care®

A Journey Towards Knowledge

CARE INDIA ANNUAL REPORT 2013

TRANSFORMING LIVES

Key Highlights

Idea ▶▶ to Impact

CARE India's comprehensive strategic vision for programmes includes:

- Shifting gender relations and attitudes towards the empowerment of women and girls

- Enabling inclusive governance by focussing on women and girls, and promoting accountability

- Strengthening systems by allowing the fulfillment of rights and entitlements in the areas of health, education and social protection

- Enhancing resilience in social, ecological and economic spheres

---

HEALTH

137 blocks in 8 districts covered to strengthen government's efforts in the Integrated Family Health Programme in Bihar

86,348 villages in 23 districts covered through our various health projects

5,07,28,255 women engaged with to foster better healthcare

8,90,73,767 women reached through our Health Programme

EDUCATION

99,000 children and adolescents directly impacted through our Education Programmes

LIVELIHOOD

73,774 households in Odisha, Gujarat, Tamil Nadu and Rajasthan were economically empowered

DISASTER PREPAREDNESS AND RESPONSE

200 acres in 10 villages under the 'System of Rice Intensification' (SRI) method of cultivation in Andhra Pradesh

Vision

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

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

Mission

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

CARE India

CARE has been working in India for over 60 years, focusing on ending 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.

Programme Goal

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

Why women and girls

In India, CARE focuses 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.

From our Board Chair
Dr. Nachiket Mor

CARE India has worked towards promoting mother and child healthcare, enhancing educational levels, creating livelihood opportunities, and building resilience in the event of a disaster, among women and girls from the most marginalized communities in India. In 2012- 13, our programmes on Health, Girls' education, Livelihood, and Disaster preparedness and response, reached more than 45 million Dalits, Adivasis, and other marginalised population.

With our focus on strategic partnerships with the Local, State and Central Government, CARE India helped strengthen the planning and implementation efforts in the Government programmes. We also expanded our collaboration with individuals, communities, corporates, and other diverse stakeholders to bring in new synergies and best practices. Such cooperation has ensured that CARE India is well equipped to empower marginalized communities, especially women and girls, to live a life of dignity.

As we move forward, we are poised to become a global member of CARE International, and draw upon, and expand our collective knowledge and experience to reduce poverty and social injustice, while reaching out to affected people during times of humanitarian crisis.

I take this opportunity to thank each of you for your support.
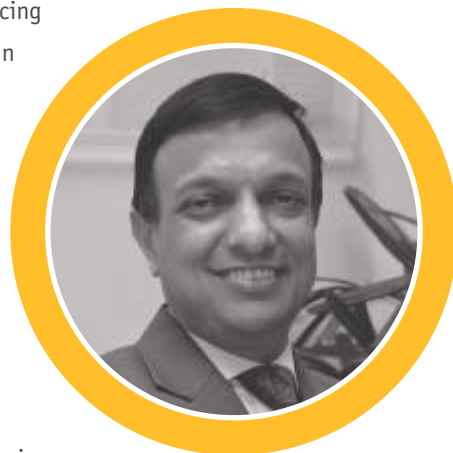
From our CEO
Dr. Muhammad Musa

CARE India witnessed a number of transitions within our Programmes in the year 2012-13. Our work continued to deliver on our commitment to support the empowerment of women and girls, and enabled their engagement and leadership in the developmental process, promoted their access to quality Health services, and improved their Livelihood, Basic education and Disaster management capability.

This year CARE India made deliberate efforts to shift to a Programme Approach in order to ensure that marginalized women and girls benefit substantially and realise their maximum potential. These Programmes are now centered upon innovative approaches to address gender inequality, strengthening governance for change, holistic development, and the community itself being the voice of social transformation.

In 2012-13, CARE India prioritized detailed evaluation and analysis of the impact made by our work. We also formulated a strategy for knowledge management, and using that knowledge in influencing developmental practices, public debates and policy decision making, as levers to achieve our desired impact on a large scale.

As we embark on our journey towards new learnings and developments, I am happy to present CARE India's Annual Report 2012- 13, which encapsulates our efforts towards becoming a knowledge organization.

Developing our knowledge base for an equitable society

Embedding different aspects of knowledge in our organisation

CARE India is working towards strategically equipping itself to become a knowledge organisation. This has been an interesting journey of learning and unlearning. The reconstruction is the result of the four-dimensional *Knowledge Management, Impact Monitoring and Learning (KMIML)* model woven integrally into each of our operations.

KMIML has been developed to analyse the impact and social changes of our programmes. The model will help in examining the social changes that have occurred by testing alternate hypothesis, monitoring the quality of our programmes and understanding the alignment of the change with our work. KMIML is important in building a system to engage in continuous dialogue with all stakeholders and achieving our long term goals.

Through this model, we are working towards inculcating a culture of knowledge sharing and capacity building in order to harness and act on the information that is available. A system of managing knowledge and communicating the information through the proper channel have been developed to ensure sharing, storing, retrieving and utilising the information. In-depth analysis of the quality of our interventions and assessments of our performance will then be used to leverage accountability and feedback.

The KMIML enlist the steps on the roadmap towards a knowledge organisation. This has been instrumental in strengthening our long term programme shift, which has guided the organisational development.

Roadmap to a Knowledge Organisation

- Impact monitoring and testing hypothesis
- Aligning to knowledge themes
- Knowledge management
- Measuring quality, performance and progress

Societal well being through her welfare

HEALTH

Cross-cutting strategies to improve the health and nutrition status of the poorest and marginalised communities has remained a crucial area of work this year. The spotlight has continued to be on quality healthcare, nutrition, water and sanitation services to reduce maternal and child mortality. Improvement of maternal and child health, elimination of diseases like *kala azar* and tuberculosis, family planning and upgradation of health determinants have been prioritised. Through our work, we have seen an enhancement in the participation of rural communities, especially among the women of Self Help Groups, in public health management through the Village Health Sanitation and Nutrition Committees. CARE India has strengthened government's efforts in the Integrated Family Health Initiative through health sub-centre platforms, nurse training and initiatives like the Village Health Sanitation and Nutrition Day checklists in the 137 blocks of eight districts in Bihar. We are also technically supporting SWASTH, a Government of Bihar programme to improve healthcare services.

Reach of Health programme in 83,348 villages in 23 districts

Direct Reach		Indirect Reach	
Dalit women	65,35,094	*Dalit* women	72,02,217
Adivasi women	4,00,406	*Adivasi* women	25,94,556
Other women	2,39,402	Other women	1,64,24,245
Total Women Reached Directly	**5,07,28,255**	**Total Women Reached Indirectly**	**8,90,73,767**

Going forward, CARE India will shape new initiatives to focus on adolescent health, and support programmes to build health resilience among women. We will engage in data-based monitoring and dissemination of learnings to all stakeholders in order to improve the capacity of health service providers.

INNOVATIONS IN HEALTH

Continuum of CARE Services

Continuum of CARE Services (CCS) is an innovation in the Integrated Family Healthcare Initiative (IFHI) project of Bihar. This innovation uses mobile technology to improve the quality of provider-beneficiary interactions, and enable data driven supportive supervision in the continuum of pregnancy.

The project has been conceptualized and developed in tandem with the community health workers. One of the key features is the home visit planner, which helps the field workers in organizing, and planning relevant and regular home visits. By digitizing data at the field level, the CCS mobile application improves accuracy and timeliness, and allows for smart data management of health services delivery.

Mobile Nurse Mentoring Teams

Mobile Nurse Mentoring Teams (NMT) is an on-site clinical training and mentoring program for nurses, who assist in pregnancies. This training focuses on improving their skills and the quality of pregnancy related healthcare in the country.

CARE India established Skill Labs in various districts of Bihar to ensure that the best knowledge and practices of public health get translated to improve outcomes in the labour rooms. During the training, the nurses are taught to efficiently conduct normal delivery, and handle maternal and neo-natal emergencies. The training is simulated and makes use of appropriate equipment. These workshops are conducted at regular intervals, which allows sufficient time for practical difficulties to be identified.

Gram Varta

The Gram Varta concept was introduced in the Sector Wide Approach to Strengthen Health (SWASTH) project of Bihar. It is a Government of Bihar initiative, which is supported by the DFID. Technical assistance for SWASTH is provided through the Bihar Technical Assistance and Support Team (BTAST), which is a consortium led by CARE India. Gram Varta is a community based model that engages various Self Help Groups (SHGs) in a systematic process of community mobilization to overcome the problems of malnutrition. It is a community led and owned initiative. Some of the notable inputs of this innovation is related to the Community Led Total Sanitation Campaign (CLTS) approach, building Open Defecation Free (ODF) communities, modern methods of family planning, nutrition and maternal health concepts.

Improving lives and creating opportunities

The attention of CARE's livelihood programme is focussed on providing support to the poor and vulnerable section, especially women and girls, to enable them to attain viable livelihoods, develop capabilities and build resilience. CARE works towards improving access to and control over natural resources; enhancing productive returns on labor, capital and natural resources; advancing financial inclusion; and creating an enabling environment and responsive system, which supports the needs and aspirations of poor and marginalized people.

LIVELIHOODS

Livelihood programmes and outcomes

Project	State	Districts	Number of collectives engaged with	Outreach 2012-13
Kutch Livelihood and Education Advancement Project	Gujarat	Kutch	696	10,697
Banking on Change	Tamil Nadu	Cuddalore, Nagapattinam and Kancheepuram	2,428	35,640
Strengthening Women' Participation in Cashew Value Chain	Tamil Nadu	Cuddalore and Nagapattinam	4	1,000
Insure Lives and Livelihoods	Tamil Nadu	Cuddalore, Nagapattinam, Kanyakumari, Villupuram, Thiruvarur and Thirunelveli	-	25,153
Livelihood Improvement for Economic Security	Tamil Nadu	Nilgiris	101	1,076
GDS Artisans	Rajasthan	Jaipur	1	208
TOTAL			**3,230**	**73,774**

Our future plans are to encourage women's economic engagement and enpowerment, by helping women overcome financial barriers, build productive capabilities, improve their positions within homes and communities, develop multiple assets and foster participatory value chain development.

Aligning with several partners for improvements in education levels, our educational interventions directly impacted 99,000 children and adolescents. CARE India is active in more than 3,000 villages in the states of Uttar Pradesh, Odisha, Bihar, Gujarat, Haryana and Chhattisgarh. The reach grows and change deepens as CARE matches up to shifts in the educational scenario, keeps abreast of issues and steadily works to grapple with the challenges of tomorrow. Our partners play a critical and complementary role, including Ministry of Human Resource Development, Ministry of Women and Child Development, Sarva Shiksha Abhiyan and state governments of Uttar Pradesh, Odisha, Gujarat, Chhattisgarh, The Ambedkar University, Sri Ram Foundation, community based NGO's, and UN organisations.

EDUCATION

Education projects and outcomes

Project	States	Outcomes	Total Outreach
Girls' Leadership Programme	Uttar Pradesh	It enables adolescents girls to have a collective voice, which reflects in their life choices	6,660
School Improvement Programme	Uttar Pradesh, Odisha and Gujarat	The formal school system's ability to deliver quality education strengthened by working with the government	8,75,062
Early Childhood Care and Education Programme	Chhattisgarh	A recognisable boost of the early childhood care and education component within *aanganwadi* by working with the government	33,908
Udaan	Uttar Pradesh, Odisha, Bihar and Haryana	Successful completion of girls' primary education through the residential camp for out-of-school girls. 11 months accelerated learning approach enables girls to streamline education by taking admission directly in grade six	390
Kasturba Gandhi Balika Vidyalayas	Uttar Pradesh, Bihar, Odisha and Gujarat	Developed leadership, and carried forward the learnings from *Udaan*, through the 'age and grade' approach	43,795
Adolescent Girls' Learning Centers	Gujarat	Imparted basic literacy, numeracy and social skills	23,515

Our future plans are to provide quality and inclusive education in schools, foster leadership skills, introduce innovative methods, bring all girls within the educational-fold, and consolidate indicators to strengthen the system.

Building resilience among vulnerable communities

CARE India works towards providing relief, and assists in the rehabilitation of the affected communities in the aftermath of any calamity. We continue to focus on building the capacity of vulnerable communities to cope with disasters. Our foremost goal is to build resilience among the community and various stakeholders, in case of any disaster. As a part of our Andhra Pradesh flood response programme, CARE India provided training to 230 small and marginal farmers on the 'System of Rice Intensification' (SRI) method of cultivation.

DISASTER PREPAREDNESS AND RESPONSE

Capacity building was done at three levels through several modalities

Training programmes	Activities
Peer level	CARE India and the CARE International Shelter Team together facilitated a humanitarian shelter training in Delhi. The training was aimed at senior level decision makers from Afghanistan, Nepal, Bangladesh and Myanmar
Organisational level	Training was provided on the various tools and procedures used during emergency assessment and response. Also, an orientation program was organised to sensitise on gender issues during emergencies
Community level	A cyclone shelter leaflet was designed to provide various options for cyclone resistant shelter

A national strategy on 'Gender in Emergencies', which is grounded on the premise that women and men have different strategic needs particularly during emergencies, was devised. This document analysed and addressed gender dimensions during emergency preparedness and response. Our future goal is to build resilience among the most marginalised Dalit and Adivasi communities, to help them prepare for any disaster.

GENDER

Working towards gender equality

CARE India is committed to embed gender equity and diversity (GED) in all its strategic planning, processes, policies, programmes and activities. With its core value of respect, integrity, commitment and excellence, CARE has consistently worked towards upholding the equivalence of the rights and opportunities available to all men and women, encompassing dignity and justice for all. GED is reflective of who we are, what we do, where we work and our vision for the future. Gender mainstreaming in our external and internal interventions has been ensured through several measures. To safeguard the core tenet of GED in CARE India's strategy, an extensive analysis was undertaken whereby the staff data was observed. It was found that 25%, of which one- fourth were women, had incorporated 'Gender Equity and Diversity' as their objective in their performance assessment. Also, a process of accountability mechanism for change was implemented in the organization. A strategy of 'Engendering Recruitment' was developed to mainstream gender equity and diversity.

A design framework for external intervention in programmes was conducted at different levels. A workshop for GED facilitators in India was organised to inculcate the core values of gender equality among all stakeholders. Also, a widespread focus on gender integration in the Madhya Pradesh Nutrition Project (MPNP) was implemented. An extensive study on gender gap in division of labour and control over resources was conducted to enable a better understanding of the issue, which not only helped in project design and implementation, but also promoted better gender perspective and equality within the programme.

ADVOCACY

Amplifying the voices of the marginalised

In its people-centered and rights based initiatives, CARE's focus is directed towards community-level advocacy to address social, geographical and policy level inclusion. The policy-centered activities aim to influence regional, state, national and global level policies to reflect greater equity and concern for marginalised sections and groups.

CARE India has been actively working towards raising the issues of the marginalised communities in the public forum and enabling them to realise their rights. Ongoing partnership building and media engagement in CARE India's Emphasis project has helped to create awareness on the vulnerability to HIV/AIDS faced by migrant women from Bangladesh and Nepal. CARE India has also been influential in formulating national and regional level policies relating to safe mobility.

As network building is vital to shape the way change happens, CARE India has worked towards forming collaborations on a large-scale to bring social change. Broad cross-sector coordination and 'collective impact' has been widely used to address social concerns.

CARE's advocacy agenda connects it to National and Local Governments, and civil society organisations, such as National Confederation of Dalit Organisations, National Campaign on Dalit Human Rights, ITV and UN Women. Future plans are to widen the network and work towards influencing policy and attitudinal change among people.

FUNDRAISING, PARTNERSHIPS AND COMMUNICATION

Building the base for social development

CARE India expanded its fundraising initiatives and explored new avenues in the past year. Additional channels of digital marketing and direct mailing were explored, with positive outcomes. The efforts resulted in the increase of our individual donor base by 40%. Our corporate partnerships were strengthened, new alliances formed and innovative methods of cause based marketing like "click-to-give" were explored. Our Payroll Giving was initiated this year in collaboration with partners like Charities Aid Foundation. Participation in events such as the Standard Chartered Mumbai Marathon and the Airtel Delhi Half Marathon increased the corporate employee engagement. Collaborations with long term partners in new projects were expanded and existing commitments reaffirmed.

The communication strategy focussed on increasing awareness, building engagement with our stakeholders and strengthening the resource mobilisation. We also worked towards increasing CARE's visibility, presence and reach through various initiatives.

Some key initiatives

'Affirmations, In Her Own Voice', our visually powerful volume, which chronicles the remarkable changes in the lives of marginalised women, and shows an enhancement in their capabilities and opportunities, was released

1,30,000 signatures

were collected, both offline and online, for 'Awaaz Uthao - Don't let the voices die' campaign, post the Nirbhaya incident, to demand effective policies and prompt judicial action

7 leading corporates joined forces

as part of the International Women's Day celebration, to sign on to the 'Women Empowerment Principles' to promote gender equity at home and the work place

power to empower

Delhi and Hyderabad

80 young people joined our ambassadorship programme after going through a mapping process and leadership trainings. These youth leaders were the guiding force of campaigns, such as 'One Billion Rising' and 'Awaaz Uthao-Don't let the voices die'.

FINANCIALS

CARE India Solutions For Sustainable Development
Balance Sheet as at 31st March, 2013
(All amounts are in Indian Rupees unless otherwise stated)

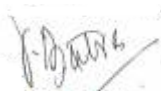|	Note	As at 31st March, 2013	As at 31st March, 2012
EQUITY AND LIABILITIES			
Shareholder's Funds			
Share capital	3	200	200
Reserves and surplus	4	79,892,257	63,973,199
		79,892,457	**63,973,399**
Current Liabilities			
Trade payables	6	35,661,063	8,606,651
Other current liabilities	7	68,790,914	56,153,509
Short-term provisions	5	3,456,617	2,239,885
		107,908,594	**67,000,045**
		187,801,051	**130,973,444**
ASSETS			
Non-Current Assets			
Fixed assets			
Tangible fixed assets	8	4,969,236	5,672,627
Intangible fixed assets	8	68,566	114,276
		5,037,802	5,786,903
Long term loans and advances	9	12,949,256	7,941,100
		12,949,256	7,941,100
Current Assets			
Cash and bank balances	10	129,895,252	104,195,355
Short-term loans and advances	9	36,682,811	10,949,983
Other current assets	11	3,235,931	2,100,102
		169,813,994	117,245,440
		187,801,051	**130,973,444**

Significant accounting policies   **2**

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

As per our report of even data attached

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

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

Sandeep Batra
Partner
Membership No: 093320
Place: Gurgaon
Date: 20th September, 2013

Nachiket Mor
Director
Place: New Delhi
Date: 20th September, 2013

Gautam Chikermane
Director
Place: New Delhi
Date: 20th September, 2013

CARE India Solutions For Sustainable Development
Income and Expenditure Account for the year ended 31st March, 2013
(All amounts are in Indian Rupees unless otherwise stated)

		Year ended 31st March, 2013	Year ended 31st March, 2012
Incom			
Grants and donations received	12	457,488,917	430,081,370
Other Income	13	15,516,677	309,197
Total		**473,055,594**	**430,390,567**
Expenses			
Project expenses	14	352,465,440	293,903,202
Training and material expenses		8,058,382	11,181,918
Subgrants to partners		49,980,803	51,690,077
Awareness and campaign charges	15	57,085,518	29,290,459
Other administrative expenses	8	2,741,703	-
Depreciation		1,696,207	2,018,124
Total expenditure		**472,028,053**	**388,083,780**
Expenses of income over expenses		977,542	42,306,787
Appropriations			
Less Transfer from asset fund account		1,696,207	2,018,124
Amount transferred to General fund		**2,673,748**	**44,324,911**
Earning per equity share:		133,687	2,216,246
Basic			

Significant accounting policies   2

The notes referred to above form an integral part of the financial statements
As per our report of even data attached

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

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

Sandeep Batra
Partner
Membership No: 093320
Place: Gurgaon
Date: 20th September, 2013

Nachiket Mor
Director
Place: New Delhi
Date: 20th September, 2013

Gautam Chikermane
Director
Place: New Delhi
Date: 20th September, 2013

ACCOUNTABILITY

Programme expenditure

Health	389,560,981
Livelihood	13,814,620
Emergency	1,635,290

Source of contribution

Government	22,219,684
Corporate	45,693,086
Donation	100,002,620
Foreign Govt.	289,573,528

Distribution of staff by gender and salary

Slab of gross monthly salary	Male Staff	Female Staff	Total Staff
<2500	NIL	NIL	NIL
<7000	NIL	NIL	NIL
<15000	NIL	NIL	NIL
<30000	7	8	15
<50000	19	46	65
>/50000	23	68	91
Total Staff	**49**	**122**	**171**

CARE India
E-46/12, Okhla Industrial Area Phase II,
New Delhi - 110020, India
Ph: 011 - 49101100/1 Fax: 011- 26385291/2
Email: contactus@careindia.org
www.careindia.org

Follow us on:

 www.facebook.com/CAREinIndia

 www.twitter.com/CAREIndia

 www.pinterest.com/careindia

 www.linkedin.com/company/care-india

Watch us on:

 www.youtube.com/user/fromCAREIndia

Read more on:

 www.careindia.org/blog