

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 marginalised communities.

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CARE India reaches out to flood survivors in UP, Assam and Bihar

Aspate of floods in many states across India claimed hundreds of lives and displaced millions over the past few months. Bihar, Assam, Uttar Pradesh and West Bengal were among the most affected.

In Bihar, the flood had already claimed 153 lives by end of August.

In Assam, 144 people died due to multiple waves of floods consistently striking in the state. In Uttar Pradesh, the state administration had to ask for army help in rescue and relief operations. While in North Bengal, floods claimed over 50 lives.

With 153 people dead across 17 districts, Bihar was the among the worst hit. The number of affected in Bihar was highest with 1.08 crore people marooned. Twenty-eight National Disaster Response Force teams with 1,152 personnel were deployed to help with rescue and relief operations in Bihar. 1,765 community kitchens were started to cater to around 3.44 lakh people in the flood-ravaged districts.

Nagaon was the worst-hit district in Assam with 26,426 affected people, followed by Morigaon with 17,000 and Dhemaji with 9,776. The floods also hit the Kaziranga National Park, killing over 140 animals. Seven rhinos, 122 swamp deer, two elephants and many other animals lost their lives in the flood.





As the first step towards providing relief in the flood affected states, CARE India conducted rapid assessment in two of the worst affected districts of Uttar Pradesh - Shravasti and Baharaich.

The team also closely monitored and assessed the emergency situation in Purnia and Araria districts of Bihar.

The advantage that the team had in Bihar was that the severely affected

districts were the ones where CARE India programmes were already running, organisation had a strong presence. In Assam, where CARE India did not have any programmes, post assessment, it responded with Hygiene-come-Dignity kits to over 2500 people in Morigaon District. The team distributed clean delivery kits in the area to pregnant ladies to ensure safe birth in case they were unable to access health facilities.



Rajan Bahadur, MD & CEO, CARE India said, "All these districts are severely affected and are areas where CARE India's programmes are present. Initial assesment revealed huge loss of shelter, crops, live-stock and public infrastructure including transport. We responded with Shelter and WASH items in the affected areas, and targeted the worst affected families in each state. We first reached out to 3000 people with Dignity kits in Assam's Morigaon district, and then the second round of assessment for any more emerging needs was undertaken. There was a specific need of dignity items i.e. clothes for women and adolescents as household goods had been washed away. There was also an urgent need of sanitary items for women, lactating and pregnant women need proper care."

Ravi Kant Upadhyay, Team Leader-Assam Flood Response 2017, "Due to high water currents, for days, we could not reach the targeted intervention villages that were worst affected it was, difficult to reach there even by motorised boats. We finally explored a different, and longer route to reach the intended villages. We finally reached the embankments where people of four to five villages were residing in Lengribori, Barukata saharía, Dungapar villages. We soon coordinated with CARE-India Headquarters and immediately got the approval for procuring dry ration and distributing to the affected families in the seven villages. Basis the community needs, we also got approval for shelter kits, Aqua tabs and delivery kits for the pregnant mothers of last trimester who could utilise it at the time of emergency."

The power of youth in humanitarian space



Asia is home to more than half of the world's young population. India is expected to have 34.33% share of youth in total population by 2020 (Central Statistics Office, GoI). There is immense untapped potential in youth to shape the future of the world as a safer place to live in. The National Youth Policy (2014) defines youth as persons in the age group of 15-29 years. The population in this age group is full of ideas, energy and passion to bring about change, by challenging stereotypes, embracing good practices and thinking out of the box.

Through improved access to education, and better understanding of risks and opportunities, youth in India can help the country make unprecedented leaps forward by alleviating poverty and injustice, reducing disaster risks, providing solutions for adapting to climate change and contributing to the achievement of development goals.

Disasters are known to push nations back by decades on the development timeline. The Indian sub-continent with its vulnerability to multiple complex disasters is at a high risk of losing all its development gains to mega disasters. Youth can play a key role in mitigating risks as well as in humanitarian response and recovery. Historically, all mega disasters have witnessed an outpour of young volunteers offering assistance for response and relief. This is however an "impromptu engagement" with humanitarian sector and involves challenges due to lack of skills and inadequate knowledge of standards and procedures. There is a need for planned and organised engagement with youth in order to build their capacities for contributing to all the phases of disaster management.

Humanitarian sector not only provides career prospects to youth but also an opportunity to save lives, alleviate suffering, prevent catastrophes, enhance resilience and create a safer world. Young engineers, geologists, scientists, social workers, managers, doctors and students across numerous disciplines have huge potential to co-create knowledge and innovate solutions for reducing disaster risks and mitigating disasters. Humanitarian workers are leaders, often taking tough decisions especially when confronted with the enormity of the population versus limited resources in hand, prioritizing the poorest, most vulnerable and marginalised (e.g. pregnant women, lactating mothers, women and girls from traditionally marginalised Dalit and Adivasi communities, persons with disability and elderly) over other affected population. Humanitarian aid workers are known to always have their bags packed, ready to move to areas hit by calamity. They are surrounded by images of devastation and sounds of people crying at losses -economic, physical and emotional. This involves high levels of stress and many sleepless nights, but the satisfaction of saving lives and reducing human suffering far outweighs the hard work and stress.

On the occasion of International Youth Day this year, Eilia Jafar, Head DMU, CARE India writes on the importance of today's youth in humanitarian work.

Building teacher's capacity around language and literacy needs of the most marginalized

One of the key objectives of education is the achievement of all goals that depend upon the learner's ability to read, write and comprehend. The Indian Census (2011) shows that India has made dramatic strides in this regard, the national literacy rate increased from a mere 18.33% in 1951, to over 74% in the 2011 census. The concern is the limited conception of literacy either as ability to sign one's name or to learn to decode the script at a basic level.



A second set of concern is educational outcome that suggests a deep underlying problem with curriculum, pedagogy and teacher education. ASER data (2012-13) suggests that 54% of the students surveyed were unable to decode a second-grade text in fifth-grade. The findings of the Planning Commission Evaluation Report on the Sarva Shiksha Abhiyan (2010) also indicated that only 42% at a second-grade level could read letters in their local/regional language script. Despite the limitations of these large-scale studies, their results suggest that many children in India are struggling to acquire even the most basic proficiency with reading and writing.

When children enter school, the general expectation is they will learn to read and write. There is rarely a question on whether teacher's knowledge, beliefs, approaches and strategies for teaching literacy is contributing to these dismal educational outcomes.



Early literacy teacher development approaches should zero on the following reality to be able to do justice to every learner who enters the schooling system with an aspiration to move higher up in life-

a) Given a large proportion of Indian children who grow up in non-print environments, teacher development initiatives should enable teachers to appreciate and build oral language skills as a foundation block to build further blocks of reading and writing. There is a need to build bridges, create literacy resources that banks on oral repository of a child

b) Early literacy approaches and pedagogy should foster the child's ability to use mother tongue hence build a strong foundation for a child to acquire conceptual constructs. This would form the basis for further learning, comprehension, cognition, language and literacy development.

c) Multilingualism being an innate characteristic of Indian society, Early literacy approaches needs to tap and groom this as a resource in the classroom. The multilingual proficiency in learner needs to be enhanced through a pedagogy that values different cultures, identity, uses peer learning methods, exposes children to different languages and reading resources, encourages children to reflect understand the commonness and differences among different languages.

d) Assessment processes in early years should foster acquisition of learning continuum that leads to reading and writing. The focus should be to help children learn and enhance their ability to manipulate different language skills that will enable them to express, negotiate, critique and create as empowered individuals. There is also a need to prepare and assess learner on their ability to read fluently and comprehend as an important bench mark at grade 2 level and fix accountability at different level to ensure this happens.

e) There is a need to appreciate that teaching how to read and write is nuanced and requires purposive small steps that will lead them to better progress. There is a considerable emphasis on creation of an environment where literacy and reading gets blended as part of the natural classroom, school environment. In the other hand considerable time, effort and specific learning experiences needs to be designed on working on individual milestones that leads towards reading and writing.

f) In the entire process of teaching reading at early stages, motivating the learner at every step and enjoying the process of learning becomes a prerequisite condition. The emphasis needs to shift from seeing or evaluating learning as right and wrong and to see how knowledge is being constructed by the learner will create difference in terms of self-esteem, confidence and reflective ability in the learner.

India as a democratic country needs teacher education system that is resilient, which can customize its teaching learning process to empower its diverse learners.

This requires coming up with a teacher education framework that gives space, opportunity for its teachers to reflect, innovate and reach out to the most marginalized. In the absence of recognizing this as a country we will be losing out generation of learners who fail to contribute purposively to themselves and society at large.

By Geeta Verma, Team Leader, Start Early: Read in Time Project, Girls' Education Program, CARE India



CARE India board visit to Jehanabad and Gaya districts in Bihar



A team consisting of CARE India board members and state officials, visited Jehanabad and Gaya districts in Bihar in September. The visit was planned to observe how CARE India is supporting the Government of Bihar's work, especially the Department of Health and Integrated Child Development Services (ICDS). The team comprised of Mr. Rajan Bahadur, Mr. Gautam Chikermane, Ms. Namrata Kaul, Mr. Luis Miranda, Dr. Hemant Shah, Mr. Sunil Babu, Mr. Punyasloka Mohanty and Ms. Khatila Walling. The team first visited an Anganwadi Centre at Sikariya Village, a Sick Newborn Care Unit (SNCU) and District Hospital in Jehanabad.

In Gaya, the team visited Khizarasari - Primary Health Centre (PHC), Panchmahla - Health Sub Centre (HSC), Nohbatpur - Anganwadi Centre (AWC) and the Mahabodhi Temple.

The team then visited some service delivery points to understand the various processes in Bihar's public health system at the grassroots level.

In Shikariya village, (Jehanabad) the team interacted with members of a family that had two weak newborn children along with Frontline workers (FLW). The objective was to understand the weak newborn care practices facilitated by the FLW (ASHA) in the region.

Chanchla Devi, the mother of the weak newborn twins shared the story of the ASHA worker - Sunita Devi and how she helped in saving the lives of her children. During her interaction with the CARE team, she explained how Sunita was the one who took her to the Public health center (PHC) for delivery.

Since then Sunita regularly visited Chanchla's home for the first seven days to ensure that Kangaroo Mother Care and other essential care methods were practiced properly. She followed up on the health condition of the babies for a month and ensured that they were growing steadily. During the visit, the team found the babies to be healthy weighing 3000 grams and 3300 grams each.

The visitors got a chance to observe a Complementary Feeding day (Annaprasan day) at Lodipur village Anganwadi Centre. Here the team interacted with AnganWadi Workers (AWW), ASHAs, lady Supervisor and beneficiaries and learnt about the health and nutrition awareness programme as well as overall process of beneficiary listing through tools like survey register, home visit planner, MIS register and Common Application System (CAS).



The visiting team members were keen to observe and learn about 'communication of hygiene practices' and 'display of nutritious food elements' in this community event; which the AWW demonstrated and explained well to the community members.

The next destination for the team was a District Hospital and SNCU. This healthcare delivery center provides OPD and IPD services, Sick new born care services, maternal and child care services, emergency services, diagnostic services and family planning services etc. During the team's visit to this facility, board members interacted with the District Superintendent, District Hospital officials, Labour Room nurses and AMANAT V mentees (from Care's Mobile Nurse Mentoring Program) to learn about system strengthening interventions, QI process, Clinical review Process, Weak New Born Tracking and Delivery (maternal) Outcomes tracking.

In Gaya district, the team visited the village health sanitation and nutrition day (VHSND) in Nohbatpur Anganwadi Center (AWC) which is a key platform for health and nutrition awareness and demand generation process. The visiting team interacted with the beneficiaries, frontline workers (FLWs) and community stakeholders. In this AWC, the team also observed the social accountability program run by CARE India, which focuses on improving maternal and child health (MCH) in Bihar through organized meetings between the community and healthcare providers at the block and village level using some interesting models. The team visited Panchmahla – health sub center and noted that the Government counterparts are very proactive, and with assistance from CARE India / District Resource Unit (DRU) every weak new born child is tracked and followed up with.

The team also visited a block level Primary Health Center (PHC) in Khizarasari block that has population of 1,82,000. This healthcare delivery center provides lesser services than the earlier visited Jehanabad District Hospital. Here, the CARE board members interacted with the medical officer-in-charge, other medical officers, staff nurses and a few beneficiaries.



Photo Gallery

Independence Day celebrations



Emergency evacuation drill



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