



# *Spreading Warmth*

2013 ANNUAL REPORT





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Dear Friends,

2013 was a year of incredible learning and growth for Embrace.

When we began the year, about 2,000 hypothermic infants had been inside of an Embrace warmer. By the end of December, we had **reached over 50,000 low birth weight and premature infants worldwide.**

This rapid growth demonstrates the dire need for low-cost hypothermia solutions in the developing world. It is also a testament to the talent, passion, and dedication of our global team. As we continue to scale dramatically, Embrace remains a lean, creative, and resourceful organization.

We are also an organization deeply committed to design thinking and constant learning. Just as the infant warmer itself has been through countless iterations, we've been rapidly prototyping new and innovative ways of delivering this technology to the children and families who need it most.

Our biggest revelation in 2013? **Technology alone is not enough to solve complex problems like neonatal hypothermia.** As we learned through our pilot programs, simply shipping out "warmers in a box" does not ensure that Embrace lives up to its potential to create true, sustainable impact for low birth weight and premature infants around the globe.

That's why Embrace has developed a comprehensive program model to leverage the infant warmer as a catalyst for broader and more sustainable impact on maternal and child health outcomes in developing countries.

We now routinely hire local staff to provide ongoing training, support, and data collection in our program sites. We integrate the warmer with intensive side-by-side education on hypothermia and newborn care for mothers, family members, and health care workers. We cultivate partnerships with clinics, governments and organizations that have deep roots and a permanent presence in the communities where we work.

By the end of 2014 we **plan to reach over 150,000 low birth weight and premature infants and to educate over 10,000 mothers, caregivers, and health care workers.**

We can't do this alone. Every one of our accomplishments is made possible by our amazing community of partners and friends. With your support we've made great progress and learned invaluable lessons every step of the way.

Yet there is so much more for us to do together—there are still **millions of children dying preventable deaths from causes linked to hypothermia each year.** We hope that you are inspired to continue collaborating with us on the realization of our ultimate vision: that one day, every woman and every child will have an equal chance for a healthy life.

Warm regards,

Erin O'Donohue, Executive Director



# Spreading Innovation

*Looking back on an idea that's changed over 50,000 lives.*

## Our Story



### 2007

Jane Chen, Linus Liang, Naganand Murty and Rahul Panicker meet in Design for Extreme Affordability course at Stanford University and are challenged to help families in the poorest regions of the world by designing an intervention for neonatal hypothermia that costs less than 1% of the price of a \$20,000 state-of-the-art incubator.

### 2008

Embrace co-founders continue to prototype and design infant warmers at Stanford's d.school. Embrace registers as a U.S. 501(c)(3) nonprofit organization and receives initial funding from Echoing Green and Stanford BASES Social Entrepreneurship Challenge.

### 2009

Embrace founding team relocates to Bangalore, due to the city's booming entrepreneurial culture and India's high rates of infant mortality. Embrace begins to attract media attention from TED, Time Magazine, Wall Street Journal, among others.

### 2010

First low birth weight infants enrolled in multi-center clinical trials in three hospitals in India. The David and Lucile Packard Foundation awards grant for testing, production, and initial distribution of infant warmers. Embrace warmer selected as an "Innovative Technology for Public Health" by World Health Organization.

### 2011

First version of the product launched. First infant warmer delivered to Little Flower Hospital in Kerala, India on April 9th. First pilot program established in Africa at Banadir Hospital in Somalia, in partnership with the American Relief Committee.

### 2012

Embrace begins global donation of infant warmers, reaching over 2,000 infants. Embrace begins prototyping new program models to integrate the warmer with education on hypothermia and newborn health. A separate for-profit social enterprise called Embrace Innovations is spun off to handle design, manufacturing, and commercial sales.

### 2013

Embrace has launched 22 programs in 11 countries on 3 continents, helping over 50,000 low birth weight and premature infants. Local staff have also provided intensive side-by-side education on hypothermia and newborn health to over 5,000 mothers, family members and health care workers.

### GOING FORWARD

By the end of 2014, Embrace aims to provide side-by-side education to over 10,000 individuals and to provide the life-saving technology of an Embrace warmer to over 150,000 low birth weight and premature infants worldwide. Embrace is also poised to launch a number of new partnerships, and to roll out new educational curricula and new iterations on the infant warmer device.



# Spreading Warmth

## The Need



**15 MILLION**  
preterm births every  
year and rising

*For millions of babies around the world, the difference between life and death is a little warmth.*

The single most dangerous day of a baby's life is the day of their birth. Every year, more than 1 million babies die on their first day of life, and nearly 3 million die within the first month of life.

### WHAT'S THE LEADING CAUSE OF THESE DEATHS?

Most newborn babies die due to easily preventable or treatable causes such as infections, complications at birth, and complications of prematurity. During the first days of life, low temperature (hypothermia) is an important contributor to newborn deaths. Many newborns simply lack the body fat that allows them to properly retain and regulate body heat—room temperature can feel freezing cold.

In the developed world, these babies are placed in an incubator until they're able to make it on their own. But for babies born in parts of the world without access to modern medical equipment or reliable electricity, desperate mothers and fathers wrap their babies in blankets, pack them near hot water bottles, or place them under bare light bulbs to keep them warm. Many of these babies die, and those that survive often suffer from debilitating health issues.

Each year, more than  
**1 MILLION**  
babies die on their birthday

**98%**  
of newborn deaths  
occur in developing  
countries

**75%**  
of preterm deaths can  
be prevented without  
intensive care

## The Embrace Infant Warmer



### INEXPENSIVE

Less than 1% of the cost of a standard incubator

### DURABLE

Can be reused up to 50 times

### PORTABLE

Can be used while the baby is held in the mother's arms or during transport

### HYGIENIC

Easily cleaned using soap and water

### SAFE

Simple and intuitive to use, validated through routine safety testing and extensive clinical trials

### EFFECTIVE

Incorporates an innovative phase change material to rapidly stabilize the temperature of an infant suffering from hypothermia



# Spreading Knowledge

## Our Model

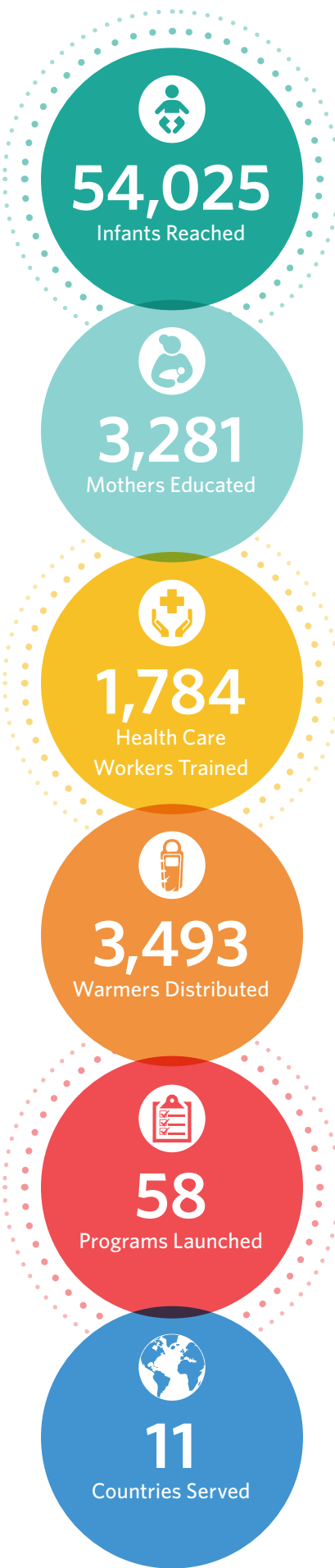
Embrace has developed a comprehensive program model designed to leverage the infant warmer as a catalyst for broader impact on maternal and child health outcomes in developing countries.



# Spreading Impact

Embrace has helped over 50,000 low birth weight and premature infants, and provided intensive side-by-side education and training to over 5,000 mothers, family members, and health care workers.

### NUMBER OF INFANTS REACHED BY EMBRACE





# Spreading Globally

Embrace has active programs in 11 countries around the world.



## 2013 Program Highlights

### AFGHANISTAN

In 2013, Embrace launched a rapidly growing program in Kabul, Afghanistan in three government hospitals with some of the worst infant mortality rates in the world. Through a partnership with the NGO Health, Education, and Economic Development for Afghanistan, we obtained permission from the Public Health Minister of Afghanistan to distribute Embrace warmers, and hired an experienced nurse as our local Site Manager.

Despite the challenges of implementing our programs in a region with a fragile health infrastructure and continuing conflict, in 2013 **we were able to serve over 4,399 infants and educate nearly 534 mothers and health care workers in Kabul.** Given these successes and the dire need for low-cost hypothermia interventions in the country, Embrace will continue to expand to additional hospitals in Afghanistan.

### INDIA

According to UNICEF, India has more than 900,000 newborn deaths per year, nearly 28% of the global total. Embrace's **programs in India have grown significantly since we first began distributing infant warmers to local clinics in Karnataka** in 2011. In 2013, our two core projects included the Raebareli District Project in Uttar Pradesh and the Karuna Trust Project in Karnataka. We also continued smaller partnerships with organizations such as SEWA Rural in Gujarat and the Vanivilas Hospital in Bangalore.

Through our Site Educators' diligent work, **we are observing slow and steady behavior changes at our program sites.** Although simple, effective solutions for addressing hypothermia exist, getting them to take root takes time,

patience, and trust. During an initial assessment visit of government health facilities in Uttar Pradesh, a nurse read an infant's temperature with a broken thermometer and told us, "babies don't get fevers." Recently, on a follow-up visit, this same nurse asked our Site Educator for handouts that she could share with mothers on Kangaroo Care and neonatal hypothermia. Our Site Educators are also seeing staff members regularly measuring infants' temperature with digital thermometers, donated through the Embrace program.

### UGANDA

Uganda has the third highest birth rate in the world. According to UNDP, 123 newborn babies—typically under a week old—die every day, mostly from preventable causes. In 2013, Embrace began an in-depth program based at **Mulago National Referral Hospital** in Kampala, with two smaller programs at **Mbale Regional Referral Hospital** in Mbale and **Kitovu Hospital** in Masaka. We also continued our partnership with International Midwife Assistance at the **Teso Safe Motherhood Project** clinic in Soroti.

The government hospitals where we work have suffered significant budget reductions and staff shortages for the last several years, and staff are often spread very thin. Mulago Hospital has a nurse-to-infant ratio of one nurse for every 25 to 30 infants during the day, and one nurse for every 40 to 45 infants during the night. Still, we have seen increased buy-in from front line health care workers and greater usage of the Embrace warmers. In 2013 **we were able to serve over 971 infants and educate nearly 747 mothers and health care workers in Uganda.**

# Spreading Hope



Watch Nissima's story

### NISSIMA'S STORY

When Nissima's twins were born, her son weighed 1.5 kg, her daughter just .73 kg. They were delivered in a private Ugandan clinic, but Nissima didn't have the money to keep them inside a functioning incubator. So they were immediately discharged, and Nissima had to race across town to the nearest public hospital. But before she could make it there, her son passed away.

The public hospital Nissima went to had an on-site Embrace program and 21 infant warmers. Nissima's daughter was immediately placed inside a warmer and remained inside for several days. Nissima was able to hold her and feed her, and to assist with changing the warm pack inside the device and keeping it clean.

Meanwhile, Embrace staff gave Nissima support, explained what hypothermia was, and taught her how to do Kangaroo Care—skin to skin contact—to continue keeping the baby warm. Nissima's daughter stabilized, began to gain weight, and was successfully discharged. When we followed up with them 3 months later, Nissima was still practicing Kangaroo Care at home.

Nissima told us that she is convinced her daughter survived because of Embrace, and that every day her heart aches for her son who didn't make it. She named her daughter Fortunate, because she's alive and growing every day.

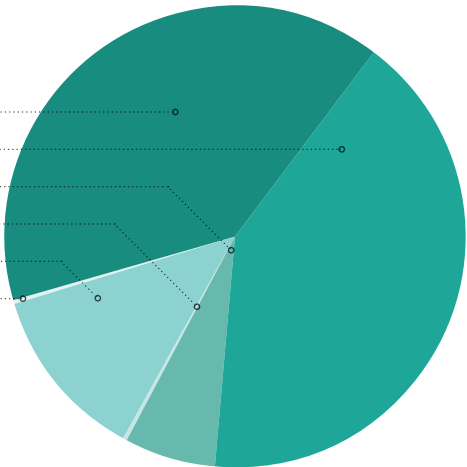


# Spreading Resources

## 2013 Financial Information

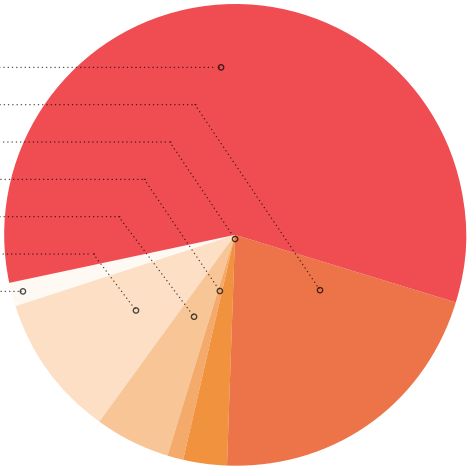
### REVENUE

	Amount
Individual donations	\$325,788
Foundation and corporate grants	\$336,566
In-kind donations	\$52,661
Program partner contributions	\$3,297
Program-related sales & fees	\$100,000
Investments	\$777
<b>Total Public Support and Revenues</b>	<b>\$819,088</b>



### EXPENSES

	Amount
Salaries & related expenses	\$477,064
Contract service expenses	\$171,840
Non-personnel expenses	\$23,229
Facility & equipment expenses	\$9,592
Travel & meetings expenses	\$42,832
Program-related supplies & expenses	\$82,057
Other expenses	\$13,419
<b>Total Expenses</b>	<b>\$820,033</b>
<b>Net Income</b>	<b>\$(945)</b>
<b>Unrestricted Net Assets</b>	<b>\$908,513</b>



\*All Figures in U.S. Dollars



### BABY LONG'S STORY

Baby Long was abandoned at birth. When he arrived at Little Flower Orphanage in Beijing, he weighed just 900 grams and was severely hypothermic. After spending 30 days in the Embrace warmer, Long's temperature and weight had stabilized. He survived, is now thriving, and was recently adopted by a loving family in the United States.



# Spreading Gratitude

Embrace acknowledges individual donors and institutional partners who help make our work possible. We are deeply grateful for your commitment to ensuring that every woman and child has an equal chance for a healthy life.

## HERE ARE 3 WAYS YOU CAN HELP:

### SPREAD THE WORD

Help Embrace raise awareness through social media. Follow us online at [facebook.com/embrace](https://facebook.com/embrace) and [twitter.com/embracewarmer](https://twitter.com/embracewarmer).

### GET INVOLVED

We want to hear from you. Let us know what you think about the work we're doing, and if you have any suggestions for how we might improve our efforts. Reach out to [info@embraceglobal.org](mailto:info@embraceglobal.org) or call us at (415) 663-6202.

### GIVE WHAT YOU CAN

As little as \$200 sponsors an infant warmer that can help dozens of low birth weight and premature infants. Embrace is a 501(c)(3) nonprofit organization. Our tax ID number (EIN) is 83-0509261. Visit [embraceglobal.org/donations](https://embraceglobal.org/donations) or send a check payable to "Embrace" to 1440 Broadway, Suite 205 Oakland, CA 94612.

## 2013 MAJOR DONORS

Iain Allison and Family  
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Tech Museum of Innovation  
Samuel Test



# Who We Are

## EMBRACE STAFF

Yasin Ahmed Project Coordinator	Erin O'Donohue Executive Director
Jesca Audo Site Manager	Massimo Prati Director of Operations
Preeti Awasthi Site Educator	Molly Ronan Development Associate
Petronella Bhemba Site Manager	Sundari Sahu Site Educator
Priyanka Choubey India Programs Manager	Rhonda Sarnoff Monitoring & Evaluation Consultant
Pompa Debroy International Programs Manager	Meela Sarwar Site Manager
Somya Dimri India Programs Coordinator	Shilpy Shrivastava Site Educator
Jenafir House Director of Programs	Firoj Singh Site Educator
Rosie Iga Uganda Program Coordinator	Lavanya U.G. Site Manager
Kathrine Kemp International Programs Coordinator	Alejandra Villalobos Director of Development & Communications



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