

# IMPACT ASSESSMENT

## Setting Up of Atal Bihari Vajpayee Covid Hospital - Lucknow Uttar Pradesh



Report Prepared by



**THE ENERGY AND  
RESOURCES INSTITUTE**

*Creating Innovative Solutions for a Sustainable Future*

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Submitted to



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The study would not have been possible without the constant guidance and support of other officers of CSR cell, Mazagon Dock Shipbuilders Limited (MDL), Mumbai, Maharashtra. The team is grateful to them for their assistance.

The timely guidance of Mr. Rishi Jaiswal, Scientist –F, CCE(R&D) North, DRDO, New Delhi was valuable in carrying out this study.

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## Summary of the project

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In the year 2021, during the catastrophic incident of Corona pandemic, the Govt. of India stepped forward to establish a full-fledged Makeshift Covid Centre at Lucknow in Uttar Pradesh state with sophisticated infrastructure and comprehensive medical care facilities to treat the patients suffering from severe COVID 19 infection. This need of the hour and a massive initiative to cope-up with alarming consequences of the second wave of Corona pandemic was named as Atal Bihari Vajpayee makeshift COVID Care Centre and the site for establishment was allotted at Awadh Shilpgram in Lucknow by the Govt. of Uttar Pradesh. As per the directions of PMO, the DRDO took up the overall responsibility and handed over the task of construction to the CCE, North which successfully established it within a fortnight and commissioned the centre furnished with 500 beds, 40 KLD cryogenic oxygen gas supply system with pipeline networks, intensive care units, ventilators, lab, dispensary and all other necessary health care facilities. The DRDO facilitated the operations and provided doctors and other staff for the entire working tenure of the centre (5<sup>th</sup> May, 2021 to 31<sup>st</sup> March, 2022). An amount of nearly twenty-five crores was mobilised (60% from PM CARES and 40% from CSR). The Mazagon Dock Ship Builders Limited (MDL), Mumbai is also one of the contributors under CSR funds for the ambitious and successful venture from which thousands of critical patients received in-time medical care and the life-saving treatment. The Energy and Resources Institute, in its Impact Evaluation Report has highlighted the MDL's decision to support the project as a wise and bold decision. It has stated that the involvement of MDL not only reflects significant contribution to the society at the time of calamity, but shows its commitment in extending boosting support for a model approach of building massive medical emergency response.

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## Abbreviations

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COVID-19	Coronavirus disease 2019
CEE	Chief Construction Engineer
CSR	Corporate Social responsibility
DRDO	Defence Research and Development Organisation
DWT	Deadweight tonnage
ICU	Intensive Care Unit
KII	Key Informative Interview
KL	Kilolitre's
MDL	Mazagon Dock Shipbuilders Limited
MoU	Memorandum of Understanding
PMCARES	Prime Minister's Citizen Assistance and Relief in Emergency Situations
PMO	Prime Minister Office
SARS	Severe Acute Respiratory Syndrome
TERI	The Energy and Resources Institute
UP	Uttar Pradesh



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## Executive Summary

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Mazagon Dock Shipbuilders Limited (MDL), Mumbai, an ISO 9001: 2008 Company is one of the leading Defence Public Sector Undertaking ship building yards under the Ministry of Defence, Government of India. As per the Corporate Social Responsibility (CSR) Act, MDL is committed to undertake various programs for integrating social and business goals in a sustainable manner to create social impact through inclusive growth and to bring about positive impact on people and society at large.

Under Corporate Social Responsibility (CSR), MDL has partially supported Chief Construction Engineer (R&D) North, Defence Research & Development Organisation (DRDO), New Delhi, in establishing the Atal Bihari Vajpayee temporary COVID care facility in Awadh Shilpgram, Lucknow, Uttar Pradesh, in the years 2021 and 2022. The project's major goal was to treat COVID-19 patients from economically weaker sections having different problems for free of cost.

The Energy and Resources Institute (TERI) was assigned the task of evaluating the project's effectiveness and effects/impact on the target groups. A multi-dimensional method was used to examine the impact of the newly created Atal Bihari Vajpayee COVID care centre. Secondary data was collected and analysed along with the primary data which was gathered through key informant interviews.

The set-up was a makeshift centre established during the second wave of the COVID-19 pandemic, and after the pandemic was eased, all the equipment was distributed to various hospitals in Uttar Pradesh.

The project team met with CCE officials to obtain their perspectives, experiences and learnings - on the project's usefulness and impact on the community. To learn more about the project, detailed conversations were made with CCE and Scientist-F in the CCE office in New Delhi.

In the project, the financial achievement is 100% and with respect to this, CCE has provided utility certificate. Physical achievement details of MDL spent funds were not available as CCE did not purchase equipment with the individual agency contribution; - instead pooled funds from PMCARES and CSR funds and then purchased beds, ventilators and other necessary equipment and items for building a temporary COVID care centre.

**Proposal development:** As per the directions from the Prime Minister's Office (PMO), the Chairman of DRDO has asked the CCE to establish a makeshift COVID care unit at Awadh Shilpgram, Lucknow, Uttar Pradesh. This proposal was sent from the PMO to the DRDO during the second wave, at a critical period when the COVID instances were on the rise in April 2021. The CCE prepared a plan in accordance with the orders, and a suitable site for establishment in Lucknow was also identified. The Uttar Pradesh government designated the site. The PMCARES and CSR funds were used to financially assist the project's implementation. PMCARES provided the majority of the funding and the remaining amount was from CSR funds. A total of nine agencies were provided CSR funds, of which MDL was also one agency. Approximately Rs 25 crores of funds were mobilised, of which - PMCARES accounts for 60% and the remaining 40% was from CSR. In the month of April 2021, all these

amounts were mobilised from different agencies. On 26<sup>th</sup> April 2021, MDL - sanctioned an amount of Rs 1.15 crore and transferred it to DRDO.

**Project implementation:** The CCE began project work on 26<sup>th</sup> April 2021, after finalising the project planning and pooling of funds. The CCE had called for tenders for various works as the starting point. As a response; multiple agencies participated, and tenders were awarded to multiple agencies to complete the work within a week based on government guidelines. After the COVID-19 centre was established and commissioned, the work began on May 05, 2021, within the stipulated time frame. A total of 500 beds were established in the hospital; 200 beds were established in a temporary shed (Makeshift German hanger), and another 300 beds were established in an existing building of Avadh shilpgram. Prior to the hospital's commissioning, intensive training, quality inspections of installed equipment, COVID procedures, and protocol were done.

**Facilities and equipment:** The makeshift centre was well-equipped with a 40 KLD cryogenic oxygen gas supply system and pipeline networks to ensure continuous delivery to all 500 beds. In the hospital, 150 beds were in the intensive care unit (ICU) with ventilators, and 350 beds had oxygen supply facilities. Patients were treated for free including free oxygen and food, and the services were provided by Army doctors and other qualified personnel. To manage the hospital, the Indian Armed Forces had deployed medical specialists, medical officers, administrative officers, nursing officers, nursing assistants and technicians, and also support staff. Medical personnel flew from different parts of the country. The admission was managed by a city-wide integrated control centre; patients were treated only on appointment or on a registration basis.

**Way forward:** The hospital was set up at the behest of Honourable Defence Minister Mr. Rajanath Singh and with the full cooperation of Honourable Uttar Pradesh Chief Minister Mr. Yogi Adityanath. The second wave caused widespread damage, with an acute shortage of hospital beds, medications, and oxygen supplies, as individuals fought for their lives. No one was willing to step forward to support for anything from general public in that situation. During that disastrous time, the PMO delegated the responsibility of establishing a COVID care makeshift centre to the DRDO, within a period of only two weeks. DRDO managed and successfully established the centre within the stipulated short time strictly following all the guidelines. Despite of urgency, the CCE had followed all procurement rules and regulations while buying equipment and carrying out the works. Makeshift Centre commenced operations on May 5, 2021, and was shut down on March 31, 2022, after the COVID cases began to decline. Furthermore, all the equipment purchased for the centre was subsequently handed over to the Uttar Pradesh Government, which later decided to distribute the items to various- government hospitals in the state. The Directorate General of Medical Health Services in Lucknow, Uttar Pradesh provided a list of hospitals to the CCE for equipment distribution. The UP Government Directorate General and Medical Health Services, as well as the Medical Health & Family Welfare Department constituted a committee to endorse the list of hospitals for equipment distribution. Prior to the distribution of equipment, each hospital submitted a proposal for receiving necessary hospital equipment; as a result, all the items were distributed to the selected hospitals for future use. At the outset of pandemic, large-scale medical infrastructure and COVID care

facilities in Avadh Shilpgram and nearby areas were poor. After establishing the makeshift centre, thousands of critical patients received medical care and the life-saving treatment. Although makeshift COVID centre was a challenging initiative of PMO, the DRDO coordinated effectively for its quick establishment and operation thereby saving many lives. MDL's decision to support this project was wise and generous as it was not only a significant contribution to the society at the time of calamity, but also a boosting support for a model approach of building massive medical emergency response.



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# 1 Introduction to the specific project

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## 1.1 Mazagon Dock Shipbuilders Limited (MDL), Mumbai

Mazagon Dock Shipbuilders Limited, also called “Ship Builder to the Nation”, is one of India’s leading Defence Public Sector Undertaking ship-yards under the Ministry of Defence, Government of India. It was incorporated as a Private Limited Company in 1934.

The main activities of the company are construction of warships and submarines with facilities situated at Mumbai and Nhava (under development). MDL also constructs cargo ships, passenger ships, supply vessels, multipurpose support vessel, water tankers, tugs, dredgers, fishing trawlers, barges and border out posts for various clients in India as well as abroad. MDL has also fabricated and delivered jackets, main decks of wellhead platforms, process platforms, jack-up rigs etc. MDL has the capability to build warships, submarines, merchant ships up to 40,000 DWT since 1979. Since 1960, MDL has built total 801 vessels including 27 warships and 7 submarines.

As per the CSR Act, MDL is committed to undertake various programs for integrating social and business goals in a sustainable manner to create social impact through inclusive growth and to bring about positive impact on people and society at large. MDL has executed several projects as part of its CSR initiatives in sectors of Health, Nutrition & Sanitation, Education, Rural Development, Skill Development and Promotion of Sports.

Substantial contributions were also made by MDL to support the nation's fight against the COVID-19 pandemic. These projects were undertaken in different parts of Maharashtra like Mumbai, Thane, Raigad and the aspirational district of Nandurbar and even outside of Maharashtra viz Lucknow, Uttar Pradesh (UP).

## 1.2 COVID-19 Pandemic

Coronavirus disease (COVID-19) is an highly infectious disease caused by a virus named SARS-CoV-2. The COVID-19 pandemic was a deadly pandemic that affected the whole world. The viral infection affected almost everyone in some way or other. However, the effects have been felt differently depending on various factors. - As a highly mutant virus, it made several changes over time resulting in different variants. The pandemic has affected the whole lifestyle of human beings. It has affected all the systems including health, education, transport, banking and even the global economy. Many people lost their lives and faced various problems with their employment and livelihood.

For the two financial years, - (2020-21 and 2021-22) MDL had spent an average 28% of CSR funds for COVID care activities. It spent Rs 679 lakh to Rs 234 lakhs annually for COVID care activities, like procurement of health equipment, medicines, establishing Covid care centres, etc. MDL implemented projects during the COVID-19 pandemic in Mumbai, Maharashtra and Lucknow, Uttara Pradesh. These include:

- i. Supply of different medical equipment, accessories and distribution of N-95 masks in 5 different hospitals in Mumbai
- ii. Support for establishing Atal Bihari Vajpayee COVID Hospital, Lucknow

This study report provides the details of the impact evaluation conducted pertinent to Atal Bihari Vajpayee COVID Hospital at Avadh Shilpgram in Lucknow.

### **1.3 Objective of the Study**

The main objective of the impact assessment study was to assess the direct and indirect impact on target groups and community within and outside of the periphery of the MDL project area, to document any shortfall in the program which hampered the progress in implementation and also to come out with required corrective measures for the future. The specific objectives of the study are furnished below:

- To study the direct/indirect impact of MDL's CSR projects on the lives of communities / people within the periphery of MDL project areas and other locations
- To study the direct/indirect impact of MDL's CSR projects on other target groups, locality and environment
- To evaluate the level of awareness of CSR projects / initiatives amongst the target beneficiaries / concerned stakeholders
- To know the consistency in the process of project implementation together with fulfilment of stated objectives.
- To identify the gaps in the project identification, beneficiary's' involvement, implementation of projects and recommendations for improvements.
- To recommend continuation/discontinuation/expansion of scope of the project.

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## 2 Details of the specific CSR project

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### 2.1 Project proposal themes and area covered

MDL has completed a number of projects as a part of its CSR initiatives, mostly in the areas of health, nutrition, and sanitation, education, rural development, skill development, and promotion of sports. MDL has also made significant contributions to the Nation's fight against the COVID-19 pandemic, in the ambitious region of Nandurbar and government hospitals in Mumbai and also outside Maharashtra.

According to directions from the Prime Minister's Office (PMO), the Chairman of DRDO had asked the CCE to establish a makeshift COVID care unit at Awadh Shilpgram in Lucknow, Uttar Pradesh. This proposal was sent from the PMO to the DRDO during the second wave, at a critical period when the COVID instances were on the rise in April 2021. Based on the PMO's proposal, the DRDO approached MDL for funds. Considering the request, - MDL sanctioned an amount of Rs. 1.15 crore and transferred it to DRDO on April 26, 2021.

### 2.2 Target population

Uttar Pradesh state is India's most populated one with about 240 million inhabitants. COVID-19 infected the population of 21,45,490, of which 21,21,718 patients got cured and 23,713 were succumbed to death<sup>1</sup>. In Lucknow, a total of 2,38,664 cases were reported<sup>2</sup>. Uttar Pradesh state including Lucknow has a large public as well as private healthcare infrastructure. Although an extensive network of public and private sector healthcare centres are in operation, the available healthcare infrastructure is inadequate to meet the demand of health services in the state. This was evident during the Covid pandemic when a massive and disease spread occurred. Keeping in view of the alarming situation, the DRDO stepped in as per the directions of the PMO for establishing a makeshift COVID care centre at Awadh Shilpgram in Lucknow, to serve the people of Lucknow and the adjacent villages from surrounding districts.

### 2.3 Financial outlay

As per the information provided by MDL and the CCE office, the entire sanctioned amount was utilised completely during the years 2020–21 and 2021–22. The financial details are given in Table 2.1.

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<sup>1</sup> <https://www.mygov.in/corona-data/covid19-statewise-status/>

<sup>2</sup> <https://www.tooloogle.com/coronavirus-statistics/india/uttar-pradesh>

**Table 2.1: Financial target and achievement of project Atal Bihari Vajpayee COVID hospital**

SN	Project details	Proposed cost (In Rs. lakhs including tax)	Actual cost (In Rs. lakhs Including tax)
1	Supported for establishing Atal Bihari Vajpayee COVID hospital, Lucknow	115.00	115.00

Data Source: Team of MDL and CCE

## 2.4 Implementation approach

The CCE began project work on 26<sup>th</sup> April 2021, after finalising the project planning and pooling of funds. The CCE has called for tenders for various works as the starting stage. At first the CCE had called for tenders for various works. Multiple agencies responded the call, and work orders were issued to the eligible firms to complete the work within a couple of week time according to the Government criteria. The COVID-19 centre was established, commissioned, and work began on May 05, 2021 as per the stipulated time frame. A total of 500 beds were established in the hospital; 200 beds were established in a temporary shed (Makeshift German Hanger), and another 300 beds were established in an existing building of Avadh Shilpgram. Prior to the hospital's commissioning, intensive training, quality inspections of installed equipment, COVID procedures, and protocol were completed.

## 2.5 Implementation agency

The project was implemented by the CCE, North, with the assistance of the DRDO and cooperation and guidance of Government of Uttar Pradesh.

Contact details of the agency are given below:

**Chief Construction Engineer (R&D) North,**  
Development Enclave, Rao Tula Ram Marg,  
Behind Army HQ Camp  
Delhi Cantt, Delhi – 110010

## 2.6 Extracts of MOU

During the COVID outbreak, this project was implemented on a very short notice, and no Memorandum of Understanding was prepared between MDL and DRDO. However, sponsored fund for project implementation was transferred from MDL to DRDO following phone and email communications.

## 2.7 Expected impact/outcome

The project's major goal was to treat COVID-19 patients from economically weaker sections having various problems at free of cost. The goal was successfully met after establishing the makeshift centre. Critical patients received medical necessary health care services and the possible best treatment. This was a challenging initiative of the PMO, and the DRDO effectively coordinated the initiative and succeeded in treating a large number of COVID patients and saved many lives.



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## 3 Approach, Methodology and Impact

### Parameters adopted for impact assessment

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The impact assessment of Atal Bihari Vajpayee COVID hospital, Lucknow was carried out using a multi-dimensional approach. The process included secondary data collection and analysis, primary data collection using the appropriate methods to understand the success/achievements of the initiative ground scenarios. Even though, the study had limitations in acquiring a wide range of datasets, an utmost effort was made to personally interact with the stakeholders like officers of MDL and the implementing agency (CCE), and to obtain their views and feedback on the usefulness of the initiative, its impact and suggestions for future initiatives.

#### 3.1 Collection of secondary data

Secondary data such as project location and profile, a list of purchased equipment's and accessories, and other relevant details were obtained from MDL and the implementing agency using a check list. The CCE team also provided information on financial details. A brief project brochure was also obtained from the MDL CSR team in order to further understand the project.

#### 3.2 Collection of Primary data

Primary data was collected from the MDL CSR team and the CCE team. Both quantitative and qualitative methods were adopted to generate a desired information from the respondent. The following method was adopted for the primary data collection:

- i. Key Informant Interview (KII)

**Key Informant Interview (KII):** This is a qualitative research method in which data is collected with active participation of stakeholders. This exercise was administered to elicit the views of the implementing agency and the MDL CSR team to extract their views, experiences, issues and constraints faced, possible and workable solutions, suggestions to improve the programme, etc.

#### 3.3 Tools used for data collection

The following tool were formulated to get the information

**Key Informant Interview(KII) schedule:** An interview schedule was prepared to interview the stakeholders like MDL officers, CCE officers, and other key stakeholders for collection of information on COVID centre establishment processes and challenges, procurement procedures, equipment usage, benefits, operation and maintenance mechanism, advantages, impact, constraints, recommendations, etc. The schedules are enclosed as **Annexure-1**.

## 3.4 Sampling Technique

The sampling technique adopted for the study is described below:

### a) Survey

The makeshift center established during the second wave of the COVID-19 pandemic, and after the pandemic was eased, all the equipment was distributed to various hospitals in Uttar Pradesh. During the survey there was hardly anything on the ground to examine due to closure of makeshift centre as the purpose centre for emergency treatment during pandemic was already completed. As a result, the project team had to confine the scope of the study to KII discussions only with the concerned officials to obtain the data on project perspectives, experiences and learning's on the project's usefulness and impact on the community. The TERI team visited the CCE headquarters in New Delhi and had lengthy conversations with CCE and the concerned project officer (Scientist-F) to understand more about the project.

## 3.5 Project Level findings, including survey reports and fund utilisation

The results and impact of the project are derived based on discussions held with officers from the CCE and MDL CSR team. Atal Bihari Vajpayee Covid Hospital of 500 bed capacity was set up by DRDO in Lucknow in a record time. This hospital was run by a team from the Armed Forces comprising of doctors of required specialities along with nurses & paramedical staff. The hospital video link prepared by -News on Air and defence ministry was collected and referred. (<https://twitter.com/i/status/1389910988699353095>).. This project was implemented in Awadh Shilpgram, of Lucknow city in Uttar Pradesh. TERI team visited the CCE in Delhi to meet concerned officers for discussions and collecting required information.

The makeshift centre was well-equipped with a 40 KLD cryogenic oxygen gas supply system and pipeline networks to ensure continuous delivery to all the 500 beds. In the hospital, 150 beds were in the intensive care unit (ICU) with ventilators, and 350 beds had oxygen supply facilities. The different facilities and equipment that were available in the hospital are listed below.

### 3.5.1 Infrastructure

- Full Fledged 500 bed hospital including 150 ICU Beds
- Medical Oxygen gas support for all 500 beds, 100% auto changeover power backup
- Central air-conditioning
- On site STP
- Onsite telephone exchange with free telephone call facility to call patients, doctors and staff
- PPE sets to all health care professionals
- FREE treatment and patient diet

- WiFi facility (free and unlimited for staff and patients)

### 3.5.2 Medical facilities

- Medical Support staff, Army Medical Corps Doctors & Nursing Staff
- Pharmacy by way of MoU with Appollo Pharmacy
- Laboratory Tab testing facility for Hematology Tests,
- Bio Chemistry Tests, Serology Tests
- Portable X-ray machines with DR technology
- ECG Machines
- Ultrasound Machines
- Immuno Assay facilities
- Microscope, Incubator, Oven, Fridge
- Centrifuge, deep freezen Urine analyser,
- Semi Ante analyser, Electrolyte Analyser etc.
- Bio medical waste collection and disposal
- Ambulance facility on payment

### 3.5.3 Unique Features

- 300 Bed in a already available building of Avadh Shilpgram
- 200 Beds Makeshift German Hangar
- Octonorm cubicles
- HVAC System
- Nursing Stations
- Separate Block for On Duty Doctors and nursing staff with changing room and sanitization facility
- Medical Staff Rooms
- 100% DG Backup for entire electrical system
- Sewerage Treatment Plant
- 24 Hrs Housekeeping and Facility Management
- Kitchen facility
- Reception and Triage Area
- Cafeteria
- RO Water Plant
- Vehicle Parking
- Temperature controlled Morgue Facility made from shipping container

- Pharmacy & Laboratory
- CCTV Network
- 40 KLD Cryogenic Oxygen Gas supply system and pipeline network for all 500 beds

### 3.5.4 DRDO COVID-19 Products

- Sanitizers
- Automatic hands free sanitization equipment
- PPES respirators, coveralls, face shields
- Aero disinfection devices like foggers, sprayers
- Disinfecting foot mats and driveway etc.
- Personnel disinfection equipment

Makeshift Centre commenced operations on May 5, 2021, and was shut down by March 31, 2022, when COVID cases began to decline. Furthermore, all –the equipment purchased for the centre was handed over to the Uttar Pradesh Government, which distributed it to various government hospitals in the state for further usage.

## 3.6 Evaluation of implementation agency and effectiveness of implementation

The project was implemented by the CCE north under the guidance of the Defence Research and Development Organisation (DRDO). DRDO is the premier agency under the Department of Defence Research and Development in the Ministry of Defence of the Government of India. It is engaged in the military's research and development and is headquartered in Delhi, India.

The CCE completed the project on schedule and in a systematic and transparent manner, adhering to all the norms and regulations. The CCE has kept all the records pertaining to fund transfers, equipment purchase and installation, operation and maintenance, and equipment distribution to other hospitals after the COVID pandemic situation was eased.

## 3.7 Further community needs and way forward

The Atal Bihari Vajpayee Covid Hospital, Luknow was a challenging initiative of the PMO, and the DRDO to treat a large number of COVID patients and save many lives during the pandemic in 2021 and 2022.. This was a prestigious project of the PMO and the DRDO, which was implemented in a war footing basis with in short span of a fortnight. The DRDO proved that impossible tasks could be made possible when implemented the tasks in a systematic manner with logical thinking. This hospital was run by a team from Armed Forces comprising of doctors of required specialities along with nurses & paramedic staff. After establishment of the makeshift centre, critical patients received proper medical assistance and the possible best treatment. After declining of the COVID waves, all the equipment purchased for the centre was handed over to the Uttar Pradesh Government, which distributed it to various government hospitals in the state for further usage.

This was an excellent initiative carried out by the CCE and DRDO as per the requirements of the PMO. As a next step, the Government can publish the entire project implementation processes used by the CCE and DRDO and the achievements, for allowing policy makers, investors and social workers to learn how to replicate the same during the outbreak of any pandemic, such as Covid, Plague Dengue, H5N1, etc.

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## 5 Photo feature

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Photo 5.1: Meeting with Mr. Rishi Jaiswal, Scientist –F, CCE(R&D) North, DRDO, New Delhi



Photo 5.2: Main Entrance of Atal Bihari Vajpayee COVID Care Hospital, Lucknow, Uttarpradesh



**Photo 5.3: OXYGEN plant (40 KLD) installed at Atal Bihari Vajpayee COVID Care Hospital, Lucknow, Uttarpradesh**



**Photo 5.4: General beds having oxygen supply**





**Photo 5.5: ICU beds having ventilator facility**



**Photo 5.6: Medical and support staff in Personal Protection Equipment (PPE)**



**Photo 5.7: Tents installed for staying COVID patient family members**



**Photo 5.8: Ambulance in service at the Hospital**



**Photo 5.9: Inside view of general ward entrance**



**Photo 5.10: Pharmacy section inside the hospital**

## Annexure -1: Schedule of Key informant interview schedule

### Impact Assessment of MDL CSR Projects Implemented in Health Sector During COVID-19 (2021-2022)

Project -2: Supported for establishing Atal Bihari Vajpayee COVID hospital, Lucknow

Questionnaire for Key Informant Interview - Implementing Agency

Municipality :

Taluk/Block :

\_\_\_\_\_

\_\_\_\_\_

State :

District \_\_\_\_\_

\_\_\_\_\_

1.	Name of Nodal Officer/respondent :		
2.	Designation:		
3.	Contact Number:		
4.	Office address :		
5.	Department		
6.	Responsibilities		
<b>Financial details</b>			
7.	Number of agencies (Govt and Non Govt) financially supported for establishing COVID care centre	PSUs/Public sector :	
		NGOS:	
		Central government:	
		State government:	
8.	Total amount pooled from different agencies (Govt & Non Govt) (Lakhs)		
9.	MDL Financial details (Lakhs)	Sanctioned :	Expenditure :
10.	Project year of commencement and completion ( Month/Year)	Start:	End:
11.	Have you conducted any awareness programs, trainings under this project to medical staff	Yes/No	
12.	If Yes, note down the details		
<b>Details of Makeshift centre</b>			

Annexure -1: Impact Assessment of MDL

13.	Location and areas of makeshift centre	<ol style="list-style-type: none"> <li>1. Location:</li> <li>2. Area of make shift centre: (SQFT):</li> <li>3. Area covered: ( City or villages covered)</li> </ol>
14.	Implementation approach	
15.	Capacity of centre/Beds (Nos)	
16.	Details of facilities provided (Nos)	<ol style="list-style-type: none"> <li>1. Beds:</li> <li>2. Ventilators:</li> <li>3. Oxygen supply capacity (KL):</li> <li>4. Personal Protection Equipment Kits:</li> <li>5. Consumable sets:</li> <li>6. Defibrillators:</li> <li>7. Multiparameter monitors (which display patients' vital signs):</li> <li>8. X-ray machines:</li> <li>9. BiLevel Positive Airway Pressure (BiPAP) machines:</li> <li>10. Any other equipment:</li> </ol>
<b>Impact of the project</b>		
17.	Do you think the MDL financial contribution has supported in tackling COVID-19 pandemic in your area (Lucknow) ?	Yes /No
18.	If Yes, What extent?	
19.	What was the condition of COVID-19 pandemic in Lucknow before starting of the project	
20.	What was the condition of COVID-19 pandemic in Lucknow after implementing the project (year wise)	
21.	Where are the equipment's bought under the program	
22.	Any other Remarks/Suggestions/Recommendations for effective implementation and replication of the programme	

**Signature of Investigator:**

**Signature of officer**

**Date:**

**Office seal**

**Date:**



**Checklist:**

1. Proposal
2. MOU of the project
3. Video documentation (language in English or Hindi):
  - a. Opinion of hospital representative about project, equipment, sustainability, and way forward
  - b. Opinion of the Equipment Operator about equipment, usage, advantages, disadvantages, and way forward
4. Collect photos of makeshift centre
5. Take your photos In front of the CCE, during a meeting with representative and other team members
6. MDL Branding: Take a photo of the MDL logo where ever used.
7. Collect the brochure, project reports, progress reports, case studies, MDL Branding material etc., whichever is available.
8. All photos and videos should be clear and visible.
9. Collect the contact numbers of other representatives or resource persons, if any.



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