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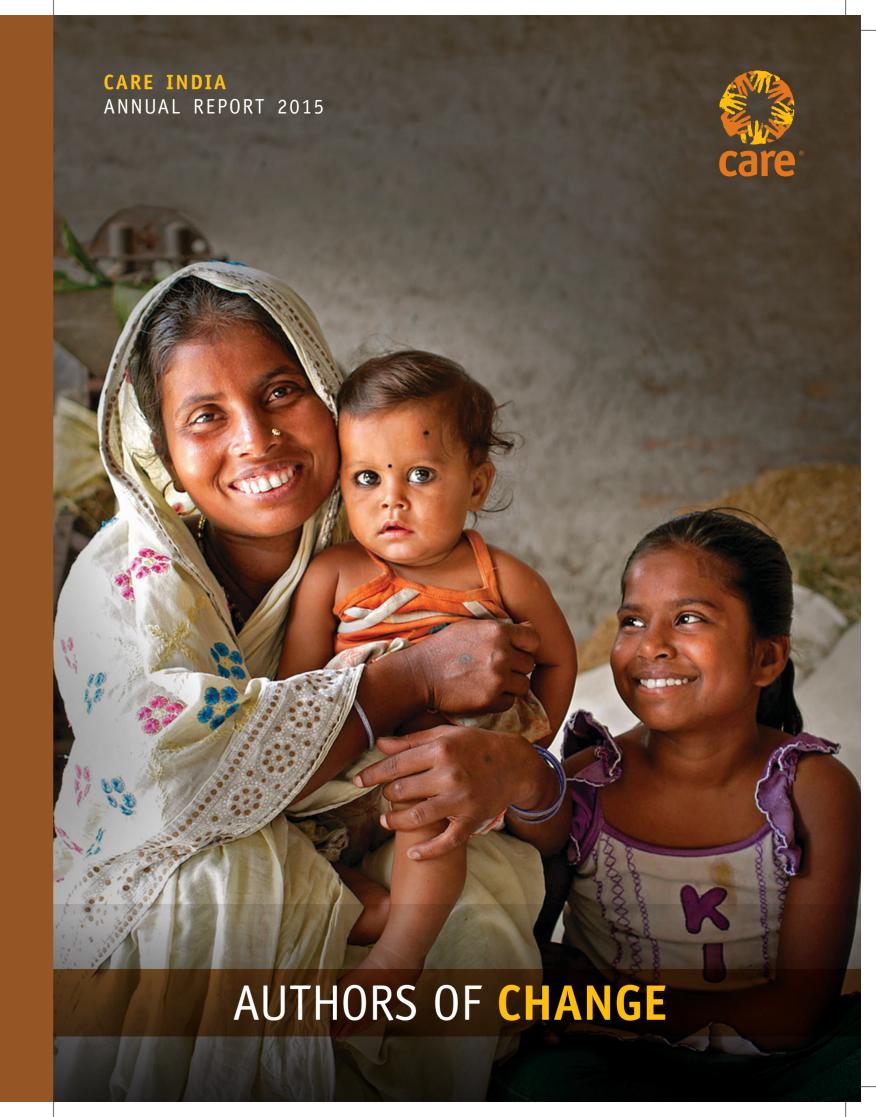
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CARE India

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.

CARE works in 16 states of India, across 44 projects, touching the lives of 36 million people. We are a part of the CARE International Confederation, working in over 85 countries for a world where all people live with dignity and security.

Our Vision

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

Our Mission

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

Our 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.



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About The Report

his report outlines CARE India's work across the country in the Financial Year 2014-15. We present some highlights from our work in the areas of health, education, livelihoods and disaster preparedness and response, along with other initiatives to strengthen engagement with the impact population.



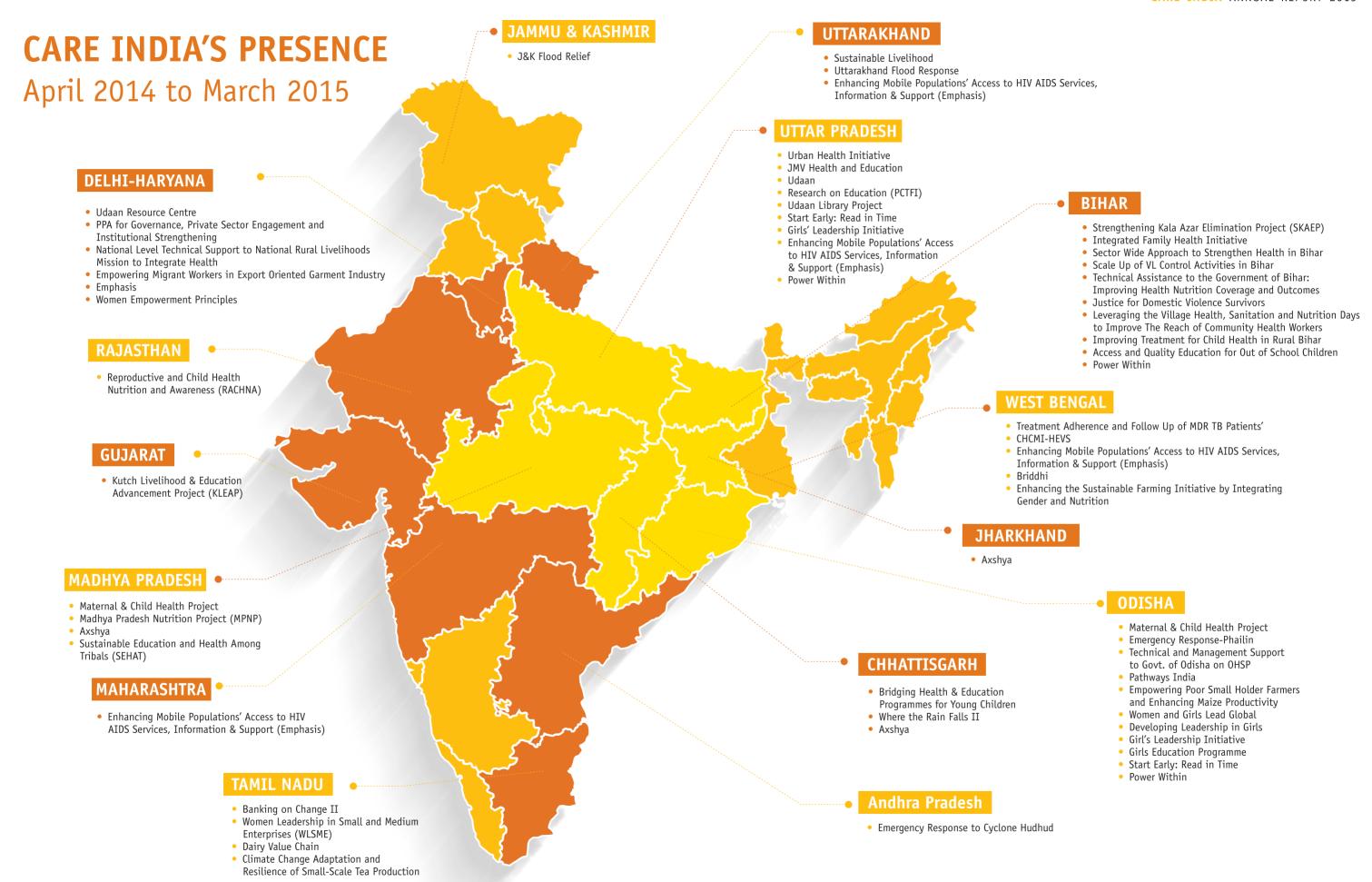
Authors of Change

over the years, CARE India has facilitated significant change in the lives of millions of marginalised people, especially women and girls from dalit and adivasi communities. We continuously strive to ensure that our intervention brings about change which is sustainable, inclusive and replicable.

We are the Authors of Change - shifting attitudes on gender, promoting inclusive governance and accountability, and enhancing socio-economic resilience; all contributing towards empowerment of women and girls.

Why Women & Girls

ARE India focuses on the empowerment of women and girls because they are disproportionately affected by poverty and discrimination; and suffer abuse and violations in the realisation of their rights, entitlements, and access and control over resources. Experience shows that when equipped with appropriate resources, women have the power to help whole families and entire communities overcome poverty, marginalisation and social injustice.



MESSAGE FROM THE MD & CEO

MESSAGE FROM THE BOARD CHAIR



Rajan Bahadur
MD and CEO, CARE INDIA

We ensured that our interventions brought about sustainable, inclusive and replicable change in the lives of our impact population.

or CARE India, this past year has been full of changes and progress, contributing towards the overall evolution of the organisation in the country. We strengthened our programmes with our advocacy efforts, capacity building, resource mobilisation and long-term partnerships, as we ensured that our interventions brought about sustainable, inclusive and replicable change in the lives of our impact population.

During the year, we witnessed a groundswell of support from our peers, partners and donors that resulted in significant change in the lives of millions of marginalised people, especially women and girls from dalit and adivasi communities, who are our target population. Our programmes on health, education, livelihood and disaster preparedness and response directly reached out to more than 36 million impact population.

Some of the key milestones achieved during this year:

- CARE India and its partners developed models of public private partnership to reduce out-of-pocket expenses for critical health care services in our project areas.
- Our programmes around livelihoods with farmers in Kutch, Gujarat, one of the harshest terrains, brought about sustainable improvements in the productivity of the land and cattle and enhanced their business prospects exponentially.
- The education programmes focused on empowering dalit and adivasi girls by building learning capacities, self-esteem and leadership skills, that would further enable them to influence change at individual, social and systemic level.
- Our programmes around disaster preparedness and response during some of the major emergencies such as floods in UP, Odisha, and J&K, Assam conflicts, and cyclone Hudhud, ensured timely relief, brought about resilience and helped in building capacities of the local community.

I would like to thank all our partners and donors for their generous support. We hope to have a long and fruitful association, where we continue to advance our mutual goals for the benefit of the marginalised population.

Going forward, we will continue to expand our reach and impact, and work towards cementing our learnings and sharing them with peer organisations, as we march ahead towards becoming a knowledge organisation.

Best wishes,

Rajan Bahadur MD and CEO CARE INDIA



Neera Saggi Board Chair. CARE India

Going forward, as CARE India transforms itself into a knowledge organisation, the focus is on strategic partnership with local, state and central government, corporates and other diverse stakeholders.

ARE has been working for over 65 years in India to tackle poverty, and gender inequality and social exclusion. This year too, CARE India continued to make significant impact in the lives of marginalised women and girls by strengthening its programmes around maternal and child health, girl's education, livelihoods opportunities and resilience during natural disasters. Our associations have grown closer with the central and state governments, civil society and other developmental organisations.

At the heart of CARE India's programmes is the gender transformative approach. We conceived and implemented this

approach purposefully to advance equitable gender relations, both within programmes and our organisation. To do this, CARE India adopted the Social Analysis and Action (SAA) approach, which starts with transforming staff capacity to understand the social and cultural factors contributing to gender discrimination and reflect upon self and community from a gender lens. SAA works through a continuous process of 'reflect-challenge-explore-learn' cycle.

We have helped strengthen the planning and implementation efforts in the government programmes. We also expanded our partnerships with individuals, communities, corporates and other stakeholders to bring in new synergies. Such partnerships and our knowledge and expertise have ensured that CARE India is well equipped to empower marginalised communities, especially women and girls to live a life of dignity.

Going forward, as CARE India transforms itself into a knowledge organisation, the focus is on strategic partnership with local, state and central government, corporates and other diverse stakeholders. We will continue to conceive sustainable solutions to bring about long-term systematic changes that will help women and girls from marginalised communities to walk towards a better standard of living.

It is the board's vision to directly impact over 50 million people by 2020 and we are hopeful, that together we can bring that vision to reality through our continued dedication and commitment. I take this opportunity to thank each of you for your continued trust and support.

Best Wishes,

250991

Neera Saggi Board Chair CARE India

THEMATIC AREAS



Education

CARE India believes education is a tool for empowerment for developing an identity that enables girls to create spaces for themselves within their families and communities.

246,853 Direct reach

1,879,885 Indirect reach

Number of Projects





Health

CARE India is committed to deliver quality health care services to marginalised communities and ensure their overall well-being.

35,811,636 Direct reach

124,685,814 Indirect reach

Number of Projects 19



Livelihoods

CARE India's livelihood program seeks to empower women from poor and marginalized communities to climb out of the poverty trap, permanently and with dignity.

110,240 Direct reach

292,985 Indirect reach

Number of Projects 11



Disaster Preparedness and Response

CARE India helps communities build their capacities to cope with emergencies. During and after emergencies, CARE India provides immediate relief, addresses immediate needs and offers rehabilitation support.

42,981 Direct reach

29,672 Indirect reach

Number of Projects 5





EDUCATION



Overview

ARE India focuses on education for girls in dalit and adivasi communities, in some of the most educationally backward blocks of India. The programme is based on the premise that education is a key component in the fight against poverty. Education not only increases opportunities but is also perceived as an empowerment tool that helps in fighting social evils which have oppressed girls' potential as individuals and citizens.

The programme's core intent is to empower dalit and adivasi girls by building their capacities, self-esteem and leadership skills. The programme builds capacities of teachers and other relevant actors to achieve its objectives.

Key Projects

Adolescent	Early	Kasturba	Adolescent	Early	School	Special	Udaan
Girls Learning	Childhood	Gandhi Balika	Girls Groups	Grade	Improvement	Training	
Centre	Development	Vidyalaya		Reading			

Major Achievements

400

Anganwadi Centres

have been strengthened in two districts Janigir-Champa and Korba in Chhattisgarh in three year intervention period

Special Training Centres in Bihar two lakh school children

3,000

Anganwadi Workers

have been reached through Anganwadi training centre

Udaan

was conferred Global NGO Excellence Award by World CSR Group under innovation category in February, 2015

13,000

15

used Udaan

methodology to reach out to

Anganwadi Centres

and over two lakh children reached through the uptake of Early Childhood Care and Development (ECCD) interventions

Bal Mela

Bilingual Reading

resources and workbooks adapted by Chhattisgarh state will reach children engaged with 13,000 Anganwadi centres

A milestone for Wasima and Udaan



Udaan students and their parents, 'Join My Village' field staff initially had a hard time convincing Wasima's parents to send her to Udaan in 2013. Wasima's daughter to a residential school. travelled along with her to the state of different feeling about education.

Zubin Irani nominated Wasima to be the Reflecting on how this opportunity Shri Ram Bilas Sharma to personally responsible now". visit Wasima's parents and get consent

labourer, could not see any benefit of The year 2014 ended for Wasima's awarded to her when she was named the Brand Ambassador.

Brand Ambassador for the Bal Swachhta impacted her, Wasima, who wants to be Mission for the state of Haryana; and a teacher said, "I am a changed person.

HEALTH



Overview

ARE India's programme on health focused on improving the access and quality of health care services to the most marginalised through innovative approaches, building capacity of the health workers and strengthening facilities that reach the most underserved. Special emphasis was given to improve services in public sector for maternal health and care for newborn and children, besides concentrated efforts on communicable diseases such as Tuberculosis and Kala Azar.

Communities were activated through existing institutions and structures to create awareness and pass on information pertaining to entitlements and services. To bring about changes in the social norm around gender and equity, CARE India's health projects integrated strategies for Gender Transformative changes.

Key Projects

Bihar Technical Assistant Support Team (BTAST)

Madhya Pradesh Nutrition Project (MPNP) Briddhi

Reproductive and Child Health **Nutrition** and Awareness (RACHNA)

Bihar Technical Support **Programme** (BTSP)

Health Education among VHSNCs and SHGs (HEVS)

Major Achievements

Innovations by CARE India were scaled up by the Bihar Government and are poised for integration in policy guidelines of India through central ministries

3,40,673 pregnant women, lactating mothers and adolescent girls reached through MPNP project

915 Severely Malnourished children referred to **Nutrition Rehabilitation Centres**

BTSP reached 29,533,272 women and girls and 4,983,476 men and boys as direct beneficiaries, with 34,516,749 as the total population reached

Mobile Family Planning Unite (MFPU) provided Intrauterine Contraceptive Device (IUCD) insertion services to 17,000 eligible women

> Under the Kala Azar Elimination Programme in Bihar, CARE India trained 1,281 spray squads on correct spraying techniques and facilitated over 40 District Task Forces with planning and review meetings

A will to live and the determination to move ahead



elina Khatun lost her parents when shuffled from her grandparents' to her sisters' house. Shortly after, when she turned 18, she contracted Tuberculosis

led to the advancement of the disease to to fight the disease. a multi drug resistant form.

side-effects from the medication. This her parents' support, she will not be able

Manali counselled Selina not to give up. As part of the treatment, she was Realising that Selina's economic assigned a social counsellor, Manali who vulnerability was another obstacle in continuously helped her address her her path to recovery, Manali sought condition medically, financially and financial help from the Panchayat who psychologically. When Manali was then pitched in to help Selina. Selina informed that Selina had stopped taking soon gained confidence that she can her medication despite the family being beat her disease and started focusing on Selina in person. Selina admitted that Manali that she did not feel despair and but discontinued her treatment due to she had started believing that without wanted to live now, healthy and happy.

LIVELIHOODS



Overview

ARE India's livelihood program encompasses a range of innovative initiatives that help women build secure and resilient livelihoods and sustainably climb out of the poverty trap. Through a combination of approaches, encompassing women's capability enhancement, collectivization, inclusive value chain promotion, and building multiple assets of our impact population, we are committed to contribute towards CARE's global commitment with regards to Women's Economic Empowerment, that by 2020, 30 million women will have greater access to and control over economic resources.

Year 2014-15 was the year of consolidation for our work in the livelihoods space, informed by the new **Strategic Programming Framework** of the organisation. We augmented our initiatives from the frame of the three cross-cutting themes of improved governance, gender transformative change, and building resilience. We have articulated our sectoral programming priorities in the form of a new Livelihood Sector Strategy, which identifies poor women engaged in smallholder agriculture, small businesses, and in farm and non-farm labour, as our impact group.

Key Projects

Banking on Change **Pathways**

Where the Rain Falls **Enhancing the Sustainable** farming Initiative through **Gender and Nutrition**

Women's Leadership in Small and Medium **Enterprises**

Major Achievements

4,500

Collectives of women organised and engaged in microfinance, land, water, market and forest based activities, and 5,700 women leaders developed



Women supported in profitably engaging in agriculture and dairy value chains - 3,400 of them as entrepreneurs

4,950

Women supported in developing nutrition gardens for diversified diet and improved nutrition

67,200

Women insured against different kinds of risks as part of financial inclusion initiative



Women smallholders capacitated to adopt improved practices in agriculture and animal rearing

2,300

Women small holders capacitated to understand and deal with climate related shocks

Woman farmer leads adoption of new agriculture practice



hampa Bai, a young woman farmer └from Kharkhata village in Chhattisgarh's Jashpur district shot to fame after the paddy crop she raised stood out distinctly from others.

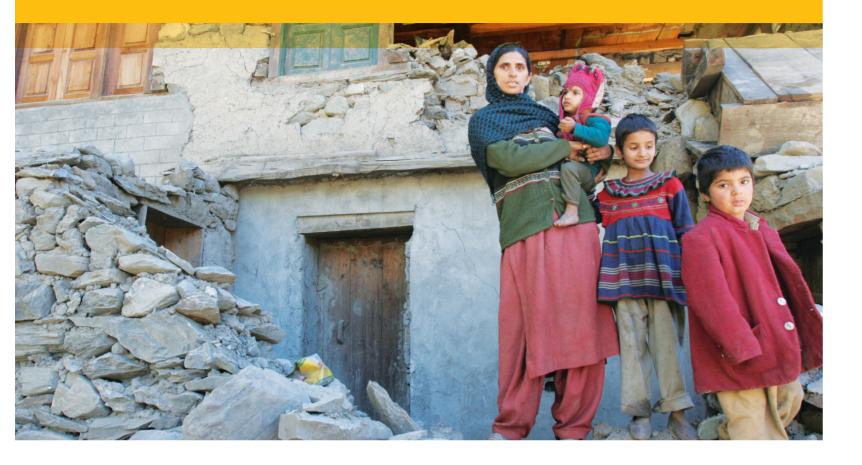
variability in the form of recurrence of droughts, increase in temperature, pest outbreak of diseases among livestock in the recent years which consequently the villagers.

Scientists from Krishi Vigyan Kendra Based Adaptation initiative.

Kharkhata has been witnessing climate (KVK), Jashpur and government officials from Department of Agriculture, Government of Chhattisgarh have also visited Champa's farm.

She was the first woman farmer who Champa's success despite these adopter of SRI, which was promoted by the Rain Falls project - a Community

DISASTER PREPAREDNESS & RESPONSE



Overview

CARE in India has been responding to emergencies for over 65 years and is recognised as one of the major actors in humanitarian response in the country.

A part from addressing the immediate vulnerabilities of the affected communities, CARE India's humanitarian Interventions are predominantly in the areas of Shelter, Water, Sanitation and Hygiene (WASH), and livelihood restoration. CARE India implements these interventions directly as well as through local NGO partners. Experience has shown that one of the key determinants of CARE India's effective and efficient humanitarian operations, is the capacity of CARE India and its local implementing partners in terms of systems and procedures, staff skills and expertise.

In 2014-15, CARE India responded to key emergencies across the country. Relief material was distributed during floods in Uttar Pradesh, Odisha, Jammu and Kashmir, Cyclone Hudhud, and Assam Conflict.

CARE India responded in a timely manner to meet the emerging needs of the worst affected population in these emergencies.



UP Floods

CARE India reached out to 2,364 beneficiaries across three villages in Bahraich district. During the assessment phase, CARE India reached out to 208 households distributing Laiyya and Chana.

CARE India team also distributed relief materials (Tarpaulins, Hygiene Kits) to 248 households in Pathrahiya Gram Panchayat in Bahraich district.

Odisha Floods

CARE India reached out to 25,128 beneficiaries across 29 villages in Kendrapada district. Aqua tabs were provided to 24,769 beneficiaries and unconditional cash transfer to 359 beneficiaries.

Cyclone Hudhud

CARE India reached out to 4,997 beneficiaries in Vishakhapatnam and Vizianagaram, two of the worst affected districts with Shelter & WASH NFI kits (tarpaulin sheets, dignity kits, hygiene kits, water purification tablets and solar lamps).

J&K Floods

CARE India reached out to 30,938 beneficiaries across two districts in Srinagar - Baramullah and Pulwama, and one district in Jammu - Rajouri. The affected beneficiaries were reached out with Shelter & WASH NFI kits, dry ration kits, winterisation kits and delivery kits. CARE India also provided masons training to develop 83 master masons on disaster resilient re-construction in Baramullah, Bandipore and Kulgam districts.

Assam Conflict

CARE India reached out to 4,350 worst affected beneficiaries in Kokrajhar district camps and distributed blankets.

Bringing relief during adversities



A sha Devi, aged 30 years from Rajouri District of J&K, works as domestic help to meet the needs of her

coping with her husband's demise ten water and basic hygiene among other months ago, when floods in J&K added non-food items, as immediate relief damaged with a large portion of it being at the risk of collapsing anytime.

preferred to sleep outside the house. Asha's younger daughter once said to her mother, "Keep me inside this tarpaulins, hygiene kits, water purifying steel cupboard as the roof might tablets and buckets, and other essential fall anytime".

CARE India soon started relief Scared for their lives, her children including Asha's family in the district.

GENDER TRANSFORMATIVE CHANGE



Overview

Y 2014-15 focused more on operationalising Gender I Transformative Change (GTC) related processes in our communities. CARE India adopted the Social Analysis and Action (SAA) approach, which starts with transforming staff capacity to understand the social and cultural factors contributing to gender discrimination and reflect upon self and community from a gender lens. SAA works through a continuous process of 'reflect-challengeexplore-learn' cycle. SAA has been incorporated in few projects [Join my Village, MPNP, EnSIGN (WB), RACHNA (Rajasthan)] where the team has gone through SAA based gender capacity building and skill enhancement, leading to analysing the Detailed Implementation Plan (DIP) from GTC lens and integrating GTC activities into the project DIP. Some other projects such as Pathways and WLSME have also incorporated SAA and are delivering on GTC. We plan to integrate gender in atleast 50% of our projects in the next Financial Year 2015-16.



Key Achievements

CARE India participated in national expert's consultation for the framing of Bihar Women's Empowerment Policy in March-April 2015.

Madhya Pradesh Nutrition Project (MPNP)

- MPNP was selected as the Pilot project for GTC integration post design.
- Successfully integrated GTC through SAA approach and all its core and partner staff of MPNP project trained in gender.
- MPNP project specific GTC indicators developed for conducting a baseline assessment of such gender related indicators.
- A sensitized and trained team carried out SAA and GTC in selected 16 villages of three MPNP intervention districts.

Pathways Project

- Male Change Agents identified in each operational villages were sensitized on gender issues through games and visual shows, addressing issues like,



unequal workload distribution between women and men and unequal participation in household decision

- International Women's Day was celebrated and used as a platform to facilitate cross exchange of experiences and information among women collective members.

An initiative bringing hope and empowerment

Pathways initiative is to increase dalit and adivasi women farmers' productivity and empowerment in more equitable agriculture systems at scale but not negating the importance of men in agriculture sector.



akhima Pradhan of Burupati village, Kandhamal district, Odisha purely dependent on agriculture and wife for taking up soil testing, deep labor work.

trainings that were imparted by project practices but also successfully convinced her husband. Both of them then decided to adopt the improved practices in a small patch of land to test is from a poor family from the SC primarily engaged for only ploughing

ploughing, dhanicha cultivation (green high yield variety (HYV) seeds and followed the pest management practices that was recommended for paddy crop. Phailin last year, they were able to get additional crop yield of 16% over the

ADVOCACY



Overview

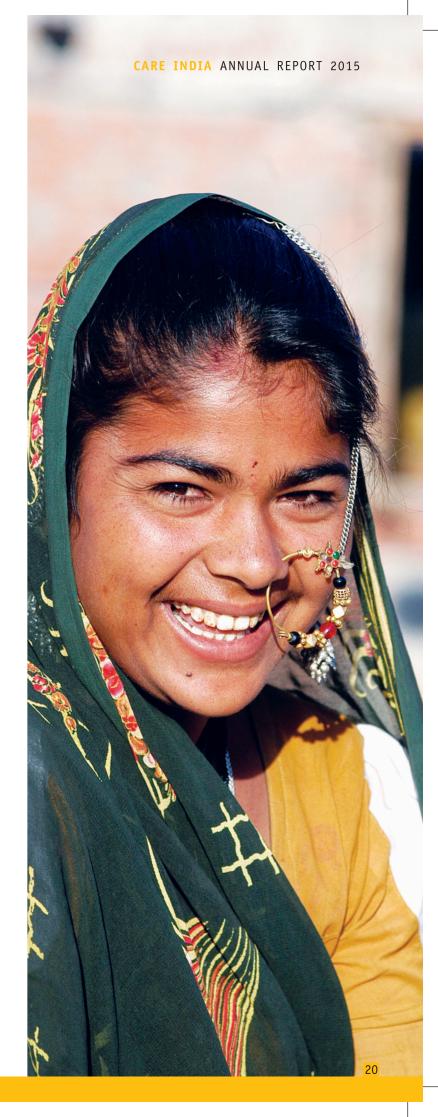
he Strategic Programme Framework (SPF) developed by CARE India identifies advocacy as one of the core strategies to achieve the desired impact under the framework. To influence external stakeholders i.e. community, government, donors, individuals, media, civil society organizations, alliances, corporate, private sectors etc. at various levels, CARE India has identified advocacy as one of the crucial approaches. Aligning with its Strategic Programme Framework, CARE India through its advocacy efforts is connecting the voices of the unheard with the decision makers of relevant policies.

Highlights

- Ministry of Panchayati Raj developed a set of reading material for the use of elected representatives and functionaries at Gram Panchayat level. CARE India was invited by the Ministry to provide inputs at a day long consultation to improve this material. The inputs provided by CARE India at the consultation were appreciated by the Ministry.
- CARE India has been instrumental in reviewing and sharing suggestions on the Draft National Health Policy 2015, as per the invitation received from the Ministry of Health and Family Welfare.
- CARE India Advocacy team along with a civil society delegation met Mr. Jayant Sinha (Minister of State of Finance) to highlight the issues of Tribal Sub-Plan

and Special Component Plan in the upcoming budget. The delegation highlighted the following points to be incorporated in the upcoming budget: -

- Allocation of 18% and 8.5 % of the budget for dalit and adivasi population respectively under the special component plan and tribal sub plan
- Gender based budgeting for the women and girls from marginalised communities
- Close monitoring mechanism to review the budget spent for dalit and adivasi population
- Advocacy team participated and contributed in various pre-budget consultation processes such asexclusive budget for dalits organised by NACDOR Public Finance for Food and Nutrition by Forum for Learning and Action (FLAIR) and Save the Children along with Coalition for Food and Nutrition Security (CFNS). This has been one of the key advocacy initiative undertaken by CARE India
- CARE India as one of the core group member of the National Council of the RTE forum, has been continuously providing technical support to the forum towards achieving its goal. CARE India team has also been effective in planning and contributing towards the 5th National Stock Taking Consultation on RTE forum organised in Delhi
- CARE India presented a paper on 'Men challenge and change harmful social norms in a Maternal Health Programme of CARE India' during the Global symposium on 'Men & Boys engagement for Gender Equality' organised in Delhi
- As part of internal advocacy, sharing about the Gender Integration process initiated within Madhya Pradesh Nutrition Project (MPNP), and encouraging team to learn, has been one of the key processes undertaken to take the learning from one project to other projects within the organisation.



SUPPORT SERVICES

PROGRAMME QUALITY



CARE International Board Meeting

CARE India became an independent member of the CARE global fraternity and was awarded the formal certification during the International Board Meeting held in November 2014.

The event was hosted by CARE India in Delhi. A core team was formalised to plan and execute the event and be the host to Board Chairs and CEOs from 14 countries. A key outcome of the Board meeting was the 'Delhi Resolution' which provided a blueprint for future direction.

The event also laid a foundation for countries who have the potential to become independent members of the CARE fraternity.

CARE India IT services

The cloud services were further strengthened during the

year 2015. With an average traffic of 10,000 emails daily for about 600 users amounting to 1,400 gigabytes of mail traffic, CARE India managed a smooth operation in a costefficient manner including savings on infrastructure.



Programme quality, knowledge management and learning

ARE India's intent to become a knowledge organisation is embedded in its strategic programming framework. It initiated a review system to monitor programme quality and performance across sectors with the 'Programme Quality and Performance Assessment Tool'. The new practice of examining a project's performance on a periodic basis facilitated alignment of respective projects with the overall programming framework. The data collected through this tool also helped in assessing the overall organisational performance.

Knowledge sharing and dissemination is another key strategy that has been embedded in projects management at CARE India. In an endeavour to multiply impact through knowledge sharing, CARE India promoted scaling up of successful practices into the government system across education, health and livelihood sectors.

Through adoption of processes demonstrated by CARE India in 'early childhood development,' CARE India's collaboration with National Institute for Public Cooperation and Child Development was able to reach out to 1.4 million Anganwadi Centres across the country.

Understanding the impact of CARE India's work has been pursued with increased attention to increase accountability towards results, inculcate learning to improve programme quality and facilitate evidence based advocacy. To this effect, CARE India undertook both baseline and evaluation of projects that initiated or ended during the FY 2014-15. There was also an added emphasis on use of alternative evaluation methods such as, most significant change, video documentation of stories of change, progress markers and mobile based application of real-time monitoring.

COMMUNICATION INITIATIVES



International Women's Day

CARE India celebrated International Women's Day at Kingdom of Dreams, Gurgaon on 8th March 2015.

Team CARE India presented a role-play around the theme 'Make it Happen' by girls of Project UDAAN from Mewat, Haryana, portraying the challenges, opportunities and the sense of well-being in their school and community. In addition a pledge wall was put up for visitors to leave their hand imprints and pledge their support towards the empowerment of women and girls by leaving messages.

International Women's Day 2015 was also celebrated by state teams across the country, conducting engaging and informative activities such as painting and quiz competitions, experience sharing sessions and radio interviews.



Light a Life

An online fundraising drive conceptualized by youth volunteers raised resources for the cause of women empowerment. Volunteers came up with the t-shirt designs and roped in an e-commerce vendor partner for the sale of the products.



Kick for a Cause

A six-a-side knock out football tournament was organised with an aim to promote gender equality through challenging gender stereotypes. The tournament featured gender neutral teams captained by girls and was managed and executed by the youth volunteers.



Stop the Alarm

In this on-ground engagement initiative to enroll more youth volunteers, kiosks were set up in corporate parks and colleges over 30 days across 30 locations in Delhi-NCR. More than 750 new volunteers were added. The communication that every minute a child dies in India, resonated with the youth.

One month internships to students and CARE India Youth Ambassadors were offered in Delhi and Hyderabad, which also included exposure trips to CARE India's project locations including Chhattisgarh and Odisha.



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PARTNERSHIPS

FINANCIALS

Projects April 2014 to March 2015	Donor
Access and Quality Education for Out of School Children in Bihar	CARE USA
Axshaya India Project - Providing Universal Access to DR TB Control Services and Strengthening Civil Society Involvement in TB Care and Control	World Vision India
Banking on Change II	Barclay PLC
Briddhi	GlaxoSmithKline Consumer Healthcare Ltd.
Bridging Health and Education Programmes For Young Children	Merck Foundation
Climate Change Adaptation for Resilient Small Scale Tea Production	UPS
Converting Mewat Udaan into Special Training / Resource Centre	Jeff Peierls Foundation
Developing Leadership Abilities in Girls	Google Tides Foundation
Developing Sustainable Livelihoods through Safe Shelter Enterprise	Barclays
ECHO India Cyclone Phalin	ECH0
Emergency Response J&K Floods	United States Agency for International Developme
Emergency Response to Cyclone HudHud	Bill & Melinda Gates Foundation
Empowering Migrant Workers in Export Oriented Garment Industry	Primark
Empowering Poor Small Holder Farmers & Enhancing Maize Productivity in India	Kellogg's
Enhancing Mobile Populations' Access to HIV & AIDS Services, Information & Support-(EMPHASIS)	Big Lottery fund
Enhancing the Sustainable Farming Initiative by Integrating Gender and Nutrition	PEPSICO PEPSICO
Girl Education Programme	Cargill
Girl Education Programme	Doug Tilden
Girl Education Programme	Trehan Foundation
Improving Treatment for Child health in Rural Bihar	Bill & Melinda Gates Foundation
Integrated Family Health Initiative In Bihar	Bill & Melinda Gates Foundation
Join My Village	Merck Foundation
J&K Flood Relief	BNP Paribas
J&K Flood Relief	United States Agency for International Developme
Justice For Domestic Violence Survivors-India	Bill & Melinda Gates Foundation
Kutch Livelihood & Education Advancement Project (K-LEAP)	Cargill
Leaders of Tomorrow	Stemcor
Leveraging the Village Health Sanitation and Nutrition Days (VHSNDs) to improve the reach of Community Health Workers in Bihar	Bill & Melinda Gates Foundation
Madhya Pradesh Nutrition Project	Cargill
Maternal and Child Health Project	BBC Media Action
National level Technical support to National Rural Livelihoods Mission (NRLM) to integrate health interventions in SHGs	Bill & Melinda Gates Foundation
Pathways	Bill & Melinda Gates Foundation
Pathways	Cargill
Patsy Collins Trust Fund Initiative Cohort 2 Program	Patsy Collins Trust Fund Initiative in India
PPA Country Agreement India Y4	The Department for International Development
Reproductive and Child Health Nutrition and Awareness (RACHNA)	Cairn India Limited
Scale Up Of VL Control Activities In Bihar	Bill & Melinda Gates Foundation
Sector Wide Approach To Strengthen Health (SWASTH) In Bihar	The Department for International Development
Start Early: Read in Time	United States Agency for International Developme
Strengthening Kala Azar Elimination Project in Bihar (SKAEP)	Bill & Melinda Gates Foundation
Strengthening Private Sector Commitment to, and Practice of, The Women's Empowerment Principles	Foreign & Commonwealth Office
Technical and Management Inputs to TMST, Govt. of Odisha Health Sector and Nutritional Plan	Options Consultancy Services Limited. UK
Technical Assistance to the Govt. of Bihar: Improving Health, Nutrition Coverage and Outcomes	Bill & Melinda Gates Foundation
Treatment Adherence and Follow-up of MDTR TB patients in West Bengal	ELI LILLY Foundation
Udaan Library Project	General Mills
Urban Health Initiative	FHI 360
Where the Rain Falls (II)	AXA
Where the Rain Falls	AXA and Mac Arthur Foundation
Women and Girls Lead Global India	Independent Television Service
Women's Leadership in Small and Medium Enterprises (WLSME)	

How your generous contributions are utilised

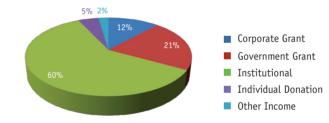
We are grateful for the support provided by all our stakeholders; especially donors and volunteers who provide resources necessary to further our work and mission.

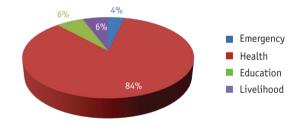
CARE India ensures that the contributions received are utilised for the benefit of marginalised communities across our work, encompassing education, livelihoods, health, and disaster preparedness and response.

The following figures represent grants and donations received by CARE India in the Financial Year 2014-15.

Grants & Donations Received for FY 2014-15 **Total Amount Grants & Donations** Receipt Received for FY 2014-15 (INR) in % Corporate Grant 199,200,134 12% Government Grant 361,542,781 21% Institutional 1,016,497,677 60% Individual Donation 79,621,620 5% 2% Other Income 39,073,050 Total 1,695,935,261 100%

Programme Expenditure During FY 2014-15			
Programme Expenditure during FY 2014-15	Total Amount (INR)	Expenditure in%	
Emergency	62,705,399	4%	
Health	1,470,860,777	84%	
Education	106,235,031	6%	
Livelihood	99,576,457	6%	
Total	1,739,377,663	100%	



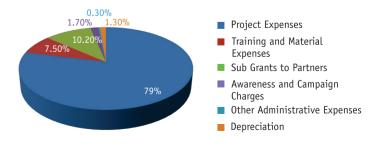


FY 2014-15 **Expenses Incurred During** Total Amount Expenditure FY 2014-15 (INR) **Project Expenses** 1,395,647,804 79.00% Training and Material Expenses 133,829,799 7.50% Sub Grants to Partners 180,176,520 10.20% Awareness and Campaign Charges 29,723,540 Other Administrative Expenses 6,219,091 0.30%

23,220,136

1,768,816,890

Expenses Incurred During



25

Depreciation

Total Expenditure

CARE India Solutions For Sustainable Development Income and Expenditure Account for the year ended 31st March, 2015

(All amounts are in Indian Rupees unless otherwise stated

Particulars	Note	Year ended 31 st March, 2015	Year ended 31 st March, 2014
Income			
Grants and donations received	13	1,656,862,211	802,590,055
Other income	14	39,073,050	27,227,086
Total		1,695,935,261	829,817,141
Expenses			
Project expenses	15	1,395,647,804	505,599,275
Training and material expenses		133,829,799	51,821,407
Subgrants to partners		180,176,520	32,615,610
Awareness and campaign charges		29,723,540	59,575,485
Other administrative expenses	16	6,219,091	17,354,089
Depreciation	8	23,220,136	2,757,622
Total Expenditure		1,768,816,890	669,723,488
Excess of expense over income Appropriations		(72,881,629)	160,093,653
Less: Transfer from asset fund account		23,220,136	2,757,622
Amount Transferred to General Fund		(49,661,493)	162,851,275

(Earning) per equity share:

Basic (2,483,075) 8,142,564

Significant accounting policies

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

For **B S R & Company**

Chartered Accountants
Firm Registration No. 128032W

J-Dans.

Sandeep Batra

Partner

Membership No: 093320 Place: Gurgaon

Date: 18th September, 2015



For and on behalf of the Board of Directors of

Care India Solutions For Sustainable Development



Nachiket Mor Director

Place: New Delhi Date: 18th September, 2015



Rajan Bahadur Managing Director & CEO

Place: New Delhi Date: 18th September, 2015



CARE India Solutions For Sustainable Development Balance Sheet as at 31st March, 2015

(All amounts are in Indian Rupees unless otherwise stated)

Particulars	Note	As at 31 st March, 2015	As at 31 st March, 201
EQUITY AND LIABILITIES			
Shareholder's Funds			
Share capital	3	200	200
Reserves and surplus	4	179,552,513	100,567,451
Current Liabilities		179,552,713	100,567,651
Trade payables	5	27,081,000	6,801,147
Other current liabilities	6	204,808,113	212,712,919
Short-term provisions	7	33,969,063	12,163,847
		265,858,176	231,677,913
		445,410,889	332,245,564
ASSETS			
Non-Current Assets			
Fixed assets	8		
Tangible fixed assets		50,540,977	16,937,628
Intangible fixed assets		1,426,372	76,789
Long-term loans and advances	9	10,154,864	1,101,256
Current Assets		62,122,213	18,115,673
Cash and bank balances	10	254,466,233	227,590,595
Short-term loans and advances	11	128,719,797	84,752,909
Other current assets	12	102,646	1,786,387
		383,288,676	314,129,891
		445,410,889	332,245,564

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 B S R & Company

Chartered Accountants Firm Registration No. 128032W



Sandeep Batra

Partner

Membership No: 093320

Place: Gurgaon

Date: 18th September, 2015

Nachiket Mor

Director

Place: New Delhi

Rajan Bahadur Managing Director & CEO

Place: New Delhi

Date: 18th September, 2015 Date: 18th September, 2015





For and on behalf of the Board of Directors of

Care India Solutions For Sustainable Development

CARE India Solutions for Sustainable Development Cash Flow Statement for the Year ended 31st March 2015

(All amounts are in Indian Rupees unless otherwise stated)

Particulars	For the year ended 31st March 2015	For the year ended 31 st March 2015
A. Cash flow from operating activities		
Excess of expense over income	(49,661,493)	162,851,275
Adjustment for:		
- Fixed assets purchased charged off in project expenses	58,173,068	14,734,237
Working capital adjustments:		
- Decrease/(increase) in loans and advances	28,023,175	(47,663,781)
- Increase/(decrease) in trade payables	20,279,853	(28,859,917)
- Increase in provisions for employees benefits	21,805,216	8,707,230
- Increase in other liabilities	10,656,508	2,210,426
- (Decrease) in disaster management fund	_ _	(1,197)
Net cash from operating activities	89,276,327	111,978,273
Income tax paid (including tax deducted at source)	(5,911,361)	(998,238)
Net cash generated from operations	83,364,966	110,980,035
B. Cash flow from investing activities		
Interest received from fixed deposits	1,683,740	1,449,544
Purchase of fixed assets	(58,173,068)	(14,734,237)
Movement in other bank balances	58,207,856	12,972,116
Net Cash used for investing activities	1,718,528	(312,577)
•		, ,
C. Cash flow from financing activities	-	-
Net increase/(decrease) in cash and cash equivalents(A+B+C)	85,083,494	110,667,458
Cash and cash equivalents at the beginning of the year	166,638,177	55,970,719
Cash and cash equivalents at the end of the year	251,721,671	166,638,177
Components of cash and cash equivalents:		
Cash in hand	200	200
Balances with scheduled banks	251,721,471	166,637,977
	251,721,671	166,638,177

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) Rule, 2014.

As per our report of even date attached

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

f-Dans.

Sandeep Batra Partner Membership No: 093320 Place: Gurgaon

Place: Gurgaon Date: 18th September, 2015





Nachiket Mor Director Place: New Delhi Date: 18th September, 2015



Rajan Bahadur Managing Director & CEO Place: New Delhi Date: 18th September, 2015



ACCOUNTABILITY



Staff Composition & 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	24	8	32		
<50000	89	37	126		
>50000	235	77	312		
Total Staff	348	122	470		

Transparency disclosure

- CARE India board members are not related by blood or marriage
- The term of each board member is three years
- In Financial Year 2014-15, CARE India held board meetings on June 30 and September 5 in 2014 and December 5 and February 25 in 2015

- CARE India's Annual General Body Meeting was held on December 5, 2014
- No remuneration, sitting fees or any other form of compensation is paid to any board member

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, CISSD 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 2014-2015, one case was reported to the ICC which was discussed and resolved by it.

WAY FORWARD



CARE India's organisational evolution has been transformational. During this past year, the organisation invested heavily in strengthening its programmmes supported with advocacy and knowledge building initiatives.

We have enhanced our capabilities to scale impact in fighting poverty and social injustice in the country; apart from taking an active leadership role in amplifying the voices and issues from the Global South within the CARE International Confederation.

CARE India is focused on becoming an impactful organisation by repositioning itself as a partner of choice within the Indian humanitarian and development landscape, to sustainably address poverty alleviation and social injustice among marginalised population.

In order to successfully address poverty and social injustice, CARE India will abstract learning from its work at the field level and will create knowledge products to share with peers and partners. Another goal is to improve the overall quality of work to influence policy makers and other relevant stakeholders to learn, replicate or adopt its models to positively impact the lives of women and girls from the marginalised communities.

In the coming years, the organisation will work to further increase its reach and impact, and deepen efforts in becoming an organisation that builds on its learnings and shares them widely to promote action for the empowerment of women and girls from marginalised communities. CARE India will also focus on collecting evidence and identifying models from its work in different states in the country.

