

PRESS RELEASE

Piramal Swasthya Announces expansion of its Project "ASARA" in the hardto-reach tribal areas of Vishakhapatnam, Andhra Pradesh

- Aims to end preventable maternal and child deaths through community outreach. 'Nutrition Hub' focuses on addressing nutrition challenges through community participation
- Key components of the model include health services delivery at the doorstep through community outreach, mobility for pregnant mothers, specialist consultations through telemedicine, community engagement and effective use of local nutrition resources at the community 'Nutrition Hub'
- Since 2011, the project has covered the 45,000-plus population in 181 habitations. The expanded project will now cover a population of around 2.5 Lakh covered in the hard-toreach tribal habitations of Visakhapatnam
- Integrating the existing services of Piramal Swasthya and supplementing the Andhra Pradesh Government's efforts through collaboration with the Health Department and the ICDS – for better health outcomes

Vishakhapatnam, November 8, 2017: Piramal Swasthya, an initiative under the aegis of Piramal Foundation (the philanthropic arm of the Piramal Group), today announced the expansion of its Project 'ASARA' in the hard-to-reach tribal areas of Vishakhapatnam, Andhra Pradesh.

Need & Project Details:

To help transform the health parameters of Visakhapatnam, a focus on the tribal belt (which constitutes about 60% of the area) is imperative. The prevalence of malnutrition and nutritional anaemia, among the tribal groups in the remote inaccessible regions of Araku, makes it important to supplement the efforts of the Government. ASARA 2.0 will amplify the success and the impact of ASARA 1.0.

ASARA Phase 1.0 in Vishakhapatnam district, Andhra Pradesh:

Started in 2011, project 'ASARA' focused on the tribal populations of Araku valley in Andhra Pradesh, covering the 45,000-plus population in 181 habitations. The project aimed to combat the region's tribal healthcare challenges and deliver primary healthcare to inaccessible tribal belts. Mobile health workers travel to remote habitations and serve pregnant women. In addition, specialist doctor

Impact: 2011 to 2017

- 4900+ Pregnant women served
- No Maternal deaths reported in last one and a half years
- Improved percentage of institutional deliveries from 18% to 68%

consultations are facilitated through telemedicine centres. The current programme is an expansion of this successfully implemented model.

The four prime components of this project are:

- Outreach Facility: A four-wheeler drops Auxillary Nurse Midwives to the nearest motor-friendly road. The ANMs travel on bikes to a point from where they 'hike' to reach the habitation. The farthest such habitation, Nanda, is 36 kilometres away from the base.
- Trained Paramedic field staff: Once in the habitation, the ANM identifies every pregnant woman and every neonate. The pregnant women are registered after conducting basic tests as part of the initial examination. Pregnant women are also provided with counselling on healthy practices to be



followed during their pregnancy. This is followed up by an appointment for consultation with a specialist at our Telemedicine Centre.

- Tele-Health Centre: The next day, a four-wheeler is sent to pick up all pregnant women registered and gets them to the Tele-Health Centre where a staff nurse collects a detailed history. This is followed by a consultation with an expert gynaecologist, who is based out of Hyderabad and connected virtually with the help of conferencing technology. Free medication, along with nutrition supplement, is also provided to the expectant mother at our Tele-Health Centre and she is then dropped back to her habitation.
- Referral Services: When a woman is in labour, our ANM picks her up (the woman reaches the motor-friendly road on a paalki) and shifts her to a Government health facility for a safe delivery. Our ANMs support these women and children through their pregnancy, child birth and neonatal period while keeping the Government machinery in the loop

ASARA Phase 2.0 in Vishakhapatnam district, Andhra Pradesh

Telemedicine Centres:

The expansion aims to cover the 2.5 lakh-plus population, including women, children and adolescents in 1179 hard-to-reach habitations across the 11 mandals of the entire tribal belt of the district, starting with Paderu and Chintapalle. It will provide services that include —

- 1) Monthly antenatal care for pregnant women
- 2) Care for postnatal women and their infants
- 3) Counselling and social interventions
- 4) Training of traditional birth attendants
- 5) Promoting institutional deliveries &
- 6) Health education to adolescents in these habitations.

Additionally, training and mobility to frontline health workers, remote specialist advice through telemedicine centres and tracking compliance to prescriptions will ensure quality service delivery and superior compliance. A unique feature is transporting pregnant women to delivery centres, along with their attendants/family members, to ensure safe delivery under professional care.

Nutrition Hub:

Emphasis on nutrition is an important dimension of the program. A community-based approach to nutrition has been adopted at dedicated 'Nutrition Hubs' to educate communities about a healthy and nutritious diet. The hubs are being set up to help prepare, process and preserve nutritional – traditional and locally available – food items for families.

Technology & Analytics:

AMRIT, our technology platform, focuses on the utilisation of appropriate technology and analytics to enhance quality healthcare delivery. It not only facilitates telemedicine consultation even in areas with relatively poor network connectivity, but also is able to safely and securely tag consultations to a beneficiary's electronic medical record, thereby improving quality of service.

Speaking about the initiative, **Mr. Vishal Phanse, CEO, Piramal Swasthya**, said, "Piramal Swasthya aims to transform India's health ecosystem through high impact solutions, partnerships and thought leadership. Andhra Pradesh is one of the most pro-active states in the country working to improve quality health care access and availability to citizens. Piramal Swasthya is happy to contribute to and complement existing government health efforts. ASARA is our conscious effort to secure mother and



child health, reduce the maternal and neo-natal mortality rates and significantly enrich the nutrition levels of tribal populations".

"Keeping in mind the project's phenomenal record in its first phase, the second phase will magnify in reach and empower communities through outreach and telemedicine services. The additional thrust on nutrition and the use of locally available, culturally accepted food items and diet gives a push to holistic and indigenous, self-sustainable solutions. We believe that our model will have significant impact on the overall health indicators of Visakhapatnam, which, in turn, will have an impact on the health indicators of Andhra Pradesh."

Piramal Swasthya, an initiative under the aegis of Piramal Foundation, endeavours to make primary Healthcare available and accessible to the vulnerable population of India. Piramal Swasthya aims to bridge the healthcare service delivery gap for vulnerable communities through its innovative and high impact solutions that leverage its experience and harnesses technology to deliver "transformation at scale".

Piramal Swasthya strongly believes in collaborating closely with the government through the entire programme cycle from designing to implementation for creating sustainable outcomes. Piramal Swasthya believes that innovations that are scalable and replicable in PPP mode is the key towards achieving the India's Strategic Development Goals.

A staff of over 3600 employees with a dedicated medical force of over 450 experienced doctors and specialists and a large trained paramedic staff lead the delivery of services at Piramal Swasthya. Starting with a pilot project in Andhra Pradesh in 2007, it has spread its footprint to now cover 13 different states and serving beneficiaries.



About Piramal Enterprises Limited:

Piramal Enterprises Limited (PEL) is one of India's large diversified companies, with a presence in Financial Services, Pharmaceuticals and Healthcare Insights & Analytics. PEL's consolidated revenues were over US\$1.3 billion in FY2017, with 51% of revenues generated from outside India.

In Financial Services, PEL provides comprehensive financing solutions to real estate companies. The division's Corporate Finance Group (CFG) also provides senior and mezzanine growth capital to various businesses across varied sectors that are integral part of India's growth story. The Division has also launched Distressed Asset Investing platform that will invest in equity and/or debt in assets across sectors (other than real estate) to drive restructuring with active participation in turnaround. The total funds under management under all these businesses are over US\$5.5 billion. The Company has recently launched a retail housing finance vertical. The Company also has strategic alliances with top global funds such as APG Asset Management, Bain Capital Credit, CPPIB Credit Investment Inc. and Ivanhoé Cambridge (CDPQ). PEL also has long term equity investments worth ~US\$1 billion in Shriram Group, a leading financial conglomerate in India.

In Pharma, through an end-to-end manufacturing capabilities across 13 global facilities and a large global distribution network to over 100 countries, PEL sells a portfolio of niche differentiated pharma products and provides an entire pool of pharma services (including in the areas of injectable, HPAPI etc.). The Company is also strengthening its presence in the Consumer Product segment in India.

PEL's Healthcare Insights & Analytics business, Decision Resources Group, is the premier provider of healthcare analytics, data & insight products and services to the world's leading pharma, biotech and medical technology companies and enables them to take informed business decisions.

PEL is listed on the BSE Limited and the National Stock Exchange of India Limited in India.

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