

Our Response to the COVID-19 Crisis

July 2020, Vol. 3

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.

Over the last six weeks or so, the focus of our humanitarian support has shifted to the short-to-mid-term - specifically **livelihood regeneration** focused on some of the most vulnerable rain-fed and tribal areas. Time was of the essence in the kharif crop related livelihood interventions in these regions – these were prioritised and completed during this time, while other interventions that are related to entitlements like employment guarantee have begun and will ramp-up over the next few months.

Similarly, our **integrated healthcare response** – spanning frontline work (awareness, screening, quarantine), testing and treatment – to support the public health system has significantly ramped up over this period in regions where we have field operations or strong partner presence.

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

| | |
|--------------|---|
| Humanitarian | <p>Immediate humanitarian support in the form of food, dry rations, and personal hygiene kits to 81 lakh people; food support translates to around 29 crore meals.</p> <p>Our work with partners for livelihood regeneration in vulnerable rural areas is reaching around 52 lakh people. Our support is largely targeted towards activities such as inputs for seeds, fertiliser, and vaccination for livestock for small and marginal farmers and enabling access to welfare schemes such as work, food, and pension entitlement.</p> |
| Healthcare | <p>We have ramped up our integrated healthcare response in Chhattisgarh, Jharkhand, Karnataka, Madhya Pradesh, Rajasthan, Puducherry, Telangana, and Uttarakhand.</p> <ul style="list-style-type: none"> ▪ Significant effort is to strengthen the 'frontline' response for better awareness generation, screening, and quarantine. Support includes providing equipment such as pulse oximeters, communication materials and personal protection equipment for frontline staff, as well as their capacity building. ▪ We are also supporting testing, tracing, and treatment by providing critical equipment such as test machines, high flow nasal cannulas, oxygen concentrators and ventilators to designated public hospitals in these regions. <p>We continue to build significant collaborations with partners engaged in running public-spirited hospitals and strong community health programs in other geographies to strengthen their response, including setting up dedicated COVID-19 treatment facilities.</p> <p>Our learning partnerships with premier institutions like the National Centre for Biological Sciences (NCBS), Bengaluru, Christian Medical College (CMC), Vellore, St. John's Medical College, Bengaluru and Bangalore Baptist Hospital is enabling us to understand and promote better clinical and operational processes across the country.</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; Vol.2 was released on 18 Jun, 2020

Reach So Far

1. Overall

Till date, we have **reached around 81 lakh people in 493 districts across 26 states and 3 union territories** through our immediate humanitarian assistance; we are reaching over **52 lakh people** in rural areas of **10 states** for livelihood regeneration.

In the meanwhile, we have reached **22 states and 3 union territories** through our healthcare support.

Additionally, we ramped up the integrated healthcare response in Chhattisgarh, Jharkhand, Karnataka, Madhya Pradesh, Rajasthan, Puducherry, Telangana, and Uttarakhand.³

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.

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

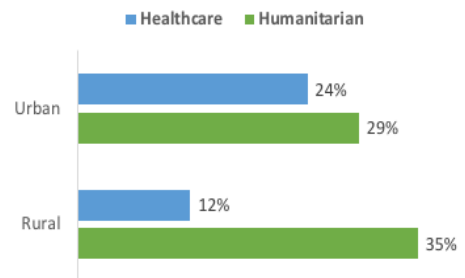


Fig. 1: % of total value of support, to-date

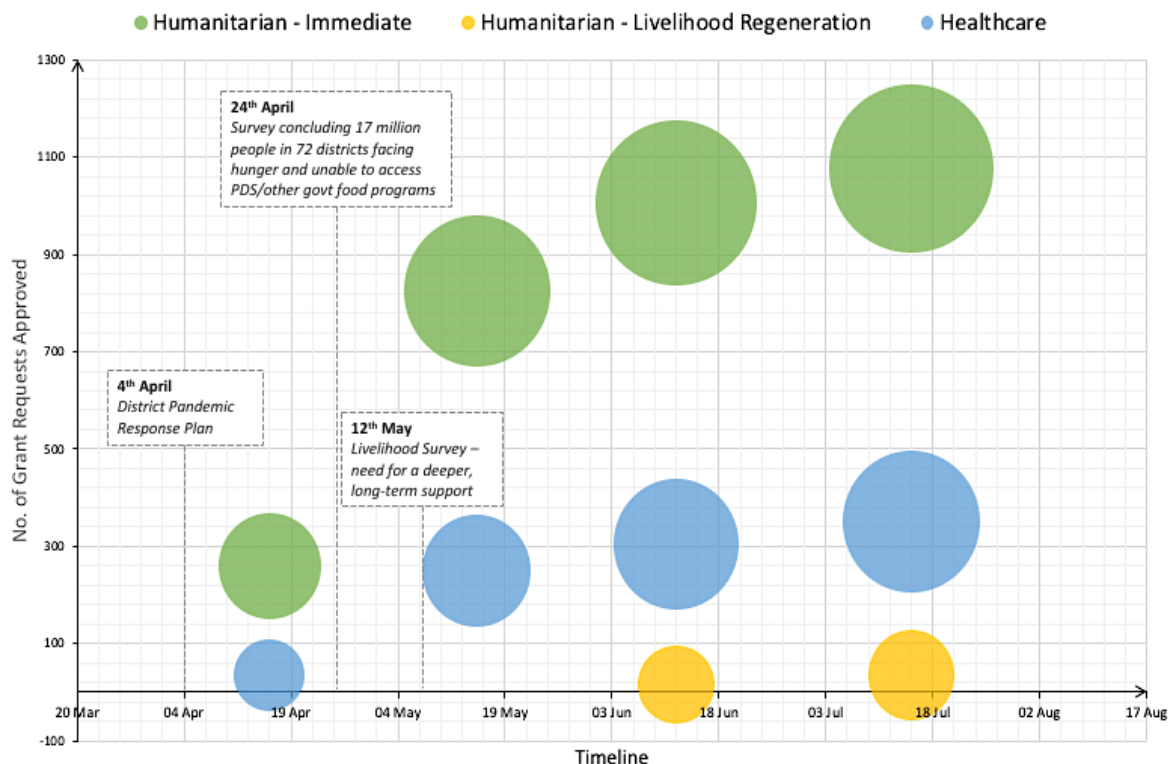


Fig. 2: Progression in our response, till date⁴

³ Data as on 15th July 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

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

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 **81 lakh people⁵ in 493 districts across 26 states and 3 union territories**; our food support translates to around **29 crore meals** so far. Such support reached highly disadvantaged groups who lost their source of income or were not able to access institutional support such as the public distribution system during this time.

In last one month, we have reached over **3 lakh additional people in 14 states** with food support translating to around **2 crore meals**. The support included dry ration and cooked meals to groups that continue to be vulnerable, like people from tribal communities, people from transgender communities, people with disabilities, slum dwellers, migrant workers, and frontline workers.

As illustrated below (Fig. 3) in the footprint of our immediate humanitarian support over the last four months, it could be concluded that the immediate food crises have almost stabilised for most parts. Our food/dry ration support will however continue towards groups who are still in a vulnerable situation due to the pandemic. In our field locations, public (government) school teachers continue to play a significant role in identifying and reaching help to such vulnerable groups; more details about their role in our response is in the accompanying **Field Notes 1 – Teachers at the frontline of COVID-19 response**.

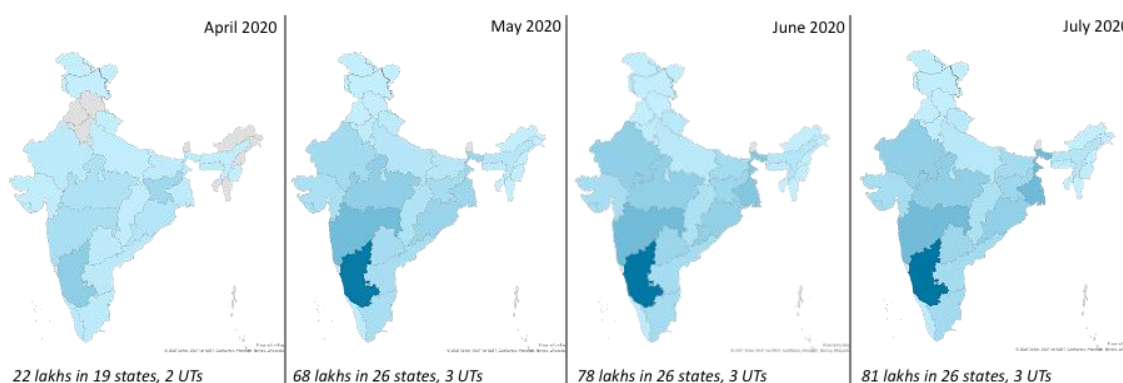


Fig. 3 Progression in footprint of immediate humanitarian assistance

State-wise details of people reached through our immediate humanitarian assistance is available in [Annexure 1](#).

Livelihood Regeneration

Some of the key principles for our **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.

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

- d. Short-term support for operations costs of select farmers' institutions (FPOs).
- e. Support partners' work on last mile delivery of entitlements – Mahatma Gandhi National Rural Employment Act (MGNREGA), public distribution system (PDS), pensions, direct transfers.
- f. Facilitate participatory preparedness for COVID-19 in the gram panchayat development plans.

Our support till date is reaching over **52 lakh people** in Andhra Pradesh, Assam, Gujarat, Jharkhand, Karnataka, Madhya Pradesh, Maharashtra, Odisha, Rajasthan, and West Bengal.

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

| # | State | Districts | People Reach |
|-----|----------------|---|--------------|
| 1. | Andhra Pradesh | Anantapur, Chittoor, East Godavari, Srikakulam, Vishakhapatnam, Kadapa, Kurnool, Vizianagaram, | 13,67,705 |
| 2. | Assam | Bongaingaon, Chirang, Goalpara, Karbi Anglong, Majuli, Kamrup | 3,60,500 |
| 3. | Gujarat | Ahmedabad, Aravalli, Bhavnagar, Dahod, Dang, Mahisagar, Narmada, Navsari, Patan, Surendranagar, Tapi, Mahisagar, Panchmahal | 5,56,285 |
| 4. | Jharkhand | Bokaro, Godda, Gumla, Hazaribagh, Khunti, Lohardaga, Ranchi, West Singhbhum | 5,25,000 |
| 5. | Karnataka | Chikkaballapur | 77,785 |
| 6. | Madhya Pradesh | Anuppur, Raisen, Sagar, Tikamgarh, Barwani, Burhanpur, Dhar, Khandwa, Khargone Betul, Hoshangabad, Shahdol, Sidhi, Singrauli, Jhabua | 5,76,305 |
| 7. | Maharashtra | Yavatmal | 66,595 |
| 8. | Odisha | Angul, Dhenkanal, Boudh, Kalahandi, Kandhamal, Kendujhar, Mayurbhanj, Kalahandi, Koraput, Nabarangpur | 9,58,115 |
| 9. | Rajasthan | Banswara, Bhilwara, Rajsamand, Udaipur, Pratapgarh | 6,91,277 |
| 10. | West Bengal | Purulia | 6,690 |

Our support in the last one month, is reaching over **12 lakh additional people**; we have **added** three more states, **Karnataka, Maharashtra, and West Bengal**. The support is largely towards agriculture-related activities such as inputs for seeds, fertiliser, vaccination for livestock for small and marginal farmers in rain-fed areas with priority to dalit, tribal or single women-headed households. Those without land are being provided support for kitchen gardens and poultry/goatery for sustenance. In forested regions, support is being provided for non-timber forest produce. Additionally, our partners are supporting enabling of access to welfare schemes for senior citizens, widows, persons with disabilities, orphans, daily wagers etc.

Our partners have deep presence and understanding of the prevailing circumstances in these locations, thus, enabling focussed delivery of our support. An illustration of such work to enable access to work under MGNREGA in a village in Gumla district of Jharkhand is in the accompanying **Field Notes 2 – Community-led response to COVID-19**.

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. We will closely work with partners on the progress of livelihood regeneration support and intensify or fine-tune our support and commitment towards it, in these geographies.

3. Healthcare Support

Immediate

The early focus of our healthcare assistance was to help state governments address the demand-supply gaps and procurement constraints brought about by the pandemic. The key areas that we supported included personal protection equipment for frontline workers, augmenting testing infrastructure and ensuring basic facilities in quarantine and isolation centres; we have committed over **2 lakh PPE kits and N95 masks** across states, most of which has been delivered. Till date, we have extended our support to **22 states and 3 union territories**, working with the public health system as well as public-spirited hospitals and organisations.



Note: Blue pins – our field locations; Orange pins – with partners

Fig. 4: Illustrative reach of healthcare assistance, to-date

Integrated Healthcare Response

However, we soon converted our healthcare response into a more focused and integrated one. Unlike our immediate humanitarian response, each instance of which is required and good in itself, an effective healthcare response in any location needs various elements (Fig. 5) from awareness building to treatment and containment to work together.

We are currently working with state governments to strengthen these elements within their integrated healthcare response. We are focusing such efforts on select regions of states/UTs where we have our own field operations – **Chhattisgarh, Karnataka, Madhya Pradesh, Puducherry, Rajasthan, Telangana, Uttarakhand** and in **Jharkhand** where our partners have strong ground presence. Together, these select regions can potentially serve a population of nearly 10 crores through such an integrated response.



Fig. 5: Elements of an integrated healthcare approach

We are working across levels, from panchayats to state, with various stakeholders across departments and local NGOs to converge efforts. Illustratively:

In **North East Karnataka**, we have initiated a comprehensive response in **Kalaburagi**, in coordination with the district administration, this includes:

- Working with panchayat-level task forces and frontline workers to generate better awareness among communities
- Equipping frontline workers including accredited social health activists (ASHA) with protective kits, infra-red thermometers and pulse oximeters and training them to do better screening for symptoms and vulnerabilities for further action
- Equipping frontline institutions (rural sub-centres) with additional equipment such as glucometers and digital BP apparatus to screen for vulnerabilities
- Medical equipment such as High Flow Nasal Canula (HFNC) and ventilators for intermediate and tertiary medical institutions
- Ambulance services to effectively connect communities and healthcare centres
- Sanitisation of healthcare and quarantine centres, containment zones and social spaces

In **Jharkhand**, we are working with a consortium of partners to build a comprehensive response in 5 districts and 49 blocks in the region south of Ranchi – including Ranchi, Khunti, Gumla, Lohardaga, and Simdega. Within this, the work is more intense in 15 blocks.

- The elements of our response include strengthening the frontline health workers through better equipment, training, protocols and strengthening community-level response working with panchayats and self-help groups. Our partners will also add an additional facilitator at each gram panchayat to augment the existing frontline team.

- It also involves strengthening test and treatment facilities at all levels. For example, apart from augmenting the central test infrastructure, we will help in augmenting the community health centre in 15 blocks to have facilities such as *TrueNat* test machines and oxygen concentrators and running a tele-medicine pilot which could help better access to medical help for people in containment zones or remote locations.
- Our partners will also work with the administration at all levels to improve overall planning and tracking of the pandemic and the response to it.

An illustrative summary of our integrated healthcare assistance in these regions till date, has been captured in the table in [Annexure 2](#). This will be ramped-up significantly in the coming months.

Other collaborations

In addition to focussed integrated effort in select regions, we have continued to respond to healthcare requirements significantly in other geographies – through a small set of credible **partners engaged in running public-spirited hospitals and strong community health programs**. This support has value in itself, given the key roles these institutions play in their locations.

Over the last month, this included institutions in Assam, Bihar, Jharkhand, Odisha, and Tamil Nadu. For example, Makunda Christian Leprosy and General Hospital (MCGLH) in Karimganj, Assam started as a leprosy colony and was later upgraded to a general hospital. It is located at the junction of the three states – Assam, Tripura and Mizoram and caters to a population of around 27 lakhs. With rising COVID-19 infections in the region MCGLH is responding by establishing a fever clinic and isolation ward. We are supporting the institution with protective equipment for its staff, medical equipment, and subsidy for patients from most disadvantaged groups.

Meanwhile our **learning partnerships** with premier institutions like the National Centre for Biological Sciences (NCBS), Bengaluru, Christian Medical College (CMC), Vellore, St. John's Medical College, Bengaluru and Bangalore Baptist Hospital is enabling us to understand and promote more effective clinical and operational processes across the country. For example, defining appropriate clinical protocols for screening by frontline workers and providing them training on the same.

Next Steps

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

We are in the process of planning and implementing a comprehensive healthcare response in **Bengaluru** in close coordination with the administration and partners including NGOs and hospitals. While the city was relatively well-placed in the early days of the pandemic, the surge now has warranted a response that spans significant frontline work, enhanced testing and tracing, isolation wards and intermediate treatment facilities. This within existing hospitals as well as for new facilities in order to handle asymptomatic and mild to moderate cases, thus, preventing an avoidable surge on the tertiary care system.

Annexure 1: State-wise immediate humanitarian assistance, to-date

| # | State | People Reached | | |
|-----------|--------------------|------------------|------------------|------------------|
| | | Urban | Rural | Total |
| 1 | Andhra Pradesh | 75,045 | 2,34,483 | 3,09,528 |
| 2 | Arunachal Pradesh | 0 | 1,750 | 1,750 |
| 3 | Assam | 39,900 | 1,10,815 | 1,10,815 |
| 4 | Bihar | 1,24,639 | 1,79,780 | 3,04,419 |
| 5 | Chhattisgarh | 59,573 | 1,68,293 | 2,27,865 |
| 6 | Gujarat | 93,240 | 1,83,298 | 2,76,538 |
| 7 | Haryana | 3,188 | 30,788 | 33,975 |
| 8 | Jharkhand | 1,11,405 | 2,68,388 | 3,79,792 |
| 9 | Karnataka | 14,69,104 | 4,88,482 | 19,57,586 |
| 10 | Kerala | 26,257 | 19,825 | 46,082 |
| 11 | Madhya Pradesh | 1,07,160 | 4,05,445 | 5,12,605 |
| 12 | Maharashtra | 6,34,099 | 1,84,307 | 8,18,405 |
| 13 | Manipur | 2,125 | 22,825 | 24,950 |
| 14 | Meghalaya | 31,916 | 34,416 | 66,331 |
| 15 | Mizoram | 1,130 | 1,130 | 2,260 |
| 16 | Nagaland | 5,918 | 1,418 | 7,335 |
| 17 | Odisha | 1,42,254 | 3,42,607 | 4,84,861 |
| 18 | Punjab | 1,250 | 1,250 | 2,500 |
| 19 | Rajasthan | 1,62,488 | 3,38,890 | 5,01,378 |
| 20 | Tamil Nadu | 1,85,959 | 1,35,746 | 3,21,704 |
| 21 | Telangana | 3,43,609 | 50,801 | 3,94,410 |
| 22 | Tripura | 0 | 1,000 | 1,000 |
| 23 | Uttar Pradesh | 50,957 | 69,402 | 1,20,359 |
| 24 | Uttarakhand | 33,450 | 64,121 | 97,571 |
| 25 | West Bengal | 3,10,626 | 5,25,720 | 8,36,345 |
| 26 | Delhi | 1,99,539 | 31,750 | 2,31,289 |
| 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 | 42,23,136 | 39,09,424 | 81,32,560 |

Annexure 2: Region-wise summary of integrated healthcare assistance, to-date⁶

| State/UT | Region | Population | Frontline ⁷ | Testing and tracing | Treatment |
|--------------|--|-------------|--|---|---|
| Chhattisgarh | Raipur (Dhamtari, Baloda Bazar, Bemetara, Raipur) | 48,63,653 | 26,510 PPE kit and 21500 N95 mask Personal hygiene kits and sanitisation for quarantine centres | 1 Automated RNA extractor machine | - |
| | Raigarh (Janjgir, Raigarh) | 31,13,691 | 1500 PPE kits and N95 masks Personal hygiene kits and sanitisation for quarantine centres; cooked meals for patients and staff in the centres | 1 Automated RNA extractor, 1 RT-PCR test machine and other essential equipment for setting up a testing lab at 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 | 1 Automated RNA extractor machine, 5000 RNA extraction kits | High flow nasal cannulas, ventilators, and other equipment for district hospital at Kalaburagi ⁸ |
| | 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 Comfort kits comprising clothing, and items for personal hygiene and safety for persons in quarantine | - | High flow nasal cannulas for district hospital |
| | Bengaluru⁹ (Urban, Rural) | 1,06,12,474 | 1500 PPE kits and N95 masks | - | Augmentation of treatment facilities, including ICU capacity, in 3 city hospitals |
| | Mysore (Mysore, Mandya) | 48,06,896 | 5250 PPE kits and 2250 N95 masks | - | - |

⁶ This includes materials that have been delivered or committed over the next few weeks.

⁷ Awareness, quarantine, and screening; protective equipment is for frontline as well as institutional workers

⁸ Some details – like number of ICU equipment needed for district hospital in Kalaburagi – is being finalized

⁹ Comprehensive effort being rolled out – details are being worked out; see ‘next steps’ below

| | | | | | |
|-----------------------|---|-------------|---|---|---|
| Madhya Pradesh | Indore (Indore, Kargone) | 51,49,743 | 6030 PPE kits and 4450 N95 masks | 1 Automated RNA extractor machine and 1 RT-PCR test machine | - |
| | Sagar | 23,78,458 | 1000 PPE kits and N95 masks | 1 Automated RNA extractor machine and 1 RT-PCR test machine; RNA extraction kits | - |
| | Bhopal | 23,71,061 | 7320 PPE kits and 7850 N95 masks | 1 RT-PCR test machine | - |
| Rajasthan | Jaipur (Jaipur, Tonk) | 80,47,504 | 13,690 PPE kits and 25,900 N95 masks Personal hygiene kits, food, and water to quarantine centres; protection kits for frontline staff Organising village-level volunteer groups for awareness building | 1 RT-PCR test machine | - |
| | Jodhpur (Jodhpur, Barmer, Jalore, Pali) | 1,01,57,219 | 200 N95 masks | - | - |
| | Udaipur (Udaipur, Rajsamand, Chittorgarh, Banswara, Pratapgarh) | 98,23,240 | 2500 N95 masks | 1 RT-PCR test machine | - |
| Uttarakhand | Kumaon (Almora, Bageshwar, Champawat, Nainital, Pithoragarh, Udham Singh Nagar) | 42,28,998 | 7125 PPE kits and 8779 N95 masks Hygiene kits for quarantine centres; protection kits for frontline staff | 4 Automated RNA extractor machines, 4 RT-PCR test machines, 4 bio-safety cabinets and 1 <i>TrueNat</i> machine | - |
| | Garhwal (Haridwar, Dehradun, Pauri, Rudrapur, Chamoli, Tehri, Uttarkashi) | 58,57,294 | 2375 PPE kits and 2926 N95 masks | 2 Automated RNA extractor machines, 2 RT-PCR test machines and 2 bio-safety cabinets | - |
| 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 | - | Ventilator and multi-para monitor 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 <i>TrueNat</i> machines at central test facility <i>TrueNat</i> machines at 15 CHCs to augment and decentralise testing | Oxygen concentrators at 15 CHCs; telemedicine |