



**She Matters: A Day of Dialogue, Insights, and  
Hands-on learning on Gender and Women’s  
Health- 17<sup>th</sup> February 2026**

**WIPRO Healthcare Partners’ Forum 2026**

## **She Matters: A Day of Dialogue, Insights, and Hands-on learning on Gender and Women's Health**

### **Healthcare Partners' Forum 2026**

Wipro Cares, the employee engagement arm of the Wipro Foundation, has been a key partner in advancing access to quality healthcare for marginalized communities across India. Healthcare is a core focus area for Wipro Cares, with interventions designed to complement public health systems and respond to the needs of underserved populations in both urban and rural settings. Further, Wipro Cares also organizes an annual Healthcare Partners' Forum to bring together its healthcare partners for shared learning, reflection, and collective action. The forum provides space for partners to engage on emerging public health challenges, exchange programmatic experiences, and explore innovative and scalable approaches to strengthen primary healthcare delivery. Over time, the forum has evolved into an important platform for dialogue among non-profit organizations, public health practitioners, and subject experts.

This year KHPT, a not-for-profit public health organization, and a partner of Wipro Foundation, joined hands with Wipro Cares to facilitate a one-day thematic session around Women's Health and Gender Equity, as part of the Health Partners' Forum 2026. The event titled '**She Matters: A Day of Dialogue, Insights, and Hands-on learning on Gender and Women's Health**', was held on 17<sup>th</sup> February, 2026, at the Azim Premji University Campus.

### **Objectives of the One-Day She Matters Session: -**

The day-long event was planned with the following objectives:

1. To curate learning around health equity, gender and women's health using creative, gamified and interactive formats.
2. To build knowledge and awareness around lesser-known aspects of women's health.
3. To centre community perspectives on health and social determinants of health across the different domains of health discussed during the forum
4. To learn about newer intersecting issues that affect health, such as climate and digital interventions in health.

## **1. Community Panel Discussion: Mental Health from the Ground Up: -**

*Facilitator:-* Benson Issac

*Panel Members :-*

- Dr Lakshmi Narasimhan and Ms. Prabhavathi from The Banyan Academy of Leadership in Mental Health, Tamil Nadu.
- Dr Manoj Kumar and Mr Shajan MP from Mental Health Action Trust (MHAT), Kerala.
- Madhuri Gavit and Mr. Sainath Devrao Ghait from Savitribai Phule Mahila Ekatma Samaj Mandal (SPMESM), Maharashtra.
- Dr Maithreyi Ravikumar and Ms. Asha Bukitagar from KHPT, Bangalore.

The panel sought to develop a ground-up understanding of mental health, drawing upon community members' perceptions and own language around mental health. Framing the discussion around mental health through community perspectives, the rationale for institutionalizing community mental health models were highlighted.

Community representatives, supporting diverse mental health interventions, for farmer suicides in Maharashtra, gendered barriers to health and well-being for adolescent girls in Karnataka, homeless persons in Tamil Nadu, and persons with mental illness in rural Kerala, spoke of the nature of problems and challenges they encounter in community health work. They highlighted the importance of addressing the structural and social determinants of mental health – from lack of awareness on mental health issues within the community, stigma, poor gender norms, lack of family and social support for persons living with mental illness, lack of access to welfare measures and entitlements, and structural violence against persons with mental illness. Within this context, they described the creative work they do in supporting communities through sustained engagement, home visits, frontline worker mobilisation, and collaboration with community influencers, organizing night camps, creating awareness on mental health as part of festival and fairs, linking spirituality with counselling practices, linking mentally ill persons with social welfare schemes, preventing child marriages and school dropout by working with rural adolescent girls, and their parents to handle maturational changes and development of their

bodies, and so on. However, they highlighted that treatment adherence remains constrained by stigma, cultural/religious beliefs, financial barriers, and resistance within families.

Complementing the perspectives of the community representatives, representatives from the Civil Society Organizations (CSOs) supporting these community mental health interventions discussed the needs of *de-medicalizing mental health interventions, decentralizing mental health programmes, governance and budgets, and developing local ownership and community partnerships*. They highlighted the importance of developing task-sharing models with the community, reallocating budgets from tertiary mental health care systems and district mental health programmes to grassroots community-based interventions to address the scale of the problem and lack of adequate specialist human resources for mental health. Approaches integrating psychosocial support with livelihood activities, building parent-daughter relationships to address adolescent mental health, agricultural collectives for drought management to reduce farmer distress, and faith-based initiatives such as Karnataka's Dawa-Dua programme were identified as promising models that normalise mental health conversations within everyday community settings.

Together, community representatives and CSO built an understanding of the intersectional aspects of mental health, and the role of social determinants such as gender inequities, caste dynamics, livelihood insecurity, and climate-related stressors such as drought and migration, that are important to address within mental health interventions.



## 2. Fireside Chat: Innovations in Maternal Health; Conversations on Preconception Care

*Facilitator:-* Dr Prarthana B S (KHPT, Bangalore)

*Panel Members :-*

- Mr. Aravind Mallikarjun Masali (Jhpiego, Bangalore)
- Ms. Prathibha Rai (KHPT, Bangalore)

The discussion opened with a critical reflection on why preconception care (PCC) requires renewed attention and how it differs from routine maternal health programming. The public health rationale highlighted significant missed opportunities, including high rates of unplanned pregnancies, anaemia, undernutrition, and unmanaged non-communicable conditions among women prior to conception. It was emphasised that interventions often begin only after pregnancy confirmation, *whereas PCC should be framed as preventive obstetrics encompassing biomedical screening, nutrition, mental health, substance use, and broader social determinants.*

The speakers underscored prevailing gaps in awareness, gender norms, and limited male engagement, noting that PCC is frequently reduced to family planning and folic acid supplementation rather than a comprehensive preventive approach. Implementation experiences across states were shared, including structured integration models that combine social and behaviour change communication (SBCC), systematic high-risk screening, digital tools, frontline worker capacity strengthening, and convergence across nutrition, Non Communicable Diseases (NCDs), and mental health programmes. The use of tools such as the Eligible Couple (EC) card and designated EC Days at primary care facilities was highlighted as a strategy to encourage shared responsibility, early risk identification, and family-focused counselling.

The discussion further emphasised that PCC should adopt a life-course perspective, beginning in adolescence and continuing through inter conception phases. Key challenges identified included low risk perception during the preconception period, limited decision-making autonomy for women, rigid gender roles, substance use among men, stigma related to infertility, and inadequate male participation.

Participants also stressed the importance of engaging families and community institutions to create enabling environments.

The session concluded with consensus that preconception care must be repositioned as a gender-transformative, life-course strategy rather than a narrow biomedical intervention. Sustainable scale-up will require early engagement, systemic convergence across programmes, meaningful inclusion of men and families, and measurement frameworks that capture both service coverage and shifts in community norms and shared decision-making.



### 3. Fireside Chat: Untold Stories of Reproductive Health

*Facilitator:-* Kachina Chawla (Lighthouse Health Solutions)

*Panel Members :-*

- T S Padmapriya (Sanitation First India, Tamil Nadu)
- Dr Annamma Thomas (St Johns Medical College, Bangalore)

The discussion focused on the prevalence of reproductive health concerns beyond maternal and child health, highlighting delayed care-seeking, stigma, and systemic neglect across the life course. It was emphasised that reproductive health must be addressed from adolescence through perimenopause and menopause, stages that remain underserved within existing programmes.

Key issues discussed included inadequate reproductive health education at the school level, rising adolescent concerns such as PCOD and endometriosis linked to lifestyle factors, persistent anaemia and nutritional deprivation, and limited access to timely and specialised care. Stigma surrounding infertility, therapeutic use of contraceptives, sexual health concerns, and menopause was identified as a major barrier to care-seeking. The session also highlighted provider insensitivity, self-medication in urban settings, and the normalisation of pain and symptoms among women, particularly in later life stages. Special attention was drawn to vulnerable groups, including persons with disabilities and transgender individuals, who face compounded stigma and access barriers.

The discussion also highlighted important distinctions between urban and rural reproductive health contexts. In rural areas, limited access to specialised services, inadequate WASH infrastructure, nutritional insecurity, and reliance on public facilities often delay diagnosis and restrict treatment options, sometimes leading to irreversible interventions such as early hysterectomy. Social stigma and limited autonomy further constrain women's care-seeking. In contrast, urban settings, while offering relatively better service availability, present challenges such as self-medication, fragmented care, lifestyle-related risk factors, and persistent stigma despite higher literacy levels. *The session underscored that strategies must therefore be context-responsive, addressing structural access gaps in rural areas and behavioural and systemic barriers in urban environments.*

Participants underscored the need for life-course, community-centric approaches that integrate psychological support, strengthen provider preparedness, and actively engage men in reproductive health conversations. Schools and colleges were identified as critical platforms for early education, while structured menopause education, cervical cancer prevention through screening and HPV awareness, and improved sexual health counselling were prioritised. The session concluded with a call to move from a treatment-centric model to a preventive, equitable, and stigma-free reproductive health framework.



#### 4. Workshop 1: Digital Tools for Health Interventions

- Anchored by Tarana Reddy and Ishan Hendre from the Museum of Imagined Futures.

This session explored how speculative thinking can help imagine more ethical and human-centred futures for digital health interventions. The workshop positioned imagination as a tool to counter sector fatigue and challenge default technological trajectories. It opened with a screening of a short fiction film centred on healthcare, portraying an intergenerational story involving a midwife and a grandmother in a remote village, highlighting urgency, care, and systemic constraints in maternal health.

Participants then engaged in the core activity, “Dreaming the Machine,” where small groups designed an ethical digital health solution using assigned parameters (setting, interface, and locality). One group conceptualised a pharmacy-based solution supported by cloud-based data storage, while another proposed solution incorporating structural insights on responsible health technology design. The activity emphasised ethics-by-design, ensuring that ethical considerations are integrated into the design process rather than treated as an afterthought. Crisis simulations tested whether proposed solutions remained safe under failure conditions, such as misdiagnosis. The exercise also highlighted key requirements for health technologies, including clear accountability, robust data governance, strong harm-prevention mechanisms, and data security. Participants discussed critical aspects such as data storage (cloud vs. local systems), types of data collected, including personal and health identifiers, informed consent and user rights (opt-in/opt-out and withdrawal), data backup and recovery systems, and preparedness for data breaches through incident response and user protection protocols.

A cross-team ethical review further interrogated solutions through questions on data security, consent, governance, storage, breach preparedness, and accountability. The session underscored ethics-by-design, the importance of testing technologies under failure conditions, and the need to critically examine trade-offs rather than assuming technological neutrality. Overall, the workshop reinforced that digital health innovation must prioritise agency, human realities, strong data governance, and harm prevention from the outset.



## 5. Workshop 2: Climate Change and Its Impact on Health

➤ Facilitated by Nymisha Herrera Nimmagadda from Khushi Baby

This session aimed to strengthen participants' understanding of climate-health pathways, identify vulnerable populations, and connect climate-related risks to existing programs and roles, with a focus on actionable responses at individual, community, and system levels. A distinction was drawn between mitigation (reducing emissions) and adaptation (strengthening resilience to ongoing impacts), with the workshop primarily focusing on adaptive strategies within health systems. An interactive exercise mapping climate driver to health outcomes reinforced the interconnected and multisectoral nature of climate-related risks.

In the Indian context, climate change was discussed as manifesting through heatwaves, erratic monsoons, floods, droughts, and air pollution, with region-specific impacts requiring hyper-local responses. Key climate-health pathways identified included heat-related

morbidity, spread of vector and water-borne diseases, food insecurity and malnutrition, respiratory illness, and psychosocial stress linked to displacement and livelihood loss. Vulnerable populations include children, pregnant women, the elderly, persons with disabilities, individuals with chronic illnesses, daily wage labourers, farmers, migrants, socioeconomically disadvantaged groups, and LGBTQIA+ communities, all facing compounded risks due to structural inequities and occupational exposure.

Governance gaps were highlighted, particularly the lack of convergence across departments despite available disaster management frameworks. The discussion emphasised embedding climate adaptation within routine health programming rather than creating parallel action plans. Through case scenarios on heatwaves, drought, and floods, participants identified practical measures such as integrating climate risks into antenatal care and birth preparedness, strengthening early warning systems, enhancing facility preparedness, promoting nutrition-sensitive agriculture, and reinforcing anaemia interventions. The session concluded by underscoring that climate change is a multidimensional public health challenge requiring district-level leadership, multisectoral collaboration, and community-centric adaptation strategies.



## 6. Workshop 3: Game-Based Approaches to Health Equity

- Facilitated by Abha Rao, Dr Keerthana Anilkumar and Dr Aishwarya Anand from Ramalingaswami Centre on Equity & Social Determinants of Health, a Centre of Excellence at the Public Health Foundation of India (PHFI), Bengaluru.

The session demonstrated how game-based learning can deepen understanding of social determinants of health through interactive storytelling, decision-making, and structured

reflection. The methodology highlighted how individual health choices are shaped by social, economic, and systemic constraints rather than personal preference alone.

Three games were showcased. *Sankrama* used an eight-stage storytelling model in which participants assumed the role of a character navigating socio-economic challenges, with each decision influencing outcomes and scores, prompting reflection on equity and long-term consequences. *Aralu (Bloom)* applied a life-cycle lens, asking participants to map six key freedoms—such as freedom from hunger, discrimination, and lack of services—across youth, adulthood, and older age, encouraging dialogue on age-specific vulnerabilities and rights. *Aarogya Ayke* presented dilemma-based scenarios to illustrate how financial, policy, and community supports influence real-world health decisions, linking choices to necessary system-level interventions.

The session was highly participatory, sustaining strong engagement throughout. Participants received informational leaflets about PHFI and symbolic participation stamps at the conclusion. Overall, the session effectively combined experiential learning with critical reflection, reinforcing the importance of equity-focused, systems-oriented approaches in public health.



**Game-Based Approaches to Health Equity**

## **Conclusion**

Altogether, the day-long event created a space for reflection, dialogue, and collaborative learning among partner organizations working in diverse health contexts. The session brought together implementation experiences from the field, highlighted emerging public health challenges, and explored practical approaches to strengthening primary healthcare systems. By drawing on the collective knowledge of civil society organizations, practitioners, and subject experts, the session

encouraged cross-learning, identified common challenges, and generated actionable insights that could inform program design and implementation across different geographies.

Discussions highlighted the need to move beyond specialist-driven and episodic models of care toward life-course, gender-responsive, and system-integrated frameworks. Experiences from community mental health and reproductive health initiatives demonstrated how trust-based engagement, task-sharing, frontline worker involvement, and partnerships with local governments can expand access and reduce stigma, particularly for women, adolescents, and other vulnerable groups. Participants also underscored persistent barriers such as stigma, financial constraints, gender norms, and limited prioritisation within governance schemes.

The conversations emphasised the importance of repositioning preconception and reproductive health as preventive, life-course priorities, alongside greater convergence across nutrition, mental health, NCD screening, gender-based violence prevention, and primary healthcare platforms. Climate change was also recognised as an emerging public health challenge.

Overall, the session reinforced that improving health outcomes requires addressing social determinants, gender inequities, and environmental risks through decentralised systems, community ownership, and integrated, equitable, and climate-resilient health approaches.