

## Philanthropy and the COVID-19 Response in India

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## Introduction

As India and the world continue to confront the COVID-19 pandemic over the next weeks and months, everyone has a role to play—government at all levels, civil society, philanthropies, multinational actors, the private sector, and individuals. This memo explores philanthropy’s distinctive role—supplementing government and private sector efforts with flexible and often more nimble investments to advance innovation, fill key gaps, and anticipate and address the challenges that will continue or arise after the immediate crisis is past.

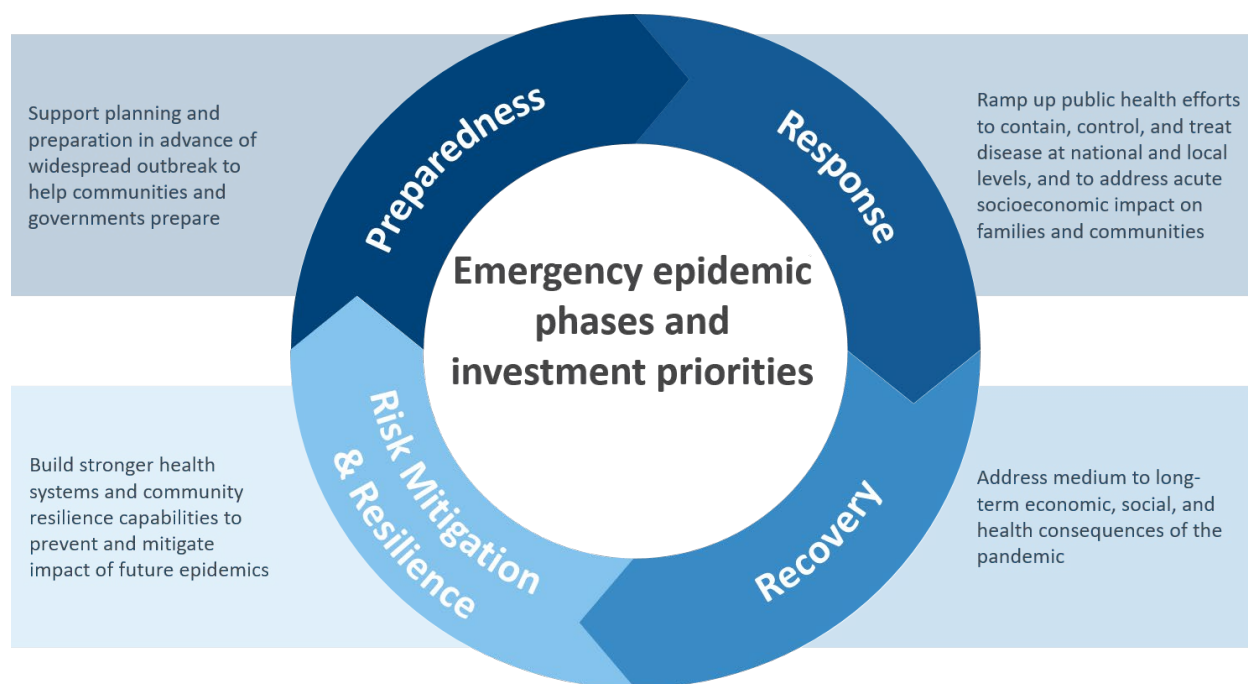
This memo is mainly targeted at philanthropies, both domestic and global, including foundations, corporate social responsibility organizations and programs, high-net-worth individuals, and philanthropic collaboratives. We seek both to inspire new giving and to influence the thoughtful deployment of funds already committed in response to the pandemic in India.<sup>1</sup> To that end, we have anchored this memo on three key questions. First, *why* is philanthropy important in the COVID-19 response in India? Second, *what* thematic areas can philanthropists support, and what types of organizations and interventions are working in these spaces? Third, in light of the response so far, *how* should philanthropies consider investing in terms of the critical principles that might guide their channeling of resources?

We focus here primarily on the role of philanthropy in the response phase of the pandemic cycle, as illustrated in the figure below, which experts say will last for several months, or longer, and is rightly the focus of so much concern and action currently. There are some districts of India where the disease has not yet been detected in any significant numbers, so we also discuss, where relevant, several organizations that are also supporting preparedness. We recognize the importance of addressing medium-term recovery needs—such as the impact of the crisis on education or urban governance—and of building community and sector resilience in the longer term. And while this memo does not address those longer haul topics, they will be important needs in the months and years ahead.

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<sup>1</sup> Including PM CARES Fund, GiveIndia’s India COVID Response Fund (ICRF), Action COVID-19 Team (ACT) Fund, Marico Innovation Foundation’s #Innovate2BeatCOVID grand challenge, and other donor pledges for COVID-19.

## Pandemic response cycle



Source: Adapted from the [Center for Disaster Philanthropy](#) “Disaster Life Cycle” and [FEMA’s](#) Four-Phase Emergency Management Cycle.

Finally, we want to underline that this is not a compendium of all the actors working on COVID-19 in India, nor of the biggest or the best. Rather, these are examples—based on a rapid research project including interviews with over 50 individuals across 40 organizations (refer to annex)—intended to illustrate key themes and the range of opportunities that need philanthropy to support the COVID-19 response. We recognize that this study does not cover a number of community-based and grassroots organizations and movements that are also working on the crisis response and are worthy of philanthropic investment. A more extensive list of over 220 organizations working on COVID-19 response efforts across the country can be viewed on this [map](#) – curated by GuideStar India.

The organizations profiled as a part of this memo are representative of the COVID-19 response work and the information on their work is self-reported and was not subject to a rigorous due diligence by us. In the profiles, we looked to spotlight the diversity in the nature and scale of response—by organization size, geographies across India, nature of work, and constituents supported. We especially focused on organizations working with vulnerable populations such as the elderly, children, scheduled castes/scheduled tribes (SC/ST), religious minorities, LGBTQ communities, migrant and gig economy workers, people with disabilities, and others who are more likely to be adversely impacted by COVID-19. And of course, in this fast-moving crisis, it is likely that some of the information discussed here will change quickly. This memo is a snapshot of current opportunities rather than a prediction about future ones, although it is likely that several of these types of organizations/initiatives will continue beyond the response phase to work on pandemic recovery and resilience.

### Why is philanthropy important in the COVID-19 response in India?

As the pandemic spreads in India, we are witnessing measures to contain the disease through a national lockdown, social distancing norms, hygiene measures, community engagement models, communication and surveillance measures, and increases in the healthcare system’s capacity to screen, diagnose, manage, and contain the growing number of cases. The national and state governments are leading and

coordinating preparedness and response efforts, and mobilizing public and private resources to try to address some of the immediate consequences at scale.

In this crisis, philanthropy, nonprofits, and other implementing organizations are showing that they can respond quickly, flexibly, and collaboratively. Philanthropy is complementing and enabling government efforts and filling gaps by working to address some critical immediate needs, and by helping lay the groundwork for longer-term recovery efforts and future preparedness. We observe philanthropy adding value in six main ways:

1. **Investing in rapid response** in situations where government and the private sector may take longer. Omidyar Network's [Rapid Response Funding Initiative](#), for example, is supporting COVID-19 response initiatives that already have traction or have been piloted and can be implemented rapidly, and which will have an impact in the lower 60 percent of the income pyramid or on small enterprises.
2. **Supporting innovation** by advancing the development and deployment of new tools, processes, knowledge, and networks to address the pandemic. For example, Marico Innovation Foundation and A.T.E. Chandra Foundation have come together in the [#Innovate2BeatCOVID](#) grand challenge, to fund existing innovative solutions that can be modified and scaled immediately to combat shortages of ventilators, personal protective equipment, and other respiratory supports.
3. **Spotlighting and addressing inequities** in pandemic response measures and their consequences. By intentionally funding organizations that work with the most marginalized, be it migrant workers, slum dwellers, women and children, the LGBTQ community, or sex workers, philanthropists are elevating some of the stigmatized issues and inequity challenges that the pandemic has exposed. For example, the Ford Foundation is supporting more than 40 organizations across India working on preventing and addressing violence against women and girls, with a focus on vulnerable and marginalized populations across class, caste, and geographies.
4. **Supporting localized, community-led approaches** to aid prevention, detection, and containment of the disease, and to enable last-mile efforts where government services are not reaching those in need. The [Rural Coalition](#), coordinated by [SRIJAN](#) and supported by several philanthropies, is a collective of 20 grassroots civil society organizations that have come together to augment the government's efforts by providing food, cash, essential supplies; to raise awareness in over 9,736 gram panchayats across 100 districts in 12 states; and to advocate to government on rural development needs on the ground.
5. **Supporting collaborations among multiple stakeholders**, including nonprofits, individual and institutional capital providers, and government agencies, to harness networks that will support a larger and more effective response. [GiveIndia's India COVID Response Fund](#) (ICRF) has brought together a network of nonprofits, retail, individual and institutional donors, and other sector organizations to deploy funds in areas where philanthropy can play a catalytic role.<sup>2</sup>
6. **Advocating for and supporting government efforts** to build health systems capacity at all levels—such as through corporate social responsibility (CSR) and philanthropic contributions to [PM CARES Fund](#) and wider government efforts for the pandemic.

It will be important to continually step back and take stock of how philanthropists can continue to play an *additive* role in supplementing and augmenting the efforts of other actors. It is evident that the need for philanthropic investments will increase as the socioeconomic impact of the pandemic becomes more

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<sup>2</sup> ICRF has brought together nonprofits, donors such as the Bill & Melinda Gates Foundation, Google.org, HSBC India, Omidyar Network India, UBS Optimus Foundation, Marico, Uber India (through Uber Care driver fund), Binny Bansal and A.T.E. Chandra Foundation and other sector intermediaries such as CSIP (Centre for Social Impact and Philanthropy) from Ashoka University, The Bridgespan Group, Indiaspora, Sattva, Dasra, and IIFL Wealth.

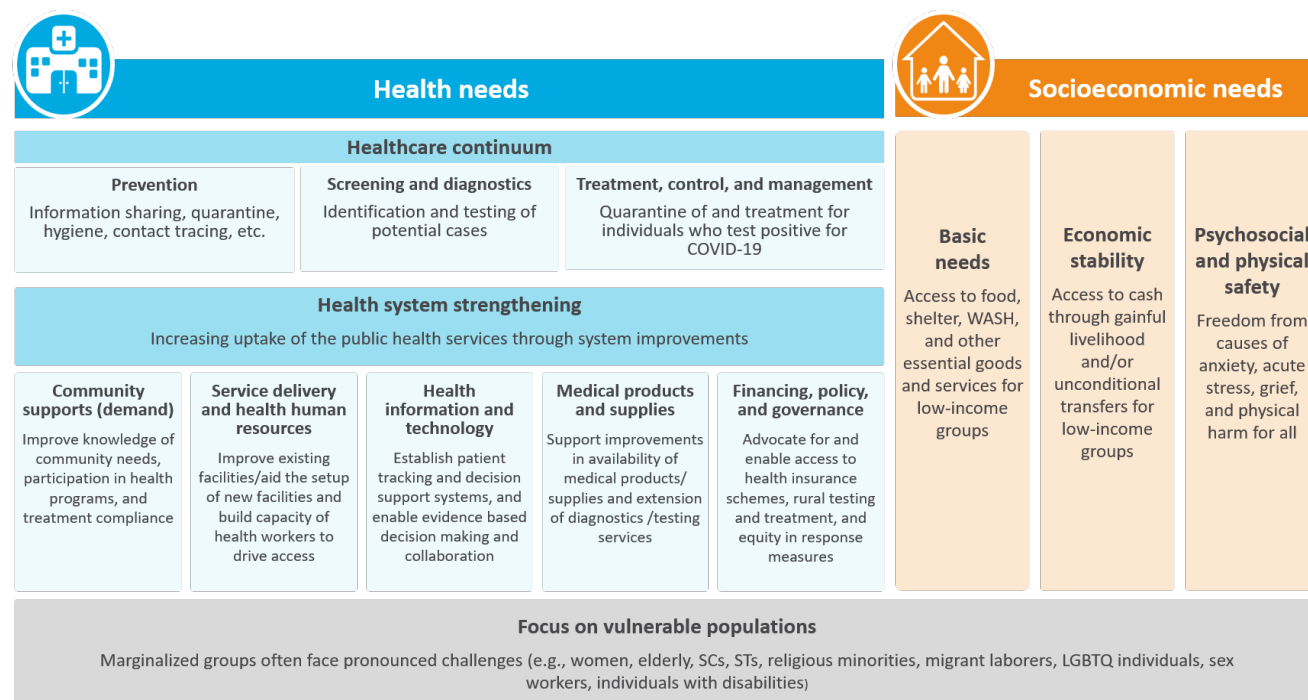
widespread. Philanthropists could therefore plan to thoughtfully support the longer-term national and sector development needs, when other sources of capital, such as government and CSR budgets, are also likely to become tighter.

## What are potential opportunity areas for philanthropic investment?

Based largely on primary interviews with some secondary research, this section outlines several opportunities for philanthropy to address the pandemic in the areas of healthcare and socioeconomic supports. Although COVID-19 offers unique and heightened challenges, several basic principles of high-impact philanthropy remain very relevant: partnering effectively with grantees, leveraging existing infrastructure and networks (especially of government systems and local communities), adopting a learning mindset and course correcting as needed, being accountable for results, and providing flexible, core funding (especially where needs are dynamic).

The following graphic depicts the potential array of philanthropic investment opportunities for COVID-19 response.

### Opportunity areas where philanthropic investment could be catalytic



Source: Bridgespan analysis; health systems strengthening framework adapted from WHO’s [Health Systems Strategy](#) report; socioeconomic needs adapted from Bridgespan’s [COVID-19 LMIC memo](#).

### Vulnerable populations

During times of crisis, systemic inequities tend to intensify. The most vulnerable and marginalized populations in society carry a disproportionate share of the hardship—and are often left out of response and recovery efforts. This is not surprising—the systems that respond to pandemics and other crises are the same systems that have historically under-resourced and underinvested in marginalized communities. In India, groups that have been disproportionately impacted include the homeless, the elderly and children, SC/ST communities, religious minorities, LGBTQ communities, migrant and gig economy workers, people with disabilities, sex workers, slum dwellers, women subjected to violence, and others. Limited social, economic, and political capital compounded by the lack of proper identification documents has made it difficult for these communities to deal with the consequences of containment measures and access government subsidies. Nonprofits like [Jan Sahas](#) and [Aajeevika](#)

[Bureau](#) are both working to address a multitude of issues specific to migrant workers. Similarly, [ChildFund](#) is serving the immediate need for essential goods through widespread distribution of food baskets and hygiene kits to particularly vulnerable children and their families. A key focus of our research has been to elevate challenges that impact these marginalized demographics more severely, and to spotlight representative organizations working closely with them.

### Healthcare continuum

**Prevention:** Though the lockdown may be the most visible face of prevention, a variety of social sector organizations are supporting other COVID-19 prevention activities. For example, in partnership with state governments, [WISH Foundation](#) is supporting COVID-19 control rooms to oversee social distancing measures, surveillance, and home quarantine of those in contact with positive cases. It is also building the capacity of public health professionals through training on infection control practices. And [Piramal Swasthya](#) is leveraging existing staff on its 104 health helplines to track individuals who have traveled back from COVID-19 affected areas and/or have been home-quarantined through daily calls to check symptoms and verify adherence to quarantine protocols. Their work includes addressing the needs of tribal populations across several states. Organizations such as [Noora Health](#) and ChildFund are also supporting government efforts by disseminating—through helplines and WhatsApp messages—information related to the importance of sanitation and hygiene in preventing the spread of the disease.

**Screening and diagnostics:** Large-scale community surveillance, screening and referrals for testing are critical elements of the COVID-19 response. [Karuna Trust](#) is managing COVID-19 cases in 71 primary health centers across five states in India, and deploys trained ASHA workers (community health workers) to visit families to provide health information and screen suspected patients, as well as to provide care for patients who are not showing symptoms but may need to exercise caution. It also keeps track of suspected cases as well as migrants returning from cities. The workers refer medium-risk or high-risk<sup>3</sup> cases to government or certified private centers for testing, and after testing is complete, continue to support the patients in quarantining and recovery.

**Treatment, control, and management:** While much of this work continues to take place in health facilities, alternative forms of care delivery are also playing an important role for tackling COVID-19. [Swasti](#), which works in a number of states, has successfully transitioned its model to deliver care primarily through telehealth, including for basic healthcare and mental health services. Organizations are also stepping up to augment the government's efforts in controlling the spread of infection. [SEEDS](#) is piloting standby isolation facilities in rural India in the event that COVID-19 cases spike in these areas. With delivery of other essential health services adversely affected by the pandemic and the lockdown, some organizations such as [Swasth Foundation](#) and ChildFund are (re)focusing on needs such as reproductive, maternal, neonatal and child health, nutrition, and other kinds of infectious and non-communicable diseases.

### Health system strengthening

**Community supports:** The social sector, especially grassroots and community-based organizations, have an important role to play at the local level in supplementing government efforts to disseminate accurate information about the disease, and to engage and support communities in COVID-19 prevention and response. [Karuna Trust](#) has mobilized village-level task forces to create awareness of prevention and hygiene measures as a way to build capacity within communities to reduce the spread of the disease. And [Piramal Swasthya](#) is engaging teachers and faith leaders to disseminate accurate information to their communities.

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<sup>3</sup> Karuna Trust categorizes patients into low, medium, and high risk depending on their symptoms, travel history, and other risk factors such as age, preexisting conditions, etc.

**Service delivery and health human resources:** The pandemic is putting a significant strain on healthcare capacity, including on both health infrastructure and trained health personnel. Physicians, nurses, lab technicians, paramedics, and other health workers are at the frontline of the response and it is vital to ensure their safety and equip them to deliver healthcare services effectively. To augment the healthcare capacity of the state government, [Basic Healthcare Services](#) is providing primary care to tribal communities and migrants in remote areas of southern Rajasthan through six [AMRIT clinics](#), and one primary health center.

**Health information:** Both health data (tracking, surveillance, and contact tracing) and health technology (telemedicine, tele-mentoring, and health helplines) play a central role in how health information is gathered, processed, and delivered during the pandemic. [Noora Health](#), which already has extensive experience promoting healthy behaviors through videos and text, is using its platforms to provide health information to both frontline workers and community members. For example, it is using WhatsApp to provide information to family caregivers who are caring for the ill. Noora Health is also using patient history data to reach out to at-risk families (e.g., those with a family member over 60 years and/or with heart disease) and share guidance on COVID-19 precautions.

**Medical products and supplies:** In India, as in other countries, organizations are struggling to deploy their full workforce because of inadequate access to protective personal equipment (PPE) and other vital supplies. This, in turn, limits the provision of timely and adequate health services. [Swasth Foundation](#) is addressing this supply chain challenge by coordinating with PPE suppliers in Mumbai to procure essential items such as masks, face shields, and full-body protective suits. Its work initially focused on providing equipment to health professionals at government hospitals and public health posts, and now includes other essential workers like police officers and sanitation workers. Swasth has also doubled down on its efforts to link individuals with chronic conditions such as hypertension, diabetes, and thyroid disease with health services, as these health issues cannot be ignored and make a person more vulnerable to COVID-19.

**Financing, policy, and governance:** Some organizations are advocating for policy changes that will enable accessible and affordable healthcare delivery. Issues that are being highlighted by organizations include affordable access to testing and treatment, healthcare insurance coverage for marginalized populations and other disenfranchised groups, adequacy of and access to government entitlements and schemes for the poor, and others. For example, the Rapid Rural Community Response (RCRC) to COVID-19 coalition—a consortium of over 20 civil society organizations having a collective outreach of over 1.2 million rural families<sup>4</sup>—is engaging with ministry officials to discuss and elevate concerns around rural employment and livelihoods in context of the surge in reverse migration to rural areas. The [WISH Foundation](#) too is working with the government to support financing and procurement of PPEs for all health workers.

### **Socioeconomic needs**

**Basic needs:** Quarantine, social distancing, and lockdowns create intense disruptions to daily life, with the greatest impact falling on the poor and most vulnerable, especially day-wage laborers. The formal and informal work economies have both been impacted but workers in the informal/unorganized sector—which comprises nearly 90 percent<sup>5</sup> of India’s workforce—are worst hit. More specifically, nearly 151 million regular wage earners and daily wagers in informal nonagricultural sectors, including migrant and gig economy workers, face serious challenges accessing food, drinking water, shelter, and

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<sup>4</sup> Rapid Rural Community Response (RCRC) to COVID-19 in India: Project Summary, Arghyam, <http://arghyam.org/projects-rcrc/>.

<sup>5</sup> Yogima Seth Sharma, “National database of workers in informal sector in the works,” *The Economic Times*, January 19, 2020, <https://economictimes.indiatimes.com/news/economy/indicators/national-database-of-workers-in-informal-sector-in-the-works/articleshow/73394732.cms>.

other essential goods and services.<sup>6</sup> Civil society organizations have pivoted a significant portion of their efforts to address these issues. Organizations like [Jan Sahas](#) are mobilizing corporate funding for attending to basic needs of migrant workers and other vulnerable populations such as rations, safety kits, and cash for emergencies. [Swasth Foundation](#), too, is distributing rations and essential items in the slums in which it operates.

**Economic stability:** India is home to 40 million migrant workers,<sup>7</sup> who move from villages to cities to earn a living as domestic helpers, drivers and gardeners, street vendors, and daily-wage workers in construction and other industries. The lockdown and other business closures have left them out of work and without a means to livelihood. To alleviate some of the burden, [Haqdarshak](#), a social enterprise in 20 states, is helping vulnerable populations gain access to government schemes through a free mobile app and multilingual support helplines that provide information on eligibility and document requirements. Other organizations are making direct cash transfers to help vulnerable populations. [Cashrelief.org](#), for example is making direct cash phone transfers to the most disenfranchised groups in over 15 states. With the help of on-ground partners who identify the most marginalized households and demographics, the organization has been able to support sex workers, migrant workers, and other marginalized groups. It is important to note, however, that the response so far has been primarily around cash transfers and emergency relief, rather than providing sustained sources of income and livelihood. Organizations are only beginning to think of livelihoods-related interventions. For example, [ChildFund](#) is in the process of identifying the number of migrant workers returning to their villages and building strategies for future rural livelihood supports.

**Psychosocial and physical safety:** In India and across the globe, the pandemic is resulting in increased anxiety, stress, and grief. This poses psychosocial, mental health, and physical safety challenges for individuals, families, and communities. The [National Commission for Women \(NCW\)](#), which runs a domestic violence hotline, registered 476 cases of abuse online during the first three weeks of India's lockdown starting on March 25—a 30 percent increase from the number of cases reported in the three weeks before the lockdown. Organizations like [SNEHA](#) have a strong focus on addressing the surge in gender-based violence that is being witnessed with containment measures. Because the COVID-19 situation has restricted women's mobility in terms of reporting cases, SNEHA is relying on its crisis helpline and crisis email provision to track and address the domestic violence cases reaching them. A few organizations are providing psychosocial assistance: for example, [iCALL](#) provides free telephone, email, and chat-based counselling services to anyone in India experiencing emotional distress, irrespective of their age, gender, sexual orientation, or race. [Project Mumbai](#), too, is operating helplines to service the mental health needs of citizens, with a dedicated line for parents with special needs children.

## Learnings from the response so far

The organizations we profiled and their responses to COVID-19 from mid-March through early May have mainly dealt with the immediate situation through emergency relief interventions. Few organizations have yet had the bandwidth to plan and mobilize resources for the longer haul of recovery and resilience building. As one leader noted, “The bulk of focus until now has been relief, relief, relief.” Many nonprofits—primarily with the support of existing funders—have repurposed or built on their existing programs to address the immediate health or socioeconomic needs arising from the pandemic. Several

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<sup>6</sup> Prasana Mohanty, “Coronavirus Lockdown I: Who and how many are vulnerable to COVID-19 pandemic,” *Business Today*, March 27, 2020, <https://www.businesstoday.in/current/economy-politics/coronavirus-covid-19-daily-wage-workers-vulnerable-landless-labourers-agricultural-workforce/story/399186.html>.

<sup>7</sup> “Lockdown in India has impacted 40 million internal migrants: World Bank,” *The Economic Times*, April 23, 2020, <https://economictimes.indiatimes.com/news/politics-and-nation/lockdown-in-india-has-impacted-40-million-internal-migrants-world-bank/articleshow/75311966.cms?from=mdr>.



organizations have collaborated strategically to learn rapidly from one another and to enhance their reach and impact. For example, the COVID-19 Action Collaborative<sup>8</sup>, anchored by the Catalyst Group, brings together over 150 organizations, which reach over 12.5 million people (the poorest, most vulnerable, and most marginalized) across 16 states and 100 districts to deliver a package of services to communities where the members have a direct presence, and to identify key challenges and to exchange information.

Organizations have responded quickly to address immediate needs, but face significant operational, human resources, financial, and strategic challenges. They also risk a possible drift from their original social missions, which remain as critical for India to reach the 2030 Sustainable Development Goals. It will take concerted and coordinated efforts from philanthropy and other supports to ensure that these organizations are strong and adaptive enough to address the recovery and resilience needs of the pandemic. While the lockdown and other physical distancing measures have hindered mobility, and thus the ability of organizations to respond to the needs of their constituents, they also voiced other challenges:

- **The safety and morale of the workforce, especially of frontline workers, is a unanimously felt issue.** Organizations are struggling with the non-availability of adequate PPE as well as the broader question of how to keep teams motivated and effective at a time of illness, stress, and severe disruptions to the normal ways of working and living. Several organizations are also facing shortages of human resources, including a surge in needs to refocus and retrain their workforce on short notice for an effective response to the pandemic.
- **The adoption and usage of technology is a challenge in the more remote parts of the country.** Given the lockdown and efforts to address the pandemic, organizations are continually stepping up their game to address population needs using technology. Through a combination of interactive voice response (IVR), helplines, text, and WhatsApp messages, and user-friendly health applications, organizations are trying to deploy a strong response to reach the last mile.
- **Many organizations have repurposed their human and financial resources for the emergency response work and its aftermath.** While there has been a strong and unified civil society response to the pandemic, the urgent pivot to COVID-19 has come at the cost of neglecting or compromising on several other critical social challenges. Organizations working in health services, such as immunization; nutrition; infectious diseases such as TB, HIV, and malaria; non-communicable diseases such as cancer, and cardiovascular and respiratory diseases, have especially noted an increase in the burden of these diseases, as these have been compromised during the lockdown period. Similarly, livelihoods-based organizations are contending with basic needs of hunger and cash relief, and are unable to yet support the poor with longerterm sources of sustainable income.

## How can philanthropic action be most impactful?

While the government's efforts will remain front and center, philanthropy will continue be an essential actor in India's response to COVID-19 and its aftermath. It will also need to assume some different, urgent, and heightened roles in the "new normal" that the pandemic has imposed on all our ways of living. Our rapid study has underscored a few especially important guideposts for philanthropic action over the next several months and years:

- **Focus on issues of equity and justice for the vulnerable.** The most vulnerable and marginalized populations, especially at the intersectionality of caste, class, and poverty, have the greatest chance of falling through the cracks. And while some—like migrant workers—have received public attention (although nowhere in proportion to the scale of the issue), others—like

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<sup>8</sup> This description is adapted from the Swasti website: <https://swasti.org/covid19-response>.

incarcerated people, sex workers, and the disabled—are barely discussed. Helping organizations effectively engage and serve these populations in a time of crisis could be an important focus for philanthropy.

- **Provide flexible funding to build the resilience of partner organizations.** While all the organizations we interviewed are focusing tremendous resources on the pandemic, they also pointed to the importance of continuing to invest in their core mission and were concerned about the diversion of scarce funds toward COVID-19. Many of the organizations' non-pandemic activities (e.g., managing chronic diseases, supporting vaccinations) are critical components to a successful COVID-19 response. The shifting realities on the ground are also requiring organizations to be incredibly nimble to both respond to the crisis and to restructure how they are delivering their core programs. Moreover, a majority of these organizations have limited/negligible financial reserves. Philanthropy can support their partner organizations with flexible funding and regular, trusted conversations to help build the institutional and financial resilience that nonprofits will require in order to serve their constituents' needs over the months and years to come.
- **Rethink and invest in capabilities/needs arising from or accentuated by the pandemic.** The current focus on providing food security and immediate relief responds to the tremendous humanitarian needs of today. But several needs have been exacerbated by the current crisis and require significant attention. These include, *inter alia*, mental health and psychosocial support, rural livelihoods in the context of the significant reverse migration back to rural areas, greater health surveillance for COVID-19 and other disease outbreaks, enhanced capabilities for innovation and accessible technology solutions, and, importantly, building community engagement and local capacities.
- **Collaborate to leverage scarce resources, learn in real-time, and enhance impact.** Finally, given the recovery from the pandemic and the ensuing economic downturn is likely be a multiyear effort, it is clear that no one actor will have the resources or bandwidth to address such looming and complex problems on its own. Many of our conversations highlighted that it will therefore become even more important for philanthropists to leverage the power of networks and collaborate with other actors—including civil society, business, and government—to rebuild the nation and the social sector. It will also be critical to work closely with communities and community-led organizations to collectively serve their needs.

## Conclusion

Philanthropy, like all other stakeholders, is addressing a global crisis with an unprecedented need for speed and flexibility combined with strategic thinking. As the weeks go on, it will be important not to fall back on old ways of working, but instead to double down on what philanthropy can do best—move nimbly, risk failure, promote equity, and innovate to strengthen the society of which it is such an indispensable part.

## Illustrative organization profiles

Organization name	Health needs								Socioeconomic needs		
	Prevention	Screening and diagnostics	Treatment, control, and mgmt.	Health system strengthening					Basic needs	Econ. stability	Psychosocial and physical safety
				Community supports (demand)	Healthcare service delivery and health HR	Health information and tech.	Medical products and supplies	Financing, policy, and governance			
Aajeevika Bureau								☑	☑	☑	
Basic Healthcare Services		☑	☑	☑	☑						
ChildFund	☑	☑					☑		☑		
Haqdarshak									☑	☑	
HelpAge	☑							☑	☑		
iCall						☑					☑
Jan Sahas	☑								☑	☑	☑
Karuna Trust		☑	☑	☑	☑						
Noora Health	☑					☑					
Piramal Swasthya	☑			☑	☑	☑					
Project Mumbai							☑		☑		☑
SEEDS	☑		☑		☑				☑	☑	
Swasth Foundation	☑						☑		☑		
Swasti	☑	☑		☑	☑	☑					☑
WISH Foundation		☑	☑	☑	☑			☑			

## Aajeevika Bureau

Quick Facts		
<b>Main focus areas in COVID-19 response</b> <ul style="list-style-type: none"><li>• Financing, policy, and governance</li><li>• Basic needs</li><li>• Economic stability</li></ul>		<b>Annual budget</b> INR 11.4 Cr (US\$ 1.5 million)
<b>Team Size</b> 134	<b>Geographies served</b> Gujarat, Maharashtra, Rajasthan	<b>Vulnerable populations of focus</b> Migrant workers

### Activities in response to COVID-19

- Even prior to India’s COVID-19 crisis, Aajeevika Bureau had been advocating for the rights of migrant workers and their families—a population largely uncovered by social safety nets and government entitlement schemes. Throughout the lockdown period, it has pursued a wide range of advocacy activities. It regularly responds to government actions by **publishing press releases and reports that make demands on behalf of migrant workers**, such as universalization of access to the Public Distribution System and immediate payment of pending wages under the Mahatma Gandhi National Rural Employment Guarantee Act.
- The nonprofit is also **publishing videos to sensitize the public** to the conditions of migrant workers during the lockdown—showing firsthand accounts of those most impacted.
- **Through its *Labour Line* helpline, Aajeevika Bureau provides real-time assistance to migrant workers in distress.** Full-time call center staff provide guidance on a wide range of issues such as accessing essential goods and services, seeking redress from employers that are withholding wages during the lockdown, and identifying transportation for stranded migrants to return home. Aajeevika Bureau has also compiled a list of nonprofits involved in relief efforts for migrant workers in need. Its field staff is **supporting these partners in providing critical services such as food kits and cash transfers.**

### Progress/outputs so far

Aajeevika Bureau’s **press releases, reports, and videos have been featured and disseminated by Indian media**, such as [Scroll](#), [The Wire](#), and [Deccan Herald](#). Its **helpline handles over 1,000 calls per day** from migrant workers in distress, amounting to **over 20,000 calls since the start of the lockdown**. To date, Aajeevika Bureau has facilitated **food and ration distribution to 86,745 migrants** across the country. It has also made **cash transfers to 3,000 migrants**.

### Challenges

A major challenge in Aajeevika Bureau’s work is addressing the **stigma affecting migrant workers**. Through its advocacy, the nonprofit hopes to **humanize this marginalized community and spotlight the challenges they have long faced**. Additionally, **because its helpline has been inundated with calls, many helpline team members have experienced burnout**. The nonprofit has had to balance responding to the needs of people in distress, while ensuring the psychological well-being of its staff.

### Support required

While meeting the immediate needs of migrant workers is critical, Aajeevika Bureau intends to **invest future funding in strengthening its advocacy efforts and fighting for migrant worker rights**. It plans to increasingly focus on building the resilience of migrant workers by linking them to government schemes, providing them with personal identification, providing skills training, offering legal counsel, and advocating for more long-term structural changes in the policy response around issues faced by migrants.

## Basic Healthcare Services

Quick Facts		
<b>Main focus areas in COVID-19 response</b> <ul style="list-style-type: none"><li>• Community supports</li><li>• Healthcare service delivery and health human resources</li></ul>		<b>Annual budget</b> INR 4 Cr (US\$ 0.5 million)
<b>Team Size</b> 80	<b>Geographies served</b> Udaipur District, Rajasthan	<b>Vulnerable populations of focus</b> Scheduled tribes, migrant workers, women and children

### Activities in response to COVID-19

- Basic Healthcare Services (BHS) **provides primary care to members of Scheduled Tribes and migrants in remote areas of southern Rajasthan** at six **AMRIT clinics**, and one primary health center (PHC) through a partnership with the Rajasthan State Government. Since the start of the COVID-19 outbreak, the PHC staff has been **screening returning migrants, referring them to district hospitals for testing and following up with them periodically to support home isolation and quarantine**. The clinics have been reorganized as per infectious disease protocols to ensure continued care to patients with minimum risk of transmission, while the PHC has also started operating a quarantine facility.
- The clinics are **delivering medicines to patients with chronic illnesses** through their health-workers on wheels and are **operating a tele-counselling service** to dispel myths and counter misinformation in the community. BHS's fleet of ambulances help transport sick patients, supplies and staff members.
- BHS also operates 13 day care centers across **south Rajasthan**, which are closed due to the lockdown. However, they are providing hot cooked meals to the families of children who were previously cared for at these centers.

### Progress/outputs so far

As of May 5, BHS has **surveyed 4,883 households and screened 17,884 people**, out of which 13 suspected patients were referred for further care. None of the referred patients were found to be positive for COVID-19. In the months of March and April, the clinics also provided care to about 10,000 patients.

### Challenges

BHS **continues to respond to the recent outbreaks of malaria in its communities and the ongoing tuberculosis epidemic**, while diverting part of its resources to support the COVID-19 response. Mobilizing resources and support for other such prevalent diseases has been a challenge.

### Support required

BHS is looking to **upgrade its ambulances and add motorcycles to its fleet** to ensure better mobility and outreach to people in the community who are unable to visit the clinic for their medical needs. In the coming months, it wants to **improve the living accommodation of nurses** who spend a considerable time away from home and in the clinics, **reach out to more families with children under the age of five, and expand support to migrants to build "kitchen gardens"** for self-sufficiency.

## ChildFund

Quick Facts		
<b>Main focus areas in COVID-19 response</b> <ul style="list-style-type: none"> <li>• Medical products and supplies</li> <li>• Basic needs</li> </ul>		<b>Annual budget</b> INR 70 Cr (US\$ 10 million)
<b>Team Size</b> 100	<b>Geographies served</b> Andhra Pradesh, Bihar, Chhattisgarh, Delhi, Jharkhand, Karnataka, Madhya Pradesh, Maharashtra, Odisha, Puducherry, Rajasthan, Tamil Nadu, Telangana, Uttar Pradesh, West Bengal	<b>Vulnerable populations of focus</b> Children and youth

### Activities in response to COVID-19

- ChildFund is addressing the immediate need for essential goods through widespread **distribution of food baskets and hygiene kits** to particularly vulnerable children and their families.
- ChildFund is additionally **providing protection kits to frontline workers**, such as accredited social health activists (ASHAs).
- Through its field staff and partner organizations, ChildFund is **creating awareness on hygiene, social distancing, and other preventative measures** related to COVID-19, and **supporting screening efforts for migrants returning** from disease-affected areas. If any child is suspected of being infected with COVID-19, ChildFund will provide financial support to their family for full diagnosis and treatment.
- In line with its child protection strategy, ChildFund India is focusing on **protecting children from violence, abuse, exploitation, and neglect during the pandemic**. ChildFund is sensitizing and orienting field staff to mitigate child protection risks at quarantine facilities and within communities.
- Looking ahead, ChildFund is shifting its focus to provide **livelihood support to smallholder farmers and unemployed migrant workers in rural areas**. It will extend its support through interventions such as home-based, integrated farming for landless families, seed funding and technical support for microenterprises, and employability training. These forward-looking rehabilitation activities are currently limited in scope due to the lockdown, but are expected to ramp up once restrictions lift.

### Progress/outputs so far

As of May 11<sup>th</sup>, 2020, ChildFund India has **distributed over 20,582 hygiene kits, 17,583 food baskets, and 758 frontline health worker protection kits**. The nonprofit has **reached an additional 55,674 people through its awareness activities**. Through the combination of these efforts, **nearly 200,000 people, including vulnerable children and their family members, have been supported across 50 districts in 15 states**.

### Challenges

ChildFund's biggest challenge has been raising funds these efforts. While the nonprofit has invested approximately INR 3.5 Cr (US\$ 500,000) of its existing budget in its COVID-19 activities, this represents less than one-fourth of ChildFund's projected funding requirement.

### Support required

Additional funding would be channeled into **continuing ChildFund's immediate relief efforts and scaling up forward-looking rehabilitation efforts** including livelihood support and WASH promotion. Funding will also support ChildFund's **design and roll-out of interventions focused on child protection and health safety**, when children are allowed to return to school in a post-lockdown context.

## Haqdarshak

Quick Facts		
<b>Main focus areas in COVID-19 response</b> <ul style="list-style-type: none"><li>• Basic needs</li><li>• Economic stability</li></ul>		<b>Annual budget</b> INR 8.5 Cr (US\$ 1.1 million)
<b>Team Size</b> 190	<b>Geographies served</b> Andhra Pradesh, Assam, Bihar, Chhattisgarh, Delhi, Gujarat, Haryana, Himachal Pradesh, Jharkhand, Karnataka, Madhya Pradesh, Maharashtra, Odisha, Puducherry, Punjab, Rajasthan, Tamil Nadu, Telangana, Uttar Pradesh, West Bengal	<b>Vulnerable populations of focus</b> Migrant workers, smallholder farmers, women, elderly, physically disabled

### Activities in response to COVID-19

- Haqdarshak, a social tech platform, is **helping citizens (especially daily wage earners, farmers, and women) discover and get access to government assistance during the COVID-19 crisis**, such as cash transfer for women with Jan Dhan accounts<sup>9</sup> and free gas cylinders under Ujjwala Yojana<sup>10</sup>. Haqdarshak's web platform, free citizen-facing mobile app and multilingual support helplines provide information about eligibility and documentation. For a cost of INR 500 per citizen, **Haqdarshak also provides application support, both online and in-person**. It is collaborating with corporate organizations and nonprofit partners to reach the maximum number of citizens in need.
- Haqdarshak is **planning to launch a platform to support MSMEs (micro, small, and medium enterprises)** and connect them to government support for which they are eligible.

### Progress/outputs so far

As of May 9, Haqdarshak has received close to **12,498 visitors on the web platform and there are 684 users on the mobile app**. They have **helped over 14,912 citizens** get access to government assistance.

### Challenges

During the countrywide lockdown, Haqdarshak is **struggling to reach more citizens in need** and is tapping into various networks to raise awareness about its service.

### Support required

Additional funding will help Haqdarshak **ramp up capacity of its helpline**, and **provide information about government relief programs in regional languages**.

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<sup>9</sup> Jan Dhan accounts are zero minimum balance accounts opened under Pradhan Mantri Jan-Dhan Yojana (PMJDY), which is a financial inclusion program sponsored by the central government.

<sup>10</sup> Pradhan Mantri Ujjwala Yojana (PMUY) is a program which aims to safeguard the health of women and children by providing clean cooking fuel through LPG connections.

## HelpAge India

Quick Facts		
<b>Focus areas in COVID-19 response</b> <ul style="list-style-type: none"><li>• Financing, policy, and governance</li><li>• Basic needs</li></ul>		<b>Annual budget</b> INR 117 Cr (US\$ 15 million)
<b>Team Size</b> 1,500+	<b>Geographies served</b> Andhra Pradesh, Assam, Bihar, Chhattisgarh, Goa, Gujarat, Haryana, Himachal Pradesh, Jammu and Kashmir, Jharkhand, Karnataka, Kerala, Madhya Pradesh, Maharashtra, Odisha, Punjab, Puducherry, Rajasthan, Tamil Nadu, Telangana, Uttar Pradesh, Uttarakhand, and West Bengal	<b>Vulnerable populations of focus</b> Elderly citizens

### Activities in response to COVID-19

- HelpAge India is **catering to the needs of the elderly through its network of Mobile Medical Units (MMU) and pan-India health helpline**. Its 600 medical personnel are continuing to provide care and medicine at home and its network of 25,000 volunteers is enabling delivery of food, groceries, and medicine in response to calls for help, especially by elderly persons living alone.
- In addition, HelpAge is providing survival kits (containing grains, dal, oil, tea, and condiments), as well as hygiene kits (containing such items as sanitizers, masks, and tissues), to the patients it was supporting before the crisis. It is also providing **dry ration for destitute elderly in 300 old age homes and night shelters** for homeless across India.
- HelpAge India has been **active in advocating to the government for the needs of the elderly**. It has been writing to the Ministry of Health and Ministry of Social Justice and Empowerment to highlight the impact of lockdown measures on the physical and mental health of senior citizens and their need for access to healthcare and social security support.

### Progress/outputs so far

As of May 12, HelpAge India has **received 30,000 calls** on its helplines, and has **delivered over 38,000 survival kits** and **217,000 ready-to-eat meals** so far. Over 34,000 poor elderly have been provided medicines for chronic ailments through the network of MMUs.

### Challenges

Given the national lockdown restrictions, HelpAge is able to operate only 120 of its fleet of 160 MMUs and **not able to operate in certain regions where it previously provided support**. Its support to the elderly has become even more urgent and important as caregivers and doctors are unable to visit and care for their patients.

### Support required

At the moment, HelpAge India is sustaining operations by drawing into reserves. However, it foresees the need for additional funding in the coming months to **continue its healthcare support for the elderly**, who comprise one of the most at-risk groups in the COVID-19 health crisis.



## iCALL

Quick Facts		
<b>Main focus areas in COVID-19 response</b> <ul style="list-style-type: none"><li>• Health information and technology</li><li>• Psychosocial and physical safety</li></ul>		<b>Annual budget</b> INR 1.5 Cr (US\$ 200,000)
<b>Team Size</b> 30	<b>Geographies served</b> All India	<b>Vulnerable populations of focus</b> Women, survivors of violence and abuse, individuals with mental illness, rural poor, LGBTQ individuals

### Activities in response to COVID-19

- iCALL provides **free telephone, email, and chat-based counselling services** to anyone in India experiencing emotional distress, irrespective of their age, gender, sexual orientation, or race, with a **particular focus on serving individuals from marginalized groups**. iCALL's team of 20 counsellors all have master's degrees in psychology with a focus on clinical psychology or counselling, in addition to a minimum of one year of work experience. They are employed by iCALL full time and undergo two months of rigorous training to learn how to adapt their counselling skills to iCALL's telephone-based model. Counselling services are provided in 10 languages: Hindi, English, Marathi, Gujarati, Punjabi, Bengali, Tamil, Telugu, Malayalam, and Konkani.
- Once the COVID-19 crisis began impacting India in early March 2020, the nonprofit began **training its counsellors on providing support to those experiencing distress as a direct result of the pandemic**. They are **supporting individuals experiencing anxiety due to a wide range of pandemic-related stressors**, such as lack of access to essential goods and services, social isolation and loneliness, extended exposure to abusive family members, and inability to access transportation to one's hometown. Due to a surge in callers since the lockdown was announced, iCALL **launched an entirely new helpline (in addition to its already existing helpline) dedicated to addressing psychosocial distress caused by COVID-19**. The nonprofit **plans to launch another helpline dedicated to providing counselling services to health workers and mental health workers** working on the frontlines of the crisis by mid-May.

### Progress/outputs so far

iCALL's COVID-19 helpline has **received almost 350 calls from different parts of the country** in just three weeks. Calls have covered issues from COVID-related health concerns to domestic violence, mental illness, crisis intervention, and requests for practical support.

### Challenges

The **surge in calls received on a daily basis due to the COVID-19 crisis** is stretching the capacity of iCALL's staff and infrastructure. Another critical operational challenge relates to **mobilizing resources at the ground-level and linking callers with local services** that address their acute and immediate needs (e.g., food rations, economic support). To address this issue, iCALL is building directories of relief and support organizations across the country to which they can refer callers.

### Support required

Additional funding would be used by iCALL to cover **technology and human resource costs related to scaling its model** to meet the rise in demand for its counselling services. As iCALL sits within the Tata Institute of Social Sciences, funding could also be used to **conduct research studies measuring the efficacy and impact of phone-based counselling, particularly for COVID-19**, which would improve the efficacy of its own helpline and that of other nonprofits.

Quick Facts		
<b>Main focus areas in COVID-19 response</b> <ul style="list-style-type: none"> <li>• Basic needs</li> <li>• Economic stability</li> <li>• Psychosocial and physical safety</li> </ul>		<b>Annual budget</b> INR 28 Cr (US\$ 3.6 million)
<b>Team Size</b> 500+	<b>Geographies served</b> Delhi-NCR, Madhya Pradesh, Uttar Pradesh, Rajasthan, Bihar, Chhattisgarh, Maharashtra	<b>Vulnerable populations of focus</b> Migrant workers, women survivors of domestic and sexual violence

### Activities in response to COVID-19

- Jan Sahas is providing **immediate relief to vulnerable migrant families** through dry ration kits, mobile recharges and cash transfers. To identify those in need, it is leveraging its **longitudinal migration tracking system**, which has been **tracking over 122,000 migrants** in this region for the last year. A 26-member response team is also **operating a 24x7 helpline for emergency relief and psychosocial support**.
- Jan Sahas is also supplying **PPE kits to frontline and essential staff** and is regularly updating a knowledge sharing web portal with all recent and updated information on government rules, orders, and guidelines as well as reports and resources developed by various other stakeholders.
- At the start of the lockdown (March 27-29), Jan Sahas carried out a rapid needs assessment by reaching out to 3,200 migrant families from North and Central India. They **plan to carry out a national-level rapid assessment** with 100,000 families **to understand the impact of the lockdown** on migrant families at the source and destination.

### Progress/outputs so far

As of May 8, Jan Sahas has **received over 26,424 calls on its helpline and provided immediate relief to 26,237 families**. This has been in the form of food supplies in 47 districts of 10 states, safety kits to 10,768 families and mobile phone credit, and direct bank transfer to 7,199 migrants in 98 districts of 18 states. It has also **provided 6,344 safety kits to frontline workers** (e.g., Integrated Child Development Services(ICDS) and sanitation workers, ASHA workers and police officers). Its helplines are **supporting psychosocial needs of 684 individuals in distress** and extending **socio-legal support to 745 survivors of domestic and sexual violence**.

### Challenges

Jan Sahas runs a longitudinal migration tracking system to track migrant workers and has so far traced over 66,000 migrant families. However, **a large number of migrant workers remain untracked**. Further, the crisis has led to an **increase in crimes such violence against women in the communities they work with**. Jan Sahas has deployed its staff to address these issues, which has led to capacity constraints.

### Support required

Jan Sahas is raising funds to **support 30,000 migrant worker families in seven states**. A contribution of INR 500 can support a week’s supply of food for a migrant worker’s family. Jan Sahas is also looking for **support for its mental health initiative for migrants and women survivors**.

## Karuna Trust

Quick Facts	
<b>Main focus areas in COVID-19 response</b> <ul style="list-style-type: none"><li>• Community supports</li><li>• Healthcare service delivery and health human resources</li></ul>	<b>Annual budget</b> INR 30 Cr (US\$ 4 million)
<b>Team Size</b> 1,948	<b>Geographies served</b> Karnataka, Arunachal Pradesh, Meghalaya, Manipur, Orissa, Uttarakhand, and Tamil Nadu

### Activities in response to COVID-19

- Karuna Trust is **managing the COVID-19 response in 71 primary health centers, which reach a total of 1.5 million people across seven states in India.** Under its program, trained ASHA (community health) workers, equipped with electronic medical record (EMR) software, visit families to provide information and conduct screening. For low-risk patients, ASHA workers are able to provide direct care, while medium-risk patients are provided tele-consultation with a doctor and high-risk patients are referred to the health center.
- Karuna Trust has **mobilized village level task forces to create awareness on prevention and hygiene measures.** It also keeps track of suspected cases as well as migrants returning from cities.
- In addition to COVID-19 response, Karuna Trust **continues to provide maternal and child health services** to the communities with which it works.

### Progress/outputs so far

As of the week of May 4, 2020, Karuna Trust had **facilitated close to 600,000 home visits and over 10,000 outpatient visits.**

### Challenges

**Scarcity in the supply of PPE kits for its frontline health workers** continues to be a challenge. In addition, Karuna Trust is in need of **rapid testing kits to test full-term mothers** to whom it is providing maternal health services during the pandemic.

### Support required

Karuna Trust will invest any additional funding in **sourcing PPE kits for their staff, tablets for ASHA workers doing community screening, rapid testing kits for pregnant mothers visiting the clinic for delivery, and other basic equipment** like infrared thermometers and pulse oximeter needed for ongoing activities at the clinics.

## Noora Health

Quick Facts	
<b>Main focus areas in COVID-19 response</b> <ul style="list-style-type: none"><li>• Health information and technology</li></ul>	<b>Annual budget</b> INR 23 Cr (US\$ 3 million) <sup>11</sup>
<b>Team Size</b> 130	<b>Geographies served</b> Andhra Pradesh, Karnataka, Madhya Pradesh, Maharashtra, Punjab, Rajasthan, Tamil Nadu

### Activities in response to COVID-19

- Noora Health's COVID-19 response is centered on **driving positive behavior change in as many at risk communities as quickly as possible**. Their response has three key elements: creating well-designed content, training healthcare and non-healthcare frontline workers to disseminate this content, and following up with individuals through phone calls.
- Noora Health's **content covers 15 COVID-related topics**, such as the importance of hygiene, physical distancing, taking care of a loved one who is ill or is at high risk, and protecting oneself when leaving the home. Available in nine languages (Bengali, English, Hindi, Kannada, Malayalam, Marathi, Punjabi, Tamil, and Telugu), its content comes in a variety of forms, including video, infographics, and audio. This content is being disseminated through WhatsApp, interactive voice response (IVR) systems, community radios, and YouTube. It is available for free on Noora Health's website and over its WhatsApp-based support platforms.
- Noora Health also **partners with government and nongovernment organizations**, and trains their staff to disseminate COVID-related content. Noora Health also employs staff to **proactively call community members and reinforce COVID-19 prevention best practices**.

### Progress/outputs so far

Noora Health has, thus far, created a **COVID-related content library comprised of 120 infographics, 35 videos, and 80 audio files**. To date, it **has partnered with over 25 organizations that have a collective reach of 10 million people, as well as six central, state, and local government departments** (e.g., MyGov, Bangalore City Police). Additionally, Noora Health has trained a team of **more than 60 phone callers** responsible for sharing COVID-19 prevention practices to high-risk persons and their families. So far, 400 individuals have been contacted, and Noora Health expects to ramp up to reach the more than 70,000 high-risk individuals in its database.

### Challenges

The major challenge that Noora Health is grappling with is the **quantity of potentially inaccurate publically available information about COVID-19**. To increase use of its resources, Noora Health ensures its **content is delivered through trusted distribution channels** (e.g., health workers, NGO partners), is **compliant with evolving World Health Organization (WHO) and Ministry of Health and Family Welfare guidelines**.

### Support required

Noora Health and its implementing partners are seeking additional funding that would be invested in **back-end support and development for its mobile-based dissemination channels**. In addition, with the growing impact of COVID-19 on other health conditions (such as maternal and newborn health and mental health), Noora Health hopes to develop additional content.

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<sup>11</sup> Global budget figure.

## Piramal Swasthya

Quick Facts	
<b>Main focus areas in COVID-19 response</b> <ul style="list-style-type: none"><li>• Community supports</li><li>• Healthcare service delivery and health human resources</li><li>• Health information and technology</li></ul>	<b>Annual budget</b> INR 150 cr (US\$ 20 million)
<b>Team Size</b> 2,500+	<b>Geographies served</b> Andhra Pradesh, Assam, Bihar, Chhattisgarh, Himachal Pradesh, Jharkhand, Karnataka, Madhya Pradesh, Maharashtra, Rajasthan, Uttar Pradesh, Sikkim

### Activities in response to COVID-19

- Piramal Swasthya is building some of its COVID-19 response on its **104 health helplines** by providing callers with accurate information on disease transmission, containment, and treatment. Its **900 call-center staff** help callers to remotely assess symptoms and encourage them to seek help if needed. Through daily calls, they also track individuals who have traveled back from affected areas or been home-quarantined to check progress and verify adherence to quarantine protocols.
- The organization is also **engaging influential community members, such as teachers and faith leaders, to disseminate accurate information** on disease prevention and containment within their communities.
- Additionally, Piramal Swasthya is working to strengthen public health systems by **training frontline health workers, monitoring stock of key medical supplies, assessing the preparedness of quarantine facilities, and providing strategic guidance to district administrations**. Much of this work is focused on 25 of India's 117 Aspirational Districts.<sup>12</sup>

### Progress/outputs so far

Between February 1<sup>st</sup> and April 24<sup>th</sup>, 2020, **Piramal Swasthya operators have received 396,638 calls** related to COVID-19. Additionally, Piramal Swasthya's phone operators place **outgoing calls to more than 20,000 quarantined individuals on a daily basis** to check for symptoms and verify quarantine adherence. In the 25 Aspirational Districts, Piramal Swasthya has **tracked and followed-up on 95,533 suspected cases, and engaged deeply with 15,379 Panchayat members, 759 faith leaders, and 45,045 frontline health workers** on COVID-19 awareness and prevention.

### Challenges

**Acute shortages of personal protective equipment (PPE)** such as facemasks, face shields, goggles, and suits for Piramal Swasthya's frontline staff as well as for Government field workers is a major operational challenge for the nonprofit.

### Support required

Philanthropic funding of at least INR 15 Cr (US\$ 1.98 million) is required to **procure PPE for staff** as well as to develop **training and engagement modules** that will enable community influencers to disseminate additional information to their peers in an accurate manner.

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<sup>12</sup> Aspirational Districts is a term for districts in India that are affected by poor socioeconomic indicators. These are aspirational in that improvement in these districts' socio-economic outcomes would lead to the overall improvement in human development in India.

## Project Mumbai

Quick Facts		
<b>Main focus areas in COVID-19 response</b> <ul style="list-style-type: none"><li>• Medical products and supplies</li><li>• Basic needs</li><li>• Psychosocial and physical safety</li></ul>		<b>Annual budget</b> INR 1.5 Cr (US\$ 0.2 million)
<b>Team Size</b> 7	<b>Geographies served</b> Mumbai, Maharashtra	<b>Vulnerable populations of focus</b> Elderly citizens, physically disabled, migrant workers, homeless persons

### Activities in response to COVID-19

- Project Mumbai is **operating three helplines to serve the mental health needs of citizens, with a dedicated line for parents with special needs children**. The statewide COVID-19 toll-free helpline, launched in partnership with Government of Maharashtra, has 75 trained professionals responding to calls from across the state. Project Mumbai has also put together a multilingual group of 50 counsellors and 30 special needs therapists attending to calls from Mumbai.
- Project Mumbai's team of close to **2,000 volunteers is also delivering essentials to the physically disabled and senior citizens living alone**. Some volunteers act as "buddies" to the elderly to provide emotional support in this difficult time.
- Project Mumbai has been supporting frontline health workers, essential staff, homeless persons and children by **providing cooked meals, rations, and PPE kits**.
- The Municipal Corporation of Greater Mumbai has now asked Project Mumbai to provide on-ground support for **food grain distribution in six of the 24 wards in the city**. Project Mumbai is also putting together an actionable document for the Government of Maharashtra on a post lockdown scenario.

### Progress/outputs so far

As of May 11<sup>th</sup>, 2020, Project Mumbai has served over 75,000 meals for healthcare staff and close to 1,800,000 meals to the homeless and migrant workers. The statewide **helpline is receiving over 350 calls a day**, and the team has mobilized close to INR 25 Cr to **deliver over 2,00,000 PPE kits to authorities in Mumbai and support over 5,000 senior citizens** and their families within Mumbai.

### Challenges

**Mapping needs for grains and cooked meals has been a challenge**, but Project Mumbai started with a small area with high identified need, and is now working in close coordination with the Municipal Corporation.

### Support required

In the immediate term, Project Mumbai **needs support to provide PPE kits to doctors and police personnel in 15 red zone districts<sup>13</sup> of Maharashtra**. Over the next few months, Project Mumbai would like to **expand its work on mental health** needs to further support children, people with disabilities, and victims of domestic violence.

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<sup>13</sup> Districts in India have been designated as Red, Orange and Green Zone by the Government of India based on the incidence rates and risk profile of the district. Red Zone districts are those with highest risk and reported cases.

## SEEDS

Quick Facts		
<b>Main focus areas in COVID-19 response</b> <ul style="list-style-type: none"><li>• Healthcare service delivery and health human resources</li><li>• Basic needs</li><li>• Economic stability</li></ul>		<b>Annual budget</b> INR 23 Cr (US\$ 3 million)
<b>Team Size</b> 120+	<b>Geographies served</b> Bihar, Delhi, Karnataka, Kerala, Maharashtra, Odisha, Tamil Nadu, Uttarakhand, and West Bengal	<b>Vulnerable populations of focus</b> Children, elderly citizens

### Activities in response to COVID-19

- Throughout the lockdown period, SEEDS has **sourced and distributed food rations and hygiene kits** to marginalized families, orphanages, and old-age homes in its geographies of focus.
- The nonprofit has also pursued **information dissemination efforts** to ensure access to accurate information about COVID-19. Leveraging WHO and Government of India guidelines and recommendations, SEEDS has disseminated timely information about prevention, containment, and treatment via WhatsApp, other social media, and through its ongoing programs.
- When migrant workers began returning to their villages around the time of lockdown, SEEDS also assisted State Governments in **establishing quarantine facilities** to mitigate risk of further spread. **These facilities are on standby for future use** in the event that COVID-19 cases spike in rural areas. SEEDS is also working to **design isolation centers at which COVID-19 infected patients could be housed and treated**.
- In late April, SEEDS **piloted unconditional cash transfers to individuals and small business owners whose livelihoods are likely to be adversely impacted in the medium term, and provided technical support** to help them refocus their business activities.

### Progress/outputs so far

Thus far, SEEDS has distributed over **two million meals covering 120,000 marginalized individuals** across nine states in India. SEEDS has also distributed **family hygiene kits to reach over 52,000 individuals and 2,850 PPE kits for healthcare workers** as of May 10, 2020. **Through its small pilot, SEEDS made cash transfers and provided technical support to 20 small business owners in less than two weeks.**

### Challenges

A major challenge that SEEDS has faced is **procuring relief goods** such as food rations. Procurement, packaging, and distribution is usually done centrally and therefore more economically, restrictions on movement of goods has forced SEEDS to procure relief goods and manage distribution locally. However, **restrictions on movement of people and close scrutiny of nonprofit involvement in relief efforts imposed by local government** across SEEDS' vast geographic footprint have added to these challenges.

### Support required

Given its deep experience in emergency relief, SEEDS plans to channel additional funding into its effort of developing **resilience plans for its communities from a public health and economic perspective**. These plans would involve activities such as strengthening public health system capacity, providing mental health support to vulnerable groups such as children and the elderly, and supporting micro, small, and medium enterprises—which are highly vulnerable to bankruptcy during hard economic times.

## Swasth Foundation

Quick Facts	
<b>Main focus areas in COVID-19 response</b> <ul style="list-style-type: none"><li>• Medical products and supplies</li><li>• Basic needs</li></ul>	<b>Annual budget</b> INR 7.5 Cr (US\$ 1 million)
<b>Team Size</b> 150	<b>Geographies served</b> Mumbai, Maharashtra

### Activities in response to COVID-19

- To contain the effects of COVID-19, Swasth Foundation is increasing its efforts to **provide health services and mediation to individuals with chronic conditions such as hypertension, diabetes, and thyroid disease**. It has **added telehealth services to its in-person mode of health service delivery** given restrictions on movement. Because loss of income during the lockdown may make it difficult for patients to afford healthcare, Swasth Foundation is providing **treatment and medication for chronic illness at no cost to patients** in an effort to stem potential rises in morbidity and mortality.
- Swasth Foundation is coordinating with suppliers in Mumbai to **procure and distribute essential PPE items** such as N95 and three-ply surgical masks, face shields, and full-body protective suits. Its PPE distribution efforts initially focused on providing equipment to health professionals at government hospitals and public health posts (which manage contact tracing and surveillance). Now, these efforts include non-health essential workers—like police officers, sanitation workers, and Integrated Child Development Service (ICDS) workers—who are often the last to receive PPE.
- Swasth Foundation is also working to address the acute need for dry food rations, particularly among slum residents, during the lockdown.
- Finally, Swasth Foundation is operating an **awareness building campaign** called *Smart Bano, Swasth Raho* (Be Smart, Stay Healthy) through Facebook and an outbound call center that reaches out to high-risk patients in the nonprofits' electronic health records.

### Progress/outputs so far

Swasth Foundation has **conducted over 3,500 in-person medical consultations and 1,700 remote telehealth consultations with patients** in its surrounding communities. The nonprofit has also supplied public hospitals, urban health posts, field-based NGOs, and police personnel with over **6,500 units of PPE**, and **provided over 8,500 families in slums with dry food rations**. In addition, Swasth Foundation has **coordinated more than 3,000 outbound calls through its call center and engaged over 50,000 unique individuals through Facebook**.

### Challenges

Swasth Foundation has faced challenges due to the **inability of workers to leave their homes and survey slum neighborhoods to estimate dry ration need**. As such, a significant portion of effort has been focused on recruiting new field staff to conduct this critical activity.

### Support required

Additional funding will be channeled into **sustaining care provision for patients with chronic conditions**, as the net per-patient cost of care has risen due to the shift to providing free care. Additional funding will also sustain Swasth Foundation's efforts to **procure and distribute PPE to health professionals and essential workers**.



## Swasti

Quick Facts		
<b>Main focus areas in COVID response</b> <ul style="list-style-type: none"> <li>• Community supports</li> <li>• Healthcare service delivery and health human resources</li> <li>• Psychosocial and physical safety</li> </ul>		<b>Annual budget</b> ~INR 18 Cr (US\$ 2.4 million)
<b>Team Size</b> 190+	<b>Geographies served</b> Tamil Nadu, Andhra Pradesh, Karnataka, Telangana, Maharashtra, Kerala, Gujarat, Delhi NCR, Punjab, Haryana, Madhya Pradesh, Odisha, Rajasthan, Uttar Pradesh, Daman, Lakshadweep	<b>Vulnerable populations of focus</b> Migrant workers, smallholder farmers, commercial sex workers, LGBTQ individuals

### Activities in response to COVID-19

- Swasti is conducting **community surveillance efforts** by calling community members to assess their risk of COVID-19 and identify potential cases. Based on the assessed risk level, action is taken to ensure prevention and containment of the disease. When needed, Swasti conducts **telehealth or in-person consultations with patients**.
- Additionally, Swasti is running **health helplines** for community members who seek basic healthcare advice and accurate information on how to prevent, contain, and treat COVID-19. For those with chronic conditions (e.g., diabetes, hypertension), Swasti attempts to provide one month's supply of medication at no cost to the patient. Swasti also offers **emotional health services on its helpline** through counsellors and social protection help-desk teams. These cover a wide range of topics, such as general needs, primary health, COVID-19 safety, and domestic violence.
- Swasti is also working to identify the most vulnerable people in its coverage area and provide **facilitation for the provision of cooked meals, dry rations, medications, and facemasks**.

### Progress/outputs so far

As of May 12<sup>th</sup>, 2020, Swasti has **provided 21,213 individuals with telehealth services**. The nonprofit has also provided **10,653 families and 34,611 individuals with essential goods** such as dry and cooked food rations and cash assistance.

### Challenges

A major challenge Swasti faces in responding to the rapidly changing needs of communities and **designing response efforts that account for interlinked health, livelihoods, and financial security needs**. In response to this challenge, Swasti co-founded the COVID-19 Action Collaborative (CAC), comprising over 150 organizations coordinating their efforts and sharing knowledge to provide integrated health, nutrition, social protection, livelihood, and financing support to vulnerable communities.

### Support required

As Swasti's investment of its time and resources in CAC continues to grow, further philanthropic funding will be used to **cover administrative costs of the CAC**. Swasti hopes to continue scaling membership and reach of the CAC to ensure a truly holistic response to the needs of India's vulnerable communities. Additionally, Swasti's work with vulnerable groups has been affected by committed grants being diverted to COVID-19 relief work. It is seeking **program funding and core funding for 2020-23**.

## WISH Foundation

Quick Facts	
<b>Main focus areas in COVID response</b> <ul style="list-style-type: none"><li>• Community supports</li><li>• Healthcare service delivery and health human resources</li><li>• Financing, policy, and governance</li></ul>	<b>Annual budget</b> INR 57 Cr (US\$ 7.5 million)
<b>Team Size</b> 500+	<b>Geographies served</b> Assam, Delhi, Madhya Pradesh, Rajasthan, Uttar Pradesh

### Activities in response to COVID-19

- In partnership with State Governments, the WISH Foundation is **establishing control rooms** in Delhi, Madhya Pradesh, Rajasthan, and Uttar Pradesh to help plan and oversee **geographic quarantine efforts, social distancing measures, active surveillance activities, testing of suspected cases, isolation and management of positive cases, and home quarantine** of those in contact with positive cases.
- WISH Foundation continues to **oversee and support over 650 government primary health centers**, which provide basic health services to residents in the surrounding areas while tracking critical patient data through an electronic medical record (EMR) system. Due to restrictions on movement, WISH Foundation is **scaling provision of its telehealth services** to ensure healthcare coverage within its communities during the nationwide lockdown.
- Through the use of digital platforms, WISH is also **training public health professionals** on infection control practices (e.g., hand washing, PPE usage, and waste management), case referral procedures, and best practices in disseminating public information. All training communication material aligns with Ministry of Health and Family Welfare and WHO guidelines.

### Progress/outputs so far

Between March 15<sup>th</sup> and May 9<sup>th</sup>, 2020, WISH Foundation has **screened over 1.9 million individuals** for COVID-19 symptoms, **cared for over 8,500 COVID-19 positive individuals** at its isolation wards, and **trained 1,295 health professionals** on prevention, containment and treatment measures. Through its network of frontline health workers, it conducts over **308,000 surveillance home visits a day** to ensure containment and early detection of the disease.

### Challenges

One of the biggest concerns for WISH Foundation is ensuring the **safety, health, and morale of its field staff and of government health professionals** working in its clinics on the frontlines of COVID-19 response. Other operational challenges include mitigating the **social stigma against COVID-19 infected individuals and their families**, and ensuring **adherence to social distancing** among its communities of focus.

### Support required

With WISH Foundation's focus on prevention and containment of COVID-19, any additional philanthropic funding will be channeled **into bolstering community surveillance and contact tracing efforts**. It will also be used to **scale existing health system strengthening efforts**, such as telehealth provision and digital training for health professionals.

## About the authors

Pritha Venkatachalam and Donald Yeh are partners; Niloufer Memon is a manager in Bridgespan's Mumbai office.

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## Annex: List of interviewees

Sr. no.	Organization	Name	Designation
1	Aajeevika Bureau	Divya Varma	Program Manager, Policy and Partnerships
		Anhad Imaan	Lead Consultant, Communication and Advocacy
2	Aga Khan Foundation	Tinni Sawhney	Chief Executive Officer
3	ATE Chandra Foundation	Gayatri Lobo	Chief Operating Officer
4	Azim Premji Foundation	Sweta Gupta	Director, Office of India Philanthropy Initiative
5	Basic Healthcare Services	Dr. Pavitra Mohan	Founder
6	Bill & Melinda Gates Foundation	Arnav Kapur	Lead, Philanthropic Partnerships, India and South Asia
7	Cash Relief	Rahul Nainwal	Co-Founder
8	Centre for Civil Society	Bhuvana Anand	Director, Research
		Bhakti Patil	Senior Associate, Development
9	Centre for Social Impact and Philanthropy, Ashoka University	Ingrid Srinath	Director
		Bindi Dharia	Deputy Director
10	ChildFund India	Neelam Makhijani	Country Director
		Ananth Kaliyaperumal	Sr. Specialist, Program and Partnership Effectiveness
		Pratibha Pandey	Technical Specialist, Health
11	Dasra	Neera Nundy	Partner and Co-Founder
		Megha Jain	Associate Director, Strategic Philanthropy
		Reemsha Reen	Team Lead
12	Ford Foundation	Aparna Uppaluri	Program Officer
13	GiveIndia	Lakshmanan AG	Head, Non-profit Partnerships and Online Giving
		Priyesh Sharma	Volunteer Coordinator
14	GuideStar India	Pushpa Aman Singh	Founder and Chief Executive Officer
15	H. T. Parekh Foundation	Ziaa Lalkaka	Head, Corporate Social Responsibility
16	Haqdarshak	Aniket Doegar	Co-Founder and Chief Executive Officer
17	HelpAge India	Mathew Cherian	Chief Executive Officer
18	Hindustan Unilever Foundation	Reshma Anand	Chief Executive Officer
19	iCALL	Aparna Joshi	Project Director
20	Intelehealth	Neha Verma	Co-Founder and Chief Executive Officer
		Nishant Pratap Singh	Director of Partnerships
21	Jan Sahas	Ashif Shaikh	Founder
22	Karuna Trust	Dr. Hanumappa Sudarshan	Founder and Honorary Secretary

Sr. no.	Organization	Name	Designation
23	<b>Mariwala Health Initiative</b>	Rajvi Mariwala	Director
24	<b>Michael &amp; Susan Dell Foundation</b>	Geeta Goel	Country Director, India
25	<b>N/Core</b>	Sudha Srinivasana	Chief Executive Officer
26	<b>National Coalition of CSOs   SRIJAN</b>	Ved Arya	Convenor   Founder and Managing Director
27	<b>Noora Health</b>	Shahed Alam	President and Co-Founder
		Edith Elliott	Chief Executive Officer and Co-Founder
28	<b>Omidyar Network</b>	Shilpa Kumar	Investment Partner
29	<b>Piramal Swasthya</b>	Pareesh Parasnis	Chief Executive Officer
		Shailendra Hegde	Senior Vice President, Public Health Innovations
30	<b>Project Mumbai</b>	Shishir Joshi	Chief Executive Officer
31	<b>Rockefeller Foundation</b>	Deepali Khanna	Managing Director, Asia Region
32	<b>Samhita</b>	Priya Naik	Founder and Joint Managing Director
33	<b>Sochara</b>	Gurumoorthy M.	Secretary and Coordinator
34	<b>Sustainable Environment and Ecological Development Society (SEEDS)</b>	Manu Gupta	Executive Director
35	<b>Swasth Foundation</b>	Sundeep Kapila	Founder and Chief Executive Officer
36	<b>Swasti</b>	Shama Karkal	Chief Executive Officer
37	<b>Tata Trusts</b>	Srinath Narasimhan	Chief Executive Officer
38	<b>The Nudge Foundation</b>	Atul Satija	Founder
39	<b>WISH Foundation</b>	Rajesh Singh	Chief Executive Officer
40	<b>N/A</b>	Nachiket Mor	Public Health Expert