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 empowerment of women and girls from poor and marginalised communities.

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Complied and edited by Marketing & Communication Team
WHY MIGRANTS MUST NOT BE LEFT BEHIND IN THE FIGHT AGAINST TUBERCULOSIS

The Economic Survey of India 2017 estimates that the magnitude of annual inter-state migration was approximately 9 million. However, while Census 2011 pegs the total number of internal migrants in the country (accounting for inter- and intra-state movement) at a staggering 139 million. Uttar Pradesh, Bihar, Madhya Pradesh, Punjab, J&K are key source states; the destination states being Delhi, Maharashtra, Tamil Nadu, Gujarat, Andhra Pradesh and Kerala. It has been found that in some regions, three out of four households include a migrant.

India has the highest burden of TB. The WHO TB statistics for India 2016 give an estimated incidence figure of 2.79 million cases. Multi drug resistant TB (MDR) is a cause of increased morbidity and mortality. TB affects poor and vulnerable populations; including migrants who are also vulnerable due to overcrowded living conditions, delayed diagnosis, poor levels of awareness and healthcare seeking behaviours and lack of treatment adherence. MDR-TB management among migrants is also challenging due to limited access to drugs and lack of isolation facilities and quality laboratories. Migrants also cannot access health and family care programmes due to their temporary residential status. A study under the Revised National TB control programme (RNTCP) in Tamil Nadu highlighted migration as one of the reasons for discontinuation of treatment.

In addition, forced displacement of persons after conflict or a natural disaster is often associated with an increased risk of TB due to factors such as malnutrition, overcrowding in camps or shelters and disruption of health services. Emergency response is usually limited to acute diseases such as cholera and measles outbreaks, leaving chronic conditions like TB unattended until much later when existing national health systems begin to recover and cope with increased health care demands following a crisis situation.

On 19 May 2014, the 67th World Health Assembly (WHA) adopted the new global TB strategy with targets and benchmarks until 2035 which aim to end the global TB epidemic. The strategy builds on a “know your epidemic” approach and focuses particularly on serving those not reached – the most vulnerable and marginalized populations. In line with the principles and three pillars of the new strategy, and resolution, TB and migration can be addressed through:

MIGRANT-INCLUSIVE NATIONAL TB PLAN:

- Advocating the burden of TB among migrants and their needs in epidemiological assessments and national programme reviews.
- Including migrants in country processes for development of national TB strategic plans and resource mobilization.
- Strengthening country monitoring systems to include disaggregated data on migrants, where relevant.

MIGRANT-SENSITIVE CARE AND PREVENTION:

- Sensitising health personnel and building a cultural competency reflective of migrants’ TB needs.
- Ensuring that TB diagnostics, treatment and care services are adapted to the needs of migrants, including MDR-TB, TB/HIV management and access to new TB technologies.
- Establishing cross-border referral systems with contact tracing and information sharing to ensure continuity of care for migrants and harmonize treatment protocols across borders along migration corridors.
- Empowering migrant communities through social mobilization and health communications.
- Adopting policies and/or regulations which improve migrants’ access to services, financial and social protection, regardless of status.
India has shown high political commitment in ending TB by 2025 with Prime Minister reiterating this commitment to end TB by 2025 at the Delhi END TB SUMMIT. The momentum gained should not be lost and should move forward into a larger and longer marathon involving all key stakeholders. There is a need to build reliable country statistical systems to include disaggregated data on migrant types, and migration-related variables (in routine health data monitoring and TB prevalence surveys). The RNTCP needs to make better use of administrative data such as census, labour surveys, immigration records and education data to identify migrant groups and ensure disaggregation of TB-related information. There is need to have interfaces between health and other migration data management mechanisms. We need to study the economic impact of not addressing TB among migrants, cost-effectiveness of active TB screening programmes and TB funding practices for hard-to-reach migrants to inform future migration health policies. Migrants’ should have access to innovative TB technologies and services and should be empowered through social mobilization and health communications.

Recently, as per a Government notification issued on 21 March 2018, failure by clinical establishments to notify TB patient to the nodal officer and local public health staff would be a punishable offence with a jail term of six months to two years. Most migrant workers in India are employed in the unorganised sector, with or without permanent addresses, so it needs to be seen how the issue will be addressed in the times to come. Will stringent penalties improve their access to TB care or leave them unattended in the end game TB strategy?

- Dr Rita Prasad, Technical Specialist, Health, CARE India

BIHAR UPDATES

Day Long Orientation of Tola Sevaks on Out of School Children

To address the pressing need of retention of out of school children (OoSC) into education centers and schools, CARE India strategised to involve ‘Tola Sewaks’ in their education programme towards ensuring entitlement and accountability.

The orientation programme was organised in Gaya where 14 Tola Sewaks from four districts participated. These Sewaks would now be responsible for engaging with OoSC between age 8-14 years from the Mahadalit community. They will ensure that these children go to school daily and complete their elementary education.

A Two-day workshop with system functionaries on identification of Out of School children (OoSC) and framing an action plan for their retention

CARE India in collaboration with Bihar Education Project Council (BEPC) organised a workshop on 8 and 9 March 2018. The focus of the workshop was on identification of Out of School Children (OoSC) and preparation of a work plan towards the same. The training witnessed the participation from Labor and Education departments of the Government as well as NGOs.

After much deliberation and discussion, a draft action plan was formulated by the end of two days.
At the request of Bihar Government, CARE’s Bihar Technical Support Unit has prepared communication tools for Demand Generation and Counselling of Nutrition related issues for the Bihar Diwas (Bihar Foundation Day - 22 March 2018). Marking the grand occasion, CARE India’s state specific Nutrition Campaign Brand, “Sabko Poshan, Sabko Ahaar; Suposhit Bihar, Samriddh Bihar” was inaugurated by the Hon’ble Vice President of India along with the Governor and Chief Minister of Bihar. The brand and identity of this campaign has been conceived and developed by CARE India. It has now been adopted by the government for a state-wide nutrition awareness programme.

CARE India also supported the Directorate of ICDS to conceptualise and develop the thematic nutrition stall along with the demand generation tools for the occasion.
CARE INDIA GLOBAL ADVOCACY CAMPAIGN
‘#MARCH4WOMEN’

AN OVERVIEW

CARE launched a global advocacy campaign, #March4Women, to end violence and harassment in the world of work. The month-long campaign on gender justice is advocating for the adoption of an International Labour Organization (ILO) Convention on Gender Based Violence (GBV) in the world of work in June 2020. The ILO convention on GBV will support CARE’s Women Economic Empowerment and a life free from violence.

In India CARE implemented the campaign across project locations and sectors in Bihar, Chhattisgarh, Odisha, Punjab, Tamil Nadu, Uttar Pradesh, and New Delhi. Some of the key engagements with community implemented under #March4Women in project locations were signature campaigns, awareness rallies, and various competitions on GBV. Series of workshops and discussions meetings among various stakeholders including community, Government officials, Self- Help Groups etc. were also organised in some of the project locations.

In New Delhi, CARE India in collaboration with PAHAL and Department of Social Work, organised a multifaceted event on March 19, 2018, with the students of University of Delhi, North Campus. During the event eminent speakers like Ms. Aya Matsuura from ILO, Professor Neera Agnimitra from Delhi School of Social Work, Professor Anil Mishra, President of PAHAL, Dr. Richa Raj, Member, Academic Council and few others deliberated on status and impact of GBV on women and the law in India on Sexual Harassment at Workplace (Prevention, Prohibition & Redressal) Act 2013 to generate awareness among youth. Various other means like plays and drawing competitions were used to reinforce the message. Students from 10 colleges from Delhi University participated in these events.

This has been a symbolic initiative to provide a platform to the youth to spread the message of gender equality and action against harassment at workplaces. Two well-executed plays, ‘Mard’ by Asmita Theatre Group on discriminatory socialisation process for girls and boys and another on the impact of sexual harassment at workplace on women by Mahak Group were effective in bringing forth the impact of gender discrimination at home and sexual harassment of women at workplace.

Mr. Rajan Bahadur, MD and CEO, CARE India and Dr. G. Senthil Kumar, Executive Director, Programme and Operation talked about the global campaign ‘#March4Women’ and the significance of advocating for ILO convention on GBV for CARE India.

One of the highlights of the event was a silent march from Delhi School of Social Work to the Arts Faculty, which was flagged off by Mr. Rajan Bahadur and Professor Anil Mishra, and other dignitaries. It witnessed an overwhelming participation from college students, activists, advocates, civil society organisations and the academia. Employees of CARE India from all units including Programme, Finance, Human Resource, Administration, Communication & Fundraising and Procurement also showed great enthusiasm to make this event a huge success.

#March4Women saw an active engagement from many people across our project locations out of which more than 300 participated in the silent march.
#March4Women: A Snapshot

- #March4Women in inaugural session
- Participants at the panel discussion
- Commencing the Silent March at Department of Social Work, Delhi University
- Youth participation at the Silent March
- Signature campaign held in Tamil Nadu as part of the campaign
- Rangoli competition held in Tamil Nadu
- #March4Women celebrations in Odisha
- Rally organised by project participants of where the Rain Falls project, Bagicha
- Children in Jehanabad and Nawada, Bihar take out a rally as a part of #March4Women campaign
- Women of Bhatinda, Punjab take pledge to end GBV
ICS - A HELPING HAND FOR A WOMAN IN HER OLD AGE

70 years old Natu Pradhan, belongs to Paburia Gram Panchayat, Kandhamal district. She was married at a very young age to a man whose first wife had passed away leaving two small children. After getting married, Natu got so busy raising her step children that she never thought of having her own child. But, as the children grew up they failed to accept Natu as their mother. This led to regular fights in the family. In addition to this the economic condition of the family was also very bad. Due to bad family situations, one-day Natu’s husband committed suicide.

Natu said, that things changed for worse after her husband's death. Her step son and daughter in law started torturing her that she decided to leave their home. Finding no way out, she asked for help from her maternal uncle in Bariguda, who gave her a small piece of land to construct a house and stay. To make a living she started working as a daily wage laborer. But, recently her old age is giving her health issues which are making it difficult for her to continue her job. She gets a widow pension of INR 300 and 5 kg rice per month under the food security scheme. She saves some money from the pension and little bit of labour work that she somehow manages to do.

Being lonely, she sometimes visits Bastipada in Bariguda village to spend time with other women. Once she visited the area where ‘SHE School’ was functioning. She attended 3-4 meetings of 'SHE School' and also observed cooking in her daughter-in-law’s house where Improved Cooking Stove (ICS) testing was going on. She saw ICS for the first time and observed the process of cooking in ICS. She was surprised to see how efficient and easy was this stove in comparison to her traditional cook stove. She felt that ICS will be more useful for her as it consumes less fuel, less time, emits less smoke and is portable. She could immediately distinguish the fact that traditional cookstoves require more firewood and collecting a huge amount of firewood was not at all an easy task, for a single woman approaching old age. Realising her situation and how the use of an ICS could help her immensely, she decided to purchase an ICS model- Vikram as this was the most affordable of all stoves.

She expressed her willingness to buy the stove in front of the SHE Champion-Cum-Animator Mrs. Geetanjali Pradhan. On 23rd November 2017, she came to the Buyer-Seller meet organised by CARE (India) at Udaygiri and purchased an ICS which costs INR 1400. Since then Natu cooks only on ICS. She stated that it used to be extremely difficult for her to collect a big piece of firewood from the forest and health was deteriorating very fast as it was a very labour intensive process to bring firewood and cook every day. She is very happy that this cooking stove is portable and now she cooks both inside and outside her home as per her convenience. She also shared that, when most things were going against her as she was getting older ICS came as a boon which made a big contribution in making life better for her.

- By Gijanjali Swain, SWITCH Asia II project

NATIONAL CONSULTATION ON GENDER TRANSFORMATIVE CHANGE IN INDIA

CARE India organised a National Consultation on ‘Gender Transformative Change in India’ on 21 March 2018. The engaging and interactive event, was held in New Delhi at Indian Habitat Centre. It witnessed the enthusiastic participation of several key stakeholders and prominent dignitaries from the civil society space. Marked by the release of a book on gender champions, ‘Hamari Kahaani- Hamari Zubaani’, the discussions focussed on real life examples and case studies which illustrated gender equality and a gender transformative society. Attention was drawn to how an integrated strategy could be adopted to promote gender inclusiveness.

CONT'D.
The consultation challenged the root causes of gender inequality and also determined how leadership could be fostered within communities, to ensure sustainable change in social and gender norms. It provided a platform on which a way forward could be discussed and debated so as to translate the vision of a gender transformative society into a reality by 2030. The ultimate objective of conducting such a large scale event was to come up with key learnings, the best practices and approaches which will prove to be successful across different organisations, geographies and contexts in cementing gender inclusivity.

The consultation consisted of two technical panel discussions. Dignitaries present on the dais for the first session were Nidhi Pundhir, Country Head CSR, HCL Foundation; Sunita Menon, Director, Breakthrough and Renu Golwalkar, Head - Gender Equity and Diversity, CARE India. Focus was primarily on frameworks and tools, through which gender-based exclusion, could be easily identified. They focussed on the learnings and the challenges that the field presented. Dignitaries present on the dais for the second session included Professor Namita Ranganathan, Delhi University; Yamini Atmavilas, Gender Equality Lead, Bill and Melinda Gates Foundation and Prerna Kumar, Senior Technical Specialist, International Centre for Research for Women. The focus of this discussion was on evidence synthesis and the importance of an evidence based approach as a key tool in creating quantifiable change. Grass roots realities were explored and understood. While emphasis was laid on several positives - an improvement in the sex ratio, education statistics and health - sustainability was prioritised as the biggest challenge. Specific guidelines to measure the impact of the gender transformative change were also extensively discussed.

Marking the occasion, Mr Rajan Bahadur, ex MD and CEO, CARE India said, “CARE India has always strongly advocated for gender equality. We practice what we preach and within our own organisation we have created and implemented processes that have promoted gender inclusiveness. One cannot deny that there is an urgent need for the formulation of a comprehensive strategy to prevent gender based discrimination in any sphere. The foundation on which this strategy should be built includes inclusive governance, safe and secure livelihood opportunities, the right to live with dignity and the capability of exercising resilience. There is a need to address the existence of unequal power relations. Solutions to tackle the structural barriers have to be established and a conducive work environment in which women can exercise their leadership skills has to be created. Today's consultation emphasises heavily on how diverse organisations have joined hands to take a concrete step in furthering the cause of gender equality.”

Deliberating on the way forward towards a gender equal world, Ms. Renu Golwalkar, Head- Gender Equity and Diversity, CARE India said, “The stories which children read in their early year’s often reinforce gender stereotypes. They showcase the men as the protectors and breadwinners while women are often seen as the weaker, more dependent gender. Therefore it is extremely necessary to have stories which illustrate women as change agents, thinkers and leaders. The reason we chose to launch the book, ‘Hamaari Kahaani- Hamaari Zubaaani’, is because we want to ensure that the stories of women champions, contributors and thinkers are also documented. While the book consists of some stories around men champions, the aim was to collect stories about empowered women from rural areas so that young girls, who are living in the same circumstances, can relate to these stories. This will help them aspire for a better life, stand up for their rights and demand what they are entitled to.

As of 2016, women literacy rate is 68.4% as compared to 85.7% for men. Only 22% of women in India hold ministerial positions. There is an overall decline in women’s labor force participation which stands at 29%. 28.8% married women reported having experiencing spousal violence. Gender exclusion has its roots deeply entrenched in Indian culture. Stemming from a complex history spanning over several centuries, this is an issue which has anchored itself firmly in societal frameworks. To breakthrough its shackles, consistent efforts are required to change the mind-sets of people. The establishment of a gender transformative society is imperative because without it a woman’s capacity to participate in economic, social, political and cultural spheres is extremely limited. They are not accorded any respect and their voices and views often go unheard.
Sharing of Best Practices towards Improving Maternal, Neonatal and Child Health in India

Dr. Sribash Saha, Project Manager, Newborn Survival (NBS) Project delivered a session at the National Conference on Best Practices: Improving Maternal, Neonatal and Child Health in India. The conference witnessed participation from leading Civil Society Organisations (CSOs) and corporates. Dr Saha shared his experiences and learnings from the NBS project at Panna District. The learnings from the project were also featured in the Knowledge Compendium launched on best practices across India. CARE team members interacted with various key people from different organisations for dissemination on project findings.

Block Level Dissemination Workshop for NBS project held in Ajaygarh, Panna district, Madhya Pradesh

NBS project organised a Block Level Dissemination workshop at Community Health Centre (CHC) Ajaygarh on 24th March 2018. The workshop focused on sharing project results, experiences and learnings. Several medical officials, nursing staff as well as ASHA Sahyog in is of the region participated in the workshop. The project was appreciated by the present medical officials as well as all health workers of Ajaygarh Block. They were happy about the positive change that the project had brought about in the communities. Their positive feedback was also echoed by significant improvements in many critical indicators of newborn survival as evident from endline results. Many participants, directly or indirectly associated with the project work shared their experiences working with us and strongly voiced continued need of support from the project.