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A SATELL INSTITUTE CSR Research Report for Business Leaders

A Major Eye Care Provider in India Uses CSR to Treat Impoverished Infants –

And Build Its Brand Creating Lasting Patient Relationships

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Name of the Organization: Narayana Nethralaya Location: Bangalore, India

Abstract

Narayana Nethralaya (NN) is one of the leading eye-care centers in India. Its mission statement reads "We are committed to providing the best service in eye care through continual improvements of our systems, processes, technology and through the employment of dedicated and competent professionals of a progressive mindset."

NN is perhaps most well-known for its community eye-care centers, which offer treatment to the poor at minimal or no cost. One of the main CSR initiatives of the organization is KIDROP (Karnataka Internet Assisted Diagnosis of Retinopathy of Prematurity), the nation's first telemedicine (in the form of Teleopthalmology) program that screens for infant blindness in rural and outreach centers. The program has been functioning since 2007 and screens young children for Retinopathy of Prematurity (ROP).

India is suffering from an epidemic proportion problem, with 3.5 million infants born prematurely each year who require screening. This initiative is important given the abysmally low level of insured people in India. The hospital is also recognized for its research facilities and carries out research in stem cells, molecular techniques (polymerase chain reaction), genetics, ocular immunology and infectious diseases.

Background



The secular and religious exist side by side and there isn't a perceived dichotomy between "old" and "new" ways of doing things.

CSR in India can be considered both old and new. In its modern formulation, it is relatively new. But if one considers the tradition of giving to religious institutions and other charitable organizations, it is as old as the country itself – or about 5,000 years old. Today the religious and cultural norms of India are being reconfigured and deployed in the corporate sector. This could be considered an innovation.

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Corporate philanthropy in India is growing in line with the growth of the economy and the rise in the number of billionaires, and the introduction of legislation in 2013, which mandates that 2% of all company profits be directed to corporate social responsibility.

What is the legal and tax treatment of CSR?

With the liberalization of the Indian economy in 1991, there has been a cultural as well as administrative infusion of philanthropic ideas in India.

Companies have been getting tax credit for CSR activities, but a recent law has changed the landscape greatly. The recently introduced Section 135 of the Indian Government's Companies Act 2013 (Government of India 2013) mandates

the expenditure of 2% of all company profits (averaged over three years) on CSR activities.



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What are the cultural norms and history around CSR?

Indian philanthropy can be understood through the lens of syncretism – i.e., the merger of religious and cultural traditions in India. The influence of Gandhian philosophy of being a "trustee" of one's wealth is dominant even among the leading corporate in India – the TATAS, Birlas and other conglomerates.

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Many industrialists played an active part in the freedom movement, the Birlas being key. This legacy of being involved in social causes and social justice initiatives continues today, though in new and different form.

There are some similarities with the Western norms of philanthropy, though Indian philanthropy goes beyond the conceptions of charity and giving as "reciprocity of gifts," which originated with such formulations by Marcel Mauss, the French Sociologist. Indian CSR can also be understood more broadly using the conceptions of trusteeship of wealth and *dan* or charity, with no expectations of any return on part of the giver.

Value added for the company

NN is perhaps one of the most recognizable brand-names in Bangalore (and perhaps in all of South India). It enjoys a very good reputation among the community and media. Additionally, it offers an opportunity for the growing information technology firms to engage and partner with them, to create opportunities for volunteering, reaching new audience and increasing employee satisfaction. This project is also attracting attention from other corporate firms that have come forward to support it, financially and otherwise.

Nonprofit or community engagement

The Teleophthalmology initiative has been functioning for the last eight years. The community engagement is at the level of the primary healthcare center or the local hospital. The local hospital refers patients or sends them to the vision care centers, at the local district level. This is where NN works along with the local hospital to offer their services. The hospital does offer some preliminary assistance, in terms of offering space to conduct their eye examinations. The hospital also offers initial eye examinations, and prepares the patients for any procedure that may be needed.

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Results

So far, more than 75,000 imaging sessions have been carried out in over 92 neonatal centers. This has saved more than 1,504 infants saved from permanent and irreversible blindness. The team at NN has collaborated to train teams across other states in India such as Pune, Ahmedabad, Bhubaneswar, Jaipur and Lucknow. The National Task

force for ROP has identified KIDROP's strategy for a nationwide expansion. This project has impacted national policy, as well.

The Innovation

NN's Teleophthalmology can be considered an innovation and a pioneering idea. Teleophthalmology refers to telemedicine that delivers eye care through digital medical equipment and telecommunications technology. It is also the first program of its kind to train non-physicians to capture images of neonates in rural centers and report them with great accuracy.

The innovation in this project lies both in the technology and the financial model. Poor patients are treated for free or at heavily subsidized costs.

Also, there is a conscious effort to develop new technologies and partnerships to bring innovative technologies to the masses.

This includes a newly developed method of photographing the eye in a low-cost way, so it can be used with all patients irrespective of whether they are insured or not. While there are a handful of projects using Teleophthalmology, the most important ones being the ones run by Sankara Nethralaya Medical Research Foundation and the Madras Diabetes Research Foundation (MDRF), each one has a specific focus. While NN focuses on pediatric care as their primary focus, the latter two are more focused on diabetes related treatment. But they all offer comprehensive eye-care services.

This model also addresses the biggest challenge in rural India (and rural parts of many developing countries) and that is access to quality healthcare. With teleophthalmology, many of the acute eye-care issues can be addressed effectively and efficiently.

In a country where less than 15% of the population is insured, this comes as a timely and important intervention.

How it works

The process is quite simple, though the technology used is quite advanced. Eye examinations are carried out by an ophthalmic technician at the vision center, and these results



are shared with an ophthalmologist at the base hospital.

The images captured by the technicians are uploaded on a low cost cloud computing server. The images are available for

are developing their own Vision Centers networks.

remote ROP experts to view and report "on-the-go" on their smart phones and tablets using a specially designed app. The ophthalmologist then consults with the patient, confirms the diagnosis and then writes/sends a prescription. Patients needing surgery are sent to the base hospital and this accounts for about nine percent of the 20,000 consultations done annually.

Other states in India, such as Tripura (North East), have adopted this model and are developing their own Vision Centers networks.

The core of the technology is a "RetCam" that captures images of the retina and transfers them to the tertiary care facility. The report is generated in real time that is shared with the local technician sitting with the patient.

Conclusion

The NN model demonstrates two things: First, a low-cost innovation for the masses is possible, even if they are uninsured and too poor to pay for the cost of treatment. Second, across-sector partnership can add real value. While NN is a private enterprise, it works well with the government agencies and hospitals to ensure that eye-care is provided to those in need.

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