

Arogya Darpan

Empowering India's healthcare journey



Together
for nutrition

Bi-annual newsletter

April 2025 - September 2025

Table of Contents

Introduction	3
Outreach highlights	4
Community nutrition landscape: Overall healthcare initiatives focused on nutrition	5
Malnutrition in India: cultural context matter for real solutions <i>Dr Srikant Kalaskar</i>	6
Partner impact	9
Case stories/good practices	20
Of diapers, diets and dads: Men's involvement in nutrition and caregiving <i>Dr Prarthana</i>	25

Introduction

Welcome to the 4th edition of Arogya Darpan, Wipro Foundation's healthcare newsletter! We aim to keep you informed about our ongoing initiatives, key thematic areas, and collaborative efforts to strengthen primary healthcare. Together, we strive to make healthcare accessible, affordable, and impactful for communities in need.

Key thematic areas of work

Comprehensive Primary Healthcare

We focus on strengthening public health systems. This is through community based interventions, capacity building and convergence with the public health system. The goal is to ensure that quality care is accessible to all. We also empower community-based structures to bridge the gap between health systems and communities.

Maternal and Child Health

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, child and adolescent health outcomes.

We have also been actively supporting nutrition intervention programs in collaboration with non-profit organizations to combat childhood malnutrition. We primarily focus on integrating nutrition-specific interventions with the existing Poshan Abhyan Program led by the government.

Internal - General Use



wipro

This edition focuses on the theme of nutrition, highlighting various initiatives our team undertakes on the ground to improve health and well-being.



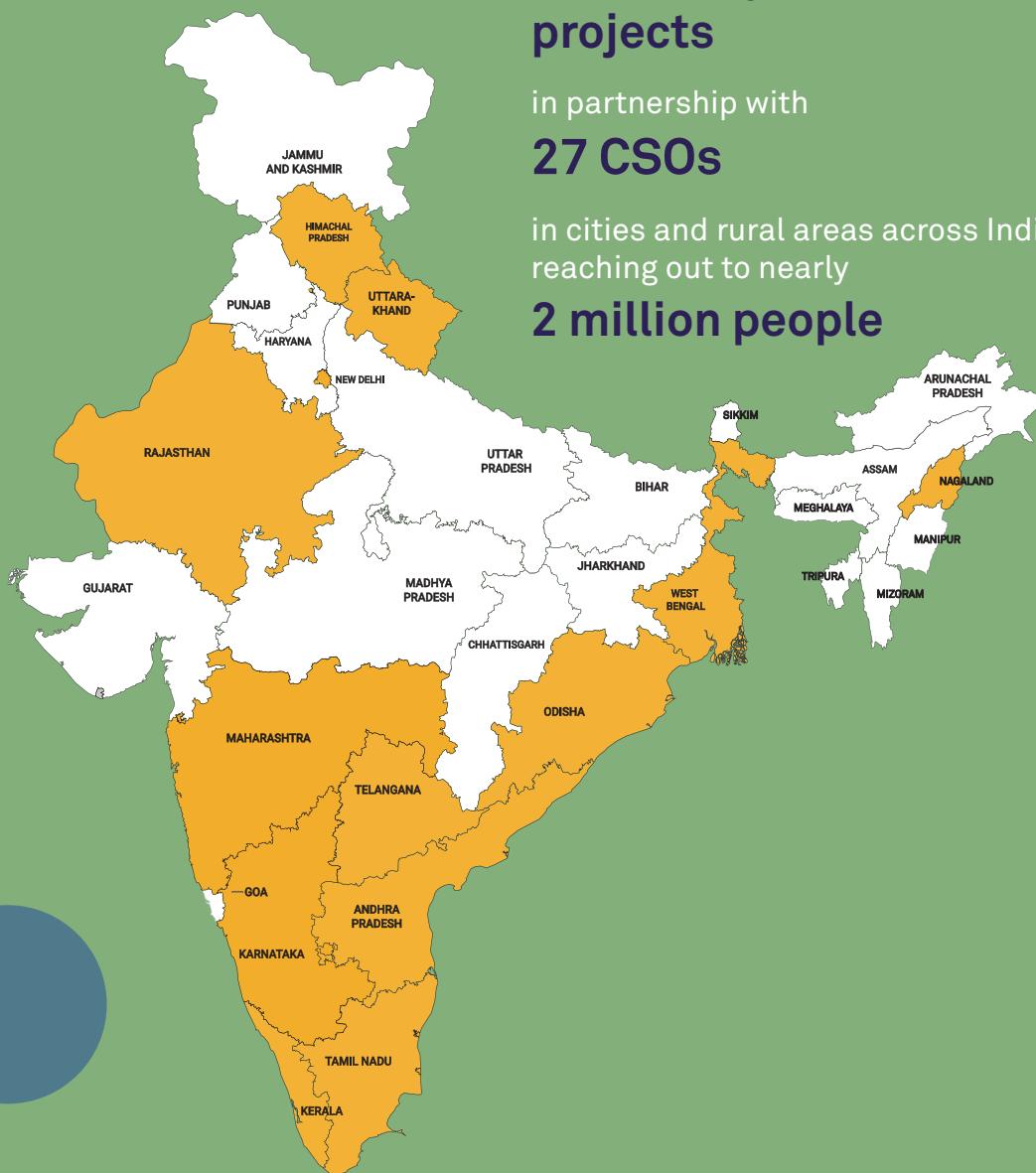
Outreach highlights

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

Currently we are supporting
32 primary healthcare projects

in partnership with
27 CSOs

in cities and rural areas across India,
reaching out to nearly
2 million people



The execution of Corporate Social Responsibility (CSR) initiatives in the healthcare domain is facilitated through Wipro Foundation, and in collaboration with Wipro Enterprises Ltd and Wipro Kawasaki CSR.

Together for nutrition

In a vibrant Anganwadi center in urban India, a mother smiles as she learns to prepare a wholesome meal using fresh vegetables grown in the center's own kitchen garden. For her child, this is more than food—it is a promise of health, strength, and a brighter tomorrow.

Across India, families are embracing new possibilities, turning the tide against malnutrition with knowledge, care, and community support. At the heart of this transformation are our partners, working tirelessly to ensure that every child has the chance to grow strong and thrive.

India's nutrition challenge has long been daunting, yet change is underway. While statistics once told a story of stunting, anemia, and inadequate diets, today we see communities coming together to rewrite that narrative.

Mothers are gaining confidence through practical knowledge on breastfeeding and child feeding. Families are discovering how simple, locally sourced ingredients can create meals that nourish and sustain. Health workers visit homes, offering guidance and support, ensuring that no child is left behind.

Wipro Foundation – Community Nutrition Work

Supporting community nutrition interventions with a vision for lasting change by:

- Collaborating with partner organizations and integrating efforts with Poshan Abhiyaan to align with

national priorities

- Holistic, community-driven approach
- Identifying and supporting vulnerable women and children (anemia, malnutrition, low birth weight)
- Facilitating regular screenings, timely treatment, and continuous follow-up
- Beyond treatment
- Counseling sessions on breastfeeding, child feeding, and balanced diets
- Monthly awareness programs on maternal and child health
- Home visits by health workers for personalized care
- Behavior change initiatives
- Cooking demonstrations using affordable, locally sourced ingredients.
- Engaging adolescents as change-makers to promote good nutrition practices
- Convergence with government schemes
- Linking families to ICDS and Anemia Mukt Bharat for a strong safety net

This is not just about the projects we support—it is a movement. A movement that brings together care, knowledge, and community ownership to create lasting change. Every mother who learns, every child who thrives, and every community that embraces better nutrition takes us closer to a future where malnutrition is no longer a barrier to growth and opportunity.

Malnutrition in India: cultural context matters for real solutions



Dr Shrikant Kalaskar

Technical Head – Public Health with ACCESS Health International and InOrder – The Health Systems Institute

Nutrition is the foundation of human health and economic development. The impact of child malnutrition is profound, damaging not only a child's survival prospects but also their cognitive growth, physical development, and future productivity. Despite national efforts, malnutrition remains an urgent public health challenge, especially among the most vulnerable.

It is commonly misunderstood as simple undernutrition, but malnutrition is better defined as inadequate nutrition, that means too little or even too much intake of protein, energy, or essential nutrients. In practice, this manifests in several forms: underweight, stunting, wasting, micronutrient deficiencies, and increasingly overweight or obese.

In Indian cities, this double burden is stark, slum communities fight undernutrition while the rest of the urban population faces fast-rising rates of overweight and lifestyle-related conditions, fueled by processed foods and inactivity. In contrast, rural and tribal communities remain plagued by chronic undernutrition, stunting, wasting, and low birth weights that tell the story of persistent deprivation.

Culture and nutrition: the local lens

Nutrition, for most communities, is shaped not by choice but by circumstance. It is driven by what the land and environment like rice and fish for coastal India, coconut in Kerala and Goa, and high-spice staple diets in resource-poor belts with less agricultural productivity given the scarcity of rains/water.

Economic status largely influences what families eat. Lower-income families often rely on starchy foods, with vegetables and protein rarely on the plates; those with better means (Punjab, Haryana, Delhi, for example) enjoy more diverse and nutritious options. In the underdeveloped regions of Maharashtra's Vidarbha or the former Hyderabad-Karnataka region, the powerful tradition of high spice levels, creative use of salt and chili helps to make inadequate food more edible, but rarely more nutritious.

Such diversity is critical to understand. Any policy that doesn't take this into consideration will miss out on contextual solutions and prescribe standard diets. Instead, interventions must respect deeply embedded traditions and the economic realities facing each community.

Breaking the chain: from policy to practice

Current programs like Anemia Mukt Bharat (AMB), National Deworming Day, and Nutrition Rehabilitation Centers (NRCs) are valuable. AMB 2.0 has been launched but its effectiveness is yet to be proven. As we all want to show quick results and indicators, they focus on treating visible cases like severe and moderate acute malnutrition, but prevention is what will truly break the cycle.

The reality on the ground, whether in southern or western India, is that the prevalence of childhood malnutrition is not falling fast enough. Having worked in northern Telangana's tribal belt spanning the forests of Dandakaranya across five states, I see how limited resources, economic hardship, and deep-rooted cultural norms complicate the fight against malnutrition.

For government programs, reaching scattered tribal families and earning

trust is a persistent struggle. By contrast, NGOs such as SEARCH or MAHAN in Maharashtra, JSS in Chhattisgarh, NICE Foundation in Andhra Pradesh, and IDO in Telangana have made real headway by engaging with tribal communities, understanding their food habits and beliefs, and building genuine relationships over time.

Any effort to improve nutrition must consider local determinants: not only what food is available, but how food is grown, shared and valued. For tribal communities, often deeply protective of their traditions, meaningful progress requires understanding attitudes, religious practices, daily routines, and beliefs about health and illness.

My work among tribal communities has taught me the importance of local context. Policies designed in a general context must be adapted to local realities. I have tried to study how social, economic, environmental, physical, and even commercial determinants





influence health-seeking behaviors with participatory action research.

Only by recognizing what motivates families, what they know and believe, what challenges they face, can we hope to shift behavior and improve nutrition in ways that endure. As commercial processed foods (chips, noodles and chocolates, etc.) and cold drinks have already reached the rural communities, we will be soon fighting the double burden of obesity and undernutrition in the rural and tribal belts.

The path forward

Better Nutrition Rehabilitation Centers are necessary, but they won't be enough. India must invest in prevention, supporting maternal nutrition, promoting locally appropriate infant feeding, encouraging diet diversification, and empowering communities to lead change. Policymakers need to listen and respond to diverse cultures rather than impose generic solutions. Tougher calls need to be taken on commercial determinants to

avoid a double whammy.

If India is to win the fight against malnutrition, the health systems must respect and harness local context and address the non-health determinants. By empowering communities and tailoring approaches, we can build a healthier tomorrow for every child urban, rural and tribal alike.

Dr Shrikant Kalaskar is a public health specialist, working as Technical Head – Public Health with ACCESS Health International and InOrder – The Health Systems Institute. He has worked in various capacities with institutions like ICMR, NIHFW, Tata Trusts and various state health departments in domain of research and public health program implementation for more than 12 years. Dr Shrikant is currently actively working on tribal health research.

Partner impact

Community nutrition landscape: overall healthcare initiatives focused on nutrition



Across India, our partners have been at the forefront of nutrition-focused interventions that span lives from adolescence to motherhood and beyond. These stories highlight the diversity of approaches, the creativity of outreach, and the depth of community engagement that define our collective commitment to nutrition. Whether through kitchen gardens, peer-led education, or culturally rooted campaigns, each initiative contributes to a larger movement of nourishment, dignity and resilience.

Adolescent Nutrition

Adolescence is a pivotal stage for shaping lifelong health habits, and our partners have responded with innovative, youth-centered nutrition programs. Through storytelling, cooking labs, menstrual health campaigns, and community engagement, these initiatives empower adolescents to make informed choices and become ambassadors of change.

Empowering adolescents through nutrition, knowledge and community

Vasavya Mahila Mandali's Kushal Maternity Mental Health Project launched a dynamic adolescent nutrition initiative across 72 urban primary healthcare centers (UPHCs) in Visakhapatnam and Anakapalli, Andhra Pradesh, under the theme 'From plate to potential'. The program blended creative outreach, community engagement, and evidence-based interventions to empower adolescents with knowledge and dignity.

It began with Nutrition Literacy Circles, where teenage girls learned about micronutrients and balanced diets through storytelling and visual aids, ending with a 'My Plate' activity using local ingredients. Kitchen Labs taught adolescents to cook nutritious millet-based meals like ragi laddoos and sprouted moong salad, with gamified sessions that awarded 'Nutrition Ninja' badges—87% of participants replicated the recipes at home. June featured the Menstrual Health and Anemia Campaign, including sensitization sessions, low-oil cooking workshops and peer-led discussions.

In July, 600+ adolescents were trained to debunk nutrition myths and shared their journeys via mobile storytelling booths. The initiative culminated in a vibrant Nutrition Carnival in September, with booths, games, and a 'Food Fashion Show', drawing 900+ attendees and leading to the formation of adolescent nutrition clubs. Kushal Mitras helped adolescents rediscover nutrition as a powerful tool for resilience and growth.

Growing health: kitchen garden exposure for adolescent ambassadors

Karnataka Health Promotion Trust (KHPT) organized a kitchen garden exposure visit to Singasandra in Bengaluru for Adolescent Health Ambassadors from nearby communities. The visit aimed at teaching adolescents about the links between environment, nutrition and healthy living.



Participants explored a community garden, learned about the nutritional value of home-grown vegetables and medicinal plants, and engaged in interactive discussions and drawing activities. The hands-on experience promoted awareness of sustainable food practices, biodiversity, and the role of kitchen gardens in reducing malnutrition and supporting family health.

Nutrition and mental health

Under Project Vatsalya by SNEH Foundation in Pune, adolescent nutrition sessions connected menstruation, mental health and education to promote holistic well-being. Girls learned about iron-rich foods, hydration and menstrual hygiene, while discussions highlighted how balanced meals improve focus and academic performance. The sessions addressed stress-related eating habits, encouraged mood-boosting foods, and promoted family support and mindful routines.

Nutrition education in schools

In Coimbatore, Children in India Foundation (CIF) led community-driven adolescent nutrition initiatives through interactive awareness sessions. They used food charts, role-plays and recipe-sharing. Peer groups

and school assemblies helped spread messages further, leading to increased intake of greens, pulses and milk.

At Kumbalagod, CIF implemented a comprehensive adolescent nutrition initiative through school and community-based interventions. Creative activities like healthy plate competitions, cooking without fire contests, and street plays made learning engaging. These initiatives led to improved dietary habits, reduced anemia, better school attendance, and increased awareness of nutrition and health among adolescents and their families.

In Wadala's F North area, SNEHA conducted adolescent health and nutrition awareness sessions across community schools, reaching around 1,500 children. The sessions emphasized the importance of nutrition and the harmful effects of junk food. Additionally, a focused community session on menstrual hygiene, iron-rich diets and adolescent nutrition promoting healthier habits and personal well-being was conducted.

Nourishing traditions: empowering adolescents from tribal communities through nutrition and knowledge

Aaina in Odisha conducted engaging adolescent nutrition sessions across communities like Munda Sahi and Birsa Munda Sahi. Activities focused on seasonal eating, hydration, and the impact of junk food versus traditional meals. Adolescents participated in hands-on exercises, explored medicinal plants, and played games like 'Healthy Plate Relay' and 'Food Charades' to reinforce learning.

Steps towards wellness: Posan Walkathon and beyond

In Hyderabad's Bhojagutta and nearby communities, APMAS promoted adolescent health through engaging activities. In April, a Posan Walkathon involved 250 students advocating for balanced diets and maternal nutrition, followed by a handwashing awareness session for younger children.



Maternal nutrition commitment



We aim to improve maternal nutrition by focusing on the critical period from pregnancy through early motherhood. These interventions are designed to transform maternal health by promoting balanced diets, preventing and managing anemia, and fostering community-driven support systems. Through personalized counselling, cooking demonstrations, cultural engagement, and consistent follow-ups, expectant mothers are empowered with the knowledge and resources to make informed nutritional choices—resulting in measurable improvements in hemoglobin levels, birth outcomes, and overall maternal well-being.

From screening to support: a collective response to maternal anemia

In Barotiwala, Himachal Pradesh, Humana People to People India Foundation reached pregnant women with anemia screening, home-based counselling, and cooking demonstrations. Interactive activities and family involvement led to a 20% reduction in anemia prevalence and improved supplement adherence.

Pregnant women hesitant about ANC registration were supported by the SNEHA team in Mumbai to complete the process and access essential care. In Antop Hill, mothers were referred for

services and received Take-Home Rations with Anganwadi support. One-on-one and group counselling sessions emphasized Iron and Folic Acid (IFA) tablets, iron-rich diets and nutrition diversity. Follow-ups led to improved service uptake, with measurable improvements in hemoglobin levels.

From awareness to action, advancing maternal health through community engagement

In Bengaluru, KHPT implemented a comprehensive maternal nutrition program at Singasandra, linking community women to health services. The team ensured that the women receive MCP cards and are aware of the critical information therein. Peer Support Groups (PSGs) meetings brought together antenatal women and mothers of young children to discuss maternal health and learn from shared experiences. On marking World Hypertension Day on May 17, facilitators and ASHA workers led

special sessions on the link between hypertension and maternal well-being. These sessions helped foster stronger community engagement.

In Coimbatore, Children of India Foundation (CIF) created safe spaces for mothers to learn and share. Small-group counselling sessions emphasized balanced diets and micronutrient needs, while family involvement helped make nutrition a household priority. CIF also used anemia circles, plate demonstrations, and nutrition kits to build confidence and improve maternal health in Kumbalagod, Bengaluru. Moving beyond abstract lessons on health, they used mobile reminders and home visits to transform healthcare into everyday practice.

In Kurla, Mumbai, Foundation for Mother and Child Health (FMCH) strengthened maternal health through its Pregnancy Club, improving knowledge on antenatal care, breastfeeding and nutrition through group sessions and practical demonstrations.

Niramaya Health Foundation carried out its Swasthya Prakalp Program in Mumbai. During nutrition week celebrations, it organized a Nutrition and Health Poster Exhibition across Arnala, Agashi and Satpala, engaging community members irrespective of gender or age.



Nurturing bonds, nourishing futures through breastfeeding practices: a collective commitment to maternal and child health



During our work with various communities, we often see a quiet revolution unfolding—one that centers on the strength of mothers, the support of families and the power of exclusive breastfeeding. From bustling cities to remote villages, organizations are coming together to ensure that every lactating mother feels empowered, informed and supported in her journey. Between April and September 2025, several initiatives stood out for their creativity, emotional depth, and community-driven impact.

Family's role in nourishing new life

In Vizag, Vasavya Mahila Mandali, transformed breastfeeding into a

celebration of maternal strength. 'The first latch' was especially endearing. *Kushal Mitras* guided new mothers through their first breastfeeding experience, turning it into a moment of connection and empowerment. Another unique initiative took place, wherein fathers were engaged through the 'Fathers for Feeding' campaign, shifting the narrative from breastfeeding as a woman's burden to a shared family responsibility. Nutrition kits, lactation laddoos and joyful learning sessions added warmth and practicality to the initiative. By September, 78% of mothers reported exclusive breastfeeding for six months—a testament to the power of community-led change.

From clinics to communities: empowering mothers through accessible care

In Hyderabad, the Pahadi Shereef Health Clinic, supported by Helping Hand Foundation and Wipro Cares, the focus was on personalized care. Mothers received one-on-one lactation consultations, peer support and nutrition counseling.

The initiative addressed common challenges like low milk supply and latching difficulties, while also emphasizing maternal nutrition as a key factor in successful breastfeeding. Eighty five percent of participating mothers practiced exclusive breastfeeding for six months or even a year, and infant health outcomes improved significantly. The clinic became a space where mothers felt respected, encouraged and confident.

Sukarya's monthly doorstep clinics in the slums of Gurugram brought healthcare directly to mothers, removing barriers of cost and distance. Their Janani Record Book tracked vital health indicators, ensuring timely interventions and empowering women to take charge of their health.

Celebrating Breastfeeding Week: building confidence in mothers, awareness in communities

As a part of the World Breastfeeding Week, CINI, Wipro's partner in Kolkata, led a powerful movement. Their agenda—'Breastfeeding: a shared responsibility'—was not just about education but about creating safe spaces for dialog and community ownership. Through auto-rickshaw campaigns, rallies and interactive sessions, they reached out to over 10,000 people.

Mothers shared real-life stories, breaking stigma and normalizing breastfeeding in public. The initiative empowered women

to feel confident and proud of their role in nourishing the next generation.

In Bengaluru, SVYM's introduction of yoga and posture correction for lactating mothers added a unique wellness dimension to the initiative.

“Strong mothers, stronger futures.”



The power of nourishment: why IYCF matters



Infant and Young Child Feeding (IYCF) is a critical public health intervention that directly influences a child's survival, growth and development. The first 1,000 days after birth represent a sensitive window where optimal nutrition can prevent stunting, strengthen immunity and lay the foundation for lifelong well-being. Breastfeeding and timely introduction of complementary foods are not merely feeding practices; they are evidence-based strategies that promote cognitive development, emotional bonding, and resilience. Across India, health workers, caregivers and communities are coming together to ensure that every child receives the nourishment they need—not just to survive, but to thrive.

Restoring child nutrition through community action

In the slums of Bengaluru, SVYM found children left out of Anganwadi systems due to cultural and language barriers. Health workers arranged for a door-to-door campaign to identify the children. The team initiated a comprehensive intervention, training Anganwadi teachers, guiding mothers on the devastating impact of undernutrition and providing relevant support. As a result, we see the mothers embracing healthier practices and the teachers engaging better. Of the 17 severely malnourished children identified, 11 have achieved optimal growth.

Improving child health: from monitoring to mobilizing

Hand in Hand India improved child nutrition and health in Sriperumbudur through targeted interventions for under-five children. They monitored child growth and nutrition with focused interventions for stunting, wasting and underweight cases. Education concerning health and hygiene became an utmost priority. Doorstep follow-ups, peer discussions and use of local foods were promoted. During the National Deworming Day, the children received deworming tablets as well as lessons on hygiene and worm prevention.

Doctors For You (DFY) in Mumbai conducted regular awareness sessions for pregnant women and lactating mothers. The sessions focused on the importance of optimal IYCF practices and growth monitoring to prevent malnutrition. They emphasized the significance of exclusive breastfeeding for the first six months, and then the timely initiation of complementary feeding along with continued breastfeeding up to two years of age.

In Telangana, Andhra Pradesh Mahila Abhivruddhi Society (APMAS) organized a brainstorming session titled 'Manthan on Kuposhan' in April, with the goal of identifying practical strategies to combat malnutrition in Telangana. The event brought together diverse stakeholders, including government officials and several leading experts from across India.

Collective action for sustainable nutrition

SNEH Foundation in Pune organized a nutri-gardening activity to promote sustainable nutrition. The residents were provided with soil, pots, saplings and seeds. Participants were guided on

planting, maintaining and harvesting their kitchen gardens, with a strong emphasis on the benefits of growing fresh and locally sourced foods. This hands-on approach not only increased awareness about dietary diversity and organic produce but also fostered a sense of ownership and community engagement.

In Tumakuru, KHPT facilitated the establishment of kitchen gardens to promote adequate nutrition and healthy eating habits. Led by KHPT's Community Facilitators, the initiative brought together Anganwadi staff, community members, and the Gram Panchayat to plan and set up gardens featuring a diverse range of plants. These gardens serve as practical models to educate beneficiaries on the importance of growing and consuming a balanced variety of foods for better health. This initiative laid the foundation for long-term



nutritional awareness in families. Additionally, Niramaya in Mumbai, supported 15 families with comprehensive kitchen gardening kits that included ten types of vegetable seeds (like bottle gourd, spinach, methi, brinjal, and bitter gourd), three types of fruit plants (mango, coconut and blackberry), and four medicinal plants (aloe vera, tulsi, mint, and ajwain), along with soil bags and watering cans.

These resources enabled families to cultivate their own nutritious produce, promoting self-sufficiency and healthier eating habits. The initiative not only improved access to fresh food but also fostered community engagement and

sustainable nutrition practices. IYCF is a movement of care, where every mother, father, health worker and volunteer plays a role. This combined effort will need to be strengthened through coordination to ensure convergence of resources and initiatives. Self-help group (SHG) members must actively support and strengthen Anganwadi Centers.

In addition to this, traditional knowledge systems should be used to spread nutritional awareness in local contexts. This can only be possible through proper management and community participation.



Elderly nutrition

As communities evolve, so do their nutritional needs. Good nutrition in later life is essential not only for physical health but also for emotional well-being, dignity and independence. Our partners are addressing this need through thoughtful, culturally rooted interventions that blend traditional food wisdom with modern dietary guidance.

From interactive food demonstrations to fortified food distribution and kitchen gardening, these initiatives empower older adults and their families to adopt sustainable, nutrient-rich diets. By fostering intergenerational learning and community participation, elderly nutrition programs help build resilient ecosystems where every age is valued and nourished.

Helping Hand Foundation's elderly nutrition initiative focused on addressing the unique dietary needs of older adults. Through interactive sessions featuring food displays and demonstrations, participants learned about balanced meals rich in proteins, seasonal vegetables, fruits, whole grains, millets, and legumes—all sourced locally and traditionally.

The sessions emphasized portion control, meal frequency, and nutrient-preserving cooking methods, promoting simple, home-based interventions like using kitchen garden produce. These efforts aimed to prevent undernutrition, anemia, and age-related health issues, while fostering sustainable eating habits and community-led awareness.

By empowering families to integrate traditional foods and local resources,

the initiative created a holistic, intergenerational approach to nutrition that benefited both young children and elderly members.

Humana People to People India Foundation implemented a series of innovative and strategic interventions to enhance community nutrition awareness and sustainability. Key activities included conducting awareness sessions and distributing fortified foods to improve elderly nutrition, promoting kitchen gardens to encourage families to grow and consume local vegetables, and leveraging digital tools for growth monitoring and supplement tracking.

The project also empowered peer educators and volunteers to lead community-based counseling, while integrating nutrition initiatives with income-generating activities to strengthen livelihoods.

From infancy to old age, nutrition remains a cornerstone of health, dignity and opportunity. The stories and strategies shared in this document reflect a collective commitment to nurturing lives through food, care and community. As we move forward, let us continue to innovate, collaborate and empower—ensuring that every individual, regardless of age or background, has access to the nourishment they deserve.

Case stories

Promotion of Mothers Eat First: changing traditions, changing futures



Severe and moderate anemia in pregnancy is one of the most critical high-risk conditions during pregnancy. It impacts both maternal and infant health. Low hemoglobin levels not only cause weakness and fatigue but also increase complications during childbirth, maternal morbidity, and even mortality. Maternal anemia is strongly linked to low birth weight, prematurity, stillbirth, and reduced survival during the neonatal period.

In Bahadrabad block of Haridwar district, the seriousness of this issue came into sharp focus when the Wipro Cares initiative conducted its baseline survey. The results were striking: every single pregnant woman had hemoglobin levels below 9 g/dL. This revealed not only a

medical emergency but also the weight of cultural practices and nutritional neglect carried by generations of women. Many had normalized dizziness and exhaustion as part of womanhood, while social expectations often meant eating last and eating the least.

To confront this crisis, the project introduced two interconnected initiatives in twelve villages: the provision of locally tailored nutrition kits and a social change campaign named Mother Eat First. Together, these interventions aimed to address the biological deficiency of anemia while simultaneously tackling the entrenched social norms that kept women's nutritional needs invisible. The nutrition kits ensured direct access to iron-rich foods, while Mother Eat First

worked to shift family habits around food distribution.

The nutrition kits, delivered monthly, quickly became symbols of care and empowerment. They included locally grown millets such as mandua and jowar, pulses, iron-rich jaggery, seasonal leafy vegetables, and village-sourced desi ghee. Recipe cards illustrated simple combinations that boosted iron absorption. Initially, women joked about the idea of recipe cards since they had cooked for years, but as health workers explained the nutritional value of traditional foods like mandua roti with jaggery paste or leafy greens cooked in ghee, they recognized the wisdom in their grandmother's recipes. Savitri from Bongala village remembered such dishes from her childhood, realizing that what once seemed old-fashioned was actually essential for her strength.

The second initiative, Mother Eat First, soon became the heartbeat of the program. In most rural homes, pregnant women were expected to serve and feed others first, leaving themselves with smaller or less nutritious portions. This custom directly worsened anemia. To change this, brightly illustrated posters were placed in kitchens with the powerful

message: "The baby eats what the mother eats first." Initially ignored, the posters became quiet but persistent advocates.

Health workers used them during visits, and gradually husbands and mothers-in-law began insisting that pregnant women eat before others. Kamla from Saleempur shared how her husband now urged her to eat first, reminding her, "The baby inside you is eating too." This shift restored dignity to women at the dining space, turning advice into lived practice.

Beyond kits and posters, personal counseling formed the backbone of the intervention. ASHAs and ANMs spent time with each mother, listening to their struggles and offering practical solutions. For nausea or food aversions, they suggested alternatives like mustard greens instead of spinach, jaggery instead of sugar, or roasted chana as an energy snack.

These conversations were personal and empathetic, making women feel respected. Sushila, in her seventh month, noted that for the first time, someone asked her about her food preferences. "Usually, we are given instructions in groups, but here they ask me how I feel. It makes me feel valued," she said.



Results began to emerge steadily. In Ahamadpur, Meena's hemoglobin improved from 7.8 g/dL in her first trimester to 10.5 g/dL in her eighth month, significantly reducing delivery risks. In Alipur, Rukmini's initially resistant mother-in-law was convinced by repeated reinforcement of the Mother Eat First principle and eventually agreed to allow extra ghee in meals. Across several villages, women created 'poshan circles'. They cooked kit ingredients together and shared meals. These gatherings turned nutrition into celebration, strengthening community bonds and emphasizing that maternal health is everyone's responsibility.

Of course, challenges persisted. Some families doubted whether these foods could genuinely 'make blood'. Others worried about affordability once the kits ended. The program tackled this by encouraging kitchen gardens, supporting local cooperatives for affordable millets, and promoting jaggery as a sustainable alternative to refined sugar. These measures helped families realize that nutrition was not about costly supplements but about valuing locally available foods. Throughout, the Mother Eat First message reinforced that maternal nutrition was not optional but essential.

After one year, the ripple effects were evident. More than half the mothers showed improved hemoglobin levels. Institutional deliveries increased as women felt stronger and safer to reach facilities. Husbands and mothers-in-law, once passive, became advocates for maternal care. Children benefited too, since the meals prepared for mothers often became shared family meals. A father from Abrahimpur summarized it best: "Earlier I thought only medicine could cure weakness. Now I see food is medicine too. My wife looks healthier,

and my children also eat with her. And the most important lesson we learned is: mother eat first."

What set this initiative apart was its dual focus: tackling anemia medically through nutrition kits and socially through shifting norms of food inequality. Counselling sessions gave women voice and confidence, posters served as daily reminders, and rediscovery of local foods restored cultural pride. Severe and moderate anemia, once considered an unavoidable burden, was addressed with science, compassion, and cultural sensitivity.

In Bahadrbabad's twelve villages, the initiative became more than a program—it became a movement. Women began eating first with confidence, families prioritized maternal health, and the slogan Mother Eat First spread from kitchens to community spaces. It not only improved maternal outcomes but also safeguarded newborn survival. As one mother proudly declared beside her kitchen poster: "Ab hum sirf roti nahi khate, hum poshan khate hain. Aur ab humesha, Mother Eat First."



From shy girl to community role model: Ankita's journey as a Nutrition-Doot



In the heart of Dhapa Dhipi, Ward 58, one of Kolkata's sprawling slum settlements, life is defined by narrow lanes, small homes, and endless challenges. Among the many adolescents growing up in this environment was Ankita (name changed), a shy girl who quietly observed the world around her.

At the age of 15, when CINI (Child in Need Institute) first came in contact with her during an adolescent population survey, Ankita was identified with low Body Mass Index (BMI 17) and low hemoglobin levels (10 g/dl). But what stood out was not her health condition—it was her eyes, brimming with curiosity and eagerness to learn. That moment marked the beginning of Ankita's extraordinary journey.

The beginning of Ankita's journey with CINI

In 2023, CINI had just formed adolescent groups in the locality under a Wipro-supported initiative to promote nutrition

and health awareness. Hesitant at first, Ankita began attending the meetings with her friends. What started as simple games and discussions soon became a space where she found her voice. Always asking questions, always ready to participate, Ankita's energy made her peers notice her, and they chose her as their Nutrition Ambassador—a role that marked the beginning of her journey as a "Nutrition Doot".

This was the first step in transforming a shy adolescent into a Nutrition Doot—a messenger of health and nutrition in her community.

From 2024 onward, Ankita immersed herself in every learning opportunity. Her first exposure was during the World Menstrual Hygiene Day celebration, which sparked her interest in linking health, nutrition and hygiene. Later, during an orientation program with adolescents, she actively learned about anemia,

healthy dietary practices, BMI, and healthy habits through fun activities. “I never thought I would enjoy learning like this,” she later shared with a smile.

As part of the Wipro-supported project, Ankita participated in several activities where she emerged as a role model:

- She secured third place in a knowledge-sharing activity at Amader Bari, showcasing her confidence in front of peers and facilitators.
- During field visits with doctors and CINI staff, she surprised everyone by correctly answering technical questions on hemoglobin and BMI, reflecting her growing knowledge.
- At community engagements, she used drawings and illustrations to communicate concepts of menstrual hygiene to visiting Wipro representatives. Her creativity and confidence left a strong impression.
- By 2025, she had transitioned from being a learner to an educator—teaching her peers about menstrual hygiene, handwashing, and healthy diets. She even demonstrated BMI calculations during clinic visits, inspiring both her friends and health professionals.

Special engagement during nutrition months

Nutrition Months became milestones in Ankita’s leadership journey. She played an active role in mobilizing adolescents, encouraging them to participate in nutrition screenings and awareness drives. During these campaigns, she went door-to-door with CINI’s staff, speaking with families about anemia prevention, balanced diets, and hygiene practices. Her ability to simplify complex health concepts into everyday practices—like including iron-rich foods in meals or maintaining cleanliness at home—helped the community adopt healthier habits.

Today, Ankita is no longer the shy teenager she once was. With the support of CINI and Wipro’s initiative, she has become a Nutrition Doot—an advocate for healthy living within her community. Younger girls look up to her, parents listen to her advice, and even doctors and visitors are impressed by her knowledge. More importantly, she has become a role model—showing other adolescents that change is possible, that even in difficult surroundings, one can rise, learn and lead.

Ankita’s transformation highlights the power of community-based interventions and peer-led engagement. Her story is a reminder that true transformation begins with opportunity and encouragement. With CINI’s guidance and Wipro’s support, Ankita discovered her strength and became a beacon of hope for her peers. From a shy girl battling anemia to a Nutrition Doot inspiring healthier habits in her community, Ankita’s journey is proof that when young people are empowered with knowledge, skills and encouragement, they not only transform their own lives but also become catalysts for healthier communities.



Opinion

Of diapers, diets and dads: men's involvement in nutrition and caregiving



Dr Prarthana

Thematic Lead for MNCH in KHPT

My father loves spicy food, the Andhra-type spice particularly. So does my mother, or at least she says she does. But in the last decade, as they have been aging, spice has not been sitting well with my mother. It causes a burning sensation in her throat, and she coughs relentlessly, but she continues to add the same amount of spice to all dishes indiscriminately.

Every now and then, my dad says, "The spice in this is less. Make it spicier." He is also a fan of ghee and coconuts. My mother asks him often to help her grate coconuts as she suffers from persistent wrist pains. Sometimes it takes him days to finish the task and other times, he simply never does. When my mother reacts with frustration, he praises her multitasking skills, quite genuinely, but that feels like a reminder of what was, anyway, her job to do.

Growing up, I hardly saw my father in the kitchen or doing the laundry. Now, with a family of my own, I see him indulging in culinary activities, especially when we go home. It doesn't come to him habitually even if he has been lending a helping hand to my mother just a little more

often. It feels slightly embarrassing for me to acknowledge his role as a retired husband.

Back then, I never questioned it. As someone who works in development and public health now, I find myself thinking of how these imbalanced gender roles are deeply rooted in our society and how often we take on these roles. The imbalance peeks out in seemingly unharful ways, as though the capacity of my mother in multitasking somehow justifies the husband's absence—or was it the father's absence? Something as personal as indulging one's tastebuds is still dependent on another person's will.

I wonder if my mother's anemia, muscle aches, joint pains, are all related to her diet. She also was the last to eat. As a result of eating whatever remained, she sometimes ate only a little, and sometimes she had to eat a lot.

But caregiving, of which cooking is a huge part, whether on regular dinners or during pregnancy, infancy or throughout childhood, or during sickness, is certainly not a gendered task. In many parts of Indian society today, the idea of men as



caregivers is still met with resistance and sadly, even ridicule. A man changing a diaper or attending an antenatal clinic or nutrition counseling session is seen as either heroic or lacking in the supposed masculine tendencies.

That is when I remember Suresh (name changed), a young husband I met during one of our Eligible Couples Day events. A well-built man who defied expectations that manliness was limited to bulging muscles and gruff voices. He spoke about how his wife's first childbirth was difficult as she had severe anemia and excessive bleeding during delivery. She was hardly twenty, and his first child was born with low birth weight.

He understood and acknowledged the preventive measures needed to manage her pain. More importantly, he shared his experience with other dads-to-be in his circle; of hospital visits before the second pregnancy, of changing the family diets in solidarity with his wife's requirements owing to anemia and undernutrition, of insisting on spacing out the pregnancies with his family. He overcame the barriers

of societal expectations that dictated, "*Shivange yaake Gowri dukka*" (roughly translated from Kannada as "Why should Shiva be worried about Gowri's sadness/problems?") .

I smile, wondering what my dad would make of Suresh. Could my dad resonate with his experience or would it be alien to his generational beliefs? Would my dad sense the difference between helping with tasks and being present? Not just in the economic sense which is the traditional prerogative of the 'man of the family'; paying for the food and medicines and antenatal scans but about listening, learning and taking responsibility for the well-being of your partner, your child, your parent.

But then, I remember, my dad needs the backing of the society and systems that he is an integral part of. **There are systems and institutions that are yet to normalize nurturing aspects of men**; may it be through paid paternity leaves or health systems welcoming men, not just women, into the conversation around nutrition and parenting or not staying silent during

health visits. In a system that depends heavily on Three Sisters (ASHA, AWW and ANM) at the grassroots, there is always a sense of male exclusion. It's even more important in these conditions to inspire fathers to attend Village Health and Nutrition Days.

In Tamil Nadu, we hear of some local panchayats working to engage fathers in early childcare and nutrition awareness sessions through self-help groups and health workers. In Maharashtra, programs like the Ekjut initiative have shown that involving men in community discussions around maternal and child health leads to better outcomes. In KHPT's work in Karnataka, we have noticed better understanding between couples and pregnancy preparedness when the men attend the Eligible Couple days meant for preconception care.

Reshaping narratives about fatherhood and caregiving in media and schools, running campaigns on shared parenting, portraying more fathers who are hands-on caregivers in advertising or through key influencers, would all be significant in reshaping our patriarchal culture. It would ensure that women themselves as wives and mothers do not resent men's involvement in what they consider their domain of culinary skills and caregiving.

When men are equipped, encouraged and expected to care, they would rise to the occasion. They would understand what calcium deficiency in post-menopausal age means. They would know that a child's weight isn't just a number. They could recognize signs of postpartum depression. And in the long run, they will surely be a role model for their sons.

Then again, where do we start, I wonder? Men aren't just fathers and husbands, I tell myself, remembering one father-in-law who dutifully accompanied his

daughter-in-law to the local health center regularly each time she needed tests done for her pregnancy-related diabetes. I've seen brothers-in-law prepare infant feed and feed their nieces/nephews while their sisters-in-law rested. I have seen brothers change diapers for their sister's child and teenage boys challenging the norms while supporting their girl classmates during their monthly cycles.

Of sons and sons-in-law making changes in their daily routine to ensure their sick parents eat foods of their choice. These acts are not exceptions; they are the beginnings of a 'new masculinity': one that values empathy, presence and partnership in addition to being stoic and strong.

Increasing men's involvement in caregiving would have a snowball effect, bring in gender equity, build healthier families, lead to better child development and stronger societies. While traditional role of a man as a husband and father has been to 'earn the bread' and bring in income (which, by itself, is no mean responsibility), it is increasingly clear in our changing landscape of dual incomes, working mothers, urbanization and nuclear families that the benefits of being involved in 'making the bread' are far wider. A shared effort always tastes better.

With such changes, I still hope that maybe, just maybe, my mother will soon become comfortable enough to cook as per her tastes!

Dr Prarthana is a medical doctor and public health practitioner passionate about everything under the sun that deals with reshaping narratives around family health in India. Currently she is Thematic Lead for MNCH in KHPT.



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



For more information, visit: www.wiprofoundation.org