



Project Completion Report



“CovidAwarenessServices for Prevention Care and Cure”

Project Number: DCV P 321-2021-001

Funding Agency:

DCV Caritas Germany

St. Xavier's Social Service Society

1. Project Information:

1.1	Project Title	Covid Awareness Services for Prevention, Care and Cure
1.2	DCV- PN	DCV-BMZ 321-2021-001
1.3	Location	SXSSS, Ahmedabad
1.4	Reporting Period	May 2021 – February 2022
1.5	Target Area Details	97 Slums in Ahmedabad City
1.6	Report Complied by	Core Group (Cluster Coord) & Fr Isaac -Director
1.7	Date of Report	Mar-22

2. Introduction → The Context :

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. Later in December 2021 a request

was made with the revised budget and program to Caritas Germany to allow us to extend the program till end of February 2022 and it was duly granted. 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 and launched the campaign across Gujarat called, **“Fighting Together Against Covid-19 -A Gujarat Jesuit Initiative”**. The above campaign was partially financed by Caritas Germany and the report of the same was submitted in October 2021.

To prevent further spread and toll on human lives SXSSS core team formed 32 Health Committees (comprising 2 men and 2 women each) to attend to the screening needs of the slum community and 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 Director, 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 Caritas Germany.

The reaction to the second wave was different from the first wave, where the spread of it in rural India was devastating. None the less the city hospitals were overwhelmed by the incoming patients from the neighboring towns and villages. Poor health infrastructure, severe vaccine hesitancy, and supply-side restrictions put additional constraints on the lives and livelihood of people in general.

Many lives have been lost in Gujarat (unfortunately very few our 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, a meticulous program was planned by SXSSS named **“Covid Awareness Services for Prevention, Care and Cure”**.

3. Need Assessment:

In view of the emergency situation that emerged due to Covid-19 second wave, the CORE TEAM (Program Manager, Finance Manager and the Field Supervisors) of SXSSS held several meetings to assess the exact need of the people. Having consulted the Lok Juths -People’s Organizations, the Core Team decided to extend support in combating the pandemic in diverse ways. A couple of meetings were held with the voluntary leaders and members of the people's organization (Lok Juths) belonging to the work areas to know the status of the health services available and magnitude of Covid-19 outbreak in the intervention areas. The information collected revealed that in comparison to 1st wave in the 2nd wave few people were found with Covid infection at the same time the number of deaths being talked about on daily basis had frightened people. Many families in the intervention areas were impacted and family members were suffering

from cold, cough, diarrhea, and fever. The sudden inflow of a large number of patients put a massive pressure on the health services available in the hospitals.

After interacting with the voluntary leaders and members of Lok Juths they observed that health equipment's required to do the screening and monitoring the health conditions of the community members were as follows:

- Thermal guns to measure the temperature of the patient's as Covid-19 patients have high grade fever.
- Blood pressure measuring machine & Pulse Oximeters for observing BP & oxygen level as the oxygen level of Covid-19 patients starts dropping very fast.
- Glucometer, PPE kits, N-95 masks, gloves and Sanitizers etc., to ensure the safety of the medical staff and health committee members to do the screening in the areas.
- 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 remain safe and access healthcare facilities

The Main Objective and Activities will be as follows:

Objectives:

- 1) Generation and Dissemination of Awareness Material among people about covid, its symptoms, health care and vaccination**
- 2) Early Detection and Prevention of Covid 19 Spread: Appointing qualified nurses to visit the Slums with Covid Medical Kits (including Thermal Gun, Oximeter, Sanitizer, Hand Gloves, N 95 Masks), Immune boosters, medicines and awareness materials for early detection and prevention of Covid 19 spread and reduce mortality (Total 5 Zones 97 slum pockets are envisaged for intervention)**
- 3) To provide Grocery Kits to Vulnerable families -Widows, Orphans, Migrants etc SXSSS's work area depending on availability of funds - each to cover one zone namely i) Saraspur Gomtipur Zone ii) Odhav Zone iii) Juhapura iv) Shahpur v) and Naranpura Zone. The total amount of money required to reach out to all these Zones is INR 26,62,600/-**

a. Major Activities Planned and Implemented during the reporting period:

- I. Visit most affected Slums on daily basis.
- II. Field Animator along with Nurse visits affected slums for early detection of cases through screening of temperature and SPO2 level using infrared thermometer and oximeter.
- III. Provide guidance to patients with abnormal readings of temperature and SPO2 level for further testing and treatment.
- IV. Facilitate the services of doctors from the community, organize their interaction with the Slum leaders and volunteers. There are doctors who have committed and are willing to give their service couple of hours daily or so.
- V. Carry medicines to help women suffering from hemoglobin deficiency and anemia as they are most vulnerable and prone to early infection.
- VI. Carry for distribution immunity enhancing and preventive medicines according to the prescription by doctors, which are not provided by CHC/PHC to help the most vulnerable families.
- VII. Provide training to the willing Slum volunteers/CBO leaders on the use of infra-red thermometer and oximeter for early detection of symptoms.
- VIII. Facilitate Telemedicine Service.



b. Collect, Generate, Print and Disseminate Awareness materials

- a. Gathering all the relevant material from Government and other sources.
- b. Verify the authenticity of the information
- c. Create and produce video/audio clips with help from local known and popular doctors to disseminate them through social media and other networks.
- d. Mobilize leaders and volunteers among slums to share material -leaflets, motivational video clips to shun the fears/misconceptions around vaccination and treatment and to accept the benefits of preventive and curative care made available by the Government.

- c. **Networking:** To make covid awareness service effective take into confidence and make part of the network the local people namely, women cooperatives, Volunteers, ASHA workers, elected representatives, youth clubs, CBOs and POs.



5. Target People:

The total coverage of the project is spread over Ahmedabad district of Gujarat covering 97 slums under Municipal Corporation and few villages on the outskirts of Ahmedabad. The random household survey shows that the project reached out to total population of around 18,000 households belonging to twenty-nine election wards of operation, AMC and 3 Gram Panchayat areas like Khatraj village towards Kalol, Vadsar Village near Indian Air Force towards Kalol and Aslali Village along the national highway towards Nadiad. Beneficiaries mostly are Adivasis -Tribals, Dalits, OBCs, Muslims and migrants.

6. Our Interventions:

With the help of health committees, Lok Juth leaders, Nurses, Doctors., ASHA workers, PHCs, CHCs and volunteers we could implement the project through the different interventions:

a. Formation and Capacity Building of Health Committees:

SXSSS along with the Lok Juth leaders formed 32 Health committees to reach out to 97 slums. An appeal was made to educated and healthy people to volunteer to be part of the

health committees and this idea was welcomed by many. Many people voluntarily came forward to be part of the noble cause. 2 women and 2 men were selected be part of the teams.

Sr. No	Target Group	No of Activities / Trainings	Type of Activities / Trainings	Participated	
				F	M
1	Health Committee	3	Capacity Building & Orientation Training	128	78
2	Nurses	4	Same as Above	31	15
3	Nurses	3	Bimonthly Review	27	9
		10		186	102



During the above-mentioned capacity building and orientation programmes, doctors were invited as the resource persons to impart the trainings and information and demonstrations regarding the operating procedure of the medical equipment's like electronic blood pressure measuring machine,

Thermal Gun to measure body temperature, Glucometer, and oximeter for checking of Blood Pressure, Body Temperature, Diabetes and Oxygen level to nurses, staff and health committee members. The nurses, staff and health committee members were also given practical training regarding proper usage of the medical equipment's.

The Nurses too spend time with the health committee members in helping them to use the above mentioned equipment's effectively.





Besides training program an orientation programme was organized for the nurses, staff and health committee members in which they were given an understanding about their roles and responsibilities. A contract agreement was signed with the above-mentioned people.



b. Generation of Awareness materials:

Initially many fake news and videos regarding Covid-19 were making rounds in the social media which was creating unnecessary panic, uneasiness in the people and also misleading them. Many were seen behaving irresponsibly as they did not believe the existence of Covid-19 and many had developed hesitancy towards taking vaccine jabs as they feared losing their life. 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 of 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 and hesitancy amongst the masses to take the vaccine jabs. Thus, the awareness materials were prepared and posted in social media like WhatsApp groups, face book, twitter and Instagram. Leaflets and posters were distributed and were placed in the slums. As a result, the fear of vaccine gradually got reduced and many came forward to take vaccination.



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C. Awareness Meetings / FGDs / Community Meetings in the Slums:

Sr. No	Name of the Areas	No of FGD	Average.		No of Meeting	Average.		Community meeting	Participants	
			F	M		F	M		F	M
NP	29	672	2286	2264	203	1827	812	15	270	135
Shahpur	19	112	168	40	133	1197	532	14	252	126
Juhapura	8	112	376	202	56	504	224	5	90	45
SG	22	336	3374	1898	154	1386	616	29	522	261
Odhav	19	224	716	468	129	1189	529	24	432	783
	97	1456	6920	4872	675	6103	2713	87	1566	1350

The table above shows that during this period 1456 Focus Group Discussions (FGD) were held in 97 areas for capacity building of the health committee members on the issue of health. 6920 women and 4872 men altogether 11792 people had participated during the FGD.

During this period 675 meetings were held with the area leaders (women, men and youth) in which there were altogether 8816 people participated out of which 6103 were women and 2713 men participants. 87 community meetings were held in the areas with the support of local committee members who took up the responsibility of finalizing the venue of the meetings as well as mobilization. 1566 women and 1350 men (totally 2916) participated in the community meetings.

During these abovementioned FGDs, meetings posters and video clips were used to educate the health committee members. They were given awareness on the 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., In 97 slums over 23524 people were given awareness inputs 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.



➤ **Observations:**

We have observed that women's participation is seen more during FGDs while men and women's participation was almost equal during community meetings.

We observed that the capacity of the health committee had increased as a result of the meetings held as they made oral presentation to get nutritious food for malnourished children and teenage girls by networking with Anganwadi workers.

The health committee members had personally visited and contacted the local municipal councilors and made a presentation for getting the services of Dhanvantari and Sanjivni van in the areas. It's worth noting here that both of the above-mentioned vehicles carried immunity booster medicines from door to door during the pandemic times. These medicines were made available freely as it was part of government program to help people remain high on immunity to prevent themselves from getting infected by the disease.

The local people were fearlessly revealing their health status to the staff and link workers and were getting the treatment from the government dispensaries.



d. Exhibition & pamphlet Distribution:

Name of the Area	Nos. of the Slums	No of Exhibitions	Participated		Pamphlet Distribution
			F	M	
Naranpura	22	66	594	396	800
Shahpur	17	51	459	306	700
Juhapura	7	21	189	126	450
Saraspur Gomtipur	11	33	297	198	650
Odhav	7	28	252	168	300
	64	199	1791	1194	2900

During this period 199 awareness-based exhibitions on issues like preventive measures and cleanliness and hygiene related to Covid-19 were held in 64 areas by networking with the health department of Ahmedabad Municipal Corporation. Totally 2985 people (1791 women and 1194 men) participated in the above-mentioned exhibitions. 2900 leaflets on Covid awareness were distributed in the 5 zones in collaboration with the Ahmedabad Municipal Corporation.



e. MEDICAL HEALTH CHECKUP'S:

Sr. No	Name of the Area	No of health checkups	No of beneficiary		Total	Nos of People Vaccinated		Total
			F	M		F	M	
Naranpura	29	336	2675	1327	4002	2500	913	3413
Shahpur	19	112	1867	933	2800	1230	645	1875
Juhapura	8	101	2195	670	2865	1722	531	2253
Saraspur Gomtipur	22	324	4131	1245	5376	3913	934	4847
Odhav	19	224	2453	1131	3584	2174	836	3010
	97	1120	13321	5306	18627	11539	3859	15398

Medical health checkups were conducted on the regular basis in 97 slum pockets. 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. From the month of June 2021 to February 2022 a total number of **1120 medical health checkup campus** were held in 97 areas during which 13321 women and 5306 men got their Blood Pressure and Oxygen Level checkup done. During the medical check-up doctor had recommended that children have to keep themselves protected especially foreseeing the third wave and also to control the second wave.

During the entire process it was observed that during the initial month (June to August 2021) the people were hesitant and frightened to get the checkup done as they feared that we would forcefully admit them in government hospitals but later on during the next 2 months they started trusting us and came forward to get the health checkup done.

During the initial month the participation of local people was almost nil. They were not even providing tables and chairs for the health camps but as the camps progressed, they started providing with the logistic arrangements and took over the responsibility of mobilizing the people for the camps. The health committees started doing the follow up regarding the health of the beneficiaries of the health camps following the health checkup programme.

We can observe from the above table that since 13321 women and 5306 men had benefited from the health checkup camp; the percentage of women's participation was higher compared to men which proves that women were more concerned about their own health.



As far as Vaccination is concerned it was observed that initially the people had some misconceptions about the effects of vaccination and they were afraid of getting vaccinated. But following the Public Awareness Programme the local community members shed their misconceptions and started getting themselves vaccinated; besides the people who got vaccinated started educating other people about the benefits of getting vaccinated. As a result of the same 15398 people



of the areas got themselves vaccinated at the 1963 vaccination camps held in the areas through the support of local urban health centers and the organization. It can be observed from the above data the men were not getting vaccinated due to fear or laziness.

During this period 4 Ayurvedic Medical Camps were organized in Odhav area by networking with the Health Department of Gujarat Government. The people were given information about Home Remedies and Ayurvedic medicines and medicines were distributed to the needy people. 237 people participated in the 4 camps.



During the month of June people used to bring medicines from private dispensaries and hide their sickness. But followed by the health checkup camps and Public Awareness Programme an atmosphere of trust was created in the areas. As a result of which due to the networking with other stakeholders (Urban Health Centers, Link Workers, other NGOs and Local Municipal Councilors) the Ahmedabad Municipal Corporation has

provided the services of Dhanvantri and Sanjivani Van and people have started taking benefit of the same besides the people have started getting medicines from the local urban health center whenever there is a need.

As a result of the effects of health checkup camps in the areas it has been observed that the people from other areas are inviting to organize similar health checkup camps over there.

Regular health check-up camps helped people to get know the presence of other life threatening illnesses. Many of the members came to know that they are suffering from high blood pressure, cardiac problem, high diabetics -sugar, and some from tuberculosis. The table below give details of the number of people with such sicknesses.



f. List of Cases Referred to Government / Private Hospitals / Doctors:

Zone name	No. of Cases Referred	No. of Areas	No of patents		Remark	Govt.	Private
			F	M			
Naranpura	487	29	312	175	Blood Pressure -BP – 522 Diabetic – 105 Heart Issues– 42 Mental Health - 39 Thyroid - 17	355	132
Shahpur	168	19	121	47	BP – 172 Diabetic – 35 Heart – 20 Mental Health - 12 Thyroid – 11 Cancer – 3 Tuberculosis -T.B. - 2	119	49
Juhapura	84	8	68	16	BP – 181 Diabetic – 39 Heart – 25 Mental Health - 19 Thyroid – 14 Cancer – 6 Tuberculosis-T.B. - 2	51	33
Saraspur - Gomtipur	323	22	231	92	BP – 503 Diabetic – 191 Heart – 20 Mental Health - 12 Thyroid – 35 Cancer – 7 Tuberculosis-T.B. - 8	282	41
Odhav	280	19	161	119	BP – 222 Diabetic – 51 Heart – 29 Mental Health - 10 Thyroid – 17 Cancer – 3 Tuberculosis-T.B. - 3	223	57
	1342	97	893	449		1030	312

1342 people (893 women and 449 men) were admitted to government hospitals through recommendations of the nurses during the health checkup camps.

It's observed that the regular health checkups helped the people to find out the presence of other life-threatening sickness mentioned in the table above in their life and were given needed instructions to consult other specialist doctors and begin the medication to protect and safeguard their lives.

There was one case of a man in Odhav area who has High Blood Pressure. During the Health checkup camp identified his symptoms and recommended him to get admitted in the hospital. His family members immediately called the 108 Ambulance and got him admitted in the hospital. The doctor said that if there was any more delay in getting him admitted he would have had an epileptic attack; this way we observed that the expertise of the nurse in identifying the ailment saved the patient from becoming handicapped.

It was also observed during the health checkup camps that there were cases of Depression in the areas due to the impact of economic problems and fear of Covid.

Sr. NO	Name of the Nurse	Nos. of Cases Referred
1.	Priyanka	54
2.	Rajshri	204
3.	Ketan	196
4.	Noman	84
5.	Sohail	12
6.	Nafisha	99
7.	Mehrunisha	5
8.	Sahida	141
9.	Nilofar	133
10.	Amrin	113
11.	Shruti	118
12.	Smita	70
13.	Vishal	25
14.	Shweta	88
	Total	1342



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

32 Health Committees were empowered by Medical and Safety Tool Kits consisting of a Thermal Gun, Pulse Oximeter, Sanitizers, Hand soaps, Masks and an electronic blood pressure measuring machine to screen people and advise those needed either home quarantine or hospitalization. The health screening carried out in 97 slum pockets brought 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. Besides the regular checkups of the elderly the health committee did checkup and kept record of body temperature and oxygen level of children.

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

Though the project mostly focused on health care and immunity system we also identified people who were in dire 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.



Process:→ Our staff along with the community leaders carried out a survey of malnourished children (Aged 3 to 5 years) and anemic women -especially pregnant and lactating women in the project areas in the month of August. A list of malnourished children of the area was prepared; based on the height, weight and physical development of the children and by referring to the list of malnourished children

in the local Anganwadi center of the project area.



After preparing the list the staff of the organization visited the wholesale provision stores and obtained the quotations from different shops and the selected staff members studied the quotations thoroughly and decided to get the provision material from the store who was ready to supply us the





good quality material at a reasonable rate and who was ready to take payment by cheque. The staff of the organization helped in packing and preparation of the food kits. 391 food kits were distributed in the project areas through the support of the local committee members in the month of October and November 2021.

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

Difficulties and challenges:

- Initially there was reluctance from the side of the people to take part in regular medical check-ups.
- Unwillingness of the people to go for Covid Vaccine due to many myths and misconceptions.
- Initially our Staff too were afraid of going closer to the people as there were few positive cases in the areas and number of people across the country had lost their lives to Covid...
- During the first few days of the survey in the slums we found people bit unwelcoming, suspicious as they too thought that our staff since moving from one place to another can possibly be the super spreader of the virus.
- Hiding the sickness for fear of being hospitalized in the government hospital and dying their eventually due to lack of adequate health facilities.
- 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.
- 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.

Outcome /Consolations:

- 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.

During this period, we also had review meetings with the Nurses to analyze the process and activity during the health checkup camps. The feedback of the nurses was as below:

- We are happy with the life protecting activity which we are involved in and we are happy to have won over the trust and confidence of people.
- We learnt a lot of things during this entire process like dealing with ordinary masses, instilling faith and hope in them, encouraging them for regular checkups, which we were not aware of even when we were doing the nursing course.
- We learnt about the role and activities of the NGO during the entire process.
- We are sure that the work experience which we have received during this process will certainly help us to be better person in the future.
- The Local doctors were very supportive during the entire process as a result of which the local community got rid of their fear and anxiety and cooperated during the health checkup camps.



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 carried out as per the original plans. Since most of the doctors made their services freely available to us, we could save

some money which helped us to extend the program till end of February 2022 and for that we had to revise the budget and propose the same for the Caritas Germany's perusal and approval.

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

Monthly physical meetings were conducted with the staff members, Nurses and Zonal and Community leaders to have collective action plans and its implementation. Everything was meticulously planned for the smooth functioning.

The final narrative report is the outcome of the collective work which has taken place from May 2021 – February 2022 along with 5 Zonal leaders, and 32 Health Committees who have been an integral part of the implementation of this project.

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 collaborate with Lok Juths and to coordinate with 32 health committees. From the day one we experienced the support of the Lok Juth leaders in collecting information or doing need assessment. The overall cooperation between the local partner has been exceptionally good.

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 CASPCC. The Finance department head **Bury-Czeczor Diana** too has been a continual support for our Finance Manager Sr Beena.

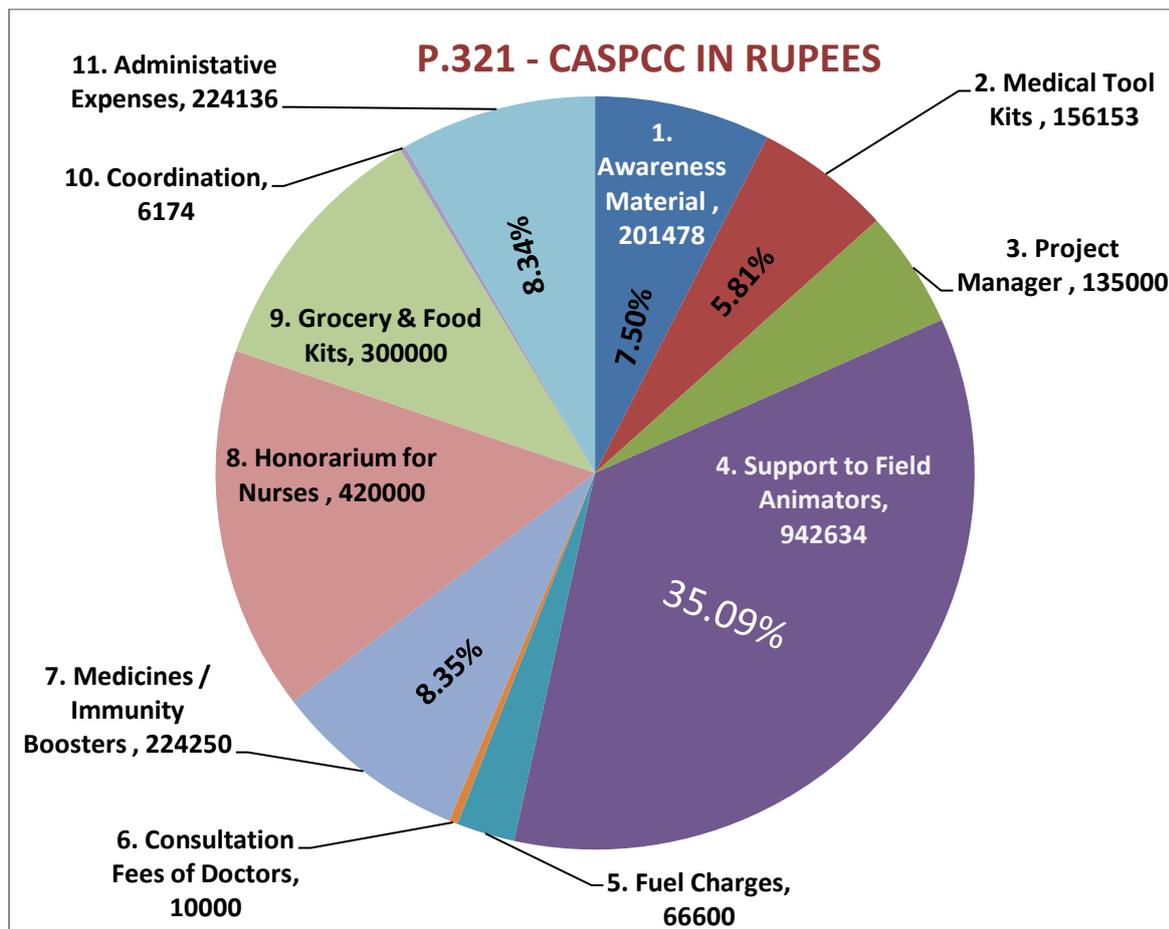
c. European / International Organizations

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 Table below gives us the percentage wise details of the utilization of the funds for different line items:

Line Item	Amount	%
1. Awareness Material	201478	7.50
2. Medical Tool Kits	156153	5.81
3. Project Manager	135000	5.03
4. Support to Field Animators	942634	35.09
5. Fuel Charges	66600	2.48
6. Consultation Fees of Doctors	10000	0.37
7. Medicines / Immunity Boosters	224250	8.35
8. Honorarium for Nurses	420000	15.63
9. Grocery & Food Kits	300000	11.17
10. Coordination	6174	0.23
11. Administrative Expenses	224136	8.34
Total Fund	2686425	100.00

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



PROJECT NUMBER		P.321-2021-001				
PROJECT TITLE		Covid Awareness Services for Prevention, Care & Cure -CASPPC				
Duration		May-Dec.2021 extended up to 28 February 2022				
S.NO	Budget Head	Fund received (15465 @ 87.65 = 1355507 & (15465 @ 86.06 = 1330918) INR. 2,686,425/-		Budget After Repurposing in Dec	Fund utilized as of 28.02.22	30930 @86.8549
		Cost	Budget			
1	Generation & Dissemination of Awareness Material	Lump sum Cost for 8 Months	1,80,000	201478	201478	2320
2	Medical Tool Kits for Screening, Early Detection and Prevention, Care and Cure of Covid Infection	48 x 4000/-	1,92,000	156153	156153	1798
3	Project Manager -Honorarium	1*15000*8	1,20,000	135000	135000	1554
4	Support to Field Animators, Volunteers and Driver	12*8,000*8	7,68,000	942634	942634	10853
5	Fuel Charges	30*8*30*8	57,600	66600	66600	767
6	Consultation Fees of Doctors	5*6000*8	2,40,000	10000	10000	115
7	Medicines / Immunity Boosters & Nutrition's for Children & Women	Lum sum cost	1,50,000	224250	224250	2582
8	Honorarium for Nurses (8 Months)	2*5*8,000*8	6,40,000	420000	420000	4836
9	Grocery & Food Kits for Vulnerable People -Widows, Orphans & Covid Infected cases	250*1200	3,00,000	300000	300000	3454
10	Coordination, Resource persons consultation...	Lum sum cost	35,000	6174	6174	71
11	Administrative Expenses			224136	224136	2581
TOTAL			1,60,000	2686425	2686425	30930



Report prepared by Fr Isaac Rumao & Team

