1. **Organization Details:**

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| **Organization Name** | | Gram Vikas Trust | | | |
| **Address** | | A-18, Pushapdhan Banglows, Link Road  Near HDFC Bank, Bharuch 392001 (Gujarat, India) | | | |
| **Website** | | [www.gvtbharuch.org](http://www.gvtbharuch.org) | | | |
| **Entity Type** | | Trust (Registration no. E / 2875 / Bharuch) | | | |
| **Project Type** | | Relief/Restore/Buildback\* | | | |
| **Project Period** | | One Year: 15 April 2020 to 31 March 2021 | | | |
| **Location** | |  | | | |
| **State & UTs (Name)** | **Gujarat** | **District/Cities (Name)** | Bharuch | **Wards/Blocks/Villages (whichever is applicable)** | Vagra, Jhagadia and others as per requirement |

1. **Organization Background (150 words):** Capture in brief the organization’s history and journey, objectives, mission & vision, focus themes, and work profile.

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| Gram Vikas Trust (GVT) came into existence on 30 June 2001 as a result of the inspiration and personal initiative of its founder, Mr. Ramesh Kasondra, to enhance the socio-economic status of the underprivileged people. On one hand, hailing from a rural family and emerging from hardships, and on the other, with the blessings from certain elder society leaders, the founder set out to make a positive difference in the lives of fellow underprivileged.  GVT’s Mission: To foster democratic and equitable living environment, where all vulnerable people, especially the underprivileged, children and women have access to education, health, sustainable livelihood opportunity and essential infrastructure services irrespective of their economic and social status.  In 19 years, GVT has implemented a wide variety of projects: child rights for change, reproductive child health care, quality education, emergency response, self-help groups, and so on in Banaskantha, Bharuch and Narmada Districts of Gujarat. |

1. **Documents to be shared along with EOI:**

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| **Sr No** | **Document** | **Whether submitted (Yes/No)** |
| 1 | Registration certificate | Yes |
| 2 | 12A- Original and Renewal | Yes |
| 3 | 80G- Original and Renewal | Yes |
| 4 | MoA for organization objectives/ By law | Yes |
| 5 | Scan copy of PAN | Yes |
| 6 | Last three years ITR | Yes |
| 7 | Audited financials for the last three years | Yes |
| 8 | Last year annual report | Yes |
| 9 | FCRA certificate (not mandatory) | Yes |
| 10 | Board of Directors Details including independent members | Yes |

1. **Is the proposed project aligned to the organisation’s MoA/By Laws/ Trust deeds? Yes**
2. **Please indicate the COVID-19 response categories, you are applying for:**

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| **Categories** | **Definition** | **Please tick** |
| Health Care | This includes services like Medical Equipment, Accessories and Medical Mobile Units | ✓ |
| Personal Equipment | Provision of Personal Protective Equipment (PPE) for health workers and frontline workers | ✓ |
| Food Supplies | This Includes provision of Hot meal and Dry Ration or any other edible provision | ✓ |
| Care | This include support for the most vulnerable set of population - Elders Children, Pregnant women, etc. | ✓ |
| Technology Support | This includes, tele-counseling, tele medicine, tele-support (call centers) etc. | ✓ |
| Training & Capacity | This includes capacity building of frontline workers, para medics, and other health professionals in line with COVID'19 mitigation | ✓ |
| Awareness & IEC | This includes any kind of campaigning, development of appropriate Information, Education and Communication materials | ✓ |
| Animal Welfare | This will include all the support that would be catered to Animals. | - |
| Livelihood Support | This will include skilling, micro enterprise, alternate livelihood and entrepreneurial supports for affected population | ✓ |

1. **Any previous experience of working during disasters:** Capture in brief three recent similar projects successfully undertaken and delivered by your organization

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| **Project Title** | **Year of Implementation** | **Description** | **Reach & Budget**  **(INR)** | **Supported by** | **Reference Details (Name, Designation, mob., email** |
| Covid-19 Response | 2020 | Distributed 3,000 masks, 500 sanitizers and 200 ration kits through 45 volunteers in Bharuch District | Total 500 people  INR 7.50 lakh | GVT’s own source | Ramesh Kasondra, Founder President, +91 96620 06293 | [trustee@gvtbharuch.org](mailto:trustee@gvtbharuch.org) |
| Flood Relief in Banaskantha District of Gujarat | 2017 | In flash floods response, 1,261 marginalized and vulnerable people were provided food relief kits for 10 to 12 days, and 1,244 school going children from 1st to 8th Standards were provided education material consisting school bags, note book, compass, etc., addressing the challenges of gainful employment, loss of food commodities and displacement of the people, who were facing hunger and deprivation. (Essential Provisions were supplied such as Rice, Wheat flour, dal, oil, sugar, and jiggery). | Total 2,505 people, including 1,244 children.  Budget INR 10 lakh | ASHA for Education and other donors |
| Flood Relief in Bharuch District of Gujarat | 2007 | In flash floods response, 506 marginalized and vulnerable people (e.g. Dalits, widow women etc.) were provided with food relief kits for immediate 10 to 12 days; as they were facing hunger and deprivation, similarly as described above. | Total 506 beneficiaries of 7 villages.  Budget INR 5.00 lakh | CASA (Church’s Auxiliary for Social Action) |
|  |  |  | INR 22.50 lakh |  |  |

1. **Proposed COVID-19 response project brief (1000 words):** Capture project brief covering aspects like Situation assessment (including Highlights of the National and location specific situation, preparedness and response taken so far by govt, NGOs and CSR, emerging needs), Proposed Solution, Mechanism of Implementation in terms of end line delivery (Including liaison with Government/other stakeholders), Timeline, Beneficiaries being targeted (gender wise, PWDs), Monitoring mechanism, Technology Inclusion, Result & Impact on resilience building.

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| **Introduction**  Coronavirus Disease 2019 (Covid-19) was first detected in China in late 2019, then spreading to over 210 countries/territories by April 2020 (MOHFW, 2020). As per World Health Organisation (WHO), by 9 April 2020, 4:00 PM CEST, a total of 1.4 million confirmed cases and 85,587 deaths have occurred worldwide (WHO, 2020).  India’s 31 States/Union Territories have also been affected with the challenges of coronavirus infection as well as nation-wide lockdown. Current proposal seeks to address these challenges for the most vulnerable people in Bharuch district of Gujarat State.  **Situation Assessment**  In India, as on 10 April 2020 (8:00 AM IST), total 6,412 confirmed cases and 199 deaths have been reported from 31 States/Union Territories; and Gujarat, with confirmed cases of 241, remains among the top 10 affected States (MOHFW, 2020).  Gujarat, however, with a death toll of 17 remains at number two position after Maharastra (97 deaths). Furthermore, Gujarat is at the top with Maharashtra at 7 per cent death rates to confirmed cases, which indicates weaker health system and community awareness.  Within Gujarat, Bharuch district, sandwiched between Vadodara (39 cases) and Surat (24 cases), has been at very high risk of coronavirus infection. Also due to the lockdown, most vulnerable people such as young children, women, elderly, people with disability, daily wage labourers, and the households belonging to Scheduled Castes (SC), Schedule Tribes (ST) and Other Backward Class (OBC) have been suffering a lot.  **Preparedness and Response so far by Government, NGOs and CSR**  Current situation is unprecedented in Bharuch District, and the preparedness of the government, NGOs and CSR organisations are at acid test.  Gram Vikas Trust (GVT) is a prominent NGO in the District working in close collaboration with the District Government. So far, GVT has already procured and distributed 3,000 masks and 500 hand sanitisers to health centres; and 200 ration kits to the identified most vulnerable households.  However, the need is huge, as strict lockdown continues with recommended social distancing, which is new for all the stakeholders.  **Emerging Needs**  Following are the identifiable emerging *Relief* needs in coming three months, combined with *Restoration* needs with “Build Back Better” approach in following nine months:  ***Relief***   * **Personal Protective Equipment (PPEs)**: supply of protective masks and hand sanitisers to government health centres. * **Food Security**: supply of three-months dry ration (rice, wheat flour, dal, oil, sugar, and jaggery) to most vulnerable households. * **Care for children, adolescent girls and women**: Care of malnourished children through supply of three months nutrition food kits through ChildLine Service. (GVT is the ChildLine Service provider in Bharuch District). Most vulnerable adolescent girls and women need sanitary pads with training on safe disposal. * **Training, Capacity Building and Awareness**: Training and capacity building of the frontline workers: Anganwadi Workers, Primary Teachers and ASHA Workers. (GVT has been closely working with them in health and education programs for last two decades). These workers need to be trained on Covid-19 response in local language (Gujarati) by use of the Government approved text and video messages.   ***Restoration with Build Back Better approach***   * **Education in Emergencies (EiE)**: EiE initiatives need to be designed in collaboration with the District Education Department and to be delivered in government primary schools. * **Early Childhood Care and Development in Emergencies**: Anganwadi Workers and Helpers need to be trained in ensuring social distancing and improved hygiene practices for themselves and the children. * **WASH in Emergencies**: Hand washing and sanitation practices improvement is required. * **Child Protection in Emergencies (CPiE)**: addressing the distressed children through ChildLine. * **Training** of SHG women on stitching face masks and training of ASHA Workers.   **Proposed Solutions**  In reference to the needs as identified above, following are proposed solutions:  ***Relief***   * 1. Distribution of 5,000 protective masks and 1,000 hand sanitisers to 8 health centres.   2. Distribution of three-months of dry ration to 4,000 most vulnerable households.   3. Care of 500 malnourished and distressed children through ChildLine Service.   4. Distribution of sanitary pads for 20,000 adolescent girls and women.   5. Online training and capacity building of 100 frontline workers.   ***Restoration with Build Back Better approach***   * 1. Designing and delivering of EiE initiatives to 100 primary schools (e.g. online classes for children using audio-video aids).   2. Online training and capacity building of 100 Anganwadi Workers and 100 Helpers in safe hygiene and safe delivery of cooked meals.   3. Training and capacity building on personal and community hygiene in 100 schools and 100 Anganwadi Centres.   4. Child Protection and Inclusion in Emergenciesthrough ChildLine.   5. Training of 200 women of 15 Self-help Groups (SHGs) in stitching masks. Total 2,00,000 masks will be produced and market linkages will be set up.   **Mechanism of Implementation in terms of end line delivery**  GVT works closely with the local government health and education departments, and all the above proposed solutions will be co-designed and co-implemented. Delivery of ration kits and PPEs will be done through GVT’s 45 trained volunteers (carrying government issued passes) in personal safety and hygiene.  **Timeline**  Proposed timeframe is 12 months: Relief phase of 3 months (April to June 2020) and Restoration phase of 9 months (July 2020 to March 2021).  **Beneficiaries being targeted (gender and disability wise)**  Total 43,740 people (females 32,200 (74%) and males 11,540 (26%)), including 20,100 (46%) Children (12,600 girls and 7,500 boys) mainly from most vulnerable households, will benefit as follows:   * Ration to 4,000 families i.e. approximately 16,000 persons (approximately 4,000 each of women, men, girls and boys). Households with disabilities will be prioritised. * Children below 6 years of age in Anganwadi Centres: 2,000 (girls 1,050 and boys 950) * Children protected through ChlildLine: 100 (girls 50 and boys 50) * Adolescent girls: 5,000 (sanitary pads) * Women: 15,000 (sanitary pads) * Widow women: 100 * Elderly women and men, including with disabilities: 100 (women 80, men 20) * Anganwadi Workers: 100 * Anganwadi Helpers: 100 * ASHA Workers: 100 * Health Workers: 40 of 8 government health centres (20 females and 20 males) * Primary Teachers: 100 of 100 government schools (females 100) * Primary School Children (Standard 1 to 7): 5,000 (girls 2,500 and boys 2,500)   **Monitoring mechanism**  Detailed monitoring mechanisms will be designed in the first month of the project implementation. Briefly, monitoring mechanisms will include (a) responsible human resource (e.g. GVT team, Consultant and Volunteers), (b) framework of Outputs-Outcomes-Impact as well as Objectively Identifiable Indicators (OVIs), (c) reporting and documentation with weekly, monthly and quarterly timeframes, and (d) financial reporting and audit.  **Result and Impact on resilience building**  Following are the expected results, which will be prepared in further details as per proposed monitoring mechanisms (as mentioned above):   * Right to survival through food security for more than 40,000 vulnerable people * Right to protection from abuse and violence for the young children and adolescent girls * Prevention of coronavirus infection in the most vulnerable communities * Reduction in suspected morbidity related to coronavirus * Reduction in mortality related to coronavirus   **Technology Inclusion**  In the relief phase of three months of lockdown, safe technologies such as telephone, mobile internet and social media (e.g. WhatsApp and YouTube) will be used extensively. In the restoration phase, use of such technologies will be strengthened to build preparedness and resilience.  **Conclusion**  The need of the hour is protecting the most vulnerable children, women, people with disabilities and elderly from coronavirus, malnutrition and hunger. To reduce morbidity and mortality, it is important to protect the health workers through PPEs, and the communities through safe personal hygiene, while building long-term resilience.  GVT’s strengths include strong collaboration with the local government and effective network with the local communities. This will ensure smooth implementation and positive impact in the lives of the people most vulnerable to Covid-19 pandemic.  **References**  MOHFW (2020) ‘Covid-19 India Latest Update’. Available online:  <https://www.mohfw.gov.in>  MOHFW (2020) ‘Guidance document on appropriate management of suspect/confirmed cases of COVID-19’. Available online:  <https://www.mohfw.gov.in/pdf/FinalGuidanceonMangaementofCovidcasesversion2.pdf>  WHO (2020) ‘Coronavirus (Covid-19) Overview’. Available online.  <https://who.sprinklr.com> |

1. **Proposed COVID-19 response project budget:** Please refer to Budget template (attached separately).
2. **Co-funding:** Are there any possibilities of co funding from other donors for this project including Govt.– please state the amount (INR) (Co funding doesn’t disqualify any proposal)

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| **Particulars** | **Donor** | **Government** | **Other Donor** | **Total** |
| Amount (in INR Lakh) | 1,06,29,000/- | Government’s contribution will be in kind. For example, government officers, teachers, ASHA Workers and Anganwadi Workers will contribute their time free of cost for the proposed activities. Government infrastructure such as their training centres, health centres, schools and Anganwadi Centres will also be used free of cost. | - | 1,06,29,000/- |

1. **Organisational Policies (Please tick):**

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| **Name** | **Documented** | **In-Practice** |  | **Name** | **Documented** | **In-Practice** |
| Finance & Account | ✓ | ✓ |  | Sexual Harassment | ✓ | ✓ |
| Human Resource | ✓ | ✓ |  | Child Protection | ✓ | ✓ |
| Procurement | ✓ | ✓ |  | Data Protection | ✓ | ✓ |

1. **Additional Information (100 words):** Please provide weblink(s)/shared link for articles, reports, videos, audio, research papers, journals, etc.

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| Website of Gram Vikas Trust contains most of the information such as Articles, Annual Reports, Audit Report etc. at the following weblink:  [http://gvtbharuch.org/about-pages#about-us-custom-section-text-4](http://gvtbharuch.org/about-pages%23about-us-custom-section-text-4) |

1. **Contact Details:**

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| Name (Person submitting the Application) | Ramesh Kasondra | Designation | Founder and President |
| Mobile Number | +91 96620 06293 | Email | [trustee@gvtbharuch.org](mailto:trustee@gvtbharuch.org) |
| Alternate Contact Person | Ghanshyam Jethwa | Designation | Consultant |
| Alternate Mobile Number | 98255 90914 | Email | [gjethwa5@gmail.com](mailto:gjethwa5@gmail.com) |