

Our Response to the COVID-19 Crisis

18 Jun. 2020, Vol. 2

On April 1, 2020, Azim Premji Foundation¹ and Wipro committed a sum of Rs 1,125 crore to contribute towards a nation-wide response to the challenges posed by COVID-19.

Our comprehensive response to the pandemic has an immediate and short-to-mid-term time-frame, in each of which we are responding to the two inextricably tied dimensions of the crisis - **healthcare** and **humanitarian**. Our **immediate efforts** focused on reducing the human impact of the unfolding crises, while also supporting the healthcare system to respond to it. The **short-to-mid-term** humanitarian assistance will additionally include livelihood regeneration focused on some of the most vulnerable rain-fed and tribal areas. On the healthcare side, we will focus on an integrated response to support the public health system in regions where we have field operations or strong partner presence.

With **1600 members** of our own organization, over 55,000 team members of around **500 partners**, **thousands of public school teachers** that we work with, a large **alumni network** of our University, along with Wipro's technical expertise and distribution reach, we have been able to extend support in **467 districts across 26 states and 3 Union Territories**; the table below illustrates our efforts so far².

Table 1: Illustration of our comprehensive response, to-date

Humanitarian	<p>Immediate humanitarian support in the form of food, dry rations and personal hygiene kits to 78 lakh people; food support translates to around 27 crore meals.</p> <p>Our work with partners for livelihood regeneration across targeted rural areas of Andhra Pradesh, Assam, Gujarat, Jharkhand, Madhya Pradesh, Odisha and Rajasthan extends to around 34 lakh people.</p>
Healthcare	<p>As part of integrated response in Chhattisgarh, Karnataka, Madhya Pradesh, Rajasthan, Uttarakhand, Telangana, Puducherry and Jharkhand, have so far committed 11 automated RNA extraction machines, 10 RT-PCR test machines, several other essential medical equipment such as bio-safety cabinets, high flow nasal cannulas, pulse oximeters and ICU equipment such as ventilators.</p> <p>Significant collaborations with partners in other states such as Kerala, Maharashtra and Odisha, including support for strengthening primary healthcare efforts and setting up dedicated COVID-19 treatment facilities, including ICU capacity.</p> <p>Commitment to provide over 2 lakh personal protection equipment (PPE) kits and N95 masks, most of which has been delivered for frontline workers, across states.</p> <p>Collaboration with premier institutions like the National Centre for Biological Sciences (NCBS), Bengaluru and Christian Medical College (CMC), Vellore and urban hospitals with significant community outreach programmes – like St. John's Medical College and Bangalore Baptist Hospital – while augmenting the COVID-19 response in their respective areas will also help us develop better understanding around effective COVID-19 response and disseminate it more widely.</p>

¹ Azim Premji Foundation comprises the Field, the University and the Philanthropic Initiatives.

² Vol. 1 of 'Our Response to the COVID-19 Crisis' was released on 18 May. 2020

1. Approach

Our comprehensive response to the COVID-19 pandemic has two time-frames – **immediate** and **short-to-mid-term** (2-12 months). In both time-frames, we are attempting to respond to the two inextricably tied dimensions of the crisis – **healthcare** and **humanitarian**.

Such a response is being enabled by 1600 members of our own organization, over 55,000 team members of around 500 partners, thousands of public school teachers that we work with, a large alumni network of our University, along with Wipro's technical expertise and distribution reach.

1.1. Humanitarian Support

Immediate

Our immediate, short-term humanitarian aid comprises **food (cooked food and dry rations) and personal hygiene items**. The objective is to contain the immediate human implications of the sudden economic, social and behavioural changes due to COVID-19.

The range of disruption brought about by the pandemic meant different categories of people requiring immediate humanitarian assistance. This includes people who have lost their source of income or are not able to access institutional support such as the public distribution system (PDS). Migrant workers and other daily wage workers, tribal and other disadvantaged groups and castes, people in urban slums, female sex workers, the LGBTQ community and people in shelter homes, is an incomplete, but representative set of categories of people needing such assistance.

Short-to-mid term

Since rural economies are fragile yet vital in putting the economic wheel back in motion, our short and mid-term efforts will be directed towards livelihood generation in rural areas. A recent survey by Azim Premji University³ revealed that 6 out of 10 people in rural areas have lost their regular source of income due to the current economic crisis. The large number of people who are coming back home – with no resources this time – will put further stress on rural economies. Therefore, a comprehensive approach is required to contain this situation.

Hence, the second phase of our humanitarian assistance is focused on **livelihood regeneration** especially in the drought-prone and tribal areas of central, eastern and parts of western India. This is largely to provide cushion to absorb stress due to this pandemic in their already-volatile livelihood activities by – a) one-time support for inputs in agriculture and allied activities; b) enabling access to their entitlements such as work and wages under Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA), PDS, pensions etc. and c) facilitating participatory preparedness for COVID-19 at panchayat level. It will focus on the most vulnerable groups in these regions such as landless households, tribal groups and small and marginal farmers. We will do this by increasing support to our existing partners who work on these issues and have an intense ground presence in these geographies.

³ Azim Premji University, in collaboration with ten Civil Society Organisations, conducted a detailed phone survey of 4000 workers in 12 states of India, dated May 12th, 2020. For more information, please read [here](#).

1.2. Healthcare Support

Immediate

The first focus of our immediate healthcare assistance was to address the sudden need for personal protective equipment kits for frontline workers. Since, there were huge demand-supply gaps and procurement constraints in the beginning, we directed our efforts in supporting state governments with the same. The second focus of our immediate assistance was in augmenting testing capacities of public health systems; this included providing automatic RNA extraction machines, RT-PCR machines, other auxiliary lab equipment and test kits. Third, was to enable isolation and quarantining facilities which till now, have included peripheral support such as transportation to the facility and ensuring basic comfort in these centres.

Short-to-mid term

As millions of people move back home, the locus of infection is shifting from urban to semi-urban and rural areas. We require an integrated healthcare response to contain the spread and speed of this infection, including:

- a. **Awareness creation** – mass sensitisation through communication materials, mobilization of volunteers, frontline workers, local government leaders and community engagement
- b. **Prevention and screening** - a planned and pro-active approach to screening by involving frontline workers who have been trained and provided with equipment and safety kits
- c. **Quarantine** – enabling effective institutional as well as home quarantine processes
- d. **Testing and tracing** – augmenting testing capacities by providing equipment, kits, transportation, training and effective contact tracing
- e. **Treatment** – creating capacity of COVID Care Centres to take care of asymptomatic and mild cases; strengthening tertiary care centres for moderate to severe cases, with equipment, and training and protection of healthcare workers
- f. **Containment** – augmenting containment measures through support to district teams

We are working with state governments to strengthen above-mentioned elements within their integrated healthcare response. We will focus such efforts in the geographies where we have our own field operations – which is in states(/UT) of **Chhattisgarh, Karnataka, Madhya Pradesh, Rajasthan, Uttarakhand, Telangana, Puducherry** – and in **Jharkhand** where our partners have strong ground presence. We are working across levels, from panchayats to state, with various stakeholders across departments and local NGOs to converge efforts meaningfully.

Other collaborations

We have also responded to healthcare requirements significantly in other geographies, through **partners engaged in running public-spirited hospitals and strong community health programs**. This support has value in itself, given the key roles they play in their locations. We will continue to pursue this proactively, with a small set of strong and credible institutions.

Our learning partnerships with premier institutions like the **National Centre for Biological Sciences (NCBS)**, Bengaluru and **Christian Medical College (CMC)**, Vellore will help generate a better understanding of critical issues related to COVID-19 that can be integrated into our own approach on the ground, as well as be widely disseminated and used across the country. Our support to urban hospitals with significant community outreach programmes – like **St. John's Medical College**, Bengaluru and **Bangalore Baptist Hospital** – while augmenting the COVID-19 response in their respective areas will also help us understand and promote better clinical and operational processes.

2. Reach So Far

2.1. Overall

Till date, we have **reached 78 lakh people in 467 districts across 26 states and 3 union territories** through our immediate humanitarian assistance.

In the meanwhile, our healthcare support has reached **22 states and 3 union territories**.⁴

2.2. Humanitarian Support

Immediate

Till date, we have been able to extend immediate support in the form of food, dry rations and personal hygiene kits to **78 lakh people⁵ in 467 districts across 26 states and 3 union territories**; our food support translates to around **27 crore meals** so far.

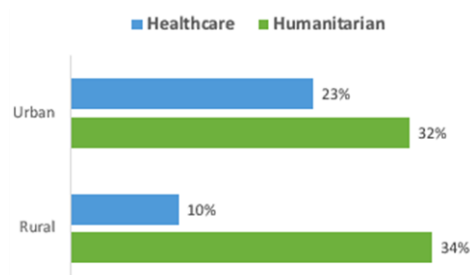


Fig. 1 % of total value of support, to-date

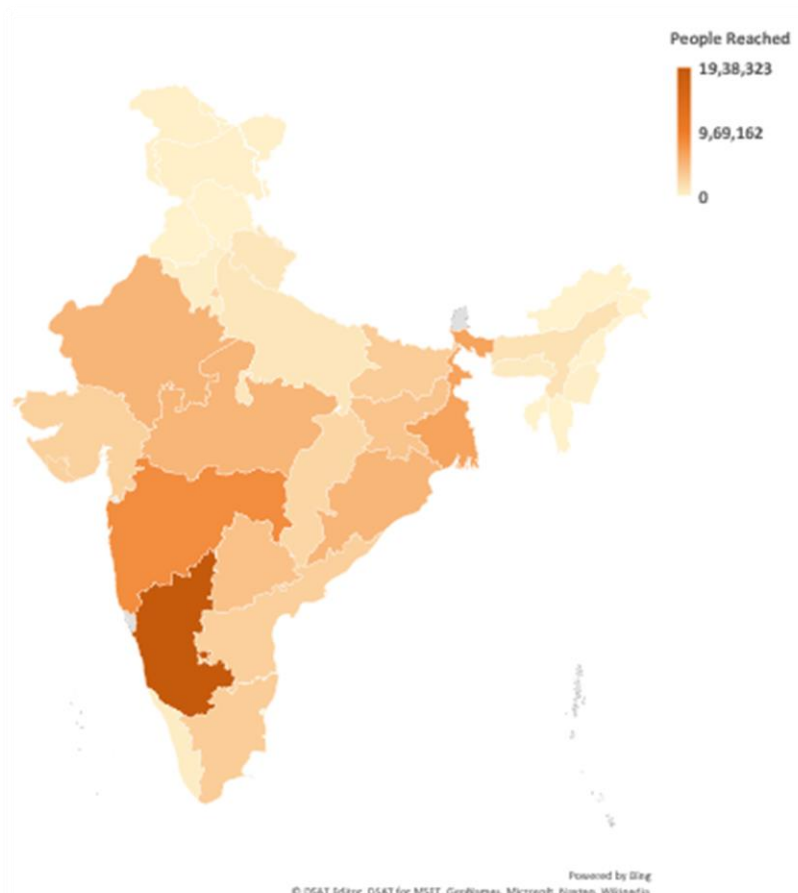


Fig. 2 Footprint of immediate humanitarian assistance, to-date

⁴Data as on 15th June 2020.

The rural-urban split is approximate - some efforts caters to both urban and rural beneficiaries; in which case it has been assumed to be equally split between the two

⁵ These numbers are an approximation, derived from the number of ration kits and hygiene kits disbursed at household level, assuming 5 members per household/family

Table 2: State-wise immediate humanitarian assistance, along urban and rural locations, to-date

#	State	People Reached		
		Urban	Rural	Total
1	Andhra Pradesh	54,445	2,31,248	2,85,693
2	Arunachal Pradesh	0	1,750	1,750
3	Assam	39,900	96,565	1,36,465
4	Bihar	1,24,639	1,79,780	3,04,419
5	Chhattisgarh	58,945	1,68,174	2,27,119
6	Gujarat	91,002	1,83,298	2,74,300
7	Haryana	3,188	26,788	29,975
8	Himachal Pradesh	N/A	N/A	N/A
9	Jharkhand	1,11,405	2,65,888	3,77,292
10	Karnataka	14,59,824	4,78,499	19,38,323
11	Kerala	26,257	19,825	46,082
12	Madhya Pradesh	1,01,225	3,90,195	4,91,420
13	Maharashtra	6,33,365	1,83,807	8,17,171
14	Manipur	2,125	22,825	24,950
15	Meghalaya	31,916	34,416	66,331
16	Mizoram	1,130	1,130	2,260
17	Nagaland	5,918	1,418	7,335
18	Odisha	1,42,254	3,50,533	4,92,787
19	Punjab	1,250	1,250	2,500
20	Rajasthan	1,60,938	3,35,640	4,96,578
21	Tamil Nadu	1,79,836	1,28,552	3,08,388
22	Telangana	3,49,879	47,386	3,97,265
23	Tripura	0	1,000	1,000
24	Uttar Pradesh	50,957	47,402	98,359
25	Uttarakhand	33,050	63,721	96,771
26	West Bengal	3,26,626	3,13,445	6,40,070
27	Delhi	2,00,234	31,750	2,31,984
28	Jammu Kashmir	5,655	9,894	15,549
29	Puducherry	1,500	2,500	4,000
	Others	1,125	275	1,400
30	Grand Total	41,98,585	36,18,951	78,17,536

In last one month, we have reached over **10 lakh additional people in 18 states and 2 union territories**; with food support translating to around **3 crore meals**. The support included dry ration and cooked meals to groups that continue to be in a vulnerable position, comprising children in need of care, widows, elderly poor, people from tribal, Dalit and transgender communities, people with HIV, people with disability, slum dwellers, domestic workers, female sex workers, waste pickers, construction workers, street vendors, auto-rickshaw drivers, tea garden labourers, migrant workers, artisans, people in quarantine centres and frontline workers.

In our field locations across states, thousands of public (government) school teachers played a significant role in identifying and reaching help to such vulnerable groups, be it in the swamped slums in big cities or remote hamlets in hills and barren country-side.

In addition, we supported cooked meals and safe travel options to enable dignified return of migrant workers to their home locations. For instance, in Bengaluru, over 3.5 lakh food packets were provided to over 2 lakh passengers of 129 'shramik' trains; similar support was provided in Hyderabad. In several other locations, our partners arranged buses and food to ensure safe return of people stranded outside their home locations.

Livelihood Regeneration

Some of the key principles for **short-to-mid-term assistance** to livelihood regeneration, so far:

- Focus on geographies in rain-fed and tribal areas, potentially covering around 100 key blocks where we will work with our existing civil society partners.
- Support for producers to increase their income from kharif crop by providing a small cushion for the cost of inputs, materials for most vulnerable groups in these regions.
- Support for vaccination costs for backyard poultry, goatery through a one-time infusion of medicine and vaccines to tide over the crisis period.
- Short-term support for operations costs of select farmers' institutions (FPOs).
- In all regions, support partners' work on last mile delivery of entitlements – MGNREGA, PDS, pensions and other direct transfers.
- Facilitate participatory preparedness for COVID-19 in the gram panchayat development plans.

Till date, we have committed to reach around **34 lakh people** in Andhra Pradesh, Assam, Gujarat, Jharkhand, Madhya Pradesh, Odisha and Rajasthan.

Table 3: State-wise, illustrative reach of our livelihood regeneration support, to-date

#	State	Districts	People Reached
1.	Andhra Pradesh	Anantapur, Chittoor, East Godavari, Srikakulam, Vishakhapatnam, Kadapa, Kurnool, Vizianagaram,	11,49,125
2.	Assam	Bongaingaon, Chirang, Goalpara, Karbi Anglong, Majuli	3,55,000
3.	Gujarat	Dahod, Dang, Narmada	3,51,862
4.	Jharkhand	Bokaro, Godda, Gumla, Hazaribagh, Khunti, Lohardaga, Ranchi, West Singhbhum	5,25,000
5.	Madhya Pradesh	Anuppur, Raisen, Sagar, Tikamgarh, Barwani, Burhanpur, Dhar, Khandwa, Khargone, Betul, Hoshangabad, Shahdol, Sidhi, Singrauli, Jhabua	4,94,315
6.	Odisha	Boudh, Kalahandi, Kandhamal, Kendujhar, Mayurbhanj, Kalahandi, Koraput, Nabarangpur	5,50,550
7.	Rajasthan	Banswara, Bhilwara, Rajsamand, Udaipur, Pratapgarh	1,17,140

Next Steps

We will continue to support immediate needs for humanitarian support in the form of dry rations, cooked meals and hygiene kits to groups which continue to be marginalised due to COVID-19 while intensifying our support and commitment towards livelihood regeneration and preparedness for COVID-19 in rural area in these geographies.

2.3. Healthcare Support

Immediate

So far, we have committed over **2 lakh PPE kits and N95 masks** across states, most of which has been delivered. Till date, we have extended such support to **22 states and 3 union territories**, working with the public health system as well as public-spirited hospitals and organisations.

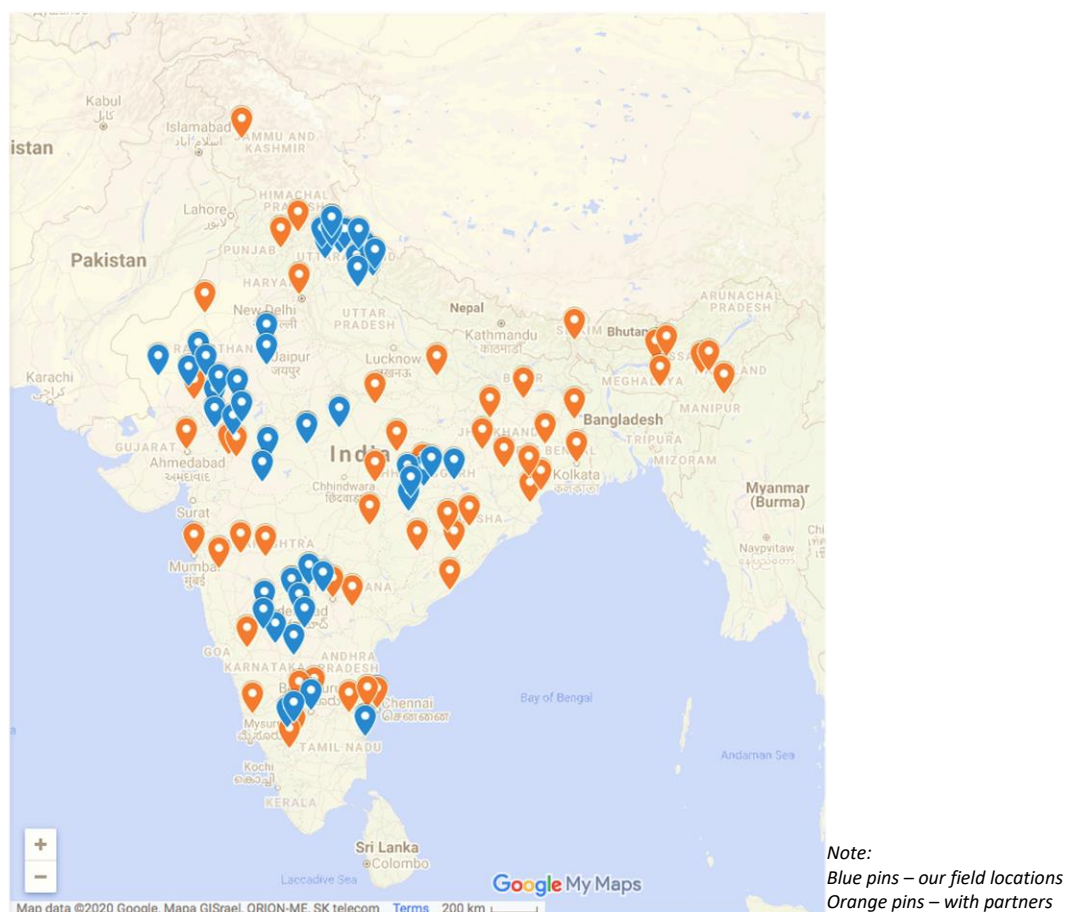


Fig. 3: Illustrative reach of healthcare assistance, to-date

Integrated Healthcare Response

In our regions of specific interest – as described in section 1.2 – we are in the process of situation/gap analysis and discussions with respective administrations. The objective is to strengthen the public health system in these regions to respond more effectively to COVID-19 with a focus on containing the infection. Therefore, our support is focussed on awareness generation, screening, testing and isolation facilities in specific districts or cluster of districts. In addition, we will seek to ensure that our support is contributing significantly to an effective, integrated healthcare response of the administration in that region.

For instance, we have started working in **North-East Karnataka** on equipping and training frontline health workers – especially of accredited social health activists (ASHAs) – to improve prevention, screening and spread of infections in those districts. One of the specific initiatives is to equip the ASHA cadre in Yadgir district with infrared thermometers and pulse oximeters, train them in safe and effective usage of them, along with defining protocols that help take appropriate patient-level decisions like further testing, isolation or treatment.

Illustrative details of our assistance in these regions till date, have been captured in the table below. This includes materials that have been delivered or committed over the next few weeks. This will be ramped-up significantly in the coming months.

Table 4: Illustration of healthcare assistance in regions of specific interest, to-date

State/UT	Region	Population	Infrastructure capacity	Operational support
Chhattisgarh	Raipur (Dhamtari, Baloda Bazar, Bemetara, Raipur)	48,63,653	1 Automated RNA extractor machine	32,510 PPE kits and 30,500 N95 masks
	Raigarh (Janjgir, Raigarh)	31,13,691	1 Automated RNA extractor 1 RT-PCR test machine and other essential equipment for setting up a testing lab at GMC Raigarh	1500 PPE kits and N95 mask
Karnataka	Kalaburagi (Kalaburagi, Bidar, Yadgir, Vijayapura)	76,21,228	1 Automated RNA extractor machine, 14 high flow nasal cannulas for district hospitals, 1019 pulse oximeters and IR thermometers for ASHAs	22,900 PPE kits, 18,260 N95 masks and 5000 RNA extraction kits
	Ballari (Ballari, Koppal, Bagalkot, Raichur)	76,61,079	2 high flow nasal cannulas for district hospital, 488 pulse oximeters for ASHAs	5700 PPE kits and 6500 N95 masks
	Bengaluru (Urban, Rural)	1,06,12,474	Augmentation of testing and treatment facilities, including ICU capacity, in 3 city hospitals	1500 PPE kits and N95 masks
	Mysore (Mysore, Mandya)	48,06,896	-	5250 PPE kits and 2250 N95 masks
Madhya Pradesh	Indore (Indore, Khargone)	51,49,743	1 Automated RNA extractor machine and 1 RT-PCR test machine	4030 PPE kits and 3450 N95 masks
	Sagar	23,78,458	1 Automated RNA extractor machine and 1 RT-PCR test machine	6720 PPE kits, 3850 N95 masks and 20,000 RNA extraction kits
	Bhopal	23,71,061	1 RT-PCR test machine	
Rajasthan	Jaipur (Jaipur, Tonk)	80,47,504	1 RT-PCR test machine	13,690 PPE kits and 21,500 N95 masks
	Jodhpur (Jodhpur, Barmer, Jalore, Pali)	1,01,57,219	-	
	Udaipur (Udaipur, Rajsamand, Chittorgarh, Banswara, Pratapgarh)	98,23,240	1 RT-PCR test machine	
Uttarakhand	Kumaon (Almora, Bageshwar, Champawat, Nainital, Pithoragarh, Udham Singh Nagar)	42,28,998	2 Automated RNA extractor machines and 2 RT-PCR test machines and other equipment for test labs	7125 PPE kits and 8779 N95 masks
	Garhwal (Haridwar, Dehradun, Pauri, Rudraprayag, Chamoli, Tehri, Uttarkashi)	58,57,294	2 Automated RNA extractor machines and 2 RT-PCR test machines and other equipment for test labs	2375 PPE kits and 2926 N95 masks
Puducherry	Puducherry	9,50,289	-	2000 PPE kits and N95 masks
Telangana	Sangareddy	15,27,628	400 IR thermometers for ASHAs	2505 PPE kits and N95 masks
Jharkhand	Gumla, Khunti, Lohargada, Ranchi, Simdega	55,32,719	2 Automated RNA extractor machines	35,933 PPE kits and 34,000 N95 masks

Note - In March, when we began, there was an acute shortage and procurement issues, hence high demand for PPE kits and N95 masks across country. Over time, this demand has fluctuated and plateaued. We have realigned some of our initial commitments based on changes in this demand.

Other collaborations

We have also responded to healthcare requirements significantly in other geographies, based on our access or partners who have reached out to us. Some illustrations of such collaboration in last one month:

- a. We completed the conversion of a large part of **Wipro's campus in Hinjewadi, Pune into a dedicated COVID-19 hospital**. This is now a 450-bedded hospital, run and managed by the local Pune administration, with key support services (food, housekeeping, utilities etc.) provided by us. This has added significant, much needed capacity to the health system in Pune. The hospital was designed and executed using an existing building in just 6 weeks.
- b. Support for **Society for Education, Action and Research in Community Health (SEARCH) in Gadchiroli, Maharashtra** to deliver strong community-based actions, better hospital preparedness and patient care subsidies as they respond to COVID-19 in the region. SEARCH works with marginalized communities to identify their health needs and develop community empowering models of healthcare to address those; they run community healthcare programs in 134 villages along with a hospital to provide much needed primary and secondary level healthcare in the region.
- c. As the COVID-19 situation in **Mumbai** continues to be critical, we have ramped up our response to it through our partner, **Doctors for You (DFY)**. Our additional support, through DFY, has been for two government hospitals in Mumbai (Pandit Madan Mohan Malviya Shatabdi Municipal General Hospital and St. Georges General Hospital) and another hospital in Thane to ramp-up their infrastructure for testing and treatment of COVID-19.

Next Steps

We will now focus on integrated healthcare response in the select regions. However, we will continue supporting our other collaborations with a set of civil society organisations or research institutions where they contribute significant value to the overall COVID-19 response.

This month we also released a document titled 'Schools in times of COVID-19' which outlines the Foundation's recommendations to governments, both state as well as central, for reopening and running of schools in the times of COVID 19.

The recommendations are based on widely understood educational principles, assessment of the current reality and analysis of the needs of the future. They have been developed on the basis of our long experience of on the ground work with public education system across states.

Our experience of working with teachers and other functionaries in the last three months – in both educational and humanitarian support work – has also played an important role in developing the document – it could be accessed [here](#).

For more information on our response to COVID-19 crisis, please visit us [here](#).