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Ministry of Corporate Affairs, Government of India.



SUSTAINABLE INNOVATIONS IN CORPORATE INDIA

Case Studies on 'Purpose beyond Profit'



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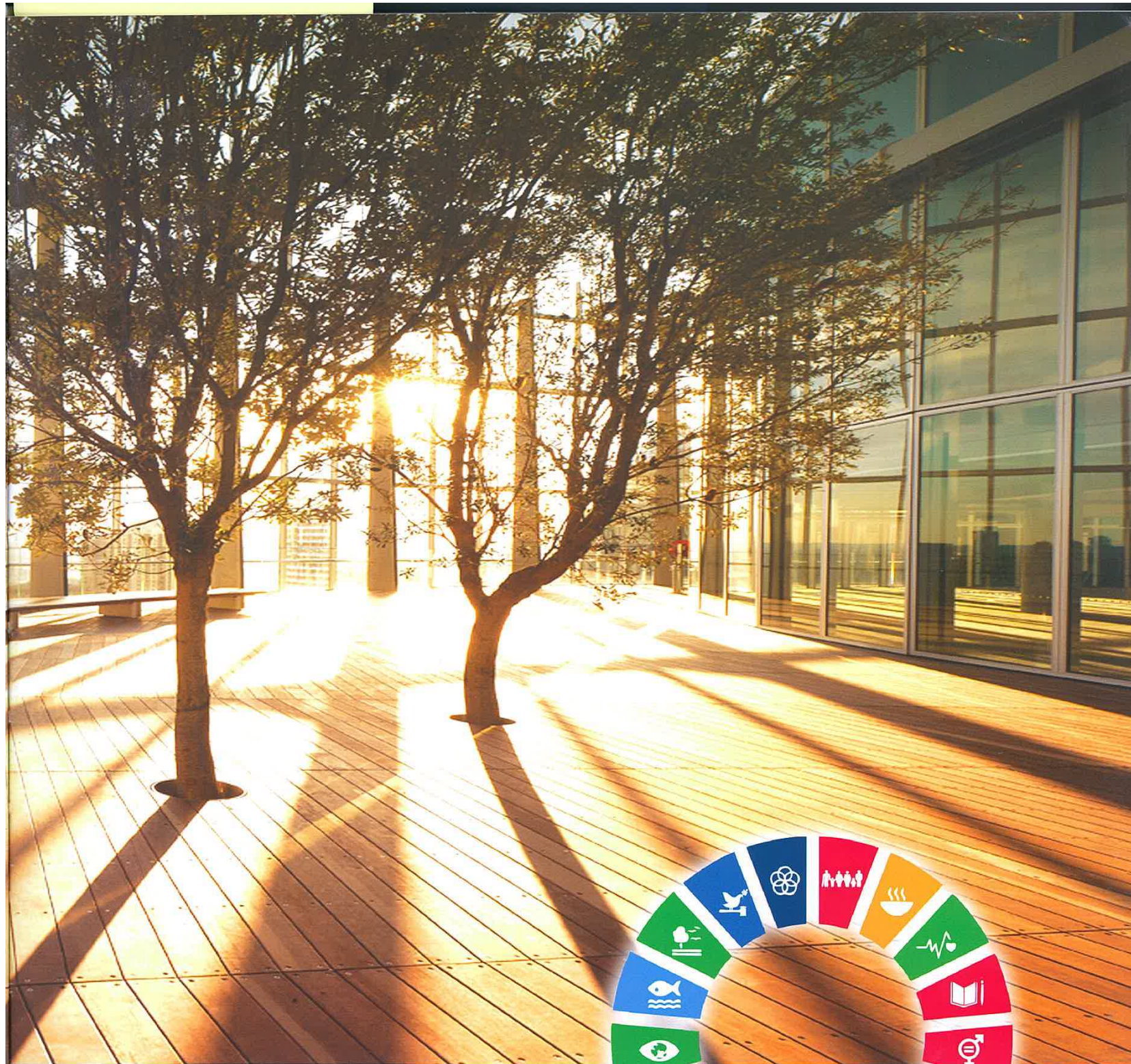
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SUSTAINABLE INNOVATIONS IN CORPORATE INDIA



Case Studies on 'Purpose beyond Profit'

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Centre for Business Innovation, IICA has developed a Coffee Table Book on the theme 'Sustainable Innovations - Purpose beyond Profit' by selecting 11 case studies from 11 different corporate/PSUs of repute. It is a case repository to discuss sustainable business practices and provides the real examples of success stories of different corporate bodies.

This Coffee Table Book is an instrument of symbiotic linkage between the corporate, government, consumers and end-users, reflecting a strong and committed partnership. The case studies highlight not only the CSR best practices but also indicating the social benefits stemming from it. With this compendium of cases from business of diverse nature, Centre of Business Innovation at IICA endeavoured to highlight the importance of adopting a more progressive way of governance by both public and private business houses for sustainable society. The attempt of behavioural changes depicted by efforts of many business houses acme the much-required shift in 'business model' for better and more sustainable future.

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BUILDING LIFE
CONFIDENCE
THROUGH
'SMILE PLEASE'

The story of *'Smile Please..'*
A project through which 1534 children have received safe and
successful corrective surgeries to lead a life in confidence.

It was a well thought out decision by the Board of Muthoot Pappachan Foundation to implement 'Comprehensive Cleft Care Surgery Missions' across India, by providing free surgery and care for children afflicted with congenital-lip and palate-cleft disorders. A series of discussions with experts substantiated the fact 'the-cleft' is not just a cosmetic issue, but has several functional challenges some of which can be fatal, or affect the development of the child in physical, psychological, educational, social and vocational terms. In India, irrespective of geographies or social class, cleft is also associated with many misconceptions and its patients are often ostracized in many communities, by considering it as a curse. Apart from these, lack of information, access to facilities and financial implications keep the underprivileged sections of the society away from seeking correctional surgeries. Hence, besides extending expert surgical care at accessible locations, it is even more important to bring greater awareness by creating an enabling environment for these children to lead a normal life. It therefore requires involvement of all stakeholders in implementing this mission to achieve the desired results.

Starting from staff members of over 3600 Indian-branches of Muthoot Fincorp Ltd., which not only created awareness on cleft-disorder, but also helped identify affected children even in remote villages, the list of stakeholders is long. It includes partner NGOs; hundreds of medical experts who volunteered for the mission; hospitals that extended required medical infrastructure and other resources; families of cleft patients; non-medical volunteers, civil society organizations, et. el. This case-study shares the success of project 'Smile Please' implemented by Muthoot Pappachan Foundation through which 1534 children have received safe and successful corrective surgeries thus far, to lead a life of confidence.

INTRODUCTION

Muthoot Pappachan Foundation in partnership with Mission Smile has developed the programme 'Smile Please' to extend free comprehensive cleft surgeries to poor and needy patients. Mission Smile is a registered medical charitable trust dedicated to provide free life-changing surgeries to children born with cleft-lip or palate and other facial deformities.

The efforts of Muthoot Fincorp and Microfinance branch staff in conducting extensive field outreach in rural areas to identify patients from deserving backgrounds was a new facet in health

intervention from a corporate. And when it was coupled with the expertise of 'Mission Smile', it gave a new face to Comprehensive Cleft Care in the country.

"We make sure that the entire financial aspects are taken care for all those kids to receive surgical and extended care. It covers all components like, medicines, food, accommodation, travel costs for the whole family, surgical costs, follow up services, nutritional support, etc. It is our commitment that the patient's family does not have to spend any money in this regard" says Dr. Prasanthkumar Nellickal, Head of CSR for the Group.



BACKGROUND

The word 'cleft' means a 'split' or 'a fissure'. During normal fetal development, separate areas of the face grow individually and later join together in early gestation. Sometimes however, there is incomplete fusion of the upper-lip and/or the hard-palate bone, or the soft-palate bone that forms the roof of the mouth. This creates a cleft.

The cleft may be unilateral, occurring on one side of the face; or bilateral, occurring on both the left and right sides. There may be a cleft in just the lip (CL), just the palate (CP), or both (CLP). As a result, there is a wide range in the severity of clefts and their resulting problems; and also in the complexity of their treatment. While clefts in the lip are more visible, clefts in the palate generally cause more physical challenges to the patient because of the hole between the roof of the mouth and their nasal cavity.



Source: <http://www.cdc.gov/ncbddd/birthdefects/cleftlip.html>

If not properly treated, clefts can lead to numerous health issues including; malnutrition and stunting; besides speech, hearing and (nasal) breathing difficulties. Furthermore, people with clefts are often subject to intense social stigma and discrimination. Children with cleft-lip (with or without cleft palate) face a variety of challenges, depending on the type and severity of their clefts.

Worldwide, over 10 million people have clefts of the lip and palate. The reported incidence in India is 1 in 700 childbirths. Cleft lip and/or palate are a most common facial congenital anomaly, and its etiology has been attributed to various environmental, genetic and

unknown factors. The management of these anomalies is important not only for aesthetics and psychosocial stigma but also for phonation, hearing, mastication, deglutition and ventilation. The accepted standard of repair is multi-disciplinary approach along with a dental surgeon, a speech pathologist and an audiologist. The functional outcomes depend on timing of the surgery, type of repair, regular follow-up, physiotherapy and parental interest. In developed countries, these patients are identified at birth itself, and parents are educated on surgery and follow-up. Early interaction with cleft care team helps in timely surgery and satisfactory outcome. In developing countries like India, low socio-economic

status, illiteracy, superstitions, lack of awareness and poverty delays their visit to the cleft care centre.

Problems	Impact of Problem
Feeding Problems	<p>Infants cannot suck effectively</p> <p>Toddlers and elder kids are prone to eating disorders resulting in malnutrition</p>
Eating Problems	<p>Milk gets into the nasal cavity and may result in choking or aspiration</p> <p>Teething problems</p> <p>Missing teeth</p> <p>Increased number of cavities</p> <p>Malocclusion of teeth (When teeth are bunched together or on top of each other).</p>
Speech Problems	<p>Nasal voice</p> <p>May develop nodules on the vocal cord due to vocal abuse</p> <p>Delayed speech and language development</p> <p>Difficulty with articulation and proper pronunciation of words</p>
Ear Infections	<p>Most children with Cleft Lip are prone to middle ear infection</p> <p>Hearing Loss</p> <p>May be associated with repeated ear infection</p>
Psychological Problems	<p>To pay the price for looking and sounding different</p> <p>Poor self-esteem</p>
Social Problems	<p>Suffer isolation and alienation from peers and society</p>



CLEFT CASES IN INDIA AND CHALLENGES

Several organizations are engaged in cleft-care in India, providing surgeries to the affected children. However, it is not enough only to provide correctional surgeries. The issue is rather wide and complex. In a study across certain areas of rural Gujarat, in a community consisting largely of Hindu manual labourers, 84% of the population believed that CLP is due to an 'act of faith'. There is also a belief that CLP is a punishment due to some previously sinful act. Other preconceived notions include occurrence of a solar eclipse or starvation in the village during pregnancy.

Another study was done amongst the rural communities in the clusters of Gujarati dominated areas in Mumbai. It was an area where there was high poverty, unemployment and illiteracy. The studied population consisted of patients whose parents have not largely accepted modern methods of cleft treatment as the norm. It was found that almost all parents in this cohort of India blamed the birth of a CLP child as a curse, an act of evil spirits or retribution for past sins. Unfortunately, similar treatment is received by cleft afflicted kids in many parts of the country where illiteracy, superstitious beliefs and social taboos are major challenges.

Given the beliefs that families have about CLP, it is understandable that a CLP affected child would experience strained relationships with family members and perhaps even poor exposure to the outside world. There is a tendency for CLP affected children to have limited social interaction due to the family's shame and concern. There are also raised anxieties and unique concerns when exposing the child to any new environment, like a new school. There are also families who choose to isolate such children, perhaps as a way of protecting them. Some extreme examples include parents abandoning the child or leaving them to be raised by grandparents.



After understanding the situation, Muthoot Pappachan Foundation decided to address this health concern and social dilemma to serve those who did not know the solution or could not afford its treatment.

PROGRAMME SCOPE & OBJECTIVES

The broad objective of the project is to provide sustained and comprehensive cleft-care to patients through:

- Dedicated establishments at specific locations where the Muthoot Pappachan Group is having its business reach; across 17 states of India.
- Setting-up of a centre at the Muthoot Life Brigade Hospital at Kottayam, Kerala which would be the flagship centre of the group for providing comprehensive quality care for patients.
- Local skill development through training and exposure to best practices of cleft care for enhanced sustainability.
- Bringing larger stakeholder connectivity in deploying the program where local civil society organizations are involved in reaching out to the needy and deserving.
- To engage in larger partnerships with both private and government health systems for imparting quality care.
- Continued engagement and involvement of employees for patient identification and volunteering for the cause of cleft patients.

- Creating larger awareness in public, through staff outreach against the misconceptions and creating an enabling environment for the CLP affected children to live a life in confidence.

HIGHLIGHTS OF IMPLEMENTATION PROCESS

The first Mission of 'Smile Please' initiative was conducted at Muthoot Life Brigade Hospital, Kottayam, Kerala from October 11-18, 2014 in which 52 patients were provided free cleft surgeries. A 40-member medical expert team across from 7 states volunteered for its implementation.

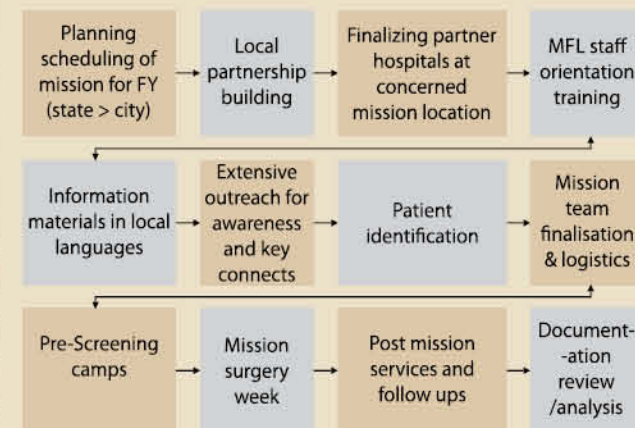
Started in 2014, this initiative has provided safe surgeries to 1534 patients thus far through several initiatives conducted at various locations in the country. These initiatives have screened 2285 patients and have also touched their families. The geographic reach of the project is given below in the chart.



Several experiments and innovative efforts are carried out to build awareness and motivate patients to come back for post-operative check-ups as a part of the program's commitment to provide comprehensive

cleft care. One such an occasion was the Children's Day celebrations with patients and their families, which also portrayed the 'compassionate' side of the Muthoot Groups' medical interventions. Over 150 patients who had received surgeries from Kottayam Centre were invited to this celebration. Engagement of patients and their families was ensured in a festive atmosphere with their participation in entertainment programs like magic shows, singing, dancing, drawing, sketching, etc. Parents of patients and patients themselves shared their experiences on how their lives were impacted post the medical interventions.

The step by step processes of implementing the 'Smile Please' project is portrayed below:



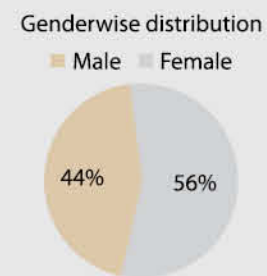
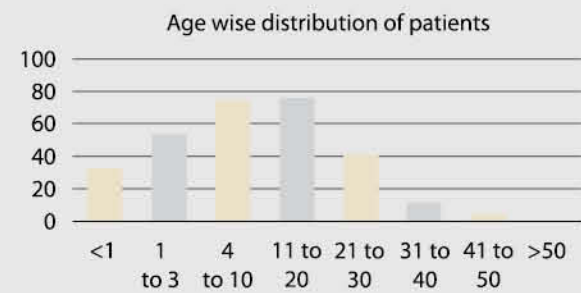
PROGRAM REVIEW & MONITORING MECHANISMS

Muthoot Pappachan Foundation has implemented a series of methodical efforts to review and analyze the impact of its project. A customized questionnaire was developed to seek the socio-economic profiles of the patients who had received surgeries through its efforts. The consolidated data provided information that the program had actually reached the deserving beneficiary population, who could not otherwise have afforded the cost of surgeries on their own.



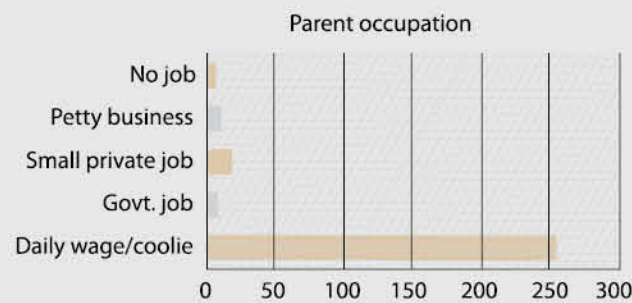
Age and gender wise distribution of patients

A majority of patients (54%) who received surgeries are children below 10 years in which 28% are infants and toddlers belonging to 0-3 years. The 10-20 age group constitutes the next largest segment comprising of 25% patients followed by persons belonging to 20-30 age group; at 14%. Only 2% patients were above 30 years. According to gender; 56% of patients were male while 44% were female.



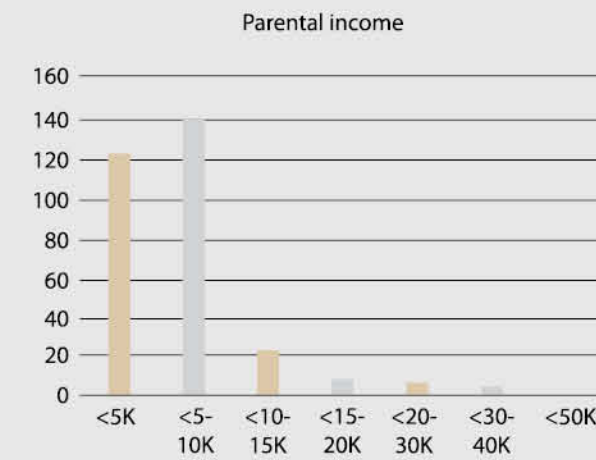
Parent's Occupation

85% of parents were daily wage labourers (mostly farmers/ masons/ drivers/ labourers, etc.). 6% were engaged in small private jobs. 4% were petty business owners like small/street vendors. Only 2% of patients were reported from families where parents were low-grade government employees.



Monthly income of patient's family

A majority of the families (88%) earned less than Rs. 10,000 per month of which 41% earned less than Rs. 5000; and 47% between Rs. 5,000 to Rs. 10,000 per month. The second largest sub-set of 35% was in the Rs. 5000-10000 income group. 8% belonged to the Rs. 10,000-15000 income group while 2% earned a monthly income between Rs. 15,000 to 20,000. These families were not able to afford the surgery cost, hence they did not opt for the corrective treatments for their children.



Only 2 cases were considered from a considerably higher income group (Rs. 30,000 to Rs. 50,000), specifically due to the severity of cleft, which was taken on the basis of medical/research interest. From the analysis it is evident that the surgeries were provided to genuinely deserving patients belonging to the lower socio-economic backgrounds.

PROGRAM IMPACT

Apart from the direct impact of positively changing lives of 1534 children who received such surgeries, the project has also demonstrated certain other positive attributes.

Though the numbers are quantitative indicators on the accomplishment of the program, what matters more is the quality of the services extended; including creation of general awareness, family counselling and a host of

additional services including speech-therapy, additional or secondary surgeries, follow-ups, etc. The subsequent table portrays the achievement of this program.

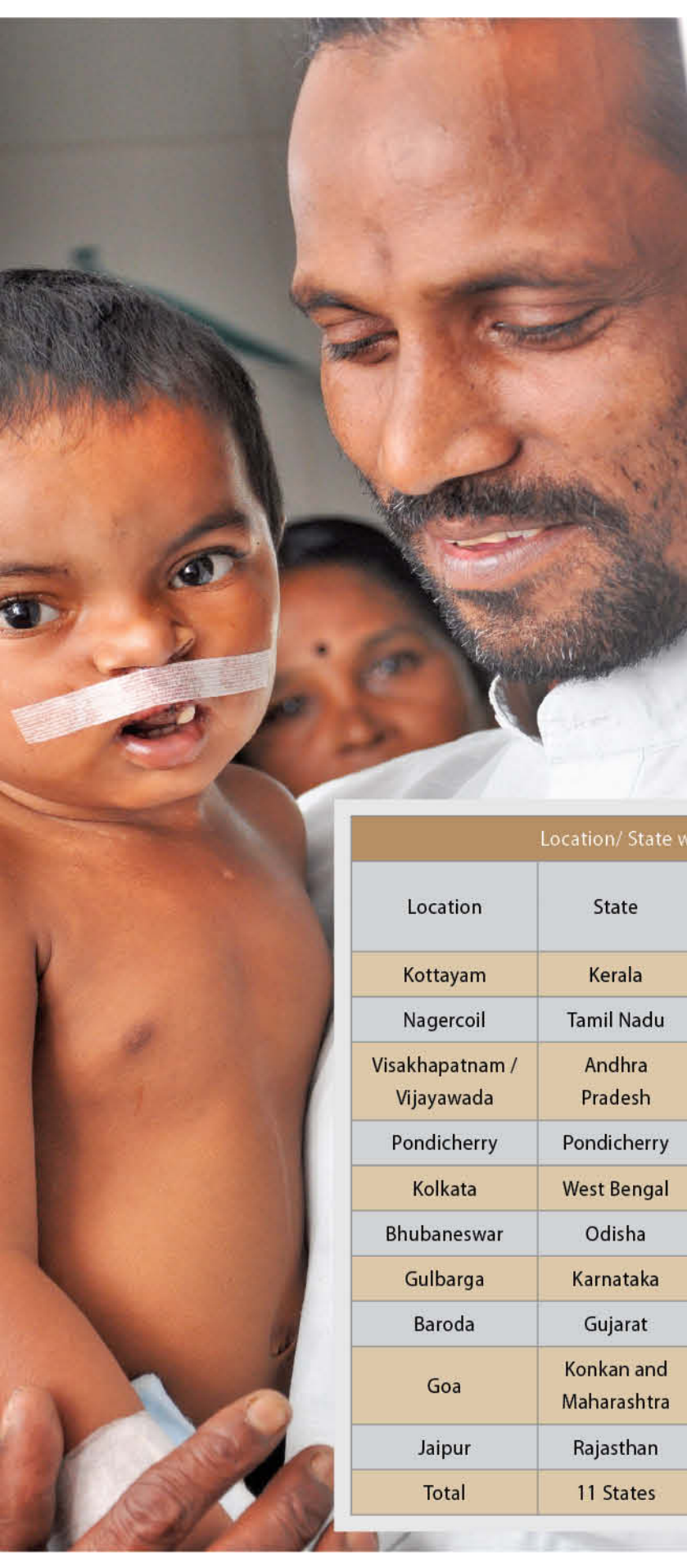
Activity	Accomplishment
Outreach coverage	6 lakh people
One to one coverage	1.5 lakh families
Total CLP patients screened	2285
Family Counseling	2842
Speech Therapy	683
Number of Medical volunteers associated with the Mission	600+

SCALABILITY AND CONCLUSION

The program will be continued with all its field elements at various locations covering an even larger population. Our branches find it a gratifying experience to associate with this initiative since and in a way, it involves giving back to society in a meaningful way. The social reputes our branches are getting through this program is huge, since we are instrumental in changing lives.

Since the backlog of the number of patients is very high and increasing on a daily basis, there is a need for more concerted efforts in dealing this issue. We welcome other corporates also to join our mission and add to our efforts, by sharing our resources and strengths. This will pave way for a 'cleft-free India'. At this point, it is to be acknowledged that all the medical fraternities who come forward to join our mission have volunteered their skills and services for the cause of making our country 'cleft-free'.

The administration cost of the program is just 10% and the entire 90% of the funds are utilized towards field implementation of the Missions extending safe, quality and comprehensive and cost-effective surgical care to a highly vulnerable patient population. Also, the entire process is transparent. From our experience, it is evident that we can bring in good PPP models. Three Missions-



Kolkata Vijayawada and Gulberga, were conducted in Government Hospitals. This somewhat invalidates our apprehensions towards public health infrastructure in the country.

Muthoot Pappachan Group is confident that its efforts have contributed beyond merely health parameters. It believes our efforts are also contributing towards nation-building since through these surgeries we are also building a stream of confident young men and women who will eventually become productive enough towards nation-building.

Location/ State wise details of surgeries accomplished (2014 - 2018)					
Location	State	Missions		Centre	Total
		Numbers	Surgeries	Surgeries	
Kottayam	Kerala	2	95	147	242
Nagercoil	Tamil Nadu	1	38	209	247
Visakhapatnam / Vijayawada	Andhra Pradesh	5	300		300
Pondicherry	Pondicherry	3	176		176
Kolkata	West Bengal	2	147		147
Bhubaneswar	Odisha	1	45		45
Gulbarga	Karnataka	2	154		154
Baroda	Gujarat	2	132		132
Goa	Konkan and Maharashtra	1	50		50
Jaipur	Rajasthan	1	41		41
Total	11 States	20	1178	356	1534

“ At Muthoot Pappachan Group, social engagement is a 130 year old legacy and its new strategic design is reflected through Muthoot Pappachan Foundation. We framed our social responsibility policy keeping stakeholder engagement as the key component and by ensuring proper implementation. Muthoot works on socially critical issues to bring in tangible results primarily in Health, Education, Environment and Livelihood domains. Muthoot Healthcare project is an initiative of Muthoot Fincorp and Microfinance domain, making it the largest employee engagement platform with extensive outreach, creating larger awareness, comprehensive care and quality volunteering.”

Mr. Thomas Muthoot
Executive Director
Muthoot Pappachan Group



Muthoot Pappachan Foundation

