

From the Team

This quarter, our work brought us closer to the lived realities of women, youth, and caregivers in the hills of Uttarkashi. From the ridge-line villages of Assi Ganga to town centers with health infrastructure, we found one shared thread: health remains the last priority for many. Our presence was not to fix, but to listen. And in listening, we were offered truths that rarely find space in formal discourse.

This report captures what we heard, what we witnessed, and what we're beginning to understand.

Key Interventions:

Cancer Screening and NCD Awareness Camp

Community and Youth Engagement Sessions



Field Insights: What We Heard Everywhere

Pain is normalized -

Women live with chronic back and joint pain, fatigue, and nutritional deficiencies, without ever considering medical help.

Care is reactive, not preventive -

Even when access exists, people wait until emergencies to seek care.

Reproductive health is cloaked in silence -

Adolescents struggle with knowledge gaps and stigma; early elopement is often a misunderstood escape.

There is trust in tradition, but not in systems -

Herbs, local remedies, and religious rituals are the first resort; hospitals the last.

Health is seen as a luxury, not a right -

Emotional fatigue and physical exhaustion are common, but invisible



Unfiltered Voices

“My sister skipped her BP meds for 14 days. On the 15th, she had a stroke.”

“I take painkillers when it hurts. I stop once it doesn’t.”

“I didn’t know I was born without a womb. We thought the pain was normal.”

“No one told me I have to take medicine regularly or check my BP often. I thought once it gets better, the medicine can stop.”

These words are not exceptions.
They reflect the norm.
In every group, someone shared something that cut through the surface.

Reflection & Numbers at a Glance



500+ individuals reached



20 Pap Smear Tests



89 Breast Examinations



60 Oral Screenings



08 Community & Youth Meetings

This quarter reminded us that access is not the only barrier — sometimes, it's belief.

Belief that,
"I matter." That "my pain deserves attention."

In village squares, classrooms, and shared office spaces, we found that people do want to talk. They want to understand. They want to act. But first, they want to be seen.

Our commitment remains: to stand alongside them, patiently, as we build a model of care rooted in presence, not prescription.



What Stayed With Us - Stories from the Ground

“She Skipped Her Medicine... On the Fifteenth Day, She Died”

Uttarkashi town | Women’s group discussion

She spoke slowly, like the words had weight.

“My sister had BP... she stopped taking her medicine for two weeks. On the fifteenth day, she collapsed. Stroke. She died on the spot.”

The room went still. A quiet grief sat between the women, unspoken but familiar. She hadn’t forgotten the medicine out of choice — she simply hadn’t restocked, and no one around her had noticed until it was too late.

Most women in that room had diabetes or thyroid, but few understood what that meant. Treatment was often started in crisis and stopped in silence. They weren’t dismissing care — they were carrying the burden of being expected to manage it alone.

It was one of the few moments where a room full of strangers felt like a circle of kin — bound by shared losses, and a silent question:

If we fall, who will take our place?

“I Was Born Without a Womb. I Didn’t Know Why It Hurt”

Youth circle | Azim Premji Foundation Office

She was barely 19. Quiet, but composed.

And then, almost like a confession, she said:

“I found out recently... I was born without a womb.”

She had lived with pain for years. Her family, perhaps out of fear or hope, had pursued hormonal treatments instead of honest conversations. The side effects made her feel worse, but no one told her why.

In that circle of adolescent girls, it was the first time she said it out loud. There was no judgment — only quiet recognition.

What she needed was not just treatment.

She needed clarity, informed care, and the dignity of being told the truth — not managed toward a fantasy of cure.

Because sometimes what hurts more than the condition is the silence around it.

What's Next

- Consultation and referral support for suspected cases and chronic disease follow-up
- Ongoing community engagement and school-based sessions
- Training support for frontline workers to improve health communication and early identification
- Development of localized IEC materials in simple language

KCT Changemakers Club

This quarter also marked the quiet growth of the **KCT Changemakers Club** – a circle of individuals who have chosen to walk with us over the long term.

These are friends, peers, and mentors who share our belief that meaningful change is rooted in sincerity, trust, and deep engagement with the ground.

We are grateful to those who've joined us in this journey – their presence brings not just encouragement, but a sense of shared purpose.

Together, we are shaping a community-led vision of care, one that values listening over instruction, dignity over dependency.

To everyone who has become a part of the Changemakers Club this quarter: thank you. Your belief helps us stay grounded and bold.



Harsh Gahlaut
Founder & CEO -
FinEdge



Naushad Bhagwagar
Founder
The Central India Mining &
Marketing Corporation



Sheetal Joshi
Director,
KraftPowercon
India Ltd.

If you'd like to be a part of this evolving community, write to us at kufloncharitabletrust@gmail.com



Our Partners

