

Conference Report

Better Healthcare through CSR Partnerships & Innovations



Better Healthcare through CSR: Partnerships and Innovations

24 September 2013

India International Centre, New Delhi

A conference was held on 24 September 2013 in India International Centre by NGOBOX, in collaboration with FICCI Aditya Birla Centre for CSR Excellence and Fiinnovation, on the contemporary and vital issue of engagement of corporations in healthcare through CSR in India. The forum also deliberated on the issues of innovation in healthcare with multiple partners of CSR like corporations, government and civil society and scope for scaling up the same. CSR in India has been observed to take many imperative turns at multiple levels of governance and policy making. With the advent of the New Companies Act, CSR has found a new meaning in Indian context.

The participants and speakers in the conference were eminent names from government sector including Dr Bhaskar Chatterjee, CEO Indian Institute of Corporate Affairs being the Chief Guest and Dr. Vishwas Mehta (IAS), Joint Secretary Ministry of Health and Family Welfare, Govt. Of India being the Guest of Honour. Experts from corporate sector and non-governmental sector were present at the conference who provided with valuable inputs and innovative ideas in the field of healthcare through CSR. The conference did highlight the extreme potential of CSR in the field of healthcare that can bring about a paradigm shift in the way we conceive health and wellness. The ways of how healthcare could be more cost effective, technologically advanced and holistic were discussed in an analytical framework.

INAUGURAL SESSION

Welcome Note:

The session started by a welcome note by Dr. K.K Upadhyay, Head CSR, FICCI. Dr. Upadhyay deliberated on the subject of healthcare which is not the core focus area of intervention in Indian scenario. He added that there has not been much focus on the framework of CSR and healthcare. Although civil society has worked with government but still a gap needs to be bridged by more alliance and partnerships of civil society, corporate sector and the government. He mentioned about the advent of new Companies Act in the country which is an emerging landscape but still a conundrum. He ended his note by welcoming all the speakers and participants and opened house for thoughtful discussions and deliberations on avenues of business engagement in healthcare and scope for scaling up the innovations.

Address by the Chief Guest: Dr. Bhasker Chaterjee, Director General and CEO, IICA

Conference Report

Session Proceedings:

Dr. Chaterjee provided an in-depth account of the much discussed CSR provisions in the newly enacted Companies Bill. He focussed on the key questions of how the provisions came into existence? What was the need for the same? What have been government's expectations from the same and what are roles of corporate and civil society? He mentioned that there are many definitions of CSR in existence but the legislation has a distinctive definition. He also drew the



attention of forum on the fact that the buzz that CSR has been carried in India historically by every organization needs to be deconstructed. Empirically, he mentioned only approximately 500 companies in the country are performing activities that could be qualified as CSR. The need was therefore to build an enabling atmosphere to concretize CSR at national level.

Key points highlighted:

1. The new Companies Law has a distinctive definition of CSR and there is no scope of other definitions to be a part of the same. CSR in new legislation is described in terms of hard cash spent by the companies in the activities listed in the Schedule 7 of the Act.
2. The companies need to reveal projects undertaken and if the initiatives by the corporations are not rupee measurable they cannot be qualified to be called CSR.
3. The mandatory 2% spending should be a part of profit before the tax (PBT). The CSR activities need to be strictly in coherence with the nine activities listed and other activities may be prescribed by relevant authorities if need be.
4. It was calculated that approximately 8000 companies would be attracted by this provision in the regulation. In terms of CSR expenditure of such companies, it is estimated that approximately 10 thousand crore to 12 thousand crore rupees would be spent in the first year which could increase upto 15 to 17 thousand crore in the consecutive year.
5. The main aim to make CSR mandatory is to build a forum where one has a sheen clear format and equal level of interactions for companies.
6. CSR is not charity or philanthropy anymore in Indian context.
7. The main aim is to concretize the initiatives so that they are more projects based and have a partnership model wherein if one participant has put in money into a

Conference Report

project, more money could flow from other partners which could easily fulfil the project goals.

8. CSR activities need to be reported in the annual report of every company that would be available in public domain
9. The system kicks off on 1 April 2014 and need to publish first report would be by 1 April 2015
10. If any company does not report then as per Section 134(8) of the act the concerned person of that particular organization would be liable for a penalty of 25 Lakhs rupees and up to three years of imprisonment.
11. A symbiotic relationship between the corporate, government, NGOs and communities is also one of the main aims of CSR.

Keynote Address by: John A. Beed, Mission Director, USAID-India

Session Proceedings:

Mr. John A. Beed presented some innovative models of CSR which do have the capability to bring in immense positive effect in the society. Innovative partnership models were discussed which could lead to significant transformation of business model. Indian scenario was discussed and it was mentioned that around 30 years ago, 80% funding came from donor agencies but in the present scenario, India has become a development partner.

Key Points Highlighted:

1. There is a need to rethink ways to do business and USAID-India focuses on the same.
2. Over the past two decades India has emerged as an increasingly influential global actor and an indispensable partner of the U.S.
3. India is one of the fastest growing economies in the world; on pace to become the world's third largest economy by 2025.
4. India is increasingly financing its core development agenda
5. Back in 1951, India was the world's largest aid recipient. Today it is a key global development partner, financing development cooperation in more than 60 developing countries through the Development Partnership Administration (DPA).
6. Many development challenges continue to exist in India. India remains home to the world's largest concentration of poor people.
7. Its growing population and increasing scarcity of natural resources, combined with escalating demands for improvements in the delivery of basic services, compel India to deliver more value for less cost to more people.
8. These big challenges provide big opportunities for big solutions. Solutions like: All Indian children surviving until their 5th birthday; Five million more children reading at the grade appropriate level by 2015. Vastly increasing food security

Conference Report

and Indians' access to electricity; and Improving incomes and nutritional outcomes for millions at the base of the pyramid

9. USAID/India has changed its strategy to help provide these solutions through a five point approach: Development innovations, Evidence, Capital, Local Partners and Crowd sourcing.
10. The “innovations” can include: Novel business or organizational models; Operational or production processes and products or services that lead to substantial improvements in solving development challenges

Keynote Address by: Bhargav Dasgupta, Managing Director &CEO, ICICI Lombard GIC. Ltd.

Session Proceedings:

The session started with Mr. Dasgupta focussing on the importance of health insurance



as a platform of CSR in India. He mentioned that ICICI Lombard spends 1% of its profits towards the company's foundation. He explained the innovation in healthcare sector through CSR which was taken up through two case studies. First innovative example was provided in the case of Out-Patient (OPD) Initiative wherein ICICI Lombard foundation provided grant to enhance OPD system. The

innovation was to add-on additional programmes to the Rashtriya Swasthya Beema Yojna (RSBY) cards which already existed and were provided by the government. A mobile based application was invented which empirically showed the results increasing upto 15000 OPD claims in a month where the project was piloted. The second example of innovation was of Road Safety Insurance initiatives for saving lives. The scheme focuses on the cashless treatment of road accident victims on national highways in the crucial golden hour after the accident. State of Art life support ambulances were provided for this purpose having real time tracking with GPS. The pilot project aims at cashless treatment in Gurgaon –Jaipur NH 8 highway with a fleet of GPS enabled ambulatory services, a 24*7 call centre and 44 empanelled hospitals.

Key points highlighted:

Conference Report

1. CSR innovations through health insurance could prove to be one-stop shop for health offering to servicing
2. Need-based customized products in healthcare should be the primary focus
3. Transparency is the vital issue which should have detailed tracking of fund utilization
4. Strong in-house audit team should ensure providers are providing quality services to the beneficiaries
5. There is a need to focus on finding solution for the rural market

Keynote Address by: Parul Soni, Executive Director, Ernst & Young

Session Proceedings:

Mr. Parul Soni highlighted on the healthcare programmes initiated by the government of India and focussed on the remarkable initiatives taken up. Providing the example of National Rural Health Mission (NRHM), Clinical Act and RSBY, Parul underlined the fact that there is great scope for partnerships. The emerging avenue of medical tourism was also talked about which could be a potential area for more research and innovations. The flip-side of the Indian healthcare scenario was talked about in terms of great urban rural divide in the field. Citing the Indian example, he added that the healthcare sector provides approximately 17% growth per annum thus there is a huge demand for investment and innovation in the sector.

Key points highlighted:

1. There is a great potential for change in healthcare sector in India thus innovations and investments need to be done in order to harness maximum benefit for economy and primarily the society
2. Formulation of well defined strategy to change the perspectives
3. Quality of healthcare needs to be taken into serious account
4. Process technology innovation has to be looked into when we talk about healthcare
5. Public Private Partnership (PPP) impacts on healthcare interventions should be measurable

Conference Report

SESSION: ENGAGING BUSINESSES IN HEALTHCARE: SCOPE FOR SCALING UP

Keynote Address by: Praveen Aggarwal, Chief Operating Officer-Swades Foundation

Session Proceedings:

Praveen shared his experiences as to how fast the global scenario has changed from more of a consuming and competing world to a more cohesive and collaborative world. Looking at the demographic dividend, India could be viewed as one of the youngest nation on one hand and paradoxically one of the most malnourished and anaemic nation on the other. The healthcare system is primarily working on the curative part. Although health and education are few of the most popular area in CSR initiatives per se, there is no health seeking behaviour nation-wide. At the level of the community, data speaks about how health related things never top the priority list. Health is still a question of basic sustenance. There is consequently a need for change in mindset.

Key points highlighted:

1. Delivery of health care services through CSR should be through community process thus it is essential to generate knowledge and disseminate information
2. Any CSR programme should essentially match business case of the company in order to ensure sustainability, skills and outreach
3. Challenges of health and challenges of nutrition should be treated with equal vigour
4. There is a need to build an ecosystem of development paradigm which could channelize resources in the right direction
5. The data gathered through study of healthcare should be used into useful knowledge generation
6. Work towards building up a social enterprise in healthcare sector through CSR should be done that can utilize local resources, technology and build communities' intrinsic entrepreneurship capabilities
7. There is immense need to locate underlying nexus between health and other factors such as health being directly connected to water and sanitation. This could build up a holistic service delivery model

Panel Discussion: Engaging businesses in healthcare: Scope for Partnerships

Moderator: Dr K.K Upadhyay, Head CSR, FICCI

The house was opened for panel discussion on how well partnerships could work to bring about desirable changes in the field of engaging businesses in healthcare.

Panel address by Ms. Carol Squire, Country Director-Marie Stopes

Conference Report

Carol provided with a comparative analysis of corporate vis a vis NGO sector in terms of the three pillars of partnership, innovation and impact. It was mentioned that corporations are way out of their comfort zones when it comes to planning a CSR projects however the problem lies in reaching to a common understanding agreeable by the partners. Taking example of a process indicator Carol put much needed attention on the point of mutual concord. There have been instances when corporations and NGOs do not understand each other's bottom lines and the whole partnership model ends up appearing like a montage or patchwork rather than an accord. There is a need to locate the linkages amongst different sectors and how do they impact each other.



Key points highlighted:

1. There is a requirement to understand within partnership models as to how it is decided that money is spent in an efficient manner
2. Only awareness does not lead to health seeking behaviour, thus for a partnership model in healthcare need is to address the behavioural change towards a health seeking attitude
3. A partnership model calls for essential analysis of demand side and understand what the community want rather than imposing a self decided set of attributes
4. The pooling of resources is a big challenge. The larger international NGOs have advanced impact monitoring systems which could be shared with corporations.
5. Creating integrated project concepts is essential

Conference Report

Panel Address by Brig (Retd.) Rajiv Williams, Corporate Head-CSR, Jindal Stainless Ltd.

The discussion highlighted on the fact that engaging business in healthcare partnership is not a number game. Every corporation has its own configuration and every engagement in social activities has to be focussed on qualitative aspects. Williams while taking the example of Jindal Stainless being a manufacturing industry, explained how their focus would be different from a service provider company. Jindal would be more focussed towards their mines and factories in their CSR operations. There is need to understand the concept of access into the community through making the resources available and strengthening of existing system.

Key points highlighted:

1. One of the most important aims of CSR for the organizations should be providing reach out and access to resources and infrastructure to their area of operations.
2. Usage of money in the rightful manner and focussing on the area of operations provides with the credibility within society towards business.
3. Building community relations and opening partnerships at local levels can effectively work towards access to better healthcare

Panel Address by: Praveen Menezes, National Business Head, Ziqitza Health Care Limited

The panel discussion focussed at Ziqitza Healthcare's innovative sustainable model of healthcare provision in the country. Praveen explained the ambulatory services project to the audience wherein a successful initiative has been undertaken through public private partnership (PPP) model by provision of state of art ambulances with advanced equipments and facilities. He shared real-time experience citing that approximately 7000 deliveries took place in the ambulances till date. The success behind the unique partnership format is due to coming together of like minded corporations, insurance partners and government subsidies for the initiatives

Key points highlighted:

1. Ambulatory services can be a very successful means of health intervention provided skills of healthcare professionals and facilities are upgraded as per requirement of the community
2. The multi-stakeholder partnerships work at various levels in such innovative partnership models through flow of not only funds in terms of hard cash but also through provision of skill sets, subsidies and technology

Conference Report

Panel Address by: Rahul Bhargava, India Program Officer, The MDG Health Alliance

The MDG Alliance seeks partnerships from multiple stakeholders in health related millennium development goals. The focus is to understand correlation between reduction of mortality rate and healthcare. Rahul shared factual evidences of Indian scenario of stunted growth in children. He also focussed on the fact as children suffer health problems presently, would not be able to be a part of talent pool when they grow up. The focus should be on the fact that companies should be well aligned with the healthcare goals in order to be a part of larger targets and shared values of the nation.

Key points highlighted:

1. India is observed to be a source of talent by many multinational organizations and a potential market by many thus the quality of population needs to be put into core focus area for the corporations
2. A healthy ecosystem if built, would focus on well aligned healthcare linkages and targets
3. The main aim should be to create shared values through multi-stakeholder partnerships and access to infrastructure
4. A well thought roadmap for corporations should focus on core competency of the companies that could lead to sustainability alongwith partnering with like-minded actors and stakeholder involvement
5. The KPIs need to be well strategized in order to measure the outcomes

SESSION: INNOVATION IN HEALTHCARE:SCOPE FOR SCALING UP

Address by the Guest of Honour: Dr. Vishwas Mehta (IAS), Joint Secretary Ministry of Health and Family Welfare, Government of India

Session Proceedings:

Dr. Vishwas Mehta critically analysed the healthcare scenario in the country, highlighting on the issues of various actors in the state-society machinery misunderstanding the government. He empirically cited the dearth of medical institutions and medical professions in the country. He added alarming data of only 387 medical colleges, 306 dental colleges and the ratio of 5 doctors per 1000 population in India which was fairly deficient as compared to the size of population. It was brought up that the distribution of medical institutions is very uneven regionally with the concentration of approximately 65% colleges in South India. The confinement of good healthcare system in town and cities was pointed out to be a big challenge as rural India requires much more attention.

Key points highlighted:

Conference Report

1. The main focus of the healthcare system in India should be to reach out to the communities
2. The government has taken up action to build community resources through training of community health officers (CHOs)
3. There is a need to work together in order to open the private sector avenues to be a part of government innovations
4. The need of an hour is to address the question of 'what we are doing for a man sitting in a village so that he could access affordable healthcare?'
5. Building synergies is a major work to be done in healthcare in India so that more institutions could be built and more skills are generated

Keynote Address by: Vikas Goswami, Group Head- Community Relations Vedanta

Session Proceedings:

The session provided a brief anthropological account of healthcare panorama in Indian culture. Ms. Goswami deduced how health as a concept is missing from our vernacular. Mental illness has never been given due attention in the country. The work in the field of healthcare has not been grounded and there has not been much effort in consolidation. She highlighted the innovations carried forward by Vedanta. Vedanta focuses on building up of institutions which could further sustain themselves through partnership models. A medical college is being built in Bharatpur along with a cancer hospital in Raipur and multispecialty hospital in Lanjigarh. The building up of institutions and healthcare resources, according to Ms. Goswami provides innumerable opportunities for partnerships.

Key points highlighted:

1. By building a permanent healthcare institution, business can act as vanguard of new paradigm
2. Public Private partnership requires deep patience from all participants
3. Various mechanisms and new actors such as Government Organized NGOs (GONGOs) and Quasi-autonomous NGOs (QUANGOs) have come into picture which could potentially build the gap

Keynote Address by: Seema Mehra, Global Strategy and Operations Head-Life Sciences, Manufacturing and Energy, TCS

Session Proceedings:

Seema Mehra in her enlightening presentation brought out the culture of CSR being core to the sustainability of TCS. Highlighting the pragmatic data sets, she brought the attention of the forum on the disease of cancer. The innovation discussed was closely linked to the CSR initiative of TCS taken up in collaboration with the Cancer Institute.

Conference Report

TCS has focussed on the clinical aid as well as administrative aid provision to the Cancer Institute which created transformational impact through product customization, testing, implementation, process management and changed management.

Key points highlighted:

1. The innovations in healthcare has to touch the ethos of the company making it a part of the culture
2. CSR needs to be treated as part of the business
3. CSR activities should be as professionally managed as core business activities which should also focus at decentralization, information exchange, empowering patients, rethinking wellness paradigm, technological innovations and collaborative system across multiple agencies

Panel Discussion: Innovations in healthcare: Scope for scaling up

Moderator: Laura Donovan, Chief Executive, Partners in Change

The house was opened for panel discussion on Innovations in healthcare: Scope for scaling up. Laura Donovan raised focal points of discussion under three broad areas, namely 1. Public sector and innovations in healthcare 2. How business strategy is working in the area and 3. Ideas that could lead to scaling up



Panel Address by: Sandeep Ahuja, Founder & CEO, Operation ASHA

Operation ASHA has been working on the model of building local entrepreneurship within the communities. The innovative framework of the organization locates existing small entrepreneurs within the community such as shop-owners, priests among several

Conference Report

others. The existing network helps the programme to shape up and propagate within the community. Community youth is recognized and trained and in this manner a cadre of healthcare professionals are located and trained within the community with makes the programme essentially self sustainable and efficient

Key points highlighted:

1. Engaging community at the level of implementation of the project builds up a locality development model in which people become self sustained and capable to deal with exigencies
2. The corporations and government being a part of such sustainable framework help to bridge the gaps in the system

Panel Address by: K. Chandrasekhar: Founder &CEO, Forus Health Pvt. Ltd.

The discussion focussed on the importance of technology in the healthcare innovation. It was mentioned that the technology is the biggest leveller and in the problems of large magnitude it is important for the community to be involved in the usage of technology as well. The role of technological innovation was brought forward in the precise manner, citing the example of the 'Trinetra Initiative', it was showcased that a handy tool which is sturdy enough to face the harsh ground conditions is being used for eye-testing within the communities. The algorithms segregate normal and abnormal images and the same is uploaded to the cloud for further intervention. Such technological innovations if scaled up periodically have the capacity to bring about desirable macro changes.

Key points highlighted:

1. Technology could be very effective tool in bringing about innovation and leading to macro transformations from micro changes
2. Skill enhancement of community resources could mobilize the community to a more evolved state

Panel Address by : Subjash Bhasker, GM-HR, MMTC Ltd

The discussion started with a description of the business in which MMTC is involved in. There are three aspects of MMTCs business, namely- 1 Million ton steel plant, wind energy plant and most important is trading. CSR was adopted in the year 2006 and later the policies were reoriented as per the government's DPE guidelines. The innovations primarily dealt with methodologies of reaching out to the backward areas. One of the major initiatives in healthcare taken up by MMTC was opening up of a mini hospital in collaboration with Belur Math in Purulia. The Public Health foundation of India

Conference Report

provided training to the health workers. At an advanced stage the hospital started working on a sustainable model with the ongoing assistance of Belur Math.

Key points highlighted:

1. The CSR activities needs to be closely linked to business
2. Multiple partners work at various levels, for example, the training of public health officials were carried out by Public Health Foundation of India as a part of partnership exercise

Panel Address by: Biren Bhuta, Chief-Sustainability Services, Tata Steel Ltd.

Biren Bhuta brought forward the Tata Steel's model of innovation to work in tandem with healthcare through CSR. It was focussed that the model works at preventive, promotive and curative levels. With the potential for collaborative effort, Tata Steel works in partnership with American India Foundation, NRHM and a technical agency for neo-natal care named SEARCH along with the grassroot level workers. He also specially mentioned project wherein the capacity building of existing Auxiliary Nurses and Midwives (ANMs) has been done leading to new avenues for communities in pre-natal and post-natal intervention. Local district administration plays a very vital role in providing essential permissions and forums.



Key points highlighted:

1. Technology has the capability to democratize healthcare and wellness

Conference Report

2. There is a need to be realistic about public health
3. In any community initiative local government is a very important stakeholder
4. The idea should be to intertwine with existing government system in order to strengthen the same
5. This is the age and era of collaboration so it would be naive on our part to expect government to do each and everything
6. There is a need of leveraging technology
7. A system of matrix measurement needs to be developed to capture the impact of the initiative
8. Business can bring technology , model, money and skill sets but there is a need for two way dialogue to be built amongst multiple partners

Glimpses of the questions addressed:



Some very relevant questions were asked by the participants from varied sectors in the conference, who included members of civil society networks, medical professionals, lawyers, academicians, industry representatives and many others. Selected questions are as follows:

1. How loopholes in the allied social initiatives are identified and dealt with, such as social marketing when they are clubbed together with CSR initiative when actually they shouldn't be a part of the same?
2. As the monitoring system of CSR is still not formulated as per the new Companies Act, what is expected out of governments and corporations?
3. How government would ensure that CSR has a better holistic impact?

Conference Report

4. How the dialogue could be developed between multiple partners in CSR paradigm that could ensure milestones are reached?
5. India being considered the 'land of dead pilot studies'. How a company ensures that their initiatives are not just reduced to the level of pilot project?

Central reflection points of Conference:

1. CSR is not charity or philanthropy anymore in Indian context. IICA is creating a database on CSR and IICA certified CSR professionals would be produced who would give the whole initiative a complete professional fervour
2. The onus of monitoring and evaluation of CSR programme efficacy would lie on the respective businesses as per new legal provision on CSR
3. The main aim is to concretize the initiatives so that they are more projects based and has a partnership model wherein if one participant has put in money into a project, more money could flow from other partners which could easily fulfil the project goals.
4. The new Companies Law has a distinctive definition of CSR and there is no scope of other definitions to be a part of the same. CSR in new legislation is described in terms of hard cash spent by the companies in the activities listed in the Schedule 7 of the Act.
5. The main aim to make CSR mandatory is to build a forum where one has a sheer clear format and equal level of interactions for companies.
6. If any company does not report then as per Section 134(8) of the act the concerned person of that particular organization would be liable for a penalty of 25 Lakhs rupees and up to three years of imprisonment.
7. A symbiotic relationship between the corporate, government, NGOs and communities is also one of the main aims of CSR.
8. A well thought roadmap for corporations should focus on core competency of the companies that could lead to sustainability alongwith partnering with like-minded actors and stakeholder involvement
9. One of the most important aims of CSR for the organizations should be providing reach out and access to resources and infrastructure to their area of operations.
10. Usage of money in the rightful manner and focussing on the area of operations provides with the credibility within society towards business.
11. Building community relations and opening partnerships at local levels can effectively work towards access to better healthcare
12. Only awareness does not lead to health seeking behaviour, thus for a partnership model in healthcare need to address the behavioural change towards health seeking attitude

Conference Report

13. A partnership model calls for essential analysis of demand side and understand what the community want rather than imposing a self decided set of attributes
14. The pooling of resources is a big challenge. The larger international NGOs have advanced impact monitoring systems which could be shared with corporations.l
15. Any CSR programme should essentially match business case of the company in order to ensure sustainability, skills and outreach
16. Challenges of health and challenges of nutrition should be treated with equal vigour
17. There is a need to build an ecosystem of development paradigm which could channelize resources in the right direction
18. Transparency is the vital issue which should have detailed tracking of fund utilization
19. The “innovations” can include: Novel business or organizational models; Operational or production processes; and/or Products or services that lead to substantial improvements in solving development challenges
20. In any community initiative local government is a very important stakeholder. Local district administration plays a very vital role in providing essential permissions and forums
21. CSR activities should be as professionally managed as core business activities which should also focus at decentralization, information exchange, empowering patients, rethinking wellness paradigm, technological innovations and collaborative system across multiple agencies

Total Participants: 224

Number of participating organizations: 161

Conference Advisers:

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Aakash Mehrotra, Manager, Sambodhi Research Pvt. Ltd

Report Prepared by:

Shuchi Bharti, Research Scholar

Jawahar Lal Nehru University, New Delhi

List of Participating Organizations

S. No.	Organizations
1	Mayurbhanj Biological Research(MBR)
2	Swasthexchange (Anglican Indian Cons Group)
3	Sanjivangopalkrushana Sanstha
4	Urban And Development Resource Centre
5	National Human Rights Committee
6	Vishvakalyan Society

Conference Report

7	Annai Social Service Niruvanam
8	Voice of Poor People
9	Modicare Foundation
10	Love And Care India Trust
11	Vestergaard Frandsen India Pvt. Ltd
12	India Hiv/Aids Alliance
13	Emmanuel Hospital Association
14	Sandhya Tamrakar (Individual)
15	Yuva (Youths Union For Voluntary Action)
16	Aids Awareness Trust Of Orissa.(Aids India)
17	Dr Prakash Khalap
18	Sterlite Tech Foundation
19	Yoiuth Association For Voluntary Action And Rural Development
20	Sandhya Tamrakar
21	JNU
22	Mart
23	Sterlite Tech Foundation
24	Gram Vaani Community Media
25	Hindustan Coca Cola Beverages P Ltd
26	Amaltas Consulting P Ltd
27	Pulse Welfare Society
28	Rural Development Society Rds
29	Myfamilydoctor
30	John Snow India
31	Toxics Link
32	Freelancer
33	CBM India
34	FDAsmart Inc.
35	Manav Samajik Kalayan Evam Aarthik Vikash Sanshta
36	Goodweave India
37	Peersabwale
38	Nr Management Consultants India Pvt Ltd
39	R G Social Welfare Trust
40	Gram Vigyan Paryavaran Sasthan
41	The Development Group
42	Lok Bharti Education Society
43	Foundation Of Occupational Development
44	Trilok Youth Club And Charitable Trust
45	Watershed Organisation Trust
46	Swasti
47	Ikure Techsoft (P) Ltd
48	Directorate Of Health, M.P State
49	Connecting Dots
50	GMR Varalakshmi Foundation

Conference Report

51	Vision Spring India
52	The Society For Comprehensive Rural Health Projects In India (CRHP)
53	Luminous Teleinfra Ltd
54	Centre For Tribals And Rural Development Trust
55	Apollo Tyres Foundation
56	Indian Institute Of Foreign Trade
57	CBCI-Card
58	Indcare Trust
59	Access To Diagnostics
60	The Centre For Development And Population Activities
61	IDOBRO
62	Msg Strategic Consulting India Pvt. Ltd
63	American India Foundation
64	East Meets West
65	Arogya Parivar (Novartis)
66	CKS Consulting Pvt Ltd
67	Sightsavers
68	Panchvati
69	Orbis International
70	Kusht Niyantaran Evum Unmoolan Samiti
71	Ardhika Solutionz
72	United Reformers Organization(1983)
73	School Of Planning And Architecture,New Delhi
74	Intrahealth International Inc
75	Antara
76	GE India
77	Accenture Services Pvt. Ltd.
78	Roy Wadia Consultants
79	Humana People To People India
80	Abt Associates India Pvt Ltd
81	Narayana Hrudayalaya Private Limited
82	Action Ahead
83	School Health Annual Report Program
84	Outliers Development Services Private Limited
85	Delhi School Of Social Work
86	Cure International India Trust
87	Prabhaav Foundation
88	Sundesh (CSR Wing Of Dabur India Ltd.)
89	FHI 360
90	Deepalaya
91	Jindal Steel & Power Ltd.
92	Mchip
93	EtyOld Rourkela Education Soci
94	Hungama Digital Services Pvt. Ltd

Conference Report

95	Rural Education And Development Society (Reads)
96	Amanat Foundation Trust
97	Independent Consultant
98	Cuts International
99	Central Square Foundation
100	Sewa Bharat
101	Solidarity And Action Against The HIV Infection In India (SAATHII)
102	Hindustan Latex Family Planning Promotion Trust
103	Solidarity And Action Against The HIV Infection In India (SAATHII)
104	Quadrangle
105	Antara
106	Aecom India Pvt. Ltd.
107	The QED Group, Llc
108	Margadarshak Development Services
109	Independent Consultant
110	Samaj Unnayan Kendra
111	IRRAD
112	Humana People To People India
113	Amaltas Consulting
114	Quadrangle
115	International Hiv Aids Alliance
116	Yava
117	Ores
118	Central Square Foundation
119	Sewa
120	CIDCO
121	Aecom India Pvt Ltd
122	School Health Annual Prog
123	Connecting dots
124	Sewa Bharat
125	Hungama
126	Outliers Dev. Services Pvt Ltd
127	R.B.E.S
128	The Qued Group,Llc
129	Child In Need Institute
130	Saathii
131	CRHP
132	SPG Foundation
133	Kirkos Consultancy
134	Able Charities
135	Jiwanram Sheoduttrai
136	Ksdf
137	Alansar Foundation
138	MMTC Ltd

Conference Report

139	PI Industries
140	Paharpur
141	Tata Tele
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143	Mohfw
144	Prakruthi
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