



6,01,972

No. of people reached
in second wave

18

States
Covered

COVID- 19 2.0
SITREP-I

As of 30th June 2021

Index

Table of Contents

1.	Response at a glance.....	3
2.	Summary of activities	4
3.	Introduction.....	6
4.	Vaccination drive in India:	7
5.	The rural-urban divide	8
6.	Hesitancy to the vaccine	11
6.	Vaccine shortage.....	11
7.	Vaccination and importance.....	11
8.	CASA'S tactical deconstruction of vaccine reluctance	12
9.	CASA's response.....	15
9.1	Dry Ration	15
9.2	Cooked Food.....	16
9.3	Hygiene Kit	19
9.4	Cash support.....	23
11.	Awareness	32
11.1	Volunteer exercise.....	32
11.2	Sensitization Programs.....	33
11.3	Summary of awareness building campaign	33
12.	Webinar on decoding COVID- 19, 2.0	37
13.	Summary of the programme.....	38
14.	Conclusion.....	39

RESPONSE AT A GLANCE

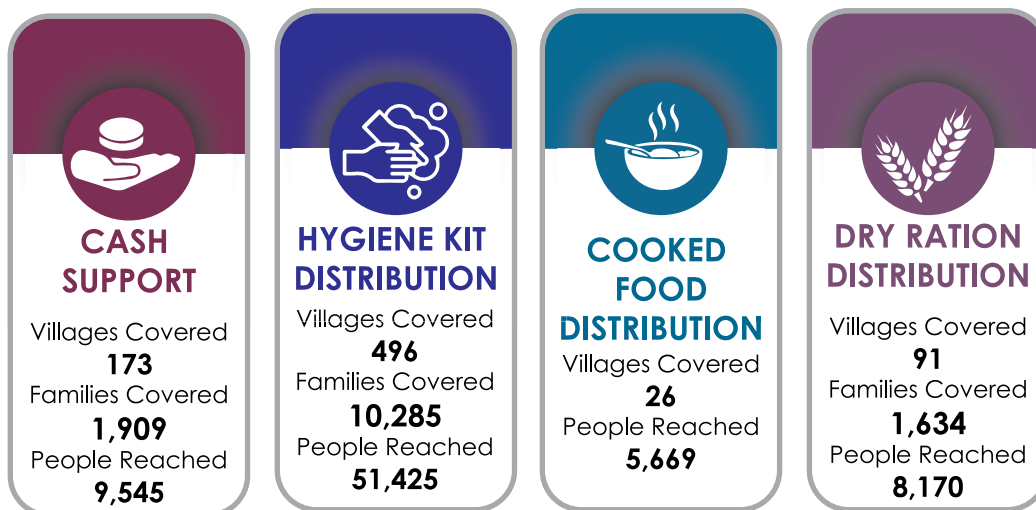
AS OF 30th JUNE 2021



TOTAL MATERIAL DISTRIBUTION AND OTHER SUPPORT: 11,697 FAMILIES

People covered : 64,154

Villages covered : 621



Total Reach of Material Distribution, Other Support and Awareness

18
States
Covered

1,398
No. of villages
covered

6,01,972
No. of people
reached

Summary of Activities as of 30th June 2021

Cash Support				
States	No of Districts	No of Villages	No of Families Covered	No of People
Andhra Pradesh, Bihar, Chhattisgarh, Maharashtra, Odisha, Rajasthan, Uttar Pradesh, Uttarakhand, West Bengal	25	173	1909	9545

Hygiene Kit Distribution				
States	No of Districts	No of Villages	No of Families Covered	No of People
Andhra Pradesh, Assam, Bihar, Chhattisgarh, Gujarat, Himachal Pradesh, Jharkhand, Madhya Pradesh, Maharashtra, Mizoram, Rajasthan, Tamil Nadu, Telangana, Uttar Pradesh, Uttarakhand	48	496	10285	51425

Dry Ration Distribution				
States	No of Districts	No of Villages	No of Families Covered	No of People
Chhattisgarh, Andhra Pradesh, Maharashtra, Tamil Nadu	14	91	1634	8170

Cooked Food				
States	No of Districts	No of Villages	No of Families Covered	No of People
Tamil Nadu	3	26	---	5669

Overall Reach of the Support

No. of States	No. of District	No. of Villages	Support Provided				Total HHs Supported	Total Individuals
			Cooked Food	Dry Ration	Hygiene Kit	Cash Support		
18	65	621	5669	1643	10285	1909	11697	64154

Awareness				
Name of the State	No. of Districts	No. of Villages	No. of Population of the operational area	Population covered
Madhya Pradesh, Chhattisgarh, Rajasthan, Jharkhand, Odisha, West Bengal, Bihar, Maharashtra, Gujarat, Andhra Pradesh, Karnataka, Tamil Nadu, Telangana, Uttar Pradesh, Assam, Mizoram	58	777	9,09,996	5,37,818

Overall Reach of the Response

No. of States	No. of Villages	Total People Reached
18	1398	601972



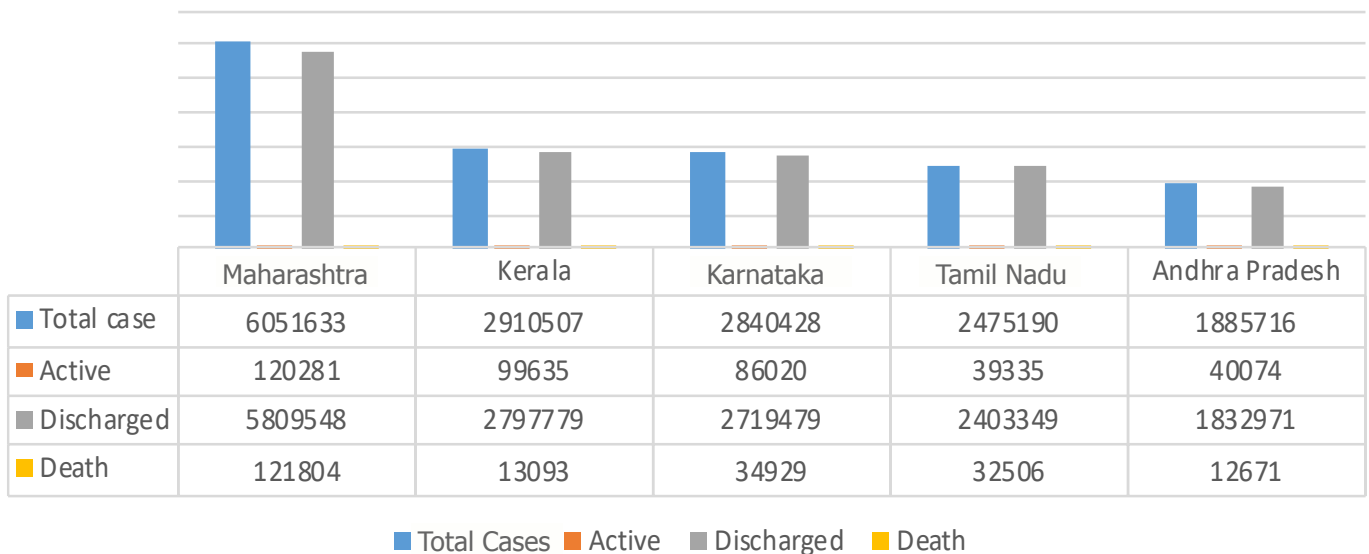
INTRODUCTION



COVID 19 being a growing pandemic, the country has been facing challenges in different forms and at different levels and has affected all spheres of lives. The virus get different mutant forms and a new variant 'Delta' has been the recent threat to the country. The second wave in the country has had a massive upsurge in the Covid cases in almost all the states. Shortage of oxygen and insufficient beds have stranded many people on the roads and outside the hospitals where ambulances, cars, auto rickshaws have turned into hospital wards. The second wave has also accounted more number of deaths and catastrophe. The hunt for beds and liquid medical oxygen got wilder every passing day. Pleading for breath, isolation beds, and raving medical attention, over four thousand COVID-19 patients were dying each day in India. While those were merely the officially recorded numbers, thousands of unreported deaths are getting registered solely in memories, tears and pain

As of 30th June 2021, India has recorded 3062848 confirmed cases, 398454 deaths, and 537064 active cases. Both the Centre and State government have imposed lockdowns with limited movement restrictions to ensure that the people's routine lives are not affected.

Top 5 States



The country still urge people to strictly adhere to the COVID appropriate behaviours that helps in reducing the infections. It also encourages people to get inoculated which would curb new infections.

VACCINATION DRIVE IN INDIA:

India's largest COVID vaccine drive was started on 16th January 2021. The vaccination was made available for emergency use in the country in a shorter span of time. Initially the country approved Bharat Biotech's Covaxin and Serum Institute's Covishield for emergency use in India. Both the vaccine through its clinical trials involving thousands of people and the vaccine's efficacy levels is at - Covaxin at 81%¹ and Covishield 70.4%². And later Russia's Sputnik V, a single dose vaccine has been approved for use in India. Further to accelerate the vaccination drive the country has approved Johnson and Johnson which will be rolled out soon.

Initially, the Government of India has developed a phased plan of vaccine rollout in India with the population at high risk to be prioritized and vaccinated first.

These include:

- Health care workers
- Frontline workers
- Population ≥50 years, and
- Population < 50 years with associated co morbidities such as hypertension / diabetes / HIV / cancer, etc

Of the overall India population of 136.13 crore as per the 2011 Census, 34.55% individuals have received Covid vaccines so far, and of them 27% are vaccinated with the first dose and 7.6% have received both the doses. From April 21, the vaccine was made available for adults too. The adult population as per 2011 census is 94.02 crore, of which nearly 50% of the adults have been inoculated in the country. The average vaccination per day in the country is 23.87 lakhs which is lesser, with this pace the country would require 13 more months to vaccinate the entire population and this would be doable by increasing 93 lakhs vaccination per day.



¹ Covid vaccine: Bharat Biotech's Covaxin shows 81% efficacy in interim trials: The significance of the results, explained | India News (timesnownews.com).

² Covishield: Oxford's Covid vaccine has 70% efficacy, shows peer-reviewed result in Lancet - Coronavirus Outbreak News (indiatoday.in).

³At least one dose received per 100 persons.

⁴At least one dose received per 100 persons.

THE RURAL-URBAN DIVIDE ON COVID- 19



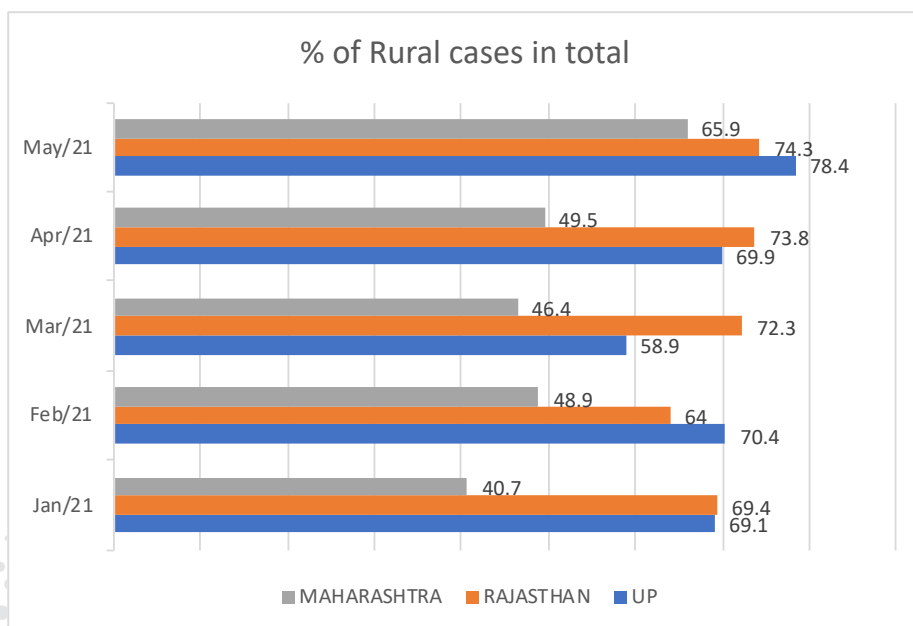
RURAL



URBAN

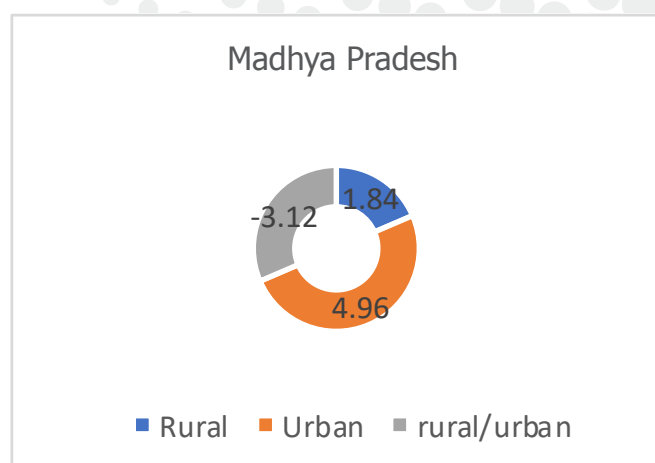
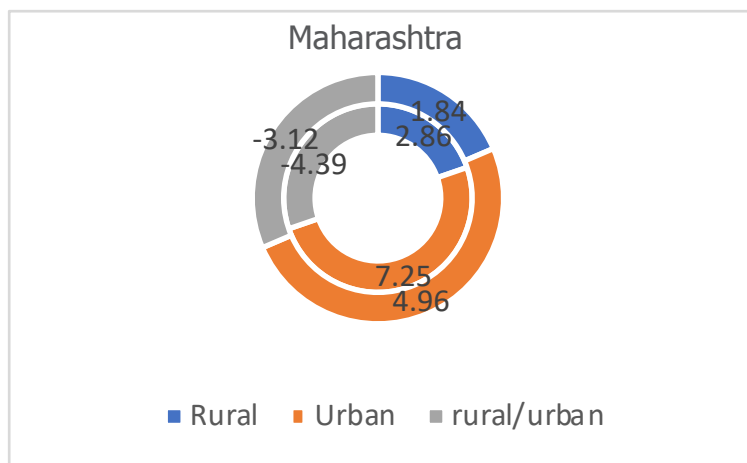
In the massive vaccination drive across the country, India claims to be having set milestones in its target while the spread has been still increasing and the share of cases at the rural area is intensifying during the second wave. When in comparison with urban and semi urban areas, rural COVID cases, vaccination status at rural locations, induction of first dose of vaccine and inoculation sites at rural places is on fall. However, it's not same at all states in India and is more prominent at Uttar Pradesh, Maharashtra and Rajasthan villages. Vaccination is still at lower rates in rural areas especially in Maharashtra and Madhya Pradesh and there is a skew towards urban locations in view of vaccinations. While the data with first doses shows Maharashtra - rural/semi-rural is 14.71 and urban/ semi urban is 32.47 and the disparity in rural/ urban is -17.76 which is more high and next comes Madhya Pradesh with the rural/ ur bandisparity of -12.32. Inoculation sites were prominent even in rural areas but the urban districts are skewed with respect to inoculation sites.

Rural Cases in increasing states

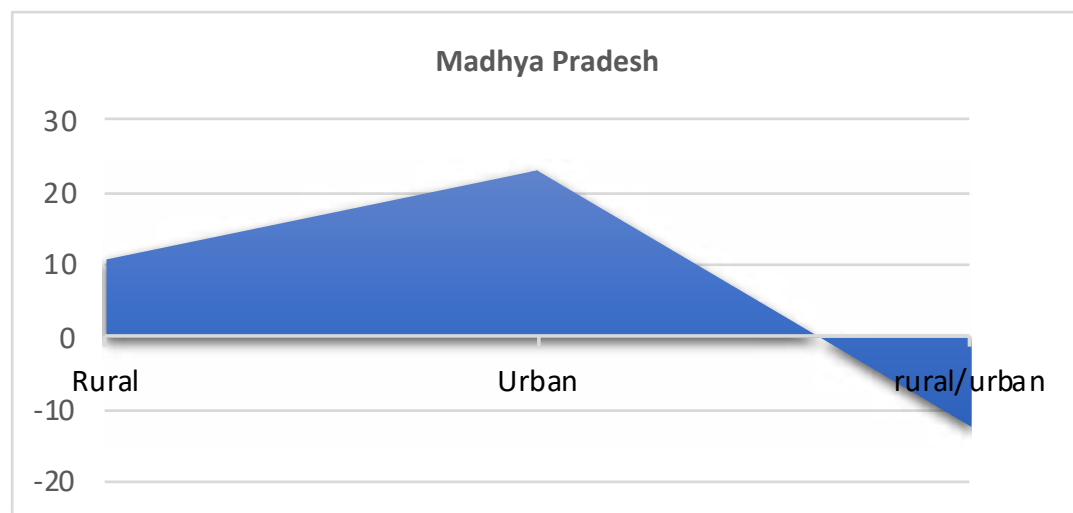
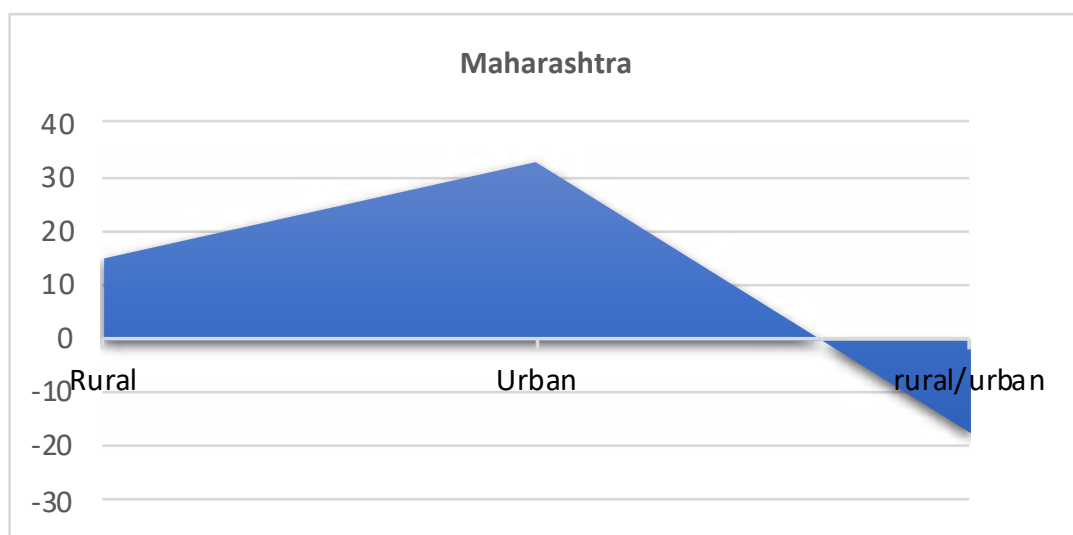


Source: The Hindu 20th May 2021

Disparities seen in First Doses of Vaccination at Maharashtra and Madhya Pradesh



Disparities seen in Full Vaccination at Maharashtra and Madhya Pradesh



Source: The Hindu 20th May, 2021

However, according to a press release by the MOHFW (Ministry of Health and Family Welfare), out of the total 1,03,585 COVID Vaccination Centers [CVCs] providing vaccination services, 26,114 are operated at the Sub-Health Centers, 26,287 at the Primary Health Centers and 9,441 at the Community Health Centers, amounting to 59.7% of the total vaccination centers. All of these CVCs at the Sub-Health Centers, the Primary Health Centers and the Community Health Centers are in rural areas where people can directly walk-in for on-site registration and vaccination.

Share of new cases (%)

The share of new cases also reveals that there is a decline in urban areas and increase in rural areas.

Share of new cases (%)				
Month	Urban	semi-urban	semi-rural	rural
Apr-20	51%	19%	20%	10%
May-20	47%	20%	15%	19%
Jun-20	36%	24%	19%	21%
Jul-20	18%	24%	31%	26%
Aug-20	11%	20%	37%	32%
Sep-20	12%	22%	32%	33%
Oct-20	16%	24%	29%	31%
Nov-20	14%	27%	27%	31%
Dec-20	12%	30%	26%	31%
Jan-21	12%	36%	26%	27%
Feb-21	11%	39%	30%	21%
Mar-21	17%	35%	27%	22%
Apr-21	15%	26%	26%	33%
May-21	13%	22%	30%	35%

Source : The Hindu, 19th May 2021

Doses administered per 100 persons

The data reveals that, while there is an increase in rural area, it however less compared to urban area.

Doses administered per 100 persons				
Month	Urban	semi-urban	semi-rural	rural
Jan-21	0.5	0.3	0.3	0.2
Feb-21	2.1	1.3	1.1	1
Mar-21	9.4	5.6	5.1	4.6
Apr-21	25.5	16.4	12.7	10.9
May-21	30.3	19.2	15.1	12.7

Source : The Hindu, 19th May 2021

HESITANCY TO THE VACCINE

While the numbers are going up and down and government intervention to enhance vaccine among the rural pockets are so high compared to the urban areas, the side effects of the vaccine has furthered a sort of nightmare for many and people in rural have been to the brim of it. Miscommunication, rumours through mass media and other sources have put people to a threatened state that vaccination will kill them. Untimely deaths and a host of illness and fake news on the vaccine have also caused even more fear among people.

There was always been a hesitancy in rural India to get vaccinated as the role of economic privilege is retrieving in health care during the pandemic and second wave was a challenge. Predisposing factors include the myths and misconceptions regarding vaccine in rural India. There are so many risk factors and rumors spread through social media and channels. Ignorance plays a main role in village level and the population neglects the pandemic and infection. Most of them have thought this pandemic is urban disease. Other myths include impotency in men, permanent damage to human organs. Stigma, distress, fright and gossips have collectively led to a worrisome vaccine hesitancy in rural premises.



VACCINE SHORTAGE

For a country like India with a huge population of 130 million, and 2 companies to manufacture vaccine is mismatch while other countries have many. So far about only 38 crores vaccines have been administered since the drive commenced in January 2021. Delay in vaccine production led to its shortage resulting implication of planning and implementation of vaccination.

VACCINATION AND IMPORTANCE

The World Health Organization has recommended the globe for main 3 key points as follows

- Surviving with precautionary measures – social distancing, wearing mask and washing hands, avoiding travel
- Avoiding external contamination
- Receiving Vaccination

Vaccination persuades the antibody and foreign bodies in the body which increases the recipient's ability to control the virus. It majorly reduces the vulnerability and repeated occurrence of the COVID19 infection. Impacts of vaccine hesitancy: The so far unvaccinated people which is 46.99 crore adult population (as of July 21) would be the target for third wave in September-October 2021, as the experts says. People's adherence to the Covid appropriate behaviour is also a threat and would pave way for the surge in the infection.



CASA'S TACTICAL DECONSTRUCTION OF VACCINE RELUCTANCE

Amidst the vaccine hesitancy among the rural population in India, CASA's vaccination drive has been successful in the unreached villages of the country since inception of the project in May 2021. In Gajni villages of Sehore District, Madhya Pradesh volunteers were equipped and edified to be on action in the field. As a result these efforts 22 volunteers including women from the vulnerable communities have been inoculated.

Intervention in Lal Dang, Haridwar was quite challenging as our volunteers had to implement a door to door canvas to mobilize communities for vaccination. In the absence of smart phone usage among the villagers, our volunteers had to support them getting registered in the CoWin application and eventually mobilized communities for vaccination.

To enhance community based COVID response action, CASA staff members and volunteers in Ratanpur of Bilaspur district had a capacity building program engaging local health department.

In a joint initiative with the Ratanpur Community Health Centre, CASA initiated an 'Orientation on basic health needs for COVID 19 to youths and community leaders'. This capacity building exercise imparted basic knowledge and empowered the youth.

The pandemic second wave turned into more disastrous in the state of Jharkhand. Sahibgunj district in Jharkhand was highly affected due to the pandemic. CASA Borio under the core program intervened with the objective to aware people about COVID appropriate behavior as well as to sensitize people on vaccination and its benefits. Several initiatives were taken by CASA Borio staff and volunteers.

There was a decision made to start a campaign on vaccination at Kustanr village in June 2021. The initiative was attended by the Deputy Development Commissioner, Sahibgunj, Block Development Officer, Borio, and In-charge CHC Borio. The In-charge CHC, Borio agreed to supply the COVISHIELD vaccine on the same date.

Eventually, at the eleventh hour the In-charge of CHC, Borio said that the vaccine was out of stock. But, he then made arrangements with the Block Development Officer to arrange vaccines for the village.

The situation changed with the effort of the BDO. Within one and half hours the team of Vaccination along with vaccine reached the village. And to great relief, the vaccination was done in front of the all-district officers. 20 people got vaccination in total and out of that 18+ members were eight in number and 45+ members were 12 in numbers.





CHANGE IS INEVITABLE IN LIFE

A case study from Gamharia village, Ghaghra block, Gumla District, Jharkhand



Gamharia, is a village located in Gumla district of Jharkand State. People living in the area belongs to tribal community. There are more than 60 families' lives in the village. Knowledge on the COVID and its appropriate behavior has been lagging in the local area as there were no awareness or sensitization campaigns. As there are no health facilities or hospitals in the vicinity, people had to travel nearly 35kms to the city to for all medical services. COVID had affected the village and almost ten people from the village got affected. Fortunately, there were no deaths in the village due to COVID.

The CASA resource center in the village since 1996 has been a resort for several needs of the community. The center has initiated an awareness campaign to sensitize people on COVID appropriate behavior and emphasized on the importance of vaccination. Initially, the villagers doesn't have any idea about the disease and most of them were hesitant to take COVID

vaccine. There were lot of myths and misconceptions on COVID and vaccination process. People had a fear that they would die or something harm might happen if they get vaccinated. The government health worker of the community was not able to convince them through their interventions.

CASA members along with the local community people, local leaders and mahila groups organized sensitization program on COVID (etiology, causes, symptoms, appropriate behavior) and importance of vaccination. Using effective communication methodologies such as public speech, distribution of IEC materials in the local language people were convinced and the focus was given more on the importance of vaccination to bring about a conviction and change in the minds of people which had led to get vaccinated at right time before the next wave arise. Eventually after the program, people observance towards the disease and vaccination changed.

For the initiation and progress of vaccination camp more steps were taken. Coordination meeting was conducted in the month of June 2021 with B.D.O, C.D.P.O and CHC Health center in Ghaghra Block along with CASA staff members. Meeting had an objective to make expedient vaccination drive in the village.

As suggested by the BDO, one COVID vaccination camp was administered at CASA resource center. In the presence of the Block CHC staff of Gumla, a vaccination camp was organized at the CASA resource centre Gamharia, Jharkhand.

People's participation was overwhelming and as a result 50 people (40 people above 45 ages and 10 above have got vaccinated. In addition, antigen test, blood pressure test was also carried out. Further, awareness campaign was also conducted to promote COVID appropriate behavior among the villagers. Hygiene kits (Mask, soap, sanitizers) were also distributed to the camp participants.

'Change is inevitable in life' and so people of Gamharia once who were reluctant to the vaccine has now experienced change in their mindset and is showing overwhelming response.

CASA'S RESPONSE

CASA's response to COVID was immense as it could reach out to the unreached and most marginalized communities across the country. Through its diverse and comprehensive program model, CASA was able to deliver critical supports such as distribution of dry rations, cooked food, hygiene kits and unconditional cash transfers. Moreover, awareness on COVID was also one of its key interventions which emphasized awareness on vaccination, risk communication, and vaccination drive

The rural areas have encountered multiple hardships during the pandemic, from the shutting down of informal sectors and reverse migration to the compromised healthcare accessibility. This segment has also fallen victim to the digital divide as they did not have access to smartphones or expensive data packs to continue with education, career pursuits or fact-check the rumours on COVID-19.

To uplift the most vulnerable groups across 18 states in India, CASA organised an extensive COVID-19 response action that undertook three major approaches:

1. Cash transfer, dry ration, cooked food and hygiene kit distribution.
2. Awareness and preparedness to curb COVID-19 & drive on vaccination.
3. Conversion and linkage for community affected of pandemic-related with Government and other stake holders.

Dry Ration

COVID has postured lot of economic encounters in the country and across the world by having certain divisions becoming more and more vulnerable to this epidemic. Vulnerable groups have shown major drift in the economic growth and most of the population has lost their livelihood in the society due to the pandemic. The COVID condition has lowered the social condition of the migrant population, wage workers, farmers and many other groups as they are unemployed, underemployed owing to the existing situation. CASA in collaboration with other organizations have afforded with dry ration kits for the deprived and poorer. Distribution of services assisted the public in terms of livelihood, hunger and starvation. Maximum of the kits are circulated during crisis situation.



**Chhattisgarh, Andhra Pradesh,
Maharashtra, Tamil Nadu**

14
Districts

91
Villages

1634
Families covered

8170
People





Cooked Food

Food being one of basic needs of human being, CASA was thoughtful enough to provide cooked food to individuals who are under privileged due to the pandemic. It was made achievable through its partners on ground to ensure that cooked food is being delivered to those who are in need in two states- Tamilnadu and Chhattisgarh. Cooked food was distributed to 5669 individuals in 26 villages of 3 districts in Tamilnadu state through COVID care centres.



Tamil Nadu



3
Districts

26
Villages

5669
People







COVID-19 RESPONSE

with support from **CASA** church's auxiliary for social action
People's Church of India

under RT Emergency Fund

Panchayat	Block	Distt.	State
Diyar	Kullu	Kullu	HP

Date- 31-5-21

Hygiene Kit

Today preventing and protecting human health is the central aim to eradicate this pandemic situation. Maintaining Hygiene makes people clean and tidy, protect from external antibodies and prevent from various infections. CASA has designed and rendered super hygiene kits for the needy population to the unreached zone of the country. Kit mainly carries sanitizers, soap, face masks, Dettol, towel, toothpastes, sanitary pads. Importance of hygiene and cleanliness has also been sensitized to the people through awareness programs concurrently. Delivering of hygiene kit profit the people in numerous ways and most significantly the condition and the spread of COVID virus will be condensed leading to a COVID free environment.



**Andhra Pradesh, Assam,
Bihar, Chhattisgarh,
Gujarat, Himachal Pradesh,
Jharkhand, Madhya Pradesh,
Maharashtra, Mizoram,
Rajasthan, Tamil Nadu,
Telangana, Uttar Pradesh,
Uttarakhand**



48
Districts

496
Villages

10285
Families covered

51425
People







THE DEEPENING LINES OF WORRIES ON THE FACE OF THE RURAL STRATUM

Affording healthcare protection gears such as masks, sanitizers, hand wash and other hygiene products to prevent contacting COVID-19 may appear inconsequential to those residing in the well-off segments of society. However, it is a privilege for the lives that dwell in marginalisation. Often than never, the masses turn a blind eye towards the consequences of inconveniences on the lives of the rural community. In our contained and home-confined existence during the second wave of the COVID-19 pandemic, the divide in society has deepened in several aspects. Undeniably, individuals from urban and rural regions fell into the pit of unemployment due to the disruption generated by the pandemic.

The case of Sajani Devi, a 25 years old resident of Birpur village in Madhubani District of Bihar, is a clear testimony to the issue addressed above. Sajani Devi belongs to an ultra-vulnerable family. Her husband, Santosh Saday, migrated outside Bihar looking for employment and worked as a daily wage laborer in Mumbai. Unfortunately, with the ravaging crisis unleashed by the first wave of COVID-19 on guest workers, Santosh returned home with strained savings. Since then, the family's financial predicament has spiraled down with no earning source available for revival.

The initiation of the nationwide unlock process after the first wave ceased was a moment of resurrected hope. But, the second wave unleashed more barbaric devastation than the first one. Due to prolonged and frequent lockdowns, the family was thrust into the scarcity of resources, making it hard to manage nutrition and hygiene-based needs. When CASA surveyed the living conditions of residents in the Madhubani district, under the Response to the second wave of COVID-19, Sajani Devi brought her family's problem to our notice. To help the family invest their limited savings solely in feeding themselves, CASA met their hygiene-related needs by providing a Wash-kit. With the available support, Sajani Devi is now hoping to keep her family and herself from COVID-19 and survive the second wave.

AKUBALA BATTLES AGAINST POVERTY- CONTINUES

Akubala 62, hails from Bairaguri village of Banchukamari GP, who is a widow, battle her survival alone despite her age and other odds of life. The elderly pension from the government is the only source of her income to earn the bread for her life. We found her during the RTE Relief in Alipurduar-I, West Bengal - Core Programme area.

The pandemic and the lockdown situation has added more threat & ambiguity to her life's situation. She is at a complete loss to fight the hurdles of poverty at this age. At this lockdown period, she was unable to procure the necessary protective equipment such as masks, soaps, detergent powder etc., amidst her poverty condition. Her approach to gain support from the neighbours went in vain.

CASA could reach the community in need to extend support through its relief activities which was extremely essential at that hour. At least an assured source of WASH kit was made available to her at this time. Akubala expressed her gratitude and thankfulness to CASA for providing support in this critical situation and she believes, CASA will never leave the helping hand in the time of crisis.



CASH SUPPORT



In response to the pandemic, CASA was able to support 1909 families through its cash support program benefiting 9545 individuals who are marginalized and vulnerable. The unprecedented pandemic has brought a havoc in the lives of many people. Financial stability of these families have been shattered due to COVID as they have lost their livelihood. Cash support of Rs.3000/- per household was helpful to these families as it was unconditional cash support, hence the responsibility of prioritizing their needs was vested with them. CASA was able to provide Rs.49,41,000/- through its support from DKH and UMCOR Solidarity Grant.



**Andhra Pradesh, Bihar,
Chhattisgarh, Maharashtra,
Odisha, Rajasthan, Uttar
Pradesh, Uttarakhand,
West Bengal**



25
Districts

173
Villages

1909

Families covered

9545

People



THE COVID-19 INTERVENTION BY CASA IN MAHARASHTRA



The outbreak of the pandemic COVID-19 pandemic has been around the world. And is not limited to only the urban areas but has also penetrated in rural, tribal and forest areas. In Maharashtra, the CASA West Zone implemented the COVID-19 response for 100 needy and COVID affected families. The intervention was funded by DHK under project DKH2 in Maharashtra.

The intervention in the response area includes the following:

- Cash support of Rs. 3000 and distribution of wash kit (Lifebuoy soaps of 125 grams each, 8 cotton double layer Masks, 1 Kg detergent powder and 4 packets of Sanitary pads) to each family.
- Besides we have also given IEC material on COVID appropriate behaviours in 100 households.
- Public announcements on CAB and awareness on vaccination in 15 villages were spread by circulating 3000 pamphlets.
- The awareness was spread to sensitize the people and teach them appropriate COVID behaviour. The Interventions made people realize the importance of the pandemic.
- Cash was utilized according to their needs.

Mayuri Rahul Shinde, 20 years old young lady who is one of the vulnerable women had COVID-19 symptoms. She and her husband Rahul Shinde (23 years) have one child and are from village Padhegaon, block Shrirampur. Mr Rahul was a JCB earthmoving equipment driver and he also had COVID-19 symptoms. The Gram Panchayat COVID committee admitted him to the quarantine centre at Padhegaon, and he tested positive for the COVID-19 in the RTPCR test. He was then admitted to District Civil Hospital at Ahmednagar, however, he expired of the disease after 5 days.

During this period Mayuri Shinde was 4 months pregnant and she also tested positive for the COVID and was quarantined. The GVKP (a local People's organization) member Mrs Sangita Salve took care of her at home isolation and after some days she tested negative for the COVID.

During her isolation; CASA's cash transfer, hygiene kit, COVID guidelines immensely helped her. Mrs Mayuri is very thankful to CASA for the well-timed support. She used the money to purchase medicine and other COVID care-related expenses. She and her unborn child are in better health condition now.

A CHOICE TO MAKE: FOOD FOR A WEEK OR PAYING OFF THE HOSPITAL BILLS?



The terrors brought by the second wave of COVID-19 tossed the fate of several communities into the jaws of strained resources. Already suffering through the unprecedented loss of employment, individuals also had to meet the perennial costs of COVID-19 precaution. Chunks of their limited savings were split partially on food and mostly on healthcare services.

Landed on a similar swampy predicament, Taruna, a resident of Dehradun, Uttarakhand, was in urgent need of assistance. Taruna and her husband work for a Church. With the lockdown imposed to curb the spread of COVID-19 across the nation, the couple suffered a massive deceleration of earnings. When the savings started to deplete to the last few pennies, they began to assess potential avenues to revive their earning sources. Unfortunately, Taruna and her 11-year-old child were tested COVID positive, incurring additional medical expenses on the already strained financial condition of the family. On one side, the hospital bills were running lengths beyond what they could accommodate and on the other, they barely had any food to last a week. This took a toll on Taruna's mental health too.

When CASA came across the family's condition, they were feeling trapped on an island of woes. On 17th May, in response to the second wave of COVID-19, CASA provided Taruna with a financial aid of Rs.3000 to cover her COVID-19 related expenses. The amount relieved the condition of the family. Taruna expressing her heartfelt gratitude, said, "We are thankful for the precious support in this time of need. CASA is doing a good job and, we are blessed to have you". She added that with the help received, her family could now use their savings for food, medicine and fulfil their everyday needs for some time.

THE ORPHANS SUPPORTED BY CASA



Rev. Parre Ratna Ramesh Raju was working as a preacher and social worker for 17 years in Nela Padu, Guntur district - Andhra Pradesh. He was a very sincere and dedicated person standing for downtrodden people. His wife worked for women rights and empowerment. They had 2 sons, the elder son is 16-year-old and his name is Parre Zifrone Raju. He was studying Intermediate 2nd year. The younger son is 8-year-old and his name is Parre David Raju, 8. He was studying 4th grade. Rev. Parre Ratna Ramesh Raju helped many families during the COVID-19 pandemic time and his wife Mrs Parre Madhavi served many people as a nurse. They have a very good reputation in this area. Unfortunately, both wife and husband tested positive for the COVID -19 and were hospitalized for few days. Both husband and wife expired within the gap of 2 days leaving behind 2 children as orphans. Rev. Parre Ratna Ramesh Raju has expired on 16 April 2021 and his wife on 18 April 2021. The two young boys are now under the guardianship of their old grandmother. CASA supported them with a cash transfer of Rs.3,000/- for relief. However, the amount is not enough. The grandmother approached some NGOs to take care of the two young boys.





SUFFERING IS A REALITY OF THE WORLD WE LIVE IN REETA SINGH 53, RANI POKHRI, UTTARAKHAND

We can't live through anyone else's life to diminish their pain, but what we can do is create a difference through generosity and aid.

Reeta Singh, a private teacher, has been pulling through on medicines for over two years as she lost the sensation over her face. "I don't feel anything. Sometimes I hurt my lips and cheeks while eating as food drops from my mouth and, I can't control that", shared Reeta. Her husband lost his leg due to gangrene and is unfit to work. He stays at home and needs medical assistance time and again. Despite such conditions, the couple has raised two sons, one is 11, and the other is seeking employment. Reeta mentions that due to the pandemic and shutdowns, she receives only half of her salary in some months and remains without earning for the other months. When Reeta tested positive for COVID-19, the family faced difficulties managing their expenses. As their condition came into CASA's notice, the team assisted her through an unconditional bank transfer of Rs. 3000. She shared,

"I want to thank CASA for helping me during this pandemic time, especially as I tested covid positive. I will buy my medicines and some groceries. Also, I have to give money to the school for my son's books".



TRAPPED AMIDST SUCH TURBULENT WAVES OF FINANCIAL AND MEDICAL INCONVENIENCES

The struggle for bread and education has always been a prevailing concern across the rural premises. Adding to this, COVID-19 triggered the vulnerability of the rural masses to the extent of the unavailability of healthcare facilities. Trapped amidst such turbulent waves of financial and medical inconveniences was Arun Pal, a 34 years resident of Nehru Gram, Dehradun - Uttarakhand, who tested positive for COVID-19. Within a week of suffering through the fatal infection, he lost his job. The job was his sole source of capacity to manage the regular expenses of his household. Having lost his job, Arun looked for financial assistance elsewhere, but the tides of destiny seemed to have turned against him. Every day became a struggle for Arun until his predicament entered the attention of CASA. Rs. 3000 was transacted to Arun's bank account to help him pay for his medical bill.

Arun writes, “The bank transfer of Rs. 3000 during such a trying time has done an immense help. It has been significantly valuable in relieving my condition. I want to thank CASA on behalf of my family and myself”.

CASA'S RAISE IN AN UNSTABLE FAMILY

Mathia Panchayat, which is a Mahadalit dominated area, located at a distance of about 26 km from West Champaran headquarters and 6 km from the block headquarters Lauria. Due to this village and panchayat being Mahadalit, the people here are deprived of government schemes and their basic facilities. Here a lady, Lalita Devi and her husband Shri Jagdish Ram lives in village Parsa, Mathia Panchayat of Bihar. Lalita Devi has three children. Among them two were daughters and they were 10 years and 7 years respectively and a son is of age 3. It is a family of five members but the mental balance of the husband remains unstable since last year. Hence Mrs. Lalita Devi was the only responsible women member of the house.

In her village employment opportunities were nil and this state suffered them with financial crisis. This woman took care of her family with a loan from an organization ShardaHaque Employment Catalyst Group. Amidst this struggle of survival a ray of light, wash kit through CASA and financial assistance of Rupees 3000 was arranged through a bank on 29.6.22021. On receipt of this support Lalita Devi could feed the family of five members in this COVID-19 Pandemic situation. Since then her family is leading a better life although it will not sustain longer but with a hope that things will get better. Today the family is expressing their gratefulness for the life CASA has brought for them.







कोरोना



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CASA

People Helping People

मारक
सेनीटाइजर
साबुन सबा बार हाथ धोके
बागज की दरी
कोरोना टीकाकरण
कोरोना से बचाव



AWARENESS

COVID has permeated across the world and it has given a critical stage in our lives. CASA's response has demonstrated and practiced various sensitization, capacity building and awareness program to calm down the pandemic condition. The organization has been implementing various awareness programs to mainly reach the unreached and needed population since the pandemic has begun. Huge amount of myths and misconceptions on COVID-19 and vaccination prevail in the country. Henceforth, CASA has taken over 16 states in the country including north-east, south, north, east and west zones to spread awareness to this pandemic condition through different approaches for the well-being of the people. The integral program approach for different region was cultural and language appropriate. Vulnerable groups are highly focused as they are more infectious to the disease. A total of 5,37,818 people had benefited out of this response program.

Volunteer exercise

Volunteers have been sensitized on the present condition and training sessions has enlightened them with the COVID situation and information spread across the country. The bare foot health care workers have also been sensitized.



Sensitization Programs

Awareness program on vaccination, COVID appropriate behavior, wall painting, wall writing, distribution of pamphlets, banners on posting the COVID appropriate behavior, public announcement through vehicle, sharing of leaflets, using of social media (WhatsApp, Facebook) for sharing information, handbill distribution, connecting with phone calls for spreading information concerning the pandemic. Preventive and promotive strategies had been embraced in the program to reach people at diverse levels. Various themes have been briefed to prevent COVID:

- Avoid social gatherings and unnecessary travel
- Maintain social distance everywhere (at least maintain 2 arm length from others)
- Avoid crowded places
- Cover the face while sneezing and coughing
- Not to hand your nose, eyes and mouth with unwashed hands
- Limit contact with vulnerable groups
- Immediately contact professionals for COVID suspect symptoms and doubts
- Vaccination – Myths, Impact, Benefits, Eligibility, Procedure to register vaccination



Summary of Awareness Building Campaign

Name of the State	No. of Districts	No. of Villages	No. of Population of the operational area	Population covered
Madhya Pradesh	2	26	9790	2300
Chhattisgarh	5	40	26730	3375
Rajasthan	1	4	7788	7500
Jharkhand	2	35	10586	2883
Odisha	1	6	2937	131
West Bengal	3	177	479604	286241
Bihar	5	29	99445	31170
Maharashtra	8	165	60432	24860
Gujarat	2	30	-	30297
Andhra Pradesh	2	71	30443	31588
Karnataka	1	36	6551	3550
Tamil Nadu	1	29	21694	15000
Telangana	13	13	1352	338
Uttar Pradesh	8	56	107356	93090
Assam	2	30	41359	4495
Mizoram	2	30	3929	1000
Total	58	777	9,09,996	5,37,818



“COVID HAS SHATTERED MY LIFE”

Kapura Patra aged 65 years live with her husband in Goda village of S N Pur, Goda Gram Panchayat of Telkoi Block - Odisha. She belongs to the Gond Tribe. She has 2 Sons, but they were not looking after the old parents and left them alone.

In S N purgoda G.P and most of the people in the village were dependent on agriculture, forest products and daily labor. Even at this old age, both Kapura & her husband go outside the village for daily wages. Sometimes they also make brooms and sell it in the local hat. “Life is very difficult for us now days in the lockdown period. Whatever we earn on daily basis, we spend on the same day” said Kapura.

CASA Volunteers raised awareness in the village on the importance of Vaccination as precautionary measures to fight against Covid 19. So in the month of May 2021, Kapura along with her husband went to Telkoi Hospital to take the Vaccine. Before Vaccination in the hospital they did the Antigen test and she got Covid positive. “I was shocked to hear the report and we both were shattered and tensed doesn't know what to do” Said Kapura.

The doctors of Telkoi CHC advised them not to worry and asked them to stay in isolation for 14 days and gave preventive medications. There was no separate isolation centre in the village Goda. As no one is there to look after them, both managed to cook in the same home. Out of fear of the pandemic, no one from the village came forward to support or help them.

During that period, CASH Support of Rs.3000/- & Hygiene kit by CASA was a great relief and support for them. They felt thankful to the CASA team and just because of their awareness her husband took the vaccine and the Cash support rendered helped them to survive during this lockdown and quarantine period.

“Life is very difficult for us now days in the lockdown period. Whatever we earn on daily basis, we spend on the same day” said Kapura.

THE STORY SHARES THE GOOD PRACTICE ADOPTED BY THE COMMUNITY WITH SIMPLE EFFORTS AND SINCERITY.

Mrs. Marangmai Murmu is the habitant of Ranga village of Telo Gram Panchayat of Borio Block, Sahibgunj District in Jharkhand State. The dwellers of Ranga village are schedule tribes. They were from Santhal community. She lived with her two sons and one daughter. Her husband was Late. Mr. Sanjhlal Hembrom died in the year 2018. Since then she is the only bread earner of the family. She has very little earning as an agriculture labourer. But she was a brave and active lady at village level. Through the sincere effort of the CASA Borio Volunteer Mrs Meena Madain, the community learnt all the protocols related to COVID 19 appropriate behaviour. As a result, the community at large has taken up the hand-wash practices to restrict the spread of the disease. Now it is a common practice of keeping a bucket of water and soap at the entrance of the house so that any member entering the house after work or any other visitors to the family were requested to strictly follow to wash their hands at the doorstep. Spread of knowledge and practicing of the protocols will hopefully restrict the spread of disease and allow the community to take care of themselves in the days ahead.





SENSITIZATION AND MAINTENANCE ON COVID APPROPRIATE BEHAVIOUR

During the second wave, CASA initiated various skill building and knowledge enhancement programs in Sahibgunj district of Jharkhand. Ms. Biti Hembrom and Ms. Deykuri Hembrom was the habitant of Saraibindha village of Jetke Kumharjori Gram Panchayat of Borio Block, Sahibgunj District in Jharkhand state. The dwellers of Saraibindha village are schedule tribes. They belong to Santhal community. CASA Borio Volunteer Mr. Moses Malto visited the villages several times and taken up more awareness programmes on COVID-19 appropriate behavior, do's and don'ts, strategies to break the chain of corona virus and also on the vaccination drive.

Mr. Moses Malto was able to convince the village leaders on Covid appropriate behavior so as to keep a pot of water and soap in front of the door for hygiene related practices. Ms. Biti Hembrom and Ms. Deykuri Hembrom were practicing hand-wash before entering their home after their work on day to day basis. The effort gradually brought result within the community and as they were adopting the hand-wash methods as per the covid related protocols. The regular practice of maintaining safe hands would restrict the spread of the Covid virus in the family and also within the community as a whole.

AWARENESS AND MOTIVATION ON COVID RESPONSE

This is a human story of Mr. Irush Oraon, who resides in Patkapara tea garden of Tapshikhata GP, Alipurduar-I block of West Bengal. He is a tea garden labourer at Patkapara tea garden, and facing several challenges during 2nd wave of Covid-19. He is a proactive member of the Patkapara tea garden CBO and he was a part in most of the awareness, orientation, and training programmes organized by CASA before the lockdown.

During the second wave lockdown, volunteers from CASA visited door to door for Awareness on Covid-19 appropriate behaviour like using mask and sanitizer, demonstration of hand washing, maintenance of physical distancing, importance of vaccination, isolation and importance of health check-ups etc.

Mr. Irush Oraon, followed the guidelines as shared by volunteers of CASA and gradually started internalizing the Covid-19 appropriate behaviour. Previously he was not so aware about the Covid-19 appropriate behaviour but after gathering knowledge from the volunteers he started to behave with those actions and also share his knowledge within the community. Now he even maintains Covid-19 appropriate behaviour at his home. Mr. Irush Oraon started a healthy practice of hand washing, maintenance of physical distancing, using masks and sanitizers at his work place at Patkapara Tea Garden and also motivated other co-workers to maintain those practices. He expressed his gratitude towards CASA for the knowledge and he was very grateful to CASA for motivating him and others to practice the Covid-19 appropriate behaviour for effective handle of pandemic condition.



THE AGONIZING BATTLE OF PUCHKKI BAI



When the wave of desolation and emptiness sweep through one's life, it makes overcoming distress even more hard-bitten. One such story is of 55-year-old Puchki Bai, residing in the village of Kanakapura, Rajasthan. Being a single lady, she went through the stumbling blocks all alone. Puchki's obliviousness to health-related issues drowned her in states of dilemma similar to that of many ignorant women in the village. Life knocked sideways when she found stones in her bladder and had to swallow the agony of a barren womb. Despite this painful event, her husband Jodhiji always supported and loved her.

But it looked as if the dust of grief was not willing to settle in the life of Puchki. One day, her husband arrived back home after completing a full day of labour. He asked Puchki to get him a cup of tea. Suddenly, Puchki's husband succumbed and breathed his last. Due to Puchki's illiteracy, she couldn't read the medical reports and was left mystified by her husband's cause of death.

The intolerable levels of hardships kept on rising for Puchki as the only support left her hand. Besides half a bigha of land, she has no other source of income to subsist herself and Puchki was drowning in financial constraints. After the demise of Jodhiji, her only cherished possession was her small single-roomed house. Her only place of solace was deteriorating faster with time and was in need of immediate refurbishment. In the rainy hours, the roof was oozing down, sousing all her household items and belongings. Puchki was grasping at straws, as the irregular payment of pension couldn't even subsist her with two-full meals a day.

As the pandemic set its foot into her life, the ruins were magnified. The occasional meetings of her in-laws came to an end and Puchki now had to plough a lonely furrow. The air of despondency lessened a little when Puchki's brother-in-law entrusted her with some goats to look after. When the goats started to beget offspring, she grew affectionate towards the tender creatures. Puchki spent most of her time playing with them during the lockdown. But difficulties do not vanish if you simply turn blind to their existence. The perils of ignorance and lack of health-related knowledge were now exacerbated as Puchki was completely clueless about the COVID19 disease. She couldn't make sense of the covid appropriate behaviour and maintain necessary protocols. Despite Puchki's efforts in keeping her head above the water, her marginality pulls her further down in getting through these precarious times.

When Puchki's condition was brought under the notice of CASA, we provided her with our packets of care including dry ration and hygiene kits. An amount of Rs.3,000 was made into her bank account that helped in revamping the condition of her house. Thus, CASA helped in mitigating these agonizing impacts abounding in the life of Puchki.

WEBINAR ON DECODING COVID- 19, 2.0



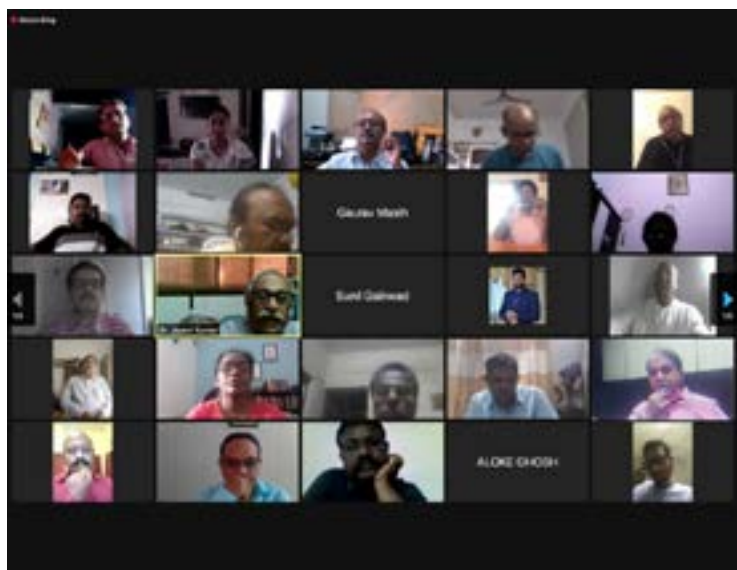
A webinar was organised for staff on Monday 26th April at 2.30 pm to enable an understanding of the impacts and implications of the Second Wave of COVID-19. The purpose of this webinar was to bring in an understanding of Safeguarding Self, Staff and Communities. Eminent Doctors from Christian Medical College, Ludhiana, Punjab, conducted the sessions. Around 100 staff participated in it.

The sessions were as follows:

- Introduction and CMCL Covid APP: Dr Jeyaraj Pandian
- Community Behaviour and Covid Second wave: Dr Clarence Samuel
- What is different in the Covid Second wave: Dr Atul Phillips
- Mental Health issues in Covid patients: Dr Pallavi Abhilasha
- Care of Covid patient at home: Dr Divya Varghese

Doubts were clarified during the Q & A session. This webinar added significant importance to Risk Communication as in today's context people are exposed to various information, ultimately leading to a lack of clarity. One of the aspects of the webinar was access to the CMCL App that provides clear information on COVID 19, where the faculty of CMC, Ludhiana has written articles on COVID 19. Dr.Sushant Agrawal – Director CASA gave the opening remarks, Head of Programmes Dr.Jayant Kumar gave the closing remarks and Joseph P Sahayam, Additional Emergency Officer HQ introduced the Webinar and its purpose, and proposed the vote of thanks.

INTERNAL DISCUSSION ON COVID- 19, 2.0 RESPONSE



Following the webinar, an Internal discussion with CASA staff was held. Around 100 staff participated on the same day 26th April at 4.30 pm. Various issues and concerns on the present situation were presented and discussed. Staff came out with a need to respond and ensure prevention is prioritised along with some immediate support. There is a need to work on a Short and long term approach using our federations and community organisation to build a sustainable community-owned COVID Management System. This also led to the understanding of developing a strategy for CASA's response on COVID 19 that would look into the aspects of response in the regular programmes and emergency programmes.

Program Name	No. of States	No. of Districts	No. of Villages	Support Provided				Total HHs Supported	Total Individuals	Grand Total Individuals
				Cooked Food	Dry Ration	Hygiene Kit	Cash Support			
RTE	16	31	365	0	0	8154	0	8154	40770	40770
DHK1	1	5	40	5669	300	300	0	300	1500	7169
DKH2	8	25	190	0	602	1006	1464	2066	10330	10330
UMCOR-2	1	1	20	0	0	0	352	352	1760	1760
UMCOR-1 (SOLIDARITY GRANT)	1	1	2	0	82	175	93	175	875	875
DKH-HAF	1	2	4	0	650	650	0	650	3250	3250
TOTAL	28	65	621	5669	1634	10285	1909	11697	58485	64154



CONCLUSION

The pandemic has revealed humanity's hue towards helping the needy in distress. CASA's timely intervention to provide for the needs of the marginalized and the vulnerable was a breakthrough. The opportunity that CASA had through its donor agencies paved an ingress to reach out to these communities in need at large.

The journey has taught us that, it is a growing pandemic and has left behind a catastrophe that had devastated the lives of marginalised and vulnerable communities. Henceforth, CASA would continue to support the communities through its welfare programs.



CASA is registered under the Societies Registration Act XXI of 1860, and with the Ministry of Home Affairs of the Government of India under the Foreign Contributions Regulation act. Donations to church's auxiliary for social action are exempted from Income Tax under Section 80-G.

4th Floor, Rachna Building, 2 Rajendra Place,
Pusa Road, New Delhi - 110008
www.casa-india.org

#casaindiainaction

casa-india.org

@CASAIndiaOfficial

@CASA_India

@casa_india

