wipro foundation

Arogya Darpan

Empowering India's healthcare journey

Community engagement

Bi-annual newsletter

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Introduction

This edition of Arogya Darpan is dedicated to one of public health's most enduring and vital questions: what does it truly mean to engage with communities? Across the pieces gathered here, we hear from practitioners, theorists, and technology builders, each approaching community engagement from a different vantage point yet arriving at a shared conviction.

Through this edition, we explore community engagement as the foundation of Wipro Foundation supported programs, drawing on partner stories from across India. Three opinion pieces follow a field reflection on trust and co-design, a theoretical framework rooted in Freirean praxis, and a perspective on building technology that listens before it speaks. Together, they offer a rich mosaic of what community-centered health work looks like today.

Photo: Doctors For You

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

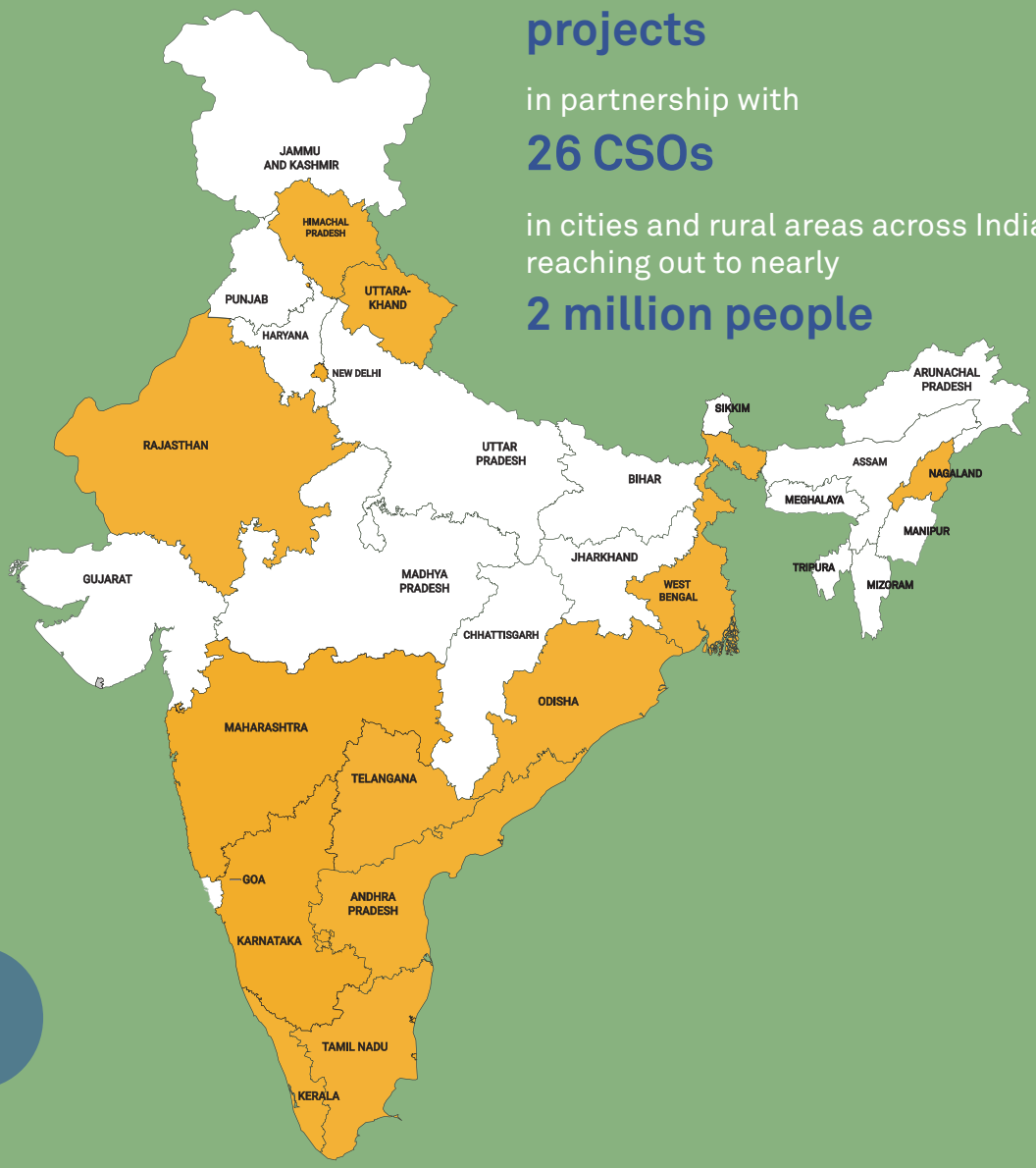
30 primary healthcare projects

in partnership with

26 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.

Community engagement

Stories from the field—community engagement across Wipro Foundation partners

"Successful community projects do not always begin with a needs assessment. Often, they begin with something far simpler—a relationship."

Community engagement is often the centerpiece of the programs we support at Wipro Foundation. It reflects not only the strength of a program, but the way it was designed, nurtured, and evolved over time. Across geographies and organizations, every community engagement model looks different. Each NGO, each region, and each stage of organizational growth brings its own approach, shaped by local realities and relationships.

What the most successful initiatives share is this: they do not begin with a scientific needs assessment or a perfectly defined framework. They begin before objectives and outcomes are finalized. They begin when the choice is made to listen deeply to communities even when those conversations are not tied to immediate measurable outcomes. When programs begin with trust, they create impact beyond predefined indicators. There is a sense of non-transactional good a shared commitment that extends beyond program deliverables.

Across partner initiatives, communities gradually begin to see themselves within the work. Community members do not merely attend awareness sessions; they carry the messages into their homes, neighborhoods, and daily lives. Many willingly become volunteers and local ambassadors, ensuring that information reaches every household and every individual who may benefit from it. With greater community ownership, positive shifts in health-seeking behaviors become visible. Over time, the work no longer remains solely the responsibility of project staff it becomes something that is sustained, adapted, and shared collectively by the community itself.

Another important insight from practice is that programs cannot be designed in isolation. Community-centered work benefits immensely from diverse perspectives, lived experiences, and local contexts. Listening is not an additional activity within community engagement; it is the foundation of it.

Strong community engagement also strengthens the connection between people and systems. Across partner projects, local systems have become more active and accountable through the formation of Mahila Arogya Samitis (MAS), activation of VHSNCs and UHSNCs, engagement of self-help groups (SHGs), and local volunteers taking leadership roles. Such efforts increase social accountability while creating platforms that can rapidly and positively shape community behavior. Most projects build upon existing skills and resources within communities, working with local groups and organizations that already serve them.

Photo: Rural Literacy and Health Programme

Understanding community engagement: the UNICEF continuum

To understand these patterns more fully, it helps to draw on the continuum of community engagement described by UNICEF, which outlines four levels:

1. Inform and mobilize the community to participate in addressing immediate short-term concerns, with strong external support.
2. Consult and involve the community to improve the delivery of services and programs, with some external support.
3. Collaborate with the community to enable priority-setting and decisions from the community, with or without external support.
4. Empower the community to develop systems for self-governance, establish and set priorities, implement interventions, and develop sustainable mechanisms for development with partners.

The most meaningful and sustainable change often emerges when communities move beyond being passive recipients to becoming active partners—and eventually leaders—within the process. Community engagement, at its core, is not merely an activity within a project; it is a way of working that recognizes dignity, trust, participation, and shared ownership as central to meaningful change.

At Wipro Foundation, this approach is foundational to our work. We place strong emphasis on community engagement as a driver of long-term impact, supporting partners to build deep, locally grounded processes. Across 30 projects, our collective outreach has reached around 2 million individuals—reflecting not just scale, but the strength of community-led efforts that enable more responsive, inclusive, and sustainable health outcomes.


Photo: SNEHA

Partner stories from the field

Nurturing young voices: the journey of adolescent health ambassadors

KHPT—Singasandra, Bengaluru

Karnataka Health Promotion Trust has placed adolescents at the center of its community engagement strategy through the creation of Adolescent Health Ambassadors (AHAs) young change agents aged 10 to 18 years being nurtured to promote health awareness and positive behavior in their neighborhoods.

Monthly capacity-building sessions focused on health, hygiene, life skills, and personality development, creating safe spaces where adolescents gained confidence and deepened their understanding of health issues. The program invested steadily in building their capacities. Monthly capacity-building sessions were conducted throughout the reporting period, focusing on health, hygiene, life skills, and personality development.

These sessions created safe and encouraging spaces where adolescents-built confidence, developed communication skills, and deepened their understanding of health issues affecting their families and communities. Building on this foundation, structured capsule training programs were organized to strengthen AHAs' knowledge and leadership on key health themes.

109 children were identified and engaged as potential AHAs under the RMNCH+A project in Singasandra. In alignment with National Nutrition Week, two focused sessions engaged 24 AHAs. During Mental Health Week in October 2025, four sessions reached 55 AHAs, with discussions on emotional well-being, stress management, and breaking stigma.

Beyond training rooms, AHAs demonstrated their growing leadership through active participation in the Pulse Polio Campaign in December 2025. Through their journey, these young ambassadors have emerged as confident communicators and advocates for healthier communities. What began as a community engagement initiative is steadily evolving into a movement led by young voices rooted in awareness, responsibility, and hope.

Photo: Karnataka Health Promotion Trust

Miles to go: strengthening inclusion

Aaina—Bhubaneswar

Parveen (name changed), a six-year-old with Down syndrome from CRP Munda Sahi in Bhubaneswar, had for years remained isolated comfortable only with close family members. Aaina's consistent engagement through home-based therapeutic support and special education helped reduce her aggression and enabled her to gradually interact with others. Today, she is beginning to engage in play, express herself using symbols, and connect more confidently with those around her.

Aaina's broader approach in Bhubaneswar involves working with 16 children with disabilities through a combination of home-based therapy and structured support

at its resource center. By mainstreaming children into these centers and encouraging participation in community events, Aaina is expanding access, reducing isolation, and fostering a sense of belonging opening pathways for inclusion, dignity, and long-term well-being.

Community engagement plays a critical role in this journey. For children with disabilities, opportunities to participate in local events, group activities, and shared spaces not only build social connections but also enhance confidence and independence.

Photo: AAINA

Restoring dignity: Mangalamma's journey

RLHP —Mysore

Mangalamma, a 45-year-old widow from Muthathi village, had been living in extreme hardship since her husband's passing six years ago. Her name had been removed from the family ration card after his death, cutting off her access to the Public Distribution System. Despite years of repeated visits to government offices, her efforts had yielded no results.

A turning point came when she connected with the Rural Literacy and Health Program (RLHP) team during a village outreach. The team reviewed her documents, accompanied her to the Taluk Office, assisted with her application, and engaged with officials on her behalf. Within ten days, she received her income certificate; her ration card application followed. After years of uncertainty, Mangalamma now looks forward to greater stability in her life.

This journey highlights the power of community engagement where timely intervention, empathetic support, and patient handholding can restore not just access to services, but dignity and confidence. RLHP has reached 36 villages, 11 of which have been withdrawn for being self-sustaining after interventions a testament to the depth of community ownership the model has built.

Mobile care, lasting trust

LVMF—rural villages, Pune

The Late Vaibhav Phalinikar Memorial Foundation (LVMF) demonstrates how context-driven community engagement, rooted in local realities, can translate into sustained health outcomes. Through its Mobile Medical Unit, LVMF has reached over 2,300 individuals across 16 rural villages, delivering essential health services and information directly to communities with limited access to primary care. Recognizing that access alone is insufficient, LVMF combines regular outreach, counselling, and on-site clinical care. Continuous village visits and follow-ups have built strong community trust, encouraging early care-seeking, better treatment adherence, and greater uptake of preventive screening.

Non-communicable diseases emerged as a key focus area, with screenings identifying

Photo: Late Vaibhav Phalnikar Memorial Foundation

many previously undiagnosed cases of hypertension and diabetes. The program currently supports ongoing care for around 600 individuals. LVMF also uses culturally rooted approaches including kirtan-based health communication to make health information accessible and relatable, exemplifying how trust and familiarity can meaningfully amplify health impact.

Awaaz-e-Saathiyo: when communities lead change

SNEHA—Bhiwandi, Mumbai

Shazia (name changed), an active member of the Health Committee in Bhiwandi, mobilized fellow committee members and community residents to address clogged gutters in her chawl that had caused several children to fall ill. Despite repeated complaints, no action had been taken. Together, they approached the Health Department office, formally raised the issue, and submitted a requisition for immediate gutter cleaning. This collective effort reflects how informed and organized communities can effectively engage with formal systems to demand accountability and ensure timely services.

This story illustrates the broader approach of SNEHA in Bhiwandi building social accountability and empowering communities to take ownership of their challenges. By strengthening community platforms like Health Committees, SNEHA enables residents to move from passive recipients of services to active agents of change. These shifts towards confidence, agency, and collective responsibility are foundational to ensuring that the impact of interventions is not only achieved but sustained over time.

Photo: SNEHA

Opinion

Beyond the clinic walls: engaging communities in healthcare

Poornima B S
The Association of People with Disability

The stethoscope can only hear what happens inside the exam room. But health? Health happens everywhere else.

The story of a simple goodbye

One ordinary day in 2006, at our office in Davangere, I noticed Devi sitting quietly with red, watery eyes. Devi was a Peer Educator and a street-based sex worker. When I gently asked why she had been drinking the previous night, she wouldn't look at me at first. Then, she turned, her voice almost breaking: "Because you did not tell me goodbye before leaving."

The previous evening, I had accompanied her into the community to understand the sex worker network. She had walked me through narrow lanes and introduced me to women in the area. In the rush to leave, I had forgotten to say goodbye. In that moment, beneath the alcohol and the redness in her eyes, I could see the depth of her hurt and the purity of her affection.

Years later, I understood it differently. For people who have lived with vulnerability, stigma, exclusion, and invisibility, being acknowledged matters. Devi's story was just the beginning. What follows is not academic public health theory, but a reflection of hard-won lessons, missteps, and successes from frontline experience in co-creating community health solutions.

Rebuilding trust through micro-communities

Imagine a local clinic launching a free diabetes screening program in an underserved neighborhood. The team waits. The flyers are printed; the budget spent. Yet, hours pass, and the chairs remain empty. To the healthcare force, it is 'patient non-compliance.' To anyone living in that neighborhood, the reality is obvious: the clinic is a bus transfer away, the timings conflict with working hours, and the community has historically felt dismissed by institutional medicine.

During work with non-communicable diseases and comprehensive primary healthcare programs in Singasandra, Bengaluru, we quickly realized that a clinical banner alone was not enough. We sought out the heartbeat of the community—a local

Photo: Aaina

Self-Help Group leader and a dedicated SDMC member who held the invisible keys of trust. By partnering with them, the dynamics of our health camps shifted entirely. Instead of sterile, intimidating clinic setups, we gathered on familiar community turf. The community turned up in overwhelming numbers.

True healthcare transformation doesn't start with innovative and modern medical devices or a good press release but by shifting our mindset from treating patients to empowering communities.

Moving from informing to co-designing

Communities do not truly participate in initiatives designed without them. In the Arogyasangama intervention by KHPT, workshops were co-designed with PRI members and local village community stakeholders. As a result, the project saw immense participation even from passive women members who usually waited for male agreement before speaking.

For reactivating Mahila Arogya Samitis (MAS) in PHCs across Bengaluru and Mysuru, the process began with listening convening consultative dialogues with existing MAS members, ASHAs, community women, and stakeholders. What emerged was not just 35 MAS formations in six months, but also empowered community spaces built on trust, participation, and shared leadership. PRI members took ownership; ASHAs became stronger facilitators; women began seeing MAS as their own platform rather than an external intervention.

Community engagement becomes meaningful when hierarchy is flattened and communities move from being beneficiaries to co-creators.

The power of storytelling and participatory approaches

During field training experiences, instead of relying on technical language, I designed training modules in participatory, game-based formats accessible to everyone, literate or illiterate, migrants facing language barriers, people across different ages and geographies. Every training was anchored in stories, visuals, role-plays, games, and interactive conversations.

This not only increased participation but also created safe and inclusive spaces where people felt confident to ask questions, share experiences, and learn from one another. True community engagement requires translating dense clinical jargons into empathetic, understandable, everyday language. If health literacy is not accessible, it is not useful.

Holistic engagement: health beyond the clinic

While interacting with a support group of people living with NCDs, I asked an elderly man why he continued eating rice every day despite knowing it was not ideal for his diabetes. He smiled helplessly: “Who will prepare a separate diet for me? My daughter-in-law leaves early for work, takes care of the children, and manages the house.”

This response shifted my understanding of health behavior. What may appear as non-compliance is often shaped by caregiving burdens, livelihoods, family dynamics, time, and access. We cannot talk to a community about preventative wellness while they are facing housing insecurity, violence, hunger, or lack of reliable transportation. True community engagement requires us to look beyond hospitals and medical interventions and understand the social realities people live with every day.

Photo: Niramya Health Foundation

Opinion

Building on lived struggles: pathways for Participatory Community Action

Tom Thomas
Praxis Institute for Participatory Practices

Participatory Community Action is not about ticking boxes, it is about transforming relationships of power.

The future of healthcare will not be shaped by technology alone, but by the strength of the human connections we build around it. The time has come to move beyond talking to communities and begin building with them because sustainable change is created not for communities, but alongside them. Participatory Community Action (PCA) is both powerful and complex. It is not only about revolutions or sweeping reforms, but also about everyday struggles for dignity and survival. Movements like the Koel Karo agitation in Jharkhand or the Balia Pal agitation in Odisha arose organically from communities facing existential threats to land, livelihood, and identity. These were not designed by external actors; they grew from the soil of lived experiences.

Civil society-engineered PCAs—like the Right to Food Campaign and SEWA's organizing of informal women workers—are equally instructive examples. What ties these together is a shared experience of exclusion, a shared purpose for change, and the critical consciousness to see oppression and power asymmetry clearly. When these converge with a critical mass of people, transformation becomes possible. Both forms teach us that effective PCA rests on four pillars: shared experience, critical consciousness, shared purpose, and critical mass. Leadership and sustainability add further layers, but without these pillars, community action risks becoming transactional or tokenistic.

Too often, PCA is reduced to its most rudimentary form: gathering people, discussing a project, collecting user fees for a service. Such reduction might look good in a donor report, but it misses the essence of participation. Effective PCA requires us to look deeper into lived experiences, into consciousness, into purpose, and into the collective strength of communities.

The four pillars of Participatory Community Action

1. Shared experience

Two common mistakes undermine participatory work. First, we impose imagined versions of reality on communities—seeing them only as victims. This 'victimhood bias'

denies communities the right to define their own experiences. Second, we treat communities as monoliths. In healthcare, it is tempting to assume diseases affect everyone equally, but illness is not immune to caste, class, gender, age, or ability. Maternal health challenges differ sharply between Dalit women, tribal women, and urban middle-class women.

A third, often overlooked mistake: we focus almost exclusively on communities as recipients of services, while ignoring the experiences of those who deliver them. ASHA workers, anganwadi staff, and municipal sanitation workers often face exploitative conditions, inadequate pay, and occupational hazards. Their realities shape the quality and sustainability of healthcare delivery. When we speak of shared experience, we must include these service providers within the canvas.

2. Critical consciousness

Turning diverse experiences into common purpose requires critical consciousness. Paulo Freire described this as the ability to analyze, question, and ultimately transform oppressive social, political, and economic systems. Patriarchy, casteism, and capitalism suppress this ability by naturalizing inequality through ideas like 'karma' or 'free market.' Breaking through requires praxis: the cycle of action, reflection, and new action. In healthcare, this might mean communities reflecting on why certain groups face higher maternal mortality, acting to demand accountability, and then reflecting again on the outcomes.

3. Shared purpose

Communities must define purposes that emerge organically from their lived realities. Sometimes a shared purpose grows from a homogeneous experience—working women identifying childcare as a collective need, elderly groups focusing on accessible health services. At other times, it arises from overlapping experiences across groups. Recognizing both kinds of shared purpose helps design programs that are inclusive and responsive to diverse realities.

4. Critical mass

The driving force of PCA depends on which experiences are chosen and centered. In sanitation campaigns, women became the critical mass because they felt the need most acutely. In contrast, discriminatory practices in public health have not generated a critical mass pointing to the failure of civil society and governments to center those experiences.

Sustaining change

Even when PCA succeeds, sustaining change is another challenge. Gains can erode when oversight fails. In healthcare, sustainability requires mechanisms like community scorecards, participatory audits, and community oversight committees ensuring accountability and preventing regression. Continuous dialogue, reflection, and vigilance are essential to keep participatory gains alive.

As Freire reminded us: "Human activity consists of action and reflection: it is praxis; it is transformation of the world." The challenge before us is to ensure that this praxis does not fade but continues to shape a more equitable future.


Photo: Doctors For You

Opinion

Technology for and with communities: a window of possibilities

Swaroop
KHPT

"Every community is shaped by different histories, different needs, different vulnerabilities. For technology to truly serve communities, it must first listen to them."

In today's fast-changing world of technology, the focus often falls on the latest digital and AI innovations. Yet, an important reality is overlooked: communities are not one-size-fits-all. Think of a migrant worker in a construction area, a caregiver in a remote taluk, a young person discovering a first smartphone, or an elderly resident adjusting to urban informal settlement life. Each experiences technology differently, shaped by their location, life story, and social realities. When we talk about technology in community engagement, the focus should not be only on what technology can do, but on the community, it is meant to serve.

The communities who stand to benefit most from digital engagement are often the last to receive it, and the tools meant for them are too often created without their voices being heard. Digital technologies in public health include mobile applications, telehealth services, AI-enabled chatbots, voice-based platforms, short message service (SMS) systems, and digital records that help share information, improve care, and support frontline workers. But these tools should do more than turn existing systems into digital ones; they should make healthcare more inclusive, respectful, and accessible. This piece highlights how community-centered digital technologies can strengthen public health engagement drawing on KHPT's Sangaati platform as an example when equity, inclusion, and participation are placed at the heart of their design.

The risks of getting it wrong

Digital tools, when not designed with community realities in mind, can deepen exclusion rather than reduce it. Limited access to devices, poor connectivity, low digital literacy, language barriers, and weak privacy safeguards can prevent vulnerable groups from benefiting fully. When technology is introduced without meaningful community participation, platforms may discourage people from seeking help, increase administrative burdens on frontline workers, and fail to build trust.

What the sector must commit to

A participatory research approach, community consultations, iterative pilots, and continuous feedback throughout implementation are essential. Voice-first AI systems should be treated as part of the essential public health infrastructure layer, particularly in settings where literacy, language diversity, and digital exclusion remain major barriers.

Community technologies must reflect the cultural, linguistic, and social realities of the people they serve. Features such as voice-based interaction, multilingual access, reduced reliance on reading, and locally familiar communication styles are essential for truly inclusive digital engagement. Privacy, minimal data collection, informed consent, and transparent governance must be built in from the start with communities treated as active decision-makers, not merely as data sources.

For digital and AI tools to create a lasting impact, they need to be woven into existing public health systems rather than remain isolated pilot projects. Their long-term success depends on institutional ownership, ongoing community feedback, and continued investment in accessible digital infrastructure.

Sangaati: a case in point

KHPT, in collaboration with Karya, developed Sangaati meaning Companion in Kannada, a voice-based digital health application powered by AI and a Large Language Model (LLM) to provide Tuberculosis-related information in 10 Kannada dialects. The app requires no registration, no typed questions, and stores no personal data. To shape the platform, KHPT worked closely with people with TB, caregivers, frontline workers, and field staff to identify the most common questions around TB resulting in a repository of more than 3,300 verified questions and answers, validated by the Karnataka State TB Programme (NTEP).

The app is especially designed for people with low literacy and limited digital familiarity, following a simple three-step process: Tap, Ask, and Listen. Additionally, it has been built with cognitive load reduction strategies such as voice interaction, conversational retrieval, repeatability, low navigation complexity and reduced reading dependency. It also includes a feedback feature that allows users to respond with a thumbs up or thumbs down, making it possible to monitor performance in real time and continuously improve the experience.

The evidence is encouraging: more than 44,000 downloads, 82% of users rated it positively, 94% user satisfaction, and 95% accuracy. Sangaati does not replace human care; individuals who need further support are connected directly to counsellors. An extension into Hindi is now underway.

“The call is not to accelerate deployment. It is to slow down and ask the questions that most technology programs skip.”

The funders, program designers, technologists, governments, and civil society organizations all share a collective responsibility to shape technology from a community lens—not because communities cannot advocate for themselves, but because the structural power to shape how technology is designed, deployed, governed, and sustained still largely sits with institutions. That power must be exercized with far greater intentionality, accountability, and participation than it is today.

Opinion

Leveraging implementation research for community-based organizations

Lathadevi Chilgod, Raveena Raveendran, Manashri Bhuyar, Tanya Seshadri, Kaushik Siddappa, Vaibhav Agavane, Pragati Hebbar, Prashanth N Srinivas
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Introduction: beyond traditional service delivery

For community-based organizations (CBOs) and non-governmental organizations (NGOs), project success is often measured by a deliverables-based framework that meets specific targets and deadlines within a fixed period. While this approach ensures accountability, it frequently overlooks the complex, real-world factors that determine whether an intervention truly takes hold. Implementation Research (IR) differs fundamentally from routine monitoring and evaluation. While traditional frameworks assess whether predefined targets are met, IR interrogates the underlying processes of implementation, examining what works, for whom, in which contexts, and why.

This distinction is particularly critical for organizations operating in complex, resource-constrained environments, where contextual variability often determines success more than intervention design itself. IR shifts this focus from simply performing tasks to understanding how the work is conducted in real time.

Within an IR framework, a project is regarded as a dynamic platform for systems thinking and long-term engagement. Research is not an isolated academic activity; it serves as a crucial tool for addressing contextual challenges. By treating a project as a learning laboratory, organizations can move beyond viewing the community as passive beneficiaries and instead see the entire health and social system as an interconnected network of partners.

A defining feature of IR is its focus on implementation outcomes, which provide actionable insights beyond service coverage. These include acceptability (how stakeholders perceive the intervention), feasibility (practicality within existing systems), fidelity (degree of adherence to intended design), adoption (uptake by implementers), and sustainability (extent to which the intervention is institutionalized). By systematically measuring these domains, organizations can refine strategies in real time rather than waiting for endline evaluations.

Furthermore, implementation research provides a valuable opportunity to systematically identify shortcomings in implementation processes and to optimize strategies tailored to specific community contexts. This approach can reduce costs and timeframes while improving overall effectiveness.

The core strength of an IR approach is the structured opportunity it provides for meaningful collaboration and the ability to generate continuous feedback loops. Rather than arriving with a pre-packaged solution, IR brings system-level stakeholders,

government officials, frontline workers, and community leaders into the heart of the decision-making and design process. This ensures that the solutions developed are practical, culturally appropriate, and locally owned.

For organizations that may lack specialized research staff or technical resources, this approach provides a pathway for strategic partnerships. By collaborating with research institutions or medical colleges, NGOs can combine their deep community trust with technical rigor. This synergy transforms a local project into a high-value, evidence-based model that can influence policy at a much higher level.

A case study: the EQUIP-HWC project

An example of this is the Equitable, Quality Universal Health Coverage Implementation Research project for optimizing comprehensive primary healthcare through Health and Wellness Centres (EQUIP-HWC), an ICMR-led National Health Research Priority Project initiative. The project aims at design and operationalize a context specific implementation delivery model for HWCs that can deliver 12 Comprehensive Primary Health Care (CPHC) services with high coverage (80%), quality and equity, maintaining core comprehensive primary healthcare values in Chamrajanagar district, Karnataka.

It adopts the Consolidated Framework for Implementation Research (CFIR) to design and develop the study along with the logic model for explaining the possible mechanism and pathways through which the implementation strategy is expected to work in Chamrajanagar district.

How EQUIP-HWC applies the IR philosophy:

- **System-level design:** In the Chamarajanagar district, IPH team is a technical partner collaborating with the district health administration at every stage to design and co-develop the implementation model and facilitate implementation and evaluation.
- **Integrating research with action:** The project involves stakeholders in identifying local barriers and providing key inputs and feedback on plans, tools, such as IR toolkits and training modules, that they will eventually use. This ensures the research findings are immediately useful to the health system.
- **Iterative learning:** EQUIP-HWC uses an iterative process which allows the team to document the model's evolution and refine strategies based on real-world feedback, ensuring the project remains responsive to ground reality.
- **Capacity building:** For the local health system, the project serves as a platform for capacity building, providing the tools and evidence needed to sustain improvements in service quality and equity long after the project concludes.
- **Partnership:** IPH team works with district health stakeholders sharing responsibilities and improving collaboration.

Conclusion

Implementation research allows organizations to function as catalysts for systemic change. It provides a structured way to solve complex problems through collective intelligence. For NGOs and CBOs, adopting an IR lens means their work is no longer just a short-term project; it becomes a sustainable contribution to the national evidence base and a roadmap for achieving Universal Health Coverage. IR also strengthens sustainability by embedding learning within the system rather than externalizing it. Through co-design, stakeholders participate in identifying priorities and shaping research questions, which enhances ownership and increases the likelihood of institutionalization.

Highlights from the Healthcare Partners' Forum 2026

The 5th edition of the Wipro Healthcare Partners' Forum brought together approximately 120 participants from 28 healthcare partner organizations from across India, including program leaders, health practitioners, and sector experts, for a series of structured discussions, technical sessions, and workshops at Azim Premji University in Bengaluru from February 16-18, 2026.

The discussions centered on strengthening community health systems through collaboration, evidence-based practice, and shared learning. Expert-led sessions examined blind spots in community-based care, including the management of chronic illnesses and the need to advance health services through a disability-inclusive lens. Participants also engaged in conversations on sustainability within community health programs and the growing need for community-level mental health support. Several sessions highlighted lesser-discussed aspects of reproductive health and the rising role of digital tools in shaping the future of primary healthcare, in addition to climate change and its implications for community health. The forum also introduced innovative formats, including game-based learning to explain issues of health equity and workshops on implementation research rooted in field realities.

The Wipro Healthcare Partners' Forum emphasized a collaborative push to strengthen community health systems and underscored the importance of continuous learning and collective reflection in this effort.

You can revisit the sessions here: Wipro Healthcare Forum 2026


Azim Premji University


wipro foundation
Wipro Healthcare
Partners' Forum 2026
February 16-18, 2026
Azim Premji University, Bengaluru
Untold stories of reproductive health
1:30 p.m. - 2:45 p.m.


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