

A million faces of

HOPE



Annual Report  
**2014**







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## At a Glance

### Welcome to the CARE India Annual Report 2013-14

This report provides an overview of our work in the areas of health, education, livelihoods and disaster preparedness and response. It also highlights our work on gender transformative framework, events, campaigns, partnerships, youth engagement and other key initiatives. The latter part of the annual report focusses on each of the thematic areas of our work, along with stories of hope from the field.



## Locally Governed and Globally Connected

In 2008, CARE in India initiated the transition process by registering itself as a national entity - CARE India Solutions for Sustainable Development (CISSD). The transition process culminated in 2013, with CARE India starting operations as a fully independent entity and becoming a full member of CARE International Confederation. During this period, the accountability of CARE India shifted to an Indian Board. The first Board meeting of the national entity was held in March 2009.







# About Us

CARE India works in more than 200 districts, spread across 14 states through 40 projects

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The core of CARE India's programming approach is its long term commitment to key population groups, and a set of long term programmes that are strategically designed and collaboratively implemented with and within communities to achieve deep and long-lasting improvement in the lives of Dalits, Adivasis and most marginalised communities. Our programmes work to enable people to free themselves from the generational cycle of poverty.

We are committed to:

Working with the poorest communities including Dalits, Adivasis, Urban Poor, Minority Groups and Women-Headed Households.

Having long-term commitment with an integrated approach to address the underlying social, political and economic causes of poverty.

Working in the lagging states of India with focus on the emerging challenges of exclusion and poverty.

Our interventions target those areas where poverty and socio-economic indicators are below the national average. CARE is currently working in 14 states across India, with special focus on the six states - Bihar, Jharkhand, Uttar Pradesh, Odisha, Chhattisgarh and Madhya Pradesh, where poverty is acute.

CARE has been working in India for more than 60 years, focussing on ending poverty and social injustice. We do this through well-planned and comprehensive programmes in health, education, livelihoods and disaster preparedness and response. We are a member of the CARE International Confederation working in 87 countries for a world where all people live in dignity and security.

## Vision

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

“  
Our interventions target those areas where poverty and socio-economic indicators are below the national average  
”





## Mission

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

## Programme Goal

Women and girls from the most marginalised communities are empowered, live in dignity, and their households have secure and resilient lives.

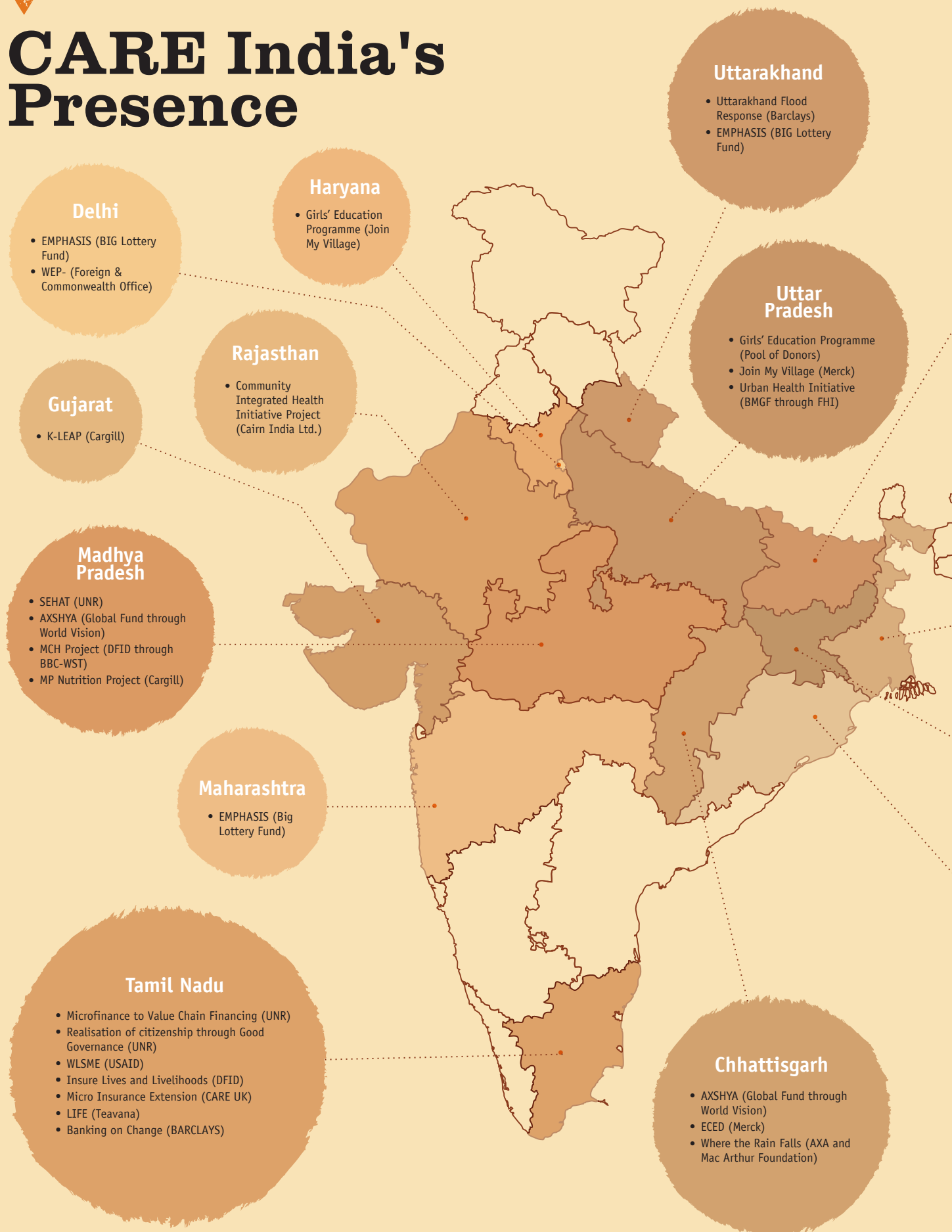
CARE India will accomplish this goal by working with 50 million people to help them meet their health, education and livelihood entitlements.

## Why Women and Girls?

In India, CARE focusses on the empowerment of women and girls because they are disproportionately affected by poverty and discrimination; and suffer abuse and violations in the realisation of their rights. Also, experience shows that, when equipped with the proper resources, women have the power to help whole families and entire communities overcome poverty, marginalisation and social injustice.



# CARE India's Presence







# Evolution of CARE in India

## A snapshot of our journey

**1946-The First Step:** CARE's co-founder Lincoln Clark, signed the 'CARE Basic Agreement' in New Delhi at the Office of Foreign Affairs.

**1949-Development of CARE India Food Package:** The first Chief of Mission, Melvin Johnson, arrived in India in November 1949 to establish operations. Subsequently on the invitation of the President of India, he developed CARE India food package.

**1950-The First Shipment of CARE Package Arrives in India:** The first CARE package shipment was sent by students of Vassar College, New York for various Indian university students.

**1950-CARE Formally Arrives in India:** CARE formally arrived in India with the signing of 'Indo-CARE Bilateral Agreement' between CARE and Government of India.

**1950s-The Formative Decade:** Provided assistance to educational institutions, hospitals and set up relief camps. Provided food based relief to victims of Kashmir floods, Assam earthquake and Uttar Pradesh famine.

**1960s-The Decade of Expansion:** Started 'Food for Work' programme in 11 states and expanded other food based programmes. It also delivered food commodities during the Bihar famine of 1960.

**1970s-1980s-Two Decades of Consolidation:** Started supporting a portion of Integrated Child Development Services (ICDS) through its nutrition programme and also expanded its agricultural development and modernisation programme.

**1990s-Decade of Change and Expansion:** Started implementing the Integrated Nutrition and Health Project and piloted the 'Girls' Primary Education project'. In 1994, it started expanding its focus on women and girls' issues.

**2000-2008-New Millennium, New Vision:** While working on health and economic empowerment, CARE India made a fundamental shift and decided to work on the underlying causes of poverty and social injustice thereafter.

**2008-2014-Locally Governed, Globally Connected:** CARE in India registers itself as a national entity- CARE India Solutions for Sustainable Development (CISSD). Its accountability shifted to an Indian board and it became a permanent member of CARE International.

### Bihar

- Girls' Education Programme (Pool of Donors)
- Integrated Family Health Initiative (Gates Foundation)
- Technical Support Unit to Govt. of Bihar (Gates Foundation)
- Scale up of VL control activities (Gates Foundation)
- SWASTH (DFID)

### West Bengal

- Treatment Adherence and follow up of MDR TB patients (Eli Lilly Co & Foundation)
- Briddhi (GSK)
- EMPHASIS (BIG Lottery Fund)
- CHCMI Interventions (UNR)

### Jharkhand

- AXSHYA (Global Fund through World Vision)

### Odisha

- Odisha- TMST (DFID through Options UK)
- Girls' Education Program (Pool of donors)
- MCH Project (DFID through BBC-WST)
- Pathways (Gates Foundation)
- Cargill Pathways (Cargill Foundation)
- Realisation of citizenship through Good Governance (UNR)
- Women and Girls Lead Global (ITVS)
- GEP- Leadership Initiative (UNR)
- Odisha Cyclone (Phailin) Response (DFID through Christian Aid)
- Odisha Cyclone (Phailin) Response (CI-ERF)
- Odisha Cyclone (Phailin) Response (ECHO)



# MD & CEO's Message

## Evolution through learning and development

The past few years have been years of transformational change which I strongly believe will define the future direction of our work in India.

While keeping the focus on our core work at the grassroots, this year we took initial steps towards transforming CARE India into a Knowledge Organisation by promoting a culture of learning within the organisation. This in essence meant re-aligning ourselves to be more thoughtful and methodical about our work, and constantly evaluate ourselves to improve the work we are doing.

Closely linked to our ambition of becoming a Knowledge Organisation is our continuous effort to improve programming capacities so that we are able to make lasting impact in the lives of the poorest and most marginalised communities, especially women and girls. To this end we have adopted the Strategic Programming Framework to contextualise current realities and respond by using impactful and innovative strategies. We have also started working towards bridging unequal power relations by implementing Gender Transformative framework in our programmes at the grassroots.

Through the use of innovative approaches and hard work, I am proud to report that in this fiscal year we were able to reach more than 36 million people across our programmes and projects in 14 states of India. This has been possible because of the support of government,

partners, donors and corporates. I take this opportunity to thank you all for supporting us.

In the coming years we will work to further increase our reach and impact, and deepen our efforts in becoming an organisation that builds on its learnings, and shares them widely to promote action for the empowerment of women and girls from marginalised communities.

With stronger partnerships and your support, I am sure we will continue to move towards achieving our mission of alleviating poverty and social exclusion.

**Rajan Bahadur**  
Managing Director & Chief Executive Officer  
CARE India

“  
**Thanks to  
supporters like you,  
CARE India has  
stood the test of time**  
”







# Message from the Board Chair

## An Indian organisation with a global footprint

The year 2013-2014 was a significant year for CARE India on many fronts.

We significantly expanded our Board and included many individuals who have the ability to further broaden the perspectives and skills of our existing members.

This year also saw the completion of EMPHASIS (Enhancing Mobile Populations' Access to HIV and AIDS Services, Information and Support) project funded by Big Lottery Fund, UK. The project successfully implemented an integrated cross border model, a network of information that reached out to migrants across the mobility of continuum i.e. source, transit and destination; and promoted safe mobility, security and dignity through its research and intervention across specific corridors within India, Bangladesh and Nepal. EMPHASIS had been instrumental in bringing about an acknowledgement of issues of migrants from Indian Parliamentarians and officials from Ministry of Labour.

Over the five years' time frame (2009-2014) EMPHASIS was successful in reaching out to over 3,50,000 migrants (and their families) in three countries, of which 194,076 were reached in India.

In Girls' Education Programme, the adoption of Udaan curriculum designed for accelerated learning by the Governments of Uttar Pradesh, Odisha, Haryana and Bihar, the programme now reaches over 100,000 out-of-school girls each year.

During this period we also responded effectively to the Uttarakhand floods and Cyclone Phailin through the provision of relief to affected communities. In keeping with our approach we partnered closely with the state and national government teams in these efforts.

In Bihar we continue to strengthen our impact, with a reach of 32 million individuals within the state. This achievement saw us receiving a fresh mandate from the Government of Bihar, and our donors, to scale our programme from eight districts to all over Bihar. We will continue to secure access to quality health care services, provide innovative solutions, help implement quality services, build capacities of the health service providers, provide technical support to the existing government health systems thus ensuring impact at scale.



We hope you will continue to support and encourage us in our efforts to empower women and girls from marginalised communities. This will bring about lasting changes in their lives, with us working jointly with local, regional and national governments, and building their capacity to function more effectively on the ground.

**Dr. Nachiket Mor**  
Board Chair  
CARE India

**“We have been focussing a lot on the Strategic Programming Framework of the organisation to make it more in tune with the current and emerging needs of the social sector in India**

**”**



# Gender Transformative Framework

CARE India believes that significant societal changes can be achieved through Gender Transformative Change Approach. Gender transformation strives to address the root causes of gender discrimination and transform prevailing social norms and attitudes in favour of a more gender equitable environment. Women's empowerment is critical to achieve a gender equitable environment.

CARE India defines its Women's Empowerment Framework as the combined effect of change in agency, structures and relations, as they relate to some of the following components:

- **Agency** - A woman's own knowledge, skills and abilities

- Skills and knowledge
- Self-esteem
- Personal aspirations



- **Structures** - The societal norms, customs, institutions and policies that shape women's choices in life

- Laws
- Policies
- Norms
- Institutional practices

- **Relations** - The power relationships through which she negotiates her path

- Power dynamics within households
- Power dynamics with intimate partner
- Support from others

To measure and understand the impact of our programmes on women's empowerment and gender equality, a systematic measurement method called the Strategic Impact Inquiry (SII) framework has been developed.







Gender Transformative Change Approach is a set of process based activities that seek to build equitable social norms and structures, in addition to individual's gender-equitable behaviour. CARE India's gender transformative work focusses on empowering women, engaging with men, working with communities and systems, and advocating for effective implementation of existing policies.

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**Highlights of Gender Transformative Change Approach within our programmes:**

Engage with wider audiences and help them reflect repeatedly on social and gender norms which have been unquestioningly followed across generations.

Engage with all stakeholders and key influencers to reflect upon the issue of gender related norms around health, education and livelihoods.

Organise reflective sessions with various stakeholders and influencers along with impact population.

Amplify success stories and communicate them constructively to cement the desired outcomes.

Identify enablers to have a meaningful dialogue with the community at various levels.

Capacitate the front line workers and active community members to carry forward the process for more sustainable outcomes.

Provide sufficient time for gender transformative changes in the Agency, Relations and Structures of women to show their impact.

Create gender transformation related indicators (identified and developed for the specific project) and have a realistic time-frame for achieving the indicators. Simultaneously, develop intermediate indicators for the team to track whether the project is in the right direction.

Prepare tools to measure the indicators for quantitative as well qualitative assessment.





# Thematic Areas



## Health

CARE India is committed to deliver quality health care services to marginalised communities and ensure their overall well-being.



## Education

CARE India believes education is a tool for empowerment, developing an identity, and enables girls to create spaces for themselves within their families and communities.

## Livelihoods

CARE India works to ensure that women from the most marginalised communities are empowered, live in dignity, and their households and communities have secure and resilient lives and livelihoods.

**11 livelihood**  
projects; **84,776**  
direct participants;  
**263,210** indirect  
participants



## Disaster Preparedness and Response

CARE India helps communities build their capacities to cope with emergencies. During and after emergencies, CARE India provides immediate relief, addresses immediate needs and offers rehabilitation support.





CARE India helps marginalised communities to secure access to quality health care services. We do this by identifying the root causes affecting delivery of these services and creating innovative solutions around them. The solutions include building capacities of health service providers and community groups; providing technical support to strengthen government health systems and advocating policy change. All of this helps CARE to create impact at scale.

We also run programmes for the treatment of communicable diseases like Tuberculosis and Kala Azar.

**17 health projects;**

**36,219,117**

**direct participants;**

**117,475,649**

**indirect participants**

**7 education**

**projects; 94,731**

**direct participants;**

**1,062,580**

**indirect participants**

Education is the key to empower women and girls from marginalised communities. CARE India's education interventions aim to improve life skills and self-confidence, and catalyse sustainable development at school, community and system levels. The Girls' Education Programme (GEP) of CARE India works to improve lives of girls and young women by providing opportunities through increased participation in the formal education system. To improve the quality of education, CARE India works closely with the government through technical programmes and capacity building trainings.

CARE India supports women from marginalised families in building their skills, capacities and assets for leading a life of dignity and security. Our work on financial inclusion and inclusive value chain promotion ensures sustainable livelihoods. We also promote women's entrepreneurship across value chains and enhance employability, especially of women from disadvantaged rural households. Our programmes seek to address the root causes of poverty and achieve gender transformative changes by leveraging individual and collective strength, engaging men, and fostering productive linkages with a wide range of stakeholders.



**6 disaster**

**management projects;**

**32,203 direct**

**participants; 48,167**

**indirect participants**

CARE India's disaster preparedness and response interventions aim to address immediate needs and vulnerabilities of the affected communities, and create long term sustainable livelihood opportunities for a secure and better future. In the immediate aftermath of calamities, we support communities with non-food items, shelter, water, sanitation, and livelihoods.

We also help communities build their capacities to cope and recover from disasters.



# Health

A commitment to deliver quality healthcare services to marginalised communities and ensure their overall well-being

CARE India's programmes address the health needs of the poor and marginalised communities in seven states of India. Some of the key focus areas are reduction in maternal and infant mortality, reducing malnutrition, engaging with both men and women in family planning and reproductive health management. Besides this, CARE India is also working to control diseases like Tuberculosis and Kala Azar.

An innovative and holistic approach has been integral to CARE's health strategy. The cornerstone has been building interlinkages among various stakeholders like communities and government agencies on one hand, and working with the government on bringing forward more robust policies on the other. Innovation, for example, has found expression in creating a new approach to enhance women's access to health, by improving gender relations at household levels.

CARE's community awareness and counselling programmes, and sensitisation of frontline workers has improved access, as well as quality of healthcare services for the poor and marginalised, especially newborns, children, adolescent girls and mothers. Long term behaviour changes including inculcating positive health practices are increasingly evident within the communities.

In Bihar, initiatives such as Mini Skill Labs, Mobile Nurse Training Teams, Health Sub-centre platforms and Family Friendly Hospitals Initiatives have substantially improved systems to deliver quality healthcare. CARE also formed a Technical Support Unit and a State Reproductive Maternal Neonatal, Child and Adolescent Health unit, to achieve health and nutrition targets set by the government for 2017. As part of a consortium, CARE continues to provide technical assistance and build capacities of key government departments.

The year 2014 saw the successful completion of the EMPHASIS project. This multi-country project worked with 1,94,076 migrants and their families in India to reduce vulnerability to HIV.



**40,000** frontline workers tracked healthcare services for maternal and child health

**17,000** Self-Help Groups oriented on healthcare with Bihar Jeevika

**2,100** IUCD insertions performed in Bihar

**60,372** migrant families reached through BRIDDHI nutrition project in Purulia, West Bengal

**6,07,103** men and women reached through Join My Village maternal and child health project, Uttar Pradesh

**1,46,376** pregnant, lactating mothers and adolescent girls reached through Madhya Pradesh Nutrition Project

“An innovative and holistic approach has been integral to CARE's health strategy”







**Projects:** AXSHYA • BRIDDHI • Bihar Technical Support Program (BTAST) • Enhancing Mobile Populations' Access to HIV and AIDS Services, Information and Support (EMPHASIS) • IMPACT • Join My Village (JMV) • Madhya Pradesh Nutrition Project (MPNP) • RACHNA • Sustainable Education and Health Among Tribals (SEHAT) • Health Education Among Village Health Sanitation and Nutrition Committee (VHSNC) and Self-Help Groups (SHG) • Treatment Adherence and Follow-up of MDR TB Patients • Integrated Family Health Initiatives • Technical Support Unit • Visceral Leishmaniasis Project



**Areas of Work:** Reduce maternal and infant mortality - Enhance individual, household, community and institutional capacities to improve maternal and newborn health - Reduce underweight and malnutrition among children in marginalised communities - Decrease morbidity and mortality caused by MDR TB, Kala-azar - Reduce vulnerability of mobile populations, particularly women to HIV infection - Ensure menstrual hygiene and reproductive health - Support health and nutrition goals of the Government



**The Way Ahead:** Going ahead, CARE India plans to scale up solutions that have been tested in its strategies, strengthen capacity of front-line workers, improve institutional care, build capacity of Women's Self-Help Groups and communities to demand for quality health services. We plan to use technological advancements to improve performance of health systems in providing quality services, generate evidence and increase management practices of service providers.

## Beating the Odds

Born into a rural poor family in the Patha village of Tikamgarh district in Madhya Pradesh, Pari's life would have been like many children who suffer from chronic malnourishment. At the tender age of two months she was grossly underweight and weak. Her parents did not know the seriousness of her condition, and thus did not seek any medical support. Pari's condition was life threatening and if left unchecked could have resulted in serious complications for Pari.

CARE India's intervention in Madhya Pradesh aims to mitigate such nutritional conditions through support to the existing government systems. Pari's parents met the coordinator of CARE India's Madhya Pradesh Nutrition Project (MPNP), who immediately took the child to a hospital, where after battling with systemic issues, the coordinator ensured that Pari is admitted in the Nutritional Rehabilitation Center. Following this intervention, Pari's parents were counselled by MPNP coordinator and it was ensured that the mother understood the importance of breast feeding. The timely referral and changes in her mother's behaviour led to Pari gaining 2.5 pounds weight. She is a smiling happy baby today, on the route of complete recovery from malnourishment. The project intervention helped preserve the parents hope for a bright future for Pari.





# Education

Educating one,  
educating the generation

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The Girls' Education Programme aims at enhancing life opportunities for girls and young women by providing them access to quality and equitable education. The interventions following an educational life cycle approach, work with children and young women in the age group of 0 to 18, to improve their academic and allied socio-emotional competencies. The education interventions are implemented in rural and tribal areas of educationally backward blocks and districts. We ensure that our educational interventions have long time presence in the operational areas.

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The education  
interventions strive  
for gender  
transformative  
changes in  
individuals, schools  
and communities  
”



Reaching out to more than a  
**million** girls and young women.

Reaching out to **400** Anganwadi  
Centres and improving school  
preparedness of more than **12,000**  
pre-school children.

Supporting children get back to age  
appropriate classes in the states of  
Uttar Pradesh, Odisha, Bihar and  
Haryana.

Over **72,000** girls facilitated to  
complete upper primary education  
through teachers training in Kasturba  
Gandhi Balika Vidyalaya network of  
schools.







Our overall goal is to empower Dalit and Adivasi girls and women by building capacities, self-esteem and leadership skills that enable them to influence change at individual, social and systemic levels.



The objectives include building capacities, boosting self-esteem and enhancing capabilities in Dalit and Adivasi girls through quality and inclusive education. We also focus on capacity building of teachers and extending technical support to strengthen systems.



Through our interventions we try to ensure that girls who had dropped out of school are integrated into mainstream education, thus helping them to fulfil a life of potential. We also build capacities of Dalit and Adivasi girls and women so that they acquire leadership skills, ability to influence others, and empower their communities.



We ensure effective implementation of educational provisions and policies for rights and empowerment of Dalit and Adivasi girls and women.

## Second Inning in Education

Udaan camp in Mewat, Haryana is situated in the midst of the conservative Meo-muslim community where education of girls is not a priority. Initial days of the camp were very troubled as there was lack of support and apprehensions from the community since the camp specifically targeted out-of-school girls.

Poonam, the camp co-ordinator, took it upon herself to ensure that out-of-school girls get an opportunity to enrol in age appropriate mainstream schools. For this purpose, she undertook extensive travel and visited more than 19 villages, and spent considerable amount of time in convincing parents, community members and religious leaders about the importance of girls' education. Her efforts have ensured mainstreaming of more than 300 girls. The story of Afroz is one such example.

Afroz is a 14 years old confident teenager who is a student of Udaan school in Mewat, Haryana, and an active participant in morning assemblies. She wasn't like that always. Despite her father being a teacher himself, he wasn't too keen on his daughters being educated.

This resulted in Afroz dropping out of school after third standard. Identification by Poonam and subsequent trainings that she received in Udaan camp have enabled her to join grade seven. She continues to be enrolled in school and enjoys education.





# Livelihoods

Empowering women by building their skills, capacities and assets, and creating an enabling environment with stakeholders committed to women's socio-economic development



CARE India's livelihood programme encompasses a range of innovative initiatives that help women build secure and resilient livelihoods and sustainably climb out of the poverty trap. We work with women from marginalised communities to augment their knowledge, skills, self-confidence, assets and social networks so that they can lead a quality life even in uncertain times, producing more, working with dignity, and earning higher and stable incomes to fulfil their aspirations. We work towards creating an enabling environment for women and their collectives to manage their assets and resources collectively and sustainably, protecting and risk-proofing them from shocks and stresses related to climate, markets and from the possible loss of earning members.

Our work in the dairy sector in Gujarat and Tamil Nadu are good examples of how we empower poor communities economically. We work with more than 4,500 landless and small holder families directly, and with 10,000 indirectly, helping them build robust dairy-based livelihoods and follow good livestock management practices, resulting in better care, and feeding of animals, and increased incomes from livestock management. In Tamil Nadu, our work in the dairy value chain with poor women has enabled them to not only become economically empowered, but also to overcome challenges like caste discrimination with confidence and self-esteem.

Across all livelihood projects in five Indian states, we are trying to develop scalable models, knowledge documents and evidence which will help in furthering our work in other parts of the country and also inform the programs and policies of other development actors.

Organised over **50,000** women into various collectives operational across sectors.

Opened access to over **50,000** women to financial products and services like savings, credit, micro-insurance and micro-pension.

Capacitated over **15,500** Adivasi women farmers to practice sustainable agricultural and animal husbandry practices.

**2,500** women turned into entrepreneurs with the required enterprise management capacities and resources.

Over **3,900** women from poor and marginalised households benefitted from our value chain development interventions in agriculture and forestry.







CARE India's **Pathways** programme is emerging as a model for women's economic empowerment. Improved agricultural practices, enhanced and equitable participation of women in market related activities, and building strong collectives of women who can assert and access their rights and entitlements, have collectively ensured the success of the programme.



**Where the Rain Falls**, is an innovative community based adaptation initiative in 20 villages in the rainfed district of Jashpur, Chhattisgarh. In this initiative we have strengthened 40 Self-Help Groups (SHGs) of women, capacitated women to rehabilitate and construct water conservation structures, and exposed them to climate smart agriculture practices for facing water related stresses.



Under our **Banking on Change** initiative, we strengthened over 2,400 SHGs and six block level Federations, addressing the financial needs of more than 34,000 women members from marginalised communities in Cuddalore, Kancheepuram, and Nagapattinam districts of Tamil Nadu. We have successfully facilitated financial linkages for around 645 women to tune of INR 14.1 million as part of the dairy value chain initiative in Cuddalore, Tamil Nadu.



In **Kutch Livelihood and Education Advancement Project (KLEAP)**, CARE India has developed sustainable livelihood opportunities for 9,500 households across 225 villages in Kutch. We have organised 900 village level collectives, one federation and one producer company around microfinance, agriculture and animal husbandry.



## Challenging Stereotypes

Rajini, a 40 year old woman from village Kattamannarkoil, Tamil Nadu, faced unsavoury comments from the community after her husband deserted her and their two young children. She chose to economically empower herself through a small loan from her Self-Help Group (a participant collective of CARE India's Banking on Change programme) and by choosing the vocation of push-cart vending, which is rarely taken up by women. Rajni started selling household items, moving from village to village and negotiating with customers confidently, to ensure that she earned the profit margin she deserved for all her hard work.

Today Rajini is on Board as the Director of Jai Hind Women Federation, a financial collective representing 5,000 women. She is constantly advocating for women's empowerment in group meetings, and is a guide and a living example for other women and their groups on how social change process is important while pursuing economic empowerment.



# Disaster Preparedness and Response

CARE in India has been responding to emergencies for more than 60 years and is recognised in India as one of the major actors in humanitarian response

Apart from addressing the immediate vulnerabilities of the affected communities, CARE's humanitarian interventions are predominantly in the areas of Shelter, Water, Sanitation and Hygiene (WASH), and livelihood restoration. CARE implements these interventions directly as well as through local NGO partners. Experience has shown that one of the key determinants of CARE's effective and efficient humanitarian operations is the capacity of CARE and its local implementing partners in terms of systems and procedures, staff skills and expertise.

In 2013-14, CARE India responded to key emergencies across the country. WASH and Shelter needs were addressed during the Uttarakhand Floods, winter wear for households were provided to the affected people after the Muzaffarnagar Riots in August 2013; and Shelter, WASH, and livelihood needs were addressed in the aftermath of Cyclone Phailin (Odisha) in October 2013.

CARE India responded in a timely manner to meet the emerging needs of the worst affected population.



**1,059** worst affected households were provided with non-food items for shelter and WASH in the flood response programme across Rudraprayag and Pithoragarh during the Uttarakhand floods.

**83** severely affected households were provided with transitional shelters in flood-ravaged Rudraprayag, Uttarakhand.

**5,764** cyclone-affected households were provided assistance through our shelter, sanitation and hygiene interventions across Ganjam, Balasore and Mayurbhanj districts in Odisha during cyclone Phailin.

**355** households were provided with protective winter wear in the aftermath of the Muzaffarnagar riots in Shamli district of Uttar Pradesh.







The Uttarakhand flood was one of the worst natural calamities of 2013. In its wake, it left behind large scale devastation, making it a challenge to rebuild lives. CARE India worked with the government and communities to rebuild shelter using the rubbles “malba” from the devastation as part of the construction material. The innovative solution of using Malba to rebuild houses was recognised by the state government.



Cyclone Phailin hit the Odisha coast off Gopalpur port on Saturday, 12 October 2013. The estimated loss of property was reported at around 80 crores, further 2 lakh houses were damaged, 14,515 villages affected, and approximately 5 lakh hectare farm land was destroyed. CARE responded with relief items to the worst affected people and install water purification units in villages.



One of the worst outbreaks of communal violence in the history of Uttar Pradesh, started with a conflict between 2-3 individuals on 27th August, eventually resulting in massive killings across villages in Muzaffarnagar and Shamli districts of U.P. CARE responded with relief items and woollen clothes for the displaced.



## I ate grass to stay alive

**Dhirulal, an Uttarakhand flood survivor was trapped in a forest for seven days due to the flash floods and survived by eating grass.** Using a tree trunk to cross the raging river, with great difficulty, he reached his home in Chalka, only to find that the river had not spared anyone. He is grateful to God that his wife fled with his children in time.

Being at the forefront of relief distribution, CARE India provided mats and utensils, hygiene kits, food, water purification tablets to more than 1,000 families like Dhirulal's to help them start their life afresh.



# Advocacy

Influence government policies and programmes to empower marginalised women and girls to lead secure and resilient lives

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Before transition to a national entity, advocacy at CARE India had been confined to a narrow space. This was mainly due to the nature of our work which was mostly delivery based programming, offering little scope for advocacy.

The need for a greater focus on advocacy arose from the realisation that addressing underlying causes of poverty and social injustice, and facilitating gender transformative changes require us to partner with a range of actors including civil society, national coalitions, and forums of likeminded groups, and influencing the government at various levels. Further fillip to advocacy was provided by CARE India transitioning to a national entity.

The advocacy initiatives of CARE India are geared towards influencing relevant government policies, and collaborating with like-minded national level networks and coalitions. As advocacy has been envisaged as one of the core strategies to achieve the desired impact under Strategic Programming Framework (SPF), the advocacy team works to guide all long term interventions aimed at empowering and bringing positive changes in the lives of women and girls from marginalised communities. For CARE India, advocacy is crucial to influence external agencies and stakeholders i.e. community, government, donors, individuals, media, civil society organisations, networks and alliances, corporate and private sector etc. This will support in multiplying the impact, sustaining the impact, and reaching out to the unreached.

In the coming days, our advocacy initiatives will focus on collecting evidences and identifying models from our work in different states. These evidences and models will be used for replicating our work at a larger scale for multiplying the impact of our work. These efforts will also help CARE in influencing critical policies of the government, and also stakeholders to replicate or adopt our models.

In partnership with National Confederation for Dalit Organisation (NACDOR), CARE India advocated for improving the health status of Dalit Women and Girls in 20 villages of Jhansi, and published a Status Report on Dalit Women and Girls in India.

CARE India is in the core group of the National Council of the Right to Education (RtE) forum, and continuously provides the technical support to the RtE forum.





Election manifesto focussing on the issues of women and girls from Tribal and Dalit communities was presented during an event organised on International Women's Day on March 13, 2014.

CARE provided inputs to the Special Component Plan of the Tribal Sub Plan, and engaged in the Union Budget discussions at the national level.

Unique partnership with Independent Television Services (ITVS) has enabled CARE India to highlight and bring the issues of women through films in the districts of Kalahandi and Kandhamal of Odisha.

## Learning and Growing



Advocating on the learning platform created to integrate Gender within Madhya Pradesh Nutrition Project (MPNP) enabled the larger CARE India team to enhance their understanding and develop plans for similar processes for their own projects.





# Power To Empower

## Building a youth constituency to support empowerment of women and girls

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The Power to Empower programme aims to educate and sensitise the urban youth about the underlying causes of poverty and social injustice, thereby building a long-term constituency that engages with CARE's work, through contribution of their time, energy and monetary resources.

College students and young urban professionals enthusiastically participate in events and campaigns, raising donations, supporting project work and participating in other volunteering initiatives.

### Eight ways in which the CARE volunteers were involved in the Power to Empower programme:

- Engaging on CARE social media platforms
- Assistance in event management
- Creating awareness among their peers
- Conducting sessions on gender issues
- Creating short movie clips and/or graphics based on social issues
- Visiting CARE projects
- Raising funds during natural disasters
- Sharing skills with programme teams

Successful launch of 'Light a Life' merchandise campaign, conceptualised by our youth volunteers.





During this year the youth participated in multiple activities which aided awareness and engagement around CARE India's initiatives.

Cricketer  
Brad Hogg with Perth  
Scorchers team  
visiting our project



Volunteers  
performing  
flashmob



Volunteers provided both offline and online support to **Kick for a Cause**, a gender balanced football tournament to help break the myths around women and girls.

The volunteers raised funds for the Uttarakhand flood survivors through various activities.



# Leadership

CARE's strength is its people. We invest in talent management and enhancing capacities of our people

.....

**Talent management is an organisational priority with initiatives under way:**

- Identify, develop and retain high performing and potential leaders.
- Develop a robust succession plan by creating a talent pool of future leaders.
- Provide customised support to ensure attainment of individual goals.
- Identifying mentors for grooming the emerging talent.
- Provide opportunities to gain international exposure within the CARE offices.



## Core Leadership Competencies

.....

Competencies are the skills, knowledge, practical behaviours and attitudes which inform the way we operate in our working life. The CARE competency framework is the foundation for all people-related processes; such as recruitment and selection, performance management and leadership development.

### Key Competencies

- **Result-orientation:** in decision making, process adherence, initiatives and analytical-thinking
- **Relationship Management:** communicating with impact and influence with internal and external stakeholders, having negotiation skills and the ability to build partnerships
- **Self Management:** inculcating self awareness (self critical analysis and learnings), respect for others, adaptability and flexibility, and interpersonal relationships







# Culture

## CARE's Core Values

.....

CARE India works towards motivating and encouraging its staff to imbibe, internalise and demonstrate these defined core values of the organisation.

- **Respect:** Believing in and appreciating the dignity and potential of all human beings.
- **Integrity:** Maintaining social, ethical and organisational norms and adhering to the code of conduct.
- **Commitment:** Fulfilling organisational goals with commitment towards our duties and responsibilities.
- **Excellence:** Setting high performance standards and being accountable and responsible towards work.

## Recognising Excellence

.....

CARE uses the following to recognise and reward employees:

### Managerial Excellence Programme

- Self-awareness
- People management skills
- Leadership skills
- Effectiveness
- Supervisory training
- Translating learnings into action

### CARE Value Ambassador Initiative

- This initiative rewards CARE employees who exemplify CARE's Core Values.

“

**Respect, Integrity,  
Commitment and  
Excellence**

”





# Visibility and Resources

CARE India launched multiple campaigns around women's empowerment to generate awareness, engagement and resources

The Fundraising team expanded by diversifying its funding sources to explore new opportunities. A pilot project on acquiring supporters for a monthly giving program (committed giving) was initiated with a defined strategy and staff in place. It was initially launched in one city and was later expanded to two more cities.

In line with building in-house capabilities to raise resources, the in-house fundraising operations were further expanded to four offices. A significant initiative was raising funds around emergencies, especially for the Uttarakhand floods.

## She Means Business

She Means Business, an awareness campaign under the 'Women's Empowerment Principles', focussed on rights of women working in the corporate sector. This campaign called for corporates to sign up for seven principles enshrined in the Women Empowerment Principles to create an empowering and enabling work environment for women.

The seven principles are: establishing high level corporate leadership for gender equality; supporting human rights to treat all women and men fairly at work; ensuring the health, safety and wellbeing of all workers; promoting education, training and professional development for women;

implement practices that empower women; promoting gender equality through community initiatives and advocacy; and measuring progress to achieve gender equality.



## CARE India Change India

'CARE India Change India' campaign was launched in 2013 to ride the winds of change in the socio-political climate of India. It appealed to the youth to participate in CARE's programmes aimed at reducing poverty and social inequality. The bedrock of the campaign were the heart-touching stories of marginalised women and girls who overcame huge odds to improve their lives and livelihoods. We thank our supporters for making it a success.



## I am Committed

I am Committed campaign titled "GiveAssure", was launched for our supporters who wished to build a long-term relationship with CARE India. This campaign invited sign ups from the individual donors on a long term basis.





## International Women's Day

One of the many events organised by CARE India during 2013-14 was the International Women's Day on March 8, 2014. The theme of the event was 'Inspiring Change'. The event was celebrated across 11 states and projects offices of CARE India. People from diverse backgrounds came forward to show their support towards the cause of women empowerment.

The employees of CARE India also pledged and motivated others to take small steps towards promoting gender equality. The event was marked by

people writing pledges on a banner and putting hand and foot prints to re-affirm their commitment to gender equality. This was followed by an event in partnership with Women Power Connect (WPC) to present our election manifesto and acknowledge the change makers.



The campaign was initiated at CARE India's head office and at Dilli Haat. Over 700 people signed pledges, including CARE India's Board members. The rural parts of India celebrated Women's Day with enthusiasm and with active participation from Gram Panchayats.





# Support Services

## Converting to the Cloud

CARE started operating a cloud-based system from February 2014. The earlier model required maintaining a fully owned in-house data and computing system, which had high maintenance overheads and lacked flexibility. Thus, after assessing options, CARE India decided to adopt a cloud based service delivery model.

The benefits of cloud based service delivery model include 'always-on' email services, unlimited conferencing services, and social networks for employee engagement. We are continuing to expand cloud-computing services, with a focus on knowledge management.



## Scaling up support in Bihar

CARE India projects in Bihar expanded significantly this year. This required effective delivery of project mandates with quality and impact. The Support Services team outsourced day-to-day administrative services, freeing up field staff to focus on project outreach and system strengthening. The first phase of implementation has been successfully completed, and has earned appreciation from our peer organisations, many of whom have consulted CARE India for replicating the model in their organisations.







## Supporting services in Dalit and Adivasi Hubs

CARE India created an agile and cost efficient management structure that expands or contracts as the portfolios change. As the geographic restructuring took place to align with the Strategic Programming Framework, support services ensured management of organisational assets, properties and procurement is done in a seamless manner so that operations are carried out effectively and efficiently on the ground. The Hubs were re-aligned with support from the teams to continue operations and services effectively. The team also ensured support to offices outside the two hubs, which were identified as the learning sites as per the Strategic Programming Framework.



## Pre-positioning relief items for emergencies

A new model of warehousing for pre-positioning of non-food items was tested in Delhi. In this Just-In-Time model, vendors manage the inventory at their designated warehouses and supply stocks in minimum time as and when emergency strikes. This system of relief supply management has freed CARE from warehousing infrastructure and maintenance overheads. It has allowed for zero-inventory at CARE sites, reduced logistics costs, and increased efficiency in responding to humanitarian crisis.



# Partnerships

CARE India strongly believes in the power of collaborative efforts. Over the years CARE has evolved as a strategic partner of choice for many corporates.

To achieve its goal of empowering 50 million women and girls from Dalit and Adivasi communities, CARE India partnered with the private sector.

CARE India recognises that its efforts and success in reducing poverty can be substantially enhanced by the intervention, ability and knowledge of the corporate sector. Aligning efforts with corporates has proven to be mutually beneficial and accelerated our impact. By integrating social responsibility into their core business, corporates have made social interventions sustainable. A strategic approach to Corporate Social Responsibility has helped companies make better social investments to achieve higher social impact.

## Our Partners in 2014

### KLEAP

Supported by Cargill, KLEAP aims to improve the quality of life of rural families (children and most vulnerable small and marginalised farmers) by developing sustainable livelihood options, establishing sustainable institutions, enhancing women's role in entrepreneurial activities, advancing the education of girls and boys, and influencing systems.

### Pathways

The 5-year Pathways India initiative is a partnership between CARE India and Bill & Melinda Gates Foundation, and Cargill. Pathways India initiative is one of the six country-based initiatives under the global Pathways program. In India, it is operational in Kalahandi and Kandhamal districts of Odisha. The project focusses on developing multiple pathways to secure resilient livelihoods by leveraging agriculture support systems, and promoting women's rights, equity and leadership.

### Climate Change Adaptation for Resilient Small-Scale Tea Production

The project, supported by UPS, aims to enhance the knowledge and skills of 500 small and marginal tea farmers (from the scheduled tribes of Gudalur) on tea cultivation practices.

### RACHNA

This CARE-CAIRN initiative aims to enhance the quality of health-service delivery and adoption of healthy behaviour (including menstrual hygiene) among communities in Baytu, Sindhari, Dhorimanna and Barmer, in the state of Rajasthan.

### Banking on Change

CARE India and Barclays' Banking on Change project's Phase I successfully enhanced financial inclusion and access to financial services for 2,500 Self-Help Groups (outreach of 35,000 households) in three districts in Tamil Nadu, Cuddalore, Nagapattinam and Kanchipuram. The project has directly benefitted over 1.7 lakh individuals. The Phase II of the project focusses on promotion of financial literacy, employability and entrepreneurship skills along with enhanced access to financial services to 4,000 youth.





## **Madhya Pradesh Nutrition Project (MPNP)**

The MPNP is led by CARE India and is supported by Cargill. This project supports convergence of the Integrated Child Development Services (ICDS) programme with National Rural Health Mission (NRHM) to improve health and nutrition outcomes. The three-year CARE-Cargill project is expected to benefit 134,318 children in the age group of 0-6 years, 37,045 adolescent girls, 12,058 pregnant women, and 12,991 nursing mothers in 287 intervention villages in Chhatarpur, Tikamgarh and Panna districts of Bundelkhand region in Madhya Pradesh.

## **Treatment Adherence and follow-up of Multi-drug-resistant tuberculosis (MDR-TB) Patients**

CARE India, in partnership with Eli Lilly, aims to end TB endemic in Kolkata, Cooch Bihar, Jalpaiguri, Darjeeling, Howrah, Bardhaman and Murshidabad districts of West Bengal. The project specially focusses on MDR-TB patients.

## **Where the Rain Falls**

CARE India - AXA and MacArthur Foundation initiated Where the Rain Falls as a research project, in Janjgir Champa district of Chhattisgarh, with the goal to enhance understanding of environmental and economic risks arising out of climate change. The project has been successful in capacity-building of 3,000 Adivasi women (environmental risks), 1,000 SHG members (soil and water conservation technique), 210 farmers (SRI through action-based training), 117 farmers (organic manure and bio-pesticide usage through onsite training) and 510 farmers (kitchen gardening on vegetable farming).

## **GSK Ahar Abhiyaan**

CARE India in partnership with GlaxoSmithKline Consumer Healthcare Ltd. is implementing the Briddhi project to reduce malnutrition among severely malnourished children in the age group of 3-6 years in Anganwadis at Jhalda and Purulia districts of West Bengal.

## **Early Childhood Development (ECD)**

CARE India in partnership with Merck is strengthening the ECD component of the Integrated Child Development Services (ICDS) programme through promotion of CARE's 5x5 model of Early Childhood Care and Education in Chhattisgarh. The programme is benefitting 100 preschool centres, covering 10,000 children of the Chhattisgarh region in India.



## **Enhancing Sustainable Livelihood**

This project is initiated by CARE India in partnership with Barclays, to provide green and sustainable livelihood options for people affected by the recent floods in Uttarakhand. In its initial stage, CARE had supported more than 1,000 families and 5 schools with relief-kits and has now initiated the building of transitional houses in Rudrapur. The project focusses on livelihoods and capacity building in the construction sector.

## **Empowering Poor Smallholder Farmers and Enhancing Maize Productivity**

CARE India in collaboration with Kellogg Foundation and Bill & Melinda Gates Foundation is providing sustainable livelihood options to 20,000 women (including 1,000 women from marginalised communities) in Nabarangpur district of Chhattisgarh by providing technical and marketing information about maize production.

## **Developing Leadership Abilities in Girls**

Supported by the Tides Foundation, the project has enriched the leadership programme implemented by CARE India among adolescent girls in upper primary schools and in communities dominated by Dalits and Adivasis.

## **Girls' Education Programme**

General Mills supported the development of a quality library within the premises of the first Udaan camp in Uttar Pradesh (School Bridging Program) which has been running uninterrupted for the last 15 years. The library has books developed for the specific needs of first-time readers and has audio visual format. The development of this library has encouraged children to explore ideas like staging dramas and shows on issues of social significance.



# Financials

## How your generous contributions are utilised

We are grateful for the support provided by all our stakeholders; especially donors and volunteers who provide resources necessary to further our work and mission.

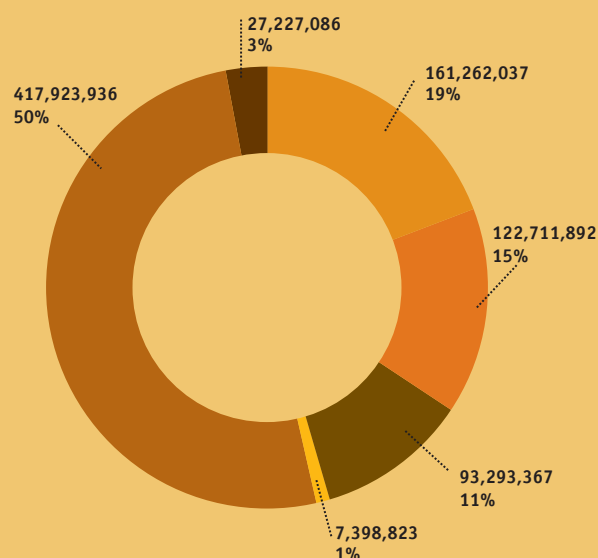
CARE India ensures that the contributions received are utilised for the benefit of marginalised communities across our work encompassing - education, livelihoods, health and disaster preparedness and response.

The following figures represent Grants and Donations received by CARE India in the Financial year 2013-14.



## Grants and Donations received FY 2013-14

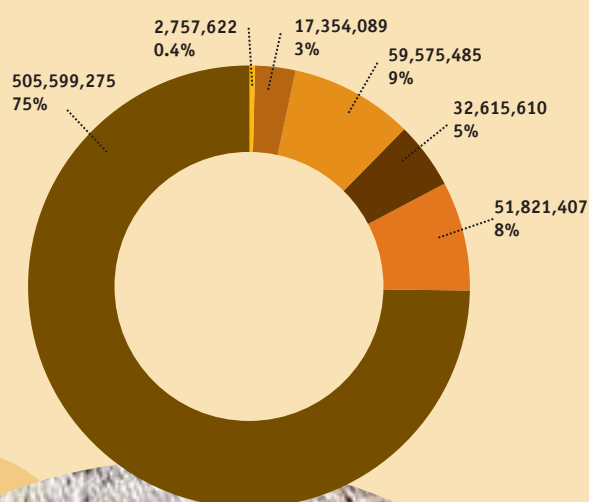
Grants and Donations received for FY 2013-14	Total amount ₹	Receipt in %
Foreign Government Grant	417,923,936	50%
Indian Government Grant	7,398,823	1%
Corporate Grant	93,293,367	11%
Individual Donation	122,711,892	15%
Institution Donation	161,262,037	19%
Other Income	27,227,086	3%
<b>Total</b>	<b>829,817,141</b>	<b>100%</b>





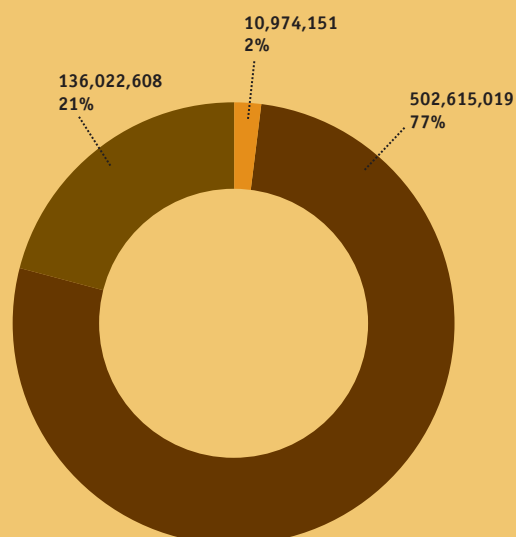
## Expenses incurred during FY 2013-14

Expenses Incurred during FY 2013-14	Amount ₹	Exps. In %
Project expenses	505,599,275	75.5%
Training and material expenses	51,821,407	7.7%
Subgrants to partners	32,615,610	4.9%
Awareness and campaign charges	59,575,485	8.9%
Other administrative expenses	17,354,089	2.6%
Depreciation	2,757,622	0.4%
<b>Total</b>	<b>669,723,488</b>	<b>100%</b>



## Expenses incurred for Programme Expenditure during FY 2013-14

Expenses Incurred for Programme Expenditure during FY 2013-14	Amount ₹	Programme Expenditure in (%)
Emergency	136,022,608	21%
Health	502,615,019	77%
Livelihood	10,974,151	2%
<b>Total</b>	<b>649,611,778</b>	<b>100%</b>





# Balance Sheet

## CARE India Solutions for Sustainable Development Balance Sheet for FY 2014

	Note	As at 31 March 2014 (₹)	As at 31 March 2013 (₹)
<b>EQUITY AND LIABILITIES</b>			
<b>Shareholder's Funds</b>			
Share capital	3	200	200
Reserves and surplus	4	100,567,451	79,892,259
		<b>100,567,651</b>	<b>79,892,459</b>
<b>Current Liabilities</b>			
Trade payables	6	6,801,147	35,661,063
Other current liabilities	7	212,712,919	68,790,914
Short-term provisions	5	12,163,847	3,456,617
		<b>231,677,912</b>	<b>107,908,594</b>
		<b>332,245,563</b>	<b>187,801,053</b>
<b>ASSETS</b>			
<b>Non-Current Assets</b>			
<b>Fixed assets</b>			
Tangible fixed assets	8	16,937,628	4,969,236
Intangible fixed assets	8	76,789	68,566
		17,014,417	5,037,802
Long term loans and advances	9	1,101,256	12,949,256
		1,101,256	12,949,256
<b>Current Assets</b>			
Cash and bank balances	10	227,590,595	129,895,252
Short-term loans and advances	9	84,752,908	36,682,811
Other current assets	11	1,786,387	3,235,931
		314,129,890	169,813,994
		<b>332,245,563</b>	<b>187,801,053</b>
<b>Significant accounting policies</b>	2		

The notes referred to above form an integral part of the financial statements

As per our report of even date attached

For **B S R & Company**  
Chartered Accountants  
Firm Registration No. 128032W

**Sandeep Batra**  
Partner  
Membership No: 093320  
Place: Gurgaon  
Date: 05 December 2014

For and on behalf of  
**Care India Solutions For Sustainable Development**

**Nachiket Mor**  
Director

Place: New Delhi  
Date: 05 December 2014

**Namrata Kaul**  
Director

Place: New Delhi  
Date: 05 December 2014







# Income and Expenditure

## CARE India Solutions for Sustainable Development Income and Expenditure Account for FY 2014

	Note	Year ended 31 March 2014 (₹)	Year ended 31 March 2013 (₹)
<b>Income</b>			
Grants and donations received	12	802,590,055	457,488,917
Other Income	13	27,227,086	15,516,677
<b>Total</b>		<b>829,817,141</b>	<b>473,005,594</b>
<b>Expenses</b>			
Project expenses	14	505,599,275	352,465,440
Training and material expenses		51,821,407	8,058,382
Subgrants to partners		32,615,610	49,980,803
Awareness and campaign charges		59,575,485	57,085,518
Other administrative expenses	15	17,354,089	2,741,702
Depreciation	8	2,757,622	1,696,207
<b>Total expenditure</b>		<b>669,723,488</b>	<b>472,028,053</b>
<b>Excess of Income over Expenses Appropriations</b>		<b>160,093,653</b>	<b>977,541</b>
Less: Transfer from asset fund account		2,757,622	1,696,207
Amount transferred to General fund		<b>162,851,275</b>	<b>2,673,748</b>
<b>Earning per equity share:</b>			
Basic		8,142,564	133,687
<b>Significant accounting policies</b>	2		

The notes referred to above form an integral part of the financial statements

As per our report of even date attached

For **B S R & Company**  
Chartered Accountants  
Firm Registration No. 128032W

**Sandeep Batra**  
Partner  
Membership No: 093320  
Place: Gurgaon  
Date: 05 December 2014

For and on behalf of  
**Care India Solutions For Sustainable Development**

**Nachiket Mor**  
Director

Place: New Delhi  
Date: 05 December 2014

**Namrata Kaul**  
Director

Place: New Delhi  
Date: 05 December 2014





# Accountability

Our core values shape our work and encourage a culture of transparency



## Staff and Gender Salary Distribution

Slab of gross monthly salary (in ₹) plus benefits paid to staff	Male Staff	Female Staff	Total Staff
<2500	Nil	Nil	Nil
<7000	Nil	Nil	Nil
<15000	Nil	Nil	Nil
<30000	25	8	33
<50000	111	47	158
>50000	243	80	323
<b>Total Staff</b>	<b>379</b>	<b>135</b>	<b>514</b>

## Transparency Disclosure:

- CARE India Board members are not related by blood or marriage.
- The term of each Board member is three years.
- In Financial Year 2014, CARE India held Board meetings on September 20, 2013, December 14, 2013, March 8, 2014 and June 30, 2014.
- CARE India Annual General Body meeting was held on September 20, 2013.
- No remuneration, sitting fees or any other form of compensation is paid to any Board Member.

## Policy: Sexual Harassment of Women at Workplace

CARE India adheres to the provisions of the Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013. In line with these provisions, CISSD has an Internal Complaints Committee (ICC). The role of this committee is to deal with cases of sexual harassment at workplace as per the Act.

During the period of 2013-2014, one case was reported to the ICC. This case was discussed and resolved by the ICC.

CARE India also organised two orientation workshops for its staff on "The Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013."







# Way Forward

## Moving forward with CARE Vision 2020

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The journey of organisational evolution has been transitional and transformational. CARE India as an organisation not only became a local entity but was also successful in defining what we want to do, and how we do it. Our resolve to carve a niche for ourselves has been further strengthened by CARE International's Vision 2020, which calls for building (developing countries) membership. This enhances our ability to scale impact in fighting poverty and social injustice; and taking an active leadership role in amplifying the voices and concerns of the global south within CARE International.

### **In the light of this development, CARE India will work towards:**

Becoming an impactful organisation by repositioning itself as a partner of choice within the Indian humanitarian and development landscape and beyond, to sustainably address poverty and social injustice.

Bringing the South to the forefront by amplifying the Southern voice within the CARE International Federation, so that southern concerns and southern (indigenous) knowledge are recognised while addressing global poverty and inequality.

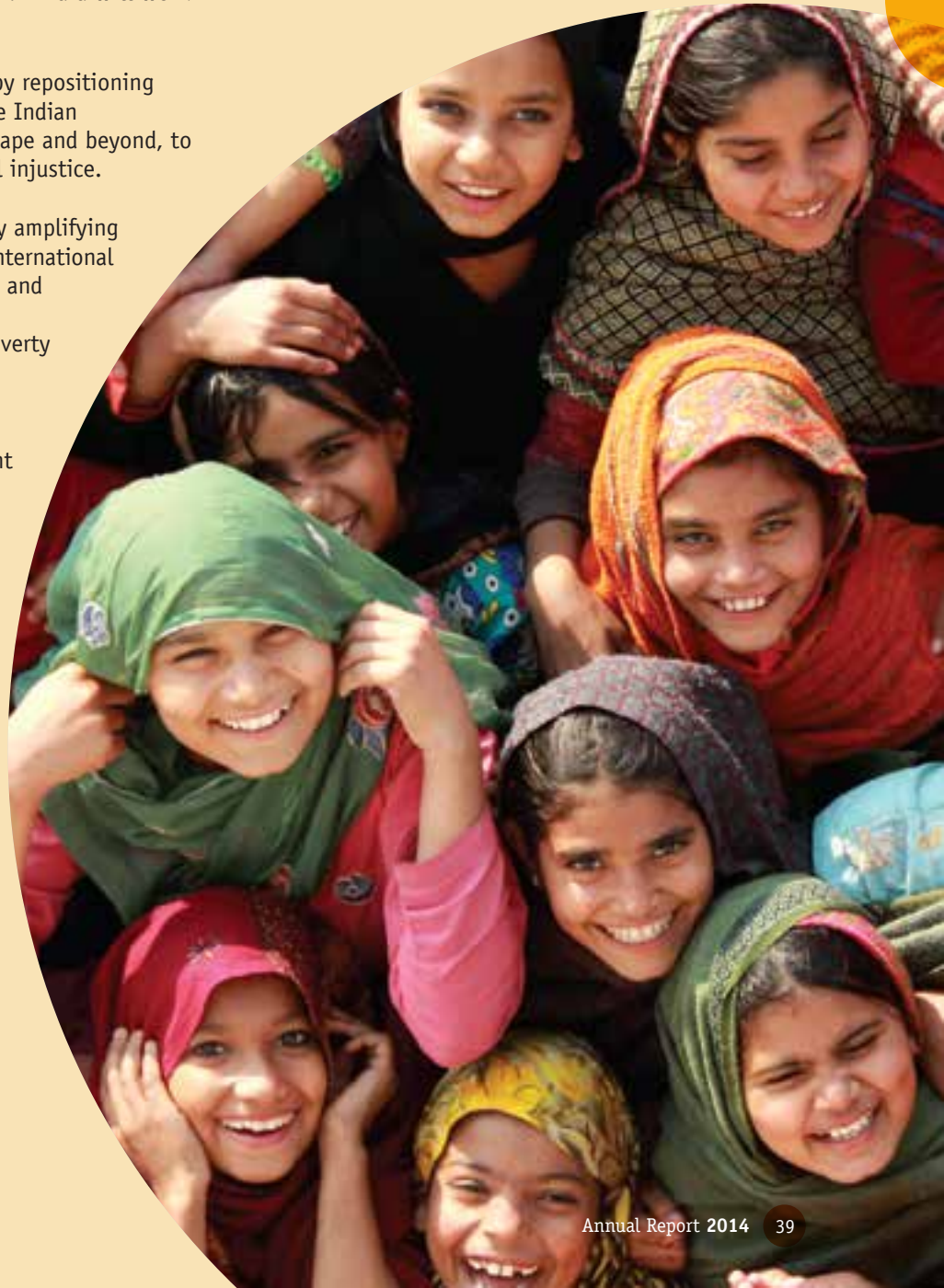
Becoming a partner of choice for the growing private sector and government at various levels, in order to collectively address poverty and social injustice in India.

Expanding the scope of work by undertaking regional programmes in South Asia along with other regional actors.

“

**Amplifying  
India's voice  
in CARE  
International**

”













**CARE India**

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-  /CAREIndia
-  /company/care-india
-  /user/fromCAREIndia
-  /careindia.org/blog



Scan the  
QR code  
with your smartphone  
to view the digital version  
of CARE India  
Annual Report 2014