Our Response to the COVID-19 Crisis

August 2020, Vol. 4

On April 1, 2020, Azim Premji Foundation[1] 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**. 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, as a part of our **integrated healthcare response**, we have significantly ramped up our efforts and focused intensively on strengthening the frontline work, enhancing testing capacity and augmenting treatment facilities across select-regions. Most of these regions are witnessing a surge in infection, making preparedness in these few months absolutely critical.*

*Our **humanitarian assistance** is now focussed on enabling livelihood options with short cycle returns and access to entitlements under various welfare schemes in some of the most vulnerable regions.*

Table 1: Illustration of our comprehensive response, to-date[2]

Healthcare	*We have ramped up our integrated healthcare response in Chhattisgarh, Jharkhand, Karnataka, Madhya Pradesh, Rajasthan, Puducherry, Telangana, and Uttarakhand.* *Our regions of focus touch a population of about 10 crores.* ▪ ***Strengthening the 'frontline'** by training and equipping frontline healthcare workers for improved awareness, screening, quarantining; ensuring community ownership.* ▪ ***Enhancing testing capacity** by setting up new testing systems, enabling better utilisation of existing facilities; we have added available capacity for around 80,000 RT-PCR tests per day and further helped increase utilisation of the existing test capacity by around 20,000 per day* ▪ ***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.* *We continue collaborations with partners who run public-spirited hospitals and community health programs in other geographies to strengthen their response, including setting up **dedicated COVID-19 treatment facilities**.*
Humanitarian	*Our work with partners for livelihood regeneration, including access to entitlements, in vulnerable rural areas is reaching around **63 lakh people in 11 states.*** *We continued to provide immediate support to around **2 lakh people** in the last month in the form of food, dry rations, and personal hygiene kits; a total of **83 lakh people**, translating to around **30 crore meals**.*

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

[2] *Vol. 1, 2 & 3 of 'Our Response to the COVID-19 Crisis' can be accessed here.*

Reach So Far

1. Overall

Over the last six weeks, we have significantly ramped up our efforts towards an integrated healthcare response in select-regions of **Chhattisgarh, Jharkhand, Karnataka, Madhya Pradesh, Rajasthan, Puducherry, Telangana and Uttarakhand**.

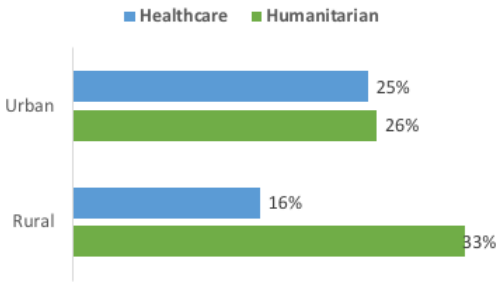

*Fig. 1: % of total value of support, to-date**

As part of our immediate humanitarian assistance, we have **reached over 83 lakh people in 514 districts across 26 states and 3 union territories** so far; we are reaching over **63 lakh people** in rural areas of **11 states** for livelihood regeneration.[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 the last five 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.

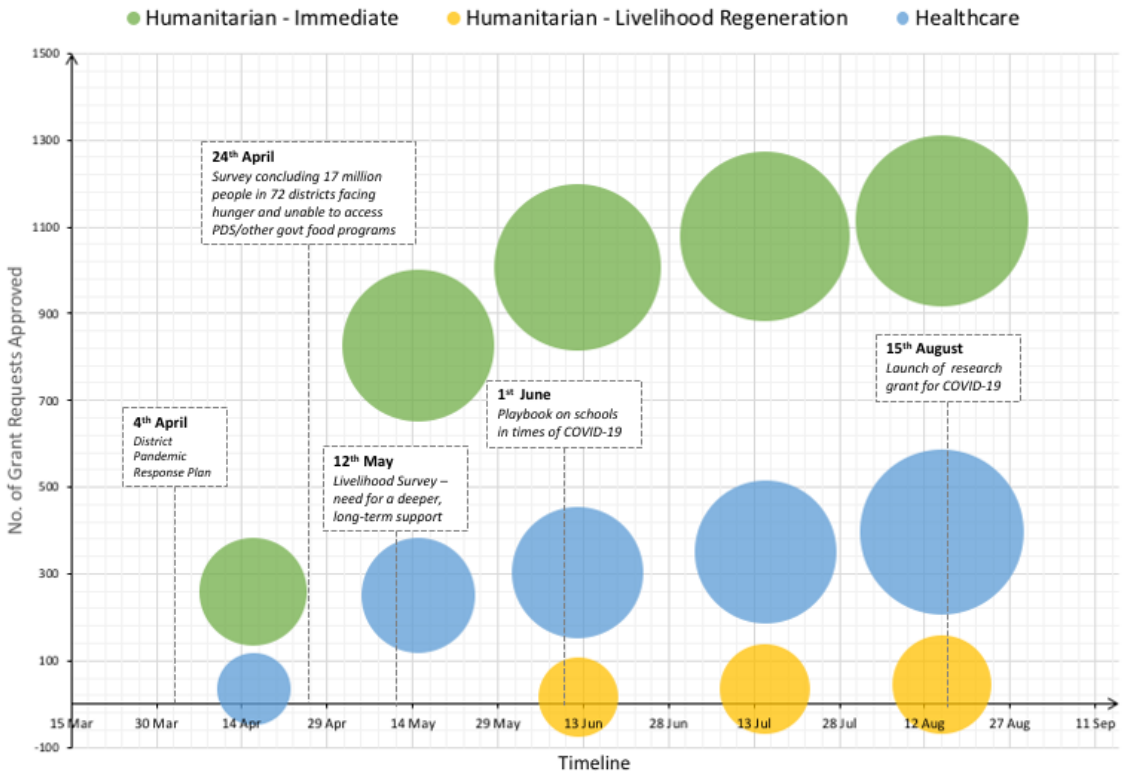

Fig. 2: Progression in our response, till date[4]

[3] *Data as on 15th August 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

We began by helping state/district administrations address demand-supply gaps and procurement constraints brought about by the pandemic. Learning from the last five months of our work, we are now sharpening our focus towards enabling an integrated healthcare response – which means strengthening all elements (see Fig. 3) involved, from awareness building to treatment and containment, situated within the respective state/district's response strategy. We now understand that we need to push each of these with equal persistence and consistency of quality, and within each of these elements, we must figure out strategies which are efficient, effective and replicable at a large scale.

Fig. 3: Elements of an integrated healthcare approach

Over the last one month, we have ramped up our efforts in this direction in 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 strong ground presence), touching a population of around 10 crores, in collaboration with their respective state/district administration. Below is a description of work done in some of these regions; summary of support provided, region-wise, available in Annexure 1.

Strengthening frontline

- Across regions, this has involved working with the frontline healthcare workers like Accredited Social Health Activists (ASHA) and Auxiliary Nurse Midwifes/Junior Health Assistants (ANM/JHA) to improve their efficiency and effectiveness. Apart from working with them on awareness building in the communities, this has included equipping them better with devices such as infra-red thermometers and pulse oximeters and training them on effective screening protocols using such equipment.

- In addition to equipping individual frontline workers, we are also providing frontline institutions like primary health centres (PHC) and sub-centres with equipment such as glucometers and digital blood pressure monitors. Our early experiences indicate that such systematic screening in the frontline is helpful in identifying vulnerable individuals, thereby, reducing mortality by early testing, isolation and treatment.
- We are increasing community ownership of such efforts by mobilising existing local bodies such as panchayats, schools, anganwadis, self-help groups, community-based organisations (CBO) and volunteer network in the region.
- Apart from this common approach of strengthening frontline workers and institutions, we are attempting various solutions that will strengthen frontline activities in a region, keeping the local contexts in mind. For example, our frontline work in Jharkhand entails our partners on the ground deploying significant additional personnel at village and block levels who will augment the cadre of ASHA, ANM etc. In Yadgir, Karnataka, a concept of *Gram Arogya Kendras* is being piloted which act as information and screening hubs close to the villages. In some of the locations in Madhya Pradesh and Rajasthan, targeted interventions are being planned in crowded areas like market places to improve awareness.

Enhancing testing capacity

- Over this period, we have added available capacity for around 80,000 RT-PCR (Reverse Transcription Polymerase Chain Reaction) tests per day by providing test machines, and further helped increase utilisation of the existing test capacity by around 20,000 per day through automated RNA extraction machines and liquid handling systems.
- Apart from enhancing overall test capacity, we have also focused on distributing and decentralising testing, improving efficiency in processes for collection, sorting and tagging of samples, thereby improving responsiveness and integrating it better with the frontline efforts.

  More details of our support for testing is available in the accompanying **Field Note 3 – Enhancing COVID-19 testing capacity in India.**

Augmenting treatment facilities

On this, we have balanced our efforts between primary, secondary and tertiary care ensuring that existing facilities are effectively utilised.

- Enhancing oxygen bed capacity in the primary and secondary healthcare institutions like community health centres (CHCs) to treat mild and moderate cases there without needing escalation to the tertiary institutions has been a focus across regions.
- In specific regions, we have also supported enhancing tertiary capacity by providing ICU equipment such as high flow nasal cannulas and ventilators - we have focused these largely on institutions in severely underserved districts like Yadgir, Karnataka or Dhamtari, Chhattisgarh and or those serving large populations, including from neighbouring districts, like in the case of Kalaburagi, Karnataka.

Bengaluru, Karnataka

The city witnessed a sudden surge in COVID-19 cases in June and July. The magnitude and complexity of the situation demanded a quick and fully integrated response, from building community awareness to supporting frontline workers to increasing testing capability to supporting ICU facilities. We have worked on all fronts, re-aligned our existing team, built a network of civil society partners and fully supported the government's efforts on this.

- *Intensive **frontline work** across 50 wards covering 8 large slum clusters; awareness building and screening, enabling local quarantine facilities, enabling local COVID care centres with oxygen facilities, ensuring ambulance services etc.*
- *Increasing **testing capacity** by setting up RT-PCR labs at 4 public hospitals; 5 high capacity Liquid Handling Systems (for RNA extraction) at premier public institutions; and TrueNat™ machines at Primary Health Centres to decentralise testing and improve response time*
- *Improving **treatment facilities**, including capacity for oxygenated beds and ICU in public hospitals; additional doctors and nursing staff in one of the public facilities through a partner as well as ICU capacity, in 4 public-spirited, private, city hospitals*

*More details in the accompanying **Field Note 4 – Responding to COVID-19 in a bustling metropolis.***

Other collaborations

We are leveraging our **learning partnerships** with premier institutions very directly on the ground. Illustratively, we organised a session with Prof. O. C. Abraham, Professor of Infectious Diseases at CMC Vellore, on effective lines of treatment and handling of COVID-19 patients at the secondary and tertiary level. This was attended by over 2000 professionals. Similarly, the Bangalore Baptist Hospital is central to our integrated work in Bengaluru. Meanwhile, these and other institutions like National Centre for Biological Sciences (NCBS), Bengaluru continue to help us develop and promote better practices across wider audiences.

We have also 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 such support has been extended to hospitals in Madhya Pradesh and Maharashtra as well as to organisations doing frontline work – awareness building, health helplines – in communities in Maharashtra and the Brahmaputra region.

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. For instance, we may feel the need to decentralise testing further or add more intermediate (primary and secondary) treatment capacity. Or we may learn that among the various efforts and ideas being tried along with our partners, some seem to be working better than others, we will ensure such understanding is available to other regions and operationalised with required contextualisation.

*We recently launched a **COVID-19 research funding programme** as part of our focus on informed responses to the pandemic in the near term. For more details access here*

3. Humanitarian Support

Over the last month, we continued our immediate assistance to around **2 lakh people** in **13 states** in the form of food, dry ration and personal hygiene kits, who are still vulnerable and unable to access institutional assistance. Till date, we have reached over **83 lakh people**[5] **in 514 districts across 26 states and 3 union territories**; our food support translates to around **30 crore meals** so far – state-wise details of people reached is available in Annexure 2.

Livelihood Regeneration

Our support till date is reaching over **63 lakh people** in Andhra Pradesh, Assam, Chhattisgarh, 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 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	5,56,285
5.	Jharkhand	Bokaro, Dumka, East Singhbhum, Godda, Gumla, Hazaribagh, Khunti, Koderma, Lohardaga, Ramgarh, Ranchi, West Singhbhum	5,45,000
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.	West Bengal	Alipurduar, Bankura, Nadia, North 24 Parganas, Paschim Medinipur, Purulia, South 24 Parganas	5,29,590

In the last one month, we have reached over **11 lakh additional people**; we have **started** work in **Chhattisgarh** and expanded work in **Jharkhand, Karnataka, Madhya Pradesh, Odisha, Rajasthan and West Bengal**. Post kharif sowing, our focus is on enabling livelihood options with short-cycle returns such as livestock for small and marginal farmers. Further, we are supporting access to work under MGNREGA, COVID-19 related entitlements, civil supplies (PDS) and social assistance schemes especially for returning migrants. All this is being done in close coordination with functionaries at all levels, local bodies and CBOs helping us reach most vulnerable of communities.

Next steps

We will continue to provide immediate assistance in form of cooked meals, dry ration and personal hygiene kits wherever necessary. We will further expand our efforts on inputs for agricultural activities and enabling access to entitlements under various welfare schemes and community preparedness towards COVID-19.

[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*

Annexure 1: Region-wise summary of integrated healthcare assistance, to-date[6]

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 27500 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 TrueNat™ machines with starter kits	Equipment and other support for isolation and treatment including ICU for Dhamtari Christian Hospital, the designated COVID hospital
	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	1 Automated RNA extractor, 1 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	3 Automated RNA extractor machine, starter RNA extraction kits; 2 TrueNat™ 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 overall capacity as well as oxygen beds in two dedicated COVID health centres; augmenting ICU capacity in the district hospital; ambulance services[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;	2 Automated RNA extractors, 1 RT-PCR test machine	High flow nasal cannulas for district hospitals at Ballari and Koppal

[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, especially around support for ICU facilities is being finalized*

			Comfort kits comprising clothing, and items for personal hygiene and safety for persons in quarantine		
	Bengaluru (Urban, Rural)	1,06,12,474	5000 PPE kits and N95 masks; Intensive frontline work across 50 wards covering 8 large slum clusters; work includes awareness building, quarantine facilities, local COVID care centres with oxygen facilities, ambulance services etc, and also equipment and other support for frontline staff	Setting up RT-PCR labs at 4 public hospitals; 5 high capacity Liquid Handling Systems (for RNA extraction) at premier public institutions; 10 TrueNat™ machines	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
	Mysore (Mysore, Mandya)	48,06,896	5250 PPE kits and 2250 N95 masks	-	-
Madhya Pradesh	**Indore** (Indore, Khargone)	51,49,743	7530 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	8820 PPE kits and 9750 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; Improving secondary care by adding oxygen beds to district hospital in Tonk
	Jodhpur (Jodhpur, Barmer, Jalore, Pali)	1,01,57,219	700 N95 masks	-	-

	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	Improving secondary care by adding oxygen beds to district hospital in Sirohi
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 Dehradun 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, 4 bio-safety cabinets and 1 TrueNat™ machine	-
	Garhwal (Haridwar, Dehradun, Pauri, Rudraprayag, Chamoli, Tehri, Uttarkashi)	58,57,294	5220 PPE kits and 14,829 N95 masks	2 Automated RNA extractor machines, 2 RT-PCR test machines and 2 bio-safety cabinets; 2 TrueNat™ machines with starter kits at Dehradun	Increasing bed capacity at intermediate treatment centres (CHCs) in Dehradun
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 TrueNat™ machines with starter kits	Ventilator, multi-para monitor 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 TrueNat™ machines at central test facility TrueNat™ machines at 15 CHCs to augment and decentralise testing	Oxygen concentrators at 15 CHCs; telemedicine

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

#	State	People Reached		
		Urban	Rural	Total
1	Andhra Pradesh	75,045	2,35,983	3,11,028
2	Arunachal Pradesh	0	1,750	1,750
3	Assam	45,901	1,16,816	1,62,716
4	Bihar	1,24,639	1,80,666	3,05,305
5	Chhattisgarh	59,636	1,70,793	2,30,428
6	Gujarat	93,240	1,84,673	2,77,913
7	Haryana	3,188	30,788	33,975
8	Jharkhand	1,11,405	2,68,388	3,79,792
9	Karnataka	14,71,604	4,89,482	19,61,086
10	Kerala	26,257	19,825	46,082
11	Madhya Pradesh	1,07,160	4,05,445	5,12,605
12	Maharashtra	7,19,195	1,84,807	9,04,001
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	1,42,430	3,45,107	4,87,537
18	Punjab	1,250	1,250	2,500
19	Rajasthan	1,62,488	3,44,390	5,06,878
20	Tamil Nadu	1,92,546	1,93,607	3,86,152
21	Telangana	3,49,209	50,901	4,00,110
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	3,11,526	5,18,400	8,29,925
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**	**43,30,848**	**39,82,702**	**83,13,549**