

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 timeframe, in each of which we are responding to the two inextricably tied dimensions of the crisis – **healthcare** and **humanitarian**.

We have significantly ramped up our **integrated healthcare response**, focusing on strengthening the frontline work, enhancing testing capacity and augmenting treatment facilities across select-regions. Our **humanitarian assistance** is focussed on livelihood regeneration and access to entitlements under various welfare schemes in some of the most vulnerable regions in the country.

Table 1: Illustration of our comprehensive response, to-date²

Healthcare

Our integrated healthcare response in Chhattisgarh, Jharkhand, Karnataka, Madhya Pradesh, Rajasthan, Puducherry, Telangana, and Uttarakhand touch a population of about 10 crores.

- **Strengthening the 'frontline'** by training and equipping frontline healthcare workers for improved awareness, screening, quarantining; we are also augmenting frontline resources through our partners and working to build better community ownership.
- **More effective testing** by enabling better utilisation of existing facilities; setting up new testing systems; our support has helped increase RT-PCR test capacity as well as make testing more accessible by creating distributed capacity in remote locations
- **Augmenting treatment facility** by increasing oxygen bed capacity in primary and secondary health centres to treat mild and moderate cases and adding ICU beds at tertiary care centres in underserved locations.
- **Other allied aspects** including, making health facilities more accessible through services such as helplines, field booths and ambulance services; better data management and analytics support to the departments for better decision making

We continue collaborations with partners who run **public-spirited hospitals and community health programs in other geographies** to strengthen their response.

Our **learning partnerships** with institutions such as National Centre for Biological Sciences, Bengaluru, Christian Medical College, Vellore, St. John's Medical College, Bengaluru and Bangalore Baptist Hospital help us understand and promote better clinical processes.

Humanitarian

Our work with partners for livelihood regeneration, including access to entitlements, in vulnerable rural areas is reaching over **68 lakh people in 12 states**.

Additionally, we continue immediate assistance in the form of food, dry rations, and personal hygiene kits on need-basis; it has reached around **83.5 lakh people** to-date.

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

² Previous volumes of 'Our Response to the COVID-19 Crisis' can be accessed [here](#).

Reach So Far

1. Overall

Over the last month, we continued our efforts towards strengthening our integrated healthcare response in select regions of **Chhattisgarh, Jharkhand, Karnataka, Madhya Pradesh, Rajasthan, Puducherry, Telangana and Uttarakhand**.

As part of our humanitarian assistance, we are reaching over **68 lakh people** in rural areas of **12 states** for livelihood regeneration, including access to entitlements; we continued immediate assistance and have reached around **83.5 lakh people in 26 states and 3 union territories**, so far.³

This coordinated response is 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 and a large alumni network of our University along with Wipro’s technical expertise and distribution reach.

In the last six months, this response has been refined and re-designed with careful assessment of the on-ground situation through direct experiences of our own members, our partners and our network of alumni and teachers working at the frontline, as well as through systematically conducted studies. The figure below (Fig. 2) illustrates the journey of our response, till date.

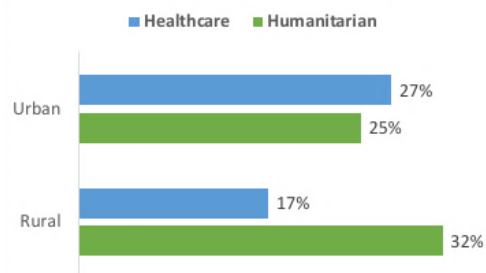


Fig. 1: % of total value of support, to-date*

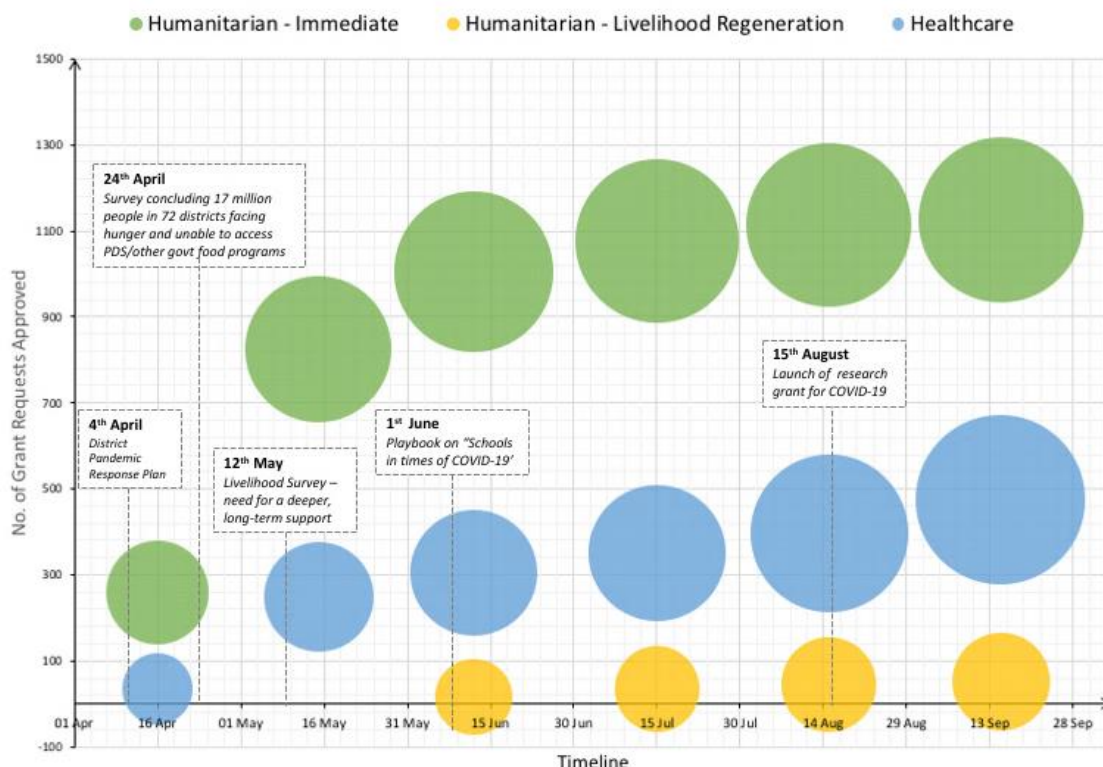


Fig. 2: Progression in our response, till date⁴

³ Data as on 15th September 2020.

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

⁴ Size of bubble represents total value of support till date under each domain

2. Healthcare Support

In the initial period, we supported state/district administrations to address immediate demand-supply gaps and procurement constraints brought about by the pandemic. However, over the course of time, we realised that the only way to contain the spread of COVID-19 is through a strong integrated response, that is, by strengthening all the elements (see Fig. 3) simultaneously and in coherence with each other. Since then, our support has been around organising such an integrated response by helping to fill gaps and strengthening these elements within reasonable time. All this, in close collaboration with respective state and district administrations either directly or through our partners.

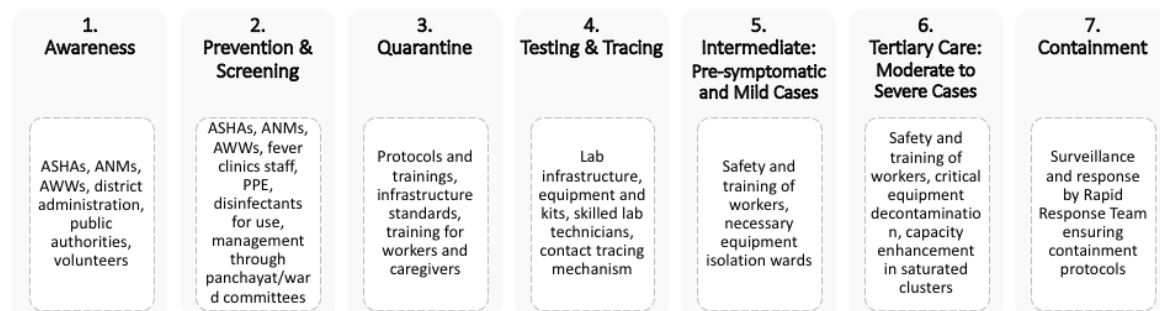


Fig. 3: Key elements of an integrated healthcare approach

Over the last one month, we have expanded our work further within select regions of **Chhattisgarh, Karnataka, Madhya Pradesh, Puducherry, Rajasthan, Telangana, Uttarakhand** (where we have our own field operations) and in **Jharkhand** (where our partners have a strong ground presence), touching a population of more than 10 crores. Below is a description of recent work done in some of these regions; a summary of support provided till date, region-wise, is available in [Annexure 1](#).

Strengthening the frontline

During the lockdown, most regions managed to contain spread by identifying, isolating people returning from outside, testing them and if positive, tracing their primary contacts. But with work restarting and a higher prevalence of infection in general, this strategy is proving to be inadequate, and hence COVID-19 cases are now on the rise almost everywhere. This is particularly a problem in regions with limited access to testing and treatment facilities. Hence, governments are now putting together a more thorough strategy for awareness, prevention and screening in such areas.

Over the last month, we too have significantly ramped up our frontline work across locations. We are working closely with respective district administrations, partnering with local NGOs to mobilise gram panchayats and its various committees to help build capacity of frontline health workers, and organise context-specific and practical awareness campaigns around COVID-19 in the region. For instance, in Raipur, Chhattisgarh, we partnered with Samerth Foundation to train and mobilise Gram Panchayats, Village Health Sanitation Nutrition Committees to help Anganwadi workers and *Mitanins* (ASHAs) identify at-risk population in their wards and conduct regular check-ups and build awareness around practical solutions to prevent and manage COVID-19; similar work with other partners has been rolled out in other several districts of the state.

Meanwhile, in Bengaluru, we continued to ramp up frontline efforts through partners to reach over 1 lakh households.

In addition, we are also working with partners to make facilities more accessible. For instance, in Bengaluru, we helped set up helpdesks across 9 hospitals to help distress patients with information on bed availability etc. In Hyderabad, help and counselling desks were set up at 4 locations along with 24/7 helpline and ambulance service to these areas. In Chhattisgarh, we supported setting up sample collection kiosks at some of the blocks, and in Uttarakhand we are supporting sample collection kiosks and ambulances services in the Garhwal mountains.

More effective testing

Over this period, we have focussed largely on adding testing capacity to remote areas. Illustratively, in Uttarakhand, we are adding CB-NAAT machines at a dozen strategic locations in the hill districts of Chamoli, Pauri and Tehri and Nainital. Such distributed test capacity will not only increase testing numbers, but also reduce turnaround times in remote locations.

Augmenting treatment facilities

We have balanced our efforts between primary, secondary and tertiary care, ensuring that existing facilities are strengthened and effectively utilised and new facilities added, wherever necessary. Illustratively, over the last month, we have committed support to 10 dedicated COVID Health Centres across four districts with medical equipment, and critical care at government hospitals in Ranchi and Simdega, Jharkhand; upgrading a Community Health Centre in Nainital, Uttarakhand; adding oxygen facilities to part of the Ayurveda Hospital, a dedicated COVID Health Centre, at Raipur, Chhattisgarh; setting up a COVID Care Centre in a government student hostel at Jigani, Anekal and upgrading critical care at Anekal Taluka Hospital in Bengaluru, Karnataka.

*More details in the accompanying **Field Note 5 - Augmenting COVID Treatment Facilities.***

Other areas of support

In Bengaluru, we are supporting Bruhat Bengaluru Mahanagara Palike (BBMP) with better data management for operational reports and strategic insights.

In Jharkhand, we are supporting a Corona call centre/control room to manage traffic, keep vigilance on spread of infection in the state and generate data and insights on a periodic basis to support the Health Department in early detection and better decision making.

Other collaborations

We are leveraging our **learning partnerships** with premier institutions very directly on the ground. Illustratively, organising training sessions, online as well as hands-on, for community health workers, nurses and doctors with CMC, Vellore. We continue to support National Centre for Biological Sciences (NCBS), Bengaluru to improve testing protocols.

We continued to respond to healthcare requirements in other geographies – through a small set of credible **partners engaged in running public-spirited hospitals and strong community health programs**. Over the last month we have extended such support to hospitals in Dehradun, Uttarakhand and Rajnandgaon, Chhattisgarh, and to organisations doing frontline work – awareness building, helplines, mobile medical units – in Sundarbans and Kolkata in West Bengal.

Next steps

Over the next month we will focus on consolidating the work we have rolled out. This includes ensuring both effectiveness in the locations we are present in, as well as expansion to more locations (slums, villages, wards, blocks) within these regions. We may also add elements as we progress further in a location, depending on the need and course of the pandemic in that region.

3. Humanitarian Support

In the initial stages of the pandemic, there was a significant loss of perishable vegetables as well as fall in income for poultry and livestock, which meant depleted capital for next sowing. This situation was exacerbated as millions of migrants returned home. Food insecurity with no savings or earnings and more mouths to feed, the rural economy was, and still is, quavering at the edge.

Within this context, our support for livelihood regeneration intends to address, very specifically, the immediate issues of food insecurity and livelihood vulnerability – by organising an emergency response (Fig. 4) with our existing partners in rain-fed areas, prioritising the most vulnerable households in the region.

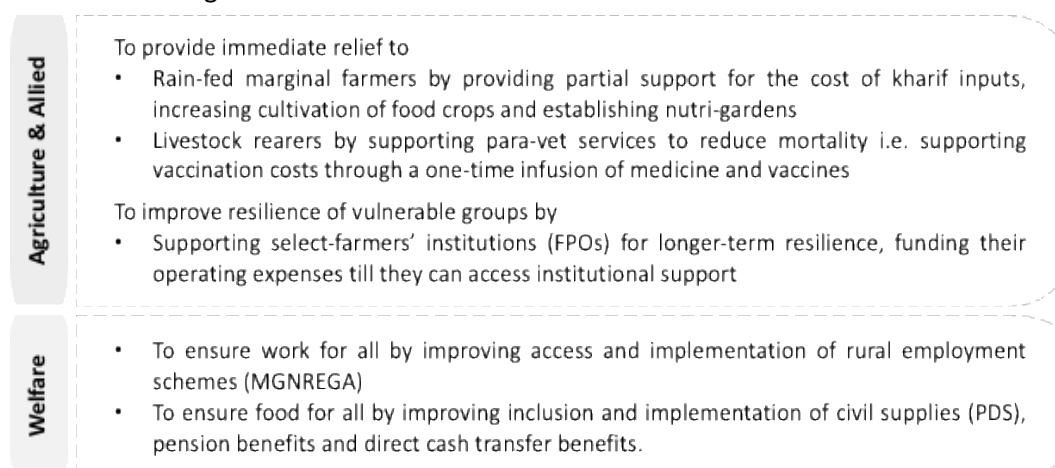


Fig. 4: Objectives of Covid Rural Livelihood Response

Till date, we have reached around **68 lakh people⁵ across 12 states** – Andhra Pradesh, Assam, Chhattisgarh, Gujarat, Jharkhand, Karnataka, Madhya Pradesh, Maharashtra, Odisha, Rajasthan, Uttar Pradesh and West Bengal in more than 300 blocks. In the last one month, we have **started** work in **Uttar Pradesh** and expanded work within states of **Gujarat and Jharkhand**.

Table 2: State-wise, illustrative reach of our livelihood regeneration support, to-date

#	State	Districts	People Reached
1.	Andhra Pradesh	Anantapur, Chittoor, East Godavari, Kadapa, Kurnool, Srikakulam, Visakhapatnam, Vizianagaram	13,67,705
2.	Assam	Bongaingaon, Chirang, Goalpara, Kamrup, Karbi Anglong, Majuli	3,60,500
3.	Chhattisgarh	Koriya	97,500
4.	Gujarat	Ahmedabad, Aravalli, Bhavnagar, Dahod, Dang, Mahisagar, Narmada, Navsari, Panchmahal, Patan, Surendranagar, Tapi	8,12,285
5.	Jharkhand	Bokaro, Dumka, East Singhbhum, Godda, Gumla, Hazaribagh, Khunti, Koderma, Lohardaga, Ramgarh, Ranchi, West Singhbhum	6,38,750
6.	Karnataka	Chikkaballapur, Gulbarga, Yadgir	1, 37,785
7.	Madhya Pradesh	Alirajpur, Anuppur, Barwani, Betul, Burhanpur, Chhatarpur, Dewas, Dhar, Dindori, Hoshangabad, Jhabua, Katni, Khandwa, Khargone, Niwari, Raisen, agar, Shahdol, Sihi, Singrauli, Tikamgarh, Vidisha	6, 06,305
8.	Maharashtra	Yavatmal	66,595
9.	Odisha	Angul, Boudh, Dhenkanal, Ganjam, Kalahandi, Kandhamal, Kendujhar, Koraput, Mayurbhanj, Nabarangpur	9,89,915
10.	Rajasthan	Ajmer, Banswara, Bhilwara, Karauli, Pali, Pratapgarh, Rajsamand, Sirohi, Tonk, Udaipur	10,78,777
11.	Uttar Pradesh	Mau	1,95,000
12.	West Bengal	Alipurduar, Bankura, Nadia, North 24 Parganas, Paschim Medinipur, Purulia, South 24 Parganas	5,29,590

⁵ Estimated number; some benefits are for individuals such as pension while some are at household-level such as agri-inputs, MGNREGA job cards, PDS - these have been converted to individuals assuming a household of 5 members.

Key Updates

Agriculture and agriculture-allied

1. 1.67 lakh farmers have been able to farm at least 1 acre of land to meet food security needs between 4 to 7 months for the family. In most of these cases, the land would have otherwise remained fallow due supply constraints for inputs and in general, lack of capital.
2. Nearly 2 lakh rural households with backyard space and access to water for irrigation, were supported to grow kitchen gardens for nutrition security. These households in turn shared their home-grown vegetables with neighbours, expanding the outreach of this effort.
3. Over a lakh households have benefitted from vaccination support for their livestock.
4. Many partners procured material locally - grains from farmers which were milled locally, hygiene kits stitched by SHGs etc.- thus contributing to the rural economy. Organising this emergency response to the crisis has helped them strengthen their credibility with the community and build social capital in the regions they work in.
5. Some work was stalled due to challenges in seed procurement due to transportation issues (lockdown), floods in some parts (Assam), unusually heavy rains which would rot the seed and harm germination (Odisha, Assam).

Welfare entitlements

6. Long existing presence of the partners in these geographies has led to immediate implementation of the work, even though it will unfold fully over coming months.
7. Partners have completed identification of vulnerable and marginalized households, linking them to relevant schemes, arranging necessary documentation, opening of new bank accounts etc.
8. For the Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA), partners are facilitating issuance of new job cards and activating dormant job cards.
 - a. There is a high demand for work under MGNREGA in most areas which is anticipated to increase further post the monsoon.
 - b. Wage payments are regular – most being done within 15 days of completion of work.

In addition to the above, we continued our support for immediate assistance to those who are still unable to access institutional help, till date we have reached over **83.5 lakh people⁶ across 26 states and 3 union territories** – state-wise details of our reach available in [Annexure 2](#).

Next steps

We will continue our support for immediate assistance as well as livelihood regeneration through inputs for agriculture, access to welfare entitlements and community preparedness for COVID-19.

⁶ 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

Annexure 1: Region-wise summary of integrated healthcare assistance, to-date⁷

State/UT	Region	Population	Frontline ⁸	Testing and tracing	Treatment
Chhattisgarh	Raipur (Dhamtari, Baloda Bazar, Bemetara, Raipur)	48,63,653	26,510 PPE kit and 27,500 N95 mask; Awareness building in collaboration with frontline staff, panchayat and other local institutions, in collaboration with local NGOs; Personal hygiene kits and sanitisation for quarantine centres	1 Automated RNA extractor machine; 5 CB-NAAT machines with starter kits	Equipment and other support for isolation and treatment including ICU for Dhamtari Christian Hospital, the designated COVID hospital Oxygen plant and oxygen concentrators for dedicated COVID facility being set up in Ayurveda college, Raipur.
	Raigarh (Janjgir, Raigarh)	31,13,691	2800 PPE kits and 3400 N95 masks; Awareness building in collaboration with frontline staff, panchayat and other local institutions; in collaboration with local NGOs; Personal hygiene kits and sanitisation for quarantine centres; cooked meals for patients and staff in the centres	2 Automated RNA extractor, 2 RT-PCR test machine and other essential equipment for setting up a testing lab at Govt. Medical College, Raigarh	High flow nasal cannulas for Govt. Medical College, Raigarh
Karnataka	Kalaburagi (Kalaburagi, Bidar, Yadgir, Vijayapura)	76,21,228	20,352 PPE kits, 22,012 N95 masks; IR thermometers and pulse oximeters for frontline workers; glucometers and digital BP apparatus for sub-centres; Communication materials; training for frontline staff and panchayat task forces; protection kits for frontline staff; Setting up Gram Arogya Kendras at the panchayat-level in Yadgir to improve awareness and screening; Focused frontline effort in urban slums in Vijayapura	2 Automated RNA extractor machine, starter RNA extraction kits; 2 CB-NAAT machines with starter kits	High flow nasal cannulas, ventilators, multi-para monitors, ICU beds, and other equipment for district hospital at Kalaburagi; ambulance services Yadgir: Improving facilities in COVID care centres, augmenting ICU capacity in the district hospital; ambulance services
	Ballari (Ballari, Koppal, Bagalkot, Raichur)	76,61,079	8500 PPE kits and 7500 N95 masks; IR thermometers and pulse oximeters for frontline workers; Communication materials; training for frontline staff and panchayat task forces; protection kits for frontline staff;	2 Automated RNA extractors, 1 RT-PCR test machine	High flow nasal cannulas for district hospitals at Ballari and Koppal

⁷ This includes materials that have been delivered or committed over the next few weeks.

⁸ Awareness, quarantine, and screening; protective equipment is for frontline as well as institutional workers

			Comfort kits comprising clothing, and items for personal hygiene and safety for persons in quarantine		
	Bengaluru (Urban, Rural)	1,06,12,474	10000 PPE kits and N95 masks; Intensive frontline work over 50 wards covering 8 large slum clusters to reach over 1 lakh households; awareness building, quarantine facilities, equipment and other support for frontline staff Support helpdesks at 9 hospitals; outreach through cable TV, bus advertising	Setting up RT-PCR labs at 4 public hospitals; 5 high capacity Liquid Handling Systems (for RNA extraction) at premier public institutions; CB-NAAT machines for distributed capacity	Augmentation of treatment facilities, including ICU capacity, in 4 public-spirited, private, city hospitals; Augmenting capacity for oxygenated beds and ICU in public hospitals; additional doctors and nursing staff in one of the facilities through a partner Local COVID care centres, and dedicated COVID health centres with oxygen
	Mysore (Mysore, Mandya)	48,06,896	5250 PPE kits and 2250 N95 masks	-	-
Madhya Pradesh	Indore (Indore, Khargone)	51,49,743	7830 PPE kits and 5500 N95 masks; Awareness building in Khargone, in collaboration with frontline staff, panchayat and other local institutions, and others; targeted intervention in crowded areas like markets and business centres; Equipping frontline workers with equipment, materials and capacity building to improve screening and tracing	1 Automated RNA extractors and 1 RT-PCR test machine	-
	Sagar	23,78,458	1000 PPE kits and N95 masks	1 Automated RNA extractors and 1 RT-PCR test machine; RNA extraction kits	-
	Bhopal	23,71,061	11,680 PPE kits and 11,350 N95 masks	1 RT-PCR test machine	-
Rajasthan	Jaipur (Jaipur, Tonk)	80,47,504	13,710 PPE kits and 33,200 N95 masks; Personal hygiene kits, food, and water to quarantine centres; protection kits for frontline staff; Awareness building in Tonk in collaboration with frontline staff, panchayat and other local institutions; targeted intervention in crowded areas like markets and business centres; Equipping frontline workers with equipment, materials and capacity building to improve screening and tracing; Support for quarantine centres with equipment, protective kits	1 RT-PCR test machine	Ambulance services at Jaipur
	Jodhpur	1,01,57,219	700 N95 masks	-	-

	(Jodhpur, Barmer, Jalore, Pali)				
	Udaipur (Udaipur, Rajsamand, Chittorgarh, Banswara, Pratapgarh; Sirohi)	1,08,59,586	2500 N95 masks; Awareness building in Sirohi in collaboration with frontline staff, panchayat and other local institutions; targeted intervention in crowded areas like markets and business centres; Equipping frontline workers with equipment, materials and capacity building to improve screening and tracing; Support for quarantine centres with equipment, protective kits	1 RT-PCR test machine	-
Uttarakhand	Kumaon (Almora, Bageshwar, Champawat, Nainital, Pithoragarh, Udham Singh Nagar)	42,28,998	12180 PPE kits and 34601 N95 masks Hygiene kits for quarantine centres; protection kits for frontline staff; Awareness building in Nainital in collaboration with frontline staff, panchayat and other local institutions; Equipping frontline workers with equipment, materials and capacity building to improve screening and tracing	4 Automated RNA extractor machines, 4 RT-PCR test machines, 2 CB-NAAT machines; 5 bio-safety cabinets	Supporting CHC at Nainital to improve treatment – especially oxygen - facilities
	Garhwal (Haridwar, Dehradun, Pauri, Rudraprayag, Chamoli, Tehri, Uttarkashi)	58,57,294	5220 PPE kits and 14,829 N95 masks Awareness building in Chamoli, Dehradun, Pauri, and Tehri in collaboration with frontline staff, panchayat and other local institutions; Equipping frontline workers with equipment, materials and capacity building to improve screening and tracing	2 Automated RNA extractor machines, 2 RT-PCR test machines; 13 CB-NAAT machines with starter kits; 10 bio-safety cabinets	Increasing bed capacity at intermediate treatment centres (CHCs) in Dehradun Ambulance services at Pauri
Puducherry	Puducherry	9,50,289	2000 PPE kits and N95 masks	-	-
Telangana	Sangareddy	15,27,628	2505 PPE kits and N95 masks Communication materials; training for frontline staff; protection kits for frontline staff IR thermometers and pulse oximeters at CHCs and PHCs	2 CB-NAAT machines with starter kits	Ventilator, multi-para monitors and other equipment for district hospital
Jharkhand	Gumla, Khunti, Lohargada, Ranchi, Simdega	55,32,719	35,933 PPE kits and 34,000 N95 masks IR thermometers and pulse oximeters for frontline workers; additional facilitator at each panchayat to augment frontline Communication materials; training for frontline staff and task forces; protection kits for frontline staff	2 Automated RNA extractor machines and 5 CB-NAAT machines at central test facility CB-NAAT machines at 15 CHCs to augment and decentralise testing	Oxygen concentrators at 15 CHCs; Expanding critical services in Dedicated Covid Hospitals at Ranchi and Simdega; establishing Dedicated Covid Health Centres at CHC/district level; telemedicine facilities

Annexure 2: State-wise immediate humanitarian assistance, to-date

#	State	People Reached		
		Urban	Rural	Total
1	Andhra Pradesh	74,405	2,37,213	3,11,618
2	Arunachal Pradesh	0	1,750	1,750
3	Assam	45,901	1,16,816	1,62,716
4	Bihar	1,24,639	1,81,266	3,05,905
5	Chhattisgarh	59,636	1,70,793	2,30,428
6	Gujarat	82,581	1,81,403	2,63,984
7	Haryana	3,188	30,788	33,975
8	Jharkhand	1,11,405	2,62,088	3,73,492
9	Karnataka	14,74,374	4,89,482	19,63,856
10	Kerala	25,937	19,185	45,122
11	Madhya Pradesh	1,07,160	4,25,105	5,32,265
12	Maharashtra	7,73,330	1,73,517	9,46,846
13	Manipur	2,125	22,825	24,950
14	Meghalaya	31,916	34,416	66,331
15	Mizoram	1,315	1,315	2,630
16	Nagaland	5,918	1,418	7,335
17	Odisha	1,42,430	3,45,131	4,87,561
18	Punjab	1,250	1,250	2,500
19	Rajasthan	1,62,788	3,44,390	5,07,178
20	Tamil Nadu	1,96,246	1,82,887	3,79,132
21	Telangana	3,54,209	50,781	4,04,990
22	Tripura	0	1,000	1,000
23	Uttar Pradesh	51,374	69,402	1,20,776
24	Uttarakhand	33,450	64,121	97,571
25	West Bengal	3,11,943	5,18,849	8,30,792
26	Delhi	1,99,911	32,625	2,32,536
27	Jammu Kashmir	5,655	9,894	15,549
28	Puducherry	1,500	2,500	4,000
29	Others	1,154	304	1,458
30	Grand Total	43,85,736	39,72,510	83,58,246