INTERNSHIP REPORT

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HCL Foundation

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Internship Report

- ## Introduction

  HCL Foundation (HCLF) was established in 2011 as the corporate social responsibility arm of HCLTech in India. It is a value-driven, not-for-profit organization that thrives in contributing toward national and international development goals, impacting the lives of people and communities through long-term sustainable programs. The foundation aims to alleviate poverty and achieve inclusive growth and development through a life cycle-based integrated community development approach, with thematic focus on education, health, livelihoods & skilling, environment and disaster risk reduction & response. Child protective strategies, inclusion, and gender transformative approaches remain central in all initiatives of the HCL Foundation, thus ensuring comprehensive development.

  Vision: To be the source code for sustainable socio economic and environmental development.

  Mission: We nurture clean, green and healthy communities where everyone is empowered and equipped to reach their full potential in partnership

with our employees, communities and stakeholders, while promoting volunteerism and establishing international standards of strategic planning, implementation and measuring impact.

Impacts so far: 6.5+M lives impacted, 13,500+ PWDs reached in FY 19-20 (35% female), 76+ B litres of water harvested, 72,000+ acres of land greened and brought under community management and 2.03+ M saplings planted.

Programs and Initiatives

1.Flagship programs: This includes-

A] Samuday- Since its inception in 2015, Samuday endeavours to lead rural development by partnering with governmental bodies, NGOs, and local communities, empowering villages through strategic interventions across various sectors. Operating in three blocks in Uttar Pradesh, HCL Samuday collaborates with 765 villages, benefiting approximately 600,000 individuals through localized problem-solving and professional support.

B] HCL Tech Grant - It envisions to empower the fifth estate or the non- governmental organizations. The grant is an annual commitment of $2.4 million USD to NGOs showcasing mold breaking work in education, healthcare, and environment.

C] Uday- An urban community development initiative which works in holistic development of more than 5,00,000 urban poor through the initiatives of My Community, My School and My Worth.

D] My Clean City- It intends to carry out works and services to implement effective solid waste management in Noida city. This initiative aims to transform the city into a litter and waste free region, covering all Residential Welfare Associations and urban villages. The major focus areas of the project are capacity building of relevant stakeholders, intensive behaviour change campaigns, awareness drives and technological solutions.

E] Harit- A holistic urban CSR distinct flagship program for Environment Action; with the vision ‘to conserve, restore and enhance indigenous environmental systems and respond to climate change in a sustainable manner through community engagement’.

2. Special initiatives: This includes-
A] Sports for Change – It endeavours to foster inclusive sporting experiences for children and youth from marginalized backgrounds. Its core

objectives include ensuring equal participation opportunities, fostering excellence, and nurturing holistic development. The initiative aims to achieve these goals through-

- Bridging access gaps and encouraging grassroots participation in sports, thereby harnessing the positive impact of sports on individuals' lives.
- Utilizing sports as a tool for achieving broader developmental objectives at the grassroots level.
- Empowering young leaders from disadvantaged communities by directing their energy towards sports and creating inspirational role models.

B] My E- haat- The www.myehaat.in portal serves as a platform to exhibit India's diverse cultural heritage and exquisite handicrafts, providing a means for thousands of artisans, particularly women, to break free from exploitative systems and establish direct connections with customers. This initiative involves engaging artisans and primary producers in skill development programs, providing them with both technical and non-technical knowledge essential for enhancing their products. It also fosters entrepreneurial skills and establishes market connections. Each purchase made through the platform contributes to the

income of artisans, bringing optimism and happiness to families in distant villages, while also bolstering India's handicraft sector.

C] Power of One- Power of One serves as both an employee volunteering and payroll giving initiative, representing a pivotal aspect of HCL Foundation's efforts toward fostering positive urban change. Grounded in the conviction that even modest contributions from employees or time dedicated to community service can yield substantial societal impact, Power of One is a cornerstone of the organization's philanthropic endeavours. The funds garnered through payroll giving are allocated to the My Scholar program, which awards scholarships to academically outstanding children of HCL support staff.

D] Academy- A global platform fostering collaborative learning and innovative problem-solving for some of the world's most challenging socio-economic and environmental issues.

The Academy Empowers, Enhances, and Involves

- It Empowers learners through an interdisciplinary approach to the UN's Sustainable Development Goals and our nation's key priorities, enhancing their capacity to conceive and execute impactful development projects.

- It Enhances the capabilities of Civil Society Organizations and professionals in the development sector by providing them with effective tools and exposure to new models and concepts, particularly in Corporate Social Responsibility (CSR).
- It Involves youth in nation-building and global peace efforts by facilitating meaningful partnerships and collaborations between governments at both national and international levels.

- **<u>Objectives of Internship</u>**:
  1. Gain practical experience: Apply theoretical knowledge from studies to real-world projects in areas of healthcare.
  2. Understand CSR (Corporate Social Responsibility): Learn how HCL Foundation, as the CSR arm of HCL Technologies, implements social initiatives and contributes to sustainable development.
  3. Project management skills: Assist in planning, executing, and monitoring various community development projects.
  4. Community engagement: Interact with local communities, NGOs, and government agencies to understand grassroots challenges and solutions.

5. Impact assessment: Learn to measure and evaluate the impact of social programs using data and analytics.
6. Networking: Connect with professionals in the development sector, HCL employees, and fellow interns.
7. Skill enhancement: Develop skills like research, report writing, data analysis, and presentation.
8. Innovation and problem-solving: Contribute ideas to address social issues innovatively and cost-effectively.
9. Understanding corporate culture: Experience the work culture of a leading IT company's CSR wing.

- **Key Activities/ Projects Undertaken Other than Dissertation**

1. India Health Action Trust (IHAT) brought about a project proposal to HCL Foundation through HCL Grant Edition VI. The title of the project was on Improving Maternal, Newborn and Child Health Outcomes in Tribal Areas of Madhya Pradesh for a project duration of 48 months.

- IHAT's focus is on accelerating the reduction of Neonatal Mortality (NMR contributes to 2/3rd IMR, >50% U5MR) in the Shahdol district.
  The project aims to identify the gaps and develop

interventions to address these gaps at the community, facility and health systems level.

- IHAT has leveraged its partnership with the government to implement the project and government resources for service provision. It aims to ensure availability, quality, and utilization of critical MNCH services across the continuum of care.
- A baseline survey was conducted to evaluate the effective coverage of MNCH services at the community as well as facility levels. With the help of the survey, it was inferred that the progress of maternal and newborn health is hindered by the lack of quality coverage indicators in all three phases. (ANC, intra-partum, and post-natal care). To minimize the risk of maternal and neonatal mortality, greater emphasis should be placed on improving the coverage and quality of ANC and PNC services at the community level, as well as the quality of care in the pre-delivery and post-delivery periods.

Achievements so far –

- In Shahdol's ANMOL, PW registration stands at 90% of estimates, while severe anemia identification has risen from 41% to 67%.
- High home delivery (HD) pockets in 11 villages have halved HD rates.

- Sick and newborn community follow-up rates increased from 48% to 63%, and facility follow-up rates from 39% to 48% by SNCU system.
- Jaisingh Nagar block employs an integrated approach for tribal issues.
- LaQshya certification assessed at DH, CHC Burhar, CHC Beohari, CHC Jaisingh Nagar, and MC Shahdol. MusQan certification evaluated at District Hospital Shahdol.

The following things need to be kept in mind during each of these three phases-

ANC

1. Identify the pregnant women in the community and classifying high risk pregnant women if any.
2. Providing regular ANC checkups.
3. Providing proper nutrition and supplements to the pregnant mothers such iron, folic acid, etc.
4. Capacity building and strengthening the activities of front-line workers with the help of skill labs.

Intra Partum

1. Strengthening the facility-based delivery services.
2. Proper care should be given to the mother as well as the child during delivery.
3. Management of post-delivery complications if any.
4. Capacity building of doctors, nurses, and other paramedical.

2. Training on Care of Newborn

Training on Care of Newborn was held at Birsa Munda Government Medical College, Shahdol, Madhya Pradesh on 11th and 12th June 2024 for medical and nursing officers under the able leadership of India Health Action Trust (IHAT) in collaboration with HCL Foundation, University of Manitoba and National Health Mission.

On 11th June at 10 am the session started with an introductory session whereby everyone introduced themselves. Dr. H.P. Singh sir gave an introductory session, he talked about Knowledge, Attitude and Practice. Revising the knowledge and practicing it every time was the main aspect. Dr. Umesh Namdev sir gave insight that every training session gives a new learning experience. We need to grasp the knowledge and disseminate it. Dr. Swetleena maam talked about the importance of taking care of newborns. Vikas sir took a session on Project

MANCH, the strategies and interventions accommodated in the project and the current scenario of Shahdol.

A pretest was conducted to access the current knowledge of the participants. The participants were divided into 3 groups and asked to arrange and identify the equipments placed.

Session 1 was taken by Dr. H.P. Singh on NBR Orientation and Practical Session whereby he explained about the Algorithm of Neonatal Resuscitation. Further about the role of shoulder roll, Ambu bag and later asked the participants to demonstrate newborn resuscitation.

In session 2 Dr. Swetleena took a session on Essentials of Newborn Care about its components, birth preparedness (every tray should have equipments ready), routine care at birth, 6- clean to prevent infections, warm delivery room, prevention of hypothermia, breastfeeding initiation, cord care, assessment of baby at birth (for any congenital anomalies or any other difficulties) and identification of risk among the neonates and referrals if required.

Session 3 was on the Prevention of Hypothermia, Hypoglycemia and Sepsis by Dr. Umesh Namdev.

Session 4 held post lunch was by Dr. Hari Narayan Tiwari on breast feeding, formula feeding v/s exclusive breast feeding, proper breast-feeding

techniques, problems and its treatment of breast feeding, counselling and proper breast-feeding practices. He also talked about Kangaroo Mother Care.
The participants had the opportunity to visit the Sick Newborn Care Unit (SNCU), where they witnessed a demonstration of the Kangaroo Mother Care technique. This hands-on experience provided them with practical knowledge and insights into this important practice. After this enriching visit to the SNCU, the activities for the first day of the program concluded at around 5 p.m.

On 12th of June the session started with a recap with the help of presentations prepared by the participants.

Dr. G.B. Ramteke (Dean Medical College) started the session on the congenital heart disease in Newborn whereby he explained about the basics of congenital heart diseases and the pathophysiology of atrial septal defect (ASD) and ventricular septal defect (VSD). All such defects are described based on size of defect and position of defect. The survival of patients depends upon the size of defect. Its treatment protocol includes surgical interventions such as pericardial patch and device closure (Ostium Secundum). He then talked about Transposition of Arteries, Blue Baby Syndrome

and how nursing officers would help to take immediate action in such situations.
Session 5 was taken by Dr. H.P. Singh on Pulse Oximeter and Oxygen Therapy in newborns.
Dr. Swetleena took session 6 on use of Glucometer, infusion pump and thermometer and then focused on Cleaning of Ambu Bag and Mask and steps to prevent infection.
The participants then visited SNCU, Labour room and PNC wards whereby they were demonstrated with present practical scenarios.
After the lunch break, post-tests were administered to assess the participants' understanding of the topics covered during the session. Following the post-tests, an open forum was held to address any remaining queries or concerns from the participants. Subsequently, an Objective Structured Clinical Examination (OSCE) was conducted to evaluate the participants' clinical skills and competencies. At the end of the session, feedback was solicited from the participants to gather insights and suggestions for improvement. With the completion of these activities, the session came to a successful conclusion.

3. VHSND Visits

A] VHSND Beomhari: On 4/6/24 village health sanitation and nutrition day was observed at Beomhari Anganwadi centre of Burhar block. The Anganwadi center had a single room with a chair and table. Facilities of Nutrition corner, measuring equipments were lacking. Anganwadi workers, ASHAS and ANMS were available. They shared their problems related to resource and funding allocations which was hindering Jan Arogya Samiti (JAS) as well as (VHSNC) Village Health Sanitation and Nutrition Committee.
They also talked about the behavioral problems and myths people of the community have which is hindering the proper health for the people.

B] VHSND Beohari: on 7th June 2024 at Dalko kothar village VHSND was observed at a building held at a community cum Anganwadi centre. There are several problems in the health aspect of the village.

- People are not cooperative with health care workers.
- ASHA workers have improper counting issues of the child death rates, neonatal and maternal mortality.
- Building does not have either fans or lights.

- Anganwadi center is sophisticated by someone else of the village.
- Reporting of migrant workers who are pregnant is difficult since this is hard to reach area.

C] VHSND Dhanpuri: on 14th of June 2024
VHSND was conducted at Dhanpuri village of Burhar block. Proper facilities were available at the centre. Children were provided with vaccination and counselling was given to pregnant women about the care they should take. Measuring equipments was available at the centre for weight and height.

4. Block meeting
   A] At Burhar
   On 3rd June 2024 at community health centre of Burhar ASHA Sahayogini meeting was held were all ASHAs were present.
   - They were advised to maintain proper records of the pregnant women, High risk pregnant women, about ANC visits, Low birth weight children, SNCU admissions if any etc. Separate forms to be filled for every neonate.
   - The other topic of discussion was on Matha Baithak a small gathering of pregnant women of the community with their mothers-in-law.

ASHAs were urged to focus more on the topics of care to be given to pregnant women by detailed explanation of MCP Cards and to enhance institutional deliveries.

- Proper reporting of NCD cases by ASHAs was also important.

B] At Gohparu

On 22nd June 2024 Block meeting was held at Community Health Centre Gohparu for ASHAs, ANM and CHO.

- They were trained about the revised guidelines of VHSND under the leadership of Senthil sir who is working as a part time consultant with IHAT, Vinod sir who is the District Program Manager, IHAT and Suramya who is the District Community Coordinator, IHAT.
- Microplanning was done to define the effective tips for enhancing VHSND.
- The other major topic for discussion was about CRSS which is Community Response System Strengthening. Tips were given to adopt and enhance community response.

5. Village visits

There are various villages in Shahdol district which are in Hard-to-Reach areas. Hard-to-reach areas are regions or localities that are challenging to access due to various factors, making it difficult to provide services, including healthcare, education, and infrastructure.

Had the experience of visiting these hard-to-reach areas to understand about the healthcare situations.

A] Dal Ko Kothar Village- It is a village located in the Beohari block of Shahdol district in Madhya Pradesh. The village is surrounded by forests and hills, and the economy is primarily based on agriculture and farming. The village has a primary school, a healthcare center etc.

Though this region comes under hard-to-reach area ASHAs, ANMs and other healthcare providers are working their best to provide timely care and assistance to all people. There is a lot more to achieve in health levels by inculcating various health interventions.

B] Pipari Village- It is a village in Jaisinghnagar Block of Shahdol district. It is far from urban centers and major transportation hubs. The village is connected to nearby towns and cities through narrow, unpaved roads that are often in disrepair, making travel difficult during monsoons or other adverse weather conditions. Therefore, the village

has limited access to public transportation and communication networks.
Various interventions have been started to improve the health outcomes of the village.

- **Key Learnings from Internship:**

1. Research Skills: Conducting a cross-sectional study enhanced research methodologies, data collection, and analysis skills.

2. Specialized Medical Knowledge: Deep understanding of sickle cell anemia, its complications, and its impact on pregnant women and newborns.

3. Public Health Perspective: Insight into how genetic conditions like sickle cell anemia affect community health, especially in rural or underserved areas.

4. Maternal and Child Health: Comprehensive understanding of MNCH issues and interventions in the Shahdol district of Madhya Pradesh.

5. Community Health Initiatives: Experience with grassroots health programs like VHSND,

understanding their implementation and challenges.

6. Healthcare System Structure: Knowledge of how block-level health administration works, gained through participation in block meetings.

7. Training and Education: Skills in providing healthcare education, particularly in newborn care.

8. Rural Healthcare Challenges: First-hand experience of the issues facing healthcare delivery in rural India.

9. Interdisciplinary Approach: Understanding the intersection of medical, social, and public health aspects in addressing health issues.

10. Program Implementation: Insight into how large foundations like HCL implement health programs at the community level.