

# Reimagining

To build  
impact at scale.

Annual Report 2020-21



care®

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CARE India is a not-for-profit organisation that builds the capacity of communities to ensure empowerment for marginalised women and girls. Our sustainable and holistic interventions in Health, Livelihood, Education, and Disaster Relief and Resilience, provide innovative solutions to deep-rooted development problems.

CARE India is a part of the CARE International Confederation, helping millions of people live a life of dignity. We have a presence in over 100 countries.

Along with access to the international confederation of expertise, CARE India integrates internal knowledge and a strong network of partnerships to deliver outcomes at scale to varied stakeholders.

We have been contributing to India's explosive growth for over 70 years, starting from when it was a newly formed nation till today, when it is among the world's fastest developing economies.

In 2020-21, we impacted the lives of more than 52.7 million people through 53 projects carried across 18 states.

## Vision

We seek a world of hope that is inclusive and just, where all people live in dignity and security.

## Mission

To save lives, enable social protection and defeat poverty.





## Reimagining. To build impact at scale.

The pandemic has erased and even reversed the progress of the past towards greater economic equality.

It has disrupted the informal economy, plunging millions into further poverty. The adverse effects have been felt most deeply by marginalised segments of society, and it has disproportionately impacted women.

All in all, it has taught us many lessons for the future.

In a positive light, it has emphasised the power of partnerships. At the same time, it has harshly demonstrated the inadequacy of operating at a sub-optimal scale.

In one fell swoop, 66% of workers lost their employment; 77% of households consumed less food than before; there was a 64% decrease in earnings and 47% of households did not have enough money to buy essentials.

It made us realise how fragile our healthcare and economic support systems were.

As we move forward into the new normal, towards evolving into an anti-fragile organisation, economy, and world, CARE India will continue to work towards poverty alleviation resolutely. Women and girls will continue to be our pivotal cause, along with the most marginalised, including those in the urban context.

We will scale up our scope of collaborations with Governments, corporate donors and volunteers to create broader access to the social protection programme.

Essentially, we will reinvent ourselves and reorient our systems towards building impact at scale.

It is our commitment to emerging stronger and better equipped to deal with future crises.

\* Key findings of COVID-19 Livelihoods Survey, Centre for Sustainable Employment, Azim Premji University



**Manoj Gopalakrishna**

Chief Executive Officer

2020-21 has been a year when the COVID pandemic challenged humanity. While people across the board felt its impact, the vulnerable segments of society were the most deeply impacted.

Communities that CARE India supports face substantive health and livelihood adversities. In response, we scaled up our sectoral capabilities in health, livelihood, and education, which were developed over the decades, to enable communities to cope with the trials of the pandemic.

Our teams worked closely with our partners to enhance the health system's preparedness during these difficult times. Our learnings from our experiences in Bihar, concerning maternal and newborn care and health system strengthening, are being deployed in other states, enhancing pandemic preparedness.

Besides sustaining our core development work, our teams have supported communities and civil society partners in scaling the COVID response work focused on addressing the livelihood needs of the most marginalised segments.

We also significantly scaled up our work to assist marginalised women and girls with support from development agencies, corporate partners, and individual donors. We have scaled our work with marginalised smallholder farmers and women micro-entrepreneurs across many districts of India, and we have been working closely with a few state governments in supporting Foundational Learning and Girls Leadership programmes.

As India progresses to attain its ambition of becoming a US\$5 trillion economy, CARE India envisions collaborating with the governments, private corporations, and other development partners to help our country attain Sustainable Development Goals.

COVID has taught us that to address the issues facing the poor and marginalised, especially in these uncertain times, we need a different playbook, which works at a greater scale and encompasses a much broader scope.

We are grateful to all our partners for their support in driving the execution of various programmes in this unprecedented environment. We are also deeply indebted to our corporate partners and foundations for the immediate funding to deliver the much-needed assistance to communities and healthcare workers. In addition, the support various state governments, district and municipal administrations provided to us was of immense help in delivering aid where needed.

Through deeper collaborations and partnerships with all stakeholders, we envisage building the resilience needed for our communities to navigate disruptions and grow stronger with every blow. CARE India looks forward to working closely with all its partners and communities to build a better future for all.

**Mathew Cherian**

Board Chair

Over the years, economic growth and consistent efforts of social protection programmes in India have helped reduce poverty significantly. Unfortunately, the Covid-19 pandemic has been unprecedented in its impact on the marginalised, reversing this progress and plunging millions into further poverty. It has disrupted the informal economy and impacted women disproportionately.

While we have spared no effort to help mitigate adversities, we realised that a more structured approach makes a more significant contribution. Towards that end, our strategy will be to continue to work towards poverty alleviation; focus on uplifting women and girls; extend our efforts to assist the most marginalised, including those in the urban areas as well and collaborate more deeply with the government to create broader access to the social protection programme.

These are just the first steps of our ambitious Vision 2030, which aims to impact 100 million people from the poor and marginalised communities by 2030 to overcome poverty and live in dignity and security. We aim to achieve our cumulative impact over three strategic plan periods – 2022-24, 2025-2027, and finally, 2028-2030. Within the larger vision, we have crafted clear roadmaps for each of our four verticals – health, livelihood, education, and disaster relief – to reach the desired impact at scale.

Our best endeavours would be futile without the backing of our partners, and we have included them as an integral part of our vision. I take this opportunity to thank them for their unstinted support so far and express my confidence that they will continue to stand by us in our vision for the future.

A special thanks to our Care India workers, who worked tirelessly 24X7 despite the pandemic. It is due to their tireless efforts that we were able to serve the people with commitment. For that, my Board members and I express our deep appreciation.

I would also like to share my gratitude to all the CARE family members – our employees, donors, peer organisations, and other stakeholders, who have believed in us and worked selflessly to convert our intentions into realities.



# Our Presence

AP

## ANDHRA PRADESH

- COVID-19 Response: Behavior Change Communication and PPE Distribution
- Strengthening PHCs and AINCs in Nellore, Srikakulam and Vizianagaram districts of Andhra Pradesh/Udayam
- India COVID-19 Response Pooled Funds
- India Covid-19 Response Jack Dorsey
- India COVID-19 Response Margaret A. Cargill Philanthropies

AS

## ASSAM

- COVID-19 Vaccination Initiative BIHAR

B

## BIHAR

- Khushaal Madhepura Ph 3
- COVID 19 Response: Medical Isolation Centre in Bihar
- India COVID-19 Response/ICR-B
- India COVID-19 Response/ICR-C
- India COVID-19 Response Pooled Funds
- India COVID-19 Response
- COVID Care Hospital in Patna city
- India COVID-19 Response Jack Dorsey
- India COVID-19 Response
- India COVID-19 Response Doctors For You
- Child Health in Bihar - TCH
- TMS
- Bihar VL- Phase-3
- Strengthening GOB\_FP
- GBV
- Nutrition Technical - MIYCN
- MNCH Phase 2
- FP MLE Rapid Assessments for TSU
- Responsive Technical Support - AES
- Technical Assistance by POSHAN
- FLW Performance Management
- CARE USA TSU Bridge Funding
- CUSA Pooled Fund TMS Match
- Supporting ICDS-CAS Training

KL

## KERALA

- Response to support hospitals to fight COVID-19 in India

MP

## MADHYA PRADESH

- Women + Water Alliance
- Building Climate Smart Integrated Agriculture for Smallholder Farmers in Damoh, Madhya Pradesh/CSIA
- India COVID-19 Response Pooled Funds
- India COVID-19 Response Jack Dorsey
- India COVID-19 Response

CH

## CHHATTISGARH

- More Secure and Resilient Livelihoods/MSRL
- India COVID-19 Response Jack Dorsey

DL

## DELHI NCR

- Response to support hospitals to fight COVID-19 in India
- Oxygen Project France solidarity mission
- India COVID-19 Response/ICR-B
- Support Hospitals and Health Workers to Fight COVID-19 in Delhi/IRSH

GJ

## GUJARAT

- IADVC Phase 2
- More secure and resilient livelihood for small holders and forest small holders
- Vrudhhi-TPON
- Enabling Switching to Clean Alternatives/ESCA
- Empowering Smallholder Farmers through strengthening agri & allied clusters in Chhota Udepur, Gujarat/SAAC

HR

## HARYANA

- Safe and Secure Learning Environment for Marginalized Adolescent Girls/Parwaaz
- Research on GEP
- Creating Opportunity for Reading in Difficult Situation/CORDS

K

## KARNATAKA

- Empowering waste pickers in Bengaluru to pursue a sustainable and gainful alternative livelihood
- India COVID-19 Response/ICR-C
- Providing humanitarian aid to Government or State Hospital/Community
- India COVID-19 Response

MH

## MAHARASHTRA

- Women + Water Alliance
- Empowering Marginalised Adolescent Girls to Become Changemakers/Power Within
- India COVID-19 Response Jack Dorsey
- India COVID-19 Response
- Response to support hospitals to fight COVID-19 in India

P

## PUNJAB

- Empowering Smallholder Farmers through promotion of sustainable agriculture and water harvesting & conservation methods in Bathinda, Punjab/SAW

RJ

## RAJASTHAN

- Khushi B & C
- India Covid-19 Response Jack Dorsey
- India COVID-19 Response Margaret A. Cargill Philanthropies

TN

## TAMIL NADU

- Enhancing community well-being in Tamil Nadu
- Kanya Sampurna
- Promotion of Women's Economic Empowerment through Entrepreneurship/PINEE
- Informal Workers Study/IWS
- India COVID-19 Response Jack Dorsey
- India COVID-19 Response Margaret A. Cargill Philanthropies
- COVID Health Centre (DCHC)

TL

## TELENGANA

- COVID-19 Response: Behavior Change Communication and PPE Distribution
- Strengthening RMNCHA Outcomes through Services and Community Access/IMCH
- Informal Workers Study/IWS
- India COVID-19 Response Pooled Funds
- India COVID-19 Response Jack Dorsey

UP

## UTTAR PRADESH

- Shubh Mint Project/SMP
- India COVID-19 Response
- PACE module Training/PACE-UP
- India COVID-19 Response Pooled Funds
- To strengthen healthcare facilities of the existing government facility to act as COVID-centre and Improve the Quality of care of the COVID affected patients
- India COVID-19 Response Jack Dorsey
- Response to support hospitals to fight COVID-19 in India

WB

## WEST BENGAL

- Towards identifying Strategic Research and Development Priorities for Living with Arsenic in the Environment

OD

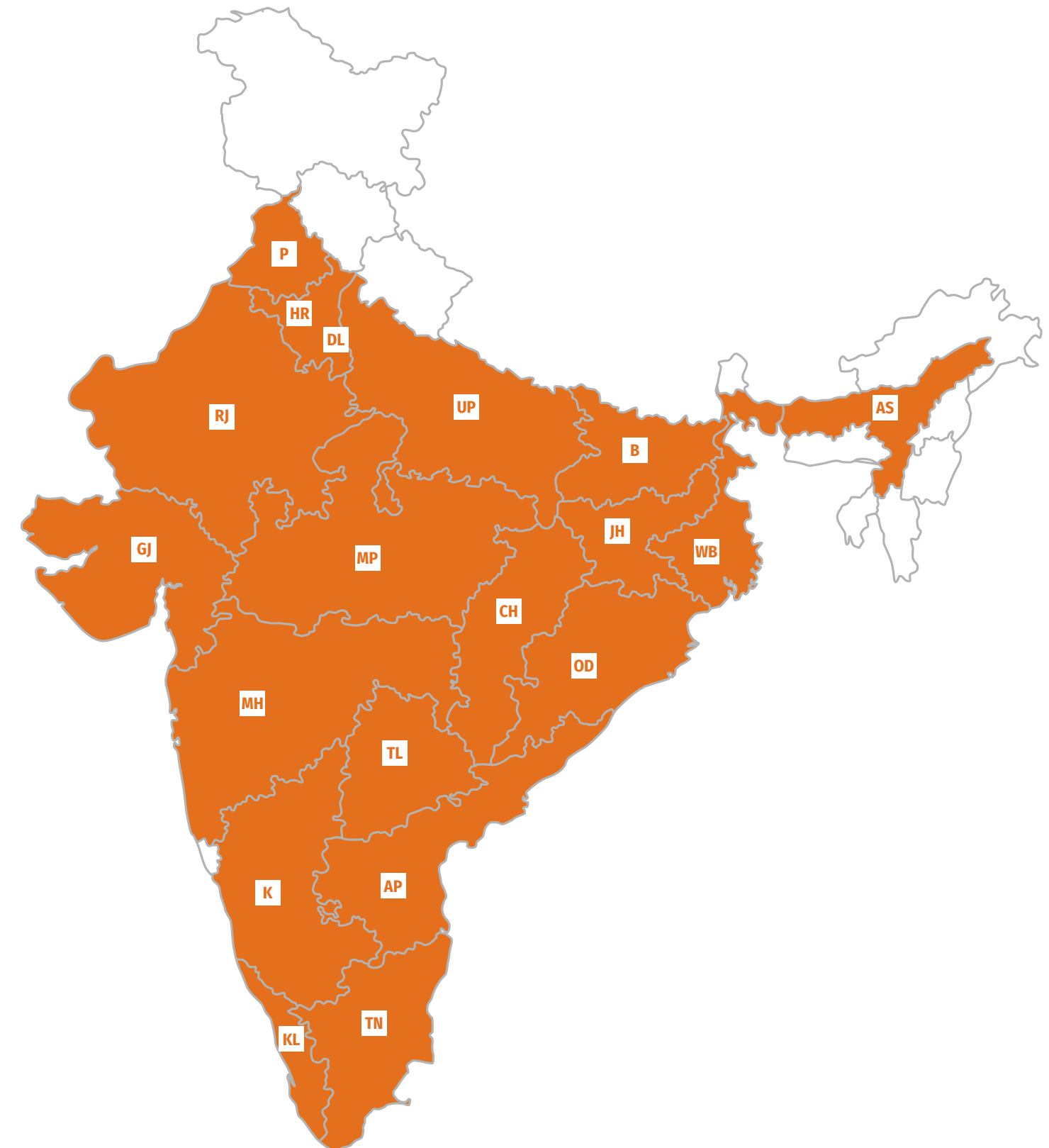
## ODISHA

- TARINA
- Strengthening RMNCHA Outcomes through Services and Community Access/IMCH
- Shakti

JH

## JHARKHAND

- Bihar VL Phase-3





Achieving  
**Global Sustainable Development Goals** and  
**COVID-19 Response**  
 in 2020-21

# Health

CARE India initiatives contributed towards better health and wellbeing of the marginalised



**Towards SDG 6 –**

**Clean Water and Sanitation –**

**1,29,868** individuals were reached to secure availability of water and sanitation



**Towards SDG 2 –**

**Improved Food Security and Nutrition –**

CARE India supported **89,53,380** individuals including **43,03,729** women and girls



**Towards SDG 3 –**

**Good Health and Wellbeing –**

**5,15,35,110** individuals reached directly through health interventions across 9 states, out of which **4,33,58,023** are women and girls



# Education

CARE India has been empowering children, especially girls, through education



**Towards SDG 4 -  
Quality and Inclusive  
Education -**  
Reached **2,14,894**  
**women and girls**  
**with this focus**



**Towards SDG 4 -  
Quality and Inclusive  
Education -**  
**1,24,879 children**, including  
**71,554 girls in 3590+ schools**  
and special training centres  
across 7 states benefitted through  
**15 education projects**

**Towards SDG 4 -  
Quality and Inclusive  
Education -**  
**CARE India's  
Saksham project** helped  
**82 girls**, who were likely to  
discontinue their education to  
pursue safe and secure education  
thereby enabling them for



# Livelihood

CARE India has been building safe and resilient livelihoods for marginalised women



**Towards SDG 1 -  
End Poverty -**

CARE India worked with  
**33,972 people**  
to overcome hunger  
and poverty



**Towards SDG 7 -  
Affordable, Reliable,  
Sustainable and  
Modern Energy for All -**  
**25,623 households**

supported to transition to  
clean energy cooking solutions



**Towards SDG 8 -  
Sustainable Economic  
Growth, Employment  
and Decent Work for All -**

**1,87,724 individuals**  
reached directly through  
livelihood interventions  
across 12 states, out of which  
**1,44,709** are women

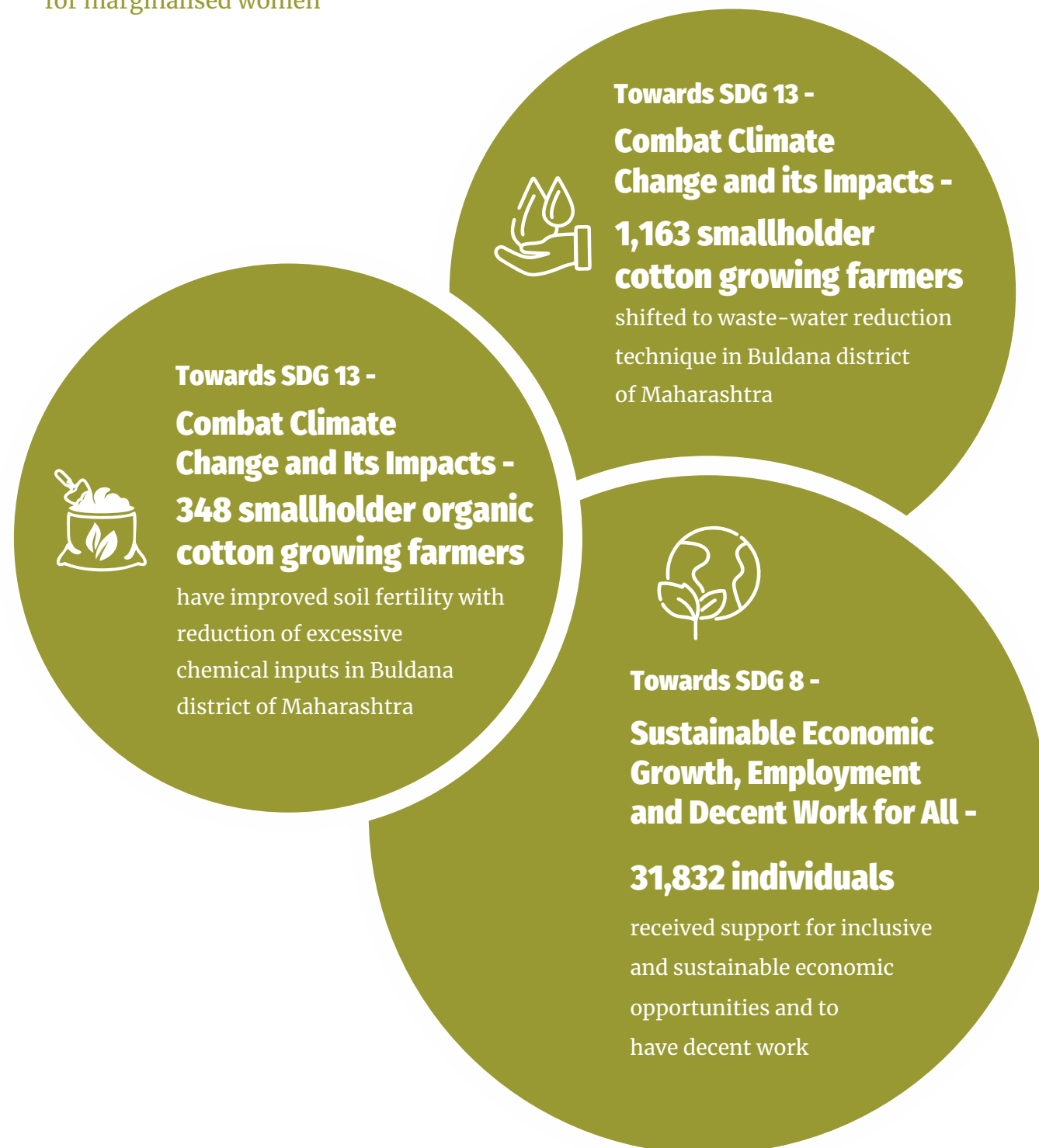


**Towards SDG 13 -  
Combat Climate  
Change and its Impacts -**

CARE India reached  
**3,962 individuals**  
with Climate Smart  
agriculture interventions

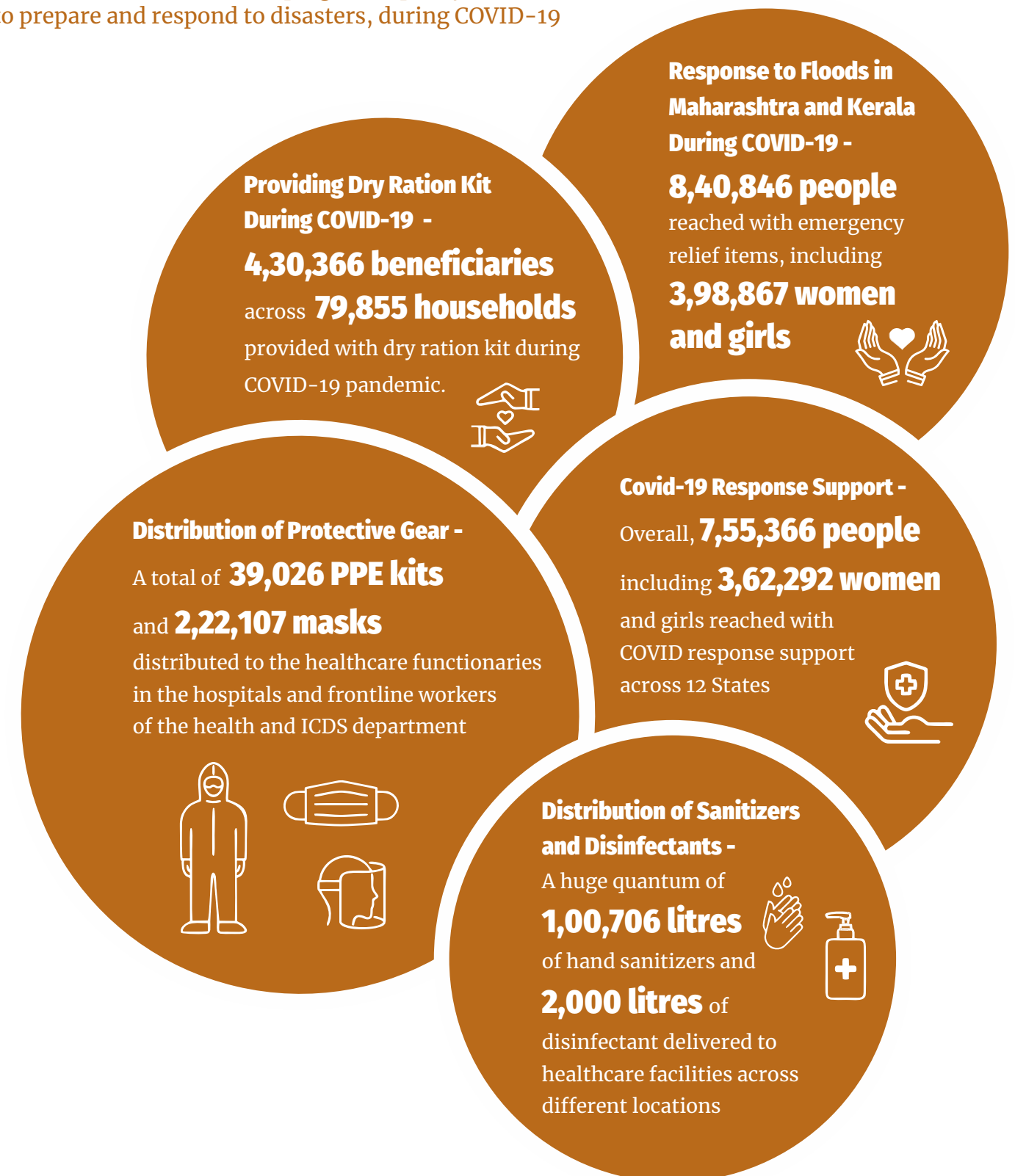
# Livelihood

CARE India has been building safe and resilient livelihoods for marginalised women



# Disaster Relief

CARE India has been developing the capacity of communities to prepare and respond to disasters, during COVID-19







# CARE India's Response to Covid-19

The pandemic has been devastating in many ways and had an adverse impact, especially on the most socially and economically vulnerable, and furthermore on girls and women in those segments.

The onset of the disease was sudden, and the fallouts were unexpected. Needless to say, it quickly demonstrated how unprepared India, and even the global community, was to face an unexpected health emergency of these proportions.

Lockdowns imposed overnight to stem the rapid spread resulted in disruption of life. Many lost their jobs and livelihood and, as a result, found themselves unable to afford life's essentials, while others resorted to borrowing at steep rates to tide over the crisis. Migrants made fervent attempts to return to their homes, using any means, despite conventional transport being unavailable.

With social distancing, education became a challenge too. Suitable devices and internet connectivity were the most basic prerequisites for a successful shift to online education. Other necessities were supporting applications, rapid reskilling of teachers, availability of physical space within the homes of teachers and students that was conducive to teaching, learning, assessment, and most importantly, a change in mindsets of everyone in the entire education ecosystem.

Coping with all this, coupled with the fear of the unknown, took a physical and emotional toll on people.

## Key Initiatives to Mitigate the Impact of COVID-19

Since the COVID-19 pandemic began, CARE India has been helping vulnerable communities and migrants revive their livelihoods. It has also worked towards bridging the gap in education for children, and it has made assiduous efforts to strengthen health systems in partnership with its corporate donors.

Effectively, it has treated the ongoing pandemic as a disaster recovery project of completely unprecedented proportions, spanning across all of its three other verticals – health, education, and livelihood – and blurring the lines between them as spill-over effects carried over from one to the other.

On the livelihoods front, marginalised communities faced the most significant risk during the pandemic as they struggled to meet their daily needs. CARE India and its partners identified people who were most in need of their help. They provided them with dry ration kits, consisting of essentials and staples, ensuring appropriate nutrition and immediate food relief. These were distributed through local areas representatives.

In response to the spike in the cases of domestic violence reported during and post the lockdown, CARE India has been raising awareness about gender-based violence. It has also been offering help through women-friendly spaces at these dry ration distribution centres.

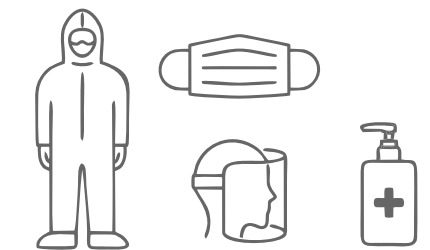
The organisation's social media platforms also carried updates on various gender-based violence issues along with helpline numbers to support and help victims.

Where health responses are concerned, CARE India procured and supplied PPE (Personal Protective Equipment), including N95 masks, 3 ply masks, surgical gloves, surgical caps, hand sanitizers, disposable bed sheets, floor disinfectants to hospitals and other frontline workers. In addition, the organisation has provided support to communities in adopting appropriate preventive practices, hygiene behaviours and creating linkages to testing and treatment services for Covid-19.

Between Mar–Dec, 2020



Dry ration support to **4,30,366 people** who were most affected by COVID-19



Distribution of **39,026 PPE kits, 2,22,107 masks, 1,00,706 litres of hand sanitizers and 2,000 litres of disinfectant**

Covering **10 states**





To address the challenges presented by the shutting down of educational institutions since March 2020, CARE India's approach centered around ensuring that its programmes responded to children's academic and psycho-social needs. It also focused on preparing a system of teachers and community to address their needs and ensure continuity of education, especially for marginalised children and girls.

**The organization followed a multi-pronged approach, which comprised of -**

-  Creating contextual self-learning material for children and teachers
-  Regularly supplying learning materials and guides to children
-  Providing home-based play and learning kits to 20,000 children in the early childhood program
-  Offering accessible and safe community learning spaces for children in 4 states
-  Building capacities of community representatives and SMCs as local champions and advocates

CARE India also conducted a rapid assessment survey in five states to gather evidence on the impact of COVID-19 on education and well-being. In addition, it offered support to education departments in Haryana and Uttar Pradesh to help plan NEP implementation and influence policy work. It also developed a new strategic framework for education in a post-COVID-19 world to address the needs of children, especially girls.

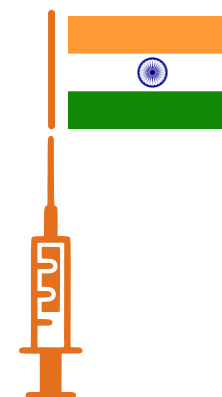
The framework was aligned to the CARE 2030 vision, with the following key programme areas:

- Strong Development and Learning Foundation of children
- Adolescents as Innovators and Changemakers through building 21st-century skills, including thinking skills (associated with STEM)



The COVID-19 pandemic also disrupted CARE India's outreach activities. There were strict orders from the Government to avoid social gatherings till a proper system was in place. As a result, the Village Health, Sanitation, and Nutrition Day (VHSND) event and other social gatherings were halted for four months (from April to July 2020) in most parts of the country, including Bihar where CARE India partners with the Government.

As the country learns to live with COVID-19, CARE India continues to help vulnerable communities, and returning migrants revive livelihoods, bridge the gap in education for children and help strengthen health systems. Imparting knowledge on preventing the spread of COVID-19 and busting myths around the same has become an integral part of its projects and messaging.



**CARE made constant efforts to keep its employees engaged during these times. The leadership team and a dedicated COVID-19 relief team remained in touch with the Care India employees who tested positive. Efforts were made to vaccinate the CARE team on priority.**

**By the end of Feb 2021, all the staff was fully vaccinated.**





# Case Study

## A Twist of Fate

Before the COVID-19 pandemic, Vipin, a 39-year-old resident of Shamsabad Colony in District Palwal, lived happily with his wife and four daughters. He worked in an auto manufacturing company and could take good care of his family within his monthly income of INR 10,500.

Due to an accident in February 2019, he lost vision in his left eye, damaged more than half of his jaw, and broke his leg. He was admitted to a hospital where his treatment extended beyond 40 days and cost INR 1.5 lakh. His treatment is still going on.

Given that he became physically challenged, his employer terminated his employment. As a result, he had to take a loan at 3% per month from a local money lender to manage his household expenses and ongoing treatment with no other option. His wife started work as a domestic help to supplement the meager resources, and they moved their children to a public school to save resources.

Since the lockdown, his situation has worsened. Due to incomplete documents, he could not avail of the benefits offered by the local administration. With no income, as his wife could not work either, they were in a downward spiral of growing debt and no money, even for food.

Some neighbours did help with ration, but that was inadequate and could not be sustained for long.

The CARE India assessment team identified Vipin as a person from the vulnerable group disproportionately affected by the COVID-19 crisis. When given a dry ration kit, he was moved to tears with gratitude.



01

# Health

## Strategy & Approach

CARE India's Health interventions improve access to quality healthcare services for the poor and marginalized communities. By identifying the root causes of healthcare challenges, we work at the individual, community, and systemic levels to develop innovative solutions and help implement quality healthcare services. The ambit of our work includes improving maternal and reproductive health, child health and nutrition, and early identification and treatment of communicable diseases.

We aspire to strengthen the capacity of our healthcare system through cross-cutting strategies and policy advocacy to create a sustainable impact at a large scale.

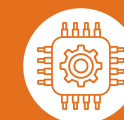
As we designed the Technical Support Unit (TSU) work in 2014, we postulated that in addition to direct technical assistance at frontline operational levels, the sustainable change required that we catalytically engage programmes to -



**Improve public health leadership and managerial skills**



**Sharpen focus on outcomes and gain ability to use data and be driven by evidence and strengthened internal accountability**



**Strengthen core systems within both programmes to provide an enabling environment for effective implementation of RMNCHN interventions**



# Key Programmes

i.

## Maternal Health

In the Indian context, the milieu of maternal health has always been a tremendous public health concern. But, unfortunately, maternal and child mortality rates are higher than the national average – equating to approximately two mothers out of 1,000 dying in childbirth and four child deaths out of every 100 born. To improve the situation, CARE India partnered with the Government of Bihar's healthcare and Anganwadi programmes to enhance the

coverage of a range of interventions in maternal health. This is being done using innovative and replicable initiatives for mentoring and capacity building of health line workers, quality improvement at healthcare facilities, and improving last-mile supervision.

The SUMAN programme is an innovation brought about in the field of maternal health. SUMAN promotes safe pregnancy, childbirth, and immediate postpartum

care with respect and dignity by translating the entitlements into a service guarantee which is more meaningful to the beneficiaries. The objectives of this programme are to ensure assured, dignified, respectful, and quality healthcare at no cost. It has zero-tolerance for denial of services to any woman or deaths and morbidities newborns and seeks to provide a positive birthing experience to women.

### Achievement

There has been a 35% increase in maternal death reporting due to persistent follow-ups and review meetings. The maternal mortality rate has decreased from 165 in 2014 to 145 in 2018 (16 points).







## ii.

### Newborn Health and Safeguarding the Vulnerable (Weak Newborn) Through Intervention

Though Bihar has witnessed a steady decline in the neonatal mortality rate (NMR) in recent years, it accounts for the second-highest total number of neonatal deaths in India. To improve the situation at a large scale, CARE India has devised mechanisms for capacity building of healthcare workers, and community sensitization drives to strengthen the effectiveness of the government's ICDS and health sector programmes.

Newborns weighing less than two kilograms are at increased risk of neonatal death, stunting, and cognitive defects. In Bihar, more than 56% of institutional births happen in public hospitals. Moreover, 3/4th of the Infant Mortality comprises Neonatal Mortality, which has its significant share from premature births and children born with very low birth weights. Therefore, CARE has been

reaching out to mothers of such babies through its Weak and Newborn (WNB) Intervention Programme.

The WNB intervention aims to reduce neonatal mortality and morbidity in Bihar by supporting the government health facilities and frontline workers (FLW) in WNB tracking and utilizing ASHAs for supporting the continuing care of such babies at home after discharge from the hospital. The objectives of the intervention further comprise of emphasizing the home-based essential newborn care practices by regular home visits and repeated counseling of the mother. Furthermore, telephonic tracking and follow-up wherein the PHC staff/CARE's Block team member connects with the family and the respective ASHA to ensure that the family is well supported daily for the first week after birth.

## Achievements



The sample registration system (SRS) data shows that the Infant Mortality Rate (IMR), which was 61 in the year 2005, has come down to 32 in 2018



The neonatal mortality rate has also come down from 32 to 25 during the same period



There is a reported 48% (29 point) decline in IMR and 24% (8 point) decline in NMR in Bihar during 2004-2018



Some of the innovations undertaken in this regard include Village Health Sanitation Nutrition Days (VHSNDs), Weak New Born Tracking (WNB), Incremental Learning Method (ILM), etc.



As per the vLBW study conducted in April 2021, of the WNB births, around 90% of women were informed at the facility that their child was 'weak,' likewise 77% were counselled at the facility on essential 'newborn care practices'



70% of families received at least one visit by FLW within the first week of birth, and 83% received advice and counselling on how to take care of the newborn through telephonic calls



iii.

## Nutrition

Malnutrition impacts millions of children in India. With one in every three children malnourished in the country, India has the maximum number of malnourished children globally. Moreover, the effects of malnourishment are dangerous and irreversible if it occurs at a young age leading to permanent disabilities which will render the children ill for the rest of their lives.

The Integrated Child Development Scheme is the largest public service scheme in India that aims to reduce malnutrition. We partner with ICDS to improve the nutrition status of women and children in the state.



## Achievements

- The proportion of very Low Birth Weight babies identified at facility receiving KMC at home has gone from 4% to 29% by 2019
- First-month mortality among identified preterm/ low birth weight babies has reduced from 20.8% to 15.5% by 2019
- Initiation of complementary feeding has increased from 47% in 2014 to 56% in 2019. The frequency of complementary feeding has increased from 38% in 2014 to 57% in 2019.
- Timely Initiation of Breastfeeding (within one hour) has gone from 73% in 2014 to 86% in 2019
- Exclusive breastfeeding among 0-2 months has increased from 68% in 2014 to 80% in 2019
- Home visits showed an increase after several years, and more AWWs were also reported to have visited mothers at home





#### iv.

### Family Planning (FP)

In Bihar, CMWRA 2019, data shows that although the median age of first marriage is 16 years and the median age of first-time sex is 17 years, the median age of first contraceptive use is 24 years. Thus, there is an unmet need for modern spacing methods among married women aged 15 to 24 years and their husbands. Our approach to Family Planning initiatives is to ensure that everyone in the reproductive age group has the

right to choose a method of contraception, has access to a basket of choices, and can select them voluntarily and through informed choice. To further strengthen the FP process, the Public-Private Partnership team advocated forming an FP portal to transact the entire accreditation and reimbursement process. This would make the process transparent and lend credence to the functioning of the Government FP department.

## Achievements

- A communication campaign - Parivar Niyojan Surakshit Hai, was designed and implemented in collaboration with state to reach out to young couple in Jan-March 2021, with messages to promote delaying and spacing between the births
- A digital platform (SMATBOT) was designed to spread information on Family Planning and specific information of spacing and spacing methods, through videos, and audios. Data from WhatsApp log showed 64% of the people utilized the service
- TSU provided support to the state to establish FP-LMIS during from training and post training follow up to the facility level
  - 93% of the mapped facilities up to PHC on FPLMIS portal including UPHCs have started indenting through FPLMIS portal
  - 85 % of indented facilities received supplies through online FPLMIS at least once in FY 20-21 (68% in FY 19-20)
- TSU supported the state to prepare PIP for FY 2020-21 through bottom-up planning starting from the blocks. This year, the PIP focused on improved capacity of facilities in terms of strengthening of existing FP infrastructure, trainings and capacity building of providers, procurement and availability of equipment and kits, introduction of new innovations such as Parivar Niyojan Diwas and provision for sustained and penetrative communication campaign for improved coverage





## V.

### Treating Kala- Azhar

Kala-azar (visceral leishmaniasis) is a neglected tropical disease that is almost always fatal if left untreated. It spreads through the bite of a sandfly and disproportionately affects the poorest and most vulnerable communities. Our area of work includes providing support to the national kala-azar elimination program. We aim to support the program with a sound post-elimination trajectory and establish mechanisms by which governmental institutions engage deeply in this effort. This way, lasting systems capacity can be built and a post-elimination roadmap established.

We aim to develop sustainable solutions to eliminate Kala-Azar by capacitating our Government counterpart to undertake critical activities towards intervention. Kala- Azhar mobile van branding was conducted to spread awareness among people on the disease and its prevention and cure methods.

#### Achievement

There was a 90% decrease in AES-related deaths in Bihar compared to during the 2019 AES outbreak



vi.

## System Strengthening

In our efforts, we have been engaged at first at identifying various levels at which the system is non-existent and thus thwarting its own mission, or at other points, is weak and therefore ineffective. Secondly, we seek to plug the gaps and build necessary support structures and complementary mechanisms.

We aim to sustainably strengthen the government in Human Resources, Supply Chain, Public-Private Partnership, and Finance. Some of the programs conducted in this regard include Free Dialysis Services, establishing X-Ray services at facilities, launching Telemedicine Services, a Common Bio-medical treatment facility, and 102 EMT free emergency medical transport services.



### Achievements

- 7,000 free dialysis sessions conducted
- The number of ambulances almost doubled to ~1,200 and attained the WHO standard of one ambulance per one lakh population
- Ambulance Average pick-up times stood at less than 30 minutes, ensuring medical care within the golden hour
- In the year 2019-20, the State of Bihar managed to spend around INR 2,399 crore, which was 54% of the total allocated budget of INR 4,464 crores. It was the first time in 7 years that the NHM Bihar has achieved an expenditure of over 50%





## vii.

### Sajha - Strengthening Health Systems Response to Intimate Partner Violence

Sajha was designed in 2019 and implemented in the Vaishali district in Bihar as a learning pilot to assess the sustainability and feasibility of scaling up a health systems response. Four in ten women face spousal violence (intimate partner violence) in Bihar (NFHS, 2019-20).

#### Achievements

- Sajha has reached 632 survivors, mainly 18-34 years old and married. In 60% of the cases, husbands were found to be the abusers, while the marital family was close at 50%
- The most common form of violence was found to be physical violence, and most of the survivors wanted to support in initiating a legal response against the abuser/s
- Sajha has not only provided psychosocial support, including counselling in 96% of the cases but also supported the government in adopting the mandated protocol for responding to survivors of rape and ensured that survivors who reach the Vaishali District Hospital receive a copy of their medico-legal form
- A protocol for health providers on responding to violence cases during lockdown was also developed and shared with the Women's Helpline and Office of the PS Health, GOB
- During the lockdown, Sajha trained its team for tele-counselling and was able to support 96 survivors
- Sajha has been able to activate a multisectoral support network for survivors, involving the Welfare Committee, District Legal Service Authority, Jeevika, amongst others



# Case Study

## Safeguarding the Vulnerable – CARE's Weak and Newborn (WNB) Intervention Programme

Anuradha Devi from Gopalganj, Bihar, a mother of two, was alerted about her newborn's health by the hospital staff. The joy of her childbirth was shadowed by the news of her child being identified as 'a weak newborn'. Her baby weighed only 1.4 kgs at the time of delivery. With a turn of events, today, Anuradha has a healthy child. She recalls how since her delivery, CARE's associate and ASHA worker were in constant touch with her. They visited her house frequently after her delivery and counselled her through telephonic calls. They advised her to take extra care of her daughter and gave her tips concerning newborn care practices. She was told to ensure that her child was warm at all times and advised to practice kangaroo mother care, breastfeed, and so forth. Even with the pandemic occurring, she was supported and counselled through it all. She is grateful to CARE and ASHA workers for supporting her in taking care of my newborn. Today after four months of birth, her daughter is a healthy child weighing more than 4.5 kgs.





02

# Education

Strategy & Approach

Education is a crucial tool for girls to realise their maximum potential. Our Education programmes enable them to gain essential skills and dispositions that set them on the path of social and economic empowerment.

The CARE programmes and projects work through building learning ecosystems that are inclusive, gender-conscious, and safe for all. These education initiatives work in accordance with the Right to Education Act (2009) and National Education Policy 2020.

CARE India's Girl Education Program has been working for 25 years. It ensures quality elementary education for children, especially girls and those from marginalised communities, to help them become leaders and changemakers of the future.

The two main objectives of the programme are to -

1. Build pathways that bring the student to school and ensure students learn at schools. This objective aligns with the FLN Mission and Universalisation of Early Childhood Care Education objective of NEP.
2. Support adolescents in developing skills required for innovation, problem-solving, and leadership. This objective aligns with NEPs objective of developing 21st Century skills in adolescents.





# Key Programmes



15 projects undertaken  
benefited over

**3,590**

schools across

**7** states



Provided quality  
education opportunities

to **1,24,879**

children, including

**71,554** girls



Reached

**2,14,894**

women and girls  
with a specific focus  
for ensuring gender  
equality and  
empowerment



Saksham project  
helped

**82**

girls who were  
likely to discontinue  
education to pursue  
safe and secure  
education



i.

## Kanya Sampoorna

The programme reaches out to people aged 0-35 years by carrying out age-appropriate interventions on health, education, and livelihood, focused on the girl child and aimed at systemic and lasting change.

CARE India implements Kanya Sampoorna Project (KSP) in partnership with Titan Company Limited in the Cuddalore district, Tamil Nadu, and reaches 27,856 people in 40 of 160 villages in Kattumannarkoil and Keerapalayam blocks to address the root causes of these challenges.



## Achievements

- Ensured regular pre-school education in 161 Anganwadis
- Educated 5,347 women on basic pre and post natal services through the regular monthly mothers meeting conducted by the Anganwadi workers
- Improved facilities at 30 Anganwadis to become Model Anganwadi Centres
- Trained 133 primary school teachers on Early Grade Reading through school interventions. In addition, also developed resource materials, print-rich materials, and teaching aids to help teachers improve children's reading competency in Tamil
- Set up 60 community libraries in villages without reading facilities for children and adolescent girls
- Formed 91 adolescent collectives to reach 1,921 girls and build their leadership capacities and career planning skills
- Set up two Life Skill Centres to provide employment training, job, skill referrals, and entrepreneurship training to over 5,751 young women
- Conducted pre-school activities at the household and village level and trained interested pre-school mothers since Anganwadi centres were closed due to the onset of COVID-19



**8,091**

girls completed and continued their studies beyond class 10th



**5,024**

children participated and benefitted from early childhood care and education intervention



**1,527**

girls got jobs, and

**1,167**

young women set up their businesses



Improved the learning outcomes of

**28,637**

girls



Immediate breastfeeding of the newborn increased to

**91%**





## ii.

### STEM Laboratories

CARE India's STEM education programme is designed to build 'thinking skills' that equip children with the ability to learn and adapt quickly. We have successfully integrated critical thinking skills like 'research skills' and 'problem-solving skills' within the curricular scope of our programmes like the Teacher Resource Laboratory (TRL) in Uttar Pradesh and Innovator's Laboratory in Bengaluru.

For generations, girls have been discouraged from pursuing studies in Science, Technology, Engineering, and Mathematics (STEM), which help them to develop a logical and analytical bent of mind. Instead, they have been kept at home and denied opportunities for education in favour of household chores and sibling-rearing.

### Achievements

- Enabled teachers with adequate support through the Teachers' Resource Laboratories (TRLs) and allied infrastructure, experiment table, books, science and math kits, and other aids
- Used customised STEM learning resources to address learning losses arising due to school lockdowns during the COVID-19 pandemic, which included self-directed worksheets, mini STEM kits, and educational videos
- Established specialised laboratories equipped with experiential learning equipment, reference material, and digital devices to serve as STEM learning centres for middle school children and educators
- Designed school-based and community-based projects aimed at building in adolescent girls the necessary knowledge, skills, aptitude, and emotional resilience to help them engage with societal challenges as leaders
- Provided leadership platforms to girls through strengthened capacities of KGBV and upper primary school teachers in Nuh and Palwal districts of Haryana



STEM laboratories  
impacted more than  
**7,000** children  
and more than  
**200** educators  
in 2019-2020 through  
projects in Tamil Nadu  
and Uttar Pradesh



Children in  
**4,500+**  
schools and special training  
centres across  
**6** states benefited through  
**11** education projects



iii.

## Udaan

Udaan, which literally means ‘flight,’ is a part of CARE India’s efforts to ensure education for girls of marginalised groups. Udaan is run in the states of Bihar (Madhubani district), Uttar Pradesh (Hardoi district), Orissa (Mayurbhanj district), and Haryana (Mewat district near Delhi) to provide accelerated learning opportunities to out-of-school girls in the age group 11-14 years who have either dropped out of schools or never enrolled in a school.

The CARE team has designed self-instructional “personal wellbeing workbooks” that allow girls to reflect, record, and manage their behaviours. The curriculum and transaction approach is unique to Udaan. It maintains equity and quality of education as core components and is enriched with IT support in teaching methods and lesson plans. It constitutes a model of accelerated learning.

The focus has been on mobilising parents to regularly send their children to community learning centres, empowering SMCs and PRIs to mobilise the community, and identifying a safe space for learning and maintaining safety protocols in the centres and the community at large.

Teacher capacity building has also focused on preparing them for delivering education using various tech-enabled platforms, especially to the children in upper primary grades, to teach science and maths.

During the pandemic, the focus has been on creating an ecosystem in the community for continued education of children in a safe and secure environment where their learning and socio-emotional needs are dealt with.

CARE India is working consistently to ensure the safe reopening of schools and getting all children, especially girls, back in schools by supporting and handholding teachers and working closely with the education system in bridging the learning gap of children in the foundational stage for the following year.



## Achievements

- Provides girls the opportunity to break through the vicious cycle of illiteracy and complete class 5-level primary education in a period of 11 months
- Employs a community based as well as a school-based approach to building critical 21st-century skills that equip the girls to negotiate for their rights and become decision-makers
- Ensure continued learning of children, especially in remote and rural areas where penetration of online education has been a challenge
- Reached more than 3,000 girls across varied contexts (from urban slums to remote villages) through community-based as well as school-based intervention strategies



## Resuming Education and Reviving Happiness

Eight-year-old Anjali studies in class 3 and loves to read and write. She studies at Primary Didhara School in Tauru district, Nuh, Haryana; her younger brother and sister study in the same school.

After her father's untimely death, her family began facing financial difficulties, as a result of which her elder brother began working as a daily wage earner and her mother took up a job at the village stable for cows. With her mother spending most of the day at the stable, Anjali and her younger sister began to manage the domestic chores, such as cooking and cleaning, and could not attend school. When COVID-19 struck, life became a lot more difficult for the family.

It was at this time, in response to COVID-19 that CARE India, in partnership with IHG, opened an education and learning centre in their village. The objective of this centre was to resume the education of children whose education had been disrupted by the COVID-19 lockdowns and impart knowledge through digital channels. The centre focused on children who had no digital equipment at home and helped them continue their education with ELC smart TVs and Print Rich Materials. Anjali joined this course and has attended it regularly.



However, she remained very silent and alone in the class. Realising this, the centre coordinator tried to connect with her to ask her what the matter was but she always remained quiet. She neither shared any concern nor showed any particular interest in anything. But that did not deter him.

One day when the children were being shown an educative documentary on the television, the centre coordinator saw Anjali smile. He then tried showing her the next episode of the series and other interesting documentaries. Slowly, he was able to gain her confidence and she began speaking to him about her concerns. She shared how much she missed her father and her mother who now-a-days was too busy trying to keep the family fed and safe.

Being able to confide in someone helped Anjali a lot. Things began to change quickly as she felt more secure at the centre. She looked forward to coming there and learning, much like the other children who came there to continue their education. As she began to feel at home, she began participating happily in all the activities organised for the children. Even her mother has noticed that she has become much happier after joining the centre.

Now she looks forward to completing not just her primary education but secondary and higher secondary education and beyond.



# 03

# Livelihood

Strategy & Approach

CARE India's Livelihood mandate works with the women engaged in smallholder agriculture, small businesses, or employed as farm or non-farm labour. We help women build secure and resilient livelihoods and climb out of poverty permanently by implementing a range of innovative initiatives. The key approaches adopted in livelihood sector initiatives include capability enhancement, asset building, collectivisation, inclusive value chain development, and engagement of men and other influential actors.



# Key Programmes

i.

## Shubh Mint Project

In Uttar Pradesh, women mint farmers primarily engaged in subsistence farming face various socio-economic challenges, such as gender inequality, food insecurity, and financial illiteracy. In addition, they have also been affected significantly due to COVID-19. MARS has partnered with CARE India Solutions for Sustainable Development (CISSD) to support 4,755 women to overcome these challenges, which improves their overall quality of life and socio-economic recovery of the affected communities due to COVID-19.



### Achievements



Provisioning of dry rations for  
**4,755**  
mint farmer and farmworker households primarily via Self Help Groups to ensure sufficient availability of food at the household level



Distribution of protective health equipment (masks and gloves certified by the government of India) to  
**25,000**  
farmers, laborers, and value chain actors of mint-growing communities to ensure the safety of farm operations



**60**  
model kitchen gardens were created in four clusters



**100**  
women entrepreneurs are being supported for enterprise setup





ii.

## Saamuhika Shakti

Informal workers, like waste pickers, are among the segments most highly affected by the pandemic. Being marginalised, they are often deprived of social and economic equal facilities. With support from the H&M Foundation, CARE India is implementing a project titled "Empowering Waste Pickers in Bengaluru, to Pursue a Sustainable and Gainful Alternative Livelihood." The project's overall goal is to ensure that waste pickers have secure and dignified alternative livelihood options leading to an improved quality of life. The project aims to reach 4,000 waste pickers in Bengaluru.

## Achievements



Approx. 1,110 waste pickers were mobilised



167 enrolled in Self Help Groups.  
Presently, approx. 45 SHGs are developed.



693 participants trained in life skills



28 youth from waste pickers households linked  
for vocational skilling course on healthcare assistance  
with Ramiah Institute in Bengaluru



iii.

### More Secure and Resilient Lives & Livelihoods for Rural Poor households

CARE India is the implementation partner for HDFC's flagship CSR programme, "Parivartan." The project goal is to promote more secure and resilient lives and livelihoods for rural poor households, especially women farmers. It is being implemented in 20 villages of Patan tehsil in the Durg district. More than 1,400 farmers were trained and benefited from the training and demonstration activities; around 34% of these participants were females.



### Achievements

- High-quality seed as input material of improved wheat variety and micronutrients provided to 100 small and marginal farmers covering 100 acres of land as demonstration plots in 12 villages
- 80 beneficiaries have been provided and benefited through backyard poultry as an income-generating activity, the beneficiaries included the women and small & marginal farmers of the village, and it will help to enhance their incomes



**40** capacity-building events organized in **20** project villages on IGA, like poultry, fishery, goat rearing, and dairy. More than **2,000** farmers/SHG members have participated and benefited from the program, where more than **55%** of beneficiaries were women.



Over **1,400** farmers benefited from training and demonstration activities; around **34%** were females



**200** solar-powered streetlights were installed at strategic places in **20** villages with solar lights per village as decided by the Village Development Committee of the respective villages





#### iv.

### Supply of Seed for Improved Crop Varieties and Support for Improved Fish Cultivating

As part of the More Secure and Resilient Lives (MSRL) Project in Patan Block, Durg, Chhattisgarh, CARE India identified semi-skilled households who are mainly dependent on agriculture, giving preference to poorer families. These households would be given a supply of seeds which would result in improved crop varieties. A few progressive farmers were also selected as they would guide the other farmers and act as role models in the village.

To support fish cultivation practices, Care India selected a semi-skilled fishermen's group/ SHG, whose families are mainly dependent on agriculture. Preference was given to local and poor fish groups/SHGs who would adopt the improved practices of fish cultivation.

#### Achievements

- The supply of seeds improved crop varieties in 20 villages while fish cultivating practices improved in 18 project villages
- 250 farmers benefited from the improved crop varieties, and 30 fish-farming groups/ SHGs support benefited from the fish cultivation practices (300 direct group members)



# Case Study



## Determination and Vermicompost Deliver Success

Around 3-4 years ago, the women of an SHG in Basrahiya village of Gosainganj Cluster, District Lucknow, Uttar Pradesh, created over 40 vermicompost pits in the village. They envisaged that these pits would provide organic manure to their own farms/fields. They also hoped to save some money as they would not purchase ready-made chemical fertilizer from the market.

Under CARE India's Shubh Mint Project, these women were self-employed and doing well. However, the pandemic situation adversely affected these women and their families. With poor demand for their produce, the vermicompost pits went unattended and became defunct and unproductive.

In 2021, Suman and her fellow SHG members decided to make these pits functional, produce manure and sell it in the market. Suman encouraged women of other groups to increase manure production, and they would all have a good source of income. CARE India workers took on the responsibility of finding markets for the sale of the Vermicompost.

The first large order of 3,000 kgs came from Kanpur Metro Rail. Suman and her group members worked together and completed the order on 28th June, earning INR 15,000.

These women have now set a target of providing 17,000 kgs of manure by the next month, which will earn them INR 85,000 more. Suman and her group are overjoyed. They will be using this amount to pay their children's school fees and meet other unfulfilled commitments due to the financial hit they faced from the COVID-19 pandemic.



# 04

# Disaster Relief

## Strategy & Approach

CARE India's Disaster Relief initiative provides rapid and effective relief measures to the regions impacted by natural calamities. Our strategy encompasses Preparedness, Response, Recovery, and Rehabilitation with an approach of "Building Back Safer." In addition, we use post-disaster recovery programming to increase the resilience of buildings and communities to future hazards.

It carries out an annual risk profiling and mapping of vulnerable locations in India to enhance its preparedness to respond during emergencies. Long-term engagement with the affected communities and efforts made to provide them immediate relief for recovery are the primary focus of our Disaster Management mandate.



# Key Project

## Maharashtra Flood Response and Early Recovery Project

Maharashtra witnessed very heavy rains in mid-August 2019, causing flood conditions across various districts and affected lakhs of people, resulting in crop losses, adversely impacting farmlands, damaged kuccha houses and roads connecting villages to block/ district headquarters, triggered power failures, disrupted piped water supply and submerged hand pumps. The deficient rainfall in the first phase of the monsoon (2019) had made people in the area apprehensive, and they began to store as much water as possible. Then, suddenly in six days, there was very heavy rainfall, seven times the normal.

The gush of water directly into the villages caused a sudden release of water from the dams in the upper reaches of Koyna, Radhanagri, and a late release of water from the Almatti Dam in the lower reaches. All this led to the crisis of flooding, waterlogging and massive damage in the entire region. Sangli and Kolhapur were two of the worst affected districts by the floods.



When people returned to their villages, there was an immediate need for hygiene supplies and dry ration items for the flood-affected households as it would take a couple of days to weeks before they got their houses back in order. Household items had been washed away, and women and girls had no access to sanitary provisions.

While implementing a humanitarian response and recovery project within a pandemic scenario, the NGO partner's project team quickly garnered the knowledge and skills required to carry out emergency procurement, relief distribution processes, quality, and accountability mechanisms. The team members adhered to necessary safety guidelines of physical distancing and used protection items like masks, gloves, etc., while ensuring the completion of all project activities.

Social Monitoring Committees (SMCs) were formed and community members participated actively, with increased ownership and accountability throughout the project. This pre-empted political involvements during the selection and implementation of project activities.



## Achievements



Reached out to  
**45,562**  
most marginalised people during  
Maharashtra Flood response  
and recovery initiative

With the help of a local NGO partner (MPSSM),  
various activities were undertaken including -



Distribution of  
**dry  
ration**



Provision of bleaching powder to  
**7,400** households across  
**20** villages through social  
monitoring committees



Repair of community  
**hand pumps/  
electrical pumps**  
in intervention villages



Cash for work for  
**debris clearance,  
farmland clearance**  
or any other community work  
identified along with the SMC



Seed support for  
**marginalised farmers**  
in intervention villages



Awareness of  
**WASH**



Repair of  
**20**  
community centers



Provision of  
play material for  
**119**  
Anganwadi centers



Provision of  
**supplies**  
(chair/table/storage boxes)  
or any other identified along  
with the social monitoring  
committee to community centers





# Case Study

51-year-old Sadashiv Ambi is a boatman from Ganeshwadi village in Kolhapur district. He has been saving the lives of people and animals during all major floods in the region, which occurred since 1991, including the floods of 1991, 1994, 2005, 2006, 2007, and 2019. He believes that officials do come to the rescue, but it is bound to take them time to reach affected areas. Until then, it's people like him who can and should come to the aid of those stranded in floods.

In 2019, he was able to help save 2,604 people from the villages of Ganeshwadi, Kautekuland, Shershah, and Kanwad. Along with this, he managed to help rescue 135 animals.

As a member of the Social Monitoring Committee formed under the Maharashtra Flood Response and Recovery project, he recommends that a village disaster management fund must be created, to which every community member should contribute. This could be used to buy emergency items and assist in the rescue. Of course, the government should support building this fund at the community level and ensure that safety items are procured.



Leaning on his experience with floods over the years, he has other suggestions. These include being better prepared at the community level before the monsoons set in, by keeping rescue routes clear, training people on how a rescue drill proceeds, teaching children and adults to swim while ensuring they do not suffer from fear of entering the water, etc.

Lastly, he counsels that people should be well-informed about the importance of reacting promptly to alerts and warnings and should cooperate by taking shelter at higher levels provided by the government authorities. This will reduce the load on people who go on rescue missions and result in much less trauma and damage to possessions.





# Partnerships

Our partners have always been a significant facet of any of our intervention initiatives. Their investments have gone a long way towards strengthening communities and enabled us to run our programmes more effectively and efficiently.

Over the years, CARE India has partnered with marquee institutions in both the public and private sectors to maximise the impact and influence of its projects and programmes across the country. We are truly grateful to be the partner of choice for multiple government organisations and social and economic institutions, who extend their humanitarian efforts and make a difference in society.

We want to express our gratitude to all our partners for their constructive, collaborative, and innovative engagement with us, which has amplified the impact of our programmes and intervention.

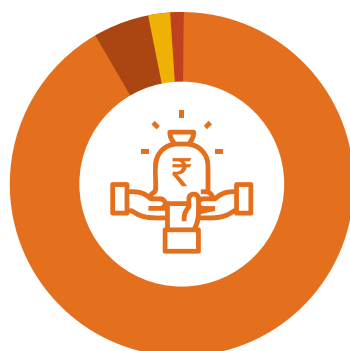
AKF	International Hotels Group IHG
ARMU	L'Oreal
Abbott Laboratories	MARS Inc
Alstom Foundation	Malala Fund
Amazon Development Centre	Martin Bauer
Andhra Pradesh Government	McCormick
Asia Group Foundation	Ms. Anu Agha
Aurobindo Pharma Foundation	NIPPON
Bill & Melinda Gates Foundation	Oracle
BNP Paribas	PCTFI
Central Square Foundation	PI Foundation Trust
CleanTech Solar	Procter & Gamble
Climate Fund Manager	RMI-BJSAM
Coca Cola	SAP Concur
Discover	SOAR Pooled Fund
Disney India	Shell Energy India
Eicher Group Foundation	Shinwon Corporation
Ericsson	TATA Projects Community Development Trust
European Union	TCI
GAP Inc	The Cola-Cola Foundation
Galaries & Lafayette	The Hans Foundation
Haval Motors India	The Power of Nutrition, UK
Hazira Port	Titan
HCL Foundation	United States Agency for International Aid
HDFC	University of Sheffield
H&M Foundation	Wipro Foundation
Hindustan Zinc Ltd.	World Bank



# Financials

We are grateful for the support provided by all our stakeholders, especially donors and partner organisations, who provided the resources necessary to further our work. Across India, finance teams worked together to improve processes and practices and enhance efficiency and productivity.

## Sources of Funds



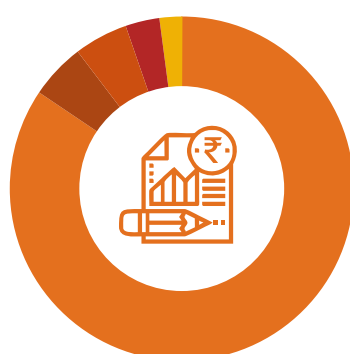
Institutional Grant	91%
Corporate Grant	6%
Other Income	2%
Individual Donation	1%

## Distribution of Expenses



Project Expenses	91%
Administration Expenses	7%
Fundraising Expenses	2%

## Sector-wise Allocation



Health	82%
Livelihood	6%
Disaster Relief	6%
Multisector	4%
Education	2%

### Care India Solutions For Sustainable Development Balance sheet as at 31 March 2021 (All amounts are in Indian Rupees unless otherwise stated)

	Note	As at 31 March 2021	As at 31 March 2020
<b>EQUITY AND LIABILITIES</b>			
Shareholder's funds			
Share capital	3	200	200
Reserves and surplus	4	413,235,357	361,455,919
		<u>413,235,557</u>	<u>361,456,119</u>
Non current liabilities			
Long-term provisions	5	96,147,413	76,353,763
Other long term liabilities	6	59,176	1,211,088
		<u>96,206,589</u>	<u>77,564,851</u>
Current liabilities			
Trade payables			
- Total outstanding dues of micro enterprises and small enterprises	7	29,075,919	7,737,591
- Total outstanding dues of creditors other than micro and small enterprises	7	113,745,566	71,947,832
Other current liabilities	8	588,938,028	528,193,757
Short-term provisions	9	19,014,827	10,866,975
		<u>750,774,340</u>	<u>618,746,155</u>
		<u><u>1,260,216,486</u></u>	<u><u>1,057,767,125</u></u>
<b>ASSETS</b>			
Non-current assets			
Fixed assets			
Property, plant and equipment	10	52,078,881	43,759,050
Intangible fixed assets	10	3,640,588	5,609,771
		<u>55,719,469</u>	<u>49,368,821</u>
Long-term loans and advances	11	7,450,078	8,029,095
Other non-current assets	12	30,000,000	-
		<u>93,169,547</u>	<u>57,397,916</u>
Current assets			
Cash and bank balances	13	1,120,380,729	943,922,605
Short-term loans and advances	14	45,708,890	56,446,604
Other current assets	15	957,320	-
		<u>1,167,046,939</u>	<u>1,000,369,209</u>
		<u><u>1,260,216,486</u></u>	<u><u>1,057,767,125</u></u>

### Background and significant accounting policies

1-2

The accompanying notes 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

Raman Tulsiani  
Partner  
Membership No: 510590

Place: New Delhi  
Date: 27 Sept 2021

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

Namrata Kaul  
Director  
DIN: 00994532

Place: New Delhi  
Date: 27 Sept 2021

Mathew Cherian  
Director  
DIN: 02467609

Place: New Delhi  
Date: 27 Sept 2021

Manoj Gopalakrishna  
Chief Executive Officer

Place: New Delhi  
Date: 27 Sept 2021



**Care India Solutions For Sustainable Development**  
**Income and expenditure account for the year ended 31 March 2021**  
 (All amounts are in Indian Rupees unless otherwise stated)

	Note	For the year ended 31 March 2021	For the year ended 31 March 2020
<b>Income</b>			
Grants and donations received	16	2,325,103,187	1,980,857,713
Other Income	17	44,565,197	40,917,804
<b>Total</b>		<b>2,369,668,384</b>	<b>2,021,775,517</b>
<b>Expenses</b>			
Project expenses	18	2,099,390,798	1,736,359,652
Fund raising expenses	19	42,687,575	53,070,814
Other administrative expenses	20	166,792,761	167,859,386
Depreciation	10	40,400,258	21,463,441
<b>Total expenditure</b>		<b>2,349,271,392</b>	<b>1,978,753,293</b>
<b>Excess of income over expenses</b>		<b>20,396,992</b>	<b>43,022,224</b>
<b>Appropriations</b>			
Add: Transfer from asset fund account	4c	35,487,495	18,728,212
Amount transferred to general fund	4a	<b>55,884,487</b>	<b>61,750,436</b>
<b>Earning per equity share:</b>			
Basic		2,794,224	3,087,522

**Background and significant accounting policies** 1-2

The accompanying notes form an integral part of the financial statements

As per our report of even date attached

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

  
**Raman Tulsiani**  
 Partner

Membership No: 510590

Place: New Delhi  
 Date: 27 Sept 2021

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

  
**Namrata Kaul**  
 Director

DIN: 00994532

Place: New Delhi  
 Date: 27 Sept 2021

  
**Mathew Cherian**  
 Director

DIN: 02467609

Place: New Delhi  
 Date: 27 Sept 2021

  
**Manoj Gopalakrishna**  
 Chief Executive Officer

Place: New Delhi  
 Date: 27 Sept 2021

**Care India Solutions For Sustainable Development**  
**Cash Flow Statement for the year ended 31 March 2021**  
 (All amounts are in Indian Rupees unless otherwise stated)

	For the year ended 31 March 2021	For the year ended 31 March 2020
<b>A. Cash flow from operating activities</b>		
Excess of Income over expenses (after transfer from Asset fund account)	55,884,487	61,750,436
Adjustment for:		
Fixed assets purchased charged off in project expenses	31,494,458	32,269,161
Fixed assets sold considered as income	(50,312)	(391,031)
Amount written off	11,200	373,546
Depreciation on Owned Assests	4,912,763	2,735,229
Interest on fixed deposit	(17,589,824)	(28,996,679)
Provision for gratuity	18,890,325	6,935,637
<b>Working capital adjustments:</b>		
Decrease in loans and advances	10,734,604	97,084,928
(Increase) in other current assets	(957,320)	(202,442)
Increase / (Decrease) in trade payables	63,136,062	(23,477,064)
Increase in provisions for employees benefits	9,051,177	4,398,370
Increase in other liabilities	49,092,359	187,411,255
Net cash from operating activities	224,609,979	339,891,346
Income tax paid (including tax deducted at source)	582,127	(946,430)
<b>Net cash generated from operations</b>	<b>225,192,106</b>	<b>338,944,916</b>
<b>B. Cash flow from investing activities</b>		
Interest on fixed deposit	17,589,824	28,996,679
Purchase of fixed assets	(36,374,118)	(34,738,044)
Fixed Deposit made during the year	(415,000,000)	1,136,100,267
Fixed Deposit matured during the Year	385,000,000	(1,136,100,267)
Sale of fixed assets	50,312	391,031
<b>Net cash (used) for investing activities</b>	<b>(48,733,982)</b>	<b>(5,350,334)</b>
<b>C. Cash flow from financing activities</b>		
<b>Net increase in cash and cash equivalents (A+B+C)</b>	<b>176,458,124</b>	<b>333,594,582</b>
Cash and cash equivalents at the beginning of the year	943,922,605	610,328,023
<b>Cash and cash equivalents at the end of the year</b>	<b>1,120,380,729</b>	<b>943,922,605</b>
Components of cash and cash equivalents:		
Cash in hand	200	200
Balances with scheduled banks	1,120,380,529	943,922,405
	<b>1,120,380,729</b>	<b>943,922,605</b>

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

As per our report of even date attached

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

  
**Raman Tulsiani**  
 Partner  
 Membership No: 510590

Place: New Delhi  
 Date: 27 Sept 2021

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

  
**Namrata Kaul**  
 Director  
 DIN: 00994532

Place: New Delhi  
 Date: 27 Sept 2021

  
**Mathew Cherian**  
 Director  
 DIN: 02467609

Place: New Delhi  
 Date: 27 Sept 2021

  
**Manoj Gopalakrishna**  
 Chief Executive Officer

Place: New Delhi  
 Date: 27 Sept 2021





# Human Resources and Organisational Development



CARE India is proud of its 1800 plus team, project-based consultants, volunteers, and interns working across 18 states in India. We believe in hiring diverse teams, actively engaging with them, and working towards their continued professional and personal development.

As an organisation with a mission to empower people, we understand that our greatest strength and resource is our own people.

We have invested in our people's growth and health, living true to our "core values" of transformation, integrity, diversity, equality, and excellence.





## Ensuring People Growth with Enhanced People Experience

Last year was chaotic and unprecedented in many ways and tested our mettle as all our areas of intervention faced extreme disruption. However, to achieve our objectives as seamlessly as possible, we implemented various initiatives to ensure our people rose to the challenge before them. These initiatives aimed to instil in them a sense of confidence in their abilities. They also sought to assure them of the support they could count on from the organisation.





i.

## Redefining Processes and Hand-holding



Our associates act as a vital cog in the wheel for the majority of our interventions. Over the last year, in the face of the pandemic, the HR and OD team has successfully taken over the task of onboarding and managing the life cycle of over 4,000 consultants, spread across the country, including streamlining their payment process.

The rapid ramp-up of activities and headcount to support our emergency COVID-19 response programme necessitated capacity building, systemisation, and training of an in-house team in record time. Towards achieving this, we -

- a. Redefined our Standard Operating Procedures that simplify the life cycle process, ensuring smooth onboarding, payments, and exits
- b. Deployed our COVID-19 response policy to aid the humanitarian assistance during the pandemic. This policy applied to all teams and project consultants.
- c. Structured HR interventions with legal provisions, policies, procedures, and formats

The above policies and procedures ensured we accomplished our COVID-19 relief engagements, including providing vaccination support across the country.



ii.

## Learning and Development



People development, both professionally and personally, has always been a significant focus for us. Our emphasis on growing people within the organisation by offering new roles and promoting them to take higher responsibilities has delivered value-addition in terms of staff recognition and retention.

At CARE India, we foster a culture of learning. We ensure that each team member has a 'Personal Development Plan' to streamline their learning and professional growth journeys guiding them towards healthy career choices.

We capture all of this as part of the annual goal-setting exercise. In 2020-21, the organisation invested in such training and learning sessions with the programme managers team. We did this with the support of an external expert having 30 years of experience in organizational development, capacity building and advocacy at local, national and international levels in diverse cultural settings across Asia.





iii.

### Inclusion and Diversity



Our HR policies and practices aim to attract and select a diverse workforce with the skills and capabilities to fulfil our vision and goals. We fully understand that hiring from local communities can benefit the communities we work in for programmatic positions and provide us with a better understanding of local needs. However, we are committed to recruiting from diverse populations bringing a broad range of knowledge and skills to our work. We have also hired young development professionals via our campus recruitment drive.

iv.

### Health and Safety



Our team's safety, security, and good health are of paramount importance to us as an organisation. We invest a great deal in ensuring that our team and their families enjoy good health and access some of the country's best medical facilities and treatments.

We have Group Medical Insurance for our staff and their dependents. We also cover our staff under Group Accident Insurance and Group Term Life Insurance schemes.

Acknowledging the importance of mental health and physical health, we have onboarded Santulan as part of our employee mental health assistance programme.



## V.

## Raising Awareness



Our HR and OD team has partnered with external experts on the Prevention of Sexual Harassment (PoSH) at the workplace to train the Internal Committee members and senior leadership team. In addition, a dedicated IC panel and external panel member, as mandated by law, are in place. We emphasise such provisions and policies and enable access to panel members via various forums, including Townhall meetings.

CARE India has a stringent policy on whistleblowing and complaints. We undertake policy reiteration periodically and encourage everyone from Board Members and the Leadership Team, Managers to Interns and Volunteers to report evidence-based instances of malpractice to the Ombudsman, who is the Chair of the Governing Board. As an organisation, we are committed to protecting the whistle-blower.



## vi.

## Staff Engagement



We believe that it is crucial to keep our teams engaged, especially with the exigencies of the ongoing pandemic taking a toll all around. We have initiated monthly Townhall meetings for all employees and created an in-house peer social support group.

Our staff are also encouraged to participate in thematic webinars and discussions around World Heart Day, Yoga Day, World Tobacco Day, International Women's Day, World Cancer Day, amongst others. We also come together (in a hybrid model) to celebrate events like birthdays and annual festivals.

CARE made constant efforts to keep its employees engaged during these times. The leadership team and a dedicated COVID-19 peer social support group remained in touch with the CARE India staff who tested positive. Efforts were made to vaccinate the CARE team on priority.



vii.

## Hybrid Work Model



One of the many fallouts of the pandemic was the rapid escalation in technology adoption and the change in mindset about working from anywhere. While navigating the COVID-19 pandemic, we ensured that our team was supported and acclimatised with new ways of working virtually. As a result, we gradually moved to a hybrid work model.

## Practicing Good Governance

Our HR and OD team is committed to strengthening our HR working process documents and regularly reviews HR Policies to ensure they align well with CARE International policies and Indian law.

We are committed to adhering to the best practices within the sector while drawing inspiration from other industries, thereby continuously enhancing our existing policies. We have onboarded and created a pathway to ensure HR compliances implementation and monitoring. We also submit our PoSH Annual Reports to the relevant authority, as mandated by law.



## New Partnerships

Monitoring tool to ensure all compliances



HRMS business partner



Leadership Development



PoSH



Employee Assistance Programme





# Transparency Disclosure About the Board

- CARE India board members are not related by blood or marriage
- The term of each member is three years
- In the Financial Year 2020 - 21, CARE India held board meetings 27-June, 2020, 26-Sep, 2020, 28-Nov, 2020, 22nd Feb, 2021 and 19-March, 2021.
- CARE India's Annual General Body Meeting was held on 26th September, 2020 and 27th September, 2021.
- No remuneration, sitting fees or any other form of compensation is paid to any board member



# Building the Pathway to the Future

In the wake of Covid-19, we now face the scenario of contraction in the Indian economy, and reversal of gains built over the last three decades, perpetuating poverty and further inequality. Children are likely to lose the benefit of education almost permanently due to various economic and social challenges. Health systems are getting overwhelmed and there will be increased thrust on vaccine delivery systems, diagnostics services, community level disease surveillance and intensive care delivery. Mass unemployment and disruption in economic life has led to the migrant labour crisis impacting livelihoods and breaking down of value chains. Women are disproportionately affected in all spheres with consequences like increased domestic violence and exploitation.

On the backdrop of the complex set of challenges we face today, CARE India's work, focused on alleviating poverty through a framework of social protection, has become even more relevant. We have experience working at the systems level work in the health, education and livelihoods sectors and deeper community level work in health and livelihoods. Grass root level delivery capability and enabling systems-based working has enabled CARE India to deliver its services across health, education and livelihood programs at scale.



It is not the strongest of the species that survive, not the most intelligent, but the one most responsive to change.

– Charles Darwin

With our focus on the future, and decades of program implementation learnings, we embarked in FY22 on setting our Vision 2030, REIMAGINING our context, work and impact in a post Covid world.

We envision continuing our focus on strengthening our community and systems based working to contribute contextually and multi-dimensionally to all round development.

In order to meet our impact goals sustainably, CARE India will keep the following **Theory of Change** at the core of its strategy, aiming to

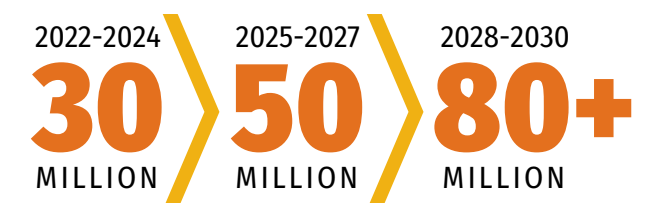


CARE will continue to work towards poverty alleviation, with focus on marginalised women and girls, in urban as well as rural contexts.

In addition, CARE India will seek out collaborations with the Government and multiple stakeholders to create broader access to social protection programmes.

CARE India will endeavour to create impact for the poor, socially and/ or geographically marginalised communities through programme depth and diversity, while viewing people as agents of change and focusing on outcomes that these groups value. Together with its partners, CARE India's vision is to impact 100 million people from the poor and marginalised communities to overcome poverty and live in dignity and security by 2030.

**This cumulative impact is proposed to be achieved over three strategic plan periods –**





**Primary Cross-cutting Goals - Gender Equality (SDG 5) and Reducing Inequality (SDG 10)**

Our Verticals/ Technical Focus				
Thematic goals	Health	Livelihood	Education	Disaster Mgt.
Humanitarian action (SDG 11)				✓
Quality healthcare (SDG 3)	✓			
Quality and inclusive education (SDG 4)			✓	
Decent work and economic growth (SDG 8)		✓		
Adequate food and nutrition (SDG 2)	✓	✓	✓	✓
Clean water and sanitation (SDG 6)	✓	✓		✓
Clean energy, climate resilience (SDG 7, 13)		✓		✓

The main pillars on which we will build impact at scale are -



**Scaling-up and  
Adapting Proven  
Models**



**Systems  
Strengthening**



**Inclusive  
Market-Based  
Approaches**



**Advocacy and  
Community Centric  
Initiatives**

On the first leg of the journey towards achieving Vision 2030 (2022-24), CARE India's strategy will encompass scalable initiatives and a robust approach to build core differentiators that will make the envisioned future a reality.

To achieve the desired geographic impact, we will prioritize our efforts in the key Aspirational Districts (115 districts across 28 states). However, as pockets of marginalisation exist in every state, CARE India's work will not be limited to the aspirational districts alone. The endeavour will be to leverage resources to innovate and consolidate solutions in any geography that can be applied at scale by working with the system.

CARE India will continue to deepen its work and presence Health, Livelihood, Education, and Disaster Management domains, adapting them to the emerging post-Covid context. Leveraging ICT, Gender Transformative programming, System Driven approach, and Community Centric, Innovative Evidence-based, and Impact-driven work shall be at the strategic core of what we deliver.





To achieve of our ambitious 2030 goals, institutional arrangements which will propel CARE India to constantly identify approaches to solve the most difficult social problems, have been identified and are in various stages of execution. Design centre, Gender Equality centre, Programme Innovations centre, Knowledge Management & Monitoring Learning and Evaluation Cell, have been conceptualised, to leverage and tap CARE's deep learnings in India and globally, and to be the innovation and technology solution provider to the development sector globally.

Fundraising, partnerships, people, and structure shall be core drivers of our aspirations, while adhering to the most stringent governance and accountability standards.

Re-imagining work in the post Covid-19 era has towards scaling our impact shall drive CARE India in its journey towards the lofty 2030 strategic goals







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