

NASSCOM Foundation

COVID19

Impact Assessment Report

March 2023



Photo source: NASSCOM Foundation

SoStakes
Driving Social Value

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Executive Summary

On 11th March 2020, the World Health Organisation (WHO) declared the outbreak of coronavirus disease (COVID-19) as a global pandemic. The first wave of COVID-19 in India began in late January 2020 and peaked in September 2020.

The second wave of COVID-19 in India began in March 2021 and peaked in May 2021, with a sharp increase in cases and deaths.. The second wave overwhelmed the healthcare system and put a strain on the already overstretched Govt hospitals causing a large number of deaths. There was an acute shortage of hospital beds, oxygen, and other essential medical supplies.

Relief efforts continued during the year. During the various phases of the pandemic, the Govt of India directed the private sector and civil society organizations on the areas in which support was required. It was felt that the most effective tool to fight against Covid -19, was to vaccinate the population. While, in March 2020, the Govt had directed that the use of CSR funds to support the COVID-19 relief efforts would be an eligible activity for CSR, in January 2021, the Govt further directed that usage of CSR funds for carrying out awareness campaigns and vaccination drives would also be treated as an eligible activity for CSR. Thereafter, in May 2021, creating health care infrastructure and establishing medical oxygen generation plants & storage plants was recognised as an eligible activity under CSR.

Mphasis decided to augment infrastructure support at Govt Hospitals and worked with different partners. Given their connect with NGO partners and the Govt, NASSCOM Foundation (NF) had already started covid relief work. Mphasis decided to partner with NF and an MOU was signed in May 2021 with an expected outlay of ₹117 lacs.

NF execution was done in stages. In July 2021 it was decided that a 400 LPM oxygen plant along with 2 ventilators would be set up at Taluk General Hospital, Tarikere, Chikkamagaluru District Hospital. After the medical infrastructure set-up, in Dec 2021 NASSCOM Foundation partnered with a local NGO (Goonj) to distribute 500 dry food kits across 12 villages in the Kolar district. In view of the Govt's appeal to corporates that vaccination was a national priority, in Jan 2022, NF partnered with Doctors For You for the vaccination drive .

This Impact Assessment Report examines the NF led Covid relief efforts which commenced in May 2021 and were completed by March 2022. The framework for evaluation is based on the OECD-DAC standards of Relevance, Effectiveness, Efficiency and Impact. SoStakes has relied on a qualitative approach for analysing the programme. Primary data was collected from the stakeholders which included beneficiaries of the food kits, the implementing team – NASSCOM Foundation, the ground partners – Goonj and Doctors for You (DFY) Admin Staff of the Taluk General Hospital.

Post the intervention, the 100 bedded Taluk General Hospital is now equipped with 20 ICU beds connected with oxygen supply. 178 patients have used the oxygen facility so far. The food kits were distributed to the most vulnerable - transgenders and daily wage workers in Kolar. This provided immediate relief to the families whose daily income was severely impacted by the pandemic. The vaccination drive provided protection from Covid -19. The drive was successful in reaching out to the old , disabled and individuals who could not come to the vaccination centres.

While the Covid relief activities, such as the food kit distribution and vaccination drive, have provided immediate relief, the infrastructure enhancement will provide significant benefits over a longer term. These benefits include increased capacity to treat more patients, better patient care, improved patient outcomes and increased patient satisfaction. Clearly, this is a more strategic and longer lasting benefit and has benefitted / will benefit a larger spectrum of the population.

COVID19 Relief intervention in Karnataka: Budget ₹ 1,17,00,000



Dry food kit ₹ 4lac
distribution in
partnership with NGO
Goonj in across 12
villages in Kolar
district.



Infrastructure support ₹
89.77 lacs @ Tarikere General
Hospital Chikkamagaluru
district.



Mass vaccination ₹
17.29 lacs in partnership
with Doctors for You (DFY),
Bangalore South.



Picture credit: Open Source

Chapter 1

Introduction

1. Introduction

1.1 Context

The first wave of the COVID-19 pandemic began in December 2019 in Wuhan, China and quickly spread across the globe. The World Health Organization declared it a pandemic on March 11th, 2020. The first wave of COVID-19 in India began in late January 2020 and peaked in September 2020, with a gradual decline in cases thereafter. During the first wave, the Indian government implemented various measures such as lockdowns, travel restrictions, and social distancing to control the spread of the virus. The second wave of the COVID-19 pandemic varied from country to country and began at different times depending on the region. The second wave of COVID-19 in India began in March 2021 and peaked in May 2021, with a sharp increase in cases and deaths. The second wave was larger and more severe than the first wave. In some places, it was attributed to new variants of the virus that were more contagious and led to more severe diseases and deaths. India experienced a devastating second wave of the COVID-19 pandemic in 2021, which overwhelmed the healthcare system and led to a high number of deaths. Some of the challenges faced during this second wave include:

Overburdened healthcare system: The surge in COVID-19 cases put a tremendous strain on the healthcare system in India, which was already stretched thin. The shortage of oxygen was particularly acute, with many hospitals running out of oxygen and patients dying due to a lack of oxygen supply.

Loss of Income: Daily wage workers were among the worst affected by the pandemic-induced lockdowns, as they were unable to work and earn a daily wage. They faced the immediate threat of hunger and poverty, highlighting the need for greater social protection and support.

Mass vaccination urgently required: After the vaccines were out, the World Health Organisation (WHO) recommended that countries roll out large-scale vaccination programmes to impede the spread of the virus.

Govt of India requested corporates to support COVID-19 relief efforts through their Corporate Social Responsibility (CSR) funds. Corporate India has played a crucial role in responding to the COVID-19 pandemic by utilizing their Corporate Social Responsibility (CSR) funds. CSR funds were used to support relief measures, strengthen healthcare infrastructure, support frontline workers, and create awareness. Some of the initiatives undertaken by companies include:

Healthcare: Many companies have contributed towards strengthening the healthcare infrastructure by setting up COVID-19 hospitals, and donating medical equipment such as ventilators, oxygen concentrators, and PPE kits.

Relief measures: Several companies have donated funds towards relief measures for those impacted by the pandemic. This includes distributing food packets, providing financial assistance to daily wage workers, and supporting migrant workers.

Supporting frontline workers: Companies have also extended support to frontline workers such as healthcare professionals, police personnel, and municipal workers. This includes providing them with protective gear, distributing meals, and setting up temporary shelters for them.

Awareness campaigns: Many companies have launched awareness campaigns to educate people about the pandemic and the measures to be taken to prevent its spread and the importance of taking the vaccination. This includes running campaigns on social media, television, and radio.

For the last 2 decades, NF has been working to tackle the social and economic challenges of communities with technology as a key differentiator. The Ministry of Corporate Affairs announced on March 2020 that CSR funds could be spent to support relief efforts to tackle the COVID-19 outbreak. NF given its connection with software companies and its network of on-ground NGOs decided to step in to undertake relief work for COVID-19. They approached the Corporates to partner with them to fight against Covid.

1.2 Corporate Social Responsibility of Mphasis Ltd.

Mphasis Limited carries out its CSR for the socially excluded and economically disadvantaged through the F1 Foundation. The F1 Foundation, established in 1998, is a non-profit organisation aimed towards supporting unique socially beneficial programmes. The focus areas of CSR of Mphasis, as per its CSR Policy, inter- alia, include technology-led community development, creation of opportunities for the disadvantaged with an emphasis on persons with disabilities and impact grants to promote social entrepreneurship.

The Mphasis team decided to support the COVID-19 relief efforts through NF.

An MOU for grant support of ₹117 lacs was signed in May 2021 for COVID relief activity with NF, The proposal was primarily to strengthen the medical infrastructure in the government hospital and to support the vaccination drive.

1.3 NASSCOM Foundation (NF)

NF(NF) is the social arm of NASSCOM Foundation - the apex body for the Indian IT industry. The foundation has been actively involved in various CSR (Corporate Social Responsibility) initiatives aimed at promoting digital literacy, creating employment opportunities, and empowering marginalized communities through technology.

Their activities are centred around -

- i. Education and digital literacy: The foundation has been working to bridge the digital divide by promoting digital literacy and providing access to technology for underprivileged communities.
- ii. Skilling and employability: The foundation has been working to create employment opportunities for marginalized communities by providing them with the necessary skills and training. The 'NASSCOM Foundation Skills Registry' is an online platform that connects job seekers with employers and helps them showcase their skills and certifications.
- iii. Environment sustainability: The foundation has been actively involved in promoting environmental sustainability through various initiatives such as e-waste management, paperless offices, and sustainable practices in the IT industry.
- iv. Disaster relief and response: NF has been at the forefront of disaster response and relief efforts. The foundation has collaborated with various organizations to provide immediate assistance to disaster-affected communities and to rebuild their lives.

1.4 COVID-19 Relief program (May 2021- 31st March 2022)

Given the medical situation in the State of Karnataka at that juncture , a plan was drawn up with the intent to prepare for the third COVID wave as predicted by experts.

NF worked in close collaboration and coordination with the State Govt of Karnataka and identified 3 intervention areas.

- (a) Setting up infrastructure in Govt hospital
- (b) Distribution of ration kits
- (c) Vaccination drive

In May 2021, creating health care infrastructure and establishing a medical oxygen generation plant & storage plant was recognised as an eligible activity under CSR by Govt of India.

In July 2021, Taluk General Hospital (TGH), Tarikere, Chikkamagaluru District was identified as a beneficiary hospital for setting up the infrastructure.

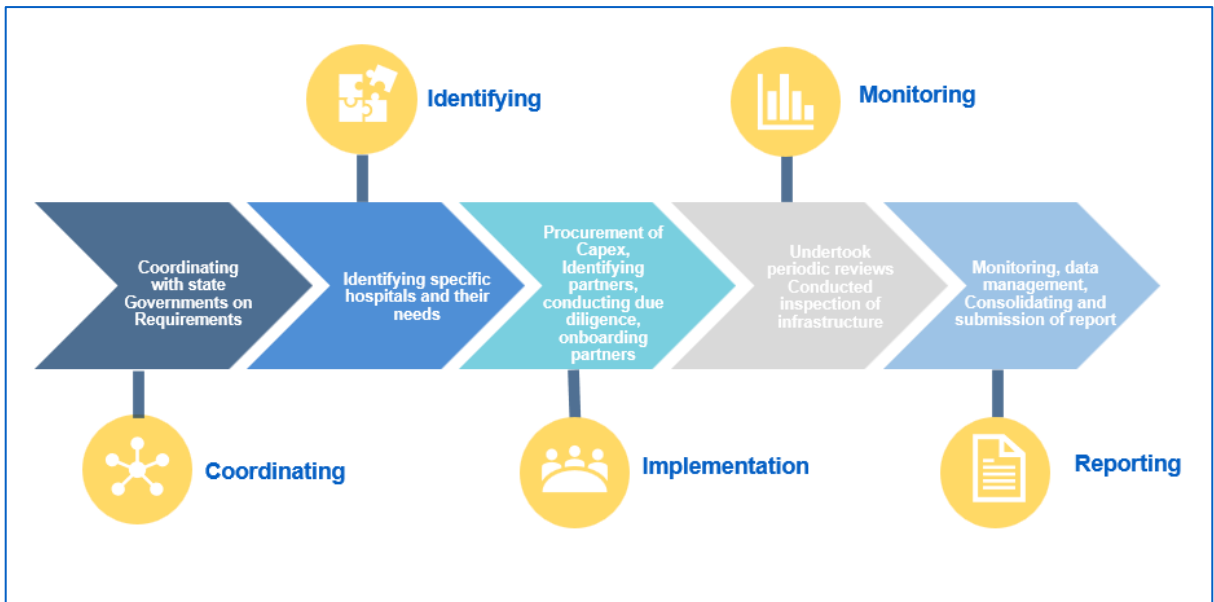
NF partnered with Goonj in Dec 2021 for the distribution of food kits. Goonj was recognised among the top 50 Last Mile Responders in India by The World Economic

Forum. Since 1999, Goonj has built a network of communities from urban to villages in India, channelizing material as a tool to address, education, health, disaster relief and rehabilitation. Over 4 days in December 2021, food kits were distributed to 500 households in 12 villages in the Kolar district.

In Jan 2022, NF partnered with Doctors for You (DFY) for the vaccination drive. DFY is a registered society, registered under the Societies Registration Act 1860 Section 21 having registration no. F-56886. DFY is a pan-India humanitarian organization with an international presence and is working in various disaster-hit zones for the last 14 years. DFY was founded in India in 2007, by doctors, medical students and like-minded people with a vision of "Health for all." Currently, DFY is working on various projects in different states of India involving health care professionals, Disaster Management Practitioners, Social Workers and Administrative Staff.

DFY conducted the vaccination drive from **26th January 2022 to 31st March 2022** in Bangalore South as per the direction of BBMP. It was done with 3 teams (2 mobile teams and one stationary team).

NF undertook the following activities for the COVID-19 project:





Picture source: Deccan Herald

Chapter 2 **SoStakes' Approach and Methodology**

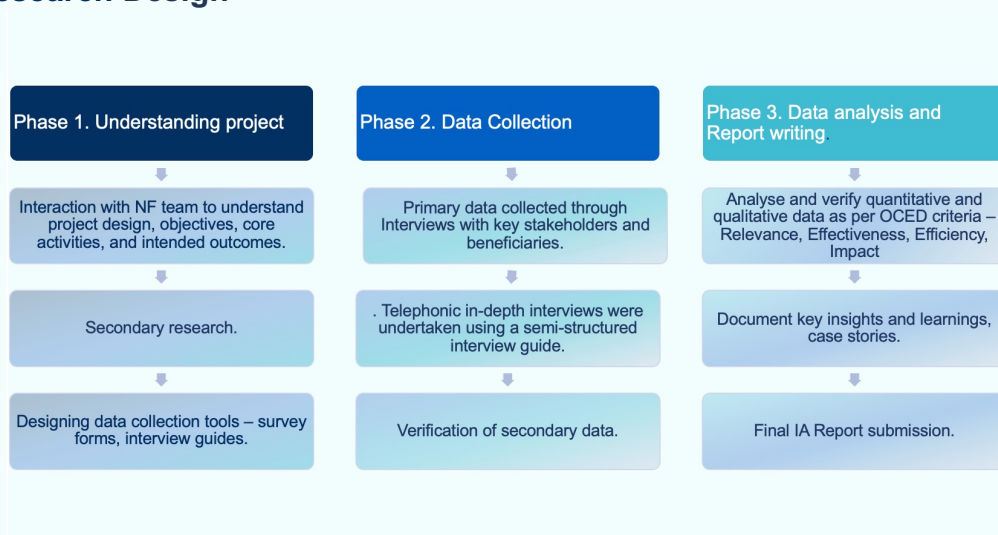
SoStakes' Approach & Methodology

2.1 Objectives of the Impact Assessment

This impact assessment seeks to establish and record the contributions of the covid relief efforts done using the CSR funds. The study examined

- The process followed for the Covid relief work both within Mhpassis and by the implementing partners and their delivery partners.
- The outreach to beneficiaries.
- Insights and learnings.

2.2 Research Design



Data sources:



SoStakes' Approach & Methodology

2.3 Stakeholders

S.No.	Type of respondent	Name	No. of respondents
1	Donor	Related to relief efforts/CSR staff	2
2	Implementing partner	NASSCOM Foundation Foundation	2
3	Recipient of support	Hosp Admin - Tarikere, District Hospital Chikkamagaluru	2
4	Beneficiary	Families kolar District	15
5	Supporting partner	Doctors for You /Goonj	3
		Total	24

2.4 Framework for Evaluation

We have relied on the DAC/OECD standards of Relevance, Effectiveness, Efficiency and Impact for this evaluation. The OECD criteria is aimed at strengthening the evaluation process and evaluation practitioners widely use them for improving developing outcomes. These parameters are measured as per indicators specified in the table below:

Parameter	Description	Indicators
Relevance	To assess whether the interventions adequately responded to the needs of intended beneficiaries.	i. Programme activities vis a vis the dynamic/ emergency requirements at the time.
Effectiveness	To assess whether target outputs and outcomes were achieved.	i. Supporting requests from Govt Hospitals to set up infrastructure in remote areas. ii. Outreach of food kits to needy rural beneficiaries iii. Supporting Govt mandate on mass vaccination drive.
Efficiency	To assess the efficiency with which the project has been managed.	i. Execution approach - identifying right delivery partners ii. Execution timelines from the decision taken to reaching the last mile. iii. Navigation of Covid19 challenges
Impact	To assess the contributions of the projects, in terms of social value, for the beneficiaries.	i. Usage of infrastructure by end beneficiaries. ii. Providing food security. iii. Vaccination drives reach out to the old, disabled and those unable to visit the vaccination centre.

2.5 Ethical Considerations

- Prior consent was taken from the respondents (beneficiaries/stakeholders) interviewed for the study.
- The respondents were informed about the purpose of the study, as well as how the information provided would be used.
- SoStakes ensures the confidentiality of data shared.

2.6 Limitations

- Some of beneficiaries of Kolar district could not be reached during telephonic survey as mobile numbers provided were not active.
- Recall bias as 30% respondents could not recall receiving ration kits as the intervention was more than a year old. Many also could not identify the specific donor.

Picture credit: N/Core

Chapter 3

Findings and Impact

Programme outreach and Impact:



2904 beneficiaries supported with 500 ration kits

- Immediate relief.
- Good nutrition for improved immune system.
- Reaching most vulnerable, targeting transgender communities.



Gandhinagar, village Kolar.



Oxygen Plant 400 LPM, 2 Ventilators, in Tarikere General Hospital Chikkamagaluru.



- Augmenting hospital infrastructure - 20 ICU beds with oxygen supply.
- Ability to treat more patients,
- Better patient care,
- Increased patient satisfaction.



18323 persons vaccinated in Bangalore Urban and Rural.

- Resilience to fight virus
- Providing easy access to vaccines
- Targeting vulnerable communities – HIV+ elderly/people with comorbidities





Picture credit: N/Core

Infrastructure at Government Hospital, Tarikere

3.1 Findings and Impact

Infrastructure at Govt Hospital, Tarikere

The findings have been analysed and presented using the DAC/OECD standards of Relevance, Effectiveness, Efficiency, Sustainability and Impact.



The oxygen generation plant is a 2 PSA Tower/ sodium Zeolite Molecular Sieve with 10 year life span & a 6 stage filtration process.

3.1.a Relevance

During the second wave of Covid -19, from March 2021 to May 2021, India experienced a surge in COVID-19 cases, and there was a high demand for medical oxygen across the country, particularly in hospitals treating COVID-19 patients. Many hospitals and healthcare facilities faced shortages of medical oxygen, leading to concerns about the availability of oxygen supply for critically ill patients.

In response to this situation, in May 2021, Govt of India was notified vide amendment that " Creating health care infrastructure for COVID -19 /establishing medical oxygen generation plant & storage plant would be recognised as an eligible activity under CSR.

Urgent Oxygen requirement: At that time, the Ministry of Agriculture and Farmer Welfare Department made an appeal to NASSCOM Foundation stating the need to set up an Oxygen generation plant in Tarikere General Hospital in Chikkamagaluru. Tarikere is the 3rd largest block (out of the 7 Community Blocks in Chikkamagaluru District) in terms of area and serves a population of 2,25,280. (census 2011)

During our discussion with Dr. Chandrashekarappa,(Chief Medical Officer of Tarikere General Hospital) it was explained that as per Govt directives, 50 beds out of the 100 were reserved for Covid-19 patients and the hospital treated 2500 covid patients of which 18% of the patients i.e 450 of them were oxygen dependent. The Hospital had to get oxygen cylinders from a place called Bhadravati which was 25 km away. During the second wave, the shortage was so acute that patients had to wait for 36 hours to get an oxygen cylinder.

A need was felt that each hospital should have the necessary infrastructure to support the patients rather than rely on a faraway source to get oxygen cylinders. Typically a patient requires 4-6 litre per minute. So for 50 patients, the requirement was calculated at 300 litres. Hence TGH requested that the infrastructure of the hospital be enhanced by installing an oxygen generation plant with a

capacity of 200-400 litres per hour. The Hospital had 4 ventilators and it was insufficient given the patient inflow , hence a request was made for 2 more ventilators .

Ventilator at General Hospital, Tarikere set up with support from Mphasis.



Key considerations for oxygen plant:

- ✓ Ease of Installation/ on site training for installation.
- ✓ Good user interface with numerical and graphical values on control panel
- ✓ Alarm for low oxygen concentration

- ✓ Alarm with automatic back-up engaged, as configured (e.g. secondary plant in duplexed parallel system or reserve cylinders from ancillary manifold)

3.1.b Efficiency

The request to set up an infrastructure of an oxygen generator and 2 ventilators was made by TGH, Tarikere on 8th July 2021.

Rigorous procurement process in place: NF followed a rigorous process in deciding on the vendor. They took proposals from 3 manufacturers of oxygen generators - Trident ,Monotech ,Sonitech. Similarly 3 quotes were taken from Ventilator OEM's (Philips, AB industries India and Skan Respiro Plus) They were reviewed against all parameters. They followed a Quality cum Cost Based Selection approach, which took into account the specifications of the product and the cost. (70% weightage for the product and 30% for the financial quote.) Before placing the orders, NF also checked for customer feedback on the product (WIPRO). Post receiving a positive feedback, an order was placed for the Oxygen generator in Oct '21.

Product assessment post installation and operation: The equipment was delivered and installed by 2nd February 2022. In July 2022, Soni Tech Engineer conducted an inspection and confirmed that the oxygen plant was operating as per the standard. This was also acknowledged by the TGH staff. The entire infrastructure set up i.e from placing an order to installation took 8 months which displays very good execution timelines by NF.

Support of State Government for augmenting installed infrastructure: State Govt also invested in supplementary infrastructure such as increasing the transformer capacity from 170 KV to 250 KVA, and a backup generator to support the smooth functioning of the oxygen plant.

3.1.c Effectiveness and Impact

Plant and ventilators effectively working post installation : It was confirmed that the oxygen plant was generating oxygen @ purity of 93% +-3% and ready for patient use.

Support has upgraded the infrastructure set up of hospital: Hospital is now equipped with a 20 bedded ICU infrastructure with each bed connected to an oxygen supply from the oxygen plant. This increased capacity will help to treat more patients. Benefits will extend by way of improved patient outcomes, better infection control, and increased patient satisfaction.

Over the last 12 month on an average per month they have treated 350 patients with 15 patients per month requiring oxygen facility.



Key achievements:

4193 patients treated in the hospital,
178 patients used oxygen facility.
from Feb 2022- Feb 2023

Impact :

- ✓ Ability to treat more patients
- ✓ Improved patient care
- ✓ Increased patient satisfaction

SCOM
DATION



VACCINATION CL

9, 20

at
Helpline No

Mass Vaccination drive,
Bengaluru

3.2 Findings and Impact -

Mass Vaccination Drive

India began the administration of COVID-19 vaccines on 16th January 2021. As of 2 nd December 2021, India had administered over **2.19 billion** doses overall, including first, second and precautionary (booster) doses.

In India, the COVID-19 vaccination program was being implemented by the Government of India through the Ministry of Health and Family Welfare. The vaccination program was being rolled out in phases, with priority groups receiving the vaccine first. There was a vaccination protocol to be followed.

Individuals had to register for vaccination on the CoWIN portal with basic personal details. Given the shortage of the vaccine, the vaccines were prioritised for healthcare workers, frontline workers, and individuals over the age of 60. After registration, individuals were scheduled for a vaccination appointment at a nearby vaccination centre. The COVID-19 vaccine was administered in two doses, spaced 4 to 6 weeks apart. Post-vaccination individuals were given a vaccine certificate as proof of vaccination.

In Jan 2022, NASSCOM Foundation partnered with Doctors for You (DFY) for the vaccination drive.

3.2.a Relevance

Vaccination identified as most effective way to prevent and control COVID – The World Health Organization (WHO) actively promoted COVID vaccination as a means to protect people from getting infected, to reduce the severity of the disease, and to bring the pandemic under control. It encouraged that people get themselves vaccinated as soon as they are eligible.

Government faced with task of reaching a 100% vaccination coverage for the eligible population. There was a need to partner with organisations on ground and with corporates to lead this effort.

As on January 26th, 2022, 77.4% had taken their first dose in Bangalore Urban district, 63% had taken the second dose and 1.11% had taken a booster dose. While significant progress was made on the vaccination front, uptake of vaccination among certain groups of people were low.

Slow Progress in vaccination was on account of many factors such as lack of awareness, misinformation about the vaccines circulating on social media leading to confusion and fear and vaccination hesitancy esp. in some communities.

Technological Barriers: The process of registering for vaccines online has also proved to be challenging for some individuals, particularly those who are not familiar with technology or do not have access to the internet.

Coverage of areas where the vaccination numbers were low: In Bangalore, Bruhat Bengaluru Mahanagar Palike (BBMP) was monitoring the vaccination of people and had identified areas where the vaccination numbers were low. The DYF team was asked to operate in 3 wards, out of the 198 wards administered by BBMP (Puttenahalli and Mangammanapalya) and Bangalore rural.

3.2.b Efficiency

Experienced on-ground partner - NF's partnership with DFY for the vaccination drive was synergistic as DFY was already involved with the vaccination drive on a pan-India basis. DFY established 85 centres in 10 States. On an All India basis, they had already inoculated 425 million beneficiaries. The team was experienced in coordinating with the Govt machinery and was familiar with the challenges of the process.

Awareness/ Counselling sessions: DFY conducted extensive awareness campaign as well as door-to-door sensitization. They undertook pamphlet distribution, and held counselling sessions on the importance of getting vaccinated and the safety and efficacy of the vaccines. This was necessary to combat vaccine hesitancy prevalent at the time amongst certain communities, and helped in alleviating fears and misconception about the vaccine. They mobilised people through word of mouth and through local influencers in the locality. Addressed specific concerns and questions of individuals with comorbidity who are hesitant to get vaccinated. They also shared personal stories of individuals who have been vaccinated and their experience.

Technology support provided : Assisted people to book vaccination slots online and pre-booking time/slot for second dose of vaccine. Based on the vials received they distributed the tokens for the day and registered the names of individuals. This helped in managing the crowds expectations as well as ensure better vial management with minimum wastage.

Helpline numbers in case of queries : The team had to counsel the people post vaccination. Helpline numbers were given out, so that people could reach out in case there were any post vaccination complications.

Overall, given their experience, DFY handled the process smoothly and effectively .

3.2.c Effectiveness and Impact

DFY successfully met target numbers: DFY was able to overcome early challenges of coordination to successfully vaccinate 18323 persons.

Dates	Ward 187/Nos vaccinated	Ward 195/Nos vaccinated	Ward 190/Nos vaccinated	Total
26 th Jan -31 st Jan	1241	1618	1295	4154
1 st Feb-15 th Feb	2997	2742	2367	8106
16 th Feb-28 th Feb	1811	2311	1941	6063
Total	6049	6671	5603	18323

DFY worked in coordination with Bruhat Bengaluru Mahanagar Palike (BBMP) for the vaccination drive. They provided the manpower in terms of doctors and nurses for the process of vaccination.

Each vaccination team was 8 member team consisting of 1 Doctor, 2 Nursing Staff, 3 Nursing Orderly and 2 Data Entry Operator. Three teams supported the vaccination drive.

BBMP ward 187 Puttenahalli certified that 6049 vaccinations were complete; BBMP ward 190 Mangammanapalya certified that 5603 vaccinations were complete at Bommanahalli Zone and ward no 195, Konanakunte certified 6671 vaccinations that were completed at Bengaluru South.



Vaccination drive at Puttenahalli ,ward 187

DFY worked closely with the BBMP, navigated through technical issues such as unavailability of the CoWin portal, erratic supply of the vials etc. and completed their vaccination target which was set out for them.

Ensuring ease of access, especially to vulnerable groups: DFY targeted individuals in remote areas, the elderly and the disabled who were unable to travel to the centres for vaccinating themselves (3031 first-dose vaccines were administered). Their door-to-door campaign, along with their mobile vans were helpful in providing easy access of vaccine to people in their localities.



18323 persons vaccinated

**Covishield 78%(14329),
Covaxin 22% (8652)**



**Male 53%
Female 47%**

Age Group	Male	Female	Total
15 y- 17 y	1817	1649	3466
18Y -44 Y	4661	4185	8846
45 -60 Y with comorbidity	746	635	1381
45 -60 Y without comorbidity	695	611	1306
>60 Years	1707	1540	3247
Healthcare workers/Frontline workers	45	32	77
Total	9671	8652	18323

Key Findings:

- This campaign reached out to 3031 individuals and inoculated them with their first dose.
- In Jan 2022, Govt had extended the vaccination to the age group of 15-17 yr. 3466 Youth in the age group of 15-17 were inoculated.
- 2 mobile units operated the door-to-door vaccination drive and vaccinated 11653 individuals.
- The vaccine drive was undertaken through a door-to-door delivery that was successful and important as it reached out to individuals in remote areas, the elderly and the disabled who were unable to travel to the centres for vaccinating themselves.



Picture credit: N/Core

Ration kit distribution, Kolar district, Karnataka

3.3 Findings and Impact

Ration kit distribution

3.3.a Relevance

Many people lost their jobs or experienced reduced income due to the pandemic, making it difficult for them to afford food. The pandemic has disrupted supply chains, making it harder for food to reach some communities. Good nutrition was critical for maintaining a healthy immune system, which was essential to fight the virus.

Ration kit distribution was believed to provide immediate relief to vulnerable families whose daily income was severely impacted due to the pandemic. Food kits helped in providing a nutritious diet at an affordable cost. Dry Food kit consisted of staples and basic necessities which had shelf life and could provide longer sustenance for the family. The advantage of dry food was that it could be consumed based on the need of the family and wastage could be avoided.

The first step to ensuring food security in the community was to identify the vulnerable communities that needed support. Regional NGOs with strong grass root connect played a vital role in identifying the communities. Hence it was necessary to partner with NGOs who had the last mile connect.

In Dec 2021, NASSCOM Foundation partnered with Goonj for the food kit distribution in Kolar district, which is 66 km from Bangalore. The major sources of employment are agricultural: dairy farming, sericulture and floriculture. During the pandemic, the farmers were affected by the lockdown. The farmers in the regions preferred to leave the vegetables in the plants as they could not sell the product or recover the labour cost of harvesting. This affected the locals/ labourers who were left with no jobs and some of the natives migrated from cities due to the lockdown further exacerbating the situation.

3.3.b Efficiency

Leveraging support of local partner: Goonj supported the distribution of 500 kits to 12 villages in Kolar District. Goonj's 2 decades of experience helped in adapting and responding rapidly to the pandemic. Their localised connection with AVORD helped in reaching the neediest in the remote areas. During the pandemic, Goonj channelised 1.05 Million food kits, reached 4,96,000 cooked meals and sourced 4,31,000 kgs of vegetables and fruits and supplied them to end users. They had the experience and the last mile reach. NASSCOM Foundation identified Goonj, working in the Kolar district. Goonj in turn partnered with AVORD (Avord Voluntary Organization For Rural Development) In Action.

Immediate and timely distribution: The team managed to get Big Basket to quickly prepare the orders. Big basket delivered the kits at Gandhinagar. AVORD in consultation with local authorities identified the areas and people who were most affected by the pandemic, especially the second wave. On an average each village had an approx. of 40 families to whom the kits were distributed. The food kits were widely distributed across 12 villages in Kolar and Chikkabalapur District.



Distribution @ Iragampalli village @Chikkabalapur.

3.3.c Effectiveness and Impact

Distribution of food kits to communities, including vulnerable communities : 95% of respondents daily wage workers and had no work during the pandemic. They were grateful for the support that helped them tide over the difficult days of the pandemic. Beneficiaries also included other vulnerable groups especially transgenders/ HIV+ people/ sex workers. Goonj coordinated the distribution. The food kits were distributed over 4 days in December at specific locations. Gandhinagar was the central focal point from where the food packets were distributed to other villages. Each household had a family of 4 to 5 people, so the total beneficiaries were 2094.

The total cost of the dry ration was ₹4,00,000/- which worked out to ₹800 per kit. The dry food kit consisted of Rice- 5kg, Atta-5Kg, Toor dal-1 kg, Sugar-1Kg, 100 gr chilly Powder, Oil -1Ltr, and 1 kg Salt.

Ration distribution in Kolar

S.N	Date	Distribution GPS Location(villages)	Number of Dry Ration Kit Distributed	Beneficiaries
1	09/12/21	Gandhinagara	30	Senior citizens, Widows, Farmers & daily wagers
2	11/12/21	Gandhinagara	24	"
3	11/12/21	Purnapal+4 villages *	149	"
4	11/12/21	Chikkabalapur	49	" + Transgender
5	12/12/21	Devanapalli	57	"
6	12/12/21	Gownipalli	41	"
7	12/12/21	Yedaruru	57	"
8	13/12/21	Padathimmanahalli	24	"
9	13/12/21	Annenahalli	13	"
10	16/12/21	J Thimmasandra	56	"
		Total	500	

“ While the distress of the pandemic was all-pervasive, it was experienced the most by the already deprived among us. ”
 —
 Goonj team

4. Case Stories from the field

Vaccination drive :

Mrs. Monisha (68 years) is a resident of Jayanagar, South Bangalore. She had been ailing with arthritis, and had been unable to walk or step out of her house. Her granddaughter, Anita (20 years old) was her caregiver. While they both were aware of the need to get vaccinated for COVID19, Anita had not been able to take her immobile grandmother to the vaccination booth. Anita was also unable to find time to visit the vaccination centre.

Both Mrs. Monisha and Anita were happy when Doctors for You arrived at their home and offered to get them vaccinated.

how door to door campaigning and vaccination reached out to the old and immobile individuals in the Jayanagar area:



“ We are very grateful to Doctors for You for their support without which we would have remained unvaccinated.

”

Ms. Anita and Mrs. Monisha, South Bangalore

Stories from Kolar : Food kit distribution.

“ We are a family of 5 members that includes my mother-in-law, husband, two children. My husband is a labourer and I work as a cook in a Government school. During the pandemic there was no work and we faced a lot of hardships. The food kit really helped us tide over a difficult time and we are very grateful for the support.

”

- Venkat Lakshmi, 35 years, Kolar.

“ I am a housewife and we are a family of three members – husband, myself and son. My husband is a daily-wage worker and did not have work for three months.

The ration provided helped us, it was good quality and lasted for a week. We are thankful for the support

”

Eshwaramma, 32 years, Gownipalli village, Kolar



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