care®

INNOVATING TO EMPOWER
ANNUAL REPORT 2018-19

IN**∞**OVATING ᴛᴏ EMPOWER

Among many things, social innovations bring about impro-vements in service delivery, community participation and mobilization, training curricula, educational approaches, capacity-building mechanisms, financing approaches, orga-nizational restructuring, and even new services to unserved or under-served populations.

In India, for more than 68 years, CARE India has been empowering women and girls from the most marginalized communities to alleviate poverty and social injustice and improve their lives and livelihoods.

In the last financial year, CARE worked in 17 states across India touching the lives of more than 37 million citizens through programmes in health, education, livelihood and disaster preparedness and response. This would not have been possible without a liberal sprinkling of innovation and differential thinking within our programmes, which directly impacted lives-building resilience, transforming gender roles and ensuring inclusive governance.

From early grade reading to STEM education, saving newborn lives to ensuring maternal health, from providing relief during disasters to rehabilitation, inspiring women to improve water and sanitation practices and much more, CARE has created its niche in the hearts and minds of rural women and girls.

This Annual Report provides a glimpse of some of our key achievements in FY 19.

CARE India

CARE is a not-for-profit organization working in India for over 68 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 marginalized communities leading to improvement in their lives and livelihoods.

During FY 2018-19, CARE India directly reached out to 37.2 million people through 43 projects across 17 states, covering more than 80+ districts. We are part of the CARE International Confederation, working in 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 empowerment of women and girls from poor and marginalized communities.

OUR GOAL
Women and girls from the most marginalized 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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CEO speak

I wish to take this opportunity to present to you CARE India's Annual Report 2018 -19.

CARE's commitment to reducing poverty and empowering women and girls from marginalized communities motivates us for developing innovative solutions and working towards their impact at scale. Keeping this commitment at the core of our work, we embarked on a transformational path delivering breakthrough innovations, operating efficiency, and cross-sector collaborations in the last year. By working in close partnership with governments, development partners, civil society organizations and communities, we drove impact focussed innovations and enabled their scaling up.

In 2018-19, CARE India directly reached more than 37 million people in 17 states through its interventions and innovations in health, education, livelihoods, and disaster preparedness and response.

CARE has completed ten years of its work in the health sector of Bihar in partnership with Bill and Melinda Gates Foundation and Government of Bihar. Over this period, CARE had the privilege of supporting the Bihar Government in making significant progress in maternal and newborn care delivery. Under the Bihar Technical Support Program (BTSP), we are proud to be a part of the Nurse Mentoring Programme through which CARE has rapidly and effectively strengthened the skills of nurses and ANMs. We also developed a Weak Newborn Tracking system which helps the ANMs in measuring accurately the weight of

newborns immediately after birth.

To encourage women as leaders for household and community nutrition security, we developed Nutrition-Gender Tool Kit (NGTK) to ensure a gender transformative change with women at the center, sustain nutrition outcomes with gender equity and equality-based decision making. CARE India also focussed on spreading climate literacy through modules developed on knowledge about climate change and how to face associated challenges.

We are also working on promoting scientific temper in children to solve real-life problems through our STEM programming. We are creating supplementary early grade reading materials in indigenous tribal languages to build a strong sense of identity and comfort in *Dalit* and *Adivasi* children as they read in one's mother tongue.

CARE India responded to the heavy flooding and the destruction caused by landslides in Kerala. Special needs of women and girls were identified and fulfilled, WASH awareness was spread among the survivors, community centres and individual shelters were repaired among other interventions.

All this could not have been possible without the continued support provided by our donors and partners. I would especially like to thank our Board Members for their contribution and guidance to CARE India.

Manoj Gopalakrishna
CEO
CARE India

From our chair

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

We grew our geographic footprint in the financial year 2019 and touched the lives of more than 37 million beneficiaries through our work.

We have helped strengthen the planning and implementation efforts in 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 marginalized communities. On the ground, utilizing mechanisms like Self-Help Groups and community discussions to achieve social inclusion and gender equity yielded measurable impact.

To be able to bring about the desired change in the communities we serve, CARE India has developed an open and transparent organizational culture, based on core values of respect, integrity,

commitment, and excellence. Significant investments have been made in tapping and managing talent, which ensure efficiency and accountability in the work we do.

We also thank our individual, corporate and institutional partners, who have unflinchingly supported our work throughout the year, which has brought us closer to achieving our goal of working with 50 million people by 2020.

Our partnership with BMGF and the Government of Bihar to improve health systems in the state has further strengthened to provide access to quality health and nutrition services for some of the poorest communities.

And finally, I would like to thank all members of the CARE family, and all our partners, donors, peer organizations, and other stakeholders who continue to support and believe in our work.
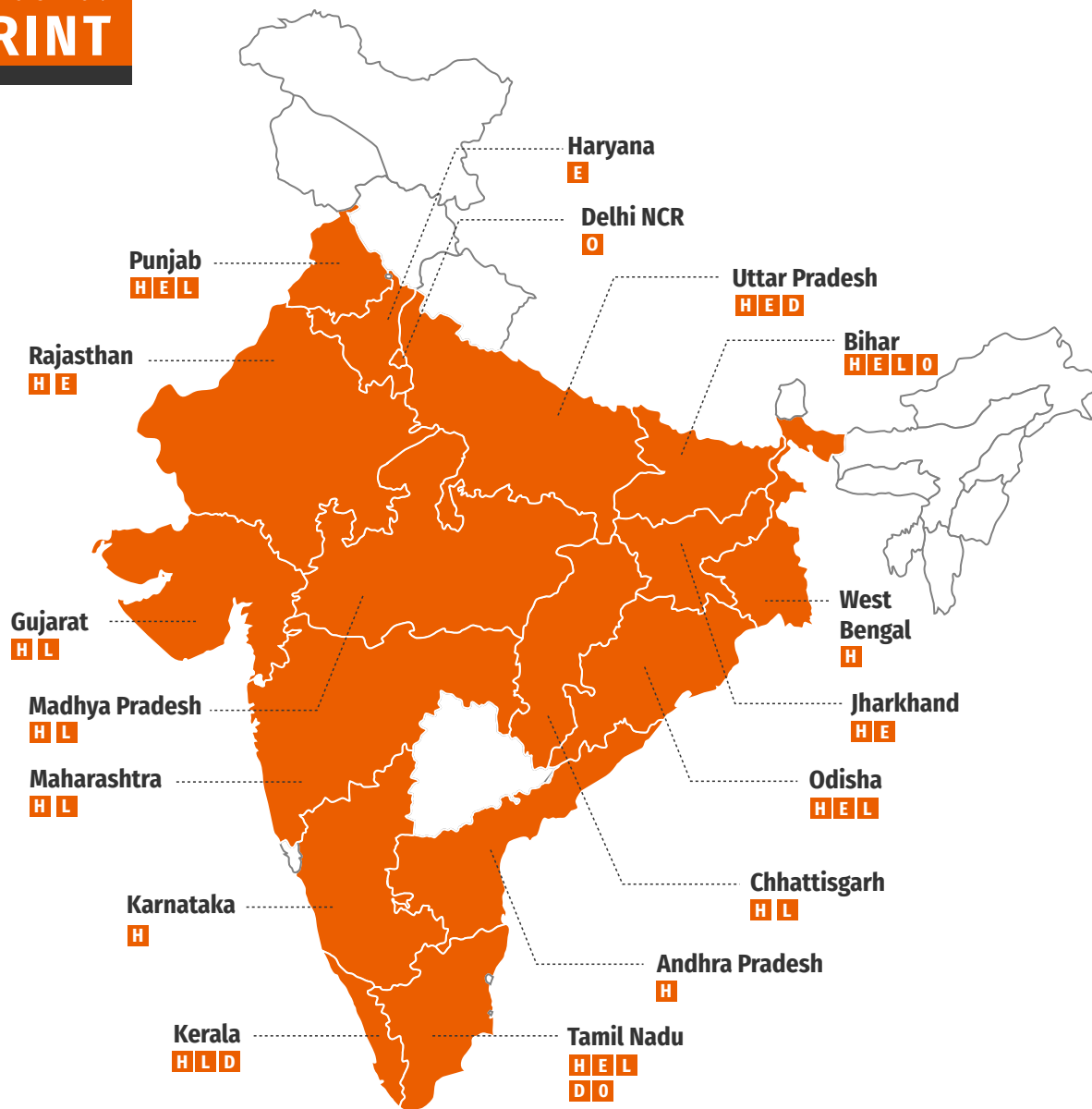
Neera Saggi
Board Chair
CARE India

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Kerala
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Tamil Nadu
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H HEALTH   **E** EDUCATION   **L** LIVELIHOOD   **D** DISASTER MANAGEMENT   **O** OTHERS

REACH

HEALTH
Direct
3,68,51,609

Indirect
4,14,59,011

MULTI SECTORAL
Direct
95,751

Indirect
1,19,206

EDUCATION
Direct
1,84,325

Indirect
14,87,103

OTHERS
Direct
2,735

Indirect
6,897

LIVELIHOOD
Direct
91,109

Indirect
2,70,707

DISASTER MANAGEMENT
Direct
1,09,512

Indirect
32,014

3,73,35,041 Direct Beneficiaries

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.

4,33,74,938 Indirect Beneficiaries

Indirect participants 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 interventions.

38,02,18,913 Scale-up Beneficiaries

Scale-up 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 system level interventions.

32,39,002
Women received delivery assistance from skilled birth attendants through our health programme in Bihar

37 million
People were directly reached across 14 states through 43 projects to alleviate poverty and social injustice

2.7 million
Pregnant women were reached through 4,200 doctors and 2,500 grade-A nurses for health services in Bihar

3,087
Girls were trained to develop projects using Maths, Science and Engineering concepts in Uttar Pradesh

4,566
Women were supported to practice climate resilient agriculture across Chhattisgarh and Maharashtra

72%
Increase in the number of one-year-olds who have completed their immunisation schedules in Bihar

3,31,27,859
Women and girls directly reached through health initiatives across seven states

1,84,325
Children were benefitted across seven states in over 7,600 government schools including 5100+ Special Training Centres

3,923
Households in Odisha and Chhattisgarh shifted to modern cook stoves from traditional chulhas for better health and economic outcomes

1,09,282
Individuals supported with immediate relief and recovery intervention in flood affected households in Kerala and Tamil Nadu

60%
Reduction in post-partum hemorrhage, better management of birth asphyxia and sustained improvement in facility based care in Bihar

98%
of women in rural Bihar received at least one antenatal check up in 2019

21,081
Pre-primary children enrolled in Anganwadi Centres were taught proper hand washing methods in Bhilwara and Chittorgarh districts of Rajasthan

53,343
Community members, including 47,693 women, were trained to improve WASH behaviour and practices

17,808
People were benefitted from livelihood, WASH and shelter interventions in flood affected Kerala

Access to better
HEALTHCARE

As the second-most populous country in the world, the healthcare structure in India is overburdened by its increasing population. The health of a woman is closely linked to her education and socio-economic status.

Despite maternal mortality rates showing a decline in India, thousands of women continue to die every year due to lack of access to basic healthcare facilities and where they are available they are of poor quality aggravating the situation.

India also has the highest under-five mortality rate with over two million children dying before their fifth birthday. About 90% of these deaths are preventable. One-third of all malnourished children live in India and 46% of children, especially those under three years, are underweight.

CARE India's interventions in the health sector, work to improve access to quality health services for the poor and marginalized communities. By identifying the root causes of healthcare challenges, CARE India works at the individual, community and systemic levels to develop innovative solutions and help implement quality healthcare services.

The work with community groups and collaborative work with government and civil society organizations 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.

Despite maternal mortality rates showing a decline in India, thousands of women continue to die every year due to lack of access to basic healthcare facilities

Maternal Health

A great degree of variation is observed in maternal health indicators in India among different states. Uttar Pradesh and Bihar are the least performing states in the health front, according to a NITI Aayog report. To improve the scenario, CARE India has partnered with the Government of Bihar's healthcare and Anganwadi programmes to improve the coverage of a range of interventions in maternal health. This has been done by using creative yet replicable ways of improving frontline worker performance, sharply defined intervention priorities, better tools and job aids, skill-building and improving last-mile supervision.

Newborn Survival

About 7.5 lakh newborn babies die every year in India, the highest for any country in the world. To address a problem of such a large scale, CARE India has designed a holistic approach covering enhancements in technical know-how regarding neonatal care, along with community sensitization drives to strengthen the effectiveness of the government's ICDS and health sector programmes. Some of the key priorities emphasized through our programme plan include using innovative and replicable ways of improving frontline worker performance, encouraging the use of better tools and job aids, capacity and skill-building, and improving last-mile supervision.

Family Planning

There is an unmet need among married women in Bihar, between the ages of 15 to 24 years, for family planning, especially for spacing births. Our approach in Family Planning initiatives is to ensure that all persons in the reproductive age group have access to a basket of choices regarding spacing and conception to choose from. We have designed a pilot to increase awareness, knowledge, and communication among couples about sexual and reproductive health (SRH) and family planning. Improvements in the quality of interactions between the project participants and the frontline worker is an integral component of the project.

Treating Kala Azar

Kala Azar (*Visceral Leishmaniasis* or VL) is a neglected tropical disease that is almost always fatal if left untreated. CARE India is providing strategic leadership and implementing the scale-up of VL control activities across multiple states, backed by a highly-skilled programme support team at the state and divisional levels with experience in finance, human resources, and administration management. By establishing mechanisms for governmental institutions to engage deeply in this effort, we are trying to build lasting systems and a post-elimination roadmap. We aim to come up with sustainable solutions to eliminate Kala Azar by capacitating the government to undertake key interventions.

ACHIEVEMENTS

56%

Increase in the initiation of complementary feeding (6-8 months) compared to 2014

24%

Increase in the minimum diet diversity for pregnant women as compared to 2014

80%

Increase in exclusive breastfeeding among 0-2 month old babies, as compared to the start of the intervention in 2014

13%

Increase in the percentage of facility delivered women using public ambulance service as compared to 2014

"Under the Khushi Project, Positive Deviance (PD) Hearth Sessions were introduced in the Napaniya Panchayat of Bhadesar block in Chittorgarh to reduce malnourishment at the village level. Ms. Chandani, Cluster Coordinator (CC), along with her colleague Ms. Antima, discussed these sessions in detail with the concerned Anganwadi worker (AWW) and convinced her to help in conducting these sessions where community members could cook different recipes from the THR (Take Home Ration).

These sessions are conducted in the village at a fixed location for 14 consecutive days. The participants bring along nutritious ingredients and prepare a healthy and wholesome recipe for their children every day. Community members including men, women, children, teachers and Panchayati Raj Institution members take part in these sessions and collectively cook nutritious meals in one place.

The purpose is to eradicate malnourishment from the community and make people aware about the nutritious qualities of the THR. The intention was also to encourage pregnant and lactating women to consume THR which they often ended up feeding to their cattle.

15 women participated enthusiastically and these numbers kept on increasing during the session. By the end of the session, there was a total of 21 beneficiaries present.

It also became an opportunity for the ASHA and AWW to disseminate information regarding services that the villagers could avail of under various government schemes.

They discussed immunization, the importance of THR, different recipes they could make out of THR and key health services available in the village, among other things.

Each child was weighed thrice during the PD Health Session- on the first, seventh and fourteenth day. It was observed that each child gained an average of 250 gms by the end of the seventh day and another 100 gms by the fourteenth day. Two children gained one kg each by the end of the fourteenth day.

The community was supportive and keen on conducting these sessions regularly so they could reduce malnourishment as well as under five mortality in their village.

Management lessons teach us to get things done but doing them effectively with everyone's contribution is a leadership trait and continuous efforts are the key to it. Our CCs have repeatedly shown us their 'never-say-die' attitude. The success of the PD Health sessions is one more feather in the cap."

Fighting Malnutrition One Village at a Time

∞ Facility Level

The Quality Improvement Approach

In 2013, CARE, in partnership with the Government of Bihar, developed a solution to improve the quality of services at public health facilities. The quality improvement (QI) approach was initially launched in eight districts of Bihar and later scaled to all 38 districts within the state. This approach tackles several tangible and intangible elements of high-quality care by upgrading infrastructure and equipment, improving staff morale, sharpening clinical skills, and updating a range of standard operating procedures, systems, and processes.

CARE's QI program helped to create positive changes to public health facilities, which contributed to an increase in attendance in outpatient departments and delivery loads in these facilities. A range of evidence-based clinical practices has also improved. There is increased availability of supplies and equipment in facilities, including functional autoclaves, pregnancy testing kits, and intrauterine contraceptive devices.

Mobile Nurse Mentoring Teams

To improve the skills of these nurses and ANMs, CARE, working closely with the Government of Bihar, is implementing a nurse mentoring program called AMANAT.

Through this innovative training approach, CARE has rapidly and effectively strengthen-ed the skills of nurses and ANMs that provide critical labor and delivery care to millions of mothers and newborns in Bihar. Nurses and ANMs have significantly increased their practice of evidence-based interventions, including improvement in active management of the third stage of labour and delayed clamping of the umbilical cord.

∞ Community Level

The Incremental Learning Approach

CARE partnered with the Government of Bihar to plan and facilitate training sessions for Front Line Workers (FLW) at health subcenters. Throughout India, health sub-centers are a link between the community and the primary healthcare system, providing essential services to about 5000-7000 people. Each sub-center is staffed by approximately 20 Front Line Workers (more or less, depending on the size of the served population), and managed by at least one ANM. CARE decided to leverage these sub-centers as platforms for new purposes: 1) to provide ongoing training and supportive supervision to FLWs, 2) to increase cooperation and coordination between ASHAs and AWWs, and 3) to review and plan the actions of FLWs based on the needs in the community, identified through data collected during home visits.

Recently, household surveys in Bihar have noted advancements in the quality of health service delivery by FLWs in recent years, which may well be attributed to the implementation of the ILA. Pregnant women are receiving significantly more antenatal care visits, and are delivering in health

facilities with skilled birth attendants more often than in the past. Positive newborn care practices have improved, including skin-to-skin contact and early initiation of breastfeeding. Immunization coverage has also increased significantly. Overall, the quality of counseling and coverage of health services have improved.

Team-Based Goals and Incentives

Organizational psychology research suggests that work motivation is dependent on factors that increase job satisfaction, including self-efficacy, personal goals and values, recognition and appreciation, opportunities for training, relationships at work, supportive supervision, and leadership.

Recognizing that FLWs in Bihar lacked many of these motivational determinants, CARE designed and implemented the Team-Based Goals and Incentives (TBGI) innovation to leverage the power of incentives, teamwork, and goal-setting to improve their motivation and job performance.

An evaluation of the TBGI intervention found that it positively impacted motivational determinants including as FLW motivation improved, so did the health of the families they served. Compared to non-intervention areas, recent mothers living in areas served by TBGI sub-centers were more likely to have received home visits by FLWs in their last trimester of pregnancy, 24 hours after delivery, and regularly thereafter during the same month. The quality of the home visits improved more in the intervention group than the control group as well. TBGI participants spent significantly longer in each

home and were more likely to involve a woman's mother-in-law and to use interactive teaching tools than non-participants. Participants also demonstrated improved performance in the areas of teamwork and the provision of equitable services.

Systems Level

Weak Newborn Tracking

The Government of Bihar, in partnership with CARE, is innovating to identify, track and care for very low birth weight newborns. A key part of this innovation is the use of a simple and affordable tool—a digital scale—that is increasing the ANM's accuracy in measuring the weight of newborns immediately after birth.

These accurate weights help ANMs, ASHAs, and AWWs to give low birth weight babies the special care they need during the first critical weeks of their lives.

Prior to this joint government-CARE initiative, ANMs lacked the ability to identify small and weak babies and to manage their care. Now, ANMs are trained in actions that help babies survive: recognition of danger signs, optimal care practices, and correct referral processes.

In addition to immediate postpartum coaching of the mother and family, the ANM coordinates with all FLWs in the family's community to ensure they schedule follow-up visits and receive counsel on these life-saving topics.

India's education system is grappling with a range of quality and equity challenges, especially for India's poor. The 2011 census data revealed that about 38 million children (in 6 to 13 years' age group) were out of school. More than 60 percent of children in the age group of 3 to 6 years lack access to pre-school education. Children from marginalized and other backward communities are most likely to be excluded from the education system.

The risk of adolescent girls dropping out of education is heightened by the gaps in government school infrastructure, especially when they are entering puberty. Teaching-learning materials and textbooks for students, especially in vernacular languages and the mother tongue, are inadequate.

Across the board, girls are particularly at risk.

CARE India has over 20 years of experience in educating marginalized children, especially girls from *Dalit* and *Adivasi* communities. We have produced scalable and sustainable models that have proven methodologies and impact. Some of our models include Early Childhood Education and Development; Improving Learning and Quality of Government Schools; Bridging Out of School Children into School; Girls' Leadership and Safe and Secure Education; and STEM Education for Girls.

With each of these programmes, CARE India is committed to enabling effective implementation of education provisions and policies for rights, entitlements and empowerment of girls from the most marginalized sections of the society in safe and secure, inclusive and gender-responsive environments.

CARE India has produced scalable and sustainable models of education that have proven methodologies and impacts

Early Education for Strengthening the Foundation

The first eight years of a child's life are globally acknowledged to be the most critical years with the pace of development being extremely rapid. CARE India works to prepare pre-school children aged 3 to 6 years for primary grade education by promoting cognitive and motor skills, early literacy skills and positive behaviours on nutrition and hygiene practices in parents and caregivers. We work with children in early grades to improve their language and numeracy skills.

We also worked towards system strengthening by building capacities of government functionaries and caregivers and sensitising communities about their role in addressing the needs of a child.

Multi-sectoral Life Cycle Intervention

CARE India has initiated an all-inclusive intervention for young and adolescent girls and women across age groups from birth to 30 years. We are working on their education, employability and livelihoods enhancement as a result of which we can touch a wide range of issues specific for the marginalized in the district; including pre-school education, early nutrition, primary education, adolescent life skills, leadership and career planning.

The project interventions aim at ensuring regular preschool education in Anganwadi centres, training of primary school teachers, developing teaching aids to help teachers in improving children's reading competency in Tamil language.

STEM Education for Girls

For generations, girls have been discouraged from pursuing studies in Science, Technology, Engineering and Mathematics (STEM), which help them to develop a logical and analytical bent of mind.

CARE India is enabling teachers with adequate support in the form of Teachers' Resource Laboratories (TRLs) and allied infrastructure, experiment table, books, Science and Maths kits and other aids. We provide support to teachers in enhancing classroom interactions and the application of learnings on the TRL platform.

Mainstreaming Out of School Children

We work with state-level technical cells created under Sarva Shiksha Abhiyan providing technical inputs to ensure participation of out of school children especially adolescent girls, in age-appropriate grades in formal schools and empower them by building their capacities, self-esteem, and leadership skills.

ACHIEVEMENTS

1,36,000

children (52% girls from the marginalized communities) and 9,00,000 children (54% girls) were directly and indirectly reached

23,000+

government school teachers and functionaries and 180 community based mentors reached through various interventions

7,500

children reached in the last three years for imparting STEM education

50%

Grade IV students became competent in reading with comprehension in Odisha in 2018 as compared to 27% in 2015

"

Born to Laxmi Devi and Radheyshyam as the fifth child among six siblings, Manju became an orphan at an early age.

She currently lives in a village near Soharwa cluster with her elder brother's wife and an unmarried elder sister who are homemakers.

All of them have primary schooling, except the elder sister who has studied up to upper primary.

Manju's initial response to the world of science introduced by Teachers' Resource Laboratory (TRL) programme in her Upper Primary School was of curiosity.

Going forward, she struck a personal connection with the TRL Coordinator, Anjali Tiwari. Almost routinely she would visit her after school hours with a bundle of questions.

She became the TRL-incumbent in the mentoring program when she reached Class 7. Her mentor recalls her as one who would jot down all her doubts and queries emanating from classroom interactions and raise them systematically at the appropriate time and write down the response of the mentor or teacher for further reflection.

Gradually during her mentoring she turned into a confident person showing early signs of leadership capabilities. This decisively helped her to take up the task of studying persistent crop diseases, particularly in the winter crops of mustard and potato and their prevalent remedies.

Today, Manju has finished her group-research on carbon footprint, which was a study of total emissions of greenhouse gases, including carbon dioxide, as the result of a diverse range of farming, construction, production and other activities.

The research was submitted to INSPIRE, National Children Science Congress and Rashtriya Avishkaar Abhiyan Awards. Her group also participated in the STEM Mela with its model of a magnetic crane.

She is also studying the phenomenon of protection of humans from different diseases with the help of cells for the Raman Young Scientist Award.

Her scientific spirit represented by her desire for inquiry and application of scientific principles, has become a way of life for her, a process of thinking and acting with peers with a deep sense of humanism.

"

Scientific Temper with a Sense of Humanism

INNOVATIONS

∞ Scientific Temper in Children to Solve Real Life Problems through STEM Programming

CARE India through its STEM programming is focussed on building scientific inquiry in children by helping them explore issues in their communities. The programme supports setting up of STEM labs in villages where children are mentored to use different scientific tools for exploration. Children conduct small researches, where they explore questions from their immediate context, adopt scientific inquiry methods in devising answers and validate answers by trying them. The focus is to facilitate learning opportunities where children start being observant of their immediate environment, investigate, explore and seek answers. Children tinker with locally available things and materials available in the lab to create working models like dustbins fitted with touch sensors, street lights which regulate themselves using light sensors and Arduino fitted moving toys.

∞ Supplementary Early Grader Reading Materials in Indigenous Tribal Languages

All children need books and reading materials in their mother tongue to learn and enjoy reading. Children from marginalized communities often do not have access to any reading materials in their language, in fact, there is an absolute absence of materials that depict their life, their people and

culture. The intent was to develop reading resources that enhance language development in marginalized children by building a strong sense of identity and comfort to read in one's mother tongue.

CARE India engaged with the local community to create such supplementary reading materials in underserved languages for early graders in two states. The uniqueness of these reading materials was that it had integrated gender equality at both content and illustration level to address the inequitable representation of women and girls in written literature for children thereby promoting equitable practices. Secondly, it is based on rich oral repositories existing within the local community, through active involvement from local community members and teachers. The availability of such materials to children ensured an equitable opportunity to the most marginalized children. The innovation was tried in two states, Uttar Pradesh and Odisha, and was successful in generating more than 50 reading storybooks in multiple Indian languages - Awadhi, Bhojpuri, Koi, Mundari and Ho - that catered to the needs of children in primary grades.

∞ Tool to Track the Development of Young Children

In early years of life, birth to 6 years, there is a lot of focus on tracking growth of the child, but not as much attention has been paid to measure development milestones. This results in children in Aaganwadi Centres not receiving specific stimulation and learning opportunities. To address this gap, CARE

India devised a simple development milestone tracker that captures all-round development (cognitive, language, social-emotional, creative and physical) of the child. The tracker can be used by the caregiver with ease and allows identifying any early development delay amongst children. The tracking tool is age and development specific and was validated in Chhattisgarh. In 2015, Ministry of Women and Child Development accepted the tool which is now used in different forms within AWCs by all states.

∞ Organic Linkage between Community and School using Multi-Pronged Approach

In the intervention districts, one of the key issues is lack of parental engagement in school processes, especially fathers. Fathers remain busy in livelihood activities and migrate as well, while mothers are not allowed to go to schools as women's presence in public places is not appreciated by some religious leaders. Given the situation, engagement and dialogue with religious leaders and fathers of girls on value of parental engagement in school was considered vital. Through a multi- pronged approach which consisted of focussed meetings with mothers and fathers in the community, community seminars in schools and regularizing Parent Teacher Meetings to discuss the achievements and challenges of girls.

This resulted in strong convergence of parents, religious leaders, School Management Committees and community at large to comprehensively address issues of girls which improved their attendance in schools.

∞ District Resource Group (DRG) on Gender, Equity and Safety and Security to Support Teachers

To ensure sustained support to teachers on the issues of leadership beyond project life, a district resource group was created who were capacitated on approaches of gender, equity along with building their comprehensive understanding of the safety and security of children, especially girls. The role and responsivity of DRG were charted out where they played a critical role in the training of nodal teachers of the schools in revitalizing school-based leadership platforms to promote girls' leadership.

Eventually, nodal teachers reactivated these forums developed by CARE India that helped girls to reflect on self, family and community and understand and challenge harmful gender norms. Post this action, girls have taken a substantial number of civic actions to ensure their education is in a safe and secure environment.

CARE's livelihood sector programmes centre around women small holders, micro and small women entrepreneurs, employees and workers belonging to poor and marginalized communities. Our various initiatives to empower them with knowledge and enhanced access to inputs, services, technologies, and opportunities. We facilitate the building of an enabling and gender-transformative environment for conducting economic activities by engaging men and other influential actors, both private and public, who are involved in market value chains.

Helping women from marginalized communities to earn their livelihoods using a variety of agricultural and non-agricultural avenues is one of the core mandates of CARE's livelihood sector programmes.

We focus on improving access and control of women from marginalized communities over productive resources, services, and opportunities; enhancing their food and nutrition security; and improving their abilities in climate change resilience.

CARE India works with women smallholder farmers in Chhattisgarh, Odisha, Tamil Nadu, Madhya Pradesh, Maharashtra, Kerala, Uttar Pradesh, Bihar and Gujarat to support sustainable and climate-resilient agricultural practices, improve nutrition security and build climate change resilience against various kinds of shocks and stresses.

Our work also focuses on building asset base, knowledge, information on institutional entitlements and governance.

We facilitate the building of an enabling and gender-transformative environment for conducting economic activities by engaging men and other influential actors

Improved Cook Stoves

CARE India is supporting a project to promote sustainable adoption of Improved Cooked Stoves (ICS) as a clean cooking energy solution among Forest-Dependent Households (FDH), through a combination of capacity building, collectivization, market development and multi-stakeholder engagement actions.

The project aims to increase the awareness of women on clean energy options for household use, facilitate acquisition of ICS, financial and technical interventions, and influence men and other stakeholders in the ICS ecosystem to be supportive of women's endeavours for clean energy transition. The project works on innovative, women-led extension methodologies and tools, and engagement with women leaders from existing Self Help Groups (SHGs) as Sustainable Household Energy (SHE) Champions for peer influence and education on sustainable consumption and production.

Technical Assistance and Research for Indian Nutrition and Agriculture

Much of India's rural population suffers from malnutrition due to micronutrient deficiencies. The problem of malnutrition is not just about not having enough food, but also having the right types of food and linkages with sanitation, women's status, health and healthcare. Traditionally, Indian agriculture has focussed on increasing production and productivity of staples such as paddy and wheat. Concerted efforts to promote non-staples and protein, vitamin and mineral-rich crops such as pulses, legumes, tubers, vegetables, and animal products are potential solutions for addressing the lack of essential micro-nutrients in daily diet. The objective of project TARINA is to provide technical assistance to make agricultural projects nutrition-sensitive; provide an evidence-driven pathway to policy reforms that promote availability and affordability of a more nutritious food system, and build capacity and leadership to institutionalize nutrition-sensitive agriculture in India.

Adapting to Climate Change

CARE India has been implementing the project Where the Rain Falls (WtRF) across 40 villages in the two blocks namely Pathalgaon and Bagicha of Jashpur district in Chhattisgarh. WtRF is a community-based in situ adaptation project to increase the resilience of Adivasi women to shocks and stresses around water, improve their access, control & management of natural resources owing to climate change in the district.

The project has been significant in improving the lives of thousands of tribal women and their households affected by the change in climate conditions and the resultant impact on their lives, particularly erratic rainfall patterns, frequent drought and their effect on agricultural productivity.

ACHIEVEMENTS

1,89,000 +

Women and 1,19,000 + men reached directly through 14 different livelihood initiatives across nine states

4,000

Milk producers among project beneficiaries are linked up with formal dairy market. 185 milk collection centres are now fully functional

3,500

Farmers were provided agricultural services through Agro Service Centres

1,681

Households have already acquired ICS and 850 households are transitioning from Chulha to ICS

"Folora Tirky, a widow aged 58 years lives in Pandripani village of Kunkuri block in Jashpur district of Chhattisgarh. Folora is an active member of CARE India promoted Sustainable Household Energy School (SHE-School) in her village. SHE schools are a platform at the village level comprising women from around 20 households and nurtured by CARE India's community-level volunteers and staff.

SHE school sessions are regularly attended by Folora and other women from Forest-Dependent Households (FDH) to discuss environmental, economic and health impacts of traditional cookstoves and the lack of access to clean cooking energy for the community.

Folora tested Improved Cook Stove (ICS) and realized how its adoption in a poor household can change the lives of women. She not only adopted ICS but promoted it among women from the community, highlighting the benefits derived by women in terms of cleaner household air, faster cooking time, less fuel wood consumption thereby saving the ecology, expenditure on firewood and

challenges of collecting firewood during monsoon.

Although she didn't have ready cash with her, Folora took a loan from a self-help group to purchase an ICS and since then she has been using it regularly to prepare meals for herself and her family.

Folora happily shares, "Consumption of firewood and emission of smoke has reduced and the stove is portable. Now I can cook in any part of the home. During summers, I no longer have to struggle to cook inside the room with smoke all around and I can manage cooking in ICS with available twigs."

To fulfil her daughter's desire to get an ICS for her family, she purchased one from a local entrepreneur and gifted it to her.

"My joy knows no boundary, getting this new cookstove gifted by my mother has eased my task of cooking meals for my family and significantly reduced my drudgery of fetching fuel wood from the forest", says Tejmati, Folora's daughter.

Smile, till the Last Mile

∞ Nutrition Gender Toolkit

Empowering Women as Leaders for Household and Community Nutrition Security

CARE India has adopted Social Behaviour Change Communication (SBCC) approach that focuses on strengthening nutrition decisions within the household and empowering women's collectives to promote a nutrition-sensitive food system.

The Nutrition-Gender Tool Kit (NGTK) was developed to ensure a gender transformative change with women at the centre of behavior change communication to ensure sustainable nutrition outcomes with gender equity and equality-based decision making and intervention, leading to nutrition-sensitive production and consumption at the household and community level.

∞ Community Nursery Unit

Initiative for Supporting Homestead Kitchen Garden

Homestead Kitchen Garden (HKG) are a potential source of nourishment that ensures a year-round supply of seasonal vegetables and fruits for supplementing the nutrition requirement of small-holder family members. However, lack of availability and accessibility of small quantity of seedling for establishing kitchen gardens was the persistent problem faced by the households, thereby limiting the reach of the HKG intervention.

Acknowledging the challenge faced by the community, the project piloted the approach of SHG managed Community Nursery Unit (CNU) to address the critical issue of timely supply of good quality seedlings at an optimal price as per the requirement and choice.

CNU is a centrally located fenced area with water availability and near to the homestead land where seedlings of select seasonal vegetables and saplings of perennial trees are raised by the SHG following recommended package of practices. The initiative has been promoted through community participation and on a cost-sharing basis with technical support from the project.

∞ Sustainable Household Energy (SHE) Schools

SHE Schools function as learning cohorts of Self Help Groups and as grounds for practice based capacity building of women on clean energy and ICS options. This leads to adoption of clean energy practices thereby improving health outcomes, clean household air and empowered women.

They also provide a space for gender dialogues between women and their spouses from FDHs and other influential community members.

Each SHE School has a membership of around 20-25 women coming from two SHGs in the same village.

Millions of people are affected every year by different disasters, posing a threat to their lives and livelihoods. While the frequency of disasters will increase over the next few years owing to climate change, their impact can be reduced by increasing the resilience of communities to cope with these disasters. It is crucial that planned and systematic initiatives using disaster risk reduction approaches be implemented. Several studies have highlighted that a well-prepared community bounces back to normalcy much faster than a less prepared one, in the aftermath of any disaster.

CARE India has been committed to reducing vulnerabilities of most marginalized communities due to disasters by building their capacities to cope with and recover from disasters. We provide immediate relief assistance and undertake recovery and rehabilitation initiatives to secure the long term development of the affected communities. In doing so, we work closely with communities themselves, local authorities, civil society organizations, and community-based institutions.

CARE India's emergency response and recovery initiatives focus on meeting the immediate long term needs of affected people in the key areas of emergency shelter; Water, Sanitation and Hygiene (WASH); livelihood and food security; and Sexual and Reproductive Health (SRH).

We undertake immediate relief distribution and rehabilitation initiatives to secure the long-term development of the affected communities.

Disaster Response

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 and huge economic losses were incurred by the farmers.

CARE India responded to the destruction and loss caused by the flooding and landslides in the worst affected areas. The relief material included shelter kit, shelter toolkit, delivery kit, WASH kit, dry ration, and nutrition supplements .

Establishing a Community based Early Warning System

To avoid any delay in early warning information reaching the communities in disaster-prone areas, CARE India developed Community based early warning system in 10 villages of Idukki district. This included the formation of task forces at the community level who were provided with necessary tool kits like megaphones, whistles, flags and torches.

Through this system the warning of the impending disaster would now reach every household across villages, thereby allowing people to take timely action to protect their lives and property.

Adaptation to Modern Farming Techniques

Following the floods and landslides in Idukki, Kerala, there was a change in soil conditions which was adversely affecting cropping and agricultural practices in the area. In response, CARE India conducted a training session for farmers on modern practices of farming. This training covered the modern practices of Banana and Spice farming which has the potential to be upscaled within the village and other villages.

Building Community Resilience for Safe Shelter

A lot of houses and shelters were damaged due to the floods in seven villages in Bahraich, Uttar Pradesh where CARE India intervened. The marginalized communities were the worst affected as most of their houses and shelters were made up of mud and rice straw, without any risk reduction features leading to severe impact. CARE India focussed on developing knowledge and capacities of 30 local masons/community members on disaster resilient construction, repairs and maintenance. The sharing of this knowledge and skills helped in the adoption and practices of incorporating Disaster Risk Reduction features in all their constructions, repairs and maintenance. As the masons go out of their district for work, the knowledge and skills will get transferred widely.

ACHIEVEMENTS

1,20,629

Flood survivors received relief assistance in Wayanad and Idukki districts of Kerala

23,675

Banana and Pepper saplings distributed for revival of 241 acres of farmland

17,497

Project participants were provided training, financial support and employment opportunities through livelihood recovery initiatives

6,736

People benefitted through repair of Anganwadi centres and schools

Rebuilding Houses
Rebuilding Lives

"

Kumaran, a bus driver from Munnar was living a content and peaceful life with his family until a natural calamity hit them hard.

On 7th January, while his wife served dinner, they noticed a 10 feet high thick mud sludge rolling down their house and crumbling their living room wall into pieces.

Fortunately, the family members remained safe because they were at the rear end of the house. The children were particularly traumatized by what they saw, so much so that his daughter, Nandana refused to attend school after the incident.

Not only a portion of their house was destroyed, but Kumaran's vehicles were also smashed by the landslide.

As part of CARE India's relief and rehabilitation response to the landslides, Mrs. Lalitha (Kumaran's wife) was identified as one of the beneficiaries for the individual shelter project. Under this project, 50 individual shelters were

identified and validated. Repair of the damaged part of the house was undertaken and completed.

In addition to the repair, we also helped identify a counsellor for Nandana to get over the mental trauma. She is now going to school and is in a healthier mental state.

After a disaster hits, it impacts not only poor families but also adversely affects the well off ones whose lives also take an unexpected turn. External assistance is needed to bring things back on track. Often, schemes announced by the government for disaster relief, do not reach everyone in the affected communities.

An empathetic approach is crucial in identifying beneficiaries and supporting them in a manner that they can rebuild their lives and start a fresh chapter.

"

∞ Reducing disaster risk through establishment of Community Based Early Warning System (CBEWS)

Idukki was one of the worst affected districts in Kerala due to flooding and landslides in July 2018. Tribal and other marginalized households were the worst affected. As the state had not witnessed a major disaster in the recent past, effective early warning mechanisms were not in place, especially at the community level.

Increasing the participation and building the capacity of vulnerable groups

Discussions were undertaken with Hazard Analyst, District Emergency Operation Centre, Idukki and separate meetings were held with affected communities on indigenous knowledge around warning systems.

Strengthening the community based institutions

Task forces were formed at the community level and trained on the need, importance of CBEWS - risk knowledge, monitoring and warning service, dissemination and communication and response capability.

The task force consisted of 7-8 members including ASHAs, community leaders and youth. They were also trained on how to use the equipment to communicate with each other during disasters and how to move to an identified safe location.

Mock drills were organized to test the capacity of community-based early warning systems.

Developing and disseminating knowledge

A flowchart was developed and disseminated in the form of wall paintings in the villages.

CARE India initiated the integration of the established warning systems to deal with other urgencies faced around the year such as destruction of farmlands by wild animals, medical urgencies, thefts and others.

This was specifically executed for usage of warning systems throughout the year to ensure it remains active and is well utilized in case of an impending disaster.

Source of funds

- Institutional Grant (81%)
- Corporate Grant (14%)
- Individual Donation (3%)
- Other Income (2%)

Distribution of expenses

- Project Expenses (88%)
- Fundraising Expenses (3%)
- Administration Expenses (8%)

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.
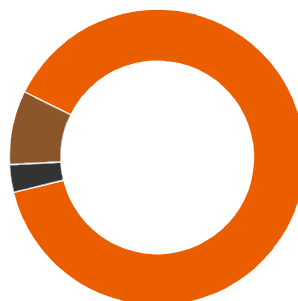
Across India, finance teams worked together to improve processes and practices and enhance efficiency and productivity.

CARE India ensures that the grants and donations received are utilized for marginalized communities across our work encompassing education, livelihoods, health and disaster preparedness and response.

Sector-wise allocation

- Health (82%)
- Livelihood (10%)
- Emergency (4%)
- Education (3%)
- Other (2%)

Care India Solutions For Sustainable Development
Balance Sheet as at 31 March 2019
(All amounts are in Indian Rupees unless otherwise stated)

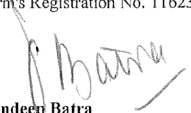|	Note	As at 31 March 2019	As at 31 March 2018
EQUITY AND LIABILITIES			
Shareholder's funds			
Share capital	3	200	200
Reserves and surplus	4	286,297,561	249,949,067
		286,297,761	249,949,267
Non current liabilities			
Long-term provisions	5	62,411,190	45,964,165
Other long term liabilites	6	1,913,013	1,128,138
		64,324,203	47,092,303
Current liabilities			
Trade payables	7		
- Total outstanding dues of micro enterprises and small enterprises		-	-
- Total outstanding dues of creditors other than micro and small enterprises		103,162,487	56,151,977
Other current liabilities	8	340,080,577	451,836,952
Short-term provisions	9	16,549,499	20,541,955
		459,792,563	528,530,884
		810,414,527	825,572,454
ASSETS			
Non-current assets			
Fixed assets			
Property, plant and equipment	10	28,772,806	29,158,767
Intangible fixed assets	10	7,454,439	1,282,724
		36,227,245	30,441,491
Long term loans and advances	11	8,861,145	9,687,371
		45,088,390	40,128,862
Current assets			
Cash and bank balances	12	610,328,023	634,904,310
Short-term loans and advances	13	152,126,598	147,875,538
Other current assets	14	2,871,516	2,663,744
		765,326,137	785,443,592
		810,414,527	825,572,454

Background and significant accounting policies   1-2

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 & Associates LLP**
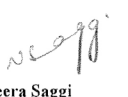*Chartered Accountants*
Firm's Registration No. 116231W/W-100024

Sandeep Batra
Partner
Membership No: 093320

Place: Noida
Date: 31 August 2019

For and on behalf of
Care India Solutions For Sustainable Development

Namrata Kaul
Director
DIN: 00994532

Neera Saggi
Director
DIN: 00501029

Manoj Gopalakrishna
Chief Executive Officer

Place: Noida
Date: 31 August 2019

Place: Noida
Date: 31 August 2019

Place: Noida
Date: 31 August 2019

Care India Solutions For Sustainable Development
Income and Expenditure Account for the year ended 31 March 2019
(All amounts are in Indian Rupees unless otherwise stated)

	Note	Year ended 31 March 2019	Year ended 31 March 2018
Income			
Grants and donations received	15	1,919,122,190	1,744,094,613
Other Income	16	34,432,721	30,817,063
Total		**1,953,554,911**	**1,774,911,676**
Expenses			
Project expenses	17	1,689,884,608	1,430,602,204
Fund raising expenses	18	67,154,689	72,966,721
Other administrative expenses	19	156,274,433	208,717,122
Prior period expenses	20	-	17,282,715
Depreciation	10	14,021,109	16,087,137
Total expenditure		**1,927,334,839**	**1,745,655,899**
Excess of income over expenses		**26,220,072**	**29,255,777**
Appropriations			
Add: Transfer from asset fund account	4c	11,980,602	16,087,137
Amount transferred to general fund	4a	**38,200,674**	**45,342,914**
Earning per equity share:			
Basic		1,910,034	2,267,146
Background and significant accounting policies	1-2		
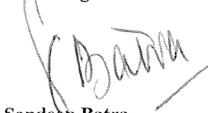
The notes referred to above form an integral part of the financial statements

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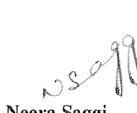Firm's Registration No. 116231W/W-100024

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Chief Executive Officer

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Care India Solutions For Sustainable Development
Cash Flow Statement for the year ended 31 March 2019
(All amounts are in Indian Rupees unless otherwise stated)

	Year ended 31 March 2019	Year ended 31 March 2018
A. Cash flow from operating activities		
Excess of Income over expenses (after transfer from Asset fund account)	38,200,674	45,342,914
Adjustment for:		
Fixed assets purchased charged off in project expenses	13,040,496	9,890,215
Fixed assets sold considered as income	(17,960,026)	(2,099,505)
Amount written off	8,217,987	6,623,530
Provision for penalty	-	56,651,123
Depreciation on Fixed assets	2,040,507	-
Interest on fixed deposits	(10,656,714)	(7,925,158)
Provision for gratuity	19,574,355	15,727,697
Working capital adjustments:		
(Increase) in loans and advances	(12,324,494)	(99,652,734)
(Increase) in other current assets	(207,772)	(189,295)
Increase in trade payables	47,010,510	16,773,571
Decrease in provisions for employees benefits	(7,119,787)	(7,475,470)
Decrease in other liabilities	(110,971,500)	(461,764,247)
Cash used in operating activities	(31,155,764)	(428,097,359)
Income tax paid (including tax deducted at source)	681,674	9,799,124
Net cash used in operations	(30,474,090)	(418,298,235)
B. Cash flow from investing activities		
Interest on fixed deposit	10,656,714	7,925,158
Purchase of fixed assets	(22,718,937)	(9,890,215)
Sale of fixed assets	17,960,026	2,099,505
Net cash generated from investing activities	5,897,803	134,448
C. Cash flow from financing activities	-	-
Net decrease in cash and cash equivalents (A+B+C)	(24,576,287)	(418,163,787)
Cash and cash equivalents at the beginning of the year	634,904,310	1,053,068,097
Cash and cash equivalents at the end of the year	610,328,023	634,904,310
Components of cash and cash equivalents:		
Cash in hand	200	200
Balances with scheduled banks	610,327,823	634,904,110
	610,328,023	634,904,310

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

As per our report of even date attached

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

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Date: 31 August 2019

Manoj Gopalakrishna
Chief Executive Officer

Place: Noida
Date: 31 August 2019

♾️ Transformation Initiative

As part of the digital transformation initiative, we migrated to Oracle PeopleSoft ERP software for our financial management from Tally accounting package. This software has been customized to meet the local statutory/regulatory requirements in India and offers the following benefits:

- 100% cloud-based application, providing greater security and mobility

- Real-time progress update with enhanced automatic controls

- Greater transparency with real-time information

- Streamlining of administrative processes with automated controls

- Enhanced donor reporting capability

The project was completed within the stipulated timeline.

♾️ Cost Optimization

This is an essential and key focus area at CARE India. We continue to make structural interventions in the areas of cost management through various process improvements and data analytics.

All these measures resulted in better cost monitoring and improved operational efficiencies. The share of project expenses went up by 7% whilst administrative expenses reduced by 4% as compared to the last year.

CARE India focuses on articulating a clear vision based on the tenets of sustainable development, regular assessment of the development strategy and alignment of social responsibility initiatives with the company's core business strategies.

An elaborate and complex process of identifying, seeking and sourcing agencies and donors in the development space in India is undertaken to engage with prospective partners. Proposals to seek funds from bi and multi-lateral donors, Foundations, Trusts, small Embassy funds, Government funds are then made and submitted for support and collaboration.

Our corporate partners have 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 with focus on innovation to create sustainable change at scale.

Institutional Partners
Alstom Foundation
Bill and Melinda Gates Foundation
CUSA
CISSD
European Commission
Tata Cornell Initiative
The Hans Foundation
UNICEF
USAID
The World Bank Group

Corporate Partners
Abott
Amazon
APPI
ARMU
ASK
AXA
BNP
CARGILL
CISCO
CIT
Coca Cola
Discover
GAP Inc.
Galaries & Lafayette
HCL
Hindustan Zinc Limited
IHG
ORACLE - CAF
PI Industries
PCTFI
RMI
SAP Concur
Shapoorji Pallonji
Shell
SPX-Clyde Pumps India
The Asia Group Foundation
Titan
UP

We are also grateful to all our individual supporters. Their donations go a long way in creating a world of hope, tolerance and social justice, where poverty has been overcome and people live in dignity and security.

Our HR team helps to continuously infuse the culture and core values of the organization into current employees and new talent who come on board.

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.

Prevention of Sexual Harassment (POSH) of Women at the Workplace Policy

We organized a one day Leadership Conclave on POSH and Gender Sensitivity at Patna in February 2019 for senior management which aimed at demystifying sexual harassment at workplace and get a deeper understanding of myths and facts regarding gender and sexual harassment, psychology of sexual harassment at workplace and definition of sexual harassment as per law.

Increased Staff Strength

The strength of CARE India's staff increased by 1500 members who came on board in the last year. The onboarding, induction and field acclimatization was undertaken within a short period of time.

Creating a Healthy Workforce

We renewed our staff insurance policies with better coverage which included Group Mediclaim Policy for staff and their dependents, Group Accident Insurance Policy and Group Term Life Insurance Policy. Health awareness campaigns were also organized regularly.

Transparency disclosure about the Board

- CARE India board members are not related by blood or marriage

- The term of each member is three years

- In the Financial Year 2018-19, CARE India held board meetings on 12th May, 18th Aug, 13th Oct in 2018 and 9th March in 2019

- CARE India's Annual General Body Meeting was held on 13th Oct, 2018

- No remuneration, sitting fees or any other form of compensation is paid to any board member