

**Guide to reading this report**

1. *This is a weekly report on our response to the Covid 19 crisis.*
2. *This version is an update on the report sent on June 11, 2021.*
3. *The report begins with key updates over last week's report.*
4. *Part A has details of our critical equipment support in wave 2, cumulatively till date, and our forecast for supply of critical equipment in this wave.*
5. *Part B contains our approach to this current wave and illustrations of our work in key geographies.*
6. *Part C is a summary of our response for the last one year - this has been retained for context and continuity.*

**June 12 – June 18, 2021: Key Updates****Healthcare support committed**

1. Jharkhand:
  - a. Extending support for work under Jharkhand Integrated Development of Health & Nutrition (JIDHAN) project for six months, viz., July to December 2021
  - b. Working in 5 districts of South Jharkhand: Gumla, Lohardaga, Khunti, Ranchi, Simdega
2. Arunachal Pradesh: Supporting district administration of two remote districts - Changlang and East Kameng - with cumulative population of 2.3 lakhs, by providing oxygen concentrators and consumables
3. Karnataka: Redeploying doctors and nurses supported by us from Bangalore Urban (Jayanagar General Hospital), where hospital loads have come down, to Devanahalli (Bangalore Rural), which was facing a shortage of human resources

**Humanitarian support (dry rations, basic medical kits) committed**

1. Jharkhand: Supporting over 8200 vulnerable households across 7 districts
2. Karnataka:
  - a. Bangalore: Supporting over 2750 households that include blue tent settlements, construction and migrant workers, burns survivors, crematorium and cemetery staff, differently abled people in communities all over Bangalore
  - b. Kalaburagi: Supporting 2400 households with differently abled and senior citizens
  - c. Other: Supporting over 3000 vulnerable households in Hassan and Shimoga
3. West Bengal: Supported 77,480 vulnerable households across 16 districts so far
4. Maharashtra: Supporting about 20,000 individuals till August (2021) with a combination of cooked meals and dry ration kits

**Livelihoods and welfare support (access to rights and entitlements) committed**

1. Andhra Pradesh: Supporting 53,100 households in Anantapur and Chittoor
2. Gujarat: Supporting 53,100 households in Mahisagar
3. Karnataka: Supporting 22,500 households in Chikkaballapur
4. Maharashtra: Supporting 36,000 households in Yavatmal
5. Odisha: Supporting 116,600 households in Dhenkanal, Koraput, Angul, Nawrangpur and Rayagada
6. Rajasthan: Supporting 1.91 Lakh households across Bhilwara, Rajsamand, Udaipur

## PART A

### 1. Support for Covid treatment so far

#### 1.1. Critical equipment supported

Treatment of severe cases has been a critical issue in the second wave. We have focused on saving lives and minimizing mortality by enhancing oxygenated bed and ICU bed capacities across our geographies of interest. Our support for these – both (a) in the second wave of the pandemic and (b) cumulative till date and are summarized in the tables that follow.

**Table 1: Oxygen and ICU beds supported by Azim Premji Foundation since April 1, 2021**

	<b>No. of districts</b>	<b>No. of Oxygen Beds</b>	<b>No. of ICU &amp; HDU Beds</b>
<b>Bangalore</b>	<b>2</b>	<b>449</b>	<b>74</b>
- Government hospitals		224	49
- Public spirited hospitals		225	25
<b>North East Karnataka</b>	<b>7</b>	<b>1,512</b>	<b>106</b>
- Government hospitals		1,482	103
- Public spirited hospitals		30	3
<b>Jharkhand</b>	<b>5</b>	<b>472</b>	<b>22</b>
- Government hospitals		287	10
- Public spirited hospitals		185	12
<b>Chhattisgarh</b>	<b>8</b>	<b>1,555</b>	<b>54</b>
- Government hospitals		1,475	51
- Public spirited hospitals		80	3
<b>Uttarakhand</b>	<b>10</b>	<b>1,234</b>	<b>115</b>
- Government hospitals		1,209	115
- Public spirited hospitals		25	-
<b>Rajasthan</b>	<b>11</b>	<b>1,712</b>	<b>52</b>
- Government hospitals		1,712	52
- Public spirited hospitals		-	-
<b>Madhya Pradesh</b>	<b>5</b>	<b>552</b>	<b>14</b>
- Government hospitals		495	10
- Public spirited hospitals		57	4
<b>Telangana</b>	<b>2</b>	<b>15</b>	<b>65</b>
- Government hospitals		15	65
- Public spirited hospitals		-	-
<b>Puducherry</b>	<b>1</b>	<b>100</b>	<b>-</b>
- Government hospitals		100	-
- Public spirited hospitals		-	-

<b>Total beds across above locations</b>	<b>51</b>	<b>7,601</b>	<b>502</b>
- Government hospitals		6,999	455
- Public spirited hospitals		602	47

These numbers include estimated commitments as well as few confirmed deliveries starting April 1, 2021 till now. Actual additions are happening dynamically. In present circumstances, it is very difficult to track commitments vis-à-vis deliveries. All actual additions are expected to be complete over the next few weeks. FY 20-21 (wave 1 support) is not included in this but is included in the next (cumulative) table.

We have used broad approximations to determine the number of beds in both categories – Oxygen and ICU. 1 Oxygen Concentrator has been assumed to be equivalent to 1 Oxygen bed. Support for 1 set of critical care equipment (BiPAP, HFNC, Ventilator) has been assumed to be equivalent to 1 ICU bed. Therefore, the overall numbers in the table are estimations, and will continue to be updated as we receive more information from the locations.

Names of districts (wave 2: April 1, 2021 onwards)

- Bangalore: Urban and Rural.
- Chhattisgarh: Baloda Bazar, Dhamtari, Durg, Janjgir Champa, Mahasamund, Pendra, Raigarh, Raipur.
- Jharkhand: Gumla, Khunti, Lohardaga, Ranchi, Simdega.
- Madhya Pradesh: Bhopal, Chhattarpur, Damoh, Khargone, Shivpuri.
- Puducherry: Puducherry.
- North East Karnataka: Ballari, Bidar, Kalaburagi, Raichur, Vijayapura, Vijayanagara, Yadgir.
- Rajasthan: Barmer, Banswara, Chittorgarh, Dungarpur, Jaipur, Jalore, Pali, Pratapgarh, Rajsamand, Sirohi, Tonk.
- Telangana: Hyderabad, Sangareddy.
- Uttarakhand: Almora, Bageshwar, Champawat, Chamoli, Dehradun, Garhwal (Pauri), Haridwar, Nainital, Pithoragarh, Rudraprayag.

**Table 2: Cumulative Oxygen and ICU beds supported by Azim Premji Foundation (FY2020 till date)**

	No. of districts	No. of Oxygen Beds	No. of ICU & HDU Beds
Bangalore	2	783	148
- Government hospitals		430	49
- Public spirited hospitals		353	99
North East Karnataka	8	1,512	162
- Government hospitals		1,482	159
- Public spirited hospitals		30	3
Jharkhand	5	509	52
- Government hospitals		324	40
- Public spirited hospitals		185	12

Chhattisgarh	9	<b>1,719</b>	<b>126</b>
- Government hospitals		1,639	115
- Public spirited hospitals		80	11
Uttarakhand	10	<b>1,234</b>	<b>115</b>
- Government hospitals		1,209	115
- Public spirited hospitals		25	-
Rajasthan	11	<b>1,712</b>	<b>52</b>
- Government hospitals		1,712	52
- Public spirited hospitals		-	-
Madhya Pradesh	5	<b>552</b>	<b>14</b>
- Government hospitals		495	10
- Public spirited hospitals		57	4
Telangana	2	<b>15</b>	<b>72</b>
- Government hospitals		15	72
- Public spirited hospitals		-	-
Puducherry	1	<b>100</b>	-
- Government hospitals		100	-
- Public spirited hospitals		-	-
<b>Total beds across above locations</b>	<b>53</b>	<b>8,136</b>	<b>741</b>
- Government hospitals		7,406	612
- Public spirited hospitals		730	129

*These numbers include all delivered equipment in FY 2020-21 and those committed in FY 2021-22 till date (wave 2). All actual additions in wave 2 are expected to be complete over the next few weeks.*

*Names of districts (Cumulative starting April 2020 till date)*

- Bangalore: Urban and Rural
- Chhattisgarh districts: Baloda Bazar, Bemetara, Dhamtari, Durg, Janjgir Champa, Mahasamund, Pendra, Raigarh, Raipur
- Jharkhand districts: Gumla, Khunti, Lohardaga, Ranchi, Simdega
- Madhya Pradesh districts: Bhopal, Chhattarpur, Damoh, Khargone, Shivpuri
- North East Karnataka districts: Ballari, Bidar, Kalaburagi, Koppal, Raichur, Vijayapura, Vijayanagara, Yadgir
- Puducherry: Puducherry.
- Rajasthan districts: Barmer, Banswara, Chittorgarh, Dungarpur, Jaipur, Jalore, Pali, Pratapgarh, Rajsamand, Sirohi, Tonk
- Telangana district: Hyderabad, Sangareddy
- Uttarakhand districts: Almora, Bageshwar, Champawat, Chamoli, Dehradun, Garhwal (Pauri), Haridwar, Nainital, Pithoragarh, Rudraprayag

In addition to our key geographies of interest, we have also augmented tertiary treatment capacity by providing financial support for oxygen concentrators, oxygen generation plants, ICU and HDU (High Dependency Unit) equipment in many public-spirited charitable hospitals in different states. In some cases, we have supplied equipment as well. States where we have supported charitable hospitals with funding or supplies for oxygen beds, critical care equipment or other necessary support include:

- **Assam:** Makunda Christian Hospital in Karimganj (oxygen concentrators, multipara monitors, non-invasive ventilators), Baptist Christian Hospital in Sonitpur (ventilators, oxygen cylinders, other equipment)
- **Arunachal Pradesh:** District administration of Changlang and East Kameng (oxygen concentrators)
- **Bihar:** Duncan Hospital in East Champaran (oxygen cylinders), Madhepura Christian Hospital in Madhepura (ventilators, BiPAP machines and other critical care equipment), Innovators in Health in Samastipur (oxygen concentrators)
- **Gujarat:** Charutar Arogya Mandal's Shree Krishna Hospital in Anand (oxygen plant, oxygen concentrators and critical care equipment)
- **Nagaland:** Christian Institute of Health Sciences and Research, in outskirts of Dimapur (ventilators, oxygen concentrators and other critical care equipment), Eleutheros Christian Society, Tuensang District, Nagaland (human resources, ambulance, consumables)
- **Odisha:** Jyothi Hospital in Balasore (oxygen generator PSA plant), Vision India Foundation in Sambalpur (oxygen concentrators and patient monitors)
- **Uttar Pradesh:** Kachhwa Christian Hospital in Mirzapur (oxygen concentrators and ventilators)

### 1.2. Immediate projections for supply of critical equipment

We strengthened our supply chain to be able to respond quickly, including by forecasting and pre-ordering critical equipment over the last few weeks. Our **current projections** are in Table 3. These are estimates.

**Table 3**

#	Item	Projection: No. of units		Comments
		4 weeks	8 weeks	
1.	Oxygen Concentrators	5000	3,000	These are frontline equipment serving mild to moderate cases, assuming 1 unit provides support to at least 10 patients/day.
2.	Oxygen plants	10	10	1 plant supports 100 oxygenated beds or 100 patients/day at full capacity. Likely to increase over next few months.
3.	ICU Beds	300	800	To increase ICU capacity by way of supply of critical equipment – BiPAP, Ventilators, HFNC's, ICU beds etc.

4.	Oxygenated beds capacity creation	3000	10,000	Through multiple ways – supporting piped system, installing large oxygen storage/an oxygen plant
5.	Isolation Beds @ Covid Care Centres	~ 10,000+	20,000	Through multiple ways – enabling isolation by providing medical kits, supporting creation of medical infrastructure, mobilising doctors, and other staff etc.
6.	Pulse Oximeters	25,000	8,000	1 frontline worker can screen up to 30-40 people/day. Some governments are also looking at giving this to people in home isolation.
7.	Testing equipment	13	2	1 machine adds 1000 tests/day; we are in process of evaluation of required capacity

Meanwhile, we are focusing on **more targeted and effective deployment of these** - with aid coming in from across the country and the world, an equal focus is required to enable equitable distribution as well as avoid under-utilisation of critical resources.

## PART B

### 2. Our Approach

Responding to the situation at hand, we have significantly ramped up, organised our efforts as well as their operationalisation on the ground to address urgent as well as forthcoming needs. These are being tackled on two fronts (described below), with work on all elements having begun parallelly in the last two weeks.

- a. On the healthcare front, our immediate focus is on – i) **reducing mortality rate** by enabling access to different levels of treatment, especially the appropriate/timely access to **medical oxygen**, to address the current surge in the urban areas and the estimated surge in rural areas; ii) **slowing rate of transmission** through awareness building; screening, identification, and isolation of presumptive persons immediately.

Additionally, we will continue to create capacities yielding mid-term benefits across all steps - right from frontline to treatment that will boost the above efforts, e.g., enhancing testing capacity of public hospitals, facilitating vaccinations etc.

- b. On the humanitarian front, our focus is to **mitigate the crisis** by providing cooked meals, dry ration/hygiene kits as immediate support and taking structured steps for livelihood regeneration over next 2-12 months.

To do this, our approach could be understood at two levels - a) how do we organise for these efforts and b) how do we operationalise them, that is, what all do we do on the ground to try and reach as many people as possible with adequate help as quickly as possible - through optimising speed of delivery, ease of deployment, effectiveness of solutions and breadth of coverage.

#### 2.1. Organising for the efforts

**Equipment** – We have identified key equipment required and ramped-up respective supply-chains based on our projections. We are in process of identifying detailed needs in our key geographies while initiating purchase of some of the most critical and urgently needed equipment such as oxygen concentrators, ventilators as per our estimates. Of these, some will be delivered and be effective immediately while some will take 4-6 weeks to be ready for actual use. Much of the capacity that we have created in hospitals (e.g. testing, ICU) during June-December last year is the bulwark of response in many places.

**People** – We have re-energised our entire network of people, who we worked with over the last one year. This includes our own team, our engaged teacher community, University alumni, philanthropy partners, public-spirited private/public hospitals, premier institutions, government departments and district/state administrations. This time both the infection and fear of the infection is high amongst all the people involved (with many having lost loved ones), hence, it has been very challenging for teams to work on the ground. We are exploring different ways of augmenting our teams and that of the hospitals in our geographies for this.

#### 2.2. Operationalisation on the ground

To reduce mortality rate, we are supporting increase in effective access to treatment, especially the appropriate and timely access to **medical oxygen**, in our key geographies, namely, **Chhattisgarh, Jharkhand, Karnataka, Madhya Pradesh, Rajasthan, Puducherry, Telangana, and Uttarakhand**; additionally, directing support (although limited) to Delhi, Mumbai, and Hyderabad.



Our efforts will focus on **augmenting oxygen treatment facilities in the public health system at different levels**, including:

- a. Large-scale deployment of oxygen concentrators at the first points of treatment – like Primary Health Centres (PHC) or Covid Care Centres (CCC) – that can help large number of people with mild or moderate symptoms and reduce stress on the other levels of treatment facilities.
- b. Oxygen plants for facilities with more treatment capacity; this would largely be district hospitals or community health centres (CHC) which are also Dedicated Covid Health Centres (DCHC) in some locations. These can cater to a greater number of beds and help patients with symptoms requiring higher flow of oxygen, including non-invasive ventilation.
- c. Additional solutions like oxygen cylinders and liquid oxygen storage to Dedicated Covid Hospitals (DCH) that have higher capacity. This instead of oxygen plants or as supplement to them for large facilities, with more beds and ability to treat patients with more severe symptoms requiring invasive ventilation.

We are supporting efforts that would **improve access and better utilisation of existing facilities** by augmenting them with personnel and better protocols. We will equip larger facilities with **High Flow Nasal Cannulas (HFNCs), BiPAP machines, and ventilators** that are required to create **HDU (high dependency units) and ICU beds** for effective treatment using this medical oxygen.

We are supporting all the above in our key geographies of interest. We are supporting **ambulances** for a limited period in specific locations like Jaipur, Bangalore, Bhopal and Yadgir to enable better access to these treatment facilities.

We are working on various fronts to enable **deployment of trained personnel** including doctors in underserved areas.

To slow transmission, we are focusing on **strengthening frontline surveillance**. This includes orienting, training, and adequately equipping frontline workers with pulse oximeters and thermal guns and other material for building mass awareness and doing better screening, especially in the vulnerable communities. Better screening and early detection of conditions like low blood oxygen concentration (SpO<sub>2</sub>) will aid quicker access to treatment and reduce mortality.

Additionally, we are continuing to support partners – **public spirited hospitals and organisations focused on community health** in other regions who can help address the immediate crisis in their catchment areas. With the intensity of surge that we are seeing, efforts of such public-spirited hospitals augmenting that of the public system will be critical to tide over the crisis.

We are treating support for oxygen as we would treat requests for humanitarian aid. We are financially supporting partners all over India for smaller oxygen equipment like cylinders, once we are satisfied that they can handle sourcing, procurement directly, and will be able to put the equipment to good use. At this moment we are not seeing this as a large-scale effort but more in the nature of 'reactive' support in situations of great need.

At the same time, we are continuing our on-going efforts to create capacities in public health system that will yield mid-term effect in boosting the above steps as well as exiting the pandemic. For instance, **enhancing more effective testing**: since the beginning of our response work, a significant thrust of our efforts has been on – a) augmenting testing capacities in large centres as well as difficult areas; b) improving utilisation of the existing infrastructure and c) improving

protocols for collection of samples, recording and reporting of results. We will continue to work on this. In addition to this, we will try to facilitate more **equitable access to vaccines** through our frontline work to improve awareness and access to vaccines through camps for vulnerable communities; this includes communities in informal settlements in urban locations such as Bangalore as well as rural communities such as in Jharkhand.

We continue to regularly consult with our premier institution partners like **Christian Medical College (CMC) Vellore**, to understand and promote more effective clinical and operational processes across the country. In the current phase, this includes coming up with appropriate clinical and operational protocols for effective oxygen treatment in disadvantaged regions, as well as better communication to address myths around the spread of the virus as well as vaccination.

On the humanitarian front, there exists a silent but deep distress triggered by local lockdowns in cities such as Mumbai, Delhi, Bangalore where many have already lost their source of income. This is also causing reverse migration to rural areas, clearly indicating a brewing stress in these regions as well. Hence, there is a need for **both immediate support in form of cooked meals and dry ration/hygiene kits** in the cities as well as structured steps for **livelihood regeneration over next 2-12 months** in rural areas, especially for the marginalised communities in disadvantaged regions. In the last fortnight, we have responded to humanitarian requests for relief pouring in from all over the country, details of which are provided in the next section (2.3). We will continue to respond to this, directly as well as through our partners, with whatever is needed as the situation unfolds.

### 3. Illustrations of Our Efforts in Key Geographies

#### 3.1. Karnataka

We are working closely with the State Government in response to healthcare and humanitarian requests along with developing an overall strategy for minimizing spread, managing cases and treatment, particularly in rural areas.

Our response in Karnataka is focused on two geographies in the State:

- Bangalore and its surrounding areas: Bangalore is important to us because it is home to Azim Premji Foundation and Wipro; we have ground level presence working with public schools along with our University here and we have several partners with whom we worked through the pandemic last year.
- Eight districts of North East Karnataka (NEK) - Bagalkot, Ballari, Bidar, Kalaburagi, Koppal, Raichur, Vijayanagara and Yadgir - the most under-served part of the State where we have deep ground presence through our work in education over the years. Our healthcare and humanitarian response in this region has been widespread over the last year.

##### a. Bangalore

**Healthcare Response:** In the last six weeks, we have re-energized our own team, our partner network, our teacher community, public-spirited private/public hospitals, premier institutions, and government networks. We are working on preventive measures and treatment with our twin objectives of reducing mortality and the transmission of Covid-19. We have committed to extend all the support possible in increasing oxygen availability in existing public healthcare facilities by supplying Oxygen Concentrators (capacity: 10 litres of

Oxygen per minute) to hospitals, maternity units, and medical institutions, and converting basic beds into oxygen beds. We will also support Bangalore Public Healthcare Centre (PHC) requirements.

Our sixteen frontline partners cover 280 settlements in 80 wards of Bangalore, a population of approximately 6.5 lakhs.

**Frontline support:** Our frontline partners, like last time, are working on community level awareness, sensitization, promotion of Covid-appropriate behaviour, connecting communities with the primary health centre networks and frontline health workers and helping with escalation of support for Covid positive patients through help desks and helplines. Our partners are also working on disseminating information on vaccines and facilitating vaccinations for communities. They are also supplying immediate humanitarian aid where needed.

**Helplines for patients:** We have been supporting helpdesks and helplines in 10 government hospitals where they are supporting Covid patients for bed allocation. We will support extending this service in up to 40 additional large government, public spirited, and private hospitals to manage the surge.

**Ambulance:** We are supporting ambulance services for patients for the next two months

**Treatment:** We have extended such support on oxygen capacity to Al Ameen, HBS and Vimalalaya Hospitals. In this surge, public hospitals are facing a shortage of skilled doctors and nurses. We are attempting to fill in this immediate gap by supporting Doctors For You (DFY) for temporary stationing of trained doctors and personnel in public hospitals in Anekal, KR Puram, Jayanagar and Yelahanka for the next few months. Our equipment support to hospitals, apart from oxygen concentrators, includes oxygen generators, Bipap machines, multipara monitors and ventilators. We are providing support for staffing to Covid Care Centre in Shadab Mahal, DJ Halli, one of the most densely-populated slum areas in Bangalore, and for ICU beds staffing in Epidemic Diseases Hospital, Indiranagar. We are providing equipment, staff salaries and operating expenses for Jayanagar Annex – Garden City Hospital, a 60 bed step-down facility for Jayanagar General Hospital. We are also providing equipment, staff salaries and operating expenses to Covid Care Centre in St. Josephs School, Chamarajpet.

**Humanitarian Response:** We had supported some of the most vulnerable communities with food and dry rations during the first nationwide lockdown that started in March 2020. In this second round of work, we have the benefit of learning from our efforts last year. In this phase too, we are providing immediate humanitarian aid to vulnerable communities like migrant construction workers, low-income daily wage workers, small vegetable and fruit vendors, sexual minorities among others, in the communities we work in across more than 100 wards in the city.

## **b. North East Karnataka (NEK)**

### **Healthcare Response**

Most of the eight districts are struggling with a huge surge in infections. We are committed to augmenting capacities particularly for oxygen by supplying Oxygen Concentrators and High Flow Nasal Canulas (HFNC). We are also supporting districts in this region with oxygen plants.

**Kalaburagi:** Kalaburagi has seen a huge spike in recent weeks, and the district administration is struggling to accommodate the severe cases of Covid. Cumulatively, the two large public hospitals in the district: Gulbarga Institute of Medical Sciences (GIMS) and ESIC Medical College have only 100 ICU beds, 82 HDU (high dependency unit) beds and 250 beds with low oxygen. Kalaburagi is also receiving cases from neighbouring Yadgir, and it is becoming unmanageable with the limited number of beds. Together, Kalaburagi and Yadgir districts have a population of over 37 Lakhs.

To address the needs of patients who require oxygen support, district administration has planned to have 1500 oxygenated beds in Community Health Centres (CHCs) and taluk hospitals, using oxygen concentrators. We are supplying **300 oxygen concentrators** and **20 High Flow Nasal Canulas (HFNCs)** in the district, to enable them to make the extra oxygen beds functional, along with a small number of HDUs and ICUs. We are already in process of supporting the installation of an oxygen tank to support additional ICU and oxygen beds at ESIC Medical College, Kalaburagi. In addition, we are helping to enhance testing, by supplying one RT PCR machine and 1 RNA extractor.

**Yadgir:** In 2020, we had supplied 7 High Flow Nasal Canulas (HFNCs) to the district administration, and these are proving to be crucial in treating patients in the district. The case load is quite high, and the district is having to transfer patients to Kalaburagi ESIC Medical College. Patients from far off areas in Yadgir, which is a very geographically spread district, take almost 3-4 hours to reach the main Covid hospital, which itself is running out of oxygen. The District Administration is planning to increase Flow Nasal Canulas (HFNCs) in the district hospital, and augment oxygen capacity at the Community Health Centre (CHC) and Primary Healthcare Centre (PHC) level, so that patients who need oxygen can access it quickly, without travelling too much. We will supply **15 HFNCs and 210 oxygen concentrators** here.

We will also support the **Gram Aarogya Kendras (GAKs)** that the district administration is setting up in 44 different panchayats in Yadgir district. There is a huge surge of positive cases in villages, where testing is almost absent. Even when samples are collected, results take over a week. There are many unreported deaths in the villages. Villagers are not coming to hospitals which are far-flung, there is delayed diagnosis, which leads to sudden increase in severity and sometimes death.

The Gram Aarogya Kendras (GAKs) will help identify individuals who are not aware of their comorbidity (BP and sugar level) until they are severely affected by Covid-19; they will also monitor overall health status of elderly and middle-aged groups in the village, including temperature, blood pressure and oxygen saturation checks. Our specific support will be in training Self Help Group members, ASHA (Accredited Social Health Activist) workers and ANMs (Auxiliary Nurse Midwife) in the respective villages, on GAK and usage of materials. There will be consistent support by our team members through weekly visits.

**Vijayapura:** The district is facing a severe shortage of oxygen, like most other districts because of the spike in severe cases. The district administration has planned for oxygen beds in Community Health Centres (CHCs) and taluk hospitals. General beds can be converted to oxygen beds with the help of oxygen supply, without needing additional infrastructure investment. There is also a shortage of ICU and HDUs (high dependency units). We will be supplying **100 oxygen concentrators and 15 High Flow Nasal Canulas (HFNCs)** to enable the district to manage cases that need oxygen, as well as very critical cases.

**Vijayanagar and Ballari:** Vijayanagar is a new district, carved out from Ballari to improve governance. We are **supplying 110 oxygen concentrators** to enable oxygenated beds in 11 taluk hospitals and 10 Community Health Centres (CHCs) in this region.

In addition to this, we will work with ASHAs (Accredited Social Health Activist) in Ballari, for **increased screening and surveillance**. This is very important because of the high positivity and fatality in Ballari. There is inadequate screening at community level because ASHAs are not equipped with functional screening devices. We will supply pulse oximeters and thermometers for ASHAs and help with their training.

**Raichur:** We had supplied an RNA extractor for testing to Raichur laboratory in 2020. However, in the current surge, the existing testing capacity of 1000-1500 tests per day is not sufficient. Covid-19 RT PCR test results are being delayed by over 10 days in many cases. We will support the district administration with an RT PCR machine and RNA extractor, to **enhance testing**, enabling them to clear the backlog of pending tests and increase their processing of samples daily.

Like in all other districts, we will enhance medical oxygen availability in the district. We will supply **50 oxygen concentrators, and one oxygen generation plant in addition to 15 High Flow Nasal Canulas (HFNCs)** to support ICU and HDUs (high dependency unit). We are supporting ambulances for a limited period of time here.

**Bidar:** Bidar has been facing severe oxygen shortage. We will support the Bidar district administration with a **6 KL Oxygen Tank**, and will supply **200 oxygen concentrators**, apart from **250 jumbo cylinders**.

**Koppal:** We are augmenting oxygen and ICU bed capacity in government hospitals. Koppal faced huge issues with ICU bed availability in the second wave and struggled to treat patients due to shortage of equipment. Administration has tried decentralised treatment facility by upgrading taluk hospital. In this wave, we are supporting the district with equipment such as Portable X Ray Machine, High Flow Nasal Canula (HFNCs), 5 para monitor, non-invasive ventilators, table top oximeter. This enhances the capacity of taluk hospitals located in Gangavati, Kustagi and Yalaburga.

**Humanitarian Response:** There have been several distress calls and requests and we are responding to all of these. Our humanitarian support for dry ration in the region includes support across districts. Some key partners are Sangama, Karnataka Jesuit Educational Society (KJES), Janakalyan. Our members are working with ground partners and communities directly in distribution of humanitarian aid.

In addition to Bangalore and districts in North East Karnataka, we will also support Chamarajanagar district with oxygen. The district of Mandya was not very severely affected in the first wave. This has changed in the second wave this year, and we have provided humanitarian as well as healthcare support in Mandya.

### 3.2. Chhattisgarh

In **Chhattisgarh**, like last year, we are working with the health department to further add test and treatment capacity. Illustratively, we are adding critical care units to the Dr Bhim Rao Ambedkar Hospital Raipur, providing ventilators in Baloda Bazar, supporting oxygen beds at Covid Hospital, Mahasamund, the COVID-19 facility at the Ayush College, Raipur, supplying

oxygen concentrators to Pamgarh Covid Care Centre as well as for different blocks in Mahasamund and Jangir. Given the severity of the spread, we are extending our support to public-spirited hospitals involved in COVID-19 treatment; this includes further support for existing partners like Dhamtari Christian Hospital, Dhamtari and new partners like Sewa Bhawan Hospital, Mahasamund, Evangelical Christian Hospital, Tilda and Champa Christian Hospital in Champa-Jangir to enhance their HDU and ICU capacity. Further, we have extended our support to other districts - illustratively, adding test capacity to public hospitals in Ambikapur and Sarguja, augmenting the oxygen treatment facility at the Dedicated Covid Hospital at Durg, and supporting with medical equipment in the newly formed district of Pendra. We are supporting the district administration in Raipur with supplies for frontline screening, and awareness activities in four districts. We are supporting oxygen pipeline in government hospitals in Dharamjaigarh, Kharsia, Sarangarh and Raigarh, and with PSA oxygen plants in Baloda Bazar, Bemetara, Kurud (Dhamtari) and Dharamjaigarh (Raigarh), taking the total number of Oxygen beds supported in Chhattisgarh in the second to 1,555, and cumulatively since April 2020 to 1,719. We continue to provide immediate humanitarian support through teachers who we work with.

### 3.3. Jharkhand

In **Jharkhand**, we continue to work with our partners and the department through the Jharkhand Integrated Development for Health and Nutrition (JIDHAN) program. We are expanding our support in this phase. We are adding significant oxygen generation capacities and critical care units in public spirited private hospitals. Illustratively, supporting addition of 40 beds at Constant Lievens Hospital and Research Centre (Mandar Mission) Ranchi, 100 beds at Shanti Bhawan Medical Centre, Simdega, and 40 beds at St. Barnabas Hospital, Ranchi, dedicated for treatment of moderate to severe cases. These hospitals address some of the most underserved sections of population in the region who otherwise would not have access to any medical treatments - St. Barnabas Hospital is the first choice for disadvantaged communities in Ranchi while Shanti Bhawan Medical Centre is the only such facility in Simdega; Mandar Mission located on outskirts of Ranchi for poor and tribal communities whose access to public amenities is very limited. In addition to this, we are supporting setting up of 150 isolation centres across five districts of interest in the state, strengthening of Community Health Centres (CHCs) and District Health Centres (DHCs) with oxygen beds and deployment of oxygen concentrators at a large scale across frontline treatment facilities. We have extended our support to the JIDHAN programme in the 5 districts till December 2021.

### 3.4. Uttarakhand

In **Uttarakhand**, we worked extensively on increasing the testing capacities including RT-PCR capacity in medical colleges and CB-NAAT capacity in difficult but frequently accessed for tourism/pilgrimage regions, especially in the hills.

Due to the recent Kumbh in Haridwar, the surge is expected to be quite high, especially in the plain districts. Hence, we are supporting significant augmentation of treatment facilities, for instance, adding 200 Oxygen concentrators, 500 Oxygen cylinders, 30 ECG machines, 100 multi-para monitors to enable 450 oxygenated beds and 167 ICU beds at Sushila Tiwari Medical College, Haldwani which is the critical treatment facility for the entire Kumaon hill region of the state. We will also be supporting creation of oxygen beds at COVID Care Centres

and District Covid Health Centres in the different districts of region by providing a large number of oxygen concentrators and other equipment. We are also looking at the possibility of mobilising lab technicians, radiologists, X-Ray technicians for CHCs in the region. Similar discussions have been initiated for the districts of the Garhwal hill region of the state. In addition, we will be supporting 1 Oxygen Plant, 1 Oxygen Tank, over 700 Oxygen cylinders, 1600 Oxygen Concentrators, 10 BiPAP machines, 1 RT PCR machine, 2 portable X-Rays, 1 Automated Nucleic Acid Platform, 8500 Pulse Oximeters and 5800 digital thermometers across the State. We are providing oxygen and equipment support in Tehri and Uttarkashi. In Uttarkashi, we are also supporting human resources (X-Ray technician). We are providing oxygen concentrators across 9 blocks of Chamoli district.

### 3.5. Rajasthan

In **Rajasthan**, we have committed to supply over 1700 Oxygen Concentrators in a staggered manner, across the 11 districts that we work in. We are providing immediate humanitarian support in Chittorgarh, Pratapgarh, Jaipur, Barmer, Rajsamand, Tonk and Ajmer, directly and through partners like Prayaas, Centre for Advocacy and Research (CfAR). We are supporting 50 ICU beds in District Hospital, Pratapgarh. We are supporting teachers who are engaged in frontline health work with safety health kits. We have also provided extensive humanitarian support in our districts of work through partners.

### 3.6. Madhya Pradesh

The situation in Madhya Pradesh is dire. We have initiated our support by adding oxygen beds in District Hospital at Khargone, at Berasia and Nazirabad in Bhopal and supporting ambulance facilities at Bhopal. We are supporting two PSA (Pressure Swing Adsorption) plants, one each Berasia and Nazirabad for 30 and 10 oxygenated beds, respectively. We are supporting Oxygen plant in Shivpuri and Sagar as well and will supply concentrators there as well. In Damoh, we are supporting oxygen beds across Government hospitals, and in Khargone we are supporting with equipment for both – oxygen and ICU beds. Our earlier efforts were focussed on sensitisation and awareness building among the community and equipping the frontline workers in some locations for better surveillance. We have added testing capacity with 1 RT-PCR machine each at Bhopal, Sagar, Indore.

### 4.7. Telangana

We are providing 15 oxygen concentrators and various medical equipment for ICU beds across six blocks in Sangareddy. We have also extended both humanitarian and healthcare support in Hyderabad. In Hyderabad, we are working state government to augment critical care units by equipping TIMS a multi-specialty hospital currently operating as 1000 bedded COVID Hospital with 50 HFNC, 50 multi-para monitors, 100 syringe pumps, 10 ECG machines. We are also supporting Modern Architects for Rural India (MARI) and Rainbow Foundation of India for healthcare response at the community level.

### 4.8. Puducherry

While Puducherry was relatively mildly affected in the first wave in 2020, the second wave has had a deleterious impact here as well. We are augmenting the capacity of Indira Gandhi Medical College (State Medical College), the district covid hospital with 100 oxygen beds.

#### 4.9. Metro cities

In other metropolitan cities like **Mumbai, Delhi and Hyderabad**, we have extended support for health and responded to immediate humanitarian aid requests from our existing partners. For instance, in Mumbai we supported Doctors for You (DFY) to serve slum areas of the city through a 600 bedded COVID care facility at Slum Rehabilitation Apartment, of which 120 are oxygenated beds. We are extending that support to add required equipment and operating costs to run this facility for next 3 months. We are supporting over 10 of our partners in Mumbai, for distribution of dry ration kits in some of the most vulnerable pockets of the city.

In Delhi, we are supporting DFY to mobilise doctors, nurses, and trained staff to operate a 120-oxygen bedded COVID Health Centre at Rouse Avenue School within 3 to 5 km radius of LNJP Hospital for next 3 months.

#### 4.10. Concerted humanitarian efforts

In addition to the states where we have our direct ground presence, we have also supported concerted humanitarian relief in Mumbai and across West Bengal in the second wave.

**Mumbai:** Mumbai witnessed an acute hunger crisis in early May, following the strict lockdown imposed. We supported a concrete effort on food relief based on ground assessment by partners who reached out to us. Our partners in Mumbai worked together to understand the situation and address geographical overlaps in the relief exercise. We targeted reaching 68,000 households (about 3.43 lakh people) for the ration kits and 1.2 lakh people through cooked meals from community kitchens.

**West Bengal:** The continued effects of lockdown leading to loss of livelihood from last year and the additional destruction and loss brought in by the cyclone have together contributed to a very bad situation on the ground. Earnings have drastically decreased in the past year leaving people far more vulnerable now. North and South 24 Parganas, tea gardens areas, tribal belts of Jhargram and Mednipur are badly impacted. We are supporting the most vulnerable households with 1,10,000 dry ration kits across over sixteen districts in West Bengal. These households have been identified by our on-the-ground partners in collaboration with the panchayat, Block Development Officer and other functionaries with dry ration kits.



## PART C

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

*We have increased this commitment to ₹ 2,125 crore to enable our substantially expanding work on vaccination across 10 states, with a commitment to increase this further if the need demands. The objective is to support the public system to vaccinate people across the country at the earliest. These efforts would include augmentation of capacity of the public system to vaccinate, demand creation for vaccination through community mobilization and dealing with vaccine hesitancy.*

Over the last one year, we organised ourselves to ensure a comprehensive response to the pandemic addressing healthcare and humanitarian needs – both inextricably tied dimensions of the crisis - in an immediate and short-to-mid-term time frame.

Our **healthcare assistance** is focused on the entire spectrum from strengthening frontline work and more effective testing to augmenting treatment capacities. It includes a) immediate support that will help alleviate the unfolding crisis, including enabling better frontline surveillance and quick access and deployment of critical equipment such as those required for oxygen treatments, and b) integrated response with the state/district administration and partners that will continue to build health systems in these regions; this will have a more mid-term focus as this resurgence is unlikely to be the last.

Much of our efforts have been focused on some of the most disadvantaged regions of **Chhattisgarh, Jharkhand, Karnataka, Madhya Pradesh, Rajasthan, Puducherry, Telangana, and Uttarakhand**. These are locations where we have strong ground presence ourselves or through our partners and touch a **population of around 10 crores**. This work has been in close collaboration with the respective state and district administrations. We have also extended immediate healthcare assistance to partners – public spirited hospitals and organisations focused on community health – spread across **23 states and 3 union territories** to help address immediate medical needs.

Our **humanitarian support** focuses on the most disadvantaged and marginalized communities through a) immediate assistance in form of dry rations, hygiene kits and cooked meals with partners across the country and b) livelihood regeneration in rural areas with our existing partners in select-regions. Till date, we have reached over **83 lakh people** in rural areas of **13 states** for livelihood regeneration, including access to entitlements. Our immediate humanitarian assistance has reached over **1.3 crore (13 million) people** in **27 states and 3 union territories**; our food support translates to over **58 crore meals** to the most vulnerable<sup>1</sup>.

This coordinated response was enabled by 1600 members spread across 50 districts from our own organization, over 55,000 team members of around 800 partner organizations, over 10,000 public (government) schoolteachers whom we work with and about 2500 alumni of Azim Premji University, along with Wipro's technical expertise and distribution reach.

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<sup>1</sup> Data as on 18<sup>th</sup> June 2021