



# LIFESPRING HOSPITALS



BOARDS & SENIOR  
MANAGEMENT



EMPLOYEES



ENTREPRENEURS  
/ CONTRACTORS



CONSUMERS



COMMUNITY  
MEMBERS

**LifeSpring** is a chain of small, specialized hospitals providing high-quality maternal and pediatric care at affordable rates for low-income families in India. Established in 2005, LifeSpring has expanded to 11 hospitals and that have delivered over 58,000 babies to date. Recognizing maternal services in India are typically either high-cost private care or free/low-cost public care in facilities with substandard quality, LifeSpring seeks to provide its female customers with care that recognizes their dignity.

**LifeSpring** <sup>TM</sup> **Maternity Hospital**  
Safe \* Clean \* Affordable



Photo credit: LifeSpring Hospitals

## SUMMARY

**YEAR ESTABLISHED:** Began as a pilot project in 2005, then established as a private company in 2008

**NUMBER OF EMPLOYEES:** 280

**COUNTRIES OF OPERATION:** India (11 hospitals)

**AREAS OF VALUE CHAIN & GENDER OPPORTUNITIES INTEGRATED:**

### *Senior Management/Employees*

- ☐ Employ women throughout all roles and levels at hospitals (including non-traditional roles).
- ☐ Create pipeline opportunities for staff and source from within, as makes sense.
- ☐ Provide staff with ongoing training opportunities to build diverse skillsets.
- ☐ Offer flexible working opportunities (in travel requirements, scheduling meetings/work activities).
- ☐ For pregnant women, consider a modified work schedule according to the individual's needs.
- ☐ Have a paid maternity leave policy (ensure meets minimum requirement of government).
- ☐ Provide support in transitioning back to work for new parents.
- ☐ Provide sick leave (ensure meets minimum requirements of government).

### *Customers*

- ☐ Establish locations and hours of operations that consider women's mobility and schedule.
- ☐ Provide transparent costs of services.
- ☐ Provide trusted and dignified care that speaks to women as patients.

### **BUSINESS IMPACTS:**

- ☐ All-female workforce allows for employees to better speak to core customer base (mothers) and enables customers to feel more comfortable asking questions.
- ☐ High employee satisfaction expressed among employees, and relatively high retention rates (5 years for doctors, 4 years for nurses).
- ☐ Low operational and service costs through employing women as auxiliary nurses (similar customers at other private hospitals pay 37% more for maternal health services compared to at a LifeSpring hospital). Also allows LifeSpring to treat relatively high volume of customers.

### **SOCIAL IMPACTS:**

- ☐ Zero maternal mortalities have occurred.
- ☐ All-female workforce has supported female employment in India. Opportunities for regular income are available for rural and poor women through being auxiliary nurse midwives.
- ☐ Women employees benefit from flexible scheduling to better accommodate their roles as the family's primary caregiver.
- ☐ Training women in non-traditional roles such as medical and repair technicians provides new opportunities and self-confidence for these women as these roles tend to be considered jobs within the male domain. This also can change expectations around "women's work" and "men's work".

## BACKGROUND ON GENDER STRATEGY

In 2005, when LifeSpring was first established as a pilot project, the World Health Organization (WHO) estimated that, of the 536,000 maternal deaths that occurred that year, 117,000 took place in India. In 2015, India's maternal mortality rate was 174 deaths per 100,000 births, placing India in the top third of highest rates of maternal mortality in the world. In India, 79% of births take place in a health facility. However, large, private hospitals are highly expensive and out of reach for majority of families in India, while the quality of maternal care provided at free public hospitals is generally compromised. With this gap in mind, LifeSpring constructed a market-based approach to deliver a low-cost maternal care model that serves the bottom 60% of the Indian population.

LifeSpring's business model revolves around operating small (20-25 bed) hospitals that implement specialized and standardized maternal health processes. The hospital staff are trained to specialize in services required by most female customers, such as normal deliveries, caesarean sections and

hysterectomies. This allows LifeSpring to keep its operating costs low and avoid high fixed costs associated with the training and equipment required for more complicated births and procedures.

Because of this, LifeSpring is able to offer services that are 30-50% lower than private clinics. LifeSpring uses a clustered approach by locating all of their hospitals within the city of Hyderabad. This allows them to leverage resources and personnel across hospitals. The services offered by LifeSpring hospitals are also standardized across their 11 hospitals. This makes their operations easy to replicate for scalability purposes, as hospitals can utilize the availability of local mid-wives and train them in LifeSpring's core services.

LifeSpring has integrated gender through their core mission and operations of their business due to the fact that they are a hospital that specializes in maternal and pediatric care. They have also implemented innovative business strategies to achieve its dual goals of commercial viability and social impact.

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## GENDER OPPORTUNITIES IMPLEMENTED & RESULTS

### *Employees:*

Across LifeSpring hospitals, all doctors, nurses, midwives and housekeeping staff are female. The only male who is consistently at a LifeSpring hospital is the security guard, and he remains outside of the hospital doors. There are two reasons why LifeSpring has actively employed an all-female workforce. The first is to speak to its core customer base. For low-income customers, it can be easy

to feel a power imbalance between service providers and the patient, and the patient may not feel comfortable asking questions. LifeSpring employs all female service providers as a strategy to actively address any sense of mistrust and pave the way for quality maternal care to all customers.

The second reason why LifeSpring has employed an all-female workforce is to support female employment in India. There continues to be social

stigma around women in the workplace in India among husbands and male family members. The ILO estimates India's female labor force participation rate to be 27%. However, the all-female aspect of LifeSpring can quell worries from husbands and male family members about risks that women might experience in the workplace.

To support its all-female workforce, LifeSpring has implemented flexible scheduling and leave policies not found in other hospitals in India. In a LifeSpring hospital, service providers have the ability to flexibly change and re-schedule their shifts in case of a last-minute conflict, such as a sick child or in-laws coming to visit. In other hospitals and clinics, such flexibility is not allowed and could result in a loss of pay. This flexible scheduling is particularly beneficial for women, as they are often their family's primary caregiver and may have child or elder care responsibilities on short notice. LifeSpring employees also receive extended marriage and maternity leave, with protected seniority status. That is, LifeSpring allows women to return to work after taking off time for marriage or maternity leave and retain the same level of seniority.

The steps LifeSpring has taken to both employ an all-female workforce and implement policies and procedures that cater toward women have had impressive impacts on the company's retention rates. For doctors, the retention rate is 5 years and for nurses, the average retention rate is 4 years. As the company has only been established for 10 years, this high level of retention demonstrates high employee satisfaction. For those service providers who do leave, LifeSpring has noted that a fair amount of them return after experiencing

harassment or feeling dissatisfied in other private hospitals and clinics.

LifeSpring employs female auxiliary nurse midwives (ANMs) in their hospitals to both provide an opportunity for rural and poor women to earn a regular income, as well as keep the hospital services at low-cost. As LifeSpring hospitals are focused solely on maternal care and specialize in providing a core set of maternal services, LifeSpring has the ability to employ a high volume of ANMs, who otherwise would have struggled to earn a secure income, and train them in the specific LifeSpring job roles.

LifeSpring's training process for ANMs take a "multi-skilling" approach. During training, ANMs are instructed in a wide range of roles ranging from billing, to technician work, to reception, to repairing equipment. This enables the ANMs to develop a new and diverse set of skills related to hospital operations. Training women in non-traditional roles such as medical and repair technicians provides new opportunities and self-confidence for these women as these roles tend to be considered jobs within the male domain.

The strategy of employing more ANMs and training them to use a "multi-skilling" approach has had several business and social impacts on LifeSpring as a company. Employing ANMs is less expensive and training them to also perform hospital operations allows LifeSpring to keep their operational and service costs low. At other private hospitals, women from the socio-economic group served by LifeSpring hospitals pay 37% more for maternal health services compared to at a LifeSpring hospital. This strategy also supports

LifeSpring's ability to treat a high volume of customers. In an average year, LifeSpring hospitals conduct 112,000 out-patient examinations and deliver 6,200 babies. Lastly, this model supports LifeSpring's viability to continue expanding, as the model of training ANMs in the same core set of services across all locations is highly replicable. In addition, this frees up doctors to focus more of their time and energy on care. Less administrative duties and more clinical practice gives the doctors a strong non-monetary incentive to stay with LifeSpring and has likely contributed to high retention despite salaries being slightly less than other private hospitals.

Employing and training a high number of ANMs concurrently supports LifeSpring's social mission to serve India's poorest populations. Employment in a LifeSpring hospital provides ANMs a steady income and job security that they otherwise may have struggled to find. In addition, the training process provides ANMs with exposure and access to new skillsets that can enable them to continue working securely in the formal economy.

While these staffing approaches have helped LifeSpring to keep costs down, they still face challenges with delivering high quality, low-cost services and maintaining profitability. For example, compared to the average private hospital in the same neighborhood, LifeSpring charges approximately 2,000 INR (\$28) less for a normal delivery, and approximately 15,000 INR (\$207) less for a

caesarian section. LifeSpring's model is to charge slightly less for a normal delivery and significantly less for a caesarian section so that all women are able to afford delivery services and LifeSpring is able to spread costs across the services and remain profitable. However, because women know of this price differential, they often go to private hospitals for normal deliveries, but choose to go to a LifeSpring hospital when they need a caesarian section. This practice increases the quantity of high cost procedures (i.e., cesarean section) and reduces the number of lower cost, higher profit procedures (i.e., normal deliveries). This drives up the costs incurred by the LifeSpring causing them to question the balance between providing low-cost maternal services and remaining profitable.

#### *Consumers:*

The accessibility and location of a hospital is a vital consideration to ensure women, and particularly low-income women, are able receive services when they need them. As such, LifeSpring's 11 hospitals are strategically located near marketplaces or locations with regular public transport availability and are open on Sundays and holidays. This enables a woman to seek care without having to rely on her husband or other family members for transportation. Locations near marketplaces are also strategic for women because, often times, women will travel in groups from their neighborhoods to the market and if the hospital is close to the market, the pregnant woman can easily join



and travel with the group with minimal safety risk.

Related to its affordability mission, LifeSpring is also committed to cost transparency. A price list displayed outside of LifeSpring hospitals creates consumer awareness and transactional transparency, a rarity in an increasingly complex healthcare market.

Providing dignified care to India's poorest women is core to LifeSpring's mission and has built this value into how service providers treat their patients. For example, in Indian language, there are several ways to say "you" and each way is tied to a certain social status level. Most of the women who are LifeSpring customers are addressed by society at the lowest levels of "you" (tu and tum). However, in LifeSpring hospitals, all women are referred to by the highest level of "you" (didi or aap). This act is seemingly small but takes into consideration that women as healthcare consumers value trust and respect in the patient-service provider relationship. By implementing values that speak to their female customer base, LifeSpring experiences a high customer retention rate, with 60% of women who enroll in a LifeSpring hospital staying through delivery. In addition, the average woman who delivers at a LifeSpring hospital attends 9.33 prenatal care visits during her pregnancy, compared to approximately 4 visits at government funded hospitals. Providing dignified care centered around trust and respect is central to LifeSpring's gender strategy, as it has an impact

on both the retention of their customers, positively empowers women to seek prenatal care, and can subsequently improve maternal and infant health outcomes.

While high numbers of prenatal visits are good for women's health outcomes, these prenatal services by themselves are not sustainably profitable. The most profitable parts of LifeSpring's business are the birthing services. Therefore, a challenge that LifeSpring has encountered is that lowering the number of prenatal visits a woman is allowed would increase their profit as a company. However, doing so would reduce LifeSpring's social impact of providing a type of care that is already difficult for low-income women to access and of promoting better maternal outcomes in the community. For now, LifeSpring still encourages prenatal visits, but is trying to find the correct balance between high quality care and profitability.

Another challenge that LifeSpring faces is finding the balance between its commitment to serve the poorest of the poor in India and the need to be profitable. There are cases where a woman will arrive at a LifeSpring hospital seeking care and knows she will not be able to pay even their modest prices. At that point, LifeSpring grapples with the challenge of whether they should accept her and lose profit or turn her away and risk her health. This is an on-going challenge that LifeSpring deals with on a case-by-case basis.

## LESSONS LEARNED:

1. Internal policies and practices that align with women's needs lead to increased employee satisfaction and strong retention rates and occurrences of employees returning after leave or work at other hospitals.
2. Feeling respected and safe at work and opportunities to concentrate on technical work can motivate doctors to stay despite lower salaries than other private hospitals.
3. Provision of training that allows employees to develop diverse skillsets can increase employee satisfaction and retention.
4. Establishment of all-women spaces can help to overcome gender barriers such as women's participation in the workforce and seeking of health services.
5. Women as healthcare customers value respect, dignity and open communication in the service provider-patient relationship.
6. Providing healthcare in strategic locations and with hours that take into consideration women's/customer's access to transportation and mobility can increase customer uptake.

## IMPACTS:

### *Business impacts:*

- All-female workforce allows for employees to better speak to core customer base (mothers) and enables customers to feel more comfortable asking questions.
- High employee satisfaction expressed among employees, and relatively high retention rates (5 years for doctors, 4 years for nurses).
- Low operational and service costs through employing women as auxiliary nurses (similar customers at other private hospitals pay 37% more for maternal health services compared to at a LifeSpring hospital). Also allows LifeSpring to treat relatively high volume of customers.
- Relatively high number of customers (6,200 babies delivered per year in all LifeSpring hospitals; 112,000 outpatients treated per year in all LifeSpring hospitals, not including outreach camps which would add another 25,000-30,000 patients)

### *Social impacts:*

- Quality care provided (0 maternal mortalities have occurred; Only 6% of babies delivered in a LifeSpring hospital are referred to neonatal intensive care)
- All-female workforce has supported female employment in India. Opportunities for regular income available for rural and poor women through being auxiliary nurse midwives..
- Women employees benefit from flexible scheduling to better accommodate their roles as the family's primary caregiver..
- Training women in non-traditional roles such as medical and repair technicians provides new opportunities and self-confidence for these women as these roles tend to be considered jobs within the male domain. This also can change expectations around "women's work" and "men's work".

### *Organizational impacts:*

- LifeSpring recognizes the benefits their all-female workforce has in their hospitals, and is taking steps to increase women's representation in its company leadership positions.

### References

- <sup>1</sup> WHO data: [http://www.who.int/gho/maternal\\_health/countries/ind.pdf](http://www.who.int/gho/maternal_health/countries/ind.pdf)
- <sup>2</sup> World Bank data: [https://data.worldbank.org/indicator/sh.sta.mmrt?year\\_high\\_desc=true](https://data.worldbank.org/indicator/sh.sta.mmrt?year_high_desc=true)
- <sup>3</sup> DHS Statcompiler: <https://www.statcompiler.com/en/>
- <sup>4</sup> World Bank data: <https://data.worldbank.org/indicator/sl.tlf.cact.fe.zs>

This case study was compiled through (1) a review of reports and articles from The Asian Development Bank, The Wharton School of the University of Pennsylvania and the Corporate Governance International Journal of Business in Society; and (2) one interview conducted with the Head of Operations of LifeSpring.