

# Annual Report

2019-20



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# About us

The Antara Foundation is an Indian non-profit established in 2014, with a mission to deliver preventive public health and nutrition solutions at scales adequate for state and national impact.

Our goal is to help improve some of India's worst health outcomes, especially in maternal and child health, including malnutrition. The founding belief is that solutions to most public health problems are well known. The challenge is delivering them 'at scale'. To achieve this, we focus on designing and deploying innovations that encompass both, the demand and supply sides, supported by efforts that help create an enabling ecosystem. We work with and through government, and in close collaboration with our communities.

We have worked on five programs so far, spanning the states of Rajasthan, Madhya Pradesh and Chhattisgarh in India. Our major state programs include **Akshada** (2015-2019) in Rajasthan –Akshada's interventions were scaled across all ~46,000 villages of the state by the government. **Akshita** and **Aadhya** are our new programs running in Madhya Pradesh (Chhindwara district) and Chhattisgarh (Mahasamund district) respectively, where we are adapting our key innovations to the local context, with the aim for state-wide scale-up.



**1.5x**

more high-risk pregnant women identified



**55,000**

health workers use our household visit calendar tool to provide timely services to pregnant women and newborns



**3x**

more malnourished children identified

## AAA Platform



**130,000**

frontline workers trained on using data to identify and prioritize care to women and children at highest risk



**46,000**

villages mapped to plot and visualize key health and nutrition beneficiaries

# Antara Foundation in Numbers

## Nurse mentoring and facility enhancement



**70%**

increase in nurses' knowledge on preventing infections, and managing deliveries and complications



Delivery readiness of labor rooms increased from **47% to 98%**



**120,000**

deliveries made safer till date, adding 30,000 more every year

## Simplifying record-keeping



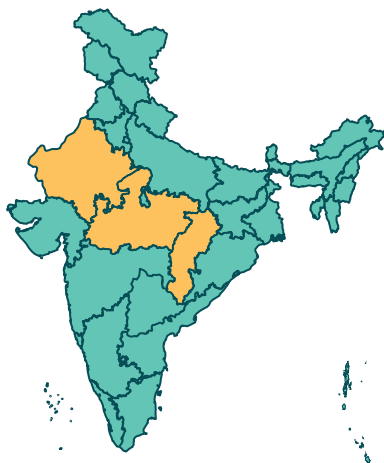
**20%**

redundant fields removed in midwives' service delivery books



**15,000**

midwives use our simplified records across the state of Rajasthan in over 46,000 villages



We are moving ahead strongly to impact maternal and child health outcomes across Rajasthan, Madhya Pradesh and Chhattisgarh

to cover

**120,000**  
villages

**430,000**  
frontline workers

and impact the lives of

**4 million**  
pregnant women

**15 million**  
children



# From our Leadership

As we write this report, the world is in the grips of a catastrophic pandemic. Along with the direct human tragedy, the virus has affected every aspect of our lives. With lockdowns imposed at the end of March 2020, most of our field activities had to be temporarily halted. However, we soon adapted our interventions, and have been actively supporting government in our Madhya Pradesh program to effectively manage its COVID-19 response in villages. At the time of drafting this report, we have resumed all field operations, taking complete safety precautions.

Reflecting back, the fiscal year 2019-20 has been a transformational period for Antara Foundation. Building on from our successful program in Rajasthan, where we saw our interventions scaled state-wide by the government across more than 46,000 villages, we made a foray into two key central Indian states, Chhattisgarh and Madhya Pradesh.

We culminated our Rajasthan program, handing over further implementation and monitoring of our AAA Platform (branded as *Rajsangam* by the government) to the state. Working closely with and through government and embedding our innovations within the health system to achieve 'scale' and 'sustainability' are at the heart of our work. Our work in Rajasthan is testament to this.

In our new geographies, we aim to tailor and test our interventions in select districts and generate enough evidence for government to scale them across the state. We are witnessing strong progress in both new states across activities such as village mapping, nurse mentoring, and capacity building of frontline workers and supervisors. Over the next three to five years, we aspire to impact the lives of more than 19 million mothers and children across the states of Rajasthan, Chhattisgarh and Madhya Pradesh.

All this and more has been possible because of the strong support from our sponsors and donors. We forged new partnerships with Aditya Birla Group, H. T. Parekh Foundation and Star India Pvt. Ltd in the last year, and look forward to collaboratively scaling our impact.

We were delighted to obtain our Foreign Contribution (Regulation) Act (FCRA) certificate from the Government of India in Jan 2020. This opens our doors to receiving foreign financial support, and we are greatly excited at the possibilities ahead.

In the pages ahead, you will read more about our progress and achievements during 2019-20.

Sincerely,

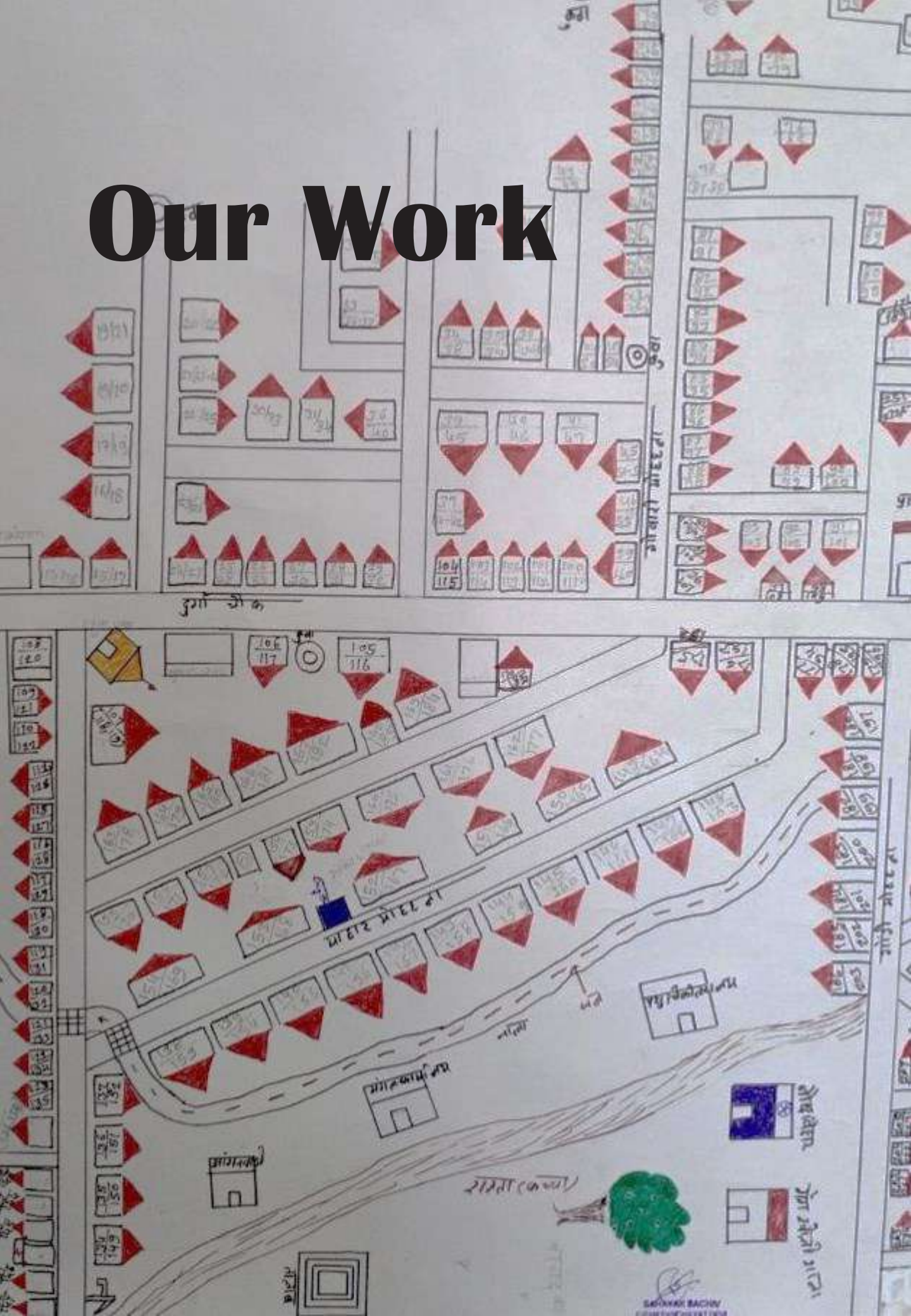


Ashok Alexander,  
Founder-Director,  
The Antara Foundation



Piyush Mehra,  
Chief Executive Officer,  
The Antara Foundation

# Our Work



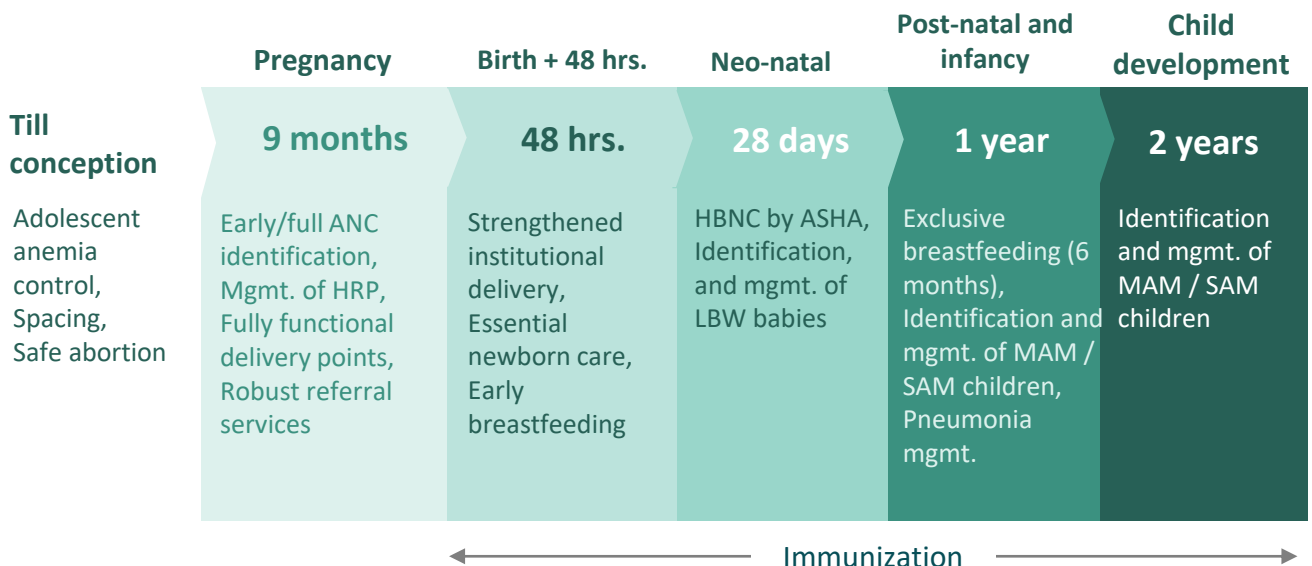


# Our Work

The Antara Foundation works through a combination of interventions that are built around the ‘golden 1,000 days’ – roughly the time between conception and age-two of the child, a period involving significant risk of maternal and child mortality and morbidity. Correct health and nutrition practices in this period can have a profound impact on the child’s cognitive and physical development.

Our interventions focus on zeroing down on the highest-risk beneficiaries during this window, and focusing service delivery to them – from identification, to timely management at the village level, or at appropriate health institutions. We work closely with and through government, with different techno-managerial innovations to improve the efficiency and effectiveness of frontline health workers and their supervisors.

## Intervention areas along the ‘golden 1,000 days’



*Note: Intervention areas are not exhaustive*

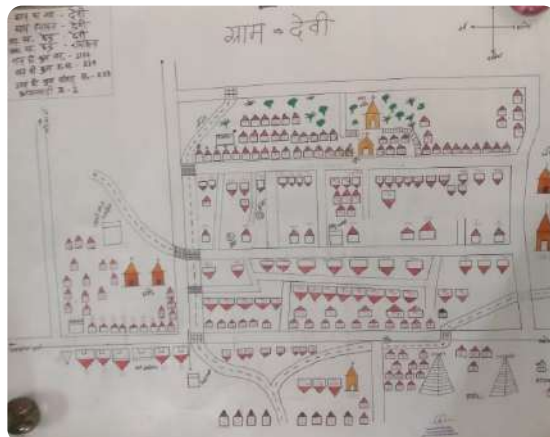


## Key interventions

### AAA Platform

This platform brings the three frontline workers in each village (ANM, ASHA and Anganwadi Worker – referred together as AAA) on a collaborative data-sharing platform. They together create household-level village maps, micro-plan work to focus on the highest risk mothers and children, and conduct regular meetings to review each other's work.

The AAA platform has already been scaled state-wide to all of Rajasthan's 46,000+ villages, and is now being implemented in our focus geographies in Chhattisgarh and Madhya Pradesh.



*Hand-drawn village map created by frontline workers of a village in Chhindwara district, Madhya Pradesh*

## IMPACT STORY

### Left-out beneficiaries captured in health worker records



*Data integration process in progress by frontline workers in Chhindwara district*

Synchronization of frontline worker records is a key component of the AAA platform. As part of the village mapping process, the AAA workers (ANM, ASHA, Anganwadi Worker), together with support of the village community, create a detailed household level map of the village. Alongside, the AAA carry out a 'data integration' process to ensure that each beneficiary in the village is included in their service delivery registers, with zero mismatch in numbers.

In Tansramal village in Chhindwara district, the data integration process revealed 21 households on the village map that were not part of the ASHA's registers. This meant that essential health services were not reaching these community members. The households were added to the ASHA's register, and the AAA committed to continue working as a team to ensure zero left-out population going forward. Many such villages were identified across the district as a result of our AAA platform intervention, contributing to the timely identification and management of several high-risk beneficiaries.



## Rationalization of registers

This solution involves enhancing record-keeping registers of frontline workers by eliminating redundancies, ensuring comprehensiveness of services and introducing user-friendly design elements to improve data quality and decision-making. The rationalized ANM service delivery registers created by Antara Foundation are being used across Rajasthan by 15,000+ ANMs. We are currently working on re-designing the ASHA diary (the ASHA's record-keeping register) in Madhya Pradesh, in partnership with the state government.

दिनांक	प्रास का दिनांक	प्रासोत्तर पेट	प्रासोत्तर पेट	प्रासोत्तर पेट	प्रासोत्तर पेट
पहला दिन					
दूसरा दिन					
तीसरा दिन					
चौदवा दिन					
इक्कीसवा दिन					
अठ्ठाईसवा दिन					
ब्यालीसवा दिन					

Extract from new ANM registers rationalized by us in Rajasthan – example of how relevant information is now available at a quick glance.



*I maintain multiple rough diaries for immunization, ANC check-ups, HBNC, vitamin A, iron and calcium tablets and so on, as there aren't sufficient tables in the ASHA Diary. If we have one ASHA diary with tables for each of these, it would make the record-keeping process much easier.*

– Smt. Sandhya Vishkarma, ASHA (Chaurai block, Chhindwara district)

Feedback from an ASHA on diaries currently in use in MP. We are working closely with ASHAs and government health officials to re-design existing ASHA diaries in MP

## Nurse mentoring and facility enhancement

Through this solution, we improve the knowledge and skills of nurses tasked with conducting deliveries in public health facilities. Alongside, we enable them in re-organizing and enhancing existing labor rooms to ensure full availability of essential drugs and equipment, and proper protocols. The intervention saw great results in Rajasthan, with the nurses' knowledge scores rising by 70%, and delivery readiness scores of labor rooms increasing twofold. The intervention is currently being implemented in Chhattisgarh.



**Before:** A disorganized labor room in Rajasthan, before our intervention



**After:** Re-organized labor room – fully equipped, with proper protocols displayed



Workshop on labor room organization being conducted by our program nurse mentor, for all sub-center delivery nurses of Bagbahara block, Chhattisgarh

### Capacity building of health workers and supervisors

Our capacity building intervention involves strengthening the knowledge and skills of frontline health workers on critical MCHN themes along the 1,000-day period. This is done both, through classroom training techniques as well as on-site handholding. In addition, we also build capacity of health workers' supervisory cadre, to enable them in effective monitoring and supervision, especially through use of data.

Our Rajasthan program saw a ~60% increase in the knowledge of frontline health workers across key MCHN themes through our capacity building efforts. The intervention is currently being implemented in our Madhya Pradesh program, covering more than 2,200 frontline workers and supervisors.



*Capacity building training for frontline workers and supervisors being conducted by our program team in Chhindwara district, Madhya Pradesh*



*Joint field visits by our program team and block officials as part of our supportive supervision in Mahasamund district, Chhattisgarh*

## IMPACT STORY

### Feedback on skill-based training



*Classroom-based training on maternal, child health and nutrition themes in progress in Chhindwara*

Through various demonstrations, the training was provided in a manner which was very easy for us to absorb and would help us in solving the problems we face in our (day to day) work. This will give impetus to our work. (More) such trainings should happen so that we not only avoid mistakes in our (routine) work but also improve the quality of services we provide.

– **Shamshad Bano, ANM**  
(Bichhua block, Chhindwara district)



# Footprint



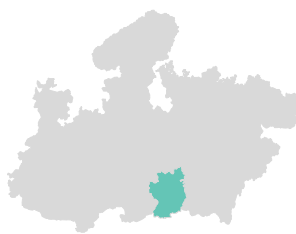
**We have a growing footprint, currently spanning three states in India, with the ultimate aim for scale at the national level**



## **Rajasthan**

46,000 villages  
9 million beneficiaries

Key interventions (AAA Platform and Rationalised Registers) scaled state-wide across all 33 districts



## **Madhya Pradesh**

800 villages  
110,000 beneficiaries

Working in five focus blocks in Chhindwara district (Chaurai, Mokhed, Sausar, Tamia and Bicchua)



## **Chhattisgarh**

230 villages  
29,000 beneficiaries

Working in Bagbahara block in Mahasamund district



**2019-20:  
Year in  
Review**



## Year in Review

### 2019-20

The year 2019-20 marks a new chapter in our work as we expanded our footprint from Rajasthan, setting foot into two key central Indian states – Madhya Pradesh and Chhattisgarh, in partnership with two new donors. Our interventions in Rajasthan, having scaled to every one of the 46,000+ villages in the state, were embedded in the health system and handed over to the state government. We were excited to receive our FCRA certificate from the government in January 2020, opening our doors to foreign funding.

Apr19

Commencement of *Aadhya* Program in Bagbahara block, Mahasamund district, Chhattisgarh in partnership with Aditya Birla Group

Recce of 15 districts in Madhya Pradesh completed, to inform program design

Sep19

Commencement of *Akshita* Program in Chhindwara district, Madhya Pradesh, in partnership with H. T. Parekh Foundation

Oct  
19

Handover of our Rajasthan program to government; further scale-up being monitored by the state government.

Nov19

Our AAA Platform intervention featured on TED Talk India, with our Founder, Ashok featured as an “Ideas in Action” speaker

Jan  
20

Received the Foreign Contribution (Regulation) Act (FCRA) certificate from the Government of India, for the purpose of receiving foreign donations.

Mar20

Village mapping fully completed across all villages in Bagbahara block, Chhattisgarh as part of the *Aadhya* program

Awarded a grant from Star India Pvt. Ltd. enabling us to expand our work in Madhya Pradesh and Chhattisgarh.



# Akshada Program

## Build, operate and transfer!

### Background

Our flagship program in Rajasthan, *Akshada* (2015-2019) was a three-way partnership between Tata Trusts, the Rajasthan Government and The Antara Foundation. *Akshada* brought to scale solutions in ante-natal care, safe delivery, new-born care, and child nutrition to address infant mortality, maternal mortality and malnutrition in Rajasthan.

### AAA Platform

The AAA platform was a key intervention of the *Akshada* program. The solution was initially piloted in 2,700 villages (three million population) across the two focus districts of Jhalawar and Baran in Rajasthan, with just 13 of our staff providing support. The mapping of villages was done entirely by the AAA workers together with local communities.

### Scale-up across Rajasthan

In December 2017, former Rajasthan Chief Minister, Smt. Vasundhara Raje announced that the AAA platform would be introduced to all 46,000+ villages in the state under the *Rajsangam* banner. 140,000 frontline workers and supervisors were trained, reached through transmission to over 250 regional video conferencing centers.

### Handover to government

The year 2019 saw a culmination of our *Akshada* program, with the final handover to government. Our program staff provided crucial handholding support to government officials such as supervisors, and block and district officials for the implementation of various AAA platform activities (e.g., village mapping, AAA meetings) in select districts. *Rajsangam* was embedded within the state government's health system.

The scale-up of the program is being monitored by the government. Latest available monitoring data from the National Health Mission, Govt. of Rajasthan showed 97% completion for mounting of digitized village maps across the 46,000+ villages in Rajasthan.

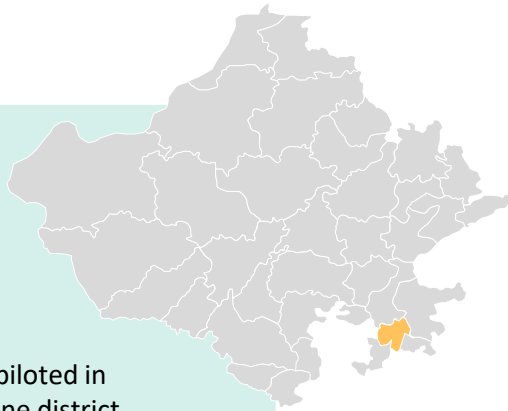


*Rajsangam being launched by Former Chief Minister of Rajasthan, Smt. Vasundhara Raje*



2015

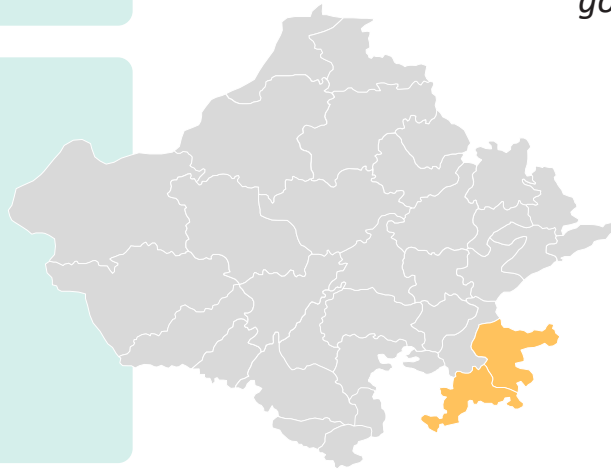
AAA platform piloted in 23 villages in one district



*Our AAA Platform intervention was scaled up rapidly across the state, with minimal program staff and strong leadership of Rajasthan government*

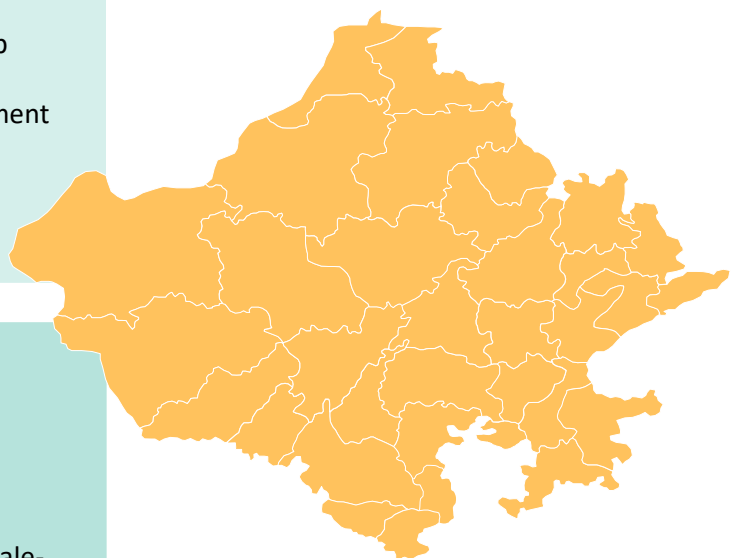
2016-17

The intervention is scaled up across two districts (~2,700 villages) by 13 of our field staff



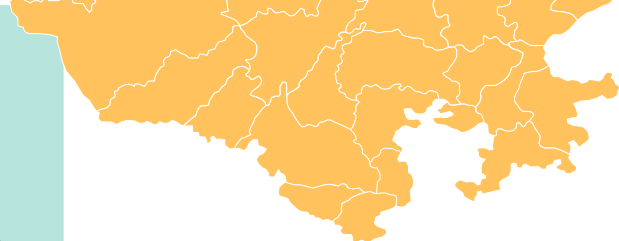
2018-19

The AAA platform is scaled up across Rajasthan (46,000+ villages) through the government system, supported by our program staff



2019-20

Final handover to Rajasthan government, with further scale-up of the program being monitored directly by government officials





# Aayushi Program

## Improving under-five mortality in Sikar

### Background

The *Aayushi* program was implemented in 120+ villages (~300,000 population) of Dhod block in, Sikar district in Rajasthan with support from Bajaj Auto Limited.

The three-year program (2016 – 2019) aimed to significantly reduce under-five mortality in Dhod block through a combination of innovations in ante-natal care, safe delivery, child nutrition and immunisation till the age of five.

### Results

The program has been resulting in significant improvement in Dhod block's maternal and child health indicators. As per the Health Department's ranking on maternal and child health indicators, Dhod block was ranked sixth out of eight blocks in 2016. In 2018, the block topped Rajasthan government's Misaal rankings (monthly district health rankings) in Sikar district. *Aayushi* was transferred to the government in October 2019.



Recognition of our team's efforts in Sikar by the Health Department, Govt. of India

### AAA Platform

Established in  
~**200** anganwadi  
centers, involving **450**  
AAA workers

### Nurse Mentoring

Birthing nurses  
trained across  
**18 delivery points**

### Women's Groups

**60+** theme-based group  
meetings conducted with  
**350+** members

### Crèches

Two creches  
established, with **20+**  
children enrolled

**Covering 120+ villages with 270,000 population**







# Aadhya Program

## Piloting the AAM platform in Chhattisgarh

### Expansion into Chhattisgarh

In 2019-20, we extended our footprint into the heavily forested state of Chhattisgarh in central India. With a large tribal belt, (about one-third of the state comprises tribal populations), Chhattisgarh has several barriers to effective delivery and uptake of health services. These include tough terrains and numerous unique social norms and traditions that place a disproportionate burden on tribal health outcomes.

### Partnership with Government

In order to begin our operations in Chhattisgarh, The Antara Foundation entered into a Memorandum of Understanding with the Department of Women and Child Development, Government of Chhattisgarh under the POSHAN Abhiyan, with the objective to improve the state's maternal health, child health and nutrition outcomes. In April 2019, we commenced our work in Bagbahara block, Mahasamund district with support from the Aditya Birla Group.

### Adapting our interventions

Aadhya gave us an exciting and challenging opportunity to adapt our interventions to the state's local context. For example, instead of ASHA workers, Chhattisgarh has a Mitanin cadre. We are implementing our 'AAA Platform' adapted as the 'AAM Platform' (ANM-Anganwadi Worker-Mitanin) in the state. Alongside, we are implementing a tailored and more intensive 'nurse mentoring and facility enhancement' program.



*Frontline workers numbering houses on a newly mounted village map in Bagbahara block*



*Labor room assessment being carried out by our program staff in Bagbahara block*

## Key Intervention Updates

### AAM Platform

Village mapping process, including digitization of maps completed across all ~230 villages (~350 anganwadi centers) in Bagbahara block

### Supportive Supervision

Handholding support provided to all sector supervisors on implementation and monitoring of AAM meetings through sector meetings and joint visits with TAF program staff

### Nurse Mentoring and Facility Enhancement

Labor room organization trainings conducted for all 39 sub-center delivery point ANMs (covering ~50% public institution deliveries in the block)

*Impacting ~29,000 beneficiaries across ~230 villages*



**~4,800**  
pregnant  
women



**~2,200**  
lactating mothers



**~22,000**  
children under age-6

*Note: Coverage figures are approximate estimates based on publicly available sources*





# Akshita Program

## Improving maternal and child health outcomes in MP

### Expansion into Madhya Pradesh

In 2019, we expanded our footprint into an important geography – Madhya Pradesh (MP), one of India's largest states with over 50 districts, through our *Akshita* program. With one of India's worst maternal and child mortality rates, and a population of over 85 million, MP puts a significant burden on India's health outcomes.

Funded by H. T. Parekh Foundation, we began by conducting a rapid assessment of 15 (of the 52) districts of MP, as an initial recce to understand the current state, determine issues requiring urgent attention and inform program design. Findings from the recce were presented to MP's Principal Secretaries from Health and WCD departments.

Based on a combination of findings on factors such as access to healthcare, tribal population concentration, migration patterns, prevalent status of health outcomes and inputs from state government, Chhindwara was selected as the representative district.

### Partnership with H.T. Parekh

#### Foundation and MP Government

We formalised our partnership with H. T. Parekh Foundation in August 2019, to support the implementation of our *Akshita* program in MP's Chhindwara district.

A tripartite Memorandum of Understanding was signed between the Health and Family Welfare and Women and Child Development departments, Govt. of MP and The Antara Foundation with an aim to improve MP's maternal health, child health, and nutrition outcomes.

In September 2019, *Akshita* commenced in five blocks of Chhindwara (Chaurai, Mokhed, Sausar, Tamia and Bicchua).



*Akshita's kick-off meeting with district officials in Chhindwara*



### Our partners in the field

In January 2020, representatives from the H. T. Parekh Foundation, visited program sites in Chhindwara to see the program implementation, and interact with frontline workers and community members. Frontline workers expressed their excitement about village mapping and mentioned how this would improve their service delivery. The H. T. Parekh Foundation team commended the progress of the program.



*Representatives from H. T. Parekh Foundation interacting with community members in Chhindwara*

## Key Intervention Updates

### AAA Platform

Village mapping trainings completed in all five intervention blocks (covering 2,200+ frontline workers and supervisors); ~900 village maps drafted by frontline workers

### Capacity Building and Supportive Supervision

Knowledge assessment completed for all 2,200+ frontline workers and supervisors; training sessions on MCHN knowledge and skills conducted for ~300 ANMs and Supervisors

### Rationalization of Registers

Re-designed draft ASHA diary created in collaboration with district and state officials, incorporating inputs from ASHAs; discussions on finalizing and state-wide roll-out in progress.

*Impacting ~110,000 beneficiaries across 800+ villages*



**~20,000**  
pregnant  
women



**~9,000**  
lactating mothers



**~83,000**  
children under age-6



# Other Highlights

## *TED Talk: 3 women, their bindis and the start of a revolution*

In November 2019, our Founder, Ashok Alexander featured on the coveted stage of *TED Talks India: Nayi Baat* as one of the “Ideas in Action” speaker, telecasted on the Star network. In his talk, Ashok mentioned the power of the women frontline health workers and how Antara Foundation’s AAA platform innovation was enabling them to effectively use data to save lives of several mothers and children across India’s villages.

It was an honour for us to showcase our work on such a prestigious platform, enabling our thinking and work to reach a wider audience in India and globally.

## Partnership with Star India

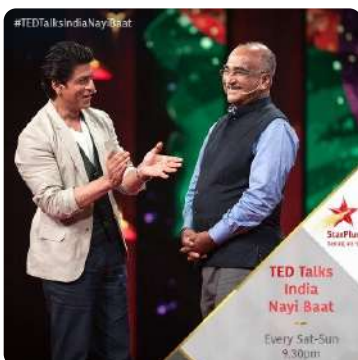
A grant from Star India Pvt. Ltd. was awarded to The Antara Foundation in March 2020. The grant is aimed at transforming maternal, child health and nutrition outcomes in Madhya Pradesh and Chhattisgarh.

The support from our newest donor will enable us to expand our Akshita program in Madhya Pradesh to a new district, Betul and in an additional block of Mahasamund district in Chhattisgarh.

## FCRA Certificate

We were delighted to obtain our Foreign Contribution (Regulation) Act (FCRA) certificate from the Government of India in January 2020, for the purpose of receiving foreign donations.

This allows us to extend our fundraising efforts beyond India and tap into new supporters. This comes at an exciting juncture as we set out to expand our footprint further across newer districts and states in India.



Ashok Alexander  
with TED Talks India  
host,  
Shah Rukh Khan





# Glimpses from the Field





Village mapping training being conducted by our program staff in Chhindwara district

Our program staff supporting frontline workers in the creation of hand-drawn village maps in Chhindwara district



An abdominal examination demonstration being carried out for frontline workers by our technical program staff in Chhindwara district

Knowledge assessment of ANMs on maternal, child health and nutrition topics in progress in Chhindwara district





Aadhy program's first digitized village map mounted in Bagbahara block, Chhattisgarh

Our program staff (left-most), conducting an AAM Platform training as part of our supportive supervision efforts for government officials in Chhattisgarh



Our Program Fellow (left-most), supporting frontline workers in data integration of their records as part of the AAA Platform in Chhindwara district, Madhya Pradesh

Validation of a hand drawn village map being carried out by our program staff in Chhattisgarh







Our program team, along with the leadership on a field visit to validate a hand-drawn village map, and interact with frontline health workers in Chhindwara district, Madhya Pradesh

Our program team member (left-most) observing and facilitating a home-based newborn care visit, along with the ASHA in Chhindwara district, Madhya Pradesh



A hand-drawn village map created by AAA workers in Mohkhed block, Chhindwara district, Madhya Pradesh



# Our Team





# Team

*The Antara Foundation is a diverse team, currently with 21 staff drawn from government, development sector, and the world of business. The team has engaged across Rajasthan, Madhya Pradesh, Chhattisgarh, and Delhi, conjoined by a strong sense of mission.*

## Board of Directors



**Ashok  
Alexander**

Ashok founded Antara Foundation in 2014 to apply his experience in 'scaled health delivery' to solve maternal and child health problems, using methods of scaling from business. Prior to this, Ashok was the India Country Director of the Bill and Melinda Gates Foundation. There he created *Avahan*, that became the world's largest private HIV-prevention program. Previously, Ashok worked with McKinsey in its Delhi and New York offices for 17 years, and left as senior partner. He has been a Senior Fellow at the Harvard School of Public Health and a health columnist with Mint, and Hindustan Times. Ashok is also an author – his first book, "A Stranger Truth" is a chronicle of his adventures with *Avahan*. Ashok studied in St. Stephen's College, the Delhi School of Economics, and IIM Ahmedabad.



**Anjali  
Alexander**

Anjali is the former Chairperson of Mobile Creches, an organization that focuses on early childhood care and development for children of marginalized communities. She started her journey with Mobile Creches as a volunteer in 1994, and since then has worked in various capacities on the Governing Board. Anjali completed her post-graduation in Economics from Delhi School of Economics, after which she taught the subject for nine years at Indraprastha College for Women in Delhi. She continues to be deeply involved in issues concerning children and women in the informal sector.





**Krishan  
Dhawan**

Krishan has extensive and diverse experience across the corporate and development sectors. He served as CEO for seven years with Shakti Sustainable Energy Foundation, an organization that works on policies that promote clean power, energy efficiency, sustainable urban transport and climate action. He is a founding trustee of IIMPACT, an NGO focused on literacy amongst rural girls in India. Krishan was earlier MD of Oracle India, as well as MD of Bank of America's Asia Corporate Banking Group in Los Angeles. He is a graduate in Economics from St. Stephen's College, Delhi, holds an MBA from IIM Ahmedabad, and is also a certified Executive Coach.



**Meenakshi  
Ramesh**

Meenakshi is passionate about working on social and civic causes and strongly believes that individual initiatives matter as much as collective effort. She is a founding trustee of Citizen Matters, an online magazine for increasing citizen engagement in solving urban civic issues, with chapters in Bengaluru, Chennai and Mumbai. She is currently ED and CEO of United Way Chennai, an organization that carries out holistic and sustainable interventions across sectors such as education, health, environment, livelihood, and disability. She has spent over seven years with Pratham, India's largest NGO in education. Meenakshi also enjoys volunteering for local cleanliness drives and other civic initiatives. She has earlier worked with CRISIL and holds an MBA from IIM Ahmedabad.

## Executive Leadership



**Piyush  
Mehra**

Piyush is CEO of Antara Foundation and has overall responsibility for its programs and functions in India. He brings strategic leadership to the foundation and is involved in organization building and development. Of his work in Antara Foundation, he enjoys his travel to various places in rural India the most. Prior to making a transition from business to social development in 2015, he worked as a management consultant for over ten years and in his last posting was managing the Malaysian office of Arthur D. Little. Prior to Arthur D Little, he had stints with KPMG and Deloitte. He has extensive CXO-level advisory experience in strategy formulation and implementation. He is a Chartered Accountant and holds an MBA from ISB, Hyderabad.





# Our Supporters





# Our Supporters

*We are proud to be supported by some of the most eminent organizations and individuals in the development and corporate sectors, as well as different Indian state governments. We are grateful to our partners for supporting us in our mission.*

## Mentors



### Arjun Malhotra

Arjun has been supporting The Antara Foundation as a donor and mentor since our inception and actively contributes to guiding our strategy.

*In Antara Foundation, I saw a unique vision to scale preventive public health innovations at the national level – a scale few organizations aim for. Ashok had conceptualized a powerful model, that drew lessons from his Avahan experience, while leading the Gates Foundation's work in India.*

– Arjun Malhotra

## Donors



*H T Parekh*  
FOUNDATION

An Initiative by  
**HDFC**  
WITH YOU, RIGHT THROUGH

## TATA TRUSTS





## Aditya Birla Group

Aditya Birla Group's CSR division supports Antara Foundation's *Aadhya* program in Chhattisgarh. The program seeks to implement an adapted version of the AAA platform, called the AAM (ANM - Anganwadi Worker - Mitanin) platform to foster improved data usage and sharing for better identification and service of beneficiaries - pregnant women, lactating mothers and children.



## Bajaj Auto

Bajaj Auto's CSR division partnered with Antara Foundation for its *Aayushi* program in Sikar District's Dhod Block in Rajasthan. The program aimed to reduce under-five child mortality by implementing our model of bringing in innovative, low-cost, scalable innovations to healthcare in partnership with government.



## Children's Investment Fund Foundation (CIFF)

CIFF worked with Antara Foundation on its *Ayana* program, aimed at improving saliency of nutrition in Rajasthan. Under the aegis of this program, several events such as a nutrition symposium and a CSR summit were convened to educate key stakeholders on the importance of nutrition.



## H. T. Parekh Foundation

The H. T. Parekh Foundation have been supporting our *Akshita* program in Madhya Pradesh's (MP) Chhindwara district since 2019. *Akshita* is a partnership between Antara Foundation and Government of MP's Departments of Health & Family Welfare, and Women & Child Development and aims to improve maternal, child health and nutrition outcomes across the state.





## TATA TRUSTS

### Tata Trusts

Tata Trusts partnered with us in March 2015, along with the Govt. of Rajasthan, to support *Akshada*, our flagship Rajasthan program. The program aimed at improving maternal and child health outcomes in Rajasthan, focusing on the critical '1000 days' between conception and age two. Several *Akshada* interventions were scaled up state-wide by the government, covering more than 46,000 villages.



### The India Nutrition Initiative (TINI)

The India Nutrition Initiative (TINI) was created by Tata Trusts with a panel of leading experts to develop and advocate an informed stand on policy relating to nutrition. TINI supported the scaling up of Antara Foundation's AAA platform to ten districts in Rajasthan under the *Rajsangam* banner.

## Government Partners

Government Of  
Chhattisgarh

Government Of  
Madhya Pradesh

Government Of  
Rajasthan

*Antara Foundation has been working with us closely and in collaboration with them, we have rationalized our RCH registers... this has really given a lot of boost to the improved working of the ANMs, and now they can put more energy on providing their services to pregnant women and newborns... this has shown how government can collaborate with such private agencies to innovate and make things better for the common man.*

— Naveen Jain,  
MD, National Health Mission, Rajasthan

*Addressing malnutrition is a key initiative in the Tata Trusts which is being personally monitored by our Chairman, Mr. Ratan Tata. The AAA platform is an important innovation in addressing this health and nutrition challenge and we are proud to partner with Mr. Ashok Alexander and The Antara Foundation in taking this program to scale in Rajasthan and beyond.*

— R Venkataramanan,  
Managing Trustee, Tata Trusts








THE ANTARA FOUNDATION  
CIN: U85100DL2013NPL248051  
BALANCE SHEET AS AT MARCH 31, 2020  
(All amounts are in Indian Rupees unless otherwise stated)

	Notes	As at 31 March 2020	As at 31 March 2019
<b><u>EQUITY AND LIABILITIES</u></b>			
Shareholders' Funds			
Share capital	3	1,00,000	1,00,000
Corpus Fund	4	22,75,00,000	20,75,00,000
Reserves and Surplus	5	(14,77,27,921)	(14,80,42,733)
		<u>7,98,72,079</u>	<u>5,95,57,267</u>
Non-Current liabilities			
Long-term provisions	6	27,40,631	23,45,262
		<u>27,40,631</u>	<u>23,45,262</u>
Current Liabilities			
Trade payables		-	-
(A) total outstanding dues of micro enterprises and small enterprises			
(B) total outstanding dues of creditors other than micro enterprises and small enterprises	7	9,00,497	3,58,353
Other Current Liabilities	8	8,40,364	11,35,429
Short term provisions	9	46,436	37,500
		<u>17,87,297</u>	<u>15,31,282</u>
Total		<u><u>8,44,00,007</u></u>	<u><u>6,34,33,811</u></u>
<b><u>ASSETS</u></b>			
Non-Current Assets			
Fixed Assets			
- Tangible Assets	10	29,20,732	38,48,775
- Intangible Assets	10	60,52,829	75,21,692
Capital work in progress		-	-
Long-Term Loans and Advances	11	36,71,548	37,59,548
		<u>1,26,45,110</u>	<u>1,51,30,015</u>
Current Assets			
Cash and Cash Equivalents	12	7,03,25,394	4,44,18,010
Short-Term Loans and Advances	13	6,78,147	9,00,731
Other Current Assets	14	7,51,356	29,85,055
		<u>7,17,54,897</u>	<u>4,83,03,796</u>
Total		<u><u>8,44,00,007</u></u>	<u><u>6,34,33,811</u></u>
Summary of significant accounting policies	2.1	-	-
The accompanying notes are an integral part of the financial statements			

As per our report of even date  
For Adeesh Mehra & Co.  
Firm Regn No. 008582N  
Chartered Accountants

  
Adeesh Mehra  
Proprietor  
Membership No. 87366



Place: New Delhi  
Date: October 10, 2020

For and on behalf of Board of Directors

  
Ashok Alexander  
Director  
DIN 02453481

  
Anjali Alexander  
Director  
DIN 06450946

Place: New Delhi  
Date: October 08, 2020

## THE ANTARA FOUNDATION

CIN: U85100DL2013NPL248051

## INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED MARCH 31, 2020

(All amounts are in Indian Rupees unless otherwise stated)

	Notes	For the year ended 31 March 2020	For the year ended 31 March 2019
<b>INCOME</b>			
Grants and Donations Received	15	6,99,00,000	6,33,00,000
Other income	16	17,42,828	36,74,316
<b>TOTAL</b>		<b>7,16,42,828</b>	<b>6,69,74,316</b>
<b>EXPENDITURE</b>			
Employee benefit expenses	17	4,04,89,086	5,12,97,840
Depreciation and Amortization expenses	18	32,12,194	9,66,099
Finance cost	19	3,186	-
Other Expenses	20	2,76,23,550	4,01,97,372
<b>TOTAL</b>		<b>7,13,28,016</b>	<b>9,24,61,311</b>
Excess of income over expenditure (excess of expenditure over income) before tax		3,14,812	(2,54,86,995)
Tax expense		-	-
Total Tax Expenses		-	-
Excess of income over expenditure (excess of expenditure over income) after tax		3,14,812	(2,54,86,995)
<b>Earnings per Share</b>			
- Basic		3.15	(2,548.70)
- Diluted		3.15	(2,548.70)

Summary of Significant accounting policies 2.1  
The accompanying notes are an integral part of the financial statements

As per our report of even date  
For Adeesh Mehra & Co.  
Firm Regn No. 008582N  
Chartered Accountants

*Adeesh Mehra*

Adeesh Mehra  
Proprietor  
Membership No. 87366

Place: New Delhi  
Date: October 10, 2020



For and on behalf of Board of Directors

*Anjali Alexander*


Anjali Alexander  
Director  
DIN 06450946

*Ashok Alexander*

Ashok Alexander  
Director  
DIN 02453481

Place: New Delhi  
Date: October 08, 2020





Contact us at  
[info@antarafoundation.org](mailto:info@antarafoundation.org)

[www.antarafoundation.org](http://www.antarafoundation.org)



All photographs taken with due consent by our program staff.  
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# Glossary

**AAA:** Pronounced ‘triple A’, we coined this term for the trio of three women frontline workers who deliver maternal and child health services in every village in rural India – the ANM (Auxiliary Nurse Midwife), ASHA (Accredited Social Health Activist) and AWW (Anganwadi Worker).

**ANC:** Ante-natal Care – systemic supervision of a woman during pregnancy at regular intervals to monitor her health status and fetal growth, and identify high-risk pregnancies.

**ANM:** Auxiliary Nurse Midwife – a trained nurse who delivers important health services (such as immunizations and ante-natal care). An ANM typically covers a population of 5,000 (4-5 villages).

**ASHA:** Accredited Social Health Activist – community mobilizer based in each village, who goes door to door to promote health-seeking behavior, facilitate access to government health services, provide basic medicines, ensure home-based newborn care, etc.

**AWC:** Anganwadi Center – a type of a rural crèche or day care center. There is an AWC for every 1,000 population which is managed by an Anganwadi Worker.

**AWW:** Anganwadi Worker – manages the AWC in every village and is primarily responsible for providing a hot cooked mid-day meal and conducting pre-school activities that aid early childhood care and development.

**HBNC:** Home-Based Newborn Care; the ASHA conducts 6-7 home visits in the first 42 days after delivery to provide counselling to both the mother and child.

**HRP:** High Risk Pregnancy – pregnancy at high risk of complications which can affect the mother, the baby or both. Underlying causes include anemia, high blood pressure, underweight, stunting and existing conditions like diabetes.

**LBW:** Low Birthweight; when the weight of a newborn is less than 2.5kg.

**MAM:** Moderate Acute Malnutrition; defined as moderate wasting (i.e., weight-for-height between –3 and –2 standard deviations of the WHO Child Growth Standards median) and/or mid-upper-arm circumference greater or equal to 115 mm and less than 125 mm.

**MCHN:** Maternal and Child Health and Nutrition (nutrition refers to both, the quality and quantity of food that is consumed by the mother and child)

**SAM:** Severe Acute Malnutrition; defined by a very low weight for height (below –3 standard deviations of the median WHO growth standards), by visible severe wasting, or by the presence of nutritional edema.

**1000-days:** The crucial period from the time a woman conceives till the child’s second birthday. The first 1,000 days are critical since this is when a child’s brain begins to develop and when the foundations for lifelong health are built.



