

ANNUAL REPORT

2019-20

BOARD MEMBERS

DR. SUNEETA MUKHERJEE

Chairperson

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).

MS. SHEILA SEDA

Secretary

Ms. Seda has been a well-known advocate for rights of nurses for years. A former Secretary General of the Trained Nurses Association of India, she has worked steadfastly to advance the cause of the professional, educational, socio-economic and general welfare of nurses

MR. SALIL KUMAR

Treasurer

Mr. Kumar has over 25 years of professional experience in the social sector. His work has revolved around three broad themes – institutional growth and sustainability, program design and implementation, and operations management. Mr Kumar also serves on the boards of several for-profit and social sector organizations.

DR. NOZER K SHERIAR

Member

A leading Mumbai-based obstetrician and gynaecologist, Dr. Sheriar is the Former Secretary General of the Federation of Obstetrics and Gynaecological Societies of India, Former President of the Mumbai Obstetrics and Gynaecological Society, and Former Scientific Chair of the International Federation of Gynaecology and Obstetrics. He is a member of the Governing Boards of Guttmacher Institute and Ipas, and Technical Advisor to the South East Asia Region of the World Health Organization.

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.

MS. DIPANAG CHOWDHURY

Member

Ms. Nag Chowdhury is currently Director Programmes at the Population Foundation of India. She previously served as Deputy Director of the India office of the MacArthur Foundation, and has worked at Naz Foundation (India) Trust, Delhi; the Mailman School of Public Health at the Columbia University, New York; and the International Food Policy Research Institute, Washington DC.

MS. RAGINI PASRICHA

Member

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

DR. APARAJITA GOGOI

Ex-officio Member and Executive Director, C3

A winner of the WIE Humanitarian Award and named as one of the 100 most inspiring women in the world by The Guardian, UK, Dr. Gogoi holds a PhD in International Politics from Jawaharlal Nehru University, and has three decades of experience in program management, campaigns, and defining policy-based strategies for health and rights issues.



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FORE WORD

THE YEAR 2019 began with us exploring new horizons – with new projects, new geographies, new research and dissemination of our studies, and expanding our reach to more and more women and girls all across India.

From the beginning of a partnership with Amazon Cares, our foray into working in the state of West Bengal, to the inception of Safe Love, our partnership with one of India's largest homegrown dating apps (TrulyMadly) to make information on sexual and reproductive health accessible to young people - we continued to diversify our portfolio. 2019 also saw the culmination of Youthbol, our first-of-its-kind nationwide campaign that amplified the voices of young people in articulating their specific health and wellbeing demands. And taking forward this theme of amplifying and empowering essential voices, we launched the 'Hum Hain Champions' initiative in Bihar, a state wide campaign to build the capacities of elected women representatives so they can create greater awareness and services around health and nutrition in their communities. Our work as the national secretariat of the White Ribbon Alliance India also saw great momentum, and we began working to offer technical support to government initiatives aimed at promoting midwifery in India.

However, in closing this report, we are currently witnessing a global pandemic that has led to the largest lockdown the country has ever witnessed. We fear that the pandemic will hit women and girls the hardest – considering time and again, historical evidence has shown that the adverse effects of any calamity is felt most adversely by women and girls. However, we at C3 are prepared to meet the challenges head-on, and are committed to make sure that all women and girls, especially in vulnerable regions, get the support that they need to survive these trying times.

Aparajita Gogoi
Executive Director, C3



GIRLS' EDUCATION AND YOUTH DEVELOPMENT

FOR OVER 30 years, Centre for Catalyzing Change (C3) has passionately striven to empower and equip young people to gain self-confidence, realize their rights, make their own choices, and achieve gender equality. Our youth programs, hence, have largely revolved around adolescent health, education, digital literacy, delaying early marriage, creating greater awareness around reproductive health and rights, reducing adolescent girls' vulnerability to violence, helping them stay in school, helping them recognise and fight gender-based discrimination.

In all our adolescent development projects, we put life skills education front and centre. Life skills are essentially those abilities that help promote physical and mental well-being and

competence in young people as they face the realities of life. They equip young people to understand changes within their bodies and their environment, and enhance their awareness of their sexual and reproductive health, which in turn, helps them make independent choices, protect themselves from gender-based violence, and take actions that can ensure their future wellbeing. Hence, it is not just young girls who benefit from life skills education, but young boys too.

To impact lasting change, we leverage government programs, develop unique curricula, and deliver it through a cadre of facilitators and mobilizers (many of whom are government functionaries) who are trained by the C3 team.

LABORATORY DISTRICT INITIATIVE

C3 has been providing technical assistance to the National Health Mission, Jharkhand, and providing mentoring support in Gumla district towards the effective delivery of the Rashtriya Kishor Swasthya Karyakram (RKSK). We have not only played a crucial role in creating and executing project implementation plans but have also oriented district and block level officials and facilitated budgetary processes. Besides the organization of Adolescent Health Days, the operationalization of Adolescent Friendly Health Clinics, and the formation of Adolescent Friendly Clubs, we have also worked closely with Peer Educators and community-level health functionaries to ensure the effective implementation of the RKSK in the district.



When I first heard about the campaign, and the asks put forth by young people in India through YouthBol, I realized how much I had in common with them. No matter which part of the country you are from, no matter what you do, and no matter how successful or famous you may ultimately become, at the end of the day, we're all concerned about our health: both, our physical and our mental health. YouthBol has provided over one lakh young people in India the opportunity to share their thoughts on the things that are most important to them, and it is making sure that their voices are heard.

PV SINDHU

*Badminton World Champion,
the ambassador of YouthBol*

1,10,092
YOUNG PEOPLE
surveyed

27 / 4
STATES / UNION
TERRITORIES
of India reached

3
DIFFERENT AGE GROUPS

surveyed (10 to 14 years,
15 to 19 years and 20 to 24 years.)

YOUTHBOL

Of Young People, For Young People

Very often, young people do not have a say in policy decisions that have a direct impact in their lives. They are either seen as incapable of mature decision-making, or seen as vulnerable and meant to be protected from the outside world. So, in 2019, for the first time ever, we decided to hear from young people themselves, amplifying their voices and demands to map future pathways for youth-centric programming and policy frameworks.

We asked 1,10,092 young people aged between 10-24 years across the country, both in rural and urban areas, one key question- 'What is the one thing you need for your health and wellbeing?'

Conducted over a 10-month period using online and offline strategies, with the support of USAID, the Youthbol campaign not only gave us insight into the needs of young people, but was also designed to help policymakers broaden their understanding of the issues that impact young people's health and wellbeing, to inform future health-related policies and programs.

**In the Youthbol survey,
young people demanded:**

- More information and services to deal with **substance abuse**, including helplines and free rehabilitation centres.
- Information and resources to manage **menstrual pain**; information on and access to **contraception** and **family planning services**.
- Ending the stigma around mental health, and more awareness around mental health issues as well as better access to non-judgemental, and affordable mental healthcare.
- Nutritious midday meals and clean toilets in schools.
- Essential life skills like decision-making, problem solving, conflict resolution, etc, to be a part of their school curriculum.
- Information on gender-based violence and discrimination, gender identity and sexual orientation.

We released the findings of the nation-wide study at an event which brought together representatives of the government, elected representatives, civil society, and the media.

OUR REACH OVER THE PAST YEAR

ADOLESCENT GIRLS

289458

reached through
our in-school
projects

84798

reached through
our community-
based, out-of-
school projects

7633

digitally and
financially
empowered

CATALYZING STAKEHOLDERS

6800

schools

6057

Anganwadi
centres

5640

peer
educators

1060

school
principals

538

nodal
teachers

2812

ASHA
workers



TARANG

Currently in its 9th year of implementation, and supported by the David and Lucile Packard Foundation, *Tarang* equips school-going adolescents in Bihar studying in classes VI, VII, VIII and IX with accurate, age appropriate and culturally relevant information that promotes healthy attitudes and enables them to effectively respond to real-world situations. This program is run in partnership with the Department of Human Resource Development, Government of Bihar.

UDAAN

Currently in its 13th year of implementation, with the support of the David and Lucile Packard foundation and the Government of Jharkhand, *Udaan* is our niche in-school adolescent life skills program.

909

SCHOOLS

9

DISTRICTS

888600

ADOLESCENTS

2941

MIDDLE AND SECONDARY
GOVERNMENT SCHOOLS

68

PRIVATE
SCHOOLS

24

DISTRICTS

+1 MILLION

ADOLESCENTS

KEY HIGHLIGHTS

Enhancing visibility and Reach

This year, we published all our manuals on life-skills trainings as well as information on project *Tarang*, on the official website of the SCERT (State Council of Educational Research and Training), Bihar. Through this, many more teachers can now be equipped with the training material they need to impart life skills to adolescents all across the state.

Engagement with School Authorities

School authorities like principals play a key role in ensuring that life skills curriculums are properly disseminated, and that all adolescents in their schools are equipped with relevant age-appropriate information. Hence, this year, we consulted and collaborated with school principals from five districts – Purnea, Nalanda, Khagaria, Muzaffarpur and Saran.

KEY HIGHLIGHTS

Capacity building

We conducted a state wide training of 1870 nodal teachers from middle schools at various levels, to equip them to effectively engage with adolescents on issues of health and life skills.

Community-level monitoring

With an aim to shift attitudes and create an overall environment where an adolescent feels supported in making healthier choices, we worked with 1280 School Management Committee members from 121 schools in Lohardaga, Gumla and West Singhbhum districts, who were trained and incorporated into support community-level monitoring of *Udaan* in schools.

Collaborating with School Authorities

We garnered the support and cooperation of 1423 school principals across the districts of Gumla, Lohardaga and West Singhbhum, to ensure the longevity and sustainability of *Udaan*.

AKANKSHA

Currently in its 2nd year of implementation, with the support of Oracle, *Akanksha* trains girls in digital literacy and life skills, and connects them to a whole new universe of educational and economic opportunities. This helps to build agency, develop better negotiation skills and helps them make better decisions for themselves and their families.

53 GOVERNMENT SCHOOLS

23 ANGANWADI CENTRES

7273 ADOLESCENT GIRLS

KEY HIGHLIGHTS

Special Award from The Indian Chamber of Commerce

Akanksha received a special jury award at an Indian Chamber of Commerce summit held in Kolkata, for its notable work in digitally and financially empowering adolescent girls.

Enrollments in large numbers

More and more girls continue to show willingness to enrol for the program. With our digital training material and our focus on imparting practical knowledge, *Akanksha* is steadily gaining appreciation and interest within the community.



MANJARI

Having just completed its first year of implementation, supported by the Dasra Adolescent Collaborative (DAC) and Azim Premji Philanthropic Initiatives (APPI), *Manjari* is a first-of-its-kind integrated project aimed at providing technical expertise in effective implementation of government policies in Gumla, Lohardaga and West Singhbhum. It involves trainings for service providers, frontline workers and peer educators, and engagement with policymakers to ensure quality life skills education.

1850 SCHOOLS

4500 ANGANWADI CENTRES

33 BLOCKS

+500000 ADOLESCENTS

KEY HIGHLIGHTS

Educational enrichment

We Identified girls from vulnerable families who are at the risk of dropping out of middle and secondary school, and offered them both financial and the additional support they need to continue their education.

Adolescent Health Days

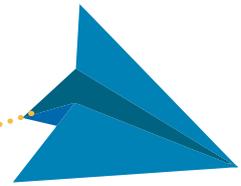
We conducted 1239 adolescent health days, through which over 6000 adolescents could benefit around their health needs and about the prevention of communicable and reproductive diseases.

Menstrual Hygiene Day

By supporting the 'Chuppi Todo' campaign launched by the state government of Jharkhand, we were able to challenge the silence around topics of menstruation and equip adolescent girls with the knowledge they need to tackle their periods.

Adolescent Friendly Health Clinics (AFHCs)

We mobilized over 5000 adolescent boys and girls so that they can demand services from AFHCs through visiting these clinics and making sure their needs are being met.



SANGWARI

Currently in its 2nd year of implementation, with the support of USAID, *Sangwari* provides improved access to information on sexual and reproductive health (among younger adolescents), on services and supplies (among older adolescents), and bolsters youth-friendly sexual and reproductive health services in the Bilaspur and Surguja districts of Chhattisgarh by supporting the state's Rashtriya Kishor Swasthya Karyakram (RKSJ) program.

SCHOOL HEALTH PROGRAM

In the past two years, with the support of UNESCO, C3 has been offering technical assistance to Government of Gujarat towards strengthening the implementation of the in-school Adolescent Health Program. We identify state specific issues and concerns, develop curricula for use by "Health and Wellness Ambassadors" in schools, orient and sensitize stakeholders on adolescent issues.

427 SCHOOLS | **534** PEER EDUCATORS | **2272** ANGANWADI WORKERS AND MITANINS | **43657** ADOLESCENTS

1264 SCHOOLS | **135** MASTER TRAINERS | **6700** NODAL

KEY HIGHLIGHTS

Building capacities and cooperation among stakeholders: We equipped multiple stakeholders – from Anganwadi workers to Mitanins (ASHAs) to teachers and school principals, to 'school health and wellness ambassadors' from various schools in Chhattisgarh – to understand the need for life skills and engage with adolescent health and education in ways that amplify and address the needs of adolescents.

KEY HIGHLIGHTS

Transferring learnings from our existing programs

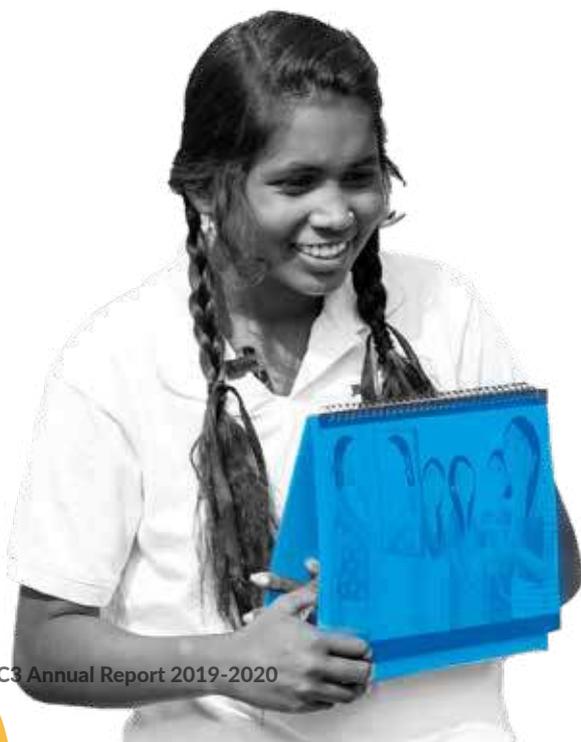
We shared the impact and learnings from our other adolescent education projects with senior officials from the Gujarat State Council for Education Research and Training (SCERT). These learnings were well-received and integrated within the Gujarat School Health Program curriculum and dissemination.

Capacity-building of school principals

C3 built the capacities of the school principals who are leading the implementation of the SHP program in schools across Gujarat. These principals in turn train health and wellness ambassadors and track the progress of the program.

Content and curriculum

C3 also played a key role in finalising the content for the School Health Program curriculum, in close collaboration with the SCERT and the Ministry of Health and Family Welfare. We were also part of a Technical Resource Group led by the National Council for Educational Research and Training (NCERT) and the Ministry of Health and Family Welfare (MoHFW), and helped develop training resource materials for the Health and Wellness Ambassadors



NEW FRONTIERS

AMAZON CARES

In the Uluberia Block of Howrah District, West Bengal, where women and children are still struggling to find agency and support from the institutions around them, C3 in collaboration with **Amazon India**, embarked on a new project to provide holistic support. With a sustainability approach aimed to make communities around the Chandipur Gram Panchayat more inclusive, the Integrated Community Development Project focuses on enhancing health and hygiene, education, women empowerment, skilling and entrepreneurship; and the building of an overall supportive, harmonious environment.

The goal is to enhance the lives of young girls and women by strengthening structures of health and education, by helping them improve their livelihood skills, and by equipping them to access services and employment opportunities in their respective villages. Through community resource centres, the project caters to villages with various activities on education, health and livelihoods. Stakeholders like schools, government health institutions, and the Gram Panchayat are also directly engaged with.

BADHTEY KADAM

Chhattisgarh is home to a significant tribal population – resource-poor, and mired in structural and socio-economic barriers. With a majority of women having very limited access to or knowledge about digital technology, an alarmingly low percentage of women make their own financial decisions. This lack of digital and financial literacy puts them at a distinct disadvantage, and adolescent girls are perhaps the most vulnerable – at a constant risk of losing out on education, sustainable livelihoods, and all the endless possibilities for agency and confidence-building that digital and financial literacy would afford them. C3's *Badhtey Kadam* project – initiated in 2019 with the support of **Thomson Reuters foundation** – aims to address exactly this. It seeks to equip adolescent girls aged between 14-19 from the Bilaspur district of Chhattisgarh with essential digital and financial literacy skills, shaping them into individuals who have the agency and capacity to make informed and independent life choices.

Badhtey Kadam sessions are held within the communities itself, to foster greater engagement, ownership and transparency with community members, and to ensure that the girls feel comfortable and motivated to continue their participation in the sessions over a longer period of time.

THE BADHTEY KADAM CURRICULUM TEACHES THEM TO

- Understand how a computer functions
- Use basic software like MS Word and MS Excel, etc.
 - Access and browse the internet
 - Operate bank accounts
 - Use ATM cards
- Understand financial saving schemes
- Understand cyber safety

GENDER AND GOVERNANCE

AT THE core of C3's work on gender and rights is the belief that without women knowing their rights and participating in processes of governance and policy-making, women's needs, issues, grievances and voices cannot be heard or addressed effectively.

C3 has been working to improve female participation in grassroots governance and decision-making for over a decade – and we do this through a two-pronged approach. One, by

creating greater policy awareness through robust evidence-gathering, research, and interfaces with various government authorities to implement the results of said research. Two, by working closely with elected women representatives in grassroots communities, building their capacities and confidence, empowering them to influence change in their communities and equipping them to champion essential women's issues that get neglected by stakeholders otherwise.





2000
ELECTED WOMEN REPRESENTATIVES

10
DISTRICTS

HUM HAIN CHAMPION

The Power of Grassroots Leadership

In 2019, we mobilized elected women representatives on the ground to build awareness and action on the 'POSHAN Abhiyaan' – the government of India's flagship program to improve nutritional outcomes for children, adolescents, pregnant women and lactating mothers.

C3 organized *Hum Hain Champion* – a dedicated intervention to mentor elected women representatives (EWRs) in Bihar to identify gaps in healthcare service delivery, as well as bridge those gaps by placing before various law-making authorities and pushing for greater ownership and implementation.

Through capacity-building, participatory strategizing and action, C3 equipped the EWRs to raise their voices on issues that closely impact the health and wellbeing of women in their communities and push for better infrastructure in health institutions and greater awareness on key issues like the prevalence of anaemia.

As a result of the campaign, the EWRs were able to:

- Mobilize community members through collective events like Annaprashan Diwas and Village Health Sanitation and Nutrition Days (VHSND).

- Encourage greater male participation in supporting the cause of women's health and nutrition, by motivating husbands of pregnant and lactating women to participate in 'Godh Bharai Diwas' and learn about maternal care, nutrition and birth preparedness.
- Monitor and ensure that the local health institutions and Anganwadi centres are delivering services regularly, distributing essential supplementary nutrition like IFA tablets, and are screening for anaemia regularly.
- Submit their health demands directly to their respective MPs and MLAs, who in turn actively worked towards improving services.

But most of all, *Hum Hain Champion* has fostered increased interaction between the elected women representatives and frontline and Anganwadi workers, which has resulted in visible improvements in maternal and reproductive health and nutrition-related service delivery.

The EWRs' fierce dedication to promoting health and nutrition segues into them initiating action on other development issues too – be it education, general local infrastructure, and raising awareness on entitlements under various government programs.

SAKSHAMAA

Currently in its second year of implementation, C3's *Sakshamaa* initiative (the Empowered Woman), supported by the Bill and Melinda Gates Foundation, aims to bridge the gap between policy implementation and on-ground realities in Bihar by collecting robust data on issues that intimately impact women in rural communities, and inform policy approaches by providing technical support to the Government of Bihar.

KEY HIGHLIGHTS:

The Gender Report Card

The *Sakshamaa* team spearheaded the drafting of the 2020 edition of Bihar's Gender Report Card, which was released by the Deputy Chief Minister of Bihar, Mr Sushil Modi. Some of the issues the report highlighted was women's work preparedness and work participation in the state.

Understanding what young people think about dowry

Sakshamaa released the findings of an opinion poll that interviewed young people from 100 schools and skilling centres across 11 districts of Bihar to understand their perception of dowry, and to identify future solutions to prevent the practice.

Pre-Budget consultations

As part of pre-budget consultations with the Government of Bihar – chaired by Chief Minister Shri Sushil Modi – the *Sakshamaa* team highlighted issues that women face like safety and mobility, digital and financial literacy, and participation in local governance

Mapping Areas of intervention

Through a study, the *Sakshamaa* team also identified areas that require further evidence generation, like, women's time-use and care burden, constraints of employment, financial and digital literacy, property rights of women, adolescent programs, gender based violence and early marriage, public safety, political participation, and more.





WHAT DO THE ELECTED WOMEN REPRESENTATIVES MONITOR?

- Delivery of services in Anganwadi centres, health sub centres, AFHCs and public health clinics
- The smooth functioning of Village Health and Sanitation Nutrition Days
- Checking the availability of service providers
- Monitoring the availability of family planning commodities, of essential health and nutritional requirements like Vitamin A, ORS, IFA tablets, vaccine carriers, disposable syringes, growth charts, take-home rations, and so on.
- Monitoring whether or not the free health checkups at Anganwadi centres are being disseminated effectively
- Keeping a check on the functioning of basic infrastructure at the health facilities, as well as the behaviour of the health service providers.

PAHEL

Currently in its 12th year of implementation, and supported by the David and Lucille Packard Foundation, *Pahel* has been empowering elected women representatives (EWRs) from Panchayati Raj Institutions in Bihar by strengthening their voice, participation, leadership, and their influence within the Panchayati Raj system so they enact social change on issues that affect women.

KEY HIGHLIGHTS:

Building knowledge and awareness on key issues

We fostered greater engagement among elected representatives on issues of maternal and reproductive health, on health-related schemes, on the efficient use of technology within the government health systems.

Monitoring delivery of services

The elected women representatives who are part of their community's public health, family welfare, and village sanitation committees, were empowered to administer pictorial checklists and personally monitor the delivery of services in their local health sub-centres and public health clinics.

Engagement between EWRs and authorities

The elected women representatives were able to engage with various district and block level government officials for better services at community health centres. As a result, the MLAs and MLCs were motivated to raise the health demands of the community in Legislative Assembly sessions.

Registering demands and complaints on government portals

The elected women representatives could now confidently register their demands with respect to health and nutrition in their communities on official government portals and helplines.

IN TOTAL THE EWRs:

- Filed 204 complaints under the Bihar government's Lok Jan Shikayat act
- Made 283 calls to the state government's toll free helpline number.

**THIS YEAR OUR
KEY STRATEGIES ARE:**

- Engaging with various key stakeholders at the district and block level
- Preparing a detailed database of elected representatives and prepare individual outreach plans
- Building the capacities of young elected panchayat representatives

NEW FRONTIERS

NAYA DAUR

*Amplifying Influencer Voices to
Promote Uptake of Family Planning Services*

In Bihar, which is one of India's most populated states, there is a higher prevalence of maternal health complications and maternal mortality, as well as lower uptake of family planning than many other states. Family planning not only prevents pregnancy-related health risks for women and adolescent girls, but also has significant non-health benefits that include expanded education opportunities, women's empowerment, sustainable population growth and economic development. However, reigning stigma and silence around reproductive health, income inequalities, or simply a lack of knowledge and accurate information, hinder a lot of women from seeking family planning services.

Hence, C3's 'Naya Daur' project, supported by the Bill and Melinda Gates Foundation, aims to promote family planning in Bihar. Launched on the occasion of World Contraceptive Day, and endorsed by the Health Minister, Government of Bihar, the goal of this project is to position family planning as a requisite priority, to build the agency of young couples, to support women so they can exercise their right to reproductive choices, to promote delaying the age at which women first give birth and spacing subsequent births, and to engage men within family planning decision-making.

To achieve this surge in uptake of contraception, the project involves supporting Key Influencers to improve family planning programs, service delivery; and the dissemination of accurate information on family planning to break the stigma around it.



OUR REACH OVER THE PAST YEAR

10

districts

26

blocks

358

Panchayats

4043

panchayat
leaders

156

Auxiliary Nurse
Midwives (ANMs)

194

ASHA
workers

5 REPORTS RELEASED

- Women's Economic Empowerment in Bihar: Opportunities and Challenges
- Ending the Practice of Dowry in Bihar: Young People's Perceptions and Recommendations for Action
- Investing in Adolescent Girls in India – A Critical Need
- Amplifying Voices, Promoting Choices: Improving Access to Family Planning & Contraception Among Young Couples in Bihar
- Women & Girls in Bihar: Taking Stock, Looking Ahead; The Gender Report Card



REPRODUCTIVE HEALTH AND RIGHTS

GLOBALLY, ABOUT 800 women die every day of preventable causes related to pregnancy and childbirth. Annually, it is estimated that about 44,000 women die every year due to preventable pregnancy-related causes in India. Maternal death is an avoidable tragedy. It can be prevented if women have access to antenatal care in pregnancy, skilled care during childbirth, and care and support in the weeks after childbirth.

For over 20 years, C3, which is also the national secretariat for the White Ribbon Alliance, India, has been promoting safe motherhood and reducing maternal mortality and morbidity in India. We have been working with communities, maternal health experts, maternal health service providers, and governments at the state and national levels across India to improve maternal health outcomes, raise awareness on rights of the childbearing women, and strengthen maternal health services and systems.

SUPPORTING POLICY IMPLEMENTATION

● C3/WRAI has been supporting the Ministry of Health and Family Welfare to integrate RMC into LaQshya – a labour room quality improvement initiative and SUMAN – a maternity benefit assurance scheme. In another landmark achievement, C3/WRAI supported the drafting of the Surakshit Matritva Aashwasan (SUMAN)

national operational guidelines assuring all pregnant women, up to 6 months after delivery, and all sick newborns, a list of key healthcare services free of charge. This initiative also aims at assuring dignified, respectful and quality health care and zero tolerance for denial of services for every woman and newborn visiting a public health facility

RESPECTFUL MATERNITY CARE

In Policies and Practice

A pregnant woman's relationship with her maternity care providers (and the entire maternity care system around her) is vitally important. Not only are her encounters with these services and service providers the vehicle for essential and potentially lifesaving healthcare, but her experiences with caregivers during this time can go a long way in empowering and comforting her, as well as building her confidence and self-esteem. However, when service providers fail to respect the autonomy, boundaries, and the physical and emotional state of pregnant mothers, they run the risk of inflicting lasting damage and emotional trauma on women.

This is why, C3, as national secretariat for WRAI, has worked tirelessly to build Respectful Maternal Care practices into healthcare providers' behaviour and health care systems all across the country, ensuring that every mother and newborn receives dignified, non-judgemental, violence-free care. **C3 and WRAI were among the first maternal health actors who initiated a public discourse on the disrespect and abuse that women face during maternity care services in India and has been successful in embedding RMC into India's maternal health landscape through sustained research, implementation and sharin.**

This year we concentrated on:

- gathering robust evidence on the abuse and disrespect women face in during maternity care services
- working towards integrating Respectful

Maternity Care in trainings and standards for healthcare providers

- leveraging policies that seeks the inclusion of RMC in the Government of India's maternal health policies and programs
- raising awareness around RMC among key stakeholders.

Disrespect and Abuse during Maternity Care Services: A Baseline Study

We conducted a baseline study across public health facilities in various districts of 3 states to understand possible equity barriers, especially the various socio-economic factors that may be associated with the Respectful Maternity Care of women during pregnancy, childbirth, and the postpartum period, as well as the quality of care women received in these institutions.

The study highlighted the disrespect and abuse women receive during maternity care services with 'non-confidential care' and 'non-consented care' being the most common violations. These included lack of screens or curtains in labour wards, not covering a woman's body during examinations and labour, not asking for consent before examining the woman and not providing information about procedures to the woman and her family. The service providers interviewed cited poor infrastructure, understaffing of facilities, the lack of capacity building through adequate trainings and workshops, and the lack of knowledge of what constitutes respectful maternity care as some of the reasons behind such disrespectful practices. The findings of the study are now being incorporated within WRAI and C3's training curriculums, through which we train service providers in respectful maternal care practices.

WE PLAN TO:

- Increase understanding of and support for the midwifery profession in the healthcare system
- Increase understanding of and support for midwives among the general public, and position midwifery as an attractive career.
- Call for a licentiate exam that would standardize the educational level for all midwives.
- Bolster the research and leadership capacity of midwives

NEW FRONTIERS

Creating an enabling environment for midwifery in India

With the government releasing the Guidelines on Midwifery Services in India and announcing a specialized midwifery cadre, C3, as the national secretariat of WRAI, along with various alliance members, took this opportunity to provide technical assistance to the Ministry of Health and Family Welfare in their efforts to improve maternal health and make midwifery a reality all across the country.

Supported by the Bill and Melinda Gates Foundation, under this new initiative, C3 is undertaking multi-faceted strategic engagements to build recognition and value around midwifery through inter-professional collaboration between midwives and other healthcare providers. By building policy engagement for the full scope of practice of midwifery, we have also made a move to include Midwifery distinctly in the proposed amendments to the Indian Nursing Council Act (which is being re-scoped as the Indian Nursing and Midwifery Commission Act). This engagement will also support state government action to not only create positions for recruitment into this new cadre of specialist midwives, but also provide sufficient incentives for skilled and experienced nurses to take up this career through an attractive salary and career pathway.





OUR REACH OVER THE PAST YEAR

4

States
Odisha, Rajasthan,
Chhatisgarh, West
Bengal.

160

Midwives
engaged

15

batches of
trainings of
service providers

327

service
providers
trained

UNNITI

C3 HAS always believed in the power of investing in grassroots change, in reaching women and girls from every marginalized and disadvantaged community in every corner of the country, and empowering them with better education, sustainable livelihood opportunities, health and nutritional provisions and leadership and agency building.

We do this through our small grants, through which we empower grassroots community-based organisations to carry out change in their own communities and build their capacities to maximize their impact.

Over the past year, the C3-Unniti small grants program disbursed over Rupees 29 lakh worth of small grants to seven community-based organisations based in the remote, rural regions of Chhattisgarh, Madhya Pradesh, Jharkhand, Uttarakhand, and Uttar Pradesh.

These grants were disbursed to projects aimed at fostering:

Educational empowerment

Reducing early marriages by supporting girls from vulnerable and tribal communities in continuing and completing their education

Health

Fostering awareness on menstrual health and hygiene, sexual and reproductive health and various other women's health issues like anaemia

Economic empowerment

Equipping women and girls from marginalized communities to find sustainable employment opportunities, building skills (like block-printing, information on micro-enterprises, cultivation etc) that they can transform into livelihood opportunities

Sports and self-defence

Encouraging girls to take up sports and self-defence so that they are able to question gender roles and build strength, resilience, and personal safety.

ORGANIZATIONS SUPPORTED BETWEEN 2019-20:

Vasudha Vikas Sansthan – Madhya Pradesh

Jyoti Niwas Social Centre – Chhattisgarh

PRERNA Programme for Educational Employment Among Rural Neighbours Association – Jharkhand

Association for Social and Human Awareness – Jharkhand

NIWCYD Bachpan – Madhya Pradesh

Social Action for Knowledge Building and Awareness Raising (SAKAR) – Uttar Pradesh

TESTIMONIALS

Last year my father fell sick and the financial burden of the household fell entirely on my mother. She needed a helping hand, and since I am the oldest among my siblings, I knew I would be asked to drop out of school and work instead. I was terrified, because I wanted to keep studying. However, my Tarang teacher came to my rescue - she realized that something was bothering me, and she encouraged me to share my distress with her. Once I did, she then helped me understand how to negotiate with my family and put forward my wants and aspirations. Through her guidance, I was eventually able to convince my family that if today they let me study, I will work hard and become a police officer someday. I convinced them that my dreams were worth pursuing, and while convincing them, my dream not only felt more real, it also felt more achievable."

DIVYA*,
16, Kurkuri village, Bihar

"Initially, right after winning my local Panchayat election, I hardly attended any official meetings at the block or district level, I had limited information about my roles and responsibilities and my husband handled majority of the Panchayat work. But after my association with the Hum Hain Champion initiative and after being trained by C3, I am now a lot more equipped to carry out my role as a Ward Member. I now feel confident to conduct special Ward Sabhas, as well as awareness rallies on different social issues. I monitor health and nutrition centres, and mobilize the men and women in my community to understand the importance of nutrition, full ante-natal checkups, immunization, and so on. In the future, I aspire to contest the elections for the post of the village Mukhiya"

SUNITA DEVI*,
Elected Woman Representative, Aurangabad District, Bihar.

"I am proud of being a midwife, and it gives me a great sense of satisfaction. After a stressful labour, when a mother holds your hand and says, 'Thank you so much', or after a prolonged labour, when she asks you to continue to stay in the operating room with her for added support, it feels extremely fulfilling. It makes me happy to see how much of a role I can play in helping these women have safe deliveries and helping them receive quality maternal care."

JAYA*,
Midwife, Uttar Pradesh

"I am the fifth of my six siblings, and I come from a very conservative family where girls are only limited to their houses and are not allowed to talk to men outside of their families. I had a strong urge to study further, but I succumbed to the patriarchal pressures in my home and was resigned to my fate. I could not see any opportunity to fight these conditions and assert my independent choices. However, everything changed when C3's Unniti small grants program came into my life, with its grant to SAKAR - a grassroots organization working in Bareilly, my hometown. When I met the SAKAR team, I talked about how I wanted to study even beyond class 8. And today, with all the efforts made by SAKAR and C3, I am the first girl in my 'khandan' (generations) who has studied till the 11th grade, that too in the science stream. I also learnt football from SAKAR sessions and have been trained by a professional coach. Today, I am a sports coach myself, and am supporting girls of nearly 10 villages by inspiring them to play and build confidence in themselves."

ZOYA*,
16, Uttar Pradesh

**Names changed to protect their identity*

FINANCIALS

Walker Chandniok & Co LLP

Walker Chandniok & Co LLP
21st Floor, DLF Square
Jacaranda Marg, DLF Phase II
Gurgaon - 122 002
India

T +91 124 482 8098
F +91 124 482 8001

Independent Auditor's Report

To the Members of Centre for Catalyzing Change

Opinion

1. We have audited the accompanying financial statements of Centre for Catalyzing Change (the "Society"), which comprise the Balance Sheet as at 31 March 2020, the Income and Expenditure Account and the Receipts and Payments Account for the year then ended, and a summary of significant accounting policies and other explanatory information.
2. In our opinion and to the best of our information and according to the explanations given to us and utilization certificates submitted by sub-recipients, the aforesaid financial statements give a true and fair view in conformity with the accounting principles generally accepted in India, including the Accounting Standards issued by the Institute of Chartered Accountants of India ('ICAI'), to the extent considered relevant by the management of the financial position of the Society as at 31 March 2020 and its financial performance for the year ended on that date.

Basis of Opinion

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

Responsibilities of Management for the Financial Statements

4. The Management is responsible for preparation of these financial statements that give a true and fair view of the state of affairs, results of operations of the Society in accordance with the accounting principles generally accepted in India, including the Accounting Standards issued by the ICAI to the extent considered relevant by the management. This responsibility includes maintenance of adequate accounting records for safeguarding the assets of the fund and for preventing and detecting fraud and other irregularities; selection and application of appropriate accounting policies; making judgements and estimates that are reasonable and prudent; and the design, implementation and maintenance of adequate internal control, that were operating effectively for ensuring the accuracy and completeness



Chartered Accountants

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

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of accounting records, relevant to the preparation and presentation of the financial statements that give a true and fair view and are free from material misstatement, whether due to fraud or error.

5. In preparing the financial statements, the management is responsible for assessing the Society's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the management either intends to liquidate the Society or to cease operations, or has no realistic alternative but to do so.

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.



Walker Chandiook & Co LLP

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

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



Sandeep Mehta
Partner
Membership No. 099410
UDIN: 20099410AAAAEJ9281



Place: Mohali, Chandigarh
Date: 29 December 2020

ABRIDGED BALANCE SHEET

SOURCES OF FUNDS

(in '000)

	March 31, 2020 (₹)	March 31, 2019 (₹)
General Reserve Fund	4,078	2,705
Designated Fund	110,448	80,318
Restricted Fund – Corpus/ Endowment Fund	70,492	69,844
Restricted Fund – Grants & Contributions	345,554	305,831
Current Liabilities and Provisions	23,082	17,060

APPLICATION OF FUNDS

	March 31, 2020 (₹)	March 31, 2019 (₹)
Fixed Assets	10,606	5,783
Current Assets	20,883	23,581
Cash and Bank Balances	512,921	438,098
Advances Recoverable in Cash or Kind	9,244	8,296

TOTAL

March 31, 2020

₹553,654

March 31, 2019

₹475,758

ABRIDGED INCOME AND EXPENDITURE ACCOUNT

INCOME

(in '000)

	March 31, 2020 (₹)	March 31, 2019 (₹)
Income from Programs	241,064	175,661
Other Income	28,132	19,745

EXPENDITURE

	March 31, 2020 (₹)	March 31, 2019 (₹)
Establishment and Communication	26,573	15,078
Workshop, Information & Dissemination	21,486	11,655
Salaries and Benefits	93,528	69,795
Consultancy	65,904	24,552
Travel & Transportation	14,058	12,455
Sub-grants	19,526	41,995
	241,075	175,530
Transferred to Funds	28,121	19,876

March 31, 2020

₹269,196

March 31, 2019

₹195,406

ABRIDGED RECEIPT AND PAYMENT ACCOUNT

RECEIPTS

	March 31, 2020 (₹)	March 31, 2019 (₹)
Opening cash and bank balances	438,098	405,449
Voluntary contributions	279,175	1,84,757
Interest and other receipts	47,115	33,887

PAYMENTS

	March 31, 2020 (₹)	March 31, 2019 (₹)
Establishment and Communication	22,065	13,115
Workshop, Information & Dissemination	19,714	11,480
Salaries and Benefits	92,018	62,795
Consultancy	58,787	22,396
Travel & Transportation	13,988	12,368
Sub-grants	19,508	41,457
Computer and other office equipments	9,067	3,507
Advances to project partners, staff & other payments	16,319	18,877
Closing cash and bank balances	512,922	438,098

TOTAL

March 31, 2020

₹764,388

March 31, 2019

₹624,093

ABOUT C3

Centre for Catalyzing Change (C3) has been working tirelessly for over 30 years to enable women and girls across India to realize their rights, access opportunities and achieve gender equality. C3 works in multiple geographies across India - with offices in New Delhi, Bihar, Jharkhand, Chhattisgarh and Odisha - to design solutions that mobilize, equip, educate and empower women and girls to meet their full potential, to grow up as educated, informed, confident citizens of India; to live dignified and healthy lives, and to emerge as leaders in their communities.