



ANNUAL REPORT 2018-19



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BOARD MEMBERS

Dr. Kaval Gulhati Chairperson

Dr. Gulhati is a senior population and development specialist with more than 40 years of experience in health and demography, institutional development, training, project management, and program design and implementation in Asia, Latin America, Africa and the Middle East.

Ms. Sheila Seda Secretary

Ms. Seda is the Secretary General of the Trained Nurses Association of India and a well-known advocate for rights of nurses. She has worked steadfastly to promote high standards of health care and to advance the cause of professional, educational, socio-economic and general welfare of nurses.

Mr. Salil Kumar Treasurer

Currently associated with The India Nutrition Initiative, Mr. Kumar brings to the table close to 25 years of professional experience in the development sector; particularly – institutional growth and sustainability, program design and implementation, and operations management.

Dr. Nozer K Sheriar Member

A leading Mumbai-based obstetrician and gynaecologist, Dr Sheriar is the Secretary General of the Federation of Obstetrics and Gynaecological Societies of India, President of the Mumbai Obstetrics and Gynaecological Society, member of the Governing Council of International Planned Parenthood Federation (IPPF) and a member of the Medical Advisory Panel of the Family Planning Association of India (FPA India).

Ms. Ghazala Amin Member

An Associate Professor of History at Jesus and Mary College, University of Delhi, Ms Amin has worked as a Citizen Warden with the Lieutenant Governor of Delhi, and has extensive experience in anchoring and producing television programs. She has anchored programs in multiple countries, for networks like ETV and BBC TV.

Dr. Suneeta Mukherjee Member

Dr. Mukherjee's areas of expertise range from reproductive health to gender and advocacy. She has served for nearly four decades in the Indian Administrative Service and the United Nations Fund for Population Activities (UNFPA) and has led teams in several Asian countries.

Ms. Ragini Pasricha Member

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

Dr. Aparajita Gogoi

Dr. Gogoi is the Executive Director of C3. A winner of the WIE Humanitarian Award and named one of the 100 most inspiring women in the world by The Guardian, Dr Gogoi holds a PhD in International Politics from Jawaharlal Nehru University, and has three decades of experience in program management, advocacy campaigns, and defining strategies for policy issues in population.

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FOREWORD

2018-19, for us, has been a year of planning and of thinking ahead. It has been a year of laying down new milestones in our journey towards ensuring that all women and girls reach their full potential.

We have set ourselves a target – of a five-fold growth of reaching over two million women and girls in the next five years. It is a demanding and tough target, but I have complete faith in our team's ability to meet it.

This year, we initiated new projects under our key thematic areas that we work in. Project Manjari, our integrated approach in Jharkhand, where we aim to reach each and every adolescent girls in three districts, and equip her with all the tools needed to exercise her full potential. We will empower adolescent girls through a 360-degree approach, using four pathways of health, life skills, education and livelihoods.

We developed the Gender Report Card and Gender Dashboard for the Government of Bihar. This has been designed as a one-stop platform for all data relevant to gender programming in Bihar, including demographic information, health outcomes, maternal and child nutrition, education status, water and sanitation coverage, and social empowerment. This initiative is expected to provide a range of visualizations and automated insights. The report was released by the Chief Minister of Bihar, Shri Nitish Kumar, and members of his Cabinet.

The campaign implemented with White Ribbon Alliance – 'What Women Want' – has had a great reach. The campaign has encouraged global partners to come together and mobilize voices of millions of women from across the world, who have articulated their one key need on health.

Our outreach initiatives have received a fillip with the revamping of our website. With every step that we have taken, we have lived up to our credo of EveryGirl. EveryWoman. EveryWhere. While I do believe that a lot more needs to be done, I am also confident that with the support of all our friends and well-wishers, we will prove equal to the task.

Aparajita Gogoi
Executive Director, C3

CATALYZING CHANGE

The C3 Way

In 30 years:

+ 4,000
women leaders
mentored

3,000
organizations
partnered with

+1,900,000
girls benefited

250
NGOs
supported

FOR OVER 30 years, we have worked with a visionary zeal to enable women and girls in India to be fully empowered, equipped to realize their rights, access opportunities and achieve gender equality. We have remained focused on one single mission – to make the lives of girls and women in India better. By enabling an environment which provides an equal opportunity to them. By ensuring that they grow up as educated, informed, confident citizens of India; live dignified and healthy lives; and emerge as leaders of their communities.

C3 works in regions where there is a felt need for changing systems, mindsets, norms and behaviours. We identify the immediate local needs and structural concerns of communities and design projects, strategies and programs to provide sustainable solutions. Our programs reflect local values and engage with boys and men, local leaders, women's collectives and community groups to work together for empowering girls and women. We leverage government policies and schemes to achieve scalability and longevity for our programs.

We do this through four focus areas of intervention and support:

- **Educating adolescent girls, building leadership skills and self-confidence.** By educating and equipping girls with information on health, gender equality, nutrition, hygiene, civic responsibility, employment opportunities, and financial and digital skills.
- **Facilitating gender equity and governance.** Building women's leadership at the grassroots level to increase their role in decision-making and governance. Amplifying women's voices so that they can demand better public policies and programs.
- **Ensuring reproductive health and rights.** Making women and communities aware about their maternal and reproductive health entitlements. Building capacities so that they can demand healthcare accountability and better health services and systems.
- **Nurturing support through small grants.** Supporting some of the country's most committed organizations working for women and girls.





THE FIVE YEAR STRATEGIC GOAL

To optimise the effectiveness of public policies and programs that positively impact the lives of women and girls, resulting in a reach of 5x

IN 2018-19, we laid down our five-year (2018-23) strategic goal. The organizational growth plan has been developed according to the 'hedgehog concept' of Jim Collins, the American researcher, author and consultant.

The hedgehog concept uses a participatory process to analyze the true purpose of an organization – what is it that the organization excels in, and what is its sustainability driver. Based on this, a 'Big Hairy Audacious Goal' (BHAG) is set, that stimulates progress with a clear finish line and provides a unified focal point of effort for everyone in the organization.

To define its BHAG, C3 followed an intensive and iterative process with the participation of all its staff members. The process helped us identify three critical traits of C3:

- That enabling girls and women to reach their full potential is the key challenge and objective that drives everyone in C3
- That our years of experience have made us confident about delivering evidence-centric programming from ideation to scale
- That we are known and respected for our reputation for delivery, probity and transparency.

DEVELOPMENT OF THE YOUTH AND GIRL'S EDUCATION

ADOLESCENT GIRLS in India face many challenges both inside and outside their homes. They are married when they are underage, and become mothers when barely out of their teens. They have limited access to education, are forced to drop out of school, and usually suffer from a number of health problems. Adolescence is a critical period in the life of every woman – the skills that she learns, the attitude she develops, and the habits she adapts in this period stay with her for the rest of her life.

C3 recognizes this, and has made it its mission to intervene in this period in a girl's life. We are committed to helping young people and women make their own choices and decisions. We are

determined to provide them a safe space for realizing their full potential.

The way we have done this is by following an integrated and context-specific framework with well-defined impact areas (such as completing education or delaying the age of marriage), using group education methodology and specific curricula and tools (print and digital) aimed at influencing gender attitudes and behavior, building life skills, and equipping them for accessing sexual and reproductive health and rights. We believe that real empowerment for girls would be sustainable only if norm and behavior change become an intrinsic and central part of the gender debate.



5
States446
Blocks5639
Schools3563
Villages4000
Women Panchayat
Members11300
Teachers165046
Adolescent boys298692
Adolescent girls

2018-19

A NEW COLLABORATION TO SUPPORT SCALE-UP

2018 saw the birth of a significant partnership – between C3 and Azim Premji Philanthropic Initiatives (APPI). The aim is primarily to nurture and build C3 into an institutionally strong organization, and to expand the portfolio of program for adolescent girls.

The support will help C3 achieve scale through a public system delivery to increase program influence five-fold – the aim is to reach 1.4 million adolescent girls in seven states in the next five years. It will reinforce C3 as a high-performing, financially sustainable institution, recognized for its efficiency, technical competence, scale of operation, adaptability, stability, agility and resilience.

OUR FOUR KEY OBJECTIVES UNDER THE PARTNERSHIP

ENABLE

girls and women to develop and instill self-confidence, so that they know what they want and stand up for it

ENCOURAGE

girls to continue their schooling and complete at least secondary school

ENSURE

the prevention of child marriage and forced marriage

SECURE

women's rights on delaying pregnancy after marriage



PROJECT MANJARI

THIS IS a first-of-its-kind integrated project where C3 is working with adolescents (between 10-19 years of age) in three districts – Gumla, Lohardagga and West Singhbhum – of Jharkhand.

A cutting-edge, three-pronged strategy is being simultaneously implemented in these districts:

- Give girls the opportunity to gain individual capabilities and agency
- Ensure that girls receive all information and support required to make informed decisions on SRH issues
- Contribute to strengthening systems so that they are more equitable and adolescent-responsive.

Under Manjari, C3 is working with both boys and girls – those in school as well as those out of school – by leveraging government delivery platforms such as the Adolescence Education Program, SABLA and the Rashtriya Kishor Swasthya Karyakram (RKSK). In its first year of implementation, the model focuses on two primary core pathways, Health and Agency. In the second phase, two non-core pathways – Education and Employability – will be the focus.

PROJECT GOAL

To create an empowering ecosystem and positively impact the lives of disadvantaged adolescent girls in Jharkhand through a comprehensive approach that impacts and improves outcomes across agency, health, education, and employability by leveraging available scalable platforms to ensure they receive all the relevant support and services they need.

Under Manjari, C3 emphasizes on engaging with boys and men, which is not just motivated by the argument that they are a key stakeholder group for empowerment of girls. The logic extends to the fact that deep-rooted social constructs of gender and socialization processes make boys feel that to be considered a ‘man’ or ‘manly’, one needs to be physically strong, dominant, sexually active, able to control emotions, and exercise authority over women – this is what we would like to demolish.

The project is supported by DASRA Adolescent Collaborative (DAC) and Azim Premji Philanthropic Initiatives (APPI).

PROJECT SANGWARI

C3's PROJECT for adolescents in Chhattisgarh aims to equip adolescents with information, knowledge and skills to ensure their reproductive and sexual health (including awareness and understanding of healthy timing and spacing of pregnancies). C3 is building capacity and mentoring peer educators for facilitating sessions on reproductive health, nutrition, mental health, injuries and violence, substance misuse, and NCDs (non-communicable diseases). Supported by USAID through DAC, the project works in two districts in Chhattisgarh with the RKSK (the government's flagship adolescent health program) through schools and community centres (such as anganwadis)



STATE-LEVEL TECHNICAL SUPPORT FOR SCHOOL HEALTH PROGRAM IN GUJARAT

MOVING TO new geographies, supported by UNESCO, this project aims to create an empowering eco-system and positively impact the life of adolescents in Gujarat. It supports the education sector in promoting better health and well-being for the young people in the state.

OTHER KEY INITIATIVES

UDAAN

The Adolescence Education Program supported by David and Lucille Packard Foundation imparts life-skills to all adolescents studying in classes 9th and 11th in all high and middle schools and Kasturba Gandhi Balika Vidyalayas in Jharkhand. The project is in the 12th year of implementation.

PROJECT 'TARANG'

Our Adolescence Education Program, supported by David and Lucille Packard Foundation being implemented in 909 high schools across 10 districts of Bihar; curriculum for classes VI-VIII piloted in 100 schools.

AKANSHA

Our digital literacy project supported by Oracle, is in its second year of implementation. It has expanded its reach.

SABLA

Rajiv Gandhi Scheme for Empowerment of Adolescent Girls, supported by Ford Foundation – for which C3 provided technical assistance till 2018 for facilitating implementation in 315 AWCs in three project areas in Delhi and also in 12 blocks in Gumla, Jharkhand. We completed our endline evaluation of the project in Delhi and the results have been very encouraging.

EQUAL ACCESS FOR CHANGE, HARNESSING OPPORTUNITIES (EACH)

Also, our project EACH supported by BARR foundation was completed this year. We had launched the initiative in 2014, aimed at providing disadvantaged youth, primarily girls, with life-skills, informal education on gender and reproductive health, and links with vocational skills.

C3 IMPACT

American Journal of Sexuality Education carries our article 'What did it take to scale up and sustain Udaan, a school-based adolescent education program in Jharkhand, India?'

Udaan – our RKSJ program in Jharkhand acknowledged by the Government of India as successful models of convergence in the country – mentioned in the revised operational guidelines for Rashtriya Kishor Swasthya Karyakram-2018 (National Adolescent Health Program)

46% of girls in the program taking decisions to spend the money they earned, compared to 40% before.

39.6% girls could correctly report that keyboard is used to enter characters into a computer, against a baseline of 11.5%

18% girls could correctly identify google.co.in as the address for a popular search engine, against 5.4% during the baseline.

33% now know internet can be used to check exam results, compared to 17.2% before.

OVER 20% aware of e-cash now, compared to only 5% before.

3/4th of the adolescent girl population covered under the scheme agreed the decision on when to marry and whom to marry should be left to them (and to boys). Most preferred marriage between 24-26 years of age.

Adequate knowledge and awareness among adolescent girls about menstruation, hygiene, and adverse consequences for early marriage.

Increased confidence among adolescent girls -feel safe to travel to far-off places.

Loud and unanimous 'NO' to domestic violence. All adolescent girls find "no justification" for it.

ONLY 9% prefer to not report instances of sexual harassment – majority think parents should be told, while 32% opt for going to the police.

46% increase in awareness of the consequences of early marriage

37% increase in knowledge about complications in pregnancy and childbirth

GENDER EQUITY AND GOVERNANCE

AT C3, we are committed to ensure women's equal participation in governance and leadership as a step towards building gender-equal societies.

To do this, we partner with communities, elected women panchayat leaders and members, self-help groups (SHGs) and others. We train women panchayat representatives to take the lead in handling structural problems that encourage gender inequalities and become barriers in access to quality

healthcare, education and work opportunities. We engage with men and boys as well to address issues of gender inequity.

Our approach is to build models and evidence for finding solutions to concerns such as violence against women, barriers to women's participation in the work-force, or non-integration of gender in reproductive health programming.

NEW FRONTIERS

PROJECT SAKSHAMAA

IN 2018, with support from the Bill and Melinda Gates Foundation, we launched Sakshamaa in Bihar – a project for the 'Empowered Woman'. Our goal is to generate robust evidence, which can then inform policy implementation.

PROJECT GOAL

To ensure that decision makers and stakeholders have access to evidence and analytics of what works, in order to address gender equality and empower women and girls in Bihar.



Release of Gender Report Card and Dashboard August 3, 2018, Patna

Bihar Chief Minister Shri Nitish Kumar and Deputy Chief Minister Shri Sushil Modi released these in the presence of Shri Mangal Pandey, Minister of Health; Shri K. N. Prasad Verma, Minister of Education; Shri Deepak Kumar, Chief Secretary; and others. The Gender Report Card is a tool for officials and policy makers to measure progress and develop strategies for improving the impact of initiatives to transform the lives of women and girls. It includes indicators on health and nutrition, education, water and sanitation, social empowerment, economic empowerment, political empowerment and decision-making. The Gender Dashboard, developed in partnership with a technical agency called Gramener, is a first-of-its-kind one-stop platform for all data relevant to gender programming – from demographic information, health outcomes and educational status to water and sanitation coverage and social empowerment.

THE PREMISES ON WHICH SAKSHAMAA RESTS

- Absence of timely and granular gender data to inform policies for women and girls in Bihar.
- Improve data collection quality, frequency, level of data based on a completed landscape assessment, including indicators like labour force participation, financial literacy and access, digital literacy and access, safety, mobility and transport access.
- Develop evidence based pathways for building positive ecosystems for women's economic empowerment and adolescent girls' successful transition from school to work.

Bihar: the first state to develop and release a Gender Report Card

APRIL 2018-MARCH 2019

Saying 'No' to dowry – understanding the youth's perceptions

C3 conducted an opinion poll in Bihar to identify policy actions that young people feel would be able to limit the practice of dowry in the state. Conducted in 100 schools across 11 districts, the survey consisted of an IVRS poll and paper-based questionnaire, and comprised four multiple-choice questions and one qualitative ask. Over 17,000 valid responses were received – the young people of Bihar demanded a new comprehensive law, a robust awareness campaign and stricter penalisation of both takers and givers of dowry.



Landscape assessment of women's economic empowerment

To determine Sakshamaa's scope of action, an extensive landscaping exercise was undertaken – primarily to map how women in Bihar participate in the work force and the economy. The Landscape Report that emerged, provided a plan of action. Some of the key recommendations – improve women's access to Kisan Credit Cards and land ownership; scale up their participation in sericulture, dairy, animal husbandry and food processing; link to social security schemes; invest in new avenues such as solar panels/cookers; scale up career counselling; organise job fairs for women, etc. The Report also highlighted the need for promoting enabling factors – safety in public spaces, adequate public transport, financial and digital literacy and access, and targeting health conditions like anaemia that affect productivity.

Roundtable on Women's Economic Empowerment

A Sakshamaa Roundtable aimed at (1) identifying evidence-based strategies for overcoming constraints to women's economic empowerment, and (2) advocating for investments in tackling these issues to foster decent employment, entrepreneurship, and equal access to resources, services, education, information, communications

technology, energy, infrastructure, and productive assets. The sessions focused on two broad aspects – measurement of women's work and sharing evidence of effective models for further policy action.

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Roundtable on Women's Safety and Mobility and Their Impact on Economic Participation

The key objectives of this Roundtable were to identify evidence-based strategies for overcoming constraints to women's safety and mobility in the state, and advocate for investments in tackling these issues. The inability to safely reach educational institutions or places of work limits women's economic engagement. Rather than being a singular function of transport provision, the daily mobility of women is guided by a set of complex hierarchies, which include prevalent social norms, transport infrastructure, city planning, governance and access to information and communication technologies. These concerns are particularly relevant to Bihar, since women's labour force participation in the state is the lowest in India. The Roundtable brought together experts to share evidence of effective models for further policy action.

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OTHER KEY INITIATIVES

PAHEL

Mentoring **2,000** women leaders in **4** districts of Bihar

Supported by the David and Lucile Packard Foundation, Pahal is in its 13th year. The project makes a difference where it matters – by strengthening the voice, participation, leadership and influence of elected women representatives in panchayats.

Some of the key achievements of this project in 2018

Improvement in the functioning of the Panchayati Raj system and services

Panchayat meetings organised regularly. Public Health Family Welfare & Village Sanitation Committees made functional in 194 Panchayats.

Improvement in access to health services

Gram Panchayat Health Sub-Centres reopened. More frontline workers for home visits to homes of pregnant women and lactating mothers. More interactions between EWRs and the community.

Improvement in ICDS systems and services

Anganwadi Centres at 16 locations now operating regularly.

Improvement in education systems and services

Continuous visits and interaction between EWRs and school authorities. 16 school education committees formed and made functional. In seven schools, elected representatives take the lead in developing school infrastructure and facilities.

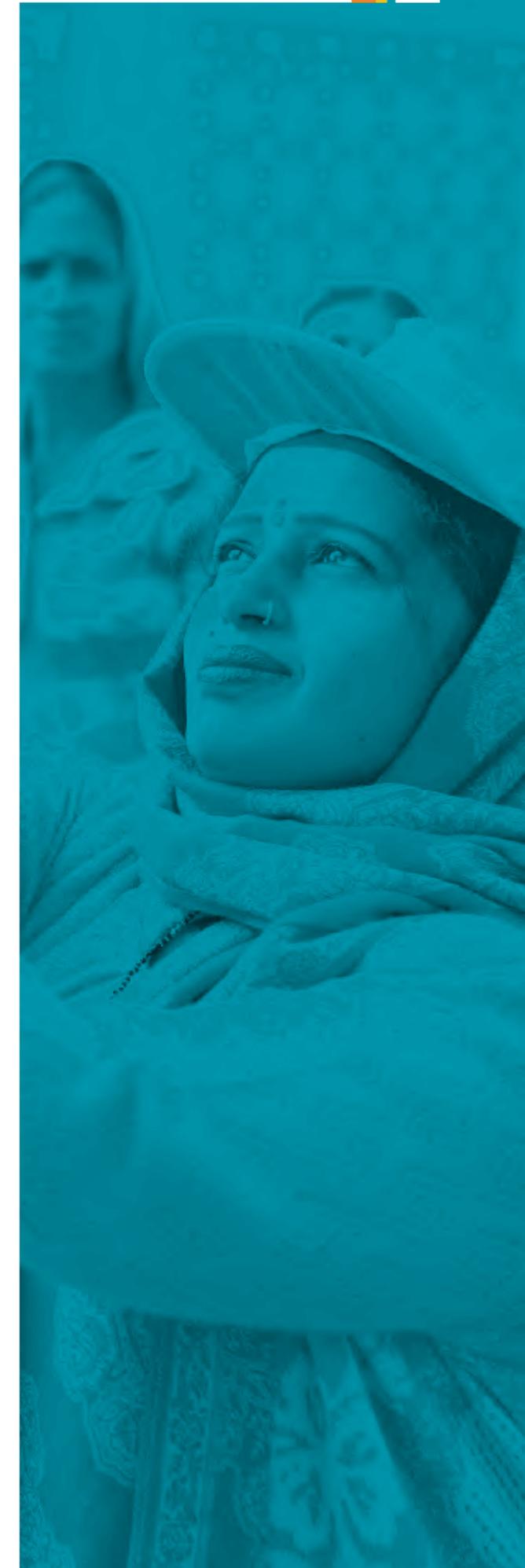
Utilization of untied funds

Used for purchasing healthcare equipment and furnishings such as weighing machines, stethoscopes, examination tables etc. at 23 locations.

Increased utilization of the Lok Janshikayat and Medical Advice & Grievance Redressal system

76 complaints registered by elected representatives under Lok Janshikayat. Over 150 complaints registered under the Medical Advice & Grievance Redressal system.

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The Pahal model has been adapted to mentor a cohort of yet another 2000 women leaders across 10 districts as health and POSHAN champions - accountability advocates.



REPRODUCTIVE HEALTH AND RIGHTS

OUR WORK focuses on advocacy for improving the lives and health of pregnant women, mothers, children and adolescents. We work with communities, maternal health advocates, health service providers, and governments at the state and national levels to raise awareness on maternal health entitlements; build capacities; and strengthen maternal health services and systems.

SENSITISING HEALTHCARE PROVIDERS ON FAMILY PLANNING AND GENDER-INCLUSIVE CARE

PROJECT GOAL

To strengthen gender-inclusive and respectful care through participation by frontline workers and the community; to increase client-provider interaction through community participation so that people get access to family planning services and gender inclusive care systems; and to create accountability of service delivery systems through client feedback.



THIS PROJECT, one of C3's key initiatives in the year 2018-19, was supported by the Maternal and Child Survival Program (MSCP) of the U.S. Agency for International Development (USAID); MSCP focuses on promoting access to quality family planning information and services. The project is being implemented in six districts each in two states – Chhattisgarh and Odisha.

KEY ACTIVITIES IN THE YEAR GONE BY

- **Strategies and interventions:** Reaching out to facilities that provide Fixed Day Services for family planning, to improve the health system for better interaction with both men and women.
- **Partnership with public health system at district and state levels:** Working

with Departments of Health and Family Welfare to make the program intervention sustainable.

- **Partnerships with local NGOs:** Working with local NGOs in Odisha (the Punarathan Voluntary Organization, the Institute for Policy Research and Training and My Heart) and Chhattisgarh (Samarthan and Social Revival Group of Urban Rural and Tribal).
- **Pool of trainers:** Training and building capacity of trainers to create a pool in the districts.
- **Tailor-made training manuals:** Designing training manuals to meet the needs of frontline workers and facility-based service providers.



PARIVAR SWASTHYA VAANI

One of the most important steps that we initiated in the year was the development of Parivar Swasthya Vaani (PSV), a free-of-cost, Interactive Voice Response-based System (IVRS) tool designed to:

- provide information on family planning services and related rights and entitlements to clients
- enable clients to provide feedback on family planning services availed at health facilities in their area
- provide real-time, print and download-friendly data to facility/district and state level users to drive delivery of gender-equitable, socially inclusive, respectful family planning

MCSP - TRAINING ACHIEVEMENT APRIL 2018-MARCH 2019 CHHATTISGARH AND ODISHA

2 STATES

6 DISTRICTS

CHCS AND DHS

108 (Odisha)

44 (Chhattisgarh)

FIELD LEVEL WORKERS (FLW)

636

20,306

ROGI KALYAN SAMITI (RKS) MEMBERS

125

1,571

SERVICE PROVIDERS (SP)

153

2,293

■ Total Batches Trained
■ Total Participants Trained

A WRA INDIA INITIATIVE

RESPECTFUL MATERNITY CARE

White Ribbon Alliance (WRA) India is a movement of individuals, organizations and communities aimed at building alliances, strengthening capacity, influencing policies, harnessing resources, inspiring volunteerism and motivating action to protect the lives of women and newborn in India. The mission of the alliance is **to inspire and convene advocates who uphold the right of all women to be safe and healthy before, during and after childbirth**. C3 is the Founding Member and National Secretariat for the Alliance in India.

In 2018, WRA India started implementation of an initiative on Respectful Maternity Care (RMC). Funded by the MacArthur Foundation, the initiative aims to break the veil of silence around disrespectful and abusive maternity care and empower healthcare providers, women and communities to recognize RMC as a basic human right.

One of the strategies of this project is to establish a Model Health Facility that provides maternity care services with all the components of RMC incorporated in it. To do this, WRA India has signed an MoU with Government Medical College, Aurangabad (GMCA), a large tertiary care hospital and medical college, to:

- Institutionalize RMC as a Standard of Care
- Develop Aurangabad Government College as a Model Health Facility providing maternity care services with all components of RMC incorporated and practiced

As a result of this partnership, the GMCA has decided to implement the following practices:

- Offer a choice of birthing position to low-risk pregnant women; document the birthing choices offered and accepted by women and their effect on maternal and foetal outcomes.
- Provide birth companions to every pregnant woman.
- Provide grievance redressal facility to all hospitalized mothers and ANCs, with suggestion boxes in the labour rooms and ward premises.
- Facilitate informed consent to women in labour and their relatives in their vernacular language – separate consent forms have been developed for different conditions in labour.





SMALL GRANT -UNNITI

C3's small grants program, Unniti, partners with women and girls across India through organizations working at the grassroots level, and provides them with opportunities to innovate and build their own future. The grants focus on priority needs, encourage local initiatives and help build self-sufficiency.

NEW FRONTIERS

Under C3's Unniti Small Grants Program, this year we identified seven organizations from various states of India, working in education, providing self-defence, sports, building leadership and entrepreneurship skills among young girls. We also initiated for the first time new partnerships where tribal women are trained in apiculture, animal husbandry and learning the art of block printing and developing leadership skills

■ Reach

60 GIRLS

Uttarakhand
Education for 4 years

50 GIRLS

Uttar Pradesh
Enrolling in football and hockey coaching

40 GIRLS

Madhya Pradesh
Training in self-defence

60 TRIBAL WOMEN

Jharkhand
Apiculture training

15 TRIBAL GIRLS

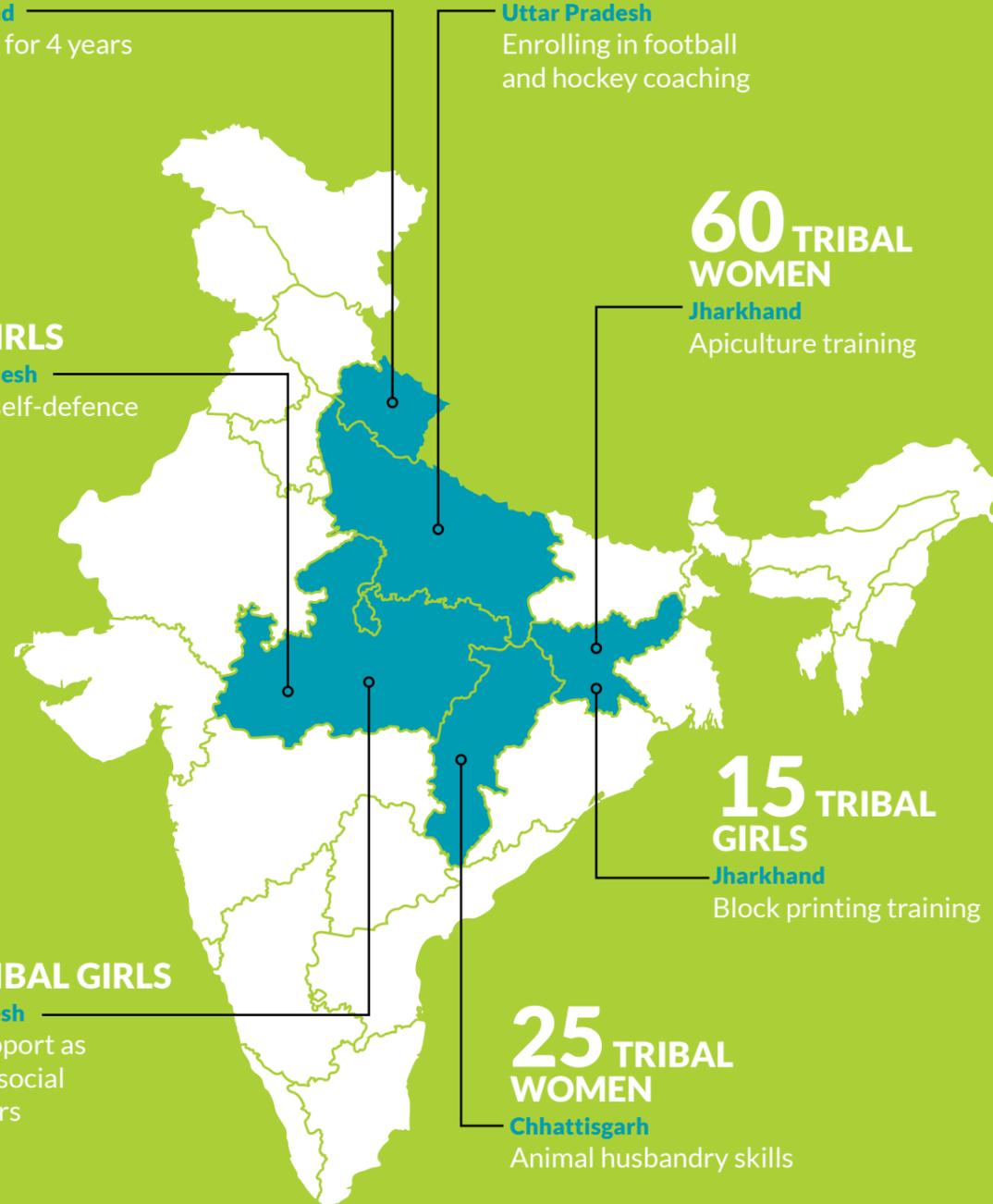
Jharkhand
Block printing training

10 TRIBAL GIRLS

Madhya Pradesh
Financial support as farmers and social entrepreneurs

25 TRIBAL WOMEN

Chhattisgarh
Animal husbandry skills



MONITORING AND EVALUATION

C3 CONDUCTS impact evaluations of all projects. Over 90% evaluations are conducted by a third party. These evaluations include both the quantitative and qualitative data collection – quantitative to measure the depth and breadth of implementation (e.g., the number of people who participated, the number of people who completed the program) and qualitative to understand outcomes and impact. Many of our programs also include a mid-line qualitative assessment. C3 shares evaluation findings with stakeholders for feedback, modelling openness to criticism, and willingness to learn from experiences and to adapt to changing needs. Evaluations also help us promote and celebrate our work by highlighting our accomplishments and achievements.

This year we conducted 11 evaluations, that include baseline, midline and endlines of the project

● UDAAN AND TARANG BASELINE

Adolescent Education Program in-school in Jharkhand and Bihar – To assess knowledge, attitude, perception and intention amongst adolescents studying in upper primary classes in government schools

Sample size: 3 districts in Jharkhand, Ranchi, Lohardaga and Ramgarh and 3 districts in Bihar, Patna, Gaya and Nalanda were chosen based on program intervention. 60 schools, 6 KGBVs and were sampled using simple random sampling from an exhaustive sampling frame of all the intervention schools. As part of the study, a total of 4,500 students from classes 6th, 7th and 8th were directly interviewed.

● SABLA ENDLINE

Program for out-of-school adolescent girls in Delhi. Understand the knowledge improvement of nutrition, health, awareness on hygiene and reproductive and sexual health of adolescents

Sample Size: A pre-post experimental research design was used to evaluate the effectiveness

of the intervention programme and assess the current levels by adopting an assisted quantitative Knowledge, Attitude, Behaviour and Practice (KABP) survey methodology. The study covered 244 adolescent girls residing in 2 Blocks (Shakarpur, Trilokpuri) of East Delhi from 20 intervention sites / Anganwadi centres in Baseline and 271 adolescent girls from 3 Blocks (Shakarpur, Trilokpuri, Patparganj) of East Delhi from 45 intervention sites / Anganwadi Centres in Endline.

● RESPECTFUL MATERNITY CARE (RMC)

An exploratory study to understand the typology of RMC violations in tertiary care hospitals and the providers' perspective of RMC.

● AKANKSHA

Bridging the digital gap. A *Quasi experimental research design* to evaluate the changes due to the program from baseline to midline and finally in the end line by utilizing **quantitative method** of data collection.

In order to assess the prevailing levels of knowledge and assess change among the adolescent girls (in the age group of 12-21 years) on digital literacy, as well as on life skills, nutrition and sexual and reproductive health issues, C3, with the support of Oracle-CAF, conducted a baseline evaluation in October/ November 2017 and endline evaluation in November/ December 2018. The evaluation was conducted in the 3 intervention blocks of Gumla. Along with the intervention blocks, two non-intervention blocks - Ghagra and Raidih were also selected for an intervention/non intervention study design. The study followed a multistage probability proportional to size systematic random sampling to select the requisite number of samples. After selecting the blocks, in the second stage, the villages were selected from each of the block to enlist the number of adolescent girls in the relevant age group. In the third stage, a total of 600 Adolescent girls were selected using probability proportional to size systematic random sampling to conduct structured interviews.

FINANCIALS

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Independent Auditor's Report

To the Members of Centre for Catalyzing Change

Report on the Financial Statements

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 2019, the Income and Expenditure Account, 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 state of affairs (financial position) of the Society as at 31 March 2019, its surplus (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 (financial position), surplus (financial performance) 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 the design, implementation and maintenance of adequate internal control 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.



Chartered Accountants

Offices in Bangalore, Chandigarh, Chennai, Coimbatore, Hyderabad, Kochi, Kolkata, Mumbai, New Delhi, Noida and Pune

Walker Chandniok & Co LLP is registered with limited liability with identification number AAC-2018 and its registered office at L-11 Connaught Circus, New Delhi, 110001, India

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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.

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.
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.

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Other Matter

9. The financial statements of the Society for the year ended 31 March 2018 were audited by the predecessor auditor, M/s. T R Chadha & Co LLP, who have expressed an unqualified opinion on those financial statements vide their audit report dated 26 September 2018.

Restriction on distribution or use

10. The financial statements have been prepared by the management, solely for the purpose of preparation and filing of audit report in Form No. 10B pursuant to the requirement of Income-tax Act, 1961 and rules thereunder and the distribution to the donors, and therefore, these financial statements may not be suitable for another purpose. This report is issued solely for the aforementioned purpose and accordingly, should not be used, referred to or distributed for any other purpose or to any other party without our prior written consent. Further, we do not accept or assume any liability or any duty of care for any other purpose for which or to any other person to whom this report is shown or into whose hands it may come without our prior consent in writing.

For Walker Chandiook & Co LLP
Chartered Accountants
Firm Registration No.: 001076N/N500013

Nitin Kohli
Nitin Kohli
Partner
Membership No. 507771



Place: New Delhi
Date: 25 September 2019
UDIN: 19507771AAAAHE2763

ABRIDGED BALANCE SHEET

SOURCES OF FUNDS

(in '000)

	March 31, 2019 (₹)	March 31, 2018 (₹)
General Reserve Fund	2,705	1,871
Designated Fund	80,318	63,587
Restricted Fund – Corpus/ Endowment Fund	69,844	66,664
Restricted Fund – Grants & Contributions	3,05,831	2,89,248
Current Liabilities and Provisions	17,060	12,726

APPLICATION OF FUNDS

	March 31, 2019 (₹)	March 31, 2018 (₹)
Fixed Assets	5,783	4,135
Current Assets	23,581	20,780
Cash and Bank Balances	4,38,098	4,05,450
Advances Recoverable in Cash or Kind	8,296	3,731

TOTAL

March 31, 2019

₹4,75,758

March 31, 2018

₹4,34,096

ABRIDGED INCOME AND EXPENDITURE ACCOUNT

INCOME

(in '000)

	March 31, 2019 (₹)	March 31, 2018 (₹)
Income from Programs	1,75,661	1,30,075
Other Income	19,745	16,097

EXPENDITURE

	March 31, 2019	March 31, 2018
Establishment and Communication	15,078	12,746
Workshop, Information & Dissemination	11,655	16,325
Salaries and Benefits	69,795	53,417
Consultancy	24,552	19,940
Travel & Transportation	12,455	8,166
Sub-grants	41,995	28,322
	1,75,530	1,38,916
Transferred to Funds	19,876	7,256

TOTAL

March 31, 2019

₹1,95,406

March 31, 2018

₹1,46,0172

ABRIDGED RECEIPT AND PAYMENT ACCOUNT

RECEIPTS

(in '000)

	March 31, 2019 (₹)	March 31, 2018 (₹)
Opening cash and bank balances	4,05,449	2,13,671
Voluntary contributions	1,84,757	3,12,166
Interest and other receipts	33,887	22,229

PAYMENTS

	March 31, 2019 (₹)	March 31, 2018 (₹)
Establishment and Communication	13,115	10,576
Workshop, Information & Dissemination	11,480	16,243
Salaries and Benefits	62,795	47,946
Consultancy	22,396	18,576
Travel & Transportation	12,368	8,041
Sub-grants	41,457	27,974
Computer and other office equipments	3,507	2,071
Advances to project partners, staff & other payments	18,877	11,190
Closing cash and bank balances	4,38,098	4,05,449

TOTAL

March 31, 2019

₹6,24,093

March 31, 2018

₹5,48,066

