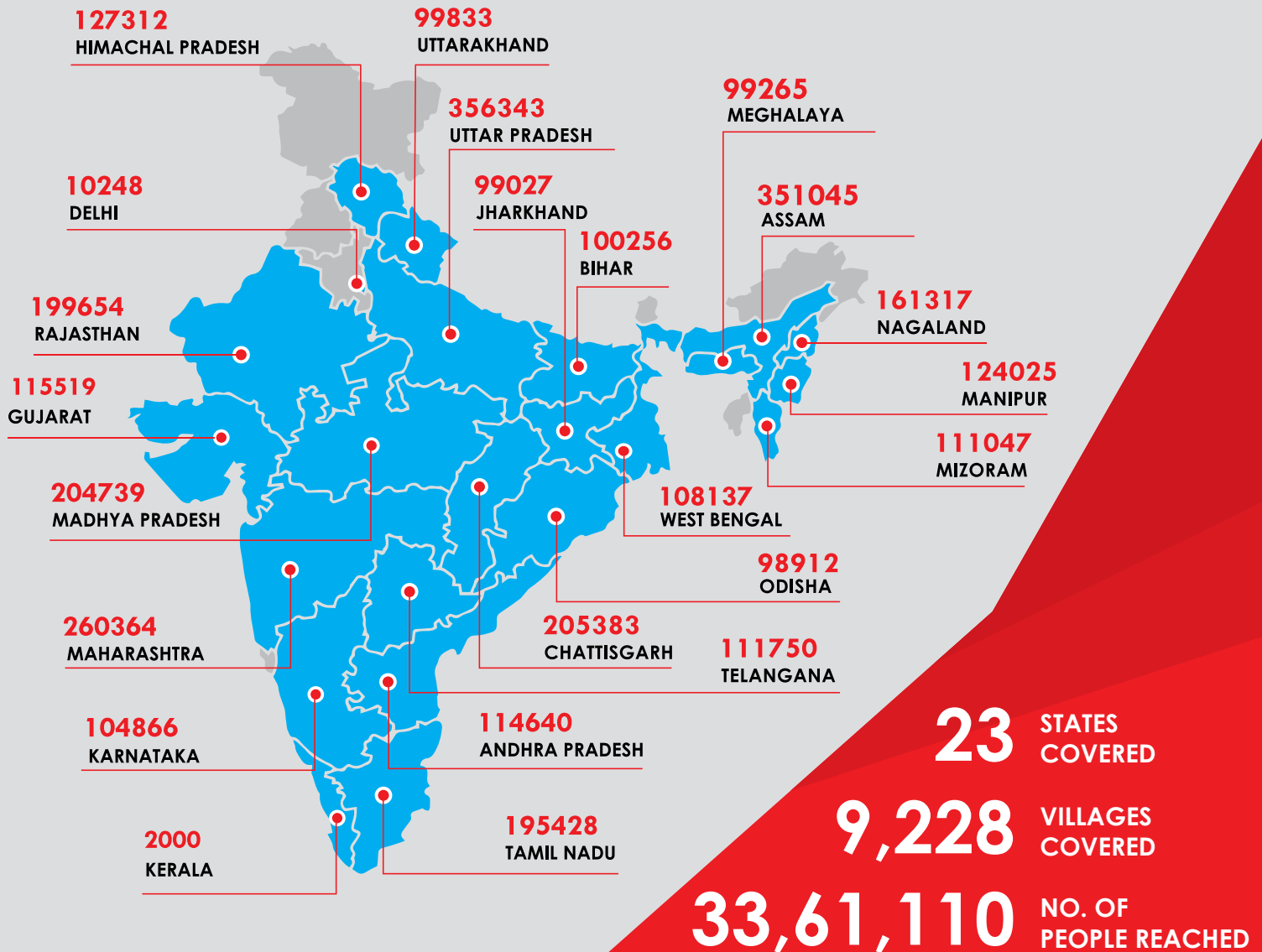


SITREP- IV

As of 31st May



CASA's Response to COVID-19

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Summary of Activities as of 31st May

CONSOLIDATED OVERALL RESPONSE UPDATE AT A GLANCE



Awareness

7993

Villages

2939500

People

Total Reach of Material Support and Awareness Initiative

23

States
Covered

9,228

Villages
covered

33,61,110

No. of people
reached

Summary of Activities as of 30th April

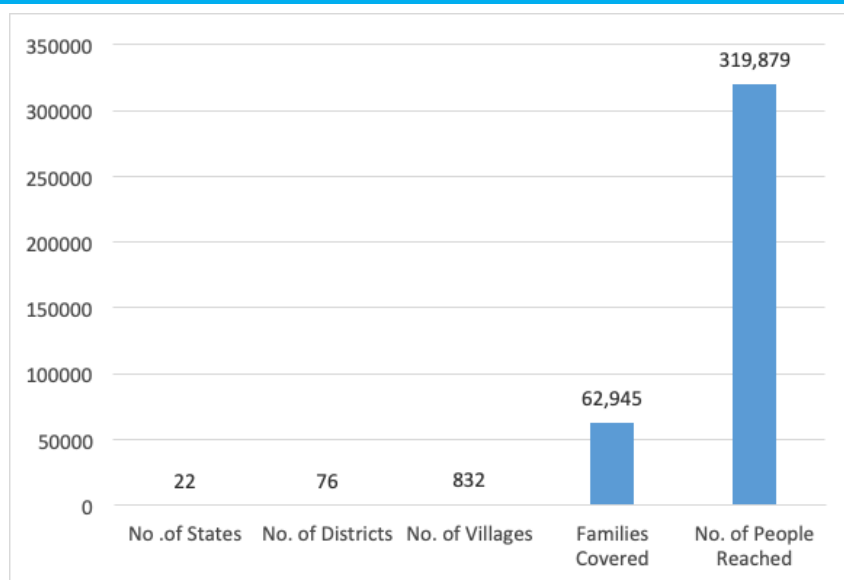
A. CONSOLIDATED OVERALL RESPONSE UPDATE AT A GLANCE

States	No. of Districts	No. of Villages	No. of Families Covered	No. of People Reached
DRY RATION DISTRIBUTION				
Himachal Pradesh, Uttarakhand, Tamil Nadu, Andhra Pradesh, Rajasthan, Bihar, Kerala, Chhattisgarh, Assam, Delhi	24	124	4326	21630
WASH KIT DISTRIBUTION				
Bihar, Himachal, Uttarakhand, Delhi, Rajasthan, Chhattisgarh,, Kerala, Tamil Nadu, Assam, Nagaland, Manipur, Mizoram, Meghalaya, Andhra Pradesh	33	237	26992	139105
Distribution of Cooked Food				
Tamil Nadu, Chhattisgarh	8	16	681	3415
SPRAYING OF DISINFECTANT				
Himachal Pradesh, Tamil Nadu, Andhra Pradesh, Karnataka, Telangana	13	268	27300	136500
GOVERNMENT IDENTIFIED / USING CASA RESOURCE CENTRES AND OTHER UTILITIES				
Maharashtra, Assam, Odisha, West Bengal	4	4	312	312

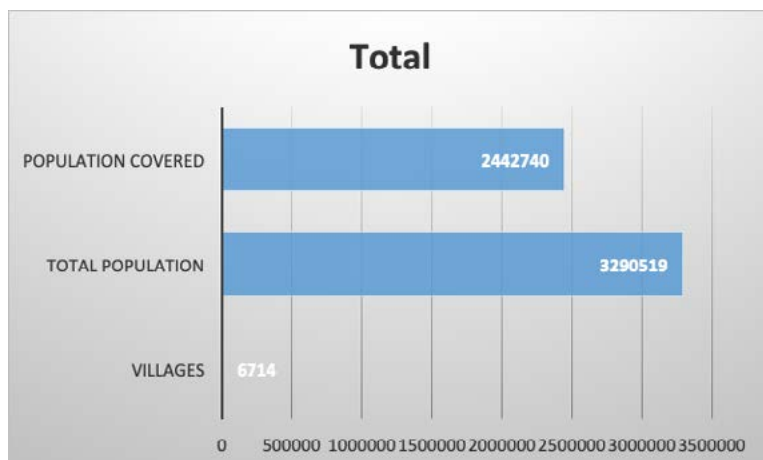
SUPPORT TO INSTITUTIONS UNDER HUMANITARIAN AID FUND (DKH)

Institutions	No. of Districts	No. of Villages	No. of Families	No. of People Reached
DRY RATION DISTRIBUTION				
Uttar Pradesh, Maharashtra Andhra Pradesh, Assam, West Bengal, Odisha, Jharkhand, Bihar, Tamil Nadu, Madhya Pradesh	20	281	4365	21,825
WASH KIT DISTRIBUTION				
Maharashtra, Andhra Pradesh, Assam, West Bengal, Odisha, Jharkhand Bihar, Tamil Nadu Madhya Pradesh	17	279	3865	19,325
HEALTH CAMPS				
Maharashtra	2	2		250
DISTRIBUTION OF COOKED FOOD				
States	Districts	No. of Villages	No. of People Covered	
Maharashtra Tamil Nadu, Andhra Pradesh, Jharkhand	7	35	9712	

A. CONSOLIDATED FIGURE OF OVERALL REACH OF MATERIAL DISTRIBUTION AND OTHER SUPPORT



B. OVERALL REACH OF AWARENESS INITIATIVES



C. GRAND TOTAL REACH OF THE RESPONSE

	Village	Total Population	Population Covered
A	832	-	3,19,879
B	6714	32,90,519	24,42,740
Total	7546	-	27,62,619

Summary of Activities 1st to 31st May

CONSOLIDATED OVERALL RESPONSE UPDATE AT A GLANCE

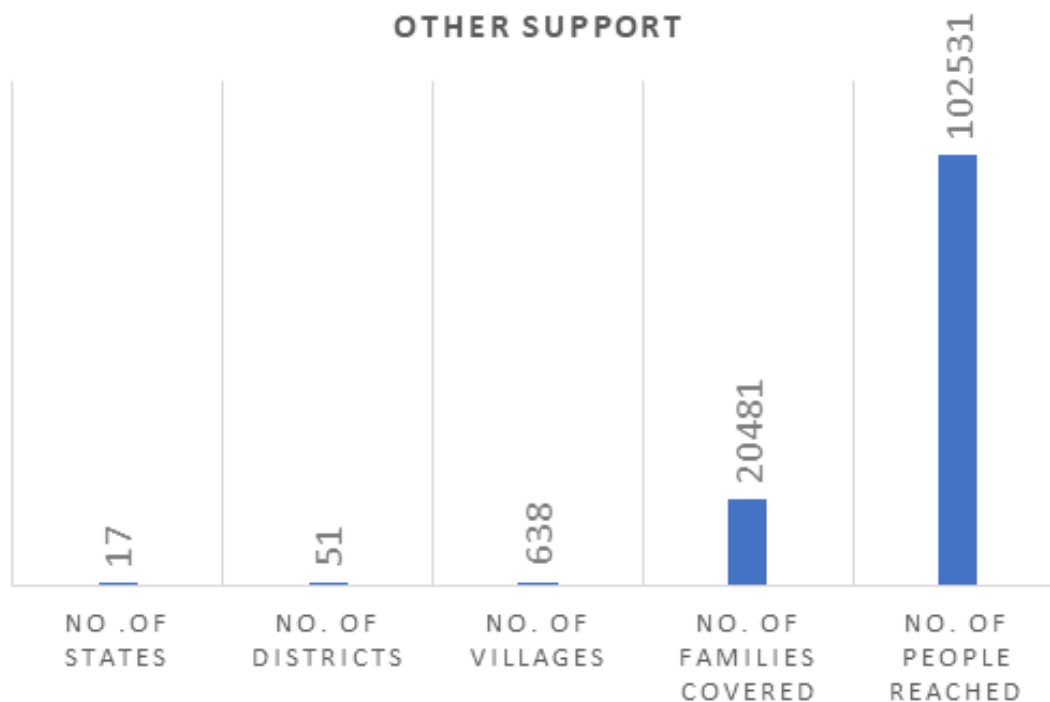
States	No. of Districts	No. of Villages	No. of Families Covered	No. of People Reached
DRY RATION DISTRIBUTION				
Himachal Pradesh, Uttarakhand, Tamil Nadu, Andhra Pradesh, Rajasthan, Chhattisgarh	19	94	3362	16810
WASH KIT DISTRIBUTION				
Himachal Pradesh, Uttarakhand, Andhra Pradesh, Rajasthan, Assam, Nagaland, Manipur, Mizoram, Meghalaya	26	433	13834	69170
COOKED FOOD				
Chhattisgarh	3	7		138
CASA RESOURCE / COMMUNITY CENTRES USED BY GOVERNMENT				
Odisha, Chhattisgarh, Uttarakhand	3	7		103



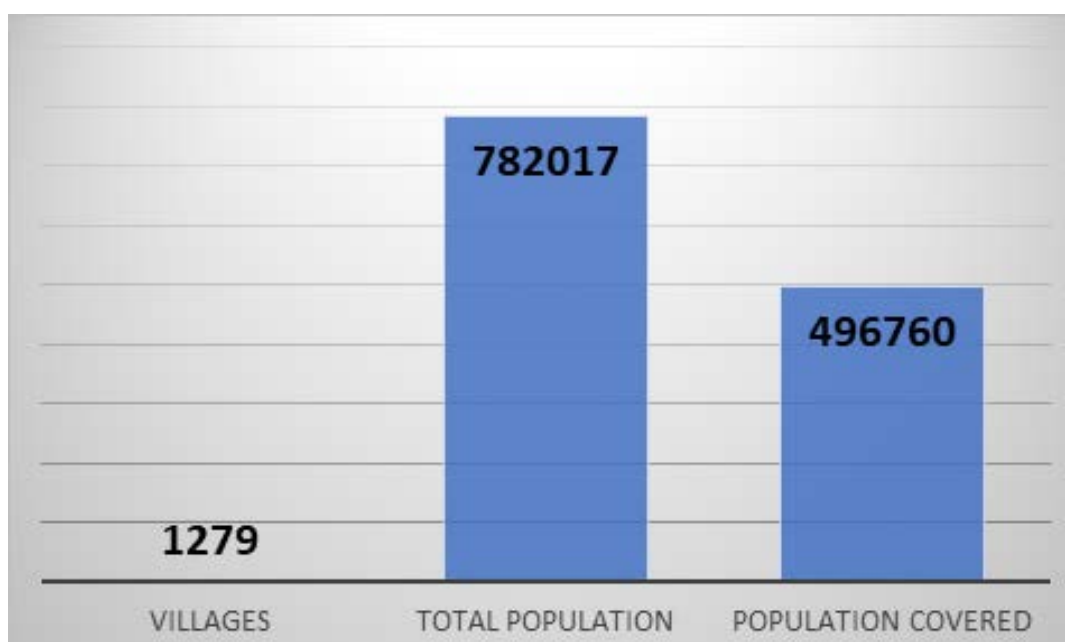
SUPPORT TO INSTITUTIONS UNDER HUMANITARIAN AID FUND (DKH)

Institutions	No. of Districts	No. of Villages	No. of Families	No. of People
DRY RATION DISTRIBUTION				
Uttar Pradesh, Maharashtra Andhra Pradesh, Assam, West Bengal, Odisha, Jharkhand, Bihar, Madhya Pradesh, Gujarat, Tamil Nadu, Karnataka	18	158	5079	25395
WASH KIT DISTRIBUTION				
Maharashtra, Andhra Pradesh, Assam, West Bengal, Odisha, Jharkhand Bihar, Madhya Pradesh, Gujarat, Tamil Nadu, Karnataka	19	152	3915	19575
COOKED FOOD				
Maharashtra	1	10		286

OVERALL REACH OF MATERIAL DISTRIBUTION AND OTHER SUPPORT



B. AWARENESS INITIATIVES 1ST TO 31ST MAY



C. GRAND TOTAL OF THE REACH

	Village	Total Population	Population Covered
A	638		102531
B	1279	782017	496760
Total	1917	-	5,99291

Summary of Activities

As of 31st May

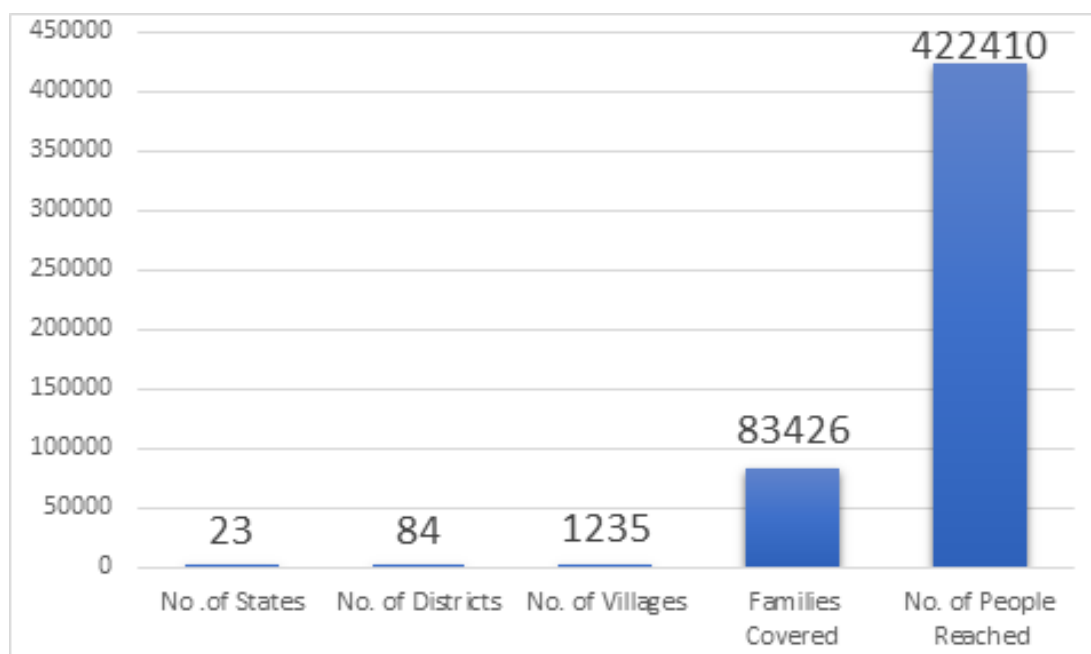
A. CONSOLIDATED OVERALL RESPONSE UPDATE AT A GLANCE

States	No. of Districts	No. of Villages	No. of Families Covered	No. of People Reached
DRY RATION DISTRIBUTION				
Chhattisgarh, Himachal Pradesh, Uttarakhand, Delhi, Bihar, Kerala, Assam, Tamil Nadu, Andhra Pradesh, Rajasthan, Manipur, Mizoram, Meghalaya	35	218	7688	38,440
WASH KIT DISTRIBUTION				
Bihar, Himachal, Uttarakhand, Rajasthan, Chhattisgarh, Kerala, Tamil Nadu, Assam, Nagaland, Manipur, Mizoram, Meghalaya, Andhra Pradesh, Madhya Pradesh, Karnataka	43	554	40826	204130
Distribution of Cooked Food				
Tamil Nadu and Chhattisgarh	11	23	681	3553
SPRAYING OF DISINFECTANT				
Himachal Pradesh, Tamil Nadu, Andhra Pradesh, Karnataka, Telangana	13	268	27300	136500
GOVERNMENT IDENTIFIED / USING CASA RESOURCE CENTRES AND OTHER UTILITIES				
Maharashtra, Assam, Odisha, West Bengal, Chhattisgarh, Uttarakhand	7	11		415

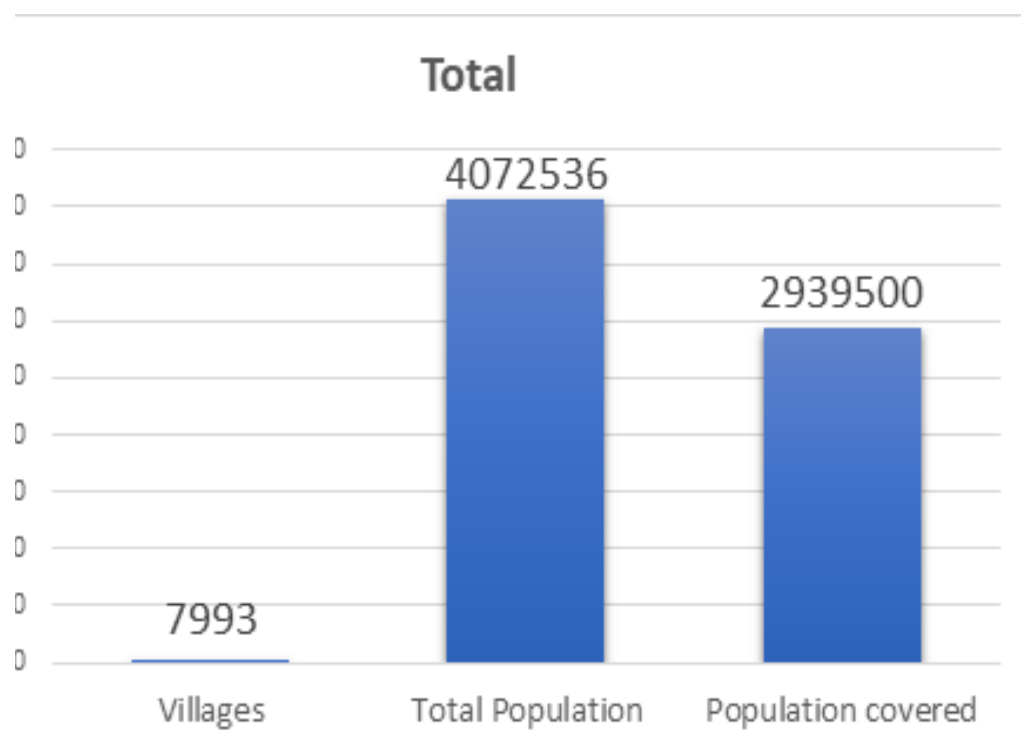
B. SUPPORT TO INSTITUTIONS UNDER HUMANITARIAN AID FUND (DKH)

Institutions	No. of Districts	No. of Villages	No. of Families	No. of People Reached
DRY RATION DISTRIBUTION				
Uttar Pradesh, Maharashtra, Andhra Pradesh, Assam, West Bengal, Odisha, Jharkhand, Bihar, Tamil Nadu, Madhya Pradesh, Gujarat, Karnataka,	25	359	9444	47220
WASH KIT DISTRIBUTION				
Uttar Pradesh, Maharashtra, Andhra Pradesh, Assam, West Bengal, Odisha, Jharkhand, Bihar, Tamil Nadu, Madhya Pradesh, Gujarat, Karnataka	22	354	10188	50940
HEALTH CAMPS				
Maharashtra	2	2		200
DISTRIBUTION OF COOKED FOOD				
States	Districts	No. of Villages	No. of People Covered	
Maharashtra Tamil Nadu, Andhra Pradesh, Jharkhand	7	37	9998	

C. CONSOLIDATED FIGURE OF OVERALL REACH OF MATERIAL AND OTHER DISTRIBUTION



D. OVERALL REACH OF AWARENESS INITIATIVES



GRAND TOTAL REACH OF THE RESPONSE

	Village	Total Population	Population Covered
A	1235	-	4,21,610
B	7993	40,72,536	29,39,500
Total	9228	-	33,61,110



The Current Scenario

What started as an outbreak in a city of China, went out to become a worldwide pandemic, affecting billions of people. The COVID-19 virus has spread to more than 213 countries across the globe, where more than 10.7 million people have been directly identified with positive cases, while billions of people are indirectly affected. India itself has more than 6 lakh cases till now, with more added each day.

Four rounds of nationwide lockdown were imposed by the Central government as well as the State governments, to contain the coronavirus and check the transmission and spread of the disease. Even though the tenure of Lockdown – 4 ended on 31st May 2020, the spread of COVID-19 is still on the rise, continuing the restrictions imposed in some places.

On the other side, the lockdown highlighted the contextual plight of poor labourers who migrated to different places in India for livelihood. They were facing a lack of livelihood options inevitably resulting in a lack of food and shelter. As the lockdown stretched for more than 2 months, the migrant families had no other option except to return to their native places. Most of these labourers had migrated from East and North India. This mass migration of people travelling by varied means like walking and transportation is touted to be the next highest after Partition. It also brought in the dark side of the poor communities who were forced to move to the native places with no hope of a future. This brings in another dimension of the medical support system in the places where the communities have returned.

The Pandemic and Gender

When women lead, the virus loses

I.M.H.O. What do Taiwan, New Zealand, Iceland, Finland, Germany and Kerala have in common? Low COVID-19 death rates and women in charge

C.Y. Gopinath

Today I became aware of a country I'd never heard of before: Sint Maarten, somewhere in the islands of the Caribbean. It's only 34 sq km in size and has a mere 42,844 people, but it's a full fledged parliamentary representative democracy. Its prime minister is a 51-year-old teacher called Silveria Jacobs.

This little-known dot of an island welcomes 500,000 tourists a year. Watching the COVID-19 pandemic sweeping the world, on March 12 Silveria Jacobs extended travel restrictions from 14 to 21 days. The next day she postponed the Carnival, a major festival that would have attracted thousands. Five days later, on March 17, she announced a full lockdown.

Her approach of putting kindness and saving lives first has paid rich dividends. Unlike Trump, she has not wasted time playing the blame game and her press conferences have been non-combative.

Denmark's PM Mette Frederiksen posted a video of herself singing along with the weekly lockdown show while doing the dishes.

Dr Zoe Marks, professor at the Harvard Kennedy School, says there's nothing inherently female about empathetic leadership. Franklin Roosevelt was well known for his cozy 'fireside chats' with America during the depression.

Rose Campbell, professor of politics at King's College, London, says that leaders who have displayed humility and vulnerability against the pandemic have proven the most effective.



The heart-wrenching image of a toddler trying to wake his dead mother on Bihar's Muzaffarpur railway platform will forever haunt us. While this image was one of the most disturbing realities of the lockdown, we also came across many such images of women of all age groups – elderly, pregnant women, young and adolescent girls, walking barefoot, and travelling via difficult modes to reach their destination, bruised and battered. It's sad that while women are always at the heart of care and response in any disaster, they are the ones who suffer disproportionately.

A prominent American businesswoman and Senior Advisor to the POTUS glorified the story of Jyoti Kumari, a fifteen years old young girl who cycled her way from Gurugram to Bihar (more than 1,200 km) with her ailing father at the back as all public transportation was suspended. Jyoti and her father, a rickshaw driver, lived in Gurugram where she decided to move from Bihar to take care of him after a road accident. Due to the extension of the nation-wide lockdown, without any source of income, their landlord

asked them to vacate their room; using up all their savings, they bought a bicycle and began their journey back home. The terrifying reality of poor India as a 'beautiful feat of endurance and love' is an irony. There are many similar stories of grandmothers, mothers, daughters, sisters, and their courage that were hailed in the media for their bravery and extraordinary efforts. However, the hardship faced was real especially for women and such unfortunate circumstances took place due to instant decisions made during such a crucial situation.

With Covid-19 taking over our lives, making online/virtual work and education imperative, women will end up losing out on the same. Usually, in many home settings, girls and women tend to take full charge of household responsibilities and often get doubly burdened. The socio-economic situation of households due to the lockdown simply adds to it. Recently, a young Dalit girl student committed suicide as she could not participate in online classes. Given that over 70% of women engage in the health, social, and response sectors it is of grave importance that women's safety, health, economy, and decision making should be given utmost priority if we are keen on gender-equity. If we want the pandemic to come to an end, every single person will have to stop & stay where they are, including women. If the aforesaid things are not taken into account, complete progress in this situation will be improbable. We are a nation of peasants, 'unskilled' labourers, and most live one day at a time with minimum cash transactions - most of such people being women. If we include women in every aforementioned aspect and more, we will be able to find an inclusive solution for an unprecedented situation like this. There must emerge a permanent, alternate, and more inclusive solution that is equitable for all.

As we work towards the elimination of Covid-19, we must keep in mind the safety of women and children who are currently quarantined with abusive partners and parents. There are studies simultaneously proving the vulnerability of women, children, sexual minorities, the elderly, the disabled, etc. during the pandemic. We also need to ensure that cash transfers, food grains reach women directly to stop their economic dependency on a man, with a special focus on single parents & women-led households.

We must question ourselves. Do we listen to the voices of our women when we create contingency plans for our

country, communities, and households? According to Claire Dowling, a Peace & Security Officer most decision-makers are men; 90% hold power and those in power around the globe make major decisions, devise strategies, and also act as responders to the pandemic. We are clouded by men's decisions, which when applied to the pandemic situation defeat the purpose of protecting vulnerable people and further complicate matters. In India, only 16.8 % of allopathic physicians & surgeons are women, which make the female representation in the policy & decision making sector fragile.

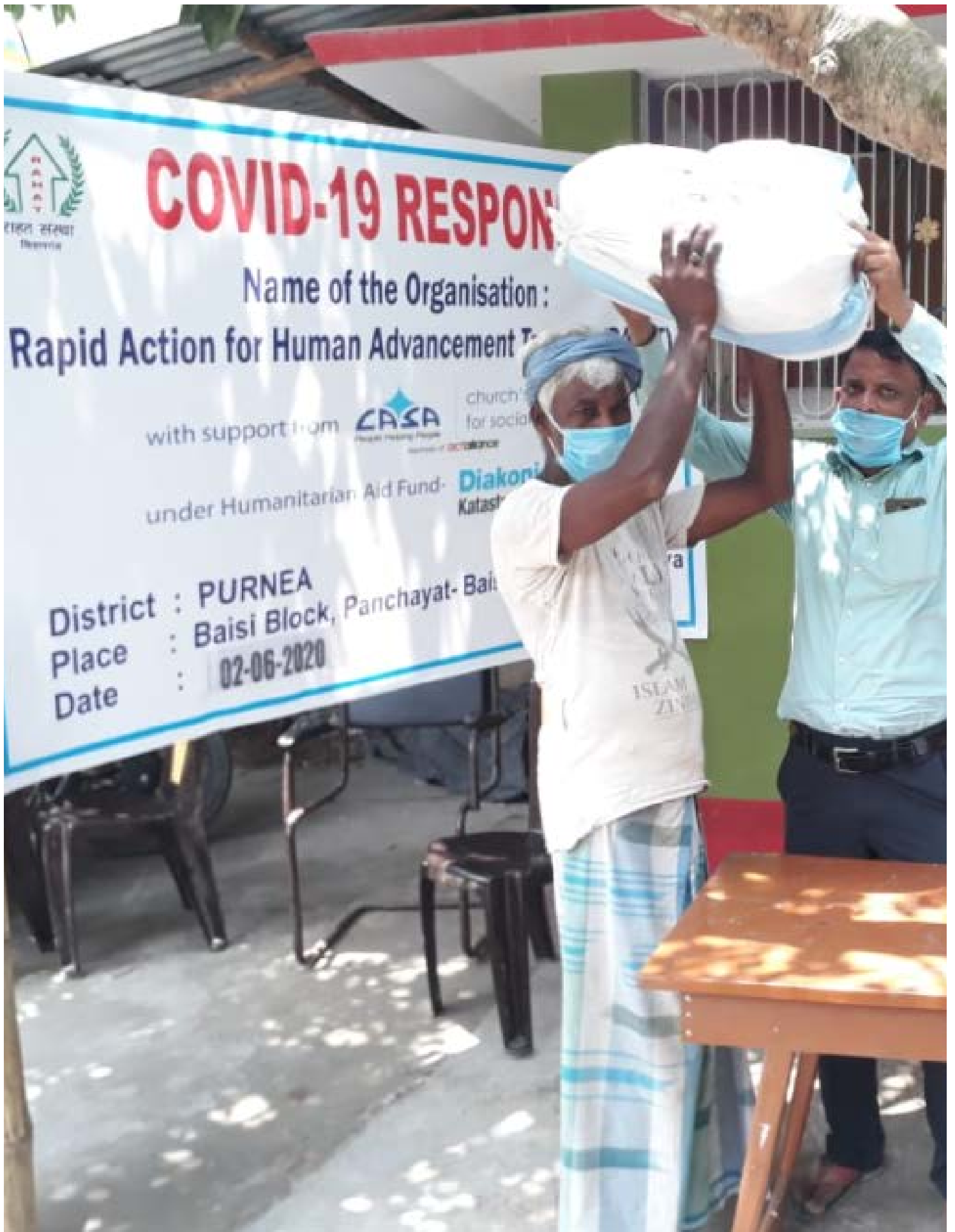
CASA'S RESPONSE



Ever since the Covid-19 lockdown was imposed, CASA ensured to prioritize the precautions against domestic violence. A number of measures were taken to generate awareness and imperative information was shared with the staff members, volunteers, communities, and stakeholders. The efforts concentrating over the gender concerns at this time stemmed from CASA's anticipation of an increase in domestic violence during the lockdown. Several women locked in abusive households are more vulnerable to violence within the privacy of their homes since they would not be spared with an option to move elsewhere looking for help.

CASA has shared the necessary information on government provisions, law, and policy helplines to substantiate these measures. Additionally, the contact details of the NGOs which could be approached during eventualities have also been shared. In a real sense, communities stand to support each other. Therefore, the village volunteers and community leaders (especially men) have been directed to keep a tab on violence. CASA has instructed the volunteers to provide counselling and support to the aggressive and alcoholic men, advising them to be sober and supportive in the domestic sphere. Women's groups and volunteers were proposed to notice and keep a record of the women facing violence. They were also assured that adequate help was available.

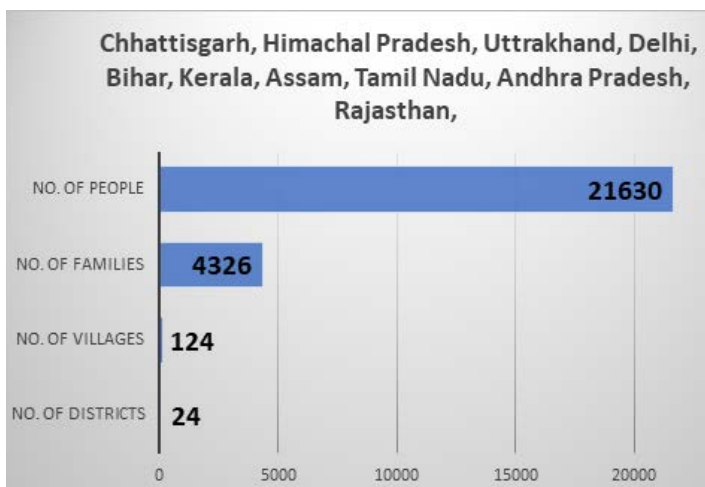
Going hand-in-hand with Gender concerns, CASA generated awareness on the numerous challenges faced by returnee migrants. The stigma and discrimination against those returning to their villages were tallied and people were instructed to support them. Some of the further efforts undertaken which involved the tracking down of migrant workers stranded across the state, while keeping women and children as priorities. People with special needs were prioritised as well. The community health responses such as the distribution of dry ration kits, hygiene kits, etc. were continued with more efficiency. Apart from these distributions, linkages with the government were established. The federations developed by CASA played a central role in the linkages.



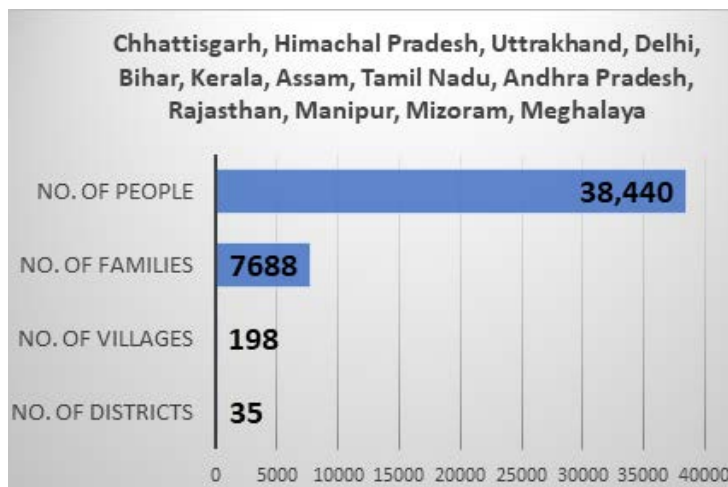
DIRECT DISTRIBUTION AND IN COLLABORATION WITH LOCAL SUPPORT

DISTRIBUTION OF DRY RATION

AS OF 30TH APRIL



AS OF 31ST MAY

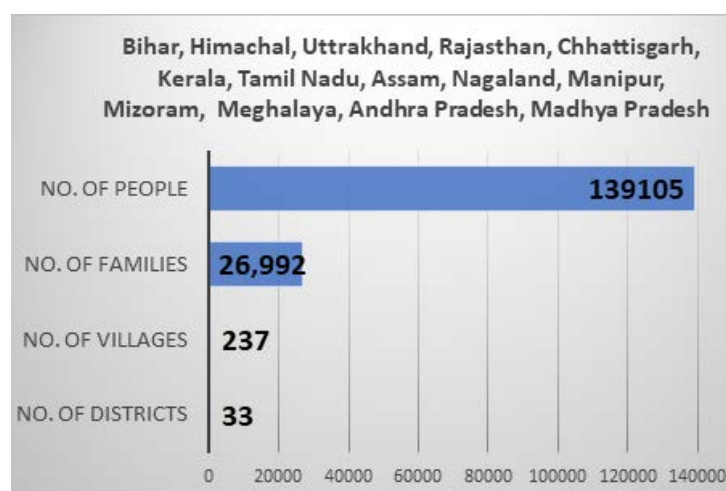


1ST MAY TO 31ST MAY

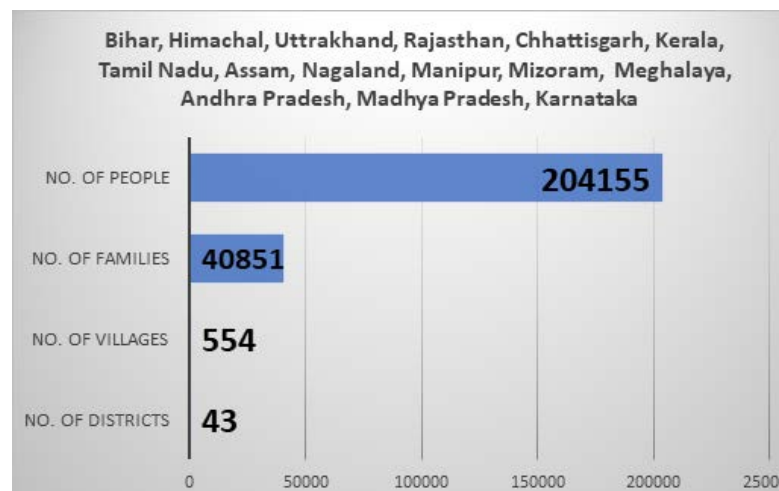
Sl.No	State	No. of Districts	No. of Villages	No. of Families	No. of People
1	Assam	Diphu, Dhemaji	32	675	3375
2	Madhya Pradesh	Sagar	6	110	550
3	Uttarakhand	Dehradun, Begeshwar	9	517	2585
4	Rajasthan	Udaipur, Sirohi	11	60	300
5	Chhattisgarh	Gariaband, Bilaspur, Koriay, Rajnandgoan, Kankar (North Bhaster), Janjgir & Champa, Balarampur	9	424	2120
6	Manipur	Tamenlong	1	261	1305
7	Mizoram	Aibwak	15	900	4500
8	Meghalaya	Tura, Eaat Khasi Hills, East Jainta Hills	11	415	2075
TOTAL	8	19	94	3362	16810

DISTRIBUTION OF HYGIENE KITS

AS OF 30TH APRIL



AS OF 31ST MAY

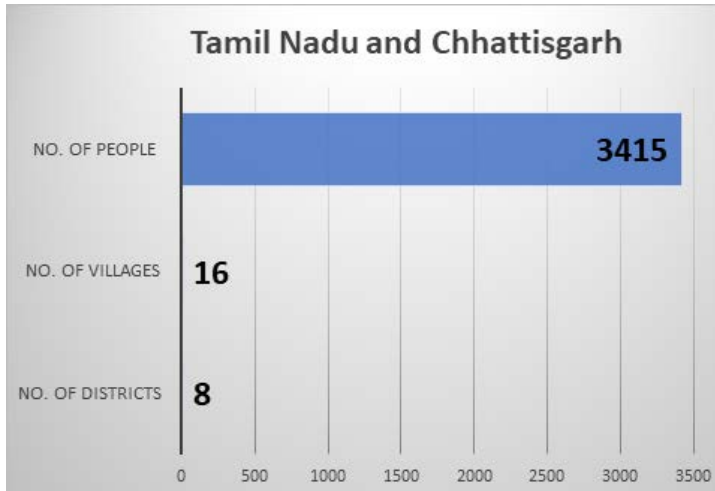


FROM 1ST TO 31ST MAY

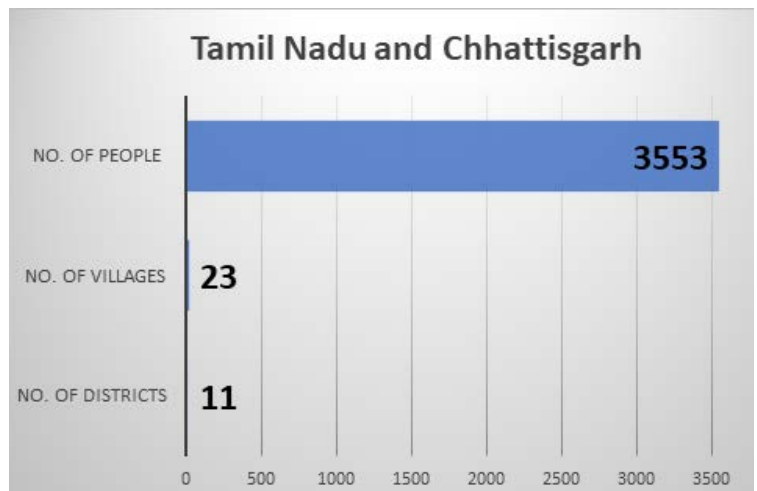
Sl.No	States	Districts	No. of Villages	No. of Families	No. Of People Covered
1	Tamil Nadu	Tiruneveli	29	150	750
2	Madhya Pradesh	Sagar, Betul	26	710	3550
3	Uttrakhand	Dehradun, Begeshwar	9	1017	8085
4	Rajasthan	Udaipur, Sirohi, Banswara	91	4750	23750
5	Chhattisgarh	Gariaband, Koriya, Bilaspur, Rajnandgoan, Kankar, Janjgir & Champa, Balarampur, Raipur, Bastar, Sarguja, Korba	114	2933	14665
6	Manipur	Tamenglong, Ukhrul	37	2143	10715
7	Mizoram	Lownegthalai	15	900	4500
8	Meghalaya	Tura	96	646	3230
9	Karnataka	Bidar	16	610	3050
TOTAL	9	25	433	13859	69295

DISTRIBUTION OF COOKED FOOD

AS OF 30TH APRIL



AS OF 31ST MAY



FROM 1ST TO 31ST MAY

State	No. of Districts	No. of Villages	No. of People Reached
Chattishgarh	3	7	138



RESPONSE THROUGH PARTNERS UNDER HAF – DKH MECHANISM



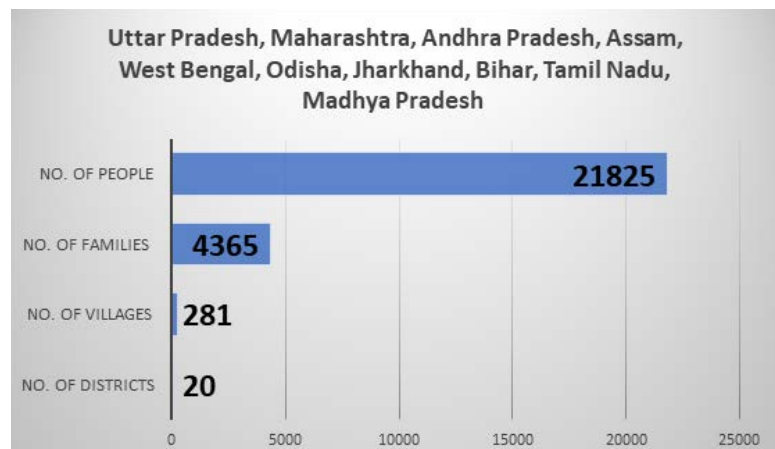
The HAF – DKH Mechanism continues to provide its support to CASA in its humanitarian work by raising funds for the organisation. As of 31st May, 2020, CASA has partnered with 24 institutions and organisations, located in 12 states.

The support by DKH has substantially helped CASA to reach out and provide support to vulnerable communities in 30 districts. This partnership has strengthened CASA by paving the way for enhancing the bargaining capacity of the local organisation. As this programme is a Humanitarian Response programme, it also helps in building a Response Mechanism of the agencies. CASA is implementing the programme in the states mentioned below in partnership with the respective institutions and organisations:

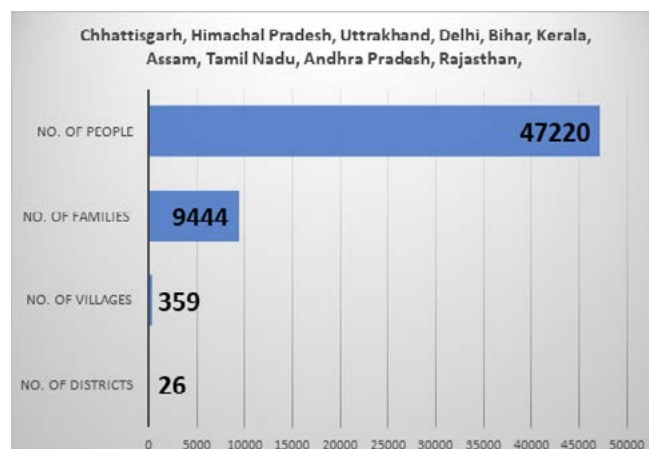
State	Districts	Name of the Institution / Partners
Uttar Pradesh	Kushi Nagar, Jaunpur	Samudaik Kalyan Evam Vikas Sansthan, Jan Vikas Sansthan
Maharashtra	Solapur, Pune, Osmanabad, Nagpur Aurangabad	Covenant Social Service, Dr. Ambedkar Sheti Vikas Va Sanshodhan, Ashirvad Kanti Society
Andhra Pradesh	Guntur, Chittoor, Ranga reddy	Society for Integration through Rural Development, CSI Vellore Diocese, Fellowship of Professional Workers
Assam	Kamrup Metro	Assam Christian Forum
West Bengal	Alipurduar	Rural Aid
Odisha	Kalahandi, M Rampur	Seba Jagat
Jharkhand	Lohardaga, Ranchi, Pakur	South Vihar Welfare Society for Tribal, CNI Chotanagpur Diocese Theodori Rural Development Project
Gujarat	Valsat, Navasari, Dangs	CNI Gujarat Diocese
Bihar	Supaul, Purnea	Lok Bharti Seva Ashram Rapid Action for Human Advacnement
Tamil Nadu	Vellore, Ranipet, Tiruvannamalai, Tuticorin	CSI Vellore Diocese CSI Tuticorin Nazareth Diocese
Madhya Pradesh	Mandla, Khandwa, Chhatarpur	Spandan Samaj Seva Samiti, Abhar Mahila Samiti, Parmeshwari Seva Sadan
Karnataka	Bangalore	Service Society

DISTRIBUTION OF DRY RATION

AS OF 30TH APRIL



AS OF 31ST MAY

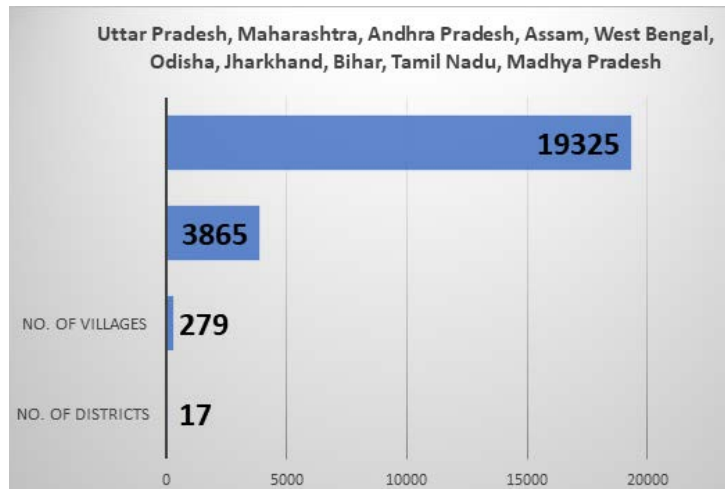


1ST TO 31ST MAY

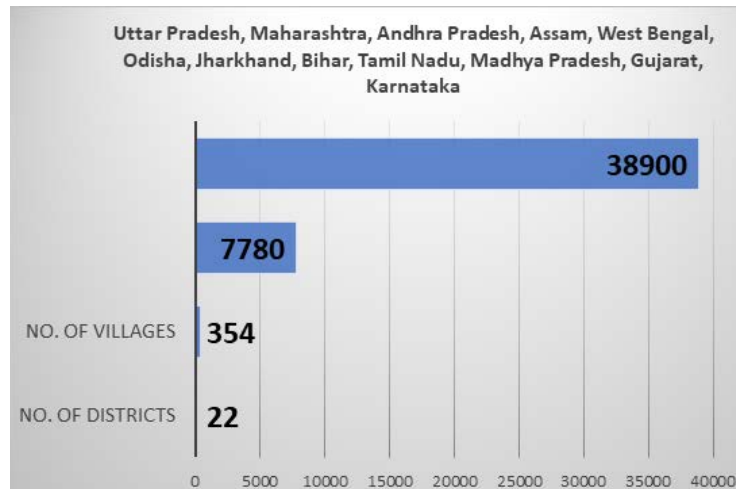
Sl.No	State	No. of Districts	No. of Villages	No. of Families Planned	No. of People
1	Uttar Pradesh	Kushi Nagar, Jaunpur	16	859	4295
2	Maharashtra	Solapur, Nagpur	19	560	2800
3	Gujarat	Valsad, Navsari, Dang	49	1464	7320
4	Andhra Pradesh	Guntur	5	232	1160
5	Assam	Kamrup Metro	10	330	1650
6	West Bengal	Alipurduar	1	43	215
7	Odisha	Kalahandi,	5	40	200
8	Jharkhand	Logadaga	3	50	250
9	Bihar	Supaul	4	192	960
10	Tamil Nadu	Tuticorin	3	300	1500
11	Madhya Pradesh	Mandla, Khandwa, Chhatarpur	32	309	1545
12	Karnataka	Bangalore	5	500	2500
13	Telangana	Ranga Reddy	6	200	1000
	13	19	158	5079	25395

DISTRIBUTION OF HYGIENE KITS

AS OF 30TH APRIL



AS OF 31ST MAY

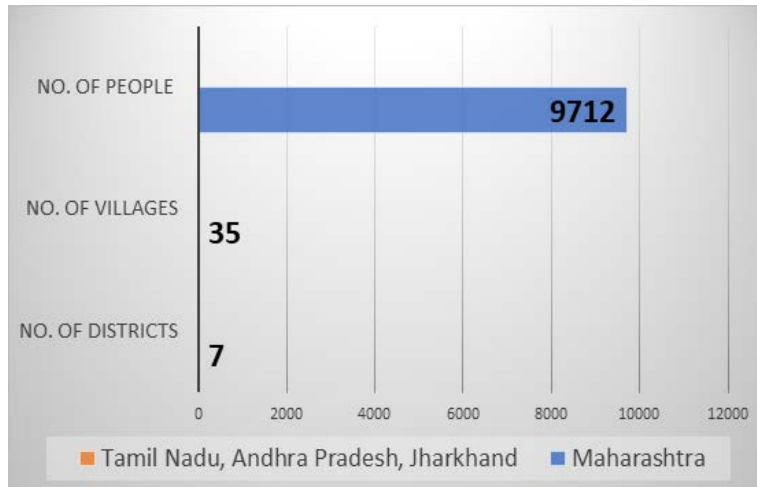


1ST MAY TO 31ST MAY

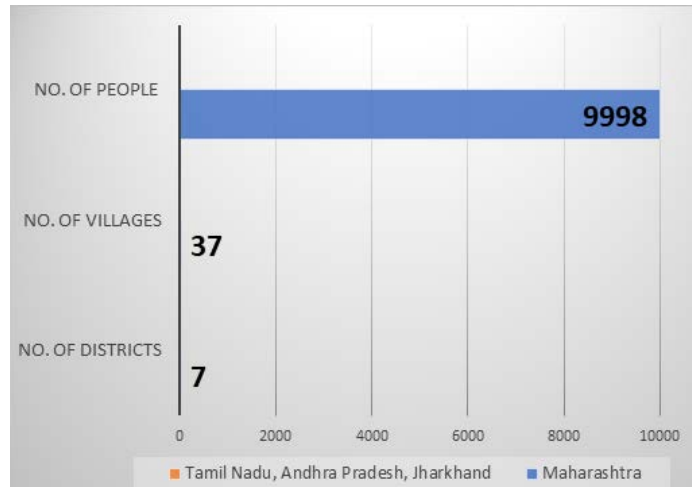
Sl.No	State	No. of Districts	No. of Villages	No. of Families	No. of People
1	Uttar Pradesh	Kushi Nagar, Jaunpur	16	859	2945
2	Maharashtra	Solapur, Nagpur	19	560	2800
3	Gujarat	Valsad, Navsari, Dang	49	500	2500
4	Andhra Pradesh	Guntur	5	232	1160
5	Assam	Kamrup Metro	10	330	1650
6	West Bengal	Alipurduar	1	43	215
7	Odisha	Kalahandi	5	40	200
8	Jharkhand	Lohardaga	3	50	250
9	Bihar	Supaul	4	192	960
10	Tamil Nadu	Tuticorin	3	300	1500
11	Madhya Pradesh	Mandla, Khandwa, Chhatarpur	32	309	1545
12	Karnataka	Bangalore	5	500	2500
	12	18	152	3915	13574

DISTRIBUTION OF COOKED FOOD

AS OF 30TH APRIL



AS OF 31ST MAY



1ST TO 31ST MAY

State	District	No. of Villages	No. of People Reached
Maharashtra	Solapur	10	286



CASA RESOURCE / COMMUNITY CENTRES IDENTIFIED / USED FOR COVID 19 BY GOVERNMENT

AS OF 30TH APRIL

State	No. of Districts	Capacity / Reach	Facility
Maharashtra, West Bengal, Odisha, Manipur	4	312	Centre Identified for Quarantine

1ST TO 31ST MAY

State	District	Villages	Capacity / Reach	Facility
Odisha	Khurda	4	73	Food / Lodging and medical check-up by government
Uttarakhand	Bageswar	1	5	Night Stay by Migrants
Chattishgarh	Bilaspur	2	25	Night Stay by Migrants

AS OF 31ST MAY

State	No. of Districts	Capacity / Reach	Facility
Maharashtra, West Bengal, Odisha, Manipur, Uttarakhand, Chattishgarh	7	415	Centre Identified for Quarantine and used by Migrants

AWARENESS INITIATIVES



The awareness and prevention efforts among the rural communities are an important step to break the chain of the novel coronavirus. CASA volunteers are dedicatedly working to prevent further spread of the Covid-19 infections across 23 states of India.

The following activities were done to disseminate awareness on Covid-19:

- Public Announcements
- Wall Paintings
- Pamphlet distribution
- Proper hand wash demonstration

Awareness initiatives play a crucial role in battling the widespread Covid-19. It is important to continuously make the communities understand the paramount need of hygienic practices to prevent the pandemic. CASA has taken every possible step to engage women actively as an agency to limit the spread of the pandemic, especially in our village communities and thus ensuring the protection of children and elderly citizens. SHG members and women leaders have taken the initiative to ensure that their villages are safe. Numerous awareness videos, printed posters, personal visits with physical distancing, etc. developed by the government were distributed as a means of raising awareness amongst people in order to keep them safe.

As village animators, community leaders and women volunteers took the leading roles in creating awareness about crucial hygiene practices, use of mask at all times and practicing social distancing, CASA staff and volunteers engaged in providing a helping hand to access dry ration, cooked food for the marginalised communities, specially the elderly, widows and vulnerable sections of our society. Hygiene kits with sanitary pads, sanitation kits and women's special needs for maintaining good health and hygiene was

provided as well.

All government programmes and schemes mentioned in the Finance Minister's package were looked into, especially MGNREGA for income, and it was ensured that people received it within their communities. We also have our volunteers helping health care and Asha workers at the community, visiting individual homes to provide confidence and support to pregnant women and adolescent girls in such distressing times.

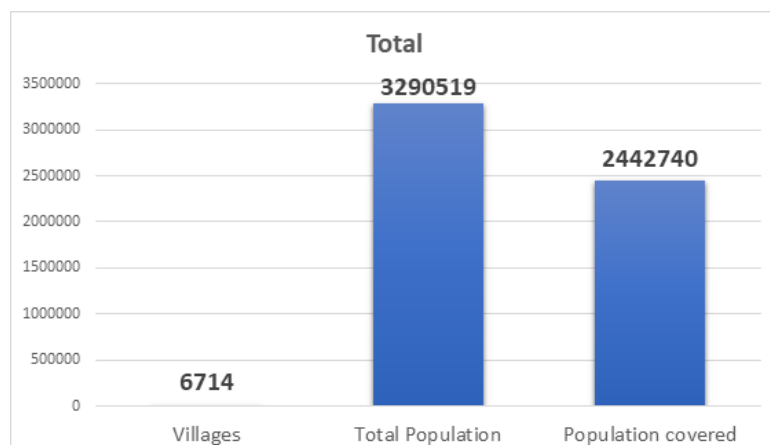
The training provided under livelihood options and entrepreneurship development programme for women has helped many young women to come forward to tailor and stitch masks voluntarily, with facilitating support of CASA. This has also given a platform to women to start their small-scale business. This training for alternative livelihood has been extremely beneficial and women are using it to support their community and families.

Keeping in mind the domestic hardships that have affected the nation as a by-product of the lockdown, instances of violence against women have risen at an alarming rate across the country. CASA's partner organisation Samarpan Mahila Vikas Kendra is raising awareness amongst women to prevent and respond to the gendered effects of the pandemic.

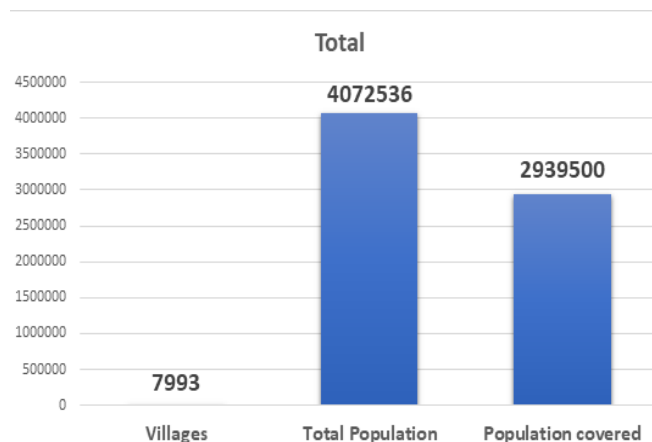
As a part of initiating awareness campaigns, CASA has also taken a step to identify gaps between the government schemes and the vulnerable communities as well as conducting baseline surveys for Covid-19 symptoms. Our volunteers are actively working on the frontlines, in the remote regions across India to prevent community spread amid the uncertainties brought in by the pandemic. Every effort has the power to combat the effects of the virus.

AS OF 30TH APRIL

AS OF 30TH APRIL



AS OF 31ST MAY



1ST TO 31ST MAY

Zone	Villages	Total Population	Population Covered
East Zone	64	20975	7671
West Zone	118	164678	146803
North East India	116	8240	5640
North Zone	721	537573	283346
South Zone	260	50551	53300
Total	1279	782017	496760



CASE STUDY: Securing the dignity of Labourers

The impacts of the Covid-19 pandemic have immensely affected the lives of daily wage labourers from the unorganized sectors across the country. In a survey conducted by SSMSS in the village of Khamariya, Madhya Pradesh, a number of families were identified that were suffering from scarcity of food. Among them, was the family of a 43-year-old migrant labourer, Nanibai Babu Ahirwar.

Nanibai hails from Chouki village of Pitampura, Madhya Pradesh. She was employed as a daily wage labourer in an industrial area, away from her native place. The lack of cultivable land and viable means of livelihood within her village forced her family to search for employment in the unorganised sector. With a nominal income of approximately Rs. 300 per working day, she somehow managed to meet the daily needs of her family.

After a period of 8-10 months, the nationwide lockdown was imposed to contain the spread of the coronavirus. The migrant labourers were forced to find their way back home. Already struggling to build her livelihood, Nanibai and her family returned to their village, Chouki in Madhya Pradesh on the 23rd of March, 2020. They were then rendered unemployed, without any adequate means of sustenance including ration and everyday essentials.

The survey recognized the predicament and struggles of the family. On the 25th of April 2020, Nanibai's family, along with many such groups that were in need of help, were supplied with dry ration kits, other essentials, and health care supplies including masks. It was made sure that they are able to keep themselves up until they find another source of income.

Owing to the severity of the pandemic and the dangers associated with travelling, the family did not want to return to their industrial workplace. Instead, they started looking for jobs within the Local Panchayat to earn their lives. "We felt that we would not find anyone there to help us because the industry itself doesn't provide any aid to the daily wagers", said Ahirwar family, "Because of the timely help, we were able to meet the needs of our family".

They are now earning themselves a life of dignity, employed within their village.



CASE STUDY: The Succour to her Lost World

The lockdown and the pandemic have affected different sections of the society and have particularly rendered the migrant population helpless. One such story is that of Bhuri Adivasi, a 36-year-old migrant worker from Chhattarpur, Madhya Pradesh. Along with her family, she has been working as a contract labourer for the past 3 years in Dharwad, Karnataka. Having no agricultural land in their village, the family relies solely on the earnings from their contractual work for their survival.

When the countrywide lockdown was announced on March 24, 2020, she was among the millions who thought the lockdown to be transient and that things would normalize soon enough for her to resume earning. On the contrary, as days went by, the lockdown continued and the situation worsened. The construction site where she was working was closed, leaving her family in despair.

Helpless with no source of income, she had to migrate back to her village on foot. Upon reaching her village, she was quarantined for 14 days. But things weren't well in the village either. With no source of livelihood and diminished earnings, she and her family were struggling with essential items especially food.

During a survey, her situation was identified by CASA. We coordinated with our partner organisation, Abhar Mahila Samiti and provided dry ration as well as hygiene kits to her family. This gesture was greatly appreciated by Bhuri Adivasi who expressed her gratitude to CASA and Abhar Mahila Samiti for the support.



Women as Frontline Responders

As frontline respondents, health professionals, community volunteers, transport and logistic managers, scientists, counsellors, researchers and care givers, women are making critical contributions to address the Covid-19 pandemic since its outbreak.

As per data released by the United Nations -

- Women make 70% of the workforce in health and social sectors
- Women do unpaid jobs related to care, three times more than men
- In India, the female workforce form 83.4% of the total workers in the field of nursing and as midwives
- Women do unpaid work for 6 hours more than men in the care sector
- Immediate efforts made by women leaders all around the world is commendable in countries like Norway, New Zealand and Finland.

Erna Solberg, the Prime Minister of Norway, organized a children's press conference to answer children's queries.

The Prime Minister of New Zealand **Jacinda Ardern** announced a special package for wage guarantee, tax relief, welfare provision etc. in these vulnerable times of the Covid-19 pandemic and there have been no new Covid-19 cases in New Zealand in the last 15 days.

Sanna Marin, the Prime Minister of Finland has fast-tracked the implementation of the Emergency Power Act, which enables the Finland government to take emergency actions in the healthcare sector and encourage medical equipment testing along with the utilization of pharmaceuticals on a mass scale in emergency situations.

- In the context of India, Kerala's Health Minister **Shylaja** has become one of the most prominent leaders to successfully lead the state out of Covid-19. Our Finance Minister **Nirmala Sitaraman** also came up with a financial package, which gave a breather to the suffering migrants and vulnerable communities in rural areas, specially the MNREGA scheme which is a saving grace for all vulnerable groups in our country.
- **Mamata Banarjee**, Chief Minister of Bengal, who is at the forefront, overlooking the state's preparedness was also appreciated for putting herself at the frontline along with other frontline warriors.

This is in contrary to the missing male MPs and MLAs from their constituencies in the last 2 months, leaving the adversely hit communities to fend for themselves. Women are at the helm of care and response, even if they do suffer disproportionately.

CONCLUSION

Every humanitarian crisis gives a platform to CASA to take additional responsibility by putting gender requirement first, as well as to ensure that they are taken care of. The Covid-19 pandemic was no different, as it provided a learning as well as a challenge for women to battle the arduous challenges of the pandemic.

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