



3.9⁺ Million
People Reached

22
States

February 2022
SITREP – III
COVID19 2.0

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(April 2021 - February 2022)



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RESPONSE 2021

RT SEEDS DISTRIBUTION

HAR

CAS
Ministry of
Agriculture





U



Overall COVID19 Second Wave Response

Humanitarian Relief Distribution Programmes Response

17 States , 1189 Villages

Cash Support	₹	674 Villages 7398 Families covered 36990 Reached
Dry Ration		2658 Villages 11246 Families covered 56230 Reached
Livelihood		335 Villages 8441 Families covered 42205 Reached
Hygiene Kits		1159 Villages 31551 Families covered 157755 Reached
Cooked food		21 Villages 5769 Reached

MATERIAL DISTRIBUTION AND OTHER ACTIVITIES IMPACTS

39,39,182⁺ People reached
 40,772⁺ Families reached
 2540 Villages covered

As of 28th February 2022

Summary on Vaccination camps

538 Vaccination camps

69,043⁺ People vaccinated

Dose 1 administered

38,492⁺

Dose 2 administered

30,551⁺



10 States

26 Blocks

486 Villages

Vaccination camps covered almost 26 blocks and 486 villages in states of Chhattisgarh, Meghalaya, Gujarat, Tamil Nadu, Andhra Pradesh, Telangana, Uttarakhand, Rajasthan, Jharkhand and Bihar. The number of people who benefited from both dosages was 69,043 (1st dose-38,492 and 2nd dose 30,551). These camps helped in busting myths and fear about vaccination among the beneficiaries. Vaccination has boosted their immunity against COVID-19. In particular, the elderly, women and other vulnerable groups highly benefited from it.



As of 28th February 2022



87

The support includes the following,

O2 Concentrators



Face Shields/ N95



People Reached

A group of women in colorful saris are standing in a line outside a building, receiving supplies from a table. A banner in the background reads "COVID-19 RESPONSE" and "SUPPORT TO LOCAL COMMUNITIES". The women are wearing face masks and are holding papers. The table is covered with a white cloth and has various supplies on it, including boxes of masks and hand sanitizer. The building has a blue sign with Odia text and a logo. The scene is outdoors with trees in the background.

Awareness Programmes Summary

Awareness Campaigns have covered almost 16 states, 91 districts, and 1371 villages. Number of people benefited out of the campaign was 25,64,240.

1371
Villages

91
Districts

16
States

East Zone	106 966573	Villages Reached
West Zone	55 298056	Villages Reached
North Zone	912 1239849	Villages Reached
NEI	159 2865	Villages Reached
South Zone	119 56897	Villages Reached

25,64,240+

People benefited from the awareness programs, the myths regarding the vaccination were busted, after which they actively participated in the vaccination.





BA.2 variant

At the start of November 2021, India reported a total of 34,296,237 confirmed cases. In 24 hours, 10,423 confirmed cases were reported, which was the lowest number of single-day cases after the second wave. The top five states, namely, Maharashtra, Kerala, Karnataka, Tamil Nadu, and Andhra Pradesh were contributing 56% of the total cases of COVID-19. In the third week of November 2021, India was reporting around 7,000 to 9,000 daily new COVID-19 cases. The COVID-19 vaccination was getting accelerated and there was more supply of vaccines than demand. India was in the middle of the third COVID-19 wave. The new cases had increased exponentially and on 19 January 2022, India reported around 317,000 new COVID-19 cases. Nearly all states of India were showing an upward trend with a rise in the test positivity rate (TPR). The active COVID-19 cases had reached a seven-month high, despite the change in the case definition, where a confirmed COVID-19 case is taken off the list of the active cases after seven days, against the earlier approach of being considered an active case for 14 days. Based upon genome sequenced data, the share of Omicron in all states was seeing a rise. As of 8 February 2022, India reported a total of 4,23,39,611 confirmed cases. In India, the highest number of cases during the 3rd wave, in a day were 3,47,254 cases reported on 21 January 2022. Alongside, the officially confirmed Omicron cases in India, till 20 January 2022, stood at 9,200 only. The number of confirmed Omicron cases is based on genomic sequencing, which happens only on a very small subset of confirmed COVID-19 cases.

However, in recent weeks, of all the samples genetically sequenced, the majority were Omicron with an upward trend. In Delhi, up to 90 per cent of total samples sequenced were Omicron, and in Mumbai, this proportion was upward of 60 per cent. Based upon genome sequenced data, the share of Omicron in all states is seeing a rise. We also know that Delta was the reason behind an unforgettable second wave in India and that the same variant is unlikely to cause a fresh wave. Therefore, the third wave is being considered to be driven by Omicron. In the ongoing wave, there are a few silver linings as well. A majority of new infections—up to 80 percent to 90 percent of confirmed cases—are asymptomatic or mildly symptomatic. The occupancy of hospital beds, oxygen beds, and ICU beds has remained low (being termed as ‘de-coupling’ of SARS CoV2 infection from moderate to severe disease). People who are fully vaccinated are unlikely to develop symptomatic disease. Other health systems factors give some assurance. There are COVID-19 cases admitted to hospitals; however, the majority of COVID-19 dedicated beds are free. Then, there is the situation where a proportion of people who are admitted to occupy COVID-19 beds are ‘incidentally’ detected when they were admitted for some other health conditions. They did not come to the hospital for COVID-19 symptoms but other health conditions. Nearly all COVID-19 patients in the ICU are those who are either unvaccinated or have pre-existing health conditions.



Impact of COVID₁₉ on Livelihood

Much has been reported about how COVID-19 is affecting people in rich countries but less has been reported on what is happening in poor countries. Paradoxically, the first images of COVID-19 that India associates with are not ventilators or medical professionals in ICUs but of migrant labourers back to their villages hundreds of miles away, lugging their belongings. With most of the economy shut down, the fragility of India's labour market was patent. It is estimated that in the first wave, almost 10 million people returned to their villages, half a million of them walking or bicycling. After the economic stoppage, the International Labour Organization has projected that 400 million people in India risk falling into poverty. Agriculture is the largest employer, at 42 per cent of the workforce, but produces just 18 per cent of GDP. Over 86 per cent of all agricultural holdings have an inefficient scale (below 2 hectares). Suppressed incomes due to low agricultural productivity prompt rural-urban migration. Migration is circular, as workers return for some seasons, such as harvesting. Evidence of Indian labour market segmentation is widely available—with a small percentage of workers being employed formally, while the lion's share of households relies on income from self-employment or precarious jobs without recourse to rights stipulated by labour regulations. Only about 10 per cent of the workforce is formal with safe working conditions and social security. Perversely, modern-sector employment is becoming "informalized," through outsourcing or hiring without direct contracts. The share of formal employment in the modern sector fell from 52 per cent in 2005 to 45 per cent in 2012. During this period, formal employment went up from 33.41 million to 38.56 million (about 15 per cent), while non-agricultural informal employment increased from 160.83 million to 204.03 million (about 25 per cent). Most informal workers labour for micro, small, and medium-sized enterprises (MSMEs) that emerged as intermediate inputs and services suppliers to the modern sector. However, workers struggle to get paid, which the government identifies as a great challenge. Payroll and other taxes, as well as limited access to subsidised credit for large firms, are disincentives to MSME growth. Although over half of India has smartphone access, relatively few can telework. Retail and manufacturing jobs require physical presence involving direct client interaction. Indeed, income for families unable to telework has fallen faster. The government's crisis response has mitigated damage, with a fiscal stimulus of 20 trillion rupees, almost 10 per cent of GDP. Agriculture has been the bright spot, with 50 per cent higher monsoon crop sowing and fertiliser consumption up 100 per cent. Unemployment levels had spiked to 23.5 per cent but with a mid-June recovery to 8.5 per cent—and then crept up again marginally. The National Rural Employment Guarantee Scheme (MNREGA) and supply of subsidised food grains have acted as useful buffers keeping unemployment down and ensuring social stability. However, MNREGA has an upper bound of 100 days of guaranteed employment and it also does not cover urban areas. Agriculture cannot absorb more labour, with massive underlying disguised unemployment. Critically, larger firms are perceived as healthier. However, small and micro enterprises, which have minimal access to formal credit, constitute 99.2 per cent of all MSMEs. These are the largest source of employment outside agriculture. Their inability to bounce back could see India face further economic and also social tensions. The economy is withstanding both supply and demand shocks, with the wholesale prices index declining sharply.

23%

Unemployment
rate increase

8% recovery



COVID-19
DELHI-NCT
WASH KIT Distributed by:
CASA
church's auxiliary
for social action

ITEM	QUANTITY
Face Mask	2 bottles
Hand Powder	10 pcs
Hand Soap	500 gms
Hand Sanitizer	4 pcs

MALIK-MASOOR

CASA's response

During the uncertain situations of the 3rd wave of the COVID pandemic, CASA's continuing efforts helped to bring hope and restoration among the affected communities. CASA's response to COVID-19 third wave was immense as it reached out to the unreached and most marginalized communities across the country. CASA has been engaged with focusing more towards those who were all affected by losing their livelihood, migrant workers population, the most affected and poorest of the poor because of the impact of the pandemic. Through its diverse and comprehensive program model, CASA was able to deliver critical support such as distribution of Cash Transfers, Dry ration, Hygiene Kits, Livelihood Materials, Cooked Food, Awareness, Vaccination Drives/Campaigns and Covid care centres established to ensure the people in the affected communities are protected and are helped to overcome the spread of COVID 19 and its effect on them.

Almost every beneficiary who received the support through CASA was satisfied and didn't fail to mention that the support helped them during the point of their need. Moreover, awareness on COVID-19 was also one of its key interventions which emphasized awareness on vaccination, risk communication, and facilitated vaccination drive. In continuation of the interventions in wave 1 & 2 of COVID19, CASA's work has been progressing well towards reaching out to many families. Indeed, the work pace has increased in terms of programs, there were 8 programmes in action covering a larger community across the nation through – HIA, Give India, PMC2, DKH3, UMCOR, Core COVID, ACT, Package CFC. Vaccination drive and Awareness programs by CASA. Below are the program wise interventions across the state.



8

Strategic Programmes implemented across India

November 2021 - February 2022

Cash Support



church's auxiliary
for social action

COVID-19 RESPONSE 2021

ADDITIONAL CASH SUPPORT THROUGH BANK TRANSFER

₹ 6,000

DELHI-NCR

Implemented by: CASA

With support from
actalliance

Place: SURAT NAGAR - GURGAON

Date: _____
(With support of volunteers from... MERA P...

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for social action

नावायरस से बचाव के उपाय

पस में कम से कम 1 मीटर की दूरी,
वकी सुरक्षा के लिए जरूरी



Wash hands before
touching eyes, nose
and mouth

Cash Support

Distribution Activity Highlights

10

Districts

172

Villages

2300

Families

11500

People reached

Bihar, Chhattisgarh, Delhi, Gujarat, Jharkhand, Karnataka, Maharashtra, Odisha, Rajasthan, Tamil Nadu, Telangana, Uttar Pradesh, Uttarakhand, West Bengal.

In response to the pandemic, CASA was able to support 1909 families through its cash support program benefiting 9545 individuals who are marginalised and vulnerable. The unprecedented pandemic has brought havoc in the lives of many people. The financial stability of these families has 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 prioritising their needs was vested with them.



“I am grateful for the timely support by CASA”

-Charmin Bhai, Maharashtra



November 2021 - February 2022

Dry Ration



सर्वोच्च न्यायालय में खेती सुधार कार्य हेतु सहकारिता
सर्वोच्च न्यायालय में खेती सुधार कार्य हेतु सहकारिता
सर्वोच्च न्यायालय में खेती सुधार कार्य हेतु सहकारिता

CASA

70

Bag No

क्र.सं.	वस्तु	मात्रा
1	सोयाबीन बत्ती	2 कि.ग्रा.
2	सोयाबीन बत्ती	2 कि.ग्रा.
3	सोयाबीन बत्ती	2 कि.ग्रा.
4	सोयाबीन बत्ती	2 कि.ग्रा.
5	सोयाबीन बत्ती	2 कि.ग्रा.
6	सोयाबीन बत्ती	2 कि.ग्रा.
7	सोयाबीन बत्ती	2 कि.ग्रा.
8	सोयाबीन बत्ती	2 कि.ग्रा.
9	सोयाबीन बत्ती	2 कि.ग्रा.
10	सोयाबीन बत्ती	2 कि.ग्रा.
11	सोयाबीन बत्ती	2 कि.ग्रा.
12	सोयाबीन बत्ती	2 कि.ग्रा.
13	सोयाबीन बत्ती	2 कि.ग्रा.
14	सोयाबीन बत्ती	2 कि.ग्रा.
15	सोयाबीन बत्ती	2 कि.ग्रा.
16	सोयाबीन बत्ती	2 कि.ग्रा.
17	सोयाबीन बत्ती	2 कि.ग्रा.

D-19
CHHATTI

CA

FROM

AL COVID RELIF FUND

District : North

Place : Manda

Date :

Dry Ration

Distribution Activity Highlights

55
Districts

324
Villages

9790
Families

48950
People reached

Andhra Pradesh, Bihar, Chhattisgarh, Delhi, Gujarat, Jharkhand, Karnataka, Kerala, Maharashtra, Manipur, Odisha, Tamil Nadu, Telangana, Uttar Pradesh, Uttarakhand, West Bengal

COVID-19 has caused a lot of economic difficulties in the country and across the world by having certain divisions becoming more and more vulnerable to this epidemic. Vulnerable groups have shown a major drift in economic growth, and most of the population has lost their livelihood in society due to the pandemic. The COVID19 Pandemic has lowered the social condition of the migrant population, wage workers, farmers and many other groups as they are unemployed, and underemployed owing to the existing situation. CASA has facilitated dry ration kits distribution for the deprived and the poorer. The distribution of services assisted the public in terms of livelihood, hunger and starvation. A maximum of the kits were distributed during crises.



“The dry ration support helped me and my mentally challenged child to have nutritious meal.

-Dapu Bai, Rajasthan



Hygiene kits



Hygiene Kits

45
Districts

305
Villages

14402
Families

72010
People reached

Andhra Pradesh, Bihar, Chhattisgarh, Delhi, Gujarat, Jharkhand, Karnataka, Kerala, Maharashtra, Manipur, Odisha, Tamil Nadu, Telangana, Uttar Pradesh, Uttarakhand, West Bengal

Today preventing and protecting human health is the central aim to eradicate this pandemic situation. Maintaining Hygiene makes people clean and tidy, protects them from external viruses and prevents various infections. CASA has designed and rendered super hygiene kits for the needy population in the unreached zone of the country. Kit mainly carries sanitisers, soap, face masks, Dettol, towels, toothpaste, and sanitary pads. The importance of hygiene and cleanliness has also been sensitised to people through awareness programs concurrently. Delivering hygiene kits help people in numerous ways and most significantly the spread of the COVID-19 virus will slow down leading to a COVID-free environment.



“Hygiene kit ensures my families safety during these uncertain times”

-Tinguile Kuame, Manipur



Cooked Food



Cooked food

2

Districts

20

Villages

100

People reached

Jharkhand

Food being one of the basic needs of human beings, CASA was thoughtful enough to provide cooked food to individuals who could not manage even a square meal during the lockdowns. In Jharkhand, it was made achievable on the ground.



“My helpless situtaion overturned when CASA intervened”

-Dilharan, Chhattisgarh



Livelihood



Livelihood

Distribution Activity Highlights

7
Districts

108
Villages

8750
Families

43750
People reached

Bihar, Chattisgarh, Delhi, Gujarat, Jharkhand, Karnataka, Kerala, Maharashtra, Manipur, Odisha, Tamil Nadu, Telengana, Uttar Pradesh, Uttarkhand, West Bengal

COVID-19 has caused a lot of economic hurdles in the country and across the world by having certain divisions becoming more and more vulnerable. Vulnerable groups have shown a major drift in economic growth and most of the population has lost their livelihood. The pandemic has lowered the social condition of the migrant population, wage workers, farmers and many other groups as they are unemployed, and underemployed owing to the existing situation. The distribution of services assisted the public in terms of livelihood, hunger and starvation.



“I believe CASA will always reach out to the unreached”

-Anjali Kujur, West Bengal



Medical Equipments Distributed

COVID19 2.0 Response also includes, strengthening the care centres with equipments to help the community in case of another wave due to mutation. The rural/local area community centers were supported with the equipments that includes the following,

IR Thermometers



853

Oximeters



1228

BP Meters



572

Glucometers



458

Medical Beds



52



Vaccination Camps



























































































EXHIBIT 2: VACCINATION CAMP SUMMARY

S.No.	State	No. of Blocks	Number of villages	Number of camps	Number of people vaccinated	Number of 1st dose	Number of 2nd dose
1	Chhattisgarh	6	141	15	11323	5317	6006
2	Gujarat	6	10	6	420	73	347
3	Rajasthan	5	55	153	3846	1175	2671
4	Jharkhand	3	3	3	157	64	93
5	Bihar	1	10	2	350	184	166
6	Meghalaya	1	10	1	26	23	3
7	Tamilnadu	1	4	4	170	64	106
8	Telangana	1	2	2	107	46	61
9	Uttarakhand	1	6	18	8375	3723	4652
10	Maharashtra	1	6	0	420	73	347
11	Uttar Pradesh	11	26	30	2700	491	2209
Total		37	273	234	27894	11233	16661



COVID Care Centres

EXHIBIT 3 : COVID CARE CENTRES ESTABLISHED

S.No	Name of the state	No of districts	No of blocks	No of villages	Number of beds	Equipments provided									
1	Chhattisgarh	1	1	4	0										
2	Delhi	1	1	1	3										
3	West Bengal	1	2	8	10										
4	Odisha	1	2	4	10										
5	Bihar	1	1	5	8										
6	Jharkhand	1	1	10	10										
7	Maharashtra	1	3	5	4										
8	Meghalaya	2	2	18	7										
9	Uttarakhand	1	1	6	NA										
Total	9	10	14	61	52										



**IR
Thermometers**



**Face Shields/
N95**



BP Meters



Oximeters



O2 Cylinders



Wheelchairs



Sanitizers



Medical Beds



Glucometers



**Medical PPE
Kit**





















































Disinfectant



Scopes

COVID Care Centers set up / enhanced in almost 9 states, 10 districts, 14 blocks and 61 villages. Beneficiaries were provided with 52 beds along with Strips Free Glucometer, Infrared Thermometer, N95 Mask, Oxygen cylinder 10.2 ltr, Oxygen Cylinder Jumbo -47 ltr, Oxygen cylinder trolley, Nebulizer, Fetoscope, Stethoscope, BP Apparatus - Digital Meter and BP Machine-Mercury, blankets, medicines and sanitizers. This made the beneficiaries aware of the pandemic treatment equipment and facilities beforehand which was of great help to the people.

EXHIBIT 4: AWARENESS PROGRAMMES

Sl.No	State	No. of Villages	Programme Activities	Total Individuals Reached
1	Chhattisgarh	462	    	311519
2	Delhi	8	    	1500
3	East (Bihar, Jarkhand, West Bengal and Odisha)	166	    	153523
4	Maharashtra, Gujarat	147	    	207999
5	Meghalaya	99	    	1450
6	Rajasthan	230	    	99344
7	Tamil Nadu, Kerala, Telangana	106	    	8116
8	Uttarakhand	30	    	240889
9	Madhya Pradesh	30	    	1326
10	Uttar Pradesh	93	    	125149
Total	16	1371		1150815



Wall
Writing



Training/
Events



IEC
Materials



Handbills/
Posters



Miking

Awareness Campaigns have covered almost 16 states, 60 districts, 174 blocks and 911 villages. Number of people benefited out of the campaign was 11,50,815. Through awareness program, people in the village gained knowledge on the vaccination and people got acceptance in vaccination and used it at the right time when CASA Intervened.

Programme Highlights



**HUNGARIAN
INTERCHURCH AID**
HIA-HUNGARY

#HIA

EXHIBIT 5: INTERVENTIONS UNDER HIA

States	No of Districts	No of Villages	Hygiene kit	No. of HHs	No of People reached
Delhi	1	6	320	320	1600
Rajasthan	1	1	100	200	1000
Tamil Nadu	1	4	500	500	2500
Total	3	11	920	1020	5100



EXHIBIT 6: INTERVENTIONS UNDER DIAKONIE KATASTROPHENLIFE - 3

States	No of Districts	No of Villages	Dry ration	Hygiene kit	Livelihood	No. of HHs	No of People reached
Maharashtra	1	5	575	575	800	800	4000
Jharkhand	1	10	575	575	575	575	2875
Odisha	1	8	575	575	575	575	2875
Rajasthan	1	16	575	575	-	575	2875
Uttarakhand	4	14	606	609	570	609	3045
Kerala	1	10	575	575	-	575	2875
Karnataka	1	6	575	575	475	575	2875
Andhra Pradesh	1	10	575	575	-	575	2875
TamilNadu	2	10	575	575	300	575	2875
Telangana	1	8	575	575	150	575	2875
Uttar Pradesh	2	9			154	154	770
Total	16	106	5781	5784	3599	6163	30815







#GIVEINDIA

EXHIBIT 7: INTERVENTIONS UNDER GIVE INDIA

States	No of Districts	No of Villages	Dry ration	Hygiene kit	No. of HHs	No of People reached
Chhattisgarh	3	24	150	150	150	750
Total	3	24	150	150	150	750



#UMCOR

States	No of Districts	No of Villages	Dry ration	Hygiene kit	Livelihood	Total HHs Supported	Total Individuals
Chhattisgarh	3	17	300	300	475	475	2375
Delhi	2	3	200	200		200	1000
West Bengal	1	13	300	300	300	300	1500
Bihar	1	5	300		300	300	1500
Karnataka	1	9	300	300	300	300	1500
Telangana	1	12	300	300	300	300	1500
Uttar Pradesh	2	2	300	300	85	300	1500
Maharashtra	1		300	300	300	300	1500
Total	12	61	2300	2000	2060	2475	12375



actalliance

EXHIBIT 9: INTERVENTIONS UNDER ACT ALLIANCE

States	No. of District	No. of Villages	Dry Ration	Hygiene Kit	Cash Support	No. of HHs	No of People reached
Delhi	1	6	36	107	391	427	2135
Maharashtra	3	3	-	-	500	500	2500
Rajasthan	1	1	-	100	100	100	500
Telangana	1	8	-	100	175	175	1375
Kerala	1	10	-	-	194	194	970
Odisha	2	32	-	-	441	441	2205
West Bengal	2	17	-	-	394	394	1970
Jharkhand	2	34	-	-	105	105	3025
Total	13	111	36	307	2300	2336	14680



#CORE_COVID

EXHIBIT 10: INTERVENTIONS UNDER CORE COVID

States	No. of District	No. of Villages	Dry Ration	Hygiene Kit	Livelihood	Cooked food	No. of HHs	No of People reached
Jharkhand	1	20	-	1634	-	100	1634	8170
West Bengal	1	6	-	-	-	-	25	125
Rajasthan	1	27	-	-	25	-	387	5790
Tamil Nadu	1	28	120	100	-	-	120	600
Telangana	1	31	70	-	-	-	70	350
Maharashtra	4	4	400	-	-	-	400	2000
Total	9	116	590	1734	25	100	2636	17035

#CFC

EXHIBIT 11: INTERVENTIONS UNDER CFC

States	No of Districts	No of Villages	Dry ration	Hygiene kit	Livelihood	No. of HHs	No of People reached
Chhattisgarh	9	28	58	2919	2861	2919	14595
Total	9	28	58	2919	2861	2919	14595



#PMC2

EXHIBIT 12: INTERVENTIONS UNDER PMC2

States	No. of District	No. of Villages	Dry Ration	Hygiene Kit	Livelihood	No. of HHs	No of People reached
Uttarakhand	5	16	220	120	95	220	1100
Manipur	2	23	120	-	110	195	975
Odisha	1	11	75	75		75	375
Chhattisgarh	4	12	160	160		160	800
Total	12	62	575	355	205	650	3250



Summary of Situation Reports

EXHIBIT 13 : SUMMARY OF SITREP 3

Programme	No. of States	No. of districts	No. of Villages	Dry Ration	Hygiene Kit	Livelihood	Cash Support	Cooked food	HHs	Total Individuals
ACT	8	13	111	36	307	-	2300	-	2336	11680
CORE COVID	5	9	116	590	1734	25	-	100	2636	13180
DKH 2	1	3	4	400	-	-	-	-	400	2000
DKH3	11	16	106	5781	5784	3599	-	-	6163	30815
GIVE INDIA	1	3	24	150	150	-	-	-	150	750
HIA	3	3	11	-	920	-	-	-	1020	5100
PACKAGE CFC	1	9	28	58	2919	2861	-	-	2919	14595
PMC 2	5	12	62	575	355	205	-	-	685	3425
UMCOR	9	13	70	2300	2000	2060	-	-	2475	12375
TOTAL	44	81	532	9890	14169	8750	2300	100	18784	93920

EXHIBIT 14: SUMMARY OF SITREP 1, 2 & 3

Program Name	No. of States	No. of District	No. of Villages	Dry Ration	Hygiene Kit	Livelihood	Cash Support	Cooked Food	Total HHs Supported	Total Individuals
RTE	17	3432	367	305	8379	60	0	0	8379	41895
DHK 1	1	5	40	300	300	0	0	5669	300	1500
DKH 2	13	38	287	28	2200	0	2172	0	2200	11000
DKH3	12	17	121	1210	1225	1205	0	0	2715	13575
UMCOR 1	1	1	2	82	0	0	93	0	352	1760
UMCOR 2	3	3	27	243	1750	0	1507	0	1750	8750
UMCOR 3	9	14	94	2600	2600	1885	0	0	2600	13000
DKH-HAF	2	3	6	1150	650	0	0	0	1150	5750
HIA	11	18	210	0	4120	0	0	0	4520	22600
Give India	3	11	89	733	733	0	0	0	733	3665
PMC2	10	27	143	1783	1686	1950	0	0	3673	18365
CORE COVID	8	11	198	375	2026	80	0	100	2683	13415
ACT	10	16	164	369	240	0	3306	0	3675	18375
ERD	1	1	28	0	320	0	320	0	320	1600
DEC-CAID	1	5	90	1610	2003	0	0	0	2003	10015
Package CFC	1	7	30	458	3319	3261	0	0	3719	18595
Total	103	3609	1896	11246	31551	8441	7398	5769	40772	203860



Transformational Stories

Chamarin bai



Charmain Bai is an elderly widow living in a village that lies on the borders of Chhattisgarh and Maharashtra. During COVID -19 lockdown, she was unable to receive her Old Age Pension (OAP) from the bank due to the curfew imposed in the village, which made her life miserable. She felt weak and was unable to buy vegetables from the local shop. The neighbours couldn't help her when she asked them for provisions.

Monica, a CASA's youth leader in the village, identified the elderly widow and was able to aid her through support programmes from the organisation. The COVID-19 response support was further extended to 5 villages nearby. The relief items include a Dry Ration Kit (which generally would last for a month) and a COVID-19 Hygiene kit, under the PMC-II programme. She was happy to be supported during hard times. The elderly widow smiles and blesses CASA wholeheartedly for providing her dry ration that lasted for a month.

Programme: PMC II

Ful Kunvar

Ful Kunvar, aged 98, is a widow who stays alone. She has three daughters and three sons. They are all married and live with their spouses in the same village separately. Kunvar loved her son's thinking that they will support her in her old age. Her husband died 12 years back. Since then, she has lived alone at her house as her sons and daughter-in-laws refused to take care of her. At the age of 98, she is not in the condition to earn her livelihood. She used to get ration supplies from the Public Distribution System (PDS) — 10 kg of Rice, Salt, Grams, etc. However, she is not in a condition to cook for herself. She was living a dependent life for getting even two meals in a day. One of her younger daughters, Suhari Bai has a broken family as her husband is an alcoholic and abuses her physically. Suhari also suffers from the burden of managing her family's needs. She is a daily wage worker and the only bread earner for her family. Suhari's condition is not that good but she could manage food at least for a day. Due to her family problems, Suhari came back and stayed for a month with her mother. But after a month, her husband took her to their home. She was worried about her mother as to how she will be able to manage herself in her old age and what she will eat. So, Suhari used to come all the way covering one km daily by walking just to feed her mother. In that situation, it was even getting tough when Suhari got sick for 5 days and she wasn't able to help her mother in any way. During those needy times, our staff, during a field visit, came to know of all the challenges and difficulties both Ful Kunvar and Suhari Bai were going through. After understanding their situation, CASA Ratanpur provided dry ration to Ful Kunvar which she decided to give to her daughter who used to cook food for her. This assistance helped the family manage their life during this crisis. Ful Kunvar felt very blessed, grateful and happy and wished great success for all the works that CASA is doing for the needy. She stated that "As I am getting too old, I neither have any hope to earn even a single rupee for myself nor I can help my daughter Suhari, but CASA's timely support by providing dry ration has helped me and my daughter. We need not worry about any essential needs for both of our families for at least the next three months." Similar support was extended to other needy beneficiaries in the surrounding areas as well.



Programme: UMCOR

Dilharan

Mr. Dilharan comes from a marginalized nuclear family, his wife expired 4 years ago when his youngest son was born. He had three children, Ravitree 14 years old, Savitree 6 years old and Raj Kamal 4 years old. With the loss of his wife, he had to face many problems in taking care of his children, managing them, doing household chores, taking up all related responsibilities and simultaneously managing agricultural activities to earn his living, which increased his work pressure. Dilharan is a daily wage worker. He worked daily in his village or nearby village for earning which is their only source of income. He is a teetotaler and doesn't have any bad habits like consuming alcohol or spending money on using tobacco. He is very sincere to his family. He has 1.5 acres of farmland in which he cultivates paddy; as he did not get much production, he depends on rations from the government PDS/Ration shop. Being a single father was not easy for him in taking care of children as well as earning a livelihood for his family.

Covid-19's Second wave has hit many farmers and daily wage workers and snatched away their earnings/livelihood. Due to the lockdown and the government's preventive measures, even in cities, many people had to suffer for earning their livelihood. But this situation became worse in tribal areas where people struggled even to get their regular rations and livelihood. Dilharan also could not find any work during the lockdown period. During that time, he had to manage his life by eating rice with a pickle alone. In this situation, he was in a dilemma on whom to ask for help, and he was unable to find a solution for feeding his children. At this stage, CASA staff identified him and offered Mr. Dilharan a livelihood option-through 'food for work' scheme in which he did fencing for the fruits saplings to protect them from grazing by animals. After working for 10 Days in this program, CASA supported Mr. Dilharan, the Single father of 3 children, by giving Dry ration. He was so grateful and thanked CASA for giving this timely support that had made his life easy and also was able to save some money for future expenses. After the distribution of the ration, CASA staff were able to observe that the dry ration support lasted for 2 and half months in his home and had helped him to save 5850 Rupees for meeting his future expense during those hard periods; Similarly, CASA's dry ration support had helped livelihoods of many households in unreached villages.



Programme: CORE COVID

Anjali Kujur

During the second wave of Covid-19, Anjali Kujur, volunteer of CASA, Alipurduar, Core Programme and her family faced extensive adverse effects of unemployment. She is a resident of Sat Kodali village GP- Banchukamari, Block- Alipurduar-I, District- Alipurduar. Her husband used to work in a small private company in Barobisha, Alipurduar district. Mrs Anjali Kujur has a 5-year-old daughter. She is schooling in a CBSE English medium School in Barobisha, Alipurduar district. Due to the pandemic, her husband lost his job. The family faced a financial crunch that affected the daughter's education. CASA supported the section of the community who were most affected in the second wave. CASA provided livelihood support to the most vulnerable and marginalised women in the community. As livelihood support, CASA provided 12 pieces of sewing machines to the potential beneficiaries. Anjali Kujur was one of the potential beneficiaries who received a sewing machine and took training for one month from a local trainer for stitching masks, saree, nighty, salwar-kameez etc. She has made 150 pieces of masks and got a profit of Rs 4,500. She also sold masks during CASA's meetings and training. Anjali Kujur expressed her gratitude to CASA for providing support in this critical situation and she believes CASA will always reach out its hand to serve the people in life-threatening situations.



Programme: CORE COVID

Saraswati Das

Saraswati Das is a 45-year-old woman from Nityabheria village of South 24 Parganas district. She lives with her physically challenged husband, a son, a daughter-in-law and their child. She got her daughter married recently and is cash-strapped now. Her husband was partially challenged before, but after a paralytic attack, he is bedridden. Saraswati's son goes to the city to earn a livelihood. He works as daily labour and runs an errand for some quick money. Saraswati along with her daughter-in-law, work on their kitchen farm to grow vegetables such as spinach, radish, and seasonal herbs to add to their monthly family income. Her husband would go to the field for tilling and growing paddy. He cannot do it any more due to his poor health. The entire family depends on Saraswati, who manages the daily ends of the family. In this background, when YAAS happened, they lost their valuables. Water gushed inside their house when they had to shift to the local cyclone shelter. Her house was partially damaged and she did not have any money to purchase a bucket or large container to store drinking water. The earthen pitcher she would use was broken. CASA's volunteer Mrs Mallika Mondal who has been working in this area identified Mallika's family and facilitated relief materials. The house would cave in unless timely support is given. The jerry can she received can store 20 litres of freshwater fit for drinking and cooking. She is equally happy with the halogen tablets; she can purify water and the health of her family is ensured. Her medical expenses have gone down and she devotes now to buying daily vegetables and fish. She has kept the cloth napkin for herself and given disposable ones to her young daughter-in-law. This also saved money to spend on family nutrition. She says, "CASA sahajyo shomoymoto eshechhilo bole amra ejatra beche gelam" meaning "timely help of CASA has helped our family to save from any catastrophic consequences." Saraswati is worried about her financial condition but she is hopeful that things would change because CASA is by her side.



Programme: CORE COVID

Dapu Bai Prajapat



Programme: DKH3

Dapu Bai Prajapat is the widow of the late Deeparam Prajapat; age – 54; resident of Malpur village, Jhadol, Udaipur, Rajasthan, who lives with his mentally challenged daughter Cheta. The husband died after falling from a tree while cutting leaves for the goats 20 years ago. After the tragedy, Dapu became the sole breadwinner for herself and her mentally challenged child, Cheta, who is now 21 years old. Raising a mentally challenged kid is a challenging task as Cheta needs constant attention, without which she might risk injuring herself. Dapu Bai walks many miles to M.B GH in Udaipur for her daughter's disability letter, the letter from the deen enables them to get the PWD pension which can be helpful during desperate times. Dapu bai owns a small piece of land, which she uses for agriculture and is at the mercy of the monsoon rains for her plight to be restored by a plentiful harvest. The widow's pension of Rs 1000 monthly is also helping the mother-daughter to survive their lives amidst their struggles. Dapu also brings mud utensils/ pots from her brothers' place 2-3 times a year and sells them to the local villagers to make a living for her daughter and herself. Dapu Bai works as a housemaid for the upper-caste families in the neighbouring village. Her work includes drawing water, feeding cattle and dung cleaning. The homeowners pay her with cereals and buttermilk (no cash). At this crucial time of the pandemic crisis, the CASA team identified Dapu Bai and enrolled her on the emergency response support distribution that included Dry Ration Kits and Hygiene Kits under the DKH-3 programme. The Dry Ration Kit includes 2 kg of Tata salt, 20 kg of wheat flour, 3 kg of pulses, 2 kg rice, 3 litres of soya bean oil, 1 kg of tea, 2 kg sugar, 500 gm of red chilli powder, 500gm of coriander powder, 250 gm of garam masala, 250 gm of cumin seeds, 250 gm of turmeric powder, 2kg jaggery, 2 kg potato, and 2 kg onions. The Hygiene Kit includes 3 Dettol soaps, 7 detergent bars, 1 sanitiser, 10 face masks, and a sanitary pad. During the interview, Dapu Bai said that with the support received, she and her daughter will be able to support themselves for more than 60 days. Also, the villagers in the community who received the support thanked CASA for the support. Dapu Bai's neighbours appreciated the help in selecting the neediest family in the village.



church's auxiliary
for social action

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.