

Annual Report

2020-21

Contents

About Us	03
From our Leadership	05
Our Work	07
2019-20: Year In Review	12
Glimpses from the Field	23
Our Team	27
Our Supporters	30
Financials	34
Glossary	38

A photograph of a rural Indian village. The scene shows a traditional tiled roof of a building, with a woman in a vibrant red and orange patterned sari sitting on the ground in the foreground. A large, dark, earthenware pot is visible near her. The background shows a simple mud-brick wall and another tiled roof under a clear sky. The overall atmosphere is that of a quiet, rural setting.

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.



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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 Supporters



COVID-19 response



Year in review



Year in Review

2010-21



Expansion into **Betul** district (four blocks) through grant from Star India Pvt. Ltd.



The **re-designed ASHA diary** (register rationalization) was scaled up across all districts in Madhya Pradesh to benefit 77,000 ASHAs in the state

Nov20

Expansion into additional block in **Betul** through grant from Antara International

Feb21

Technical Advisory Group formulated to guide program design, implementation and evaluation

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 and Chhattisgarh, in partnership with two new donors. Our interventions in Rajasthan, having scaled to every one of the 46,000+ villages in s. Our interventions in Rajasthan, having scaled to every one of the 46,000+ villages in



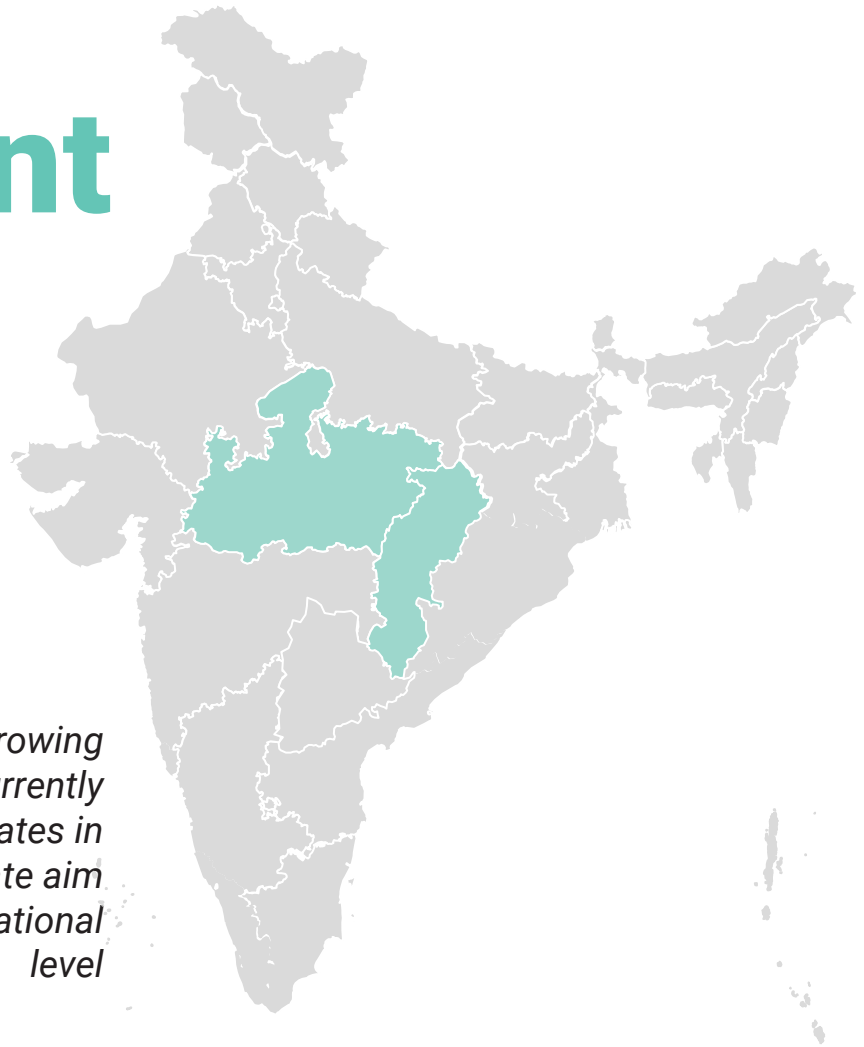
First COVID wave: We adapted our AAA platform to help identify and track high-risk COVID groups.

Capacity building coverage: ~2,600 frontline workers covering ~2 million people across 2,000 villages



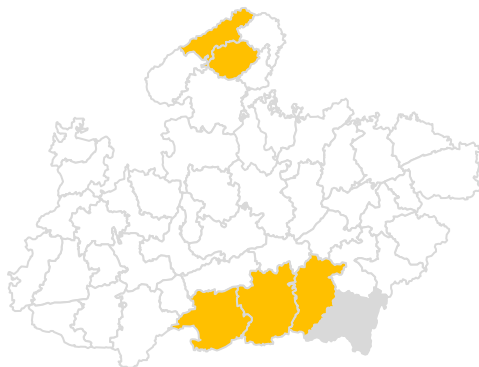
Expansion into **Gwalior** (four blocks) and **Morena** (four blocks) through BMGF grant, and **Seoni** (five blocks) through misc. individual investors

Footprint



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

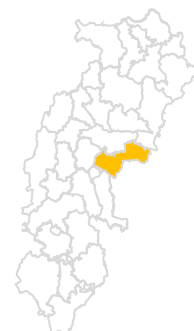
CURRENT PROGRAMS



Madhya Pradesh

~4,000 villages
~900,000 beneficiaries

Working in five districts
(Betul, Chhindwara, Gwalior,
Morena and Seoni)



Chhattisgarh

~400 villages
~90,000 beneficiaries

Working in two blocks in
Mahasamund district

Our Impact in numbers **2020-21**

Rationalized Registers

77,000 ASHAs using redesigned **record-books** across **52,000** villages



MNCHN Capacity Building

3,200 FLWs trained
Knowledge of **ANMs** and supervisors on **MCHN** themes increased by **30%**



AAA Platform

5,500 FLWs trained
2,500 village maps created



Nurse Mentoring and Facilities Enhancement

60 labor rooms enhanced
110 labor room nurses trained on **proper child-birth** procedures
7,500 deliveries impacted **annually**



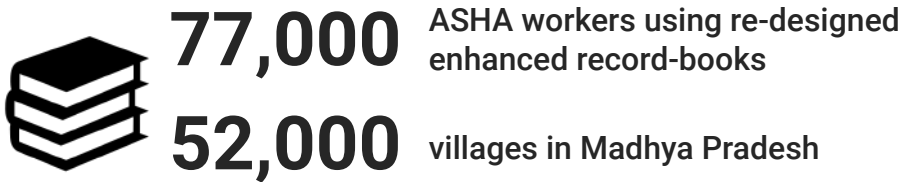
COVID-19 Response

2,600 FLWs trained on **COVID** knowledge benefiting **~2 million** people across **2,000** villages

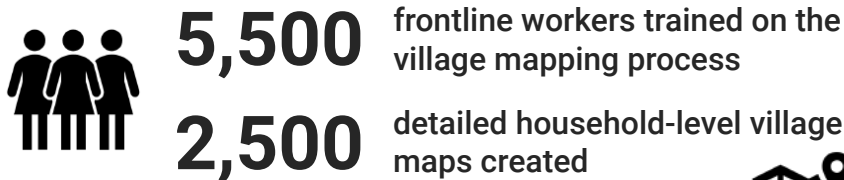


Our Impact in numbers 2020-21

Rationalized Registers



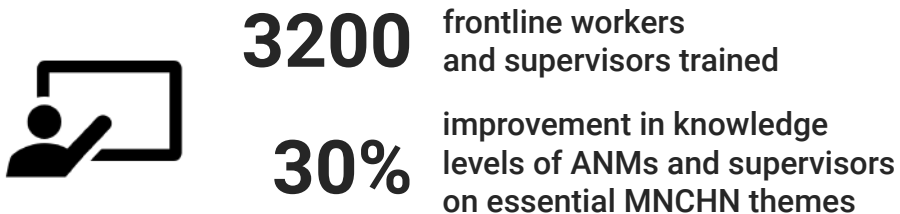
AAA Platform



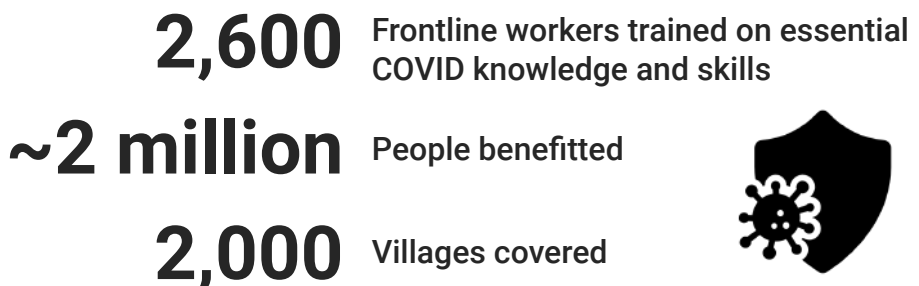
Nurse Mentoring and Facilities Enhancement



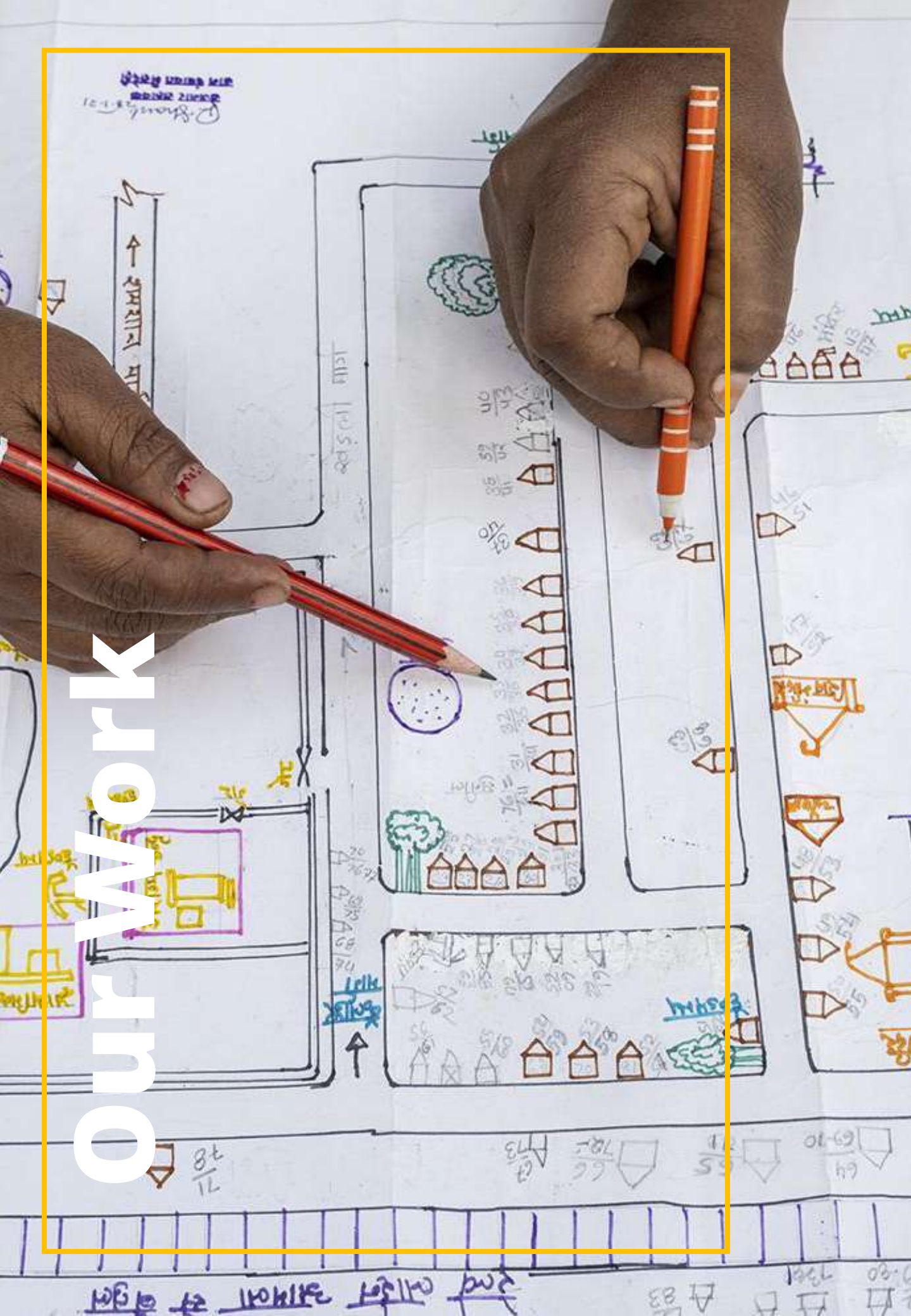
MCHN Capacity Building



COVID-19 Response



Our Work



AAA Platform



Bringing the three frontline workers in each village (ANM, ASHA and Anganwadi Worker) on a collaborative data-sharing platform to

- Create household level village maps
- Micro-plan work to focus on the highest risk mothers and children
- Conduct regular meetings to review each other's work.

Nurse Mentoring



Improving knowledge and skills of nurses tasked with conducting deliveries in public health facilities.

Alongside, enabling them in reorganizing and enhancing existing labor rooms to ensure full availability of essential drugs and equipment, and proper protocols

Intervention ecosystem



Capacity Building

Strengthening knowledge and skills of frontline health workers and their supervisors on critical MCHN themes along the 1,000-day period, through classroom training techniques as well as on-site handholding

Supportive Supervision

Building capacity of health workers' supervisory cadre, to enable them in effective monitoring and supervision, especially through use of data



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Current interventions



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Akshada Program

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.



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

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.



Akshada Program

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.

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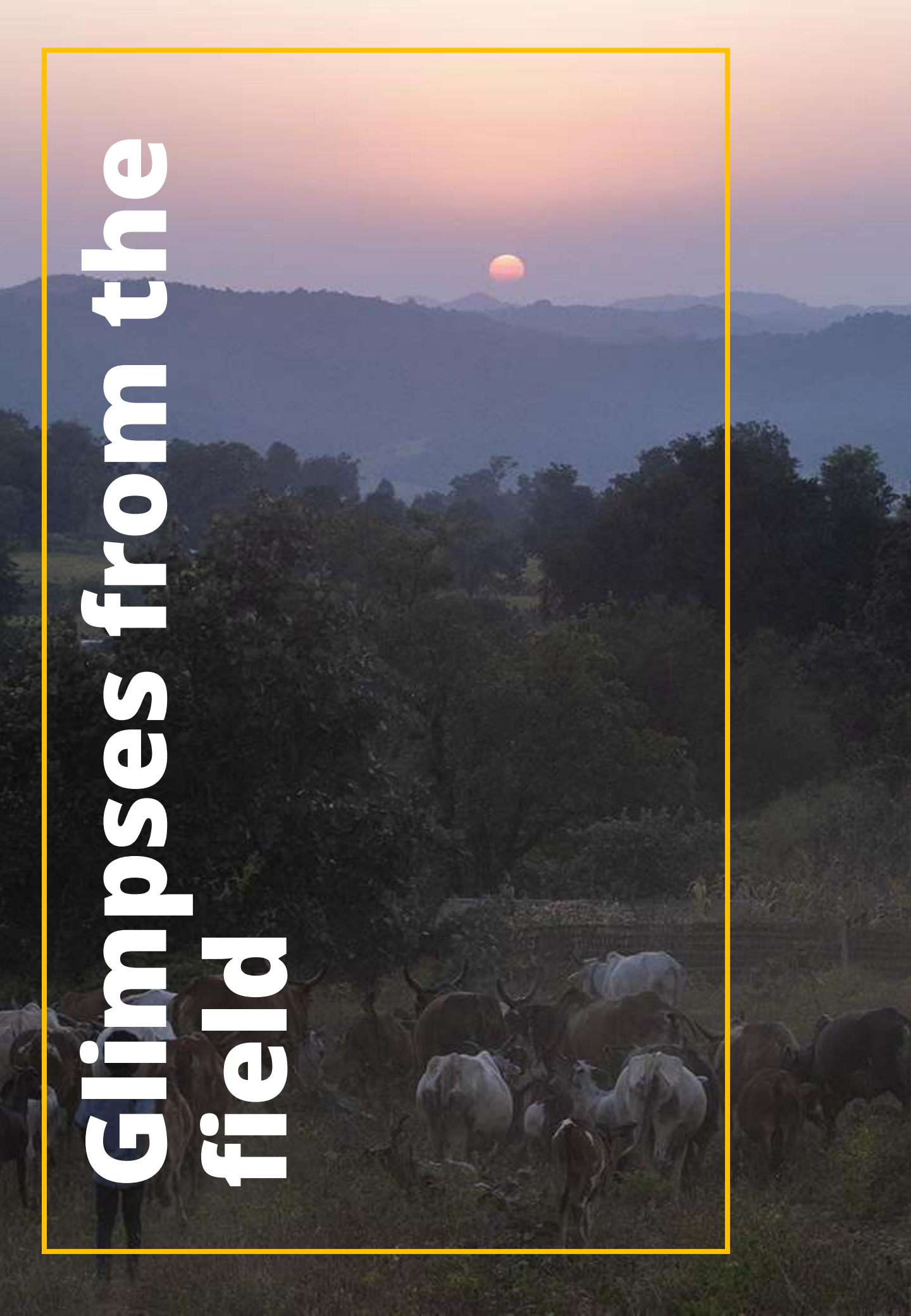
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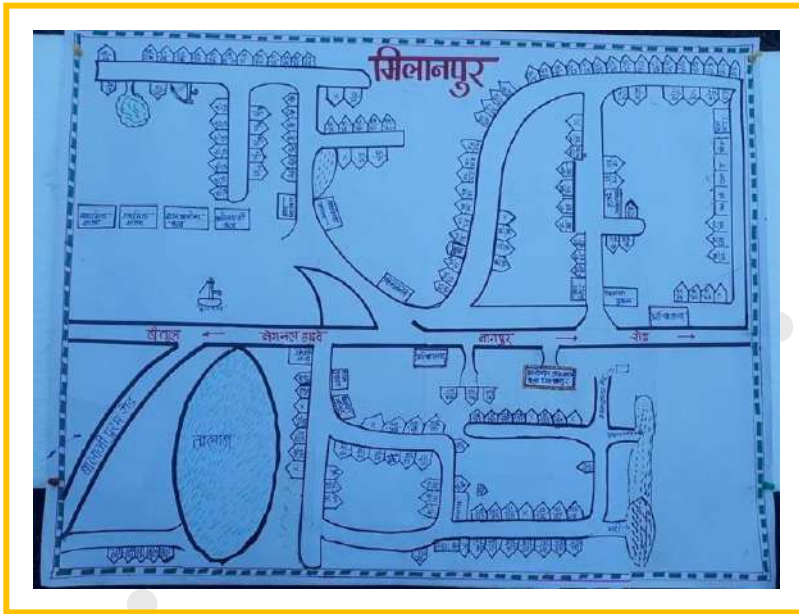
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Glimpses from the field





Hand-drawn village map created by frontline workers of a village in Betul district

AAA platform trainings conducted by our program staff in Betul district



Trays in labor room being prepared with the help of our Nurse mentors in Chattisgarh

Before.



After.



A labour room organized under guidance of our nurse mentoring program in Chattisgarh.

Capacity building assessment being conducted in Chattisgarh





Village map training conducted in Betul district



Village maps being validated with our program team in Betul district



AAA using the map to mark households and beneficiaries in Chattisgarh.

IMPACT STORY



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)

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Rationalization of registers

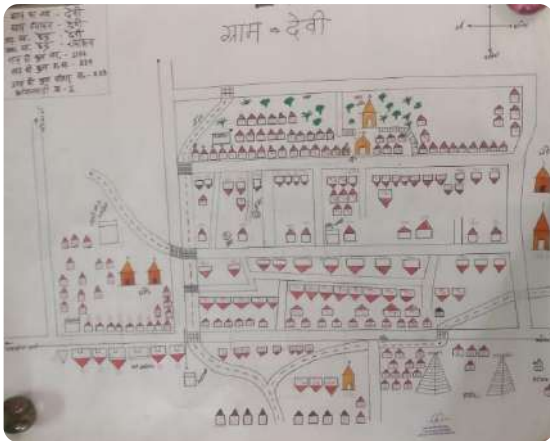
This solution involves enhancing record-keeping registers of frontline workers by eliminating redundancies, ensuring comprehensiveness of services and introducing user-friendly design elements to improve data quality and decision-making. The rationalized ANM service delivery registers created by Antara 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

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

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Feedback on skill-based training

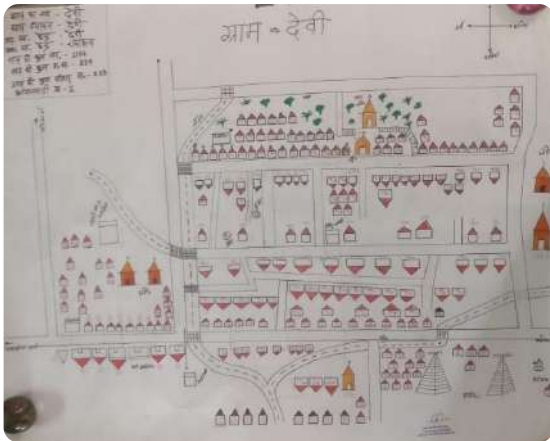
Classroom-based training on maternal, child health and nutrition themes in progress in Chhindwara

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Feedback on skill-based training

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

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,



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



Feedback on skill-based training

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

IMPACT STORY

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AAA Platform
Established in ~200
anganwadi
centers, involving

450 AAA
workers

18 Nurse
Mentoring
Birthing nurses trained
across **delivery points**

2 Creches
established, with
20+ children
enrolled

Women's Groups

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

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





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.

Donors



And individual social investors from across the globe

Government Partners

Government Of
Chhattisgarh

Government Of
Madhya Pradesh

Government Of
Rajasthan



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“Interventions (such as) AAA Platform, capacity building of frontline workers, supportive supervision and rationalization of registers are being effectively run in Chhindwara district by Antara Foundation. Innovative tools and techniques of the program are proving to be beneficial in integrating data from Health and Women & Child Development departments at the village level, which in turn is improving the quality of services. I am confident that this program will bring improvement in maternal and child health and nutrition indicators (of the district).”

*– Kalpana Tiwari,
District Program Officer (WCD), Chhindwara*

Antara Foundation's impactful work in five blocks of Chhindwara convinced the district government to scale up the AAA platform across the remaining six blocks of the districts through the government supervisory system. The program team's methodical and data-driven approach to work, as well as the real-time monitoring of impact were key factors behind this.

*– Upahar Pramanik,
H T Parekh Foundation*





Our team



Balanced team

32
Average age

Speaking **15**
languages

From **14**
states

Our team is at the heart of our mission. Antara Foundation comprises a dynamic, diverse and entrepreneurial team, conjoined by an overwhelming sense of purpose to – ‘ensure every mother and each child has an equal start to a healthy life’. Our people come from different corners of India, with varied backgrounds and skills, all passionate towards a shared vision.

We pride ourselves on our culture. Antara Foundation is all about putting the community first. It’s about creative thinking, being open to feedback, the willingness to learn, and transcending our comfort zones. We strongly live by the values of humility and integrity. We apply business thinking to social problems, with a sharp focus on execution at the grassroots – a ‘dirt under our fingernails’ approach.



Board members



**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.



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, he enjoys his travel to various places in rural India the most. Prior to making a transition from business to social development through Antara 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.



Dr. Rajani R. Ved

Dr. Rajani has over 30 years of experience as a practitioner researcher in the area of women and children's health and nutrition, and health systems. As a former Executive Director of the National Health Systems Resource Center (Government of India), she led the institutionalization of India's ASHA program, and later the design and implementation support for India's flagship primary health reform – Ayushman Bharat (Health and Wellness Centres). Her expertise spans policy development, implementation research, health system strengthening, and design and evaluation of large-scale health programs. She has a medical degree from Madras University and a master's in public health from Harvard University. She is a visiting scientist at the Harvard T.H. Chan School of Public Health.

Advisory board



Dr. Ajay Mahal

Professor Ajay Mahal is a faculty member with the Nossal Institute for Global Health, University of Melbourne. Previously, he was the Alan and Elizabeth Finkel Chair of Global Health at Monash University and was on the faculty of the Harvard T.H. Chan School of Public Health. Earlier, he was also the Principal Economist at the National Council of Applied Economic Research in New Delhi. Dr. Ajay's research focuses on issues of health financing, service delivery and linkages in health and development. He has evaluated health system interventions in low- and middle-income countries and authored over 100 journal articles, book chapters and books.



Dr. Audrey Prost

Professor Audrey Prost is a social anthropologist with training in epidemiology, and Director of the Centre for the Health of Women, Children and Adolescents at University College London (UCL). Her research focuses interventions to improve women's, children's and adolescents' health. She works at UCL's Institute for Global Health and in close collaboration with the Indian civil society organisation Ekjut, evaluating community-based interventions in Jharkhand and Odisha. Audrey also co-wrote a systematic review of interventions with participatory women's groups to improve maternal and newborn health, which led to a 2014 WHO recommendation. Her current work focuses on developing participatory community interventions to improve early childhood development and adolescent health



Dr. Prasanta Tripathy

Dr. Prasanta Tripathy is Co-founder and Director of Ekjut – a non-profit based in India involved in community-based studies to improve maternal and child health in underserved districts of India. He is a trained medical doctor, and is an Ashoka Fellow and a LEAD (Leadership for Environment and Development) Fellow. He previously worked with Tata Steel in Jharkhand, where he helped shape the company's Corporate Social Responsibility (CSR) initiatives. In his current role, he has built Ekjut into a prominent organization in the space of evaluations and trials. In 2011, Ekjut's work with University College London's Institute for Global Health won "Trial of the Year" from the Society for Clinical Trials.



Dr. Purnima Menon

Dr. Purnima Menon is Senior Research Fellow at the International Food Policy Research Institute (IFPRI), where she leads the South Asia Nutrition Programs in IFPRI's Poverty, Health and Nutrition Division. In India, she directs POSHAN (Partnerships and Opportunities to Strengthen and Harmonize Actions for Nutrition in India), an initiative for evidence-driven approach to nutrition. She conducts implementation research on scaling maternal and child nutrition interventions and evaluations of behaviour change communications programs in health and nutrition. She also serves on many advisory groups on nutrition including the Global Nutrition Report. Dr. Menon holds a PhD in International Nutrition from Cornell University.



Dr. Rajani R. Ved

Dr. Rajani has over 30 years of experience as a practitioner researcher in the area of women and children's health and nutrition, and health systems. As a former Executive Director of the National Health Systems Resource Center (Government of India), she led the institutionalization of India's ASHA program, and later the design and implementation support for India's flagship primary health reform – Ayushman Bharat (Health and Wellness Centres). Her expertise spans policy development, implementation research, health system strengthening, and design and evaluation of large-scale health programs. She has a medical degree from Madras University and a master's in public health from Harvard University. She is a visiting scientist at the Harvard T.H. Chan School of Public Health.



Dr. Sapna Desai

Sapna Desai is an Associate with the Population Council, New Delhi and co-lead of the Evidence Consortium on Women's Groups. Her work focuses on women's health, community-based interventions and health systems research. She previously worked with the Self-Employed Women's Association (SEWA) and its national federation, where she scaled community health worker and health insurance programs in six states of India. Dr. Desai holds a PhD in epidemiology and population health from the London School of Hygiene and Tropical Medicine and MS from the Harvard T.H. Chan School of Public Health.

Financials




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
<u>EQUITY AND LIABILITIES</u>			
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>
<u>ASSETS</u>			
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
INCOME			
Grants and Donations Received	15	6,99,00,000	6,33,00,000
Other income	16	17,42,828	36,74,316
TOTAL		7,16,42,828	6,69,74,316
EXPENDITURE			
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
TOTAL		7,13,28,016	9,24,61,311
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)
Earnings per Share			
- 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

www.antarafoundation.org

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, promoting health-seeking behavior, facilitating access to government health services, providing basic medicines, ensuring home-based newborn care, etc.

AWC: Anganwadi Centre – a type of a rural crèche/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 child is less than 2.5 kg.

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 oedema.

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 their lifelong health are built.


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