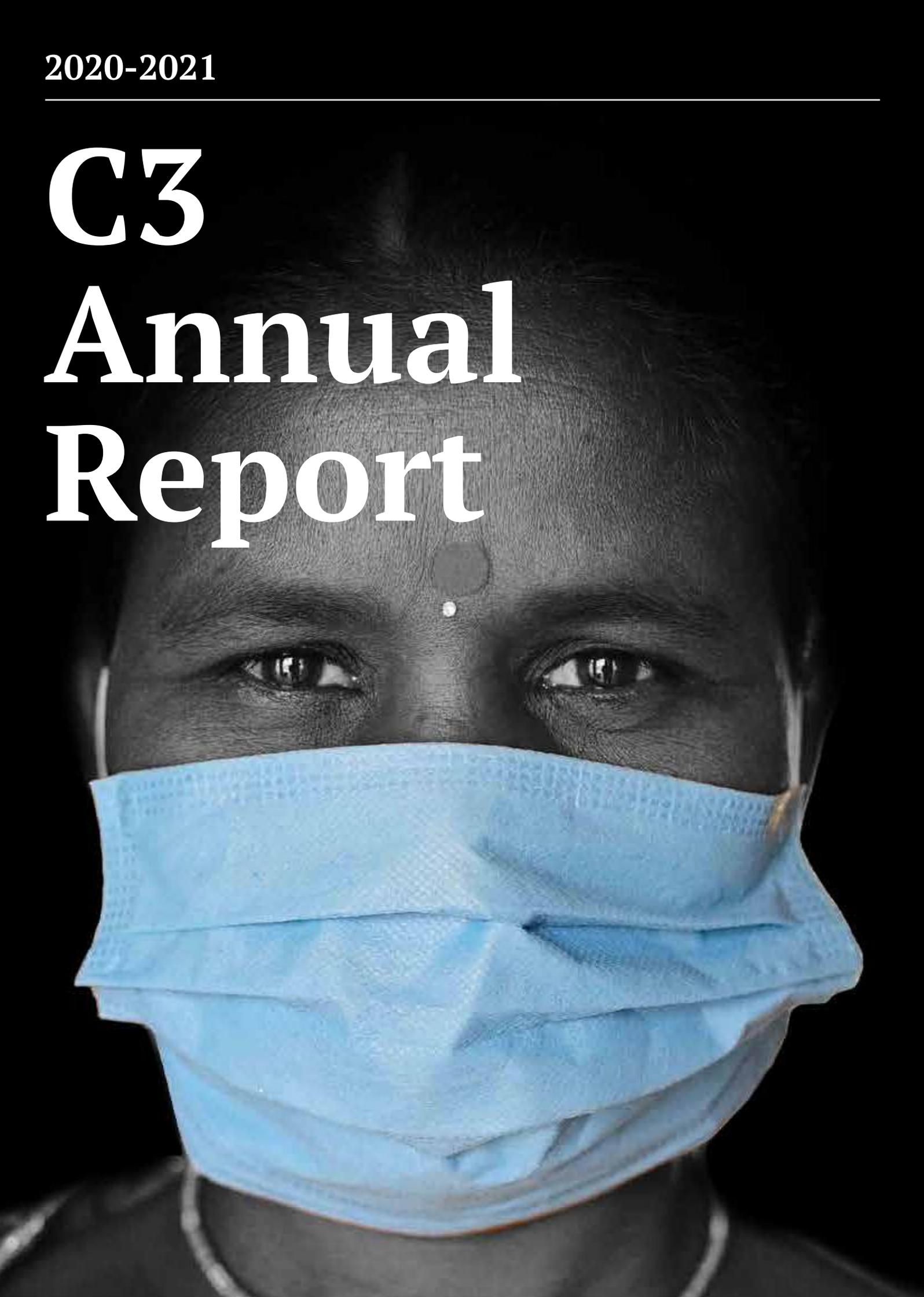


2020-2021

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# C3 Annual Report



# FOREWORD



2020 has been a difficult year for all of us, mired in challenges and roadblocks. Yet, even amidst the hardships and upheavals of a global pandemic and the significant changes it brought on, we all rallied together, pooled our resources and expertise, and worked tirelessly to ensure that our mission to empower women and girls is not adversely impacted, that we still continue to push for positive change. And this is why I want to begin this year's Annual Report with a special thank you to the entire team here at Centre for Catalyzing Change (C3), all of whom have shown exemplary strength, dedication, courage, and resilience throughout this time. The team not only risked their lives by going out of their way to ensure that we were reaching out to the most vulnerable of populations in the communities we work in, but invested in raising funds to provide essential COVID-relief to vulnerable populations. When the world first went into lockdown in March 2020, there were initial anxieties around continuing our field-work, ensuring consistent support to the beneficiaries

we work with, and being continuously present and engaged with our communities to help them get through these critical times. C3 staff contributed funds to set up a COVID fund to support women and girls. But, as they say, challenges make us stronger - and C3 has never been stronger than it was in 2020. We adapted, we pivoted to online tools to take our work forward, we used technology to reach women and girls, we built a task force for immediate COVID-response action, we fostered staff wellbeing, and through it all, we continued to improve the lives of EveryGirl, EveryWoman, EveryWhere. Historical evidence has shown how during global calamities and times of crisis, it is always women and girls who face a larger brunt of the suffering.

Throughout 2020, we have conducted multiple surveys and research studies to gauge the impact of the pandemic on rural communities, and each and every one of the findings highlighted just how much women and girls have been additionally burdened and cut off from essential support systems. And hence, our focus throughout the year has been to ensure that women and girls do not lose out on these support systems, that they access critical healthcare and nutrition, that family planning services aren't disrupted, that adolescent girls aren't forgoing their education and necessary life skills trainings, that pregnant women aren't being left in the lurch, that grassroots women leaders are being given the support they require to mobilize their communities and tackle the socio-economic impacts of COVID-19.

Throughout it all, our donors have been a steadfast pillar of support for us. Despite initial COVID-related interruptions in some of our project implementation plans, they continued to put their trust in us, and continued to provide us with the resources we needed to tackle this crisis. From additional grants and backing our COVID-relief fund to understanding the need to rework some of our project strategies, they have been with us through thick and thin. We were even able to garner support from new donors like the Fossil Foundation, the Rohini Nilankani Foundation and Linde Gas, who have thrown their weight behind us for a series of exciting new projects. We are still not out of the COVID-19 crisis, and we still cannot apprehend the long-term effects it would have, both on us and our communities. But we continue to be resilient in our work and continue to soldier on, and we hope that all of you too will continue to support us in our goal of ensuring that women and girls across India can lead better lives and reach their full potential.

**Dr. Aparajita Gogoi**  
Executive Director

# C3's COVID-19 RESPONSE

When COVID-19 first hit, the rural communities in which C3 works were reeling from its severe socio-economic impact. Lockdowns meant the indefinite closure of schools, putting young girls - for whom schools are often a safe space, as well as a means for building a brighter future - at the grave risk of losing out on their education, and being forced into child marriage.

Women were bearing a larger brunt of care-work and house-work, domestic violence cases reported to be rising, there was a widespread loss of incomes and livelihoods, which plunged families and communities further into poverty, with little to no access to the most essential of resources like food and hygiene supplies. Those particularly vulnerable were women and children, migrant workers who had lost their jobs and were returning to their home states, sex workers, street-dwellers, even first responders and frontline workers who were risking their lives working around the clock without adequate protective gear.

And so, C3, recognising the importance of supporting these vulnerable populations and providing them with immediate pandemic relief, built multiple strategies to reach out to them.

With financial backing from our donors, as well as a special employee COVID-19 relief fund - which was the product of voluntary donations from various C3 staff - C3 set out to ensure that those who had been hit hardest by the pandemic were not being left behind. We leveraged our on-ground networks, collaborated with grassroots organizations, and worked in tandem with local authorities and Panchayat leaders to penetrate even the remotest of regions and communities, providing them with the support they need.

Be it support in the form of actual essential resources - food, rations, hygiene kits, sanitizers, masks, and so on - or ensuring that young girls in impoverished communities were getting access to menstrual hygiene products even during lockdown, that pregnant women were receiving information and access to maternal health services, that women were getting avenues to attain economic self-sufficiency, that adolescents were continuing their education and not dropping out of school, that vulnerable populations (like older women, people with disabilities) were getting access to their government entitlements, that frontline workers were getting access to essential protective gear to combat the virus, C3's approach to providing pandemic relief was multi-pronged, across multiple demographics and geographies.



# C3's COVID RESPONSE: At a glance

## MATERNAL AND REPRODUCTIVE HEALTH:

Creating and disseminating audio-visual messages in 4 languages with information around the care of and precautionary measures for pregnant women and new mothers during COVID-19 - delivered door-to-door in Rajasthan, Assam and West Bengal.

## DOMESTIC VIOLENCE:

Spreading door-to-door awareness around gender-based violence, preventive and legal measures, and information and access to helplines and connecting support services, to over 1000 families in 11 blocks of Gumla, Jharkhand.

## MENSTRUAL HYGIENE:

- Partnering with the Government of Jharkhand to ensure that even during lockdown, the government's supply of sanitary napkins (which was usually distributed in schools and community centres) reaches young girls.

- Distributing sanitary napkins to 1150 adolescent girls (including Peer Educators) in 5 blocks of Lohardagga, Jharkhand.

- Distributing sanitary napkins to 800 adolescents in Gumla, Jharkhand.

- Supplying sanitary pads to 240 girls from Bhadrak district and 3015 adolescent girls from 28 villages of Basudevpur block and 30 villages of Chandbali block, Odisha.

## SUPPORTING FIRST RESPONDERS:

- Distributing 2000 masks and sanitizers in 7 police stations in West Bengal.

- Providing basic hygiene kits (face masks and sanitizers) to ANMs and Sahiyas in 5 blocks of Lohardagga district, Jharkhand.

- Providing masks, sanitizers, and gloves to frontline workers, ASHAs, Chief Medical Health Officers in Bilaspur, Chhattisgarh.

- Distributing sanitizers to 142 front line workers in Gumla, Jharkhand.

- Digitally sensitizing 180 Rogi Kalyan Samiti (RKS) members from the Kalahandi and 210 RKS members from the Balasore districts of Odisha.

## NEEDS ASSESSMENTS:

- To gauge the on-ground socio-economic impact COVID-19, C3 also conducted multiple surveys between the months of April and October 2020.

- A survey to understand the struggles adolescents are facing during COVID-19 in the states of Bihar, Jharkhand, Odisha and Chhattisgarh, covering 7200 adolescent responses.

- A survey among women, frontline workers, migrants and other marginalized groups in 9 states to understand their lived realities during COVID-19.

- A survey to understand the needs of over 1000 teachers during COVID-19 across 3 states.

- A survey to understand the gendered digital divide, covering over 2000 adolescents, teachers, frontline workers, and community stakeholders across 10 states.



### WOMEN'S LEADERSHIP AND ECONOMIC EMPOWERMENT:

- Partnering with the NGO Kat-Katha to start a Livelihood Platform for sex workers in GB Road, Delhi, which would create opportunities for them to get trained in new skills, helping them earn their livelihood through alternative means. In the initial stage of this project, women were trained to produce and sell 10,000 masks.
- Providing tele-support to 2000 elected women representatives (EWRs) from Bihar Gram Panchayats to equip them to understand COVID-19 protective measures and essential information on government entitlements.
- Providing sewing machines and raw material to women from self-help groups in the Balasore Municipality, Odisha, so they can manufacture and sell masks.

### FOOD AND ESSENTIAL SUPPLIES:

- Partnering with the NGO Jamghat to provide food and basic hygiene kits to nearly 500 families of homeless and migrant workers in and around areas of Jama Masjid, in Delhi.
- Partnering with the NGO Sisters of the Cross, to supply essential rations to 150 tribal families that live in remote villages around Surguja District, Chhattisgarh for at least a month.

- Partnering with Musht Samaj Samiti, to provide rations to 30 families for an entire month in Khandwa District, Madhya Pradesh.
- Partnering with Awadh People's Forum in Faizabad, UP, to provide rations to 200 families who could not access other aid.
- Partnering with Grameena Mahila Ookutta to deliver one month's rations to 300 families in Karnataka.
- Distributing health and nutrition kits to 4437 family members in Gumla, Jharkhand.
- Distributing 70 home shelter kits, 1800 masks and 250 soaps among community members in Howrah, West Bengal. Distributing 1700 ration kits across 4 districts in West Bengal.

- Families in 3 developmental blocks of Assam (that is populated mainly with scheduled tribes) were supported to cultivate 550 sq. ft. of 'homestead' land to grow and sell their own food. Families earned a return of Rs 2,000 per month with the vegetables they sold.
- Provided ration and essential supplies to 150 vulnerable community members in the Masaudhi and Paliganj blocks of Patna, Bihar.
- Supporting 100 malnourished children and 100 adolescent girls in East Champaran, Bihar, with essential rations and hygiene supplies.



# GIRLS' EDUCATION AND YOUTH DEVELOPMENT

Centre for Catalyzing Change (C3) tirelessly works to empower adolescents all across India to reach their full potential, to access opportunities, and to live healthy and fulfilling lives. By equipping young people – especially young girls – with life skills education, through connecting them with institutions and services, and through building employable skills within them, we support their holistic development and growth.

## SUPPORTING ADOLESCENTS DURING THE COVID-19 PANDEMIC

With the COVID-19 pandemic came the indefinite closure of schools, effectively alienating many young people from the one safe space where they could find avenues to learn and to envision brighter futures.

While countless adolescents were grappling with severe mental health issues as a result, adolescent girls in particular, found their educational prospects jeopardized by the threat of early marriage. The economic consequences of the pandemic, coupled with patriarchal norms, led many impoverished families to consider marrying off their young daughters (instead of letting them complete their schooling) to relieve their financial burdens.

At the same time, the gendered digital gap and the staggering lack of access to smartphones, computers and the internet among young girls further hindered young

girls from online education. Hence, C3 found it imperative to ensure that even with the closure of schools, adolescents – especially adolescent girls – were receiving the essential support they need to continue their education, to access information and services around their wellbeing, and to keep learning crucial life skills. Here's how we provided this essential support:



## REACHING ADOLESCENTS VIA ONLINE AND TELECOMMUNICATION TOOLS:

**821 digital interface calls** organized

**3929 adolescents** participated

**Digital Interfaces:** Given the fact that a significant aspect of C3's work around life skills education and adolescent wellbeing occurred in schools, and that pandemic-induced school closures posed challenges to this work, it became doubly necessary to stay in constant touch with these adolescents and ensure that they weren't falling behind. Hence, C3's field staff conducted regular digital outreach and conference calls with adolescents and peer educators to consistently check in on them and gauge and respond to their needs.

**Webinars:** To serve the dual purpose of building familiarity around the use of digital tools and providing a source of solidarity and connection at a time of great isolation, C3 conducted weekly webinars with adolescents from the Bilaspur and Surguja districts of Chhattisgarh.

These webinars offered a safe space for adolescents to express their struggles during the pandemic, with discussions around their health, wellbeing, and personal experiences during COVID-19 often taking centre stage. Eventually, as these webinars helped both boost adolescents' morale and their digital proficiency, we began employing other digital mediums (like mentimeter, video curation, etc) to make these webinars more interactive.

**34 weekly webinars** organized

### 4 Important Days celebrated:

- ♦ World Youth Day
- ♦ World Mental Health Day
- ♦ World Diabetic Day
- ♦ World AIDS Day

**9 Mental Health sessions** organized

**875 adolescents** participated in the webinars

**600 adolescents** participated in the virtual mental health sessions

**Online celebration of important days:** To continue exploring new and interesting ways of online engagement with adolescents, C3 began digitally celebrating important days - i.e., Mental Health Day, World Diabetic Day, World Heart Day, and so on. During these celebrations, C3 conducted online competitions like drawing competitions, quizzes, and even video creation competitions, which would be judged live, with the winners taking home digital certificates. Very often peer educators would become closely involved celebrations too.

**Virtual mental health sessions:** The pandemic led to heightened stress, burnout, and other mental health issues among adolescents. To mitigate the severity of these mental health concerns, and to raise general awareness around mental health among adolescents, C3 conducted a series of virtual mental health sessions in Jharkhand with the support of state, district, and block level officials. These sessions often had mental health professionals come on board to talk about the importance of self-care,

of identifying one's mental health struggles, and to offer resources for seeking professional help.

**Facilitating access to online classes:** Due to vast economic and gendered digital divides, accessing online classes proved incredibly difficult for a lot of marginalized young people. To support the learning outcomes of these digitally disconnected students, The Department of School Education and Literacy had decided to telecast educational classes through Doordarshan (between 10.00 am to 1.00 pm). However, there was very little community awareness around this initiative.

This is where C3 stepped in - carrying out mass level awareness-raising around the Doordarshan classes, going door-to-door to ensure that every student in the community knows about these classes. C3 also regularly liaised with state, district and block level functionaries to engage and enrol parents into Whatsapp groups, using these groups tog spaces to learn and bridge study losses.



**Virtual and small group awareness sessions on menstrual hygiene:** The pandemic was also a time of lack of access to menstrual hygiene products, especially among marginalized, remote, rural communities. Hence, with the extensive support of teachers from select schools, C3 organized more than 50 sessions (both virtual and face to face) to highlight why and how menstrual hygiene needs to be prioritized even during the pandemic. To further supplement these sessions, C3 also provided free sanitary napkins to the adolescent girls who participated in these sessions.

#### ON-GROUND, COMMUNITY-BASED ACTION

Community meetings and mobilization: Mobilizing parents, the village sarpanch and other village stakeholders, C3 organized in-person village-level "Sangwari Meetings", i.e. a platform for the entire community to gather and discuss and strategize issues that collectively impact them, in Chhattisgarh. These meetings drove awareness around critical adolescent health concerns - such the impact of COVID-19 on young people, nutrition, menstrual hygiene during the pandemic, mental health, non-communicable diseases, HIV-AIDS, and so on. The role of Adolescent Friendly Health Clinics (AFHCs), and how one can access these clinics, was also a significant component of these discussions.

**939 sangwari meetings** conducted

**78 para meetings** leveraged

**7682 adolescents** participated

**562 adolescents** participated

In West Bengal, this community-level collectivization took the form of "para (colony) meetings", where community members could come together to strategize efforts to improve adolescent health and wellbeing.

**Adolescent Health Days (AHDs):** Under the Government of India's Rashtriya Kishor Swasthya Karyakram (RKSK), C3 regularly conducted "Adolescent Health Days" in close collaboration with block and district officials in the states where we work.

**114 Adolescent Health Days** conducted with:

**1891 adolescents**

**27 Auxiliary Nurse Midwives (ANMs)**

**80 members of Panchayati Raj Institutions (PRIs)**

**97 Mitanins**

**Adolescent Friendly Health Clinics (AFHCs) and direct adolescent participation in their health and wellbeing:** To foster both greater awareness around adolescent health services and active participation of adolescents in ensuring the quality of these services, C3 initiated an innovative approach at Batauli block, Surguja. We facilitated "exposure visits" of adolescents to their local Adolescent Friendly Health Clinics (AFHCs) - visits where they could go around these clinics and understand intimately how these clinics function, and monitor the delivery of services being provided in these clinics. One of the initial exposure visits was conducted by 45 students from the Gutrapara higher secondary school at the Gutrapara AFHC, through which they could

**11 meetings with Adolescent Friendly Clinics** organized

**82 peer educators** oriented

**27 sector meetings** conducted

**34 mitanin meetings** conducted, where **409 mitanins** were present

not only understand the inner workings of AFHCs, but also the importance of the RKSK program, and the role of AFHCs under the RKSK program.

**Supporting the distribution of mid-day meals and books:** Despite the closure of schools, the government had continued to make provisions to distribute mid-day meals and text books to students during the pandemic. However, since there was limited awareness around how to access these meals and books within the community, C3 once again stepped in to disseminate this awareness in remote communities of the Gumla,



Lohardagga and West Singhbhum districts of Jharkhand, directing people to the venues where the distribution of meals and books would occur.

**Mohalla Classes:** To ensure that adolescents weren't losing out on academic knowledge despite the closure of schools and barriers to accessing online education, C3 leveraged the 'mohalla classes' organized by the Chhattisgarh government, encouraging health and wellness ambassadors from local schools to conduct their health and wellness sessions (which were earlier conducted within schools) within these mohalla classes.

#### THE SCHOOL HEALTH AND WELLNESS PROGRAM (SHWP)

Launched in 2018, The School Health and Wellness Program (SHWP), under the aegis of the Ayushman Bharat Initiative, is a collaborative school-centered program run by the Ministry of Health and Family Welfare and Ministry of Human Resource & Development to promote health education, disease prevention, and access to health services. C3 has been a trusted partner of the government in its implementation, offering technical support to the State Councils of Research Education and Training (SCERT), supporting the crafting of the curriculum, and engaging with schools and adolescents alike. Despite the hurdles posed by the pandemic, we continued to innovate and build our implementation efforts:

**Online Trainings of Health and Wellness Ambassadors:** Given lockdowns and social distancing norms, it was no longer feasible to conduct our usual in-person trainings with the health and wellness ambassadors who usually teach the SHWP curriculum in schools.

Hence, in June 2020, C3 organized an initial pilot virtual training with 56 teachers, which would go on to provide the foundation for future virtual trainings of this nature. The training, which was conducted over 7 different sessions, was an important means for not just ensuring that the ethos of the SHWP remains alive even during the pandemic, but also to build the digital capacities of health ambassadors. The learning from the pilot was shared with other stakeholders to ensure that lessons could be integrated to support other online trainings of State Resource Groups (mandated by the Ministry of Health and Family Welfare) began across India, commencing from August 2020 onwards.

**44 dry runs** conducted with  
**386 health and wellness ambassadors**

At the same time, C3 staff also helped health and wellness ambassadors hone their teaching skills by facilitating various "dry runs", where these ambassadors could 'practice' conducting SHWP sessions.

**School health and wellness sessions:** With the help of the support and mentoring provided by C3 staff, the trained Health and Wellness Ambassadors began conducting wellness sessions in their respective schools.

While many of these sessions were held within communities, in "mohalla classes", some sessions were also held online - where the ambassadors could draw upon learnings from C3's virtual trainings to utilize tools for greater digital engagement.

**761 health and wellness sessions** conducted, out of which:  
**700 Sessions conducted in Mohalla Classes**  
**61 sessions conducted online**  
**21515 students engaged**

These health and wellness sessions provided essential information and support around a variety of topics and issues - life skills, substance misuse, mental health, non-communicable diseases, nutrition, gender-based discrimination, sexual abuse, human trafficking and gender equality.

**Offering Mentorship and Support:** In September 2020, C3 became actively involved in the process of planning and monitoring the implementation of SHWP in 10 new districts of Chhattisgarh, where SHWP was on the cusp of being initiated. Drawing upon its past experience of working with health and wellness ambassadors, C3 could facilitate trainings and dry runs with members of a SHWP State Resource Group in Chhattisgarh,



while also “mentoring” and facilitating 11 sessions of health and wellness ambassador trainings in the Narayanpur district. These trainings providing essential inputs to ambassadors to enhance their dissemination of the SHWP curriculum.

**Technical Support to government stakeholders in Jharkhand:** 2020 was a crucial year for Jharkhand, with the School Health and Wellness Program beginning to be rolled out in the state. C3 became a key technical support organization for SHWP's implementation, collaborating with state-level stakeholders to build communication material to create awareness around SHWP, as well as to shape the content of the SHWP curriculum.

**State Level Webinars around SHWP in Jharkhand:** To build more awareness around SHWP in Jharkhand, C3 also supported the government to organize a series of webinars with state and district level officials.

**14350 webinar participants**

The webinars, which provided an overview of the various activities and initiatives that SHWP covers, was a soaring success, garnering significant viewership both on Zoom and its subsequent livestream.

#### DIGITAL LITERACY:

India's gendered digital divide is stark, accounting for 50% of the world's gendered digital divide alone, and this gaping chasm is felt even more prominently in isolated rural communities, where young girls often have little to no access to basic resources.

Hence, C3 has been working closely in rural communities in Chhattisgarh and Jharkhand to equip young girls with not just access to digital devices, but requisite knowledge on how to use digital devices effectively. In 2020, too, our efforts to digitally empower young girls continued:

**Badhtey Kadam:** Despite initial COVID-related delays, the second phase of Badhtey Kadam – C3's Chhattisgarh-based digital literacy project – took off in September 2020. We trained around 150 girls (in 10 groups) in various aspects of digital and financial literacy, imparting knowledge around the use of computer software, cybersecurity, the use of online wallets and e-commerce platforms, and the internet.

**Akanksha:** Due to COVID-19 and subsequent lockdowns, the recruitment of adolescents and the conducting of sessions for Akanksha – C3's Jharkhand-based digital literacy programme – was met with several challenges. However, with the easing of lockdowns in June 2020, the C3 team could gradually begin organizing adolescents into small groups and conduct digital literacy sessions (while following the required COVID-19 protocols).

Between June to September 2020, a total of 343 adolescent girls successfully completed digital and life skills trainings, while between October 2020 to December 2020, 1480 adolescent girls successfully completed these trainings.

#### Adolescent Development in

**Odisha:** C3 is providing technical support in the implementation of Rashtriya Kishore Swasthya Karyakram (RKSK) in Bhadrak district of Odisha. Under this initiative, we have trained over 5000 peer educators who are regularly conducting sessions with adolescents and young people in their communities, reaching over 70,000 girls and boys. During COVID-19, our peer educators played a crucial role in creating awareness about the pandemic, its precautions, safety measures and encouraging vaccination.



# OUR REACH OVER THE PAST YEAR

## ADOLESCENTS REACHED

### IN SCHOOL

**24000**

Girls

**10400**

Boys

### OUT OF SCHOOL

**113800**

Girls

**41100**

Boys

## CATALYZING STAKEHOLDERS

**497**

Master Trainers

**1145**

Nodal Teachers & Principals

**647**

Anganwadi Workers

**1872**

ASHAs

**929**

ANMs

**8861**

Peer Educators

# GENDER EQUITY AND GOVERNANCE

The active presence and voice of women in decision making and governance is critical to ensure that women's health and education needs and access to opportunities are prioritized. C3 has dedicated nearly 20 years of its work nurturing and championing this very grassroots women's leadership - training, mentoring, and supporting elected women representatives (EWRs) from Panchayati Raj Institutions across 10 districts of Bihar, so they can champion women's issues and mitigate gender-based discrimination.

Increasingly there is a growing role of evidence in supplementing women's voices and participation to ensure gender responsive governance and institutions. This real-time evidence is essential to the work of both women

leaders and policymakers alike, helping them understand nuances of gender issues and bring about concrete programmatic response. Hence, C3, under its Sakshamaa initiative, conducted research and analysis around gender-focused ground realities in rural India to inform on-ground social change.

## WOMEN PANCHAYAT LEADERS AND THEIR FIGHT AGAINST COVID-19

The effects of COVID-19 were disproportionately felt among impoverished rural communities given widespread loss of incomes, return of migrant workers,

loss of education for young people, hindered access to reproductive and sexual health and an reported uptick in gender-based violence.

But the women PRI members that we work with - the brave, dedicated women who lead their communities and constantly placed themselves on the line for their communities - plunging into action almost immediately. Through C3's support and constant mentoring and handholding support, these women went out of their way to ensure that not a single person in their constituencies were left uncared for during the pandemic.



# THE EWRs' COVID RESPONSE – *At a glance*

## COVID-19 AWARENESS AND PREVENTION:

In the initial days of the pandemic, misinformation and superstitions abounded in rural communities, given the limited access to information and literacy in these spaces. But the EWRs rose to the occasion, taking awareness and COVID-prevention directly to their communities.

- They went door-to-door, personally sensitizing community members around social distancing, hand-washing and sanitizing, and other necessary protective measures.
- They initiated mandatory masking campaigns – which incentivized mask-wearing and drove home the importance of masks.
- They ensured that public spaces within their wards were being regularly sanitized, and that people were following quarantine rules.
- They directed COVID-affected families to local health institutions.

## THE 'THANK YOU' CAMPAIGN:

Initially, when the communities were apprehensive of anyone who might have come in contact with the virus, they would be wary of frontline workers (FLWs), often not allowing them to enter their villages or localities and mistreating them. Hence, the EWRs fiercely promoted the work of FLWs among community members, helping them understand the unparalleled service FLWs were delivering. As a result, the EWRs could mobilize the entire community to organize the 'Thank you' campaign - where they felicitated FLWs, and welcomed them into their communities with flowers and applause.

## ADDRESSING THE GENDERED IMPACT OF COVID-19:

EWRs connected victims of domestic violence to women's helplines and medico-legal violence prevention resources.

- Many EWRs formed a "Jagrukta Samiti" in their constituencies, a community-driven body to monitor the condition of marginalized women and girls. Some of the things they monitored included early marriage, domestic violence, and other forms of gender-based discrimination.

- EWRs also spearheaded innovations like an educational enrichment program for young girls; the formation of all-girls football teams and tournaments to encourage young girls to collectivise and gain leadership skills; and the 'pad bank' program, where they mentored young girls to sell sanitary pads in their communities at subsidized rates and spread awareness on menstrual hygiene.

## ORGANIZING EMERGENCY FOOD AND SHELTER:

As the pandemic hit, many families found themselves grappling with a loss of income, a lack of food and resources, a lack of housing as well. The EWRs stepped in to support these families, collaborating with local organizations and authorities to provide free essential ration and food organizing temporary shelter supporting their healthcare needs.



### SUPPORTING RETURNING MIGRANT WORKERS:

The migrant workers who had lost their jobs in the states they were working in, had reverse-migrated back to Bihar in staggering numbers, causing concern around not just their financial situation but around COVID-19 protocols too. But the EWRs stepped in with their support:

- They organized COVID-screening and quarantine services for migrant workers.
- They distributed free contraception to these migrant workers so they could easily practice family planning during this time.
- They rallied the community to break pre-conceived myths around migrant workers and contagion.
- They made sure that the migrant workers would have access to alternate sources of livelihood, health facilities, and so on.

### ENSURING ACCESS TO DIRECT TRANSFERS AND GOVERNMENT LIVELIHOOD SCHEMES:

To mitigate the financial impact of COVID-19, the government had introduced various schemes like direct cash transfers and welfare support. However, many people in these rural communities were not aware of how to access these transfers. Hence, EWRs guided community members through every step of the process to ensure that they received these cash transfers. The EWRs also helped community members access existing government entitlements and livelihood schemes like MGNREGA, welfare schemes of the Fishery and Animal Husbandry department, and other agricultural credit schemes.

### WOMEN PANCHAYAT LEADERS AND THEIR CONTRIBUTION TO PROMOTING ESSENTIAL HEALTH AND NUTRITION

Under C3's Pahal and Champions initiatives, C3 has been dedicatedly ensuring that women Panchayat leaders could effectively address the health, nutrition, and wellbeing of women and adolescents in their communities. This year, COVID-19 put a huge strain on existing healthcare systems, often jeopardizing the delivery of essential healthcare services around nutrition, reproductive and maternal health, adolescent health, and more. But EWRs, with C3's support, made sure that despite the barriers posed by COVID-19, local healthcare systems were continuing to address the nutritional and wellbeing requirements of women, children, and adolescents.

**Supporting the resumption of family planning, maternal health, and nutrition services:** After the first month of the lockdown, the government had declared family planning and maternal health an essential service. And local institutions needed assistance to recover from the disruptions caused during the initial days of COVID-19. And so, EWRs supported frontline workers in connecting pregnant women, new mothers, and young couples to family planning and maternal health services.

They ensured the utilization and uptake of various contraceptives among women and families, contributing to avoiding unwanted pregnancies and delaying births during this time. They also ensured that pregnant women were getting their regular ante-natal and post-natal checkups, and that they

were accessing facilities for institutional delivery and breastfeeding practices. At the same time, EWRs were also monitoring the growth of children falling within the age group of 0-5 years, to identify whether or not these children were malnourished, and referring them to healthcare professionals in case they were.

### OBSERVING WORLD POPULATION AND CONTRACEPTION DAY

Alongside supporting EWRs in shaping family planning mechanisms in their respective communities, C3, under its Naya Daur initiative (with support from the Bill and Melinda Gates Foundation), also builds essential research, engagement with government institutions and on-ground action to encourage family planning. This year, Naya Daur observed World Population Day (10th July 2020) and World Contraception Day (25th September 2020), through two key online events:

- ◆ A virtual dialogue that brought both global and regional experts together to shed light on innovations in family planning in the context of COVID-19 as well as beyond it.
- ◆ A roundtable which focused on 'Improving Information and Access to Spacing Contraception for Family Planning among Young Populations in Bihar', emphasizing how young couples need better access to information and services that will help them opt for short term spacing methods of family planning.

But while the maternal and reproductive health of individual women and families were essential, so was community action.

EWRs helped resume maternal health and nutrition specific community events like the “Arogya Diwas”, the “Godh Bharai Diwas” and “Annaprashan Diwas”, where they sensitized the whole community around maternal health, nutrition, and family planning. Similarly, when it came to the issue of nutrition, the EWRs celebrated the government mandated ‘POSHAN Maah’ in October, organizing ground-level activities and ‘Poshan Pakhawadas’ to build awareness around the importance of nutrition - especially during COVID-19 - and connecting women and young people to services like the provision of Iron Folic Acid (IFA) tablet, free health check ups, and so on, to enhance their nutrition.

**Addressing the outbreak of Acute Encephalitis Syndrome (AES) among children:** While COVID-19 was raging on, another epidemic was affecting three blocks of the Muzaffarpur district, Bihar - Acute Encephalitic Syndrome (AES).

AES is a serious public health problem in India, primarily affecting children and adolescents, and is characterized by acute fever and onset of seizures. In 2020, AES had penetrated communities in Muzaffarpur, causing scores of children and young people to fall sick. With hospitals and health institutions burdened with COVID-19 cases, there was a dire need for both institutional support and community awareness around AES to manage its spread.

And so, once again, the women Panchayat leaders were at the frontlines of battling the disease. With support from C3, these Panchayat leaders were able to identify the signs and symptoms of the disease among children in their communities, were able to refer these children to available health institutions, and initiate panchayat-level actions to provide monetary and healthcare support to the families affected by the disease. The EWRs mobilized 68 general practitioners across the three affected blocks of the Muzaffarpur district to treat and manage the disease, while also collaborating and coordinating with

Civil Surgeon, District nodal officer for AES, the medical officer in-charge and block level officials to build concrete strategies and facilitate better referrals.

## RESEARCH AND EVIDENCE ON GROUND REALITIES

Supported by the Bill and Melinda Gates Foundation, C3's ‘Sakshamaa’ initiative has, since 2018, been generating robust evidence to inform policy implementation, driving evidence based social change through a network of researchers, and providing technical support to the Government of Bihar.

However, with COVID-19 having affected communities in complex and widespread ways, throwing women's lives into turmoil across demographics, it was essential to understand what they were going through, and hence, the process of evidence-gathering became all the more critical and necessary. And so, Sakshamaa's studies this year ranged around the entire gamut of female experiences during COVID-19 - be it early marriage, their personal and public lives, or domestic violence.



**Addressing domestic violence: a partnership with University of Virginia:**

Intimate partner violence has always been prevalent in Bihar - with a high degree of social acceptance within communities (even among women) - and with the pandemic, the ground reports were all the more grave.

Hence, C3 has been partnering with the University of Virginia on a research project that will develop and implement four IT-enabled mobile technologies to mitigate domestic violence. To achieve this technology, C3 has been conducting pilot experiments in the state to understand the causes of under-reporting of domestic violence, and to test the efficacy of IT-enabled interventions to mitigate domestic violence.

**COVID-19 and the shadow pandemic of gender-based violence: Insights from Bihar:**

While C3 was testing its technological interventions around the reporting of domestic violence, the pandemic also made it necessary to conduct deeper, qualitative research around grassroots experiences of domestic violence during lockdown. Through a set of in-depth interviews with women heads of civil society organizations in Bihar (who were working on gender and allied issues in both rural and urban areas), C3 attempted to ascertain how domestic violence was unfolding during the initial COVID-19 lockdown, and how the community as a whole was responding to it.

**Examining the evolving impact of COVID-19 on women leaders' personal, and public lives:**

C3 has been working with a cohort of EWRs in Bihar since 2006, and has intimately gotten to understand them and their approach to their governance. And so, alongside our surveys of women's ground realities during the pandemic, it was equally crucial to explore how the pandemic had affected the lives of EWRs - the same EWRs who have been at the forefront of serving their communities during these trying times.

Hence, during the COVID-19 lockdown, a rapid assessment was conducted with more than 800 EWRs, which brought to light their in-depth engagement in responding to COVID-19 both in terms of support to the government and to the community. A telesurvey was conducted to examine how women's participation and leadership in government institutions (Panchayati Raj) are shifting the dynamics in local self-governance, leading to change in different aspects of their lives, particularly during the COVID-19 pandemic.

In doing so, the study aimed at assessing the gendered impact of COVID through the lens of EWRs. Findings point towards an active role of EWRs in emergencies who report prioritizing health over other responsibilities as a people's representative. The survey points towards investment in grassroots leadership building for enhancing basic services and addressing social norms/GBV support services.

**The VillageMakers Survey, a partnership with the Impact and Policy Research Institute (IMPRI):**

As part of the ongoing effort to support domestic research organizations, Sakshamaa partnered with the Impact and Policy Research Institute (IMPRI) to conduct a small tele-survey on the impact of COVID-19 on the lives of women in rural Bihar.

This survey brought important insights regarding women's access to entitlements and relief services, the prevalence of caste-based discrimination and gender based violence, and the adverse economic impact the pandemic has had in the state.

# REPRODUCTIVE HEALTH AND RIGHTS

**C3's** commitment to fostering reproductive health and rights is grounded in the work around SDG 3, and is hinged around a single ethos - that every woman has a fundamental right to receive safe, dignified, and respectful reproductive health care services. In this area, C3 is supporting better quality of care from the planning equitable delivery of services to communicating and supporting women to claiming their maternal and family planning health care assurances provided through the public health

system for this life stage. Hence, over the past 10 years C3 has designed, built and sustained national, state and local community-driven initiatives to address maternal health needs. Time bound projects have been implemented in close collaboration with health systems institutions to strengthen the capacities of maternal health service providers and related outreach workers towards high quality maternal healthcare accessible to EveryWoman, EveryWhere.

Despite the COVID-19 pandemic posing significant barriers to our work over the past year, C3 has continued to persevere, pivoting to online tools to continue to reach out to the same stakeholders, healthcare providers. Through their professional associations C3 has continued to link with health care providers and support catalyzing grassroots action around reproductive health and maternal health care.



**BREAKING NEW GROUND: REDUCING C-SECTIONS**

Recent trends towards the over-medicalization of childbirth have been prevalent across India, especially in urban areas, and C3 has approached the issue through its partnerships for community involvement and provider capacity building. This growing trend towards increased Cesarean section births - as evidenced over the last 3 National Family and Health Surveys - beyond the globally accepted levels of the need for C-sections, indicates the need for support to health services to address underlying reasons for such over-medicalization. Hence, with C3's history and expertise, its work has pivoted towards addressing some of the known factors of raised C-section rates.

C3 embarked on a brand-new partnership with Linde India Ltd to curb excessive reliance on C-section deliveries, and to build the capacities of facility-based healthcare professionals, frontline workers and community members around maternal health, in a defined small area of the Kalinganagar Industrial Complex, Odisha. The intervention aims to foster a larger supportive ecosystem around natural, non-invasive and supportive measures that avoid unnecessary C-section births. Using a comprehensive supply and demand side approach, institutions, health providers and pregnant women and their families, community-based women's self-help groups, Mahila Samitis, Gaon Kalyan Samitis and Rogi Kalyan Samitis, and more are participating in this partnership.

**Capacity-building around:**

- ◆ Natural labour pain management strategies
- ◆ Birth preparedness and complication readiness
- ◆ Regular and quality ante-natal and post-natal checkups
- ◆ The presence of 'Birth Companions' (chosen by the pregnant woman herself) during labour



**Pain Management: PDF**



**Pain Management: Animation**

### CREATING AN ENABLING ENVIRONMENT MIDWIFERY IN INDIA:

To ensure that pregnant women receive specialised, woman-centric, and compassionate maternity care that is safe, respectful and dignified, Government of India is introducing a new cadre of Midwives into the existing MCH care system. C3 through its work as secretariat of the White Ribbon Alliance for Safe Motherhood (WRAI) has supported women's demands for trained and adequate maternity care providers. Midwifery is the profession that upholds the need for empathetic, non-judgmental, and person-centered maternal care and combines both specialized clinical skills that promote normal vaginal delivery and emphasizes supporting women and low-tech approaches for healthy low-risk women.

Since 2020, C3 and WRAI have been working to build recognition and value around midwifery-led care, and facilitating inter-professional collaboration between midwives and other healthcare providers especially nurses and doctors. Supported by an investment from the Bill and Melinda Gates Foundation since 2019.

In 2020 this initiative involved engaging with service providers through their professional bodies and preparing communications materials to address the informational needs of women and their families to support to the Midwifery Initiative's as they begin selecting and training midwifery educators and setting up training institutions across the country to educate Nurse Practitioner Midwives (NPMs). In 2020 with travel restrictions WRAI assisted through providing virtual platforms to bring together stakeholders to express their commitment for Midwifery led care.

**Celebrating International Day of the Midwife, 5th May 2020:** 2020 was declared by the WHO as the 'year of the nurse and the midwife' - a year to recognize and cherish the invaluable contribution of nurses and midwives to healthcare systems across the world. There was no better occasion for White Ribbon Alliance India (WRAI) to take its annual International Midwifery Day celebrations to an all-new level.

Despite the barriers brought on by the pandemic, and despite the celebrations having to move online, the event garnered unprecedented support and participation. While the Ministry of Health and Family Welfare (MoHFW) agreed to co-host the event with WRAI, the online nature of the event also paved the way for global participation. WHO Global recognition of the event increased as Francis McConville, Chief Midwife of WHO, kindly joined our esteemed panel to spotlight India's midwives and the essential dedicated services they can provide which has become doubly important during this COVID pandemic.



At the same time, the online medium also helped us collate the voices of real-world midwives from grassroots communities across the country. These midwives were from diverse backgrounds, with diverse experiences - working in rural Telangana, West Bengal, Uttar Pradesh, and with the Maternal Health Commissioner sharing the stage it became an event where participants included champions of Midwifery, the midwives could explain and their voices were listened to, how they are addressing the challenges faced in their work during the pandemic.

### IMPACT:

*Due to the soaring success of WRAI's online webinar on International Day of the Midwife, 2020, the Nursing Division of MoHFW sought out our help in conducting their own online webinars on the "Echo" platform.*

*We coached midwives on how to utilize the Ministry's "Echo" platform to confidently communicate their experiences around administering ante-natal and post-natal care during the pandemic. Eventually, WRAI also ended up moderating a panel discussion around midwifery (conducted by the Nursing Division) on the "Echo" platform.*

**Collaborating with Professional Associations:** WRAI and C3 frequently engages and work in collaboration with various Safe Motherhood related health professional associations like the Society of Midwives, India (SOMI), The Trained Nurses' Association of India (TNAI) and The Federation of Obstetric and Gynaecological Societies of India (FOGSI). Working together for safer maternal and newborn care the WRAI helps strengthen the multi-sectoral support need to integrate midwifery-led care into the existing MCH programs in India.

Although COVID-19 complicated the process of conducting in-person engagement with these organizations, we once again harnessed the power of technology and continued our work through online modes. WRAI and SOMI collaborated to conduct virtual consultations with 5 of their states chapter members in Uttar Pradesh, Bihar, Madhya Pradesh, Odisha and West Bengal. Each brought together nearly 100 stakeholders from various backgrounds.

These consultations communicated the intent and status of the government program to integrate midwifery-led care into the country's maternity care system. These messages were given directly by key members of the Indian Nursing Council (INC), representatives of the state government's health department, and local community health workers to understand their own role in supporting and furthering midwifery in their own states, health facilities, constituencies, and communities.

**Branding and Positioning Midwifery:** Under the Government of India's midwifery roadmap, WRAI and C3 built a branding and positioning plan to increase the acceptance of Nurse Practitioners in Midwifery (NPMs) as key maternity care providers within health systems, and for NPMs to become a special cadre with clear career pathways within Indian public health systems. The plan has paved the way for clear and concise communication strategy that will help increase the visibility and legitimacy of midwives within health institutions and communities.

### PROMOTING RESPECTFUL MATERNITY CARE:

Every pregnant woman has the right to receive medical care that is respectful, non-judgemental, that respects her agency, and that treats her with dignity and respect. And yet, the disrespect and abuse pregnant women experience in labour rooms across the country continues to be a grave reality. A 2019 research study conducted by C3, as the national secretariat of WRA India, in public health care facilities across three Indian states found evidence of physical and verbal abuse, non-consented care, lack of confidentiality, denial of care, and more, being meted out to women availing maternity care services. This is exactly why the incorporation of Respectful Maternity Care (RMC) into our health institutions is the need of the hour, and why C3/WRAI has been working towards this goal for the past 6 years.

**Incorporating RMC into health institutions in Odisha:** C3/WRAI has been facilitating the inclusion of RMC in 3 high caseload facilities in the Cuttack district of Odisha, through mentoring and trainings of care providers, and constant monitoring of the quality of service delivery in these institutions. Through these efforts, a supportive environment could be built within health systems which provides care with respect and dignity.

**Partnering with the Government of Telangana:** As a result of WRAI's sustained efforts towards promoting RMC in health care systems, the Government of Telangana sought out our help to shape a cadre of master trainers who could provide training around RMC to healthcare providers in Telangana.

**380** Master Trainers Trained in:

**160** health institutions

**33** districts

In response, C3/WRAI virtually trained over 190 providers, from 16 districts, who would conduct cascading training to their peers in the institutions they serve.

**Shedding Light on the Lived Realities of Reproductive and Maternal Health During the Pandemic:**

The COVID-19 pandemic has strained health systems and exacerbated systemic deficiencies and subpopulation vulnerabilities, thus exposing the damaging impact of inequities, in every society. C3/WRAI, in an effort to assess the impact of COVID-19 on their day-to-day lives, including their access to reproductive, maternal, neonatal, and child health services, conducted a phone-based survey in 5 states of India - Rajasthan, West Bengal, Assam, Uttar Pradesh and Madhya Pradesh. In partnership with WRA Rajasthan, WRA West Bengal, WRA Assam and World Vision (a WRAI member organization), C3/WRAI developed survey tools, trained and mentored state teams, and analyzed the findings of the survey.

The findings highlighted that it remains of utmost importance to pay special attention to continuation of ante-natal and post-natal check-ups for pregnant women and new mothers during the pandemic, and family planning services. The lived realities survey ultimately helped us build a concrete call to action to tackle the findings identified by the survey, and helped us to build community-level interventions to encourage women belonging to rural communities to access essential reproductive health services during the pandemic.



# TESTIMONIALS

2020 has been a challenging year for our staff and our beneficiaries alike. Adapting to and responding to a global pandemic while struggling with one's own personal wellbeing has been a common story across the board for our staff. At the same time, communities that we work for, women and girls from the grassroots communities we reach out to and aim to positively impact - have had to overcome their own sets of challenges. Hence, this year, we are highlighting testimonials from both our staff and from the ground, showcasing just how much resilience we have shown to tackle this global crisis together.

## FROM STAFF

*Dealing with the pandemic was a totally different experience, something I had never encountered before in my work. But it was important to be able to face this pandemic head-on, so the first step I took was to provide our field team and our panchayat women leaders with accurate information about this deadly virus, alongside suggesting ways for reducing the stigma around the virus and those who had been diagnosed with it.*

*The adverse socio-cultural, economic and health impact of COVID-19 on the community was immense, but we remained focused and were able to find ways to move forward with our projects.*

**- Mr. Prakash Ranjan, Specialist,**  
Capacity Building and Community  
Engagement, C3 Bihar Team.

*While COVID-19 hampered travel (and the implementation of certain pan-Indian program strategies), working and living on my own during lockdowns required me to rapidly learn new ways of connecting. I longed for direct interaction and to "see" my colleagues at meetings, but wept when all I could "see" were their initials on my computer screen. When restrictions were finally lifted and I hoped to rejoin office, my health deteriorated, and I was hospitalized for breast cancer surgery and radiotherapy.*

*However, I found that, spending time with other patients at the hospital, talking to the nurses, doctors, and other hospital staff, actually helped me. It broke the monotony and disconnectedness of isolated living.*

*My supervisor, colleagues, and team were all a huge support during this time. Despite me lying in a hospital bed, they quickly adapted to the situation and made sure that I could still be involved and contribute to work! Since our work is around quality of care and health systems, my stay at the hospital also gave me many new insights and ideas to add to our programs.*

*The journey through 2020-21 proved to be rough for me, but I got through it, and lockdowns and health concerns did not prevent us as a team from working towards our program goals.*

**- Dr Leila Varkey,**  
Lead - RHR, C3.

### Women Leaders stepping forward to end child marriage during COVID-19:

**S**avita Devi, Ward Member, Chandrahaiya Panchayat, East Champaran is one of the most active women panchayat leaders in the district. With the motivation she received under C3's Champions Intervention, she organized awareness meetings to draw attention towards various forms of gender-based discrimination, including unequal treatment between female and male children, domestic violence, early marriage and denial of rights and opportunities to women.

On May 26th, 2020, Savita Devi received information that a resident of her panchayat was planning to marry off his 12-year old daughter to a man her thrice her age. The daughter, who was in 5th standard, wished to study further and strongly opposed the marriage, but had no means to speak up against it.

Without sparing even a moment's time, Savita Devi plunged herself into action to put an end to this marriage, enlisting the help of fellow community members. She met the families of both the girl and the groom, warning them about the legal marriageable age for girls and the legal consequences they can face if they continue with the marriage. She also convened an urgent Panchayat-level meeting on the matter, in the presence of the village Mukhiya, other ward members of Panchayat and community members.

At the meeting, the unanimous Panchayat decision led to the families being strongly reprimanded and asked to call off the marriage, letting the young girl continue to pursue her education.

### FROM THE GROUND

#### C3 offering support to adolescents during trying times:

**S**neha, a 16-year old resident of Udaipur village, Surguja, was a routine participant of the conference calls that C3's field coordinators conducted with adolescents during the pandemic. Not only was she suffering from severe depression during this time, but was also in a toxic relationship with someone who would engage in frequent substance misuse. The pandemic had also alienated her from school and her peers, further adding to her poor mental health.

Through the guidance provided by field coordinators in these conference calls, she was able to gain confidence in herself, to find avenues to practice self-care, and to finally battle her depression. The calls gave her the tools to not just overcome her struggles, but also gain the confidence, agency, and self-affirmation to end her relationship with her partner and take control of her life.

# FINANCIALS

## Walker ChandioK & Co LLP

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### Independent Auditor's Report

#### To the Members of Centre for Catalyzing Change

#### Opinion

1. We have audited the accompanying financial statements of **Centre for Catalyzing Change** (the "Society"), which comprise the Balance Sheet as at 31 March 2021, the Income and Expenditure Account and the Receipts and Payments Account for the year then ended, and a summary of significant accounting policies and other explanatory information.
2. In our opinion and to the best of our information and according to the explanations given to us and utilization certificates submitted by sub-recipients, the aforesaid financial statements give a true and fair view in conformity with the accounting principles generally accepted in India, including the Accounting Standards issued by the Institute of Chartered Accountants of India ('ICAI'), to the extent considered relevant by the management of the financial position of the Society as at 31 March 2021 and its financial performance for the year ended on that date.

#### Basis of Opinion

3. We conducted our audit in accordance with the Standards on Auditing (SAs) issued by the ICAI. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are independent of the Society in accordance with the Code of Ethics issued by ICAI and we have fulfilled our ethical responsibilities in accordance with these requirements and the Code of Ethics. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

#### Responsibilities of Management for the Financial Statements

4. The Management is responsible for preparation of these financial statements that give a true and fair view of the state of affairs, results of operations of the Society in accordance with the accounting principles generally accepted in India, including the Accounting Standards issued by the ICAI to the extent considered relevant by the management. This responsibility includes maintenance of adequate accounting records for safeguarding the assets of the fund and for preventing and detecting fraud and other irregularities; selection and application of appropriate accounting policies; making judgements and estimates that are reasonable and prudent; and the design, implementation and maintenance of adequate internal control, that were operating effectively for ensuring the accuracy and completeness of accounting records, relevant to the preparation and presentation of the financial statements that give a true and fair view and are free from material misstatement, whether due to fraud or error.
5. In preparing the financial statements, the management is responsible for assessing the Society's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the management either intends to liquidate the Society or to cease operations, or has no realistic alternative but to do so.



Chartered Accountants

Offices in Bengaluru, Chandigarh, Chennai, Gurugram, Hyderabad, Kochi, Kolkata, Mumbai, New Delhi, Noida and Pune

Walker ChandioK & Co LLP is registered with limited liability with identification number AAC-2085 and its registered office at L-41 Connaught Circus, New Delhi, 110001, India

## Walker ChandioK & Co LLP

### Auditor's Responsibilities for the Audit of the Financial Statements

6. Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Standards on Auditing will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.
7. As part of an audit in accordance with SAs, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:
  - Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
  - Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on whether the Society has in place an adequate internal financial controls system over financial reporting and the operating effectiveness of such controls.
  - Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the management.
  - Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Society's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Society to cease to continue as a going concern.
  - Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.



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## Walker ChandioK & Co LLP

8. We communicate with the management regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit

For **Walker ChandioK & Co LLP**  
Chartered Accountants  
Firm's Registration No. : 001076N/N500013



**Deepak Mittal**  
Partner  
Membership No. 503843  
UDIN: 21503843AAAABT4999



**Place:** Gurgaon  
**Date:** 29 November 2021

# ABRIDGED BALANCE SHEET

## SOURCES OF FUNDS

(in '000)

	March 31, 2021 (₹)	March 31, 2020 (₹)
General Reserve Fund	5,000	4,078
Designated Fund	1,29,950	1,10,448
Restricted Fund – Corpus/ Endowment Fund	72,431	70,492
Restricted Fund – Grants & Contributions	2,93,127	3,45,554
Current Liabilities and Provisions	25,493	23,082

## APPLICATION OF FUNDS

	March 31, 2021 (₹)	March 31, 2020 (₹)
Fixed Assets	10,685	10,606
Current Assets	6,319	8,417
Cash and Bank Balances	4,93,327	5,12,921
Advances Recoverable in Cash or Kind	15,670	21,710

**March 31, 2021**

**₹ 5,26,001**

**March 31, 2020**

**₹ 5,53,654**

# ABRIDGED INCOME AND EXPENDITURE ACCOUNT

INCOME (in '000)

	March 31, 2021 (₹)	March 31, 2020 (₹)
Income from Programs	2,14,630	2,47,080
Other Income	30,672	22,115

EXPENDITURE

	March 31, 2021 (₹)	March 31, 2020 (₹)
Establishment and Communication	21,751	26,573
Workshop, Information & Dissemination	11,425	21,486
Salaries and Benefits	1,08,815	93,528
Consultancy	53,837	65,904
Travel & Transportation	2,819	14,058
Sub-grants	16,612	19,526
	<b>2,15,259</b>	<b>2,41,075</b>
Transferred to Funds	30,043	28,120

March 31, 2021

**₹ 2,45,302**

March 31, 2020

**₹ 2,69,195**

# ABRIDGED RECEIPT AND PAYMENT ACCOUNT

## RECEIPTS

(in '000)

	March 31, 2021 (₹)	March 31, 2020 (₹)
Opening cash and bank balances	5,12,922	4,38,098
Voluntary contributions	1,54,596	2,79,175
Interest and other receipts	47,512	47,115

## PAYMENTS

	March 31, 2021 (₹)	March 31, 2020 (₹)
Establishment and Communication	17,712	22,065
Workshop, Information & Dissemination	11,405	19,714
Salaries and Benefits	98,206	92,018
Consultancy	51,199	58,787
Travel & Transportation	2,746	13,988
Sub-grants	16,612	19,508
Computer and other office equipments	3,923	9,067
Advances to project partners, staff & other payments	19,900	16,319
Closing cash and bank balances	4,93,327	5,12,922

March 31, 2021

**₹ 7,15,030**

March 31, 2020

**₹ 7,64,388**



We are C3