



Annual
Report
2018

TOWARDS A SUSTAINABLE TOMORROW





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It is my pleasure to present to you CARE India's Annual Report 2018.

CARE's commitment to reducing poverty and empowering women and girls from marginalised communities provides the impetus for innovative solutions and working towards impact at scale.

In 2017-18, CARE India directly reached more than 24 million people in 14 states through 38 projects through interventions in health, education, livelihoods and disaster preparedness and response.

CARE's work around reducing poverty and social injustice by leaving no one behind is aligned with the core objective of the Sustainable Development Goals (SDGs). CARE India's initiatives are aligned with nine of the 17 SDGs, including health, education, livelihoods, gender equality and elimination of hunger.

Central to creating a sustainable and equitable future are CARE India's investments in innovative solutions, systems strengthening, as well as, addressing gender and power inequalities. This year, we encouraged men and boys to



CEO speak



Madhu Deshmukh

CEO
CARE India

participate in discussion fora like Gender Dialogues and Men Clean-Energy Champions to address gender and power inequalities. To improve food availability, and practice nutrition sensitive agriculture, we supported 1,854 women farmers to improve pulse cultivation. CARE's Leadership Curriculum has been scaled-up to 746 Kasturba Gandhi Balika Vidyalyas and 45,590 upper primary schools in 75 districts of Uttar Pradesh, benefitting 3.61 million children.

In Bihar, the Bihar Technical Support Program (BTSP) team have been working to support the Government of Bihar to increase healthcare services in the state. The team helped the government to roll out two new contraceptives for women and start paediatric services in 18 district hospitals. Supported by the Bill and Melinda Gates Foundation, the BTSP team

continued their work on eliminating Kala Azar.

It has been possible to positively influence so many lives because of the continued support provided by our donors and partners; thank you for trusting us. I would also like to thank the new partners who came on board this year, for believing in us. Last, but not the least, I would like to acknowledge and thank the Board Members for their continued support and guidance for CARE to be effective in its endeavours.



From our chair

Neera Saggi

Board Chair
CARE India



India's growth as a nation is exemplified by the multidimensional poverty on one hand, and annually increasing number of billionaires on the other. Therein lies a paradox. While 73% of the country's wealth is earned and owned by the top 10% of the social strata, 670 million Indians continue to live in poverty. Add to this, the issue of gender inequity – only four women billionaires feature amongst the richest 10%.

In 2017-18, CARE India's impact footprint grew, both geographically and sectorally. This year, we touched the lives of more than 24 million beneficiaries directly, and indirectly reached nearly 86 million people as a result of working closely with the central and state governments who have scaled up our successful interventions. We are closer to realising CARE's Strategy 2020

objective of impacting 50 million people.

CARE India follows a two-pronged approach in programme design implementation of solutions on the ground and advocacy with decision makers. In addition, all our projects included a layer of gender transformative change, this year. On the ground, utilising mechanisms like Self-Help Groups and community discussions to achieve social inclusion and gender equity yielded measurable impact and in order to empower women and girls, men and boys of marginalised communities also needed to be sensitised.

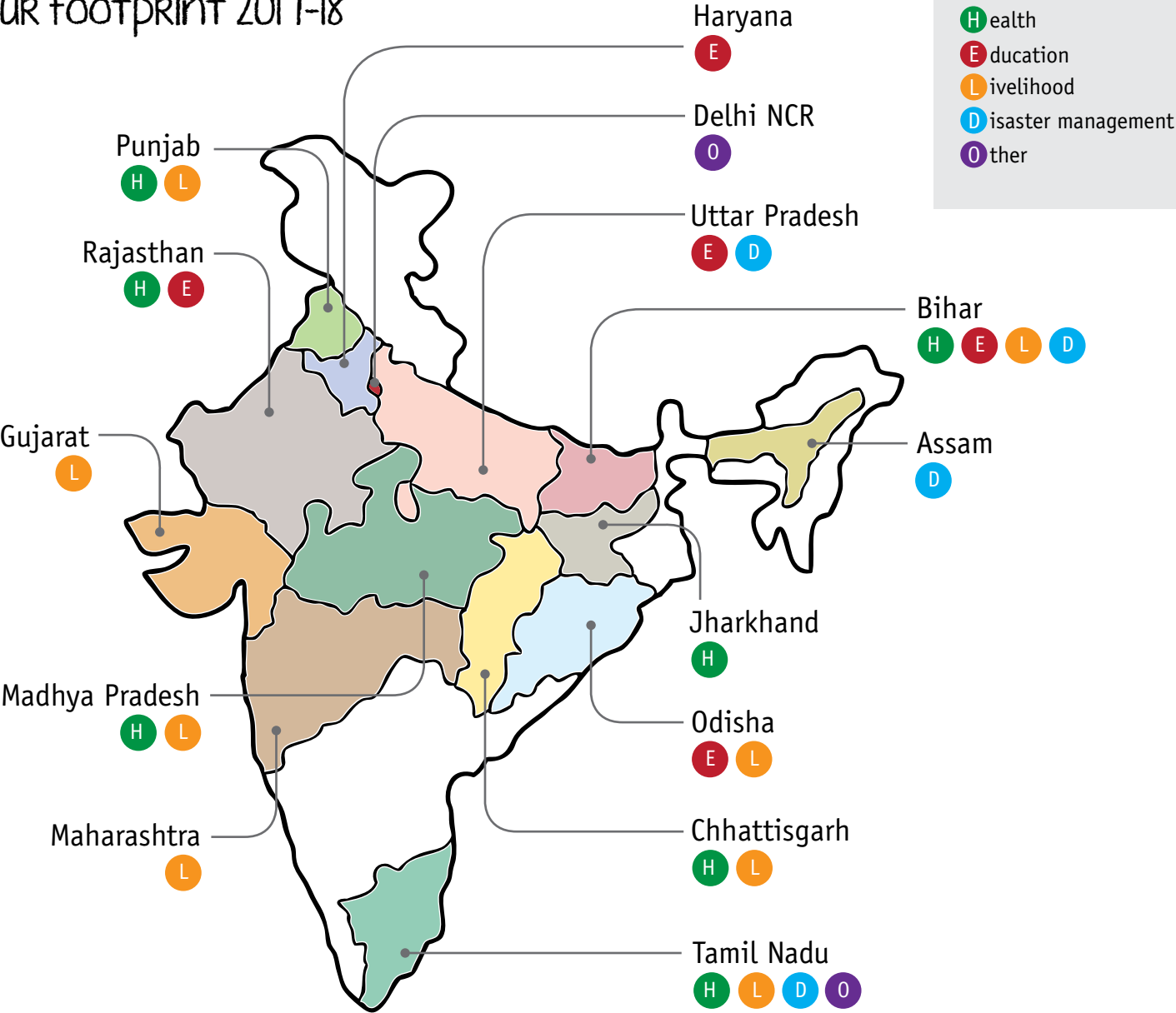
Thanks to the continued support provided by the Bill and Melinda Gates Foundation, CARE's Bihar Technical Support Program (BTSP) achieved great strides in helping the Government of Bihar to make medicines and medical facilities

more accessible. The BTSP team also continued to work on improving maternal and child health services, institutional deliveries and family planning initiatives in the remotest parts of Bihar. The drive to eliminate Kala Azar gained momentum. CARE's support in planning and implementing National Urban Health Mission was greatly appreciated by the government.

In March, CARE India organised the #MarchforWomen campaign to commemorate International Women's Day. It included silent marches, street plays, talks and panel discussions to bring gender-based violence to the forefront of public discussion. We were also part of the International Labour Organisation's convention on Gender-Based Violence.

I congratulate all the members of CARE India for their hard work and dedication. I also thank our partners, donors, peer organisations and other stakeholders for believing in CARE's ability to implement solution driven programmes.

Our footprint 2017-18



Project
Reach

38
Operational projects

14
States

90+
Districts

750+
Blocks

60,000+
Villages

HEALTH



17 projects
07 states

Direct

12,388,608



Indirect

45,384,069

11,526,953



39,204,541

23,915,561

**Total
reach**

84,588,610

EDUCATION



10 projects
05 states

Direct

53,724



Indirect

512,814

58,797



592,452

112,521

**Total
reach**

1,105,266

LIVELIHOOD



10 projects
08 states

Direct

4,255



Indirect

46,697

30,653



53,031

34,993

**Total
reach**

99,728

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 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

DISASTER MANAGEMENT



05 projects
04 states

Direct

14,861



Indirect

3,325

15,595



3,311

30,456

**Total
reach**

6,636

OTHERS



02 projects
02 states

Direct

893



Indirect

600

909



1200

1,802

**Total
reach**

1,800

MULTI SECTOR PROJECTS

Five out of 38 projects focus on more than one sector

Projects 1 and 2



Projects 3 and 4



Project 5



CARE INDIA

CARE India has been working in India for over 68 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. 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.

Why Women and Girls?

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, entitlements and access and control over resources. 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.

Core values

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 full commitment towards our duties and responsibilities.

Excellence: Setting high performance standards and being accountable for and responsible towards our work.



Towards a sustainable tomorrow

Most Indians lack access to institutional services and the ability to enjoy their constitutional rights even today, especially those living on the margins of society. Among them, women and girls suffer a worse fate as the social fabric continues to remain fragmented on the lines of gender, caste and economic class. Girls are denied and discouraged from receiving education, women spend hours gathering wood instead of earning an income and they suffer the most during disasters, along

with children and the elderly. How do we alleviate their suffering and build a sustainable future?

CARE India has been implementing developmental programmes in India for over 68 years, with a focus on health, education, livelihood and disaster preparedness and response. Our programmes focus on women and girls because they are the voiceless shadows in many marginalised communities like Scheduled Castes, Scheduled Tribes and other minority

communities. By empowering women and girls and encouraging the participation of male members of the community, we endeavour to institute gender and power equality in all forms of decision-making processes.

While multiple projects are implemented under each sector, cross-cutting themes like building resilience, inclusive governance and gender transformative change are layered into the interventions. Collaborations with various stakeholders and scaling up of

successful interventions are integral to our programmatic planning. The power of dialogue is another aspect often used in our interventions. In many cases we create platforms for dialogue between marginalised communities and stakeholders like government agencies, market actors and healthcare institutions to encourage constructive and solution-oriented discussions.

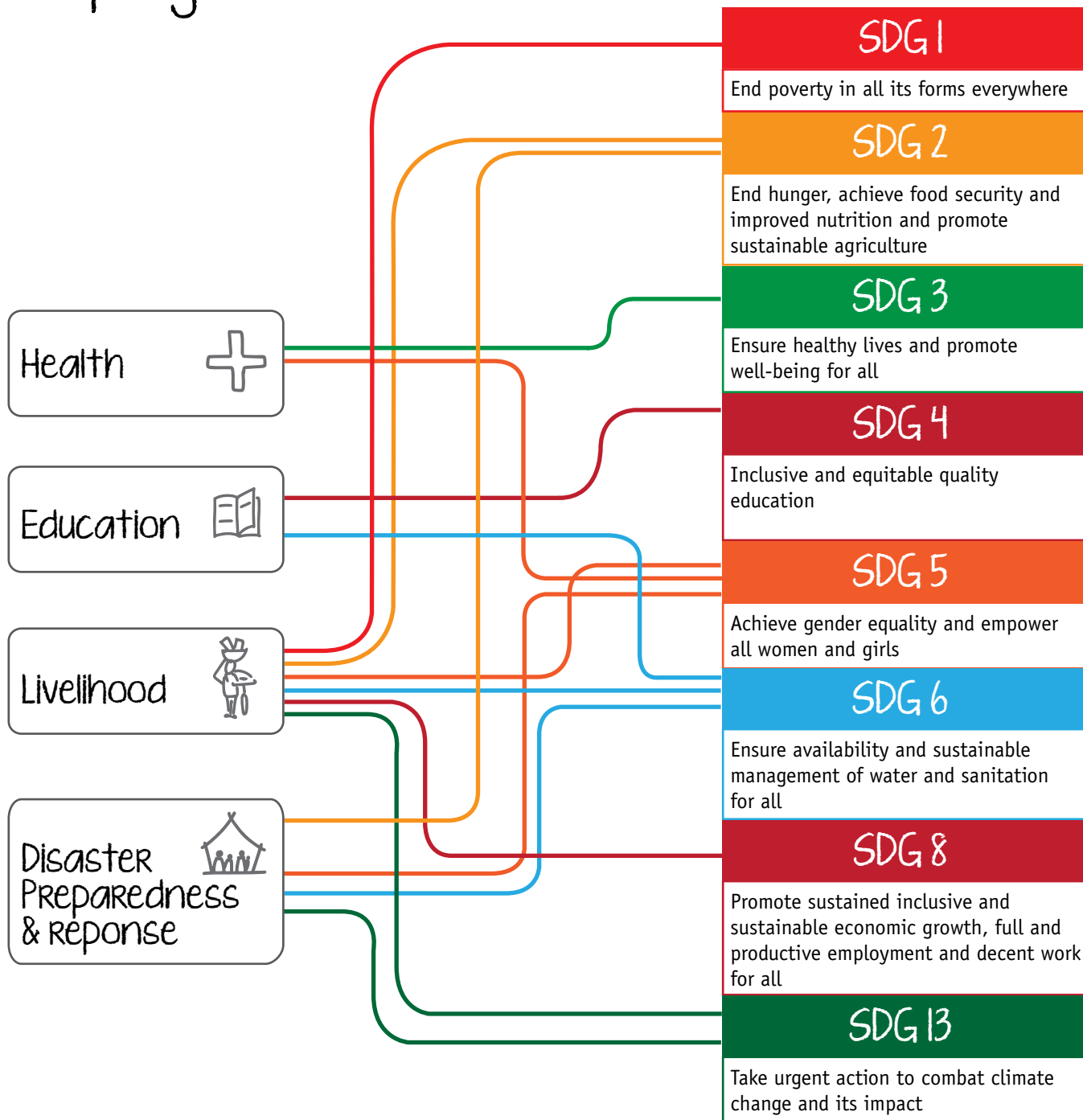
CARE India works in tandem with other CARE countries and international development organisations with similar goals. Being a part of the global fight against poverty, social injustice and gender-based inequities, our interventions are aligned with nine out of the 17 Sustainable Development Goals. This year, CARE India was awarded the highest rating, 'VO 1A' by

CRISIL, a global ratings and analytics company, for high financial proficiency and very strong programme delivery capabilities.

This Annual Report provides an overview of our work and key achievements in 2017-18, highlighting the convergence between our programmatic objectives and SDGs.



Our programmes and SDGs





We directly reached more than
24 million people across
14 states through
38 projects to alleviate
 poverty and social injustice

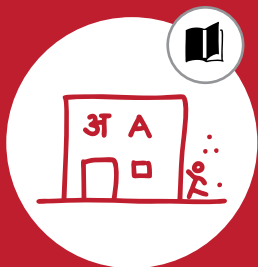


In two districts of Rajasthan
20,993 pre-primary
children
 enrolled in Anganwadi Centres
 were taught proper hand-washing
 methods



30,653 women
 across eight states were supported
 directly through livelihood
 initiatives

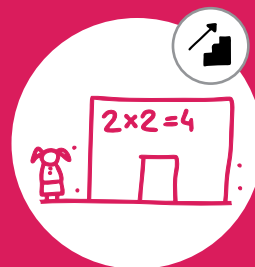
Some of our achievements in 2017 - 18



Education programmes have
 benefitted
112,521 children across
 five states in over 2,300
 government schools including
 1,120 Anganwadi Centres



11,526,953 women
and girls reached through
 health initiatives across seven
 states



Leadership skills taught to 1.88
 million girls in **45,590** upper
 primary schools and **746** KGBVs*
 in Uttar Pradesh

* Kasturba Gandhi Balika Vidyalaya



1,343 households in Odisha and Chhattisgarh shifted to modern cook stoves from traditional chulhas for better health outcomes



2,555 girls were trained to develop projects using Maths, Science and Engineering concepts in Uttar Pradesh



Supported 3,000 women to practice climate resilient agriculture across 40 villages in Chhattisgarh

Some of our achievements in 2017 - 18



Lives of more than 13,000 weak new-born babies saved through our home-based care programmes for mothers in Bihar



28,563 survivors supported with immediate shelter and WASH relief in over 60 flooded villages across Assam, Bihar and Uttar Pradesh



3,239,002 women received delivery assistance by skilled birth attendants through our intervention in Bihar



HEALTH

Building a healthy nation

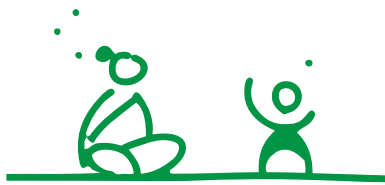


Our interventions in health focus on improving nutrition intake amongst women and children, maternal and newborn health, adolescent health, communicable diseases and availability of quality healthcare services for women and girls. We also work with various government departments on strengthening healthcare delivery systems, enhancing capacities of community representatives and transforming gender relations through behaviour change communication.

The Sustainable Development Goals (SDGs) make a bold commitment to end epidemics like AIDS, tuberculosis, malaria and other communicable diseases along with reducing child and maternal mortality by 2030. Our health interventions, in sync with the SDGs, are based on the belief that every individual deserves to lead a long, healthy and productive life.

Actions on the ground

Aligned with the targets of SDG 2, we strengthened healthcare services, feeding practices and provision of nutrition supplements for early childhood development, especially in girls, in 504 Anganwadi Centres (AWCs) of Bhilwara district, Rajasthan. This led to improved nutritional outcomes in the children at these AWCs. Measures were taken to ensure that children don't slip back into malnourishment by



Reached
40,000 children through
 community mobilisation and
 home visits by Anganwadi Workers
 in Rajasthan



Provided over
500 AWCs hygiene kits and
 posters displaying proper
 hand-washing techniques



Directed **2,254**
presumptive cases of
 TB with negative sputum results
 for chest X-ray and notified 2,674
 cases of TB in the Government of
 India's Nikshay portal

monitoring the nutrition intake of young children and counselling their families. The Integrated Child Development Services (ICDS) functionaries of this project were provided knowledge and skill enhancing training. In Punjab, our project on improving the quality of maternal and child nutritional services in AWCs organised several capacity building sessions of ICDS functionaries on growth monitoring and infant and young child feeding (IYCF) practices. These trainings helped the Anganwadi Workers (AWWs) who visited 130 households to counsel mothers on IYCF methods.

Treating TB

Regular follow up with Tuberculosis (TB) patients was the primary focus of our project implemented in Chhattisgarh, Jharkhand and Madhya Pradesh. A pool of trained and motivated community volunteers played a key role in increasing infection identification. Community awareness programmes, rallies and village announcements were organised to identify and bring patients under the umbrella of a holistic treatment programme.

Healthy practices

In Tamil Nadu and Punjab, we

successfully engaged with Self-Help Groups (SHGs) and adolescent groups to enhance their awareness and knowledge about WASH (water, sanitation and hygiene) practices, in consonance with SDG 6. We also organised capacity building sessions for over 400 AWWs on sanitation and hygiene practices and, maintenance of hygiene while storing and distributing food.

Through our project in Madhepura district of Bihar, the poorest households with pregnant and lactating mothers and children up to six years of age were trained and given access to safe WASH practices. To minimise the effects of poor WASH practices, we facilitated sustained behaviour change through community led initiatives, built the capacity of frontline workers and organised mass awareness programmes on vector-borne diseases.

Gendering Healthcare

We worked towards ensuring gender equality (SDG 5) through our health interventions by encouraging women to become the decision makers on issues of maternal and child health as well as gender discrimination in access to healthcare services.

Bihar Technical Support Programme

Maternal health

Aligned with the objectives of SDG 3 and SDG 5, the Bihar Technical Support Program (BTSP) identified issues on poor maternal healthcare and initiated dialogues on improving systemic gaps and the quality of maternal healthcare across Bihar.

Institutional deliveries

Improved our existing intervention on early identification and transport referral services for ICDS functionaries in high home-delivery pockets (66 blocks of Bihar) based on a mapping exercise including in hard-to-reach areas.

Caesarean section and availability of blood

Addressed difficult cases of labour and prevented maternal deaths by focussing on training more medical doctors in emergency obstetric and newborn care (EmONC) and arranging their posting in First Referral Units.

Family planning

Supported family planning activities to ensure better programme management, increased access and improved outcome generation within the framework of Mission Parivar Vikash. The project developed scripts for locally suitable communication programmes and animated orientation videos for auxiliary nurse midwives (ANMs).

The family planning team was trained in supply chain management by master trainers from the State Resource Unit (SRU) and Government of Bihar (GoB), who further trained district level supply chain managers in October 2017. Various districts started using the Family Planning – Logistics Management Information System for maintenance of ground stocks and regular indenting of supplies from state warehouses.

BTSP contributed to developing the Family Planning web-portal for GoB, which includes relevant family planning related information including government orders/guidelines and associated activities in Bihar.



Contraception

Provided techno-logistical support for the launch of two new contraceptives in all public health facilities. Associated contraceptive cards and registers, information brochures, flyers and booklets were developed in Hindi for frontline workers and beneficiaries. BTSP's support in monitoring the usage of the new contraceptives helped the government to make course corrections for the timely roll-out of these drugs in primary health centres.

This year, we supported GoB to launch a pilot initiative on counselling newly-wed couples on early contraception. Focussing on the importance of promoting and monitoring the use of condoms, we also supported the government in installing, monitoring and refilling condom boxes across healthcare facilities, institutions and community centres.



25 out of 34

health facilities operationalised
for paediatric care in Bihar;
16 in Samastipur and 9 in Purnea



750 mini-lap and 165 Non-Scalpel

Vasectomy service providers
empanelled through the District
Quality Assurance Committee



Mentored 3,244 nurses across
399 public health facilities
under Phase 1 of the AMANAT-B
programme in January 2017

Survival of new-born babies

Instrumental in implementing two important initiatives, namely operationalisation of paediatric services and initiating steering committees on child health services. We also supported GoB to issue directives for districts to operationalise district level paediatric admissions.

Routine immunisation

Supported Government of Bihar to implement campaigns on routine immunisation, in association with our partners. We validated headcount surveys conducted in areas covered by Mission Indradhanush, organised monitoring sessions on the mission's progress and fed the monitoring data into an open data kit tool for analysis. The results of the analysis were shared with the State Health Society of Bihar (SHSB). We also participated in district and state task force meetings for immunisation and shared implementation road blocks with the State Immunisation Officer.

Public Private Partnership

Provided technical assistance for the development and management of effective partnership models for state government

agencies and supported SHSB in operationalising an effective monitoring and reporting mechanism for Referral Transport Services.

Capacity building initiatives

Initiated a mentoring programme on CEmONC in 23 facilities with 277 nurses and 195 doctors. Mentors for paediatric and operation theatre nurses were also brought on-board. LIFEBOX, a United Kingdom based organisation supported a skill building initiative for 14 anaesthetist and 18 Operation Theatre assistants/nurses from eight districts of Bihar.

Elimination of Kala Azar

Focussed on addressing problems in vector control, case detection, timely case management and record-keeping. Bihar and Jharkhand were chosen as the project sites because they recorded the largest number of cases in India. The highlights of the programme include initiation of vector control, increase case detection and surveillance and development of the Kala Azar Management Information System.

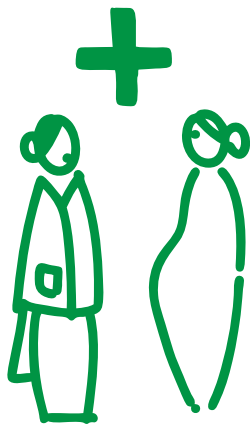
Concurrent monitoring and learning

Evolved a platform to collect evidences for data-driven programme management and decision making.

Technical support unit communications

Developed and disseminated information on free ambulance services, grievance redressal and advance life support ambulance services across Bihar. To overcome the challenge of low literacy levels, we helped the government introduce a series of illustrated posters and pamphlets inside every public health facility and other prominent public places in Bihar. Additionally, BTSP also developed audio communication tools, which were aired and resulted in better uptake of free public health services.





Key achievements



Supported the government in a **state-wide roll-out of the E-Aushadhi programme** as well as the finalisation of the Essential Drug List (EDL) and its dissemination across Bihar. BTSP assisted with ground stock entries, online indenting and acknowledgement through the E-Aushadhi platform



The **new-born survival project** in Madhya Pradesh reported reduction in neonatal mortality, increased knowledge and practice of Kangaroo Mother Care and practice of early and exclusive breastfeeding of children regardless of sex



18 out of 38 district hospitals started admitting paediatric cases. BTSP supported the district health societies to **operationalise child health steering committee meetings**, following which the government agreed to hold new-born and child health care committee meetings at the state level

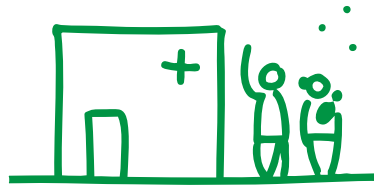


Supported GoB to roll-out the **Revised Village Health Sanitation and Nutrition Day Guidelines**. Hon'ble Chief Minister, Nitish Kumar released the Revised Guidelines and inaugurated Arogya Diwas (VHSND) on January 5, 2018 in Raghopur block, Supaul district, Bihar

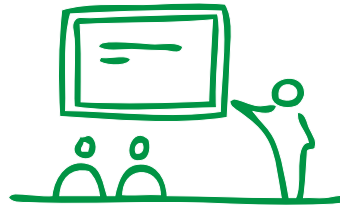


Provided **techno-managerial assistance to the National Urban Health Mission** in the areas of strategic planning, establishment and evaluation of urban primary health centres (UPHCs), capacity building of programme management units and training frontline workers and medical assistants

Provided technical assistance to promote nutrition under the **National Rural Livelihood Mission** to improve women's access to health services and reduce undernutrition among women and girls from low income households. With the universalisation of health and nutrition in the main framework of the National Rural Livelihood Mission (NRLM), health and nutrition pilot projects in Bihar and UP were scaled up in at least six State Rural Livelihood Missions. Our interventions supported NRLM to modify its framework for universalisation of health, nutrition, social inclusion and gender as areas of core interventions, including the introduction of protocols for gender mainstreaming.



98% births in Ajaygarh, Madhya Pradesh took place in health institutions, while 97% beneficiaries were satisfied with the community level healthcare services



99.8% out of 483 AWWs received training on health and nutrition, with a focus on IYCN and growth monitoring in Rajasthan





QUALITY
EDUCATION

Educating the most marginalised



Our education programme's goal is to transform the lives of marginalised children, especially girls, by ensuring they receive age and grade appropriate education in schools. In sync with SDG 4 and SDG 5, our interventions in education focus on changing social misconceptions around educating girls, empowering them and enhancing their leadership skills.

Irrespective of a child's socio-economic background, linguistic status and gender, creating a safe and all-inclusive learning environment is essential for a child to complete the entire education cycle, from early grade learning to secondary education. It is equally important to provide adequate professional development avenues to teachers.

Actions on the ground

Congruent with the vision of the SDGs, our projects focus on educating marginalised children,

especially girls so they can live with dignity. By building resilience and confidence in children, especially girls from marginalised communities, we help them to overcome psycho-social and socio-economic discrimination.

Girls' Leadership

This year, through our girls' collectives, we focussed on strengthening positive gender identities amongst girls while helping them address safety barriers, question gender stereotypes and take civic action if required. Leadership skills are being taught to girls so that they



Engaged with
1,120 AWCs,
975 primary schools and
191 upper primary schools to
enhance the learning
outcomes of
103,235 children

can use it as a tool for discovering their individuality and developing negotiation skills and critical thinking abilities. Only a safe environment can result in improved academic outcomes. It impacts pre-school children's school readiness, literacy and numeracy skills of primary grade children, upper primary grades' achievements in Science and Mathematics and the ability of adolescent girls to hone their leadership capabilities. To realise such conducive learning environments, we worked closely with government stakeholders at various levels.

Inclusive Education

Through our projects, we supported government primary

schools with material and resource support to help them achieve positive outcomes in primary grade learning. In government upper primary schools, our focus lay on helping girls develop a scientific temperament. We conducted training workshops for teachers and AWWs and extended supportive supervision to them. We also developed context-sensitive and mother tongue based reading resources for marginalised children.

Accelerated learning curriculum

Since 2000, our innovative fast-track learning model has been helping out-of-school children, especially girls to make up for missed time, successfully

enrol into the formal schooling system and complete their education. Under this model, special training centres—for marginalised children, especially girls, who dropped out of school—provide accelerated learning opportunities through a special training curriculum.



Created a compendium of
27 stories
in Awadhi to promote reading
amongst early grade learners
in Uttar Pradesh

Addressed social and
gender-based stigma around
girls' education through

120 girls' collectives

2,587 adolescent girls
engaged with

8,8197 community
members



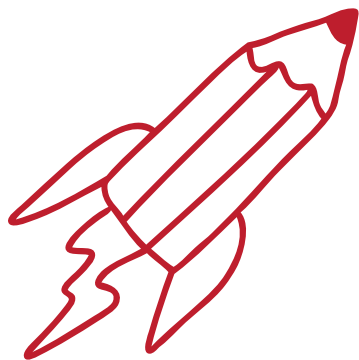
This year our centres in Uttar Pradesh (UP) and Bihar focussed on using peer learning avenues and imparting age appropriate academic and leadership skills. We worked with the mainstream education system to ensure a smooth transition and absorption of these children into the schooling system. The quality of teaching at the centres was strengthened by training in-service teachers and designing and disseminating learning materials. We also advocated for the inclusion of provisions for out-of-school children in the UP state budget.



Mainstreamed

1,621 out-of-school children, including
1,394 girls through two residential centres
and
14 non-residential ones





Key achievements



Developed the **Teachers' Resource Laboratory (TRL)** model, which aims to empower teachers in using learner friendly methodologies to teach Science and Mathematics. This year, the model was scaled up by the Government of Uttar Pradesh and 18 new TRLs were created to reach teachers across the state. TRL also received international recognition from CISCO in CARE USA's 'Scale X Design Accelerator' programme



Supported the Uttar Pradesh **State Council of Educational Research and Training's (SCERT's)** finalisation of language learning indicators for early grades, and provided inputs for curriculum material and textbook development for primary grade language and Mathematics



Our 'Leadership Curriculum', which aims to **build leadership skills** and promote the empowerment of adolescent girls along lines of the SDGs, have been scaled across all upper primary grades in the UP public schooling system



Participated in the Ministry of Human Resource Development's (MHRD's) National Action Plan for Girls' Education, which focusses on **bringing out-of-school children into the formal education system**, characterised by safe and secure learning environments



Invited to make an oral submission before the Parliamentary Standing Committee on Human Resource Development on the **proposed amendment to the Right to Education Act regarding the No Detention Policy**



LIVELIHOOD

Empowering women for economic independence

Our livelihood programmes centre around women smallholders, business-women, employees and homeworkers belonging to poor and marginalised communities. We are committed to empowering them with knowledge and enhanced access to inputs, services, technologies and opportunities. By engaging men and other influential actors—both private and public—involved in market value chains and entitlement delivery, we facilitate the building of an enabling and gender-transformative environment for conducting economic activities. Helping women from marginalised communities to earn their livelihoods using a variety of

non-agricultural avenues is one of the core mandates of our livelihood interventions, which is directly aligned with SDG 8.

Actions on the ground

This year, we supported women smallholders and landless workers in Punjab to enhance their skills and explore alternate income generating activities like operating mini dal mills. Women were provided additional guidance with regards to market and financial linkages to start their own micro-enterprises. In Tamil Nadu, we organised vocational skilling of women to diversify and increase their incomes.



Reached
134,000 persons
through 10 livelihood
projects in eight states



Trained
550 women farmers to cultivate
multi-seasonal kitchen
gardens, for diversifying
their nutritional diet



Supported
1,545 women in
Jambusar, Gujarat to adopt
best practices in agriculture
and animal husbandry to
increase yield and income

Nutritious farming practices

Congruent with SDG 2, we integrated food and nutrition security within the folds of our agriculture focussed projects. Technical assistance in nutrition and agriculture was provided in Odisha, with the objective of promoting and sustaining a diversified production system, including agriculture, silviculture and horticulture. This enabled the project participants to increase their incomes and ensure cash flow throughout the year.

We supported select tribal populations in the Kalahandi and Kandhamal districts of Odisha to develop field validated models on achieving food and nutrition security for those suffering from SAM (severe acute malnutrition) and MAM (moderate acute malnutrition). Working with SHGs and Farmer Field Schools, we encouraged women to use their knowledge, productive resources and market linkages to improve food systems, including crops and animals.

Women, water and work

This year, we were invited to be a part of a unique intervention called the Women and Water Alliance. Aligned with SDG 6, 200,000 rural women in Madhya

Pradesh and Maharashtra will be trained between 2018 and 2022 to improve their self-efficacy in water, sanitation and hygiene (WASH) related decision making.

Gender equitable workload distribution, consumption of nutritious food and integration of women's priorities and decisions regarding crop choice and land use are the key objectives of one of our interventions in Odisha. Reflecting the targets of SDG 5, we developed a Nutrition-Gender Toolkit, which will facilitate discussions between men and women on the gender-farming-nutrition triad. This year, we also developed a new community engagement platform called Gender Dialogues. In these sessions, men and women discussed ways of limiting and subsequently eliminating all forms of gender-based discrimination in households and communities.

Energy entrepreneurs

Our project promoting the adoption of improved cook stoves (ICS) amongst forest dwelling households in Odisha and Chhattisgarh is aligned with the tenets of SDG 7. Empowering women to make decisions regarding the choice of fuel they



Engaged
1,854 women farmers to improve food availability through crop diversification in Odisha



Reached over
9,500 small and marginal women farmers, through SHGs and Farmer Field Schools in Odisha



Facilitated
78 Gender Dialogues by trained local facilitators in **40 villages**, including 1,076 women and 486 men

use for cooking and influencing them to transition to cleaner sources of fuel are key outcomes envisioned for this project. This year, we set-up inclusive clean energy value chains and trained women to become ICS entrepreneurs. We also sensitised the men participants regarding the importance of creating a more gender equitable and enabling environment.

Based on the principles of SDG 8, we initiated two projects this year to increase the employability of women in Madhepura, Bihar and Kattumannarkoil, Tamil Nadu by focussing on the importance of skill development. Through this intervention, we worked with women who have had limited education and exposure, and whose growth has been further

constrained due to the prevailing cultural norms and low self-esteem. We set-up a special skill development facility to prepare the project participants for the labour market.

Climate ready

We have been actively conceptualising and rolling out climate change adaptation initiatives in water-stressed locations like Jashpur, Chhattisgarh and Vidarbha, Maharashtra, matching the objectives of SDG 13. To adapt successfully to rainfall variability, women farmers in 40 project villages of Jashpur were trained in alternate livelihood generation activities and linked to various government schemes for developing enterprise finance linkages through the SHGs.



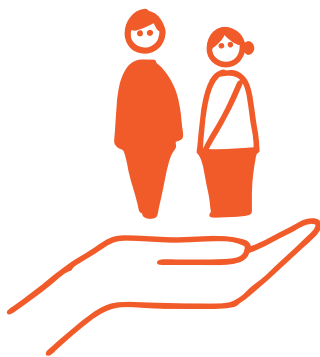
Mobilised
2,000 households

to undertake water audits to understand their water needs and identify efficient ways using available water resources



Trained
5,044 youths (18-35 years old) in 20 villages of Tamil Nadu to access and obtain employment or pursue entrepreneurship





Key achievements



Completed the **design and installation of two mini Agro-Met observatories**, which provide the project communities localised climate forecast information. The information from the observatories in Jashpur, Chhattisgarh is shared daily with the Indian Meteorological Department (IMD) in Raipur, who analyse and disseminate weather advisories through SMSs with project participants, on a weekly basis



Nine SHGs in Jashpur, Chhattisgarh set-up their own enterprises, included a renting business of house construction material; ready-to-eat meals for AWCs; grocery stores to sell supplies to schools under the mid-day meal programme; collective vegetable farming and sale; and operation of rice mills



Trained 970 women farmers to **become kitchen garden cultivators and 60 SHG leaders** to influence the community on agri-nutrition aspects using the nutrition-gender toolkit, nutrition messaging with groups, and village level campaigns



The Government of Odisha included the **promotion of ICS under their flagship programme, Aama Jungle Yojana**. In addition, the Forest Department of Odisha included two villages from our project under an ICS distribution scheme



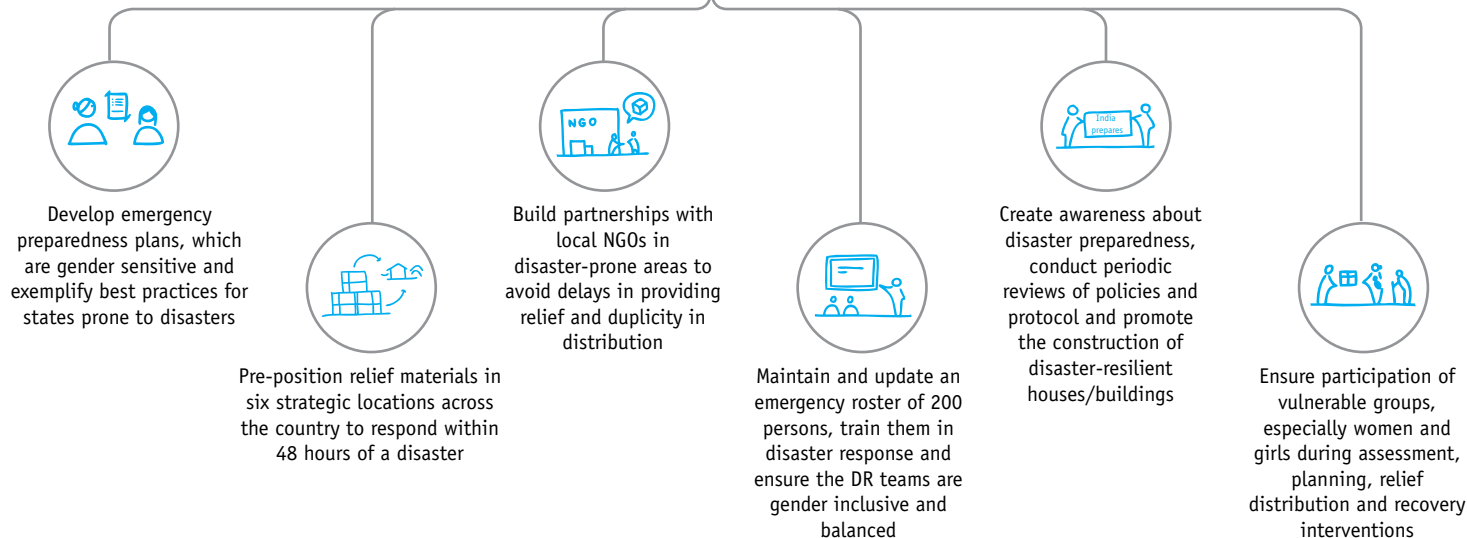
Surviving disasters with dignity

Responding to humanitarian crises is a part of CARE India's core mandate of ensuring right to life and dignity for all people during disasters. Our response teams are trained to identify and reach out to the most vulnerable and excluded communities for relief assistance. Our project beneficiaries include marginalised communities as well as persons with disability, pregnant and lactating women, the elderly, widows and families whose houses get completely damaged due to a disaster.

Before starting a relief and recovery project, our trained disaster response (DR) team is introduced to the local communities and partnerships with local NGOs are formed. The DR team, which is gender balanced, includes members from the Disaster Management Unit and volunteers from CARE India's emergency roster, who are deployed to work in tandem with the local NGO partners and community members. Planning for funding opportunities to respond to emergencies is an integral part of our DR efforts.

Apart from relief assistance, we also engage in disaster preparedness, resilience building and recovery and rehabilitation of disaster survivors. With several years of experience in responding to disasters and building resilience, we have developed strategies to ensure smooth and speedy distribution of relief kits.

Disaster response strategy



Actions on the ground

This year, we responded to floods in Assam, Bihar and UP. The Morigaon Mahila Mehfil in Assam and Bhartiya Gramotthan Seva Vikas Sansthan in UP were our local partner NGOs. In Bihar, our own project staff and volunteers provided relief. Rapid assessments were conducted to identify the worst affected districts, blocks and villages in these states. Once the beneficiaries and their specific requirements were identified, the DR team distributed WASH, shelter, dry ration and delivery kits as per the needs of the

flood-affected people. We also accounted for gender specific requirements, which were met through the relief kits.

Reached **28,563** flood-affected people with drinking water, dry food, water purification tablets, shelter kits and hygiene kits

Trained **15** women in masonry to construct disaster resilient shelters, who turned the skill into an alternate livelihood option



living in the intervention villages across the three states were provided clean delivery kits

Under the Tamil Nadu flood recovery project, the social monitoring committees (SMCs) and community members undertook cleaning of streets and removal of weeds and garbage in and around the houses and common spaces, every month. Since 50% of the SMC members were women, they played a key role taking decisions on beneficiary selection for shelter repair, mason training and cash for work initiatives in their respective villages. The SMC members also generated awareness on waste segregation, encouraged the community to use eco-friendly bags and emphasised the need to prevent water stagnation and avoid mosquito breeding.

Gender and disasters

Women and girls are the worst affected in any disaster. They face reproductive and sexual health problems as well as increased rates of sexual and domestic violence. In alignment with SDG 5, we informed all the women and girls about their rights and entitlements, provided access to information and gave them an opportunity to participate in making decisions that affect them.

Prepared and resilient

Under our disaster preparedness interventions in UP and Odisha, we trained the DR team and NGO partners in emergency response protocols, rapid assessment, relief distribution procedures and standard operating procedures during disasters. In line with SDG 5, groups of adolescent girls were trained to take an active part in the disaster risk reduction activities undertaken in their villages.

We also trained all members of the emergency roster and partner NGOs in providing effective and timely response at all levels before, during and after a disaster. The training programme provided them an understanding of the systematic approach adopted towards emergency assessments and relief operations.





Key achievements



Organised a workshop, in association with our NGO partner CREED to disseminate the learnings from our successful flood response in Tamil Nadu. The event was attended by 75 people and the project participants shared their experiences and success stories. A manual on strengthening the role of SMCs in Tamil Nadu and a poster highlighting flood resilient shelter construction were released at the workshop



Conducted a study on Gender in Emergencies to **evaluate emergency response projects** implemented in the last three years and assess their gender responsiveness. The different needs, responsibilities, capacities and constraints were identified as well as the different vulnerabilities of women, girls, boys and men, which impacts each individual decision-making power



Assessed the vulnerabilities and capabilities of the marginalised communities in Bahraich, UP to prepare village-specific action plans. The different needs of women, men, girls and boys was emphasised to better prepare them for disasters and make them more resilient



Spread awareness on disaster preparedness, the **#IndiaPrepares campaign** was organised for the third time. We reached 750,000 people through various activities like getting coverage in print media, posting updates on our social media handles, organising community events and engaging live with All India Radio listeners



Reviewed the District Disaster Management Plan of Bahraich, UP in consultation with peer organisations based on which the **need to ensure gender inclusiveness was recommended** to the District Disaster Management Authority



ENDING VIOLENCE AND HARASSMENT AGAINST WOMEN IN THE WORKPLACE

Department of Social Work
University of Delhi, North Campus

19th March, 2018

Advocating for change

This year, we worked towards influencing existing and upcoming policies at the state and national levels, ensuring effective implementation of the government's policies, realising large-scale changes in social norms and sustainably scale initiatives for empowering women and girls from the most marginalised communities. CARE addressed the complex interplay of local, national and international forces that frame political and social environments, to bring about change in society.

Actions on the ground

We worked on building bridges with external stakeholders to strengthen our work around the SDGs, gender-based violence (GBV) in the workplace, women's rights and entitlements and influencing change at the policy making level. Through our various alliances with civil society organisations, media, donors and governments, we advocated for the provision of better facilities to marginalised communities, especially women and girls who live in remote parts of the country.

We responded to a call for a holistic web-enabled Nutrition Information System synergised with the Health Management Information System and Mother and Child Tracking System. The Common Application Software for Realtime Monitoring (CAS-RTM), developed by ICDS and implemented by the Bihar Women and Child Development department, will be replicated.

Along with a few leading agencies, we have been actively involved in preparing the 'Civil Society Status Report on SDG's which was led by Wada Na Todo Abhiyan.

We organised a roundtable on Ending Violence and Harassment at the Workplace. The outcome of the workshop was shared with International Labour Organisation (ILO) and the Ministry of Labour and Employment. This roundtable proved to be a good platform for building relations with employers, workers, ILO functionaries, civil society and the government.

A global advocacy campaign called #March4Women was organised to end violence and harassment of women in the workplace. This month-long campaign advocated for the adoption of the ILO-GBV Convention in the workplace by June 2020. In collaboration with PAHAL and the Department of Social Work, we organised a multifaceted event on March 19, 2018 with the students of University of Delhi, North Campus. Across India, we implemented the campaign across our various project locations in Bihar, Chhattisgarh, Odisha, Punjab, Tamil Nadu, Uttar Pradesh and New Delhi.

Key achievements



In association with the NITI Aayog, the BTSP team presented their work to the Central Government. As a result, **our work in Bihar has been included in the NITI Aayog's Three Year Strategic Plan** for Bihar. The NITI Aayog also emphasised the need for better convergence between different frontline workers for optimal nutrition outcomes



Played a key role in drafting a report on the National Level Stock-taking Consultation, organised by the Right to Education (RtE) forum. This report provides an annual reflection of the status of the RtE Act in India



Creating awareness and garnering support

This year, we launched several digital and social media campaigns on a variety of topics for increasing brand recognition and enhanced engagement with our supporters. Our digital presence played a significant role in increasing our donor base and helped us take our work to other potential donors.

Through online engagements and campaigns, we ensured that our donors get updates and remain connected with our work among the project participants living in the remotest parts of the country. Apart from creating digital assets, we also created communication material for changing behavioural patterns and attitudes of people at the grassroots. CARE India's work was covered by leading national dailies and online publications as authored articles and mentions in industry stories. CARE's experts were also invited to speak in industry conferences and radio shows.



148 mentions in the news media



18 articles authored by our experts



2 campaigns executed through online and offline print media and radio



6,40,000 followers



34,000 followers



21,859 page likes



48 blogs published



Launched a year-long campaign with Radio City around educating out-of-school girls called **Umeedon Ka Pencil Box.**



Actions on the ground



Success stories and experiences from the ground, beneficiary testimonials, donor testimonials, videos, blogs, brochures, newsletters and pictures of our work from all over the country helped us enhance our social media assets, events, campaigns and knowledge products



Media outreach in online and print publications through authored articles, industry stories, profiling opportunities, press releases and coverage of our events and knowledge products led to an increase in brand awareness among our stakeholders. In addition to coverage in mainstream English and Hindi news publications, our projects also received coverage in local and vernacular press



Launched CARE India's website with improved features and navigation, and ease of access to information



Digital and social media campaigns were launched to support CARE India's disaster response programmes around floods in Assam, Bihar and UP. The #IndiaPrepares campaign was also launched to create awareness about disaster preparedness



Digital and social media platforms engaged our supporters around national holidays, festivities and important events. Online campaigns like the Joy of Giving week, #March4Women, 16 Days of Activism against gender-based violence and National Nutrition week were executed for brand awareness and fundraising



Corporate partnerships

Corporate Social Responsibility (CSR) has significantly evolved in the past decade. Most corporates recognise that a company's responsibility towards society does not end at community support and environmental initiatives. They are increasingly aligning their CSR strategy with their business purpose, creating a broad interdisciplinary approach with a potentially greater impact.

CARE India focusses on articulating a clear vision based on the tenets of sustainable development, regular assessment

of the development strategy and alignment of social responsibility initiatives with a company's core business strategies. Our corporate partners have extended their trust and support by providing longer duration partnership programmes.

Actions on the ground

Every year, CARE India responds to humanitarian causes like floods, earthquakes and droughts. We thank our corporate partners for supporting our disaster response and preparedness initiatives. Some of our corporate partners also extend their support by organising employee

engagement initiatives through platforms like the Mumbai and Delhi Marathon and Joy of Giving week. This year, we also joined hands with many of our corporate partners in promoting cause-related marketing initiatives.

Continued engagement on different platforms like the Asia Venture Philanthropy Network, Global Development Network, CSR Box and NGO Box, Samhita, Global Compact Network, Associated Chambers of Commerce and Industry (ASSOCHAM), Federation of Indian Chambers of Commerce and Industry (FICCI) and Confederation of Indian Industry (CII) have helped in building awareness around our work and receiving support for our cause.

Our partners

Alstom

Amazon

Antrix Corporation

AXA

BnP Paribas

CAIRN Foundation

CAF India

Cargill

Cisco

Discover

GAP Inc.

General Motors

Glaxo SmithKline

Hindustan Zinc Limited

Intercontinental Hotels Group

Oracle

The Patsy Collins Trust Fund Initiative (PCTFI)

PI Industries

SPX Clyde Pumps

Symantec

Titan

Institutional partnerships

The Institutional Partnerships team generates donor interest in CARE India's interventions around health, education, livelihoods and disaster preparedness and response.

Our partners comprise of bilateral and multilateral donors, embassies and government. We also partner with international donors through CARE Member Partners and CARE Country Offices.



Our partners

Bill and Melinda Gates Foundation

CARE France

CARE UK

CARE USA

Department for International Development (DFID)

European Commission

START Fund

Tata Cornell Initiative

The Hans Foundation

United Nations International Children's Emergency Fund (UNICEF)

United States Agency for International Development (USAID)

World Bank

World Vision

Individual fundraising

Throughout the year, individual fundraising teams organised many on-ground activities in corporates and malls to increase awareness and visibility of CARE's work. There has been an encouraging response from donors who have supported CARE's work around education, health, livelihoods and disaster preparedness and response with one time donations as well as monthly support.

The monthly giving programme, Give Assure was launched in new cities and found early adoption among a wide variety of donors.

High net-worth donors came forward with the promise of consistent support for one or more of our programmes on the ground.

Key achievements



21,758 one-time donations received over the year



A High Net-worth Individual donated INR 7.85 lakh



Monthly giving programme yielded 8,111 successful transactions



Money matters

We are grateful for the support provided by all our stakeholders, especially donors and partner organisations who provided the resources necessary to further our work.

Actions on the ground

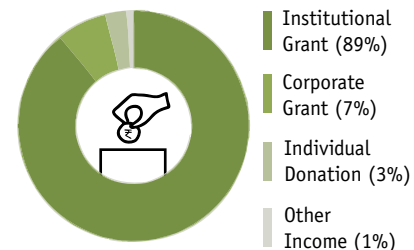
Across India, finance teams worked together to improve processes and practices and enhance efficiency and productivity.

This year, we transitioned to online payment processing, resulting in a virtual elimination of physical cheques. This eco-friendly initiative enabled resource and cost optimisation along with providing better services to our internal and external customers.

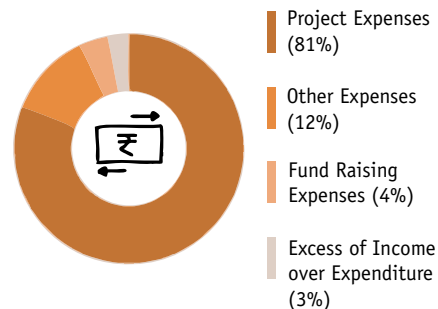
Key achievement

We received the highest rating, 'VO 1A' from CRISIL, a global rating and analytics company. It reflects 'very strong financial proficiency and programme delivery capacity'.

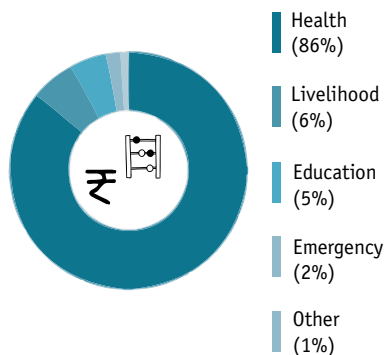
Sources of funds



Distribution of expenses



Sector-wise allocation



Care India Solutions For Sustainable Development
Balance Sheet as at 31 March 2018
(All amounts are in Indian Rupees unless otherwise stated)

	Note	As at 31 March 2018	As at 31 March 2017
EQUITY AND LIABILITIES			
Shareholder's funds			
Share capital	2	200	200
Reserves and surplus	4	249,949,267	211,451,518
		<u>249,949,267</u>	<u>211,451,518</u>
Non current liabilities			
Long-term provisions	5	45,064,165	40,805,540
Other long-term liabilities	6	1,128,178	181,123
		<u>47,092,303</u>	<u>41,006,663</u>
Current liabilities			
Trade payables	7	-	-
- Total outstanding dues of creditors enterprises and small enterprises		-	-
- Total outstanding dues of creditors other than micro and small enterprises		56,151,977	59,378,466
Other current liabilities	8	451,836,932	897,897,089
Short-term provisions	9	25,071,955	17,738,053
		<u>528,530,884</u>	<u>914,703,548</u>
		<u><u>825,572,454</u></u>	<u><u>1,167,162,521</u></u>
ASSETS			
Non-current assets			
Fixed assets			
Property, plant and equipment	10	39,382,667	35,292,56
Intangible fixed assets	10	282,724	1,594,575
		<u>30,441,491</u>	<u>37,287,156</u>
Long-term loans and advances	11	9,687,371	31,771,287
		<u>40,128,862</u>	<u>69,058,443</u>
Current assets			
Cash and bank balances	12	647,904,319	1,053,068,097
Short-term loans and advances	13	144,872,538	52,561,542
Other current assets	14	2,602,744	3,474,449
		<u>785,449,592</u>	<u>1,109,104,088</u>
		<u><u>825,572,454</u></u>	<u><u>1,167,162,521</u></u>

Background and significant accounting policies 1-2

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

Sandeep Batra
Partner
Membership No: 293330

Place: New Delhi
Date: 13 October 2018

For and on behalf of
Care India Solutions For Sustainable Development

Yamini Arora
Yamini Arora
Director
DIN: 02882688

Namrata Kaul
Namrata Kaul
Director
DIN: 00956512

Place: New Delhi
Date: 13 October 2018

Place: New Delhi
Date: 13 October 2018



Care India Solutions For Sustainable Development

Income and Expenditure Account for the year ended 31 March 2018

(All figures in and in Indian Rupees, unless otherwise stated)

	Note	Year ended 31 March 2018	Year ended 31 March 2017
Income			
Gross and donations received	15	1,744,094,613	1,920,291,855
Other Income	16	70,817,067	38,873,851
Total		1,774,911,676	1,959,165,706
Expenses			
Program expenses	17	1,430,602,204	1,711,729,688
Fund raising expenses	18	72,066,721	71,774,668
Other administrative expenses	19	238,717,123	131,387,691
Prior period expenses	20	17,382,715	30,099,324
Depreciation	10	16,087,127	29,700,974
Total expenditure		1,745,655,899	1,973,595,645
Excess of Income over Expenses		29,255,777	(13,427,939)
Appropriations			
Transferred from asset and liability	4c	16,087,127	29,700,974
Amount transferred to general fund	4e	45,342,914	11,276,035
Earning per equity share:			
Basic		2,267,146	560,802

Background and significant accounting policies

1-2

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-139026

Sandeep Batra

Partner

Membership No: 705320

Place: New Delhi

Date: 12 October 2018

For and on behalf of

Care India Solutions For Sustainable Development

Yamini Arora
Yamini Mrinanka Arora
Directors

DIN: 2282688

Place: New Delhi

Date: 13 October 2018

Namrata Kaul
Namrata Kaul
Director

DIN: 30954332

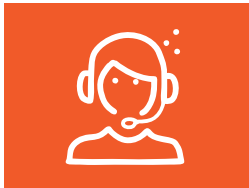
Place: New Delhi

Date: 15 October 2018



Technology talk

The Call for Change working group or C4C was constituted to help CARE India identify and implement several initiatives around environment-friendly practices. This year, we measured our employees' carbon footprint and collectively took steps to reduce our environmental impact in offices.



CARE Insite, an Integrated Internal Knowledge Portal, designed to help organise, manage and share CARE India's collective knowledge with its internal stakeholders was launched this year. This year, we developed it into a comprehensive knowledge base with nearly 10,000 catalogued and structured documents, which are stored in a central searchable repository. With more than 80 departmental sites, including more than 60 project sites, CARE Insite delivers information irrespective of time,

place or device. This empowers our project teams in their work towards propelling CARE India towards contributing to the SDGs.



An insight into organizational knowledge



Investing in people

Learning and development opportunities, with detailed information about on-site programmes and self-driven learning programmes are available for all staff. These programmes cover organisational competencies. A web-link and flyer give access to employees

about various online paid and non-paid courses.

Along with people development, CARE India is committed to maintaining the highest degree of ethical conduct among all its employees. We maintain a strict zero-tolerant policy towards any

kind of sexual harassment at the workplace and ensure a safe work environment, free from sexual and any other forms of harassment, so that each employee can work to their best potential in an energising, collaborative and sensitive environment.



Actions on the ground



Attrition management with Amber

An Amber chatbot was introduced to facilitate conversations with the CEO and gauge employee satisfaction. It also acted as a mechanism for grievance redressal.



Creating a healthy workforce

The health of our employees and their dependents is of paramount importance. Staff insurance policies with better coverages were renewed, which included Group Medclaim Policy for staff and their dependents, Group Accident Insurance Policy and Group Term Life Insurance Policy. Health awareness campaigns were also organised on a regular basis.



360-degree feedback for Senior Leadership Team

One-on-one debriefing was arranged for all the Senior Leadership Team members and the report was shared with the members of the Board.



Sexual harassment of women at the workplace policy

Throughout the year, all new employees submitted signed declaration forms after undergoing orientation. New members were nominated to fill the vacated ICC positions. The ICC Annual Report was submitted at all district offices as per compliance requirements. We also constituted independent ICCs in all our state offices, as opposed to having a single ICC consisting of representatives from the state offices. This year, we received one officially registered case which was handled by ICC. Another case was reported anonymously, but preliminary investigations did not lead to any conclusion.



Training on anti-sexual harassment of women in the workplace

We organised an orientation and training workshop on the Internal Complaints Committee (ICC) in Delhi. All state offices also created awareness on this issue by putting up posters in the most visible areas of the offices. Calls were scheduled with ICC members across all locations to discuss the next plan of action for building awareness among the staff.



Transparency disclosure about the Board

- Board members are not related by blood or marriage
- The term of each member is three years
- In 2017-18, CARE India held board meetings on May 12, August 18 and October 13
- The Annual General Body Meeting was held on October 13, 2018
- No remuneration, sitting fees or any other form of compensation is paid to any Board member



"Never doubt that a small group of thoughtful,
committed citizens can change the world; indeed,
it's the only thing that ever has."

Margaret Mead



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Watch us on

www.youtube.com/user/fromCAREIndia



Read more on

www.careindia.org/blog

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Ph: 0120-4048250

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