

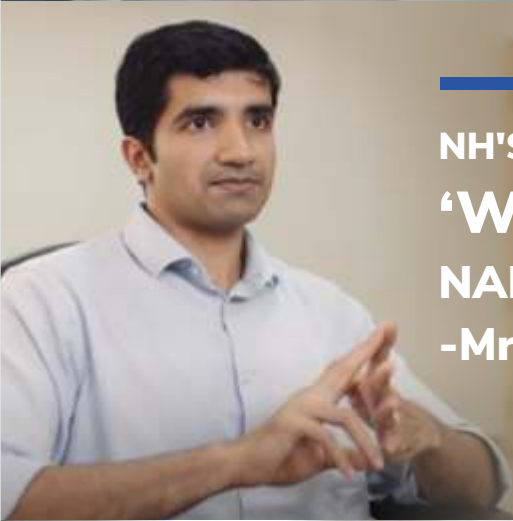
# RE-INVENTING NEW NORMAL



**Sustainability and Corporate Social Responsibility Report 2020**  
**Narayana Hrudayalaya Limited**



**ABOUT 12% OF THE HEART SURGERIES PERFORMED IN INDIA ARE DONE BY US -DR. DEVI SHETTY**



**NH'S GROUP COO HAS A PLAN FOR HIS 'WALMART MODEL' NARAYANA HOSPITAL CHAIN - GO AFFORDABLE -Mr. Viren Shetty**



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**“NH IS DOING DRUG RESEARCH & DEVELOPMENT IN PARTNERSHIP WITH BIOCON FOR LATEST IMMUNOTHERAPY FOR PATIENTS WITH ADVANCED CANCER, SO THAT THE MOST EXPENSIVE TREATMENT DRUGS COULD BE MADE IN INDIA.”**

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**“THERE IS A DIFFERENCE BETWEEN HOW NARAYANA HEALTH IS PERCEIVED AND WHAT WE TRULY ARE.”**

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## Chairman’s Message

It gives me great pleasure to present Narayana Hrudayalaya Sustainability and

CSR Report for the year 2020. Covid-19 has shaken the entire world and changed all our assumptions about the preparedness of the healthcare sector to deal with global pandemics. This disease acted as a great leveller, and for the first time in centuries, nations around the world found themselves equally unprepared to take care of their citizens. I have been saying for decades that the global healthcare system only works for 10% of the population and this has been sadly proven by the rising death count across developed and developing nations. Our business model of making healthcare accessible to all has become even more relevant as we enter a post-Covid world and we have a lot to learn in the years to come.

### New World Order

The whole world came to a halt as government-mandated lockdowns attempted to slow the progression of the coronavirus. Unfortunately, the virus spread faster than our doctors and scientists were able to catch up and medical science wasn’t able to stop a global pandemic. The **Sendai Framework** meant to address different types of Disasters was stretched beyond imagination at this ongoing global catastrophe. Strangely enough, while we witnessed the healthcare systems in developed nations crumbling under the impact of the virus, many Asian and African nations had either nil to low casualty rates.

As a doctor, I was surprised by fewer numbers of people visiting hospitals for routine treatments, even those that could become life threatening. We worked very hard to create digital alternatives but there is simply no substitute for a physical examination to detect abnormalities. A new normal has set in, and NH needs to reinvent hospital workflows and our clinical practice to ensure that health conditions ignored during 2020 don’t become tomorrow’s health crisis.

### Role of Frontline Workers

Doctors, nurses, paramedics, medical technicians and social workers worked tirelessly on the frontlines of the pandemic. No words can express my gratitude for all those men and women who put their bodies under layers of PPE and still managed to deliver world class care to our patients.



Our organization went through great lengths to provide enough protection for all our colleagues and established enough safeguards to ensure minimal Covid transmission within our healthcare facilities. My condolences go out to the families of 382 medical professionals who died in the line of duty and I sincerely hope their sacrifice spurs more investment in the public healthcare system so that it is more resilient in future. Indians suffer from high prevalence of cancer kidney, cardiac and liver disease and most patients come to the hospital too late. We believe that we need to take diagnosis to the doorstep of the poor, and so we developed a program called **HOPE (Harnessing Oncological Preventive & Early Detection Services)** where a van equipped with latest imaging technology reaches the rural areas and urban slums. Real time data is sent to our hospitals for a free consultation and to decide the future course of action. NH also arranges funds for those who cannot afford to have surgical procedures to cure their disease. We also realised that after care of patients was critical for recovery and is often overlooked by family members. So we partnered with Noora Health to roll out **CARE COMPANION** program to ensure patients family members are taught how to look after their loved ones on the road to recovery.

### **Social Causes**

**Project Udaan** identifies poorest students dreaming of becoming a doctor but lack the resources. We identify them in government schools, offer regular coaching and mentorship in the hospital and help them prepare for medical entrance tests. **NH Foundation** offers training for nurses and paramedics and supports deserving candidates in the completion of their course in association with corporate donors.

NH in association with **Ashraya Hastha Trust** provided relief material to people who lost their homes during **Cyclone Amphan** as well as provided food and medicines to people who lost their jobs during the pandemic. NH also runs **Give 4 Life** which allows anyone to sponsor a heart surgery, cancer treatment or any other procedure

### **Environmental Sustainability**

NH has been constantly pushing towards identifying alternate energy sources and lowering our carbon footprint. Our target is to meet atleast 50% of the total energy consumption from renewable energy by 2030. We also aim to achieve 50% reduction in specific emission and 30% reduction in specific energy consumption by pursuing continuous improvement in energy and emission-related performance. Other priority areas in environmental sustainability are: reducing water consumption, recharging groundwater, and waste reduction. NH is placing governance processes to ensure our new projects are environmentally sustainable at the inception stage.

### **Sustainability Targets for 2030**

NH aims to help India fulfil **UN SDG 3: Good health & Wellbeing for all** by focusing on over 30 specialties, which includes Cardiology and Cardiac Surgery, Cancer Care, Neurology and Neurosurgery, Orthopaedics, Nephrology and Urology, and Gastroenterology and leverage technology to ensure that healthcare reaches those at the bottom of the pyramid.

I am proud to belong to an organization run by dedicated professionals with high degree of compassion and an undying commitment to healthcare for all. We look forward to serving you in the years to come

### **Dr. Devi Prasad Shetty**

Chairman, Narayana Hrudayalaya

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# organisation Profile



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**“ WITH DIGITAL TRANSFORMATION, BUILDING CENTRES OF EXCELLENCE, AND RESEARCH, NH AIMS TO KEEP ITS COST LOW ”**

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All amounts are in INR millions .

**Q1 Fy21 :**

**(-) 863.26**

**Q2 Fy21 :**

**(+) 371.73**

**YTD Sep'20:**

**(-) 491.53**

Narayana Health is headquartered in Bengaluru, India, and operates a network of hospitals across the country, with a particularly strong presence in the southern state of Karnataka and eastern India, as well as an emerging presence in northern, western, and central India. Our first facility was established in Bengaluru with approximately 225 operational beds and since we have grown to 21 Hospitals, 6 heart centres, 19 primary care facilities across India and an international hospital in the Cayman Islands. The group now features over 5,859 operational beds through a combination of greenfield projects and acquisitions. We believe that the "Narayana Health" brand is strongly associated with our mission to deliver high-quality, affordable healthcare services to the broader population by leveraging our economies of scale, skilled doctors, and an efficient business model.

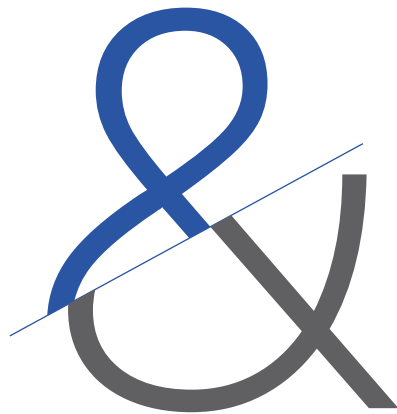
In aggregate, our centres provide advanced levels of care in over 30 specialties, including Cardiology and Cardiac Surgery, Cancer Care, Neurology and Neurosurgery, Orthopaedics, Nephrology and Urology, and Gastroenterology.

Region	Locations	Hospitals & Heart Centres	No. of Beds
Karnataka	Bangalore, Mysore, Shimoga, Bellary	6 Hospitals 5 Heart centers	Hospital beds - 2196 Heart center beds - 283
Western	Mumbai, Ahmedabad, Jaipur	4 Hospitals	Hospital beds - 921
Northern	Delhi, Jammu	3 Hospitals	Hospital beds - 583
Eastern	Kolkata, Jamshedpur, Raipur, Guwahati	8 Hospitals	Hospital beds - 1755



## Our Mission

Our mission is to deliver high quality, affordable healthcare services to the broader population in India. Our core values are represented by the acronym "iCare", which encompasses Innovation and efficiency, Compassionate care, Accountability, Respect for all, and Excellence as a culture. At the same time, we seek to generate a strong financial performance and deliver long-term value to our shareholders through the execution of our business strategy.



## Our Vision

To provide high-quality healthcare, with care and compassion, at an affordable cost, on a large scale.



# Awards & Recognitions



# Re-inventing Social Responsibility

At NH, “working for the community to reach the last mile” has been the ethos around which the entire institution is built. As Dr. Devi Shetty says, “we work for the poorest”. To achieve that, NH has partnerships with stakeholders ranging from the government, Corporates, Foundations /NGO's who could contribute in different ways to reach our goal.

So far, the CSR programs focus on health and education. However, every program that is made has the poorest at the center around whom the entire program is built.

So far, the programs that has been perused are in compliance with the UN-SDG's. To highlight some of the Outreach Programs that have been done so far.



## CSR Policy Statement

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

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



# Addressing UN Sustainable Development Goals



SUPOSHAN Program complies with SDG 2, specifically with SDG 2.2 Elimination of all forms of malnutrition



Program H.O.P.E, CHAMPS, Care Companion Program specifically SDG 3.4 which aims to reduce premature mortality from non-communicable diseases (NCDs) wellbeing, SDG 3.7 early warning, risk reduction and management of Global health risks.



Program Udaan/Udayer Pathey and CHAMPS complies with SDG-4 "Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all".



Give4life program complies with SDG-10 'Reduce inequality, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status'.



All programs comply with SDG-17 promoting effective public, public-private and civil society partnerships, building on the experience and resourcing strategies of partnership.



Environment and Sustainability at NH contributes to UN SDG 6 'Clean water and Sanitation', SDG7 'Affordable and clean energy', SDG 12 'Responsible consumption and production' and SDG 13 'Climate action'.

# NH Initiatives Social

## UDAYER PATHEY/UDAAN

At the heart of NH lies “how to serve the most underprivileged” not only by extending medical facilities but also towards their social and economic upliftment. Tapping young talents who dream big but are unable to pursue due to their socio-economic conditions, NH decided to give wings to these dreams by curating programs like “Udaan “and “Udayer Pathey” where students are providing funding till they complete their MBBS.

The program contributes to **UN Sustainable Development Goal 4 "Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all".**

UDAYER PATHEY in West Bengal & UDAAN in Karnataka in compliance with the UN SDG's are programs linked to "outcome-oriented target" of; affordable technical, **vocational** and **higher education**; increased number of people with relevant skills for financial success; elimination of all **discrimination in education**; and **education for sustainable development** and global citizenship.

The program caters to the bright and deserving students from the underprivileged socio-economic backgrounds from the states of West Bengal and Karnataka and supports them in fulfilling their dream of becoming Doctors and thereby contributing and giving back to the society through their professional services.



Tablets distribution to students for online NEET coaching



### Background for Udayer Pathey/UDAAN:

- India has a huge shortfall of doctors. According to the World Health Organization, India has seven doctors for every 10,000 people, half the global average. These shortages exist despite India having one of the largest medical education systems in the world.
- The unwillingness of doctors to work in rural areas is another challenge.
- Considering these twin challenges, the objective of the program has been to nurture the potential of rural students from disadvantaged backgrounds and create a platform which they could leverage on towards realizing medical education.
- The program selects bright students from underprivileged background, who choose to study medicine, but are financially incapable or unable to continue their schooling and education.
- The program follows a very careful selection process, to ensure that the program reaches out to the brightest and most deserving students who have an aptitude and are committed towards taking up science as a subject after class X and choosing the medical profession as their careers. Social and economic background of the students are verified before they become part of our program.
- The children from the program are motivated to use their medical education in improving health care systems in their villages, rural areas, and semi-urban areas, where healthcare is not easily accessible.
- The student also becomes a role model in the community inspiring others to pursue this path. In other words, the multiplier effect on the society of enabling a talented child to become a doctor is huge. Every single doctor created with the assistance of this Program shall have ripple effect throughout the community.

### Udayer Pathey Program Strategy (Please refer to Annexure 1.1)



Dr. Devi Shetty handing scholarship to Udayer Pathey student



Personal Interview post written test by Interview panel consisting of NH CSR representative and Educational expert



Home visit to student family by NH CSR team as part of the selection program

## Program Outcome

### UDAYER PATHEY, West Bengal

This unique program is dedicated towards selection, mentoring, coaching and providing scholarships to brilliant, deserving yet underprivileged students from rural backgrounds, who have the aptitude and potential to become doctors. The program was initiated in West Bengal in the year 2007, with an initial batch of 159 students. At present, more than 429 students have benefitted from the programme across various districts of West Bengal and 40 are working in various hospitals after completing their MBBS.

### UDAAN, Karnataka

In line with Udayer Pathey, a scholarship program 'Udaan' was initiated in Karnataka in Kanakpura Taluk in the year 2014. The program is currently ongoing in 4 locations in Karnataka; Bidar, Gulbarga, Dharwad, Tumakuru.

Since inception, more than 400 students have been provided scholarship support in Karnataka. The program has enabled scholarships for NEET (National Eligibility cum Entrance Test) in Tier II cities of Karnataka. The Udaan students are regularly motivated and mentored by NH panel of doctors. In 2019-20, 15 students appeared for the NEET examinations and 8 have cleared the NEET and enrolled in various MBBS colleges in Karnataka.



#### Success Story

#### Dr. Debankan Ojha, 2007 - 1st batch, Udayer Pathey programme

I was in standard VII when I came to know about the scholarship programme 'Udayer Pathey' by the great Dr. Devi Shetty. Fortunately, I was eligible for it and got the scholarship under this scheme and stood a chance to meet my idol. He influenced me so much and I made my mind of becoming a doctor like him. I completed my MBBS from Bankura Sammilani Medical College and Hospital in 2019. Post that, I appeared in NEET PG 2020 after 1 year of preparation and got my desired seat in M.D. (Radiation Oncology) in IPGME&R (SSKM) Hospital Kolkata and now starting my life as a budding Oncologist.

It would have been not possible without Dr. Devi Shetty sir. Thank you so much sir for supporting me. I am very grateful.

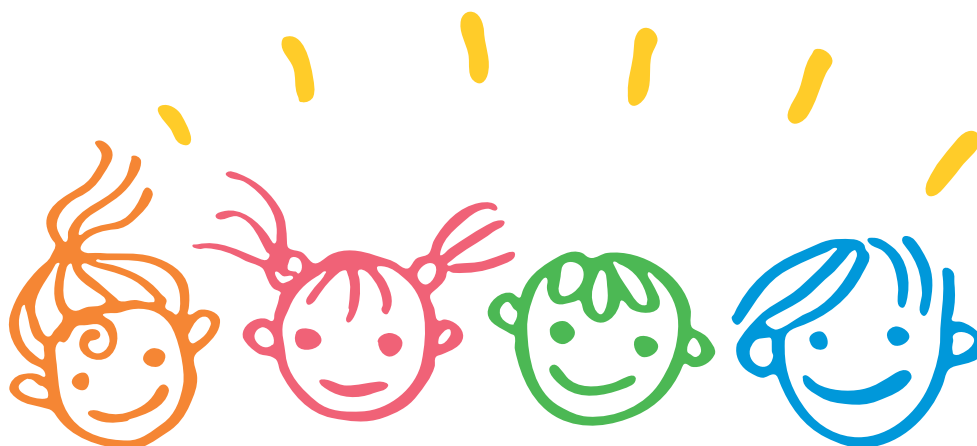


### CHAMPS (Child Health Activist Mentoring & Promoting Health in Society)

Children with their innocent minds and curiosity are harbingers of “change”, NH decided a role for the children who would learn to do basic health check-up at home for their grandparents, neighbours and with this the CHAMP program came into existence.

The CHAMPS program contributes to **UN-SDG Goal 3 'Ensure healthy lives and promote well -being for all at all ages'** and **UN-SDG Goal 4 'Quality education and promote lifelong learning opportunities for all and effective learning outcomes'**.

CHAMPS is a program designed to make “Children” the change agents. This was initiated to engage high school students as change agents towards improving health seeking behaviour with a focus on hypertension. The main objective of the program is to educate students about hypertension and spread awareness and measure blood pressure of adults in their nearby communities through guided visits.



#### Background of CHAMPS:

- Globally, Noncommunicable diseases (NCDs) is the leading cause of death and also one of the major health challenges of 21st century.
- As per 2018 report by WHO it states that NCDs are responsible for 71% (41million) deaths. Cardiovascular Diseases are majorly responsible for 44% of all NCD deaths and 31% of all global deaths.
- Hypertension has positive association with stroke, ischemic heart disease, and overall mortality.
- A large proportion of the population with hypertension remains undiagnosed, untreated, or inadequately treated, contributing to the rising burden of cardiovascular disease.



According to UNICEF there are 1.2 billion adolescents (ages 10-19years) across the world and around 243 million adolescents in India.

- Adolescents can be a window of opportunity in the community participation as they are in the phase of rapid physical and cognitive development.
- Adolescents in the community can be a change makers and health promoters, it becomes a collective responsibility to utilize their potential, as they venture beyond their families and tend to stand out to make a difference.

### Case Study



CHAMPS students measuring blood pressure in the communities

Shreya studies in 8th standard and shared her experience about how the CHAMPS training sessions has helped her in understanding basic concepts related to heart and hypertension. It has also helped her easily understand science chapter related to Heart. The community visits has given her confidence to interact with people and also spread awareness about Hypertension and its complications. Shreya is thankful for selecting her for CHAMPS training sessions conducted on Heart and hypertension and the opportunity provided to conduct screening in community and spread awareness .



Training by NH team to selected CHAMPS students from the identified government schools





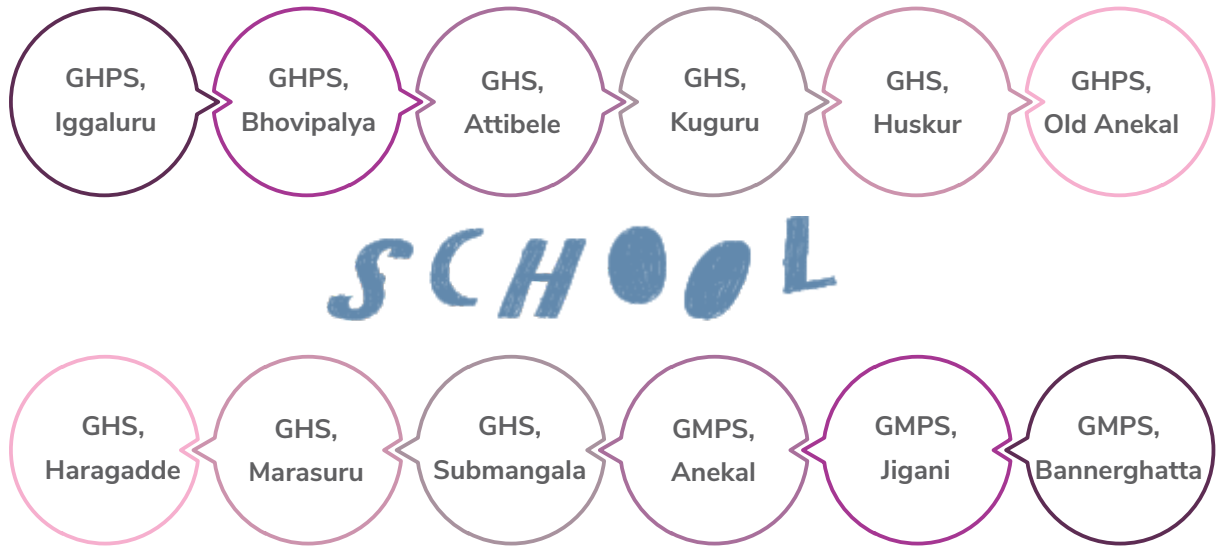
Nalini student from 9th standard narrates that the CHAMPS program has helped her personally, as her father have high blood pressure and had heart attack thrice. Her parents felt proud about her as she has been trained to check Blood pressure and spared awareness in the community. Also this program was implemented in Government School, which has provided a window of opportunity to serve her society.



Training by NH team to selected CHAMPS students from the identified government schools

## PROGRAM STRATEGY AND FINDINGS (Refer to Annexure 1.2)

**Program Locations:**



**Outcomes:**



**Total number of screening completed:**

# 2131

### SUPOSHAN (Iron Fortification Program in adolescents)

The Girl Child still lacks in nutrition even in the 21st century, “iron deficiency” was one of the key findings hence the program “Suposhan” was formed essentially to generate awareness about health and wellbeing.

SUPOSHAN in compliance with UN SDG 3: Promote Health & Wellbeing is envisaged as a pilot intervention in Jaipur District in collaboration with Britannia Nutrition Foundation, National Health Mission, & State education department. The program, which is modelled as an action research study, aims at introducing iron fortification in a palatable manner which would be an adjunct to the existing WIFS program. In addition, the program would be supplemented by efforts to engage the students & community on need for iron fortification and supplementation through community activities.



ASHA & ANM Training



Principal & teachers Training

The program also complies with **UN-SDG indicators 2.2, 3.9d and 17.17 to ensure Elimination of all forms of malnutrition, early warning, risk reduction and management of Global health risks, and promoting effective public, public-private and civil society partnerships, building on the experience and resourcing strategies of partnership.**

### Background of Suposhan

Studies on Implementation of weekly iron and folic acid supplementation (WIFS) programs have found that only 47.2% children were consuming IFA tablets regularly, 52.8% were consuming occasionally or rarely.

Side effects like stomach pain (41.7%), nausea and vomiting (24.5%) and disliking of tablets (22.3%) were predominant causes for IFA tablet refusal.

underlying social contexts like early marriages (Mean age of marriage 20 years) with subsequent iron demand during pregnancies emphasizes the need for urgent redressal of anemia.

- Adolescents in the age group 10-19 years, experience biological and psycho-social changes, which makes adolescence a unique period affecting health related behaviors and spectrum of diseases.
- Iron deficiency anemia accounts for 1.5% of the global Disability Adjusted Life Years and 40% of this occurs in south east Asia region.
- In India, iron deficiency anemia is classified as a major public health problem as it is estimated that 52% of nonpregnant women of reproductive age are anemic.

### Location

The program was done in Phagi and Chaksu Blocks of Jaipur District Rajasthan. The study was conducted over a period of one and a half years from July 2018 to December 2019.

### Program Strategy and Findings (Refer to Annexure 1.3)

#### Outcomes

The compliance rate (number of days biscuit consumed/no. of days biscuits distributed \*100) was 78.8% in Chaksu block.



Haemoglobin assessment by trained frontline healthcare worker

Variables	Intervention Block (Chaksu)		Control block (Phagi)	
	Baseline	End line	Baseline	End line
Gender (n)				
Male	120	86	121	82
Female	183	136	166	132
Total	303	222	287	214
Prevalence of anemia	53.46	33.02%	68.29	66.80%
HB (Median, Q1-Q3)	(11.8, 10.3-13)	(12.7, 11.7-13.6)	(11.2, 10.3-12)	(11.5, 10.6-12.4)
HB(Mean)	11.49 (SD=2.2)	12.57 (SD=1.7)	10.98 (SD=1.6)	11.36 (SD=1.6)
Compliance rate	NA	78.80%	NA	NA



Community meetings and awareness program



### PROGRAM H.O.P.E (Harnessing Oncological Preventive & Early Detection Services)

Non Communicable Diseases and the dreaded Cancer is a word that has tremendous mental, financial repercussion on the individual and family ,however in most cases specially in the case of the underprivileged it was found that patients reached if they did at all in the last stage. NH curated a program by starting a program that would ensure early detection at the doorstep of the underprivileged, collect samples, send it to the doctors at NH ,provide the consultation and give the FREEDOM to the patient to choose treatment at a hospital of their choice. Given below is the background towards conceptualising the program:

- Every year roughly 5.8 million Indians die from heart and lung diseases, stroke, cancer, and diabetes.
- 1 in 4 Indians risks dying from an NCD before they reach the age of 70
- In 2017, as a part of the Global Burden of Diseases, Risk Factors, and Injuries (GBD) Study, Indian researchers reported that cardiovascular diseases, respiratory diseases, and diabetes kill around 4 million Indians annually and most of these deaths are premature, occurring among Indians aged 30–70 years.
- In India, international cancer agencies have predicted that the cancer burden will nearly double in the next 20 years, from slightly over 1 million cases in 2012 to more than 1.7 million by 2035.
- The cancer incidence in India is also identified with a significant gender dimension with cancer incidence among reproductive age group (15 to 49 years) being three times higher in females than males. One woman is diagnosed with breast cancer every 4 minutes

Program H.O.P.E in compliance with **UN SDG 3: ‘Good Health and Well Being’, and more specifically SDG 3.4 which aims to reduce premature mortality from non-communicable diseases (NCDs) by a third by 2030 relative to 2015 levels, and to promote mental health and wellbeing.**



Mobile Mammography Unit for free breast cancer screening

Our experience on ground taught us that positioning our program as a cancer surveillance activity was sometimes met with trepidation by different populations. To increase traction, we introduced a non-communicable disease screening (NCD) component, wherein we also screened the population for diabetes, hypertension, anaemia, visual errors, vital signs including pulse rate, temperature, and body mass index (BMI). Point of care devices help capture relevant data and is linked to a software which is also available offline.

In keeping with the CSR mandate, all the activities, from screening to diagnostic intervention are provided free of cost to patients. Additionally, a proportion of those detected with malignant lesions and unable to afford treatment, are provided free treatment through CSR efforts and liaising with philanthropic organisations.

An integral part of this program has been involvement of relevant consultants as champions for the program. This has been followed at all regional locations wherein the program has been launched. The involvement of consultants has helped shape our training protocol for community nurses engaged in the program as well as address need for further evaluation of screened population. They have also been engaged in capacity building drives in collaboration with the State. So far NH has:

- Developed NCD screening solution for early identification of major noncommunicable diseases.
- Reaching out to the low socio-economic sections through population-based screening.
- Increasing awareness through IEC in early identification of NCDs.
- Liaising with respective stakeholders in reaching out to all sections of the society.

### Program Strategy

The CSR team has helped coordinate across various stakeholders involved in the program, both internal and external. This has helped in close monitoring and standardization of the program across various regions. The efforts have always been to reach out to deserving populations through collaborative efforts with various stakeholders' like local organizations, State departments, industrial organizations, and the larger community. In an effort to engage with various communities, a conscious effort was made to reach various institutions. In Bengaluru for instance, since our hospital was located in an industrial zone, we reached out to the Labour Ministry which helped gain access to a large swathe of factories. The CSR teams have reached out to various other organizations including gram panchayat, colleges, local civil society organizations and NGOs. Having collaboration screening drives with the State NCD team was crucial and at block levels, our efforts have been towards capacity building efforts of their staff including medical officers, Anganwadi and ASHA workers.



# NH Network

## Narayana Health - Hospitals locations in India

21 Hospitals

6 Heart centres

19 Primary care facilities

An International Hospital

in the Cayman Islands



As of Jan '2020



### Activities


- Oral & Breast cancer awareness sessions to educate the population on risk factors, signs and symptoms and preventive measures
- Breast cancer screening with Clinical breast examination & IBE device testing
- Mammography test for women positive with clinical breast examination
- Use of mobile app by the healthcare worker to screen for oral cancer and refer the positive cases to the hospital
- Non- communicable diseases screening such as blood pressure, SPO2, blood sugar, body mass index, Haemoglobin and vision testing

### NCD Screening

- The devices used for the screening are FDA approved.
- The team is well trained in advanced and is supervised by a camp coordinator during the screening tests.
- 6 lead ECG is used to collect the 15 secs ECG record which is then interpreted using the AI
- Blood pressure reading are collected through digital BP device.


### NCD Screening Procedure and NCD Kit (Annexure 1.4)


### OUTCOMES

 17,000 people screened for Oral Cancer

 31,000 people screened for Non-Communicable Diseases

 2,938 people were hypertensive

 1,751 people were diabetic

 3,236 people were anemic

### Care Companion Program

Often one hears “after care” is crucial for patient recovery, however, it is important to learn the techniques to serve one’s loved one who is a patient now and any negligence in these aspects which range from taking care of the patients diet to his medicinal requirements, watching symptoms that maybe detrimental for the well being of the patient needed to be taught to the near and dear ones of the patient hence the Care Companion Program was sensitively formed in compliance **with UN-SDG Goal 3: Ensure healthy lives and promote well-being for all at all ages** and promote mental health and well-being.



The Care Companion Program (CCP) was started in direct response to the needs of patients and to recognize patient family members as an untapped existing resource. This program is designed to educate patient family members with low or no prior medical knowledge for attending to the needs of patients. Program was borne with the help of Stanford university team after extensive needs finding phase to improve the patient care. NH, launched the pilot program in Mysore in September 2013 in collaboration with Stanford University School of Design's course.

### Background of Care Companion Program

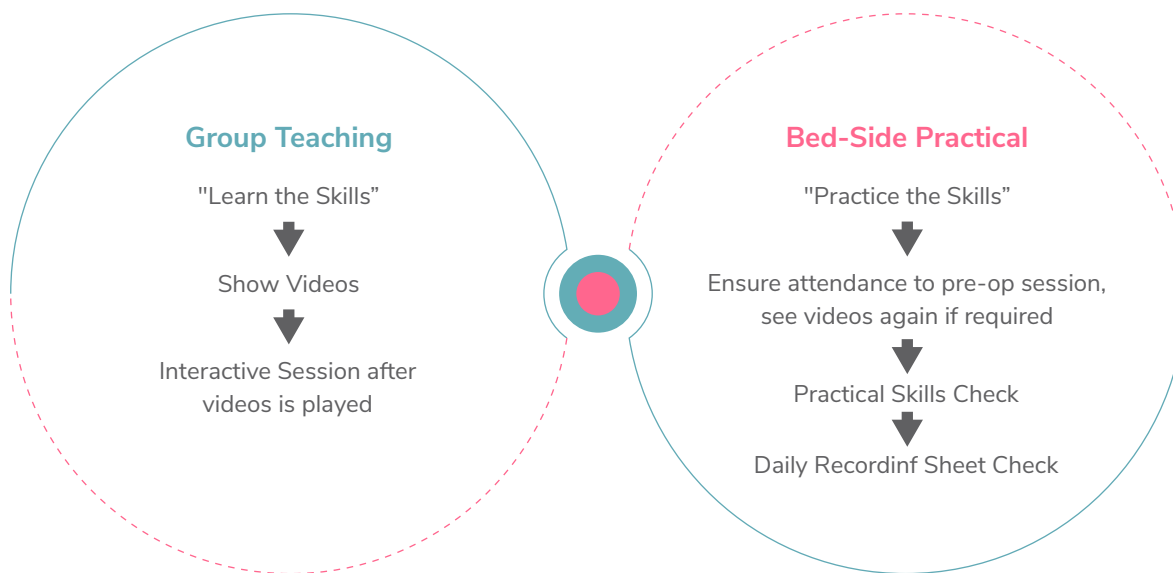
- The transition between the hospital and home is one of the most precarious times in healthcare delivery, and often one that is rushed and unprepared.
- Worldwide, when patient families come through the health system for a loved ones' care, they are not provided with the proper training to help manage the condition. Only at the time of discharge are they hurriedly told an extensive list of instructions and soon after the reality hits that they are the ones responsible for their loved ones' health.
- Family members are often clueless about how to take care of their loved one recuperating at home. The result is poor patient care at home and subsequently increased chances of hospital readmissions.
- As vast majority of healing and care happens at home. The program has been designed to give families the tools they need to be successful caregivers to turn disenfranchised, passive healthcare users into resilient, healthy communities.
- This program harnesses patient attendant capabilities by creating a position for them within the current hospital personnel framework and, through a training process, to become additional in-hospital Care Companions (CC).
- The program aims to improve quality of care, reduce hospital re-admission rates and reduce post-surgery complication.



CCP Nurse training Caregivers of patients at Hospital

Process/Strategy (Refer to Annexure 1.5)

### CCP Training Structure



**Functional Locations** The CCP program is currently operational across 24 NH units (Refer to Annexure 1.4)

### T.E.A.C.H Summit

T.E.A.C.H Summit (Teaching, Empowering and Activating Caregivers at Home) was organised by Narayana Health CSR team in collaboration with Noora Health and YosAid on 22nd November 2019. The summit saw active participation of Nursing leaders and nurses across NH Group and other hospitals from different states. Dr.Sharat Damodar, Clinical Director and Head of Haematology, Oncology and Bone Marrow Transplant was among the panellists. Dr. Emmanuel Rupert, Group CEO shared a few words of encouragement in praise of the CCP nursing leaders.



**Dr. Emmanuel Rupert**, Managing Director, Narayana Health addressing CCP Nurses during TEACH Summit

### Program Outcome

A total of 30,216 number of caregivers were trained by CCP educators in the year 2019-20. The details of numbers available in Annexure 1.5.

A Knowledge, Attitudes & Practices (KAP) survey on Care Companion Program was administered across all 24 NH unit locations. Outcome of the survey at Annexure 1.5



## GIVE4LIFE Program

GIVE4LIFE IN COMPLIANCE WITH FEW **UN SDG 1: 1 'END POVERTY IN ALL ITS FORMS EVERYWHERE'**

**UN SDG GOAL 3 'ENSURE HEALTHY LIVES AND PROMOTE WELL-BEING FOR ALL AT ALL AGES'.**

**UN SDG GOAL 10 'REDUCE INEQUALITY, EMPOWER AND PROMOTE THE SOCIAL, ECONOMIC AND POLITICAL INCLUSION OF ALL, IRRESPECTIVE OF AGE, SEX, DISABILITY, RACE, ETHNICITY, ORIGIN, RELIGION OR ECONOMIC OR OTHER STATUS'**

is a program which absolutely goes in NH's noble mission to ensure maximum poorest patients are able to access the best health care facility without bothering about money. This is a unique program where individuals, organisations could always sponsor to save a life.

This program aims at supporting underprivileged patients seeking treatment at Narayana Health for life-threatening conditions. Narayana Health operates with the mission to deliver high quality, affordable healthcare services to the broader population in India. Give4Life program is a collaboration with donors who believe in this mission and wish to touch lives of the under-privileged.



### Background of the Program

- According to WHO catastrophic health expenditure are high in low- and middle-income countries. Out of pocket expenditure for healthcare is high in India which in turn leads to impoverishment.
- Global Health Expenditure database, in India, the out-of-pocket healthcare expenditure ranges from 85.5 % to 89.0 % in the years of 2010 to 2015. In 2015, an estimated 8% of the Indian population had been pushed below the poverty line by high out-of-pocket payments for health care.
- There is an extreme need to provide quality healthcare to economically underprivileged population in India.
- Narayana Health (NH) thrives to live up to the purpose of not to turn back any disadvantaged patient for lack of funds. Through the Narayana Hrudayalaya Charitable Trust and chain of hospitals across India.
- Narayana Health is committed towards provision of healthcare to patients from lower socio-economic status.

Refer to Annexure 1.6 for the detailed process flow for patient seeking financial support at Narayana Health and patients supported.

### Case Study

Mrs. Saraswati Sanyal is from Shankar Nagar, Raipur aged 58years. The Patient lives with her husband and two daughters. Husband was working as a Clerk in a private company and now he is retired. Daughter is the only earning member of the family, works as a teacher and earns upto Rs. 200,000/- per annum. Patient was diagnosed with Carcinoma, Breast, and has to undergo modified Radical Mastectomy. It is a curative treatment and expected 5 years survival rate is 60-70%. Total cost estimate of the treatment is Rs. 120,000/-. Patients family through others sources of funding, they were able to arrange Rs. 50000/-, hence the total contribution is Rs. 70000/-. The family is facing difficulty in arranging the remaining amount. NH CSR has provided support to the family by sanctioning Rs. 50000/- from INFOSYS grant so that the patient can lives healthy life.

### Community Radio Program (Namma Naadi 90.4 FM) -Swastha Samudaaya Shukhi Samudaya (Healthy Community Happy Community)

Dissemination of information holds the key for educating the masses and the Radio station is accessed by the community which proved to be helpful during COVID times.

Namma Naadi (meaning 'Our Pulse' in Kannada) in compliance with UN **SDG Goal 11: ' Sustainable cities and communities'** is truly democratic in nature, airing programmes for the people and by the people of Anekal. Programmes range from awareness and education for youth to health, music, literature, culture, environment, and employment-based issues, to name a few.

The broader objective would be to serve as a consensus building platform between communities, local governing bodies, and civic authorities to communicate and collaborate on shared goals.

Namma Naadi 90.4 FM has reached community around well during the lockdown and post lockdown situation with the numerous radio awareness programs.



### Namma Naadi 90.4 FM :

The Community Radio programme by Narayana Hrudayalaya Foundation was established in January 2017. Namma Naadi, 90.4 FM, is a service offering by Narayana Health with the support of Narayana Hrudayalaya Foundation. It is a community radio initiative by the healthcare conglomerate serving geographic communities in and around Anekal Taluk, Bengaluru Rural.



The objective of the program is to give voice to the people in the radius of 10 kms around NH Health City, located in Bommasandra Industrial Area of Anekal Taluk. The objective of the station is to enable a platform to be heard by local institutions, communities of interest and Government stakeholders. Namma Naadi hopes to address larger issues of the community such as sanitation, crime, substance abuse, health, education, and safety that are impacting our culture and day to day living.



Health talk by NH doctors through Naama Naadi radio program

### Community Radio Program:

- To improve economic disparities and bridge the rural-urban divide.
- To amplify the voice of marginalised communities
- To focus on areas related to health, education, environment, and culture
- Create patient education content to increase awareness about preventive health
- Empowering local citizen's group, students and teachers from educational institutions, NGOs, youth and women's care groups to share their voice and opinions on varied topics impacting progress and community development in Anekal Taluk.



**Radio Program Highlights:**

- Health awareness programs on specific and broader subjects (COVID19 safety recommendations, lockdown and Mental health, Women health, Neuro Spinal day, Yoga Day, Food and nutrition Tips)
- Yoga Health Series (Collaboration with S Vyasa University)
- Music Series (Classical Music classes)
- Government Scheme awareness Programs (Agricultural, Job opportunity, social welfare programs)
- Children's programs
- Local Talent Success Stories showcase programs every week
- Women empowerment programs every week



Community talk series through Naama Naadi radio program

### **The Mobile Cancer Screening and General Health Checkup Unit, JAMMU**

The Mobile Cancer Screening and General Health Checkup Unit has been able to address the need of primary healthcare and preventive screening in hilly terrain of Jammu and Kashmir. The mobile unit has travelled across various districts in State of Jammu & Kashmir, conducted screening camps in a bid to identify medical ailments early and referred patients for timely medical intervention. The program has created awareness about breast and cervical cancer, risks and lifestyle change necessary for managing cardiac ailments, diabetes and hyper-tension etc.

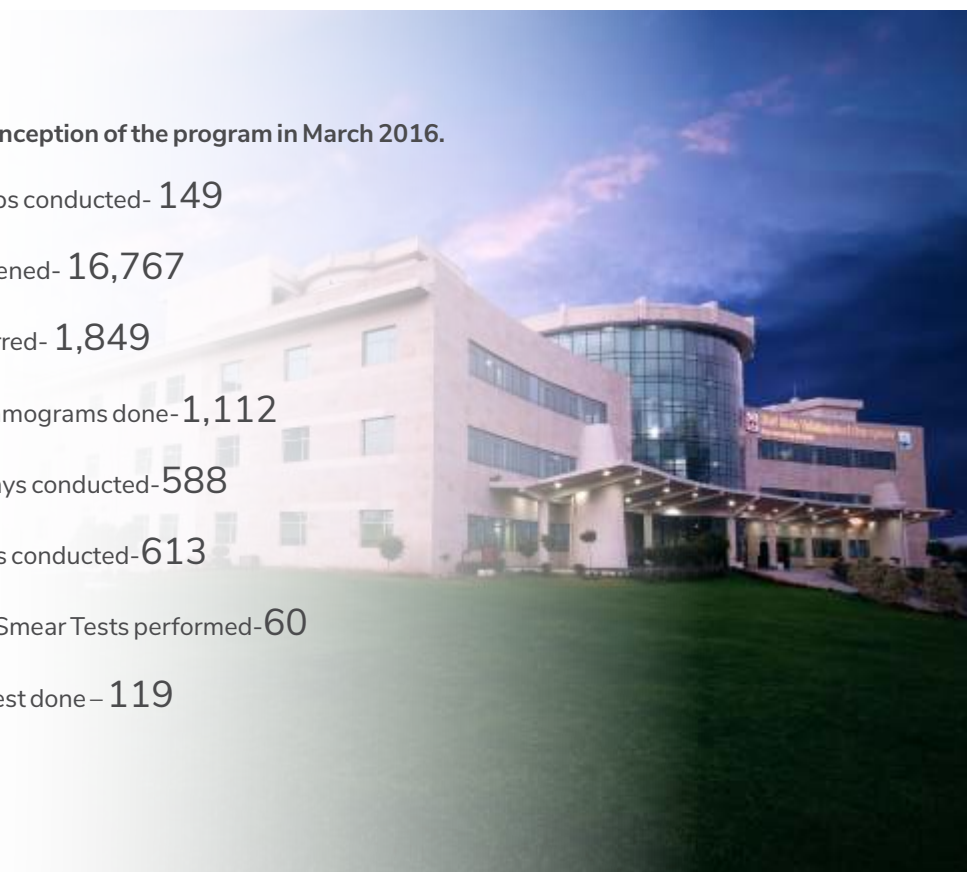
People across various districts of Jammu & Kashmir including the areas with difficult terrain. It serves locations which lack quality healthcare services. In such areas, in case of an emergency, people are forced to travel over a harsh terrain, and often it is too late by the time they could access medical care. Issues are identified when they manifested at the terminal stages, making treatment not only expensive but also challenging with high medical risks. The mobile units have positively impacted the lives of people in the region by ensuring timely detection of health ailments.

The program has been implemented in association with various local NGOs/other organizations/Armed forces, shrine board etc.

Districts covered - Jammu, Rajouri, Katra, Kathua, Udhampur and Samba.

#### **Till date, since the inception of the program in March 2016.**

- Number of camps conducted- **149**
- Population screened- **16,767**
- Population referred- **1,849**
- Number of mammograms done- **1,112**
- Number of X-Rays conducted- **588**
- Number of ECGs conducted- **613**
- Number of Pap Smear Tests performed- **60**
- Number of lab test done – **119**





### Re-Inventing Poor Patients Outreach

NH has supported many poor patients since its inception by generating funds from different organisations/philanthropy's to support poor patient after due diligence has been done. Given below is information from 2019-2020 approximately:



Patient Sugra Fatima Khan is based out of Jogeshwari, Mumbai, Maharashtra, she is 5-year-old and lives with her parents and two elder sisters and elder brother. Sugra's father works as a Carpenter and is the only earning member who supports family of five. Patient was earlier diagnosed with Recurrent Hepatoblastoma and she underwent Chemotherapy in the year 2019, now the symptoms has started reappearing. She had to undergo salvage chemotherapy with a plan for liver transplant if the tumor is responsive for the chemotherapy. The treatment is curative and has 40-50% expected 5 years survival rate, total cost estimation was coming up to Rs.2,14,500/-. The family was able to contribute Rs.10,000/- but was finding it financially burdening to arrange full treatment cost. NH CSR has extended the support to the family through grant amount sponsored by donors.



Patient Mrs. Banubala is based out of Paschim Medinipur, West Bengal, she lives with her husband. Her husband Mr. Sunil Gayen is the only earning member of the family, he works as a farmer/ local priest and earns up to Rs.3,500/- every month. Patient had a lump in her left breast, when the biopsy was done from local pathology center it was diagnosed as Carcinoma Left Breast. Initially they had visited Tata Memorial Hospital, Mumbai and for Radiation they were referred to NH. The total estimate for radiation therapy was coming Rs. 50,200/-. Patient's husband was able to contribute Rs.25,000/- by selling their land and through savings. They were financially burdened to arrange remainder money for the treatment. NH CSR has helped the family to overcome the expenses and burden by funding the treatment cost through grants provided by various donations received by donors.



# Re-inventing New Normal

## Interventions during COVID-19

The COVID-19 pandemic was an unprecedented situation that struck the globe. Organisations had to rethink and restructure their activities to address the immediate as well as long term challenges posed by the disease. Some of the interventions by Narayana Health during the pandemic:

### COVID-19 Safety Recommendations - WEBINAR SERIES

Narayana Health CSR team conducted a series of webinars to educate and empower grassroots organisations, schoolteachers and others on safety measures and precautionary behaviours to be adopted in light of the pandemic. The webinar series aimed to prepare people as they returned to their routine after the lockdown was lifted. The webinar covered signs and symptoms of COVID-19, spread of the disease, precautionary measures, safety guidelines, nutrition to boost immunity and myths associated with the disease.



300+ Webinars



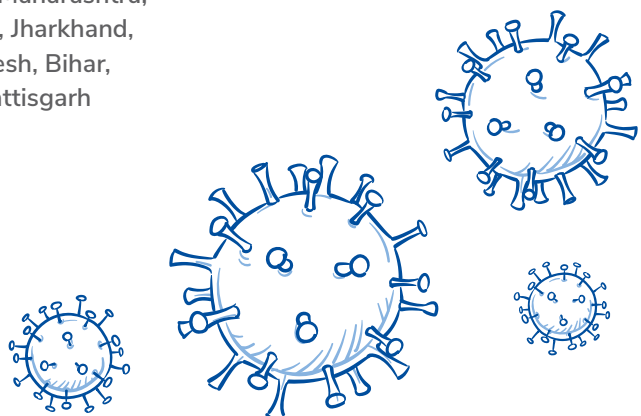
15000+ Participants



7 Languages - Kannada, English, Telugu, Tamil, Hindi, Malayalam, Bangla



17 States - Karnataka, Tamilnadu, Kerala, Andhra Pradesh, Telengana, Maharashtra, Gujarat, Orissa, West Bengal, Jharkhand, Madhya Pradesh, Uttar Pradesh, Bihar, Rajasthan, Delhi, Assam, Chattisgarh



### Tele-surveillance

The GOI announced a nation-wide lockdown starting from 24th March 2020. At the time, a large section of the population was unaware or had limited understanding about COVID-19 disease, especially in rural areas and urban slums. Recognising the need to create awareness about the disease, the NH CSR team embarked on a tele-surveillance cum awareness drive. The objective was to assess the extent to which the general population understood the disease and provide them with the knowledge required to protect themselves from the virus. Special focus was given to people with co-morbidities as they were at higher risk.

### Areas Covered During Call:

- COVID-19 Symptoms
- Modes of Spread
- Proper usage of mask
- Respiratory etiquette
- Social distancing
- Hand hygiene
- Whom to contact for Medical Care

### 16026 Individuals Contacted Through Tele Survey

#### Locations Covered:

- Bangalore
- Mysore
- Kolkata
- Gulbarga
- Delhi
- Jamshedpur
- Amethi
- Jaipur

Other Activities				
Particulars	Ventilators	HFNC Machine	Ration Kit Food Drive 1 (Migrant Labourers)	Ration Kit Food Drive 2 (Migrant Labourers)
Total Units Supported	123	20	500	2000
Funds Raised INR (Value)	6,88,80,000	51,20,000	4,80,000	16,48,000
Per Unit Cost of Product with GST	5,60,000	2,51,000	596	805
Locations Distributed	Pan India	Mysore & NH Locations	Bangalore (Hosur Road)	Bangalore & Nearby Regions
Donors (Main Sponsor)	List Enclosed	Nestle India	Geltec Private Ltd	Nestle India



- Ventilators - 123 Units were raised from Donors support, Corporate organizations, philanthropist Individuals & value of Funds raised for Ventilators = 6.88 Cr (123 units \* Rs 5,60,000)

Distributed across pan India for government & Trust hospitals treating COVID-19 patients.

- HFNC Machine - Nasal cannula was supported for Covid Hospitals where patients felt shortage of oxygen levels, Total Funds raised 51.20 lakhs for 20 Machines

(distributed across Mysore based government hospitals & other NH units).

- Ration Kit (Food support program) for 2000 families were supported by Nestle India & Geltec Private Limited.



### Amphan Cyclone Relief

On 20th May 2020, Super Cyclone “Amphan” hit the state of West Bengal. This devastation took the attention of national and international media amidst the global pandemic COVID19.

With support from Ashraya Hastha Trust, NH teams were able to engage in the Amphan Cyclone Relief program during June this year. Our teams coordinated relief measures on ground, with support from local NGOs and Panchayat officials. Relief materials were carried in trucks and boats across the river.

5000 food packets with provisions were supplied to around 20 most affected villages; Gopal Nagar, Ranghabelia, Kalidaspur, Ukiler hat, Dakhin Gobindpur Abad in blocks of Gosaba, Kakdwip, Pathar Pratima in ‘South 24 Parganas’ near Sundarbans in the midst of COVID.



Amphan cyclone, food ration packets distribution in the affected villages of Sundarbans

### PPE kits distribution

Amid COVID-19 outbreak in Kolkata, there were news of healthcare workers testing positive for coronavirus and many more were in quarantine due to the lack of availability of protective gears. As the number of coronavirus cases were increasing with each passing day, safety of health workers in the frontlines was becoming a cause of concern for the hospitals and state authorities. The state health department was facing a shortage of gloves, masks, and other personal protective equipment's (PPE) for doctors and healthcare workers. To meet the increase in demands, the hospitals started arming them with raincoats instead of sophisticated PPE kits or hazmat suits.

**Narayana Health Charitable Trust**, together with local NH hospitals from Kolkata, worked out a detailed plan to distribute the PPE across hospitals, Police and Government Administrative authorities in Kolkata, so to help the health workers, frontline workers, and doctors to perform their duties safely and provide uninterrupted services to the local populations. A total of 4300 PPE kits were distributed.

## Re-inventing Sustainable Supply Chain Resilience

**“OUR SOFTWARE, CALLED ATHMA, IS SIMPLE TO DEPLOY, THAT A HOSPITAL CAN ROLL IT OUT IN FEW DAYS WITH NO UPFRONT INVESTMENT. WE LOOK FORWARD TO PARTNERING WITH THE NATIONAL DIGITAL HEALTH MISSION TO ROLL OUT A ROCK SOLID DIGITAL HEALTH INFRASTRUCTURE THAT IS MADE IN INDIA AND MEANT FOR THE WORLD...SAYS VIREN SHETTY GROUP COO ”**

### Supply Chain Management Sustainability

The COVID –19 situation had a common thread across the world, it had ensured collapse of most Supply Chains. It was beyond imagination of think tanks only few months back, that a global pandemic could hit so hard at the heart of any organisation, as none had thought COVID-19 could uniformly hit the core of every organisation. Supply Chain Management (SCM) is considered as a very important function in Hospitals which is almost 25 - 26 percent of the revenue. NH is a group in India that almost has operational expenditure (Op-Ex) material goods cost of around 700 - 800 Crores in a year with 27,000 (Approximate) stock keeping units (SKUs) and Capital goods procurement of 150-200 crores with SKUs of around 2000.



We understand the importance of SCM sustainability concept and trying to take the measures towards it that will benefit the organization as well as environment. The following are few enlisted methods

### **1. Comprehensive Metrics Evaluation in decision making**

During the process of finalization, we look at the comprehensive metrics that includes cost of the equipment, biomedical maintenance cost & costing of consumables as well as energy consumption for the life of equipment (10 years from the time of installation). With this metrics we able to identify the equipment that is cost effective in the long run so that cost incurrence on the biomedical maintenance and energy consumption is taken care.

### **2. Life extension by Upgrade**

We do continuous evaluation in close association with the vendors and check for the upgradation of the existing equipment that will extend the life by another 7-10 years without compromising the newer technologies and efficiency output of the equipment. We able to hold generating electronic scrap material for next 7-8 years by doing this and it will also indirectly lead to the savings of material, cost and energy for a new equipment that required to be purchased as a replacement instead of upgrade option.

### **3. Convergence to Domestic market**

Medical devices and materials technology are emerging on day-to-day basis. At present, many of the items in this sector are imported from different countries in the world and India is trying to catch up with these technologies in recent times. As of now, consumption of many key products is imported.

Wherever possible after thorough evaluation and feedback from the end users we converge these imported products to domestic manufactured products. This results in huge savings in cost to the organization and due to this we will also be able to reduce the carbon footprint that would be generated in transportation these goods to India.

### **4. Importance on reusability**

We are taking up special projects on consumption of consumables across the group to eliminate inefficiency and wastage in the process. We are also looking at the viability and feasibility of replacing the items with the reusable items without compromising on quality.

With this we can help in organization cost saving and at the same time reduction of hospital waste.

### **5. Good and effective inventory methods**

As mentioned earlier, we have an annual purchase of Rs.700-800 Cr. and we carry at any point of time around 50Cr. worth of goods across the group in our inventory. With this kind of load of inventory there is always a chance of stock expiry and wastage of material.

To avoid this, we implement the following to minimise the stock expiry

- A strong clause in the agreement with the vendors that they will be replacing the near expiry stock upon our request and liquidate it in other places based on the requirement.
- In the absence of this clause, we try to identify the near expiry stock in the hospitals and move it to the other hospitals based on the requirement to liquidate it.
- Zero inventory is achievable so that complete stock expiry can be eliminated by using Just in Time concept in Supply chain. We use this concept for all consignment items of implants and lab reagents.

# Re-inventing Environmental Responsibility

**“ WE MAKE FAST PROGRESS IN DIGITALISING MEDICAL RECORDS TO REDUCE CARBON FOOTPRINTS WE ALSO ENSURE QUALITY AND SAFETY WHILE ADHERING TO HIGHEST STANDARDS OF INTERNATIONAL AND NATIONAL QUALITY ”**

Complying by the **UN SDGs 6** :‘Clean water and Sanitation’, **SDG 7** :‘Affordable and clean energy’, **SDG 12**: ‘Responsible consumption and production’ and **SDG 13** :‘Climate action’ at NH, there is a constant effort to curate every activity be it in terms of ensuring recycling of water, Rain water Harvesting, converting many of the hospitals to use Alternate sources of Energy or striving to make the hospital more digitalised, the effort is to ensure the carbon footprints are reduced and NH eventually turns into a green hospital

**Sustainable development** is defined as “development that meets the needs of the present without compromising the ability of future generations to meet their own needs”. In other words, is about acting in a way that ensures future generations have the adequate natural resources available to live an equal, if not better, way of life as current generations. Many of the challenges facing humankind, such as climate change, water scarcity, inequality, and hunger can only be resolved at a global level and by promoting sustainable development: a commitment to social progress, environmental balance, and economic growth.

## NH Sustainability Initiatives

NH as an organization is committed to environment conservation and promote sustainable environmental practices. NH has a well-defined ESG policy which mainly focuses on Environment conservation and promotion of sustainable environment practices. Some of the sustainable initiatives undertaken at NH are as follows:



### Water Conservation:

- Restrict use of potable water to human consumption
- Promote treatment and recycling of wastewater for utilization in cooling systems, landscaping, flushing, and cleaning
- Minimize underground water utilization. Where unavoidable, promote proactive replenishment mechanisms for restoring underground water table
- Establish systems and technologies for minimizing domestic water consumption such as bio-degradable urinals, automatic flushing & metering systems etc.
- Design and implementation rainwater harvesting measures to capture surface run-off water and utilize for ground water replenishment



#### Waste Management:



- Ensure proper collection and disposal of hazardous & bio-medical wastes
- Ensure proper treated effluent checks are conducted at appropriate intervals and parameter meets the standards as prescribed in the regulatory authority
- To ensure prevention of bio-contamination of ground water sources
- Institute processes to ensure that procurement of environment unfriendly materials such as non-biodegradable materials is minimized

#### Environmental Contamination:



- Restrict air pollution and emission levels to maximum values prescribed as applicable in the statutory environment regulations and periodically conduct stack emission and noise emission tests for Dgs
- Indoor Air Quality monitoring
- Minimize hazardous chemical spills and leakages from percolating into underground water reservoirs by establishing suitable mechanisms

#### Land Use:



- Preserve to the extent possible presence of natural green cover, water bodies etc.
- Prepare master plan in line with the local regulations & statutory environment policies





### Waste generated at NH

Only 15-20% of waste generated at NH is hazardous, the rest is non-hazardous.

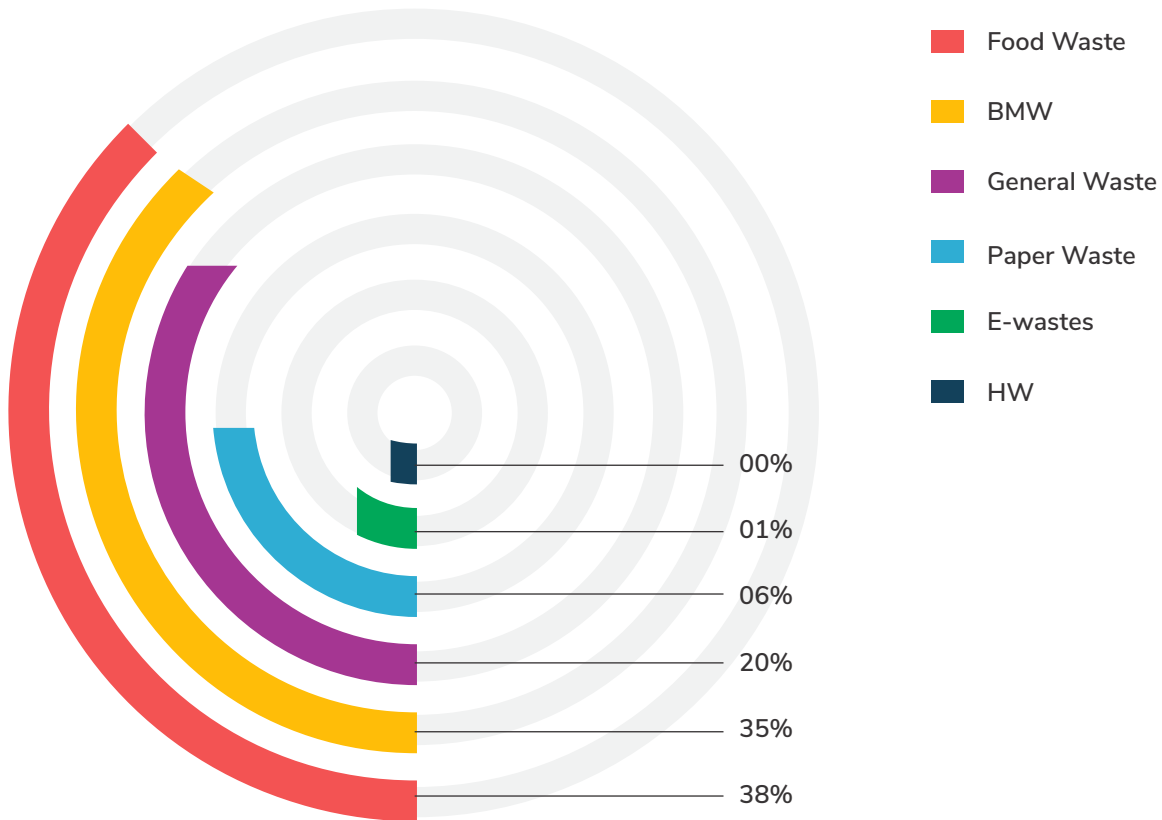


Fig: Composition of waste generated in NH



#### Waste Generation @ NH Tons / Year

- Biomedical waste - 140
- General Waste: 92.72
- Hazardous Waste: 0.5
- E-waste: 3
- Food waste: 53



### Bio medical Waste

Biomedical waste generated at NH are segregated at the point of generation and collected in coloured bags or container i.e., yellow, red, white & blue. All the segregated waste is collected and transported to interim central storage area located within the premises, weighed, Barcode and handed over to the authorized vendor for post treatment in an environmental sound manner



Pre-treatment of waste are done as mentioned in the table below:

Type of waste	Method of Pre-treatment	Post treatment Disposal Methods
Lab waste, Microbiological waste, Blood Sample & Blood Bags	On site disinfection or sterilization in Autoclave	Disposal to Common biomedical waste treatment facility (CBMWTF) for incineration
Spent Chemical, Disinfectants & Spent Solvents	Neutralization with appropriate neutralizing agent	Disposal to common hazardous waste incinerator
Liquid biomedical waste from patients & from laboratories & floor washing, cleaning & housekeeping and other disinfectant activities	Disinfection with 1% sodium hypochlorite	Final treatment in STP
Discarded Linen & Matrices	Disinfection with 1% sodium hypochlorite	Disposal to Authorized CBMWTF
Sharps	Disinfection before handing over to CBMWTF	Disposal to Authorized CBMWTF

## Hazardous waste

Following are the hazardous wastes generated at NH and it is segregated and disposed as mentioned below

S.N	Department	Waste Category	Disposal	Disposal timeline from generation
1	Engineering	Used Oil	Authorized recyclers	90 days
2	Engineering	Oil Contaminated materials (cotton, oil filters, etc.)	Authorized incinerator	90 days
3	Laboratory	Spent Chemical	Authorized recycler/incinerator	90 days
4	Clinical Engineering	Heavy metals like mercury, lead, etc.	Authorized recyclers	90 days

HW generated at NH are stored in dedicated HW storage area and packed adequately to prevent any spills. HW storage area is Provided with secondary containment to contain any spills/leaks during storage and disposed of to Authorised vendor for post treatment in environmental sound manner.

S.N	Department	Waste Category	Disposal	Disposal timeline from generation
1	Information technology	Electronics waste, IT & ITES equipment's	Authorized recyclers	180 days
2	Clinical Engineering	Biomedical instruments/ equipment's	Authorized recyclers	180 days
3	Engineering	Electrical items	Authorized recyclers	180 days
4	Engineering	Electronic items	Authorized recyclers	180 days
5	Engineering	Bulbs, lamps, etc.	Authorized recyclers	180 days

## General Waste:

Following general wastes are commonly generated at NH facility and it is segregated and disposed as mentioned below:

S.N	Department	Waste Category	Disposal	Disposal timeline from generation	Bag Color
1	Canteen & Patient Care areas	Wet waste or bio-degradable	Approved vendors	Approved vendors Daily	Green bag (50 microns)
2	All departments	Non-biodegradable or dry wastes	Approved vendors	Approved vendors Daily	Blue bag (50 microns)

Wet waste is processed through onsite organic compost plant to produce organic compost and the same is being used as manure for plants in the garden.

### Conservation of energy (2020-21)

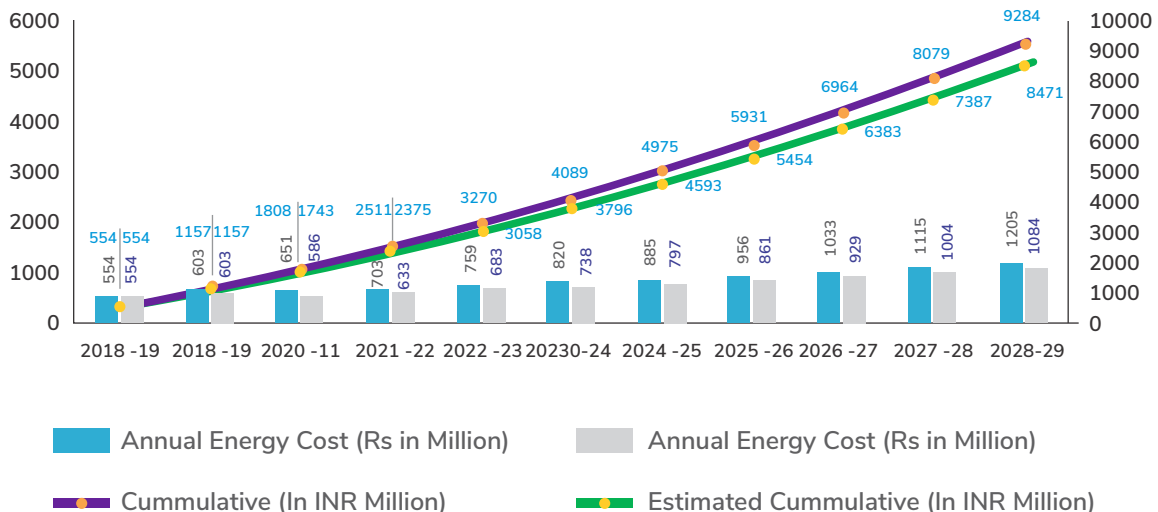
Though the Hospital Building does not come under the category of power intensive unit or ECBC as per energy conservation act-2001 Chapter-ii, adequate measures have been taken for energy conservation and thereby reducing energy cost with reduction of Carbon footprint for sustainable development.

#### i. The steps taken or impact on conservation of energy:

- Energy conservation by Improving overall efficiency of Utility by replacing Inefficient Machine by Efficient machine available for, Chiller Pump, Cooling tower, lighting, and other utility machine. The company has further involved conserving energy by replacement of inefficient chiller, cooling tower, Pump, LED light for RITICS Kolkata & Health City Bangalore, Raipur, Mumbai, Delhi, Gurgaon, and reduced energy consumption of system by 0.62 MU/Year or 4 % as well as reduced emission of Carbon by 659.57Ton/Year
- Implemented for Energy Monitoring System for Continual Monitoring of Energy Consumption of different area and Machine. The company had implemented Online Cloud Based Energy Monitoring System for 6 no. of hospital for better analysis of opportunity of improvement and sustainability development in future.
- Implemented Solar Captive Power Plant energy for Health City Bangalore. Health city Bangalore has implemented solar project from Solar Park in captive model and started saving natural resources. And moved ahead towards sustainable development. In this activity Health city Bangalore is taking 90% energy from Solar and dependent on grid power for only 10% of annual Energy. This activity is reducing carbon emission of 13.7 Kiloton/Year by consuming 15.5 MU from Solar farm.

### Overview of Energy Consumption Trends

Trend of Energy Consumption & Cumulative as per Estimated Plan



**Plan for conservation of energy (2021-22)**

ii. The steps taken by the company for utilizing alternate sources of energy:

The Management has initiated activity to implement Solar & wind power system for other hospital based on opportunity available with us and bases on requirement of RPO of Gov of India



ESG workshop of West reason in NSH Howrah

iii. The capital investment on energy conservation equipment's:

The Management is moving toward better energy efficient procurement of all energy consuming equipment at initial procurement and Project time and adopting life cycle cost assessment technology with ESG approach.

iv. The capital investment on OT monitoring system to cater the requirement of demand side and energy management:

The Management is implementing OT monitoring system for live monitoring of Temperature, Humidity, and Pressure and linking with AHU of OT, for making efficient and effective use of Energy.



ESG workshop of North reason in DNSH Delhi



### Annual ESG Workshop on Risk Assessment

ESG is conducting annual workshop for all unit and last year we have conducted workshop on “Risk assessment” by taking approach of risk for environment, Organization Safety, and employee safety.

We have discussed more about how to reduce energy consumption and renewable energy for cost reduction of organization and risk reduction terms of carbon reduction, and how to be optimized Biomedical wastage and discard the waste to proper and authorized incinerator. To reduce risk of environmental pollution and injuries, also we talk about segregation of west generation and west discard. The workshop was managed by Corporate team under guidance of Corporate ESG head Mr. Sunil Kumar C N.

### Glimpse of ESG-Workshop (Risk Management)



ESG workshop of south reason in Health city Bengaluru



# Work Place safety

## NH Policy on Prevention of Sexual Harassment at Workplace

Narayana Health believes that all its employees have a right to be treated with respect and dignity. The Organisation is committed towards creating a healthy working environment that enables its employees to work without fear, prejudice, gender bias or sexual harassment.

In accordance with the Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013 & the Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Rules, 2013, the Organisation has framed the following policy for prevention of sexual harassment at workplace.

The objective of this policy is:

- To promote a secure physical, social and psychological environment which will raise awareness and deter acts of sexual harassment and educate employees against sexual harassment at workplace through awareness programs and workshops;
- To evolve a mechanism for the prevention and redressal of sexual harassment cases and to assist the persons, who believe they have been subjected to sexual harassment, to seek support and initiate appropriate remedial action through constitution of Internal Complaints Committee.

This Policy on Prevention of Sexual Harassment at Workplace extends to cover sexual harassment of women and covers all people listed below:

- Medical - Consultants, Student Doctors, Doctors on rolls, Nurses, Observers and any position or person, that or who are involved with patient care and are not listed here or to be created in future;
- Paramedical - Physician Assistants, Physiotherapists, Perfusionists, Dieticians, Clinical Pharmacists, Technicians, Critical Care Assistants, Surgical Assistants, Radiographers, Medical Physicists, Phlebotomists, Educators, Instructors and any clinical support function that is not listed here or to be created in future;
- Non-medical - All positions under Administration, Finance, Human Resources, Engineering – IT and non-IT, Housekeeping, Academics, Safety and Security personnel, Medical Record and Data processors and any non-medical function that is not listed here or to be created in future;
- All full-time or part-time or one-time persons employed under contract or through contractors;
- All students, trainees, interns, patients, visitors, guests from any function or institution or organization, either nationally or internationally while visiting any of the NH owned or managed facilities.



## Fire Safety



The Disaster Management Act, 2005 in compliance with the Sendai Framework mandates hospital must have Fire safety rules in place as per the protocol. It is important that staff are aware how to handle fire with existent material and equipment's periodically and using of extinguishers. NH in compliance with the various Frameworks periodically conducts Fire drills recognizing its far -reaching consequences. Following are the ways it is followed:

### Awareness

1) ESG team is conducting a workshop every year across the whole NH for train the trainers and for new initiative, new project for implementation, many other knowledge exchanges and many brain storming sessions & discussions.

#### 2. Fire Safety Equipment's

All of the group advance system for Fire protection list of equipment as below:

- a. Fire Extinguishers of 10 types
- b. Addressable and conventional type of Fire Alarm Panels
- c. Smoke and Heat Detectors
- d. Flooding system for IT servers
- e. Hydrant System



- f. Sprinkler System
- g. FHC system
- h. Fire Pumps (Jockey, Hydrant, Sprinkler, Over head Pump & Diesel Engine Pump)
- i. Fire Staircase Pressurization system
- j. Smoke Extraction system
- k. Auto AHU tripping system in case of Fire Emergency.

**3. How to strictly abide by the Fire Protocol**

- a. We have implemented the fire safety score card for all facilities, and facility has to improve their score by 10% every year.
- b. For all kind of work concerned person has to take a work permit from the authority which will be based on the type of work to be conducted.
- c. Regular conducting fire & electrical safety audit across group once in year.
- d. Every year government & third party person inspection of our facilities.
- e. Across the group we have a dedicated code for fire emergency.
- f. Each facility has to conduct minimum 4 fire drills in a year.

**4. Are all the staff trained to handle Fire Emergency & Do you conduct regular fire exercises?**

- a. Each and every employee who so ever will join our group he/she will get fire training along with the induction training within first week of their joining.
- b. Each & every employee are getting trained twice in a year for fire safety aspect.
- c. We have uploaded the fire safety training session on the NH accelerate where all the employees has access to get training remotely as well.
- d. All security personals get training of using the hydrant system on continue basis.
- e. Each facility has to conduct minimum 4 fire drill in year.
- f. Each facility has to conduct the 2 fire drills in night time.
- g. Each facility has to conduct minimum 2 evacuation drills in a year.

**5. Are electrical fitting regularly updated**

- a. ESG team care of this aspect in fire and electrical safety audit.
- b. The cable which has been crossed their life span facilities has discarding them and changing them phase wise.
- c. All facilities are faxing the life span of all the electrical equipment's & consumable parts.



# Re-Inventing Governance

With an ambitious plan to expand its footprints with a "Walmart Model" which mean providing low cost treatment to those at bottom of the pyramid with world class facilities and a mission to have over 30,000 beds, it is important to keep policies and transparency in place.

According Group COO Mr. Viren Shetty, "For instance, the numbers of deaths that have taken place in the hospital within (say) the last 30 days, numbers of patients who need to be readmitted within 30 days of their treatment will be shared," he says. "So will be the number of patients who caught infections because of their hospital or details of the length of patient's stay in the hospital among other parameters."

<https://www.narayanahealth.org/stakeholder-relations/company-policies>

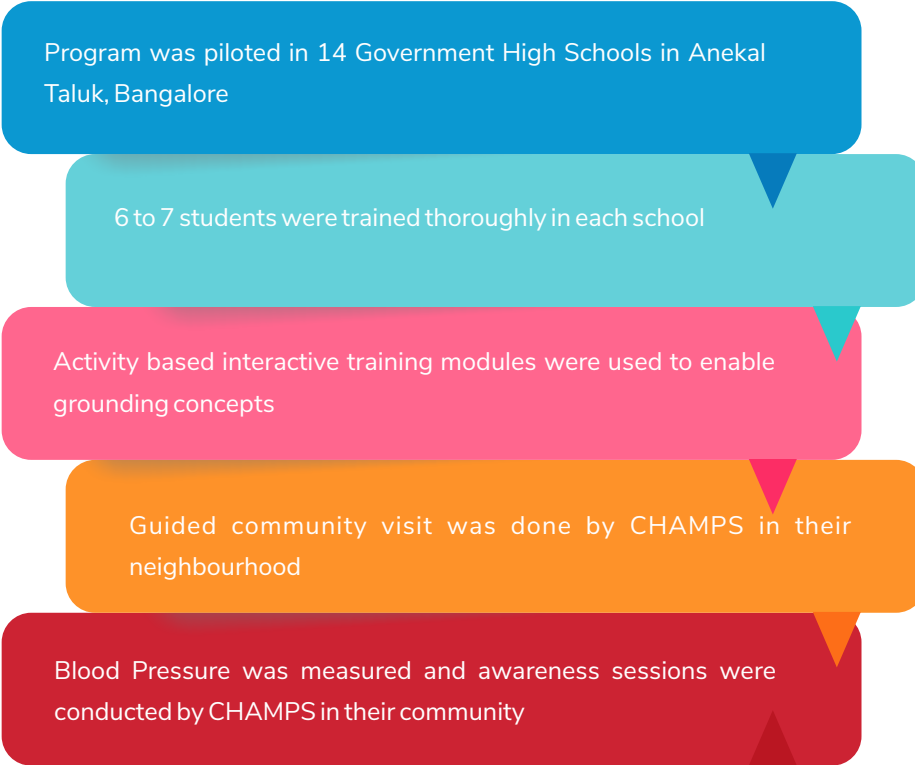
## Annexures

### 1. CSR Program Strategies/processes

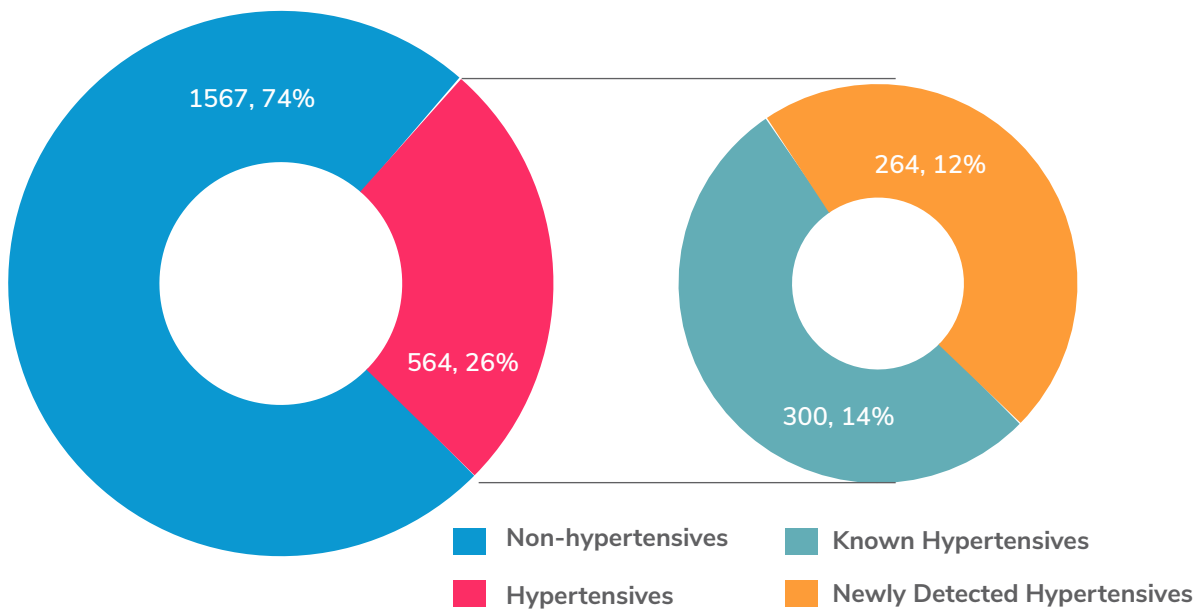
#### 1.1 Udayer Pathey/Udaan Program Process



## 1.2 CHAMPS Program Strategy



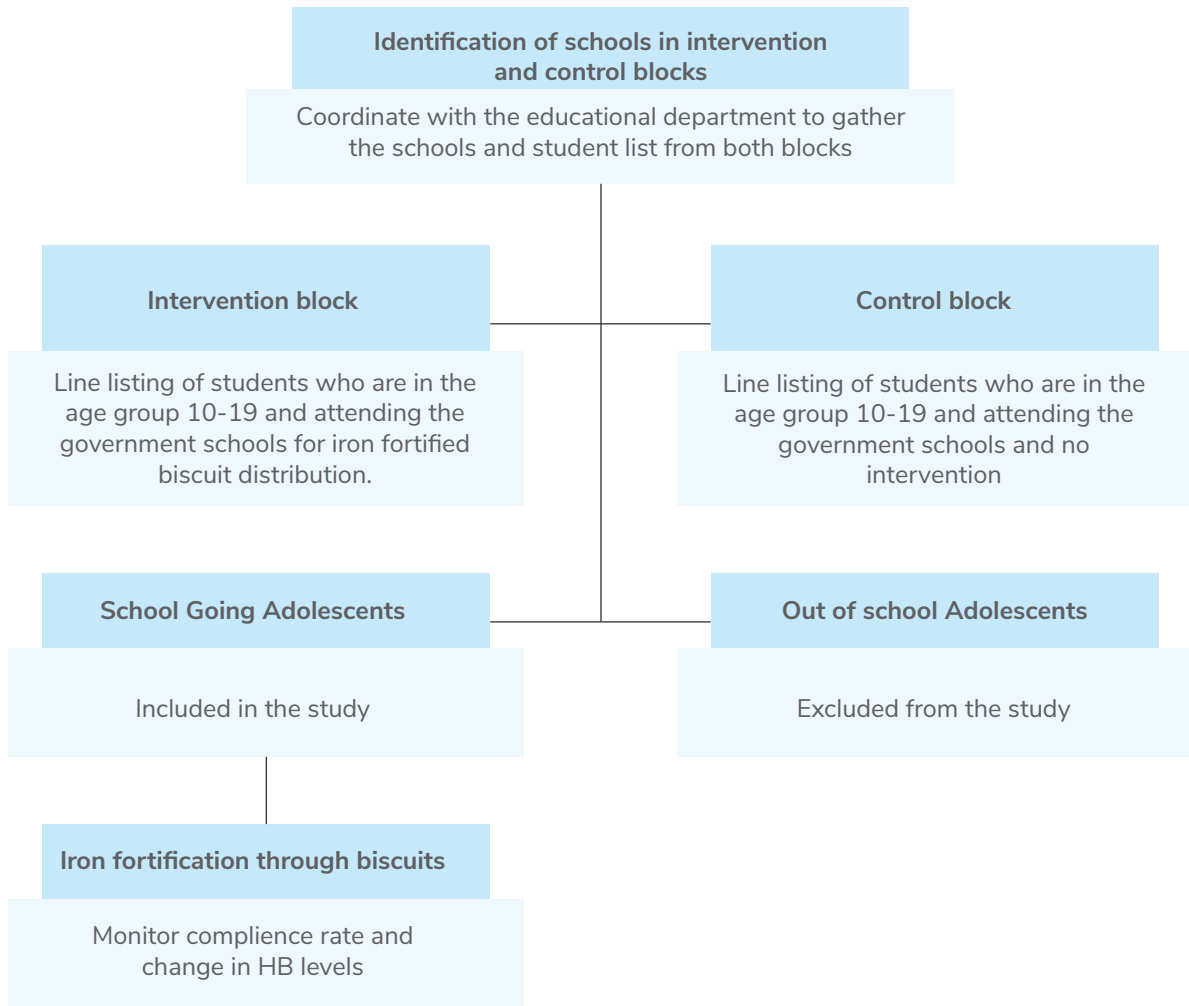
### Hypertensives V/S Non-Hypertensives



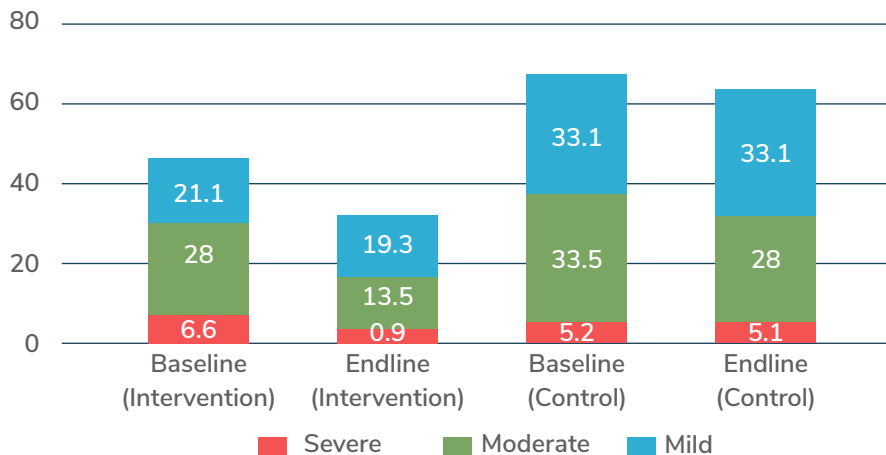
**Program Outcome:** Through screening conducted by CHAMPS, 12% (264 out of 2131) of people were detected with hypertension for first time.



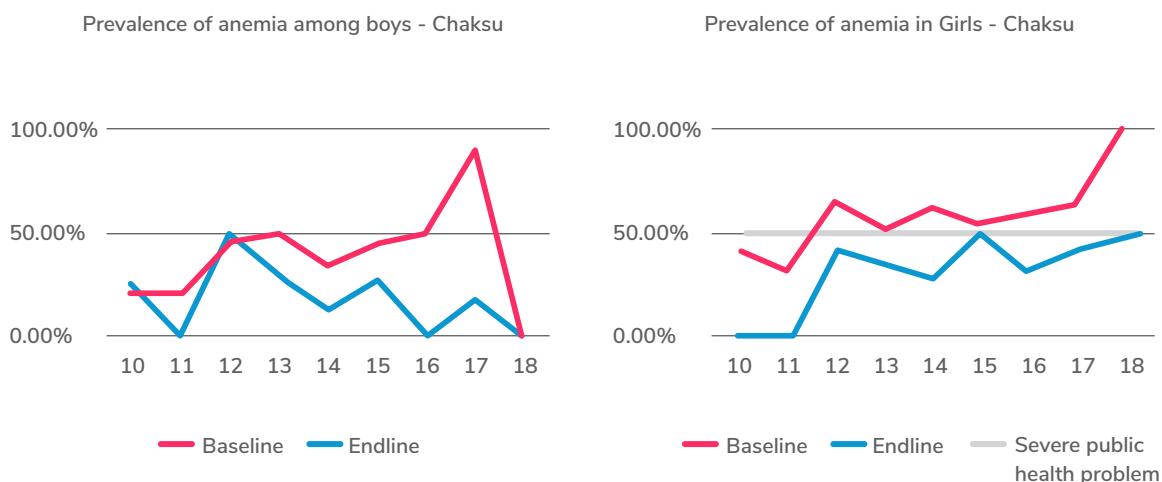
### 1.3 Suposhan Program strategy



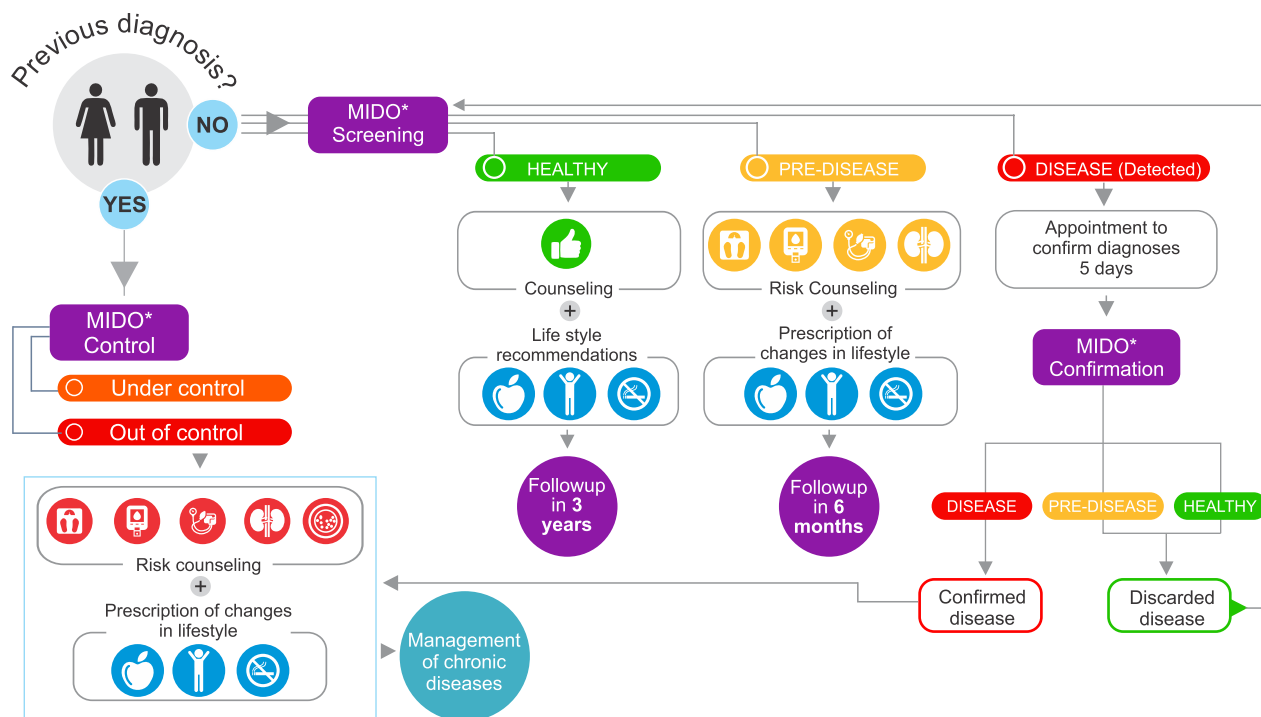
Comparison of severity of anemia prevalence in the intervention and control blocks



The odds of anemia occurring in adolescents who consumed the Iron fortified biscuit is 75% less than in the adolescents who did not consume the biscuit.



#### 1.4 HOPE Program Strategy



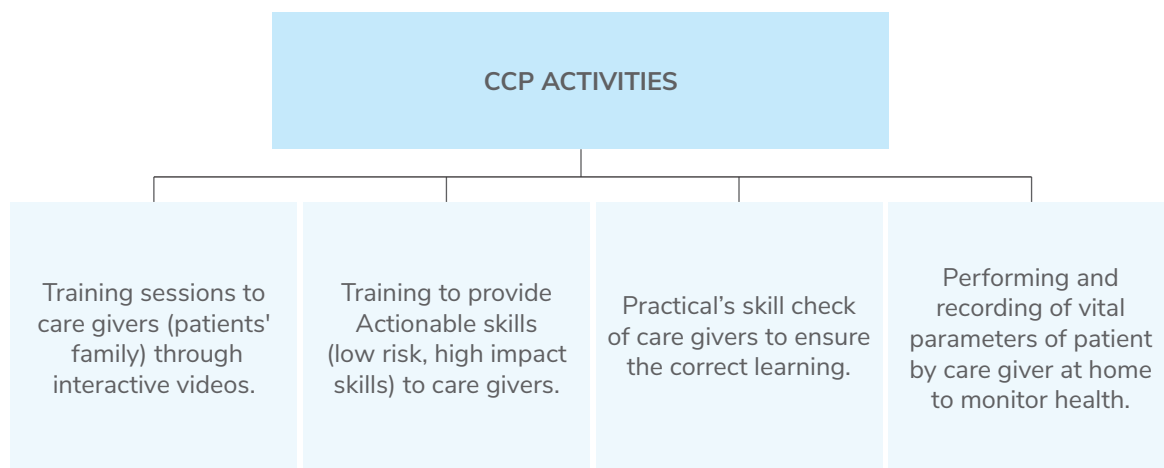
## NCD Kit

The kit comprises of height & weighing machine, BP device, Haemoglobin device, sugar device, SPO, 6 lead ECG, Tablet for data entry with connected printer.

The patient data profile is managed through centralised app for data analysis and dissemination to partners and follow-up.



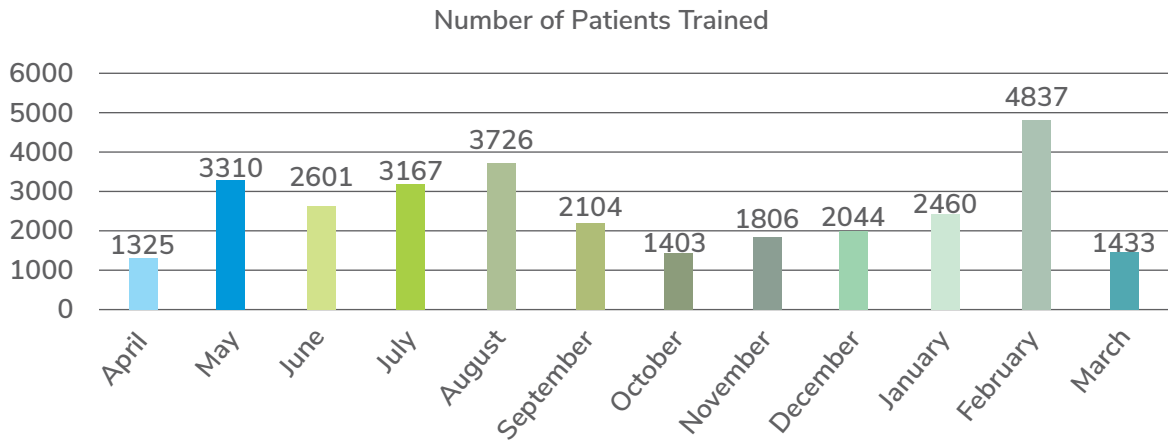
## 1.5 Care Companion Program Strategy



### Current CCP program, NH unit locations

- 1. Narayana Institute of Cardiac Sciences, Bangalore
- 2. Mazumdar Shaw Medical Centre, Bangalore
- 3. Narayana Multispeciality Hospital, Mysore
- 4. MS Ramaiah Narayana Heart Centre, Bangalore
- 5. Sahyadri Narayana Multispeciality Hospital, Shimoga
- 6. SDM Narayana Heart Centre, Dharwad
- 7. SS Narayana Heart Centre, Davangere
- 8. Narayana Multispeciality Hospital, Howrah
- 9. Narayana Superspeciality, Howrah
- 10. RTIICS, Kolkata
- 11. RTSC, Kolkata
- 12. Narayana Superspeciality Hospital, Guwahati
- 13. Brahmananda Narayana Multispeciality Hospital, Jamshedpur
- 14. MMI Narayana Multispeciality Hospital, Raipur
- 15. Narayana Multispeciality Hospital, Jaipur
- 16. Narayana Multispeciality Hospital, Ahmedabad
- 17. Narayana Multispeciality Hospital, Barasat
- 18. Shri Mata Vaishno Devi Narayana Superspeciality Hospital, Jammu
- 19. St. Martha's Heart Centre, Bangalore
- 20. Narayana Multispeciality Hospital, HSR, Bangalore
- 21. RL Jalappa Narayana Heart Centre, Kolar
- 22. Dharmshila Narayana Superspeciality Hospital
- 23. Narayana Superspeciality Hospital, Gurugram
- 24. SRCC, Mumbai





CCP Caregivers training during the year 2020 across NH unit locations

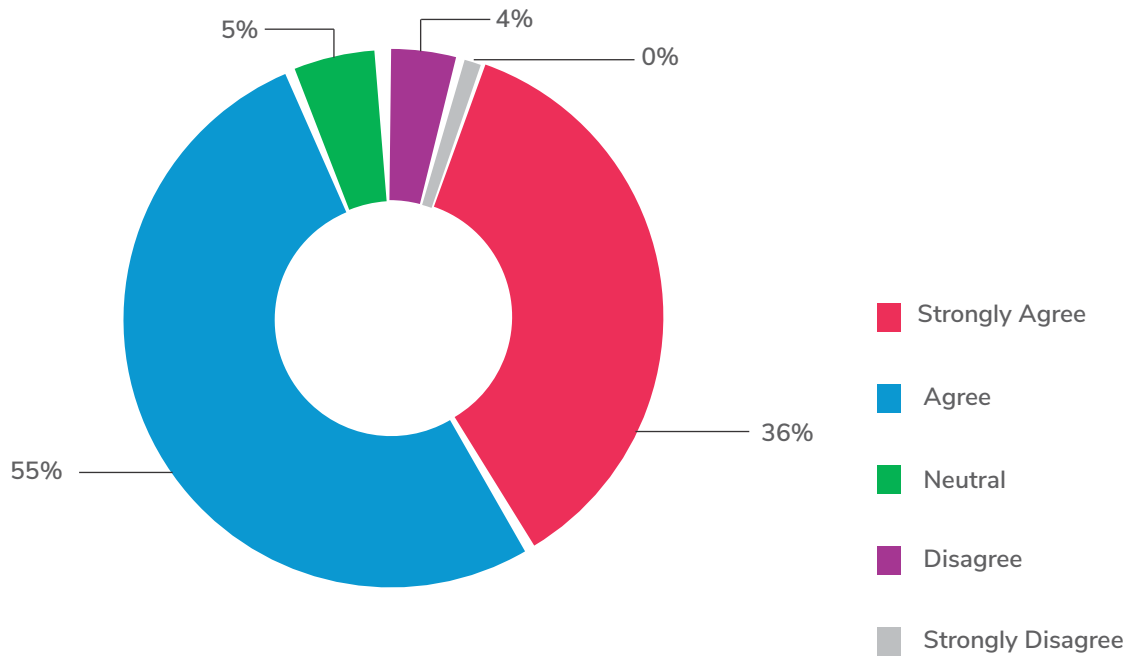
#### KAP Survey on Care Companion Program

Knowledge, Attitude and Practices (KAP) survey was designed and administered across 24 NH units

- 78% of the respondents correctly identified all the objectives of CCP

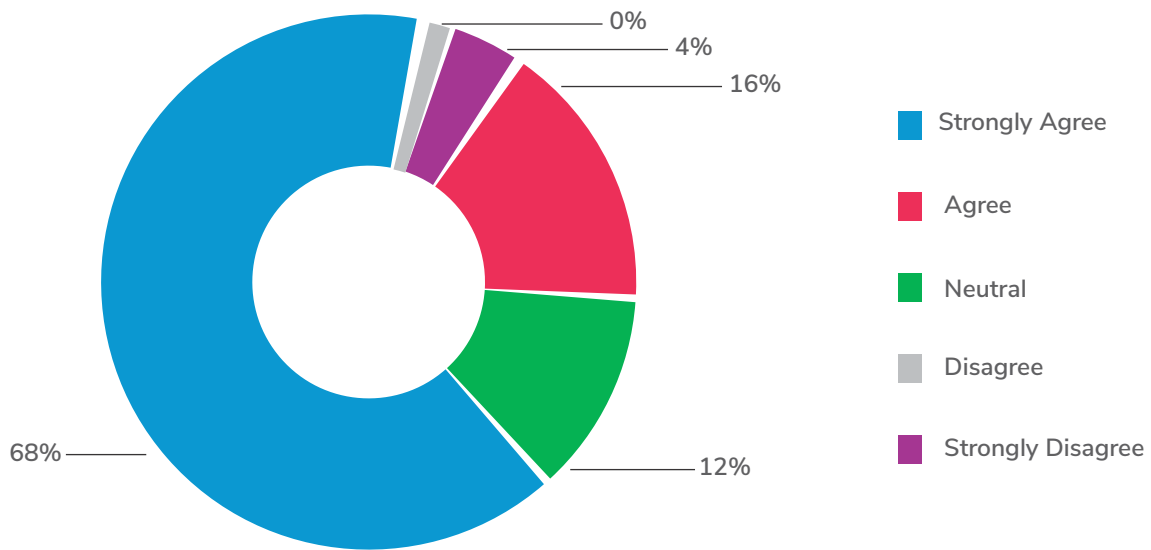
Attitude towards the program

- Being a Care Companion Educator is a rewarding experience for me



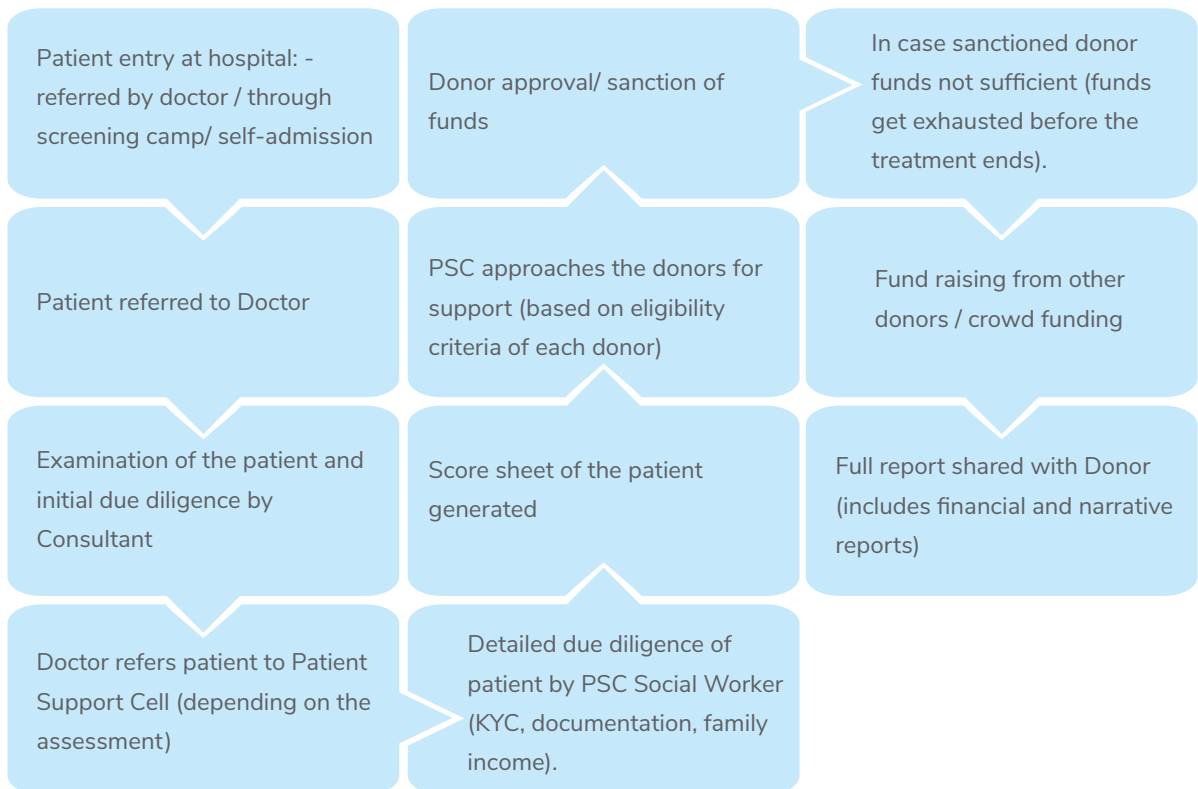


- Care Companion program has helped to reduce readmission rates



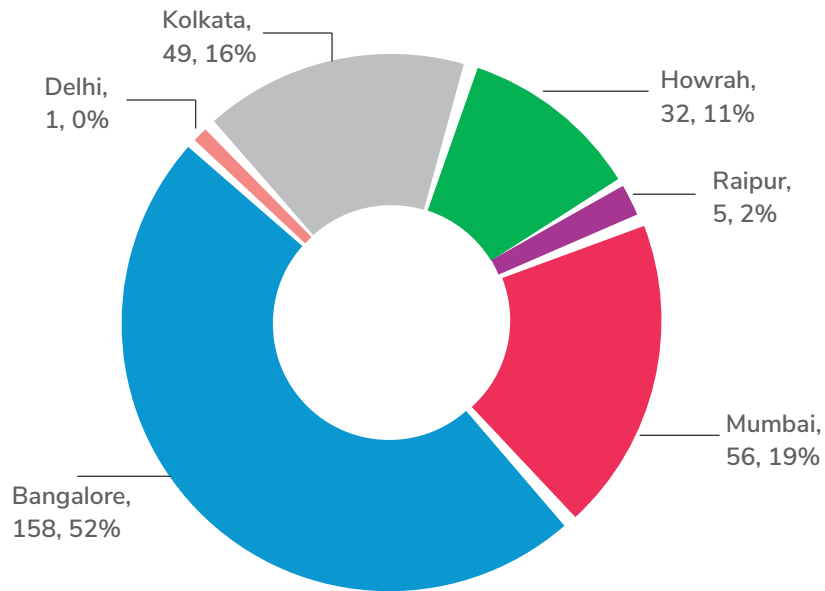
### 1.6 GIVE4LIFE Program Strategy

Process flow for patients seeking financial support at NH

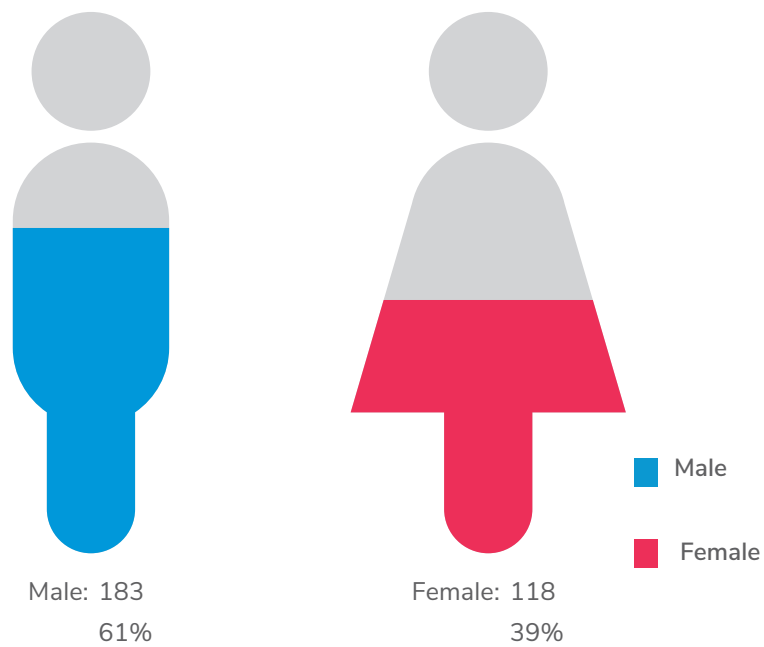


## Treatment locations and patients support

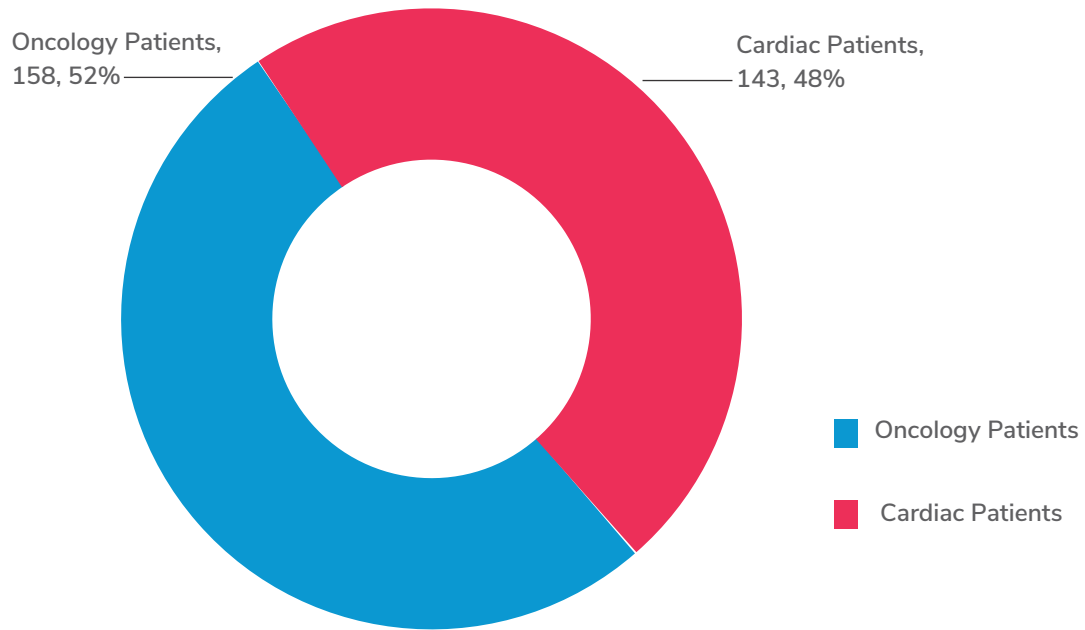
Total patients assisted financially in the year 2019-20



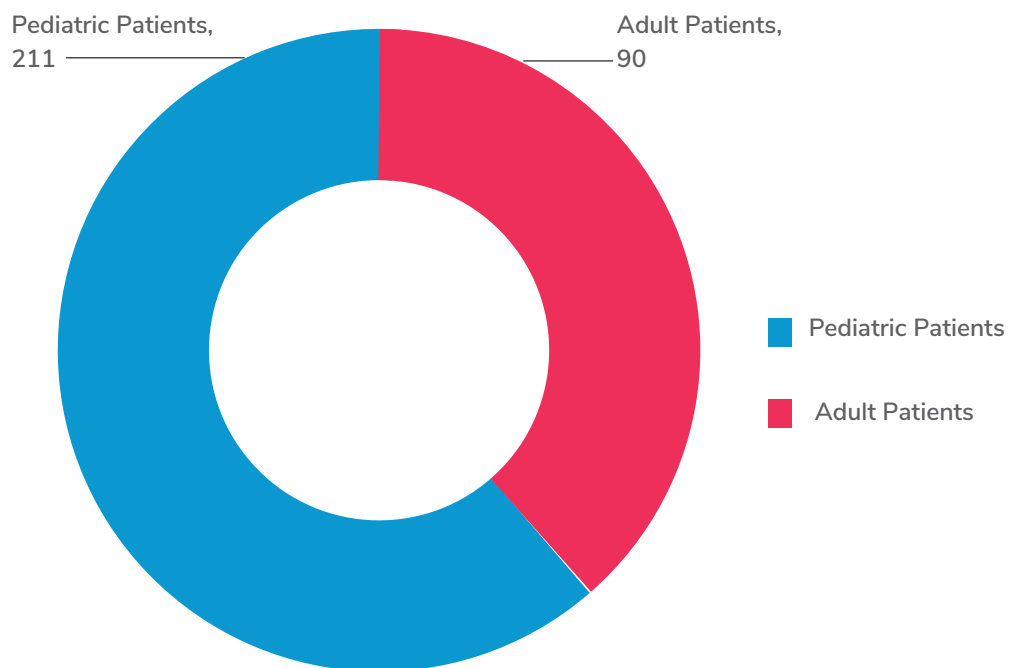
Gender Proportion



### Treatment coverage



### Adult vs Paediatric patients ratio



## Stakeholder Engagement

Program	Partner	Location
UDAAN	Mindtree Foundation	Kanakpura, Karnataka
	Shaheen Group Of Institutions	Bidar, Karnataka
	Sharnbasva Pu College	Gulbarga, Karnataka
	Avanti Learning Centres	Dharwad, Karnataka
UDAYER PATHEY	Edudigm	Kolkata, West Bengal
SUPOSHAN	Government Of Rajasthan	Jaipur, Rajasthan
	Britannia Nutrition Foundation	Jaipur, Rajasthan
	National Health Mission	Jaipur, Rajasthan
NON - COMMUNICABLE DISEASE	State Education Department	Jaipur, Rajasthan
	Directory Of Factory And Boilers	Bangalore, Mysore, Jamshedpur, Howrah, Delhi, Jaipur, Amethi, Gulberga
	National Health Mission	Bangalore, Mysore, Jamshedpur, Howrah, Delhi, Jaipur, Amethi, Gulberga
MOBILE MAMMOGRAPHY UNIT	Aim To Terminate Tobacco And Cancer (ATTAC)	Bangalore, Mysore, Jamshedpur, Howrah, Delhi, Jaipur, Amethi, Gulberga
	Nilekani Family	BENGALURU, KARNATAKA
CARE COMPANION PROGRAM	Infosys Foundation	BENGALURU, KARNATAKA
	Britiannia Nutrition Foundation	JAIPUR, RAJASTHAN
	Noora Health	BENGALURU, KARNATAKA BENGALURU, KARNATAKA
CHAMPS	Agastya International Foundation	BENGALURU, KARNATAKA
	Syngene	BENGALURU, KARNATAKA
	Biicon Foundation	BENGALURU, KARNATAKA
	Vidya School	GURGAON, HARYANA
SAFE SCHOOL	Samaritan Help Mission	KOLKATA, WEST BENGAL
	Consortium For Tobacco Free Karnataka (CFTFK)	BENGALURU, KARNATAKA



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