HCL Foundation

Impact Assessment Report of CSR Projects

April 2024

Price Waterhouse Chartered Accountants LLP

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Abbreviations

Abbreviations	Full Forms
CSR	Corporate Social Responsibility
PW	Price Waterhouse
PWCALLP	Price Waterhouse Chartered Accountants LLP
CIIMS	Central Institute of Medical Science
HCLF	HCL Foundation
WASH	Water, Sanitation & Hygiene
NGO	Non-Governmental Organisation
BPL	Below Poverty Line
KPI	Key Performance Indicator
IRECS	Inclusiveness, Relevance, Efficiency, Convergence and Sustainability
ICDS	Integrated Child Development Services
UN	United Nations
MoU	Memorandum of Understanding
OPD	Out-Patient Department
IDI	In-Depth Interview
FGD	Focus Group Discussion
KII	Key Informant Interview
ICU	Intensive Care Unit
FD	Fixed Deposit
SDG	Sustainable Development Goal
BKC	Bandra-Kurla Complex
DCHC	Dedicated COVID-19 Health Centre
DDMA	District Disaster Management Authority
IPC	Infection Prevention and Control
MMU	Mobile Medical Unit

PSU	Public Sector Undertaking
PwD	Persons with Disability
LN	Lok Nayak Hospital
GIMS	Government Institute of Medical Sciences
CWG	Commonwealth Games
LPM	Liters per minute
FY	Financial Year
AMC	Annual Maintenance Contract
INR	Indian Rupee
AEFI	Adverse event following immunization
KPIs	Key Performance Indicators
PPE	Personal Protective Equipment
SDGs	Sustainable Development Goals
SPOCs	Single Point of Contacts
CDMO	Chief District Medical Officer
PRI	Panchayati Raj Institution

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Executive Summary

Executive Summary

Project 3: Running of Medical Isolation Centres and Community Awareness Campaign

Project Background

As the Covid-pandemic hit the country, the government was looking at both, preventive and curative levels for tackling COVID 19. In order to contribute to this fight against COVID 19, the project, **"Running of Medical Isolation Centres and Community Awareness Campaign"** was implemented in the **FY 2020-21**, during first wave of COVID-19 in **Delhi, Mumbai and Vijayawada** by HCL Foundation. The project was implemented by Doctors for You (DFY).

Project Reach	18000+ patients treated, 1662 staff trained, 27,810 reached through MMUs, 18,252 reached through community awareness campaign
Geographical Coverage	Delhi, Mumbai (Maharashtra), Vijayawada (Andhra Pradesh)
Project Period	May 2020 to March 2021
Project Activities	Health systems strengthening- Infrastructural support (Critical care equipment and Isolation and Treatment Centres), training of healthcare staff, community awareness

Summary of Impact

The project activities were taken up with a view to create a **disaster response system along with getting necessary preparation for Emergency situations and creating Covid Response Infrastructure.** Firstly, **infrastructure support** was provided in form of setting up of isolation and treatment centres, increase in number of beds in the hospitals, provision of **critical care equipment** such as ambulance with advance life support, ICU beds, ultrasound machine, etc., and setting up of child friendly ward at LN Hospital, Delhi. This resulted in augmentation of facilities to handle the increased case load of patients and reduced the burden on the existing healthcare infrastructure.

The **technical competency** was ensured by provision of onboarding trained human resource (healthcare staff) to address any shortages. The **training and capacity building aspect of healthcare professionals was covered through regular staff trainings and orientations** to ensure adherence to latest Covid 19 protocols. The activity led to enhanced staff efficiency and smooth facility management. **982 healthcare professionals and 680 hygiene technicians were trained** in the three project locations combined. The support led to a sense of confidence among healthcare workers to work without fear of COVID 19, ultimately resulting in quality treatment of the patients. The project support was extended to include **provision of consumables** viz. PPE kits, medicines, gloves, masks etc. for not only COVID 19 care centres but later to vaccination centres as well.

With a view to trace and test increased number of people and motivate them to come up for testing through Community awareness, **Mobile Medical Units (MMUs)** were deployed in Mumbai and Vijayawada. The MMUs reached out to 15822 people in Vijayawada and 11988 people in Mumbai. These MMU's provided testing

service at no cost and conducted 357 screening camps in Mumbai and 116 awareness camps in Vijayawada. The intervention resulted in enhancing the ambit of screening and testing by particularly reaching out to the vulnerable and marginalised sections of the society. MMU staff also interacted with the people on a regular basis to address testing hesitancy among people and provided information on COVID 19 related issues.

Community awareness campaigns were conducted with a view to promote adoption of Covid 19 appropriate behaviour by promoting personal hygiene and cleanliness like washing hands properly, wearing masks, social distancing, self-isolation, etc. and making it a part of daily routine. Hygiene kits were also distributed as part of the campaign. In Vijayawada alone, 18,252 people were reached through awareness generation activities conducted under the project.

More than 18000 Covid 19 patients got treatment under the project, enabling **access to quality treatment, at no cost**. This was helpful particularly for the marginalised and vulnerable sections of the society. Various initiatives such as yoga sessions, festival celebration, indoor games and activities, etc. were also undertaken to ensure **mental wellbeing** and reduce stress and anxiety among patients. The project stressed on just not ensuring availability of physical infrastructure but on providing access to quality healthcare experience during the times of pandemic, irrespective of the socio-economic background of the patient.

Infrastructure and equipment provided under the project are still being utilised for providing medical treatment wherever they were installed. The project activities have resulted in enhancing technical capacity of not only the hospitals but also the human resource covered under the training component.

HCL Foundation can explore the possibility of continuing the operations of Mobile Medical Unit (MMU) in slum areas to offer health services for the marginalised and vulnerable population groups. The MMU service was found to be extremely useful by the local communities.

There is a need for **robust project documentation** such as progress reports, closure report, etc. throughout the project lifecycle to effectively capture objectives, progress, and outcomes for future reference, learning, and improvement.

Project 6: Installation of Oxygen generation plant at Central India Institute of Medical Science (CIIMS), Nagpur

Project Background

During the times when the country was in midst of the COVID 19 pandemic, one of the biggest challenge was availability of medical oxygen. This project was envisaged with an aim to provide **support in setting up an oxygen plant at CIIMS.** The project was taken up during the year **2021-22.**

Project Reach	1061 COVID 19 patients
Geographical Coverage	Nagpur (Maharashtra)
Project Period	May 2021 to July 2021
Project Activities	Installation of oxygen plant

Summary of Impact

Before the project, the hospital procured oxygen cylinders to provide oxygen to the patients. Lack of availability of funds had been hindering the plans to install oxygen plant. The installed plant with capacity **to generate 704 litres of oxygen per hour** helped in **providing oxygen support to all 110 oxygen dependent patients (during the project duration)** simultaneously. It was informed that the oxygen plant support helped in **better emergency preparedness for the third wave** (and subsequent waves, if any).

The project intervention **led to increase in capacity** of the hospital to treat and accommodate **a greater number** of patients and **ensured timely medical treatment**, providing **uninterrupted and reliable supply** of oxygen. The **patients were able to access good quality** and **free of cost treatment** which was difficult especially for **low- and middle-income group** people during the times of COVID 19 pandemic. The project intervention was able to provide **high-cost intensive treatment** to all sections of society **thus** saving people from financial distress.

As per the data shared by CIIMS management team, a total of **1,061 beneficiaries** were benefited through the oxygen plant during the project period whereas post the project completion, **from Jan 2022 to Jan 2024, total 50,666 patients** have been benefited. The support **ensured that no critical care patient was bereft of treatment requiring oxygen support**. It was acknowledged that in absence of the HCL Foundation's support, procedure like providing oxygen to a patient **would have been delayed due to long waiting time.** The project benefit has been well extended to the present times and is **catering to the needs of the neurological patients** who require **continuous and prolonged oxygen supply.** CIIMS **hospital** is reportedly **under expansion** leading to an increase in the number of beds from **current 110 to around 140 beds** (by September 2024). The project **support would also serve the additional oxygen demand**. Training provided to the CIIMS staff for the maintenance & operations has **led to availability of in house trained staff** for smooth operations of the oxygen plant **on day-to-day basis**. There is a need for **robust project documentation** such as progress reports, closure report, etc. throughout the project lifecycle to effectively capture objectives, progress, and outcomes for future reference, learning, and improvement.

Project 8: Health in Emergencies

Project Background

HCL Foundation continued with its efforts in the fight against COVID 19 during financial year 2021-22. This report summarizes the impact created under the 'Health in Emergencies' project which was taken up in continuation to the efforts initiated in 2020-21 for fighting the COVID 19 pandemic in form of the project 'Running of Medical centres and community awareness campaign'. The project was taken up during **the financial year 2021-22 and was implemented by Doctors for You (DFY).** This project was implemented in 9 different locations in India which are Delhi, Uttar Pradesh (Noida, Lucknow), Tamil Nadu (Chennai, Madurai), Andhra Pradesh (Vijayawada), Maharashtra (Mumbai), Jammu & Kashmir (Pulwama), and Karnataka (Bengaluru).

Project Reach	60000+ patients benefitted through isolation and treatment facilities, 700,000+ people provided COVID 19 vaccination under project support
Geographical Coverage	Delhi, Noida, Lucknow, Chennai, Madurai, Mumbai, Vijayawada, Pulwama, Bengaluru
Project Period	April 2021 to March 2022
Project Activities	Health systems strengthening- Infrastructural support (Oxygen plant, Isolation and Treatment Centres), training of healthcare staff, support to Covid 19 vaccination programme

Summary of Impact

The project aimed at enhancing COVID-19 care & treatment facilities by **strengthening healthcare and logistical support and providing access to quality healthcare service.** Strengthening of healthcare support was undertaken through provision of infrastructure in government hospitals and establishment of COVID-19 Care Centre, availability of trained healthcare staff, support to vaccination programme and establishment of oxygen plant. The activities included:

- Setting up of 200-bed isolation centers with critical healthcare staff at Lok Nayak Hospital, Delhi, and GIMS Hospital, Noida. Additionally, a COVID Care Center was established and operated in the Commonwealth Games village near Akshardham temple, Delhi along with installation of a 150 LPM Oxygen generation plant.
- The support included establishment of a 50-bed isolation and treatment center at the district hospital in Machilipatnam and the Area Hospital in Gudivada, District Vijayawada.
- With a view to address shortage of trained healthcare professionals to manage the situation, additional human resources were onboarded under the project. They were trained on various subjects which included patient management, patient care, infection control, donning and doffing, bio medical waste management, admission criteria of patients, ICU maintenance etc. Under the project support, consumables including PPE kits were provided to COVID 19 Care Centres and Vaccination Centres. The project also extended its support to the COVID 19 vaccination programme at all the locations cited above by addressing shortage of essential manpower.

The above-mentioned activities taken up under the project were able to help people **access quality treatment. 61,531 patients got benefitted through the isolation and treatment facilities**

created under the project. **The treatment support was free of cost, irrespective of the socio-economic background of the patient**. The support proved to be helpful to people who would not have otherwise been able to afford quality treatment. Also, without such support the situation would have created financial distress for a lot of families during times when the livelihoods of the people were affected by lockdowns and COVID 19 related restrictions. Similarly, the oxygen plant ensured a continuous and sufficient supply of oxygen to various hospitals and COVID isolation centers. **The government authorities reported that the patients' feedback on the quality of service and treatment provided was satisfactory.** The facilities created had 24 x 7 monitoring and supervision facility for all the patients. The PPE kits distributed were of good quality which boosted the confidence of the medical staff in carrying out their duties effectively.

To effectively manage the surge of COVID-19 cases, a detailed strategy was adopted wherein patients were segregated based on the nature of treatment required. This made it possible to efficiently handle the surge in cases. **There was zero mortality in the COVID isolation Centre and hospitals established and supported under the project.**

As informed, a **total of 7,06,305 people were vaccinated till 31st March 2022 under this project.** Under the support to COVID 19 vaccination programme, the project team was continuously engaged in creating awareness among people around COVID-19 vaccine, managing vaccination data, follow-up call for second doses providing the required support to the vaccination process.

Based on the interaction, it is suggested that going forward training and capacity building measures for healthcare staff should be taken up. By enhancing the technical skill set, a robust workforce will be ready to respond effectively to any critical/urgent situation.

Going forward, training programs and refresher courses for healthcare staff could be explored on infection control, patient care, emergency response, and the use of specialized equipment for capacity building and further upskilling for improving overall healthcare delivery.

There is a need for **robust project documentation** such as progress reports, closure report, etc. throughout the project lifecycle to effectively capture objectives, progress, and outcomes for future reference, learning, and improvement.

Introduction and Background

1. Introduction and Background

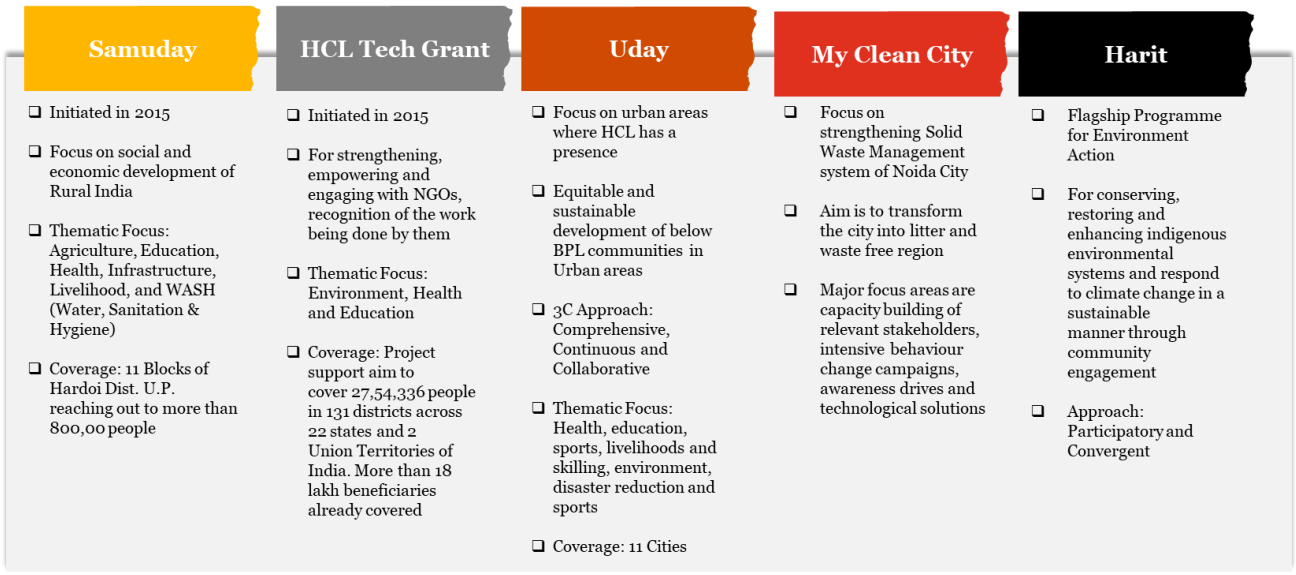
1.1 CSR at HCL Technologies

Founded in 1976, HCL Technologies (HCL) is a leading multinational Information Technology Company which is headquartered in Noida, India. HCL provides a wide range of services based on digital, engineering, cloud and Artificial Intelligence.[1] As a responsible corporate citizen, the Company has been taking up various initiatives for giving back to the community across the world. In India, HCL Foundation has been anchoring this responsibility with a view to make the local communities equitable and sustainable.[2]

About HCL Foundation

As a not-for-profit organization, HCL Foundation (Foundation) was established in 2011 for contributing towards international and national development goals, taking up long term sustainable programmes with a view to impact the lives of people and communities. The Foundation is undertaking various CSR projects across various thematic focus areas such as education, health, skill development & livelihood, environment, and disaster risk reduction & response.[3] Further, at present, it is implementing five flagship programs, Samuday and HCLTech Grant (Rural Development); Uday and My Clean City (Urban Development); Harit - (Environment Action) to benefit 5.5 million lives (Figure 1):

Figure 1: Flagship programmes of HCL Foundation[4]



[1] www.hcltech.com/about-us

[2] www.hcltech.com/corporate-social-responsibility#our-approach

[3] https://www.hclfoundation.org/about-us

[4] https://www.hclfoundation.org/samuday, https://www.hclfoundation.org/hcltech-grant, https://www.hclfoundation.org/uday, https://www.hclfoundation.org/my-clean-city, https://www.hclfoundation.org/harit)

2. Methodology for Impact Assessment

2.1 Scope of the study

In order to assess the impact created by 11 CSR projects, HCL Foundation engaged Price Waterhouse Chartered Accountants LLP (PWCALLP). The scope of the study included reviewing the Key Performance Indicators (KPIs) as defined by the Management under the framework for implementing the CSR Projects for the outputs, outcomes and impact of the CSR Projects. Framework used was Inclusiveness, Relevance, Efficiency, Convergence and Sustainability framework (the 'IRECS') and recommendations on the Projects' performance were be provided for Management's further evaluation and consideration. The approach included the below:

Approach for the Impact assessment study (IRECS basis):

- Developed the understanding of the scope and boundary of the CSR Projects and aligned on the assistance to be provided.
- Conducted desk review of the documentation provided by the Foundation and in consultation with the Foundation and its implementing partners; and agreed with the Management on the parameters to be assessed for the Impact Assessment.
- Stakeholder mapping was carried out for the Foundation to identify key stakeholder groups to be interacted with during the assessment.
- Based on the above, developed the quantitative/ qualitative questionnaires (as relevant) to be used during the assessment for conducting in-depth interviews, interactions, meetings with the stakeholders and beneficiaries of the CSR Projects.
- For the impact assessment studies, wherever relevant based on the methodology of the study an estimated quantitative sample was drawn for survey during the study.
- Data collection through virtual/ in-person interactions (as relevant) based on the questionnaires was carried out and consultations were done.
- Based on the interactions and discussions, the information was analysed, and assessment of outcome/impact done.
- Report was developed based on the overall findings including the recommendations for Management's consideration.

The list of projects assessed as a part of the Impact Assessment study is provided below:

Table 1: List of projects to be taken up under Impact assessment.

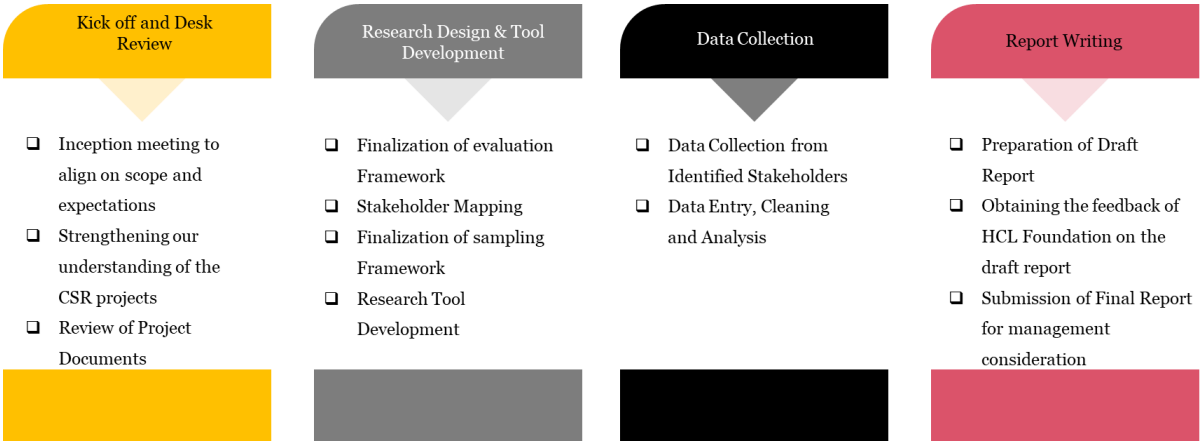
#	Name of the Project	Location of the Project	Project Year
1	Study for System Strengthening in Uttarakhand State and SMART CITIES Mission	Pan India	FY 2020-21
2	COVID-19 Reducing community transmission and hunger in highly impacted cities in India	Maharashtra, Andhra Pradesh, Telangana and Rajasthan	FY 2020-21
3	Running of Medical isolation centres and Community Awareness Campaign*	Maharashtra, Delhi and Andhra Pradesh	FY 2020-21
4	State Level Breastfeeding Reports and Capacity building of front-line workers to promote exclusive breastfeeding in 1700 women	Uttar Pradesh	FY 2020-21
5	COVID-19 - Reducing community transmission and hunger in highly impacted cities in India	Maharashtra, Andhra Pradesh, Telangana and Rajasthan	FY 2021-22
6	Setting up Oxygen Generation Plant*	Maharashtra	FY 2021-22
7	COVID-19 Management & Vaccine Promotion Programme	Uttar Pradesh	FY 2021-22
8	Health in emergencies*	Maharashtra, Delhi, Uttar Pradesh, Karnataka, Tamil Nadu, Jammu and Kashmir and Andhra Pradesh	FY 2021-22
9	Services & Infrastructural strengthening under Integrated Child Development Services (ICDS) for addressing health, nutrition and the development needs of young girls & boys	Uttar Pradesh	FY 2021-22
10	Promoting Inclusion of Persons/Children with Disabilities and LGBTIAQ+	Uttar Pradesh	FY 2021-22
11	Conservation and rejuvenation of waterbodies through community engagement	Karnataka	FY 2021-22

*This report contains impact assessment of 3 projects. The impact assessment reports for the remaining 8 projects will be shared in a consolidated manner subsequently with HCL Foundation.

2.2 Detailed Methodology

To assess the impact of 11 CSR projects (Table 1), PW team adopted consultative approach in consultation with HCL Foundation team. As a part of the approach & methodology, team carried out the following steps to assess the direct impact on the lives of project beneficiaries and other related project stakeholders:

Figure 2: Step by Step Approach followed for Impact Assessment



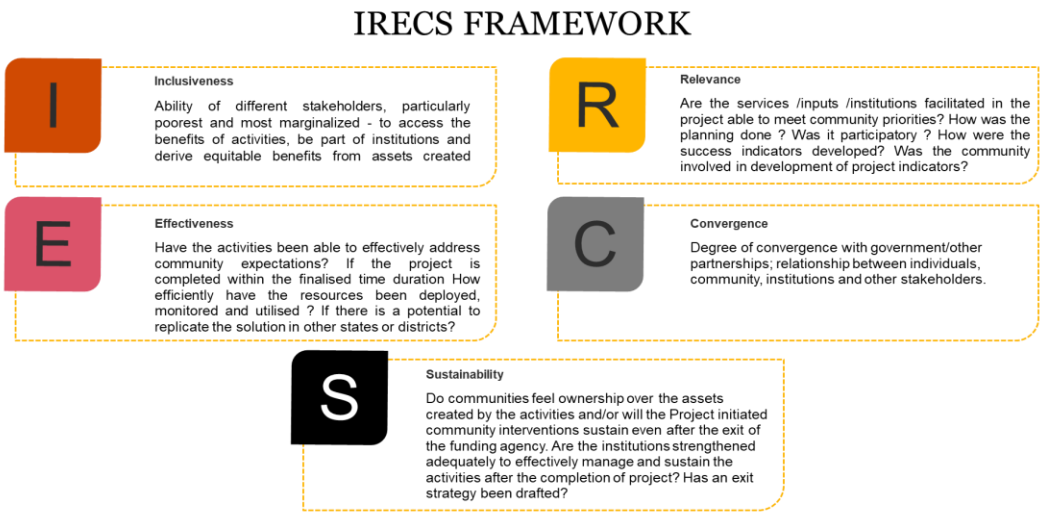
Workstream 1: Kick-off and Desk Review

This assignment started with a kick-off meeting with officials from HCL Foundation. The objective of the meeting was to discuss the overall scope of work, ensuring alignment on the expectations and obtaining understand from the project team on the projects under Assessment. Based on discussions, PW team shared a tentative list of documents with HCL Foundation team as required for gaining deeper knowledge on the concerned projects. After receiving these documents, desk review was conducted.

Workstream 2: Research Design and Tool development

Based on the desk review, PW team gained an understanding of various aspects of the 11 CSR Projects. This Impact Assessment study was guided by the IRECS assessment (Figure 3) which was used to provide overall feedback on the efficacy of implementation as well as its efficiency in achieving the desired project outputs with reference to inputs.

Figure 3: IRECS Framework



After finalizing the assessment framework, team-initiated mapping of stakeholders to arrive at the sampling methodology for the purpose of impact assessment. Out of 11 CSR projects, team noted that there are 8 CSR projects which are qualitative in nature whereas 3 projects are required to be assessed using the mixed-method approach.

Table 2: Sampling Frame and Research Methodology for the Projects Under Assessment*

#	Project Name	Sampling Approach	Implementation Agency
3	Running of Medical isolation centres and Community Awareness Campaign	Qualitative	Doctors for You
6	Setting up Oxygen Generation Plant	Qualitative	Central Institute of Medical Science (CIIMS)
8	Health in emergencies	Qualitative	Doctors for You

*This report contains impact assessment of 3 projects as mentioned in Tables 2 above. The impact assessment reports for the remaining 8 projects will be shared in a consolidated manner subsequently with HCL Foundation.

Post mapping of the key stakeholder groups in consultation with the HCL Foundation, the PW team started developing the research tools for data collection process. The assessment adopted qualitative approach for data collection as reflected in the table above.

Workstream 3: Data Collection

PW team discussed with HCL Foundation as well as the Implementation partners on field plan prepared for data collection. The data collection process was initiated in March 2024. Project wise research teams were constituted to steer the entire assignment in systematic and organized manner.

Work stream 4: Report Writing

Post completion of the data collection process, team started the process of carrying out analysis of the data to arrive at the insightful and overarching findings for each of the CSR project. The draft consolidated report was prepared accordingly, and key findings were discussed with HCL Foundation for obtaining their feedback and inputs. PW submitted the final report for HCL Foundation's management's consideration post incorporating the inputs received from the HCL Foundation team.

3. Project 3: Running of Medical Isolation Centres and Community Awareness Campaign

3.1 Background

COVID-19 pandemic caused an unprecedented challenge to the health sector and created pressure on the existing resources, thus severely affecting the capability of health institutions to serve the increased case load of the patients. The increased demand for hospitalization not only resulted in shortage of beds for the patients but also affected the availability of trained medical health professionals. Patient waiting to get admitted in the hospitals due to shortage of resources had become a common sight during those days.

The Government of India took steps in the direction of addressing COVID 19 crisis wherein the focus was to **strengthen the medical infrastructure** which included strengthening the hospital infrastructure along with **development of indigenous capacities** of essentials like logistics including personal protective equipment, ventilators, oxygen generation plants, among others.[5] Supplementing the Government's efforts, corporates and PSUs too came forward to support upgradation of the medical infrastructure. This was facilitated by the Ministry of Corporate Affairs, Government of India through a clarification on 23rd March 2020 to accommodate any **spending of CSR funds for COVID-19 as an eligible CSR activity**[6].

3.2 About the project

In order to contribute to the fight against COVID 19, **HCL foundation** implemented different projects. **Running of Medical Isolation Centres and Community Awareness Campaign** is one such project which was implemented in the **FY 2020-21**, during first wave of COVID-19. The project was implemented in **Delhi, Mumbai and Vijayawada by Doctors for You (DFY).**

As per the documents shared and stakeholder interactions held, following were the interventions taken up under the project:

- **Health systems strengthening** through the provision of critical care, setting up of isolation and treatment centres and support of consumables such as medicines, PPE kits, etc.
- Setting up of 150 **isolation beds for** along with critical healthcare staff at Lok Nayak Hospital, Delhi and other hospitals.
- Setting up of **50 bedded isolation and treatment Centre** in district hospital Machilipatnam and Area Hospital Gudivada in Vijayawada.
- **COVID-19 management and prevention** initiatives (H-east ward of Mumbai and Krishna District).
- **Critical Care Equipment** such as ambulance with advanced life support, ultrasound machines, ICU beds, etc. provided to LN Hospital (Delhi), BKC DCHC (Mumbai), and Machlipatnam District Hospital & Gudiwada Area Hospital (Vijayawada).
- **Child Friendly ward** set-up in Delhi in LN Hospital

[5] https://static.pib.gov.in/WriteReadData/specificdocs/documents/2021/dec/doc2021122421.pdf
[6] https://www.mca.gov.in/Ministry/pdf/Covid_23032020.pdf

Figure 4: Measures taken for smooth functioning of isolation and treatment centres

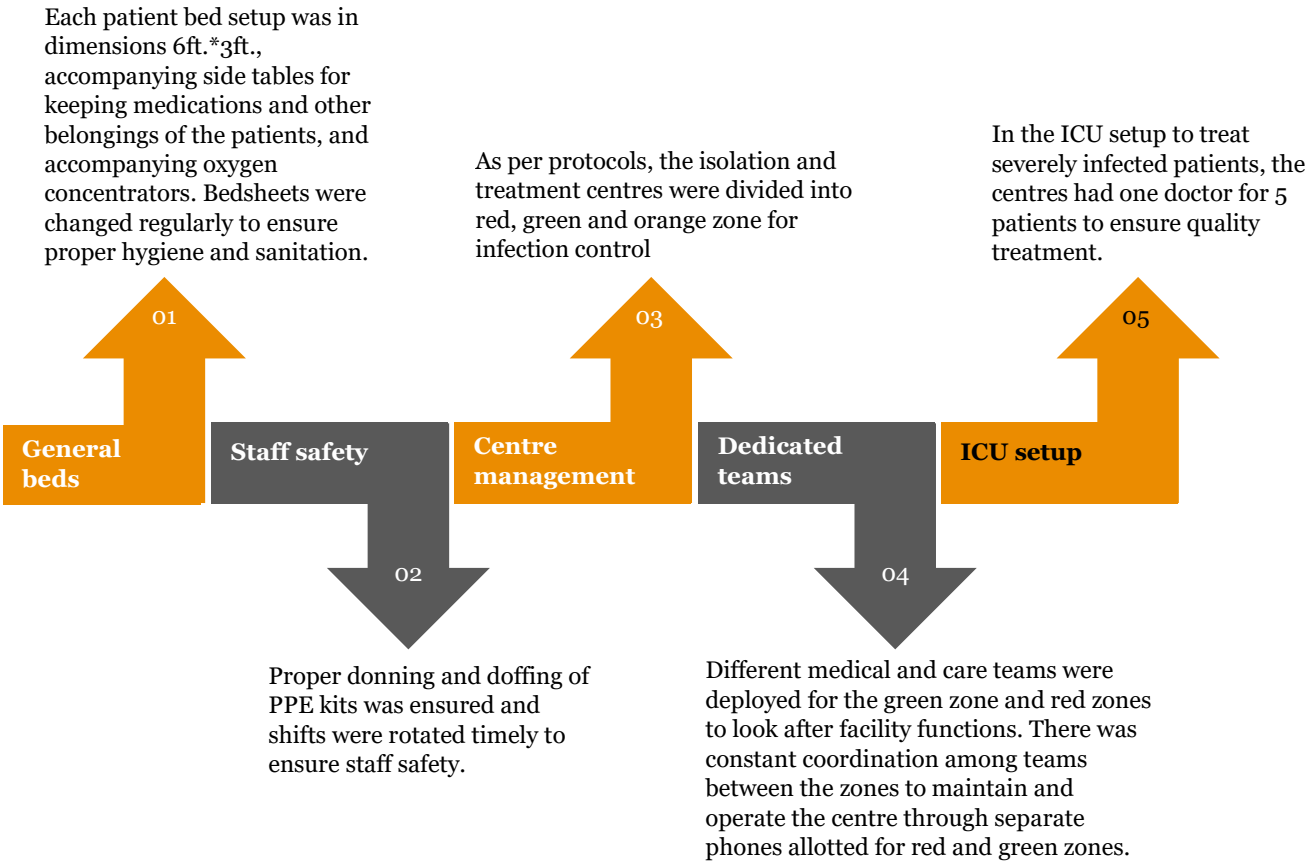
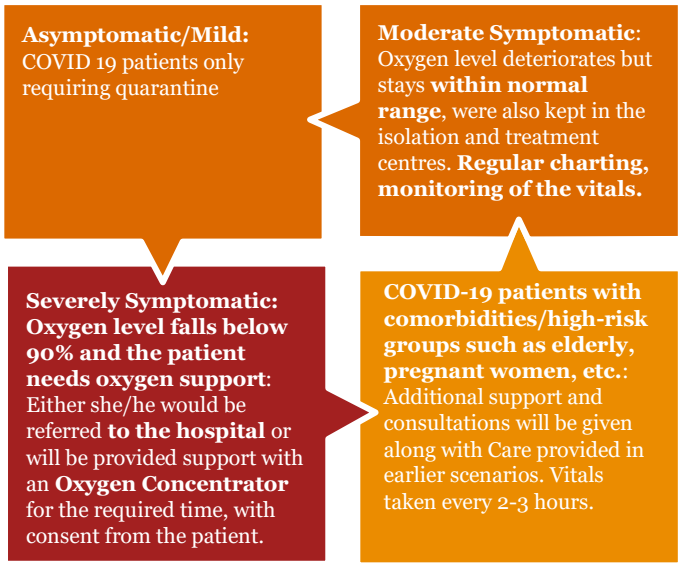


Figure 5: Categorisation of patients as per levels of severity of COVID 19 infection



Capacity building and training of healthcare professionals were also conducted as a part of the project.

Figure 6: Types of trainings conducted with healthcare workers

Source: Interactions conducted with medical professionals and DFY

Table 3: Project Activities and KPI achievement against set targets

S No	Activity	Target (20 May 2020- 30 March 2021)	Achieved (20 May 2020- 31 March 2021)
Delhi			
1.	Isolation and Treatment of 1000+ COVID Patients	1000	6830
2.	Training of Health Professionals	148	592
3.	Training of Hygiene technicians	100	300
Mumbai			
4.	Screening Camps	25	357
5.	Number of People Screened	1000	Data not given
6.	Number of Kits distributed	100	17081
7.	Number of community members reached through awareness activity	1000	14068
8.	Training of Human Resources on IPC	11	354
9.	Training of hygiene technicians	6	356
10.	Number of people treated	1000	6063

Vijayawada			
11.	Screening Camps	50	116
12.	No. of people screened	2000	15822
13.	No. of Hygiene kits distributed	3000	3397
14.	No. of Morning kits distributed	500	500
15.	No. of people reached through awareness activity	200	18252
16.	Training of Human resources on IPC	18	36
17.	Training of Hygiene technicians	6	24
18.	No. of People treated	0	5487

3.3 About the Implementing Agency

Doctors for You (DFY) is a registered society which was founded in India in 2007 with a vision of 'Health for all'. DFY has been engaged on providing medical care to the vulnerable communities during crisis and non-crisis situation, emergency medical aid to the people affected by natural disaster, conflicts and epidemics.[7]

3.4 Method of Impact Assessment

PW conducted impact assessment of the project titled, "Running of Medical Isolation Centres and Community Awareness Campaign". Firstly, an inception meeting was organized between the HCL Foundation team and PW to understand the project background and get clarity on aspects of project implementation and activities carried out during the project. Post inception meeting, HCL Foundation shared project documents which included MoUs and progress reports.

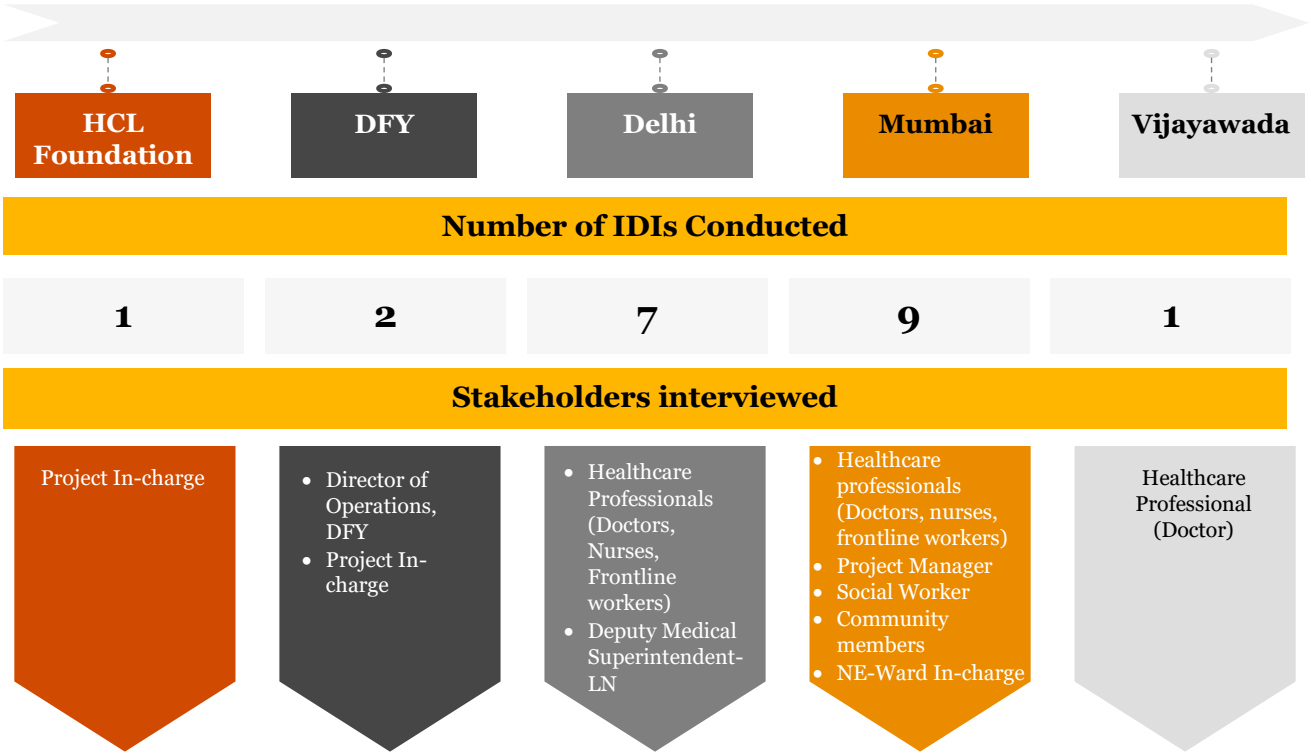
Based on the desk review and in consultation with HCL Foundation as well as the Implementation partner, the team mapped the key stakeholders required to be interacted with and developed a robust evaluation framework which were basically **structured qualitative interactions** relevant to the nature of project.

Qualitative research methodology has been applied considering the nature of project. As the project was implemented during the COVID 19 period, target beneficiaries were slum dwellers, migrant workers, and other marginalized communities within and outside the project location. After three years of the project completion, it is difficult to trace the individual beneficiary. Hence, in this scenario, qualitative methodology is more applicable which enables to assess and explore the subjective experiences and in-depth information of the individual perspectives pertaining to project. Different stakeholders have been involved to cover the overall information about the project.

Based on the stakeholders mapping, the qualitative tools were designed to collect relevant information from identified stakeholders. The tools prepared were shared with the HCL foundation team too.

[7] https://doctorsforyou.org/about-us.php

The data collection process was conducte3d through online meeting and telephonic interview with the stakeholders. A **total of 20 stakeholders have been interacted** with, details of which are as follows:



After completion of in-depth interviews, all the responses have been analyzed thoroughly and based on the analysis, detailed findings and impacts have been drawn.

3.5 Key findings

Based on the desk review and interactions held with identified stakeholders, PW team has summarized the following findings:

3.5.1 Challenges before the project

As the COVID 19 -pandemic hit the country and the lockdown was imposed, the government was preparing at both, preventive and curative levels for tackling COVID 19. In order to effectively respond to the emerging situation, **health systems strengthening** was the need of the hour along with a **quick and efficient response system.**

For doing so, adequate infrastructure, trained healthcare professionals, and awareness within the community to contain the spread of the virus were some of the requirements. The initial days of COVID 19 was marked by a situation of chaos when COVID related protocols and guidelines were developing and changing frequently. Also, since a lot was not known about the virus during that time, the situation called for planning based on available information.

The situation thus can be categorized in the below manner:

Infrastructural support	This included ensuring availability of general beds, ICU beds, meeting demands of oxygen supply, and arrangement for effective management of COVID facilities. Other requirements included availability of ambulances, medical equipment such as oxygen concentrators, masks, nebulisers which needed to be ensured. All these were to be planned in line with the projected case load to meet the demand and supply gap. Imposition of the lockdown created certain obstacles in getting these arrangements in line.
Mobilisation & training of Workforce	As the number of COVID 19 cases surged, there was an urgent need to mobilise healthcare workers. They were skeptical and concerned about the threats to their lives while treating the infected patients as limited information was available on the effect of the virus and its treatment. Additionally, appropriate training of all categories of healthcare workers was required to build their capacity. Constant upskilling was required on a regular basis for keeping them abreast with the changing guidelines and protocols related to Covid treatment.
Stigma associated with COVID 19	During this time, people who were getting infected or had symptoms were often refraining from getting themselves treated due to the fear of social stigma. Many people faced discrimination due to getting infected or having symptoms. Sometimes, they were even left alone by their family members amidst the fear of getting infected. Interventions were required to address the issues related to stigmatization of COVID 19 infected patients and help people deal such cases in an appropriate manner.
Community awareness, screening & testing	As a lot of misinformation about the virus were in circulation, there was an urgent need to provide people with right set of information on prevention and treatment. People were hesitant in getting tested. The challenge was particularly to reach out to marginalized and vulnerable sections of the society and persuade them to adopt COVID appropriate behaviour. It was necessary to initiate and contribute towards community awareness drives and spread awareness on aspects pertaining to prevention and treatment of COVID 19
Outreach to marginalised & vulnerable sections	The healthcare workers who were a part of the community awareness campaign and the other project staff members overlooking the campaign shared that marginalised and vulnerable populations groups living in the slums, etc. were skeptical of the whole COVID 19 situation. Reaching out to these populations at their doorstep was a big challenge but the need of the hour.

3.5.2 Summary of the impact created

The impact created under the project through the various activities undertaken can broadly be covered under the below mentioned points.

Augmentation of Infrastructure to support fight against COVID 19

Basis the interactions with doctors and project staff of DFY, **technical competency of the hospitals enhanced** by addition of new facilities like child friendly wards and critical care equipment such as ambulance with advanced life support. The ambulance enabled hospital to provide timely and high-quality care to critically ill patients requiring transportation, improving their chances of survival and recovery. It

was also observed that the project support has resulted in improving access to quality healthcare services for the patients. The facilities provided ensured **access to quality healthcare service** for those affected by COVID 19, irrespective of the socio-economic background.

The isolation and treatment facilities created with the project support resulted in supplementing the capacity of the hospitals in taking care of any increase in the number of patients requiring treatment. These facilities were instrumental in segregation of COVID 19 patients from those requiring routine medical enabling medical facilities to attend to Covid 19 patients as per the requirement.

As shared by representatives from LN (Delhi) and H-East ward (Mumbai), the project support resulted in not only taking care of the then situation, but also resulted in strengthening the infrastructure **of the hospitals for any future requirements**. As the project was implemented in the first wave when COVID response preparedness was still underway, learnings which emerged from this project served as an important reference point in the subsequent COVID waves. The support resulted in saving a lot of patients from financial distress, particularly during times when jobs and livelihood were at stake due to COVID 19.

It has been reported that after the subsidence of COVID related cases, the infrastructural **support provided under the project is now being utilized by the hospitals for providing quality treatment to the patients** being admitted.

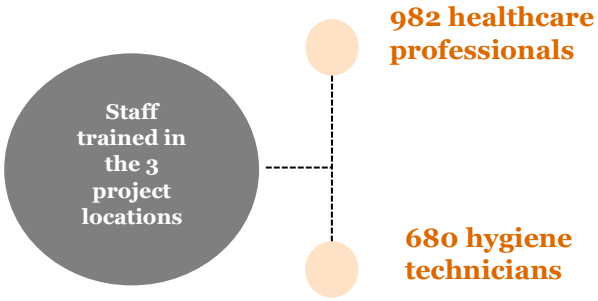
Training and Capacity building of healthcare professionals for COVID 19 response

To address the medical requirement of increased number of COVID 19 patients, additional medical professionals were onboarded under the project. This facilitated in **reducing the workload of the existing staff** who were overburdened, thus ensuring access to quality healthcare for the patients. The Deputy Medical Superintendent of LN hospital (Delhi) stated that without the project support provided, they could have faced more difficulty in managing the increased caseload resulting in higher mortality rates.

During the interactions with the healthcare workers and DFY, it was reported that all the staff members thus onboarded were provided training and capacity building support. The healthcare staff (those belonging to the existing setup as well as those onboarded under the project) were constantly updated w.r.t. latest COVID 19 guidelines throughout the project period. **Regular training sessions** with all staff members were conducted on subjects which included treatment to be provided for different patient categories, kind of setup required, update on protocols and guidelines issued from time to time, donning and doffing of PPE kits, protocols to be followed in the red, orange and green zones of the isolation centres, proper fumigation of centres, etc. The regular training support enabled healthcare staff to **maintain consistency** in the quality of service as required for infection control as well as prevention. The training support also resulted in better identification and mitigation of risks associated with COVID-19 particularly within the healthcare facility and the staff members could recognize early warning signs and respond effectively.

Apart from this, training modules also covered **overall facility management** which included maintenance of stock, arranging food, maintaining lavatories, etc. at the facility. This training was conducted by doctors from LN and DFY. The DFY team members stated that the onboarded staff was allowed to start work only after completion of the training. The medical staff shared that they were trained on handling other roles as well such as facility management, stock management, cleanliness, patient data management, handling of food distribution, etc., thus giving them **exposure to overall healthcare management and further enhancing their skillset. It was reported that the module on overall facility management ensured that the quality of service is not compromised even when the facilities were facing enhanced caseload. The training resulted in optimization of resource utilization and workflow management.**

Figure 7: Number of healthcare professionals and hygiene technicians trained



Source: Project Progress Report shared by HCL Foundation with PW

The trainings also provided the staff members with relevant information pertaining to COVID 19, its spread and treatment. As reported by the healthcare workers, the training instilled a sense of **motivation and confidence to carry out their job roles effectively without fear**. The hygiene technicians reported that the trainings pertaining to handling of emergency situations **provided them with adequate knowledge to take best possible decisions and save lives of critical patients in case of emergencies. Apart from upskilling the workforce, these trainings provided exposure to the staff members to deal with such situations in future more promptly. Thus, building the capacity of the trained workforce for any future requirements.**

> "I found the training useful not only in knowledge enhancement on COVID 19 but also in overcoming my own fears about getting infected. Initially I was hesitant to work with the COVID infected patients, but, seeing the doctors themselves take the lead in training us as well as treating the patients, I also got motivated. After a few months, I was confident and equipped enough to deal with emergency situations and respond to patients' needs with immediate effect. Constant supply of PPE kits was a crucial support for the medical staff. Without this support, many of us would have refrained from treating the patients."
>
> -Staff Nurse, CWG COVID Care Centre, Delhi

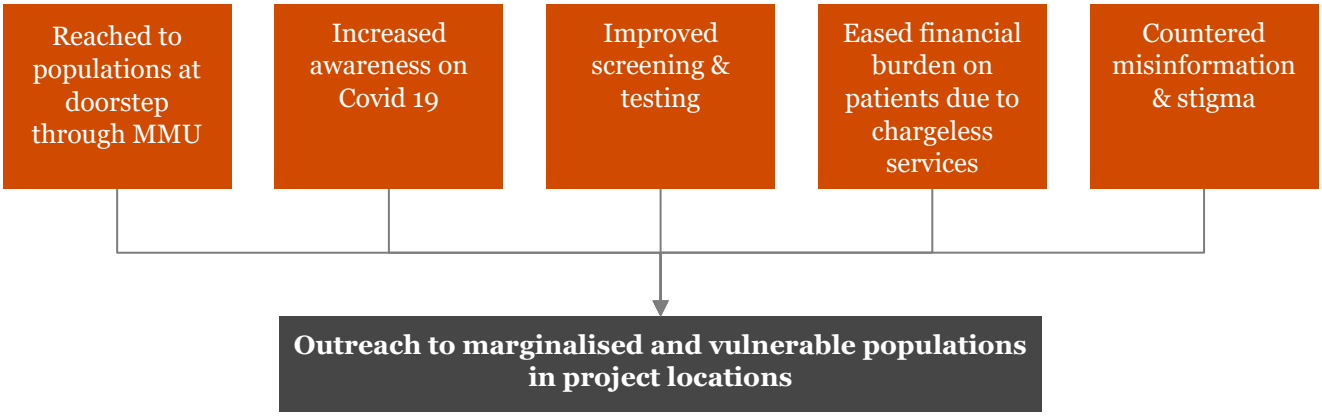
It was also reported that interactions amongst different teams during training gave them a platform to **learn and gain insights from each other's experience** in dealing with the COVID situation.

Tracing and Testing of COVID 19 patients

Testing camps were organised as a part of the project to increase the number of people being tested and reach out to the areas where the availability of testing services was previously low. The project provided support for testing, then isolating and treating the people who were tested COVID 19 positive. As reported by the project staff, **COVID hotspots and highly dense areas were identified and prioritized** for breaking the chain of transmission and containing the spread of virus.

As part of the project, vulnerable and marginalised population groups were reached out in the identified areas. Interactions with the stakeholders such as field teams and DFY project staff highlighted the following:

Figure 8: Impact of Outreach to vulnerable and marginalised groups



As shared by the healthcare workers, the Mobile Medical Unit (MMU) were utilized for conducting screening, swab sample collection, isolating suspected cases, and delivering necessary medical treatment to individuals residing in slum areas during the COVID-19 pandemic. They also carried out awareness campaigns with the community members and reached out to **15822 people in Vijayawada and 11988 people in Mumbai**[8]**.** Testing through MMUs was provided at no cost. As per the information provided by DFY, 357 screening camps in Mumbai and 116 awareness camps in Vijayawada[9] were conducted.

Due to the efforts of the awareness generation, c**ommunity members who were earlier unwilling to get themselves tested, had started cooperating with the field teams.** This **enhanced the outreach and awareness** among the target community by focusing on the groups who were hesitant in getting tested and treated even after having symptoms. The prime reason for not being tested and treated was primarily due to misinformation around COVID 19 and the resultant fear of being identified as COVID affected. This doorstep facility, which did not have any cost implication for the community, **proved to be useful and encouraged marginalized & vulnerable sections of society to come out for testing**. During the interactions, people were also made aware of Covid-19 appropriate behaviour. Thus, contributing towards prevention of Covid-19 spread.

Treatment of COVID Patients

Prioritization of needs and provision of condition-appropriate treatment under the project support resulted in ensuring access to proper treatment for the patients. At the time when every second counted for the patients, such a nuanced approach **contributed to saving lives and also led to optimum utilization of available resources.** As reported by the medical staff and beneficiaries, the COVID 19 protocols were strictly followed within the centres. The impact can be gauged from the fact that very few staff members working at the centres got infected in the first wave of COVID.

As a result of this initiative, **more than 18,000 COVID patients were treated in the three project locations** combined[10]. Due to the availability of chargeless treatment facilities, patients from marginalised and vulnerable groups could access quality treatment without any financial burden.

Apart from quality treatment, overall well-being of the patients was also ensured at the COVID care centres. The nursing staff reported that steps were taken to address mental distress and stress related issues among quarantined patients. The patients also were helping each other by providing moral support and constant motivation to cope with the feeling of loneliness and anxiety. In addition, activities like yoga sessions for

[8] Source: Interaction with DFY Project In-charge
[9] Source: Progress Report shared by HCL Foundation to PW
[10] Source: Project Progress Report shared by HCL Foundation with PW

patients and staff members, celebration of festivals, playing indoor games, etc. were organised. The **interpersonal relations cultivated among the healthcare workers and patients was also a contributory factor which reassured the distressed patients** and brought them at ease amidst the chaos and uncertainty of the situation. These measures took care of the **mental health of the patients, lowered their anxiety levels and contributed to proper recovery from the infection.** The treatment and nutrition provided positively impacted the health of the beneficiaries by managing and reducing COVID related symptoms and **maintaining normal body function.**

Generating awareness and addressing the Stigma through community awareness campaigns

The medical professionals stated that after getting infected with COVID 19, the general perception amongst the community members was the fear of death. Moreover, some healthcare workers were also hesitant to carry out their roles and responsibilities during the initial days of COVID 19. Therefore, counseling from a certified medical practitioner addressed the fear and preconceived notion about COVID 19 among the patients as well as healthcare workers. This helped the community and healthcare workers overcome their fears and play their part in containing the spread of COVID 19.

The project activities resulted in enabling the field team to successfully convince community members to be tested and treated. As a result of the awareness initiatives, **significant improvement was noticed by the project staff in the knowledge, attitude, and behaviour of the community** members. The beneficiaries reported that they **followed COVID appropriate behaviour by adoption of safe sanitation and hygienic practices** like washing hands properly, wearing masks, social distancing, self-isolation, etc. post the awareness sessions. They started following social distancing to the extent possible, they refrained from stepping out of the house too frequently or if not required and started thoroughly sanitising/washing themselves before stepping into the house. All these actions contributed to reducing transmission.

The beneficiaries also reported that interactions with medical and project staff during the treatment **addressed their misconceptions related to COVID 19** and they further refrained from believing in and passing on information being spread by unverified sources. In **Vijayawada, 18252 people were reached** through the awareness generation activity conducted under the project.[11]

To promote behavioral change practices, hygiene kits were also distributed among the community members which was found to be useful by them.

[11] Source: Progress Report shared by HCL Foundation to PW

3.6 IRECS Analysis

Based on the interaction with key stakeholders and desk review of the project report, impact of the project has been assessed on the IRECS (Inclusiveness, Relevance, Effectiveness, Convergence and Sustainability) framework parameters. The IRECS analysis has been mentioned in the table below:

Table 4 : IRECS Analysis of Project

Parameter	Assessment from study
Inclusiveness	The project helped in reaching out to people irrespective of their **socio-economic status.** The project services were provided to marginalised and vulnerable populations such as immigrants living in slums, etc. The project catered to the community needs of screening, testing and treatment free of cost and conducted awareness generation activities. The project intervention also **focused on the healthcare workers** by supporting them in executing their duties in a safe and confident manner during times of distress.
Relevance	The project activities contributed towards addressing the **urgent needs of COVID 19 response** in locations having high rate of COVID infections. It contributed to the setting up of **COVID related health infrastructure and training of healthcare workers**. At the same time, project also provided PPE kits, hygiene kits, etc., all these were relevant in facilitating the government in improving COVID response.
Effectiveness	Project was effective in **speeding up the screening and testing** of community members and creation of additional facility to cater to the surge in patient caseload at the time of the first wave of COVID. As a result of adequate infrastructure and facilities provided through the project, many patients received access to quality treatment due to which their lives could be saved.
Convergence	The aspects of convergence involved working together in **coordination with departments** at District and ward level including Govt. Hospitals for logistical issues such as importing of PPE kits and concentrators, transfer and referral of patients requiring emergency treatments to government hospitals, etc. the project was implemented in convergence with various other authorities / agencies to ensure substantial contribution can be made in fight against COVID 19.
Sustainability	All the medical **infrastructure created as part of the project have been handed over to the hospitals.** The same are being used to treat patients at these facilities hence ensuring sustainable use of the infrastructure created. The awareness generation component aimed at bringing a change in the lifestyle, attitude and thinking of the people particularly related to issues of cleanliness, hygiene and health related issues which would help them in the long run even after the pandemic.

3.7 Alignment to HCL Tech's CSR policy and UN SDGs

The project is **aligned with HCL Tech's CSR policy** which includes **healthcare as one of the key CSR focus areas**. The project is also aligned with Sustainable Development Goal[12]: **SDG 3 "Good health and Well-being"** which emphasises on **ensuring health life and promoting well-being for all at all the ages,** with a **specific focus on strengthening healthcare systems**. By addressing the pressing **healthcare challenges posed by the COVID-19 pandemic through a collaborative partnership**, this project has contributed to the overarching goal of good health and well-being.

3.8 Recommendations

- As suggested by the stakeholders in the project locations, **Mobile Medical Unit (MMU) could continue its operations** in slum areas in the project locations to offer services such as primary health, communicable diseases, non-communicable diseases, etc. for the marginalised and vulnerable population groups.

- There is a need for **robust project documentation** such as progress reports, closure report, etc. throughout the project lifecycle to effectively capture objectives, progress, and outcomes for future reference, learning, and improvement.

3.9 Study Limitations

- **Non availability of some Stakeholders:** The stakeholders were primarily healthcare professionals and government officials, making it challenging to secure their time for interviews or discussions due to their busy schedules. Also, some stakeholders involved in the project had been transferred or had left their jobs making it difficult to connect with them. This also included project beneficiaries as it was difficult to locate many of them. Identification and mobilization of the beneficiaries was a challenge after three years of project implementation, hence, interactions had to be conducted over call with the limited number of beneficiaries who could be contacted. Also, as the project was relatively old, many stakeholders did not recall specific details, which could have affected the accuracy of the study findings.

- **Limited access to data/documents:** PW had limited access to project related data and beneficiary data which had been handed over to the government due to confidentiality concerns. The documents available with the PW team for verifying the impact created were limited, impacting the depth of the impact assessment.

[12] Source: https://sdgs.un.org/goals

3.10 Case studies

A man in his 20s was admitted in one of our COVID 19 care centres. He had already lost both his parents to COVID 19, had not eaten or slept properly for three days and was severely distressed. We ran multiple tests on the patient and found the patient's readings were within normal range though he had mild symptoms. His condition had worsened due to anxiety and mental distress due to which he was unable to eat. We counselled him for a couple of hours and assured him that his condition was stable and oxygen levels were normal. We further made him do breathing exercises under our supervision to reduce his anxiety. After a couple of hours, the man calmed down and had his first proper meal in three days. It was not only the infection which has caused trouble but the fear linked to getting infected which made many patients go through physical as well as mental trauma.

-Staff nurse, New Delhi

An old lady in her 70s was admitted to the isolation and treatment centre. Her family members had sent her to the facility post her being COVID positive. They were scared to take care of her at home due to fear of getting infected as they lived in a very constrained residential setup with only 2-rooms housing 5 people. The lady had moderate symptoms and her oxygen level had dipped to 91 when she was admitted. She was also under great distress and thought she would pass away at the centre away from her family. The medical staff treated her, and her condition improved. She was also properly counselled and made to understand that recovery from the infection was possible for her as her vitals were within normal range. She had difficulty in sleeping during night so one of the nursing staff or frontline workers used to talk to her for 10-15 minutes every night to help her calm down and fall asleep. After 17 days of counselling and treatment, her family was called, briefed on her condition and counselled and she was sent home.

-Frontline worker, New Delhi

4. Project 6 - Setting up oxygen generation plant (CIIMS, Nagpur)

4.1 Background

In May 2021, India's healthcare system was operating at a breaking point. The country was in the midst of the global COVID 19 pandemic. One of the biggest challenges during this time was availability of medical oxygen, the demand for which had soared ten-fold due to COVID 19. By the end of April 2021, there were over 18 million confirmed cases, and over 200,000 deaths. During this time, patients were facing problems in accessing medical facilities (especially oxygen enabled hospital beds). The second wave of COVID 19 caused havoc in India and had severe impact on country's healthcare and economic system. The Government, Corporates, NGOs, and various other organizations, responded to the situation in different ways. This was facilitated by the Ministry of Corporate Affairs, Government of India through a clarification on 23rd March 2020 to accommodate any spending of CSR funds for COVID 19 as an eligible CSR activity.[13] Additional tankers were airlifted from abroad, tankers used for liquid argon and nitrogen were converted to carry oxygen, and the railways innovated to introduce special "Oxygen Express" trains. Industrial oxygen was diverted from steel plants to hospitals and the procurement and distribution of oxygen concentrators was stepped up. The United Nations (UN) focused on getting hold of essential equipment such as concentrators, ventilators, and oxygen-generating plants.[14]

4.2 About the project

The **project was envisaged** between CIIMS, Nagpur (a charitable medical institute and implementing partner) and HCL Foundation with an **aim to support** the hospital with **oxygen generation plant**. The Memorandum of Understanding (MoU) for the same was signed in 2021. CIIMS was designated as a COVID 19 facility under the Nagpur Municipal Corporation to treat COVID 19 patients. As shared by the HCL Foundation and CIIMS team, the supply of oxygen in hospitals in Nagpur was under tremendous pressure like elsewhere. In order to augment the oxygen supply, CIIMS reached out to HCL Foundation for support. In order to reflect the genuine requirement, Nagpur Municipal Corporation provided a request letter to support the need for the intervention and its credibility. The project of oxygen generation plant was structured in way to increase the supply of medical oxygen in Nagpur. As informed by CIIMS Medical Director and healthcare staff, the oxygen generation plant was used for COVID 19 patients during the project period, free of cost and is currently also being used for patients in the hospital. The project was based on the following premise:

[13] Source: https://www.mca.gov.in/Ministry/pdf/Covid_23032020.pdf
[14] Source: https://news.un.org/en/story/2022/01/1110922 (As retrieved on 23rd March 2024)

Figure 9 : About the project[15]

4.3 About the implementing agency[16]

Central India Institute of Medical Sciences (CIIMS), Nagpur is a registered society and a Public Charitable Trust and was inaugurated in July 1984. It is a medical research institute with a medical services wing (hospital) as part of infrastructure for research. Till the year 1999 besides the hospital services, had mainly clinical research projects but from then there is an active basic life sciences research center. Institute has been developed through generous donations from the local public but also those from distant areas. At present, it is a 110 bedded hospital cum basic life sciences research centre. Of the 110 beds 34 beds are in general ward, 40 beds are in intensive care units and the remaining in the semi-private and private wards. The monthly load of patients in Out-Patient Department (OPD) is more than 6000 per month inclusive of new and follow-up patients. Average in-patient occupancy is between 80 to 90%. Nearly 70% of the workload is of neurology and neurosurgery patients.

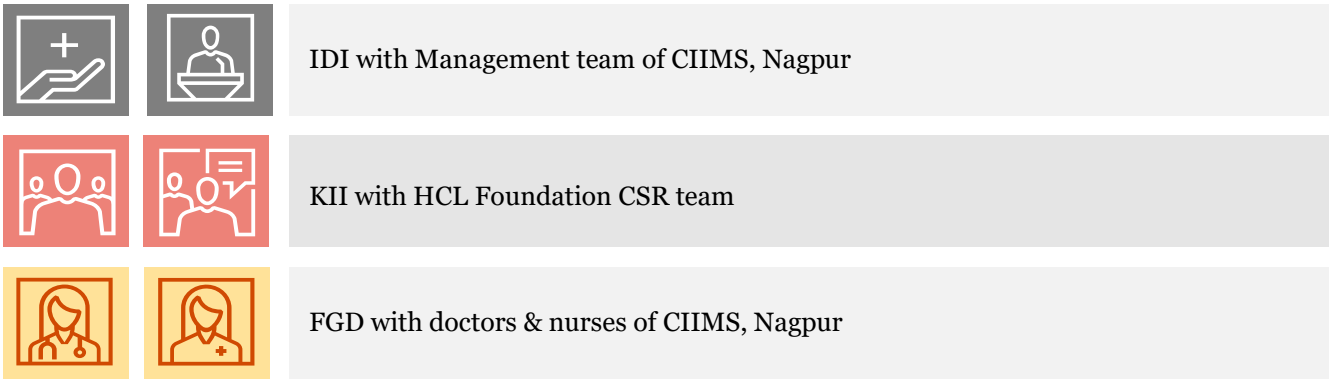
4.4 Method of impact assessment

The impact assessment study was carried out by PW to assess the impact created by this project. Prior to initiating the study, PW conducted an **inception meeting with HCL Foundation team** to understand the project and discuss further requirements. Post the meeting, a list of required documents was shared with the HCL Foundation's CSR team. Basis the documents received[17]; PW team started the **desk review of the same to develop detailed understanding about the project**.

PW team worked on the development of a **structured qualitative methodology** for evaluating the project, which included desk review of the project documents and qualitative methods for **capturing stakeholder opinion and feedback through In-Depth Interview (IDI), Focus Group Discussion and Key Informant Interview (KII**). **Qualitative interactions** were conducted basis the **nature of the project (emergency COVID 19 response)** and the **beneficiary data was not accessible** owing to the **patient data confidentiality** and **privacy constraints**. The qualitative study was carried out with the following stakeholders:

[15] Source: MoU and project closure report shared by CIIMS team
[16] Source: https://ciimsnagpur.com/about-us-2/ as retrieved on 23rd March 2024
[17] Project documents such as MoU, closure report, etc. shared by CIIMS team.

Figure 10 : Type of stakeholders interacted with



A plan was developed for **virtual interactions** with key stakeholders mapped for the project **in consultation with HCL Foundation team**. The survey tool included separate **in-depth interview** for management team of **CIIMS, Nagpur**. **Key informant interview** was also conducted with the HCL Foundation CSR team along with **focus group discussion** with doctors & nurses of CIIMS.

4.5 Key findings

4.5.1 Challenges faced before the project:

The second wave of COVID 19 pandemic created immense pressure on the healthcare system of the Country, demanding collaboration, and cooperation among different stakeholders at a broader level on an urgent basis. The CIIMS management team, doctors and nurses informed that:

- The hospital was facing challenges in terms of **inadequate oxygen availability amidst the COVID 19 and was thus finding it difficult to cater to increased COVID 19 positive cases requiring oxygen support**. As informed by the Medical Director, the hospital was also under tremendous financial pressure due to costly procurement of the oxygen cylinders.

- In Nagpur, the **local department had issued notice** regarding the **provision of an oxygen plant in all hospitals having 100+ bed facility**, as there was shortage of oxygen supply resulting in increased patients' mortality. **Hence, it was an imperative for CIIMS to set-up an oxygen plant**.

- As informed by the HCL Foundation team, there were **two other government institutes** (Government Medical College & Hospital, Nagpur and Indira Gandhi Government Medical College & Hospital, Nagpur) **nearby CIIMS hospital which had oxygen plant installed in their respective premises**. However, **due to the rapid rise in the number** of critically ill **COVID 19 patients** requiring hospitalisation and oxygen support, these institutes were not able to cater to the increased demand.

4.5.2 Summary of the impact created:

❖ **Disaster response and emergency preparedness:**

HCL Foundation provided support in setting up an oxygen plant having the **capacity to generate 704 litres of oxygen per hour** at CIIMS hospital**.** As informed by the doctors, nurses and Medical Director of the CIIMS hospital, more than 80% of **the patients** coming to the institute **belong to poor socio-economic background** and are mostly farmers, labours, etc. It was further informed by them that the

geographical spread of the patients includes states like Uttar Pradesh, Madhya Pradesh, Maharashtra, Chhattisgarh, Jharkhand, Andhra Pradesh, etc. The plant had helped in **providing oxygen support to all 110 oxygen dependent patients (during the project duration)** simultaneously.

Prior to installation of oxygen plant, **the healthcare staff were using oxygen cylinders for the patients admitted** in the hospital. Since the installation of plant **there has been an uninterrupted and reliable supply** of oxygen to **the operation theatres, Intensive Care Unit (ICU) and all the wards through piped connections.** The hospital management shared that **having an oxygen plant at the premises ensured consistent and reliable oxygen supply across multiple healthcare units.**

As per the data shared by CIIMS team, a total of **1,061 patients** were benefited through the oxygen plant during the project period whereas **from Jan 2022 to Jan 2024, total 50,666 patients** have been benefited through the oxygen plant, contributing to enhanced patient care and medical services throughout the hospital.

Figure 11: Functional oxygen plant in CIIMS hospital, supported by HCL Foundation

Figure 12: Beneficiary coverage and impact of the project

1061 beneficiaries
(During the project period)

50,666 beneficiaries
(Post project period:
Jan, 2022 to Jan, 2024)

As highlighted by HCL Foundation team, the **project was initiated with an aim to provide adequate oxygen facility** during COVID 19 pandemic to the CIIMS hospital and Nagpur (on a broader level). It also aimed to provide good quality and **free of cost treatment** to all. The doctors, nurses, and the Medical Director of CIIMS hospital informed that the **institute did not have sufficient availability of oxygen during COVID 19 Pandemic** before the project intervention. Post installation of the plant, most of the patients stayed for a week and there were **no casualties** in the hospital. Subsequently beneficiaries were **treated and discharged** from the hospitals.

The doctors, nurses and CIIMS management team were anticipating subsequent COVID 19 waves and highlighted that the oxygen plant support provided by HCL Foundation helped them to prepare better for emergency in case of a third wave of COVID 19 (and subsequent anticipated waves) with **special emphasis on provision of continuous oxygen supply to all the beds. This was critical as there was a possibility predicted by experts of a third wave rendering more COVID 19 positive patients to be hospitalised and requiring oxygen support**.

The CIIMS Medical Director revealed that the hospital was under tremendous financial pressure during COVID 19 period due to costly procurement of the oxygen cylinders. He further highlighted that the institute even had to break its Fixed Deposits (FDs) which were being maintained for contingencies in order to procure oxygen cylinders at a very high cost from the oxygen cylinder vendors. The support from HCL Foundation provided reliable and continuous oxygen supply which was crucial during COVID 19 for all the patients. The oxygen plant also helped the institute by saving them with the monopoly and cost associated with procuring oxygen cylinders from the vendors at a high cost. This oxygen plant, therefore, has been extremely important for the hospital.

- **Access to quality treatment at no cost:**

The oxygen plant support in CIIMS hospital **led to increase in the capacity** of the hospital to **treat and accommodate a greater number** of patients and **ensured timely medical treatment** to the patients. The Medical Director and doctor of CIIMS reported that the installed oxygen plant is of reputed brand and **high-quality and was an important addition to the hospital which supported the efforts in providing access to quality healthcare facility to COVID 19 patients**.

The **patients were able to access good quality and free of cost treatment** which was difficult **to obtain** especially for **low- and middle-income group** people during the times of COVID 19 pandemic. The project intervention was able to provide **cost intensive treatment** to all sections of society which **otherwise** would have **costed them in lakhs** (as reported by the Medical Director of CIIMS) **outside for continuous and prolonged oxygen supply**.

- **Provision of critical care ensuring availability of oxygen gas:**

During the interactions with the CIIMS management team, it was reported that the **hospital had been trying to procure & install oxygen plant since the first wave of COVID 19**, however they were **not able** to do so **due to lack of funds**. Hence, they approached HCL Foundation team as most of the patients in the institute were critical COVID 19 positive patients needing urgent and prolonged oxygen support.

The doctors and nurses stated that before the support from HCL Foundation was received, they continued treating patients, but had to prioritise treatment based on the oxygen availability at that time, the severity of the patient's condition, etc. Additionally, as revealed by the doctors and nurses, due to the non-availability of adequate oxygen, they were forced to refer average 15 to 20 critical patients daily to other nearby medical facilities.

The CIIMS management team stated that the **much-needed timely support from HCL Foundation was at a time when the entire country's health facilities were facing shortage of oxygen due to the rapid rise in COVID 19 positive cases**. The doctors and nurses informed that before the support provided by HCL Foundation, they **were struggling to keep up with the demand for oxygen** and **were using oxygen cylinders, ambu bags,** etc. as an interim measure. Hence, before the support was provided there was a feeling of helplessness and low morale amongst the doctors and nurses.

They further highlighted that the **support not only provided them with much needed regular and reliable oxygen supply, but also boosted their morale** that they were not alone in the fight against the COVID 19 pandemic. The HCL Foundation team reported that they had observed during their discussions with various medical institutes that non-availability of oxygen was proving to be a hindrance in ensuring access to healthcare facility for patients.

The patients were being referred to private institutes where the charges were exorbitant. Many patients, especially from the low-income strata, from pan India are referred to the CIIMS hospital. Thus, through this project, it was **ensured that no critical care patient coming to CIIMS was bereft of access and quality healthcare requiring** the **continuous and high supply of oxygen gas**.

❖ **Contributing to the healthcare infrastructure post project closure:**

Although the project intervention was aimed at providing support to CIIMS during the second wave of COVID 19 pandemic, the benefit of the same has well extended to the present times and is even currently being utilised **to cater to the needs of the patients.** As reported by the doctors and nurses who were working in the hospital during the pandemic that in the absence of the support provided by HCL Foundation, procedures like **providing oxygen support to a patient would be delayed due to long waiting time. Increased capacity had enabled the treatment of higher number of patients in a timely manner.**

With HCL Foundation's support, training was also provided by the oxygen plant vendor to the CIIMS healthcare staff for the regular maintenance & operations of the oxygen plant (as informed by management staff of CIIMS). This has **led to availability of in-house trained staff** for smooth operations **of the oxygen plant on day-to-day basis**. The Medical Director revealed that the CIIMS hospital is currently under expansion stage to increase the number of beds from present 110 to around 140 beds (by September 2024). He further highlighted that the oxygen plant support provided by HCL Foundation would suffice the additional oxygen demand from the increased beds, thereby, leading to enhanced effectiveness and usage of the oxygen plant.

4.6 IRECS Analysis

Basis the interactions with the key stakeholders and desk review of the documents, the impact of the project was evaluated on the "IRECS framework." The IRECS analysis summary has been presented in below table:

Table 5 : IRECS Analysis of Project

Parameter	Assessment from study
Inclusiveness	❖ The project provided access to quality treatment to all the COVID 19 positive patients requiring oxygen support during the project period irrespective of their socio-economic status. ❖ Further, as informed by the HCL Foundation and CIIMS team majority of the patients belonged to lower socio-economic strata. During the times of COVID 19 pandemic when the livelihoods were at risk, the project helped people from falling in financial distress for medical treatment. Thus, the project is inclusive.
Relevance	❖ The CIIMS hospital and district health department were dealing with the surge in number of COVID 19 positive cases with limited oxygen availability during the second wave of COVID 19 in Nagpur district and were not able to meet the needs of the patients. With this intervention, the supply of oxygen for the COVID 19 patients increased. ❖ The support by HCL Foundation was appropriately timed, the intervention undertaken was of utmost relevance during those times when availability of medical oxygen across the nation was scarce, the demand had spiked, and number of people lost their lives due to shortage of oxygen.
Effectiveness	❖ As informed by the doctors, nurses, and healthcare staff, before the project support, due to non-availability of sufficient oxygen, around 15-20 patients were being referred to other hospitals daily. ❖ The project intervention significantly impacted the health of the patients and ensured zero mortality thus proving it to be effective. ❖ The benefit of the intervention has extended well beyond the requirement of the COVID 19 times and is proving to be beneficial for CIIMS in providing quality healthcare facility to patients even now.
Convergence	❖ The purpose of this intervention was to cater the needs of the COVID 19 patients, by augmenting the capacity of the current health care system with the overarching idea of creating an ecosystem which is future ready to cater to any such requirement. ❖ The initiative is a successful model involving HCL Foundation and a charitable institution. The project was successfully implemented by CIIMS (a charitable medical institute) with recommendation from municipal authority to fulfil the larger community need.

Parameter	Assessment from study
Sustainability	❖ The operational responsibility for the oxygen plant installed with the support of HCL Foundation is with the CIIMS. Training was provided to CIIMS staff for the regular maintenance & operations of the oxygen plant. Thereby building in-house capacity for regular upkeep of the plant. ❖ The benefit of the project support has extended well beyond COVID 19 times and is now supplementing the expansion plans of CIIMS hospital. The oxygen support is being utilised to cater to the oxygen requirements of neurological patients. Hence, making the intervention sustainable for future.

4.7 Alignment to HCL Tech's CSR policy and UN SDGs

The project is **aligned with HCL Tech's CSR policy** which includes **healthcare as one of the key CSR focus areas**. The project is also aligned with Sustainable Development Goal[18]: **SDG 3 "Good health and Well-being"** which emphasises on **ensuring health life and promoting well-being for all at all the ages,** with a **specific focus on strengthening healthcare systems**. By addressing the pressing **healthcare challenges posed by the COVID 19 pandemic through a collaborative partnership with a charitable medical institution**, this project has contributed to the overarching goal of good health and well-being.

4.8 Recommendations

There is a need for **robust project documentation** such as progress reports, closure report, etc. throughout the project lifecycle to effectively capture objectives, progress, and outcomes for future reference, learning, and improvement.

4.9 Study Limitations

Due to the nature of the study, **data confidentiality** of the COVID 19 positive patients was maintained. Hence, **interactions with the beneficiaries were not conducted**, which **limited the study findings** in evaluating the comprehensive impact of the intervention.

[18] Source: https://sdgs.un.org/goals

5. Project 8 - Health in Emergencies

5.1 Background

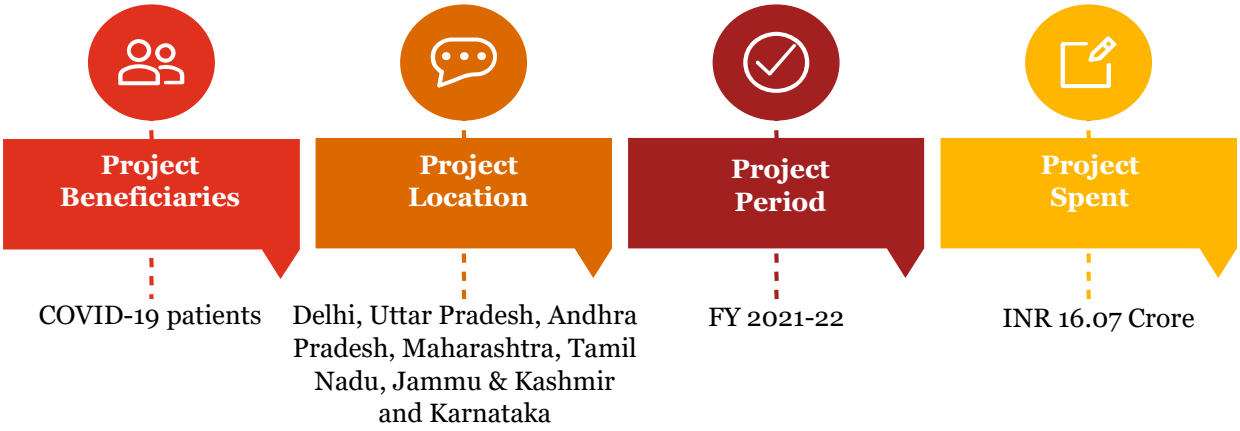
COVID-19 pandemic caused an unprecedented challenge to the health sector and created immense pressure on the healthcare infrastructure, thereby severely affecting the capability of health institutions to serve the increased load of the patients. The increased demand for hospitalization resulted in shortage of beds for the patients and also, affected the availability of trained medical health professionals. Another challenge faced was related to severe Oxygen shortage during the second wave of COVID-19.

Vaccination programme was initiated by Government of India on 21st January 2021[19] with an objective to reduce overall COVID-19 severity and mortality. During the initial days of the vaccination programme, people were hesitant in taking the vaccination due to lack of awareness about the vaccines.[20] However, as the vaccination programme progressed, limited supply of vaccines and shortage of trained manpower to administer the vaccines were also observed as major challenges for government health department in rolling out the nationwide vaccination programme.

5.2 About the Project

HCL Foundation took up various CSR projects across the country to contribute to the fight against COVID 19. This project **Health in Emergencies** is one such project which was taken up **with an objective to provide quality care to COVID-19 patients and ensure continued support to various healthcare institutions through providing health infrastructure**. The project also ensured **implementation of vaccination programme as per Government of India policy simultaneously**. This project was implemented during FY 2021-22; however, it was in continuation to the project titled 'Running of Medical Isolation Centres and Community Awareness Campaign' initiated in FY 2020-21. Below Figure provides an overview of project specifics:

Figure 13: Project specifics



[19] Source: https://pib.gov.in/PressReleasePage.aspx?PRID=1894907

[20] Source:https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9143697/#:~:text=Another%20study%20conducted%20on%201638,%2C%20alpha%20%3D%200.025%2C%20power%20%3D

Following activities were undertaken under this project:

- **200 Beds Isolation Centre** was set up **with required healthcare staff** in Lok Nayak Hospital, Delhi and GIMS Hospital Noida.
- **Oxygen plant and Covid -19 Care Center** were set up in Commonwealth Games village (near Akshardham temple, Delhi) with the facility of 24x7 monitoring and supervision of all the patient.
- **50 Beds isolation and treatment Centre** was setup in the District Hospital, Machilipatnam and Area Hospital, Gudivada in Vijayawada with 24x7 monitoring and supervision facility for all the patients.
- **Human resource support** was also provided to the government health department for administering COVID-19 vaccines in Delhi, Noida, Mumbai, Chennai, Madurai, Jammu & Kashmir, Lucknow, Bengaluru, and Vijayawada. Basis the report shared by DFY implementation agency; a total of **29 COVID-19 vaccination Centers** were supported to vaccinate **7.06 lakh individuals in 07 states.**

5.3 About the Implementation Agency

Doctors for You (DFY) is a registered society was founded in India in 2007 with a vision of 'Health for all'. DFY has been engaged on providing medical care to the vulnerable communities during crisis and non-crisis situation, emergency medical aid to the people affected by natural disaster, conflicts, and epidemics.

5.4 Method of Impact Assessment

This impact assessment study began with an inception meeting with HCL Foundation and DFY project team to understand the project and to align on the expectation and support required for the engagement. Post inception meeting, HCL Foundation shared following project documents:

- MoU and addendum signed between HCL Foundation and Doctors for You
- Quarterly Report by Doctors for You for reporting period: 1 April 2021 to 31st March, 2022 showcasing the progress of project during the FY and case studies

Based on the desk review, PW team mapped the key stakeholders required to be interacted with and developed a robust evaluation framework in consultation with the HCL Foundation and respective Implementation Partner.

Qualitative research methodology has been applied considering the nature of project. As the project was implemented during the COVID-19 period, target beneficiaries were slum dwellers, migrant workers, and other marginalized communities within and outside the project location. After two years of the project completion, it is difficult to trace the individual beneficiary. Hence, in this scenario, qualitative methodology is more applicable which enables to assess and explore the subjective experiences and in-depth information of the individual perspectives pertaining to project. Different stakeholders have been involved to cover the overall information about the project intervention.

After the finalisation of methodology, **tailored tools were prepared for each stakeholder to guide the interactions** and collect relevant information from identified stakeholders.

The data collection process was conducted through virtual meetings and telephonic interviews with the stakeholders. A total of 18 stakeholder interactions were carried out as mentioned in table below:

Table 6: Qualitative Research Design for the Assessment

Key stakeholders	Type of interaction	Total number of interactions
District Magistrate (Central Delhi)	In-Depth Interview	1
Deputy Medical Superintendent at LN Hospital at Delhi and Medical Director at GIMS Hospital in Greater Noida	In-Depth Interview	2
Trained Health professionals*	In-Depth Interview	9
Vaccination Project in charge and Project team from Delhi, Noida, and Vijayawada	In-Depth Interview	3
DFY (Project team) **	In-Depth Interview	2
HCL Foundation Project In charge	In-Depth Interview	1
Total	-	18

* Stakeholders such as Duty Doctors, Staff Nurses, and supervisors were randomly selected from each location according to the list provided by the DFY project team.
** Project SPOC from DFY, Vaccination Centers Project in charge and Vijayawada project in charge

After completion of in-depth interviews, all the responses were analyzed and based on the analysis, the detailed findings were drawn.

5.5 Key findings

Based on the interactions along with desk review of the documents provided by HCL Foundation, the research team has summarised below findings from the study: -

5.5.1 Challenges before the project

- **Overwhelmed Healthcare Facilities**: The rapid spread of COVID-19 posed significant challenge to healthcare facilities. The situation was more critical in large healthcare institutions such as LN Hospital, Delhi. The surge in cases overwhelmed existing healthcare infrastructure, leading to shortage of beds for COVID-19 patients.

- **Shortage of Oxygen:** During the second wave of COVID-19 pandemic, there was a huge demand for oxygen and the hospitals were not able to provide required oxygen support to the patients. The situation resulted in patients waiting outside the hospital with an expectation of getting beds with oxygen facility.

- **Shortage of staff in Government hospitals and Vaccination centers:** The hospitals encountered shortage of human resources during the COVID-19 crisis. Deputy Medical Superintendent at LN Hospital, Delhi reported that the healthcare staff was reluctant to work during the pandemic and the existing staff was overburdened with an increasing number of cases coming up every day. Recruiting new staff was costly and time-consuming process. The situation was no different in other Government as well as Private hospitals. Similarly, in the case of vaccination centers it was reported that only 1 doctor and 1 nurse used to be deputed at the vaccination centres set up by Government wherein the

Nurse used to manage a crowd of approximately 300-400 persons along with taking care of vaccination records. In such a case, the existing staff was overburdened, and this was adversely affecting the roll out of vaccination programme.

- **Shortage of Consumables and Vaccination:** During the initial phase, hospitals faced shortage of PPE kits due to limited supply. This shortage of necessary consumables increased the risk for medical staff and adversely affected their ability to work in a confident manner. With regards to the COVID 19 vaccination, after the initial phase of vaccine hesitancy was over, the demand for vaccinations was high, leading to a shortage of vaccine at various centers. This shortage posed a challenge as it impacted the pace of the vaccination drive.
- **Community Awareness and Mobilisation around vaccination programme:** Considering the hesitancy among the people, community awareness and mobilization was required to dispel the misinformation and spread awareness around the vaccination programme to motivate the people for taking the COVID 19 vaccination.

5.5.2 Summary of the impact created

The project has tried to address the situation with a multi-dimensional approach and provide medical treatment to the people affected by COVID-19. The outreach of the various activities undertaken is provided below:

Figure 14: Snapshot of Impact Created under this Project[21]

57,29

Patients were reported to be treated from the extension of LN Hospital in Delhi, with the support from HCL Foundation.

770+

Patients were treated at CWG Village, Delhi.

389+

Patients were treated at Shennai Banquet Hall, which received support for COVID-19 patients to run 24/7. The facility had 71 oxygen beds and 49 non-oxygen beds.

452+

Patients were reported to have been treated at GIMS Hospital, Greater Noida, where HCL Foundation supported setting up of 100 beds for the treatment of COVID-19 patients.

2,371

Patients were treated at a 50-bedded treatment facility supported by HCL Foundation during the COVID-19 pandemic in Machilipatnam & Gudivada Hospital, Vijayawada.

[21] These impact numbers are as per the project document shared by DFY project team. No verification of such numbers are done as a part of the study.

Strengthening Healthcare Infrastructure and Enabling Operationalization

1. **Setting up COVID-19 Care Centers:** With the second wave of COVID-19 which hit during 2021-22, the cases rose exponentially across the nation. To address this unprecedented situation, HCL Foundation initiated establishment of COVID-19 Care Centers to create additional capacity for the increased surge in cases and supplement the existing health infrastructure.

   This was primarily done in collaboration with the government, focusing on geographic regions severely affected by the COVID-19 pandemic. This targeted approach addressed specific challenges prevailing in these regions, ensuring that resources and support were deployed to meet the requirements. As a result, 200-bed isolation centers were established at Lok Nayak Hospital, Delhi, and GIMS Hospital, Noida. LN referral extension support was set up in Shehnai Banquet Hall. Besides, a COVID-19 Care Center was setup and operationalized in the Commonwealth Games village near Akshardham temple, Delhi. HCL Foundation also supported for the establishment of a 50-bed isolation and treatment center at the district hospital in Machilipatnam and the Area Hospital in Gudivada, District Vijayawada. A total of 61,531 patients benefited from these facilities created under the project.

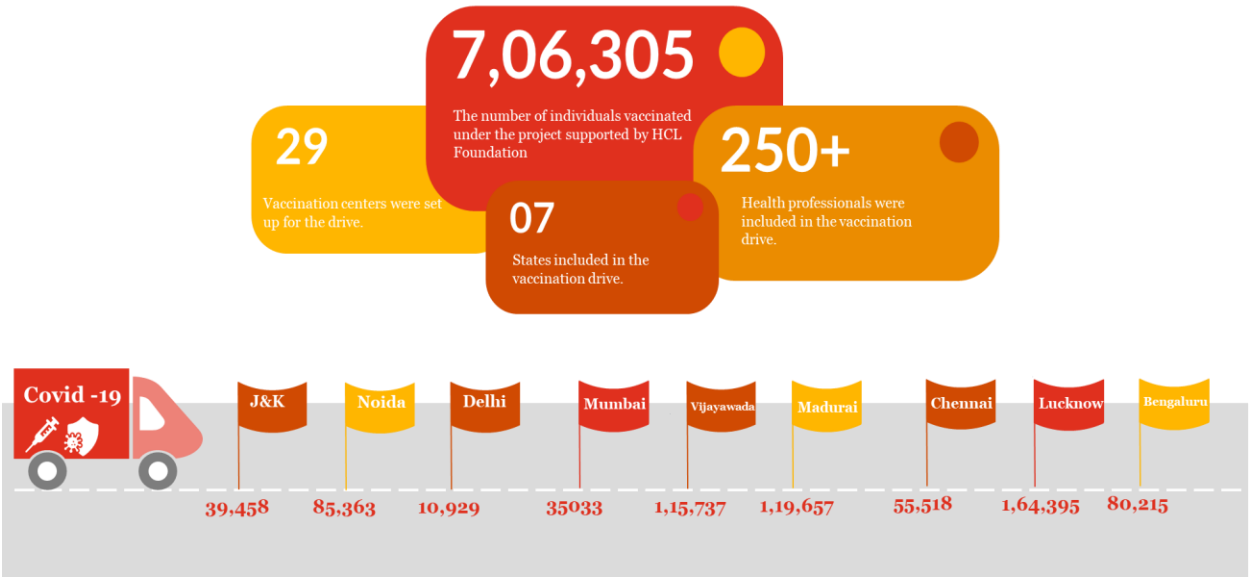
2. **Availability of medical professionals:** During the interactions, it was reported that hospitals were facing a shortage of trained medical professionals due to the surge in the number of cases, leading to an increased requirement for additional manpower. To address this need, medical professionals were onboarded by DFY under this project by sourcing from nearby nursing colleges. These professionals underwent training by DFY on various subjects, including patient management, patient care, infection control, donning and doffing, biomedical waste management, admission criteria for patients, and ICU maintenance. As reported by DFY team, this training support enabled them to effectively handle the crisis.

> "Earlier we were facing shortage of trained healthcare staff to provide timely treatment to COVID-19 patients. Due to the support provided by HCL Foundation, the hospital was able to adequately address the situation. the medical professionals engaged were technically competent and were able to handle the crisis well. They quickly understood the situation and the requirement to provide services on par with other doctors and nurses."
>
> .... As narrated by a Medical Director at GIMS Hospital, Greater Noida

3. **Establishment of oxygen plant:** Many hospitals faced challenges in meeting the increased demand for oxygen. To address this issue, the project supported the establishment of a 150 LPM oxygen plant at CWG COVID-19 Isolation center, Delhi. This plant ensured a continuous and sufficient supply of oxygen to various hospitals and COVID-19 isolation centers. It was reported that this intervention served as a model for other corporate entities to emulate. This enabled the hospitals to receive funding from other entities to install oxygen plants.

4. **Organised COVID-19 vaccination camps:** HCL Foundation, in collaboration with the government organised vaccination camps in various locations. Camps were organized in various States/ UTs such as Jammu & Kashmir, Uttar Pradesh (Noida, Lucknow), Delhi, Maharashtra (Mumbai), Andhra Pradesh (Vijayawada), Tamil Nadu (Madurai, Chennai), and Karnataka (Bengaluru) to support the vaccination roll out programme for common people. The purpose was to supplement the efforts of the Government in ensuring vaccine availability to all and create required awareness to dispel the vaccine hesitancy which existed during the initial phase. Below Figure depicts the number of people who got vaccinated under the project at each of these locations:

Figure 15: Impact of COVID-19 Vaccination



Further, during the discussion with the project team, it was informed that training was provided to the vaccination team at the time of onboarding for seamless rollout of the vaccination programme. These training modules were in alignment with Government of India guidelines on Covid-19 vaccination. The trainings were conducted by the Senior members from DFY. This was in addition to the training provided by the Government. It was reported that the training played a crucial role in boosting the motivation of the staff, who were also instrumental in mobilising people to get vaccinated. More than **150 staff members were involved** in this activity.

Team noted that it was necessary to dispel vaccine hesitancy in order to ensure that the vaccination reaches maximum number of people. An essential part of supporting vaccination programme was to raise awareness around COVID-19 vaccination and facilitate vaccination of all eligible individuals in designated areas. It was reported that during the time of shortage in supply of vaccinations, the project team utilised the time in community mobilization for increasing awareness around Vaccination and promoting COVID-19 appropriate behaviour. The team also effectively utilized government-issued IEC material for creating awareness about the vaccination drive.

Stakeholders mentioned that the project team provided **support in managing vaccination data and ensured that individuals received reminder messages for second dose**. The team use to make follow-up calls to the concerned people. During periods of vaccine shortages, the team persistently followed up with concerned authorities to ensure vaccine availability at the centers. Stakeholders reported that observation centers were established to monitor individuals for any post-vaccination reactions. A stakeholder noted that without the project support, government staff might have faced more challenges in roll out of the vaccination programme, potentially reducing the vaccination rate.

Stakeholders reported that the purpose of supporting COVID-19 vaccination drive was to ensure vaccine availability to all individuals irrespective of any socio–economic considerations. These centers were strategically located near hospitals for emergency care. Protocols set by the government were strictly followed, ensuring a systematic and organized vaccination process. Both Covishield and Covaxin were provided directly through the government, ensuring equitable access to vaccination for everyone.

Access and Availability of Quality Healthcare Support

1. **Quality treatment at no cost:** The in-patient treatment support provided under the project was absolutely free of cost, irrespective of the socio-economic background of the patient. The project support proved to be helpful to people who would not have otherwise been able to afford quality treatment. Also, without such support the situation would have created financial distress for a lot of families during times when the livelihoods of the people were affected by lockdowns and COVID-19 related restrictions. The Government Authorities reported that checks and inspections were conducted to the COVID 19 facilities created under the project and they used to take feedback from the patients on service and treatment being provided. As reported by them, the feedback from patients was satisfactory.

2. **Mental Support to COVID-19 patients:** Stakeholders' interactions revealed that various initiatives were carried out to provide mental support to the patients during such challenging times. These included counseling sessions, yoga sessions, birthday celebrations, small competitions, recreational activities, and video calling facilities for patients. These initiatives aimed to help individuals overcome fear, anxiety, depression and aided the recovery process of such patients. It was reported that some elderly individuals had even stopped taking medicine and food due to anxiety. These activities positively contributed to helping such category of patients to navigate through tough times.

3. **Enhanced efficiency in the treatment process:** The focus of the various project activities undertaken was to effectively handle the surge in cases and provide appropriate treatment to the incoming patients without wasting on time and available resources. As noted from interactions with healthcare professionals at GIMS Hospital and LN Hospital, following strategy was adopted to achieve this:

- Health professionals used to **screen patients and categorize them in three categories** i.e., asymptomatic/mild, moderate, and severe based on condition. Patients with mild infection were given antibiotic and sent back home with necessary instructions. Moderate patients were treated in the general ward. Patient with the severe condition were being referred to ICU ward.

- Due to the above-mentioned strategy, patients were able to get treatment based on their requirement. Thus, enabling hospitals to efficiently handle the surge in cases. As informed by the DFY team, there was zero mortality in the COVID-19 isolation Centre and hospitals established and supported under the project.

Logistical Support

1. **Adequate Supply of Consumables:** In order to avoid any shortage of consumables which would have otherwise affected the treatment process and also enhanced the risk for medical staff, adequate supply of consumables was ensured. It was reported by a medical professional and support staff that sufficient supply of PPE kits, including gloves, N-95 masks, face shields, and hand sanitizers was provided under the project to COVID-19 Vaccination centers as well as COVID-19 care centers throughout the project duration. However, due to limited documentation, team was not able to obtain the total quantity of consumables provided. Team noted that the kits provided were of good quality, boosting the confidence of the medical staff in carrying out their duties effectively.

2. **Boosting Manpower and Logistics for Improved Operations:** It was reported during the interactions with HCL Foundation Project team that lack of essential manpower for the vaccination programme was impeding the vaccination roll out programme. The Project tried to supplement the efforts of the Government by providing required number of trained personnel for the vaccination centers. Additionally, the centers were also provided with required supply of consumables such as stationery, masks, and face shields.

5.6 IRECS Analysis

Based on the interaction with key stakeholders and desk review of the project report, impact of the project has been assessed on the IRECS (Inclusiveness, Relevance, Effectiveness, Convergence and Sustainability) framework parameters. The IRECS analysis has been mentioned in the table below:

Table 7: IRECS Analysis

Parameter	Assessment from study
Inclusiveness	As per the interaction with stakeholders, the project has covered people without any discrimination on social or economic basis. The project was of particular benefit to people from marginalised sections of society and enabled access to quality healthcare to this section of the society who would have otherwise not been able to access or would have spent a considerable amount to access quality healthcare services. Similarly, the project was not restricted only to the society at large, but also addressed the concerns and needs of the health care workers by strengthening their capacity and helping them render services during such tough times.
Relevance	The project intervention aimed to address the challenges which the nation was facing. This included shortage of beds, availability of sufficiently trained human resource, oxygen shortage, supply of PPE kits and other consumables. HCL Foundation came forward to address the situation by providing trained human resources, beds and consumable items like PPE kits, mask, sanitizers, foods. Considering the need of the hour, the project was relevant. The nature of activities aimed at addressing the prevailing requirements of the time and were in the direction of providing access to quality healthcare services by overcoming the challenges being faced by healthcare sector. Thus, the project was very much relevant and required as per the situation prevailing during COVID 19 pandemic.
Effectiveness	The provision of ICU beds and general beds facilitated hospitals to treat the patients during the COVID-19 period. As per the report shared by HCL Foundation a total of 61,531 patients were isolated and treated in three different locations i.e., Delhi, Noida, and Vijayawada. As per the interaction with stakeholders, due to the support of trained health professionals the hospitals were able to manage the increased number of COVID-19 patients and were able to provide sufficient care to the patients. As reported by health professionals considering the gravity of the situation, HCL Foundation & DFY immediately set up an **oxygen plant** in the **CWG COVID-19 care facility**, they also provided **oxygen concentrators** to the different COVID-19 isolation centers. Due to this timely support provided, many lives were saved.

Convergence	As per the stakeholder interaction, HCL Foundation and DFY have collaborated with government hospitals to strengthen the capacity to handle the surge of COVID-19. Alongside, they collaborated with civil administration and line department to get their support in different stages of project. For COVID-19 vaccination drive, govt. provided vaccines to DFY which were then further distributed to different locations in India. The DFY team implemented this project in coordination with different stakeholders including govt department DDMA, CDMO. DFY team in coordination with district authority collected vaccination data and based on the data, DFY planned to set up vaccination centers in places where vaccination rate was low. DFY team also collaborate with local community, PRI members, gram Pradhan who helped team get information regarding new COVID-19 cases in the community level. Community members also supported team in conducting awareness program.
Sustainability	Government hospitals have received support in form of ICU beds, general beds and an oxygen plant which was installed in the CWG COVID-19 Isolation Centre. The infrastructure support provided is now being used for the regular treatment of patients at hospitals. Apart from that, the training imparted to the healthcare staff has equipped them with additional skill sets and has prepared them for future to manage any requirements of similar scale in an effective manner.

5.7 Alignment to HCL Tech's CSR policy and UN SDGs

The project is **aligned with HCL Tech's CSR policy** which includes **healthcare as one of the key CSR focus areas**. The project is also aligned with Sustainable Development Goal[22]: **SDG 3 "Good health and Well-being"** which emphasises on **ensuring health life and promoting well-being for all at all the ages,** with a **specific focus on strengthening healthcare systems**. By addressing the pressing **healthcare challenges posed by the Covid-19 pandemic through a collaborative partnership**, this project has contributed to the overarching goal of good health and well-being.

5.8 Recommendations

- It is essential to continue **investing in training and capacity building** measures for paramedical staff. By enhancing requisite technical skill set, a robust workforce will be ready to respond effectively to any critical/urgent situation as faced during COVID-19 crisis. Training programs can focus on areas such as infection control, patient care, emergency response, and the use of specialized equipment. Additionally, regular refresher courses should be conducted to keep paramedical staff updated with the latest protocols and best practices. This investment in training will not only benefit healthcare systems during crises but also contribute to improving overall healthcare delivery and patient satisfaction along with optimum utilization of available resources.
- There is a need for **robust project documentation** such as progress reports, closure report, etc. throughout the project lifecycle to effectively capture objectives, progress, and outcomes for future reference, learning, and improvement.

[22] Source: https://sdgs.un.org/goals

5.9 Study Limitations

- **Non availability of some Stakeholders:** Some government officials who were involved in the project were transferred, making it challenging to reach them. Busy schedule of government professionals also hindered our ability to connect with some individuals for the purpose of this impact study. The project included slum dwellers, migrant workers, and individuals both within and outside cities, making it difficult to locate all beneficiaries. Direct beneficiary engagement could have provided valuable insights into their hospital experiences during the COVID-19 period.

- **Limited project documentation: -** Information on beneficiaries was not accessible due to the confidentiality policy, limiting our ability to gather beneficiary data and interact with them.

5.10 Case Stories

Case story 1: "Miraculous Recovery: How a Pregnant Woman Battled COVID-19 Against All Odds"

A 9-month pregnant lady, belongs to a very lower socio-economic group category, got infected with COVID but herself and her family members thought it was just a common cold as lady was inside the home for last one month. They delayed coming to the hospital, when she was admitted in the hospital, her saturation was around 60-65%. At that time a doctor from DFY was in the OPD, it was her initial days of posting, other govt. doctors feared with her because she was recruited during the COVID time only. Doctors were unable to attend the pregnant lady because they were busy on the treatment of other COVID patients. The lady was on the labour pain as well during the admission in the hospital. Doctor from DFY rush the lady immediately and gave her oxygen support and shifted her to labour ward. DFY's doctor was involved during the delivery as well. She took care of that lady and finally she delivered a baby and get recovered from COVID-19 as well.

Case story 2: "From Hopelessness to Recovery: The Journey of a Critical COVID-19 Patient at CWG COVID Isolation Center"

A 27-year-old patient was brought by his elder brother in a very critical condition. They visited two to three hospitals, due to movement from one hospital to another, the patient's condition was worsening. After being rejected from all hospitals for admission, they arrived at the CWG COVID isolation center in a hopeless condition. During admission, the patient's saturation levels were around 60-70%. Upon admission, the patient was immediately given oxygen support, and after 3 hours of treatment, his condition became quite stable. After 17 days of treatment, he was finally discharged from the center. During his discharge, the patient and his elder brother were very happy.

Thank you

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