



ANNUAL REPORT

2024 - 2025

Each year at C3 feels momentous, and brings with it renewed energy and commitment. In 2024–25, that momentum found firmer footing. By expanding and strengthening our foundations - both literal and symbolic - we positioned ourselves to take bigger, bolder strides for every girl and every woman, everywhere in India.

We continued amplifying our impact through strategic partnerships across systems, networks, and diverse stakeholder groups. Through a Memorandum of Understanding (MOU) **with the Bihar Rural Livelihoods Promotion Society (BRPLS) - JEEVIKA**, our technical partnership helped scale Gender Resource Centres - known locally as Didi Adhikar Kendras - to **19 districts** across Bihar, covering nearly half the state. Through this expansion, Gender Resource Centres have become lifelines for thousands of women, providing a critical support system for recourse against gender-based violence and access to essential legal and social protections.

Another key partnership was with the **Federation of Obstetric and Gynecological Societies of India (FOGSI)**—the country's apex professional body for OBGYNs—for our **Doctor Wonderful** initiative, which recognized providers who publicly pledged to deliver respectful maternity care (RMC). Leveraging



FOGSI's nationwide network of 43,000+ members allowed us to not only amplify the importance of RMC nationwide, but to make the healthcare community's dedication to RMC visible across the board.

This was also the year we leveraged more and more **digital and technological innovation**, opening up newer avenues to engage with diverse stakeholders and communities. C3's **own Learning Management System (LMS) went live**, and currently hosts two flagship courses: one on POSH, adopted by a State Government, with over 1,300 trained; and the other on RMC, adopted by the Indian Nursing Council and the Society of Midwives India. We also scaled our use of **WhatsApp chatbots**, using them for scholarship applications, information dissemination, grassroots campaigns, and beyond.

Innovation did not stop at technology. Building on our long-standing experience working with grassroots women leaders in Bihar, **we piloted the Shakti Dhara Initiative** – testing how grassroots women's leadership can catalyze women's economic empowerment. By equipping grassroots women leaders to shift norms around women's work, and connect women entrepreneurs and job aspirants with mentorship, guidance, and resources, we helped build local ecosystems that enable women to start, sustain, and grow their careers and enterprises.

Another milestone came in January 2025, when C3 was certified a **Great Place to Work**, reaffirming our belief that the wellbeing, voice, and integrity of our teams are inseparable from the on-ground change we catalyze. As we reflect on the year gone by, I extend my sincere appreciation to the government, our teams, partners, communities, and donors, whose spirit and commitment continues to steer our mission, vision, and work.

Looking ahead, our focus turns to expanding the horizons of possibilities: confident young people entering leadership spaces, women asserting their voices and choices, accessible and respectful reproductive and maternal care for all, and ecosystems that enable women's economic empowerment. With purpose and persistence, we strive towards a future where equity, opportunity, and dignity are realities for every girl and every woman, everywhere.

Dr Aparajita Gogoi

Executive Director
Centre for Catalyzing Change (C3)

A SNAPSHOT OF OUR REACH

In 2024-25, our interventions have catalyzed



511,000+
Adolescent Girls

exercising their agency — choosing education, delaying marriage, prioritizing their wellbeing through informed decision-making, and aspiring toward diverse, self-determined careers.



420,000+
Adolescent Boys

challenging gender norms, unlearning toxic masculinity, building life skills and health knowledge, and emerging effective allies who stand up to gender-based violence and discrimination.



75,98,257
Women

demanding respectful maternity care, enabled through livelihoods, and connected with support networks to identify, challenge, and seek recourse for gender-based violence.



4,99,692
Women's Collectives

tackling gender-based violence and discrimination at the grassroots



1,70,000+
Grassroots Leaders

leading with confidence, improving community health, shifting gender norms, and strengthening access to essential entitlements and services.



14,000+
Healthcare Providers

delivering respectful, dignified, quality, and equitable women's and adolescent health services across facilities and communities.



13,960+
Teachers

enabling adolescents to build critical life skills through informed, engaging classrooms.

ABOUT THE REPORT

For over 38 years, C3 has been catalyzing change across the full arc of a woman's and girl's life. From adolescence to adulthood, our work builds agency so girls and women can make informed choices; access health, education, and economic independence; demand quality and respectful maternity care, confront gender-based violence, and claim their place in leadership and decision-making spaces.

This approach is rooted in a simple truth: gender norms are deeply embedded, and shifting them requires more than isolated interventions. Change must begin early, be sustained, and be reinforced across every system that shapes a woman's and girl's life. A young girl's confidence in the classroom, a woman's leadership in her community, the delivery of dignified reproductive care at a health institution are all interconnected chapters of the same story, written over a lifetime.

This report brings these stories to life. It captures girls pushing back against limits placed on their dreams, young people reimagining gender roles, women claiming their voice with confidence, and

community stakeholders who have stepped up as champions of change. Most are participants in our programs. Others are fellow catalysts - teachers, frontline health workers, and community leaders who have taken ownership of change and carried it forward.

These stories remind us change is never a single moment or milestone. It is a collective journey, powered by people, strengthened by systems, and sustained when communities shape their own futures



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GENDER EQUITY

Sitapati Devi: Transforming Her Community from the Ground Up

Shravasti, Uttar Pradesh

The village of Ghorma Parsaiya in the Shravasti district of Uttar Pradesh stands testament to the power of determined leadership and community participation. At the helm is Smt. Sitapati, a Mahila Pradhan and one of 26,000+ women leaders equipped by C3 in the state, who has transformed her community into a model for cleanliness, health, and inclusive development.

With C3's support and capacity-building, **Sitapati** focused first on what she knew best—health. She revived Village Health, Sanitation, and Nutrition Day (VHSND) sessions, led the renovation of a local health Sub-Centre and Ayushman Arogya Mandir (which offers comprehensive health services), streamlined ante-natal and post-natal care services, and strengthened coordination with frontline health workers. In the year since the health centres were renovated, they have hosted 45 safe institutional deliveries, along with timely birth registrations and universal access to cashless maternal health entitlements and schemes for all new mothers.

But Sitapati's influence extends far beyond health. She introduced smart classrooms in local schools, oversaw the construction of household toilets and incinerator-equipped women's toilets, and promoted composting and compost pits as eco-friendly waste disposal solutions. Further, she championed awareness campaigns on gender-based violence, discrimination, and child marriage through women's and adolescent girls' forums. Under her leadership, social entitlements reached those who needed them most: **700 elderly villagers now regularly receive pensions, 657 families now have assured access to free healthcare through their health entitlements, 778 households have assured access to subsidized food, 547 community toilets have strengthened hygiene and dignity for the village.**

Sitapati demonstrates how gender-transformative leadership can translate into community empowerment, inclusion, and sustainable development.



The Bigger Picture:

Fostering Gender-Transformative Leadership at the Grassroots

In Bihar and Uttar Pradesh, our **Panchayat leadership capacity-bridging initiative** equips countless grassroots leaders like Sitapati to emerge confident, well-informed leaders that are transforming their communities. Grounded in a model piloted in 2007 in Bihar – and expanded and scaled across Uttar Pradesh from 2021 onwards - our work is driven by a singular insight: when women lead with agency, systemic gender norms shift. What began as a pilot has now matured into a field-tested, large-scale framework that centers collective participation and gender justice.

In Uttar Pradesh:

System partners: National Health Mission, Department of Panchayati Raj

In Uttar Pradesh – in its 4th year of intervention - C3's model translates into **technical assistance to the Department of Panchayati Raj and the National Health Mission (NHM)** to strengthen gender-responsive leadership and community participation in health and development.

Under the **Mission Shakti Leadership Programme**, C3 catalyzes the capacity-building of women leaders across the state, strengthening their autonomy, visibility, and participation in decision-making; addressing proxy representation; and building their financial and digital literacy.

C3 strengthens linkages between communities and community health systems by streamlining resource utilization for community platforms, and helping embed health priorities into local development plans. streamlining resource utilization for community platforms and helping embed health priorities into local development plans. We further support frontline counselors and practitioners in delivering quality reproductive, maternal, and newborn health services.

In 2024-25:

Equipped Mahila Pradhans of all 75 districts in the state to integrate health priorities into local leadership, ensuring enhanced community well-being.



Fostering Gender-Transformative Leadership in Uttar Pradesh

WHAT CHANGED?

An impact assessment 4 years into the intervention found:

- ▶ **Reduction in Proxy Leadership:** Women leaders' reliance on spousal intermediaries (known locally as the *Pradhan Pati*) as primary sources of panchayat information declined from **25% to 7%** post C3's intervention, as women leaders shifted to accessing information directly through official channels. This change extended to the community level: community women receiving information directly from their Mahila Pradhan surged from **38% to 86%**, while those depending on the Pradhan Pati fell from **72% to 15%**, signaling a decisive shift away from proxy leadership.
- ▶ **Increased Legitimacy of Women Leaders:** **87% of** community respondents post-intervention could identify their local women leaders by name, a significant uptick from pre-intervention, where recall on the husband's name was more common. Over 80% rated their Mahila Pradhan as an effective leader, demonstrating growing positive perception around women's grassroots leadership.
- ▶ **Increased Public Participation:** Women leaders' participation in public meetings surged from - **28% to 74%**, with those addressing gender-based issues in these meetings nearly doubling - from **46% to 81%**. Leveraging 'Mahila Sabhas' (Gender Forums), women leaders hosted critical dialogues on previously "taboo" subjects like domestic violence, reproductive health and child marriage—turning these into active priorities.
- ▶ **Strengthened Institutional Presence:** Engagement with local administrative systems increased **threefold**, with women leaders outpacing their male counterparts in quarterly outreach (**41% vs. 18%**). Their participation in service delivery committees also surged, with membership in Water Management reaching **87%**, Child Nutrition Monitoring rising to **52%**, and Health & Welfare growing to **58%**.
- ▶ **Women Leaders as Active Health Champions:** Post-intervention, **65%** of women leaders were actively counselling young couples on family planning, **55%** were raising awareness on pregnancy and newborn care, and **48%** had established nutrition gardens in their communities. This drove a surge in community health-seeking behavior, with first-trimester antenatal visits rising from **44% to 90%** and awareness of grievance redressal mechanisms jumping from **3% to 48%**.



In Bihar:

System Partners: Department of Panchayati Raj, Bihar

In its 18th year of intervention in the state, the initiative has been scaled up to **38 districts in Bihar** through mobilizing public funding.

What started with supporting women leaders to build individual agency, take action and decisions in their communities, improve reproductive health and family planning, maternal health, and nutrition services has evolved into a broader, integrated framework for gender-responsive grassroots leadership, addressing multiple, interconnected priorities:

Leadership for Health and Well-being: Through their leadership, women leaders activate and strengthen the functioning of community health platforms like the Village Health, Sanitation and Nutrition Committees (VHSNCs) and Jan Aarogya Samitis (JAS) - improving access to quality and respectful family planning and maternity care.

Improving quality of service delivery through integration in Local Planning: Women leaders ensure effective decentralized planning, improved resource utilization, and alignment with the Localization of Sustainable Development Goals (LSDGs), with a focus on building gender- and child-friendly Panchayats.

Shifting Social Norms: Through collective action with women's collectives, women leaders address the root causes of gender-based violence, work to end child marriage, and promote gender-sensitive infrastructure through safety and facility audits.

Fostering Gender-Transformative Leadership in Bihar

WHAT CHANGED?

Many women entered leadership roles known only as “someone’s wife” or “daughter-in-law.” Through this initiative, they built a distinct leader identity of their own:

- ▶ **85% of women leaders** reported increased confidence in attending meetings independently.
- ▶ **82% of community members** rated women as effective leaders—an increase of **64% from baseline**.
- ▶ Exposure, training, and peer networks consistently strengthened women’s confidence, voice, and decision-making power.
- ▶ Leveraged INR 1.22 Crores and INR 1.76 Crores over last 4 years for community development.

Towards Women's Economic Empowerment: Pragya Devi's Story

Rohtas, Bihar

When Pragya Devi* stepped into her role as a community leader in Rohtas district, Bihar, public decision-making was unfamiliar territory. She entered an ecosystem where priorities were already set, while the lived realities of women and girls—especially their economic aspirations—remained largely invisible.

Becoming a part of **C3's Shakti Dhara initiative** strengthened her agency to do just this—to ensure community priorities no longer overlooked the needs of women and girls. Through the initiative, she gained digital literacy, developed a clearer understanding of how she can be an effective change-maker, and unlocked a new sense of confidence.

At the next community meeting, she asked a question that resonated: *"What good is a road if it doesn't lead a girl to school or a woman to work safely?"*

From that moment, Pragya's leadership centered on dismantling the barriers to women's livelihoods. She established a **Shakti Salah Kendra (Women's Entrepreneurship Hub)** in her local Panchayat Bhawan – a permanent space where women could access comprehensive

career and entrepreneurship support. Her leadership led to 44 girls receiving specialized career counseling, and 60 young women enrolled in **skill-bridging initiatives**, gaining expertise in fields like tailoring and mobile repair. This catalyzed broader economic agency, with women securing loans for new businesses and 2 young women from her community going on to work at a textile company in Bengaluru.

She didn't stop there. Determined to make girls' aspirations visible, she championed their potential from the very start. **Pragya publicly honored 35 girls** who had completed their intermediate education—an act that built widespread consensus and incentive around girls' secondary and higher secondary education. "No one had clapped for me before," shared Khushboo*, one of the girls honored. "That day, my dreams felt valid." She also established a community library – standing as a shared space for women and girls to learn and aspire.

Today, Pragya Devi's village is formally recognized as a **Woman-Friendly Panchayat**, and Pragya Devi is seen as a steady, trusted leader.

As she says with determination: *"We didn't just change the plan. We changed whose voice the plan listens to."*

**Name changed*



The Bigger Picture:

Shakti Dhara – Power to Leadership

Launched in 2024 as a one-year pilot, the *Shakti Dhara Initiative* drives women's economic agency across 3 districts of Bihar - Muzaffarpur, Nalanda, and Rohtas. The uniqueness of the initiative lies in its **leveraging of the proven influence held by grassroots women leaders**, rather than building external support systems from scratch. By mobilizing women leaders as the architects of their own communities, we ensured that they build positive economic ecosystems for women that are community-owned and sustained for a long

comprehensive support systems where women entrepreneurs and career aspirants access guidance, peer learning, access to employment schemes, and formal career counselling linked to livelihood opportunities. "They also established Shakti Bazaars—dedicated marketplaces featuring women-only sellers—to catalyze **local entrepreneurship** and provide a visible platform for women's economic participation.

Financial and Digital Skills:

In partnership with **Aspire For Her and Meta**, C3 equips women entrepreneurs to leverage digital and financial tools to strengthen and scale their enterprises. These digital tools range from UPI and online transactions to WhatsApp Business setup, product cataloguing, and advertising.

Key Strategies

Strengthening Women's Leadership:

Equipped through C3's capacity-building, women leaders build livelihood pathways, skills, and market access for both current women entrepreneurs and the next generation of working women—ensuring economic opportunity is local, inclusive, and built to last.

Women's Entrepreneurship Hubs:

With C3's support, women leaders set up *Shakti Salah Kendras* (Women's Entrepreneurship Hubs) in their communities, which serve as

Across the 1 year pilot:

- 18 Shakti Salah Kendras** established across 3 districts
- 132 women leaders** mobilized
- 5977 women and girls** connected to livelihoods and enterprises



Shakti Dhara WHAT CHANGED?

An impact assessment 4 years into the intervention found:

- ▶ Post-intervention, **women leaders are actively driving the women's economic empowerment agenda** in community meetings and development — **55%** are raising issues around job placements for women and **53%** are highlighting the importance of vocational skill development. **96%** have included skill development for women in their Gram Panchayat Development Plans, and **68%** have embedded women's entrepreneurship programs into formal village-level planning.
- ▶ Women leaders have become active connectors between women and economic opportunity. **43%** ensured women's participation in Rozgar Melas — with each women leader mobilizing anywhere between **10 to 50** young women per mela — and **59%** directly supported women in engaging in income-generating activities. Notably, **71%** identified family resistance as the primary barrier to women's economic participation, reflecting a sharper, gender-aware understanding of what actually holds women back.
- ▶ Financial inclusion has improved tangibly — **44%** of women leaders successfully supported women in accessing loans and **20%** in accessing seed funds, pointing to real capital reaching women on the ground.
- ▶ Economic inactivity among women has nearly halved — only **25%** of women in intervention areas reported no paid work. Women have shifted meaningfully toward income-generating activity, with **91%** engaged in small services and **67%** in small enterprises.
- ▶ Even where income couldn't be precisely measured, **36%** of women leaders confirmed the women they supported had earned more, and **40%** observed a tangible increase in women's confidence.

From Silence to Support: How a Didi Adhikar Kendra Broke the Cycle of Violence

Darbhanga, Bihar

Poornima Devi*, the eldest of seven siblings from a low-income family in Ghosrama village, Hayaghat block, Darbhanga, was forced to marry at just 16, having to drop out of school after the 8th grade as a result. Two years into her marriage, she had given birth to a daughter—but soon, her domestic life became mired in violence. For years, her husband subjected her to physical and verbal abuse, and neglect, often even throwing her out of the house. For 14 years, Poornima endured this in silence, raising her daughter on her own and simply trying to survive.

But things began to shift when a Didi Adhikar Kendra (DAK) – or Gender Resource Centre - opened in her block, set up by the **Bihar Livelihood Promotion Society (JEEVIKA)**. A Gender Community Resource Person encouraged her to visit the centre, where she found a safe, supportive space to share her story. Accompanied by women from her local Self-Help Group, Poornima formally reported the abuse perpetrated by her husband to the DAK Coordinator. However, despite the centre's repeated attempts to counsel her husband, he refused to engage or cooperate.

Nevertheless, the centre still became a catalyst for decisive action. Undeterred by the failed attempts at counselling, the DAK team escalated the matter to the local police. Acting swiftly, the local authorities summoned Poornima's husband and warned him that any further instances of abuse would have severe legal consequences. Since then, the violence has stopped, and Poornima now lives in peace, raising her daughter in a safer environment.

Reflecting on her journey, Poornima says, *"When neither my family nor society stood by me, the Didi Adhikar Kendra supported me more than anyone else."* Her story is testament to the difference accessible, community-driven support can make in accelerating action on gender-based violence.

* (name changed)





The Bigger Picture:

How Gender Resource Centres are Shaping Gender-Equitable Communities

System Partners: Bihar Livelihoods Promotion Society (JEEViKA)

In 2024, C3 entered its fourth year of providing technical assistance to the Bihar Livelihood Promotion Society – JEEViKA, strengthening its gender integration agenda through the establishment and support of Didi Adhikar Kendras (DAKs) in 10 districts. This year, through a formal MOU with JEEViKA, our technical support expanded to 19 districts—**reaching nearly half of Bihar.**

The DAKs have steadily evolved into safe and reliable community spaces where women can report violence, access counselling, and receive legal and social support, alongside accessing social entitlements. By introducing a regional coordination structure, C3 catalyzed improved on-ground management and communication, ensuring greater efficiency in implementation of the DAKs.

Capacity-building remained a cornerstone of the year's efforts. **More than 100** staff and Board of Directors (BOD) and Community-Based Organization (CBO) members who are associated with DAKs were equipped with knowledge on gender integration, case management, and the role of DAKs. At the block and panchayat levels, **Gender Forums**

(Block Level Gender Forums and Panchayat Level Gender Forums) have been institutionalized, bringing together officials, frontline workers, and women leaders to collectively address issues of gender-based violence and social entitlement. These forums are not only strengthening convergence with government departments and legal service authorities but are also increasing the confidence of community cadres to engage directly with block officials and resolve cases.

The DAKs are now functioning as critical points of access for both gender justice and entitlements. **By January 2025, 308 cases had been registered across the ten districts—116 related to gender-based violence and 190 concerning social entitlements such as pensions, ration cards, housing schemes, and disability benefits.** Convergence efforts also multiplied, with survivors receiving free legal aid, referrals to One Stop Centres, and linkages to district empowerment hubs.

Addressing Gender-based Violence in Bihar

WHAT CHANGED?

In 4 years, through C3's capacity-building support:

- ▶ Grassroots-level women's institutions (CBOs) have become central to addressing gender-based violence, with **36%** of Village Organizations now actively bringing these issues to local administrative systems.
- ▶ Community norms have shifted decisively, with **61%** of collective members—including those within Self-Help Groups and Village Organizations—actively rejecting gender-based violence, up from **28%** pre-intervention.
- ▶ Awareness of essential resources more than doubled across the board, with collective members' knowledge of gender-based violence support services surging from **40% to 83%**. This shift was reflected in a dramatic rise in awareness of critical lifelines—including helplines (**25% to 71%**), domestic protection laws (**21% to 66%**), and One-Stop Centers (**1% to 20%**). Furthermore, understanding of workplace protections tripled to **39%**, significantly strengthening the capacity of women to navigate professional environments safely.
- ▶ Members trained in gender issues demonstrated two times higher engagement in community-led gender activities. The deep rapport and shared background with JEEVIKA cadres have fostered a unique environment of trust, making women significantly more comfortable seeking help and escalating cases through group-led resolution frameworks.

Holding the Line Against Floods: Saroja Devi's Climate-Resilient Leadership

Darbhanga, Bihar

Saroja Devi, 28 years, is a woman leader hailing from the Gouramansingh Gram Panchayat, Darbhanga district—a region where floods are a recurring reality every year. A mother of six, in a household sustained by daily-wage work, Saroja has seen firsthand how climate shocks disrupt everyday life: homes submerged, health services cut off, livelihoods stalled, and women and children pushed into further vulnerability.

She had always wanted to serve her community, inspired by her father, a former community leader. But intent alone did not prepare her for the scale of the crisis her community faced each monsoon. With little support and limited space to raise concerns, her early efforts stalled. At home too, she faced resistance—her husband questioned her public role and discouraged her from stepping forward. It took time, negotiation, and her own determination for that resistance to ease.

Her turning point came when she began engaging deeply with climate resilience planning through **C3's Megha Initiative**. What she learned reshaped how she saw leadership—not as reacting after disaster strikes, but as preparing before it does.

Saroja began organizing community-level meetings on flood preparedness. She helped families understand what to do before, during, and after floods, encouraged households to assemble emergency kits, and ensured that toll-free disaster helpline numbers reached every home. These were small steps, but in a crisis, they became lifelines.

As she listened to women and adolescent girls during these meetings, another climate-linked risk emerged. Flooded and poorly lit roads became unsafe spaces, especially in the evenings, heightening fear of harassment. Saroja led a Safety Audit with women and girls, documented their concerns, and submitted a formal request to the local police station for regular patrolling during high-risk periods. The response was immediate. Patrolling began, and mobility—so critical during emergencies—became safer for women and girls in her community.

Her climate work also extended to essential services. During a visit to the local Health Sub-Centre, Saroja flagged gaps that could become critical during floods and pushed for improvements to ensure continuity of care when access is most fragile.

Today, Saroja Devi is recognized as a leader for whom preparedness is power. Her community is better informed, better connected, and better equipped to respond to, and survive floods.



The Bigger Picture:

Women Leading Climate Resilience

In partnership with the University of Virginia (UVA), C3's Megha intervention strengthens climate response in flood-prone areas of Bihar by positioning women leaders at the center of flood preparedness and disaster response.

Implemented over 24 months across seven blocks of Darbhanga district as a randomized control trial in 105 Gram Panchayats, the intervention builds women leaders' capacity in disaster preparedness, digital literacy, and decision-making, enabling them to lead climate-focused safety and facility audits in their communities, and convene community meetings that deal with climate induced issues.

Backed by the District Disaster Management Department and the District Panchayati Raj Department in Darbhanga, the initiative was anchored in strong on-ground administrative and technical support. From issuing official training and cluster-level meeting directives to actively joining capacity-building sessions, district teams worked alongside C3 to strengthen disaster-readiness at the grassroots.

Between 2024-25, grassroots leaders were equipped to play a proactive role during flood situations; conducting household surveys to assess losses related to human lives, livestock, and agricultural crops for timely compensation. With C3's support, grassroots leaders conducted pre-flood vulnerability mapping and identification of at-risk populations, enabling more accurate planning and effective response during floods. As a result, women leaders are mobilizing communities on flood safety, sanitation, health, and gender equality, while coordinating with frontline workers and local officials to improve service delivery.

Key Highlights

- Built a cadre of **400+** women leaders driving climate resilience
- Positioned women leaders as frontline responders during floods - coordinating relief, identifying gaps, and closely monitoring high-risk and vulnerable households.
- Embedded gender and climate resilience priorities into Panchayat Development Plans, improving access to disaster-related services.
- Amplified women's leadership through state and national campaigns such as *Swachhta Hi Seva 4.0* and *Nayi Chetna 3.0*, deepening community conversations on sanitation, gender equality, and resilience.
- Strengthened on-ground coordination between communities, frontline workers, and disaster management authorities, enabling faster, gender-responsive action in high-risk settings.



BUILDING GIRLS' AGENCY

A Seat at the (Study) Table: Biswamayee's Story

Nayagarh, Odisha

At fifteen, **Biswamayee Parida** was already familiar with the invisible weight of bias. Hailing from the remote village of Malisar, Biswamayee grew up in a farming household where the family income barely covered basic needs, and every financial decision was a matter of survival. Hence, in line with prevailing community norms, her parents prioritized their sons' education, viewing it as the safer investment for the future. Biswamayee was left to fend for herself without any support, studying in isolation and struggling to keep up.

Her grades, hovering around 45–50%, reflected the barriers she faced, and she often felt disheartened—weighed down by academic pressure and societal expectations.

Then came a turning point.

In 2024, C3 launched Academic Enrichment Classes (AEC) in Badagotha—free, community-based study support for girls at risk of falling behind or dropping out of school. Encouraged by her teachers at Dimirijhari School, Biswamayee enrolled in the classes.

Inside the AEC classroom, learning finally felt possible. Mathematics, Science, and English were taught through simple explanations, visual aids, and real-life examples. Regular assessments replaced fear with familiarity, and the classroom became a space where questions were welcomed and confidence could grow. For Biswamayee, this was a game-changer.

By the end of the academic year, she scored an extraordinary **97% in her Class 9 exams**, a leap of nearly **35 percentage points**. Her achievement earned her the **Vidya Seva Scholarship of ₹8,000**, ensuring she could continue her education without financial strain.

But the biggest shift was at home. Now, **her parents began to take pride in her achievements** and realized the importance of supporting their daughter's education. Teachers used her story to inspire other students, and her peers began to look up to her as a role model.

Today, Biswamayee is no longer the girl studying alone. She dreams of higher education, helps her brothers with their lessons, and stands as living proof that when girls are given the right access, they redefine the odds.



The Bigger Picture:

Agency Building Through Education

Addressing Barriers to Girls' Education in Odisha

Biswamayee's journey reflects a wider reality. In **Nayagarh, Odisha**, long distances to secondary schools, limited economic opportunities, and entrenched gender norms that prioritize marriage over education often lead to school dropouts among girls, early marriage, and poor access to health and protection services. C3's intervention in Nayagarh responds to these challenges through a comprehensive, multi-layered approach that integrates academic enrichment, community engagement, and institutional convergence.

Academic Enrichment: Initial pre-intervention assessments in the region had demonstrated that while most girls completed primary school, only a third made it to and through higher secondary education. The reasons for this included financial hardship, lack of academic support, and the near-total absence of relatable role models.

That's where C3 stepped in, with community-powered spaces designed to support adolescent girls through their critical learning years - **Shiksha Sansadhan Kendras (SSKs) and Academic Enrichment Centres**.

SSKs function as local resource hubs, offering books, digital learning tools, and peer-led study models in safe, encouraging environments. They address everyday barriers head-on: limited digital access is bridged through smart TVs, internet connectivity, and curated virtual content in Science, Mathematics, and English; academic gaps are bridged through structured peer groups and trained **Shiksha Saathis** - local youth who guide girls through academic concepts and exam preparation. Isolation and low confidence are countered through open conversations on health, wellbeing, gender, and aspirations. Career guidance and information and access to scholarships and schemes are also offered, further expanding future possibilities for young girls.

Complementing this, **Academic Enrichment Centres** provide free, subject-specific tutoring in Mathematics, English, and Science for girls in grades 8-12 who face a high risk of dropping out due to financial constraints or learning difficulties.

In 2024-25:

1,440 girls enrolled into Academic Enrichment Classes, strengthening their learning outcomes

410 girls from AECs reached the Class 10 board examinations and delivered strong results

685 girls accessed academic and digital learning support through Shiksha Sansadhan Kendras

389 girls built confidence, agency, and future-readiness through focused life skills sessions





Community Engagement: At the family and community level, we work to shift the norms that determine girls' education. We mobilized faith-based leaders as vocal champions for girls' education and delayed marriage, helping build community consensus to challenge and end child marriage. We engage parents by linking families to livelihood and skill-building opportunities, easing the economic pressures that often drive girls' school dropouts. Villages that actively supported girls' education are **publicly recognized**, building greater incentive for them to continue to curb child marriage.

Institutional Convergence: At the institutional level, we work closely with education, health, and child protection departments to integrate adolescent health, life skills, and gender equity into schools and community programs. In convergence with **Gram Panchayat Child Protection Committees**, we created local forums where community members—including parents, community leaders, and frontline workers—came together to have open discussions on the need for eliminating child marriage. At the block level, **Child Protection Committee meetings** improved cross-stakeholder coordination for the prevention of and response to child marriage cases.

Strengthening Education Continuity for Adolescent Girls in Howrah, West Bengal

CSR partner: Credila Financial Services

To ensure school retention, provide academic support, proper sanitation and hygiene (particularly related to menstruation), and safe spaces to voice concerns, C3's Manushi Initiative offers comprehensive support in addressing not just education, but also agency and well-being across 2 schools of Howrah, West Bengal. By providing safe platforms, structured learning, and opportunities for participation, C3 is enabling girls to gain confidence, improve school retention, and actively influence their communities—demonstrated when students participated **in the West Bengal Government's Sishu Sabha and Mohila Sabha**, suggested solutions for better access to books, water purifiers, and improved sanitation at school.

Between 2024-25, over **1,200 Academic Enrichment Classes** in core subjects, **352 girls have boosted their academic achievements, with 76% advancing to higher-performing sections and securing improved grades.** Home visits, parent meetings, and digital learning initiatives ensured regular attendance and active family engagement, while infrastructural upgrades in schools—including clean toilets, drinking water stations, smart classrooms, and playgrounds—removed barriers, especially during menstruation and extreme weather.

When Communities Stand Against Child Marriage

Surguja, Chhattisgarh

In Kerju village, Surguja district, Mitanin (community health worker) Smt. Roshni Minz* discovered a troubling situation: 14-year-old Rani Kumari* was on the verge of being married off. The engagement had already been planned, and the family was moving forward with preparations. Recognizing the stakes, she swiftly took action. With C3's support, she immediately coordinated with the local frontline workers and community leader - ready to also involve the local faith-based leader or the child helpline if needed.

Roshni, joined by fellow community health workers, visited the adolescent girl's home. Calmly and patiently, they spoke with her parents, explaining the legal, social, and personal consequences of child marriage, and why Rani deserved the chance to continue her education and shape her own future. Their persistence paid off—the family agreed to postpone the wedding until Rani was of age. Through C3's catalytic support, an entire community rallied—health workers, local officials, community members—to stop Rani's child marriage and stand up for her agency.

**names changed*

The Bigger Picture:

Shaping Child-Marriage-Free Communities in Chhattisgarh

Much like Rani's story, in the Batauli and Sitapur blocks of Surguja, Chhattisgarh, C3's **Sangwari** Program is breaking the cycle of child, early, and forced marriages. Recognizing the weight of entrenched social norms, gender inequality, and economic pressures, Sangwari brings together every stakeholder that impacts a girl's choices and agency - families, frontline workers, schools, and community leaders - to build an ecosystem that supports their holistic growth and empowerment.

Sangwari works on multiple fronts: it equips adolescent girls with key health knowledge, academic support, and livelihood skills; strengthens peer networks through Sangwari groups, Peer Educators, and student leadership platforms like Bal Sansad; challenges harmful norms through community mobilization, awareness campaigns, and digital outreach; and supports the School Health and Wellness Program with trained Health and Wellness Ambassadors and structured monitoring.

In 2024-25:

28,000 adolescents (15,559 girls) accessing information, services, and support on health and education.

383 Peer Educators equipped to mentor their peers & promote child marriage awareness

17 child marriages prevented through coordinated efforts of peer educators, community members, and local stakeholders





YOUTH ENGAGEMENT

Redrawing the Lines of Care-work: Samit and Aman's Perspective Shift

Gumla, Jharkhand

In the Silam village of Raidih block, Gumla, change began with a simple question: who does the household work at home, and why?

Suganti, a mother of three, carried the weight of almost every responsibility—fetching water, cooking, cleaning, teaching her younger daughter, earning wages, and working in agriculture. With her husband migrating for work, the burden was significant, yet invisible.

That invisibility cracked when her sons, **16 year old Samit and 14 year old Aman**, joined an adolescent boys' group under **C3's Balance for the Better initiative**. During a group exercise that mapped daily workloads of men and women, the boys were stunned. Nearly every domestic and care-work task pointed back to their mother.

The realization stayed with them. "All this work—we can do it too," Samit reflected. "Who decided this division of labour?" What followed was action. Samit and Aman began sharing household responsibilities—fetching water, cleaning, helping wherever needed. Along the way, the boys began questioning norms they had never thought to challenge before: why was domestic work seen as a woman's job at all?

The change did not stop at their doorstep. **Other boys in Silam village noticed.** Soon, more adolescents began helping at home—sweeping floors, fetching water, supporting younger siblings with studies. What started as a group discussion turned into a visible shift in behaviour across the community.

Suganti reflects on the change with pride. "At first, I felt guilty, like I was burdening my children with housework. But then I realized this was their understanding growing. Today, I am proud of my sons."

The Bigger Picture:

Balance for the Better: Unpacking Toxic Masculinity

Samit and Aman are part of a larger shift driven by C3's *Balance for the Better initiative* – which, since 2021, has been equipping adolescent boys in the Gumla and Lohardaga districts of Jharkhand to build gender-equitable attitudes, question harmful gender norms, build positive masculinities, and develop respectful relationships.

Grounded in the belief that adolescence is a decisive window for change, *Balance for the Better* uses a gender-transformative, life skills approach—often anchored in sports like football—to link conversations on equality and wellbeing with conversations around career and vocational paths, substance misuse, and everyday gender norms at homes, schools, and communities.

In its third year of implementation (2024-25), *Balance for the Better* is reaching **6,205 adolescent boys**, with a strong focus on younger adolescent boys to dismantle gender stereotypes early. The impact is visible too: much like Samit and Aman, boys are sharing household responsibilities, challenging rigid gender

roles, and influencing peers and families to rethink long-held norms. Adolescents were also connected to skill-development programmes, with several completing training and securing employment, while storytelling workshops and state-level platforms amplified adolescent voices and earned recognition for advancing adolescent health. Together, these efforts demonstrate how engaging boys as allies—within a supportive ecosystem of families, communities, and health systems—can translate into lasting behavioural change and more gender-equal futures.

Balance for the Better WHAT CHANGED?

In 4 years, C3's capacity-building catalyzed:

- ▶ **Shifting Perceptions of Gender Roles:** There was an **18% increase** in boys supporting shared household work and a **20% increase** in those prioritizing girls' education. Additionally, **10%** more boys now **champion** women's participation in paid work after marriage.
- ▶ **Redefining Masculinity:** Perspectives on "ideal" masculine qualities evolved from ambiguity to a focus on **respect and care**. At endline, **54%** defined an ideal man as "polite and respectful" (up from **27%**), while the proportion of boys unclear about the concept of masculinity plummeted from **59% to 8%**.
- ▶ **Measurable Growth in Gender Equality:** The collective **Gender Equality Score** rose from **2.6 to 3.4**, reflecting a move toward progressive views on power dynamics and gender relations.
- ▶ **Enhanced Health Literacy:** Knowledge of **reproductive health** more than doubled, and awareness of adolescent health programs surged from **12% to 56%**. Over half of these boys now regularly engage with **Peer Educators** and attend **Adolescent Health Days**.

Finding Her Voice: Priti's Story

Rudrapur, Uttarakhand

After her parents separated, 11-year-old Priti* found herself navigating a new and unfamiliar reality in Gokul Nagar, Rudrapur. Her mother's absence and the adjustment to life with a stepmother left Priti navigating loneliness and emotional distress, often in silence. Home felt heavy, but school became her refuge. A bright and determined student, she found comfort in mathematics, throwing herself into every math-related competition.

The turning point came during a mental health and emotional wellbeing session organized under C3's *Samarth initiative*. For the first time, Priti encountered a space where it felt safe to talk about what she had held inside for months—the sadness of missing her mother, the tension at home, and the loneliness that left her feeling helpless. She could finally articulate her emotional distress and in doing so, took her first step toward healing.

With continued support from C3's *Samarth initiative*, Priti began finding healthier ways to cope. She leaned further into reading and academics, drawing strength from what she loved. She also started talking openly about emotions with her younger brother—trying, in her own way, to create a more supportive environment at home. Priti's journey is a reminder that resilience often begins with being heard.

**name changed*



The Bigger Picture:

Tackling Adolescent Mental Health in Uttarakhand

Priti's story highlights why timely, accessible mental health support for adolescents is crucial. This need inspired C3's *Samarth initiative* in Udham Singh Nagar, Uttarakhand—to strengthen school and health systems to recognize, respond to, and support adolescents' mental wellbeing, while building resilience and emotional literacy among adolescents.

Through participatory sessions led by teachers, counsellors, and frontline health workers, adolescents gain the confidence to identify emotions, express mental health concerns, and know when to seek help. At the same time, *Samarth* equips educators, health providers, and community workers to detect early signs of distress and provide timely guidance, referrals, and psychosocial support. By linking the School Health and Wellness Programme (SHWP) with Adolescent Friendly Health Services, the programme has established a coordinated mental health response mechanism across 121 schools, ensuring continuity of care.

In 2024–25, *Samarth* has connected **over 10,000 adolescents to mental health awareness, support, and safe spaces to be heard**. Schools introduced confidential question boxes where students can express their concerns without fear of judgement, and capacity-building efforts equipped **Health and Wellness Ambassadors, Peer Educators, frontline health workers, school principals, and Adolescent Friendly Clubs to respond to adolescent mental health concerns** with sensitivity and confidence.

Samarth WHAT CHANGED?

- ▶ **Improved Psychological Well-being:** The proportion of adolescents with a well-being score above **13** (indicating positive well-being) rose from **74% pre-intervention to 78%**—a **4 percentage point** improvement.
- ▶ **Reduced Stress:** Average scores for emotional difficulties—including unexplained stress, sadness, and fear—showed a consistent decline. This is critical, since addressing early stressors during adolescence prevents them from evolving into chronic clinical conditions.
- ▶ **Better Attention Spans and Focus:** There were marked improvements in attention spans and a reduction in restlessness and impulsivity. Qualitative findings suggest that counseling sessions helped adolescents connect the dots between **substance misuse, digital overconsumption, and their ability to focus**, leading to behavioral shifts.
- ▶ **Healthier Relationship to Technology:** The proportion of adolescents struggling with moderate-to-severe internet addiction dropped from **16% to 10%**, while healthy, “normal” usage patterns increased to **51%**. Notably, the assessment found zero cases of severe digital dependence, with the most significant improvements seen among younger adolescents and boys.



From Uncertainty to Confidence: Phoolmani's Journey with Menstrual Health

Ranchi, Jharkhand

Phoolmani*, a 14-year-old from Tangarbasli, Mandar block, Ranchi, often felt anxious and isolated during her periods. She experienced irregular menstrual cycles, which often came accompanied with shame, embarrassment, and the fear of judgement. With limited awareness and period conversations at home, she often had no other choice but to miss school during her periods, which in turn, began affecting her academic performance.

However, everything shifted for Phoolmani once she started attending weekly sessions of the School Health and Wellness Program (SHWP) at her school. Led by trained Health and Wellness Ambassadors, at these sessions, she learned about puberty, menstruation, menstrual hygiene, and safe menstrual hygiene practices, while menstrual myths and misconceptions were addressed openly. Regular health check-ups under the program also helped her identify and manage issues like anemia, and question boxes gave her a safe, stigma-free space to raise concerns.

With access to menstrual hygiene products and improved nutrition, Phoolmani finally began attending school consistently, and took charge of her health with newfound confidence.

The impact extended beyond her own experience. Inspired by what she learned, Phoolmani began championing menstrual hygiene awareness among her peers, helping create a culture of openness in her school. Her story demonstrates how well-structured school health and wellness initiatives can equip adolescents with the knowledge and resources they need to holistically navigate their health and wellbeing.

**name changed*

Sheetal Kumari – A School Principal Transforming Education and Adolescent Well-being

Aurangabad, Bihar

When Ms. Sheetal Kumari* became the Headmistress of her local school in 2021, she has been on a mission to dismantle the barriers rural adolescents face in accessing quality education. Moving beyond mere textbooks, she began to transform her school into a space where education meets **resilience and life skills**, so adolescents don't just thrive within classrooms, but beyond it too.

Her vision began to take shape when she attended a five-day training on the School Health and Wellness Program (SHWP), organized by the Education Department, Govt. of Bihar, and facilitated through C3's technical support. Inspired by the potential impact on adolescents' health, agency, and awareness around critical issues like gender equality, Ms. Ruby Kumari decided to bring the program to her school. Initially, the program faced challenges—Health and Wellness Ambassadors (HWAs) struggled to sustain interest—but Sheetal refused to back down, leading weekly SHWP sessions herself. She meticulously managed registers,

reports, question boxes, and interactive sessions, ensuring that every student could engage meaningfully. The results were tangible. Adolescents, especially girls, began participating actively, building self-assurance, expressing themselves freely, and developing creative thinking skills. The school transformed into a space where students could explore, learn, and grow holistically. Reflecting on her journey, Sheetal credits consistent support from the C3 team for helping her navigate challenges and sustain the program.

**name changed*



The Bigger Picture:

Strengthening Adolescent Health in Jharkhand and Bihar

System Partners: Jharkhand Council of Educational Research and Training (JCERT), Jharkhand Education Project Council (JEPC), Department of School Education Literacy, Government of Jharkhand; Education Department, Government of Bihar

Both Phoolmani and Ruby's stories stand testament to how perseverance, awareness, committed leadership, and community support can shape a positive environment for adolescent health and education. That is exactly why C3 has been a long-time technical support partner in the mainstreaming and implementation of the government's School Health and Wellness Program (SHWP) in Bihar and Jharkhand.

In partnership with the Departments of Education and Health, C3's approach to supporting the School Health and Wellness Program (SHWP) combines capacity-building, systems linkages, and community engagement. The program equips Health and Wellness Ambassadors (HWAs), teachers, and education officials with the skills and knowledge needed to deliver SHWP sessions effectively across schools. Structured referral systems connect SHWP with adolescent-friendly health services, ensuring timely support for students. School-based interventions integrate adolescent reproductive health with mental health, life skills, and workforce readiness, preparing young people for a healthier, more enabled future.

At the community level, awareness campaigns, orientations, and recognition events foster adolescent health literacy and encourage system-wide participation. To make the program culturally relevant and accessible, C3 also leverages localized content, such as Santhali-language videos, and digital tools including mobile applications for improved monitoring and engagement.

IN 2024-25

In Jharkhand:

- ▶ **13,456 Health and Wellness Ambassadors across 6,728 schools** equipped to reach **1 million adolescents** each month with information on health and well-being.
- ▶ Across **72 schools**, assessments of 1,446 students showed significant increase in health awareness —**from 26% to 60%**—signalling more informed decision-making among adolescents.
- ▶ A structured referral system enabled 53,232 students to access adolescent-friendly health services.
- ▶ Campaigns in **5,500 schools** promoted adolescent safety, and Menstrual Hygiene Day celebrations destigmatized periods in **4,310 schools**.

In Bihar:

- ▶ State-wide expansion mobilized a robust education leadership network - **70 District** and **202 Block Resource Group members**, alongside **210 HWAs** - to drive local implementation of the SHWP program.
- ▶ **Over 600 schools widened health outreach through Adolescent Health and Wellness Days** on SRH, mental health, and substance abuse.
- ▶ Technical support for the Anaemia-Free India campaign improved iron and folic acid supplementation, contributing to Aurangabad district's rise from 27th to 9th in state health rankings.
- ▶ Structured mental health sessions supported **30,334 students across 100 schools in Deo and Obra blocks**, delivered by **teachers** equipped to tackle adolescent well-being.
- ▶ **Workforce readiness programs in 50 schools** built communication, decision-making, and critical thinking skills among **13,630 adolescents**.

REPRODUCTIVE HEALTH AND RIGHTS

Rupa Tirkey: When Leadership Shows Up, Respectful Care Follows

Korba, Chhattisgarh

Rupa Tirkey didn't step into leadership to sit quietly on the sidelines. The 35-year old Pradhan (community leader) from Korba, saw her role as being a voice for women at the very last mile - whose needs are often overlooked and unheard.

After having attended C3's trainings on strengthening Village Health, Sanitation, and Nutrition Days (VHSNDs), Rupa began to see these monthly days not just as routine events, but as powerful entry points for change. She strengthened their functioning, brought Women's Self Help Groups into the fold, encouraged wider community participation, and insisted that these spaces serve the women they were created for.

Over time, something shifted. Pregnant and lactating women began seeking Rupa out, not only as a community leader, but as someone who could guide them through a process that often feels intimidating and opaque - accessing their entitlements under SUMAN, a national maternity benefit scheme that assures affordable and quality health services to pregnant women and newborns.

She spoke to them about everything that SUMAN offered: respectful maternity care, free ambulance services, and the ability to raise grievances without fear or reprisal. For many women, this was the first time they became aware that these entitlements were accessible to them. That trust was tested one day at a VHSND when Rupa noticed women being examined in public view - without even the most basic privacy or dignity. She acted immediately, ensuring curtains were installed across all VHSND sites in her community so women could be examined with respect and care. The result was immediate and visible. Women returned to VHSNDs in larger numbers, with greater ease and confidence, knowing their autonomy and boundaries would be respected. Rupa Tirkey's story underscores a larger truth: respectful care becomes the norm when leadership at every level enables it. When knowledge, access and everyday practice aligns across communities and systems, respectful care no longer relies on individual intent and becomes the standard way healthcare is delivered.



The Bigger Picture:

Catalyzing Respectful Maternity Care

Enabling Access to Assured Maternal Health Services in Odisha and Chhattisgarh

System Partners: National Health Mission, Odisha; The Department of Health & Family Welfare, Government of Chhattisgarh.

In India, the Government of India's Surakshit Matritva Aashwasan (SUMAN) initiative, launched in 2019, provides a critical foundation for advancing maternal and newborn health. SUMAN guarantees free, assured, and quality care, including respectful

maternity care, free childbirth services, free transport to hospitals, and accessible grievance redressal. Over the past four years, C3 has served as a technical partner in implementing the SUMAN scheme across five blocks in Chhattisgarh and Odisha, working to ensure that the gender-responsive and respectful reproductive, maternal, newborn, and child health (RMNCH) services SUMAN assures reach every woman in the implementation areas.

Much like our capacity-building of Rupa Tirkey, our intervention in Chhattisgarh and Odisha adopted a multi-pronged approach, bringing together community mobilization, health

institution strengthening, and social and behaviour change communication (SBCC) to create an enabling ecosystem for high-quality, women-centric care. At the **community level**, large-scale SBCC initiatives focused on building awareness around SUMAN entitlements, respectful maternity care, and gender and social inclusion. These efforts included animated films, street plays, flipbooks, awareness vans, posters, and booklets designed for birth companions, translating the entitlement provisions into accessible knowledge for women and families.



Women's engagement was further strengthened through Mothers' Picnics, which created safe and supportive spaces for first-time pregnant women to familiarize themselves with and feel confident about accessing health facilities and services. At the same time, more than **2,100 community influencers**, including women SHG and community leaders, along with **1,200 trained SUMAN volunteers**, played a critical role in mobilizing communities and reinforcing expectations around quality and respectful care. Within **health facilities**, the focus was on shifting provider norms and institutional practices around respectful care. A cadre of **124 master trainers** built the capacities of over **3,300 facility- and community-based providers**, embedding respectful maternity care principles into routine health service delivery. **70 public health facilities** were equipped to strengthen grievance redressal and quality assurance mechanisms, while **47 help desks** were established to ensure women could access information, guidance, and support. The project also recognized and celebrated local leadership, acknowledging **1,700 SUMAN Champions** (including Rupa Turkey!) for their role in improving maternal and newborn health services in their communities.

Promoting Respectful Maternity Care in Odisha and Chhattisgarh

WHAT CHANGED?

Post-intervention assessments conducted in both Chhattisgarh and Odisha demonstrated significant progress.

- ▶ Awareness of the SUMAN initiative increased from **0% to 43%** in intervention areas.
- ▶ Knowledge of specific entitlements also rose substantially: awareness of free transport services increased from **56% to 69%**, cashless childbirth services from **27% to 65%**, and home-based newborn care visits from **30% to 48%**. Awareness of respectful maternity care increased from **3% to 37%**.
- ▶ Improvements were also observed in service utilization and care practices. Early initiation of ante-natal care (ANC) in the first trimester increased from **49% to 64%**, while the proportion of women completing five ANC visits rose from **12% to 32%**.
- ▶ The presence of a birth companion increased from **76% to 86%**, awareness of birthing position options from **14% to 32%**, and the proportion of women allowed to choose their birthing position from **8% to 29%**.



Recognizing Ob-Gyn Doctors for Their Commitment To Compassionate Care: The Doctor Wonderful Campaign

Disrespect and abuse within healthcare institutions results in maternity care experiences marked by hesitation, discomfort, and harm. Bias among healthcare providers often compounds this, making women all the more hesitant to approach healthcare institutions, thereby deepening existing gaps in access. To mitigate this, both provider attitudes and women's agency must shift. And C3 launched the *Doctor Wonderful* campaign to do just that: promoting respectful, non-judgmental care among providers, while empowering women to demand respectful and compassionate care.

Doctor Wonderful is a pan-India campaign that celebrates and mobilizes OB-GYNs to champion and adopt respectful, compassionate reproductive healthcare. By filling out an accessible form on a dedicated landing page, doctors join the movement by publicly pledging to deliver this very compassionate care to every woman, everywhere, every time. They are then honored with a Doctor Wonderful certificate—available in 14 languages—and featured on the campaign's digital Wall of Fame. Doctors then display their certificate

at their clinics, assuring patients that they are entering a safe, affirming healthcare environment; making respectful care a visible benchmark across the medical community. Further, a multi-channel dissemination strategy—spanning social media, radio, influencer engagement, and direct outreach—ensured the campaign met providers where they are.

To amplify campaign reach and credibility, **C3 partnered with the Federation of Obstetric and Gynaecological Societies of India (FOGSI)**—the apex professional body representing obstetricians and gynaecologists in India,—and harnessed its membership of 43,000+ OB-GYNs. FOGSI also assumed institutional co-ownership of the campaign, with its logo featured on all campaign materials, including the Doctor Wonderful certificate.

Over 600 doctors took the Doctor Wonderful pledge, displaying their certificates as a public affirmation of empathy-driven, respectful care. In just 6 months, **the campaign's landing page**

recorded over 6,200 visits—reflecting growing traction within the medical community. To highlight women's experiences of care and provider impact on the same, we produced eight short films featuring real-life stories where women credited their Doctors Wonderful for their positive gynecological care experiences. The films spotlighted core principles of compassionate care—like informed consent, non-discrimination, and dignity in service delivery. **Together, the films garnered over 950,000 views and reached 7.5 million+** people across Instagram, Facebook, LinkedIn, and X. Strategic collaborations with leading digital influencers in reproductive health further expanded the campaign's reach. **Influencers like Dr. Cuterus (1.1M followers) and @gynaec_mommy (325K followers)** shared campaign content, triggering high engagement and traction. Simultaneously, a weeklong radio campaign in Delhi and Mumbai brought the campaign's message into everyday public spaces.

Through multimedia storytelling and cross-platform visibility, Doctor Wonderful is steadily embedding compassionate care into cultural and clinical imagination.



A first-time initiative in India,
recognizing OB-GYN doctors for their
respectful & compassionate care



Aanchal: A Birthing Kit

To bridge birth preparedness and complication readiness (BPCR) gaps at the last mile, C3 developed *Aanchal: A Birthing Kit*—an expert-backed resource that ensures safer, well-prepared, and dignified childbirth for women from resource-poor settings. Built for low-resource settings that are unequipped to provide safe, dignified conditions for maternal care, every item in the Aanchal Kit is thoughtfully curated to meet the needs of pregnant women. The maternity gowns in the kit are specifically designed to make breastfeeding easier; maternity pads help manage postpartum bleeding safely and hygienically; while clean bed sheets curb exposure to infections both before and after delivery. Soap and sanitizer also adds an extra layer of protection from infections. Informational booklets on birth preparedness and birth companions use pictorial guides and photo-storytelling, making the content relatable and easier to remember and act on. Crucially, the kit is available in multiple local languages and adapted for various literacy levels—ensuring no woman, regardless of language or education, is excluded from understanding it.

The kit also comes in a durable, reusable bag that women can continue to use even after childbirth, and add more items to it if

they need to. For health workers, Aanchal is easy to distribute, as it aligns with existing schemes and on-ground initiatives to improve birth preparedness.

The Aanchal Birthing Kit was launched on National Safe Motherhood Day 2024, with the first rollout in the remote, rural district of Jalna, Maharashtra, where women face persistent barriers to dignified, informed childbirth. With support from frontline health workers, **600 kits were distributed to first-time pregnant women**, prioritizing beneficiaries under the Janani Suraksha Yojana (JSY)—a government scheme that promotes institutional births among women from low-income and marginalized communities. In a recent telephonic survey with 51 recipients of the kit—most of them women in their third trimester or having recently given birth—all respondents found the kit useful and relevant to their needs. Importantly, **94% said they would carry the kit with them to the health facility for delivery**—reflecting their trust in the kit. **An even larger share—98%—expressed interest in receiving further maternal health information** via WhatsApp, signalling an opportunity to widen awareness-building efforts through digital touchpoints. These insights validate the kit's design as both practical and user-friendly, and its potential for scale and replicability.



The Pink Brand Identity: The Story of a Midwifery-led Care Unit in Patna

Patna, Bihar

At an ante-natal OPD in Patna City, pregnant women no longer ask for "a nurse." Instead, they look around eagerly, insisting in their local language, "Where is sister in the pink uniform? We want to talk to her."

The pink uniform has become more than clothing but a symbol and identity of trust, dignity, and quality care. For women, it represents the assurance of care, support and guidance throughout their entire pregnancy journey. This pink uniform belongs to the Nurse Practitioners in Midwifery (NPMs) who are offering critical, women-centric, compassionate care to women throughout their pregnancy and childbirth journey. As one midwife puts it: *"We are experts in normal, physiological birthing and non-pharmacological*

pain management. Our role is to manage low-risk cases independently and, when complications arise, to collaborate with doctors for the safety and well-being of the mother and baby." This clarity of roles ensures that every woman receives the right care, at the right time, from the right professional.

Information is as important as care. Using information dissemination material displayed across the facility on midwifery-led care, NPMs counsel mothers on nutrition, family planning, respectful maternity care, birthing options and what is unique to midwifery-led care. At midwife-led ANC OPDs, women learn they can choose from multiple birthing positions instead of only the conventional lithotomy. During labour, they are encouraged to adopt whichever position feels most comfortable to them for birthing. This knowledge and awareness empower women to make informed choices, giving them agency, dignity, and respect during childbirth.

This recognition of NPMs didn't happen overnight. When the Midwifery-Led Care Unit (MLCU) first opened, women couldn't differentiate between staff nurses and NPMs. Many were hesitant to come forward. *"We had to patiently explain who we were, encourage mothers to be screened, and gently guide them through services,"* says one midwife.

Today, the shift is remarkable. Women are walking straight up to the Midwifery OPD, often telling the guards, *"We will only get ourselves checked up within the pink parda wala room."* While "MLCU" may be a difficult and technical term, "pink parda" has become the community's shorthand for safe, respectful, and women-centered care.

The relationships the NPMs build with women go far beyond clinical check-ups. Once, a mother returned nine months after delivery with her baby in her arms. She said to the NPM who had cared for her, *"Do you recognize me, madam? You delivered my son. I wanted you to meet him."*

Such moments reveal how deep the bonds of trust run. Women proudly share their positive midwife-led care experiences with other women - of how they valued the birthing exercises the NPMs taught them, the alternative birthing positions, the clean and calm environment of the MLCU, even the soothing music the NPMs put on during labour. One woman compared her two births: *"My first delivery was so different since the facilities were not like this at that time. Now the care we receive matches the vibrant pink color of the NPM uniform."*

The "pink dress sisters" or NPMs are leading the front in how women in Bihar are experiencing childbirth, with trust, dignity, and choice at the center.





The Bigger Picture:

Building an Enabling Environment for Midwifery-led Care in India

As the National Secretariat of the White Ribbon Alliance India (WRAI), C3 has been working to support the positioning of Nurse Practitioners in Midwifery (NPMs) as essential levers of the maternity care ecosystem in improving the quality of care for women and newborns. Our initiative promotes NPMs as key members of maternity care teams, delivering specialized, compassionate, and women-centered maternal health services. By mainstreaming midwifery-led care through strategic positioning of NPMs within the health system and in public perception, C3 works to position it as a trusted and preferred choice for women.

Another significant focus is increasing support for midwifery among key health stakeholders, professional associations, and the public; standardizing midwifery education and practice; prioritizing midwifery-led research; and amplifying their voices in shaping the maternal and newborn health agenda. Alongside this, C3 is committed to positioning midwifery as an aspirational career path for nurses and midwives passionate about maternal and newborn care.

KEY ACHIEVEMENTS

- ▶ Built awareness and support for midwifery-led care at national and state levels, enabling its integration into the health system.
- ▶ Designed and implemented a comprehensive branding and positioning strategy for NPMs, approved by the Ministry of Health and Family Welfare (MoHFW), Government of India, and adopted by state health systems.
- ▶ Built a strong network of midwifery champions who publicly endorse midwifery-led care, contributing to systemic change.
- ▶ Led research to generate evidence on midwifery services and enhanced the research capacity of midwives in India.
- ▶ Co-created an action agenda to ensure the success and sustainability of the NPM cadre.

A Birth Companion's Support: Turning Fear into a Positive Birth Experience

Bhadrak, Odisha

For Ms. Chandamani Das from Sahoo Sahi village in Bhadrak district, her first pregnancy began with fear and uncertainty. By the end of her first trimester, she had neither registered her pregnancy nor attended any Village Health, Nutrition, and Sanitation Day (VHND) sessions. It was then that C3's Area Coordinator stepped in, guiding her in registering her pregnancy, attending regular antenatal check-ups, and choosing a **birth companion**—a trusted family member who provides emotional, physical, and practical support during pregnancy, labour, and childbirth.

With regular follow-up and guidance, Chandamani embraced this support. She registered at her local Anganwadi Centre, began attending VHND sessions, and selected her mother-in-law as her birth companion. Together, they learned about pregnancy care, nutrition, pregnancy danger signs, and non-pharmacological techniques to manage labour pain. Her mother-in-law became her steadfast partner, ensuring

timely ANC visits, a nutritious diet, and adherence to iron, folic acid, and calcium supplementation.

When Chandamani went into labour, the difference was clear. With her birth companion by her side, she faced labour with courage, managing fear and pain, and emerged with a **positive, affirming childbirth experience**. Today, Chandamani is a vocal champion for birth companions, insisting that every pregnant woman deserves this support to navigate pregnancy and childbirth safely and confidently.

Chandamani's story demonstrates how the presence of an informed, caring birth companion can turn fear into confidence and vulnerability into empowerment.



The Bigger Picture:

Reducing Unnecessary C-Section and Promoting Respectful Maternity Care in Odisha

CSR Partner: Linde India Limited

While C-sections can be life-saving when medically indicated, unnecessary procedures pose significant long-term health risks for women. In India, the prevalence of unnecessary C-sections remains alarmingly high, highlighting the urgent need for informed, alternate, natural birthing choices and practices.

Hence, In Odisha's Danagadi and Sukinda blocks (covering the Kalinganagar Industrial Complex in Jajpur district) and Basudevpur block (Bhadrak district), C3 has been working to improve pregnancy outcomes for both women and newborns by reducing unnecessary C-sections, strengthening maternal health service delivery, and promoting community awareness to ensure safer, more informed childbirth practices.

The project adopted a multi-pronged approach. **At the facility level**, the capacities of doctors, nurses, and health supervisors were built on C-section protocols, labour pain management techniques—both pharmacological and non-pharmacological—

and the importance of birth companions in supporting women during pregnancy, labour, and postpartum. Frontline workers, including ANMs, ASHAs, and male health workers, received similar mentoring and capacity-building support.

At the community level, social and behaviour change communication (SBCC) activities increased awareness around birth preparedness, complication readiness, and informed decision-making. Women were counselled on the advantages and risks of C-sections versus normal delivery, non-pharmacological pain relief options, and the importance of having a birth companion—a trusted family member providing emotional, physical, and practical support during childbirth. A visual-first **birth companion booklet** – presented in the form of a photo story – was designed to disseminate critical information to birth companions around supporting women through ante-natal and post-natal care. Community mechanisms were strengthened through orientations of women SHG leaders and Gaon Kalyan Samiti members (village-level organizations) to ensure sustained engagement and support.

IN 2024-25

- ▶ **8,900+ pregnant women** are equipped with information and support around pregnancy with **3,125 birth companions** supporting them during labour and delivery.
- ▶ **1,772 women SHG leaders, 2261 community and facility-based health providers** are equipped to ensure respectful, women-centred childbirth practices and to identify when C-sections are necessary.
- ▶ **237 VHND sessions** has **strengthened community care**, facilitating the identification of high-risk pregnancies, timely referrals, and quality antenatal care.

Reducing Unnecessary C-Sections

WHAT CHANGED?

A post-intervention assessment demonstrated significant improvements in knowledge, attitudes, and practices around childbirth:

- ▶ Awareness around C-sections among women surged from **74% to 92%**.
- ▶ Elective C-sections among women with prior C-sections dropped sharply from **39% to 13%**, while medically necessary C-sections increased from **61% to 87%**, with acceptance of necessary procedures nearly doubling from **36% to 72%**.
- ▶ Awareness of birth companions had a significant uptick - from almost zero pre-intervention to **85%** post-intervention, empowering women with trusted support during childbirth.
- ▶ Knowledge of birth preparedness soared from **14% to 96%**, ensuring women were fully informed and ready for safe deliveries.
- ▶ Awareness of non-pharmacological pain relief options rose from **14% to 73%**, giving women practical tools to manage labour pain with confidence.



WOMEN'S ECONOMIC EMPOWERMENT AND SKILLING

“Naurati kuch hai”: From Thumbprints to Signatures, A Journey of Self-Empowerment

New Delhi

Married at 19, Naurati had always been caught between household responsibilities and raising her children. A brief stint in school as a child never translated into real literacy, and she hardly saw herself as someone who could ever be a breadwinner.

However, by 2022, mounting financial pressure forced her to ponder a question she had never asked before: what else was possible? With little formal education, no work experience, and a lack of confidence to even step outside her house, even the idea of speaking to strangers or handling money felt impossible. Yet, beneath the hesitation was a quiet determination – she wanted to do more.

Searching for opportunities, she stumbled upon C3's **Goods for Change Initiative**, which offers livelihood skills trainings to women from low-income backgrounds, alongside building their financial and digital literacy. The decision to join the initiative didn't come easy—there were

concerns from her family, and a constant fear of failure. But somewhere in the middle of everyday routines—utensils to wash, children to tuck in—Naurati chose to take the leap.

Soon, she was immersed in learning crochet and handicrafts, stepping outdoors on her own to set up and manage pop-up stalls, joining literacy classes to learn how to read and crunch numbers, upskilling herself through digital and financial literacy trainings, and gaining a strong support system in the form of the women who were part of the initiative alongside her.

From once struggling to thread a needle, she had now emerged into a true entrepreneur in every sense. Since 2022, she has earned over ₹71 000 from handicraft sales. With her newfound confidence and involvement in taking key business decisions, she now also plays a role in budgeting and decision-making at home. She no longer uses a thumbprint for her signatures, and uses smartphones and digital tools to manage business operations. Now as a peer **mentor**, Naurati supports other women starting their journeys of change.

The Bigger Picture:

Goods for Change: From Skills to Independence

C3's Goods for Change Initiative economically empowers women from marginalized backgrounds through skilling and capacity building – facilitating their journey in becoming self-reliant entrepreneurs and income-earners. Women gain market-ready skills alongside digital, financial, functional literacy, and entrepreneurship training – turning learning into income and agency.

In 2024–25, the initiative supported women in building collectives and running self-sustaining nano-group and individual enterprises across three locations in Delhi NCR: Peeragarhi, Bakkarwala, and Khichdipur. Across these three locations, women not only developed skills, but translated those skills into production. They created a wide range of saleable products, from apparel and home décor to accessories and festive items, enabling consistent income through group and individual orders.

Alongside livelihood skills, women strengthened the foundations needed to sustain and grow their enterprises. Several women took concrete steps towards formal recognition and market access: 6 received Artisan Cards under the Ministry of Textiles, many women learned to track income, manage expenses, budget, and build saving habits; some deepened financial planning skills. Many more women learned to sell online via Meesho, while digital literacy sessions enabled women to navigate independently using Google Maps, avoid digital fraud, file online FIRs, and use online platforms.





From Skill to Shared Income: Moumita's* Story

Howrah, West Bengal

From an early age, resilience and perseverance have been the foundation of Moumita's journey. From losing her mother at just one and a half years old to completing her education despite financial hardship – she refused to surrender to any adverse circumstance, come hail or storm.

Her education enabled her to become a primary school teacher, a role that brought both financial independence and a platform to shape young minds. Through her work, she became keenly aware of how deeply gender bias is woven into everyday life – particularly the norms that hinder girls' education, and subsequently, their financial agency and independence. While teaching offered her stability and purpose, Moumita knew her responsibility could not stop at the classroom door. The change she wanted to see had to reach women whose lives were constrained by lack of opportunity, skills, and confidence—and that conviction drew her into community leadership.

She got involved with **Chandipur Alor Disha**, a community-based organization formed with C3's support, for women's economic participation – where women from the

community came together to build and run their handicraft ventures. As part of a collective of 20 women leaders, Moumita first invested in building her own livelihood skills, guided by a simple tenet: without an income of their own, women cannot exercise real choice. She then began conducting trainings on self-reliance and livelihoods, with a strong focus on tailoring and sewing. To date, **she has trained 45 women**, enabling them to sell their handcrafted products and earn independently. The women trained by her are now contributing to household incomes, with their families becoming more financially secure.

But Moumita's work goes beyond skills training. By engaging Self-Help Groups and local community authorities, she is helping lay the groundwork for a **Women's Empowerment Hub** in her community – a space that offers training, shared resources, and market linkages so women can move from learning skills to earning livelihoods.

Known locally as *Mushkil Aasaan Didi*—the one who makes difficulties easier—Moumita is a problem-solver who leads by example. Her life reflects her message: progress is built through persistence, not privilege.

*name changed

Alor Disha: A Grassroots Model for Women's Economic Participation

Drawing from the insight that women achieve stronger economic outcomes when they work in collectives, C3's **Alor Disha** initiative builds a one-stop ecosystem of skills training, peer support, and market linkages. Working with women from Self-Help Groups and adolescent girls across three villages and one government school, the initiative combines vocational skilling, entrepreneurship development, and gender-responsive health education with partnerships across communities, schools, and block-level institutions to create sustainable pathways for women and girls to enter the workforce, start enterprises, and run them with confidence.

Between 2024–25, **over 200 women** were equipped with vocational skills under Alor Disha, with 30 women having mastered advanced sewing and bag-making techniques, and 10 women securing formal employment. Women-led enterprises across stitching, boutique services, catering, pad banks, jewellery, and mushroom cultivation **together generated a total revenue of ₹9.29 lakh**. The project also gained recognition from local authorities, with participation in district- and state-level exhibitions, and active engagement in health, menstrual hygiene, and environmental awareness programmes—highlighting Alor Disha's growing credibility and influence within the community.



FINANCIALS

ABRIDGED BALANCE SHEET

(in'000)

PARTICULARS	March 31, 2025	March 31, 2024
	INR	INR
SOURCES OF FUNDS		
General Reserve Fund	5,000	5,000
Designated Fund	3,20,090	2,89,229
Restricted Fund - Corpus/ Endowment Fund	2,48,863	1,75,517
Restricted Fund - Grants & Contributions	1,71,575	2,88,637
Current Liabilities and Provisions	32,259	29,973
TOTAL	7,77,787	7,88,356
APPLICATION OF FUNDS		
Fixed Assets	2,21,310	1,95,058
Current Assets	13,240	19,701
Cash and Bank Balances	5,13,090	5,58,287
Advances Recoverable in Cash or Kind	30,147	15,310
TOTAL	7,77,787	7,88,356

ABRIDGED INCOME AND EXPENDITURE ACCOUNT

(in'000)

PARTICULARS	Year ended March 31, 2025	Year ended March 31, 2024
	INR	INR
INCOME		
Income from Programs	3,40,511	3,31,167
Other Income	51,758	42,890
TOTAL	3,92,269	3,74,057
EXPENDITURE		
Gender Equity Programs	84,359	1,04,136
Reproductive Health and Rights Programs	81,315	67,554
Adolescent and Young People Programs	1,15,159	1,16,430
Women Economic Empowerment Initiatives Programs	5,790	3,968
Administrative and Operational support	47,039	41,237
Depreciation & Amortization	25,476	14,329
	3,59,138	3,47,654
Transferred to Funds	33,131	26,403
TOTAL	3,92,269	3,74,057

ABRIDGED RECEIPT AND PAYMENT ACCOUNT*(in'000)*

PARTICULARS	Year ended	Year ended
	March 31, 2025	March 31, 2024
	<i>INR</i>	<i>INR</i>
RECEIPTS		
Opening cash and bank balances	5,58,286	5,69,824
Voluntary Contributions	3,01,354	4,77,953
Interest and other receipts	61,270	42,400
TOTAL	9,20,910	10,90,177
PAYMENTS		
Establishment and Communication	23,467	27,791
Workshop, Information & Dissemination	26,297	27,355
Salaries and Benefits	2,00,620	1,82,941
Consultancy	69,911	65,486
Travel & Transportation	22,677	25,101
Project Consumables	7,226	1,038
Computer and other office equipments	52,435	1,97,391
Advances to project partners, staff & other payments	5,187	4,787
Closing cash and bank balances	5,13,090	5,58,287
TOTAL	9,20,910	10,90,177