wipro cares

Arogya Darpan

Empowering India's healthcare journey

Highlights of

Healthcare Partners' Forum

January 2025 | Hyderabad

Bi-annual newsletter

October 2024 - March 2025

Table of contents

Wipro Healthcare Partners' Forum

January 23-25, 2025 | Kanha Shanti Vanam, Hyderabad

Introduction

At Wipro Cares, we are inspired by the transformative power of collaboration. As the employee engagement arm of Wipro Foundation, healthcare is a key focus area through which we engage with communities in our proximity.

Wipro Cares is dedicated to enhancing access to quality healthcare services for marginalized communities across India. Through 33 projects in partnership with 28 non-profit organizations, we address diverse primary healthcare needs in both urban and rural areas. Our mission is to drive sustainable, long-term changes by complementing public health systems and help disadvantaged communities help disadvantaged communities with access to quality healthcare.

The Healthcare Partners' Forum is an annual event organized by Wipro Cares, providing a collaborative platform for innovation and collective action in primary healthcare. This forum fosters knowledge-sharing, addresses emerging challenges, and explores innovative solutions to improve health outcomes in underserved communities. Over the years, it has evolved into a dynamic space where non-profit organizations, healthcare professionals, and public health experts come together to exchange ideas, share best practices, and inspire collective action.

Healthcare Partners' Forum 2025

The three-day Healthcare Partners' Forum 2025 event held in January 2025 at Hyderabad featured a range of sessions. These addressed critical public health issues through panel discussions, expert-led presentations, and interactive breakout groups.

This year's forum focused on reimagining primary healthcare for an inclusive future. It emphasized systematic investment in primary healthcare (PHC) to ensure the continuity of care.

Discussions highlighted the need to address current gaps in the healthcare system, while fostering collaborative, community-driven, and integrated health systems to achieve universal health coverage (UHC) and equitable healthcare for all.
One of the key themes was the transformative potential of inclusive programming through an equity lens, especially in the digital health technology era.

Current healthcare challenges sometimes overshadow equity considerations. However, the forum reaffirmed the lasting importance of prioritizing equitable healthcare access, and of strengthening this commitment moving forward.

Rising temperatures, increasing air pollution, and the emergence of new diseases call for urgent and sustainable solutions.

At the Forum, we delved into the profound intersection of climate change and public health, emphasizing that environmental crises directly impact healthcare outcomes. Discussions underscored the importance of integrating health and environmental strategies through collective action, technological innovation, and policy advocacy to build resilient health systems.

The "Mind matters" session spotlighted community-based mental healthcare models. It stressed the necessity for accessible, equitable and preventive approaches. It emphasized task-sharing with community health workers.

In the discussions, integrating psychosocial methods, and addressing socioeconomic determinants also emerged as key strategies. The session also covered the role of technology in expanding mental health access and the need for sustained policy advocacy to bridge care gaps.
Another significant focus was on grassroots engagement and sustainable interventions.

Catch a glimpse of the forum here.

Day 1

Reimagining primary healthcare for a resilient and inclusive future in India

Dr Prashanth N S
Director, Institute of Public Health, Bengaluru

Reframing Primary Healthcare

Dr Prashanth began by emphasizing the need to challenge the current imagination of Primary Health Care (PHC) and toreimagine it through consistent and strategic investment, with a particular focus on inclusiveness.

He cautioned against allowing the pursuit of Universal Health Coverage (UHC) to overshadow the foundational importance of PHC. While PHC is often viewed as routine and basic—making it less appealing—UHC is seen as a space for innovation and expansive possibilities.

Dr Prashanth posed a critical question: 'How can we harmonize these two frameworks?'

The emergence of telemedicine, the expansion of private hospital networks, persistent underperformance of primary health facilities, and the challenge of reaching remote areas raise an essential question: "Does strategic investment in primary healthcare still hold relevance??"

He further questioned whether the health system should be driven by the opportunities presented by digital technology and AI, or whether these innovations should be leveraged to achieve broader health system goals. This inquiry set the tone for a thought-provoking discussion on balancing technological advancements with community needs.

Dr Prashanth underscored that while digital tools can transform healthcare delivery, their implementation must be grounded in a vision-driven, people-centered approach. Technology alone cannot address systemic gaps—it must be anchored in robust ground-level frameworks and governance to ensure sustainable impact. Published evidence highlights that people-centered frameworks should drive technological advancements, rather than allowing technology to dictate care delivery.

Identifying challenges and gaps

A recurring theme of the discussion was the fragmentation of PHC services. Dr Prashanth highlighted the increasing disconnect between curative and preventive care, where multiple players operate independently, leading to operational inefficiencies. For example, the introduction of Community Health Officers (CHOs) intended to bridge care gaps has instead created new coordination challenges with Auxiliary Nurse Midwives (ANMs) and Accredited Social Health Activists (ASHAs).

He also noted a historical shift from grassroots, community-based organizations of the 1970s to today's innovation-driven, technocratic NGOs. Earlier organizations prioritized local engagement and community participation. In comparison, contemporary entities often focus on thought leadership and technological innovation. This often contributes to a a siloed approach to healthcare delivery.

Another significant challenge lies in the increasing segmentation of care. Specialized programs—whether by disease, age group, or medical discipline—have led to fragmented service delivery. This disjointed approach is also reflected in the digital health stack. This often compromises continuity of care. It also forces patients to navigate multiple providers and systems without cohesive support.

Dr Prashanth further critiqued the phenomenon of "schematization," where policymakers often emphasize launching new schemes over strengthening existing programs. While the WHO UHC cube outlines who is covered, which services are provided, and the associated costs, it does not address the accessibility and usability of these services. This oversight perpetuates health inequities across different regions.

A vision for reimagining PHC

To reimagine PHC effectively, Dr Prashanth outlined three foundational pillars. The first involves integration of services. This would entail adopting a unified approach to service delivery to address fragmentation.

The second pillar rests on community engagement. It would entail creating participatory learning environments to empower individuals and foster community ownership of health initiatives. The third pillar is about multisectoral action. To be able to build this, we need to promote collaboration across sectors to address social determinants of health and deliver holistic care.

He emphasized that achieving UHC requires centering PHC within health system planning. Integrated care models are essential to ensure the delivery of comprehensive services to all communities while minimizing out-of-pocket expenditures (OOPE).

Insights from the audience Q&A

During the interactive Q&A session, several critical concerns emerged. We share these below.

Community-rooted research: One attendee questioned the lack of community-based research in medical institutions. In response, Dr Prashanth highlighted the participatory research approach of Institute of Public Health. This prioritizes community accountability. It also ensures that research agendas address real-world challenges rather than purely academic goals.

Mental health program gaps: Addressing concerns about the absence of clear directives for mental health programs, Dr Prashanth acknowledged the need for better alignment between national policies and state-level implementation. In the absence of clear guidelines and integrated frameworks, mental health initiatives often lack strategic direction. This often leaves health workers without adequate support.

Accountability is being moved upward, with greater accountability to digital dashboards than to the community itself.

The discussions also revolved around family health, where he suggested that we should move to a General Physician structure, where we get all the services at one place. Like how a PHC is designed to provide all the services. However, the real measure of service availability is actual community utilization, not just the data of services being available.

The measurement of the programs for which the public health folks work gives control at the top. Whereas, for primary health care, we desire the control of the programs to be at the bottom. The ASHAs, ANMs should feel empowered that they have the solutions. Frontline workers should be empowered to explore innovative solutions to the challenges they face

The way forward

To build a resilient and inclusive PHC model, Dr Prashanth advocated for the following key actions. Prioritizing systematic investment in PHC to ensure continuity of care is key. Aligning digital innovation with people-centered governance frameworks is also important.

We also need to promote community empowerment through sustained engagement and participatory learning. Bridging healthcare fragmentation by integrating curative, preventive, and health-promoting services is essential. We should also engage youth in health conversations to sustain long-term community ownership of health initiatives.

He concluded by emphasizing that sustainable, equitable healthcare requires moving beyond mission-mode approaches. By integrating services, fostering community engagement, and promoting multisectoral collaboration, we can achieve the UHC outcomes of comprehensive population coverage, a wide range of services, and reduced out-of-pocket expenditures.

The session underscored that Reimagining PHC is not merely a technological challenge—it is a societal imperative. Through collaborative, community-driven, and integrated health systems, we can move closer to achieving UHC and ensuring equitable healthcare for all.

Documented by

Gururaj Patil
Grant Manager, Health,
Azim Premji Foundation

To view the complete session on our YouTube channel, click here.

Day 1

Panel discussion

Public-Private Partnerships (PPPs) in primary healthcare: balancing equity, quality and cost effectiveness

In an evolving healthcare landscape, Public-Private Partnerships (PPPs) have emerged as a pivotal force in bridging gaps in healthcare accessibility, affordability and quality. This session brought together esteemed leaders from diverse sectors. These included corporate sustainability, health systems research, implementors, and digital health innovation.

The discussion focused on how PPPs can catalyze transformative changes in primary healthcare. By examining successful models, challenges, and the way forward, this panel aimed to provide actionable insights on delivering equitable and cost-effective healthcare to all.

The panelists included:

- **Mr P. S. Narayan** (Global Head of Sustainability and Social Initiatives, Wipro Ltd and Managing Trustee, Wipro Foundation)
- **Dr Nachiket Mor** (Visiting Scientist, The Banyan Academy of Leadership in Mental Health, and Commissioner, Lancet Commission on Reimagining India's Health System).
- **Mr Venkat Chekuri** (Hon. Secretary, Karuna Trust)
- **Dr Shifalika Goenka** (Professor, Public Health Foundation of India, and Co-chair, Research Capacity Strengthening, NIHR-Global Center on Multiple Long-Term Conditions)

The session was moderated by **Ms Mallika Bidappa** (Lead, Knowledge Management, KHPT).

Introduction to the topic

India's public health journey has evolved significantly—from serving only the elite British troops in the pre-independence era to post-independence strides such as the successful eradication of smallpox. However, substantial challenges remain.

Many communities still lack access to essential healthcare services. There is an ongoing struggle to shift the focus from curative to preventive care. The country faces a dual burden of emerging infectious diseases, pandemics, and a rising prevalence of non-communicable diseases (NCDs). This is compounded by disparities in access and quality of care.

India's mixed healthcare system, comprising both public and private players, presents unique strengths and challenges. This session aimed to explore how public-private partnerships (PPPs) can bridge gaps in equity and quality while ensuring cost-effectiveness. The discussion provided valuable insights for all stakeholders, encouraging reflections on their roles and contributions to the healthcare landscape. We share below some key remarks by the speakers.

Key Remarks by the speakers facilitated by a process of moderator-panelist dialogue:

Question to Dr Nachiket Mor

The public sector aims to serve, while the private sector operates for profit—creating an inherent paradox. He was questioned how these two forces can collaborate to address inequities, inaccessibility, and quality concerns in primary healthcare.

Dr Nachiket Mor - the public-private paradox

Dr Mor reflected on whether public and private healthcare systems should compete or complement each other. A majority of primary care consultations occur at pharmacies, and the remaining by various private providers. This raises critical questions about the vision for India's healthcare system and the roles different sectors should play.

Dr Mor highlighted various global models: the UK's primary healthcare model where primary healthcare is paid for by the government, but private sector also plays an important role as provider. Brazil, Thailand and Turkey have government-led primary care systems.

He emphasized that there is a significant opportunity of building public-private partnerships, and that governments are well-positioned to provide integrated care, which is a core component of primary healthcare.

Dr Mor also mentioned some insightful examples where pharmacies played a pivotal role, as seen in Nigeria, South Africa, and France, administering vaccines and other essential services.

He emphasized that India often fixates on the public-private divide rather than focusing on healthcare delivery itself. Internationally, healthcare financing is predominantly government-led, with models adapted to regional needs.

Question to Dr Shifalika

How Can PPP model help in the space of NCD management

To answer this question, she cited two examples from her work experience -

Dr Shifalika Goenka - digital health and NCD management

Dr Goenka, drawing from her experience as both a practitioner and an academician, highlighted successful models in NCD management.

Digital health support: The non-profit organization, Centre for Chronic Disease Control collaborated with AIIMS Delhi to develop a clinical decision support system for government primary care physicians in rural areas. This system, based on evidence from 15,000–20,000 clinical cases, simplified guidelines and made them applicable in real-world settings. This initiative became

India's first clinical decision support system for diabetes and hypertension, undergoing clinical trials and implementation research before integration into the Ayushman Bharat Digital Health Mission.

Telemedicine for primary care: During COVID-19, through the CSR grant from the Star Health Insurance Group established three telemedicine clinics in Tamil Nadu. These clinics screened patients and facilitated immediate specialist consultations via video calls. This model effectively addressed gaps in access and care quality and was later recognized by WHO and scaled nationally.

Question to Mr Venkat

Given your extensive experience with PPPs, why do you think underserved communities continue to face challenges despite these collaborations? What are some of the major obstacles that the PPP model itself encounters?

Mr Venkat Chekuri - challenges and successes in PPPs

With years of grassroots experience, Mr Venkat Chekuri highlighted challenges in the PPP model and why underserved communities still exist despite such collaborations. He stressed that primary healthcare should be centered on health rather than medical care. He noted that only 20% of health outcomes depend on medical interventions, with the remaining 80% are influenced by community health workers and frontline workers.

He emphasized that primary healthcare should prioritize promotion, prevention and rehabilitation. Intersectoral collaboration is crucial in strengthening preventive measures at the primary healthcare level.

He cited the example of Karuna Trust which has successfully managed around 56 PHCs in collaboration with state governments. Their contributions include integrating NCD management, mental health services, oral health, and eye care into primary healthcare. Recently, they are striving toward including dialysis care as well. Through policy engagement, Karuna Trust has been playing a key role in bringing these services into governmental focus.

However, he acknowledged that changing government priorities and policies often disrupt PPP models. For these partnerships to succeed, a conducive policy environment must align with nonprofit efforts.

Question to Mr P.S. Narayan

How can corporates and philanthropies fund strategically?

Mr P. S. Narayan: The role of philanthropies and CSR in primary healthcare

Mr P. S. Narayan highlighted the intrinsic asymmetry between funders and grantees. This exists not just financially, but in terms of knowledge as well. How funders position themselves—as collaborators, partners, or observers—significantly impacts project outcomes.

Mr Narayan shared that Wipro Foundation sees itself as an "interested observer on the margins," prioritizing openness to feedback and corrective actions. He also emphasized that as an organization, a high tolerance for ambiguity and uncertainty in outcomes should be maintained.

Audience Q&A: Debating the ideal healthcare model for India

A major point of discussion was which healthcare model best suits India. Dr Mor shared his belief that the government has the capacity to manage primary healthcare independently. He argued that the government should directly provide core healthcare services through its own staff, ensuring accountability and ownership of primary care.

One thought-provoking quote from Dr Mor's work was discussed upon. He said, "Not only the poor, but even the rich lack access to quality healthcare in India." Healthcare inherently involves information asymmetry, where individuals often fail to recognize the value of care due to a lack of understanding. A customer-driven healthcare system may not serve the best interests of the people. Governmental intervention is essential for equitable service delivery.

Key takeaways and way forward

- Public-private collaboration must focus on healthcare delivery rather than ownership debates.
- Digital health innovations have the potential to greatly enhance primary care accessibility.
- Primary healthcare must integrate promotional, preventive and rehabilitative services. But at the same time, it also must ensure continuity of services. Ensuring adherence and compliance to medications is as important as screening and diagnosing.
- PPP models need stable policy environments to ensure long-term impact.
- Government accountability is crucial for equitable primary healthcare for equitable and effective service delivery.

This session highlighted that strengthening primary healthcare is not just a policy challenge. It is a collective responsibility. Sustainable models need integrated services, community engagement, and strategic partnerships to build a resilient and equitable healthcare system for all.

Documented by

Sailee Kadam
Wipro Foundation

To view the complete session on our YouTube channel, click here.

Day 1

Equity in action: health disparity and equity

Dr Ankur Mutreja
Director (Strategies and Communication), PATH

Introduction to the topic

Health equity is intrinsically linked to social justice. It basically means that no one is denied the possibility to be healthy for belonging to a group that has historically been economically, socially and/or culturally disadvantaged. Equity in healthcare has seen rapid developments in recent years, bringing both practical opportunities and notable challenges, particularly in vulnerable geographies and communities.

Dr Ankur Mutreja's session on "Equity in action: health disparity and equity" explored how health disparities are the metric used to measure progress toward achieving health equity. He stressed the need to bridge the gap in healthcare access through a series of real-life examples of successful and challenging situations.

Key remarks by the speaker

Dr Ankur Mutreja initiated the session by highlighting the fact that the focus on inequities across all the countries in the world continues to be relevant even in the digital age. He began his session by focusing on the known but important aspects that contribute to disparities in health. He shared the difficulties in ensuring equitydue to existing social, cultural, biological, and geographic contexts. There is also the newly emerging digital and technology divide, which has the possibility of both creating equity and deepening disparities.

As an introduction, Dr Mutreja began with the work of his organization, PATH. It has been involved in addressing health inequities. He shared a few key examples and its global impact in different spheres of development. He mentioned about VVM (Vaccine vial Monitor) designed and scaled by PATH, about JE vaccine, and treatment centers. He elaborated on the significant challenges both public and private healthcare providers face in delivering effective care within this rapidly evolving digital ecosystem, starting with inequities in information access.

Dr Mutreja emphasized that all the innovations should aid decision making set at the primary healthcare level. He mentioned that during redesigning the organization, PATH included around 400+ people across the cadre. In the process, advancing health equity through innovations and technology partnership became the motto for PATH.

Capacity of the health system can be increased to use data for reliance and resilience. PATH helps in microsite implementation for the digitization of data under the ABDM microsite implementation. The organization is also committed to strategies that center equity and access in digitization, programming and benchmarking. A digital dashboard was also developed to track fortification from start to finishthrough a rice fortification project.

Whatever is measured is sustained. Measuring equity in health is also a very important component. When the projects are evaluated based on the equity lens while deciding on continuity of the projects, equity becomes a benchmark of success of any project or organization. While comparisons are inevitable, systems should ensure that Canada would not be compared with Ethiopia. Pandemic Accord discussions along with WHO and other stakeholders discussed on how the vaccines, equipment and consumables would be distributed based on pre-set criteria in case of another crisis like the COVID-19 pandemic to avoid the inequities that was rampant during COVID-19.

Dr Mutreja spoke about more examples to reduce the strategic health threats and the scale of inequity. He shared how self-testing COVID-19 kits, oxygen cylinders and NCD services during the COVID-19 pandemic aided decision making at the community level. Strategic placement of technology solutions will aid in reducing the inequities.

Human-centered design approach: A Global South research collaborative white paper and series aims to generate awareness on the equity lens to be maintained while designing programs and setting developmental priorities. In PATH, DEI Strategic Priorities 2025 will be delivered through an inclusive way.

One way is to measure inclusivity in terms of the increase in the number of women leaders. Simultaneously, an overall increase in the number of small suppliers

and businesses, including self-help groups and women's groups, etc., should be built into assessment criteria, keeping the equity lens in mind.

PATH believes in the rapid testing and designing of products in the field with better market understanding. This must be followed by monitoring and evaluation of the innovation, keeping the geographical and cultural context in mind. The products should also be locally adaptable for sustainability. Simultaneously, the community is also to be kept involved in the project.

Primary healthcare: Science and technology could be used to improve health in a way that the grassroots can use. A good example of this is the balloon tamponade mechanism for bleeding during delivery that helps to prevent maternal mortality. Nifty cups for neonates enable the baby born with a cleft lip to suckle up to five years. Self-injectable contraceptives shift the power to the end user and address the stigma accompanying the purchase of contraceptives.

Strengthening primary healthcare through AI: This includes AI for diagnostic solutions like screening for breast cancer, self-screening stethoscope, mental health chatbot, spirometry, Qure AI for improving screening for TB patients, cervical cancer screening using non-invasive methods, and non-invasive hemoglobinometer.

In dealing with mental health, Dr Mutreja gave the experience of working with the Rohingya population, which is a displaced community from Myanmar. The projects trained the local volunteers. This supported 23,000 people affected by cyclones in building resilience. In the process, these interventions also addressed mental health issues arising out of displacement.

While focusing on marginalized populations, ideating with the community and building the skills to achieve inclusive innovation, addressing community practices, and absorbing the practices of the community shifts the power of decision making to partners for sustainability. These measures also help prevent governments from becoming incompetent or dependent.

Information asymmetry: One of the core challenges highlighted was the asymmetry of information, wherein a marginalized community may not fully understand the severity of the issue. This is often due to a lack of access to information or healthcare services.

Dr Mutreja also discussed how bridging the gaps between public and private healthcare systems is essential to reduce the inequity in affordability and access. He emphasized that community health workers could significantly improve healthcare access by utilizing simple yet effective digital tools.

For example, mobile devices could be used to upload images for specialist consultations. Point-of-care devices like mobile ultrasounds and X-rays could be deployed in remote areas to improve healthcare delivery.

Thoughts and concerns shared by participants in the Q&A session

During the session, the participants raised several key questions that furthered the discussion. One question centered on the ethical considerations of digital health, particularly in rural areas where consent and privacy might be difficult to manage.

Dr Mutreja acknowledged this concern, and emphasized the importance of ensuring that digital healthcare tools are used with clear and informed consent. The relevant processes must also follow ethical guidelines for privacy and data protection.

Another topic discussed was the accuracy of the screening tools, especially during early stages of development or during pilot phases, and the tendency of some of the tools not expanding beyond the pilot phase.

The Q&A session revealed other concerns from the participants. These were primarily regarding the scalability and affordability of digital healthcare solutions in resource-constrained settings. Many participants expressed concerns about the high costs of technology and the challenge of training frontline workers to effectively use digital tools.

Dr Mutreja addressed these concerns by providing examples of successful low-cost solutions. These include mobile-based applications like SHWASA, Khushi Baby and others that have proven to be cost-effective while also improving healthcare delivery.

Concluding thoughts and remarks by the speaker

In his closing remarks, Dr Mutreja reiterated the transformative potential ofinclusive programming with an equity lens, especially in the digital health technology era. With the many challenges the healthcare system faces today, it was easy to miss the focus on equity. However, he cautioned that it continues to be relevant and important. He also emphasized that Digital technology provides a means to improve healthcare access and delivery, particularly in rural and underserved areas in curative and preventive healthcare.

He referenced several innovative digital health solutions, such as MIDAS, Qure.ai, Raktacure.ai, and others. These are already being used to provide accurate healthcare services in low-resource settings. These technologies, along with portable devices for diagnostics, are proving invaluable in the push for more accessible and affordable healthcare.

The session ended with a call to action for all the stakeholders to work together. Their goal must be to ensure that equity in health is not ignored or undermined in a fancy for the new solutions.

Key takeaways

- **Bridging the digital Divide:** Access to digital healthcare tools must be inclusive, ensuring that rural and underserved populations are not left behind. Technology has the potential to substantially enhance healthcare delivery. However, it must be designed to address the specific needs of these communities.
- **Role of community health workers:** Community health organizations play a pivotal role in bridging the gap between public and private healthcare systems. By equipping frontline workers with simple yet effective digital tools, healthcare access can be improved substantially in remote areas.
- **Low-cost, portable solutions:** Digital health tools, such as mobile devices for diagnostics and health monitoring apps, can be highly effective at a fraction of the cost of traditional healthcare infrastructure. These tools can fit in a community health worker's bag and be used for on-the-spot diagnosis and follow-ups.
- **Data quality and ethical use:** The importance of ensuring clean data transfer, secure ownership, and ethical use of patient data is paramount. Transparency and informed consent should be central to the deployment of digital health technologies.
- **Preventive care as a priority:** The shift toward preventive care is essential. Digital solutions can make preventive healthcare both more affordable and accessible. This will allow for early detection, ongoing monitoring, and behavioral change, to improve long-term health outcomes.
- **Scalability and affordability:** Simple, low-cost devices and solutions can make a significant impact if implemented effectively.

"Digital health is not just about technology; it's about making healthcare accessible, affordable, and sustainable for all. It's about empowering frontline workers and communities to take charge of their health, one digital step at a time."

– Dr Ankur Mutreja

Documented by

Prathana B S
Thematic Lead, MNCH, KHPT

To view the complete session on our YouTube channel, click here.

Day 2

Strengthening the foundation: enhancing public health systems at the state-level for scaling impact

Dr Nachiket Mor
Visiting Scientist - The Banyan Academy of Leadership in Mental Health; Commissioner - Lancet Commission on Reimagining India's Health System; Former India Country Director - Bill and Melinda Gates Foundation

Introduction to the Topic

The healthcare systems of many countries, including India, are facing unprecedented challenges due to their complexity, regional disparities, and the increasing demand for accessible, effective healthcare services.

Dr Nachiket Mor's session at the Wipro Healthcare Partners' Forum 2025 titled "Strengthening the foundation: enhancing the public health systems at the state-level for scaling impact" delves into the pressing need for innovative approaches to improve public health infrastructure, particularly at the state level.

Dr Nachiket Mor, a leading expert in healthcare system design, emphasizes that strengthening the foundation of India's public health system needs substantial improvements at the state level. This includes enhancing primary healthcare infrastructure, ensuring high-quality service delivery, utilizing data-driven decision-making, and efficiently allocating resources. By reinforcing these foundational aspects at the state-level, successful models can be scaled, leading to significant improvements in India's overall healthcare system.

Key remarks by the speaker

System design and healthcare planning: Dr Nachiket Mor emphasized the superiority of the Control Knobs framework over the Health Cube framework for designing effective healthcare solutions. He argued that the Control Knobs framework is more outcome-focused, allowing for prioritization of results-driven solutions. In contrast, the Health Cube framework fails to deliver tangible outcomes.

Dr Mor highlighted the unique healthcare challenges faced by India due to its geographical and demographic diversity. He stressed the limitations of traditional health system design approaches and the urgent need for innovative solutions.

He compared India's healthcare challenges with those of developed countries, emphasizing the importance of understanding the local context and adapting global best practices to address India's specific needs. He presented data on healthcare expenditure per capita in India, noting significant disparities between states, and discussed the limitations of using life expectancy as a measure of health outcomes, stressing the need to also consider factors like disability.

Global learning and health expenditure analysis: Dr Mor underscored the universal nature of healthcare needs and the potential for India to adopt lessons from international best practices. Using the Preston Curve, which links total health expenditure (THE) to health outcomes (represented by Disability-Adjusted Life Years, DALYs), he demonstrated how healthcare investments impact overall health performance.

He made some insightful observations. Countries like Bangladesh and Ethiopia perform better than expected despite limited resources. Wealthier nations such as France and Israel achieve positive outcomes, while the US and Germany underperform relative to their expenditure levels. Increased healthcare spending does not always yield better outcomes. Beyond a certain threshold, additional funds may lead to diminishing returns.

Cost and accessibility challenges in Indian healthcare: Dr Mor provided an in-depth analysis of India's healthcare cost dynamics. He emphasized that an average per capita expenditure of Rs. 2000 is sufficient to ensure Effective Universal Health Coverage (UHC) in India.

He also raised concerns over rising healthcare costs. This hinders access to essential medical services, particularly for low-income populations.

Inter-sectoral collaboration and the "One Health" approach: Dr Mor stressed the importance of interdisciplinary cooperation in public health. At the same time, he also cautioned against underestimating the cost of coordination in inter-sectoral partnerships.

According to him, "People overestimate intersectoral partnerships. But they underestimate the cost of coordination. The cost of coordination should not be underestimated."

To illustrate this, he provided two case studies from Mumbai. BDD Chawls were built using the 63.5-degree light rule after the plague outbreak to prevent disease transmission. In the Lallubhai Compound in Mankhurd, poor ventilation has led to a high incidence of tuberculosis. This demonstrates the health consequences of inadequate infrastructure planning.

State-level healthcare expenditure and outcomes: Dr Mor shared state-specific healthcare expenditure data, highlighting disparities in healthcare system performance.
In Kerala, the State government spends approximately Rs. 2,272 per capita on health, among the highest in India.

However, concerns remain regarding underutilization of government health services, the high incidence of unnecessary C-sections in public hospitals, and the rising burden of non-communicable diseases (NCDs).

Health and C-sections in India: Dr Mor highlighted the concern regarding C-section rates in India. According to the National Family Health Survey-5, the national C-section rate stands at 21.5%, which exceeds the World Health Organization's recommended optimal range of 10-15%. States like Telangana and Andhra Pradesh have alarmingly high rates, while northeastern states have relatively low rates. He noted that excessive C-sections can lead to unnecessary health risks, and rates above 10-15% no longer correlate with decreased maternal mortality rates.

Dr Mor also pointed out that only 3.3% of women received full Maternal, Newborn, and Child Health (MNCH) services in 2018, with significant shortages of doctors in states like Bihar.

Primary care challenges in Kerala and other states: Dr Mor discussed Kerala's declining public sector healthcare, with a notable decrease in post-operative success rates. While Kerala excels in other areas like life expectancy and infant mortality rates, its public healthcare system needs urgent reforms. He contrasted Kerala's challenges with those in Chhattisgarh, where emergency care services are inadequate, and Odisha,

which has a diverse healthcare system serving different regional needs. Dr. Mor emphasized that building more hospitals is not enough—holistic and community-driven solutions are required to address healthcare disparities.

Dr Mor discussed Telangana's healthcare system, noting the disparities between urban and rural healthcare. While cities like Hyderabad boast advanced facilities, rural areas still lack basic infrastructure. He also highlighted the issues with health insurance schemes, where more people opt for hospital care when it may not be necessary, further straining the healthcare system.

Dr Mor concluded by emphasizing the need for a One Health approach, considering the interconnectedness of human, animal, and environmental health, with a strong primary care foundation.

Questions raised

1. "Kerala has a robust health system with accredited hospitals, yet its public health system is failing. What's the reason behind this?"

Mr Mor responded by emphasizing the lack of design thinking in Kerala's healthcare system. He explained that having individual components or "pieces" in place, such as accredited hospitals, is not enough to create a functional system. The various components need to be integrated and designed to work together seamlessly.In other words, Kerala's healthcare system is lacking a holistic, systems-thinking approach that considers the interconnections and interdependencies between different components. This absence of design thinking is, in his view, a key reason behind the failure of Kerala's public health system.

2. "Are there any country models, who have adopted strategies to ensure low c-section rates to ensure safe and appropriate use of C-Section deliveries?"

Japan's low C-section rate, specifically highlighting the distinction between emergency C-sections, selective C-sections, and overall C-section rates. He responded by sharing an example of how the SNCU effectively manages sick and high-risk newborn cases.

He highlighted the importance of having a robust system in place for managing high-risk pregnancies and newborns, which can help reduce the needfor unnecessary C-sections.

In essence, Mr Mor emphasized that Japan's low C-section rate can be attributed to its well-organized healthcare system, which prioritizes preventive care, proper risk assessment, and evidence-based decision-making.

3. "What are his insights on the pressing issue of shortage of doctors and faculties in medical institute?"

Mr Mor shared examples of Thailand and Alaska, which have successfully addressed similar shortages by creating a cadre of Community Health Workers (CHWs). These CHWs have taken on significant responsibilities, alleviating the workload of medical professionals.

He contrasted this with India's Accredited Social Health Activist (ASHA) program, highlighting the differences in capacity building and skill development. While ASHAs in India face capacity constraints, their counterparts in Thailand have advanced to become oncology nurses, demonstrating the potential for CHWs to grow and take on more complex roles.

He the need for standardized protocols to address India's healthcare needs, suggesting that a lack of clear guidelines and protocols exacerbates the challenges posed by faculty and doctor shortages.

Conclusion

Dr Mor's session underscored the necessity of reinforcing state-level public health infrastructure to drive nationwide healthcare improvements.

He emphasized the critical role of strategic resource allocation in achieving UHC. He also highlighted the importance of cross-sectoral collaboration in addressing public health challenges.

The talk also foregrounded the need for evidence-based policies that optimize healthcare spending to ensure effective service delivery.

By implementing these principles, India can establish a strong and scalable public health system capable of delivering equitable healthcare to all its citizens.

"People overestimate intersectoral partnerships. But they underestimate the cost of coordination. The cost of coordination should not be underestimated" **- Dr Nachiket Mor**

Documented by

Dr Kshama Nikam
CEO, Niramaya Health Foundation

Pratibha Rai
Manager, Community interventions, MNCH, KHPT

To view the complete session on our YouTube channel, click here.

Day 2

Health in a changing climate, and environmental health challenges: a reminder

Mr Rajan Mehta
Founder-Climate Action Labs, Author-Backstage Climate

Introduction

Climate change is one of the most pressing challenges faced by humanity today. Its impact extends far beyond the environment, affecting public health, economies, and social structures. Mr Rajan Mehta, author of "Backstage climate – the science and politics behind climate change", delivered an insightful talk. It shed light on the complex relationship between climate change and human well-being.

Understanding greenhouse gases and their consequences

Greenhouse gases play a crucial role in maintaining the Earth's temperature by trapping heat in the atmosphere. However, the challenge we face today is the excessive accumulation of these gases. This has led to rising global temperatures. Mr Mehta explained that subatomic changes occurring within greenhouse gas molecules make them

radiate more heat rather than reflect light. This exacerbates the warming process.

He compared this phenomenon to a fever in the human body. In this case, excessive heat disrupts organ functions. Similarly, as the planet continues to warm, ecological systems begin to break down. This results in irreversible consequences.

The far-reaching effects of global warming

The repercussions of global warming are already evident. Temperature spikes, particularly in the range of 35 to 40 degrees Celsius combined with high humidity, pose severe health risks, including heat strokes.

The melting of glaciers is another alarming consequence, leading to rising sea levels. Mr Mehta highlighted that if the glaciers in Antarctica and Greenland were to melt entirely, sea levels could rise by an astonishing 250 feet, submerging coastal regions and altering global landscapes.

Furthermore, the thawing of glacier ice is exposing novel bacterial and viral pathogens. This may give rise to previously unknown diseases, which could pose a significant threat to global health.

Climate change is also influencing the burden of vector-borne diseases. This is because erratic climate conditions provide favorable breeding environments for disease-carrying insects such as mosquitoes and ticks.

Fossil fuel combustion and air pollution

A major contributor to climate change is the continued burning of fossil fuels. This releases large quantities of greenhouse gases into the atmosphere. Ground-level ozone, also known as smog, is a direct result of these emissions. It leads to severe respiratory complications.

Particulate matter from burning fossil fuels contributes not only to cardiac and respiratory ailments but also to mental health disorders. Some small island nations have already started to disappear due to rising sea levels, serving as dire warnings of the consequences of inaction.

Mr Mehta emphasized that over 60% of global emissions still come from carbon-based fuels, making the transition to clean energy sources a necessity rather than an option. However, this transition must occur on multiple fronts. We must target both vehicular emissions and power plant operations to achieve meaningful progress.

Challenges and solutions for a sustainable future

One of the major challenges in mitigating climate change is the heavy reliance on industries such as cement and steel production. These contribute over 40% of carbon emissions. There is an urgent need to decarbonize these industries and adopt greener alternatives.

Additionally, methane emissions from cattle farming remain a significant concern. Methane is 80 times more potent than carbon dioxide in trapping heat within the atmosphere.
The impact of climate change extends to food security as well. Rising temperatures and unpredictable weather patterns disrupt food production and storage systems, requiring adaptive and innovative solutions

Mr Mehta stressed the importance of remodeling food storage infrastructure to withstand extreme weather conditions. He also emphasized the need to invest in medical research to address emerging health conditions influenced by climate change.

A collective approach to reversing climate change

The best tool to combat climate change is a collective effort towards sustainable living. Mr Mehta urged individuals to take responsibility for protecting nature and reducing excessive consumption. The audience cited the example of solar dryers as an example of harnessing global warming constructively, allowing food preservation through solar energy.

Engaging discussions and thought-provoking questions

Following the talk, an engaging discussion ensued, with the audience posing insightful questions. Mr Mehta addressed several critical questions during this discussion.

One attendee remarked, “This simple talk has made me understand climate change and its effects on health for the first time.”

When asked about the role of critically endangered species, such as vultures, in mitigating climate change, Mr Mehta explained that climate change is causing shifts in species dynamics. Some species are thriving, others are perishing, and some are migrating to new territories. The loss of certain species, such as vultures, disrupts ecosystems. Vultures play a role in maintaining ecological balance by feeding on decomposing carcasses, preventing the spread of infectious diseases. Their decline may lead to an increase in disease-carrying parasites, posing significant public health threats.

In response to a question on whether global warming could have any positive

impact, such as increased agricultural yields, Mr. Mehta explained the concept of carbon fertilization. While elevated CO2 levels can boost photosynthesis and temporarily increase crop yields, this effect is short-lived. In the long term, excessive heat stress weakens plants. This ultimately reduces productivity and poses a significant threat to long-term agricultural viability.

Concerns were expressed by members of the audience regarding the environmental impact of electric vehicles, particularly about lead battery disposal and its effect on neurological health. Mr Mehta responded to these concerns by acknowledging that while many countries are transitioning to lithium-ion batteries, lithium extraction itself has a considerable carbon footprint. Extensive research is underway to develop low-carbon footprint batteries that balance environmental concerns with technological advancements.

> "Health is a victim of climate change." — **Mr. Rajan Mehta**

Conclusion

The talk by Mr Rajan Mehta provided a compelling and accessible overview of climate change and its intricate connection to health, industry, and sustainable development. His insights underscored the urgency of taking decisive action to curb emissions, develop resilient food and medical systems, and transition towards a more sustainable future.

The discussion illuminated the critical role that individuals, industries, and policymakers must play in reversing the adverse effects of climate change before these become irreversible.

Documented by

Dr Gowthami P, MD
Technical Director - Community Health Swami Vivekananda Youth Movement

To view the complete session on our YouTube channel, click here.

Day 2

Panel discussion

Mind matters: a canvas of community mental health and well-being

The panel discussion on "Mind matters: a canvas of community mental health and well-being" featured distinguished experts in public health and mental health advocacy. The panelists included:

- **Ms Jasmine Kalha**, Program Director and Senior Research Fellow at the Center for Mental Health Law and Policy, Pune.
- **Dr Manoj Kumar**, Principal Investigator at Sangath and public health expert with a focus on ethics and mental health.
- **Dr Anant Bhan**, Founder and Clinical Director of the Mental Health Action Trust (MHAT).
- **Dr Lakshmi Vijay Kumar**, Founder of the SNEHA Foundation, Chennai, and a prominent voice in suicide prevention.

The session was moderated by **Dr Mukta Gundi**, Assistant Professor Azim Prem Ji University)

Introduction to the topic

Mental health is a critical global concern, affecting one in four individuals during their lifetime. In India, approximately 10% of the population experiences mental health challenges, with suicide being a leading cause of death among youth aged 15 to 29 years. Despite the urgency, 80% of those requiring support do not receive it due to stigma, limited resources, and a curative-focused system. The COVID-19 pandemic has further underscored the need for community-based approaches to mental healthcare.

While statistics highlight the severity of the issue, they do not fully capture the lived experiences of individuals with mental health conditions. The discussion aimed to address the social determinants of mental health beyond the medical perspective, focusing on dignity, human rights, and life quality.

Community-based mental health programs focus on social support, local resources, and addressing social determinants of well-being. These models prioritize prevention, equity and resilience, connecting institutional mental health services with grassroots needs. The session explored the challenges and opportunities in advancing community-led mental health initiatives.

Moderator and panelist dialogue

Dr Anant Bhan - The concept and scope of community mental health

Dr Bhan highlighted the current paradigm of mental health services, which are often curative and specialist-driven. With psychiatrists and psychologists concentrated in urban areas and requiring regular follow-ups, many individuals lack access to essential care. He underscored the high burden of mental health conditions and the limited screening mechanisms leading to undiagnosed cases.

Government programs and innovative models, such as Zimbabwe's Friendship Bench and India's Atmiyata, have shown success in improving mental health access through peer support and task distribution among community providers.

The Friendship Bench model, for instance, trains elderly community members to provide a safe conversational space and referrals for specialized care.

Dr Bhan emphasized that only 10% of people in India have access to quality mental health services. To bridge this gap, a collective effort is needed to integrate mental healthcare within communities.

Ms Jasmine Kalha: Psychosocial approaches to mental health care

Ms Jasmine Kalha stressed the importance of community involvement over reliance on specialists, questioning the term "lay health workers", as community members bring essential social capital. She discussed the Atmiyata program, which provides low-intensity mental health support and has demonstrated significant improvements in well-being.

One such initiative spanned three districts and catered to around 3.5 million young adults experiencing mild to moderate depression and anxiety. With 2,000 volunteers, those who received counseling showed marked recovery within three to eight months, reinforcing the value of community-driven mental health support.

Dr Manoj Kumar: Addressing marginalized communities

Dr Kumar acknowledged that while community programs do not primarily target severe mental health conditions, they often begin by treating the most visible cases. As these individuals recover, others with early-stage symptoms seek help, fostering a culture of mental health care.

Effective care hinges on cultural acceptability, minimizing stigma, and providing high-quality, compassionate treatment. Overprescription must be avoided, and biomedical care should be

delivered with interest, care and respect. He highlighted the necessity of ongoing training and telemedicine models to ensure quality mental health support in underserved areas.

Dr Lakshmi Vijay Kumar: Suicide prevention in community mental health

Dr Lakshmi emphasized that suicide is influenced by medical, social and financial factors. She shared insights from post-tsunami relief work, where trust-building and family visits significantly reduced depression and suicidal behavior.

Her community-led initiatives, such as centralized pesticide storage, have effectively reduced suicide rates in vulnerable areas. Additionally, her advocacy efforts introduced supplementary exams in Tamil Nadu, preventing exam-related suicides. She underscored the need for NGOs and civil organizations to document and expand successful interventions to influence policy broadly.

Q&A session

During the interactive segment, participants raised some key questions.

Which community-based mental health models have succeeded?
Zimbabwe's Friendship Bench and India's Atmiyata have improved accessibility and reduced stigma through peer support.

How can maternal and child mental health be addressed?
Strengthening mental health components within maternal health programs and training community providers for early intervention can help in this.

How can communities address addiction, including mobile addiction?

Counseling, motivational interviewing, and community-based rehabilitation are effective, along with awareness campaigns.

How can caregivers be supported?
Establishing respite care centers and community networks help in easing caregivers' burden.

Can technology provide effective mental health support?
Digital platforms enable early detection, counseling, and follow-ups. However, equitable access and digital literacy must be ensured.

How can socioeconomic determinants be addressed?
Integrating mental healthcare within social welfare initiatives tackles underlying causes like poverty and social marginalization.

Key takeaways

- Mental healthcare is a right, not a privilege.
- Community-based models enhance accessibility and sustainability.
- Early interventions, particularly in schools, are crucial.
- Supporting caregivers and reducing stigma are essential.
- Leveraging digital solutions and collaborating with policymakers strengthens mental health systems.
- Continuous advocacy and community participation drive sustainable change

"Any community-based intervention should be based on what the people need, not what we think they need."
– **Dr Lakshmi Vijay Kumar**

Documented by

Madhuri R Gavit
SPMESM

To view the complete session on our YouTube channel, click here.

Day 2

Key learnings and insights from public health and nutrition systems

Vanessa D'Souza
Society from Nutrition, Education and Health Action (SNEHA)

Key learnings and insights from public health and nutrition systems

It is crucial to draw insights from organizations that have extensive experience collaborating with public health and nutrition systems. For the past 25 years, SNEHA has actively partnered with these systems, accumulating valuable knowledge and best practices.

Ms Vanessa D'Souza's session provided opportunities to share these learnings with fellow partners and foster cross-learning. She emphasized the importance of adopting a participatory approach when engaging with public health systems to increase stakeholder commitment and effective collaboration

Key insights by the speaker

Ms Vanessa D'Souza presented an overview of SNEHA's vision and mission. She also shared the need to interrupt the intergenerational transmission of poor health using a continuum of care approach with integrated intervention models.

SNEHA implements four large level health interventions: Maternal and Child Health and Nutrition; Adolescent health, gender and empowerment; Prevention of violence against women and children; Public system partnerships. SNEHA has adopted the following strategies to implement the integrated model with systems and communities.

SNEHA undertakes individual and family counselling. The organization also partners with public services to strengthen the outreach and services. It enhanced access to psychosocial support. It also supports access to public health, nutrition and safety services and social protection schemes. The CSO also builds knowledge, agency and accountability through community engagements

The main challenges faced while implementing an integrated model are the challenges associated with implementing an integrated intervention model. There are also the difficulties involved in replication by the government.
She touched upon key health indicators like mortality rates, malnutrition prevalence and uptake of public health (MCGM) and nutrition (ICDS) services for maternal and child health in the context of Mumbai and the need to address wasting and stunting on a mission mode.

She also shared data related to evidence from the intervention in gender-based violence and its influence on the health indicators and various tools to measure domestic violence and mental health in the informal urban health contexts.
She presented SNEHA's family health intervention model. She highlighted its core impact areas. These include reproductive, maternal, newborn, child, and adolescent health, along with nutrition and GBV interventions.

She also presented indicators selected for developing the health index based on the key and intermediate health outcomes.

She highlighted the key strategies used for working with ICDS under 'Adopt an anganwadi' in aid of the System Strengthening Partnership Project. Anganwadis will be supported through the provisioning of physical materials, learning aids, and educational materials.

There will also be technical and competency-related training, with mentoring and supportive supervision. Periodic liaising meetings with ICDS local and senior staff and collaborative activities conducted with public health systems are an integral part of this model. Anganwadi Sevikas will also be supported for community engagement.

She shared insights into SNEHA's community mobilization approach for health promotion and violence prevention. This includes awareness campaigns, capacity building, stakeholder mapping, facilitating dialogue, and forming community groups.

She discussed SNEHA's four sustainability dimensions: simplicity in intervention design; impact; partnerships and collaborations; and resource availability. She also presented nutrition indicators and health service uptake data. These illustrated how the transition from a direct intervention mode to a hybrid one, has successfully sustained positive outcomes.

Towards the end, she shared her experiences on how SNEHA employs diverse strategies to design community-based campaigns aimed at driving behavioral change. She provided examples of campaigns promoting hospital deliveries. These highlighted the increase in hospital delivery rates from 2017 to 2024, emphasizing the collective impact of these campaigns

and other related efforts. She provided another example where children acted as catalysts for promoting behavioral change, influencing improved nutrition practices within their families.

She shared her experience of how SNEHA leverages data and technology for monitoring, supervision, and decision-making. For instance, an AI-ML-enabled chatbot can be utilized to disseminate maternal and child health information within the community. CommCare and Superset, together aid frontline workers in data visualization, enhancing their informed decision-making capabilities.

Thoughts and concerns shared by the participants in the Q&A session

During the Q&A session, participants raised questions on several critical aspects of SNEHA's work. These questions addressed the approaches adopted for establishing community volunteers in urban areas, the challenges of working in communities with high infant, neonatal, and maternal mortality rates, and the mechanisms for supporting migrants who face barriers in accessing anganwadi services due to ID requirements. Additionally, participants sought insights into SNEHA's experience in identifying and supporting pregnant women under the age of 18.

Ms D'Souza explained that community volunteers working on maternal and child health issues are chosen from within the community itself. This ensures that they have firsthand knowledge of local contexts, available resources, and existing challenges. These volunteers actively collaborate with SNEHA's staff to co-design solutions and take ownership of community health, fostering long-term sustainability of the intervention.

In response to questions about the challenges of working in communities with high mortality rates, she explained that SNEHA systematically records

mortality data. The CSO also shares it with the public health system. Additionally, discussions are organized around this data. This enables a clearer understanding of the community's health status.

In response to questions about migratory populations facing ID-related challenges, the SNEHA team explained that they systematically assist with the documentation process required for accessing social protection schemes. They also supports community members in securing necessary identity documentation.

The SNEHA team highlighted that, although they may identify pregnant women under the age of 18, their medical records often list them as 18 or older, preventing formal interventions. However, efforts are made to promote awareness within the community about the importance of appropriate timing of pregnancy and optimal spacing between consecutive births for women's health.

Concluding thoughts by the speaker

Ms D'Souza reiterated that to create a supportive ecosystem for health, it is crucial to address broader social determinants. These include access to social protection schemes, preventing gender-based violence, and the promotion of mental health and well-being. An integrated health intervention approach ensures that these factors are effectively tackled to improve overall community health.

She emphasized that multisectoral collaboration and strong political commitment are essential for improving access to high-quality healthcare and nutrition services. Effective coordination among government agencies, civil society organizations, private sector stakeholders, and community groups ensures a comprehensive approach to addressing healthcare and nutrition challenges.

In her call to action, Ms D'Souza encouraged implementation practitioners to collaborate closely with public systems and communities. She emphasized the importance of understanding their contexts, needs and priorities. She stressed the need for co-creating solutions to effectively support vulnerable informal communities.

Key takeaways

- **Integrated health intervention approach:** Addressing social determinants like social protection, gender-based violence, and mental well-being is essential while maintaining a core focus on reproductive, maternal, child, and nutrition health. An integrated health intervention approach ensures holistic improvements in community health.

- **Strengthen community participation and support systems:** Enhancing community engagement and support systems is a sustainable strategy for reaching underserved populations. Actively involving communities ensures the implementation of culturally responsive and contextually relevant solutions, leading to more effective and lasting impact.

- **Establish multisectoral collaboration:** Multisectoral collaboration and strong political commitment are crucial for ensuring equitable access to quality healthcare and nutrition services through coordinated efforts across sectors.

- **Leveraging data and technology for monitoring and decision-making:** Digital tools for data collection and analysis should be user-friendly and accessible to frontline workers. Regular pilot projects, including the use of AI-ML-enabled chatbots, offer valuable insights. Ongoing capacity building is essential for maximizing impact.

- **People's power:** The basic belief behind mobilizing is people's power. It is the understanding that change can come when the whole community joins together and works towards the goal.

- **Sustain health behavior, access of services and outcomes:** Effective utilization of available community resources, building sense of ownership and responsibility, building strong collaboration between volunteers and public health system and curating culturally sensitive campaigns and sessions are important to institutionalize best practices within the community.

Closing verbatims and a call to action by the speaker

Ms D'Souza emphasized that to drive meaningful change, the community must unite and take individual responsibility to address critical issues like gender discrimination, violence, food security, and sanitation and hygiene. Through collective action, they can advocate for the services they are entitled to. Sustained engagement in group activities strengthens their collective impact.

To drive home the message, she summed up, "Change is an organic journey. It begins with awareness, followed by action, and culminates in leadership. By understanding their rights, taking meaningful steps, and leading initiatives, communities can create lasting impact."

Documented by

Sweety Pathak
Program Director, SNEHA

To view the complete session on our YouTube channel, click here.

Day 2

Cultural evening

On the evening of the second day, **Chirag Katti**, India's acclaimed Sitar virtuoso, mesmerized the audience. He is an 'A Grade' artist of All India Radio (AIR), and a proud recipient of the prestigious 'Surmani' award.

Katti performed his original, high-energy compositions, seamlessly blending traditional Indian Classical music with contemporary flair.

Day 3

Tech for good: the digital health revolution

Ms Sudha Srinivasan
Contributor - iSPIRT India Health Stack and Head - Women's Health, Collective Good Foundation)

Introduction to the Topic

The digital health revolution: bridging gaps in healthcare access

The digital transformation in healthcare has seen rapid developments in recent years, bringing both immense opportunities and significant challenges, particularly in underserved regions. Ms Sudha Srinivasan's session explored how digital tools can revolutionize healthcare delivery, especially for marginalized communities. She stressed the need to bridge the gap in digital healthcare access between urban and rural areas.

Her talk also addressed the unique challenges faced by both public and private healthcare systems in an evolving digital landscape.

Key remarks by the speaker

Ms Sudha Srinivasan began her session by focusing on the digital divide, particularly the stark contrast in access to technology between urban and rural populations. She emphasized that while technology holds immense potential for healthcare improvements, it must be designed inclusively. We must alsoensure that the rural and economically disadvantaged communities are not left behind.

She elaborated on the significant challenges both public and private healthcare providers face in delivering effective care within this rapidly evolving digital ecosystem. One of the core challenges she highlighted was the asymmetry of information. She provided an example of how a rural woman, suffering from something as seemingly trivial as white discharge, may not fully understand the severity of the issue due to a lack of access to information or healthcare services.

Ms Srinivasan also discussed the critical role of community health organizations in bridging the gap between public and private healthcare systems. She emphasized that community health workers could significantly improve healthcare access by utilizing simple yet effective digital tools.

For example, mobile devices could be used to upload images for specialist consultations. Point-of-care devices like mobile ultrasounds and X-rays could be deployed in remote areas to improve healthcare delivery.

In her call to action, Ms Srinivasan urged social programmers and tech developers to think critically about how to design technology that directly addresses the specific needs of community health workers. Simple digital tools, like apps for health monitoring or portable diagnostic devices, can be integrated into the toolkit of community health workers to vastly improve healthcare delivery in underserved areas.

Important questions raised

During the session, the participants raised several key questions that furthered the discussion. One question centered on the ethical considerations of digital health, particularly in rural areas where consent and privacy might be difficult to manage.

The speaker acknowledged this concern. She emphasized the importance of ensuring that digital healthcare tools are used with clear, informed consent. Such usage must also follow ethical guidelines for privacy and data protection.

Another significant question focused on the practical implementation of digital tools in rural areas with limited internet connectivity and infrastructure. Ms Srinivasan responded by discussing the potential of low-cost, portable devices and infrastructure that could be easily used by frontline workers. She highlighted that these devices, although simple, could provide real-time data for better monitoring and follow-up care.

Thoughts and concerns shared by participants in the Q&A session

The Q&A session revealed several concerns from the participants, primarily regarding the scalability and affordability of digital healthcare solutions in resource-constrained settings. Many participants expressed concerns about the high costs of technology and the challenge of training frontline workers to effectively use digital tools.

Ms Sudha Srinivasan addressed these concerns by providing examples of successful low-cost solutions. These include mobile-based applications like SHWASA, Khushi Baby and others that have proven to be cost-effective, while also improving healthcare delivery.

Some participants raised the issue of data quality, and in ensuring that the health data captured by digital tools is accurate and reliable. Srinivasan highlighted the importance of clean data transfer and secure ownership. These are essential for making informed decisions about patient care.

One of the participants also shared their experience of painful diagnosis of breast cancer through conventional method vis-à-vis painless diagnosis using technologically advanced diagnostic tools.

Concluding thoughts and remarks by the speaker

In her closing remarks, Ms Srinivasan reiterated the transformative potential of digital health technology. She highlighted the many challenges the healthcare system faces today. These include shortages of healthcare professionals and constrained resources.

However, she also underscored that digital technology offers a unique opportunity to bridge these gaps. It can also help us enhance healthcare delivery, particularly in rural and underserved areas.

Srinivasan emphasized that the future of healthcare lies in preventive care, which can be made both affordable and accessible using digital health tools. By enabling early detection, continuous monitoring, and promoting behavior change, digital health has the potential to ease the burden on healthcare systems, while improving the health outcomes of individuals and communities.

She also referenced several innovative digital health solutions, such as MIDAS, Qure.ai, Raktacure.ai, and others, which are already being used to provide accurate healthcare services in low-resource settings. These technologies, along with portable devices for diagnostics, are proving invaluable in the push for more accessible and affordable healthcare.

The session ended with a call to action for all stakeholders—technology developers, healthcare providers, and community organizations—to work together to ensure that digital health solutions are designed to address the specific needs of underserved populations.

In summary, Ms Sudha Srinivasan's presentation highlighted the immense potential of digital health technology to transform healthcare delivery, particularly in underserved areas. By focusing on simplicity, affordability, and ethical considerations, digital health can play a pivotal role in improving healthcare access, reducing costs, and ultimately creating a more equitable healthcare system.

Key takeaways

Bridging the digital divide: Access to digital healthcare tools must be inclusive, ensuring that rural and underserved populations are not left behind. Technology can significantly improve healthcare delivery, but it must be designed to address the specific needs of these communities.

Role of community health workers: Community health organizations play a pivotal role in bridging the gap between public and private healthcare systems. By equipping frontline workers with straightforward and effective digital tools, access to healthcare can be significantly enhanced in remote regions.

Low-cost, portable solutions: Digital health tools, such as mobile devices for diagnostics and health monitoring apps, can be highly effective at a fraction of the cost of traditional healthcare infrastructure. These tools can fit in a community health worker's bag and be used for on-the-spot diagnosis and follow-ups.

Data quality and ethical use: The importance of ensuring clean data transfer, secure ownership, and ethical use of patient data is paramount. Transparency and informed consent should be central to the deployment of digital health technologies.

Preventive care as a priority: The shift toward preventive care is essential. Digital solutions can make preventive healthcare more affordable and accessible, facilitating early diagnosis, ongoing monitoring, and encouraging behavior change to improve long-term health outcomes.

Scalability and affordability: Simple, low-cost devices and solutions can make a significant impact if implemented effectively.

"Digital health is not just about technology; it's about making healthcare accessible, affordable, and sustainable for all. It's about empowering frontline workers and communities to take charge of their health, one digital step at a time."
– Ms Sudha Srinivasan

Documented by

Poornima Bathi Siddappa
Deputy Director–Program, Comprehensive Primary Health Care, KHPT

To view the complete session on our YouTube channel, click here.

Day 3

Learnings of a non-profit in community health

Dr Prasanna Patil
Founder Member and Current Secretary: Savitribhai Phule Mahila Ekatma Samaj Mandal (SPMESM)

Introduction to the topic

Learnings of a non-profit in community health

Non-profits play a vital role in bridging healthcare gaps, raising awareness, and improving access to essential services. Their success lies in strong community engagement.

Building trust and involving local voices ensures relevance and sustainability.

Health interventions work best when integrated with the broader social determinants. These include education, nutrition, sanitation, and economic development.

To ensure long-term impact, organizations must prioritize local capacity building, training community health workers, and empowering leaders. Dependency on external funding needs to be reduced. Self-sufficiency must be fostered.

Key remarks by the speaker

Dr Prasanna Patil opened the session by sharing twenty key lessons from his journey in the development sector, particularly in community health. He emphasized that program interventions should be driven by community needs rather than organizational convenience. Reflecting on his early experiences as a medical practitioner working in slum communities, he highlighted how witnessing the realities of life firsthand reshaped his perspective on healthcare and social complexities.

He underscored the critical role of primary healthcare in reducing the financial burden on communities by minimizing out-of-pocket expenses for secondary and tertiary care. Acknowledging poverty as a harsh reality, he stressed the need for non-profits to prioritize preventive healthcare, while recognizing when to shift focus from curative approaches.

Dr Patil also introduced the concept of "blind spots" using three key perspectives. "You know that you know," "You know that you don't know," and "You don't know that you don't know." He emphasized that organizations should focus on individuals in the last category—those unaware of their own gaps in knowledge. They must help them transition into the second zone of awareness, where learning and change can begin.

Important questions raised

During the session, participants discussed managing dilemmas while collaborating with multiple NGOs in the same community. Differences in approaches, such as providing materials versus capacity-building, can create challenges. To navigate this, long-term engagement and trust-building are key.

Organizations that stay connected, understand community needs, and actively listen will naturally gain credibility. Instead of relying solely on material support, fostering relationships and aligning with community priorities ensures a sustainable impact while maintaining harmony with other NGOs. Another discussion focused on the strategy for volunteer engagement.

Effective needs a clear vision, structured approach, and a strong sense of purpose. Inspired by the Youth for Seva model, organizations should communicate their mission effectively, showing volunteers why their contribution matters. Providing well-defined roles, proper training, and continuous motivation ensures volunteers feel valued and remain committed to the cause.

Thoughts and concerns shared by participants in the Q&A session

Understanding the dire needs of a community and effectively engaging stakeholders, especially local leaders, requires persistence and continuous effort. Managing tricky situations demands a patient and adaptive approach.

One must always keep the community's well-being at the centre. These insights shape the effectiveness of non-profits in community health. These also enable them to develop sustainable, impactful, and responsive interventions that drive long-term public health improvements. Defining sustainability at the community level needs a realistic approach. We must ensure that impact is not pursued based on impractical funding expectations or demands.

Expansion and saturation of programs are only possible with external support. This makes CSR and philanthropic contributions essential for sustaining and scaling impactful community initiatives.

Concluding thoughts and remarks by the speaker

Partnerships have also proven to be a powerful strategy for non-profits in community health. Collaborating with governments, private sector organizations, and other NGOs enhances service delivery. It also improves resource mobilization and strengthens advocacy efforts.

Policy influence is another area where non-profits have learned to focus their efforts. Direct service provisioning is essential. However, addressing systemic issues through advocacy and policy reforms can drive long-term change. It can also improve healthcare systems at a broader level.

Another crucial learning is the importance of data-driven decision-making. Regular monitoring, evaluation, and research help organizations refine their strategies and implement evidence-based interventions. Understanding what works and what does not, allows non-profits to optimize resources and maximize their impact.

At the same time, adaptability is critical in community health work. The ability to respond to emerging health challenges, such as pandemics, poverty effects, and shifting community needs, is essential for maintaining effectiveness and relevance.

Key takeaways

- Health issues are merely the tip of the iceberg; underlying concerns must be thoroughly understood before implementing any program to ensure lasting impact.
- Behaviour changes and health-seeking behaviours are critical aspects of community health. Simply creating awareness is not enough. Consistent handholding, on-the-spot support, and long-term engagement are essential for fostering real behavioural change.
- True impact comes from community ownership. Organizations should not work for the community but with them, ensuring that people take responsibility for their own development. When communities take ownership, the impact becomes deeper. Then the work is also more sustainable and transformative.
- Well-trained, motivated, and skilled volunteers can serve as role models. They can inspire communities and drive meaningful change. Their effectiveness lies not just in their skills but in their ability to connect, support and guide people through challenges.

"Working with the communities for their health is a huge responsibility. We are surrounded by many health professionals today. However, very few get this opportunity to work for the community."
– Dr Prasanna Patil

- Working with communities needs patience and persistence. Change does not happen overnight. A committed and long-term approach is essential for meaningful progress.
- NGOs are not a parallel system to the government. They must play a complementary role in strengthening public services. They act as catalysts. However, real change comes from within the community itself. Solutions emerge from where the problems exist.
- Beliefs and customs can be deeply ingrained and are often sensitive. Addressing them needs a thoughtful, respectful, and culturally sensitive approach. This helps in driving meaningful transformation.
- Instead of simply adopting a village or slum, organizations should strive to get adopted by the community. True integration and acceptance foster deeper relationships and more impactful interventions.
- Collaboration is key. Organizations should embrace openness, engage with partners, and share knowledge. An open and cooperative approach leads to stronger, more effective solutions for community development.

Documented by

Dr Mithun Mondal, PhD
Program Manager (Health & Nutrition), CINI

To view the complete session on our YouTube channel, click here.

Breakout sessions and exhibition

The breakout sessions during the Partners Forum were convened in the afternoons across Day 1 and Day 2. These provided a structured platform for in-depth dialogue on two main themes, with each encompassing a range of critical subtopics.

The discussions addressed pressing areas including the management of communicable and non-communicable diseases among the vulnerable communities, the interplay between nutrition and comorbidities, social and structural determinants of mental health, comprehensive primary healthcare approaches for children with disabilities, strategies for community engagement in maternal and child health (MCH) and innovative practices in MCH.

Participants were organized into three subgroups each day. The sessions were moderated by selected representatives among the participants. The sessions resulted in rich, substantive discussions. These culminated in well-structured presentations, offering actionable insights and collaborative pathways to strengthen healthcare outcomes for marginalized communities.

In addition, an exhibition space was curated on Day 3, providing the participants an opportunity to showcase their program materials, unique approaches, innovative tools, and community engagement models. This fostered cross-learning across the Forum's participants.

Healthcare updates

October 2024-March 2025

Outreach highlights

Wipro Cares is committed toward improving access to quality healthcare services for marginalized communities in 13 states in India. It addresses 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

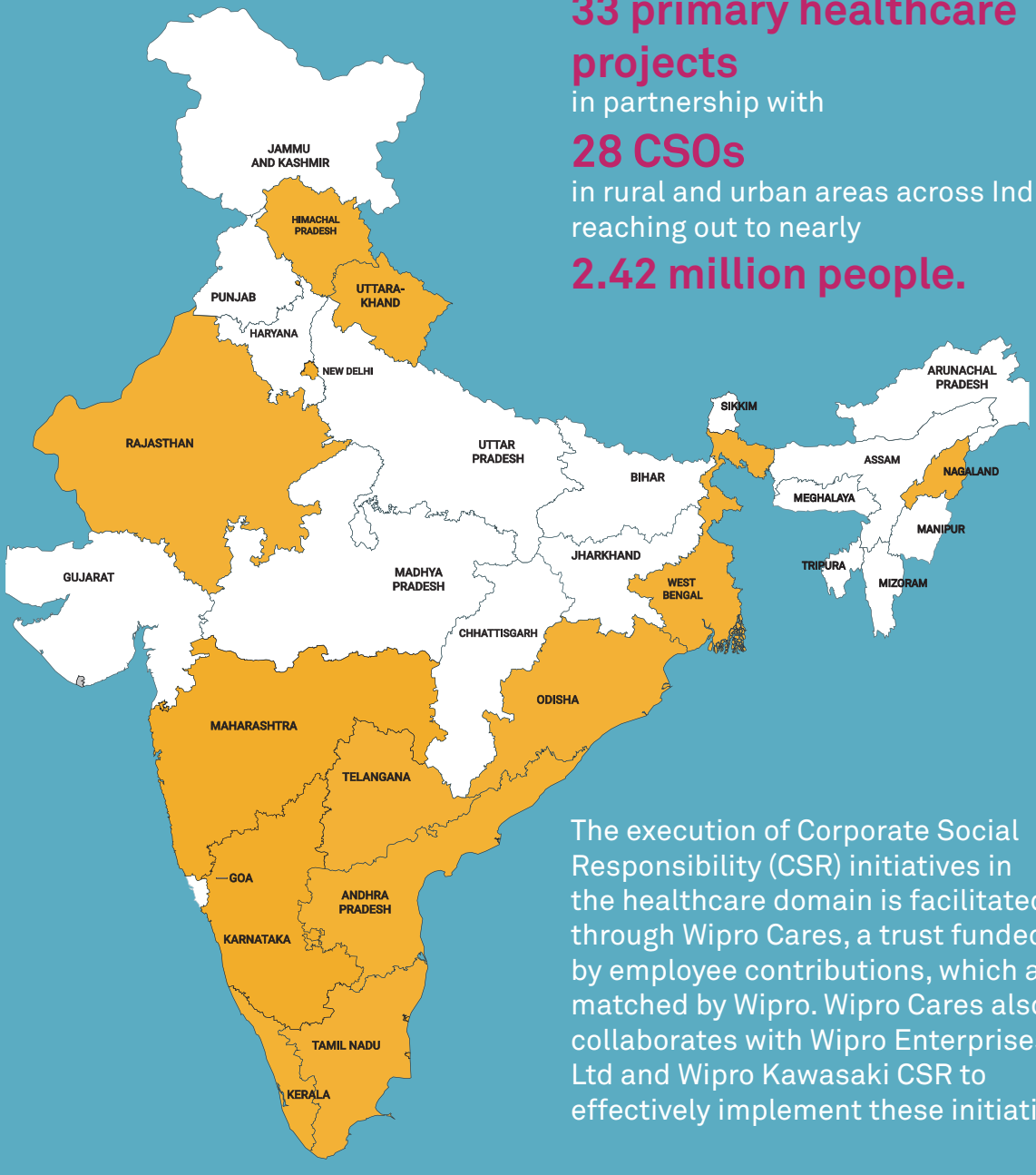
33 primary healthcare projects

in partnership with

28 CSOs

in rural and urban areas across India, reaching out to nearly

2.42 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.

Partner impact

Transforming maternal and child health across communities

The reporting period from October 2024 to March 2025 has seen significant strides in improving maternal and child health outcomes through innovative, community-driven, and contextually responsive interventions across partner geographies.

Programs have gone beyond service delivery. These have tried integrating cultural sensitivity, behavioral change, and inclusive communication. In the process, deep-rooted challenges in reproductive, maternal, neonatal, child, and adolescent health (RMNCH+A) are being addressed.

Lactation management centre

In May 2024, a Lactation Management Centre (LMC) was established at Pahadi Shareef in Hyderabad under a Wipro-supported project by the **Helping Hand Foundation**. This facility has become a critical support structure for new mothers. It offers targeted counselling on breastfeeding practices, dietary guidance, and medical support. The continued impact of LMC's holistic approach has contributed to better infant health indicators, particularly weight gain and exclusive breastfeeding adherence during the reporting period as we

In Vizag, **Vasavya Mahila Mandali**'s work has resulted in improved antenatal coverage. A noteworthy approach has been the use of storytelling workshops as a form of therapy for pregnant women. This intervention has been encouraging emotional expression and peer support while enhancing maternal well-being.

Motherhood moments - pregnancy and lactation clubs

In Mumbai, **Foundation for Mother and Child Health (FMCH)** has been running structured Pregnancy Club sessions. These have been offering peer-led learning opportunities on nutrition, early childcare, and pregnancy well-being. What has set this apart is the inclusion of hands-on learning, such as creating a food chart and practicing pregnancy-safe physical exercises. These have enhanced retention and encouraged healthy practices.

In Pune, our partner **SNEH Foundation** also implemented pregnancy Clubs but with a unique focus on emotional health and mindfulness. This has been playing a critical role in enhancing mental health and well-being among expectant mothers. Sessions introduced breathing techniques, music therapy, and guided reflection. Their goal is to support maternal mental well-being.

Complementing this, Lactation Clubs provided early stimulation techniques for infants. These include responsive parenting activities and play-based learning to support development.

Blissful beginnings and healthy start - *God bharai* and *Annaprashana* at the community level

The Prerepana Urban Health Project by **Swami Vivekananda Youth Movement** in Bengaluru conducted structured surveys across slum settlements to identify Antenatal and Postnatal beneficiaries. Beyond the data collection, the initiative distinguished itself by holding baby shower ceremonies (*god bharai*) with community involvement. The goal of this intervention is to strengthen emotional and social support for mothers during the perinatal period.

In Jaipur, **Gram Chetna Kendra** maintained its focus on maternal health while introducing a culturally rooted *god bharai* (baby shower) celebration. These were conducted with active community participation. This event blended traditional rituals with contemporary maternal health messages. In the process, it encouraged service uptake in a socially acceptable format.

Our partners in Hyderabad and Mumbai - **Niramaya Health Foundation**, **Mahila Abhivruddhi Society (APMAS)** delivered social and behavior change communication through intimate group sessions with women. They also targeted engagements with men to encourage shared responsibility in family health. Events like *Samuhika Annaprashana* and community food melas further reinforced age-appropriate complementary feeding practices and community-based nutrition awareness.

Kangaroo mother care kits distribution

In Haridwar, our partner, the Rural Development Institute - Himalayan Institute Hospital Trust (RDI-HIHT), introduced the concept of Kangaroo Mother Care (KMC) Kits. These aim to support preterm and low-birth-weight infants with tools to promote skin-to-skin care, maternal bonding, and thermal regulation.

This initiative aligned with national neonatal care goals. It demonstrated early success in reducing neonatal complications.

Doctors for You (DFY) in Mumbai strengthened its reach through their awareness sessions on Kangaroo Mother Care (KMC) and WASH (Water, Sanitation, and Hygiene). Their goal was to promote both neonatal and community hygiene practices. In the process, the CSO addressed critical health behavior, which often gets overlooked in urban settlements.

Theatre of transformation - interactive intimate theatre model workshop for child health ambassadors

In Bengaluru, **Karnataka Health Promotion Trust's (KHPT)** Interactive Intimate Theatre (IIT) model continued to evolve in the last quarter. A two-day workshop was organized. This trained Child Health Ambassadors (CHAs) to create and perform issue-based street plays.

This initiative enabled youth groups to address sensitive issues. These include substance abuse, environmental hygiene, and mobile phone addiction among children through participatory theatre. The initiative reached over 200 households. The workshop bridged awareness and behavior change using an art-based pedagogy. This approach is increasingly being recognized for its community engagement value.

Additionally, KHPT organized an Eligible Couples Day event at the Singasandra Urban Primary Health Center. It focused on preconception care. The event integrated health screenings, and personalized counselling. It also used creative group activities such as the "Togetherness Game". The event helped to encourage couples to make informed reproductive health decisions in a supportive setting.

Nutrition

Over the six-month period from October 2024 to March 2025, our healthcare NGOs worked tirelessly to promote healthier eating habits. They supported families with practical demonstrations. In the process, their goal was also to build community ownership around nutrition and well-being.

Healthy living: Community nutrition and wellness

In Vizag and Hindupur, **Vasavya Mahila Mandali** brought communities together through nutrition demonstrations across 30 villages, reaching 900+ individuals. The sessions focused on the importance of a quality diet, highlighting local, easily prepared recipes. Community coordinators were trained to lead these sessions, where ingredients were sourced locally. Demonstrations were made possible with the contribution of cooking gas, vessels, and space from local households.

In Vizag, a similar effort promoted healthy eating among pregnant and lactating women, adolescents, and menopausal women. This was done through engaging recipe demonstrations.

In Virar, **Niramaya Health Foundation** held its first Healthy Recipe Competition. It engaged participants in showcasing nutritious, affordable meals. One-on-one sessions offered personalized guidance. Twelve (12) hands-on cooking demonstrations helped participants translate knowledge into practice.

In Mumbai, **SNEHA**'s Aahar Program organized a Vision Building Workshop with 41 volunteers. They reflected on their journeys, dreams, and collective aspirations for community development. Students from TISS and the Wadala team took to the streets with a street play on "Junk Food vs. Healthy Food", using humor and storytelling. This sparked conversations around balanced eating. Pamphlets distributed during the performance encouraged residents to make healthier food choices.

Around Makar Sankranti and Pongal, the SNEHA team wove nutrition awareness into cultural celebrations. Children received kites on which they wrote messages. These promote healthy diets. Group discussions during the event explored the significance of seasonal dishes like Pongal, Til ladoos, and mixed vegetable sabjis, linking tradition to dietary diversity.

Healthy beginnings: Addressing malnutrition in Women and Children

In Jaipur, **Gram Chetna Kendra** achieved a significant milestone by facilitating the opening of a new Anganwadi center in Baksawala. This initiative was born out of sustained community mobilization and advocacy with the ICDS department. It has already enrolled 22 children, marking a new chapter in early childhood care in the area.

In the slums of Bengaluru, **Swami Vivekananda Youth Movement**'s Prerepana team responded to alarming levels of child malnutrition. Eighteen percent (18%) of children under five were identified with Severe Acute Malnutrition (SAM) or Moderate Acute Malnutrition (MAM). Through door-to-door assessments, nutrition counseling, and Anganwadi engagement, the team began reversing this trend. Out of 51 children suffering from severe malnutrition, 11 have shown remarkable improvement in growth and overall well-being.

Aaina conducted a dedicated health and nutrition camp for adolescents, pregnant women, and lactating mothers in Bhubaneswar's slums. The sessions included medical consultations, counseling on balanced diets and supplementation, and the distribution of iron-folic acid tablets.

Foundation for Mother and Child Health (FMCH) in Mumbai organized an interactive five-session nutrition course for mothers and secondary caregivers of children aged 7 to 24 months. The program addressed complementary feeding, balanced diets, and home-based nutrition solutions. In the process, it provided families with practical tools to ensure child nutrition.

In Andhra Pradesh, **Mahila Abhivruddhi Society, Andhra Pradesh (APMAS)** introduced women's self-help groups (SHGs) in Jiaguda to increase the nutritional value of millets. Over a three-day workshop, 25 SHG women learned to prepare Ragi Laddu, Foxtail Upma, and Jowar Cake. This highlighted the role of millets in promoting a healthy lifestyle.

Hand in Hand India's Nutrition and Anemia Control Program in Sriperumbudur reached 1,200+ beneficiaries through individual and group counseling. Growth monitoring was conducted for 350+ children.

More than 400 women underwent diagnostic screening. Iron-rich supplementation was provided to identified individuals. Targeted anemia awareness sessions were also conducted.

Rural Literacy Health Programme (RLHP), our partner in Mysore, made progress in their kitchen garden initiative in schools.

These gardens have been yielding tomatoes, brinjal, leafy greens, and more. These were used in the midday meal system and inspired efforts to promote sustainability.

School children initiated their own gardens. Solid waste segregation and sanitation drives also improved health environments in nine villages.

Together, these nutrition-focused efforts supported by Wipro Cares demonstrate what is possible when grassroots energy meets sustained support.

With a blend of traditional wisdom, modern knowledge, and deep community engagement, these initiatives are not only feeding families but also nourishing futures—one meal, one lesson, one village at a time.

Adolescent health

Our healthcare partners have consistently integrated adolescent health into their broader maternal and community health initiatives. Through school-based programs, community outreach, and targeted interventions, we have addressed the unique physical, emotional, and social needs of adolescents. The following highlights showcase some of these impactful efforts aimed at empowering young people.

At **Gram Chetna Kendra** in Jaipur, the program support area, adolescent girls' groups held their monthly awareness meetings. Each month, around 400 girls received sanitary pads. They also participated in health education sessions. This has resulted in improved Menstrual Hygiene Management (MHM) practices. Hemoglobin (Hb) screening was conducted for adolescents, followed by nutrition interventions and counseling support.

A soft skills session on "How to say no" was conducted for 11th-grade students, aimed at strengthening their decision-making abilities The session covered topics such as the importance of setting boundaries, resisting peer pressure, maintaining self-respect, and navigating online and offline situations. Students were also taught verbal and non-verbal strategies to say no and how to manage peer reactions, thereby building confidence and emotional resilience.

School-based awareness sessions were organized by **Mahila Abhivruddhi Society (APMAS)** under the Urban Nutrition Project in Hyderabad. In these sessions, around 600 students from grades 7–9 participated. They learned about balanced diets, anemia prevention, and the importance of nutrition for physical and mental well-being. Special sessions were conducted at the community level for teenage mothers and adolescent girls. These addressed anemia, nutritional deficiencies, and menstrual hygiene.

Centre for Youth and Social Development (CYSD), in Bhubaneswar conducted life skills training sessions. These benefited 360 adolescent girls.

Additionally, 440 girls actively participated in Kishori Balika meetings. These offered ongoing peer learning and psychosocial support. The sessions focused on self-awareness, communication, decision-making, and emotional well-being.

In Mumbai, **Niramaya Health Foundation** also organized life skills education programs. These reached out to 500+ adolescents. Around 200+ adolescent girls also received menstrual hygiene kits. These kits empowered them to manage menstruation with dignity and confidence, especially in underserved communities

Communicable and non-communicable disease interventions

In the month of January 2025, the **SNEHA** project team in Mumbai hosted a Tuberculosis (TB) awareness session. Its goal was to educate the participants, including their staff and volunteers, about TB, its symptoms, treatment and prevention. The session also dealt with the misconceptions surrounding the disease in the community.

Our partner **Helping Hand Foundation** had an innovative approach in Maheshwaram. They held a health awareness event using folk art, skits, and other interactive activities. This was organized to educate villagers in an engaging and memorable way. Interactive storytelling and real-life examples were used to convey key health messages in a culturally relatable manner.

The event also honored senior villagers who had successfully controlled their Non-Communicable Diseases (NCD), encouraging others to follow their example. These individuals shared their personal experiences and the positive impact of lifestyle changes, inspiring the audience to take proactive steps for better health.

To make the event more engaging and lively, fun recreational activities were organized. This unique initiative successfully blended health education with entertainment, ensuring that crucial messages on Non-Communicable diseases (NCD) prevention and management were well received and retained by the villagers.

By integrating folk art, personal testimonies, and engaging activities, this event raised awareness. It also empowered the rural community to take charge of their health in a fun and interactive manner.

To establish and strengthen NCD support groups, **KHPT (Karnataka Health Promotion Trust)** in Bengaluru formed five Peer Support Groups for individuals with diabetes and hypertension in Singasandra.

Monthly Peer Support Group Meetings have been organized to provide a platform for individuals with diabetes and hypertension to discuss concerns about their treatment with healthcare facility staff and to receive and offer peer support.

This group also helps them access additional care and support services such as psychosocial counselling, nutrition support, free testing, and treatment to improve treatment adherence.

In February, a cancer awareness and screening camp was conducted by KHPT in collaboration with the Indian Cancer Society and community structures at the Urban Primary Health Centre (UPHC).

The primary objective of the camp was to raise awareness about cancer and facilitate early detection through free screening services. Screenings were provided for oral, breast, and cervical cancers. Participants received health counselling, lifestyle modification guidance, and follow-up support services.

A cancer screening camp was organized by **Niramaya Health Foundation** in Mumbai, specifically to screen for oral, breast and cervical cancers. Suspected cases were referred for additional checkups and diagnostic tests based on the findings from the screening camp. These referrals are crucial for early detection and timely intervention. This measure significantly improve treatment outcomes for cancer. Around 150 beneficiaries availed the services from these camps.

Through the Holistic Yygiene Initiative Program, our partner **Swami Vivekananda Youth Movement (SVYM)** has been initiating a ripple effect of a hygiene revolution in Bengaluru's slums.

While providing mobile healthcare in slums, it was observed that the residents were struggling with painful skin infections caused by poor hygiene. Understanding the profound impact of these issues, 200 hygiene kits and 300 menstrual hygiene pads were distributed.

Families were also educated on the importance of self-care and dignity. With the support of our Mobile Health Unit, the infections were treated, and communities were empowered to embrace healthier habits.

Mental health highlights

Mental health remains one of the most overlooked aspects of public health. Recognizing the need, our healthcare partners have integrated mental health support and care into their ongoing programs. These efforts aim to create safe, informed, and compassionate environments where mental health is openly discussed and effectively addressed.

Swami Vivekananda Youth Movement (SVYM) collaborated with NIMHANS, in Bengaluru, to provide a comprehensive six-day training program for the SVYM staff. Spread across 13 modules, the sessions covered Mental Health First Aid, mental hygiene, self-care, and life skills for mental well-being. The training equipped staff with the knowledge and tools to support individuals and communities more effectively, laying the groundwork for a more mentally resilient workforce.

On World Mental Health Day (October 10th), "*Titli*", a mental health mela, was organized by our partner **SNEH Foundation.** This was undertaken in collaboration with various other organizations working in the space of mental health. With over 160 participants, the event aimed to bridge the gap between everyday challenges and access to mental health resources.

The mela highlighted themes such as, employment and skill-building, addiction recovery support, mental health helpline awareness, child abuse prevention, and healthy daily nutrition. The initiative successfully addressed key urban stressors and helped community members feel informed, supported and empowered in their mental health journeys.

Monthly support group sessions were held to promote emotional resilience and self-worth. Sessions generally focus on topics such as understanding self-identity and self-image; exploring the link between self-esteem and well-being; identifying behaviors linked to low self-esteem, and learning strategies to build confidence - a reflective "mirror card" activity, designed to boost self-esteem. The session offered practical insights and tools to help individuals strengthen their self-image and enhance their emotional well-being.

Stress Management for Frontline Healthcare Workers was conducted for the Apghat Clinic healthcare team, including ASHA and ANM workers from the communities of Anand Nagar and

Indira Nagar. The session explored themes such as the origins and effects of stress, effective coping techniques, stress management strategies, and creating supportive and empathetic environments. The session explored themes such as the origins and effects of stress, helpful coping techniques; stress management strategies; and creating supportive, empathetic environments.

The participants actively engaged in discussions and shared their experiences. The session reinforced the importance of prioritizing the mental health of healthcare providers, while enabling them to better support their communities. Muktaa Mental Health Helpline–788 788 9882– was launched to improve access to mental health support. The helpline offeres free, confidential support from Monday to Saturday, 12 PM to 8 PM. It is available in Marathi, Hindi and English. The initiative aims to ensure that individuals facing stress, anxiety, or emotional challenges know that help is just a call away. The service hopes to reduce stigma and encourage people to seek support when they needed it the most.

Helping Hand Foundation at the Wipro Pahadi Shareef Clinic, provides comprehensive care and support to patients with dementia and their caregivers through Comprehensive Assessments- medical, cognitive, and functional evaluations, Personalized Care Plans, Medication Management, Cognitive Stimulation Therapy, and Caregiver Support- Offering education, counseling, and support groups for caregivers.

Capacity Building and Community Empowerment

At Wipro Foundation, we believe that strengthening local capacities is fundamental to fostering sustainable development. Our partners have played a critical role in building capacities -enhancing knowledge, skills, and self-efficacy among individuals and communities. These efforts have improved service delivery. These have also empowered the communities to drive positive changes from within.

Vasavya Mahila Mandali trained a network of Kushal Mitras, who serve as community focal points. These volunteers conduct daily well-being meetings. These offer a safe space for women to share experiences, exchange ideas, and learn collectively. This helps to foster solidarity and empowerment at the grassroots level.

Our Partner, **SNEHA** in Mumbai, launched a Vision Building Program for 41 volunteers to reflect on their motivations and envision healthier futures for their communities. Lane-wise group meetings were also held with the support of ICDS Sevikas and community organizers. The goal was to strengthen collective action and volunteer participation.

Gram Chetna Kendra, our partner in Jaipur, conducted a four-day capacity-building program for Mahila Arogya Samiti members, including adolescent and women leaders, ASHAs, and Anganwadi workers. Its sessions focused on antenatal and postnatal care, menstrual hygiene, the prevention of sexually transmitted infections, and integrated management of neonatal and childhood Illness, enhancing health knowledge and preventive practices.

Rural Development Institute in Haridwar, HIHT, introduced a key intervention called B.A.S.A.N.T. (Building Awareness, Spirit, and Action for Nurturing Togetherness). It was piloted in Bhadrabad (Anneki and Aurangabad). This initiative engaged 250+ community members including teachers, Gram Pradhan, ASHAs, youth and elders.

The idea for BASANT originated from fieldwork, where breastfeeding is delayed till the paternal aunt arrives, owing to their cultural belief. To address this, women from all age groups and linked to various groups of the project, such as the Women's Champion Group, Adolescent Group, Dropout Girls' Group, and Old Age Group, including ASHAs and school teachers came together on a shared platform. Individuals openly expressed their thoughts, perceptions and experiences regarding different socio-cultural issues.

This approach aimed to create awareness and foster understanding across generations, promoting a more inclusive and informed community. It challenged traditional beliefs, especially around breastfeeding, through intergenerational storytelling and group-based dialogue.

Apnalaya in Mumbai trained 24 adolescent volunteers from the community, in community-based management of acute malnutrition (CMAM), equipping them with diagnostic and management skills for addressing malnutrition.

Mahila Abhivruddhi Society, Andhra Pradesh (APMAS) Hyderabad, conducted a one-day training for 380 SHG women on nutrition, cancer prevention, menstrual hygiene, maternal health, and financial literacy.

Niramaya Health Foundation in Mumbai hosted a three-day peer training program, for 23 educators on malnutrition, family planning, and ANC/PNC. Trained peers are now facilitating health education within their communities. A kitchen gardening training was also conducted, teaching sustainable farming in small spaces and providing starter kits with seeds and tools.

A facilitator module on nurturing care, psychosocial well-being, and positive parenting was developed andimplemented by **Karnataka Health Promotion Trust (KHPT)** in the Early Childhood Care and Development Project in Tumkur. Conducted in a Training of Trainers (ToT) model, 47 Block Resource Persons (BRPs) were trained, who in turn trained 600+ Front Line Health Workers, ensuring broad knowledge dissemination.

Event highlights

International Girl Child Day (October 11, 2024)

Aaina in Bhubaneswar celebrated International Girl Child Day with a program at Godibari village. Under the theme “One tree plantation for every girl child born”. Parents of newborn girls were felicitated and encouraged to plant fruit-bearing and medicinal saplings in their backyards, symbolizing growth and prosperity. Over 50 families participated in the initiative.

This was complemented by an awareness session on the importance of the girl child in society. The celebration also featured a drawing competition for schoolgirls, emphasizing the importance of girls’ education and empowerment.

Breast Cancer Day (October 18, 2024)

Breast Cancer Day (October 18, 2024) was marked by **Vasavya Mahila Mandali** (Vizag) with extensive awareness programs, which drew a total of over 500 women. These emphasized the message, “No one should face breast cancer alone”. The program highlighted the importance of early detection and the availability of effective treatments, aiming to empower women with knowledge and support in their fight against breast cancer.

On the same day, Vasavya Mahila Mandali (Vizag) also organized World Menopause Day programs, reaching 250+ women. The initiative aimed to raise awareness about the health implications of menopause. It helped women understand changes in their bodies and encouraged open discussions around this often-neglected phase of women’s health.

Volunteer Recognition Event (December 2024)

SNEHA, Mumbai, hosted an inspiring volunteer recognition event in Wadala. 290+ volunteers attended this. The event featured story sharing by volunteers, lane-wise group meetings, distribution of health information materials, engaging games, and a selfie booth. Volunteers were honored with personalized ‘I Value’ cards, celebrating their contributions and reinforcing their role as community champions.

Fixed Eligible Couple (EC) Day (December 2024 onwards)

Karnataka Health Promotion Trust (KHPT) formalized the EC Day initiative to strengthen pre-conception care under the ECCD program in Tumakuru block. Following the pilot phase, the Taluk Health Officer issued a directive to observe EC Day on the third Wednesday of every month at all Ayushman Arogya Mandirs and Sub-Health Centres. This institutionalized approach ensures sustained focus on pre-conception care within the public health system.

Cervical Cancer Awareness Month (January 2025)

Rural Development Institute (RDI-HIHT), in partnership with Wipro Care, organized impactful sessions in Aurangabad and Bhadrabad, Haridwar, gathering over 300 women and girls. The events focused on cervical cancer prevention, early detection, and building community solidarity around women's health issues.

World Tuberculosis Day (February 24, 2025)

On World Tuberculosis Day, **Doctors For You,** in collaboration with Nimoni Baug Health Post, conducted an awareness session for TB patients. Led by a medical officer, the program emphasized adherence to medication, hygiene practices, and community support. Hygiene kits were distributed to promote preventive care and reduce transmission.

International Women's Day (March 8, 2025)

Multiple organizations marked International Women's Day with inspiring celebrations.

Swami Vivekananda Youth Movement in Bengaluru brought together 60 women at Pattandur Agrahara for an evening themed "Accelerate Action". It featured empowering stories from elder women and tokens of appreciation for all participants.

In Mumbai, **Foundation for Mother and Child Health (FMCH)** India held a week-long celebration across Anganwadi centers. This involved 190 mothers and teachers in interactive activities and motivational discussions on women's empowerment.

Doctors For You conducted a special menstrual hygiene awareness session for schoolgirls as part of their WASH initiative. A gynaecologist led the session. It included the distribution of sanitary napkins to 100 girls, fostering an open and confident discussion about menstrual health.

Mahila Abhivruddhi Society (APMAS) gathered over 70 women for an event focusing on health, nutrition, mental health integration, and women's economic empowerment. Personal stories and a collective call to action added depth to the program.

Employee volunteering highlights

Anganwadi beautification through volunteerism

In November, **Karnataka Health Promotion Trust (KHPT)** conducted a vibrant employee engagement activity, with support of Wipro employees, at the Anganwadi Centre in Singsandra.

15 Wipro employees participated, enthusiastically painting and decorating the interiors of two Anganwadi centres. Their colorful and creative designs turned bare walls into an engaging learning environment for young children. Beyond beautification, this initiative offered volunteers a meaningful glimpse into KHPT's work and the critical role anganwadis play in early childhood development.

In February, nine (9) Wipro volunteers joined **SNEH Foundation** to revamp an Anganwadi in Kasarwadi in Pune. With vibrant murals and cheerful colors, they created a lively and child-friendly learning space. The event stood as a strong example of how collective effort—combining community need with corporate commitment—can create lasting changes in the environment of early childhood education.

Creative IEC development

Gram Chetna Kendra in Jaipur leveraged the technical skills of Wipro professionals to design visually engaging and informative IEC (Information, Education and Communication) materials on maternal health, child nutrition, and sanitation. Over 36 volunteers

participated in this initiative, facilitated by the GCK team.

Prior to the activity, volunteers attended orientation sessions. The goal was improve understanding of public health messaging and audience targeting. Through collaborative efforts, posters and brochures were developed. This contributed to stronger community awareness and preventive care education.

Hand in Hand: Community mobilization and health advocacy

Blood Donation Camps at Wipro's Sriperumbudur plant saw participation from 53 employees.

Industrial exposure for aspiring engineers

Continuing its career guidance efforts, **Vasavya Mahila Mandali** facilitated an industrial exposure visit for 50 girls from Santhebidnur High School to the Wipro factory in Hindupur. The visit introduced them to core engineering fields through factory tours and career talks.

The highlights included live exposure to manufacturing processes and technical operations. There were also career guidance sessions, which provided insights into diversity and scholarship programs. Discussion on career pathways in the tech and engineering sectors also took place.

Students expressed excitement and renewed motivation to pursue higher education, breaking stereotypes in male-dominated industries.

Creative virtual volunteering

In December, **Doctors For You** organized a virtual volunteering activity. This brought fresh innovative perspectives to public health.

Volunteers from diverse fields designed impactful posters that supported outreach and education on health and wellness topics, further strengthening community engagement through digital innovation.

Many of our partners participated in the Spirit of Wipro run in October 2024, showcasing engaging performances that conveyed strong social messages.

Their participation added a unique and meaningful dimension to the event, combining entertainment with a powerful message of advocacy.

wipro cares

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.

wipro foundation

For more information, visit: www.wiprofoundation.org