

**52,56,793**

No. of  
People Reached

**23** States  
Covered

**SITREP-VII**

As of 30th September

**SITREP**

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# RESPONSE AT A GLANCE

## AS OF 30th SEPTEMBER



### TOTAL MATERIAL DISTRIBUTION AND

**OTHER SUPPORT: 164042 FAMILIES**

People : 824854

Villages : 2631



#### DRY RATION DISTRIBUTION

Villages Covered  
**1,689**  
Families Covered  
**48,532**  
People Reached  
**2,42,660**



#### WASH KIT DISTRIBUTION

Villages Covered  
**2,501**  
Families Covered  
**1,12,345**  
People Reached  
**5,61,725**



#### COOKED FOOD DISTRIBUTION

Villages Covered  
**62**  
People Reached  
**13,684**



#### SPRAYING OF DISINFECTANT

Villages Covered  
**297**  
Families Covered  
**36,135**  
People Reached  
**1,80,675**



#### CASH SUPPORT

Villages Covered  
**219**  
Families Covered  
**1,900**  
People Reached  
**9,500**



#### LIVELIHOOD SUPPORT

Villages Covered  
**123**  
Families Covered  
**1,296**  
People Reached  
**6,480**



#### AWARENESS

**12,062**

Villages

**44,31,939**

People



#### HEALTH CAMP AND INFRASTRUCTURE UTILITY

Villages Covered  
**13**  
People Reached  
**620**

## Total Reach of Material Distribution, Other Support and Awareness

**23**  
States  
Covered

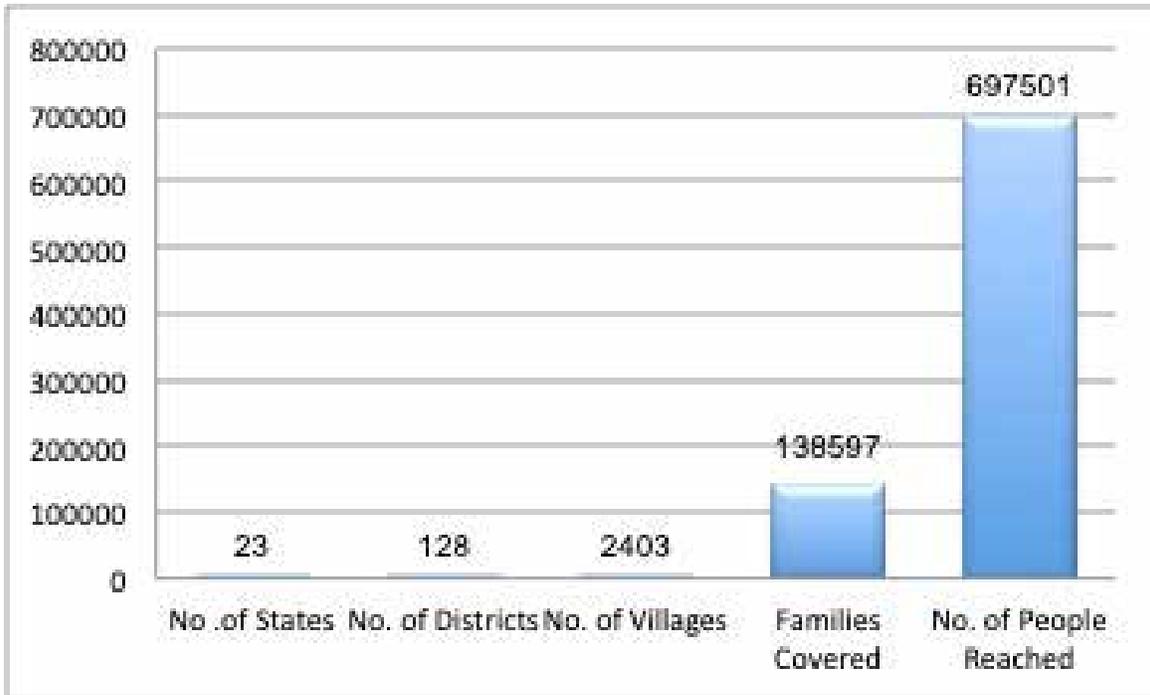
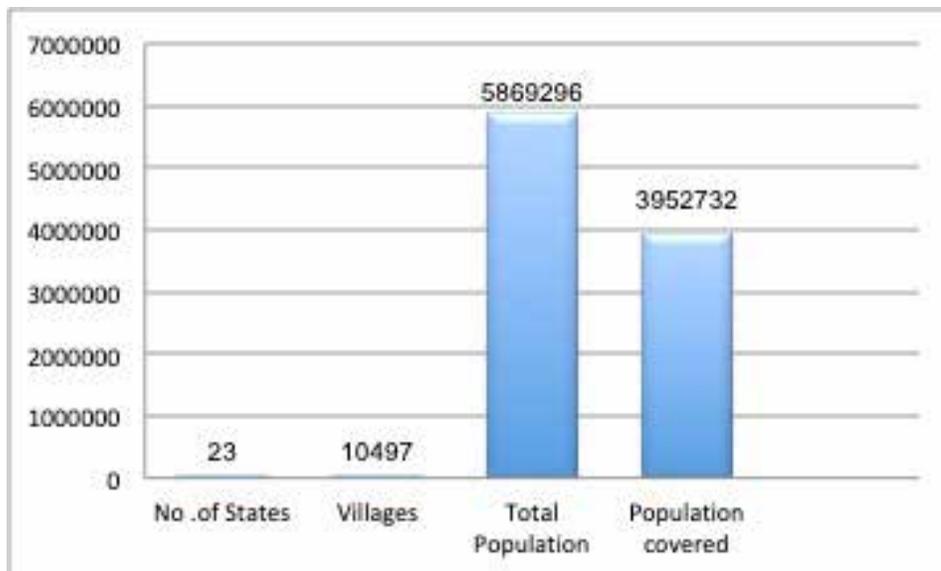
**14,693**  
No. of villages  
covered

**52,56,793**  
No. of people  
reached

# Summary of Activities as of 31st July

A

States	No. of Districts	No. of Villages	No. of Families Covered	No. of People Reached
<b>DRY RATION DISTRIBUTION</b>				
Chhattisgarh, Himachal Pradesh, Uttarakhand, Delhi, Bihar, Kerala, Assam, Tamil Nadu, Andhra Pradesh, Rajasthan, Manipur, Mizoram, Meghalaya, Nagaland, Uttar Pradesh, Maharashtra, West Bengal, Odisha, Jharkhand, Madhya Pradesh, Gujarat, Karnataka, Telangana	102	1340	39966	199846
<b>WASH KIT DISTRIBUTION</b>				
Bihar, Himachal Pradesh, Uttarakhand, Rajasthan, Chhattisgarh, Kerala, Tamil Nadu, Assam, Nagaland, Manipur, Mizoram, Meghalaya, Andhra Pradesh, Madhya Pradesh, Karnataka, Uttar Pradesh, Telangana, Jharkhand, West Bengal, Odisha, Maharashtra, Gujarat, Karnataka,	143	2088	89941	449205
<b>DISTRIBUTION OF COOKED FOOD</b>				
Tamil Nadu, Chhattisgarh, Himachal Pradesh, Maharashtra, Andhra Pradesh, Jharkhand	19	61		13556
<b>SPRAYING OF DISINFECTANT</b>				
Himachal Pradesh, Tamil Nadu, Andhra Pradesh, Karnataka, Telangana	8	297	36135	180675
<b>CASH SUPPORT</b>				
Himachal Pradesh, Uttarakhand	10	28	400	2000
<b>LIVELIHOOD SUPPORT</b>				
Uttar Pradesh	13	79	953	4765
<b>GOVERNMENT IDENTIFIED / USING CASA RESOURCE CENTRES AND OTHER UTILITIES</b>				
Maharashtra, West Bengal, Odisha, Manipur, Uttarakhand, Chhattisgarh	7	11		420
<b>HEALTH CAMPS</b>				
Maharashtra	2	2		200

**B****CONSOLIDATED FIGURE OF OVERALL REACH OF MATERIAL AND OTHER DISTRIBUTION****C****OVERALL REACH OF AWARENESS INITIATIVES****D****GRAND TOTAL REACH OF THE RESPONSE**

	Village	Total Population	Population Covered
B	2403		697501
C	10497	5869296	3952732
<b>Total</b>	<b>12900</b>		<b>4650233</b>

# Summary of Activities

## from 1st August to 30th September

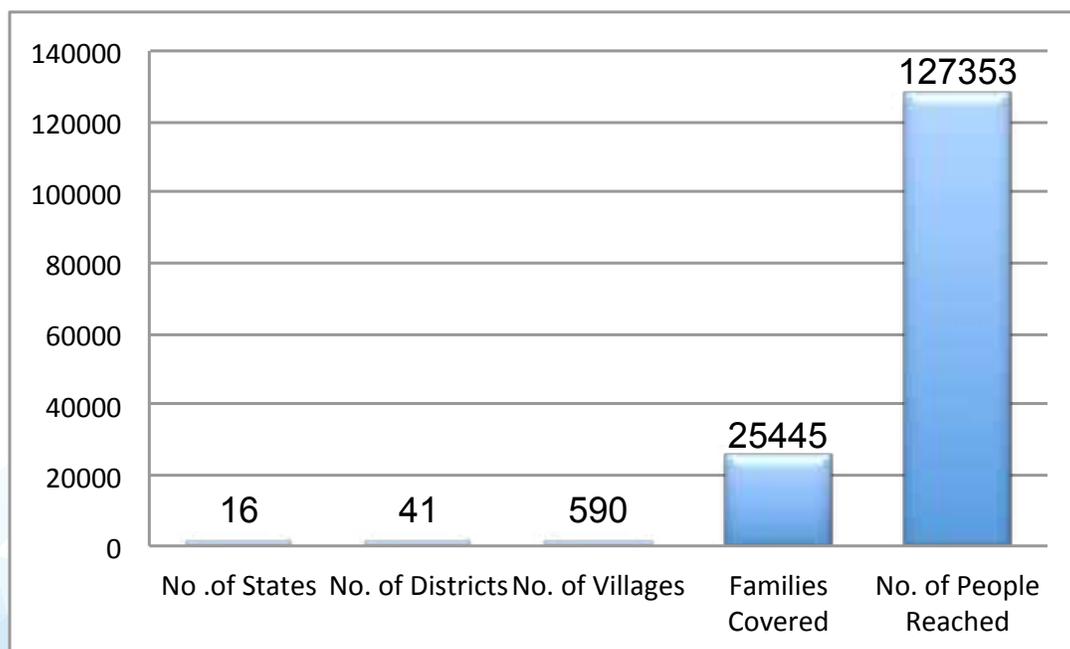
**A**

### CONSOLIDATED OVERALL RESPONSE UPDATE AT A GLANCE

States	No. of Districts	No. of Villages	No. of Families Covered	No. of People Reached
<b>DRY RATION DISTRIBUTION</b>				
Gujarat, Andhra Pradesh, West Bengal, Jharkhand, Bihar, Tamil Nadu, Rajasthan, Chhattisgarh, Nagaland, Manipur, Telangana, Kerala, Uttar Pradesh	36	405	8566	42830
<b>HYGIENE KIT DISTRIBUTION</b>				
Gujarat, Andhra Pradesh, West Bengal, Odisha, Jharkhand, Bihar, Tamil Nadu, Rajasthan, Chhattisgarh, Nagaland, Manipur, Telangana, Kerala, Uttar Pradesh	39	417	22504	112520
<b>COOKED FOOD</b>				
Chhattisgarh	2	5		128
<b>CASH SUPPORT</b>				
Gujarat, West Bengal, Jharkhand, Madhya Pradesh, Rajasthan, Chhattisgarh	20	191	1500	7500
<b>LIVELIHOOD SUPPORT</b>				
Tamil Nadu, Chhattisgarh, Meghalaya, Uttar Pradesh,	16	44	343	1715

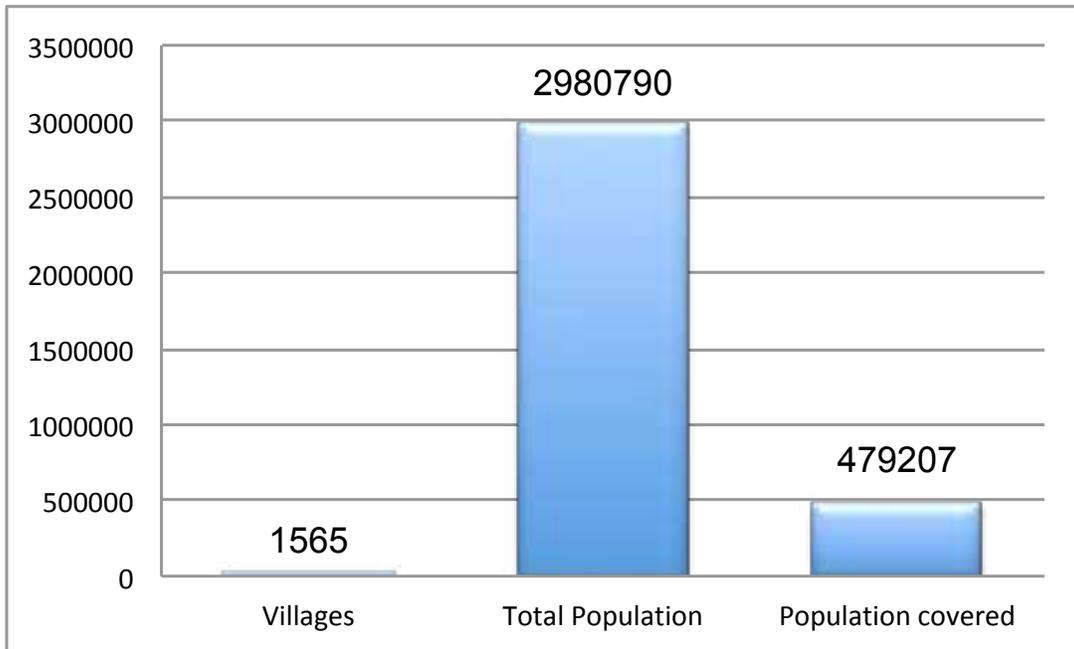
**B**

### CONSOLIDATED FIGURE OF OVERALL REACH OF MATERIAL AND OTHER DISTRIBUTION



**C**

**OVERALL REACH OF AWARENESS INITIATIVES**



**D**

**GRAND TOTAL REACH OF THE RESPONSE**

	Village	Total Population	Population Covered
B	590		127353
C	1565	2980790	479207
<b>Total</b>	<b>2155</b>		<b>606560</b>



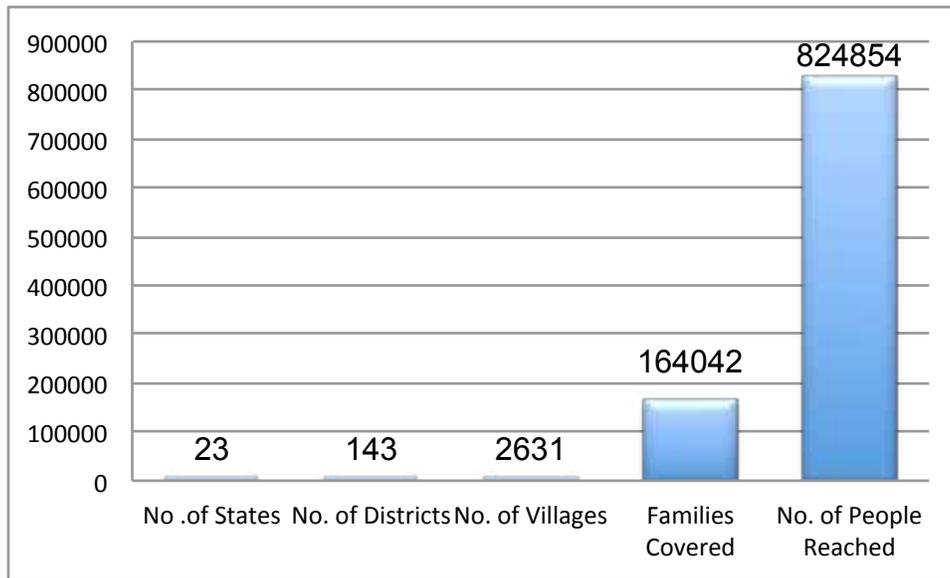
# Summary of Activities

## As of 30th September

States	No. of Districts	No. of Villages	No. of Families Covered	No. of People Reached
<b>DRY RATION DISTRIBUTION</b>				
Chhattisgarh, Himachal Pradesh, Uttarakhand, Delhi, Bihar, Kerala, Assam, Tamil Nadu, Andhra Pradesh, Rajasthan, Manipur, Mizoram, Meghalaya, Nagaland, Uttar Pradesh, Maharashtra, West Bengal, Odisha, Jharkhand, Madhya Pradesh, Gujarat, Karnataka, Telangana	116	1689	48,532	242660
<b>WASH KIT DISTRIBUTION</b>				
Bihar, Himachal Pradesh, Uttarakhand, Rajasthan, Chhattisgarh, Kerala, Tamil Nadu, Assam, Nagaland, Manipur, Mizoram, Meghalaya, Andhra Pradesh, Madhya Pradesh, Karnataka, Uttar Pradesh, Telangana, Jharkhand, West Bengal, Odisha, Maharashtra, Gujarat, Karnataka,	159	2501	112345	561725
<b>DISTRIBUTION OF COOKED FOOD</b>				
Tamil Nadu, Chhattisgarh, Himachal Pradesh, Maharashtra, Nadu, Andhra Pradesh, Jharkhand	20	62		13684
<b>SPRAYING OF DISINFECTANT</b>				
Himachal Pradesh, Tamil Nadu, Andhra Pradesh, Karnataka, Telangana	8	297	36135	180675
<b>CASH SUPPORT</b>				
Maharashtra, Himachal Pradesh, Uttarakhand, Gujarat, West Bengal, Jharkhand, Madhya Pradesh, Rajasthan, Chhattisgarh	30	219	1900	9500
<b>LIVELIHOOD SUPPORT</b>				
Uttar Pradesh, Tamil Nadu, Meghalaya, Chhattisgarh	22	123	1296	6480
<b>GOVERNMENT IDENTIFIED / USING CASA RESOURCE CENTRES AND OTHER UTILITIES</b>				
Maharashtra, West Bengal, Odisha, Manipur, Uttarakhand, Chhattisgarh	7	11		420
<b>HEALTH CAMPS</b>				
Maharashtra	2	2		200

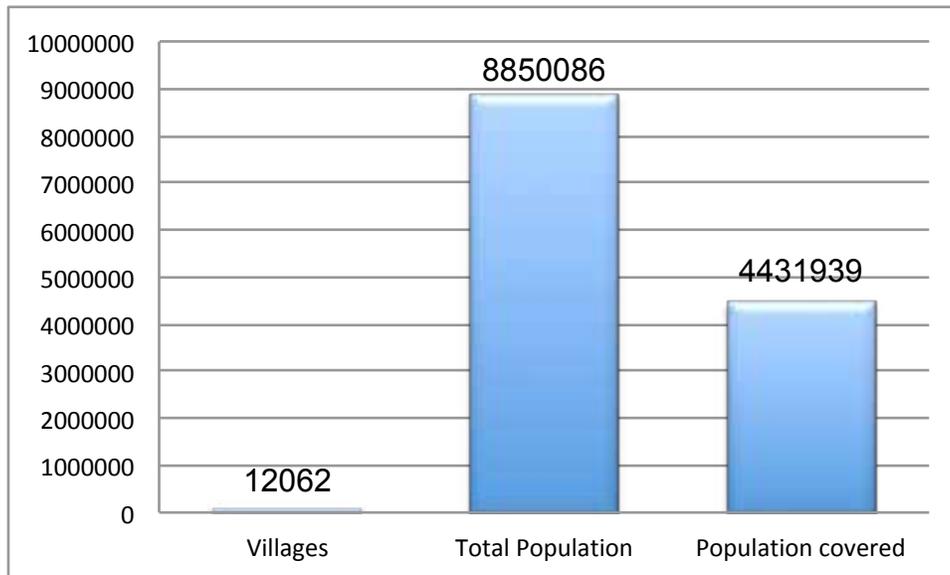
**B**

**CONSOLIDATED FIGURE OF OVERALL REACH OF MATERIAL AND OTHER DISTRIBUTION**



**C**

**OVERALL REACH OF AWARENESS INITIATIVES**



**D**

**GRAND TOTAL REACH OF THE RESPONSE**

	Village	Total Population	Population Covered
B	2631		824854
C	12062	8850086	4431939
<b>Total</b>	<b>14693</b>		<b>5256793</b>

# SIX MONTHS AND ON IT GOES

In India, Covid-19 cases continue to grow rapidly as the country stands second in the world with 57,32,857 confirmed cases and 91,188 deaths, following the USA's lead at 70,28,887 cases as of September 24, 2020. India, on average, has been reporting at least 1,000 new deaths on a daily basis for past few weeks. The economic impact of Covid-19, both on the most vulnerable sections of our society as well as for the nation as a whole, has indeed been disturbing. India now faces a huge decline in government revenue and growth of income for the next two quarters as Covid-19 has paralysed the economic activities of the country entirely.

This emergency situation caused by the Covid-19 pandemic has created a difficult reality for the poor and marginalized sections of Indian society, especially for those belonging to tribes, Dalits, women-headed families, backward classes and are now facing lack of employment, food and decent health facilities. Although governments, NGOs, civil society organizations have been reaching out to the vulnerable relentlessly, however, the number of people exposed to this new reality is rising every day, more so after the mass migrant exodus. The government has introduced (modified as per the current situation and reintroduced) schemes such as MGNREGA, Pradhan Mantri Garib Kalyan Yojana, etc. but with limited access to registered beneficiaries, as thousands still remain unregistered.





# SURGE OF DOMESTIC VIOLENCE DURING THE COVID-19 LOCKDOWN

And on 25<sup>th</sup> March 2020, when the lockdown was imposed on this nation of 1.3 billion people, many women were set back even further.

The virus outbreak and stay-at-home orders in India have hurt women in other ways. Many of the millions of migrant workers forced to flee cities for their rural homes with little notice were women. They are over-represented in vulnerable service jobs like health care and education and in informal jobs, such as agriculture and sex work, where there's no safety net. "Lockdown and social-distancing norms are likely to have an outsized impact on women. The concern is the economic impact will be felt across employment and well-being indicators over the coming years," said Sanjay Mathur, an economist with Australia and New Zealand Banking Group, calling this "India's painful secession." That's a term used by the Institute for Women's Policy Research after U.S. employment numbers showed a majority of jobs lost in April were held by women.

The ongoing global pandemic has inconvenienced the world disproportionately. It has not only halted major world economies from growing, but has also birthed a second 'shadow pandemic', as described by the United Nations; this shadow pandemic is domestic violence – an old phenomenon which has been heightened during major, national lockdowns all over the world.

The root of domestic violence more than often lies within patriarchy. India, being a highly patriarchal country, has struggled to extinguish domestic violence for centuries. The nationwide lockdown that began in March 2020, exposed women and children to domestic violence more than ever before. There were no escape routes – the lockdown ensured that such vulnerable groups had no escape routes whatsoever and they were (and are) compelled to live/stay with their abusers.

Pervasive spread of the virus has forced domestic violence victims to stay at home with their abusers, leaving them with little options to find any shelter or even solace. In abusive households, women have to battle the male aggressor inside and the virus outside. As they are closely confined within the walls of their houses, living with abusive partners hurts them both physically and emotionally.

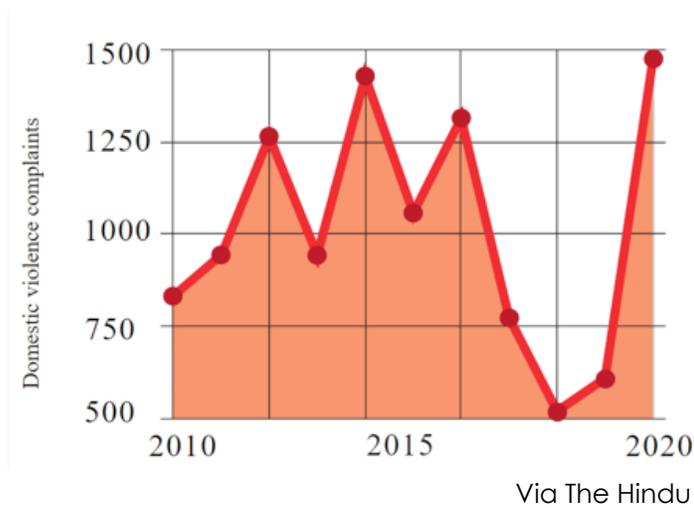
Furthermore, in low-wage households, husbands tend to be more abusive towards their partners and verbalize their exasperation on them. The lack of an income during the pandemic and the looming threat of hunger also added to the problem. Women who are financially dependent on their husbands suffered more.

According to one report, one out of the three women globally have experienced violence over their lifetimes. Due to the lockdown, many of the victims were not able to contact the police or social workers as they were trapped at home with the abusers.

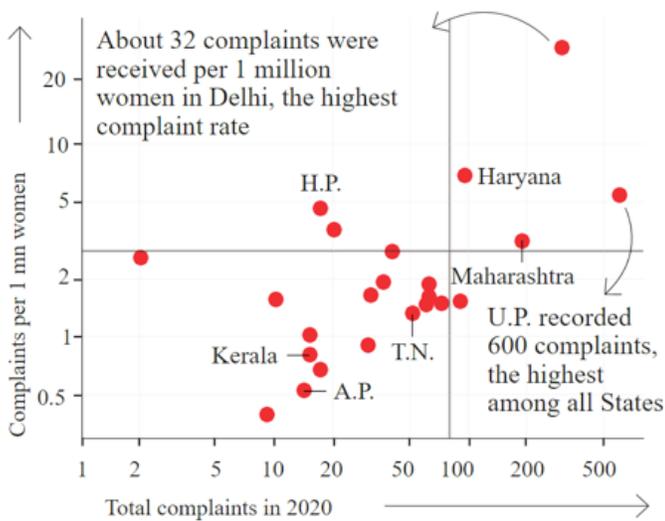
Women around the world have been hurt financially by the coronavirus outbreak, but the situation in India is more precarious for them than almost anywhere else. For women in India already suffer from a wide gender gap in employment, wages and education.

Women represent 49% of India's population yet contribute 18% to its economic output, about half the global average.

According to the National Commission for Women (NCW), between March 25 and May 31, just over two months into the nation-wide lockdown, 1,477 complaints by women were received by the NCW – the complaints received between March and May were peaked up than any year in previous decade. 727 of the total complaints were received via NCW's WhatsApp helpline number (+91 7217735372), which was set up in April to ensure quick access to women facing domestic violence.



### State Wise



With the introduction of the emergency WhatsApp number, the number of complaints surged. Here, it is extremely crucial to note that the aforementioned complaints came from women who had access to mobile phones, the Internet and post (means of filing complaints to NCW). There is a preexisting gender gap between men and women's access to mobile phones in India (57% of women in India have no access to phones), not only due to poverty, but also due to regressive socio-cultural aggressions. As expected, women in rural areas have minimal access to phones. Thus, it is intractable for them to file complaints pertaining domestic violence to the NCW.

Considering the patriarchal Indian socio-cultural vices and women's limited access to file complaints in rural areas, it was the need of hour for CASA to partake in individual surveys within our programme areas all over rural India to understand and work upon domestic violence and avoid any serious incidence regarding the same. CASA also trains hundreds of villagers on gender and its sensitization and collects statistics on domestic violence within our programme areas to help us create a stronger base in the fight to eliminate injustice faced by women and children at home.

### Method:

As gender mainstreaming is one of the many pillars of CASA's work throughout the country, our National Gender Task Force worked on a comprehensive questionnaire, a set of 19 questions, on gender-based domestic violence during the Covid-19 lockdown. The questionnaire was circulated to our field staff, community organizers, volunteers and partners across zones to study and understand the effects of domestic violence on women and children during this period. The study was done during the month of August.

### The Findings:

(Core programme – CASA's own programme areas; Partner programme – CASA's partner organizations' programme areas)

- The number of cases handled by our staff during village/home visits within our operational areas while the lockdown was in force between 20th March to 22nd June 2020 differed from zone to zone.
  1. Our East Zone dealt with 44 cases of domestic violence in partner programme areas, none were identified in core programme areas
  2. The West Zone dealt with 12 cases of domestic violence in partner programme areas and 4 in core programme areas
  3. The South Zone identified and dealt with no cases of domestic violence in partner programme areas, but encountered 9 in the core programme areas
  4. The North Zone encountered the largest number of cases in the core programme areas – 140; no cases were identified in the partner programme areas.
- North Zone received 64 calls from the core programme areas, the South Zone with 7 calls from the core programme areas, the West Zone with 13 from partner programme areas and the East Zone with 10 from core programme areas

- Our staff in the North Zone received 118 complaints of domestic violence via email from the core programme areas, none were received from the partner programme areas. The East Zone encountered 17 cases of domestic violence from the partner programme areas. Both the East and West Zones did not receive emails pertaining to domestic violence
- Telephonic and/or in-person counseling was provided to 25 individuals from East Zone's partner programme areas 124 from North's core programme areas; both West and South Zones did not have to provide any counseling.
- Victims of domestic violence were provided shelter in the East and North Zones, 8 in the former's partner programme areas and 4 in the latter's core programme areas. On similar grounds, 8 victims from the East Zone and 29 from the North Zone were helped to travel in a place of safety.
- Legal guidance was provided by our staff to 13 victims in the East Zone's partner programme areas, 1 in the West Zone 30 in the North's core programme area
- The afore mentioned total number of cases of domestic violence were referred by our staff in the East Zone to the partners, village committees and protection officers; in the West, such cases were referred to the local Tanda Mukti Samiti, Village Women's Complaints Vigilance Committees and TakarNivaran Committees. In the North, cases were referred to village Panchayats, Village Committees, Women's Helpline (181), One Stop Centers, CWC and ChildLine.
- Only a single case pertaining domestic violence was filed in a court among all zones – in the North's core programme area
- The core and partner programme areas of the East Zone as well as the core programme areas of the South Zone received calls from the elderly pertaining domestic violence experienced by them during the lockdown. Such victims were helped with acquiring pension schemes, assistance to sell their agricultural and forest produce, food under Annapurna and Jan Dhan schemes, medical help, counseling, provision of dry ration and relief materials, etc.
- Alarming enough, our staff received 39 calls from children with regards to online education, medical assistance, shelter and legal action from the East Zone; 40 children from the North zone (1 child on caste discrimination and 39 stranded children who were rescued and provided ration). In the South, 13 children requested for dry ration instead of mid-day meals (Which weren't provided to them, in the first place; 2 orphaned children also requested for shelter since their families were dysfunctional. These may not be direct incidents of violence; however, no young child must be facing such difficult situations, with or without a global pandemic).
- Our staff in the East Zone received calls for help from 43 individuals for various other cases, including rape, elopement, property disputes, etc.); the West dealt with 3 cases of sexual harassment and the North with 5 cases of child marriage, 6 cases of POCSO (child sexual abuse), issues of migrant workers' wages, ration, shelter, sanitation, etc.

Needless to say, the nation-wide lockdown posed many challenges for our field staff to overcome in order for them to ensure that dealing with aforementioned cases and several other socio-economic issues as well as Covid-19 aid and response was carried out effectively. Restriction in movement was perhaps the greatest challenge for staff, volunteers, CBP leaders and community mobilisers at the peak of the lockdown. However, with the easing of some restrictions and following government guidelines, we were able to ensure that activities and awareness drives were carried out.

Our staff also faced the issue of secrecy, as women in rural areas often tend to not open up about their issues completely in fear of their families or husbands finding out, or to take matters more seriously. Similarly, door to door visits also proved to be a great challenge for the staff.

In case of domestic violence cases, as aforesaid, the restriction in movement proved to be an issue as our staff and volunteers could not personally reach out to victims immediately. Many such cases were not taken seriously by the police and hence, no action was taken on many instances. Shelter homes and other service providers were unable to respond and support immediately, due to the lockdown.

Interesting observations were made in tribal communities of East Zone; it was found that the tribal communities of Ghaghra, Gumla consider men and women to be equals and prefer to settle all marital disputes among themselves. Our South Zone staff tried to create awareness on the Protection of Women from Domestic Violence Act, 2005, popularly known as the 'DV Act' within social working networks, discuss moral values of respect, etc. as well as formed gender task forums at the Panchayat level, trained them and maintained funds to help victims.

In conclusion, the Covid-19 global pandemic is one of the biggest enablers of mental distress. As both men and women stay home, work from home or simply indulge in household chores all day, domestic violence surged all over the world during this period. Often times, women and children living in abusive home have the opportunity to physically step out of situations, however, the lockdown ensured that option was ruled out.

In the rural areas, women and children have limited choice of freedom – with or without a pandemic. Socio-cultural boundaries play an important role in the isolation of victims of domestic violence in rural areas.

Education and awareness among legal machinery like the police, protection officers, etc. regarding domestic violence, how to deal with DV cases and how to treat victims is determining as NGOs and civil society organizations may not be always available to undertake such cases. It is detrimental for our legal agents of justice to not ensure that justice is truly served, irrespective of the complainant's socio-economic background.

As CASA strives to work towards gender mainstreaming, following the UN's fifth Sustainable Development Goal, we commit to work actively in the area of prevention of domestic violence.

# STOP VIOLENCE AGAINST WOMEN



## DEVIATING FROM AN UNHEALTHY ENVIRONMENT

Swathi (name changed) aged 18 Yrs, from Tiruka Village, Jalkot area in Maharashtra was a victim of domestic violence inflicted on her by her step-mother. Her father is an alcoholic and unable to offer any support to her. Swathi's step mother did not allow her to continue her studies and forced her to do all household chores. During the lockdown period her woes increased and she went into greater distress as she could not move anywhere. When this case came in knowledge of CASA staff, initially they tried to settle it with a compromise but the efforts did not bear any fruit. The CASA Coordinator then discussed the matter with the girl's maternal uncle and grandparents. She was shifted her to the uncle's place which is 10.k.m. away and is now staying happily with her maternal uncle's family. She has also been selected to participate in CASA's Women skill development programme (MSCIT) which will enable her stand on her own feet.

## COMPLAINTS, COUNSELLING AND COMPROMISE

Prakash (name Changed), 27 Yrs, from Satwan village, Umarpada in Gujarat is an alcoholic and regularly inflicts physical violence on his wife Ragini (name changed) who is 23 Yrs old. The couple has 2 young children. During the lockdown, her home which is considered a safe place by some, was not the safest place for Ragini to live. Her condition only worsened as she was subjected to repeated domestic violence. Whenever she refused to give money to her alcoholic husband, her defiance was met with severe physical and mental abuse. Fed up with this regular nuisance at home, Prakash's uncle filed a case against him in the nearby Police Station. When Prakash came to know about the police case, he approached CASA's volunteer for help. She offered him assistance but only the condition that he would quit alcohol for 10 days. He agreed and after 10 days the volunteer along with his relative brought him to the police station and discussed the matter with the PSI. The matter was settled in the Police station with a compromise and they withdrew the complaint vowing not to create annoyance at home anymore. Now, Prakash has taken up some farming job and working dedicatedly to take care of his family.

# TURNING TOWARDS LAW, AGAINST THE IN LAWS

Beneath the surface of Covid – 19 lurks an even more menacing crisis for women – domestic violence crisis. Thousands of Indian women encounter physical abuse on a daily basis either at the hands of their husbands or in-laws or even their own siblings for that matter. However a surge was observed in the number of cases of domestic violence reported during the lockdown induced by the pandemic.

Anuksha (name changed), aged 23 is a survivor of domestic violence. Anuksha, married and a mother of two, is a home maker from Panchpada, Bombay Chowk in Jharsuguda, Odisha. Her husband works as a daily wage laborer in Shakti factory of Jharsuguda. Anuksha has been facing immense mental and physical torture at the hands of her in-laws, even for trivial matters. Although totally frustrated, she being timid and demure, has been tolerating all the torture. She had sustained cuts, bruises and was found bleeding at the time One Stop Centre (OSC) staff rescued her with the help of BTM Police. OSC is the all in one counseling centre for COVID 19. SHEEDA a former partner of CASA, presently a service provider in Women and Child Development also deals in issues of GBV, where CASA also associates.

As Anuksha was severely injured, the OSC staff provided her immediate medical aid. Anuksha stayed for a night at the OSC. However, after counseling her the OSC Staff realized that for the sake of her two children Anuksha didn't want to file for a divorce from her husband. Her case was then settled with a compromise with her husband and in-laws in the presence of BTM Police at BTM Outpost.

## COUNSELING BECOMES ESSENTIAL

Ashwini (name changed), aged 39 years is married to Deshmuk (name changed) of village Rupidihi, Sundargarh district in Odisha. The couple has 2 children, a son and a daughter each. After few years of marriage Malli faced domestic violence. Ashwini's husband tortured her both mentally and physically. Her husband would get drunk and under the influence of alcohol would physically and verbally abuse Ashwini mouthing obscenities, at home as well as in public places. Day by day the torture increased. Ashwini was tortured and taunted for insignificant things. As the physical torture increased, Ashwini started slipping into mental trauma. Due to this repeated, severe abuse Ashwini became increasingly weak, both mentally and physically. On the day when Ashwini was rescued, she had left home after a quarrel with her husband Deshmuk and was found lying on the road by the Town Police, Jharsuguda who in turn informed the OSC.

After rescuing Ashwini, the OSC Staff counselled her in an amicable environment. It was found that Ashwini wants to reach a compromise with her husband and wishes to go back to her house. OSC contacted her husband and provided psycho-social counselling to both the husband and wife. The case was settled in compromise with Ashwini and Deshmuk committing to make all efforts to live together and not repeat the conflicting behaviour.

## SAFETY OF WOMEN WITH THE PRESENCE OF COMMUNITY WOMEN'S GROUP

Divya (name changed), a 28 year old woman from China Matlapudi, Putlagunta, Andhra Pradesh, would have repeated contentions with her husband due to his distractions which created doubt between them. The argument between them flared up one day and ended in physical violence. She filed an oral complaint at the police station regarding this incident.

This issue came to the notice of the Women's group in the area who also informed CASA volunteer and Facilitator to help Divya. CASA volunteers and the CBO leaders took the initiative to counsel the couple individually and jointly, sorted out their misunderstandings and they agreed to continue their family life together without any disputes.

# AWARENESS ON ADVANTAGES OF DOMESTIC VIOLENCE ACT



Sharmila (name changed), 32 years old, of Putlagunta, Nagaram, Andhra Pradesh is married and has 2 children. Her husband is an alcoholic with severe temperamental issues.

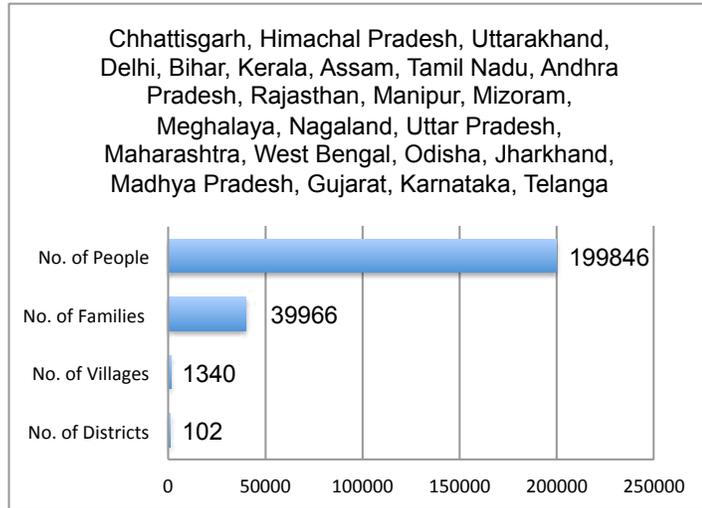
During the lockdown period, she confronted her husband with his drinking habits and that lead to severe physical violence. However, Sharmila somehow escaped to her parent's home. After this incident, the issue was brought to the local women group and they contacted CASA team. CASA coordinator, CASA volunteers and the CBO leaders went to the vv's parent's village and with their guidance she was brought back to her husband. CASA volunteers and CBO leaders counseled her husband and father-in-law regarding the issue, explained to them about the Domestic Violence Act and its repercussions, warned them not to repeat the violent behavior and helped them sort things out. She then agreed to stay back with her husband and children after the counseling.

# ACTIVITY WISE RESPONSE

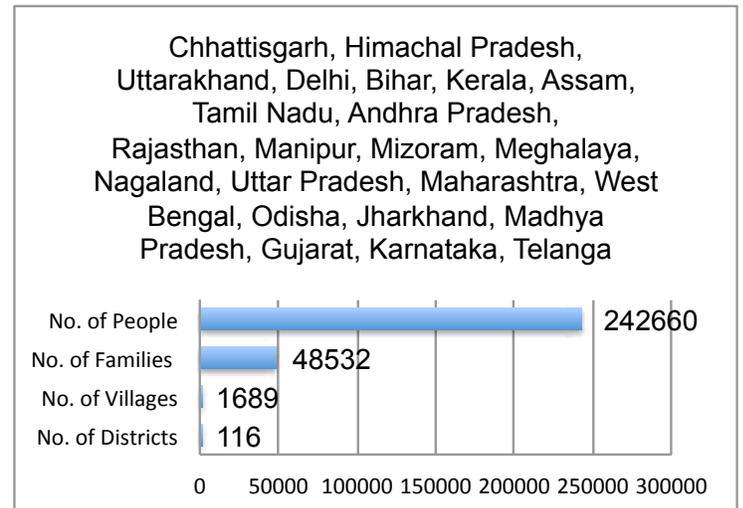
## DRY RATION DISTRIBUTION

The distribution of dry ration for the vulnerable groups was done during this month. Support was rendered to many guest workers as well as vulnerable groups who struggle to earn and are in distress given the lockdown. Supporting people with dry ration gives them ample time to look out for jobs setting aside the stress and trauma for food security concerns for at least 2 weeks, as the dry ration provided by CASA lasted them for 2 weeks.

### As of 31st July



### As of 30th September



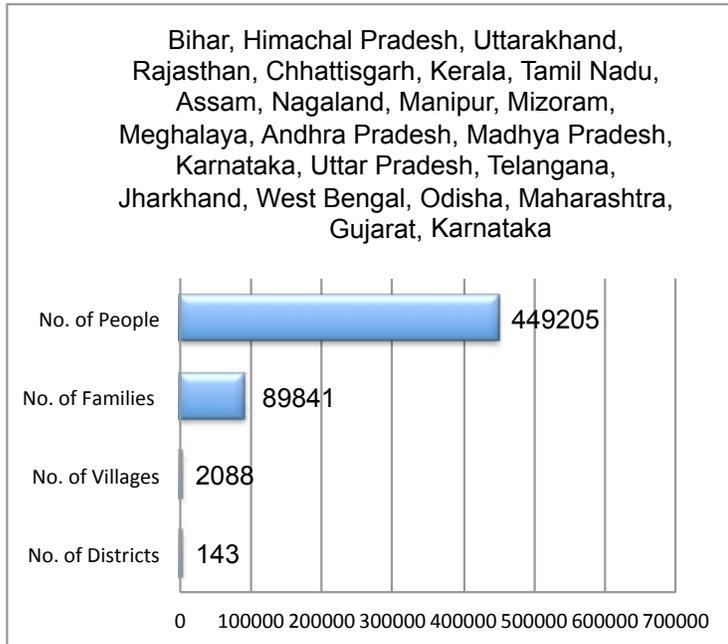
### 1st August to 30th September

State Name	District Name	No. of Villages	No. of Families	No. of People
Gujarat	Surat, Narmada	58	200	1000
Andhra Pradesh	Guntur, East Godavari, West Godavari	7	311	1555
West Bengal	Alipurduar	14	600	3000
Jharkhand	Gumla, Borio, Sahibjang	33	400	2000
Bihar	Madhubani, Paschim Champaran	21	900	4500
Tamil Nadu	Tirunelveli	15	7	35
Rajasthan	Kushalgarh, Sajjangarh, Udaipur	32	51	255
Chhattisgarh	Khankar, Garibhand, Bilaspur, Korba, Sarguj, Koriya, Gaurella-Pendra-Marwahi	87	1232	6160
Nagaland	Peren	20	490	2450
Manipur	Temenglong	20	1558	7790
Telangana	Medak, Narayanpet, Mehabubnagar, Wanaparthy	9	500	2500
Kerala	Kottayam, Thirssur, Ernakulam	30	325	1625
Uttar Pradesh	Deoria, Pratapgadh, Gazhipuar, Sobhadraj, Maharajganj, Gazipur, Ambedkar Nagar	59	1992	9960
<b>13</b>	<b>38</b>	<b>405</b>	<b>8566</b>	<b>42830</b>

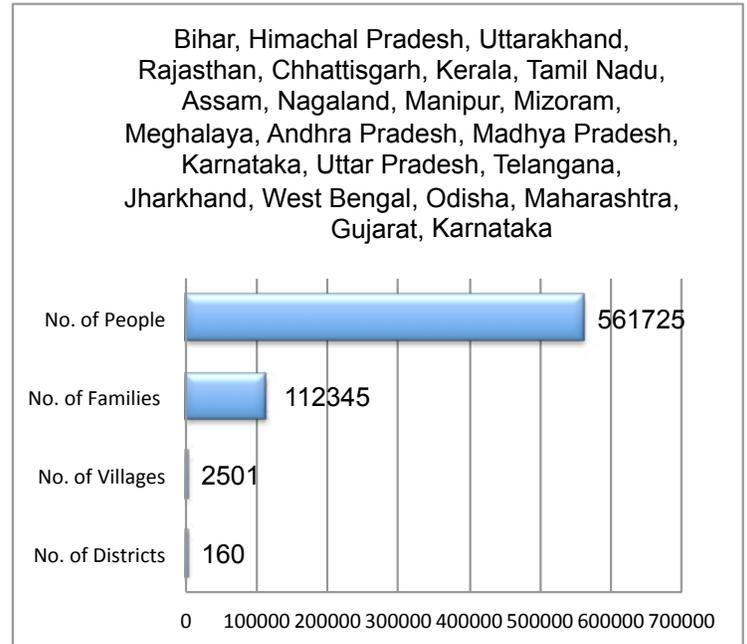
# HYGIENE KIT DISTRIBUTION

As more and more people are returning to their native villages and the COVID 19 positive cases are on the rise in many states, even in the states which had effectively controlled the spread earlier, prevention and protection become key aspects. Considering the impacts for the returning people and host communities, support on providing hygiene kit is being continued.

## As of 31st July



## As of 30th September



## 1st August to 30th September

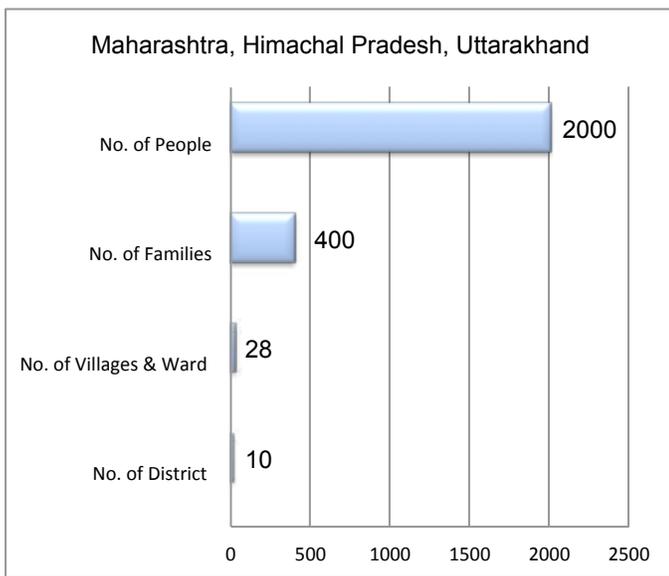
State Name	District Name	No. of Villages	No. of Families	No. of People
Gujarat	Surat, Narmada	58	200	1000
Andhra Pradesh	Guntur, East Godavari, West Godavari	5	300	1500
Assam	Golaghat	13	4000	20000
West Bengal	Alipurduar	27	866	4330
Odisha	Keonjhar	13	7809	39045
Jharkhand	Gumla, Borio, Sahibjang	72	1963	9815
Bihar	Madhubani, Paschim Champaran	21	900	4500
Tamil Nadu	Tirunelveli	6	600	3000
Rajasthan	Kushalgarh, Sajjangarh, Udaipur	32	51	255
Chhattisgarh	Khankar, Garibhand, Bilaspur, Korba, Sarguj, Koriya, Gaurella-Pendra-Marwahi	34	600	1000
Nagaland	Peren	20	490	2450
Manipur	Temenglong	20	1558	7790
Telangana	Medak, Narayanpet, Mehabubnagar, Wanaparthy	9	500	2500
Kerala	Kottayam, Thrissur, Ernakulam	30	325	1625
Uttar Pradesh	Deoria, Pratapgadh, Gazhipuar, Sobhadraj, Maharajganj, Gazipur, Ambedkar Nagar	57	2342	11710
<b>15</b>	<b>40</b>	<b>417</b>	<b>22504</b>	<b>112520</b>

# CASH SUPPORT

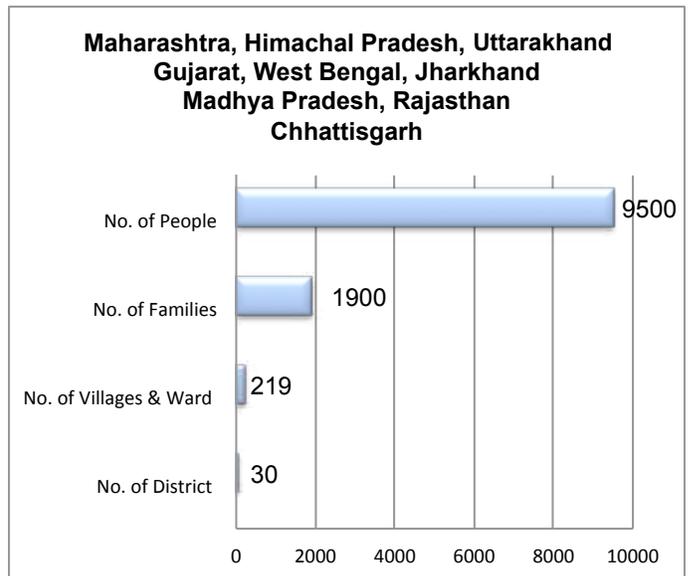
As well understood one of the major impacts of the COVID 19 was the turnaround of events because of the lockdown which left many unemployed, leading to a situation where people did not have any saving or earning left with them. Though support to the people has been provided in terms of food and hygiene, the affected people yet remain intimidated with the prevailing times where the effective rebuilding of life becomes a key factor. In tune with the same, Cash Support has been given to the affected people. This cash support will help them to opt for their need which may be livelihood, shelter, food item, non-food item, etc. The process for cash transfer is done in a systematic way which also helps the communities to gain a good understanding on vulnerabilities linkages with the government or other stakeholders, which will help the vulnerable communities to plan for rebuilding their lives and access / bargaining for their entitlements and needs.



## As of 31st July



## As of 30th September



## 1st August to 30th September

State Name	District Name	No. of Villages	Cash	
Gujarat	Surat, Narmada	58	200	1000
West Bengal	Alipurduar	11	200	1000
Jharkhand	Gumla, Borio, Sahibjang	21	200	1000
Madhya Pradesh	Bhopal, Dhar, Seshore, Sagar	27	300	1500
Rajasthan	Kushalgarh, Sajjangarh, Udaipur	46	300	1500
Chhattisgarh	Khankar, Garibhand, Bilaspur, Korba, Sarguj, Koriya, Gaurella-Pendra-Marwahi	28	300	1500
<b>6</b>	<b>20</b>	<b>191</b>	<b>1500</b>	<b>7500</b>

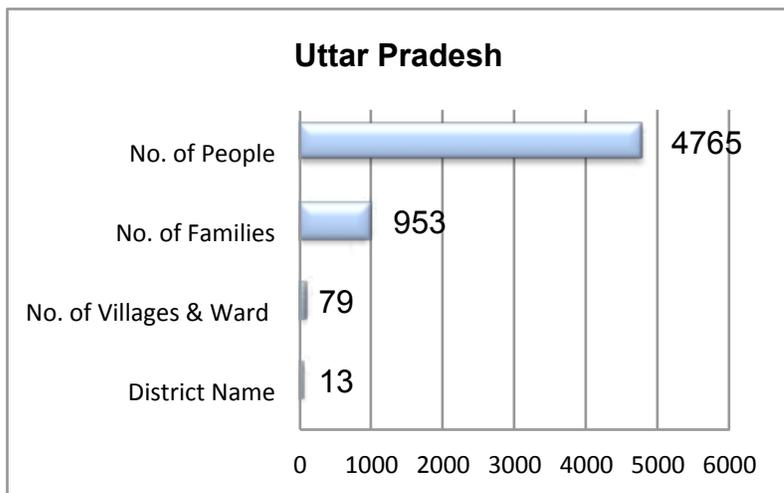
# LIVELIHOOD

Livelihood is a major concern, as the COVID 19 and the lockdown has witnessed a significant level of loss of employment especially. This issue is pertinent in the urban as well as the rural areas. The lockdown and the loss of employment in urban areas saw the returning of guest workers in multitude.

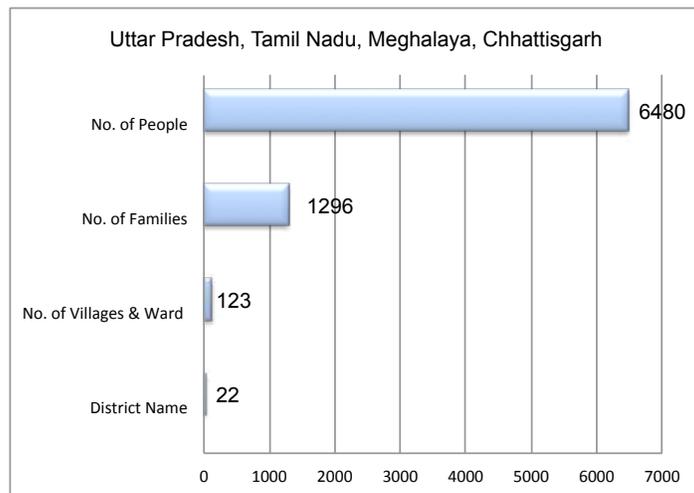
The process does have multiple impacts, as the local communities lack in employment opportunities and are dependent on the MGNREGA. Though MGNREGA is the much-talked-about livelihood option presently, however to what extent can the MGNREGA accommodate all in the community is a big question. Added to this are the other concerns in terms of what skill sets the effected people have? All these concerns lead to multiple options of livelihoods which need to be explored based on the skills the effected people have. In sync with these concerns and understanding livelihood support have been initiated, where support has been given or livestock, fish culture, vermi compost pits and seed distribution.



## As of 31st July



## As of 30th September



## 1st August to 30th Sept

State Name	District Name	No. of Villages	No. of families	No. of People
Tamil Nadu	Tiruneveli	4	10	50
Chhattisgarh	Khankar, Garibhand, Bilaspur, Korba, Sarguj, Koriya, Gaurella-Pendra-Marwahi	2	128	640
Meghalaya	East Jaintia Hills	2	35	175
Uttar Pradesh	Deoria, Pratapgadh, Gazhipuar, Sobhadraj, Maharajganj, Gazipur, Ambedkar Nagar	26	170	850
<b>3</b>	<b>16</b>	<b>44</b>	<b>343</b>	<b>1715</b>

# PROGRAMME WISE RESPONSE

## SPECIAL COVID 19 SUPPORT - DKH



CASA through the support of DKH under its humanitarian response on COVID 19, continued the activity in this reporting period also. The support under this programme helped CASA to work with partners since March enabling a timely response when the lockdown and reverse migration was at its peak. The support under this programme has helped the local NGOs to respond based on their contextual needs on time. The approach also enables the capacity enhancement of the agencies involved in the response, where the reach of the programmes was significant. Many marginalised communities were supported which includes geographically remote areas of Gujarat, Andhra Pradesh, West Bengal, Jharkhand, Rajasthan, Chhattisgarh, Telangana, Kerala and Madhya Pradesh.



### 1st August to 30th Sept

State Name	District Name	No. of Villages	Type of Support Provided (No. of Families)			Total Families Supported in the Village
			Dry Ration	Hygiene Kit	Cash	
Gujarat	Surat, Narmada	58	200	200	200	200
Andhra Pradesh	East Godavari, West Godavari	5	300	300	0	300
West Bengal	Alipurduar	11	200	200	200	200
Jharkhand	Sahibjang, Gumla	33	400	400	200	400
Rajasthan	Udaipur	46	21	21	300	300
Chattishgarh	Khankar, Garibhand, Bilaspur, Korba	28	300		300	300
Telangana	Medak	6	300	300	0	300
Madhya Pradesh	Bhopal, Dhar, Sehore, Sagar	27	0	0	300	300
Kerala	Kottayam, Thrissur, Ernakulam	30	325	325	0	325
<b>9</b>	<b>20</b>	<b>244</b>	<b>2046</b>	<b>1746</b>	<b>1500</b>	<b>2625</b>

# CORE PROGRAMME

Core Programme is CASA's regular programme which is spread across many states in the country and is implemented directly. Under COVID response CASA was able to reach effected communities in the states of Andhra Pradesh, Odisha, West Bengal, Jharkhand, Tamil Nadu and Chattisgarh. One of the fundamental approaches of this programme is to strengthen the people's organisation, where they are enabled to link with the government systems at various levels be it the Panchayats, Block Development Officer, the District Administration and various other departments at the district. COVID 19 response has been happening in these operational areas since March in different aspects. During this month distribution of Dry Ration / Hygiene kit has been done as per the needs based on the context.



## 1st August to 30th September

State Name	District Name	No. of Villages	Type of Support Provided (No. of Families)			Total Families Supported in the Village
			Dry Ration	Hygiene Kit	Livelihood	
Andhra Pradesh	Guntur	2	11	0	0	11
West Bengal	Alipurduar	13	0	266	0	266
Odisha	Keonjhar	23	0	7809	0	7809
Jharkhand	Gumla, Borio, Gumla, Sahibganj	39	0	1563		1563
Tamil Nadu	Cheranmahadevi	20	7	600	10	610
Chhattisgarh	Korba, Gaurella-Pendra-Marwahi	12	119	0	0	119
<b>6</b>	<b>11</b>	<b>109</b>	<b>137</b>	<b>10238</b>	<b>10</b>	<b>10378</b>

# PMC 2



Planning, Monitoring and Coordination is a regular programme in CASA with focus on context-specific themes, where the process of implementation is done through partners, and the focus of this partnership is to Transfer Power and functions from BftW to CASA, in the quest for the same to be gradually transferred to the people's organizations through their networks and forums.

Under PMC-II program, the partnership has a very strong value base, which relies on the principles of equity, equality, participation, ownership, transparency, transfer of power, authority and decision making to the grass-root levels. The community at large and the daily earners, in particular, were in distress due to the severe and acute health emergency and humanitarian crisis caused by the coronavirus outbreak. The fund allocations were made in the ongoing programme area in the states of Assam, Bihar, Rajasthan, Chattisgarh, Manipur, Meghalaya and Uttar Pradesh.

## 1st August to 30th September

State Name	District Name	No. of Villages	Type of Support Provided (No. of Families)			No. of People Cooked Food	Total families supported in the Village
			Dry Ration	Hygiene Kit	Livelihood		
Assam	Golaghat	13	0	4000	0	0	4000
Bihar	Madhubani	14S	500	500	0	0	500
Rajasthan	Banswara	30	30	30	0	0	30
Chattishgarh	Koriya, Sarguja	5	413	200	128	128	413
Manipur	Tamenglong	20	1558	1558	0	0	1558
Meghalaya	East Jainta Hills	2	0	0	35	0	35
Uttar Pradesh	Deoria, Pratapgadh, Gazipur, Ambedkar Nagar	45	0	1944	0	0	1944
<b>7</b>	<b>11</b>	<b>129</b>	<b>2501</b>	<b>8232</b>	<b>163</b>	<b>128</b>	<b>8480</b>

# CHRISTIAN AID SUPPORTED PROGRAMME

The Christian Aid supported programme in Uttar Pradesh focuses only on the returned guest workers. Though the guest workers contribute a lot towards the growth of the nation's informal economic sector through agriculture, construction and other unorganized works, the extended lockdown has economically devastated the migrant force of the unorganized sector, leaving labourers with neither income, food or shelter losing their dignity. A significant number of families from Uttar Pradesh migrate to other states for employment; their return to their native villages led to a significant level of concerns and challenges in villages and communities. The programmes support immediate food needs, prevention and protective support, cash transfers, livelihood support and linkages in Uttar Pradesh



## 1st August to 30th September

State Name	District Name	No. of Villages	Type of Support Provided (No. of Families)		Total Families Supported in the Village	Total Migrant Family Supported
			Dry Ration	Hygiene Kit		
Uttar Pradesh	Jaunpur, Ambedkar Nagar, Kushinagar, Maharajganj	59	1992	398	1992	1992
<b>1</b>	<b>4</b>	<b>59</b>	<b>1992</b>	<b>398</b>	<b>1992</b>	<b>1992</b>

## SPECIAL PROGRAMME IN UTTAR PRADESH DONE THROUGH REGULAR PROGRAMME

### 1st August to 30th September

State Name	District Name	No. of Villages	Livelihood	Total Families Supported in the Village	Total Migrant Family Supported
Uttar Pradesh	Kushinagar, Jhansi, Ambedkar Nagar, Gazipur, Sonbhadra, Maharajganj	26	170	80	80
<b>1</b>	<b>6</b>	<b>26</b>	<b>170</b>	<b>80</b>	<b>80</b>

# UNITED CHURCH OF CHRIST SUPPORTED PROGRAMME

The United Church of Christian supported programmes aims to support guest workers in the state of Telangana with Dry Ration and hygiene kits to enable them to sustain their lives during the lockdown period and enhance their food security and reduce risk to COVID 19. The programme has been implemented in places where the returned guest workers are without any employment. With the continuous increase in the cases of COVID19 the situation in South India has become very uncertain for these returned quest workers.



1st August to 30th September

State Name	District Name	No. of Villages	Type of Support Provided (No. of Families)		Total Families Supported in the Village
			Dry Ration	Hygiene Kit	
Telangana	Narayanapet , Mahabubnagar, Wanaparthy	3	200	200	200
1	3	3	200	200	200



# GIVE INDIA

The response under Give India program is focused to support beneficiaries from the most vulnerable groups namely the Single-headed women, elderly who have no support, the disable and those who have not been able to access the government support/entitlement because of lack documents. Through our intervention under GiveIndia program, we have supported 2000 families by providing dry ration and hygiene in 8 districts of 4 states namely, Chattishgarh, Bihar, West Bengal and Nagaland.

## 1st August to 30th September

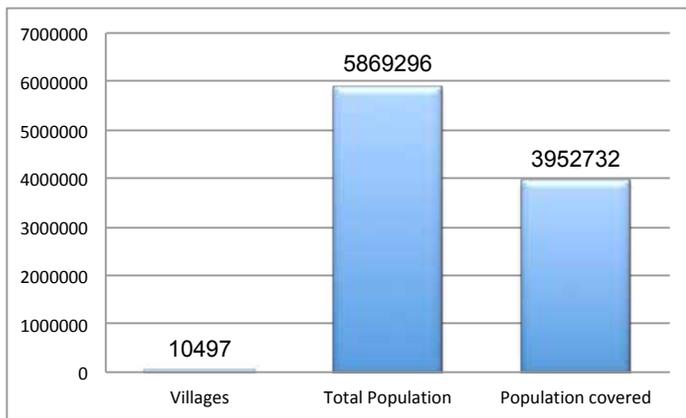
State Name	District Name	No. of Villages	Type of Support Provided (No. of Families)		Total Families Supported in the Village
			Dry Ration	Hygiene Kit	
West Bengal	South 24 Parganas	3	400	400	400
Bihar	Paschim Champaran	7	400	400	400
Chattishgarh	Kankar, Jagangir Champa, korba, Garaiyabad	32	400	400	400
Nagaland	Peren	20	490	490	490
<b>4</b>	<b>8</b>	<b>62</b>	<b>1690</b>	<b>1690</b>	<b>1690</b>



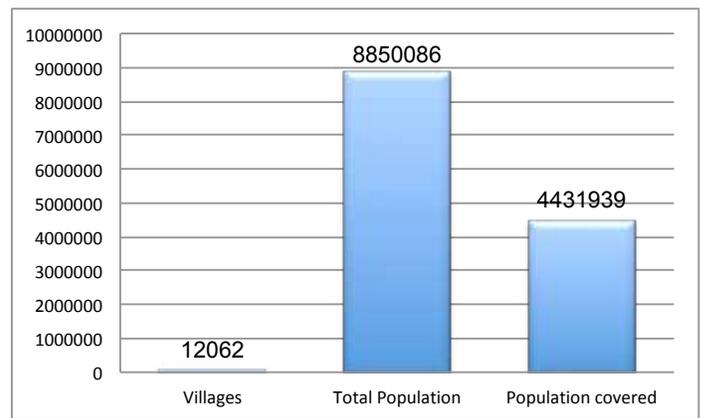
# AWARENESS INITIATIVES

Awareness initiatives still play a crucial role, particularly as the spread is increasing. With the communities getting back into normal life, it is important that the awareness initiatives are still continued. As people have begun to move gradually to work, social distancing and hand wash have a significant level of precautionary that a person needs to take. CASA is still continuing its spree of spreading awareness in its operational areas. The people's organization has been taking a significant level of interest on these aspects and linkages with the government. In the light of the linkages the government programs and schemes mentioned both for the returned migrants are also being briefed upon to the community and enable them to access the government schemes.

## As of 31st July



## As of 30th September



## 1st August to 30th September

Zone	Total Villages	Total Population	Total Population Reached
East Zone	418	2269633	285737
West Zone	122	160460	47085
South Zone	198	64563	28920
North Zone	536	352805	62853
Northeast India	291	133329	54612
<b>Total</b>	<b>1565</b>	<b>2980790</b>	<b>479207</b>



# THE HARDSHIP WITHIN THE HARDSHIP OF PANDEMIC



Families living in abject poverty usually see male members of the house migrating to bigger cities in search of work, leaving behind the women and children. These women are pressed to not just take care of their children and perform all their traditional domestic duties but also have to step up to perform external jobs usually done by male members of the household. This is precisely the situation of Fatima (name changed) living in Katghora, Korba District in Chhattisgarh. Fatima, would continue to stay behind to look after her household while her husband Rizwan (name changed) migrated to Bilaspurand to work as a Rickshaw puller.

But this was not the only hardship endured by Fatima. She is a victim of domestic violence and her abuser is none other than her own husband. The pandemic only added to her woes and unleashed a volley of troubles on her. After the lockdown was imposed in the month of April 2020 and all the work in Bilaspur and came to a halt, her husband was left without work and had to return home. Stress, loss of income, isolation and fear only exacerbated the problems of Fatima. Her husband took out all his frustration and anger on her and subjected her to physical violence repeatedly. He may be couldn't take that his wife continued to earn while he was jobless. Every time Fatima would ask her husband to

help around in the house he would get incited and inflicted violence upon her because for him domestic duties were a woman's job. Her pain was almost palpable as she said that nobody would come to her rescue, not even her neighbors.

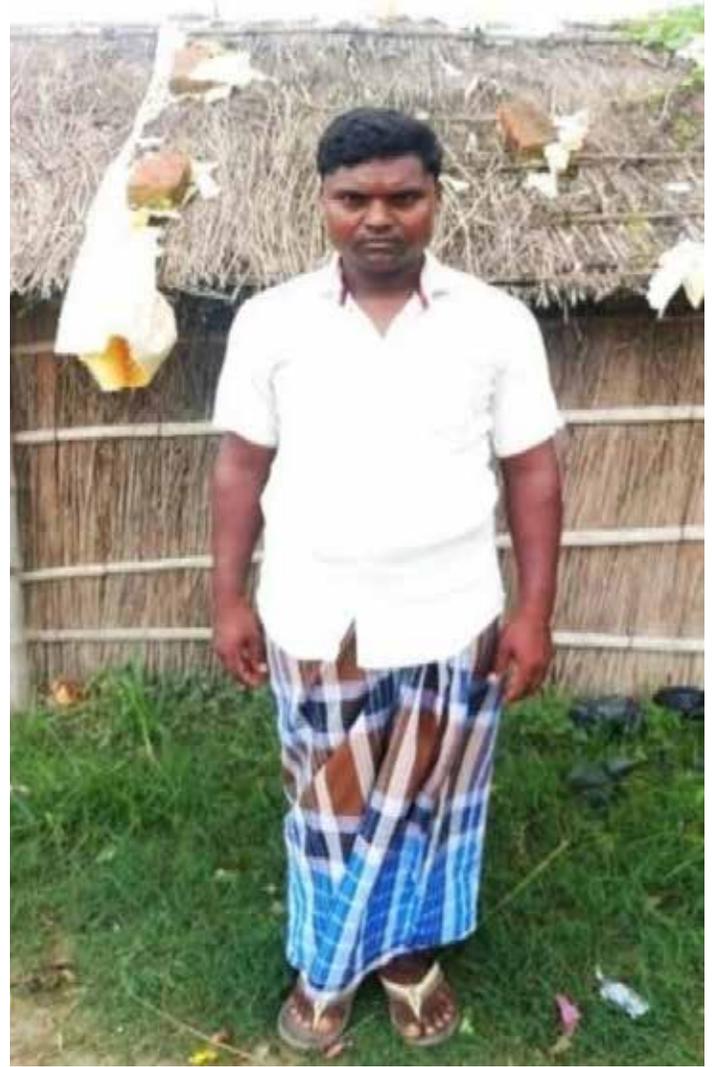
Adapting to situations, often initiated by the period of male absence, when her husband was not around, coupled with pervasive and often irrevocable transformation in gender roles, relations and ideology has been no problem for her. Her narration though has never resulted in improvement of economic and social status, but there has been a transformation. This phase brought about a huge change in her, from daily shopping for the family to saving money from her earning for children's care in the possible event of sickness or their school expenses. Her adaptation to this situation resulted in new found self-confidence. However, the constant abuse of her and the children during lockdown proved impossible for her deal with.

Fatima and her husband were counseled by the staff and volunteers of CASA. They were made aware that domestic violence is not acceptable by the law and such repetitive behavior would only invite police interference.

# MEETING UNMET NEEDS OF THE GUEST WORKERS

Rajkumar is a resident of Panahi Block of Kushinagar District of Uttar Pradesh. The area is dominated by the Musahar community, where the main source of livelihood for the people is to work as daily wage workers or migrate to other big cities. Rajkumar lives in a joint family consisting of 10 members which includes his parents, two brothers, two sisters, his wife and two children. He is the eldest and the sole earner of the family. The amount he earns is not sufficient enough to run his joint family. Considering the condition Rajkumar had no option but to move to other city in search of livelihood to fulfill his family needs. In January 2020, Rajkumar moved to Pune (Maharashtra) with a dream of leading a decent life by finding a suitable job, which would help him to fulfill his responsibilities towards his family.

After reaching Pune he searched for an employment actively but as days passed by he started losing hope after he failed to secure a job. Rajkumar was skilled in construction work and finally towards the end of February he could find a job at a construction site. His first payment of INR 7000/- was due towards the end of March. As he was gradually regaining his faith, the news of an unprecedented and sudden lockdown shook him again. The norms of lockdown forced the construction site to shut all work. Rajkumar's struggles mounted with each passing day. Whatever little he had in terms of capital was drying up and by the month of April he was left starving. He lost all hope and finally decided to return home. The journey back home was not easy on him. All public transport and interstate travel was banned. But he refused to lose hope and finally managed to reach home after traveling a few miles on foot and then hitchhiking in a transport truck to cover the remaining distance. On reaching his village he had to stay quarantined for 14 days.



The financial condition of the family was already precarious and now with no means of livelihood, it just became worse. Though reuniting with his family was a big relief for him but looking at his family debt-ridden and in dire financial straits, made him miserable.

Rajkumar couldn't do anything to alleviate the financial struggles of his family and hunger and unemployment stared him in the eye. In the month of June, during a survey for guest workers and labourers in Kushinagar district through "Casa Lucknow", Rajkumar was identified as a migrant. CASA is relentlessly striving to provide for the unmet needs of the vulnerable communities.

He has marginal land holding for agriculture but no capital to purchase seeds. He told the surveyor that in his area coarse grains, pulses and sesame are more productive.

Considering the plight of the guest workers, CASA supported the vulnerable communities who returned to their native villages. Rajkumar was supported with seeds to grow corn, sesame and pulses. This support hopefully, will go a long way in giving them food security and alleviating their situation in these staggering and difficult times. In Rajkumar's words the support has given a new life to him and his family. According to him, if this effort of producing staple food is worthwhile, then they will never migrate again and consider agriculture as their main source of livelihood.

# REJUVENATING DAMAGED CANAL: COMMUNITY'S EFFORT BROUGHT LIFE TO 20 ACRES OF LAND



In the aftermath of this pandemic lockdown, where people were confined to their homes and all economic activities came to a grinding halt, far off places situated in the remotest forest area of Surguja district North of Chhattisgarh are reeling under complete dearth of food and livelihoods. To alleviate this grave situation, communities from Bugulpara of Remlaha village of Lakhanpur block of Surguja district have taken an initiative to repair an old canal basically to channelize the water from the spring named khukhra and pakhanjhariya coming down from khirkhiri hill top to their respective fields.

It is a 1.20 km canal which after repair work would have irrigated about 20 acres of land. Their requests made to the concerned officials for carrying out repair work fell on deaf ears. The officials were of the opinion that this is a big project and required extensive work and funds which were unavailable.

Consequently the inhabitants of Bugulpara decided to take matters in their own hands. The migrants returning to their homes due to the Covid 19 lockdown proved to be a blessing in disguise for the people of this village. They along with the rest of the community decided to take up the huge task of repairing the canal to whatever distance possible through "Shramdaan" (free labour). Every household of the Bugulpara of Remlaha village wholeheartedly participated in the Shramdaan and finished repairing the 1.20 km canal through which they will be able to irrigate 20 acres of land now.

According to them it will help them in the last irrigation of paddy and to some extent for the Rabi crop and the vegetables they grow near the canal.

Seeing the plight of the community in the lock down, CASA along with Chaupal Rural Development Training and Research Organisation intervened to support 128 households. Meetings were fixed with the head of the collective so as to avoid the social distancing. People there decided to take dry ration in lieu of wages at the rate of Rs.190/-. It was decided that in order to cover all the 128 families we need to allocate five days' work for each family, so that each family will get ration of approx.Rs.1000/- which will be consumed by a family nearly for one month. However, the community decided to finish the work no matter even if it took more days of work. Meanwhile, the dry ration items were also discussed in the meetings and the community (mostly women were asked.) suggested what they needed. They put more emphasis on pulses, oil, soybean nuts and spices as because they would get enough rice from ration shops under Public distribution system (PDS) of the state government (good part is that nearly 100 percent household are covered under PDS).

The canal passes through the rough and hilly undulated Biyaban forest and the rocky and rough terrain made it difficult to dig the canal but the commitment and dedication of the community made it possible. All community members involved in this mission were from below poverty line and they have got these lands as tenurial security under Forest right Act 2006.



## BEYOND THE CLUTCHES OF LOCKDOWN

Lalammawii is a divorcee and surviving with 6 family members including her 4 children and her brother. Her brother met with an accident in 2016 where he injured his spinal cord. He is on wheel chair since then. Her elder son is suffering from Asthma and unable to earn for the family. Lalammawii is a daily wage labourer. All her children are underage and depend on her. With the outbreak of the virus, the family has been facing a very difficult situation; As Lalammawii is unable to find any job due to lockdown.

The situation of the family was briefed to CASA by the Village Development Council/ CBOs that the family did not receive any support from government or other NGOs during this pandemic. Centre for Peace and Development, a partner of CASA immediately contacted this family and distributed the relief kits to them. The family of six are immensely grateful for the help extended to them and the field staff in her own words mentioned that:

They are very thankful for the food and basic needs provided to them by CPD/CASA. They never had imagined receiving such good quality essentials and basic needs during this time of lockdown while they were almost starving. They will never forget the acts done by the Organization. It's because of CASA and CPD intervention they have something to eat to sustain themselves. The family was overwhelmed with joy on received food and other essential needs."

## SORTING DISPUTES WITH OWN BLOODLINE



Another such case of domestic violence is of Sonali (name changed), aged 38 yrs, from Jharsuguda district, Odisha. Sonali works as a cook in women's college, Jharsuguda while her husband is a painter in Gujarat. However, in Sonali 's case the abuser is not her in laws or husband but her own brother. Due to the lockdown Sonali couldn't go to her in-laws place and had to stay at her parents' house in Jharsuguda. Due to some property dispute Sonali brother, Pradhan (name changed) beat Sonali and his nephew brutally. It was at that time that Sonali contacted the Sakhi staff to rescue her with the help of BTM Police.

SHEEDA the former partner of CASA came to know this through OSC, where Sonali was injured and looked physically weak. They immediately provided her the required medical aid and also provided her psycho-social counseling, police aid and shelter. After the counseling session, Sonali was sent back to her parents' house with the help of the local BTM Police.

# CONCLUSION

The continuous spree of work on COVID 19 Response spread across 23 states directly and through partners has enabled broader avenues of learning on the complex issues in view of COVID 19 coupled with the Lockdown. The coming days are crucial as the trends show an increase in cases, where flattening does not seem to be an immediate reality. In the coming months, as we enter into winter, the risk factor also increases. Moreover, the end of the Southwest Monsoon by September also marks the beginning of Northeast Monsoon which is prone to Cyclones and this only enhances further risks. The transition could also witness more rains. It is important to build in a preparedness mechanism for disaster response building in the protocols of COVID 19. The experiential learnings thus far would play a crucial role in the days and months to come.



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](http://www.casa-india.org)

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