



## Project Completion Report

**Project Title:** Fighting together against COVID – 19  
A Gujarat Jesuits Initiative

**Project Number:** DCV. P.321-2021-001

**Funding Agency:** DCV- Caritas Germany



## 1. Project information

1.1	Project Title	Fighting Together Against Covid-19 -A Gujarat Jesuits Initiative
1.2	BMZ - PN	DCV-BMZ 321-2021-001
1.3	Location	SXSSS, Ahmedabad
1.4	Reporting Period	June 2021 – August 2021
1.5	Target Area Details	Gujarat
1.6	Report Compiled by	Core Group (Cluster Coord) & Fr Isaac -Director
1.7	Date of Report	October 2021

## 2. Introduction

The second wave of COVID-19 had affected most of the countries across the globe and hit India very hard. COVID-19, a “once-in-a century pandemic” has thrown in a stark reality the intersectional invisible sections of Indian society. The scenario was very grim as there was a record jump in coronavirus infections on a daily basis and pushed the health infrastructure to the brink in several states of India. India’s COVID-19 cases spiked to a magnanimous number and the numbers were increasing very rapidly till June 2021. Patients were scrambling to secure hospital beds; hospitals were running out of oxygen supplies and critical anti-Covid-19 drugs along with medical staff being stretched to the breaking point. Health infrastructure of the State and of the country was totally overwhelmed and lacked preparedness to handle the overflowing of the infected patients. The second wave has proved more lethal and devastating than the first. It has also appeared to be different from last year's surge in several ways, increasing worries, anxiety and spreading the infection at a faster pace and affecting every age group. Gujarat's COVID-19 situation was also worrisome with a sharp rise in new infections and high mortality rates during the second wave of the global pandemic. The worst affected were the major cities — Ahmedabad, Surat, Vadodara and Rajkot — where two-thirds of the State's total cases were reported. Following this there was a surge in infections in smaller towns and cities and rural areas also. Many lives were lost at home as they didn't secure hospital beds and couldn't access

oxygen cylinders for emergency oxygen supply or they were not able to get tested for Covid-19 in time which would help in deciding the line of treatment.

To cope with the adverse condition, SXSSS came up its planning of special relief activities for the period of May to December 2021 with a Project titled: **“Covid Awareness Services for Prevention, Care and Cure”** for the people of Ahmedabad. During the same period seeing the devastating effects of Covid-19 in Rural areas of Gujarat the Provincial of Jesuit Province of Gujarat -Fr Durai through his letter dated 7.5.21 appointed a Core Team with Fr Isaac Rumao as the coordinator of the campaign to be carried out across Gujarat called, **“Fighting Together Against Covid-19 -A Gujarat Jesuit Initiative”**. Taking cognizance of the immense damage happening to both lives and livelihood of the people across Gujarat the team held several meetings with the partners from North, Central and South-South and South-North Gujarat to assess the havoc and damage caused by the Pandemic Covid-19 and began to raise the needed funds to reach out to the people in terms of grocery supply for their subsistence and to prevent further spread and toll on human lives the team arranged for Medical Tool-Kits to hygiene kits, from immunity boosters, medicines to food kits for vulnerable families. In the subsequent passages we shall discuss how the relentless Directors, Program Coordinators, Cluster Coordinators, Social Animators, Voluntary Leaders and CBOs, Lokjuths helped the poor suffering masses to fight against COVID-19. The entire program was funded by Alboan Foundation from Spain and Caritas Germany.

The reaction to the second wave was different from the first wave, where the spread of it in rural India was devastating. Poor health infrastructure, severe vaccine hesitancy, and supply-side restrictions put additional constraints on the lives and livelihood of rural people.

Many lives have been lost in Gujarat (unfortunately very few are recorded) which has compounded the social and economic devastation caused by the second wave of COVID-19. The sharp surge in cases across the country during the period of April to June 2021 had overwhelmed the health infrastructure, with people left scrambling for hospital beds, critical drugs, and oxygen. There seemed to be a need for local responsibility to play an important role in the time to come.

To respond to the second wave of COVID-19, besides organizing a meticulous program at SXSSS named **“Covid Awareness Services for Prevention, Care and Cure”** we have established another platform called **“Fighting Together Against the Covid-19 -A Gujarat Jesuits Initiative”** wherein around 67 institutions (including 32 women’s cooperatives) would cover 21 districts and around 4500 villages, and two cities reaching out to 300,000 plus families. Out of the 67 institutions supported across Gujarat 22 organizations received direct help from Caritas Germany funds (details are given below in the table). This platform comprising institutions led by men and women in close contact with local organizations (Peoples Organizations, POs) that have been very active in both developmental and human rights- based work.

Implementation Team covering 4 geographical zones of likeminded organizations of fathers, sisters and of lay people worked together to reach out to more than 4500 villages in 21 districts covering 300,000 plus families to their different needs.

### 3. **Need Assessment:**

In view of the emergency situation that emerged due to Covid-19 second wave, the CORE TEAM appointed by Fr Provincial held several online (ZOOM) meetings with partner organization across Gujarat to assess the exact need of the people. Having consulted the partner organizations, the Core Team decided to extend support in combating the pandemic in diverse ways. A couple of Zoom Meetings were also held with the voluntary leaders and members of the people's organization (Lok Sangthan) belonging to the partner organizations to know the status of the health services available and magnitude of Covid-19 outbreak in the intervention areas. The information collected revealed that situation was serious especially in the rural areas. Many families in the intervention areas were impacted and family members were suffering from cold, cough, diarrhea, breathlessness and fever. The death rate at the village level showed a sharp increase due to lack of medical facilities, timely diagnosis and proper line of treatment. The sudden inflow of a large number of patients put a massive pressure on the health services available in the hospitals.

Emergency Response by the core group across Gujarat consisted like providing medicines, immunity boosters, Medical Tool Kits, Safety Kits and Oxygen Cylinders. Ambulance services were made available in few remote areas (places like Vav, Tharat and Suigam in Banas Kantha district of North Gujarat) to shift the patient to another hospital in case of a serious condition. The outbreak of the disease was so frightening that the entire health system was overwhelmed. It is important to mention here that, ordinary people depend mainly on Primary Health Center (PHCs) and Community Health Centre (CHCs) for treatment of common ailments. The lack of necessary facilities to treat COVID-19 at these health centers posed a double challenge to the people. On the one hand there was a risk of infection and on the other hand there was a lack of medical facilities at health centers. To assess the emerging needs, the village and community leaders and members of the people's organizations visited health centers, had dialogue with District Medical Officers, ANM/Asha workers and other medical staffs to prepare a list of essential items required for the primary treatment of the Covid-19 patients. After interacting with authority of health centers the leaders themselves observed that health equipment required locally were as follows: Thermal guns to measure the temperature of the patient's as Covid-19 patients have high grade fever. Pulse Oximeters for observing oxygen level as the oxygen level of Covid-19 patients starts dropping very fast. Oxygen Cylinders to maintain the level of oxygen as people suffering from severe COVID19 infection develop hypoxemia (low oxygen levels in the blood). These patients require medical oxygen to restore the oxygen saturation of the body. Isolation centers for those diagnosed with COVID-19 and those who suspect they have been infected or those who have initial symptoms like cough, cold, diarrhea, and high-grade fever.

Transportation facility to shift patient to the nearest dedicated Covid-19 Hospital in case of emergency or if the condition worsens. Glucometer, PPE kits, N-95 masks, gloves and Sanitizers etc. to ensure the safety of the medical staff working in the health centers. Multi vitamin medicines for the primary treatment of the patients. Awareness material to make people aware for following guidelines issued by the Government for Covid patients, home isolation as well as to encourage people for vaccination. Education Material to help in clearing the doubts, suspicion and confusion prevailing among the society towards the infection and disease. Food kits for patients staying in isolation centers.

#### **4. Project Summary (objectives, target group, activities and achievements)**

##### **a. Project goal and objectives**

**Goal: To prevent further spread of Covid 19, help people access healthcare facilities**

**Objectives:**

##### **1. Overall Objective:**

**Rural Communities are able to access quality health service for covid treatment.**

##### **2. Specific Objectives:**

- a. To support the primary health care system through screening of people for early detection of covid cases.**
- b. To set up covid care centers and/or offer physical spaces to rural health system for such centers.**
- c. To Support Vulnerable Women / Children who are Anemic, Malnourished and Suffering from Sick Cell Disease**
- d. To create awareness among people about covid, its symptoms, health facilities and about vaccination.**
- e. To Support vulnerable families with food ration.**

##### **b. Target people**

To respond to the second wave and probably third wave of covid-19, we have established a platform “***Fighting Together Against the Covid-19 -A Gujarat Jesuit Initiative***” of organizations comprising around 67 institutions covering 21 districts and around 4500 villages and two cities. This platform comprising institutions led by men and women in close contact with local organizations (Peoples Organizations, POs) that have been very active in both developmental and human rights- based work. On the basis of a letter addressed by Fr Fernand Durai, Jesuit Provincial of Gujarat, the organization of the platform has been structured around a Corte Team of 5 members as an Implementation Team covering 4 geographical zones comprising 8 members: one Jesuit and a religious nun. This team has organized Zonal teams.

The campaign starts with the following zones of operation that are co-terminus with the 21 District Communities of the province.

- a. South-South zone led by Fr Manoj Parmar SJ and Sr (Dr.) Joema.  
SS Zone covered 5 districts like: Tapi, Surat, Dangs, Navsari and Valsad
- b. South-North zone led by Fr Stany Pinto SJ and Sr (Dr) Annette  
NS Zone covered 7 districts like: Bharuch, Chhota Udepur, Rajpipla, Panchmahal, Dahod, Mahisagar, and Narmada
- c. Central-Zone led by Fr John Kennedy SJ and Sr Meena  
CG zone covered 2 districts such as Kheda and Anand
- d. North Gujarat & Sabarkantha led by Stanny Jebamalai SJ, Fr Rajendra SJ and Ms Alice Morris. (NG covered 7 districts like: Ahmedabad, Aravalli, Banas kantha, Botad, Gandhinagar, Mehsana and Sabar Kantha)

With the help of project grant received from Caritas Germany we could reach out to more than 1650 villages, nearly 78000 families (approximately  $78000 \times 3.5 = 273,000$  people). Beneficiaries mostly are Adivasis -Tribals, Dalits, OBCs, Muslims and migrants.

**c. Major activities implemented during the reporting period:**

**Strategic Interventions/Activities**

- i. Awareness creation through leaflets, use of audio-visual materials and with use of digital platforms in all targeted villages. The awareness will be created about the covid, how to prevent it, if any symptoms where to go for testing, whom to approach for treatment, vaccination and clearing myths related to this etc.
- ii. Support ASHA (Accredited Social Health Activist) workers who are very much part of rural public health system. ASHA workers are the most important in the whole chain as they are at village level and are responsible for creating awareness, detect patients and guide them for treatment. We plan to support in their work by facilitating early detection of covid cases and provide necessary guidance for treatment. We will accompany them and also provide IR thermometers and oximeters.
- iii. Provide physical spaces and/or set up covid care centers in collaboration with taluka/district health authority.
- iv. Provide oxygen, medical equipment to some of the hospitals, dispensaries who are in dire need.
- v. Provide food ration to most vulnerable families who will be identified by village level CBO or committees. The criteria of vulnerability will largely be- earning members are covid patients or died due to covid, earning members have lost livelihood, widow headed families etc., The support will be provided for about two months.



## Our Interventions:

With the help of like-minded organizations, local leaders, ASHA workers, PHCs, CHCs and volunteers we could implement the project through the different interventions:

- **Generation of Awareness materials:**

Initially there were many fake news and videos regarding Covid-19 were making rounds in the social media which was creating unnecessary panic in the people and also misleading them. To ensure one does not become victim of fake news a Team of volunteer's was formed to create the Information Hub. They were to collect the materials and information from different official sources, process the same to find out genuineness and fakeness, to make the awareness posters, leaflets and banners to give correct information and awareness on social responsibility, to take precautions to control the rapid spread of COVID -19. The people had a lot fear and misconceptions like the vaccine will lead to infertility, untimely deaths, inserting a chip to manipulate future life thus there was a lot of unwillingness amongst the masses to take the vaccine dose. Thus, the collected materials were prepared and posted in social media like WhatsApp groups, face book, twitter and Instagram. More than 270000 leaflets and 46500 posters were distributed and were placed in more than 4500 villages. As a result, the fear of vaccine had reduced and many came forward to take vaccination.



- **Awareness in the Slums and Villages:**

With the help of village leaders like sarpanch, milk cooperative official, health worker team, SHG members and other volunteers helped to sanitize villages. A 13 minutes video clip was made on vaccine awareness which played on loud speaker in many villages. Around 1650 villages of 78009 families were given awareness on those causes, symptoms, and treatment of COVID 19 and many other minor ailments such as fever, cold, cough, breathing difficulty, body pain, weakness, high and low blood pressure, pre and post sugar, weight and nebulization. Awareness also was given on personal hygiene, social distance, wearing masks and sanitizing hands etc., Special attention was given for the vaccination and the importance of undergoing COVID Antigen test for the persons with symptoms. Therefore, people were more conscious to have personal hygiene and to wear mask and respect social distancing. The awareness campaign did help people to become conscious of their and community health and thus helped people to safeguard themselves from getting infected by the virus.



Awareness creation







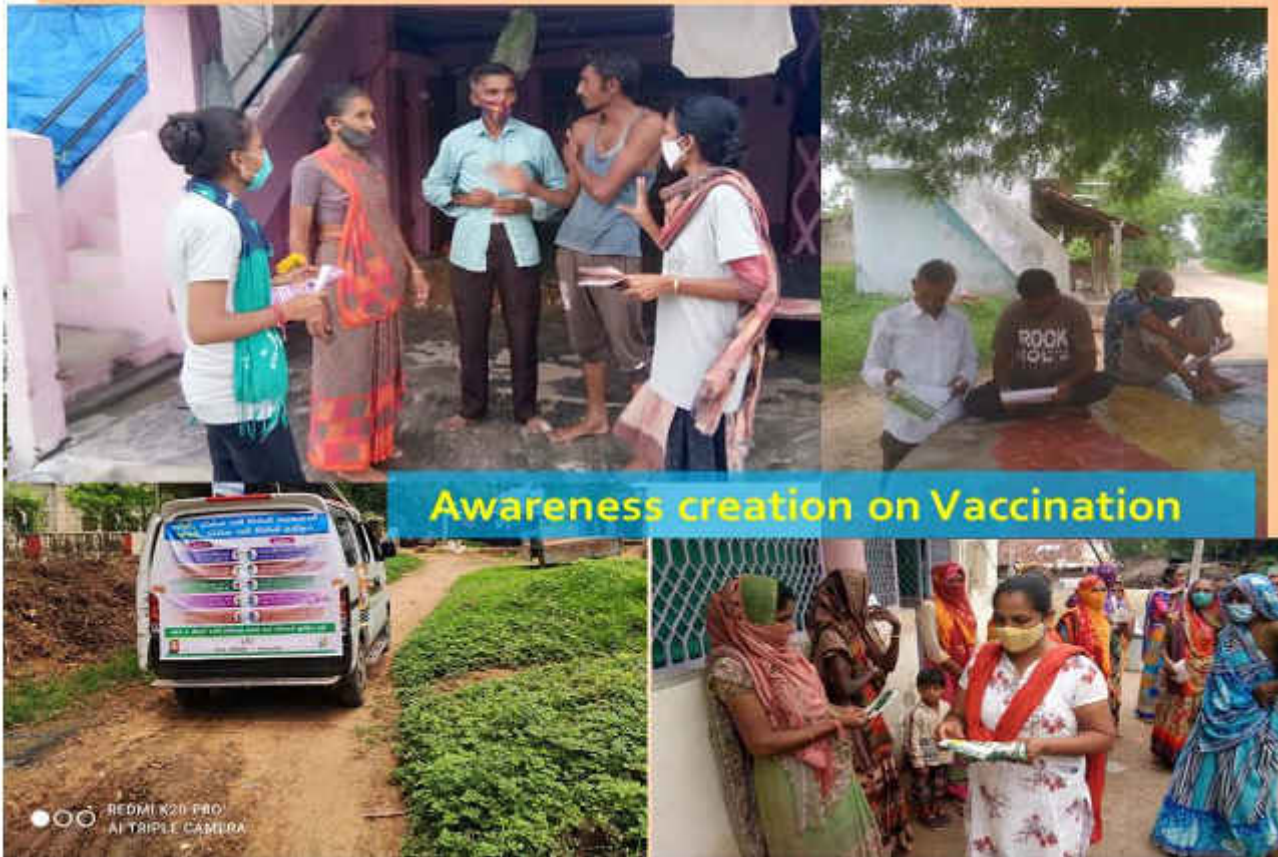
Awareness creation on health care



## Awareness creation







## Village sanitization





## Providing sanitizers to the village



- **Medical health check-ups:**

Medical health checkups were conducted in most of the villages. The screening exercise through Thermal Gun, Pulse Oximeter and Blood pressure measuring machine helped the team to detect people who had symptoms of COVID-19. Symptomatic persons were advised for home quarantine and also referred to nearby PHCs and CHCs. One of the partners -Divya Chaya hospital, Subir has a hospital provided medical care to more than 5000 persons during the peak time of the situation. The hospital had taken up testing the patients with symptoms of COVID-19. We have helped this hospital with 7 oxygen cylinders and over INR 500,000/- to create oxygen supply to different wards. From the month of May to August a total number of **251** people tested by Rapid Antigen Test and among them **31** patients were found positive. The patients with mild symptoms were treated at the OPD level and advised for home quarantine. Hospital also provided health care sessions every day to more than 3260 patients. During the medical check-up doctor had recommended that children have to keep themselves Hygiene especially foreseeing the third wave and also to control the second wave. To keep children health, 459 children were provided Hygienic kit which contained a tooth brush, tooth paste, Soap and hand sanitizer.





- **Distribution of Medical Tool Kits and Medicines:**

Out of 22 institutions helped from Caritas Germany funds most of the organizations had spent sizable amount on buying Medical and Safety Tool Kits consisting of a Thermal Gun, Pulse Oximeter, Sanitizers, Hand soaps, Masks and some even had bought an electronic blood pressure measuring machine to screen people and advise those needed either home quarantine or hospitalization. The health screening carried out in most of the villages brought some hope, peace, and assurance in the lives of people.

It was assumed that the third wave will hit the country by August to September 2021 and it will affect the children most. Some of the partners focused on the health of the children as they were their target group. They kept record of level of body temperature and oxygen level



of children. First aid kits include Vixrub, Cotton Wool, Balm, Soframycin, Skin Cream, twenty banded taps, and five packs of bandages were given to 459 children. Sanitizers, masks and hygiene kits were distributed to more than 100 villages to prevent the rapid spread of COVID -19.



## Distribution of safety kits



- **Medicines & Immunity Boosters:**

One of the partners -Rajpipla Social Service Society in South North Gujarat working in 7 districts like Narmada, Rajpipla, Chhotta Udaipur, Mahisagar, Bharuch, Panch Mahal and Dahod and about 650 plus villages were engaged in village-to-village medical check-up of the people -especially women and children with 4 Ambulances (Maruti Vans) empowered

## Hygienic kits for the children



with a nurse and two field staffs along with a Thermal Gun, Pulse Oximeter, Blood Pressure and diabetics measuring machine. They distributed Common Medicines & Immunity

Boosters to more than 7500 women especially focusing the pregnant, lactating women and malnourished children. In the SXSSS -Ahmedabad and Navsarjan -Surat slum areas 459 nutrition kits were distributed to the malnourished and underweight children. To increase the immune system 200 Kashyam packets in 15 villages were distributed.

- **Installation of Centralized Oxygen pipe line system: Oxygen Hub in South-South Gujarat:**

Many people across Gujarat suffered a lot and many even lost their lives during second wave due to deficiency or lack of the Oxygen supply in the hospitals. Through our local partner Indian Development Foundation, we had secured 40 Oxygen Cylinders of 50 kg each and 5 Oxygen Concentrators (5 Ltrs each) which we had distributed to the Medical Hospital -**Divya Chhaya Hospital at Subir in Dangs district run by Carmelite Sisters of Vedruna**, and dispensaries like Nicalda Dispensary at Dediapada and Jeevan Dhara Dispensary at Dhandhuka in Ahmedabad district by Carmelite Missionary Sisters. Bearing in mind the presence of an hospital in remotest area we helped Divya Chhaya Hospital, Subir to have Centralized Oxygen pipe line system which will have sufficient oxygen to administer to the patients if a similar situation arises again.





- **Distribution of Dry Ration / Grocery Kits:**

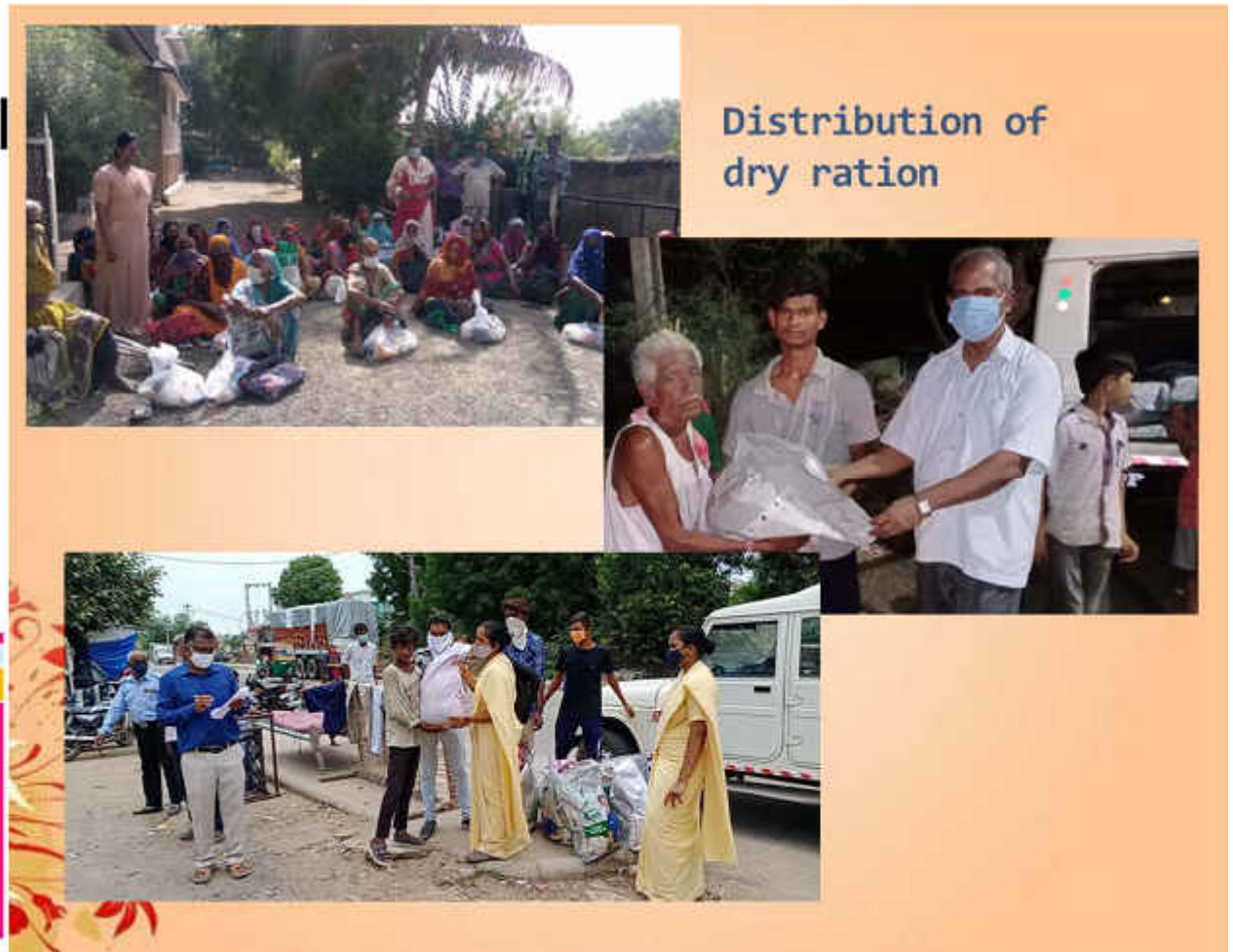
Though the project mostly focused on health care and immunity system we also identified people who were in need of nutrient food and dry ration. The livelihood of the people has been badly affected due to the lockdowns and untimely closure of many small-scale industrial units. Thousands of people have become unemployed. In such troubled times maintaining their family has become difficult. Especially the people of the deprived community have been finding it difficult to get two meals in a day. After recovering from Covid-19, patients are advised to take nutritious diet. In such a difficult situation, those who have recovered after being affected by Covid-19 were faced with the challenge of taking nutritious diet to take care of their health. 5376 beneficiaries from were given dry ration of nutrient food.

### Preparation of dry ration kits and midday meals



### Distribution of dry ration





### School Kits:

Timely assistance was given to the students whose parents could not effort to buy the school kits for their children as many lost their livelihood and income due to the pandemic. 406 children were identified from 57 villages of Khambhat in Central Gujarat and were provided School kits consisting a water bottle, Text Books, Note books, a Slate, pen, pencil, pouch valets etc

- **Collaborations:** ASHA workers, PHCs, CHCs; Panchayat leaders, volunteers, women's groups, local leaders were roped in for the health awareness and vaccination campaigns in the villages and slums. They also actively took initiatives to distribute the awareness materials, medical toolkits, safety kits and dry ration to reach to the identified target group.

### **Difficulties and challenges:**

- Could not attend to the needs of everybody. There are many people who are in need of support in various ways. It is very difficult to help everybody in ration and medicine only. Because their needs are different and all are affected because of pandemic.  
For example: - There are families where they have lost their earning member from the family. They have sufficient ration and they are healthy but in urgency they need support for the education of their children.
- Reluctance from the side of the people to take medical help on time.
- Unwillingness of the people to go for Covid Vaccine.
- Pandemic Covid-19 had caused crisis to every one rich or poor alike. We have selected those families who were really in need but in one place few rich women also were requesting to give them the help.
- Lack of Cooperation from some of the Sarpanches and Asha workers
- Initially our Staffs were afraid of going closer to the people
- During the first few days of the survey in the villages we found people bit unwelcoming, suspicious and closing their house. Not coming out from their homes.
- Hiding the sickness for fear of being hospitalized in the government hospital and dying their eventually due to lack of adequate health facilities.
- People were scared to take the vaccine due to myths and misconception as they believed in some of the fake news spread through the WhatsApp and face book.
- Fear of contacting the Corona virus we found difficult to get youth volunteers in the villages.
- Fear to do the test by the patients with symptoms of COVID-19. One of the ASHA workers had to face a great challenge, people threw stone at her for she was trying to convince them to go for vaccination and to consult a doctor.
- In the wake of the second wave initially there was a shortage of necessary things like lifesaving medicine -Remdesivir, oxygen concentrators, cylinders and pulse oximeters etc in the market.
- The staff was frightened to work in the hospital and some of them left the job so there was shortage of staff in the hospital.
- The village activities came to halt for some time.
- Transport was the greatest difficulty to reach out to the villages.



**Outcome /Consolations:**

- It was really a challenge for our partners working in the rural areas to reach out to the needy during pandemic yet they really felt good to have reached out to many people in their suffering and to give a ray of hope. In some places people were not ready to accept any medicines from others but just hearing the name of our partner organization people came forward to take medicines, their trust was very much encouraging for our local partner organizations, that people have faith that everything from the organization will be good for their health.
- It was a moment of joy to see the smiling face and joyful tears of the beneficiaries as they were supported in the moment of crisis.
- Though it was not possible to help all those who were in need at least we could reach out to some thousands of people to assist and support.

**Changes in project framework and implementing organization.**

There are no changes made in the project framework and implementing organization. The project has been implemented as planned. There are no changes in the concept (target group, project location, core problems to be addressed by the project). The project was implemented as per the original plans.

**Project reporting period and information on the preparation of the report:**

Several online meetings were conducted with the zonal leaders, partners and coordinators to have collective action plans and its implementation. Everything was meticulously planned for the smooth functioning. Every partner Organization had coordination with their field staff volunteers likeminded individuals, village leaders, ASHA workers, Anganwadi teachers and health committees to report and reach out to the target group.

Partners collected the report from their respective areas of work and presented it to the main coordinating team through the online meetings, email and WhatsApp groups.

The final narrative report is the outcome of the collective work which had taken place from June – August along with 4 zonal leaders, and 22 partners who provided the reports from their respective places.

## **Cooperation with local, German, European and international Organizations**

### **a) Cooperation with Local Organizations:**

It was one of the RAREST and UNIQUE experiences for us -SXSSS to coordinate and collaborate with as many as 67 small and big organizations spread across Gujarat. From the day one collecting information or doing need assessment through online meetings and later getting the partner organizations to send us the quotations and bank details of the different service providers was a herculean task. We experience needed support and patience in them and in time submission of the quotations, bills and reports of the different activities carried out by the partner organization. It was rather a challenging experience for our new finance manager as she had to deal with many new organizations and persons to get the payments done to their respective service providers and also get the needed documents submitted in time. The overall cooperation between the local partner has been exceptionally good.

It's also worth noting here that some of our local partner organizations managed to raise the resources locally both in cash and kind to reach out to the poor and needy people. The cooperation between the government agencies (giving permission to move around during the lockdown period), the cooperation and collaboration with CHC's and PHCs doctors and nurses and ASHA workers has been rather very consoling and satisfactory. The support of the local volunteers and Lok Juth leaders was exceptionally praiseworthy as many of them worked fearlessly during the most challenging, trying and frightening times.

### **b) Cooperation with German Organizations**

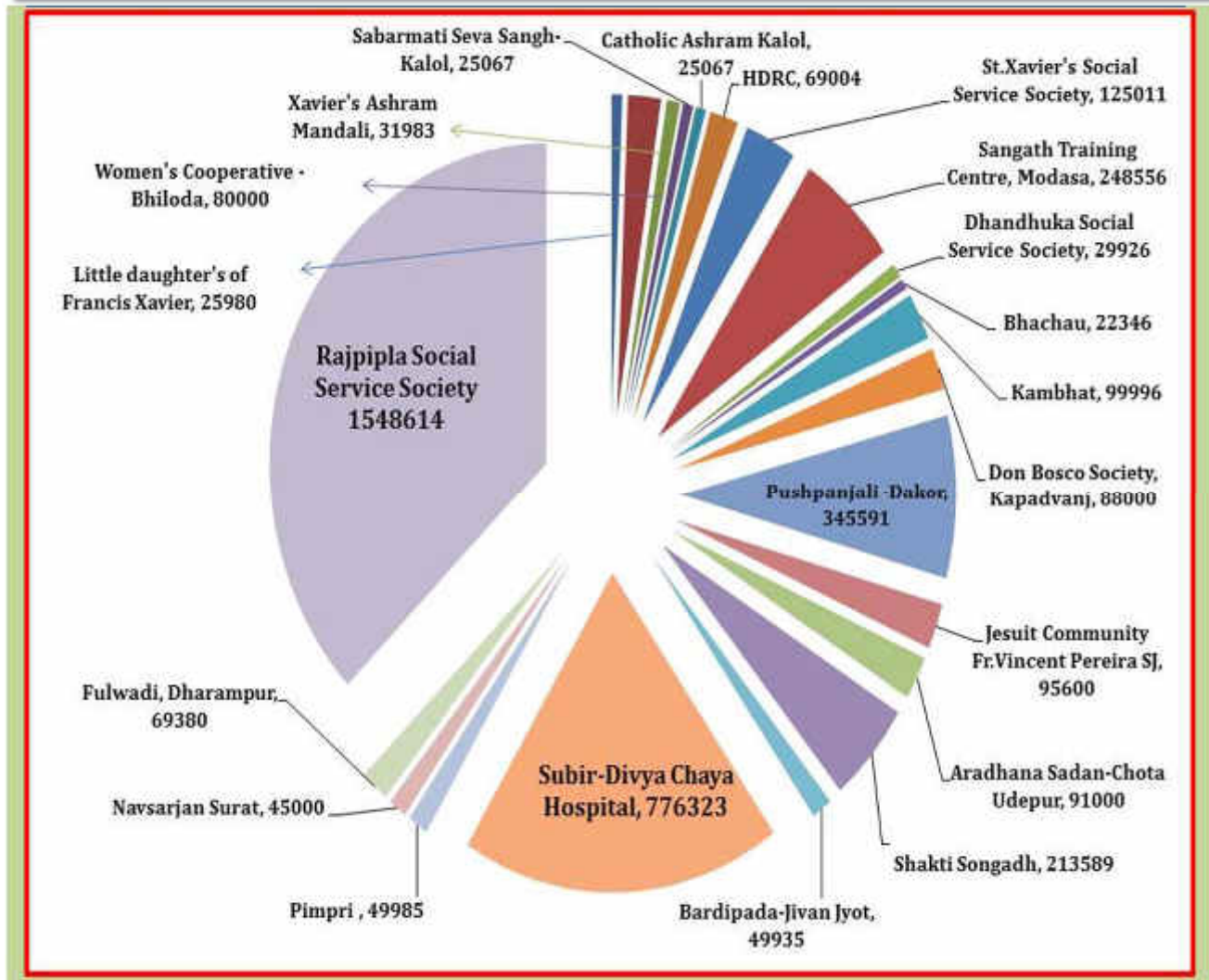
St. Xavier's Social Service Society values the unceasing cooperation and generous support from Caritas Germany (DCV) for the past so many years, accompanying the marginalized people in Ahmedabad and across Gujarat during this crucial, challenging and trying times created by Pandemic Covid-19. Reaching out to thousands of people and providing them medical as well food grain support would not have been possible without the generous support of Caritas Germany. At this juncture it demands a special mention of the relentless support and guidance provided by India desk head Mr Peter Seidel right from the conception of this project FTAC-19. The Finance department head Anja Huber too has been a continual support for our Finance Manager Sr Beena.

### **c. European / International Organizations**

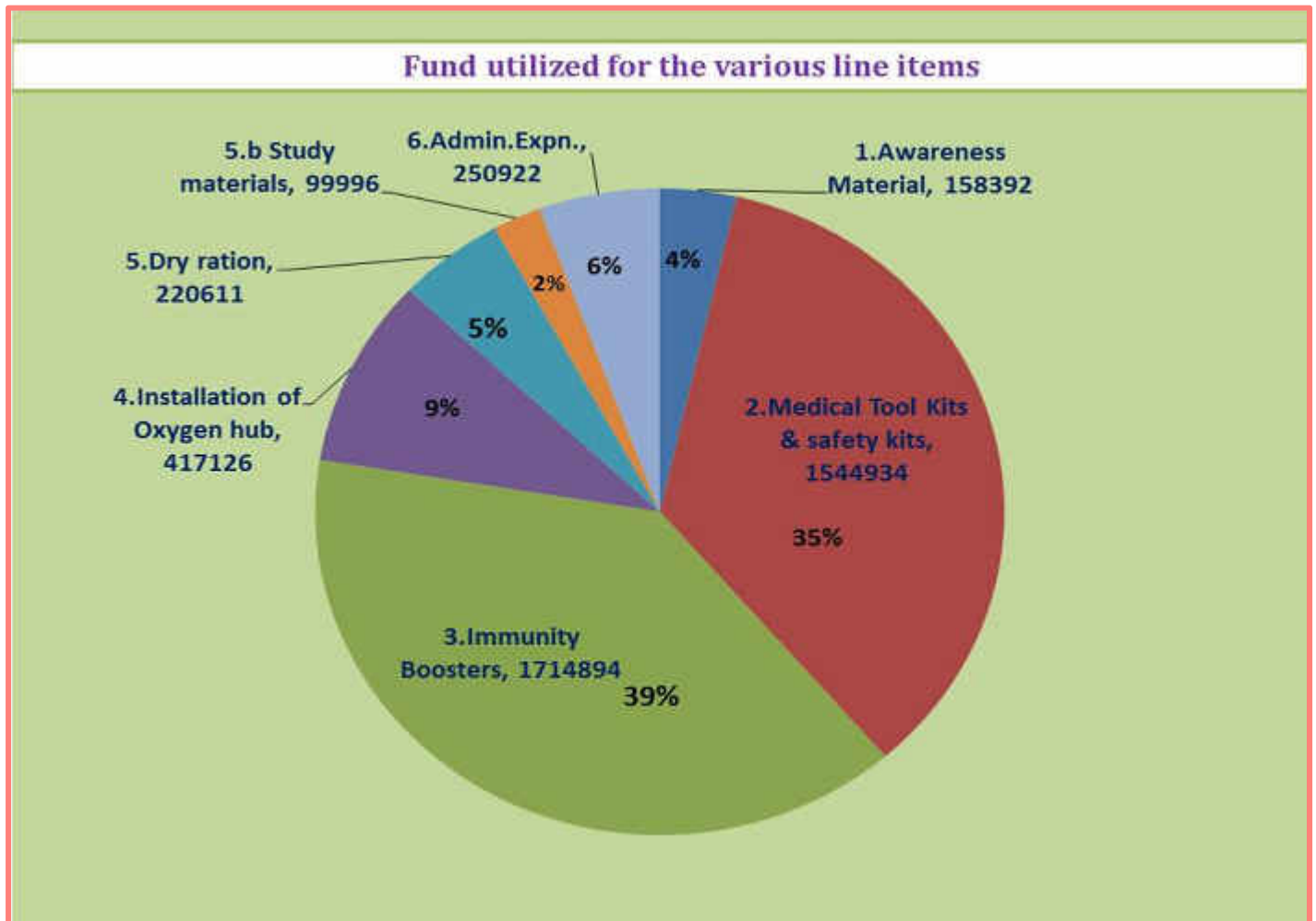
SXSSS has been receiving cooperation in partnership with different European organizations as well. Alboan Foundation Spain has also been a strong support in carrying out this emergency Covid -19 response across Gujrat.

The chart below gives us the details of our partner organizations across Gujarat and the amount of money received by each one them.

### Fund Utilized by 22 Partners reaching out to over 78009 families across Gujarat



The chart below gives us the details of the utilization of the funds for different line items:



Names of the Local Partners with details consisting number of Talukas, Villages and Families attended to through different activities (Line Item)

SL.NO	Collaborative Partners	Village	Talukas	Families	Total Fund utilized	Line Items
1	KAPADWANJ DON BOSCO SOCIETY	24	1	5160	88000	1. Awareness materials 2. Medical Tool kits & safety kits (Village sanitization)
2	CATHOLIC CHURCH, MANDALI	9	1	1980	31983	2. Medical Tool kits & safety kits
3	DEEVALAYA FULWADI	7	1	1225	69380	2. Medical Tool kits & safety kits
4	WOMENS CO-OP, BHILODA	40	1	5120	80000	1. Awareness materials 2. Medical Tool kits & safety kits
5	CATHOLIC ASHRAM KALOL	13	1	1456	25067	2. Medical Tool kits & safety kits
6	GULABMALA----LD SISTERS	4	1	508	25980	2. Medical Tool kits & safety kits
7	ST.XAVIER'S SOCIAL SERVICE SOCIETY	46	6	400	125011	2. Medical Tool Kits & safety kits 5. Dry ration
8	WOMENS CO-OP, BHACHAU	23	1	460	22346	2. Medical Tool Kits & safety kits 5. Dry ration
9	NAVSARJAN (SURAT)	35	1	3675	45000	1. Awareness materials 2. Medical Tool kits & safety kits
10	PUSHPANJALI CENTER, DAKOR	25	2	1530	345591	2. Medical Tool Kits & safety kits 3. Medicine & Immunity Boosters
11	DIVYA CHHAYA HOSPITAL, SUBIR	25	1	1955	776323	2. Medical Tool kits & safety kits 4. Installation of Oxygen hub
12	JIVAN JYOTI-BARDIPADA	18	1	200	49935	3. Medicine & Immunity Boosters
13	SANGATH CENTRE -Modasa	85	5	8075	248556	2. Medical Tool kits & safety kits



14	NAVSARJAN RURAL (SHAKTI)	192	9	18240	213589	1. Awareness materials 2. Medical Tool kits & safety kits
15	RAJPIPLA SOCIAL SERVICE SOCIETY	875	12	19250	1548614	3. Medicine & Immunity Boosters
16	SABARMATI SEVA SANGH- KALOL	15	1	1275	25067	2. Medical Tool kits & safety kits
17	JIVAN JYOT, PIMPIRI	50	2	3750	49985	2. Medical Tool kits & safety kits
18	CATHOLIC CHURCH, KAMBHAT	57	1	415	99996	5.b Study materials
19	JESUIT'S COMMUNITY, SEVASI, VADODARA	10	1	125	95600	5. Dry ration
20	CATHOLIC CHURCH, MEGHRAJ, HDRC	18	1	1350	69004	2. Medical Tool kits & safety kits
21	SOCIAL SERVICE SOCIETY, DHANDHUKA	24	1	1560	29926	2. Medical Tool kits & safety kits
22	ARADHANA SADAN, CHHOTA UADEPUR	55	1	300	91000	3. Medicine & Immunity Boosters
23	ADMIN COST				250922	
<b>Total</b>		<b>1650</b>	<b>52</b>	<b>78009</b>	<b>4406875</b>	