

CAREZone



Quarterly Newsletter of CARE India
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Our Vision

We seek a world of hope, tolerance and social justice, where poverty has been overcome and people live in dignity and security.



Our Mission

CARE India helps alleviate poverty and social exclusion by facilitating the empowerment of women and girls from poor and marginalized communities.

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Domestic Violence in India: Need for strategic and effective implementation of the law

Shazeeena, from a small town of Bihar, got married into a family not knowing what the future held for her. A few months into the marriage, she began experiencing trouble with her in-laws over various issues. She looked to her husband for help, to no avail. Eventually, she had to lodge a complaint with the police. Though Shazina had filed her case in October 2009 under the Protection of Women Against Domestic Violence (PWDV) Act, and got an order passed in her favour in March 2010, it still took another year to get maintenance money to be credited in her account from her husband's salary. Her story, though a bit tragic, leaves others, suffering with a similar fate, with hope. In her own words, "I got a fresh start to live a new life with dignity only because of the PWDV Act."

After about 10 years of a milestone law to protect women from domestic violence, 'The Protection of Women against Domestic Violence Act' (PWDVA), little has changed for the vast number of women in the country. Due to low awareness about the law and its provisions, it is not surprising to find many more Shazeenas, languishing in hopelessness.

Domestic violence is a stark reality in India. According to the former Union Minister for Women and Child Welfare, Renuka Chowdhary, around 70% of women in India are victims of domestic violence.¹ Domestic violence can constitute any type of abuse that can be considered a threat, whether physical, psychological, or sexual abuse to any current or



(L-R) Ms Mita Mohini -Advocate, High Court Patna, Shri Abdul Bari Siddiqui- Hon'ble Minister, Finance, Government of Bihar, Ms. Renu Mishra – Association For Advocacy and Legal Initiatives, Uttar Pradesh; Ms Manju Sharma – Advocate, Patna High Court, Dr Senthil Kumar, Executive Director, Programming Operations Quality and Learning, CARE India, Ms Neelu, Chairperson, Mahila Jagran Kendra and Saurabh Kumar, Assistant Director Bihar State Judicial Academy releasing CARE India's study on Perceptions of Domestic Violence and Efficacy of the implementation of the PWDV Act (20015) in Patna, Bihar.

former partner. In India, it is still largely looked upon as a private matter and, hence, is rarely reported, and seldom pursued. In situations where it is reported by the victim, several aspects such as caste, social class, religion and other biases bring down the efficacy of the treatment of the complaint.

To add to this malady, the increasing number of crimes committed against women are a glaring testament of laxity in the implementation of the Act. Comparatively, 3,37,922 cases of crime against women (under various sections of IPC and SLL) were reported in the country in 2014 against 3,09,546 in 2013. The proportion of IPC crimes committed against women towards total IPC crimes has increased during the last 5 years from 9.6% in 2010 to 11.4% in 2014.²

What is disturbing to note is how despite a long-standing campaign against the evil practice of dowry, the cases of dowry deaths have also increased by 4.6% in 2014 over the previous year (8,033 cases). Uttar Pradesh and Bihar reported the highest numbers of dowry deaths with 2,469 cases and 1,373 cases respectively. The highest crime rate with respect to dowry deaths was reported in Bihar which was twice the national average at 2.8%, followed by Uttar Pradesh at 2.5%. The data on Protection of Women from Domestic Violence Act, 2005 collected for the first time in 2014 shows a total of 426 reported cases during 2014. Four states together accounted for 91.1% of total such cases reported in the country during 2014 - Kerala (140 cases) followed by Bihar (112 cases), Uttar Pradesh (66

cases), Madhya Pradesh (53 cases) and Rajasthan (17 cases).

In this context, CARE India undertook a study, titled, '**An Analysis of Perceptions of Domestic Violence and Efficacy of the Implementation of the PWDV Act (2005)**' to understand the gaps and gauge the legal status of women with respect to the PWDV Act, in 9 districts (Patna, Samastipur, Betiah, Gaya, Bhagalpur, Siwan, Munger, Araria and Supaul) of Bihar. Qualitative and quantitative data gathered from various families from rural and urban setups, along with interviews with service providers and Govt. officials from all levels, provided a holistic view of the common perception of the issue and the assessment of implementation of law in the state.

The study revealed that out of 38 districts, 35 had helplines and 21 had short stay homes. 86% of the respondents reported that they didn't know about the existence of such institutions and 80% said that they were clueless about where to report such cases. These key findings point towards a need to revisit awareness generating mechanisms put in place by the state. The few who knew about these institutions, cited long distance and inadequate infrastructure as two critical challenges.

On assessing **the impact of domestic violence on the social wellbeing of women**, the study has re-established the fact that domestic violence directly impacts women's health. 61% females and 43% male respondents said that violence has a direct bearing on the birth of an underweight child. And more than 60% said that the husband took decisions regarding an abortion in the family. This can be further analysed to understand its link to child sex ratio; as per 2011 census, Bihar is one of the three states which has showed a declining trend, 942 (2001) to 933 (2011).

The need of the hour is to not only generate awareness about the Act to help mitigate the issue, but also to coordinate and mobilise the services of various institutions/departments for implementing the law. The Government needs to adopt a pragmatic approach to increase its reach and efficacy. Some positive steps have been taken and there are many active civil society organizations working on the issue. However, insights from the CARE India study light up the road ahead and indicate that a comprehensive implementation of the Act has the potential to bring hope and a life of dignity for women in India.

– **By Lata Krishnan, Manager Advocacy, CARE India**

¹ http://news.bbc.co.uk/2/hi/south_asia/6086334.stm

² Source: Crime in India – 2014 (NCRB): Chapter 5 - Crime against women





Women and girls in the face of disasters

Research across sectors in humanitarian work has demonstrated that disasters do not have the same impact on women, men, boys and girls of different age groups. The impact varies for marginalized sections of our communities who have already been facing the wrath of caste, religion, and ethnicity based discrimination during non-disaster times. There are different needs due to the differential impact and a well-planned humanitarian assistance should take the sex and age disaggregated needs into consideration.

Water and Sanitation is one of the many areas in which the suffering of women and girls is exacerbated during disasters. During disasters such as flood, cyclone, and drought, women and girls spend 4-6 hours a day, walking, to far off places in search of drinking water. During floods when toilets and hand pumps are all inundated, women wait until late evening to go out and relieve themselves. Many reduce their intake of food and water due to this fear. Going to isolated places also puts their safety at risk.

Maintaining personal hygiene during disasters becomes a challenge when people are taking shelter in relief camps or on embankments in the absence of privacy. During Bihar Floods 2016, out of the 37 villages where Joint Rapid Needs Assessments were conducted by Sphere India (a coalition of humanitarian organizations in India), the requirement of clean cloth for menstrual hygiene came up as one of the most urgent needs in 16 affected villages. More than 50% women were borrowing cloth from neighboring hamlets where the effect of floods was less. Another challenge with displaced women during floods is that they don't have access to soap or clean water. They are forced to wash sanitary cloth in contaminated water and re-use.

Non-availability of soap may seem a simple issue. There is, however, extremely alarming data of adolescent girls compromising on their safety for soap. According to a report from Refugees International, during July 2000, UNHCR had to stop the supply of soap to approximately half a million Congolese and Burundian refugees in Tanzania, which led to increased drop-out of

adolescent girls from schools. There were also reports of girls having sex in exchange for soap.

The riots in Muzaffarnagar and Shamli districts in Uttar Pradesh state in India in 2013 caught the attention of many across the nation due to the deaths of infants and children. Apart from the cold weather, there were some stories which were never shared. During a Rapid Needs Assessment conducted by CARE India in the shelter camps in Shamli, it was found that within a period of three months after settling in camps, 200 adolescent girls had been married and there were preparations for more in the Suneti camp. On further probing, it was found that parents of such girls were worried about the safety of their daughters in camps (CARE India reports, 2013).

As the circumstances post-disaster make it difficult for communities to observe standard precautions, there are increased instances of the spread of HIV transmission. For women in the reproductive age group, unwanted sex often results in unwanted pregnancies. Adopting crude ways of abortions in the absence of functional health facilities also leads to the death of women due to sepsis infections. Another challenge faced post-disasters is the disruption in treatment due to non-availability of medicines. The population already living with HIV on ART treatment suddenly experience a break in the treatment. Similar is the issue with TB patients who miss their DOTS treatment due to unavailability of dosage.

As the needs of women, men, girls and boys of different age groups differ significantly and the impact of not understanding the segregated needs can be grave, it is important that the need assessments, as well as responses, are disaggregated by sex and age. There is ample evidence that gender roles change during and post disasters. Gender equality and participation of women and men, girls and boys in all tasks irrespective of gender norms at all times can help address the demands of changing roles.

– *By Eilia Jafar, Technical Director, Disaster and Management Unit, CARE India*

Key Highlights

Media Workshop on Kala-Azar in Bihar



A media workshop on Kala-Azar was organized in Patna, supported by the Government of Bihar and CARE India in October 2016. The primary objective of the workshop was to create awareness about Kala-Azar in the state. Specifically, the workshop aimed at:

- Sensitizing the journalists about Kala-Azar; its symptoms, diagnosis and treatment
- Informing the media about government's kala-azar eradication plan
- Discussing media's role in spreading awareness about prevention and control of Kala-Azar

Some of the key messages that were communicated during the event included:

- Bihar aims to eliminate kala-azar by 2017
- Bihar is one of the key states in global kala-azar elimination programme as it accounts for 77% of cases in India
- Number of kala-azar cases have decreased in Bihar over the last few years
- Effectiveness of SP spray and availability of the single-dose LAmB treatment

All leading publications in Bihar covered the event highlighting the disease, government's elimination plan and the decline in Kala-Azar cases. The event was attended by Dr RK Dasgupta, Joint Director, National Vector Borne Disease Control Programme (NVBDCP); Dr MP Sharma, Joint Director and State Programme Officer, (VBD); Dr Kailash Kumar, Regional Director, Health and Family Welfare; Dr Vijay, RMRI, ICMR and Dr Sridhar Srikantiah, Technical Director Bihar Technical Support Unit, CARE India.

CARE India initiates a discussion on safety and security in education with policymakers

CARE India organized a national level event, '*My Safety My Education....MY RIGHT: Making Education Safe and Secure*', in New Delhi in November 2016, with participation from civil society advocates, educators from government schools and other allied partners working for education, gender issues, child rights and development.

The event called for a focused campaign and decisive action on this critical issue, if India has to meet the objectives stipulated under Right to Education Act 2009. The event started with a skit performance by 'Jamghat Group' highlighting various safety and security issues faced by girls.

Addressing the participants, Chief guest on the occasion, Mr. T.S.R. Subramanian (Former Cabinet Secretary and head of the committee on New Education Policy), stressed on the need to address safety and security concerns around girls' education, as well as, called for solutions from every stakeholder in the sector.



The event also hosted a panel discussion, moderated by a special correspondent from Outlook and chaired by Child Rights Expert, Dr Sanjeev Rai. Participants included Ms. Deepa Tiwari (Assistant Director, SCERT, UP), Ms. Sancheeta Ghosh (Breakthrough), Ms. Babita Singh (Deputy Superintendent of Police, Women Powerline, 1090, UP), Ms. Priya Yadav (Teacher, SDMC school, New Delhi), Muskan (Student of Class 7, NDMC school, New Delhi) and Mrs. Naazma (a mother).

National Consultation on 'Status of State facilitated Support Services under PWDV Act 2005' in Patna, Bihar

CARE India organized a national consultation on 'Status of State facilitated Support Services under PWDV Act 2005' in Patna in November 2016. The consultation was jointly organized by CARE India and Mahila Jagran Kendra (MJK) to widely disseminate the findings of the report on the type and quality of services being offered by institutions and stakeholders to survivors, and the challenges faced by the survivors in accessing justice

The study report was released by Shri. Abdul Bari Siddiqui, Honourable Minister Finance, Govt of Bihar. During his speech, referring to one of CARE India's recommendation on allocation of adequate budget for effective implementation of the Act; the Minister invited CARE India and MJK for a consultation during the next budget planning meeting. He also suggested

that the agencies should approach the parent Department (Dept. of Social Welfare) for adequate allocation of budget to strengthen the implementation of the Act in the state. Shri Imamuiddin Ahmad, Director, Department of Social Welfare, Govt. of Bihar during his speech appreciated CARE's advocacy work in Bihar and suggested to continue with this process of advocating on budget allocation for effective implementation of the Act.

The national consultation was well attended by more than 120 participants, including speakers and experts from Andhra Pradesh, Jharkhand, New Delhi, Odisha, Uttar Pradesh, and Bihar. The event witnessed participants from various Government agencies, academicians, experts and implementing organizations and was widely reported by the national and Bihar media.

Women's leadership in small and medium enterprises (WLSME) learning event



CARE India organised a learning event in December 2016 in New Delhi on its four-year USAID supported initiative "Women's leadership in small and medium enterprises (WLSME)". This project aimed at promoting women's leadership and sustainable growth of 210 women-owned, and managed cashew processing SMEs in an enabling value chain in Tamil Nadu.

The learning event focused on three important aspects:

- What the characteristics of future women entrepreneurs with the most growth potential?
- What are the biggest barriers to women's entry and growth in the SME sector?
- What is the most effective way to enable women SMEs to overcome the barriers?" Rajan Added.

Following WLSME learning documents were released at the event:

- Ending backseat driving by women – Overcoming gender based constraints in SMEs
- Cashew Women Entrepreneur Network (CWEN) – Learning Document
- Satiating Financial Services Needs of SMEs – Learning from working on both demand and supply side
- Performance Monitoring Plan (PMP) Analysis of Women Cashew SMEs – Activity based Learning Document
- Analysis of Knowledge, Attitude and Practising the Skills (KAP) of Cashew SMEs in WLSME program – Activity based Learning Document



CARE India wins big in the Human-interest story contest

SHARE THE STORY OF CARE: The 2016 Human Interest Story Contest is an ideal opportunity for all employees to tell powerful stories of lives changed because of CARE's work. In the 28th

edition this year, the contest received a total of 312 entries from staff members across 38 countries.

Four entries from CARE India won in the contest this year.



1st Prize: Education - "Flying High" by Dr. Vandana Mishra (Programme Manager, Girls Education Programme (UP))

Vandana wrote about 16-year-old Haleema from Kaserwa village, Muzaffarnagar, Uttar Pradesh. Coming from an extremely poor household, Haleema was born without hands. However, that didn't stop her from dreaming big and overcoming challenges, as she decided to relentlessly pursue her dream of becoming a lawyer. For the longest time, Haleema was pitied by everybody and denied education because she was differently abled.

But, through CARE India's accelerated learning programme at KGBV, she completed her primary education in six months, graduated class XII in 2014 and is currently studying law.

2nd Prize: Education - "13-Year-Old Pioneering Positive Change" by Sharon Panackal, (Media Officer Join My Village, CARE India)

Sharon wrote about Seema Yadav, who grew up in Koniya village, Bahraich Block, Uttar Pradesh. Realizing that girls can stay and study at Kasturba Gandhi Balika Vidyalayas (KGBVs) for free, Seema convinced her father to send her to school. Although she had completed her primary education till Class IV from her village, the quality of education imparted was such that Seema could not read or write properly. Seema fought against many odds to join KGBV which was supported by CARE India, through curriculum design and teachers training among other interventions. Seema is the first girl from her village of 800 families, to get a quality education. Above all, she is a role model for every girl from her community.



2nd Prize: Health - "Paving a Way of Life, One Step at a Time" by Dr Bishwajit Mukherjee (MLE Specialist, Bihar)



Bishwajit wrote about the Beneficiary Gulabi Alam and Geeta Devi, the ASHA who helped Gulabi in her toughest times. Gulabi belongs to the remote Mangwa cola dhurpaili village, a predominantly Muslim settlement - in Amour block of Purnea district, Bihar. At 32, she was the mother of two children. Third time around, she gave birth to an unweight child which could not survive. A few months later, Gulabi conceived the fourth time, and was extremely concerned for the health of her child. Having lost one child not so long ago, Gulabi pledged to adhere to every advice from nurses and ASHA Geeta. Gulabi stood against the entire family and diligently followed ASHA's advice and was able to correctly tend to her baby, that ensured her speedy recovery.

2nd prize: Climate Change- 'Knowledge Doubles Profit and Lowers Climate Change Risks' by R. Devbalan (Programme Manager, Where the Rain Falls project, CARE India)

Devbalan wrote about Kalpana, an Adivasi (tribal) woman, from Pathalgaon block, Jashpur district Chhattisgarh. CARE India intervened in her village through Where the Rain Falls project, which aims to strengthen resilience of small farmers against climate change risks. CARE India formed Self-Help Groups (SHGs) in her village and she was assisted to become a member of a SHG called Tara. She and her spouse were trained on resilient agriculture practices and CARE India also worked with district agriculture department to train Kalpana on crop planning.



CARE India Board Visits Banking on Change and WLSME projects

CARE India's Board visit and meeting was organised in Pondicherry and Tamil Nadu in November 2016. On the first day, a knowledge walk followed by a social evening, was organised in Pondicherry which witnessed participation from CARE India Board Chair Neera Saggi, MD and CEO Rajan Bahadur, other board members, colleagues from CIHQ and Tamil Nadu team. The gathering concluded with a dinner where various stakeholders met the board members and other key

functionaries of CARE India. The second day featured site visits to various WLSME project locations in Tamil Nadu. The team interacted with project beneficiaries, partner NGOs, program staff and other key stakeholders. It was followed by a de-briefing meeting with the Board in Chennai, followed by a dinner. The third day featured CARE India's quarterly Board Meeting, including Committee meetings in Chennai.



CARE India's offsite: Pratapgarh Farms



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