

ANNUAL REPORT

APRIL 2024-MARCH 2025



Centre for
Advocacy and
Research

Annual Report 2024-2025

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Sutirtha Ghosal

September 9, 1977–January 19, 2025, Kolkata

*“we remember you with fondness
we think of you with pride
we treasure your memories
you will be our guiding light”*

A fond farewell to a dear colleague, a passionate crusader for the rights of the most vulnerable, and a pillar of strength for his team. We honor your dedication, compassion, and unwavering commitment.

From the Executive Director's Desk



This annual report, covering April 2024 to March 2025, reflects a pivotal period, marking the culmination of long-term efforts and transformative changes.

Before proceeding, I wish to honour the torchbearers and champions we have lost,

including Udita Das, Shyamala Shiveswarkar, Sutirtha Ghoshal, and Manish Singh, who passed away in the last two years. We deeply mourn their absence; however, their vision and contributions endure

Our work aimed at advancing gender equality and the rights of women, girls, and people of diverse genders harks back to the early 2000s, when we focused on stemming the sharp drop in the child sex ratio, with sex determination technology abetting the selective elimination of the girl child in Rajasthan. Today, as a team, we are enabling the system and community to bring the same dedication and energy to stopping gender-based violence in 10 blocks of Kishangarh, Ajmer district—and the transformative results are now being recommended for state-wide scaling.

Our work with Lymphatic Filariasis patients and Kala-Azar survivors in Bihar and Uttar Pradesh draws on our experience empowering communities affected by HIV. Organized into patient-survivor support groups within Ayushman Aarogya Mandir community platforms in filariasis and kala-azar-endemic districts, they are healing, confronting stigma, and collaborating with the government and health departments to eliminate these diseases—by managing their health, educating communities, facilitating surveys, and promoting compliance during mass drug administration rounds to ensure public health and disease elimination.

Our WASH initiatives also demonstrate impactful progress. From addressing basic survival needs in Delhi's urban slums in 2006, we have, in collaboration with the government and partners, fostered innovative, gender-inclusive, and climate-resilient WASH solutions in Bhubaneswar and Jaipur, shaped by the most marginalized communities through an intersectional lens.

Our two decades of social protection work with marginalized urban populations have evolved—from simply enabling access to schemes and services, to empowering people to reclaim their voice, exercise their agency, and establish their social position as citizens who matter.

These journeys underscore the power of lived experiences, the strength, and the commitment of the people we serve. We reaffirm our belief that meaningful transformation occurs when marginalized voices are at the center and a supportive ecosystem enables change.

This report chronicles a shared journey of listening, learning, and collaborative action. We move forward with humility and hope, dedicated to a just and equal world where every voice matters and no one is left behind.

Looking ahead, we are committed to deepening our impact by strengthening existing initiatives and exploring new avenues for collaboration. We recognize the urgent need to address emerging challenges such as climate change, digital inequity, and the long-term consequences of the COVID-19 pandemic, particularly on vulnerable communities.

Our strategy will prioritize investing in community leadership, promoting intersectional approaches, and leveraging technology to expand access to information and services while mitigating the risk of exclusion. We will also focus on building resilient systems in coordination with government and other stakeholders and fostering strong partnerships with governments, civil society organizations, the private sector, and other stakeholders—recognizing that collective action is essential to achieving lasting change.

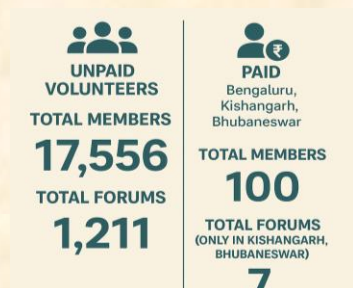
We are deeply grateful for the support of our donors, partners, and volunteers, who make our work possible. Together, we can build a more just, equitable, and sustainable world for all. As we move forward, we remain steadfast in our commitment to amplifying the voices of the marginalized, challenging systemic inequalities, and creating a world where everyone has the opportunity to thrive. The lessons learned from the past year—and indeed the past two decades—will serve as a strong foundation for our future endeavours. We look forward to continuing this journey together.

Introduction

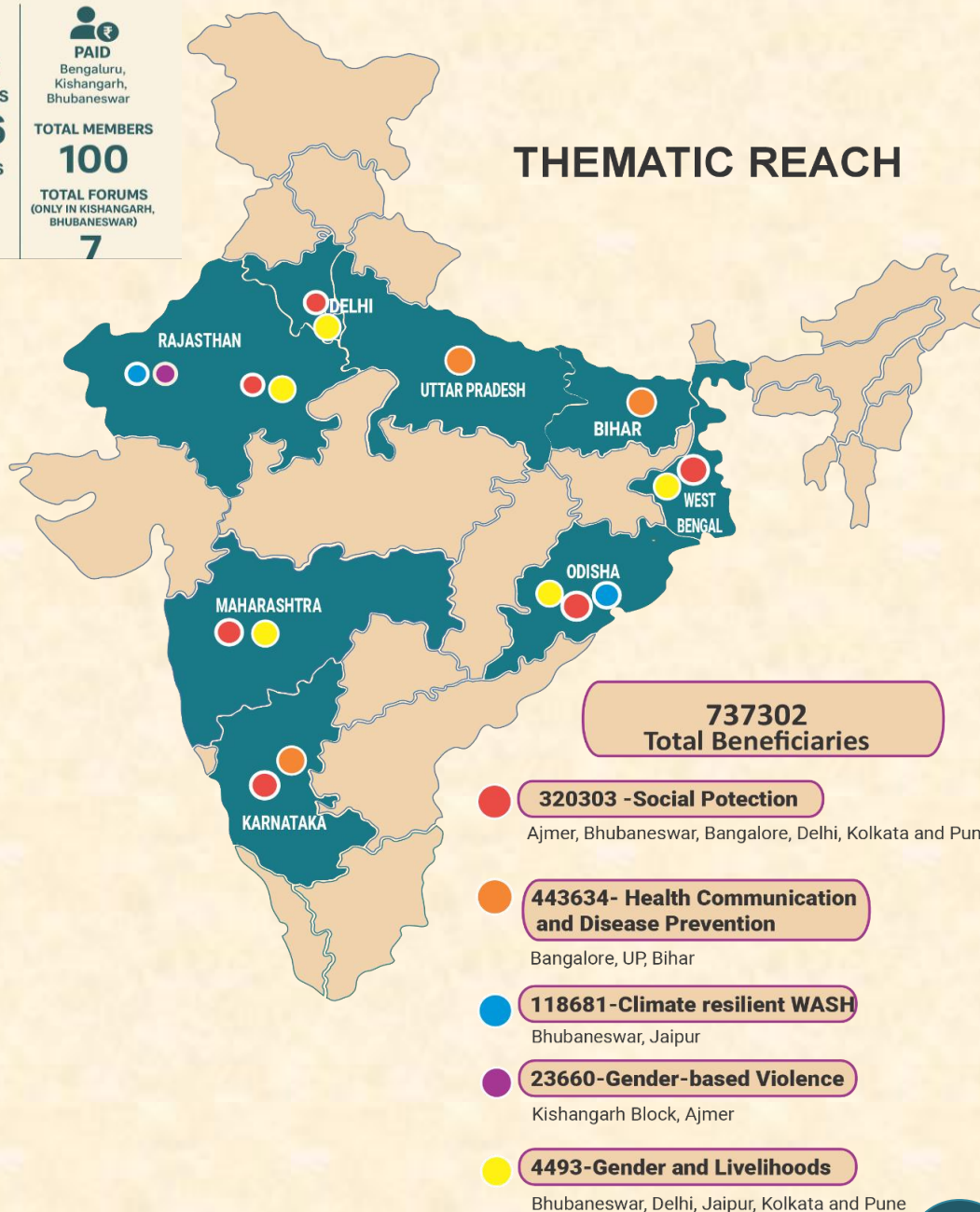
The Centre for Advocacy and Research (CFAR) is presently working in eight states and 11 cities across India on health interventions, social inclusion, gender-based violence, providing financial literacy and skill development, climate-resilient WASH, and outreach through communication on disease prevention and RMNCHA.

This annual report looks at the various interventions carried out over the one-year period of April 2024 to March 2025 and the community outreach through them.

Community Leadership



THEMATIC REACH





Health

CFAR partnered with the State Health Department to contribute to LF-VL Elimination in Uttar Pradesh and Bihar. The initiative transformed patients from passive recipients of care to active leaders and advocates, integrating them into the program and influencing public health outcomes at the grassroots level.

Over three years, the interventions significantly strengthened LF-VL patient-survivor support groups across 21 districts in UP and Bihar. Patient-Survivor Networks Driving Policy and System Engagement — line listed 1,422 (Year 1), 16,834 (Year 3); PSGs increased from 18 to 664 with 7,756 members (63% women); 11,632 trained in disease management; 3216 emerged as facilitators — a 390% increase by Year 3; 59% (1,902) of 3,216 women leaders actively engaged in awareness and MDA.

This process enhanced self-efficacy and health-seeking behaviour. Members of Patient Support Groups contributed to reducing stigma, dispelling misconceptions, and building confidence: **9,967 patients trained on MMDP; 6,004 practice self-care; 4,398 reported reduced swelling and acute attacks.**

This programme demonstrated that LF-VL patient-survivor groups, when meaningfully engaged, can emerge as critical partners in

elimination efforts. Their leadership, outreach, and integration with the health system have deepened the ELF program's impact and ensured sustainable, community-driven health outcomes in some of India's highest-burden districts

Building on this foundation, as part of the government's effort to eliminate Lymphatic Filariasis, CFAR was selected to support the Mass Drug Administration (MDA) campaign in selected areas of **Howrah, Purulia, and Birbhum in West Bengal**. Our role was to build awareness, mobilize communities, and offer direct support to patients. The work focused on education, trust-building, and local leadership.

Impact:

1. Increased acceptance of MDA medicine in communities with past resistance.
2. Improved knowledge of filaria prevention and care among patients and families.
3. Strengthened links between health workers and the community.
4. Built local platforms like schools, mosques, and mothers' groups to carry forward health awareness.
5. Established patient groups that can continue offering mutual support even beyond this campaign.

This campaign proved that local connection and simple communication are key to public health success. CFAR will continue building on this model of community-led health engagement, ensuring that patients are not only treated—but empowered

Community Outreach


12,275 LF patients linked to the health system; awareness and campaigns reached 500,000 people;

MDA — 2,174 volunteers enabled Directly Observed Consumption to 349,418 people in community.



Documentation and Dissemination:

- 12,941 media reports,
- 27 stories of change agents
- 72 videos
- 116 street plays,
- 31 TV programmes, and
- 33 community radio shows.



Community Outreach

Reached 41,069 individuals through 8,338 household visits; identified 666 filaria patients; formed 85 Patient Support Groups; MMDP training to 633 patients to promote self-care and regular treatment; facilitated 359 health workers to support medicine delivery and patient care.



"I didn't know this disease spreads through mosquitoes. We believed it was hereditary and went to traditional healers. After joining the Network, I learned the truth—that it spreads through mosquito bites and the infection can be managed." **Akanksha, Harsingh Dev ka Purwa, Kalyanpur, Kanpur**

"Filaria Network members are actively using every platform to raise awareness about the risks of filaria and are effectively motivating people to take the preventive medicines provided during the MDA round." **Dr. Shatish Kumar, District Medical Officer, Muzaffarpur**

"During the MDA round, Patient Support Group (PSG) members mobilized a wide range of local stakeholders—from CHOs, Pradhans, and Kotedars to Sanginis and others—ensuring that every segment of the community was informed and engaged in the effort to eliminate filaria." **Dr. Radhey Shyam Gaur, MOIC, Dewa, Barabanki**

Ashok's Journey – From Despair to Hope



Ashok Thakur, a resident of Punpun block, Patna, is a member of the Patient Stakeholder Platform (PSP) at Ayushman Aarogya Mandir (AAM), Bajitpur. He had long suffered from filaria, and as his lymphedema worsened, life became increasingly difficult. In despair, he even considered leg amputation at AIIMS.

At this critical time, CHO Sandeep Kumar informed him about the formation of the PSP and invited him to join. Ashok attended the meeting, where he learned more about filaria and self-care practices. He was also informed about treatment available at the Institute of Applied Dermatology (IAD).



Ashok underwent a 14-day treatment at IAD, which significantly reduced his swelling. Encouraged by the improvement, he began sharing his experience and exercises with fellow patients at AAM during Morbidity Management and Disability Prevention (MMDP) trainings. He also started spreading awareness in nearby gram panchayats.



Recently, Ashok shared his journey at a district-level meeting, highlighting how treatment and consistent self-care reduced his lymphedema. As a committed PSP member, he continues raising awareness about filaria and its prevention.

In **Bengaluru**, CFAR's health initiative, across 8000 households, focuses on promoting community health, improving maternal and child health, managing Non-Communicable Diseases (NCDs), raising hygiene awareness, and strengthening public health systems through Community Health Associates (CHAs), ASHA workers, and Anganwadi collaborations.

As part of the initiative, 15 CHA conducted door-to-door health education screening 2,500 individuals for hypertension and diabetes, organised 500 events including Urban Health and Nutrition Day, Mothers' meetings, ANC/PNC check-ups significantly improving healthcare access. The mobile-based Unnati app was introduced to track NCD cases, and a key

achievement was the identification of malnourished children, who were supported with timely referrals and immunisation services.

Some significant results include:

- ✚ Safe waste management practices across 80% Hakki Pikki tribes.
- ✚ ANC/PNC counselling for 1,200 pregnant women contributing to an 85% immunisation coverage and 40% increase in institutional deliveries, and a 90% rise in ANC check-ups.
- ✚ Referrals for NCDs, maternal health, and child nutrition - 500 persons.
- ✚ Regular health check-ups - 70% patients, 50% hypertension control.



Early intervention to tackle malnutrition

In January, during a routine health camp in Gulbarga's migrant settlement, Community Health Associate (CHA) Sunanda identified a 7-month-old baby with Severe Acute Malnutrition (SAM). The child's parents—a young daily wage couple—were torn between admitting him to the Nutrition Rehabilitation Centre (NRC) and losing two weeks' income needed to feed their family.

Through persistent counselling, a compromise was reached: a one-week NRC stay and temporary relocation of their older daughter. Within 1.5 weeks, the child improved from SAM to Moderate Acute Malnutrition (MAM). Today, at 2.5

years old and weighing a healthy 10.2 kg, his recovery stands as a testament to the power of early intervention.



This case underscores the vulnerability of migrant families, the need for flexible health solutions, and the impact of trust built through community engagement. As Sunanda reflects, "When parents see results like this, they begin to trust our advice. That's how real change starts—one healthy child at a time."

“CFAR’s precise data on health emergencies has been instrumental in prioritizing cases, reducing the need for multiple levels of scrutiny and spot visits by our officials. This accurate, field-collected data has significantly improved our service delivery.” **Vasireddy Vijaya Jyothsna (IAS), Food and Civil Supply Commissioner.**

Driving for financial independence

In Ambedkar Nagar, Bengaluru, single women from marginalized communities—many widowed or abandoned—struggled to survive through low-paying, unstable work. Through the Mahila Sabalekarana initiative, a collaboration between the Bangalore City Police and PARIHAR CSR, and with CFAR’s grassroots support, genuine beneficiaries like Neela were identified and supported.

Neela and three other women received electric autos and training, enabling them to shift from earning ₹150 a day to ₹800–1,200 daily. The initiative not only transformed livelihoods but also broke gender stereotypes, turning blue autos into powerful symbols of dignity and independence.

Backing advocacy with ground-level data

A large-scale survey by CFAR across 76 Bengaluru settlements revealed that 27.8% of households—over 10,000 families—lacked ration cards, excluding them from essential food and health entitlements. Among these were 134 families facing serious health conditions like thyroid disorder, stroke, TB, cancer, and HIV, yet unable to access subsidised care due to a halt in new card approvals.

CFAR’s advocacy, backed by this critical data, led to swift action by the Food and Civil Supplies Department. Commissioner Vasireddy Vijaya Jyothsna responded by creating a dedicated administrative channel for processing health-emergency ration card cases. In Peenya, where need was acute, officials and CFAR teams coordinated to help families gather documents and prepare applications.

Within three months, 11 of 36 priority families—including PLHIV patients—received BPL cards, unlocking access to food security and Rs.5 lakh ABARK health insurance. The success of this targeted approach shows how community-driven data and administrative commitment can reverse systemic exclusion and bring lasting change to vulnerable urban populations.



In **Bihar and Uttar Pradesh** CFAR's efforts to strengthen health system response aimed to deepen media engagement at the state level to amplify priority health issues—maternal and child health, system strengthening (certification, drug and supply chain, HR development, digitization), and disease elimination (filaria, TB, family planning). Key strategies included collaboration between state leadership and media, government-led system strengthening, evidence-driven media engagement, and highlighting best practices and government leadership in health initiatives.



Night Blood Survey

State leadership played a pivotal role in changing media narratives —prioritizing certification, family planning, and disease elimination—which spurred greater participation in community activities like the Night Blood Survey and MDA rounds in Bihar. Our engagement extended across 364 media platforms, including leading dailies, regional newspapers, digital, and local platforms—ensuring deep and diverse media penetration. Media coverage captured a broad thematic spectrum: non-communicable diseases (25%), system strengthening (22%),



CHO-PSP supporting ASHA in converting refusals

communicable diseases (14%), child and maternal health (23%), and reproductive and adolescent health (14%).

In UP leadership of National Health Mission became the key driver of health communication such as certification, breastfeeding, maternal and neonatal care. Over 2380 media reports featured leadership voices focussed on certification family planning TB, filaria and maternal –child care issues

To build a responsive media ecosystem, we conducted workshops for 1,571 communicators focused on Family Planning, Adolescent Health, and Mass Drug Administration (MDA). We also disseminated 73 best practice stories and profiled 189 individuals, including TB champions, survivors, and Nikshay Mitras—translating into 3,098 impactful media reports in Bihar. In UP, 413 best practices and 5528 high impact reports on breastfeeding, Kangaroo Mother Care, digital applications, tele-consultation services were generated

Our video documentation strategy showcased progress across nine health facilities working toward or achieving NQAS certification, fostering public trust and highlighting improvements in service quality. Notable among these was an awareness video disseminated across eight schools and viewed by over 2,000 students and parents, effectively promoting MDA awareness at the grassroots level in Bihar. In UP, 12 radio programmes and 512 human-interest featuring patients from MDA districts raised awareness on the significance of drug consumption, particularly in endemic areas

Community Outreach

In both cities, CFAR facilitated 46,618 media reports on RMNCH+A+N themes —11,219 developed in coordination with the state media team, and over 29,981 stories emerging through district-level media engagement. Additionally, 17,572 reports directly supported campaigns aimed at disease elimination—covering filaria, leprosy, TB, and kala-azar.

Strategic crisis communication during MDA drive to address ADR in Bihar - Vomiting, headache, and stomach ache is a good sign

During Bihar's Mass Drug Administration campaign for lymphatic filariasis elimination, concerns around adverse drug reactions (ADRs)—such as vomiting, headaches, and stomach pain—sparked fear and misinformation, threatening public trust and participation. CFAR, in collaboration with the State Program Officer and WHO, led a comprehensive crisis communication response focused on transparency, media ethics, and community reassurance.

Key interventions included media sensitization, impactful storytelling, dissemination of community testimonies through WhatsApp, YouTube, and community meetings, video appeals by the SPO and awareness songs and strategic messaging “Vomiting, headache, and stomach ache is a good sign”—via radio, newspapers, and social media. This multipronged strategy shifted the narrative from fear to science, strengthened public understanding of ADRs, and sustained robust MDA participation. The campaign demonstrated how localized, ethical, and human-centred communication can restore trust during public health crises.





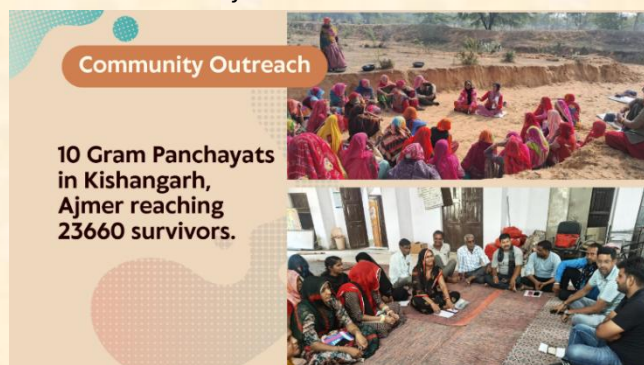
Gender-based Violence

CFAR's work on gender-based violence began as a response to the declining female sex ratio in Rajasthan, which fell from 909 in 2001 to 883 in 2011. This decline, most prominent in the 0–6 age group, was driven by sex-selective practices and deep-rooted societal bias. The programme initially focused on strengthening the implementation of the PCPNDT Act by promoting ethical medical practices, enabling state-level enforcement, and shutting down illegal diagnostic facilities. It also addressed harmful social norms and community attitudes by reaching over 29,000 stakeholders and enabling 540 panchayat resolutions that promoted the rights of the girl child. This made gender equity a local governance priority and fostered collective action to protect and celebrate daughters.

By early 2024, the programme evolved to institutionalise system accountability and community-driven prevention of gender-based violence. Led by *Gram Sakhis*, it established system-enabled prevention and response mechanisms within local governance structures. Central to this was the Village Violence Response Day — a monthly platform where frontline workers, police, and legal actors came together to provide legal aid, counselling, and access to welfare schemes.

Facilitation Centres were set up as one-stop hubs for legal support and scheme linkages. Self-regulation committees and WhatsApp-based safety networks at MGNREGA worksites helped monitor and address workplace harassment. These interventions were further strengthened by the use of digital tools like the Safety Pin and 112 SOS apps, resolution tracking systems, and budget-linked GPDP planning — ensuring that women's voices shaped governance priorities.

Mahila Chaupals emerged as community- and system-driven legal education platforms, creating space for open dialogue on taboo and rights-based issues such as witch-hunting, child marriage, and women's land ownership. Together, these grassroots innovations have transformed Gram Panchayats into gender-responsive institutions of justice and accountability.



Gram Sakhi conducting discussion with MGNREGA workers at Roopangarh gram panchayat.



4. Formation of a Disabled Persons' Organisation (DPO) to institutionalize the rights and needs of persons with disabilities in WASH planning and service inclusion.
5. Establishment of a Resource Pool of Sanitary Workers, creating a trained cadre of sanitary workers engaged in safe sanitation practices and policy advocacy.

Key Impact Metrics and Outcomes

- 97.9% households now rely on piped water; 80% report satisfaction with supply and quality.
- Over 90% households have toilets within 100 meters; 73% report regular water availability at toilets.
- Open defecation dropped significantly, especially among men and boys in high-risk zones.
- Menstrual Hygiene Management (MHM) coverage rose to 96% in Jaipur and 93% in Bhubaneswar, with near-universal handwashing compliance.
- Waste segregation is now practiced in 78.7% households, with daily municipal collection reaching 83% households.
- 57% households now believe their drainage systems can withstand climate events.

Systemic and Community Engagement also led to some key institutional reforms and practice which include:

- Pad banks, gender-neutral toilets, and MHM curricula institutionalized across WASH institutions.

- Transgender SHGs operate decentralized FSTPs, water kiosks and cess pool vehicles advancing both service and social inclusion.
- Climate-WASH-Hygiene notice boards set up in schools by the Department of Women's Empowerment to track behaviour change.
- Multistakeholder Forums, Child Cabinets, and SHGs linked sanitation with livelihood and gender-based planning, influencing state-level sanitation and climate adaptation policies.

A major insight from this long-term intervention is that community-led climate adaptation and inclusive WASH design are key to sustainable and climate resilient WASH outcomes. CFAR's integration of Gender Equality, Disability, and Social Inclusion (GEDSI) framework in WASH ensured that the most marginalized were not only recipients of services but active agents of change.

The integration of accountability tools like the SaniClimiWall dashboard and school-based hygiene notice boards enhanced transparency and WASH system ownership. The programme demonstrated that when marginalised communities—especially women, transgender, sanitary workers and persons with disabilities—lead from the front, public systems respond more equitably and effectively. These lessons offer a replicable model for climate-resilient, inclusive WASH governance in urban India.



Pad Bank



Story of resilience and change in Getor Basti, Jaipur

Nestled on a steep hillside on the edge of Jaipur, Getor Basti in Ward 8, has long grappled with water scarcity. For the 202 families living in this forest-adjacent settlement, accessing even basic services was a daily battle—especially for elderly and persons with disabilities.

One such resident was an elderly man with a locomotor disability, who used to trek daily to a distant well to carry a few litres of water. “Carrying water uphill was a daily challenge I couldn’t avoid,” he recalls. That began to change when CFAR mobilized the community, helping residents form a local WASH committee. “We were no longer struggling as individuals,” he says.

This collective began filing petitions, meeting PHED engineers, and even digging trenches. Their persistence paid off—a 2,000 KL tank and a metal-pipe distribution system now serves 50 households, with water reaching every home. “We agreed on equal distribution—two containers per household—and it works. No more disputes,” he explains.

Their quality of life improved: women had time for income-generating work, children returned to school without daily water chores, and disease outbreaks declined. Though challenges persist, especially for the elderly who still struggle to lift containers, the saved time now fuels advocacy and leadership. The elderly man, once invisible, is now a changemaker: “We are not just a community; we are a team.”

Digital tools like the Jaipur Vaani app now empower residents to report service issues directly. The community’s proactive approach has built a relationship of mutual respect with service providers, who now view Getor Basti as a partner in water governance.



One pad at a time

In the slums of Jaipur, a quiet revolution is reshaping conversations on menstrual health. Led by CFAR and a group of fearless women and transgender leaders, the Pad Bank initiative emerged not just to distribute sanitary products—but to break stigma, build solidarity, and foster inclusion.

“It’s not just a women’s issue,” says Ginni, a Pad Bank committee member, who convened small group discussions to open up communication among mothers, daughters, and peers. Pushpa Mai, a transwoman leader, brought visibility to the needs of trans men, who were often too ashamed or afraid to ask for menstrual products at shops. “We made sure no one was left behind,” she said.

With the support of CFAR, the community began producing biodegradable pads, priced at Rs10 for a pack of three—and often given free to those who couldn’t afford them. “If someone can only pay Rs 1 or Rs 2, we still make sure they get what they need,” Ginni explains.

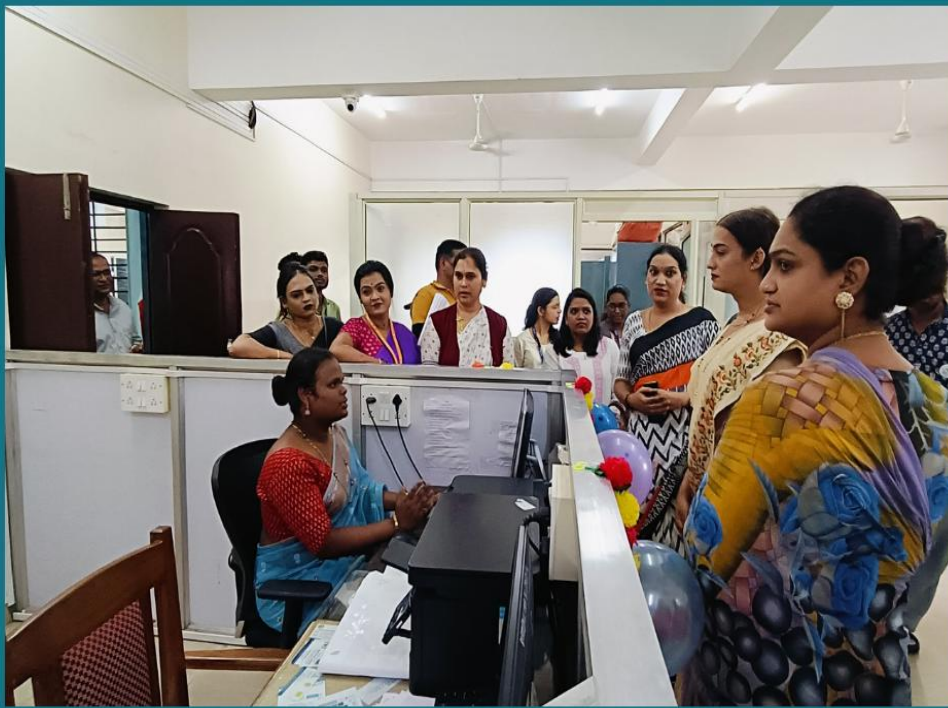
Men, too, joined the effort. Dilip, from the Male Forum, challenged social norms to advocate for menstrual dignity. Fathers like Choti’s stepped in “There’s no shame in buying pads,” he told his daughter. Leaders like Tanisha, from the Child Cabinet, led school sessions on menstrual hygiene, ensuring knowledge passed to younger generations.

Meanwhile, infrastructure was made inclusive: toilets with male, female, and transgender signage; improved waste disposal systems; and gender-neutral facilities. Karnika’s art projects wove menstrual health into climate and sanitation dialogues, making them relatable for youth.

With regular workshops, health camps, and open forums, menstruation became something to be acknowledged and respected—not hidden. “We don’t just talk about it anymore—we celebrate it,” said Ginni.

Together, the community is proving that menstrual hygiene is about dignity, inclusion, and breaking barriers—one pad at a time.





Social Protection

Across six cities, CFAR worked to scale up and institutionalize social inclusion by improving marginalized communities' access to government schemes through digital helpdesks in collaboration with Urban Local Bodies.

In Ajmer, we deployed innovative strategies to improve access to government schemes for marginalized communities as part of our social inclusion work across five sectors.

Community Outreach

Three Single Window centres within government offices streamlined applications for 87 schemes, benefiting 17,182 individuals by reducing errors and accelerating approvals. Face app verification for pensions enabled 159 elderly and persons with disabilities to receive entitlements efficiently. Participatory micro-planning in 50 settlements helped identify local priorities, resulting in targeted reforms — such as simplifying access to street vendor loans. The Grievance Redressal Forum, with 107 trained members, resolved 79% of 1,277 grievances, many through Rajasthan Sampark Portal, and addressed key issues like unsafe drinking water via public hearings.



“The Helpdesk initiative, is a vital step toward ensuring inclusion and accessibility for persons with disabilities,” **Mr Anil Vyas, Joint Director, Department of Social Justice and Empowerment, Ajmer**

Sameena - Empowering women through helpdesk

Sameena, a resident of Nosar Basti in Ajmer, supported her family by peeling *kairunda* — which led to chronic skin infection. In 2016, she became a Helpdesk member, assisting women in accessing government schemes. Her commitment led to a breakthrough in 2022, when she became a supervisor under the Indira Gandhi Urban Employment Guarantee Scheme for Ajmer's SLRM composting programme. She created job cards for 150 women, resolved workplace issues, and motivated 50 women to join the programme. In 2024, Sameena was invited by Sophia Girls College, Ajmer, to share her inspiring journey with 1,500 students. Her story of resilience and leadership now serves as a powerful model for others. As a Helpdesk leader and MNREGA Supervisor in Ward 1, Sameena continues to champion women's empowerment across Ajmer

In **Bhubaneswar**, Helpdesk members facilitated benefits for 16,709 persons under sectoral schemes related to food security, health services, civic amenities, and welfare entitlements. Proactive advocacy by 19 groups of

persons with disabilities, in collaboration with banks and the social sectors departments, led to an increased pension of ₹3,500 for persons with disabilities and elderly.

“The increased amount of ₹3,500 under the Madhu Babu Pension Scheme gives me some relief and dignity to manage my basic needs without having to depend entirely on others.”
Sushama Nayak, domestic worker and woman with disability

Sombari – Gaining Financial Stability

Sombari Behera, a 32-year-old woman with 70% locomotor disability has lived in Munda Sahi (Ward 28), Bhubaneswar, for over 20 years with her husband and daughter. Despite economic hardship and physical challenges, Sombari remained optimistic and engaged in community support. Her husband’s income from selling pani puri was insufficient to meet household needs. In 2022, Sombari joined the Helpdesk, receiving training from the SSEPD department and Single Window team.

In August 2024, this turned into a pivotal opportunity when the Odisha government and Mahanadi Coalfields Ltd (MCL) launched a programme to promote sustainable livelihoods for persons with disabilities by distributing 500 e-rickshaws. With support from the Single Window team, Sombari applied. In January 2025, she was formally provided an e-rickshaw by the District Collector and District Social Security Officer.

Today, she operates her e-rickshaw, transporting school children and earning a stable monthly income of ₹Rs.10,000. Her new livelihood has brought economic stability, pride, and independence — not only uplifting her family but also setting an example for her community. Sombari’s story is a testament to resilience and the impact of inclusive, government-supported livelihood and equity initiatives.



In **Pune**, our Helpdesk and Single Window initiatives were recognized for advancing welfare delivery and inclusive governance reaching out to 20820 individuals. On October 2, 2024, the Pune Municipal Corporation felicitated the Helpdesk for its contribution to the Swachhata Hi Seva Campaign, which linked 1,420 sanitation workers and their families to 11 welfare schemes. The Solid Waste Management Department also acknowledged the team's role in enabling 1,860 persons with disabilities across 15 wards to access UDID cards, financial aid, and healthcare services through over 30 enrolment camps. On December 10, 2024, the District Legal Services Authority awarded CFAR for its work with unorganized workers on legal aid and social protection. These achievements were grounded in grassroots leadership, QR-enabled grievance systems, and structured forums such as the Grievance Redressal Forum, which institutionalized community participation, shaped policy reforms, and improved access to civic entitlements and health services strengthening system led governance.

As a landmark step toward equity and inclusive governance, Maharashtra launched its first Transgender Helpdesk on Kranti Day, August 2024, to implement the Transgender Persons (Protection of Rights) Act, 2019. Additionally in March 2025 a Memorandum of Understanding was signed between Pimpri Chinchwad Municipal Corporation and CFAR formally establishing Community Resource Centers in eight zonal wards to facilitate social entitlements. The initiative reached 22,415 individuals and facilitated 3,566 enrolments across 14 key welfare schemes. Additionally, 1,538 BCC sessions reached 20,092 residents leading to adoption of hygiene practices, toilet use, and safe menstrual health practices.

"The launch of the Transgender Helpdesk marks a major step in ensuring dignity and equal opportunities for the transgender bridging the gap between policy and practice," Vishal Londhe, Assistant Commissioner, Social Welfare Pune

Restoring dignity of the elderly

At 72, Suman Sonuji Hari from Tadiwala, Pune, had faced severe health challenges, surviving on erratic work. When her ration card was discontinued, matters became worse.

With the support of forum member Nisha Tai, Suman secured a new ration card, restoring access to food. Later, when hospitalized with a severe respiratory illness, the Sahay Single Window team stepped in again — helping her obtain an Urban Poor Card that covered her Rs.80,000 medical expenses.

Recognizing her vulnerability, they further assisted her in accessing Ayushman Bharat card and e-Shram card, and a Rs.3,000 monthly pension under the Vayoshree Scheme. Suman's story shows how timely facilitation can restore the dignity and hope in the lives of the elderly.



In **Bengaluru**, the intervention established a seamless collaboration between the community and government departments to secure procedural reforms, strengthen accountability and transparency in the disbursement of funds, and ensure food security for migrant and ethnic groups. By highlighting the health emergencies of 10 households without BPL ration cards through data-backed advocacy, the programme not only successfully linked these families to food support but also advocated for the One Nation One Ration Card to ensure migrant families can access food wherever they are.

The project also filed petitions to ensure transparency in the disbursement of funds earmarked for SC/ST communities. Key reforms included restoring exam incentives for SC students and simplifying the application process for caste certificates and scholarships—benefiting over 500 families.

For construction and informal workers, systemic reforms were introduced, including exemptions from caste and education certificates or employment proof to claim death compensation. To resolve pension-related grievances, regular monthly review meetings at local offices were instituted, along with the extension of Bhoomi portal access to Atal Kendras.

In underserved and resource-poor settlements, women's groups and CBOs regularized ward meetings to improve sanitation services. Additionally, migrant children were enrolled in Anganwadis, and support was provided for Aadhaar enrolment, birth certificates, and bank

account openings. Four Single Window Centres were set up—one of them dedicated to the Hakki Pikki tribal community—ensuring doorstep access to essential government schemes and services for marginalised groups.

Our health prevention efforts led to 60% reduction in dengue cases, the issuance of Ayushman Cards for 16,069 comorbid patients, 100% immunization coverage, and rain relief funds for 272 flood-affected households. These achievements were in addition to improvements in housing infrastructure, waste collection, and access to safe water through the Sahay 2.0 app. Other support included resolving 2,458 cases with a cumulative cash value of Rs.2,28,46,200 under various government schemes; opening 4,135 zero-balance bank accounts; and facilitating vocational training and revolving funds for 863 SHG women.

The programme also strengthened youth leadership by forming youth clubs in partnership with Nehru Yuva Kendra, conducting First Voters' Awareness Programs, sanitation drives, and sports events. Awards worth Rs.23,50,000 were facilitated for academic excellence among students. Young aspirants received coaching support for competitive exams in both the government and private sectors. Youth also played an active role in addressing civic issues—such as successfully petitioning BMTC for bus connectivity. Communities were further empowered through RTI awareness workshops, enabling them to use the Right to Information Act to hold public systems accountable. Overall benefits reached 130,550 marginalised poor.



In **Delhi**, a baseline survey found that 93% of informal sector migrants lacked access to key entitlements such as labour cards, PM Vishwakarma, PM SVANidhi, and e-Shram

To bridge this gap, CFAR implemented a community-led Single Window model coordinated by Helpdesk members and key departments. With support from CSOs, unions, and frontline workers, the model restored trust in public systems through outreach at labour chowks, door-to-door engagement, and service camps. In the project period, we linked informal workers to 24934 schemes and services

Key partnerships included the Delhi Development Authority, Dattopant Thengadi Board, Legal Services Authority, NULM helping link 52,325 informal workers to schemes across

five sectors. In high-migrant areas like Haidarpur and Maujpur, 16,991 workers were enrolled—80% through household outreach.

A cadre of 35 master trainers conducted awareness sessions and helped establish a community kitchen. Legal aid reached 1,666 workers via paralegal volunteers.

Overall, in Delhi 69,316 individuals accessed 30 schemes and 18 service



“I had come here for labour card renewal and realised that no one had ever given me complete and accurate information.” —

Vijender Kumar, construction worker, Haiderpur

“I was amazed that such help centres exist in Delhi for us migrant workers. I now inform others about this facility.”

— **Nazneen, home-based worker**



Street theatre at DDA Kalkaji



Campaign for Courses

Delhi's Matka man



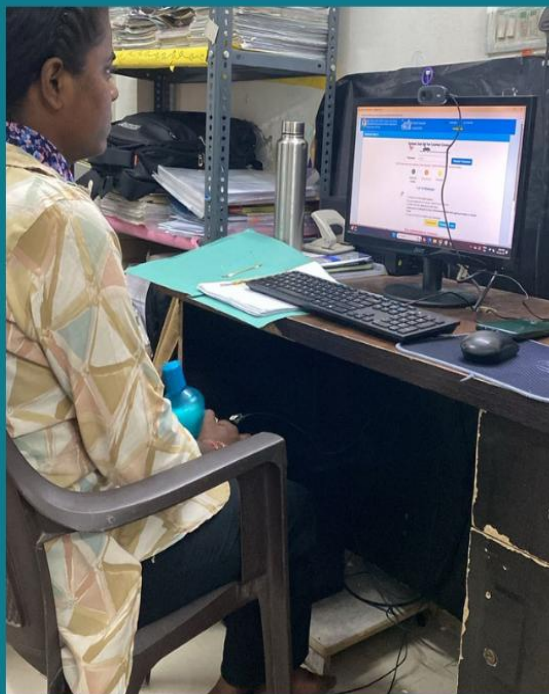
In the Capital's extreme summer heat, many street vendors, daily wage workers, and commuters in the IG Camp area struggle with dehydration due to lack of access to clean drinking water. Muslim Khan, a street vendor, stepped in to support the community. "As a vegetable vendor, I decided to provide fellow street vendors with cool, clean drinking water, ensuring they stay hydrated during the hot weather."

Muslim Khan placed two matkas (earthen water pots) filled with clean drinking water in a central location in the IG Camp market area. These matkas were placed where street vendors and daily wage workers frequently pass by. On an average, 30-35 street vendors stop by each day to drink water from the matkas.

"Immediately other local residents came forward to support me by taking on the responsibility of refilling the matkas two to three times a day. This helped maintain a steady supply of safe drinking water without putting the burden on one single person and people began calling me 'Matka Man'," he shared.



Flegship Labour Day Celebration



Financial Literacy and Non-Conventional Skill Development for Adolescents

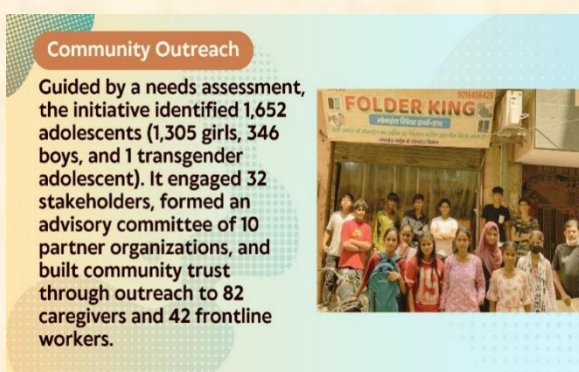
In **Ghaziabad**, CFAR established the **Kishori Sashaktikaran Kendra** to empower adolescents (aged 10–24 years) through skilling, education, and rights-based learning. By **mid-April 2024**, a Common Service Centre (CSC) was operational, enabling **273 adolescents** to access essential documentation and health entitlements.

Skilling was central to the initiative: 1,063 adolescents were enrolled in non-traditional vocations including driving, gem-set jewellery designing, mobile repairing, digital and communication skills, and gig economy opportunities. Of these, 47 secured employment with companies such as Reliance, Pizza Hut, and Madarsan. Life skills education reached 173 adolescents, supported by exposure visits and personality development courses and communication workshops.

Youth-led campaigns on Menstrual Hygiene Day, Global Handwashing Day, and Girl Child Day engaged over 274 adolescents. On Human Rights Day, 22 girls conducted a safety audit and

submitted a Charter of Demands for improved public safety to civic authorities. Youth were also trained in gender equality, digital safety tools, and financial literacy—equipping them with the knowledge and skills to navigate both economic and social landscapes.

As a result of this intervention among adolescents, aspirations rose sharply. Girls who were once reluctant to leave home began to pursue skilling and creative learning; boys opened up emotionally and engaged in gender-equitable dialogue. Young people also gained greater agency over learning and wellbeing—accessing life skill education, digital tools, helplines, and public platforms with increased confidence. The programme’s impact extended beyond direct participants to caregivers, frontline workers, and institutional stakeholders. A notable shift was observed in gender attitudes—caregivers became more supportive of non-traditional livelihoods, especially for girls.



“If women are trained in the same skills as men—like mobile repair and digital tools—they can contribute to household income and become financially independent,” **Seema, Adolescent Resource Group**

“When parents support their daughters, it's not just the girl who progresses—the entire family and society move forward,” **Rama Devi, frontline worker**

Community Outreach

In Pune, vocational training was expanded to 5,007 youth, 394 enrolled in formal training programmes enabling them to secure jobs in banking, IT, and tele calling, while 66 women launched home-based enterprises in tailoring and Aari work.



Community Outreach

In Delhi, 22 women-led SHGs earned over ₹2.5 lakh/month through home enterprises.



Community Outreach

In Kolkata, 18 SHG initiated jute and millet-based products, and 679 young people registered in Employment Exchange to support job placement.



Community Outreach

In Jaipur, 45 SHGs set up sanitation linked livelihoods, are being contracted to manage green waste, water quality testing and monitor community toilets with the ULB.



Community Outreach

In Bhubaneswar, 44 SHGs were contracted by the Municipal Corporation for managing, plantation, water harvesting and FSTP and water kiosks.



Challenging gender norms with non-conventional skill development



18-year-old Khushi from Kalyanpuri, East Delhi, lives with her parents, three siblings, and a young cousin who joined the family after a tragic accident. Despite financial hardship, her parents were committed to educating all the four children. Her father works as a delivery agent and her mother sells vegetables.

In early 2024, Khushi met Bharti, skill trainer in CFAR, who introduced her to a free driving course for women run by Azad Foundation. Though intrigued, Khushi's parents were deeply sceptical—wary of schemes that promise free training but later demand fees. Neighbours further discouraged them, citing failed placements and concerns about driving affecting her marriage prospects.

For over three months, Khushi persistently advocated for herself. She persuaded her mother to visit CFAR's *Kishori Sashaktikaran Kendra* and the Azad Foundation centre. Gradually, her mother was convinced, but her father refused. Ultimately, her mother stood by her, asking for just one month to let Khushi try.

Khushi began training on June 24, 2024. The six-month course went beyond driving—it included first aid, map reading, navigation, legal literacy, self-defence, and personality development. Battling stereotypes and daily taunts from her community, Khushi pushed through and passed her driving test at Maruti Driving School. She now drives with Sakha Cabs and has applied to other agencies as well.

Today, Khushi funds her own education and supports her family. Her success allowed her mother to step back from selling vegetables, reducing her workload. "Driving has given me confidence and independence," says Khushi. "I am not just earning—I am free to move, to decide, and to lead."

Her transformation has challenged gender norms at home and in the community. Once doubtful, her mother now beams with pride: "She didn't just change her life—she changed ours. She's a role model for girls like her."

"I was mocked for being transgender and never saw any value in having a bank account or thinking about the future. But today we run a savoury snack stall and support my community with confidence and pride." Rosy, Transgender SHG member

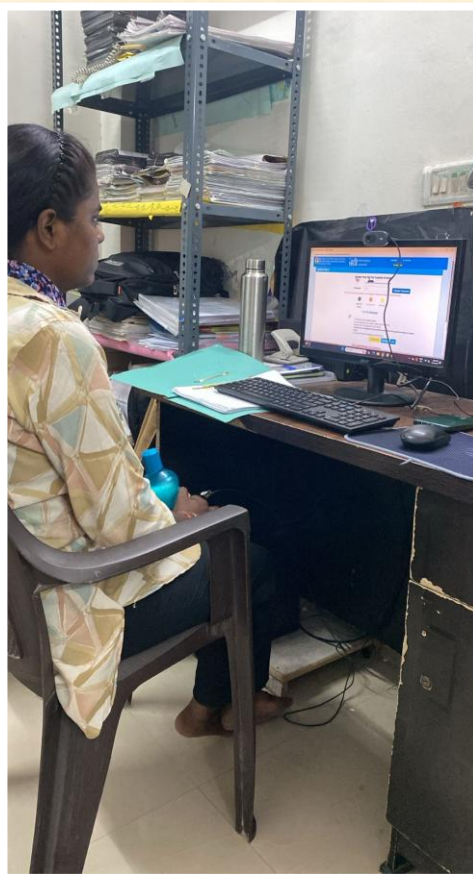
"When I see community members feel helpless, I tell them, it is our duty to bridge the gap between you and government schemes, which gives them confidence." Geeta, Helpdesk member



Artificial Jewellery Training Group



Certificate Distribution for NTL Course



Our Trustees



Akhila Sivadas, Founder, Managing Trustee, Chief Functionary

A development professional, researcher, and expert in communication and advocacy, with over four decades of experience in system strengthening, strategic advocacy, and policy development on health, governance, climate resilient WASH and inclusive development from a gender and intersectional lens



Anuradha Mukherjee, Founder Trustee and Secretary

A social development expert, researcher, and editor with a focus on child rights and women's development, contributing to special care programs, child rights policies, research and evaluations, and educating the media on child-sensitive reporting.



Amita Puri, Trustee and Treasurer

A social justice and gender expert on issues, livelihoods, business and human rights, and partnership management, with contributions to fundraising, institutional strengthening, and resource management, promoting sustainable strategy development



Mathew Cherian, Trustee

A member of the Grant-in-Aid Committee of the Ministry of Social Justice and Empowerment, the NGO Task Force of the Planning Commission, the Core Committee of NITI Aayog, and the NHRC; Chairperson of the Empowered Experts Committee; and currently serving as Amicus Curiae to the Supreme Court in matters concerning the rights of the elderly

AWARD AND ACHIEVEMENTS

April 2024- March 2025



CFAR received 21 appreciation letters and awards across thematic areas from national and city-level stakeholders.

- ✚ **Maharashtra** – Seven (7) awards from the District Legal Services Authority and Pune Municipal Corporation for facilitating access to welfare and social protection schemes for marginalized communities.
- ✚ **Rajasthan** – Four (4) awards from the Municipal Corporation for supporting the strengthening of inclusive Water, Sanitation, and Hygiene (WASH) services in urban slums.
- ✚ **Delhi** – Four (4) awards from the Dattopant Thengadi National Board for Workers Education and Development for enrolling migrant and informal workers in government welfare schemes.
- ✚ **Uttar Pradesh** – Three (3) awards for communication and media support to the Department of Health and Family Welfare.
- ✚ **Kolkata** – Two (2) awards from the National Health Mission and Department of Health and Family Welfare for capacity building on vector-borne diseases.
- ✚ **Odisha**- One (1) appreciation letter for facilitation of Pravasi Bhartiya Diwas with the Bhubaneswar Municipal Corporation

To view click: <https://app.box.com/s/bcxiz9wisiaref42re2r4525swnw874k>

Publications and Audio-Visuals

April 2024 – March 2025

CFAR produced **22 knowledge and learning products**, including assessment reports, capacity-building toolkits, training curricula, and documentation of innovative practices.

Read: <https://app.box.com/s/u6ei7bzfyh93ht0ticcbzv3cuan9304>

CFAR produced 39 new short films focused on climate-resilient WASH, prevention of vector-borne diseases, and related public health themes. These films were widely disseminated through partner networks and across social media platforms.

View: <https://www.youtube.com/@cfaryoutube8445/videos>



Partnerships

Across all states, **CFAR** has built an **exhaustive community network** through the following initiatives:

❖ **Six Community-Based Organisations (CBOs)** of women, men, and persons with disabilities:

- ◆ *Alor Disha*, Kolkata (2012)
- ◆ *Daksh Sammoah*, Jaipur (2012)
- ◆ *Daksha Samuha*, Bengaluru (2013)
- ◆ *Satark Yuva Sangathan*, Delhi (2019)
- ◆ *Alma Nirbhar Jeewan Sansthan*, Disabled Persons Organisation, Jaipur (2022)
- ◆ *Shrestha Mahila Samiti* (2024)

❖ **1,211 Community Forums** with **17,556 Community Representatives**

❖ **15 Accredited e-Mitra** Digital Service Operstors

❖ **444 Self-Help Groups (SHGs)**
Representing **5,003 members**, including trans persons, women, ragpickers, elderly, persons with disabilities, and sanitary workers



Acknowledging Our Partners

We express our sincere gratitude to the following partners for **their collaboration, mentorship, and guidance**. Their consistent and generous support has made our work across the states possible:

- ◆ National, State, and City-level **government agencies, line departments**, and **allied institutions**
- ◆ **Academic institutions**, research networks, and **think-tank alliances**
- ◆ **Global networks, bilateral organizations**, and **international NGOs (INGOs)**
- ◆ **Regional alliances** and technical support organizations
- ◆ **Private sector agencies** and **communication partners**
- ◆ **Civil society organizations, development partners**, and **subject experts**
- ◆ District, Zonal, and Ward-level **nodal focal points**, program implementers, and service providers
- ◆ **Community leaders**, grassroots platforms, and **institutional frontline workers**
- ◆ **Community-based organizations** working with children, women, sexual and gender minorities, persons with disabilities, sanitary workers, and ethnic groups
- ◆ **Donors**, corporates, and the **social sector department**

Institutional Information

Centre for Advocacy and Research; Key Institutional Information

[A]- SECTION; Basic Institutional Information-(Registered Name, Address, Governing Body, Objective, Mission & Vision, Beneficiaries)

Sr. No	Particulars	Status/Information
01	Registered Name of Organization	CENTRE FOR ADVOCACY AND RESEARCH
02	Address	Registered Office: - E-1, Press Enclave, Saket, New Delhi-110017 Head Office: - H-16A, 2nd & 3rd Floor, Kalkaji, New Delhi-110019
03	Telephone No.	Head Office: 091-11-26418846, 26418847
04	Official Email ID Official Website	Organisation's Website ID : www.cfar.org.in Organisation's e-mail ID : cfarheadoffice@cfar.org.in Facebook ID : https://www.facebook.com/cfar123 Twitter ID : https://twitter.com/CFARngo Linkedin ID : https://www.linkedin.com/in/cfar-ngo-4134bab4/ Instagram id- https://www.instagram.com/cfarngo/ YouTube: https://www.youtube.com/channel/UCLwxrP9Uc9GySCTwLHfqf0Q
05	Date of the establishment of the NGO	29 th January, 1998
06	List of Governing Body Members	There are four governing board members in CFAR Trust <ol style="list-style-type: none"> Ms. Akhila Sivasadas, Managing Trustee/Chief Functionary <ul style="list-style-type: none"> DOJ: 29-01-1998 Country: India Gender: Female Ms. Anuradha Mukherjee, Secretary/Trustee <ul style="list-style-type: none"> DOJ: 29-01-1998 Country: India Gender: Female Ms. Amita Puri, Treasurer Trustee <ul style="list-style-type: none"> DOJ: 23-09-2013 Country: India Gender: Female Mr. Mathew Cherian, Trustee <ul style="list-style-type: none"> DOJ: 28-06-2019 Country: India Gender: Male
07	Name of Chief Functionary with Contact Number	Ms. Akhila Sivasadas Mobile: 9810415066 Email : akhilasivasadas1@gmail.com
08	Goals & Objective of Organization	The Centre for Advocacy and Research (CFAR), headquartered in Delhi is a non-government, non-political, non-religious and non-profit organization registered as a Charitable Public Trust, in January 1998. The main objective of organization is advancing the social development of the less privileged. CFAR is committed to advancing the welfare of the poor and improving the quality of life of vulnerable and marginalized groups. This includes women, girls, urban poor, unorganized workers, transgender persons, the elderly, single women, HIV positive persons, and people with disabilities.
09	Vision & Mission of Organization	Vision Statement –Voice for the Voiceless -Which is translated into collaborative action between various social sector departments and the community to deliver and secure welfare schemes aimed at improving the

		<p>quality of life of unorganized workers, vulnerable women, widows, the elderly and persons with disabilities, among others.</p> <p>Mission Statement:- To Create Space Within Communities And The Media For Dialogues That Will Impact On Public Opinion And Policy To Get Adequate Social Entitlement Access Of Schemes Available For The Marginalized Community</p>
10	Geographical Coverage Constituencies, Partners and Donor Agencies	<p>1. Geographical Presence in India</p> <ul style="list-style-type: none"> CFAR has presence in the 8 states of India: Bihar, Delhi, Karnataka, Maharashtra, Odisha, Rajasthan, Uttar Pradesh and West-Bengal. <p>2. Constituencies</p> <ul style="list-style-type: none"> Adolescents, young people Women including pregnant, lactating, Elderly, persons with disabilities, co-morbid persons living with leprosy, filariasis, kala-azar, tuberculosis and respiratory ailments Unorganised workers-domestic, construction, sanitary workers, <i>beedi</i> workers, street vendors, daily wage and informal sector workforce, women in sex work Persons of diverse genders including trans persons, sexual and gender minorities Men, boys including destitute city makers and homeless persons Ethnic, nomadic and stigmatised groups such as <i>Sansi, Waghari, Shikalgar, Nahar, Maratha, Kalbelia and Bhils</i> <p>3. Partners and Partnerships</p> <ul style="list-style-type: none"> National: Ministry of Housing and Urban Affairs, National Institute of Disaster Management Government –Municipal Corporation, Urban Local Bodies, District Administration, Legal Services Authority, Delhi Jal Board, Delhi Urban Shelter Improvement Board, Department of Local Bodies, Department of Empowerment of Persons with Disabilities Nodal Departments: Department of Women and Child Development, Department of Social Welfare, Department of Social Justice and Empowerment, National Health Mission, National Urban Livelihood Mission, India Post, UIDAI-UTI, Department of Education, Department of Labour, ALIMCO Bi-lateral Agencies and Global Alliances-UNICEF, UNFPA, UNDP, UN-Habitat, Credibility Alliance, Menstrual Hygiene Alliance, NFSSM Alliance, Sanitation and Water for All, FANSA, PATH, Indo Global Social Service Society Technical Partners-Onion Development Communications, Lixil Private Limited, Happy Tap Development Organisations, Civil Society Organisations, Community Based Organisations, across states and cities <p>4. CFAR work has been supported by the following donors:</p> <ul style="list-style-type: none"> ➤ International and Global Donor Agencies during FY 2024-25 <ul style="list-style-type: none"> Bill & Melinda Gates Foundation (BMGF) Michael and Susan Dell Foundation (MSDF) India Development Relief Fund (IDRF) Partnerships for Transformation Fund (PTF) Water for Women-Department of Foreign Affairs and Trade (WfW-DFAT) Empower-The Emerging Markets Foundation Limited (Empower) People's Courage International Inc. (PCII) ➤ National Level Indian Donor Agencies <ul style="list-style-type: none"> Azim Premji Philanthropic Initiative (APPI) Advancing Reduction in Mortality and Morbidity of Mothers, Children and Neonates-(AARMMAN Equity Pilot)

		CSR Corporates <ul style="list-style-type: none"> · Yardi Software India Private Limited –(PCMC Project) · Yardi Software India Private Limited –(VSP Project)
11	Main beneficiaries of CFAR Social Development Projects and Programme	Main beneficiaries include: Marginal communities such as urban poor households, women and girls, persons with disabilities, and the elderly; unorganized workers including construction workers, domestic workers, sanitary workers, beedi-rollers, street vendors, factory workers, garment workers, daily wage workers and artisans; key populations most vulnerable to HIV such as transgender persons and sexual minorities, sex workers and people living with HIV.
12	CFAR Compliance and Governance with applicable statute	<p>The CFAR Trust being an non-profit charity entity implements its social development projects/programmes within the applicable provisions of status and ensures full compliance with applicable statutory norms and regulations such as:</p> <ul style="list-style-type: none"> • Compliance with Registration and Constitution like Registration Act, Byelaw & Memorandum requirements such as complying with clauses related to number of Board Meetings and Operational growth and other decisions • Compliance with applicable laws like; Income Tax, FCR Act, EPF Act, ESI Act, Gratuity Act & Workmen Compensation • Compliance with Internal Institutional Guidelines & Manuals etc. like; Institutional Policy Manual, Financial Operation Policy Manual, Procurement Manual and interim standing instructions and circulars etc. • Compliance with Internal Policies of CFAR Trust like; HR Policy, Accounting Policy, Conflict of Interest, Fraud & Corruption Protection Policy, Child Protection Policy, Sexual Harassment at Workplace Policy, Environment Protection Policy, Integrity Management Policy, Health & Safety Policy etc. • Compliance with terms & conditions of project grant agreements like; receipts of funds, maintenance of records, utilization of funds and submission of reports as per timeline with product and narrative progress reports • Validating the records and progress of work by competent third party agencies regularly like; Statutory Auditors, Internal Auditors, External Professional Evaluators and Agencies. • Generation of Reports and Records in compliance with applicable statutes like: Programme Reports (Work plan, milestone chart, Gantt-chart, result trackers& framework, variance report, narrative progress reports) and accounting records and reports (Accounts of all transactions, records of assets, audited financial statements, donors reports) and Annual Report and Information on website for public domain. • CFAR also comply with requirement of other statues like; Safety and security, back-up of data and preservation of records, working environment, insurance and risk management. • Decentralized Decision Making like: CFAR has set up various independent authorised internal committee to review and recommend their opinions so that fair decision can be taken like ; Executive Committee, Selection Committee, Procurement Committee, Child Protection Committee, Sexual Harassment at Workplace Committee etc. • Preferring Banking Transaction mode instead of cash: CFAR makes maximum payment by banking mode; for this purpose, CFAR has system to settle maximum payment via banking mode (more than 95% via banking mode) with due authorization.

[B]- SECTION; Statutory Registration details-(Trust, Income Tax, FCRA, EPF, ESIC, DARPAN, MCA etc.)

S. No.	Particulars	Status/Information
1A	Registration details of Organization	
1A.1	Registration of CFAR covered under (i) Trust (ii) Society (iii) Sec. 25 Company (iv) others	The CFAR is working as Public Charitable Trust with following registration details:- <ul style="list-style-type: none"> · Registered as: Public Charitable Trust · Registration No.: 661/IV/29.01.998 · Place of Registration: Delhi · Date of Registration: 29/01/1998 · Area of Operation: National Level NGO (All over India) · Registration Validity: forever (Permanent)
1B	Statutory Information	
1B.1	PAN No.	· AAATC-0743-J
1B.2	TAN No.	· DELC-04334-B
1B.3	Registration u/s 12A/12AA of the Income Tax Act 1961 for claiming tax exemption on total income being charity organisation	<ul style="list-style-type: none"> · Registration No: C-520 dated 17/09/1998 · Renewed Reg. No. is: AAATC0743JE19983 · Validity of document is: 23/09/2026
1B.4	Registration u/s 80G of Income Tax Act where the Donor can claim deduction from taxable income subject to certain limits.	<ul style="list-style-type: none"> · Old 80G Registration No was: DIT(E)/2009-2010/C-520/1860 dated 29/09/2009 and valid from A.Y. 2010-11 to A.Y.2012-13. The same was valid till perpetual lives of the Organization vide I-Tax Circular No-07/2010. · Renewed 80G renewal No. is: AAATC0743JF20096 · Validity of document is: 23/09/2026
1B.5	Registration certificate under the Foreign Contribution (Regulation) Act, 1976 with Ministry of Home Affairs of India, FCRA Wing	<ul style="list-style-type: none"> · Original Registration No.: 231660104 · Date of Registration: 11th January, 2001 · Previous Renewal date & Validity: - 1st July 2016 and it was valid from 1st November, 2016 to 31st October, 2021 and then extended till 31st December 2021 vide public notification No.II/21022/23(22)/2020 FCRA-III dated 30th September 2021. · Current Renewal date & Validity: 2nd December 2021 and it is valid from 1st January 2022 to 31st December 2026.
1B.6	Registration with NITI- AAYOG at DARPAN Portal	· Registration No- DL/2016/0095652.
1B.7	MCA Portal of Ministry of Corporate Affairs	· CSR Registration with MCA through ID No.: CSR00001168
1B.8	EPF Registration No.	· DSNHP/0940701/1809
1B.9	ESIC Registration No.	· 20001198610000999
1C	Institutional Affiliation/Accreditation for Maintaining Good Governance and Transparency	
1C.1	CFAR Affiliation and Accreditation with other nodal agencies with valid membership and registration	<ol style="list-style-type: none"> 1. The CFAR Trust is an accredited member of CREDIBILITY ALLIANCE and Membership Number is CA/08/2021. CFAR Trust is accredited for adherence to the minimum norms of Governance & Accountability, Transparency, Organizational Capacity and Program Implementation & Effectiveness. 2. The CFAR Trust was also accredited by Samajik Suvidha Sangam, Mission Convergence, and NCT of Delhi Government for adherence to better Governance & Accountability, Transparency, Organizational Capacity and Program Implementation & Effectiveness. 3. The CFAR Trust is also accredited by GuideStar India, for adherence to better Governance & Accountability, Transparency, Organizational Capacity and Program Implementation & Effectiveness. GuideStar India has awarded Platinum Certificate (Champion level vide GSN No-596) to

		<p>CFAR Trust recognising it for better transparency and adhering to full compliance of required statute.</p> <p>4. The CFAR Trust has international accreditation with TechSoup-NGO source by obtaining Equivalency Determination -(ED) Certification vide Membership ID-948 that provides equivalency in maintaining charitable status in India at par with other countries abroad.</p> <p>5. The CFAR Trust is registered members of the following credible organizations and statutory bodies:-</p> <ul style="list-style-type: none"> • FICCI-SEDF-FICCI Socio Economic Development Foundation • India Sanitation Coalition-(ISC) • BSE-Samman, DASRA • NALSA-National Legal Service Authority • National Alliance of Faecal Sludge and Septage Management (NFSSM Alliance) • Menstrual Hygiene Alliance
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[C]- SECTION; Other Institutional Informations-(Annual Reporting, Governing Board Meetings etc.)

S. No.	Particulars	Status/Information																																					
1A.1	<p>Reporting to the competent Authorities:</p> <p>a) Registrar of Trust b) Income Tax Department c) FCRA Department d) MCA-CSR e) EPF Department f) ESIC Department g) PoSH Act etc.</p>	<p>The CFAR is working as Public Charitable entity and implements its social development projects/programmes within the applicable provisions of status timely reports to the applicable authorities as per reporting schedule for FY 2024-25:</p> <p>a) Registrar of Trust: There is no reporting requirement to the Registrar of Deed since Registrar of Trust nodal authority is not established in Delhi therefore annual reporting to Registrar of Trust by CFAR Trust is not required as per the statute of Registration Act.</p> <p>b) Income Tax Department: CFAR reports to the Income Tax Department as per the reporting schedules:</p> <table><thead><tr><th>Reporting Area</th><th>Applicable Authority</th><th>Key Forms & Documents</th><th>Due Date / Frequency</th></tr></thead><tbody><tr><td>Income Tax</td><td>Income Tax Department</td><td>ITR-7 (Return for charitable institutions)</td><td>By 31st October 2025 and filed on 27th October 2025</td></tr><tr><td>Annual Donation Income Report</td><td>Income Tax Department</td><td>Form 10BD for the Donation/Grants Reporting by the Charitable Institutions</td><td>By 31st May 2025 and filed on 23rd May 2025</td></tr><tr><td>Annual Audit Report</td><td>Income Tax Department</td><td>Form 10B (Audit Report u/s 12A/12AB)</td><td>By 31st October 2025 Along with ITR filing filed on 19th October 2025</td></tr><tr><td>Utilization of Income</td><td>Income Tax Department</td><td>Form 10 (if accumulation claimed u/s 11(2))</td><td>31st October 2025 not filed since no accumulation at the end of FY 2024-25</td></tr><tr><td>TDS Returns</td><td>Income Tax Department</td><td>Form 24Q, 26Q, etc.</td><td>Quarterly submitted within due dates</td></tr><tr><td>GST Returns</td><td>GST Department</td><td>GSTR-1, GSTR-3B, Annual Return</td><td>Not Applicable</td></tr></tbody></table> <p>c) FCRA Department: CFAR reports to the Income Tax Department as per the reporting schedules</p> <table><thead><tr><th>Reporting Area</th><th>Key Forms & Documents</th><th>Due Date / Frequency</th></tr></thead><tbody><tr><td>Annual Return</td><td>FC-4 Form</td><td>By 31st December 2025</td></tr><tr><td>Quarterly Disclosure of Funds Receipts</td><td>On Official Website of CFAR</td><td>By 15th day of next month after completing a quarter period and same were uploaded timely</td></tr></tbody></table>	Reporting Area	Applicable Authority	Key Forms & Documents	Due Date / Frequency	Income Tax	Income Tax Department	ITR-7 (Return for charitable institutions)	By 31st October 2025 and filed on 27 th October 2025	Annual Donation Income Report	Income Tax Department	Form 10BD for the Donation/Grants Reporting by the Charitable Institutions	By 31st May 2025 and filed on 23 rd May 2025	Annual Audit Report	Income Tax Department	Form 10B (Audit Report u/s 12A/12AB)	By 31st October 2025 Along with ITR filing filed on 19 th October 2025	Utilization of Income	Income Tax Department	Form 10 (if accumulation claimed u/s 11(2))	31st October 2025 not filed since no accumulation at the end of FY 2024-25	TDS Returns	Income Tax Department	Form 24Q, 26Q, etc.	Quarterly submitted within due dates	GST Returns	GST Department	GSTR-1, GSTR-3B, Annual Return	Not Applicable	Reporting Area	Key Forms & Documents	Due Date / Frequency	Annual Return	FC-4 Form	By 31st December 2025	Quarterly Disclosure of Funds Receipts	On Official Website of CFAR	By 15 th day of next month after completing a quarter period and same were uploaded timely
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1A.2	Governing Board of Trustee Meetings Conducted in the previous year	<p>CFAR conducts minimum four Board Meetings during a year as per the statute. During the financial year FY 2024-25 the CFAR has conducted the Board of Trustee Meetings as per details given below:</p> <table><tr><th>Date of Board Meeting</th><th>Total Board Members on Records</th><th>Board Members Presented in the Board Meeting</th><th>Name of Board Members Attended the Board Meetings</th></tr><tr><td>25/06/2024</td><td>04</td><td>04</td><td>Ms. Akhila Sivadas Ms. Anuradha Mukherjee Ms. Amita Puri Mr. Mathew Cherian</td></tr><tr><td>27/09/2024</td><td>04</td><td>04</td><td>Ms. Akhila Sivadas Ms. Anuradha Mukherjee Ms. Amita Puri (via Zoom Call) Mr. Mathew Cherian</td></tr><tr><td>27/01/2025</td><td>04</td><td>04</td><td>Ms. Akhila Sivadas Ms. Anuradha Mukherjee Ms. Amita Puri Mr. Mathew Cherian</td></tr><tr><td>26/03/2025</td><td>04</td><td>04</td><td>Ms. Akhila Sivadas Ms. Anuradha Mukherjee Ms. Amita Puri Mr. Mathew Cherian</td></tr></table>	Date of Board Meeting	Total Board Members on Records	Board Members Presented in the Board Meeting	Name of Board Members Attended the Board Meetings	25/06/2024	04	04	Ms. Akhila Sivadas Ms. Anuradha Mukherjee Ms. Amita Puri Mr. Mathew Cherian	27/09/2024	04	04	Ms. Akhila Sivadas Ms. Anuradha Mukherjee Ms. Amita Puri (via Zoom Call) Mr. Mathew Cherian	27/01/2025	04	04	Ms. Akhila Sivadas Ms. Anuradha Mukherjee Ms. Amita Puri Mr. Mathew Cherian	26/03/2025	04	04	Ms. Akhila Sivadas Ms. Anuradha Mukherjee Ms. Amita Puri Mr. Mathew Cherian
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1A.3	If any compensation or sitting fee is paid to the Governing Board Members of Trust.	<p>There are four board of Trustee Members in CFAR Trust comprising of; Managing Trustee, Secretary Trustee, Treasurer Trustee and Trustee Member through board resolution. No, remuneration or sitting fees was paid to any other Board Members except Ms. Akhila Sivadas during FY 2024-2025.</p> <p>The Managing Trustee (Ms. Akhila Sivadas) was appointed full time Executive Director for fixed monthly remuneration. She being an Executive Director of CFAR Trust plays proactive role on behalf of Board by directing the programme and scaling operation, spearheading strategic planning, designing and implementing policies, ensuring proper compliance of applicable regulations and statues, monitoring financial systems and oversight management. Apart from this, the Secretary Trustee, Ms. Anuradha Mukherjee, also provides her consultancy service on time sharing basis as and when required for specific subject and gets paid proportionately. Thus, only two Trustee Members are paid as per statute and same is reported to the Income Tax Authority as per provisions of Income Tax Act 961.</p>																				

1A.4	Overall Team Strength and Range of Remuneration	CFAR team comprises of a diverse professionals more than 400 team members engaged with CFAR under different projects and programme with the expertise required in development, social work, women's rights, strategic and technical management, finance, communication, policy advocacy and research work. These professional team members were compensated during the FY 2024-25 with range of INR 21,500/- to 2,50,000/- on monthly basis as per their productivity, calibre and quality of delivery of outcomes.
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Financial Statements

Consolidated (FCRA & Non-FCRA) Financial Statement of CFAR Trust for the FY 2024-2025

R.K. SHARDA & ASSOCIATES

Chartered Accountants

309, Delhi Chambers, Delhi Gate,
New Delhi-110002

Email: rk_sharda@hotmail.com

Tel. No. 011-23283005, 23274795, 9811195522

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Audit Report

I have examined the balance sheet of **Centre for Advocacy & Research (CFAR) :: New Delhi PAN NO.-AAATC0743J** [name of the trust or institution] as at **31st March 2025** and the Profit and loss account for the year ended on that date which are in agreement with the books of account maintained by the said Trust or institution. I have obtained all the information and explanations, which to the best of my knowledge and belief were necessary for the purposes of the audit. In my opinion, proper books of account have been kept by the head office and the branches of the above named trust/institution visited by me so far as appears from my examination of the books, and proper Returns adequate for the purposes of audit have been received from branches not visited by me, subject to the comments given below:

In my opinion and to the best of my information, and according to information given to me, the said accounts give a true and fair view-

- (i) in the case of the balance sheet, of the state of affairs of the above named *trust/institution as at **31st March 2025** and
- (ii) in the case of the profit and loss account, of the profit or loss of its accounting year ending on **31st March 2025**

Place : **New Delhi**

Date : **22.09.2025**

R.K.SHARDA & ASSOCIATES

Chartered Accountants

FRN No.-006226N

R.K. Sharda

R.K.SHARDA¹

M.No.-084847

UDIN :



CENTRE FOR ADVOCACY AND RESEARCH

E-1, Press Enclave, Saket, New Delhi-110017

BALANCE SHEET

AS AT 31ST MARCH 2025

PARTICULARS	SCHEDULE	Amount 2024-25 (Rs.)	Amount 2023-24 (Rs.)
LIABILITIES			
FIXED ASSETS FUND	A	6,987,645.00	7,185,907.00
TRUST FUND	B	6,201,100.00	6,201,100.00
RESERVE FUND	C	3,165,130.10	3,774,940.10
GENERAL FUND	D	829,197.55	2,170,720.70
PROJECTS FUND	E	77,409,581.47	69,797,233.79
CURRENT LIABILITIES	F	97,740.00	104,969.00
	TOTAL	94,690,394.12	89,234,870.59
ASSETS			
FIXED ASSETS	G	6,987,645.00	7,185,907.00
INVESTMENTS	H	6,201,100.00	6,201,100.00
CURRENT ASSETS	I	81,501,649.12	75,847,863.59
	TOTAL	94,690,394.12	89,234,870.59
Accounting Policies & Notes	J	-	-

As per our audit report even dated attached

For R.K.Sharda & Associates
Chartered Accountants
Firm Reg. No. 006226N

R.K. Sharda

Proprietor
M.No.084847
UDIN No-



Indira Tuni

(Treasurer/Trustee)

Akhile Sivasubramanian

(Managing Trustee)



Place: New Delhi
Date : 22/09/2025

CENTRE FOR ADVOCACY AND RESEARCH

INCOME & EXPENDITURE ACCOUNT YEAR ENDED 31ST MARCH 2025

PARTICULARS	SCHEDULE	Amount 2024-25 (Rs.)	Amount 2023-24 (Rs.)
INCOME			
Project Income-(Grants/CSR/Covid etc)	K	235,601,000.23	195,204,963.59
Donation Received		402,000.00	18,188,000.00
CFAR Project Contribution		1,423,638.83	2,027,258.94
Sale of Scrap/Equipment		50,588.00	43,905.00
Bank Interest Earned-(FDR/Saving)		4,235,580.00	4,152,136.00
Interest on IT Refund		12,790.00	-
TOTAL		241,725,597.06	219,616,263.53
EXPENDITURE			
Core Project Expenditures-(Specific/CSR/Covid)	K	201,538,889.00	185,842,427.47
Project Support Contribution/Donation Payments etc		2,535,878.83	1,512,291.00
Project Management/Administrative Expenditures		26,425,709.20	29,555,513.45
Project Amount Returned to Donors		5,564,105.50	-
TOTAL EXPENDITURE		236,064,582.53	216,910,231.92
Balances Carried over to Project Balance Fund		4,220,794.78	1,219,829.54
<i>Surplus /Deficit transferred to General Fund</i>		830,409.75	1,051,615.07
<i>Surplus /Deficit transferred to Reserve Fund</i>		609,810.00	434,587.00
<i>Project Deficit transferred to Reserve Fund</i>		-	-
TOTAL		241,725,597.06	219,616,263.53

As per our audit report even dated attached

For **R.K.Sharda & Associates**
Chartered Accountants
Firm Reg. No. 006226N

R.K.Sharda

Proprietor
M.No.084847
UDIN No-

Place: New Delhi
Date : 22/09/2025



Prithvi Prui
(Treasurer/Trustee)

Akhil Sivasdas
(Managing Trustee)



CENTRE FOR ADVOCACY AND RESEARCH

RECEIPTS & PAYMENTS ACCOUNT

YEAR ENDED 31ST MARCH 2025

Annexure	Amount 2024-25 (Rs.)	Amount 2023-24 (Rs.)
RECEIPTS		
Opening Balances		
Cash-in-hand	13,271.00	19,748.00
Bank Balance	3,904,422.01	28,508,532.84
Short-Term Deposits-FDR/Bank Guarantee	66,900,000.00	42,000,000.00
Investments	6,201,100.00	5,206,570.00
Amount Recoverable/Adjustables etc	4,925,201.58	3,503,112.14
Receipts for the year		
Project Income-(Grants/CSR/Covid etc)	235,601,000.23	195,204,963.59
Donation Received	402,000.00	18,188,000.00
CFAR Project Contribution-(Service Charges)	1,423,638.83	2,027,258.94
Sale of Scrap/Equipment	50,588.00	43,905.00
Bank Interest Earned-(FDR/Saving)	4,235,580.00	4,152,136.00
Interest on IT Refund	12,790.00	-
TOTAL (A)	323,669,591.65	298,854,226.51
PAYMENTS		
Core Project Expenditures	201,538,889.00	185,842,427.47
Project Support Contribution/Donation Payments etc	2,535,878.83	1,512,291.00
Project Manangement/Administrative Expendiutres	26,425,709.20	29,555,513.45
Project Amount Returned to Donors	5,564,105.50	-
Closing Balances		
Cash-in-hand	3,007.00	13,271.00
Bank Balance	5,671,027.95	3,904,422.01
Short-Term Deposits-FDR/Bank Guarantee	72,450,000.00	67,900,000.00
Investments	6,201,100.00	5,201,100.00
Amount Recoverable/Adjustables etc	3,279,874.17	4,925,201.58
TOTAL (B)	323,669,591.65	298,854,226.51

As per our audit report even date attached

For **R.K.Sharda & Associates**

Chartered Accountants

Firm Reg. No. 006226N

R.K.Sharda

Proprietor

M.No.084847

UDIN No-

Place: New Delhi

Date : 22/09/2025



Anita Tuni

(Treasurer/Trustee)

Abhijeet Sivasubramanian

(Managing Trustee)



SCHEDULE -(K) PROJECTS RECEIPTS & UTILIZATION DURING FY 2024-25

CENTRE FOR ADVOCACY AND RESEARCH: NEW DELHI																		
CFAR (FCRA + NON FCRA) FUNDS 2024-25																		
DETAILS OF FUNDS RECEIVED AND UTILIZED DURING FY 2024-25																		
Sr. No.	Short Abbreviation of Project	Sources of Funds	Opening Balance as on 01.04.2024	Receipt during the year 2024-25						Total Funds	Utilisation During the Year 2024-25						Total Utilization	Closing Balance as on 31.03.2025
				Project Grants/CSR/Covid etc	Donation	Project Cont./Service Charges	Sale of Scrap/Equipme nt	Interest Earned	Contras		Project Grants/CSR/Covid etc	Admin/Project Management Cost	Project Support/Donation Payments etc	Project Amount Returned to Donors	Contras			
FCRA PROJECTS																		
1	BMGF-(LVL) INV 073885-II	FCRA	-	33,424,000.00	-	-	-	480,557.00	-	33,914,557.00	20,731,320.89	2,827,902.84	-	-	166,878.00	23,726,101.73	10,188,455.27	
2	MSDF-2(Social Inclusion)	FCRA	795,252.31	-	-	-	-	934.00	-	796,186.31	720,881.31	70,429.00	-	-	4,876.00	796,186.31	-	
3	DFAT(WFW-CR16)	FCRA	14,559,762.69	39,584,543.07	-	-	-	692,665.00	-	54,836,970.76	52,867,476.24	3,407,840.47	-	-	524,840.00	56,800,156.71	(1,963,185.95)	
4	BMGF-UP & BIHAR Project INV 044284	FCRA	29,774,630.01	-	-	-	-	407,062.00	-	30,181,692.01	25,379,033.08	4,553,724.93	-	-	249,134.00	30,181,892.01	-	
5	BMGF-(LVL) INV 024829	FCRA	8,263,644.50	-	-	-	-	24,714.00	-	8,288,358.50	7,508,568.91	779,789.59	-	-	-	8,288,358.50	-	
6	IDRF/PTF-(GBV Ajmer) Project -II	FCRA	(161,938.70)	1,656,155.00	-	-	-	11,118.00	328,000.00	1,833,334.30	2,238,758.02	118,000.00	-	-	9,676.00	2,366,434.02	(533,099.72)	
7	EMPOWER-HER	FCRA	-	2,009,931.00	-	-	-	17,686.00	-	2,027,617.00	1,443,411.84	327,457.22	-	-	19,353.00	1,790,222.06	237,394.94	
8	PCII-MRC Project	FCRA	-	4,079,756.16	-	-	-	29,071.00	-	4,108,827.16	1,794,463.00	662,929.36	-	-	24,146.00	2,481,538.36	1,627,288.80	
9	Charity/Donation Fund	FCRA	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
TOTAL -[A]				53,231,550.81	80,754,385.23	-	-	-	1,675,807.00	328,000.00	135,987,743.04	112,683,913.29	12,748,075.41	-	-	998,903.00	126,430,889.70	9,556,853.34
NON-FCRA PROJECTS																		
1	APPI-II (Health Initiative/Kolkata/Kape)	NON-FCRA	9,323,216.20	12,614,000.00	366,000.00	-	-	179,290.00	1,422,043.24	23,904,549.44	10,575,931.12	1,483,379.40	-	718,535.32	934,947.00	13,712,792.84	10,191,756.60	
2	SECL-CSR Project	NON-FCRA	(1,655,242.40)	-	-	-	-	-	1,655,242.40	-	-	-	-	-	-	-	-	
3	YARDI-VSP-(CSR) Project	NON-FCRA	(35,513.58)	4,941,676.00	-	-	-	4,591.00	-	4,916,753.42	3,797,317.02	1,144,088.00	-	-	35,375.00	4,976,778.02	(66,024.60)	
4	YARDI-PCMC-(CSR) Project	NON-FCRA	-	2,995,000.00	-	-	-	2,780.00	-	2,997,780.00	2,002,035.00	776,606.40	-	-	-	2,778,641.40	219,138.60	
5	APPI-(Delhi 5 Districts) Project	NON-FCRA	103,545.33	15,813,000.00	-	-	-	402,652.00	-	16,319,197.33	13,929,789.18	1,285,115.18	-	1,104,292.97	-	16,319,197.33	-	
6	APPI-III (3 Cities S) Project	NON-FCRA	1,081,763.45	24,017,000.00	-	-	-	450,987.00	-	25,549,750.45	16,792,709.74	3,365,034.50	-	3,741,277.21	-	23,899,021.45	1,650,729.00	
7	APPI-JANADHIKARA Project	NON-FCRA	7,642,135.24	27,260,000.00	-	-	-	113,462.00	-	35,035,597.24	23,326,732.00	1,667,850.40	-	-	1,422,043.24	26,416,625.64	8,618,971.60	
8	APPI-CRECHE Project	NON-FCRA	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
9	APPI-(MDM-Egg) Project	NON-FCRA	-	3,666,000.00	-	-	-	3,452.00	-	3,669,452.00	3,464,224.00	85,029.00	-	-	-	3,549,253.00	120,199.00	
10	APPI-LTG (5 Cities) Project	NON-FCRA	-	62,600,000.00	-	-	-	424,048.00	-	63,024,048.00	13,613,966.97	2,260,024.10	-	-	-	15,873,991.07	47,150,056.93	
11	BMC-Safai Mitra Project	NON-FCRA	(93,217.98)	134,772.00	-	-	-	-	-	41,554.02	-	-	-	-	-	53,450.00	-	
12	AARMMAN (Equity Pilot) Project	NON-FCRA	-	805,167.00	-	-	-	-	-	805,167.00	584,777.00	305,430.74	-	-	-	890,207.74	(85,040.74)	
13	SSEPD-BBSR-Sweekruti Project	NON-FCRA	144,129.00	-	-	-	-	-	-	144,129.00	-	-	-	-	144,129.00	144,129.00	-	
14	Charity/Donation Fund	NON-FCRA	54,867.72	-	36,000.00	-	-	-	-	90,867.72	-	-	26,030.00	-	-	26,030.00	64,837.72	
TOTAL -[B]				16,565,682.98	154,846,615.00	402,000.00	-	-	1,601,262.00	3,077,285.64	176,492,845.62	88,087,482.03	12,426,005.72	26,030.00	5,564,105.50	2,536,494.24	108,640,117.49	67,852,728.13
GENERAL ACCOUNTS OF CFAR TRUST																		
X	CFAR NFC-GENERAL A/c	FCRA	-	-	-	-	49,940.00	589,993.00	892,776.98	1,532,709.98	421,764.68	777,837.30	-	-	333,108.00	1,532,709.98	-	
Y	CFAR NFC-GENERAL A/c	NON-FCRA	-	-	-	76,388.00	640.00	383,308.00	111,447.77	571,791.77	345,729.00	221,634.77	-	-	4,422.00	571,791.77	-	
TOTAL -[C]				-	-	76,388.00	50,588.00	973,301.00	1,004,224.75	2,104,501.75	767,493.68	999,472.07	-	-	337,530.00	2,104,501.75	-	
TOTAL (A+B+C)				69,797,233.79	235,801,000.23	402,000.00	76,388.00	50,588.00	4,248,370.00	4,409,510.39	314,585,090.41	201,538,889.00	26,173,551.20	26,030.00	5,564,105.50	3,872,933.24	237,175,508.94	77,409,581.47
CFAR OWN FUNDS																		
A	Trust Fund	FCRA	1,000,000.00	-	-	-	-	-	-	1,000,000.00	-	-	-	-	-	-	1,000,000.00	
B	Reserve Fund	FCRA	3,148,031.50	-	-	-	-	-	830,196.00	3,978,227.50	-	252,158.00	1,347,250.83	-	1,000,000.00	2,599,408.83	1,378,816.67	
C	General Fund	FCRA	334,841.73	-	-	-	-	-	1,000,000.00	1,334,841.73	-	-	-	-	718,961.98	615,879.75	-	
A	Trust Fund	NON-FCRA	5,201,100.00	-	-	-	-	-	-	5,201,100.00	-	-	-	-	-	-	5,201,100.00	
B	Reserve Fund	NON-FCRA	626,908.60	-	-	-	1,347,250.83	-	974,750.00	2,948,909.43	-	-	1,162,598.00	-	-	1,882,598.00	1,786,311.43	
C	General Fund	NON-FCRA	1,835,878.97	-	-	-	-	-	144,129.00	1,980,007.97	-	-	-	-	1,768,690.17	1,768,690.17	213,317.80	
TOTAL -[D]				12,146,760.00	-	-	1,347,250.83	-	2,949,075.00	16,443,086.63	-	252,158.00	2,509,848.83	-	3,485,852.15	6,247,658.98	10,195,427.65	
TOTAL (A+B+C+D)				81,943,994.59	235,801,000.23	402,000.00	1,423,638.83	50,588.00	4,248,370.00	7,358,585.39	331,028,177.04	201,538,889.00	26,425,709.20	2,535,878.83	5,564,105.50	7,358,585.39	243,423,167.92	87,605,008.12
Project Income (FC+NFC) 235,601,000.23																		
Donation Received 402,000.00																		
CFAR Project Contribution Received 1,423,638.83																		
Sale of Scrap/Equipments 50,588.00																		
Bank/FDR Interest 4,248,370.00																		
Total Receipts/Income As per Income & Expenditure (A+B+C+D) 241,725,597.06																		
Total Exp As per Income & Expenditure 236,064,582.53																		



