

Why international donors should stop funding oxygen: Many more Indians are in need of basic necessities like food

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Even as the second wave of Covid-19 rages through the country, and media and global donor attention is focussed on the supply of oxygen, the rest of the country is grappling with extreme hunger, poverty and loss of livelihoods. According to a [recently released study](#) by Azim Premji University, 23 crore people have been pushed into poverty from March to October 2020, increasing the number of poor households by a staggering 77%. The second wave seems to have exacerbated the problem as primary breadwinners succumb to the disease in these communities.

International donor attention however has been entirely focussed on the supply of oxygen in Delhi, and now to some extent, Bengaluru. The rest of the country seems to have faded into the background despite 394 of India's 700 districts [showing a positivity rate](#) of more than 10%.

Fundraising platform, GiveIndia, has raised more than \$32 million (Rs 240 crore) as part of its India Covid Relief Fund (ICRF-2) in the first three weeks of the crisis. According to a [tweet](#) by Vinod Khosla, who has [pledged](#) \$10 million to ICRF-2, GiveIndia has ordered 20,000 oxygen concentrators, 14,000 oxygen cylinders for Delhi and Bengaluru, and 10 PSA (oxygen generation) plants. At an average cost of Rs 60,000 per concentrator, and Rs 15,000 for cylinders, the cost of concentrators and cylinders alone amounts to Rs 141 crore.

Compare this to the [total aid](#) that has been received by GoI from [38 countries](#) as on May 13 and dispatched to the various states and Union territories: 9,294 oxygen concentrators, 11,835 oxygen cylinders, 19 oxygen generation plants, 6,439 ventilators, BiPAP/CPAP machines, and more than 4.22 lakh remdesivir vials. The entire aid that the government

has received for oxygen concentrators and cylinders for use countrywide, is far less than what GiveIndia will receive and deploy in Delhi and Bengaluru alone.

The emphasis on ordering medical equipment cuts across fundraising entities. American India Foundation, which has [raised](#) \$25 million, has ordered 5,500 oxygen concentrators, 2,300 hospital beds, 25 oxygen plants, and 30,000 non-electric ventilators. Sewa International which [raised \\$16 million](#) as on May 10, has used \$6 million to order 7,482 oxygen concentrators and procure 250 ventilators and other emergency equipment.

Between these three fundraising organisations, as well as a few others in the US, more than Rs 600 crore has been raised till mid-May. Is this really the best utilisation of private donations? In a country that is being ravaged not just by the virus, but also has millions more [suffering](#) from hunger, lack of jobs and inadequate information on how to deal with the virus when they get infected, why is philanthropic money being used only for oxygen-related supplies?

Funders to GiveIndia's ICRF-2 include some of the largest and most well-known international foundations who have a presence in India, as well as global and Indian companies. Also contributing to the fund are ultra-high networth individuals including Vinod Khosla, Sundar Pichai, Ram Shriram and others. By funding GiveIndia, their initial focus will be restricted to two cities, at a time when the overwhelming need is elsewhere.

Three weeks ago, India Development Review put out a call to non-profits asking them to list the areas they were seeking support for. A whopping 71% of the organisations said the biggest demand was for food and rations, while almost half the requests were for vaccination awareness and support. Only 29% asked for funding for oxygen and medical supplies (the numbers do not add up to 100 because organisations provide support in more than one area). The 'Others' category, comprising 35%, included mental health counselling, online medical consultation, counselling caregivers etc.

Conversations with organisations and people working in communities reinforce the above data. The need is overwhelmingly one of basic necessities of food, social security, and restoration of livelihoods, as well as spreading awareness regarding testing and vaccinations.

As the Covid-19 wave moves into rural India, there is a fear that media attention might fade because it no longer affects people like us. And with

it, will go financial support as well. The oxygen concentrators being bought for Delhi and Bengaluru, cannot be easily moved to rural India because, as a CEO of a large corporate foundation said, you can't layer tons of equipment on a rickety healthcare system with no trained staff, and assume it will do the job.

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