

# REACHING THE UNREACHED



ANNUAL REPORT 2017





CARE is a not-for-profit organisation working in India for over 65 years, focusing on alleviating poverty and social injustice. We do this through well-planned and comprehensive programmes in health, education, livelihoods, and disaster preparedness and response. Our overall goal is the empowerment of women and girls from poor and marginalised communities, leading to improvement in their lives and livelihoods.

In the Financial Year 2016-17, CARE India directly reached out to 25 million people through 40 projects across 12 states, covering more than 90 districts. We are part of the CARE International confederation, working in over 90 countries for a world where all people live in dignity and security.

OUR VISION

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

OUR MISSION

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

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 aims to accomplish this goal by working with 50 million people to help them have quality health, education, livelihoods and overcome the effects of disasters.



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# MD AND CEO SPEAK



It gives me immense pleasure to present to you CARE India's Annual Report for the financial year 2016-17. In the last year, most of our work focussed on reaching the unreached communities throughout the country. Our programmes continued to reach out to women and girls, especially from the marginalised communities in the poorest and remotest regions, to make a positive impact in their lives and livelihoods. We worked in 12 states, 90 districts, 71,833 villages to directly reach out to more than 25 million people through health, education, livelihood and disaster preparedness interventions, of whom 22 million were women and girls.

Lasting change can only become a reality when underlying causes of poverty and social exclusion are addressed in a holistic manner. CARE India's work in the past year around inclusive governance, which holds duty bearers accountable to project beneficiaries on the ground, is an attempt to bring about a more meaningful and long-term change. Community-based collective actions which encourage women and girls to hold authorities responsible and accountable to deliver services, are reaping a rich dividend.

On the other hand, we have also collaborated with a range of powerholders, including the state to improve their ability to fulfil their obligations and be more responsive. A case in point is our work in Bihar, where we work closely with the government to provide quality healthcare.

Several other milestones were achieved during the year and the report outlines some of our key achievements and how we got there. We have also highlighted some Game Changers which have made a significant difference to our work and its impact on the ground.

I would like to take this opportunity to thank our partners and donors for their strong and consistent support, without which we would not have been able to achieve so much. I would especially like to thank our Board Members for their contribution, particularly when we needed to find solutions to big development challenges.

Best wishes,

**Rajan Bahadur**

MD and CEO  
CARE India

The year 2016-17 has been a productive year for CARE India. Our programmes have touched the lives of millions of marginalised women and girls, bringing about a change which is scalable and sustainable.

India's growth has also been accompanied with a fair share of challenges -Unequal power relations driven by caste and class boundaries, patriarchy, and disparate economic opportunities, have added fuel to the fire of poverty and social injustice. To be able bring a more natural balance to power sharing in communities as well as in households, each of our programmes on the ground have been layered with gender transformative change initiatives.

To be able to bring about the desired change in the communities we serve, CARE India has developed an open and transparent organisational culture, based on core values of respect, integrity, commitment and excellence. Significant investments have been made in tapping and managing talent, which ensure efficiency and accountability in the work we do.

We also thank our individual, corporate and institutional partners, who have unflinchingly supported our work throughout the year, which has brought us closer to achieving our goal of working with 50 million people by 2020. Our partnership with BMGF and Government of Bihar to improve health systems in the state has further strengthened to provide access to quality health and nutrition services for some of the poorest communities.

During the year, we worked closely with national and state governments to implement our programmes, and provided inputs in their policy making process. Without their support and guidance, we would not have been able to reach more than 25 million people in India to make positive changes in their lives and livelihoods.

And finally, I would like to thank all members of the CARE family, and all our partners, donors, peer organisations, and other stakeholders who continue to support and believe in our work.

Best wishes,

**Neera Saggi**

Board Chair  
CARE India



# FROM OUR CHAIR



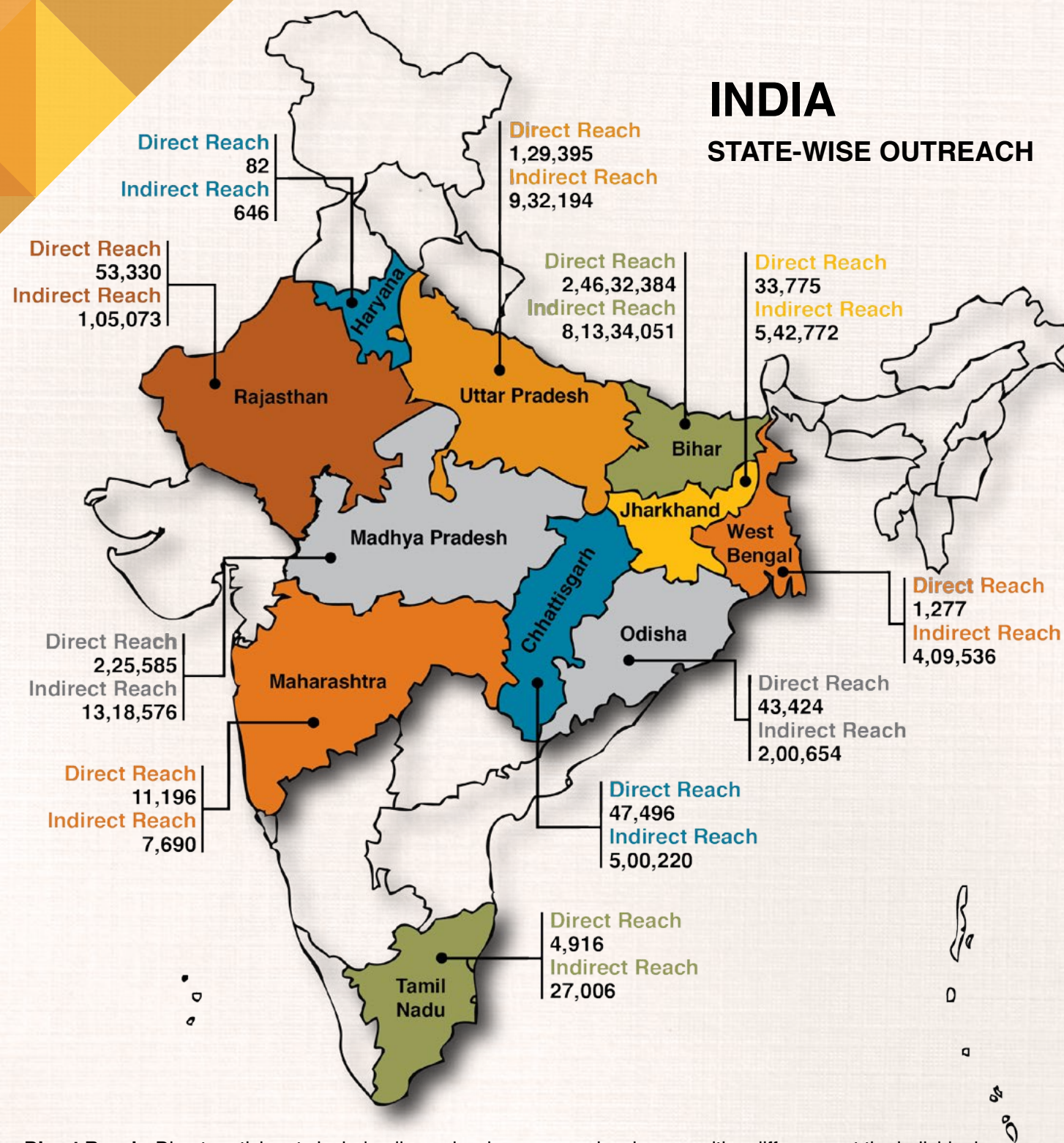
# OUR FOOTPRINT

## TOTAL

Direct Reach: 2,51,82,860  
Indirect Reach: 8,53,78,840

## INDIA

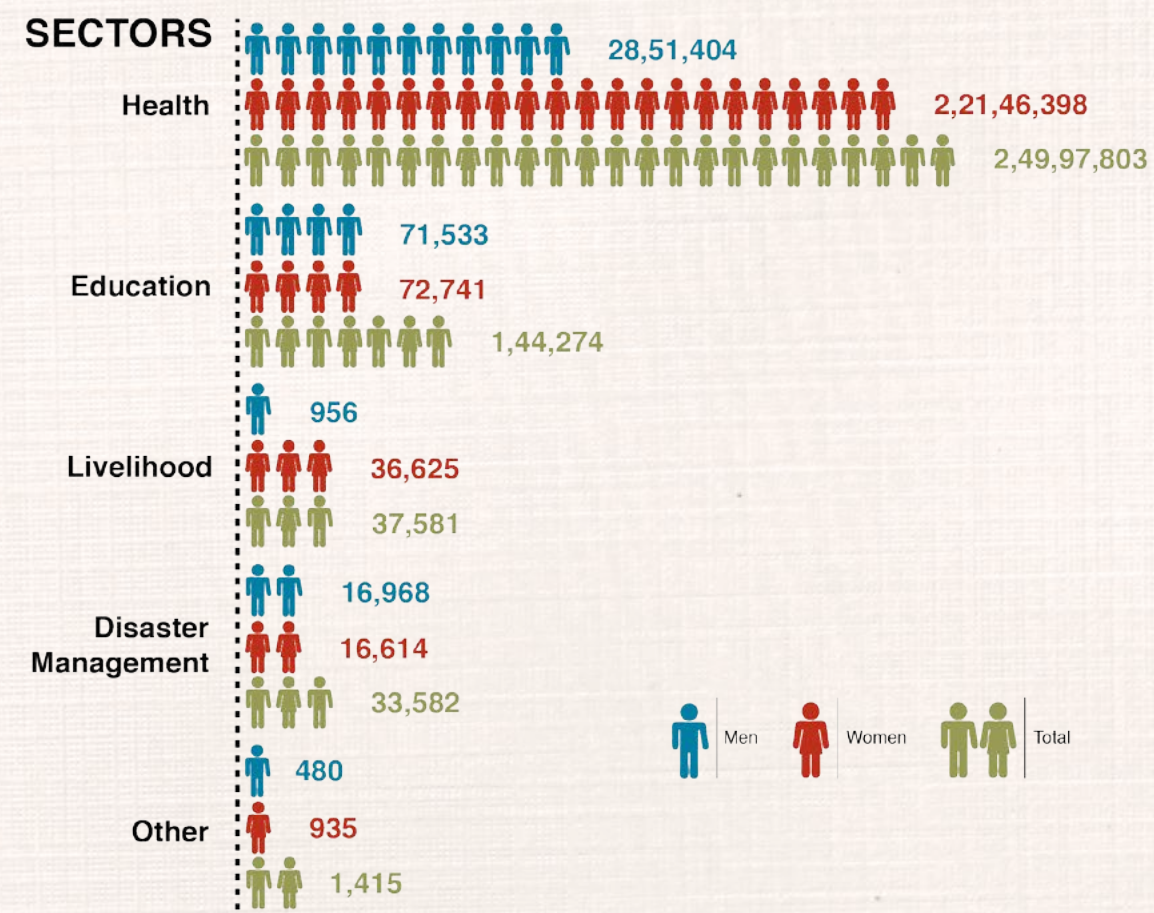
### STATE-WISE OUTREACH



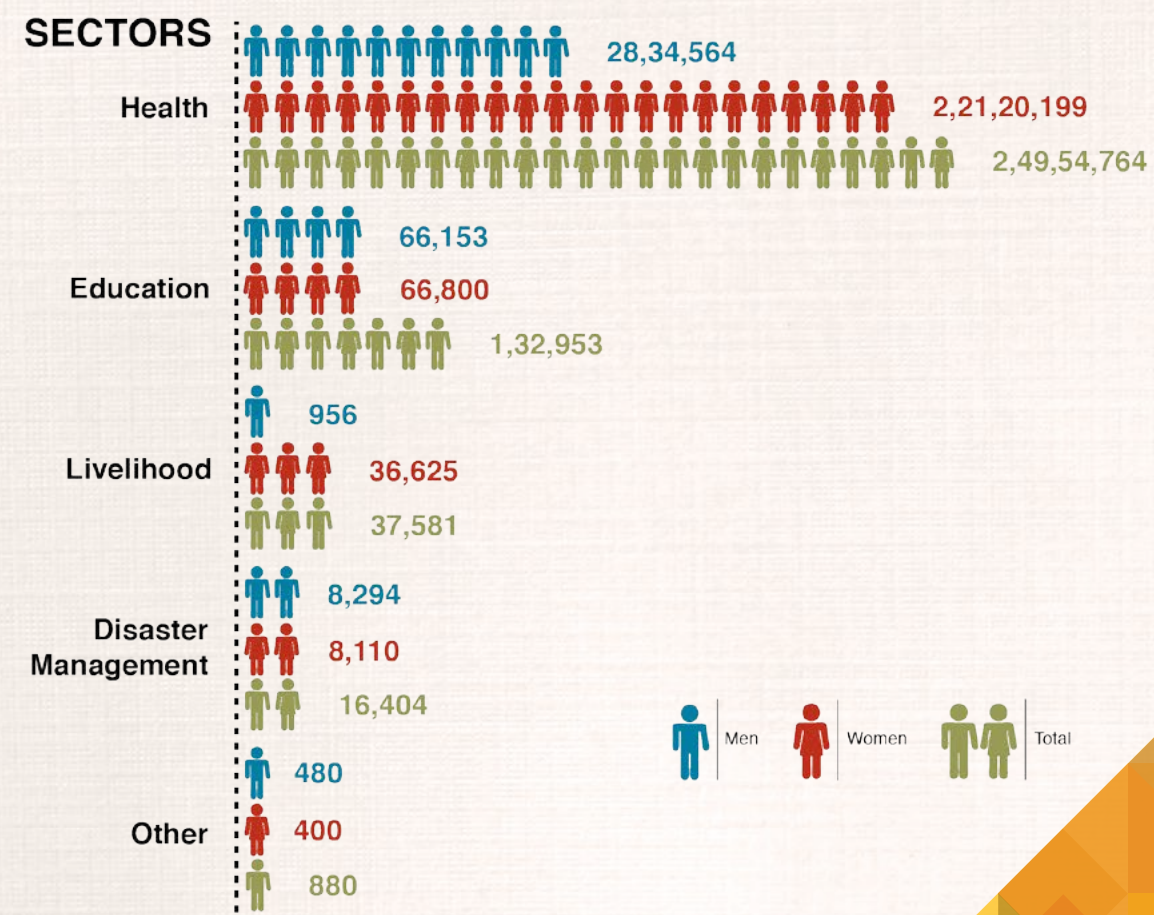
**Direct Reach:** Direct participants include all people who are experiencing a positive difference at the individual or household level, as a result of receiving services, goods and resources directly from CARE or through a partner.

**Indirect Reach:** Indirect Participants include all individuals who are not directly involved in project activities nor receive direct services/goods/resources from CARE but are still impacted in some way through our intervention.

## SECTOR-WISE DIRECT REACH



## DIRECT REACH IN BACKWARD REGIONS





# REACHING THE UNREACHED



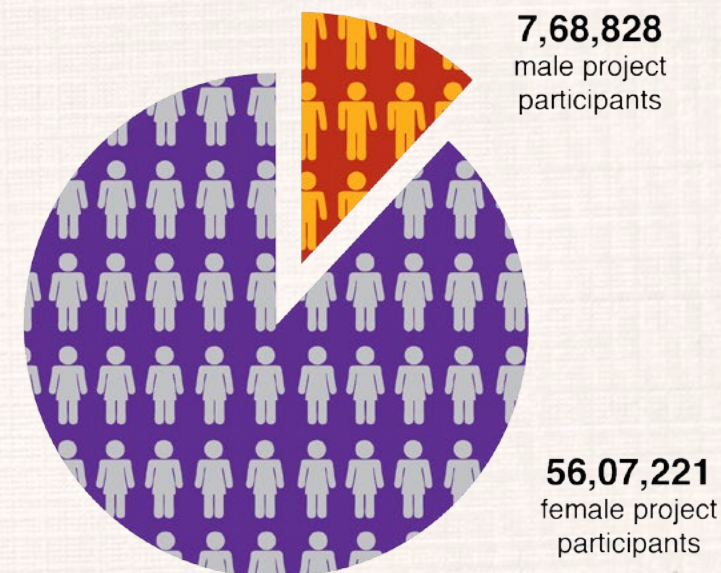
The changing socio-economic landscape and unequal pattern of growth across the country has worsened the issue of access and equity for marginalised communities

who are striving to break the cycle of poverty and social injustice. Among the marginalised, women and girls from Dalit and Adivasi communities are particularly excluded from the benefits of development despite several new national policies which provide opportunities for advancement.

Most of CARE India's programmes are focused towards reaching the unreached and underserved communities. We dedicatedly work towards reaching out to people, especially women and girls in districts across the country with poor Human Development Indicators. To ensure that most of these excluded groups benefit through our interventions, our Strategic Programming Framework has identified historic exclusions and deprivations, based on which we have well-planned and comprehensive projects on health, education, livelihoods and disaster preparedness and response.

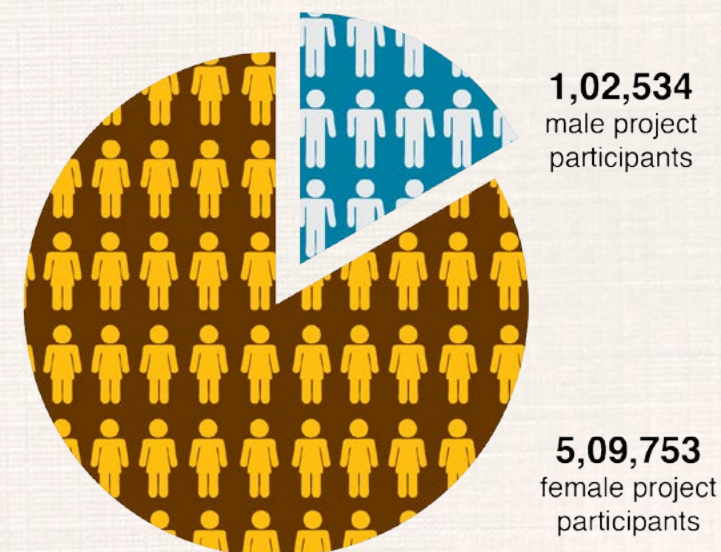
Our contextualised approaches include strengthening community collectives, nurturing leadership of women and girls, and promoting gender transformative change. Our key initiatives technically support state and national government and market systems to be sensitive and capacitated towards the development needs of marginalised communities.

To address the underlying cause of poverty, our teams work towards addressing unequal power relations and enhancing inclusive governance to monitor reach and the quality of impact on communities. We have a monitoring, evaluation and learning strategy in place. For understanding the impact and effectiveness of our projects on individuals and households, baseline, mid-term and end line studies are undertaken regularly. Annual surveys and special



## DALITS

63,76,049  
TOTAL



## ADIVASIS

6,12,287  
TOTAL

studies are also conducted to track progress on outcomes achieved amongst the communities.

For multiplying impact, knowledge sharing and dissemination is a key strategy embedded in all our projects. We facilitate dissemination of knowledge generated by us through national and sub-national level conferences, policy dialogues, consultations, media and other communication channels. These initiatives work towards ensuring national systems are sensitive and capacitated towards the development needs of vulnerable communities. Based on results from our programmes, we further engage in advocacy and partnerships for influencing policies.

Our approaches and strategies for reaching the most vulnerable communities, households and women and girls have been effective to different degrees. The scale of impact from our work is already addressing needs of our

communities, advancing national priorities, and enhancing our commitment towards Sustainable Development Goals. With our contextualised approaches, we are effectively demonstrating our ability to work on scale to strengthen systems, stakeholders and decision makers towards benefiting women and girls in the country.

**This annual report gives an insight into our approaches challenges, innovations achievements and how we have moved ahead towards being more effective as an organisation working at national level with a multi-dimensional approach**



71,833

villages in 90 districts across  
12 states impacted



25.1 million

people directly impacted  
through health, education  
livelihood and disaster  
related interventions



22.2 million

women and girls from the  
most marginalised  
communities were  
reached out



# THE YEAR THAT WAS

**CARE India** has directly reached out to more than **25 million people** across **12 states** through **40 projects**



**1,10,000** children in **1,052 government schools** across Bihar, Haryana, Odisha and Uttar Pradesh benefitted through education initiatives



**33,583** survivors supported with relief material in Uttar Pradesh, Bihar, Tamil Nadu, Madhya Pradesh and Maharashtra



**36,410** girls and women were reached and made aware of reproductive health ensuring lower maternal and infant mortality in Barmer, Rajasthan



**37%** reduction in severely **underweight children** between **0-5 years** in Chhatarpur, Panna and Tikamgarh in Madhya Pradesh



**493** women farmers increased their income by **103%** through improved agricultural productivity in Nabrangpur, Odisha



**2,673** out-of-school children including **1,931 girls** from marginalised communities **mainstreamed** in government schools in Bihar, Odisha and Uttar Pradesh



**746** Kasturba Gandhi Balika Vidyalayas in Uttar Pradesh are now following the Leadership Curriculum developed for marginalised adolescent girls



**14,44,507** people from **2071 villages** and **544 slums**, screened for presumptive tuberculosis across Chhattisgarh, Jharkhand and Madhya Pradesh



**83%** of Anganwadi Centres ensured handwashing practices among children across Hurda, Shahpura and Suwana blocks in Rajasthan



**8,000** women farmers benefitted by **15 agri-kiosks** established in Kalahandi and Kandhamal, Odisha



**2,545** Auxiliary and Grade-A nurses trained in **320 healthcare facility centres** in Bihar



**1,00,000+** frontline workers, government officials, citizens and aid workers reached out to and **capacities built** of **1,300** frontline health workers in Madhya Pradesh





# TOWARDS A HEALTHY BEGINNING

India's complex social system with layers of hierarchy result in health issues becoming a critical concern in development of women and girls from marginalised communities. Discrimination and exclusion by service providers results in half of Dalit children being malnourished, and one third of Dalit adult population being underweight.

Through various health programmes, CARE India addresses the root cause of health inequities in the country, and works towards ensuring improved access to health and well-being for marginalised communities. We work on strengthening government's healthcare delivery systems that enable fulfilment of rights and entitlements related to health for women, enhance resilience, transform gender relations, and change attitudes, so that women and girls can take decisions regarding their health. Through various on ground initiatives like training healthcare workers, and building capacity of community representatives, we are working towards bringing a sustainable change in the country's healthcare delivery system.

## MODUS OPERANDI

Health is one of the key factors to consider when fighting poverty. Good health not only increases life opportunities, but also allows women to reduce their economic burden due to unplanned expenditures. CARE India has 16 projects on the ground to address barriers faced by the marginalised population who are otherwise dependent on government systems to access health services. Consequently, our work focuses on improving services for nutrition, maternal and newborn health, and communicable diseases, so that women and girls, across seven backward states in India, have access to quality healthcare.



To ensure healthcare facilities for all, it is imperative that women participate in decision-making related to issues of maternal health and care of newborns. Our work on reducing gender discrimination to improve access to health services, through behaviour change communication interventions in our projects, make sure that women opt for institutional deliveries, take decisions on breastfeeding and immunisations.

Inclusive Governance too is an integral part of our health projects which ensure community based collective actions, accountability and transparency of power-holders and improvement of services and outcomes. Through various activities we work on strengthening of already existing institutional spaces making all our projects more inclusive and effective.

Seeking support from our interventions, women once restricted to their homes are now advocating for healthcare facilities for themselves and their children, as well as, negotiating social dynamics. We have supported many marginalised women and girls, and successfully built on their skills to adapt to vulnerabilities and overcome health shocks.

## STRENGTHENING HEALTH SYSTEMS IN BIHAR

Our efforts to improve access to health services for poor households covers all 38 districts of Bihar. CARE India's Technical Support Project has expanded its coverage in support of Government of Bihar's health programmes for including many households which have previously not been able to access health services. The programme is being supported by Bill & Melinda Gates Foundation since 2012.

Here are some of the major initiatives that we undertook towards ensuring better access to quality healthcare.

## PUBLIC HEALTH CAMPAIGN

CARE India developed the first Public Health Campaign Brand of India - 'Swasth Bihar, Samridh Bihar' (Healthy Bihar, Prosperous Bihar) to strengthen health systems and promote health and public value; which was adopted by the Bihar government as a communication innovation. This helped in successfully engaging with the political establishment for improving demand and delivery of health services.

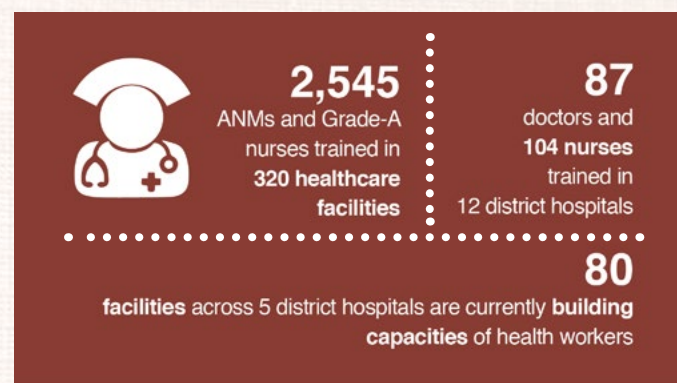


## CAPACITY BUILDING OF HEALTH WORKERS

A skill building programme AMANAT (Apatkalin Matritva Avum Navjaat Tatparta Karyakram) for doctors, nurses, and midwives in all public health facilities was initiated in Bihar. This







mentoring programme which had started in 32 facilities across eight pilot districts was scaled up across 38 districts in 2015. The training ensures improved services for pregnant women in public healthcare centers. It promotes access to cleaner Newborn Care Centers and well-trained nurses. With support from this initiative availability of instruments, essential drugs, consumables and equipments has improved significantly. There is an overall improvement in conducting normal deliveries, use of oxytocin, Active Management of Third Stage Labor (AMTSL) and management of complicated deliveries.

#### BETTER MONITORING OF IMMUNISATION REACH

The progress of the routine immunisation programme in Bihar which was earlier tracked manually, is now an online process through a web portal interface, which has resulted in quick-time analysis of findings and online sharing of records and graphs. This has facilitated easy accessibility and online sharing of graphs and records by all district level officials, helping in quicker decision making, course correction and enhancing internal accountability if required.

#### PROVIDING TECHNO- MANAGERIAL SUPPORT TO GOVERNMENT

Our State Resource Unit has been providing techno-managerial support to the Government of Bihar in

We have supported operationalisation of 77 Urban Primary Health Centers (UPHC) in 14 districts, covering 54,05,909 urban population including 6,30,735 slum population which mainly constitute of people from the marginalised communities

rolling out National Urban Health Mission in 14 districts since June 2014. Assessing the success of the initiative, the Bihar government has now scaled up

the programme, and given the mandate to CARE India for eight more districts, covering 22 additional Urban Primary Health Centers in 2017-18.

#### STRENGTHENING BLOOD BANKS

CARE India team trained Medical Officers and Lab Technicians across 29 District Hospitals on blood banks and blood storage units. Further trainings are in the pipeline. This initiative is targeted towards improving blood bank services for people and communities who lack money to buy blood during health emergencies.

#### PROVIDING LOGISTICAL AND TECHNICAL SUPPORT FOR FAMILY PLANNING

CARE India provided logistical and technical support to 39 providers from nine Medical colleges, who were also trained towards empowering women in remote areas of Bihar to plan their families. The initiative was supported by Bihar technical Support Unit at the request of the State Government.

#### SCALE-UP OF VILLAGE HEALTH, SANITATION AND NUTRITION DAY (VHSND) PROGRAMME

VHSND is a village level platform to provide immunisation, family planning and other basic health services to the communities. With the intervention and efforts

of CARE India the state government issued a revised guideline which led to a joint directive to scale-up VHSND. As per the state government's request we also developed a 'People & Community Centric' branding of VHSND named 'Arogya Diwas'.



CARE India has several other health programmes which empower women and girls from the most marginalised communities, in the remotest parts of our country.



#### BUILDING AWARENESS ON REPRODUCTIVE HEALTH

Adolescent girls, especially from marginalised communities do not have access to quality sexual and reproductive health information and services. Towards creating awareness on the issue, the RACHNA project conducted workshops at school level, in Rajasthan's Barmer district where more than 1,800 adolescent girls and boys were trained on reproductive and menstrual health, towards building their self-esteem and confidence.

#### REDUCING ANEMIA AND MALNUTRITION

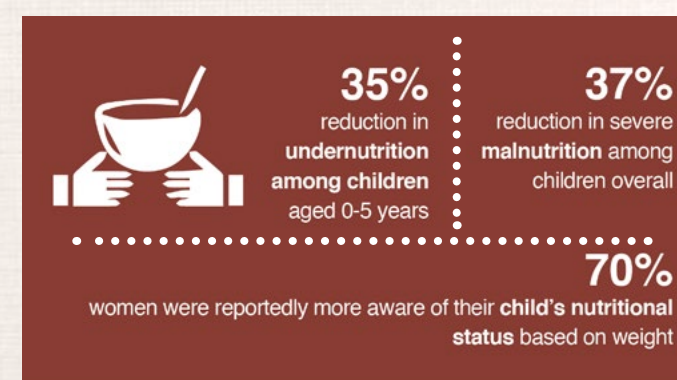
CARE India's technical assistance to promote nutrition under the National Rural Livelihoods Mission (NRLM) helped build an understanding about women's access to health services and in reducing anemia and undernutrition among women and girls from low income households.

#### SUPPORTING EARLY CHILDHOOD DEVELOPMENT

Our work in strengthening healthcare services, feeding practices and nutrition supplement for early childhood development, especially girls, in Bhilwara, Rajasthan under the KHUSHI project, achieved considerable improvement in nutritional outcomes. CARE India trained over 300 frontline workers across 504 Anganwadi Centres in the state.

#### FACILITATING COMMUNITY PARTICIPATION TO COMBAT MALNUTRITION

Community based Nutrition Volunteers in Madhya Pradesh Nutrition Project improved the nutrition status



of children, Severely Acute Malnourished (SAM) children, and awareness on nutrition among mothers.

#### ENSURING SURVIVAL OF NEWBORNS

Through our New Born Survival Project in Panna, Madhya Pradesh, we enhance clinical skills of health workers and sensitise them to advocate for equal care for female babies. Daily delivery reporting and tracking is used to identify and support high risk babies quickly and efficiently, especially girls who are often neglected by family members. We ensure improved quality care for the newborn and postpartum care for women.

CARE India reached out to over 23,000 women in Panna, out of which over 2,000 were Adivasis and 5,000 were Dalits

#### ENSURING IDENTIFICATION AND EFFECTIVE TREATMENT OF TUBERCULOSIS PATIENTS

The treatment of Tuberculosis (TB), and adherence and follow-up of patients is the focus of the AXSHYA project across Chhattisgarh, Jharkhand and Madhya Pradesh. By choosing to work in tribal endemic states, we ensured TB care for the underserved in difficult to access terrains across tribal areas. AXSHYA's pool of trained and motivated community volunteers have provided counseling and nutrition support to Multi Drug resistant TB patients. Our strategy of performance based incentives to volunteers played a key role in increasing TB detection among sputum negative cases by facilitating X-rays. Many community-wide awareness programmes, rallies and village announcements were conducted to identify and bring TB patients under a holistic treatment programme.



## OUR ACHIEVEMENTS

### CHILD AND ADOLESCENT HEALTH



**49,994**  
newborn lives saved in  
Ajaygarh block of  
Madhya Pradesh through the  
Newborn Survival Project



**37%**  
reduction in severely  
underweight children between  
0-5 years through the  
Madhya Pradesh  
Nutrition Project



**1,00,000+**  
frontline workers,  
government officials, citizens  
and aid workers reached out  
to and capacities built of 1,300 frontline  
health workers in Madhya Pradesh



**108**  
community awareness  
events organised for  
locals, frontline workers  
and Panchayati Raj  
Institutions in 108 villages

- Field staff visited 776 households to track 366 newborns and 410 pregnant women to provide supportive supervision, strengthen quality of Home Based Newborn Care and pregnancy care services delivered by frontline workers particularly ASHAs in Ajaygarh, Madhya Pradesh
- 108 new Mothers Group with 1,139 members formed. These groups act as an effective platform for advocacy within communities in Ajaygarh, Madhya Pradesh



### REPRODUCTIVE AND SEXUAL HEALTH



**36,410**  
girls and women assisted with better  
reproductive health and  
lower maternal and  
infant mortality in  
Barmer, Rajasthan  
through the Reproductive  
and Child Health Nutrition Awareness  
(RACHNA) project

### COMMUNICABLE DISEASES



**14,44,507**  
people from  
2,071 villages and  
544 slums, screened  
for presumptive tuberculosis  
across Chhattisgarh  
Jharkhand and  
Madhya Pradesh

## GAME CHANGER

### IMPROVING QUALITY OF MONITORING OF HEALTH OUTCOMES THROUGH TECHNOLOGY

Women and Child Development Ministry launched Integrated Child Development Services – Common Application Software (ICDS-CAS) to reach out to 170,000+ Anganwadi workers (AWWs) in 77 high malnutrition burden districts across eight states of India. The service was first launched in the country by the CARE India team in Bihar under the initiative, 'Continuum of CARE Services'

### WATER, SANITATION AND HYGIENE



**83%**  
of Anganwadi centres  
ensured handwashing  
practices among children  
across Hurda, Shahpura  
and Suwana blocks in  
Rajasthan



**500**  
Anganwadi Centres  
received hygiene kits  
under KHUSHI Project



**72,456**  
AWWs received ICDS-CAS smartphones to perform  
day-to-day activities digitally which they earlier  
used to do manually in registers

**4 million**  
beneficiaries and their nutrition status has now been  
tracked with their names and location details  
with the help of this service



# EDUCATION FOR ALL

CARE India's Girls' Education programme is committed to transforming the lives of marginalised children, especially girls. In our country, communities facing poverty and social exclusion have the lowest literacy rate. While the national average for literacy rate is 69.53%, it is 51.9% for Adivasis and 60.4% for Dalits (Census 2011 data).

To bring about sustainable change in the education landscape of the country, we work with out-of-school girls, pre-schools, primary and upper primary schools to facilitate a learner-friendly, fear-free, safe and enabling environment so that dreams and aspirations can take flight. Through our various initiatives we are working towards a nation where everyone has access to quality education irrespective of caste, creed and gender. CARE India is committed to ensure that all children, especially Dalit and Adivasi girls, have access to quality and gender equitable education.

## MODUS OPERANDI

To reach our goal of an educated India, we are working with out-of-school girls to get them into age appropriate grades, creating a safe and secure environment in schools, strengthening the government system, working with communities, and advocating policy changes to ensure quality education for children from poor and marginalised communities. We are engaging with girls, their families and community, in the remotest parts of the country, to provide access to quality education, and build their leadership and life skills.

Through our Teacher Resource Laboratories, we are sensitising teachers to specific learning needs of Dalit and Adivasi girls, empowering them with adequate training, motivation and academic tools, and ensuring that they are focused on developing a scientific temperament in girls.

We are working with School Management Committees as part of our engagement with government structures, to strengthen relationships, and maintaining transparency between schools and parents. These committees play a significant role in preventing dropouts, and ensuring a safe and secure environment in schools.

CARE India's 'Leadership Approach' is providing opportunities for adolescent girls to voice their concerns and influence decisions by helping them



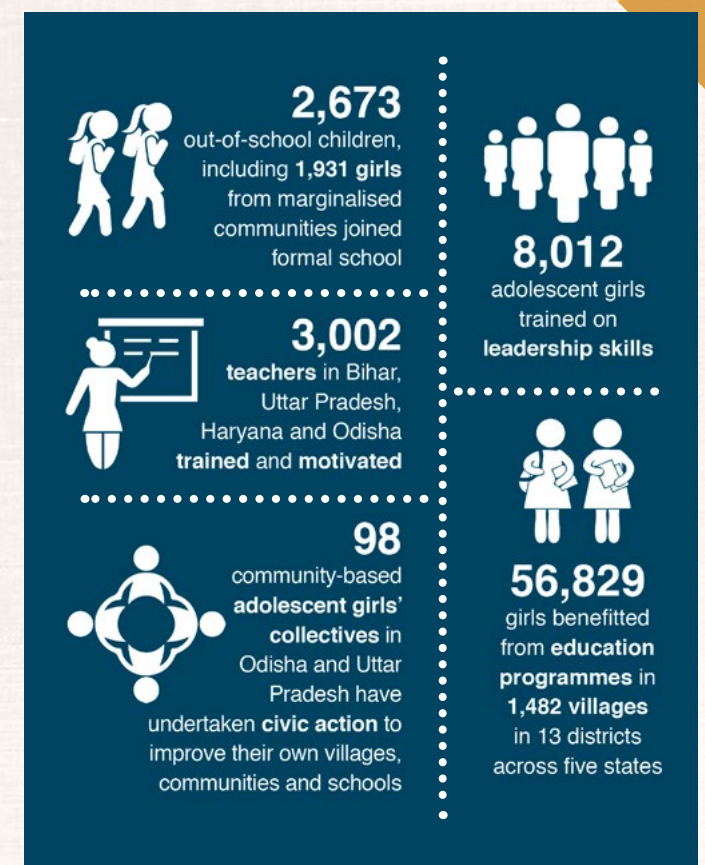
participate in platforms where they can engage with teachers, civil society representatives, as well as key block and district level officials.

Beyond education, our work converges with Health and Livelihood interventions where we utilise common platforms like Mothers' Groups, Self-help

Groups and Women's Collectives to influence behaviour change in parents. We endeavour to produce and deliver holistic transformative solutions for marginalised communities that produce outcomes, not only in education, but also in other domains.

## EMPOWERING OUT-OF-SCHOOL CHILDREN

Our work with out-of-school children, have especially empowered girls to break free from social, cultural and economic barriers that block their access to education. Through our programmes, we enable their re-entry in age appropriate grades through a Special Training Curriculum which has successfully evolved over two decades. The children also build leadership and social skills through the Leadership Curriculum.



In the last year, we started three residential Udaan centers for girls and 11 non-residential centers for out-of-school children in Uttar Pradesh, Odisha, Haryana and Bihar. 1,531 children benefitted from the programme, of which 90% were girls from marginalised communities



## OUR ACHIEVEMENTS



The Uttar Pradesh government recognised the contribution of **Teacher Resource Laboratories**, and has planned to upscale it. With this, all children enrolled in **government schools** will get an opportunity to **develop skills, scientific aptitude and temperament**



**CARE India**, with support from state level core group on safety and security in Uttar Pradesh, developed a **Teachers' Handbook on Safety & Security** covering children, **especially girls**. The book will be used by all **Kasturba Gandhi Balika Vidyalaya teachers** across the state. It is also available on **Sarv Shiksha Abhiyan's portal**



A national level position paper on **Early Language & Literacy**, presenting principles of early literacy was released by **Secretary, Ministry of Human Resource Development**. The five domains on early language and literacy were acknowledged, and will contribute towards forming the **National Framework for Early Language and Literacy**



A **South Asia Regional Forum on Safe and Secure Education** was launched in New Delhi for all children, especially **adolescent girls from marginalised communities**. **Education networks and CSOs from Afghanistan, Bangladesh India, Myanmar and Nepal** participated during the launch

### STRENGTHENING THE GOVERNMENT SCHOOL SYSTEM

Our programmes span pre-schools, primary and upper primary schools, and adolescents studying in Kasturba Gandhi Balika Vidyalayas. Our interventions are around early grade reading, creating a learner friendly environment, building capacity of teachers, promoting heuristic teaching methods and experiential learning in Science and Math, and building leadership qualities in children.

1,06,614 marginalised children from 1,052 government schools, out of which 53,516 were girls, benefitted from our programmes in U.P., Bihar, Odisha, Rajasthan and Haryana which have significant marginalised population

### WORKING WITH COMMUNITIES

We work for positive behavioural changes in the community by mobilising champions, mentors and

agents of change within the community to take forward the message of girls' education. We also work with men and boys to create an environment of mutual respect between both genders.

Our work extends to setting up community libraries managed by adolescent girls, and creating Adolescent Girls Collectives in community spaces to undertake civic action around safety, sanitation and regular participation of children in schools.

26,885 children and 2,688 community members reached. Of these 13,608 were adolescent girls and 1,361 were women

### SUPPORTING THE EDUCATION SYSTEM

CARE India has developed a vast bank of knowledge having worked on several education programmes with multiple stakeholders. We continuously strive to ensure that our work reaches scale and sustainability by sharing

knowledge and knowhow with the government and also providing them with technical support.



**500**  
government functionaries  
trained towards imparting  
quality education



**72,507**  
girls impacted through  
state-level technical  
support to KGBV and  
Quality Cells

**Leadership Curriculum** in upper primary schools in Uttar Pradesh benefitted 65,314 children. In Bihar, over 1 lakh children were reached out through state level trainings



## GAME CHANGER

**Marginalised children**, especially **girls**, should receive the same exposure to **modern learning platforms** as children in urban areas. Success of children, especially girls, in **science**, contributes in breaking **gender stereotypes**, and giving them **confidence**. To enable this, **capacitating teachers** is crucial to providing a **rich learning environment** for children in **marginalised** geographies



The **Teachers' Resource Laboratory (TRL)** is a unique developing model that **capacitates teachers** and serves as a platform for **scientific exposure** to all children. The lab provides opportunities to children to use **technology** conduct **hands-on experiments** and thereby learn. The TRL also assists teachers with **learning resources** in various domains

Currently, TRL is operational in **Bahraich, Uttar Pradesh**. We are hoping to scale it up significantly and are in conversation with State and National governments





# BUILDING LIVELIHOODS

CARE India is committed to empowering women from marginalised communities to have greater access and control over economic resources and their lives. Our programmes work with women who are engaged in smallholder agriculture, small businesses, or work as farm or non-farm labour, as part of livelihood programme. We endeavour to build capacities and an enabling environment for these women to strengthen their resource base, raise their voice and access a range of rights and entitlements, while confidently and directly engaging with duty bearers and market actors.

## MODUS OPERANDI

Several poor and remotely based communities in the country face multiple discriminations that exacerbate their exclusion and vulnerability. This is particularly true for women from marginalised communities who bear the triple burden of economic poverty, and gender and caste/class based discrimination. Recognising this, CARE India's livelihood programme has evolved and implemented a range of innovative initiatives that help women build secure and resilient livelihoods and climb out of poverty permanently. The key approaches adopted in livelihood sector initiatives include capability enhancement, asset building, collectivisation, inclusive value chain development, and engagement of men and other influential actors.

### ENHANCING WOMEN'S CAPABILITIES

Our initiatives focus on improving the knowledge, skills, self-esteem and leadership of women from marginalised communities, as part of their economic empowerment. The themes adopted for women's capability

enhancement during the year included climate resilient agriculture, market engagement, entrepreneurship and business literacy, financial literacy, clean cooking energy and household air



**36,625**

women and 956 men reached out through 9 projects across Chhattisgarh, Rajasthan, Odisha, Tamil Nadu and West Bengal

pollution and water harvesting and management. Empowering women smallholders by promoting their leadership, stewardship and ownership of multiple assets is a priority of our programmes.

Farmers in various parts of the country are today struggling to cope and adapt to climatic-induced shocks. This is affecting local food production systems and increasing food insecurity and



desperation amongst agriculture households. Our Community Based Adaptation initiatives seek to train and equip women smallholders and their households for practicing climate resilient agriculture, diversify

their production and income base, make informed choices, and raise their voice in appropriate platforms to sustain their livelihoods in a dynamic environment.



**524**

women participated in knowledge building sessions and household level testing of more than 20 different ICS and traditional cook stove models

### PROMOTING COLLECTIVE ACTION

Across all our livelihoods projects, we promote formation of women's collectives. These collectives serve as a platform for women which helps them beyond just savings and credit needs. They work on improved cooking, food consumption, and cultivation practices for improving own and their households' nutrition outcomes. Improving women members' incomes and access to and control over resources like land, forests, agricultural inputs is a key focus of these groups. The collectives ignite women's voices and enhance their bargaining power within households as well as in communities and markets.

### BUILDING MULTIPLE ASSETS

Women living in remote tribal areas, lack basic amenities like water and electricity which often leads to low agricultural productivity. Our work is focused towards stabilising and institutionalising gains for these women by providing them access to a range of agricultural inputs, services and advisory, so that they can harvest qualitatively and quantitatively superior produce. We also introduce women smallholders to rudgerly reducing technologies, enable technology

.....

Asset value rose for all households by 15% in Kalahandi and Kandhamal districts and proportion of women buying and selling household assets grew from 29% to 54%

.....

A water storage technique promoted to farmers in Jashpur, Chhattisgarh was adopted by 40% farmers. More than one-third farmers in the region, now have a farm pond to store water in their agricultural lands

.....



## OUR ACHIEVEMENTS



**Pathways project**, implemented in Kalahandi and Kandhamal districts of Odisha led to an increase in mean monthly per capita **farm income** from **₹83 to ₹128**. For female-headed households the income jumped **three times to 82%** and for male-headed households it **tripled to 85%**



**15 Agri-Kiosks**, providing services such as **soil testing**, **seed selection** appropriate pesticides, herbicides, and fungicides, and **latest agricultural equipment** on rent in Kalahandi and Kandhamal districts are serving more than **8,000 women farmers**



**3,000 tribal women** and their households were positively impacted through our project **Where the Rain Falls** as they were trained on **water storage methods** in their agriculture fields. Women are now aware of **climate hazards** and **better prepared** to cope up with it



As a part of our **Technical Assistance and Research for Indian Nutrition and Agriculture (TARINA)** project we are directly working with **10,000 women farmers** from Schedule Caste and Schedule Tribe households in **72 villages** across **five blocks** in two districts towards **improved access** **affordability** and consumption of quality diets



Our **SWITCH-Asia project** conducted, **25 sessions** in **50 Sustainable Household Energy (SHE) schools**, where **524 women** participated in knowledge building sessions and **household level testing** of more than **20 different ICS (Improved Cook Stove)** and traditional cook stove models

customisation, and support development of the value chain to ensure sustained access to affordable and appropriate technologies. Similarly, for women engaged in small businesses, access to credit, machinery, and skilled workers is as important as support for business formalisation and links to stable markets.

### PROMOTING INCLUSIVE VALUE CHAINS

Promoting inclusive value chains is a key approach across our projects in rural locations. All our projects ensure engagement with government departments, research and training institutions, and business enterprises through one-on-one meetings, consultations, discussions, gender dialogues, interface events, and seminars. This helps us in revealing and then removing the various hurdles created by socio cultural norms thereby creating an enabling environment for women from the marginalised communities to fulfil their aspirations, and realise their individual and collective potential.

### ENGAGING MEN AND OTHER STAKEHOLDERS

Our projects are focused on improving the socio-economic conditions of women and support their empowerment. Systematic efforts have been made to enhance the capacities of project staff to catalyse gender transformative changes among the communities they work with. Specific tools and gender markers have been developed, and used to progressively enhance participation of women at every level.

Women and women's collectives-led engagement with national, state and local actors - both public and private - as part of our initiatives, helps in enhancing the responsiveness of these powerful stakeholders to women's aspirations, needs, demands, resulting in better outcomes for all our project participants. Some of these learnings and best practices have been adopted by shared for adoption with state and national government entities for scale up.

### INTEGRATING MULTIPLE APPROACHES

Adivasi communities have been traditionally dependent on fuelwood and traditional cookstoves for household cooking, which results in Household Air Pollution (HAP) responsible for many deaths every year in the country. Through our work, we aim to increase awareness of women on clean energy options for household use, facilitate acquisition of Improved Cooking stoves (ICS), and influence men and other stakeholders to be supportive of women's endeavours for clean energy transition.

**Cashew Women Entrepreneurs' Network (CWEN)** set up under the Women's Leadership in Small and Medium Enterprises (WLSME) initiative in Tamil Nadu emerged as a formal, all women institution that puts women entrepreneurs' concerns and business interests at the core of their work



## GAME CHANGER

CARE India's livelihood initiatives have evolved an intensive Farmer Field Business School (FFBS) methodology. Originally designed by the United Nations Food and Agriculture Organisation in 1989, this group-based learning process has been successfully adopted by more than two million farmers across Asia



Subsequently, our livelihood initiatives have integrated Farmer Field School as a standard approach to engage women from marginalised households in exercises where they get to know, and test improved ways of practising agriculture, cooking and improving household nutrition before adopting them. As women manage and lead all FFS it leads to their empowerment both as facilitators and participants providing them knowledge, skills and attitudes that can be translated into life-long learning for varied life situations



# DISASTER PREPAREDNESS AND RESPONSE

Responding to emergencies is a part of CARE India's core mandate to fight poverty and injustice in the country. Our response teams are trained on identifying and reaching out to the most vulnerable and excluded population, who are persistently left out, and providing them with lifesaving relief assistance. Apart from relief assistance, our work also spans across disaster preparedness and resilience building of communities, and recovery and rehabilitation of man-made and natural disaster survivors.

We focus on serving the most marginalised with special needs, and help them overcome shocks, and become resilient. Besides them, persons with disabilities, elderly with no one to support, pregnant women, lactating mothers, widows and families whose houses get completely damaged after a disaster, are also a part of our beneficiary set.

Above all, we strive to continuously improve quality and effectiveness of our interventions, improve efficiencies, and ensure right to life and dignity for all people during disasters.

## MODUS OPERANDI

At the beginning of every relief distribution process, our response teams inform affected community members about the purpose and details of the assistance programme. The team members are introduced to the community so that people can approach them freely whenever

required. Orientation of all local volunteers is also undertaken before they are deployed for assessment of disaster, or relief distribution.

Assessments with participation from communities are conducted to identify the worst affected districts and villages. While selecting beneficiaries it is ensured that excluded households which are most in need get identified. There is a rigorous feedback and complaint mechanism that ensures quality and accountability by team members during the relief distribution phase, so that everyone who is eligible, receives coordinated and complementary assistance.

Women and girls are the most vulnerable during any disaster. They often face reproductive and sexual health problems, and increased rates of sexual and domestic violence after disaster. We ensure that women and girls from marginalised communities are safe during crisis and they know their rights



and entitlements, have access to information, and participate in decisions that affect them. Our relief distribution teams are gender balanced too. In all the five-emergency responses during the year we have enabled equal participation from both male and

female members of the community and our monitoring team comprises of people from community, government officials, and Panchayat. Through involvement of all key players, we ensure quality relief distribution for all disaster affected people.

.....

In the last year, we supported 33,582 people (16,614 females and 16,968 males) with safe drinking water, dry food, water purification tablets, shelter and hygiene kits across Bihar, Uttar Pradesh, Maharashtra, Tamil Nadu and Madhya Pradesh as a part of disaster response initiative

Out of the total beneficiaries, 59% were from Schedule Caste and Adivasi communities and 7% from OBC and minorities

.....



**700**  
worst affected households and most marginalised Irula tribes across 25 villages in Kanchipuram, Tamil Nadu were provided with relief assistance during cyclone Vardah

## PRE-POSITIONING OF RELIEF ITEMS

We are better equipped to reach out to maximum number of affected people in the shortest possible time. Our relief materials are pre-placed in different parts of the country, especially those which are disaster prone, and include dry rations, emergency shelter materials along with water and sanitation, and hygiene kits.

## PARTNERSHIPS FOR QUICK DEPLOYMENT

CARE India has forged several partnerships with local NGOs in disaster prone regions, to have a presence on the ground in the shortest possible time when emergency strikes. As we begin work, we also partner with peer organisations working in the area to complement each other's actions, avoid duplicity and collaboratively achieve more.

## TRAINING AND CAPACITY BUILDING

We organise training programmes for our emergency roster CARE staff and NGO partners on emergency



## OUR ACHIEVEMENTS



**33,582**

people supported during disasters like drought, flood and cyclone with safe drinking water, dry food water purification tablets shelter and hygiene kits across five states in the country



**14,496**

people supported as part of drought response in Maharashtra and Madhya Pradesh with drinking water, water purification tablets, jerry cans and water storage tanks



**12,445**

survivors supported with dry food, shelter and WASH kits, during the floods in Bihar and Uttar Pradesh



**6,641**

survivors were given WASH and shelter kits during Cyclone Vardah in Tamil Nadu



**65**

participants from 15 local NGOs and volunteers attended four training programmes on Vulnerability and Capacity Assessment (VCA) as part of the Emergency Preparedness project in Bahraich, Uttar Pradesh and Supaul, Bihar

response protocols, rapid assessment, relief distribution and standard operating procedures.

### STRENGTHENING SURGE CAPACITY

Emergency response training was held in Puducherry for 37 participants from Telangana, Andhra Pradesh and Tamil Nadu to build their capacities. Another training was organised in Bhubaneswar for 30 participants from West Bengal, Odisha and Chhattisgarh. The participants included partner NGO staff and CARE India staff members from emergency roster.

### BUILD BACK BETTER

CARE India chaired a session on the theme, 'Strengthen Disaster Preparedness Capacity: Preparedness to Build Back Better' during the Asian Ministerial conference on Disaster Risk Reduction held in New Delhi in collaboration with All India Disaster Mitigation Institute,

and other peer organisations. The conference witnessed participation from over 50 Asian countries.

### CREATING AWARENESS

Towards creating awareness on disaster preparedness we organised a month-long campaign, 'India Prepares'.

### GENDER SENSITIVE RESPONSE

During any response to disasters, gender differential needs are assessed, and the relief kits packaged in accordance. A training on 'Gender in Emergencies and applying Gender Markers' was organised for CARE India roster staff. Women members and women also occupied key leadership positions in planning and implementation of disaster response at all levels.

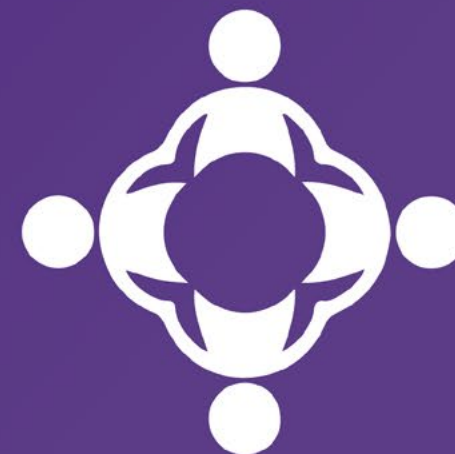
- The relief distribution teams were gender balanced and over 70% of the direct beneficiaries were women

- Social Monitoring Committee formed in the disaster affected areas comprised of 50% women members and occupied key leadership positions
- 15 out of 30 masons trained to construct disaster resilient shelters in the flood affected villages were women



## GAME CHANGER

CARE India in sync with the Core Humanitarian standard (CHS) which is a set of nine global standard commitments to communities and people affected by crisis and what beneficiaries can expect from organisations and individuals delivering humanitarian assistance



16 Focus Group Discussions were conducted at the community level across four states which were assessed by community members. Interviews were also conducted with NGO partners and staff members across these states. This has had a quantum impact on the quality and delivery of humanitarian assistance by us



# BREAKING GENDER BARRIERS



CARE works towards addressing the root causes of poverty and social injustice among marginalised communities, because gender inequitable relations, power dynamics and social norms, add an unfair share of poverty on women. While women and girls in India are more vulnerable due to historical and social factors, this vulnerability multiplies with the additional burden of caste, tribe, economic status and literacy levels.

Empowerment is critical, if women are to achieve their full and equal human rights, as citizens, as members of communities, and in households. But before empowerment can become a reality, it is important to unravel and address multiple layers of vulnerability among women, and address each of them through a multi-faceted approach.

## MODUS OPERANDI

CARE works towards gender transformative change at the individual, household and community level. Each of our programmes on the ground have a strong gender component to ensure a gender transformative approach where men and women, boys and girls live together with mutual respect, with equal opportunities and are aligned to common goals.

### WOMEN'S EMPOWERMENT

We work with women to build their efficiency and leadership, and engage with service providers, government and other stakeholders towards their development. Men, boys, families and communities are also a part of the engagement process to create an enabling social and political environment, which is gender transformative, and addresses the choice of women and girl's.

### BEHAVIOUR CHANGE COMMUNICATION

Across various projects, behaviour change communication is planned and executed to address lack of awareness, and strengthen the ability of women's collectives to challenge and change unjust gender and social norms. Our specially developed tools and communication outreach promotes engagement with community, service providers, government functionaries, and market players.

Tools and approaches

- Gender Dialogues (Gender Chaupal) in Madhya Pradesh Nutrition Project
- Nutrition Gender Toolkit in Technical Assistance and Research for Indian Nutrition and Agriculture (TARINA) Project

### PARTNERSHIPS AND ALLIANCES

Towards bringing gender transformative change in communities, CARE India has been partnering with like-minded organisations. We have collaborated with organisations in Bihar on the issue of domestic violence, participated in Task Force and Steering Committee on 'Life Free from Violence', and are a member of the CARE International Gender Network (CIGN).

35.8% of Muslim girls in Other Backward Class category never attended school



56.8% of women-headed households were landless\*

Access to ante-natal care is the lowest among Adivasi and Dalit women

\*Source: 2016 Indian Exclusion Report



## OUR ACHIEVEMENTS

### WHERE THE RAIN FALLS PROJECT IN JASHPUR, CHHATTISGARH



**59%**  
women are confident of  
raising their issues at  
public places



**55%**  
women reported that they  
have equal control over  
their household income

### MADHYA PRADESH NUTRITION PROJECT, CHHATARPUR, PANNA, TIKAMGARH

In 20 villages across three districts:



**54%**  
of women reported  
themselves to be the  
primary decision makers for  
health care of children



**42.1%**  
husbands sharing  
household chores as  
compared to 35.5%  
before intervention

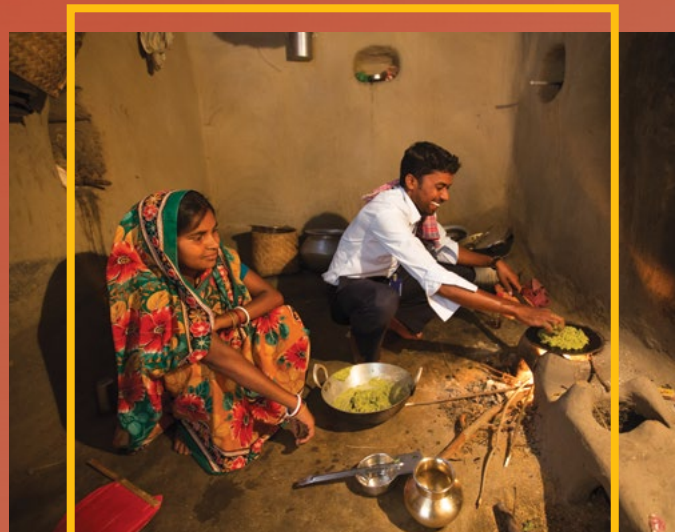


Significant change was observed in frequency of  
women reporting that women are eating meals  
together with husband and family

## GENDER TRANSFORMATIVE CHANGE (GTC) FLAGSHIP APPROACH

The GTC approach has resulted from the need to simplify gender and to scale up systematic gender integration and monitoring, by our teams, even if they are not gender specialists. The approach explains gender and various components within gender integration; simplifies models and frameworks, and provides a step by step guide to contextualize, integrate, monitor and evaluate gender in each project and the larger programme. This approach has already been rolled out in most of our work on the ground

A wide range of Gender Transformative Change Indicators have been developed to understand changes being made



in women empowerment in health, education and livelihoods domains. These indicators are integrated in the design of all projects, baseline, end line and ongoing monitoring.

To track the progress our work is making on gender, we have developed a GTC Tracker. It tracks Social Analysis and Action based gender training of staff, integration of gender in project design and indicators, monthly reflect practice, most significant change stories, and advances in the gender continuum.

Another key tool used by CARE India is the Gender Marker. It helps projects to reflect themselves on the Gender Continuum to see whether they are 'gender harmful', 'gender neutral', 'gender sensitive', 'gender responsive', or 'gender transformative'. The Gender Marker helps us to understand where our projects are on gender continuum and what needs to be done to move them towards 'gender transformative' change and keep striving towards excellence in gender transformative work.



## GAME CHANGER

The **central approach** to **deepen** and **integrate gender** in our programme is the **Social Analysis and Action (SAA) approach** which is based on **continuous participation** and **reflection on gender norms and practices**, by both the **CARE India team** and the **community collectives** we work with



As part of the approach, at first CARE India team members are facilitated to reflect upon and challenge their own gender biases and stereotypes. The teams then engage with communities towards challenging gender inequitable norms. This is done through engagement with women, girls men and boys and use existing platforms like mother's group, father's group, girls' collectives and Bal Panchayats during Village Health, Sanitation and Nutrition Days



# ADVOCATING FOR CHANGE



CARE India's advocacy initiatives work towards influencing existing and upcoming national and international policies to uphold, scale and sustain the empowerment of women and girls from the most marginalised communities. We engage with policy makers and build relationships with key state and national level networks and alliances to build support for the marginalised. Building on work done over the past few years, our advocacy efforts focuses on developing outcome-based thematic advocacy strategies, and leverages our expertise in women's empowerment, health, nutrition, shelter in emergencies, early childhood care and development, and Kala-azar.

## MODUS OPERANDI

We work towards networking and building external alliances with civil society organisations, media, donors and governments to advocate for better facilities for marginalised communities, especially women and girls who live in remote parts of the country. We closely work with state and national governments to provide inputs on implementation of various development programmes, and help them achieve the Sustainable Development Goals. Our learnings are encapsulated in knowledge products which help in advocating on various issues affecting the underprivileged, and easily accessible to one and all.

### BUILDING PARTNERSHIPS AND ALLIANCES

CARE India works with diverse actors through

partnerships to ensure strengthening of existing services and improve outcomes thereby making our projects more inclusive and effective.

- CARE India has collaborated with Coalition for Food and Nutritional Security to take the agenda of nutrition forward in the country. We organised a multi-stakeholder consultation and co-developed a strategy paper to advance the work on food security
- Collaborated with SPHERE and other peer agencies to organize an event at National Institute for Disaster Management, on challenges and opportunities. The event was attended by 50 participants from government agencies
- The Bihar Technical Support Programme organized a state level Village Health, Sanitation and Nutrition Day meeting for officials from Health Department, Integrated Child Development Services, Jeevika, Mahadalit Mission and representatives from other development organisations

### ADVOCATING FOR CHANGE

CARE has been contributing consistently on government policies like Draft Women Empowerment Policy where we emphasized on the holistic approach for mainstreaming gender, and advocated that special priorities should be given to women and girls from socially excluded communities through government schemes and programmes.

On the Draft National Education Policy, CARE India advocated for a system that will impart education not merely literacy, and which allows children to



communicate with confidence, by providing an environment that fosters the development of critical analysis skills.

- Advocacy by the Madhya Pradesh Nutrition Project team, helped in inclusion of 67 new Anganwadi Centres in Panna, Tikamgarh district



- Our health programme team in Bihar facilitated the first advocacy meeting of 'Project Implementation Committee' as per the recommendations of Center for Development of Advanced Computing for rollout of E-Aushadhi
- On invitation from NITI Aayog, CARE team shared the key indicators which reflects progress in the health system in Bihar. Some of the learnings of CARE India's work have been incorporated in the three-year action plan of NITI Aayog

### SHARING OUR LEARNINGS

CARE India has been proactive in sharing knowledge in the form of reports, documents and other evidences on Sustainable Development Goals with partners and stakeholders worldwide.

### OTHER KEY INITIATIVES

- Sharing insights on using mobile technologies to strengthen health initiatives and supporting the Sustainable Development Goals at the 2nd Annual Aid and Development Asia Summit held at the United Nations Conference Centre in Bangkok, Thailand
- Participated in the 7th Conference of the Union, European Region and shared learnings on 'MDR TB in women jail inmates in India - a silent epidemic in making', in Bratislava, Slovakia



## KEY ACHIEVEMENTS

- Organised a roundtable with banks in Mumbai on how they can grow profitably by being more inclusive
- A multi-stakeholder consultation 'Protection of Women against Domestic Violence(PWDV) Act' was organised with service providers, where they shared their experiences around implementing the law
- Initiated a discussion on safety and security around girl's education with policymakers in Uttar Pradesh
- CARE India has been nominated as one of the members of the council which has been constituted on Early Childhood Care and Development in Chattisgarh
- Participated in developing the International agenda on Sexual Reproductive and Health Rights and Gender Based Violence during humanitarian response
- 'Healthy Bihar, Prosperous Bihar' paper presented in the 4th Global Symposium on Health Systems Research, in Vancouver, Canada

## GAME CHANGER

Effective implementation of Protection of Women Against Domestic Violence Act (PWDVA) 2005 has been one of the key priorities for CARE India. We have advocated for this in the state of Bihar and at the national level through a series of meetings with government and media, demanding special allocation of budget for programmes which are meant to reduce domestic violence. We also organised a series of civil society consultations both at state and central level.



# CREATING AWARENESS AND GARNERING SUPPORT

campaigns on multidimensional themes were launched in the year, which helped us in building digital assets towards enhanced engagement with our donor base. This played a significant role in garnering support and widening donor base for our various projects. Through online activities and targeted campaigns, we helped build understanding and empathy among urban donors for our project participants in the remotest part of our country. Along with this communication products were created to change attitudes and behaviours at the grassroots level to bring about sustainable change at scale and position CARE India as a significant Changemaker in the development space.

## KEY HIGHLIGHTS

- Recognising the potential of connecting with supporters around national holidays, festivities and other important events, online campaigns like Light Up Her Future (Diwali) and Be Her Santa (Christmas), Save Tax (during the tax planning period) were conceptualised and executed for awareness and fundraising. CARE to Share was another campaign launched during the year which focused on specific projects like Udaan for education of out-of school girls, and project Briddhi to address malnutrition in children
- More digital campaigns were launched to generate resources and encourage people to support CARE India's disaster response programmes around droughts in Maharashtra and Madhya Pradesh, Bihar and Uttar Pradesh floods, and Cyclone Vardah in Tamil Nadu
- Inspiring success stories from our work across states, testimonials, videos, and pictures populated our social media assets, campaigns, events, blogs, brochures and knowledge products. All of this translated into increased traffic, engagement and time spent on the website

This year focused on reaching out to a wider range of audience and engaging with them through both online and offline channels. Several digital and social media



- Consistent media outreach through authored articles, industry stories, and profiling opportunities, besides extensive press coverage of CARE events and launch of knowledge products, built awareness and positive disposition among diverse stakeholders



Individual Fundraising was spearheaded by the tele-calling and tele-facing teams across the country with field teams conducting many successful road trips, activities in the malls, corporate spaces and Resident Welfare Associations to create awareness and raise funds for our health, education, livelihood and disaster response programmes.

## KEY HIGHLIGHTS

- The team expanded its in-house capabilities with the help of new fundraising agencies and explored diversified ways to raise funds
- Our on-ground teams successfully connected with middle-income donors during emergencies like Bihar floods and drought in Maharashtra





## INSTITUTIONAL PARTNERS

The Institutional Partnerships unit serves to drive donor interest towards CARE India's focus on working for the empowerment of women and girls, from poor and marginalised communities. This is done through active engagement across education, livelihoods, health and disaster preparedness and response with connected and interested donors.

An elaborate and complex process of identifying, seeking and sourcing agencies and donors in the development space in India is undertaken to engage with prospective partners. Proposals to seek funds from bi and multi-lateral donors, Foundations, Trusts, small Embassy funds, Government funds are then made and submitted for support and collaboration. Registration with the Niti Ayog has opened Government channels of funding, in a comprehensive way.

The unit responds to Request for Proposals (RFPs), in line with donor priorities, responds to Expression of Interests (EOIs), and empanelment asks of Government and United Nations Bodies. An active pipeline is created and maintained on a weekly and monthly basis. An active list of potential donors in the focus areas in which CARE India works is maintained through research and responses on a regular basis.

Meetings to discuss potential possibilities with the various Institutions listed above are convened and CARE's programmatic focus and work through concept notes and ideas is shared for eliciting further interest.

The unit works in partnership on calls from International donors through other CARE Member Partners, and in some instances with other CARE Country offices.

Here is a list of some of our institutional partners:-

- Australian Consulate
- Bill and Melinda Gates Foundation
- DFID
- European Union
- Liverpool School of Tropical Medicine
- START Fund
- UNICEF
- United Nations
- USAID
- World Bank
- World Vision



## CORPORATE PARTNERS

The Companies Act 2013, particularly Section 135 which covers Corporate Social Responsibility (CSR), and stipulates that two percent of profits (of Companies that fall within the stipulations) be allocated for development purposes, was a fillip to engage proactively with the Corporate sector.

Within the ambit of this Act, CARE India has positioned itself to work in partnership with Corporate entities to address the complex issues faced by modern India in terms of social exclusion, poverty, and deprivation, which can only be resolved when the state, civil society, individuals and corporates join hands, and work collaboratively. We aim to empower women and girls from marginalised communities which will lead to sustainable positive changes in their lives and livelihoods.

CARE's expertise is in designing sustainable solution-based models which are aligned to CSR goals of Companies, work with our partners to understand their immediate challenges and help them identify, design, implement, monitor and evaluate sustainable and scalable programmes. Our strategic partnerships include a multi-faceted, long-term integrated approach across thematic areas of Health, Education, Livelihood, Humanitarian Response, Women Empowerment and Gender.

Employees of Corporates could also take the opportunity to make lasting change in the lives of women and girls from marginalised communities which address underlying causes of poverty and deprivation, through fundraising, payroll giving, and skill-based volunteering. Our Cause Related Marketing tie-ups are designed around customer engagement while supporting the cause.

CARE in India has been responding to emergencies for over 65 years and is recognised as one of the major actors in humanitarian response in the country. As a part of CARE India's disaster response strategy, the predominant interventions during disaster are in Shelter, Water Sanitation & Hygiene (WASH), and livelihood restoration through immediate relief, recovery and rehabilitation interventions. Corporate support at such times is critical.

Below is a list of some of our Corporate Partners who have supported us in 2016-17:-

- Amazon
- AXA

- Barclays
- BNP
- CAIRN Foundation
- Cargill
- Citi Bank
- CISCO
- Dimagi
- Discover
- Eli Lilly
- EROS
- General Mills
- Glamour
- GSK
- Hindustan Zinc Limited
- Jeff Peierls
- JP Morgan Chase
- Kellogg Foundation
- Kendeda Fund
- MARS Food
- Merck
- Option
- ORACLE
- PCTFI
- Primark
- RBL
- SPX-Clyde Pumps India
- SYMANTEC
- Team 4 Tech
- The Hans Foundation
- Titan
- United Way of Mumbai

## INDIVIDUAL DONORS

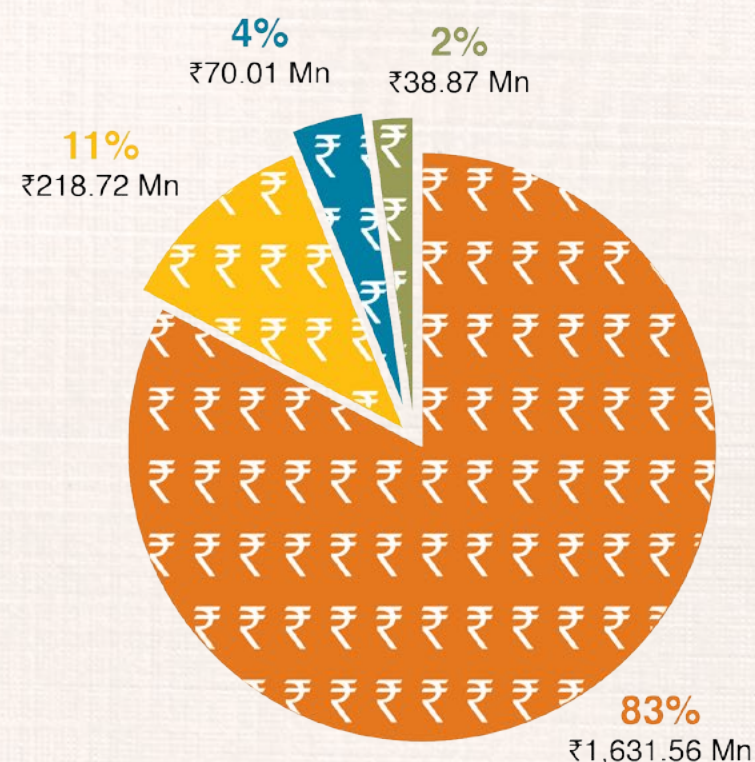
We are grateful for the kindness shown by all our individual supporters. Their donations go a long way in creating a world of hope, tolerance and social justice, where poverty has been overcome and people live in dignity and security.



# MONEY MATTERS

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

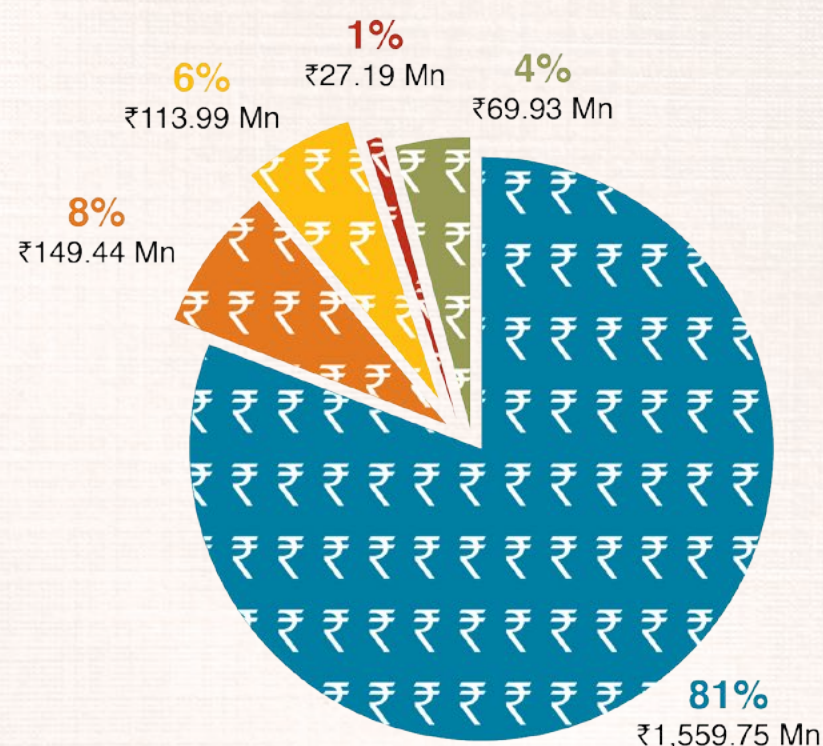
utilised for marginalised communities across our work encompassing education, livelihoods, health and disaster preparedness and response. The following figures represent grants and donations received by CARE India in the Financial Year 2016-17.



## Income Breakup for the FY 2016-17



**TOTAL: ₹1,959.17 Mn**



## Sectoral Expenditure during the FY 2016-17



**TOTAL: ₹1,920.29 Mn**

## Care India Solutions For Sustainable Development Balance Sheet as at 31 March 2017 (All amounts are in Indian Rupees unless otherwise stated)

	Note	As at 31 March 2017	As at 31 March 2016
<b>EQUITY AND LIABILITIES</b>			
<b>Shareholder's funds</b>			
Share capital	3	200	200
Reserves and surplus	4	211,451,818	208,072,168
		<b>211,452,018</b>	<b>208,072,368</b>
<b>Non-current liabilities</b>			
Long-term provisions	5	40,825,840	37,779,502
Other long term liabilities	6	181,125	-
		<b>41,006,965</b>	<b>37,779,502</b>
<b>Current liabilities</b>			
<b>Trade payables</b>			
-Total outstanding dues to micro and small enterprises	7	-	-
-Total outstanding dues of creditors other than micro and small enterprises		39,378,406	49,118,976
Other current liabilities	8	857,897,089	377,730,942
Short-term provisions	9	17,428,053	10,046,169
		<b>914,703,548</b>	<b>436,896,087</b>
		<b>1,167,162,531</b>	<b>682,747,957</b>
<b>ASSETS</b>			
<b>Non-current assets</b>			
<b>Fixed assets</b>			
Property plant & equipment	10	35,292,581	43,796,879
Intangible fixed assets	10	1,994,575	1,386,662
		<b>37,287,156</b>	<b>45,183,541</b>
Long term loans and advances	11	24,291,287	14,557,866
		<b>61,578,443</b>	<b>59,741,407</b>
<b>Current Assets</b>			
Cash and bank balances	12	1,053,068,097	449,368,868
Short-term loans and advances	13	50,041,542	171,311,177
Other current assets	14	2,474,449	2,326,505
		<b>1,105,584,088</b>	<b>623,006,550</b>
		<b>1,167,162,531</b>	<b>682,747,957</b>

## Significant accounting policies

2

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

As per our report of even date attached

For BSR & Associates LLP  
Chartered Accountants  
Firm Registration No. 116231W/W-100024

Sandeep Batra  
Partner  
Membership No: 093320  
Place: Gurgaon  
Date: 19 August 2017

For and on behalf of the Board of Directors of  
Care India Solutions For Sustainable Development

Rajan Bahadur  
Managing Director & CEO  
DIN: 07213349  
Place: Noida  
Date: 19 August 2017

Yamini Mrinalika Aiyar  
Director  
DIN: 02882688  
Place: Noida  
Date: 19 August 2017



**Care India Solutions For Sustainable Development**  
**Income and Expenditure Account for the year ended 31 March 2017**  
(All amounts are in Indian Rupees unless otherwise stated)

	Note	Year ended 31 March 2017	Year ended 31 March 2016
<b>Income</b>			
Grants and donations received	15	1,920,293,855	2,196,990,938
Other income	16	38,873,851	39,671,033
<b>Total</b>		<b>1,959,167,706</b>	<b>2,236,661,971</b>
<b>Expenses</b>			
Project expenses	17	1,909,103,343	2,193,703,462
Other administrative expenses	18	7,788,504	4,367,570
Prior period expenses	19	30,999,824	3,287,476
Depreciation	10	29,703,974	32,733,443
<b>Total expenditure</b>		<b>1,977,595,645</b>	<b>2,234,091,951</b>
<b>Excess of income over expenditure / (Excess of expenditure over income)</b>		<b>(18,427,939)</b>	<b>2,570,020</b>
<b>Appropriations</b>			
Add: Transfer from asset fund account	4c	29,703,974	32,733,443
Amount transferred to general fund	4a	11,276,035	35,303,463

**Earning per equity share:**  
Basic 563,802 1,765,173

**Significant accounting policies** 2

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

As per our report of even date attached

For **BSR & Associates LLP**  
Chartered Accountants  
Firm Registration No. 116231W/W-100024

*Sandeep Batra*

**Sandeep Batra**  
Partner  
Membership No: 093320  
Place: Gurgaon  
Date: 19 August 2017

For and on behalf of the Board of Directors of  
**Care India Solutions For Sustainable Development**

*Rajan Bahadur*  
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Managing Director & CEO  
DIN: 07213349  
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Date: 19 August 2017

*Yamini Mrinalika Aiyar*  
**Yamini Mrinalika Aiyar**  
Director  
DIN: 02882688  
Place: Noida  
Date: 19 August 2017



**Care India Solutions For Sustainable Development**  
**Cash Flow Statement for the year ended 31 March 2017**  
(All amounts are in Indian Rupees unless otherwise stated)

	For the year ended 31 March 2017	For the year ended 31 March 2016
<b>A. Cash flow from operating activities</b>		
Excess of income over expenses	11,276,035	35,303,463
Adjustment for:		
- Fixed assets purchased charged off in project expenses	22,286,827	32,025,183
Working capital adjustments:		
- Decrease / (increase) in loans and advances	114,401,495	(44,459,086)
- Increase / (decrease) in trade payables	(9,740,570)	22,037,976
- Increase in provisions for employees benefits	10,428,221	13,856,608
- Increase in other liabilities	480,347,273	172,922,829
Net cash from operating activities	628,999,281	231,686,973
Income tax paid (including tax deducted at source)	(2,865,281)	(2,535,296)
<b>Net cash generated from operations</b>	<b>626,134,000</b>	<b>229,151,677</b>
<b>B. Cash flow from investing activities</b>		
Interest received from fixed deposits	-	102,646
Other current assets	(147,944)	(2,326,505)
Purchase of fixed assets	(22,286,827)	(32,025,183)
Movement in other bank balances	-	2,744,562
<b>Net cash used for investing activities</b>	<b>(22,434,771)</b>	<b>(31,504,480)</b>
<b>C. Cash flow from financing activities</b>		
<b>Net increase / (decrease) in cash and cash equivalents (A+B+C)</b>	<b>603,699,229</b>	<b>197,647,197</b>
Cash and cash equivalents at the beginning of the year	449,368,868	251,721,671
<b>Cash and cash equivalents at the end of the year</b>	<b>1,053,068,097</b>	<b>449,368,868</b>
Components of cash and cash equivalents:		
Cash in hand	200	200
Balances with scheduled banks	1,053,067,897	449,368,668
	<b>1,053,068,097</b>	<b>449,368,868</b>

The Cash Flow Statement has been prepared in accordance with the 'Indirect Method' as set out in the Accounting Standard (AS) - 3 on 'Cash Flow Statements' as prescribed under Section 133 of the Companies Act, 2013 ('Act') read with Rule 7 of the Companies (Accounts) Rules, 2014

As per our report of even date attached

For **BSR & Associates LLP**  
Chartered Accountants  
Firm Registration No. 116231W/W-100024

*Sandeep Batra*  
**Sandeep Batra**  
Partner  
Membership No: 093320  
Place: Gurgaon  
Date: 19 August 2017

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Date: 19 August 2017

*Yamini Mrinalika Aiyar*  
**Yamini Mrinalika Aiyar**  
Director  
DIN: 02882688  
Place: Noida  
Date: 19 August 2017





# CRITICAL SUPPORT



CARE India launched "CARE Insite" - an integrated internal knowledge portal, designed to provide a complete technology solution that brings together document repositories, collaboration components and back-end applications. It enables easy and timely storage, retrieval, sharing, and usage of CARE India's knowledge-based assets.

With neatly catalogued and structured documents stored in a central searchable repository, the portal



An insight into organizational knowledge

helps project teams save time in accessing and using relevant information by eliminating waiting periods and follow-ups. The CARE Insite inculcates collaborative culture of work via cloud which helps improve our efficiency to deliver services to the most marginalised

communities. The availability of information irrespective of time, place, or device ensures that we do not miss out on anything.

A single source of organisational knowledge helps reduce our effort and energy spent on hunting the right information scattered across heaps of emails and hard-disks. It also helps eliminate repetitive tasks and redundancies, thereby empowering our project teams to reach the unreached.

Access to existing or previously developed knowledge resources helps preserve institutional memory and avoids loss of CARE India's knowledge assets after project closures or team changes.



## INVESTING IN PEOPLE, BUILDING THE ORGANISATION

The Human Resource Team plays a catalytic role in helping CARE India realise its vision and mission, and helps to continuously infuse the culture and core values of the organisation into current employees, and new talent who come on board.

We ensure a safe work environment free from sexual, and any other forms of harassment, where each employee can work to their best potential in an energising, collaborative and sensitive environment.

## KEY MILESTONES

### TALENT MANAGEMENT PROGRAMME

An intensive talent management programme for our employees has been initiated. This programme is already creating additional value within the organisation, and also feeding into building a second line of leadership, while motivating participants to reach higher levels of professional and personal satisfaction. More than 100 high potential employees have registered for the programme.

### CREATING A HEALTHY WORKFORCE

Health of our employees and their dependants are of paramount importance for CARE India. Staff Insurance policies were renewed which included Group Medclaim Policy for staff and their dependants, Group Accident Insurance Policy and Group Term Life Insurance policy. Health awareness campaigns which are organised on a regular basis are very popular with the staff.

### SEXUAL HARASSMENT OF WOMEN AT WORKPLACE TRAINING

ICC Workshop Orientation and training in Patna and Delhi in March 2016. It was communicated to all state office to create awareness by putting up posters in the most visible areas in the offices. ICC Core Committee was also expanded in the Financial Year 2016-17. Calls were scheduled with ICC Members across locations to discuss the next plan of action for building awareness among staff. During the townhall meeting in the 3rd quarter, all relevant documents on Sexual harassment at Workplace Policy was shared with the staff. The MD and CEO spoke about the same to raise awareness.

# BUILDING A TEAM



### SEXUAL HARASSMENT OF WOMEN AT WORKPLACE POLICY

Throughout the year, new joiners were given orientation on the policy and got made to sign declaration forms. New members were continuously nominated to the ICC as and when the existing ICC members transitioned.

### TRANSPARENCY DISCLOSURE

- CARE India board members are not related by blood or marriage
- The term of each member is three years
- In Financial year 2016-17, CARE India held board meetings on May 21, August 20, September 16, September 26, November 19 in 2016 and February 4 in 2017
- CARE India's Annual General Body Meeting was held on September 15, 2016
- No remuneration, sitting fees or any other form of compensation is paid to any board member

### NEW INITIATIVES

With the work environment changing rapidly, new human resource initiatives kept pace to reflect the needs and aspirations of the staff:

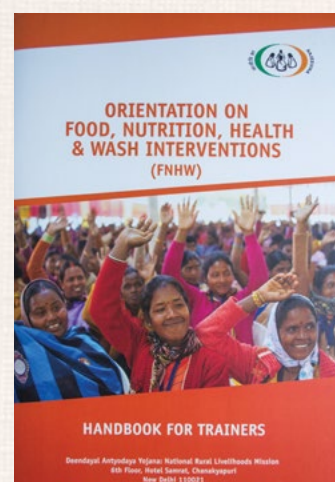
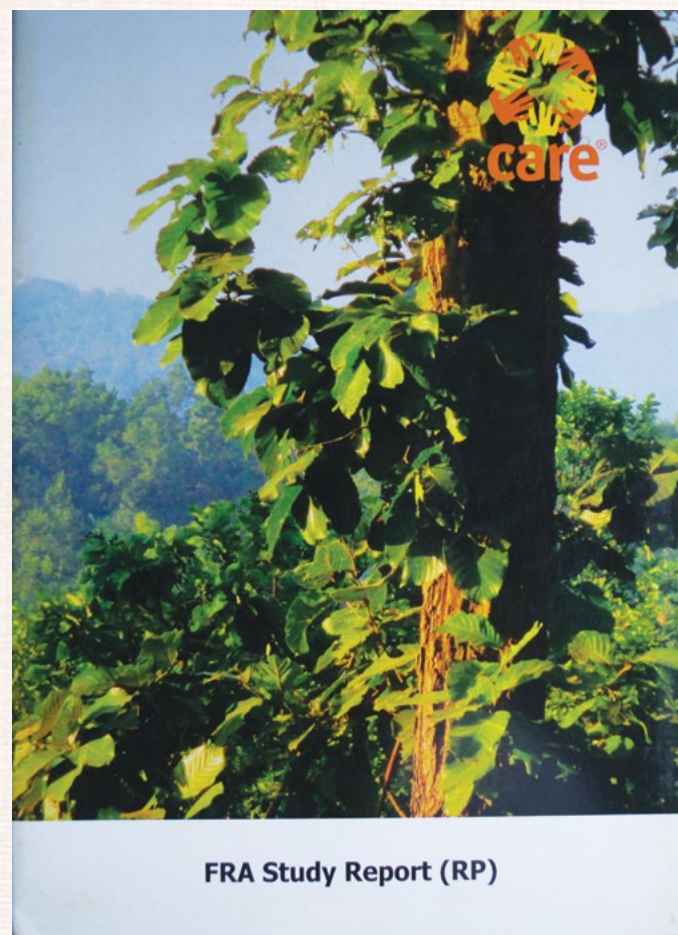
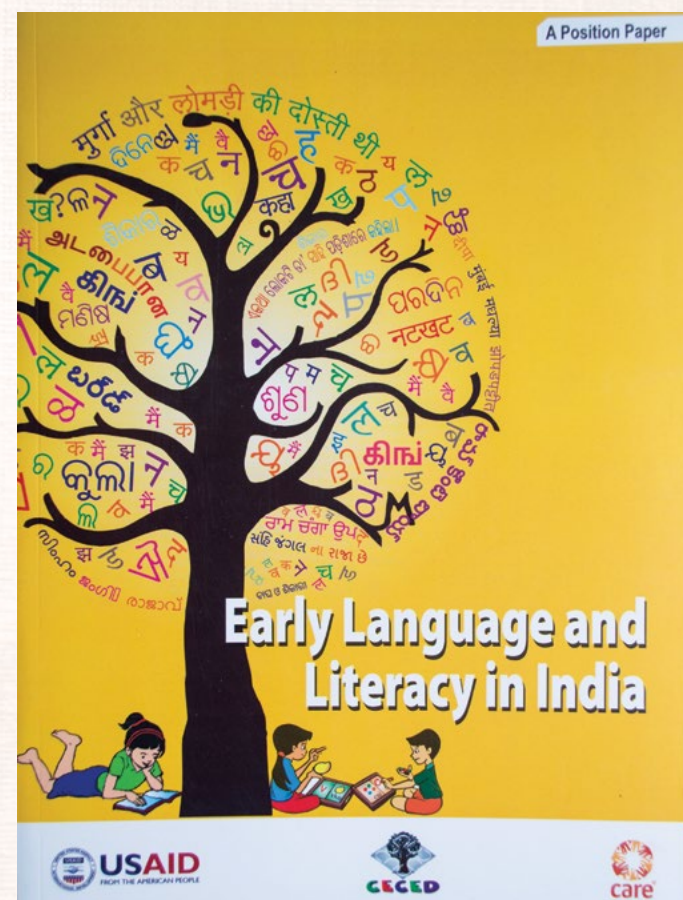
- Adoption leave can now be taken
- Increase in benefits for temporary duty assignments during emergency response
- Ombudsperson and Chief Ethics Officer under Whistle Blower Policy on board
- Employee Referral Programme launched, with an additional incentive to refer women candidates



# KNOWLEDGE BANK



As a knowledge organisation, CARE India continues to publish reports, position papers, handbooks, training material and other documents to be referred by peers, academicians and policy-makers. Here is a glimpse of some of our important publications in the year 2016-17.







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