



PARTNERING FOR PROGRESS

ANNUAL REPORT

2019 - 2020





“Alone we can do so little; together we can do so much.”

- Helen Keller



PARTNERING FOR PROGRESS

In India for more than 70 years, CARE has been empowering women and girls from the most marginalised communities and improving their lives and livelihoods.

Given the scale and depth of challenges that we face in reducing poverty, addressing inequalities and social injustices, especially among marginalised women and girls in our country, strategic partnerships in the social development space are critical for bringing about significant and sustainable change within communities.

Over the last financial year, CARE India has joined hands with donors, governments, peers, civil society, and other partners who have contributed towards CARE India's vision and mission, and our collaborative work has resulted in outcomes that are more than the sum of its parts.

We directly reached out to 50.4 million people in 19 states, worked in 90 districts and implemented 53 projects across health, education, livelihoods and disaster preparedness and response.

From developing foundational learning and leadership skills in girls to helping provide basic health services including maternal and neonatal care at public health facilities to empowering women engaged in small agriculture to gain greater control over their economic resources and providing relief and rehabilitation during disasters, our partners have stood with us shoulder to shoulder to enable us to deliver the desired outcomes.

This report provides a glimpse of our work and of those who helped us realise our goals.



ABOUT US

CARE is a not-for-profit organization working in India for more than 70 years, focusing on alleviating poverty and social injustice. We do this through well planned and comprehensive projects in health, education, livelihoods and disaster preparedness and response. Our overall goal is the empowerment of women and girls from poor and marginalised communities leading to improvement in their lives and livelihoods.

During the year 2019-20, CARE India directly reached out to 50.4 million people through 53 projects across 19 states. We are part of the CARE International Confederation, working in over 100 countries, for a world where 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 with dignity and security.

OUR MISSION

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

OUR 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 and aspirations.



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From our Chair



Neera Saggi

Board Chair, CARE India

It gives me great pleasure to share that CARE has completed 70 years of its operation in India this year. During this period, CARE India has been focussed on alleviating poverty and social exclusion by facilitating empowerment of women and girls from poor and marginalised communities.

As a development and humanitarian organisation, CARE's programmes are designed to work with the communities to catalyse demand for services and enhance their leadership skills, promote local capacities and create a supportive environment, strengthen systems to deliver quality and equitable services and be with the people providing relief and rehabilitation in the time of disasters.

This has resulted in making a difference in lives and livelihoods of more than 50.4 million people in the financial year 2019-20 which places the organisation well ahead of the 50 million target by the end of 2020.

To be able to bring about the desired change in the communities served, CARE India has developed an open and transparent organisational culture, based on core values of respect, integrity, commitment and excellence.

A robust governance structure and investments in further strengthening key

functional capabilities ensured increased efficiency and accountability in work on the ground.

Over the years, the organisation has emerged as a preferred partner for communities, governments -local, state and central, project implementation partners, donors and other key stakeholders by delivering planned outcomes at the grassroot level through innovative solutions, while also generating knowledge which can be shared and adapted to diverse development challenges. Thank you for your trust and support without which we would not have been able to achieve this scale and depth of impact.

I also congratulate all the members of CARE India for their hard work and dedication and wish them success in the coming years.

CEO Speak



Manoj Gopalakrishna

CEO, CARE India

I feel delighted to bring you CARE India's Annual Report 2020.

For us, this past year has seen several collaborations and partnerships which have contributed significantly to improving our reach and impact among women and girls, especially from the most marginalised communities in the poorest and remotest regions, and brought about meaningful and sustainable change in their lives and livelihoods.

During the year, CARE India directly reached out to more than 50.4 million people in 19 states across 53 projects through interventions in health, education, livelihoods, and disaster preparedness and response. This was only possible by building cross-sectoral partnerships with various governments and non-government organizations, and our generous donors, who together steadfastly supported us in planning, implementing, monitoring, knowledge generation and delivering large scale impact on the ground.

The girls' education projects addressed the social and systemic barriers in providing opportunities to girls through their increased participation in the formal education system, as well as improving their life skills. We implemented several innovative and scalable programmes which included interventions for in-and-out-of-school girls, early childhood development, life skills and leadership, capacities of

teachers and strengthening the government system through technical support. Our health interventions secured access to quality health services particularly for women and children in underserved areas, improving maternal and reproductive health, child health and nutrition outcomes. We worked towards identifying the root causes of healthcare challenges, worked in partnerships to develop innovative solutions, and helped implement quality healthcare services till the last mile.

The livelihood programmes promoted sustainable livelihoods and skill-building of women smallholder farmers, developed markets and value chains that are equitable and supported entrepreneurship and employability of women.

Our humanitarian efforts reached the unreached who were the most affected due to natural disasters providing them with timely relief and rehabilitation. The unabated spread of COVID-19 in the latter part of the year galvanized CARE India to provide food security to the most vulnerable and COVID-19 prevention materials to frontline workers.

Finally, I would like to thank all our partners and donors for their continued commitment and support and our Board Members for their valuable guidance and encouragement throughout the year.



HEALTH

DIRECT	5,02,12,766
INDIRECT	30,10,17,274



EDUCATION

DIRECT	1,17,825
INDIRECT	1,08,476



LIVELIHOODS

DIRECT	1,85,546
INDIRECT	4,87,188



DISASTER MANAGEMENT

DIRECT	98,443
INDIRECT	40,834



OTHERS

DIRECT	1,605
INDIRECT	1,055

DIRECT BENEFICIARIES

5,04,12,226

INDIRECT BENEFICIARIES

30,12,68,825

Direct beneficiaries

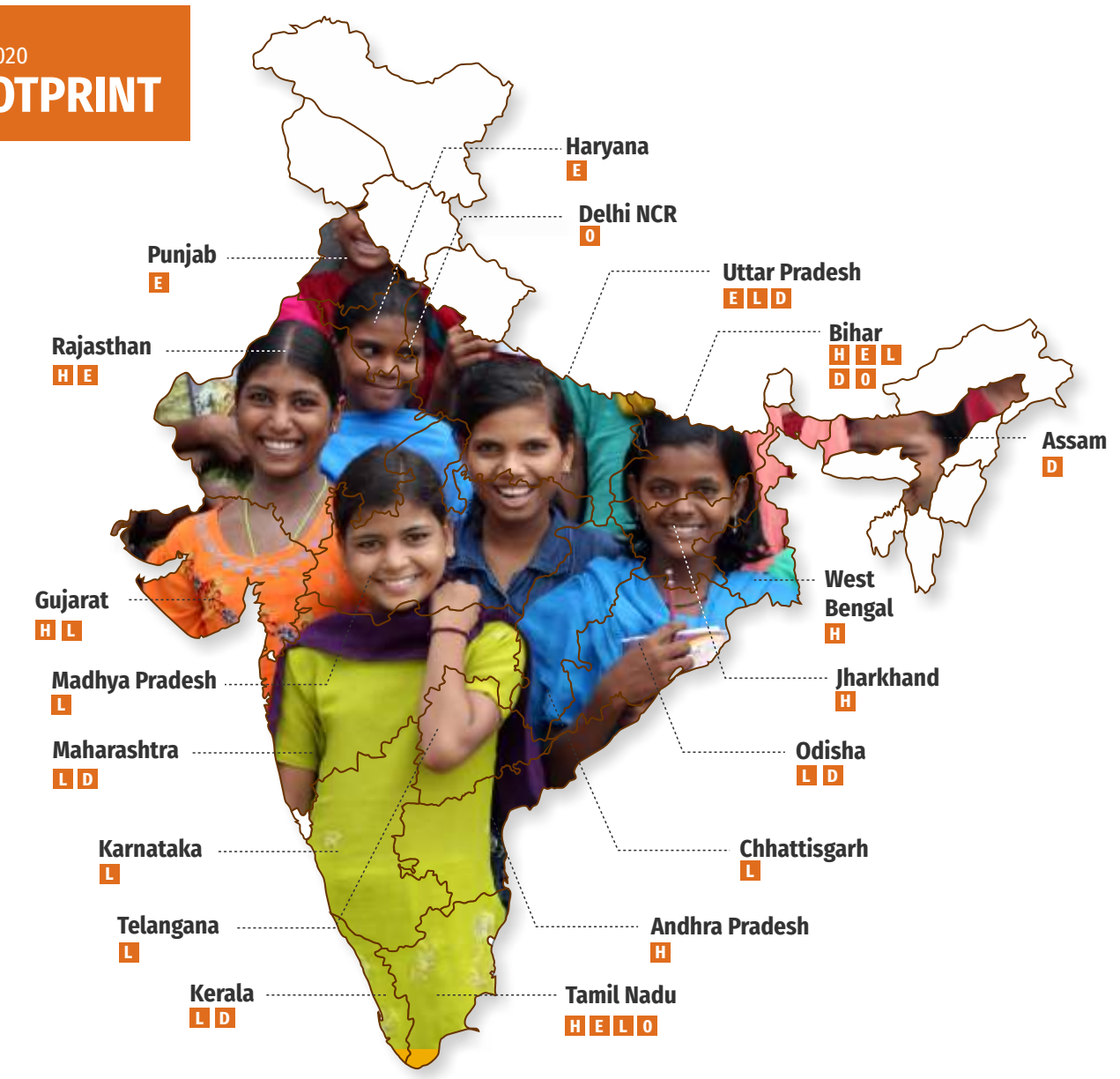
include all people who are experiencing a positive difference at the individual or household level, as a result of receiving services, goods and resources directly from CARE or through a partner

Indirect beneficiaries

include all individuals who are not directly involved in project activities nor receive direct services/goods/ resources from CARE but are still impacted in some way through our intervention

2019-2020

FOOTPRINT



H HEALTH E EDUCATION L LIVELIHOOD D DISASTER MANAGEMENT O OTHERS

ACHIEVEMENTS

2019-2020

4,60,51,151

People reached directly through health interventions across seven states, out of which 41,394,896 are women and girls

27,77,383

Births attended by skilled health personnel in Bihar

14,31,465

Livebirths for which mother and newborn received post-natal care within 24 hours in Bihar

1,17,825

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

70,273

Children accessed quality early childhood education through CARE India's support to 1,287 Anganwadi centres in Rajasthan and Tamil Nadu



10,892

Girls provided leadership platforms through strengthened capacities of KGBV and Upper Primary School Teachers in Nuh and Palwal districts of Haryana

1,08,061

Women enrolled in the Gap Inc. P.A.C.E. training programme wherein 74,761 women have graduated till date.

4,894

Farmers successfully diversified into pulse and vegetable production from mono-crop paddy

424%

Increase in household income in 'Where the Rain Falls' project geography between 2017 and 2019.

95,981

Flood-affected people of Bihar, Assam, Kerala and Maharashtra received immediate relief and early recovery support focused on food security, shelter, WASH and livelihoods.

2,022

Cyclone Fani affected people of Khordha district, Odisha received Non-Food Items kits to meet their emergency shelter and WASH needs.



Access to better HEALTHCARE

CARE India's interventions in the health sector work to improve access to quality healthcare services for the poor and marginalised 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 work with community groups, collaborative work with government and civil society organisations include cross-cutting strategies to improve the

health and nutrition status of the poorest and excluded groups, particularly women and children. With a focus on policy advocacy and system strengthening, CARE India builds the capacities of healthcare service providers and officials of the Integrated Child Development Services (ICDS), to create impact at scale.

The various areas of healthcare system delivery addressed by the projects include improving the quality of services for maternal and reproductive health, child health and nutrition, and

early identification and treatment of communicable diseases such as Kala Azar.

To increase the uptake of services, besides the supply-side interventions, many projects work with communities and groups of mothers to break social barriers by engaging men and other key decision-makers in rural households.

During the year 2019-20, we directly reached 5,02,12,766 people in six states through 20 healthcare programmes.

Mentoring and Training of ANMs

Auxiliary Nurse Midwives (ANMs) and staff nurses play a critical role in providing basic health services, including maternal and neonatal care at public health facilities in Bihar. These nurses lacked proper skills and hiring nurse mentors for their skill and capacity building in Bihar was required.

To overcome this challenge, CARE India partnered with Christian Medical Association of India (CMAI) while working closely with the Government of Bihar in implementing a nurse mentoring program called AMANAT (Apaatkaaleen Matritva Avam Navjaat Tatparta). While CARE India has a good reach in Bihar's public health system, CMAI has a nationwide network in nursing education and therefore the partnership resulted in the successful training of nurses in Bihar and thereby improving the quality of state's health care.

The AMANAT mentoring and training programme has been ensuring better clinical practices and helps build the capacity of ANMs and staff nurses to manage childbirth complications and provide basic emergency services related to childbirth and newborn care. As a renowned chain of mission hospitals in India, CMAI provides nurse mentors from several states representing a variety of nursing institutes.

Improving Quality to Better Health Outcomes

Maternal and neonatal mortality ratios are indicators of a state's health status. In Bihar, these numbers are not promising since the maternal and neonatal complication identification and management rates were poor. Often, complications like obstructed labour, prolonged labour with foetal distress failed to get timely and emergency caesarean sections. Records of patients with complications were not adequately recorded and the practice of post-facto and retrospective documentation of patient records prevailed.

These shortcomings were attributed to high and unorganised patient flow, inadequate human resources, stock out of drugs and supplies, unavailability of blood, etc. This led to adverse patient outcomes like unnecessary referrals, Leave Against Medical Advice (LAMA), absconding and deaths.

Through an effective programme, CARE India worked towards improving the quality of clinical processes and reporting of reliable data, form Quality Improvement (QI) teams and facilitate data-driven discussions. We also helped identify and manage maternal and neonatal complications in district hospitals which led to an overall reduction in maternal and neonatal mortality.

Recognising Domestic Violence as a Health Issue

Premised on the recognition of Domestic violence (DV) as a health issue, CARE India has started a pilot programme to activate and strengthen a gender-sensitive health system response to violence against women.

Our programme focuses on improving response to survivors by training healthcare staff, initiating sensitization programmes, improving documentation, and initiating a responsive intersectoral mechanism.

Additionally, we equip frontline healthworkers to identify violence in their own lives, communities, and homes and access the healthcare system for domestic violence care and support. It is expected that they shall eventually be empowered to extend the information and awareness to other women in the community.

The AMANAT mentoring and training programme has been ensuring better clinical practices and helps build the capacity of ANMs and staff nurses to manage childbirth complications and provide basic emergency services related to childbirth and newborn care.

IMPACT THAT MATTERS



Making Women the Pioneers of Change

40-year-old Reshmi started her nursing profession after completing her nursing degree from Darbhanga Medical College. She joined the AMANAT program in 2016 and in 2018 she was selected to be part of District Mentoring Team (DMT) from her batch of nine nurses.

CARE India, in partnership with CMAI, facilitated training by Nurse Mentor Supervisors to two selected DMTs from each facility to enable them to train their peer nurses. This Training of Trainers (ToT) included modules and attractive training methods that had a lasting impact and encouraged teamwork.

Reshmi, a General Nursing and Midwifery (GNM) in Begusarai feels nursing in public healthcare underwent a massive change. Nurses like her are

playing a major role in handling common labour room emergencies or complications. Through regular training, the nurses have learnt about a wide range of subjects such as infection prevention, biomedical waste management and ways to provide quality maternal and neo-natal care.

The teachings are coupled with simulation as well as hands-on experience of labour rooms. “Earlier we learnt in theories and assisted doctors without much understanding of the practical needs. Often in absence of doctors, the nurses were not capable of identifying the complication or handle emergencies. We now identify and understand the complications and provide the best care to our patients,” said Reshmi. “Timely action is the most important aspect of healthcare. The training has enabled us to act in the ‘golden minute’ and save the lives of both mother and child”, adds Reshmi.

Reshmi shares that she feels content and valued both professionally and personally. Her skills came to the rescue of her family members from undesired consequences such as loss of life.

“Timely action and appropriate response saved my father-in-law's life. He was being referred to a hospital afar when his condition started deteriorating. I knew that travelling under those circumstances could be detrimental and would require certain precautions. I ensured proper medical care until he reached the doctor. Everyone in the family lauded my contribution”, Reshmi shared.

Timely action is the most important aspect of healthcare. The training has enabled us to act in the ‘golden minute’ and save the lives of both mother and child, adds Reshmi.

PARTNERING FOR PROGRESS

Community Based Management of Acute Malnutrition

CARE India has been implementing Community Based Management of Acute Malnutrition (CMAM) in Chittorgarh and Bhilwara districts of Rajasthan. CMAM is a robust program and its implementation involves joint planning with government departments, deployment of trained government staff, approvals and interdepartmental coordination. In the initial level of planning and approval, CARE India had

faced challenges as the implementation of CMAM was not possible without approval, support and ownership of the government.

In Chittorgarh district, CMAM was implemented as part of innovation under district level convergence with Poshan Abhiyan and ICDS in the lead role. ICDS also supported CARE India in providing necessary approvals from the

state government along with deployment of frontline workers for smooth implementation of the programme.

In Bhilwara district, CMAM was implemented in convergence with the health department that took ownership of the programme and ensured the successful implementation of the CMAM programme in the district.

ACHIEVEMENTS

4,60,51,151

Individuals reached directly through health interventions across seven states, out of which 41,394,896 are women and girls.

27,77,383

Births attended by skilled personnel in Bihar.

11,92,888

Mothers in Bihar received at least four antenatal care visits.

14,31,465

Livebirths for which mother and newborn received post-natal care within 24 hours in Bihar.





Empowering through
EDUCATION

CARE India's Girl Education Programme (GEP) focuses on improving the conditions by which girls, especially those in the marginalised communities can access quality education. Education is an important tool that enables women and girls to participate in decisions that affect their lives and in improving their social status. GEP provides technical support while working through the formal school systems as well as through the integrated programmes of CARE India. Following the enactment of the Right to Education Act by the Government, CARE

India has been actively engaged in several forums and consortiums along with other international agencies and the larger civil society to support the implementation of the Act in its true spirit.

GEP is committed to enabling effective implementation of education provisions and policies for rights, entitlements and empowerment of girls from most marginalised sections of the society in safe and secure, inclusive and gender-responsive environments.

During the past year, our education programmes ensured that marginalised children (both boys and girls) have solid early learning at foundational and school stage, develop scientific temperament and enquiry and leadership skills, gain gender sensitivity, address safety issues of girls and help them in career planning for better livelihood in the future. The programmes were located in Northern (Uttar Pradesh and Haryana), Southern (Tamil Nadu), Eastern (Bihar and Jharkhand) as well as Western (Rajasthan) regions of the country.

Ensuring Holistic Development and School Readiness in Marginalised Young Children

In their early years, children need to be provided holistic and age appropriate learning opportunities to develop fully, especially around gaining school readiness skills. These skills are critical for mainstreaming in primary grades and improved learning of children. Marginalised children, especially girls completely are deprived of any such opportunities as Anganwadi Centres (AWCs) are not functional and caregivers (Anganwadi workers) are poorly trained to engage with children to develop these skills. Considering these as a critical phase of development, CARE has invested in revitalising AWCs by creating safe learning environments and building capacities of AWWs under our education programmes.

Till now, CARE has improved the learning environment in 85 AWCs, improved infrastructure facilities in 30 AWCs, distributed preschool workbooks to over 1,500 children, supported 188 AWCs with preschool learning and play material, and provided 137 water filters to Anganwadis for ensuring access to clean drinking water. Another aspect of our programme is to improve the reading competency of children attending primary government schools. Out of 514 primary schools in

our project areas, 256 schools were trained on early grade reading strategies and instruction methods to help 27,564 children read the text fluently and with comprehension. Workbooks and print-rich materials have also been distributed to 256 primary schools and 20 primary schools were developed as a model site for the print-rich environment.

Mainstreaming Out-of-School Children

Under this programme, we have established 50 model special training centres for mainstreaming out-of-school children aged 8-14 years in four selected Commissionaries. The project aims to institutionalise the systems at each level for quality implementation of a special training programme.

Some of the key elements of the programme include capacity building of system functionaries on the special training curriculum, planning, implementation and monitoring mechanisms for out-of-school children, strengthening school management committees and parental engagement. Keeping in view the complexity of the issue, establishing convergence amongst concerned departments is one of the critical strategies of the project. The project has been reaching out to the children from ultra-poor Musahar and other Dalit communities.

Developing Leadership and Life Skills among Marginalised Children

Marginalised children, especially girls, belonging to the most impoverished backgrounds are expected to forfeit their right and desire to go to school because they are expected to manage household chores and sibling rearing. Educating girls is not a priority in many marginalised communities, like Dalits, Adivasis and Meo-Muslims, which results in curbed identity and a lack of necessary skills like negotiation, critical thinking and discerning ability to deal with complex situations. Out-of-school girls and those who drop out of school are a serious concern.

Through our various programmes, we work on developing leadership and life skills that build and enhance the ability of girls from marginalised backgrounds to drive a change in their own communities. We also develop agency of girls and collectivisation of girls at community level for a safe and secure environment.

CARE India's Girl Education Programme (GEP) focuses on improving the conditions by which girls, especially those in the marginalized communities can access quality education.

IMPACT THAT MATTERS



Playing to your Potential

As the second of six sisters, Laxmi was already coming from a disadvantageous position of not having familial support to get an education. People from Laxmi's community do not encourage girls to study and coming from a family with no sons, having so many daughters was seen as an additional burden on the family. In Laxmi's community, children with special needs are often kept homebound, away from the public eye and their growth and development are neglected. Special needs and differently-abled children are considered taboo, cursed and are often socially ostracised in the village community.

Laxmi's father, an auto driver and stay-at-home mother who had not received substantial education themselves didn't see the need to send her to school as they thought she had no future, though they did enrol her in the local government school. Laxmi spent most of her days at home or roaming in the village alone.

She went to school irregularly (once or twice a month) to get enough attendance to be able to graduate to the next class without actually learning and participating in activities or attending school. Laxmi was neglected in school; her presence or absence did not matter to anyone and often she was ridiculed by her peers. She was made fun of, called mad, chided, hit by girls in the class and asked not to come to school as she scared some of the other children.

With CARE's intervention, Laxmi's parents were counselled, and were brought on board with the idea that schooling and education would be beneficial to Laxmi.

They started seeing school as a way to make Laxmi more self-reliant. Simultaneously, the school teachers were also spoken to, these were the same school teachers who had previously ignored Laxmi in class or worse, hit her while accusing her of being a hindrance to class discipline.

Laxmi was brought into the Balika Manch. Recognising Laxmi's propensity

to excel at outdoor activities, she was made part of the sports committee. Initially, Laxmi was quiet and scared to speak and was often mute through entire meetings. Gradually, Laxmi enthusiastically started participating in the Balika Manch, which helped her interact in a safe space outside the classroom with her peers.

Laxmi has made friends and now enjoys coming to school. Even her parents, who have come around noticing the change in Laxmi, have now started encouraging her to spend her free time reading and studying instead of roaming around the village.

Laxmi is far more articulate than when she first returned to school full-time. She can identify the changes that have come to the school since the programme started, beginning with better levels of cleanliness in classrooms and food that she eats as part of the mid-day meal in school.

She now dreams of her ideal school which would have swings and fields, and appropriate facilities that would help her become a doctor.

In Laxmi's community, children with special needs are often kept homebound, away from the public eye and their growth and development are neglected.

PARTNERING FOR PROGRESS

District Resource Groups

CARE India is working to enhance the leadership skills of children, especially adolescent girls enrolled in selected Kasturba Gandhi Balika Vidyalaya (KGBVs) and Upper Primary Schools in Nuh and Palwal districts of Haryana.

For this, we have partnered with Haryana School Shiksha Pariyojna Parishad (HSSPP) through a Memorandum of Understanding.

CARE and HSSPP have jointly conceptualised an idea of setting up a District Resource Group (DRG) in each district.

The DRG, consisting of government functionaries and teachers from senior schools, helps in enhancing capacities of KGBV and Upper Primary Teachers and ensuring the use of material and methodologies effectively in quality

learning and in the dissemination of leadership curriculum as designed by CARE India.

Additionally, the DRG group has been capacitated through intensive training by the CARE team. In turn, DRG is expected to train teachers and supervise actions at the block and school level to ensure girls develop leadership skills.

ACHIEVEMENTS

1,17,825

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

70,273

Children accessed quality early childhood education through CARE India's support to 1,287 Anganwadi centres in Rajasthan and Tamil Nadu.

10,892

Girls were provided leadership platforms through strengthened capacities of KGBV and upper primary school teachers in Nuh and Palwal districts of Haryana.

9,450

Children washed hands both after toileting and before eating food in Khushi Bhilwara project.





Ensuring sustainable **LIVELIHOODS**

CARE India is committed to empowering women from marginalised communities to have greater access and control over economic resources and their lives. Our livelihoods programmes work with women who are engaged in smallholder agriculture, small businesses or work as a farm or non-farm labour.

We endeavour to build capacities and an enabling environment for these women to strengthen their resource base, raise their voices and access a range of rights and entitlements, while

confidently and directly engaging with duty bearers and market actors.

Several poor and remotely based communities in the country face multiple discriminations that exacerbate their exclusion and vulnerability. This is particularly true for women from marginalised communities who bear the triple burden of economic poverty, gender and caste/class-based discrimination.

Recognising this, CARE India's livelihood programme has evolved and

implemented a range of innovative initiatives which help women build secure and resilient livelihoods and climb out of poverty permanently. 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.

During the year 2019-20, CARE India reached out to 27,07,707 people through 11 livelihoods projects in eight states.

Rapid Restoration of Livelihoods in Flood Ravaged Kerala

In July 2018, Kerala received heavier than usual rain leading to severe floods across the state and landslides in the mountainous districts of Idukki and Wayanad.

Agricultural lands were destroyed, crops were submerged underwater and huge economic losses were incurred by the farmers. The floods also resulted in an increase in food prices, making it difficult for the poor to secure even one meal a day. The impact on animal husbandry was equally severe.

CARE India responded to the destruction and loss and worked towards improving livelihood in a concerted manner. As a result, more than 100 farmers resumed their agriculture-based livelihoods through agriculture inputs and technical support. 1,600 human days employment was generated through cash for work opportunities around repair and restoration of community and individual productive assets.

Additionally, 50 small businesses were revived and restarted through business revival support in the form of re-stocking of inventory, basic fixed assets, advisory services and re-establishment of business linkages.

Working towards Cleaner Energy Solution

CARE India is working to increase the adoption of sustainable lifestyles among Forest Dwelling Households in the states of Odisha and Chhattisgarh. Our strategy involves an incremental approach to increasing the awareness amongst women on clean energy options for household use, facilitate acquisition of improved cook stoves financial and technical interventions, and influence men and other stakeholders to be supportive of women's endeavours for clean energy transition.

Till now, we have successfully created 200 women collectives known as Sustainable Household Energy (SHE) Schools, that play a key role in creating environmentally responsive communities across the geography. We have also brought rural women at the centre of climate resilience and carbon reduction with efficient energy usage, across 107 villages of three districts of Chhattisgarh and Odisha.

Additionally, we have facilitated successful adoption of 4,300 Improved Cook Stoves in the project area, along with raising awareness on household air pollution, better forest management and improved climate action participation through door-to-door campaigns and overall learning sessions at the SHE Schools.

Improved Agriculture and Inclusive Dairy Value Chain Promotion (IAIDVC)

IAIDVC focusses on the economic empowerment of women smallholders and workers to achieve the goal of long term development in 59 villages of the Jambusar block, Bharuch district in Gujarat. It promotes and assists in creating access to quality technology, market and resources, as well as the formation and strengthening of Women Collectives.

IAIDVC has taken the initiative of providing basic level skill and management training to the women who are interested in setting up their own micro and small enterprises. In addition to this, it has been providing training for dairy entrepreneurship and professional management of the dairy. This project has also encouraged gender equity and equality by carefully selecting and training 'Male Champions' belonging to the village community.

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.

IMPACT THAT MATTERS



Rallying for Water

Harsha came to the village of Shrikhandi, a remote village in the Mhow block of Indore district, as a young bride in 1985. She had few friends in the village since women rarely left their homes because of their household chores.

Harsha came from Mumbai and did not know how to light a wood or coal-fired stove. She even had to adopt the pardah system like other women in the village. Life was tough for her as people preferred staying away from her. "Being an educated woman, people thought I would teach them wrong things, be a bad influence on them."

She began tailoring in 1989 so that women would come to her and she could make friends. Some came, she says – about 12 women would come to her to get clothes stitched. These were her first friends in the village.

As Harsha recalls, the village was not a united force. The village has a history of conflicts, people were divided along caste lines. Women from Dalit backgrounds and tribal women never got together because they worked for most of the day, tending to their fields and cattle.

Harsha has been associated with CARE India since January 2019 as a mobilizer for the P.A.C.E. training program, charged with informing women of meetings and ensuring that they attend it.

"Even today, daughters-in-law do not step outside their homes," she says, alluding to the outdated practices that the villagers prescribe to. But she adds, this practice has begun to change with the arrival of the trainer from CARE India and the P.A.C.E. training module being implemented in the village – particularly with a session on social entitlements that addresses gender disparities in daily life.

They realised that a problem common to all villagers was the lack of a source of clean drinking water. There was no source of water near their homes and the women had to walk a long way to fetch water. The women learned about their rights through P.A.C.E. training and

on March 8, 2019 (International Women's Day) about a hundred women formed a long procession through the streets of the village demanding access to clean water. The rally ended with a sit-in at the government school and here, the rally met with the local panchayat (village governing body) leader and the panchayat secretary.

"Till a day before, people in the village said that nothing would come about with a rally, but we said that we will try," she says. The panchayat secretary felt pressured by so many women rallying and asked them to visit the panchayat office in a few days. Ten days later, the panchayat secretary informed the women that a well had been sanctioned and its construction would begin after the rainy season was over.

"All this is possible only because of the P.A.C.E. training we received from CARE India's trainer through the Women + Water Alliance," Harsha says. "The people of the village had no clue of our entitlements and thought that fetching water over long distances was their fate. The P.A.C.E. training program changed all of that," she says.

"All this is possible only because of the P.A.C.E. training we received from CARE India's trainer through the Women + Water Alliance," says Harsha.

PARTNERING FOR PROGRESS

Promoting crop diversification

As part of our concerted efforts towards food availability through crop diversification, CARE India had been exploring the idea of training farmers towards quality seed production. For this, we collaborated with the Odisha State Seeds Corporation Limited (OSSCL). Together, we worked to enhance the capacity of interested farmers to produce quality pulse seeds.

We also extended support to small and marginal farmers and helped them diversify into pulses instead of focussing only on paddy. The trained farmers are now successfully managing quality seed production and OSSCL has been supporting the seed farmers in selling the seeds on time and earning higher incomes. We have also partnered with the Krishi Vigyan Kendra,

Bhawanipatna to advance the quality seed requirement in the small-holder farming ecosystem. Additionally, on the request of the District Social Welfare Officer, Kandhamal we have embarked upon an ambitious piloting of establishing customised kitchen gardens at Anganwadi Centers of Phiringia block.

ACHIEVEMENTS

1,08,061

Women enrolled in the Gap Inc. P.A.C.E. training programme wherein 74,761 women have graduated till date.

4,894

Farmers successfully diversified into pulse and vegetable production from mono-crop paddy.

424%

Increase in household income in 'Where the Rain Falls' project georgaphy between 2017 and 2019.

487

Farmers were trained on organic cotton cultivation with 25 sessions of training around each demonstration plot.





Responding to DISASTERS

CARE's global humanitarian mandate warrants our response to any disaster as per the type and category protocols. The disaster preparedness and response strategy recognises the need to focus on immediate rapid and slow-onset natural disasters and human-made disasters.

CARE India's position to humanitarian work includes preparedness, response, recovery and rehabilitation. We carry out annual risk profiling and mapping

of vulnerable locations in India to enhance our preparedness to respond in our programming states. We respond to an emergency in any part of the country where there are gaps in response and unmet immediate survival needs irrespective of the organisation's presence in that state or union territory.

In non-presence geography (non-core programming states), depending on the need, CARE works on its recovery and

rehabilitation commitment. Whereas, in core programming states, the possibilities of long term engagement with the affected communities are explored and efforts are made to engage with the affected communities for disaster relief and recovery.

During the financial year 2019-20, we reached out to 3,31,392 people through four projects in three states.

Emergency Response to Cyclone Fani

There were unprecedented loss and suffering due to the impact of Cyclone Fani in Khordha district of Odisha. There were visible gaps in addressing the immediate needs of the affected population in Baliana and Balipatna blocks.

CARE India decided to intervene along with partner NGO - Mahashakti Foundation.

As a result, 2,022 Cyclone Fani affected people of Khordha district, Odisha received Non-Food Items kits to meet their emergency shelter and WASH needs.

Kerala Flood Recovery

To avoid any delay in early warning information reaching the communities in disaster-prone areas, CARE India had developed Community-Based Early Warning System (CBEWS) in 10 villages of Idukki district.

The impact of the system was witnessed last year when the task force of Vathikudy Panchayat disseminated early warning messages during the floods and

landslides of 2019 which helped save a number of lives due to timely evacuation to designated emergency shelters.

The process established the importance of CBEWS amidst institutional stakeholders such as police, health officials and gram panchayat functionaries.

Bihar Flood Response

There were floods in North Bihar and Sitamarhi district was one of the worst affected regions. Geographical targeting was done to ensure that the farthest block and the remotest panchayat was selected. After this, the response was initiated in Charaut; the selected block for response intervention by CARE.

CARE India went on to respond along with its development project staff present in the area and conducted an on-the-job training within the humanitarian assistance initiative. This led to an end to end training of over ten staff members on systems, procedures and protocols while delivering relief assistance on the ground.

This resulted in a timely and effective response to the most marginalised households in the targeted geography. 9,345 flood-affected people of Sitamarhi

district received Non-Food Items kits to meet their emergency shelter and WASH needs.

The elected panchayat leaders of the panchayats were involved in the entire process along with the affected community members.

This led to resolving of issues and conflicts that arose by incorporating feedback in a timely manner and ensuring a smooth relief distribution.

Introductory meetings were done with District Administration and Block officials to inform about CARE India's emergency response systems, followed by regular updates to the government authorities.

CARE India's systems and approaches were appreciated by various stakeholders for adhering to quality and accountability measures.

2,022 Cyclone Fani affected people of Khordha district, Odisha received NFI kits to meet their emergency shelter and WASH needs.

IMPACT THAT MATTERS



Support with Immediate Needs and Concerns among Pregnant Women

Parvathi, a daily wage labourer, had been living with her husband and two children in Payyampally, Chemmad colony for the last 17 years. Her house was damaged by the floods and she had lost all her basic utensils. The family was in the relief camp for 14 days since 9th August, 2019. When the floods hit her village, Parvathi was seven months pregnant, making it extremely difficult for her to tackle the situation. Even when she started living in relief

camps, Parvathi was unable to adjust to the situation. Moreover, since she belonged to a Scheduled Tribe, her neighbours hesitated to accommodate her in their houses. She was unable to repair her house and replace the household items within a short span of time. She also started suffering physically and mentally. Parvathi and her husband were unable to meet their family's daily needs during the pregnancy, since now her husband was the only earning member.

This was when CARE India, with support from The Coca-Cola Foundation, decided to distribute a full kit and pregnancy kit to Parvathi's family.

After receiving the kit that included tarpaulin, rope, plastic floor mats, mosquito net, water purification tabs, bucket for washing- with lid, toothpaste and toothbrush, clean cotton suit and saree, baby care items, new blade, cord clamps/ suture, gloves, bed sheet, soap and others, Parvathi expressed her sincere gratitude and prayers to CARE India and The Coca Cola Foundation.

When the floods hit her village, Parvathi was seven months pregnant, making it extremely difficult for her to tackle the situation.

PARTNERING FOR PROGRESS

Meeting needs of Cyclone-affected communities

Following Cyclone Fani in Odisha, CARE India decided to intervene along with partner NGO - Mahashakti Foundation. It was their first experience of undertaking humanitarian response. CARE India did an on-the-job training for the partner NGO staff and volunteers which included coordination with key stakeholders such as government authorities, panchayat

leaders, peer agencies and beneficiary targeting, relief distribution process, monitoring and feedback mechanisms. All this led to a timely and effective response to the most marginalised households in the targeted geography.

The collaboration's effort paid off when the Block Development Officer of Baliana and Balipatna blocks

appreciated the beneficiaries listed through the beneficiary targeting criteria as well as the entire planning and implementation processes. This re-emphasised the importance of building the capacity of local NGO partners to ensure quality and accountable emergency response programmes.

ACHIEVEMENTS

95,981

Flood-affected people of Bihar, Assam, Kerala and Maharashtra received immediate relief and early recovery support focused on food security, shelter, WASH and livelihood.

2,022

Cyclone Fani affected people of Khordha district, Odisha received non-food items kits to meet their emergency shelter and WASH needs.

Award

Received Best NGO award in DRR category from HCL Foundation for developing community based Early Warning system in Idukki, Kerala.





Response to COVID-19

The unabated spread of COVID-19 has placed immense strain on organisations and communities dealing with this humanitarian crisis. Marginalised communities face the greatest risk since they are struggling to meet their daily needs.

Since March 2020, CARE India has provided immediate relief assistance to over 4.3 lakh marginalised people by distributing 79,855 dry ration kits and supported hospitals, frontline workers with 18,992 PPE kits, 2,22,107 masks, 50,706 litres sanitizers and 2,000 litres disinfectant.

We have been providing customised relief kits to local areas comprising of essentials and staples to provide appropriate nutrition and immediate food relief to those impacted by the pandemic.

Due consideration has been given to adhere to standards of nutritional requirements, especially for women and girls, and groups such as people living with HIV, to help them in these challenging times. To safeguard our frontline workers, we helped procure/supply 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.

Imparting knowledge on preventing the spread of COVID-19 and busting myths around the same has become an integral part of our projects and messaging.

We have also provided support to communities in adopting appropriate preventive practices, hygiene behaviours and creating linkages to

testing and treatment services for COVID-19.

Since a big spike in cases of domestic violence has been reported in and post the lockdown, CARE India has been raising awareness through women-friendly spaces at our distribution centres. Our social media platforms carried updates on various gender-based violence issues. We also shared helpline numbers to support and help victims of gender-based violence.

As the country learns to live with COVID-19, CARE India is helping vulnerable communities and returning migrants revive livelihoods, bridge the gap in education for children and help strengthen health systems, in partnership with our corporate donors. We would like to thank our supporters Wipro, BNP PARIBAS, The Coca Cola Foundation, Mars, TATA PROJECTS, Amazon, Great Wall, Hindustan Zinc and more than 2800 individual donors who helped us, help others.

Since March 2020, CARE India has provided immediate relief assistance to over 4.3 lakh marginalised people by distributing 79,855 dry ration kits and supported hospitals, frontline workers with 18,992 PPE kits, 2,22,107 masks, 50,706 litres sanitizers and 2,000 litres disinfectant.



**Ms. Kamunuri Jayamma, Cobbler
Mangalagiri Town, Andhra Pradesh**

I am delighted to receive this dry ration kit which consists of adequate quantity and quality of all necessary household provisions.

This will help me sustain for the next 45 days and I am thankful to CARE India and Coca Cola foundation for their humanitarian support. This support has given me a new hope and strength to face tomorrow.





OUR PARTNERS

In the FY 2019-20, CARE India had the opportunity to partner with various corporate and public sector organisations, civil society institutions and other agencies. These partnerships not only provided financial support but also helped us in running our

programmes more effectively and efficiently.

Our corporate partners extended their trust and support by providing longer duration partnership programmes. Our strategic partnerships include a

multifaceted, long-term integrated approach across thematic areas of Health, Education, Livelihood, Humanitarian Response, Women Empowerment and Gender to create sustainable long term impact at scale.

PRIMARY DONORS

Abbott
Alstom Foundation
Amazon Development Center India Pvt Ltd.
Angelcheck
Govt. of Andhra Pradesh
AXA
BMGF
BNP
Cargill Foundation
Climate Fund Manager,
Clean Tech Solar
Cornell University
Discover
European Union
Galeries and Lafayette

GAP Inc.
H&M Foundation
Hazira Port Pvt Ltd.
HCL Foundation
Hindustan Zinc Ltd
InterContinental Hotels Group
International Labour Organization
MacCormick
MathWorks
Oracle -CAF
Patsy Collins Trust Fund Initiative
PI Foundation Trust
Procter and Gamble
Responsible Mica Initiative
SAP Concur

Shapoorji Pallonji & Company Pvt. Ltd.
Shell India Markets Pvt. Ltd.
Shell Energy India Pvt Ltd
Shinwon Corporation
The Asia Group Foundation
The Coca Cola Foundation
The Hans Foundation
Titan Company Ltd
The Power of Nutrition
UNICEF
University of Sheffield
World Bank

GOVERNMENT TIE-UPS & COLLABORATIONS

Andhra Pradesh

Health & Family Welfare
Education Department
Panchayat Raj & Rural Development
Department
Housing Department
Civil Supplies Department
Tribal Welfare Department
Police Department
Municipal Administration & Urban
Development Department

Assam

District Collector, Morigaon

Bihar

Child Health Cell, SHS, Health
Department, GoB
RI Cell, SHS, Health Department, GoB
Department of social welfare (ICDS)
Department of Health and NHM staff
Department of Education
State and District administration
State Health Society: - Nursing cell,

Maternal and Quality cell
Directorate of Health: - Directore-In-
Chief (Nursing)
National Vector Borne Disease Control
Programme
State Health Society, Bihar
State Health Society, Jharkhand
All India Institute of Medical Sciences
Rajendra Memorial Research Institute of
Medical Sciences
District Magistrate, Sitamarhi
Block Development Officer, Charaith
Bihar Education Project Council

Indirect collaborations

Ministry of Women & Child
Development

Chattisgarh

India Meteorological Department
Panchayati Raj Department
Krishi Vigyan Kendra
Line departments (Agriculture,
veterinary, fisheries)

Gujarat

Krishi Vigyan Kendra
Gujarat Livelihood Promotion Company
Agriculture Technonology Managment
Agency
District Rural Development Agency
Bharuch District Co-operative milk
producers' Union Ltd.
Aanand Agriculture University
District Agriculture department
Sub Divisional Magistrate (for social
security scheme)
Krishi Vigyan Kendra (KVK) Surat
Krishi Vigyan Kendra (KVK) Netran

Kerala

Kerala State Disaster Management
Authority
District Magistrate- Idukki
District emergency Operation Centre,
Idukki

Maharashtra
District Magistarte, Sangli and Kolhapur
Central Institute for Cotton Research,
Nagpur
Dept. of Agriculture
Krishi Vigyan Kendra, Jalgaon Jambod,
Buldhana
Dr. Punjarao Deshmukh Krishi Vidyapeeth,
Akola (Agricultural university)
NABARD

Odisha
Planning & Convergence Department
Department of Agriculture & Farmers
Empowerment, Department of Fisheries
and Animal resources development
SC & ST Development,
Minorities Department
Women and Child Development
department and Mission Shakti

Odisha , Chattisgarh
Forest department, Odisha and
Chhattisgarh
National Skill Development Corporation
IIT Delhi
Women & Child Development (ICD
Schemes), Govt. of Odisha & Chhattisgarh
Chhattisgarh Renewable Energy
Development Agency
Odisha Renewable Energy Development
Agency
Odisha Livelihood Mission
Block Development Officer, Baliana and
Balipatna blocks
District Magistrate, Khordha
Superintendent of Police, Khordha
Rajasthan
ICDS

Tamil Nadu
Revenue Department

ICDS department
Education Department
Health Department
Block Development Office
Block Resource Centre
District Social Welfare Department
District Employment and Training
Institute
Panchayati Raj Institutions

TRANSCHEM AGRITCH LIMITED
UNNATI - Organisation for Development
Education

University of California, San Francisco
Uttar Pradesh Technical Support Unit
VIKAS Centre for Development

Water Aid
Water.Org

SUB GRANTEES

Rural Education and Action for Liberation
VAAGDHARA
Raigarh Amnikapur Health Association
Mahatma Phule Samaj Seva Mandal

Evangelical Social Action Forum
Shreyas
Sarvodaya Ashram
Morigaon Mahila Mehfil

Mahashakti Foundation
Shrushti Seva Samiti

CIVIL SOCIETY PARTNERS

Access Development Services
BAIF Institute for Sustainable Livelihoods
and Development
Baya Research LLP
BBC Media Action
Better Cotton Initiative
Bhartiya Jan Utthan Parishad
Center on Gender Equity and Health
Centre for Catalyzing Change
Centre for Integrated Development
Christian Medical Association of India
CLEAN
Clinton Health Access Initiative, Inc
Corstone India Foundation
District level NGO forum, Jashpur
Ekta Foundation for Ecological Security
Gender at Work
Gram Vikash Trust

Hasiru Dala
HELIOUS Consultancy
International Center for Research on
Women
Institute Of Economic Growth
International Initiative for Impact
Evaluation
Institute For Sustainable Communities
Jaihind SHG Federation
Janshakti Parishad
Kavibharathi Federation
Krishi Vigyan Kendra, Kalahandi
LabourNet
Liverpool School of Tropical Medicine
Mahatma Phule Samaj Seva Mandal
Nexleaf
Oxfam
Pani Foundation

PATH
Population Council
PRADAN
Pronto International
RAHA
Raigarh Ambikapur Health Association
S G Foundation Saath Facilitators Pvt Ltd
SAFEX BIO ORGANICS
Sardar Patel Renewable Energy Research
Institute
SARG
Save the Children
Social alpha
Supa Biotech Pvt. Ltd.
Technology Informatics Design Endeavor
The bioRe Foundation
The Goat Trust
The Nudge Foundation

WHAT OUR PARTNERS SAY

“

During 2018-19, the floods severely
damaged our village and fields. CARE
India and SHELL came to our rescue
and helped us restore our livelihoods.

Thanks to their support, we have
started paddy cultivation in 45 acres of
land. The intervention of CARE India

“

CARE INDIA is an organization that has
always respected and accorded a place
of pride to children and women.

We at Responsible Mica Initiative
believe that the empowerment of
women and children is critical to the
socio-economic development of mica-
communities, as well as the

brought attention of media,
government, semi government and
other external organisations including
UNDP to our village.

We also got continuous support from
various local agencies for farming and
marketing of paddy and spices.

responsible and sustainable
development of the mica supply chain
of Jharkhand and Bihar.

Collaborating with CARE INDIA was,
therefore, inevitable. We are now proud
to say that with the technical support
of CARE INDIA, we've been able to
improve access to quality education for

I, on behalf of our community, hereby
convey our sincere thanks to CARE
India and other local organisations for
extending their support.

John Byno
Secretary Korangaty Farmers Society
Korangatty Adimaly

children in this mica belt so that they
can themselves become strong agents
of change for their improved future.

by Fanny Fremont,
Executive Director,
Responsible Mica Initiative

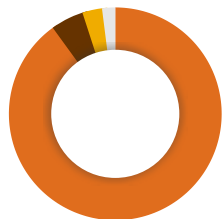


MONEY MATTERS

CARE India is thankful for the support provided by all our donors. Their financial generosity has been critical in helping us to further our work and mission.

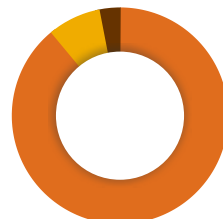
As an organisation, we are committed to spending all grants and donations in the most efficient way and to help those in greatest need by setting up effective programmes.

Additionally, our management maintains highest standards of accountability through internal and external audits as well as regular peer reviews.



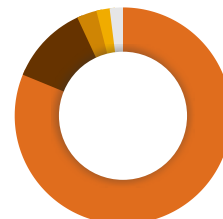
Source of Funds

- Institutional Grant (90%)
- Corporate Grant (5%)
- Individual Donation (3%)
- Other Income (2%)



Distribution of expenses

- Project Expenses (89%)
- Administration Expenses (8%)
- Fundraising Expenses (3%)



Sector-wise allocation

- Health (82%)
- Livelihood (12%)
- Emergency (3%)
- Education (2%)
- Other (1%)

Care India Solutions For Sustainable Development
Balance sheet as at 31st March 2020
(All amounts are in Indian Rupees unless otherwise stated)

	Note	As at 31 March 2020	As at 31 March 2019
EQUITY AND LIABILITIES			
Shareholder's funds			
Share capital	3	200	200
Reserves and surplus	4	361,455,919	286,297,561
		<u>361,456,119</u>	<u>286,297,761</u>
Non current liabilities			
Long-term provisions	5	63,739,763	62,411,190
Other long term liabilities	6	1,211,088	1,913,013
		<u>64,950,851</u>	<u>64,324,203</u>
Current liabilities			
Trade payables	7		
- Total outstanding dues of micro and small enterprises		7,737,591	-
- Total outstanding dues of creditors other than micro and small enterprises		71,947,832	103,162,487
Other current liabilities	8	528,193,757	340,080,577
Short-term provisions	9	26,554,933	16,549,499
		<u>634,434,113</u>	<u>459,792,563</u>
		<u>1,060,841,083</u>	<u>810,414,527</u>
ASSETS			
Non-current assets			
Fixed assets			
Property, plant and equipment	10	43,759,050	28,772,806
Intangible fixed assets	10	5,609,771	7,454,439
		<u>49,368,821</u>	<u>36,227,245</u>
Long-term loans and advances	11	8,029,095	8,861,145
		<u>57,397,916</u>	<u>45,088,390</u>
Current assets			
Cash and cash equivalents	12	943,922,605	610,328,023
Short-term loans and advances	13	56,446,604	152,126,598
Other current assets	14	3,073,958	2,871,516
		<u>1,003,443,167</u>	<u>765,326,137</u>
		<u>1,060,841,083</u>	<u>810,414,527</u>

Background and Summary of 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. 116231 W/W-100024

Sandeep Batra
Partner
Membership No: 093320

Place: Noida
Date: 26 Sep 2020

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

Namrata Kaul
Director
DIN: 00994532

Place: Noida
Date: 26 Sep 2020

Mathew Cherian
Director
DIN: 02467609

Place: Noida
Date: 26 Sep 2020

Mangal Gopalakrishna
Chief Executive Officer

Place: Noida
Date: 26 Sep 2020

Care India Solutions For Sustainable Development
Income and expenditure account for the year ended 31 March 2020
(All amounts are in Indian Rupees unless otherwise stated)


	Note	For the year ended 31 March 2020	For the year ended 31 March 2019
Income			
Grants and donations received	15	1,980,857,713	1,919,122,190
Other Income	16	40,917,804	34,432,721
Total		2,021,775,517	1,953,554,911
Expenses			
Project expenses	17	1,736,359,652	1,689,884,608
Fund raising cost	18	53,070,814	67,154,689
Other administrative expenses	19	167,859,386	156,274,433
Depreciation	10	21,463,441	14,021,109
Total expenditure		1,978,753,293	1,927,334,839
Excess of income over expenses		43,022,224	26,220,072
Appropriations			
Add: Transfer from asset fund account	4c	18,728,212	11,980,602
Amount transferred to general fund	4a	61,750,436	38,200,674
Earning per equity share:			
Basic		3,087,522	1,910,034

Background and Summary of significant accounting policies 1-2

The accompanying notes form an integral part of the financial statements.

As per our report of even date attached

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DIN: 02467609

Place: Noida
Date: 26 Sep 2020



Manoj Gopalakrishna
Chief Executive Officer

Place: Noida
Date: 26 Sep 2020


Care India Solutions For Sustainable Development
Cash Flow Statement for the year ended 31 March 2020
(All amounts are in Indian Rupees unless otherwise stated)

	For the year ended 31 March 2020	For the year ended 31 March 2019
A. Cash flow from operating activities		
Excess of Income over expenses (after transfer from Asset fund account)	61,750,436	38,200,674
Adjustment for:		
Fixed assets purchased charged off in project expenses	32,269,161	13,040,496
Fixed assets sold considered as income	(391,031)	(17,960,026)
Amount written off	373,546	8,217,987
Depreciation on Owned Assets	2,735,229	2,040,507
Interest on fixed deposit	(28,996,679)	(10,656,714)
Provision for gratuity	6,935,637	19,574,355
Working capital adjustments:		
Decrease / (Increase) in loans and advances	97,084,928	(12,324,494)
(Increase) in other current assets	(202,442)	(207,772)
(Decrease) / Increase in trade payables	(23,477,064)	47,010,510
Increase / (Decrease) in provisions for employees benefits	4,398,370	(7,119,787)
Increase / (Decrease) in other liabilities	187,411,255	(110,971,500)
Net cash from operating activities	339,891,346	(31,155,764)
Income tax paid (including tax deducted at source)	(946,430)	681,674
Net cash generated / (used) from operations	338,944,916	(30,474,090)
B. Cash flow from investing activities		
Interest on fixed deposit	28,996,679	10,656,714
Purchase of fixed assets	(34,738,044)	(22,718,937)
Fixed Deposit made during the year	1,136,100,267	180,000,000
Fixed Deposit matured during the Year	(1,136,100,267)	(180,000,000)
Sale of fixed assets	391,031	17,960,026
Net cash (used) / generated for investing activities	(5,350,334)	5,897,803
C. Cash flow from financing activities		
Net increase / (decrease) in cash and cash equivalents (A+B+C)	333,594,582	(24,576,287)
Cash and cash equivalents at the beginning of the year	610,328,823	634,904,310
Cash and cash equivalents at the end of the year	943,922,605	610,328,023
Components of cash and cash equivalents:		
Cash on hand	200	200
Balances with scheduled banks	943,922,405	610,327,823
	943,922,605	610,328,023

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

As per our report of even date attached


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



Sandeep Batra
Partner
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Mathew Cherian
Director
DIN: 02467609

Place: Noida
Date: 26 Sep 2020



Manoj Gopalakrishna
Chief Executive Officer

Place: Noida
Date: 26 Sep 2020



Investing in
PEOPLE

Our HR team helps to continuously infuse the culture and core values of the organisation into the employees. We also thrive to maintain diversity within the organisation by encouraging people of varied backgrounds to work with us.

Additionally, we maintain a strict zero-tolerant policy towards any kind of sexual harassment at the workplace and ensure a safe work environment, free from sexual and any other forms of harassment so that each employee can work to their best potential in an energizing, collaborative and sensitive environment.

Partnering for Progress

CARE India tied up with Right Management (Training wing of ManpowerGroup® (NYSE: MAN) for facilitating Project Management Excellence leadership workshop.

We also partnered with Notforprofitready.org (an initiative by Cornerstone Foundation) for free online training and certification courses which helped in engaging staff through these courses this year during the COVID times when staff is working from home.

CARE India connected with with Authbridge and on-boarded them. Authbridge is an external background verification agency which does background verification for all the top MNCs. We partnered with them for the employment verification of candidates at the pre-offer roll out stage of hiring.

Additionally, we also tied up with i-Train Consultants for free online training and certification courses. Moreover, an eye health check-up camp was facilitated in alliance with Lenskart and Medlife International at CARE India headquarters.

Bihar Technical Support Programme (BTSP) Team

Over the last financial year, CARE India's programme interventions have grown ever stronger with an empowered team of more than 2,000 professionals working tirelessly in the states of Bihar and Jharkhand providing exceptional support to the government and local communities in order to achieve their health and welfare goals. To support the state team, we have entrusted a

team of seasoned human resource professionals for providing operational, strategic, administrative and life cycle management services. Over the last few years, the focus has been on providing a holistic Human Resource Service delivery framework to compliment the efforts of our foot soldiers working in the district and blocks. This has been achieved by ensuring the staffing, rewards and recognition as well as the health and hygiene needs of staffers were promptly addressed.

The corner stone of this endeavour is 'Roobaroo' - an interactive programme that acts as a bridge and an ice breaker. The initiative has been successful in providing a comfortable environment which blurs the hierarchical boundaries. The discussions are centered around program updates, expectations from each incumbent, milestones achieved, focus pointers and identification of additional interventions areas.





Awards & Recognition

CARE India's CFO, Rohit Nayyar, did the organisation proud by grabbing the “National Strategic CFO” award and “CFO 2020 Roll of Honour” that were conferred by CFO Story Forum and CFO India respectively.

Additionally, Nayyar has been actively engaged in representing CARE India's work and values across various platforms. Recently, he was also invited as an expert panellist in the TV show

around “Poverty and Inequalities”, in which he threw light on the rich history and role of CARE India in poverty alleviation across the country.

Transparency disclosure about the Board

- CARE India board members are not related by blood or marriage
- The term of each member is three years at one time subject to a maximum period of nine years
- In the Financial Year 2019-20, CARE India held three board meetings on 31.08.2019, 30.11.2019 and 21.03.2020
- CARE India's Annual General Body Meeting was held on 26.09.2020
- No remuneration, sitting fees or any other form of compensation is paid to any board member



CARE India Solutions for Sustainable Development

A-12, 3rd & 4th Floor, Tower II, Bhilwara Towers, Sector 1

Gautam Buddh Nagar, Noida, Uttar Pradesh - 201301

Phone: 0120-4048250

Email: contactus@careindia.org

Website: www.careindia.org

Read more on:  www.careindia.org/blog

Watch us on:  <http://www.youtube.com/user/fromCAREIndia>

Follow us on:

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