



Update as of May 18, 2020:

COVID-19 partner response group:

We are a group of partners (Civil society organizations, Technical agencies, scientific and technology partners and others) collaborating to support India's COVID-19 response. We are also contacting government channels for integration and expansion of group's capabilities and services.

Key issues:

The COVID-19 pandemic in India will continue to expand. Most cases will be mild, but we do have to anticipate a significant burden of severe illness possibly peaking in the next 1 to 3 months. This would be a difficult challenge for the system and for the country.

- **Community awareness.** Building awareness is critical and behaviors must change immediately in order to avoid concentrating the peak and give the health system time to respond. The equity dimensions of this situation are deeply troubling. Underprivileged groups including the rural poor are especially vulnerable. They have few means to protect themselves due to their living conditions. Traditional media does not reach them – they are hindered by so many factors. At the moment, it is a matter of grave concern. We want to give them a chance to take the best measures they can to protect themselves as like everyone else. There is also a gender dimension to the situation, as care giving responsibilities will fall largely on females who will therefore have a higher risk of illness. Additionally, there is also a requirement to provide authentic news to counter misinformation, alleviate fear and anxiety related to the pandemic and also an emerging need to prevent stigma towards the affected individuals or the family members/contacts.
- **Identification of at-risk cases and case referrals.** To combat the massive scale, government systems may need support to identify cases and refer them to appropriate care. Also, the individuals (cases) identified and their family members will naturally go through a considerable amount of anxiety and fear, and need counseling and guidance. There is therefore a need for persistent follow up and tracking of the cases through a decentralized network which can expand the government system's capacity. At the same time, public health planners require data on a real-time basis for effective intervention, and can benefit from aggregate case information being reported.
- **The pivotal role played by frontline health workers.** Another dimension of the situation relates to capacity-building for frontline health workers and avoidance of secondary nosocomial (hospital-based) outbreaks. With dynamically evolving disease prevention and control procedures for coronavirus, it is essential to keep health workers updated. Moreover, the public at large is less aware of how viruses are transmitted. They are likely to try to congregate in health centres and hospitals, making these likely sources of secondary outbreak. Hospitals and health posts can become viral breeding grounds. Front-line health workers may easily become infected and become vectors infecting others. Training for health workers and an aggressive home care emphasis including new approaches to make home care effective for rural populations are required.
- **Other associated problems:** Many other problems are also showing up as a result of this pandemic and the effective systemic lockdowns initiated by the government, such as lack of transportation facilities especially in the case of a medical-emergency, the inability of migrants to travel back to their hometowns, the loss of jobs and livelihood, black marketing of essential commodities, etc. There is a need to connect people with support services emerging for these aspects, including services led by local NGOs and others.

Our solutions:



We have developed strategies to address all these problems. These strategies are designed as supports to the government systems.

1. **Community awareness:** This work builds on Gram Vaani's key platform Mobile Vaani. We have developed simple communications materials for low-literacy, rural or hard-to-reach audiences, synthesized from the Ministry of Health and Family Welfare (www.mohfw.gov.in) and [other](#) sources. These are being delivered as audio messages free-of-charge to end users. We are committed to [contextualizing](#) advice so that it is maximally meaningful to rural populations. The messages are accessible to anyone with a simple mobile phone, and diffusion will leverage our existing networks enabling immediate large-scale reach. The objective is to also provide credible and contextual information and a stream of news and announcements to counter misinformation they may be coming across other platforms. The messaging will also focus on building empathy and understanding amongst the users, considering that there is a considerable sense of fear and anxiety on account of the possible social stigmatization associated with being identified as even a potential patient or having recently travelled. We also intend to use diverse, entertaining, engaging and lighter formats of messaging and content to relieve the stress. We are also receiving inputs from partners like UNICEF and Sesame Workshop on advice to keep children occupied at home.
2. **Identification of high-risk cases and facilitating self-reporting:** A constant follow up and periodic monitoring of the affected individuals and family is required, and the current FLW led approach may not be equipped to alone handle the load, apart from the risk they are themselves exposed to as part of this process. We have also set up the following systems and processes:
 - A self-assessment survey (based on government protocols) done via mobile phones through an automated interactive voice response (IVR) system;
 - A trained partner response team to contact and collect more information about at-risk respondents.
 - The collated information will be shared with the state and district COVID-19 government team for further action.
 - The response team will continue to counsel the families and track their progress over time. This will include telephonic follow-ups / regular checking as per the intensive surveillance protocols laid down by the governments as well as counseling and guidance with the help of experts to not only affected individuals but also the families of people who are put through quarantine at home or at a facility. The partner response teams' local presence will be leveraged to support frontline workers and the systems in the massive scale operation.
3. **Capacity building of frontline health workers:** Mobile phone technology can enhance real-time capacity building for health workers in a variety of ways. We are building audio advisory content for FLWs to guide them in their day to day operations to stay safe. FLWs will further have an ability to refer cases who need guidance and counseling, by providing details about at-risk people in their communities.
4. **Helpline support for associated problems:** We are also supporting the unorganized labor either trapped in urban areas, or at the labor-source locations to prevent stigmatization of the migrants returning from the urban areas. We work with partner organizations who are engaging with the target communities and have the required capacity to handle the helpline-response management system. Such a decentralized district level support system is essential in helping people maneuver and access the benefits and schemes launched by the government. Mobile Vaani's own volunteer network in rural areas also has a good understanding and has been working closely with local organizations associated with or trying to address issues relating to public distribution of food, black-marketing, DBT related issues with cash transfer, etc.
5. **Community reporting:** In addition, our community media platform, Mobile Vaani, with its wide network helps reach underserved populations, provides not only an option for communities to access information but also contribute towards reporting the ground situation. This community reporting will be instrumental



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to inform the world about health and economic challenges that the community is facing. Preliminary surveys in states to understand the impact of the nationwide lockdown on livelihood and other problems being faced by the people, and workers, especially migrants stuck in the cities are being shared with respective state governments and other partner organizations to help improve on-ground situation.

Annexures include details of our geographic areas of operation and partner response network, as of now. We are rapidly working towards expanding this reach. Also included is an annexure about sample reports that will be available through the system. The latest updates can also be tracked on our page which we are constantly updating: <https://gramvaani.org/?p=3631>

Annexure A: Collaborative response to support communities for COVID-19

Partner details- updated as of May 18, 2020

Name of organisation	Leads contact names and designations	Contact details
Mobile Vaani outreach and technology provisioning*		
Gram Vaani (OnionDev Technologies Pvt Ltd)	Aaditeshwar Seth and Vijay Sai Pratap; co-founders	Phone: +91-124-4303258 Mobile: 99100 12946 / 98801 91818, Email: covid-response@gramvaani.org
Response network* : Partners with on-field support with community health facilitators		
Healing Fields Foundation	Mukti K Bosco Founder and Secretary General	Phone: +91-40-23542841/42 Mobile: 98480 41234, Email: mukti.bosco@healing-fields.org
Piramal Foundation	Debashish Sinha State Manager, Bihar	Mobile: 8002176230, Email: debashish.sinha@piramalfoundation.org



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READ (Erode, Tamil Nadu)	Mr.Karpusamy	Mobile: 8248600397 Email: eroderead@gmail.com
TikaVaani (Hardoi, Uttar Pradesh office)	Mira Johri & Aaditeshwar Seth, co-Leads Dinesh Pant, Research Manager	mira.johri@umontreal.ca, +15148651264 What's App, mirajohri Skype Email: aseth@gramvaani.org, 99100 12946 Email: dineshpant84@gmail.com, 87439 99337
Saranalayam Charitable & Educational Trust, Cuddalore	John Nelson Station Manager Cuddalore Emergencny Radio	Mobile: +91 8056335180; Email: nelson@radio.saranalayamtrust.org.in
REACH	Dr.Ragini Ranganathan Senior consultant in REACH	Mobile:7358226888 Email:drraghini.reach@gmail.com,
TRLM CTU /Jeevan Trust (Tirupur, Erode)	Mr.Selvam	Mobile: 8675395577 ; Email: selvakumar.trlmctu@gmail.com
Vizhuthugal for Tirupur/Avanashi	Mr.Thangavelu	Mobile:9750012008; Email: Vizhuthugal@yahoo.co.in



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TLRF - Tamil Nadu labor Rights Federation	Mr.Ponnusamy Union Leader	Mobile:96550 286832 Email- mpcmsw@gmail.com
My Choices Foundation and network partners	Sudha Upadhyayula, Head of HR and Operations	Mobile: 9492108715 Email-sudha@mychoicesfoundation.org
Aajeevika Bureau	Mahesh Gajera	Mobile: 9558557923 Email :mahesh.gajera@aajeevika.org
IYRC	Suraj Kant	Mobile: 9810148143 Email id: iyrcealyouth@gmail.com
Gurgaon Nagrik Ekta Manch	Rahul Roy	Mobile: 9810395589 Email Id: Rahulroy63@gmail.com / gnem.relief@gmail.com
Safe in India	Masab Shamsi	Mobile: 9899326875 Email Id: masab.shamsi@safeinindia.org
Ambuja Cement Foundation	Dr Vinayak Sonawane Head-Health vertical	Email id: Vinayak.sonawane.ext@ambujacement.co
Indian Leadership Forum Against Trafficking (ILFAT)	Ms Sharmishtha	Email id: info@ilfat.org

**Additional outreach (COVID-19 National IVR linked with other IVR platforms and community radios)**

JEEVIKA (Bihar Rural Livelihoods Promotion Society)	1. Balamurugan D, IAS Jeevika CEO & LSBA Mission Director 2. Mrs. Mahua Roy Choudhury Programme Coordinator-Governance and Knowledge Management	Email: ceo@brlps.in Email: pc.gkm@brlps.in
CREA, for Kahi Ankahi Baatein	Rupsa Malik Director, Programmes and Innovation	Mobile: 99712 92701 Email: rmallik@creaworld.org
Enable India, for Namma Vaani and Hamari Vaani	DipeshSutariya CEO	Email: dipesh@enableindia.org
Child Rights and You (CRY)	Trina Chakraborty Regional Director East	Mobile: +91-98300 29209, Email: trina.chakrabarti@crymail.org
Swasti & Trustee, Catalyst Foundation	Ms. Shama Karkal, CEO	Mobile No: +919845624994 Email: shama@swasti.org



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https://swasti.org/covid19-response/		
Tata Trusts	Mr. Divyang Waghela Mr. Vijay YVCS	Mobile no: +91- 9819488613 Email: dwaghela@tatatrusters.org Email:vyagnamurthy@tatatrusters.org>
Government of Jharkhand: State Health Department in Jharkhand has also disseminated Jharkhand COVID number to all district and block officials and all Sahiyas (ASHAs) for accessing COVID-19 related information		
Content support partners (translation support to regional languages)		
Child Rights and You (CRY) for Oriya	Trina Chakraborty Regional Director East	Mobile: 98300 29209, Email: trina.chakrabarti@crymail.org
Saranalayam Charitable & Educational Trust, Cuddalore for Tamil	John Nelson Station Manager Cuddalore Emergency Radio	Mobile: +91 8056335180; nelson@radio.saranalayamtrust.org.in
Radio Active	Pinky Chandran	Mobile: 9845888686 Email: pinky.chandran@gmail.com https://radioactive.edu.in/



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Sesame Workshop- Gali Gali Sim Sim	Mr Anuragini Nagar Director-Programs	Mobile:8826288778 Email:anuragini.nagar@sesame.org
Kumaon Vaani from Mukteshwar	Narayan	Mobile:8449860762; 9536476660 Email:kumaonvanicrs@teri.res.in, kumaonvani@gmail.com
Haqdarshak Empowerment Solutions	Zeenat TinWala Associate-Partnerships and Communications	Mobile: +91 98235 65884 Email: zeenat.tinwala@haqdarshak.com
MITRAZ Foundation	Ms R Savitha Director	Mobile: +919440757180/7989606608 Email: connect@mitraz.org
Medical Tele-consultancy partners		
Karma Healthcare	Mr Jagdeep Singh Ghambhir (Founder)	Mobile: 7727866100 Email:jagdeep@karmahealthcare.in
ARMMAN	Mandar More Sr. Manager mMitra - Operations	Mobile: 9869264749 Email:mandar@armman.org
Let's Talk	Ms Sanam Devidasani (Psychologist)	Mobile:9742450000 (Ms Sanam) Email: ashwin.naik@gmail.com



	Dr Ashwin Naik	
Alternate media partners		
101 reporters	Mr. Gangadhar Patil (Founder) ; Ms. Marisha Thakur	marishathakur@101reporters.com gangadhar@101reporters.com

Annexure B: Geographic presence: 13 states with specific district wise presence of Mobile Vaani clubs and partner response network

Location	Districts	Mobile Vaani clubs present	Other partners	User profile	Number of users	Call back number
Bihar						
	Jamui	Yes		Rural community	50000	9266066111
	Madhubani	Yes		Rural community	30000	9266844111
	Munger	Yes		Rural community	30000	9278701369



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	Lakhisarai	Yes		Rural community	25000	9266673888
	Samastipur	Yes		Rural community	5000	9266652333
	Muzzafarpur	Yes	JEEVIKA (Bihar Rural Livelihoods Promotion Society),	Rural community	45000	9211791369
	East Champaran	Yes		Rural community	8500	9266544111
	Nalanda	Yes (Meri Awaz Meri Pehchan)	JEEVIKA (Bihar Rural Livelihoods Promotion Society)	Rural community	50000	9266618444



	Buxar, Muzzafarpur, Darbanga, Saran / ChhapraSasaram/Bhabh ua Sheikhpura, Aurangabad, Bhojpur, Kaimur, Sheohar, Sitamarhi, Madhubani, Samastipur, Vaishali, Rohtas, Gaya, Gopalganj, East Champaran, Siwan					
	Arariya, Katihar, Sitamarhi, Shekhpura, and Begusarai		Piramal Foundation	ASHAs		
	Rest of Bihar	Yes		Rural community	25000	8800984861



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Jharkhand						
	Bokaro	Yes		Rural community	20000	9266653111
	Hazaribagh	Yes			5000	9266144111
	Dhanbad	Yes		Rural community	15000	9266673444
	Ramgarh	Yes		Rural community	5000	9266614555
	Garhwa Palamau Latehar		Healing Field Foundatio n	ASHAs, Rural community	10000 (approx 56 FLWs reaching 200 community each)	92666 09111
	Rest of Jharkhand	Yes		Rural community	100000 (approx 500 FLWs reaching 200 communities each)	8800097458
Madhya Pradesh						
	Shivpuri	Yes		Rural community	50000	9266613222



	Chindwara	Yes		Rural community	25000	9266617444
	Chattarpur		Healing Fields Foundation	Rural community	500	9266672555
	Rest of MP	Yes		Rural community	10000	9266021222
Uttar Pradesh						
	Ghazipur	Yes		ASHAs, Rural community	25000	9266300111
	Hardoi (with TikaVaani)	Yes		Rural community	5000	9266605000
	Ghazipur, Allahabad Mirzapur, Ambedkar Nagar , Sultanpur, Ambedkar Nagar, Faizabad, Basti, Gonda , Ballia,		Healing Fields Foundation	ASHAs, Rural community	100000 (approx 500 FLWs reaching 200 communities each)	9266672555



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	Mau, Amethi, Pratapgarh, Mahoba, Hamirpur, Jalaun, Chandauli, Jaunpur, Varanasi, Azamgarh Deoria					
Tamil Nadu						
	Tirupur	Yes	TRLM, Vizhuthugal	Industrial workers	10000	9266166111
	Erode	Yes	READ, TRLM, Vizhuthugal	Industrial workers	10000	9266166111
	Cuddalore		Saranalayam Charitable & Educational Trust	Rural Community	25000	9266618777

	Cuddalore, Thanjavur, Krishnagiri, Trichy, Madurai, Salem, Vellore, Viluppuram, Tirunelveli, Chennai		REACH	Both Urban & Rural	25000	9266674111
	Madurai		TLRF/IDEAS	Rural Community	25000	9266616777
Delhi/NCR						
	Kapashera, Okhla	Yes	IYRC	Industrial workers	25000	9211153555
Haryana						
	Dundahera, Manesar		IYRC, Gurgaon Nagrik Ekta Manch, Safe in India	Industrial workers	10000	9211153555
Orissa						
	Naupada and Kalahandi	Yes	CRY	ASHAs	5000	9266657333
Karnataka						



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	All of Karnataka (with enable India)	Yes		Physically disabled people	100000	9211724369
Gujarat						
	Ahmedabad, Surat	Yes	Aajeevika Bureau	Urban and semi-urban migrant workers	3000	9211153555
Pan-India initiatives						
KahiUnkahiBaatein			CREA	Adolescents	100000	9266292662
HamariVaani			Enable India	Physically disabled people	50000	9266344222

COVID specific IVRs Bihar: 9211153222 Jharkhand: 9266609111 UP: 9266672555 Tamil Nadu: 9266618777 Karnataka: 9266766111. Rajasthan: 8800594555, Chhattisgarh: 9266021777, Uttarakhand: 9211724369 55. Respective state COVID IVRs will also be linked off the multiple Mobile Vaani district wise IVRs. More state wise IVRs can be replicated based on partner support initiation.

Annexure C: Sample reports for the health system and epidemiology researchers

Detailed report

Name of district	District A	District B	District C	District D
Total number of awareness calls				



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Total number of FLWs sensitized				
Total number of community members sensitized				
No. Of cases for at- risk identification - self assessment				
No. Of cases of at- risk identification - CHW reports				
High risk category - direct linkage with CMHO office (define as per GOI guidelines)				
Low risk- connect with referral service (define as per GOI guideline)				

Summary report (can be sent over WhatsApp)**Name of district**

Total no. of sensitization calls made	
Total no. of at risk-identification calls	



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Total cases reported directly to CMHO office (high risk) - define as per GOI norm	
Total cases reported to referral centres (low) -define as per GOI norm	