

# Sowing & Growing Multi-Stakeholder Collaborations for Impact

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Philips  
Foundation

Knowledge partners



KEARNEY

## Table of Contents

<b>Executive Summary</b>	<b>3</b>
<b>Foreword from Philips Foundation and Ashoka</b>	<b>5</b>
<b>Chapter 1. Why Multi-Stakeholder Collaboration?</b>	<b>8</b>
<b>Chapter 2. Collaboration Learnings</b>	<b>14</b>
<b>Chapter 3. Collaboration Toolkit: Getting Started Today</b>	<b>20</b>
<b>Appendix: Collaboration Case Studies</b>	<b>24</b>
Overview of the collaborations .....	24
Childhood Pneumonia in India .....	25
Doctors @ Distance in Uganda.....	29
Enriching healthcare service offerings in Pakistan .....	33
Replicating an innovative referral model in India.....	36
Ecosystem funding for NCDs in Africa.....	39
<b>About this study</b>	<b>43</b>

# Executive Summary

**Collaborating across stakeholders is critical for driving impact.** Today's world presents complex challenges: no single organization or change leader can achieve systemic change on their own. It is only when diverse actors come together that they can tackle complex challenges, create value for all and gain access to new strategic opportunities. Tackling these challenges require diverse actors to come together, creating value for all and gaining access to new strategic opportunities.

**The call for a more sustainable, inclusive and resilient society is more urgent than ever.** While the current Covid-19 crisis has exposed weaknesses in our socio-economic systems, it has also fostered positive outcomes ranging from countless spontaneous social initiatives to decreased pollution. While we are recovering from this health crisis, we must also seize the opportunity to rebuild and redesign our systems for stronger communities.

**We are excited to share our learnings about multi-stakeholder collaboration and invite you to join this journey.** The Philips Foundation and Ashoka co-created a long-term program titled **Accelerating Healthcare Access (AHA!)** to accelerate healthcare access around the world, that aims for collective impact through collaborative entrepreneurship across multi-sector stakeholders. While we are still relatively early in our collaboration journey, our joint achievements so far are highly encouraging, and we would therefore like to share the following key learnings and results. Whether you are a social innovator, business or other organization geared for collective impact, we hope this will give you a head start as you engage in multi-stakeholder collaborations.

*"When you look at the key challenges society is facing, it becomes increasingly clear that the public and private sectors need to join forces. Social entrepreneurs will be key in coming up with innovative ideas [and] challenging existing paradigms."*

– **Ronald de Jong, Chairman of the Board, Philips Foundation; Chief Human Resources Officer, Philips**

## Multi-Stakeholder Collaboration – Key Learnings

- **Brace for the ups and downs.** Multi-stakeholder collaboration will get complex. Common challenges include inexperience working with other sectors, and lack of trust and understanding or empathy. Conflict can also arise with a clash of organizational priorities and cultures.
- **Embrace each other's differences.** Successful collaboration requires proactively embracing each other's differences and diversity. It calls for an enterprising mindset, a willingness to step out of your own comfort zone, and the ability for the whole team to accept and celebrate differences. **Individual and organization change are also a pre-requisite to system change:** this is often overlooked in the collaboration process, but absolutely critical to acknowledge and facilitate.
- **Get organized.** Make sure you use modern project tools and governance geared towards supporting agile, transparent, entrepreneurial multi-stakeholder collaboration (and not old-school hierarchy-based project management and strategic planning tools).
- **Invest in trust.** Invest time and create space to get to know yourself and the other stakeholders, develop trust and **deepen relationships as equals**, and build joint ownership of a shared vision with value for all. Be careful not to rush into project management mode despite the excitement or pressure to "get started" – drive action only when there is a mutually agreed mission.
- **Nurture the collaboration and yourself.** It is a journey, you explore, learn and need to be open to evolve as you go - think of the collaboration as a first step in a

longer journey of catalyzing broader impact and systemic change: **do not expect to succeed right away** or understand it fully at first, as it will likely take many iterations. When you start, you only have a sense of direction and an outline of the collective impact you might be able to achieve. Collaboration takes time and serious commitment. Collaboration evolves. It requires you and all stakeholders to embrace the complexity: there is no real “end” to it, the learning experience itself is invaluable.

*“Nobody can do this alone. The issue and challenges are so big. This is something to be done in a collaborative way”*  
– Margot Coojmans, Director, Philips Foundation

## Accelerating Healthcare Access (AHA!) – Key Results

While we are still early in our collaboration journey, our joint achievements so far are highly encouraging:

- **Developed a highly innovative ecosystem financing/funding model of integrated healthcare access for non-communicable diseases for Africa.** Yako, Philips Foundation and Philips Capital collaborated closely to initiate the development of new funding vehicles, validate the model with a pilot and identify new partners.
- **Reduced childhood pneumonia through social behavior change in India, supported by technology.** ZMQ, Philips India CSR and Save the Children collaborated to target half a million people and directly impact 88,000 children in vulnerable communities. Philips India also launched a childhood pneumonia awareness campaign that reached more than 35 million people in India.
- **Published a white paper on SNEHA’s innovative referral model on maternal and childcare for underserved communities.** With strong support from Philips India CSR, SNEHA’s model has been replicated to all 7 municipalities in Mumbai, India.
- **Boosted healthcare offering to underserved low-income communities in Pakistan and increased job opportunities for female doctors in Pakistan through DoctHERS.** This included usage of an ultra-mobile diagnostic device to an existing healthcare service offering with tele-consultation services, while at the same time supporting gender equality.
- **Piloted a financially sustainable model for Doctors @ Distance, ready to scale across Uganda and other countries.** An expanded healthcare offering with diagnostics was piloted for non-communicable diseases for remote villages in Uganda, conducting over 5000 screenings for diabetes, hypertension, pneumonia, malaria and other infectious diseases. Over 200 chronic patients in remote and rural areas are checked and monitored monthly, and receive life-saving medicines close to their homes. With the Covid-19 outbreak, the service is being expanded to all healthcare workers with dedicated support for tracking and tracing Covid-19 patients. The solution will be offered to over 7,000 healthcare workers by end 2020, with the goal to reach all 180,000 health workers in Uganda in 2021.
- **Engaged Philips employees and developing intrapreneurs.** 89% of Philips employees who participated in the collaboration summit reported increased motivation and entrepreneurial mindset, as well as the discovery of new business opportunities and insights on the topic of the healthcare partnership.
- **Engaged knowledge partners actively.** KPMG and Kearney as knowledge partners provided consultant support to the social innovators in messaging their stories and synthesizing the key outcomes.

We invite you to join us in scaling multi-stakeholder collaboration and build on our learnings. This paper includes key principles for collaboration, a practical ‘Collaboration Toolkit’ to get you started and more stories and results from our case studies.

# Foreword from Philips Foundation and Ashoka

We invite you to join our collaboration journey

**We strongly believe multi-stakeholder collaboration is essential for systemic impact**

Across the world, many individuals and communities still lack access to high quality and affordable healthcare, caused for example by the remoteness of their community, lack of means to pay for healthcare support, culture, conflict, or other causes. Recognizing the need to increase healthcare access for disadvantaged communities, social entrepreneurs are creating *new, visionary solutions* which provide suitable healthcare services and in certain cases eventually even *transform healthcare systems* to increase the accessibility of healthcare to people and communities.

Over the past 40 years, Ashoka has successfully worked with its network of outstanding social innovators, also known as Ashoka Fellows. However, to accelerate collaboration towards a shared systems impact goal, Ashoka identified that these three significant moves are needed:

- **From strategic planning to emergence.** Moving to an attitude and approach that supports everyone to think and innovate together instead of planning (top-down), equipping small teams or intrapreneurs to experiment and encouraging everyone to share their learnings across the entire organization.
- **From hierarchy or individual firms to systems leadership and collaboration.** The old model of telling others what and how to repeat now is both ineffective and a barrier to organizational adaptation to the new game. The new leadership starts with envisioning new opportunities, bringing the right team together, and designing the synaptic architecture needed for the group to work together.
- **From solving complicated problems to designing with complex problems in mind.** We realize we do not bring change to a static system, but acknowledge that we are joining a system that is in motion at a journey with multiple future outcomes and paths.

Philips Foundation and Ashoka are therefore aiming to drive systemic impact in healthcare access which no single stakeholder can do alone, regardless of their skills and resources.

*"What we need is creating connections and collaborations between leaders in the field and different and, many times, new players in the health ecosystem. The future in health care -moving healthcare away from curing sick people, to keeping people healthy- depends on new players entering this industry and challenging deep-rooted assumptions and bring new thinking."*

-- **Ashwin Naik, Ashoka Fellow, Resident Fellow & Leadership Group Member at Ashoka**

*"Today we are encountering a very different situation than before. We have enormous opportunities. We have policy change and lots of innovation coming. All these make the challenge more achievable."*

– **Sameer Sawarkar, Founder of Neurosynaptic Communications, Ashoka Fellow**

Philips Foundation and Ashoka co-created a support program to grow entrepreneurial collaborations aiming for collective impact. The support aims at empowering multi-stakeholder teams including Ashoka Fellows, Philips, Philips Foundation, and other stakeholders (including NGOs and academia), to empower them to bring these above changes into reality.

We tested facilitating collective impact through 4 hypotheses:

- **Hypothesis 1:** If you invest in a safe space to explore the system change, the ecosystem, engage different stakeholders and collectively “define” shared value, this leads to a more systemic change, a sustainable collective impact.
- **Hypothesis 2:** Such a collaboration assumes trust, equality, empathy and an open way of communication. It requires facilitation and support to empower people coming from different organizations to work effectively in a team that aims for collective and sustainable impact.
- **Hypothesis 3:** Collaborating with a different type of organization on shared value builds valuable exposure (learning by doing), and a unique opportunity to grow as a changemaker and an entrepreneur or intrapreneur.
- **Hypothesis 4:** To grow impact of the collaboration, as a team, we need to empower the people with a different kind of leadership, one that is embracing collaboration, creativity, and entrepreneurship.

### **Our joint achievements so far are highly encouraging**

While we are only a year and a half into our collaboration journey, we are proud of what we have achieved so far:

- **Reducing childhood pneumonia through social behavior change in India, supported by technology** – ZMQ, Philips India CSR and Save the Children collaborated to target half a million people and directly impact 88,000 children in vulnerable communities. Philips India also launched a childhood pneumonia awareness campaign that reached more than 35 million people in India.
- **Building a financially sustainable model for Doctors @ Distance: expanded healthcare offerings with diagnostics for non-communicable diseases for remote villages in Uganda** – An expanded healthcare offering with diagnostics was piloted for non-communicable diseases for remote villages in Uganda, conducting over 5000 screenings for diabetes, hypertension, pneumonia, malaria and other infectious diseases. Over 200 chronic patients in remote and rural areas are checked and monitored monthly, and receive life-saving medicines close to their homes. With the Covid-19 outbreak, the service is being expanded to all healthcare workers with dedicated support for tracking and tracing Covid-19 patients. The solution will be offered to over 7,000 healthcare workers by end 2020, with the goal to reach all 180,000 health workers in Uganda in 2021.
- **Enriching healthcare offering to underserved low-income communities in Pakistan, while simultaneously supporting gender equality** – This included usage of an ultra-mobile diagnostic device to an existing healthcare service offering tele-consultation services. By bringing a Phillips Lumify device (ultimately developed for the upper market segment) to an underserved market in Pakistan, doctHERs was able to test and develop a new business model and offer new health services to this underserved population, while increasing job opportunities for female doctors – in a country that is bottom-ranked for gender equality (#151 out of 153 on global gender parity index: World Economic Forum report).
- **Publishing a white paper on SNEHA’s innovative referral model on maternal and childcare for underserved communities, enabling the replication of the model to additional Indian municipalities** – SNEHA, together with Philips CSR India, are preparing to scale the impact of its successful referral model to link excluded populations (such as those living in slums in Mumbai, India) to existing mother & child healthcare providers. As SNEHA scales its operations in additional Mumbai municipalities and to other large cities in India, this paper enables the model to be replicated, and engages additional partners and funders.

- **Developing a highly innovative ecosystem financing model of integrated healthcare access for non-communicable diseases (NCDs) with Yako in Africa** – Industry experts (Philips Capital), social innovators working in NCDs (Ashoka Fellows), and seasoned health innovators that have created health distribution models and funds for the developing world, have come together to offer an integrated 'supply chain' approach to healthcare delivery in Africa. The NCD healthcare ecosystem funding mechanism was designed and discussed with leading impact investors and funders in Health.
- **Engaging Philips employees and developing intrapreneurs** – Employees engaged in collaborative action teams reported that they gained new skills as well as stronger motivation and entrepreneurial attitude at work. Employees also reported additional business opportunities and insight on healthcare trends. Of those who attended the in-person entrepreneurial collaboration summit of Ashoka, Philips, and other ecosystem partners (called the Collaborative Action Lab), 89% reported increased motivation and entrepreneurial mindset, and again 89% reported discovering new business opportunities or insights on the topic of the partnership (healthcare).

With this report, we hope to inspire other social entrepreneurs and intrapreneurs – the innovators who are building better organizations from the inside-out and breaking down silos between sectors – towards collective social impact. While our pilot has focused on healthcare, it is our belief that any other industry can fully use the power of diverse multi-stakeholder collaboration to drive positive impact.

### Accelerating Healthcare Access (AHA!)

The Philips Foundation and Ashoka are cooperating in a multi-year program to accelerate access to healthcare around the world by connecting social entrepreneurship with industry skills and exploring collaborative action between Philips Foundation and Ashoka fellows. The collaboration is rooted in the Philips Foundation's longstanding commitment to increase healthcare access for disadvantaged communities through innovation and Ashoka's network of leading social entrepreneurs who advance health equality with new solutions and approaches. This unique cross-sector collaboration will create and leverage shared value, addressing critical issues in access to healthcare throughout the health continuum.

Accelerating Healthcare Access (AHA!) is an ambitious movement between business and social entrepreneurs that addresses United Nations' Sustainable Development Goal 3 (ensure healthy lives and promote well-being for all) by scaling social innovation. These social entrepreneurs—selected by Ashoka for their ability to make systemic change and increase access to healthcare—will achieve their goals with support from the skills and expertise of talented and seasoned business leaders within the leading health technology company Philips.

Childhood Pneumonia in India	Doctors @ Distance in Uganda	Enriching healthcare service offerings in Pakistan	Replicating innovative referral model in India	Ecosystem funding for NCDs in Africa
Increasing health knowledge and service-seeking behavior from mothers and caregivers in Mewat rural area in India around childhood pneumonia, through the creation of 5 stories to be broadcasted through the MIRA platform + testing ChARM through their healthcare workers	Testing a model of Primary Care services increased with diagnostics, for a BOP target: from information, screening, teleconsultation to referral and easier access to treatment, in a remote area in Uganda. Test objective: Evidence-based proof of concept before scaling	Integrate a multi-stakeholders ongoing action to increase access to healthcare for underserved communities. Testing acceptability and an amortization model that can be adapted for a use of an ultrasound device	Make a case out of SNEHA referral model with mother & child from vulnerable urban settings (slums), to share knowledge on impact. Leveraging Philips Business expertise to strategize and help implement campaigning support activities around Mother & Child national days in India, to support the pregnant women referral model	Develop a Pan-Africa Permanent Capital Vehicle for financing initial capital of fellows and affiliates increasing access to healthcare, and the related supporting platform (pilots, digital support, operations)
				

# Chapter 1. Why Multi-Stakeholder Collaboration?



With multi-stakeholder collaboration, diverse actors are able to tackle challenges that they could not have otherwise solved alone. This creates value for all and enables the emergence of new systemic, and therefore strategic, pathways to change and solve old and unresolved issues hindering universal health coverage.

## **Why multi-stakeholder collaboration?**

Today's world presents complex challenges: no single organization or change leader can achieve lasting systemic change on their own. Healthcare presents an especially significant challenge: For example, concerted efforts are required to achieve universal health coverage and sustainable financing and to address the burden of non-communicable diseases.



### UN Sustainable Development Goal 3: Ensure healthy lives and promote well-being for all ages<sup>1</sup>

*While major progress has been made in improving the health of millions of people, change is still not happening fast enough:*

- *At least half of the world's 7.3 billion people are not receiving the essential health services they need.*
- *In 2010, almost 100 million people were pushed into extreme poverty because they had to pay for health services out of their own pockets.*
- *The risk of a 30-year-old person dying before the age of 70 years from a cardiovascular disease, a chronic respiratory disease, diabetes or cancer was 22 percent for men and 15 percent for women – most in low- and middle-income countries.*
- *In 2017, an estimated 5.4 million children (1 in 14) died before reaching their fifth birthday. Yet, substantial progress has been made in reducing child deaths, with the global under-5-mortality rate having dropped by 49 percent since 2000.*

None of us can solve this alone: we need to work at the root causes, take a multi-disciplinary approach, think differently and drive new solutions. For all of this, we require multi-stakeholder collaboration.

*Multi-stakeholder collaboration is key to scaling impact to a systems level. A survey of systems change leaders showed that they were able to achieve larger results when they engaged donors and other supporters; and also accelerated scaling their initiative and impact due to the multilateral collaboration of different funders.*

In an entrepreneurial collaboration, diverse actors – businesses, governments, social entrepreneurs, non-profits, and individuals, among others – pool their respective complementary skills and resources to tackle a challenge that none of these actors could have solved alone and create value for all.

True collaboration demands equal partnership and creating shared value for all and is indeed not easy to fully realize. It is important to not confuse this with other more commonly seen types of interactions, for example a client-supplier or service provider relationship, philanthropy, or the label of a “strategic partnership” without concrete shared objectives and actions. Multi-stakeholder collaboration can often emerge after a single organization or sector tries to tackle a challenge by itself but fails, either because of lack of skills or resources, or because of misalignment with a different stakeholder.

*“Nobody can do this alone. The issue and challenges are so big. This is something to be done in a collaborative way”*  
– **Margot Cooijmans, Director, Philips Foundation**

*“Increasing access to healthcare on a global scale takes a community; it takes collaboration.”*  
– **Eugenia Boeh-Ocansey, Electronic Engineer, Philips Innovation Services**

<sup>1</sup> <https://sustainabledevelopment.un.org/sdq3>

### Why businesses partner with social innovators

*The Philips Foundation supports United Nations Sustainable Development Goals. Its mission reflects its commitment to SDG 3 (Ensure healthy lives and promote well-being for all at all ages) and SDG 17 (Revitalize the global partnership for sustainable development). With the urgency of over 400 million people around the world lacking access to essential health services, Philips is deploying its expertise, innovative products and solutions, and by collaborating with social entrepreneurs and humanitarian organizations around the world. Also, every Philips employee is granted one paid day a year to spend on volunteering activities – the capabilities of over 70,000 employees makes it possible to have real impact. As these employees engage, those experiences will help them better understand the needs of the people they serve and will inspire innovative new ideas for how to make life better. Investing in these “intrapreneurs” is key to Philips’ rich entrepreneurial tradition and future success.*

### Why social innovators partner with businesses

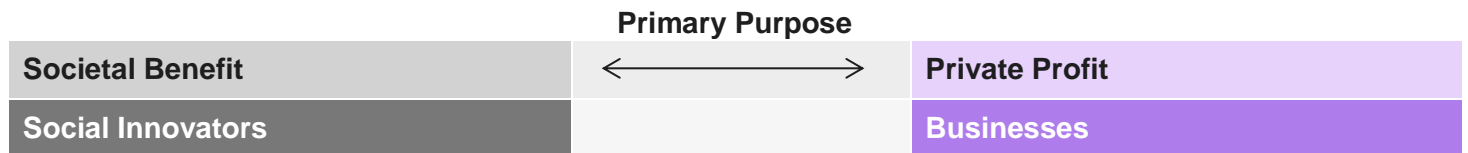
*Collaborating with businesses is key to doctHERs’ vision of implementing a gender-inclusive, technology-enabled healthcare solution across rural Pakistan. For example, doctHERs has partnered with Unilever Pakistan in a project titled ‘Sukh Saheli’ that uses the **widespread reach of Unilever’s rural retail program** to deliver high-quality health and wellness services for 1 million women across rural Pakistan. Frontline health workers mobilize underserved communities in over 4000 villages and connect them to qualified, female doctors via telemedicine, HD video-consultation and digital, diagnostic tools. At the same time, doctHERs provides tech-enabled health & wellness solutions to drive **employee performance, productivity and retention for workers in factories and corporate offices** and for 3rd party staff connected to corporate value-chains.*

### Doing together what cannot be done alone

*ZMQ, Save the Children, and Philips Foundation were united in their goal to achieve a healthcare setting where childhood pneumonia is prevented and/or diagnosed at an early stage and children are provided with the right, timely treatment to recover. This was possible with **ZMQ** bringing its innovative technologies and behavior change expertise; **Save the Children** bringing its local healthcare expertise and project management and ability to scale / reach a wider market; **Philips** bringing its expertise in pneumonia and tools; and funding approval from **Philips Foundation and Philips India**.*

## Unique benefits for each party

We outline typical benefits for social innovators and businesses here. In reality, multi-stakeholder collaboration may not fall into neat categories: we see many social innovators leading profitable social enterprises, businesses with a strong social and ethical foundation, as well as other important players such as humanitarian organizations and the public sector.



### Key skills and resources contributed

<ul style="list-style-type: none"> <li>– Innovation / disrupt old ways of thinking</li> <li>– Operational and technical skills - agile thinking and working, a lean model</li> <li>– Understand local needs and challenges</li> <li>– Knowledge &amp; access to local and/or global networks</li> <li>– Entrepreneurship</li> <li>– New narratives &amp; a different style of Communication /storytelling</li> </ul>	–	<ul style="list-style-type: none"> <li>– Operational and technical skills - operating at large scales, established systems/processes</li> <li>– Funding (direct) as well as access to other financing</li> <li>– Infrastructure, equipment, or other resources</li> <li>– Global supply chain</li> </ul>
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### Benefits for collaboration

<ul style="list-style-type: none"> <li>– Scale social impact by leveraging the strengths of partners</li> <li>– New sources of revenue to re-invest in social missions</li> <li>– Access to new skills and knowledge</li> <li>– Open new markets and channels</li> <li>– Build credibility, with the “endorsement” of a strong business</li> </ul>	–	<ul style="list-style-type: none"> <li>– Insights &amp; understanding of underserved markets</li> <li>– Understand disruptive trends and access new markets and partners</li> <li>– Innovation labs for business and organizational models</li> <li>– Image / reputational boost through positive social impact</li> <li>– Employee engagement and improved talent attraction, development &amp; retention</li> <li>– Build a more entrepreneurial culture</li> </ul>
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### Driving ecosystem change

*Yako’s ultimate goal is to develop the ICE-NCD Model (Integrated Care Ecosystem for Non-Communicable Diseases Model) across Africa. The objective is to build capacity, enable a portfolio companies/projects led by 30 Ashoka Fellows and other social entrepreneurs to deliver Greater Access, Better Care for 10 million patients annually, distributed 50/50 based on economic status, across 20 African countries by 2030. This plan also encompasses the set-up of an innovative funding vehicle providing blended financing to the social enterprises being part of the defined ecosystem. This funding vehicle is called Vitellaria.*

*The main focus of the collaboration is to initiate development of the ICE-NCD model and Vitellaria funding vehicle and validate the model with a pilot. This aims to identify partners for Vitellaria by developing an appropriate pitch document that would attract Ashoka Fellows partners focusing on healthcare, and to raise blended finance for the pilot phase.*

## Niels Buning



Niels Buning began his career at Philips working on childhood pneumonia and implementing ChARM devices across low resource areas of Africa and is now a New Business Development Manager.

Niels has supported the partnership, working with Hilmi Quraishi of ZMQ to explore the viability of implementing ChARM devices across India to tackle childhood pneumonia.

He also spent a significant amount of time with Ashoka Fellow Ngu Morcho at Yako Medical Africa collaborating on how to expand access to the middle class who can afford healthcare but because of system inefficiencies often remains left out.

### **What stood out most about Ngu's approach?**

**Niels:** With Ngu, his story is really inspiring. He's first addressing middle class in Africa who has expendable income, but because of other system inefficiencies still has no access to care. That by and large is never a strong focus of ours and our competitors because it's a long-term view and a high-risk investment. But Ngu is taking that risk and raising \$100M to set up his diagnostic sectors. If we looked at this issue from a long-term lens and were less risk averse, we would see a great opportunity which impacts the lives of many and provides access to a market we are not currently in. That's where the opportunity is. We need to create pockets of growth where impact can happen and be sustainable in the long term.

### **What about the process was useful for your business?**

**Niels:** There is a win-win. Ashoka Fellows and social innovators bring what we don't have: local market knowledge and ambition. All Ashoka Fellows are very ambitious. And we bring process, local supply chain, all the things a social innovator may not have in place. I see great opportunity which impacts the lives of others and provides access to a market we are not currently in. That's where the opportunity is, we need to create pockets of growth where you can have impact.

## Kacy Harding



Kacy Harding is Head of Philips Professional Services and is part of the doctHERs' team as senior advisor to Ashoka Fellow Asher Hasan. doctHERs is a Pakistan based organization focused on enabling female doctors who, for various reasons, are no longer practicing medicine. doctHERs is re-engaging them into the workforce by using telehealth to reach patients. Kacy offered her tech expertise to bring design thinking into the platform, making sure the user experience was designed for each stakeholder.

### **How was this different from other collaborative experiences you have had before?**

**Kacy:** I've worked on creating joint ventures in the past, usually using a piece of technology and leveraging skills to create something better. In some ways the concept is the same, but here you're coming together for a reason that is much more meaningful.

### **Has your outlook on your work evolved at all while working in this program?**

**Kacy:** I really think differently. [These organizations] start by having to be lean and efficient up front; they have to be very deliberate about the decisions they make. I was working on a business case recently and we started with 15 KPIs, and I realized that if we had 15 KPIs we would always be in tension rather than having 2 to 3 to really focus on and improve. Radical simplification is a huge outcome.

### **What was the main value of the partnership for you?**

**Kacy:** The benefit was that I could use my skills to give back in an area relevant to my own work stream, but also learned and contributed in a way I'm not used to. This was what I looked forward to most in the week – taking my own skills and knowledge to help someone else improve.

# Chapter 2. Collaboration Learnings

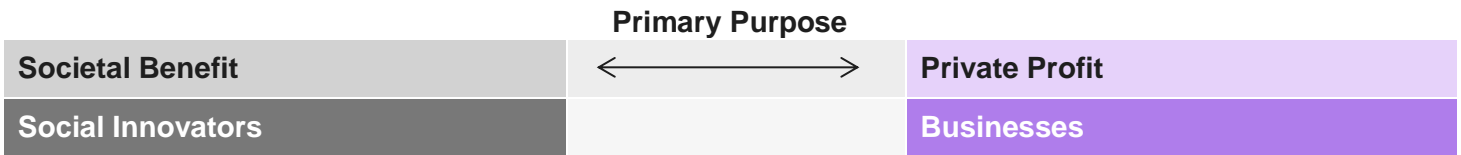


## Multi-stakeholder collaboration can be complex

All of us are unique individuals, with our own set of values, beliefs, expectations and experiences. Even within a given team or organization, not all views will be homogenous. Furthermore, many societies and organizations today have a strong culture of competition: each is used to working independently and strives to maximize self-interest by “beating the rest”. Therefore, with complex challenges and the involvement of several stakeholders, collaboration can naturally get chaotic. At many moments it may not be clear (yet) why we do what we do, what we should do next, how to do it, who to involve, who should pay for it, and so on.

But it is precisely these differences that create such powerful potential for change. Only by accepting and celebrating our differences and diversity, can multi-stakeholder teams truly come together to fully learn from and benefit from each other’s ideas and contributions.

*In Q1 2019, SNEHA was selected for collaboration by AHA! and Philips Foundation. They began defining the key scope, objectives and plan to form a collaboration team. Philips India and Philips volunteers were drawn into the collaboration however, the actual collaboration took a while to get off the ground mainly due to reason of looking at a strategic fit for all stakeholders, level of engagement involved and scope of collaboration. Over a period of time and several engaging discussions later, clarity on how the referral model has worked through SNEHA, its understanding, impact and possible scale-up and replication was achieved. Over several months it slowly became clear who will write the white paper on the referral model of SNEHA. Eventually Philips India through its CSR, strengthened this collaboration and developed it into a strong long-term commitment to support scaling SNEHA’s referral model to all seven Municipal Corporations in Mumbai, in the state of Maharashtra.*



**Common challenges**

- Inexperience working with other sectors and “speaking different languages”
- Working on different timeframes
- Lack of trust and understanding
- Difficulty identifying the right stakeholders in the organization or ecosystem
- Culture clash – magnified by the tendency to work competitively rather than collaboratively

<ul style="list-style-type: none"> <li>- Insufficient resources</li> <li>- Gap between vision and realization</li> <li>- Finding the right stakeholders and securing their commitment</li> <li>- Perceived credibility or trust gap, especially if small-scale</li> </ul>	<ul style="list-style-type: none"> <li>- Limited understanding of business case for collaboration (longer time to impact)</li> <li>- Lack of leadership support</li> <li>- Corporate bureaucracy and inertia</li> <li>- Misalignment with corporate strategy and incentives</li> <li>- Corporate culture that does not support external collaboration, innovation or risk-taking</li> <li>- Tendency to revert to client-supplier power relationship, rather than as equals</li> </ul>
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**Successful multi-stakeholder collaboration is guided by the following principles**

Successful multi-stakeholder collaboration requires proactively embracing each party’s differences and diversity and committing to realizing the shared value.

1. **Understand yourself and others** – Understanding yourself is an absolutely critical first step – you have to be able to achieve individual change, before you can trigger organizational change and even system change. It is essential to define clearly what you would like to achieve: What is the (real) problem here, and what approach do you think should be taken? What can you contribute, and what can be achieved on your own vs with an external partner? What stakeholders will you need to engage? You have to ensure that the effort aligns with your organization’s (or team’s) strategic agenda, otherwise there is a risk that it fades away amidst other competing priorities. You will also need to understand what commitments and resources you are able to dedicate. And last but not least, through understanding yourself comes the understanding of the other, another prerequisite to make collaboration possible with diverse stakeholders. This is not just a “nice-to-have” or a “soft skill”.

*In Ashoka’s experience, businesses that allow their employees the freedom to explore collaborations and take risks are the ones who have higher commitment and go further/deeper and also reap the rewards... even outside the “new business development” function. Organizing teams of change leaders across different type of organizations successfully requires deepening their capacity to effect systemic change – a new kind of leadership. This new paradigm of leadership is developed through alignment of personal purpose with the organizational purpose first, acknowledging misalignment, and empowerment to overcome and bridge differences in an equal and trust-based manner – usually against existing companies’ culture and hierarchies-. Through this new style of leadership, called weaving, leaders demonstrate ability to change through understanding self, and therefore others first, driving change in their organization applying changemaker skills such as creativity, entrepreneurship, and empathy. Only then one (leader) is empowered to change on systems level, through effective entrepreneurial collaboration with others.*

*Philips Foundation originally tried to launch the collaborative action partnerships with the Philips Community Life Centers (CLCs), which is an open platform approach bringing Philips and third-party productions, solutions and services together. However, this ended up not being the right way to go, since business-as-usual did not allow for any additional investment in time and effort required, and Philips Foundation tried to find other business units instead. What ended up working well was to align the collaboration with the Philips Foundation and volunteering programs, allowing to carve out time and select those persons keen to invest in and commit to the extra mile needed to understand one self, others & develop a new leadership style, next to day-to-day work.*

2. **Invest in building trust and understanding as equals, and take the space and time to explore a shared vision** – We strongly recommend intentionally investing time and creating space to get to know yourself and the other stakeholders, develop trust and deepen relationships as equals, and to build joint ownership of a shared vision. There is not always a clear start; partnerships do take significant time. It begins by considering each party's perspectives of the issue at hand, their understanding of the ecosystem and what value they can bring. You'll need to explore overlap in mission, define a shared vision, and allow others to step in and out. Be careful not to rush into project management despite the excitement or pressure to "get started" on driving concrete outputs: this ensures multi-stakeholder teams can align towards a common vision and reduces the risk of rapidly misaligning on the change and the impact they want to create.

*The value of creating space & time tends to be underestimated by some, especially given their enthusiasm to quickly dive into "doing business together" and focus on getting into action. If the team members are not physically co-located, the willingness, space, efforts, and time to invest in getting to know each other, building the relationship first, is often (conveniently) forgotten. Ashoka and Philips Foundation organized a 3-day Collaborative Action retreat bringing everyone together: Day 1 was dedicated to personal purpose, before moving into organizational alignment and systems thinking in Day 2 and 3.*

*It is important to allow the partnership enough time and space to get started before it can begin to blossom – in the case of ZMQ, a fruitful partnership was developed, but it took well over half a year.*

- **Nov 2018 – initial alignment on the idea:** Following a trip to India in Nov 2018 with Save the Children, Philips Foundation, and Philips India, discussions were initiated on a broader collaborative project focused on Childhood Pneumonia. Following positive results achieved from the ZMQ collaboration, their involvement was suggested in this wider 2nd collaboration as a technology partner.
- **March – Jul 2019: Preparation to start joint work, Viswaas project** – The collaborative team drafted the project scope and common roadmap and submitted the approach for approval of project funding. Joint preparation was completed on the collaboration scope, vision, purpose, roles, and ways of working. Save the Children and ZMQ met to start forging a relationship.
- **Jul 2019:** Just prior to the face-to-face meeting, the confirmation of project funding approval was received from Philips Foundation and Philips India. Participants worked on the goal alignment and getting to know each other's approaches, organizations, and capabilities during a 3-day face-to-face meeting in the Netherlands.



For businesses especially, their strong profit orientation does not often allow for significant investment into plans or relationships that do not deliver concrete outputs or clear commercial outcomes in the short term. In this challenging context, there needs to be enough willingness, time and space to build mutual trust and ownership on both sides of the partnership. This can be accelerated by having a trusted common party (what Ashoka terms “weaving”), who can facilitate this connection. This common party can also support ensuring there is mutual investment in creating a safe space and building collaboration skills and attitude.

*When the collaboration first started, Ngu Morcho had an idea, but it was not yet a concrete plan. The sharpening of the mission and the vision of the idea, resulting in the ecosystem approach and the further fine-tuning of the concept, was an important achievement that was reached in the collaboration.*

*“CA gives us a unique platform to leverage the learnings from the collaboration and leverage resource and skills to maximize the impact.” Ngu Morcho, Yako*

*“We all believe in the same goal: Ngu has been able to convince us towards this goal” – Eugenia Boeh-Ocansey, Electronic Engineer, Philips Innovation Services*

3. **Learn as you go, be open to evolving along the journey** – Think of the collaboration as a first step in a longer journey of catalyzing broader impact and system change: you should not expect to succeed right away or understand it fully at first, as it will likely take many iterations. Collaboration takes time and serious commitment, and we encourage you to embrace the complexity. There is no real “end” – even if progress does not always go as expected at first, the learning experience in itself is invaluable, and additional dialogues and follow-ups may result at some point. Learn from others, especially your peers who may have been through similar experiences.

*Healthy Entrepreneurs was looking at how they could leverage their peers’ experience to identify relevant digital health service offerings to conduct evidence-based actions and add complementary healthcare tools and services to their existing offerings – a basket of health related products like over-the-counter medicine and health education- in the remote areas in Uganda where there are no hospitals nor health posts. At first, it was thought that Neurosynaptic Communications could be a potential partner, but this eventually was not pursued further as there was not a strong mutual fit. It is important to explore potential collaboration in trustful, open communication, to enable leveraging each party’s relevant experiences. There are always valuable mutual learnings even if the collaboration does not proceed. While evolving over time, the pilot (see appendix) resulted in being granted EUR 1 million for scale-up, by another funder, based on the success of the pilot performed in this collaboration with Philips Foundation, Philips and the University.*

*DoctHERs and Philips have agreed on the first step of implementing Lumify devices in the health delivery channel that doctHERs has built, to test the new cost compensation model in a base-of-the-pyramid setting. The pilot focuses on Improved primary care through diagnosis, earlier intervention and reduced hospitalization, developing and conducting training of health professionals, obtaining useful learnings for all collaboration partners, and securing funding for the post-pilot phase.*

*Both parties agree there is much more to explore in the future as their collaboration journey progresses - for example, a moonshot goal of creating a consortium of Dutch and UK corporate customers and opening up Philips’ supply chain to the doctHERs’ health service delivery.*

*Philips CSR India has successfully extended its collaboration with social innovators:*

– **Project Vishwaas, extending the collaboration with both ZMQ and Save the Children:** Contracts were signed for Project Vishwaas, a 2-year collaboration with a planned reach of 0.5 million people, and direct impact for 88,000 children in vulnerable communities. At the end of 2019, the Ministry of Health and Family Welfare, Government of India also announced the topic of childhood pneumonia as a key healthcare priority. The launch of project Vishwaas was covered by 8 national news agencies. Around the same time, Philips India launched a childhood pneumonia awareness campaign using digital platforms, social media, and television, reaching 35 million+ people in India.

<https://www.youtube.com/watch?v=8vTaZsacB2c>

– **With SNEHA, to scale referral model to all 7 Municipal Corporations in the city of Mumbai, Maharashtra in India:** Signed a 2.5-year contract to support on the referral model scaling, from four to all seven Municipal Corporations of the city. The white paper launch is planned in Delhi for Feb/March-2020 which will include USAID, Gates, CIFF, other donors/foundations, and government stakeholders. Philips employees, a VU student, and an Ashoka volunteer contributed to the white paper.

6. **Explore and jointly define the win-win** – This means that every party agrees on defining a shared goal, that has clear benefits & is strategically aligned for everyone. This means committing to the collaborative process, be open to sharing power, and reaching an agreement that is fair and transparent. Roles and responsibilities should be clearly defined, with practical steps to get there.

*Healthy Entrepreneurs and Philips Foundation share a vision of a sustainable social business model to support last mile health delivery to communities for the widest possible range of health needs. The collaboration aims to test and provide evidence-based proof of the expansion of services to include health issues that require consultation with a healthcare professional. These consultations include diagnostic analysis, use of telehealth to connect with remote professionals and result interpretation and prescription development. A minimum viable product (MVP) was designed and tested for Uganda, and presented to different stakeholders and to seek formal approval from the Ministry of Health to operate on a larger scale. The full pilot impact review is being completed in Q1 2020. A scale-up plan aims to expand the current pilot to other countries and additional community health workers. Healthy Entrepreneurs just was awarded a EUR 1 million grant for scaling this pilot due to the successful results of the collaboration.*

7. **When it's time to drive action, get organized** – Once there is alignment on the way forward, it's important to get organized: project tools and governance should not be underestimated. You can leverage frameworks and tools to help flesh out important agreements such as your respective contributions and responsibilities, project management, common time to work, milestones. Set goals that are SMART (Specific, Measurable, Achievable, Realistic, and Timely) to help you focus your efforts, and to increase your chances of achieving that goal. Agree on KPIs that help define how we measure success and plan regular checkpoints for both formal & informal feedback.

*It is important to set up multi-sector collaboration as equals, both in formal documentation as well as in more informal ways of working day-to-day. While it's important to define commitments clearly, be careful that "old school contracts" that businesses tend to impose can be a barrier to this. An example is Project Vishwaas which involved multi-party contracts that bound Philips Foundation, Philips India and Save the Children, where ZMQ was initially set up a sub-contractor. It took several clarifications to ensure ZMQ would be considered as an equal in the collaboration, so as not to create an unbalanced working dynamic. New tools & mechanisms are*

*needed to support new ways of collaborating, such as for example a multi-stakeholder contract.*

*SNEHA initially faced some challenges ramping up a high-performing team: Some Philips team members ended up pursuing new roles, while other participants had limited availability periodically due to annual vacations or academic commitments. The collaboration was also complex, with an evolving scope, multiple workstreams, and diverse types of organizations across different countries and time zones. Program management activities took a considerable amount of time and effort. Key learnings included:*

- Budget sufficient time for team set-up and planning*
- Ensure long-term stakeholder participation for speedy implementation*
- Divide collaboration activities in multiple workstreams, for more effective use of participants' time.*
- Make the collaboration more engaging, with recurring appointments leveraging technology to facilitate a global and flexible team. (ex: face-to-face meetings, video calls and continuous alignment).*
- Bring strong project management expertise and understand local dynamics*

# Chapter 3. Collaboration Toolkit: Getting Started Today



## Collaboration Journey Overview

1. Define Strategic Rationale	2. Select Partners & Affirm Alignment	3. Jointly Develop Opportunities	4. Initiate Joint Implementation	5. Capture Value, Build Partnership
<ul style="list-style-type: none"> <li>– Identify unmet business needs and capabilities</li> <li>– Assess current relationships</li> <li>– Identify initial hypotheses and rationale for collaboration</li> <li>– Test with internal partners</li> </ul>	<ul style="list-style-type: none"> <li>– Select shortlist of potential partners</li> <li>– Align on principles, objectives and value sharing</li> <li>– Align on preliminary hypotheses</li> <li>– Establish initial targets &amp; timing</li> <li>– Establish joint team to validate hypotheses</li> <li>– Set protocols for sharing sensitive data</li> </ul>	<ul style="list-style-type: none"> <li>– Iterate hypotheses with internal, partner and external data</li> <li>– Conduct joint workshops to enhance hypotheses</li> <li>– Create integrated internal / external communication</li> <li>– Prepare &amp; endorse business case</li> </ul>	<ul style="list-style-type: none"> <li>– Develop ongoing operating model</li> <li>– Governance</li> <li>– Value sharing model</li> <li>– KPIs</li> <li>– Develop implementation roadmap</li> <li>– Action plans</li> <li>– Key dependencies, Risk identification and mitigation</li> </ul>	<ul style="list-style-type: none"> <li>– Monitor and communicate ongoing progress</li> <li>– Conduct regular executive reviews to adjust plans and identify additional opportunities for collaboration</li> </ul>
How can collaboration support our business objectives?	Are we aligned with our partners? What is the scope of efforts?	What are the opportunities to be pursued?	How should the partnership be managed?	Is the value sustainable and scalable? Do we need new partners?



## Key collaboration checklist

### Key questions to ask yourself ahead of exploring collaboration

- What are the direct and indirect benefits, over the short-term and long-term?
- What exactly do we want from our partners? What is the best way to get this?
- Why is the partner interested in working with us? How ready, willing and able are they?
- What do we contribute to the partnership? How strong is the win-win for everyone?
- Where do we start? Do I have the buy-in and commitment from my organization?
- Who are my key stakeholders in the partnership and across the ecosystem? How should I engage them?
- What model of collaboration do we want? How do we measure success? How do I exit?
- What do we need to deliver? How confident are we of delivering? What are potential risks?

## Creating Trust and Understanding

Do you have the right attitude and capabilities – respect, commitment, empathy, taking action, thoughtfulness, creativity, collaborative leadership, and listening?

How can you create a safe space?

### Define Expectations Upfront

Evaluate opportunities before approaching partner → demonstrate commitment and provide partner with compelling rationale

### Lead with Executive Support

Elevate initial discussion to the executive (CXO) level → ensure commitment and resources are in place

### Invest Time to Create Alignment

Reinforce objectives with partner and externally – do not underestimate change in mentality required → strengthen long-term relationship

### Balance Trust with Rewards

Align initiatives with level of trust that exists between partners → set appropriate expectations and support long-term partnership

### Create Win-Wins

Ensure opportunities create value for all partners – growth, margin, differentiation → create motivation for long-term relationship

### Create Transparency

Support sharing of data needed to identify, validate and implement synergies → allow partners to realize otherwise unattainable benefits

### Commit to Value Sharing

Clearly define rigorous gain sharing methodology early → Avoid misunderstandings and ensure value is created for all partners

### 1. Executive Summary

- a. Problem: Define the Problem being addressed
- b. Vision: Summary of the shared vision (social goal)
- c. Scope: Summary of the collaboration opportunity/solution
- d. Impact: Intended impact as well as wider ecosystem impact

### 2. Scope of Opportunity

- a. Collaboration Opportunity
- b. Location & Target Group: [Include size & scale]
- c. Stakeholders (also considering ecosystem impact)
- d. Deliverables & outputs
- e. Intended impact & contribution to ecosystem change
- f. KPIs (filled)

### 3. Scope of Collaboration

- a. Shared vision of parties
- b. Problem addressed
- c. Strategic implications & value exchange for all parties
- d. Contribution of all parties
- e. Principles/values of cooperation

### 4. Identify enablers for success and scale

- a. Enablers for success (including resources and capabilities)
- b. Key risks/challenges
- c. Sustainability
- d. Scalability

### 5. Project Details

- a. Project/ Activities Plan + milestones, outcomes, outputs
- b. Resources plan & team, and responsibilities
- c. Financial Plan / Budget
- d. Progress Monitoring & Impact Measurement

### 6. Learnings

- a. Define learning goals
- b. Thought leadership
- c. Communications and PR opportunities

## KPIs for measuring impact

Collaborative action can be measured at:

- Two levels: output (performance) and impact
- Three angles: through Fellows, on Philips employees, and at the ecosystem

Outputs (Performance)	Impact
<b>Impact Through Fellows</b>	
<ul style="list-style-type: none"> <li>– # of Fellows engaged</li> <li>– # of collaborations started between Ashoka Fellows, Philips and/or Ecosystem Partners</li> <li>– # of Articles, papers published about the collaborative actions</li> </ul>	<ul style="list-style-type: none"> <li>– % of Fellows who report that they gained support for their idea (contacts, funding, strategy, mentors, deck...)</li> <li>– % of Fellows engaged in new strategic partnerships and collaborations through the Ashoka and Philips networks</li> <li>– # of lives reached through CA</li> <li>– # of lives improved through CA</li> </ul>
<b>Impact on Philips Employees</b>	
<ul style="list-style-type: none"> <li>– # of employees actively and directly engaged in the collaborative actions</li> <li>– # of total hours volunteered by Philips employees through collaborative actions</li> </ul>	<ul style="list-style-type: none"> <li>– % of employees engaged who believe they gained new skills from tight collective actions</li> <li>– % of employees engaged who report additional business opportunities and insight on Healthcare trends</li> <li>– % of employees engaged who report stronger motivation and entrepreneurial attitude at their work</li> </ul>
<b>Ecosystem Impact</b>	
<ul style="list-style-type: none"> <li>– # of external events held</li> <li>– # of external stakeholders engaged in events</li> </ul>	<ul style="list-style-type: none"> <li>– # of cross organizational collaborations that spin-off</li> <li>– % of ecosystem actors surveyed that report a greater understanding of access to healthcare challenges</li> </ul>

Going forward, we need to develop new tools and new methods to support multi-stakeholder collaboration. Think of, for example: multi-stakeholder contracts that reflect equality and trust instead of hierarchy, better reflecting network type of collaborations instead of one-on-one collaboration.

### For further reading

- The Weaving Lab (<https://weavinglab.org>), a new leadership paradigm geared towards building thriving ecosystems

# Appendix: Collaboration Case Studies



## Overview of the collaborations

Childhood Pneumonia in India	Doctors @ Distance in Uganda	Enriching healthcare service offerings in Pakistan	Replicating innovative referral model in India	Ecosystem funding for NCDs in Africa
<p>Increasing health knowledge and service-seeking behavior from mothers and caregivers in Mewat rural area in India around childhood pneumonia, through the creation of 5 stories to be broadcasted through the MIRA platform + testing ChARM through their healthcare workers</p>	<p>Testing a model of Primary Care services increased with diagnostics, for a BOP target: from information, screening, teleconsultation to referral and easier access to treatment, in a remote area in Uganda. Test objective: Evidence-based proof of concept before scaling</p>	<p>Integrate a multi-stakeholders ongoing action to increase access to healthcare for underserved communities. Testing acceptability and an amortization model that can be adapted for a use of an ultrasound device</p>	<p>Make a case out of SNEHA referral model with mother &amp; child from vulnerable urban settings (slums), to share knowledge on impact. Leveraging Philips Business expertise to strategize and help implement campaigning support activities around Mother &amp; Child national days in India, to support the pregnant women referral model</p>	<p>Develop a Pan-Africa Permanent Capital Vehicle for financing initial capital of fellows and affiliates increasing access to healthcare, and the related supporting platform (pilots, digital support, operations)</p>
				



# Childhood Pneumonia in India

## Problem to Tackle

High rate of infant mortality for children under 5 years caused by pneumonia. This is largely observed in rural communities of South Asia and Sub-Saharan Africa due to insufficient knowledge of health workers and caregivers in preventing, diagnosing and treating pneumonia.

## Facts and Figures – Mortality due to Pneumonia



Cause of death for children under 5 years



Share of child deaths in developing countries due to pneumonia



# of episodes of pneumonia annually across the globe

## Shared Vision

- Reduce infant mortality caused by pneumonia within poor, rural, under-privileged communities in India through the power of information technology.
- Inform and empower households with children with least access to medical information through digital storytelling/ gamification of essential health messages, leveraging the deep reach of technology, to address the gap in the knowledge level around childhood pneumonia.
- Focus on behavioral change of the caregivers and connect households with health care system: from pneumonia awareness to prevention and treatment.




## Overall Collaboration Scope

- Increase health knowledge and stimulate service-seeking behavior from mothers and caregivers to reduce childhood pneumonia in India. This has been started through creation of 5 digital stories (within the initial ZMQ, Philips Foundation and Ashoka collaboration in 2018) broadcasted through the MIRA<sup>1</sup> channel and testing the ChARM diagnostic tool<sup>2</sup> through the MIRA workers in Mewar region in North-western India.
- Project Viswaas<sup>3</sup> is the second collaboration project developed, with a much broader scope of impact and collaborators. It has the vision of developing the blueprint of how to prevent, diagnose and treat Childhood Pneumonia. A new mobile app will be developed, targeting 4 audiences: community members, ASHA, ANMs, and medical officers / staff nurses. This will focus on providing access to the community to drive social change, in combination with ChARM as an early diagnostic device, and will have the functionality for improved case management at community and hospitals in India.
- Create more awareness about the high rate of mortality caused by pneumonia and draw additional partners into the collaboration, to enable a future scale up of the solution.




Note(s): 1. MIRA is a platform to deliver maternal and child health care information and connect households to health providers in low-resource settings.

2. The ChARM diagnostic tool is a monitor which automatically detects respiratory rates of children under the age of five, and is easy to use in remote areas.

3. Viswaas ('Breath of Hope') is a project aimed at delivering a high-quality pneumonia care with the help of digital technologies to children under the age of five, in Bharuch and Tonk regions in India.

Stakeholder	Value for Collaboration	Value for Stakeholder	Shared Value of Collaboration
	<p><b>Expertise on Social and Behavior change within underserved communities, with technology support.</b></p> <p>Assess, develop, implement, support and improve the mobile technology as collaborative partner.</p> <p>Provide trainings and evaluate efficacy of the Viswaas project in Bahraich and Tonk regions in India.</p>	<ul style="list-style-type: none"> <li>– Proof for future replication and scaling up of digital technology possibilities in prevention and reduction of mortality cases due to pneumonia among children: from identifying the symptoms and helping caregivers to evaluate the pneumonia symptoms through digital tools, linking patients with health care system for the treatment, and full treatment tracking till recovery of the patients in India.</li> </ul>	<div style="border: 1px solid black; border-radius: 15px; padding: 10px;"> <p><b>Mission:</b> Reducing health inequality and building more sustainable and durable access to primary healthcare.</p> <p><b>Objective:</b> Reducing childhood pneumonia in India.</p> <p><b>Project goal:</b> Design, develop and implement a holistic approach to childhood pneumonia prevention, diagnosis, and case-tracking through treatment.</p> </div>
	<p>Philips India: 50% funding partner via CSR budget. Provide skilled expertise to review and guide the application development. Support the program implementation with employee volunteers. Stimulate the ecosystem network to support future scaling.</p>	<ul style="list-style-type: none"> <li>– Contribute to Philips India CSR program's goals.</li> <li>– Foster engagement of Philips employees through volunteering in the CSR projects and deliver social impact.</li> <li>– Create additional proof points of success of the ChARM initiative in India, with greater focus on childhood pneumonia by the government.</li> <li>– The project realization supports replication of the ChARM initiative in other regions.</li> </ul>	
	<p>50% funding partner. Attract and coordinate skilled Philips expertise to contribute their expertise, and link with expert groups within Philips. Stimulate the ecosystem network to support future scaling. Shape the vision and collaboration for enhanced impact and scale.</p>	<ul style="list-style-type: none"> <li>– Accelerate healthcare access leveraging Philips capabilities.</li> <li>– Alignment to the global employee team volunteering topic for 2018-2019 (open to 78,000 employees to support tackling childhood pneumonia).</li> <li>– Proof of use of innovative technologies in low-resource settings.</li> <li>– Driving ecosystem collaboration with existing Philips strategic partners, including Save the Children, ZMQ (as a social entrepreneur with whom Philips Foundation has a committed relationship), Philips India and Ashoka.</li> </ul>	

Note(s): 1 KPMG NL is involved in the collaborative action as a learning partner.

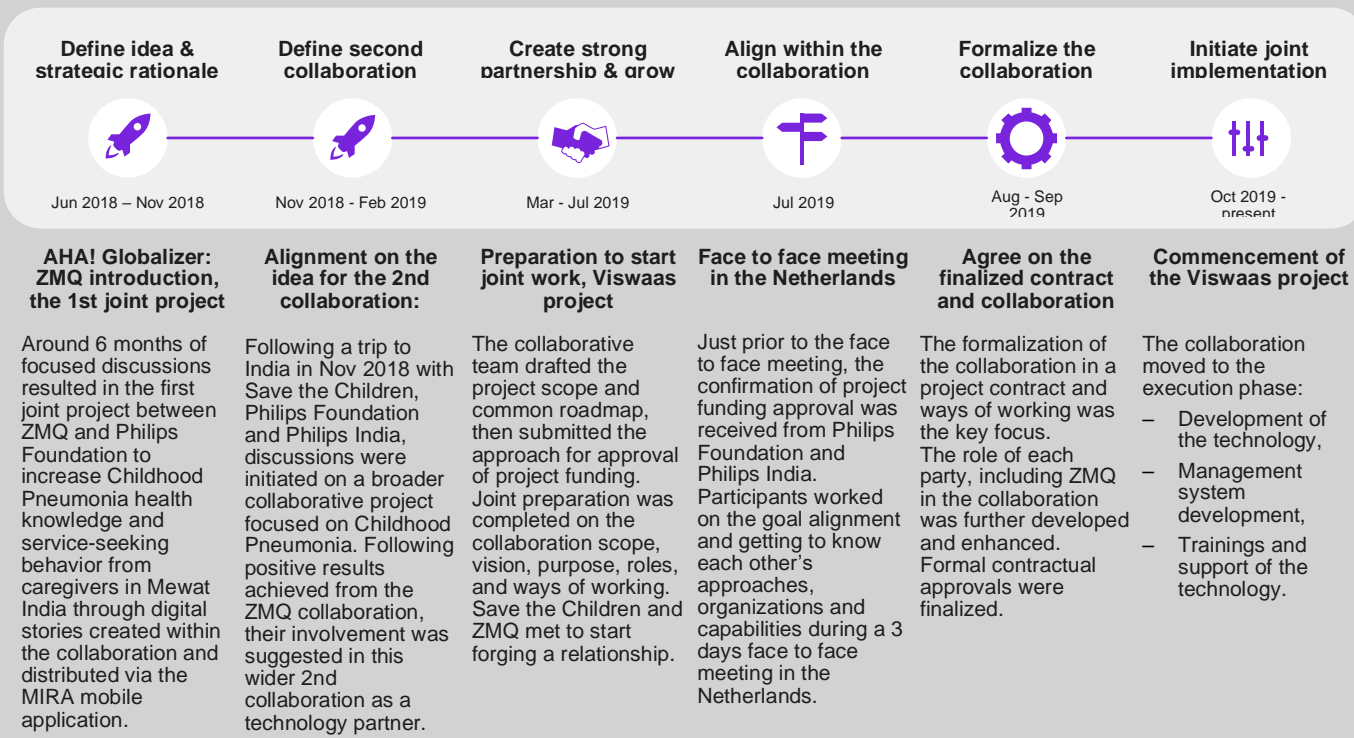
Stakeholder	Value for Collaboration	Value for Stakeholder	Shared Value of Collaboration
	<p>Link social entrepreneurs in the healthcare sector and organizations for collaborations with positive sustainable social change. Shape the vision of collaboration work and leverage participants' expertise to jointly shape the ecosystem towards greater social impact.</p>	<ul style="list-style-type: none"> <li>– Proof of success of the collaboration as a way to engage business leaders and social entrepreneurs to achieve a positive system change within a <b>shared-value</b> partnership.</li> <li>– Accelerate healthcare access by increasing positive social impact with the help of joint efforts among Ashoka fellow, ZMQ, and organizations from the wide network aimed at prevention and treatment of childhood pneumonia in India.</li> </ul>	<p><b>Mission:</b> Reducing health inequality and building more sustainable and durable access to primary healthcare.</p> <p><b>Objective:</b> Reducing childhood pneumonia in India.</p> <p><b>Project goal:</b> Design, develop and implement a holistic approach to childhood pneumonia prevention, diagnosis, and case-tracking through treatment.</p>
	<p><b>StC NL:</b> Advocacy, partnership management, fundraising and creation awareness for international StC topics in the Netherlands.</p> <p><b>StC India:</b> Implementation of the pneumonia program, achieving of the full picture from diagnosis till recovery of the patients.</p>	<ul style="list-style-type: none"> <li>– Perform the mission of StC to inspire breakthroughs in the way the world treats children and to achieve sustainable change by saving the children's lives in India.</li> <li>– Achieve the full picture over diagnosis and treatment of childhood pneumonia: from symptoms till the recovery of patients.</li> <li>– Support Government in addressing and scaling up the evidence-based interventions with positive impact of the childhood pneumonia treatment and prevention in India.</li> <li>– Learn from mobile application usage for the behavioral change and linking patients with health care system for the treatment and treatment tracking till the recovery of the patients.</li> </ul>	
			

Note(s): 1 KPMG NL is involved in the collaborative action as learning partner.

## Scope of the Collaboration

Achieve a healthcare setting where childhood pneumonia is prevented and/or diagnosed at an early stage and children are provided with the right, timely treatment to recover. To approach the healthcare chain from prevention till recovery through the collaboration, empowered by Ashoka's ecosystem approach and Philips Foundation facilitation and support, leveraging innovative technologies and behavior change expertise developed by ZMQ, MIRA distribution channel, expertise in pneumonia and tools from Philips, local healthcare expertise and project management of Save the Children.

## Collaboration Progress



## Tangible Outcomes of the Collaboration

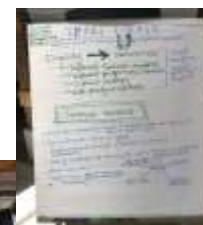
- **5+** Digital stories (informal educational content) on Childhood Pneumonia are completed.
- **15** MIRA workers trained on pneumonia stories and ChARM.
- Contracts across the collaboration participants were signed for Project Viswaas, a two-year collaboration (with a planned reach of 0.5 million people, and direct impact for 88,000 children in vulnerable communities).
- Q4 2019, the Indian Government also announced the topic of childhood pneumonia as a key priority.
- A press release spread by 8 national news agencies provided information coverage of the Viswaas collaboration project announcement.

## Participants about the Collaboration2

– 'I am positively inspired by the traction of the collaboration. Participants are more empowered to achieve greater results together.'

– 'A lot of will among the team members, a lot of opportunities...'

– 'Everyone within the collaboration is very solution driven!'



## Intangible Outcomes of the Collaboration

- 89% of Collaboration Lab 2019 (3 days face to face immersive workshops) attendees felt their motivation and entrepreneurial mindset increased (vs 64% before the event).<sup>1</sup>
- Collaboration participants built trust based relationships during the joint work on the Viswaas project planning and realisation.
- Collaboration provided a platform for better alignment between personal purpose and wider organizational and CA purpose.
- Collaboration helped to identify and include new relevant stakeholders to cater to larger scope in terms of geography and impact.

## Planned Collaboration Objectives

- Devising and implementing a blueprint of how to prevent, diagnose and treat childhood pneumonia in aspiring districts in India.
- Ultimate reduction of illness and deaths from childhood pneumonia in India (Bharaich and Tonk regions).
- Proof of the project to replicate to African region as a future scale up
- Create evidence from the project to collectively get support from Indian Government and public policies adaptation

Note(s): 1. Source: Post CA Lab survey, July 2019, score for all participants of the Collaboration Lab 2019.

2. Additional information: AHA! Fellow Hilmi Quraisih tells the story of ZMQ [https://www.youtube.com/watch?v=a9C4iWFrY&list=PL4c\\_sUqnlH3cFJmCw60Aqmqy3eS5mJk&index=3](https://www.youtube.com/watch?v=a9C4iWFrY&list=PL4c_sUqnlH3cFJmCw60Aqmqy3eS5mJk&index=3); Collaborating to improve healthcare - [https://www.youtube.com/watch?v=FMVALtKibZA&list=PL4c\\_sUqnlH3cFJmCw60Aqmqy3eS5mJk&index=2](https://www.youtube.com/watch?v=FMVALtKibZA&list=PL4c_sUqnlH3cFJmCw60Aqmqy3eS5mJk&index=2)

# Doctors @ Distance in Uganda

## Problem to Tackle

- Rural communities face long journeys and the risk of counterfeit medicines when accessing health products
- Health Entrepreneurs is an organization providing basic quality health products in last miles settings where no other organization provides this today
- Healthy Entrepreneurs (HE) aims to expand the range of services offered to deal with diagnosis and treatment of NCDs. The Collaborative Action (CA) includes a pilot of telehealth in Uganda, leveraging the current HE model.

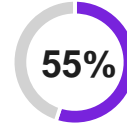
## Shared Vision

- Healthy Entrepreneurs and Philips Foundation share a vision of a sustainable social business model to support last mile health delivery to communities for the widest possible range of health needs
- HE and Philips Foundation believe that with an existing network and innovative technology, we can expand the healthcare offerings possible in the last mile.
- Working together, Healthy Entrepreneurs and Philips Foundation are testing the extension of the HE model, to include telehealth, where customers can take diagnostic tests, the results can be validated by a remote doctor and a prognosis and prescription provided, which the HE can fulfil to the customer.

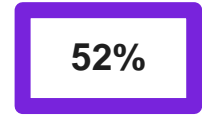
## Facts and figures – Rural healthcare access in Africa



Of all deaths<sup>1</sup> are due to non-communicable diseases



Potential reduction in transport costs for customers










Of the population in Uganda resides outside a 5km radius of a health facility

## Overall Collaboration Scope

- Healthy Entrepreneurs is already running successfully in Africa (e.g. Ghana, Kenya, Tanzania), delivering affordable and reliable health products and services predominantly to the poorest families living in rural areas via a network of trained community health entrepreneurs. The existing range of services targets the health of children under-5 years with products like anti-malaria medications, zinc and oral rehydration salts, as well as sexual and reproductive health and rights (SRHR) products for women and adolescent girls with items such as sanitary pads, condoms, and contraception
- The collaboration aims to test and provide evidence-based proof of the expansion of services to include health issues that require consultation with a healthcare professional. These consultations include diagnostic analysis, use of telehealth to connect with remote professionals and result interpretation and prescription development
- This pilot focuses on patients in Uganda, where 50 entrepreneurs will be trained to treat both infectious (e.g. pneumonia or malaria) as well as non-communicable diseases (e.g. anaemia, stunting or diabetes). Each entrepreneur will screen on average 5 patients per week during the pilot period
- Following a successful pilot, the team envisage broadening and scaling of the solution.

Source(s): 1. In the World Health Organization African region in 2010

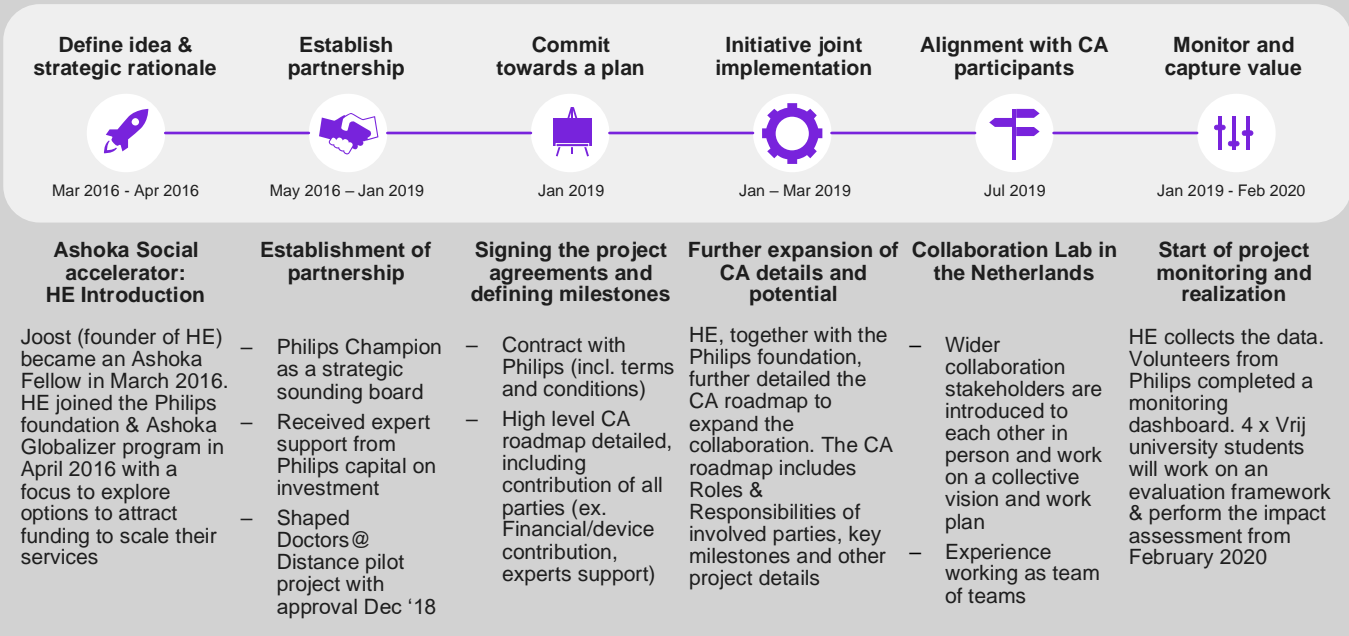
Stakeholder	Value for Collaboration	Value for Stakeholder	Shared Value of Collaboration
	<ul style="list-style-type: none"> <li>– Role – Initiative owner, social innovators and CA catalyzer. Owning a scaled route to market in rural Africa (6 million)</li> <li>– Improve last mile healthcare delivery in rural African regions</li> </ul>	<ul style="list-style-type: none"> <li>– Expand portfolio of services</li> <li>– Explore opportunities for funding to run pilot to expand services</li> <li>– Leverage expertise to boost expansion</li> </ul>	<p><b>Mission</b></p> <p>Sustainably ensure last mile health delivery and access to communities for the widest possible range of health needs</p> <p><b>Objective</b></p> <p>Build a sustainable social business model to support last mile health delivery to communities for the widest possible range of health needs</p> <p><b>Project Goal</b></p> <p>Proof of concept for the D@D model of enlarged Healthy Entrepreneurs health services to reduce morbidity and mortality related to non-communicable diseases.</p> <p><i>Through:</i></p> <ul style="list-style-type: none"> <li>– Testing healthcare services and extending HE offer with most relevant complements for patients in remote areas</li> <li>– Improve test and learn options for diagnostic tools and technologies through pilot</li> <li>– Developing an impact measurement tool from academic research to application to a social innovation setting</li> <li>– Expand reach (in terms of distance) in rural communities</li> <li>– Increase public awareness for non-communicable diseases</li> <li>– Provide further income and improve standard of living for community health workers</li> <li>– Demonstrate social-business co-creation case for impact</li> </ul>
	<ul style="list-style-type: none"> <li>– Role – Solution partner for pilot. Facilitator of multiple stakeholders collaborations with Ashoka</li> <li>– Share specialist knowledge (e.g. for items in the toolkit)</li> <li>– Accelerate the collaborative action through funding and volunteering</li> </ul>	<ul style="list-style-type: none"> <li>– Test an innovation solution to increase access to healthcare</li> <li>– Generate learnings and insights from the pilot</li> <li>– Further test case of ChARM devices</li> </ul>	
	<ul style="list-style-type: none"> <li>– Role – Academic partner</li> <li>– Access to large base of potential (student) volunteers for internships</li> </ul>	<ul style="list-style-type: none"> <li>– Share latest academic insights with pilot group: boost academic research by developing an impact measurement tool applied to a social innovation setting</li> <li>– Conduct field research using provided data to boost academic knowledge and contribute to project papers</li> </ul>	
	<ul style="list-style-type: none"> <li>– Role – Potential scaling partner offering diagnostic toolkit and software platform</li> <li>– Share extensive knowledge around tools (e.g. tests and devices)</li> <li>– Access to network of other tool providers</li> </ul>	<ul style="list-style-type: none"> <li>– Offer products to wider target group</li> <li>– Expand product reach through integrating tools (e.g. Remedi kit)</li> <li>– Receive feedback on products and refine tools and offerings</li> </ul>	

Stakeholder	Value for Collaboration	Value for Stakeholder	Shared Value of Collaboration
	<ul style="list-style-type: none"> <li>– Role – Collaboration facilitating and supporting partner</li> <li>– Extensive experience with hosting co-creation and shared value programs</li> </ul>	<ul style="list-style-type: none"> <li>– Provide change making opportunities for employees (e.g. transform employees mind-set towards social innovation)</li> <li>– Share knowledge from previous collaborations to achieve better end results and maximize impact</li> </ul>	<p><b>Mission</b></p> <p>Sustainably ensure last mile health delivery and access to communities for the widest possible range of health needs</p> <p><b>Objective</b></p> <p>Build a sustainable social business model to support last mile health delivery to communities for the widest possible range of health needs</p> <p><b>Project Goal</b></p> <p>Proof of concept for the D@D model of enlarged Healthy Entrepreneurs health services to reduce morbidity and mortality related to non-communicable diseases.</p> <p><i>Through:</i></p> <ul style="list-style-type: none"> <li>– Testing healthcare services and extending HE offer with most relevant complements for patients in remote areas</li> <li>– Improve test and learn options for diagnostic tools and technologies through pilot</li> <li>– Developing an impact measurement tool from academic research to application to a social innovation setting</li> <li>– Expand reach (in terms of distance) in rural communities</li> <li>– Increase public awareness for non-communicable diseases</li> <li>– Provide further income and improve standard of living for community health workers</li> <li>– Demonstrate social-business co-creation case for impact</li> </ul>
	<ul style="list-style-type: none"> <li>– Role – Learning partner</li> <li>– Share experiences and insights from a business perspective</li> <li>– Contribute development of the collaborative action through wide network of professionals</li> </ul>	<ul style="list-style-type: none"> <li>– Share knowledge of business environment and be seen as trusted partner in society</li> <li>– Expand capabilities of professionals in non-for-profit engagements</li> </ul>	
			

## Scope of the Collaboration

In January 2019 HE became a part of Collaborative Action cohort with the vision to improve the access to healthcare for rural communities in Africa, focusing on diagnosis and awareness and reducing access barriers through innovative technology. A pilot project between HE and Philips Foundation was initially already approved end of 2018: engaging HE and Philips Foundation who is providing the financial contribution to fund the pilot as well as donating of 96 ChARM<sup>1</sup> devices and providing volunteering roles and opportunities – linking Philips experts to the project. This pilot progressively evolved into a collective action.

## Collaboration Progress



Note(s) (1) ChARM = Children's Automatic Respiratory Monitor

## Achieved at February 2020

**50**  
Entrepreneurs trained

**>1500**  
Screenings conducted

- Designed, tested and shaped minimum viable product (MVP)
- Presented the MVP to different stakeholders and validating formal approval from Ministry of Health to operate on a larger scale
- Reviewed solutions for diagnostic tools and telemedicine platform, and selected different platform for telemedicine based on recommendations from one of the Fellows
- Completing a round of fundraising with several partners, business subsidies, such as AMREF to scale the Doctors @ Distance pilot (e.g. SDGP<sup>1</sup>, NPL<sup>2</sup>).
- Received additional ChARM devices from Philips as a donation

– *"Sharing and helping each other is the way forward"*

## Planned

- Develop scale up plan to expand current pilot to other countries and additional community health workers
- Full pilot impact review to be completed in Q1 2020
- Explore potential to keep broadening HE toolkit for community health workers
- Expand range of services to additional diseases, increased reach and number of health workers. Explore synergies with Fellows as scaling partners or to complement initial last mile healthcare offer
- Share knowledge with wider community to ultimately reduce the number of deaths due to non-communicable diseases
- Explore possibility of impact investment by Philips Foundation

– *"If you don't collaborate, you don't move ahead"*

Note(s) (1) SDGP = Sustainable Development Goals Partnership facility, (2) NPL = Nationale Postcode Loterij (Dutch Postal Code Lottery)



# Enriching healthcare service offerings in Pakistan

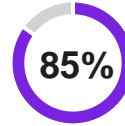
## Problem to Tackle

- According to the WHO<sup>1</sup>, healthcare in the Punjab region of Pakistan is unfunded and inequitable, leading to millions of inhabitants in rural areas to a lack of access to primary healthcare. At the same time, a large majority of female medical graduates become underutilized and excluded from the workforce mainly due to social and cultural beliefs.

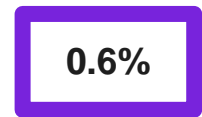
## Facts and Figures – Healthcare system in Pakistan



Of licensed female doctors who start practicing their profession<sup>a</sup>



Of people in Pakistan that lack quality and affordable healthcare<sup>a</sup>



Of national GDP allocated to healthcare expenditure<sup>b</sup>

## Shared Vision



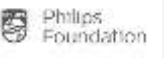
- To provide access to primary healthcare in rural areas by matching the unmet need with female healthcare professionals the excluded from the workforce, via nurse-assisted telehealth solutions
- The collaboration aims to increase access to healthcare in rural Punjab, Pakistan by establishing a quality diagnostic practice for patients.
- To provide further knowledge and know-how to the female healthcare practitioners within doctHERs.
- To obtain a SDGP<sup>2</sup> supportive grant for public-private partnerships from the Dutch government for extended collaboration.

## Overall Collaboration Scope

- Providing better overall care in primary care settings by delivering definitive diagnosis, earlier intervention and reduced hospitalization.
- This could be achieved by an expanded service offering through providing the innovative Point-of-Care UltraSound (POCUS) Lumify device that connects to the telemedicine infrastructure within the female care network in Pakistan. Lumify could be integrated into the primary healthcare delivery system of doctHERs in 3 different target populations through the initial pilot phase:
- **Smart Telemedicine Clinics Located in Factories:** 5 Smart clinics could be equipped with nurses trained in Lumify who will connect patients to remotely located OB-GYN<sup>3</sup> consultants and radiologists for real-time guidance and interpretation of Ultrasound.
- **Community Health Centers in the Transform Project:** The aim is to train 10 female frontline health workers on Lumify who connect rural villagers to remotely located, female doctors (including OB-GYNs).
- **LifesavHERs:** First-responders (Emergency Medical Technicians, EMTs) should be trained in Lumify and deploy the device as a rapid diagnostic tool to eliminate major head or penetrating trauma, using the FAST protocol.

Source: a) doctHERs, b) World Health Organization: WHO

Notes: 1. World Health Organization; 2. Sustainable Development Goals Partnership facility; , 3. Obstetrics and gynecology

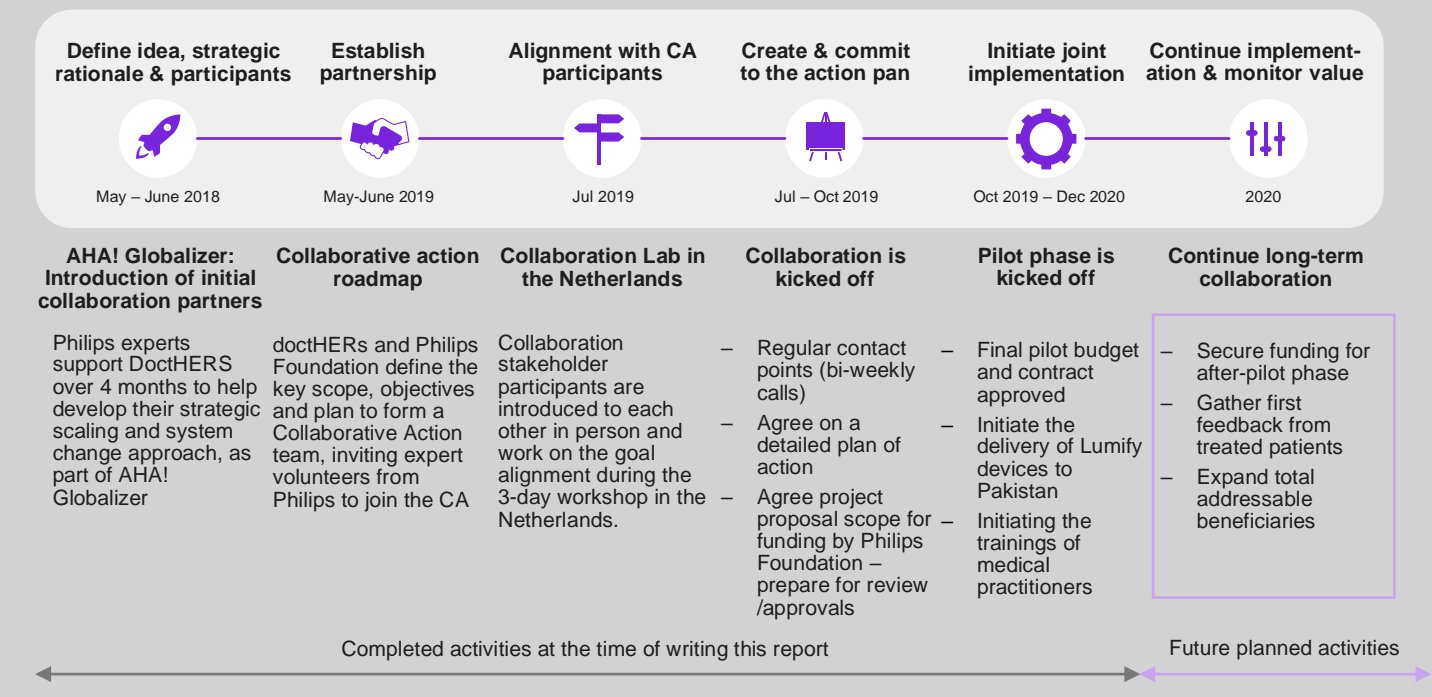
Stakeholder <sup>4</sup>	Value of Stakeholder	Value for Stakeholder	Shared Value of Collaboration
	<ul style="list-style-type: none"> <li>Matches the underutilized capacity of remotely located female doctors to communities in need of high-quality healthcare. doctHERs equips and enables trusted intermediaries with digital diagnostics linked to a telemedicine platform.</li> </ul>	<ul style="list-style-type: none"> <li>Expand its product offering through innovative Lumify devices, which would further allow for improved diagnostics practice within the established network of doctHERs.</li> <li>Contribute to its goal to provide end-to-end healthcare solutions, via a more sustainable primary care model.</li> <li>Provide training and education to their healthcare practitioners.</li> <li>Potentially expand the collaboration with Philips through a Dutch government subsidized grant.</li> </ul>	<p><b>Mission</b></p> <p>Reducing health inequalities through building a sustainable access to end-to-end healthcare model in underserved communities in Pakistan.</p> <p><b>Objective</b></p> <p>Moonshot: Creating a consortium of Dutch and UK corporates to achieve the mission.</p> <p>Collective Action 1<sup>st</sup> objective: Testing early on-site diagnostics (through an ultra-mobile diagnostic device) to extend existing healthcare services for underserved communities (here factory workers and remote villages) with point of care diagnostic.</p> <p><b>Pilot Goal</b></p> <ol style="list-style-type: none"> <li>Acquiring the Lumify devices</li> <li>Setting up the product infrastructure</li> <li>Training of healthcare professionals</li> <li>Securing funding for after-pilot phase</li> <li>Getting initial feedback from first diagnosed patients</li> </ol>
	<ul style="list-style-type: none"> <li>Support project management of the collaboration, deliver the POCUS devices Lumify, provide specialist marketing knowledge, support with volunteers, project budgeting, and providing device training.</li> </ul>	<ul style="list-style-type: none"> <li>Fuel innovation and improve more lives, utilizing Philips solutions and expertise.</li> <li>Gain insights to the innovative DoctHers model.</li> <li>May lead to a commercial project with a regular revenue stream. Project realization supports scaling up of the Lumify usage in other regions such as India</li> <li>Gather learnings from the collaboration process.</li> <li>Motivate Philips employees to deliver social impact.</li> </ul>	
	<ul style="list-style-type: none"> <li>Accelerate healthcare access via supporting and funding doctHERs' activities (through a pilot budget and support for obtaining a governmental grant), attract and coordinate volunteers within Philips.</li> </ul>	<ul style="list-style-type: none"> <li>Contributes to the mission of the Foundation to improve quality healthcare access for disadvantaged communities.</li> <li>Fuel innovation and improve more lives, utilizing Philips solutions and expertise.</li> <li>Gain insights to the innovative doctHERS model</li> <li>Test a model that may be financially sustainable, with potential for future impact investment</li> </ul>	

Notes: KPMG acts as learning partner supporting the CA teams in monitoring collaboration and building the collaboration assessment output. Ashoka provides support to all collaboration participants and acts as an enabler of the CA team.

## Scope of the Collaboration

- Improving the diagnostic practice of doctHERS by acquiring 15 Lumify ultrasound devices to be integrated in their telemedicine infrastructure, as well as to train 15 healthcare practitioners in using Lumify.
- Current planning is for the pilot phase of 18 months. The final goal of the collaboration step is to complete a full pilot review and learnings. The overall goal is to expand the scope of the project thereafter.

## Collaboration Progress



## Achieved Results at February 2020

- Defined clear scope of collaboration
- Signed 18 months pilot contract between the CA participants
- Approved budget for pilot phase
- Agreed to apply for Dutch grant for funding the post-pilot phase, following successful pilot implementation
- Used Point of Care diagnostic devices for trainings of healthcare professionals

## Outcomes of Collaboration

- Improved innovative diagnostic practice of doctHERS within their integrated telemedicine infrastructure by confirming a pilot to test 15 Lumify devices within their three existing models (factories and Punjab remote villages<sup>5</sup>)
- Educated 15 healthcare practitioners in ultrasound diagnostics
- Created the basis for an effective long-term collaboration
- Obtained valuable feedback of local Pakistani diagnostic needs and issues
- Gained positive learnings from the collaboration project for all participants
- Generated interest to create ecosystems of change with consortium of companies and complementary Fellows' ventures

## Participants about the Collaboration

– *Everyone is so passionate about what we do, maybe it is taken for granted that it goes so well, but it is definitely an achievement.*

– *In general, it is going very well, everyone is excited. You can feel the positive atmosphere and that everyone wants to get the real work started.*

– *I think that we can really achieve universal healthcare through such innovative solutions and work around past system mistakes.*

– *I have a very positive experience, the team is very eager and supportive. You could definitely see we are all learning a lot from it.*

## Planned Collaboration Pilot Objectives

- Improved primary care through diagnosis, earlier intervention and reduced hospitalization
- Develop and conduct training of the health professionals
- Secure funding for the after-pilot phase
- Obtain useful learnings for all collaboration parties

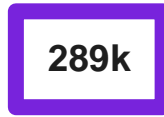
Notes: A program initiated by Unilever and doctHERS. It is a coalition of large healthcare and tech corporates to provide access to care in the region

# Replicating an innovative referral model in India

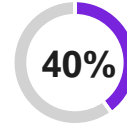
## Problem to Tackle

- Mumbai has one of the largest slum populations in the world, with more than half of its 12million people living in slums.
- Sanitary conditions in slums across India are poor, additionally there is limited awareness of healthcare access.

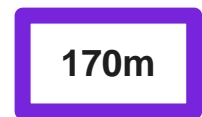
## Facts and Figures – Women and children situation in India



# of women who die of pregnancy related complications in India each year



Share of children under 5 years of age who are undernourished in India



# of women who are victims of domestic violence in India







## Shared Vision

- To break the intergenerational cycle of poor health among women and children living in vulnerable settlements in India, starting from the urban areas of Mumbai
- To improve the health-outcomes for vulnerable women and children through building a referral system and continuously improving it, ultimately resulting in empowered communities
- High quality interventions, centred on 3 principles; Evidence-based interventions, Scaling through partnerships and Sustainability.

## Overall Collaboration Scope

- SNEHA<sup>1</sup> collaboration is focused on developing a replicable, scalable and sustainable referral model for maternal and newborn health in India. Implementation of this model across urban centres in India has proven to reduce maternal and newborn deaths. SNEHA is currently active in the vulnerable areas of Mumbai but its vision is to expand its model to other urban states in India.
- The collaboration scope for 2019-2020 entails three key components:
- **Document the impact of SNEHA referral model:** A white paper will be prepared to document the clinical and health system outcomes resulting from implementation of the referral model in Mumbai metropolitan.
- **Develop a replicable model:** The model will be optimized for implementation in other urban states with different stakeholders. The optimization process will aim to simplify the model and reduce its resource intensity, possibly through the use of technology.
- **Position for sustainability:** Relationships will be established with key government and NGOs<sup>2</sup> to facilitate necessary national health policy change and referral model adoption in other urban states. Furthermore, a pitchbook will be developed for SNEHA's future funding requests to donors and foundations.

Note: 1. SNEHA: Society for Nutrition, Education and Health Action

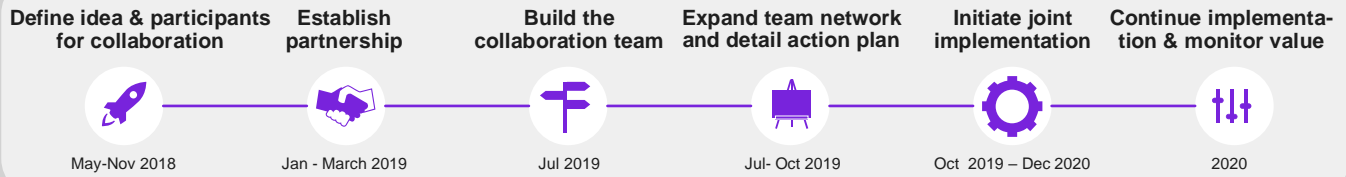
Stakeholder <sup>1</sup>	Value of Stakeholder	Value for Stakeholder	Shared Value of Collaboration
	<ul style="list-style-type: none"> <li>– Empower communities in urban informal settlements to improve maternal and neonatal health.</li> <li>– Expertise.</li> </ul>	<ul style="list-style-type: none"> <li>– Leverage resources from Philips and Ashoka (CSR, volunteers from network &amp; Philips business, and funding) to build an actionable white paper enabling potential partners and funders engagement as SNEHA scales to additional municipalities and outside of Mumbai, as well as documenting for replications</li> <li>– Leverage the collaboration network's marketing experience to implement more effective awareness campaigns</li> <li>– Create an evidence base to influence government policy to adopt the referral model</li> </ul>	<div style="border: 1px solid black; border-radius: 15px; padding: 10px;"> <p><b>Mission</b></p> <p>Create sustainable system change in mother and child healthcare, ultimately reducing mortality and morbidity</p> <p><b>Objective</b></p> <p>Increasing access to healthcare for women and children in slums.</p> <p><b>Project Goal</b></p> <p>Detailing insights of the referral program with the express purpose of enabling scaling and replication of the successful model in other states or other countries through a white paper</p> </div>
	<ul style="list-style-type: none"> <li>– Support project management of the collaboration, provide specialist medical and marketing knowledge and support with volunteers.</li> </ul>	<ul style="list-style-type: none"> <li>– Gain insight to India's healthcare system in urban informal settlements in Mumbai</li> <li>– Gain insight into this successful referral model program – one of the key issues in most health systems</li> <li>– Connect with other Philips offices and/or ecosystem</li> <li>– Leverage and grow the capabilities and networks of Philips people via volunteering in CSR projects and deliver social impact</li> </ul>	
	<ul style="list-style-type: none"> <li>– Accelerate healthcare access by fostering and deepening the collaboration, actors and scope to maximise impact, also attracting and coordinating volunteers within Philips.</li> </ul>	<ul style="list-style-type: none"> <li>– Increase access to care for disadvantaged communities by fostering and enabling the SNEHA collaboration team to achieve scaling of the innovative referral model</li> <li>– Gain insight into this successful referral model program – one of the key issues in most health systems in LMICs</li> <li>– Opportunity for broader collaboration with Philips India CSR</li> </ul>	
	<ul style="list-style-type: none"> <li>– Link social entrepreneurs and organizations in healthcare for collaborations with positive sustainable social change. Shape the vision of the collaboration work and create knowledge sharing and support in collaboration moments.</li> </ul>	<ul style="list-style-type: none"> <li>– Proof of success of the collaboration as a way to engage business leaders and social entrepreneurs to achieve a collective positive system change within a multi-stakeholder partnership.</li> <li>– Accelerate healthcare access by reinforcing SNEHA's collaboration team through leadership development support, collaboration tools and activities.</li> </ul>	
 	<ul style="list-style-type: none"> <li>– Build a detailed report on the referral model</li> <li>– Contribute to document key information for a white paper on the effectiveness of SNEHA's referral model</li> </ul>	<ul style="list-style-type: none"> <li>– Contribute to knowledge capturing from an impactful model that can lead to societal change</li> <li>– Create an opportunity for VU's master research student to gain real life experience of social and healthcare related challenges</li> </ul>	

Note: (1) KPMG acts as learning partner supporting the CA teams in monitoring collaboration and building the collaboration assessment output.

## Scope of the Collaboration

Foster scaling and replication to scale the impact of a robust referral model in maternal and child healthcare, leveraging community awareness and mobilization to further increase positive behavioral change for pregnant women and mothers in slums in India.

## Collaboration Progress



### First in-person meetings

Dr. Fernandez, founder of SNEHA participated in a large AHA! event in May '18 and met PF in person. SNEHA and Philips Foundation further connected in Mumbai in Nov '18, with PF visiting SNEHA in the field.

### Intent to Collaborate

SNEHA was down selected for collaboration by AHA! and Philips Foundation starts to define the key scope, objectives and plan to form a collaboration team. Philips India CSR and Philips volunteers are drawn into the collaboration

### In-person collaboration workshop

Vrij University joins the collaboration and the full collaboration team meet in person and work on the goal alignment and progress the collaboration outcomes during the three-day collaboration retreat.

### Collaboration Progression

Refined the collaboration roadmap. Agreed on a detailed action plan. Regular team calls to progress.

### Implementation collaboration activities

Analysed data for white paper. Developed marketing campaign for child nutrition. Philips India CSR confirms funding for 2.5 years collaboration with SNEHA to scale from 4 to 7 districts

### Continue long term collaboration

Complete white paper, for dissemination to key stakeholders. Implement referral model in additional urban states

Completed activities at the time of writing this report

Future planned activities

## Achieved Results at February 2020

- Completed data analysis to show outcomes of referral model
- Signed a 2,5 years contract between SNEHA and Philips CSR India to support on the referral model scaling, from 4 to 7 districts
- Planned first dissemination of white paper in Delhi for Feb/March-2020 which will include USAID, Gates, CIFF, other donors/foundations, and government stakeholders
- Achieved strong support from Philips employees, a VU student, an Ashoka volunteer to contribute to the white paper

## Outcomes of Collaboration

- Documentation of the SNEHA referral model for awareness and replication via the white paper
- Achieved scaling of the SNEHA referral model through direct program scaling and replication by others

## Participants about the Collaboration

– *The work SNEHA does is very inspiring and although there are challenges. I am very inspired by this initiative.*

– *We have achieved mutual growth and understanding, and it's a collaboration that will continue to grow!*

– *Well-structured process, very useful for all sides, very positive outcomes from the collaboration*

– *What makes it work is the flexibility of SNEHA and the systematic approach to make it work.*

## Planned Collaboration Pilot Objectives

- Influence policy for adoption of the referral model
- Implement the referral model in additional urban states
- Drive community-led demand generation for health services
- Secure funding for the SNEHA program
- Facilitate impactful engagement and volunteer opportunities for Philips employees

# Ecosystem funding for NCDs in Africa

## Problem

- The number of preventable deaths caused by Non-Communicable Diseases (NCDs) is drastically increasing in Africa, primarily caused by the limited existing care paths for NCDs in Africa.

According to the WHO, there are 1700 deaths due to NCD every day in Nigeria, and 230 in Cameroon<sup>1</sup>. In Nigeria, less than 0.2% of patients get referred to specialty care from initial screening.

## Facts and Figures – NCDs

17%

Deaths from NCDs globally in 2030

27%

Deaths from NCDs expected in 2030 in **Sub-Saharan Africa**

#1

NCDs are becoming the **number 1** cause of death in Sub-Saharan Africa.

## Vision




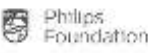
The long-term vision of the ICE-NCD (Integrated Care Ecosystem-NCD) model for Africa:

- A portfolio of qualified social healthcare companies led by Ashoka Fellows and other social innovators focused on eliminating preventable deaths from NCD
- A digital platform or operating system that drives standardization and manages one ICE-NCD with a focus to deliver Affordable Access to all people
- A permanent capital vehicle funded with Blended Finance (Quasi-Equity, Long-term Low Interest Debt, Supplier Credit, Grants) to support the portfolio of social enterprises.

## Overall Collaboration Scope




- The ultimate goal is to develop the ICE-NCD Model (Integrated Care Ecosystem for Non-Communicable Diseases Model) across Africa. Build capacity, enable a portfolio companies/projects led by 30 Ashoka Fellows and other social entrepreneurs to deliver Greater Access, Better Care for 10 million patients annually, distributed 50/50 based on economic status, across 20 African countries by 2030. This plan also encompasses the set-up of an innovative funding vehicle providing blended financing to the social enterprises being part of the defined ecosystem. This funding vehicle is called Vitellaria.
- In 2019/2020, the primary objective of the collaboration is to establish a pilot that will prove the success of the ICE-NCD model. The model will be proven by the set-up of at least 2 hub and spoke models, for at least 2 different Ashoka fellows. For Yako medical the pilot will consist of at least 1 hub (cath lab) and 5 spokes (clinics) in Nigeria to screen and diagnose 100,000 patients. The funding required for this pilot is \$10m, consisting of \$5m quasi-equity and €5m of debt or supplier credit.

Source: (1) [https://www.who.int/nmh/countries/nga\\_en.pdf](https://www.who.int/nmh/countries/nga_en.pdf) , [https://www.who.int/nmh/countries/2018/cmr\\_en.pdf](https://www.who.int/nmh/countries/2018/cmr_en.pdf)

Stakeholder	Role	Value for Stakeholder	Shared Value of Collaboration
	<ul style="list-style-type: none"> <li>– Founder of <b>Yako medical</b> and <b>Vitellaria</b> concept</li> <li>– Key contributor as a pilot for measuring the success of ICE-NCD model</li> </ul>	<ul style="list-style-type: none"> <li>– Yako: increase the number of screenings, diagnosis and treatments of NCDs within Yako Medical as part of an ICE in Africa</li> <li>– Vitellaria: Set-up a working case example investment fund to finance better care</li> <li>– Provide credibility for the collaboration and achieve funding for the Pilot phase</li> </ul>	<div data-bbox="1256 466 1487 512"><b>ICE-NCD model collaboration mission:</b></div> <p data-bbox="1256 529 1520 659">2030 ambition: To manage 10m patients annually across a network of ICE-NCD Model centres across 20 African countries by 2030</p> <div data-bbox="1256 709 1507 756"><b>ICE-NCD model collaboration outcomes:</b></div> <ol data-bbox="1256 772 1516 1222" style="list-style-type: none"> <li>1. The preparation for the set-up of the Vitellaria fund, and attracting interest of potential investors, especially ecosystem impact investors</li> <li>2. Secure Blended Finance for Yako to support Phase 1 of the pilot, then raise follow-up funding to create Vitellaria, the permanent capital vehicle</li> <li>3. Successful pilot of Yako Medical to prove the success of the ICE-NCD model.</li> </ol>
	<ul style="list-style-type: none"> <li>– Support Yako as an Ashoka Fellow by connecting to other Ashoka fellows and relevant ecosystem stakeholders</li> <li>– Support in developing investment case along with pitch deck for the Vitellaria model</li> </ul>	<ul style="list-style-type: none"> <li>– Support a large social initiative that can potentially an ecosystem of care and increase healthcare access for a large number of people in Africa and globally</li> <li>– Possible financing for other Ashoka fellows through Vitellaria model, as part of Impact Africa fund</li> <li>– Serve as a vital tool to grow healthcare sector in Africa</li> </ul>	
	<ul style="list-style-type: none"> <li>– Experts within Philips volunteer to support the progress and outcomes of the collaboration, including capital investments, linking to Philips Africa, and program management</li> </ul>	<ul style="list-style-type: none"> <li>– Employees meaningfully contribute to a social cause and act as an advocate and champion for the ICE-NCD-model</li> <li>– Gain insight into the healthcare model in Africa</li> <li>– Potentially provide diagnostic equipment to support better care in a later stage of the collaboration</li> </ul>	
	<ul style="list-style-type: none"> <li>– Fostering the collaborative action, recruiting volunteers, leveraging the network of the Philips and Philips Foundation to further establish the ICE-NCD model</li> </ul>	<ul style="list-style-type: none"> <li>– Reduce healthcare inequality by providing improved access to quality healthcare for disadvantaged communities</li> <li>– Gain learnings from collaborating at the core of this innovative concept</li> <li>– Gain insights into Vitellaria and Yako as future potential for impact investment</li> </ul>	

Note(1): KPMG and Kearney are supporting stakeholder collaboration



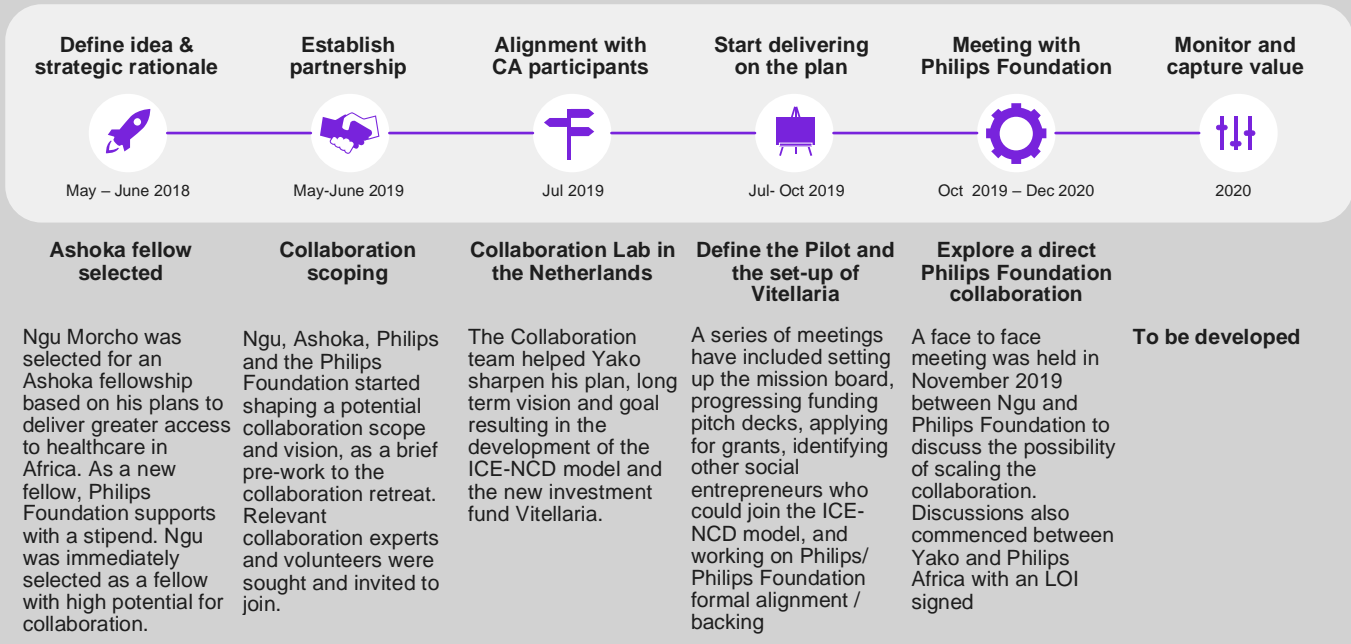
Stakeholder	Role	Value for Stakeholder	Shared Value of Collaboration
<b>David Greene &amp; Nicola Pangher</b> 	<ul style="list-style-type: none"> <li>Mentors to Ngu (founder of Yako Medical). Serve as a Mission Advisory Board, using validated learning principles</li> </ul>	<ul style="list-style-type: none"> <li>Test and learn from the pilot of ICE-NCD-model</li> <li>Based on the success of the pilot, the model can be used on a larger scale and support other social entrepreneurs.</li> <li>Be involved in a potential successful model for providing better access to healthcare</li> </ul>	<div style="border: 1px solid black; border-radius: 15px; padding: 10px;"> <p><b>ICE-NCD model collaboration mission:</b></p> <p>2030 ambition: To manage 10m patients annually across a network of ICE-NCD Model centres across 20 African countries by 2030</p> <p><b>ICE-NCD model collaboration outcomes:</b></p> <ol style="list-style-type: none"> <li>The preparation for the set-up of the Vitellaria fund, and attracting interest of potential investors, especially ecosystem impact investors</li> <li>Secure Blended Finance for Yako to support Phase 1 of the pilot, then raise follow-up funding to create Vitellaria, the permanent capital vehicle</li> <li>Successful pilot of Yako Medical to prove the success of the ICE-NCD model.</li> </ol> </div>
<b>Impact investors and Financiers</b> 	<ul style="list-style-type: none"> <li>Provide Blended Finance to support Vitellaria. Current candidates include: Nordic Impact Fund, Aavishkaar Africa Fund, African Development Bank, Verdant Frontiers (USA)</li> </ul>	<ul style="list-style-type: none"> <li>To improve the quality of life for low income people in East Africa by capitalizing Vitellaria that has a scalable economically viable model for impact on healthcare in Africa through prevention of deaths due to NCDs</li> <li>Serve as a leader and innovator in Impact Finance healthcare in Africa</li> </ul>	
<b>Ashoka Fellows (part of Ashoka Fellowship program)</b> 	<ul style="list-style-type: none"> <li>Ashoka Fellows have engaged with Yako to participate to screen and refer a larger pool of patients during the ICE-NCD Model pilot or phase 1. The initial candidates include: Stroke Action Nigeria, mDoc, Association for Good Clinical Practice in Nigeria/Breast Without Spot</li> </ul>	<ul style="list-style-type: none"> <li>Ashoka fellows are focussed on improving healthcare in Africa, this can be a further opportunity for them to scale and collaborate with other leading social entrepreneurs</li> <li>For example, Stroke action wants to prevent strokes from occurring and by collaborating with the ICE-NCD model they can help increase the number of screenings and diagnosis of hearth conditions and ultimately reduce the number of strokes in Nigeria</li> </ul>	

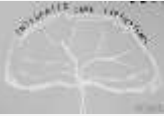

## Scope of the Collaboration

The main focus of the Collaboration is to initiate development of the ICE-NCD model and Vitellaria funding vehicle and validate the model with a pilot. The collaboration aims to identify partners for Vitellaria by developing appropriate pitch document. In addition,

- Attract Ashoka Fellows focusing on healthcare and develop partnerships within the ICE-NCD framework to provide better healthcare access
- Raise Blended Finance for the pilot phase

## Collaboration Progress



Key Outcomes	Description	Key Milestones
	– When the collaboration started, Ngu Morcho had an idea, but it was not yet a concrete plan. The sharpening of the mission and the vision of the idea, resulting in the ecosystem approach and the further fine-tuning of the concept was an important achievement that was reached in the collaboration.	– Transformed the ideas of Ngu Morcho and other stakeholders into a detailed concept document.
<b>Grants &amp; Technical Assistance</b>	– Grants and technical assistance are a critical part of the long-term success of ICE-NCD Model. Organizations to target include, but are not limited to: Philips Foundation, MacArthur Foundation, Bill & Melinda Gates Foundation, Bloomberg Philanthropies, Dangote Foundation and others. The funds will be used to unlock other forms of Blended Finance.	– Innovative project ready to attract systems funders. – Application for several grants: meeting all the requirements for the specific and with alignment of the entire collaborative action.
	– Defining a pilot of Yako Medical to prove the success of the ICE-NCD model. This pilot will be in Nigeria and involve Yako Medical and other parties, and will include a well-defined plan for phase 1 to demonstrate the success of the ICE-NCD model. This plan is based on Yako Medical and includes a thorough financial support.	– Defining a pilot in alignment with the entire collaborative action. The aim of the pilot, as defined by the CA, is to prove the success of the ICE-NCD model in Nigeria with two social entrepreneurs, of which 1 is Yako Medical.

## Participants about the Collaboration

– Ngu Morcho: 'CA gives us a unique platform to leverage the learnings from the collaboration and leverage resource and skills to maximize the impact.'

– 'We all believe in the same goal: Ngu has been able to convince us towards this goal'



## Planned Collaboration Objectives

- The set-up of the requirements for the Vitellaria fund, and to interest potential investors to provide the funds required.
- Secure Blended Finance for Yako and 1 other social entrepreneur to support Phase 1 or the pilot, then raise follow-up funding to create Vitellaria, the permanent capital vehicle
- Successful pilot of Yako Medical and 1 other social entrepreneur to prove the success of the ICE-NCD model.

# About this study



## Study Methodology

Accelerating Healthcare Access (AHA!) has been supported by two knowledge partners: Kearney and KPMG. KPMG provided input to this study from their observations from the five collaborations during the initiative. Each Collaborative Action team was joined by a consultant who facilitated capturing the learnings, which have been consolidated for this overall report. Kearney has been a knowledge partner in multiple occasions supporting Ashoka and its Corporate partners driving change through multi-stakeholder collaborations.

## About Ashoka

Ashoka is the largest global network of leading social entrepreneurs—individuals with new ideas to systemically address the world's biggest challenges and the entrepreneurial skill to transform those ideas into national, regional and global social impact. Over thirty years, we have supported over 3,400 social entrepreneurs with solutions addressing society's most pressing issues. Ashoka's vision is a world in which everyone is a changemaker—a society that responds quickly and effectively to social challenges, and where each individual has the freedom, confidence and societal support to address any social problem.

## About Philips Foundation

The Philips Foundation aims to reduce health inequality by providing access to quality healthcare for disadvantaged communities. It does this by deploying the expertise, knowledge and innovative skills of Royal Philips in collaborative projects with humanitarian organizations and social entrepreneurs across the world to design, adopt and deploy healthcare solutions that are sustainable and inclusive. We are running up to 100 projects worldwide, impacting communities in countries as diverse as Spain, Austria, Kenya, UK, Italy, China, India, US, Uganda, and Sweden.

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We thank the following for their valuable contribution to the study.

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**Yako – Vitellaria:** Ngu Morcho

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<sup>i</sup> Embracing Complexity, Ashoka, McKinsey, Catalyst 2030, Co-Impact, Echoing Green, the Schwab Foundation for Social Entrepreneurship, the Skoll Foundation, SYSTEMIQ, page 69s