# INFOEDGE IMPACT ASSESSMENT REPORT

## 2021

## Delhi Fights COVID-19 supported by SaveLIFE Foundation



FUNDED BY





IMPLEMENTED BY







## Table of Contents

Executive Summary	i
Introduction	01
Scope of Study	03
Sampling Strategy	04
Findings & Analysis	05
Way Forward	11

# **Executive Summary**

The COVID-19 pandemic in India showcased the resilience and adaptability of the nation in the face of unprecedented challenges. The first wave saw daily cases peak at 98,000, while the second wave, driven by the Delta variant, tested the healthcare system with over 414,000 daily cases. This period highlighted areas for improvement, particularly in resource availability and healthcare infrastructure.

Despite the challenges, the pandemic underscored the importance of long-term investments and equitable healthcare access. It brought to light the need for strengthening supply chains and ensuring the availability of critical resources like oxygen and medicines. The experience emphasized the potential for growth and improvement in India's healthcare system, paving the way for a more robust and inclusive future.

The unprecedented nature of the pandemic saw government, civil society organizations, individuals, and corporate entities unite to support vulnerable communities. Crowdfunding initiatives and donation drives provided essential medical supplies, food, and financial aid. Corporate social responsibility initiatives also contributed significantly, with companies funding vaccination drives and healthcare infrastructure improvements.

SaveLIFE Foundation, which was involved in road safety and emergency medical responses, at the request of NITI Aayog and the Government of National Capital Territory of Delhi India(GNCTD), supported Delhi's crisis response by strengthening ambulance mechanisms, testing strategies, procurement processes, and disease containment. In response, to the acute shortages of oxygen supply and medical equipment, Info Edge(India) Ltd., as part of its CSR initiative, granted INR 1,00,00,000 to SaveLIFE Foundation for the **"Delhi fights COVID-19"** project, enabling emergency procurement of ventilators to enhance ICU capacity for critical COVID-19 patients.

## This collective effort highlights the resilience and solidarity of Indian society, exemplified by collaborations such as SaveLIFE Foundation and Info Edge(India) Ltd. responding to medical emergencies in Delhi during the COVID pandemic.

The project, implemented from April to May of 2021, saw the procurement and deployment of 15 invasive ventilators at the Guru Tegh Bahadur(GTB)Hospital. In view of this, a comprehensive impact assessment by Give Grants was undertaken to assess the program's impact and effectiveness, focusing on accountability, transparency, and resource optimization. The assessment evaluated need assessment rigor, service quality, timely delivery, asset management, equipment functionality and its impact on patient care.

## **Key Findings**

### **1. Asset Management and Physical Verification**

The team was able to physically verify 15 assets at Guru Tegh Bahadur Hospital(GTB) indicating compliance with asset management protocols. However, proper asset labelling was missing for all 15 ventilators indicating scope for improving accountability.

## 2. Quality of equipment and maintenance

GTB Hospital reported no major concerns about the quality of equipment or delivery mismatches, indicating efficient procurement process. The positive feedback from hospital suggests that equipment acquisition and delivery systems were well-functioning and met the requirements of healthcare facilities without any quality or logistical issues.

#### 3. Strengthening Emergency Patient Support Systems

The project procured critical medical equipment that are necessary for patients with respiratory failures thereby significantly boosting emergency patient support and enabling healthcare facilities to manage severe COVID-19 cases more effectively. This investment expanded hospitals' capabilities to provide life-saving care for many patients coming to Delhi for treatment, during the second wave.

### 4. Redistribution of Equipment

The redistribution of invasive ventilators to another hospital within Delhi has significantly bolstered the capacity to manage respiratory illnesses effectively in Delhi NCR region, highlighting it as a best practice. By preventing wastage and maximizing the use of medical equipment, this strategy will enhance the impact of procurement investments, improving healthcare access and provision of quality healthcare to underserved communities.

#### 5. Maintenance Challenges due to inadequate documentation

The physical verification and assessment confirmed that the majority of the equipment was functional at the time of the assessment visit; however, gaps in handover documentation were identified, with purchase order and receipt/invoice not given to the hospital during delivery. This has hindered the timely maintenance servicing of the ventilators, making it difficult for the hospital to get the required Annual Maintenance Contracts(AMC) done.



## Introduction

The COVID-19 pandemic in India demonstrated the nation's resilience and adaptability through two major waves. The first wave (March 2020–January 2021) peaked at 98,000 daily cases and was managed effectively through lockdowns and social distancing. The second wave (March–June 2021), driven by the Delta variant, presented significant challenges with daily cases exceeding 414,000, highlighting areas for improvement in resource management and healthcare infrastructure (Sundararaman, 2020).

Globally, the pandemic revealed opportunities for strengthening healthcare systems, particularly in resource availability and infrastructure. For developing countries like India, this underscored the importance of long-term investments and equitable access to healthcare (Malik, 2022). The experience emphasized the need to enhance supply chains and ensure the availability of critical resources like oxygen and medicines, even amidst reverse migration of urban workers (MoHFW, 2021; IIPS, 2021).

India's public healthcare system, which allocates 1.5% of GDP to health, highlighted the reliance on private providers and the need for affordable critical equipment like ventilators and oxygen cylinders (Government Data, 2020; Chatterjee, 2020). The pandemic ultimately underscored the potential for growth and improvement in India's healthcare system, paving the way for a more robust and inclusive future.

The unprecedented nature of the pandemic also witnessed an unprecedented mobilization of resources by the government, civil society organisations, individuals and corporate entities. Numerous crowdfunding initiatives and donation drives were launched to provide essential medical supplies, food, and financial aid to vulnerable communities. Organizations like the PM CARES Fund, Givelndia, and Mission Oxygen pooled funds from various sources, playing a crucial role in securing ventilators, oxygen cylinders, and hospital beds. Additionally, corporate social responsibility initiatives contributed significantly to pandemic relief, with companies allocating funds for vaccine distribution and healthcare infrastructure strengthening. This collective effort showcased the resilience and solidarity of Indian society during the crisis. (Chakraborty, and Maity, 2020)(GiveIndia, 2021). This solidarity and resilience was also witnessed in the coming together of SaveLIFE Foundation and Info Edge (India) Ltd. to respond to medical emergency in Delhi during the second wave of the pandemic.

SaveLIFE Foundation, at the request of NITI Aayog and the Government of National Capital Territory of Delhi India (GNCTD), supported the city of Delhi with the on-ground as well as the policy response to the crisis. SaveLIFE's efforts have helped strengthen Government's ambulance response mechanisms, testing strategy, procurement processes and disease containment strategy.

Delhi NCR faced acute shortages of oxygen supply and critical medical equipment like ventilators during the second wave. A ventilator is pivotal to assist the lungs maintain optimal air pressure and provision of oxygen. Several hospitals in the national capital had made SOS calls due to shortage of oxygen and other equipment.

Responding to the clarion call of hospitals, the government and civil society organisations, Info Edge gave a grant of INR 1,00,00,000 to SaveLIFE Foundation for the project, "Delhi fights COVID-19". SaveLIFE's partnership with Info Edge (India) Ltd. enabled it to mobilise emergency procurement of ventilators for an increased number of ICU infrastructure to cater to critical COVID patients.

## Coherence

The program is in alignment with the following Sustainable Development Goals (SDGs) outlined in the United Nations Agenda 2030.



#### Good Health and Well-being

3.3: End epidemics of AIDS, tuberculosis, malaria, and other communicable diseases.

3.8: Achieve universal health coverage (UHC), including access to quality essential healthcare services and affordable essential medicines and vaccines.



#### **Sustainable Cities and Communities**

11.5: Reduce the number of people affected by disasters, including health emergencies.



#### **Sustainable Cities and Communities**

16.6: Develop accountable and transparent institutions. Governments had to improve crisis response, vaccine distribution, and public health systems.

The programme also fulfills the provisions of item (ix) outlined in Schedule VII of the Companies Act, 2013.

# Scope of Study

**OBJECTIVES** 

Assess the relevance and efficiency of the intervention and review the implementation pathways.

Find the areas of improvement across all the factors from programme design to implementation. Understand the effectiveness of the intervention.

Understand the major success factors and challenges in the intervention.

Give Grants assessed the programme's impact and effectiveness at Guru Tegh Bahadur Hospital in Delhi, focusing on accountability, transparency, and resource optimisation. The impact assessment evaluated need assessment rigor, service quality, timely delivery, asset management, equipment functionality, patient care impact and partner accountability.

LIMITATIONS

Changes in hospital staff and partner organization, since the project period, created challenges in scheduling and completing data collection.

Being a Government hospital, various levels of approval were required for the hospital administration to allow the visit, which were time consuming.

# **Sampling Strategy**

The study adopted a stratified approach to ensure representation of various stakeholders involved in the project. A cross-section of key stakeholders were engaged such as senior officials from partner organisation and hospital, who were involved in the decision-making of the project, "Delhi fights COVID-19". They were identified according to the nature of the intervention and their involvement in the project. CSR representative was also interviewed to understand the compliance and alignment of strategies between Info Edge's CSR policies and SaveLIFE's response to COVID medical emergency.



donated equipment at Guru Tegh Bahadur(GTB) Hospital. Virtual and in-person interviews were conducted with all relevant stakeholders of the GTB hospital and the SaveLIFE team along with Info Edge CSR team.

# Findings & Analysis

Due to the nature of intervention which is emergency medical response during a world-wide pandemic, the analysis started with a desk review of financial documents, project proposal, NGO acknowledgement letters and reports, followed by verification of the assets, registers and inventories that gave insight into the current status and utilisation of the equipment across departments. The key findings consisting of interviews with supply chain staff, NGO, and donor, provides a comprehensive evaluation of the project's implementation, current status, and impact.

## **Project Implementation model**

The project implementation model for medical equipment involved a collaborative approach with SaveLife working alongside the Central Government and the State Government.



Needs Assessment

In collaboration with the Government of the National Capital Territory of Delhi, the necessity for enhanced critical care infrastructure was identified to bolster the public healthcare system. This initiative required an increase the number of ICU beds in public hospitals, thereby catering to a greater influx of critically ill patients.



Vendors meeting government-approved specifications for invasive ventilators were selected through a formal bidding process. Based on availability, 15 invasive ventilators were acquired.

Procurement



Deployment

The NGO coordinated with the hospital, health departments, and district authorities to facilitate the deployment process. The ventilators and other equipment(part of the same SaveLIFE shipment) were successfully delivered and installed at the ancillary ICU facility of Guru Tegh Bahadur Hospital in Delhi. In due course of time, these assets were officially transferred to the Government for their proper upkeep and maintenance.

The entire inventory was tagged and monitored by an independent team from the Boston Consulting Group (BCG), which worked closely with SLF for the deployment and was engaged by the Government of NCT of Delhi.

## Section 1 Equipment Status & Asset Management System

## 1.1. Intervention Summary of Equipment

The table presents a summary of findings from the physical verification of equipment status, providing insights into the functionality, utilization, and overall condition of the medical equipment delivered to GTB hospital.

Functional	The equipment is in optimal condition and is available for clinical or therapeutic applications.
In Use	The equipment is currently assigned to a hospital department and is actively being utilized.
Not in Use	The equipment is operational but remains unused at present.
Disposed	The equipment is no longer functional and has been removed from service.
Non-functional	The equipment is not functional, but still in the store.
Under-maintenance	The equipment is temporarily out of service and is undergoing maintenance.
Redistributed	The equipment has been reallocated to other hospitals or communities.

Name of Hospital	Guru Tegh Bahadur Hospital	Location	Delhi	
Type of equipment	Ventilator + Trolley	No. of units received	15	
Month and Year of receipt	14.05.2021	Life achieved for the equipment	Yes	
Allotment to different departments- Initial	ICU	Current allotment to departments	Medical Emergency Wards	
Tally of the equipment				
Functional	Under maintenance	Redistributed	Non- fuctional/dispose d/ not in use	
12	0	3	0	

## **Observations:**

- No. of Units procured through Info Edge Grant: 15 invasive ventilators along with consumables
- No. of Units verified during physical verification: 12 invasive ventilators
- No. of Units redistributed to Bhagwan Mahavir Hospital Pitampura: 3 invasive ventilators

## **1.2. Asset Management and Maintenance systems**

# a. Asset Management Yes Criteria Guru Tegh Bahadur Hospital Physical verification of all assets Asset Labels Inventory registers maintained & verified Good quality of equipment Timely delivery Alignment in request vs. actual delivery

## **Key Observations**

- **Physical verification of assets:** The assessment process could physically verify all the equipment delivered to the hospital during the visit
- **Asset management:** Inventory register were properly maintained. But asset labelling were not done

## b. Maintenance Systems

Criteria	Guru Tegh Bahadur Hospital
Equipment under maintenance	
Frequent maintenance of major equipment	
Operational burden associated with Maintenance	
Hospital Operations hindered by Maintenance	
Need for equipment replacement	
Need external assistance for replacing the equipment	

## **Key Observations**

- **Repair & Maintenance:** Given that the ventilators were donated in 2021, the hospital reported frequent maintenance requirements
- **Operational & Financial Burden:** No operational and financial burden reported by the hospital wrt the maintenance of the equipment

Yes

No



## Section 2 Qualitative Insights & Impact

## **Qualitative Insights from NGO Partner:**

Key Informant Interview (KII) with Dr. Eilia Jafar, Chief of Programs at SaveLIFE Foundation:

**Hospital Identification and Selection:** SaveLIFE collaborated closely with the Delhi government, health departments, the central ministry, and WHO to identify hospitals with the most pressing needs, particularly regarding oxygen supply and equipment gaps.

**Donor Involvement:** Info Edge, the donor, was involved in the project approach and understanding of the needs. As such, SaveLIFE kept them informed of plans and progress.

**Decision-Making Process:** Decisions were made collaboratively with the government and stakeholders. SaveLIFE actively participated in multiple government meetings, and decisions were based on mutual consultation.

**Vendor Engagement and Procurement:** SaveLIFE faced challenges with disrupted supply chains and high global demand. They had to quickly identify and conduct due diligence of vendors, looking both at national and global presence to procure essential medical equipment.

**Monitoring and Follow-Up**: SaveLIFE monitored the utilisation of equipment, provided training programs, and offered a help desk for support.

**Challenges:** Major challenges included supply chain disruptions, identifying reliable vendors, evolving hospital needs, and logistical issues with transportation.

**Impact and Sustainability:** The intervention directly impacted life-saving support for COVID-19 patients. SaveLife collaborated with the government, complementing their response efforts. To ensure sustainability, they handed over equipment ownership to the government and focused on building institutional capacity through training.

Key Informant Interview (KII) with Vivek Kumar Khandelwal, Senior Manager Finance Control & Accounting at SaveLIFE Foundation:

**Hospital Identification:** Hospitals were identified based on patient footfall, severity of COVID-19 cases and infrastructure gaps alongside continued discussions with the Delhi Government's health authorities.

**Decision-Making Process:** Key stakeholders included hospital administrations, government health departments, funding partners, and logistics teams. The government provided regulatory approvals, guided prioritisation of resource allocation, and facilitated hospital coordination.

**Vendor Engagement & Procurement**: The NGO implemented a structured procurement process to ensure compliance with quality standards and timely delivery. Due diligence was conducted on vendors to maintain proper documentation and ensure fairness throughout the procurement process.

**Maintenance:** The NGO facilitated alignment of the product's technical team with hospital authorities for servicing and maintenance support.

Challenges: Procurement delays are due to supply chain disruptions and high global demand.

There are logistical challenges in transporting and installing equipment as well. Additionally, regulatory clearances sometimes delay approvals.

**Impact & Sustainability:** The project contributed to enhanced patient care by increasing access to life-saving equipment, improving survival rates and reduced burden on healthcare workers. Further, the contribution made by Info Edge helped bridge critical resource gaps in healthcare.

**Suggestions for sustainability:** For increased impact, Mr Vivek suggested- developing a centralized resource-sharing system, strengthening partnerships with government agencies and capacity-building initiatives for hospital staff. This measure will establish emergency reserves for future needs.

## **Qualitative Insights from Hospital staff:**

The Key Informant Interview (KII) with Dr. Vinay Kumar, Medical Officer-In Charge of the General & Maintenance Store, provided valuable insights into delivery efficiencies and gaps. Dr. Vinay did not report any issues with delivery and quality concerns. However, he highlighted gaps in essential documentation, such as the receipt/invoice and purchase order, which were not handed over to the hospital. This made it challenging for the hospital to secure Annual Maintenance Contracts (AMC) for the equipment.

On a positive note, Dr. Vinay mentioned that out of 15 ventilators, 12 were fully functional and operational. This availability of life-saving respiratory support significantly bolsters the hospital's critical care capacity, ensuring that critically ill patients receive the necessary care. Overall, addressing the documentation gaps could further enhance the hospital's operational efficiency and support its ability to provide high-quality healthcare services.

## Qualitative Insights from Info Edge CSR Team :

Through Key Informant Interviews (KIIs), it is well established that the SaveLIFE Foundation has played a pivotal role in addressing significant healthcare gaps by collaborating with the Delhi government, various health departments, the central ministry, and the World Health Organization (WHO). Hospitals were selected based on patient volume, case severity, and existing infrastructure deficiencies, ensuring a targeted allocation of resources. Given this, the role of Info Edge is highlighted below.

**Role of Info Edge:** In partnership with the donor Info Edge, SaveLIFE maintained transparency and engagement in the decision-making process, actively participating in government consultations. As a responsible corporate, Info Edge contributed to expanding critical care infrastructure, working alongside the government, civil society, and implementing partners. Hospitals were not only selected based on the above-mentioned criteria but also determined by competent government authorities and the COVID task force, ensuring targeted intervention. The CSR Committee and Board of Info Edge made key funding decisions, while the implementing agency facilitated vendor and hospital engagement.

Despite the logistical and resource challenges, the interventions "aimed at expansion and strengthening of the public healthcare system. Ventilators had the potential to become game-changers due to the respiratory complications citizens faced, particularly due to the viral strain that spread during second wave."- Mr. Harveen Singh Bedi

The capacity of the public health care system was strengthened. Sustainability of the intervention was ensured by transferring equipment maintenance responsibilities to the hospital and the Delhi Government. "The reassignment of resources to other public hospitals by the competent authority indicates a commitment to long-term asset utilization and reinforces the original capacity-building goals of the project."-Mr Harveen Singh Bedi

## Way Forward

The intervention highlighted several critical learnings. The collaborative approach involving the government, donors, and NGOs was vital in addressing urgent healthcare needs during the COVID-19 crisis. However, supply chain disruptions and procurement challenges emphasised the need for pre-established vendor networks and contingency plans.

The assessment has revealed that prolonged storage of functional equipment, like ventilators, without proper maintenance and deployment plans, can lead to deterioration, safety risks, and inefficient resource utilisation. Regular inspections, proper handling, and timely deployment strategies are essential to ensure the usability and effectiveness of these critical resources in healthcare settings. The absence of uniform guidelines for asset management and utilization across hospitals can lead to inconsistent practices and inefficiencies. This highlights the need for standardised protocols to ensure effective and consistent management of resources.

The absence of proper asset labelling and documentation gaps made tracking and maintenance difficult, underscoring the importance of stringent record-keeping. Additionally, the project reaffirmed that public healthcare systems require long-term investments in infrastructure and maintenance beyond emergency response efforts. Lastly, donor-funded projects should integrate sustainability measures, such as maintenance provisions and reassignment plans, to maximise long-term impact.

To enhance the long-term impact of the "Delhi fights COVID-19" project, few important measures can be considered:

- Strengthening Asset Management Proper documentation, including receipts/invoices and purchase orders, should be handed over to hospitals to facilitate maintenance and ensure eligibility for Annual Maintenance Contracts (AMC). Additionally, asset labelling should be implemented to improve tracking and accountability
- Sustainable Maintenance Systems Regular maintenance of equipment should be institutionalised, with hospitals taking ownership of servicing and repairs. A structured partnership with technical vendors can help ensure timely support
- Centralised Resource-Sharing System Enabling better redistribution of medical equipment across hospitals based on evolving healthcare needs should be prioritised
- Capacity Building for Hospital Staff Periodic training programs should be implemented to ensure hospital staff can effectively operate and maintain critical medical equipment, reducing dependence on external agencies
- Continued Collaboration- Partnership between government agencies, donors, and implementing partners will be crucial in bridging resource gaps and scaling up similar interventions in the future

## Conclusion:

The CSR support has helped the hospital during a difficult pandemic period and continues to benefit the patients from underserved communities in Delhi. Additionally, implementing regular monitoring and assessment mechanisms can help ensure timely redistribution and optimal utilisation of resources. Developing standardised guidelines for asset management and conducting periodic training for healthcare staff can further enhance the resilience, efficiency and sustainability of such interventions.

