

**Impact Assessment  
Report of Pfizer's  
COVID-19 CSR  
Programmes**

Pfizer Limited

April 2024

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# List of Abbreviations

CDMO	Contract Development and Manufacturing Organizations
COPD	Chronic Obtrusive Pulmonary Disease
CSR	Corporate Social Responsibility
DFY	Doctors For You
GTB	Guru Teg Bahadur Hospital
HDU	High Dependency Unit
HUDCO	KC Mahindra Education Trust
MMU	Mobile Medical Unit
NHFS	National Health and Family Survey
OECD DAC	The Organisation for Economic Co-operation and Development's Development Assistance Committee
PASC	Post-Acute Sequelae of SARS-CoV-2
PM CARES	Sustainable Development Goals
PMJAY	Pradhan Mantri Jan Arogya Yojana
PPE	Personal Protective Equipment
PSA	Pressure Swing Absorption
R&D	Research & Development
SDM	Sub Divisional Magistrate
WHO	World Health Organization

# Executive Summary

The COVID-19 pandemic posed unprecedented challenges to the healthcare ecosystem, prompting the need for innovative and immediate interventions to mitigate its impact. Pfizer Limited collaborated with **Doctors For You (DFY) and AmeriCares India Foundation (AIF)** as a part of its Corporate Social Responsibility initiatives in launching two distinct programmes aimed at addressing critical healthcare challenges during and after the pandemic. The collaboration with DFY focuses on providing essential medical care and outreach to marginalized communities during the peak of the pandemic, while the collaboration with AIF targets the issue of the aftermath of COVID infection by distributing essential medication to combat bacterial infections among COVID-19 survivors.

The Covid Care Center intervention emerged as a response to the healthcare emergency caused by the COVID-19 pandemic, during the second wave in April 2021. Through the **Yamuna Sports Complex COVID Care Center (YSC CCC) and Mobile Medical Unit (MMU) services**, essential support like oxygen cylinders were provided, effectively expanding bed capacity and alleviating strain on existing hospital infrastructure. As per interactions with stakeholders, the programme demonstrated coherence through its comprehensive approach, involving various stakeholders and aligning with global efforts to control the pandemic. It proved effective in providing timely and appropriate care to COVID-19 patients while optimizing resource utilization and demonstrated efficiency through streamlined operational processes and strategic partnerships. **The impact of this programme was multifaceted, improving patient care, supporting healthcare infrastructure, fostering effective partnerships, and promoting community outreach.** Its sustainability lies in its holistic approach, lessons learned, and ongoing community engagement, laying the foundation for long-term resilience in addressing future health crises.

The drug distribution drive focused on addressing the issue of **"long COVID"**, specifically targeting bacterial infections among COVID-19 survivors. Through this intervention, **essential medication was provided to combat post-COVID complications, aligning with global and national guidelines.** Through collaborative partnerships and streamlined distribution processes, the programme aimed to distribute medication to healthcare facilities across multiple states.

Both interventions aimed to address healthcare challenges during and after the COVID-19 pandemic. Through their relevance, coherence, effectiveness, efficiency, impact, and sustainability, these programmes sought to mitigate the pandemic's impact on healthcare systems and promote long-term resilience. As the world continues to navigate the complexities of the pandemic and its aftermath, lessons learned from these programmes can inform future interventions and contribute to building healthier and more resilient communities worldwide.



# 1

## Background of the Study

# 1. Background of the Study

## 1.1. Context

The first case of COVID-19 in India was reported on January 30, 2020, in Thrissur, Kerala<sup>1</sup>. Subsequently, the nation experienced a gradual surge in infection rates from March 2020 onwards. Despite the challenges posed by the pandemic, India responded resolutely to manage the extraordinary circumstances. This response involved a multifaceted approach, encompassing the utilization of existing healthcare infrastructure, scaling up skilled labour and medical resources, expediting vaccine distribution, and evaluating the economic feasibility of lockdown measures. Both governmental and non-governmental entities collaborated to establish preventive and therapeutic healthcare facilities, research initiatives, diagnostic services, and tracking mechanisms, all aimed at minimizing human casualties.

The COVID-19 pandemic had a profound and widespread impact, transcending geographical boundaries and social demographics. The second wave, in particular, proved to be challenging on the healthcare across the globe.

### COVID-19 Response in India

During the initial months of the pandemic, when specific treatments or vaccines were under development, the government implemented time-sensitive and resource-intensive interventions. As the pandemic progressed, the government issued calls for support, which received an overwhelming response, particularly from the private and social sectors. In 2020, the PM CARES Fund received a total donation of Rs. 9,677.9 Cr, with significant contributions from both government agencies and the private sector<sup>2</sup>. Various initiatives were undertaken at both central and state levels to address the challenges posed by the pandemic<sup>3</sup>

- ▶ **Establishment of Empowered Groups and Coordination Mechanisms:** The government constituted empowered groups and coordination mechanisms comprising experts, policymakers, and stakeholders from diverse sectors to oversee and coordinate the pandemic response. These groups were tasked with strategic planning, resource allocation, and policy formulation to address the emerging challenges effectively.
- ▶ **Launch of PM CARES Fund:** In March 2020, the Prime Minister's Citizen Assistance and Relief in Emergency Situations (PM CARES) Fund was established to mobilize resources for combating the COVID-19 pandemic. The fund received contributions from government agencies, public sector undertakings (PSUs), corporates, and individuals, aimed at supporting healthcare infrastructure, relief efforts, and welfare measures for those affected by the crisis.
- ▶ **Legal Provisions and Policy Measures:** To facilitate an effective response to the pandemic, the government invoked legal provisions such as the Epidemic Diseases Act, 1897, and the Disaster Management Act, 2005. These provisions empowered authorities to enforce preventive measures, impose restrictions, and mobilize resources for emergency response activities.
- ▶ **Communication and Community Engagement:** Risk communication and community engagement played a crucial role in raising awareness, dispelling myths, and promoting COVID-

<sup>1</sup> <https://www.thehindu.com/news/national/indias-first-coronavirus-infection-confirmed-in-kerala/article61638034.ece>

<sup>2</sup> <https://www.downtoearth.org.in/blog/governance/corporate-social-responsibility-practices-in-the-times-of-covid-19-a-study-of-india-s-bfsi-sector-74583#:~:text=According%20to%20a%20March%2023,Eradicating%20hunger>

<sup>3</sup> <https://gh.bmi.com/content/5/11/e003416>

appropriate behavior among the public. The government disseminated information through various channels, including mass media, digital platforms, and community outreach programmes, to educate citizens about preventive measures, testing protocols, and vaccination drives.

- ▶ **Disease Surveillance and Testing:** To enhance disease surveillance and testing capacity, the government scaled up testing infrastructure by establishing additional testing centers, roping in private laboratories, and upgrading their facilities. Mobile COVID-19 testing vans and sample collection kiosks were deployed to facilitate easy access to testing, while 'Made-in-India' COVID testing kits were developed and distributed to expedite testing processes.
- ▶ **Healthcare Services and Clinical Management:** The government took several measures to strengthen healthcare services and clinical management of COVID-19 cases. Free-of-cost testing and treatment were provided under the Pradhan Mantri Jan Arogya Yojana (PMJAY), while dedicated COVID hospitals, isolation/quarantine centers, and telemedicine services were established to cater to the growing healthcare needs. Additionally, efforts were made to augment the healthcare workforce, accelerate production of medical devices and personal protective equipment (PPE), and ensure adherence to infection prevention and control protocols.
- ▶ **Preventive Measures and Lockdowns:** In response to the pandemic, preventive measures such as lockdowns, travel restrictions, and social distancing norms were implemented to curb the spread of the virus. Lockdowns were imposed in public places to limit gatherings and minimize transmission, while essential services were maintained to ensure continuity of critical functions.
- ▶ **Support for Vulnerable Populations:** The government provided support to vulnerable populations, including migrant workers, through measures such as provision of food, shelter, and relief packages. Helplines and online counseling sessions were also established to address mental health conditions and provide psychosocial support to those affected by the pandemic-induced stress and anxiety.
- ▶ **Clinical Research and Development:** Significant investments were made in clinical research and development to accelerate vaccine development, diagnosis, and disease prediction modeling. Collaborative efforts were undertaken to develop low-cost medical devices, equipment, and technologies to enhance healthcare delivery and response capabilities.

## 1.2. Pfizer Limited's COVID-19 Response in India

As a part of ongoing COVID-19 management efforts and in response to the unprecedented challenges posed by the COVID-19 pandemic, Pfizer Limited collaborated with Doctors For You, and Americares India Foundation and spearheaded vital initiatives to manage COVID in India. Through strategic partnerships and innovative approaches, these organizations have mobilized to deliver essential healthcare services, medical supplies, and support systems, demonstrating a shared commitment to mitigating the effects of the pandemic and safeguarding public health.

### ▶ Doctors For You

Supported by Pfizer, and the District Administration of North East Delhi, Doctors For You initiated an Inclusive - Approachable - Integrated patient management project. This project aimed to provide free healthcare services with empathetic care to the targeted population, primarily at the Yamuna Sport Complex COVID Care Centre. Additionally, an extended community outreach programme via a Mobile

Medical Unit (MMU) was utilized for testing purposes. The Yamuna Sports Complex, a part of which was converted into a dedicated COVID Care facility during the second wave of the pandemic in Delhi, clinically managed COVID cases, operated fever clinics, addressed post-COVID complications in community areas, and provided essential healthcare services to vulnerable populations through MMU interventions. Since its inception in April 2021, the Yamuna Sports Complex COVID Care Centre has treated 322 mild to moderate symptomatic COVID patients and expanded its facilities to include a 50 double-bedded Pediatric HDU, Pediatric ward, and Child-friendly space, with two PSA Oxygen plants installed to meet potential oxygen demand in case of a third wave.

During the Omicron-led third wave of COVID-19, the Yamuna Sports Complex COVID Care Centre was revitalized as a 400-bedded facility, all equipped with oxygen support. Two additional oxygen plants were installed to enhance capacity.

#### ► **Americares India Foundation**

In response to the escalating crisis, Americares India Foundation partnered with Pfizer to provide crucial assistance in crisis management by distributing resources to 23 private and government entities nationwide. Over the course of two phases, a total of 10,99,995 drugs were distributed, playing a pivotal role in alleviating the impact of the pandemic. These drugs were aimed at managing the post COVID 19 post infection complications.

### **1.3. About Pfizer Limited**

Pfizer, a renowned pharmaceutical giant with over 170 years of history, specializes in four key business categories: Vaccines, Hospitals, Internal Medicine, and Inflammation and Immunology. Operating through three legal entities in India—Pfizer Limited, Pfizer Products India Private Ltd, and Pfizer Healthcare India Pvt. Ltd.—Pfizer employs over 5,500 individuals across various functions, spanning commercial operations, global manufacturing, R&D, and more. Pfizer Limited's top brands, including Prevenar 13, Corex - DX, Dolonex, Enbrel, Becosules, and Folvite, have garnered significant recognition. Alongside commercial activities, Pfizer operates a cutting-edge manufacturing facility in Goa, producing over a billion tablets annually. Having commenced operations in India in 1950, Pfizer has introduced numerous breakthrough treatments and developed a robust local brands portfolio, benefiting millions of patients and consumers.

Comprising three manufacturing plants, two R&D centers, and six regional commercial and support centers, Pfizer in India stands as the fourth largest multinational pharmaceutical company by revenue. With a product portfolio encompassing over 16 therapies, export to over 50 countries, and research focus on areas like Oncology, Immunology, and Anti-infectives, Pfizer remains committed to addressing critical healthcare needs in India and worldwide<sup>4</sup>.

### **1.4. About Doctors For You**

Doctors For You (DFY), operating as a registered humanitarian society, has been providing medical assistance across India and internationally for the past 15 years. Specializing in offering emergency aid to communities affected by disasters, conflicts, and epidemics, DFY is committed to reducing disaster risk through training and capacity development in emergency preparedness and response. DFY serves people in need regardless of race, class, caste, religion, or gender, guided by principles of humanity, impartiality, and neutrality. Founded in 2007 with a vision of "Health for all," DFY collaborates with health professionals, Disaster Management Practitioners, Social Workers, and

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<sup>4</sup> [Pfizer-Limited-Annual-Report-2021-22.pdf](#)



Administrative Staff on projects across India. The organization has received multiple awards, including the SAARC Award (2010), The British Medical Journal Group Award (2009), and the Golden Ruby Award (2015), along with recognition from state governments for its exceptional humanitarian efforts.<sup>5</sup>

## 1.5. About AmeriCares India Foundation

AmeriCares India Foundation, a health-focused relief and development organization, actively responds to individuals affected by urban poverty or disasters by providing life-changing health programmes, medicines, and medical supplies. Annually, AmeriCares delivers innovative health programmes and high-quality medical aid across India, establishing itself as the leading non-profit provider of donated medicine and medical supplies in the country. With a focus on helping communities prepare for, respond to, and recover from disasters, AmeriCares operates various programmes<sup>6</sup>:

- ▶ Emergency Response: Swift aid delivery during crises.
- ▶ Access to Medicine: Increasing access to critical medicines and medical supplies.
- ▶ Clinical Services: Delivering quality healthcare to underserved populations.
- ▶ Community Health: Designing and implementing sustainable programmes to strengthen community health.

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<sup>5</sup> [Welcome to Doctors for you](#)

<sup>6</sup> [AmeriCares India | Disaster Relief & Global Health Organization](#)

# 2

## Approach & Methodology



## 2. Approach and Methodology

### 2.1. Scope of work

EY was commissioned to conduct an impact assessment of Pfizer’s COVID Support Programmes undertaken as a part of their CSR initiatives. The engagement was undertaken to assess the outcomes and impact of the resource distribution and utilization by both organizations, particularly in terms of the allocation of medicines, medical supplies, and equipment.

Sl. No.	Project Name	Implementation Partner	Project Review Period	Project Location
1	Yamuna Sports Complex COVID Care Center	Doctors For You	FY 2021-2022	Delhi
2	Drug Distribution Drive	Americares India Foundation	FY 2021-2022	Assam, Chhattisgarh, Delhi, Gujarat, Haryana, Karnataka, Kerala, Maharashtra, Meghalaya, Mizoram, Nagaland, Tamil Nadu, Telangana, Uttarakhand, and Uttar Pradesh

### 2.2. Evaluation Approach and Framework

The impact of Pfizer’s COVID Support programmes was assessed using the OECD DAC framework for evaluation. This approach was utilised across all stages for evaluation including the preparation of the toolkit, data analysis, and reporting.<sup>7</sup>



Figure 1: OECD DAC Evaluation Criteria

By taking cognizance of Pfizer’s priority areas, the approach aimed to move beyond programmatic

<sup>7</sup> <https://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm>

design and implementation to evaluate the programme holistically. Thus, the six OECD DAC criteria of Relevance, Coherence, Effectiveness, Efficiency, Impact, and Sustainability were utilised for the impact assessment per the programme’s priority areas.

- ▶ How effective and efficient has the relief support initiative been in delivering essential healthcare services, medical resources, and support to communities affected by the COVID-19 pandemic?
- ▶ To what extent have communities been able to access and utilize the relief support services provided?
- ▶ What are the key differentiating factors that set apart the intervention provided by Pfizer from other relief efforts?
- ▶ What has been the overall experience and satisfaction level of beneficiaries who have availed themselves of the relief support services? How have their experiences differed based on the availability and accessibility of services?
- ▶ What are the potential long-term impacts and sustainability factors associated with the relief support initiatives? How can the programmes be adapted and sustained to address ongoing and future healthcare needs beyond the immediate crisis period?

Qualitative data collection methods were used in this evaluation for collecting information from all stakeholder groups. Data collection methods included **In-depth interviews**. This involved one-on-one interactions with all relevant stakeholder groups.

### Detailed Methodology

This section details the methodology used to assess the programme and arrive at the findings. The engagement was executed in a four-phased manner illustrated below:

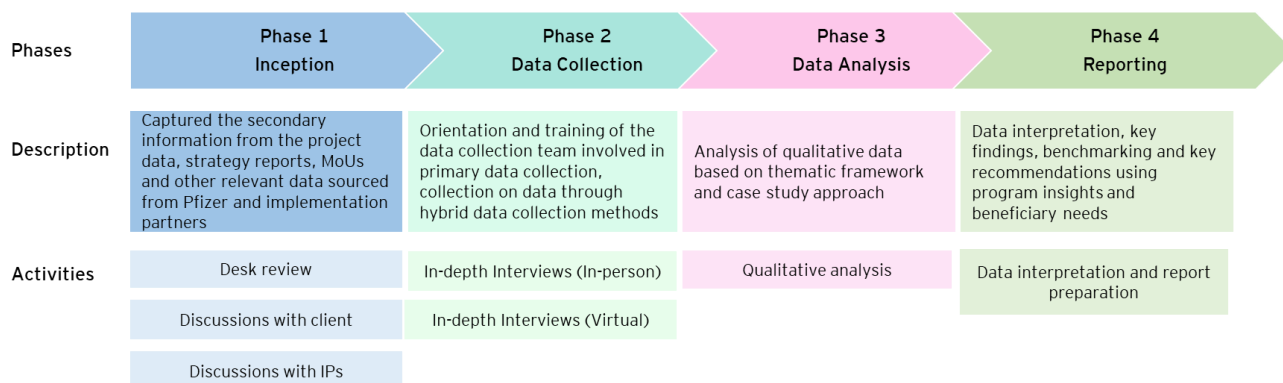


Figure 2: Methodology of the impact assessment

### Sample distribution and coverage

The sampling was done based on discussions with Pfizer and the NGO partners. Sampling includes random selection of stakeholders subject to their availability and willingness to participate in the in-depth interviews. The table shows the set of stakeholders reached out for interviews:

Name of Implementation Partners	Respondents
Doctors For You	<ul style="list-style-type: none"> <li>• 4 Doctors</li> <li>• 3 Nurses/Nursing Officers</li> </ul>

	<ul style="list-style-type: none"> <li>• 1 Government Official covered</li> </ul>
Americares India Foundation	<ul style="list-style-type: none"> <li>• 1 Doctor</li> <li>• 1 Medical Staff</li> </ul>

## 2.3. Data Collection

Data collection was conducted both virtually and on the field. The field team collected data from key stakeholders including the healthcare staff, Government officials and the implementation partners. Project reports of the programme from the implementation partner were also collected. Qualitative interactions with the implementing partners, and other project stakeholders were held to understand the project's impact, as well as the sustainability aspect of the programme and long-term benefits.

Stakeholders	Probe Areas
Implementation Partners	<ul style="list-style-type: none"> <li>• Overall project approach, design and delivery</li> <li>• Partners implementation performance</li> <li>• Stakeholders' management</li> </ul>
Medical Staff	<ul style="list-style-type: none"> <li>• Quality of equipment and infrastructure</li> <li>• Shortcomings</li> <li>• Resource management</li> <li>• Objective achievement</li> <li>• Patient care and outcomes</li> <li>• Patient footfall and management</li> <li>• Lessons learnt</li> <li>• Long-term impact</li> </ul>
Government Officials*	<ul style="list-style-type: none"> <li>• Key COVID-19 interventions</li> <li>• Stakeholders and coordination</li> <li>• Overall impact and accessibility</li> <li>• Benefit for specific community members</li> <li>• Indicators and tracking methods</li> <li>• Patient management and resource allocation</li> <li>• Guidelines development and staffing criteria</li> </ul>

\*Government Officials could only be contacted for the intervention with Doctors For You

## 2.4. Data Analysis

The data collected was carefully analysed to measure the impact of the programme using the OECD DAC framework, the below table lists the indicators used:

Parameter	Indicator
Relevance	<ul style="list-style-type: none"> <li>- What was the need of the intervention?</li> <li>- Were those needs met by the programme?</li> </ul>
Coherence	<ul style="list-style-type: none"> <li>- How well aligned the programme is with national priorities?</li> </ul>
Efficiency	<ul style="list-style-type: none"> <li>- What were the type of services provided?</li> <li>- How was the quality of equipment, resources and infrastructure?</li> <li>- How efficient was the programme and resource management?</li> </ul>

<b>Effectiveness and Impact</b>	<ul style="list-style-type: none"><li>- Were the objectives met?</li><li>- How satisfied were the stakeholders with the intervention?</li><li>- What was the impact of the interventions on the target beneficiaries?</li></ul>
<b>Sustainability</b>	<ul style="list-style-type: none"><li>- Does the programme have long-term impact?</li></ul>

# 3

## Limitations of the Study



## 3. Limitations of the Study

### 3.1. Confidentiality

Due to data protection policies enforced by implementation partners and authorities, EY was unable to engage directly with project beneficiaries (protection of patient data). Consequently, the findings are limited to qualitative data obtained from other stakeholders, such as doctors, medical staff, and project coordinators.

### 3.2. Recall Bias

Recall bias occurs when participants in a study do not accurately remember a past event or experience or leave out details when reporting about them. Recall bias is more likely to occur when the event happened a long time ago. Given the elapsed period of three years, participants may offer responses that are predisposed to partiality due to challenges in recollection or an inclination towards what they perceive as favourable or socially desirable.

### 3.3. Verification of Information

It is to be noted that the study relies on qualitative data collected from stakeholders. EY has not verified any responses collected pertaining to effectiveness of injections and medicines distributed and patient outcomes.





# 4

## Key Findings

## 4. Key Findings

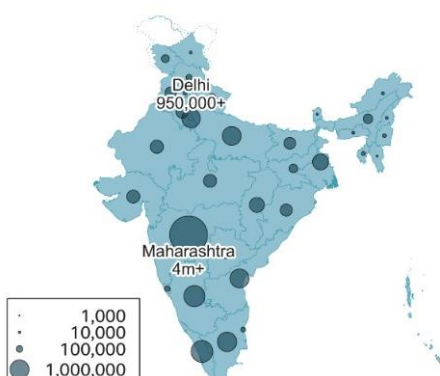
### 4.1. Yamuna Sports Complex COVID Care Center by Doctors For You

# Relevance of the Intervention

**Note-** The key findings presented in this section are purely based on discussions with the stakeholders (not including the patients/direct beneficiaries) and secondary research.

### What was the need for the program?

#### Total coronavirus cases by Indian state



Source: Indian Ministry of Health and Welfare, updated: 23 Apr



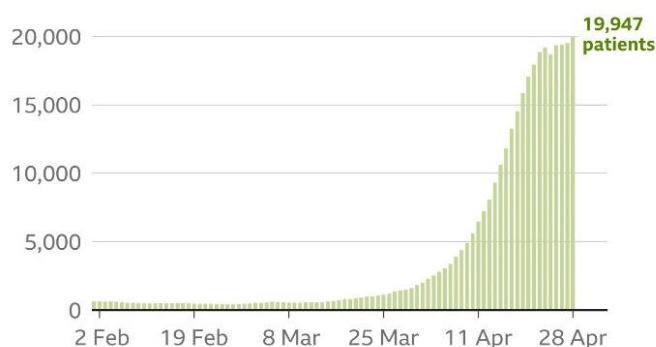
#### Rising COVID 19 cases

Amidst the escalating COVID-19 cases in Delhi in April 2021, with over 9,50,000 cases, the strain on healthcare resources became evident<sup>8</sup>. Frontline healthcare workers faced heightened risks while treating patients, and hospitals struggled to provide adequate care.

#### Infrastructure and equipment shortage

The country faced a shortage of space in its intensive care wards. In Delhi, a region with approximately 20 million inhabitants, hospitals reached full capacity<sup>9</sup>.

#### People in Covid beds in Delhi, by date



Source: Government of Delhi State Health Bulletins



<sup>8</sup> [India's COVID crisis: Your questions answered \(bbc.com\)](https://www.bbc.com/news/health-57184444)

<sup>9</sup> [COVID-19 in India: Cases, deaths and oxygen supply \(bbc.com\)](https://www.bbc.com/news/health-57184444)

## Were the needs met?

In Delhi, a section of the Yamuna Sports Complex was repurposed into a dedicated COVID Care facility during the second wave of the pandemic. Operating as the Yamuna Sports Complex COVID Care Centre (YSC CCC), this initiative aimed to address the pressing need for COVID-19 treatment centers. Alongside similar efforts in cities like Vijayawada, Mumbai, Patna, and Bangalore, the project focused on providing optimal care to patients amidst the ongoing crisis. The primary objective was to support an 800-bed center at the Yamuna Sports Complex, ensuring round-the-clock monitoring and supervision of all patients. Collaborating with the Health Department of the Government of Delhi, DFY aimed to improve the quality of care, protect healthcare workers, and reduce COVID-19 morbidity and mortality in the district. Targeting below poverty line individuals, migrant laborers, and their contacts, the project aimed to cater to patients with mild to moderate symptoms requiring oxygen support, as well as all COVID-19 patients accessing services from the facility.

## *Coherence of the Intervention*

### *How well aligned was the programme with national & international priorities?*

#### **Alignment with National Priorities**

In response to the shortage of beds, Indian authorities utilized train carriages converted into isolation wards. Approximately 4,000 Indian Railways coaches were adapted in March 2020 to assist in treating COVID patients with mild to moderate symptoms. These facilities, previously unused during the decline in cases due to strict lockdown measures, were repurposed into COVID care units, offering almost 64,000 beds for state utilization in April 2021 as the country faced the resurgence of the pandemic with a seemingly more contagious wave of COVID-19. In Delhi, 50 coaches with 800 beds were deployed at Shakurbasti station, currently accommodating four patients, while 25 coaches with 400 beds were stationed at Anand Vihar Terminal<sup>10</sup>

Similarly, sports halls and stadiums were transformed into makeshift treatment centers to alleviate the strain on hospitals. On March 22, the Sports Authority of India (SAI) and the Board of Control for

<sup>10</sup> [Four thousand COVID-care coaches positioned at rail stations across India amid spike in cases - The Economic Times \(indiatimes.com\)](https://economictimes.indiatimes.com/news/india/four-thousand-covid-care-coaches-positioned-at-rail-stations-across-india-amid-spike-in-cases-the-economic-times/articleshow/8598585.cms)

Cricket declared that they would be willing to turn all cricket and sports stadiums across the country into quarantine facilities.

West Bengal converted Howrah's multi-purpose indoor Dumurjala Stadium into a 150-bed quarantine center to combat the rising cases of COVID-19 patients. In Assam, although there were still no confirmed cases, authorities decided to convert the Sarusajai Stadium into a quarantine center, with a capacity to accommodate approximately 1,000 people. The Savlaram Maharaj Krida Sankul (Dombivli MIDC sports complex) in Maharashtra was turned into a dedicated Covid care center (DCCC). The facility had 155 oxygen beds and 30 intensive care units (ICU) beds<sup>11</sup>. Bosch announced that the company had turned its sports complex in Bengaluru into a COVID care center. The COVID care center included 70 beds along with medical facilities and qualified staff referred by the civic body to treat those who were asymptomatic or had mild symptoms of the virus<sup>12</sup>. Furthermore, the Indian authorities considered it necessary to requisition the premises of Jawaharlal Nehru Stadium Complex, Lodhi Road, under the provisions of Section 34 of the DM Act-2005 (Disaster Management) for utilizing the same for the purpose of creating quarantine facilities to house people suffering from COVID<sup>13</sup>.

YSC CCC aimed to align with the national goals of combating COVID-19 and in its capacity building.

### Alignment with Global Priorities

The programme was also in line with global efforts to control and mitigate the impact of the COVID-19 pandemic. By collaborating with international organizations like Pfizer and following global guidelines for COVID-19 management, the programme contributes to the broader global agenda of containing the spread of the virus and minimizing its health and socioeconomic consequences. Additionally, the focus on community outreach and inclusive healthcare access reflects the programme's alignment with UN Sustainable Development Goals 3,9,10, 11 and 17 related to health equity and universal health coverage, innovation and infrastructure, reduced inequalities, sustainable communities and meaningful partnerships.



*\*\*Space left intentionally\*\**

<sup>11</sup> [India Is Turning Sports Stadiums Into Coronavirus Quarantine \(vice.com\)](https://www.vice.com/en/article/india-turning-sports-stadiums-into-coronavirus-quarantine)

<sup>12</sup> [Bosch Sports Complex Turned Into COVID Care Centre In Bengaluru \(analyticsindiamag.com\)](https://www.analyticsindiamag.com/news/bosch-sports-complex-turned-into-covid-care-centre-in-bengaluru/)

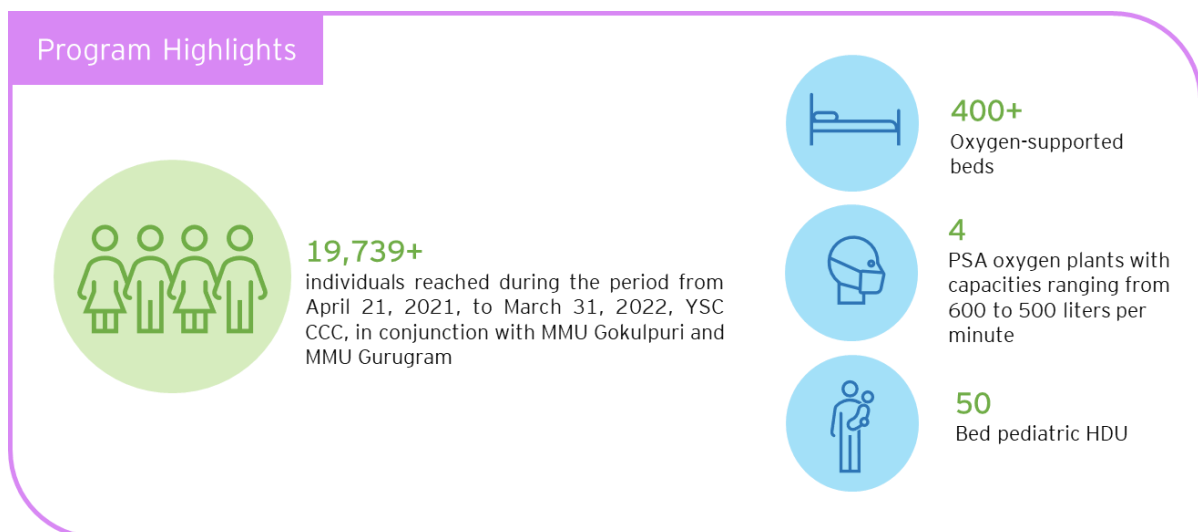
<sup>13</sup> [Coronavirus: Jawaharlal Nehru Stadium to become quarantine facility \(deccanherald.com\)](https://www.deccanherald.com/sports/coronavirus-jawaharlal-nehru-stadium-to-become-quarantine-facility-1012112.html)

# Efficiency of the Intervention

## What were the kind of services provided?

### COVID care center equipped with required facilities

Along with its extended Mobile Medical Unit (MMU) services, The Yamuna Sports Complex COVID Care Center (YSC CCC) was clinically managing COVID cases, conducting fever clinics, and addressing post-COVID complications in the community. YSC CCC began admitting patients in April 2021 during the second wave, managing 322 mild to moderate symptomatic COVID patients. Over time, the facility expanded to include a 50-bed Pediatric HDU, 24 HDU beds, and over 400 oxygen-supported beds. Furthermore, four PSA oxygen plants, with capacities ranging from 600 to 500 liters per minute, were installed to meet oxygen demand.<sup>14</sup>



Note- Figures as per programme report shared by Doctors For You

All the routine operations required to run a COVID Care Centre were managed under the following sections, guided by the Centre Incharge-

- ▶ **Clinical Management of Patients:** This included the diagnosis, treatment, and overall medical care provided to COVID patients, ensuring adherence to established protocols and guidelines.
- ▶ **Data Management:** Responsibilities included collecting, organizing, and maintaining accurate records of patient information, treatment plans, and outcomes for effective monitoring and reporting.

<sup>14</sup> As per programme report shared by Doctors For You

- ▶ **Inventory Management:** Oversight was provided for the procurement, storage, and distribution of medical supplies, equipment, and pharmaceuticals required for patient care.
- ▶ **Human Resources Management:** Roles, responsibilities, and schedules were assigned to healthcare staff, ensuring adequate staffing levels and appropriate training to deliver quality care.
- ▶ **Patient Ward Area Maintenance:** Ensured cleanliness, hygiene, and safety standards were upheld within patient wards to minimize the risk of infection and promote a conducive healing environment.
- ▶ **Food/Mess Management:** Coordination was conducted for meal planning, preparation, and distribution to meet the nutritional needs of patients while adhering to dietary restrictions and safety protocols.
- ▶ **Facility/Housekeeping Management:** Maintenance of the physical infrastructure and facilities, including sanitation, repairs, and upkeep, was ensured to provide a safe and comfortable environment for patients and staff.
- ▶ **Biomedical Waste Management:** Proper disposal and handling of medical waste generated within the facility followed established guidelines to prevent environmental contamination and health hazards.
- ▶ **Coordination with Authorities:** Facilitated communication and collaboration with government agencies, district administration, and the Doctors for You team to address operational challenges, regulatory compliance, and resource allocation.
- ▶ **Infection Prevention & Control (IPC) Measures:** Protocols and practices aimed at minimizing the transmission of infections within the facility, including hygiene protocols, use of personal protective equipment (PPE), and isolation measures, were implemented and enforced.



As shared by the implementation partner, each of these sections played a critical role in ensuring the smooth and effective functioning of the COVID Care Centre, contributing to the delivery of comprehensive care to patients while maintaining a safe and supportive environment for all stakeholders involved.

### Mobile Medical Unit Services



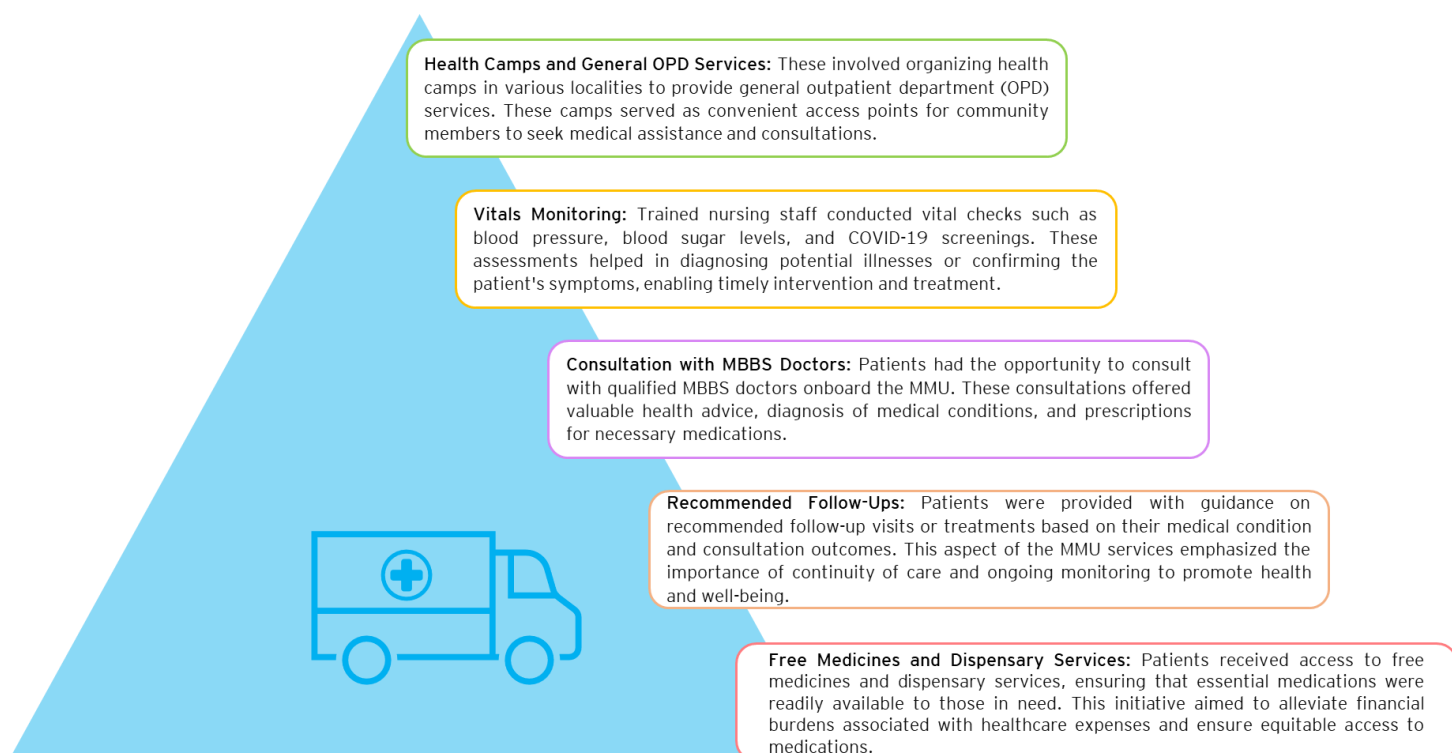
During the COVID-19 pandemic, ensuring the control of the virus remained a clear priority for everyone. Diversions of essential healthcare resources were noted to pose risks to vulnerable communities. To address this, Fever Clinics were established through the Mobile Medical Unit (MMU) programme, offering accessible healthcare services directly to marginalized communities at their doorstep.

Starting in January 2021, Doctors For You collaborated with the Urban Health Centre (UHC) Gokulpuri. The services of UHC Gokulpuri were expanded to include

community outreach programmes through the YSC CCC Mobile Medical Unit (MMU) during the second wave of the COVID-19 pandemic. The programme focused on case-based patient management, covering COVID cases, post-COVID care, and self-management support. Additionally, it emphasized promotion and prevention strategies and managed special cases as needed.

The Mobile Medical Unit provided a range of treatment approaches, including preventive and curative measures. The programme aimed to operate fever clinics, address post-COVID complications, and efficiently manage Non-Communicable Diseases (NCD) cases. It offered consultations, counseling for lifestyle modifications, de-addiction, and drug compliance, among other services<sup>15</sup>.

#### MMU Services included:



### *How was the quality of equipment, resources and infrastructure? How efficient was the programme and resource management?*

#### Prompt requirement fulfilment

In standard circumstances, healthcare facilities typically utilize approximately 15% of the available oxygen supply, with the remaining portion allocated for industrial purposes. However, during India's second wave of the COVID-19 pandemic, a surge in demand occurred, resulting in the redirection of nearly 90% of the nation's oxygen supply, equivalent to 7,500 metric tonnes daily, for medical purposes. This allocation represents a substantial increase, nearly threefold, compared to the daily consumption observed at the initial wave in mid-September 2020<sup>16</sup>. DFY through support from Pfizer

<sup>15</sup> As per programme report shared by Doctors For You

<sup>16</sup> [A nightmare on repeat - India is running out of oxygen again \(bbc.com\)](https://www.bbc.com/news/health-56888888)

played a crucial role in providing timely and good quality resources during the less availability of oxygen faced by the YSC CCC.

Shandeepan, a representative from Doctors for You, described this period as "a hard time of the entire COVID operation," highlighting the urgency of the situation.

“ *Despite the tense atmosphere and long queues of ambulances waiting outside the facility, Pfizer's prompt and timely response ensured that the required oxygen supply was delivered to the facility.* ”

Dr. Kashyap, acknowledging the critical role played by Pfizer, highlighted the effective communication between the healthcare facility and other stakeholders. According to her, this communication helped stabilize the situation when the center faced a shortage of oxygen masks. By working closely with Pfizer, the healthcare facility shared that they were able to address supply chain challenges and ensure the availability of essential resources.



### Ensuring sufficient availability of healthcare resources

Dr. Abhishek Gupta, a Master of Chirurgiae affiliated with Doctors For You, emphasized the sufficient availability of machinery and equipment at the YSC CCC. In his capacity as the overseer of store inventory and logistics, he highlighted the role of a dedicated runner tasked with procuring and transporting medicines and equipment from external sources.

On a similar note, Dr. Singh expressed gratitude for the provision of 400 beds, along with a separate pediatric ward.

“ *Pfizer's commitment to supporting the healthcare infrastructure and addressing the specific needs of patients, including children, exemplifies their proactive approach. This collaboration not only enhanced our facility's capacity but also ensured that patients, irrespective of age or medical condition, received timely and appropriate care.* ”

### Continuous Capacity Building

As shared by the healthcare staff, one notable aspect of the intervention was the emphasis on continuous training and guideline adherence. Healthcare workers received training on medical management for COVID-19 patients, with guidelines provided by the Ministry of Health and Family Welfare. Given the dynamic nature of the pandemic, guidelines were frequently revised to align with global standards. Medical staff kept track of these updates and communicated them to their teams daily. Dr. Singh, for instance, facilitated patient sensitivity training, stressing the importance of compassionate care for patients and their families.

### Efficient Crisis Management

The doctors shared that vital monitoring was conducted at regular intervals, with more serious cases checked every two hours and others monitored thrice a day. The center implemented a zoning system, distinguishing between green and red zones based on case severity.



Despite challenges, the YSC CCC innovatively utilized resources, such as oxygen concentrators, to meet patient needs. Despite limitations, the partnership with hospitals ensured that patients get due care. In some cases, some critical patients were managed within the facility using the available resources.

Dr. Kashyap noted the referral system, as YSC CCC primarily catered to less severe cases, with critical patients referred to Guru Teg Bahadur Hospital or Lok Nayak Hospital.

## *Effectiveness & Impact of the Intervention*

### *Were the objectives of the programme met?*

During the first wave of the COVID-19 pandemic in late 2020, India faced significant challenges in healthcare infrastructure. With a population of 1.38 billion, the country had slightly over 1.5 million isolation beds spread across 15,375 dedicated treatment facilities, translating to approximately 1 bed per 1,000 people. Only 18% of these beds were equipped with oxygen support, as reported by the Ministry of Health and Family Welfare's 2020-21 annual report.

With 400 oxygen-supported beds, the YSC CCC significantly augmented the availability of beds, thereby easing the burden on strained hospital infrastructure, as reported by the implementation partner.

### *What was the impact of the intervention on target groups?*

The qualitative data collected provides some insight into the operational dynamics and impacts of the COVID Care Center (CCC), as observed through the experiences of various stakeholders.

#### **Mental Health of Patients**

YSC CCC placed patient at the center by providing wholesome care to the patients. Dr. Khanna reiterated the overarching objective of these efforts:

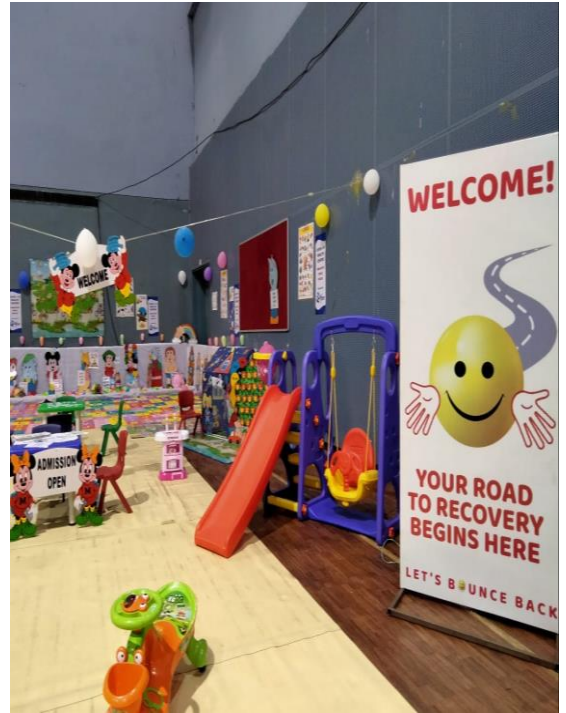
“ *The basic objective was simple-to decrease panic and stress among patients while combatting the stigma associated with COVID-19.* ”

Similarly, Dr. Kashyap's account from the YSC COVID Care Center shed light on the holistic approach adopted to address patients' mental health needs. Recognizing the psychological toll of the pandemic, the center organized recreational activities, including yoga, aerobics, and cultural events, to uplift patients' spirits. In the absence of physical visits, medical staff facilitated virtual interactions with patients' families, mitigating feelings of isolation. Moreover, proactive measures were taken to combat societal stigma through awareness campaigns and counseling sessions, as shared by the Healthcare staff.

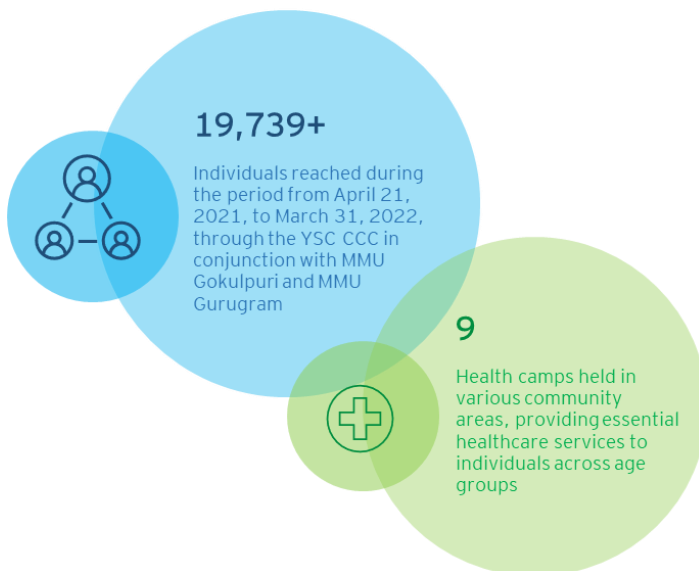
## Effective Partnerships

Effective partnerships played a pivotal role in the success of the programme, as stakeholders from various sectors collaborated seamlessly to address challenges and improve service delivery, as shared by the implementation partner. Governmental agencies, including the State Government, District Administration of North East Delhi, District Disaster Management Authority, and Contract Development and Manufacturing Organizations, worked hand in hand with hospitals such as Maulana Azad Medical College, GTB Hospital, and Lok Nayak Hospital, as well as organizations like Pfizer and DFY, to combat the pandemic.

Dr. Singh emphasized the importance of coordination, highlighting the numerous calls made to ensure the supply chain remained intact. This involved overseeing patient rounds, attending government meetings with district magistrates and sub-divisional magistrates, and handling interactions with reporters. Each partner played a crucial role in the programme's success. The government was responsible for providing constant support and coordination. Pfizer contributed by providing logistical support and essential equipment and amenities such as beds, oxygen supply, masks, medicines, etc., while DFY supplied trained medical professionals.



## Access to inclusive healthcare



## Impact on Community Outreach & Healthcare Access



**25%**  
Belonged to marginalized communities



**67%**  
Were female



**43%**  
Were above the age of 60

Note- All figures are as per programme report shared by Doctors For You

One of the programme's key impacts is the reduction of out-of-pocket expenditure for beneficiaries, as shared by the implementation partner. By bringing healthcare services directly to communities, individuals can access necessary care without the financial burden of traveling to distant facilities.<sup>17</sup>

### How satisfied were respondents with the intervention?



Respondents rated the YSC CCC intervention 7.5 out of 10

#### 4.1.1. OECD DAC Analysis

Parameter	Assessment
Relevance	<ul style="list-style-type: none"> <li>▶ The intervention's relevance is evident in its response to the acute healthcare crisis caused by the COVID-19 pandemic, particularly during the second wave in April 2021. Amidst rising cases and overwhelmed hospitals, the YSC CCC and MMU services provided essential medical care and outreach to marginalized communities, addressing critical gaps in healthcare access.</li> </ul>
Coherence	<ul style="list-style-type: none"> <li>▶ The intervention demonstrates coherence through its comprehensive approach to patient care, infrastructure support, and community outreach. The coordinated efforts of various stakeholders, including governmental agencies, healthcare providers, and organizations like Pfizer and DFY, ensured a cohesive response to the pandemic's challenges.</li> <li>▶ The programme is in line with global efforts to control and mitigate the impact of the COVID-19 pandemic. By collaborating with international organizations like Pfizer and following global guidelines for COVID-19 management, the programme contributes to the broader global agenda of containing the spread of the virus and minimizing its health and</li> </ul>

<sup>17</sup> As per programme report shared by Doctors For You

	<p>socioeconomic consequences. Additionally, the focus on community outreach and inclusive healthcare access reflects the programme's alignment with UN Sustainable Development Goals 3,9,10, 11 and 17 related to health equity and universal health coverage, innovation and infrastructure, reduced inequalities, sustainable communities and meaningful partnerships.</p>
<b>Effectiveness</b>	<ul style="list-style-type: none"> <li>▶ The effectiveness of the intervention is evident in its ability to provide timely and appropriate care to COVID-19 patients by ensuring sufficient availability of resources, capacity building and crisis management.</li> </ul>
<b>Efficiency</b>	<ul style="list-style-type: none"> <li>▶ As per interactions with the stakeholders, the intervention demonstrated efficiency in its resource management and operational processes. By leveraging existing infrastructure and mobilizing resources through strategic partnerships, the YSC CCC maximized the impact of available resources, ensuring the delivery of quality healthcare services to patients. Additionally, the implementation of streamlined operational procedures, such as inventory management and human resources allocation, optimized the utilization of staff and equipment, contributing to overall efficiency.</li> </ul>
<b>Impact</b>	<ul style="list-style-type: none"> <li>▶ Total of 08 respondents belonging to various stakeholder groups involved in the YSC CCC intervention rated the intervention an average of 7.5 out of 10.</li> <li>▶ The overall impact as reported by stakeholders included enhanced patient outcomes, focus on mental health of patients, access to inclusive healthcare and effective partnerships were created.</li> </ul>
<b>Sustainability</b>	<ul style="list-style-type: none"> <li>▶ By building capacity, strengthening partnerships, and fostering community engagement, the intervention lays the foundation for long-term resilience and preparedness in addressing future health crises.</li> <li>▶ The lessons learned from the intervention, such as effective coordination and resource optimization, can inform future pandemic response efforts, ensuring sustainability and continuity of care.</li> <li>▶ MMU services establish ongoing relationships with marginalized communities by providing regular healthcare access. By offering essential medical services directly to doorsteps, MMU services build trust and rapport within communities, ensuring sustained utilization and participation.</li> <li>▶ In addition to the above, the equipments donated during COVID are currently being used by Public Health Centres and other hospitals.</li> </ul>

## 4.2. Drug Distribution Drive by AmeriCares India Foundation

# *Relevance of the Intervention*

**Note-** The key findings presented in this section are purely based on discussions with the stakeholders (not including the patients/direct beneficiaries) and secondary research.

### *What was the need for the programme?*

#### Emergence of Omicron Variant

After the decline in COVID-19 cases following the second wave in India during April and May 2021, caseloads remained relatively low for several months, often staying below 10,000 cases per day. However, in November 2021, a new variant of the SARS-CoV-2 coronavirus emerged, subsequently named Omicron by the World Health Organization (WHO). The first two cases of the Omicron variant were reported in Karnataka in early December 2021 post which Indian authorities took immediate measures-

- ▶ **Contact Tracing and Testing Measures:**

Immediate actions were initiated to trace and test primary and secondary contacts of the identified Omicron cases in Karnataka. These individuals were subject to rigorous testing protocols and placed under government monitoring to prevent further spread of the variant.

- ▶ **Identification of At-Risk Countries:**

The government released a list of at-risk countries, where travellers were required to adhere to additional measures upon their arrival in India. This proactive step aimed to mitigate the potential importation of the Omicron variant from high-risk regions and enhance border control measures.

- ▶ **Implementation of Revised Travel Guidelines:**

Revised guidelines for international travellers entering India were enforced starting from December 1st, following an announcement by Lav Agarwal, Joint Secretary in the Health Ministry. These guidelines were designed to streamline the entry process and ensure strict adherence to health and safety protocols amidst the emerging threat posed by the Omicron variant.

- ▶ **Testing Requirements for At-Risk Country Travelers:**

Travelers arriving from at-risk countries were obligated to undergo an additional RT-PCR test upon their arrival in India, supplementing the mandatory 72-hour pre-arrival test. This comprehensive testing approach aimed to promptly identify and isolate any potential cases of the Omicron variant among incoming travellers.

- ▶ **Management of Positive Test Results:**

In cases where the RT-PCR test yielded positive results, individuals were managed according to established clinical protocols. Samples from positive cases were subjected to genomic sequencing to confirm the presence of the Omicron variant and inform subsequent public health responses.

► **Quarantine Protocols for Negative Test Results:**

Travelers with negative RT-PCR test results were directed to undergo a seven-day home quarantine period as a precautionary measure. Additionally, these individuals were required to undergo another RT-PCR test on the eighth day to further mitigate the risk of potential transmission within the community.

## Post COVID-19 Infection Complications

In the wake of the COVID-19 pandemic, a concurrent health challenge emerged known as post-COVID syndrome or post-acute sequelae of SARS-CoV-2 (PASC). Commonly referred to as "long COVID," this condition affects individuals experiencing persistent illness with one or more symptoms following COVID-19 infection.

According to the World Health Organization's (WHO) report titled "A clinical case definition of post COVID-19 condition," released on October 6, 2021, post-COVID condition is characterized by symptoms lasting for at least two months in individuals with a history of probable or confirmed SARS-CoV-2 infection, typically occurring three months from the onset of COVID-19 and not attributable to an alternative diagnosis<sup>18</sup>.

As of December 11, 2021, approximately 243 million individuals globally had recovered from COVID-19, with India accounting for 3.4 million recoveries<sup>19</sup>. A study published on November 16, 2021, estimated that around 100 million COVID-19 survivors worldwide are experiencing long COVID, based on an analysis of 40 studies from 17 countries. The study revealed that 40% of COVID-19 survivors suffer from long COVID, increasing to 57% among those hospitalized for COVID-19. Moreover, the prevalence of long COVID is reported to be higher in women (49%) compared to men (37%)<sup>20</sup>.

Recognizing the significance of long COVID, the Indian Government released the National Comprehensive Guidelines for Management of Post-COVID Sequelae in September 2021<sup>21</sup>. These guidelines outline the need for specialized attention to address the lingering effects of COVID-19, mostly associated with the cardiopulmonary systems and citing myocardial involvement, elevated troponin levels, venous thromboembolism, heart failure, arrhythmias, chest pain, and palpitations as commonly reported post-COVID symptoms.

## Were the needs met?

In response to the challenge of Long COVID, Pfizer collaborated with Americares as part of their CSR initiative to distribute Cefoperazone and Sulbactam for Injection, Magnus Forte 3g to 23 private and government entities nationwide.

Cefoperazone + Sulbactam is a combination of two medications: Cefoperazone, an antibiotic that inhibits the formation of bacterial protective covering crucial for bacterial survival, and Sulbactam, a beta-lactamase inhibitor that reduces resistance and enhances Cefoperazone's antibacterial activity.

<sup>18</sup> [WHO-2019-nCoV-Post-COVID-19-condition-Clinical-case-definition-2021.1-eng.pdf](#)

<sup>19</sup> [Residual pandemic: How India is battling long COVID \(downtoearth.org.in\)](#)

<sup>20</sup> [Residual pandemic: How India is battling long COVID \(downtoearth.org.in\)](#)

<sup>21</sup> [NationalComprehensiveGuidelinesforManagementofPostCOVIDSequelae.pdf \(mohfw.gov.in\)](#)

This semisynthetic broad-spectrum cephalosporin antibiotic is effective against *Pseudomonas* infections and is classified as a third-generation antibiotic agent, utilized in treating various bacterial infections caused by susceptible organisms in the body<sup>22</sup>.

Indications for use include treatment of respiratory tract infections that were common post-COVID symptoms, peritonitis, intra-abdominal infections, bacterial septicemia, skin and skin structure infections, pelvic inflammatory disease, endometritis, other female genital tract infections, urinary tract infections, and enterococcal infections<sup>23</sup>.



## *Coherence of the Intervention*

### *How well aligned was the programme with national & international priorities?*

#### **Alignment with National Priorities**

In the last week of July 2020, India's Union Ministry of Health and Family Welfare tasked its Joint Monitoring Group that advises the ministry on responses to various health events. with devising guidelines for managing long-term complications arising from COVID-19.

Further, a study on recovered patients, supported by the Union government's Science and Engineering Research Board, highlighted the importance of organized follow-up for recovered patients. A study published in Science of The Total Environment on August 10, 2020, posed the question: Does virus-mediated organ damage completely improve upon recovery? To ascertain the true consequences of the condition, maintaining follow-up studies on patients is deemed essential, as it facilitates the detection of diseases at their initial stages and enables timely medical intervention.

In September 2021, the Centre released the National Comprehensive Guidelines for Management of Post-COVID Sequelae. This marked the first official acknowledgment of long COVID and demonstrated the government's recognition that the issue warranted special attention.

Thus, the programme's objective to address the issue of long COVID indicates alignment with national priorities.

#### **Alignment with Global Priorities**

According to the World Health Organization's (WHO) report titled "A Clinical Case Definition of Post COVID-19 Condition," released on October 6, 2021, post COVID-19 condition manifests in individuals

<sup>22</sup> As per reports shared by Americares India Foundation

<sup>23</sup> As per reports shared by Americares India Foundation

with a history of probable or confirmed SARS CoV-2 infection, typically occurring 3 months after the onset of COVID-19 symptoms lasting for at least 2 months, without explanation by an alternative diagnosis. Common symptoms encompass fatigue, shortness of breath, cognitive dysfunction, among others, and generally impact daily functioning. These symptoms may emerge either newly following initial recovery from an acute COVID-19 episode or persist from the initial illness. Additionally, symptoms may fluctuate or relapse over time.

Following the establishment of this definition and set of guidelines by WHO, it enabled the healthcare sector to diagnose and address these issues effectively. The intervention, which involves the distribution of Magnex Forte 3g for the treatment of respiratory tract infections common as post-COVID symptoms, indicates alignment with global priorities recognized by the WHO.

Additionally, the focus on community outreach and inclusive healthcare access reflects the programme's alignment with UN Sustainable Development Goals 3,9,10, 11 and 17 related to health equity and universal health coverage, innovation and infrastructure, reduced inequalities, sustainable communities and meaningful partnerships.



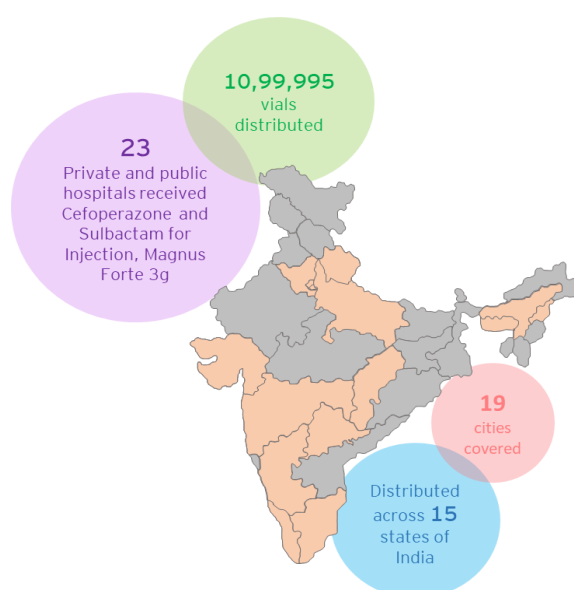
## Efficiency of the Intervention

### How efficient was the programme and resource management?

#### Geographical Coverage of Initiative

Pfizer, in collaboration with the Americares India Foundation, facilitated the distribution of Cefoperazone and Sulbactam for Injection, Magnus Forte 3g, to 23 private and government institutions situated across 19 cities. This initiative encompassed 15 states, including Assam, Chhattisgarh, Delhi, Gujarat, Haryana, Karnataka, Kerala, Maharashtra, Meghalaya, Mizoram, Nagaland, Tamil Nadu, Telangana, Uttarakhand, and Uttar Pradesh.<sup>24</sup>

Note- All figures are as per programme report shared by Americares



<sup>24</sup> As per the reports shared by Americares



## Logistical Efficiency

The initiative unfolded across two distinct phases subsequent to the initial request made to Pfizer Ltd. on November 24, 2021.<sup>25</sup>



Note- All figures are as per programme report shared by Americares

“ Our facility, GCRI Hospital, effectively utilized all the units received, finding the quantity to be sufficient for our needs. The distribution process was meticulously organized, and all stakeholders adhered to the prescribed procedures diligently. ”

-Rakesh Patel, Gujarat Cancer and Research Institute, Ahmedabad

## Effectiveness & Impact of the Intervention

### Were the objectives of the programme met?

Based on qualitative interactions with stakeholders, one perceived objective of the initiative was the improvement in patient outcomes, particularly among COVID-19 survivors experiencing long COVID symptoms.

By providing access to Cefoperazone and Sulbactam for Injection, Magnus Forte 3g, healthcare facilities can effectively manage bacterial infections commonly associated with post-COVID complications. Moreover, as maintained by Dr. Mahale from Lokmanya Tilak Municipal General Hospital, there were no reported side-effects of the injection and no complaints were received-

“ Magnex Forte injection is indispensable as it is a broad-spectrum antibiotic. LTM General Hospital has 1,900 beds across 35 departments and including 13 ICU beds. We needed

<sup>25</sup> As per the reports shared by Americares

*this injection not solely for COVID-19 patients but also for other medical cases. Its criticality lies in its essentiality across various medical conditions and was much needed at that time.* ”

*-Dr. Vidya Mahale, Lokmanya Tilak Municipal General Hospital, Mumbai*

### **What was the impact of the intervention on target groups?**

The qualitative data collected provides some insight into the operational dynamics of the intervention from which its impact may be derived.

#### **Alleviating Healthcare Burden**

The distribution of Magnus Forte 3g may have helped in alleviating the burden on healthcare facilities, especially in the wake of the COVID-19 pandemic and spread of Omicron variant. By equipping hospitals with essential medication, the programme has enabled healthcare professionals to address a wide range of bacterial infections promptly. This may have prevented the escalation of secondary infections and reduced the strain on already overstretched healthcare resources.

#### **Enhancing Healthcare Equity**

Another impact is the promotion of healthcare equity through equitable access to medication. By distributing Magnus Forte 3g to both private and government healthcare institutions across various states and cities, the initiative strived to ensure that individuals from diverse socio-economic backgrounds receive the necessary medical care. This may help in reducing disparities in healthcare access and promoting inclusivity in post-COVID care.

#### **Supporting Healthcare Infrastructure**

Furthermore, the initiative has provided crucial support to healthcare infrastructure by strengthening medication supply chains and distribution networks. This support extends beyond the immediate distribution of medication, laying the foundation for resilient healthcare systems capable of responding to future challenges effectively.

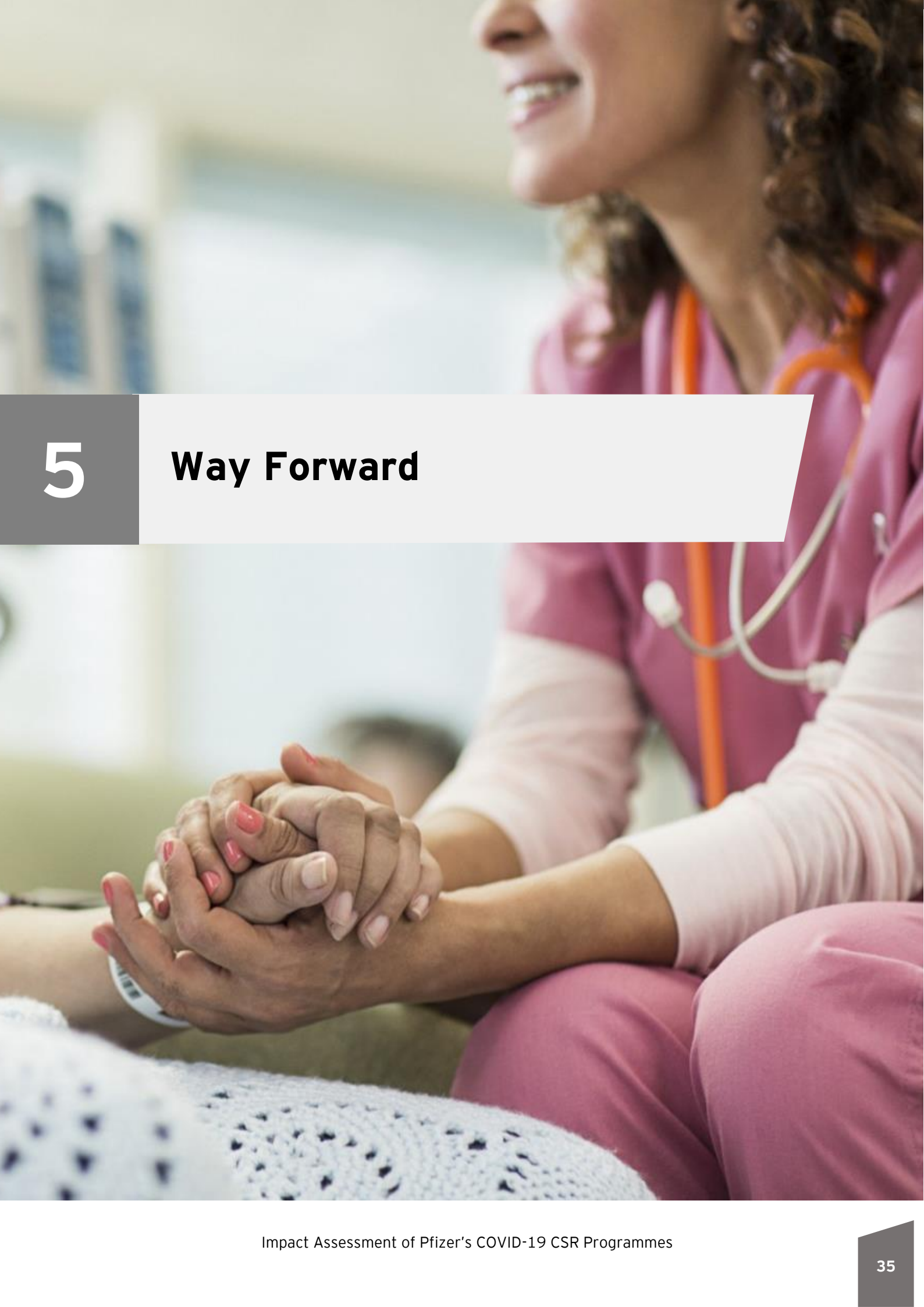
#### **Promoting Long-Term Health**

Ultimately, the impact of the initiative extends to promoting long-term health and well-being among individuals affected by post-COVID complications. By addressing bacterial infections promptly, the programme aimed to reduce the risk of chronic health issues and improve the overall quality of life for patients.

#### **4.2.1. OECD DAC Analysis**

Parameter	Assessment
Relevance	<ul style="list-style-type: none"> <li>▶ The initiative to distribute Cefoperazone and Sulbactam for Injection, Magnus Forte 3g, addresses the pressing issue of long COVID. By providing essential medication to combat bacterial infections, especially among COVID-19 survivors experiencing persistent symptoms, the programme targets a critical aspect of post-COVID care.</li> </ul>

<b>Coherence</b>	<ul style="list-style-type: none"> <li>▶ Alignment with Global and National Guidelines: The programme's interventions are aligned with global guidelines, such as those outlined by the World Health Organization (WHO), and national guidelines, such as the National Comprehensive Guidelines for Management of Post-COVID Sequelae in India.</li> <li>▶ Collaborative Partnerships: The programme leverages collaborative partnerships with organizations like Pfizer Ltd. and Americares to strengthen medication supply chains and distribution networks.</li> <li>▶ Alignment with Long-Term Health Goals: The programme's focus on improving patient outcomes, alleviating healthcare burden, promoting healthcare equity, and supporting healthcare infrastructure demonstrates coherence with long-term health goals.</li> </ul>
<b>Effectiveness</b>	<ul style="list-style-type: none"> <li>▶ Testimonials from healthcare facilities, such as Lokmanya Tilak Municipal General Hospital and Gujarat Cancer and Research Institute, shared that the effective distribution system ensured that the medicines reach the hospitals timely.</li> </ul>
<b>Efficiency</b>	<ul style="list-style-type: none"> <li>▶ The programme's efficiency is revealed in its streamlined distribution process and utilization of resources, as per interactions with stakeholders. By collaborating with Americares, Pfizer demonstrated a strategic approach to corporate social responsibility, effectively leveraging partnerships to facilitate timely access to essential medication across multiple states and healthcare institutions.</li> </ul>
<b>Impact</b>	<ul style="list-style-type: none"> <li>▶ The perceived impact included improving patient outcomes, alleviating healthcare burden, enhancing healthcare equity, supporting healthcare infrastructure, and promoting long-term health.</li> </ul>
<b>Sustainability</b>	<ul style="list-style-type: none"> <li>▶ The long-term effects of the programme addressing post-COVID-19 infection complications extend beyond immediate outcomes and aim to positively impact individuals' health and well-being over an extended period. This may include reduced risk of chronic health issues, long-term healthcare costs, and prevention of secondary complications.</li> </ul>



# 5

## Way Forward

## 5. Way Forward

Pfizer, through its Corporate Social Responsibility (CSR) initiatives, assisted in managing and combating COVID-19 in India. To scale up such programmes or in the unfortunate event of a recurrence, the following recommendations have been formulated based on discussions with stakeholders involved in the programme:



### 5.1. Trainings on Crisis Healthcare

It was suggested by doctors from YSC CCC that nursing officers and staff could receive training in crisis healthcare management. Incorporating such modules into their regular curriculum could better prepare them to address healthcare crises.

Doctors said that “In such situations, time is critical, and providing such training beforehand can significantly improve response times in the future”.

### 5.2. Feedback Mechanism

Implement a post programme feedback mechanism to solicit input from patients and healthcare providers regarding the quality of services, medication effectiveness, and areas for improvement. Regular feedback loops can inform programme adjustments and ensure responsiveness to evolving needs.



### 5.3. Separate Counseling Team

While counseling and psychological support were integral parts of the programme, they were primarily provided by doctors and healthcare staff. It is recommended to engage a separate team of counselors to organize recreational activities and offer counseling services. This approach will allow doctors and healthcare staff to focus on other aspects of patient health and recovery.

### 5.4. Monitoring and Evaluation Framework



Robust systems for monitoring drug distribution and usage may be developed to ensure accountability and efficacy of future distribution drives. Regular evaluation of the impact of the drives can not only help identify areas for improvement and optimize resource allocation, but also prepare stakeholders for future emergencies.