

Gender Equality & Women's Empowerment Thematic Book

Civil 20 (C20) Working Group | India 2023



Message from the Chair

"There is a man in the unconscious of a woman, and a woman in the unconscious of a man. This truth dawned in the meditation of the great saints and seers aeons ago. This is what the Ardhanārīśvara (God as half-male and half-female) concept in the Hindu faith signifies.

When there are values, love is given the primary place. In such relationships, there is no separateness; there is only one. This is embodied in this Śiva-Śakti form Ardhanārīśvara.

The principle of the ātmā (True Self) is the same in man and woman because the ātmā is nondual. Thus From a spiritual perspective, men and women are equal. They are two aspects of the one Self.

Whether you are a woman or a man, your real humanity will come to light only when the feminine and masculine qualities within you are balanced."

-Hon'ble Chair C20 2023:
Mata Amritanandamayi Devi (AMMA)



Introduction

Within Civil20, the Gender Equality and Women's Empowerment Working Group ("GEWE", formerly known as Gender Equality & Disability) is committed to holistically examining and addressing the multifaceted dimensions of inequalities and disadvantages experienced by people of all genders. We reflect the global commitment to ensure gender equality, and recognise that this is a cross-cutting issue that affects all aspects of sustainable development. In doing so, the GEWE Working Group intends to reinforce an approach to equality and development through an understanding that mutual respect and compassion, regardless of gender, are to be at the core of global governance for societies and the planet to flourish sustainably.

Through this lens, the GEWE Working Group's focus has been centred on six interconnected sub-themes that approach gender equality from the perspectives of: Education & Skills, Economic Empowerment & Sustainable Livelihoods, Social-Cultural Implications including Engaging Men and Boys toward Gender Equality, Safety & Security, Environmental & Disasters, and Physical & Mental Health. Furthermore, plausible policy pathways, promising practices, and institutional mechanisms will be highlighted to enhance capacities and resources and mainstream equity and inclusion across sectors.

After months of consultations with thousands of CSOs worldwide, our Working Group successfully held an International Summit on April 22-23, 2023. The Summit was a great success, where CSOs from around the world came together to deliberate on the proposed policy recommendations, condensed them into a short-list of the most critical policies, and then democratically selected the top recommendations to be submitted to the G20. Senior, global experts in each of the six interconnected sub-themes supported the CSO dialogues and offered their wisdom in a series of panel and keynote talks. Key recommendations and Udaaharans were announced. Among the most exciting achievements was the establishment of a separate Working Group — focusing specifically and exclusively on Disability, while our Working Group's identity shifted to Gender Equality and Women's Empowerment.

The resultant Policy Pack (forthcoming) on the theme of Gender Equality and Women's Empowerment captures the outcomes of this Summit and reflects the most urgent and critical policies for the G20 leadership to consider.

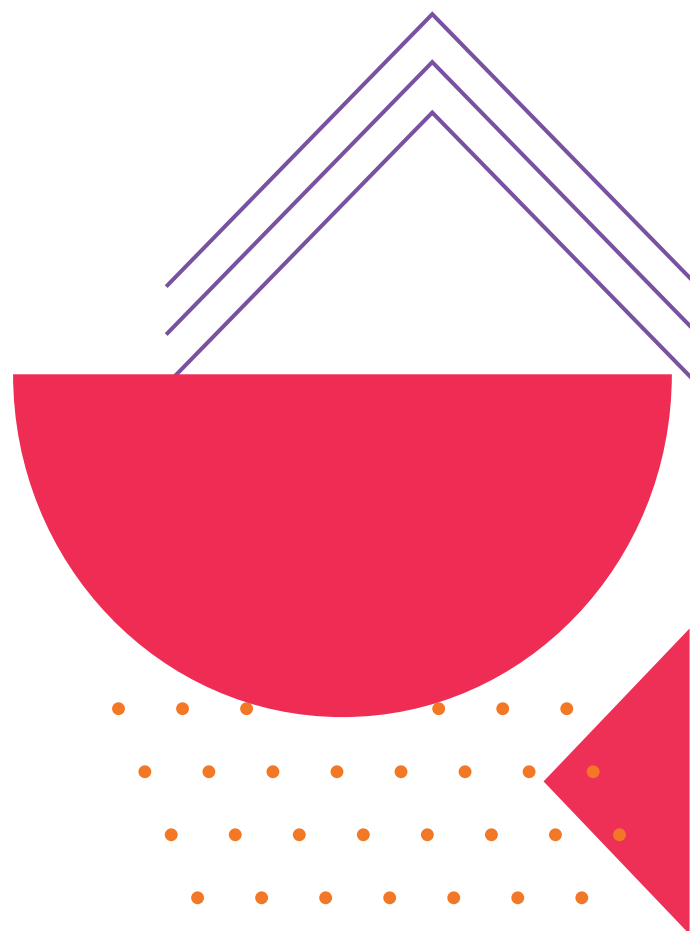
Following the Summit, our Working Group organised outreach events, including outside of India and awareness campaigns, focusing on advocacy and implementation of the policy pack.

Overall, a total of 60 Policy Dialogues, Side Events, Chaupal and Samajhshala have been organised by the GEWE WG from January until July 2023, with a total of 15,108 participants (12,731 participants offline and 2,377 participants online) from 73 countries. The GEWE Working Group also organised mass outreach campaigns (Jan Bhagidari) to raise awareness about women's empowerment and gender equality, called the One Million Lights Campaign and Gender Equality Pledge. Under these campaigns, outreach activities have been conducted in more than 1,227 locations, with more than 7 lakhs total participants.

The following is a deep dive into the effort made by the GEWE Working Group, divided up by subtheme. Themes are explored conceptually, making a case for why it is vital to focus on in the context of gender equality and women's empowerment. This is followed by an overview of each of the events held during the C20 GEWE process under that subtheme - policy dialogues, side events, and outreach. We then include the final policy recommendations that were put forth at the GEWE Summit at Bhubaneswar, Odisha, in April 2023. These policy recommendations were democratically voted upon and the top recommendation from each theme was then finalised and submitted to be included in the final C20 Communique to the G20 Leadership.

In addition to the policy recommendations, throughout the process of consulting with global CSOs, we came across several insights that, while not direct policy recommendations, provide valuable information that can inform policy and programme implementation, as well as guide future C20 efforts.

Further, a unique initiative of C20 India has been to gather "Udaaharans," which are best practices or examples of successful interventions from CSOs at the grassroots level, to be shared and showcased so as to inspire others and to potentially be scaled up or replicated in other countries. And finally, because of the limited space available for the final policy recommendations, we offered participating CSOs the opportunity to write short white papers on specific issues they felt were important to be made publicly available. The following are the submissions we received.



Physical & Mental Health

Introduction

The World Economic Forum has stated that “improvements in women’s health and wellbeing are key to closing the gender gap, with reproductive and maternal health a priority.” However, there are still significant gaps in access to healthcare, women’s maternal health outcomes, and other women’s health-related issues. The lack of progress in closing these gaps results from insufficient investment, research, and product development targeting women’s health. This speaks to systemic norms that favour men in clinical trials for drugs, medical devices, and vehicle safety features. In addition to improving quality of life and longevity, the McKinsey Global Institute has estimated that gender equality on a universal scale would raise global GDP by up to \$28 trillion. Women’s physical and mental health are critical drivers for gender equality. Still, the COVID-19 pandemic deeply impacted women’s mental health globally, and it is vital to address this essential component of women’s health during recovery. Women’s physical and psychological health lays the foundation for their families and community for generations. However, these systemic issues that inhibit women from accessing healthcare are deeply rooted and require addressing through systematic approaches.

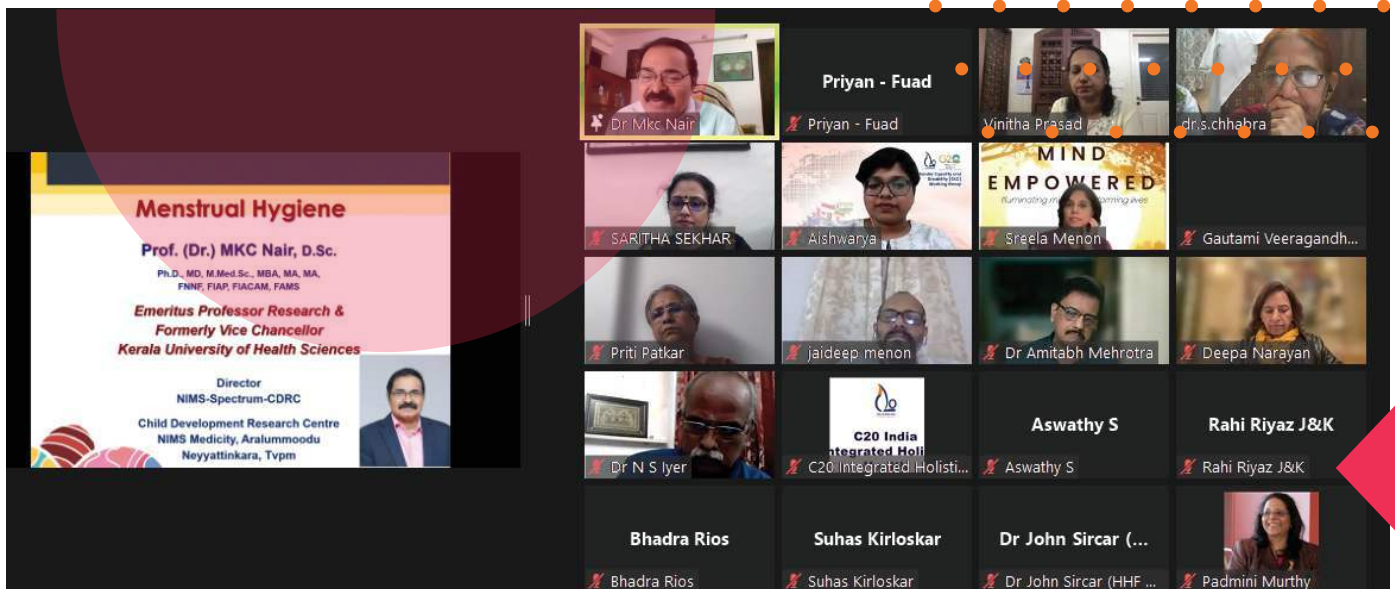
Events

24th January, 2023: 11AM -1PM (IST) Gullepalli, Andhra Pradesh - Side Event

Enlighten the Future

“Enlighten the Future” aimed to create awareness about the C2o GEW WG, organised by Akshara High School, Gullepalli Grama Panchayath. The event took place in Gullepalli, Andhra Pradesh, and witnessed the participation of approximately 800 students, faculty members, and governmental officials. It emphasised key elements related to girl child’s nutrition, health, and education. The program included an address to the audience highlighting the importance of girl child’s nutrition, health, and education.

Additionally, a rally was organised with the tagline “Save Girl Child.” Participants marched through the streets, carrying banners and placards and raising awareness about the importance of gender equality and the need to protect and support the rights of the girl child. The rally aimed to generate public attention and engagement on the issue.



25th February: 7 to 8.30 PM (IST): Webinar - Policy Dialogue

Organised by C20 GED WG and IHH WG

Women - The Pillar of Family Health and Wellbeing

(Subtheme: Physical and Mental Health)

During this webinar attended by 50+ attendees from France, India and the US, the issues of respect, privacy, confidentiality and consent were highlighted as barriers to accessing health care and consensus that men and boys need to be included in eradicating gender inequality.

8th March, 2023: 9-11 AM (IST); Amrita Vishwa Vidyapeetham, Amritapuri Campus - Side Event

Organised by Amrita University in collaboration with C20 GED WG

The Role of Women in Community Health & Development

(Sub-theme: Physical & Mental Health)

Participation from 50 people present in Pune as well as the 37 participants online. Health experts from India, USA and Sri Lanka This day and a half event, with CSOs, focused on identifying the most critical challenges, barriers and recommendations related to the physical and mental health of women, girls and the transgender community.



11th March, 9.30 AM to 5.30 PM (IST) and 12th March, 9 AM to 1 PM (IST); hybrid in person and online, Pune - Policy Dialogue - co-hosted by C2o GED WG and IHH WG

Understanding Female Psychology

VIDYUT 2023 the national level multifest of AVVP Amritapuri Campus under its SOCIAL FORUM, along with C2o WG of GEW organised a thought provoking talk about "UNDERSTANDING FEMALE PSYCHOLOGY" by Shabhana Madathil, famous psychologist, success coach and student mentor, attended by 400 participants.



GENDER EQUALITY & DISABILITY



SIDE EVENT
POLICY DIALOGUE

GENDER EQUALITY IN HEALTH & LEADERSHIP

Co-hosted by

SAATHII, Women in Global Health-India & Alumni of Harvard LEAD Fellowship

APRIL 17th 2023

7:30 - 9:30 PM IST

2:00 - 4:00 PM GMT

Webinar Link

<https://lnkd.in/g/Kbx3aPG>

Contact: WGHIndia@womeninhealth.org / +919840033302

c20.amma.org/ged-wg/

Gender Equality in Health and Leadership

(Subtheme: Physical & Mental Health)

81 participants from nine countries were a part of the discussion, including Argentina, India, Iraq, Malawi, Nigeria, Pakistan, Somalia, United Kingdom and Zambia.

Speakers included public health experts engaged in diverse fields such as medicine, clinical psychology, epidemiology, social sciences, public health administration and advocacy, from India, Pakistan, Iraq, Nigeria, Somaliland, Malawi, Zambia, Argentina, and the United Kingdom.

The goal was to gather actionable recommendations that can be implemented to achieve gender parity in health leadership and health, from representatives of civil society organizations across the globe. Further, the four most important policy priorities were identified for submission to the GED Working Group of C2o. WGH chapter representatives highlighted priority areas for intervention in their respective countries to address challenges to gender equality in leadership. In addition, there were thematic commentaries on men's involvement and disaggregated data, structures and policies for young career women and gender-based violence.

13th June 2023: 2-4.30 PM (IST): Amrita Vishwa Vidyapeetham, Amritapuri Campus - Side Event Screening of Women and Men followed by discussion with the filmmaker Frederique Bedos

Organised by the School of Social and Behavioural Sciences Social Work Department, Amrita Vishwa Vidyapeetham, in collaboration with the C2o GEWE WG and Le Projet Imagine.

On June 13th, the screening of Women and Men followed by a discussion with filmmaker, Frederique Bedos, was hosted on the 13th June, 2023 at the Amritapuri Campus, Kerala. The purpose of the event was to highlight the landscape of gender inequality worldwide and to provide a launching pad for students and faculty to consider ways they can foster more gender equality in their lives. Through a collection of key testimonies, Women and Men makes us realise that to face contemporary challenges, the path of equality for all is the path of progress. The event was very well received, with 100+ students and faculty attending and engaging in a thought provoking discussion with filmmaker Frederique Bedos, journalist and founder of Le Projet Imagine.

17th June 2023: 8.30 PM (IST): Virtual - Side Event.

Organised by Mind Empowered, Cochin, India, in collaboration with the C2o GEWE WG, Fyera Foundation, Heart Ambassadors/HeartMath and BharatMD Foundation. Stress Relieving Techniques for Mothers with Differently Abled Children

On 17th June, a virtual webinar was hosted as a kickoff for an ongoing virtual support for mothers with differently-abled children. Key Highlights of the session were learning simple and practical techniques to i) Reduce Stress ii) Regulate/Manage Emotions iii) Cope with difficulties that mothers face. 32 people attended the event representing India, United States, Canada and Netherlands.

Policy Recommendations

Healthcare

Implement a comprehensive, accessible, affordable healthcare system for women, including vulnerable communities, that provides universal access to quality healthcare services from community health workers and local health centres to tertiary care. Address women's healthcare access barriers and educate all ages about their rights and decision-making power. Prioritise primary healthcare budgets to at least 3% of GDP with a 60% share to address public health system deficits and support the twin-track approach to health programs and services.

Menstrual Hygiene & Reproductive Health

Implement age- and gender-appropriate curricula that address health literacy, reduce morbidity and mortality, train teachers and parents, and empower girls and women, including those with mental health issues, to make reproductive health decisions. Develop a comprehensive menstrual health approach prioritising awareness, education, innovative and eco-friendly research, effective tools development, and free, tax-free, or subsidised products.

Global Well-Being

Make coherence and Heart Rate Variability (HRV) self-regulation training mandatory in public schools, government programs, and public and licensed positions. Integrate these tools into treatment guidelines, emergency response protocols, and regulatory assessments. Allocate resources to investigate their impact on human, organisational, social, and global well-being.

Gender-Based Violence

Combat global gender-based violence (GBV) by implementing zero-tolerance regulations prioritising prevention, protection, prosecution, monitoring, and evaluation. Train healthcare professionals for legal proceedings. Mandate gender sensitivity training for medical and healthcare professionals. Educate men and boys on GBV.

Human Trafficking & Flesh Trade

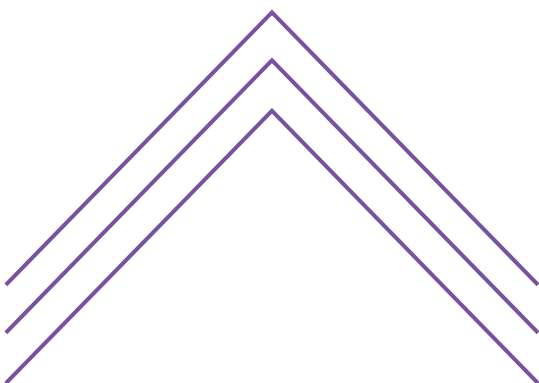
Combat trafficking and flesh trade through a community-based approach, focusing on awareness, education, healthcare, mental health services, employment opportunities, and financial inclusion. Prioritise survivor protection from social stigma and provide access to rehabilitation, education and life skills.

Women in Global Health

To address systemic gender and social biases in healthcare, government-funded health organisations should mandate reporting requirements on women in leadership positions, develop gender competencies among staff, incorporate unpaid health workers into the formal economy, promote paid work for women in health with living wages, and implement all-women shortlists for senior roles. An intersectional approach and Gender Transformative Leadership should be practised for gender-equal leadership in the health sector.

Data

To ensure inclusive healthcare, collect and integrate data on sex, age, and data for sexual and reproductive health services. Use unified monitoring platforms for inclusive data analysis and disaggregate data on crimes against women. This will help identify the needs of all individuals and support evidence-based policymaking and service provision.



Insights

Addressing the mental health of women was a clear mandate. CSOs agreed that there needs to be a broad approach given the stigma associated with mental illness, the lack of access to mental health support, limited training for frontline staff, few to no resources allocated to prevention and not enough community-based resources. Many CSOs do not have the resources nor the training to provide the support needed to the people they serve. Therefore, there needs to be government resources allocated to address this urgent need. These resources would include both financial and personnel, direct service and training/continuing education and incentivization for professionals to provide service in under-served areas.

There was unanimous agreement about the need for universal access to affordable healthcare where barriers for women are removed and education around rights and decision-making power are available. The need for properly trained personnel across the healthcare profession, from CHWs (Community Health Workers) to highly trained specialty physicians, was echoed throughout the discussions. This requires adequate education and gender sensitization at all levels of training. As many of the barriers to providing gender sensitive care stems from cultural beliefs, there needs to be long-term investment in education and training. Governments should mandate these trainings at the University level as well as at the CHW level with continued professional education requirements specifically related to improving gender sensitive care. Additionally, concern was raised about the lack of financial remuneration and professional advancement opportunities for CHWs. Since there is an urgent need for community-based health resources, investment in CHWs is the need of the hour.

Udaaharans

Name of Project: Menstrual hygiene Awareness program/ cleanliness campaign through swachh Bharat Abhiyaan

Project Description

Campaign was started with digital wall painting for rural communities and later it was planned to visit all schools in a particular taluk and give awareness through display videos and explaining in local multiple languages for education, cleanliness, safety disposal of sanitary napkins and healthy measures

How many years has the project been running? 6 months

Main outcomes: At Least on ground level local staff and students were educated in the Menstrual hygiene Awareness program/ cleanliness campaign through swachh Bharat Abhiyaan

Number of beneficiaries since start: 2500 highschool girls and staff+ local communities

Number of beneficiaries this year: 2500 around

Lead CSO/NGO/Non-profit: NGO - Janampatri Foundation

Where was the project replicated?: Yes now extended to Hukkeri, Chikodi and Raibagh

Awards, distinctions, sign of recognition for the project: Yes appreciation for outstanding job from Taluk Panchayat

Name of Project: Helping hands to people afflicted by Hansen's disease

Project Description

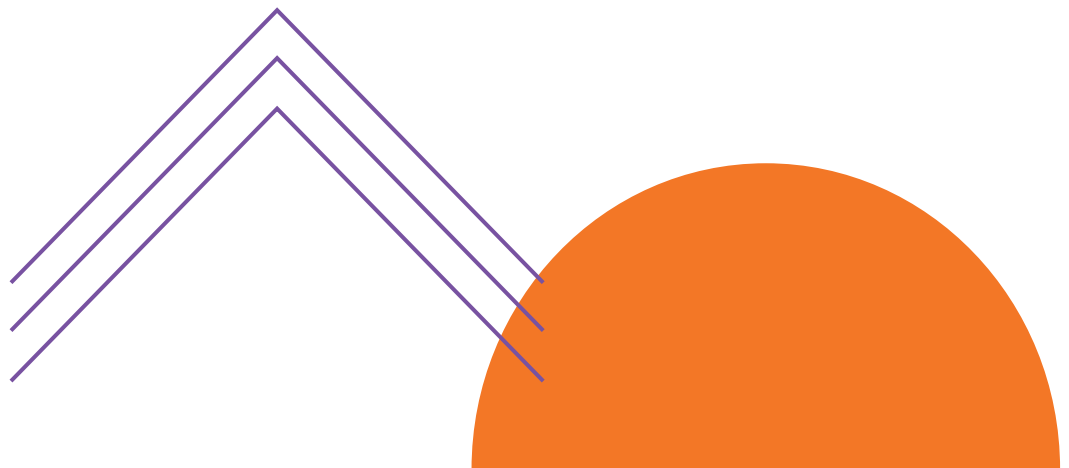
With a huge following, Dr. Renuka Ramakrishnan has really emerged as a catalyst for social change, having made it his mission in life to save subsequent generations from leprosy and other related skin diseases. She aims to eradicate social crimes against women, Creating breast cancer awareness all over Tamilnadu ,Uplifting HIV children, unprivileged, and banished communities and encourages their empowerment.

Her commitment to destigmatizing leprosy patients and giving them positivity has led to a friendly atmosphere amongst affected families which has proved to be crucial in helping patients survive. Apart from this, she has aided in finding missing children, adult care provision, suicide counselling, and disaster management. Most recently, Dr. Ramakrishnan has also acted as a Corona frontline warrior. She has contributed immensely towards the well-being of migrant workers, surveillance, distribution of preventive kits, food distribution, blood donation, across Chennai.

Her work for the state of women, children, transgenders, and marginalised communities of all ages is nothing short of commendable as his high level of respect for the struggle that they go through has led to efforts that have impacted Lakhs of lives on the ground. Dr. Renuka's work has allowed them to have big aspirations without worrying about financial constraints.

How many years has the project been running?: 35 years

Main outcomes : If we start by saying that Dr. Renuka Ramakrishnan is an embodiment of compassion and a true humanitarian, we would not be overstating a fact. Since the age of 16, Dr. Ramakrishnan has been committed towards delivering unwavering support to the marginalised in society. As a Doctor for more than three decades now, she has devoted her life and career in treating Hansen's disease (or Leprosy) patients. Fondly called "Doctor Amma" in Chennai, Dr. Ramakrishnan has impacted not only the physical well-being, but also the social, economic, and mental well-being of the poor and down-trodden. "Service to Humanity is Service to God" is the mantra that drives her, revealing her kind nature, and her skills as a doctor and a friend to her patients. Dr. Ramakrishnan's early childhood experiences moulded her into who she is today. At an early age of 16, she encountered a dead body of a leprosy patient and took it upon herself to cremate it despite being turned away from every



crematorium. She finally cremated the dead man and vowed to devote her life to treat leprosy and remove the stigma associated with the disease. Coming from a simple middle class family, she worked hard to obtain a doctorate degree, and later on a post-doctorate in dermatology and general medicine. She was highly inspired by her father, an Army veteran, who instilled an inscribed "Service before Self" attitude in her as well as her mother who nurtured her with immense love. Instead of choosing a high paying career as a dermatologist, she chose to treat the neglected and discarded community of leprosy patients free of cost. Recognized as a living Mother Teresa, she has followed in her footsteps from being a super mom at home and a super doctor for the society. As a doctor, campaigner, philanthropist, motivational speaker, educator, she has functioned as the backbone for multiple non-governmental organisations, charitable foundations, old aged homes, and orphanages that have resulted in enhancing the quality of life for lakhs of people. She is an active member of Mangalam Charitable Trust and Rotary Club. With a belief of 'prevention is better than cure", she has organised hundreds of free camps for Dengue prevention, Breast Cancer, Blood Donation, Medical Screening Camps, and

so forth. In addition to Leprosy, Dr. Ramakrishnan continues her decades old war against Breast Cancer, and Crimes against Women, Children, and Transgenders. She has also worked extensively towards the upliftment of Irular Community, Senior Citizens, Orphans, Women and Transgenders. She is a member of numerous organisations and enables organisations to successfully embrace and implement the "big and bold" thinking to accelerate impact of change.

Apart from this, she has aided in finding missing children, adult care provision, suicide counselling, and disaster management. Most recently, Dr. Ramakrishnan has also acted as a Corona frontline warrior. She has contributed immensely towards the well-being of migrant workers, surveillance during Covid lockdown times .

Number of beneficiaries since start : More than 10 Lakhs of Leprosy patients

Number of beneficiaries this year : Thousands

Lead CSO/NGO/Non-profit: Individual efforts

Where was the project replicated?: Chennai, Tamil Nadu

Where is the lead CSO's headquarters?: Nil

Awards, distinctions, sign of recognition for the project:

Received over 200 awards so far 1)11 International awards. Recently received Dr Robert Burns Humanitarian award winner of 2023 from South Ayrshire Council Government UK on January 25 th 2023. 2) National Doctors day award July 1st 2022 from Ministry of Health and Family welfare DGHS New Delhi India, received in Regional office Health in Chennai. 3)My life story published in Antyodaya practises a national book by ISRN and Ministry of Culture Unveiled by Honourable Vice President of India Venkaiah Naidu ji at Rashtrapati Bhavan New Delhi on February 12 th 2020. 4) 11 Lifetime achievement awards international,national and state . 5) TN govt award "Amma award 2018" 6) Recent awards "Aval vigatan award 2021"Sevai thevathai award . 7) Indian Medical association and Hindu Tamizh Thisai Natchathiram award from Honourable Health and Family welfare Minister of TN Mr Ma Subramaniam sir August 2022. 8) Medical Excellence award from Honourable former Governor of TNadu Banwarilal Purohit ji 2018.Tnadu state govt Amma award 2018 .Sevai thevathai award from Aval vigatan 2021 ,Lions club of Shruti Best social reformer award ,News 7 channel Phoenix Manidargal award

Name of Project: SaveMom

Project Description : SaveMom aimed to reduce maternal and infant mortality and morbidity with timely and appropriate care during the First 1000 days with the help of our AI-enabled IoT Kit and Telemedicine software.We have devised an easy method to collect critical maternal data digitally. Our products can be connected with a mobile application through which all the collected data can be stored and used for providing home-based antenatal care, screening of high-risk pregnancy as well as sharing the data with their healthcare providers. Our innovation has four major customers, a Pregnant mother, her husband, a health worker and a Doctor

How many years has the project been running?: 6 years

Main outcomes : We are working with four state governments and impacted more than 3 lakhs pregnant women by providing the personalised pregnancy experience. Our platform identifies high risk Pregnant mothers at an earlier stage and prevents the maternal and infant mortality rate. Currently we have 36 lakhs women in our platform and 15,000 health workers

Number of beneficiaries since start : 300,000

Number of beneficiaries this year : 120,000

Where was the project replicated?: Maharashtra

Where is the lead CSO's headquarters?: Madurai Tamil Nadu

Awards, distinctions, sign of recognition for the project:

Winner of NASSCOM Health Innovation challenge 2.0

Finalist of the Healthy Mom & Healthy Baby Innovation challenge organised by Parview view Health USA.

Winner of SIHI Award from TDR World health organisation for Social Innovation health initiative

Winner of Jancare Health innovation challenge

Winner of Anjani Mashker inclusive innovation Award 2020

Received the order of Merit from SKOCH Award team for best COVID innovation supporting Government.

Got shortlisted for best COVID-19 innovation from Startup India, BIRAC, DST & NITI AYOOG,

Gifted citizen 2019 award from Nobel prize team & UNESCO in CDI event at Mexico

Mbillionth award winner for most impactful innovation in SouthEast Asia. <http://mbillionth.in/winner-2018/> Top 10 startups selected for Google launchpad accelerator program.

GES 2017 Uber Exchange Winner award

Ten Indian Startups selected for Indo-Israel Mass challenge program.

Grant Award winner of Millennium Alliance 2017

Winner of Code For TheNext Billion by Facebook

Winners of Elevate 100 by Karnataka Government

Winners of NASSCOM Spot Funding award

ITECH18 ITC INFOTECH Startup award winner

One of the Six startup selected for Israel Mass challenge Accelerator program

Winner of theVaultShow TV reality Show Pitch Event

Winner of Gojek Indonesia startup event

Name of Project: Heart 4 Art.& AKuT Ateliers Kunst und Therapie

Project Description : 3 art therapists are working in their art ateliers with people, mostly women, Youth, and children which are suffering from war- or refugee experiences with depression, anxiety, trauma

How many years has the project been running?: 2 years

Main outcomes : We are still acquiring people who want to come to our ateliers- even people who are able to pay for their therapy. Success- we are having an art exhibition May 6.23-16.9.23

Number of beneficiaries since start : 22

Number of beneficiaries this year : 21

Lead CSO/NGO/Non-profit: Beatrix Vuille

Where was the project replicated?: Psychiatric Clinics and homes, social media, homes of refugees

Where is the lead CSO's headquarters?: Worb, CH

Awards, distinctions, sign of recognition for the project: Art Therapy and ART

Name of Project: HeartMath Institute, The Fyera Foundation / HeartAmbassadors

Project Description : The HeartMath system of stress reduction/resilience building techniques, and heart rhythm monitoring technology, have been tested in multiple health care and corporate settings around the world since 1991. The Institute of HeartMath was first established as a non-profit 501c3 as a research based organisation to help prove the impact of self-regulating emotions through heart rhythm patterns, and the benefits this brings to individual, organisational and population health. HeartMath techniques and technology born from this research (published in the American Journal of Cardiology in 1995 and in hundreds of publications since) have supported employees, patients, students, military personnel, healthcare providers, nurses, physicians, athletes, and more, to transform the effects of stress, build resilience, reduce burnout, enhance health and optimise performance. The Fyera Foundation / HeartAmbassadors, established in 2002, bring HeartMath science and technology to manifest the 17 Sustainable Development Goals of the 2030 United Nations Agenda. Together we connect individuals and large populations to the power and intelligence of compassion and love, proven by science to improve health and honour the interconnectedness of all. The heart can perceive the truth of "One earth. One Family. One Future" Heart science gives us the power to create a truly better shared future.

How many years has the project been running?: 32 years

Number of beneficiaries since start : 10s of millions of lives have been touched by these techniques, this science, and technology, across a wide swath of populations. We would be delighted to meet with the C20 committee to explore which population case studies would be most relevant to interested parties and this year's themes.

Lead CSO/NGO/Non-profit: HeartMath and The Fyera Foundation

Where was the project replicated?: UK, South Africa, Australia, Nicaragua, Zimbabwe, The Netherlands, France, Sweden, Germany, South Korea, Japan, China, Qatar, Israel, The Palestinian Territories, Italy, Mexico, Brazil, Colombia, Chile, Argentina, Ecuador, Canada, New Zealand, Ukraine, Poland, Norway, Finland, Afghanistan, Saudi Arabia, India, Switzerland, UAE

Where is the lead CSO's headquarters?: Boulder Creek, Califor

How many years has the project been running?: 32 years

Awards, distinctions, sign of recognition for the project:

1st place – American College of Healthcare Executives – Innovation; All grants awarded by the various institutions (see above) – CDC, US Department of Education, etc. Multiple technology awards (see HeartMath website)

Fyera Foundation – ECOSOC Consultative Status to the United Nations.

Annually voted "Great Place to Work" by the Global Authority on Workplace Culture

The California branch of the American Nurses Association evaluated 24 mental health support services for nurses and named HeartMath as their #1 choice.

Over 35 years we have had many, many awards and distinctions- these are a sample to give you a sense of the scope of recognition – more can be provided upon specific request

Name of Project: Vihaan Care and Support Program

Project Description : Vihaan care and support program is being implemented by India HIV/AIDS Alliance since 2013 with the financial support of Global Fund and Technical guidance of National AIDS Control Organisation (NACO).

How many years has the project been running?: Since 2013

Main outcomes : To improve the Survival and quality of life of People Living with HIV (PLHIV) in India. This care and support program is closely implemented in close coordination and partnership with the Government of India and Ministry of Health and Family Welfare department.

Number of beneficiaries since start : 1.5 million people living with HIV are being served through the newly identified HIV positive members and people who left the treatment of HIV, People who are living with TB and HIV as co-infected, young populations and Children living with HIV.

Number of beneficiaries this year : Cumulative figure is mentioned (IN PREVIOUS CELL)

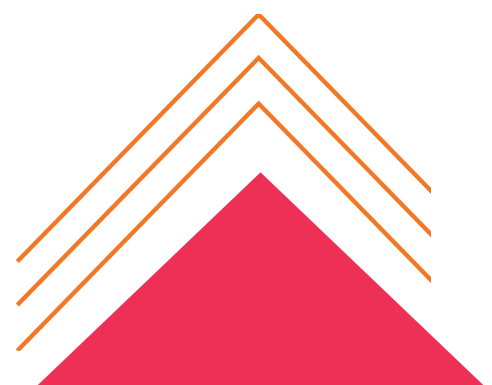
Lead CSO/NGO/Non-profit: State/District level networks, community-based organisations of key vulnerable populations as sex workers, people who use drugs, transgender persons and men who have sex with Men (MSM).

Where was the project replicated?: it was awarded as three years program by India CCM after fight the bid and EOI with detailed project

Where is the lead CSO's headquarters?: At all states of India and regional is in Guwahati, headquarter of Alliance India is in Delhi

Awards, distinctions, sign of recognition for the project:

On the occasion of many national and international events.



Name of Project:

HELP THE AGED SCHEME

Project Description : Blind Persons Association, Mumbai Is Working For The All Round Development Of Visually Impaired Persons Residing In City Of Mumbai And Adjoining Districts For Last 75 Years. The Organisation Caters To The Needs Of Those Visually Impaired Individuals Who Are From The Lower Economy Background. There Are Such Senior Citizens Who Are Blind And Do Not Have Any Sustainable Source Of Income. Bpa Offers Financial Assistance Rs500 Every Month To About 40 Senior Citizens Who Are Homebound Or Bed Ridden. This Project Is Continuously Operational For Last 50 Years, And The Assistance Is Provided At Door Step To The Beneficiary Without Considering His/her Cast , Creed, Religion, Gender Etc. The Bpa Feels Responsible For Taking Care Of Such Visually Impaired Senior Citizens Who Need The Most.

How many years has the project been running?: 50 Years

Main Outcomes : As We Are Offering Financial Assistance to Home Bound Visually Impaired Senior Citizen , The Field Staff Visit The Residence Of The Beneficiaries For Interaction. The Beneficiaries Who Otherwise Are Lonely And Neglected By Their Families Feel Very Happy When They Receive The Monthly Pension And The Beneficiaries Are Eagerly Waiting For Our Staff Members. Such Interaction Is Very Much Essential For Such Individual Who Are Living In Isolation .

Number of beneficiaries since start : APPROXIMATELY 25,000

Number of beneficiaries this year : 40

Lead CSO/NGO/Non-profit: BLIND PERSONS ASSOCIATION, MUMBAI

Where was the project replicated?: NO

Where is the lead CSO's headquarters?: MUMBAI

Awards, distinctions, sign of recognition for the project: NO

Name of Project: Campaign StopTheCut and End Female Genital Mutilation

Project Description : The "Walk to End FGM" project in Osogbo was a resounding success, thanks to the active involvement of men and boys in the fight against female genital mutilation (FGM). The project aimed to raise awareness about the harmful effects of FGM and to promote a culture of zero tolerance towards this practice. The walk brought together people from different walks of life, including community leaders, activists, and concerned citizens, who all came together to show their support for the cause.

The highlight of the project was the public declaration made by the Oba of Osogbo, represented by Baba Kekeere. He announced his commitment to abandoning FGM and urged his subjects to do the same. This was a significant step towards ending FGM in the community, as the Oba's support and influence can go a long way in changing people's attitudes towards this harmful practice.

How many years has the project been running?: 3

Main outcomes : With our program and campaign we have reached 80,000+ beneficiaries so far and in talks with institutions and govt, to implement the same as part of curriculum. We have received an overwhelming response from the schools where we have conducted the sessions and students from those schools have actively participated in dialogues. School leave rates in those schools for period health issues have drastically lowered down and hence it could be considered as the best outcome for our program Anandini.

Number of beneficiaries since start : 80000

Lead CSO/NGO/Non-profit: ADiBha She Vision

Where is the lead CSO's headquarters?: Odisha

Name of Project: Tele-Rehabilitation Project SAMBHAV

Project Description : With the rapid evolution of digital technology seen as an opportunity to improve rehabilitation services in remote parts of the country, Jan Vikas Samiti initiated the Project Sambhav-Tele-rehabilitation of children with developmental disabilities. Project Sambhav is the clinical application of consultative, preventative, and therapeutic rehabilitation services via two-way interactive telecommunication technology. Children with developmental disabilities in rural and low-income communities face many challenges, including lack of access to trained rehabilitation professionals and medical services, leading to poor quality of life. Project Sambhav is an attempt to provide home-based and appropriate rehabilitation services to children with disabilities by using technology (mobile App and web portal). The programme capacitates Community Based Rehabilitation (CBR) workers on rehabilitation diagnosis, developing custom made treatment/rehabilitation plans and to provide appropriate therapeutic services, including physical therapy, speech therapy, individualised education programme, assistive devices etc. under the guidance of rehabilitation experts from distant locations. The frontline health workers are trained to identify children with disabilities and to provide referral services for specific intervention. The programme has a proven record of better recovery as compared to traditional methods of rehabilitation with high level parents' satisfaction and doorstep delivery of high-quality services provided by the CBR facilitators in remote locations.

How many years has the project been running?: 5 years

Main outcomes : From the inception of the program (April 2018) to till date, 1162 children with developmental disabilities living in remote corners in different parts of India, who otherwise had no opportunities for rehabilitation services have been assessed and rehabilitation services provided through the Project Sambhav. Approximately 50% children with developmental disabilities have improved positioning, 40% improved mobility, 30% ready for school transition, 75% parents of children with disabilities have gained skills to facilitate Activities of Daily Livings to their children and 48 CBR facilitators have been capacitated to provide basic home based therapeutic intervention.

Name of Project: Amrita Gender Conversations Workshop. "Love you Zindagi"

Project Description : The Center for Women's Empowerment and Gender Equality, a department of Amrita Vishwa Vidyapeetham, completed a one-month workshop with the Central Reserve Police Force(CRPF) in the Srinagar Sector, Kashmir. The Amrita Gender Workshop Series consisted of two phases of training in which the team from Amrita trained and certified master trainers of the CRPF.

The master trainers included Assistant Commandants and deputy Commandants with CRPF and four Majors from the Indian Army. The Amrita team also designed and provided hand-holding support for the subsequent phase of training, in which the master trainers conducted the TtT (train the trainer) sessions for more than 500 inspectors and jawans with CRPF. The new trainers will educate more than 25,000 CRPF jawans over a six-month period.

The Gender Conversation Workshop addresses the issue of gender equality, masculinity, and mental health at the individual, household, and community levels. The ultimate purpose is to promote the well-being of the CRPF servicemen and women and improve their overall morale. This is a unique program that involves awareness building and training to encourage healthy dialogue on gender and mental health among the CRPF personnel and their families. It also seeks to promote them as positive role models at the community level.

How many years has the project been running?: 1 year

Main outcomes : Train 2 master trainer officers in each unit (50 master trainers) supported by 550 frontline trainers, to reach 27,000 Jawans in the Srinagar base. Along with teaching how to be depression-free and happy, this course also motivates Jawans to challenge patriarchal norms and empower the women in their families.

Number of beneficiaries since start : 27,000 jawaans

Lead CSO/NGO/Non-profit: Amrita University

Where is the lead CSO's headquarters?: Amritapuri, India

Name of Project: Anandini

Project Description : Anandini, a specialised curriculum designed by ADiBha She Vision focuses on various aspects of adolescent education with focus on menstrual health and hygiene, taboo associated with female health issues, nutrition, disposal, mental health et cetera to name a few. Anandini is designed for adolescent girls from class VI to Class X. With these programs we are touching the govt. and pvt. Schools of rural and tribal areas as well as urban areas. The program started as a pilot in Sundargarh district of Odisha has now spread wings to states like Jharkhand, Chhattisgarh and Uttar Pradesh.

Our programs are activity based which combines storytelling, fun games, pledge, quiz, dance and music and others which brings out the hidden trauma of every kid in a very subtle manner and at the end of the session they take away a lesson along with an open thought process.

We have so far reached 80,000+ beneficiaries through our project Anandini and received many awards and accolades for the same along with coverage on many national and regional media.

The involvement of men and boys in the project was also a crucial factor in its success. By encouraging men and boys to take an active role in ending FGM, the project helped to dispel the notion that FGM is solely a women's issue. This inclusive approach helped to create a sense of collective responsibility towards ending FGM, and it is hoped that this will lead to lasting change in the community.

Overall, the "Walk to End FGM" project in Osogbo was a huge success, thanks to the active involvement of men and boys and the support of the community's leaders. It is hoped that this project will serve as a model for other communities to follow, and that together we can put an end to this harmful practice once and for all.

How many years has the project been running?: 5 years

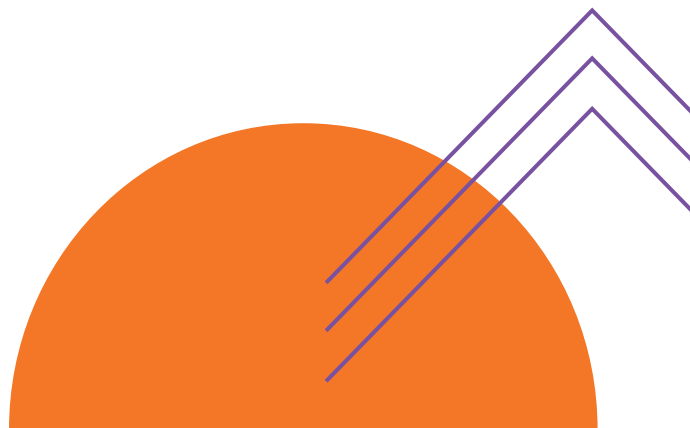
Main outcomes : The main outcome of the "Walk to End FGM" project in Osogbo is the successful raising of awareness about the harmful effects of female genital mutilation (FGM) and the promotion of a culture of zero tolerance towards this practice. The project brought together people from different walks of life, including community leaders, activists, and concerned citizens, to show their support for the cause. The public declaration made by the Oba of Osogbo, represented by Baba Kekeere, to abandon FGM was a significant step towards ending FGM in the community. Additionally, the involvement of men and boys in the project helped to create a sense of collective responsibility towards ending FGM, which is hoped to lead to lasting change in the community.

Number of beneficiaries since start : 5000

Lead CSO/NGO/Non-profit: Women Against Violence and Exploitation WAVE Foundation

Where was the project replicated?: Abuja

Where is the lead CSO's headquarters?: Abuja, Nigeria
Awards, distinctions, sign of recognition for the project: 1) Women In Nigeria Global Award 2)Global Woman P.E.A.C.E Foundation 2) Award by Donors in Africa. 3 Award by Merit time International



Number of beneficiaries since start : 1162

Number of beneficiaries this year : This year added 12 children and still registration are under way to add more

Lead CSO/NGO/Non-profit: Jan Vikas Samiti

Where was the project replicated?: India

Where is the lead CSO's headquarters?: Varanasi,Uttar Pradesh,India

Awards, distinctions, sign of recognition for the project

1. Zero Project Award & Impact Transfer Award 2022 for our project Sambhav-Tele-Rehabilitation of Children with Developmental Disabilities from Essl Foundation, Austria.
2. CSR Health Impact Bronze Award 2021 from the IHW Council under Rural Health Initiatives, New Delhi.

Name of Project: Divine Shakti Foundation + Global Interfaith WASH Alliance 'She is the Solution' Menstrual Health Campaign

Project Description : The Divine Shakti Foundation is committed to ensuring that girls receive the education and empowerment to navigate the coming of their menstrual cycle with pride not shame, with joy not sorrow, with personal power not helplessness. We have run massive communication campaigns to address stigma and reorient societal beliefs including, stage events and rallies in the nation's largest faith events such as the Kumbha Mela, as well as during large kathas and using our self organised multi day Summits and our own nightly Ganga Aarti ceremony which bring together some of the nations top leaders onto platforms in support of this cause. In the kickoff event to this campaign, during the massive Kumbh Mela in Prayag Raj, India's renowned women faith leaders, supported by male leaders, inspired the massive crowds to pledge to end the taboo around menstruation so that girls no longer have to drop out of school when they hit puberty due to lack of education and lack of access to supplies. Additionally, the event also kicked off a historic campaign for gender equality in which it called for "shiksha" (education) before "shaadi" (marriage) and every one of the innumerable thousands present pledged that they would not marry off their young daughters. After the launch event, the team took the programme into the streets, villages and towns. Hundreds of thousands of signatures were collected from families promising not to marry off young girls, breaking the Guinness World Record. Our menstrual hygiene campaign extended beyond mass communication into local and rural communities through pop-up and mobile Menstrual Hygiene Learning Labs for community engagement on menstruation, on-the-ground menstrual hygiene and health training and medical camps in schools and communities designed for both boys and girls. We are proud to have partnered with UNICEF India as well as WSSCC (now the SHFund) and others on this campaign.

How many years has the project been running?: More than 4:

Main outcomes : Innumerable millions of people have been inspired to end the taboo of menstruation and empower women and girls with education and awareness around menstrual hygiene as well as with positive mindsets. During the massive campaign events, including both in-person attendance as well as live coverage on large national and international TV channels as well as social media networks, we have effected a positive mindset and perspective shift in the minds of innumerable millions. In our on-the-ground programming, significant change has been witnessed post-intervention with 95% of girls becoming familiar with menstruation and knowing how to take care of themselves effectively, compared to only 52% before our

intervention..During the signature campaign to end early child marriage, nearly 200,000 individuals throughout the villages and cities of Uttar Pradesh (one of the most dire regions of child marriage) signed our flag, signifying their commitment NOT to marry off their young daughters but to educate them instead.

Number of beneficiaries since start : Messages reached innumerable millions

Lead CSO/NGO/Non-profit: Global Interfaith WASH Alliance + Divine Shakti Foundation

Where is the lead CSO's headquarters?: Parmarth Niketan Ashram Rishikesh

Awards, distinctions, sign of recognition for the project: Award of Appreciation by the Honourable Ambassador to India from the United States for outstanding achievements to improve Water, Sanitation and Hygiene WASH and bringing the world faith leaders together for this vital cause

Name of Project: Disability Inclusive Scorecard to improve women with disabilities access to health services in Malem Hodar(Senegal)

Project Description : To serve the most disadvantaged communities, the implementation of 2030 Agenda for Sustainable Development must be accountable and participatory. A key pathway to creating an accountability framework at the local level is to create meaningful, inclusive, accessible, collaborative and responsive opportunities for people with disabilities to gather and present evidence that can help make effective decisions to improve disability inclusion in the implementation of the SDGs.

The pilot project implemented by Sightsavers in Senegal aims to facilitate influencing opportunities using the Disability Inclusive Scorecard approach, which is a participatory and community-based monitoring methodology that mobilises and equips citizens to assess, monitor and evaluate services. It brings together service users and service providers to jointly analyse the issues underlying service delivery problems and to find ways to address them. The objective was to set up a community-based participatory management system for participatory monitoring and self-evaluation of access to reproductive health services for women with disabilities, in Malem Hodar (Senegal). It resulted in a community action plan and shared results with local and national authorities. The latter were extremely receptive with some clear verbal commitments taken in order to address the challenges raised by women with disabilities. The relevant budget has now been allocated by local authorities. to find ways to address them. The objective was to set up a community-based participatory management system for participatory monitoring and self-evaluation of access to reproductive health services for women with disabilities, in Malem Hodar (Senegal). It resulted in a community action plan and shared results with local and national authorities. The latter were extremely receptive with some clear verbal commitments taken in order to address the challenges raised by women with disabilities. The relevant budget has now been allocated by local authorities.

How many years has the project been running?: 1 year

Main outcomes : An action plan to address the main issues assessed during the process and relevant budget provided by local authorities.

Lead CSO/NGO/Non-profit: Sightsavers

Name of Project: ‘ATMIYATA’: Enabling access to mental health and social care in rural communities

Project Description : Atmiyata is an evidence-based, low-cost, community-led intervention focused on improving access to mental health care and social care in rural India by training community volunteers (e.g. former teachers, community leaders, etc.) to identify and provide primary support and evidence-based counselling to persons with emotional stress and common mental health disorders.

It assists people with Common Mental Disorders (CMDs) to lead productive and healthy lives and break the vicious cycle of poverty and mental ill-health. The intervention is built on empathy and volunteerism, providing a scalable and sustainable path to increase demand and reduce supply side gaps in mental health care in low-resource settings. The intervention employs a stepped care approach, using community-based volunteers, who are trained, mentored and supervised to conduct four activities: (i) identify persons with CMD and provide 4–6 sessions of evidence-based counselling; (ii) raise community awareness by showing four films to 3-4 community members on social determinants to mental health on an Atmiyata smartphone; (iii) make referrals of persons with severe mental health conditions to public mental health services when required, and (iv) enable access to social care benefits to increase financial stability. Of the community volunteers trained and engaged under Atmiyata, 51% have been women and 71% from marginalised castes and socio-economic groups.

How many years has the project been running?: Ten years (since 2013)

Main outcomes : Our randomised implementation trial in one district in the state of Gujarat found that persons who received counselling from Atmiyata volunteers were two times more likely to have recovered from a CMD at 3 months and 3 times more likely at 8 months. Further, the intervention had cost offsets due to substantial use of volunteers.

Number of beneficiaries since start : 59,195

Number of beneficiaries this year : 16,312 till January 2023

Lead CSO/NGO/Non-profit: Centre for Mental Health Law & Policy, Indian Law Society, Pune, Maharashtra

Where was the project replicated?: Mehsana, Sabarkantha and Patan districts in Gujarat, and along with partners in the following States/UTs: Karnataka, Delhi, Himachal Pradesh, Uttarakhand, Chhattisgarh, and Maharashtra.

Where is the lead CSO’s headquarters?: Pune, Maharashtra

Awards, distinctions, sign of recognition for the project: In 2021, the World Health Organisation recognised the Atmiyata intervention as one of the 25 human rights oriented good practices for community outreach mental health services in the world.

2. Nominated for the SKOCH Award 2019

3. Atmiyata was mentioned as ‘good practice’ in a briefing report on mental health at the World Economic Forum 2020,

4. Panellist at the Achieving the Sustainable Development Goals: Delivering Mental Health for All (virtual event), September 2020. The event coincided with the 75th session of the U.N. General Assembly, organised by Devex and Global Mental Health Action Network, to raise the profile of mental health issues and connect them to overall progress on the SDGs.

5. Panellist for Covid-19 and Mental Health webinar, organised by United for Global Mental Health.

6. Presented (virtually) about Atmiyata, at the 5th Biennial Global Implementation Conference Glasgow, Scotland, September 2019.

7. Presented about Atmiyata, in a symposium at ICONS conference by SCARF, 2018. We would like to share academic publications for reference:

1. Joag K, Kalha J, Pandit D, Chatterjee S, Krishnamoorthy S, Shields-Zeeman L, Pathare S. Atmiyata, a community-led intervention to address common mental disorders: Study protocol for a stepped wedge cluster randomised controlled trial in rural Gujarat, India. *Trials*. 2020 Feb 21;21(1):212. doi: 10.1186/s13063-020-4133-6. PMID: 32085716; PMCID: PMC7035701.

2. Joag K, Shields-Zeeman L, Kapadia-Kundu N, Kawade R, Balaji M, Pathare S. Feasibility and acceptability of a novel community-based mental health intervention delivered by community volunteers in Maharashtra, India: the Atmiyata programme. *BMC Psychiatry*. 2020 Feb 7;20(1):48. doi: 10.1186/s12888-020-2466-z. PMID: 32028910; PMCID: PMC7006077.

3. Shields-Zeeman L, Pathare S, Walters BH, Kapadia-Kundu N, Joag K. Promoting wellbeing and improving access to mental health care through community champions in rural India: the Atmiyata intervention approach. *Int J Ment Health Syst*. 2017 Jan 4;11:6. doi: 10.1186/s13033-016-0113-3. PMID: 28066505; PMCID: PMC5210275.

4. Joag K, Ambrosio G, Kestler E, Weijer C, Hemming K, Van der Graaf R. Ethical issues in the design and conduct of stepped-wedge cluster randomised trials in low-resource settings. *Trials*. 2019 Dec 19;20(Suppl 2):703. doi: 10.1186/s13063-019-3842-1. PMID: 31852547; PMCID: PMC6921381.



White Papers

Leprosy Advocacy TLM

Challenges:

Physical challenges: Leprosy can cause physical impairments, which can make it challenging for people affected by the disease to perform certain tasks, such as operating machines or working with tools.

Psychological challenges: Social stigma associated with leprosy creates fear of being ostracised or discriminated against, which leads to anxiety, depression, and other psychological challenges, making it difficult for people with leprosy to develop the confidence to pursue new skills or seek employment opportunities.

Social challenges: Many people with leprosy are unable to attend school or complete education due to self-stigma and discriminatory attitude of people around them. This limits their access to education, training, and employment opportunities. Moreover, people with leprosy are denied job opportunities due to a perceived risk of transmission.

Limited scope for diversifying livelihood skills: This leads to skilling of people in already saturated livelihood options, which affects their prospects.

Solutions:

Vocational Training: TLM provides institutional, and community-based vocational training to people affected by leprosy to develop skills essential for their wage employment and self-employment.

Livelihood Support: Under Community Empowerment and Sustainable Livelihood projects, TLMTI trains communities on entrepreneurship, marketing, money management, financial literacy, leadership, and communication skills so that they can carry out income generation activities and its management. We also work towards creating market linkages for their products.

Rehabilitation Services: TLM offers rehabilitation services to people affected by leprosy, including physiotherapy, occupational therapy, and counselling. These services help them regain functional independence and confidence to pursue new skills.

Building an enabling environment for skilling: TLM works in collaboration with partners and governments to create awareness on leprosy to ensure early detection, reduction of disabilities and stigma. It also advocates for the rights of people affected by leprosy. These interventions help in creating a supportive environment for skill development and promotion of inclusion and empowerment.

Policy Recommendations:

Lack of specific policies: There is a need for policies that are specifically targeted for people affected by leprosy which consider their unique needs and challenges specifically in education and employment.

Mental Health Needs

Bapu Trust For Research On Mind And Discourse (BT)

Challenge and Case Study:

Bapu Trust has been working in low-income communities of Pune since 1999. Our mission is to enable communities to be psychologically contained so that their emotional needs are met and that families and neighbourhoods are tolerant and inclusive of the mental health needs of a diversity of people, including those with intellectual and psychosocial disabilities. Through concerted multi-level actions, and enculturing a very high level of both government and non-government partnerships, we facilitate the creation of caring communities. We mobilise community participation and community transformation by creating local circles of care through peer and group support, family work, individual support, self-care and many other support strategies. Our array of community awareness and outreach programs engage households, neighbourhoods and extended community groups to care for themselves, others and the ecosystem, develop wellness and inclusive practices in day-to-day actions and engage in supportive responses to include persons with disabilities. We have a rights-based approach. We partner with the development sector for capacity building on psychosocial health and wellbeing. Partners trained by us serve indigenous groups, tribal belts, conflict areas, agricultural belts, slum dwellers, elderly, survivors of violence, etc. We are consistently creating a psychosocial ecosystem in other organisations through training.

Our project:

Piloted in 2017-2022, our outreach was in 30 low-income communities in Pune, covering 8 lakh population through our direct implementation programs. We developed over a 100 partnerships in this time. We used integrated arts-based methods, homoeopathy, yoga, and body, voice and breath-based recovery methods to support people with psychosocial distress and disabilities. We created community-based support services, systems and access to mainstream services in order to integrate psychosocial health and inclusion thereby bridging the Convention on Rights of Persons with Disabilities and Sustainable Development Goals.

To achieve a wider impact we moved from direct service delivery to a training and consultation model. We currently partner with 10 organisations reaching 57 villages and 12 low-income communities in 3 states of India. We have also done implementation pilots in Nepal and Sri Lanka.

Main outcomes:

Our community-based approach to inclusion ensures dignity and independence for people with mental health needs and psychosocial disabilities. Our program design and strategies lead to better outcomes in wellbeing and inclusion, for diverse groups of people. Our direct implementation programs are community-led and community-based. By strengthening the connection between psychosocial health, inclusion and development needs, we have facilitated inclusion of persons with psychosocial distress and disabilities in open communities. We create pathways for preventing institutionalisation of persons with psychosocial disabilities. Our training enables partners to integrate mental health into their development programs and achieve outcomes of wellness and inclusion.

Number of beneficiaries served directly 2017-2022:

2020-2021	90740
2021-2022	183641
2022-2023	15608

Approximate Budget:

Year	Annual Budget (USD \$) approximately	Number of beneficiaries/users-Community members served
2020-2021	289913 USD	90740
2021-2022	259287 USD	183641
2022-2023	259287 USD	15608
2022-2024 (expected)	476832 USD	20000

Approx. 60-100 volunteers and partners

Policy Recommendations

Lessons Learned:

- Partnerships and collaborations are key.
- Alternatives in psychosocial health including arts, AYUSH, traditional and indigenous ways of healing are important recovery pathways.
- Communities, family, neighbourhood, extended families and social networks are the foundation for cultivating wellbeing, supportive relationships and inclusion.
- Wellbeing should be addressed holistically across the life span by concerted efforts from various stakeholders and sectors.
- When psychosocial health and inclusion become part of the development agenda, then communities will not just survive but they will thrive and flourish.
- When one pathway of support is created for one person then many benefit through the same pathway, e.g. an accessible ramp and support railings helps not only a wheelchair user but can assist elderly, pregnant women and a number of other people to access spaces safely and independently, with dignity.
- When an entire community is mobilised to support people including people with disabilities, then inclusion and wellbeing become possible.

training enables partners to integrate mental health into their development programs and achieve outcomes of wellness and inclusion.

Menstrual Health Needs

Submitted by: Goonj.org

Challenges:

Based on our experience here are the main challenges faced:

Lack of a comprehensive approach to menstrual health & hygiene in the drafting and adoption of policies.

Lack of access and availability of safe, eco-friendly menstrual products.

Lack of coordination in the unorganised, nascent alternate eco-friendly product ecosystem.

Lack of full integration of Menstrual Health into Women's Health.

Lack of free conversations around menstruation concerning a woman's health and well-being.

Policy Recommendations:

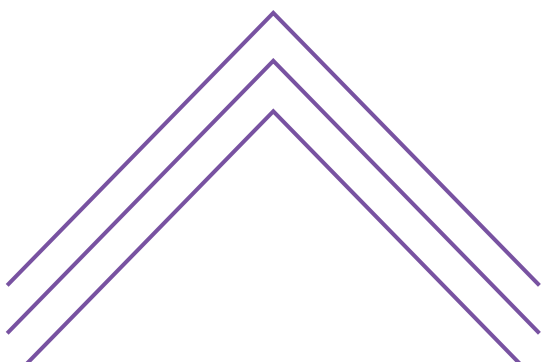
Menstrual Health Policies:

1. Address the prevalent culture of shame and silence still associated with menstruation.
2. Embed menstrual health in the overall narrative and infrastructure of women's health.
3. Nurture and build a market of organised and small eco-friendly product makers in India.
4. Support and fund more research into understanding the various aspects of menstrual challenges menstruators face, the different processes, and product innovations around this issue.
5. Establish a dedicated body within the present ministries to approach menstruation with a wider lens that engages with ground-level inputs from India and globally to better inform policy.

Successful Interventions - Udaharan/Case Study

At Goonj, under the Not Just Piece of cloth (NJPC) initiative, we have optimally utilised the textile surplus cotton cloth we received from urban areas for the last two decades giving birth to the same cloth (cotton/semi-cotton) as MY Pads, which is done after rigorous processing and the extraction of all the risk elements. We have been advocates of the Circular Economy, and in all our work this phenomenon is kept intact.

Goonj perceives menstruation as a Human issue, otherwise considered a women issue. Our approach includes Awareness, Accessibility, and Affordability factors, which we call The Triple-A approach. MY Pad is a tool, which is a part of different kits, used when reaching out to tribal, rural, and urban communities to conduct Chuppi Todo Baithak (CTB). The motive is to break the silence and shame around the subject through open dialogue. In this, we bust the myths around the practices, along with training on how to make MY Pads at home. The core concept is to provide awareness on the subject, touching upon the biological nature of menstruation along with safe practices on usage and disposal, enabling them to be self-reliant.



The comprehensive model of Goonj motivates women and men to solve infrastructure problems in their communities as we see the intersection of WASH as a crucial component. This not only includes the construction of bathrooms for women and girls to bathe or change pads, but also construction of common dustbins for disposal of pads, which otherwise litter the village or near ponds, and establishment of a nutrition garden to have homegrown vegetables.

During disasters where menstrual health products are a part of the essential relief, we provide pads through different kits under the Rahat initiative, reaching to rural and missed-out communities including transgenders, sex workers, and leprosy-affected people.

Since 2015 till now Goonj has channelized 6.6 million+ MY Pads across the country.

For more understanding please do visit: <https://goonj.org/njpc/>

Emotional Self-regulation tools

Submitted by: Heart Ambassadors

Shifting large populations from a stressed survival mindset to a thriving and interconnected state is essential to overcoming pervasive challenges such as gender inequity and creating global well-being. When we are in a chronic state of stress or "survival mode," more than 1400 biochemical changes impact our physiology, including the part of the brain that perceives life events and reacts to them in a sub-optimal and biased way. The result is a cascade of neurological and social effects leading to power struggles, domination, aggression, violence, competition, self-over-other, and the very consciousness that perpetuates inequalities. In contrast, a growing body of research shows a strong and modifiable relationship between heart rate variability, emotional self-regulation, and implicit bias.

Through scalable education in emotional self-regulation (e.g. heart rate variability coherence training), people can learn to deliberately generate and operate from feelings of appreciation, care, compassion, and connection. At low or no cost, this type of training optimises human capacity and cognitive function, dissolves biases, promotes collaboration / mutual respect, and fosters innovative solution seeking. Neuroscience has revealed the unique role that emotional self-regulation and the heart play in our ability to access these benefits, which can be collectively referred to as "heart intelligence." Our proposed policy equips populations with tools to self-regulate, giving them access to heart intelligence and leading to improved health and well-being outcomes including reducing discrimination and healing paralyzing intergenerational trauma disproportionately impacting women and girls. The result? A huge cost savings to G20 nations and a more just and equitable society for all. By establishing structures for society to operate through heart intelligence, we can create a more empowered population in a more accessible and equitable world. This will reduce costs of inequities to individuals and nations and ultimately contribute to greater global well-being for all.

We are faced with numerous cycles of gender disparity, including lack of access to education leading to limited economic opportunities and poverty, making women and girls even more at risk in a culture of exploitation and gender-based violence. These cycles perpetuate and are passed down from one generation to the next, reinforcing existing gender bias and discrimination. The question we must ask is, how can we interrupt these negative cycles and achieve our G20 commitments to gender equality, particularly in light of the COVID-19 barriers that has exacerbated the problem?

As stated in the commitments below from 2021 and 2022, we recognize and honour that the G20 countries are vitally focused and clearly intended in their gender equity goals, even as COVID-19 created major setbacks to the achievement of those goals:

From the G20 Leaders' Declaration released on November 21, 2021:

"We reaffirm our commitment to gender equality and emphasise the pivotal role of women's and girls' empowerment and leadership at all levels for inclusive and sustainable development. We commit to put women and girls, who have been disproportionately affected by the pandemic, at the core of our efforts to build forward better. We will work on key factors such as equal access to education and opportunities, including in STEM sectors, the promotion of women's entrepreneurship and leadership, the elimination of gender-based violence, the enhancement of social, health, care and educational services, the overcoming of gender stereotypes, and the uneven distribution of unpaid care and domestic work. We commit to implement the G20 Roadmap Towards and Beyond the Brisbane Goal and to rapidly enhance the quality and quantity of women's employment, with a particular focus on closing the gender pay gap."

From The White House Briefing Room, G20 Bali Leaders' Declaration, 11/16/2022:

"As women and girls continue to be disproportionately affected by the COVID-19 pandemic and other crises, we reaffirm our commitment to put gender equality and women's empowerment at the core of our efforts for an inclusive recovery and sustainable development." <https://www.whitehouse.gov/briefing-room/statements-releases/2022/11/16/g20-bali-leaders-declaration/>



From the G20 Leaders' Declaration 2022:

"We commit to implement the G20 Roadmap Towards and Beyond the Brisbane Goal, foster financial inclusion and access to digital technologies, including to address the unequal distribution in paid and unpaid care and domestic work, with a focus on closing the gender pay gap. We commit to the elimination of gender-based violence, the enhancement of social, health, care and educational services, and the overcoming of gender stereotypes. We will continue to advance women's and girls' equal access to inclusive and quality education, including participation in STEM education, women entrepreneurship through MSMEs, and women's and girls' access in leadership positions. We will promote quality of life for women in rural areas and women with disabilities."

These are admirable goals. However, merely investing financially in initiatives such as girl's Education, access to STEM opportunities, leadership programs, digital literacy and inclusion, and quality of life for women in rural areas is not enough to achieve these goals. While it is crucial to fund such programs, scalable strategies are needed to build capacity for learning readiness among women and girl children, and to foster measurable empowerment, confidence, and healing from the paralyzing trauma of prior oppression.

Addressing gender-based violence, stereotyping, and discrimination also requires the adoption of new behaviours, shifting implicit bias perceptions, changing attitudes and choices, and adding new skills for changing systemic oppression across large populations. Emotional self-regulation, (such as that facilitated by physiological coherence and applied heart intelligence skills), has been proven to effectively and efficiently achieve these outcomes and more. Emotional self-regulation tools result in scientifically proven health, performance, and social benefits including optimising brain function, enhancing impulse control, reducing violence, increasing self and situational awareness, self esteem, and increasing prosocial, environmentally sustainable behaviours. By prioritising emotional self-regulation training, we can close opportunity and accessibility gaps based on gender, socioeconomic status and other factors, dramatically reducing the financial and humanistic costs of inequality, violence, and disease.

For example, childhood psychological problems, worsened by an inequitable environment and stress, lead to lower educational achievements and decreased likelihood of working and earning as adults. This leads to a 20% reduction in family income or \$10,400 per year, with \$18,000 less in family household assets, resulting in a total lifetime economic cost of 2.1 trillion dollars for all affected individuals. The cost of burnout, absenteeism, and turnover of healthcare professionals, exacerbated by gender bias and discrimination in the workplace, is estimated to be between \$4.4 billion and \$6.3 billion annually in the US, \$53 million in Australia, and \$167 million in Canada.

Policy Recommendation:

With emotional self-regulation training for nurses (80% women), average size hospitals in G20 countries have been shown to save \$1M+ in reduced turnover alone in their first year of implementation, alongside reductions in medical error and employee sick days. Studies have estimated the potential cost savings of emotional self-regulation programs for first responders, with a Canadian study estimating savings of \$1.7 billion annually.

Given the size of the G20 economies, the beneficial financial impact across all sectors of the economy resulting from the implementation of this policy and the training it recommends amplifies rapidly. The application of this policy across large populations creates a world where everyone has an opportunity to lead a happy, healthy, and fulfilling life and where the world functions more sustainably, equitably, and prosperously with better outcomes for all. When implemented by member nations, these tools will be a true vehicle for the G20 commitment to "...continue to promote policies and measures that enhance women's economic empowerment, reduce gender-based discrimination and violence, and eliminate barriers to women's full and equal participation in the economy and in society."

Closing

Emotional self-regulation education is the key to unlocking heart intelligence for large populations, leading to improved health and well-being and reduced discrimination against women, girls, and other marginalised groups. Neuroscience has shown that emotional self-regulation techniques (like heart rate variability self-regulation training) play a unique role in accessing these benefits, by generating feelings of collaboration, care, and compassion, and dissolving biases. By equipping populations with these tools, we can create a more just and equitable society where marginalised groups have more opportunities, aligning with existing G20 commitments to gender equality and women's empowerment, with enormous long and short term benefits to the economies of those countries. Through implementation of this policy, we can empower all members of our diverse population, creating a more equitable and prosperous world and greater global well-being.



Emotional self-regulation education

Submitted by: Heart Ambassadors

Challenge

Three challenges perpetuate inequality:

1. Unequal access to education and advancement opportunities
2. Bias leading to discrimination
3. A social paradigm that values individualism over collective well-being

Emotional self-regulation education can help overcome these challenges by providing access to heart and higher brain intelligence, increasing self/situational awareness, and promoting collaboration, diminishing implicit bias, aiding in identifying and addressing discriminatory structures, and promoting a shift towards valuing diverse perspectives. By implementing the proposed policies, individuals and communities worldwide can work towards a thriving and interconnected future, where discrimination and inequality are no longer pervasive.

Policy Recommendation

Global Well-Being: Make emotional self-regulation training mandatory in public schools, government programs, and public and licensed positions. Integrate these tools into treatment guidelines, emergency response protocols and regulatory assessments. Allocate resources to further investigate their impact on human, organisational, social, and global well-being.

We strongly recommend that evidence based and scientifically proven, peer reviewed researched methods and tools, (such as heart rate variability, self-regulation, biofeedback, mindfulness, meditation, interconnectivity and other culturally appropriate training) be used for this purpose.

Case study demonstrating feasibility & results

Emotional self-regulation tools from HeartMath have been applied by millions of people across 100+ countries, in diverse cultures and environments, and in various sectors including education, government, military, healthcare, first responders, CSOs/NGOs, athletics, food chain suppliers, financial institutions, et al. The approach demonstrates positive outcomes for both cost savings and global well-being across gender divides, as evidenced by numerous case studies. 168 organisations in 7 countries involving 14,266 people, 11,974 (83.9%) female, showed:

- stressful emotions such as anxiety, depression, anger: 40-60%
- emotional well-being (peace, happiness, motivation): 30-50%
- cognitive function: 50%-60% higher test scores in high school students (higher ratioimprovement in girls)

If you have questions or would like additional information

contact us at:

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Community based rehabilitation for human trafficking survivors

Submitted by: ILFAT

Challenge

Human trafficking survivors across the world are often forced to endure discrimination and ostracization from their families or communities, and struggle to construct new identities. Societal rejection and isolation perpetuate their psychological trauma and severely hinder their ability to reintegrate into society.

Policy Recommendation:

- Combat trafficking and flesh trade through community-based approaches, with a focus on awareness, education, healthcare, mental health services, employment opportunities, and financial inclusion.
- Prioritise survivor protection from social stigma and provide access to rehabilitation, education and life skills.

Case Study:

Thailand is a source, destination and transit country for sex trafficking and forced labour. To protect the growing population of rescued survivors in the country, the Ministry of Social Development and Human Security (MSDHS) set up a nationwide survivor protection policy based on community-based rehabilitation.

The government established a network of 76 short-stay shelters and 9 long-term rehabilitation centres which function on a community-based approach, with a special focus on psychological assistance.

The creation of a detailed victim plan to structure each survivor's development needs (rehabilitation, education and skills) ensures trauma-informed rehabilitation. The centres are run in partnership with local communities of social workers, medical professionals, educationists and legal experts who provide specialised assistance in the form of psychological counselling, medical care, education, compensation, and legal protection. The centres also provide vocational training and employment assistance in collaboration with local businesses.

The survivors have full freedom to move in and out of these centres. The survivors receive assistance in re-integrating smoothly with their families. Sensitization programmes are run in local regions to mitigate social stigma.

The policy's focus on comprehensive psychological care and a victim-centric approach has resulted in swifter societal reintegration for survivors, reflected by the 10% decrease in the annual average length of stay in shelters by survivors in 2022.



Suicide Prevention

Submitted by: Mind Empowered Charitable Trust

Challenge

8 lakh people take their own lives every year out of which a very high 20% is from India. The suicide rate is so high that a life is lost to suicide every

eleven minutes. The youth of our nation (age group 15 to 24), are most prone to suicide. About 35% of all recorded suicides in the country falls under this category. The youth are the spine of a nation and the alarming youth suicide rates require a desperate call to action.

These numbers are alarming but when you add a layer of humanity to these numbers, when you realise each number added to the count is a complete whole human with multitudes contained within them, these statistics take on a much more real and sinister turn. To make matters worse, the population of India has 0.75 psychiatrists per 100,000 people. Considering the fact that rural India is much behind, the accessibility of mental health professionals in such areas is worse.

It is clear that our current suicide prevention strategies are not owning up to the task efficiently. The mental health professionals are overloaded and overworked catering to the large population and more often than not, the general population has no access to such services. The question following this observation is obvious. What needs to be done differently?

Policy Recommendations:

The insufficient availability of professionals calls for the need for the community as a whole to take measures at the grassroot level to remove the stigma attached to mental health and encourage people to reach out for help. By providing an open and safe platform for people to express their concerns and challenges without the fear of identification, judgement and isolation, local communities can help youngsters address their mental health issues.

Success Stories:

For the past 2.5 years, Mind Empowered (ME) has been conducting different sessions, workshops, webinars and offline events to help ensure the holistic development of the youth. These include:

Voice Your Worries, a program where people send in their mental health queries anonymously to get them answered live by professionals. Oftentimes, our society can be found to suppress the voice of those who are going through mental health issues and force them into silent suffering rather than enabling them to speak up and get the help they deserve. Voice your worries is an initiative that hopes to help the youth by getting their questions answered by experienced experts rather than leaving them to depend on questionable sources. The anonymity factor enables people to be more free and open about their struggles.

Teachers' Training, is an initiative to create mental health awareness amongst college teachers. In colleges, teachers are the first point of contact for the students as opposed to their parents. Hence, this program helps teachers recognise the red flags related to mental health. It equips teachers to proactively look for signs and symptoms amongst their students and in turn facilitate their students to reach out to experts for help.

Heart to Heart with Dr. Menon, is a program to address the concerns young girls have with respect to their bodies. This girls only session encourages girl students to ask their physical health related questions anonymously. Their queries are answered live by a seasoned gynaecologist. This initiative is aimed at removing the stigma attached to unmarried girls visiting gynaecologists. It provides an open forum for girls to discuss their issues and concerns and make an informed decision based on expert advice.

Tell ME Your Story, is an online support group to encourage the students to talk about what they are going through without the fear of bias or alienation. It is a safe space where students can talk about their troubles without judgement or criticism. Such support groups, when formed at grass root levels of society, can help a person overcome mental health struggles right at the beginning before it festers into something more serious that needs expert help.

#MEWarriors Talk Show is an interactive talk show with ordinary people leading extraordinary lives. The aim of this show is to inspire students to learn from common people who share some of the challenges they have faced in life and how they overcome these challenges. The aim is to motivate students and make them appreciate life and get some important takeaways from other people's lives.

Women Empowered, A project which helps homemakers become financially independent. Since homemakers are the central unit of a family, their mental health is of utmost importance. By providing opportunities to showcase their culinary and creative talents at events and exhibitions, this initiative aims to create an alternate source of income for housewives thereby making them self confident. The program includes skill development sessions and interaction and networking with women from different fields, as well as mentoring for personality development.

ME Saturday, Mind empowered hosts sessions and events every Saturday ranging from musical events to walkathons to cleanliness drives to technical workshops. The goal of these events is to empower the youth, eliminate the stigma around mental health, improve physical well-being and create community awareness.

In the past 2.5 years Mind Empowered has impacted youth and women in several ways. We would like to present the statistics of students impacted by our different initiatives both offline as well as online:

Webinars and offline mental health sessions: 1891

Technical workshops: 1355

Placement workshops: 1055

Mental Health Awareness Workshops: 1003

Self Defence workshops: 441

Listen to ME reels to spread awareness: 428

ME Warriors talk show with ordinary people living extraordinary lives: 1086

One-on-one FREE counselling with Singapore psychologist: 500

Conclusion:

In the current climate of psychiatrists and psychologists being very scarce, there is a need for people to step up and take accountability for the betterment of themselves and their community. If society as a whole works together to break the stigma attached to mental health and provides a safe and open platform for people to reach out, the suicide rates can be drastically reduced, and we all can build a better, happier, safer world.

Unmet needs of menstrual hygiene

Submitted by: SAHAJ

Challenge:

Menstrual hygiene management is essential for adolescent girls to stay in school and to promote their good health. Myths around menstruation and lack of appropriate education on menstrual hygiene results in reproductive tract infections. Promotion of sanitary pads by the system without making provisions of its availability at the local level is the biggest gap.

Policy Recommendation

Impart education about scientific knowledge on menstruation and management of menstrual hygiene by integrating it in training provided by educators and health service providers who work with adolescents and young women.

Case study

Scientific knowledge of menstruation and the importance of menstrual hygiene for a healthy sexual life plays an important role in maintaining the self-esteem of any girl/woman. SAHAJ's project which involved continued discussions on menstruation, the process and its management with young girls and women in urban and rural areas, showed a difference in their acceptance of this important phase in their life.

Adolescent girls and young women reported gain in information on sexual and reproductive health especially menstruation. The experience of sharing brought out the current practices around menstruation and its impact not only in terms of their physical and reproductive health but also on their mental and social well-being. Participants appreciated the discussion on social practices associated with menstruation and reported a change in their perspective. Fixing a pad on a panty for young girls was a skill obtained and knowledge that menstrual flow is not blue but red (as seen in advertisements) was a fact learnt that made them more comfortable with this natural phenomenon of their life.

Prostitution as Violence Against Women

Submitted by: The National Solidarity against Sexual Exploitation of Women (NSSEW), Co-representative: Madam Hayoung Lee, Madam JeongA Sohn

Challenge:

* The National Solidarity against Sexual Exploitation of Women (NSSEW) was established in 2004 as a nationwide coalition of 13 regional member organisations.

* In 2000 and 2002, fire accidents in Gunsan resulted in the deaths of 19 prostituted women who were trafficked and forced into prostitution. No support or discussion about their rights occurred at the time.

* After these incidents, women's organisations started focusing on women's rights in prostitution. A nationwide investigation took place, hot-line services and shelters were established, and efforts were made to repeal and enact laws to protect women.

* Homepage: <https://jkyd2004.org/national-solidarity/>

Policy Recommendation

-In 2004, a new law recognized prostitution as violence against women. The problem lies in the law's support system for women in prostitution, while punishing all individuals involved. Advocates requested a law that only punishes buyers without penalising the victims. Currently, both women and buyers are punished, posing an urgent problem.

-The prostitution law consists of two parts: the Punishment of Prostitution Act and the Protection of Victims of Prostitution Act.

-The Protection of Victims of Prostitution Act provides support for individuals engaged in prostitution voluntarily or coerced. Various support systems are available for those seeking help. However, the Punishment of Prostitution Act continues to punish voluntary participants, causing a lack of protection.

-Organisations argue for a change in the law due to accumulated problems in its enforcement for almost 20 years. Immigrant women in the sex industry face punishment under the law and risk forced deportation due to their illegal status.

-To address these issues, the coalition was formed to revise the law and raise awareness. Activities are being carried out to gather voices and advocate for change.

Enhance Transgender Rights

Submitted by: Korean Transgender rights organisation Jogakbo, Representative: Heejung Rho

Challenge:

* Mission: Enhance Transgender rights in Korea.

* Homepage : <http://www.transgender.or.kr/>

b) The challenges of the CSO and its efforts to overcome

While there are guidelines for gender correction, there are no specific laws, and the process depends on the judge's discretion. This creates inconsistency, with some individuals able to change their gender without surgery while others are denied. Health insurance does not cover transition procedures, and medical records are strictly managed, creating a double-bind situation for transgender individuals. Private insurance lacks provisions for transgender individuals, causing uncertainty. Heejung Rho aims to address these challenges at the C20 forum.