



annual report **2015-16**

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from the
desk of the
executive
director

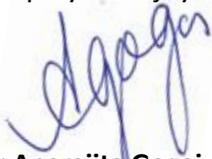
2015 was a year of interesting developments and achievements. It was a year of structured expansion and growth. We focused on working at scale and we have been able to test and implement programs at considerable scale-as you will read in this report. Our vision to empower and enable young girls and women is the fulcrum of our work and we will continue to strive to reach, equip, mobilize and educate girls and women, particularly those among the marginalised communities.

2015 also marked our entry into micro-philanthropy. Unniti Foundation is one of the first philanthropic organizations working on a micro-philanthropic model in the area of gender, health rights and empowerment in India. Established in 1989, the Foundation supports small NGOs/individuals in India to provide them basic seed money to develop their programs. Unniti's grant to pioneering Indian NGOs at a time when micro-philanthropy as a concept did not exist, makes it a noteworthy philanthropic journey. The Unniti model is a model that promotes self-sufficiency of local NGOs, pushing them to raise their own resources, as matching funds which hones their abilities to for local fundraising.

The Unniti Foundation and Centre for Catalyzing Change embarked on a unique and strategic partnership in 2015. The Unniti Small Grants Program has segued and become one of C3's program portfolios. This will be a new initiative of micro-philanthropy, one that is heralded in the coming together of two bodies; one with a legacy of strategic giving and the other with a history of strategic doing at the grassroots. The partnership of the two organizations with their strengths and understanding of the micro-philanthropy landscape provides a unique opportunity for pivoting the scale and supply of micro-philanthropic grants to areas of reproductive health care and maternal health care and creating a niche model of strategic impact driven giving at the grassroots.

Our work has been possible primarily due to the commitment of all those who work at C3, the support of our Governing Board, the backing of our donors who believe in our work and fruitful partnerships with government and non-governmental organizations around the country with committed, thoughtful, energetic professionals who share our vision.

I hope you enjoy reading about our achievements and our annual journey



Dr Aparajita Gogoi
Executive Director

our vision

We envision a future in India where women and girls are fully empowered and enabled to realize their rights, opportunities and achieve gender equality.

our mission

To equip, mobilize, educate and empower women and girls to achieve gender equality.





The Centre for Catalyzing Change (C3) is a non-governmental organization, registered under the Societies Registration Act, 1860 with a mission to empower women & girls in all sector of development. Our technical expertise extends to incubating, implementing and scaling up programs focused on thematic areas of youth education, gender and maternal health/ reproductive rights, specialising in at – scale programme implementation, monitoring and evaluation. Our focus is on developing the potential of women and girls to initiate long lasting equitable change in their lives. We focus on promoting comprehensive, age appropriate education on adolescent health and rights, quality maternal healthcare for women and community and a gender just society, with women as equal participants in the development agenda.

Adapting a life cycle approach, our programs are embedded in the rights based framework. We work in the intersecting domains of Comprehensive Adolescent Education, Empowering Communities to demand for Maternal and Reproductive Health Entitlements, including creating awareness on health care services and schemes and working with women leaders to change inequitable gender norms.

Programme Framework

A. Working at scale to reach the unreached

We work at scale and also take up the replicability of successful innovations in adolescent and maternal healthcare. We have an expanded array of interventions and documented cases, on maximizing the prospects for new and innovative service-delivery models. We design and test models and approaches which build evidence and also leverage government programs to reach out of to those in need.

B. Leveraging technology for Innovations

Leveraging technology to impact and reach targeted beneficiaries has been one of the most significant achievements of recent times. Our adolescent education digital learning programme is scaled up with education departments across two states of India. Utilising new technology platforms, C3's work sphere includes utilising edutainment to reach families and communities on violence against women, equipping women to share feedback and on health service provisions.

about us

C. Quality in Program Implementation

C3 is credited with developing, designing and implementing unique and tailored interventions and curricula that address critical health needs of adolescents, women and communities. Our program is supported by institutional donors, bilateral donors and the state governments. Every program meets due diligence benchmarks set by the donors and the organisation itself. A robust monitoring and evaluation framework for quality in program implementation is the basic mandate of the organisation.

Partner to Government Initiatives and Technical Groups

We believe in working closely with National and State Governments to help the government body's role in their programmes, schemes and increase their reach. Working within a sustainability and replicability framework, in congruence with global and national priorities our work supplements governmental action in the field, helping programmes reach beneficiaries. Helping government programmes reach their targeted beneficiaries in an efficient manner, with quality standards and protocols have been the bulwark of our work, also creating greater transparency and accountability.

Strategic Areas of Work

1. Laying the Foundation in Early Years

Our adolescent education programs are the foundation for better future for girls and boys- and the world they live in. Whether for out-of-school girls or in school settings, C3's approach gives young people the resilience to overcome life's many challenges and strive towards a gender equitable society.

2. Bringing Reproductive and Maternal Healthcare to the doorstep

Health risks associated with pregnancy and childbirth are the biggest threats to women's lives. C3 works with communities, institutions, donor agencies and governments to ensure that gender sensitive services and entitlements reach the right people, make motherhood safe and increase access to family planning and reproductive health care for improved family health.

3. Increasing Women's Participation in Governance

For over two decades, C3 has been committed to assuring women's greater participation in governance as a step towards stronger nation- building and equitable societies. Our work has helped advance policies that meet the need of women by strengthening their roles as elected representatives, social advocates and empowered voters.



Gender & Governance

Pahel

C3 has more than 25 years of groundbreaking experiences and initiatives in implementing programs on women's health. *Pahel* (Hindi for initiate) is our niche program that aims to empower women elected to the local government system in order to strengthen their participation and influence over sexual and reproductive services. The *Pahel* program envisions elected women representatives (EWRs) raising and rallying around issues of

girls' education, early marriage and improved delivery of quality sexual and reproductive health services. *Pahel* interfaces with elected women leaders to build their agency and encourages positive individual change and leadership as well as collective action at all three levels of the Panchayati Raj System (PRI). The program has reached 1200 elected women representatives across three districts of Bihar.



programme overview



mShakti

mShakti, a collaboration with Population Foundation India (PFI) on community based monitoring, included an audio learning pack on Family Planning (FP), Reproductive Health and Maternal Health Care along with a survey to report back on corresponding services available at the Health Sub Centre, Primary Health Centres and Village Health Nutrition Day

Do Kadam Barabari Ki Ore

This project supported by UK Aid was implemented as a Research Evaluation Partnership with Population Council and London School of Health Tropical Medicine and aimed to increase understanding of the risk and protective factors underlying Violence against women and girls (VAWG), and more specifically to implement and test innovative approaches to mitigate risk factors and promote protective factors underlying VAWG and reduce violence and threat of violence experienced by women and girls. This project was implemented as a Research Evaluation Partnership with Population Council and London School of Health Tropical Medicine. Four intervention models were tested with the following:

- Men and boys from rural Nehru Yuva Kendra Sagathan clubs
- Self Help Groups members and their husbands
- Members of Gram Panchayat
- Frontline health workers – ASHA, ANWs, ANMs



Udaan

C3 has been implementing an adolescence education program in Jharkhand, India, called 'Udaan: Towards a Better Future', since 2006, in partnership with the Government of Jharkhand (GoJ) and Jharkhand State AIDS Control Society (JSACS). Supported by the David and Lucile Packard Foundation and GoJ, *Udaan* aims to promote adolescent development and establish a generation of healthy and empowered young people. It is implemented throughout the state school system reaching out to students in grades 9 and 11 in 1485 secondary schools in the

state. Working on a cascade training approach, the program has created a pool of master trainers who in turn have supported and trained nodal teachers (2 per school); who transact the *Udaan* curriculum with school students. A State-specific curriculum has been designed for Class 9 (20 hours) and Class 11 (18 hours) which is transacted over one full academic year. *Udaan* has successfully been mainstreamed in the secondary school system in the state and since 2014, has also been introduced to students of classes 6, 7 and 8 in 300 schools in the state.

case study

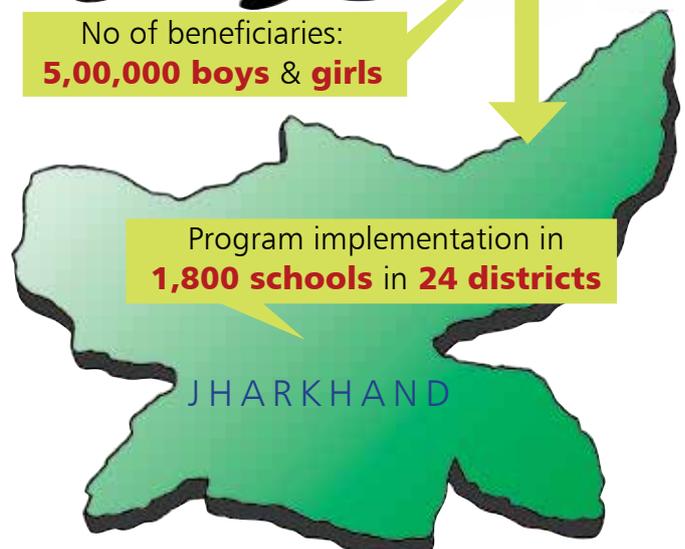
Anjali Kumari KGBV

Anjali Kumari is a student of class 11 of Kasturba Gandhi Balika Vidyalaya (KGBV), in Jharkhand. Recalling her association with Udaan she says that she first learnt about the Life Skills based program when it was first taught to her in class 9 by the teacher and it has helped her to deal with different situations in her life.

Anjali says that her life was influenced by the various superstitions and misconceptions related to growing up and adolescence. One such misconception was related to menstruation. The prevailing belief is that if menstruating girl touches or eats out of the pickles 'jar, it gets spoilt. Her mother would prevent her from serving or touching pickles fearing they would get spoilt. However, during one Udaan class in school she learnt that this was only a misconception. One day, she secretly ate the pickle jar while she was menstruating. She checked later and realized that the pickle had not spoiled! She excitedly told her mother and family members about it. Her mother told her neighbours-word spread and her family and neighbors stopped believing this age old myth.



No of beneficiaries:
5,00,000 boys & girls



girls' education & youth development

Tarang

Since 2010 C3 (formerly CEDPA India) has been working closely and in partnership with the Department of Human Resource Development (HRD), Government of Bihar (GoB), and UNFPA at the state and district level, to provide technical assistance and to build the capacity of teachers to implement *Tarang* - Adolescent Education program in the state. The project focusses on empowering students in class 9 in Government Secondary schools with information and skills for improved health including reproductive health and well-being, and setting up monitoring systems for effective AEP implementation in schools. Technical assistance has also been provided to develop the capacities of the state and district level officials of the Department of HRD to effectively implement and sustain the program. C3 has been working with the government as well as in partnership with other stakeholders, to promote and empower students on issues related to reproductive and sexual health and well-being which will help create a cadre of healthy, empowered, self-confident, productive and responsible adolescents.

The key approaches to the program are co-curricular activity-based learning to enable young people to respond to real-life situations effectively, and school-based transaction by trained teachers.

case study

A Braver Pooja

Higher Secondary School, Bihar

Pooja is a student of 9th class in the Higher Secondary School, Bihar where *Tarang* (Adolescent Education program) program is being implemented successfully from last 6 years. Pooja cycles for approximately 5 kms from Singiyawan village to come to school along with 10-15 girls. On her way back to home, there is a canal where a group of boys hang around and pass comments at girls - singing inappropriate songs, or making inappropriate comments. The more 'bolder' boys try and push girls off their cycles as they ride by.

Pooja wanted to do something to stop this, but was scared that if she would raise this issue with her parents, they would forbid her from going to school. So she decided to write about the problem and put in the question box kept in school. The teacher, who conducts the *Tarang* program, read Pooja's note and immediately spoke to the principal. The very next day in the morning assembly, the teacher spoke about the need to not give in to such acts. Pooja was counselled and gained confidence - she along with other girls, warned those boys, telling them that she will complain about them to their parents. The boys from then on refrained from teasing girls. 'Due to *Tarang* program, there is now a lot of difference in my life. I am now ready to face any challenge in life bravely. This program is really beneficial for students', says Pooja.



No of beneficiaries:
1,61,800

Program implementation in
809 schools from **9 districts**

BIHAR

Addressing the Reproductive Health Needs and Rights of Married Adolescent Couples

In India, adolescents (10- 19 years) form about 21.4 percent of the population (253 million). They live in diverse circumstances, have diverse health needs and often get married at an early age leading to early childbearing. Adolescents are unable to access counselling and reproductive health services due to social norms and health system barriers. While early marriages deprive adolescents of their developmental needs; young married adolescents are vulnerable to severe human rights violations; particularly

relating to forced and premature pregnancies that affect their health and well-being.

Initiated in May 2014 and implemented in coordination of a local NGO partner, Navbharat Jagriti Kendra (NBJK), C3 has worked to empower married adolescent couples in Ramgarh, Jharkhand to lead healthy and productive lives by exercising their right to regulate their own fertility through access to reproductive health services. A total of identified fifty 'Peer Educators' and

case study

Second Child At Least After Three Years

Jharkhand

Rakesh (25) and his wife Meenu (17) had their first child very recently. Meenu is lucky she does not have to do much work in the house. Her in-laws take good care of her. They even encourage her to study. Meenu is enrolled in a women's intercollege as a student of class X. Meenu's father-in-law in particular is keen she studies to get a bachelor's degree at least.

Meenu conceived almost immediately after the wedding. Their son is a week old, but Meenu and Rakesh are yet to celebrate their first anniversary. After attending few sessions on 'dealing with pregnancy and spacing between two children', both of them realized that they had their first child quite early. The sessions were conducted by a peer educator, who was a part of the programme to empower married adolescent couples with knowledge of family planning and reproductive rights. The sessions covered a wide range of topics, including the adverse effects of early motherhood on an

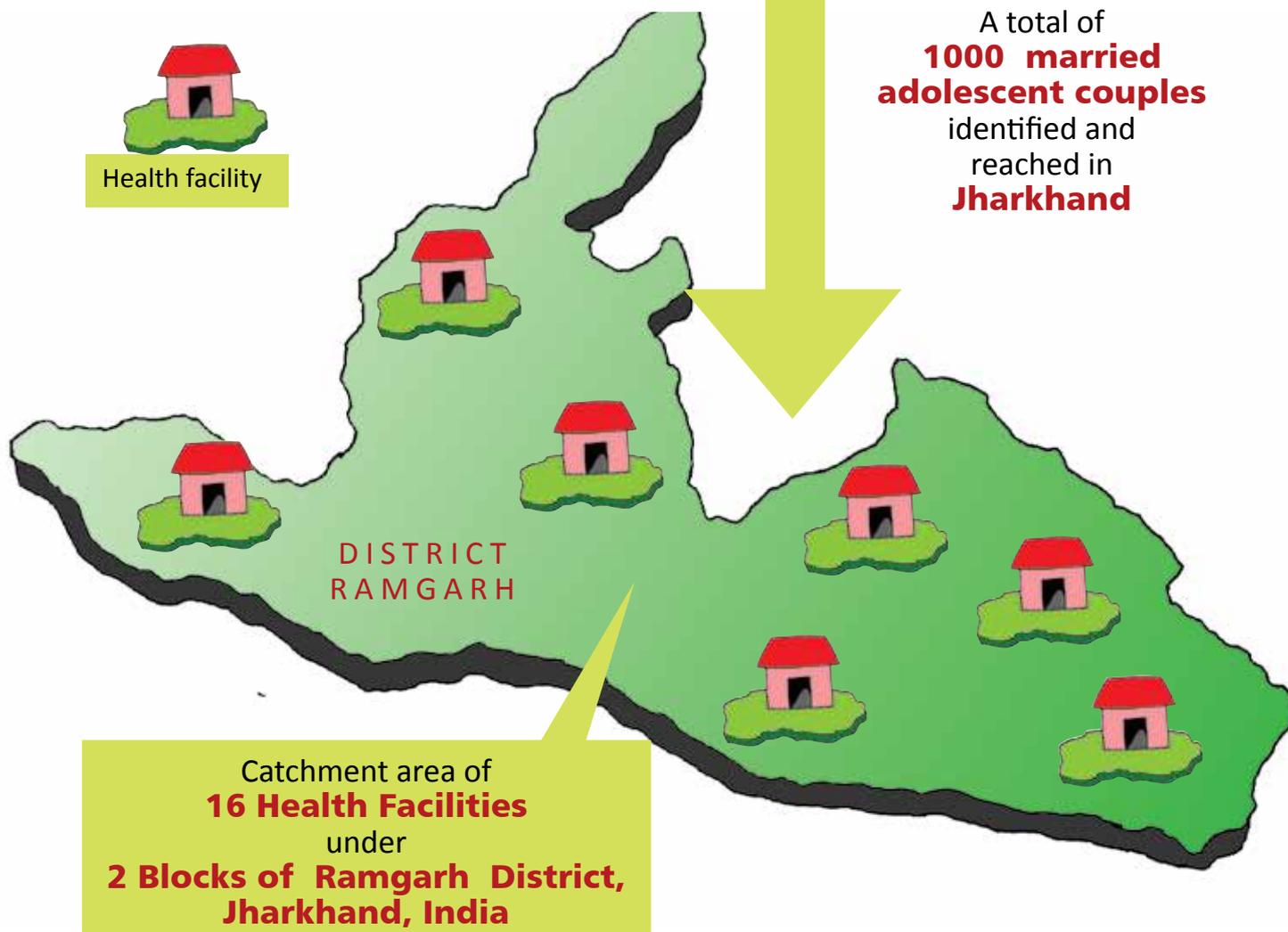
adolescent girl's reproductive health.

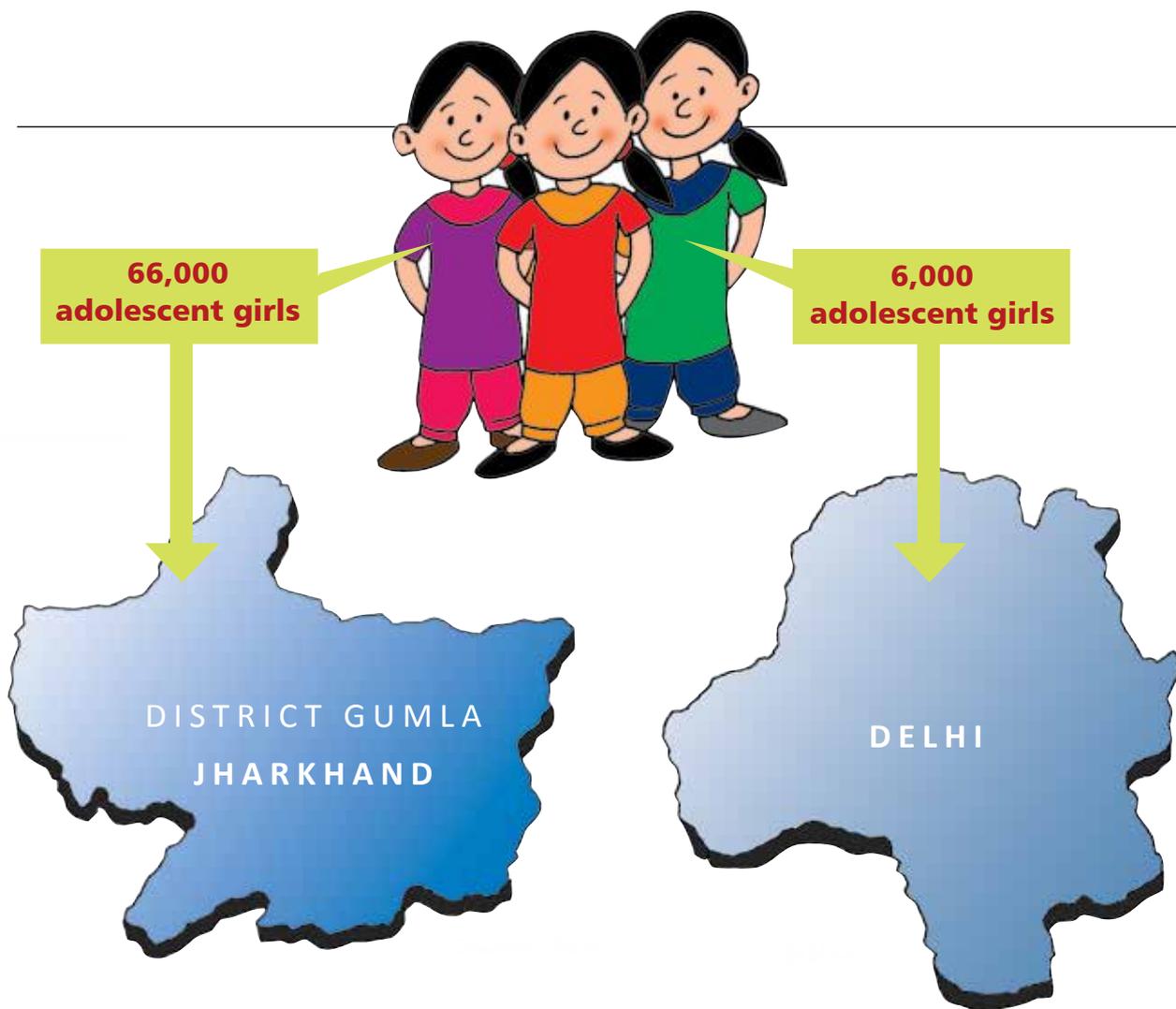
Rakesh said he has come to understand from the few sessions he attended that they must wait for at least 3 years before the birth of their second child. "We are grateful our son was born healthy. He weighed 3 kg at birth. If we have another child too soon, it may not be healthy. Even if my parents insist on another child too soon, I will make them understand what is good for the health of my children and their mother. I now realise how important it is to have a gap of 3 years between 2 children," Rakesh says.

four 'Health Facilitators' were positioned to facilitate field level operations and transaction of information and knowledge among 1000 identified married adolescent couples across the two blocks. Under the program, identified adolescent couples were consolidated into groups for the purpose of providing information on thematic issues – Gender, Early Marriage and Pregnancy, Adolescent Reproductive and Sexual Health (ARSH), Family planning.



A total of **1000 married adolescent couples** identified and reached in **Jharkhand**





Improving Knowledge on Sexual and Reproductive Health, Gender and Rights among Adolescents Girls in India through the SABLA program

For the past two decades, C3 has worked with young girls in India –strengthened their agency and building their self-esteem and knowledge on critical Life Skills through in - school and out of school programs. One of the first organizations in India working on a gender transformative program strategy, C3 believes that leveraging government schemes to reach out to girls from disadvantaged communities who are pushed out of formal schooling system is a critical step towards building holistic communities

and societies.

The Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (RGSEAG- SABLA), launched in 2010 by the Government of India, addresses the education, health (mainly reproductive health) and nutrition needs of adolescent girls.

Since 2011, C3 has been providing technical assistance to the Government of Jharkhand and since 2014 to the Delhi Government to implement the SABLA scheme at the state level and in selected district(s).

EACH

C3 initiated a project titled 'EACH (Equal Access for Change, Harnessing Opportunities)' to improve knowledge and access to reproductive health, rights and services among adolescents girls and boys through a convergence model of integrating the Rashtriya Kishor Swasthya Karyakram (RKSK) Program and SABLA Scheme in West Singhbhum of Jharkhand State)

Under this convergence model, C3 in collaboration with key departments of Government of Jharkhand, aims to reach out to adolescents with relevant information to enable them to make informed decisions about their health and well-being.



1,04,550 adolescent boys & girls



4,000 Peer Educators

**WEST SINGHBHUM
JHARKHAND**





82 Schools reaching out to 30,000 students each academic year



YouthLIFE : Life skills, Information and New Technologies and Education

C3 has been receiving support from John D. and Catherine T. MacArthur Foundation to implement 'YouthLIFE: Life skills, Information and New Technologies and Education' since 2011. The project began in 2011 as a pilot and received a second round of funding in 2013 for expansion and scale-up. The project focuses on reaching out to adolescent boys and girls studying in classes 6, 7 and 8 in private and government schools in Delhi and Jharkhand.

The program involves development of a graded digital curriculum on life skills and health education for the students. YouthLIFE incorporates classroom and computer learning,

using edutainment and gaming. The information is provided through a digital curriculum consisting of a series of sessions, focusing on basic life skills and information on Sexual Reproductive Health Rights for personal and social development. The digital curriculum follows an experiential learning and participatory training approach in the form of interactive individual and group exercises, and simulation games. The teachers in participating schools are provided an orientation on the curriculum content and methodology of transaction, thereafter, regular handhold support is provided to teachers to transact the curriculum to students.

reproductive health & rights

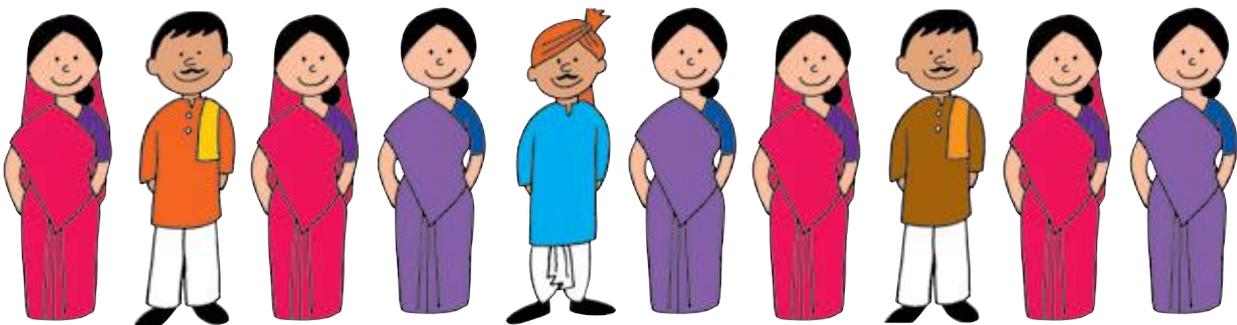


Engaging Civil Society for Social Accountability

C3 India, the National Secretariat of the White Ribbon Alliance for Safe Motherhood in India (WRAI) is leading a three year “Engaging Civil Society for Social Accountability” initiative, funded by the MacArthur Foundation. The project is implemented in partnership with two state-based White Ribbon Alliances (WRAs) in Rajasthan and West Bengal where strengthening of accountability for achieving better health outcomes is being pursued through advocacy efforts.

This initiative focusses on building capacities of White Ribbon Alliance members across two states to rally around issues of quality of maternal

health care, thereby increasing both demand and uptake of quality health services by the community. The focus of this initiative is also on generating demand for accountability from service providers to ensure that program goals are duly met. WRA member’s capacity to use various social accountability tools and advocate for change has been enhanced through training inputs. At the state level, the project is implemented in Kushmundi block of Dakshin Dinajpur district, and Nagrakata and Madarihat blocks of Jalpaiguri district. In Rajasthan, the project is implemented in Badgaon block of Udaipur district and Railmagra block of Rajsamand district.



Public hearing reached 2,000 people



115 women participated in the interface meeting





Quality Upheld: Every Service Every Time (QUEST)

C3 in partnership with Population Action International, a global organization advancing the right to affordable, quality contraception and reproductive health care for every woman, with support from The David and Lucile Packard Foundation, conducted a research study, “QUEST (Quality Upheld: Every Service, Every Time)”, with a focus on Bihar and Uttar Pradesh. The research, conducted in 5 countries (Democratic Republic of Congo, Myanmar, Pakistan, Ethiopia, and India), assessed the quality of reproductive health services by examining how broader issues of health system governance, gender equity and the policy environment shape quality of care. The research included a landscape review of client perspective of quality of care, a policy review, and interviews with key influencers to get an in-depth understanding of structural determinants that influence quality and fulfillment of reproductive

health and rights.

The study highlighted the degree of success in implementation of national and state-level policies in the areas of participation of Panchayati Raj Institutions (PRIs), Civil Society Organisations (CSOs), media and the private sector; the levels of transparency and accountability of government bodies to the implementation of such processes as well as in the monitoring and evaluation procedures mandated by national and state-level instruments, particularly in the cases of Bihar and Uttar Pradesh.



Respectful Maternity Care (RMC)

Respectful Maternity Care (RMC) is a universal human right that is due to every childbearing woman in every health system around the world. Women's experiences with maternity care givers can either empower and comfort them or inflict lasting damage and emotional trauma. A woman's positive or negative memories of childbearing experiences stay with her throughout her lifetime. Given this context, White Ribbon Alliance launched a global campaign to promote a clear standard for RMC that is rooted in international human rights. Working with other global organizations, WRA produced a ground breaking consensus document, the Respectful Maternity Care Charter: the Universal Rights of Childbearing Women, which demonstrates the legitimate place of maternal health rights in the broader context of human rights. There is a 'veil of silence' around disrespectful

and abusive maternity care in India. In order to lift this 'veil', it is imperative to empower health care providers, women and communities to recognize respectful maternity care as a basic human right.

The White Ribbon Alliance, India (WRAI), under a grant from the MacArthur Foundation, intends to do just this through a project 'Advocating for Respectful Maternity Care (RMC) in India'.

The overall objectives of this project are to:

- a. Build awareness among key players on RMC and facilitate a system of institutionalizing RMC in the mainstream healthcare provisions for women in child bearing age.
- b. Break the veil of silence around disrespectful and abusive maternity care and empower health care providers, women and communities to recognize respectful maternity care as a basic human right



Fertility Awareness for Community Transformation (FACT)

One of the earliest and most aggressively followed programs of the Indian government, family planning in India has gone through several shifts, retractions and realignments. Today, policy directions apart, the focus has largely been on addressing health as a holistic subject, with family planning integrated across different programs. The focus has been one of working in convergence with departments and NGO's, using ICT, counseling and working with influencers to involve individuals in planning for their health and family. In this context of change, C3 implemented a project "FACT" in Jharkhand, supported by IRH and the Government of Jharkhand to integrate natural family planning methods, i.e. Standard Days Method (SDM) and Lactational Amenorrhea Method (LAM) into the family planning practices promoted by the Government, to incite innovations in family planning and provide end users with a broad basket of choices.



India National MNCH Advocacy – Quality of Care

C3 India, the National Secretariat of the White Ribbon Alliance for Safe Motherhood in India (WRAI) is leading a four year project “India National MNCH Advocacy - Quality of Care” supported by the Bill and Melinda Gates Foundation to positively impact quality of care in maternal health through sustained advocacy on addressing barriers like human resources, infrastructure, and allocation and utilization of funds. C3 has built capacity of over 110 WRA member organizations and CSOs working on maternal health to collect evidence on health services from multiple levels and from over 92 facilities at and advocate for improved quality of care with Key Influencers.

The intervention aims to create larger advocacy ask at the macro

and micro level through analysis of good practices and evidence of gaps of health system functioning, focusing on the technical aspects of quality of care, and withn that, identify infrastructure gaps, human resource deficits and inadequate and under-utilized funding/budgets that impact delivery of good quality health. Key influencers like Parliamentarians, policy makers and officials are engaged to play a very important role, in ensuring that a strategic and focused advocacy push made for sustained quality of care. A compendium of over 20 good practices has been developed to disseminate among policy makers and health representatives to replicate in other states.

C3-unniti small grants program

Both C3 and Unniti have a shared mandate in terms of enhancing the skills and opportunities for girls, women and youth. This strategic partnership between Unniti and C3 seeks to build upon Unniti's legacy and draw upon C3's experience and network to take forward the agenda of providing small grants at the local level towards building the agency of women and youth. C3 Unniti provides small grants from vocational training for skill development to income generating

initiatives, from workshops to health awareness to scholarships for the education and career advancement of women and girls from disadvantaged backgrounds. The Foundation aims to provide technical assistance and guidance to build organizational capability, sustainability, and to encourage local fundraising in the community. C3 Unniti plays multiple roles as advisor, strategist, and mentor of grantee programs.





Dr. Kaval Gulhati
Chairperson

Dr Gulhati is a senior population and development specialist with more than 30 years of experience in health and demography, institutional development, training, project management, program design and implementation in Asia, Latin America, Africa and the Middle East. Born and educated in India, her career has spanned work internationally in the field of development. She has developed training programs aimed at empowering women through skills, information and capacity building. She has expertise in organizational

development, having successfully co-founded and served as President and CEO of the Centre for Development and Population Activities (CEDPA) in Washington, D.C. She has co-authored two books on the voluntary sector in India. Other publications include articles on population, management and women in development. She also serves as a Board Member to several NGOs. Her current work focuses on managing the Unniti Foundation where is committed to promoting individual and secular philanthropy for development in India.



Ms. Ghazala Amin
Member,

Ms. Amin is an associate professor of history in Jesus and Mary College at the University of Delhi, and has worked as citizen warden with the Lieutenant Governor of Delhi. She has extensive experience anchoring and producing television programs. She anchored a women’s magazine program for ETV, which was telecast in 26 countries, and anchored *the Asian Magazine* for BBC TV in London. In addition to teaching, she currently participates in radio programs and anchors a weekly TV program called *Show Biz Asia*.



Ms. Sheila Seda
Secretary,

Ms Seda the Secretary of the Board General, the Trained Nurses Association of India, a position she has been holding for the last five years. She is a well-known advocate who has worked to uphold the dignity and honor of the nursing profession, promoting high standards of health care and nursing practice and advancing professional, educational, socio-economic and general welfare of the nurses.



Mr. Salil Kumar
Treasurer,

Mr. Kumar brings close to 25 years of professional experience in the development sector. His work, both as an individual consultant as well as in employment, has centered around three broad themes of Institutional Growth and Sustainability, Program Design and Implementation

and Operations Management. Currently associated as a Director with the Nutrition Initiative of TATA Trusts, he has worked with a wide spectrum of national and international organisations. He also serves on the Boards of Unniti Foundation India, FXB India Suraksha, and DevNext Foundation.

The organization does not pay any fee/ remuneration/ salary or benefits, etc. to any of the members of its Governing Body/ General Body.

Governing Body



Dr. Suneeta Mukherjee

Member,

Dr Mukherjee is a professional in the field of Reproductive Health, Gender and Advocacy with nearly four decades of experience at ascending Administrative levels in the Indian Administrative Service and the International Civil Service (UNFPA). She has worked in multi-cultural environments, and led culturally diverse teams in several countries in the Asian Region. She retired from UNFPA in 2010, as the Country Representative in Philippines.



Ms. Ragini Pasricha

Member,

Ms Pasricha is working as project Director with BBC Media Action. She is known for her work on adolescent health, maternal and child health, family planning, HIV/STI prevention and nutrition. She has extensive experience on providing technical assistance for capacity building and systems strengthening for behavior change communication and advocacy on RMNCH+A best practices.



Dr. Nozer K. Sheriar

Member,

Dr. Sheriar is a Mumbai-based leading Obstetrician and Gynaecologist. He is also the Secretary General of Federation of Obstetrics and Gynaecological societies of India and President of the Mumbai Obstetrics and Gynaecological society and member of the Governing Council of the International Planned Parenthood Federation (IPPF) and the Medical Advisory Panel of the Family Planning Association of India (FPA India). As the chairperson of the Medical Termination of Pregnancy (MTP) Committee and member of the Technical Advisory Panel, Government of India, he has been involved in amending the MTP Act; creating

manuals and training videos for manual vacuum aspiration (MVA); and conducting workshops to establish and promote MVA and medical abortions in the country. He has also coordinated the landmark MVA pilot project of the Government of India and has actively promoted initiatives that aimed to increase access to safe abortion in collaboration with IPAS, FPA India and Population Council. He has authored numerous scientific publications.



Dr. Aparajita Gogoi

Ex-officio member and the Executive Director of Centre for Catalyzing Change (C3)

Dr. Gogoi holds a PhD (International Politics), Jawaharlal Nehru University, New Delhi and a Post graduate diploma in Journalism and has 20 years of extensive experience in program management, with expertise in designing and implementing

programs, advocacy campaigns, and defining approaches and strategies for policy issues in population. Graced by WIE Humanitarian Award, Dr. Gogoi was also named as one of the 100 of world's most inspiring women by the newspaper, Guardian, UK.

The organization does not pay any fee/ remuneration/ salary or benefits, etc. to any of the members of its Governing Body/ General Body.

donors



झारखण्ड सरकार



United Nations
Educational, Scientific and
Cultural Organization



The World Bank





auditor's report

To the members of The Centre for Development and Population Activities,

We have audited the attached Balance Sheet of Centre for Catalyzing Change (formerly The Centre for Development and Population Activities), New Delhi, as at March 31, 2016 and also the Income and Expenditure Account for the year ended on that date annexed thereto. These financial statements are the responsibility of the management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with auditing standards generally accepted in India. Those 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 management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion and 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 purposes of our audit;
- (ii) In our opinion, proper books of account as required by law have been kept and maintained by the society so far as appears from our examination of the books;
- (iii) The Balance Sheet and the Income and Expenditure Account dealt with by this report are in agreement with the books of accounts; and
- (iv) In our opinion and to the best of our information and according to the explanations given to us, the Accounts give true and fair view:
 - a) in the case of Balance Sheet of the state of affairs of the society as at March 31, 2016 and
 - b) in the case of Income and Expenditure Account, of the surplus of the society for the year ended on that date.

For T.R. Chadha & amp; Co.,
Chartered Accountants
(Firm Registration No. 006711N)

_____ Sd _____

(Nirupma Dwivedi)
Partner
M.No 89429

Date: This 22nd day of September 2016
Place: New Delhi

CENTRE FOR CATALYZING CHANGE (formerly CEDPA India)
C-1, HAUZ KHAS, NEW DELHI - 110 016

ABRIDGED BALANCE SHEET
AS AT MARCH 31, 2016

(in'000)

PARTICULARS	March 31, 2016 (Rs.)	March 31, 2015 (Rs.)
SOURCES OF FUNDS		
General Reserve Fund	930.00	33,366.00
Designated Fund	44,959.00	297.00
Restricted Fund - Corpus/ Endowment Fund	63,630.00	47,124.00
Restricted Fund - Grants & Contributions	85,724.00	70,463.00
Current Liabilities and Provisions	10,163.00	7,821.00
TOTAL	205,406.00	159,071.00
APPLICATION OF FUNDS		
Fixed Assets	4,188.00	1,773.00
Current Assets	10,071.00	9,583.00
Cash and Bank Balances	190,443.00	145,977.00
Advances Recoverable in Cash or Kind	704.00	1,738.00
TOTAL	205,406.00	159,071.00

ABRIDGED INCOME AND EXPENDITURE ACCOUNT
FOR THE YEAR ENDED MARCH 31, 2016

(in'000)

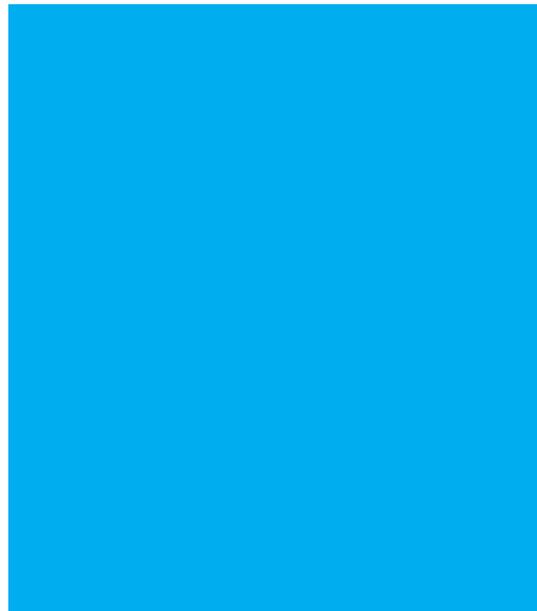
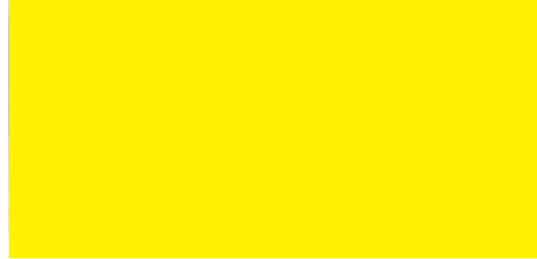
PARTICULARS	Year ended March 31, 2016 Amount (Rs.)	Year ended March 31, 2015 Amount (Rs.)
INCOME		
Income from Programs	85,815.00	76,217.00
Other Income	14,602.00	7,489.00
TOTAL	100,417.00	83,706.00
EXPENDITURE		
Establishment and Communication	9,736.00	9,391.00
Workshop, Information & Dissemination	8,491.00	9,157.00
Salaries and Benefits	35,330.00	33,188.00
Consultancy	13,875.00	13,070.00
Travel & Transportation	9,580.00	5,586.00
Sub-grants	7,611.00	7,988.00
	84,623.00	78,380.00
Transferred to Funds	15,794.00	5,326.00
TOTAL	100,417.00	83,706.00

**ABRIDGED RECEIPT AND PAYMENT ACCOUNT
FOR THE YEAR ENDED MARCH 31, 2016**

(in'000)

PARTICULARS	Year ended March 31, 2016 Amount (Rs.)	Year ended March 31, 2015 Amount (Rs.)
RECEIPTS		
Cash and bank balances	145,977.00	61,016.00
Voluntary Contributions	117,070.00	157,494.00
Interest and other receipts	15,229.00	10,390.00
TOTAL	278,276.00	228,900.00
PAYMENTS		
Establishment and Communication	8,725.00	8,591.00
Workshop, Information & Dissemination	8,195.00	9,137.00
Salaries and Benefits	32,413.00	31,934.00
Consultancy	11,155.00	11,961.00
Travel & Transportation	9,556.00	5,578.00
Sub-grants	6,860.00	7,497.00
Computer and other office equipments	3,366.00	838.00
Advances & other payments	7,563.00	7,387.00
Cash and bank balances	190,443.00	145,977.00
TOTAL	278,276.00	228,900.00





Centre for
Catalyzing
Change

Formerly CEDPA India

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