

INVESTING IN WOMEN'S AND CHILDREN'S HEALTH

A primer on the contribution of the private sector as a partner in the Global Strategy on Women's and Children's Health



Working Document, New Delhi, November 2010



“We all have a role to play: governments, business, international organisations, researchers, philanthropists, health professionals, and civil society. We must scale up our successes. We must provide the resources. Because investing in women’s and children’s health has a multiplier effect. It is the best investment we can make.”

UN Secretary-General Ban Ki-moon. New York, September 2010

This document has been prepared for the purpose of framing discussion and promoting dialogue at the “From Pledges to Action, Partners’ Forum”, Delhi 2010. It is a working document.

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Report by Olive Boles and Joe Phelan

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Why invest in women’s & children’s health?

It reduces poverty

Healthy women are more productive and earn more throughout their lives

It stimulates economic productivity and growth

Maternal and newborn deaths slow growth leading to annual global productivity losses of US\$15 billion

It is cost effective

Essential health care prevents illness and disability, saving billions of dollars annually in treatment costs

It helps women and children realise their human rights

People are entitled to the highest attainable standard of health

Source: UN

FROM PLEDGES TO ACTION

How can partnerships with business help to accelerate progress?

Investing in the health of women and children is not only the right thing to do, it also builds stable, peaceful and productive societies. It reduces poverty, stimulates economic growth. It is cost-effective, and it helps women and children realise their fundamental human rights.

On 22 September 2010, United Nations Secretary-General Ban Ki-moon launched “Every Woman Every Child” - The Global Strategy for Women’s and Children’s Health - a plan to save the lives of millions of women and children.

It calls for a bold, coordinated effort (locally, nationally, regionally and globally), for Heads of State and Government, along with the private sector, foundations, international organisations, civil society and research bodies, to commit to a concerted world-wide effort to save the lives of more than 16 million women and children. It identifies the finance and policy changes needed, and highlights the critical interventions that can and do improve health and save lives.

“Every Women Every Child” emphasises the need for multi-sector collaboration. The purpose of this primer is to highlight, in particular, the substantial contribution that the private sector can make, and to provide a framework for all sectors to use as a basis for private sector engagement.

Businesses can contribute to improving maternal and child health either directly or indirectly - through their core business practices or social investments. There are many potential avenues for corporate involvement - product innovation, health service delivery, supporting education, improving working conditions for women, as well as creating opportunities for new business to business collaborations, and other partnerships.

We aim to show what this means in practical terms by looking at some tangible examples from a range of industry sectors, including technology, food & beverage, consumer goods, pharmaceuticals and others. We draw on cases from those companies which have already made substantial commitments to the Global Strategy, announced on 22 September 2010. These are listed on pages 6 and 7.

As we gather in New Delhi for the Partners’ Forum: From Pledges to Action - we are aware that progress in South Asia is crucial to the achievement of the global strategy on women’s and children’s health, and that the region is also home to many innovations and approaches that can be shared with the rest of the world. Four examples from the region are included on pages 8-11.

A large number of companies are already bringing their skills and resources to bear on maternal and child health and many exciting initiatives are in the pipeline. We want to encourage even more businesses and other partners to work together to make things happen. The aim is to build on the progress already being made, to harness the know-how of business, and to turn the efforts of all sectors into demonstrable benefits for health.

We welcome your feedback, ideas and suggestions, as to how to make this working document more useful.

IBLF, PMNCH Partners Forum . UNF, BCF
12 November 2010

In this report:

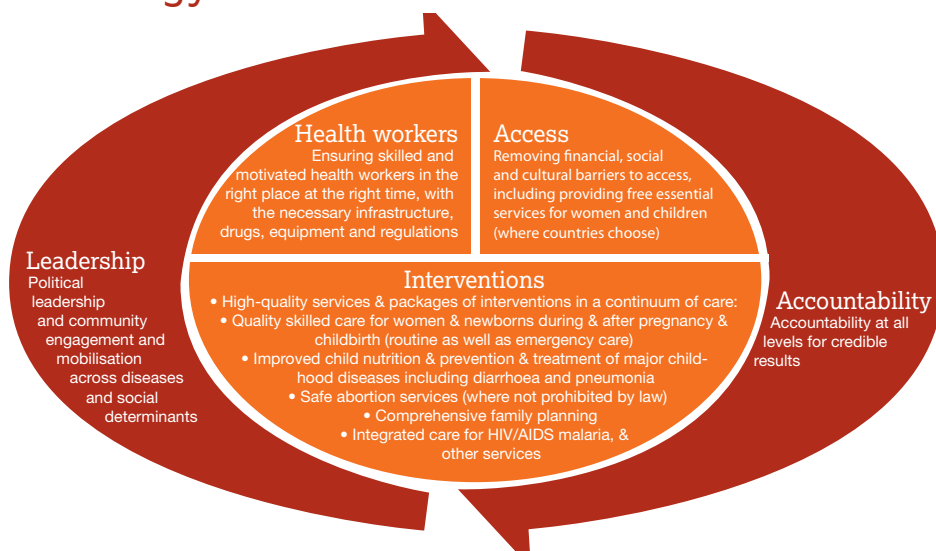
The UN Global Strategy for Women’s and Children’s Health	p2
The case for Asia	p3
IBLF Framework for business action	p4-5
Summary of business commitments	p6-7
Special focus on business approaches from South Asia	p8-11
How to scale up partnerships	p12
Sources of information or support - international and Indian	p13

EVERY WOMAN EVERY CHILD

The global initiative on maternal, newborn and child health

Pillars of the Global Strategy on Women's and Children's Health

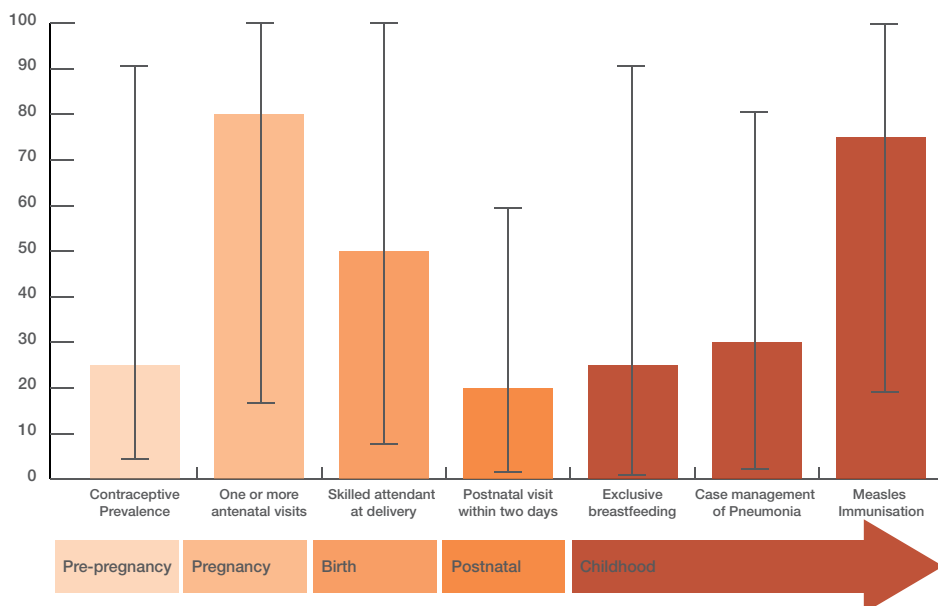
With just five years left to achieve the Millennium Development Goals (MDGs), leaders from government, global organisations, business, academia, philanthropy, health professional associations, and civil society have come together to develop the Global Strategy for Women's and Children's Health.



Source: UN Secretary-General Ban Ki-moon (2010) Global Strategy for Women's and Children's Health

Coverage of needed interventions

(68 countries accounting for >95% of global maternal and child mortality)



Reaching the global targets for MDG 4 (a two-thirds reduction in under-five mortality) and MDG 5 (a three-quarters reduction in maternal mortality and universal access to reproductive health) would mean saving the lives of 4 million children and about 190,000 women in 2015 alone.

Source: UN Secretary-General Ban Ki-moon (2010) Global Strategy for Women's and Children's Health

“We know there is more to be done and that the effort has to be sustained. We understand that maternal health is the bedrock upon which India’s future is founded.”
 Karan Paul, Chairman, Apeejay Surrendra Group

THE CASE FOR ASIA

Poor health both a cause and consequence of poverty

The region of Asia and the Pacific has the largest share of the world’s population and, despite much of the region’s rapid economic growth, many countries still have disturbingly high rates of maternal and child mortality.

An alarming 15% of the world’s newborn deaths occur in just three states of India: Bihar, Madhya Pradesh and Uttar Pradesh. Of the 450 newborn babies who die every hour around the world, over half of them are in just six Asian countries - Afghanistan, Bangladesh, China, India, Indonesia and Pakistan.

These acute problems mean that 14 of 43 countries in the region are currently unlikely to achieve MDG 4 on child health. Thirteen countries had a “high” or “very high” maternal mortality rate in 2006 and 17 countries are not making enough progress to achieve MDG 5b on universal access to reproductive health.

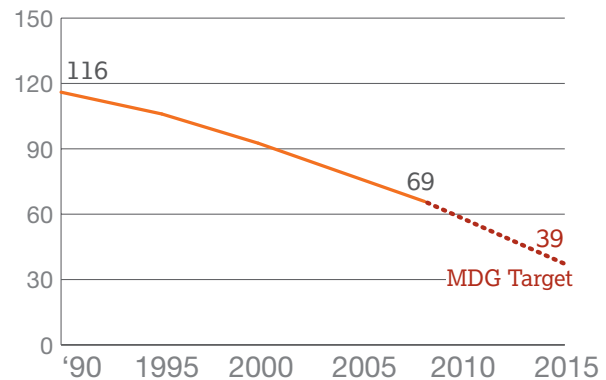
Owing to its large population, 55% of the world’s people who require family planning services, but do not have effective access to them, live in Asia and the Pacific. Close to 40% of the world’s underweight children live in India, and about 60% of stunted children live in Asia and the Pacific. The region accounts for two-thirds of all babies born with low birth weights.

Asia and the Pacific is lagging behind in several areas that are known to give mothers and children a better chance of survival, such as skilled attendants during childbirth, access to emergency obstetric care, poor nutrition, and coverage for interventions that matter most to reduce pneumonia and diarrhea.

Well over 1.5 billion people are living on less than US\$2 a day; poor maternal, newborn and child health is both a cause and consequence of this poverty.

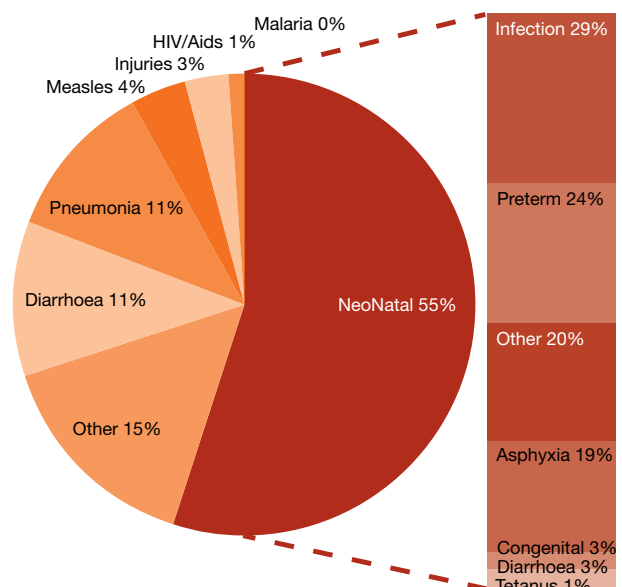
India: Under-5 mortality rate

Deaths per 1,000 live-births



Source: India Profile, Countdown to 2015, 2010 Report

India: Causes of under-5 deaths, 2008



Source: India Profile, Countdown to 2015, 2010 Report

IBLF FRAMEWORK FOR BUSINESS ACTION

First presented at the event "Improving Women's & Children's Health: Let's

1) Framework for action

How can Business contribute to achieving development goals?

Most companies have some impact on development and can make a contribution in the following spheres of influence: their core business activities; their social investment and philanthropy activities; and their engagement in public policy dialogue and advocacy.

These three spheres of business influence form the basis of IBLF's Framework for Action:

Core Business operations and value chains

Harnessing the innovative **technologies**, **financing** mechanisms, **products**, **processes** and **skills** of the private sector to create wealth and employment and to develop and deliver essential goods and services, and implementing responsible business practices.

Spheres of Influence © IBLF 1996 and 2003. Adapted from Nelson, *J Business as Partners in Development*, 1996. IBLF and UNDP.

Matrix of Roles of the Private Sector and Decision-making checklist © IBLF 2010.



Social Investment

Contributing non-commercial financial support, **employee volunteers** and **expertise**, product **donations** and other in-kind contributions, all of which can run into hundreds of millions of dollars, and supporting community-based projects.

Policy Dialogue and Advocacy

Engaging in **advocacy**, **public policy dialogue**, joint **regulation**, and efforts to build or **strengthen public institutions** and administrative **capacity** in order to bridge governance gaps, improve the enabling environment and support more systemic change at either the local, national or global level.

3) Decision-making checklist

If we know what's needed and what works, then...

- Can the company intervene directly or indirectly?
- New/old Products & Services?
New/old Markets & Costumers? One-off initiatives?
Scalable/replicable?
- What financial incentives/mechanisms for investment exist?
- ROI: will it be commercial/economic and/or social development?
- Can we measure the benefits to Women's and Children's Health?

“This decade, we will create and extend computing technology to connect and enrich the lives of every person on earth.”

Paul S. Otellini, President and Chief Executive Officer, Intel Corporation

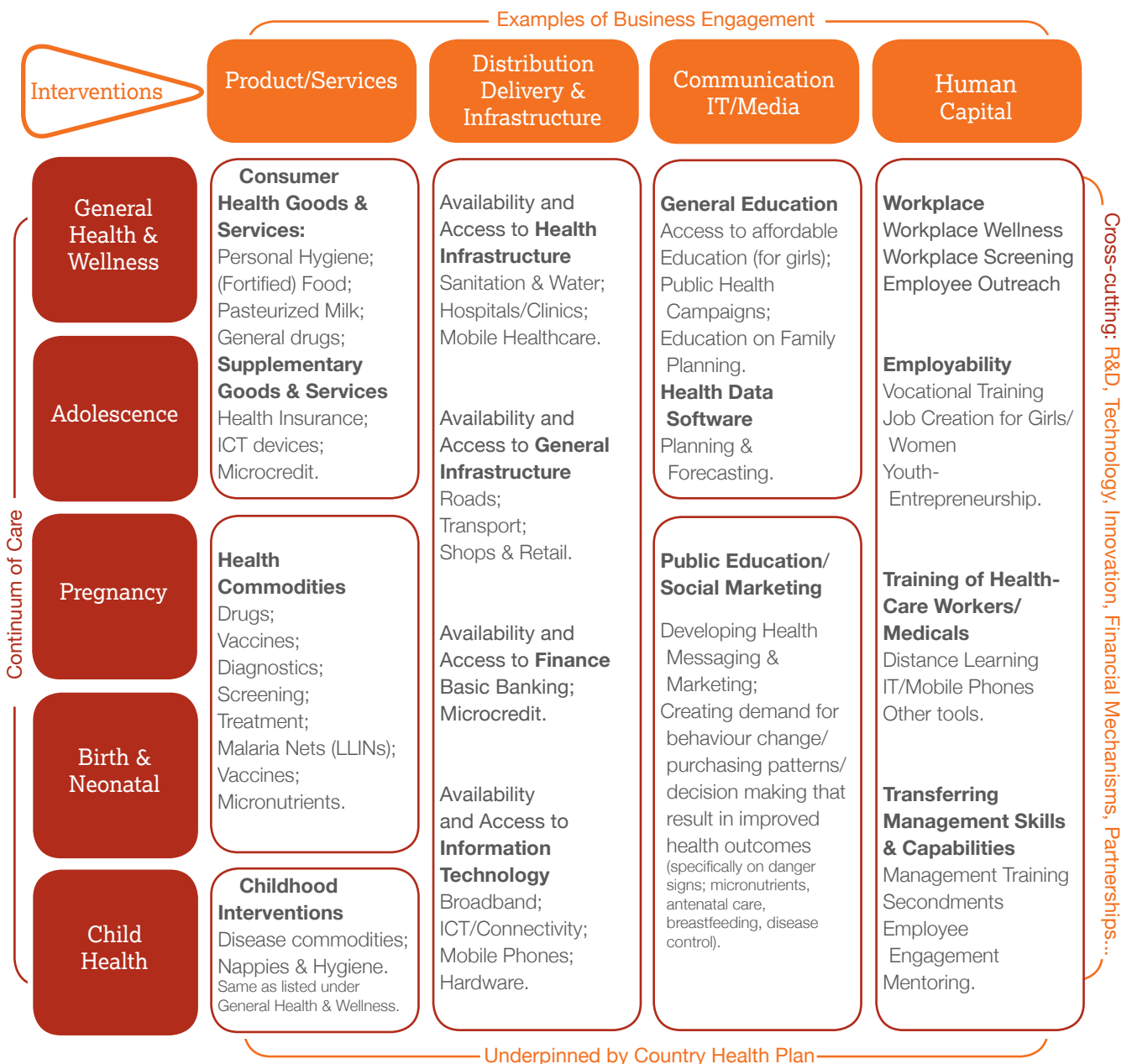
Show We Mean Business”, London, September 2010

② Matrix of roles for the private sector

Examples of Business Engagement on Maternal, Newborn and Child health

Evidence shows that investing in healthier women and children results in higher economic returns, creating the foundation for a more productive future workforce. This improves the prospects for the whole family and the wider community.

The Matrix below illustrates how the private sector can deliver a wide range of interventions that improve health, across the continuum of care, and across different sectors of industry. Different types of business can contribute in different ways - depending on the nature of their business.



BUSINESS COMMITMENTS

Made at the MDG Summit in New York, September 2010, along with those

Since the Joint Effort on Women's and Children's Health was launched in April 2010, many partners have come forward with ambitious pledges to do more for women's and children's health. What follows are the commitments from the private sector made at the launch of the Global Strategy in New York, on September 22, 2010.

A wide range of stakeholders committed an estimated \$40 billion in funding and projects over the next five years

Companies that support better maternal and child health efforts will see their work forces become more productive, the quality of their global supply chains improve, and their customer bases expand.

According to a McKinsey study, three-quarters of those companies with specific initiatives to empower women in developing countries reported that their investments were already increasing their profits or that they expected them to do so soon.

Other benefits to businesses come from enlarging their markets, improving the quality or size of their current and potential workforce (for instance, by attracting talent globally), and maintaining or improving their reputations.

(Source: McKenzie Quaterly, How helping women helps business, January 2010, Irina A. Nikolic and Lynn Taliento)

Becton Dickinson commits to be a participating partner in 'Together For Girls,' with **UNICEF**, **UNAIDS**, **UNFPA** and **UNIFEM**, private sector organisations and the US Government to help the UN drive solutions to end sexual violence against girls.

The Body Shop commits over \$2.25 million for 'Stop the Sex Trafficking of Children and Young People', developed in partnership with **ECPAT International**, and launched in 60 countries.

GE & GE Healthcare commit, as part of GE's \$6 billion 'healthymagination' initiative, to expand its Maternal-Infant Care technology portfolio to increase local access to care in more than 80 countries and reduce maternal and infant mortality. They will also continue their signature programme, Developing Health Globally™.

John Snow, Inc. (JSI) commits (through the **HAND to HAND** Campaign), to supporting the availability of contraceptives in low-income countries, collecting timely information on supply chain operations in over 20 countries, and sharing that information with stakeholders.

Johnson & Johnson commits \$200 million over the next 5 years towards a package of commitments called 'Every Mother, Every Child' that aims to help as many as 120 million women and children each year. They also commit to providing more than 15 million expectant and new mothers in Bangladesh, China, India, Mexico, Nigeria, and South Africa with free mobile phone messages on pre-natal health, reminders of appointments and calls from health mentors. They will also donate 200 million doses of mebendazole (a treatment for intestinal worms in children) each year, and research anti-retrovirals to treat HIV and potentially prevent transmission from pregnant women to their infants. Johnson & Johnson will also extend current commitments that have been successful in preventing mother-to-child transmission of HIV and reducing a life threatening condition in infants caused by lack of oxygen at birth (birth asphyxia).

“Without healthy communities, economic and social progress is difficult to sustain. ICICI’s approach is to support large-scale improvements in government health systems and mobilise communities for public health action and change.”

Shilpa Deshpande, President,
ICICI Centre for Child Health and Nutrition

of Governments and other actors

LG Electronics commits to investing in Bottom of the Pyramid (BOP) communities in Kenya and Ethiopia through a partnership with the **World Food Program’s Partnership of Hope – Africa**. Through this partnership, LG Electronics is committed to poverty alleviation and reducing hunger through sustainable development.

Merck commits an estimated \$840 million over the next 5 years through their HIV prevention and treatment, childhood asthma programmes and donation of HPV vaccine, GARDASIL®, to organisations and institutions in eligible lowest-income countries. Merck and **Qiagen** are also committed to increasing access to HPV vaccination and HPV DNA testing through up to five million doses of GARDASIL and HPV DNA tests to screen an additional 500,000 women. The two companies will also support the development of sustainable best practice models for cervical cancer reduction in low-income, high disease burden countries.

Nestlé commits to expanding nutrition education in all its milk villages in India to teenage girls before they reach the age of marriage, so they will know how to best feed their children when they reach childbearing age. Nestlé also aims to double the number of countries covered by its “**Healthy Kids Global Program**” launched in 2010, and already has programmes in over 50 countries reaching 5 million children. They are expanding the training given to women to be door-to-door distributors of health food products, increasing earnings by an average of 40% over the minimum wage. In Brazil alone, 6,000 women have been trained, and this is set to expand to 10,000 by the beginning of 2011.

Novo Nordisk commits to continue to work towards improving the health of women and children with a focus on screening and treatment for gestational diabetes. They will develop a partnership-based programme, via which the company will campaign for universal screening for gestational diabetes; address critical research gaps and engage key partners in co-creating innovative solutions targeting women, diabetes and pregnancy.

Pfizer commits an estimated \$200 million over the next 5 years. Through its programmes and partnerships, they will help the UN address key global health priorities, including: infant immunization for pneumococcal disease; education, and training programmes on maternal and infant health; malaria treatment for pregnant women; reduction of maternal death; and nutrition for elementary school children.

SingleHop commits by empowering women and fighting intellectual property (IP) theft and human abuse such as child pornography. Through their AbuseShield.org site, they will mobilize the online community to report illegal, inhumane, and malicious content, and help authorities and hosting companies around the world to keep track of and eliminate such content.

TMA Development, Training & Consulting (Egypt) commits by pledging, in cooperation with the **Egyptian Ministry of Social Solidarity**, to help eradicate illiteracy among Egyptian women and to empower them towards earning an income and making a better life.

ViV Healthcare commits \$47 million between 2010-2015, and an additional \$31 million through to 2020, to tackle mother-to-child transmission (MTCT) of HIV. They have targeted 80% of the **Positive Action for Children Fund**’s support to sub-Saharan Africa, to respond to where the global burden of MTCT is greatest.

FOCUS ON SOUTH ASIA:

BRAC & ClickDiagnostics: mHealth initiative in Bangladesh

BRAC is a development organisation dedicated to alleviating poverty by empowering the poor to bring about change in their own lives.

ClickDiagnostics is a global mobile health (mHealth) social enterprise founded by international development activists from Harvard University and Massachusetts Institute of Technology (MIT) to bring affordable and quality health services to under-served communities, by enabling the creation of proactive and self-sustaining health systems driven by mobile technologies, community-level entrepreneurship, and value-based partnerships.

The Health Need

In 2007 BRAC initiated Manoshi, a community based intervention designed to reduce maternal, neonatal and child deaths and diseases in slums of Bangladesh. Manoshi currently reaches 6 million people. About 8,000 community health workers (CHWs) were trained to provide maternal, newborn and child health services door to door - enhancing supportive skilled birth attendance and arranging timely referral of complications to hospitals.

Already these interventions have contributed to a fast reduction in maternal and newborn mortality. But to accelerate the progress towards MDGs 4 and 5, BRAC, along with ClickDiagnostics, has jointly designed a mHealth model for Manoshi.

Intervention

The model approaches the challenges with three key concepts:

- 1. Prioritized and targeted preventive care:** A mobile-based platform is used by CHWs to provide services and record information through a step-by-step decision tree (in Bangla).
- 2. Effective emergency management:** Emergency management is driven centrally by a hotline centre with an easy-to-remember short-code, ensuring singular responsibility for all emergency cases.
- 3. Resource optimization:** Due to the instant digitalization of all data entered using this system, managerial functions can be done automatically or in a much more efficient manner.

Impact to date

In July 2009, a pilot mobile based data collection and service delivery system was developed for the health workers, which covered approximately 18,000 households and 2,000 pregnant women. The pilot provided evidence of a very user-friendly system, reduced data collection time, reduced error in data recording, instantaneous reporting, efficient programme management through sophisticated supervision and monitoring.

Future Plans

Along with further expansion in urban slums under Manoshi, the mHealth model will also be replicated in rural areas of BRAC's Maternal Newborn Child health (MNCH) programme. The BRAC Rural Programme began in 2008, after a successful pilot was conducted in 2005 in Northern Bangladesh. Currently, the programme covers 10 districts reaching out to 20 million people. In this programme about 600,000 pregnant women are given MNCH services by 50,000 CHWs and of them, 4,000 will be directly involved in using mobile health technologies. This type of outreach will be the first of its kind for any mHealth model, and will provide significant opportunities to validate it for replicability and scalability, especially in remote locations with widely dispersed populations.

BRAC's proposed implementation of mHealth in this field will be one of the first large scale deployments in the world. The incorporation and seamless integration of mHealth technologies in BRAC's proven delivery model can present a novel scope for reducing maternal, newborn and child mortality in its vast coverage areas, and generate research-based evidence on mHealth successes.

Partners

The mHealth Alliance is working with BRAC and Click to develop the BRAC MNH mHealth Project as a global exemplar of best practices. This will be a key part of the Maternal mHealth Initiative in which BRAC is a leading global partner, along with PMNCH and others. The Johns Hopkins Bloomberg School of Public Health is the leading research partner in this project, and its JiVita district in northern Bangladesh is intended to be a pilot site as well.



Training of health auxiliaries in the new Kalrayan Hills Project

Tribal Health Initiative: GlaxoSmithKline-Consumer Healthcare supported rural healthcare delivery, India

There are villages in the Sittilingi and Kalrayan region accessible only on foot. Some people, even today, walk for over 15 kms to catch a bus, then travel another hour or two, to reach the hospital. Consequently most tribal Malevasis mothers in the region gave birth at home. And as a result many births ended with the death either of the mother or the child, due to a lack of healthcare. The Sittilingi region, with over 80,000 tribals inhabiting the Kalrayan and Sitteri Hills, was on par with the other regions of similar demography, in terms of infant mortality.

Over the last twenty years the Tribal Health Initiative (THI), has transformed the situation.

Health Intervention

THI is actively involved in promoting community health and livelihoods. The Tribal Hospital remains one of the best equipped in the area to handle complicated deliveries. Many women from government hospitals in Harur and nearby towns and villages are referred there, and post-natal care is a priority.

THI began by training health workers and health auxiliaries chosen from among the tribals themselves. The trained health workers join the hospital as staff, not only bettering their lives, but also facilitating access to better hospital and out-patient care.

Health auxiliaries are handpicked from remote villages and trained by THI for a year in how to weigh babies, ante natal care, immunization and ways to improve health conditions in their villages. They are also given training in organic farming and environmental issues, thus enabling the holistic development of the village.

Corporate Engagement

To maximise the effectiveness of their social investment, GSK-Consumer Healthcare worked with the Business Community Foundation (BCF) to identify organisations who could deliver access to health in remote, underserved parts of India.

Having identified THI as an effective organisation reaching particularly vulnerable groups, BCF now act as a sensitive intermediary between the organisations, providing GSK-CH with the due diligence and accountability they require, whilst respecting the health and community knowledge of THI.

Outcome

Thanks to the health auxiliaries, in 2009, the region hit the lowest infant mortality rate ever - 20/1000 live births - comparable to the best indices in the country. There have been no maternal deaths in the last seven years. The low infant mortality rate is the result of a sustained effort across the valley, with the tribals themselves part of the effort to ensure a healthy community.

Lessons for social investment in health NGOs

Why did GSK-CH choose to work with you?

“There was legitimate, credible work on the ground which needed financial resources. BCF identified the programme and did the due diligence. GSK-CH was respectful & hands off, and has not sought to take credit. So, respect, trust and transparency are integral to any effective working partnership”

Amita Joseph, Business Community Foundation

What should companies look for in a partner to deliver on health in a rural area – or any area?

“This is likely to be more successful in the long-term if local people are trained. They are familiar with the culture, committed and rarely leave, making the investment worthwhile. In THI, of the 38 staff, there are only 4 people from outside - 2 doctors, one manager and one agriculture graduate. The rest are from surrounding villages. Success stems from workers feeling they ‘own’ the institution”

Dr Regi, Tribal Health Initiative

What should health delivery organisations look for in a funding partner – corporate or otherwise?

“Any joint endeavour needs business partners who understand the ethos and goal of the organisation, and who will allow the institution to plan and execute projects without interfering. However, there should be no ‘give’ regarding financial integrity, or with regard to employee and target group rights violations. Its down to trust between the partners.”

Sabu Mohan, GSK-Consumer Healthcare

FOCUS ON SOUTH ASIA: LifeSpring Hospitals: Increasing access to safe childbirth in India

LifeSpring Hospitals is a chain of small hospitals that deliver affordable, high quality maternal healthcare to lower income mothers on a financially sustainable, for-profit basis. Founded in 2005, they specialise in deliveries, antenatal and postnatal care, and family planning services for India's working class poor in urban areas.

The Health Need

India has one of the highest rates of maternal mortality in the world coupled with a public healthcare system that is overburdened. With private care out of reach for most families, LifeSpring fills a crucial gap for those mothers too poor to access good quality facilities, and ensures that more babies are delivered by qualified physicians, helping reduce child and maternal mortality rates.

Through close attention to monitoring and evaluation, the hospital chain maintains high standards of care and uses indicators such as post-operative infections, mortality and morbidity rates as a means of quality control.

Business Case and Scalability

- Via a standardised, process-driven model that drives down costs, LifeSpring Hospitals can be replicated in other locations allowing it to **scale up** quickly.
- LifeSpring **maximizes its resources** by specialising in maternal healthcare services at fair prices.
- Through its commitment to the Business Call to Action initiative, LifeSpring plans to provide **82,000 low-income women** with good quality, affordable care by 2015.
- LifeSpring's business goal is to achieve Millennium Development Goals 4 and 5 to reduce maternal and child mortality, while achieving financial sustainability.
- The chain has expanded to **nine hospitals** in just a few short years.

Health Impact

By providing access to dignified and safe healthcare at an affordable price, LifeSpring reduces both the burden of maternal healthcare on low-income families and mortality rates amongst mothers and children. During monthly health camps held at each of their nine hospitals, free medical consultations and vitamins are provided to all pregnant women in the community. As part of their community outreach program, each hospital employs two Outreach Workers, who go door-to-door around the local area to educate women about all aspects of female reproductive health. Free of charge paediatric consultations and vaccinations for children are also provided.

Future Goals

Over the next five years, LifeSpring plans to:

- Open 200 new hospitals by 2015
- Expand geographically from Hyderabad to additional states across India
- Provide 82,000 women with high-quality maternity and reproductive health services



“Globally more than one third of child deaths are attributable to undernutrition”

Countdown to 2015, 2010 Report

Bhavishya Alliance: Multi-sector partnership for improved nutrition, India

Bhavishya Alliance was created in India with the goal of contributing to halving the rate of child under nutrition by 2015, with an emphasis on children between the ages 0-3. The Alliance rests on the principle that effective multisectoral partnerships between Government, Corporate and Civil Society can co-create solutions for addressing the complex problem of child under nutrition and can make a major contribution to radically reducing the prevailing rates in India.

Drawing on Knowledge & Skills from across sectors

Bhavishya Alliance's leadership on policy and programmatic direction is provided by a Governing Council which includes prominent individuals from the Government, NGO and Corporate Sectors. The Alliance has on its board representatives of Hindustan Unilever, Tata Industries, ICICI Bank and HDFC.

The Alliance's value addition comes through bringing the skills, knowledge and capacity of partners together on focused interventions that:

- Improve systems & practices for bridging service delivery gaps,
- Enhance capacity of stakeholders to meet the objectives & achieve desired outputs, and
- Trigger positive behaviors of communities.

Bhavishya Alliance's work revolves around the presumption that its efforts may or may not change the situation entirely in a particular geography, but the learning shall showcase concrete models that can influence wider change.

The key strategy of Bhavishya Alliance has been to start in Maharashtra and bring diverse partners together to participate in innovative interventions that will enhance the impacts of current programmes and activities being carried out individually by various agencies.

First pilot projects were implemented through the government and NGO structures with technical and resource support from companies, demonstrating synergetic effects and achieving clear impacts.

Now the Alliance is also advocating for and facilitating replication and scaling up of appropriate programmes based on learning and success from the pilot models.

Example Projects Include:

Behavioural Change Communications on Infant Feeding (Project Yashoda)

An initiative jointly led by ICICI Foundation for Inclusive Growth, Hindustan Unilever, UNICEF, Rajmata Jijau Health & Nutrition Mission, and ICDS Maharashtra.

Behavioural Change Communications on personal hygiene through hand washing

A joint initiative by Government, UNICEF and Hindustan Unilever Ltd. and Ogilvy Action.

Diversifying and improving quality & hygiene of supplementary food at AWCs.

A joint initiative by ICDS, Taj Group of Hotels, Rajmata Jijau Health & Nutrition Mission, and Shriram Ahirrao Memorial Trust.

Girls Gaining Ground – Empowering adolescent girls on health & nutrition

A partnership project with local NGO's -Nirmala Niketan, BAIF, KHOJ, VACHAN, NYK, Ashray Sevabhavi Society, Late Shriram Ahirrao Memorial Trust and SNEHA with support from NIKE Foundation, UNICEF, IHMP, ICRW, Departments of Tribal Welfare, Health & Family Welfare, ICDS, SPARSH-Centre for learning and Media Matters.

Healthy Lokshakti- An initiative for Maternal and Child Health

An initiative by ICICI Lombard, ICICI Foundation for Inclusive Growth (IFIG), ICICI Centre for Child Health & Nutrition (ICCHN) and VACHAN to create an example on importance of strengthening maternal and child health services aimed at reducing maternal and infant morbidities and mortalities.

Improving adult literacy along with awareness on Health & Nutrition amongst tribal women through computer aided Program

An initiative jointly implemented by Department of Tribal Welfare, Tata Consultancy Services, and local NGO – VACHAN.

Improving Supply Chain of Medicines & Vaccines at Government Health Facilities

A pilot to improve availability of medicines and supplies at Primary Health Centres in partnership between Department of Health and Family Welfare & Hindustan Unilever Ltd.

WORKING TOGETHER EFFECTIVELY

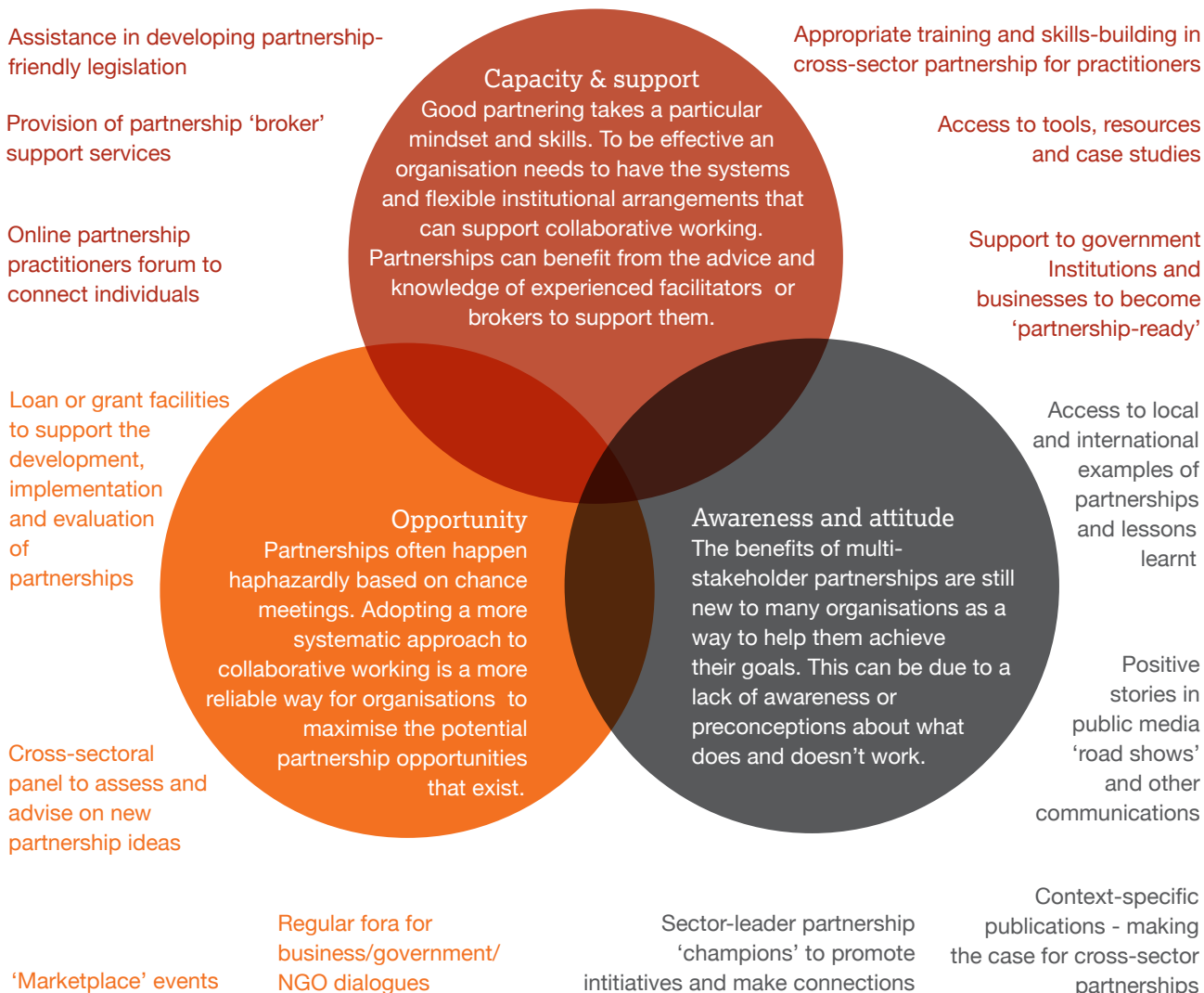
Steps for improved multi-sectoral partnerships

Effective collaboration in maternal and child health between stakeholders with different missions, interests and cultures is often difficult to achieve. It requires commitment and new forms of leadership; it requires a collaborative mindset and specific skills; and it requires both strong relationship management and sound project management.

Below is an outline of the steps and conditions that can help with scaling up initiatives.

Opposite is a small sample of resources and organisations working in this space. It is by no means an exhaustive list, but intended as a starting point for research and engagement.

Considerations for partnerships looking to scale up



**“Please register any projects you
have on maternal, newborn or
child health on HUB”**

Health Unbound (HUB) www.HealthUnBound.org

Organisations and resources for more information

International organisations and initiatives

Center for Health Market Innovations (CHMI)

healthmarketinnovations.org/programs

Global network of partners and knowledge portal that seeks to improve the functioning of health markets in developing countries and works to accelerate the diffusion of Health Market Innovations that lead to better health and financial protection for the poor.

Countdown to 2015 Initiative

www.countdown2015mnch.org

Collaborative effort of partners and leading experts to track coverage levels for health interventions globally proven to reduce maternal, newborn and child mortality.

International Business Leaders Forum See back page

www.iblf.org

mHealth Alliance

www.mhealthalliance.org

Global alliance dedicated to bridge diverse communities to mobilise innovation and use of mobile technologies for global health, and in particular MDG 5.

The Partnering Initiative

www.thepartneringinitiative.org

www.partnershipbrokers.org

IBLF's Partnering Initiative (TPI) is the global leader in the provision of services and training to build partnering capacity across all sectors of society. With 20 years of experience, TPI systematically trains professionals globally, and supports partnerships that address sustainable development challenges.

The Partnership on Maternal, Newborn and Child Health (PMNCH) See back page

www.pmnch.org

Some online resources

Countdown to 2015 report www.countdown2015mnch.org/reports-publications/2010-country-profiles

The Global Campaign on Health MDG Report 2010 www.norad.no

The Global Strategy for Women's and Children's Health www.who.int/pmnch/activities/jointactionplan

Health Unbound (HUB) www.HealthUnBound.org/

Invisible City Makers: An Action Research on Homelessness in Bangalore City 2010

igsss.org **MNCH Knowledge Portal** portal.pmnch.org

Indian organisations and initiatives

Aman Biradari

www.amanbiradari.org/

Aspires to build local level institutions mainly of youth and women, of diverse faith, caste and gender, at village and district levels to strengthen mutual bonds of tolerance, fraternity, respect and peace between people.

Bhavishya Alliance See page 11

www.bhavishya.org.in/

Business Community Foundation See back page

www.bcfindia.org

CII-ITC Centre of Excellence in Sustainable Development

www.sustainabledevelopment.in

Works to create the conditions for Indian businesses to pursue sustainability goals.

HLRN (Housing and Land Rights Network)

Established in 1999 to address the growing need for research, education, and advocacy on housing and land rights in South Asia. Has a particular focus on promoting and protecting the equal rights of women to housing, land, property and inheritance.
<http://www.hic-sarp.org/>

HMRI (Health Management and Research Institute)

www.hmri.in

A non-profit organisation with a strong will to take healthcare to the last mile and reach out to remote parts by applying interactive and innovative forms of ICT

IGSS (the Indo Global Social Service Society)

igsss.org/

Targets socially and economically disadvantaged people: the poor, marginalised sections of society such as Dalits, Tribals, Minorities, Women, Youth & Children.

Tribal Health Initiative See page 10

www.tribalhealth.org



About IBLF

The International Business Leaders Forum is an independent, not-for-profit organisation which promotes new corporate approaches to the changing role of business in society.

One strand of our work is engaging companies on global health priorities such as maternal and child health, infectious diseases and the rise in chronic illnesses. Part of this is the potential for new business models and new technologies to impact positively on health around the world.

A second strand is on partnering - building the capacity and skills of organisations to work together across sectors to achieve sustainable development goals.

In India IBLF is working with Indian and International companies to share learning and take action on maternal & child health, inclusive business models, primary education, and across sectors to build awareness and skills for partnering.

India contact joe.phelan@iblf.org
www.iblf.org

About PMNCH

The leading global alliance of 350+ organizations including governments, multilateral agencies, academic institutions, foundations, NGOs, health professional organisations working to improve women's and children's health, hosted by the World Health Organization in Geneva, Switzerland.

www.pmnch.org

About the United Nations Foundation

A public charity, advocate for the UN and a platform for connecting people, ideas and resources to help the United Nations solve global problems. We help the UN take its best work and ideas to scale—through advocacy, partnerships, constituency building and fund-raising.

www.unfoundation.org

About Business & Community Foundation

BCF works to identify core development priorities in the country that concern the most vulnerable and to address these issues within the framework of corporate responsibility and sustainability.

www.bcfindia.org