CARE India Celebrates International Women's Day

Calls for coordinated bold action and a paradigm shift to broaden the discourse on reduction of gender-based violence

On the eve of International Women's Day 2017, CARE India organised a national consultation, ‘Be Bold for Change: Reducing Gender Based Violence for Empowerment of Women’ in New Delhi which witnessed the participation of many significant stakeholders.

The consultation called for coordinated, resolute action from public, private, and civil society stakeholders to address vital gaps in the implementation of the 'Protection of Women against Domestic Violence Act (PWDV 2005)' and reduce gender-based violence (GBV) across the country. In line with the United Nations 5th Sustainable Development Goal (SDG) of 'prevention and elimination of domestic violence against women', the consultation stressed on the need to develop a workable strategy and roadmap ahead, drawing from on-ground experiences, challenges and recommendations.

The four panel discussions at the consultation focused on the status of implementation of the PWDV law, challenges, gaps at the ground level, role of stakeholders, and the need to move beyond the scope of law.

Panelists (L-R): Ms. Girija Bodupalli - Women rights Activist, Andhra Pradesh & Telengana, Ms. Renu Mishra - AALI, Uttar Pradesh, Ms Lalita Missal - NAWO, Odisha, Ms. Neelu - Secretary Mahila Jagran Kendra, Bihar, Ms. Nupur - Executive Director and Founding Member of the Centre for Social Justice and Indian Institute of Paralegal Studies, Gujarat, and Abha Singhal Joshi - Advocate-High Court, New Delhi.
Some of the key recommendations to strengthen the current PWDV Act were:

- Need for greater coordination between Central and State Government
- Clearer data analysis and interpretation of the National Crime Records Bureau figures
- Fixing definite role and responsibilities of the police, protection officers and other key service providers
- Need for a strong monitoring framework which is key to track and manage the gaps in implementation of the act
- Gender sensitisation for key implementing and enforcement agencies
- Greater inclusion of community level organisations such as Village Panchayats and Community Health Centers
- Emphasis on the importance of training of lawyers and other officials who deal with the survivors’ rights from the reporting to counselling stages
- Improved mechanisms to reduce difficulties faced by domestic abuse survivors while filing FIRs/complaints, seeking dignified livelihoods, and approaching different state and local level agencies for relief and receiving legal entitlements
- Adequate budgetary allocations and reallocation of resources for swifter redressal

Domestic violence is widespread in South Asia. Countries such as India, Nepal, Bangladesh and Sri Lanka have promulgated several laws over the years, to criminalise domestic violence. However, the implementation of these laws remains a major challenge, as multiple barriers impede the implementation of these laws. CARE India’s advocacy efforts have been pushing for effective implementation of national laws pertaining to the prevention, prohibition and criminalisation of domestic violence. Presently, in India, as per National Crime Record Bureau 2014, 70% of women suffer from domestic violence. In the year 2014, 4,61,609 cases of domestic violence were reported. Out of these, 8,144 cases were registered as physical violence, 6,497 cases were registered as kidnapping and abduction, 4,641 cases were registered as assault and 2,540 cases were registered as rape.
Why Children are More Vulnerable to Disasters

The huge impact of disasters on children is visible with the staggering number of deaths and injuries to children. Children are more vulnerable if they are younger and already ill. Among lives lost in disasters, at least one out of three is a child below 18 years of age.

Children are the worst affected by disasters due to the physical, psychological and social vulnerabilities. The major impact remains due to physical vulnerability, as children bear the brunt of shock due to any disaster. Be it natural disasters like floods, earthquakes, cyclones, heat and cold wave or man-made disasters like fire, epidemic, civil strife, etc.

Children are the worst sufferers as they are doubly hit. Firstly, at the time of the disaster, due to the inability to escape or fend for themselves, especially for very young children at a high risk of injury. Secondly, post-disaster, due to separation or loss of their families and their homes.

Tender age and little experience during disasters make children more vulnerable. Children show high levels of post-traumatic stress disorder. There are several reasons for it. Shock due to chaos and panic caused in the neighbourhood during disasters, seeing loved ones die or get injured, the damage to their houses, losing their belongings, having to live with hunger and thirst, self-injury, separation from their parents and siblings, etc.

Children unable to cope with post-traumatic stress show certain symptoms. They become quiet, lose their appetite, continuously sob, revisit traumatic episodes, lose sleep, become anxious and depressed.

Social vulnerability is because the society does not inform them about disasters or how to cope with them. The emergence of anti-social elements during disasters leads to exploitation, abuse and trafficking of children. The loss of a support system puts the children at risk as they roam around unattended. For example, after floods, a number of children drown, as they play in flood waters.

Irrespective of the vulnerability being physical, psychological or social, the effect of disaster on children is further aggravated due to their low coping capacity.

The cyclonic storm ‘Vardah’, with a wind speed of 120 kph impacted Chennai and its neighbouring coastal districts of Thiruvallur and Kanchipuram in Tamil Nadu on December 12, 2016. Reports indicated that 400,000 people had been displaced by the floods which caused over $1 billion of damage. Due to the severity of the cyclonic storm, lakhs of trees were uprooted, electric poles and transformers were damaged, water connections were disrupted, agricultural crops were damaged, houses with thatched roofs collapsed and houses with asbestos roofs were badly damaged.
In Kanchipuram district, out of 633 Gram Panchayats, 265 were reported to be severely affected. District level data suggested that approximately 7000 houses were affected sustaining either partial or total damage (507 fully damaged, 6610 partially damaged). Nearly 18,121 trees, 8330 electrical poles, 130 transformers and 27 electrical tower lines had been uprooted or damaged.

This disaster had an adverse impact on children. children thought they would never live to see another day. “I was so afraid that I kept praying to God,” said Revari, a class 7 student from Orgadam Village, Kanchipuram District, Tamil Nadu. There were other children affected too. “I was scared as I had never experienced such wind speed, but thank God all of us survived. I will gain knowledge and help children to be better prepared in case of such disasters,” said Ashok Kumar, a class 7 student from Ambedkar Nagar Village, Kanchipuram District, Tamil Nadu.

The risks of such disasters can be minimised by building a safety net for children so that they are protected and can cope better in a disaster situation. There is a need to understand the risks faced by children in the community. The village disaster management plans need to prioritise children in terms of rescue or evacuation in a disaster situation. School safety becomes an important issue as children spend a considerable amount of time in schools.

Children are quick learners and need to be involved in all exercises for school safety. Thus, it is important to identify hazards in school premises involving children and develop a school disaster management plan, including regular mock drills and training on first aid. There is a strong need for interventions post disasters by providing counselling, developing recreational facilities, supplying nutritious foods and educational materials etc.

During a training programme for school children that I was conducting, I asked the children to share some of the losses due to a disaster, to which I got a unique response from a child. She mentioned – “A number of young minds are lost in a disaster.” I echo that response. There is a need for concrete actions to protect children from disasters in the near future.

CARE India works towards providing immediate relief and assists in the rehabilitation process of the affected communities in the aftermath of any calamity. We help communities build their capacity to better cope with and recover from disasters.

Our foremost goal is to build resilience among the community and various stakeholders in case of any disaster. We work closely with communities, who have been affected by disasters so that long-term development of the communities with sustainable livelihood opportunities may be secured and they are better equipped in future.

Wasi MD Alam is a Monitoring and Evaluation (M&E) Officer, Disaster Management Unit, at CARE India.
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CARE India, under the aegis of The Central TB Division, Ministry of Health and Family Welfare, held a national workshop on Tuberculosis in February, in New Delhi. The workshop was designed to bring key stakeholders in the public-private sector, and other actors involved in comprehensive TB care and treatment in India to a single platform. The workshop had three prime objectives –

- Dialogue to make way for meaningful engagement of public and private sector providers and building partnerships for various stakeholders for integrated response in TB control and beyond
- Develop a comprehensive care and support model for MDR-TB treatment in India with community engagement, nutrition, counselling and treatment adherence support
- Disseminate the learnings from CARE India and Eli Lily’s MDR-TB Project in West Bengal with all key stakeholders

The key note address was given by Mr. C.K Mishra, Secretary Health, MOH&FW, who emphasised that partnerships on TB must focus on three key aspects: ensuring access, quality of TB care and treatment adherence. At the conference, CARE India released a study on “Improving Treatment Adherence for TB” based on learnings from West Bengal.

Dr Sunil Khaparde, Deputy Director General, Central Tuberculosis Division, Ministry of Health and Family Welfare, spoke about the ‘Missing Millions’ and importance of public-private partnerships on TB. The conference hosted panel discussions with participation from experts from WHO, USAID, development partners and other community based organisations. The event was attended by key government officials from Central TB division, National AIDS Control Organization & National Health Systems Resource Centre.

There were around 120 participants representing state and district level Revised National TB Control Program, bilateral and multilateral agencies, development partners and other stakeholders working towards eliminating TB in India.

**Key Highlights**

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National Event on Women Collectives

CARE India hosted a national event in March, titled ‘Community Based Collectives for Women’s Empowerment and Poverty Reduction: Lessons for Making a Difference’, in New Delhi. The event witnessed participation from several organisations working on women’s collectives, and brought together key lessons and learnings to contribute and strengthen the work of collectives and collective action for poverty reduction. The event also marked the release of a study report by CARE India on ‘Community Based Collectives for Women’s Empowerment’, which brought forth significant findings from CARE projects to understand levels of women empowerment enabled through collective action.

Key findings:

- Women who frequently attended collective meetings were 1.3 times more likely to have higher self-efficacy
- Women who had been associated with collectives for a longer duration were 1.3 times more likely to score higher on market accessibility benchmarks
- 43% of women respondents had taken new roles after becoming members of collectives, and nearly 50% women believed in their skills and abilities as leaders
- Women who were members of livelihood collectives were 4.1 times more likely to score higher on political/civil society representation
- Women who were part of larger collectives were 0.9 times more likely to have higher scores on challenging social norms
- Adivasi communities exhibited greater mobility, family support, market accessibility and participation for women as compared to Dalit communities. Adivasis are also better positioned in group alliances, negotiations and taking up leadership roles as compared to Dalit women

National Consultation on Women’s Nutrition - Series 1

The Coalition for Food and Nutrition Security, India (CFNS), CARE India and Micronutrient Initiative (MI) jointly organised the first of the series of National Consultations on Women’s Nutrition in New Delhi in March.

The consultation deliberated on social determinants which impact women’s nutrition during her entire life cycle, and enable a strategic convergence of all sectors and governance systems to address their needs at every stage. Focus was laid on understanding the existing socio-cultural, economic and political scenarios impacting women’s nutrition and well-being.

The consultation discussed a draft strategy for devising new programmatic and policy directions, with specific milestones, and shared common steps for participating organisations.

The consultation brought together government representatives, policy-makers, civil society organisations, practitioners and experts with experience in collaborating sectors.
Most Inspiring Female and Most Gender Equitable Male Colleagues

In line with this year’s theme of International Women’s Day, CARE India celebrated the achievements of women and men driving positive change for gender equity within the organisation.

Colleagues nominated the name of one inspiring female colleague who they felt inspired them in every aspect of life along with the name of one male colleague who they felt brings in gender equity in the organisation, or has been working towards the same.

Out of 19 nominations for inspiring female colleagues, the winners were:

First: N.V.N Nalini, Executive Director, HR & OD, NCR
She possesses a dynamic personality and leadership quality. She is tenacious, a leader, absorbs pressure and has humour despite everything. She is loved for her contagious positive energy and cheerfulness. She empathises with people and their work. At the same time, she is decisive and firm in defining and pushing for upholding CARE’s culture, and has a way of working which respects both professional and personal space. She encourages everyone through her effective and impactful communication skills. She blends decision-making with a conscience. She is open to feedback. Her voice is a reassuring warm one with a commanding undertone, demanding respect.

Second: Suman Sachdeva, Technical Director, Girl’s Education Programme, NCR
She brings high professional values with a human touch. She is always approachable as a mentor, friend and professional. Her leadership style inspires her team to perform better. She is caring and helps her team members to balance their professional and personal lives. She believes in taking collective decisions. She is a good listener and has a solution to every problem.

Third: Bharati Joshi, Technical Director, Economic Development Unit, NCR
She is a well-balanced woman with a very professional attitude. She has a go-getter attitude. Her hard work, dedication and commitment to work is applaudable. She is appreciated for being sensitive towards programme participants in the field. She invests time in grooming her team and supports them in true spirit. She always brings gender sensitivity in all professional discussions.

Out of 23 nominations for most gender equitable male colleagues, the winners were:

First: G. Senthil Kumar, Executive Director, Program Operations, Quality and Learning, NCR
He has been a proponent of gender equity within the organisation. He does not differentiate in his dealings and interactions with men and women colleagues. He is very dedicated to the organisation and adheres to the core values. He is unbiased and takes decisions based on facts and evidences, and for the good of the organisation.

Second: Rajan Bahadur, MD & CEO, NCR
As the head of the organisation he has set the standards to uphold the core values - respect, integrity, commitment and excellence. He has ensured that everyone has equal opportunity to express and excels with high with energy. He knows the right mix of fun and work. His attitude of taking risks is applaudable.

Third: Prashant Prakash, Academic Leadership Community Coordinator, Girl’s Education Programme, Uttar Pradesh
He always respects diversity and has a very good understanding on gender equity, which reflects in his personal and professional life. He has always raised his voice for equity.

Third: Jayant Upadhyay, Program Manager, MPNP Programme, Madhya Pradesh
He always sensitises staff about gender issues and equality. He appreciates diversity and stands for the rights of women.

Third: George Kurian, Head, Impact Measurement Unit, NCR
He involves the concerned people at work fairly for any decision making without any discrimination on the basis of gender. He never judges the capacities and capabilities of a person. He believes in gender equality.

Third: Satish Kumar M, Regional Program Director, Odisha
He is a very good leader who inspires his team to go beyond their expected roles and limitations. He is a person who constantly strives and supports his team in bringing gender equity. He allows his team to grow and lead from the front. His enthusiasm and interest to learn is a boost for others.
Holi Celebrations

Breast Cancer Awareness Talk

Compiled and edited by Marketing and Communications Team

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