

आरोग्य दर्पण

Arogya Darpan

Empowering India's healthcare journey



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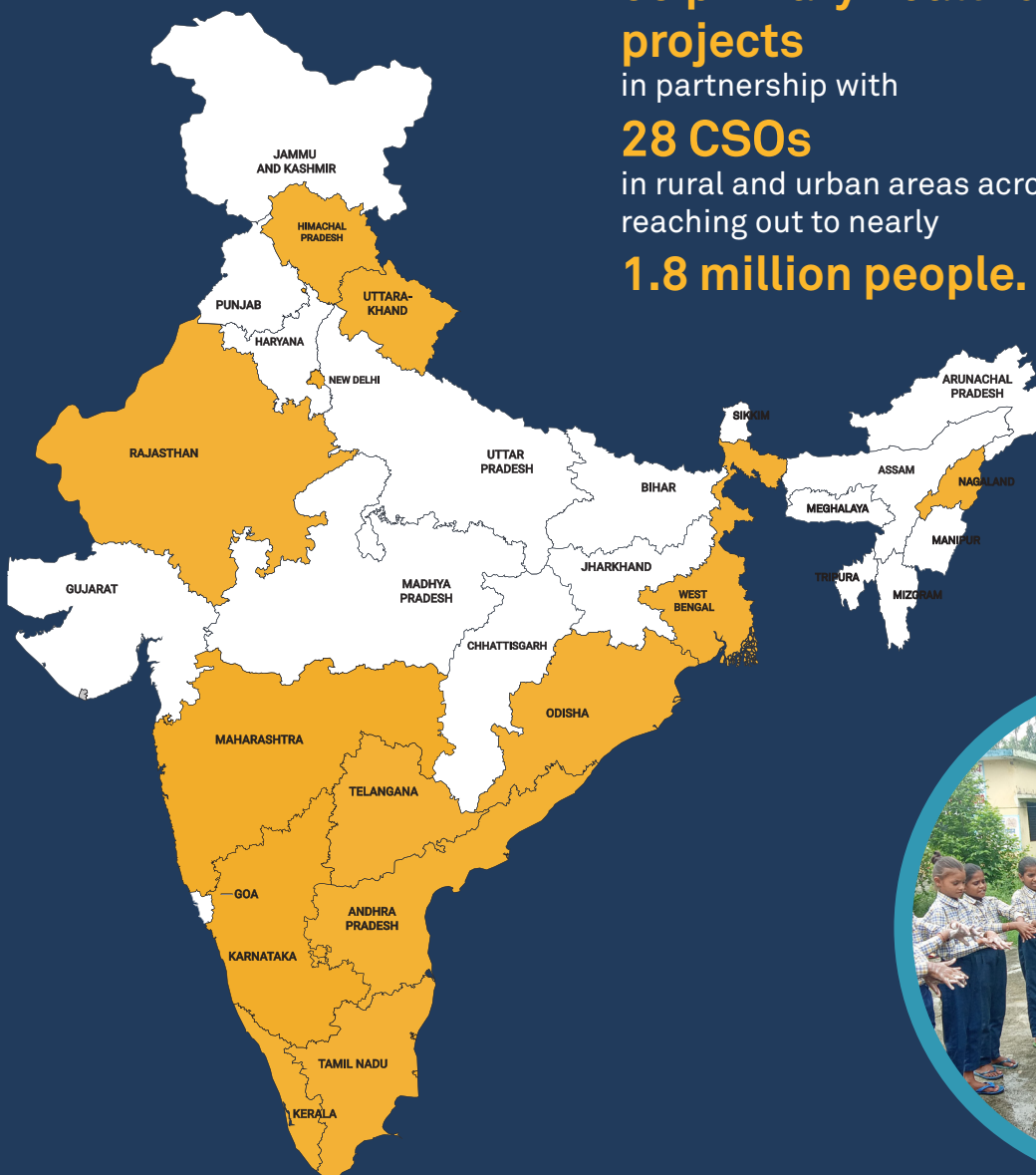
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Outreach highlights

Wipro Cares is committed toward improving access to quality healthcare services for marginalized communities in 13 states in India. It aims to address the diverse primary healthcare needs of vulnerable social groups. Our interventions try to ensure that everyone receives timely and appropriate health services. We aim to bring lasting changes that complement and systematically strengthen the public health system. We focus on improving the accessibility of healthcare services. We build the capacity of local communities to manage their healthcare needs. We also support the training of healthcare workers. The larger goal is to capacitate them to address the primary healthcare needs of underserved communities better.

Currently we are supporting
33 primary healthcare projects
in partnership with
28 CSOs
in rural and urban areas across India,
reaching out to nearly
1.8 million people.



The execution of Corporate Social Responsibility (CSR) initiatives in the healthcare domain is facilitated through Wipro Cares, a trust funded by employee contributions, which are matched by Wipro. Wipro Cares also collaborates with Wipro Enterprises Ltd and Wipro Kawasaki CSR to effectively implement these initiatives.

What does climate have to do with health?



Rajan Mehta

The renowned astronomer Carl Sagan, in his popular TV series titled 'Cosmos: a personal voyage', famously said, "We are all stardust", implying that man is made of the elements of nature. This was preceded by Charles Darwin, the English naturalist, who proclaimed that 'Man is a product of evolution', which in turn is influenced by nature. A combination of these two proclamations leads us to infer that if nature is healthy, then its inhabitants would be healthy too. In other words, our health is intricately linked to our planet's health.

The logical question then would be, is the planet healthy? Is it in its natural rhythm? Right now, a metamorphosis is happening. The carbon held in the body of our planet in the form of fossil fuels is being pulled out and burnt. This process is adding carbon dioxide to the atmosphere, causing it to warm. In other words, our Earth has a fever, just as we humans sometimes do. But we have such a symbiotic relationship with Earth that when Earth has a fever, we humans are sure to be affected as well.

In humans, fever can detrimentally affect various organs and systems of the body. Similarly, global warming or earth's fever is impacting its various natural systems and processes. These in turn are likely to affect us humans. Let us examine how.

When we say the average temperature of Earth has risen by anywhere between 1–1.50 degrees Celsius above pre-industrial levels,

this increase is not homogeneous. There are places and times which are much warmer. There are places and times which are much more humid due to increased evaporation.

The average temperature in Spain in 2022 was 15.30 degree Celsius compared to 14.31 degrees Celsius in 2021. [1] This is against an average of 13.22 degrees that Spain experienced between 1901 and 2022.[2]

The combination of heat and humidity is deadly. It can cause a heatstroke even at not very high ambient temperatures. The concept of wet-bulb temperature refers to a measure of the heat that can be removed from the human body by the evaporation of sweat.

A wet bulb temperature of 35–40 degree Celsius could be enough to cause a heatstroke. This happens when the human body is not able to shed its internal heat through sweating due to high humidity outside. The heat accumulates inside. It can lead to heat exhaustion or heatstroke. Either one of these has a detrimental effect on the body. It can be a trigger for other complications. This is especially the case in children, the elderly, and people with underlying medical issues. Heat alone, even without humidity, can cause dehydration and set off a chain of ailments.

These changes affect not just humans, but also the animal world. Arctic birds like the ivory gull and animals like the polar bear are already showing signs of population

decline due to climate change. [3] Changes in heat and humidity are affecting microbes, insects, rodents, birds and animals. Some are thriving, some are perishing, and others are migrating and changing habitats.

The world is a symphony of interconnections, and every change can have far-reaching consequences. A species going extinct could lead to the growth of a parasite, or a species migrating away from its natural habitat could carry new germs with it. This may cause devastation in and around its new home.

Heat and humidity are fertile ground for vectors such as mosquitos and ticks to thrive and breed. This has the potential for unleashing the threat of diseases like malaria, dengue, yellow fever and chikungunya.

The World Health Organisation estimates 700,000 deaths annually as a result of these vector-borne diseases. These numbers will grow further, as climate change facilitates the breeding of these vectors. [4] Regions and areas that have so far been vector-free may fall victim to them as heat and humidity envelope them.

Zoonotic diseases, which transfer from animals to humans through novel pathogens, will also likely increase. This process is stimulated by the growing proximity between animals and humans due to the climate change-induced shrinking of overall liveable space.

Some animals are known as reservoir hosts as they carry pathogens. They don't normally come in contact with humans. However, they may now get exposed to humans and cause havoc. One example is the deadly coronavirus, which is supposed to have come from bats.

Just as Jared Diamond's 1998 book "Guns, germs and steel" explains, the reason why the Incas and Aztecs lost to the Europeans was not the white man's bravery or battle prowess. This was due to the germs that the Europeans and their cattle brought with them to the New World. The germs spread disease



that the Incas' and the Aztecs' immune systems were not able to fight, and hence their bodies crumbled. [5]

Floods and waterlogging brought about by climate change can unleash water-borne diseases like cholera and diarrhoea. Sea-level rise can bring saline water into our inland water aquifers. This would pollute potable water and cause gastrointestinal infections, electrolyte imbalance and dehydration.

Excessive fossil-fuel burning is a contributor to both global warming and air pollution. It also releases particulate matter and other toxic pollutants such as nitric oxide and other volatile organic compounds into the atmosphere along with carbon dioxide. An interplay of these toxins and the added heat because of global warming leads to the formation of ground-level ozone.

This ozone then becomes a contributor to the smog that we can see. Smog, particulate matter, toxic gases and ozone, all cause respiratory issues. These also aggravate cardiovascular conditions. Ground-level ozone, also called 'bad' ozone, can harm crops and vegetation too.

Many attribute the notorious pollution in New Delhi, India, to climate change. They say that farmers in the adjoining states are compelled to burn the residual stubble in the ground

after paddy harvests. This is because there is very little time left for them to sow for the next crop cycle.

Monsoons are getting delayed due to climate change. This delays the autumn crop cycle. It also reduces the time available with farmers to plant the next crop. Burning the stubble is their best and quickest option, besides being the cheapest.

Air pollutants constituting fine particulate matter (PM) with a diameter of 2.5 microns or smaller, or PM 2.5 as they are popularly known, are so small they can enter the lungs and may even penetrate the bloodstream. These particles normally constitute organic carbon matter, elemental carbon, sodium ion, silicon, nitrates, sulphates, ammonia and other crustal matter.

However, amid these numerous constituents, one truth remains constant. Human health is at risk. The health impacts associated with prolonged exposure to PM 2.5 encompass a range of serious conditions. These include ischemic heart disease, lung cancer, chronic obstructive pulmonary disease (COPD), respiratory infections such as pneumonia, stroke, type 2 diabetes, and even pregnancy-related issues. Human health is the ultimate casualty.

The greatest of all health issues induced by climate change is likely to be mental health, however. Stress, anxiety, post-traumatic stress disorder (PTSD) and emotional distress caused by the loss of health, the loss of livelihood, the loss of near ones, and the loss of home. These are all examples of mental distress induced by environmental changes that are slowly taking hold of our minds.

Imagine the stress, anxiety and feeling of displacement amongst the inhabitants of Kiribati, a small Polynesian nation-state. They now know that their homes and country will be submerged in the sea in the foreseeable future. Their government is rumored to be encouraging emigration and requesting countries to give refuge to its citizens. [6]

The term 'climate refugee' has been used since 1985 to describe people who are forced to leave their traditional place of refuge or home due to temporary or permanent changes in climate. Examples abound. A million Somalis were displaced due to the 2022 drought. Over eight (8) million were displaced in Pakistan in 2022 due to climate change-related floods. [7]

Such events are likely to increase as inclement climate forces migrations. Leaving home is never easy. It takes a toll on mental health.

While grave on their own, mental health issues do affect various biological processes as well. These can adversely impact cardiovascular health, pulmonary functioning, and metabolic activity. These can also weaken the immune system as a result of increased hormonal secretions like cortisol.

Besides, climate change-induced mental health issues can also engender lifestyle changes. These include diet, physical activity and sleep patterns. All of this has serious consequences on physical health.

Changes in agriculture induced by climate change can impact the quantum of food produced, its nutritional content, and its distribution. This can impact human health. Climate change will also likely affect microbial growth. This could potentially introduce some new food-borne diseases. This is in addition to creating suitable conditions for some existing ones like *E. coli* to grow further.

Another consequence of climate-induced changes in the agricultural base could be the growth and changes in the nature of allergens like pollen or the introduction of new allergens. As a result, allergies may become more prevalent, and people may suffer more from them.

One thing that we have not spoken about is the accidental risk of injuries and trauma associated with extreme weather events. Floods, landslides and forest fires can

injure people. This would lead to health complications, both physical and mental. The climate change-induced floods in Pakistan in 2022 left close to 2,000 people dead, several thousand injured, and a total of 33 million people affected. [8]

The list can go on and on, However, it suffices it to say that climate change could open a whole new Pandora's box in terms of health issues. Climate change is real. So, we must start thinking of adapting to it and equipping ourselves to live in this new reality. This would mean building systems and infrastructure to handle climate change-induced health eventualities, adopting healthier lifestyles, and building immunity. It would also involve avoiding pollution. It would entail learning to manage stress amongst other lifestyle changes like adopting a healthy diet as well.

We need to start preparing our health and the medical sector by examining likely climate-induced scenarios. We must begin investing in drug discovery, medical infrastructure and health services accordingly. The health insurance sector needs to include climate risk while underwriting health policies. Governments and communities need to shore up resilience amongst the vulnerable communities. We also must build infrastructure and systems to provide early warnings for any impending danger and prepare disaster relief infrastructure to meet any climate eventuality.

Prevention is better than cure. Richer nations, communities and individuals are taking proactive steps to protect themselves against potential harm due to climate events. Australia has implemented a robust Vector Control Program to manage the spread of diseases like malaria and dengue. This includes surveillance systems to monitor disease outbreaks, mosquito control measures and public health education.

Switzerland has developed emergency preparedness and response plans to address health risks associated with climate change. These include evacuation plans for vulnerable communities. Besides, richer nations and communities have the means

to access medical help. Less privileged countries, communities and individuals are the ones we need to be worried about.

A healthy planet is the ultimate medicine for all.

References

- [1] 'Spain Average Temperature', Trading Economics, <https://tradingeconomics.com/spain/temperature>.
- [2] Ibid.
- [3] 'Arctic Biodiversity Assessment', CAFF, <https://arcticbiodiversity.is/>.
- [4] 'Vector-borne diseases', World Health Organization, 2 March 2020, <https://www.who.int/news-room/fact-sheets/detail/vector-borne-diseases>.
- [5] Jared Diamond, Guns, Germs, and Steel: The Fates of Human Societies, W.W. Norton & Company, 2005.
- [6] 'How Kiribati manages the impacts of climate displacement through labour migration', International Labour Organization, 18 December 2015, https://www.ilo.org/global/about-the-ilo/mission-and-objectives/features/WCMS_436535/lang--en/index.htm.
- [7] Lawrence Huang, 'Climate Migration 101: An Explainer', Migration Policy Institute, <https://www.migrationpolicy.org/article/climate-migration-101-explainer>.
- [8] '2022 Pakistan Floods', CDP, 6 September 2023, <https://disasterphilanthropy.org/disasters/2022-pakistan-floods/>.

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The opinions expressed in the article are solely the author's, and do not reflect the opinions and beliefs of Wipro.

Partner Impact

Maternal and child health interventions' highlights

Comprehensive antenatal and natal care and mobile health camps

In Baddi, our partner Humana People to People India organized monthly mobile health camps at anganwadi centres. These camps provided valuable counselling and health screenings for mothers and children. These also addressed common issues such as anemia and high blood pressure. Necessary medications were distributed in these camps.

ASHA Health team, our partner based in Seelampur, Delhi, facilitated regular antenatal clinics. These focus on monitoring maternal health and foetal development. Community Health Volunteers (CHVs) played a crucial role in promoting safe hospital deliveries. They ensure that expectant mothers receive the care they need during childbirth.

In Nagaland, the local community's involvement facilitated through our project supported by Eleutheros Christian Society (ECS) has been crucial in improving the Primary Health Centre's infrastructure. For instance, the community of Sangdak took the initiative to renovate the labor room and the attached washroom. This showed their commitment to maternal health.

Regular meetings of the Health Centre Management Committee (HCMC) in all the four health centers highlight ongoing community efforts to strengthen healthcare services. From April to August 2024, six new Mothers' Clubs were formed. These provide vital support to expectant and new mothers across the project villages.



Nurses, *dais* (traditional birth attendants), and ASHA workers have been actively involved in these villages. They offer critical maternal and child healthcare services.

Continuous meetings and training programs have also been held. These are ensuring that the health workers are equipped to provide the best care, improving healthcare access for mothers in Nagaland.

Community-level education and awareness initiatives

The *Godbharai* (baby shower) is a vital cultural program that celebrates the joy of impending motherhood. It also fosters community bonding. This initiative was uniquely organized for pregnant women in the Baksawala slum, in Jaipur. This was undertaken with the support of our partner Gram Chetna Kendra.

The event provided a platform for sharing knowledge and experiences related to pregnancy, childcare and parenting. Community women performed traditional rituals. They sang songs and offered coconuts and other fruits as part of the celebration.

SNEHA, one of our partners based in Mumbai, engaged pregnant and lactating women through health talks at antenatal clinics (ANC). These focus on nutrition, family planning, and the importance of regular health check-ups. These sessions helped dispel common myths and encouraged healthy practices.

Celebrating ‘Eligible Couples Day’

“Eligible Couples Day” was celebrated at Urban Primary Health Centre Singasandra, Bengaluru. It focused on preconception care. It educated couples on health and nutritional factors for safe parenthood. Interactive sessions, including games, made the information engaging and accessible.

Our partner, Karnataka Health Promotion Trust (KHPT) used innovative aids during this event. These included the Eligible Couple Card. This is similar to the Mother and Child Protection (MCP) card.

The former is used to provide eligible couples all the information about preconception care services. It also documents their health records. An interactive game - named *Jothe Jotheyali* (Moving together) - that used a game board specially customized for eligible couples was also played.

The Kandamma Nagali Campaign

The *Kandamma Nagali* (Let the baby smile) campaign was organized in Tumakuru by KHPT. This was undertaken as a part of the Early Childhood Care and Development Program. It addressed societal pressures regarding the birth of female children. Led by local committees, this initiative promotes awareness. It also encourages discussions to improve the psychosocial well-being of women.

The Kandamma Nagali campaign is organized to dispel misconceptions about the biological determination of a child's sex. It also tries to challenge the societal tendency to hold women accountable for the birth of a female child.

The campaign is designed to be community driven. Leadership is provided by the Woman and Child Protection Committees (WCP) of the Gram Panchayats (GP) in the Tumakuru block. The campaign uses a combination of audio jingles and posters. Through these aids, it focuses on spreading awareness. These engage the community to help shift perceptions around the birth of female children.



Kangaroo Mother Care

Child In Need Institute's (CINI) initiative provided essential support for low-birth-weight babies through Kangaroo Mother Care. It emphasized the importance of skin-to-skin contact and exclusive breastfeeding. This approach has shown remarkable success in improving infant health outcomes.

During the project period, a total of 59 low-birth-weight (LBW) babies, each weighing less than 2,500 grams, were identified. They were provided with critical support through the Kangaroo Mother Care (KMC) technique.

This method focuses on skin-to-skin contact and exclusive breastfeeding. It has been integrated into a comprehensive care plan. This involves constant monitoring and follow-up visits by CINI's health workers.

The intervention has been highly effective. It has led to a significant improvement in the babies' health.

Tracking developmental delays

Our partner Apnalaya, participated in a refresher training on the Guide for Monitoring Child Development (GMCD). In this program, 55 Apnalaya staff participated.

The training aimed to enhance the team's ability to conduct quality GMCD assessments and track developmental delays. This capacity building process will help benefit migrant children in slum communities of Shivaji Nagar in Mumbai.

GMCD helps identify children with developmental challenges. It also allows the team to support their caregivers and tailor interventions accordingly.

This quarter, 175 children were assessed. Twenty six (26) of them were identified as having developmental delays.



Nutrition

Instilling healthy food habits through competition

Our partner Children of India Foundation conducted a drawing competition for 4th and 5th grade students. This took place across three primary schools in Kondayampalayam, Kunnathaur, and Athipalayam in Tamil Nadu. It was undertaken as part of the Community Health and Wellness Program.

A total of 72 students participated. The competition focused on the theme of “Healthy food and its Importance”. The event aimed to foster creativity. It also educated students on the significance of healthy eating for their growth and well-being.

Through colorful depictions of fruits, vegetables, and other nutritious foods, the students learned about essential nutrients like vitamins in apples and calcium in milk. The competition successfully raised nutritional awareness. It also encouraged informed food choices among the children.

Early nutrition

Mahila Abhivruddhi Society, Andhra Pradesh (APMAS) organized Annaprashana ceremonies for 45 children of the marginalized communities in Hyderabad. The goal was to promote early childhood nutrition.

These cultural events mark the introduction of solid foods into infants' diets. These provide an opportunity to educate mothers and caregivers on the importance of balanced nutrition for children's healthy growth and development.

Urban Health and Nutrition Days (UHND)

During the reporting period, 245 UHND sessions were conducted in Kolkata by CINL.

These benefited over 2,000 participants. This platform provided essential health services. These included routine immunization, antenatal care (ANC), and nutritional counselling.

The sessions emphasized maternal and child health and birth preparedness. These also highlighted the importance of institutional deliveries, contributing to improved community health awareness.

Malnutrition assessments

In collaboration with Swami Vivekananda Youth Movement (SVYM), 210 children aged 2 to 5 years were assessed for malnutrition across six anganwadis in slum areas. Of these, 68 children were identified as malnourished. Nineteen (19) were diagnosed with Severe Acute Malnutrition (SAM) and 49 with Moderate Acute Malnutrition (MAM).

Nutrition kits were distributed to 305 pregnant and postnatal mothers. The goal was to support their dietary needs. Awareness sessions on hygiene and healthy practices were also conducted. Orientations for two government schemes and baby shower programs were also organized to educate and empower mothers.



Adolescent health

In Haridwar, through Adolescent Friendly Health Clinics, various health services, including counselling and health camps, were provided to adolescents by Rural Development Institute. The camps focused on growth monitoring, general health check-ups, and haemoglobin level testing.

Peer educator awareness sessions were also conducted to address key health issues. These sessions covered all the components of Rashtriya Kishor Swasthya Karyakram (RKSK).

These addressed topics such as adolescent growth, nutrition, reproductive and sexual health and non-communicable diseases. Sensitive topics such as mental health, substance abuse, and gender-based violence were also covered and discussed. Special attention was given to topics like good touch vs. bad touch, and menstrual hygiene management.



Monitoring malnutrition

Last quarter, our Mumbai-based partner Apnalaya conducted capacity-building training for 24 adolescent volunteers. The training aimed to enhance their skills in growth monitoring.

It has empowered these volunteers to contribute to community health initiatives and ensure the delivery of quality care. They now play a crucial role in identifying malnutrition early.

These volunteers are promoting health awareness. They are also helping to expand outreach efforts within their communities.



Capacity building of frontline health workers and community-based structures

In Jaipur, Gram Chetna Kendra organized four capacity-building programs for Mahila Arogya Samiti (MAS) members, women, and adolescent group leaders. Anganwadi workers and ASHA Sahyoginis also participated. These programs aimed to empower community leaders to support disease prevention, promote healthier environments, and engage in health outreach.

Karnataka Health Promotion Trust (KHPT), our Bengaluru-based partner, restructured 14 MAS at Singsandandra UPHC, supporting their regular monthly meetings. Meetings were held. These helped in identifying issues related to health, hygiene and sanitation. Of these, a few were resolved through advocacy and coordination with relevant departments.

Additionally, KHPT organized a two-day workshop in Mysuru for 13 Self Help Group leaders. It focused on leadership, community health, and public services. The workshop resulted in a 1-year community action plan.

In Kolkata, CINI trained 74 frontline health workers, including ASHA, anganwadi workers, and MAS members, on Reproductive Maternal Neonatal Child and Adolescent Health. The focus was on urban health interventions. This training enhanced their ability to conduct community outreach and identify high-risk pregnancies. Additionally, MAS meetings were facilitated. The goal was to empower women's collectives, promoting maternal and child health awareness, and improving health indicators through increased service uptake and practices like Kangaroo Mother Care (KMC) for low birth-weight babies.

In Mysuru, RLHP conducted two capacity-building trainings for 84 Gram Panchayat members. This has resulted in several community development activities. These include work orders for constructing houses and toilets, streetlight installation, classroom renovations, and the provision of health and labor cards.



Event highlights

World Breastfeeding Week (August 1–7, 2024)

World Breastfeeding Week was marked with several awareness programs focused on promoting the importance of breastfeeding for newborn health and mother-child bonding. In Mysuru, RLHP collaborated with the Department of Women and Child Development and the Department of Health and Family Welfare, organizing community activities in Kuppegala and M.C. Hundi villages.

In Jaipur, around 110 people participated in awareness sessions, rallies, and street plays. These emphasized breastfeeding techniques, issues related to breastfeeding, and the benefits of exclusive breastfeeding.

In addition, our Mumbai based partner FMCH organized breastfeeding video screenings at nursing homes in Kurla, Fehmida, and City Hospital. Here, new mothers received personalized lactation support. A community rally and role-play sessions highlighted the role of family members in supporting breastfeeding mothers. These involved anganwadi workers and caregivers.

Nutrition Month (September 2024)

National Nutrition Month focused on promoting dietary diversity and awareness of balanced nutrition, especially among marginalized communities. Sessions in different regions addressed the importance of proper diets to prevent malnutrition.

Activities conducted included poster exhibitions on the food pyramid and the harmful effects of junk food. Our partner SNEHA, in collaboration with Raoli Camp Health Post, conducted hygiene and nutrition awareness sessions for pregnant women.

Menstrual Hygiene Day (May 28, 2024)

In Jaipur, Menstrual Hygiene Day 2024 was observed on the theme of 'Making Menstruation a Normal Fact of Life by 2030'. A variety of activities were conducted in various communities.

The focus was on raising awareness of the importance of menstrual hygiene management (MHM) among women and girls. These aimed to break stigma and promote access to menstrual products. Workshops on hygiene practices and discussions on normalizing menstruation as a health concern were also conducted.



Partner in spotlight



Helping Hand Foundation

Our partner Helping Hand Foundation runs a clinic in Pahadi Shareef. It has made significant strides in delivering comprehensive healthcare services to vulnerable sections of the community.

The clinic promotes a universal healthcare model. It offers promotive, preventive, treatment, and rehabilitative care, free of cost. It also provides strong referral links to tertiary care centres.

The clinic's services extend across key areas. These include dental, ophthalmology, and preventive care for non-communicable diseases (NCDs).

In the past six months, the clinic has successfully managed 28,900+ outpatient visits. It has been providing timely consultations and treatments for a wide range of medical needs.

Efficient patient assessment systems have been implemented. This has helped gather crucial data. This includes medical history, vital signs, and diagnostic reports. All of this helps in tailoring treatments. This has been leading to improved health outcomes.

A robust tracking and monitoring system ensures continuity of care. This system includes follow-up appointments, medication adherence checks, and monitoring treatment progress.

The clinic takes a multidisciplinary approach. This involves healthcare professionals from various specialties to deliver personalized and evidence-based care.

In specialized areas, the clinic handled 8,490 paediatric cases, 3,022 gynaecology cases, 1,850 dental cases, and 231 ophthalmology cases. Thus, it has been providing dedicated

care to meet the community's diverse health needs.

The clinic also engages in proactive healthcare promotion through community outreach programs. It has been conducting health awareness campaigns, screenings, and educational sessions.

The themes of these programs have included preventive care, nutrition, and lifestyle management. These have empowered individuals to take charge of their health.

The clinic often comes across cases that need specialized care beyond its capacity. For this, a seamless referral system connects patients to higher centres for advanced interventions. Helping Hand Foundation supports this effort with help desks in 17 tertiary hospitals.

Over time, the clinic has made a tangible impact. It has been improving healthcare access for over 28,000 patients. It has also been enhancing patient outcomes through data-driven assessments.

The clinic has also been fostering collaborations with local healthcare providers and higher centres. Community members have benefited from increased health awareness. This has been contributing to overall well-being and resilience.

The Wipro Clinic in Pahadi Shareef remains dedicated to serving the community with compassion and excellence. It will continue its mission to improve lives and promote a healthier future.



Partner in spotlight

Society for Nutrition, Education and Health Action (SNEHA)



SNEHA collaborates with vulnerable communities and public health systems. Through these partnerships, it tries to develop evidence-based solutions that address urban health challenges.

SNEHA's interventions span field-level initiatives in and around Mumbai. These have been supported by partnerships with organizations across India.

The Aahar Project is being run in partnership with Wipro Cares. It serves around 150,000 marginalized people living in slums in the Wadala locality of Mumbai.

Through this project, SNEHA has been able to identify and treat malnutrition in approximately 2,000+ children under the age of two in the last six (6) months. They have also been providing counselling and nutrition

services, and optimal antenatal, perinatal and postnatal care for around 1,000+ pregnant and lactating women.

In addition, the program promotes healthy family planning. It also strengthens community involvement. The program tries to do this by training around 350 local volunteers.

These volunteers would assist Integrated Child Development Services (ICDS) centres, or Anganwadis, with service delivery. Additionally, the program also builds the technical and behavioral skills of Anganwadi Sevikas (ICDS frontline workers).

The goal is to enhance nutrition service delivery. This will foster healthier futures for these communities.

Community impact

Empowering mothers: Nafees' nutritional transformation

Hafiz Fatim is a resident of Tilak Nagar in Mumbai's Kurla locality. She is a devoted mother in a middle-class family. Her husband works as a plumber. Together, they have two children. Their family, like many others in their community, relies on limited resources but strives to provide the best for their children.

On July 4, 2023, Nafees joined Mother and Child Health India (FMCH) as a breastfeeding mother. At that time, her youngest child was just four (4) months old. Nafees, like many new mothers, wanted to ensure that her baby received the best nutrition through breastfeeding.

As her child approached the 6-months mark, Nafees faced a common but significant challenge. She did not know anything about introducing complementary foods. Until then, she only knew that milk was essential for her baby's growth. The transition to solid foods was a daunting and unfamiliar territory for her.

Rubina, a dedicated Field Officer from FMCH, played a crucial role in Nafees's journey. Rubina introduced Nafees to the Nutree App. This is a valuable resource. It is filled with information and recipes for complementary feeding. Rubina provided personalized counselling. She also shared a variety of recipes through the app.

Nafees embraced the guidance and support with enthusiasm. She diligently tried all the recipes shared by Rubina. With this newfound knowledge, she successfully introduced complementary foods to her child. The variety and nutritional value of the recipes satisfied her child's nutritional needs. This also brought a positive change in their dietary habits.

Today, Nafees is immensely grateful to Rubina and FMCH for their support and education. She acknowledges the impact of the knowledge she gained.

This has empowered her to provide better nutrition for her child. Nafees's journey is a testament to the importance of community support and education in ensuring children's well-being.

"Thank you, FMCH," says Nafees, "for the knowledge that is so important to us."



Wipro Cares partners with FMCH. Together, we focus on encouraging preventive health and balanced nutrition. We also promote child development practices among marginalized communities. FMCH's approach is holistic. As a part of this, it educates and empowers mothers and children in their social environment.

How ‘Eligible Couple (EC) Day’ transformed parenting for Madhusudhan and Sangeetha

Sangeetha is a 23-year-old woman. Her husband, Madhusudhan, is 27 years old. They are from the village of Hiredoddavadi in Tumakuru taluk of Karnataka. The couple had a transformative experience while planning for their second child.

During the pregnancy, in June 2023, Rathnamma, an ASHA worker asked them to attend the Eligible Couple (EC) Day at their nearest Health and Wellness Centre (HWC). They both participated in the session.

Through our project, Karnataka Health Promotion Trust (KHPT) has been piloting the concept of Eligible Couple day in selected Health and Wellness centres. The purpose of this event is to mobilize eligible couples for health screenings. Another goal is to sensitize them about the importance of pre-conception and the role of husbands in pre-conception care.

In the EC Day event, Sangeetha and Madhusudhan underwent screening tests. They also received vital health education.

This included information on the importance of pre-conception care. They also learnt about comprehensive care throughout the antenatal, postnatal, and childcare periods during the session.

Following the tests, both Sangeetha and Madhusudhan received normal health reports. This encouraged them to move forward with their pregnancy plans.

On April 1, 2024, Sangeetha delivered their second child. In July 2024, KHPT's Community Facilitator, Chandrashekar, visited the couple. The goal was to understand the impact EC day had on their lives.

During this meeting, Sangeetha shared how her husband's approach to caring for their first child and supporting her during her second pregnancy had dramatically changed after attending EC Day.

She noticed his increased involvement during her pregnancy, delivery, and post-delivery periods. This was evidenced both in caring for her and their newborn child.

Madhusudhan himself acknowledged the significant shift in his mindset. He expressed that attending EC day and learning about the father's role in parenting was a revelation. He realized that parenting is not solely the mother's responsibility. Fathers, too, can be nurturing caregivers.

Madhusudhan proudly shared, “Parenting is not limited only to the mothers. Even fathers can be good mothers!”

This story exemplifies the profound impact the EC Day have had on the couple. The changes in Madhusudhan were particularly striking. This process has helped in fostering a more equitable and supportive parenting dynamic in their family.

Wipro Cares has been partnering with Karnataka Health Promotion Trust (KHPT). The goal of this collaboration has been to improve Early Childhood Care and Development through an integrated approach in Karnataka's Tumakuru block.



Gulafsha: Negotiating health challenges and giving birth to a daughter

29-years-old Gulafsha lives in the narrow by lanes of Seelampur with her husband and two children. Her husband is a rickshaw puller. He barely earns INR 8,000 per month. A one-room shanty was the home to their needs, aspirations, and the daily battles for survival. After the birth of her son, Gulafsha's life was trudging along at a normal pace.

She was negotiating existential challenges while enjoying time with her son. Then, came the second pregnancy. It was a joyous anticipation tinged with a silent prayer.

Gulafsha's own health began to crumble. She had high blood pressure, diabetes, and a deteriorating vision. The Asha team accompanied her for a fundoscopic examination in the hospital. A laser treatment, a sterile procedure, cured her. It also improved her condition.

The Asha Clinic became a lifeline for Gulafsha. Gulafsha's health was regularly monitored at the Asha clinic. She was given medicines and dietary advice to control her blood sugar. She underwent regular ANC checkups. She was also registered at the hospital for delivery.

Accompanied by Asha's Community Health Volunteer, Gulafsha delivered her baby at Lady Hardinge Hospital. The newborn was tiny, at just one and a half kilos. The normal weight for newborns stands at 2.5 kgs. The baby was put on a ventilator. After careful monitoring at the hospital for two days, Gulafsha and her daughter came home under the care of Asha's healthcare team.

Gulafsha's daughter was underweight. All her growth indicators were in red. However, amidst the comforting hum of love and care at Asha, her daughter found the nourishment she craved for—iron, zinc, a syrup of life.

Post-natal visits were conducted as per schedule. Monitoring was undertaken regularly. With a balanced diet of milk and eggs, and micronutrient supplements, Gulafsha's daughter became healthy. Her weight increased. Presently, she weighs five (5) kgs and is energetic. Gulafsha's story wasn't just about negotiating medical challenges. It is also a saga of the fierce love of a family and the unstinted support of the Asha team.



Wipro Cares has been intervening in the slums of Seelampur in Delhi, in collaboration with Asha Community Health and Development Society. The goal has been to enhance preventive and curative healthcare services. Our work here especially focuses on maternal, newborn and child healthcare.

Creating awareness: a stimulus for health-seeking behaviour and demand for health services



Rev. Dr Sipong Chingmak Chang

In the remote villages of eastern Nagaland, a silent but powerful health revolution is underway. Decades ago, healthcare was often seen as a luxury. It was perceived as something the community neither demanded nor felt the need to pursue.

However, with the support of several key funders such as Wipro Foundation, Azim Premji Foundation, HCL Foundation, and National Health Mission (NHM), a series of proactive health awareness campaigns have transformed the region's perception of healthcare. These efforts have increased health literacy. These have also driven a newfound demand for health services that previously lay dormant.

One striking example is the rise in health-seeking behavior among antenatal mothers. A simple initiative to raise awareness on prenatal care and the importance of immunization set off a wave of change. Women who once hesitated to seek healthcare services are now actively demanding these for themselves and their children.

As more women started attending health talks, their understanding of prenatal care deepened. This has been leading to increased visits to health centers. This shift demonstrates the profound impact that a proactive awareness campaign can have

in influencing community behavior and promoting better health outcomes.

The momentum generated by this movement did not stop at maternal health. Gradually more health topics, such as nutrition and hygiene, were introduced in these awareness sessions. Following this, the community has begun to engage with broader health issues. These include non-communicable diseases (NCDs) like hypertension and diabetes as well.

This shift in focus has further fuelled the community's demand for health services. It highlights the role of awareness campaigns in broadening the scope of healthcare needs.

An essential component of these efforts is the inclusion of a rights-based approach to healthcare. This has empowered communities to demand services that were previously absent or inconsistently delivered. Communities no longer view health services as a privilege. They are now recognizing healthcare as a fundamental right.

This approach has equipped them with the knowledge and confidence to hold authorities accountable. They are now trying to ensure that services are not only present but are delivered with quality and consistency. A few reasons why proactive awareness campaigns are crucial, are shared here.

Increased health literacy: Awareness campaigns provide communities with the information they need to understand the importance of health services. These clarify misconceptions. These also educate people on preventive care. This forms the foundation for building health-seeking behavior.

Early detection and intervention: Proactive campaigns encourage people to look out for early signs and symptoms of diseases. This leads to timely diagnosis and treatment. It is especially crucial in preventing complications from common health issues and managing NCDs effectively.

Empowerment through knowledge: When communities are well-informed, they become empowered to take control of their health. Awareness equips individuals with knowledge. It also fosters a sense of agency. This prompts them to demand quality healthcare services.

Sustainable community engagement: Awareness campaigns create an ongoing dialogue between health workers and the community. It fosters trust and long-term engagement. This continuous interaction ensures that health concerns are addressed. It also empowers the community to remain proactive in seeking solutions.

Catalyst for broader health initiatives: Once communities are engaged through awareness on specific health issues, they become more receptive to addressing other health challenges. As seen in eastern Nagaland, an initial focus on prenatal care eventually led to discussions on nutrition, hygiene and NCDs.

This has been helping to create a holistic approach to community health. Lately, few of the PHCs run by ECS are now launching their own 'geriatric care' program. One of these PHCs will soon take-on mental health.

This transformation in eastern Nagaland is a testament to the power of information. It also demonstrates the impact of a rights-based approach in influencing community attitudes. This showcases how raising awareness can gradually shift a community

from passively accepting health conditions to proactively manage and prevent them. Today, thanks to these proactive campaigns and the collaborative efforts of multiple stakeholders, the people of eastern Nagaland are not just participants but champions of their own health.

And this is in a region where health services were once underutilized. We now see a growing demand and an engaged community that is eager to embrace better health practices.

The journey from awareness to action has been a transformative one. This has helped to bring to light issues like nutrition and NCDs. These were previously overlooked. This process has also been opening up new avenues for improving the overall health landscape of these rural communities.

A proactive awareness campaign is not just about disseminating information. It is also about sparking a movement. It nurtures a health-conscious community. It also strengthens the demand for services.

Ultimately, these processes lead to better health outcomes for all. The story of Eastern Nagaland's health journey is a compelling example of how the power of knowledge and the support of committed partners can truly change lives.

Rev. Dr Chingmak Kejjong heads ECS (Eleutheros Christian Society). ECS is an organization working toward empowering vulnerable and oppressed marginal communities. It focuses on children and women. Its overall goal is to usher in a desired change and transformation.

Rev. Kejjong is a committee member in many of the development initiatives of the Government of Nagaland. He has also represented Nagaland as advisor to the Supreme Court of India on Right to Food.

The opinions expressed in the article are solely the author's and do not reflect the opinions and beliefs of Wipro.

Technological innovations

Transforming addresses: Plus Codes solution empowers Kolkata's slum communities

A pilot initiative for utilizing Plus Code technology as a solution within the Urban MCH Program Landscape in Kolkata, West Bengal, India

Background

The century is witnessing a rapid growth of the urban population. This is being accompanied with fundamental changes in our way of life, social structure and culture. Indian cities, especially the metro cities, are observing a mammoth boom in population. The cities' infrastructures is not prepared for this.

The progressive growth in urban settlements has resulted in horizontal as well as vertical expansion. In slums, currently, addresses are offered against slum lanes. However, individual households do not have any addresses to locate. Without a proper

communicable address, it is difficult to reach out to individuals for offering required services.

Hence this address-related issue becomes a bottleneck for accessing social entitlements. This is specifically because of delivery-related challenges, along with other determinants. The United Nations Human aPostal Union (UPU) have also acknowledged this global urban challenge.

Various solutions are being offered, including the "Addressing the world – An address for everyone" initiative. Lack of identifiable addresses also hinder urban healthcare planning and healthcare financing. This also creates challenges for making quality healthcare and social endowments accessible for people living semi-formal and informal settlements.



Innovative solution

To address this issue, Child in Need Institute (CINI) has been collaborating with Google to integrate the Plus Code system. It is a digital addressing solution. It assigns a unique, easy-to-share address to every location on Earth.

“Plus Codes Solution” converts latitude and longitude data into a single multi-digit code. This partnership has involved developing an Android app called “Address Maker App”. Field operators were trained to assign Plus Codes to households in Kolkata’s slum areas.

Plus Codes has been integrated into programs like Mother and Child Protection Cards and immunization tracking. This enables healthcare providers to now locate households effortlessly. It helps in monitoring and follow-up processes.

This transformative solution may bridge the gap between healthcare providers and the urban poor. It will also help to improve access to essential maternal and child health services.

Implementation approach

The implementation approach involved several stages. This included obtaining necessary permissions, community sensitization, area demarcation, mapping, data validation, household locating and integrating Plus Codes into various government and service provider systems.

CINI, in collaboration with Kolkata Municipal Corporation, is trying to incorporate Plus Code into the due list preparation process in immunization tracking systems and in Mother and Child Protection Cards (MCPC). This will help healthcare frontliners to accurately track and follow up with pregnant women and children for routine care.

Community impact

The pilot initiative has been undertaken in Ward 58 of Kolkata Municipal Corporation. Here, out of 11,036 households assigned Plus Codes, 2,172 pregnant women (19.68%)

were identified. Health workers tracked 625 (28.77%) households with Plus Codes for the routine immunization program.

These families are now willing to offer their Plus Codes as addresses in their MCP cards. This will allow health workers to monitor them for quality healthcare delivery. Additionally, 75 children who missed routine immunizations were tracked using Plus Codes in the due lists. This will enable targeted interventions.

Significance and way forward

The initiative addresses the long-standing challenge of addressing slum areas. It promises better access to healthcare, social entitlements, and improved service delivery. Some initial hesitation and logistical challenges were encountered. However, the initiative highlights the potential for continuous expansion and capacity building among local stakeholders.

CINI plans to extend the scope of Plus Code allocation to more wards. It will contribute to sustainable urban development through the power of technology and collaborative partnerships. This will also ensure that no one is left behind in accessing essential services.



Turning rights into practice: a public health perspective



Dr Samir Chaudhari

As a clinician by training and a former member of the Indian Army Medical Corps, I began my career as a practitioner. However, I quickly internalized the importance of community-based preventive care as a sustainable approach to well-being.

Challenges and social determinants of health

During the human life cycle, families and children face numerous challenges. These include poverty, malnutrition, ill health, and abuse. These social determinants of health often lead to children dropping out of school.

These children often become involved in child labour or end up being trafficked. Poor families and communities require a strong social safety net to overcome these threats to survival and development. The fulfilment of one right often depends on the fulfilment of others.

Influence of the Alma-Ata declaration

We were inspired by the core principles of the Alma-Ata Declaration. Keeping these principles in mind, we began addressing health from a basic human rights perspective.

Health care necessitates the action of many social and economic sectors beyond just health services. Community participation and equity in health have become the core principles and mottos for us as primary healthcare practitioners.

Community-based approaches to health

Working within the community on core mother and child health components, we encountered many children suffering from lack of family care and social support systems. The stress and trauma associated with poverty negatively impact children's cognitive and emotional development. This makes it harder for them to articulate their needs.

Addressing these challenges needs concerted efforts from governments, communities and organizations. These stakeholders need to collaborate in a focused manner to create inclusive environments where the needs and voices of children and poor families are heard and respected.

Institutional journey and rights-based programming

My half-century-long professional practice in the development field has led us to embark on an institutional journey. We have distilled international human and child rights standards into a framework suitable for local practice.

Particularly since the 1990s, we have reoriented our approach toward a distinct human rights horizon. It addresses core mother and child health components in a focused manner. We have adopted core rights-based programmatic principles. These are rooted in internationally sanctioned

human and child rights norms and principles. These principles are now aligned with the International Sustainable Development Goals (SDGs) agenda. These are also based on a human rights framework. This alignment led us to adopt the motto: “Turn rights into practice.”

Participation and empowerment

We have initiated mothers’ and children’s participation and empowerment. This has been undertaken within the context of wider adult participation.

This approach aims to implement children’s rights to health, nutrition, education and protection in families, schools, communities, and governance processes. It also simultaneously tries to ensure the inclusion of excluded groups.

Human rights principles in public health

The human rights principles of indivisibility, interdependence and interrelatedness are crucial. Each right contributes to the realization of human dignity. This takes place through the satisfaction of people’s developmental, physical, psychological and spiritual needs.

The principle of ‘universality and inalienability’ establishes that all individuals worldwide are entitled to their rights. Additionally, the principles of ‘equality and non-discrimination’ affirm that all individuals are equal as human beings. No one should face discrimination based on their various statuses.

Preventive public health interventions

Preventive rights-based programming must incorporate these human rights principles. Programmatic practice should utilize an epidemiological methodology. It must address health, nutrition, education, and child protection.

Responses should be adapted to the vulnerability levels of different individuals and groups. Low-cost preventive interventions are effective in ensuring equity in accessing resources within families, service provisioning and governance systems.

Making rights work for children

Making rights work for children and being a rights-based practitioner is no easy task. We have captured these learnings and seek to turn children’s rights into rights-based development practices on the ground.

Thus, we strive to work to build child-friendly communities, child-friendly systems, and child-friendly organizations. The overall goal is to realize the rights of children at all levels. We aim to include children’s voices, needs and priorities as integral parts of public policies, programs, planning, and budgeting. This must happen at all levels, ranging from the local to the national.

Dr Samir Chaudhuri graduated as a physician from University of Rangoon in 1961. He subsequently trained as a paediatrician, specializing in child nutrition at All India Institute of Medical Sciences (AIIMS), New Delhi in 1970. After witnessing the devastating effects of malnutrition and stunting on India’s children and society, Dr Chaudhuri founded Child In Need Institute (CINI). He has served as a consultant, researcher and advisor to various national and international agencies in India and other countries of Asia and Africa.

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Partner in the news

On August 7, 2024, Dr Manjunath, Tumakuru district's DHO (District Health Officer), officially launched the Eligible Couples (EC) Card. It is a key tool in promoting pre-conception care and responsible family planning.

This initiative was developed by KHPT in collaboration with the Departments of Health and Family Welfare, Women and Child Development, and Rural Development and Panchayat Raj. It has been supported by Wipro Cares.

The EC card is designed to help eligible couples understand the importance of pre-conception care before planning a pregnancy and that of spacing between childbirths. It provides couples with crucial guidelines on health and wellness screening, and pregnancy-related conditions.

The EC card also offers information on adopting healthy habits to improve maternal and child health outcomes. Additionally, it serves as a comprehensive record of health

status. It also helps in screening test results for both the partners. This process ensures that couples are informed and prepared when making reproductive decisions.

In conjunction with the card's launch, 242 Accredited Social Health Activists (ASHAs) from Tumakuru block were trained. They were capacitated to counsel eligible couples. They also received training on guiding them on the importance of pre-conception care shortly after marriage and when planning for their first child. These ASHAs will use the EC card to educate and support couples. They will help them make informed decisions about family planning and overall reproductive health using this tool.

The launch of the EC card represents a significant step forward in empowering couples with the knowledge and tools they need to ensure healthier pregnancies and better outcomes for both mothers and their children.



Wipro's volunteering updates

Bengaluru and Mysuru

Volunteers assisted Children of India Foundation by gathering baseline data, offering valuable insights into children's well-being and development. Ninety-six (96) volunteers created informative materials on key health issues. This included nutrition and well-being and supporting advocacy efforts of our partner Karnataka Health Promotion Trust (KHPT).

Additionally, volunteers painted murals inside the classrooms of a government lower primary school in Anekal. In the process, they transformed the space into a more vibrant and engaging learning environment for students.



In the month of August, Wipro Cares organized a plantation drive at the government high school in Marballi village, Mysuru. This was undertaken in collaboration with our partner Rural Literacy and Health Programme (RLHP).

They were joined by their family members, school children, teachers, and local community members. Together, they planted nearly 50 saplings. The activity's objective was to make a positive impact on the environment and the community.

Hyderabad

During July–September, in collaboration with Helping Hands Foundation, 40 Wipro volunteers assisted Osmania General Hospital. They cleaned the hospital's premises to create a more hygienic environment for the patients. Additionally, they helped the patients navigate the hospital wards for their check-ups. All of this has helped improve the overall experience of care.



Jaipur

In August, Wiproites volunteered at a health camp. This was organized by our partner Gram Chetna. It was held to support underserved communities.

The volunteers assisted with registering the attendees. They measured children's height and weight and also raised awareness about good nutrition and overall well-being.

This initiative helped assess the children's growth and development. It also facilitated the early identification of underlying medical issues.

Kolkata

Wipro volunteers, in partnership with Child in Need Institute (CINI), assisted in assessing the Body Mass Index (BMI) of adolescents. The goal was to detect potential health risks.

The volunteers also helped raise awareness about nutrition, menstrual health and hygiene. This has contributed to better health practices in the community.

Mumbai

In the month of August, volunteering events were organized in collaboration with our Mumbai-based healthcare partners. This saw the participation of 87 volunteers from Wipro.

In one event, volunteers trained staff members of our partner NGO, SNEHA. This

process focused on the basics of the MS Office Suite and Google Forms. It has helped enhance the organization's data management capabilities.

Additionally, at Doctors for You, a healthcare centre serving underserved communities, volunteers painted a wall. This has ended up creating a more welcoming and vibrant environment for the patients.

Our volunteers, along with Foundation for Mother and Child Health, celebrated Breastfeeding Week near a train station. They helped raise awareness and promoted support for breastfeeding within the community.





Wipro Cares (India) is a not-for-profit trust, which functions as the employee engagement arm of Wipro Foundation. Going back over two decades, it focuses on social initiatives in the domains of Education, Primary Healthcare, Ecology, and Disaster Response.

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For more information, visit: www.wiprofoundation.org