



## Responding to COVID-19's second wave in India

In May 2021, at the peak of the second wave of COVID-19, India became the epicentre of the global pandemic with more than 400,000 new cases reported in a single day. Second in total case numbers only to the USA and recording 27 million cases by late May, the healthcare system was overwhelmed, with reduced supplies of essential treatments.

Opportunity began working with new and existing partners in India to respond to the crisis. We're incredibly grateful to our supporters to have raised over AU\$2 million in this work.

### A snapshot of the impact of Opportunity's five-point COVID-19 rapid-response strategy across 1,200 rural and remote villages:

- 1 To prevent infection in vulnerable populations at risk**, we tackled rampant misinformation through SMS, WhatsApp, comics, posters, voice messages and in-person meetings where possible.

**Impact:** 140,000 people reached every day by Health Leaders delivering critical COVID-19 education, with some fluctuation given the state of local lockdowns. Posters were put up and audio messages played in shops across 500 rural villages. SMS messages and two-minute videos were circulated widely via WhatsApp.

- 2 For those with mild symptoms or exposure to COVID-19**, our partners distributed food ration kits, sanitary kits and medicine so they could isolate safely.

**Impact:** More than 700 people who had COVID-19 symptoms isolated in 75 village-level quarantine centres. These centres were located in unused school buildings, churches or government offices to help adults with mild COVID-19 symptoms isolate safely, since many live in single-room homes and/or use a shared toilet. At these centres, they received sanitary kits, medicine (such as paracetamol) and nutritional supplements (such as eggs, milk, vegetables and dahl). In addition, 1,000 ration kits were distributed to families in urban slums and rural communities. Medicine kits and ration kits were distributed in 748 villages.

- 3 To manage COVID-19 cases and mental health at home**, our partners provided remote care through telemedicine (via helpline and mobile app).

**Impact:** Our partners provided free telemedicine through 336 telemedicine clinics co-located with branch offices or directly through a mobile app available to 1 million households. In addition, they provided a 24/7 multilingual public toll-free helpline with three components;

- Helpline: this new service grew to cover 60,00 calls/month.
- Dial-in information hotline with call-back option (50-100 calls/day): this Graamvani/IVRS service was used by Opportunity's partner in the first wave as well.
- Telecounselling service: 60 Health Leaders were trained as telecounsellors to provide mental health support and grief counselling.

- 4 For people with worsening COVID-19 symptoms**, our partners provided emergency transport and basic primary health services in underserved areas while supporting the public health system.

**Impact:** We worked to ensure that over 1 million rural households had access to emergency transport if they experienced critical COVID-19 symptoms, and provided 100 oxygen concentrators to community health centres. In addition, we set up mobile medical vans to serve over 4,800 patients per month in containment zones in the urban slums of Pune, in the hardest-hit state of Maharashtra.

- 5 To expedite mass vaccinations to improve immunity**, Opportunity's partners collaborated with local governments to organise and facilitate vaccination camps given their trusted presence in local communities where they provide microfinance services.

**Impact:** Our partners facilitated over 1,900 vaccination camps (administering 200,000 doses of vaccines) with a focus on health equity and serving high-need communities and populations, including tribal communities, other remote rural communities as well as seniors, disabled and transgender groups.



While vaccinations are provided by the government free of charge, it costs approximately AU\$2 (INR 110) on direct transport and indirect lost wages for a person to get vaccinated. **The vaccination camps are set up in local villages, eliminating the need for travel.** Given a vaccination camp reaches 125 people, the camp creates an economic benefit of AU\$250 (INR 13,800), while only costing Opportunity's microfinance partners AU\$15-20 to run each camp.





## Addressing COVID-19 misinformation through education

Opportunity worked collaboratively with external health and development consultants to develop culturally appropriate COVID-19 second wave education materials.

The materials focused on mental health and vaccinations and were designed to fight myths and misinformation. Four new 30-minute modules of participatory education were developed for our Health Leaders, and online Train the Trainer sessions provided to our partners in India.

Each module includes three to five pictures plus a facilitator guide, to be used where microfinance clients gather to make repayments on their loans.

Materials were adapted to be locally relevant for communities in Indonesia, Bangladesh and Nepal, as well as India.

*Right: A COVID-19 awareness booklet used in Bangladesh.*



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