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Message from the Country Director

Despite the fact that India is on its way to becoming a superpower, millions still survive on less than $2 a day. CARE believes that ending poverty in India is possible, and we work with others to tackle poverty’s underlying causes. This means we focus on long-term, systematic development processes that will bring about lasting change for communities. With this basic tenet in mind, CARE India keeps women and children at the centre of all our efforts.

This was the year that CARE India’s board took shape under the chairmanship of Nachiket Mor, ICICI Foundation. CARE India is now an affiliate member of the CARE International Confederation, sitting alongside CARE USA, UK, France, the Netherlands, Germany, Austria, Canada, Australia, Japan, Denmark, Norway and Thailand.

This year, we helped strengthen the government’s national education scheme and provided alternative opportunities for those left out of formal systems. The programme has expanded its geographical reach to the states of Orissa and Bihar.

2008 saw one of the worst floods of its time in Bihar, and CARE was present at the forefront providing relief and rehabilitation to the millions of people left devastated. Our immediate efforts reached approximately 9,100 families.

Following Cyclone Nisha in Tamil Nadu, CARE partnered with Allianz Bank on micro insurance plans for the extremely poor, which have resulted in claims of close to Rs. 45 million against individual damage and loss.

While CARE India has had much cause to celebrate this year, we know that there remain many economical, political and social challenges both nationally and internationally. However, there is still much room for hopefulness, which is why we at CARE continue to strive for and believe in the changes we work for.

Elizabeth Sme
Country Director

Message from the Chairman

Since the 1950s, CARE has been synonymous with providing relief and development assistance in India. Soon after independence, CARE worked hard to support India’s efforts in famine relief and in the refugee crises, with much needed food resources. In addition, CARE helped strengthen India’s food delivery capability through the Integrated Child Development Services.

Fifty years later India is now a different country. Strong, self-sufficient, confident and growing rapidly. Over this period, CARE has changed as well and now works hand-in-hand with several partners and the government to provide technical and capacity strengthening support for its systems designed to serve the very large sections of the society that this rapid growth is leaving behind. From an organisation principally focused on the distribution of food aid, CARE is now actively engaged in the alleviation of extreme poverty and in meeting the needs of the most disadvantaged sections of Indian society – women and girls, members of marginalised tribes, lower castes and minority communities.

In order to do this more effectively here in India, CARE, while remaining fully connected with its global resource base, has decided to transition from a Country Office of CARE (USA) to a new, completely local, entity. Over a period of the next few years, the Country Office will gradually hand-over all of its roles and responsibilities to the new entity. Through this new entity, CARE will remain rooted in India and will also continue to benefit fully from the vast pool of talent and resources that CARE universe has access to world-wide. It also expects to play a strong role in shaping and contributing to CARE’s global agenda. The new entity has now been created and this is its first annual report. I am deeply honoured at being asked to be the first Chair of its Board of Directors.

Our programmes in 2008-09 addressed the issue of malnutrition, built livelihoods security, helped address the issue of illiteracy amongst disadvantaged groups – especially girls - and reduced vulnerability to HIV/AIDS. As a result of our work in India more people realised their rights, availed their entitlements and improved their social position. Our engagement with various government departments strengthened their service delivery capabilities and our partnerships with civil society and the corporate sector helped to leverage opportunities for empowerment of marginalised groups and communities.

It gives me great pleasure to present this first annual report. I hope that it will provide a good overview of the multi-faceted nature of our work and of the diverse contexts in which we function.

Dr. Nachiket Mor
Chair, Board of Directors
Overview

WHAT CARE India DOES

We aim to make the lives of women and the poor easier, by providing access to education, healthcare services, and enhanced economic opportunity.

By collaborating with civic groups, government departments and professional bodies, we ensure that the most vulnerable can effect and sustain equitable change.

Our health, education and livelihood programmes:

- **Enhance human capabilities**
  - We focus on developing the potential of women to exert greater influence in domestic and public spheres

- **Foster inclusion**
  - We promote collectives to enable the most marginalised to participate in community governance and decision-making processes

- **Ensure equality**
  - We challenge discriminatory practices and provide equitable access to essential services

- **Strengthen systems of good governance**
  - We help implement measures to ensure accountability and transparency. We ensure that government institutions address the inadequacies and inequalities of public services

- **Address risks**
  - We facilitate access to microfinance and insurance, provide psychological counselling and help community groups implement practical measures for disaster response

Our work is driven by the communities we serve
CARE has worked in India for 59 years in 119 districts across: Andhra Pradesh, Andaman and Nicobar Islands, Bihar, Chhattisgarh, Delhi, Gujarat, Jammu & Kashmir, Jharkhand, Karnataka, Madhya Pradesh, Maharashtra, Manipur, Nagaland, Orissa, Pondicherry, Rajasthan, Tamil Nadu, Uttar Pradesh and West Bengal.

2009 marked the first anniversary of CARE as a national entity, during which time we have strengthened our presence in six target states: Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Orissa and Uttar Pradesh. We also continue to work with communities that face extreme poverty and discrimination in Andhra Pradesh, Gujarat, Rajasthan, Tamil Nadu and West Bengal.

Why CARE focuses on women and girls

We place special focus on working alongside poor women because, equipped with the proper resources, women have the power to help whole families and entire communities escape poverty.

Women are at the heart of CARE’s community-based efforts to improve education, reduce malnutrition, prevent the spread of HIV, increase access to water and sanitation, expand economic opportunity and protect natural resources.

By developing the potential of women, CARE helps millions of people effect real, positive changes in their lives, every year.

Our Vision

We seek a society which celebrates diversity, where rights are secured, citizenship realised, and human potential fulfilled for all. CARE stands in solidarity with others in India and beyond to champion social justice and dignity for the poor, vulnerable and the most marginalised. We commit ourselves to principled positions and purposeful actions to empower women and girls.

Our Mission in India

CARE India strives for lasting transformation in the lives of women, girls and the most marginalised by fostering inclusion and collective action, enhancing community resilience and breaking systemic barriers.

Our Goal

For five million women, girls and the most marginalised to exercise greater choice in personal and public spheres to advance their capabilities and position by 2012.
Organisational Evolution

CARE has gained respect at local, national and international levels for implementing projects that positively impact whole communities and influence policy change in India.

For almost 60 years, we have operated in India as a CARE country office. Our projects have addressed critical issues within education, healthcare and livelihoods. We have been on the front line of emergency response and developed community capacities in the event of crises.

We are now presented with opportunities that can be better achieved as a national organisation with an Indian management structure.

Specifically, we will have greater opportunity to:
- Work with others to make sure the poor benefit from India’s new wealth
- Use resources within India and from abroad, and
- Take the voices of our women, children and poor to the global CARE International Confederation in Geneva

In 2008-9 we initiated processes to ensure:
- Our primary areas of work—education, healthcare and livelihoods—are meshed into a comprehensive programme strategy that will allow us to bring about significant, long-term change
- Phase out of projects established through CARE USA and phase in of programmes funded through and nationally-managed by CARE India
- Responsible local leadership and internal governance in India, in line with CARE International’s standards and principles
- A diverse constituency of support in India

Over the next three years, CARE India aims to:
- Have programmes in place that are tackling inequalities in education, healthcare and livelihood opportunities, with evident impact
- Be recognised as a trustworthy partner in the fight against poverty and injustice in India
- Have evolved into the nationally-run and widely-respected: CARE India

A local organisation with strong global influence.

CARE has fought poverty and promoted India’s equality in the global community for almost 60 years. We are enthusiastic about our transition into CARE India and look forward to our future as a national organisation with stronger international influence.
Our education initiatives focus on academic and social learning. We encourage girls and uneducated adults to critically consider issues from different perspectives and take responsibility for their own actions. We equip the most vulnerable with the means to negotiate better positions for themselves in the future.

FAST FACT:
- 13 million children in India do not attend school, 57% of whom are girls.

CARE India’s AIMS:
- To help girls complete their primary education and access formal schools
- To provide onsite academic support to enhance the quality of teaching-learning processes
- To nurture leadership skills amongst girls

OUR HERITAGE:

GIRLS’ EDUCATION PROGRAMME

Since 1996, CARE has enabled more than 140,000 children, predominantly girls, to complete their primary schooling. We have provided quality formal education and alternative learning in Bihar, Gujarat, Orissa, Tamil Nadu and Uttar Pradesh.

By working alongside existing systems, we reach children in remote locations. We also support curriculum development and teacher training.

CARE India 2008-9:

Power Within aims to increase the number of girls completing primary education, and foster leadership skills and opportunities in and out of school. We expanded Power Within into Bihar and Orissa in FY09.

CARE recognises that academic inclusion and sustainable development go hand-in-hand. In collaboration with government and civil society partners, we ensure that education is equitable, accessible, and allows women and girls to realise their potential to drive change.
Sustainable Livelihoods

Our sustainable livelihoods programmes focus on building the collective and individual capacities of the poor. We promote community-based collectives, support enterprise – particularly from women – and foster links with financial institutions.

FAST FACTS:
- Around 456 million in India survive on less than $1.25 a day. 2
- Micro businesses make up 94% of the small industry sector, but get 1% of commercial bank credit. 3

CARE India’s AIMS:
- To strengthen and diversify livelihood opportunities
- To enable marginal workers to access wider, more profitable markets
- To develop the capacity of financial support services to protect the poorest of the poor

OUR HERITAGE:
SUSTAINED NUTRITION, EDUCATION, HEALTH AND LIVELIHOODS PROJECT aimed to improve health, nutrition, education and livelihood security in Gujarat. We focused on “invisible” communities – particularly women and girls working in salt pans, dairies, fishing communities, livestock developers, subsistence farming and the urban poor. We helped communities build links with financial institutions, reach wider, more profitable markets, and negotiate their rights and entitlements to essential public services.

CARE initiatives directly impacted 15,000 households across 3,000 villages.

TSUNAMI RESPONSE PROGRAMME began in 2004 following the Indian Ocean Tsunami. Over the past five years, CARE’s multi-faceted programme has helped strengthen the financial, educational and economic capacities of the most marginalised groups – such as salt pan workers and Trulas (a primitive tribal group) – within communities affected by the disaster.

CARE India 2008-9:
MICRO FINANCE PROJECT is an ongoing project in Andhra Pradesh. It is funded by the State Bank of India and run in partnership with Hyderabad Municipal Corporation.

In FY09 CARE India supported the development of 2,000 women’s self help groups. These collectives encourage enterprise and provide access to credit and savings opportunities that were previously unknown. We have also facilitated relationships between micro businesses and financial institutions that are enabling disadvantaged women to achieve economic security.

ENHANCED TRIBAL DEVELOPMENT OUTCOMES is being run in partnership with the state government, in 250 villages across Gujarat.

At the heart of the initiative is Action Oriented Planning, a framework for inclusive development that encourages tribal groups to collectively identify, analyse and reflect upon their socio-economic needs. Community-led micro planning enables them to participate in measures to strengthen the capacity of public services to meet these needs.

This project aims to raise awareness amongst vulnerable groups, of their rights and entitlements, improve organisation and enable access to essential systems and resources.

DAKSHYATA was a series of training programmes run in collaboration with the UNDP and the state government of Orissa. Through discussion with community groups, CARE identified gaps in health and social welfare systems, and promoted structured, cohesive and uniform training schemes to address weaknesses and ensure better community governance.

With Dakshyata, we trained 28,500 government officials, civil service representatives and functionaries.

Our livelihood programmes identify the underlying causes of poverty and help the most vulnerable to access the means to secure economically and environmentally sustainable futures.

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CARE India 2008-9:

ORISSA HEALTH SECTOR PLAN and BIHAR HEALTH SECTOR REFORM PROGRAMME are ongoing collaborations between CARE, the governments of Orissa and Bihar, Options Consulting Services: UK and Infrastructure Professional Enterprise. They are funded by DFID.

Over three years, we aim to:

- Assess the relationships between gender, poverty and illness and redress inequities
- Improve people’s nutrition and health status
- Ensure access to essential medicines, clean drinking water and sanitation
- Help strengthen and integrate existing public health and welfare systems

During the primary phase of these programmes, CARE India supported departments of health and social welfare in Orissa and Bihar to improve their healthcare management and monitoring systems.

We helped plan institutional reforms to ensure financial transparency and introduced a Pass Book system, to track the movement of medicines.

We cooperated on mass media campaigns that promoted the use of family planning resources and information centres, especially by adolescent girls.

PRIORITISING NUTRITION was a pilot funded by the World Bank and undertaken in Jharkhand. It promoted a wider commitment to nutrition, raised the level of public discourse and built a picture of critical issues.

700 political, civil, academic and media representatives attended workshops on malnutrition problems affecting the disadvantaged, mothers and children.

We identified shortcomings in knowledge, influenced media exposure of nutritional issues and drove policy change at both district and state levels.

SOCIAL AUDIT OF INFANT AND MATERNAL DEATH IN JHARKHAND identified the medical, social and economic reasons behind mortality rates in rural and urban areas across Jharkhand.

In collaboration with Constella Futures, we interviewed affected households, medical, social and financial service providers, and facilitated community-based panel discussions into the reasons for infant and maternal mortality. Findings revealed that physical and geographical barriers, poverty, caste and gender discrimination significantly impacted mortality rates.

With this evidence, CARE influenced policy reform and the development of more equitable and accessible healthcare services.

Our strength lies not only in improving healthcare systems, but in increasing community demand for services. Our maternal and child healthcare programmes allow women to access the information and resources necessary to protect their health and safeguard that of their children.
HIV/AIDS

The Government of India’s National AIDS Control Programme is based on the fact that HIV/AIDS is not simply a health issue; it is the result of deep-rooted societal factors, cultural beliefs and vulnerabilities.

CARE works alongside the National AIDS Control Organisation to help bring HIV/AIDS into the public consciousness, challenge stereotypes and make HIV/AIDS everyone’s priority.

FAST FACTS:

- 2.5 million people in India live with HIV/AIDS.
- Around 1 million women in India live with HIV/AIDS.

CARE India’s AIMS:

- To help high-risk populations mitigate their vulnerability to HIV/AIDS.
- To improve government systems for HIV prevention, care, support and treatment.
- To raise public awareness of HIV/AIDS.

OUR HERITAGE:

URBAN CHAYAN focused on the HIV/AIDS epidemic within high-risk groups – young people in and out of education, men and women of reproductive age, female sex workers, migrants and truck drivers – in twenty-two cities across Uttar Pradesh, Chhattisgarh, Jharkhand, Delhi and Rajasthan.

CARE trained over 4,000 peer educators, and opened Youth Resource Centres for youths to discuss sexual health issues. We reached 326,700 individuals.

STRENGTHENING AWARENESS, KNOWLEDGE AND SKILLS FOR HIV/AIDS MANAGEMENT was run in Andhra Pradesh, funded by the Gates Foundation. By forming collectives, 1,700 female sex workers gained power through solidarity, realised they had equal rights to education, healthcare and safe, secure livelihoods.

At the end of the project, around 80% sex workers were regularly using condoms and negotiating safe sex with clients. The women also began publicly advocating to raise general awareness of HIV/AIDS.

REDUCING VULNERABILITY OF AIDS AMONGST MIGRANT POPULATIONS targeted single males and all female migrants aged between 15 and 49 years, who were part of recognised high-risk networks (particularly truckers, sex workers and injecting drug users).

We trained volunteers to raise awareness of HIV/AIDS amongst their peers, opened drop-in centres and taught those at risk about safe behaviours that would reduce the risk of HIV transmission.

The programme reached 83,000 members of our target groups.

HIV/AIDS MAINSTREAMING AND TECHNICAL SUPPORT UNITS assisted the development and implementation of HIV/AIDS control strategies at state levels. CARE worked in partnership with government departments of health and social welfare, the UNDP and UNICEF.

Initiatives reached 380,000 members of high-risk groups.

We provided capacity training to government departments and medical practitioners, major corporations, including Hindustan Unilever and the Indian Oil Corporation, attended HIV sensitisation, and subsequently facilitated HIV/AIDS training and inclusive workplace policies.

Blood donation camps, sexual health clinics and sensitisation workshops were also implemented in industries across the states.

CARE India collaborates with national and state governments, NGO and private sector partners on HIV/AIDS mainstreaming, risk reduction and prevention strategies. Together, we implement measures to halt HIV transmission, overcome stigma and provide effective support and treatment.
Emergency Response

We prioritise disaster management and emergency response. With a close network of local authority, civil society and NGO partners, CARE acts quickly to fulfill community needs.

FAST FACTS:
- 68% of sown areas in India are susceptible to drought
- Over 40 million hectares of land is flood prone

CARE’s MANDATE:
- To provide immediate relief and essential supplies
- To offer rehabilitation support and psychosocial care
- To secure the long-term development of whole communities, with particular focus on women and the marginalised

OUR HERITAGE

2001 - EARTHQUAKE IN GUJARAT
CARE provided temporary shelter and implemented livelihood support systems that enabled the rehabilitation and long-term development of 75,000 severely-affected households.

2002 - DROUGHTS IN ODISHA
CARE distributed relief, supported rehabilitation and development, by facilitating links between financial institutions and 56,000 families.

2004 - TSUNAMI, TAMIL NADU AND ANDHRA PRADESH
CARE provided essential relief, psychosocial and healthcare to 20,000 families in the worst-hit areas.
We built 2,000 permanent houses and provided the resources necessary to rebuild fishing and agricultural industries.

CARE India continues to work within tsunami-affected communities on comprehensive, long-term development programmes.

CARE India 2008-9:

CYCLONE NISHA, TAMIL NADU
In November 2008, Cyclone NISHA brought torrential rain, flooding and winds of up to 120 kilometres per hour to Tamil Nadu. In the district of Nagapattinam, 15,000 people were affected and 150 kilometres of road were impassable.

In Cuddalore, 300 villages were devastated.

CARE India initiated relief efforts, and worked in partnership with NGOs and district administration to provide aid for 18,057 families.

Through agreements with insurers Bajaj Allianz, we assisted claims of close to Rs. 45 million against individual damage and loss.

CARE’s emergency response addresses immediate community needs. We capitalise on physical, financial and emotional reserves, and provide opportunities for people to rebuild their lives.
Summary

Our inclusive initiatives are driven by the communities we serve.

- We challenge stereotypes that marginalise the poor, tribal groups, migrants, women and children.
- In partnership with government departments, civil society groups and the private sector, we enable the most vulnerable to access their entitlements.
- We influence the development of equitable policies.
- We are striving to empower five million women and girls to become involved in making decisions and take greater control of their lives, by 2012.

CARE has a heritage of helping the poorest of the poor to effect real, positive changes in their lives. By evolving into a national office in India, we are presented with greater opportunity to address the critical issues that underlie poverty in our country. We will continue to work with the most vulnerable, secure the rights of women and girls, and implement qualitative programmes that can be taken to scale.

We look forward to our future as a national organisation with global influence.
Financial Overview

KUMAR MITTAL & CO.
Chartered Accountants
kumarmittalco@gmail.com

AUDITORS REPORT

To

The Members,
Care India Solutions for Sustainable Development,
New Delhi

1 We have audited the attached Balance Sheet of CARE INDIA SOLUTIONS FOR SUSTAINABLE DEVELOPMENT, New Delhi as at 31st March, 2009 and also the Income and Expenditure Account for the period ended on that date as mentioned thereon. These financial statements are the responsibility of the Company’s management. Our responsibility is to express an opinion on these financial statements based on our audit.

2 We have conducted our audit in accordance with Auditing Standards generally accepted in India. These Standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by the management, as well as, evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

3 The Companies (Auditor’s Report) Order, 2003, is not applicable to the Company as it is a Company listed under Section 25 of the Companies Act, 1956.

4 Further to our comments referred to in Para 3 above, we report that:
   (i) We have obtained all the information and explanations which to the best of our knowledge and belief were necessary for the purpose of our audit.
   (ii) In our opinion, the Company has kept proper books of accounts as required by law so far as appears from our examination of the books.
   (iii) The Balance Sheet and Income and Expenditure Account referred to in this report are in agreement with the books of accounts.

In our opinion, the Balance Sheet and Income and Expenditure Account have been compiled with the Accounting Standards referred to in sub-section (3C) of section 211 of the Companies Act, 1956 except as otherwise stated in Accounting Policies and Notes to Accounts given in Schedule-VII.

On the basis of the written representations received from the Directors and taken on record by the Board of Directors, we report that none of the directors are disqualified as on 31st March 2009, from being appointed as Directors in terms of clause (g) of sub-section (1) of Section 274 of the Companies Act, 1956.

In our opinion and to the best of our information and according to the explanations given to us subject to Accounting Policy No. 1 regarding accounting of incomes on cash basis, Note No. 4 regarding confirmation of balances, Note No. 5 regarding applicability of the amended provisions of Section 2(15) of the Income Tax Act, 1961, Note No. 6 regarding exemption from the provisions of Foreign Contribution (Regulation) Act, 1976, the said financial statements together with Accounting Policies and Notes to Accounts given in Schedule VII give the information required by the Companies Act, 1956 in the manner so required and give a true & fair view in conformity with the accounting principles generally accepted in India:

(a) in case of the Balance Sheet, of the state of affairs of the Company as at 31st March, 2009.
(b) in case of the Income and Expenditure Account of the surplus for the period ended 31st March, 2009.

For and on behalf of
KUMAR MITTAL & CO.
Chartered Accountants

(AMRISH KUMAR)
Partner
M. No. 90553

Place: New Delhi
Date: 24th September, 2009

Administration and Accounts
B-13, (F/P), Sector-49, Noida-201305
Dist: G. B. Nagar, Uttar Pradesh
Phone: 0120-4235155, Fax: 0120-4235154
## Sources of Funds

<table>
<thead>
<tr>
<th>Schedule</th>
<th>Amount (Rs.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Share Capital</td>
<td>200</td>
</tr>
<tr>
<td>General Fund</td>
<td>1,956,225</td>
</tr>
<tr>
<td>Sustainability Fund</td>
<td>1,000,600</td>
</tr>
<tr>
<td>Unaudited Grants</td>
<td>3,682,789</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td><strong>6,632,234</strong></td>
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## Application of Funds

<table>
<thead>
<tr>
<th>Schedule</th>
<th>Amount (Rs.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Assets, Loans &amp; Advances</td>
<td>5,940,164</td>
</tr>
<tr>
<td>- Cash and Bank Balances</td>
<td>1,658,344</td>
</tr>
<tr>
<td>- Loans and Advances</td>
<td>3,371,820</td>
</tr>
<tr>
<td>Less: Current Liabilities &amp; Provisions</td>
<td>1,205,400</td>
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<tr>
<td>Net Current Assets</td>
<td>4,691,124</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>5,693,238</strong></td>
</tr>
</tbody>
</table>

## Significant Accounting Policies and Notes

This is the Balance Sheet referred to in our report of even date. The Schedule referred to above form an integral part of the Balance Sheet.

For and on behalf of CARE INDIA SOLUTIONS FOR SUSTAINABLE DEVELOPMENT

By order of the Board

(AMRITSH KUMAR)
Partner

(DIRECTORS)

(PARTNER/CA)

Place: New Delhi
Date: 24th September, 2009

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## CARE INDIA SOLUTIONS FOR SUSTAINABLE DEVELOPMENT

NEW DELHI

CONSOLIDATED INCOME AND EXPENDITURE ACCOUNT

FOR THE PERIOD ENDED 31ST MARCH 2009

<table>
<thead>
<tr>
<th>Schedule</th>
<th>Amount (Rs.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income</td>
<td>12,935,269</td>
</tr>
<tr>
<td>Grants Received</td>
<td>12,935,269</td>
</tr>
</tbody>
</table>

## Expenditure

Programme Costs
- Developing Community Based Monitoring System and Base Line Survey coordination between 2GO's, Local NGOs and Government | 787,182 |
- Technical and Management Support to Department of Health and Family Welfare, Odisha in Developing County Health Sector | 750,000 |
- Support to community building and advocacy for Nutrition | 710,072 |
- Promoting Self Help Group (SHG) for urban poor in slums of Hyderabad | 1,048,881 |
- Help build supportive policy environment for Family Welfare and Health Programs | 754,903 |
- Development Training for Panchayati Raj Institution | 195,003 |
- Monitoring of Training Program for Panchayati Raj Institution | 150,000 |
- Training and Materials |
  - Training to key stakeholders for Panchayat and Chabua region | 986,252 |
  - Developing Training Module, ACL kits for health & training of trainers | 12,775 |
  - Other Training & Materials Expenses | 75,195 |
| Grants Paid | 254,262 |
- Grievance Wages Paid | 116,437 |
- Prepayment Yuna Kriya | 812,458 |
- Integrated Development Foundation | 120,844 |
- Lieutenant Ganges Swarna Sansthan | 132,283 |
- Society for Reformation Advancement of Advasis | 112,628 |
- Gramin Bank | 80,444 |
- Sateva | 155,992 |
| **DISTRIBUTION OF RELIEF MATERIAL IN ETHER FLOODS** | **846,983** |
| Travelling Expenses | 396,030 |
| Administrative Costs | 163,070 |
| Printing & Stationery | 198,294 |
| Office Supplies | 41,905 |
| Computer Stationary | 19,129 |
| **TOTAL** | **2,479,299** |

Credit
CARE INDIA SOLUTIONS FOR SUSTAINABLE DEVELOPMENT
NEW DELHI

SCHEDULE 1

SHARE CAPITAL FORMING PART OF
BALANCE SHEET AS AT 31ST MARCH 2009

<table>
<thead>
<tr>
<th>Share Capital</th>
<th>As at 31.03.2009</th>
<th>Apr. 08-09</th>
</tr>
</thead>
<tbody>
<tr>
<td>Authorized</td>
<td>1,00,000 Equity Shares of Rs.10/- each</td>
<td>1,00,000</td>
</tr>
<tr>
<td>Issued, Subscribed and Paid up</td>
<td>20,000 Equity Shares of Rs.10/- each paid in Cash</td>
<td>20,000</td>
</tr>
</tbody>
</table>

SCHEDULE 2

GENERAL FUND FORMING PART OF
BALANCE SHEET AS AT 31ST MARCH 2009

<table>
<thead>
<tr>
<th>General Fund</th>
<th>As at 31.03.2009</th>
<th>Apr. 08-09</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income during the period</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surplus / (Deficit) as per Grant Account</td>
<td>1,136,226</td>
<td>1,086,317</td>
</tr>
<tr>
<td>- The World Bank</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Operation for Bihar Flood Relief</td>
<td>50,133</td>
<td></td>
</tr>
<tr>
<td>- USAID, India, Hyderabad</td>
<td>3,279,374</td>
<td></td>
</tr>
<tr>
<td>- State Bank of India, Hyderabad</td>
<td>304,097</td>
<td></td>
</tr>
<tr>
<td>- Recovery of Akinin, Dist. Rupnarayan Project</td>
<td>54,302</td>
<td></td>
</tr>
<tr>
<td>- Bank Interest Received</td>
<td>1,086,317</td>
<td></td>
</tr>
<tr>
<td>Less - Expenditure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Audit Fees</td>
<td>82,722</td>
<td></td>
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<tr>
<td>Bank Charges</td>
<td>6,500</td>
<td>100</td>
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<tr>
<td>Interest on TDS</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>Amount accumulated for Sustainability Fund</td>
<td>1,000,000</td>
<td></td>
</tr>
<tr>
<td>Closing Balance</td>
<td>1,088,226</td>
<td></td>
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</tbody>
</table>
### Schedule IV

**Cash and Bank Balances Forming Part of Balance Sheet As at 31st March 2009**

<table>
<thead>
<tr>
<th>Description</th>
<th>As at 31.03.2009 (Amt. Rs.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash in hand</td>
<td>200</td>
</tr>
<tr>
<td>Balance in Savings Account with Scheduled Bank</td>
<td>5,326,994</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>5,346,194</strong></td>
</tr>
</tbody>
</table>

### Schedule V

**Loans and Advances Forming Part of Balance Sheet As at 31st March 2009**

<table>
<thead>
<tr>
<th>Description</th>
<th>As at 31.03.2009 (Amt. Rs.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant Receivables</td>
<td>196,178</td>
</tr>
<tr>
<td>Tax Deducted at Source</td>
<td>454,863</td>
</tr>
<tr>
<td>Advances for Projects</td>
<td>1,196,333</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,853,374</strong></td>
</tr>
</tbody>
</table>

### Schedule VI

**Current Liabilities and Provisions Forming Part of Balance Sheet As at 31st March 2009**

<table>
<thead>
<tr>
<th>Description</th>
<th>As at 31.03.2009 (Amt. Rs.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expenses Payable</td>
<td>1,309,210</td>
</tr>
<tr>
<td>TDS Payable</td>
<td>199,219</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,508,429</strong></td>
</tr>
</tbody>
</table>

### Schedule VII: Significant Accounting Policies and Notes Forming Part of Accounts for the Period Ended 31st March 2009

**A. Significant Accounting Policies**

1. The accounts are prepared on historical cost basis as a ‘Going Concern’. Income are accounted for on cash basis and expenses are accounted for on accrual basis following generally accepted accounting principles and practices and Accounting Standards issued by the Institute of Chartered Accountants of India for NGOs, wherever applicable, except otherwise stated.

2. Fixed Assets acquired / received in kind are directly charged to expenses accounts and stated in the Balance Sheet through Assets Fund Account.

3. Fixed Assets are stated as under:
   a) Assets directly acquired — at purchase cost less accumulated depreciation.
   b) Assets received in kind — at stated / estimated cost less accumulated depreciation.

4. Depreciation on Fixed Assets is provided on written down value method as laid down in and at the rates prescribed in schedule XIV of Companies Act, 1956.

5. The surplus / (deficit) of the completed projects are transferred to General Fund and the remaining balances of continuing projects are reported under Grant Balances.

6. Inventories are valued and disclosed as under:
   a) Acquired / self produced — at cost.
   b) Received free of cost or at a nominal charge — at market price or estimated net realizable value.
B. NOTES TO ACCOUNTS

1. Provision for Gratuity and Leave Encashment are not applicable to the company as the human resources deployed are not on the roll of the company.

2. The Company has recovered management cost of Rs. 3,88,586/- from the budget of Govt. of Gujarat for enhancing tribal development outcomes in Gujarat and reported as Income under General Fund for the expenses available within the company.

3. Sustainability Fund represents the amount set aside out of the current year surplus for future sustainability of the organization as per the provision prescribed under section 11(2) of the Income Tax Act.

4. Certain balances appearing under amounts recoverable/payable are yet to be confirmed.

5. The Company is registered under Section 12AA of Income Tax Act and has obtained the opinion regarding the applicability of the amendments made in the definition of Section 5(15) of the Income Tax Act, 1961 in the Finance Act, 2006 and submitted to us that considering the nature of transactions carried out, the same are not applicable on the company.

6. In the opinion of the Company, the foreign remittances received are out of the purview of the Foreign Contribution (Regulation) Act, 1970 being service fee, to provide advise to the Department of Health and Family Welfare in Orissa to develop its health sector plan for women, children, elderly and other marginalized groups and not a grant.

7. The Grants paid have been accounted for on the basis of the expenses statement submitted by NGOs. The company is in the process of receiving the Utilization Statements by other firms of Chartered Accountants appointed by the Company for the grants given to other NGO’s for carrying out the activities.

8. Based on the information available with the Company, there are no amounts due to Micro, Medium and Small Enterprises as defined as per Micro, Medium

and Small Enterprises Development Act, 2006 and no interest has been paid or payable under the term of the MIMED Act, 2006.

9. The details of related parties transactions during the period are as under:

   a) Care India Trust – Loan given and received back
         Reimbursement of expenses
         Rs. 20,00,000                      Rs. 8,881

10. ADDITIONAL INFORMATIONS:

   a) Additional information pursuant to Para (3) and (4) of Schedule VI of the Companies Act, 1956 to the extent applicable are given below:

<table>
<thead>
<tr>
<th>Particulars</th>
<th>2008-09 (Rs.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receipt in Foreign Currency</td>
<td>1,086,318</td>
</tr>
<tr>
<td>Amount received from Options Consultancy Services, UK</td>
<td></td>
</tr>
<tr>
<td>Auditor’s Remuneration</td>
<td>75,000</td>
</tr>
<tr>
<td>Statutory Audit Fees</td>
<td>7,725</td>
</tr>
<tr>
<td>Reimbursement of Service Tax</td>
<td></td>
</tr>
</tbody>
</table>

11. Previous year’s figures have not reported as the accounts are drawn first time after incorporation of the company on 14th May, 2006.

Signature to Schedule – I to VIII of the Balance Sheet.
As per our report of even date.

By order of the Board
For and on behalf of CARE INDIA SOLUTIONS FOR SUSTAINABLE DEVELOPMENT

(DIRECTORS)

(AMRIT KUMAR)
Partner
M. No. 90553
Place : New Delhi
Date : 24th September, 2009
Acknowledgements

Editorial:
Elizabeth Sime
Tarun Vohra
Amelia Andrews
Iona Naylor

Design: PictureStreet
Printing: Design Directions