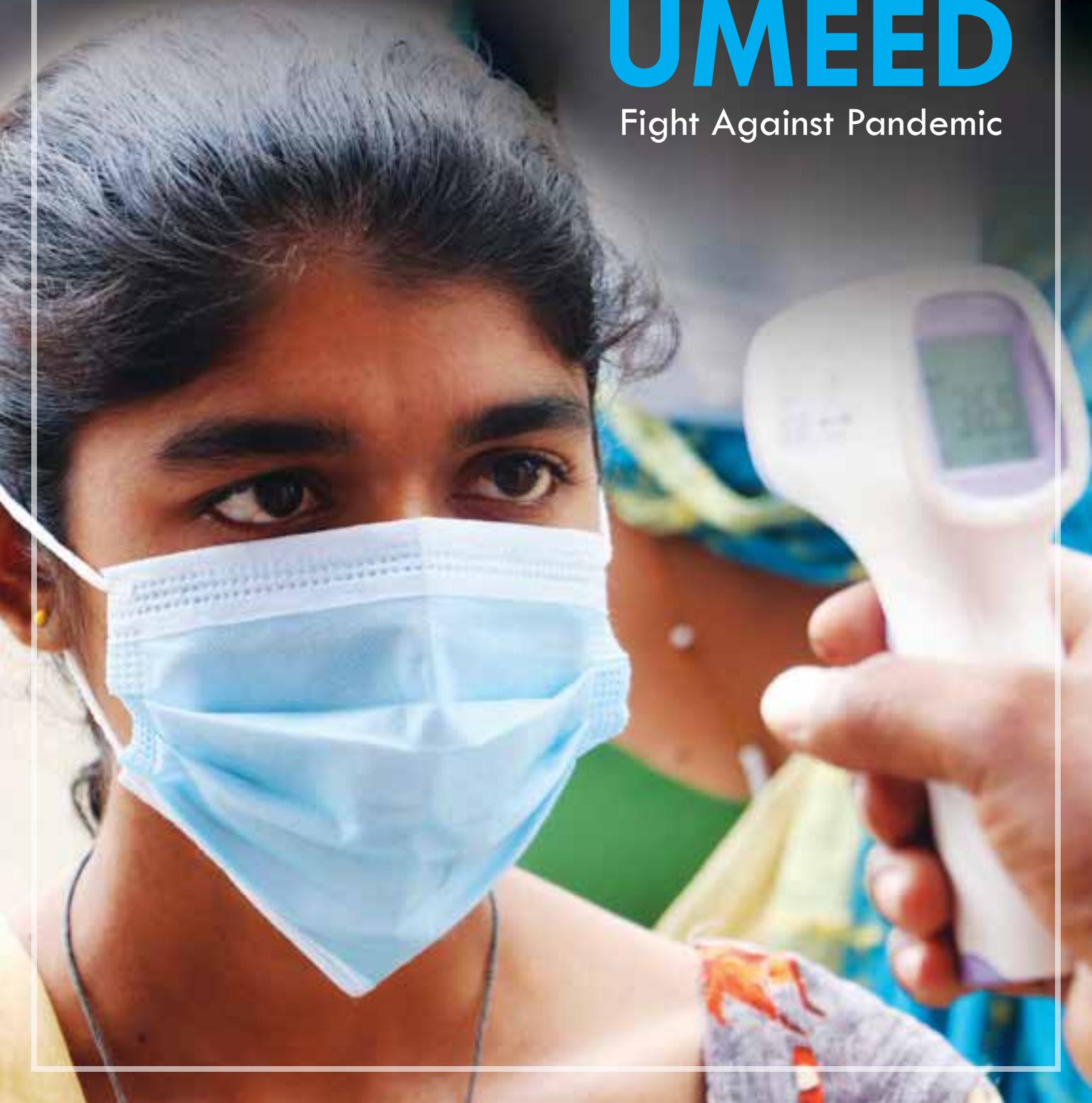


# CASA in Action

## UMEED

Fight Against Pandemic





church's auxiliary  
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## CASA in Action

QUARTERLY NEWSLETTER

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# EDITORIAL

Picturing the destruction brought about by the second wave of COVID-19 in India would be nothing but grotesque and dystopian with the very first stroke of paint. No single corner of the country was bereft of the impact. Every one of us has either lost someone from our own family or a dear acquaintance. Each one of us has at least for once, screamed in desperation or prayed for the medical care of someone fighting for breath. It would be cathartic to revisit those days as we all can naturally bond over our traumas and fear.

This realisation of prevailing fear and chaos brought CASA a long way in quickly adapting to the situation and resuming humanitarian operations. Amidst the second wave, team CASA undertook all the necessary precautions and stepped into the field with an aim to assist as many rural families as possible through the vicious catastrophe. From healthcare support, relief distribution, alternative livelihood arrangements, monetary assistance to psycho-social aid, we disseminated a varied range of response actions to alleviate the sufferings of our fellow citizens.

In this edition, CASA compiles the stories of individuals from the neglected corners of the country whose sustenance was majorly impacted due to the repeated lockdowns and the severity of the second wave in particular. This includes the heartbreaking narratives of those who have lost their loved ones to the virus. We have also attempted to showcase the complexness involved in responding to a pandemic of this humungous scale, outlining the thought and effort behind each of our response actions on the ground.

# CONTENT

5

Rural Woman  
Overcomes  
Patriarchal Barriers

8

Liberation from  
the Shackles of  
Period-Shaming

12

Capacity Building  
and Promotion of  
Leadership

20

The Agonizing  
Battle of Puchki Bai

27

The Deepening  
Lines of Worries

35

Vaccination  
Hesitancy in Rural  
India

44

Supporting the  
Healthcare System to  
Fight the Pandemic

48

Barefoot Health  
Workers Trained  
by CASA

56

Campaign Against  
Gender-Based  
Violence 2021

13

COVER STORY



The Beginning  
of the Ruination



# Gender-Based Violence Under Shadows of Faith: DAYAN PRATHA IN JHARKHAND

Highly prevalent in the states of Jharkhand, Bihar and Rajasthan, witch-hunting or Dayan Pratha incurs the most spine chilling violence on the marginalised men and women in India. Witch, or Dayan, is a woman accused of possessing evil supernatural powers that negatively affects the community. She is believed to gain power by hampering others and creating chaos. Therefore, hunting the witch down and mercilessly executing her is the route taken by the villagers to get rid of evil from the community. Often what forms the core of concern is that neither there is any scientific evidence of paranormal power in the victims of the practice nor can one deny the involvement of class and gender politics in these instances. So what is the chief goal of Dayan Pratha? To really eliminate negative powers or mask the violence unleashed upon women from lower caste and class positions. To elaborate on the case, allow us to take you to the Gumla District of Jharkhand. The district stands 100 km away from the state capital Ranchi. As the hot-spot of the evil practice, Gumla loses at least one woman every month as a victim to the violence. If you wonder how horrible it could get, reports speculate that witch-murders take place practically every week.

When team CASA interacted with the women and men in Ghagra to gain insights on the witch-hunting practice of the region, several unbelievable and scary fables surfaced. These did not astonish us with any specific evidence of paranormal happenings but what pinched our nerves was the narrative of extremely inhumane violation of the Human Rights of those victimised by this perpetuating blind faith. It begins when any of the villagers suffer seasonal health concerns or any chronic mental-physical illness, the population assumes that the suffering is brought by a witch. Loss of wealth, weight or sudden death in the family is among the other cases for which villagers hold "witches" responsible and not their own lack of hygiene or proper nutrition. Does not matter if there's only one man suffering or a group or a significant chunk of the population- any sort of illness can be linked to a witch's rage or notoriety.

Largely, the old widows who live solitarily, mothers of stillborn babies, divorcees who stay alone, women from lower caste hierarchies or even those who step out late in the night are highly vulnerable to being categorised as a witch. To avenge the hypothetical curse of the identified witch and in the blindfolded irony of eliminating evil from the society, groups of men and community elders gather up against these women.

Once branded as a witch, the woman is exposed to various forms of torture. She could be raped, paraded naked, get her head shaven to bald, forced to consume human excreta or urine and then mercilessly killed. The rituals associated with executing the witch are grotesque. Crucifixion, slaughtering, burning alive, beheading, hanging and pelting to death are just a few variations to mention. In several of these moblynchings of women, kids from the neighbourhood also participate in pelting and hitting the victim with absolutely missing signs of a growing civilisation. The families of the victim are inhumanely ostracised by the villagers.

Whom should we hold accountable for these kinds of anti-women and inhumane practices? Lower literacy rate of the rural provinces, gender discrimination or lack of stringent laws for punishment! No doubt, it is the collective. This evil practice also serves as a spectre in the hands of those who aim to acquire the property of a woman. If she disagrees to hand over her property, land or deny illegitimate relations following her husband's death, she is labelled as a witch. The intolerant and evil-intention bearing mass condemn these vulnerable women to an unspeakable series of humiliations and tortures. Many times due to the lack of adequate health awareness and availability of poor medical infrastructures, the villagers rely heavily on the Ojha, or the medicine man, who can heal people with their magical powers. The misleading Ojhas, in order to retain their position in society, would somehow blame the Witch or the God to give a solution to the villager's suffering.

In the year 2001, a law titled "Jharkhand Dayan Pratha (witchcraft) Act" was brought to action in the state. The Act aimed to curb the crime against women committed under the blind covers of superstition. Not only was the shape of the crime massive but it was also grotesque. Reports from the state police department confirm that nearly 1,157 murders were committed between 1991 and 2010 in Jharkhand, due to the superstitious practice. Despite the reinforcement of the law, 523 women were lynched on the suspicion of practising witchcraft from 2001 to 2016.

The National Crime Records Bureau (NCRB) data from 2013 to 2016 reveals Jharkhand to be the topmost state when it comes to witch-hunting deaths. Reasons were pretty clear 1,857 incidents of witch-hunts were recorded within the given period. Skin crawling narratives of witchcraft-allegations and murders took the lives of several innocent poor men and women after sheer physical, mental and sexual exploitation.



“It has been noticed that certain sections of society commonly exploit women by calling them Witch (Dayan). Jharkhand Police is against such evil practices. We request victims to file complaints, police will make sure strict action is taken against them under the constitutional provision.

- Aakash Pandey, Sub Inspector, Jharkhand

# Rural Woman Overcomes Patriarchal Barriers

STORY  
ARUSHI NARCHAL | WRITER  
KAJOL TANAYA



Pic: Sangeeta CASA's beneficiary turned women leader

"Since childhood, I have been through several rough patches. All my siblings worked as child labourers because my parents could not have afforded the cost of our meals. I was the youngest and the only one who completed education till the tenth standard. Looking back at those days squeezes my heart with agony. There is no way I could go back and change what has passed."

Sangeeta drops her head in grief and looks up again with a half-hearted smile. Thirty-four years old Sangeeta Oraon lives in a small village in the Gumla district of Jharkhand with her husband and two daughters.

"My studies were frequently interrupted with domestic duties. I would be asked to take the cattle for grazing or attend to my siblings instead of going to school one day. Gradually, the one day would stretch into weeks and I would barely realize. Just because I know what it

feels like to leave behind your aspiration for everyday chores, I would never let my children suffer through the same. "My elder daughter is a bright student. She is an academic topper. Because of the COVID-19 lockdown, her education has been interrupted," Shares Sangeeta.

The COVID-19 pandemic has incurred several inconveniences for Sangeeta and her family. When the lockdown was implemented, her husband could not step out of the house to go to work. As a construction worker, Sangeeta's husband earns a meagre wage for daily work.

Due to the restrictions imposed on commute and travel, neither could he go for work nor could he travel to the district's market for purchasing seeds and fertilisers. The family's tiny savings were depleted. No means persisted to afford their kid's education or even buy general medicines in time of need.

Sangeeta came across CASA during the COVID-19 pandemic. The team arrived to sensitise the rural mass on vaccination and motivate the villagers to abide by COVID-19 protocols. They also reached out to the women in the village to form a women's group. The program aimed to empower the rural women in Gumla with education, information, livelihood support and skill training.

"One of our chief sources of livelihood is animal husbandry," mentions Sangeeta, "however, due to lack of hygiene and awareness on animal health, we have lost many goats from the herd. Volunteers from team CASA informed us on how to care for the goats. Under the livelihood and income generation program, each of the 13 group members received two goats with insurance."

It would be inaccurate to say that Sangeeta received the spirit of courage from us. As the youngest child to her parents, Sangeeta passed her 10th standard with flying colours and earned a name for her family in the village. She used her example and the facility of mid-day meals to advocate for the education of her brothers in front of her parents.

What Sangeeta needed is a platform to express and empower her voice. CASA's livelihood program, relief assistance and skill training besides the encouragement of her husband finally connected her to the path she truly wanted to pursue. With her earnings now, she can afford private tuition for her daughter to continue with education until schools reopen.



# Training on Making Environment-Friendly Sanitary Pads



CASA organised a Gender Sensitization Program Training Workshop for creating livelihood options for Adolescents/Women and Use of Biodegradable and Environment-friendly Sanitary pads in Kushalgarh, Rajasthan.

Conducted on 9th July 2021, the program intended to educate rural women on menstrual hygiene and health. The workshop had three phases. The first phase, Sharm Todo (Break the Shame) encourages women to break any shame associated with their reproductive health and organs. In rural areas, menstrual blood is considered impure, denying the menstruating women entry to either kitchen or temples. Many a time they are also prohibited from even looking at male members in their families or sitting in close proximity to them. Through such irrational practices, the "shame" related to periods only aggravates, discouraging pubescent girls from even talking about menstruation. As women lack access to well-constructed private spaces or washrooms in the village areas, it gets more difficult for them to change pads, clean up or sun-dry the cloth they use. Many of them do not bathe for days, fearing that the "impure blood" may drain out to the streets. Sharm Todo encourages women to open up and acknowledge the naturalness of menstruation. By

engaging women in discussions related to the female anatomy, emphasising on breasts, vagina and periods, the stigma and silence around puberty are also debased.

The second phase, Menstrual education, engages women in learning about the biological aspects of the menstrual cycle, giving further insights into why the menstrual blood is not impure. In the Third phase, young girls and women were educated on stitching high-quality sanitary pads from cloth and using them. Such elaborate programs empower women from conservative spheres to improve their menstrual health and deconstruct the various stigma associated with the Menstrual cycle in the village areas.

The cloth pad is hygienically made and safe to use. Unlike commercial sanitary pads, these cloth pads are affordable, environment friendly, and sustainable. The participants have also been educated on identifying infections, observing menstruation- healthy practices and discarding the usage of a cheap, dark coloured, or shabby stretch of cloth.

## Insights Into Menstruation Myths and Facts

**Myth:** Periods Blood is Impure

**Reality:** Periods Blood is as pure and natural as the blood flowing in our bodies. Scientifically, menstruation is a phenomenon that occurs in women's bodies due to ovulation, followed by a missed chance of pregnancy, leading to the shredding of the endometrial lining of the uterus through bleeding. The uterus then prepares for the next cycle in a phase called proliferation. So neither is the menstruating woman nor is the blood "impure."

**Myth:** Urine and blood are discharged from the same opening

**Reality:** No, Anatomically the urinary opening on a woman's pubic area is different from the vaginal opening through which menstrual blood is discharged.

**Myth:** Women should not enter the Puja room or kitchen during menstruation. The touch of menstruating woman can spoil food.

**Reality:** The base of the myth lies in the blind cultural belief of "impurity" associated with the menstrual cycle. As long as general hygiene is maintained, there is no space for foul smell or discomforting infections developing from the body of the menstruating woman. Menstruation does not lead to any contamination of food or spoiling of items like pickles.

**Myth:** Sour food like curd, tamarind, and pickles should be avoided by menstruating girls else it might disturb or stop the menstrual flow.

**Reality:** Sour food can serve as a good source of Vitamin C and eating sour fruits and vegetables could be helpful in pacifying cravings and help with nutritional

needs. Women should focus on having a balanced diet regardless of menstruation. Delectable food can help relieve stress during periods.

**Myth:** If a girl or a woman touches a domestic animal during menstruation, the animal becomes infertile.

**Reality:** No scientific evidence of such claims exist. Menstruation is a natural bodily phenomenon for a healthy woman. It is neither a mythical curse nor any source of any such sterilising effect.

**Myth:** Women should refrain from physical exercise during menstruation since it can increase pain and bleeding.

**Reality:** Exercise can help relieve pain during periods. Menstruating women with symptoms of premenstrual syndrome, dysmenorrhea and bloating can do gentle exercises to get rid of the discomfort. It releases serotonin which boosts confidence and a sense of happiness.

**Myth:** Menstruating women should maintain distance from men and refrain from touching them since it is a sign of unhealthiness.

**Reality:** Periods- menses- are normal and natural. They are the product of every woman's body. Such rules and regulations stem from the association of shame with a woman's private parts. Since the menstrual blood is discharged from the pubic area, it is linked to shame by the orthodox beliefs of the conservative space. Every part of the human body sheds its lining- for instance- skin, scalp, nails, beard in men etc relace their old layers with new layers that are either naturally cleared by the body or by humans themselves. Associating shame to the shredding of unutilised uterine lining of the woman's body is baseless.

### Let's speak in Numbers:

40 CRORE

crore women in India are menstruating women less than 20% use sanitary pads

77%

menstruating girls and women in India reuse old cloth to absorb menses

88%

rural women use ashes, newspapers, dried leaves and husk sand for absorption

23%

girls drop out of school in rural areas due to the lack of toilets

71%

adolescent girls in India remain unaware of menstruation until they get their first period

Source: UNICEF, Whisper & NCBI library



Arushi Narchal/CASA

STORY  
ARUSHI NARCHAL | WRITER  
KAJOL TANAYA

Pic: Priyanka showcasing handmade Sanitary Pad

# Liberation from the Shackles of Period-Shaming

the stigma is not. Many women in my village suffer exclusion from social events while on periods. They are not allowed to enter the kitchen or temples and are also refrained from touching their spouse and sitting in proximity to the male members. It is wrong." She adds, "The blood discharged during periods is not impure as it is tabooed to be. The blood does not come out of our urinary outlet, it is released from the vagina which is separately located. We must not feel ashamed of our natural cycles. I did not know about this before the workshop"

Priyanka crossed her menarche when she was in 8th standard. She was shocked at its commencement. She was at school and not home. Luckily, her friends spoke about it and calmed her down. Under the financial shortages, many times she couldn't afford sanitary pads and had to use cloth as a substitute. She has been using red cloth during her menstruation as many other pubescent girls and women in the village. The use of coloured cloth is concerning in several ways. Priyanka enumerates, "The resource person in the workshop educated us on not using a coloured cloth or shabby ones. We must use a white cloth so that we can detect the presence of any infection and measure the level of flow. I never knew I was so misguided."

In the third phase, the participants were trained to make high-quality sanitary pads out of white cloth by themselves. Priyanka shared, "I had never heard of any such workshop in our village before. The pads I learned to make are eco-friendly, economical, long-lasting, and reusable. It also allows detecting infection early on. I will definitely stitch more at home and give it to my friends who need it."

Priyanka aspires to become a teacher in the future. She aims to dwindle the domestic violence and discrimination that is brought upon women. Her aspiration to fight against the disparities and teach young girls about the menstruation process was worth the praise. Through the workshop, Priyanka was empowered to spread the word on abolishing the detrimental taboos, notions, and discrimination that menstruating women are suppressed under.

A phenomenon as natural as menstruation poses severe challenges against the physical and mental health of rural women in India. Adding on to the rural women's lack of awareness about this crucial and sensitive bodily cycle, the stereotypical construct of the society deliberately pushes any discussions related to menstruation under the carpet. Widespread stigmatisation, regressive mindsets and institutional bias continue to mistreat menstruating women with restrictions on self-expression, freedom, schooling, and mobility. Many a time, the perpetrators are no other than their own family members who suppress these women under a shame related to their own bodies

Observing such soaring reluctance amongst the rural women against talking about menstruation, CASA took the initiative to organise a Gender Sensitisation program in rural premises of the country. In Banswara, Rajasthan, the program intended to train women on making cloth pads for their own menstrual hygiene and for generating another stream of livelihood. The workshop attracted women from several nearby villages. Traversing over 20 kilometers from Mastamahudi village to attend the workshop, Priyanka, a 19-year-old girl pursuing Bachelor in Arts arrived at the event venue.

The program included three phases, Sharm Todo, Menstrual education and Stitching high-quality cloth-pad. Through the first phase of breaking the silence, Priyanka learned about the need to break free from taboos related to menstrual health and one's own body. She shares, "the workshop introduced me to the vices of perpetrating secrecy and silence about menstruation at home. Menstruation is natural but



# Organic Manure and Crop Protection Training



CASA organised an "Organic manure and crop protection training program" for the women farmers of Jhamri, Banswara, Rajasthan on 8th July 2021. The participants were demonstrated on preparing Jeevamrut compost to ensure a good harvest. The manure, known to be a vitality tonic for the crops,

is highly beneficial in securing crop health during extremities.

Jeevamrut is made of locally available natural and organic ingredients such as gram flour, cow urine, dung, jaggery and the leaves for five specifically local trees. While Jeevamrut is a liquid compost that is sprayed on the plants after 7 days and before 13 days from the day of preparation, there is also another version of it, called the Ghanjeevamrit, that is used as manure to the crop roots.

Utilising organic manure to boost crop health is beneficial in multiple ways. Firstly, the ingredients are locally available and inexpensive. The method is not extensive or complicated. Secondly, artificial or chemical fertilisers pollute lands and water resources. Organic manure is non-toxic and eco-friendly which is the reason why it is the most reliable way to protect crops. CASA promotes organic and sustainable agriculture by encouraging farmers across India to prepare natural manure.



Sahiba Chawdhary/CASA

# No More Unrecognised Labour

*Pic: Devan, a beneficiary working in the women's group formed by CASA*

livelihood schemes. Devan participated in the movement where they formed a group and registered themselves under the Poora Kaam Poora Daam, MGNREGA scheme to claim 90 days of work during the pandemic. Acquiring a receipt from the Panchayat, the women officially confirmed their enrollment.

The awareness regarding the Government provisions for the welfare of marginalised is very sparse within these communities. It was through CASA's tenacious efforts that these women got familiarised with their Rights and initiated the movement. The benefits of such awareness were not limited to applying for the State-provided schemes alone. Devan and ten other women identified the need for intrinsic support and formed a collective farmer's group.

This unity helped in not only improving their individual capabilities but also provided them financial security as they now performed together towards reaping the best of their crops. When CASA organised organic manure and crop protection training program in the village, Devan with the collective farmers' group attended the workshop. They were trained to prepare Jeevamrut compost that will help them reap high yields without falling into the trap of using chemicals to protect crops. Jeevamrut is natural, eco-friendly, affordable and easy to prepare. The demonstration was done using locally available organic and unprocessed components such as cow urine, dung, jaggery, gram flour and leaves from local trees.

In an interaction with CASA's team during the training, Devan shared how CASA was able to create a transformative impact in her life. She says, "Initially we (the women farmer's group) did not know one another despite going through the same challenges with farming and responsibilities. It always felt like a lonely road to travel. The isolation we suffered due to the lack of awareness was very distressing. I could only identify the lack when we united and discussed our predicament. The solidarity that we have developed was not possible without CASA's encouragement. Amidst this pandemic, this opportunity of gaining peer advice has been fruitful on our emotional front as well. It has enhanced our confidence by making us self-reliant. We also protect one another from domestic harassment and all forms of abuse. Had we never

Despite constituting 80% of the agricultural workers in the majority of the developing world, women farmers are unfortunately the group that has to sail through overwhelming challenges. They manage farming activities within limited access to essential resources like irrigation, fertilisers, and market outlets. The lack of exposure to technical knowledge and institutional support makes their job even harder. Moreover, they face the dual burden of catering to the needs of family and farm.

One such story is of Devan, a 35-year-old woman farmer residing in the Jhamri village of Rajasthan. As her family expanded with the responsibilities of children to bear, finances started to thin out. The earning opportunities in the village were scarce. Water scarcity and arid climate made agriculture less profitable. Therefore, to make ends meet, Devan's husband migrated to Gujarat as a daily wage labourer. Whatever money he managed to earn, was getting completely consumed in paying bills and school fees. Devan had to plough a tough row. Balancing household responsibilities, she began working on their small farm holding, cultivating maize, jowar and tur dal for home and kapas for commercial purposes.

With the spiralling of the COVID-19 pandemic and limping economy, Devan like many other indigenous female farmers was caught in the hands of emerging scarcities. Upon the Panchayat faltering to take notice of the needs of the livelihood-hunting masses, 150 other women from Jhamri, Aneswar and Ladela villages led a movement to register for Rajasthan Government's

come across CASA, we could have not even known how miserable our lives were."

Many women farmers in Rajasthan struggle through innumerable challenges beyond the scarcity of water. They have the least representation in agricultural entrepreneurship, initiatives or movements. Limited earnings puncture their capacity in purchasing fertilisers or hiring farm help in their absence. Conclusively, they perform All-year-round labour for marginal yield. With collective farming, the women united their landholdings and dedicated suitable patches to each crop. They rotate the crops and maximise yield by working together on the united stretch of land. As leaders and as members, they progress in several skills from decision-making to planning distribution. Empowered by training to make organic compost, they could cut a lot of expenses over chemical fertilisers. Natural fertilisers do not pollute the water table or strip the soil of its nutrients. Thereby, the yield would not fall behind with the progressing years. Facilitating the growth of these women also helps the progress of the whole family in unison.



## The Story of Tribal Life in Dudu Block

Art mirrors the soul. Dance, songs and festivals reflect not only the inherent beauty of the individual practising it but also the intangible treasures of the source community. The signs of cultural refinement of the Kalbelia tribe, evident in their folksongs and traditional dance, has thereby earned the tribe a place in the Intangible Heritage List of Rajasthan under UNESCO in 2010. Originally known to be the snake catchers, sapera or venom traders, the Kalbelia tribe fell out of its conventional occupation following the Wildlife Act of 1972. Ever since the tribal population has adjusted to several other occupations, predominantly the forms of daily labour.

In the Dudu block of Rajasthan, the Kalbelia tribe is majorly forest-dwelling. They reside in the pasture lands outside village premises without any land Rights. Their isolation from village life limits their administrative knowledge and access to government-provided facilities. Similar to the Kalbelia tribe, the Bagdia tribe of Rajasthan inhabit the exterior margins of the villages. Bagdias traditionally led the cattle of the peasants for grazing. Even today, Bagdia men migrate to Kota, offering labour during the harvest season. Kalbelia and Bagdia tribes in Dudu block chiefly earn by preparing charcoal from the branches of a desert plant known

as Vilayeti Bambu, scientifically *Prosopis juliflora*. The labourers built make-shift tents out of bamboo, shards of clothes and tarpaulin, near the kilns as they got involved in year-round charcoal production.

The semi-arid weather added to the emissions from heat chambers, make the task physically extensive. However, the revenue generated is barely sufficient to sustain the labourers. Therefore, the young boys in the families are prematurely dragged into the fetters of the daunting labour where exposure to charcoal dust and bone-melting heat from the kilns renders them vulnerable to life-threatening diseases such as cancer and trauma. As the tribe's distance from the village restricts access to education beyond primary school, the alternative employment opportunities for the youth are also narrow.

Apart from child labour, child marriage has also been prevalent in these tribes. Young girls and women are subjected to various forms of exploitation. From trafficking to prostitution and even daily labour at charcoal kilns during menstruation, several women have literally and metaphorically been "sacrificed" in the population's quest to manage their minimal sustenance.

# Capacity Building and Promotion of Leadership



Sahiba Chawdhary/CASA



A member from the tribe, Bahulal Bagdia rose to the position of treasurer at Rajasthan Vikas Manch, managed by CASA, capacitating the communities to voice their concerns and be heard by accessing a broader platform. These efforts are consistently guiding the tribal population towards building representation and taking up progressive leadership. Child marriage and child labour were substantially reduced through education and awareness among the tribes. As the conservative shell has begun to rupture, progressive ideas and improvements are confirming their foothold in the community's perspective of the world.

During the COVID-19 pandemic, most rural areas in India were superstitious about the coronavirus disease. From disregarding it as an "urban disease" that can not enter the villages to consuming unscientific recipes for prevention, the reaction to the initial days of the coronavirus outbreak was not only ignorant but also dangerous. Since the Kalbelia and Bagdia tribes are relatively isolated from the village interiors, the spread of infection by human interaction was less probable. However, the availability of daily labour squeezed to a dearth of opportunity, draining the income sources of the tribal population. Through the local volunteers, the Kalbelia and Bagdia tribes received linkages to Government schemes for assistance. Furthermore, to safeguard their hygiene and health, CASA provided vulnerable families with hygiene kits including masks and soaps.

Pic: Bahulal Bagdia, treasurer at Rajasthan Vikas Manch, managed by CASA

CASA's local volunteers have a fair knowledge of the ethnic composition in their area of action. In the Dudu block, acting through the local volunteers, CASA could grasp the predicament of the tribal existence in the remote margins. Through years of efforts, our local volunteers have not only brought the attention of authorities to the livelihood concerns of the tribal people but have also enrolled the latter for Government-provided livelihood schemes such as MGNREGA.

The tribal women were encouraged to break out of their cocoons and receive empowerment-based training conducted periodically by CASA in Udaipur.



# The Beginning of the Ruination

In the first week of February 2021, the number of COVID-19 cases officially reported in India declined to less than 1,20,000 per day. Right when the curve's flattening infused hope to the masses, a second wave of the deadly viral infection was heading to a fatal outbreak.

Shortly by the second week of March 2021, COVID-19 cases began to spike exponentially, and in the first week of May, India reported an all-time highest of nearly four lakh cases daily. It was evident that the virus has turned more contagious this time and imposes greater risk to life and resources in the country than the first wave of COVID-19.



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# Whom Should We Hold Accountable for the Second Wave of COVID-19?

The reasons behind such a heightened surge of the infection can be blamed upon two major incidents: the COVID-abusive behaviour of masses and viral mutation.

People engaging over social functions and religious ceremonies, a little too early, violated the precautionary measures immensely enough to defeat any control over coronavirus propagation that the nation was able to achieve. Even extended periods of aligning with the new normal of masks and physical distancing contributed to a sort of pandemic fatigue and as soon as the authorities relaxed lockdown restrictions, people bounced back to the old normal forgetting about the prevailing dangers.

# Beyond the Exponential Rise: How is COVID 2.0 Different from the First Wave?

The symptoms identified in the second wave of COVID-19 were not dramatically different from those observed in the first wave. It ranged from being mild to severe with the most common symptoms including cough, fever and fatigue. However, certain instances of conjunctivitis, gastrointestinal troubles, fungal infection and epidermal rashes were getting medically identified in the second wave. These side-effects or reactions could be attributed to the heightened number of cases and impact of mutated strains on one's immunological resistance.

A large segment of the patients identified in the second wave were children and young adults. As schools, offices and other institutions reopened with lockdown relaxations across the country, by the end of 2020, the youth were exposed to COVID-19 more than the exposure in the first wave. However, the young population continued

The second reason for the re-rise was a more obvious and natural phenomenon of mutation in an RNA virus. The genetic component of novel coronavirus underwent structural changes during transmission and multiplication. These changes altogether produced different strains of the virus with varying levels of infectiousness, growth, and tolerances.

In India, the first mutated strain recognised towards the end of 2020, was the UK variant (B117). Subsequently, a South African variant was identified which besides being more contagious was also potent enough to evade the vaccine-induced immune resistance against the original COVID-19 strain. Other strains such as the Brazilian variant, Japan variant and even an Indian variant had a greater infection rate than the strain observed in the first wave.

The Indian variant (B1617), which exhibited a mutated combination of Brazilian and UK variants, had undergone double mutation, making it an extremely deadly and fast-spreading strain that promoted an unchecked progression in the number of cases reported in the second wave.

to have stronger immunity resistance and greater chances of survival against the damages caused by COVID-19 over the elderly population.

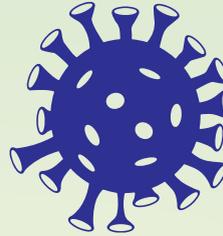
The chances of "reinfection" were also giving rise to potential threats against lives in the second wave. Reinfection refers to the recurrence of diseases, in this case, COVID-19, in a person who has been infected previously by the virus. The antibodies developed in humans while battling a viral infection contributes to a defence mechanism against reinfection, as our systems remember the processes to tackle the disease. Yet, the mutants of COVID-19 can evade the antibody resistance generated by the previous strain of the virus. Added to the evasion, the body also tends to lose resistance over time, making the subject vulnerable to COVID-19 again. Therefore, any patient recovering from COVID-19 was not forever immune to the disease and might get reinfected in three to six months time.

Subsequent studies also confirmed that the SARS-CoV-2 or COVID-19 virus was airborne. The virus harboured the potential for transmission through respiratory fluids and droplets in the air. In the previous wave, the use of a single cloth or N95 mask was deemed sufficient for going out on necessary work. However, strengthening the precautionary regulation to prevent contact with infected droplets in the air, the use of a double mask was made mandatory for the public.

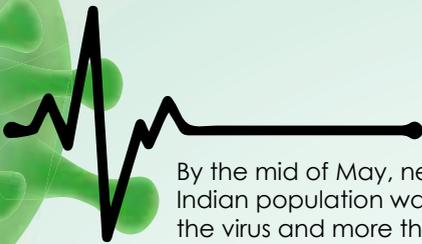
# Statistics of COVID-19 Second Wave



The second wave of COVID-19 peaked at the end of April 2021 when India crossed the mark of reporting 4 lakh cases per day.



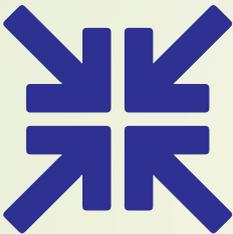
The viral pathogen, Coronavirus, mutated into a more devastating and infectious strain since the first wave, increasing the mortality rate by nearly 40 per cent.



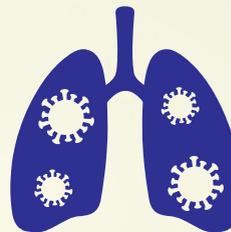
By the mid of May, nearly 25% of the Indian population was infected by the virus and more than 3 lakh people have reportedly lost their lives.



The combined death toll from the first and second waves shot up to 4.5 lakhs.



Reports claim that the positivity rate and death toll reported in the second wave could be hugely understated- up to 10 times less than the actual numbers.



The median age of mortality dropped from 60 years in the first wave to 45 in the second wave as the viral strain of the acute respiratory syndrome infected the young population largely.



The peak raised a chaotic atmosphere in the country as more people died of COVID-19 in the lack of hospital beds, oxygen, or ICUs.



Mucormycosis or the black fungus epidemic broke out amidst the fatal second wave.



Patients with diabetes and those already infected with COVID-19 were vulnerable to black fungus and by June 7, 2021, the Indian Ministry of Health recorded 28,252 cases.



Reports mention that the excessive use of steroids in the treatment of COVID-19 and immunosuppression by the virus led to the emergence of this opportunistic fungal infection.

# Government Schemes and the Role of Civil Society in Helping the Affected Statum

The second wave of coronavirus did not only ignite a heavy surge in the cases or deaths reported every day in the country but also undermined India's hope of recovering from the economic and infrastructural losses incurred by the prolonged lockdown. The marginalised communities across India who were solely dependent on migration or labour in the unorganised sector for livelihood suffered unspeakably. Fear and chaos continued to intensify as the financially unstable families clung to a thin thread of sustenance. Amidst all the uncertainty and distress, the welfare and support schemes available to the marginalised segment under the Central or State Government stood as a lighthouse for the stranded mass. However, a very negligible section of the deprived communities had a full realisation of the existence of such supportive measures.

The centre emphasised schemes such as



## Pradhan Mantri Garib Kalyan Anna Yojana (Food scheme)

the marginalised beneficiaries would be allocated 10kgs of dry ration and 1 kg of local pulses in two instalments for sustaining through three months. Distributed through the local

## Public Distribution Scheme (PDS)



## Minimum Income Support Scheme PM-KISAN

Farmers were promised a sum of INR 6000/- every year in three equal installments.

About 86.9 million farmers were expected to receive the benefit through the upfront first installment in April 2020. Senior citizens, widows and physically challenged individuals were eligible for INR 1000 support every three months.

## Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGA)

wage of the eligible workers increased from INR 182/- to INR 202/- per day of work



Several organisations collectively worked towards improving the healthcare infrastructure, especially in the villages. They moved in to fill the gaps in the medical fabric pertaining to shortage of beds, medical oxygen or financial backing. Rural communities were guided thoroughly in registering for vaccination on Co-WIN, reaching the vaccination centre on time and receiving the follow-up dose on time. WASH kits were distributed to raise awareness on hygiene. Small steps in promoting handwashing, social distancing and communicating COVID-19 protocols in local language reaped live-changing results. Deeper partnerships between the civil society and Government institutions empowered the COVID-19 and lockdown affected communities in sailing through the shocks and stresses.

Source: Ministry of Health and Family Welfare. Government of India.

# COVID-19 Second Wave Response

The mayhem caused by the COVID-19 pandemic across the world is an unforeseen health hazard. Never before has humankind witnessed any diseases spreading at such an alarming rate.

Millions of people across the world died because health infrastructure miserably failed, livelihoods of common people were destroyed because the economies of many nations collapsed.

At the onset of the first wave, India was locked for over one year leading to the sharp decline in the economy, however, the worst affected were marginalised communities – daily wage workers, migrant labourers, women, poor children and landless farmers.

During the second wave, the disease spread so fast that the Health infrastructure failed to cope. People

were running from pillars to post for oxygen and medicines. Third-wave didn't cause much damage probably because a good percentage of Indians were vaccinated.

CASA has been relentlessly working to mitigate the problems of marginalised people. Several campaigns were organised in villages to spread awareness about the disease among the vulnerable communities, they were informed about the appropriate covid behaviour and importance of handwashing.

CASA also responded to the pandemic by distributing cooked foods, dry ration kits, hygiene kits and providing cash support to marginalised families. Before the breakout of the third wave, several life-saving equipments were provided to health centres in villages and towns across India.



# Relief Distribution

UNDER COVID-19 RESPONSE



COOKED FOOD  
**5,669**



DRY RATION  
**8,170**



CASH SUPPORT  
**9,545**



HYGIENE KIT  
**51,425**



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



AWARENESS  
**5,37,818**

**18**  
States  
Covered

**1,398**  
No. of villages  
covered

**6,01,972**  
No. of people  
reached



# Raj Deep Puri

Coordinator (Officiating)  
CASA Core Programme  
Gumla district - Jharkhand

"CASA is primarily focused on serving the most marginalised segments in the country. Our response action largely covers the remotest of areas that are inaccessible through regular modes of commute. Out of the six panchayats in Ghagra Block where CASA serves the humanitarian needs, four are remotely located. They are hilly areas and also prone to floods. During the rainy days, the existing few roads get completely washed away, affecting all the means to commute. On regular days, any travelling post-dusk is not advisable due to the adjoining forests. Our volunteers, therefore, spend a minimum of 2-3 days at these panchayats even when the agenda has one day of work", shares Raj Deep Puri.

In late 2019 when cases of COVID-19 began to spike and the national lockdown was implemented in March 2020, CASA worked closely with the local administration to disseminate primary response in curbing the viral spread.

The project area under CASA chiefly consists of migrant workers. For a period of six months, starting from January or February, these workers shift to other cities to work as domestic/house help or as contract labourers at the brick kilns and construction sites. It is their primary source of income since the poor irrigation facilities in their native villages anyway make sustenance out of farming impossible. Farmers survive on single-crop farming which is not a robust source of livelihood generation.

After the nationwide lockdown, these migrants attempted to return to their native villages with desperation. With all the fear surrounding the virus's deadliness, the people from within the village blocked the entryways, preventing anyone from entering the premises.

"CASA volunteers instructed the villagers not to panic and stay indoors. We assured that all the returnee migrants will be meticulously tested and quarantined before permitting entry. This is where our response began. We extracted a survey list of the returnee, medically tested them to ensure they are not infected, quarantined them in the village schools and retested them after 14 days before sending them home." shares Raj Deep.

CASA volunteers connected eligible members to government support and the non-eligible mass was provided ration and meals from CASA's end. Several awareness campaigns were conducted through wall painting and pamphlet distributions.

Through meetings in small groups, maintaining all COVID appropriate behaviour, CASA could motivate the villagers to give up hesitancy and share their problems related to livelihood. We made them aware of different government schemes that can be availed for relief during the pandemic.

The second wave, being more invasive and intense than the first one, incurred huge inconvenience and chaos. Village to village cases began to rise with at least two or three deaths per village. People continued to become more hesitant to get tested or vaccinated. Not more than 7 people turned per day at the block level to get vaccinated.

"CASA was invited by the Block Development Officer to discuss how to improve the vaccination coverage. Thereupon, we set up two vaccination centres and reached out to every panchayat promoting vaccination. It was surprising and overwhelming to witness that the villagers confide so much trust in CASA that nearly 50-70 people showed up daily to get vaccinated at our centres. CASA also prioritised women's vaccination in every village. Currently, at the block level, about 70% of the population has been vaccinated."

# The Agonizing Battle of Puchki Bai

STORY  
ARUSHI NARCHAL | WRITER  
SHYNA GUPTA

Puchki Bai, 55, lives in the Kanakpura village of Rajasthan. Having suffered ovarian stones in her youth, Puchki Bai's health did not permit her to beget offspring. Her husband, Jodhaji, was her only support until he breathed his last, succumbing to an unprecedented ailment, seven years ago. Except for a meagre farm holding of half bigha, Puchki Bai did not have any source of livelihood. Symbolic of the isolated life, her small house has been deteriorating brick-after-brick every year. The leaking roofs and seepage on walls let even drizzles drench her scanty belongings. Struggling to adjust her daily expenses within the pension amount, Puchki Bai could not manage to repair her house.

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



(Photo Courtesy: Sahiba Chawdhary/CASA)

As the pandemic set its foot into her life, the ruins were magnified. The occasional meetings of her in-laws came to an end and Puchki now had to plough a lonely furrow. The air of dependency lessened a little when Puchki's brother-in-law entrusted her with some goats to look after. When the goats started to beget offspring, she grew affectionate towards the tender creatures. Puchki spent most of her time playing with them during the lockdown. But difficulties do not vanish if you simply turn blind to their existence.

The perils of ignorance and lack of health-related knowledge were now exacerbated as Puchki was completely clueless about the COVID-19 disease. She couldn't make sense of the COVID appropriate behaviour and maintain necessary protocols. Despite Puchki's efforts in keeping her head above the water, her marginality pulls her further down in getting through these precarious times.

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



Pic: Ramesh, a beneficiary who met with an accident

Pic (below): CASA team interacting with Ramesh

STORY  
ARUSHI NARCHAL | WRITER  
SHYNA GUPTA

# Disability Forcing Impoverishment

Arushi Narchal/CASA

The undulating land of Borimalang, Rajasthan is a remote village full of topographic challenges. The presence of sloppy terraces makes agricultural activities difficult while the uneven land makes it impossible to build adjacent houses, giving rise to neighbourhood problems and distant living. Insufficiencies such as dearth of water supply, lack of accessibility to hospitals & schools prevail in this region. This forces people to migrate to other cities to fulfill their basic needs.

This all makes life harder for the inhabitants like Ramesh who is a 40-year old taxi driver residing with his wife and a 6-year-old son. Being the only breadwinner in the family, he fought his ordeals gallantly and migrated to Ahmedabad, Gujarat to make his ends meet. But Ramesh was not aware of how bleak and unforeseen life can turn out to be.

An ill wind blew in the year 2018, forcing the sail of Ramesh's existence in an unexpected direction. He painfully recalls the tragedy inflicted upon him, "One morning when I was driving back to my home after finishing the tedious work, a speedy car came from behind and vigorously hit my car. I was severely wounded and it took me 6 months to recover. I have still not regained full use of one of my legs."

From then on life became a journey of trials and tribulations for Ramesh. He did not receive any compensation for his loss and was bedridden for half a year. Therefore, he was left with no choice but to mortgage half a bigha of his landholding to pay the medical bills. His only source of income was crushed under the unprecedented challenges of fate. Under such circumstances, his wife began to cultivate the leftover fragment of farmland and reared cattle but the produce was insufficient to subsist themselves.

Moreover, amidst these COVID-19 crises, access to medical facilities from remote Boori Malang became extremely expensive and already stressed Ramesh

struggled to sustain his family. This threw him in the pit of pestilence. Ramesh's only hope now lies in his son. He pours out his heart to CASA saying, "I am not educated and have been trapped in such clutches. I won't let my child suffer through it, I'll educate him and make him self-sufficient". Due to the pandemic, his son's education has been hampered as well. This distant region poses a challenge for children's education because of a lack of resources and limited learning opportunities. As education and development go hand in hand it is a necessity for these children to get literate. As a result, Ramesh might be forced to send his child to a distant city, even though he doesn't have enough finances.

The severe and unmanageable afflictions brought upon Ramesh were notified to CASA by the Panchayat. CASA transferred an amount of Rs. 3,000 into his bank account and Ramesh was assisted with dry ration and hygiene kits under the response program to COVID-19. This sum has been of immense help in relieving Ramesh's condition, as he could now sustain his family for the next few months.



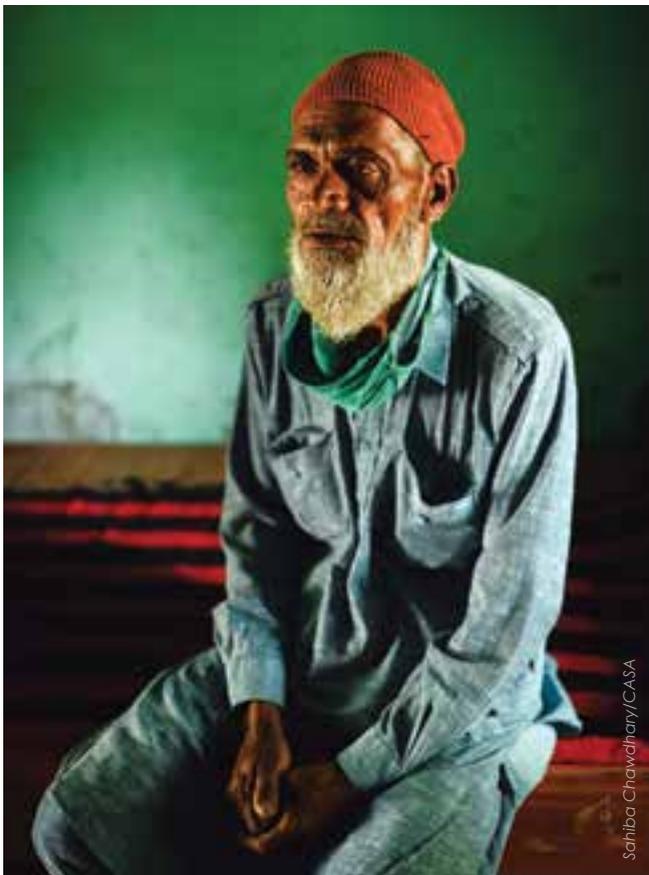
# I had a partner to share my life with...

I drove her from one hospital to another seeking help. How can I forget those three excruciating hours of waiting for one hospital bed? I could not even realise that it was the day of Eid.

In the Chavan village of Rajasthan, Ishaq Khan, a 51 years old native, has been earning his bread as a daily wage labourer. From driving cars to reselling scrap materials, the association of his livelihood with the informal sector dates back to the 90s. While the slope of his profession was in all-time turbulence, there was but one person who fueled his courage every single day. Holding him through the bleak times was his life partner, Zafran. On 15th May 1990, Ishaq was formally entrusted with the hands of Zafran Nisha in marriage. Since then she has stood by Ishaq as a supportive and caring partner.

The couple had four children, whom Ishaq raised with his sweat and blood. Ishaq's income was always getting completely utilised without sparing even a penny in the savings account. As years passed by, financial concerns shot high. Zafran also developed health issues with hypertension, adding to medical expenses. Sustenance was hanging by a thin margin when in March 2020 the nationwide lockdown imposed a final death blow on Ishaq's income. The informal sector, which supported him for years, was immediately shut. Many daily wagers, including Ishaq, were compelled to manage their bread out of borrowing petty loans.

*Pic: Ishaq Khan, who received monetary help from CASA*



Sahiba Chawdhary/CASA

Insecurity prevailed in Ishaq's family throughout the year. Ishaq shared, "Our hope of revival post-first-wave was too short-lived as the second wave followed. Zafran was getting increasingly subjected to a constant stream of news about COVID-deaths in our circle. While one day a dear person rested in peace, the other day some acquaintance lost his breath. Already a hypertension patient, Zafran, was disturbed".

The month of Ramadan was about to culminate in the first Islamic festival of the year, Eid-ul-Fitr. It was supposed to bring in fresh hope of health and celebration for Ishaq's family, had fate possessed a heart. On 12th May 2021, the day of Eid, Zafran fell terribly sick. Ishaq remunerates, "I drove her from one hospital to another seeking help. How can I forget those three excruciating hours of waiting for one hospital bed? I could not even realise that it was the day of Eid. Admitting Zafran, I asked my son to go back home and have the ceremonial Kheer (rice pudding) before the festival ends. I did not have the heart to eat. I kept praying for her".

It was the dawn of 14th May, one day prior to the wedding anniversary of the loving couple, that Zafran left for her heavenly abode. Ishaq could feel nothing. The most cherishable time of the year had turned into a nightmare. While narrating the story to team CASA, Ishaq could not hold his tears. "It is difficult to imagine her without a smile. If you see her picture even today, you would think she would come out of it alive. These are but my tears of happiness. I had a partner to share my life with. I just lost her too soon." Ishaq forced a smile through his face yet, it failed to hide his harrowing pain.

Following Zafran's demise, Ishaq borrowed some money to arrange for the Fatihah (Requiem) ritual where the favourite food of the deceased is cooked and distributed among the poor on the 40th day of mourning. When CASA identified Ishaq's financially vulnerable condition, an amount of Rs. 3000 was sent to his bank account and he was assisted with a hygiene kit under the Response program to COVID-19. With the sum, Ishaq repaid a portion of the loan he took for Zafran's Fatihah and sustained himself through the time he mourned for his beloved.



Sahiba Chawdhary/CASA

# N<sup>o</sup> Retirement for the Deprived



Sahiba Chowdhary/CASA

Pic: Meghji, a 70-years-old differently-abled man

The scorching and humid summer wind had started blowing over the semi-arid premises of Lalpura village in Rajasthan. A year had passed since the first pan-nation lockdown was imposed to curb the spread of COVID-19. March of 2021 was slipping past as history decided to repeat itself. Cases pertaining to the second wave of COVID-19 shot up. Lockdowns were exercised again. The festival of colours, Holi, lost all essence of its vibrancy as the population was scared to even step out.

Sitting on an old charpoy in front of his tiny hut, Meghji, a 70-years-old differently-abled man, looked far in the direction of his native village, Kesariyaji. Two decades ago, an unprecedented feud during Holi had cost him a life-long exile. Was it a conspiracy of the powerful to ostracise him from the community or was his opponent notorious enough to carelessly strip any unrelated man of his only abode? Meghji could only wonder. With his wife, Moti, Meghji limped his way out of the village. Patterns of the past were about to recur. The Holi of 2021 preceded another approaching crisis that was about to pose a grave challenge to Meghji's sustenance.

"When we left Kesariyaji, Moti's brother offered us a small stretch of land here in Lalpura to settle. Moti and I built a hut and shaped our whole world around it. I used to work on a daily wage, repairing the farm fences of the nearby landowners. As a person with a partially impaired leg, I could not have taken up work that involved extensive walking. What I earned was never sufficient as such but we managed somehow", recalls Meghji. However, burdens began to overpower when Moti fell repeatedly sick and needed medical care. Meghji adds, "We had to see a physician every

now and then. There were no savings to pay for medicines. So whenever any medical need arises, I look for jobs around the local area and agree to sweat for any sum that can help me pay for the commute and bills".

The couple decided to remain childless owing to their physical challenges. While they had one another to lean on, growing age weakened their spine to even support themselves. Meghji describes, "When the COVID-19 lockdown was introduced last year, I was already struggling to make ends meet. Adding to the trouble with my leg, my age also makes me less efficient. Due to the pandemic, work opportunities have declined. It is tough to find daily work. Moti's health also concerns me. The pension that we get is barely enough to feed us. How should we settle our medical and old-age expenses without labouring?". As Meghji voiced their plight, Moti breathed, "When we have money, we feed ourselves and when we don't, we sleep empty-stomached. It is just how life is for us".

The couple is more susceptible to the deadly coronavirus due to the combined disadvantage of their old age, compromised nutrition and existing health issues. Despite such serious vulnerability, Meghji had to step out to find local work amidst the second wave, hoping that they didn't have to starve one more night. When CASA volunteers learned about the couple's predicament, they enrolled Meghji for the COVID-19 support wherein, dry ration and unconditional bank transfer of INR 3000 was provided. While the ration sustained the couple nutritionally for eight weeks, the sum assisted Meghji in purchasing wheat, medicines and a new pair of saree for Moti.

# To What Could Be Our Last Meal Together

STORY

ARUSHI NARCHAL

WRITER

KAJOL TANAYA

With begging cups clasped in their tiny hands, Hitesh, 6-years-old, and Vinod, 4-years-old, step out in the sun. The residents of Nathara village, locked in their homes during the pandemic, would someday or the other hear the children knocking. Opening the door would bring them face to face with either of the tiny boys raising the begging bowl far above their heads. Whatever food the neighbours generously pour into these two bowls makes its way to feeding three stomachs- those of the two boys and their father Bansilal Bhera Dhauli.

Their flaky skin and skinny stature convey an inability of just two roti in satiating the children's nutritional needs every day. It has been a year since they had a sumptuous meal freshly cooked by their mother. As she lost her last breath grappling with the deadly coronavirus disease, Hitesh and Vinod were bereft of motherly love. Bansilal tried his best to provide the children with all the love they deserved and needed, bearing all parental roles alone. They had no relatives to turn to. Two decades ago, Bansilal had migrated from Daili village of Rajasthan to Nathara and never turned back again. He managed to earn a livelihood out of practising the traditional profession of the Dhauli community, which is to play dhols and cultural drums in the marriage ceremonies.

For the past few years, Bansilal had been sensing discomfort in speech and voice. However, he rarely

paid attention to that. Life went through thick and thin but Bansilal in his family of four rowed through the dire straits with strength. When the family tested positive for COVID-19, they had hoped to recover out of it together. Alas, Bansilal's wife could not make it out of fatality. Stepping out of the hospital, Bansilal's heart was sinking in woes. Amidst his struggle with coronavirus, he had got his throat issue tested as well. The reports came out with something grievous rather than merely concerning. He was scared of disclosing to his two little sons that soon they would be orphans. Bansilal was diagnosed with Throat Cancer.

Soon his health started to fall behind. Bansilal lost his strength to cancer, rotting him from within. Health professionals admitted that the malice had entered into an incurable stage. Death with its crooked beak has been perching on the branches of destiny, awaiting to take Bansilal off to the world from where no one has ever returned. Hitesh and Vinod barely had an idea of what was happening. With COVID-19 lockdown closing off schools, they had the entire day to themselves. The two brothers have been looking after one another like parents do. To feed their ailing father, they venture out every day, asking for food from neighbours. Neither do they know what has happened to their father, nor do they understand what awaits them in the near future.

Bansilal would not make it far in this world. The two brothers would soon fall out of parental love. To ensure that the three of them cherish their remaining days together, CASA supported the family with INR 3000 of unconditional bank transfer and dry ration kit. Bansilal paid off some debt he owed to the neighbour and brought his children a new pair of clothes. The two brothers have a matching pair of orange in blue stripes t-shirts as a parting gift from their father. They have been eating home-cooked food oblivious of which one would be their last meal together.

*Pic: Hitesh and Vinod with their father Bansilal Bhera Dhauli*





Arushi Narchal/CASA

Pic: Laali, a beneficiary receiving WaSH Kit

# Sharing Care with the Caregivers

For the people residing in remote areas across India, access to infrastructural facilities has become a rare privilege. At times the natural barriers in the landscapes, such as a towering hill or a deep lake cut off a small premise from the rest of the village area, making it a secluded world on its own. Certain villages are even inaccessible by regular roads. Arrangements such as a single-seater rope trolley or narrow bridge that sags heavily under the weight of the traveller's foot become the only connecting routes that allow the natives access to the world outside.

Laali, a 60-years old woman from the Nathara village of Rajasthan, has been residing in a remote segment since her childhood. The impediment to her interaction with the wide world is not the location of her home but also her differently-abled body. Since childhood, Laali has been struggling with the proportion of her skeletal development. As her age started to roll forward, Laali's spine began hunching towards her chest. Her limbs grew distorted and disproportionately curved.

Witnessing this abnormal growth, Laali's father Chattraji consulted the Udaipur hospital which is very far from the village. Owing to their slim financial predicament and distance from the hospital, Laali's treatment could never continue uninterrupted. Despite the unfruitful breaks in medical care, Chattraji unconditionally provided for his daughter's emotional and material need of support throughout her childhood.

Age started to show on Chattraji's face. As his strongest days approached an end, driving him closer to his departure from his earthly existence, he handed over Laali's responsibility to his elder son and daughter-in-law. Chattraji passed away leaving Laali deserted of the greatest support she had in her trying times. Her brother and sister-in-law tried to make for his absence but nothing could have compensated for the loss of such a loving father. Life has to continue in a rhythm with time, so did it. Laali remained unmarried as her health continued to depreciate and the disability hampered her capacity to even move on her own.



For some years in her youth, Laali used to briefly move from one place to another on her own by propelling the floor with hands while being seated on a small wooden board fitted with wheels. Ageing compromised her ability to move. However, her brother and sister-in-law continued to help her in using the washroom, bathing, eating, moving to far places and so on. While hardships allowed no respite to Laali or her caregivers, the unforeseen medical emergency brought by the COVID-19 pandemic worsened their lives.

Lack of access to proper medical care during the COVID-19 pandemic made Laali and her caregivers vulnerable to the infection. Her existing health condition and elderly age were the greatest risk factors for susceptibility. The blow imposed by the second wave of COVID-19 on the family's income had already impacted their capacity to afford an everyday meal. In such a condition, meeting medical expenses and the increasing need for sanitisers and soaps kept on adding challenges every day. More than the threats of the virus, the escalating financial burden made it hard for the family to take care of Laali properly.

To ensure that Laali's health is taken care of, it was also essential to safeguard her family. When CASA learned about Laali's condition, the family was assisted with a hygiene kit and INR 3,000 for survival-related aid during the second wave. After receiving the aid, Laali shared that the amount had been of great help as she wanted to help her sister-in-law in purchasing rations. Moreover, she required some medicines to support her health which could now be managed with the sum. The hygiene kit has also helped her and her family stay safe from COVID-19.



# The Deepening Lines of Worries

STORY  
ALAKSHENDRA SINGH

WRITER  
KAJOL TANAYA

Affording the basic healthcare protection gears such as masks, sanitisers, hand wash and other hygiene products, which are necessary for the prevention of COVID-19, may appear inconsequential to the pockets of those residing in the well-off segments of the society. However, it is a dear privilege for the lives that dwell in marginalisation. Often than never, the masses turn a blind eye towards the consequences of seemingly temporary or minor inconveniences, such as loss of job or lockdown, on the lives of the rural community.

In our contained and home-confined existence during the second wave of the COVID-19 pandemic, this divide in society has also deepened in several aspects. Undeniably, individuals from both the urban and rural regions fell into the pit of unemployment due to the disruption generated by the pandemic. Yet, the probability of a technically and digitally skilled urban individual emerging from the pit has been significantly higher and easier. This lack of economic privilege can be reconnected to the previously discussed concern regarding the inability of rural masses to afford even the basic healthcare tools by spending those precious portions of their tiny savings that can help them survive the pandemic.

The case of Sajani Devi, a 25 years old resident of Birpur village in Madhubani District of Bihar, is a clear testimony to the aforementioned issue. Sajani Devi belongs to an ultra-vulnerable family. Her husband,

Santosh Saday, migrated to states outside Bihar in search of employment. After uniting days in finding an opportunity, he could finally earn a living by working as a daily wage labourer in Mumbai. Unfortunately, with the ravaging crisis unleashed by the first wave of COVID-19 on guest workers, Santosh returned home with strained savings. Ever since the family's financial predicament has been spinning down the spiral with no earning source available for revival.

The initiation of the nationwide unlock process, after the first wave had ceased, was a moment of resurrecting hope for them. But after a few days again the second wave unleashed more barbaric devastation than the first one. Due to the prolonged and frequent lockdowns, the family was thrust into a dearth of resources, making it difficult for them to manage nutrition and hygiene-based needs at the same time. When CASA surveyed the living conditions of residents in the Madhubani district, under the Response to the second wave of COVID-19, Sajani Devi brought her family's problem to our notice. To help the family invest their limited savings solely in feeding themselves, CASA met their hygiene-related needs by providing a Wash-kit which included all the essential elements to facilitate them in observing the precautions against novel coronavirus. With the available support, Sajani Devi is now hopeful to save her family and herself from COVID-19 and survive till the second wave is over.

## A Choice to Make:

# Food for a Week or Paying off the Hospital Bills?

STORY  
SURESH SATAPATHY

WRITER  
KAJOL TANAYA

Pic: Taruna with her family

The terrors brought by the second wave of COVID-19 tossed the fate of several communities into the jaws of strained resources. Already suffering through the unprecedented loss of employment, individuals also had to meet the perennial expenses on COVID-19 precaution. Chunks of their limited savings were split partially on food to fill their stomachs and largely on affording healthcare services for mild to critical health issues. To claim that COVID-19 has only incurred a financial nosedive for the marginalised segments would be an understatement. The unceasing anxiety associated with the physical health of oneself and that of family members has also acquired the position of a major mental health depreciator. Such exploitation of mental, physical, and financial health has further compromised the living conditions of socially neglected masses.

Landed on a similar swampy predicament, Taruna, a resident of Dehradun, Uttarakhand, was in urgent need of assistance. Taruna and her husband work for a Church. With the lockdown imposed to curb the spread of COVID-19 across the nation, the couple suffered a massive deceleration of earnings. When the savings started to deplete to the last few pennies, they began evaluating possible avenues to revive their earning sources. Unfortunately, Taruna and her 11-year-old child were soon found to be COVID positive, incurring additional medical expenses on the already strained condition of the family. On one hand, the hospital bills were running lengths beyond what the depth of their pocket could accommodate and on the other hand, they were only left with food that would last nearly for a week. The crisis took a huge toll on Taruna's mental health too.

When CASA came across the family's condition, they were feeling trapped on an island of woes. On 17th May, under the Response to The Second Wave of COVID-19, CASA provided Taruna with a financial aid of Rs.3000 to cover her COVID-19 related expenses. The amount relieved the condition of the family. Taruna expressing her gratitude says, "We are very much thankful for the precious support in this time. I want to thank CASA for this help. CASA is really doing good work and we are blessed by you. Thank you so much". She added that with this help her family could now use their savings to arrange food, other medicine and fulfil their everyday needs for quite some time as the expenses for COVID-19 were now well-arranged through the support amount.



# M onetary Help During Pandemic

Pic: Reeta with her family



Reeta Singh, a private teacher, has been surviving on medicines for over two years as she had lost the sensation over her face. "I don't feel anything. Sometimes I hurt my lips and cheeks while eating as food drops from my mouth and I can't control that", shared Reeta. Her husband had lost his leg due to gangrene and is unfit to work. He stays at home and needs medical assistance time and again.

Despite such hard conditions, the couple has raised two sons, one is 11 and the other one is seeking employment. Reeta mentions that due to the pandemic and shutdowns, she receives only half of her salary in some months and remains without an earning for the other months.

When Reeta tested positive for COVID-19, the family faced difficulties managing their expenses. As their condition came into CASA's notice, the team assisted her through an unconditional bank transfer of Rs. 3000.

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

Pic: Arun Kumar received monetary help from CASA



The struggle for bread and education have always been a prevailing concern across the rural premises. Adding substantial weight to the existing burden, the medical emergency of COVID-19 further triggered the vulnerabilities of rural masses in the purview of the unavailability or inaccessibility of healthcare facilities in remote areas.

Trapped amidst such turbulent waves of financial and medical inconveniences was Arun Pal, a resident of Nehru Gram, Dehradun, who had tested positive for COVID-19 in the month of May. Within a week of suffering through the fatal infection, he lost his job.

According to Arun, the job was his sole source of capacity to manage the regular expenses of his household.

Having lost his job, Arun looked for financial assistance elsewhere, but the tides of destiny seemed to have turned against him. Every day became a struggle for Arun until his predicament entered the attention of CASA. A credit amount of Rs. 3000 was promptly transacted to Arun's bank account to help him pay for his medical bill.

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

# Aid Amidst the Pandemic

STORY  
PRIYANK SAMUEL

WRITER  
MD MAHFOOZ ALAM

The second wave of COVID-19 in India was more fatal than the first. After a decline in the number of cases in September 2020, the second wave began wreaking havoc with a sudden spike in cases in March 2021. An increased mortality rate was witnessed in the age groups above 20. The mutated viral strain caused acute shortness of breath leading to the urgent need for supplemental oxygen and mechanical ventilation. Almost every family was affected by the pandemic, some lost their loved ones and some were forced to the verge of bankruptcy.

Along with millions of deaths, the economic crisis induced by the repeated lockdowns severely affected the marginalised communities — daily wage workers, migrant labourers and small farmers.

CASA ran intervention programmes in rural parts of India to help families of marginalised communities. A need-based assessment was conducted in the villages across India to identify families struggling for food, money, and other necessities.

Sandeep Chauhan, a 36-year-old farmer, from the Lakhwar village of Dehradun, Uttarakhand is one such beneficiary who was struggling to feed his family. There are five members in his family, along with his wife and mother, he has two sons of 2 and 4 years of age. Chauhan's family was in dire need of help because his wife had contracted coronavirus and they were short of money because of loss in farming.

Chauhan shared, "My wife, Sudha was suffering from fever. Initially, we took it lightly assuming it to be a seasonal viral infection but when she showed severe symptoms of cough and restlessness, we had to take her to the hospital where she tested positive for the COVID-19."

Chauhan's family along with his wife were quarantined for fourteen days. During this period they couldn't take care of their crops resulting in a decrease in production.

## HELP CAME AT THE TIME WHEN THEY WERE ON THE BRINK OF EXISTENTIAL CRISIS

- Sandeep Chauhan, Uttarakhand

Sharing his hardships, Chauhan recalls, "Because of the restrictions to travel and closure of the markets, I couldn't even sell the remaining crops. With no money in hand, I was struggling to buy ration and other necessities." He further adds, "we couldn't even borrow money or ask for any favour from others because everyone in his village was going through the same situation."

Chauhan's family was identified by the CASA's volunteers during the survey and was provided with a Ration Kit, Hygiene Kit, Medicine and a sum of Rs. 3000 was also transferred to his account.

Thanking CASA, he says, "help came at the time when they were on the brink of existential crisis. The ration helped in feeding family for a few months after then he spent the helped amount in purchasing more ration and medicine."



Sanjeev Singh/CASA

# A Couple's Arduous Journey

STORY / WRITER  
PRIYANK SAMUEL

Pic: Ramesh Tomar, Uttarkhand



Sanjeev Singh/CASA

Life was going on steadily for Ramesh Tomar and his wife by earning wages from their agricultural produce until COVID-19 hit the country. Like many people, Ramesh and his wife were also affected severely by the pandemic. They were both physically and financially distressed. The husband and wife contracted the Coronavirus consecutively and were forced to quarantine themselves after being reported positive in their RT-PCR report. They encountered a lot of difficulties during this time.

First, when Ramesh was tested positive for the virus, they were home quarantined for 14 days. This could've been dealt with but the big snag was when his wife was tested positive for the virus later and they had to undergo another 14 days of quarantine. With farming being their only source of income, the family hit rock bottom when they were prohibited to perform their regular farming activities. Ramesh conveyed with a painful voice, "The villagers objected when we tried to go to our farming field. We faced many difficulties during the quarantine, however, not being able to do farming and selling affected us the most."

The couple has no children and what is more hurtful is that they have no other family members or relatives to take care of them during these trying times. They both had to depend on themselves and take care of each other even when they were at their lowest point.

The pandemic created a distressed environment for every household. Ramesh Tomar is, however, a courageous man. He takes solace from the fact that the hardship during the lockdown has not only been suffered by his family. He says, "The lockdown was a difficult time for everyone and every family suffered on one or other accounts." According to him, the situation was worse in the remote villages where there are no opportunities other than agriculture. These villages have no agricultural shops. The farmers are required to travel to nearby towns to procure farming products, but they couldn't commute either due to the lockdown.

He recounts, "The government programmes like MGNREGA were also not functioning during the lockdown. I was in need of money to buy ration and other necessities, but arranging money became tough due to the lockdown."

Ramesh is thankful and praised CASA for providing relief kits and helping them economically. He says, "CASA came as a blessing for us with the required ration kit and the monetary help of Rs. 3000, at a time when nobody would even lend 3 rupees." He further says with gratitude, "due to this timely monetary help I was able to buy necessary medicines for myself and my wife, I will always be grateful to CASA for helping us in these tough times."



## Satyajit Das Chief Zonal Officer CASA, East Zone

The Eastern regions like West Bengal, Bihar, Jharkhand and Orissa majorly lack employment opportunities, marginalized communities mostly migrate to other states for better job opportunities and livelihood. These Eastern regions are often prone to cyclones and floods which makes it hard for the underprivileged to survive.

The subsequent lockdowns due to the COVID-19 pandemic led to the reverse migration of migrant workers to their native places. In West Bengal, marginalized communities faced a triple blow of subsequent lockdowns, super cyclone Amphan and cyclone Yaas.

*Satyajit Das, Zonal Officer of CASA East Zone explains the intervention by CASA and donor agencies in helping the marginalised communities of Sundarbans.*

**Since you are a zonal officer of East Zone, please elaborate on the triple blow of COVID-19, Cyclone Amphan and Cyclone YAAS on marginalised communities and how CASA volunteers managed to go on the ground and help affected families?**

*Within a span of a year, the cyclone Amphan and cyclone Yaas subsequently caused massive destruction of life, properties and livelihood in Sundarbans, eastern Medinipur and four other districts in Southern Bengal.*

*Because of COVID-19 lockdown restrictions, It was challenging for CASA volunteers to go on the*

*ground and evaluate the scale of the problem people were facing. However, the local administration helped us in reaching people and providing them required help.*

**What was the scale of destruction and what did the CASA team conclude after going on the ground?**

*CASA team concluded that along with the massive destruction, there was an extreme shortage of food and people were suffering from hunger. The workers who returned to their native place didn't have the resources to feed themselves and their families. When we visited the villages, we found hopelessness among the people.*

*On the one hand, everything was destroyed by the cyclone and on the other, they were stranded with no help. Houses were damaged, there was water everywhere, supply was less in the market and the prices were exorbitantly high.*

**What has been the CASA strategy and approaches in helping the affected families?**

*After an assessment of the gravity of the problem, CASA in collaboration with local donor agencies pooled dry ration, hygiene kits and distributed them among the stipulated families. We also encouraged the returned migrant workers to isolate themselves for at least fifteen days before entering the village and if any one of them showed any COVID symptoms, we advised them to take the RT PCR test to assure their safety.*

*Other than several on-ground interventions, awareness programmes were conducted. We used technology to reach out to the locals through mobile phones. We educated them on the importance of social distancing and other COVID appropriate behaviour.*

**Since the salinity level of water is high in Sundarbans, how did the CASA help the marginalised communities in providing them with clean fresh drinking water?**

*In the Sundarbans, there is an extreme shortage of fresh drinking water, cyclones pollute the drinking water and the salinity level of the water goes up. To tackle this problem, CASA has provided temporary water tanks and water filters and embankments that were destroyed by cyclones were also repaired.*

**Cyclones are frequent in Sundarban, what is your strategy and preparation in dealing with cyclones in future?**

*After almost one year after the Super Cyclone Amphan, a similar cyclone Yaas hit the area and badly affected North 24 Parganas, South 24 Parganas, and Eastern Medinipur. Before the cyclone Yaas hit these areas, with inputs from IMD\* and IAG\*, we had sent alert messages to everybody through WhatsApp, SMS, and telephone calls. We have also created a Disaster Mitigation Task Force (DMTF) and trained them on rescue operations, first aid, and ration distribution.*

\* Indian Meteorological Department  
\* Inter Agency Group

A photograph of a woman, Mamun Sen, standing in a doorway. She is wearing a green and white patterned sari. A young child, her 3-year-old son, is standing next to her. The doorway is framed by yellow vertical bars. The wall to the right has a blue window frame. The overall scene is outdoors, with a stone wall visible.

# Hardships Faced by the Single Mother

Sanjeev Singh/CASA

Pic: Mamun Sen with her 3 years old son

STORY / WRITER  
PRIYANK SAMUEL

The last two years had been an unexpected turbulent rollercoaster to the entire nation, heavily affecting the marginalized and underprivileged communities. Lockdowns were imposed in various epicentres to sway the outspread of the new COVID19 - delta variant which enfolded various rural belts of India. Adding to the pandemic vexation, people faced many other challenges complicating their lifestyles.

CASA and its volunteers conducted various intervention programmes at remote locations in India to help individuals and those affected by the pandemic. The volunteers conducted a need-based assessment in the villages of Sundarbans to identify beneficiaries for unconditional monetary support and Hygiene kits. One such beneficiary is Mamun Sen, a 28-year-old mother to a 3-year-old son. Her life had flipped prodigiously during this year when she learnt that her husband Surojit Jain had, unfortunately, left her widowed. Surojit was 25 years old, he was the only son of his parents and was a hardworking husband to meet the needs of his family.

Lately, he was not keeping well, with a frequent stomach ache, running temperature and swelling on his face. The local doctors were not able to accurately diagnose the issue so they suggested a hospital in the city which was hard for them to visit amidst lockdown. Surojit sent Mamun and their son to her maternal home and got himself admitted to the hospital. The diagnosis revealed Surojit was in the final stage of severe jaundice, where one kidney and liver stopped functioning properly and that was poisoning his body. The treatment cost them most of their savings, but

unfortunately, the results were not going in a positive direction.

After his demise, Mamun was mentally unprepared to face this tragedy, she was then made the point of blame by her In-laws that due to her negligence their son lost his life and she was asked to leave with her son to her maternal home. Sadly, within a few months, her own brother and Sister-in-law were making it an issue of her staying in their father's home. Mamun is completely brain dead under this mental distress and pressure and the only thing that keeps her breathing is the focus she has towards her son and how to bring him up amidst these challenges.

**“My son is too young to understand all these complications, he often asks me when is Papa (father) coming home? and where is he?, with a heavy pain, I tell him Papa has gone up for work and will take a long time to come back,” Mamun shares with her sad eyes filled with tears.**

CASA volunteers met her during the COVID-19 second wave response and were provided them with dry rations, hygiene kits and unconditional monetary support of Rs. 3,000. “I am very thankful to CASA and their support at this time of need, the supplies helped us get through this COVID situation and maintain hygiene safety. With the money I was able to buy provisions for my son without depending on anyone.” shared Mamun with an obliging smile and hugging her son.



Priyank Samuel/CASA

Pic: Saraswati Devna from Sunderbans

# Plight of Single Working Woman

STORY / WRITER  
PRIYANK SAMUEL

Saraswati Devna is a 42 years old woman from Kumarsa Village of Dighirpar gram panchayat, Canning-I block, South 24 Parganas Dist., Sunderbans, West Bengal. She lives with her husband and two daughters. Her husband worked as a bus conductor. However, due to the accident caused during his service, he has been unemployed for more than a year now. Therefore, she became the sole breadwinner of the family.

In order to sustain the family's livelihood, she has been working as a domestic helper for many households. After the breakdown of the COVID-19 and imposition of the severe lockdown, she also lost her job and has been unemployed for two months.

Saraswati told, "I was fired by my employer because I had not been keeping well." The employer suspected of her contracting the COVID virus, however, she tested negative for COVID-19 in the RT-PCR test. Her Doctor from the Canning sub-divisional Hospital advised her to take a Dengue and Malaria test and was ultimately diagnosed with Malaria.

The lockdown had been financially and emotionally draining for her whole family. She lost sleep and had no money for the proper treatment and food. She narrated, "During the lockdown, life has been a struggle every day and if the food was arranged for the day, we were uncertain of feeding ourselves tomorrow."

Saraswati wasn't aware of the CASA and the humanitarian work the organisation does. The family was selected as the beneficiary of the COVID-19 relief programme in a survey conducted by the volunteers of CASA. She received monetary aid of Rs. 3,000, ration and hygiene kit. With the money, she was able to buy

her medicines, fruits, vegetables and milk. When asked if she was in need of the money during the lockdown she replied,

**"The money was urgently needed and I am thankful to CASA for all the help at the time of crisis."**

Adding to the misery of the poor family, last year super cyclonic storm Amphan wreaked havoc in their lives. The modest house constructed with their hard-earned money was damaged by the Amphan cyclone. Saraswati recounted, "The alabaster roof was blown away by the howling wind." They are, however, managing to live in the same dilapidated house.

When enquired about the reason for living in a cyclone-prone area. She says, "Migration is out of option, we are so financially helpless, we can't think of shifting to any other place and starting a new life."

Saraswati breaks down while speaking about her two daughters. The tears in her eyes are a testimony of her helplessness. The elder daughter is 26 years old and the younger one is 17 years old. Both of them are unemployed. She says with a broken voice and tears rolling down her eyes, "I am worried for the future of my daughters." She isn't able to find a good groom for her daughter, no family wants a matrimonial relationship with them because of the poor financial status.

The lady at the end says, "Though I am managing to run my family from the ration received from the government and institutions, however, I will find a new job as soon as I recover from the Malaria."

# Vaccination Hesitancy in Rural India



Consolidating the data provided by the Co-WIN vaccination portal, when the curve of the second wave of COVID-19 was gradually dropping from its peak towards mid-May, only 30.3% of the urban population in India had received their first jab of the vaccine. The numbers constrict even more when the demographics by economic positions are reset. Around the same time, 19.2% of the semi-urban, 15.1% of the semi-rural and 12.7% of the rural population turned up to get vaccinated.

Such an unsettling discrepancy between the urban and rural vaccination rates clearly demarcates the role of economic privilege in accessing healthcare during the COVID-19 pandemic. Besides economic disadvantage, another contributing factor to the stunted vaccination in rural India has been vaccine hesitancy. The reluctance to get the jab has been arising from baseless rumours on the vaccine's medicinal composition or fatal adverse effects which have spread through social media channels or word of mouth.

While some villagers fear that COVID-19 vaccines might cause death, others believe in more absurd theories such as vaccination leading to impotency in men or causing permanent damage to organs. Trusting unverified information, rural communities have not only

prevented vaccination but have also demonstrated ignorance towards the COVID-19 disease and healthcare imperatives. Many rural residents still believe that COVID-19 is an "urban disease" that can not enter their areas, cancelling out any need to get vaccinated. Stigma, fear and rumours have collectively led to a worrisome vaccine hesitancy in rural premises.





Pic: Vaccination camp facilitated by CASA

## Why is Vaccination necessary?

The World Health Organization and Healthcare Institutions around the globe recommend three key points in avoiding the transmission of COVID-19:

- Abiding by precautionary measures- physical distancing, use of mask, washing hands
- Preventing surface contamination
- Getting vaccinated

Vaccination induces antibody production which improves the recipients' ability to resist the virus. It is imperative to fully vaccinate a majority of the nation's population for reducing vulnerability to the repeated waves of the COVID-19 infection. As a matter of concern, the rural segment, which comprises 65% of India's total population, has administered significantly fewer doses of the vaccine than its urban counterpart. With vaccine hesitancy increasing the divide, it is unlikely to reach an aim of increased herd immunity, let alone a full-fledged recovery from the pandemic.

## CASA's Strategic Deconstruction of Vaccine Hesitancy

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

To uplift the most vulnerable groups across 23 states in India, CASA organised an extensive COVID-19 response action that undertook three major approaches:

- Dry ration and Hygiene kit distribution
- Awareness and preparedness to curb COVID-19 &
- Advocating for victims of pandemic-related social issues



their job. Additionally, CASA leveraged digital platforms to conduct virtual workshops in collaboration with the Ministry of Health & Family Welfare and the National Institute of Public Health Training & Research to sensitise the local leaders and volunteers on improving general awareness in villages and dealing with the social, health and economic crisis brought by COVID-19.

CASA's approach was diversely planned and revised by the local volunteers to suit the varied village-specific needs. While in certain areas, such as the Gumla district of Jharkhand, CASA volunteers assisted the rural population in booking slots for vaccination using the Co-WIN portal, on the other hand, in areas such as the Munger district of Bihar, volunteers scientifically deconstructed misinformation on the COVID-19 vaccine and procured a list of villagers who were willing to get vaccinated. The list was carried to The District Health Manager requesting the authorities to organise vaccination camps at the villages.

The State-run Vaccination Camps, facilitated by CASA volunteers, were successful in imbuing confidence within the community members. Local volunteers also guided the rural mass thoroughly from the process of registration to arriving at the vaccination centre. As a mark of true leadership, our volunteers have been leading the rural communities by exemplifying COVID-19 appropriate behaviour themselves.

CASA's endeavours in the vaccination drive received the attention of regional media houses. The volunteers were applauded for their effort in educating and registering 600 residents from the Baiga tribe in Mandla, Madhya Pradesh for vaccination. Furthermore, our mobile awareness campaigns across the country could convey the importance of COVID-19 precautionary measures and vaccination to the rural inhabitants through announcements from distance. CASA is also introducing an Information Centre at the village level to empower local communities with the correct knowledge, COVID-19 related medical facilities, vaccination aid, and community-led information management system for monitoring and quarantining COVID-19 positive cases. The Information Centre is currently covering 2 blocks and 10 villages of Gariaband, Chattisgarh. After testing and updating the successful operational methodologies, more Information Centres will be established in remote corners of the country.



Under CASA's awareness programs, the rural communities were educated on the Dos and Don'ts in curbing the spread of COVID-19. Essential information on COVID-19 prevention, vaccination, identification of symptoms, home-care of patients, community awareness and deconstruction of stigma were disseminated through awareness campaigns, posters, wall paintings and pamphlets.

At the community level, Barefoot Health Workers were trained to debase stigma related to vaccination and motivate the rural population to get their job. The training and workshops were organised as a joint initiative with the State-regulated Department of Medical, Health, and Family Welfare also capacitated the participants in providing timely and accessible health care to the identified rural patients.

Besides Barefoot health workers, local volunteers, community leaders, and youth leaders were also educated on motivating the rural population to get



# Vaccination Camps Facilitated by CASA

AS OF OCTOBER 31ST 2021



**304**

Camps



**37,120**

People Vaccinated



**23,713**

No. of 1st Dose



**13,407**

No. of 2nd Dose



Pic: Sumanti Oraon from Jharkhand

# Inspiring Communities for Vaccination

STORY  
ARUSHI NARCHAL

WRITER  
KAJOL TANAYA

In the land of the Oraon tribe, where the aspirations of women are barely directed to the light of the day, Sumanti Oraon stands as the only woman with a graduation degree. Her day of graduation was perhaps the happiest day in the lives of her parents. Sumanti was ambitious to pursue a career in the professional space. Her inflating dreams were ready to make her go for the moon and all it needed was the right sky. Yet, how far would you go in a bottled-up space? The vices in the orthodox beliefs of the village forced her to head towards marriage first and then think about fulfilling her dreams.

Reluctant yet helpless, Sumanti gave into marriage. Her dreams were succumbing to untimely death. The last nail was beaten into the coffin when Sumanti's husband and in-laws declined her request to appear at government exams. "Either stay in the marriage or go for your dreams". The patriarchal space was non-supportive of Sumanti's ambitions. Her husband migrated to Gujarat for 8 months each year to earn

for the family. Working in a seed preservation factory, Sumanti's husband, however, was incapable of earning enough for their rising needs. Sumanti was blessed with two daughters in whom her dead dreams saw the hope for a revival. Educating them was her priority. Owing to the scarcity, Sumanti decided to engage in a side hustle at their farmland and earn for her daughters.

The scope for agriculture in her humble village within Gumla District of Jharkhand was limited. The lack of water resources further complicated the farming practices. Over a minimal stretch of 2 acres, Sumanti cultivated local vegetables to ensure the food security of her farming. The farmers in the village had to travel to Ghagra every time to buy seeds, pesticides and other farm requirements. Lack of livelihood was undoubtedly a huge concern. Life continued along a margin haunted by the intrusion of scarcity until the COVID-19 pandemic arrived to wreak unseen havoc. Sumanti's daughters were out of school while her husband was out of job. No vehicle could cross the

borders of the village to buy the seeds and manure for farming. The unprecedented lockdown diminished the glow of life in the village. During these trying times, Sumanti came across CASA. Under the COVID-19 livelihood support program, Sumanti received the seeds for tomato, brinjal, chillies and other local vegetables which she sowed on her farm for food security. As sustenance was finding a balance, Sumanti learned about CASA's facilitation of a women self-help group to empower the marginalised women of the Oraon community. Having suffered the tribulations of the patriarchal space and having witnessed the bitter death of her vibrant dreams, Sumanti could understand the importance of joining women-led and women-centric groups.

As the only graduate in her community, Sumanti soon stepped into heading the Self-help group and raising awareness on women empowerment. As a few cases began to get reported in the village, the women's group initiated timely action. Sumanti and the other women in the group got the first dose of the vaccine and communicated its benefits to their families, neighbors and peers. Their first step forward was encouragement and exemplar for other communities to give up vaccine hesitancy. Awareness of COVID-19 precautionary measures and necessary protocols were raised among the villagers through various means running from COVID-19 workshops, barefoot health worker training, seminars, banners and discussions. In association with CASA, the women's group also engaged in several programs that sensitised masses on the available government assistance for livelihood security through the pandemic.

**Sumanti mentions, “We have received sufficient help from CASA during the COVID-19 lockdown. From help with eliminating vaccine hesitancy to agriculture-related support by seed distribution and WASH kits, the contributions of CASA in alleviating our hardships have been immense. I am hopeful that in the coming days, our association will be able to improve the life, perspective and existence of not only women but also the marginalised individuals within the community. I can never thank CASA enough for having ignited and reignited the spirit of empowerment and self-sufficiency in several women like me. I'll ensure that I conduct this empowerment to my daughters and other young girls in my village.”**

As a capable leader with tremendous potential, Sumanti continues to battle the undermining and patriarchal approach of the community. She is on a mission to assist the women in her village and the surrounding areas in finding liberation from the gender-disparity equation.



Arushi Narchal/CASA

# Bishnu Dev Kashyap on the Power of Collaboration



**“In 2 years of my association with CASA, I have realised the undying importance of rural development to the country’s overall growth”, Bishnu Dev Kashyap, the Development officer of Ghagra district, illuminates his perspective on the projects taken up by CASA, especially during the pandemic to assist the vulnerable mass.**

Gumla district stretches 15-26 kilometres in radius, encompassing 18 panchayats of 120 villages. The recent census states a population strength of 1,14,188 of which the majority belong to the Scheduled Tribes and Particularly Vulnerable Tribal Groups recognised under the constitution of India. CASA has been closely working with the marginalised population of the region to safeguard them from the spreading health disaster under COVID-19.

Bishnu Dev elaborates, “CASA played a pivotal role in connecting the subjugated strata to the government schemes for upliftment. During the COVID-19 pandemic especially, the rural mass was sceptical of the vaccination. There were several rumours around it. People were not only scared but were also largely unaware of the need for vaccination in fighting against the viral spread. At the central level, the nation had goals to vaccinate the population rapidly but given the vaccine hesitancy in rural areas, it would have been tough to achieve. CASA shouldered the responsibility of not only informing people about the importance of COVID-19 precautionary measures and vaccination

but has also succeeded in motivating more than 45,000 people for taking the first dose. As we are sharing this with you at the moment, close to 500 people are getting vaccinated every day. This is a massive vaccination drive which is beneficial in the country’s fight against COVID-19”.

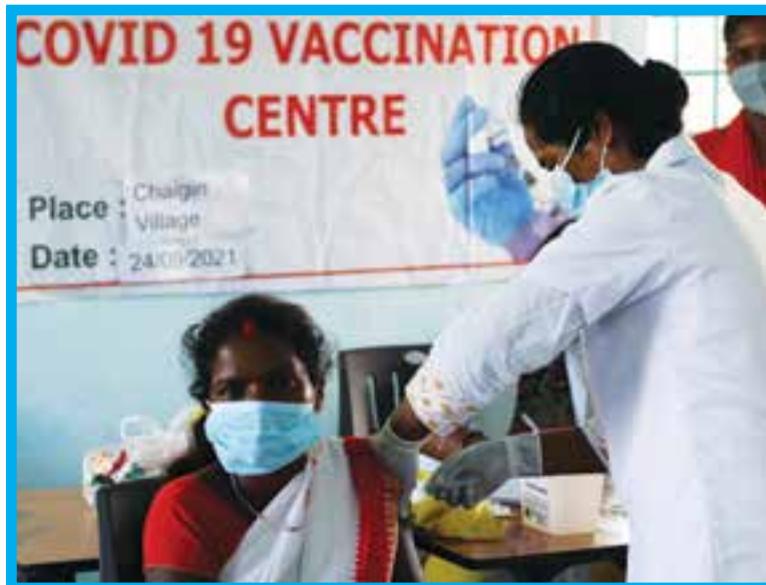


Bishnu Dev also casts light on his personal experience in implementing the program plan and leading the drive to such a humongous success, “We physically went from door to door to convey the significance of vaccination. We visited the village leaders to encourage them in reaching out to their community members and convey the importance of the vaccination drive. The committee meetings used to happen more than twice many times until we were sure that the leaders are confident in vaccination and COVID-19 protocols themselves. They also shared the problems that the village was subjected to during the lockdown, which in turn gave us insightful inputs on fine-tuning our response action in a better way. We also set up quarantine centres to isolate the migrant population that was returning to the village. To make sure that these returning migrants, along with the other most vulnerable groups such as single women, orphans, specially-abled persons, elderly and widows find some of the other support for sustenance, CASA provided cash transfers and distributed dry ration. Vegetable seeds and fertilisers were also provided to those who had small farm holdings”.

CASA has teams of local volunteers in each of the 120 villages of the district. These volunteers dedicate self-less effort to making sure that the population understands and abides by COVID-19 precautionary measures and regulations. They also assist CASA in promoting government schemes at local levels and making the population aware of their rights and entitlements. CASA’s local volunteers conducted a survey on the COVID-orphans in their regions and

enrolled them for relief. Hygiene kits were distributed in almost every house of the project area. It gave a significant push in promoting hygiene and sanitation across the village.

Bishnu Dev mentions that the majority population in the Gumla district lives out of migratory jobs. CASA's collaboration with the elected village leaders at panchayat levels served as a prime tool in curbing the potential spread of the coronavirus at the dispersion of the inflowing migrant workers. Quarantining them before allowing entrance to the village was a key move. Further, communication of information in the local language helped the rural mass absorb the facts quickly. CASA also prioritised the representation and participation of women in decision making at all levels. Women were encouraged to attend skill training and financial empowerment sessions to reap progressive thoughts and beneficial actions. Especially during the Women's Day campaign, an essential training session on health and menstrual hygiene was disseminated to make women aware of their own well being.





# Supporting the Healthcare System to Fight the Pandemic

Healthcare is not a matter to be taken lightly. Data reveals that pre-pandemic about 1.6 million people in India lose their lives due to poor healthcare facilities.

Evidently, the second wave of the COVID-19 pandemic shook the foundation of the existing infrastructure in the Indian healthcare industry. It exposed the capacities, resources and professionals of our healthcare system to extreme stress and pressure. Catastrophically, the nation was disillusioned.

While a segment of the country's population was caught in misapprehensions regarding COVID-19 testing and vaccination, a part of the remaining panicked enough to overhaul essential medicines and equipment in their personal possession, restraining the needy from accessing them. The underprivileged section was highly vulnerable to the aforesaid misapprehensions and lack of access to essential care.

To make healthcare facilities reach every life in the rural hamlets while the residents were locked in their areas, CASA undertook two initiatives:

1. Strengthening the local healthcare facilities in the villages:
  - Empowering the community health centers & primary health centers with medical oxygen
  - Extend diagnostic equipment support
  - Improving the bed count
2. Establish COVID-19 safe homes for the necessary care of the identified patients

The response gained momentum gradually in May 2021, reaching over 20 states in India. 57 oxygen concentrators and 120 oxygen cylinders were procured, transported and handed over responsibly to the PHCs and CHCs at our programme areas. 11 safe homes were established in the rural hamlets to make COVID-care accessible to the common man. Vulnerable families were supported with essential COVID-19 protection gear. Furthermore, the healthcare units were also assisted with medical kits including Pulse Oximeter, Infra thermometer, glucometer, blood pressure apparatus, disposable bed mattresses, PPE kits, gloves, face shields

**The average population covered by a Sub Centre, PHC and CHCs are 5616, 35567 and 165702 respectively as on 31st March, 2019**

and stethoscopes.

Within the response-covered areas, CASA further established an Information Center at the village level based on the need of the population. The center focused on empowering the community with the correct knowledge on the availability of COVID-19 related medical-facilities, vaccination aid and necessary COVID-care. Powered by a robust community-led information and management system, the information center also paid attention to monitoring,

tracing, testing and quarantining COVID-19 positive cases. The campaigns and management system of the Information Center was facilitated by State-regulated Health Departments.

Fighting COVID-19 is a collective duty that requires cooperation and efficient delivery of action on the ground. Our stakeholders, volunteers, staff and project heads invested their support and effort in driving our initiative to success.



## Rural Health Care System in India

Under the National Health Mission (NHM), Primary Health Centre (PHC) are established to cover a population of 30,000 in rural areas and 20,000 in hilly, tribal and desert areas. The health care infrastructure in rural areas has been developed as a three tier system as follows.

**SUB CENTRE** : Most peripheral contact point between Primary Health Care System & Community manned with one HW(F)/ANM & one HW(M)

**PRIMARY HEALTH CENTRE (PHC)** : A Referral Unit for 6 Sub Centres 4-6 bedded manned with a Medical Officer Incharge and 14 subordinate paramedical staff

**COMMUNITY HEALTH CENTRE (CHC)** : A 30 bedded Hospital/Referral Unit for 4 PHCs with Specialised services

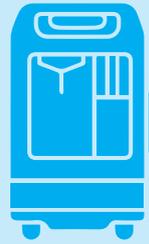
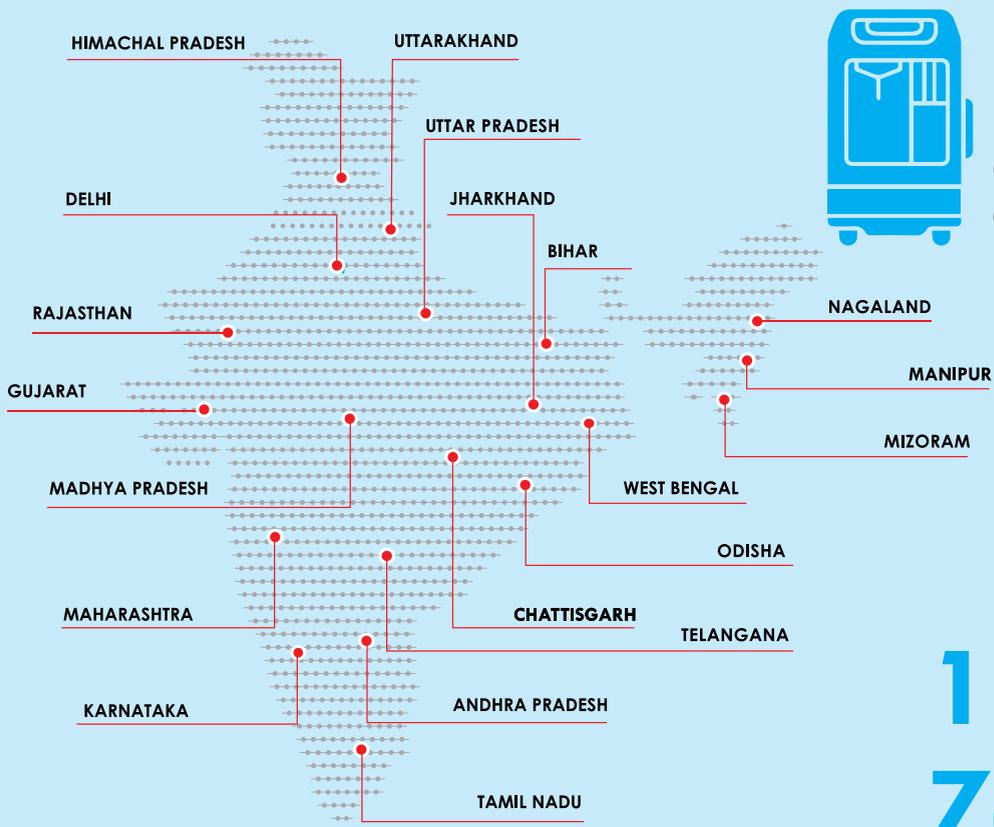
Source: vikaspedia.in

Sub Center  
**8,000**

PHC  
**50,000**

CHC  
**2,00,000**

# MEDICAL EQUIPMENT SUPPORT



**57**  
Oxygen  
Concentrators



**120**  
Oxygen  
Cylinders

**11** SAFE HOMES

**74** CHC/PHC\*

\*Community Health Center/ Public Health Center



**52830**  
FACE MASK



**43**  
FOLDING  
COTS



**5029**  
SANITISER  
SPRAY

## Numbers of Equipment Distributed

- 1228** PULSE OXIMETER
- 853** INFRA THERMOMETER
- 458** GLUCOMETER
- 572** BLOOD PRESSURE APPARATUS
- 5547** DISPOSABLE BED MATTRESSES
- 720** PPE KITS
- 9333** GLOVES
- 1509** FACE SHIELDS
- 4** STETHOSCOPES

### BASIC MEDICAL SUPPORT

Vaporizer  
Respirator  
Syringe  
etc.





# Supporting the Local Health Care Centers

When the peak of the second wave subsided, CASA realised the urgent need for India's healthcare infrastructure to be equipped with the necessary COVID-19 gears. The establishment of robust local healthcare units, especially in rural areas was as crucial as raising awareness on the ways to prevent the spread of the virus at a scale as massive as witnessed during the second wave. Therefore, the mission of strengthening the local healthcare system in CASA's project areas began in four formats- Awareness Campaigns, Vaccination Drives, Training Barefoot Health Workers and supplying village-based health centres with oxygen concentrators, medical kits and other essential equipment.

Gyan Ranjan, the Block Program Manager at Ghagra, Jharkhand shares the importance of CASA's role in preparing the rural healthcare infrastructure, "I became aware of CASA during the COVID-19 period itself. I have been working as the Block Program Manager since 2019, operating from the Community Health Centre at Ghagra. I am in charge of coordinating and managing the projects of all the health sub-centres and primary health care units in the Block division. There are 27 Health Sub Centres (HSCs) under the CHC and one Primary Healthcare Centre (PHC) across 18 panchayats in the block. There is one HSC per 5000 people in the region. We look after the medical centre equipment status and health of all the HSC and PHC in the block. The coverage of these local healthcare units is quite wide but not sufficient definitely. Support of organisations such as CASA in strengthening the existing rural healthcare establishments is highly applaudable since they prioritise several dimensions of support in manpower, mechanical aspects and medical equipment".

Elaborating the contribution of CASA further, he states that, "CASA provided the CHC with oxygen concentrators to be placed at the COVID-ward. The ward started with 4 beds and currently has 30 beds with 2 oxygen units. Initially, there was also a widespread hesitancy for COVID-19 testing and vaccination in rural areas. CASA allocated volunteers and project heads in raising awareness levels across the villages. People are scared that they will be discriminated against if they get tested or vaccinated. CASA infused confidence in them that testing and vaccination will only work in their favour. The health centres were also assisted by CASA in getting an ample number of testing kits. Furthermore, we have fully vaccinated more than 100 people in just a few days whereas, in the beginning, not even one person was turning up for vaccination".

The COVID care ward at the Ghagra CHC has 30 nurses, 2 Multipurpose Health Workers and 2 Block Health Workers who are responsible for surveying the block for diseases and awareness. CASA's training of Barefoot health workers has assisted the team in continuing to understand the situation on the ground during the challenging times of the pandemic and lockdown. Gyan Ranjan recollects, "We had a video meeting with CASA's coordinators and heads where they offered us this beneficial collaborative assistance. We were more than glad to be helped in improving the management system. Besides the oxygen concentrators, we received medical kits which comprised thermometer, pulse oximeter, sphygmomanometer, paracetamols, medical supplies, multivitamins, vitamin C, Zinc tablets and other essential gears that have empowered our existing system in an extremely positive way. We are analysing and monitoring the status of HSCs and PHCs right now to be able to plan and distribute the equipment based on need and also transport it accordingly".



Sanjeev Singh/CASA

The concept of barefoot health workers originated in China during the Cultural Revolution spanning from 1966-to 1976. Perceived as the community's heroes who could take up a primary medical practice at the grassroots level, the barefoot health workers became the vein of disseminating quality healthcare and recommendation to the rural hamlets where the privilege was rarely accessible. They were not professional doctors but medical auxiliaries. Mostly, the farmers who worked barefoot in the rice paddies of the rural villages were chosen for the role, thereby contributing the name "barefoot" to their medical practice.

The barefoot health workers were trained on delivering a basic diagnosis and first-aid treatment to the fast-spreading diseases in their communities. Whenever a fellow villager suffered a certain health ailment, he/she would seek the help of these barefoot health workers who are present right in their neighbourhood or as an acquaintance.

The concept had gained recognition in several developing nations such as India, where healthcare never percolated properly down to the rural inhabitants.

In the early 1990s, civil society organisations and NGOs trained the matriculation passed students in rural Bihar on disseminating healthcare at the grassroots level.

Pic: Training of Barefoot Health Worker at Gumla Resource Center, Jharkhand

## Barefoot Health Workers Trained by CASA

When the COVID-19 crisis broke out severely during the second wave, the dearth of healthcare facilities in India left millions of individuals struggling for breath and medicine. Death and fear circulated in the air so densely that one could smell the distress in every corner of the country. Unarguably, every part of society had its own troubles to deal with. However, the underprivileged segment that usually remained shadowed behind the walls of the urban corridors was completely obliterated from mainstream discussions.

While the mass displacement of migrants gathered popular eyeballs and concerns in the initial phase of nation-wide lockdown, this mainstream concern did not sustain over the affected-population's food security, livelihood and medical needs in the subsequent phases of the pandemic. Right from the imposition of lockdown in March 2020, CASA has been closely attending the needs and security of the marginalised individuals. CASA's response to COVID-19 attempted and succeeded in stationing food security, COVID-19 precaution-related gears and awareness adequately where the needs were.

With the chaos unleashed during the second wave, CASA focused on chiefly prioritising health-oriented initiatives in rural areas. This gave birth to the idea of reviving India's barefoot health worker network. CASA identified a group of influential and proactive leaders, who have strong community-management capabilities, in every project area to be trained for the response.

On 25th May 2020, CASA initiated the program of training the influential community members in Bilaspur, Chhattisgarh, aiming at making them factually aware of the COVID-19 situation. These individuals with leadership skills were highly considered in the village, and possessed the capacity to assist their community members in effectively fighting the virus. Medical professionals from the district's Primary Healthcare Centre facilitated the program and each participant was provided with the right knowledge and essential medical equipment to be the community's saviour.

Moving into June 2020, similar training programs were initiated in Madhya Pradesh. On the 23rd of the month, a virtual event was organised by CASA in collaboration with the Ministry of Health & Family Welfare and (India)'s National Institute of Public Health Training & Research to communicate the need for community awareness against COVID-19. The event served as the starting point to our expansive training of barefoot health workers across our project areas in 23 states of India, envisioning added strength to COVID-care at a community level. The responsibility of the barefoot health workers can be categorised into three major parts:

#### 1. Awareness

- Sensitising masses on the necessary COVID-19 precautionary measures
- Fighting the stigma and rumours surrounding the virus, testing and vaccination
- Encouraging physical distancing, masking, washing

of hands, testing and vaccination

#### 2. Identification

- Understanding the symptoms of various diseases and the ones overlapping with coronavirus
- Maintaining records of people who are suffering from mild symptoms of fever, cough, cold, high blood pressure, high sugar level, pulse rate etc by monitoring them through equipment provided.
- Extending basic health check-ups

#### 3. Treatment

- Providing home care to the ones diagnosed with COVID-19 and rushing them to the nearest hospital on time
- Giving psycho-social support to the patient and his/her family

Once the training was concluded, CASA undertook the following steps to facilitate the informal link that enabled barefoot health workers in practice:

- Connecting the barefoot health workers to the local CHC/PHC unit
- Creating a WhatsApp group of medical professionals and the trained barefoot leaders to circulate recent developments in COVID-care

Access to cheap and timely healthcare is a distant dream in far-flung areas. Barefoot health workers are the transformers to turn this dream into reality. Their local presence and familiarity within the community make them the most reliable source of communicating the right information and extending proper care to the ones suffering medical conditions. CASA aims to train the Barefoot health workers into becoming the "Super Savers" of the rural communities who continue to enlighten the masses even in the absence of organisations.



# NO. OF STATES COVERED FOR THE BAREFOOT HEALTH WORKER TRAINING



**20**  
**STATES**

**58**  
Districts

**996**  
Villages



**121**  
Training  
Camps

**2900**  
Total



**1214**  
Male

**1686**  
Female

# Barefoot Health Workers Training in Rajasthan



Anticipating the third wave of COVID-19, CASA organised the orientation and training for barefoot health workers and volunteers on Appropriate Behaviour of COVID-19 and use of Medical Gadgets in Banswara, Rajasthan.

In the remote stretches of rural India, where regular and affordable healthcare facilities are scarce, barefoot healthcare workers have a major role to play. Trained to provide basic healthcare and first-aid treatment, barefoot health workers attend rural patients who need immediate or minor health assistance in remote areas.

Given an orientation on COVID-19 care, these barefoot health workers can bridge any gaps between the healthcare infrastructure and rural

India during the pandemic. Therefore, a joint initiative by CASA and the Department of Medical, Health, and Family Welfare led to the hosting of the program where Dr Tratesh Joshi, posted as the Medical officer in the Ayurvedic Department under the Government of Rajasthan, trained the participants on COVID-19 appropriate behaviour, home care of patients, identification of symptoms, reporting cases in the neighbourhood, vaccination schedules, and quarantine protocols.

In times of crisis and need, these trained volunteers and barefoot workers can extend help as well as advice to the ailing members of the community. Informed steps and proper awareness can dismantle the stigma related to coronavirus disease in rural premises.



Sahiba Chaudhary/CASA



Shifting of rural educational setup to an online mode during the pandemic had more challenges than advantage to offer. Remote places where families carry out an existence with bare minimum, affording smartphones and perennial data packs are not a trivial matter.

To mitigate this sensitively, team CASA innovated localised offline class in the remote location of Khipaya village of Jharkhand, recruiting para-professional teachers to help the marginalised students resume their education by following COVID-19 appropriate protocols. For a month now, the classes have been held for 1 hour in the morning & 1 hour in the evening with a strength of 6 boys and 9 girls from the area.





Pic: Devender Oraon, Volunteer

# Remodelling the Concept of Playgroups to Resume Offline Learning

One of the most overlooked repercussions of the pandemic was the interruptions caused by the lockdown in the education of the marginalised students. While the need for effectuating urgent and a long-persisting lockdown was essential to curb the spread of the virus, it inhibited the rural students from accessing their only source of education- the government-run or local schools. A substantial chunk of the students in the villages belongs to low-income families. With the pandemic shrinking their family's earning potential, the children had to make a choice between sustenance and education. Undoubtedly, they picked the former.

"When the schools were closed following the lockdown instructions to prevent the spread of COVID-19, kids began to fall out of touch with their studies. There was no timeline set for the lockdown. No doubt, the Government instructions were supposed to be taken seriously as the viral epidemic was no joke for the nation. At the same time, it was impossible to finalise a date when classes might resume offline. This uncertainty preyed on the curiosity and interest of the rural students towards education. They began to gradually forget what they studied in their previous standards," illuminates Devender Oraon, our volunteer on the ground in the Gunia village of Jharkhand.

Devender was 25 years old when he began working at CASA in the year 1996. He was a part of CASA's surveys and assessment of local farmers. From development programs such as artificial lake building to soil testing and manure making, Devender worked with the team and the local farmers to uplift them out of their predicament into a better state. His contribution in holding the developmental programs together and assisting in the implementation on the ground has led several initiatives to success. Currently, at the age of 50, he is continuing to spearhead CASA's implementation of beneficial initiatives. Hailing from a tribal group, he understands the deep need for local developmental initiatives in empowering the marginalised.

Devender, along with 10 other volunteers in the village of Gunia, started evening schools to help the impoverished kids regain their touch with academics. "In the sessions, we made it a priority to maintain all the necessary COVID-19 precautions such as physical distancing, wearing masks and sanitising hands regularly. Students were divided into 5 small groups

and they attend subject-wise sessions that happen for at least 2 hours in the evening. The idea stemmed out of the observation that small children have tiny playgroups that meet every evening to play together and entertain themselves. Motivating these small playgroups to allocate at least 2 hours every day to learn something important could help children reclaim their ways back to education. Therefore, we assigned local teachers to conduct interactive and playfully designed subject-wise sessions for these small groups of children", shares Devender.

With limited means to access the virtual world, the students from the rural segments suffered a huge setback of the digital divide. For the financially weaker families, whose monthly income is way less than the cost of a 3G or a 4G smartphone, it was never an option to give up on sustenance and buy electronics for their children's education. Furthermore, the families that lost their source of income during the pandemic were anyway living out of piling debts. Devender adds, "If the classes would not be resumed as and while the children still have a certain curiosity of learning or aspiring for bigger academic goals, it would not take long for them to enter premature labour to earn for their financially-frustrated families. To prevent risking the rural children to child labour, we had to resume the offline education program at local levels".

Parents who lost their sources of livelihood due to the lockdown failed to afford their child's education. Similarly, students who travelled long distances every day to attend the high-schools could no longer access the means to commute. All these aspects combined made it tough for the marginalised students to keep up with their studies. Students from standard 10th and 12th faced the harshest repercussions due to the uncertainty that prevailed regarding their standard qualification pursuits. The isolation also exposed children more to domestic chores, making them highly sensitive to domestic issues. At mental, physical and emotional levels, kids were subjected to subtle distresses. The need for revival of their education was essential. The evening classes resumed by CASA did not only prioritise their learning but also focused primarily on fun-based learning which makes educational topics more interesting and interactive. Volunteers such as Devender have played an immense role in turning CASA's vision of "education-for-all" into a model heading to full-fledged reality.



Image Source: Amar Ujala

# Malana Fire: Shrieks in the Midnight

STORY  
SURESH SATAPATHY

WRITER  
KAJOL TANAYA



Image Source: The Times of India

It was October 27, 2021. The midnight moon was shining over the remote village of Malana in Himachal Pradesh, caressing the land into a sound sleep. The village's Pradhan, Raju Ram, wrapped his work for the day to sleep under the peaceful bestowing of the night. Suddenly at one in the night, his eyes opened to a loud stream of noise and screaming that he could hear coming from the outside. Raju looked out of his window. He was stunned to witness one of the houses in the village burning. The thick effusion of smoke and rays revived terrifying memories of the tragic Malana Fire Incident of January 5th, 2008. Is history repeating itself? Back in 2008 a similar unexpected burst of fire had engulfed 150 houses in the Malana village like a wild

predator. 500 people were left homeless. Properties worth more than 15 crores were burnt into ashes. What did destiny have in store for the village this time?

Raju Ram rushed to the spot immediately. Villagers reported to him that they had already called the fire department for rescue. Yet the information did not provide any security to Raju's fears. Situated at a distance of 65 km from the district headquarter, Kullu, the remote village of Malana could only be reached after a half-an-hour drive from Jari village, followed by a two-hour-long steep climb. There is but one under-construction road to the village that no one has begun using yet.

Raju could think of nothing but the unfortunate possibilities. In desperation to stop the catastrophe from taking the shape of the 2008 fire incident, the villagers started pouring water on the fire spot. However, the fire kept spreading to other houses nearby.

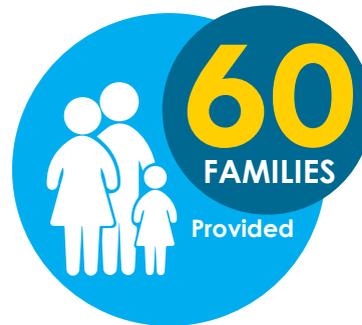
The firefighters, rescue items and team of home guards were brought into the village using a ropeway trolley that the villagers use for regular commute. It was an overwhelming process. Nonetheless, the team engaged in its duty within a few minutes of reaching the village and attempted to pacify the outrageous fire. At about seven in the morning, the fire was brought into control. 18 houses were left in ashes. 150



people in 60 families were homeless. The world's oldest democratic village, Malana, known across the globe for its unique tradition and standard of life was weeping over its irreparable burns.

CASA received the news of the incident by the morning. A team was built almost immediately to assess the damage caused at Malana and gather relief material to be provided to the 60 families affected by the incident. On 9th November 2021, the team reached Malana to collect the data of damage caused.

The victims shared painful details on the loss caused by the fire. Some had their life's earnings reduced to ashes, some had lost their ancestral abode and some were left destitute on the streets. The relief material to assist their sustenance was routed immediately through a ropeway trolley into the interiors of the village. The team waited for two hours to be able to reach the spot of the accident and meet the families for relief distribution.



Dry Ration



Solar Lamp



# Campaign Against Gender-Based Violence 2021

WRITER  
VRUSHALI KADAM / MD MAHFOOZ ALAM

The 16 days of activism against Gender-based violence is an international movement and campaign that is observed annually. It commences on November 25, the International Day for the Elimination of Violence against Women, until December 10, the Human Rights Day. The campaign initiated by Women's Global Leadership Institute celebrated its 30th anniversary in 2021, commemorating the participation of over 6,000 organizations from over 187 countries that have been participants since 1990 and reached out to over 300 million people,

The campaign stands as an organizing strategy helmed by governments, organizations and individuals around the world to call for the prevention and elimination of violence against girls and women. Like previous years, CASA supported the 16 Days of Activism initiative by engaging with more women and girls.

## SOUTH ZONE

In CASA's South Zone, a workshop was conducted on gender-based violence and gender mainstreaming by an outside resource person, wherein 40 participants across Southern states came together at the South Zone office in Chennai, Tamil Nadu. The workshop shed light upon understanding gender and sexuality and the difference between them, as well as gender equity and equality. They also highlighted constitutional laws and provisions in the workshop. Several awareness programmes and campaigns on gender-based violence, gender sensitisation was also held in Andhra Pradesh, Tamil Nadu, Karnataka and Telangana.

The activities brought together many women who shared their experiences and discussed how to achieve gender justice with a sense of shared participation with men. Local women leaders from village groups spoke eloquently and shared their idea of achieving a world where women live as empowered and equal persons. Small-sized rallies with empowering slogans were also conducted to ensure that villagers felt included and the awareness surrounding gender-based violence must be felt far and wide. In Andhra Pradesh, some local government officials, women and youth leaders came together to further the cause, whereas, in Karnataka, interactive activities were also conducted to further mainstream gender.

In Telangana, CASA staff conducted sporting activities as a part of the campaign's theme and encouraged participant children to highlight the difficulties of not having access to education during the pandemic, as the girl child remains the most vulnerable to the impact on children's education.

## NORTH ZONE

CASA's North Zone also witnessed unique ways of creating awareness surrounding gender-based violence, such as an awareness campaign on the



reduction of gender-based stereotyping and the consequent discrimination through the means of street plays in Chhattisgarh, whilst also addressing mental health, migration and domestic violence in the context of gender-based violence.

A workshop was conducted in Madhya Pradesh on similar lines, as well as highlighting cultural stereotypes and discrimination faced by women, as well as the role of media in perpetuating the same. It was also highlighted that those advocating for a more gender-equal world, must start at home. CASA Patna organised an orientation that stressed patriarchy and power dynamics in society, that push girls and women further away from experiencing the benefits of an equal and just society for them.

In the mountainous region of Uttarakhand and Himachal Pradesh, led by CASA staff in both Shimla and Haridwar's Adarsh Inter Collge, awareness programmes were undertaken to address the vicious life cycle of gender-based violence experienced by girls and women throughout their lives. In Shimla's District Institute of Education and Training, a workshop on tackling gender-based violence in educational institutions was held with the support of the Department of Education, Himachal Pradesh.



## EAST ZONE

To commemorate the 16 Days of Activism campaign and Human Rights Day on December 10, which also marks the end of the 16 Days of Activism campaign, CASA's North-east staff joined hands with YWCA India and observed the day alongside over 100 teachers and students of YWCA English School, Guwahati, Assam. This also included lectures on important women's rights issues in India, as well as the participation of students through debates, painting, quiz and drama-based skit competitions on the issue of gender-based violence, for which they were awarded and presented with appreciative certificates.

CASA East Zone's Alipurduar, Borio and Ghagra programme areas also conducted programmes that focused on the introduction to Gender-based Violence and its significance, the Domestic Violence Act of 2005, Violence against Scheduled Castes & Scheduled Tribes (women) and Prevention of Atrocities Act, etc. Thus highlighting important provisions and laws about women and their social vulnerabilities, as in the Indian Constitution. A silent march was also organised in solidarity with the survivors and victims of gender-based violence.

## WEST ZONE

CASA West Zone contributed to this combined effort by holding awareness and information-based programmes in all programme areas by various means. In Nandurbar and Latur, a workshop on "Protection of Women from Domestic Violence" was held wherein the Domestic Violence Act, 2005 and its provisions were

interpreted and put into simpler words. Community participants were provided with information booklets stating the provisions of the Act in simple, less technical vocabulary. Similar interactions were conducted in Beed and Umarpada (Gujarat) programme areas.

As CASA's work expand in the most remote villages in the country, we are also attempting to be a more inclusive organisation internally as well as whilst working with our trusted communities. It is of absolute essence to address each intervention and its consequent activities with utmost care and in a gender-conscious manner, irrespective of caste, class, religion or on the grounds of any discrimination. CASA aims to be an ever-evolving, all-gender conscious and friendly organisation, and initiatives such as the 16 Days of Activism against Gender-based Violence only add to our humble attempt at making India a gender-equal country.





**VOLUNTEERS ON A  
VISIT TO A VILLAGE  
IN THE HILLY TERRAIN  
OF UDAIPUR DISTRICT  
DURING THE PANDEMIC**





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**A JOURNEY OF SERVING  
HUMANITY FOR 75 YEARS**