# INCEPTION REPORT

## ADB COVID Centre of Excellence
## November 2021

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# 1. Introduction

The breakout of COVID-19, an unprecedented global public health crisis, came at a time when India's Gross Domestic Product (GDP) growth was already stagnating and unemployment was rising. In India, attempts to control its spread, morbidity, and mortality have been marred by several factors, including disregard of COVID-19 appropriate behavior, vaccine hesitancy and complacency, and potentially "super-spreader" mutations of the virus itself. The resultant aggravation of the pandemic, lockdowns, fears have resulted in a huge health and economic impact on the poor.

While the pandemic has affected all segments of populations, the poor, women, disabled, and other marginalized subpopulations are bearing a disproportionate brunt. Low-income and marginalized communities living in urban regions have been particularly at risk due to supply-side limitations of healthcare, coupled with disadvantages of navigating the healthcare system. Access to healthcare, in general, is poor among this community due to several reasons such as distance, cost and time of travel, long wait times, lost wages, stigma, or perceived stigma by healthcare staff. These communities are also at the highest risk of infectious diseases such as COVID-19 due to poor sanitation facilities and overcrowding, which makes social distancing impractical and allows for an uncontrollable spread of the virus in these communities.

Efforts made by the government and other entities to curb both the health and economic impact of COVID-19 often do not account for the varied realities and circumstances that negatively impact urban poor communities' ability to access services and ensure social protection. Some of these groups are vulnerable to potential exploitation, discrimination, and differential access to services. Women, in particular, bear a double whammy of gendered discrimination in healthcare access as well as vulnerabilities experienced as members of specific castes, classes, or ethnic groups.

Despite several mitigation measures undertaken by the central, state, and local governments, the crisis experienced by the diverse categories of the urban poor, given its multidimensional nature is only partly addressed by these measures. It is critical to understand the barriers and challenges that are preventing communities from adapting and practising COVID-19 appropriate behavior, and accessing and utilizing services, especially COVID-19 vaccination. The factors that influence both the supply and the demand for services will provide insights into how to effectively address the core issues at play. Fostering an understanding, not only of these barriers but also of the types of workable strategies, practices, and innovations that can be used to circumvent them is necessary in order to be able to employ and sustain an effective and inclusive COVID-19 response.

The Centre of Excellence (COE) is targeted at vulnerable and marginalized women who are at high risk of contracting COVID-19 due to the particular challenges they face due to biological and socio-cultural factors. Pregnant women are at higher risk of experiencing maternal health problems due to the diversion of maternal health personnel and services, including ante and post-natal care, towards the COVID-19 response. Many pregnant and lactating women continue to fear getting vaccinated despite advisories to the counter. Transgender women face enhanced stigma and discrimination, which hinders their ability to access health services. Overall, poor and

vulnerable women that experience worse health outcomes are at higher risk of acquiring diseases. COVID-19 response efforts often do not account for these realities and are ill-equipped to address them. At COE, we seek to generate learnings from COVID-19 response efforts targeted towards vulnerable and marginalized women.

# 2. About the Centre of Excellence

COE is envisioned as a knowledge-management and learning platform for connecting and collaborating with partners to bridge the gap between communities and health systems and services to combat COVID-19, particularly for vulnerable women. In this context, Swasti, a Health Catalyst, a registered Society dedicated to enhancing health and wellbeing of marginalized communities has had a long and varied experience in innovating and implementing community-focused solutions to promote improved healthcare and access to social protection of vulnerable communities. Swasti provides technical support in the areas of policy formulation, strategic planning, program design, program evaluation, institutional development, capacity building, research, and monitoring and evaluation. Swasti's areas of expertise include Health Systems Strengthening, sexual reproductive health and rights, disaster management, water sanitation and hygiene (WASH), gender-based violence and gender equity, technology for health, innovative financing, life skills, market-based solutions for health, HIV/AIDS, workplace interventions, social protection, and more.

## 2.1. COE Objectives

The objectives of the COE is to form and coordinate a platform that will:
1. Investigate the COVID-19 response efforts targeted towards vulnerable and marginalized women in India
2. Generate and disseminate learnings for the COVID-19 response that address the specific vulnerabilities that marginalized women face
3. Develop a repository for of training guidelines and materials that can be replicated and scaled across cities in India
4. Disseminate guidelines and materials for utilization and application using a variety of methods

## 2.2. Deliverables

- **Landscape document** of COVID responses targeting marginalized and vulnerable women.

- Three **Case stories** of COVID-19 responses targeting different groups of marginalized and vulnerable women (example: low-income pregnant women, transgender women, PLHIV etc.)

- **Contextual guidelines** on supporting vulnerable women through inclusive COVID-19 response services (both health and non-health facets)

- Report on **training and capacity-building workshops** organized with external partners

during the assignment.

- **Final Report** to ADB on the CoE and best practices from response efforts; and **Journal paper/s for publication** on COVID-19 response efforts targeting marginalized women and the influencing factors developed and submitted

# 3. Proposed Approach and work-plan

The approach to setting up and operating the COE involves a nine step plan, with many of the planned activities running concurrently.

**Step 1: Start-up activities**

The efficient and successful operation of COE rests on a strong foundation that we will build through several preliminary start-up activities. These include:
1. Community outreach and partnership building
2. Set up of the central coordinating mechanism
3. Appointment and orientation of the core team
4. Development of a set of SOPs, guidelines, and codes of conduct for operation

**Step 2: Landscape Assessment**

We will first undertake a landscape assessment of COVID-19 response efforts, to draw insights on issues that would then help in planning some of the next steps. Issues to be explored include:

1. The social barriers and facilitating factors towards effective COVID-19 response for marginalized and vulnerable women? (Vaccine hesitancy, cultural barriers, stigma, and discrimination, limited engagement, misinformation, etc.)
2. The COVID-19 response efforts underway in India that target vulnerable and marginalized women?
3. The key community leaders, organizations, and representatives that we can engage with?

The landscape assessment will collect qualitative information from 250 people, including representatives of the organizations leading COVID-19 response efforts and community leaders from marginalized women groups across urban India. We will identify, orient, and train a team to conduct the landscape assessment, along with building quality assurance protocols and checks.

**Step 3: Work plan for knowledge management and learning**

The landscape assessment will provide insights to develop a comprehensive work plan for knowledge management and learning for the COVID-19 response among vulnerable and marginalized women. The detailed work plan would include partners identified, outreach and communications plan, knowledge exchange plans, roles and responsibilities, and key focus areas identified.

**Step 4: Partner identification and learning support**

The landscape assessment will also help identify local partners to engage with for knowledge management, exchange, and learning support. Partners will be identified based on capabilities and needs identified through the assessment; particularly those working on COVID-19 response and support areas for vulnerable and marginalized women across India. We will be on the lookout for partners that work in some of these areas:

1. Orchestrating safe quarantine measures for women including quarantine centers or other local housing options, aimed at caring for and housing positive asymptomatic or symptomatic but non-serious cases. We will focus on service standards that adhere to the highest standards of dignity, respect, and privacy, and provide medical, nutritional (including referral linkages with hospitals) and psycho-social support to those observing quarantine in such facilities.
2. Awareness building and education activities in the community surrounding vaccine awareness, COVID-19 symptoms, hand hygiene and safe practices (mask-wearing, social distancing), respiratory etiquette, etc. These activities may be conducted through a combination of home visits and outreach activities, such as WhatsApp campaigns, social media, signage, etc.
3. Supporting marginalized women through the prevention, screening, and addressing cases of COVID-19. Support may include guiding women to register for vaccinations, conducting symptom screening, referring community members to vaccination centers (particularly elderly women), health care facilities, and quarantine centers, and delivering support packages that may include food, medicine, PPE, sanitation supplies, etc. depending on the need identified.
4. Testing and screening of the population for noncommunicable diseases that increase susceptibility to complications from COVID-19, including diabetes, hypertension, anemia, malnutrition and lung health, through simple point of care tests. Provision of advisory support to individuals who test positive for non-communicable diseases, including information on follow-up care, COVID-19 vaccination, and decision-making to improve their health.
5. Provision of support to the local PHC for improving COVID-19 vaccine demand generation and service delivery. The initial survey will provide insights on the needs of PHCs which will inform partners' work.

We will provide partners with materials and advisories to support and empower them.

**Step 5: Connecting to helpline**

To ensure that vulnerable and marginalized women are able to fully access public health facilities and social welfare schemes provided by the government, we  will engage with an existing helpline mechanism and share information on social protection schemes, entitlements, and

registration support. The information coming from the helpline will also give insights for further learning and knowledge management.

**Step 6: Collaboration with local civic bodies**

Collaboration with local civic bodies and health delivery organizations will allow us to provide learning and knowledge management support for their COVID-19 efforts. This collaboration will be done through the following activities:
- Identification of priority organizations for engagement
- Outreach to the organizations
- Documentation of best practices and challenges
- Provision of learning support for improving COVID-19 response

**Step 7: Monitoring and Reporting**

We will develop a system of coordination among all partners. This system will allow us to follow the progress of partner interventions that are being implemented on the ground, the output and quality of various partners involved in the implementation, including the NGO/CBOs, vaccination centers, laboratories, etc., and any barriers or challenges that are being faced. Through this process, we will document best practices and learnings throughout the program, identifying the factors that facilitated and hindered intervention. Review systems will be operational to ensure quality and timely deliverables.

**Step 8: Knowledge management and dissemination**

Knowledge management and dissemination, a core of our initiative, will be conducted through the following methods:

- Conducting training and capacity-building sessions with the identified partners to share best practices and learnings on supporting marginalized women through COVID-19 response efforts. Partners may include government stakeholders, community organizations, and NGOs. These sessions would showcase our work and that of partners and provide opportunities for experiential learning.
- Regular convening of our partners for knowledge exchange and learnings via workshops. Partners will share experiences, effective practices, identify areas for improvement, additional support required and collaboration opportunities.
- Developing contextual guidelines for supporting vulnerable women through inclusive COVID-19 response services (on health and non-health facets), in consultation with ADB.
- Sectoral learning and sharing through social and print media

**Step 9: Assessment and publication**

We will conduct an assessment to identify which interventions and partnerships were effective at increasing accessibility of services, particularly for vulnerable populations. This will not be an evaluation of programs. The results of the survey will be shared with ADB as a final report. The results will also be used to develop a paper describing the interventions, their effectiveness, and the influencing and contextual factors. The intent is to come out with publications.

## Timelines & Milestones

| No | Activities | Months | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | M 1 | M 2 | M 3 | M 4 | M 5 | M 6 | M 7 | M 8 | M 9 | M 10 | M 11 | M 12 |
| **1** | **Set Up Activities** | | | | | | | | | | | | |
| 1.1 | Partnership building | ■ | ■ | ■ | | | | | | | | | |
| 1.2 | Set-up central coordinating mechanism | ■ | ■ | | | | | | | | | | |
| 1.3 | Appointment & orientation of core team | ■ | | | | | | | | | | | |
| 1.4 | Development of SOPs | ■ | | | | | | | | | | | |
| **2** | **Landscape assessment** | | | | | | | | | | | | |
| 2.1 | Assessment design | ■ | | | | | | | | | | | |
| 2.2 | Assessor training and data collection | ■ | | | | | | | | | | | |
| 2.3 | Analysis & report development | | ■ | | | | | | | | | | |
| 2.4 | Approval of interim report | | ■ | | | | | | | | | | |
| **3** | **Work plan developed** | | ■ | | | | | | | | | | |
| **4** | **Partner identification and learning support** | | | | | | | | | | | | |
| 4.1 | Partner identification | | ■ | ■ | | | | | | | | | |
| 4.2 | Provision of learning support | | | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ |
| **5** | **Help-line** | | | | | | | | | | | | |

| # | Activity | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|---|----------|---|---|---|---|---|---|---|---|---|----|----|----|----|
| 5.1 | Identify help-line | | ■ | | | | | | | | | | | |
| 5.2 | Provide learning and advisory support | | | ■ | ■ | | ■ | | ■ | | ■ | | | ■ |
| **6** | **Collaboration with local civic bodies** | | | | | | | | | | | | | |
| 6.1 | Identification of local civic bodies for engagement | ■ | ■ | ■ | | | | | | | | | | |
| 6.2 | Outreach and relationship building | | ■ | ■ | | | | | | | | | | |
| 6.3 | Documentation of best practices | | | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ |
| 6.4 | Provision of learning support | | | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ |
| **7** | **Monitoring & reporting** | | | | | | | | | | | | | |
| 7.1 | Monitoring & reporting plan developed | | ■ | | | | | | | | | | | |
| 7.2 | Approval of Progress Report – Three Case Stories of COVID-19 responses | | | ■ | | | | | | | | | | |
| 7.3 | Regular monitoring conducted | | | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ |
| 7.4 | Documentation of learnings and best practices | | | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ |
| **8** | **Knowledge management & dissemination** | | | | | | | | | | | | | |
| 8.1 | Approval of Progress Report – Contextual guidelines on supporting vulnerable women through inclusive COVID-19 response services | | | | | | ■ | | | | | | | |
| 8.2 | Training and capacity building sessions with key external partners | | | | ■ | | | ■ | | | | ■ | | |

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 8.3 | Approval of Progress Report - Report on training and capacity building workshops organized with external partners during the assignment | | | | | | | | ■ | | | | |
| 8.4 | Knowledge exchange and learning workshops | | | ■ | | ■ | | ■ | | ■ | | ■ | |
| **9** | **Assessment & publication** | | | | | | | | | | | | |
| 9.1 | Approval of Draft Final Report | | | | | | | | ■ | | | | |
| 9.2 | Data synthesized & report developed | | | | | | | | | | ■ | ■ | |
| 9.3 | Approval of Final Report and a Journal Paper for Publication on COVID-19 response efforts targeting marginalized women | | | | | | | | | | | ■ | |
| 9.4 | Publication developed & submitted | | | | | | | | | | | ■ | ■ |

## 4.  The results framework



**GOAL**

1 Derive insights from COVID-19 response efforts targeted towards vulnerable and marginalized women
2. To develop a knowledge repository and dissemination interface for COVID-19 responses targeted towards marginalized women, including training SOPs, informational materials, workshops
3. To provide vulnerable women timely relevant and appropriate COVID prevention and care

**KEY OBJECTIVES**

1. Investigate the COVID-19 response efforts targeted towards vulnerable and marginalized women
2. Generate and disseminate learnings for the COVID-19 response that address vulnerabilities that marginalized women face.
3. Develop a repository for training guidelines and materials that can be replicated /scaled across India
4. Disseminate guidelines and materials for utilization and application using a variety of methods

**PRINCIPLES**

**Knowledge sharing behaviour**

**Collaboration**

**Participatory and Reflective**

**INPUTS**
1. Literature review
2. Landscape assessment of COVID-19 responses
3. KIIs, FGDs

**ASSESSMENT**
1. Literature Review
2. Primary Research
3. Policy briefs

**REFLECTIONS**
1. CovidActionCollab response monitoring
2. Feedback from target audiences

**ANALYSIS**
1. Development of Draft findings
2. Discussion with Partner Organizations

**OUTPUTS**
1. **Interim Report:** Landscape document of COVID responses
2. **Progress Report 1:** Three Case stories of one COVID-19 responses targeting different groups
3. **Progress Report 2:** Contextual guidelines on supporting vulnerable women
4. **Progress Report 3:** Report on training and capacity building workshops
5. **Final Report:** Final report to ADB on the CoE and best practices from response
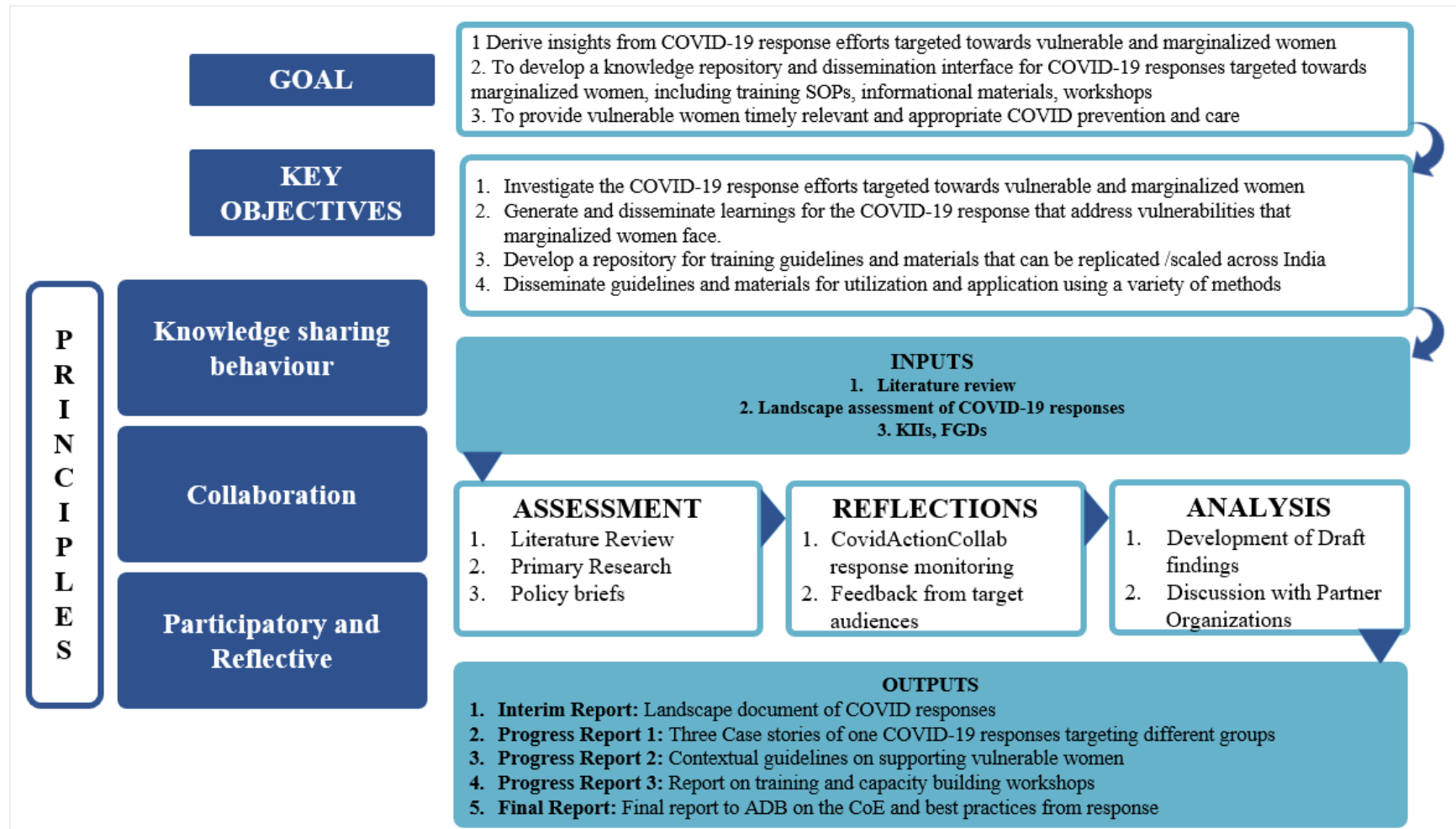
Fig. 1    Results framework

**4.1.    Risk and Mitigation**

There are inherent risks that can be linked with the COE's performance and functionality. Recognizing these can and anticipating their implications can limit these risks to deter hampering the progress. The impact and the mitigation strategy of these risks identified by the COE are mentioned below:

| Potential Risks | The impact level of Risk | Mitigation strategy |
|---|---|---|
| Diminished interest/availability for engagement due to the third wave | High risk; recurring | ● Easily accessible information through informal sources<br>● Remote working, online/virtual interviews, and data collection methods |
| Low uptake of remote healthcare information facility | Medium risk | ● Attaching tele-calling facility with comorbidity/NCD screening camps<br>● Community awareness via social media campaigns |

# 5.   Learning, knowledge management and monitoring

5.1.    **Learning framework**

As a centre of excellence learning - including generating, sharing and use - is pivotal. Learning is generated through on-ground experiences, reading, research. However, the knowledge gained remains with individuals or small teams and is of limited use until it is processed, analysed and shared for planning and decision making. Towards this, having platforms for learning and sharing are important. These platforms enable partner's to connect to improve the effectiveness of their own outcomes, scale, identify wicked problems and solutions. It also provides an opportunity to carry the voice of the vulnerable communities that are the focus of the program and build eminence for partners as their interventions get shared widely. The learning framework is depicted in the fissure below.
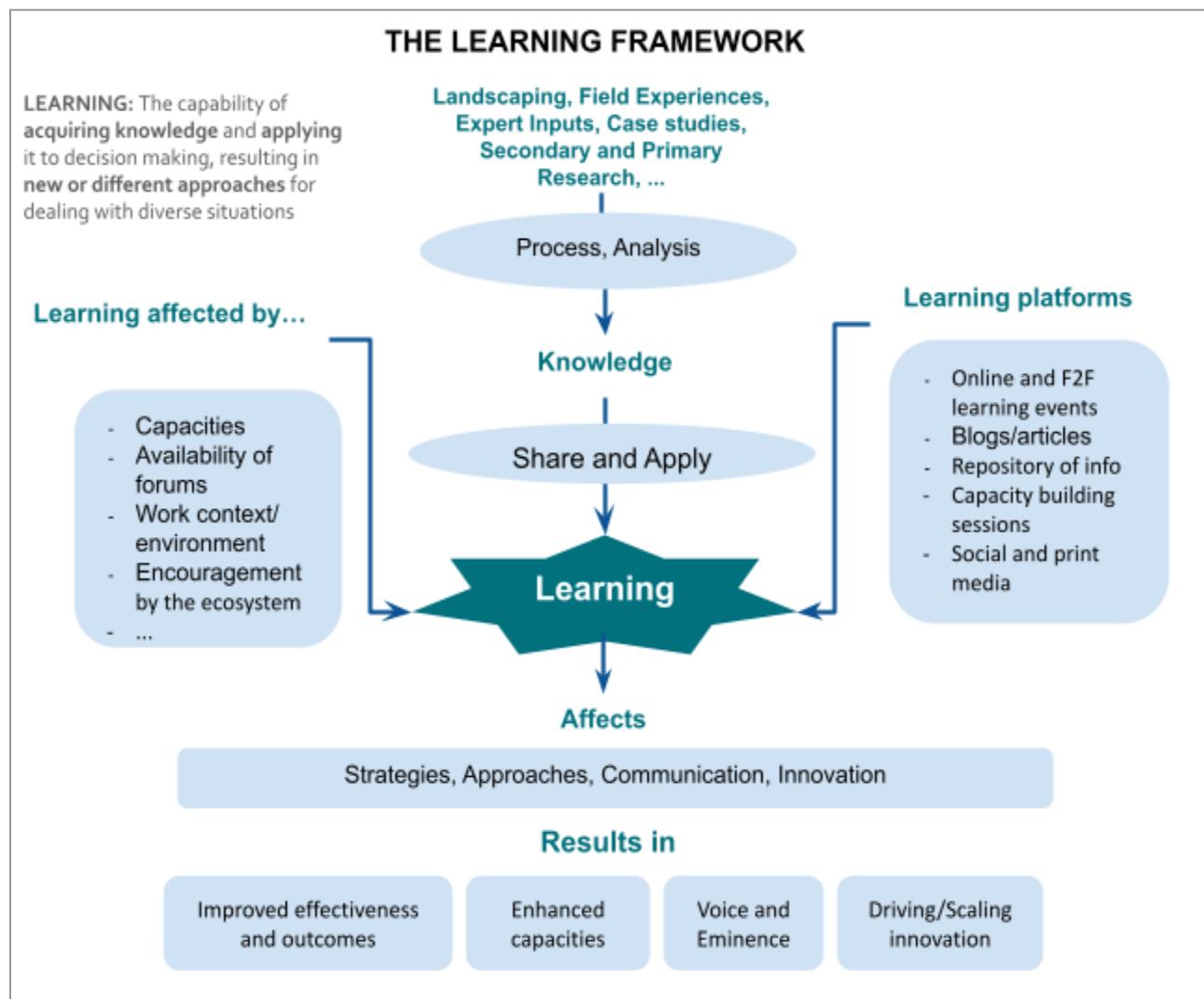
## 5.2. Stakeholder mapping

Stakeholder mapping adds value to knowledge management and learning plans by identifying and understanding the traits of key stakeholders, both as generators and consumers of knowledge and learning. This is critical to contextualise and fashion messages and learning based on partner profiles, needs and mandates.

At COE we have performed a stakeholder mapping exercise to identify and better understand the key community leaders, organizations, and representatives for knowledge management and dissemination. The below infographic represents an indicative (albeit incomplete) list of partners with whom that we have worked with and will continue to do so the future:
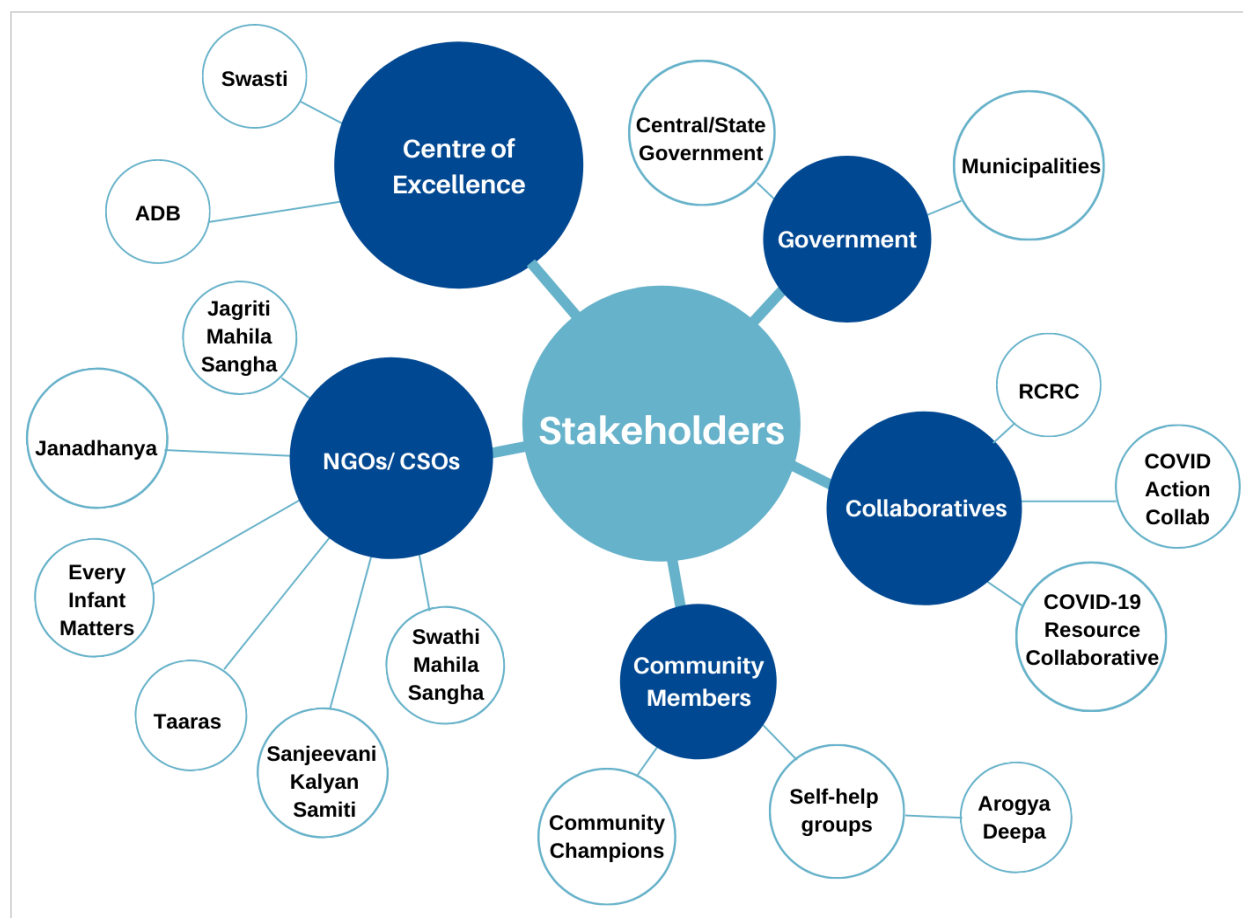
Figure 2. Stakeholder mapping

Through this exercise, Swasti CoE has collaborated with local civic bodies and health delivery organizations to provide them with learning and knowledge management support for their COVID-19 efforts. Swasti's role has been instrumental in tailoring the COVID-19 response efforts of these partner organizations for the intended vulnerable community, targeting the message to audience segments, and designing the mode of delivery for the best possible dissemination of the message to the intended recipient.
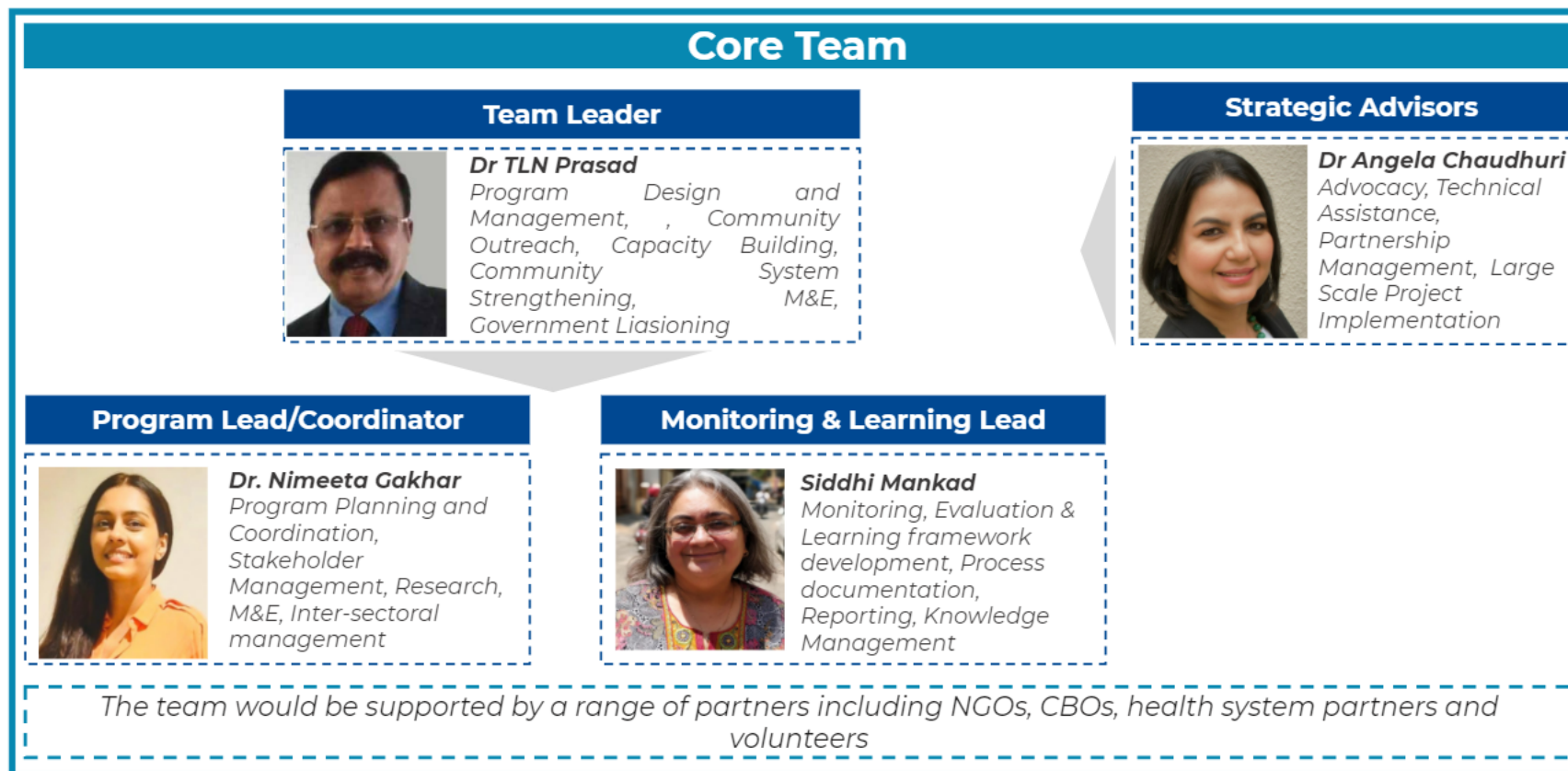
### 5.3. Knowledge Dissemination Strategy

Using the key learnings from successes and failures of past dissemination media, we will develop a system of coordination among all partners, allowing the us to follow the progress of partner interventions that are being implemented on the ground, the output and quality of various partners involved in the implementation, including the NGO/CBOs, vaccination centers, laboratories, etc., and any barriers or challenges that are being faced. Through this process, we will identify and document best practices and learnings throughout the programs, identifying what went well, what did not go well, and the facilitating and hindering factors that influenced the approaches.

| Product / Method/Services | Key Audience | Activity | Responsibility | Timeline |
|---|---|---|---|---|
| Training and capacity-building sessions, workshops | 1. Marginalized communities<br>2. Sectoral partners<br>3. Government officials<br>4. NGOs | Conduct training and capacity-building sessions with key identified partners in order to share best practices and learnings from COE partners on supporting marginalized women through COVID-19 response efforts.<br><br>Regular convening of COE partners for knowledge exchange and learnings via workshops. Partners will share experiences, identify areas for improvement, additional support required, any synergies for collaborative practices have been effective. | Training facilitator and staff | As per training plan |
| Guidelines and Publications, SOPs | 1. Public/ community<br>2. Sectoral partners<br>3. Government officials<br>4. CSOs | Develop contextual guidelines on supporting vulnerable women through inclusive COVID-19 response services (both health and non-health facets), in consultation with ADB. A sa part of Knowledge generation and documenting evidence-based learning, CoE will undertake a | Subject specialists | Monthly |

| | | landscape assessment to further investigate access to services and constraints faced. | | |
|---|---|---|---|---|
| Community awareness programs | Vulnerable marginalized women communities: transgender and women in sex work (WSW), Adolescents (YUWAAH program) | Awareness building and education activities in the community surrounding vaccine awareness, COVID-19 symptoms, hand hygiene and safe practices (mask-wearing, social distancing, etc.), respiratory etiquette, etc. | Community leaders and influencers, awareness program facilitators | Monthly |
| Sectoral learning and sharing | Sectoral partners, CSO's, CBO's, communities | Social media campaigns, media articles, blogs/vlogs, learning bites, etc. | Marketing communications team | As per Mar-comms plan |

## Team Organogram



**Core Team**

**Team Leader**

**Dr TLN Prasad**
Program Design and Management, , Community Outreach, Capacity Building, Community System Strengthening, M&E, Government Liasioning

**Strategic Advisors**

**Dr Angela Chaudhuri**
Advocacy, Technical Assistance, Partnership Management, Large Scale Project Implementation

**Program Lead/Coordinator**

**Dr. Nimeeta Gakhar**
Program Planning and Coordination, Stakeholder Management, Research, M&E, Inter-sectoral management

**Monitoring & Learning Lead**

**Siddhi Mankad**
Monitoring, Evaluation & Learning framework development, Process documentation, Reporting, Knowledge Management

The team would be supported by a range of partners including NGOs, CBOs, health system partners and volunteers

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**Team competency matrix and roles**

| SN | Proposed Position | Name | Years of Experience | Educational Qualification | Relevant Experience |
|---|---|---|---|---|---|
| 1 | **Team Leader** | Dr. T L N Prasad | 25+ | • MD (STD & Skin)<br>• MBBS<br>• Diplomate of National Board (Family Medicine)<br>• Diploma in Venereology<br>• PG Certificate Course in Health Family Welfare Management | • Over 25 years of experience working with state and central governments, Indian and International NGOs representing government;<br>• Worked in the areas concerning Yaws, TB, Malaria, and HIV-STI control and prevention programs; Experience of HIV & STI Program implementation at State and Central level.<br>• Conducted mentoring and monitoring of Technical Support Units (TSU) of 28 states in India.<br>• Has academic experience of teaching under and postgraduates of Community Medicine & Skin & VD |
| 2 | **Program Lead/ Coordinator** | Dr. Nimeeta Gakhar | 10+ | • Masters in Health Economics, Policy and Law<br>• Post Graduate Diploma in International Community Health<br>• MBA in Health and Hospital management<br>• Bachelor's in Dental Surgery | • An experienced healthcare industry professional with a clinical background focused on growing organizations through strategic partnerships.<br>• Has combined 10 years of managerial and public health education and experience working across private and public sectors, communities, and companies, with equal ease. Interest areas include health policy research, SRHR, mental health, diversity and inclusion, and maternal and child health, to name a few.<br>• Successfully led corporate wellness and health technology projects and platforms and has facilitated |

| | | | | | organizational growth by stakeholder engagement and business development. <br> ● Experience in developing and managing large accounts and grants with a focus on health consulting centered around strategy development, partnership building, and research for public and private health sectors. <br> ● Support health advocacy, policy reform, and program design focused on sustainable and integrated health system change. |
|---|---|---|---|---|---|
| 3 | **Strategic Advisor** | Dr. Angela Chaudhuri | 21+ | ● M.P.H (International Health) <br> ● PG Diploma Journalism <br> ● Bachelor of Dental Surgery (B.D.S) | ● Over 21 years of experience working in public health in Asia, Africa, the United Kingdom, and the United States. <br> ● Areas of expertise are in health sector reforms and strengthening, research, epidemiology, HIV, disaster response, and biostatistics. <br> ● Worked with major bilateral, multilateral, government agencies, international NGOs, and private foundations. <br> ● Highly proficient and skilled in strategic design and analysis, planning, program design, monitoring, review and evaluation, capacity building and facilitation, documentation, and communication. <br> ● Provided technical support on health and HIV programs at the state, national and regional levels |

| 4 | **Monitoring and Learning Lead** | Siddhi Mankad | 24+ | ● Post Graduate Diploma in Rural Management<br>● Masters of Arts<br>● Bachelor of Arts | ● Over 20 years of experience in social development in India across multiple themes including gender, health, disaster risk reduction, social norms, social protection, and financial inclusion<br>● Provided support to development projects and organizations in M&E, reviews, and evaluations, knowledge management, qualitative and mixed-methodology research, developing policy, plans, and strategies, documenting processes, content generation and management, information management, data management, and analysis, development, and management of learning forums, development of documentation and communication products. |

# Appendix

## A. Abbreviations and Acronyms

| | |
|---|---|
| COVID-19 | Coronavirus Disease 2019 |
| ICU | Intensive Care Unit |
| HCWs | Healthcare workers |
| ASHAs | Accredited Social Health Activists |
| WHO | World Health Organization |
| UNICEF | United Nations Children's Fund |
| GDP | Gross Domestic Product |
| TGNB | Transgender and Non-Binary |
| CoE | Centre of Excellence |
| FGDs | Focused group discussions |
| KIIs | Key Informant Interviews |
| MSM | Men who have sex with men |
| GBV | Gender-Based Violence |
| HIV | Human immunodeficiency virus |
| ART | Antiretroviral Therapy |
| CBO | Community-Based Organizations |
| ESI | Employees' State Insurance |
| PHC | Primary health care |
| SRHR | Sexual and Reproductive Health and Rights |
| PwD | Person with disabilities |
| BPL | Below Poverty Line |
| WSW | Women in Sex Work |
| PDS | Patient Decision Support |
| SDG | Sustainable Development Goals |

## B. Glossary

| S.No | Term | Definition |
|------|------|------------|
| 1. | **Gender-affirming care** | Processes in a healthcare system that provide care and support to an individual while acknowledging and respecting their gender identity and expression |
| 2. | **Naturalistic** | A sociological research approach that assumes that a given situation has multiple perspectives of reality influenced by the social context and environment |
| 3. | **Social Protection** | A set of policies and programs that seeks to prevent or protect all people--in particular, vulnerable groups-- from poverty, vulnerability, and social exclusion throughout their life (UNICEF) |
| 4. | **Deadnaming** | The non-consensual use of a transgender or non-binary person's birth or other former name (i.e., a name that is "dead") |
| 5. | **#COVIDActionCollab (CAC)** | A global platform uniting over 300 partner organizations and networks to support vulnerable communities during the COVID-19 crisis and enable them to secure their future through relief, recovery, and resilience-building measures |
| 6. | **Invest for Wellness (i4We)** | A system innovation in primary healthcare, this merges healthcare and economic benefit interventions to facilitate affordable, quality-assured, and scalable wellness for the economically disadvantaged communities. |
| 7. | **COVID-19 Resource Collaborative** | A collaborative initiative intended to accumulate all available resources on COVID-19 crisis responses across the social sector. |
| 8. | **Rapid Rural Community Response to COVID-19** | A coalition of more than 60 organizations that serve over 1.6 crore people in over 110 districts of 15 states in responding to COVID-19. |
| 9. | **Taaras** | A pan-India platform with 107 CBOs and a presence across 12 states in India focused at ensuring access to rights for women in sex work. |
| 10. | **Call4Svasth** | An integrated digital platform offering hyper-localized, community-led, cost-effective helplines operated by trained nurses, nurse-aide-callers, front-line counselors, and social protection officers, built by Swasti and CAC partners |

| 11. | **Integrated Child Development Scheme (ICDS)** | An Indian government intervention aimed to improve maternity and child health indices through the provision of nutritional meals, preschool education, primary healthcare, immunization, health check-ups, and referral services to children under 6 years of age and their mothers |
|-----|-----|-----|
| 12. | **TLD** | A fixed-dose combination of antiretroviral medication consisting of Tenofovir (TDF), Lamivudine (3TC), and Dolutegravir (DTG), used in HIV/AIDS treatment. |