

COMBATING SECOND WAVE OF COVID-19

INTERIM REPORT - MAY 2021



BY

THE CONSORTIUM OF

JANVIKAS, NAVSARJAN, IDEAL - CENTER FOR SOCIAL JUSTICE

AND INSTITUTE FOR STUDIES & TRANSFORMATION

BACKGROUND OF COVID-19

CURRENT CRISIS OF THE SECOND WAVE

In April 2021, India recorded highest number of daily cases of COVID 19, making for almost 50% cases of the world. The strain of Corona Virus that caused the second wave is more virulent than the strain that caused the first wave, making it much more difficult to treat. The second wave of coronavirus started in mid-March and spread rapidly. By the end of April, India witnessed daily COVID new cases numbers as around 4,00,000 with 3523 deaths in a day on May 1, 2021.

This rapid spread of the virus and the daily increase in the death toll has further challenged country's ill-equipped healthcare system. In many cases, COVID is not detected due to lack of testing and availability of timely results. Further, when comorbidities are detected, deaths due to COVID are being passed off as non-COVID, resulting in the underreporting of infected people and deaths.

More importantly, as the early screening is inaccessible, people are bound to wait until the severity aggravates, which in most cases deteriorates the health to an irreparable state, causing death. For instance, by the third week of April, the Kutch district in Gujarat showed a much higher rate of death despite being scarcely populated. Similarly, in another remote district Patan, 17 deaths were witnessed within a period of two days because of the unavailability of beds in the hospital. Thus, together with infections, the deaths due to COVID has also increased in large numbers. Besides this, because of lack of health facilities they fear accessing hospital or clinics resulting in the increase in the number of casualties.

About Us

As the COVID-19 pandemic swept the nation, the Consortium of JANVIKAS, NAVSARJAN, IDEAL - CENTRE FOR SOCIAL JUSTICE, & INSTITUTE FOR STUDIES & TRANSFORMATION (herein referred as CONSORTIUM) along with community based organizations have responded in many ways to the crisis by providing frontline help and defending the rights of people at grass root levels.

During the first wave of COVID-19, as a civil society we took on the crucial role of providing essential services when there were gaps. At the start of the nationwide lockdown in March 2020, our institutional response was the relief operations which included distribution of food, ration and hygiene kits to over forty-five thousand individuals in the state of Gujarat, Delhi, Chhattisgarh, Jharkhand and Madhya Pradesh. Food packets were distributed to over forty-two thousand migrant workers along with cash relief to families for their daily requirements. PPE Kits were distributed to healthcare workers in Gujarat. We stepped in when official communication channels failed to give people information about how to protect themselves and their families from COVID-19 and were able to disseminate important information to most vulnerable people in the communities we serve. Also provided legal support to individuals for food, shelter, and compensation-related issues besides activating DLSA.

Second wave of Covid-19 now ravages the country especially rural India which is home to nearly 900 million people. With far fewer resources, reporting is much lower than their urban counterparts because of low testing in rural areas. Besides, people are not being directed to testing centers at the very onset of symptoms as they go unnoticed. In the two districts of Gujarat, Patan and Banaskantha, people are dying without being tested. Consequently, there is an increase in the number of deaths going unreported and a further spread of the virus. As an immediate response to the second wave, the consortium has initiated 2 interventions to curb the spread of virus. One, the distribution of early detection and prevention kits to volunteers in villages of Gujarat and other states and second, the supply of life saving medical equipment like oxygen concentrators.

A. Phase 1 for an Early Detection of COVID 19 by distributing health kits to the rural volunteers

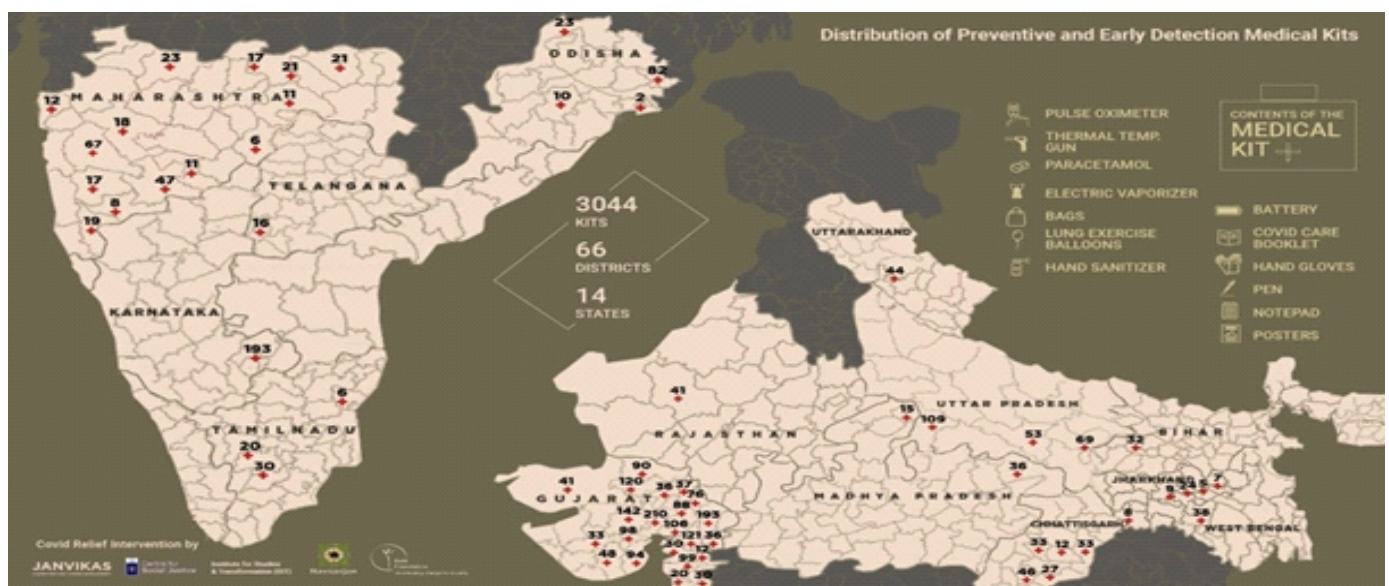
One way forward is to bring screening to their doorsteps of rural India to cover the entire population in the process ensuring timely screening and early detections for the asymptomatic cases. Therefore, the consortium has initially responded by planning to distribute early detection health kits with thermometer gun, oximeter, few medicines, sanitizer, hand gloves and poly bags which can be used to check body temperature, pulses and oxygen levels in the asymptomatic rural population with proper precautions to the volunteers.

The strategies laid down are:

- Train and equip the community leaders to measure and interpret body temperature, oxygen saturation level and heart rate, using a temperature gun and pulse oximeter.
- Train and equip the community leaders to observe and identify early symptoms of COVID 19 in the individuals while checking for vital measures and refer further.
- Develop an effective prevention model in rural Gujarat to ensure better healthcare for the marginalized population.

The early prevention and detection kit includes:

1. A pulse oximeter
2. A temperature gun
3. A steam vaporizer machine
4. A packet of balloons
5. A pack of Paracetamol tablets
6. A hand sanitizer
7. A pair of gloves
8. Health care guidebook on COVID 19
9. A Notebook
10. A Pen
11. Posters
12. A bag to carry all the above items
13. Training videos for use of equipments



The community leaders from the **Consortium** are trained to use the early detection and prevention kit through the help of medical professionals, access to usage videos of items of the kit and a manual to refer to at all times. There are currently 3044 kits that are being made and handed over to start the detection drive in the villages of 66 districts in 14 states of India.

The temperature gun and pulse oximeter would be used to check the vitals for the major symptoms such as fever, oxygen levels below 95 and the increase in pulse rate. This early detection will help in rushing patients to the nearest primary health center to get tested for COVID-19 and receive treatment for the same if found positive. Alongside measuring these vital signs, the community leaders are being trained to screen for other common symptoms such as difficulty in breathing or shortness of breath, cough, body aches and headaches, sore throat, loss of taste or smell or both. In such cases too, the volunteer would refer the person to the PHC for testing at the earliest. In addition, those suffering from cough or shortness of breath would be given steam inhalation and balloons to help reduce the symptom and strengthen the lungs to fight infection. This will also be done for other vulnerable individuals such as those living with symptoms, old people, people with comorbidities, etc. The kit contains a bottle of hand sanitizer and a pair of gloves to protect the volunteers from being infected from the virus. With a motto to make such equipment available at the rural areas, bulk purchases were made which helped to reduce the overall cost of the kit to around Rs 2857/-.

Training

The community leaders selected, and the identified village volunteers are trained by medical professionals to take vital signs and to use the temperature guns, pulse oximeters, steam machines using a virtual medium. It included learning all the basics of the working of these equipment - inserting batteries, switching on and off, maintenance, how to use and how to read the measurements that these equipment's indicate. They are also trained to screen for other symptoms through questioning people and observing them during their interactions. The training also included when to administer paracetamol so that the symptoms abate till the person reaches the PHC. Along with this, the volunteers persuade the screened persons for immediate testing and make them understand the importance of the same. Besides this, the training emphasized that the volunteers should ensure that the screened and suspected people isolate themselves and that they would guide them on how to do so. The community leaders have also been trained on how to protect themselves from coming in contact with the virus while screening for suspected cases.

More than 3044 community leaders and volunteers are identified across from the **CONSORTIUM** and the partner organizations (which included Aatapi Foundation, Dalit Foundation, Dalit Shakti Kendra, Econet, HID Forum, IDEAL - Centre for Social Justice, Institute for Studies and Transformations, Janvikas, Navsarjan and Working Group for Woman and Land Ownership (WGWLO); required materials and equipments were procured and kits were prepared. Carefully the kits were distributed to the volunteers in the far off villages in coastal, tribal, Kutch and Saurashtra areas of the state, the total number of districts and blocks in which the kits were distributed are as mentioned in the table here.



Details on number of districts and namer of the organization covered for Kit distribution

Name organizations - 10	Name of districts covered - 66
AATAPI, Dalit Foundation, Dalit Shakti Kendra, Econet, HID Forum, IDEAL - Centre for Social Justice, Institute for Studies and Transformations, Janvikas, Navsarjan, WGWLO	Ahmadnagar, Ahmedabad, Akola, Allahabad, Amravati, Amreli, Anand, Ara, Aravali, Banaskantha, Bargarh, Bengluru rural, Bharuch, Bhavnagar, Bhind, Bilaspur, Bokaro, Botad, Chhota Udepur, Dang, Dehradun, Dhanbad, Giridh, Gumla, Jajpur, Jalaun (Orai), Jalgaon, Janjgir Champa, Jodhpur, Kandhmal, Kheda, Kolhapur, Kutch, Madhya Pradesh, Madurai, Mahasamund, Mahesana, Nagpur, Nanded, Narayanpet, Narmada, Navsari, Osmanabad, Palghar, Panchmahal, Patan, Pune, Puri, Purulia, Raigad, Raigadh, Raipur, Rajkot, Ramgadh, Rewa, Sabarkantha, Sangali, Satara, Solapur, Surat, Surendranagar, Vadodara, Varanasi, Villupuram, Virudhunagar, Yavatmal

By the second week of May 2021 many volunteers received the kits either individually or by tying up with different stakeholders like local Panchayats, village leaders, village healthcare staff, village health committees, private clinics, religious leaders and teachers. These volunteers conducted awareness drives in the villages about testing facility made available and that the asymptomatic persons should get themselves checked. This was covered by many newspapers.

These volunteers were supported by the community leaders or senior team members or their supervisors, who shared a list of volunteers from different districts who received the kits and who did an awareness about testing for COVID like symptoms. Based on the information received on volunteers, Janvikas-CSJ team members started making calls to these volunteers to learn their experiences in testing people using the given kits; a table here shows the no. of volunteers reached out through telephone between May 15th to 31st 2021:



Details as per telephonic communication to whom the first 1100 health kits were distributed

No. of volunteers contacted (one volunteer contacted more than once)	Organization/network	No. of people tested
41	IST	1300
45	WGWLO	71
42	Navsarjan	2588
51	Janvikas	4596
78	CSJ	128
260	TOTAL	8745

The experiences of the volunteers as shared over phone are as mentioned below:

- There is extreme fear among the rural mass about COVID. This is more so because they believe that those for COVID in hospitals never return home. Therefore, many people hide their symptoms from their family members and neighbors.
- People of above 45 years of age had greater fear of getting infected.
- However, the awareness drive has reduced the fear since the testing facility was made available at their doorstep.
- In most villages, people came forward to get themselves checked for temperature, pulse rate and oxygen levels.
- The symptoms of severe fever were ignored due to the fear of getting tested positive for COVID; people suffering from fever assumed that the fever is due to increased heat in the atmosphere at the onset of summer.
- Some ailing people relied on home remedies but never went to consult a doctor given the private doctors' consultation fees is very high or there was no availability of doctors. But as the leaders and volunteers from their own community and acquaintances extended such services, people came forward for testing fearlessly.
- Though some wanted to get the rapid tests done, there were no sufficient testing kits for the number of infected people at village or block levels.
- The government hospitals and PHCs, CHCs were full of severely infected COVID patients.
- Many patients, at home and at the clinics, went without oxygen and hence died.
- At some places people with symptoms also reached to the witch doctors who certainly failed to treat these patients.

B. Supply of Life saving Medical Equipments like Oxygen concentrators

By the second week of May 2021, India reported 300,000 daily infections for 22 consecutive days, highlighting the country's slide into the world's worst health crisis. At the onset of the second wave of the pandemic, India witnessed a severe lack of oxygen in terms of availability, accessibility and affordability. At a time when the country is facing the worst oxygen scarcity due to lack of healthcare infrastructure, immediate supply of oxygen concentrators was one of the way to address the crisis.

The coronavirus mostly impacts a patient's lungs and thus leaves them gasping for oxygen. An oxygen concentrator is a device that concentrates the oxygen from a gas supply, typically ambient air, by selectively removing nitrogen to supply an oxygen-enriched product gas stream. A self-sufficient system that can be used at homes and hospitals is the way out to manage oxygen supply.

This dearth of the lifesaving equipment caused an extreme surge in fatality due to COVID-19. The exigency of the oxygen concentrators was higher for rural areas than their urban counterparts. An outbreak for oxygen was seen in Indian hospitals which rose by 10-folds. The high demand and low supply resulted in exorbitant pricing of the same making it impossible for the vulnerable population from the marginalised communities to acquire any. The gap can be met by importing the concentrators and dispatching it to places, organizations and individuals in need.

Help India Breathe UK Fundraiser is started by a team of start-up founders from UK/USA who are developing cutting-edge technologies and having deep connections to India with the belief to act and help communities globally.

The primary objective of Help India Breath is to mobilise emergency COVID-19 supplies to the Indian healthcare system. Help India Breath is raising funds to capacitate the essential aid for dealing with the COVID-19 virus. They source and distribute medical supplies and equipment. Help India Breath has partnered with the consortium, with whose help they will be deploying their first batch of oxygen concentrators.



Once the kits reached the volunteers, these volunteers showed great enthusiasm in reducing the level of fear which was prevalent among the villagers; different strategies were used by these volunteers either to spread awareness or to motivate the rural population for testing, as mentioned here –

- The volunteers stuck the poster with their name and contact details at their house, panchayat building, *chauraha* (crossroads), besides the bus stand, PDS shops, etc. so that people have an idea of availability of testing services.
- Some volunteers tied up with the private clinic and installed a table just beside the clinic, so that any patient who came to the doctor is tested for temperature, oxygen level and pulses free of cost; those with severe symptoms were immediately sent to the doctor with special recommendations.
- With regards to the Ramazaan month, one of the volunteers installed a testing facility just outside the mosque and checked most people visiting the mosque, especially on the day of Eid.
- A few volunteers went for door to door checking and some went to the ones who showed some symptoms.
- Volunteers residing in towns also installed their service table at the most happening place where there is much movement of the people.
- Some volunteers, not restricting the use of the kit to their own village, helped the neighbouring or needy village by sharing their kit for some time and this is how they detected patients with COVID symptoms and referred for early treatment.
- In the times of need, these volunteers also gave the kit to other trust worthy youth for use and helped in early detection.
- Volunteers in urban areas did the testing services at the sub-centers of their programme or sangathan offices, whereas some did it by allocating day wise time to different hamlets.

From the phone conversation, it was learnt that in the initial days of receiving the kits, the volunteers reached out to 10-20 people for checking/testing, gradually the numbers increased up to 40 per day and within 10-20 days of receiving early detection kits, per volunteer checking/testing ratio is around 15-500. The impact of this testing is as enlisted below as shared by the volunteers over phone and also documented in the case studies in the report.

- This effort of early detection helped reduce the prevailing fear among the rural population.
- The volunteers did counsel by explaining to the villagers that testing will help to get the appropriate and timely treatment and would help save peoples' lives.
- People came forward to get themselves tested for temperature and oxygen levels.
- People with mild symptoms were given immediate treatment by the volunteers, as shown in the pictures below.
- In some of the cases, patients were referred to in a timely manner and with appropriate treatment, their lives were saved. Here are a few case stories:



The oxygen concentrators donated to the consortium through 'HELP INDIA BREATH' have been distributed to 4 states of India. These four states being Gujarat, Rajasthan, Chhattisgarh and Delhi NCR. The areas targeted in these states are all in urgent need of oxygen concentrators. In addition we have also received 10 oxygen concentrators in donation from Democracy People Foundation. The oxygen concentrators have been sent to the most remote and underdeveloped regions of these states to capacitate the healthcare infrastructures in those areas.

4 (2 5ltr and 2 10 ltr) oxygen concentrators are given to the Halol taluka of Panchmahal district. The districts of Tapi, Narmada, Dang, Amreli and Gir Somnath have been given a total of 10 oxygen concentrators in 4 local hospitals and 6 have been given to the community directly through local volunteers. Ahmedabad received 9 oxygen concentrators of which 2 10ltr oxygen concentrators are in Shila Hospital, 5 (3 5ltr and 2 10ltr) oxygen concentrators have been given to the consortium itself for the welfare of the organization members and other related parties to the organization. The other 2 (1 5ltr and 1 10ltr) oxygen concentrators have been given to the Hostel and trainees of Dalit Shakti Kendra which is in Nanidevti village. Other than that, 4 concentrators have been provided to the Aravalli district, 5 are given in Dahod district, 4 are in the Bhuj taluka of Kutch, and Anand district has received 2 oxygen concentrators as well.



Banswara city in the state of Rajasthan has received 8 (5 5ltr and 3 10ltr) oxygen concentrators. 24 oxygen concentrators have been provided to the state of Chhattisgarh of which 11 are 5ltr and 13 are 10ltr oxygen concentrators. The districts which have been given oxygen concentrators in Chhattisgarh are Raipur, Bilaspur and Raigarh. The oxygen concentrators in Delhi are all distributed to NGOs (for frontline workers), orphan home hospital, Community COVID care center and in the Jamia area. A total of 7 (5 5ltr and 2 10ltr) oxygen concentrators have been given to Delhi NCR.

Annexure - 1 Case Studies

Some of the case studies were shared by the volunteers through tele conversations, on how these prevention and early detection kits have helped in identifying people with infection and making timely referrals possible.

MAANGADH, IDAR, SABARKANTHA

Volunteer- Hasanbhai, Mangadh village, Idar, Sabarkantha. Tests done for 60 people with different symptoms, 35 were found Covid positive with low oxygen levels, were referred to different hospitals, 13 died, 22 were given primary treatment tablets, the Panchayat managed to purchase oxygen cylinders and provided oxygen free of cost, all 22 people of whom 5-6 were women aging 45+ and rest male aging 55+ were saved of Covid.

BAJIPURA, MEMDABAAD

Volunteer-Latifbhai, Bajipura village, he tied up with doctor and put a table outside the private clinic, he did the early detection, checked 500 people through oximeter and thermometer, found 8 below the range who needed oxygen who were immediately attended to by the doctor, all 8 positive people got cured, out of 8, 1 woman and 4 youth in their 30s got infected at work, in Manjusar, all were home quarantined and treated by the doctor and recovered. People showed much faith in such testing and still keep coming to Latifbhai in case of such symptoms.

MALIVADA, HIMMATNAGAR

Volunteer-Meerkhanbhai, Malivada village, Himmatnagar, checked 300 people standing outside the mosque on Eid, found 4 with low oxygen level at 90 and rest 8 showed temperature, treated with tablets given in the kit, 4 needed oxygen but per day rate for bed with oxygen was 15000, he managed to get 3 oxygen cylinders from the gas welders free of cost and all 12 were saved n out of danger. Before the kit was received the village witnessed 9 deaths. After he received the kit the spread of corona virus in his village was reduced. So now there are less or number cases, but the asymptomatic people go to him for testing.

CHIKHLOD, KAPADVANJ

Volunteer Piyushbhai, through Navsarjan trust, Chikhlod village of Kapadvanj was not counted for kit but the neighbouring village volunteer, Piyushbhai got a call by 9.30pm for a need of oximeter, the supervisor allowed Piyushbhai to give the kit to the 5 youth who came searching for oximeter, at Chikhlod, 13 people with fever and breathlessness were tested, out of which 3 women were found with severely dropped oxygen level, they were immediately taken to the doctor and their home treatment insisted. They then recovered well.

Distribution of Early Detection and Prevention Health Kits



**Health Kits Distributed to Asha workers in
Ghoghamba block of Panchamahals**



Photo Gallery





Volunteers carrying out early detection drive



Volunteer Testing and Suggesting Exercise for Lungs



Gujarat-based NGO donates anti-Covid kits to 20 villages

EXPRESS NEWS SERVICE
@Virudhunagar

A Gujarat-based Dalit NGO distributed anti-Covid equipment to 20 villages in the district to monitor and identify Covid cases among the Dalit population. Two volunteers have been appointed in each village to distribute kits. The kit includes a thermal scanner, pulse oximeter, steam inhaler, hand sanitiser, masks, gloves

and tablets, and was handed over by Viduthalai Chiruthaigal Katchi (VCK) party members.

The volunteers are to keep tabs on the temperature and SpO2 levels of the Dalit population in the villages. Further, they are to raise awareness about the importance of wearing a mask and following Covid precautionary measures. As many as 1,300 families are to benefit from the initiative, said a volunteer.

હમણા ગ્રામ અધિકાર અભિયાન મેં કરોના બચાવ કો લેકર કિયા જાગરૂક

પર્યાવરણ દિવસ પર 24 ગાંવ મેં સ્વાસ્થ્ય કિટ કા વિતરણ

પાંચ-પાંચ પોષે લગાવે
કિયા ગાવા પ્રેટિ

પાંચકા ન્યુઝ નેટવર્ક

ક્રમશઃ, વિરમગામના વિસ્તાર કે અવસર પર રહિતર કો દ્યારા ધમ અધિકાર અભિયાન નામકરોના સેવા કો લેકર પ્રેટિ કિયા ગયા. હમણા ગ્રામ પર 24 ગાંવ મેં સ્વાસ્થ્ય કિટ વેકર વચાવ કા લેકર કિયા ગયા. હમણા ગ્રામ પર 24 ગાંવ મેં સ્વાસ્થ્ય કિટ વેકર વચાવ કા લેકર કિયા ગયા. હમણા ગ્રામ પર 24 ગાંવ મેં સ્વાસ્થ્ય કિટ વેકર વચાવ કા લેકર કિયા ગયા.



સોને કે ઝીન બચાવે કો લેકર કાલ સરલ યાવે. હમણા ગ્રામ પર 24 ગાંવ મેં સ્વાસ્થ્ય કિટ વેકર વચાવ કા લેકર કિયા ગયા. હમણા ગ્રામ પર 24 ગાંવ મેં સ્વાસ્થ્ય કિટ વેકર વચાવ કા લેકર કિયા ગયા.



સિદ્ધિ યાવત ને કાલ કિ દ્યારા હમણા ગ્રામ પર 24 ગાંવ મેં સ્વાસ્થ્ય કિટ વેકર વચાવ કા લેકર કિયા ગયા. હમણા ગ્રામ પર 24 ગાંવ મેં સ્વાસ્થ્ય કિટ વેકર વચાવ કા લેકર કિયા ગયા.

હન લીડરો કો દિયા ગયા કિટ

કોરોના જાગરૂક અભિયાન કે હાલ ધરિત વાટાઘાટી અને જન વિકાસ સંસ્થાને સહયોગ સે મુખ્યમંત્રી કે રીયા રિતે મેં જવા વચાવ કે લઈને 24 ગાંવ મેં કોરોના કે બચાવ કે લેકર કાલ સરલ યાવે. હમણા ગ્રામ પર 24 ગાંવ મેં સ્વાસ્થ્ય કિટ વેકર વચાવ કા લેકર કિયા ગયા.

પાત્રકો રાવા 6 જૂન 2021

અમદાવાદ બોટાદ ભાસ્કર 13-05-2021

અમદાવાદ-બોટાદ ભાસ્કર

વિરમગામનાં ગામોમાં જનજાગૃતિ અભિયાન



વિરમગામ ભાસ્કર | ગ્રામ્ય સ્તરે કોરોના સામે જન જાગૃતિ અને પ્રાથમિક સારવારની લોકોને સમજ મળે અને જાગૃતિ વધે તે આશયથી રાજ્યના 1000 ગામોમાં મેડિકલ કીટનું આયોજન નવસંજન ટ્રસ્ટ, જનવિકાસ દ્વારા કરાયું છે.

બુનિયાદ પાટણ | BUNİY.

નવસંજન ટ્રસ્ટ અને જનવિકાસ દ્વારા 1000 ગામોમાં મેડિકલ કીટનું વિતરણ કરાયું



(બુનિયાદ ન્યુઝ, પાટણ) નવસંજન ટ્રસ્ટ અને જનવિકાસ દ્વારા 1000 ગામોમાં મેડિકલ કીટ વિતરણ મેડિકલ કીટમાં નીચે મુજબની વસ્તુઓ છે. (1) એક પલ્સ ઓક્સીમીટર જેનાથી ઓક્સિજન લેવલ અને પ્લસ માપી શકાય, (2) એક કોરોના થર્મોમીટર જેનાથી શરીરનું તાપમાન માપી શકાય, (3) એક રેસ્પિરેટરી સ્ટીમર જેનાથી નાસ લઈ શકાય, (4) કુગળા જેનાથી શ્વાસ, ફેફસાની કસરત કરી શકાય (5) પેરાસિટામોલ ટેબલેટ 100/ (6) એક બુકલેટ જેમાં કોવીડ 19 માં કામ કરવાની અને કોવિડ રોકવાની સમજ આપેલ છે. (7) કીટના ઉપયોગની સેવા આપી રહેલ સ્વયમ સેવક માટે બુક તથા બોલપન, સેનીટાઈઝર (8) પાસ્ટર જેમાં સેવા આપનારનું નામ, અને ચેકઅપ નો સમય વિગેરે... લખવાનો રહેશે પાટણ જિલ્લા ના હારીજ સમી પાટણ ચાણસ્મા રાધનપુર સરસ્વતી તાલુકાના ૬૦ ગામોમાં કોરોના ટેસ્ટ કરવા માટે ની કીટ આપવામાં આવશે જેનાથી લોકો માં જાગૃતિ આવશે તાત્કાલિક સારવાર મળશે અને કોરોના નો ડર પણ ઓછો થશે

માંડવી, માંગરોળ તથા ઉમરપાડાના ગામોમાં કોવિડ રાહત કીટ વિતરણ



સામાજિક ન્યાય કેન્દ્રની અનોખી પહેલ ન્યાયકેન્દ્ર ન.સુરત, માંડવી તાલુકાના સહવાય ગામ ખાતે સામાજિક ન્યાય કેન્દ્ર દ્વારા એક વિશિષ્ટ પહેલ અંતર્ગત સુરત જિલ્લાના માંડવી, માંગરોળ તથા ઉમરપાડા તાલુકાના 100 ગામોને કોરોના સામે રક્ષણ મેળવવા માટે પ્રાથમિક કિટો તેમજ ઓક્સીમીટર, થર્મોમીટર, ઈન્હેલર સહિતની કોવિડ રાહત કીટનું વિતરણ કરવામાં આવ્યું હતું. સામાજિક ન્યાય કેન્દ્ર, જનવિકાસ ટ્રસ્ટ અને નવસંજન ટ્રસ્ટના સંયુક્ત ઉપક્રમે કોવિડના સંકુલ ખાતે સંયોજક રેલુકાબેનના હસ્તે ગ્રામ્ય સ્તરે કાર્યરત સ્વયંસેવકોને કોવિડ કીટો તેમજ કોરોના વિષયક જન જાગૃતિ માટેનું સાહિત્ય, પુસ્તિકાઓનું વિતરણ કરાયું હતું. સ્વયંસેવકો આ કીટ વિષેની ઉપયોગિતા તેમજ વિષયોમાં રાખવામાં આવતી તકેદારીઓ અને લોકોને માહિત્યવાર કરશે. જરૂરિયાતમંક પરિવારોને કિટ તથા કીટ પહોંચાડી કોરોના સંક્રમણ સામે સુરક્ષા આપવાના આ સરભાગીય પગલાં થકી માંડવી, માંગરોળ તથા ઉમરપાડા તાલુકાના ગ્રામજનો કોરોનામુક્ત રાખવાનો મુખ્ય હેતુ છે. આ સેવાક્રીય પહેલ હેઠળ ગુજરાતના 1100 જેટલા ગામડાઓને લાભાકિરત કરવામાં આવશે એમ સંયોજક રેલુકાબેને જણાવ્યું હતું.

3 NYAY DARSHAN (DAILY) - SURAT

Annexure - 4

Details of Donor for Relief work (Covid-19 Second Wave)

Indian Donation
Anu Aga Family Discretionary Trust
Agrocel Industries Ltd.
Anuradha Anand Parikh
Capital Business Machines Pvt. Ltd.
Dinesh Kantilal Charitable Trust
Divya Palia
I Soft Technologies Pvt. Ltd
Quick Sand Design Studio Pvt Ltd
Rohini Nandan Nilekani
Sam Palia
Sumitomo Chemical India
Vikram Lal
Wagh Bakri Foundation
Zerodha Broking Ltd.

Foreign Donation
DASRA
Help India Breathe

Total Donation Received (in Cash)	1,52,91,798
Total Donation Received (in kind)	85,14,351
Grand Total	2,38,06,149

Annexure - 5

Details of Expenditure for Relief work (Covid-19 Second Wave)

PARTICULARS	AMOUNT
Distribution of early detection and prevention of Covid Kits (3050 kits) 1st Round - 1100 kits @ Rs. 2857/- 2nd Round - 1500 kits @ Rs. 2244/- 3rd Round - 450 kits @ Rs. 2448/-	76,10,024
(Each Kit Contains-Pulse Oximeter, Infrared Thermometer, Respiratory Steamer, Paracetamol Tablets, Hand Gloves, Hand Sanitizer, Balloons, Awareness Material such as Covid Guideline Book & Posters, Note Pad , Pen)	
Set up of Practical Training laboratory for Swathyakarmi (Medical Equipments for set up of Laboratory)	2,25,327
Responding to Coastal Cyclone (Tauktae) and Covid relief (generator , submersible pumps, pipes, lights, fuel and transportation cost)	5,97,890
Distribution of 103 Oxygen Concentrator for beneficiaries 103 Oxygen Concentrator (received in kind) - Rs. 81,96,250/- Related Accessories cost - Rs.1,75,990/-	83,72,240
Total Expenditure incurred (A)	1,68,05,481
Work in progress- balance fund earmarked for 50 Panchayat Covid Care Centres, Training of 500 Health Care workers & Cyclone Relief (B)	70,00,668
Grand Total : (A + B)	2,38,06,149

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A QUEST FOR 'JUST' HUMAN DEVELOPMENT

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