



ACCELERATING CHANGE THROUGH KNOWLEDGE

ANNUAL REPORT 2016

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CARE INDIA

CARE has been working in India for over 65 years, focusing on alleviating poverty and social exclusion. 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.

During FY 2015-16, CARE India directly reached out to 42.8 million people through 50 projects across 15 states, covering more than 183 districts. We are a part of the CARE International Confederation, working in over 85 countries for a world where all people live in dignity and security.

VISION

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

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 meet their health, education and livelihoods entitlements.

FOREWORD



I am pleased to present CARE India's Annual Report 2016.

This past year was crucial in our larger journey to transform CARE India into a knowledge organisation. As we continued to make significant impact in the lives of marginalised women and girls by strengthening our programmes around maternal and

child health, girl education, livelihood opportunities and building resilience during natural disasters, we also focused on knowledge creation and sharing it with diverse stakeholders.

We recognise that knowledge generation, assimilation, application and sharing are crucial steps towards bringing scalable, replicable and lasting change within the communities we work with. Towards this end, we reinvented our roles as researchers, policy influencers and thought leaders, learned from our experience as well as from others, and spearheaded important conversations in the development space.

In FY 2015-16, we organised several consultations, conferences and seminars to disseminate the knowledge gathered, collated and crystallised from our work on several projects.

The National Consultation on 'Perception of Domestic Violence and the PWDV Act 2005' and the National Conference on 'Shelter in Emergencies — Challenges and Possibilities' need special mention. During both the occasions, CARE India released the findings of the studies which were well appreciated, debated and discussed by participants at well-attended events.

It is this sustained focus and pursuit of knowledge which has allowed us to develop several innovative approaches to increase the efficacy of our interventions at the project level. The resultant outcomes are documented from the ground level by our Knowledge Management, Monitoring and Learning team, and disseminated within and outside the organisation.

I would also like to take this opportunity to thank all our partners, donors and staff for their continued commitment and support. You are essential to CARE India's mission of reducing poverty and social injustice, and with your support, we have directly impacted the lives of 42.8 million citizens and changed their lives for the better in different ways.

Best wishes,

Rajan Bahadur

MD & CEO,
CARE India

Over the years, CARE India has emerged as a preferred partner with communities, local, state and central governments, corporates, and other diverse stakeholders by delivering planned outcomes at the programmatic level, and by generating knowledge which can be adapted to diverse situations.



Knowledge sharing and dissemination are embedded as key strategies in our project management.

Towards multiplying impact, CARE India advocated for the scaling up of successful practices into the existing government systems across the education, health and livelihood sectors, focusing on gender transformative changes to address the root causes of poverty.

For evidence generation, the organisation regularly undertook research to establish if innovative approaches led to desired results. Added emphasis was given on evaluation through randomised control trials, video documentation of stories of change, progress markers and mobile based application of real time monitoring. CARE India has also developed policies on evaluation and measurement strategies to support generation of knowledge on impact.

It is the board's vision to directly impact lives of over 50 million people by 2020.

We are hopeful that with the continued support and commitment from all our communities, partners, associates and employees, we can bring this vision to life.

I would like to congratulate each and every member of the CARE India family and all our partners, donors, peer organisations and other stakeholders who continue to support our work and believe our vision of an enabling environment for women and girls from the most marginalised communities in the country.

Best wishes,

Neera Saggi

Board Chair
CARE India

CARE INDIA'S PRESENCE

APRIL 2015-MARCH 2016

Assam

- Emergency Flood Response

Andhra Pradesh and Telangana

- Emergency Response to Cyclone Hud-Hud

Bihar

- Integrated Family Health Initiative
- SWASTH
- Scale up of VL Control Activities
- Technical Assistance to the Govt. of Bihar
- Leveraging the Village Health, Sanitation and Nutrition Days (VHNDs) to improve the reach of Community Health Workers in Bihar
- Improving treatment of Child Health in Rural Bihar
- Strengthening Kala Azar Elimination Project (SKEAP) in Bihar
- Access and Quality Education for Out of School Children
- Teachers Resource Lab
- AGRANI
- PRAGATHI
- Emergency Preparedness Project
- Justice for Domestic Violence Survivors in India
- General Operating Support

Chhattisgarh

- AXSHYA (Global Fund)
- Bridging Health and Education Programme for Young Children
- Where the Rain Falls including WASH and Micro insurance interventions
- Evolving a Women-centered Model of Extension of Improved Cook Stoves for Sustained Adoption at Scale- SWITCH ASIA II

Delhi-Haryana

- National Level Technical Support to National Rural Livelihood Mission (NRLM) to integrate health interventions in SHGs.
- Udaan
- Empowering Migrant Workers in Export Oriented Garment Industry
- Impact Study of Post-Disaster Shelter Interventions.
- Relief for Nepal Earthquake
- PPA Country Agreement Y4

Gujarat

- Kutch Livelihood Education Advancement Project (K-LEAP)

Jharkhand

- AXSHYA

Madhya Pradesh

- Madhya Pradesh Nutrition Project
- AXSHYA
- Ensuring New-born Survival through Intervention in the Community and Facilities.
- Maternal Child Health
- Sustainable Education and Health amongst Tribal's (SEHAT)

Odisha

- TMST to Govt. of Odisha
- Maternal Child Health
- Start Early Read in Time
- Girls Education and Leadership Programme
- Pathways India
- Empowering Poor Smallholder Farmers and Enhancing Maize Productivity
- Evolving a Women-centered Model of Extension of Improved Cook Stoves for Sustained Adoption at Scale- SWITCH ASIA II
- Technical Assistance and Research for Indian Nutrition and Agriculture (TARINA)
- Women and Girls Lead Global

Rajasthan

- Reproductive and Child Health Nutrition and Awareness (RACHNA)

Tamil Nadu

- Banking on Change
- Women's Leadership in Small and Medium Enterprises (WLSME)
- Climate Change Adaptation For Resilient Small Scale Tea Production
- Tamil Nadu Flood Response Phase I and II

Uttarakhand

- Developing Sustainable Livelihood through Safe Shelter Enterprise

Uttar Pradesh

- Improving Maternal Health through Engaging Family and Community
- Urban Health Initiative
- Join My Village
- Udaan
- PCTFI Cohort 2
- Start Early Read in Time
- Read and Lead
- Emergency Preparedness Project

West Bengal

- Treatment Adherence and Follow up of MDR TB patients in West Bengal
- Briddhi
- Health Education among VHSNC and SHGs (HEVS)
- Enhancing Sustainable Farming Initiative by Integrating Gender and Nutrition (EnSIGN)
- West Bengal Flood Relief
- Emergency Preparedness Project



ACCELERATING CHANGE THROUGH KNOWLEDGE

Accelerating change through knowledge-building and sharing emanates from CARE India's Strategic Programming Framework which has a clear focus, commitment and impetus needed to facilitate CARE India's transition into a knowledge organisation. The Strategic Programming Framework shapes CARE India's direction with two Long Term Programmes focused on the most marginalised women and girls from Dalit and Adivasi communities.

The journey began with CARE India re-thinking the organisation's priorities towards the kind of knowledge it wants to create; the impact it wants to see among the Dalit and Adivasi communities; forms of utilisation of the knowledge in the organisation, and embedding a learning culture. In this respect, CARE India's on-ground programmes were identified as the appropriate arenas for learning and knowledge-building.

Going forward, the organisation evolved a four-dimensional architecture to address the varied aspects of Knowledge Management, Impact Monitoring and Learning (KMIML). The KMIML architecture provides the framework for CARE India's vision of becoming a knowledge organisation.

KMIML has four dimensions envisaged to facilitate the shift towards building a learning organisation.

Measuring Quality, Performance and Progress: Acceleration of change through knowledge includes monitoring the organisation's performance by reviewing programme quality, accountability and feedback

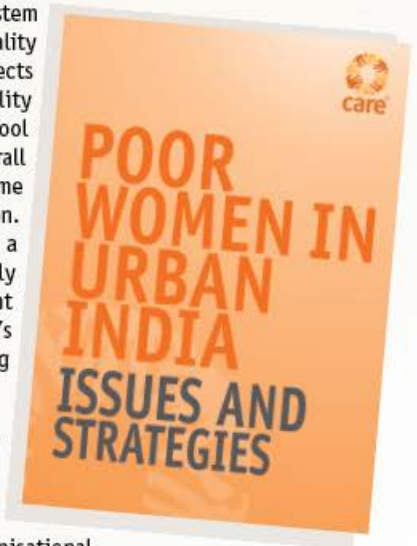
mechanisms. CARE India's system of review on programme quality and performance of projects through the Programme Quality and Performance Assessment Tool (PQPAT) has led to an overall improvement in programme quality within the organisation. The process of examining a project's progress is periodically examined to ensure alignment with the organisation's Strategic Programming Framework.

The overall data is collected, studied and shared through this architecture, which has helped in providing regular insights and analysis on organisational level performance.

Impact Monitoring and Sense Making: Every project is guided by a Monitoring and Evaluation (M&E) plan which includes an assessment of the impact and outcomes.

During its transition into a knowledge organisation, among the key steps that CARE India took were to test the theories of change, best approaches, flagship strategies amongst other aspects. Few projects initiated special studies with a focused learning agenda, assessment of strategies and methods that may or may not have worked.

The organisation routinely undertakes researches to establish if innovative approaches have led to desired results. Added emphasis is also given on evaluation through randomised control trials, video documentation of stories of change, progress markers and mobile-based application of real-time monitoring. CARE India has also



DIRECT REACH OF OUR PROGRAMMES



HEALTH

42,018,962 PEOPLE WERE REACHED DIRECTLY BY CARE INDIA



*1 figure = 1,000,000 people



EDUCATION

402,884 PEOPLE WERE REACHED DIRECTLY BY CARE INDIA



*1 figure = 10,000 people

developed policies on evaluation and measurement strategies to support the generation of knowledge around impact. At CARE India, understanding the impact is pursued with increased attention to hold accountability to results, learning to improve quality of work, and facilitating evidence-based advocacy.

Knowledge sharing culture: The next stage in the KMIML process is the adoption of a knowledge-sharing culture and promoting capacity, within the organisation and among its partners.

In FY 2015-16, CARE India pursued numerous measures to advance the organisational learning culture. To strengthen learning and reflection, the organisation took steps to create an enabling environment, by creating structures for reflection called Hub platforms (project clusters in our Adivasi and Dalit programme Hubs). Project-based review meetings further added to the continuous reflection process.

The reflection forum met each quarter to learn from the experiences of internal teams and external resources. This has led to a process of mutual learning within the organisation. These learning platforms have led to increased connectedness, inclusiveness, opportunities to learn and contribute, and promotion of leadership within teams.

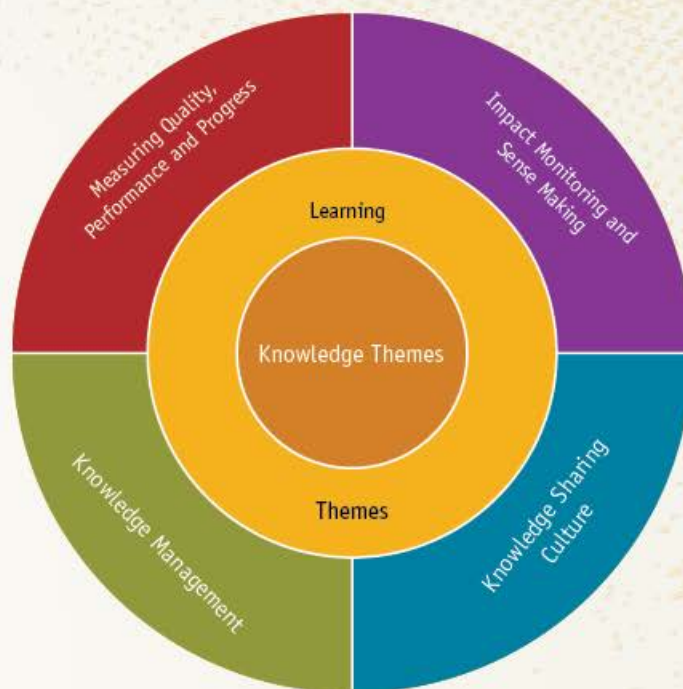
Knowledge Management: This stage focuses on proper archiving, retrieving and large-scale sharing of knowledge products across projects and initiatives. Employing appropriate communication channels and platforms is pivotal in knowledge management.



Knowledge sharing and dissemination had been embedded as a key strategy in project management. Towards multiplying impact, CARE India strived towards scaling up of successful practices into the existing government systems across education, health and livelihood sectors.

By disseminating knowledge generated through national and state level conferences, policy dialogues and consultation, media and other

Knowledge Management Impact Monitoring and Learning Architecture



communication channels, CARE India contributed to the acceleration of the change making process.

Knowledge and Learning Themes: These are themes around which CARE India intends to initiate research for finding solutions to the yet unaddressed questions rooted in the theory of change of long-term programmes. These are areas of inquiry that aim to generate knowledge for improving the quality of programmes or evidence for advocacy and policy influence.

CARE India does this by testing the theory of change and examining the evidence from a range of indicators. Through the approaches mentioned above, CARE India is constantly learning and evolving to become a knowledge organisation.



LIVELIHOOD

308,834 PEOPLE WERE REACHED DIRECTLY BY CARE INDIA

*1 figure = 10,000 people



DISASTER PREPAREDNESS AND RESPONSE

69,163 PEOPLE WERE REACHED DIRECTLY BY CARE INDIA

*1 figure = 10,000 people

HEALTH

The health interventions of CARE India are aimed at ensuring long term positive impact within the marginalised population, especially women and girls. The key approaches were strengthening Government's healthcare delivery system, facility interventions including clinical care and detailed clinical mentoring, and outreach-based interventions like training healthcare workers, name-based tracking of key services such as immunisation and family planning, and capacity building of community representatives, among others.



In FY 2015-2016, CARE India made significant efforts towards improving the quality of healthcare for the marginalised population by improving services in the public sector for nutrition, maternal health, care of new-borns and children, and communicable diseases such as Tuberculosis and Kala Azar. Knowledge development remained a corner stone of CARE India's healthcare interventions, to learn from, and to scale up proven interventions, and therefore enhance the effectiveness of programme delivery and the dissemination of strategies across the country.

Key Highlights

Strengthening health systems in Bihar

CARE India continued its **Bihar Technical Support Programme (BTSP)** across Bihar in partnership with the state departments of Health and Women & Child

- **Continuum of Care Services (ICT-CCS) for strengthening**

Integrated Child Development Scheme (ICDS) services – The randomised control trial on the Information Communication Tool (ICT) was completed, and subsequently adapted by the Ministry of Women & Child Welfare for national level deployment across the ICDS

- **Mobile Nurse Mentoring initiative, AMANAT, for enhanced quality of clinical care and complications management,** demonstrated significant improvement in maternal care at facilities after eight months of on-site training and support. There was 60% reduction in post-partum haemorrhage; better management of birth asphyxia; and sustained improvement in facility based care
- **Initiatives to converge Health and ICDS services at Health Sub-Centres** led to significant learnings and improvement in the efficacy of frontline workers in supporting mothers and children. Improved identification and care of low birth weight new-born babies led to an estimated 20% improvement in survival of 3-27-days-old babies
- BTSP undertook several studies in FY 2015-16 for identifying gaps in health management and efficacy of innovative programme interventions, including:

- ❑ A formative study in select districts to understand the cause of death and care-seeking for children below five years of age
- ❑ Study on rationalising human resources in health services
- ❑ A qualitative study on family planning analysed the effectiveness of incentives to promote adoption of Intra Uterine Contraceptive Device (IUCD)

Community outreach on reproductive health

Working with adolescents: CARE India worked towards empowering adolescent girls and boys to build their self-esteem and agency through training on gender attitudes in RACHNA project. The school-based training also created awareness among 1800 adolescent girls and boys about reproductive and menstrual health.

Community outreach for Nutrition

CARE India worked on a series of programmes related to improving access and quality of nutrition in partnership with local organisations, local self-governments and the state departments

- **Community based nutrition volunteers** in Madhya Pradesh Nutrition Project (MPNP) contributed towards reducing malnutrition among children below 5 years of age in three districts

- Under project Briddhi, CARE India covered 40,000 households to improve nutritional status of children in 3-6 years' age group

Eradicating Communicable diseases

- In collaboration with Bihar and Jharkhand state Vector Borne Diseases Control Programme, CARE India scaled up the project to fight Kala Azar or Visceral Leishmaniasis (VL), a neglected tropical disease affecting most marginalised communities. Use of a new chemical compound and pump for Kala Azar for spraying was found effective, there was substantial decline in reported cases, and 75% of Bihar's 534 blocks achieved their elimination targets
- **Tuberculosis** treatment, adherence and follow-up of patients was the focus in Axshaya and Multi-Drug Resistant (MDR) TB projects in four states. CARE India worked with state authorities and private sector on a package of tests, welfare schemes, and training of patients and other stakeholders. For MDR TB, patients received counselling support; service providers and Panchayat members were sensitised; and the effectiveness of pharmacists and chemists' role was tested. CARE India's paper on the initiative was published in TBC India Report, and presented at international forums



Frontline health workers assisting the mother and her 11-day-new-born

60% 

reduction in post-partum haemorrhage; better management of birth asphyxia; and sustained improvement in facility based care in Bihar

Community based nutrition volunteers in three districts of the Madhya Pradesh Nutrition Project (MPNP), contributed towards reducing malnutrition among **2,792** children below 5 years of age

10,611 

Kala Azar cases in Bihar in 2013 were reduced to **5,269** cases by September 2015

453 


Panchayats, 306 DOTS providers were trained under the **Treatment, Adherence and Follow-up Multi-Drug Resistant (MDR) Tuberculosis project**, with 1505 patients receiving counselling support along with their families.

“ Without fearing peer pressure, I started sharing workload with my wife in household chores and now try to also persuade my friends on how useful this is in bringing about family harmony. Apart from that, I also support her in developing her own Nutrition Garden ”

Mahadev Singh
(Husband of Anjala Singh),
Village Lego, Kotulpur
Dist-Bankura (WB)

EDUCATION

Empower Dalit and Adivasi girls and women by building capacities, self-esteem and leadership skills, that enable them to influence change at the individual, social and systemic levels. CARE India's Girls Education Programme (GEP) focuses on addressing social and pedagogical barriers that impedes participation of children, especially of girls, in education.



In FY 2015-16, CARE India directly reached 1,36,000 children (52 per cent girls from the most marginalised communities) and indirectly reached over 9,00,000 children (54 per cent girls), by focusing on strengthening existing initiatives of the state, such as Kasturba Gandhi Balika Vidyalayas (KGBV). CARE India's School Improvement Programme focuses on improving early grade reading, strengthening teacher resource centres, and building community libraries. For out of school children, initiatives such as accelerated education (Udaan project) for adolescent girls, special training centers for age and grade appropriate mainstreaming of out-of-school children, and leadership development of adolescent girls were undertaken during the year.

The approach includes emphasis on strengthening state and district level education systems and making them more responsive towards Dalit and Adivasi girls' education. CARE India has invested in creating effective and inclusive curriculums, strengthening platforms, building its monitoring and learning systems to efficiently gather data from grassroots interventions. It has also collected evidences for advocacy through policy analysis and conducted researches on quality and equity issues, including tracking beneficiary learnings and measuring change through case studies.

Key Highlights

- **Accelerated learning curriculum for out-of-school girls** developed by CARE India, was adapted into a Special Training Curriculum for a bridge course that is being implemented across 746 KGBVs in Uttar Pradesh
- **Promotion of safe and secure education for girls** was a key initiative for CARE India and it has developed a vision document for Government of Uttar Pradesh in collaboration with Sarva Shiksha Abhiyan (SSA). The

vision document describes and clarifies concepts related to safety and security for children, especially girls, that enables them to access and participate in education. The joint vision document led to the inclusion of this domain in the State and District level capacity building programmes for master trainers and teachers. A collaborative state level consultation was organised by the State Department of Education and CARE India to develop a vision and road map on addressing safety and security issues of children, especially girls, in elementary schools and KGBVs

- **Enhancing reading and learning skills in children at an early stage**, was a key priority and CARE India developed a Position Paper on Early Language and Literacy, addressing issues and challenges affecting learning levels of early graders in primary schools in India. Convened under GEP's 'Start Early: Read in Time' project, the paper was developed by a Technical Core Group facilitated by CARE India. The paper will be useful for 1.4 million government schools and thousands of private schools in the country
- **'Learning in the Early Years: Challenges and Possibilities'**, a study was undertaken by CARE India in association with CECED, Ambedkar University. The findings of the study were disseminated at a national level workshop organised in May 2015. The study highlighted that appropriate curriculum and capacity building measures of Aanganwadi workers have led to significant change in school readiness of children. The findings

also pointed out that systemic efforts towards eradicating malnutrition and stunting through the Integrated Child Development Services (ICDS) are not translating into satisfactory results

- **'Promoting Reading Culture through Inclusive and Gender Responsive School Libraries'**, an event organised in Bihar in February 2016, released a list of books to 100 CARE India-supported upper primary schools
- **Reviewing the status of the Right to Education Act**, GEP in partnership with the Right to Education Forum (RtEF), organised the 6th National Stocktaking Convention in March 2016
- **Key Research undertaken:**
 - A rapid assessment of the **Adolescent Girls' Leadership Skills** under CARE India's 'Agrani' project in Gaya and Nalanda districts of Bihar revealed that school-based platforms have become vibrant and functional
 - A study on **Multilingualism, Pedagogy and Learning: Understanding Transactions, Transformations and Tribulations** in Udaan, Odisha, confirmed that Udaan's Accelerated Learning Strategy can augment children's academic performance
 - A baseline assessment study conducted to understand the reading levels of children studying in Odisha and UP, under the 'Start Early Read in Time Project', shows that children have poor reading levels



Interactive classroom transactions at Udaan, Mewat

23,000+

government school teachers and functionaries (3,500 directly and over 19,000 indirectly) and 180 community based mentors reached through various interventions

746 KGBVs 

9,115 schools and 15 Special Training Centres reached

Education programmes implemented in four 

states (Bihar, Odisha, Uttar Pradesh and Haryana) covering 10 districts, reaching over 9 lakh children

CARE India's Udaan project was recognised as one of the exemplary works in the domain of residential schools in India (A national level study on Residential Schooling strategies: Impact on Girls education and empowerment, CBPS, 2015)

“Ever since I can remember, I was denied an education because I was handicapped. But, through CARE's accelerated learning programme at KGBV, I completed primary education in six months, graduated class XII in 2014, and am now studying law. Today I am respected for my willpower, and have a dream of becoming a lawyer” Haleema, 16, Kaserwa village, Uttar Pradesh. She practices writing with her foot at home. Undaunted by being born without hands, she continues to strive hard to make her dreams a reality.”

Haleema,
Kaserwa village,
Uttar Pradesh

LIVELIHOOD

CARE India's livelihood programme encompasses a range of innovative initiatives that help women build secure and resilient livelihoods and climb out of poverty permanently. CARE India is committed to empower women from marginalised communities to have greater access to and control over economic resources and their lives.

In 2015-2016, the Livelihood Sector Strategy was operationalised to identify and work with women from marginalised communities who are engaged in smallholder agriculture, small businesses, and as farm and non-farm labour. We reached out to more than **189,000 women** and **119,000 men** directly, and more than **285,000 women** and **268,000 men** indirectly, through **14** different livelihood initiatives across seven states in India.

During the year, monitoring, evaluation and learning systems in both existing and new projects were streamlined. We developed knowledge products (such as manuals and toolkits) for field teams to deploy for developing the capabilities of women smallholders and small entrepreneurs, in their projects and beyond.

Key Highlights

- Manuals and training materials on Common Interest Group Formation, Governance, and Management and on Financial Literacy were prepared. A comprehensive Gender Toolkit and a guidance note was developed to create an enabling environment for women participants in CARE's project areas. Several learning documents were prepared including Voluntary Savings, Impact of Financial Literacy Programmes, The Status of Dalit Inclusive Finance, Youth Capability and Interest in Income Generation Activities, and on the Efficacy of Individual Accounts For Youth
- For wider dissemination and visibility, videos were developed on post-harvest practices and other key learnings in Pathways programme, on improved agricultural practices of 10 crops in Odisha, and Kutch Livelihood Education Advancement Project's (KLEAP) achievements in agriculture, dairy, and microfinance
- Cadres of local trainers were developed within local NGOs, Self Help Groups and Small and Medium Enterprises for sustaining capacity building interventions initiated under projects
 - Two new livelihood initiatives were rolled out on new themes – **clean energy** and **nutrition layering on agriculture**:
 - With financial support from SWITCH Asia-II facility of the European Commission, a project on **Evolving a women-centred model of extension of improved cook stoves (ICS) for sustained adoption at scale** has been initiated with



10,000 rural women in Chhattisgarh and Odisha

- ❑ In the second initiative, **Technical Assistance and Research for Indian Nutrition and Agriculture (TARINA)**, CARE India is part of a Cornell University-led Consortium, and will be designing implementable models of nutrition layered agriculture sector programmes in Odisha

Outcomes reported during the year:

- In **Pathways** programme, an integrated approach to promoting women's collectives, sustainable agriculture, market engagement practises, and men's engagement, resulted in:
 - ❑ 13,000 poor households having additional economic opportunities and income, improving their access to food and household food-security around the year
 - ❑ 27% increase in paddy yields
 - ❑ An increase in dietary diversity of all households from 4.1 to 5.4 food groups
 - ❑ A rise in asset values for households by about 15% and 21% growth when calculated with and without agricultural land, respectively; for female-headed households this value grew 14 points from the baseline data
- More than three times as many women (89%) accessed agricultural extension as compared to the baseline period and nearly all women expressing satisfaction with extension services, which now include CARE India's agri-kiosks as service providers
- The end line assessment of **Banking on Change** project revealed significant improvements in women's space and quality of financial decision making; a 33% increase in the number of women involved in business activities; increase in freedom of participant women to spend income from their business; and increase in asset purchase incidents for business/income generation activities; and a substantial increase in social and political participation of women across age-groups
- Two Section 25 Companies of the community were established in Kutch for sustaining Dairy, Micro finance and Agriculture interventions of **Kutch Livelihood Education Advancement Project (K-LEAP)**; with dairy and agriculture development activities being managed by CARE India's partner – VIRAAT Producer Company and the microfinance programme being managed by Sri Vivekananda Mahila Vikas Federation. The Producer Company services are likely to reach over 7000 households



Women in a small and medium enterprise distributing raw cashew nuts for processing

189,000+ 

women and **119,000+** men reached directly through **14** different livelihood initiatives across seven states

13,000 

poor household have additional economic opportunities and income, through Pathways

33% 

increase in the number of women involved in business activities, registered under 'Banking on Change' project

“ Ignoring comments and remarks from other men in the community, I started sharing my wife's daily workload in the house. I also have been supportive of her move to start her own Nutrition Garden. I am now trying to persuade my male friends, through my own example on how workload sharing between a couple can strengthen their relationships and overall family harmony. ”

Mahadev Singh (Husband of Anjala Singh), Village Lego, Kotulpur District, Bankura (West Bengal)

DISASTER PREPAREDNESS AND RESPONSE

To reach out to five million people from high-risk disaster-prone areas through humanitarian assistance and disaster preparedness interventions, focusing on the needs and rights of vulnerable women and girls from the most marginalised communities.

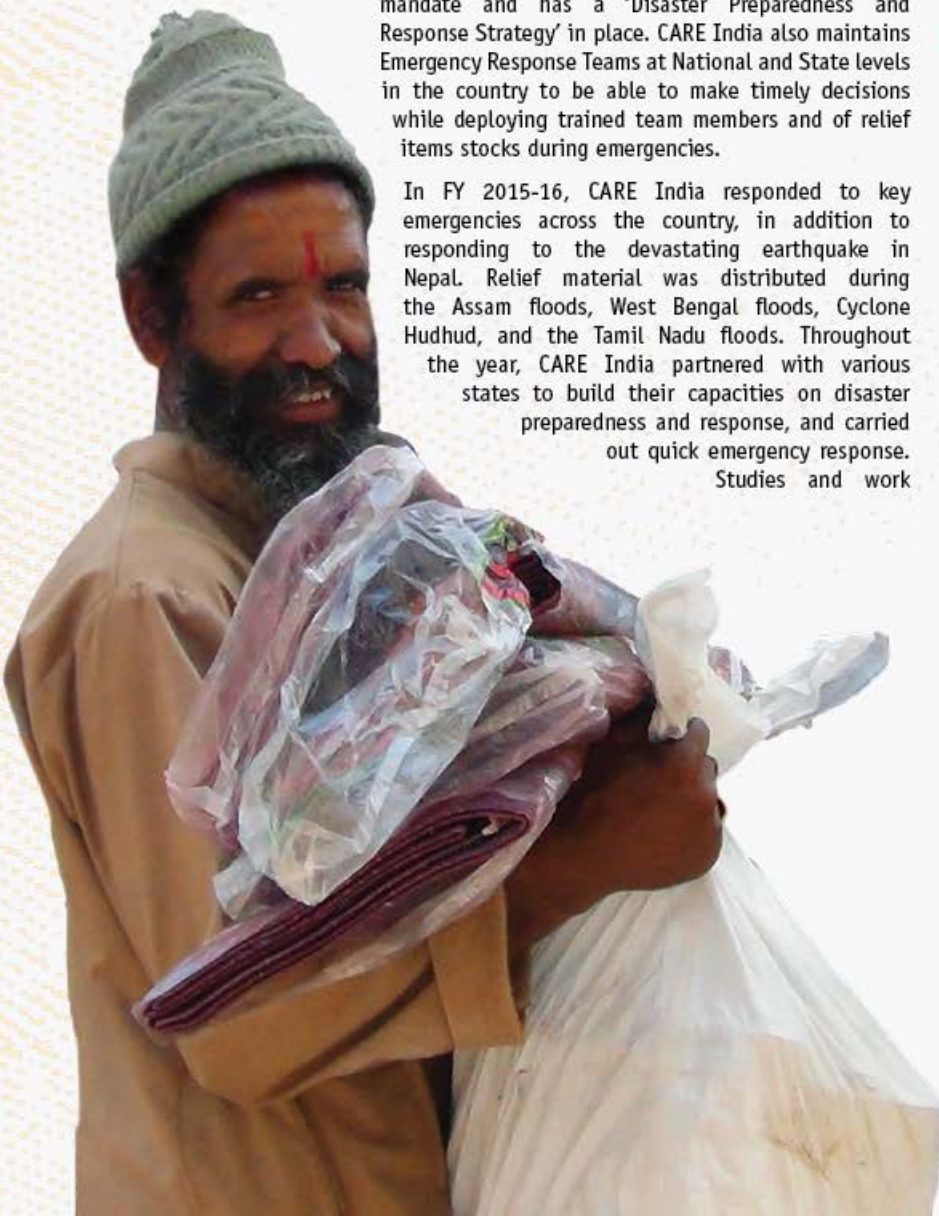
CARE India considers disaster preparedness and response as a critical aspect of its organisational mandate and has a 'Disaster Preparedness and Response Strategy' in place. CARE India also maintains Emergency Response Teams at National and State levels in the country to be able to make timely decisions while deploying trained team members and of relief items stocks during emergencies.

In FY 2015-16, CARE India responded to key emergencies across the country, in addition to responding to the devastating earthquake in Nepal. Relief material was distributed during the Assam floods, West Bengal floods, Cyclone Hudhud, and the Tamil Nadu floods. Throughout the year, CARE India partnered with various states to build their capacities on disaster preparedness and response, and carried out quick emergency response. Studies and work

evaluations were also conducted this year to strengthen future intervention designs.

Key Initiatives

- **'National Conference on Shelter in Emergencies—Challenges and Possibilities'** was organised in February 2016, in New Delhi, to launch the study report on the long-term outcomes of post-disaster shelter projects. The event was attended by over 85 participants, including academicians, technical experts, peer agencies, government agencies including the National Disaster Management Authority (NDMA), the Bihar State Disaster Management Authority, corporate and institutional donors. The conference stressed on the importance of effective collaboration between civil society organisations, the Government, private sector and local communities, to be able to move from a charitable model to a more business oriented model
- **Relief Kits and Safety Kits** (life jackets, first aid kits and other emergency items) were **per-positioned in disaster-prone states** to quickly reach out to disaster-affected population
- CARE India designed the **'Emergency Preparedness Project'** to build capacities of the disaster-affected population and to influence the District Disaster Management Plans (DDMPs) for better preparedness. This involved conducting Vulnerability and Capacity Assessment (VCA), reviewing DDMPs to make them gender inclusive, and awareness activities in villages
- **72,353 disaster affected people reached** through CARE India's emergency response and recovery projects this year
 - 1,01,900 people engaged through online



and field activities through CARE India's flagship 'India Prepares' campaign, organised to spread awareness on disaster preparedness across various States

- Animation films were developed on relief distribution, core humanitarian standards and quality and accountability measures. These films were used widely for training staff on emergency roster
- Knowledge products were developed on: 'Cash Transfers Hasten Emergency Recovery', 'SMC -- Putting Communities First in Emergency Response', 'How Gender Matters in Emergencies?' 'The Making of Women Masons'. These developed products will be used for future emergency responses
- **Key Interventions**
 - ❑ **Nepal Earthquake Response** - CARE India reached out to 2,500 households benefitting 12,500 people with Shelter, Non-Food Items (NFIs), and Hygiene kits in the remote regions of Gorkha and Lamjung districts of Nepal
 - ❑ **Assam Flood Response** - 1,000 flood affected households were provided with WASH (Water, Sanitation and Hygiene) and NFI kits. The project reached out to 5,331 residents of Morigaon district in Assam
 - ❑ **West Bengal Flood Response** - 8,658 flood affected households were reached covering 35,420 people in South Paraganas and Bankura districts of West Bengal. The beneficiaries were provided with jerry cans, water purification

tablets, shelter NFIs, hygiene kits, unconditional cash transfer and dry ration kits (rice, lentils, sugar, salt, turmeric and soya-bean)

- ❑ **Cyclone Hudhud Response** - 1,190 cyclone affected households were reached, covering 4,760 beneficiaries. They were supported with shelter repair and cash transfer for promoting livelihood facilities. In four villages, community toilets and bathing spaces were constructed separately for men and women
- ❑ **TN Flood Response Phase I** - 500 flood affected households in Cuddalore district were provided with Shelter-NFIs and hygiene kits, reaching out to 2,370 beneficiaries
- ❑ **TN Flood Response Phase II** - 2,482 flood affected households were reached, covering 11,972 people across Cuddalore, Chennai and Kancheepuram. Beneficiaries were provided with biscuits, drinking water, Shelter-NFIs, hygiene kits, jerry cans, utensil kits and unconditional cash transfers

Key Learnings

Some of the key lessons learnt with CARE India's disaster preparedness and response interventions this year include, the need for an integrated strategy in all shelter project. This is important for ensuring that women in disaster hit areas have a meaningful and equitable ownership of housing and land. It is also crucial to strengthen local governance since it can result in sustainable risk reduction.



Tamil Nadu Flood Response - Relief Distribution

40,751



people in West Bengal and Assam were provided with WASH (Water, Sanitation and Hygiene) and NFI Kits, unconditional cash transfer and dry ration kits

12,500+



people benefited from CARE India's outreach to 2500 households in the remote regions of Gorkha and Lamjung districts of Nepal

14,342



flood affected people in Tamil Nadu were provided with Shelter NFIs, hygiene kits and dignity kits

4,760



people benefitted during Cyclone Hudhud response. They were supported with shelter repair and cash transfers

“ When the initial survey was, done we thought that this is just for name's sake, nobody will provide any benefit. When the token was given, we wondered whether we will receive food material or not. When we finally received the food material, our trust grew stronger towards surveyors and organisations. ”

Mrs. Laxmi Mondal,
from Laharipur, West Bengal
(During food distribution, post
West Bengal Floods
in 2015)

GENDER EQUITY AND DIVERSITY

The endeavour at CARE India is to address the root cause of gender inequity and work towards empowering women and girls.

In 2015-16, CARE India sensitised and oriented communities on gender, through community level service providers, and other available platforms in the community. Project specific gender transformative change related milestones and appropriate tools for implementation were integrated into the detailed implementation plans of each project, and further monitored and evaluated based on gender specific indicators.

CARE India generated a flagship document, '**The Gender Transformative Change Approach**', to facilitate a comprehensive and common understanding around gender. CARE India also generated a detailed list of Gender

Transformative Change (GTC) indicators to measure the gender transformative change, based on the Strategic Impact Inquiry (SII) Framework of Women's Empowerment. These indicators are available in the domains of health, livelihoods, and education and adapted to measure the progress of gender transformation in the projects.

The Social Analysis and Action (SAA) approach is followed to integrate gender across projects, which has significant focus and effort on building staff capacity around gender, motivating staff to challenge gender stereotypes in own lives, in addition to engagement with stakeholders, influencers within the community, including women, girls, men and boys.

Key Initiatives

- **Gender in livelihood programmes** – CARE India's livelihood projects seek to empower women through a combination of approaches including capability enhancement, asset building collectivisation and inclusive value change promotion. During 2015-2016, we initiated the integration specific actions for bringing about gender transformative change, within detailed implementation plans of livelihood projects. We invested in building the capacities of project teams to deploy a gender lens while implementing projects and measuring progress. Gender inclusive criteria was developed for selection and training of Livelihoods Support Providers, half of them women, to work with women small holder farmers in the 'Pathways' project. Women from poor and tribal households were trained to lead Community Action Planning (CAP) for their respective villages in the 'Where the Rain Falls' project. Gender review of all communication material, and gender inclusive discussion guidelines were prepared to facilitate reflections with communities in the



SWITCH ASIA - II project. In Women's Leadership in Small and Medium Enterprises (WLSME) project, leadership development and capacity building among women entrepreneurship was clubbed with engaging with men to support women's entrepreneurship. 30 male champions spread the message of gender equity to other men. A Knowledge, Attitude and Practice (KAP) study of the project revealed significant and encouraging changes in the way gender relations are playing out in household and community levels, since the WLSME implementation started. Similar progress was achieved under the potato value chain project in West Bengal which engaged with women and men's groups on gender equitable intra-household food and nutrition distribution, as well as review of workload distribution within households and on farms

- **Gender in education** – The influence of what children read impacts their understanding on gender equality and stereotyping. To understand the role of school libraries in promoting equality and discouraging stereotyping, CARE India designed a 'Gender Situation Analysis' using a gender assessment tool for collecting data from 20 school libraries in the education project. The learnings showed that only five per cent books are around women achievers, and only three per cent books were authored by women. The findings were released during a state level consultation on 'Promoting reading culture through inclusive and gender responsive school library', which was attended by Department of Education, Government of Bihar and civil society

organisations. In Uttar Pradesh, a state level Colloquium on 'Boys Engagement to Build Gender and Social Equitable Society' was facilitated to highlight the approach with the State Department of Education

- **Gender and health** - Focusing on gender discrimination in food habits and access to health of women, CARE India used the Social Analysis and Action approach to integrate gender in its key health projects. In Madhya Pradesh Nutrition Project (MPNP) project, the process with communities was documented systematically and widely disseminated with a one-of-its-kind audio-visual knowledge product that showcases the gender transformation change in attitudes and behaviour in the community. In the RACHNA project, a Behaviour Change Tracker Tool was developed to track changes in Knowledge Attitude and Practice (KAP) around maternal and child health and women's empowerment. The tool is being used to assess the outcome of Behaviour Change Communication (BCC) interventions on women's increasing role in decision-making for own health during pregnancy, for institutional delivery, decisions on breastfeeding and immunization
- **Gender in Disaster response** – CARE India continued its focused approach on gender sensitive disaster response in all the emergencies. In addition, the Emergency Preparedness Project to build capacities of disaster-affected communities, conduct Vulnerability and Capacity Assessment (VCA), and influence District Disaster Management Plans for better preparedness included key parameters for gender inclusion



Women leaders taking forward the gender transformation process in the community

CARE India reached out to

395,163

women and girls through
Gender Transformative
Change initiatives

Example of changes in the Pathways project through Gender Integration

49.4% women rejected household gender-based violence at the end of the project, compared to 26.5% at the beginning



The percentage of women accessing agricultural inputs (seeds, fertilizers, etc.) improved from 36.5% to 89.1%



Sole or joint decision-making and control over household assets by women increased from 40.0% to 67.8% over the project period



“Gender Transformative Change reflective meetings have helped me and my wife Saroj to revive the health of our 4-year-old child, who had slipped into severe malnutrition due to economic hardships and our lack of attention. I started sharing my wife's workload by offering to help in household chores and taking care of her and our children's nutrition.”

Kuldeep, Gulganj Village,
Chhatarpur district, Madhya
Pradesh

ADVOCACY

CARE India's advocacy initiatives aim to influence existing and upcoming national policies to uphold, scale and sustain the empowerment of women and girls from the most marginalised communities.



CARE India engages with policy makers and builds relationships with key State and National level networks and alliances to build support for the marginalised communities. Building on the work done over the past few years, the CARE India focuses on developing outcome-based thematic advocacy strategies for all the sectors CARE India operates in. At international level, CARE India engages with various processes to advocate on issues relevant to India. The organisation also conducts studies and develops knowledge products to advocate on various issues affecting the marginalised communities.

In FY 2015-16, CARE India was consulted for several State and National level policy-related work by the Government of India and was invited by various State Governments for suggestions on the implementation of various development programmes. CARE India also participated and contributed in important civil society and government processes related to Sustainable Development Goals, both within the country and outside.

CARE India's advocacy efforts garnered visibility across print and electronic media platforms at the State and National levels, and its work was also appreciated by senior government officials who visited various project sites to observe and understand real issues faced by the project participants.

Advocacy Highlights

- CARE India organised two national consultations with participation of peer NGOs organisations and government representatives on advocacy issues related to Dalit and Adivasi women and girls
- A National Consultation was organised to share the findings of 'A Study Report on Perception of the Protection of Women from Domestic Violence (PWDV) Act, 2005 in Bihar'. Two state level sensitisation workshops for stakeholders responsible for implementing the PWDV Act were also organised this year
- CARE India Advocacy team presented the organisation's work on sexual reproductive and maternal health for global strategy development at the Global Advocacy Strategy process in Kigali, Rwanda

- CARE India was invited as a member to the National Coordination Committee on Infant and Young Child Feeding (IYCF) of the Ministry of Women and Child Development, Government of India
- CARE India submitted letters with key asks to the President and the Prime Minister of India, to influence the processes at G20 summit and the Paris Agreement on climate change
- CARE India shared its views on various external consultations on the Sustainable Development Goals this year, and worked effectively with various coalitions and alliances like NACDAOR, Right to Education Forum, National Campaign for Dalit and Human Rights, The Coalition for Food and Nutrition Security, Sphere India amongst others

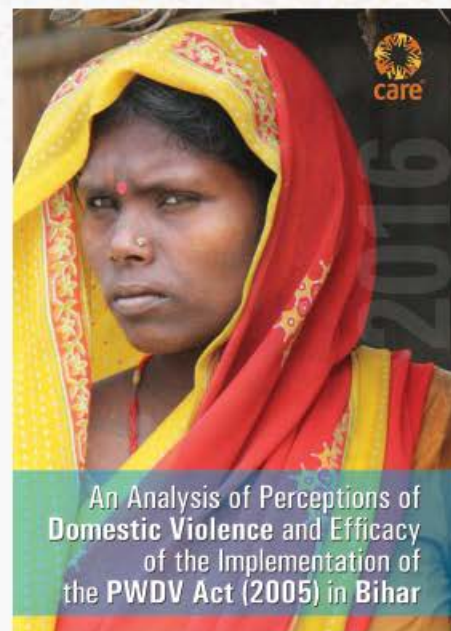
CARE India conducted a study 'An Analysis of Perceptions of Domestic Violence and Efficacy of the Implementation of the PWDV Act (2005) in Bihar' in 9 districts:

- To gain a deeper understanding of people's perception of domestic violence

- To understand awareness of the PWDV Act amongst the community
- To assess the effectiveness in implementation of the Act within the State

Key Findings:

- The study re-established how domestic violence directly impacts women's health. 43% male and 61% female respondents said that violence has a direct bearing on the birth of an underweight child. And more than 60% said that the husband was responsible for making abortion related decisions in the family
- Even after 10 years of existence of the PWDV Act, almost 50% respondents said that they did not know that violence against women is a legal crime. Nearly 75% of the local level service providers had never participated in any discussions on the Act
- Out of total 38 districts in Bihar, 35 had helplines and 21 had Short-Stay homes, however judicial and administrative structures were still less accessible to the survivors. 86% respondents said that they had no information about the existence of such institutions in their districts. 80% respondents said that they have no information on where to report domestic violence. Most of them were unaware whether PWDVA had been used while filing cases



Release of the study report on Perceptions of Domestic Violence and Efficacy of the Implementation of the PWDV Act (2005) in Bihar

MARKETING AND FUNDRAISING



CARE India
Over 400 families from Burma colony and 273 in Kancheepuram have already received #CARE's relief distribution kits

CARE India
#CAREIndia is responding to the #TamilNaduFloods and reaching out to 5000 flood victims

CARE India
#CAREIndia is moving relief materials to rain and flood affected areas of Cuddalore District in Tamilnadu to provide support to 500 families

CARE India
This festive season #BeHerSanta & help make education part of every girl's life. careindia.org/give

In Marketing Communications, FY 2015-16 witnessed renewed focus on maximising reach and increasing engagement with audiences, both online and offline.

The Marketing Communication team launched multiple campaigns on digital and social media, targeted at building CARE India's digital assets, which in turn helped us increase engagement with the wider donor constituency and garner resources for the organisation.

Additionally, the team robustly supported CARE India's programme units on knowledge dissemination events and announcements.

Key Highlights

- The year marked a recognition for CARE India, with Brand Trust Report conferring the honour of the 'Most Trusted NGO Brand' in India, post a study covering 20,000 brands across 16 cities
- Driving conversations on social media, CARE India substantially increased its engagement with audiences on Twitter (9.8 thousand followers), Facebook (3.4 lakh followers), and LinkedIn (6030 followers)
- The Marketing Communications unit also launched the CARE India's Hindi website, furthering the aim to widen our reach amongst diverse audiences

across the country. Through integrated marketing campaigns, the team also delved in resource generation through event specific campaigns and also during disaster emergencies such as the Nepal earthquake and the Tamil Nadu floods in December

- Recognising the potential of connecting with supporters around national holidays, festivities, and important events, the Marcom Unit conceptualised and executed several fundraising campaigns including – Light a life (Diwali) and Be her Santa (Christmas), Every good deed deserves a reward (Tax Planning period), along with campaigns focused on specific projects including Briddhi (health), and Udaan (Education)

f 3.4 lakh followers

t 9.8K followers



- Specific digital campaigns were also launched to generate resources for supporting CARE India's disaster response initiatives around **Nepal earthquake, Cyclone Hud-Hud, Tamil Nadu floods**
- Laying emphasis on knowledge generation and showcasing some of the most inspiring stories from our work across states, the Marcom team **trained communication champions across project locations and encouraged content submission** from team members. This has resulted in qualitative ground-zero stories being hosted on the website which has further strengthened CARE India's efforts to engage with supporters on digital media

CARE India's **Individual Fundraising Unit** focused on maximising funds, and judiciously utilising the money spent on raising donations. The field teams conducted several on-ground donor engagement, and fundraising activities through road trips, activations in malls, corporate spaces and resident welfare associations. The in-house fundraising operations were further expanded to three more locations, Pune, Cochin and Chennai.

Key Highlights:

- A pilot project on acquiring supporters for a monthly giving programme (committed giving) that was initiated in December 2013, delivered good results this year, leading to donations

from more than **2500 monthly giving donors**

- The monthly giving programme was expanded to seven cities this year, with significant performances by on-ground teams during emergencies including the Nepal Earthquake, Tamil Nadu Floods, and Assam Floods

96 
Blogs Published
during the
financial year



750+
impressions across
online and print
publications

24478+
Individual donors
supported CARE India
during the FY 2015-16

OUR PARTNERS AND DONORS

CARE India's Knowledge Interventions during April 1, 2015 to March 31, 2016

Donor	Name of Project
Australian Consulate	Tamil Nadu Flood Response Phase I and II
AXA	Where the Rain falls including WASH and Micro insurance interventions, Tamil Nadu Flood Response Phase I and II
Barclays	Developing Sustainable Livelihood through Safe Shelter Enterprise, Banking on Change
BBC Media Action	Maternal Child Health
Bill and Melinda Gates Foundation (BMGF)	Integrated Family Health Initiative, Scale up of VL Control Activities, Technical Assistance to the Govt. of Bihar, Leveraging the Village Health, Sanitation and Nutrition Days (VHNDs) to improve the reach of Community Health Workers in Bihar, Improving treatment of Child Health in Rural Bihar, Strengthening Kala Azar Elimination Project (SKEAP) in Bihar, Technical Assistance and Research for Indian Nutrition and Agriculture (TARINA), National Level Technical Support to National Rural Livelihood Mission (NRLM) to integrate health interventions in SHGs, Emergency Response to Cyclone Hud-Hud, Justice for Domestic Violence Survivors in India, General Operating Support, Pathways India
Cairn India Limited	Reproductive and Child Health Nutrition and Awareness (RACHNA)
Cargill	Pathways India, Madhya Pradesh Nutrition Project, Kutch Livelihood and Education Advancement Project (K-LEAP), Girls Education and Leadership Programme
Citibank	Emergency Preparedness Project
C-USA – Pooled fund for Education	Access and Quality Education for Out of School Children
Department of International Development (DFID)	SWASTH, TMST to Govt. of Odisha, PPA Country Agreement Y4, RRF Nepal Earth quake
Doug Tilden	Udaan
Eli Lilly	Treatment Adherence and Follow up of MDR TB patients in West Bengal
EROS International Media Limited	Improving Maternal Health through Engaging Family and Community
European Union	Evolving a Women-centered Model of Extension of Improved Cook Stoves for Sustained Adoption at Scale- SWITCH ASIA II
FHI 360	Urban Health Initiative
General Mills	Read and Lead
Glamour	Girls Education and Leadership Programme
Global Fund Grant (World Vision India)	AXSHYA
GSK Healthcare Limited	Briddhi
GSK Pharmaceuticals Limited	Ensuring Newborn Survival through intervention in the community and facilities.
Happold Foundation	Impact Study of Post Disaster Shelter Interventions
Humanitarian Coalition	RRF Nepal Earth quake
Independent Television Service (ITVS)	Women and Girls Lead Global
Jeff Peierls	Udaan
JP Morgan	West Bengal Flood Relief
Kellogg Foundation	Empowering Poor smallholder farmers and Enhancing Maize Productivity
Merck Foundation	Join My Village, Bridging Health and Education Programme for Young Children (Early Childhood Development)
Oracle	Teachers Resource Lab
Patsy Collins Trust Fund Initiative	PCTFI Cohort 2
PepsiCo	Enhancing Sustainable Farming Initiative by Integrating Gender and Nutrition (EnSIGN)
PRIMARK	Empowering Migrant Workers in Export Oriented Garment industry
START Fund	Tamil Nadu Flood Response Phase I and II, West Bengal Flood Relief
Symantec	Tamil Nadu Flood Response Phase I and II
Team for tech	Udaan
The Hans Foundation	PRAGATHI
Tides Google	Girls Education and Leadership Programme
United Nation Children's Fund (UNICEF)	AGRANI
United Way of Mumbai	West Bengal Flood Relief
United Parcel Service	Climate change adaptation for resilient small scale tea production
United States Agency for International Development (USAID)	Start Early Read in Time, Women's Leadership in Small and Medium Enterprises (WLSME)

SUPPORT SERVICES



Prepositioning emergency stocks for quick response during disasters

To ensure faster movement of emergency relief materials to the disasters and emergencies affected sites, CARE India developed standard family kits with certified specifications and number of units. The vendors supply the materials at an initial 50% payment and the rest is paid at the time of the actual supply of materials at sites, when disaster strikes. This arrangement allows CARE India to maintain quality and quantity, and hold it at designated warehouses provided by the vendors.

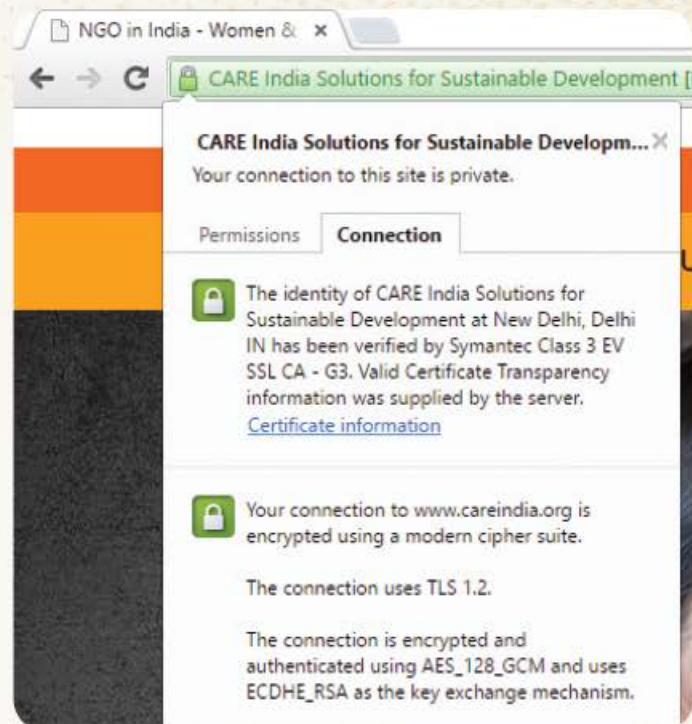
As a strategy, pre-positioning the stock to reach the disaster sites within the first 48 hours of the occurrence has worked extremely well. Non-food items are positioned at seven disaster-prone locations in India and are stored in a family-kit format, to be distributed during emergencies. This model was highly acknowledged by National and South Asia Procurement experts during the Applied Humanitarian logistics management workshop held in February 2016 and recommended for replication by other partners. The team of experts visited CARE India Delhi pre-positioning warehouse and appreciated the strategy, as well as the operational advantages of this model.

Proactive measures for staff safety and security

CARE India sponsored its Safety and Security Focal Point team for a highly acclaimed training programme on 'Personal and Team Security Management', conducted by RedR India. The course focused on the principles and practical applications of risk management, with special importance to personal and team security and safety issues.

Alternate office space for emergency

In a first of its kind initiative, CARE India signed an agreement with Hotel Red Fox for its temporary office space, in case an earthquake strikes the National Capital Region (NCR). Hotel Red Fox is located in Mayur Vihar Phase-III and is an earthquake resistant building, as per the latest provisions of national building code and IS codes for structures resistant to earthquake. Additionally, CARE India has also entered into another arrangement with an agency "M/s Knight Frank" that will help finding an alternate office space in NCR, in case the current office is inoperative.



CARE India has implemented the SSL/TLS certificate on its corporate website which, apart from providing a secured browsing environment for our individual donors, also displays a 'verified organisation' seal

CARE India website is now more secure than ever

CARE India accords high importance to online security and keeping its patrons safe during the process of making online donations. This year, CARE India implemented the SSL/TLS certificate on its corporate website which, apart from providing a secured browsing environment for our individual donors, also displays a 'verified organisation' seal.

Browsing the CARE India website turns the browser address bar green, an indication of a secure and trustworthy website. This provides assurance to individual donors that they are donating to a verified organisation and that the website is free from malware, phishing, and other vulnerabilities such as Heartbleed and Poodle.

Contracts and Agreements overhauled in line with local laws/regulations

CARE India's procurement team revamped all purchase contract templates, including lease agreements, in alignment with local laws and regulatory compliances. This revision allows CARE India to be more resilient to new business initiatives, without exposing the organisation to any risk. This has also brought about consistency across business process centres and a significant increase in the compliance rate.

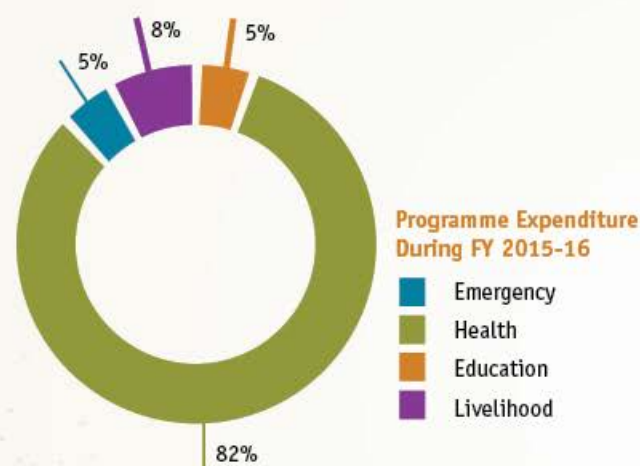
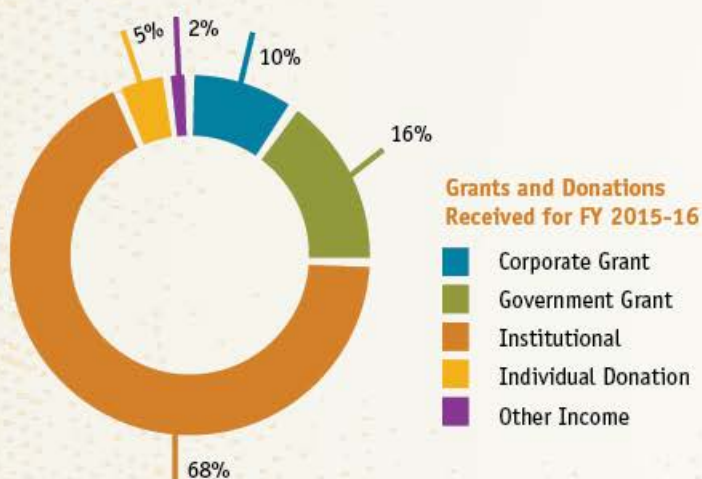
FINANCIALS

How your generous contributions are utilised

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

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

The following figures represent grants and donations received by CARE India in the Financial Year 2015-16.



Grants and Donations Received for FY 2015-16

Grants and Donations Received for FY 2015-16	Total Amount (INR)	Receipt (%)
Corporate Grant	216,806,172	10%
Government Grant	357,521,489	16%
Institutional	1,518,977,418	68%
Individual Donation	103,685,859	5%
Other Income	39,671,033	2%
TOTAL	2,236,661,971	100%

Programme Expenditure During FY 2015-16

Programme Expenditure during FY 2015-16	Amount (INR) (A)	* Other Expenses (B)	Total Amount (INR)	Expenditure (%)
Emergency	111,909,489	4,595,335	116,504,824	5%
Health	1,722,334,263	70,724,147	1,793,058,410	82%
Education	112,735,157	4,629,239	117,364,396	5%
Livelihood	163,335,449	6,707,859	170,063,308	8%
TOTAL	2,110,334,358	86,656,580	2,196,990,938	100%
*Other Expenses	86,656,580			

CARE India Solutions For Sustainable Development

Balance Sheet as at 31st March, 2016

(All amounts are in Indian Rupees unless otherwise stated)

	Note	As at 31 st March, 2016	As at 31 st March, 2015
EQUITY AND LIABILITIES			
Shareholder's funds			
Share capital	3	200	200
Reserves and surplus	4	208,072,168	179,552,513
		208,072,368	179,552,713
Non-current liabilities			
Long-term provisions	5	37,779,502	-
		37,779,502	-
Current Liabilities			
Trade payables	6		
- Total outstanding dues to micro and small enterprises		-	-
- Total outstanding dues of creditors other than micro and small enterprises		49,118,976	27,081,000
Other current liabilities	7	377,730,942	204,808,113
Short-term provisions	8	10,046,169	33,969,063
		436,896,087	265,858,176
		682,747,957	445,410,889
ASSETS			
Non-current assets			
Fixed assets			
- Tangible fixed assets	9	43,796,879	50,540,977
- Intangible fixed assets	9	1,386,662	1,426,372
		45,183,541	51,967,349
Long-term loans and advances	10	14,557,866	10,154,864
		59,741,407	62,122,213
Current Assets			
Cash and bank balances	11	449,368,868	254,466,233
Short-term loans and advances	12	171,311,177	128,719,797
Other current assets	13	2,326,505	102,646
		623,006,550	383,288,676
		682,747,957	445,410,889
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: 26th September, 2016



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



Rajan Bahadur

Managing Director & CEO

DIN: 07213349

Place: New Delhi

Date: 26th September, 2016



Namrata Kaul

Director

DIN: 00994532

Place: New Delhi

Date: 26th September, 2016

CARE India Solutions For Sustainable Development
Income and Expenditure Account for the year ended 31st March, 2016
(All amounts are in Indian Rupees unless otherwise stated)

	Note	Year ended 31 st March, 2016	Year ended 31 st March, 2015
Income			
Grants and donations received	14	2,196,990,938	1,656,862,211
Other income	15	39,671,033	39,073,050
Total		2,236,661,971	1,695,935,261
Expenses			
Project expenses	16	2,193,703,462	1,739,377,663
Other administrative expenses	17	4,367,570	6,219,091
Prior period expenses	18	3,287,476	-
Depreciation	9	32,733,443	23,220,136
Total expenditure		2,234,091,951	1,768,816,890
Excess of income over expenditure		2,570,020	(72,881,629)
Appropriations			
Add: Transfer from asset fund account	4c	32,733,443	23,220,136
Amount Transferred to General fund	4a	35,303,463	(49,661,493)
Earning per equity share:			
Basic		1,765,173	(2,483,075)
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: 26th September, 2016



For and on behalf of the Board of Directors of
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Rajan Bahadur
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Namrata Kaul
Director
DIN: 00994532
Place: New Delhi
Date: 26th September, 2016

CARE India Solutions for Sustainable Development

Cash Flow Statement for the Year ended 31st March 2016

(All amounts are in Indian Rupees unless otherwise stated)

	For the year ended 31 st March, 2016	For the year ended 31 st March, 2015
A. Cash flow from operating activities		
Excess of income over expenses	35,303,463	(49,661,493)
Adjustment for:		
- Fixed assets purchased charged off in project expenses	32,025,183	58,173,068
Working capital adjustments:		
- Decrease/(increase) in loans and advances	(44,459,086)	28,023,175
- Increase in trade payables	22,037,976	20,279,853
- Increase in provisions for employees benefits	13,856,608	21,805,216
- Increase in other liabilities	172,922,829	10,656,508
Net cash from operating activities	231,686,973	89,276,327
Income tax paid (including tax deducted at source)	(2,535,296)	(5,911,361)
Net cash generated from operations	229,151,677	83,364,966
B. Cash flow from investing activities		
Interest received from fixed deposits	102,646	1,683,740
Other current assets	(2,326,505)	-
Purchase of fixed assets	(32,025,183)	(58,173,068)
Movement in other bank balances	2,744,562	58,207,856
Net cash used for investing activities	(31,504,480)	1,718,528
C. Cash flow from financing activities	-	-
Net increase/(decrease) in cash and cash equivalents (A+B+C)	197,647,197	85,083,494
Cash and cash equivalents at the beginning of the year	251,721,671	166,638,177
Cash and cash equivalents at the end of the year	449,368,868	251,721,671
Components of cash and cash equivalents:		
Cash in hand	200	200
Balances with scheduled banks	449,368,668	251,721,471
	449,368,868	251,721,671

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
Partner
Membership No: 093320
Place: Gurgaon
Date: 26th September, 2016



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



Rajan Bahadur
Managing Director & CEO
DIN: 07213349
Place: New Delhi
Date: 26th September, 2016



Namrata Kaul
Director
DIN: 00994532
Place: New Delhi
Date: 26th September, 2016

ACCOUNTABILITY



Staff Composition and Compensation

Slab of gross monthly salary (INR) plus benefits paid to staff	Male Staff	Female Staff	Total Staff
<2500	NIL	NIL	NIL
<7000	NIL	NIL	NIL
<15000	NIL	NIL	NIL
<30000	16	5	21
<50000	95	37	132
>50000	223	71	294
Total Staff	334	113	447

Key initiatives

Women Lead the Way

In its endeavour to attract, develop, retain and advance the women who work in the organisation, CARE India made headway in FY 2015-16 towards its commitment to be an inclusive and diverse workplace. Through a series of actions and interventions, the organisation set targets for at least 35% positions to be staffed by women by 2017, to 50% by the year 2020.

As a part of The Women Leadership Development programme – ‘Women Lead the Way’, 25 women staff from middle and junior management across the organisation were identified aiming at enhancing the skills and competencies of these women staff and preparing them to be the future leaders.

Sexual Harassment of Women at Workplace Training

The purpose of this training was to provide CARE India’s Internal Complaints Committee members, knowledge, understanding, and awareness about sexual harassment of women in workplace, related laws and process handling of complaints. In particular, organisational obligations to comply with, under the Sexual Harassment of Women at Workplace (Prevention, Prohibition, Redressal) Act, 2013 and consequences if violated were dealt with in detail.

Policy: Sexual Harassment of Women at Workplace

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

During the period of 2015-2016, four complaints were reported to the ICC, on which enquiry was conducted, reports were submitted to the management, and action was taken basis the recommendations.

Health Camp

To address the concerns on more and more young professionals today falling prey to lifestyle ailments due to their work schedules, an

in-house Health Camp was organised at CARE India. The camp gave the staff an opportunity to easily check some of their basic health parameters.

Transparency disclosure

- CARE India board members are not related by blood or marriage
- The term of each board member is three years
- Financial year 2015-16, CARE India held board meetings on June 26, September 18 and November 25 in 2015, and February 5 in 2016
- CARE India's Annual General Body Meeting was held on September 18, 2015
- No remuneration, sitting fees or any other form of compensation is paid to any board member









CARE India

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