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# In Her Empowerment Reside Infinite Possibilities

CARE INDIA ANNUAL REPORT 2012



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# In Her Empowerment Reside Infinite Possibilities

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## Our Vision

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

CARE International will be a global force and a partner of choice within a worldwide movement dedicated to ending poverty. We will be known everywhere for our unshakeable commitment to the dignity of people.

In India we seek a society which celebrates diversity, where rights are secured, citizenship realised, and human potential fulfilled for all.

## Our Mission

We fight poverty and exclusion by empowering women and girls from the poor and marginalised communities.

## Our Programme Goal

Five million women and girls from the most marginalised communities in India have the power to realise choices in personal and public spheres to advance their positions.

CARE India will accomplish this goal by working with 50 million people to help them meet their health, education and livelihoods entitlements.



## About the report

This annual report reviews a time of great significance for CARE India. During the Financial Year 2012, we continued to work towards a more comprehensive presence in the country while establishing ourselves in the International arena. Our intent is to fully transform into an impactful, national organisation with strong global connections and an influential member of the CARE International Confederation.

Six transformative areas are outlined here in the report, reflecting how a newly emerging CARE India is attuning itself to the necessary shifts in contemporary paradigms and perspectives, necessary to effectively accomplish consequent mission and goals, while adapting its course to face several opportunities and challenges ahead.

We invite you to share our renewal and this process of transformation, which in many ways is integral to our ongoing growth and development.



Acknowledgement

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**From: Dr. Muhammad Musa**  
CEO & Country Director, CARE India

**W**e at CARE India are currently engaged in processes of transformation across our organisation.

Our mode of operation is evolving into larger, more holistic and sustainable long-term programmes with enhanced advocacy, capacity building, resource mobilisation, partnerships and learning agendas built in. We are also designing programmes to achieve maximum outcomes at scale in the areas of health, education, livelihoods and disaster preparedness and management and also assessing their impact. We are confident that by approaching our work differently there will be greater cohesion and lasting impact.

In FY12, our programmes were able to directly impact 45.3 million people across India, as well as reach out to another 155.6 million in the greater context.

While there is to be reinforced attention on core areas of work, our evolving programme areas include working with the historically marginalised *Dalit* and Tribal women and girls. We are also preparing to design programmes focussing on the urban poor and migrant populations. Gender transformative approaches are being purposefully conceived and implemented to advance equal gender relations, both within programmes and our organisation. Robust youth mobilisation programmes are also underway to meaningfully engage the young with social concerns.

I am happy to report promising advancements in diverse fields: organisational development, talent management,

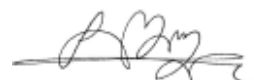
evolution of new models of leadership, utilisation of innovation, impact monitoring and learning, and building capacity of staff and partners. Employee roles and responsibilities have been rethought to expand the limits of engagement and new competencies, leaders and innovators have been identified. Shared leadership across the organisation and leveraging collective leadership of several organisations through consortiums to drive change is crucial to our future plans.

**We are striving to evolve into a recognised 'knowledge organisation'**

For CARE and our partners and networks, this phase is reflective of our redefined goals. A time when we endeavour to work with sharper delineation of priorities, focus areas and work agendas. A time when we look to engage with fresh and more effective ideas, processes, norms and methodologies to reach our mission and goals.

We are striving to evolve into a recognised 'knowledge organisation'. We aim for our effective practices, which put poor and marginalised people at the centre of activities, to be replicated at large-scale for increased impact. Alongside this, we aim to be a representative of the Global South and its humanitarian priorities in influencing the international agenda.

The challenge of simultaneously executing these efforts is indeed enormous, but we are optimistic that it will be done, and that the transformation will ensure success for CARE India both as an independent entity and member of the global collective.

  
**Dr. Muhammad Musa**  
CEO & Country Director  
CARE India



**From: Dr. Nachiket Mor**  
Chairman of the Board, CARE India

**W**ith Millennium Development Goals (MDGs) on poverty, education, and HIV and AIDS on track at aggregate levels, the conditions on the ground seem to be well-suited for India as a country to be a key player in global and South-South initiatives in this regard. However, it is already clear that on the MDGs for reducing hunger, maternal mortality, and under-five mortality we will fall short. Additionally, a sizeable population will continue to fall outside the purview of economic development, if measures to improve the lives of 421 million poor who live in eight heavily populated states of the country are not implemented. And, persistent gender inequities may deepen if women are not empowered on the economic, social and political domains. Multi-pronged efforts are also required in the areas of education quality, health, disaster management, and securing sustainable livelihoods if 'development for all' is to be a lived reality.

CARE has worked for over six decades in India to tackle poverty, and gender inequality and exclusion. During this period it has partnered with the government and civil society, drawing from and adding to their strengths. Policy support in the formulation of the twelfth five year plan of the government of India; efforts to strengthen State government programmes in Bihar and West Bengal; and widening of its civil society partner base are some of our recent initiatives.

This year's progress report captures our efforts to sharpen our programmes using an improved operational framework. Fresh institutional approaches aimed at gender equality and mobilising the young to lend impetus to reaching social development goals; linking programming to advocacy (by building a strong evidence base from the work on the ground); identifying and meeting training needs; leveraging collaborative approaches for scale, sustainability and impact; developing innovative ways of raising funds; and harnessing innovation are some of our successes during this year.

**We are becoming more deeply embedded in the Indian environment**

Looking to the future, as a locally incorporated non-profit, we are making steady progress towards becoming more deeply embedded in the Indian environment. We are developing new locally funded programmes; bringing in new local and global talent where required; and developing our capacity, jointly with CARE

International, to bring our global knowledge base to bear while seeking solutions to local problems. Gradually our work culture is also shifting from a focus only on proximate project outcomes to a much greater one on long-term systemic changes that will help bring about permanent improvements in the lives of women and girls well beyond our immediate impact populations and long after we have completed our project and moved on.

  
**Dr. Nachiket Mor**  
Chairman of the Board  
CARE India



# Towards sustainable impact

CARE India's current 'programme' approach stems from a redrawn vision, operating models, relationships and work culture. Working with partners on projects has been overlapped with holistic, long term, deep impact "programmes" that work directly with key populations to ensure that the root causes of poverty and marginalisation of people, particularly poor women and girls, are tackled strategically and collaboratively. Our analysis show that only long-running programmes built to scale can bring the regenerative breakthroughs we aspire to in our four areas of work (education, health, livelihoods and disaster preparedness and response). We intend to, hence, work over the next

10-15 years on comprehensive plans with key populations to provide an enabling environment (that will accelerate their social and economic prospects) and allow for a shift in gender relations (aiding in empowering women and girls). Our priority is to work in the poorest states of the country.

We see areas in dire need of transformation to be: increased capabilities and self-esteem of our impact population; their effective leadership in multiple spheres; recognition of their abilities in society; improved access to productive resources, services and opportunities; and enabling laws, policies, development structures and institutions.

Bringing change through innovation and inclusion

Direct Reach

45.3 million

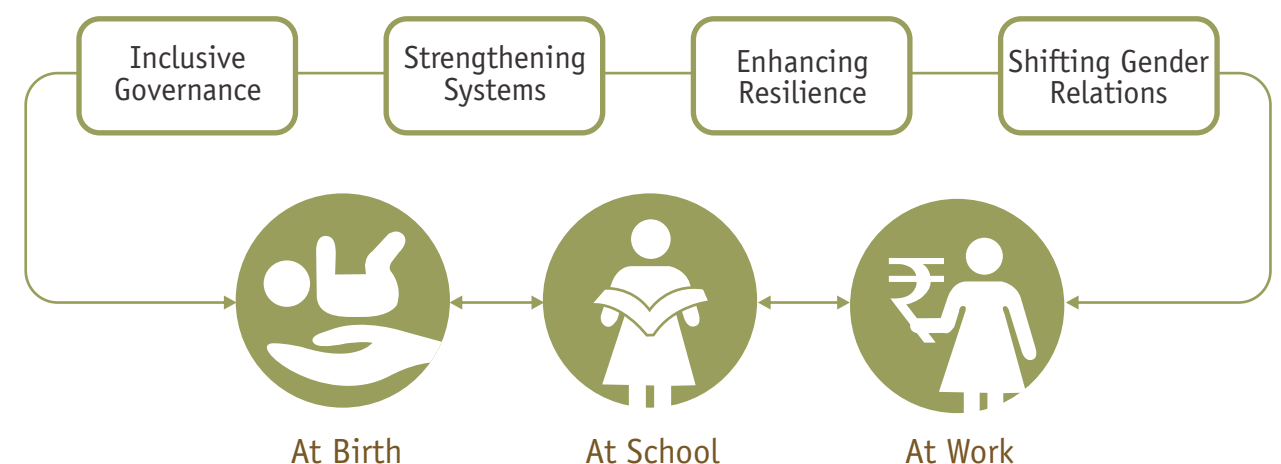
Indirect Reach

155.6 million

## How we measure impact

Overhauling changes are being and will be achieved through programming in a range of sectors, embedding four cross-cutting themes. These include facilitating **inclusive governance** through attention to women's and girls, and accountability and citizenship; **strengthening systems** to enable fulfillment of rights and entitlements related to health, education and social protection; **enhancing resilience** in multiple spheres (social, ecological, economic), and **shifting gender relations** and attitudes toward the empowerment of women and girls. The choice of these programming themes is critical as they drive the focus of our knowledge and advocacy strategies, and are reflective of its belief of how change will occur.

Through our four cross-cutting themes we are inspiring change through committed actions:



The PATHWAYS initiative, a global CARE programme active in six countries, best illustrates the change and strength of our rearranged work approach. Started in 2011 in Orissa, this project works with poor women and steps up their opportunities for reliable livelihoods. Along with this, it simultaneously addresses their social, economic and environmental constraints. Thus, rather than offering a singly targeted intervention with standalone solutions, PATHWAYS uses a multipronged approach to address several constraints. This allows women to choose their own paths out of poverty. More than just a change in approach, it is a shift in the mindset -- to a focus on people at the centre and to work in more collaborative ways, no matter what the programming entry points are.



CARE enables women farmers to take control of their livelihood and achieve financial freedom.

Our future focus areas (with an expanded outreach) are empowerment of women and girls in *Dalit*, Tribal and urban and poor communities and securing resilient livelihoods for their households.





# Transformations For gender equity

CARE India's structured integration of gender equality and diversity (GED) principles into all its programmes this year and its clear vision of embedding it within all its future plans is a reiteration of its belief that gender equality drives development and reduces poverty.

Moving away from approaches that acknowledge gender inequities yet do not actively seek to change them, the conscious focus now is on changing norms that affect both men and women. Current GED programmes ensure that gender equality as a belief and practice is upheld both within the organisation and within each one of its programmes, and that all differences in perspectives are accommodated (meaning that each individual's unique qualities and abilities is fully recognised).

Our gender transformative approach, thus, looks both at women's empowerment and men's engagement as the former can be real only with the combined effect of changes in a woman's own knowledge, skills and

abilities; societal norms, institutions and policies that shape her choices and the power relationships through which she negotiates her path.

While we have over the years helped people challenge strongly embedded gender biased perceptions and practices, institutionalised at all levels (home, family, community and society), the integration of GED into our work has unfolded through discrete measures:

CARE India has executed  
**26 projects** with an aim to address  
**Gender Equality and Gender based Violence**

- Deeper engagement with corporate houses (centered on the UN Women's initiative of 'Women's Empowerment Principles' that binds big and small corporate houses with a common mission). A network of organisations is at work with UN Women to see how these Empowerment Principles can be translated into action and how more corporate support can be enlisted
- Training of trainers from across Asia by the Asia Regional Management Unit (ARMU) to enable shared understanding on the CARE approach to GED, develop a comprehensive training module and enhance gender analysis skills
- Training for the PATHWAYS team in Orissa (CARE India's flagship initiative to integrate gender transformative programming at all stages of the project management cycle) using the tools from AMRU

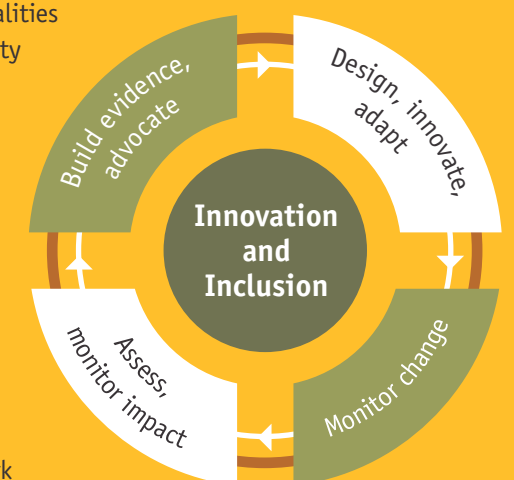


- Setting up of CASH (Committee Against Sexual Harassment) where key staff have been trained about these issues so that it cascades into all levels of the organisation
- Formulating and implementing the Women's Leadership Programme with a focus on engaging and developing skills of women within CARE India. The idea is to increase female leadership in the organisation to 50 percent by 2020 through several ways (including a Women's Internship Programme where women interns are being encouraged to discover their core competencies). **Women's representation in top management now stands at 50 per cent**

From year 2012 on, we intend to advance GED by ensuring all programmes and projects contribute towards equal power relations (tools are being developed to enhance understanding of GED); working on better understanding of GED among staff (its role in their personal life, the organisation and their work); promoting research, documentation and dissemination (of promising practices that change gender relations within projects based on our women's empowerment framework); and strengthening linkages and networking (between CARE India and CARE International and between other CARE affiliates/members and several networks).

Our ongoing attempts will identify issues contributing to gender inequalities and poverty and analyse gender barriers that contribute to poverty (including how the realities, expectations, rights and choices for women differ from men). This will aid in evaluating results - how they impinge and affect the relative status of men and women. By teaming research with action and active monitoring, we hope for innovative solutions to seemingly intractable problems in reducing poverty and social exclusion among women and girls.

The CARE International Gender Network is an exciting addition to our work. All CARE International members have one member on this network that meets once a year. Attempts are being made to institutionalise the gender toolkit and gender analysis framework developed here as a common training module for programme staff.





Three focus areas have been identified for the next two years – accountability and governance, capacity and leadership and sexual division of labour in the food industry -- and reporting systems have been put in place. In addition, the network is actively working in areas that require policy change – women's issues, peace and security, climate change and sexual, reproductive and maternal health. Discussions are also focussed on the broader engagement of CARE International with the MDG plus 15 processes and the UN International Women's Conference in 2015. Also, a CARE India representative is one of the co-chairs of the CARE International Gender Network.

**Rashmi Singh,**  
**Executive Director, Gender, Equity and Diversity**

“Gender equality is a cornerstone to advance development and reduce poverty. Working on gender equality means that we seek to change norms that affect both men and women. It means that we ensure that both women and men are consulted and that their different needs are taken into consideration from the design throughout the implementation and

evaluation of our work. Working on gender equality doesn't mean that we work exclusively on women's empowerment, disregarding boys and men's rights and needs. It means though that we work with women, girls, boys and men to unleash women's potential to the benefit of society as a whole.”

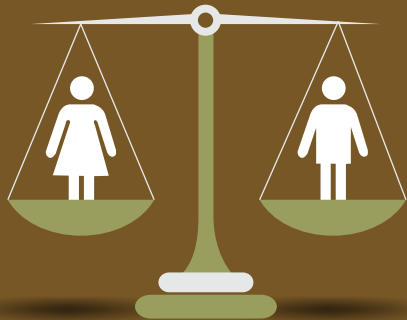
**International Women's Day 2012**

Joining in global celebrations to mark International Women's Day (IWD) on March 8, CARE India held ceremonies across the country in Chennai, Hyderabad, and others as well as at India Gate, New Delhi, where the crowds took a pledge to break myths about women and girls.

Stereotypes such as 'It's a man's world', 'Girls' belong in marriage, not school', 'She asked for it', 'Women are too emotional and soft' and 'Women can't lead' are just some of the many barriers to be overcome for women's empowerment to be fully realised in India and across the world.

**The Pledge**

“We celebrate the International Women's Day by committing ourselves to take a step towards equality, where women are valued for their strengths and skills and treated with dignity and respect. I pledge to embrace changes in my values and attitudes and end all violence and discrimination against women.”



In her strength  
lies the power of  
progress





# An advocacy agenda

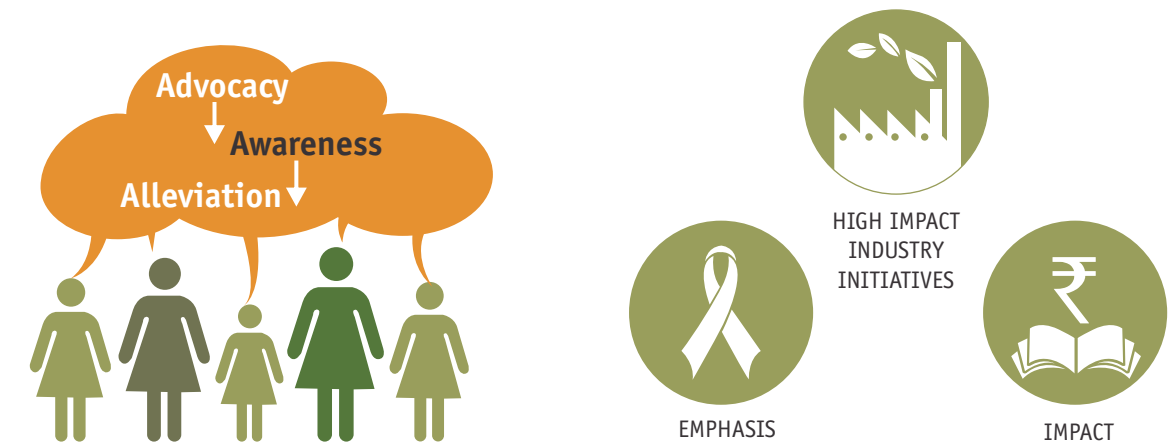
CARE India's advocacy goal is unequivocal: eliminate the root cause of poverty and social exclusion (by empowering women and girls from the marginalised sections of society) and contribute to the equitable growth of the country (by influencing public policy and raising public awareness with the help of multiple stakeholders). CARE India's advocacy work

in the areas of public health, education and livelihood issues, through its various projects and programmes, has translated into policy change that has meant positive turnarounds for the poorest of the poor. The focus now is increasingly on more systematic and planned initiatives for enduring impact for greater number of people.



Our emerging advocacy agendas involves work in projects such as **EMPHASIS** (that addresses inter country vulnerability to HIV/AIDS, due to migration across countries), **IMPACT** (that seeks to redress the plight of patients from the tribal community; advocacy efforts in this case with tribal welfare department pushes for social and economic empowerment of the community and sharing of learning across panchayats), and work in **High Impact Industries** (mining, steel and iron ore extraction where the work is with the poorest populations in the core states of India as these industries leave a large and often deeply destructive footprint in the lives and environment of local communities).

CARE India is keen to engage with these industries to work toward improving the lives, health and livelihoods of the people most affected by the mining, and also work in unison with policy planners to change policy.



CARE India's advocacy efforts have also begun to throw the searchlight on issues of exclusion and marginalisation among women and girls from *Dalit*, Tribal, migrant and urban poor backgrounds as they are far more vulnerable to poverty, social injustice and discrimination, living as they do on the margins of society. Efforts are also being made to ensure that the commitments made through platforms such as Beijing and ICPD, in the past, are honoured and implemented. Plans are afoot to see how best to deal with the member states insistence to review commitments rather than push for their implementation and report on progress of the proposed Women's Conference in 2015.

At the global level, CARE India's advocacy efforts will pursue a medley of issues through the prism of gender equality: women; peace and security; sexual, reproductive and maternal health; and women and climate change.



## Alka Pathak, CARE India Advocacy & External Relations Chief

"CARE India's advocacy efforts will bridge the divide between issues of the most marginalised and vulnerable women and girls from *Dalit* and Tribal communities and the State, national and international level institutions, and then policies, systems and frameworks who are charged with implementing these."





## Engaging The Next Generation

By engaging with the youth – there are 315 million young people aged between 10 and 24 years in India, who represent an astounding 30 percent of the population – using planned 'awareness-to-action' interventions, CARE India's new Youth Engagement Programmes not only harness the strength of the young, but draw on and channelise it by extending many opportunities to them. The idea is to bind several youth initiatives to lend their collective force in tackling issues of gender

inequality and social injustice, and grow young leaders for the future.

Mobilising youth thought and action around the issues that we work with, has built momentum to the process of building yet another powerful constituency that participates in our activities, campaigns and volunteer opportunities and furthers our mission. All our Youth Engagement Programmes are routed through four stages -- Learn, Inform, Organise and Empower.

## The Four Way Path

### Learn



In order to become true advocates against poverty, youth volunteers must first **know** the facts. They **learn** through our sensitisation workshops and online resources such as photo/video libraries and blogs that bring glimpses from the field to broaden their perspective.

### Inform



Once they have knowledge about the cause, they can **inform** others. Volunteers spread awareness through social media and online platforms. They post links and interesting articles, initiate and participate in discussions, write blogs.

### Organise



Few volunteers are selected and trained per school/college rules to lead and manage a larger community of volunteers. Together, these communities **organise** cause-related events such as debates, film screenings, fests, street plays and panel discussions.

### Empower



Volunteers co-facilitate change by participating in advocacy initiatives, awareness campaigns and projects, with the overall goal to **empower**.

Before the launch of our Youth Engagement Programmes, a pilot was undertaken between January and March 2012 in Delhi and Hyderabad to gauge youth interest, reaction and knowledge on issues related to poverty and women's empowerment and understand how best to involve students from different age groups, and present rural realities to an urban audience.

The overwhelming response to the pilot has proved to us that many young people want to invest their time and energy to enrich CARE India's vision. And, that our plans to establish a country-wide base of advocates for CARE's work and hone the youth's potential to be catalysts of change are achievable.

## Pilot Accomplishments

- 45,000 students reached
- 10,000 youth signed up
- 100 ambassadors trained
- 60 partner institutions
- 21,000 new fans on Facebook in three months
- 62,07,869 impressions or pure online visibility





The pilot stage has been followed by a detailed analysis and planning process. An evolved model is to be introduced in October this year which will focus on sustainability, structural strengthening and increased engagement in Delhi and Hyderabad. An 'Ambassador Programme' is also being introduced, wherein select volunteers will receive leadership training to manage volunteer communities within their schools and colleges. These ambassadors will spearhead initiatives under the 'Learn, Inform, Organise and Empower' stages to maximise the awareness and impact of the programme. Youth programmes, for us, are a new beginning. A chance to see that youth participate in the process of making available equal access to assets, livelihoods, opportunities and leadership for all.

### Achieving transformation through collaboration

“CARE India's Youth Engagement Programme has helped ingrain leadership skills in me, something I would have found difficult to imbibe as an ordinary college student. In addition, it has given me the opportunity to work on issues I am keen and passionate about. I am now looking forward to interaction with a medley of people and teams from different colleges and spreading awareness about women's empowerment. This will certainly expand my horizons and worldview.”

Anurag Jain,  
Shaheed Sukhdev College  
of Business Studies, Delhi

“Women form the backbone of a society and nation. Two things struck a chord with me during CARE's sensitisation workshop. One, if a woman is healthy she is more likely to have a healthy baby and can also support her family economically. Two, if a mother is educated, she is more likely to ensure that her children are educated. She will ensure they grow up to be able citizens.”

Suryasai Teja,  
The Sanskriti School, Hyderabad

“CARE India's belief that if people come together, social change is possible gives me hope. I have never attended a workshop in my life, and the one by CARE India has been an enormous eye-opener for me. For the first time in my life, I have been made aware that students such as I have the power to change beliefs and practices that work towards social change. I am keen to be part of the next programme and see for myself the process of change that is planned.”

Simran Sharma,  
Ryan International School, Delhi

### Kick for a Cause

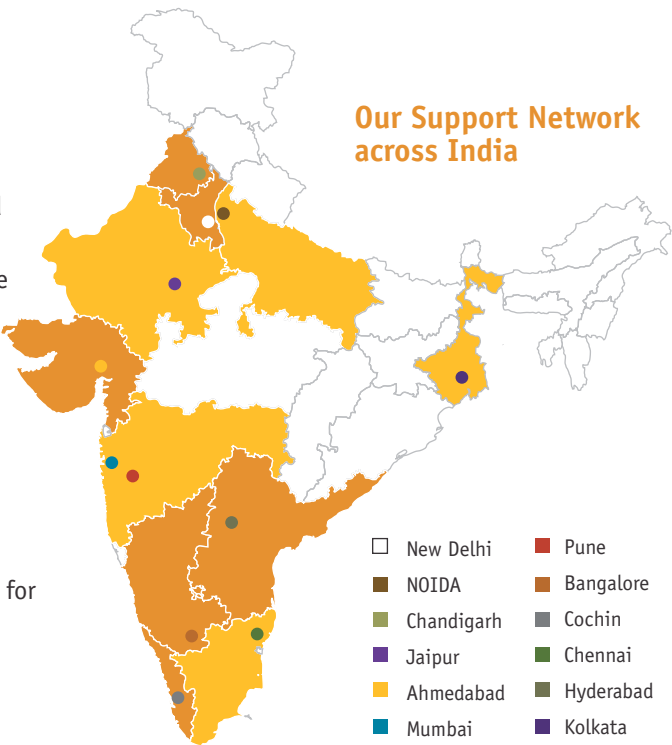
Eight teams, comprising three boys and three girls each and each team captained by a girl, participated in a fun-filled amateur football tournament organised by CARE India volunteers a week before International Women's Day in New Delhi.

The intent was to drive home the message that myths against women are unfounded and unacceptable, and women are powerful and capable. The myths that were shattered in celebration of women were: “It's a man's world”; “Girls belong in marriage, not school”; “She asked for it”; “Women are too emotional and soft” and “Women can't lead”. To raise awareness among the participants and the viewers, players kicked these myths – which hung in the goal nets as stickers – during penalty shootouts.

### Our supporters

CARE India has been early in recognising that combined resources and endeavours could fuel a faster movement towards women and girls empowerment. Remaining alive to the shifting dynamics of the social development scenario, this year's focus has been on galvanising multi-pronged initiatives to carve out a sustainable model for resource mobilisation.

The thrust has been on growing a presence, and creating a unique position and identity within the development sector space where several actors compete for attention. Initiatives include reaching out to urban audiences in Metros and beyond.



Social media



Face to face meeting



Caller outreach



Direct mail & web giving

Significant attention is being directed to building long-term relationships with donors to increase lifetime value. This is in line with the programme approach building outreach and engagement strategy based on social media platforms. Other measures include planning and executing a holistic approach to fundraising from individual donors via Face to Face meetings at residences and offices, telemarketing, direct mail and web giving.

Today, 21,000 men and women from all walks of life form the extended CARE family fulfilling their commitment to our cause, and this number grows by the day.

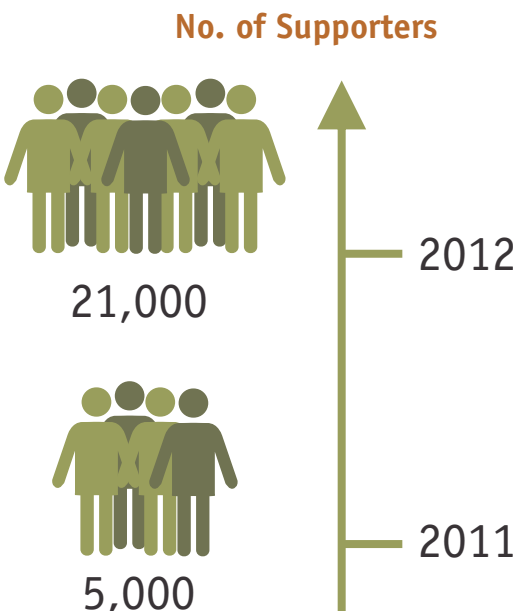


# Our Major Corporate Partners

CARE's corporate partnership approach has evolved from a traditional grant based model to a more sustainable one. Over 17 corporate organisations today believe and support CARE India's vision including Allianz, Barclays, Cargill, Dalmia Cement, Merck, P&G, Teavana and Walmart.

Noteworthy initiatives in this area include plans for cause-related marketing initiatives; reaching out to corporates for long-term Employee Giving Programmes; entering the space of women's empowerment by collaborating with UN Women and Global Compact Network India to launch the Women's Empowerment Principles Primer: Why Business Should Care; and exploring newer areas of partnerships with corporate in high impact industries like the extractive sector.

Strategic partnerships with likeminded organisations have afforded CARE India several advantages: achieve impact at scale in the shortest possible time, initiate fundraising efforts without sizeable financial investment and with almost nil gestation period and conserve precious resources to deploy where needed most – in community interventions. Over the last year, CARE has travelled the often uncharted and ever-changing topography of individual and corporate fund raising. Competition has been severe. Deriving long term commitment from donors, seeking corporate support and changing mind sets of donors who wish to donate to specific causes have proved arduous. Yet success has come. This has strengthened our resolve and given us hope to double our fundraising targets.

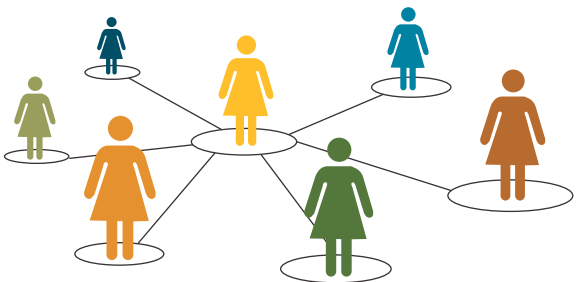


# Building networks and consortiums

CARE India has fostered linkages with several agencies in the social development sector -- formal ties through 'consortiums' and informal ones through 'networks' -- to leverage strengths of myriad development partners and speak as a stronger and united force.

The consortium setting allows for an infusion of skills and expertise from varied agencies; a platform to reach communities, stakeholders and donors with the right set of competencies; an expansion of domains (as each partner works in a different area and brings that expertise to the project), and a deeper impact (due to a comprehensive set of interventions as opposed to stand alone efforts). It also allows for cross learning and stronger advocacy measures. These advantages translate into outcomes with quality.

The **Strengthening** Sector Wide Approach to Strengthen Health in Bihar (**SWASTH**) project best explains the gains of working through the consortium mode. The consortium in this case is a unique mix of international technical experts from Options UK, technical experts in the domain of health, nutrition and water and sanitation from IPE Global and project management and technical experts from CARE India. Our organisation has benefited immensely from its learning on water and sanitation from IPE Global and what is more, CARE India's programmes today demonstrate better outcomes in the health status of women and children at the community level and also improved abilities to work with and strengthen government programmes and schemes.



United in empowerment and transformation

Similarly, the Family Health Initiative in Bihar and the Urban Health Initiative in Uttar Pradesh are successfully implemented through such consortiums which are also in the process of identifying issues for advocacy to facilitate policy change. In the Urban Health Initiative, mention should be made of CARE India's fruitful partnership with Hindustan Latex Family Planning Promotion Trust (among others) and the rich insights this has afforded us in the areas of social marketing of family planning products.

Segregation of responsibilities in each of these consortiums is based on individual strengths of the organisations. For keener results, separate policies for each consortium have been formulated keeping in mind each consortium's defined objectives. And, to facilitate the challenging task of consortium management, a steering committee has been set up where the heads of organisations play a vital role in reviewing project progress, ensuring organisational commitment and taking critical decisions to ensure cohesiveness and transparency among the members.

CARE India views addressing the underlying causes of poverty and marginalisation through consortiums as the way ahead as such dynamic synergy and the orchestration of efforts have demonstrated deeper impact and thus more pronounced outcomes.



# Financials

## CARE INDIA SOLUTIONS FOR SUSTAINABLE DEVELOPMENT, NEW DELHI STATEMENT OF INCOME AND EXPENDITURE FOR THE YEAR ENDED 31 MARCH, 2012

| (Amount in ₹)   |          |                                  |                                  |
|---|----------|----------------------------------|----------------------------------|
| Particulars   | Note No. | For the year ended 31 March 2012 | For the year ended 31 March 2011 |
| <b>Income:</b>  |          |                                  |                                  |
| Grants and Donations received                                     | 13       | 43,00,81,370                     | 25,30,93,344                     |
| Allocations from Fundraising(Donations)                           | 14       | 85,00,835                        | 13,60,00                         |
| Foreign exchange fluctuation gain/(loss)                          |          | (16,25,074)                      | 10,54,958                        |
| Other Income  | 15       | 3,09,197                         | 3,561                            |
| <b>Total Income</b>   |          | <b>43,72,66,328</b>              | <b>25,55,11,863</b>              |
| <b>Expenditure:</b>   |          |                                  |                                  |
| Program Costs   | 16       | 25,65,66,417                     | 14,92,07,408                     |
| Training and Material Expenses                                    | 17       | 1,11,81,918                      | 96,22,835                        |
| Subgrants to Partners   | 18       | 5,16,90,077                      | 5,69,13,225                      |
| Awariness and Campaign Charges                                    |          | 2,92,90,459                      | 1,05,55,918                      |
| Fixed Assets purchased  | 19       | 49,36,489                        | 19,99,961                        |
| Allocation out of Fundraising(Donation)                           | 20       | 85,00,835                        | 13,60,000                        |
| Other expenses  | 21       | 3,07,75,222                      | 2,53,30,051                      |
| <b>Total Expenditure</b>  |          | <b>39,29,41,417</b>              | <b>25,49,89,398</b>              |
| <b>Surplus before exceptional and extraordinary items and tax</b> |          | <b>4,43,24,911</b>               | <b>5,22,465</b>                  |
| Exceptional Items   |          | 4,43,24,911                      | 5,22,465                         |
| <b>Surplus before extraordinary items and tax</b>                 |          | <b>-</b>                         | <b>-</b>                         |
| Extraordinary Items   |          | -                                | -                                |
| <b>Surplus before tax</b>   |          | <b>-</b>                         | <b>-</b>                         |
| Tax expense:  |          |                                  |                                  |
| Current Tax   |          | -                                | -                                |
| Deferred Tax  |          | -                                | -                                |
| <b>Surplus for the year</b>                                       |          | <b>-</b>                         | <b>-</b>                         |
| <b>Earning per equity share:</b>                                  |          |                                  |                                  |
| Basic   |          | -                                | -                                |
| Diluted   |          | -                                | -                                |

### NOTES FORMING PART OF FINANCIAL STATEMENT

1 to 34

This is the Income & Expenditure account referred to in our report of even date,

For and on behalf of  
**KUMAR MITTAL & CO.**  
Chartered Accountants  
Firm Reg. No. 10500N

(AMRISH KUMAR)

M. No. 90553

Place: New Delhi

Date:

By order of the Board  
For and on behalf of  
**CARE INDIA SOLUTIONS FOR SUSTAINABLE DEVELOPMENT**

SD/-

(DIRECTORS)

## CARE INDIA SOLUTIONS FOR SUSTAINABLE DEVELOPMENT, NEW DELHI BALANCE SHEET AS AT 31 MARCH, 2012

| (Amount in ₹)  |          |                     |                     |
|--|----------|---------------------|---------------------|
| Particulars  | Note No. | As at 31 March 2012 | As at 31 March 2011 |
| <b>A. EQUITY AND LIABILITIES</b>                     |          |                     |                     |
| <b>(1) Shareholder's Funds</b>                       |          |                     |                     |
| (a) Share Capital                                    | 3        | 200                 | 200                 |
| (b) Reserves and Surplus                             | 4        | 6,39,73,201         | 3,17,52,611         |
| (c) Money received against share warrants            |          | -                   | -                   |
| <b>(2) Share application money pending allotment</b> |          | <b>-</b>            | <b>-</b>            |
| <b>(3) Non-Current Liabilities</b>                   |          |                     |                     |
| (a) Long-term borrowings                             |          | -                   | -                   |
| (b) Deferred tax liabilities (Net)                   |          | -                   | -                   |
| (c) Other Long term liabilities                      |          | -                   | -                   |
| (d) Long term provisions                             |          | -                   | -                   |
| <b>(4) Current Liabilities</b>                       |          |                     |                     |
| (a) Short-term borrowings                            |          | -                   | -                   |
| (b) Trade payables                                   |          | -                   | -                   |
| (c) Other current liabilities                        | 5        | 6,47,60,160         | 5,65,67,957         |
| (d) Short-term provisions                            | 6        | 22,39,885           | 7,46,160            |
| <b>TOTAL</b>   |          | <b>13,09,73,446</b> | <b>8,90,60,928</b>  |
| <b>B. ASSETS</b>                                     |          |                     |                     |
| <b>(1) Non-current assets</b>                        |          |                     |                     |
| (a) Fixed assets                                     | 7        |                     |                     |
| (i) Tangible assets                                  |          | 56,72,627           | 27,06,266           |
| (ii) Intangible assets                               |          | 1,14,276            | 1,69,107            |
| (iii) Capital work-in-progress                       |          | -                   | -                   |
| (iv) Intangible assets under development             |          | -                   | -                   |
| (v) Fixed assets held for sale                       |          | -                   | -                   |
| (b) Non-current investments                          | 8        | 4,32,18,888         | 4,24,47,939         |
| (c) Deferred tax assets (net)                        |          | -                   | -                   |
| (d) Long term loans and advances                     | 9        | 79,41,100           | 16,75,000           |
| (e) Other non-current assets                         |          | -                   | -                   |
| <b>(2) Current assets</b>                            |          |                     |                     |
| (a) Current investments                              |          | -                   | -                   |
| (b) Inventories                                      |          | -                   | -                   |
| (c) Trade receivables                                |          | -                   | -                   |
| (d) Cash and cash equivalents                        | 10       | 6,09,76,467         | 2,75,83,131         |
| (e) Short-term loans and advances                    | 11       | 13,31,279           | 47,03,755           |
| (f) Other current assets                             | 12       | 1,17,18,809         | 97,81,730           |
| <b>TOTAL</b>   |          | <b>13,09,73,446</b> | <b>8,90,66,928</b>  |

### NOTES FORMING PART OF FINANCIAL STATEMENT

1 to 34

This is the Balance Sheet referred to in our report of even date,

For and on behalf of  
**KUMAR MITTAL & CO.**  
Chartered Accountants  
Firm Reg. No. 10500N

(AMRISH KUMAR)

Partner

M. No. 90553

Place: New Delhi

Date:

By order of the Board  
For and on behalf of  
**CARE INDIA SOLUTIONS FOR SUSTAINABLE DEVELOPMENT**

SD/-

(DIRECTORS)

# Information on distribution of staff by Gender and Salary.

| Slab of gross monthly salary<br>(in ₹) plus benefits paid to staff | Male Staff | Female Staff | Total Staff |
|--|------------|--------------|-------------|
| <2500  | Nil        | Nil          | Nil         |
| <7000  | Nil        | Nil          | Nil         |
| <15000   | 1          | 2            | 3           |
| <30000   | 6          | 2            | 8           |
| <50000   | 34         | 10           | 44          |
| >/ 50000   | 28         | 5            | 33          |
| Total staff  | 69         | 19           | 88          |

## Travel details:

### Overseas

| Name & Designation of Staff/Volunteer/ Board Member | Designation | Purpose of Travel | Cost Incurred (₹) | Sponsor     |
|---|-------------|-------------------|-------------------|-------------|
| Nabesh Bohidar                                      | Team Leader | Workshop          | 79581             | BLF Project |

### Domestic

Total domestic travel expenditure by all employees in the year 2012-13 was ₹ 1,61,74,984

# Our partners

Responsible business for a reformed society



Developing communities by empowering the future

Implemented in over 675 villages and distributed to over 330,000 insurance plans, the project reaches out to women in self help groups by educating them on basic insurance principles and practices. It enables a quick claim settlement process, and enables their respective households to be resilient against risks. In three project locations, women are also trained in managerial skills so that they can utilise their healthcare scheme to the fullest.



Innovation and inclusion, the cornerstones of transformation

The program seeks to enhance financial inclusion and access to financial services for 32,500 poor women from three districts in Tamilnadu - Cuddalore, Nagapattinam and Kanchipuram directly benefiting over 1.7 lakh individuals. This work aims at strengthening the SHGs and their federations and enabling them to become sustainable community based institutions.



Nurturing ambition and aptitude

Kutch Livelihood Education Advancement Project was launched in the Kutch distirct of Gujarat, India in joint partnership of CARE and Cargill with an aim to improve the quality and accessibility of primary education in Kutch district. Through the proposed 5 year project, 9000 households in 228 villages across 5 blocks will gain opportunities to increase their income and improve their business skills, via training, market access and support that will help them weather disasters and market down-turns.



Improved life through improved opportunities

Improving the quality of life for the residents of six villages in Dalmiapuram, Andhra Pradesh is a responsibility that Dalmia Cememt Bharat Limited takes seriously. CARE is working to organize villagers into groups so that they can access improved social and economic opportunities, diversify their livelihood and make them resilient to disasters.





Today's children,  
tomorrow's leaders



Empowering the  
educators, enlightening  
the dreamers



Sustainable growth  
for a sustainable future



Donate. Alleviate.  
Empower



Walmart:  
Enabling equality  
through opportunities

The ECCE program in Chattisgarh is facilitating and promoting CARE's 5x5 model for Early Childhood Care and Education which focuses on - food & nutrition, child health, child development, child rights protection and economic strengthening. The project is operational in two districts of Chattisgarh state and will help 10,000 children in 100 preschool centers (Anganwadi Centers) for intensive inputs.

The project is operational in the state of Uttar Pradesh, supporting quality education in government run residential schools and also running CARE's accelerated learning camp known as Udaan, reaching approximately 1180 girls in most disadvantaged regions of the state. The project, works with the teachers of these schools in developing their understanding and skills on teaching different subjects through innovative methods.

With Teavana's partnership, CARE will reach to 1000 tribal small landholders involved in tea cultivation in Nilgiris, Tamil Nadu. We will help them to develop bank linkages, diversify crops and livelihood with a focus on good health & nutrition. What's more we will also help women get organised into self help groups so that they can start earning independent income and become recognised in their own right.

YES Bank and CARE India is entering into a partnership where YES Bank will launch a 'Social Deposit Account'. This account will allow HNI FD account holders to earmark a certain sum of money from the interest earned to be donated exclusively to CARE India.

The **Cashew Value Chain Initiative** has now completed two years of implementation in Cuddalore and Nagapattinam districts and reaches out to 1000 marginalized women. It operates in partnership with local and community-based organizations to promote an integrated approach where women not only gain economic empowerment, but also gain relevant education, are better aware of their entitlements and rights and have access to health and safety nets for times of distress.

## Our projects





### Who are Direct – Indirect Participants?

#### Direct participants:

All people directly involved in project activities or receiving project's goods/services by category. When choosing the categories, it is important that the project addresses our definition, a person is considered as part of the computation of direct reach when CARE's intervention or engagement is making a difference at the individual or household level conditions/positional changes in the short or long-term. More importantly, CARE is committed to show improvement and measure these changes during the life of project/programme).

#### Indirect participants:

Include all people not directly involved in project activities, who do not receive direct goods and services from the project but are impacted in some way by the project (either through direct participant or advocacy strategies).

| Project sectors | <br>Education | <br>Emergency | <br>Health | <br>Livelihood |
|-----------------|---|---|--|--|
| Direct reach    | 68,050  | 3,212   | 45,134,770   | 106,421  |
| Indirect reach  | 1,169,700   | 16,060  | 154,093,302  | 321,387  |
| Grand total     | Direct: 45,321,453  |   | Indirect: 155,600,449  |  |



20 projects  
have been innovatively  
initiated by CARE India  
in areas that were previously  
Untapped and Unexplored

# Projects undertaken during 2011-2012



Project Name : Animal Health Program  
Donor : The Resource Foundation  
Direct Beneficiary : 1003  
Indirect Beneficiary : 4714

Goat rearing is an important activity for traditionally marginalised Scheduled Caste and Scheduled Tribe communities (especially women in these families) and landless communities (located in the remote parts of Odisha). Income from goats may be small but it is a very crucial asset to support the fragile and unsteady financial portfolio of small farmers. Despite the significance of goats, as a “high value” though risky asset, these small farmer families hardly receive any technical inputs or support services on goat rearing. There are considerable gaps between animal health and the availability of health and technical services. This is particularly so in terms of reach, quality, timing and appropriateness. It stifles the ability of these communities, especially women, to enhance their income from this activity and manage the risks and associated losses. This project, thus, works with both the demand and supply side to bridge the prevalent gap. Working with the women smallholders, it organises them into collectives, promotes awareness on goat management and health care, generates demand for animal health services and creates appropriate support service linkages.

Project Name : Axshya India  
Donor : World Vision  
Direct Beneficiary : 1614756  
Indirect Beneficiary : 26689724

Rate (CDR) vary across states and districts due to gaps in the treatment of tuberculosis, particularly in terms of accessibility, knowledge and involvement of communities and other stakeholders (including civil societies). In order to bridge these gaps, the Global Fund Round 9 AXSHYA India tuberculosis project has brought together the government and civil societies. They will join forces to address issues. Through this initiative, CARE India (as part of National TB Consortium) intends to address identified challenges like insufficient laboratory capacity (for detecting and follow up of requisite drug resistance cases in the country) and funding gaps (for procurement of second line drugs for all MDR-TB cases). Further, as the programme has a well defined ACSM strategy, continuous efforts will be made to build capacity of the states for need-based planning of ACSM activities. There are also approved schemes for the involvement of NGOs and private practitioners that are being explored.

Project Name : Cashew Value Chain  
Donor : Walmart  
Direct Beneficiary : 126  
Indirect Beneficiary : 1090

The project aims to provide better livelihood opportunities to tsunami-affected women of Cuddalore district, Tamil Nadu. A Cashew Value Chain has been established where women workers are employed to shell, cut and sort the fruit. The Wal-Mart chain sources cashews from them for its outlets across the country. Additional components of the programme include comprehensive livelihood and health education centres for the women workers.

Project Name : Citizenship Good Governance  
Donor : unrestricted fund  
Direct Beneficiary : Not Specified  
Indirect Beneficiary : Not Specified

The project has been initiated to address women's citizenship issues in the two states - Tamil Nadu and Odisha. This is done through an engagement with CBOs like Self Help Groups. Both these states differ in their socio-economic conditions yet the situational realities of women are almost the same. They are mostly dispossessed. The project, has, thus, undertaken a research study (in areas with adequate representation of CARE Impact population) to understand knowledge gaps that women face when attempting to realise their rights as voters in the Indian democratic system. It asks the following questions: what are the spheres of influence? (in terms of how women exercise their franchise); what constraints do women face? (in terms of exercising their franchise in an independent manner); what are the real priorities for women? (in terms of expectations from their elected representatives); how do variables like number of years of membership in a SHG, literacy and age influence the decision making process.

Project Name : Community Health Care Management Initiative (CHCMI)  
Donor : WB Government  
Direct Beneficiary : 53130  
Indirect Beneficiary : 12000000

This project extends the principles of women's empowerment that promote capacity enhancement, responsiveness and promotion of desired maternal and child health behaviours. The project has made an effort in bringing greater engagement of women in local governance, promoting healthy behaviours at community level through women self-help group members and enhancing women's participation in developing micro-plan for Gram Sansads to respond to local needs for local development.

Project Name : Dairy Value Chain  
Donor : UNR  
Direct Beneficiary : 14  
Indirect Beneficiary : 5320

Access to financial services is important to ensure good returns from livelihoods. But, it has been observed that although it is a necessary condition for livelihood support to the poor, it is not often by itself a sufficient condition. This project, thus, intends to strengthen and sustain SHGs and their federations as effective financial services intermediaries. The federations will go beyond conventional applications of microfinance to make way for an innovative livelihood value chain financing, which will deepen the impact of our interventions.

Behind every  
transformed  
society  
is the strength of an  
empowered woman



|                      |   |               |
|----------------------|---|---------------|
| Project Name         | : | Dalmia CSR    |
| Donor                | : | Dalmia Cement |
| Direct Beneficiary   | : | 591           |
| Indirect Beneficiary | : | 2965          |

The project aims to provide livelihood options by building capacity in the areas of agriculture, animal husbandry, livestock etc.

|                      |   |                   |
|----------------------|---|-------------------|
| Project Name         | : | Delhi Slum        |
| Donor                | : | unrestricted fund |
| Direct Beneficiary   | : | Not Specified     |
| Indirect Beneficiary | : | Not Specified     |

The Economic Development Unit (EDU) is currently undertaking an initiative entitled Empowerment and Sustainable Livelihoods of Poor Women in Delhi Slums. The aim is to understand and act on the interplay between Agency-Structure-Relations (Empowerment) conditions and Rights-Resources-Services-Opportunities (Sustainable Livelihoods). The idea is to help women and their households to better negotiate their way through development maze and realise sustainable livelihoods.

|                      |   |   |
|----------------------|---|---|
| Project Name         | : | EMPHASIS Project - Enhancing Mobile Populations access to HIV AIDS Services Infomration and Support |
| Donor                | : | Big Lottery Fund  |
| Direct Beneficiary   | : | 117520  |
| Indirect Beneficiary | : | 3464  |

The project address challenged associated with the transmission of HIV/AIDS through the movement of migrants from Nepal and Bangladesh into India. The high mobility between the bordering countries increases the vulnerability of mobile population to HIV/AIDS. The project intervenes at source, transit and destination points and includes within its ambit all women and single men aged between 15 and 49 migrating to India.

|                      |   |           |
|----------------------|---|-----------|
| Project Name         | : | IMPACT    |
| Donor                | : | Eli Lilly |
| Direct Beneficiary   | : | 740       |
| Indirect Beneficiary | : | 8744873   |

'Initiative to Manage People Centered Alliances' in Control of TB (IMPACT) endeavours to provide treatment to support RNTCP. The aim is to decrease morbidity and mortality caused by TB, MDR, TB and TB-HIV (a common co-infection) among the poor, vulnerable and marginalised (PVM) communities of West Bengal. The project helps in implementing the care and support programme for DOTS Plus patients and also contributes to improving the health status of MDR-TB patients. This is done through the provision of personalised MDR-TB patient education and counseling, follow up and support for treatment adherence and completion thereafter.



|                      |   |                                      |
|----------------------|---|--------------------------------------|
| Project Name         | : | Insured Lives and Livelihoods (ILAL) |
| Donor                | : | Allianz                              |
| Direct Beneficiary   | : | 22714                                |
| Indirect Beneficiary | : | 59705                                |

An initiative designed to provide micro insurance services to low income and socially excluded communities that live in hazardous situations, such as the cyclone-affected districts along the coastline of Tamil Nadu. It has helped to get comprehensive insurance where it's most needed in terms of disaster preparedness, relief and rehabilitation.



|                      |   |                    |
|----------------------|---|--------------------|
| Project Name         | : | MCH-MP & ORISSA    |
| Donor                | : | DFID- Global Grant |
| Direct Beneficiary   | : | Not Specified      |
| Indirect Beneficiary | : | Not Specified      |

CARE India in partnership with BBC-World Service Trust has implemented the Maternal and Child Health (MCH) Project in states of Madhya Pradesh and Orissa to strengthen behaviour change communication (BCC) strategies and approaches. The project aims to bring direct impacts on health and nutrition behaviours at the community level through interventions at the systems level. CARE India has provided technical and implementation support to improve behaviour change, particularly to improve feeding and caring practices for under-2 years children. Attention is being paid to nutrition, malaria, family planning and care during pregnancy. Attempts are also being made to strengthen institutional capacity of the state functionaries to plan, implement and evaluate BCC strategies and also build capacity of service providers to bring the desired change.

|                      |   |               |
|----------------------|---|---------------|
| Project Name         | : | OHSP          |
| Donor                | : | Options UK    |
| Direct Beneficiary   | : | Not Specified |
| Indirect Beneficiary | : | Not Specified |

The Orissa Health Sector Plan is an ambitious initiative of the government of Odisha to address shortcomings in the health sector. Its prime objective is to achieve equity in health outcomes. The focus is on increasing the accessibility of services to the most vulnerable groups, that is, women, children, Scheduled Tribes and Scheduled Castes in the state. The CARE team is working in six high burden districts of Odisha in the guise of a Technical and Management Support Team (TMST) to mainstream equity and gender at the local level of planning. It is also promoting nutrition, health and WASTSAN coverage; and documenting and sharing information among non state actors. Other focus areas are health of under 2 year old children and adolescent health.



|                      |                             |
|----------------------|-----------------------------|
| Project Name         | : SEHAT - MP Tribal Project |
| Donor                | : CARE                      |
| Direct Beneficiary   | : 73785                     |
| Indirect Beneficiary | : 277572                    |

The project “Promoting Sustainable Education and Health Among Tribals” will enable people from marginalised/poor Scheduled Tribes and Scheduled Castes to improve their nutrition and health status. The focus will especially be on their women and children. Emphatic attention is also being paid to educational access for children from 500 villages of Madhya Pradesh.



# Empower her to empower a community

|                      |   |
|----------------------|---|
| Project Name         | : SWASTH - Sector Wise Approach to Strengthen Health (BHSR) - Bihar Health Sector Reforms |
| Donor                | : DFID - Global Grant   |
| Direct Beneficiary   | : 41,433,763  |
| Indirect Beneficiary | : 92,075,028  |

The population in the state does not have easy access to safe water and sanitation. Although the majority of the population uses an improved source of drinking water (mainly tube well or borehole), many areas in the state face problems of water contamination (13 districts affected by arsenic and 11 by fluoride contaminated ground water) which has grave health consequences. The Government of Bihar (GoB) is committed to achieve optimal health status of all its citizens particularly the poorest and the most vulnerable. The Bihar Health Sector Reforms Programme, a GoB - DFID collaborative initiative will complement state’s own financial resources in order to leapfrog and achieve the health development goals of the state. SWASTH - ‘Sector wide Approach to Strengthen Health’ is aligned with and complementary to 11<sup>th</sup> Plan goals and National programmes like National Rural Health Mission, Integrated Child Development Services, Accelerated Rural Water Supply Programme, Total Sanitation Campaign, etc. It provides support to implement and increase resource utilization and aims to accelerate progress towards the MDGs (Particularly 4,5,6).



|                      |   |
|----------------------|---|
| Project Name         | : Technical Assistance Support to Ministry of Women and Child Development for Strengthening and Restructuring the Integrated Child Development Services (ICDS) Scheme |
| Donor                | : DFID  |
| Direct Beneficiary   | : Not Specified   |
| Indirect Beneficiary | : Not Specified   |

The Ministry of Women and Child Development is the nodal ministry for nutrition in India and is responsible for the Integrated Child Development Services (ICDS) Scheme for early childhood development programmes. ICDS is an inter-sectoral programme providing a package of six services comprising supplementary nutrition, immunisation, health checkups and referral services and nutrition and health education to pregnant and lactating women and children ( 0-6 years of age) and pre-school non-formal education to children ( 3-6 years of age). The programme has been expanded in three phases since 2005-06, leading to universal coverage

across all States/UTs and for this reason the Government now faces the challenge of harmonising the geographical expansion with improved quality of implementation by addressing existing institutional and programmatic gaps for better and visible programme outcomes. CARE India is providing technical assistance to the Ministry of Women and Child Development (MWCD) to support its ongoing efforts, to ensure effective roll out of all these initiatives.

|                      |                               |
|----------------------|-------------------------------|
| Project Name         | : Urban Health Initiative     |
| Donor                | : Family Health International |
| Direct Beneficiary   | : 1214886                     |
| Indirect Beneficiary | : Na                          |

The Urban Reproductive Health Initiative in Uttar Pradesh (the Initiative) is designed to contribute to India’s efforts to achieve the Millennium Development Goals, especially its target to achieve universal access to reproductive health (RH) by 2015. The project aims to to increase contraceptive prevalence rate (CPR) by 20 percentage points in four major cities of Uttar Pradesh.



## Board of Members



**Dr. Nachiket Mor**, Chair of the Board, CARE India, is also a member of the Boards of CRISIL, IKP Centre for Technologies in Public Health, and the Institute for Financial Management and Research. He has worked with ICICI from 1987 to 2011 in several capacities. He was a member of ICICI Bank's Board from 2001-2007. From October 2007 to March 2011, he assisted ICICI in setting up a philanthropic foundation, the ICICI Foundation for Inclusive Growth and served as its founding President.



**Ashok Alexander** was appointed Director of the India Country Office, Bill & Melinda Gates Foundation in July 2003. He oversaw all of the Foundation's programmes in India - the most prominent of these being: Avahan - one of the largest HIV-prevention programmes. His tenure with the Gates Foundation ended on 30<sup>th</sup> June 2012. Ashok has 24 years' experience in the private sector in Hong Kong, USA and India. Prior to joining the Gates Foundation, Ashok was a director at McKinsey and Company.



**Raj Srinivasan** was a Senior Civil Servant in India for almost 40 years. His many posts included Permanent Secretary for the Union Ministry of Health and Family Welfare in Delhi, Chairman of the Executive Board and Senior Advisor to the World Health Organization in Geneva, and Member of the Independent Commission on Health in India. Since retirement he has worked with a number of civil society groups on interrelated issues of health, policy and women's empowerment.



**Vinita Bali** is the Managing Director & CEO of Britannia Industries. She is also an Independent Director on the Boards of several Companies in India and serves on the Global Diversity and Advisory Council of Novartis International. Vinita was named "Business Woman of the Year - 2009" by The Economic Times and ranked 22<sup>nd</sup> among the world's top 50 business women by The Financial Times. Vinita is one among 27 global leaders appointed by the UN to help improve maternal and child health. She has also worked with Coca-Cola Company and Cadbury Schweppes PLC and in the UK, Nigeria, South Africa, Chile and the USA.



**Dr. Prathap Tharyan**, Professor of Psychiatry, currently serves as an Associate Director of CMC, Vellore. He is the Director of the South Asian Cochrane Network & Centre, an independent centre of the international Cochrane Collaboration and heads the Prof. BV Moses & ICMR Centre for Advanced Research and Training in Evidence-Informed Healthcare. He is a member of the steering group of the Clinical Trials Registry-India and the WHO Expert Panel of Guidelines Development, Ethics and Clinical Trials.



**Ms. Namrata Kaul** has over 22 years of banking experience spanning across Corporate & Investment Banking, Global Markets and Treasury Operations. She began her career with ANZ Grindlays Bank and joined Deutsche Bank in 1994. She has since held several leadership positions within the Global Banking Division in India. In her current role as Head Corporate Banking Coverage for Deutsche Bank in India, she is responsible for Business Management and Client coverage for key client relationships.

## Key Members of CARE India Mission Management Team



**Dr. Muhammad Musa**, is the CEO & Country Director of CARE India since January 2010. He has 29 years of experience in humanitarian, social development and public health programmes with CARE International in Bangladesh, Ethiopia, Uganda, Sudan, Tanzania, and the Asia Region. He is a strategic leader and macro-level manager with experience in partnership programming with governments, NGOs, community-based organisations, private sector and donor agencies. Dr. Musa is a physician and public health specialist, with specialised training in community based maternal and child health, and nutrition.



**R N Mohanty** is the Chief Operating Officer of CARE India. With more than 20 years of experience, he has managed and implemented large-scale multi-sectoral programmes in Reproductive and Child Health, and Nutrition; Livelihoods; and Disaster Management. He has also worked in Rwanda, Uganda and Kenya. He has managed livelihood projects for DFID, USAID, Dell Foundation, Packard Foundation; Standard Chartered Bank, the Bajaj Group, and the Allianz Group.



**Arun Monga**, is Chief Finance Officer of CARE India. A Chartered Accountant by profession, Mr. Monga has more than 27 years of experience in financial management. Earlier he worked as the Deputy Controller with USAID in India and Afghanistan. Prior to joining CARE India, Mr. Monga worked with the National Aids Control Organisations (NACO) as its National Programme Adviser, Donor Coordination.



**Alka Pathak** is the Chief Advocacy & External Relations Officer of CARE India since May 2010. She has more than 30 years of diverse development experience in four countries in South and South East Asia. During the past 15 years, she has held senior level country office management positions in International NGOs and was responsible for country offices' strategic directions and overall management. Her last assignment was with CARE Nepal, where she worked as the Country Director and provided strategic guidance and oversight to country operations from September 2005 to April 2010. Prior to that she worked with CARE Bangladesh.



**Andrea Rodericks** is CARE India's Executive Director for Programme Quality and Learning. She has worked in international development for the past 20 years, holding various positions with CARE International in Asia and southern Africa. She has spent the past two years in Atlanta coordinating the development of CARE USA's programming related to women and agriculture.



**Bela Sehgal** is the Executive Director for Human Resources and Organisation Development (HR and OD) in CARE India. She is a senior HR and OD professional, and comes to CARE from Oxfam Great Britain where she has worked for over 25 years. She has extensive experience of HR strategy and policy development and implementation. Since 2004, Bela has been the Regional HR Advisor for Oxfam's South Asia Regional Centre.



**Satya Darshi Patnaik** (S.D. Patnaik) is the Executive Director for Support Services in CARE India. In this position he ensures integrity in procurement; establishes and implements systems to ensure high quality goods and services; and handles budgeting, vendor development and material management. He leads human resource development in the organisation ensuring competent and well-motivated staff. He brings with him 22 years of experience in support services.



**Rashmi Singh** is the Executive Director for Gender Equity and Diversity in CARE India. She has been with the social development sector for almost 14 years. She has worked with Oxfam Great Britain for 11 years on Gender and Violence against Women. For the last seven years she has associated with a South Asian campaign to end domestic violence, working with attitudinal change among people and institutions. Before joining CARE, she was the Regional Manager for ActionAid, India.