



Sattva Live: with CSRs

Hosted by
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CEO

April 9, 2020

www.sattva.co.in

📍 Bangalore | Mumbai | Delhi



Agenda

Overview of COVID-19 Scenario

Impact & Response to COVID-19

Sattva's efforts towards COVID-19 relief

CSR FAQs

Q&A

Introduction



**SRIKRISHNA SRIDHAR MURTHY
(KRISHNA)**
Co-Founder & CEO

www.sattva.co.in

We are an organisation driven by the mission to **end poverty in our lifetime**. Our work focuses on scalable solutions for sustainable social impact.

We work with our clients - **corporations, philanthropists, foundations and social organisations** - to achieve social impact goals effectively and maximise the social return on their investment.



200+

Corporations



500+

Social Organisations



50+

Foundations



**Governments
and Multilateral
Agencies**

We offer end-to-end support covering :

- ◆ Research
- ◆ Strategy consulting
- ◆ Implementation support
- ◆ Programme design and management
- ◆ Monitoring and Evaluation
- ◆ Impact assessment
- ◆ Social audit
- ◆ Talent solutions
- ◆ Organisation development programmes
- ◆ Data and technology products

and more as needed in our quest for better solutions.

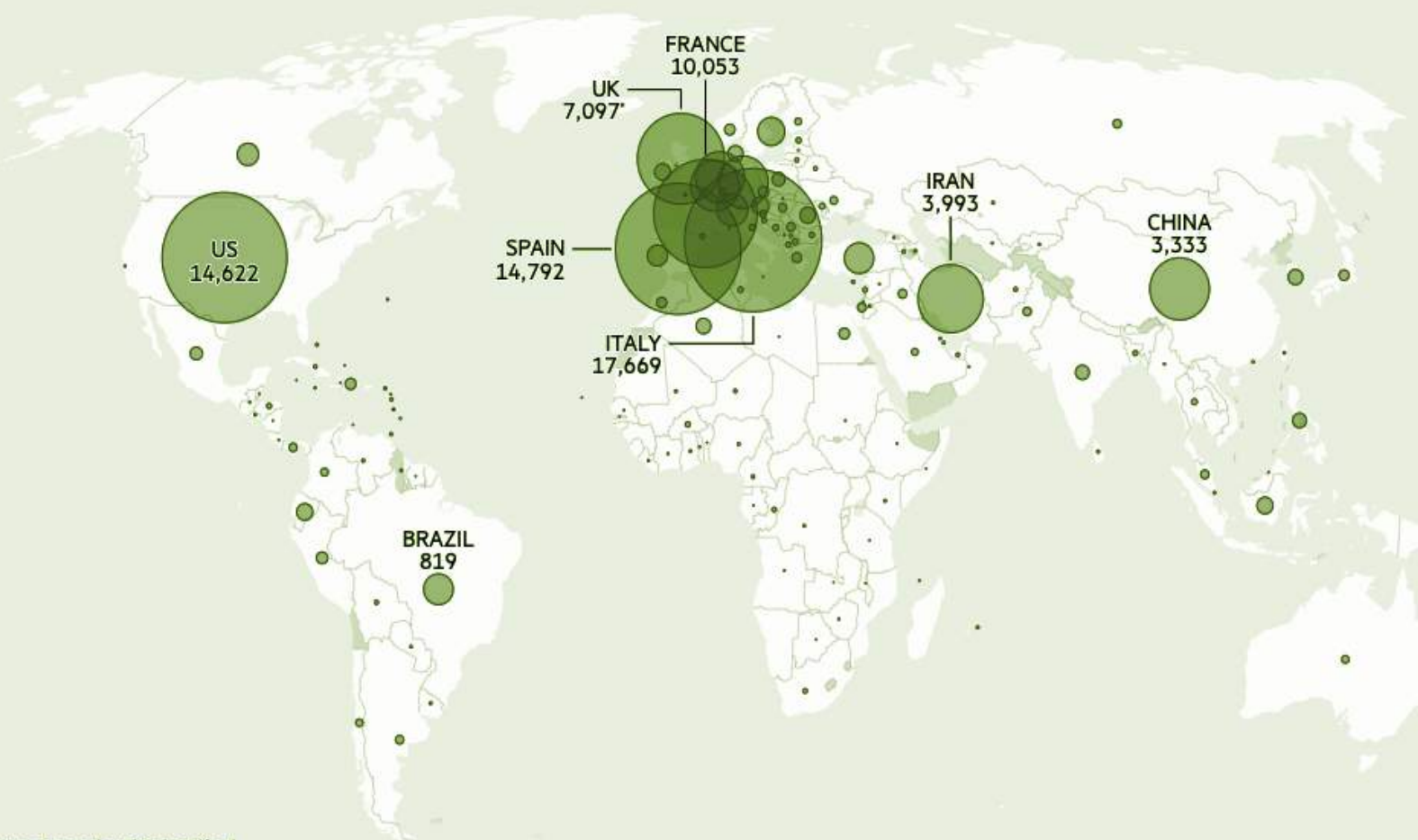


COVID-19 pandemic has impacted the whole world and is one of biggest humanitarian challenges we have faced

As of 11:45pm Apr 8 BST

Confirmed cases
1,508,507

Deaths
87,470



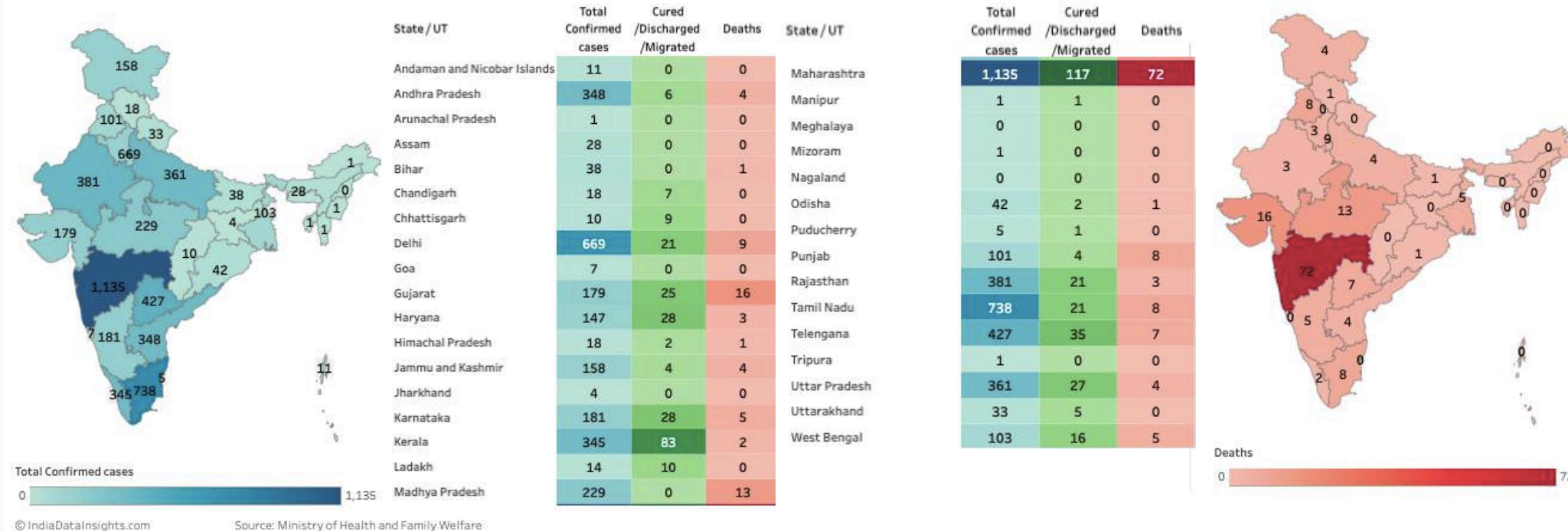
COVID-19 is different from pandemics in the past

- World more connected than ever before; hard to **control spread**
- Average hospitalisation is **11 days** as compared to 5-6 days for flu putting additional **load on healthcare infrastructure**
- **No vaccine; no drug** found to be 100% effective
- Lockdown enforced across the globe; never-before-seen impact on economy

Countries that have been able to **stem community spread** through:

- **lockdowns**
 - **extensive testing**
 - **contact tracing**
- have flattened the curve like **South Korea, Japan & China**

COVID-19 situation in India is grave with the incidence increasing rapidly on a daily basis



STATEWISE DISTRIBUTION OF CONFIRMED CASES & DEATHS

Doubling rate of confirmed cases in India is currently **4.1 days**

As on date, **Maharashtra** is the worst hit in terms of number of cases, followed by **Tamil Nadu** and **Delhi**. This could also be attributed to higher levels of testing comparatively.

COVID-19 doesn't discriminate but disproportionately impacts vulnerable sections due to system limitations

MOST VULNERABLE SECTIONS ARE MORE PRONE TO DISASTER DUE TO RESTRICTIONS IMPOSED



UNORGANISED SECTOR:

- Those without legal contracts of work are the most vulnerable to shutting down of businesses
- This includes migrant workers and daily wage earners



POVERTY-AFFECTED:

- The poor do not have the resources to survive extended periods of lockdown
- The homeless are more vulnerable due to the lack of shelter



WOMEN:

- Women are in more high-risk jobs on the frontline including healthcare workers, ASHA, ANMs
- They are also mostly responsible for childcare and elderly care, increasing their load
- More susceptible to domestic abuse

REASONS BEHIND THIS VULNERABILITY IS MORE SYSTEMIC WITH NO EASY SOLUTIONS



INADEQUATE HEALTHCARE FACILITIES:

- India has 119 hospital beds per 1,00,000 population (IDI analysis)
- Estimated 48,000 ventilators which is inadequate for the pandemic of the scale expected



GAPS IN LAST MILE REACH OF GOVT. MACHINERY:

- Well-known gaps in last mile connectivity of services, particularly in times of disaster
- More dire for the undocumented and rural communities



LACK OF AWARENESS PARTICULARLY IN RURAL AREAS:

- While there has been a focus on spreading awareness about COVID-19, the reach in rural areas is uncertain
- Additionally, dealing with the perpetration of fake news and advice

State of public health infrastructure in India is a major cause for concern

- India's healthcare system is particularly vulnerable to external shocks such as the COVID-19 pandemic
 - If the outbreak escalates in India, the existing health infrastructure may crumble under the pressure
- There is a wide disparity of health infrastructure across the states
 - Huge risk factor is high density of population in some of these medically under-equipped states – as of Census 2011, UP had 828 inhabitants per square km and Bihar had 1102
- COVID-19 demands adequate, efficient and resilient healthcare resources, where India has a deficit
 - Excluding private healthcare facilities, we had 119 hospital beds per lakh population in 2017-18
 - Government hospitals alone in India had 53 beds per lakh population, the corresponding number for the same time period for **Italy and Spain is around 300, and for Japan 1300**

State of Public Health and Healthcare in India - Large States

India	1,317M	382	5	119	221	5.80	8.80	8.80	13.40	
State/ UT Name	Population 2017 *	Density (/km²)(6)	Health Centers Per Lakh Population	All Beds Per Lakh Population	Health Workers per Lakh population	% Women - Blood sugar level - high (>140 mg/dl)	% Men - Blood sugar level - high (>140 mg/dl)	% Women with High Blood Pressure	% Men with High Blood Pressure	
Andhra Pradesh	52.38M	308	4	162	405	8.20	9.80	10.00	16.20	Population 2017 * 1.36M 224.56M
Assam	34.07M	397	7	114	146	5.20	6.60	16.00	19.60	Population Density (/km²) 0 2,598
Bihar	117.15M	1,102	3	27	20	4.20	6.70	5.90	9.40	Health Centers Per Lakh Population 2.725 9.194
Chhattisgarh	28.13M	189	4	87	84					Beds Per Lakh Population 26.6 597.7
Gujarat	63.00M	308	4	124	229	5.80	7.60	9.70	13.00	Health Workers per Lakh population 19.7 762.1
Haryana	27.44M	573	5	102	205	4.80	6.10	9.20	16.80	% Women - High Blood sugar level 3.50 8.70
Jammu & Kashmir	13.48M	124	7	191	30	5.60	6.30	11.60	13.70	% Men - High Blood sugar level 5.70 13.10
Jharkhand	36.67M	414	3	53	28	4.90	7.70	7.80	12.20	% Women with High Blood Pressure 5.90 16.00
Karnataka	65.43M	319	9	213	453	6.30	8.40	9.70	15.40	% Men with High Blood Pressure 9.40 21.80
Kerala	35.04M	859	8	238	762	8.70	13.10	6.80	9.50	
Madhya Pradesh	80.89M	236	3	86	209	5.10	6.70	7.90	10.90	
Maharashtra	119.58M	365	3	110	148	5.00	5.90	9.10	15.90	
Odisha	44.91M	269	8	81	316	7.30	10.70	9.00	12.50	
Puducherry	1.36M	2,598	5	598	52	7.30	7.50	9.10	15.10	
Punjab	29.34M	550	5	120	358	6.10	6.70	13.20	21.80	
Rajasthan	76.80M	201	5	114	426	3.50	5.70	6.90	12.40	
Tamil Nadu	75.84M	555	5	204	426	7.10	9.70	8.30	15.50	
Telangana	38.04M	0	5	107		6.80	6.00	10.10	18.20	
Uttar Pradesh	224.56M	828	5	68	53	5.00	7.10	7.60	10.10	
West Bengal	96.78M	1,029	4	141	141	7.40	11.40	10.30	12.40	

Note:

Hospitals and Beds include data from Public Hospitals (Primary Healthcare, Community Healthcare, Sub District/Divisional Hospitals and District Hospitals), Government Hospitals, Defence Hospitals, Railways Hospitals, Employee State Insurance Corporation Hospitals and Ayush Hospitals

Health workers: Governmental Physicians, Nurses and Midwives

High Blood Pressure - Systolic > 140 mm of Hg and/or Diastolic > 90 mm of Hg

Data: Health Center and Beds data as of July 2018. Population -2017, Healthcare Workers, Blood Sugar and Blood Pressure - 2015-16

Impact of COVID-19 is manifold and progressively leads to systemic harm



TODAY

IMMEDIATE IMPACT

- Declining Health
- Access to food and other essentials
- Loss of wages of daily wages
- Social breakdown like reverse migration
- Supply of essential services & goods disrupted

3-6 MONTHS

NEAR-TERM IMPACT

- Overwhelmed health infrastructure
- Breakdown of business with decline in cash flow
- Supply chain breakdown
- Mental health affected
- Increase in domestic violence
- Rural areas affected due to reverse migration

>6 MONTHS

LONG-TERM IMPACT

- Livelihoods:
 - Significantly impacted both informal and formal economy
 - Disproportionately affected: small entrepreneurs, MSMEs, gig workers
 - Low shock absorption capability
 - Structural unemployment due to loss of skills
- Healthcare:
 - Inadequacies of healthcare system come to the fore
 - Other health issues pushed to backburner
- Development:
 - Social projects on ground affected
 - Online education excludes communities

Sattva is responding to COVID-19 by **creating information resources, orchestrating effective relief partnerships** and **co-creating critical mid-term solutions** for impact

Challenges

Disconnected initiatives and information asymmetry

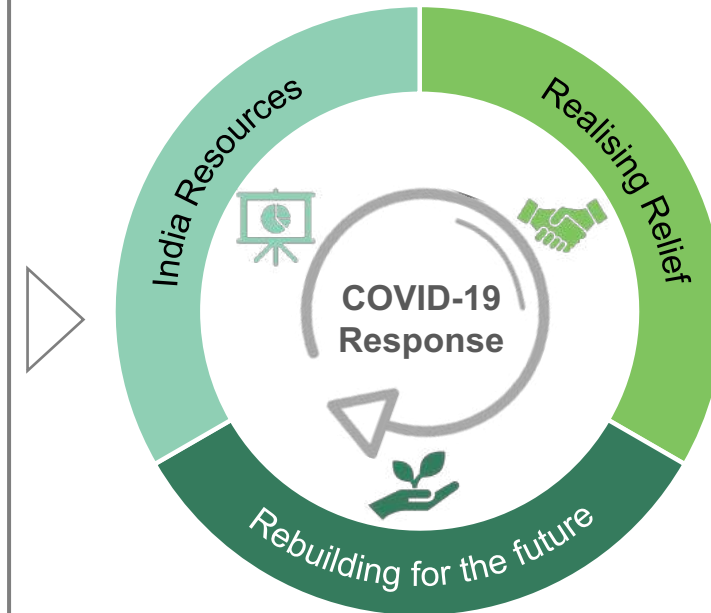
Multiple announcements being made every day around funding commitments, request for resources in different forums

Transactional frictions in delivering solutions

There is a need for funder, social purpose organisations, service providers and government to come together and work

Short-term view to relief

While the urgency for immediate needs is justified, there is a little focus beyond these efforts to prepare for the medium to long-term ramifications



India Resources

A live, verified interactive dashboard of on-ground needs, solutions, and funding resources focused on Covid-19 relief



Realising Relief

Orchestrating effective partnerships across the supply chain of CSR & impact funders, state governments, infrastructure & equipment, and community organisations



Rebuilding for the future

Co-creating solutions beyond immediate needs in education, healthcare, livelihoods and social protection

Sattva has created a public good live & interactive dashboard of verified announcements that connects community needs with available solutions and funding

Currently the live dashboard has

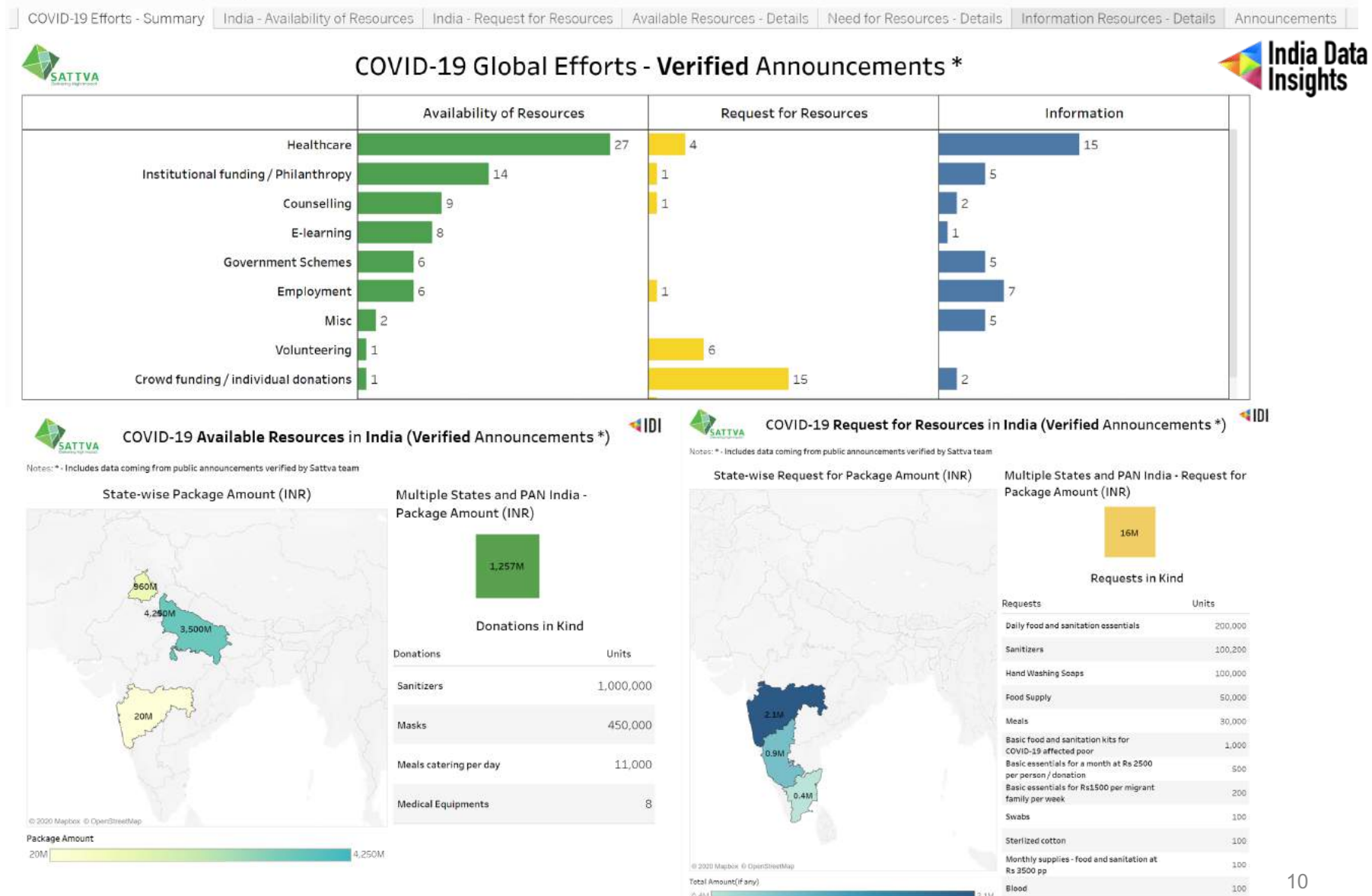
150+ Verified announcements

- Availability of resources
- Request for resources
- Information

The dashboard can be used by

- **CSRs/Foundations** who wish to access verified requests for funding COVID-19 efforts
- **Solution providers** who wish to search funding announcements or requirements
- **Facilitators** who wish to orchestrate relief efforts
- **Everyday Givers** who wish to donate to relief efforts

Try the interactive dashboard [here](#)



There is an essential need for data-driven decision making for COVID-19 relief to enable targeted efforts



While there has been a great inflow of funds towards COVID response, the **mapping of need to the available resources** is nascent.



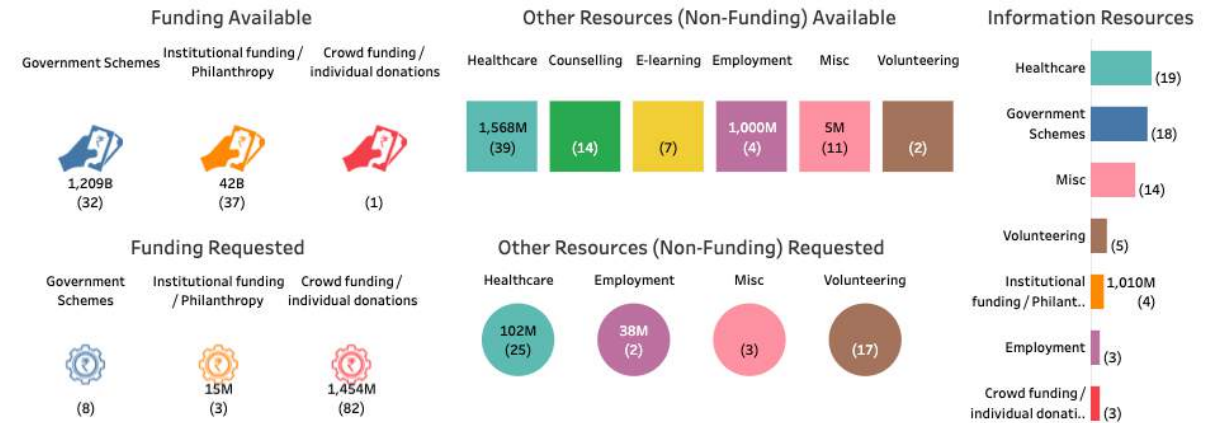
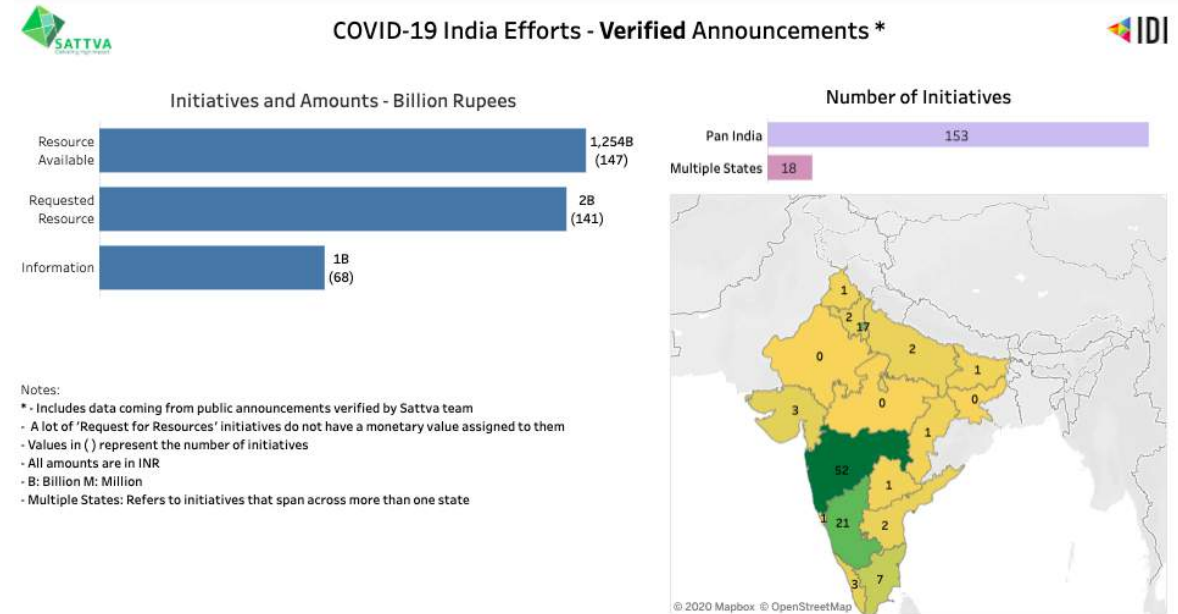
There is a clear need for **data-driven decision making** by funders to ensure that immediate relief reaches areas of immediate need



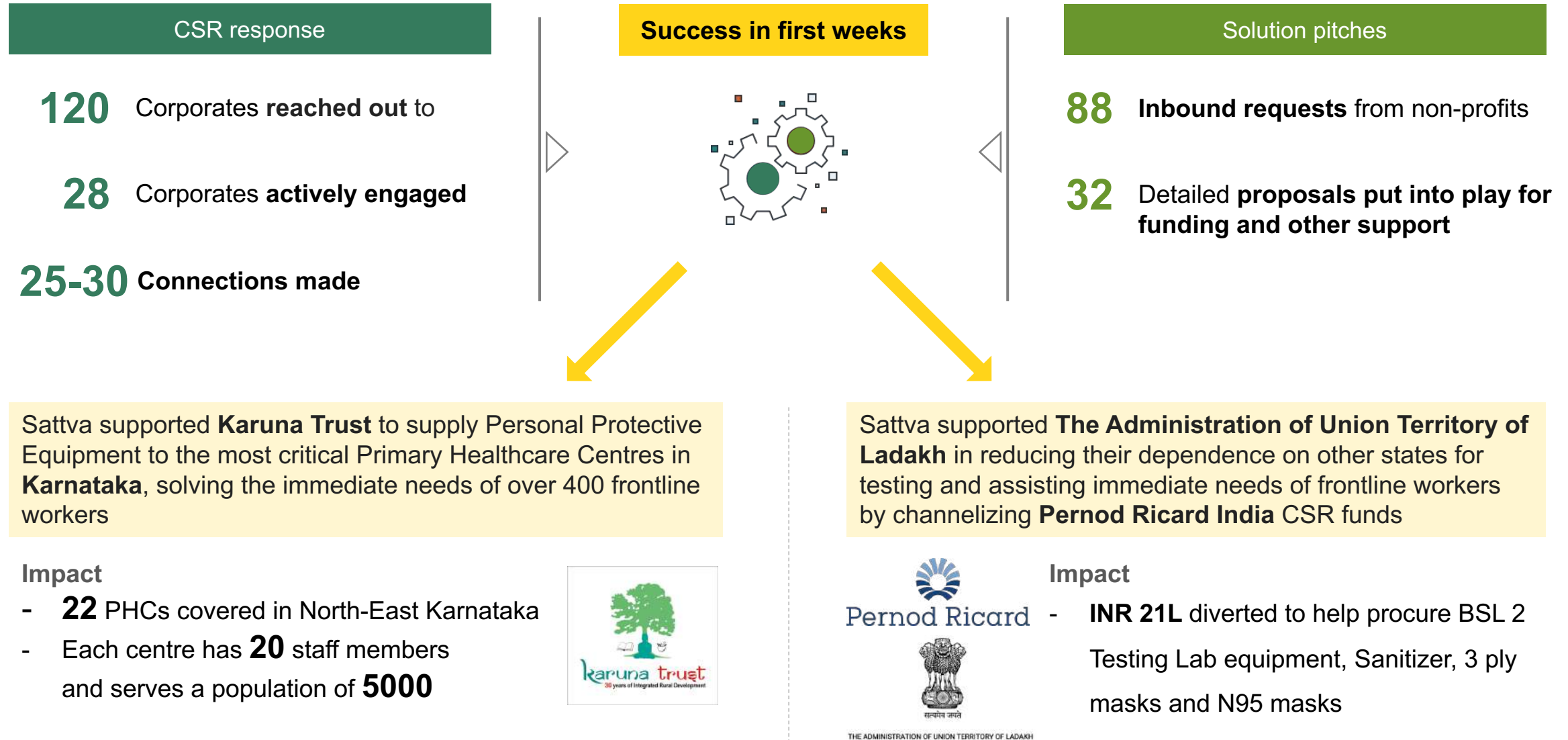
Some **regions of need are under-represented** in terms of asks by NGO partners, particularly the North-East and East



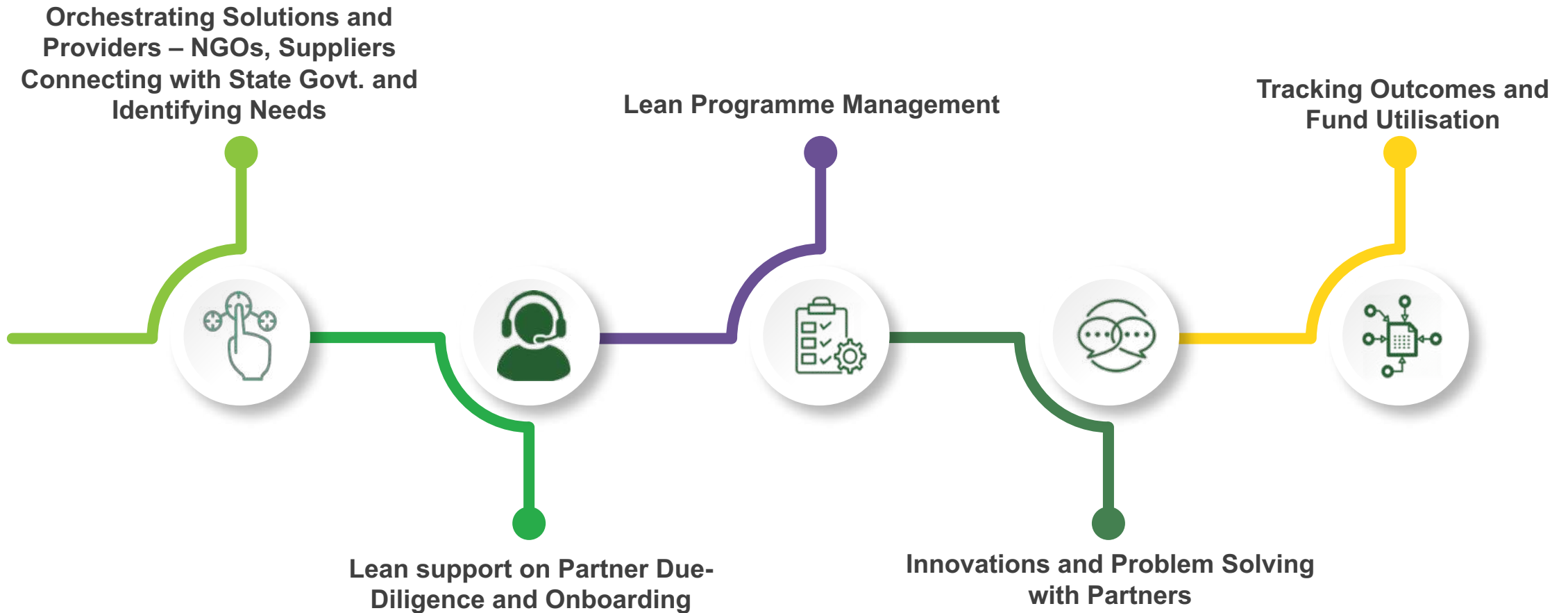
Some partners are not clear in their **funding requirements** and require hand-holding support to utilise their relief funds



Sattva is orchestrating effective partnerships across CSR & impact funders, governments, infrastructure & equipment suppliers, and NGOs

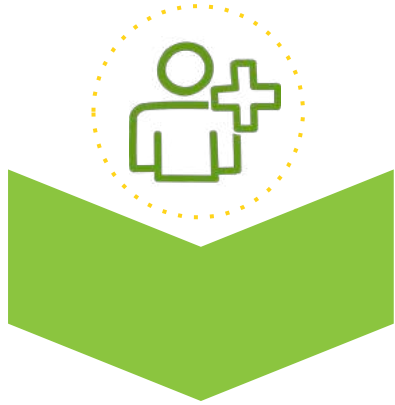


Sattva is supporting CSRs by helping orchestrate solutions for immediate relief



Sattva is undertaking a **rigorous due diligence process** as well as relying on **trusted partners, suppliers and solution providers** as well as **engaging with the Government** to ensure **immediate relief** in regions of high need.

Potential relief efforts from Sattva include healthcare and non-healthcare measures for the immediate and near term



IMMEDIATE HEALTHCARE

Preventive medical solutions such as provision of PPEs, masks, medication as well as diagnosis, awareness generation and augmentation of healthcare infrastructure



IMMEDIATE NON-HEALTHCARE

Non healthcare interventions include livelihood support, supply of essentials like food and other services as well as risk assessment and financial support.



NEAR-TERM

In the nearer term, interventions include rehabilitation, livelihood support, infrastructure, upskilling, training, research & development, awareness and advocacy to offset long term impact

Sattva has analysed the landscape of needs and asks to ensure that we can support the value chain by bridging the missing links through credible partners thereby enabling relief efforts.

Sattva has also partnered with India COVID Response Fund to aid collaborative CSR and collective giving

a giving collective, India COVID Response Fund

A COLLECTIVE EFFORT FROM ECOSYSTEM



Centre for
Social Impact
and Philanthropy



and many others...

FOUR IMPACT AREAS FOR COVID-19 RESPONSE



Prevent disease spread



Enhance healthcare delivery



Deliver livelihood support



Supply humanitarian aid

EARLY DONORS TO THE COLLECTIVE INCLUDE



DARASHAW

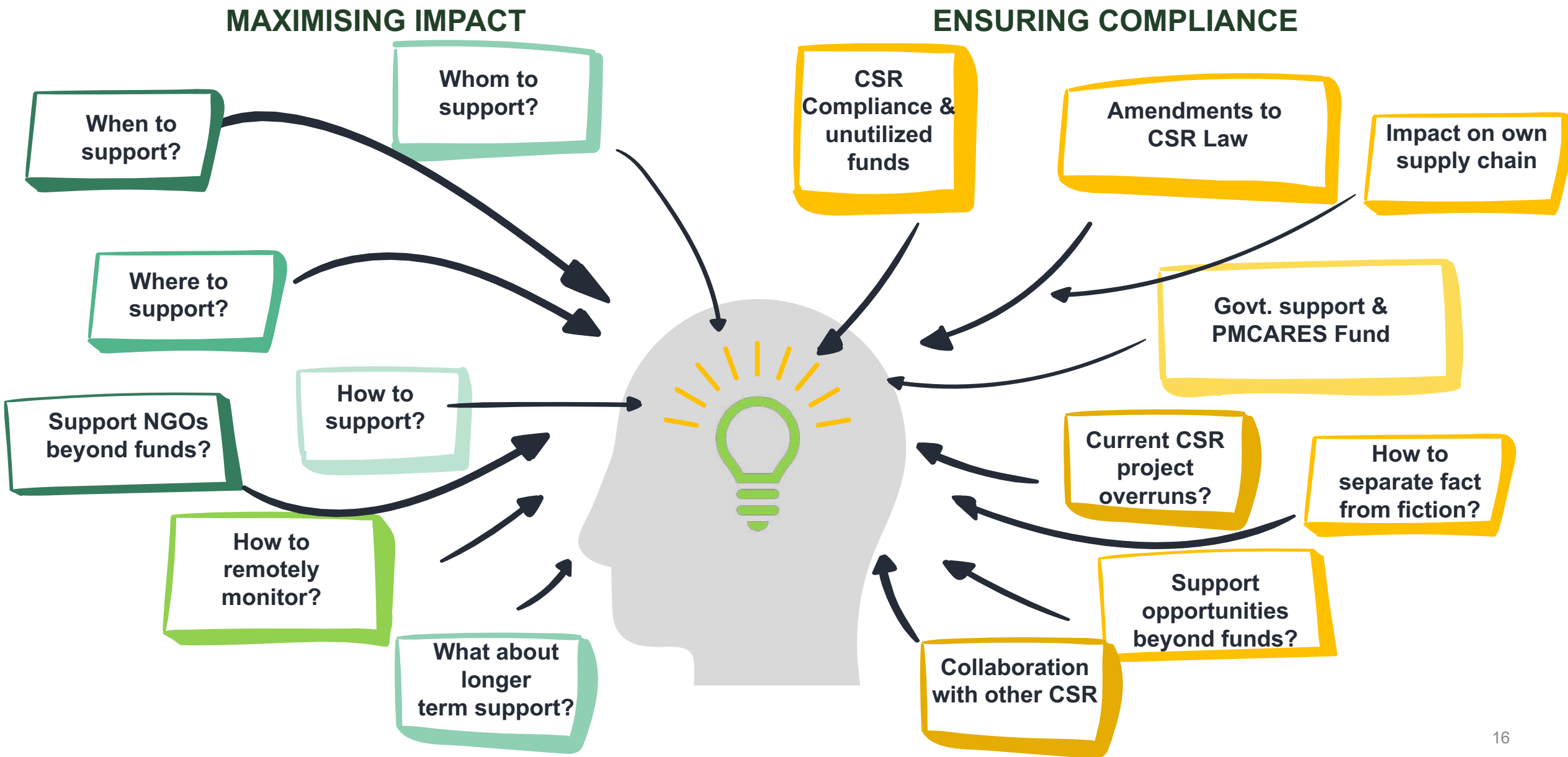
EgonZehnder



Coca-Cola



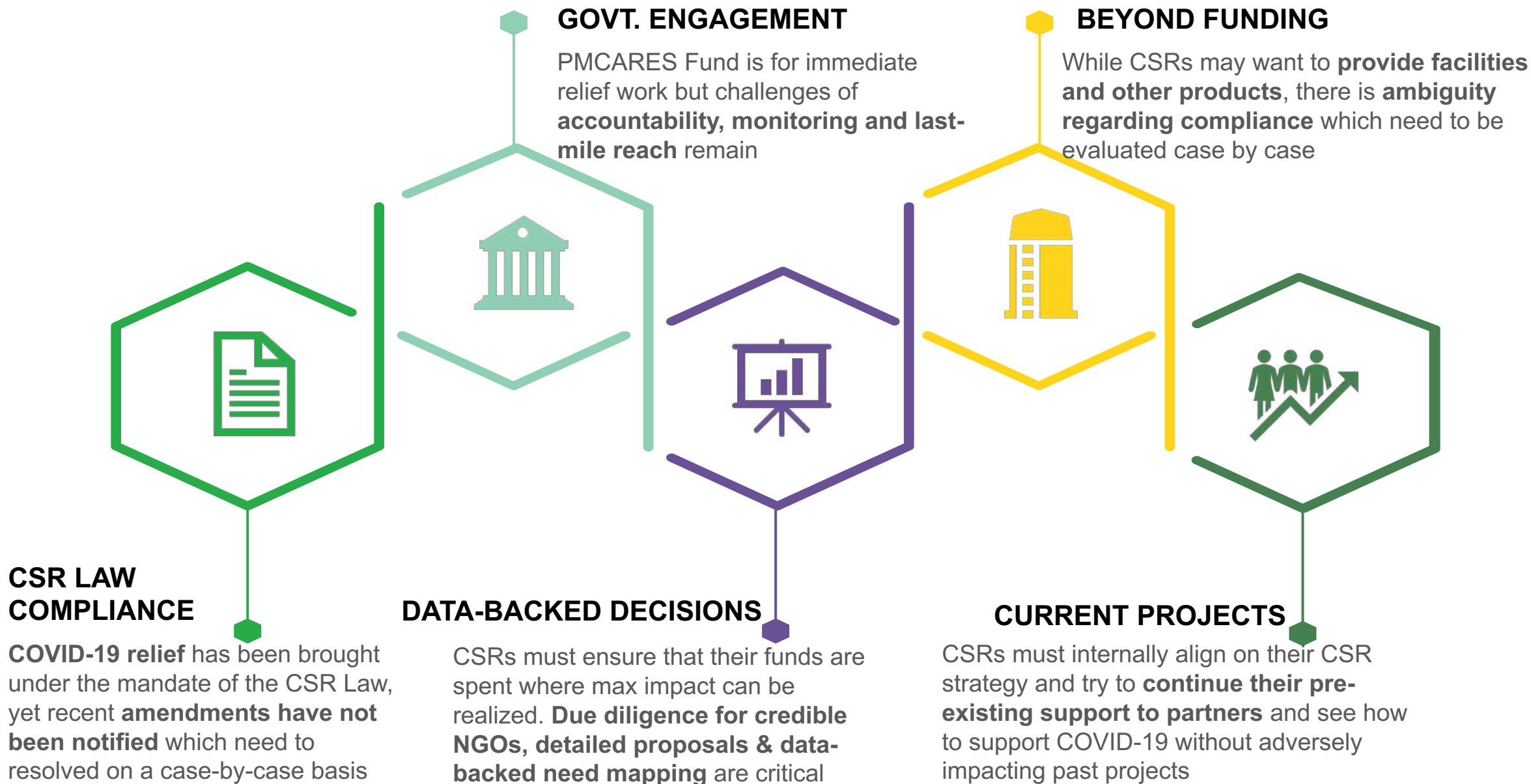
Top-of-mind questions on CSR's COVID-19 response



Maximising impact through data-backed selection of causes with suitable partners in areas of highest need



Ensuring CSR compliance is paramount despite the need for urgency



Summary

COVID-19 is expected to cause **drastic long-term impact** particularly for vulnerable communities especially in the fields of **livelihoods, healthcare and social development** like education

COVID-19 in India is on the rise, there is a call to action for CSRs to support in **stemming its spread through awareness and preventive measures as well as immediate relief**

Immediate COVID-19 relief is the need of the hour; but community organisations need to start looking at **longer term rebuilding and rehabilitation**

CSRs need to be empowered to make **impactful funding decisions** through **credible data, lean due diligence and remote monitoring**

CSRs must focus on maximising impact by **streamlining internal processes** and taking data-backed decisions while ensuring **CSR law compliance**

Reach out to us if you need support to...

- Build the right CSR strategy for your organization for the next **3-6-9-12 months** which is aligned to the organization policy, legal compliance as well as branding principles.
- **Review the immediate impact of Covid-19 on your current portfolio** and create a response/support plan for the grantees.
- **Assess the need** of the partner NGOs and your communities, and **help them mitigate and adapt** to the current situation.
- **Program design** and implement interventions for your target communities
- **Identify relevant and credible partners** for relief and rebuilding and onboard them after a lean due-diligence process.
- **Monitor program delivery and outcomes** (modified lean process for Covid-relief programs) and provide compliance reporting
- **Create and execute Employee Volunteering Programs** - in the context of Covid-response, which is also relevant for the longer term.

“

IRRATIONAL COMMITMENT TO SOCIAL IMPACT

”

We are driven by impact and powered by knowledge. We bring the right balance of the head-heart-hand to our work. We believe that age-old problems need

new-age thinking and rigorous implementing, with empathy at the core. And that's what we deliver for our customers and partners.

Talk to us today to see how we can co-create maximum social impact.



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