

COVID-19: AIF India Preparedness & Response Strategy

Situational Assessment

COVID-19 is caused by the virus SARS-CoV-2. It is also called Novel Coronavirus as it has never been identified before. WHO has declared it's outbreak as a global pandemic. As on 20th March, there are 234,073 confirmed cases across 177 countries, with 9840 confirmed deaths as per WHO. India is at a crucial stage of a possible transition from stage II to stage III (community transmission). As per the Ministry of Health and Family Welfare (MoHFW), as on 19th March, there were 196 confirmed cases of COVID-19 across 20 states in India and 4 confirmed deaths across 4 states. At the time of writing this, the Govt's focus is on containment of imported cases and preventing community transmission.

With poor living conditions, overcrowding of many setting and more than 70% of the population engaged in the unorganized sectors for employment (and therefore daily waged workers and freelancers), the poor and underprivileged in India are at higher risk due to a lack of knowledge and weak access to health care. They are not only at risk of getting health-shock due to the fast-spreading corona virus infection, they are also most likely to bear a disproportionate brunt of the resulting economic distress.

As an organization that has its origins in a humanitarian response (Gujarat Earthquake 2001-02) and experience of responding to several humanitarian emergencies since, AIF is uniquely placed to leverage its existing multi-sectoral programmatic infrastructure, reach and access across multiple geographies in India, working with communities on public health, education and livelihoods, to respond to the COVID-19 pandemic. AIF seeks to build on its strong partnership with the central and state governments, local NGOs and institutions to work on a collaborative model of disseminating best practices, promoting preparedness and building resilience among

Most of the intervention proposed will be delivered through the existing 'service delivery platforms' (frontline health workers, teachers, community mobilisers, local self-governments etc) and therefore these will not only contribute to COVID-19 preparedness and response, but also to longer term health system strengthening in the country.

As a premier non-profit in India and in the US (top rated by Charity Navigator and Guidestar), AIF will prioritise staff well-being and duty of care for its staff, volunteers and partners in carrying out these interventions. The response will be led by the India Country Director and supported by AIF's Public Health, Education and Livelihoods Programme Directors and the members of the India Leadership Team (ILT). This team will receive active support and supervision from the New York based CEO, Nishant Pandey, and COO/CFO, Pratibha Srinivasan, under the overall guidance of the AIF Board of Directors. An initial needs assessment will be carried out in accessible areas. AIF has an existing network of partners across India and we will be using this network for delivering this response strategy.

The intervention framework for AIF's COVID-19 response consists of the following focus areas:

A. Behaviour Change Communication (including digital engagement)

Immediate interventions by AIF would include:

1. Create Information, Education and Communication (IEC) material in local-languages, including visual aids (charts, fliers, posters, handouts and digital content) to explain what the virus is, how it spreads and preventive measures based on Government data inputs.

2. Disseminate information using existing and new visually-rich IEC material for low-literacy populations through existing AIF presence in the field.
3. Enhance the communication effectiveness of frontline resources including the ASHA (last mile health workers), Anganwadi (child development services for nutrition and pre-schooling) workers, panchayat (local self-government) members, school teachers and community influencers through provision of adequate communication aids/tools and appropriate information useful for low-density sessions that adhere to applicable social distancing norms.
4. Utilize the high mobile phone density that reaches almost every household to share necessary hygiene tips such as frequent handwashing, social distancing, seeking early medical care if symptomatic to COVID-19.
5. Collaborate with the state governments and local administrations to amplify their communication efforts in the areas where AIF has a presence.
6. Mobile vans using public address systems that travel to media-dark locations especially rural areas and locations endemic to seasonal migration of people.

In the **medium term**, the following activities are envisaged:

1. Strengthen and leverage AIF's existing Swachcha Vidyalay – Swachcha Bharat (Clean School – Clean India) campaign for COVID-19 specific response - school level awareness and sensitization for students along with creation of health clubs.
2. Use of story-telling methodology through CBSE comic books to spread information on corona virus, its transmission, prevention and management.
3. Mobile based online module with videos/animations, interactive language with visual content and minimal text.

B. Promoting Community Preparedness

While the government is gearing itself to face the onslaught of the COVID-19 pandemic, the poor infrastructure, distribution and healthcare mechanisms especially in rural areas seem woefully inadequate in terms of the urgent needs to prevent the further spread of the infections to pandemic levels. The following measures need to be taken up in the **immediate term** to support the ongoing efforts:

1. Distribution of soap, handwash, hand sanitizers, wet wipes and face masks in the community through the frontline health workers, anganwadi workers, panchayat leaders, teachers and volunteers with the support of AIF personnel.
2. Provide correct information to the community on availability of health care, testing facilities and protocols to be adopted in case of symptoms.
3. Demonstrating the correct use of protective masks, handwashing using soap, usage of hand sanitizers, coughing techniques, self-quarantining, greeting people, etc. through home visits by AIF staff, NGO resources and volunteers.

In the **medium term**, the following activities are envisaged:

1. Community-level production of protective masks through the beneficiaries of AIF's livelihoods program where tailoring courses have been taken up. This would also include use of production centers set up by AIF partners.
2. Local production of hand sanitizers using WHO guidelines through social entrepreneurs in different geographies and support in distribution to the community.

3. Creating a cadre of teachers, education department staff, school management committee members, health club leaders, along with students who are trained on pandemic preparedness.
4. Supporting life skills training of children through parents and teachers.

C. Building long-term Resilience of Communities

Anticipating massive disruptions to the economic status of individuals, home-based businesses and production units and small-scale enterprises in urban slums and rural areas, the post-pandemic recovery should include building resilience of the community to safeguard themselves. These measures include:

1. Livelihood/employment and rehabilitation through effective re-skilling, up-skilling and entrepreneurship development. This intervention would be targeted at those who are at the bottom of the pyramid, and those who have lost their jobs specifically due to COVID-19 pandemic and its aftermath. Industries that have been most seriously affected such as travel, aviation and other sectors will be prioritized.
2. Advocate and create a national narrative on **Best Practices in Remote Employment** through an online platform that brings together all the opportunities of remote employment at one place. Most companies and businesses who are being forced to adopt “work from home” practices are painfully aware of the lack of adequate policies, strategies and best practices for making remote employment productive. An urgent response to this need will be targeted by AIF.
3. AIF will seek to create fresh remote employment opportunities for people without jobs in remote, inaccessible rural areas. Remote employment would be especially useful for people with disabilities to whom access is a major issue while seeking a livelihood.

Monitoring, Evaluation & Learning (MEL) are cornerstones of program interventions planned at AIF. Regular monitoring will ensure that the processes laid out at the planning stage are adhered to throughout the course of the implementation. Mobile based technologies will be utilized for real time information to flow directly from the field to the central team. This will ensure that the program is on the right track and field level realities and challenges can be dealt with, in a timely manner. As per the need and type of intervention, Baseline and Endline evaluations will also be conducted, either internally or externally by a third party, to assess the impact of the interventions. Using its presence, reach and access of programs, AIF teams on the ground with the support of its leadership will also be assessing the fast-changing situation in the community and adapt programme design and operating models that would address the current, medium and long term needs of the communities.

AIF seeks the support of its donors and partners to augment its resources for the urgent implementation of this COVID-19 India Preparedness & Response Strategy.