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**BRINGING WOMEN'S  
HEALTH ON THE CSR  
AGENDA –**  
*A Stakeholder Dialogue by  
Ipas Development Foundation*

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**A Report**

**September 2017**

Ipas Development Foundation, with technical assistance from PwC India held a stakeholder dialogue in July 2017. The primary objective of the dialogue was to emphasize the importance of including women's health, especially reproductive health issues, into the CSR agenda.

This report briefly presents the proceedings of the stakeholder dialogue along with an overview of key gaps and funding options for Corporates in the realm of women's health.

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## List of Abbreviations

ACF	Ambuja Cement Foundation
ASHA	Accredited Social Health Activist (ASHA)
CAC	Comprehensive Abortion Care
CCC	Comprehensive Contraceptive Care
CIFF	Children's Investment Fund Foundation
CLTS	Community Led Total Sanitation
CSR	Corporate Social Responsibility
FOGSI	Federation of Obstetric and Gynaecological Societies of India
FRU	First Referral Unit
HNBC	Home Based Neonatal Care
ICRW	International Centre for Research on Women
IDF	IPAS Development Foundation
IEC	Information, Education and Communication
IMA	Indian Medical Association
IMR	Infant Mortality rate
MMR	Maternal Mortality Rate
NGO	Non-Government Organization
NHM	National Health Mission
NRHM	National Rural Health Mission
PRI	Panchayati Raj Institution
PSU	Public Sector Undertaking
RCH	Reproductive and Child Health
RMNCHA	Reproductive, Maternal, New-born, Child and Adolescent Health
SD	Stakeholder Dialogue
SDG	Sustainable Development Goals
SRH	Sexual and reproductive health
SRHR	Sexual and reproductive health and rights
SHG	Self Help Group
ULB	Urban Local Bodies
WHO	World Health Organization

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## List of Attendees

Dr. S.K. Sikdar	Deputy Commissioner, Ministry of Health and Family Welfare, Government of India
Ms. Sonali Khan	Vice President and Country Representative, Breakthrough
Ms. Anagha Khot	Manager - Adolescent Sexual Health, Children's Investment Fund Foundation (CIFF)
Mr. Anand Sinha	Country Advisor, Packard Foundation
Dr. Abhijit Prabhugate	Senior Manager Programs (Research), Ambuja Cement Foundation (ACF)
Mr. Akhilesh Kumar Yadav	Regional Manager (North), Social Investments, ITC
Mr. Joydeep Sen	India CSR Head, GSK Consumer Healthcare
Mr. Sanjeev Ranjan	Head – Operations, Adani Foundation
Mr. Shiv Santra	CSR Head, Ultratech Cement
Mr. Shreeman Prusty	Assistant Vice President, SBI
Mr. Vivek Prakash	CSR Head, Jubilant Life Sciences Limited
Mr. Ashutosh Varma	Deputy Manager, Business Development, Petronet LNG Limited
Mr. Mohd. Mohib	Assistant Manager – CSR, Cairn Oil & Gas Ltd
Ms. Deepinder Janeja	Assistant Manager – Corporate Social Initiatives, Larsen & Toubro Ltd
Mr. Vinoj Manning	Executive Director, IDF
Ms. Anisha Agarwal	Director – Development and Communications, IDF
Ms. Pooja Sethi	Director – Finance, IDF
Ms. Akanksha Sharma	Manager – Development & Communications, IDF
Mr. Sudhir Sinha	CSR Advisor, PwC
Mr. Abhishek Tripathi	Director, CSR Advisory, PwC
Ms. Anindita Biswas	Manager, CSR Advisory, PwC
Mr. Debraj Datta	Consultant, CSR Advisory, PwC
Mr. Ashish Monga	CSR Advisory, PwC

# 1. CSR Rules

*Corporate Social Responsibility is a management concept whereby companies embrace and integrate social and environmental concerns in their business operations and dialogues.*

*CSR is generally understood as being the way through which a company achieves a balance between its economic, environmental and social imperatives (“Triple-Bottom-Line-Approach”), while at the same time addressing the expectations of shareholders as well as those of its stakeholders. Thus, CSR is not about charity or mere donations - rather it is a way of conducting business, by which corporate entities visibly contribute to the social good. Socially responsible companies do not limit themselves to using resources to engage in activities that increase only their profits. They use CSR to integrate economic, environmental and social objectives with the company’s operations and growth. <sup>1</sup>*

## 1.1 Implications of the Companies Act, 2013 - a game changing regulation

The Ministry of Corporate Affairs has notified the provisions of Section 135 and Schedule VII of the Companies Act, 2013 (hereinafter also referred to as ‘the Act’), as the Corporate Social Responsibility (CSR) Rules, 2014, which are in effect from April 1, 2014. The rules and their underlying provisions are applicable to companies with an annual turnover of INR 10 billion and more, or a net worth of INR 5 billion and more, or a net profit of INR 0.05 billion or more during any of the three financial years, from among FY 2011-12, FY 2012-13 and FY 2013-14. Companies that trigger any of the aforesaid conditions must spend at least two per cent (2%) of their average net profits made during the three immediately preceding financial years on CSR activities and/or report the reason for under-spending (i.e. in case of instances of non-expenditure).

**As per the rules, CSR projects or programs (either new or ongoing) should relate to activities that are:**

(a) specified in Schedule VII; OR

(b) undertaken as per declared CSR policy subject to the condition that such policy will cover subjects enumerated in Schedule VII

The CSR activities should not be undertaken in the companies ‘normal course of business’ and must also be in congruence with the activities mentioned in Schedule VII of the Act. It is to be noted that contribution to any political party is ‘not’ to be considered to be a CSR activity and only activities in India would be considered for computing CSR expenditure. The basic premises for defining the structure & flow of CSR activities are summarized below:

### What is CSR

- ☑ Preference to the local area and areas around where the company operates
- ☑ Projects or programs or activities undertaken in India

### What is not CSR

- ☒ excludes activities undertaken in normal course of business
- ☒ excludes activities that benefit only employees and their families

<sup>1</sup> UNIDO - CSR for market integration; <http://www.unido.org/en/what-we-do/trade/csr/what-is-csr.html>  
Ipas Development Foundation Stakeholder Dialogue - 2017 - Report

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## ***Schedule VII of Sec. 135 of the Companies Act, 2013***

A company can undertake its CSR activities through a registered trust OR society OR a company established by its holding, subsidiary or associate company or otherwise, provided that the company has specified the activities to be undertaken, the modalities for utilisation of funds as well as the reporting & monitoring mechanisms therein. If such an entity is not established by the company (or by its holding, subsidiary or associate company), it would need to have an established track record of three years undertaking similar activities. The four distinct models to implement CSR activities (as allowed under the CSR rules) are:

- Firm directly on its own (through a dedicated CSR team)
- Through its non-profit foundation (corporate foundation)
- Through independently registered NGOs that have a record of at least 3 years in undertaking similar activities
- Collaborating or pooling their resources with other companies

The CSR rules do permit companies the flexibility to collaborate with others for jointly undertaking CSR activities, provided that each of the companies are able to individually report on such projects. This provision can help for 'pooling in' resources to develop a sound financial base for a strategic project; that may require significant financial commitments.

The activities that can be undertaken by a company to fulfil its CSR obligations include:

- eradicating hunger, poverty and malnutrition, promoting preventive healthcare;
- promoting education, including special education, employability training and vocational skills development for unemployed youth, women, etc.;
- promoting gender equality, setting up homes for women, orphans and the senior citizens, measures for reducing inequalities faced by socially and economically backward groups;
- ensuring environmental sustainability and ecological balance, animal welfare;
- protection of national heritage and art and culture;
- welfare measures for the benefit of armed forces veterans, war widows and their dependents;
- training to promote rural, nationally recognized, Paralympic or Olympic sports;
- contributions to the Prime Minister's National Relief Fund or any other fund set up by the Central Government for socio economic development and relief and welfare of SC, ST, OBCs, minorities and women;
- contributions or funds provided to technology incubators located within academic institutions approved by the Central Government and rural development projects, and/or;
- rural / slum development project(s)

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## 2. *Ipas Development Foundation & CSR*

***Ipas Development Foundation (IDF) is a not-for-profit company registered under section 25 of The Companies Act 1956, and is the local partner organization in India for Ipas. Ipas Development Foundation works with national and state governments; and local partners across 12 states to improve the sexual and reproductive health of women and girls.***

### ***2.1. Ipas Development Foundation – Mission & Vision***

IDF is dedicated to preventing and managing unwanted pregnancies. At IDF we believe that no woman should have to risk her life or her health because she lacks reproductive health care, and every woman must have the opportunity to manage her fertility.

IDF's **vision** is to help ensure that every woman and girl has the right and ability to determine her own sexuality and reproductive health. Women are the core of families and communities, and their well-being is central to national health and stability. IDF is focused on the woman or girl who wants contraception or an abortion, and works to dismantle barriers and to foster the full realization of sexual and reproductive health and rights, which are essential to the achievement of physical, mental, spiritual, political and economic well-being. IDF opposes coercion in any form.

### ***2.2. Ipas Development Foundation's Activities***

IDF is dedicated to saving women's lives by preventing unsafe abortion. IDF works with national, state governments and local partners across 12 states. IDF primarily works to improve women's access to safe, high-quality abortion care and comprehensive contraceptive choices.

- IDF works to reduce maternal mortality and morbidity due to unsafe abortion through Comprehensive Abortion Care (CAC) which includes post abortion care, counselling, and family planning.
- IDF works to prevent unwanted pregnancies through Comprehensive Contraceptive Care (CCC) which includes provision of a wide range of limiting and spacing contraceptives; and woman-centred counselling.
- IDF trains eligible providers in clinical and counselling skills for comprehensive abortion care and comprehensive contraceptive care
- IDF provides technical assistance to the national and state governments to bring about increased commitment to the sexual and reproductive health of women.
- IDF works with communities to expand their knowledge of reproductive health.
- IDF conducts research on the impact of unsafe abortion and document best abortion care practices and policies.
- IDF works to ensure youth access to comprehensive reproductive health services and information, including contraception and safe abortion care.

IDF works in close collaboration with the Government at the national and state levels to translate their on-ground experience into technical assistance to strengthen Comprehensive Abortion Care (CAC) and Comprehensive Contraceptive Care (CCC) interventions in the country.

To broaden the impact of the work in abortion care and contraceptive care, IDF has launched two interactive learning communities:

- **CAC Connect:** Interactive community for CAC professionals, connecting CAC-trained providers with each other and CAC clinical experts to improve the quality of CAC services and to make the services available

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where they do not currently exist.<sup>2</sup> Today it connects over 3500 clinical mentors, master trainers and CAC-trained providers from 14 states of India.

- **Unnati:** Interactive learning community network for healthcare providers who were trained by IDF in CCC.<sup>3</sup> Over providers of contraceptive services are enrolled in the network.

IDF is currently working in Rajasthan, Uttar Pradesh, Bihar, Assam, Jharkhand, West Bengal, Madhya Pradesh, Chhattisgarh, Odisha, Maharashtra, Meghalaya and Karnataka.

In last 15 years, IDF has forged successful partnerships with civil society organizations, state governments and professional associations. IDF is proud to be receive steady funding from committed donors like The David and Lucile Packard Foundation, Oak Foundation, John D and Catherine T MacArthur Foundation, World Health Organization, among others

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<sup>2</sup> IDF CAC Connect. <http://ipasdevelopmentfoundation.org/cac-connect.html>

<sup>3</sup> IDF Unnati Center. <http://ipasdevelopmentfoundation.org/unnati-center-for-learning-and-advancement.html>  
Ipas Development Foundation Stakeholder Dialogue - 2017 - Report

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## ***3. Stakeholder Dialogue 2017***

Women's health is a key determinant influencing the health of a nation. It is widely accepted that holistic development of a nation can be achieved only when women are valued, enabled, empowered and healthy.

While it is well-recognized that it is important to enhance women's ability to have choice and control over their reproductive health and lives, women in India continue to face unwanted pregnancies due to lack of information, societal stigma, availability of and ability to access health services. Maternal health, especially reducing mortality and morbidity due to pregnancy-related causes, is an important priority for the Government of India. Also, women's control over their own child birth is the mainstay of the family planning programme in India.

There is an urgent need to address the challenge of vicious cycle of repeated unintended pregnancies and unwanted births to address increased morbidity and mortality among women.

The Stakeholder Dialogue was thus conceived as a platform intended towards engaging with key stakeholders and drawing upon their rich experience in women's health. The objectives of this discussion were to:

- provide a platform to discuss and understand the current issues and developments in CSR and health
- share, discuss and ideate on how the Government and corporates can collaborate to provide an enabling environment to solve social challenges related to women's health
- explore and facilitate dialogue in the domain of 'women's health' among Civil Society - Government - Corporate
- discuss and share best practices for programme implementation and impact creation, through dissemination of experiences

### ***3.1. Summary of the proceedings***

#### ***3.1.1. Need for bringing women's health on the CSR Agenda***

In the area of health care services for the community; women's reproductive health, safe abortion and access to contraceptive care get the least attention. According to a study by WHO, 15 million out of 16.7 million unwanted pregnancies a year could be avoided in 35 low- and middle-income countries if women use modern methods of contraception.

##### ***3.1.1.1. Current issues and developments in CSR and Health***

There is increased spending in providing health services as part of CSR activities by corporates. Many corporations from a variety of industries, both from private sector and PSU's are funding and sharing expertise in the area of health as part of their CSR activities. These include the likes of Reliance, ONGC, Tata, Mahindra, GSK, Ambuja, ITC, NTPC, Adani, PI Foundation and others. However, as pointed earlier, there is minimal intervention towards women's reproductive health. Compared to interventions in overall health care, relatively much smaller number of corporates have interventions and programmes in the area of women's reproductive health. Companies like Ultra Tech Cement, Dr Reddy's, Tata Steel, Jubilant Life Sciences, etc. have women's reproductive health in their CSR agenda. However, the CSR programmes are mostly around maternal health and child care. There is limited investments by corporate with regards to CSR engagements on women's reproductive health due to the complexities involved and limited expertise available in the sector. Corporates have to comply with Government policies and regulations around abortions; engage with doctors, nurses and other staff; work within the community on an area which people are reluctant to talk about; and thus,

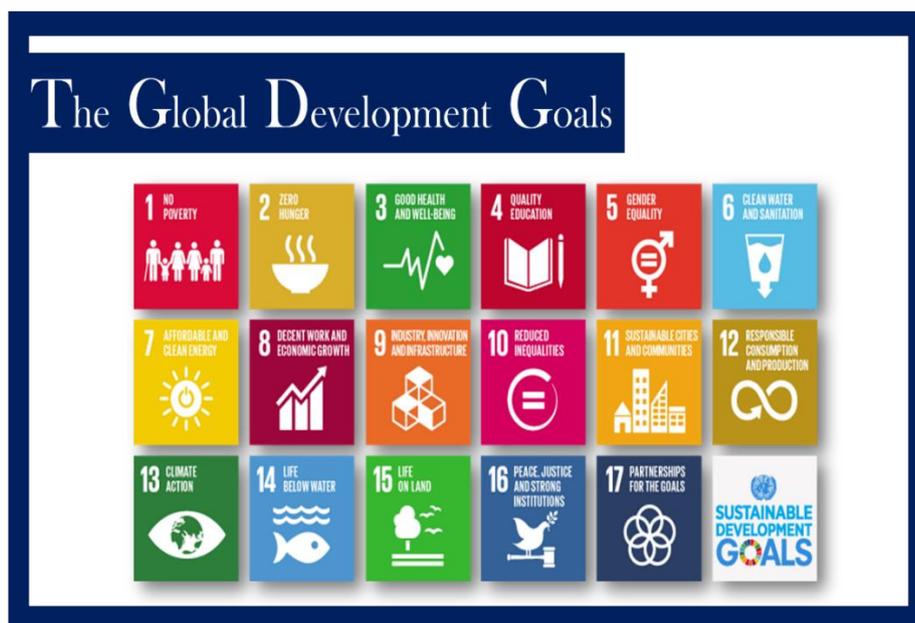
undertake significant risks associated with providing services around abortion. Hence, appropriate partnerships to implement programmes in the thematic area is the key to addressing these challenges.

### **3.1.2. Unique societal challenges around Women's reproductive health**

The unique societal challenges around women reproductive health include:

- **How to initiate dialogue** amongst corporates, CSR professionals, and health care providers: Since women's reproductive health is looked at as a taboo, various stakeholders find it difficult to initiate dialogue on the same.
- **How to increase awareness and acceptability of services** of safe abortion and contraceptive services within the families and communities thereby managing social stigma and biases around these issues
- **Tackling the underlying causes of unwanted pregnancy** including child marriage, preference for male child among families and inadequate use of contraceptives
- **How to link women reproductive health to women's dignity and rights** and away from population control: Women themselves relegate their reproductive health as low priority and continue to suffer, thus it is necessary to link the same to their dignity and rights and promote ownership.

### **3.1.3. Global attention towards women's health: SDGs**



Sustainable Development Goals (SDGs) consist of 17 goals and 169 targets to be achieved by 2030 which has been signed by all the countries including India. Within SDG 3 (Good health) and SDG 5 (Gender Equality) are specific targets directly linked to sexual and reproductive health mentioned as follows:

- **Target 3.1:** By 2030, reduce the global maternal mortality ratio less than 70 per 100,000 live births
- **Target 3.5:** By 2030, ensure universal access to sexual and reproductive health-care services, including family planning, information and education, and the integration of reproductive health into national strategies and programs. Contraception is an essential component of family planning that allows individuals to determine if and when to have a child. Access to safe, legal abortion has been recognized by the global community as an essential intervention in a package of comprehensive sexuality and reproductive health services that should be available to all women
- **Target 5.6:** Ensure universal access to sexual and reproductive health and reproductive rights

Further helping manage women reproductive health – safe abortion, contraceptive care is directly linked to *SDG – 3 – Good Health*.

Having access to safe abortion and contraceptive care help women better plan their families and this contributes towards many other SDGs as follows.

- SDG 1: No poverty
- SDG 2: Zero Hunger
- SDG 4: Quality Education
- SDG 5: Gender Equality
- SDG 8: Good Jobs and Economic Growth



### ***3.1.4. Women’s health: A priority for the Government of India***

India is home to 243 million adolescents, constituting 21.4% of the country's population. To enable adolescents to fulfil their potential, substantive investments must be made for their education, health, development and other areas. The Rashtriya Kishor Swasthya Karyakram (RKSK) is aimed at all adolescents (boys and girls) aged between 10 to 19 years, who live in urban and rural areas; whether married and unmarried; poor and affluent; in school or out of school. It aims to address issues such as, limited access of adolescents to accurate health information and socio-economic and gender disparities which restrict access to health care. Other components of the programme target adolescents’ lack of information and detailed knowledge of sexual and reproductive health issues, malnutrition and anaemia, injuries, violence and communicable and non-communicable diseases. The RKSK builds on the successes and momentum of related initiatives such as India’s landmark Janani Suraksha Yojana (JSY) scheme.

Further India has also developed a 5 by 5 RMNCH+, a matrix that prioritises 5 high impact essential interventions under each of the 5 areas of the continuum. In order to make a difference in women health, all these interventions need to be implemented together, at the same time, with high coverage and quality, underpinned by strong health systems.

There are regulations in the area of women’s reproductive health – specifically on abortion. There are systemic and societal challenges. Government of India appreciates technical assistance, research capabilities, and

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adoption of hospitals especially in remote locations and hinterlands, fully equipped mobile medical units and best practices to promote innovation in delivery of these services.

### ***3.2. Presentation by delegates***

The Stakeholder Dialogue was inaugurated by Ms. Anisha Aggarwal, Director – Development and Communications, IDF. Ms. Aggarwal gave an overview of the fact that though in recent years there is increased focus of Corporates into the Health sector as part of their CSR activities yet there is limited attention to women’s reproductive health. Further she mentioned that there is almost no focus towards unwanted pregnancies and providing avenues of safe abortion, which are underfunded and neglected. She reemphasized the intended outcome from this dialogue to bring this issue to the forefront with various Stakeholders.

The Stakeholder dialogue was further stewarded by the next speaker, Mr. Sudhir Sinha, CSR Expert and Advisor, PwC India. Mr. Sinha provided an overview of the evolution and objectives of CSR in India, and increased attention from corporate sector after the CSR rules were passed in 2014. Mr. Sinha shared observations that both letter and intent is important while engaging in CSR, majority of the engagements are only in letter – compliant with the CSR rules, but the intent is missing often in the mandatory obligation. Companies while planning CSR activities must look at their motive behind their CSR interventions. Mr. Sinha also shared with the audience that it has been observed that there are procedural and systemic issues in dealing with the Government for implementing effective CSR programming which are truly beneficial to the community in many situations. There are many companies who are working in health and even women’s health programmes. However, specific focus on women’s reproductive health are limited and need special attention as it continues to remain a challenge for women in India.

Ms. Agarwal and Mr. Sinha helped set the context and background for the day’s discussions.

Mr. Vinoj Manning, Executive Director, IDF; presented an overview of IDF’s activities, elaborated on linkage of women’s reproductive health to SDGs and challenges in providing access to health service providers for women during his address.

Mr. Manning highlighted the importance of creating synergies in the area of health services towards women’s reproductive health and the need for corporates to include the same in their CSR agenda. He shared that without synergies, the sporadic interventions are unable to create impact. Thus IDF in collaboration with PwC India envisaged the stakeholder dialogue with the aim to create impact, promote synergies and explore potential collaboration between all the relevant stakeholders, i.e. corporates working in the field of health/women’s health, donors, NGOs and Government department to look into the issue from a focussed perspective.

Mr. Manning further mentioned that the issue of women’s reproductive health is linked to Sustainable Development Goals (SDGs). He highlighted the fact that there is huge gap between community and service providers in respect of services around safe abortion and contraceptive care. He emphasized that community have problems in reaching and accessing the health facility or the service providers to meet their needs for managing unwanted pregnancy.

Mr. Manning also shared that younger women in the age group of 15-24 are the most vulnerable, as they face higher risks related to unwanted pregnancies, unsafe abortions and have a significant maternal death proportion. He added that he views the Stakeholder dialogue as a start of a conversation about how we may make sure that every girl, every woman across India have access to information, care and support to manage unwanted pregnancies.

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Dr. S.K. Sikdar, Deputy Director, Ministry of Health and Family Welfare, Government of India, gave a presentation on the Government initiatives in the area of women reproductive health under the Family Planning programme. He mentioned that this is the only programme which positively impacts all the SDGs and is a priority for the Government of India, Dr. Sikdar also invited corporates to support existing programmes either through provision of technical assistance, research and evaluation on various intervention programmes within contraceptive care, adoption of hospitals or implementing mobile medical units in India's hinterland where only Government is the service provider and the outreach and accessibility of services to the community is a challenge.

Dr. Sikdar also invited corporates to collaborate with Federation of Obstetric & Gynaecological Societies of India (FOGSI) and/or Indian Medical Association (IMA) and take help of Anganwadi workers, Asha workers, Mid-wives when working on community health care initiatives for sustainable programmes.

### ***3.2.1. Implementing health initiatives – The Civil society perspective***

Ms. Sonali Khan, Country Director and Vice President at Breakthrough provided a civil society perspective on implementing women's health related CSR projects in India, she highlighted the issue of child marriage and its link to unwanted pregnancies. She mentioned that young girls are vulnerable and have pressure to bear a child and the same is directly linked to unwanted pregnancies, unsafe abortions and deaths during child birth. Ms. Khan added that along with the structural and systemic changes, changes in the mind-set is required and this is an area where women's health care is neglected. She also emphasized that when corporates plan their CSR activities in the health sector they should focus on scaling up long term engagement and effectively deal with structural, systemic and social solutions which are more impactful.

Mr. Anand Sinha, Country Advisor at The David and Lucile Packard Foundation, brought the issue around sensitivity and challenges of working on reproductive health agenda and shared his experience on funding women's health initiatives in India. He mentioned that it is easier to talk about issues of water, sanitation, livelihood etc. compared to women's reproductive health as there are deeper biases and social norms to deal with in this area. Mr. Sinha highlighted that it is an important issue and was also part of the agenda at the latest G-20 Summit in Hamburg, Germany held in 2017. He emphasised that the issue of women's reproductive health is not only about population control but about women's choice, issue of dignity and rights. Thus communication and language has to reflect on that while challenging social norms and hidden biases. Mr. Sinha concluded by saying that the appropriate technologies are available; it is the delivery of services to women and community where the corporates should focus.

### ***3.2.2. Funding & Implementing health initiatives – The Corporate perspective***

At the Stakeholder dialogue, CSR representatives from few corporate houses shared their perspective on CSR and activities within the women health sector.

Mr. Joydeep Sen, CSR head, GSK Consumer Health Care appreciated participation of corporates, NGOs, civil society as part of the forum. He highlighted the fact as to how CSR started from being only about corporate communication and tick in the box activity to being a strategic investment into the community with many companies focusing on how to reach out to the grassroots and create lasting impact. Mr Sen also presented a brief overview of GSK Consumer Health Care's CSR activities in India. He outlined that the CSR activities at GSK Consumer Health Care are aligned with *SDG 2: Zero Hunger* and *SDG 3: Good Health and Well Being*. He mentioned that they work with partner organisations and NGO's to deliver on those objectives. Mr Sen emphasized the importance of mid to long term vision and partnering with organizations which have expertise in the area where corporates want to create a lasting impact. Their health projects include women's health as a part of their mission.

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Dr. Abhijit Prabhugate, Senior Manager Programs (Research), Ambuja Cement Foundation (ACF) focused on the ground level implementation interventions of the CSR programmes by ACF. ACF was setup in 1993 and runs the development programmes for Ambuja Cements. The foundation runs projects across multiple segments including neonatal care, adolescent health, menstrual hygiene & promotion of sanitary products, household toilet and sanitation. He shared that ACF's approach is to engage women from the community, build capacities and increase their decision-making power through support. The speaker highlighted the fact that the success of their neonatal care programme has been made possible by community engagement, involving the public health system and providing adequate support, training and processes to achieve the objectives. ACF created a team of trained health workers, known as *Sakhis* and are integrating the *Sakhis* into NRHM. Dr. Abhijit also agreed that on women's health and reproductive issues, women do not speak about the problems that they face or reach service providers too late.

Mr. Akhilesh Yadav, Regional Manager (North), Social Investment, ITC Limited (ITC) emphasized that at ITC, the intent is to provide high impact solutions for development challenges that matter to the Nation through processes that create sustainable & enduring value for stakeholders in geographies where they can make a difference on a significant scale. As part of their health care initiatives, the company runs a project titled "*Sunehra Kal*" which is focused on the Reproductive Mother and Child Health – tackling maternal and child mortality by providing access to health care services, education, essential newborn care and immunisation. Mr. Yadav emphasised that the key to success is to bring all stakeholders together, capacity building, leveraging relevant government programmes/schemes and work on sustainability. Mr. Yadav also raised the point of collaboration with existing local bodies: PRI (in rural areas) and ULB (in urban areas) for capacity building, involving community and local government.

Mr Sanjeev Ranjan, Head- Operations, Adani Foundation presented on the Adani Group's health initiatives including mobile health care units, rural clinics and community intervention to promote better health care. Mr Ranjan informed that the company agrees that the issues of women reproductive health care including safe abortion, contraceptive health care are neglected amongst the health care CSR activities promoted by corporates. He shared that they would be willing to partner with organisations to work on these issues.

These perspectives clearly indicate there are multiple approaches and perspectives amongst the corporates in terms of CSR activities to focus on, whether to setup programmes in partnerships or implement their own programmes. All the participating corporates agreed that the thematic area of women's reproductive health, safe abortion and contraceptive care is a sensitive area and important to be addressed holistically. Collaborative efforts are required to create programmes that are long lasting and meaningful and have sustainable impact on the lives of women.

### ***3.3. Reflections (Open discussion and way forward)***

The open discussion session was coordinated by Mr. Sudhir Sinha and the following dimensions on women's health were discussed:

- **Societal dimensions:**  
When dealing with the challenges of health services in the area of women reproductive health; especially around safe abortion and contraceptive care; there are not only structural and systemic dimensions but also societal dimensions. Women themselves consider their health last; there is a taboo around discussion on the issues of women reproductive health and there is a bias of sex-selection during pregnancy. Thus while planning for interventions and addressing issues of health care services, community engagement to deal with the societal issues is important.

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- **Psycho-social support:**

During the deliberations the issue of medical support services for safe abortion and avoiding unwanted pregnancies was highlighted. There is a need felt for psycho-social support for the women to deal with the emotional, psychological and social norms while making choices in such critical circumstances.

- **Cluster approach:**

The speakers emphasized on the need for a collaborative approach where various partners pool their resources and expertise to work with the community for providing health care services for women's reproductive health.

Mr. Vivek Prakash, CSR Head, Jubilant Life Sciences Limited, was of the opinion that a specific area of collaboration which can be explored further is to involve agencies like IDF in Corporates funded hospitals / primary health centres to provide services of safe abortion and contraceptive care.

- **Inclusion of safe abortion and contraception care when Corporates plan CSR activities:**

Corporates while planning their CSR activities in the area of women's reproductive health, should look at scaling collaborations with partners and grass root organizations and working with marginalised communities.

- **Programme implementation and sustainability:** There are different models for successful programme implementation. Some practises which came through various speakers at the Stakeholder dialogue were: developing deep understanding of the problem, focussing on a particular need of the community, scaling of the intervention, working with marginalised groups, planning mid to long term intervention, collaboration with other partners which have expertise in the area, community engagement and empowerment for long term sustainability.

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## 4. Gaps and potential funding options for Corporates in women's health

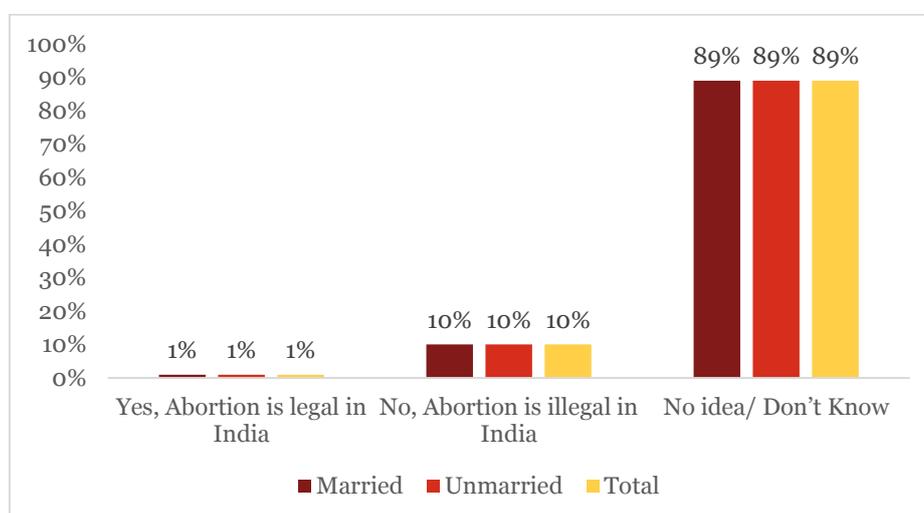
In a research paper published in 2009, Hubbard and Nour stated that “Every year, worldwide, about 42 million women with unintended pregnancies choose abortion, and nearly half of these procedures, 20 million, are unsafe. Some 68,000 women die of unsafe abortion annually, making it one of the leading causes of maternal mortality (13%). Of the women who survive unsafe abortion, 5 million will suffer long-term health complications. Unsafe abortion is thus a pressing issue.”<sup>4</sup>

The following sections highlight key challenges in Sexual Reproductive Health (SRH) for women and possible intervention opportunities for corporates and donors.

### 4.1. Awareness about SRH and abortion

Young Indian women often face social, economic, logistical, policy and health system barriers when accessing sexual and reproductive health services, including safe abortion care. IDF conducted a cross-sectional household survey in Jharkhand, India in which young women (15-24 years) were interviewed to assess their knowledge, agency<sup>5</sup>, and skills<sup>6</sup> on Sexual Reproductive Health (SRH) issues, including safe abortion, and to identify barriers and influencers that lead to particular behaviour, decisions, or service utilization. Even with high levels of literacy and mass media exposures, the composite knowledge scores of sex and pregnancy, contraception, and abortion related issues were low.

**Figure 1: Awareness about legal aspects of abortion among young women in Jharkhand, 2012**



Despite the fact that the Medical Termination of Pregnancy Act was passed in 1971, as highlighted in **Figure 1**, 10% of young women erroneously believed that abortion is not legal in India, while 89% expressed their complete ignorance about the subject.

<sup>4</sup> Haddad LB, Nour NM. Unsafe Abortion: "Unnecessary Maternal Mortality". Reviews in Obstetrics and Gynaecology. 2009; 2(2):122-126.

<sup>5</sup> Agency among young women defined in terms of freedom of mobility, decision making, sense of self-worth, and access to money

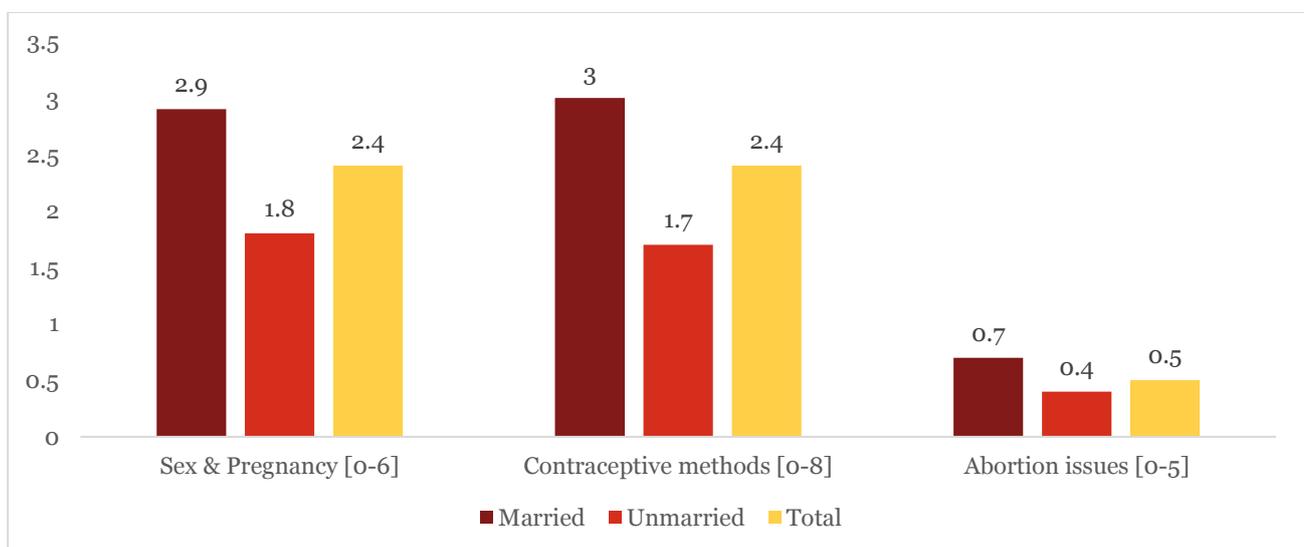
<sup>6</sup> Negotiation skills among young women on SRH issues including legality and availability of abortion services  
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The study further revealed as represented in **Figure 2**, composite knowledge scores on a scale of 6 across the sample for knowledge on sex and pregnancy to be 2.9 among married women, 1.8 (among unmarried women) and 2.4 for both married and unmarried woman.

It also reported knowledge scores on a scale of 8 across the sample for knowledge on contraceptive methods to be as low as 3 (Married woman), 1.7 (Unmarried woman), 2.4 for both married and unmarried woman.

The study additionally reported knowledge scores of 0.7 (Married woman), 0.5 (Unmarried woman), 0.4 for both married and unmarried woman on a scale of 5 across the sample for knowledge on abortion related issues. This highlights the gap in the awareness levels among the women on contraception, abortion and sexual reproductive health issues.

**Figure 2: Knowledge score on sex and pregnancy, contraception, and abortion issues among young women**



Corporates may collaborate with sectoral expert agencies to invest in programmes related to improving awareness about safe sexual reproductive health and abortion in rural areas and amongst marginalised sections of the society.

## 4.2. Access to services & Maternal Mortality in India

Maternal mortality, which primarily burdens developing countries, reflects the greatest health divide between rich and poor. This is especially pronounced for abortion of unintended pregnancies rather than maternal death due to child birth. Access to safe abortion services alone avert 1 of every 10 maternal deaths in India. Primarily due to confidentiality concerns, poor women in India prefer private services which are often offered by untrained/illegal providers and may be expensive.<sup>7</sup>

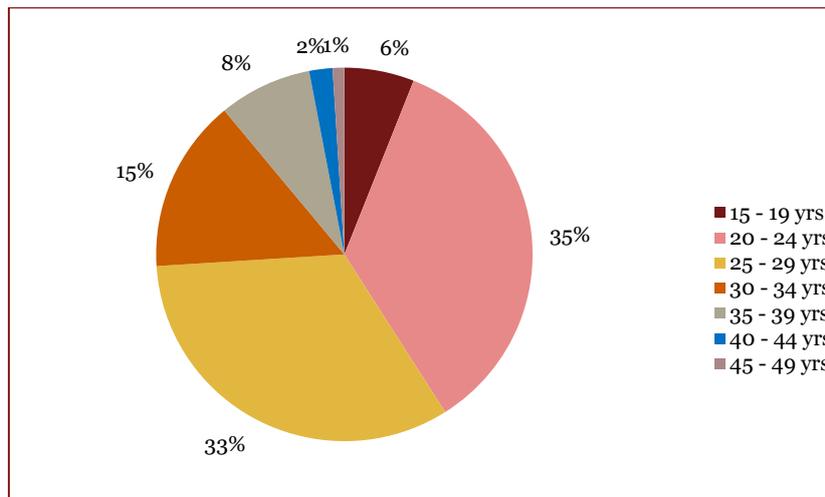
India has made progress towards the Millennium Development Goal of reducing the maternal mortality ratio (MMR) by three quarters, with a 52% reduction between 1990 and the 2007–2009 period, the decline though has not been even across all regions of India.<sup>8</sup>

<sup>7</sup> <http://ipasdevelopmentfoundation.org/publications/an-exploration-of-the-socio-economic-profile-of-women-and-costs-of-receiving-abortion-services-at-public-health-facilities-of-madhya-pradesh-india.html>

<sup>8</sup> Central Statistical Organization. Millennium Development Goals, India  
 ipas Development Foundation Stakeholder Dialogue - 2017 - Report

The GOI report on MDG in India brings out the facts of maternal deaths in India. **Figure 3** shows that 41% maternal deaths are amongst the age group of 15 years to 24 years. Young adolescents face a higher risk of complications and death as a result of pregnancy or abortion than other women. Many of these pregnancies are unplanned pregnancies due to lack of knowledge about sexual reproductive health, pregnancy, contraceptive care and abortion. There are also societal issues where women do not have a say in planning their pregnancy and there is pressure for bearing children. The high number of maternal deaths also reflect inequities in access to health services.

**Figure 3: Age distribution of maternal deaths in India (2011 - 13)**



Source: PwC Analysis and GOI 2015 Report on MDGs

Corporates may invest in programmes related to improving access to contraceptive care to prevent unwanted pregnancies and access to delivery and abortion care to improve the quality of both government and private abortion care providers

### **4.3. Service availability – Sexual & Reproductive Health care**

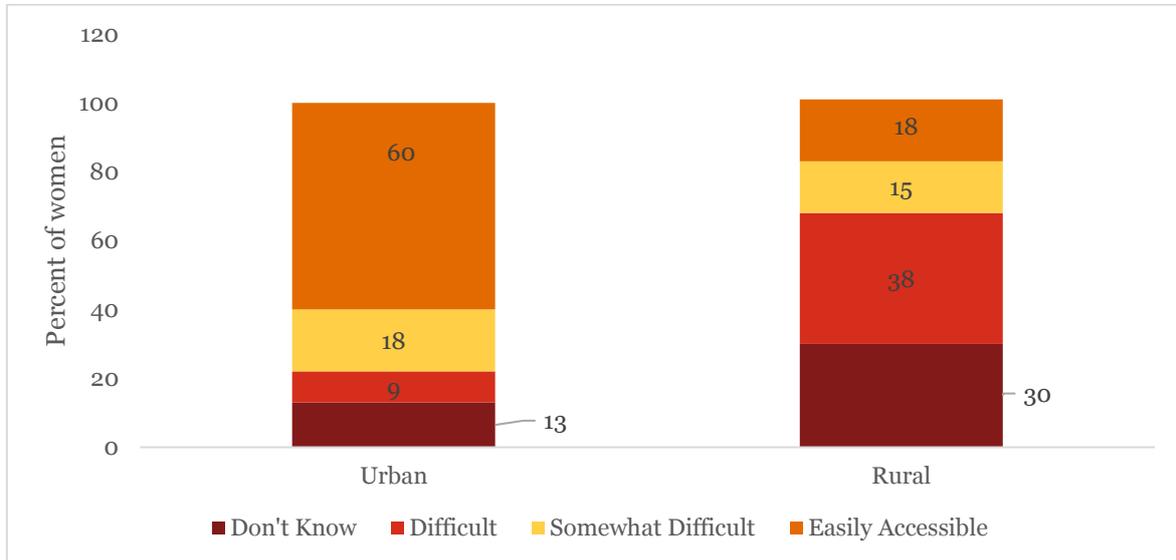
While almost three-fourth of the Indian population lives in rural areas, abortion services are rarely available at rural health facilities because of lack of trained abortion care providers. Even where trained providers are available, safe abortion services are underutilized due to numerous individual and community-level factors, such as, lack of awareness of the legality of abortion, limited understanding on the implications of unsafe abortion and lack of information on availability of safe providers and methods, poor agency and self-efficacy among women require abortion services, myths, misconception, and social stigma associated with abortion.

Further the deliberation in Stakeholder Dialogue 2017 revealed the following:

- There are inadequate number of safe abortion facilities within reach of the majority of poor women in both rural and urban areas.
- There is a dearth of medically approved abortion providers and registered facilities.
- Post-abortion family planning counselling and services are inadequate.

- Unsafe abortion is often not perceived as a women’s health issue.
- There is a growing trend in some parts of the country towards sex-selective abortion.

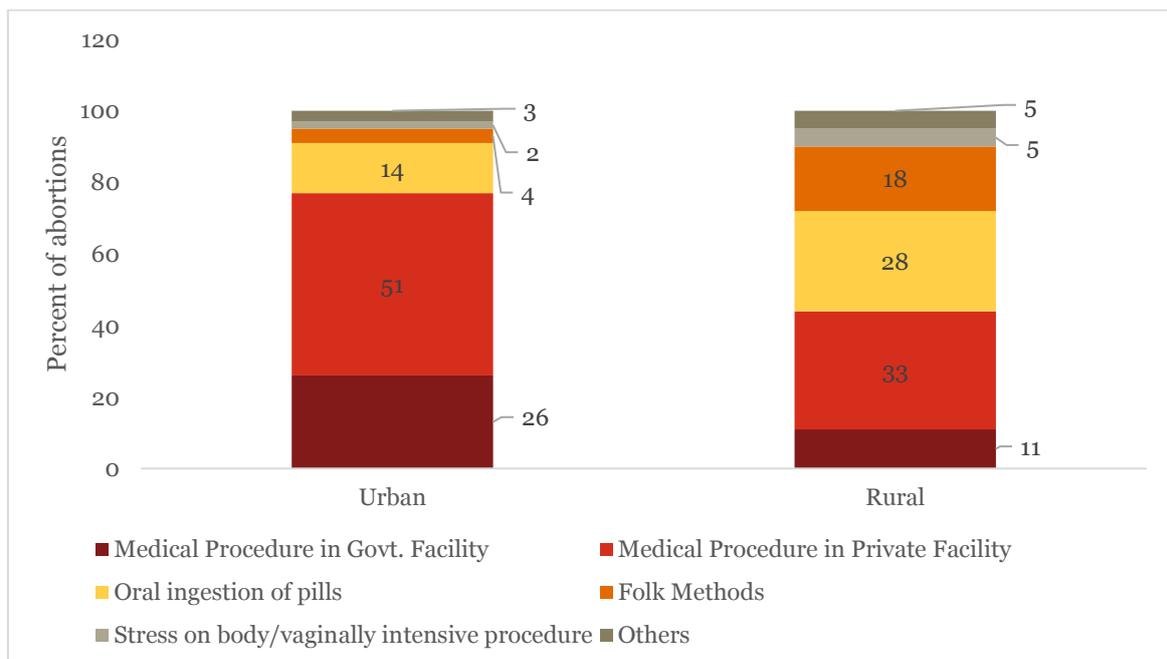
**Figure 4: Women's perception of ease of accessing abortion services**



Source: PwC Analysis & ICRW data

As per the findings presented by International Centre for Research on Women in their report on *Realizing Reproductive Choice and Rights*, Lack of access is the major factor limiting women with socioeconomic or locational disadvantages from meeting their demand for abortion is also clearly indicated by **Figure 4**, while 60% of urban women indicated that accessing abortion was easy, only 18% of rural women did so. Rural women were also much more likely to lack knowledge about where to access abortion services.

**Figure 5: Methods used for abortion**



Source: PwC Analysis & ICRW data

Urban women have a significant advantage in access to adequate abortion services when compared to rural women. As per **Figure 5**, while 77% of the pregnancies for urban women were terminated through some medical procedure, this was true for only 44% of the pregnancies for rural women. For medical procedures, the private sector plays an even more important role for rural women than it does for urban women, both due to preferences and the lack of adequate government facilities. What is most disturbing, however, is the fact that the majority of abortions for rural women (56%) are through dubious and potentially unsafe procedures, including a combination of folk methods, stress on the body, vaginally invasive procedures, and oral ingestion of pills (which in most cases are not safe abortifacients).

Corporates may invest through their current / new CSR programmes on promoting awareness and access to safe abortion care by creation / enhancement of infrastructure and capacity of technical service providers for last mile service availability to provide access to safe abortion care in rural areas.

## Conclusion

In order to meet women's reproductive healthcare demands in India there is need for continuous innovative efforts to improve the conditions. Empowering and training of health care providers. For India to reach its goal towards becoming a developed country and achieve SDG goals by 2030 it is imperative that this issue is provided attention it deserves.

Corporate collaboration and allocation of CSR resources in the area of holistic sexual reproductive health focussing on comprehensive abortion care and contraceptive care through awareness, service delivery and post abortion counselling is essential for better women health care service provisioning in India. Some of the considerations for Corporates planning intervention in SRH are:

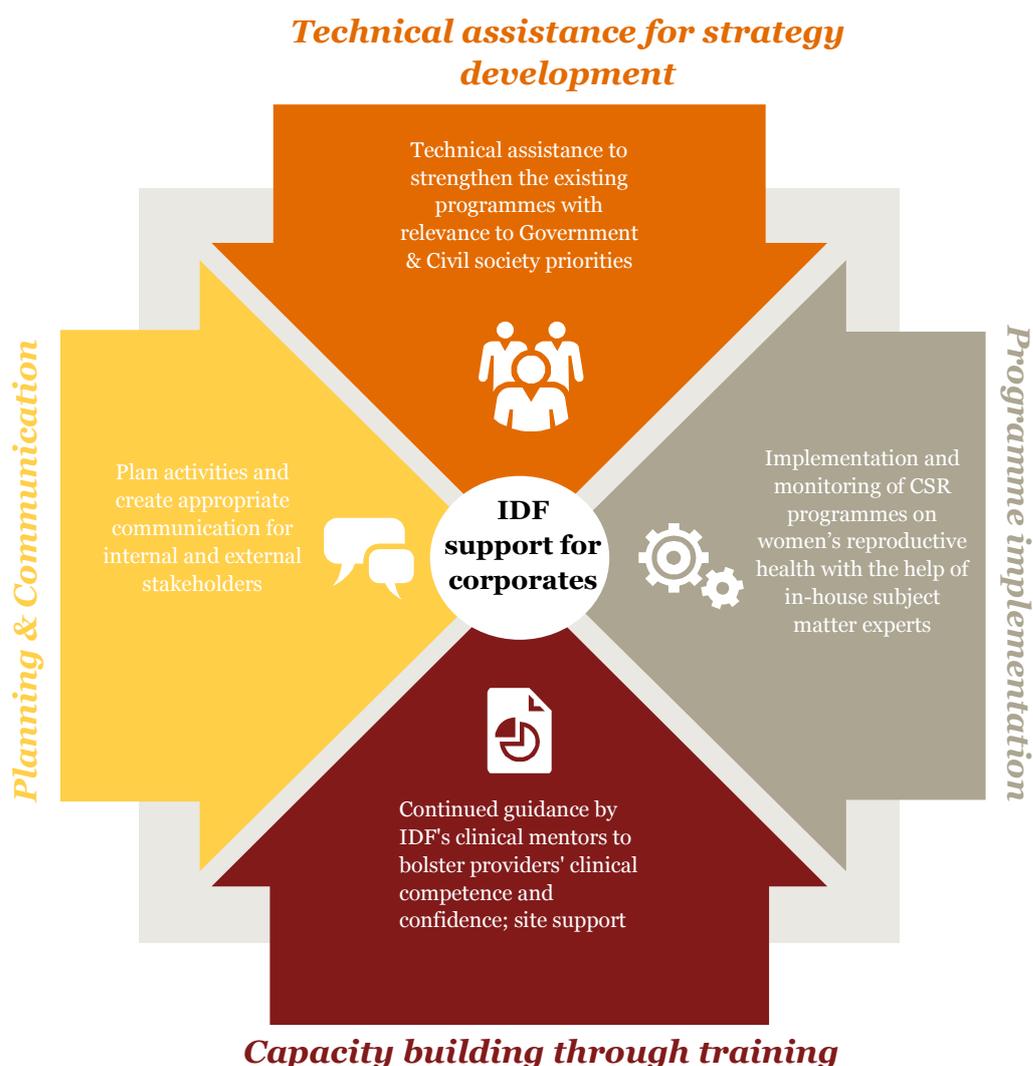
- 1 Provision of family planning services as a cost effective means of improving the lives of women and children, especially in poorer countries.
- 2 Promotion of contraception and awareness regarding usage of contraception to lengthen the interval between births is an effective strategy to reduce maternal mortality and increase child survival. Early childbearing usually deprives young women of the opportunity to pursue other activities, such as schooling or employment, which are strong determinants of their empowerment.
- 3 Women deserve to have control over their reproductive lives. Intervention in this area boost women's socio-economic status, generate better prospects for their children and slow population growth.
- 4 Promote awareness: As per ICRW 2003 study, based on the sample data survey in M.P. (2400 eligible women -currently married women, aged 15-39, having at least one child) it was reported that less than 10% of women have knowledge of their legal right of abortion.
- 5 Promotion of health care services with trained medical professionals who are certified to provide abortion care services decreases risk of maternal mortality
- 6 Provision of availability of post abortion follow-up advice on contraception from medical provider. Post-abortion counselling may be an effective tool to increase the usage of contraceptives and prevent unwanted pregnancies.

The technical resources to provide safe abortion and contraceptive care are available. There have been successful interventions in some areas which have proven these issues can be resolved. The major challenge remains the delivery of these services to every woman across the country. Corporate collaboration with sectoral expert agencies can go a long way in improving the reproductive health of women and create a significant impact.

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## 5. How can IDF support?

In recent years, there has been increased focus of Corporates into setting up and strengthening health care services as part of their CSR initiatives. Yet within the health services there is limited attention to women's reproductive health including services for safe abortion and contraceptive health care. IDF has 15 years of professional expertise in this area in India and can provide following offerings:



- **Technical assistance for strategy development:** Companies need to build a consistent CSR strategy focused on women's reproductive health which is sustainable for the future. 'Doing good' through CSR may not always be 'doing right', i.e. corporate CSR strategies focused on women's health may be carried out with the intention of doing good but the strategy may not be focused on delivering the outcome and impact, i.e. 'doing right'. IDF has the required sectoral expertise and can help incorporate women's reproductive health issues into a Corporate's CSR strategy in line with the government's priorities in women's reproductive healthcare, focused on abortion care and contraceptive care. Women reproductive health is an issue rarely talked about and difficult to bring to the front. In places where corporates are setting up their interventions with a community, IDF can collaborate to help the corporate to:
  - build women's awareness of sexual and reproductive health to prevent unwanted pregnancies and access safe abortions, including medical abortion
  - mitigate barriers to abortion information and care; and helping dispel myths and misconceptions;

- develop a cadre of trained health intermediaries to inform and guide women to safe services.
- **Planning and communication services:** Targeted communication strategy to link the health services of women reproductive health including safe abortion and contraceptive care to women's rights and dignity is important for success of any intervention programmes in this sphere. Many corporates have their own foundations to spearhead their CSR programmes. Based on discussions with Corporates implementing interventions in the health area, it has been found there is less expertise in the area of safe women's abortion and contraception care within the teams. IDF could provide technical assistance and advisory services to plan the strategic activities around the specific area on comprehensive abortion and contraceptive care within the women reproductive health care programmes. IDF can facilitate creation of IEC (Information, Education and Communication) materials for both internal and external stakeholders to align the corporate run programmes in this sphere to broaden CSR objectives and strategy of the corporates. As a part of programme implementation activities, IDF has a very effective mechanism to monitor and assess ground level programmes through regular collection and analysis of data conducted within the implemented programmes. IDF could provide its expertise in the advising corporates on the research and evaluation for advocacy and programming.
- **Programme implementation:** Majority of the corporates provide funds and collaborate with NGO's to implement their CSR programmes. In the sphere of services for women reproductive health care, corporates need professional expertise due to the complexities involved. IDF is one of the pioneer organisation in this field which is well placed to strengthen existing programs or implement new programmes for corporates in the sphere of CAC (*Comprehensive Abortion Care*) and CCC (*Comprehensive Contraceptive Care*) given their professional expertise and experience of running operations across 12 states in India.
- **Capacity building through training of health care providers:** Abortion care services in India can be provided by a defined cadre of providers as specified by the Medical Termination of Pregnancy (MTP) Act, 1971. IDF has setup CAC (*Comprehensive abortion care*) training centres where they can train obstetrician/ gynaecologist, nurses and doctors. IDF CAC training is ISO 9001:2015 certified and has been adopted by Government of India to standardize CAC trainings across the country. IDF has also created CCC (Comprehensive contraceptive care) program to provide contraceptive services.

In the hospitals, primary health care centres and other health service centres which are run by corporates, IDF can support in training the doctors and health care providers in CAC and CCC. IDF has also recognised that merely training without follow-up support may not create sustainable and long-lasting impact. Hence, to address this need, IDF can provide support services to the trained CAC and CCC health care providers by:

- continued guidance by IDF's clinical mentors to bolster providers' clinical competence and confidence;
- site support which includes an array of solutions including conducting onsite sensitization workshops for support staff; orienting community health intermediaries and information on referring women;
- programmatic support facilitated through the district and state-level officials to address any barriers that prevent a provider from offering CAC / CCC services

# Appendices

## A.1. Stakeholder Dialogue Agenda

Bringing Women's Health on the CSR Agenda – A Stakeholder Dialogue

Date: July 26, 2017

Venue: Hotel Pullman, Aerocity, New Delhi

<b>12:30 pm</b>	<b>Registration</b>
<b>1:00 pm</b>	<b>Lunch</b>
<b>2:00 pm</b>	<b>Introductions</b> Facilitated by Ms. Akanksha Sharma Manager, Development & Communications, IDF
<b>2:15 pm</b>	<b>Welcome Address</b> Ms. Anisha Aggarwal Director, Development & Communications, IDF
<b>2:30 pm</b>	<b>Objectives of CSR and priority to health sector</b> Mr. Sudhir Sinha CSR Advisor, PwC India
<b>2:45 pm</b>	<b>Why do we need to bring women's health on the CSR agenda</b> Mr. Vinoj Manning Executive Director, IDF
<b>3:00 pm</b>	<b>Women's Health: A priority for the Government of India</b> Dr. S K Sikdar Deputy Commissioner, In-charge - Family Planning Division Ministry of Health & Family Welfare, Government of India
<b>3:15 pm</b>	<b>Tea</b>
<b>3:30 pm</b>	<b>Implementing women's health-related CSR projects in India – A civil society perspective</b> Ms. Sonali Khan Vice President, Breakthrough
<b>3:45 pm</b>	<b>Funding women's health initiatives in India</b> Mr. Anand Sinha Country Advisor, The David & Lucile Packard Foundation
<b>4:00 pm</b>	<b>Experience of corporates on funding health initiatives</b> Mr. Joydeep Sen, CSR-Lead (India Sub-continent), GlaxoSmithKline Consumer Healthcare Limited Mr. Abhijit Prabhughate, Senior Manager Programmes (Research), Ambuja Cement Foundation Mr. Akhilesh Kumar Yadav, Regional Manager Social Investment, ITC Ltd. Mr. Sanjeev Ranjan, Head Operations, Adani Foundation
<b>4:30 pm</b>	<b>Open Discussion</b> Moderated by Mr. Sudhir Sinha
<b>5:00 pm</b>	<b>Vote of Thanks</b> Ms. Akanksha Sharma

## A.2. Stakeholder Dialogue Speaker Profiles

<p><b>Ms. Anisha Aggarwal</b> Director – Development and Communications, IDF</p>	<p>Ms. Anisha Aggarwal leads the fundraising and external communication for IDF. In addition, Anisha builds on her association of over a decade with Ipas and contributes to the overall strategy and management of the organization. Her focus areas also include documentation of programs and results; and support to policy initiatives. Ms. Aggarwal is keenly interested in improving health care for young people; integrating reproductive rights with human rights; and analysing impact of projects for improved planning and leveraging. She holds a Post-Graduate Diploma in Human Rights Law from the National Law School, Bangalore; and a master's degree in Linguistics from the Jawaharlal Nehru University.</p>
<p><b>Mr. Sudhir Sinha</b> CSR Expert and Advisor, PwC India</p>	<p>Mr. Sudhir Sinha is a professional with 32 years of experience in CSR with wide and varied experience of working with companies and NGOs on CSR projects. He has rich experience of heading CSR/Sustainability verticals of leading Indian &amp; MNC brands such as Tata Steel, Cipla Ltd, Reliance, Moser Baer India Limited and Arcelor Mittal. Mr. Sinha holds several positions as a member or advisor in various national level strategic committees and forums in India.</p>
<p><b>Mr. Vinoj Manning</b> Executive Director, IDF</p>	<p>Mr. Vinoj Manning heads up a multi-disciplinary team of more than 100 staff based in 12 offices around the country. He oversees IDF's efforts to improve the environment for safe abortion and increase access to comprehensive contraceptive care in the country. Mr. Manning, who has more than two decades of marketing and program management experience, is particularly interested in strengthening the capacity of health systems to provide high-quality abortion and contraceptive care and improving the evidence base for the provision of safe abortion care. Before coming to IDF in 2002, he worked with a variety of organizations, including the Swiss Development Cooperation, PATH and the National Dairy Development Board.</p>
<p><b>Dr. S K Sikdar</b> Deputy Commissioner, Ministry of Health, Government of India</p>	<p>Dr. Sikdar is a medical doctor and a post graduate in public health. He made a conscious decision to shift from the clinical side to public health as the scope for improving the health of millions of fellow countrymen was much wider compared to the narrow range covered by the clinical side. His personal interest was in dealing with the issue of population stabilization and family planning which is of utmost significance for India. He has broad perspective of the ground realities of the country, which has helped him in drafting and implementing realistic and viable policies &amp; programmes which have an impact on the masses in improving the overall health indicators. As technical lead and head of the National Family Planning Program, Dr. Sikdar plays a major role in policy formulation, strategic management, program implementation and monitoring. He has been instrumental in advocating and implementing strategies for popularizing family planning and spacing methods in particular.</p>
<p><b>Ms. Sonali Khan</b> Country Director and Vice President at Breakthrough</p>	<p>Ms. Sonali Khan brings along more than two decades of professional experience in strategic planning &amp; organizational development, developing program &amp; campaign strategies and designing research methodology. She has an MPhil from JNU and is a Harvard Business School fellow for Strategic Perspectives in Non-profit Management. Ms. Khan is a strong advocate of women rights. She has led popular social campaigns at Breakthrough like “Is this Justice?”, “What Kind of Man Are You”, “Bell Bajao”, “Nation against Early Marriage,” “MissionHazaar” amongst others. She is on the boards of MenEngage Alliance and Plan international. Prior to foraying into the development sector, she played a successful innings in journalism for networks including the BBC World, Star Plus and CNBC.</p>
<p><b>Mr. Anand Sinha</b> Country Advisor, Packard Foundation, India</p>	<p>Mr. Anand Sinha has over two decades of experience in public health, specifically on reproductive, maternal and child health in India. He has been at the forefront of innovations in engaging the private sector in the delivery of health services to low income households, and has led the development of some of India's most successful market building initiatives for contraceptive and child health products such as condoms, oral contraceptives, injectable contraceptives and ORS and Zinc for diarrheal disease. Before joining the Packard foundation he worked with the Gates foundation and led their Bihar initiative, and prior to that was the Country Manager for Abt Associates.</p>
<p><b>Mr. Joydeep Sen</b> India CSR head, GSK Consumer Healthcare Ltd.</p>	<p>Mr. Joydeep Sen has over 16 years of experience at National and International level with private sector consulting and development sector organizations. His expertise is in areas of Health, livelihood, natural resource management (NRM), Child Rights, micro finance, Sexual and Reproductive health, HIV, Drug Use, and workplace policy. At GSK, he leads the programmes in the area of micro-nutrient deficiency, responsible medication, Dengue and tropical diseases. He is responsible for designing, strategizing and implementing CSR programme of GSK-CH with different stakeholders including government, community, multilateral agencies and civil society.</p>
<p><b>Dr. Abhijit Prabhughate</b> Senior Manager Programs (Research) – Ambuja Cement Foundation</p>	<p>Dr. Abhijit Prabhughate is a social development professional with more than 15 years of experience of conducting research on diverse health issues. He is passionate about conducting field-based programmatic research. At Ambuja Cement Foundation (ACF), the CSR arm of Ambuja Cement Ltd., he is responsible for designing and oversight of studies conducted or commissioned by ACF. He has done his PhD from University of Illinois at Chicago, USA, MPhil from NIMHANS and Masters from TISS.</p>
<p><b>Mr. Akhilesh Kumar Yadav</b> Regional Manager (North), Social Investment, ITC Ltd</p>	<p>Mr. Akhilesh Kumar Yadav He has over 11 years of experience in the development sector. Prior to his role at ITC, he has worked as Senior Research Associate with Indian Institute of Forest Management, Bhopal. Mr. Yadav is a post graduate in Forestry Economics and Management from Forest Research Institute, Dehradun.</p>
<p><b>Mr. Sanjeev Ranjan</b> Head – Operations, Adani Foundation</p>	<p>Mr. Sanjeev Ranjan is an experienced professional with over 20 years of experience in the development sector. He is responsible for managing project operations of 13 sites with more than 350 team members.</p>

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# Exhibit 1. - References & Bibliography

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