



आरोग्य दर्पण

Arogya Darpan

Empowering India's healthcare journey

Bi-annual newsletter

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Letter from the Trustee

Narayan P S

Global Head of Sustainability and
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Managing Trustee, Wipro Foundation

wipro::cares

Welcome to this bi-annual newsletter on Wipro Foundation's healthcare programs. Wipro started its CSR journey more than two decades back. Then, it chose to focus on school education.

It is a widely accepted belief that good education can alter the trajectory of an individual's life powerfully. It is empirically well-established that if there are two critical determinants of individual and collective well-being, these are access to good quality education and healthcare. This is especially so in one's early years.

Therefore, it was logical for us to add healthcare to our portfolio, a little more than a decade back. Our approach for both the domains is characterized by a systemic, long-term focus on some of the key challenges faced by underserved communities. Primary healthcare forms the foundation of the healthcare system. Therefore, strengthening primary healthcare is central to our approach.

Our healthcare strategy involves supporting and strengthening the public health system through a network of partners. These work on the ground with the government health system and the frontline ecosystem of healthcare workers.

Our current network comprises 29 partners and is spread across 13 states in India. Its members work in a holistic and multi-dimensional manner. The interventions start from the first 1,000 days of life and extend beyond, all the way to adolescent care.

Our focus is on women and children from disadvantaged urban communities. We do recognize that this is just one slice of the larger picture. However, evidence shows this is probably the most critical segment to focus resources and attention on.

Our employees are integral to these efforts. They actively contribute through volunteering and supporting social causes that benefit communities in distress. Their commitment and dedication amplify our ability to make meaningful contributions toward bringing healthcare for all.

We try to ensure equitable access to essential healthcare services. We also promote overall well-being. This approach supports prevention, early screening and detection of diseases.

These measures constitute a synergized set of interventions. Together, they offer a cost-effective solution to reduce the burden on secondary and tertiary healthcare services.

Our initiatives span urban and rural areas. These integrate interventions tailored to local needs. Our interventions also follow a lifecycle approach to address various health issues. These include both communicable and non-communicable diseases.

We also try and empower local communities and health workers. Through this process, we aim to build sustainable healthcare ecosystems, where community ownership and responsibility for health needs are paramount.

Central to our efforts is Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCH+A). It recognizes the interconnectedness of health across different life stages. A healthy mother leads to a healthy child and, in turn, a healthy community. When a mother receives adequate healthcare, it significantly improves the chances of her child being born healthy and thriving.

We have made significant strides in improving maternal and child health outcomes. More than 0.76 million children and 0.42 million women in the reproductive age group have been positively impacted through our initiatives.

Nutrition remains a critical focus area. This is because India carries a significant burden of undernutrition. Our country contributes a third to the global burden of undernutrition.

According to India's National Family Health Survey (NFHS-5), from 2019 to 2021, 35.5% of children under the age of five had stunting, 19.3% had wasted, and 32.1% had an underweight condition. Collaborating closely with non-profits, we integrate nutrition-specific interventions with government-led programs like Poshan Abhayan to combat childhood malnutrition.

We have recently launched our School Health Program. It aims to cultivate a healthy school environment that nurtures physical, mental and emotional well-being among students.

Mental health is a pivotal area of focus. It is estimated that approximately 5% of India's

population has a common mental disorder. A further 1.5% suffers from a severe mental disorder. Together, this translates into about 80 million persons.

This is a staggering number by any reckoning. Through our projects, we emphasize early identification. We also provide essential primary healthcare support to destigmatize mental illness and promote inclusive societal support.

Overall, with around 35 projects, we contribute toward the health and well-being of nearly 1.8 million people from marginalized communities. Through continuous innovations and adaptations, we have tried to address evolving healthcare challenges and local needs.

Through these efforts, we strive to empower individuals and communities toward sustained well-being. By bridging gaps in healthcare access and quality, we aim to create a future where every individual can lead a healthy and fulfilling life.

Aligned with our mission, this healthcare newsletter serves as a crucial communication tool. It aims to keep our valued stakeholders informed and engaged. It is designed to provide timely updates, relevant information, and insights into various aspects of healthcare. Hopefully, it would also foster a deeper understanding of our interventions.

The newsletter also highlights stories of courage and support within our healthcare community. It showcases the inspiring journeys of beneficiaries, healthcare professionals and Wipro volunteers, who have been supporting our projects.

It features opinion pieces by prominent public health experts as well. Hopefully, these would empower the readers with knowledge relevant to primary healthcare.

We encourage you to stay connected to our newsletter and actively engage with it. Thank you for your support and partnership in advancing healthcare to all.

Outreach highlights

Wipro Cares is committed toward improving access to quality healthcare services for marginalized communities in 13 states in India. It aims to address the diverse primary healthcare needs of vulnerable social groups, ensuring 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, so that they are able to address the primary healthcare needs of underserved communities better.

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

(as of FY 2023-24)



The implementation of CSR initiatives in healthcare happens through Wipro Cares. It is the employee engagement arm of Wipro Foundation. Wipro Cares is a trust run by employee contributions, which is being matched by Wipro. Additionally, Wipro Cares is also supported by Wipro Enterprises Ltd and Wipro Kawasaki CSR in implementing the healthcare initiatives.

Diagnostics in primary healthcare in India



Dr Gagandeep Kang

If you or I went to a doctor with symptoms other than a common cold, we would expect the doctor to take a history, do a physical examination, and possibly send us for various kinds of tests. In modern healthcare, it is expected to combine patient history with physical and laboratory findings. This helps us understand what is wrong with a patient and how to treat them. If a doctor were to prescribe treatment, particularly for any illness lasting longer than a week, or not monitor a pre-existing condition with appropriate testing, that would be unacceptable to most patients.

Beyond care for individual patients, for any healthcare system, it is important to have an accurate measure of the patients and diseases that are expected to be handled. It involves an understanding of what is common and what is seen in a particular area. This is essential to plan activities and direct resources.

It is equally important for the public healthcare system, where service delivery processes are less agile than those accessible to private providers. Planning for personnel, facilities, drugs and vaccines is well-recognized and acted on within the health system at all levels of healthcare. However, provision of access to diagnostics in primary healthcare is limited. When available, it is of uncertain quality.

Diagnostics are essential tools for improving health outcomes, optimizing health spending, and enhancing health security. However, diagnostics remain underutilized

and underfunded in low and middle income countries (LMICs). This is especially so in primary healthcare settings.

The Lancet Commission on Diagnostics, which published its report toward the end of 2021, reported that almost half of the global population had little or no access to diagnostics. The COVID-19 pandemic showed us that diagnostics was critical to patients and the public health system. It was essential to be able to deliver care appropriately, and monitor the disease and the emerging variants.

The 2022 revision of the Indian Public Health Standards mandates the continuum of healthcare to be provided through a referral system. This is supposed to start at the Health and Wellness Centre to the Primary Health Centre, the Community Health Centre, and the District Hospital for the twelve care packages.

This provisioning of care is planned to extend beyond the provision of maternal and child health services such as antenatal care, delivery and immunization. It includes screening for non-communicable diseases, cancer, and mental health.

The proposed comprehensive provision of health services includes early identification, basic management, counseling, ensuring treatment adherence, and follow-up care. This is envisaged to ensure continuity of care through a set of interventions. These include appropriate referrals, optimal home and community follow-ups, and the surveillance

of diseases. Thus, the Health and Wellness Centers and Primary Health Care centers are expected to be the backbone of healthcare in India. They are supposed to provide care and play an important role in undertaking public health functions.

India has a central role in the LMICs in the provision of vaccines and drugs. Therefore, it raises an obvious question. Is it possible for India to play a major role in diagnostics development and use?

The COVID-19 pandemic showed what was feasible in India. With the right resources and support from the government, we were able to drop the cost of testing to one-twentieth of where we started. We were also able to scale testing to a level unimaginable at the beginning of the pandemic.

However, drugs and vaccines are high volume markets than diagnostics, at least now. Therefore, there are doubts about whether the many diagnostics companies that sprang up during the pandemic will be able to survive.

The margins that are afforded by government tenders are slim and the market is competitive. This results in a reluctance to invest in quality systems, and in research and development. Nonetheless, if an appropriate diagnostic test allows for a disease to be identified early in the illness, the treatment becomes easier and faster.

Take what happens with tuberculosis now. A cough and fever are frequently treated with antibiotics. The diagnosis of tuberculosis is often made late. Many a times the person has already been debilitated.

At this stage, they are often unable to handle the many months of the required treatment. And that is when, it is not drug-resistant tuberculosis.

Similarly, diabetes, hypertension and anemia are all too common conditions in India. These are often not identified until the disease has progressed. With early diagnosis in primary care, we could change the trajectory of illnesses.



To deliver on the promise of diagnostics, we need multiple stakeholders to address the challenges. These include governments, manufacturers, researchers, healthcare planners, and providers. Collectively they need to make diagnostics an essential part of primary healthcare.

Thus, we need to truly unleash the potential of diagnostics. For this, we must first understand that equity in healthcare requires that diagnostics be available and used everywhere to inform both treatment and public health. India can, and must, become a pathfinder and enabler of this vision.

Dr. Gagandeep Kang is a physician-scientist who has worked on vaccines and public health. Her work particularly focuses on children and infectious enteric disease in India.

She was based at the Christian Medical College, Vellore, for three decades. There she built national-level rotavirus and typhoid surveillance networks to estimate disease burden, test vaccines and inform policy.

She is now the Director of the Global Health Team at Bill and Melinda Gates Foundation. Here she is responsible for the enterics, diagnostics, epidemiology and genomics portfolios.

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

Partner impact

Empowering maternal, child and adolescent health

Across the different geographies in which we work, our partners have been working to advance maternal and child health. Their interventions are positively impacting communities.

Our partners provide a range of essential services. These include prenatal care, skilled birth attendance, postnatal care, immunizations, nutrition support, and family planning services.

Karnataka

Karnataka Health Promotion Trust (KHPT) has established peer support groups for pregnant women and mothers in Bengaluru. Fostering a nurturing environment for women, these groups serve as a platform for women to share experiences, gain knowledge, and receive the support they need throughout their maternal journeys.

At Tumakuru, to strengthen the concept of pre-conception care, KHPT has evolved a key strategy. This involves piloting Eligible Couple (EC) Day at the Health and Wellness Centre/Sub Centres in the project areas.

As a part of our interventions for adolescents, Health Education Agriculture Development Society (HEADS) has been at the forefront of awareness campaigns on safe reproductive practices. These are equipping the younger generation with the knowledge and skills necessary to make informed decisions regarding their health and well-being.

In Mysuru, Rural Literacy and Health Program (RLHP) has been organizing sessions for adolescents on psycho-social support, life skills, sex education, menstrual hygiene, prevention of teen pregnancy, and promotion of gender equality.



Maharashtra

In Mumbai, our healthcare partners have been working on comprehensive care for maternal and child health. Their impact extends beyond physical health.

Their life-skills programs for adolescents aim to empower the next generation. It involves holistic well-being, health education, and life skills together. It is designed for impacting the wider community as well.

In Amalner, antenatal registration and meetings for expectant and lactating mothers regarding pregnancy and post-pregnancy care is facilitated by Aadhar Bahuuddeshiya Sanstha. The program connects expectant mothers with essential services.

In Pune, interventions by the SNEH Foundation include iron and folic acid (IFA) supplementation, hemoglobin (HB) testing, and counseling on iron-rich diets. These have resulted in improvements in maternal anemia status across different severity levels.

Himachal Pradesh and Uttarakhand

In Haridwar, Rural Development Institute-Himalayan Institute Hospital Trust (RDI-HIHT) takes a personalized approach. Home visits and personalized birth plans build trust. These interventions work through partnerships between healthcare providers and the community.

Nestled in the serene hills of Baddi, Humana People to People India engages communities through Village Health Sanitation and Nutrition Day (VHSND) initiatives. Along with healthcare provisioning, this intervention also provides counseling. It tries to build resilience and trust in the communities as well. Families receive essential guidance, fostering well-being that transcends mere physical health.

Tamil Nadu

In Sriperumbudur, Hand in Hand India has been supporting anemic women. They also focus on menstrual hygiene and management. With evolving understanding about the importance of sustainable menstrual hygiene, eco-friendly sanitary pads are being distributed.

In Coimbatore, Children of India Foundation works with underserved women in collaboration with government primary health centres to deliver maternal and child health services.



NCR and Gurugram

Our partner Asha India works in the marginalized communities of Seelampur-Delhi. Their interventions provide support for pregnant women through 'Well-being clinics.'

Sukarya's team engages with pregnant women from migrant communities. Our goal through this collaborative intervention is to address anemia through nutritional interventions.

Andhra Pradesh and Telangana

Mahila Abhivruddhi Society, Andhra Pradesh (APMAS), and Vasavya Mahila Mandali(VMM) have established a model where maternal and child health interventions are being delivered by the women for the women. The collective effort has evolved into a movement to support social development by tackling allied issues such as child marriage.



Partner in spotlight

Child In Need Institute (CINI)

Empowering maternal and child health in Kolkata

Child In Need Institute (CINI) works for the urban poor in Kolkata. It provides timely interventions and aid to communities. Between October-March 2024, CINI identified and supported **470+ new pregnant women** and **350+ lactating mothers**.

Through their collaborative efforts with frontline health workers, they were able to register pregnant women within the critical first 12 weeks of pregnancy. CINI's mobilization efforts have also ensured increased routine immunization uptake. This resulted in **2,400+ children** receiving age-appropriate vaccinations.

In addition, they have also championed Kangaroo Mother Care (KMC) practices for low-birth-weight babies, promoting healthy development. CINI's commitment is creating healthier futures for thousands in Kolkata's underserved communities.



Empowering communities and nourishing futures

Malnutrition in India has always been a complicated issue. The country contributes to a third of the global burden of undernutrition. Wipro Cares' work on nutrition is undertaken in collaboration with CSO partners throughout the country. It focuses on addressing nutrition disparities for overall community well-being.

Our interventions are operationalized through a wide variety of modes. These include testing, growth monitoring, and the distribution of nutrition kits. We have also been involved in promoting marginalized food grains such as millets.

In Bahdrabad block, Haridwar, the RDI-Wipro Care program works on Village Health Sanitation and Nutrition Days (VHSNDs). This is one way it tries to enhance nutrition among pregnant and lactating women.

The program partners with a local women's group in Bongla village. The women members are trained to prepare nutritious millet laddoos. These are crafted from locally sourced coarse grains, including barley, jowar, bajra and kangani. These laddoos are a staple every Saturday during the VHSNDs.

Our partners, such as RLHP in Mysuru and VMM in Hindupur, distribute Spirulina supplements to women and children, as a step toward 'Anemia Mukht Bharat'. They also undertake advocacy initiatives on nutrition. These include those on breastfeeding and complementary feeding. Our partners screen relevant movies, and undertake nutrition campaigns and educational drives.

The focus of these interventions includes a wide range of social groups. These include children, pregnant women, and adolescent girls.

We also work with a large spectrum of stakeholders. We involve self-help groups, anganwadis, the larger Integrated Child Development Services (ICDS) system, and local communities in our work.

During the period under review, capacity building workshops for frontline health workers were organized by Gram Chetna Kendra in Jaipur. These focused on Integrated Management of Childhood Illnesses (IMCI), including child nutrition.

Kitchen garden initiatives supported by RLHP at schools to enhance knowledge among children on nutritional aspects of vegetables and promote healthy eating habits.

Photo credit: RLHP-Rural Literacy and Health Program



Partner in spotlight

Foundation of Mother and Child Health (FMCH)

Digital innovation in nutrition

FMCH identifies and trains women from local communities as field officers. They go on to provide contextual nutritional care using a technological innovation - the NuTree app. The NuTree app supports frontline workers in counselling families in the first 1,000 days of their children's lives.

FMCH recently introduced the NuTree chatbot on WhatsApp. It is intended to give mothers and other caregivers access to vital health and nutrition information on their smartphones, at their convenience.

This is also provided in a language that they understand. Customized content on subjects including child development tracking, vaccination, prenatal care, and infant feeding practices is being offered on the chatbot.

Wipro Cares, in partnership with FMCH, focuses on encouraging preventive health, balanced nutrition and child development practices among marginalized communities. The organization has adopted a holistic approach by educating and empowering mothers and children in their social environment.



Bringing primary healthcare to marginalized groups

Primary healthcare encompasses a wide range of essential healthcare services. These focus on preventive, promotive and curative care. These services aim to cater to the holistic well-being of individuals and communities.

Helping Hand Foundation (HHF) in Hyderabad, Swami Vivekananda Youth Movement (SVYM) in Bengaluru, Centre for Migration and Inclusive Development (CMID) in Kochi, and the Late Vaibhav Phalnikar Memorial Foundation (LVMF), Pune, are extending a healing touch to underserved urban and rural regions through innovative models such as Mobile Medical Units.

These are essential in bridging the healthcare gap for communities. These ensure that underserved communities receive equitable access to quality healthcare services. They also contribute toward strengthening the health system.

Apart from curative services, our partners are also engaged in community empowerment through preventive and promotive practices. We share some of these unique approaches below.

Niramaya Health Foundation has established **community health libraries** in the slum communities where it works. These libraries offer information on different aspects of health and hygiene. The books are simple, pictorial, and written in the local language. All of these make them easy to understand. These libraries are usually managed by Niramaya Peers.

In Mysuru, RLHP has been empowering communities to directly engage with the officials concerned. They have been able to advocate for their own needs. This process has been able to catalyze tangible change. A primary mode of doing this has been through organizing **mass contact programs** to address issues of sanitation and hygiene.

Mahila Mandals are women collectives being formed by the CSOs as a part of the healthcare projects. These community groups anchor the interventions at the local level. These also act as vehicles of sustainability.

Our partners also celebrated specific events such as the 'World Breast Cancer Awareness Day,' through consciousness-raising programs. These urged women to become vigilant with self-examination and early detection.



Wipro Cares initiatives in the North East

Eleutheros Christian Society (ECS), with support from Wipro Cares, has been implementing a community healthcare initiative. It covered 12 villages initially. Now it is operational in 16 villages. It has served a population of around 18,500, under the Noksen and its adjacent block in Tuensang district, Nagaland, since June 2015. The project's key objective is to develop and deliver comprehensive primary healthcare, especially focusing on children, adolescent girls and women.

The project area has one Primary Health Center and six (6) sub-centers. Four of the villages being served under the program fall under the hard-to-reach area. Delivery of healthcare services through these centers, particularly for pregnant women and children, is challenging.

The project's approach has involved building strong community responses to healthcare. From the beginning, conscious efforts have been made to involve the community in the implementation process.



From knowledge to action

Capacity building initiatives for frontline health workers and other stakeholders

Empowering tomorrow's health leaders

Between October 2023 and March 2024, 75 Child Health Ambassadors (CHAs), aged 10 to 15 years, were given the responsibility to spread awareness of the importance of health and well-being for a productive, secure and healthy life.

Monthly capacity-building sessions covered many relevant topics. These included safe touch, cybercrime, HIV/AIDS, cancer, and cleanliness drives including enrolling community members for government health insurance policies through a door-to-door campaigns.

“I was part of Ayushman Bharat at Arogya Karnataka enrolment campaign Ramareddy Circle Koodlu. Around 10-15 children went door-to-door educating community members about the importance of Ayushman Bharat. I felt very happy as we could help many poor people to avail of this scheme, which guarantees up to five (5) lakhs of health cover”

Sandesh, Child Health Ambassador (CHA),
13 years, Singasandra, Karnataka Health
Promotion Trust (KHPT)





Wipro Cares in school health

Investing in child and adolescent health in Kumbalagodu

The school health project is being implemented in the Kumbalagodu area, on the outskirts of Bengaluru. Its objective is to promote children's holistic well-being. This is a collaborative initiative, being run with the support of Children of India Foundation (CIF). The project aims to enhance the overall well-being of children from disadvantaged communities. It promotes preventive health measures and early detection of health issues. The initiative also provides necessary healthcare services.

Government schools being a powerful medium to reach the children, seven (7) schools have been selected as a platform to implement the project. By integrating healthcare into the education system, this project tries to ensure a healthier future generation. It also hopes to reduce the financial burden on healthcare and foster a culture of wellness from an early age.



Training women to become paramedics

In Bhubaneswar, capacity development programs supported by Centre for Youth and Social Development (CYSD) focus on disability identification and community engagement. These efforts help in taking steps toward inclusivity in healthcare.

Through our program running in Bhubaneswar's Ohirkuti and Sikharachandi slums, we augment healthcare services. We do this by training women from within the communities to become paramedics.

Selected women undergo rigorous training for this role. They are equipped with essential skills and instruments. Empowered with these, they help bridge healthcare gaps.

From promoting hygiene to offering counseling services, their impact resonates deeply. This process also empowers the communities to embrace wellness.

CYSD, in collaboration with Wipro Cares, has been working toward improving the health and well-being of marginalized communities in the slums of the city of Bhubaneswar. These have involved focused interventions on maternal and child health.



(Orissa Post, March 8, 2024)



Community impact

Shreya's journey: From malnutrition to resilience

In bustling Mumbai, little Shreya (name changed)—an eight-month-old baby girl—faced a silent battle: moderate malnutrition. But her story took a hopeful turn when community organizer of Society for Nutrition, Education and Health Action (SNEHA) and sevikas of ICDS (Integrated Child Development Services) visited her home. They educated Shreya's mother about her health condition. They also emphasized the importance of a balanced nutritious diet. They referred her to the Nutrition Rehabilitation Research and Training Centre (NRRTC).

Malti, SNEHA's community volunteer, followed up. That was when she found out that the child was not taken to NRRTC for treatment. Malti, along with SNEHA's community organizer, visited Shreya again. Their instructions were clearer this time. These involved feeding Shreya nutritious meals such as semolina kheer, ragi porridge, dal rice, and warm chapatis. Malti also helped Shreya's mother understand the importance of sanitation and hygiene.

They kept following up. Shreya's weight increased by 300 grams. With a lot of convincing, the family agreed to go to NRRTC. Here Shreya was prescribed Vitamin D, Calcium, and a multi-vitamin syrup.

Shreya's mother embraced her role as a vigilant caregiver. Eventually, Shreya's weight increased by 400 grams. She then came under the normal weight category for her age group.



In a collaborative endeavor with Wipro Cares, SNEHA strives to establish a community-centric, integrated model in Wadala. It addresses key health areas such as Reproductive, Maternal, Newborn, and Child Health (RMNCH), gender-based violence (GBV), Tuberculosis (TB), and non-communicable diseases (NCD).

Sachin's journey

Overcoming challenges with Aaina's support

Life took an unexpected turn for 13-year-old nonspeaking boy Sachin (name changed). During a health camp organized by Aaina, the organization's field staff identified Sachin's speech and intellectual disabilities.

Sachin also faced mobility issues. This was due to excess weight. Walking had become a struggle. Accidents also used to happen.

The State Learning Centre run by Aaina seemed like a lifeline. However, Sachin's mother was hesitant. Initially, she only agreed to take Sachin to the center once a week. The Aaina team taught sign language to Sachin. It helped him communicate with his mother. Over time, she started seeing significant changes in her son.

Sachin still has a long way to go. However, persistent efforts by the Aaina team have helped him overcome some of his challenges.

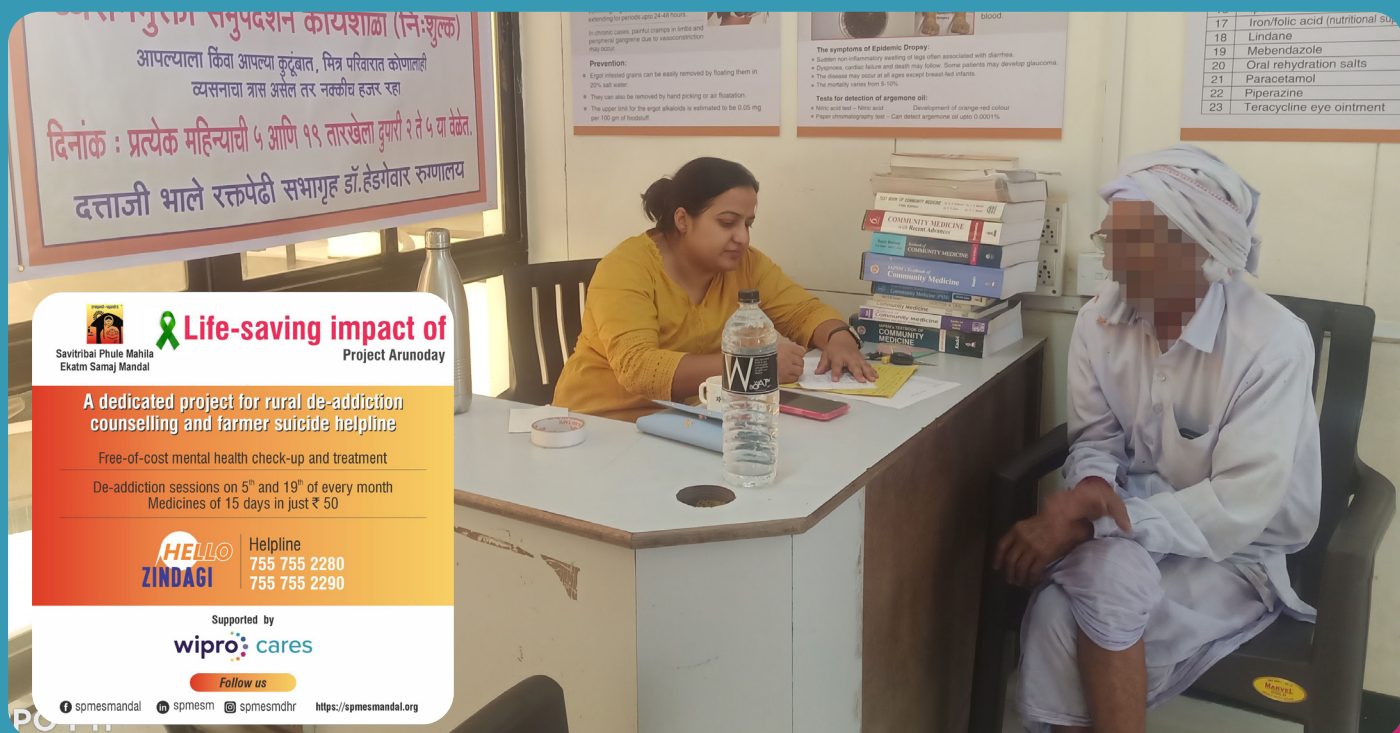


The collage of interventions of Aaina towards supporting children with disabilities.

Aaina works in the slums of the city of Bhubaneswar, the capital of the state of Odisha. The organization provides maternal and child health services to the community. It undertakes its interventions in collaboration with the public health system.

SPMESM

Mental health project



“Hello Sir, I’m ** * (sobs!), I feel my life is worthless... I’m devastated....(crying).. Here I’m on the farm, with a bottle of pesticide... Just thought calling you before I go! You did a lot to save me from alcohol. But.. (the other issues) don’t allow me to live... Goodbye sir... Please attend my last rites tomorrow...”

SPMESM’s Arunoday Mental Health Project team was in the office planning for an event, when its field worker Karan received this call. A middle-aged man, whom they were following up for de-addiction, was at the other end. In between his sobs, they could feel the seriousness of the situation.

He was about to end his life. The Arunoday Team was treating him for his alcohol addiction. He was making good progress. He had also developed a good rapport with the team. That is why the man could pick up the courage to call them in a moment of desperation.

Sitting at a distance of 35 kilometers from him, the team tried everything to save him. They kept him engaged in reassuring conversations for the next 20 minutes.

Simultaneously, they contacted his family members and the village’s Mental Health Volunteer. They rushed to the field and found him all prepared to commit the act.

With their help, the team continued counseling. The man was saved. There are four such incidences where Team Arunoday could save precious lives. Support at critical low moments, a network of trained volunteers, and follow-ups are the key.

Project Arunoday is a Rural Mental Health Project. It is being run by SPMESM with support from Wipro Cares. Its goal is to tackle mental health issues and addictions. We also have a 24*7 Suicide Prevention Helpline called “Hello Jindagi.” It is operational in 30 villages.

In partnership with Wipro Cares, SPMESM has been working in the area of community development with a specific focus on improving mental health in Aurangabad’s communities.

Nurses are central to effective and empathetic primary healthcare systems



Dr Pavitra Mohan

On 12th May, the world celebrated International Nurses Day. This day marks the birth anniversary of Florence Nightingale. This pioneer of modern nursing is well-known for her efforts to improve the conditions of British army hospitals and care for injured soldiers during the Crimean War.

International Nurses Day commemorates the fact that nurses are the backbone of healthcare systems. It also opens our eyes to the stark reality of the societal undervaluation they often face. Hence, it is important to reflect on the critical role of nurses in providing dignified care. This is especially so in settings of primary healthcare.

Primary care is about bringing healthcare closer to where people live and work. It is the first point of care for individuals within a health system. Hence, it encompasses multiple aspects of care spanning from health promotion, prevention, and treatment to rehabilitation.

Nurses have critical clinical skills and compassion for the community. They are, thus, well-positioned to function as the frontline providers of holistic care [i].

At the frontlines, nurses are an essential pillar of primary health systems. They are well-equipped to understand the healthcare challenges and deliver services.



Ashmita Gulechha

A substantial and increasing body of rigorous evidence highlights the significant contributions of nurses to high-quality primary care. A review[ii] found that Advanced Practice Nurses (APNs) in primary care settings achieve positive clinical outcomes and maintain high patient satisfaction.

They also demonstrate strong adherence to guidelines, provide thorough education, and potentially reduce overall visits. The research also suggests that nurse care demonstrates high quality and efficiency. It may be delivered at an equal or lower cost. A review[iii] of the literature further highlights significant cost savings associated with increased utilization of nurse practitioners.

The conversation around healthcare expertise often overlooks the vast contributions of nurses. Their role extends far beyond simply assisting.

Nurses bring a unique set of skills essential to patient care. It is time we recognize their knowledge and expertise and see them as partners and leaders in healthcare.

A 2020 study[iv] focusing on nurse-led clinics in south Rajasthan found that primary care nurses managed a significant proportion of reproductive and child health conditions. Visiting physicians managed most of the non-communicable diseases.

This collaborative approach between the healthcare providers ensures that healthcare services are more accessible. It also helps in meeting the diverse health needs of the population in a prompt and effective manner.

With the skewed distribution of healthcare professionals, more so in rural areas, empowering nurses allows for more comprehensive patient care. When mandated, skilled, and supported, PHC nurses can meet the complex health needs of rural and tribal populations effectively. They are likely to promote equitable access to healthcare, by extending care to women and children.

Despite the valuable services and contributions they offer, nurses remain overlooked and unappreciated. One of the most significant challenges hindering the profession's growth is rooted in gender bias and stereotypes.

The perception of nursing as 'women's work' persists. It obscures the demanding skillset it truly requires. Most nurses are women. Discrimination thrives in the form of low pay scales, poor working conditions, lack of opportunities for career growth, lower status in the healthcare hierarchy, and maltreatment by colleagues and patients.

The current policy paradigm in India considers some of these issues. Indian Nursing Council has made efforts to

improve the skills and status of our nursing professionals. Some of these measures involve updating the curriculum, promoting innovative educational models, and partnering with the International Council of Nurses (ICN)[v]. The National Medical Commission Act also recognizes the role of nurses in providing comprehensive primary care in rural areas. However, for nurses to play this role optimally, they need to be mandated, skilled and supported.

In the spirit of International Nurses Day, let us pledge to highlight and celebrate the stories of our nurses and to address the barriers that inhibit their full potential. We need to do this for the nurses themselves, and for the communities they serve.

Dr Pavitra Mohan is a community health physician, pediatrician, and public health practitioner. He is the co-founder and director of Basic HealthCare Services (BHS), a not-for-profit organization that promotes models of high-quality, low-cost primary care health services in underserved areas. He has an MBBS and an MD from Delhi University, and a master's in public health from the University of North Carolina at Chapel Hill.

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Health domain updates and news

Arogya City: Transforming Bengaluru into a city of healthy people

In the heart of Bengaluru, Non-Communicable Diseases (NCDs) have cast their shadow. Diabetes and hypertension are imposing a substantial burden, like in many other metros around the world.

These illnesses particularly affect marginalized communities adversely. As a part of Wipro Cares' initiative to reduce the burden of NCDs, we are collaborating with the NGO Arogya World.

As a part of this process, we have pledged to address NCDs through preventive and promotive interventions under the 'Arogya City Project'. The initiative aims to transform Bengaluru into a healthy city by implementing the 'Comprehensive Primary Healthcare Project' in collaboration with KHPT and the 'Prerepana Project'.

SVYM is also a key collaborator in the process. We hope the project will aid the

wider efforts in detecting and managing NCDs in Bengaluru.

The coverage has now been extended to 10 slums. With this, the project can serve around 43,000 residents.

We have now achieved ~80% of our pledge. The target is to support a population of 50,000, by the end of 2024.

Gangamma, a 60-year-old individual with diabetes, shares, "Through a medical camp organized by KHPT, I was advised to consult a doctor immediately. With regular monitoring and the book Arogya Darpana, and following the doctor's guidance, my diabetes is now under control."



Wipro's volunteering updates

A commitment to serve, engage and transform

Bengaluru

Wipro employees from the Bengaluru Location Chapter rolled up their sleeves to paint the Anganwadi Centre at Parappana Agrahara and Prabha Layout, in association with Karnataka Health Promotion Trust (KHPT). The space was once worn and tired. Now it has been transformed into a clean and welcoming space for children and families, who would soon step in through its doors.

The team also delved into the grassroots, trying to understand the pulse of community management processes. They served at an enrolment camp for the Ayushman Bharath – Arogya Karnataka scheme. The volunteering team became listeners wanting to understand and learn about the community's struggles and aspirations around health.

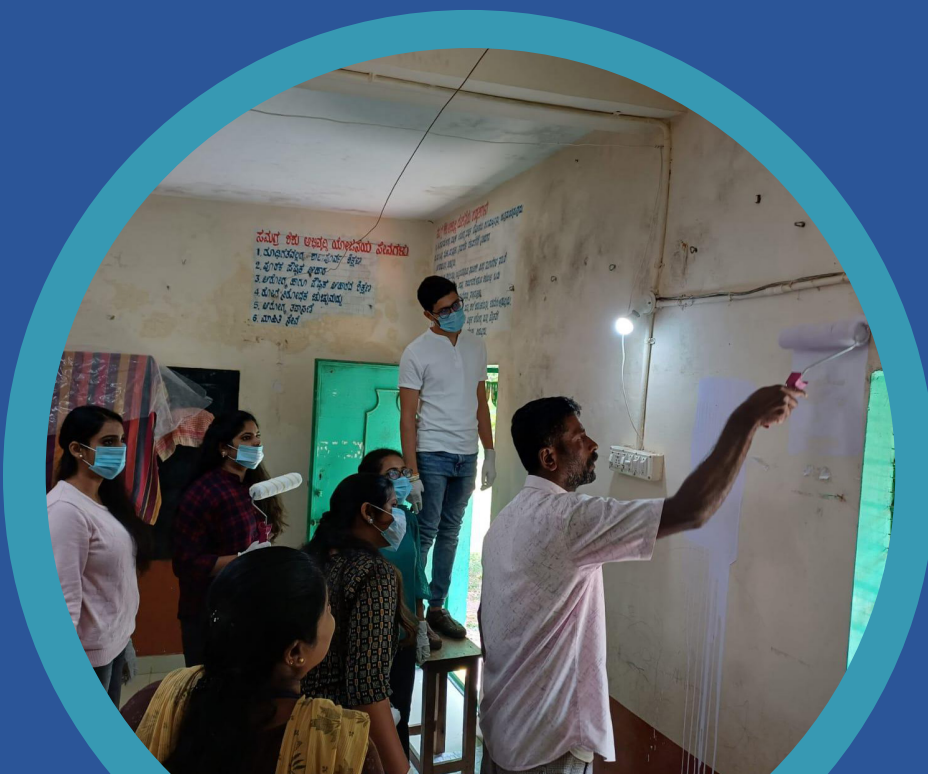
At Namma Clinic, in Ambedkar Colony, Kudlu Singsasandra, the team attended a Non-Communicable Disease (NCD) screening camp. Here they went door-to-door, registering, documenting, and connecting with the community members.

Hyderabad, Visakhapatnam and Hindupuram

The Hyderabad Chapter has been actively conducting events with the Mahila Abhivruddhi Society Andhra Pradesh (APMAS). The key focus has been on menstrual hygiene. Emphasizing self-care and prevention, Wipro volunteers distributed sanitary pads to adolescent girls. To add an element of fun and engagement, a snake and ladder game was organized for the girls and the volunteers.

The Visakhapatnam Chapter participated in a tree plantation drive at an Urban Primary Health Centre.

The Wipro Hindupuram team organized a blood donation camp. This was undertaken with the support of Wipro factory employees and Vasavya Mahila Mandali (VMM).



Aurangabad, Amalner and Mumbai

The Aurangabad Chapter has been proactive in organizing various awareness activities in association with Savitribai Phule Mahila Ekatma Samaj Mandal (SPMESM). A notable event was the bhajan-kirtan competition. This was part of a mental health program for female farmers. During this event, women courageously addressed societal issues such as addiction and female feticide.

Female farmers from Babulgaon village highlighted the erosion of traditional values due to Western influences. They expressed concerns about the younger generation's preference for nuclear families. This has been leading to increased stress and the neglect of elderly care. The event, with the participation of 100 female farmers, emphasized the potential of grassroots initiatives in driving significant change and in empowering rural communities.

Additionally, the Mumbai Chapter visited Wadala in association with the Society for Nutrition, Education and Health Action (SNEHA), Mumbai. This activity focused on empowering the community through kitchen gardening. The Chapter's members distributed mint plants and assisted in planting them. They also educated volunteers about the nutritional benefits of mint.

The Chapter at Amalner organized eye check-up camps and children's health check-ups for underserved communities in the city. This was undertaken in association with Aadhar Bahuuddeshiya Sanstha.



Voices from the heart

Employee testimonials

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“The activities conducted in collaboration with our healthcare partner Rural Development Institute - Himalayan Institute Hospital Trust (RDI-HIHT) are instrumental in fostering a holistic approach to well-being. From informative workshops on nutrition and hygiene, to engaging community events, to promoting health awareness, these activities have empowered individuals to take proactive steps toward better health.

“Through these initiatives, participants have gained valuable knowledge. They have also found support and encouragement in their journeys toward a healthier lifestyle. From the factory, our employees have taken part in the activities and feel proud.”



Sharad Kumar Saxena

Plant Head, Wipro Consumer Care and Lighting, Haridwar



Rahul Dixit

Senior Manager, FMG,
Wipro Limited, Pune

“We are delighted to share the success of the recent blood donation camp organized at our office campus. The enthusiastic support and participation from our employees were inspiring. From the outset, the response was positive.

“Employees from all the departments came forward with eagerness to contribute. Their collective effort ensured that the camp ran smoothly and efficiently. It resulted in a significant number of blood donations. This will make a difference in the lives of those in need.

“This event highlights the spirit of community and generosity within our organization. It also reinforces our commitment to social responsibility. We extend our heartfelt gratitude to all the participants.”

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Voices from the community

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Kamni Chauhan,
Auxiliary Nurse and
Midwife (ANM),
Bahadarabad, Haridwar

“I am posted as an Auxiliary Nurse and Midwife (ANM) in Sub-Centre, Aurangabad, Bahadarabad. We used to have a shortage of iron, folic acid, and calcium tablets. Through the Rural Development Institute, supported by Wipro Cares, we are receiving a regular supply of these vital supplements for pregnant women.

“Nutrition kits being distributed to high-risk pregnant women is also a good initiative. So is the distribution of nutritious millet laddoo to the antenatal and postnatal women on Village Health and Sanitation Nutrition Day(VHSND). The number of beneficiaries has steadily increased in VHSND after the laddoos distribution initiative.”

“Our village is called Halagayyna Hundi. It is located in Mysuru Rural. There are 135 households in our village. For many years, RLHP has been working here. Once, they called a VSHNC meeting. There, they explained the role and responsibilities of VHSNC and described Participatory Rapid Assessment(PRA).

“In PRA, we identified various issues, like no toilet facilities in the community hall and drainage issues. We discussed this in the Grama Panchayat.

“We then constructed two toilets in the community hall. The drainage was also cleaned. The toilets are used by the people and kept clean. We are happy to be a part of the village health and sanitation committee.”



Govinda Raju
Member, Village Health Sanitation
Nutrition Committee (VHSNC) –
Halagayyanahundi, Mysuru

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Wipro Cares is the employee-led community initiative arm of Wipro Foundation.
It works in the domains of education, primary healthcare, community ecology
and disaster response in proximate communities.

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