

Our Response to the COVID-19 Crisis

18 May 2020

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 have focused on reducing the human impact of the unfolding crises, while also supporting the healthcare system to respond to it.

With **1600 members** of our own organization, over 55,000 team members of around **500 partners**, over **10,000 public school teachers** that we work with and about **2500 alumni** of our University, along with Wipro's technical expertise and distribution reach, we have been able to extend support in **397 districts across 26 states and 3 Union Territories**; the table below summarises our efforts so far.

Table 1: Summary of our immediate response to-date

<p>Humanitarian</p>	<p>Food, dry rations and personal hygiene items to 68 lakh people; our food support translates to 24 crore meals.</p> <p>Additionally, supporting efforts such as psycho-social tele-counselling, crowdsourcing real time information to make data-driven decisions and direct cash transfers in selective cases.</p>
<p>Healthcare</p>	<p>Commitment to provide over 2,02,300 personal protection equipment (PPE) kits and N95 masks for frontline workers, across states.</p> <p>Comprehensive response in regions where we have strong field presence through our own team or a partner - so far committed 9 automated RNA extraction machines, 9 RT-PCR test machines, other equipment and consumables.</p> <p>Significant support in other geographies, based on our access or partners who have reached out to us - including support for strengthening primary healthcare efforts and setting up dedicated COVID-19 treatment facilities.</p>

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

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.

Our immediate response to this crisis has a two-fold objective – to help mitigate the immediate human implications of pandemic, particularly on the most disadvantaged and marginalized communities in our society, and to support our medical and service fraternity in their response to the pandemic.

Humanitarian aid comprises food (cooked food and dry rations) and personal hygiene items. Healthcare assistance comprises augmenting the capacity to tackle the pandemic through measures such as generating awareness, protection for frontline workers, enhanced testing capacities, and improved isolation as well as treatment of people with COVID-19.

The next phase of our response will include a set of structured steps to mitigate the implications of COVID-19 on livelihoods, especially in rural areas, along with a more comprehensive plan to help strengthen health systems in specific geographies. We will also continue to address the more immediate humanitarian crisis as the situation demands.

2. Team

Azim Premji Foundation has a 1600-member team, majority of who are working with the public education system across six states in some of the most disadvantaged districts in the country. As part of this, we work in collaboration with more than two lakh public school teachers across villages and towns. While we are continuing to work on core educational matters, our team on the field, with active support from more than 10,000 of these teachers and other partners, are responding to this crisis on the ground.

We also support nearly 500 civil society partner organizations serving disadvantaged communities on matters of justice, equity and well-being as part of our philanthropy work. We added nearly 300 partners over the last few weeks and shortened our turnaround time for providing humanitarian grants to around three days to enable our partners to respond better and faster to the situation on the ground. Our partners have over 55,000 team members on the ground.

In addition, our University has around 2500 alumni who work with more than 700 civil society and government organizations in the development sector.

Wipro is one of India's largest business organizations with deep technology expertise, robust sourcing systems, strong infrastructure capability and nation-wide distribution reach. Working on information and supply-chain bottlenecks, with this capacity, has been critical in these times.

All of us are working together in our response to the crisis - this has ensured swiftness of action, access to technical expertise and widespread reach. This also means that we have concentrated our response in regions where we are working directly or through our partners and alumni.

Our overall response is executed in careful coordination with relevant government institutions at the state, district and local levels.

3. Reach So Far

Overall

Till date, we have **reached 68 lakh people in 397 districts across 26 states and 3 union territories** through our immediate humanitarian assistance.

In the meanwhile, our comprehensive healthcare support has reached **21 states and 3 union territories**.²

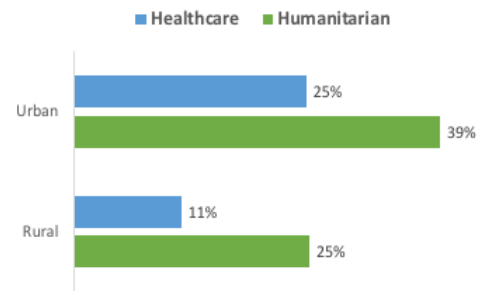


Fig. 1: % of total value of support to-date

Humanitarian Support

The objective of our humanitarian support is to contain the immediate as well as long-term human implications of the sudden economic, social and behavioural changes due to COVID-19. Till date, we have been able to extend immediate support in the form of food, dry rations and personal hygiene items to **68 lakh people in 397 districts across 26 states and 3 union territories**; our food support translates to **24 crore meals** so far.

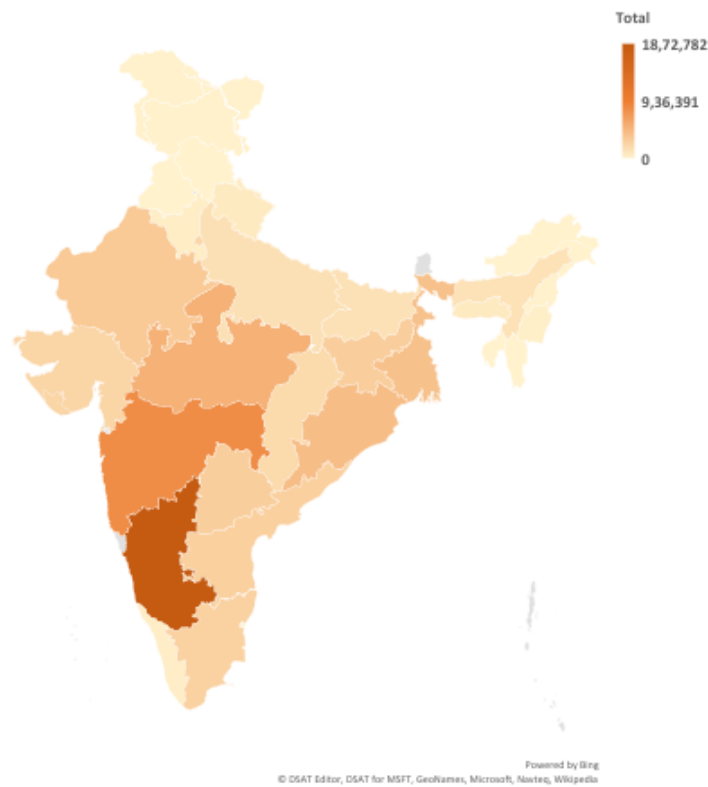


Fig. 2: Footprint of Humanitarian Assistance

² Data as on 15th May 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

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

#	State	People Reached		
		Urban	Rural	Total
1	Andhra Pradesh	48,635	2,21,699	2,70,334
2	Arunachal Pradesh	0	1750	1750
3	Assam	36,000	89,595	1,25,595
4	Bihar	45,139	86,930	1,32,069
5	Chhattisgarh	63,604	1,27,675	1,91,279
6	Gujarat	68,935	1,66,025	2,34,960
7	Haryana	15,688	26,787	42,475
8	Jharkhand	5,143	2,86,300	2,91,443
9	Karnataka	14,89,211	3,83,571	18,72,782
10	Kerala	21,257	14,825	36,082
11	Madhya Pradesh	99,725	4,19,235	5,18,960
12	Maharashtra	6,55,916	1,60,962	8,16,877
13	Manipur	625	22,225	22,850
14	Meghalaya	30,718	34,718	65,435
15	Mizoram	1,130	1,130	2,260
16	Nagaland	4,418	1,418	5,835
17	Odisha	91,504	3,31,393	4,22,897
18	Punjab	1,250	1,250	2,500
19	Rajasthan	1,02,187	2,24,154	3,26,341
20	Tamil Nadu	1,66,376	96,337	2,62,713
21	Telangana	2,42,429	44,353	2,86,782
22	Tripura	-	1,000	1,000
23	Uttar Pradesh	41,465	99,702	1,41,167
24	Uttarakhand	30,275	37,620	67,895
25	West Bengal	1,41,302	2,48,600	3,89,901
26	Delhi	1,92,037	31,750	2,23,787
27	Jammu Kashmir	1,336	5,575	6,911
28	Puducherry	1,500	2,500	4,000
	Others	375	275	650
29	Grand Total	35,98,178	31,69,353	67,67,530

Apart from food, dry rations and personal hygiene items, our other humanitarian interventions include psycho-social tele-counselling to people in distress, crowdsourcing real time information to make data-driven policy decisions and direct cash transfers in some selective cases.

Given the nature of the spread of the pandemic in its earlier stages, we have had to respond in a larger and more coordinated manner in some of the larger cities. So far, our humanitarian assistance has reached 16 lakh people in **Bengaluru**, including around 6 lakh migrant workers. We have reached 2.5 lakh people including 1 lakh slum dwellers in **Mumbai**, and 2 lakh people in **Hyderabad**. Our support has included cooked meals, dry ration and other hygiene items in partnership with civil society organisations and the government.

In general, the pandemic has amplified existing inequities. A quick glance at the kind of people seeking support reveals that the majority of them are those who had a source of income but are now out of jobs and forced into starvation. Compounding this, the disruption in the public distribution system (PDS) which caters to families 'below poverty line' has caused widespread food shortage across the nation pushing marginalised communities such as tribals, disadvantaged caste communities and vulnerable gender groups further down the ladder.

Healthcare Support

The objective of our healthcare assistance is to reduce the spread and speed of COVID-19 infections as well as enable better isolation and treatment of the same. Our comprehensive approach includes enabling the public health system and other partners across the chain of activities that are required to meet this objective. Illustratively:

1. Awareness - through various media as well as frontline workers and community members
2. Prevention and screening - preparedness, training and safety of frontline workers, equipment for screening, protocols and procedures
3. Quarantine - infrastructure for centres, materials including personal protective equipment, transportation, training, protocols and procedures
4. Testing and tracing - test equipment, related consumables, transportation of samples
5. Treatment of asymptomatic or mild cases - equipment for screening and monitoring, equipment and other support for isolation wards, personal protective equipment
6. Tertiary care for moderate to severe cases - equipment and other support for isolation wards and intensive care units

One part of our assistance is to provide **operational support** with consumables such as PPE kits and N95 masks – so far, we have committed to provide over 2,02,300 PPE kits and N95 masks across states. The other part of our assistance is to **enhance infrastructure capacity** by providing equipment for COVID-19 test and treatment. Apart from this, we are also providing support to awareness building efforts through government or civil society organisations, ambulance services and dedicated medical personnel. Till date, we have extended such support to **21 states and 3 union territories**, working with the public health system as well as public-spirited hospitals and organisations.

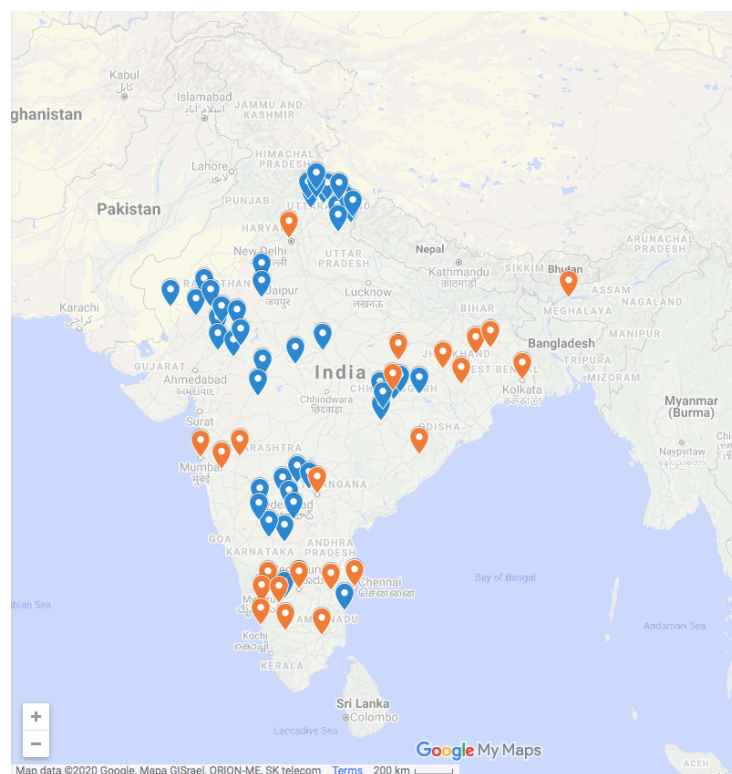


Fig. 3: Footprint of Healthcare Assistance

Our more comprehensive response is in regions where we have strong field presence through our own team or a partner. These regions have a total population (as per SECC 2011) of around 9 crores. The objective is to strengthen the public health system in these regions to more effectively respond to COVID-19.

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

Table 3: Summary of healthcare assistance in specific regions, to-date

State	Region	Population	Infrastructure capacity	Operational support
Chhattisgarh	Raipur (Dhamtari, Baloda Bazar, Bemetara, Raipur)	48,63,653	1 Automated RNA extractor machine	15,550 PPE kits and N95 masks
	Raigarh (Janjgir, Raigarh)	31,13,691	1 Automated RNA extractor machine and other equipment for test lab	1500 PPE kits and N95 mask
Karnataka	Kalaburagi (Kalaburagi, Bidar, Yadgir, Vijayapura)	76,21,228	1 Automated RNA extractor machine	24,310 PPE kits, 24,900 N95 masks and 5000 RNA extraction kits
	Ballari (Ballari, Koppal, Bagalkot, Raichur)	76,61,079	-	21,500 PPE kits and 20,900 N95 masks
	Bengaluru (Urban, Rural)	1,06,12,474	-	1500 PPE kits and N95 masks
	Mysore (Mysore, Mandya)	48,06,896	-	250 PPE kits and N95 masks
Madhya Pradesh	Indore (Indore, Khargone)	51,49,743	1 Automated RNA extractor machine and 1 RT-PCR test machine	21,230 PPE kits and 22,850 N95 masks
	Sagar	23,78,458	1 Automated RNA extractor machine and 1 RT-PCR test machine	25,220 PPE kits, 23,650 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	
	Jodhpur (Jodhpur, Barmer, Jalore, Pali)	1,01,57,219	-	43,990 PPE kits and N95 masks
	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	3750 PPE kits and N95 masks
	Garhwal (Haridwar, Dehradun, Pauri, Rudraprayag, Chamoli, Tehri, Uttarkashi)	58,57,294	2 Automated RNA extractor machines and 2 RT-PCR test machines	11,250 PPE kits and N95 masks
Puducherry	Puducherry	9,50,289	-	2000 PPE kits and N95 masks
Telangana	Sangareddy	15,27,628	-	2505 PPE kits and N95 masks

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 support/actions:

- a. Repurposing Wipro's information technology campus in **Hinjewadi, Pune** to a **450-bed intermediary care COVID-19 hospital**, to be handed over to the state government. This facility will be equipped to treat moderate cases and will include 12 beds to stabilise critical patients before they are moved to tertiary care facility. Additionally, it includes 24 well-appointed rooms to accommodate doctors and medical staff.
- b. Supporting **Doctors for You** in their response to the particularly severe COVID-19 situation in Mumbai; which includes awareness building, testing, counselling and running isolation wards. Our support has been in the form of equipment for the isolation ward, personal protective equipment (PPE) and other consumables, as well as part of the healthcare personnel cost.
- c. Supporting **Daya Rehabilitation Trust** to set up a 100-bed COVID-19 care facility at IQRAA International Hospital and Research Centre at Kozhikode, Kerala. The facility that is now operational includes a 30-bed ICU, 70-bed isolation ward and diagnostic lab.
- d. Supporting **Pravara Institute of Medical Sciences** to establish isolation wards and ICU facility to respond to the COVID-19 pandemic in the rural areas of Ahmednagar, Maharashtra.
- e. Working with a set of **community-oriented healthcare institutions** across various locations to more effectively respond to COVID-19. Our support includes a range of activities of such institution including prevention, test and treatment. Examples of such institutions we have supported so far includes **Christian Hospital, Bissam, Cuttack** and four of its partner hospitals in Rayagada, Odisha, and **Jan Swasthya Sahyog** in Bilaspur, Chhattisgarh.

We are also supporting premier medical research institutions like the **National Centre for Biological Sciences, Bengaluru** and **Christian Medical College, Vellore**. These institutions while directly contributing to the response to the COVID-19 pandemic by enhancing their testing or treatment facilities, will also help generate better understanding on critical issues related to COVID-19 that can be widely disseminated and used across the country.

4. Next Steps

The situation continues to be dire across much of the country. We will hence continue to provide immediate humanitarian and healthcare assistance, as needed.

The impact of the pandemic began in the metro cities and other urban centres but is now spreading across rural areas. Therefore, the next phase of assistance will need to focus on strengthening support systems in rural areas, while continuing to support urban centres in need.

We need to do a lot more over a long-term duration to contain this crisis. Hence, next steps for relief response must include creating sustainable livelihood options, especially in rural areas.

A more comprehensive healthcare assistance will be planned in specific geographies - as described earlier - in collaboration with the government to strengthen the public healthcare system.

5. Annexure

Additional details of humanitarian assistance

The table below gives a sense of the different categories of people who have required humanitarian assistance, and hence the range of disruption that has been caused by the COVID-19 pandemic. This include people are not able to access institutional help or have lost their source of income due to the lockdown or are highly vulnerable and at-risk due to their social position or health conditions.

Categories	Number of people reached		
	Rural	Urban	Grand Total
Migrant workers	1,26,462	8,99,747	10,26,209
Tribal groups	5,09,673	81,408	5,91,080
Urban slum families	16,987	5,00,550	5,17,537
Daily wage workers	49,020	52,845	1,01,865
Waste pickers	5,100	88,890	93,990
No access to PDS	30,411	19,780	50,191
Insufficient PDS	37,023	10,818	47,840
Farmers	34,010	7,500	41,510
Frontline workers	8,394	24,219	32,613
Sex workers, ex-devadasis	4,090	23,976	28,065
Fishing community	3,075	22,500	25,575
Children in need of care	4,393	21,016	25,409
Sanitation workers	297	25,110	25,407
Shelter homes	12,500	10,130	22,630
LGBT community	6,705	14,049	20,754
Disadvantaged caste such as Dalits and nomadic, pastoral communities	16,690	2,350	19,040
Persons with disabilities	6,775	9,866	16,640
Other women/children groups - victims of sexual harassment, domestic violence, acid attack, orphan children etc.	11,551	2,728	14,279
Manual scavengers	5,100	5,100	10,200
HIV positive	5,148	2,923	8,070
Mining workers	7,530	-	7,530
Displaced - Rohingyas, Muzaffarnagar riot victims, rehabilitation projects	988	4,238	5,225
Persons in conflict with law	-	4,545	4,545
Leprosy patients	-	4,024	4,024
Weavers	500	3,335	3,835
Construction workers	-	3,220	3,220
Artisans	1,875	375	2,250
Quarantine centres	1,575	-	1,575
Elderly persons	-	1,428	1,428

Note: This is based on an analysis of requests and responses where the beneficiaries were identified in such categories - **around half of all the beneficiaries of our humanitarian assistance as on 9th May 2020**. Please also note that these are not perfect categories - for example, someone categorised as having 'no access to PDS' may also be a migrant worker.