also aligned with its vision. While profitmaking is essential for financial sustainability, it would have to be a secondary driver.

For both Ramadorai and Garware, the partnership with Narayana Health was a natural choice. Narayana Health's founder Dr. Devi Prasad Shetty is widely regarded as the country's foremost cardiologist, with over 30 years of experience. He founded the company in 2001 and began a pioneering journey of providing low-cost cardiac surgeries in India.[vii] Narayana Health's mission is to deliver high-quality,

vii. Narayana Health began as a 225-bed hospital in Bangalore and has since grown to 21 hospitals and six heart centers, 19 primary care facilities across India, and an international hospital in the Cayman Islands. As of 2022, it offers over 5,859 operational beds through a combination of greenfield projects and acquisitions. Today, it is a listed healthcare company with a particularly strong presence in the southern state of Karnataka and eastern India and an emerging presence in northern, western and central India.

affordable healthcare services to India while generating strong financial returns and delivering long-term value to shareholders. Over the years, it has demonstrated that it is possible to reconcile profitability and affordability.

In 2009, the SRCC trustees met Dr. Shetty while he was on a visit to Mumbai and began the dialogue on operating a world class pediatric hospital. For Garware, it was clear from the start: "**Dr. Shetty shared our passion. He was not out to make money, but to serve the community.**"

In 2011, SRCC and Narayana Health entered into a management agreement, whereby SRCC, as the owner of the Children's Hospital, was responsible for the construction of the hospital building, and Narayana Health was the operator. In 2014, construction of a new hospital building began. Since April 2017, Narayana Health has run the Children's Hospital, managing the day-to-day operations, hiring staff, sourcing medical equipment and maintaining the facility.

SRCC Children's Hospital began its operations (2017)

There were many synergies in the collaboration between Narayana Health and SRCC. According to Ramadorai, incentives "**were aligned right from the start.**" Narayana Health's strong reputation in cardiac care fulfilled SRCC's need for a leading healthcare entity to manage and operate the Children's Hospital. The availability of land and SRCC-owned hospital building designed purposefully for children also fit well with Narayana Health's asset-light strategy. Before the partnership, Narayana Health was looking to venture into western India. SRCC's location in Mumbai made this an ideal opportunity. **Ultimately, the engine of collaboration runs smoothly due to the partners' mutual desire and intention to provide low-cost and affordable healthcare to those in need.**

SECTION 4

MOVING THE NEEDLE ON HEALTH OUTCOMES

The SRCC Children's Hospital has opened a new paradigm of care in pediatrics.

Based in India's financial capital Mumbai, the Children's Hospital has been designed to international standards. In the five years since it opened, it has begun carving a niche for itself in cardiac care as well as transplants (liver, kidney, bone marrow), cancer and fetal medicine.

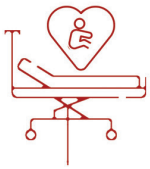
> "The Children's Hospital is a model to show what is possible. It is run with the attitude of making a difference in society. We want people to see and replicate this in other places."
>
> Dr. Devi Prasad Shetty
> *Chairman and Founder of Narayana Health*

CHILDREN'S HOSPITAL KEY FIGURES

Staff (Full-time Employees and Consultants)

152	87	192	68
Doctors	Surgeons	Nursing Staff	Auxiliary Staff

Patients



Over 16,000
children admitted (in-patient)

Financial Aid

Provided financial aid worth nearly

₹127.5 crore
(US$ 17 million) with over 40% admitted patients treated at fully or partially subsidized rates

It has a capacity of 207 beds, a neonatal intensive care unit (ICU), prenatal ICU and high dependency unit, and seven operating theatres. It also houses a fetal medicine unit, high-risk pregnancy care and delivery units, outpatient consultation rooms, an emergency response unit, an in-house diagnostic center, which includes computerized tomography (CT), magnetic resonance imaging (MRI) and other radiology services, and a laboratory, library and cafeteria, and administrative offices. In terms of specialties, the Children's Hospital offers pediatric cardiology, pediatric cardiovascular surgery, pediatric neurology, pediatric neurosurgery, pediatric haemato-oncology and others all under one roof.[viii]

viii. The Children's Hospital offers the following services: Critical Care & Emergency Services, Cardiology & Cardiac Surgery, Orthopedics & Spine Surgery, Neurology & Neurosurgery, General & Laparoscopic Surgery, Surgical Oncology, Gastroenterology & Hepatology, Hematology & Oncology, Genetics, Craniomaxillofacial Surgery, Pediatric Medicine, Plastic Surgery, Nephrology & Urology, Endocrinology, Ophthalmology & Ears, Nose and Throat, Rheumatology, Dental Sciences, Respiratory Medicine, Fetal Medicine & High-Risk Birthing, Infectious Diseases & Immunology, Bone Marrow Transplant, Liver Transplant, Kidney Transplant, Anesthesiology, Laboratory Medicine, Transfusion Medicine, Developmental Pediatrics, Radiology and Clinical Nutrition. See https://www.narayanahealth.org/hospitals/mumbai/srcc-childrens-hospital

DEPARTMENTS AND PATIENT VOLUMES

Specialty	FY18	FY19	FY20	FY21[ix]	FY22	Cumulative from April-17
Cardiac Surgery — Pediatric	370	557	608	394	594	2523
Cardiology —Pediatric	180	256	269	145	322	1172
Bone Marrow Transplant	15	10	30	7	20	82
Pediatric Surgery	518	407	599	418	589	2531
Orthopedics	358	412	423	285	406	1884
Gastroenterology	183	143	152	128	146	752
Neurosurgery	129	88	81	128	157	583
Ears, Nose and Throat	60	94	122	57	112	445
Plastic Surgery	92	41	71	66	149	419
Surgical Oncology	100	58	105	43	145	451
Ophthalmology	30	90	39	18	29	206
Dental	25	1	31	23	39	119
Kidney Transplant	0	0	0	1	3	4
Liver Transplant	0	0	0	1	11	12
Others	44	0	3	16	117	180
Total	2104	2157	2533	1730	2839	11363

Aside from treatment within its premises, the Children's Hospital has conducted a series of free healthcare camps in collaboration with state governments including Maharashtra, Madhya Pradesh and Goa. For instance, between 2018 and 2019, a team of doctors conducted offsite visits to remote villages in these states and screened nearly 1,400 children for cardiac defects and issues. They found that over 33% of children had cardiac ailments. The Children's Hospital was able to provide cardiac surgeries for over 200 of these.[22]

SAVING LIVES, ONE CHILD AT A TIME

In early 2020, during the first few weeks of Covid-19 in India, the Children's Hospital operated on a two-month-old infant from Sangli district. Two concurring heart defects obstructed the infant's body from receiving oxygenated blood. In an ideal scenario, the baby should have been operated on within two weeks of birth, but a lack of screening facilities meant there was no clear diagnosis for the seemingly healthy child. By May, it was clear to local doctors that his only chance for survival was complex surgery. The baby was rushed to the Children's Hospital – nearly 400 kilometers away from Sangli – for a lifesaving operation that took eight hours. According to Dr. Pradeep Kaushik, a pediatric cardiac surgeon at the Children's Hospital, who operated on the baby, only one other child globally has survived surgical interventions in defects of this nature.[23]

ix. The onset of Covid-19 and related lockdowns led to diminished patient volumes causing numbers to dip in FY21.

Making children feel at home is a priority at the Children's Hospital. From the very first step inside the building, the interiors are designed to welcome children and make them feel safe and comfortable.

The décor of each floor, including the walls and the tiling, is colorful and child friendly. The expansive lobby houses a large play area for its young patients.

Admissions, triaging, and financial aid take place in the lobby and processes are streamlined for a smooth experience. Narayana Health has employed dedicated staff to support patients and advise on financial assistance. These staff members are social workers trained to assess patients' financial needs. This assessment is based not only on income but also family size, total number of earning members, cost of childcare and other factors. The staff considers each case and strives to find financial pathways for every child's treatment.

The Children's Hospital has space to accommodate one or two caregivers with each child. These amenities help families in need and from remote areas to keep costs down. Moreover, having a parent close at hand makes children more comfortable and boosts their morale.

RESTORING HEARING, RESTORING A LIFE

Rudresh, Rutika and Rakshita are triplets born to Rupesh and Mamta Patil, farmers who live in a rural community near Karjat, about 70 kilometers from Mumbai. Rudresh was born deaf and consequently did not learn to speak. After several doctor and hospital visits, his parents despaired that he would never be able to hear. When Rudresh was six, he was referred to the Children's Hospital. Initially, the parents were apprehensive about the costs of treatment and the risks of surgery. With financial support and thorough counseling about every aspect of the medical procedure, Rudresh underwent a successful cochlear implant in his left ear in December 2021. After months of therapy, he is learning to hear and speak and will hopefully join his sisters at school. Rudresh's mother is now a champion in the local community for the Children's Hospital. She is vocal about the improved quality of life her son has experienced and advocates for other parents in her community to bring their children in for treatment.

The journey has not been easy for the Patil family: Rudresh will need to continue therapy for several years, and their home is distant from the therapy center. Despite the odds, the family continues to make many sacrifices to ensure Rudresh is getting the care he needs.

To learn more about Rudresh's journey, watch CAPI's documentary at:

SRCC CENTRE FOR CHILD DEVELOPMENT

Healthcare and welfare are two sides of a coin. The SRCC and the Children's Hospital are constantly striving to provide a holistic spectrum of care, extending beyond medical interventions. They recognize that pre and postoperative care and support are essential aspects of healthcare. Connected to the Children's Hospital via a bridge is SRCC's Centre for Child Development (**CCD**). The CCD serves as a rehabilitation, therapeutic and educational facility for patients admitted at the Children's Hospital as well as children in the broader Mumbai area. Within the CCD are three departments:

1. **Shri. Motichand G. Shaha Rehabilitation department**: This offers a range of specializations, including sensory integration, aquatic therapy, counseling and physical therapy and many others listed in the table below.

SCOPE OF SERVICES

- Physical Therapy
- Occupational Therapy
- Sensory Integration
- Aquatic Therapy
- Speech and Language Therapy (includes oromotor and feeding therapy)
- Psychological Testing
- Behaviour Management and Counseling
- Applied Behavior Analysis
- Special and Remedial Education
- Vision Therapy
- Nutritional Therapy
- Dance and Movement Therapy
- Educational Intervention Program

The rehabilitation department has state-of-the-art facilities, equipment and infrastructure. It currently has 246 active patients on average undergoing multiple therapies on a weekly basis, of which about 86% are receiving services either free or at subsidized rates.

REHABILITATION DEPARTMENT BENEFICIARY DATA

Financial Year	Number of Active Patients*	Share of Patients Receiving Subsidy
2017-18	140	77%
2018-19	185	81%
2019-20	189	85%
2020-21	200	90%
2021-22	246	86%

* patients undergoing therapy on an ongoing weekly basis, and excludes patients that have ad hoc consultations.

2. **CASE Special Education Therapy department (CASE)**: CASE provides special education to children with differential learning needs—children with dyslexia, dysgraphia, mild autism, attention deficits, and other disabilities. CASE's proximity allows for synergies. "Many children that come for rehabilitation therapy naturally gravitate toward the education department. They love to come here; they are happy here. The atmosphere is very conducive to learning," said Mala Ramadorai, Chairperson of CASE Sub-committee. Teachers, therapists and counselors from SRCC also volunteer and work with the patients at the Children's Hospital. **This holistic approach to children's health and welfare is a unique proposition in India, where even the most basic medical care is often denied to those who cannot afford it**.

CASE SPECIAL EDUCATION DEPARTMENT BENEFICIARY DATA

Academic Year	Number of Children Enrolled	Children Receiving Full Subsidy	Children Receiving Partial Subsidy
2016-2017	75	15	11
2017-2018	75	16	10
2018-2019	69	16	4
2019- 2020	81	18	7
2020- 2021	75	17	9
2021-2022	76	14	7

3. **Prosthetics and Orthotics Department:** Another specialization at the CCD is its separate prosthetic facility which designs and manufactures assistive devices for children. The devices manufactured include artificial limbs, crutches, walker, wheelchairs and so on with neuromuscular and skeletal defects or challenges. Quality yet affordable custom-fabricated assistive devices are provided at a concession of 30 - 40% below market rates.

SRCC believes in investing in quality talent to provide quality services. It has hired trained professionals, therapists, and counsellors to work with children. The staff are paid remuneration at market rates and provided further training and workshops to enhance their knowledge and skills.

Today, SRCC is exploring packages for medical treatment and rehabilitation for children with specific ailments. This involves bringing together medical experts such as neurologists, orthopedic surgeons, and other specialists from the Children's Hospital, along with nutritionists, counsellors, and therapists from the CCD. An expert team designs and provides a holistic course of treatment for a child, including medical care and interventions and auxiliary therapeutic and rehabilitation services to ensure the child's all-round mental and physical wellbeing.

TOTAL FINANCIAL AID GIVEN BY THE CENTRE FOR CHILD DEVELOPMENT OVER FIVE YEARS (ALL DEPARTMENTS)

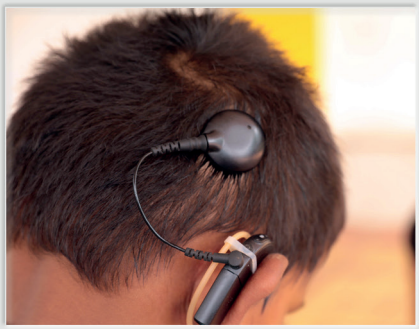
Financial Year	Amount (₹)	Amount (US$ approximately)
2016-2017	23,46,034	31,280
2017-2018	31,81,463	42,420
2018-2019	38,11,814	50,825
2019- 2020	30,00,638	40,010
2020- 2021	37,51,915	50,025

EACH STEP COUNTS

Parth Dhanur Yadav, the son of a fisherman living in Mumbai's *macchimar* (fishing village) colony, learned to walk late, could not run at all, and kept stumbling. At age seven, he was diagnosed with Duchenne Muscular Dystrophy, a genetic condition that causes progressive muscle deterioration and weakness. His anxious parents spent their household's tiny savings searching for treatment options. They were told by many doctors, including at general hospitals in Mumbai, that there was little that could be done for Parth and by the age of 10, he would be wheelchair bound.

Fortunately for the Yadavs, when Parth was nine, they were referred to the Children's Hospital. Today, after two and a half years of physical, occupational, and aquatic therapies at the CCD, Parth can walk on his own. A bright child, he is learning quite literally to stand up for himself. The family is grateful for the subsidized therapy sessions and individual attention that SRCC has provided. Parth is hopeful that he can continue going to school without being bullied by other children and can make a living for himself someday.

To learn more about Parth's journey, watch CAPI's documentary at:



SECTION 5

BUILDING A SOLID BUSINESS MODEL

What sets the Children's Hospital apart is its financial model of pooling resources from different actors: philanthropists, the private sector and government. This cross-sectoral financing takes place for both key components of the facility: infrastructure expenditure, and ongoing patient health expenditure.

Infrastructure Expenditure. Land and building construction are two massive capital costs for a low-cost or affordable hospital. Government support has been a critical part of keeping infrastructure expenditure low. As mentioned, the Children's Hospital is built on land historically leased by the government for the purpose of children's welfare.[x] It is owned by the Municipal Corporation of Greater Mumbai and leased to SRCC at a very nominal rate for a period of 30 years. **Government support thus greatly reduced the initial capital expenditure of the project as land is one of the biggest expenses for a new hospital.**

DELIBERATE CHOICE OF LOCATION

The Children's Hospital's prime location in Mumbai, with a view of the sea and the beautiful Haji Ali Mosque, is not a coincidence. It was Ismail's wisdom and vision that led her to doggedly pursue Prime Minister Nehru to allocate this piece of land. The racecourse nearby was a hub visited by the rich and elite in Mumbai, and Ismail wanted this particular plot of land so that racing club members who had the means to make a change could see and respond to the challenge of polio.[24] In 1952, her vision became a reality when Prime Minister Nehru himself inaugurated the first full-fledged orthopedic hospital exclusively for children.[25]

The location of the Children's Hospital allows for excellent connectivity by road, rail, and air. It is especially well placed to serve patients from peri-urban and urban areas. Its location also gives it access to medical staff such as full-time doctors or consultants from a wide range of specialties. As the land was allocated to SRCC on the condition that it would in perpetuity be used only for the welfare of children and not for commercial purposes, this brings in an element of stability and security for the Children's Hospital and SRCC.

x. The Municipal Corporation of Greater Mumbai, also known as Brihanmumbai Municipal Corporation (BMC) leased the land to SRCC in May 1950 for a period of 999 years. Subsequently, at the time of construction of the current hospital building, the lease was reduced to a period for period of 30 years commencing in 2014.

The Children's Hospital building as it stands today came into being entirely through the generosity of its donors. Funds were raised through private donations from philanthropists, corporates, trusts, and grants from nonprofits. Donors also provided funds to set up specialized departments, for example, for cancer care. In 2018, the family of cricketer Sachin Tendulkar donated funds to set up a bone marrow transplant unit within the hospital.[26] At the launch, Annabel Mehta, (Sachin Tendulkar's mother-in-law), spoke about how this donation was a tribute to her late daughter, Tara, who died at age seven from agranulocytosis, a rare and life-threatening disease caused by a failure of bone marrow to generate enough white blood cells. In 1977 when Tara was diagnosed, there were no options for bone marrow transplants in India. By the time the family had flown her to London, it was too late. In her remarks, Mehta said that in making this unit available, she and her family hoped that 'the parents of many children will be saved the immeasurable sorrow of losing a beloved child.'[27]

Gift from the legendary Indian cricketer Sachin Tendulkar

Patient Health Expenditure. Although SRCC's prime guiding force was always affordability, the trustees knew that in the long term, affordability and profitability would have to find a balance to ensure sustainability. **Based on a model of cross-subsidization, the Children's Hospital charges market rates for those patients who can afford to pay, in order to subsidize care for patients from economically weaker sections of society.** The facility offers private or semi-private rooms as well as a suite at higher rates, which offsets some of the costs of housing patients in the general ward. The Children's Hospital expects to start generating returns on investment in about five years. **As earnings go up, it can provide subsidized care to a greater number of patients, reducing reliance on philanthropy.**

State governments also bear costs for a certain number or type of surgeries, which is yet another source of revenue for the Children's Hospital. Government-sponsored schemes for healthcare such as Rashtriya Bal Swasthya Karyakram (Maharashtra and Madhya Pradesh), Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana, Atal Amrit Abhiyan, also play a role in helping low-income families afford treatment.[xi]

SRCC does its part by supporting poorer patients by tapping into donors' funds. All contributions made to the Children's Hospital, big or small, are equally important in the eyes of the trustees.

> "Every month, there is a shopkeeper from one of the nearby *kirana* (grocery) stores who stops by and hands over ₹500 (approximately US$7) to the donations section of SRCC. A sizeable portion of his meager monthly salary, this is his way of contributing to the good work that the hospital is doing for children in Mumbai. This donation is very special to us, it is a way of telling us that we are on the right path."
>
> Jyoti Doshi
> *Trustee and General Secretary of SRCC*

Separately, Narayana Health has its own network of donors and funders, which provides an additional avenue to subsidize surgeries and treatment for those in need.

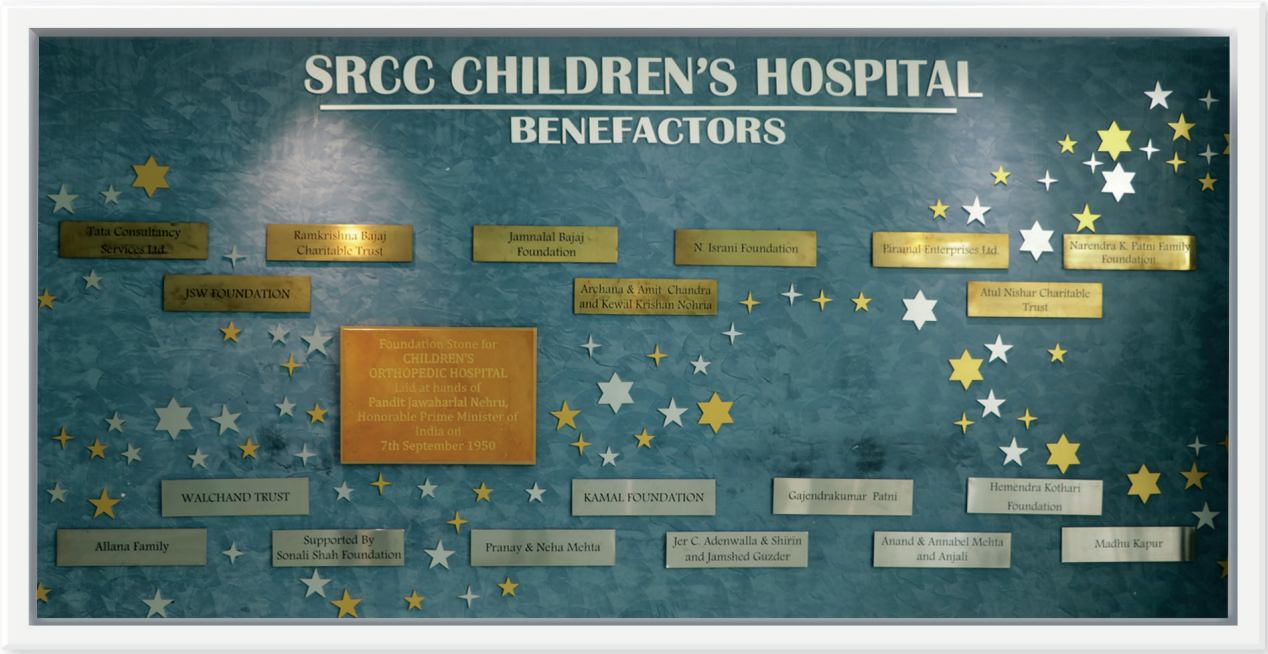
xi. **Rashtriya Bal Swasthya Karyakram** is a Government of India initiative under the National Health Mission for children up to 18 years. It aims at early identification and intervention to prevent the 'four Ds': defects at birth; deficiencies; diseases; and developmental delays, including disability.

Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana is a flagship Government of India scheme that provides up to ₹500,000 (approximately US$6,666) per family per year for secondary and tertiary care hospitalization to over 10.74 (107 million) crore vulnerable families [about 50 crore (500 million) beneficiaries].

Atal Amrit Abhiyan is an Assam state government scheme. It provides comprehensive coverage and cashless treatment benefits up to ₹200,000 (approximately US$2,666) to every below poverty line individual and low-income households across Assam for the treatment of six commonly prevalent and high-cost disease groups: cardiovascular diseases, cancer, kidney diseases, neurological conditions, neonatal diseases and burns.

GOVERNANCE AND DONOR INVOLVEMENT

SRCC remains the primary decision-making body and owner of the Children's Hospital. The governance of SRCC is entrusted to an Executive Committee. Of a total of 20 trustees, six are elected by SRCC, and up to 14 could be donors or their nominees. The donors that are on the board are those that contributed over ₹7 crore (approximately US$933,333) toward the construction of the Children's Hospital. A seat on the board recognizes their donation and incentivizes their continued and personal involvement in the functioning of the Children's Hospital. It enables them to have oversight in ensuring their funds are being well spent. These donors and trustees are leaders of several successful businesses and nonprofits, and bring a wealth of experience to SRCC. Their involvement also lends immense credibility and legitimacy to the organization.



Major benefactors of the SRCC Children's Hospital

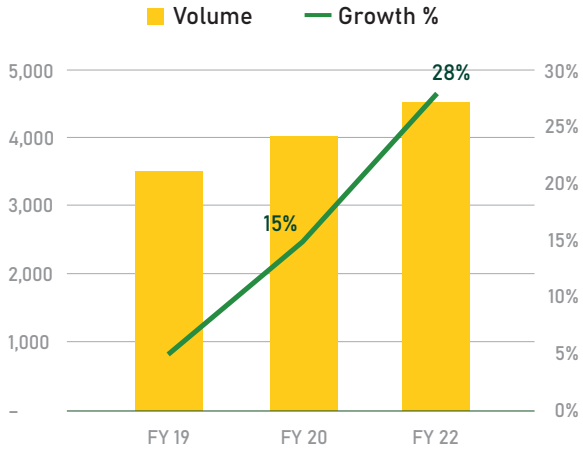
SECTION 6

LEARNINGS AND THE WAY FORWARD

An innovative model, the Children's Hospital is still in the early days of its journey and there are learnings that light the way forward.

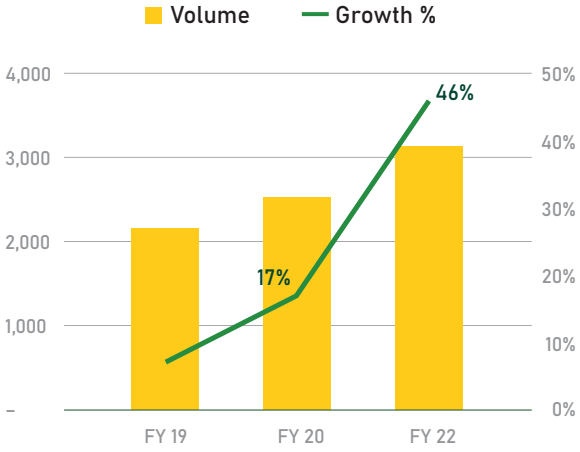
Bridging the healthcare demand-supply gap. The Children's Hospital has not yet reached optimum capacity. In the last five years, it has utilized 132 out of its 207 beds. and conducts roughly 300 surgeries each month. Covid-19-related lockdowns meant fewer patients in recent times, one reason that the Children's Hospital has not been operating at maximum capacity. However, this trend is improving and FY22 saw significant growth in patient volumes.

IN PATIENT DEPARTMENT VOLUME

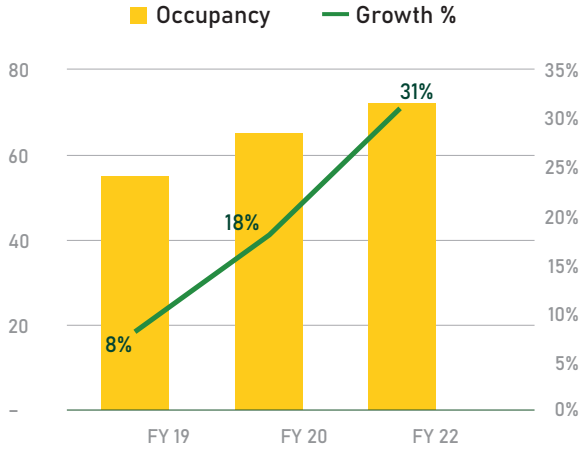


IPD Volume is the cumulative number of admissions per year.

YEAR-ON-YEAR – SURGERY VOLUME



YEAR-ON-YEAR – OCCUPANCY



Occupancy refers to the average number of patients admitted daily.

xii. While initially this presented a challenge, SRCC was able to obtain exceptions from the Charity Commissioner in Mumbai in specific cases of accidents, organ transplants and donations, and maternity care in relation to high-risk pregnancies.

xiii. Like most other healthcare issues, Covid-19 has aggravated the challenge. One survey of gynecologists and obstetricians found that the second wave of the pandemic affected pregnant women much more severely than the first and caused more maternal deaths. See endnote 28.

Also, more initiatives are needed to bridge the healthcare demand-supply gap. This means strengthening community outreach to increase awareness about the existence of the hospital and its offering of subsidized care. **One way to do this is by establishing a strong network of referrals from primary care doctors, physicians, and specialists whom patients trust for guidance on further care. Another path could be to engage in partnerships with nonprofits to enhance awareness and health-seeking behavior in Mumbai and beyond.**

Combining maternity and pediatric care.

Another key learning is the need to add a maternity wing alongside pediatric facilities. The Children's Hospital does not provide dedicated maternity care services as SRCC's charter specifies and restricts its activities to children under 18 years.[xii] At present, the Children's Hospital registers the fetus as the patient in cases where neonatal treatment is necessary. In the future, renegotiation of the terms and conditions of the allotment of land with the government and regulators may be needed if the Children's Hospital wants to offer comprehensive maternity services as well.

Despite progress, India's high neonatal death rate is a "particularly recalcitrant issue," according to Dr. Srinath Reddy. 'Having maternity care conjoined with pediatrics is especially important to address this challenge.'[xiii, 28] In-hospital births can help lower mother and child death rates. **Those looking to emulate this model should also incorporate care for women. This serves as a channel or pipeline of patients into the pediatric wing and allows for early and prenatal interventions.**

Incorporating teaching and research elements.

CAPI learned from many health experts that hospitals that stand the test of time and build their reputations as centers of excellence are often those that incorporate teaching. India's best hospitals—including the All-India Institute of Medical Sciences, Tata Memorial Centre, Christian Medical College, and St. John's Medical College Hospital—are all teaching hospitals that have flourished over decades and continue to attract the best talent.

A teaching hospital fulfills many objectives: it enhances the level of care for patients while providing a pool of talent including residents and interns. A focus on knowledge creation helps. For a standalone pediatric facility, offering postgraduate qualifications, research fellowships, training, opportunities for research and the chance to specialize will help attract and retain global talent and expertise while simultaneously enhancing its credibility as an institution.

In India, a teaching hospital requires affiliations with the National Board of Examinations or National Medical Commissioner, or other accreditations. There are also costs associated with hiring doctors who are also qualified to teach. However, in the long term, the benefits are manifold.

KEY LEARNINGS

Greater investments in bridging the healthcare demand-supply gap

Combining maternity and pediatric care

Incorporating teaching and research elements

SECTION 7

THE NEED FOR PHILANTHROPY

As the Children's Hospital demonstrates, there is a unique role for philanthropy in improving children's health and welfare.

While monetary donations have been critical, the generosity of donors has been much more than writing a cheque. These individuals and families have shown an entrepreneurial spirit, adaptability, and a willingness to collaborate to pioneer a model of care. When asked about his motivation to give, Amit Chandra, Managing Director of Bain Capital Private Equity and one of the earliest donors, told CAPI, "**Archana [his wife] and I thought about it this way: We can't build the hospital by ourselves, but we can be the anchor donors to this and motivate others. This was a cause very close to our hearts. We were also able to put our money where our mouths were on the concept of collaborative philanthropy**."

It is this generosity of philanthropists that has facilitated the setting up of specialized healthcare and sponsorship of medical equipment, and training and retention of specialists.

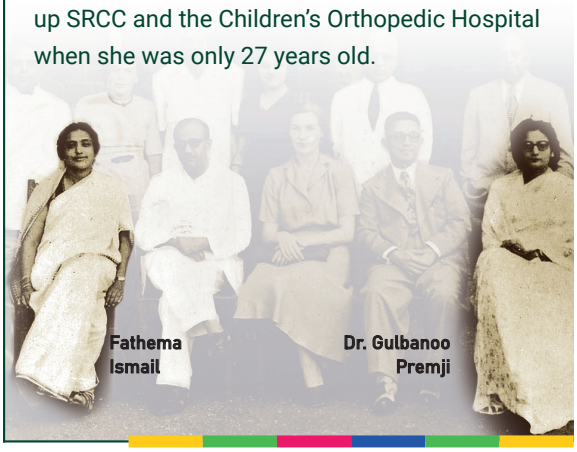
Pediatric care is resource intensive.

Pediatric departments are considered cost centers when placed within a general hospital's budget. Typically, hospital administrators use metrics such as profitability, the number of surgeries performed, patient footfall, usage of medical equipment and so on beyond the impact on a patient's health. **In this context, philanthropy has an especially significant role to play in ensuring that the focus remains solely on patient care** and, in the case of Children's Hospital, making specialist care more accessible to the public.

WOMEN LEADING THE WAY

SRCC's work has been carried forward, in large part, through the dedication and efforts of an exceptionally talented group of women from leading industrial and business families in Mumbai. Many of them worked untiringly for decades without remuneration, driven solely by their commitment to the cause. In the words of Anita Garware, who joined SRCC in 1989 as a trustee and retired in 2017 having served as General Secretary of SRCC for many years, "**I was available for whatever and whenever required for over 25 years**."

They served as true champions for the Children's Hospital, having lifted SRCC into a model of care and established an enviable record of accomplishment for the organization. More than that, they inspired a new generation of philanthropists in India, including Azim Premji, whose mother, Dr. Gulbanoo Premji, helped set up SRCC and the Children's Orthopedic Hospital when she was only 27 years old.



Pediatric facilities with a pipeline of funding from donors can concentrate on health outcomes rather than shareholder metrics. Thanks to this, the Children's Hospital has the autonomy to hire specialist staff, invest in child-centric resources, engage in cutting-edge diagnostics, and treat rare diseases.

> "When the Children's Hospital hires staff, its management is thinking about the future of pediatric specialties. I am a superspecialist, a pediatric orthopedic surgeon who specializes in the hand. I operate on three to five very special cases a month. Despite this, they took a risk on me. Over the last few years, I can see that my specialty is getting increasing recognition and my practice is growing. There is a long way to go but it is important for pediatric hospitals to make these investments."

Dr. Bipin Gangurde
Consultant hand surgeon at the Children's Hospital

In this manner, the Children's Hospital is broadly expanding and enriching the field of pediatrics. The hospital can take a long-term view because donors have provided the much-needed risk capital for the development of pediatrics and super specialties within this domain.

Pediatric Intensive Care Unit (PICU) at the SRCC Children's Hospital

There is also the cost of long-term support to consider. As part of this case study, CAPI spoke with several patient parents in the urban and rural areas of Maharashtra. A common concern voiced has been the challenge of continuing care for their children in the form of therapy, often needed for many years after medical treatment.

> "Ongoing expenses in the form of transport or therapy costs are a huge issue. At the first meeting with any patient, we counsel the parents about pre and postsurgical expenses. For example, the technology for cochlear implants is very advanced, but it can only work if accompanied by three to four years of speech and hearing therapy. Often, parents are too poor to afford even new batteries for the implant, let alone the cost of ongoing therapy. If these funds are not made available, the money spent on the surgery is of little use."

Dr. Shruti Bansal
An ear, nose, and throat specialist at the Children's Hospital

Here, too, philanthropy has a role to play. Donors can set up special funds to cover post-treatment care of a sick child and non-medical expenses such as transport or special schooling that the family bears over a longer period. **This holistic and compassionate approach to child health and wellbeing can only be adopted with philanthropy as its backbone.**

Covid-19 has prompted much debate about building back better and examining how India's healthcare infrastructure can be revitalized. The silver lining of the pandemic is this opportunity to push this conversation forward and create more robust institutions of support for mothers and children across the length and breadth of India.

The Children's Hospital exemplifies how philanthropic funding has been utilized to raise the standard for pediatric care, literally saving children's lives. It demonstrates how much can be done with collective action and collaborative philanthropy. Its model can be replicated in other parts of India. To facilitate this, we present a toolkit that outlines central elements as a guide for philanthropists and investors interested in funding pediatric and maternity hospitals in India in the next part of this report.


MANAGED BY
Narayana Health
SRCC
CHILDREN'S
HOSPITAL
Managed By
Narayana Health
एस.आर.सी.सी.
मुलांचे रुग्णालय
CENTRE FOR CHILD
DEVELOPMENT

TOOLKIT

FOR PHILANTHROPIC INVESTMENTS IN PEDIATRIC AND MATERNAL CARE

This **toolkit** provides a blueprint for setting up a pediatric and maternity hospital, fully or partially funded by donors. It provides essential guidance for setting a vision, practical guidance on execution, and strategies for strengthening partnerships and maximizing impact. It is presented chronologically from conception to execution. The last section, titled X-Factor Elements, includes strategies that can be deployed throughout the process.

STAGE 1

STRATEGIC PLANNING AND DRIVING

1. Leadership and Expertise
2. Financial Model and Funding
3. People and Governance

STAGE 2

EXECUTING

4. Land and Location
5. Operational Assets
6. Stakeholder Management and Partnerships

STAGE 3

INSTITUTIONALIZING

7. Strategic Brand Building and Outreach
8. Sustainablility

X-FACTOR ELEMENTS

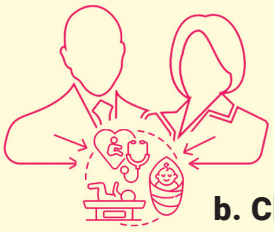
9. Emphasis on Outcomes
10. Innovation
11. Trust

PHASE 1

STRATEGIC PLANNING AND DRIVING

1 Leadership and Expertise

Identify critical leaders—individuals and entities—to steer and deliver the project from conception to execution.



b. Champion(s)

Onboard credible individuals as the face of the project. These individuals should be willing to take end-to-end ownership and introduce resourceful networks to the project.

a. Vision

Create a holistic child welfare vision for the project. Consider the facility's potential service to the community to provide beyond medical treatment alone (e.g., information on social sector schemes, resources for caregivers, and pre- and post-surgical therapy facilities). Keep in mind that children's health requires long-term and robust support even outside the hospital.

c. Medical Expertise

i. Partner with an entity that has the expertise to run and operate a hospital and deliver quality medical care.

ii. Conduct robust due diligence to identify whether internal goals and drivers align.

iii. Communicate meaningfully to ensure alignment on the vision of affordability and access, with profit-making as a secondary driver.

2 Financial Model and Funding

Identify sources of capital to design a financial model for the facility.

a. Donors

Identify philanthropists, foundations, investors and others that can inject risk capital with the expectation of minimal returns for the initial capital expenses as well as ongoing funding for subsidized care.

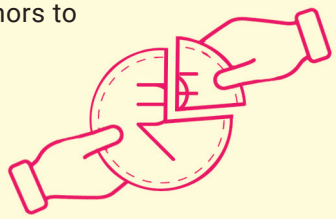
i. These can be **major donors** and **other donors**. Major donors contribute a minimum designated amount utilized for capital expenditure outflows (e.g., building, high-end medical equipment, creating specific departments). Other donors can contribute to a specific type of treatment, activities such as outreach, and transport and/or accommodation for patients.

ii. Prioritize donors with links to the local community who understand the challenges of access to healthcare in their region.

b. Profitability

Weigh options for revenue inflows and eventual profitability through cross-subsidization. This could include a predetermined share of paid beds, agreements with government/donors to fund specific treatments and other revenue-generating modes.

i. Include a revenue- or profit-sharing arrangement between the owner and operator if these entities are distinct. Revenue-sharing will bring funding to the owner for other activities such as subsidized auxiliary healthcare.



c. Government Partnership

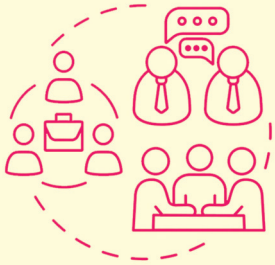
Consider approaching state and local governments to provide land allocated for healthcare in city/town masterplans or permissions for existing government-run hospitals/facilities to be retrofitted as pediatric and maternity hospitals.

i. Consider operating within a public-private partnership model aimed at social good.[29] Such collaborations can provide a pipeline of patients and revenues from state-sponsored programs.

ii. Demonstrate how this can become a win-win scenario as a healthcare service delivery project can help meet government promises made to constituents.

3 People and Governance

Appoint individuals in charge of oversight and directional strategy as well as day-to-day management of the project.



a. Board of Directors/Trustees

Appoint a board to provide supervision and accountability. Major donors can be offered board seats to facilitate personal involvement. Independent directors can bring in sector expertise and networks. A mix of donors and independent directors/trustees is ideal.

b. Secretariat

Appoint a corps of committed individuals at the project office to carry out administrative, secretarial and legal tasks for obtaining regulatory approvals and stakeholder coordination. This group can also be a mix of paid and volunteer staff.

c. Donor Coordination

Consider hiring a specialist entity for donor engagement, communications, outreach and structuring the flow of funds.

PHASE 2

EXECUTING

4 Land and Location

Determine the hospital's location based on the factors below.

a. Patient Accessibility or Demand

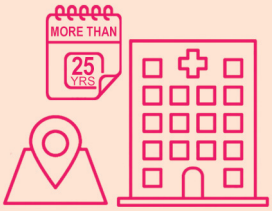
Ensure that the hospital is in a location with high patient demand or good connectivity to remote areas in the state/region.

i. Factor in transport costs for patients in the care-subsidy model.

Note that high transport costs translate to poor health-seeking behavior and lower patient footfall for the hospital.

b. Availability of Medical Staff

Simultaneously, ensure a pipeline of doctors and nurses to the hospital. Note that medical staff may have to be incentivized to work in rural areas with higher salaries/benefits and the opportunity to consult at other facilities.



c. Land Availability

Consider land cost and its impact on capital expenditure. Be sure to think about the continuity of ownership: the land/building should be made available without encumbrances for upwards of 20-30 years at least.

5 Operational Assets

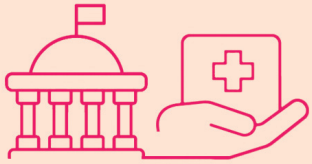
Ensure that basic assets, approvals, and partners are in place for running the facility.

a. Approvals and Permits

Obtain regulatory approvals for the construction of a hospital building, running the facility, workplace safety permits, environmental clearances, medical and medical equipment licenses, and bio-waste disposal approvals. *A list of generic approvals required is included as part of this toolkit in Appendix 1.*

b. Determine Relevant Social Sector Schemes

Develop an understanding of existing state-sponsored schemes to subsidize medical care. Consider hiring social workers as staff to identify patient needs and liaise with government authorities.



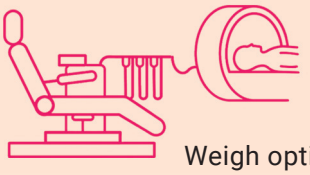
c. Facility Design

Whether building a new facility or retrofitting an existing space, ensure that it is child friendly. Consider including play areas for children, a library etc.

i. Auxiliary health facilities: Provide access to physical therapy, orthotics, sensory therapy, aquatic and art-centered therapy, nutrition counseling and so on.

ii. Family needs: Consider accommodation for patient families/caregivers that do not live in the area. Provide access to special education for patients and siblings, if possible, to avoid disruption to schooling.

d. Medical Equipment



Provide high-quality medical equipment for routine and specialized procedures. Weigh options to keep costs low: equipment can be leased from third parties or private equipment manufacturers could be brought on as donors.

e. Infrastructure

Ensure uninterrupted electricity and water supply, availability of medical supplies, proper channels for disposal of hazardous materials and other infrastructure needed for smooth functioning.

6 Stakeholder Management and Partnerships

Consider the following when developing partnerships.

a. State and Local Governments

Partnerships with the government are significant to establishing the facility as a hub of care in the region.

i. Explore collaborations with state and local governments and government-run hospitals to act as patient-feeders and referrals for specialty care.

ii. Explore channels to subsidize treatment such as state-sponsored healthcare programs.

iii. Conduct workshops/outreach in collaboration with municipal authorities to enhance awareness among local communities and medical professionals. This will also enhance legitimacy and public recognition.

b. Auxiliary Health Services

Develop programs with entities that provide rehabilitation, therapy, counseling and so on for end-to-end treatment. These can be social delivery organizations with strong grassroots connections. These services are critical to a child's complete recovery.

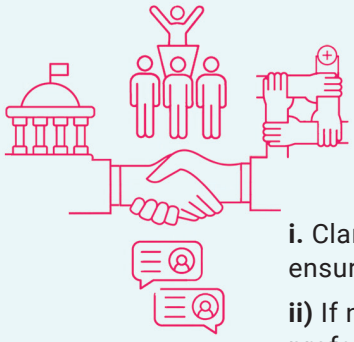
PHASE 3

INSTITUTIONALIZING

7 Strategic Brand Building and Outreach

Strengthen networks in a planned and strategic manner to enhance the hospital's reputation

a. Communication and Outreach Strategy



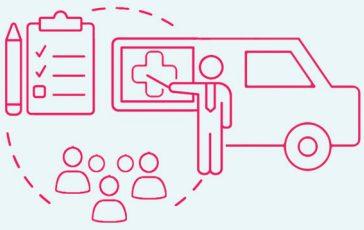
Put in place a medium-to-long-term strategy with clearly defined objectives. This could include government outreach, awareness in the local community to increase patient intake, engagement with potential donors for funding, and building a doctor referral network.

i. Clarify ownership of responsibilities and audiences among partners to ensure smooth execution of this strategy.

ii) If needed, consider onboarding communications/public relations professionals with a background in nonprofit healthcare to assist with implementation.

b. Community Outreach

Invest in bridging the demand-supply gap in healthcare aimed at increasing patient footfall and, consequently, revenue and equipment utilization. This can be done through camps, workshops, mobile clinics and collaborations with nonprofits.



c. Reputation and Research

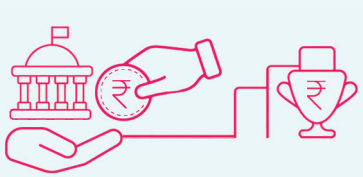
Build the institution's reputation as a center of excellence or hub hospital. Consider affiliations for postgraduate teaching, research and fellowships in addition to invitations to international experts for seminars/lectures, continuous upskilling of staff and publications.

8 Sustainability

Plan strategically for the financial and operational sustainability of the facility.

a. Funding

Consider the long-term financial needs of the hospital. Ongoing engagement with donors and a sound financial model to ensure future revenue inflows can contribute to financial sustainability.



b. Expansion/Synergies

Explore affiliations with other hospitals/healthcare entities to expand the geographical reach of care and medical capabilities.

i. Patient pipelines: consider a hub-and-spoke model with primary and secondary care entities in the region, with the hospital as the main hub.

ii. Private providers—partner with private and government-run hospitals for complex and specialized medical interventions, secondments or rotational expert staff arrangements.

iii. Pool data for research and knowledge creation. Consider joint publication of studies and findings.

c. Impact Monitoring and Evaluation

Appoint an external agency to track funding flows and monitor impact in terms of agreed-upon outcomes. This will provide a data-driven base to attract future funding.

X-FACTOR ELEMENTS

Certain strategic X-factor elements should be considered during all phases of the project. These are needed for smooth collaboration and synergy between partners.

a. Emphasis on Outcomes

Dedicate resources to promoting the vision of enhancing equitable access to quality children's healthcare among a larger group of donors and foundations. Clarify through dialogue that this involves patient capital, complexity, adaptability to challenges and long-term investment in public health.

b. Innovation

Infuse a spirit of innovation and entrepreneurship in private and social sector partners. Foster willingness to try new or hybrid methods of collaboration.

c. Trust

Invest in dialogue and activities to increase trust among all partners in order to reduce friction and build willingness to collaborate. Communicating progress and results among partners, demonstrating the project's impact, value, and management's commitment to the partnerships and joint project can help.

APPENDIX I

LICENSES AND APPROVALS FOR A PEDIATRIC HOSPITAL

No.	Licenses[xiv]	Licensing/approving authority	Typical duration
1.	Certificate of Registration of Societies	Registrar of Companies	Lifetime
2.	Lease Grant	City/Local Municipality	Lifetime
3.	Public Trust Registration Certificate	State Public Trust Registration Office	Lifetime
4.	Special Therapy (Sessions/School) for Orthopedic & Cerebral Palsy	Social Welfare Director, State Government	Lifetime
5.	Building Occupancy Certificate	Chief Engineer, Building Proposals, Local Municipality	Lifetime
6.	Building Occupancy Certificate	Executive Engineer, Local Municipality	Lifetime
7.	Intimation of Disapproval	Executive Engineer, Building Proposals, Local Municipality	Lifetime
8.	Endorsement of Commencement Certificate as Per Amended Plans	Executive Engineer, Building Proposals, Local Municipality	Lifetime
9.	Intimation of Disapproval/Commencement Certificate Revalidation	Local Municipality	Lifetime
10.	Final Estate No Objection Certificate	Estates Department, Local Municipality	Lifetime
11.	Fire No Objection Certificate	Chief Fire Officer, Fire Services, State Government	Lifetime
12.	Diesel Generator Set Approval	Electrical Inspector & Chief Inspector, Public Works Department State Government	Lifetime
13.	Permit to Operate Lifts under the Lifts and Escalators Act	Electrical Inspector & Chief Inspector, Public Works Department, State Government	Lifetime
14.	Permit to Operate Lifts under the Lifts and Escalators Act	Chief Electrical Inspector, Industries, Energy and Labor Department, State Government	Lifetime
15.	Solar Water Works Completion Certificate	Specialized Consultant/Agency	Lifetime
16.	Traffic No Objection Certificate	Traffic Department, State Government	Lifetime
17.	Fresh Property Card	Assistant Superintendent/City Survey Officer, Land Records Department	Lifetime
18.	Transformer Approval	Electrical Inspector & Chief Inspector, Public Works Department, State Government	Lifetime
19.	Electrical Single Line Design Approval	Electrical Inspector & Chief Inspector, Public Works Department, State Government	Lifetime
20.	High Rise Connection Approval	Electrical Inspector & Chief Inspector, Public Works Department, State Government	Lifetime
21.	Location, Plan of Transformer Approval	Electrical Inspector & Chief Inspector, Public Works Department, State Government	Lifetime

xiv. This is a generic list based on approvals and licenses needed for the state of Maharashtra as of the date of publication of this report. The information herein does not and is not intended to constitute legal advice; instead, all information in this report and the list is for general informational purposes only. Those looking to set up a pediatric/pediatric and maternity hospital should obtain professional legal advice to ensure compliance with all regulatory approvals needed for their specific location and in place at that time.

No.	Licenses[xiv]	Licensing/approving authority	Typical duration
22.	Final No Objection Certificate for Organic Waste Composter Vermiculture Bin	Assistant Engineer, Solid Waste Management, Local Municipality	Lifetime
23.	Rainwater Harvesting Diagram and Work Completion Certificate	Specialized Consultant/Agency	Lifetime
24.	Structural Stability Certificate	Structural Consultant	Lifetime
25.	Hydraulic Engineering No Objection Certificate	Hydraulic Engineer's Department, Local Municipality	Lifetime
26.	Storm Water Completion and Compliance	Executive Engineer, Storm Water Drains, Local Municipality	Lifetime
27.	Sewage Treatment Plan Approval	State Environment Department and State Pollution Control Board	Lifetime
28.	Drainage Completion Certificate	Sewage Projects (Planning & Development), Local Municipality	Lifetime
29.	Drainage Completion Certificate	Assistant Engineer, Building Proposals, Local Municipality	Lifetime
30.	Chief Fire Officer No Objection Certificate for Manifold Room	Deputy Chief Fire Officer, Fire Services, Local Municipality	Lifetime
31.	Permanent Water Connection	Hydraulics Engineer/Assistant Engineer, Water Works Department, Local Municipality	Lifetime
32.	Grant of Additional Floor Space Index	State Government	Lifetime
33.	Coastal Regulation Zone Clearance	Ministry of Environment & Forests	Lifetime
34.	Environment Clearance for Floor Space Index, Non-Floor Space Index and Total Land	State Environment Impact Assessment Authority; Ministry of Environment and Forests & Climate Change	Lifetime
35.	Heritage No Objection Certificate	Local Municipality	Lifetime
36.	Combined Consent Bio-Medical Waste Authorization to Establish Healthcare Establishment under Red Category Certificate	State Pollution Control Board	Lifetime
37.	Permanent Account Number	Income Tax Department, Government of India	Lifetime
38.	Service Tax Registration Certificate	Central Board of Excise & Customs, Ministry of Finance, Revenue Department	Lifetime
39.	Goods and Services Tax Registration Certificate	Government of India	Lifetime
40.	Renewal of Registration under Foreign Contribution (Regulation) Act	Ministry of Home Affairs, Foreigners Division (FCRA Wing)	5 years
41.	80G Certificate	Director of Income Tax (Exemption) (Local)	Lifetime
42.	12A Certificate	Commissioner of Income Tax (Local)	Lifetime
43.	Inclusion in the List of Charitable Hospitals	State Charity Commissioner (Needed if the state has a statute governing public trusts Statute)	Lifetime
44.	Employees Provident Fund Act, 1952	Ministry of Labor & Employment	Lifetime
45.	Full accreditation to conduct Continuing Medical Education	State Medical Council	5 years

APPENDIX II

LIST OF INTERVIEWEES

SRCC	1. **S. Ramadorai**, *President, Executive Committee, SRCC and Former Vice Chairman*, Tata Consultancy Services Limited. 2. **Anita Garware**, *Former General Secretary, Executive Committee, SRCC* 3. **Jyoti Doshi**, *General Secretary, SRCC* 4. **S. Mahalingam**, *Vice President, Executive Committee, SRCC and Former CFO & Executive Director, Tata Consultancy Services Limited* 5. **Dr. Swati A. Piramal**, *Trustee, SRCC and Vice Chairperson, Piramal Group* 6. **Archana Chandra**, *Trustee, SRCC and CEO, Jai Vakeel Foundation* 7. **Amit Chandra**, *Managing Director, Bain Capital Private Equity* 8. **Deval Sanghavi**, *Trustee, SRCC and Co-Founder, Dasra* 9. **Mala Ramadorai**, *Chairperson, CASE Sub-Committee, SRCC* 10. **Malashri Patel**, *Trustee, SRCC, Chairperson, Rehab Sub-Committee, SRCC* 11. **Dr. Raju Khubchandani**, *Trustee, SRCC* 12. **Jyoti Rane**, *Executive Secretary, SRCC* 13. **Nisha Bhandari**, *Director, Rehabilitation Department, SRCC Centre for Child Development*
NARAYANA HEALTH AND SRCC CHILDREN'S HOSPITAL	14. **Dr. Devi Prasad Shetty**, *Founder and Chairman, Narayana Health* 15. **Dr. Emmanuel Rupert**, *Managing Director and Group CEO, Narayana Health* 16. **Arunesh Punetha**, *Regional Director (West), Narayana Health* 17. **Dr. Soonu Udani**, *Medical Director, SRCC Children's Hospital* 18. **Dr. Zubin Pereira**, *Medical Superintendent, SRCC Children's Hospital* 19. **Dr. Mahesh Balsekar**, *Senior Consultant (Pediatrics), SRCC Children's Hospital* 20. **Dr. Shruti Bansal**, *Ears, Nose and Throat Specialist, SRCC Children's Hospital* 21. **Dr. Bipin Gangurde**, *Orthopedic Consultant, SRCC Children's Hospital*
SECTOR EXPERTS	22. **Prof. K. Srinath Reddy**, *President, Public Health Foundation of India* 23. **Dr. Gagandeep Kang**, *Professor, Department of Gastrointestinal Sciences, Christian Medical College Vellore, and Fellow of the Royal Society (U.K.)* 24. **Dr. Krishna Kumar**, *Clinical Professor and Head, Department of Pediatric Cardiology, Amrita Institute of Medical Sciences and Research Center* 25. **Dr. Chandrakant Lahariya**, *National Professional Officer, Universal Health Coverage, World Health Organization, India* 26. **Dr. Aastha Kant**, *Assistant Director, Research Programs, Johns Hopkins Maternal Child Health Center India, Johns Hopkins Bloomberg School of Public Health* 27. **Sanjay Ubale**, *former Director of Policy, Bill & Melinda Gates Foundation, India* 28. **Deepa Varadarajan**, *Co-Founder, Pramiti Philanthropy*

ENDNOTES

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Centre for Asian Philanthropy India

Enabling transformation and thought leadership on India's social challenges through knowledge, awareness and supporting collective action.

Watch *SAVING LIVES, ONE CHILD AT A TIME*, CAPI's documentary on the lives of the children touched by the SRCC and Children's Hospital at https://capi.org.in or scan the QR code below.

This report should be cited as:
Purohit, Ketaki. (July 2022). Saving Lives, One Child at a Time: A Case Study on the SRCC Children's Hospital (Managed by Narayana Health). Centre for Asian Philanthropy India.
Available at: https://capi.org.in/work

Design and layout: Subhashish Roy

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